



IRE Transparency Initiative

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Objectives

We will be discussing the Parts C and D Independent Review Entity (IRE) transparency initiatives planned for 2020 in this presentation:

- Enhanced Data Reporting
- New Public Website Database



Enhanced Data Reporting

- Starting in 2020, the IRE will be providing CMS and Health Plans with enhanced reports so that plans can more proactively monitor their appeals data. This enhanced reporting will feature two new reports:
 - Quarterly Enhanced Fact Sheet
 - Plan Semi-Annual Report
- The reports and fact sheets will be used to help plans conduct more detailed analysis of their appeals data and compare their outcomes to the overall universe of plans.



New Website Database

- In early 2020, MAXIMUS Federal Services will be hosting (and maintaining) a new, public-facing website database to provide transparency around IRE appeals decisions and rationales.
- This new website database will feature a searchable database of all Part C and Part D appeals decision rationales. The website database will have the following capabilities:
 - Search, find and sort functionality
 - Export functionality



Current Fact Sheets

- Reports that summarize and highlight some of the key data on IRE appeals for the past calendar year
 - Total number of cases received
 - Number appeals by contract type
 - Timeliness of IRE decisions
 - Types of appeals and rates of overturn



Enhanced Fact Sheets, Part C

(1 of 2)

- The Quarterly Enhanced Fact Sheets will further enhance the information that is currently publicly available on aggregate by Part C/Part D appeals results
- The Fact sheets for Part C will include a breakout of overturn rates by the following:
 - Item/service
 - Case priority
 - Appeal issue
 - Category/item/service



Enhanced Fact Sheets, Part C

(2 of 2)

- The Quarterly Enhanced Fact Sheets will also provide information on overturn trends. This will be done by breaking appeals into the following appeal issue categories:
 - Appellant Dismissal
 - General Coverage/Medical Necessity
 - Cost Sharing
 - Lock-in/Authorization
 - Technical
 - Coding



Enhanced Fact Sheets, Part C – Example (1 of 3)

