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Comments Received :

Reviewed CDR and DUR. We have two questions for the DUR changes:

Section IV. Improving Drug Utilizations Review Controls:

Element E. The number of claim rejections overridden by the pharmacy within 24 hours of the initial claim rejection

Question: Can CMS clarify the timeframe for if/when a claim would become an "initial claim rejection" again? For example, if a claim was processed for a particular member on January 1st, rejected for the Care Coordination Safety Edit, and then another claim was processed on April 1st and also rejected for this edit, would they be considered 2 separate "initial claim rejections"? Or is CMS considering the "initial claim rejection" to be counted once per year, upon the first occurrence?

Element J. The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy within 24 hours of the initial claim rejection

Question: In the example above, should the beneficiary be counted only if the January 1st claim (first incidence) was overridden by the pharmacy within 24 hours? Or should the April 1st claim also be reviewed and taken into account?

Second question

For the Redetermination section, please provide guidance on how to report RD DMR's not related to an exception? For example, which of the new reporting sections would we report RD DMR's related to cost sharing appeals or Self-Administered Drugs where the coverage determination was denied for no proof of payment and the member is now providing documentation of payment?