
Measure: C27 - Reviewing Appeals Decisions

Title	Description
Label for Stars: Fairness of the Health Plan's Appeal Decisions, Based on an Independent Reviewer	Label for Stars: Fairness of the Health Plan's Appeal Decisions, Based on an Independent Reviewer
Label for Data: Fairness of the Health Plan's Appeal Decisions, Based on an Independent Reviewer	Label for Data: Fairness of the Health Plan's Appeal Decisions, Based on an Independent Reviewer
	Description: This rating shows how often an independent reviewer found the health plan's decision to deny coverage to be reasonable. (This description has been updated to better explain the measure. There have been no changes to the measure.)
	Metric: Percent of appeals where a plan's decision was "upheld" by the Independent Review Entity (IRE) (numerator) out of all the plan's appeals (upheld, overturned, and partially overturned appeals only) that the IRE reviewed (denominator). This is calculated as:
	$([\text{Appeals Upheld}] / ([\text{Appeals Upheld}] + [\text{Appeals Overturned}] + [\text{Appeals Partially Overturned}])) * 100.$
Primary Data Source: Independent Review Entity (IRE)	
Data Source Description: Data were obtained from the Independent Review Entity (IRE) contracted by CMS for Part C appeals. The appeals used in this measure are based on the date in the calendar year the appeal was received by the IRE, not the date a decision was reached by the IRE. If a Reopening occurs and is decided prior to June 30, 2021, the Reopened decision is used in place of the Reconsideration decision. Reopenings decided on or after June 30, 2021 are not reflected in these data the original decision result is used. The results of appeals that occur beyond Level 2 (i.e., Administrative Law Judge or Medicare Appeals Council appeals) are not included in the data.	
Data Source Category: Data Collected by CMS Contractors	
	Exclusions: If the minimum number of appeals (upheld + overturned + partially overturned) is ≤ 10 , the result is "Not enough data available." Dismissed and Withdrawn appeals are excluded from this measure.
	General Notes: This measure includes all Standard Coverage, Standard Claim, and Expedited appeals received by the IRE, regardless of the appellant. This includes appeals requested by a beneficiary, appeals requested by a party on behalf of a beneficiary, and appeals requested by non-contract providers.
Data Time Frame: 01/01/2020 – 12/31/2020	
General Trend: Higher is better	
Statistical Method: Clustering	
Improvement Measure: Included	
CAI Usage: Not Included	
Case-Mix Adjusted: No	
Weighting Category: Measures Capturing Access	
Weighting Value: 2	
Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.	

Meaningful Measure Area: Appropriate Use of Healthcare

NQF #: Not Applicable

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	Yes	No	Yes

Cut Points:

1 Star	2 Stars	3 Stars	4 Stars	5 Stars
< 69 %	>= 69 % to < 84 %	>= 84 % to < 91 %	>= 91 % to < 96 %	>= 96 %