Substantive Records Received by Appeal Type and Appeal Issue

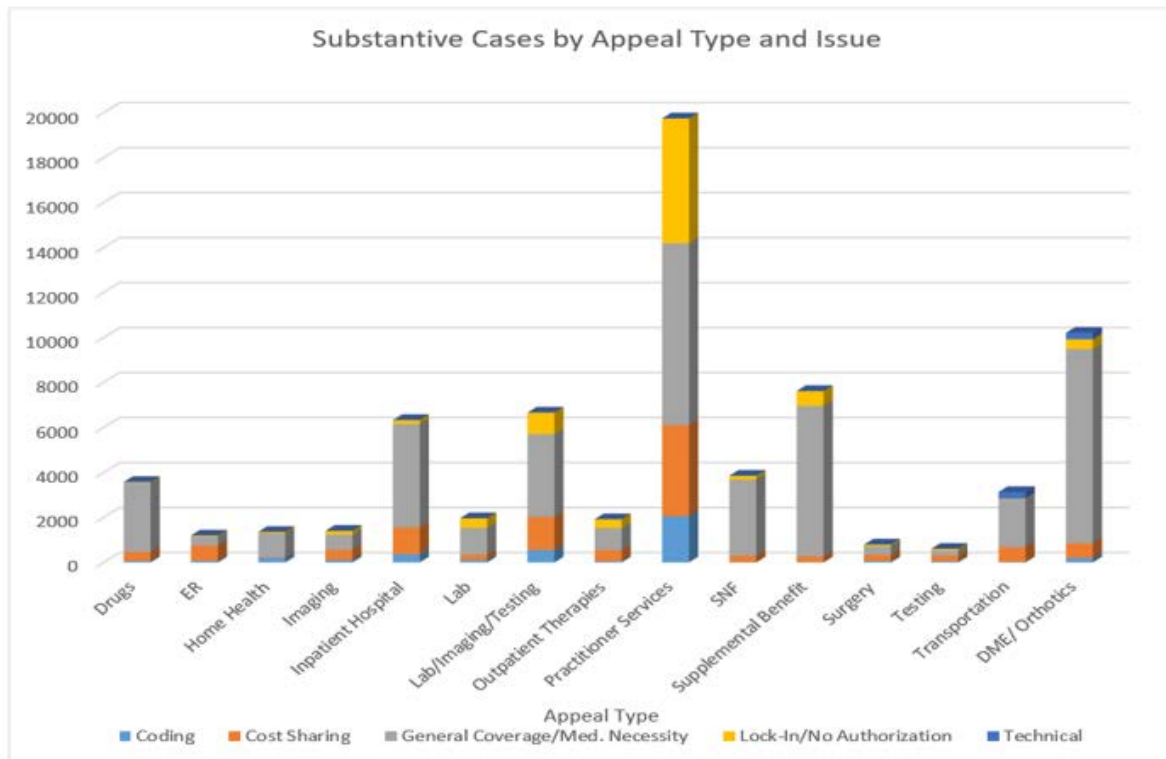
Enhanced Data



This report provides the frequency of receipts in 2018 by appeal category (for example, service types) with the issue in dispute (for example, cost sharing). This format provides a general overview of the workload, allowing plans to pinpoint heavy appeal service categories by issue.

Enhanced Part C Facts - 2018	Appeal Issue										All
	Coding		Cost Sharing		General Coverage/Med. Necessity		Lock-In/No Authorization		Technical		
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	
Appeal Type	201	1.9 %	659	6.4 %	8,634	84.5 %	429	4.1 %	293	2.8 %	10,216
DME/ Orthotics											
Drugs	68	1.8 %	398	11.1 %	3,077	85.9 %	38	1.0 %	.	.	3,581
ER	77	6.4 %	677	56.3 %	397	33.0 %	51	4.2 %	.	.	1,202
Home Health	213	15.6 %	29	2.1 %	1,043	76.6 %	74	5.4 %	1	0.0 %	1,360
Imaging	107	7.5 %	465	32.9 %	669	47.4 %	168	11.9 %	1	0.0 %	1,410
Inpatient Hospital	363	5.7 %	1,194	18.8 %	4,597	72.5 %	180	2.8 %	1	0.0 %	6,335
Lab	114	5.7 %	235	11.9 %	1,190	60.4 %	429	21.7 %	2	0.1 %	1,970
Lab/Imaging/Testing	554	8.3 %	1,472	22.0 %	3,689	55.3 %	951	14.2 %	.	.	6,666
Outpatient Therapies	55	2.8 %	496	25.7 %	975	50.5 %	402	20.8 %	.	.	1,928
Practitioner Services	2,065	10.4 %	4,048	20.5 %	8,082	40.9 %	5,547	28.0 %	3	0.0 %	19,745
SNF	12	0.3 %	286	7.4 %	3,386	87.7 %	175	4.5 %	.	.	3,859
Supplemental Benefit	10	0.1 %	269	3.5 %	6,684	87.6 %	660	8.6 %	3	0.0 %	7,626
Surgery	64	8.0 %	279	34.8 %	384	48.0 %	73	9.1 %	.	.	800
Testing	47	7.6 %	261	42.7 %	228	37.3 %	75	12.2 %	.	.	611
Transportation	24	0.7 %	666	21.2 %	2,119	67.5 %	32	1.0 %	294	9.3 %	3,135
All	3,974	5.6 %	11,434	16.2 %	45,154	64.0 %	9,284	13.1 %	598	0.8 %	70,444

Substantive Cases by Appeal Type and Issue





Enhanced Fact Sheets, Part C – Example (2 of 3)

Appeal Issue for Substantive Cases and Rates of Overturn of Plan Denials

Enhanced Data



This report provides the frequency of receipts in 2018 by appeal category (As described in our proposal breakout of overturn rates by appeal issue, this format allows plans to view overturn rates by appeal issue. For example, while overall return rates are about five percent, cost sharing cases have a 50 percent overturn rate.

Part C 2018 Appeals

Appeal Issue	Substantive Cases	% of Cases	Overtures	% Overturned	% of All Overtures
Coding	3,974	5.6 %	256	6.3 %	5.6 %
Costing Sharing	11,434	16.2 %	436	3.7 %	9.5 %
General Coverage/Med. Nec.	45,154	64.1 %	3,543	7.8 %	77.6 %
Lock-in/No Authorization	9,284	13.2 %	328	3.4 %	7.2 %
Technical	598	0.8 %	1	0.1 %	0.1 %
Totals:	70,444	100.0 %	4,564	6.4 %	100.0 %

Appeal Priority for Substantive Cases and Rates of Overturn of Plan Denials

Enhanced Data



This data enhancement allows plans to view which priority of appeals have the highest overturn rates.

