

Draft CY 2019 Call Letter Comments	
Section/Page Number:	Comments:
Proposed Scaled Reductions for Appeals IRE Data Completeness Issues (p.114)	We support the scaling of reductions for appeals IRE completeness issues but has concerns with the accuracy of the first collection of TMP data. If the TMP continues, plans must have the opportunity to appeal results.
Changes to Existing Display Measures (p.141) <ul style="list-style-type: none"> High Risk Medication (Part D) 	We recommend CMS to consider adding days supply into the specs for this measure instead the current methodology of counting “two or more prescriptions”, regardless of days supply. Two 90 day supplies would put seniors at higher risk than two 30 day supplies and so should not be counted equally for this measure.
Changes to Existing Display Measures (p.144) <ul style="list-style-type: none"> Timely Effectuation of Appeals (Part D) 	We support the use of the effectuation date for this measure instead of the date the IRE received the effectuation notice. On more than one occasion, we have faxed the effectuation notice to the IRE, received a successful fax confirmation, only to have IRE report the effectuation notice missing on a report to our Regional Office. We believe an effective alternative would be to compel the IRE to acknowledge receipt of the effectuation notice.
Potential Changes to Existing Measures (p.147) <ul style="list-style-type: none"> Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (CMR) Measure (Part D) 	We support the inclusion of members who were eligible for fewer than 61 days but received a CMR during the measurement period in both the numerator and denominator of the CMR measure.
Audit of the Sponsoring Organization’s Compliance Program Effectiveness (p.165)	We support CMS’ proposal to treat the CMS program audit as meeting the annual compliance program audit requirement. Although this will help reduce the burden on Sponsor’s compliance resources, we further urge CMS to consider a more results focused approach. We recommend that Sponsors be allowed the flexibility to apply solutions based on applicable risk. This is a common risk-based oversight practice used in other operational areas. For example, based on common risk-based approach, a Sponsor who is found to have an effective compliance program in one year, is less likely to have a substandard program the following year. In this case, a self-evaluation, or some other less resource intensive approach, may be more appropriate in the following year. Respectfully, we believe this is more in line with CMS’ charge to set standards

	that Sponsors must attain, rather than telling them how to attain them.
Part D Opioid Overutilization Policy (p.202)	In addition to putting additional controls on the coverage of opioid prescriptions, We recommend that CMS also consider allowing Part D coverage of topical agents (lidocaine patches in particular) for the treatment of chronic pain conditions, even when chronic pain is not a compendia supported diagnosis.
Using the Best Available Information when making B vs D Coverage Determinations for Immunosuppressants and Inhalation DME Supply Drugs (p. 218)	We support streamlining the determination process and establishing CMS as the single source for transplant information to determine Part D or Part B coverage. We also supports further defining the use of residence codes for determining Part D or Part B coverage of the inhalation durable medical equipment (DME) supply drugs.
Part D Mail-Order Refill Consent Policy-Solicitation for Comments (p. 220)	We support modifying the current requirement to obtain consent from beneficiaries prior to shipping refills of mail-order prescriptions as the current policy does cause confusion for some beneficiaries and in some cases does create an unnecessary burden.