

| Document in CMS-10191 (12/27/2019) | Original Language | Clarification or Change | Revised Language | Burden |
|--|--|--|--|-----------|
| CDAG Audit Process Data Request Table 6, Column K: NDC Table 8 Column M: NDC | Enter the 11-Digit National Drug Code using the NDC 11 format. Remove special characters separating the labeler, product, and trade package size. When less than 11 characters or a blank field is submitted by the pharmacy or delegate, populate the field as submitted. If the pharmacy submits a value greater than 11 characters, enter "valueXeeded" in the field. For multi-ingredient compound claims populate the field with the NDC of the most expensive drug (or as submitted on the associated PDE). When compound claims do not include any Part D drug products, populate the field with "00000000000" consistent with the NDC 11 format. | To accommodate at-risk redeterminations, CMS added "or NDC is not applicable (e.g., for at-risk redeterminations)" to the NDC field description for CDAG Tables 6 and 8. | Enter the 11-Digit National Drug Code using the NDC 11 format. Remove special characters separating the labeler, product, and trade package size. When less than 11 characters or a blank field is submitted by the pharmacy or delegate, or NDC is not applicable (e.g., for at-risk redeterminations), populate the field as submitted. If the pharmacy submits a value greater than 11 characters, enter "valueXeeded" in the field. For multi-ingredient compound claims populate the field with the NDC of the most expensive drug (or as submitted on the associated PDE). When compound claims do not include any Part D drug products, populate the field with "00000000000" consistent with the NDC 11 format. | No Change |
| CDAG Audit Process Data Request Table 6, Column P: Exception Type Table 8, Column T: Exception Type | Type of exception request. Valid values are: tiering exception, non-formulary exception, formulary UM exception and hospice. Answer NA if request was not processed as an exception request. | CMS added "safety edit exception" to the "Exception Type" field for CDAG Tables 6 and 8. | Type of exception request. Valid values are: tiering exception, non-formulary exception, formulary UM exception, hospice and safety edit exception. Answer NA if request was not processed as an exception request. | No Change |
| ODAG Audit Process Data Request Table 7, Column K: Date the reconsideration request was paid | Date the reconsideration request was paid. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Sponsors should answer NA for untimely cases that are still open. | CMS added "denied or" to the description in Table 7, Field Name 'Date the reconsideration request was paid.' | Date the reconsideration request was paid. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Sponsoring organizations should answer NA for denied or untimely cases that are still open. | No Change |
| ODAG Audit Process Data Request Table 1, Column J: Diagnosis Table 2, Column K: Diagnosis Table 3, Column J: Diagnosis Table 4, Column J: Diagnosis Table 5, Column J: Diagnosis Table 6, Column K: Diagnosis Table 7, Column H: Diagnosis Table 8, Column G: Diagnosis Table 9, Column G: Diagnosis Table 10, Column G: Diagnosis | Provide the enrollee diagnosis/diagnoses ICD-10 codes related to this request. If the ICD codes are unavailable, provide a description of the diagnosis, or for drugs provide the 11-digit National Drug Code (NDC) as well as the ICD-10 code related to the request. | CMS updated the description to remove "as well as the ICD-10 code related to the request" from the Diagnosis field in ODAG Tables 1 through 10. | Provide the enrollee diagnosis/diagnoses ICD-10 codes related to this request. If the ICD codes are unavailable, provide a description of the diagnosis, or for drugs provide the 11-digit National Drug Code (NDC). | No Change |
| ODAG Audit Process Data Request Table 4, Column O: Date written notification provided to enrollee | Date written notification provided to enrollee. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer Pending if written notification has not yet been provided, but is anticipated to be provided in a forthcoming EOB notice. Answer Untimely if reimbursement request was not timely paid or denied. | CMS updated Table 4, Column O to add, "Answer NA for reconsideration requests." | Date written notification provided to enrollee. Submit in CCYY/MM/DD format (e.g., 2020/01/01). Answer Pending if written notification has not yet been provided, but is anticipated to be provided in a forthcoming EOB notice. Answer Untimely if reimbursement request was not timely paid or denied. Answer NA for reconsideration requests. | No Change |

| Document in CMS-10191 (12/27/2019) | Original Language | Clarification or Change | Revised Language | Burden |
|------------------------------------|---|--|--|------------------|
| SNP MOC Questionnaire Questions | <p>3. Describe staffing responsibilities for administering HRAs and developing ICPs.</p> <p>7. Describe the process of verifying licensure for credentialed personnel.</p> <p>9. Describe the process for tracking the distribution of MOC training materials to ICT providers.</p> <p>10. Describe the internal system utilized for ensuring that ICTs are comprised of appropriate disciplines, as described in the MOC, and that ICTs coordinate care and communicate with each other and enrollees regarding the ICP.</p> <p>11. If there are ICT meetings where beneficiary ICPs and care coordination are discussed, what is the period of time expected between initial ICP development and presentation to the ICT?</p> <p>12. Describe outreach policy pertaining to HRA administration and ICP development.</p> <p>14. What is the period of time expected between HRA (or completion of outreach efforts if beneficiary is unreachable) and ICP development? If there are differences in ICP development timing expected based on risk stratification level, please explain.</p> | <p>We have removed questions 3, 7, 9, 10, 11 and 14 from the SNP Questionnaire. We revised the language in question # 12 to read: "Describe the outreach policy pertaining to HRA administration and ICP development. Describe the process for enrollees that cannot or do not want to be contacted". We renumbered the remaining questions accordingly.</p> | <p>Questions 1-2 - No change</p> <p>Renumbering and Revisions:</p> <p>3. Describe your organization's internal system utilized for tracking HRAs, ICPs, and ICT decisions and activities.</p> <p>4. Does your organization use an acuity scoring system to assess enrollee severity of illness/intensity of service? If yes, please describe your organization's enrollee risk stratification levels and your process for assigning enrollees to a risk stratification level.</p> <p>5. Describe the processes when transition of care is documented for a new enrollee or an enrollee who has experienced hospitalization. How do you define transition of care?</p> <p>6. Describe the process for tracking MOC training for ICT-implicated staff and FDRs.</p> <p>7. Describe the outreach policy pertaining to HRA administration and ICP development. Describe the process for enrollees that cannot or do not want to be contacted.</p> <p>8. Please identify FDRs that you contract with that conduct SNP related care coordination activities, such as administering HRAs or outreach.</p> | <p>No Change</p> |