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General Comment

Section VI. Coverage Determinations and Redeterminations

3. Reopenings

Due to the common practice of assigning a new number to a new determination, the data reported may not display the original case ID. To promote standardization in reporting, we recommend the following text change:

Data element 3. Case ID, Field Description:

Current specification: This is the unique internal tracking number the contract assigned to the case that is being reopened.

Recommended specification: Original Case ID, prior to reopening.

Data elements:
A. The total number pharmacy transactions.
B. The number of pharmacy transactions rejected due to non-formulary status.
C. The number of pharmacy transactions rejected due to prior authorization (PA) requirements.
D. The number of pharmacy transactions rejected due step therapy requirements.
E. The number of pharmacy transactions rejected due to quantity limits. Safety edits and rejections due to early refills should be excluded.

We have commented in the past that CMS is receiving data on transmissions, not transactions,
whereby Part D-reported counts are for multiple transmissions for the same point-of-sale (POS) event
(e.g., same dispenser/pharmacy, drug/product, prescription, member, fill date).
These multiple transmissions are typically caused by keying or transmission difficulties on the sending end,
causing a different claim number or claim sequence number to be affixed to a transmission,
giving the appearance of a unique transaction; Or, transmissions seconds apart, giving the appearance of uniqueness.
We believe that this is the unintended consequence of the following Technical Specifications,
"CMS understands these numbers may include multiple transactions for the same prescription drug claim. "
"Multiple transactions for the same claim should be counted individually."

It is probably CMS' intent to capture a transaction in, say, both element D and E, if it rejected for both step therapy requirements and quantity limits. However, what CMS is actually receiving in the way of counts includes multiples of the same rejection, e.g., multiple rows of the same nonformulary rejection (same dispenser/pharmacy, drug/product, prescription, member, fill date), where the only difference is a claim (sequence) number or time in minutes/seconds.

We recommend:
Deletion of both of the above-cited clauses for data elements A-E
Addition of a specification at elements B-E: "Report each unique point-of-sale occurrence of this rejection type."
Addition of a note under D. Notes - Pharmacy Transactions: A pharmacy transaction is defined as a unique experience by a member in the contract, upon presenting a prescription at the point of sale.