Information Collection OMB# 0938-0977
CMS form 10170
Crosswalk of Changes Made

NOTE: All Part numbers refer to part numbers in the revised Retiree Drug Subsidy (RDS) Payment Request document and accompanying Instructions document.

General Changes Made Throughout the RDS Payment Request Document

- Required fields are designated with an asterisk (instead of not-required fields being designated "optional"). This is an insignificant editorial change made only for purposes of clarity. There is no additional or reduced burden associated with it.

- The RDS program is an E-gov initiative. Accordingly, we've elected to change the format of the RDS Payment Request document to an outline that will be converted into a sequence of on-line steps, rather than a form. This change is an insignificant formatting change made only for purposes of clarity and efficiency. There is no additional or reduced burden associated with it.

- Some of the information collected was moved from one section of the document to another section. Conforming changes were made to the accompanying Instructions document. These changes are insignificant formatting changes made only for purposes of making the instrument a more efficient collection tool. There is no additional or reduced burden associated with them.

- The numbering of the sections was revised to increase clarity. Conforming changes were made to the accompanying Instructions document. There is no additional or reduced burden associated with them.

- Data for several sections now are prepopulated. There is a slightly reduced burden associated with this change.

Specific Changes Made to the RDS Payment Request Document

Part I. Section A.
This section collects information about the Plan Sponsor and its contracted Vendors that is required to submit a request for subsidy payment, such as assigning roles to individuals that will be assisting the Plan Sponsor in preparing and submitting requests for subsidy payments. This feature is needed in order to collect necessary information concerning data submission methodology and to maintain separation of duties. Part I. Section A. was Part I in the previous RDS Payment Request document. This section has been reformatted to better organize privileges and assignments by specific roles. Additionally, the information previously collected for registration purposes was removed because it now is collected in the RDS Application (Information Collection 0938-0957). Also, rather than having separate cost data file sections for interim payments and final/reconciliation payments, a single section now applies to both. Conforming changes

were made to the accompanying Instructions document. With the following few exceptions, this feature reduces or does not increase burden.

- The feature in PartI.A.1 requires Account Managers to identify their payment privilege if applicable, the method by which they will be reporting costs if applicable, and the Benefit Option(s) for which they will be reporting costs if applicable. This feature is necessary to verify that the Account Manager is authorized to perform certain tasks concerning payment and for separation of duties, and is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R. This feature, necessary to protect the Medicare Trust Fund, only nominally increases burden.

- The feature in Part I.A.2 requires Plan Sponsor to identify any Vendors that will be reporting costs for the application, the Vendor(s)'s ID, and the Benefit Option(s) assigned to Vendor. This feature is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R. This feature applies only if a Plan Sponsor chooses to use such a Vendor, and only nominally increases burden.

- The feature in Part I.A.3 allows a Plan Sponsor to assign Payment Request or Cost Reporting privileges to Designees. If such an assignment is made, the Plan Sponsor must identify the party to serve as a Designee, the privilege, the associated Vendor ID if applicable, the cost reporting methodology, if applicable and the Benefit Option(s) assigned. This feature is necessary to confirm that a Designee(s) is authorized to perform certain tasks concerning payment and for separation of duties, and is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R. Some of this information was already collected in Part I of the previously approved form. The additional information being collected in the updated form only nominally increases burden.

- The feature in Part I.A.4, "Authorized Representative Verification Form", requires that an individual representing the Plan Sponsor, other than the Authorized Representative, complete and send to CMS a form verifying that the individual listed on the RDS application as the Authorized Representative is authorized to act on the Plan Sponsor's behalf. The information collected includes:

  *Reason for Submission
  *Authorized Representative's Name
  *Authorized Representative's Title
  *Plan Sponsor Name
  *Plan Sponsor ID
  *Verifier's Name
  *Verifier's Job Title
  *Verifier's E-mail Address
  *Verifier's Telephone Number
  *Verifier's Company Address
  *Date that the form was completed
  *Verifier's Signature

This feature is necessary to verify that the Authorized Representative has the legal authority to bind the Plan Sponsor to the terms of the Plan Sponsor Agreement in the RDS application. This feature is supported by §1860D-22 of the Social Security Act, CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R, as well as the Debt Collection Improvement Act of 1996 at 31 U.S.C. §7701(c) and the Federal Privacy Act at 5 U.S.C. §552a. This one-page form only nominally increases burden.

