2019 (old version)	2020 (new version)
Part D: MTM	
RSC 5.s. If a CMR was not received (Data Element P = No), there are no reported delivery date(s) (Data Element R = missing)	RSC 5.s. If a CMR was not received (Data Element P = No), there are no reported delivery date(s) (Data Element R = missing) unless the CMR summary was returned via mail, then the reported delivery date should be the date that the written summary was sent (Data Element R ≠ missing).
RSC 6. Organization accurately identifies data on MTM program participation and uploads it into Gentran, including the following criteria:	RSC 6. Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:
RSC 6.i. 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 (Data Elements B, C, D, E, F, G, H, I, J).	RSC 6.i. Includes members who moved between contracts in each corresponding file uploaded to HPMS. 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 (Data Elements B, C, D, E, F, G, H, I, J).
RSC 7. Organization accurately identifies MTM eligible members who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into Gentran, including the following criteria:	RSC 7. Organization accurately identifies MTM eligible members who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into HPMS, including the following criteria:
RSC 8. Organization accurately identifies data on members who opted-out of enrollment in the MTM program and uploads it into Gentran, including the following criteria:	RSC 8. Organization accurately identifies data on members who opted-out of enrollment in the MTM program and uploads it into HPMS, including the following criteria:
RSC 9. Organization accurately identifies data on CMR offers and uploads it into Gentran, including the following criteria:	RSC 9. Organization accurately identifies data on CMR offers and uploads it into HPMS, including the following criteria:
RSC 10. Organization accurately identifies data on CMR dates and uploads it into Gentran, including the following criteria:	RSC 10. Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:
RSC 11. Organization accurately identifies data on MTM drug therapy problem recommendations and uploads it into Gentran, including the following criteria:	RSC 11. Organization accurately identifies data on MTM drug therapy problem recommendations and uploads it into HPMS, including the following criteria:

Part D: CD/RD

RSC 5.b. Number of exception decisions made in the reporting period (Data Elements 1.G−1.R) does not exceed the total number of processed coverage determination decisions that include exceptions (Data Element 1.A).	RSC 5.b. Number of exception decisions made in the reporting period (Data Elements (1.H + 1.I + 1.J) + (1.L + 1.M + 1.N) + (1.P + 1.Q + 1.R)) does not exceed the total number of processed coverage determination decisions that include exceptions (Data Element 1.A).
RSC. 5f. Verify that the date of disposition for each reopening (Data Element 3.B.11) is after the date of original disposition (Data Element 3.B.5).	RSC. 5f. Verify that the date of disposition for each reopening (Data Element 3.B.11) is equal to or later than the date of original disposition (Data Element 3.B.5).
RSC 5.g. Verify that the date of each reopening disposition (Data Element 3.B.11) is after the date that the case was reopened (Data Element 3.B.9).	RSC 5.g. Verify that the date of each reopening disposition (Data Element 3.B.11) is equal to or later than the date the case was reopened (Data Element 3.B.9).
RSC 6i. Includes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.	RSC 6.i. Excludes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.
RSC 7f. Includes requests for exceptions that are withdrawn or dismissed. Verify that all standard exceptions that are withdrawn or dismissed are included. Verify that all expedited exceptions that are withdrawn or dismissed are included.	RSC 7f. Excludes requests for exceptions that are withdrawn or dismissed.
RSC 8a. Properly categorizes the number of coverage determinations (including exceptions) by final decision: fully favorable, partially favorable, or adverse. Verify that all cases included in the count for the total number of processed coverage determinations made in the reporting period are identified as one of the accepted disposition types.	RSC 8a. Properly categorizes the number of coverage determinations (excluding exceptions) by final decision: fully favorable, partially favorable, or adverse. Verify that all cases included in the count for the total number of processed coverage determinations made in the reporting period are identified as one of the accepted disposition types.
RSC 10.k. Includes dismissals and withdrawals.	RSC 10k. Excludes dismissals and withdrawals.

