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Document Title	Section	Subsection, if applicable	Page #	Comment or question to CMS
Medicare Part C Reporting Requirements (effective January 1, 2019)	II. ORGANIZATION DETERMINATIONS & RECONSIDERATIONS	All	6-8	There are currently multiple elements assigned to each letter (A, B, C, etc.). We ask CMS to add subsection numbers to differentiate the lettered elements. For example, "Total Number of Organization Determinations Made in the Reporting Period Above" would be **1A** and "Number of Organization Determinations – Fully Favorable (Services) – Contract Provider" would be **2A** and "Total number of Reconsiderations Made in Reporting Time Period Above" would be **3A**.
			6-8	We ask CMS to clarify whether Part B claims should be included in this report. If yes, does that include Part B drugs that are rendered at the point of sale without prior authorization required?
		Element G: Number of Organization Determinations submitted by provider (claims)	6	We ask CMS to clarify whether the pharmacy should be considered the provider (submitter) for Part B claims *rendered at the point of sale without prior authorization* .
		Element C: Number of Organization Determinations – Fully Favorable (Claims) – Contract Provider Element D: Number of Organization Determinations – Fully Favorable (Claims) – Non-contract Provider Element G: Number of Organization Determinations – Partially Favorable (Claims) – Contract Provider Element H: Number of Organization Determinations – Partially Favorable (Claims) – Non-contract Provider Element K: Number of Organization Determinations – Adverse (Claims) – Contract Provider Element L: Number of Organization Determinations – Adverse (Claims) – Non-contract Provider	6-7	For Part B drugs rendered at a pharmacy, we ask CMS to clarify whether plans should report contract versus non-contract provider according to whether the rendering pharmacy is contracted with the plan/PBM.
		A. Number of Organization Determinations – Fully Favorable (Services) – Contract Provider B. Number of Organization Determinations – Fully Favorable (Services) – Non-contract Provider E. Number of Organization Determinations – Partially Favorable (Services) – Contract Provider F. Number of Organization Determinations – Partially Favorable (Services) – Non- contract Provider I. Number of Organization Determinations – Adverse (Services) – Contract Provider J. Number of Organization Determinations – Adverse (Services) – Non-contract Provider	6-7	For preservice organization determinations, there are circumstances where a contract provider requests services on behalf of a member *to be rendered by a non-contracting provider* . We ask CMS to clarify whether plans should report these requests according to the requesting provider (contracted) **or** according to the servicing provider (non-contracted)?
			6-8	We ask CMS to clarify whether plans should report the provider's status (non/contract) as of the date the request was received **or** as of the date the request is authorized/denied? For example, a request might be received from a contracting provider on 1/28. The request is approved on 2/2, but the provider's contract was terminated on 1/30; on 2/2 the submitting provider is no longer in our network. Would this be reported as a contract or non-contract organization determination?