

Organization Name:		<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p> <p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
Contract Number:		
Reporting Section:	Grievances (Part C) 2014	
Last Updated:	MM/DD/YYYY	
Date of Site Visit:	MM/DD/YYYY	
Name of Reviewer:	Last name, First name	
Name of Peer Reviewer:	Last name, First name	

Standard/ Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Descriptio
<p>Note to reviewer: Aggregate all quarterly data before applying the threshold.</p> <p>Note to reviewer: Do not apply the 90% threshold to individual grievance categories; 100% correct</p>		

1		A review of source documents (e.g. spreadsheet formulas, analysis plan layouts, process flows) indicates that all data required for the study is accurately captured and documented.
1.a		Source documents are properly stored and can be retrieved at any time to validate data entry to CMS via CMS systems.
1.b		Source documents create all requirements for data capture.
1.c		Source documents are error-free (e.g. spreadsheet formulas have no missing cells, errors, use correct fields, have appropriate formulas).

1.d		All data fields have meaningful, consistent names (e.g. for patient ID as Patient_ID, rather than PatientID, or the same field name across data sets).
1.e		Data file locations are referenced consistently.
1.f		If used, macros are properly documented.
1.g		Source documents are clearly and consistently identified.
1.h		Titles and footnotes on reports and spreadsheets are consistent.
1.i		Version control of source documents is maintained.
	2	A review of source documents (e.g. spreadsheets, analysis plans, layouts, process flows) and census data, where applicable, indicates that data elements are accurately identified, processes are clearly defined, and data are consistently collected and analyzed.

2.a	RSC-1	<p>The appropriate date range(s) for captured.</p> <p>Organization reports data based on 3/31, 4/1 through 6/30, 7/1 through 12/31.</p>
2.b	RSC-2	<p>Data are assigned at the applicable package or contract level).</p> <p>Organization properly assigns data benefit package.</p>
2.c	RSC-3	Appropriate deadlines are met for

		<p>Organization meets deadlines for i [Note to reviewer: If the organizat submitted its data to CMS for this should verify that the organizator the CMS deadline in order to have reporting section criterion. Howe submits data for any reason and if completed by 3/31 of the data val should use the organization's corri rest of the reporting section criter</p>
2.d	RSC-4	<p>Terms used are properly defined p and Reporting Requirements Tech</p>

		<p>Organization properly defines the with 42 CFR §422.564 and the Me Chapter 13, Sections 10 and 20. Th guidance properly when performi categorizations. Requests for orga appeals are not improperly categc</p>
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2.e

The number of expected counts (e.g., grievances, procedures) are verified; all calculations (e.g., derivations) are verified; missing data has been properly addressed; data matches corresponding source documents; saved queries, analysis plans, and data elements is appropriately applied to detect outlier or erroneous submission.

RSC-5

Applicable Reporting Section Criteria

RSC-5: Organization accurately calculates and reports grievances, including the following:

RSC-5a: Includes all grievances the organization has notified member reporting period, regardless of wh

5.1-5.11

RSC-5b: Includes all grievances rep members who were previously eli member was eligible on the date t to the organization.

[Data Elements 5.1-5.11]

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RSC-5c: If a grievance contains multiple complaints, each issue is calculated [Data Elements 5.1-5.11]

RSC-5d: If a member files a grievance on the same issue prior to the deadline for decision notification, the issue is counted as one grievance [Data Elements 5.1-5.11]

[Data Elements 5.1-5.11]

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		RSC-5e: If a member files a grievance on the same issue after deadline for decision notification (issue is counted as a separate grievance) 5.11]

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		<p>RSC-5f: Includes all methods of gri letter, fax, in-person.</p> <p>5.11]</p>

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		<p>RSC-5g: Includes all grievances reg grievance (e.g., member or appoir</p> <p>[Data Elements 5.1- 5.11]</p>

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		<p>RSC-5h: Includes only grievances to the organization (e.g., excludes all complaints filed directly with the organization from the CMS (CTM) and not filed directly with the organization. If an individual files the same complaint both directly with the organization and via the CTM, the organization includes only the complaint filed directly with the organization.</p> <p>[Data Element]</p>

	RSC- 6	RSC-6: Organization accurately cal grievances by category, including t
		RSC-6a: Properly sorts the total nu grievance category: Enrollment/D Access; Marketing; Customer Serv and Reconsideration Process; Qua
		[Data Elen

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		RSC-6b: Assigns all additional categories tracked by the organization that is not listed above as Other.
	RSC-7	RSC-7: Organization accurately calculates grievances for which it provided a decision, including the following categories:
		RSC-7a: Includes only grievances for which a decision was provided according to the following categories:
		[Data Elements 5.12-5.22]
		i. For standard grievances: number of grievances.

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		ii. For standard grievances with than 44 days after receipt of grievance:

		iii. For expedited grievances:

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		<p>RSC-7b: Each number calculated is grievances received for the applica:</p> <p>[Data Elements 5.12-5.22]</p>
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3		<p>Organization implements policies : submission, including the followin.</p>
3. a.		<p>Data elements are accurately ente</p>

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3.b		All source, intermediate, and final outputs relied upon to enter data
	4	Organization implements policies ; data system updates (e.g., change provider/pharmacy status, claims
	5	Organization implements policies ; and restoring data in each data sy: plan).

6		If organization's data systems und reporting period (e.g., as a result c upgrade): Organization provided d system changes and, upon review, adversely impacted data reported
7		If data collection and/or reporting delegated to another entity: Orga quality and timeliness of the data the delegated entity or first tier/ d

n	Data Sources and Review Results: Enter review results and/or data sources.	Findings: Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.
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: records are required for individual grievance categories.

<p>3., programming code, ins, saved data queries, file that all source documents fields and are properly</p>	<p>Data Sources:</p>	<p>*</p>
<p>secured so that source documents validate the information submitted</p>	<p>Review Results:</p>	
<p>ired data fields for reporting</p>	<p>Review Results:</p>	
<p>e.g., programming code and ssages or warnings indicating ropriate data selection, etc.).</p>	<p>Review Results:</p>	

<p>consistent labels (e.g., label field r than Field1 and maintain the .</p>	<p>Review Results:</p>	
<p>correctly.</p>	<p>Review Results:</p>	
<p>mented.</p>	<p>Review Results:</p>	
<p>adequately documented.</p>	<p>Review Results:</p>	
<p>d tables are accurate.</p>	<p>Review Results:</p>	
<p>nts is appropriately applied.</p>	<p>Review Results:</p>	
<p>3., programming code, ins, saved data queries, file ; or sample data, whichever is ments for each reporting section :d, and calculated.</p>	<p>Data Sources</p>	<p>*</p>

the reporting period(s) is n the periods of 1/1 through gh 9/30, and 10/1 through	Review Results:	
e level (e.g., plan benefit a to the applicable CMS plan	Review Results:	
reporting data (e.g., quarterly).	Review Results:	

reporting data to CMS by 2/28. If an organization has, for any reason, re-reported data for this reporting section, the reviewer will review the organization's original data submissions met the requirements for a finding of "yes" for this reporting section. However, if the organization re-reported data for this reporting section, the reviewer will not review the re-submission was submitted in the reporting year, the reviewer will not review the re-submitted data submission(s) for the reporting section. [This finding is only applicable for data submitted for this reporting section.]

Review CMS regulations, guidance and Technical Specifications.

Review Results:

term "Grievance" in accordance
dicare Managed Care Manual
is includes applying all relevant
ng its calculations and
anization determinations or
rized as grievances.

e.g., number of members, claims,
ed; ranges of data fields are
ved data fields) are verified;
dressed; reporting output
cuments (e.g., programming
s); version control of reported
olied; QA checks/thresholds are
ous data prior to data

Data Sources:

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ria:

culates the total number of
g criteria:

it were completed (i.e., of its decision) during the en the grievance was received.
[Data Elements

Data Element 5.1	Review Results:	
Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	

Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
ported by or on behalf of gible, regardless of whether the hat the grievance was reported	Data Sources:	*
Data Element 5.1	Review Results:	
Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	

Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
Multiple issues filed under a single ID as a separate grievance. [Data	Data Sources:	*
Data Element 5.1	Review Results:	
Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
once and then files a subsequent grievance to the organization's decision or action (whichever is earlier), then grievance.	Data Sources:	*
Data Element 5.1	Review Results:	

Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	

Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
<p>nce and then files a subsequent the organization's decision or (whichever is earlier), then the vance.</p> <p>[Data Elements 5.1-</p>	Data Sources:	*

Data Element 5.1	Review Results:	
Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	

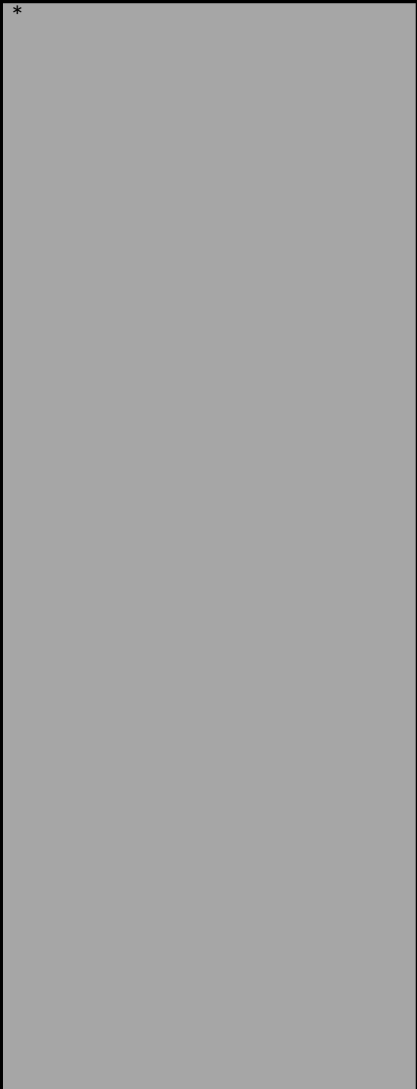
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	

Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
<p>advance receipt (e.g., telephone, [Data Elements 5.1-</p>	Data Sources:	*
Data Element 5.1	Review Results:	

Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	

Data Element 5.11	Review Results:	
<p>ardless of who filed the ted representative).</p>	Data Sources:	*
Data Element 5.1	Review Results:	

Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	

Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
<p>that are filed directly with the complaints that are only forwarded Complaint Tracking Module (the organization). If a member directly with the organization and includes only the grievance that was filed and excludes the identical CTM</p> <p>elements 5.1-5.11]</p>	Data Sources:	<p>*</p> 
Data Element 5.1	Review Results:	

Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
<p>ulates the number of the following criteria:</p> <p>umber of grievances by disenrollment; Benefit Package; race; Organization Determination of Care; and "CMS Issues."</p> <p>ments 5.1-5.10]</p>	Data Sources:	*
Data Element 5.1	Review Results:	

Data Element 5.2	Review Results:	

Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	

Data Element 5.11	Review Results:	
<p>culates the number of mely notification of the riteria:</p> <p>or which the member is notified llowing timelines:</p> <p>later than 30 days after receipt</p>	Data Sources:	*
Data Element 5.12	Review Results:	
Data Element 5.13	Review Results:	
Data Element 5.14	Review Results:	
Data Element 5.15	Review Results:	

Data Element 5.16	Review Results:	
Data Element 5.17	Review Results:	
Data Element 5.18	Review Results:	
Data Element 5.19	Review Results:	

Data Element 5.20	Review Results:	
Data Element 5.21	Review Results:	
Data Element 5.22	Review Results:	
th an extension taken: no later ance.	Data Sources:	*

Data Element 5.12	Review Results:	
Data Element 5.13	Review Results:	
Data Element 5.14	Review Results:	
Data Element 5.15	Review Results:	
Data Element 5.16	Review Results:	
Data Element 5.17	Review Results:	
Data Element 5.18	Review Results:	
Data Element 5.19	Review Results:	
Data Element 5.20	Review Results:	
Data Element 5.21	Review Results:	

Data Element 5.22	Review Results:	
no later than 24 hours after rece	Data Sources:	*
Data Element 5.12	Review Results:	
Data Element 5.13	Review Results:	
Data Element 5.14	Review Results:	
Data Element 5.15	Review Results:	
Data Element 5.16	Review Results:	
Data Element 5.17	Review Results:	
Data Element 5.18	Review Results:	
Data Element 5.19	Review Results:	
Data Element 5.20	Review Results:	
Data Element 5.21	Review Results:	

Data Element 5.22	Review Results:	
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is a subset of the total number of able category.	Data Sources:	*
Data Element 5.12	Review Results:	
Data Element 5.13	Review Results:	
Data Element 5.14	Review Results:	
Data Element 5.15	Review Results:	
Data Element 5.16	Review Results:	
Data Element 5.17	Review Results:	
Data Element 5.18	Review Results:	

Data Element 5.19	Review Results:	
Data Element 5.20	Review Results:	
Data Element 5.21	Review Results:	
Data Element 5.22	Review Results:	
and procedures for data g:	Data Sources:	*

red/uploaded into CMS systems and entries match corresponding source documents.		
Data Element 5.1	Review Results:	
Data Element 5.2	Review Results:	
Data Element 5.3	Review Results:	
Data Element 5.4	Review Results:	
Data Element 5.5	Review Results:	
Data Element 5.6	Review Results:	
Data Element 5.7	Review Results:	
Data Element 5.8	Review Results:	
Data Element 5.9	Review Results:	
Data Element 5.10	Review Results:	
Data Element 5.11	Review Results:	
Data Element 5.12	Review Results:	

Data Element 5.13	Review Results:	
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Data Element 5.14	Review Results:	
Data Element 5.15	Review Results:	
Data Element 5.16	Review Results:	
Data Element 5.17	Review Results:	
Data Element 5.18	Review Results:	
Data Element 5.19	Review Results:	
Data Element 5.20	Review Results:	
Data Element 5.21	Review Results:	
Data Element 5.22	Review Results:	
stage data sets and other into CMS systems are archived.	Review Results:	
and procedures for periodic s in enrollment, adjustments).	Review Results:	
and procedures for archiving stem (e.g., disaster recovery	Review Results:	

erwent any changes during the
of a merger, acquisition, or
documentation on the data
, there were no issues that
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Review Results:

for this reporting section is
nization regularly monitors the
collected and/or reported by
lownstream contractor.

Review Results:

Organization Name:	<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p> <p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
Contract Number:	
Reporting Section:	
Organization Determinations/Reconsiderations (Part C)	
Last Updated: (MM/DD/YYYY)	
Date of Site Visit: (MM/DD/YYYY)	
Name of Reviewer: Last name, First name	
Name of Peer Reviewer: Last name, First name	

Standard/ Sub-standard ID	Reporting Section Criteria ID
	1

1.a	
1.b	
1.c	
1.d	
1.e	
1.f	
1.g	

1.h

1.i

2

2.a

RSC-1

2.b

RSC-2

2.c	RSC-3
2.d	

RSC-4a

RSC-4b

2.e

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	RSC-5

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	RSC-6
	RSC-7
	RSC-8

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	RSC-9	

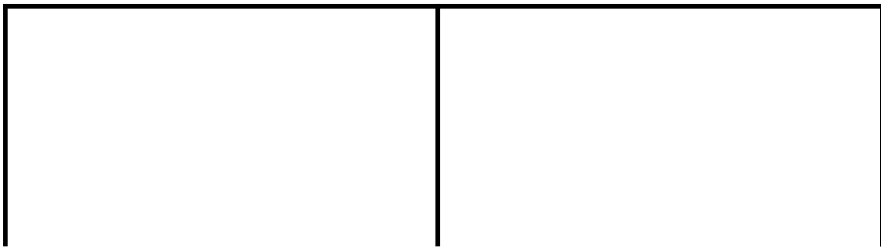
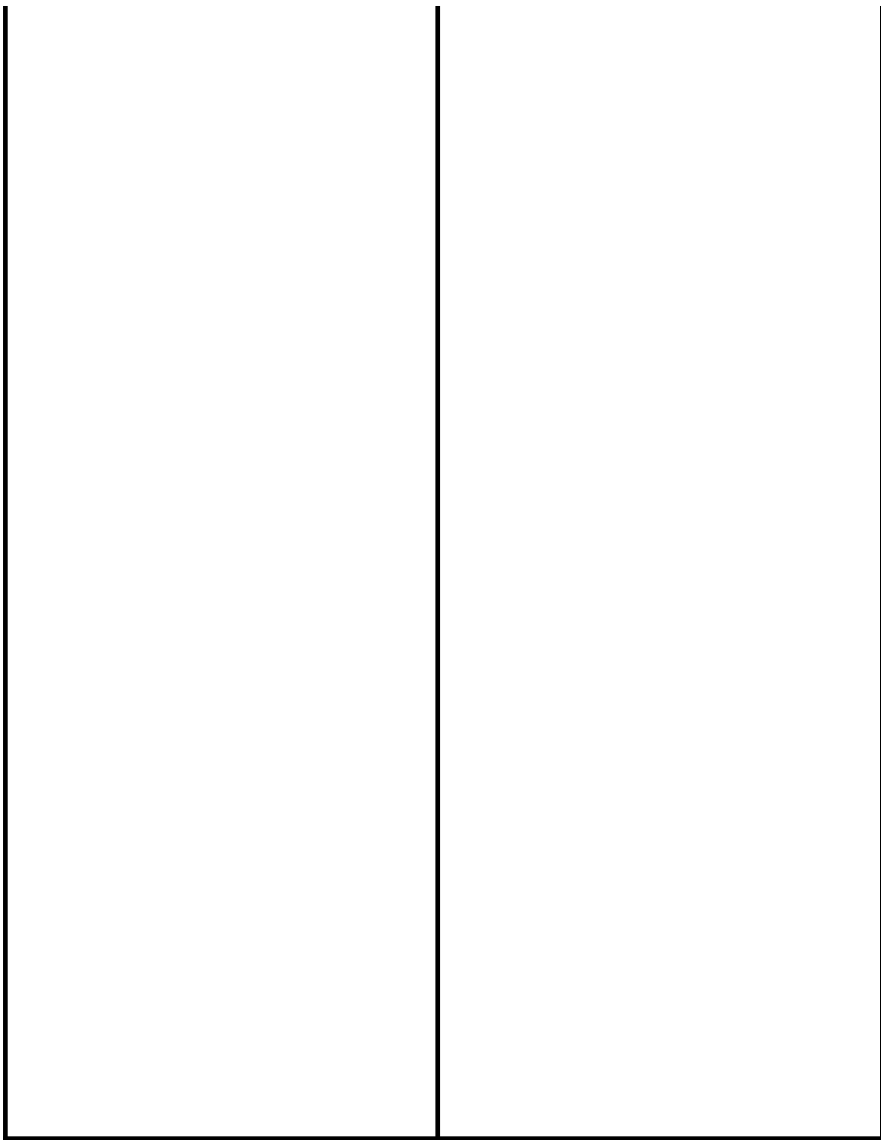
	RSC-10

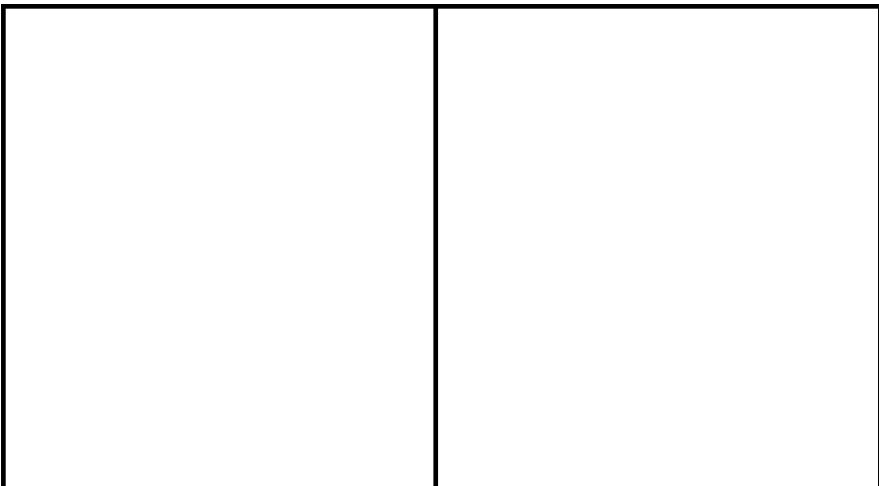
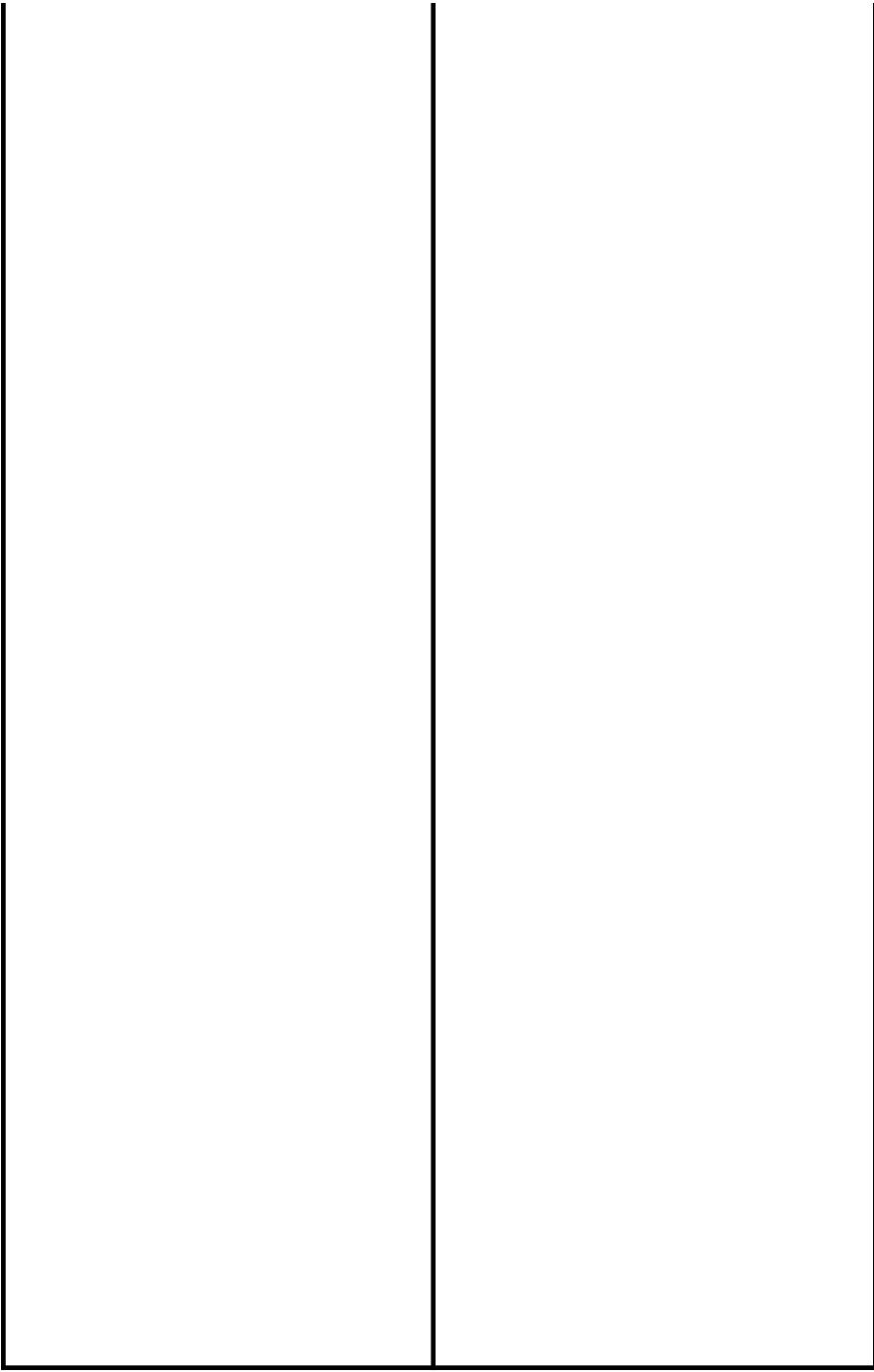
	RSC-11

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	RSC-12
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	RSC-13

	RSC-14
	RSC-15

	RC-16	

	RSC-17
	RSC-18

	RSC-19

	3
3.a	

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3.b	

	4	
	5	
	6	

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Standard/Sub-standard Description	Data Sources and Review Results: Enter review results and/or data sources.
A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.	Review Results:

<p>Source documents are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via CMS systems.</p>	<p>Review Results:</p>
<p>Source documents create all required data fields for reporting requirements.</p>	<p>Review Results:</p>
<p>Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields, have appropriate data selection, etc.).</p>	<p>Review Results:</p>
<p>All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient_ID, rather than Field1 and maintain the same field name across data sets).</p>	<p>Review Results:</p>
<p>Data file locations are referenced correctly.</p>	<p>Review Results:</p>
<p>If used, macros are properly documented.</p>	<p>Review Results:</p>
<p>Source documents are clearly and adequately documented.</p>	<p>Review Results:</p>

Titles and footnotes on reports and tables are accurate.	Review Results:
Version control of source documents is appropriately applied.	Review Results:
A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.	Data Sources:
The appropriate date range(s) for the reporting period(s) is captured.	Review Results:
Organization reports data based on the periods of 1/1 through 3/31, 4/1 through 6/30, 7/1 through 9/30, and 10/1 through 12/31.	
Data are assigned at the applicable level (e.g., plan benefit package or contract level).	Data Sources:

<p>Organization properly assigns data to the applicable CMS contract.</p>	<p>Review Results:</p>
<p>Appropriate deadlines are met for reporting data (e.g., quarterly).</p>	<p>Data Sources:</p>
<p>Organization meets deadlines for reporting data to CMS by 2/28. [Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for the rest of the reporting section criteria for this reporting section.]</p>	<p>Review Results:</p>
<p>Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.</p>	<p>Data Sources:</p>

<p>Organization properly defines the term "Organization Determinations" in accordance with 42 C.F.R Part 422, Subpart M and the Medicare Managed Care Manual Chapter 13, Section 10. This includes applying all relevant guidance properly when performing its calculations and categorizations.</p>	<p>Review Results:</p>
<p>Organization properly defines the term "Reconsideration" in accordance with 42 C.F.R. Part 422, Subpart M and the Medicare Managed Care Manual Chapter 13, Sections 10 and 70. This includes applying all relevant guidance properly when performing its calculations and categorizations.</p>	<p>Review Results:</p>

<p>The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data have been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.</p>	Data Element 6.1	Review Results:
	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

