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To: [OS OIRA \(HHS/OS\)](#)
Cc: [Demarco, Kristie](#)
Subject: Comments on draft Medicare Part D Reporting Requirements - Fallon Health H9001
Date: Tuesday, October 11, 2016 11:04:20 AM

Good morning:

Our organization would like to submit the following comments on the draft Medicare Part D Reporting Requirements [Document Identifiers: CMS-588, CMS-10146, CMS-10185, CMS-10261, and CMS-10631].

We would like clarification regarding section VI. Coverage Determinations and Redeterminations; Disposition – Utilization Management Exceptions (Elements J – O) [which appears on page 17 of the draft Part D Reporting Requirements pdf document] for the following:

- We ask that CMS elaborate as to what data is included under the Utilization Management Exceptions heading. For example, would this include Formulary and Tier exceptions? What specific exception types does it include?
- Under which heading would exceptions to a Prior Authorization, a Quantity Limit exception, and Step-Therapy exceptions be recorded?
- Since Step-Therapy can be considered a Prior Authorization (i.e., the provider is trying to satisfy the Step-Therapy requirement) or an Exception (i.e., the provider is stating that the pre-requisite drugs should not apply in this case), under which heading would each type of Step-Therapy be reported?

Thank you,

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