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Below would be my clarifying questions.

Element E (New requirement for 2021)

- Please clarify how the following scenario should be counted. If a member has 3 care coordination rejections for the same (or different) drug for different dates of service but only has 1 subsequent paid claim via pharmacist override, would that count as:

- o Element C = 3
- o Element D = 1
- o Element E = 1

General Questions

- If a claim is successfully processed at POS but then subsequently reversed, does CMS want those claims to count for elements such as E, H, N etc.?
- When CMS says successfully processed at POS “other than” through favorable coverage determination or appeal, such as pharmacist communication and/or plan override, does that mean for example:
 - o Care Coordination edit – claim pays because pharmacy reduced the quantity on the claim and no longer triggers the greater than 90 MME edit or DOS of paid claim is later so that there is no overlap in active opioid claims thus also not triggering care coordination edit.
 - o Hard MME edit – claim pays because pharmacy reduced the quantity or DOS is later so there is no overlap in active opioid claims thus no Hard edit is triggered.
 - o Opioid Naïve – claim pays because pharmacy reduces day supply to 7 or less.