Part D: DUR

RSC 6.a.iii. Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (daily dose and quantity), and date of service (DOS).	RSC 6.a.iii. Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and date of service (DOS) and formulary-level opioid MME POS edit.
RSC 6.a.iv. Properly counts the number of unique beneficiaries by contract that triggered the care coordination safety edit and if applicable, a provider and pharmacy criterion.	RSC 6.a.iv. Properly counts the number of unique beneficiaries by plan that triggered the care coordination safety edit and if applicable, a provider and pharmacy criterion.

RSC 6.b.iii. Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (daily dose for and quantity), and date of service (DOS).	RSC 6.b.iii. Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and date of service (DOS) and formulary-level opioid MME POS edit.
RSC 6.b.iv. Properly counts the number of unique beneficiaries by contract that triggered the established hard MME safety edit threshold and if applicable, a provider and pharmacy criterion.	RSC 6.b.iv. Properly counts the number of unique beneficiaries by contract plan that triggered the established hard MME safety edit threshold and if applicable, a provider and pharmacy criterion.
RSC 6.c.iii. Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (daily dose and quantity), and date of service (DOS).	RSC 6.c.iii. Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level opioid MME POS edit.
RSC 6.c.iv. Properly counts the number of unique beneficiaries by contract that triggered the opioid naïve days supply safety edit.	RSC 6 c.iv. Properly counts the number of unique beneficiaries by plan that triggered the opioid naïve days supply safety edit.

Type of Change	Reason for Change	Burden Change
Update	Consistent with current technical guidance.	None
Update	Consistent with current submisison process.	None
Update	Consistent with current submisison process.	None
Update	Consistent with current submisison process.	None
Update	Consistent with current submisison process.	None
Update	Consistent with current submisison process.	None
Update	Consistent with current submisison process.	None
Update	Consistent with current submisison process.	None

Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None

Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None

Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None
Update	Changes consistent with approved 2019 Part D TS & RR.	None

2019 (old version)	2020 (new version)	Type of Change
Part D: MTM		
RSC 5.s. If a CMR was not received (Data Element P = No), there are no reported delivery date(s) (Data Element R = missing)	RSC 5.s. If a CMR was not received (Data Element P = No), there are no reported delivery date(s) (Data Element R = missing) unless the CMR summary was returned via mail, then the reported delivery date should be the date that the written summary was sent (Data Element R ≠ missing).	Update
RSC 6. Organization accurately identifies data on MTM program participation and uploads it into Gentran, including the following criteria:	RSC 6. Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:	Update
RSC 6.i. 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 (Data Elements B, C, D, E, F, G, H, I, J).	RSC 6.i. Includes members who moved between contracts in each corresponding file uploaded to HPMS. 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 (Data Elements B, C, D, E, F, G, H, I, J).	Update
RSC 7. Organization accurately identifies MTM eligible members who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into Gentran, including the following criteria:	RSC 7. Organization accurately identifies MTM eligible members who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into HPMS, including the following criteria:	Update
RSC 8. Organization accurately identifies data on members who opted-out of enrollment in the MTM program and uploads it into Gentran, including the following criteria:	RSC 8. Organization accurately identifies data on members who opted-out of enrollment in the MTM program and uploads it into HPMS, including the following criteria:	Update
RSC 9. Organization accurately identifies data on CMR offers and uploads it into Gentran, including the following criteria:	RSC 9. Organization accurately identifies data on CMR offers and uploads it into HPMS, including the following criteria:	Update
RSC 10. Organization accurately identifies data on CMR dates and uploads it into Gentran, including the following criteria:	RSC 10. Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:	Update
RSC 11. Organization accurately identifies data on MTM drug therapy problem recommendations and uploads it into Gentran, including the following criteria:	RSC 11. Organization accurately identifies data on MTM drug therapy problem recommendations and uploads it into HPMS, including the following criteria:	Update

Part D CD/RD:

