Grievances (Part C) 2021

Grievances (Part C) 2021
Organization Name:
Contract Number:
Reporting Section:
Last Updated:
Date of Site Visit (on-site or virtual):
Name of Reviewer:
Name of Peer Reviewer:
Instructions:
1) in the "Date Sources and Review Results:" column,
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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an ''' should not be edited.
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.		Data Sources:	
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.		Review Results:	
1.b		Source documents create all required data fields for reporting requirements.		Review Results:	
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.).		Review Results:	
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).		Review Results:	
1.e		Data file locations are referenced correctly.		Review Results:	
1.f		If used, macros are properly documented.		Review Results: Review Results:	
1.g		Source documents are clearly and adequately documented. Titles and footnotes on reports and tables are accurate.		Review Results:	
1.0		Titles and rootnotes on reports and tables are accurate. Version control of source documents is appropriately applied.		Review Results:	
				Data Sources:	
-		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and consus 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. 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.		Review Results:	
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.		Review Results:	
2.c	RSC-3	Appropriate deadlines are met for reporting data Organization meets deadlines for reporting data to CMS by 2/7/2022. INote to reviewer: If the organization has, for any reason, re-submitted its data		Review Results:	
2.d	RSC-4	Note to reviewer if the organization has, for any reason, re-submitted its data from used are properly defined per CNF regulations, pulsance. Reporting Requirements, and Technical Specifications. Organization properly defines the term "Grivenace" in accordance with 42 CFR (522.364 and the Parts C. B.D Enrollee Crievances, Organization/Coverage guidance properly when performing its calculations.		Review Results:	
2.e	RSC-5.a	The number of expected counts (e.g., number of members, claims, grievances, procedure) are verified: ranges of alst fields are verified: a flags of all falls dark are verified; and a flag dath has been properly addressed, reporting output nuther to corresponding output of counter (e.g., programming) is appropriately applied; OA checks/thresholds are applied to detect outlier or erroneous data prior to data submission. BSS-S-Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Oata Sources:	
	RSC-5.a	ne klumban of total minuscoon in which kimaku nakifinakian uun olivan fftata	Data Element B	Review Results:	
2.e	RSC-5.b	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into RPMS. Number of organized grievances in which timely notification was given (Data Element D) does not exceed number of total grievances in which timely notification was given (Data Element B).		Data Sources:	
	RSC-5.b		Data Element D	Review Results:	
2.e	RSC-5.c	RSC-S: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. c: Number of expedited grievances (Data Element C) does not exceed total grievances (Data Element A).		Data Sources:	•
	RSC-5.c		Data Element C	Review Results:	
2.e	RSC-5.d	RSC-5: Organization accurately reports data by applying data integrity checks lated below and uploads it into HPMS. A: Number of expedited grievances in which timely notification was given (Data Element D) does not exceed total expedited grievances (Data Element C).		Data Sources:	
	RSC-5.d		Data Element D	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an ''' should not be edited.
2.e	RSC-5.e	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		e: Number of dismissed grievances (Data Element E) are excluded from the total.			
2.e	RSC-5.e		Data Element E	Review Results:	
	RSC-5.f	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		IIsted Delow and Uploads it into HMMs. If the organization received a CMS outlier/data integrity notice, validate whether or not an internal procedure change was warranted or resubmission through HMMs (Data Elements A-E).			
2.e	RSC-5.f		Data Elements A-E	Review Results:	
2.e	RSC-6.a	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	
		a Includes all givenaces that were completed (i.e., organization has notified member of its decision) during the reporting period, regardless of when the grievance was received.			
2.e	RSC-6.a		Data Element A	Review Results:	
2.e	RSC-6.a		Data Element B	Review Results:	
2.e	RSC-6.a		Data Element C	Review Results:	
2.e	RSC-6.a		Data Element D	Review Results:	
2.e	RSC-6.a		Data Element E	Review Results:	
	pee ::			Data Communication of the Comm	
2.e	RSC-6.b	ESC. 6. Organization accurately calculates the total number of grievances, including the following criteria: Includes all grievances reported by or on behalf of members who were servicedually eligible, regardises of whether the member, was eligible on the date that the grievance was reported to the organization.		Data Sources:	·
2.e	RSC-6.b		Data Element A	Review Results:	
2.e	RSC-6.b		Data Element B	Review Results:	
	RSC-6.b		Data Element C	Review Results:	
2.e	RSC-6.b		Data Element D	Review Results:	
2.e	RSC-6.b		Data Element E	Review Results:	
2.e	RSC-6.c	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	
		c: If a grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.			
