

Fact Sheet

Part C Reconsideration Appeals Data - 2017

Part C Appeals Process

An appeal is the process by which an individual enrolled in a Medicare Health Plan (enrollee) may challenge a plan's organization determination. Appeals begin with a request by an enrollee (or his or her representative) for reconsideration by the plan. If the plan's reconsideration decision continues to uphold its original denial, in whole or in part, the plan must forward the reconsideration to the Part C Independent Review Entity (also called the Part C Qualified Independent Contractor or "Part C QIC"). An enrollee who is dissatisfied with the Independent Review Entity's decision may appeal to an Administrative Law Judge. If the enrollee continues to be dissatisfied with the decision, additional appeal levels include the Medicare Appeals Council and federal judicial review.

The following data summarizes and highlights some of the key data on Part C reconsiderations from January 1, 2017 – December 31, 2017.

Reconsideration Volume

The Part C QIC received 65,981 reconsideration requests during calendar year 2017. This represents a rate of 3.33 reconsiderations for each 1,000 Medicare beneficiaries enrolled¹. It also represents a 15.3% increase in the total number of appeals received in 2016.

Standard pre-service reconsideration requests represented 21.0% of all appeals received and resulted in a rate of 0.70 reconsiderations for each 1,000 beneficiaries enrolled.

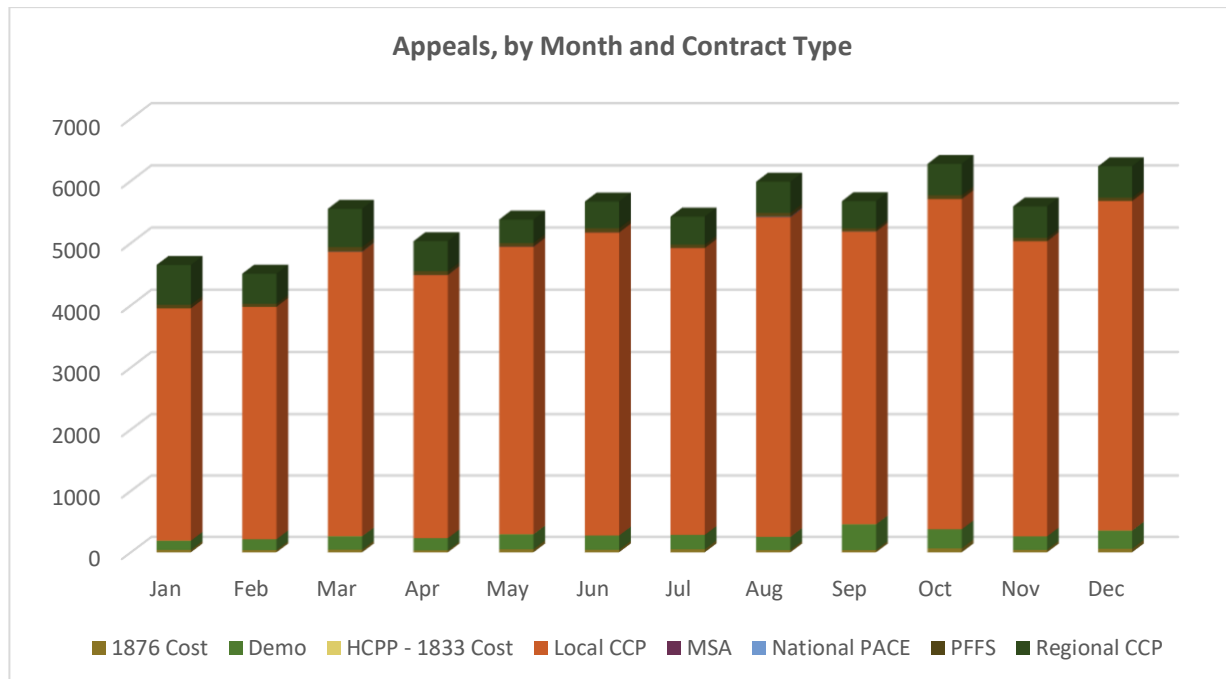
Standard payment reconsideration requests represented 62.8% of all appeals received and resulted in a rate of 2.09 reconsiderations for each 1,000 beneficiaries enrolled.

Expedited pre-service reconsideration requests represented 16.3% of all appeals received and resulted in a rate of 0.54 expedited cases for each 1,000 beneficiaries enrolled.

¹ Annual volume, divided by mid-year enrollment (times 1,000) is used to calculate the annual rate of appeals per 1,000 enrollees.