	Data Element 6.9	Review Results:
	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
Data Element 6.18	Review Results:	

	Data Element 6.19	Review Results:
	Data Element 6.20	Review Results:
	Data Element 6.21	Review Results:
	Data Element 6.22	Review Results:
	Data Element 6.23	Review Results:
	Data Element 6.24	Review Results:
	Data Element 6.25	Review Results:
	Data Element 6.26	Review Results:
	Data Element 6.27	Review Results:
	Data Element 6.28	Review Results:

	Data Element 6.29	Review Results:
Applicable Reporting Section Criteria:		Data Sources:
RSC-5: Organization accurately calculates the total number of organization determinations, including the following criteria:		

RSC-5a: Includes all completed organization determinations (Part C only) with a date of member notification of the final decision that occurs during the reporting period, regardless of when the request for organization determination was received.	Data Element 6.1	Review Results:
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[Data Elements 6.1 - 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

RSC-5b: Includes adjudicated claims with a date of adjudication that occurs during the reporting period.	Data Element 6.1	Review Results:
[Data Elements 6.1 - 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:

	Data Element 6.6	Review Results:
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	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5c: Includes all claims submitted for payment including those that pass through the adjudication system that may not require determination by the staff of the organization or its delegated entity.	Data Element 6.1	Review Results:
[Data Elements 6.1 – 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5d: Includes decisions made on behalf of the organization by a delegated entity.	Data Element 6.1	Review Results:
[Data Elements 6.1 – 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:

	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5e: Includes organization determinations that are filed directly with the organization or its delegated entities (e.g., excludes all organization determinations that are only forwarded to the organization from the CMS Complaint Tracking Module (CTM) and not filed directly with the organization or delegated entity). If a member requests an organization determination directly with the organization and files an identical complaint via the CTM, the organization includes only the organization determination that was filed directly with the organization and excludes the identical CTM complaint.	Data Element 6.1	Review Results:
[Data Elements 6.1 – 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:

	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5f: Includes all methods of organization determination request receipt (e.g., telephone, letter, fax, in-person).	Data Element 6.1	Review Results:
[Data Elements 6.1 - 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:

	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5g: Includes all organization determinations regardless of who filed the request.	Data Element 6.1	Review Results:
[Data Elements 6.1 - 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5h: Includes supplemental benefits (i.e., non- Medicare covered item or service) provided as a part of a plan's Medicare benefit package.	Data Element 6.1	Review Results:
[Data Elements 6.1 - 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:

	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-5i: Excludes dismissals and withdrawals.	Data Element 6.1	Review Results:
[Data Elements 6.1 - 6.8]	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

RSC-5j: Excludes Independent Review Entity Decisions. [Data Elements 6.1 – 6.8]	Data Element 6.8	Review Results:
	Data Element 6.1	Review Results:
	Data Element 6.2	Review Results:

	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

RSC-5k: Excludes Quality Improvement Organization (QIO) reviews of a member's request to continue Medicare-covered services (e.g., a SNF stay). [Data Elements 6.1 – 6.8]	Data Element 6.1	Review Results:
	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

RSC-5l: Excludes duplicate payment requests concerning the same service or item. [Data Elements 6.1 – 6.8]	Data Element 6.1	Review Results:
	Data Element 6.2	Review Results:

	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

RSC-5m: Excludes payment requests returned to a provider/supplier in which a substantive decision (fully favorable, partially favorable or adverse) has not yet been made due to error (e.g., payment requests or forms that are incomplete, invalid or do not meet the requirements for a Medicare claim). [Data Elements 6.1 – 6.8]	Data Element 6.1	Review Results:
	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:

	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:
RSC-6: Organization accurately calculates the number of fully favorable organization determinations, including the following criteria:		Data Sources:
RSC-6a: Includes all pre-service organization determinations for contract and non-contract providers/suppliers. [Data Element 6.3]	Data Element 6.3	Review Results:
RSC-6b: Includes all payment (claim) organization determinations for contract and non-contract providers/suppliers. [Data Element 6.4]	Data Element 6.4	Review Results:
RSC-7: Organization accurately calculates the number of partially favorable organization determinations that were processed in a timely manner including the following criteria:		Data Sources::
RSC-7a: Includes all pre-service organization determinations for contract and non-contract providers/suppliers. [Data Element 6.2]	Data Element 6.2	Review Results:
RSC-7b: Includes all payment organization determinations for contract and non-contract providers/suppliers. [Data Element 6.2]	Data Element 6.2	Review Results:
RSC-8: Organization accurately calculates the number of fully favorable (e.g., approval of entire request resulting in full coverage of the item or service) organization determinations, including the following criteria:		Data Sources:

RSC-8a: Includes all fully favorable pre-service organization determinations for contract and non-contract providers/suppliers. [Data Element 6.3]	Data Element 6.3	Review Results:

RSC-8b: Includes all fully favorable payment (claim) organization determinations that result in zero payment being made to contract and non-contract providers. [Data Element 6.4]	Data Element 6.4	Review Results:
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RSC-8c: c. For instances when a request for payment is submitted to an organization concerning an item or service, and the organization has already made a favorable organization determination (i.e., issued a fully favorable pre-service decision), includes the request for payment for the same item or service as another, separate, fully favorable organization determination.	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:

<p>RSC-8d: For instances when the organization approves an initial request for an item or service (e.g., physical therapy services) and the organization approves a separate additional request to extend or continue coverage of the same item or service, includes the decision to extend or continue coverage of the same item or service as another, separate, fully favorable organization determination.</p>	<p>Data Element 6.3</p>	<p>Review Results:</p>
<p>Organization accurately calculates the number of adverse (e.g., denial of entire request resulting in no coverage of the item or service) organization determinations, including the following criteria:</p>	<p>Data Element 6.4</p>	<p>Review Results:</p>
<p>RSC-9a: a. Includes all partially favorable pre-service organization determinations for contract and non-contract providers/suppliers. [Data Element 6.5]</p>	<p>Data Element 6.5</p>	<p>Review Results:</p>

RSC-9b: Includes all partially favorable payment (claim) organization determinations for contract and non-contract providers/suppliers. [Data Element 6.6]	Data Element 6.6	Review Results:
RSC-9c: For instances when a request for payment is submitted to an organization concerning an item or service, and the organization has already made a partially favorable organization determination (i.e., issued a partially favorable pre-service decision), includes the request for payment for the same item or service as another, separate, partially favorable organization determination.	Data Element 6.6	Review Results:
Organization accurately calculates the number of adverse (e.g., denial of entire request resulting in no coverage of the item or service) organization determinations, including the following criteria:	Data Sources:	
RSC-10a: Includes all adverse pre-service organization determinations for contract and non-contract providers/suppliers. [Data Element 6.7]	Data Element 6.7	Review Results:
RSC-10b: Includes all adverse payment (claim) organization determinations that result in zero payment being made to contract and non-contract providers. [Data Element 6.8]	Data Element 6.8	Review Results:

<p>RSC-10c: For instances when a request for payment is submitted to an organization concerning an item or service, and the organization has already made an adverse organization determination (i.e., issued an adverse pre-service decision), includes the request for payment for the same item or service as another, separate, adverse organization determination.</p>	<p>Data Element 6.7</p>	<p>Review Results:</p>
<p>RSC-11: Organization accurately calculates "Withdrawn Organization Determination" according to the following criteria:</p>	<p>Data Element 6.8</p>	<p>Review Results:</p>

<p>a. Includes an organization determination that is withdrawn upon the enrollee's request, but excludes appeals that the organization forwards to the IRE for dismissal. [Data Element 6.9]</p>	<p>Data Element 6.9</p>	<p>Review Results:</p>
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Organization accurately calculates the total number of reconsiderations, including the following criteria:

	Data Element 6.10-6.17	Data Sources:
RSC-12a: Includes all completed reconsiderations (Part C only) with a date of member notification of the final decision that occurs during the reporting period, regardless of when the request for reconsideration was received	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
RSC-12b: Includes decisions made on behalf of the organization by a delegated entity	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:

	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
RSC-12c: Includes all methods of reconsideration request receipt (e.g., telephone, letter, fax, and in-person).	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
Data Element 6.17	Review Results:	

<p>RSC-12d: Includes all reconsiderations regardless of who filed the request. For example, if a non-contracted provider signs a waiver of liability and submits a reconsideration request, a plan is to report this reconsideration in the same manner it would report a member-filed reconsideration.</p>	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:

	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:

<p>RSC-12e: Includes reconsiderations that are filed directly with the organization or its delegated entities (e.g., excludes all reconsiderations that are only forwarded to the organization from the CMS Complaint Tracking Module (CTM) and not filed directly with the organization or delegated entity). If a member requests a reconsideration directly with the organization and files an identical complaint via the CTM, the organization includes only the reconsideration that was filed directly with the organization and excludes the identical CTM complaint.</p>	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:

<p>RSC-12f: Includes supplemental benefits (i.e., non- Medicare covered item or service) provided as a part of a plan's Medicare benefit package.</p>	Data Element 6.10	Review Results:
	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
<p>RSC-12g: Excludes dismissals or withdrawals.</p>	Data Element 6.10	Review Results:
	Data element 6.11	Review Results:
	Data Element 6.12	Review Results:

	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:

	Data Element 6.17	Review Results:
RSC-12h: Excludes Independent Review Entity Decisions.	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
RSC-12i: Excludes QIO reviews of a member's request to continue Medicare-covered services (e.g., a SNF stay).	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:

	Data Element 6.17	Review Results:
RSC-12j: Excludes duplicate payment requests concerning the same service or item.	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:

RSC-12k: Excludes payment requests returned to a provider/supplier in which a substantive decision (Fully Favorable, Partially Favorable or Adverse) has not yet been made due to error (e.g., payment requests or forms that are incomplete, invalid or do not meet the requirements for a Medicare claim).	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:

	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
Organization accurately calculates the total number of reconsiderations processed timely according to the following criteria:		Data Sources:
RSC-13-a. Includes all filings of requests for reconsideration within 60 calendar days from the date of the notice of the organization determination.	Data Element 6.11	Review Results:

[Data Element 6.11]		
<p>Organization accurately calculates the number of fully favorable (e.g., approval of entire request resulting in full coverage of the item or service) reconsiderations, including the following criteria:</p>		Data Sources:
<p>RSC-14a: Includes all fully favorable pre-service reconsideration determinations for contract and non-contract providers/suppliers. [Data Element 6.12]</p>	Data Element 6.12	Review Results:
<p>RSC-14b: Includes all fully favorable payment (claim) reconsideration determinations for contract and non-contract providers/suppliers. [Data Element 6.13]</p>	Data Element 6.13	Review Results:
<p>RSC-14c: For instances when a reconsideration request for payment is submitted to an organization concerning an item or service, and the organization has already made a favorable pre-service reconsideration determination, includes the reconsideration request for payment for the same item or service as another, separate, fully favorable reconsideration determination.</p>	Data Element 6.13	Review Results:
<p>Organization accurately calculates the number of partially favorable (e.g., coverage denial of some items and coverage approval of some items in a claim that has multiple line items reconsiderations, including the following criteria:</p>		Data Sources:

RSC-15a: Includes all partially favorable pre-service reconsideration determinations for contract and non-contract providers/suppliers. [Data Element 6.14]	Data Element 6.14	Review Results:
RSC-15b: Includes all partially favorable payment (claim) reconsideration determinations for contract and non-contract providers/suppliers. [Data Element 6.15]	Data Element 6.15	Review Results:
RSC-15c: For instances when a reconsideration request for payment is submitted to an organization concerning an item or service, and the organization has already made a partially favorable pre-service reconsideration determination, includes the reconsideration request for payment for the same item or service as another, separate, partially favorable reconsideration determination.	Data Element 6.15	Review Results:
<p>Organization accurately calculates the number of adverse (e.g., denial of entire request resulting in no coverage of the item or service) reconsiderations, including the following criteria:</p>	Data Sources:	
RSC-16a: Includes all adverse pre-service reconsideration determinations for contract and non-contract providers/suppliers. [Data Element 6.16]	Data Element 6.16	Review Results:
RSC-16b: Includes all adverse payment (claim) reconsideration determinations that result in zero payment being made to contract and non-contract providers. [Data Element 6.17]	Data Element 6.17	Review Results:

<p>RSC-16c: For instances when a reconsideration request for payment is submitted to an organization concerning an item or service, and the organization has already made an adverse pre-service reconsideration determination, includes the reconsideration request for payment for the same item or service as another, separate, adverse reconsideration determination.</p>	<p>Data Element 6.17</p>	<p>Review Results:</p>
<p>Organization accurately calculates "Withdrawn Reconsiderations" according to the following criteria:</p>		<p>Data Sources:</p>
<p>RSC-17a: Includes a Reconsideration that is withdrawn upon the enrollee's request.</p>	<p>Data Element 6.18</p>	<p>Review Results:</p>
<p>Organization accurately calculates the total number of reopened decisions according to the following criteria:</p>		<p>Data Sources:</p>
<p>RSC-18a: Includes a remedial action taken to change a final determination or decision even though the determination or decision was correct based on the evidence of record.</p>	<p>Data Element 6.19</p>	<p>Review Results:</p>

<p>The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data have been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.</p>	<p>Data Sources:</p>
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RSC-19a: Contract Number	Data Element 6.20	Review Results:
RSC-19b: Plan ID	Data Element 6.21	Review Results:
RSC-19c: Case ID	Data Element 6.22	Review Results:
RSC-19d: Date of original disposition	Data Element 6.23	Review Results:

RSC-19e: Original disposition (Fully Favorable; Partially Favorable; or Adverse)	Data Element 6.24	Review Results:
RSC-19f: f. Case Level (Organization Determination or Reconsideration)	Data Element 6.25	Review Results:
RSC-19g: Date case was reopened	Data Element 6.26	Review Results:
RSC-19h: Reason (s) for reopening (Clerical Error, New and Material Evidence, or Other)	Data Element 6.27	Review Results:

RSC-19i: Date of reopening disposition (revised decision)	Data Element 6.28	Review Results:
RSC-19j: Reopening disposition (Fully Favorable; Partially Favorable; or Adverse)	Data Element 6.29	Review Results:
Organization implements policies and p	Data Sources:	
Data elements are accurately entered/uploaded into CMS systems and entries match corresponding source documents.	Data Element 6.1	Review Results:
	Data Element 6.2	Review Results:
	Data Element 6.3	Review Results:
	Data Element 6.4	Review Results:
	Data Element 6.5	Review Results:
	Data Element 6.6	Review Results:
	Data Element 6.7	Review Results:
	Data Element 6.8	Review Results:

	Data Element 6.9	Review Results:
	Data Element 6.10	Review Results:
	Data Element 6.11	Review Results:
	Data Element 6.12	Review Results:
	Data Element 6.13	Review Results:
	Data Element 6.14	Review Results:
	Data Element 6.15	Review Results:
	Data Element 6.16	Review Results:
	Data Element 6.17	Review Results:
	Data Element 6.18	Review Results:
	Data Element 6.19	Review Results:
	Data Element 6.20	Review Results:
	Data Element 6.21	Review Results:
	Data Element 6.22	Review Results:
	Data Element 6.23	Review Results:
Data Element 6.24	Review Results:	

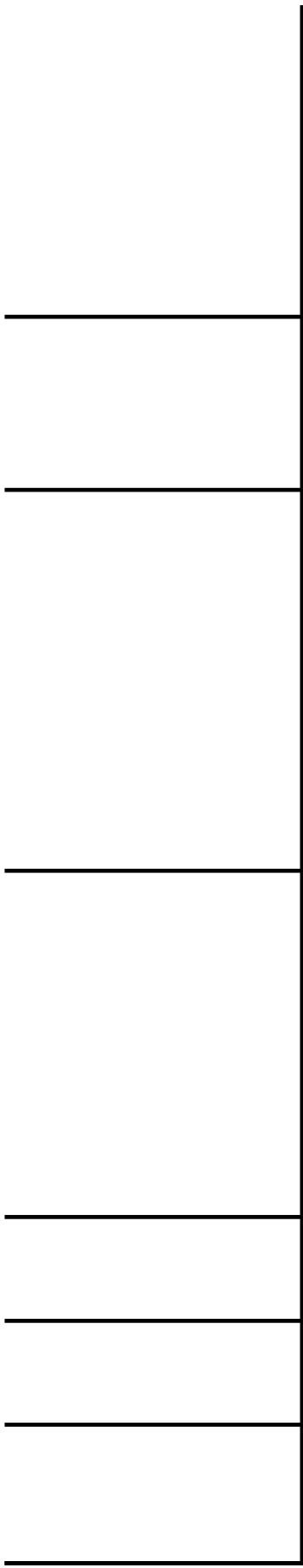
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	Data Element 6.26	Review Results:
	Data Element 6.27	Review Results:
	Data Element 6.28	Review Results:
	Data Element 6.29	Review Results:
All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.	Review Results:	

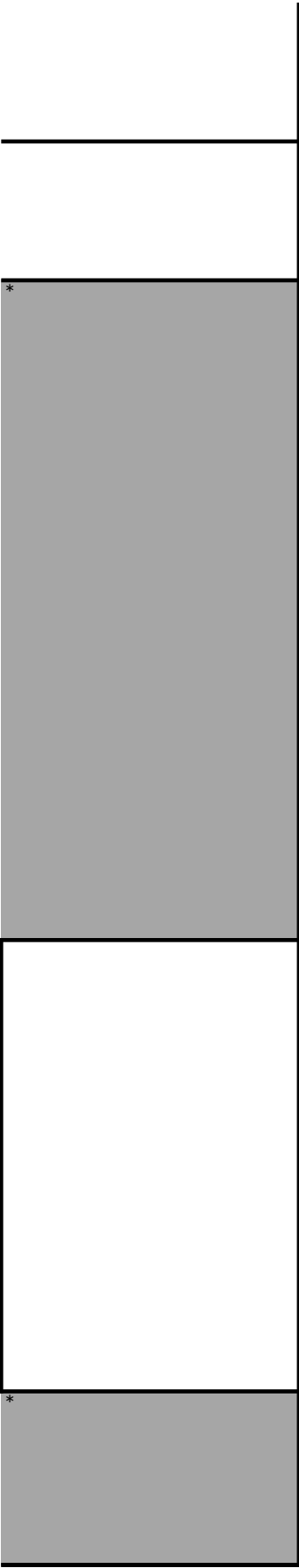
<p>Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, claims adjustments).</p>	<p>Review Results:</p>
<p>Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).</p>	<p>Review Results:</p>
<p>If organization's data systems underwent any changes during the reporting period (e.g., as a result of a merger, acquisition, or upgrade): Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.</p>	<p>Review Results:</p>

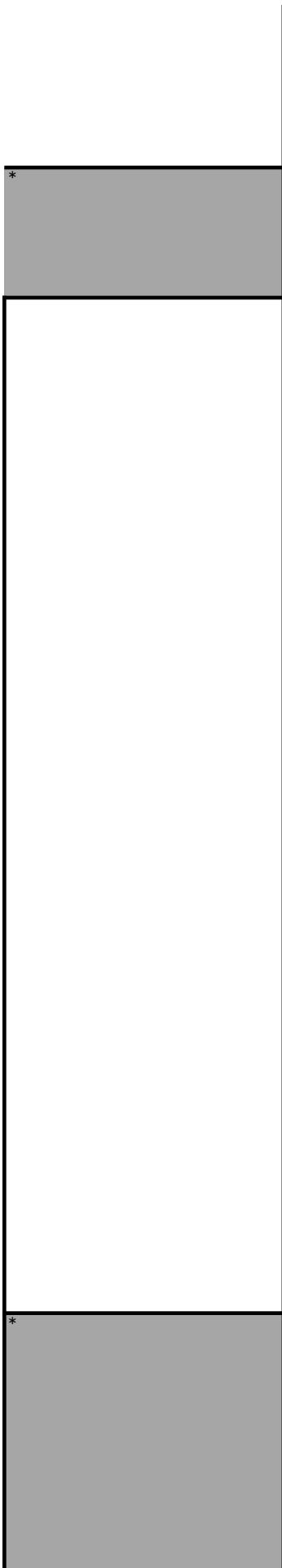
<p>If data collection and/or reporting for this reporting section is delegated to another entity: Organization regularly monitors the quality and timeliness of the data collected and/or reported by the delegated entity or first tier/ downstream contractor.</p>	<p>Review Results:</p>
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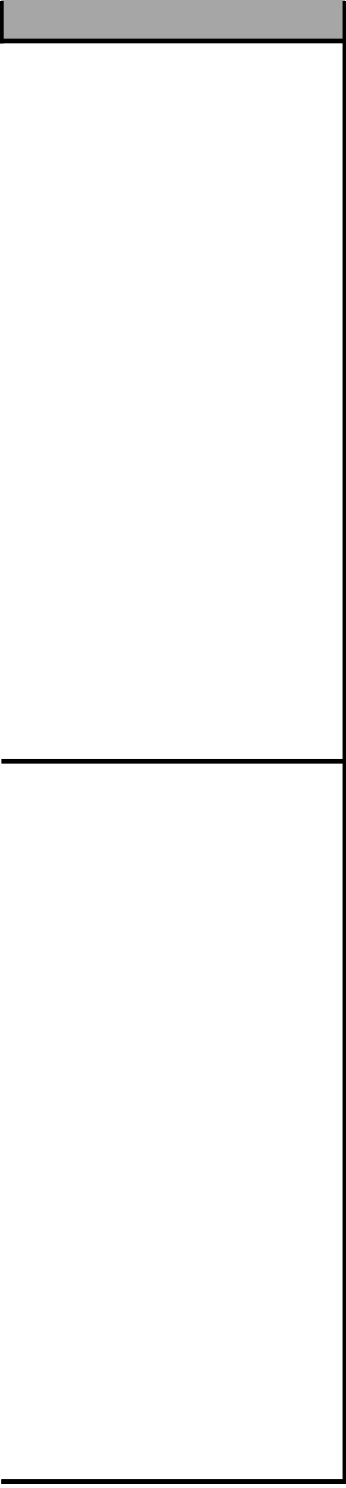
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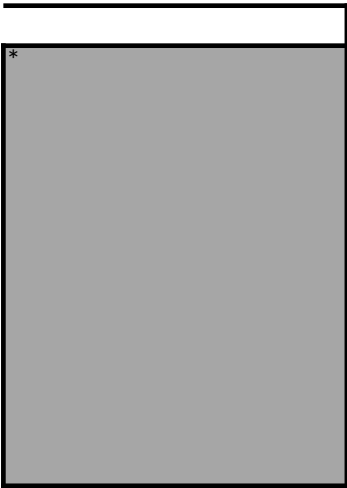
Select "Y" "N" or "N/A"
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to be completed.



