

# PUBLIC SUBMISSION

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CA

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## General Comment

Hello,

We have completed our review of the clarifications made in the latest updated CY2017 Part D Reporting Requirements Technical Specifications that was released October 31, 2017 and noticed a discrepancy in section V. Improving Drug Utilization Review reporting.

Under the Edit and Validation section C on page 40, the Data elements listed do not match the recent HPMS layout data elements. We believe this is due to the CY2017 Medicare Part D Reporting Requirements not also being updated with the latest added data element that can only be found in the HPMS Layout.

We have noticed that this may also be causing confusion with the Data Validation questions in Appendix J starting on page 128 that have been released for comments. We are noticing the data elements are not lining up to the definitions. It would be helpful if all the documents that pertain the reporting requirements and data elements are revised to match when there is a change in the HPMS layout.

Questions/comments from draft CMS Data Validation Audits, Improving Drug Utilization

Review Controls, appendix J FDCF dated 09/28/2017:

1. Data elements referenced in this section don't always line up with the data elements from the current layout that is in HPMS. Please confirm the documents and data elements used in the making of the data validation questions.

Example 1: 2.e RSC-5a mentions data element 'D' and or 'L' but it looks like this should be 'B' and or 'J' instead.

Example 2: There is reference up to data element 'S' in this section for Improving Drug Utilization Review Controls (Part D) 2017, but the HPMS layout only goes to data element 'Q'.

2. On page 132 there is a statement that refill too soon (RTS) claims should not be included in the report. This requirement is not mentioned anywhere in the CMS reporting requirements, technical specification or HPMS layout documents for this report. Should this question truly be in this section?

3. RSC-5.cv: The number of unique beneficiaries with at least one claim rejected that also had a claim successfully processed (paid) for an opioid drug subject to the hard opioid MED edit such as, but not limited to, through favorable coverage determination (data element S) is a value less than or equal to the number of unique beneficiaries with at least one hard edit claim rejection that also had a coverage determination request (data element R). (Should be Data Element P not R).

Note: Data element S is from the CDE report for 'The total number of fully favorable Utilization Management exceptions made in the reporting period.'

It is Data element Q on the opioid report that is for 'Num\_Uuniq\_Bene\_Rejected\_Paid\_POS'

4. RSC-8.c: c. Includes all coverage determinations (fully favorable, partially favorable, and adverse). Data Element says R but we know from above that it is for P.

It appears there may be a combination of the Coverage Determination report data elements instead of the Improving Drug Utilization Review Controls in this section.

Thank you.