PerformRx

200 Stevens Drive
Philadelphia, PA 19113-1570

www.performrx.com

May 28, 2019

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10305
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: CMS-10305

Centers for Medicare & Medicaid Services:

PerformRx is a pharmacy benefit manager (PBM) for Medicare Advantage Prescription Drug Plans (MAPDs) and Medicare-Medicaid Plans (MMPs) nationwide. Thank you for this opportunity to comment on CMS' proposed Medicare Part C and Part D Data Validation.

Please see the attached comments. Thank you for your consideration.

Sincerely,

Lindsey Rodriguez, Esq.
Manager, Medicare Programs
lirodriguez@performrx.com

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Standard/Sub-standard ID; Reporting Section Criteria ID	Standard/Sub-standard Description	**PerformRx comment**
Part D: Improving Drug Utilization		
2.e; RSC-10.b	RSC-10.b: From the subset of POS rejects (RSC 6c) related to the opioid naïve days supply safety POS edits	In 2019 IDUR Reporting, PerformRx is going to report out the hard edit rejections data separately from the naïve member claims. In the event a claim has both the hard edit MME rejection and the naïve rejection, how should PerformRx report this data? Would the member be counted towards both the naïve and hard edit, or would one edit take precedence in reporting over the other?
Part D: Coverage Determinations and Redeterminations		
2.e; RSC-7	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the following criteria:	In the 2019 Technical Specifications document under item #13 on page 47, CMS stated the following: "Cumulative opioid MED POS edit coverage determination exceptions should be categorized as Utilization Management (Elements G-J)." However, in the Medicare Part D Plan Reporting Requirements Technical Specifications Document Contract Year 2019 under item #13 on page 47, CMS states the following: "Cumulative opioid MED POS edit coverage determination exceptions should be categorized as Utilization Management (Elements G-J)." If a request is reviewed for a non-formulary drug that is also returning an opioid related safety edit, should that request be classified as a formulary exception or a UM Exception?