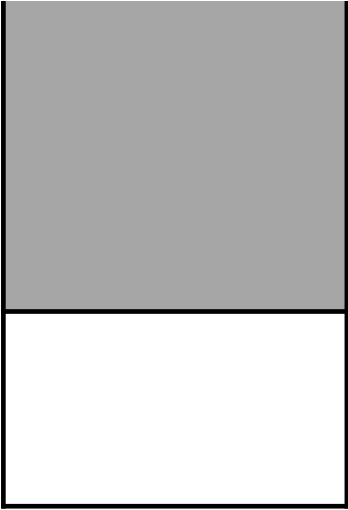




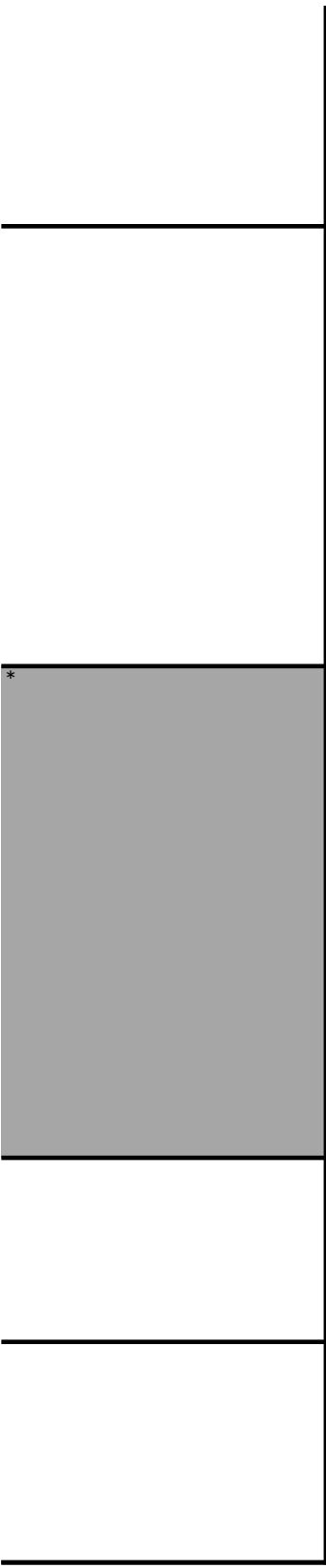




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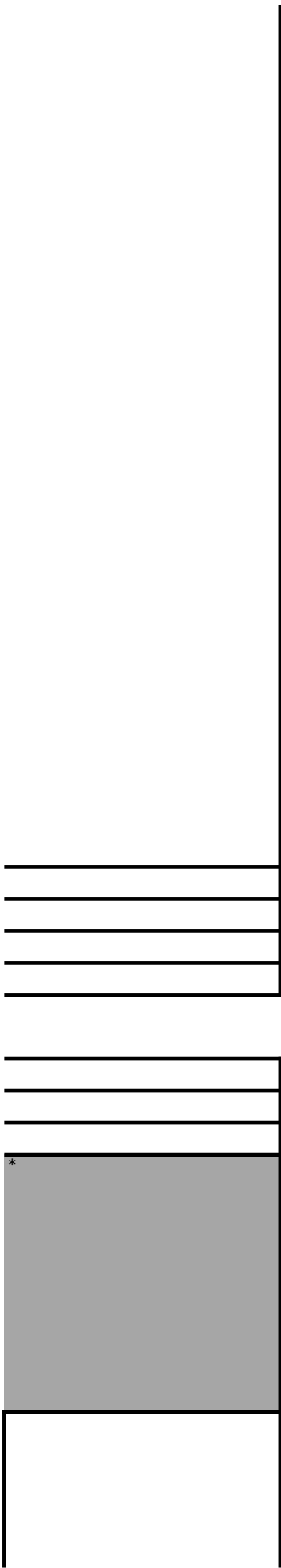


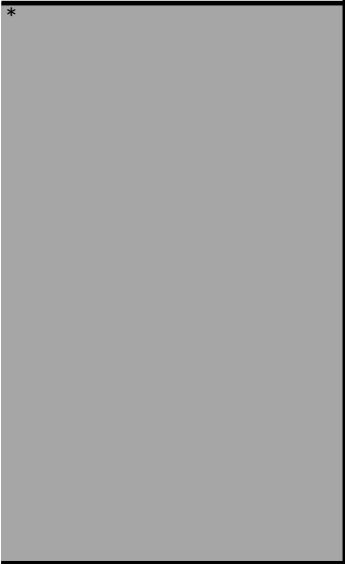
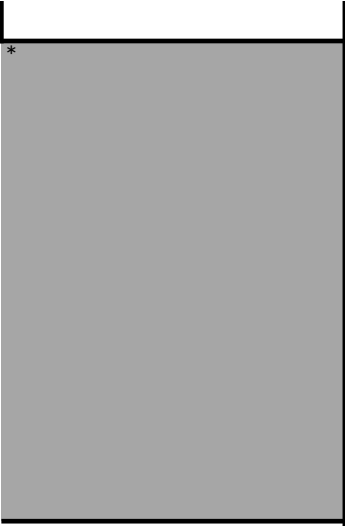


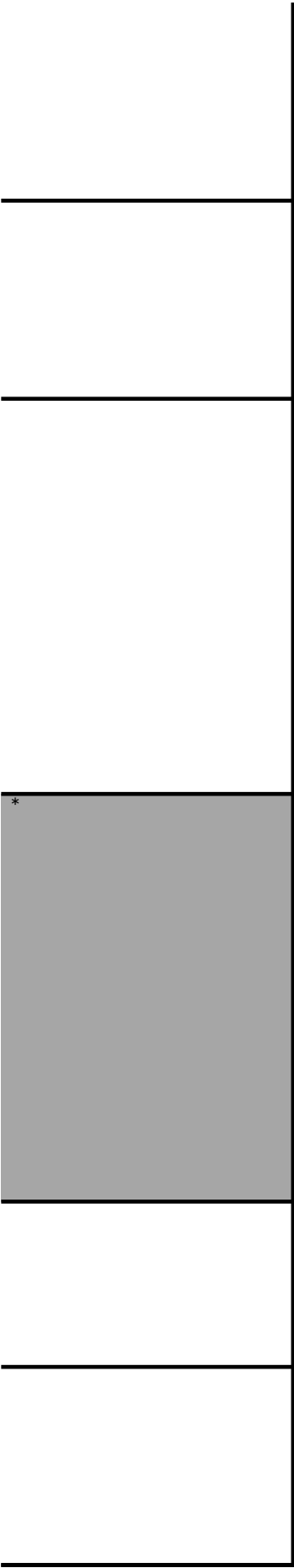


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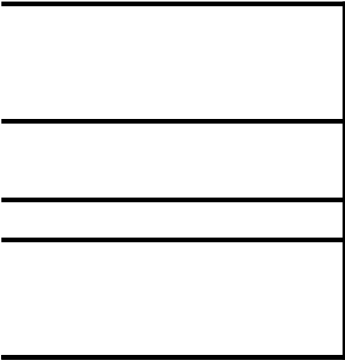
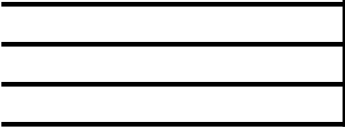
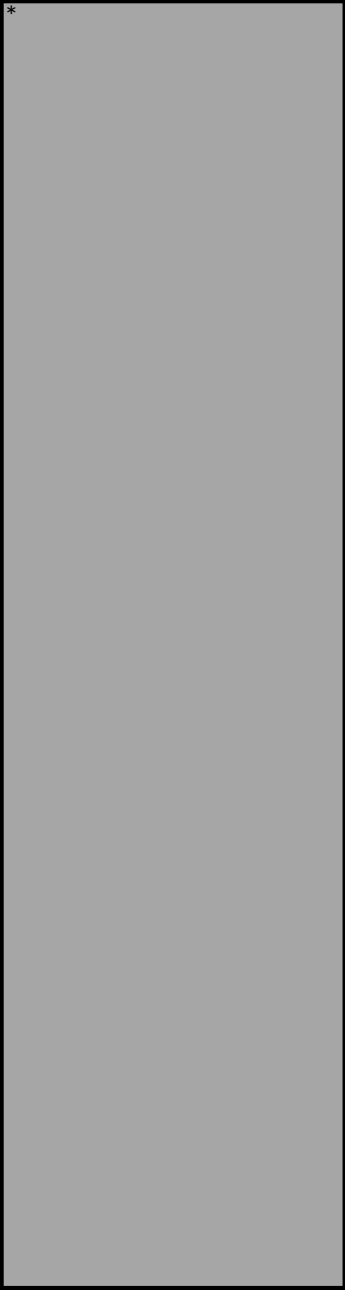


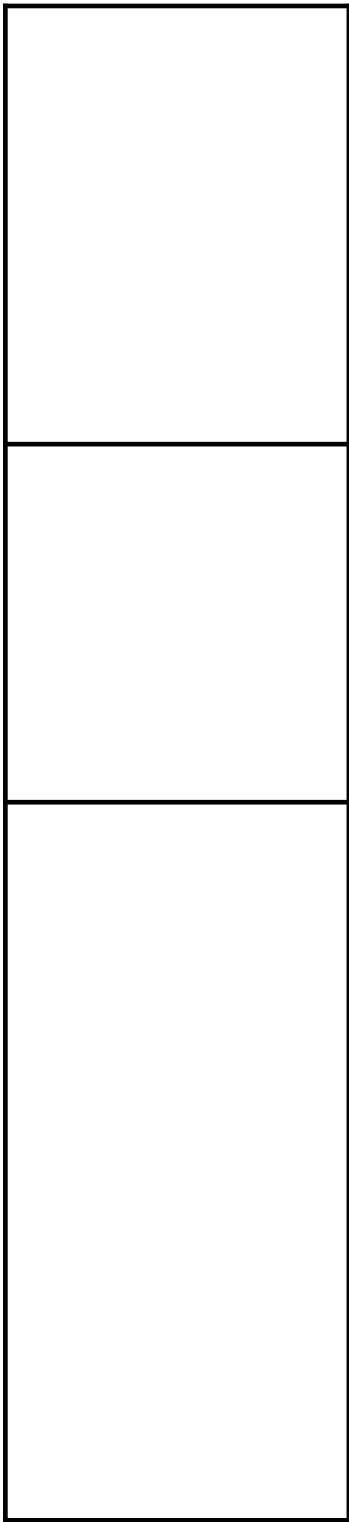


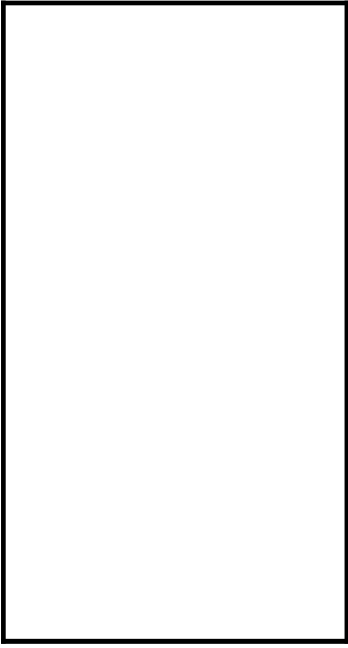












2.4 Special Needs Plans (SNPs) Care Management (for 201

<p>Organization Name:</p>	<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p> <p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
<p>Contract Number:</p>	
<p>Reporting Section: Special Nee</p>	
<p>Last Updated: (MM/DD/YYYY)</p>	
<p>Date of Site Visit: (MM/DD/YYYY)</p>	
<p>Name of Reviewer: Last name, First name</p>	
<p>Name of Peer Reviewer: Last name, First name</p>	

Standard/ Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description

1		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.
1.a		Source documents are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via CMS systems.

1.b		Source documents create all required data fields for reporting requirements.
1.c		Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields, have appropriate data selection, etc.).

1.d		All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient ID, rather than Field1 and maintain the same field name across data sets).
1.e		Data file locations are referenced correctly.
1.f		If used, macros are properly documented.
1.g		Source documents are clearly and adequately documented.

1.h		Titles and footnotes on reports and tables are accurate.
1.i		Version control of source documents is appropriately applied.
2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.

2.a	RSC-1	The appropriate date range(s) for the reporting period(s) is captured.
2.b	RSC-2	<p>Organization reports data based on the required reporting period of 1/1 through 12/31.</p> <p>Data are assigned at the applicable level (e.g., plan benefit package or contract level).</p> <p>Organization properly assigns data to the applicable CMS plan benefit package.</p>
2.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly).

		<p>Organization meets deadline for reporting annual data to CMS by 2/28 [Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for the rest of the reporting section criteria for this reporting section.]</p>
2.d	RSC-4	<p>Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.</p>

2.e	RSC-4	<p>The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data has been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.</p> <p>Applicable Reporting Section Crit</p> <p>RSC-4: Organization accurately c: initial health risk assessment (HR</p>
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		<p>RSC-4a: Includes all new members who enrolled during the measurement year and those members who may have enrolled as early as 90 days prior to the measurement year if no initial HRA had been performed prior to 1/1.</p>
		<p>RSC-4b: Includes members who have enrolled in the plan after dis-enrolling from another plan (different sponsor or organization).</p>
		<p>RSC-4c: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA was not performed prior to dis-enrollment and calculates the member's eligibility date starting from the date of re-enrollment.</p>
		<p>RSC-4d: Excludes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA or reassessment was performed prior to dis-enrollment.</p>
		<p>RSC-4e: Excludes members with a documented initial HRA that occurred under the plan during the previous year. These members, and their HRAs, should be counted as new in the previous year.</p>
		<p>RSC-4f: Excludes members who received an initial HRA but were subsequently deemed ineligible because they were never enrolled in the plan.</p>

		<p>RSC-4g: Excludes new members who dis-enrolled from the plan within 90 days of enrollment, if they did not receive an initial HRA prior to dis-enrolling.</p>
	<p>RSC-5</p>	<p>RSC-5: Organization accurately counts members eligible for an annual health plan during the reporting period, including those who were enrolled for more than 90 days in the same plan without receiving an initial HRA.</p>

		<p>RSC-5b: Includes members who remained continuously enrolled in the same plan for 365 days, starting from the initial day of enrollment if no initial HRA had been performed, or from the date of their previous HRA. [Data Element 13.2]</p>
		<p>RSC-5c: Includes members who received a reassessment during the measurement year within 365 days after their last HRA.</p>
		<p>RSC-5d: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA or reassessment was performed prior to dis-enrollment and calculates the member's reassessment eligibility date starting from the date of re-enrollment.</p>

		<p>RSC-5e: Excludes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA was not performed prior to dis-enrollment.</p> <p>[Data Element 13.2]</p>
		<p>RSC-5f: Excludes members who received a reassessment but were subsequently deemed ineligible because they were never enrolled in the plan.</p>
		<p>RSC-5g: Excludes members who did not remain enrolled in their same health plan for at least 365 days after their last HRA and did not receive a reassessment HRA.</p>
	<p>RSC-6</p>	<p>RSC-6: Organization accurately conducted health risk assessments performed the following criteria [Note to read a standard tool that SNPs must use annual health risk assessments. the SNP maintained documentation of assessment.]:</p>
		<p>RSC-6a: Includes only initial HRAs performed on new members within 90 days of enrollment/re-enrollment.</p>

		<p>RSC-6b: Includes only HRAs that were performed between 1/1 and 12/31 of the measurement year even if the new member enrolled prior to the start of the measurement year.</p>
		<p>RSC-6c: For members who disenrolled from and re-enrolled into the same plan, excludes any HRAs (initial or reassessment) performed during their previous enrollment</p>
		<p>RSC-6d: Counts only one HRA for members who have multiple HRAs within 90 days of enrollment. [Data Element 13.3]</p>
		<p>RSC-6e: Excludes HRAs completed for members who were subsequently deemed ineligible because they were never enrolled in the plan.</p>
		<p>RSC-6f The number of initial assessments calculated for Data Element 13.3 is a subset of the number of new members calculated for Data Element 13.1.</p>

	RSC-7	<p>RSC-7: Organization accurately completed health risk reassessments performed for each member. Reviewer should confirm that the documentation for each reported reassessment, including the following, is complete and accurate. Reviewer: CMS has not identified any deficiencies. Reviewer must use to complete initial and subsequent reassessments. Reviewer should confirm that the documentation for each reported reassessment is complete and accurate.</p> <p>RSC-7a: Includes annual HRA reassessments that were completed within 365 days of the member becoming eligible for a reassessment (i.e., within 365 days of their previous HRA),</p> <p>RSC-7b: Includes annual HRA reassessments within 365 days of the member's initial date of enrollment if the member did not receive an initial HRA within 90 days of enrollment.</p> <p>RSC-7c: Includes only HRAs that were performed between 1/1 and 12/31 of the measurement year.</p>
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		<p>RSC-7e: Excludes HRAs completed for members who were subsequently deemed ineligible because they were never enrolled in the plan.</p>
		<p>RSC-7f: The number of annual reassessments calculated for Data Element 13.4 is a subset of the number of eligible members calculated for Data Element 13.2.</p>
	3	<p>Organization implements policies: submission, including the followi</p>
3.a		<p>Data elements are accurately entered/uploaded into CMS systems and entries match corresponding source documents.</p>

3.b		All source, intermediate, and final outputs relied upon to enter data are archived.
	4	Organization implements policies for data system updates (e.g., change management).
	5	Organization implements policies for backing up and restoring data in each data system plan).
	6	If organization's data systems undergo changes during the reporting period (e.g., as a result of a system upgrade): Organization provided a report on system changes and, upon review, identified any adversely impacted data reports.

	7	If data collection and/or reporting is delegated to another entity: Organization, quality and timeliness of the data; the delegated entity or first tier/
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Data Sources and Review Results: Enter review results and/or data sources	Findings: Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.
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Data Sources:

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Review Results:

Review Results:	
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Review Results:	
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Review Results:	
Review Results:	
Review Results:	
Review Results:	

Review Results:	
Review Results:	
Data Sources:	*

Review Results:	
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Review Results:	
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Data Sources:	*
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Review Results:	
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Data Sources:	*
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Review Results:

Review Results:

Data Sources:

*

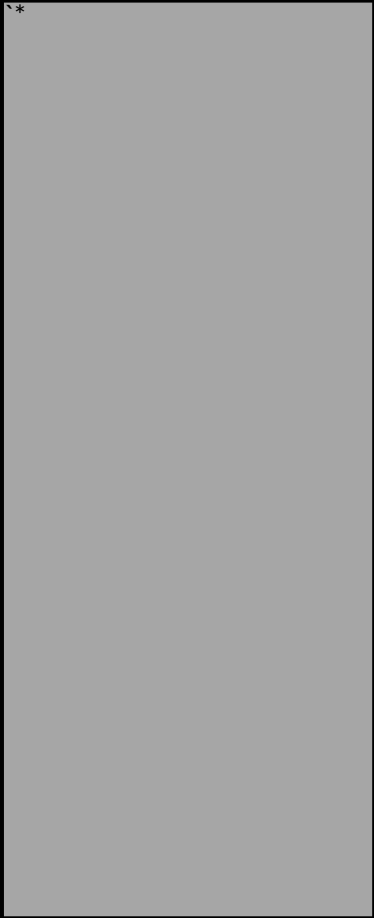
Criteria:

*

calculates the number of new members who are eligible for an A), including the following criteria:

Data Element 13.1	Review Results:	
calculates the number of health risk reassessment during the following criteria:	Data Sources:	*
Data Element 13.2	Review Results:	

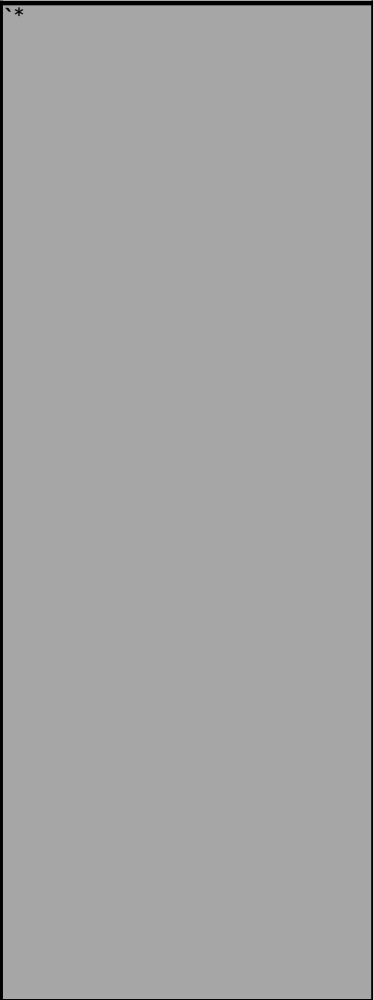
Data Element 13.2	Review Results:	
Data Element 13.2	Review Results:	
Data Element 13.2	Review Results:	

Data Element 13.2	Review Results:	
Data Element 13.2	Review Results:	
Data Element 13.2	Review Results:	
<p>calculates the number of initial ed on new members, including viewer: CMS has not identified se to complete initial and Reviewer should confirm that ion for each reported</p>	Data Sources:	<p>^*</p> 
Data Element 13.3	Review Results:	

Data Element 13.3	Review Results:	
Data Element 13.3	Review Results:	
Data Element 13.3	Review Results:	
Data Element 13.3	Review Results:	
Data Element 13.3	Review Results:	

calculates the number of annual
med on members eligible for a
wing criteria [Note to
] a standard tool that SNPs
annual health risk assessments.
e SNP maintained
d assessment.]:

Data Sources:



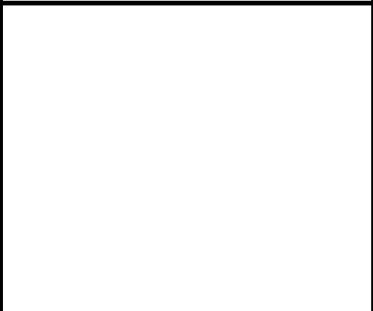
Data Element 13.4

Review Results:



Data Element 13.4

Review Results:



Data Element 13.4

Review Results:



Data Element 13.4

Review Results:



Data Element 13.4	Review Results:	
Data Element 13.4	Review Results:	
s and procedures for data ng:	Data Sources:	*
Data Element 13.1	Review Results:	
Data Element 13.2	Review Results:	

Data Element 13.3	Review Results:	
Data Element 13.4	Review Results:	
al stage data sets and other a into CMS systems are	Review Results:	
s and procedures for periodic es in enrollment).	Review Results:	
s and procedures for archiving ystem (e.g., disaster recovery	Review Results:	
derwent any changes during :sult of a merger, acquisition, or documentation on the data w, there were no issues that d.	Review Results:	

g for this reporting section is
anization regularly monitors the
a collected and/or reported by
downstream contractor.

Review Results:

g for this reporting section is anization regularly monitors the a collected and/or reported by downstream contractor.	Review Results:	
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Organization Name:	Instructions for each Standard or Sub-standard: 1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.
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2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."

Contract Number:

Data Measure: Plan Oversight of Agents (Part C) 2014

Last Updated:
(MM/DD/YYYY)

Date of Site Visit:
(MM/DD/YYYY)

Name of Reviewer:

Last name, First name

Name of Peer Reviewer:

Last name, First name

Standard/ Sub-standard ID

Reporting Section Criteria ID

Note to reviewer: If the contract did not use licensed agents directly employed by the org period, then it is appropriate for the contract to report "0" for each data element in this n

	1
1.a	
1.b	

1.c

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1.d

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1.e

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1.f

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1.g

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1.h

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1.i

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2

2.a

RSC-1

2.b

RSC-2

2.c

RSC-3

2.d	

2.e

RSC-4

Organization accurately included
who earned compensation during

RSC-4a: Properly identifies and includes Agents/Brokers who earned and received compensation, including commission and salary, for initial enrollments and renewals for reporting purposes, compensation is further defined as a payment made to an agent/broker for purposes of enrolling beneficiaries into health plans. [Data Elements 12.1.A -12.1.R]

RSC-4b: Includes the appropriate Agent/Broker type as Captive, Employed, Independent, or None.
[Data Element 12.1.B]

		<p>RSC-4c: Includes all appropriate states where Agent/Broker is licensed. For each state, all states are identified. [Data Element 12.1.A - 12.1.R]</p> <hr/> <p>RSC-4d: Properly identifies and includes the Identification Number. [Data Element 12.1H]</p>
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		<p>RSC-4e: Properly identifies and includes the Agent/Broker current license effective date. [Data Element 12.1I]</p>
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RSC-4f: Properly identifies and includes the Agent/Broker appointment date.
[Data Element 12.1J]

RSC-4g: Properly identifies and includes the Agent/Broker training completion date.
[Data Element 12.1K]

RSC-4h: Properly identifies and includes the Agent/Broker testing completion date.
[Data Element 12.1L]

RSC-4i: Properly identifies and includes the Agent/Broker termination date, if applicable.
[Data Element 12.10]

RSC-4j: Properly identifies and includes whether there was termination for cause.
[Data Element 12.1P]

		RSC-4k: Properly identifies and includes the name of the associated Third-party Marketing Organization (TMO)/Field Marketing Organization (FMO), if applicable. [Data Element 12.1P]
	RSC-5	Organization accurately identifies data on Agent/Broker compliance including the following criteria

RSC-5a: Properly calculates and includes the aggregate number of Agent/Broker marketing complaints from any source reported during the reporting period.

RSC-5b: Properly calculates and includes the aggregate number of Agent/Broker disciplinary actions taken in the reporting period (related to Marketing).

		<p>MSC-5c: Properly calculates and includes the number of new enrollments in the reporting period. If the Agent/Broker is licensed in multiple states, then enrollment numbers should be calculated and included by state.</p>
	<p>RSC-6</p>	<p>Organization accurately identifies data for all new enrollments for which an Agent/Broker is associated. Criteria:</p>

RSC-6a: Properly identifies and includes all beneficiaries who an Agent/Broker assisted in enrolling in the plan. [Data Element 12.2A - 12.2P]

RSC-6b: Includes all new enrollments and renewals. New enrollments for reporting purposes as new to the organization. A change from one Plan Benefit Package (PBP) to another PBP, within the same organization, is not considered "new enrollment" for purposes of these reporting requirements. In addition, Plans should report on all agents/brokers, not just independent agent/brokers.

		<p>RSC-6c: Includes and reports each Agent/Broker assisted beneficiary, based on beneficiary's HICN or RRB Number.</p> <p>[Data Element 12.2A - 12.2P]</p>

		<p>RSC-6d: Defines "Agent/Broker assisted enrollments" as enrollments involving a beneficiary who used a licensed Agent/Broker that is compensated to complete the enrollment process (e.g., includes enrollments completed through the designated enrollment mechanisms.</p>
		<p>RSC-6e: Properly identifies and includes the Agent/Broker National Producer Number (NPN).</p>

RSC-6f: Properly identifies and includes the Agent/Broker Identification Number assigned by the plan. [Data element 12.2K]

RSC-6g: Properly identifies and includes the enrollment mechanism as Plan/Plan Representative Online; CMS Online Enrollment Center; Plan Call Center; 1-800-MEDICARE; Paper Application; Auto-Assigned/Facilitated; Other. [Data element 12.2L]

		<p>RSC-6h: Properly identifies and includes the beneficiary's enrollment application date.</p> <p>[Data element 12.2M]</p>
		<p>RSC-6i: Properly identifies and includes the beneficiary's enrollment effective date.</p> <p>[Data element 12.2N]</p>
		<p>RSC-6j: Excludes enrollment/renewal cancellations.</p> <p>[Data element 12.2A - 12.2P]</p>

		<p>RSC-6k: Includes Agent/Broker assisted enrollments that involve a beneficiary's change from one plan benefit package to another within the same contract. [Data element 12.2A - 12.2P]</p>
	RSC-7	<p>Organization accurately identifies complaints filed by the beneficiary with Gentran, including the following:</p>

		<p>RSC-7a: Properly calculates and includes the number of all Agent/Broker complaints received within the reporting period for each applicable beneficiary.</p>
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		<p>RSC-7b: Properly calculates and includes the number of all Agent/Broker complaints that are Marketing related.</p>
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		<p>[Data Element 12.2P]</p>
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		RSC-7c: The number of Marketing related complaints (Data Element P) is a subset of the number of Agent/Broker complaints filed by the beneficiary [Data Element 12.20-12.2P]
	3	Organization implements appropriate procedures for data submission
3. a.		Data elements are accurately entered into systems and entries match corresponding source
3.b		All source, intermediate, and final data to enter data into HPMS are accurate

4		Organization implements appropriate procedures for periodic data system enrollment, provider/pharmac
5		Organization implements appropriate procedures for archiving and recovery system (e.g., disaster recovery
6		If organization's data systems are changed during the reporting period (e.g., as a result of a system upgrade): Organization provides appropriate procedures for data system changes and, upon implementation, reports that adversely impacted data r

	7	If data collection and/or report delegated to another entity: O the quality and timeliness of t reported by the delegated ent contractor.
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Standard/Sub-standard	Data Sources and Review
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Description

Results: Enter review results and/or data sources

anization or licensed independent agents/brokers to conduct marketing for its Medicare p
neasure, and data validation is not required.

<p>A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.</p>	<p>Review Results:</p>
<p>Source documents and output are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via HPMS.</p>	<p>Review Results:</p>
<p>Source documents create all required data fields for reporting requirements.</p>	<p>Review Results:</p>

Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors).	Review Results:
All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient_ID, rather than Field1 and maintain the same field name across data sets).	Review Results:
Data file locations are referenced correctly.	Review Results:
If used, macros are properly documented.	Review Results:
Source documents are clearly and adequately documented.	Review Results:
Titles and footnotes on reports and tables are accurate.	Review Results:
Version control of source documents is appropriately applied.	Review Results:

<p>A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, if applicable, indicates that data elements for each measure are accurately identified, processed, and calculated.</p>	<p>Review Results:</p>
<p>The appropriate date range(s) for the reporting period(s) is captured.</p>	<p>Review Results:</p>
<p>Organization reports data based on the required reporting period of 1/1 through 12/31.</p>	
<p>Data are assigned at the applicable level (e.g., plan benefit package or contract level).</p>	<p>Review Results:</p>
<p>Organization properly assigns data to the applicable CMS contract.</p>	
<p>Appropriate deadlines are met for reporting data (e.g., quarterly).</p>	<p>Review Results:</p>

Organization meets deadline for reporting annual data to CMS by 2/28. [Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this measure, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section specific criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for rest of the reporting section-specific criteria for this data measure.]

Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.

Data Sources:

The number of expected counts (e.g., number of agents, complaints) are verified; ranges of calculations (e.g., derived data fields) are verified; missing data has been properly addressed; corresponding source documents (e.g., programming code, saved queries, analysis plans); data elements is appropriately applied; QA checks/thresholds are applied to detect outlier data submission.

Data Sources:

es and uploads into HPMS data for all Agents/Brokers during the reporting period, including the following criteria:

Data Sources:

Data Elements 12.1A -12.1R

Review Results:

Data Element 12.1.B

Review Results:

e states where the agents licensed in multiple [Data	Data Element 12.1A - 12.1R	Review Results:
d includes the Agent/Broker [Data	Data Element 12.1H	Review Results:

Data Element 12.1I	Review Results:	
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Data Element 12.1J	Review Results:	
Data Element 12.1K	Review Results:	
Data Element 12.1L	Review Results:	

Data Element 12.1O	Review Results:	
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Data Element 12.1P	Review Results:	
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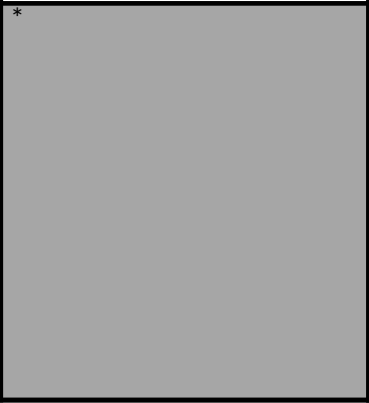
Data Element 12.1P

Review Results:

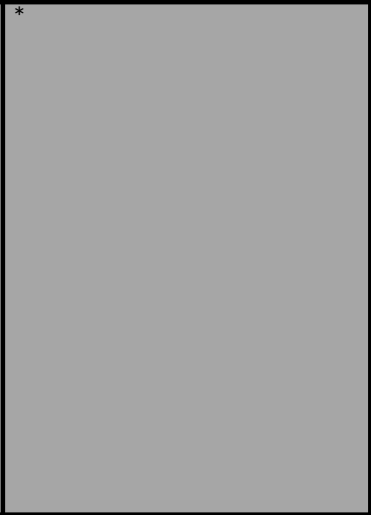
files and uploads into HPMS
records filed by the beneficiary,
:

Data Sources:

*



Data Element 12.1M	Review Results:	
Data Element 12.1N	Review Results:	

Data Element 12.1R	Review Results:	
files and uploads into Gentran during the reporting period for ciated, including the following	Data Sources:	* 

Data Element 12.2A-12.2P

Review Results:

Data Element 12.2A-12.2P

Review Results:

Data Element 12.2A- 12.2P	Review Results:	

Data Element 12.2A-	Review Results:	
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Data Element 12.2J	Review Results:	
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Data Element 12.2K

Review Results:

Data Element 12.2L

Review Results:

Data Element 12.2M	Review Results:	
Data Element 12.2N	Review Results:	
Data Element 12.2A-12.2P	Review Results:	

Data Element 12.2A-12.2P	Review Results:	
ifies data on Agent/Broker ciary and uploads it into ng criteria:	Data Sources:	*

Data Element 12.20-12.2P	Review Results:	
Data Element 12.20-12.2P	Review Results:	

Data Element 12.2O-12.2P

Review Results:

appropriate policies and
procedures, including the following:

Review Results:

Review Results:

entered/uploaded into CMS
corresponding source documents.

Review Results:

final stage data sets relied upon
are archived.

Review Results:

<p>appropriate policies and system updates (e.g., changes in policy status, claims adjustments).</p>	<p>Review Results:</p>	
<p>appropriate policies and restoring data in each data plan).</p>	<p>Review Results:</p>	
<p>underwent any changes during result of a merger, acquisition, provided documentation on the review, there were no issues reported.</p>	<p>Review Results:</p>	

ting for this data measure is
rganization regularly monitors
re data collected and/or
ity or first tier/ downstream

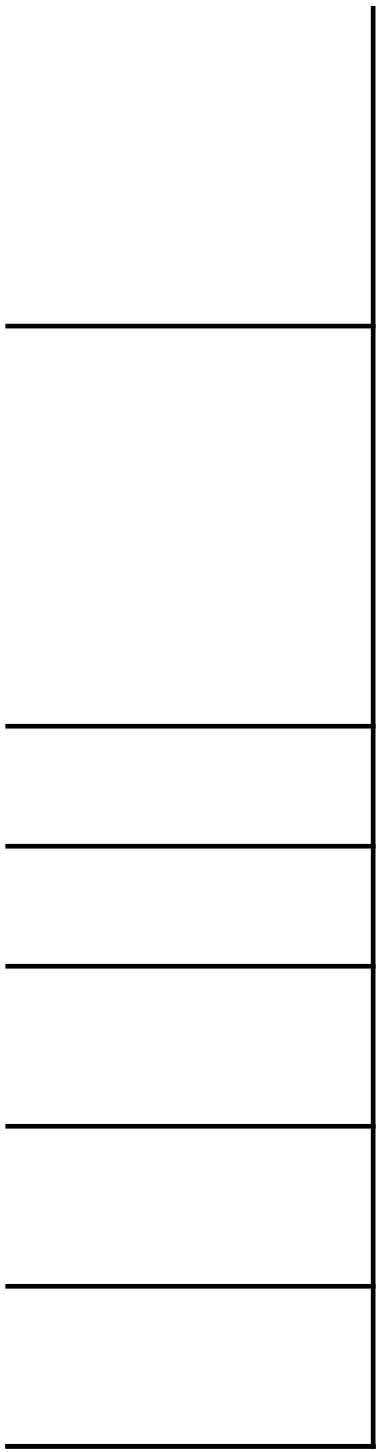
Review Results:

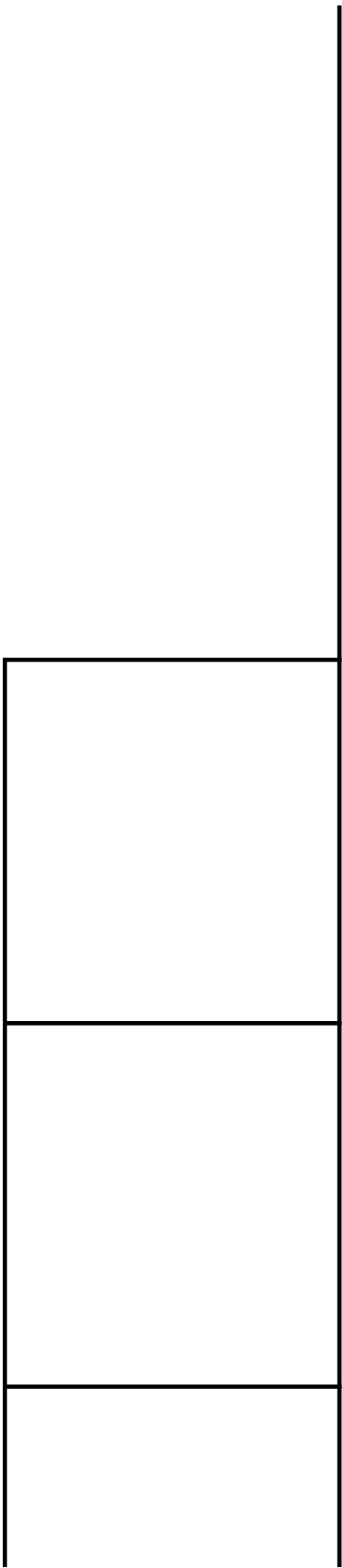
ting for this data measure is rganization regularly monitors re data collected and/or ity or first tier/ downstream	Review Results:	
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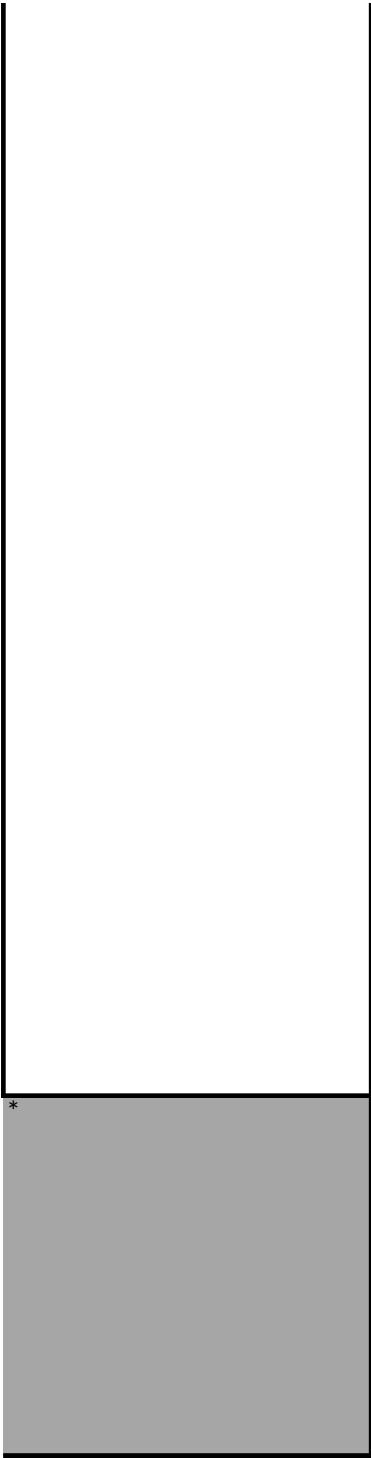
Findings: _____

Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.

products during the reporting

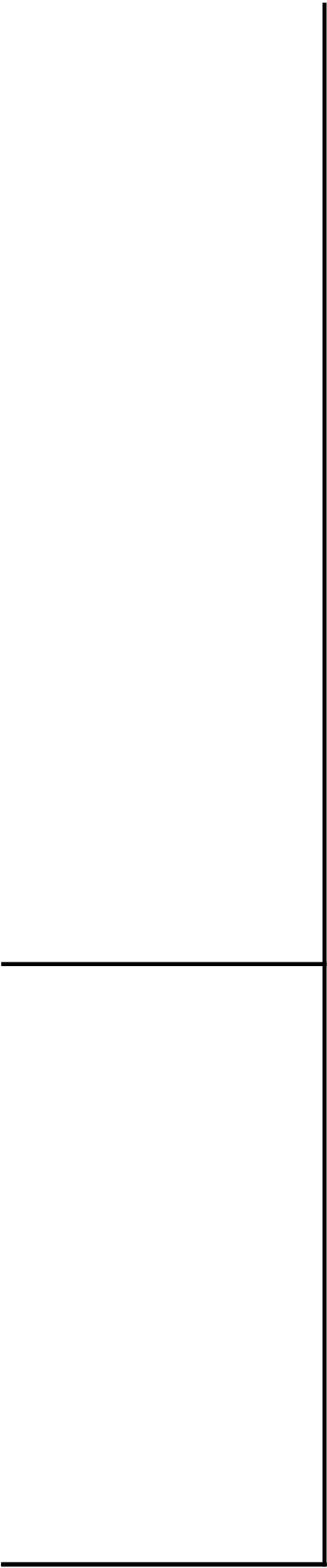


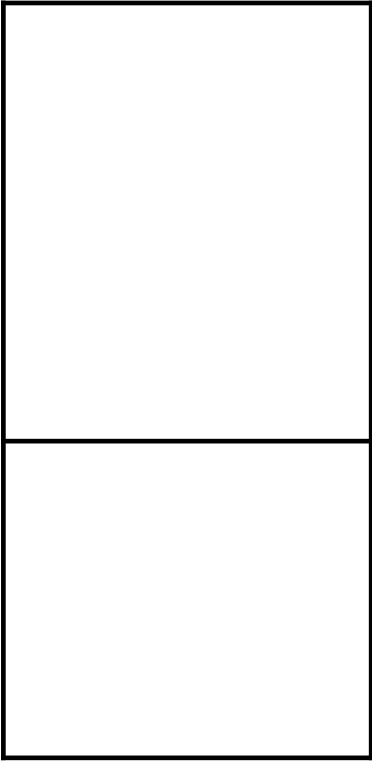




of data fields are verified; all
sed; reporting output matches
; version control of reported
r or erroneous data prior to







Organization Name:	<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p> <p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
Contract Number:	
Reporting Section: Medicat	
Last Updated: (MM/DD/YYYY)	
Date of Site Visit: (MM/DD/YYYY)	
Name of Reviewer: Last name, First name	
Name of Peer Reviewer: Last name, First name	

Standard/ Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description
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Note to reviewer: If the Part D sponsor has no MTM members, then it is not required to report section.

1		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.
1.a		Source documents are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via CMS systems.
1.b		Source documents create all required data fields for reporting requirements.

1.c		Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields, have appropriate data selection, etc.).
1.d		All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient_ID, rather than Field1 and maintain the same field name across data sets).
1.e		Data file locations are referenced correctly.
1.f		If used, macros are properly documented.
1.g		Source documents are clearly and adequately documented.
1.h		Titles and footnotes on reports and tables are accurate.
1.i		Version control of source documents is appropriately applied.

2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.
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2.a	RSC-1	The appropriate date range(s) for the reporting period(s) is captured. Organization reports data based on the required reporting period of 1/1 through 12/31.
2.b	RSC-2	Data are assigned at the applicable level (e.g., plan benefit package or contract level). Organization properly assigns data to the applicable CMS contract.
2.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly).

		<p>Organization meets deadline for reporting annual data to CMS by 2/28. [Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for the rest of the reporting section criteria for this reporting section.]</p>
2.d	RSC-4	<p>Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.</p>

		<p>Organization properly defines the MTM program services per CMS definitions, such as Comprehensive Medication Review (CMR) with written summary and Targeted Medication Review (TMR) in accordance with the annual MTM Program Guidance and Submission memo posted on the CMS MTM web page. This includes applying all relevant guidance properly when performing its calculations and categorizations.</p>
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2.e		<p>The number of expected claims, grievances, procedures are verified; all calculations missing data has been properly matches corresponding source code, saved queries, analysis data elements is appropriate applied to detect outlier or submission.</p> <p>Data Element B</p>
	RSC-5	Applicable Reporting Section

RSC-5: Organization accurat participation and uploads it criteria:

RSC-5a: Properly identifies and includes members who either met the specified targeting criteria per CMS Part D requirements or other expanded plan-specific targeting criteria at any time during the reporting period.

[Data Elements B-G, I-J]

RSC-5b: Includes the ingredient cost, dispensing fee, sales tax, and the vaccine administration fee (if applicable) when determining if the total annual cost of a member's covered Part D drugs is likely to equal or exceed the specified annual cost threshold for MTM program eligibility.

RSC-5c: Includes continuing MTM program members as well as members who were newly identified and auto-enrolled in the MTM program at any time during the reporting period.

RSC-5d: Includes and reports each targeted member once per contract year per contract file, based on the member's most current HICN.

		RSC-5e: Excludes members deceased prior to their MTM eligibility date.
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		<p>RSC-5f: Includes members who receive MTM services based on plan-specific MTM criteria defined by the plan.</p> <p>[Data Elements B-G, I-J]</p> <p>RSC-5g: Properly identifies and includes members' date of MTM program enrollment (i.e., date they were automatically enrolled) that occurs within the reporting period.</p> <p>RSC-5h: For those members who met the specified targeting criteria per CMS Part D requirements, properly identifies the date the member met the specified targeting criteria.</p>
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		<p>RSC-5i: Includes members who moved between contracts in each corresponding file uploaded to Gentran. Dates of enrollment, disenrollment elements, and other elements (e.g., TMR/CMR data) are specific to the activity that occurred for the member within each contract.</p>
		<p>RSC-5j: Counts each member who disenrolls from and re-enrolls in the same contract once.</p>
	<p>RSC-6</p>	<p>Organization accurately identifies MTM eligible who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into Gentran, including the following criteria:</p> <p>RSC-6a: Properly identifies and includes whether each member was cognitively impaired and reports this status as of the date of the CMR offer or delivery of CMR.</p>
	<p>RSC-7</p>	<p>RSC-7: Organization accurately identifies members who opted-out of enrollment in t Gentran, including the follow</p>

		<p>RSC-7a: Properly identifies and includes members' date of MTM program opt-out that occurs within the reporting period, but prior to 12/31.</p>
		<p>RSC-7b: Properly identifies and includes the reason participant opted-out of the MTM program for every applicable member with an opt-out date completed (death, disenrollment, request by member, other reason).</p>

		<p>RSC-7c: Excludes members who refuse or decline individual services without opting-out (disenrolling) from the MTM program.</p>
		<p>RSC-7d: Excludes members who disenroll from and re-enroll in the same contract if the gap of MTM program enrollment is equal to 60 days or less.</p>
	<p>RSC-8</p>	<p>RSC-8: Organization accurately uploads it into Gentran, including</p>

		<p>RSC-8a: Properly identifies and includes MTM program members who were offered a CMR per CMS Part D requirements during the reporting period.</p>
		<p>RSC-8b: Properly identifies and includes members' date of initial offer of a CMR that occurs within the reporting period.</p>
	RSC-9	<p>RSC-9 Organization accurately uploads it into Gentran, including</p>
		<p>RSC-9a: Properly identifies and includes the number of CMRs the member received, if applicable, with written summary in CMS standardized format.</p>

RSC-9b Properly identifies and includes the date(s) (up to five) the member received a CMR, if applicable. The date occurs within the reporting period, is completed for every member with a "Y" entered for Field Name "Received annual CMR with written summary in CMS standardized format," and if more than one comprehensive medication review occurred, includes the date of the first CMR, last CMR, and then other CMR dates based upon the significance of the CMR purpose or findings.

RSC-9c: Properly identifies and includes the method of delivery for the initial CMR received by the member; if more than one CMR is received, the method of delivery for only the initial CMR is reported. The method of delivery must be reported as one of the following: Face-to-Face, Telephone, Telehealth Consultation, or Other.

		<p>RSC-9d: Properly identifies and includes the qualified provider who performed the initial CMR; if more than one CMR is received, the qualified provider for only the initial CMR is reported. The qualified provider must be reported as one of the following: Physician, Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, Local Pharmacist, LTC Consultant Pharmacist, Plan Sponsor Pharmacist, Plan Benefit Manager (PBM) Pharmacist, MTM Vendor Local Pharmacist, MTM Vendor In-house Pharmacist, Hospital Pharmacist, Pharmacist - Other, or Other.</p>
		<p>RSC-9e: Properly identifies the recipient of the annual CMR; if more than one CMR is received, only the recipient of the initial CMR is reported. The recipient of the CMR interaction must be reported, not the recipient of the CMR documentation. The recipient must be reported as one of the following: Beneficiary, Beneficiary's Prescriber, Caregiver, or Other Authorized Individual.</p>

	RSC-10	<p>RSC-10: Organization accurately identifies drug therapy problem recommendations made to prescriber(s) as a result of MTM services within the reporting period for each applicable member, including the following criteria:</p> <p>RSC-10a: Properly identifies and includes all targeted medication reviews within the reporting period for each applicable member.</p> <p>RSC-10b: Properly identifies and includes the number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services within the reporting period for each applicable member, regardless of the success or result of the recommendations, and counts these recommendations based on the number of unique recommendations made to prescribers (e.g., the number is not equal to the total number of prescribers that received drug therapy problem recommendations from the organization). Organization counts each individual drug therapy problem identified per prescriber recommendation (e.g., if the organization sent a prescriber a fax identifying 3 drug therapy problems for a member, this is reported as 3 recommendations).</p>
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		<p>RSC-10c: Properly identifies and includes the number of drug therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM program services within the reporting period for each applicable member. For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous drug therapy. Examples include, but is not limited to Initiate drug, change drug (such as product in different therapeutic class, dose, dosage form, quantity, or interval), discontinue or substitute drug (such as discontinue drug, generic substitution, or formulary substitution), and Medication compliance/adherence .</p> <p>[<i>Note to reviewer:</i> If the resolution was observed in the calendar year after the current reporting period, but was the result of an MTM recommendation made within the current reporting period, the resolution may be reported for the current reporting period. However, this resolution cannot be</p>

		resolution cannot be reported again in the
	RSC-11	Organization accurately identifies the beneficiary during the CMR the following criteria:
		RSC-11a: Properly identifies and includes the topics discussed with the beneficiary during the CMR (up to 5), including the medication or care issue to be resolved or behavior to be encouraged. This includes descriptions of the topics listed on the beneficiary's written summary in CMS standardized format in the Medication Action Plan under "What we talked about." Topics should be reported in English. [Data Element X] can be reported in English as well as other languages.
	3	Organization implements patient submission, including the fo

3.a		Data elements are accurately systems and entries match c

3.b		All source, intermediate, and outputs relied upon to ente

4		Organization implements pc data system updates (e.g., c provider/pharmacy status, c
5		Organization implements pc and restoring data in each d plan).
6		If organization's data system reporting period (e.g., as a r upgrade): Organization prov system changes and, upon r adversely impacted data req

	7	If data collection and/or rep delegated to another entity, quality and timeliness of the the delegated entity or first
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Data Sources and Review Results: Enter review results and/or data sources	Findings: Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.
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rt this data and data validation is not required for this reporting

Data Sources:

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Review Results:

Review Results:

Review Results:

Review Results:

Review Results:

Review Results:

Review Results:

Review Results:

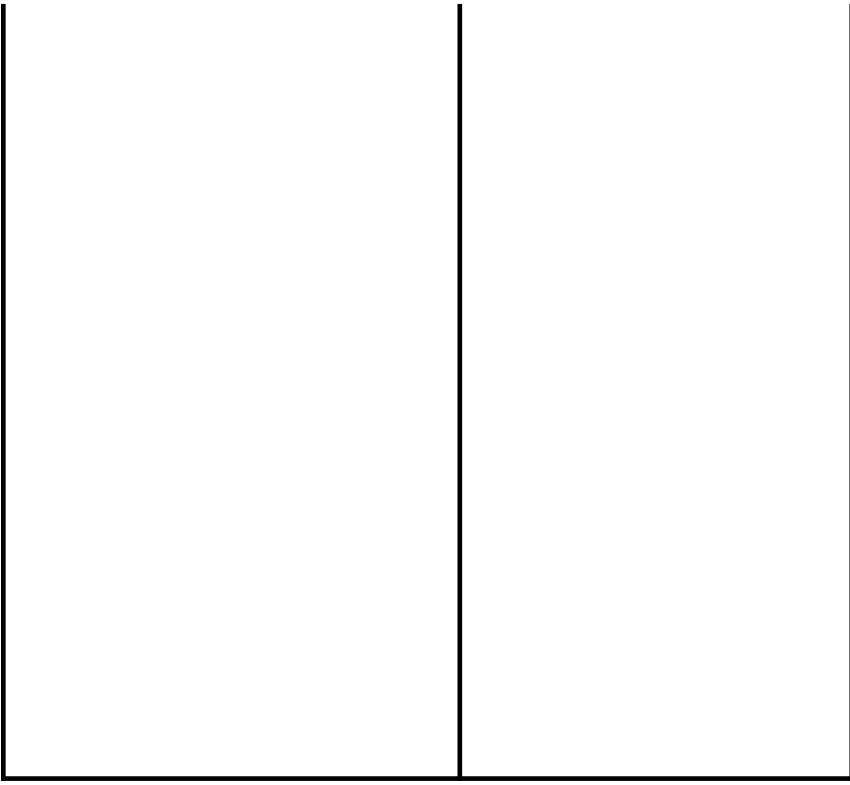
Review Results:

Data Sources:

*

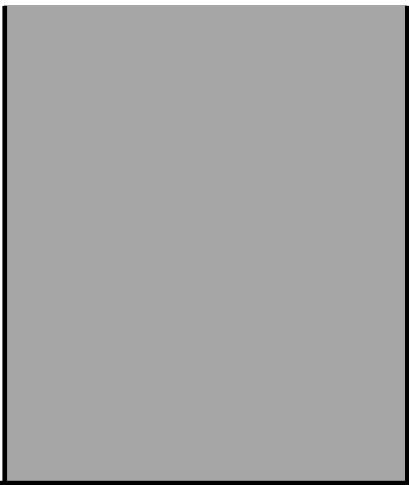
Review Results:	
Review Results:	
Review Results:	

Review Results:		



<p>units (e.g., number of members, res) are verified; ranges of data fields (e.g., derived data fields) are verified; early addressed; reporting output records documents (e.g., programming plans); version control of reported data is applied; QA checks/thresholds are applied to data prior to data</p>	<p>Data Sources:</p>	<p>*</p>
<p>Criteria:</p>	<p>Data Sources:</p>	<p>*</p>

ely identifies data on MTM program into Gentran, including the following



Data Elements B-G, I-J

Review Results:

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Data Element G	Review Results:	
Data Elements B-G, I-J	Review Results:	
Data Elements B-G, I-J	Review Results:	

Data Elements B-G, I-J

Review Results:

Data Elements B-G, I-J

Review Results:

Data Element I

Review Results:

Data Element J

Review Results:

Data Elements B-G, I-J

Review Results:

Data Elements B-G, I-J

Review Results:

Data Element H

Review Results:

ely identifies data on members who
the MTM program and uploads it into
wing criteria:

Data Sources:

Data Element K	Review Results:	
Data Element L	Review Results:	

Data Elements K, L	Review Results:	
Data Elements K, L	Review Results:	
ely identifies data on CMR offers and uding the following criteria:	Data Sources:	*

Data Element M

Review Results:

Data Element N

Review Results:

ely identifies data on CMR dates and
uding the following criteria:

Data Sources:

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Data Elements O,P

Review Results:

Data Element Q

Review Results:

Data Element R

Review Results:

Data Element S

Review Results:

Data Element T

Review Results:

Review Results:

itely identifies data on MTM drug ications and uploads it into Gentran, ria:	Data Sources:	*
Data Element U	Review Results:	
Data Element V	Review Results:	

Data Element W	Review Results:	
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ntifies topics discussed with the and uploads it into Gentran, including	Data Sources:	*
Data Element X	Review Results:	
olicies and procedures for data llowing:	Data Sources:	*

ly entered/uploaded into CMS
corresponding source documents.