- The feature in Part I.A.5, Vendor and Plan Sponsor Mainframe Registration, requires that a Vendor or Plan Sponsor, submitting cost or retiree data, submits information about the organization's technical contact, and certain other information about how they will be sending that data. A Vendor performing such duties will have to apply to CMS for a Vendor ID, if it does not already have one. Once the Vendor receives the Vendor ID, it will need to communicate that Vendor ID number to the appropriate Plan Sponsor(s), so it can be entered in the RDS Secure Web Site as applicable. This feature only nominally increases burden, and is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R.

Part I. Section B

The feature in Part I.B combines two separate cost data file information sections, for interim payments and final/reconciliation payments, respectively, into a single cost data file section that now applies to both. As mentioned in the **General Changes** section, these data were collected under Part II.A of the previously approved RDS Payment Request document. Conforming changes were made to Part I., Section B. of the accompanying Instructions document. This change has no impact on burden.

Part I.B.1

The feature in Part I.B.1 requires the Plan Sponsor to submit cost data in a specified file format, and now provides the user with some pre-populated selections rather than requiring the user to enter data. Additionally, the format of Part I.B.1.b was changed from a chart to a list. These changes nominally decrease burden, and are supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R.

Part I.B.2

The feature in Part I.B.2 addresses the file format in which a Plan Sponsor must submit cost data. As mentioned in the **General Changes** section, these data were previously collected under Part II.B. The format of the file was changed slightly to require a file header and an application header. This was done so that cost data submissions were applied to the correct Plan Sponsor application. This feature only nominally increases burden and is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R. Additionally, Part III of the previously approved RDS Payment Request document was omitted, because the file layout for interim payment requests and reconciliation payment requests is the same.

Part I.C.
The feature in Part I.C is new and requires the user to identify the Plan Sponsor and application for which an interim payment is being requested. It also requires the user to confirm whether, for each benefit option, the payment requester has reviewed the cost data and whether that benefit option should be included in the payment request. This change was made to assist the Plan Sponsor with submitting accurate payment requests and to reduce errors is submissions. Conforming changes were made to Part I., Section C. of the accompanying Instructions document. This feature only nominally increases burden, and is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R. As in the previously approved RDS Payment Request document, the payment requester must indicate whether it accepts the terms of the Payment Agreement, and if so, to provide an electronic signature.

Part I.D.
This Part displays the Payment Agreement the payment requester must agree to accept, and for which the payment requester must provide an electronic signature, before an interim payment can be requested. This Agreement was previously displayed in Part IV of the previously approved RDS Payment Request document. Some verbiage in the Payment Agreement has been modified, for clarity. Two new clauses have been added to the agreement. In the first clause, the Plan Sponsor agrees that the Department of Health and Human Services may use information collected under the RDS program for the purposes of payment-related oversight, and other oversight activities. With the second clause, the Plan Sponsor agrees to retain its records as required by the RDS regulations. These changes have been made to remind Plan Sponsors of their responsibilities when participating in the RDS program and are supported by 42 CFR §§423.888(c) and (d), respectively.

Part I.E.
This new feature in Part I.E sets forth the process that Plan Sponsors must complete, in order to submit a reconciliation payment request (or a single annual payment if no interim payment requests were received). Conforming changes were made to Part I., Section E. of the accompanying Instructions document. This feature was not included in the 2005 PRA submission, because the process was not yet developed. We estimate that it increases burden by approximately 84 hours per RDS application The data collection associated with this new feature is supported by CMS' RDS implementing regulations at 42 C.F.R. §423 Subpart R.

> Part I.E.1 requires the user to select the Plan Sponsor ID and Application ID on the RDS Secure Web Site to display the Reconciliation Checklist, which depicts the 12 -step reconciliation process.
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> Step 1: Initiate Reconciliation in Part I.E.2 requires the Authorized Representative or Account Manager to acknowledge that the application is ready to proceed with reconciliation.

Step 2: Review Payment Setup in Part I.E.3 allows the Authorized Representative or Account Manager to accept or modify the payment and cost privileges granted in Part I.A.

Step 3: Request List of Covered Retirees in Part I.E.4 requires the Authorized Representative, Account Manager, or Designee with privilege to request a file containing information for each qualifying covered retiree.

Step 4: Finalize Covered Retirees in Part I.E.5 requires the Authorized Representative, Account Manager, or Designee with privilege to accept the electronic *Protected Health Information* (E-PHI) *Agreement* and download the Covered Retiree file. The Authorized Representative or Account Manager is required to indicate agreement with the finalized list of covered retirees and their associated coverage periods.

