From:	Olaf Besgen
To:	FN-OMB-OIRA-Submission
Cc:	Alyssa Dacut; Carine Scherlippens; Sean Scott
Subject:	Comments for CY2012 Part D Reporting Requirements
Date:	Monday, May 09, 2011 3:57:36 PM

Dear CMS,

We have the following comments and questions regarding the recently released CY2012 Part D Reporting Requirements:

Section IV: MTMP

- Data element P can be administratively burdensome, and feel this element should be removed.
- Data element Q can be very subjective. Do you have suggestions on how best to report this?

Section IX: Coverage Determinations

- Suggest replacing the word "made" in elements C,F,I L. If it is requested or processed, please just state that.
- How will validation be implemented for cases that were sent to the IRE? Sometimes cases are not sent because by the time they are found or a notification is required, a decision has already been made.

Section XI: Long Term Care Utilization & Waste:

- Effective 1/1/12, the current 5.1 patient location codes 3 and 4 are mapping to the new D.0 code 3. How should we prevent the current code 4 from being included in next year's LTC Utilization Report?
- Accuracy of reporting waste: there are a number of scenarios where waste can occur and appears accuracy would be difficult to enforce: Many pharmacies do not receive timely nor complete information from facilities. Many facilities have different methods for re-ordering prescriptions, etc.
- We feel this section will require more thought and examples for accurate reporting.

Thank you,

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