

# PUBLIC SUBMISSION

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**Docket:** CMS-2020-0021  
Medicare Part D Reporting Requirements (CMS-10185)

**Comment On:** CMS-2020-0021-0001  
Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2020-0021-DRAFT-0005  
Comment on CMS-2020-0021-0001

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## Submitter Information

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## General Comment

Fallon Health (H9001) thanks CMS for the opportunity to comment on proposed Part D Reporting requirements and submits the following questions:

Section IV. Improving Drug Utilization Review Controls - 3. Opioid Nave Days Supply Safety Edit

For all elements that include "favorable coverage determination or appeal", is this only related to coverage determination or Redetermination that yields a favorable decision in terms of the opioid nave day supply safety edit?

If a claim rejected for a Utilization Management edit AND the opioid nave edit, but the coverage determination or Redetermination was requested and submitted only for the Utilization Management edit, would a favorable decision for the Utilization Management edit (but no decision on the opioid nave edit, as it was not requested) be included in this reporting?

Section V. Coverage Determinations Redeterminations, and Reopenings

The Part D Reporting requirements state that "Sponsors should report data based on the date the enrollee/enrollee's representative is notified in writing of the coverage determination or redetermination decision." Can CMS clarify whether 'notified' is defined as the day the letter enters the mail stream? What happens if there is returned mail?