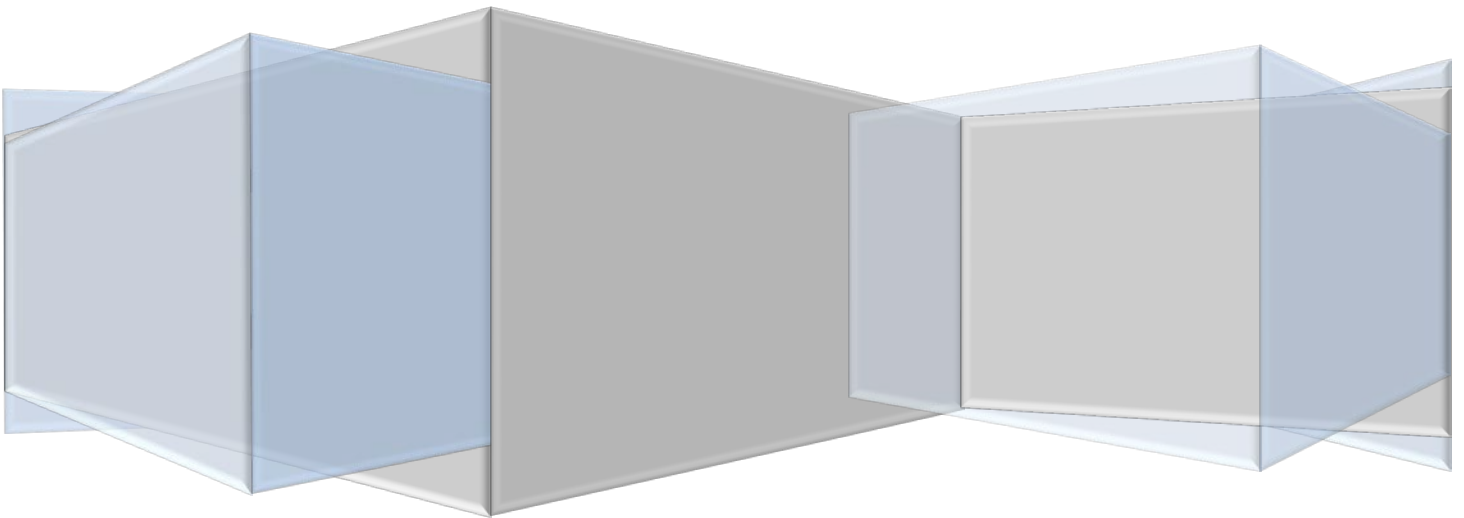




Medicare Part C Utilization Management (UM) Annual Data Request



**Utilization Management Data Request
Medicare Part C Utilization Management (UM)**

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**Utilization Management Data Request
Medicare Part C Utilization Management (UM)**

Annual Data Submission

Purpose

To collect and analyze data related to Medicare Part C utilization management (UM) requirements. The Centers for Medicare and Medicaid Services (CMS) will collect and analyze the information in this data request on an annual basis from all Sponsoring organizations that offer the Medicare Part C benefit. In addition to analyzing the information across all Sponsoring organizations, CMS will utilize the submitted data to select a number of Sponsoring organizations each year for a UM Audit.

Universe Submissions

Sponsoring organizations must submit the following universe (Table 1) comprehensive of all contracts and Plan Benefit Packages (PBP), in either Microsoft Excel (.xlsx) file format with a header row or Text (.txt) file format without a header row.

Descriptions and guidance for what must be included in each data field are outlined in the universe record layout below. Characters are required in all requested fields, unless otherwise specified, and data must be limited to the request specified in each record layout. Sponsoring organizations must provide accurate and timely universe submissions by January 31st of each calendar year. Submissions that do not strictly adhere to the record layout specifications will be rejected.

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Please use the guidance below for the following record layout:

Utilization Management Annual Submission (UMAS) Record Layout

- Enter information based on the **internal coverage criteria applicable** for the current calendar year.
- Enter all internal coverage criteria used by the Sponsoring organization, including internal coverage criteria used by any first tier, downstream, and related entity (FDR), for the purposes of rendering coverage or payment medical necessity decisions.
- If a Sponsoring organization utilizes different criteria (policies, tools, guidelines, etc.) for a singular item or service depending on the service area (e.g., internal coverage criteria differs based on locality (service area), contract or plan benefit package (PBP)), enter the service in a new row for each instance of unique internal coverage criteria.
 - If the parent organization utilizes three different internal coverage policies related to CT scans based on factors such as locality, contract and/or PBP, CT scan would be entered three times (each in a new row).
- Enter information in each field (i.e., no blank fields).
- Enter information in the specific formatting requested (when applicable).
- Enter NA if a column or field does not apply.

Note: For purposes of this universe “internal coverage criteria” is defined as any policy, tool, guideline, or information used by the Sponsoring organization, including any First Tier, Downstream, and Related Entity, to render medical necessity determinations that is not a CMS source, including CMS statute, regulation, manual, NCD and/or LCD.

| Column ID | Field Name | Description |
|-----------|--|---|
| A | Item or Service Name with Internal Coverage Criteria | <p>Enter the name of each Medicare item or service that your organization utilizes internal coverage criteria for in order to render medical necessity determinations.</p> <p>If your organization uses different internal coverage criteria for a single service based on other factors such as locality, PBP or contract number, enter the service in a new row for each instance of different criteria.</p> <p>Each unique item or service with internal coverage criteria must be entered into a new row.</p> |
| B | Criteria Name or Identifier | Enter the unique name, number, or other identifier related to the internal coverage criteria that was developed related to the Medicare item or service. |

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| Column ID | Field Name | Description |
|------------------|------------------------------|---|
| C | CPT and/or HCPCS codes | Enter all CPT codes and/or HCPCS codes associated with the identified internal coverage criteria. Enter codes using a comma-separated list. |
| D | Date of Most Recent Approval | Enter the date this criteria was most recently reviewed and approved by the UM committee (i.e., the date of the most recent revision to the policy). |
| E | Localities | Enter all localities using the two-digit locality code where this specific internal coverage criteria is applicable. Enter codes using a comma-separated list. |
| F | States | Enter all states where this specific internal coverage criteria is applicable. Enter states using a comma-separated list. |
| G | Contracts | Enter all contracts that utilize this specific internal coverage criteria for medical necessity determinations. Enter ALL if all contracts utilize the same internal coverage criteria. Enter contracts using a comma-separated list. |
| H | PBPs | Enter all PBPs that utilize this specific internal coverage criteria for medical necessity determinations. Enter ALL if all PBPs utilize the same internal coverage criteria. Enter PBPs using a comma-separated list. |
| I | Organization or Vendor | Enter the name(s) of any entity (your organization and/or any vendors) that developed or updates this specific internal coverage criteria using a comma-separated list (e.g., MCG). |
| J | Website Link | Provide a direct link to the organization website where this specific internal coverage criteria or guideline(s) can be found. |