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Thank you for the opportunity to review the draft Part D Reporting Requirements. Per Section V. Coverage Determinations, Redeterminations (including At-Risk Redeterminations under a Drug Management Program), and Reopenings, plans are required to report data based on the date the enrollee/enrollee's representative is notified in writing of the coverage determination or redetermination decision. For untimely requests that were auto-forwarded to the independent review entity (IRE) and are considered adverse determinations, the enrollee/enrollee's representative is notified in writing of the coverage determination or redetermination decision by the IRE, not by the plan.

Comment: We seek clarity on whether plans should report the data based upon the date the enrollee/enrollee's representative is notified that the decision was not made timely and is being forwarded to the IRE for review. We request that CMS clarify that the data should be reported based on the date the enrollee is notified that the request was auto-forwarded to the IRE (Notice of Case Status).