SERVICE LEVEL DATA COLLECTION FOR INITIAL DETERMINATIONS AND APPEALS

Effective January 1, 20XX

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0938-New]. This information collection will provide data to CMS on the utilization of benefits, ensure plans are operating in accordance with CMS requirements, and ensure appropriate access to covered services and benefits. The time required to complete this information collection is estimated to average less than 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under the Part C and D Reporting Requirements authority set forth at §§ 422.516(a) and 423.514(a). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Background and Introduction

The Part C Reporting Requirements, as set forth in 42 CFR § 422.516(a), provide CMS with the ability to collect data on plan procedures related to, and utilization of, its items and services. This includes collecting service-level data related to plan coverage and appeal decisions that are processed in accordance with the requirements of part 422, subpart M. Pursuant to that authority, each MAO must have an effective procedure to develop, compile, evaluate, and report information to CMS in the time and manner that CMS requires.

Organizations for which these specifications apply are required to collect these data. Reporting will vary depending on the plan type. All reporting sections will be reported quarterly.

National PACE Plans and 1833 Cost Plans are excluded from reporting the data in this collection. Medicare- Medicaid Plans (MMPs) are also excluded from this reporting due to the transition of the Financial Alignment Initiative demonstrations to dual eligible special needs plan (D-SNP) models.

Overview of the parameters for data elements in this collection.

Organization Types Required to Report	Report Frequency Level	Report Period	Due Date(s)
CCP; PFFS; 1876 Cost; MSAs, Religious Fraternal Benefit (RFB) PFFS; (includes all 800 series plans), Employer/Union Direct Contracts should also report this section regardless of organization type.	4/Year Plan	1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31	5/25/XX (1/1-3/31) 8/31/XX (4/1-6/30) 11/30/XX (7/1-9/30) 2/22/XX (10/1-12/31)

REPORTING SECTIONS

I. Initial Determinations

Data Element ID	Data Element Name
Subsection #I.A.	**Coverage Decisions (made in the reporting period above)**
A.	Organization Determination (OD) Number

B.	Contract Number
C.	Plan Benefit Package (PBP)
D.	Enrollee MBI
E.	Requesting Party
F.	Provider NPI
G.	Was this a contracted provider referral?
H.	Item/Service/Part B Drug Code
I.	Item/Service/Part B Drug Description
J.	Diagnosis Codes
K.	Was prior authorization required?
L.	Processing Priority
M.	Was expedited processing requested?
N.	Date Request Received
O.	Date of Decision
P.	Disposition
Q.	Dismissal Rationale (if applicable)
R.	Decision Rationale
S.	Reviewer Qualifications
T.	Were internal plan coverage criteria applied?
U.	Did a third-party vendor participate, in any capacity, in the determination review or decision-making?
V.	For partially or fully favorable decisions, was the approved item/service/Part B drug different from what was requested?
W.	If element V is yes, provide the procedure code for the approved item/service/Part B drug.
Subsection #I.B.	**Payment Decisions (made in the reporting period above)**
A.	Organization Determination (OD) Number
B.	Contract Number
C.	Plan Benefit Package (PBP)
D.	Enrollee MBI
E.	Requesting Party
F.	Item/Service/Part B Drug Code
G.	Item/Service/Part B Drug Description
H.	Diagnosis Codes
I.	Service Location
J.	Place of Service
K.	Start Date of Service
L.	End Date of Service
M.	Provider NPI
N.	Was this a contracted provider referral?
O.	Date Claim Received
P.	Date of Decision
Q.	Was it a clean claim?
R.	Disposition
S.	Dismissal Rationale (if applicable)

T.	Decision Rationale
U.	Reviewer Qualifications
V.	Were internal plan coverage criteria applied?
W.	Was prior approval (e.g., a prior authorization or voluntary pre-service request) requested?
X.	If element W is yes, provide the OD number for associated prior approval request.
Y.	If element W is yes, was prior authorization a required condition for coverage?
Z.	Did a third-party vendor participate, in any capacity, in the determination review or decision-making?

II. Reconsiderations

Data Element ID	Data Element Name
Subsection #II.A.	**Coverage Decisions (made in the reporting period above)**
A.	Associated Organization Determination (OD) Number
B.	Appeal Number
C.	Contract Number
D.	Plan Benefit Package (PBP)
E.	Enrollee MBI
F.	Was this a contracted provider referral?
G.	Date Request Received
H.	Date of Decision
I.	Processing Priority
J.	Was expedited processing requested?
K.	Is this an appeal of an OD dismissal?
L.	Disposition
M.	Dismissal Rationale (if applicable)
N.	Decision Rationale
O.	Was the initial OD request denied for lack of medical necessity?
P.	Was the reconsideration request reviewed by a physician?
Q.	Did a third-party vendor participate, in any capacity, in the determination review or decision-making?
R.	For partially or fully favorable decisions, was the approved item/service/Part B drug different from what was requested?
S.	If element R was yes, provide the procedure code for the approved item/service/Part B drug.
Subsection #II.B.	**Payment Decisions (made in the reporting period above)**
A.	Associated Organization Determination (OD) Number
B.	Appeal Number
C.	Contract Number
D.	Plan Benefit Package (PBP)
E.	Enrollee MBI

F.	Was this a contracted provider referral?
G.	Date Request Received
H.	Date of Decision
I.	Is this an appeal of an OD dismissal?
J.	Disposition
K.	Dismissal Rationale (if applicable)
L.	Decision Rationale
M.	Was the initial OD request denied for lack of medical necessity?
N.	Was the reconsideration request reviewed by a physician?
O.	Did a third-party vendor participate, in any capacity, in the determination review or decision-making?