

60-day Federal Register Crosswalk: High Level Summary of Revisions

The current Coverage Decision Letter expires 11/2023. We have made minor updates to the letter that are listed below. The Coverage Decision Letter is issued to applicable integrated plan enrollees when a request for a service or item is denied. The changes will not result in additional burden.

Section	Change/Reason
Throughout the document	We updated the term ‘member’ to ‘enrollee’ throughout the document.
Header	<p>We added a contact information field under the title that reads as follows: [IMPORTANT: For help with this notice, contact: <Plan Name> at <Plan customer service phone number> (TTY: <TTY number>) OR <Ombudsman or other program office> at <phone number> (TTY: <TTY number>)].</p> <p>Plans must include this field if they operate in a state that requires contact information at the top of the letter. For states that do not have this requirement, plans may choose to include this information at the top of the letter.</p>
Header	We added “date of decision” to the field that allows plans to include information required by the state. States may require plans to include the date the plan made their decision in the ‘date of decision’ field.
Second Paragraph	We added the disposition “changed” to the sentence “Our plan <denied or partially denied or reduced or stopped or suspended or changed >.” If a service is not fully approved as requested and was changed (e.g., denied an out-of-network provider but approved an in-network provider), using the term “changed” is a more appropriate disposition for this sentence.
Second Paragraph	We added additional instructional text for plans to use when completing this section. This paragraph now reads: [Insert description of service or item, including the amount, duration, and scope, of what the member requested (e.g., physical therapy visits 2 times per week for 1 year), and the outcome, denied, partially denied, reduced, stopped, suspended, or changed, and include the doctor or provider’s name if a particular doctor or provider requested the service or item. If a service or item request is partially denied, reduced, or changed, include specifically what was requested and what is approved (e.g., We are approving acupuncture services for 3 months instead of a full year, or We are approving moving a toilet to the south wall instead of the east wall of bathroom, or We previously approved 18 acupuncture visits per year but are now reducing the visits to only allow 10).]

<p>Second Paragraph</p>	<p>We added a statement for plans to use when the request is a post-service payment case and the member has no liability, “Please note, you will not be billed or owe any money for this [insert as applicable: medical service/item or Part B drug or Medicaid drug].”</p>
<p>Third Paragraph</p>	<p>We added additional instructional text for plans to use when completing this section. This paragraph now reads: Our plan made this decision because [Provide a specific denial reason and a concise explanation of why the service/item was denied and include state or federal law and/or Evidence of Coverage/Member or Enrollee Handbook provisions to support the decision in plain language. The plain language explanation of the decision should include: (1) relevant context for the decision (e.g., if the service/item was approved for the enrollee in the past, the description should include what was previously approved, when it was approved and by whom, and what has changed or is otherwise different now); (2) coverage information considered including Medicare and Medicaid coverage benefits; and, (3) if applicable, information on how or why the requested service or item is not supported by the enrollee’s needs – see instructions for more information].</p>
<p>Section titled: How to keep getting your service or item during your appeal</p>	<p>We added brackets to this section allowing plans to remove this paragraph if the decision relates to a service or item that has not been received by the enrollee under a previous authorization of the service or item.</p>