

2017 (old version)	2019 (new version)	Type of Change	Reason for Change	Burden Change
<b>Enrollment 1 B:</b> Of the total reported in A, the number of enrollment requests complete, at the time of initial receipt (i.e. required no additional information from applicant or his/her authorized representative).	<b>Enrollment 1 B:</b> Of the total reported in A, the number of enrollment requests complete, as defined in guidance, at the time of initial receipt (i.e. required no additional information from applicant or his/her authorized representative).	Rev	Provide technical clarification.	No
<b>Enrollment 1 C:</b> Of the total reported in A, the number of enrollment requests for which the sponsor was required to request additional information from the applicant (or his/her representative).	<b>Enrollment 1 C:</b> Of the total reported in A, the number of enrollment requests that were not complete at the time of initial receipt as defined in guidance, and for which the sponsor was required to request additional information from the applicant (or his/her representative).	Rev	Provide technical clarification.	No
<b>Enrollment 1 E:</b> Of the total reported in C, the number of incomplete enrollment requests received that are incomplete upon initial receipt and completed within established timeframes.	<b>Enrollment 1 E:</b> Of the total reported in C, the number of enrollment requests received that are incomplete upon initial receipt and completed within established timeframes.	Rev	Provide technical clarification.	No
Enrollment 1 K: For stand-alone prescription drug plans (PDPs) only:- Of the total reported in A, the number of enrollment requests effectuated by sales persons (as defined in Chapter 3 of the Medicare Managed Care Manual).	<b>Enrollment 1 K:</b> Of the total reported in A, the number of enrollment requests effectuated by sales persons (as defined in Chapter 3 of the Medicare Managed Care Manual).	Rev	Provide technical clarification.	No
<b>Disenrollment 2 C:</b> Of the total reported in A, the number of disenrollment requests denied by the sponsor for any reason	<b>Disenrollment 2 C:</b> Of the total reported in A, the number of disenrollment requests that were not complete at the time of initial receipt, as defined in guidance, and for which the sSponsor was required to request additional information from the enrollee (or his/her representative).	Rev	Provide technical clarification.	No
<b>Disenrollment 2 D:</b> The total number of involuntary disenrollments for failure to pay plan premium in the specified time period	<b>Disenrollment 2 D:</b> Of the total reported in A, the number of disenrollment requests denied due to the Ssponsor's determination of the enrollee's ineligibility to elect to disenroll from the plan (i.e. individual not eligible for an election period).	Rev	Provide technical clarification.	No

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

<b>Disenrollment 2 E:</b> Of the total reported in 2D, the number of disenrolled individuals who submitted a timely request for reinstatement for Good Cause.	<b>Disenrollment 2 E:</b> Of the total reported in C, the number of disenrollment requests received that are incomplete upon initial receipt and completed within established timeframes.	Rev	Provide technical clarification.	No
<b>Disenrollment 2 F:</b> Of the total reported in 2E, the number of favorable Good Cause determinations.	<b>Disenrollment 2 F:</b> Of the total reported in C, the number of disenrollment requests denied due to the enrollee or his/her authorized representative not providing information to complete the disenrollment request within established timeframes.	Rev	Provide technical clarification.	No
<b>Disenrollment 2 G:</b> Of the total reported in 2F, the number of individuals reinstated.	<b>Disenrollment 2 G:</b> The total number of involuntary disenrollments for failure to pay plan premium in the specified time period.	Rev	Provide technical clarification.	No
N/A	<b>Disenrollemnt 2 H:</b> Of the total reported in G, the number of disenrolled individuals who submitted a timely request for reinstatement for Good Cause.	Add	Added data collection	No
N/A	<b>Disenrollment 2 I:</b> Of the total reported in H, the number of favorable Good Cause determinations.	Add	Added data collection	No
N/A	<b>Disenrollemnt 2 J:</b> Of the total reported in I, the number of individuals reinstated.	Add	Added data collection	No
Retail, Home Infusion, and Long Term Care Pharmacy Access Section	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>MTM H:</b> Beneficiary identified as cognitively impaired at time of comprehensive medication review (CMR) offer or delivery of CMR. (Y (yes), N (no), or U (unknown)).	<b>MTM H:</b> Beneficiary in a long term care facility at the time of the first CMR offer? (Y (yes), N (no), or U (unknown))	Rev	Provide technical clarification.	No

