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Submitted via Federal e-Rulemaking Portal: <https://www.regulations.gov>

April 30, 2018

PRA Reports Clearance Officer
Centers for Medicare and Medicaid Services (CMS)
7500 Security Boulevard
Attention: PRA Clearance Office

Re: Medicare Part D Reporting Requirements and Supporting Regulations (Form Number: CMS–10185; OMB Control Number: 0938–0992)

Dear PRA Clearance Officer:

Anthem, Inc. (“Anthem”) appreciates the opportunity to provide comments in response to the proposed “Medicare Part D Reporting Requirements and Supporting Regulations,” under the Paperwork Reduction Act, as published in the Federal Register on February 28, 2018 (Form Number: CMS–10185; OMB Control Number: 0938–0992).

Anthem is working to transform health care with trusted and caring solutions. Our health plan companies deliver quality products and services that give their members access to the care they need. With over 73 million people served by its affiliated companies, including more than 40 million within its family of health plans, Anthem is one of the nation’s leading health benefits companies. For more information about Anthem’s family of companies, please visit www.antheminc.com/companies.

Anthem shares CMS’ commitment to continuously identify and implement innovative approaches to support the health care needs of consumers. As a committed participant in the Medicare Advantage (MA) and Part D programs, Anthem asserts that the best way to carry through on this commitment is to emphasize transparency, flexibility, and efficiency. We thank CMS for the Agency’s continued work related to the Part D reporting requirements.

As part of the Part D reporting requirements update, CMS is proposing technical changes to the Medication Therapy Management (MTM) related reporting requirements, that are intended to evaluate Part D MTM programs and sponsors’ adherence to CMS requirements. Anthem requests clarification in the following three areas.

MTM H:

Proposal – 2019 Reporting Requirements: “Beneficiary in a long term care facility at the time of the first CMR offer? (Y (yes), N (no), or U (unknown)).”

Request for Clarification:

We request additional information as to what would define a long term care facility from data sources, prescription claims indicators, long term institutional files, or other data sources.

MTM O:

Proposal – 2019 Reporting Requirements: “If offered a CMR [comprehensive medication review] recipient of (initial) offer.”

Request for Clarification: We request additional information as to whether a caregiver’s name, relationship to the member, or both are required.

MTM R:

Proposal – 2019 Reporting Requirements: “Date CMR written summary in CMS standardized format was provided or sent. (If more than 1 CMR was performed, report the date the initial CMR written summary was provided or sent.)”

Request for Clarification: We request additional information as to whether CMS or HPMS will reject the data if the CMR is completed in late December (e.g. December 28, 2019), but we do not have a mail date until January (e.g. January 2, 2020).

Anthem appreciates this opportunity to provide input. We are eager to work with CMS to ensure the delivery of robust benefits and quality care via the MA and Part D programs. Should you have any questions or wish to discuss our comment further, please contact Danielle Horne at 818.298.7830 or Danielle.Horne@Anthem.com or Leah Hirsch at 202.508.7881 or Leah.Hirsch@Anthem.com.

Sincerely,



Anthony Mader
Vice President, Public Policy