2.e	RSC-6.c		Data Element A	Review Results:	
2.e	RSC-6.c		Data Element B	Review Results:	
2.e	RSC-6.c		Data Element C	Review Results:	
2.e	RSC-6.c		Data Element D	Review Results:	
	RSC-6.c		Data Element E	Review Results:	
2.e	RSC-6.d	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	·
		d: If a member file a grievance and then files a subsequent grievance on the same issue prior to the organizations decision or the deadline for decision notification (whichever is earlier), then the issue is counted as one grievance.			
2.e	RSC-6.d		Data Element A	Review Results:	
2.e	RSC-6.d		Data Element B	Review Results:	
2.e	RSC-6.d		Data Element C	Review Results:	
	RSC-6.d		Data Element D	Review Results:	
	RSC-6.d		Data Element E	Review Results:	
20	RSC-6.e	DSC.4: Organization accurately calculates the total number of min		Data Sources	
2.e	KSU-0.E	RSC-6- Organization accurately calculates the total number of prievances, including the following criteria: or if a member file a prievance and then files a subsequent grievance on the same issue after the organization's decision or deadline for decision outfittation (whichever is earlier), then the issue is counted as a separate grievance.		Data Sources:	
2.e	RSC-6.e		Data Element A	Review Results:	
	RSC-6.e		Data Element B	Review Results:	
A-10					

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.e		Data Element C	Review Results:	
2.e	RSC-6.e		Data Element D	Review Results:	
2.e	RSC-6.e		Data Element E	Review Results:	
2.6	K3C-0.E		Data Element E	Review Results.	
2.e	RSC-6.f	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	
		f: Includes all methods of grievance receipt (e.g., telephone, letter, fax, and in- person).			
2.e	RSC-6.f		Data Element A	Review Results:	
2.e	RSC-6.f		Data Element B	Review Results:	
2.e	RSC-6.f		Data Element C	Review Results:	
2.e	RSC-6.f		Data Element D	Review Results:	
z.e	RSC-6.T		Data Element D	keview kesuits:	
2.e	RSC-6.f		Data Element E	Review Results:	
2.e	RSC-6.g	RSC-6: Oreanization accurately calculates the total number of erievances		Data Sources:	
		RSC-6: Organization accurately calculates the total number of grievances, including the following criteria: g: Includes all grievances regardless of who filed the grievance (e.g., member or appointed representative).			
		appointed representative).			
2.e	RSC-6.g		Data Element A	Review Results:	
2.e	RSC-6.g		Data Element B	Review Results:	
2.e	RSC-6.g		Data Element C	Review Results:	_
2.e	RSC-6.g		Data Element D	Review Results:	
2.e	RSC-6.g		Data Element E	Review Results:	
2.6	K3C-0.g		Data Element E	Review Results.	
2.e	RSC-6.h	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	•
		In Includes only grisuances that are filed directly with the organization (e.g., seculdes all complaints that are only forwarded to the organization from the CMS Complaint Tracking Module (CTM) and not filed directly with the organization, in a member files the same complaint both directly with the organization and via the CTM, the organization includes only the grievance that was filed directly with the organization and excludes the identical CTM.			
		organization). If a member files the same complaint both directly with the organization and via the CTM, the organization includes only the grievance that was filed directly with the organization and excludes the identical CTM			
		complaint.			
2.e	RSC-6.h		Data Element A	Review Results:	
2.e	RSC-6.h		Data Element B	Review Results:	
2.e	RSC-6.h		Data Element C	Review Results:	
2.e	RSC-6.h		Data Element D	Review Results:	
2.e	RSC-6.h		Data Element E	Review Results:	
2.e	RSC-6.i	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	•
		is For MA-PD contracts: Includes only grievances that apply to the Part C benefit (If a clear distinction cannot be made for an MA-PD, cases are reported as Part C grievances).			
2.e	RSC-6.i	,	Data Element A	Review Results:	
					
2.e	RSC-6.i		Data Element B	Review Results:	
2.e	RSC-6.i		Data Element C	Review Results:	
2.e	RSC-6.i		Data Element D	Review Results:	
2.e	RSC-6.i		Data Element E	Review Results:	
2.e	RSC-6.j	RSC-6: Organization accurately calculates the total number of grievances, including the following criteria:		Data Sources:	
		j: Excludes withdrawn grievances.			