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<b>MTM K:</b> Date of MTM program opt-out.	<b>MTM K:</b> Date of MTM program opt-out, if applicable.	Rev	Provide technical clarification.	No
<b>MTM N:</b> If offered, date of (initial) offer	<b>MTM N:</b> If offered a CMR, date of (initial) offer	Rev	Provide technical clarification.	No
<b>MTM O:</b> Received annual CMR with written summary in CMS standardized format. (Y (yes) or N (no)). Required if offered annual CMR.	<b>MTM O:</b> If offered a CMR, recipient of (initial) offer	Rev	Provide technical clarification.	No
<b>MTM P:</b> Number of CMRs received with written summary in CMS standardized format. Required if received annual CMR.	<b>MTM P:</b> Received annual CMR with written summary in CMS standardized format. (Y (yes) or N (no)). Required if offered annual CMR.	Rev	Provide technical clarification.	No
<b>MTM Q:</b> Date(s) of CMR(s) with written summary in CMS standardized format. (If more than 1 CMR is received, up to 2 dates will be allowed.) Required if received annual CMR.	<b>MTM Q:</b> Date(s) of CMR(s). (If more than 1 CMR is received, report the date of the initial CMR). Required if received annual CMR.	Rev	Provide technical clarification.	No
<b>MTM R:</b> Method of delivery for the annual CMR. (Face-to-face; Telephone; Telehealth consultation; or Other). (If more than 1 CMR is received, report the method of delivery for the initial CMR). Required if received annual CMR.	<b>MTM R:</b> Date CMR written summary in CMS standardized format was provided or sent. (If more than 1 CMR was performed, report the date the initial CMR written summary was provided or sent.)	Rev	Provide technical clarification.	No
<b>MTM S:</b> Qualified Provider who performed the initial CMR. (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	<b>MTM S:</b> Method of delivery for the annual CMR. (Face-to-face; Telephone; Telehealth consultation; or Other). (If more than 1 CMR is received, report the method of delivery for the initial CMR). Required if received annual CMR.	Rev	Provide technical clarification.	No
<b>MTM T:</b> Recipient of CMR. (Beneficiary, Beneficiary's prescriber; Caregiver; or Other authorized individual). Required if received annual CMR.	<b>MTM T:</b> Qualified Provider who performed the initial CMR. (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	Rev	Provide technical clarification.	No

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<p><b>MTM U:</b> Number of targeted medication reviews. Required if met the specified targeting criteria per CMS – Part D requirements.</p>	<p><b>MTM U:</b> Recipient of initial CMR. (Beneficiary, Beneficiary’s prescriber; Caregiver; or Other authorized individual). Required if received annual CMR.</p>	Rev	Provide technical clarification.	No
<p><b>MTM V:</b> Number of drug therapy problem recommendations made to beneficiary’s prescriber(s) as a result of MTM services. (For reporting purposes, a recommendation is defined as a suggestion to take a specific course of action related to the beneficiary’s drug therapy. If the same recommendation is made to multiple prescribers or repeated on multiple dates, then that recommendation should only be counted and reported once. Examples include, but are not limited to: Needs additional therapy; Unnecessary drug therapy; Dosage too high; Dosage too low; More effective drug available; Adverse drug reaction; or Non-compliance/Non-adherence).</p>	<p><b>MTM V:</b> Number of targeted medication reviews. Required if met the specified targeting criteria per CMS – Part D requirements.</p>	Rev	Provide technical clarification.	No
<p><b>MTM W:</b> Number of drug therapy problem resolutions from recommendations made to beneficiary’s prescriber(s) as a result of MTM recommendations. (For reporting purposes, a resolution is defined as a change or variation from the beneficiary’s previous drug therapy. Examples include, but are 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, therapeutic substitution, or formulary substitution); Medication compliance/adherence).</p>	<p><b>MTM W:</b> Date the first TMR was performed.</p>	Rev	Provide technical clarification.	No