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Number of appeals received by the Part C QIC by Month and Contract Type



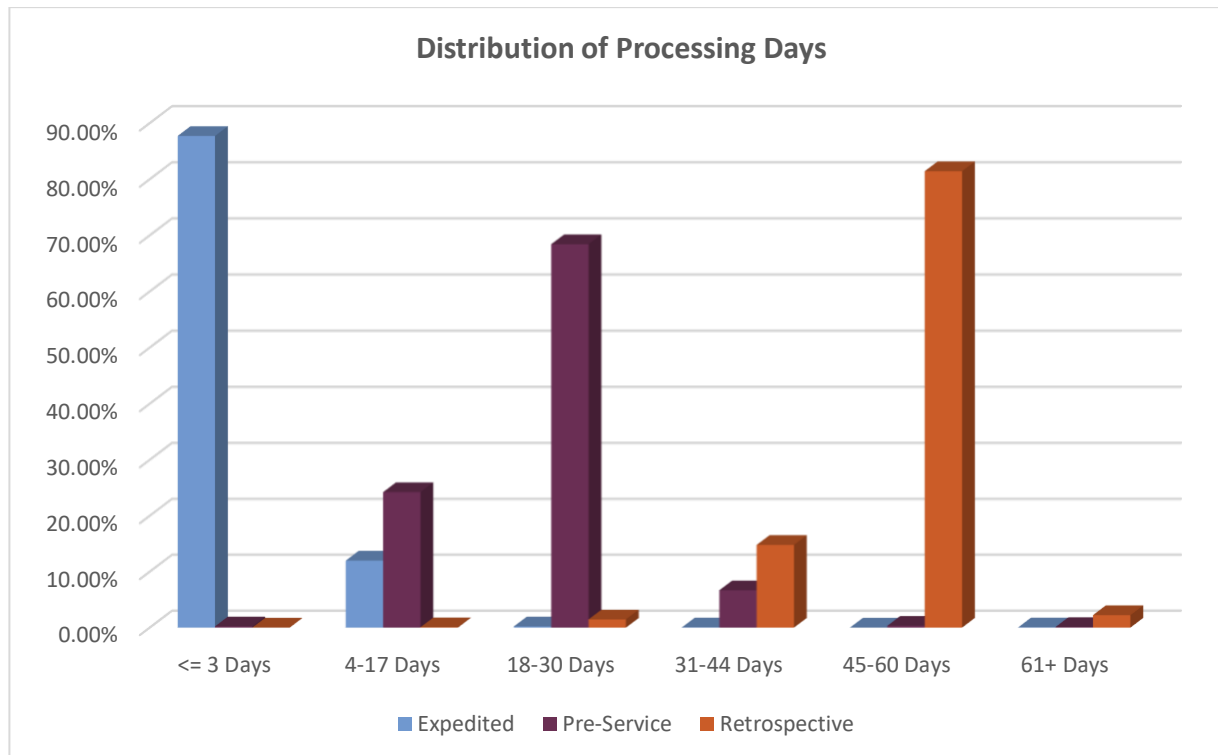
Types of Appeals and Rates of Overturn of Plan Denials Part C 2017 Appeals

Appeal Type	Cases	Substantive Cases ²	% of Total Cases	Overtures ³	% Overturned	% of All Overtures
Chiropractic	694	655	1.1%	14	2.1 %	0.3 %
DME	4,339	4,011	6.6%	128	3.1 %	3.0 %
Dental	4,214	3,961	6.4%	138	3.4 %	3.3 %
Diagnostic Imaging	5,726	4,851	8.7%	678	13.9 %	16.3 %
Drugs	3,843	3,498	5.8%	346	9.8 %	8.3 %
Emergency	816	713	1.2%	32	4.4 %	0.7 %
Home Health	893	646	1.4%	91	14.0 %	2.1 %
Hospital Inpatient	5,356	3,950	8.1%	504	12.7 %	12.1 %
Laboratory	4,796	4,024	7.3%	512	12.7 %	12.3 %
Medical Supplies	1,997	1,847	3.0%	32	1.7 %	0.7 %
Non-MD Practitioner	2,714	2,379	4.1%	150	6.3 %	3.6 %
Other	653	588	1.0%	10	1.7 %	0.2 %
Out of Area	1,530	1,442	2.3%	114	7.9 %	2.7 %
Physician Services	17,420	12,432	26.4%	884	7.1 %	21.3 %
Prosthetics/Orthotics	1,800	1,673	2.7%	77	4.6 %	1.8 %
Skilled Nursing Facility	4,522	4,190	6.9%	319	7.6 %	7.7 %
Transportation	3,826	3,287	5.8%	73	2.2 %	1.7 %
Vision Care	842	793	1.3%	36	4.5 %	0.8 %
Totals:	65,981	54,940	100.0%	4,138	7.5 %	100.0 %