2.e	RSC-6.j		Data Element A	Review Results:	
2.e	RSC-6.j		Data Element B	Review Results:	
			Data file	Davis Davits	
2.e	RSC-6.j		Data Element C	Review Results:	
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2.e	RSC-6.j		Data Element D	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.j		Data Element E	Review Results:	
2.e	RSC-7.a	RSC-7: Organization accurately calculates the number of grievances by category for which it provided timely notification of the decision, including the following criteria: a: Includes only grievances for which the member is notified of decision		Data Sources:	
2.e	RSC-7.ai	as includes only grevances for which the internet is routine or declared RSC-7.a.l. For standard grievances: no later than 30 days after receipt of grievance.	Data Element B	Review Results:	
2.e	RSC-7.aii	RSC-7.ail: For standard grievances with an extension taken: no later than 44 days after receipt of grievance.	Data Element B	Review Results:	
2.e	RSC-7.aiii	RSC-7.alil: For expedited grievances: no later than 24 hours after receipt of grievance.	Data Element B	Review Results:	
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:	
3.a		Data elements are accurately entered/uploaded into CMS systems and entries match corresponding source documents.	Data Element A	Review Results:	
3.a			Data Element B	Review Results:	
3.a			Data Element C	Review Results:	
3.a			Data Element D	Review Results:	
3.a			Data Element E	Review Results:	
3.b		All sources, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:	
4		Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, and claims adjustments).		Review Results:	
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:	
6		forganization's data systems underwent any changes during the reporting period (e.g., because of a merge, acquisition, or upgrade). Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.		Review Results:	
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 the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected and/or reported by the delegated entity or first the data collected entity or first the data collected and/or reported by the delegated entity or first the data collected entity or f		Review Results:	

Organization Determinations/Reconsiderations (Part C) 2021

Organization Determinations/Reconsiderations (Part C) 2021
Organization Name:
Contract Number:
Reporting Section:
Contract Number:
Reporting Section:
Last Updated:
Date of Site Visit (on-site or virtual):
Name of Reviewer:
Name of Peer Reviewer:
Name of Peer Reviewer:
Name of Peer Reviewer:
Name of Peer Reviewer:
1) In the "Date Outcomes and Review Results" column,
1) In the "Date Outcomes and Review Results" column,
2) Enter "If the requirement for the standard or accelerational or outst-andard.
2) Enter "If the requirement for the standard or also standard has not been met. enter "N.". If any standard or sub-standard does not apply, senter "NA".

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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
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.		Data Sources:	•
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.		Review Results:	
1.b		Source documents create all required data fields for reporting requirements.		Review Results:	
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.).		Review Results:	
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).		Review Results:	
1.e		Data file locations are referenced correctly.		Review Results:	
1.f		If used, macros are properly documented.		Review Results:	
1.g		Source documents are clearly and adequately documented.		Review Results:	
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:	
1.i		Version control of source documents is appropriately applied.		Review Results:	
2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, swed 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:	·
2.a	RSC-1	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.			
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.		Review Results:	
2.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly).		Review Results:	
		Organization meets deadlines for reporting data to CMS by 02/28/2022.			
2.d	RSC-4	Note to reviewer: If the organization has, for any reason, re-submitted its data ferms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Organization properly defines the term "Organization Determinations" in accordance with 42 C.F.R. Part 422, subpart M. and the Parts C.8. D Enrollee		Data Sources:	
2.e	RSC-5.a	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.,		Data Sources:	•
		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; Qic check-thresholds are applied to detect outlier or erroneous data prior to data submission. SRC-5: Cregnazion accurately reports data by applying data integrity checks			
	200 5	listed below and uploads it into HPMS.			
2.e	RSC-5.a		Subsection #1, Data Element A, Subsection #2, Data Elements A-L	Review Results:	
2.e	RSC-5.b	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		b: The total number of reconsiderations (Subsection#3, Data Element A) is equal to sum of reconsiderations by outcome (Subsection #4, Data Elements A- L).			
2.e	RSC-5.b		Subsection #3, Data Element A, Subsection #4, Data Elements A-L	Review Results:	
2.e	RSC-5.c	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		c: The total number of reopened decisions (Subsection #5, Data Element A) is equal to the number of records reported in the data file with a disposition of reopened.			
2.e	RSC-5.c		Subsection #5, Data Element A	Review Results:	
2.e	RSC-5.d	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		d: The date each case was reopened (Subsection #5, Data Element K) is after the date of its original disposition (Subsection #5, Data Element F).			
2.e	RSC-5.d		Subsection #5, Data Element K	Review Results:	
2.e	RSC-5.e	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		issee Delow and uploads it into HPMS. e: The date of disposition for each reopening (Subsection #5, Data Element N) is after the date of the original disposition (Subsection #5, Data Element F).			