Data Element B	Review Results:	
Data Element C	Review Results:	
Data Element D	Review Results:	

Data Element E	Review Results:	
Data Element F	Review Results:	
Data Element G	Review Results:	
Data Element H	Review Results:	
Data Element I	Review Results:	
Data Element J	Review Results:	
Data Element K	Review Results:	
Data Element L	Review Results:	
Data Element M	Review Results:	
Data Element N	Review Results:	
Data Element O	Review Results:	
Data Element P	Review Results:	
Data Element Q	Review Results:	
Data Element R	Review Results:	
Data Element S	Review Results:	
Data Element T	Review Results:	
Data Element U	Review Results:	
Data Element V	Review Results:	
Data Element W	Review Results:	
Data Element X	Review Results:	

d final stage data sets and other
r data into CMS systems are archived.

Review Results:	
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olicies and procedures for periodic
hanges in enrollment,
laims adjustments).

Data Sources:

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Review Results:

olicies and procedures for archiving
ata system (e.g., disaster recovery

Data Sources:

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Review Results:

ns underwent any changes during the
esult of a merger, acquisition, or
vided documentation on the data
eview, there were no issues that
orted.

Data Sources:

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Review Results:

Reporting for this reporting section is
: Organization regularly monitors the
e data collected and/or reported by
tier/ downstream contractor.

Review Results:

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<p>Organization Name:</p>	<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p> <p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
<p>Contract Number:</p>	
<p>Reporting Section: Grievances (Part D)</p>	
<p>Last Updated: (MM/DD/YYYY)</p>	
<p>Date of Site Visit: (MM/DD/YYYY)</p>	
<p>Name of Reviewer: Last name, First name</p>	
<p>Name of Peer Reviewer: Last name, First name</p>	

Standard/ Sub-standard ID	Reporting Section Criteria ID
<p>Note to reviewer: Aggregate all quarterly data before applying the threshold</p> <p>Note to reviewer: Do not apply the 90% threshold to individual grievance ca</p>	

1

1.a

1.b

1.c

1.d

1.e

1.f

1.g

1.h

1.i

2

2.a	RSC-1
2.b	RSC-2
2.c	RSC-3

2.d

RSC-4

2.e

RSC-5

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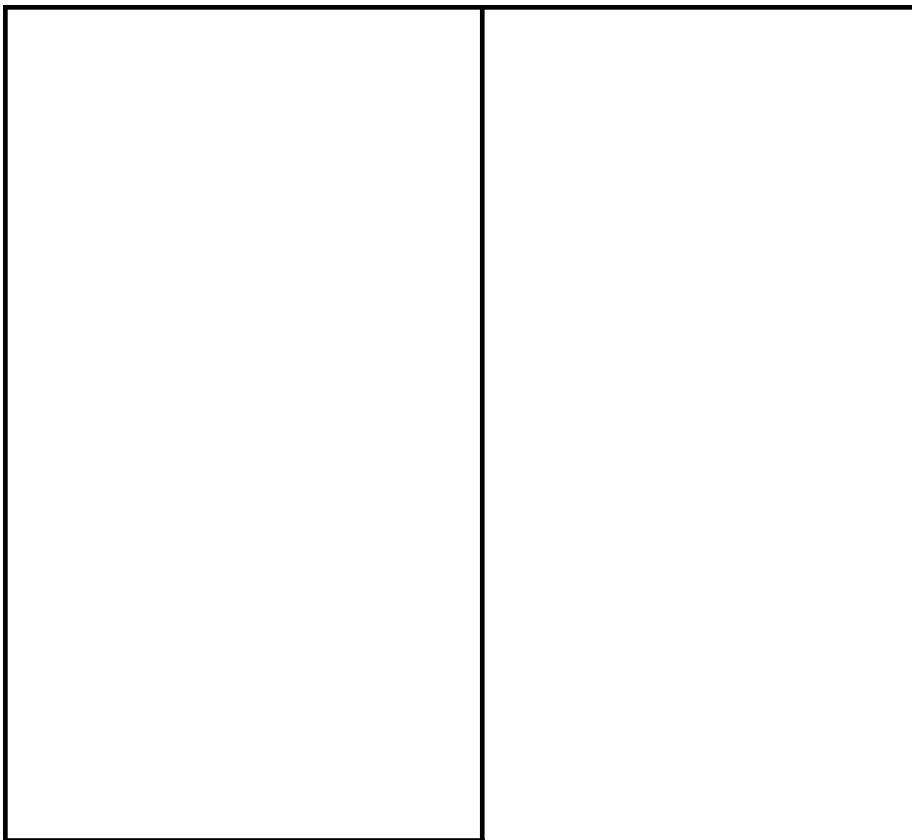
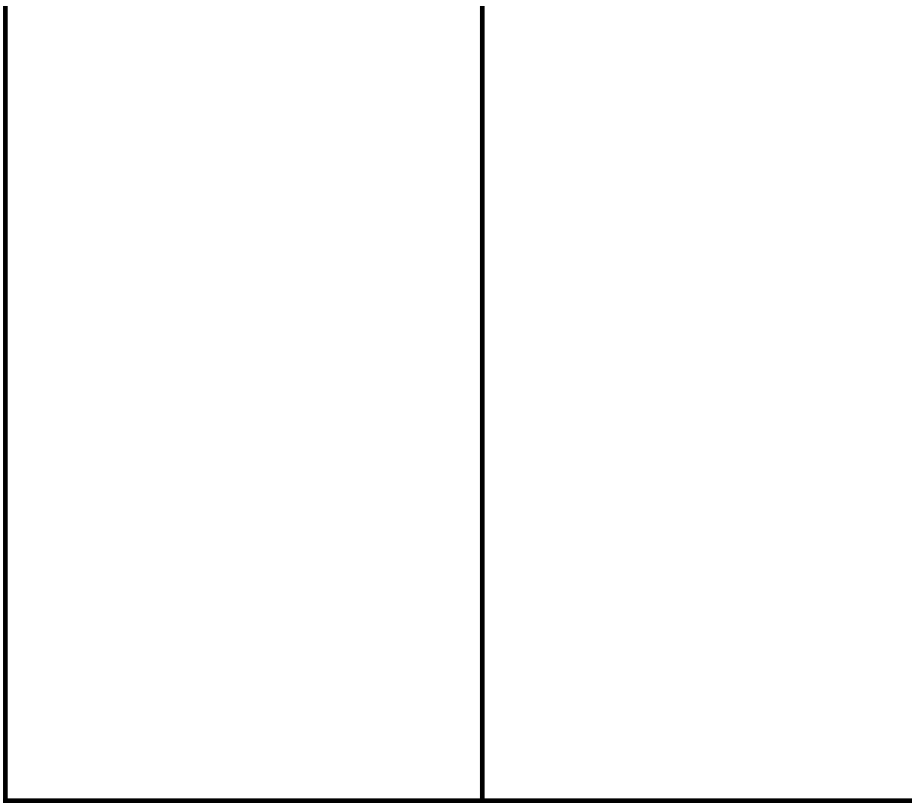
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	RSC-6

	RSC-7

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3.a

3.b

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Standard/Sub-standard Description		Data Sources and Review Results: Enter review results and/or data sources
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tegories; 100% correct records are required for individual grievance categories.



<p>A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.</p>		<p>Data Sources:</p>
<p>Source documents are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via CMS systems.</p>		<p>Review Results:</p>
<p>Source documents create all required data fields for reporting requirements.</p>		<p>Review Results:</p>
<p>Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields, have appropriate data selection, etc.).</p>		<p>Review Results:</p>
<p>All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient_ID, rather than Field1 and maintain the same field name across data sets).</p>		<p>Review Results:</p>
<p>Data file locations are referenced correctly.</p>		<p>Review Results:</p>
<p>If used, macros are properly documented.</p>		<p>Review Results:</p>
<p>Source documents are clearly and adequately documented.</p>		<p>Review Results:</p>
<p>Titles and footnotes on reports and tables are accurate.</p>		<p>Review Results:</p>
<p>Version control of source documents is appropriately applied.</p>		<p>Review Results:</p>
<p>A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.</p>		<p>Data Sources:</p>

The appropriate date range(s) for the reporting period(s) is captured.

Organization reports data based on the periods of 1/1 through 3/31, 4/1 through 6/30, 7/1 through 9/30, and 10/1 through 12/31.

Data are assigned at the applicable level (e.g., plan benefit package or contract level).

Organization properly assigns data to the applicable CMS contract.

Appropriate deadlines are met for reporting data (e.g., quarterly).

Organization meets deadlines for reporting data to CMS by 2/28.
[Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for the rest of the reporting section criteria for this reporting section.]

Review Results:

Data Sources:

Data Sources:

<p>Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.</p>		<p>Data Sources:</p>
<p>Organization properly defines the term "Grievance" in accordance with 42 CFR §423.564 and the Prescription Drug Benefit Manual Chapter 18, Sections 10 and 20. This includes applying all relevant guidance properly when performing its calculations and categorizations. Requests for coverage determinations, exceptions, or redeterminations are not categorized as grievances.</p>		<p>Review Results:</p>

<p>The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data has been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.</p>	<p>Data Element A</p>	
<p>RSC-5: Organization accurately calculates the total number of grievances, including the following criteria:</p> <p>Data Element B</p>		<p>RSC-5a: Includes all grievances with a date of decision that occurs during the reporting period, regardless of when the grievance was received or completed (i.e., organization notified member of its decision).</p> <p>Data Element B</p>

[Data Elements B-K]	Data Element C	
	Data Element D	

	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:

	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:
	Data Element T	Review Results:

	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:

RSC-5b: If a grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.	Data Element B	Review Results:
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[Data Elements B-W]	Data Element C	Review Results
	Data Element D	Review Results:

	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:

	Data Element J	Review Results:
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	Data Element K	Review Results:
	Data Element L	Review Results:
	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:

	Data Element S	Review Results:
	Data Element T	Review Results:
	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:

RSC-5c: If a member files a grievance and then files a subsequent grievance on the same issue prior to the organization's decision or deadline for decision notification (whichever is earlier), then the issue is counted as one grievance.	Data Element B	Review Results:
[Data Elements B-W]		

	Data Element C	Review Results:
	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:

	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:
	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:
	Data Element T	Review Results:
	Data Element U	Review Results:
<p>RSC-5d: If a member files a grievance and then files a subsequent grievance on the same issue after the organization's decision or deadline for decision notification (whichever is earlier), then the issue is counted as a separate grievance.</p> <p>[Data Elements B-W]</p>	Data Element V	Review Results:
	Data Element W	Review Results:
	Data Element B	Review Results:
	Data Element C	Review Results:
	Data Element D	Review Results:
	Data Element E	Review Results:

	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:

	Data Element M	Review Results:
	Data Element N	Review Results:

	Data Element O	Review Results:
	Data Element P	Review Results:

	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:
	Data Element T	Review Results:

	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:
RSC-5e: Includes all methods of grievance receipt (e.g., telephone, letter, fax, in-person). [Data Elements B-W]	Data Element B	Review Results:
	Data Element C	Review Results:
	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:
	Data Element M	Review Results:
	Data Element N	Review Results:

	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:

	Data Element T	Review Results:
	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:
RSC-5f: Includes all grievances regardless of who filed the grievance (e.g., member or appointed representative). [Data Elements B-W]	Data Element B	Review Results:
	Data Element C	Review Results:

	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:

	Data Element L	Review Results:
	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:

	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:

	Data Element T	Review Results:
	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:
RSC-5g: Excludes complaints received only by 1-800 Medicare or recorded only in the CMS Complaint Tracking Module (CTM); however, complaints filed separately as grievances with the organization are included.	Data Element B	Review Results:
[Data Elements B-W]	Data Element C	Review Results:

	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:

	Data Element K	Review Results:

	Data Element L	Review Results:
	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:
	Data Element T	Review Results:

	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:
RSC-5h: Excludes withdrawn Part D grievances. [Data Elements B-W]		Data Sources:
	Data Element B	Review Results:
	Data Element C	Review Results:
	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
		Data Element H
Data Element I		Review Results:
Data Element J		Review Results:
Data Element K		Review Results:
Data Element L		Review Results:
Data Element M		Review Results:
Data Element N		Review Results:

	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:

	Data Element T	Review Results:
	Data Element U	Review Results:
	Data Element V	Review Results:

	Data Element W	Review Results:
<p>RSC-5i: <i>For MA-PD contracts:</i> Includes only grievances that apply to the Part D benefit and were processed through the Part D grievance process. If a clear distinction cannot be made for an MA-PD, cases are calculated as Part C grievances.</p> <p>[Data Elements B-W].</p>		Data Sources:

	Data Element B	Review Results:
	Data Element C	Review Results:
	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:

	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:
	Data Element T	Review Results:
	Data Element U	Review Results:
	Data Element V	Review Results:
	Data Element W	Review Results:

<p>RSC-5j: Counts grievances for the contract to which the member belongs at the time the grievance is resolved, regardless of where the grievance originated (e.g., if a grievance is resolved within the reporting period for a member that has disenrolled from a plan and enrolled in a new plan, then the member's new plan should report the grievance regardless of where the grievance originated, if they actually resolve the grievance.)</p> <p>[Data Elements B-W]</p>	<p>Data Sources:</p>
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	Data Element B	Review Results:
	Data Element C	Review Results:

	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:
	Data Element M	Review Results:

	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:

	Data Element S	Review Results:
	Data Element T	Review Results:
	Data Element U	Review Results:
	Data Element V	Review Results:

	Data Element W	Review Results:
Organization accurately calculates the number of grievances by category, including the following criteria:		Data Sources:

RSC-6a: Properly sorts the total number of grievances by grievance category: Expedited; Enrollment/Disenrollment; Plan Benefit; Pharmacy Access; Marketing; Customer Service; Coverage Determination and Redetermination Process (e.g.; untimely coverage decisions); Quality of Care; CMS Issues (which includes grievances related to issues outside of the organization's direct control); and other grievances that do not properly fit into the other listed categories.	Data Element D	Review Results:
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[Data Elements D, F, H, J, L, N, P, R, T, V]	Data Element F	Review Results:
	Data Element H	Review Results:
	Data Element J	Review Results:
	Data Element L	Review Results:
	Data Element N	Review Results:
	Data Element P	Review Results:
	Data Element R	Review Results:
	Data Element T	Review Results:
	Data Element V	Review Results:

[Data Elements C, E, G, I, K, M, O, Q, S, U, W]	Data Element E	Review Results:
	Data Element G	Review Results:
	Data Element I	Review Results:
	Data Element K	Review Results:
	Data Element M	Review Results:
	Data Element O	Review Results:
	Data Element Q	Review Results:
	Data Element S	Review Results:
	Data Element U	Review Results:
	Data Element W	Review Results:
iii. For expedited grievances: no later than 24 hours after receipt of grievance.	Data Element C	Review Results:
[Data Elements C, E, G, I, K, M, O, Q, S, U, W]	Data Element E	Review Results:
	Data Element G	Review Results:
	Data Element I	Review Results:
	Data Element K	Review Results:
	Data Element M	Review Results:

	Data Element O	Review Results:
	Data Element Q	Review Results:
	Data Element S	Review Results:
	Data Element U	Review Results:
	Data Element W	Review Results:
RSC-7b: Each number calculated is a subset of the total number of grievances received for the applicable category.	Data Element C	Review Results:
[Data Elements C, E, G, I, K, M, O, Q, S, U, W]	Data Element E	Review Results:
	Data Element G	Review Results:
	Data Element I	Review Results:
	Data Element K	Review Results:
	Data Element M	Review Results:
	Data Element O	Review Results:
	Data Element Q	Review Results:
	Data Element S	Review Results:
	Data Element U	Review Results:
	Data Element W	Review Results:

<p>Organization implements policies and procedures for data submission, including the following:</p>	<p>Data Sources:</p>	
<p>Data elements are accurately entered/uploaded into CMS systems and entries match corresponding source documents.</p>	Data Element A	Review Results:
	Data Element B	Review Results:
	Data Element C	Review Results:
	Data Element D	Review Results:
	Data Element E	Review Results:
	Data Element F	Review Results:
	Data Element G	Review Results:
	Data Element H	Review Results:
	Data Element I	Review Results:
	Data Element J	Review Results:
	Data Element K	Review Results:
	Data Element L	Review Results:
	Data Element M	Review Results:
	Data Element N	Review Results:
	Data Element O	Review Results:
	Data Element P	Review Results:
	Data Element Q	Review Results:
	Data Element R	Review Results:
	Data Element S	Review Results:
	Data Element T	Review Results:
	Data Element U	Review Results:
	Data element V	Review Results:
Data Element W	Review Results:	
<p>All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.</p>	<p>Review Results:</p>	
<p>Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, claims adjustments).</p>	<p>Data Sources:</p>	
	<p>Review Results:</p>	

<p>Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).</p>	<p>Data Sources:</p>	
	<p>Review Results:</p>	
<p>If organization's data systems underwent any changes during the reporting period (e.g., as a result of a merger, acquisition, or upgrade): Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.</p>	<p>Data Sources:</p>	
	<p>Review Results:</p>	

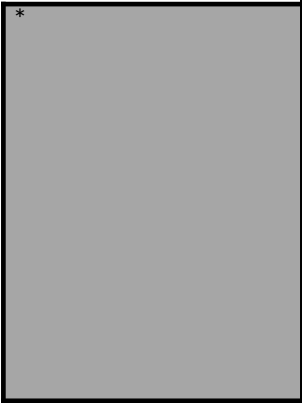
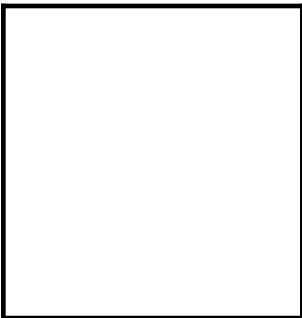
If data collection and/or reporting for this reporting section is delegated to another entity: Organization regularly monitors the quality and timeliness of the data collected and/or reported by the delegated entity or first tier/ downstream contractor.

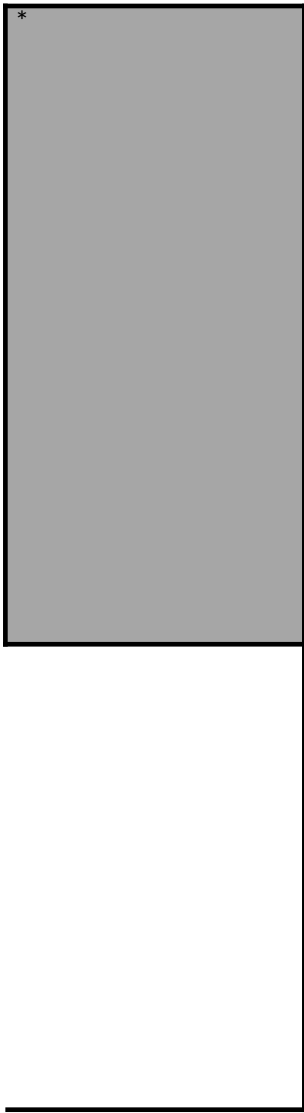
Data Sources:

Review Results:

Findings: Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.







Review Results:

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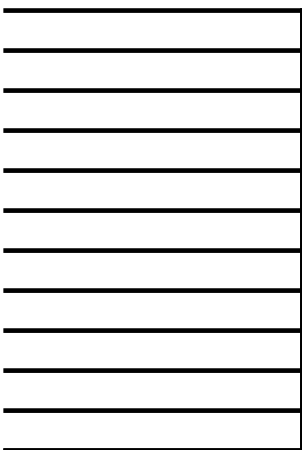
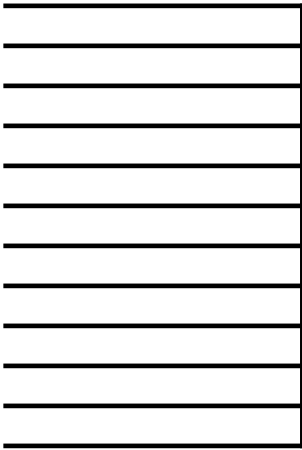
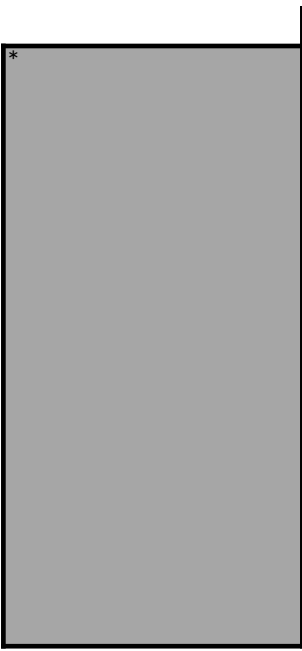
Data Sources:

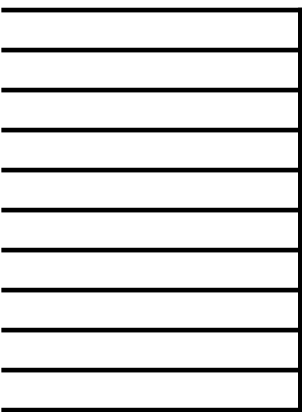
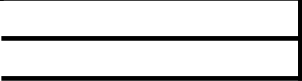
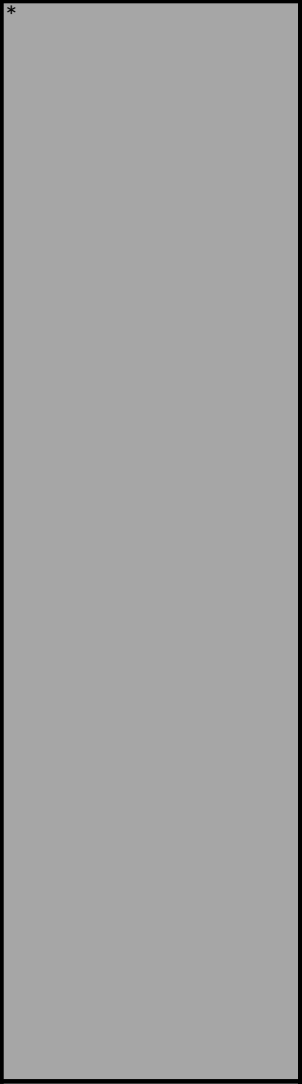
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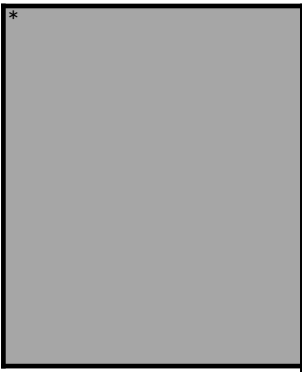
Review Results:

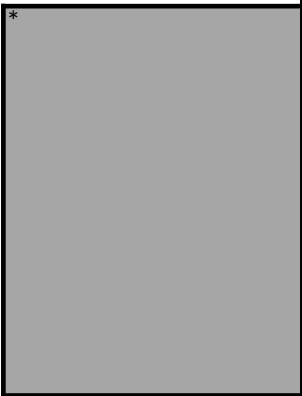
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<p>Organization Name:</p>	<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p>
<p>Contract Number:</p>	<p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
<p>Reporting Section: Coverage Determinations (Part D) 2014</p>	
<p>Last Updated: (MM/DD/YYYY)</p>	
<p>Date of Site Visit: (MM/DD/YYYY)</p>	
<p>Name of Reviewer: Last name, First name</p>	
<p>Name of Peer Reviewer: Last name, First name</p>	
<p>Name of Peer Reviewer: Last name, First name</p>	
<p>Standard/ Sub-standard ID</p>	<p>Reporting Section Criteria ID</p>

	1
1.a	
1.b	

1.c	
1.d	
1.e	
1.f	
1.g	
1.h	
1.i	
	2

2.a	
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RSC-1

2.b

RSC-2

2.c

RSC-3

2.d

RSC-4

2.e

RSC-5

RSC-6

	RSC-7

	RSC-8
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	RSC-9
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	RSC-10

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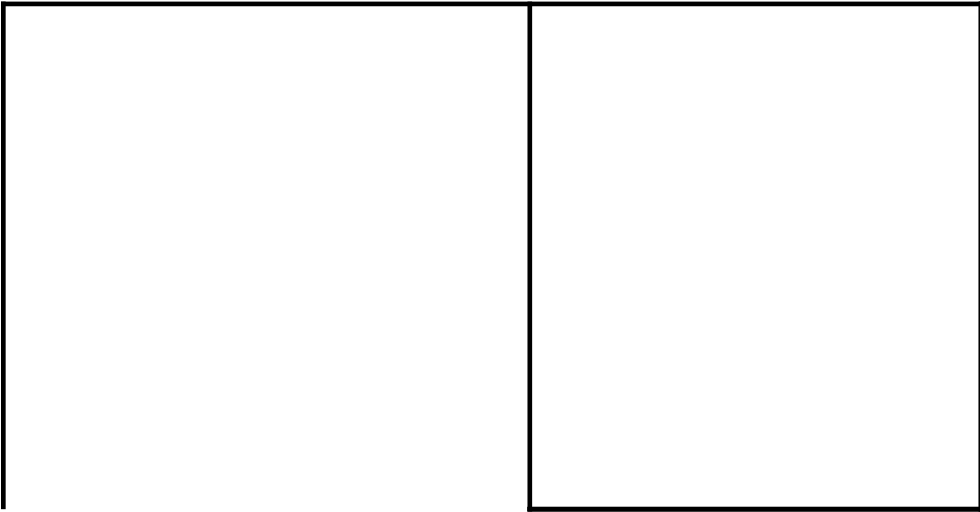
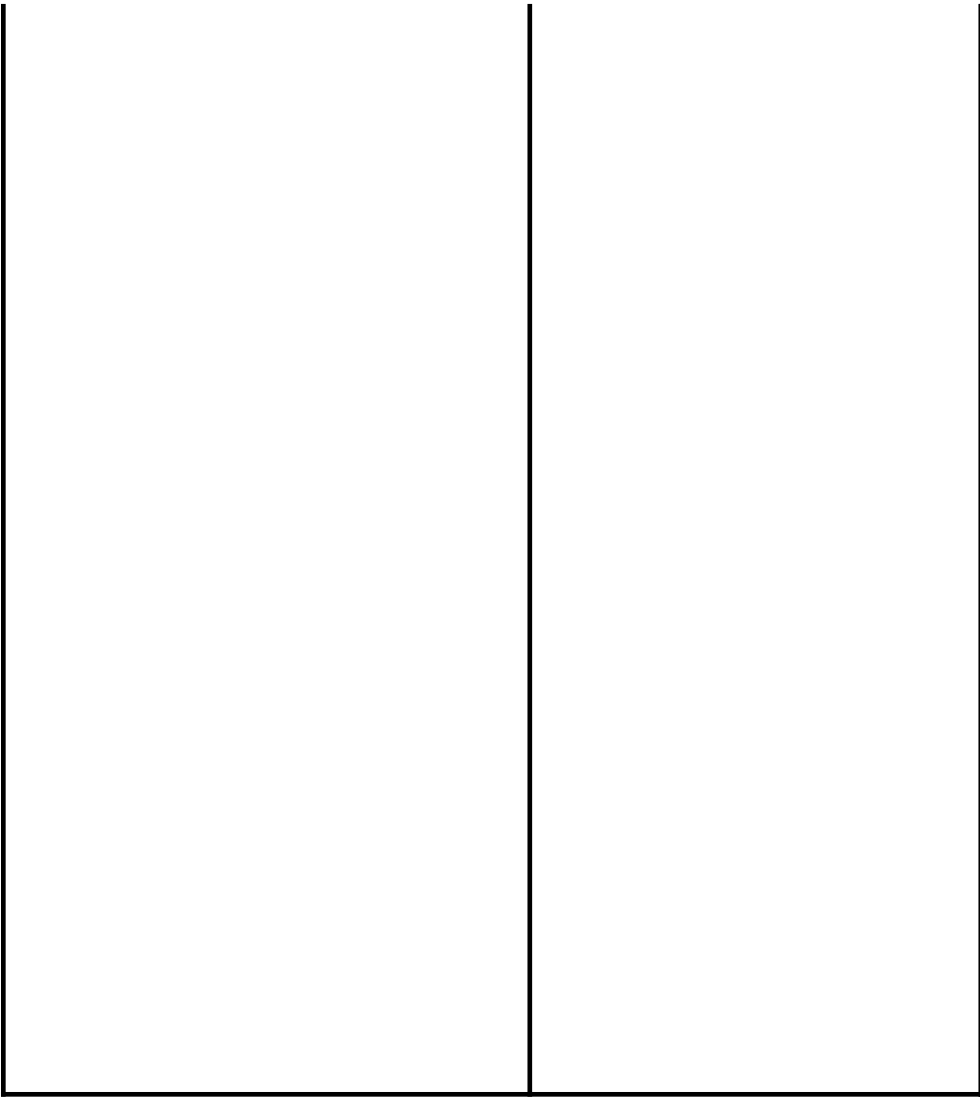
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RSC-11