Part C 2018 Appeals

Enhanced Part C Facts - 2018	Appeal Disposition						All
	Overturn MCO Denial		Partly Overturn MCO		Uphold MCO Denial		
	N	Row %	N	Row %	N	Row %	cases
Priority	911	7.5 %	44	0.3 %	11,035	92.0 %	11,990
Exp Pre-Service							
Std Pre-Service	929	6.4 %	87	0.6 %	13,365	92.9 %	14,381
Retrospective	2,273	5.1 %	320	0.7 %	41,480	94.1 %	44,073
All	4,113	5.8 %	451	0.6 %	65,880	93.5 %	70,444



Enhanced Fact Sheets, Part C – Example (3 of 3)

Types of Appeals and Rates of Overturn of Plan Denials

Enhanced Data



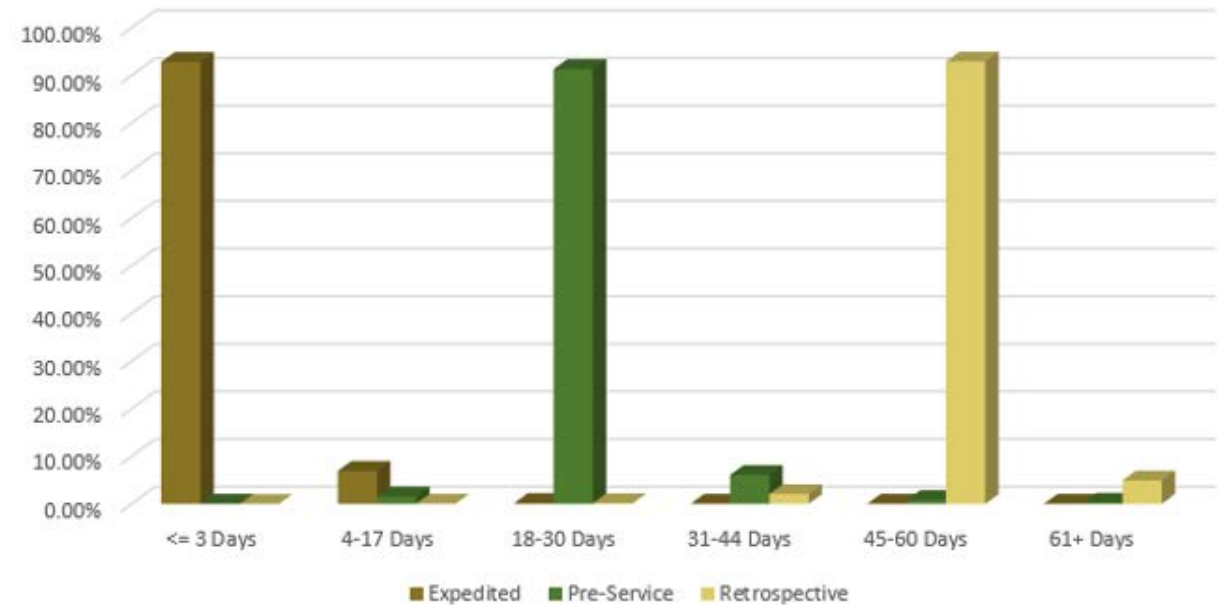
By providing a breakout of overturn rates by appeals issues, including category/item/service, plans are able to view overturn rates by issue grouping to include item/services. For example, cost sharing appeal issue cases have a high overturn rate of 50 percent but a breakout of the data shows that colonoscopies almost exclusively make up the 50 percent. Plans are able to utilize this valuable insight to improve their Evidence of Coverage language to explain colonoscopy copayments or improve their materials to make the cost sharing more understandable to prevent appeals.

Part C 2018 Appeals

Appeal Type	Cases	Substantive Cases	% of Cases	Overturns	% Overturned	% of All Overturns
Chiropractic	7	6	85.7 %	0	0.0 %	0.0 %
DME	10,836	10,089	93.1 %	269	2.6 %	5.8 %
Dental	5,580	5,214	93.4 %	196	3.7 %	4.2 %
Diagnostic Imaging	3,516	2,955	84.0 %	508	17.1 %	11.0 %
Drugs	3,920	3,569	91.0 %	211	5.9 %	4.5 %
Emergency	1,398	1,202	85.9 %	67	5.5 %	1.4 %
Home Health	1,649	1,360	82.4 %	62	4.5 %	1.3 %
Hospital Inpatient	7,911	6,319	79.8 %	646	10.2 %	14.0 %
Laboratory	9,432	7,685	81.4 %	696	9.0 %	15.1 %
Medical Supplies	38	32	84.2 %	1	3.1 %	0.0 %
Non-MD Practitioner	5,227	4,573	87.4 %	295	6.4 %	6.4 %
Other	3,230	2,188	67.7 %	63	2.8 %	1.3 %
Out of Area	57	51	89.4 %	1	1.9 %	0.0 %
Physician Services	22,131	17,856	80.6 %	1,115	6.2 %	24.2 %
Prosthetics/Orthotics	78	69	88.4 %	3	4.3 %	0.0 %
Skilled Nursing Facility	4,206	3,884	92.3 %	334	8.5 %	7.2 %
Transportation	3,637	3,132	86.1 %	66	2.1 %	1.4 %
Vision Care	1,530	1,387	90.6 %	65	4.6 %	1.4 %
Totals:	84,383	71,571	84.8 %	4,598	6.4 %	100.0 %

