

60-Day Comment Response Document

Overview of Comments

CMS received one comment from Part D sponsor regarding the following reporting sections: Medication Therapy Management and Improving Drug Utilization reviews.

Summary of Comments

Section	Comment	Commenter's Recommendation	CMS Response	Revised Requirements/Documents	Revised Burden Estimates
MTM	<p>With respect to the standards listed in Subsection 5, the reference letters used for the section are misaligned (Reporting Section Criteria (RSC) 5 in the 2022 Data Valuation CY 2023 DV Appendix B_Draft_20220308_508). RSC 5b in the 2022 Manual is now RSC 5a in the 2023 Manual. This misalignment of the standards is an error because it is not reflected in Appendix J that is used for scoring. Appendix B, RSC Section 5 in 2022:</p> <p>5. Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS:</p> <p>a. Date of MTM program enrollment (Data Element I) is within the reporting period (between 1/1/2021 and 12/31/2021).</p> <p>b. One record is entered for each unique beneficiary, i.e., only one record exists for a unique MBI number (Data Element B).</p> <p>c. Only reports beneficiaries enrolled in the contract during the reporting period, i.e., MBI (Data Element B) maps to a beneficiary enrolled at any point during the reporting year for the given Contract Number (Data Element A).</p> <p>Appendix B, RSC Section 5 in 2023:</p> <p>Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS:</p> <p>5. Date of MTM program enrollment (Data Element H) is within the reporting period (between 1/1/2022 and 12/31/2022).</p> <p>a. One record is entered for each unique beneficiary i.e., only one record exists for a unique MBI number (Data Element B).</p> <p>b. Only reports beneficiaries enrolled in the contract during the reporting period, i.e., MBI (data Element B) maps to a beneficiary enrolled at any point during the reporting year for the given Contract Number (Data Element A).</p> <p>c. CMR received date (Data Element P) is within the beneficiary's MTM enrollment period.</p> <p>[Comment abbreviated due to space constraint]</p>	<p>The misalignment in Appendix B needs to be fixed. UHC recommends that CMS update the numbering in Appendix B, RSC Subsection 5 so that it will align with Appendix J which is used for auditor scoring.</p>	<p>The misalignment in Appendix B has been corrected as follows:</p> <p>RSC 5 Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS</p> <p>5a. Date of MTM program enrollment (Data Element H) is within the reporting period (between 1/1/2022 and 12/31/2022).</p> <p>The subsequent RSC codes have been revised to align accordingly as well.</p>	Yes	No
MTM	<p>Reporting Section Criteria (RSC): Section 5q and 5r</p> <p>In addition to the misalignment mentioned above, RSC 5q is a duplicate of RSC 5r. UHC has concerns about this duplication because it is not reflected in Appendix J that is used for scoring. When the auditors look for RSC 5q in Appendix B, it will not match RSC 5q in Appendix J.</p> <p>Appendix B, RSC Section 5q and 5r in 2022:</p> <ul style="list-style-type: none"> RSC 5q. If a CMR was received (Data Element Q = Yes), there is a reported date of initial CMR (Data Element R ≠ missing). RSC 5r. If a CMR was received (Data Element Q = Yes), there is a reported delivery date(s) (Data Element S ≠ missing). <p>Appendix B, RSC Section 5q and 5r in 2023:</p> <ul style="list-style-type: none"> RSC 5q. If a CMR was received (Data Element O = Yes), there is a reported delivery date(s) (Data Element Q ≠ missing). RSC 5r. If a CMR was received (Data Element O = Yes), there is a reported delivery date(s) (Data Element Q ≠ missing). <p>Appendix J, RSC Section 5q and 5r in 2023:</p> <ul style="list-style-type: none"> RSC 5q. If a CMR was received (Data Element O = Yes), there is a reported date of initial CMR (Data Element P ≠ missing). RSC 5r. If a CMR was received (Data Element O = Yes), there is a reported delivery date(s) (Data Element Q ≠ missing) <p>[Comment abbreviated due to space constraint]</p>	<p>UHC recommends that CMS update the numbering in Appendix B, RSC Section 5 and remove the duplicated RSC 5q so that it aligns with Appendix J which is used for auditor scoring</p>	<p>RSC 5r definition "If a CMR was received (Data Element O = Yes), there is a reported delivery date(s) (Data Element Q ≠ missing)" was repeated twice in DV 2023 Appendix B. The second instance has been deleted and the subsequent RSC codes have been revised to align accordingly as well.</p>	Yes	No

