TRIPLE-S ADVANTAGE

March 1, 2018

Demetrios Kouzoukas
Principal Deputy Administrator and Director
Centers for Medicare and Medicaid Services

Jennifer Wuggazer Lazio, F.S.A., M.A.A.A.
Director, Parts C & D Actuarial Group
Office of the Actuary

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Subject: Calendar Year 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies

Dear Mr. Kouzoukas and Ms. Lazio:

Triple-S Advantage, Inc. thanks you for this opportunity to comment on the 2019 Advance Notice and Draft Call Letter (ANCL). Triple-S Advantage is part of Grupo Triple-S (GTS), an independent licensee of the Blue Cross Blue Shield Association and a publicly traded company since 2007. Through its different lines if business, Triple-S is the leading insurance company in Puerto Rico, chosen by two out of three people to meet their insurance needs. Our experience in providing high quality health insurance to the people of Puerto Rico extends back for more than 55 years. At present, Triple-S Advantage serves one of every five members of the island's Medicare Advantage (MA) program, including those dually eligible to the Medicare and Medicaid program.

The MA program in Puerto Rico serves more than 70 percent of Medicare beneficiaries residing on the island– with 580,000 individuals benefitting from the comprehensive services provided through the program. Our MA penetration rate stands at 74.6%, the highest in the US, when compared to a national average of 33 percent. Although US citizens residing in Puerto Rico are subject to the same Medicare tax and Part B premium payments as those residing in the US mainland, the annual per capita Medicare expenditure in Puerto Rico is estimated at $5,230 compared to a national average of $9,501. Medicare Advantage benchmarks in Puerto Rico remain 26% below the US Virgin Islands, even though both are US territories that share certain communalities, and 38% below the benchmark for Hawaii, the state with the lowest average MA rates.

In addition to the disadvantages the island faces in terms of benchmark calculations for Medicare Advantage, Puerto Rico continues to struggle amidst of a significant wave of migration that has been exacerbated by the recent hurricanes. In addition to the impact this reduction in population will have on already troubled economic and social conditions, it will have a direct impact on federal and state expenditures. For example, Medicare beneficiaries relocating to Florida, as so many have in the aftermath of the storms, represent an increase of approximately 65 percent more to the federal government directed towards the enrollment of the relocating beneficiary.

Triple-S appreciates the Centers for Medicare and Medicaid Services (CMS) staff who have met repeatedly with representatives of the local health care community to discuss Puerto Rico specific challenges including those that have developed since last September's hurricanes. We are extremely proud of the collaborative efforts CMS, HHS and the local health plans employed during the emergency to ensure beneficiaries' most urgent needs were met. As we shift into the recovery phase after this unprecedented catastrophe, we are faced with a long term challenge of rebuilding the healthcare market for Puerto Rico and CMS' continued engagement

and collaboration will be key in identifying opportunities to counteract adverse impacts to the Medicare Advantage program until a more permanent solution is identified. CMS's commitment to improving the program is enormously important to the more than half a million Puerto Ricans who rely on Medicare Advantage coverage.

From a broader perspective, it is important to note that Congress recently passed legislation that includes tremendously important emergency supplemental relief for Puerto Rico's recovery efforts and also specific funding to address the looming Medicaid funding cliff. The Medicaid changes include a 100 percent matching rate for two years paired with lifting the Puerto Rico specific Medicaid cap. This package is welcome and necessary and will make a meaningful difference in stabilizing Puerto Rico's Medicaid challenges for the next two years.

Given that Congress has acted to address the Medicaid cliff over the short term, we now encourage CMS to take similar steps to support the recovery efforts by enacting the necessary policy adjustments that will ensure that Medicare Advantage can continue to serve as the critical backbone of the Puerto Rico's healthcare system. We believe CMS has the administrative authority to establish a benchmark proxy as the right step in terms of addressing our fundamental challenges with disproportionate MA rates.

As discussed in detail in our attachment related to the 2019 Advance Notice, we have significant concerns with the Puerto Rico-specific provisions. We are grateful that the Advance Notice acknowledges a number of the unique challenges facing the MA program in Puerto Rico, in particular the hold harmless provisions enacted for areas affected by natural disasters. We also appreciate that CMS has maintained the STARS double bonus policy adopted in the 2018 Call Letter as well as the Star rating adjustments to medication adherence measure and the CAI calculation with an LIS proxy to address anomalies in the Puerto Rico program. Finally, we strongly support the CMS proposal to review and ideally sustain the zero claims adjustment applied since 2017.