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-5.e		Subsection #5, Data Element N	Review Results:	
2.e	RSC-5.f	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. It the date of disposition for each reopening (Subsection #5, Data Element N) is after the date the case was reopened (Subsection #5, Data Element N).		Data Sources:	
2.e	RSC-5.f		Subsection #5, Data Element N	Review Results:	
2.e	RSC-5.g	RSC-S: Organization accurately reports data by applying data integrity checks listed below and upbads it into HPMS. g: The date of disposition for each reopening (Subsection #5, Data Element N) is within the reporting quarter.		Data Sources:	
2.e	RSC-5.g		Subsection #5, Data Element N	Review Results:	
2.e	RSC-5.h	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMs. It verify that there is a valid value submitted for date of original disposition as MM/DD/YYY format (Subsection #5, Data Element F).		Data Sources:	·
2.e	RSC-5.h		Subsection #5, Data Element F	Review Results:	
2.e	RSC-5.i	ISSC-5: Organization accurately reports data by applying data integrity checks listed below and upbads it into HPMS. E Verify that there is a valid value submitted for case level (Organization Determination or Reconsideration) (Subsection #5, Data Element E)		Data Sources:	
2.e	RSC-5.i		Subsection #5, Data Element E	Review Results:	
2.e	RSC-5.j	BSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. I: Verify that there is a valid value submitted for reopening disposition (Fully Favorable: Partrally Favorable: Adverse or Pending (Subsection #5, Data Blement O).		Data Sources:	·
2.e	RSC-5.j		Subsection #5, Data Element O	Review Results:	
2.e	RSC-5.k	ISC. 5. Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. It if the organization received a CMS outlier/data integrity notice validate whether or not an internal procedure change was warranted or resubmission through HPMS.		Data Sources:	
2.e	RSC-5.k		Subsection #1, Data Elements A-G, Subsection #2, Data	Review Results:	
2.8	RSC-6.a	ISS-6- Organization accurately calculates the total number of organization determinations, including the following criteria: a chudes all completed organization determinations (that C cryl) for corrices requested by an envolved representative, a provider on behalf of the envolved representative, a provider on behalf of the envolved read or a non-contract provider, and all organization determinations for claims submitted by envolved, read organization determinations for dealm submitted by envolved read or the final decision that occurs during the reporting period, regardless of when the request for organization determination was received.	Elements A-L, Subsection #3, Data	Data Sources:	
2.e	RSC-6.a		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.a		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.a		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.a		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.a		Element G	Review Results:	
2.e	RSC-6.a		Element I	Review Results:	
2.e	RSC-6.a		Element J	Review Results:	
2.e	RSC-6.a		Element K	Review Results:	
2.e	RSC-6.a		Subsection #2, Data Element L	Review Results:	
2.e		ESC. 6. Organization accurately calculates the total number of organization determinations, including the following criteria: b: Includes adjudicated claims with a date of adjudication that occurs during the reporting period.		Data Sources:	•
2.e	RSC-6.b		Element A	Review Results:	
2.e	RSC-6.b		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.b		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.b		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.b		Subsection #1, Data Element G	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.b		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.b		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.b		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.b		Subsection #2, Data Element L	Review Results:	
2.e	RSC-6.c	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria: concludes all dains submitted for exponent including those that pass through the adjudication system that may not require determination by the staff of the organization or its delegated entity.		Data Sources:	•
2.e	RSC-6.c		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.c		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.c		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.c		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.c		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.c		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.c		Subsection #2. Data	Review Results:	
2.e	RSC-6.c		Element J Subsection #2, Data	Review Results:	
2.e	RSC-6.c		Element K Subsection #2, Data	Review Results:	
			Element L		
2.e	RSC-6.d	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria: d: includes decisions made on behalf of the organization by a delegated entity.		Data Sources:	·
2.e	RSC-6.d		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.d		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.d		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.d		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.d		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.d		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.d		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.d		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.d		Subsection #2, Data Element L	Review Results:	
2 <i>e</i>		IEC6. Organization accurately calculates the total number of organization determinations, including the following criteria: Includes organization determinations that are filled directly with the organization of the control organization of the control organization of the organization of control organization of control organization of control organization of the		Data Sources:	·
2.e	RSC-6.e		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.e		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.e		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.e		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.e		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.e		Subsection #2, Data Element I	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description		Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.e		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.e		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.e		Subsection #2, Data Element L	Review Results:	
2.e	RSC-6.f	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria:		Data Sources:	
		f: Includes all methods of organization determination request receipt (e.g., telephone, letter, fax, in-person).			
