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1. Clarification is needed that reporting period includes data collected October 15, 2024 when plans can begin to elect members into the program.
2. If a member switches between PBP, is the member counted as "unique" for both PBPs?
3. Element A: Clarification is needed on the verbiage "The total number of individuals identified as likely to benefit from the Medicare Prescription Payment Plan during the reporting period based on one or more of the following methods." Concern that there will be discrepancies between how this is reported with "or" instructions. Why is this just not clarified from all methods?
4. Element B: Clarification is needed as to whether this include only members who were identified in 2024 and mailed a letter or those identified in 2024 and still enrolled in 2025.
5. Element C encompasses the members reported in Element D. If Element C is intended to include only members during the prior authorization process, clarification is needed.
6. Element E: Clarification needed does this include members opting into the program 10/15/2024-12/31/2024?
7. Elements L/M/N - Clarification if this is as of 12/31/2024? The December 2024 invoices will not have been generated by the time the reporting period ends.