Unfortunately, the Advance Notice did not provide additional specific measures that would ensure meaningful adjustments to address the significant discrepancies in the Puerto Rico payment rates for 2019 and we are concerned that without concentrated efforts by CMS the Puerto Rico recovery efforts may not avert the tide of professional providers' migration, resulting in significant damage to Puerto Rico's healthcare infrastructure. Therefore, our main priority for 2019 is described below and additional details related to other important aspects of the Advance Notice are attached.

- *Average Geographic Adjustment (AGA) Floor.* We strongly encourage CMS to consider an AGA floor to provide temporary relief for Puerto Rico plans as a longer solution to the identified discrepancies in the fee for service data and other documented inconsistencies in the Puerto Rico specific factors. The AGA floor would also protect other US counties from significant negative impacts to Medicare Advantage program as market penetration contuse to grow and fee for service data becomes less reliable as an estimate of actual cost. The AGA floor should also be applied to the ESRD benchmark rates which are also disproportionally lower than all other States and Territories.

In addition to this critical adjustment, we also provide feedback to additional considerations discussed by CMS on the Advance Notice.

- *Zero Claims.* CMS has applied an adjustment since 2017 to reflect the higher proportion of zero-claimants in Puerto Rican fee for service (FFS) program. We were grateful that HHS came to understand that using fee for service as a benchmark is not representative of utilization as accurately in Puerto Rico as it is in the mainland. We firmly believe that such an adjustment is appropriate, and

is of vital importance to programmatic stability; eliminating last year's adjustment would result in a loss of over $150 million for Puerto Rico.

- *Use of Encounter Data Diagnosis for Risk Adjustment.* CMS is proposing to increase the proportion of encounter data used for risk adjustment from 15% to 25% effective in CY2019. Although Triple-S encourages the use of encounter data for purposes of determining appropriate risk adjustment, EDS continues to be subject to error codes when processed in the system that would place MAO's in a disadvantaged position should CMS move forward with this proposal. More transparency in the root cause of errors would warrant postponing implementation of this proposal for a later date.

- *STARs Puerto Rico Adjustments.* The Advance Notice maintains the Puerto Rico specific adjustments to the STARs medication adherence measure as well as the CAI calculation with an LIS proxy. We are grateful to CMS for including these adjustments, particularly since Medicare beneficiaries living in Puerto Rico remain ineligible for the Part D Low Income Subsidy.

- *STARs Disaster Implications Adjustments.* The Advance Notice establishes a policy to adjust the 2019 and 2020 STAR rating scores on contracts impacted by extreme and uncontrollable circumstances, and specifically dictates that contracts operating solely in Puerto Rico automatically qualify for the adjustments. We strongly support this recommendation and appreciate the acknowledgement of the challenges we face in the post-hurricane environment. Nonetheless, we would appreciate additional guidance from CMS is needed to better understand specific detailed technical proposals laid out by CMS.

We thank you for your consideration of our priorities and we would welcome any opportunity to serve as a resource for you as you work to finalize the policy initiatives for the Medicare Advantage program for 2019. If you have any questions, or would like additional information, please contact Carlos L. Rodriguez-Ramos, Vice President of Legal Affairs and General Counsel at Triple-S. He can be reached at crodriq@ssspr.com or 787-281-2315.

Sincerely,

Madeline Hernández Urquiza
President

TRIPLE-S ADVANTAGE

Attachment I

Triple-S Advantage

Additional Comments to the Calendar Year 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies

Discussion on the establishment of a Technical Expert Panel to obtain feedback on the STAR Ratings framework, topic areas, methodology, and operational Measures.

Triple-S Advantage supports open and transparent mechanisms to capture and consider feedback on the benefits of the STAR Ratings Program for beneficiaries.

New Measures for 2019 STAR Ratings – Statin Use in Persons with Diabetes (SUPD) (Part D).

Triple-S Advantage respectfully requests that, consistent with policy to exclude pharmacy adherence measures due to program inequities for Puerto Rico beneficiaries and operational and data challenges presented by the natural disaster, that the inclusion of this new measure be postponed for plans that exclusively operate in Puerto Rico. Given that the measurement will rely on data collection during the period affected by the hurricane, we are concerned that plans in Puerto Rico may be adversely affected. It is important to note that this measure was not part of the 2018 STAR Ratings, therefore the option to use the prior year's result is not available to plans in Puerto Rico consistent with the approach that CMS is applying in regards to HEDIS measures.

