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General Comment

Comments for Draft 2017 Medicare Part D Report Requirements
2017 MEDICARE PART D REPORTING REQUIREMENTS

I. Section V. Improving Drug Utilization Review Controls

In order to determine if we have any questions or if we can capture all data elements in regards to this new measure can you please provide the proposed technical specifications?

II. Section VI. Coverage Determinations and Redeterminations

We would appreciate clarification as to what CMS' defines as a "revised decision". Is a revised decision (for reporting purposes) only when the disposition of the case is changed or does it include those case some part of the case needed to be modified due to a clerical error or new and material evidence, or other reason, but the actual disposition of the case was not changed? For example an adverse decision case is reopened because the denial reason was not correct or the presentation of the drug was inaccurate however the decision will remain adverse. The enrollee is sent a new denial letter with the updated denial reason or drug name. The disposition for this case did not change, but some detail regarding the case or enrollee communication changed.
Will the report layout change as shown on page 15 of the draft document? Reporting is at the contract level, can you please confirm we will report each contract separately.
Can you please elaborate more as to what data is to be reported under the UM heading (is the value expected only PA and ST).
Should Formulary column include all exceptions including excluding Tier?
Should Step Therapy (ST) be included under UM or Formulary?