	RSC-12

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RSC-13

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	RSC-14
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	RSC-15
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	RSC -16

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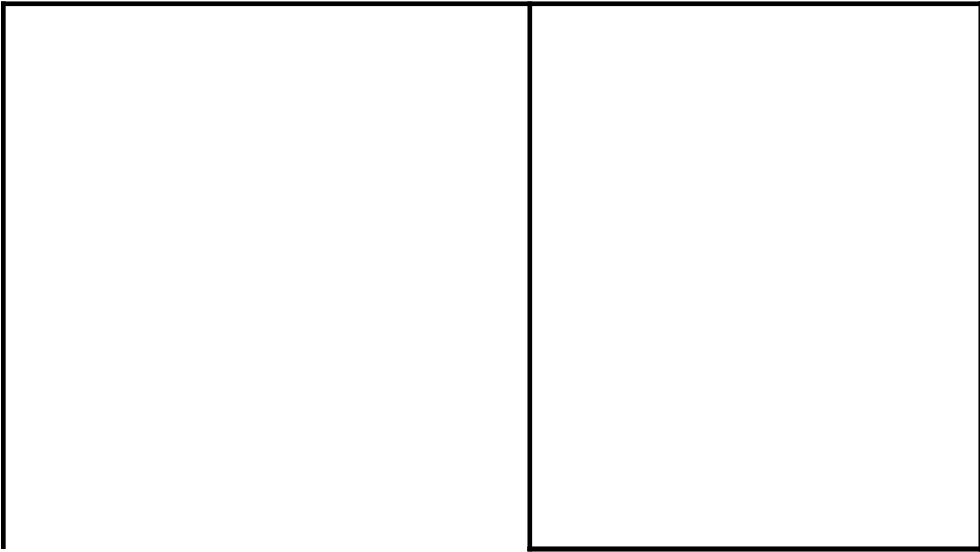
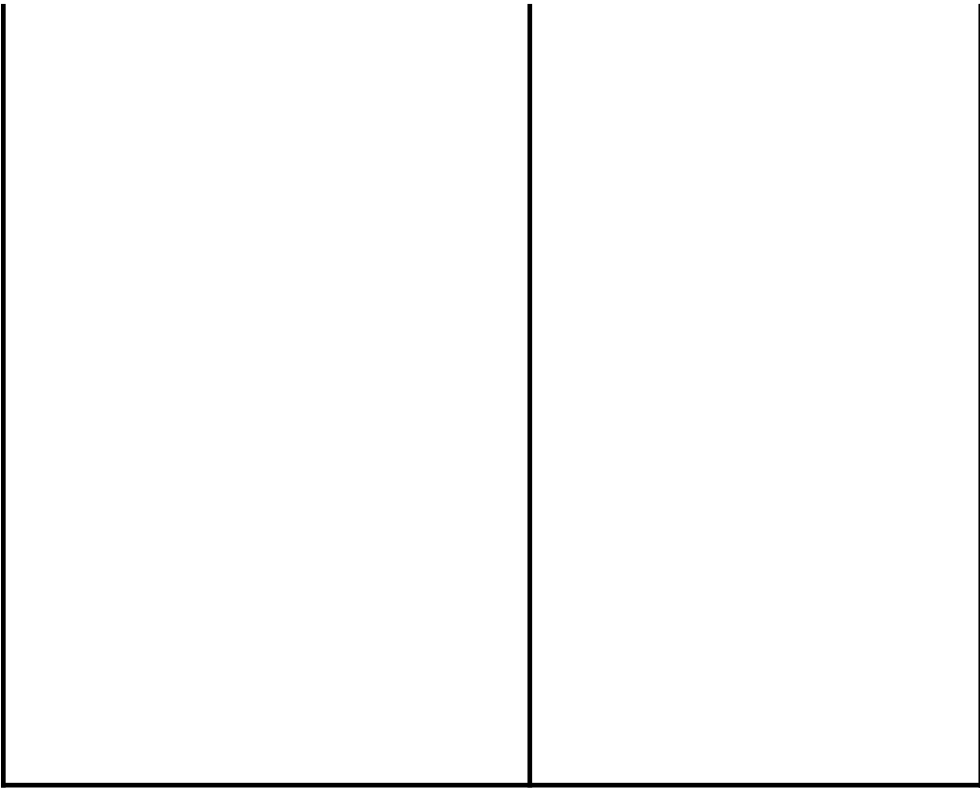
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	RSC-17

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	RSC-18



RSC -19

RSC-20

RSC-21

3

3.a

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3.b

4

5

6

	7	
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Standard/Sub-standard Description	Data Sources and Review Results: Enter review results and/or data sources.	Findings:

Select "Y" "N" or "N/A" G to be completed.

A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.

Data Sources:

Source documents are properly secured so that source documents can be retrieved at any time to validate the information submitted to CMS via CMS systems.

Review Results:

Source documents create all required data fields for reporting requirements.

Review Results:

Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields, have appropriate data selection, etc.).	Review Results:
All data fields have meaningful, consistent labels (e.g., label field for patient ID as Patient_ID, rather than Field1 and maintain the same field name across data sets).	Review Results:
Data file locations are referenced correctly.	Review Results:
If used, macros are properly documented.	Review Results:
Source documents are clearly and adequately documented.	Review Results:
Titles and footnotes on reports and tables are accurate.	Review Results:
Version control of source documents is appropriately applied.	Review Results:
A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.	Data Sources:

The appropriate date range(s) for the reporting period(s) is captured.	Review Results:	
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Organization reports data based on the required reporting periods 1/1 through 3/31, 4/1 through 6/30, 7/1 through 9/30, and 10/1 through 12/31.

Data are assigned at the applicable level (e.g., plan benefit package or contract level).

Organization properly assigns data to the applicable CMS contract.

Appropriate deadlines are met for reporting data (e.g., quarterly).

Organization meets deadlines for reporting data to CMS by 2/28. [Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for the rest of the reporting section criteria for this reporting section.]

Review Results:

Review Results:

<p>Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.</p>	<p>Review Results:</p>
<p>Organization properly determines whether a request is subject to the coverage determinations or the exceptions process in accordance with 42 CFR §423.566, §423.578, and the Prescription Drug Benefit Manual Chapter 18, Sections 10 and 30. This includes applying all relevant guidance properly when performing its calculations and categorizations for the above-mentioned regulations in addition to 42 CFR §423.568, §423.570, §423.572, §423.576 and the Prescription Drug Benefit Manual Chapter 18, Sections 40, 50, and 130. Organization properly defines the term “Redetermination” in accordance with Title 42, Part 423, Subpart M §423.560, §423.580, §423.582, §423.584, and §423.590 and the Prescription Drug Benefit Manual Chapter 18, Section 10, 70, and 130. This includes applying all relevant guidance properly when performing its calculations and categorizations.</p>	

The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data has been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.

Data Sources:

Data Sources:

Applicable Reporting Section Criteria:

RSC-5: Organization accurately calculates the number of pharmacy transactions, including the following criteria:

<p>RSC-5a: Includes pharmacy transactions for Part D drugs with a fill date (not batch date) that falls within the reporting period.</p> <p>[Data Element 1.A]</p>	<p>Data Element 1.A</p>	<p>Review Results:</p>
<p>RSC-5b: Includes transactions with a final disposition of reversed.</p> <p>[Data Element 1.A]</p>	<p>Data Element 1.A</p>	<p>Review Results:</p>
<p>RSC-5c: Excludes pharmacy transactions for drugs assigned to an excluded drug category.</p> <p>[Data Element 1.A]</p>	<p>Data Element 1.A</p>	<p>Review Results:</p>
<p>RSC-5d: If a prescription drug claim contains multiple transactions, each transaction is calculated as a separate pharmacy transaction.</p> <p>[Data Element 1.A]</p>	<p>Data Element 1.A</p>	<p>Review Results:</p>
<p>RSC-6: Organization accurately calculates the number of pharmacy transactions rejected due to formulary restrictions, including the following criteria:</p>		<p>Data Sources:</p>
<p>RSC-6a: Excludes rejections due to early refill requests. [Data Element 1.B]</p>	<p>Data Element 1.B</p>	<p>Review Results:</p>

<p>RSC-6b: If a prescription drug claim contains multiple rejections, each rejection is calculated as a separate pharmacy transaction.</p> <p>[Data Element 1.B]</p>	Data Element 1.B	Review Results:
<p>RSC-6c: Number calculated for Data Element B is a subset of the number of pharmacy transactions calculated for Data Element A.</p> <p>[Data Element 1.B]</p>	Data Element 1.B	Review Results:
<p>RSC-7: Organization accurately calculates the number of pharmacy transactions rejected due to prior authorization (PA) requirements, including the following criteria:</p>		Data Sources:
<p>RSC-7a: Excludes rejections due to early refill requests.</p> <p>[Data Element 1.C]</p>	Data Element 1.C	Review Results:
<p>RSC-7b: If a prescription drug claim contains multiple rejections, each rejection is calculated as a separate pharmacy transaction.</p> <p>[Data Element 1.C]</p>	Data Element 1.C	Review Results:
<p>RSC-7c: Number calculated for Data Element D is a subset of the number of pharmacy transactions calculated for Data Element A.</p> <p>[Data Element 1.C]</p>	Data Element 1.C	Review Results:

<p>RSC-8: Organization accurately calculates the number of pharmacy transactions rejected due to step therapy requirements, including the following criteria:</p>	<p>Data Sources:</p>	
<p>RSC-8a: Excludes rejections due to early refill requests. [Data Element 1.D]</p>	<p>Data Element 1.D</p>	<p>Review Results:</p>
<p>RSC-8b: If a prescription drug claim contains multiple rejections, each rejection is calculated as a separate pharmacy transaction. [Data Element 1.D]</p>	<p>Data Element 1.D</p>	<p>Review Results:</p>
<p>RSC-8c: Number calculated for Data Element D is a subset of the number of pharmacy transactions calculated for Data Element A. [Data Element 1.D]</p>	<p>Data Element 1.D</p>	<p>Review Results:</p>

<p>RSC-9: Organization accurately calculates the number of pharmacy transactions rejected due to quantity limits (QL) requirements, including the following criteria:</p>		
<p>RSC-9a: Excludes rejections due to safety edits and early refill requests. [Data Element 1.E]</p>	<p>Data Element 1.E</p>	

RSC-9b: Includes all types of QL rejects, including but not limited to claim rejections due to quantity limits or time rejections (e.g., a claim is submitted for 20 tablets/10 days, but is only approved for 10 tablets/5 days).

Data Element 1.E	
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[Data Element 1.E]

RSC-9c: If a prescription drug claim contains multiple rejections, each rejection is calculated as a separate pharmacy transaction.

Data Element 1.E	
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[Data Element 1.E]

RSC-9d: Number calculated for Data Element E is a subset of the number of pharmacy transactions calculated for Data Element A.

Data Element 1.E	
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[Data Element 1.E]

RSC-10: Organization accurately reports data on high cost edits, including the following criteria:

RSC-10a: Indicates whether or not high cost edits for compounds were in place during the reporting period.

Data Element 1.F	
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[Data Elements 1.F - 1.K]

	Data Element 1.G	Review Results:
	Data Element 1.H	Review Results:
	Data Element 1.I	Review Results:
	Data Element 1.J	Review Results:

	Data Element 1.K	Review Results:
RSC-10b: If high cost edits for compounds were in place during the reporting period, reports the cost threshold used. [Data Elements 1.F - 1.K]	Data Element 1.F	Review Results:
	Data Element 1.G	Review Results:
	Data Element 1.H	Review Results:
	Data Element 1.I	Review Results:
	Data Element 1.J	Review Results:
	Data Element 1.K	Review Results:

RSC-10c: Indicates whether or not high cost edits for non-compounds were in place during the reporting period. [Data Elements 1.F - 1.K]	Data Element 1.F	Review Results:
	Data Element 1.G	Review Results:
	Data Element 1.H	Review Results:
	Data Element 1.I	Review Results:
	Data Element 1.J	Review Results:
	Data Element 1.K	Review Results:

RSC-10d: If high cost edits for non-compounds were in place during the reporting period, reports the cost threshold used.

[Data Elements 1.F - 1.K]

Data Element 1.F	Review Results:
Data Element 1.G	Review Results:
Data Element 1.H	Review Results:

	Data Element 1.I	Review Results:
	Data Element 1.J	Review Results:
	Data Element 1.K	Review Results:

RSC-10e: Includes the number of claims rejected due to high cost edits for compounds.

[Data Elements 1.F - 1.K]

Data Element 1.F	Review Results:
Data Element 1.G	Review Results:
Data Element 1.H	Review Results:
Data Element 1.I	Review Results:
Data Element 1.J	Review Results:
Data Element 1.K	Review Results:

<p>RSC-10f: Includes the number of claims rejected due to high cost edits for non-compounds.</p> <p>[Data Elements 1.F - 1.K]</p>	Data Element 1.F	Review Results:
	Data Element 1.G	Review Results:
	Data Element 1.H	Review Results:
	Data Element 1.I	Review Results:
	Data Element 1.J	Review Results:
	Data Element 1.K	Review Results:
<p>RSC-10g: If a prescription drug claim contains multiple rejections, each rejection is calculated as a separate pharmacy transaction.</p> <p>[Data Elements 1.F - 1.K]</p>	Data Element 1.F	Review Results:
	Data Element 1.G	Review Results:
	Data Element 1.H	Review Results:

	Data Element 1.I	Review Results:
	Data Element 1.J	Review Results:
	Data Element 1.K	Review Results:

<p>RSC-11: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:</p>	<p>Data Sources:</p>
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<p>RSC-11a: Includes all coverage determinations (including exceptions) with a date of decision that occurs during the reporting period, regardless of when the request for coverage determination was received.</p> <p>[Data Elements 1.L]</p>	<p>Data Element 1.L</p>	<p>Review Results:</p>
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<p>RSC-11b: Includes all methods of receipt (e.g., telephone, letter, fax, in-person).</p> <p>[Data Elements</p>	<p>Data Element 1.L</p>	<p>Review Results:</p>
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<p>RSC-11c: Includes all coverage determinations (including exceptions) regardless of who filed the request (e.g., member, appointed representative, or prescribing physician).</p> <p>[Data Elements 1.L]</p>	<p>Data Element 1.L</p>	<p>Review Results:</p>
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<p>RSC-11d: Includes coverage determinations (including exceptions) from delegated entities.</p> <p>[Data Elements 1.L]</p>	<p>Data Element 1.L</p>	<p>Review Results:</p>
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<p>RSC-11e: Includes both standard and expedited coverage determinations (including exceptions).</p> <p>[Data Elements 1.L]</p>	<p>Data Element 1.L</p>	<p>Review Results:</p>
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<p>RSC-11f: Excludes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.</p> <p>[Data Elements 1.L]</p>	Data Element 1.L	Review Results:
<p>RSC-11g: Includes all coverage determination decisions that relate to Part B versus Part D coverage (drugs covered under Part B are considered denials under Part D).</p> <p>[Data Elements 1.L]</p>	Data Element 1.L	Review Results:
<p>RSC-11h: Includes coverage determinations (including exceptions) regarding drugs assigned to an excluded drug category.</p> <p>[Data Elements 1.L]</p>	Data Element 1.L	Review Results:
<p>RSC-11i: Excludes members who have UM requirements waived based on an exception decision made in a previous plan year or reporting period.</p> <p>[Data Elements 1.L]</p>	Data Element 1.L	Review Results:
<p>RSC-12: Organization accurately calculates the total number of exceptions decisions made in the reporting period, including the following criteria:</p>		Data Sources:

<p>RSC-12a. Includes all decisions made (fully favorable, partially favorable, and adverse) with a date of decision that occurs during the reporting period, regardless of when the exception decision was received.</p> <p>[Data Element 1.M]</p>	Data Element 1.M	Review Results:
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RSC-12b: Includes all methods of receipt (e.g., telephone, letter, fax, in person). [Data Element 1.L]	Data Element 1.L	Review Results:
RSC-12c: Includes PA requests that were forwarded to the Independent Review Entity (IRE) because the organization failed to make a timely decision. [Data Element 1.M]	Data Element 1.M	Review Results:
RSC-12d: Includes requests for exceptions from delegated entities. [Data Element 1.M]	Data Element 1.M	Review Results:
RSC-12e: Includes both standard and expedited exceptions. [Data Element 1.M]	Data Element 1.M	Review Results:
RSC-12f: Excludes requests for exceptions that are withdrawn or dismissed. [Data Element 1.M]	Data Element 1.M	Review Results:
RSC-12g: Excludes requests for exceptions regarding drugs assigned to an excluded drug category. [Data Element 1.M]	Data Element 1.M	Review Results:

RSC-12h: Excludes members who have UM requirements waived based on an exception decision made in a previous plan year or reporting period. [Data Element 1.M]	Data Element 1.M	Review Results:
RSC-12i: Number calculated for exceptions decisions made (Data Element 1.M) is a subset of the number of coverage determinations decisions made (Data Element 1.L) [Data Element 1.M]	Data Element 1.M	Review Results:

<p>RSC- 13: Organization accurately calculates the number of coverage determinations decisions for which it provided a timely notification of the decision, including the following criteria:</p>	<p>Data Sources:</p>	
<p>RSC- 13a: Includes only coverage determinations (including exceptions) for which the member is notified of the decision according to the following timelines: [Data Element 1.N]</p>		
<p>i. For standard coverage determinations: as expeditiously as the enrollee’s health condition requires, but no later than 72 hours after receipt of the request</p>	<p>Data Element 1.N</p>	<p>Review Results:</p>
<p>ii. For expedited coverage determinations: as expeditiously as the enrollee’s health condition requires, but no later than 24 hours after receipt of the request</p>	<p>Data Element 1.N]</p>	<p>Review Results:</p>

RSC-13d: Number calculated for coverage determinations decisions processed timely (Data Element 1.N) is a subset of the number of coverage determinations decisions made (Data Element 1.L). [Data Element 1.N]	Data Element 1.N	Review Results:
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RSC-14: Organization accurately calculates the number of coverage determinations decisions made by final decision, including the following criteria:		Data Sources:
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RSC-14a: Properly categorizes the number of coverage determinations (including exceptions) by final decision: fully favorable, partially favorable, or adverse.	Data Element 1.O	Review Results:
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[Data Element 1.O - 1.Q]	Data Element 1.P	Review Results:
	Data Element 1.Q	Review Results:

RSC-14b: Excludes coverage determinations decisions made by the IRE. [Data Element 1.O - 1.Q]	Data Element 1.O	Review Results:
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	Data Element 1.P	Review Results:
	Data Element 1.Q	Review Results:

RSC 14c: Each number calculated for coverage determinations decisions that were fully favorable (Data Element 1.O), coverage determinations decisions that were partially favorable (Data Element 1.P), and coverage determinations decisions made that were adverse (Data Element 1.Q) is a subset of the number of coverage determinations decisions made. (Data Element 1.L)	Data Element 1.O	Review Results:
	Data Element 1.P	Review Results:
[Data Element 1.O - 1.Q]	Data Element 1.Q	Review Results:

RSC-15: Organization accurately calculates the number of coverage determinations that were withdrawn or dismissed, including the following criteria:		Data Sources:
RSC-15a: Includes all withdrawals and dismissals on requests for coverage determinations (including exceptions).	Data Element 1.R	Review Results:
[Data Element 1.R - 1.S]	Data Element 1.S	Review Results:
RSC-15b: Excludes withdrawals and dismissals input by the IRE.	Data Element 1.R	Review Results:
[Data Element 1.R - 1.S]	Data Element 1.S	Review Results:

RSC-15c: Each number calculated for coverage determinations that were withdrawn (Data Element 1.R) and coverage determinations that were dismissed (Data Element 1.S) is a subset of the number of coverage determinations decisions made (Data Element 1.L).

Data Element 1.R

Review Results:

[Data Element 1.R - 1.S]

Data Element 1.S

Review Results:

RSC-16: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:

Data Sources:

<p>RSC-16a: Includes all redetermination decisions for Part D drugs with a date of final decision that occurs during the reporting period, regardless of when the request for redetermination was received or when the member was notified of the decision. [Data Element 2.A]</p>	<p>Data Element 2.A</p>	<p>Review Results:</p>
<p>RSC-16b: Includes all redetermination decisions, including fully favorable, partially favorable, and unfavorable decisions.</p> <p>[Data Element 2.A]</p>	<p>Data Element 2.A</p>	<p>Review Results:</p>
<p>RSC-16c: Includes redetermination requests that were forwarded to the IRE because the organization failed to make a timely decision.</p> <p>[Data Element 2.A]</p>	<p>Data Element 2.A</p>	<p>Review Results:</p>
<p>RSC-16d: Includes both standard and expedited redeterminations.</p> <p>[Data Element 2.A]</p>	<p>Data Element 2.A</p>	<p>Review Results:</p>

RSC-16e: Includes all methods of receipt (e.g., telephone, letter, fax, in-person).	Data Element 2.A	Review Results:
[Data Element 2.A]		
RSC-16f: Includes all redeterminations regardless of who filed the request (e.g., member, appointed representative, or prescribing physician).	Data Element 2.A	Review Results:
[Data Element 2.A]		

RSC-16g: Includes all redetermination decisions that relate to Part B versus Part D coverage (drugs covered under Part B are considered denials under Part D).	Data Element 2.A	Review Results:
[Data Element 2.A]		
RSC-16h: If a redetermination request contains multiple distinct disputes (i.e., multiple drugs), each dispute is calculated as a separate redetermination.	Data Element 2.A	Review Results:
[Data Element 2.A]		

RSC-16i: Excludes dismissals and withdrawals. [Data Element 2.A]	Data Element 2.A	Review Results:
RSC-16j: Excludes IRE decisions, as they are considered to be the second level of appeal. [Data Element 2.A]	Data Element 2.A	Review Results:
RSC-16k: Excludes redeterminations regarding excluded drugs. [Data Element 2.A]	Data Element 2.A	Review Results:
RSC-16l: Limits reporting to just the redetermination level. [Data Element 2.A]	Data Element 2.A	Review Results:
RSC-17: Organization accurately calculates the number of redeterminations for which the Part D sponsor processed timely, including the following criteria:		Data Sources:

RSC-17a: Includes only redeterminations for which the member is notified of the decision according to the following timelines: [Data Element 2.B]		Data Sources:
i. For standard redeterminations: no later than 7 calendar days after receipt of the request.	Data Element 2.B	Review Results:
ii. For expedited redeterminations: no later than 72 hours after receipt of the request.	Data Element 2.B	Review Results:

<p>RSC-17b: Excludes approvals in which the sponsor did not authorize or provide the benefit or payment under dispute according to the following timelines:</p> <p>[Data Element 2.B]</p>	Data Element 2.B	Review Results:
<p>i. For standard redeterminations: no later than 7 calendar days after receipt of the request.</p> <p>ii. For expedited redeterminations: no later than 72 hours after receipt of the request.</p>	Data Element 2.B	Review Results:
<p>RSC-17c: Excludes redeterminations that were forwarded to the IRE because the organization failed to make a timely decision.</p> <p>[Data Element 2.B]</p>	Data Element 2.B	Review Results:

<p>RSC-17d: The number calculated for redeterminations decisions processed timely (Data Element 2.B) is a subset of the total number of redeterminations decisions made (Data Element 2.A).</p>	Data Element 2.B	Review Results:
<p>RSC-18: Organization accurately calculates the number of redeterminations by final decision, including the following criteria:</p> <p>Data Element 2.B</p>	Data Sources:	

RSC-18a: Properly categorizes the total number of redeterminations by final decision: fully favorable (e.g., fully favorable decision reversing the original coverage determination, partially favorable (e.g., denial with a “part” that has been approved) and adverse (e.g., the original coverage determination decision was upheld).	Data Element 2.C	Review Results:
[Data Element 2.C - 2.E]	Data Element 2.D	Review Results:
	Data Element 2.E	Review Results:
RSC-18b: Excludes redetermination decisions made by the IRE.	Data Element 2.C	Review Results:
[Data Element 2.C - 2.E]	Data Element 2.D	Review Results:
	Data Element 2.E	Review Results:

RSC-18c: Each number calculated for redeterminations that were fully favorable (Data Elements 2.C), redeterminations that were partially favorable (Data Element 2.D), and redeterminations that were adverse (Data Element 2.E) is a subset of the total number of redeterminations decisions made (Data Element 2.A).	Data Element 2.C	Review Results:
[Data Element 2.C - 2.E]	Data Element 2.D	Review Results:
	Data Element 2.E	Review Results:

<p>RSC-19: Organization accurately calculates the number of redeterminations that were withdrawn or dismissed, including the following criteria:</p>	<p>Data Sources:</p>	
<p>RSC-19a: Includes all withdrawals and dismissals on requests for redeterminations. [Data Element 2.F - 2.G]</p>	<p>Data Element 2.F</p>	<p>Review Results:</p>
	<p>Data Element 2.G</p>	<p>Review Results:</p>
<p>RSC-19b: Excludes withdrawals and dismissals input by the IRE. Data Element 2.F - 2.G]</p>	<p>Data Element 2.F</p>	<p>Review Results:</p>
	<p>Data Element 2.G</p>	<p>Review Results:</p>

<p>RSC-19c: Each number calculated requests for redeterminations that were withdrawn (Data Element 2.F) and requests for redeterminations that were dismissed (Data Element 2.G) is a subset of the number of redeterminations decisions made (Data Element 2.A). [Data Element 2.F - 2.G]</p>	<p>Data Element 2.F</p>	<p>Review Results:</p>
	<p>Data Element 2.G</p>	<p>Review Results:</p>
<p>Organization accurately calculates the total number of reopened decisions according to the following criteria:</p>		<p>Data Sources:</p>
<p>RSC-20a: Includes a remedial action taken to change a final determination or decision even though the determination or decision was correct based on the evidence of record.</p>	<p>Data Element 3.A</p>	<p>Review Results:</p>

<p>The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data have been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.</p>		Data Sources:
RSC-21a: Contract Number	Element 3.B.1	Review Results:
RSC-21b: Plan ID	Element 3.B.2	Review Results:
RSC-21c: Case ID	Element 3.B.3	Review Results:
RSC-21d: Date of original disposition	Element 3.B.4	Review Results:
RSC-21e: Original disposition (Fully Favorable; Partially Favorable; or Adverse)	Element 3.B.5	Review Results:
RSC-21f: Case Level (Coverage Determination or Redetermination)	Element 3.B.6	Review Results:
RSC-21g: Date Case was reopened	Element 3.B.7	Review Results:
RSC-21h: Reason(s) for reopening	Element 3.B.8	Review Results:
RSC-21i: Date of reopening disposition (revised decision)	Element 3.B.9	Review Results:
RSC-21j: Reopening disposition	Element 3.B.10	Review Results:
<p>Organization implements policies and procedures for data submission, including the following:</p>		Data Sources:
<p>Data elements are accurately entered/uploaded into CMS systems and entries match corresponding source documents.</p>	Data Element 1.A	Review Results:

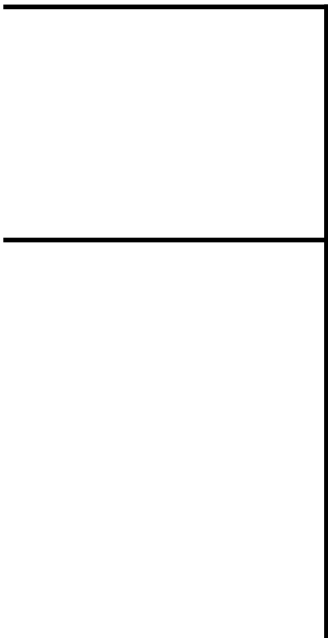
Data Element 1.B	Review Results:
Data Element 1.C	Review Results:
Data Element 1.D	Review Results:
Data Element 1.E	Review Results:
Data Element 1.F	Review Results:
Data Element 1.G	Review Results:
Data Element 1.H	Review Results:
Data Element 1.I	Review Results:
Data Element 1.J	Review Results:
Data Element 1.K	Review Results:
Data Element 1.L	Review Results:
Data Element 1.M	Review Results:

Data Element 1.N	Review Results:
Data Element 1.O	Review Results:
Data Element 1.P	Review Results:
Data Element 1.Q	Review Results:
Data Element 1.R	Review Results:
Data Element 1.S	Review Results:
Data Element 2.A	Review Results:
Data Element 2.B	Review Results:
Data Element 2.C	Review Results:
Data Element 2.D	Review Results:
Data Element 2.E	Review Results:
Data Element 2.F	Review Results:
Data Element 2.G	Review Results:
Data element 3.A	Review Results:
Data Element 3.B.1	Review Results:
Data Element 3.B.2	Review Results:
Data Element 3.B.3	Review Results:
Data Element 3.B.4	Review Results:
Data Element 3.B.5	Review Results:
Data Element 3.b.6	Review Results:
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Data Element 3.B.8	Review Results:
Data Element 3.B.9	Review Results:
Data Element 3.B.10	Review Results:

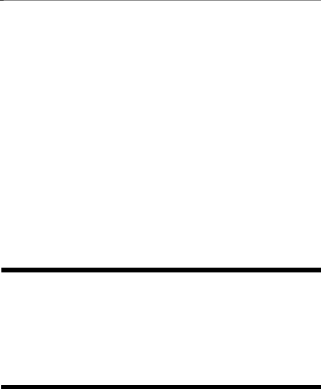
If data collection and/or reporting for this reporting section is delegated to another entity: Organization regularly monitors the quality and timeliness of the data collected and/or reported by the delegated entity or first tier/ downstream contractor.

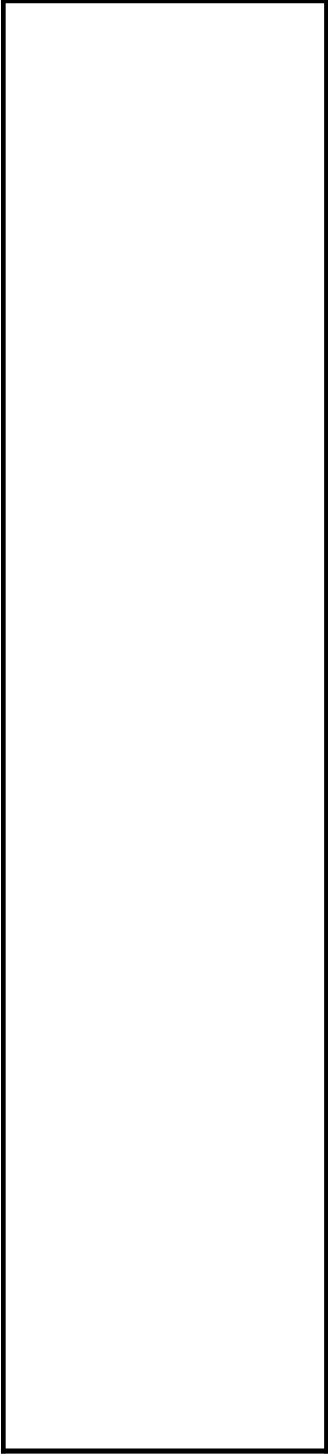
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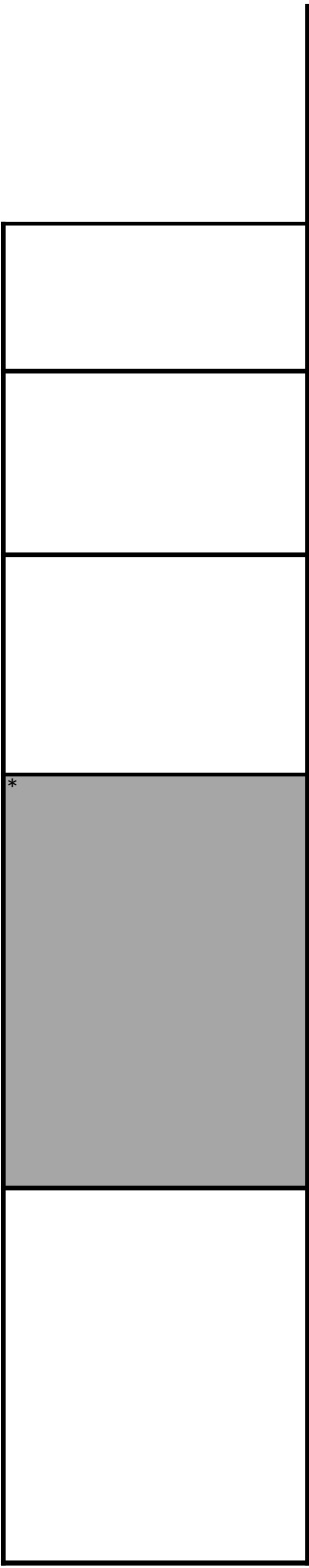


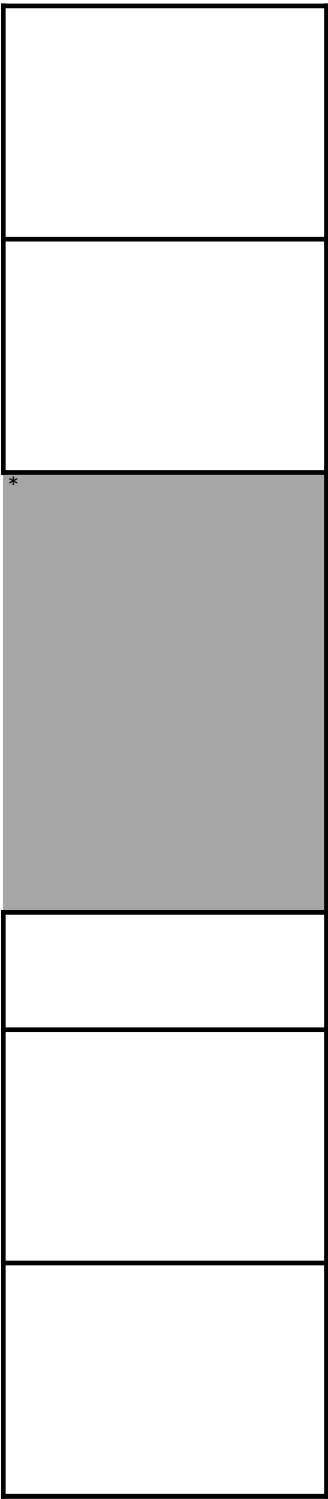
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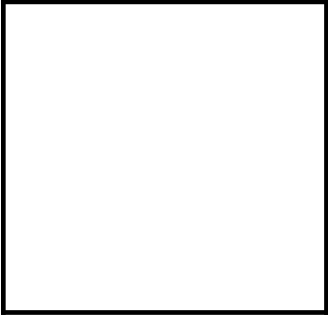
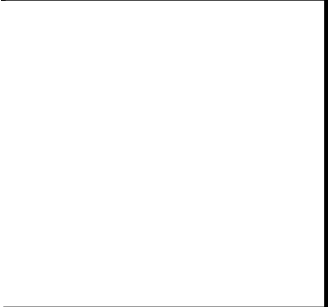
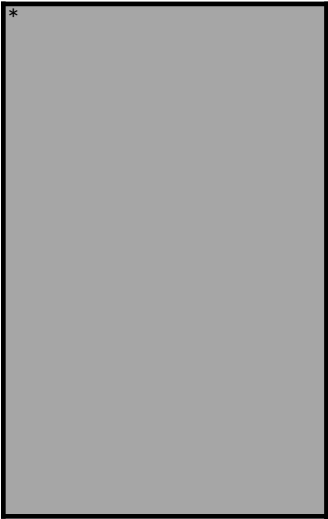


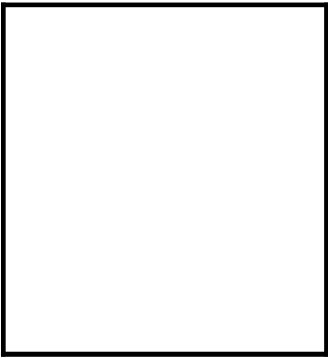
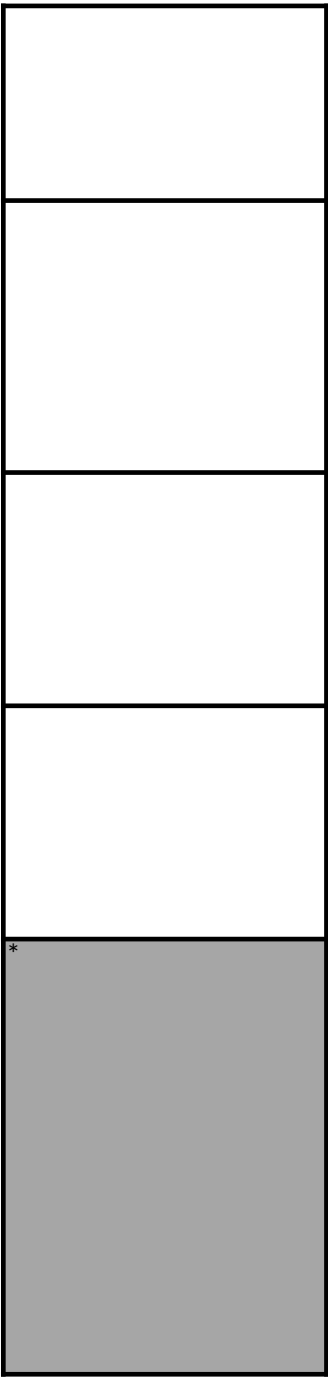


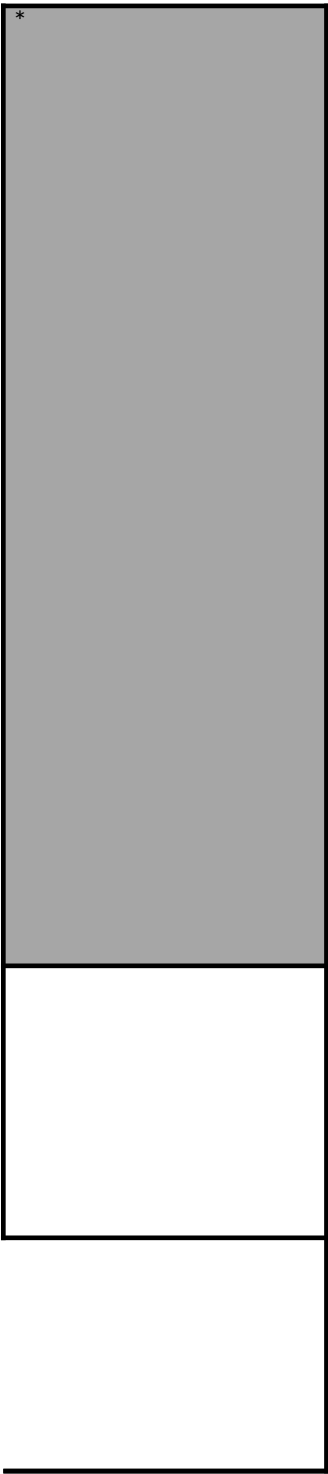
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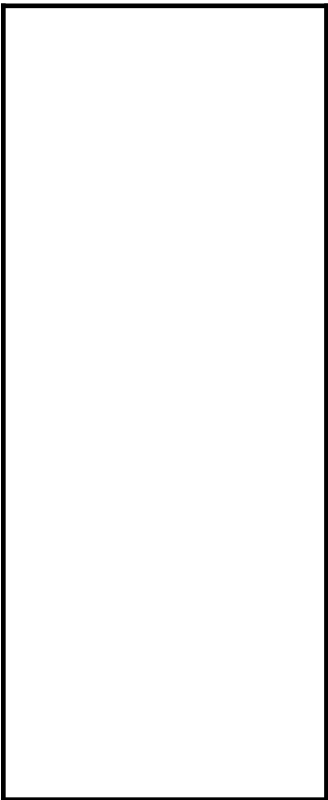
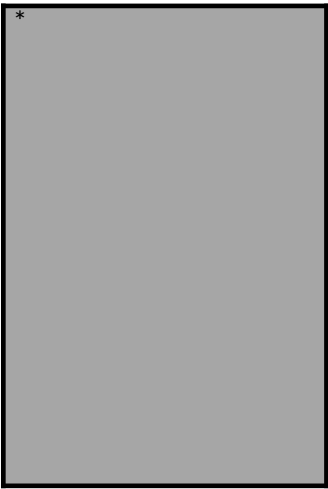
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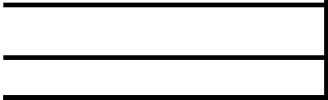
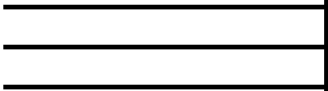
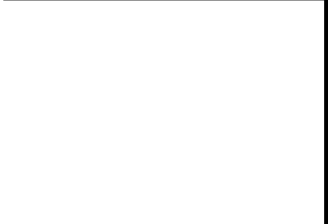
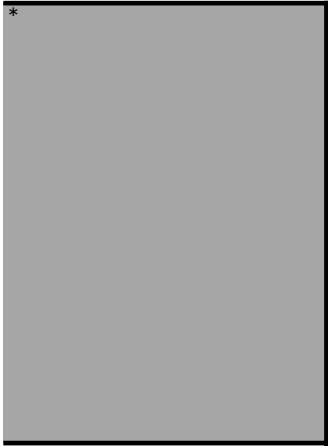
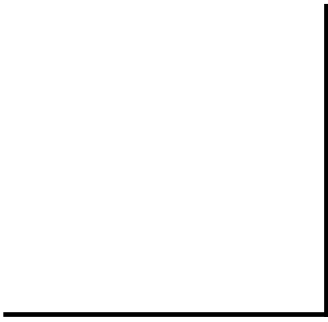
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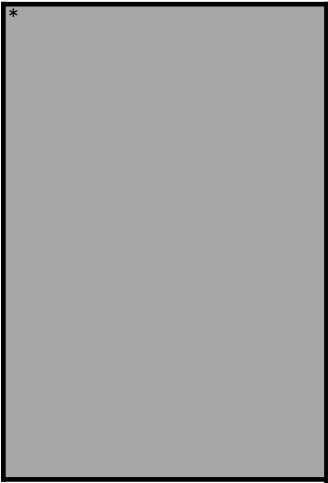


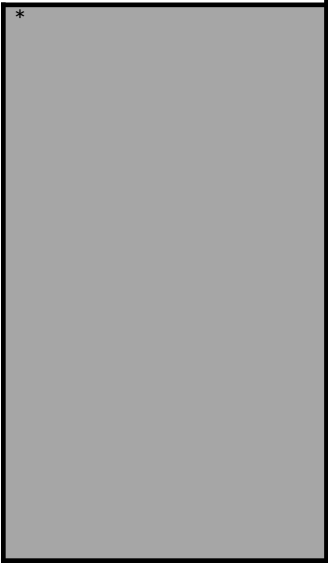


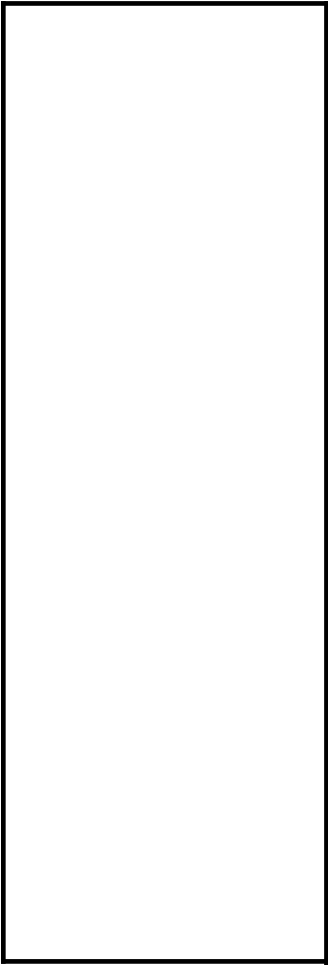
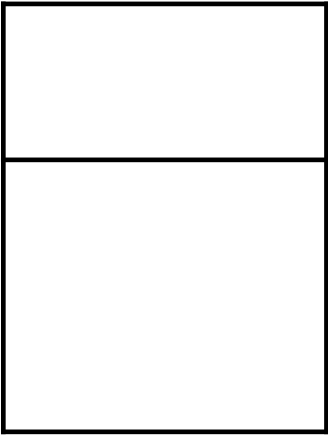




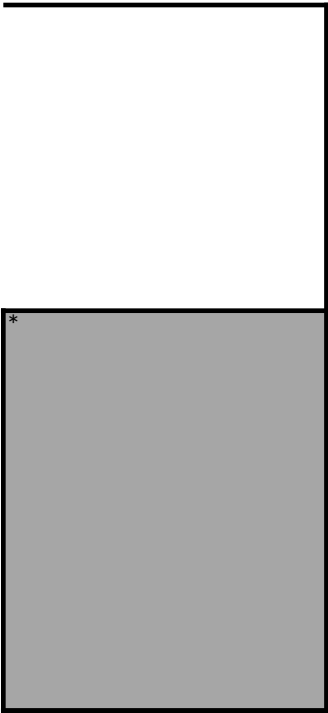
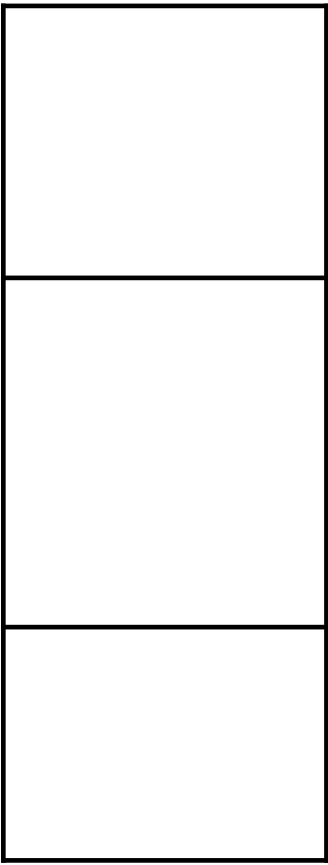


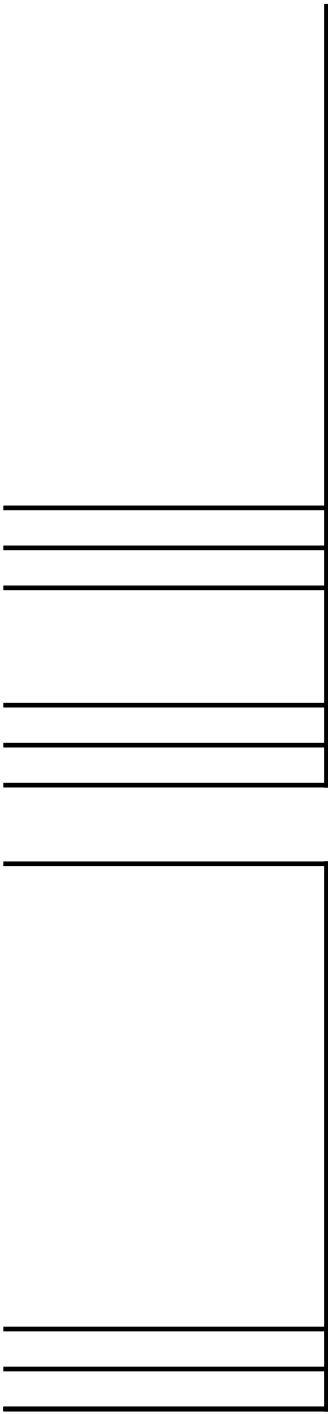






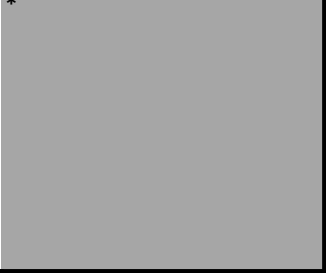
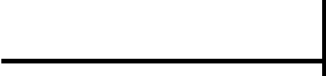
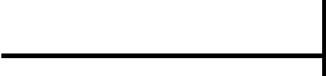
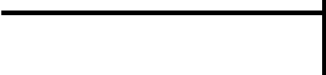
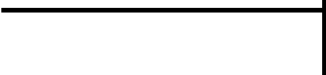
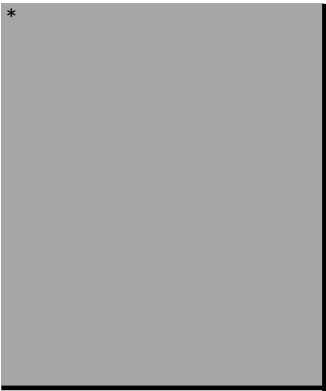
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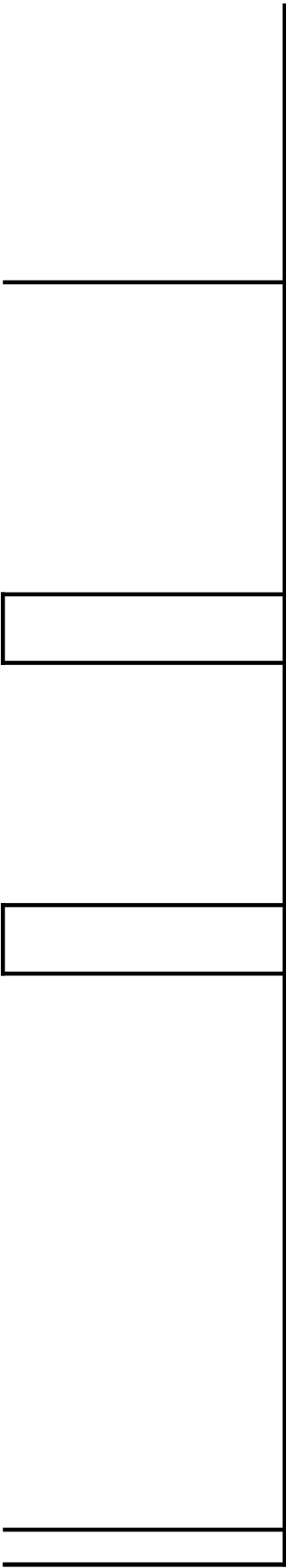




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Organization Name:	<p>Instructions for each Standard or Sub-standard:</p> <p>1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.</p> <p>2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."</p>
Contract Number:	
Reporting Section: Long Term (
Last Updated: (MM/DD/YYYY)	
Date of Site Visit: (MM/DD/YYYY)	
Name of Reviewer: Last name, First name	
Name of Peer Reviewer: Last name, First name	

Standard/ Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description
<p>Note to reviewer: Employer-Direct PDPs, Employer-Direct PFFS, and any other contracts that have only excluded from this reporting. For contracts with both non-800 series and 800-series plans, data for the may be excluded.</p>		

	1	A review of source documents (e.g., spreadsheet formulas, analysis plans, file layouts, process flows) indicates that source documents accurately capture required information and are properly documented.
1.a		Source documents are properly stored and documents can be retrieved at an appropriate time. Information submitted to CMS via source documents is accurate.
1.b		Source documents create all required reports and reporting requirements.
1.c		Source documents are error-free and spreadsheet formulas have no errors (e.g., indicating errors, use correct field selection, etc.).