RSC 5.b. Number of exception decisions made in the reporting period (Data Elements 1.G−1.R) does not exceed the total number of processed coverage determination decisions that include exceptions (Data Element 1.A).	RSC 5.b. Number of exception decisions made in the reporting period (Data Elements (1.H + 1.I + 1.J) + (1.L + 1.M + 1.N) + (1.P + 1.Q + 1.R)) does not exceed the total number of processed coverage determination decisions that include exceptions (Data Element 1.A).		Update
RSC. 5f. Verify that the date of disposition for each reopening (Data Element 3.B.11) is after the date of original disposition (Data Element 3.B.5).	RSC. 5f. Verify that the date of disposition for each reopening (Data Element 3.B.11) is equal to or later than the date of original disposition (Data Element 3.B.5).		Update
RSC 5.g. Verify that the date of each reopening disposition (Data Element 3.B.11) is after the date that the case was reopened (Data Element 3.B.9).	RSC 5.g. Verify that the date of each reopening disposition (Data Element 3.B.11) is equal to or later than the date the case was reopened (Data Element 3.B.9).		Update
RSC 6i. Includes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.	RSC 6.i. Excludes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.		Update
RSC 7f. Includes requests for exceptions that are withdrawn or dismissed. Verify that all standard exceptions that are withdrawn or dismissed are included. Verify that all expedited exceptions that are withdrawn or dismissed are included.	RSC 7f. Excludes requests for exceptions that are withdrawn or dismissed.		Update
RSC 8a. Properly categorizes the number of coverage determinations (including exceptions) by final decision: fully favorable, partially favorable, or adverse. Verify that all cases included in the count for the total number of processed coverage determinations made in the reporting period are identified as one of the accepted disposition types.	RSC 8a. Properly categorizes the number of coverage determinations (excluding exceptions) by final decision: fully favorable, partially favorable, or adverse. Verify that all cases included in the count for the total number of processed coverage determinations made in the reporting period are identified as one of the accepted disposition types.		Update
RSC 10.k. Includes dismissals and withdrawals.	RSC 10k. Excludes dismissals and withdrawals.		Update

Part D: DUR

RSC 6.a.iii. Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (daily dose and quantity), and date of service (DOS).	RSC 6.a.iii. Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and date of service (DOS) and formulary-level opioid MME POS edit.		Update

RSC 6.a.iv. Properly counts the number of unique beneficiaries by contract that triggered the care coordination safety edit and if applicable, a provider and pharmacy criterion.	RSC 6.a.iv. Properly counts the number of unique beneficiaries by plan that triggered the care coordination safety edit and if applicable, a provider and pharmacy criterion.		Update
RSC 6.b.iii. Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (daily dose for and quantity), and date of service (DOS).	RSC 6.b.iii. Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and date of service (DOS) and formulary-level opioid MME POS edit.		Update
RSC 6.b.iv. Properly counts the number of unique beneficiaries by contract that triggered the established hard MME safety edit threshold and if applicable, a provider and pharmacy criterion.	RSC 6.b.iv. Properly counts the number of unique beneficiaries by contract plan that triggered the established hard MME safety edit threshold and if applicable, a provider and pharmacy criterion.		Update
RSC 6.c.iii. Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (daily dose and quantity), and date of service (DOS).	RSC 6.c.iii. Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level opioid MME POS edit.		Update
RSC 6.c.iv. Properly counts the number of unique beneficiaries by contract that triggered the opioid naïve days supply safety edit.	RSC 6 c.iv. Properly counts the number of unique beneficiaries by plan that triggered the opioid naïve days supply safety edit.		Update

Reason for Change	Burden Change
Consistent with current technical guidance.	None
Consistent with current submisison process.	None
Consistent with current submisison process.	None
Consistent with current submisison process.	None
Consistent with current submisison process.	None
Consistent with current submisison process.	None
Consistent with current submisison process.	None
Consistent with current submisison process.	None

Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None

Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None
Changes consistent with approved 2019 Part D TS & RR.	None