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For Appendix J CDR please clarify the following:

RSC-10e: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:

e: Includes At-risk determination appeals (beneficiary-specific Point of Sale (POS) edit, prescriber or pharmacy coverage limitation appeals, sharing information for subsequent Part D enrollments) made under a drug management program redeterminations

- Does CMS expect the health plan to issue a written decision at the Point of Sale?
- How does sharing information for subsequent Part D enrollment will affect/engage the appeal process?

RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:

i: Includes all redetermination decisions that relate to Part B versus Part D coverage (drugs covered under Part B are considered adverse decisions under Part D). a. Point of Sale (POS) claims adjudications (e.g., a rejected claim for a drug indicating a B vs. D PA is required) are not included unless the plan subsequently processed a redetermination.

- Point of Sale appeals?