Section	Comment	Commenter's Recommendation	CMS Response	Revised Requirements/Documents	Revised Burden Estimates
MTM	<p>Reporting Section Criteria (RSC): Section 5v UHC has identified a gap between RSC 5v in Appendix B and Appendix J as compared to the CY 2022 Reporting Requirements document.</p> <p>In addition to the misalignment mentioned above under Subsection 5, validations for Element P (If offered a CMR, recipient of (initial) offer) that were removed for CY 2022 in the Reporting Requirements document were not removed in Appendix B and Appendix J. Instead, the data element was updated to Element T (Recipient of initial CMR); however, Element T is for the recipient of the completed CMR, not the CMR offer. This error could cause the auditors to evaluate and score plans incorrectly based on a data element that no longer exists.</p> <p>[Comment abbreviated due to space constraint]</p>	UHC recommends that CMS update RSC Section 5v in Appendix B and Appendix J to remove the validation for Element T (previously P in CY 2021 - If offered a CMR, recipient of (initial) offer) to align with the removal in the CY 2022 Reporting Requirements	CMS agrees. RSC 5v has been deleted from Appendix B and Appendix J.	Yes	No
MTM	<p>The element letter for the number of medication therapy problem resolutions in Appendix B and Appendix J was incorrectly updated to Element Y (Number of communications sent to beneficiary regarding safe disposal). Per the CY 2022 Reporting Requirements document, the correct element letter is Element X (Number of medication therapy problem resolutions). Element Y is for safe disposal and does not relate to the recommendations made to the beneficiary's prescriber(s).</p> <p>Additionally, per the CY 2021 Bene-level MTMP Submission Instructions, Element X (shown as Element Z for 2021 below) is a subset of Element W (shown as Element Y for 2021) and cannot be greater than Element W (Number of medication therapy problem recommendations). However, it is possible for Element Y to be populated with a number greater than zero while Element X and W are not. When this occurs, it will cause our number of medication therapy problem resolutions to appear higher than our number of medication therapy problem recommendations when this is not the case.</p> <p>UHC has concerns that this update could cause the auditors to evaluate and score plans incorrectly based on the wrong data element.</p> <p>[Comment abbreviated due to space constraint]</p>	UHC recommends that CMS update Element Y in RSC Section 11c to Element X in both Appendix B and J.	CMS agrees. RSC Section 11c is updated to reflect Data Element X in Appendix B and J.	Yes	No
DUR	<p>For the Part D Improving Drug Utilization Review Controls, there are discrepancies between data element descriptions. Appeals are inconsistently listed within the criteria in Appendix J and the Part D Reporting Requirements do not include Appeals within the reporting data element description.</p> <ul style="list-style-type: none"> • DVA Appendix J 2.e RSC 8, 8.a, and 8.b requires a favorable Coverage Determination or Appeal. • DVA Appendix J 2.e RSC 8.ail and 8.bii requires a favorable Coverage Determination or Appeal. • DVA Appendix J 2.e RSC 9.a and 9.b requires a favorable Coverage Determination but does not include Appeals. <p>The Part D Plan Reporting Requirements for Hard MME Elements do not mention Appeal requests:</p> <p>T. Of the total reported in element R and not in element S, the number of unique beneficiaries who requested a coverage determination for the prescription(s) subject to the edit.</p> <p>U. Of the total reported in element T, the number of unique beneficiaries that had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit. Similarly, the Naïve Safety edit also does not mention appeal request:</p> <p>EE. The number of unique beneficiaries with an opioid naïve days supply edit claim rejection who requested a coverage determination for the prescription(s) subject to the edit.</p> <p>FF. Of the total in element EE, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection who had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit.</p>	UHC is seeking clarification if appeal requests should be included when reporting the DUR elements for Hard or Naïve data elements (T, U, EE, FF).	As per the Technical Specifications, appeals are not included in cumulative hard MME edit/opioid naïve days supply safety edit. The language in RSCs 8, 9, and 10 has been updated to remove appeals.	Yes	No