1.d		All data fields have meaningful, consistent field for patient ID as Patient ID, and maintain the same field name across
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1.e		Data file locations are referenced correctly.
1.f		If used, macros are properly documented.
1.g		Source documents are clearly and adequately documented.
1.h		Titles and footnotes on reports and tables are accurate.
1.i		Version control of source documents is appropriately applied.
2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.
2.a	RSC-1	<p>The appropriate date range(s) for the reporting period(s) is captured.</p> <p>Organization reports data based on the required reporting periods of 1/1 through 6/30 and 7/1 through 12/31.</p>

2.b	RSC-2	Data are assigned at the applicable level (e.g., plan benefit package or contract level).
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		Organization properly assigns data to the applicable CMS contract.
2.c	RSC-3	<p>Appropriate deadlines are met for reporting data (e.g., quarterly).</p> <p>Organization meets deadlines for reporting biannual data to CMS by 8/31 and 2/28. [Note to reviewer: If the organization has, for any reason, re-submitted its data to CMS for this reporting section, the reviewer should verify that the organization's original data submissions met the CMS deadline in order to have a finding of "yes" for this reporting section criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission(s) for the rest of the reporting section criteria for this reporting section.]</p>
2.d		Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.

2.e	RSC-4	<p>The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; all calculations (e.g., derived data fields) are verified; missing data has been properly addressed; reporting output matches corresponding source documents (e.g., programming code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA checks/thresholds are applied to detect outlier or erroneous data prior to data submission.</p>
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		Applicable Reporting Section Crite
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		<p>RSC-4: Organization accurately ca network LTC pharmacies in the se following criteria:</p> <p>RSC-4a: Includes the number of contracted LTC pharmacies at the contract level for MA-PDs, PDPs, and RPPOs.</p> <p>[Data Element A]</p> <p>RSC-4b: Includes any LTC pharmacy that is active in the network (i.e., contracted with the Part D organization) for one (1) or more days in the reporting period.</p> <p>[Data Element A]</p> <p>RSC-4c: Includes LTC pharmacies that do not have utilization.</p> <p>[Data Element A] [Data</p>
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	RSC-5	RSC-5: Organization accurately ca the service area, including:
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		<p>RSC-5a: Includes the number of contracted retail pharmacies at the contract level for MA-PDs, PDPs, and RPPOs.</p> <p>RSC-5b: Includes any retail pharmacy that is active in the network (i.e., contracted with the Part D organization) for one (1) or more days in the reporting period.</p> <p>[Data Element B]</p> <p>RSC-5c: Includes retail pharmacies that do not have utilization.</p>
	RSC-6	<p>RSC-6: Organization accurately ca facilities for whom Part D drugs h:</p> <p>RSC-6a: Includes the number of members at the contract level for MA-PDs, PDPs, and RPPOs.</p> <p>[Data Element C]</p> <p>RSC-6b: Counts each member only once in each reporting period.</p> <p>[Data Element C]</p>

		<p>RSC-6c: Includes only members with covered Part D drug claims at network pharmacies with dates of service within the reporting period.</p>
		<p>RSC-6d: Includes only members who resided in a long-term care facility on the date of service for that Part D drug at the time the Part D claim for that member was processed. [Note to reviewer: Claims with patient residence code 03 or the LTI report may be used to identify applicable members.]</p> <p>[Data Element C]</p>
		<p>RSC-6e: Includes all covered members regardless if the LTC pharmacy is located in the service area.</p> <p>[Data Element C]</p>
	<p>RSC-7</p>	<p>RSC-7: Organization accurately identifies LTC pharmacy in the service area and</p> <p>RSC-7a: MA-PDs, PDPs, and RPPOs report at the contract level.</p> <p>[Data Element D: a-d]</p> <p>RSC-7b: LTC pharmacy name, LTC pharmacy NPI, contract entity name of LTC pharmacy, chain code of LTC pharmacy ("Not Available" is specified in the chain code field if the pharmacy chain code is unknown or does not exist.)</p>

		<p>[Data Element D: a-d]</p> <p>RSC-7c: Includes all LTC pharmacies that were active in the network (i.e., contracted with the Part D organization) for one or more days in the reporting period.</p> <p>[Data Element D: a-d]</p> <p>RSC-7d: Includes LTC pharmacies that do not have utilization (zeroes are entered for number and cost of prescriptions).</p> <p>[Data Element D: a-d]</p> <p>RSC-7e: Number calculated for Data Element D is a subset of the total number of network LTC pharmacies calculated for Data Element A.</p> <p>[Data Element D: a-d]</p>
	RSC-8	<p>RSC-8: Organization accurately ca dispensed for each network LTC p HPMS submission tool, including t</p> <p>RSC-8a: MA-PDs, PDPs, and RPPOs report at the contract level.</p> <p>[Data Element D: e-f]</p> <p>RSC-8b: Sums days supply of all covered Part D prescriptions dispensed and divides this by 31 days.</p> <p>[Data Element D: e-f]</p> <p>RSC-8c: Performs the calculations separately for formulary prescriptions and non-formulary prescriptions.</p> <p>[Data Element D: e-f]</p>

		<p>RSC-8d: Includes only covered Part D prescriptions dispensed with a fill date (not batch date) that falls within the reporting period.</p> <p>[Data Element D: e-f]</p>
		<p>RSC-8e: Includes LTC pharmacies that do not have utilization (zeroes are entered for number and cost of prescriptions).</p> <p>[Data Element D: e-f]</p>
		<p>RSC-8f: Includes any pharmacy that services a LTC facility; claims with patient residence code 03 may be used to identify LTC pharmacies.</p> <p>[Data Element D: e-f]</p>

		<p>RSC-8g: Number calculated for Data Element D is a subset of the total number of network LTC pharmacies calculated for Data Element A.</p> <p>[Data Element D: e-f]</p>
	<p>RSC-9</p>	<p>RSC-9: Organization accurately ca for each network LTC pharmacy it uploads it into the HPMS submit following criteria:</p>

			<p>RSC-9a: MA-PDs, PDPs, and RPPOs report at the contract level.</p> <p>[Data Element D: g-h]</p>
		<p>RSC-9b: Prescription cost is the sum of the ingredient cost, dispensing fee, sales tax and vaccine administration fee.</p> <p>[Data Element D: g-h]</p>	<p>RSC-9c: Ingredient cost reflects Sponsor's negotiated price.</p> <p>[Data</p>
		<p>RSC-9d: Performs the calculations separately for formulary prescriptions and non-formulary prescriptions.</p> <p>[Data Element D: g-h]</p>	<p>RSC-9e: Includes only covered Part D prescriptions dispensed with a fill date (not batch date) that falls within the reporting period.</p> <p>[Data Element D: g-h]</p>
		<p>RSC-9f: Includes LTC pharmacies that do not have utilization (zeroes are entered for number and cost of prescriptions).</p> <p>[Data Element D: g-h]</p>	<p>RSC-9g: Includes any pharmacy that services a LTC facility; claims with patient residence code 03 may be used to identify LTC pharmacies.</p>

		<p>RSC-9h: Number calculated for Data Element D is a subset of the total number of network LTC pharmacies calculated for Data Element A.</p> <p>[Data Element D: g-h]</p>
	<p>RSC-10</p>	<p>RSC-10: Organization accurately c 30-day equivalent prescriptions d retail pharmacy in the service are. criteria:</p> <p>RSC-10a: MA-PDs, PDPs and RPPOs report at the contract level.</p> <p>[Data Element E: a-b]</p> <p>RSC-10b: Sums days supply of all covered Part D prescriptions dispensed and divides this by 30 days.</p> <p>[Data Element E: a-b]</p>

		<p>RSC-10c: Performs the calculations separately for formulary prescriptions and non-formulary prescriptions.</p> <p>[Data Element E: a-b]</p> <p>RSC-10d: Includes only covered Part D prescriptions dispensed with a fill date (not batch date) that falls within the reporting period.</p> <p>[Data Element E: a-b]</p>
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		<p>RSC-10e: Includes all retail pharmacies that were active in the network (i.e., contracted with the Part D sponsor) for one or more days in the reporting period.</p> <p>[Data Element E: a-b]</p>
		<p>RSC-10f: Number calculated for Data Element is a subset of the total number of retail pharmacies calculated for Data Element B.</p> <p>[Data Element E: a-b]</p>
	<p>RSC-11</p>	<p>RSC-11: Organization accurately c for all network retail pharmacies i including the following criteria:</p> <p>RSC-11a: MA-PDs, PDPs and RPPOs report at the contract level.</p> <p>[Data Element E: c-d]</p> <p>RSC-11b: Prescription cost is the sum of the ingredient cost, dispensing fee, sales tax and vaccine administration fee.</p> <p>[Data Element E: c-d]</p> <p>RSC-11c: Ingredient cost reflects Sponsor’s negotiated price.</p> <p>[Data Element E: c-d]</p>

		<p>RSC-11d: Performs the calculations separately for formulary prescriptions and non-formulary prescriptions.</p> <p>[Data Element E: c-d]</p>
		<p>RSC-11e: Includes only covered Part D prescriptions dispensed with a fill date (not batch date) that falls within the reporting period.</p> <p>[Data Element E: c-d]</p>
		<p>RSC-11f: Includes all retail pharmacies that were active in the network (i.e., contracted with the Part D sponsor) for one or more days in the reporting period.</p> <p>[Data Element E: c-d]</p>
		<p>RSC-11g: Number calculated for Data Element is a subset of the total number of retail pharmacies calculated for Data Element B.</p> <p>[Data Element E: c-d]</p>
	3	<p>Organization implements policies submission, including the following</p>

3.a		<p>Data elements are accurately entered/uploaded into CMS systems and entries match corresponding source documents.</p>
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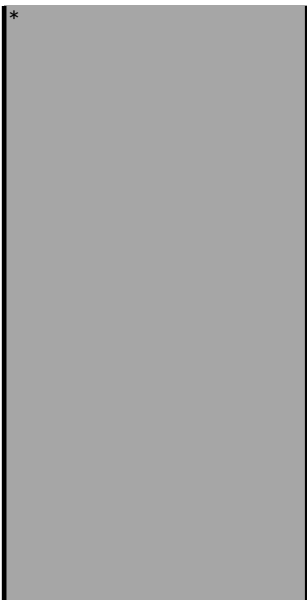
3.b		All source, intermediate, and final outputs relied upon to enter data archived.
	4	Organization implements policies periodic data system updates (e.g provider/pharmacy status, claims
	5	Organization implements policies archiving and restoring data in ea disaster recovery plan).
	6	If organization's data systems underwent any changes during the reporting period (e.g., as a result of a merger, acquisition, or upgrade): Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.

	7	If data collection and/or reporting for this reporting section is delegated to another entity: Organization regularly monitors the quality and timeliness of the data collected and/or reported by the delegated entity or first tier/ downstream contractor.
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	Data Sources and Review Results: Enter review results and/or data sources	Findings: Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.
800 series plans are : 800-series plan(s)		

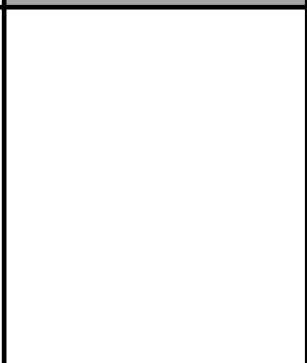
g., programming code, ans, saved data queries, es that all source quired data fields and are

Data Sources:



ecured so that source y time to validate the i CMS systems.

Review Results:



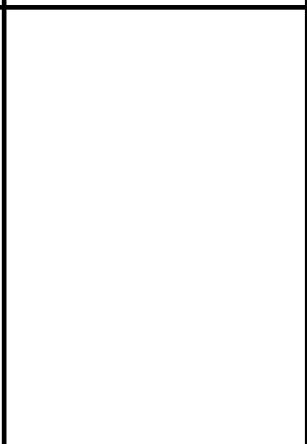
ired data fields for

Review Results:



(e.g., programming code o messages or warnings s, have appropriate data

Review Results:



onsistent labels (e.g., label
ather than Field1 and
oss data sets).

Review Results:

	Review Results:	
	Review Results:	
	Review Results:	
	Review Results:	
	Review Results:	
	Data Sources:	*
	Data Sources:	*
	Review Results:	

	Data Sources:	*
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	Review Results:	
	Review Results:	
	Review Results::	

	Data Sources: :	*
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eria:	Data Sources: :	*
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Calculates the number of service area, including the

Data Element A	Review Results:	
Data Element A	Review Results:	
Data Element A	Review Results:	

Calculates the number of network retail pharmacies in

Data Sources: :

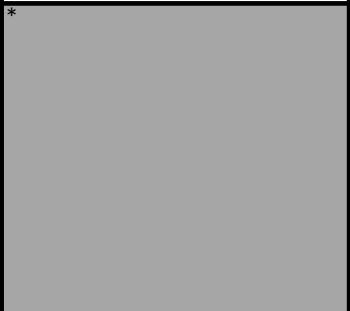
*

Data Element B	Review Results:	
Data Element B	Review Results:	
Data Element B	Review Results:	
<p>iculates the total number of distinct members in LTC ave been provided, including the following criteria:</p>	Data Sources:	*
Data Element C	Review Results:	
Data Element C	Review Results:	

Data Element C	Review Results:	
Data Element C	Review Results:	
Data Element C	Review Results:	
entifies the data below for each network LTC uploads it into the HPMS submission tool:	Data Sources:	*
Data Element D: a-d	Review Results:	
Data Element D: a-d	Review Results:	

Data Element D: a-d	Review Results:	
Data Element D: a-d	Review Results:	
Data Element D: a-d		Review Results:
<p>Calculates the number of 31-day equivalent prescriptions in the pharmacy in the service area and uploads it into the system using the following criteria:</p>	Data Sources:	*
Data Element D: e-f]	Review Results:	
Data Element D: e-f]	Review Results:	
Data Element D: e-f]	Review Results:	

Data Element D: e-f]	Review Results:	
Data Element D: e-f]	Review Results:	
Data Element D: e-f]	Review Results:	

Data Element D: e-f]	Review Results:	
<p>culates prescription costs the service area and ion tool, including the</p>	Data Sources::	* 

Data Element D: g-h	Review Results:	
calculates the number of ispensed for each network a, including the following	Data Sources:	*
Data Element E: a-b	Review Results:	
Data Element E: a-b	Review Results:	

Data Element E: a-b	Review Results:	
Data Element E: a-b	Review Results:	

Data Element E: a-b	Review Results:	
Data Element E: a-b	Review Results:	
calculates prescription costs in the service area,	Data Sources:	*
Data Element E: c-d	Review Results:	
Data Element E: c-d	Review Results:	
Data Element E: c-d	Review Results:	

Data Element E: c-d	Review Results:	
Data Element E: c-d	Review Results:	
Data Element E: c-d	Review Results:	
Data Element E: c-d	Review Results:	
and procedures for data ing:	Data Sources:	*

Data Element A	Review Results:	
Data Element B	Review Results:	
Data Element C	Review Results:	
Data Element D	Review Results:	
Data Element E a	Review Results:	

Data Element E b	Review Results:	
Data Element E c	Review Results:	
Data Element E d	Review Results:	
stage data sets and other into CMS systems are	Review Results:	
and procedures for (e.g., changes in enrollment, adjustments).	Review Results:	
and procedures for each data system (e.g.,	Review Results:	

Review Results:	
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Review Results:

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|

#VALUE!	Instructions for each Standard or Sub-standard: 1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.
Contract Number:	2) In the "Findings" column, select "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, select "N." If any standard or sub-standard does not apply, select "N/A."
Data Measure: Plan Oversight of Agents (Part D) 2014	
Last Updated: (MM/DD/YYYY)	
Date of Site Visit: (MM/DD/YYYY)	
Name of Reviewer: Last name, First name	
Name of Peer Reviewer: Last name, First name	

Standard/ Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description
<p>Note to reviewer: If the contract did not use licensed agents directly employed by the organization or lic reporting period, then it is appropriate for the contract to report "0" for each data element in this meas</p>		

1		A review of source documents (e.g., pr formulas, analysis plans, saved data qu flows) indicates that all source docume required data fields and are properly d
1.a		Source documents and output are prop documents can be retrieved at any tim submitted to CMS via HPMS.
1.b		Source documents create all required c requirements.
1.c		Source documents are error-free (e.g., spreadsheet formulas have no messagi errors).
1.d		All data fields have meaningful, consist patient ID as Patient ID, rather than Fie field name across data sets).

1.e		Data file locations are referenced corre
1.f		If used, macros are properly document
1.g		Source documents are clearly and adeq
1.h		Titles and footnotes on reports and tak
1.i		Version control of source documents is
	2	A review of source documents (e.g., pr formulas, analysis plans, saved data qu flows) and census or sample data, if ap elements for each measure are accurat calculated.
2.a	RSC-1	The appropriate date range(s) for the r Organization reports data based on the 1/1 through 12/31.

2.b	RSC-2	<p>Data are assigned at the applicable level (contract level).</p> <hr/> <p>Organization properly assigns data to t</p>
2.c	RSC-3	<p>Appropriate deadlines are met for reports.</p> <hr/> <p>Organization meets deadline for reports by 2/28. [Note to reviewer: If the organization submitted its data to CMS for this measure, verify that the organization's original deadline in order to have a finding of "not met" based on this specific criterion. However, if the organization has any reason and if the re-submission was made by the data validation year, the reviewer should not penalize the organization for the re-submission. Corrected data submission(s) for rest of criteria for this data measure.]</p>

2.d		Terms used are properly defined per CMS regulations, guidance and Reporting Requirements Technical Specifications.
2.e		The number of expected counts (e.g., r (e.g., derived data fields) are verified; r documents (e.g., programming code, s applied; QA checks/thresholds are app

	RSC-4	Organization accurately includes and u Agents/Brokers who earned compensa period, including the following criteria:
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		<p>RSC-4a: Properly identifies and includes Agents/Brokers who earned and received compensation, including commission and salary, for initial enrollments and renewals. For reporting purposes, compensation is further defined as a payment made to an agent/broker for purposes of enrolling beneficiaries into health plans.</p>
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		<p>RSC-4b: Includes the appropriate Agent/Broker type as Captive, Employed, Independent, or None.</p> <p>RSC-4c: Includes all appropriate states where the Agent/Broker is licensed. For agents licensed in multiple states, all states are identified.</p> <p>RSC-4d: Properly identifies and includes the Agent/Broker Identification Number.</p> <p>RSC-4e: Properly identifies and includes the Agent/Broker current license effective date.</p> <p>RSC-4f: Properly identifies and includes the Agent/Broker appointment date.</p>
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		RSC-4g: Properly identifies and includes the Agent/Broker training completion date.
		RSC-4h: Properly identifies and includes the Agent/Broker testing completion date.
		RSC-4i: Properly identifies and includes the Agent/Broker termination date, if applicable.
		RSC-4j: Properly identifies and includes whether there was termination for cause.
		RSC-4k: Properly identifies and includes the name of the associated Third-party Marketing Organization (TMO)/Field Marketing Organization (FMO), if applicable
	RSC-5	<p>Organization accurately identifies and includes Agent/Broker complaints filed by the broker based on the following criteria:</p> <p>RSC-5a: Properly calculates and includes the aggregate number of Agent/Broker marketing complaints from any source reported during the reporting period.</p>

RSC-5b: Properly calculates and includes the aggregate number of Agent/Broker disciplinary actions taken in the reporting period (related to Marketing).

MSC-5c: Properly calculates and includes the number of new enrollments in the reporting period. If the Agent/Broker is licensed in multiple states, then enrollment numbers should be calculated and included by state.

RSC-6

Organization accurately identifies and includes all new enrollments during the reporting period. If the Agent/Broker is associated, including the

RSC-6a: Properly identifies and includes all beneficiaries who an Agent/Broker assisted in enrolling in the plan.

		<p>RSC-6b: Includes all new enrollments and renewals. New enrollments for reporting purposes as new to the organization. A change from one Plan Benefit Package (PBP) to another PBP, within the same organization, is not considered "new enrollment" for purposes of these reporting requirements. In addition, Plans should report on all agents/brokers, not just independent agent/brokers.</p>
		<p>RSC-6c: Includes and reports each Agent/Broker assisted beneficiary, based on beneficiary's HICN or RRB Number.</p>
		<p>RSC-6d: Defines "Agent/Broker assisted enrollments" as enrollments involving a beneficiary who used a licensed Agent/Broker that is compensated to complete the enrollment process (e.g., includes enrollments completed through the designated enrollment mechanisms.</p>
		<p>RSC-6e: Properly identifies and includes the Agent/Broker National Producer Number (NPN).</p>
		<p>RSC-6f: Properly identifies and includes the Agent/Broker Identification Number assigned by the plan.</p>
		<p>RSC-6g: Properly identifies and includes the enrollment mechanism as Plan/Plan Representative Online; CMS Online Enrollment Center; Plan Call Center; 1-800-MEDICARE; Paper Application; Auto-Assigned/Facilitated; Other.</p>
		<p>RSC-6h: Properly identifies and includes the beneficiary's enrollment application date.</p>
		<p>RSC-6i: Properly identifies and includes the beneficiary's enrollment effective date.</p>
		<p>RSC-6j: Excludes enrollment/renewal cancellations. [Data element 2.A - 2.P]</p>

		<p>RSC-6k: Includes Agent/Broker assisted enrollments that involve a beneficiary's change from one plan benefit package to another within the same contract. [Data element 2.A - 2.P]</p>
	<p>RSC-7</p>	<p>Organization accurately identifies data filed by the beneficiary and uploads it i following criteria:</p> <p>RSC-7a: Properly calculates and includes the number of all Agent/Broker complaints received within the reporting period for each applicable beneficiary. [Data Element 2.O - 2.P]</p> <p>RSC-7b: Properly calculates and includes the number of all Agent/Broker complaints that are Marketing related. [Data Element 2.O - 2.P]</p> <p>RSC-7c: The number of Marketing related complaints (Data Element P) is a subset of the number of Agent/Broker complaints filed but the beneficiary (Data Element O).</p>

3		Organization implements appropriate data submission, including the following:
3.a		Data elements are accurately entered/and entries match corresponding source.
3.b		All source, intermediate, and final stage data entered into HPMS are archived.
4		Organization implements appropriate periodic data system updates (e.g., change provider/pharmacy status, claims adjustment).
5		Organization implements appropriate data archiving and restoring data in each data recovery plan).

6		If organization's data systems underwent reporting period (e.g., as a result of a new upgrade): Organization provided documentation of changes and, upon review, there were no impacted data reported.
7		If data collection and/or reporting for data is transferred to another entity: Organization regularly monitors the timeliness of the data collected and/or reported to the entity or first tier/ downstream contractor.

	<p>Data Sources and Review Results: Enter review results and/or data sources.</p>	<p>Findings: Select "Y" "N" or "N/A" Gray cells with "*" are not to be completed.</p>
<p>ensed independent agents/brokers to conduct marketing for its Medicare products during the ure, and data validation is not required.</p>		

programming code, spreadsheet series, file layouts, process documents accurately capture documented.	Review Results:	
properly secured so that source code to validate the information	Review Results:	
data fields for reporting	Review Results:	
programming code and messages or warnings indicating	Review Results:	
identical labels (e.g., label field for field1 and maintain the same	Review Results:	

ectly.	Review Results:	
ted.	Review Results:	
quately documented.	Review Results:	
bles are accurate.	Review Results:	
s appropriately applied.	Review Results:	
rogramming code, spreadsheet eries, file layouts, process pplicable, indicates that data tely identified, processed, and	Review Results:	
eporting period(s) is captured.	Review Results:	
e required reporting period of		

<p>el (e.g., plan benefit package or</p>	<p>Review Results:</p>	
<p>he applicable CMS contract.</p>		
<p>orting data (e.g., quarterly).</p>	<p>Review Results:</p>	
<p>ting annual data to CMS by ation has, for any reason, re- sure, the reviewer should ata submissions met the CMS yes” for this reporting section nization re-submits data for as completed by 3/31 of the uld use the organization’s f the reporting section-specific</p>		

Review Results	
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number of agents, complaints) are verified; ranges of data fields are verified; all calculations missing data has been properly addressed; reporting output matches corresponding source (saved queries, analysis plans); version control of reported data elements is appropriately used to detect outlier or erroneous data prior to data submission.

loads into HPMS data for all ation during the reporting :	Data Sources:	*
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Data Element 1.A	Review Results:	
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Data Element 1.B	Review Results:	
Data Element 1.A-1.R	Review Results:	
Data Element 1.H	Review Results:	
Data Element 1.I	Review Results:	
Data Element 1.J	Review Results:	

Data Element 1.K	Review Results:	
Data Element 1.L	Review Results:	
Data Element 1.O	Review Results:	
Data Element 1.P	Review Results:	
Data Element 1.Q	Review Results:	
uploads into HPMS data on beneficiary, including the	Data Sources:	*
Data Element 1.M	Review Results:	

Data Element 1.N	Review Results:	
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Data Element 1.R	Review Results:	
uploads into Gentran data for ng period for which an he following criteria:	Data Sources:	*
Data Element 2.A-2.P	Review Results:	

Data Element 2.A-2.P	Review Results:	
Data Element 2.A-2.P	Review Results:	
Data Element 2.A-2.P	Review Results:	
Data Element 2.J	Review Results:	
Data Element 2.K	Review Results:	
Data Element 2.L	Review Results:	
Data Element 2.M	Review Results:	
Data Element 2.N	Review Results:	
Data Element 2.a-2.P	Review Results:	

Data element 2.A - 2.P	Review Results:	
on Agent/Broker complaints into Gentran, including the	Data Sources:	*
Data Element 2.O - 2.P	Review Results:	
Data Element 2.O - 2.P	Review Results:	
Data Element 2.O - 2.P	Review Results:	

policies and procedures for ig:	Review Results:	
'uploaded into CMS systems ce documents.	Review Results:	
e data sets relied upon to	Review Results:	
policies and procedures for anges in enrollment, stments).	Review Results:	
policies and procedures for ita system (e.g., disaster	Review Results:	

ent any changes during the merger, acquisition, or mentation on the data system no issues that adversely

Review Results:

his data measure is delegated ly monitors the quality and r reported by the delegated ctor.

Review Results:
