



May 20, 2025

Centers for Medicare & Medicaid Services
Division of Regulations Development
Attention: Document Identifier/OMB Control Number (0938-1386)
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically using www.regulations.gov.

Re: Comment Opportunity: Applicable Integrated Plan Coverage Decision Letter (CMS-10716) | Federal Register notice (90 FR 13367)

Thank you for the opportunity to give feedback on the Applicable Integrated Plan Coverage Decision Letter.

UCare is an independent, non-profit health plan with a staff committed to serving our enrollees, our communities, our business partners, and our employees from a foundation built on the values of integrity, community, quality, flexibility, and respect.

Comments:

- UCare requests that CMS consider adding language to the appeal rights section to align with the National Committee for Quality Assurance (NCQA) guidelines. Specifically, NCQA standards stipulate that appeal rights should clearly state that the appeal timeframe applies to both standard and expedited requests. Incorporating this clarification would enhance consistency across regulatory frameworks and ensure that enrollees are fully informed of their rights, regardless of the urgency of their appeals.
- UCare notes that the current document references a 60-day timeframe for filing appeals. However, CMS updated this timeframe to 65 calendar days, effective January 1, 2025, as detailed in the 'Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance' published on November 20, 2024. UCare recommends that CMS revise the document to reflect the updated 65-day timeframe to maintain consistency with current regulations and avoid potential confusion among enrollees and plan sponsors.

Thank you for considering our suggestions. Please contact us if you have questions:
MedicareGRLeadershipTeam@ucare.org

Sincerely,

Medicare Team
Government Relations
UCare