New Measures for 2019 STAR Ratings – Statin Therapy for Patients with Cardiovascular Disease (Part C).

Triple-S Advantage respectfully requests that, consistent with policy to exclude pharmacy adherence measures due to program inequities for Puerto Rico beneficiaries and operational and data challenges presented by the natural disaster, that the inclusion of this new measure be postponed for plans that exclusively operate in Puerto Rico. Given that the measurement will rely on data collection during the period affected by the hurricane, we are concerned that plans in Puerto Rico may be adversely affected. It is important to note that this measure was not part of the 2018 STAR Ratings, therefore the option to use the prior year's result is not available to plans in Puerto Rico consistent with the approach that CMS is applying in regards to HEDIS measures.

Removal of Measures from STAR Ratings – Beneficiary Access and Performance Problems (BAPP) (Part C & D).

Triple-S Advantage supports CMS's proposal to retire the current BAPP measure and to introduce a modified BAPP measure that only include Compliance Activity Module (CAM) data.

2019 Star Ratings Program and the Categorical Adjustment Index.

Triple-S Advantage commends CMS for continuing to recognize the impact of socio-economic factors and disability status when it comes to clinical quality measurements and health outcomes. The Categorical Adjustment Index has served as an interim response to the issue, as CMS and other stakeholders continue research on the matter.

Additional Adjustment to Address Lack of an LIS Indicator for Enrollees in Puerto Rico

Triple-S Advantage appreciates CMS recognition of the fact that the funding disparity caused by the non-applicability of the Low-Income Subsidy in Puerto Rico merits an additional adjustment for the STAR Ratings calculation. This adjustment applies to those contracts serving members only in Puerto Rico.

Nevertheless, we believe that the consistent with the natural disaster relief policy, special considerations should also be given by removing or at least reducing the weights given to the adherence metric on the overall

improvement measure. As discussed below, a significant gap in the documentation of medical and pharmacy data is expected for the period affected by the emergency. This additional adjustment should be extended to the SUPD measure, as it is also related to adherence.

Disaster Implications

Triple-S Advantage appreciates CMS' sensitivity towards providers and MAOs that continued to render services to Medicare beneficiaries despite the challenges resulting from the natural disasters. Triple-S Advantage agrees with CMS's assertion that there are negative effects on the underlying operational and clinical systems that CMS relies on for accurate performance measurement in the STAR Ratings Program. The disasters affected the 2017 performance period significantly, but further analysis is required to understand effects that will likely still impact the 2018 performance period. The Department of Health and Human Services extended the Public Health Emergency declaration through March 31, 2018, which proves that the agency recognized that operational and clinical disruptions would continue into early 2018. Before addressing the specifics of the CMS proposal, Triple-S Advantage would like to discuss the overall impact of the hurricanes in Puerto Rico.

Discussion on the Overall Impact of the Hurricanes

Hurricanes Irma and María passed through Puerto Rico during the month of September leaving a path of destruction that crippled infrastructure, communications, and institutions, including the healthcare system. Due to the severity of the storms, significant impact to the healthcare system was observed, resulting in a declaration of a State of Public Health Emergency as issued by the Department of Health and Human Services. As of today, Puerto Rico is still engaging in recovery and restoration efforts with the objective of moving past the current State of Emergency, which has now been extended through March 2018.

The effect of the storms and the aftermath brought upon Puerto Rico have had a direct impact to our Members and their health care. Emergency Rooms were being used for non-emergency or non-urgent services. The local and federal governments as well as non-profit organizations mobilized their resources to assist Puerto Rico during the state of Public Health Emergency. Free clinics were made available, medical orders issued, drugs and or prescriptions were distributed free of charge and exempted from gatekeeper requirements. In addition, accessibility to patients in need was provided by referring patients to the USNS Comfort, the US hospital naval ship that assisted during the peak of the emergency period. As you are aware, many of this efforts are not captured in transactions traditionally exchanged in the healthcare system, making it difficult for the health plan to have visibility of services that have or have not been rendered.

