Number	Entity Submitting Comments	Subject Matter	Section of PDP Application	Summary of Comment	Accept/Deny Change
1	AHIP	citations	all	Provide citations to source of requirements (e.g., guidance or regulations)	Accept. Because of timing with automation, DDBP will work to create a separate posting for the 2008 year that provides the citations and will incorporate into overall document for 2009.
2	AHIP	specialty drug reimbursement	3.4.7 A2	Part D applicants should not have to attest to the sentence that "requiring different reimbursement rates for certain 'specialty' drugs is *inconsistent* with standard industry practice." Second sentence of attestation A2 should be deleted.	Partially Accept. CMS has modified the language of this attestation.
3	AHIP/Silverscript	HIPAA	3.19 A6 and A8	A6 and A8 contain requirements for data security that are not currently in any CMS guidance. Suggested language to replace A6 and A8, "Consistent with applicable CMS guidance, Applicant agrees to implement systems, policies, and procedures sufficient to protect individual beneficiary information from unauthorized disclosure and to notify CMS immediately upon discovery of any security breach of beneficiary personally identifiable information in any manner."	DENY. Protection of individually identifiable health information is paramount. CMS will actually change the 48 hour notice to 24 hour notice to reflect the Departmental requirements of 24 hour notification.
4	AIDS Healthcare Foundation	Special Needs Plan (SNP) formularies	none	SNP formularies should not require prior authorizations because SNPs have the unique knowledge and experience to decide whether the beneficiary should get the specific drug or not and SNP beneficiaries are not like the general Medicare population.	Deny. Every formulary is reviewed for proper utilization management and all Medicare beneficiaries are required by statute to have a uniform beneft. Creating a different rule for the SNP population would violate this statutory provision.
5	AIDS Healthcare Foundation	Bid does not allow administrative costs	none	New Part D sponsors experience financial difficulty because they can not include certain administrative costs in their bid (e.g., increasing staff, training staff). 72 hour turn around times stress little plans and cause staff turnover.	The bid process allows Part D sponsors to account for the costs associated with providing the benefit.
6	AIDS Healthcare Foundation	Risk adjustment, TrOOP, and COB queries	none	CMS should allocate more resource to plans to sort through plan queries. Risk score (RxHCC) of enrollees and its relationship to capitation payment for Part D was not clear to some (unnamed) Part D Sponsors. Mechanism and rationale should be disseminated clearly so plans can track memberships to ensure they are not "short-changed" on monthly premiums.	Not relevant for the applications. Comment has been forwarded to the appropriate division within CMS to address.
7	CalOptima OneCare	dual eligible cut-off date	none	Change dual-eligible cut-off date to the 15th of the month.	Implementing this comment would require a legislative change. The statute allows dual eligible beneficiaries to change at any time during the month.

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8	Ovations/UnitedHealth Group	Contract log	3.4 A7	(1) Recommend that CMS provide industry the opportunity to review and comment the forthcoming guidance before it is finalized. (2) Recommend the contract log be on a prospective basis not a retrospective basis.	Accept--Guidance related to this attestation has not been written at this time. CMS will delete the attestation and once the guidance has been drafted, CMS will release it for industry comment.
9	SilverScript/Caremark	Compliance with forthcoming Call Letter requirements	2.4 and 4	Delete the requirement to comply with any "forthcoming" CMS guidance, such as the Call Letter. It is premature to include undisclosed forthcoming Call Letter requirements in the application, rather, the contract is the vehicle for specifying the terms between CMS and sponsors not the application.	DENY. Many of the attestations relate to future dates and including this language puts new applicants on notice that they will be required to follow guidance released via the call letter.
10	SilverScript/Caremark	Errors or omissions in pricing data will result in suppression on Plan Finder.	3.7 A3	(1) CMS should utilize the previously implemented default for missing drug prices that was based on AWP minus 10% for retail and AWP minus 30% for retail to establish consistency across all plans and eliminate the need for manual file manipulation with each submission. (2) All repackager and obsolete NDCs should be removed from the CMS Reference NDC file. (3) Revise the threshold for suppression to be a pattern or practice of submitting data that contains errors or omissions will result in the suppression on Plan Finder. Rationale: Errors or omission are usually a result of differences between the Firs DataBank and MediSpan files and the CMS Reference NDC File, which often contain obsolete and repackager NDCs.	Not relevant for the applications. Comment has been forwarded to the appropriate division within CMS to address.
12	SilverScript/Caremark	Implementing NCPDP Workgroup messaging requirements within 90 days	3.22 A12	90 day time frame is not sufficient in all cases, because the implementation time frame varies with the complexity of the changes required. Increase the time frame or ask NCPDP to recommend an appropriate time frame.	Accept. Attestation has been changed to reflect the 2007 Coordination of Benefit Guidance which requires rapid adoption but does not specify a certain day time frame.
13	HealthPartners	Upload files instead of sending in hard copies and CDs.	none	Instead of creating paper binders and CDs, can sponsors upload the attachments in a zipped file divided into section ?	CMS is working to completely automate the Part D applications. Applicants will still need to provide some materials in hard copy for the 2008 contract year, but all information that is required on CDs may be zipped and CMS will clarify the instruction in the solicitation.

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14	HealthPartners	HPMS application instructions	none	Request for more instructions about the entry of application data in HPMS. Pan wanted an administrative person to enter this information, and though he/she may need HPMS access.	ACCEPT. Instructions and training for the applicants is forthcoming.
15	PrimeWest Health System	Pharmacy reimbursement rates	3.4	Make sponsors reimburse pharmacies at a reasonable rate. Many sponsors reimburse $1.50 dispensing fee and a discount on AWP that forces many pharmacies to loose money.	Not relevant for the applications. Comment has been forwarded to the appropriate division within CMS to address.