² Substantive Cases includes Upheld, Reversed, and Partially Reversed decisions, only. Dismissals and Withdrawals are not included in Substantive Cases count

³ For organization determination and plan reconsideration overturn rates at the plan level, refer to CMS's Part C and D Data Validation webpage <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDDataValidation.html>

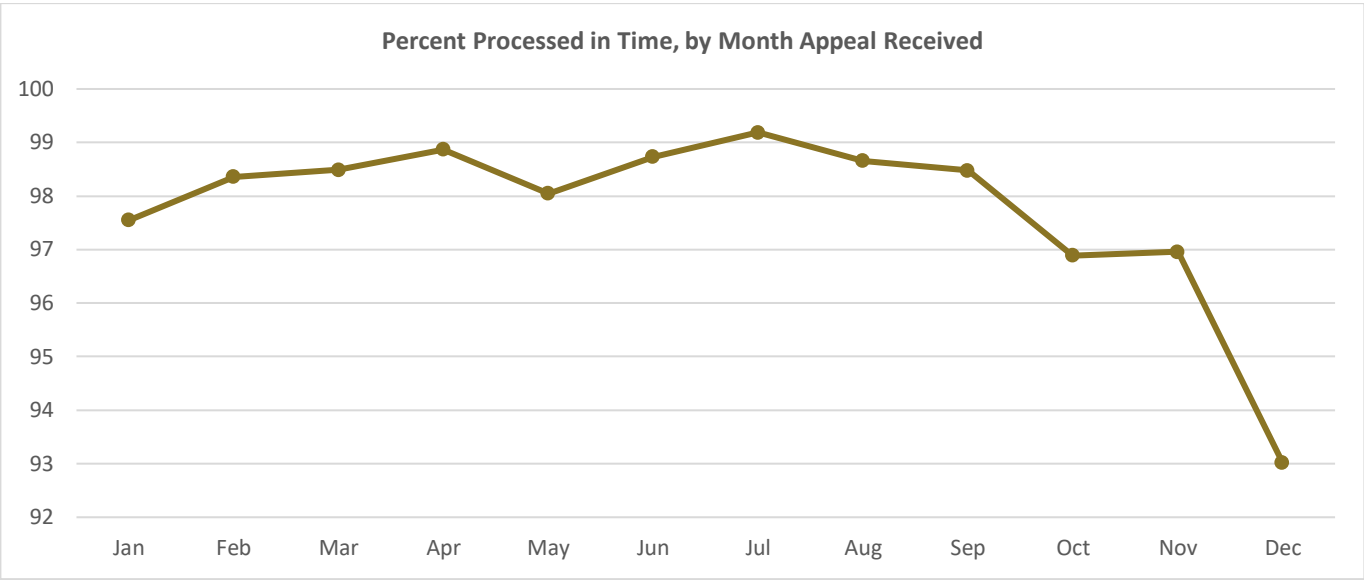
Timeliness of Reconsideration Cases, Calendar Year 2017



Days	Expedited	Pre-Service	Retrospective	Grand Total
<= 3 Days	87.71%	0.22%	0.01%	14.34%
4-17 Days	11.99%	24.23%	0.07%	7.07%
18-30 Days	0.21%	68.42%	1.46%	15.29%
31-44 Days	0.04%	6.68%	14.79%	10.69%
45-60 Days	0.01%	0.34%	81.43%	51.18%
61+ Days	0.04%	0.11%	2.23%	1.43%
Grand Total	100.00%	100.00%	100.00%	100.00%

Variable time standards apply to the completion of appeals of different appeal priorities. Expedited appeals are to be completed in 3 days, unless an extension is warranted to complete information required of the decision. An extension can be for up to 14 additional days. Standard pre-service appeals are to be completed in 30 days; again, an extension of up to 14 days may be taken if warranted. Standard retrospective (claim) denials are to be completed within 60 days.

Processing of Part C Reconsiderations During 2017



Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec ⁴
97.6%	98.4%	98.5%	98.9%	98.1%	98.7%	99.2%	98.7%	98.5%	96.9%	97.0%	93.0%

⁴ The decrease in timeliness reflects an increase in appeals received by the IRE in quarter four. The expected level of compliance for the Part C QIC to process reconsiderations within the specified timeframes is 95%.