2016 (old version)	2017 (new version)	Type of Change	Reason for Change	Burden Change
N/A	Enrollment: 1 P: The total number of individuals included in the advance notification for seamless conversion enrollment for effective dates occurring within the reporting period.		Added data collection	Yes
N/A	Enrollment: 1 Q: Of the total reported in A, the number of individuals whose Medicare eligibility is based on age.	Add	Added data collection	Yes
N/A	Enrollment: 1 R: Of the total reported in A, the number of individuals whose Medicare eligibility is based on disability.	Add	Added data collection	Yes
N/A	Enrollment: 1 S: Of the total reported in A, the number of enrollments submitted to CMS.	Add	Added data collection	Yes
Total Number of Grievances	Nunber of Grievances	Rev	Provide technical clarification.	No
Number of Expedited Grievances	Expedited Grievances	Rev	Provide technical clarification.	No

Other Grievances	Grievances	Rev	Provide technical clarification.	No
N/A	Improving Drug Utilization Review Controls: A: Did the plan have a soft formulary-level cumulative opioid MED edit at POS in place during the time period above? (Y (yes) or N (no)).		Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: B: If yes to element A, the cumulative MED threshold used.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: C: If yes to element A, the provider count criterion used, if applicable.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: D: If yes to element A, the pharmacy count criterion used, if applicable.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: E: If yes to element A, the minimum number of days meeting or exceeding the MED threshold criterion used.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: F: If yes to element A, the number of claims rejected due to the soft formulary-level cumulative opioid MED edit at POS.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: G: If yes to element A, the number of unique beneficiaries with at least one claim rejected due to the soft formulary-level cumulative opioid MED edit at POS.		Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: H: Of the total reported in element F, the number of soft edit claim rejections overridden at the pharmacy level by the pharmacist submitting appropriate NCPDP codes.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: I: Of the total reported in element G, the number of beneficiaries with at least one soft edit claim rejection overridden at the pharmacy level by the pharmacist submitting appropriate NCPDP codes.	Add	Added data collection	Yes

N/A	Improving Drug Utilization Review Controls: J: Did the plan have a hard formulary-level cumulative opioid MED edit at POS in place during the time period above? (Y (yes) or N (no)).	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: K: If yes to element J, the cumulative MED threshold used.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: L: If yes to element J, the provider count criterion used, if applicable.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: M: If yes to element J, the pharmacy count criterion used, if applicable.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: N: If yes to element J, the minimum number of days meeting or exceeding the MED threshold criterion used.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: O: If yes to element J, the number of claims rejected due to the hard formulary-level cumulative opioid MED edit at POS.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: P: If yes to element J, the number of unique beneficiaries with at least one claim rejected due to the hard formulary-level cumulative opioid MED edit at POS.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: Q: Of the total reported in element O, the number of hard edit claim rejections that resulted in coverage determination requests.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: P: If yes to element J, the number of unique beneficiaries with at least one claim rejected due to the hard formulary-level cumulative opioid MED edit at POS.	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: R: Of the total reported in element P, the number of beneficiaries with at least one hard edit claim rejection that resulted in requests for coverage determinations.	Add	Added data collection	Yes

N/A	Improving Drug Utilization Review Controls: S: Of the total reported in element O, the number of claims resolved and paid at the POS (either through a favorable decision through the coverage determination or appeals process, or other mechanism).	Add	Added data collection	Yes
N/A	Improving Drug Utilization Review Controls: T: Of the total reported in element P, the number of unique beneficiaries claims with at least one rejected claim resolved and paid at the POS (either through a favorable decision through the coverage determination or process, or other mechanism).	Add	Added data collection	Yes
Coverage Determinations and Exceptions: 1 F: Did the plan have high cost edits for compounds in place during the time period above? ((Y (yes) or N (no)).	N/A	Del	This data collection is no longer necessary for moitoring purposes.	No
Coverage Determinations and Exceptions: 1 G: If yes to element F, the cost threshold used.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	No
Coverage Determinations and Exceptions: 1 J: Of the total reported in A, the total number of claims rejected due to high cost edits for compounds.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	No
Coverage Determinations and Exceptions: 1 K-S	Coverage Determinations and Exceptions: K-S: Reformatted into a table to clarify subsets of data, and added supplementary data elements.	Rev	Provide technical clarification and added data collection.	Yes

Redeterminations: 2 A-G	Redeterminations: A-G: Reformatted into a table to clarify subsets of data, and added supplementary data elements.	Rev	Provide technical clarification and added data collection.	Yes
Coverage Determinations and Redeterminations: Reopenings: 4: Date of original disposition	Coverage Determinations and Redeterminations: Reopenings: 4: Case level (Coverage Determination or Redetermination)	Rev	Provide technical clarification.	No
Coverage Determinations and Redeterminations: Reopenings: 7: Date case was reopened	Coverage Determinations and Redeterminations: Reopenings: 7: Was case processed under expedited timeframe (Y/N	Rev	Provide technical clarification.	No
Coverage Determinations and Redeterminations: Reopenings: 8: Reason(s) for reopening (Clerical Error, New and Material Evidence, Fraud or Similar Fault, or Other)	Coverage Determinations and Redeterminations: Reopenings: 8: Case type (Pre-service; Payment)	Rev	Provide technical clarification.	No
Coverage Determinations and Redeterminations: Reopenings: 9: Date of reopening disposition (revised decision)	Coverage Determinations and Redeterminations: Reopenings: 9: Date case was reopened	Rev	Provide technical clarification.	No
Coverage Determinations and Redeterminations: Reopenings: 10: Reopening disposition (Fully Favorable; Partially Favorable, Adverse, or Pending).	Coverage Determinations and Redeterminations: Reopenings: 10: Reason(s) for reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other).	Rev	Provide technical clarification.	No
N/A	Coverage Determinations and Redeterminations: Reopenings: 11: Date of reopening disposition (revised decision)	Add	Provide technical clarification.	No
N/A	Coverage Determinations and Redeterminations: Reopenings: 12: Reopening disposition (Fully Favorable; Partially Favorable, Adverse, or Pending).	Add	Provide technical clarification.	No