

Memo

To: Carolyn Leavitt, Office of Management and Budget
 From: Alice Lee-Martin, Division of Clinical and Economic Performance, MDBG, CBC
 CC: Bonnie Harkless, OSORA
 Date: February 4, 2021
 Re: Non-material/non-substantive changes to Part D Reporting Requirements

It has been identified that four non-material and non-substantive changes need to be made to our currently approved Part D reporting requirements document, CMS-10185.

An explanation for each change is listed below. In addition, the changes have been highlighted in the attached revision of the Reporting Requirements document.

Reporting section	Old	New (Change)	Explanation
Retail, Home Infusion, and Long-Term Care Pharmacy Access	<p>In subsection C: The word <i>retail</i> is included in the data element description and also in the data elements.</p> <p>C. Data elements to be entered into the HPMS at the Plan (PBP) level for only those MA-PD and cost plans that own and operate their own retail pharmacies and have received a waiver of the any willing pharmacy requirement.</p> <ol style="list-style-type: none"> Number of prescriptions provided by all retail pharmacies owned and operated. Number of prescriptions provided at all retail pharmacies contracted 	<p>In subsection C: The word <i>retail</i> is deleted in the data element description and also in the data elements.</p> <p>C. Data elements to be entered into the HPMS at the Plan (PBP) level for only those MA-PD and cost plans that own and operate their own pharmacies and have received a waiver of the any willing pharmacy requirement</p> <ol style="list-style-type: none"> Number of prescriptions provided by all pharmacies owned and operated. Number of prescriptions provided at all pharmacies contracted 	<p>The deletion of the term retail will result in this subsection to be consistent with the standards as listed in the Part D application.</p>
Medication Therapy Management Programs	<p>In Subsection II - Data file to be uploaded using Gentran or Connect Direct at the Contract level. The HICN field length is 10 characters.</p>	<p>In Subsection II - Data file to be uploaded using Gentran or Connect Direct at the Contract level. The HICN field length changed from 10</p>	<p>This change will allow the entry of HICN up to 20 characters long. 20 is the maximum field</p>

Reporting section	Old	New (Change)	Explanation
		to 20.	length for HICN.
Long-term Care Rebates	Field names NDC, Manufacturer, Name, Drug Name, Rebate \$ / Unit, and Technical Notes have a Field Type of required.	Field names NDC, Manufacturer, Name, Drug Name, Rebate \$ / Unit, and Technical Notes now have a Field Type of Conditionally Optional. Additional clarifying text was added to the Field Description: "If one of the 4 fields is blank (NDC, Manufacturer Name, Drug Name, and Rebate \$ Unit) all must be blank, and if all 4 fields are blank, the Technical Notes field should be non-missing."	This change will allow Sponsors to consistently report special reporting cases for some LTC pharmacies.
Table 1. Summary of Reporting Elements – Section XV. Part D Benefit Analyses	The document listed the data element "Total number of non-LIS enrollees in the catastrophic coverage level" twice.	Correction of the data element to "Total number of LIS enrollees in the catastrophic coverage level".	This change corrects the typographical error.

Please contact me at Alice.Leemartin@cms.hhs.gov or 410 786-1103 if you have any questions. Thank you for your assistance.