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N/A	<b>MTM X:</b> Number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services. (For reporting purposes, a recommendation is defined as a suggestion to take a specific course of action related to the beneficiary's drug therapy. If the same recommendation is made to multiple prescribers or repeated on multiple dates, then that recommendation should only be counted and reported once. Examples include, but are not limited to: Needs additional therapy; Unnecessary drug therapy; Dosage too high; Dosage too low; More effective drug available; Adverse drug reaction; or Medication Non-compliance/Non-adherence).	Rev	Provide technical clarification.	No
N/A	<b>MTM Y:</b> Number of drug therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM recommendations. (For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous drug therapy. Examples include, but are 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, therapeutic substitution, or formulary substitution); Medication compliance/adherence).	Rev	Provide technical clarification.	No
<b>Grievance Category:</b> Enrollement/Disenrollment Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Plan Benefit Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Pharmacy Access Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Marketing Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes

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<b>Grievance Category:</b> Customer Service Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Coverage Determinations and Redeterminations Process Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Quality of Care Grievances	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Grievances related to "CMS Issues"	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Grievance Category:</b> Other	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>Improving Drug Utilization Review Controls P:</b> Of the total reported in element N, the number of unique beneficiaries with at least one rejected claim that also had a claim successfully processed (paid) for an opioid drug subject to the hard opioid MED edit such as, but not limited to, through a favorable coverage determination or process.	<b>Improving Drug Utilization Review Controls P:</b> Of the total reported in element N, the number of unique beneficiaries with a favorable coverage determination.	Rev	Provide technical clarification.	No

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N/A	<b>Improving Drug Utilization Review Controls Q:</b> Of the total reported in element N, the number of unique beneficiaries with at least one rejected opioid claim due to the hard opioid MMED POS edit that also had an opioid claim successfully processed (paid) for an opioid drug subject to the hard opioid MED edit such as, but not limited to, through a favorable coverage determination or process.	Add	Added data collection	No
<b>CD/RD Section: Rejected Pharmacy Transactions Section</b>	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>CD/RD Section: Coverage Determinations:</b> Withdrawn and Dismissed Redeterminations moved out of the specific disposition categories.	N/A	Rev	Provide technical clarification	No
<b>CD/RD Section: Coverage Determinations: Timeliness- All Coverage Determinations: B.</b> The number processed timely. <b>C.</b> The number not processed timely and auto-forwarded to the IRE. <b>D.</b> The number not processed timely but not auto-forwarded to the IRE.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>CD/RD Section: Coverage Determinations: Disposition- All Coverage Determinations: H.</b> The total number withdrawn. <b>I.</b> The total number dismissed.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>CD/RD Section: Coverage Determinations: Disposition- Utilization Management Exceptions: N.</b> The total number withdrawn. <b>O.</b> The total number dismissed.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>CD/RD Section: Coverage Determinations: Disposition- Formulary Exceptions: T.</b> The total number withdrawn. <b>U.</b> The total number dismissed.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>CD/RD Section: Coverage Determinations: Disposition- Tiering Exceptions: Z.</b> The total number withdrawn. <b>AA.</b> The total number dismissed.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes

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<b>CD/RD Section: Redeterminations:</b> Withdrawn and Dismissed Redeterminations moved out of the disposition category.	N/A	Rev	Provide technical clarification	No
<b>CD/RD Section: Redeterminations: Timeliness- All Coverage Determinations: B.</b> The number processed timely. <b>C.</b> The number not processed timely and auto-forwarded to the IRE. <b>D.</b> The number not processed timely but not auto-forwarded to the IRE.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes
<b>CD/RD Section: Redeterminations: Disposition: H.</b> The total number withdrawn. <b>I.</b> The total number dismissed.	N/A	Del	This data collection is no longer necessary for moitoring purposes.	Yes

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