The accessibility to pharmacies was severely impaired by many factors including debris and damage to roads and highways, limited means of transportation due to shortages in fuel supplies, and the loss of communications and utilities due to the collapse of the electrical grid and the communications infrastructure, among others. In addition, state and charitable organizations facilitated access to medication for those in need by distributing a substantial amount of medication directly to the population. Again many of this transactions were not captured.

Triple-S Advantage is grateful that CMS has extended the special provisions for contracts affected by the natural disasters automatically to "Contracts operating solely in Puerto Rico (i.e. serving only residents of Puerto Rico)" (see page 134 of the 2019 draft Call Letter). "We are also proposing that contracts operating solely in Puerto Rico (i.e., with service areas limited to Puerto Rico) be treated as affected contracts without further analysis because of the extent of damage in that area.

Discussion on the Impact on Survey Measures

At Triple S Advantage, we are very committed with our enrollee's satisfaction and well-being. We are currently participating in community outreach efforts to provide patients with physical and mental health and education

services. Nonetheless, as mentioned above, Puerto Rico is currently facing an unprecedented historical event that has disrupted the reality of its population. Since survey measures are mostly impacted by member perception and are not performance-based, answers will be negatively influenced by these events, and member's perception and experience with their health, how they are they feeling emotionally and physically and the overall perception of the health services will continue to be affected.

CAHPS Adjustments

Triple-S Advantage is very grateful with CMS for considering the Island's ongoing issues due to the impact of these major disasters when issuing additional guidance regarding CAHPS survey administration. We appreciate the opportunity to have CMS assign the higher score between this year's or last year's STAR Ratings.

Triple-S Advantage requests clarification on this statement particularly requesting that CMS define what is meant by "data collected in 2018" in page 137 and which cut points will be considered for the 2018 Stars Rating, 2017 CAHPS and 2018CAHPS scoring, respectively.

HOS Adjustments

Triple-S Advantage is very grateful with CMS for considering the Island's ongoing issues due to the impact of these major disasters when issuing additional guidance regarding HOS survey administration.

Triple-S Advantage requests further clarification in terms of if consideration will be given to allow any adjustments to the HOS and HEDIS-HOS measures for the 2019 STAR Ratings.

HEDIS Adjustments

Triple-S Advantage is grateful of CMS's afore mentioned policy on the HEDIS measure adjustments for the 2019 STAR Ratings.

Other STAR Ratings Measure Adjustments (Page 139 of the 2019 AN)

Triple-S Advantage requests clarification on this section. Does the classification of "Other STAR Ratings Measure" include Part D and administrative measures? Will contracts offered exclusively to residents of Puerto Rico be automatically considered affected contracts for these "other STAR Ratings measures"?

CMS also proposes "...to exclude from this adjustment policy the following measures: Part C Call Center – Foreign Language Interpreter and TTY Availability; Part D Call Center – Foreign Language Interpreter and TTY Availability; Part C Plan Makes Timely Decisions about Appeals; Part C Reviewing Appeals Decisions; Part D Appeals Auto-Forward; and Part D Appeals Upheld. We propose to exclude these specific measures from the proposed adjustments for affected contracts because these measures and the underlying performance are completely in the plan's control; we believe therefore that there should be no impact from the declaration of a disaster on plan performance in these areas."

Triple-S Advantage would like CMS to reconsider this statement. The overall communications infrastructure of Puerto Rico is currently under reconstruction subject to interruptions in service on a continuous basis. Although Triple-S Advantage manages its communications through multiple carriers this has not exempted operations from occasional disruptions in both voice and data communications within Puerto Rico and with the US Mainland. Therefore, plans may not necessarily have control of continuity in call center operations until the communications infrastructure is fully restored or at least stabilized. This may affect Foreign Language Interpreter and TTY availability. We ask CMS to reconsider and allow contracts to receive the higher of the 2018 and 2019 STAR Ratings in these measures.

Furthermore, the disruption caused to the plan operations may have also affected the management of appeals. Although Triple-S Advantage did not become aware of issues that severely affected the STAR measures related

to Part C and Part D appeals, members and providers experienced periods of time in which contacting the plan for initiating those processes may have been impossible. At the very least, plans serving Puerto Rico residents should be afforded time to analyze any unexpected results on these measures to assess if they were caused by disruptions associated to the disasters.

Discussion on the Impact on PART D Adherence Measures

Triple-S Advantage requests CMS to reconsider its position and exclude Part D adherence measures from the improvement measure calculations for contracts offered solely to Puerto Rico residents. Alternatively, CMS should consider calculating adherence measures for these plans for a shortened period from January 1 through August 31, 2017 to determine plan improvement scores from 2016 to 2017. To assign a score on the improvement measure for adherence measures that continue through December 31, 2017 would hold MAOs in Puerto Rico in a disadvantaged position due to an unforeseeable event. Triple-S Advantage respectfully requests CMS to consider flexibilities in adherence measurement as follows:

- Medication adherence for Hypertension
- Medication adherence for Cholesterol
- Medication adherence for Diabetes Medication
- Statin Use in Persons with Diabetes

Discussion on the Impact on PART D CMR Completion Rate

Triple-S Advantage request CMS to apply the policy of considering the higher of the 2018 and 2019 ratings in the overall 2019 STAR ratings for the Part D CMR Completion Rate measure, as well as other Part D measures not related to adherence for contracts serving solely Puerto Rico residents.

Cut Points for Non-CAHPS Measures

Triple-S Advantage asks CMS to adopt into the policy for Disaster Implications that in no event the application of the reward factor or lack thereof would cause a contract to reduce its rating when compared to the prior year.

Additional Comments to Part D Proposals:

Validation Audits.

We are aligned with CMS' intent to modify the threshold for requiring an independent validation audit for conditions that directly impact beneficiaries. In addition, we understand that the implementation of a standardized template for work plan requirements will greater promote consistency and efficiency in the validation process. It would support the plan sponsor in the process of contracting an independent entity that will effectively ensure that all conditions have been addressed, using appropriate scope, and methodology, resulting in a positive outcome in CMS' closing audit.

Plan Finder Civil Money Penalty (CMP) Icon or Other Type of Notice

If a plan received a CMP, it is highly likely that a CAR or ICAR was required to ensure the identified deficiencies were corrected. Furthermore, CMS requires (at least for program audits) for a Validation Audit to be conducted afterwards to confirm such reported corrections were performed and deficiencies are no longer identified. Therefore, in those cases, a plan might have received a CMP however the deficiencies that caused the civil money penalty were corrected. As a result, including an icon or other type of notice for sponsors that received a CMP seems more like an additional penalty to the organization rather than a fair alert to potential enrollees. This is because with such icon, which would include the CMP letter, would steer away any potential enrollee although the deficiencies have already been corrected. The proposal does not state that the plans corrective

actions or results of a validation audit would be included. Excluding this information, potential enrollees accessing plan finder would only be provided with half of the story. The efforts and correction made by the plan would remain unknown for these potential enrollees. Additionally, CMS states additional updates would occur during the year; however it does not specify if this would be only to include plans with recently issued CMPs or if these updates would also include the removal of these icons to sponsors that have corrected their deficiencies.

Improving Drug Utilization Review Controls in Medicare Part D: Part D Opioid Overutilization Policy.

This change will increase the volume of hard-edit rejections at the Point-of-Sale, which will also increase the amount of Coverage Determination requests received to manage opioid case evaluations. It should be noted that this could potentially increase the number of patients that have a rejected claim and do not submit a Coverage Determination request for the evaluation; therefore, increasing the likelihood of members without the opioid prescription they need.

The 7-days supply needs to include more details in terms of how it will work. Will it allow pharmacy to process as much quantity as possible during those 7-days? CMS should provide instructions and outline how members will be informed that this is only a 7-days supply. It seems a very tight schedule if it will involve the creation of a letter and the mailing procedure before the member runs out of the supply and goes to the physician to get another prescription.

For the duplicate therapy of long-acting opioids, we suggest that CMS release an official list of opioids divided by long-acting and short-acting to avoid confusion. We also recommend that CMS provide in the Final Call Letter additional guidance regarding specific DUR submission clarification codes that should be used to be overridden at POS to better guide in the process of implementation and case evaluation.

Our concern is that many patients (with conditions that need the medication) will be affected by this edit. It will be operationally difficult for the plan, to get the information from the physicians, and only provide 7-days of treatment to patients that need this type of treatment.

We request further clarification regarding CMS' expectation on Part D sponsors' strategies for addressing overutilization of prescription opioids given the public health crisis.

Opioid Potentiator Drugs.