Timeliness of Reconsideration Cases, Calendar Year 2018

Distribution of Processing Days





Semi-Annual Plan Report, Part C

- The Plan Semi-Annual Report will provide all Health Plans with detailed IRE appeals data at the individual contract level. The data will provide plans with further insight into their appeal outcomes.
- The Semi-Annual report for Part C will include plan breakdown of all cases by the following:
 - Disposition
 - Disposition by category (appeal issue)
 - Appeal priority
 - Appeal issue including item/service
 - Appeal categories
 - Data tab indicating all cases



Enhanced Fact Sheets, Part D

- The Quarterly Enhanced Fact Sheets for Part D will also provide information on overturn trends. This will be done by breaking appeals into the following appeal issue categories:
 - Appeal Category and Rates of Overturn of Plan Denials
 - Plan Type and Rates of Overturn of Plan Denials
 - Appeal Priority and Rates of Overturn of Plan Denials
 - Rates of Overturn of Plan Denial Reasons
 - Rates of Overturn by Substantive Reason
 - Rates of Overturn by Tolling Type



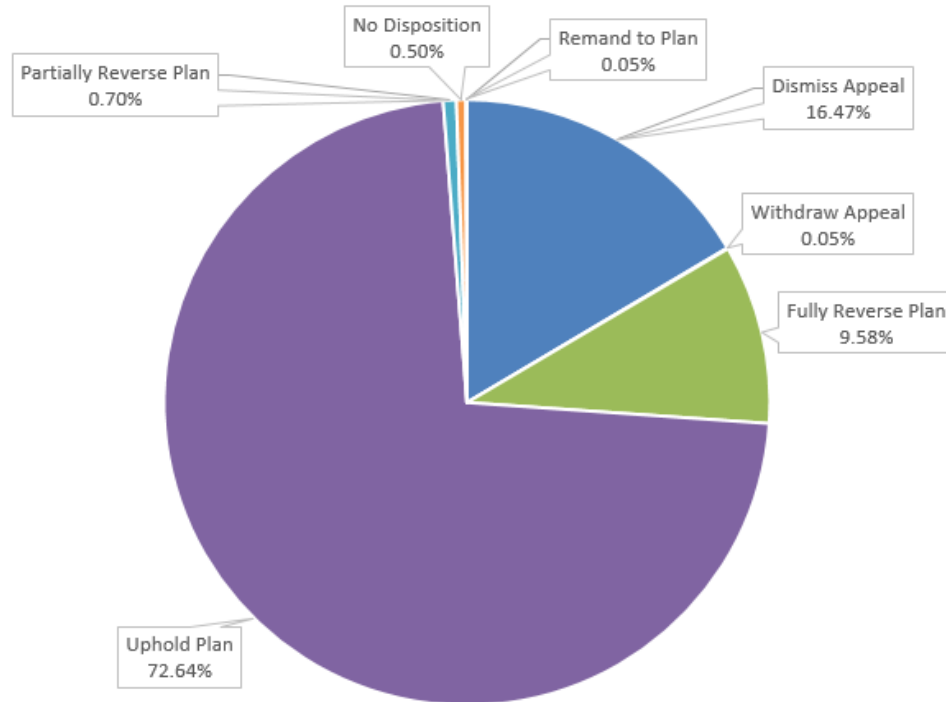
Semi-Annual Plan Report, Part D

- The Semi-Annual report for Part D will include the following:
 - Plan breakdown of all cases by disposition. Interactive pie chart that allows the user to obtain the case information for cases that have been reversed, dismissed, or upheld
 - Plan breakdown of all cases by disposition appeal type. Interactive to allow plans to obtain case information for any subset of cases
 - Plan breakdown of all cases by appeal priority (expedited, standard, or retrospective)
 - Plan overview of overturns by appeal type
 - Plan overview of overturns by appeal priority
 - Data tab indicating all cases



Semi-Annual Plan Report – Example (1 of 2)

Universe % Total by Disposition - 2018



Select Appeal Category(s)

13-Prescription Drug

Universe

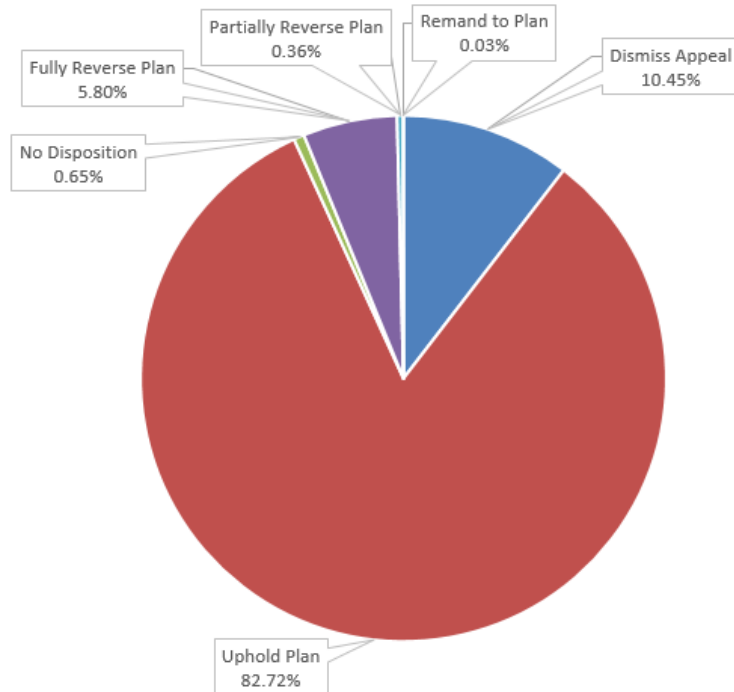
Total

Dismiss Appeal	16.47%
Withdraw Appeal	0.05%
Fully Reverse Plan	9.58%
Uphold Plan	72.64%
Partially Reverse Plan	0.70%
No Disposition	0.50%
Remand to Plan	0.05%
Grand Total	100.00%



Semi-Annual Plan Report – Example (2 of 2)

Plan % Total by Disposition - 2018



Select Appeal Category(s)	13-Prescription Drug
Plan	Total
Dismiss Appeal	10.45%
Uphold Plan	82.72%
No Disposition	0.65%
Fully Reverse Plan	5.80%
Partially Reverse Plan	0.36%
Remand to Plan	0.03%
Grand Total	100.00%



Semi-Annual Plan Report - Contact

- To receive timely enhanced reporting, CMS requests that all plans send contact information to the IRE before 1/1/20.
- For contact submissions regarding Part C report retrieval, please email medicareappeal@maximus.com
- For contact submissions regarding Part D report retrieval, please email medicarepartdappeals@maximus.com



Searchable Website Database

A new database that will capture all Part C and D IRE decisions

- Be prospective, January 2020 onwards
- Refreshed every two weeks
- No PHI or plan identifiable information
- Be exportable to MSExcel
- Publicly available (no required login)
- Opportunity to search/sort by various categories/data points (appeal categories, appeal items/services, decision outcomes, etc.)



Searchable Website Database Features

- The data available on the website database will be updated within two weeks of appeals being decided by the IRE
- The website database will only show decisions rendered after the date on which the website is launched, so there will be limited data available when the website database goes live
- Additional data will be added as appeals are closed by the IRE



Searchable Website Database Demo

Qualified Independent Contractor (QIC) for Medicare Appeals

QIC Appeals Decision Search

[Advanced Search](#)

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

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Searchable Website Database (cont.)

- For Part C and Part D appeals, there will be some additional fields added to the portal submission interface when Health Plans submit appeals to the IRE.
- The purpose of these additional fields is to gather some of the data that will be shown on this new website database in a consistent manner. For those Health Plans who do not use the portal to submit case files to the IRE, the Reconsideration Background Data form/Reconsideration Case File Transmittal form will also be updated to include these additional fields.
- This new form will be available on the Part C www.medicareappeal.com website and Part D www.medicarepartdappeals.com website prior to the launch of the new website database.



Questions?

For questions regarding Part C, please email
medicareappeal@maximus.com

For questions regarding Part D, please email
medicarepartdappeals@maximus.com