Step 5: Start Preparation of Reconciliation Payment Request in Part I.E.6 requires the Account Manager or Designee with privilege to indicate that final cost reports can be accepted for the application.

Step 6: Manage Submission of Final Cost Reports in Part I.E.7 requires the Account Manager or Designee with privilege to indicate that final cost reporting is accurate and complete.

Step 7: Review Final Costs in Part I.E.8 requires the Account Manager or Designee with privilege to indicate that final costs for all Benefit Options have been reviewed.

Step 8: Enter Revisions to Final Costs in Part I.E.9 allows the Account Manager or Designee with privilege to revise final costs and provide reasons for the revisions.

Step 9: Finalize Reconciliation Payment Request in Part I.E.10 requires the Account Manager or Designee with privilege to indicate that the Plan Sponsor is ready to finalize the payment request.

Step 10: Review Electronic Funds Transfer (EFT) Information in Part I.E.11 allows the Authorized Representative, Account Manager, or Designee with privilege to modify or accept the current EFT information.

Step 11: Approve Electronic Funds Transfer (EFT) Information in Part I.E.12 requires the Authorized Representative to accept the changed EFT information.

Step 12: Review and Submit Reconciliation Payment Request in Part I.E.13 requires the Authorized Representative to accept the payment request, indicate acceptance of the Reconciliation Agreement and provide an electronic signature.

Part I.F.

This Part displays the Payment Agreement the Authorized Representative must agree to accept, and for which the Authorized Representative must provide an electronic signature, before a reconciliation or other final payment can be requested. This Agreement was previously displayed in Part V of the previously approved RDS Payment Request document. Some verbiage in the Reconciliation Agreement has been modified, for clarity. Two new clauses have been added to the agreement. In the first clause, the Plan Sponsor agrees that the Department of Health and Human Services may use information collected under the RDS program for the purposes of payment-related oversight, and other oversight activities. With the second clause, the Plan Sponsor agrees to retain its records as required by the RDS regulations. These changes have been made to remind Plan Sponsors of their responsibilities when participating in the RDS program and are supported by 42 CFR §§423.888(c) and (d), respectively.

Part II

Part II is a new feature. It addresses the voluntary appeals process under 42 CFR §423.890, and is therefore supported by this section of the regulation. The RDS appeals process was not operational when the initial payment PRA was filed. This feature guides the Plan Sponsor through the appeals process, including identifying required information, should the Plan Sponsor elect to file an appeal. This feature nominally increases burden.

Part II.A.

Part II.A describes the features of the voluntary RDS program informal appeals described at 42 CFR §423.890(a)-(c). Conforming language was added to Part II., Section A. of the accompanying Instructions document.

> Part II.A.1. Informal Written Reconsideration – A Plan Sponsor is entitled to an informal written reconsideration of an adverse initial determination. This feature allows the Plan Sponsor to make the request through the RDS Secure Web Site, and assists the Plan Sponsor with filing a reconsideration. The request for reconsideration must specify the findings or issues with which the Plan Sponsor disagrees and the reasons for the disagreements. The request for reconsideration may include additional documentary evidence the Plan Sponsor wishes CMS' RDS Center to consider. The Plan Sponsor must send this additional evidence, accompanied by a documentary evidence cover sheet to the RDS Center. The documentary evidence cover sheet is not required.
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> Part II.A.2. Informal Hearing -- A Plan Sponsor dissatisfied with CMS' RDS Center's reconsideration decision is entitled to an informal hearing with the CMS Hearing Officer. The request for an informal hearing must include a copy of CMS' RDS Center's reconsideration decision and must specify the findings or issues in the decision with which the Plan Sponsor disagrees and the reasons for the disagreements. The request is sent to the CMS Hearing Officer.
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> Part II.A.3. Administrator Review -- A Plan Sponsor that has received the CMS Hearing Officer's decision upholding CMS' RDS Center's initial or reconsidered

determination may request review by the CMS Administrator within 15 days of receipt of the CMS Hearing Officer's decision.

Part II.B.

This feature addresses reopenings as described at 42 CFR §423.890(d). When requesting a reopening, a Plan Sponsor must identify the Initial Determination that is the subject of the request and the reason for the request. The Plan Sponsor may submit supporting documentation. Conforming language was added to Part II., Section B. of the accompanying Instructions document.