Gabapentin is a medication with many indications, hence we understand that adding an OMS flag for this drug would affect many patients that are using this medication correctly with neurological conditions in addition to pain. With this proposal, has CMS taken into consideration how many beneficiaries use Gabapentin?

Concurrent DUR: Cumulative Morphine Milligram Equivalent Daily Dose (MME) Safety Edits for High, Chronic Prescription Opioid Users.

We understand that this change will most likely increase the volume of hard-edit rejections at the Point-of-Sale, which will also increase the amount of Coverage Determination requests received to manage opioid case evaluations. It should be noted that this could potentially increase the number of patients that have a rejected claim and do not submit a Coverage Determination request for the evaluation; therefore, increasing the likelihood of members without the opioid prescription they need.

The 7-days supply needs to include more details in terms of how it will work. Will it allow pharmacy to process as much quantity as possible during those 7days? Also, instructions need to be outlined as to how member will be informed that this is only a 7-days supply. It seems like a very tight schedule if it will involve the creation of a letter and the mailing procedure before the member runs out of the supply and goes to the physician to get another prescription.

For the duplicate therapy of long-acting opioids, we recommend that CMS should release an official list of opioids divided by long-acting and short-acting to avoid confusion.

Day's Supply Limits for Opioid Naïve Patients.

We understand that this represents a challenge in Puerto Rico because narcotics need to be dispensed within 48 hours after being prescribed by the physician. If during the Coverage Determination evaluation, the patient is to use the opioid treatment for chronic pain, then he/she would need to go back to physician to get a new prescription because the first one would most likely have expired.

We kindly request clarification from CMS regarding the criteria for classifying a patient as naïve and how back the lookback period would go. We believe that adding a daily dose maximum (MME) could cause confusion at the Point of Sale by having simultaneously two edits related to MME at the same time.

For new enrollees, would it be correct to assume opioid prescriptions are initial during their transition period, if prior use cannot be determined, and therefore hard safety edit for fills exceeding 7 days would still apply? Although, CMS mentions in the Prescription Drug Benefit Manual, Chapter 6, 30.4.8 – Edits for Transition Fills, that edits to promote safe utilization of a Part D drug are appropriate during a beneficiary's transition period, section 30.4.3 of this same chapter states the following: *Although Part D sponsors may be able to access prior drug claims history for an enrollee of an affiliated plan, or may attempt to follow up with prescribing physicians and pharmacies to ascertain the status of a prescription presented during the transition period, CMS clarifies that if a sponsor is unable to make this distinction at the point of sale, the sponsor is required to provide the enrollee with a transition fill. In other words, for transition purposes, a brand-new prescription for a non-formulary drug will not be treated any differently than an ongoing prescription for a non-formulary drug when a distinction cannot be made at the point of sale.* We kindly request clarification from CMS on this requirement during transition period.

Opioid Duplicative Therapy Safety Edits.

We recommend that CMS release an official list of opioids divided by long-acting and short-acting to avoid confusion.

We also suggest that CMS provide in the Final Call Letter additional guidance regarding specific DUR submission clarification codes that should be used to be overridden at POS to better guide in the process of implementation and case evaluation.

We request additional guidance from CMS to better understand the multiple prescriber criterion more in depth and if certain taxonomies would be included. We believe implementing multiple opioid POS edits will generate confusion at the pharmacies and could increase the amount of incoming calls to customer service.

Hierarchy of opioid POS edit messaging should be outlined by CMS in a straight way to avoid having differences among plan sponsors.

Concurrent Use of Opioids and Benzodiazepines.

We understand that incorporating multiple opioid Point of Sale edits will most likely generate confusion at the pharmacy and could increase the amount of incoming calls to customer service with doubts as to how to override claims.

Hierarchy of opioid POS edit messaging should be outlined by CMS in a straight way to avoid having differences among plan sponsors.

We also recommend that CMS provide in the Final Call Letter additional guidance regarding specific DUR submission clarification codes that should be used to be overridden at POS to better guide in the process of implementation and case evaluation.

Additional Comment or Question related to Part D Prescriber Enrollment Requirement, this topic is not included in the Draft CY2019 Call Letter, like previous year.
Dear CMS we would like to know if the Part D prescriber Enrollment Requirement will be effective in January 1st, 2019 as you mention in last HPMS memos and are you will be providing new guidance to plan sponsor.