2.e	RSC-6.f		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.f		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.f		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.f		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.f		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.f		Subsection #2, Data	Review Results:	
	DCC / 4		Element I	Davidson Davidson	
2.e	RSC-6.f		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.f		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.f		Subsection #2, Data Element L	Review Results:	
2.e	RSC-6.g	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria:		Data Sources:	•
		g: Includes all organization determinations for services requested by an enrollee/representative, or provider on behalf of the enrollee, or a non- contract provider, and claims submitted by either enrollee/representative or non-contract provider.			
2.e	RSC-6.g		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.g		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.g		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.g		Element F	Review Results:	
2.e	RSC-6.g		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.g		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.g		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.g		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.g		Subsection #2, Data Element L	Review Results:	
2.e	RSC-6.h	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria:		Data Sources:	•
		determinations, including the following criteria: h: Includes supplemental benefits (i.e., non-Medicare covered item or service) provided as a part of a plan's Medicare benefit package.			
2.e	RSC-6.h		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.h		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.h			Review Results:	
2.e	RSC-6.h		Subsection #1, Data	Review Results:	
			Element F		
2.e	RSC-6.h		Element G	Review Results:	
2.e	RSC-6.h		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.h		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.h		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.h		Subsection #2, Data Element L	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '" should not be edited.
2.e	RSC-6.i	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria: i: Excludes dismissals and withdrawals.		Data Sources:	•
2.e	RSC-6.i		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.i		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.i		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.i		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.i		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.i		Subsection #2, Data Element I	Review Results:	
2.e 2.e	RSC-6.i		Subsection #2, Data Element J	Review Results: Review Results:	
2.e	RSC-6.I		Subsection #2, Data Element K Subsection #2, Data	Review Results:	
2.e	RSC-6.j	RSC-6: Organization accurately calculates the total number of organization	Element L	Data Sources:	
	,	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria: j: Excludes Independent Review Entity Decisions.			
2.e	RSC-6.j		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.j		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.j		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.j		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.j		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.j		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.j		Subsection #2, Data Element J	Review Results:	
2.e 2.e	RSC-6.j		Subsection #2, Data Element K	Review Results: Review Results:	
2.e		RSC-6: Organization accurately calculates the total number of organization	Subsection #2, Data Element L	Data Sources:	
		determinations, including the following criteria: k: Excludes Quality Improvement Organization (QIO) reviews of a member's request to continue Medicare-covered services (e.g., a SNF stay).			
2.e	RSC-6.k		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.k		Subsection #1, Data Element D	Review Results:	
2.e	RSC-6.k		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.k		Element F	Review Results:	
2.e	RSC-6.k		Subsection #1, Data Element G	Review Results:	
2.e 2.e	RSC-6.k		Element I	Review Results: Review Results:	
2.e	RSC-6.k		Subsection #2, Data Element J Subsection #2, Data	Review Results:	
2.e	RSC-6.k		Element K	Review Results:	
2.e	RSC-6.I	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria:	LICENCE L	Data Sources:	
		l: Excludes duplicate payment requests concerning the same service or item.			
2.e	RSC-6.I		Element A	Review Results:	
2.e	RSC-6.I		Subsection #1, Data Element D	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.I		Subsection #1, Data Element E	Review Results:	
2.e	RSC-6.I		Subsection #1, Data	Review Results:	
			Element F		
2.e	RSC-6.I		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.I		Subsection #2, Data Element I	Review Results:	
2.e	RSC-6.I		Subsection #2, Data	Review Results:	
			Element J		
2.e	RSC-6.I		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.I		Subsection #2, Data Element L	Review Results:	
2.e	RSC-6.m	RSC-6: Organization accurately calculates the total number of organization determinations, including the following criteria:		Data Sources:	
		m. Excludes payment requests returned to an enrollee/representative or non- contract provider 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			
		requests or forms that are incomplete, invalid or do not meet the requirements for a Medicare claim).			
2.e	RSC-6.m		Subsection #1, Data Element A	Review Results:	
2.e	RSC-6.m		Subsection #1, Data	Review Results:	
	RSC-6.m		Element D	Review Results:	
2.e	KSC-6.M		Subsection #1, Data Element E	venem vegnitz:	
2.e	RSC-6.m		Subsection #1, Data Element F	Review Results:	
2.e	RSC-6.m		Subsection #1, Data Element G	Review Results:	
2.e	RSC-6.m		Subsection #2, Data Element I	Review Results:	
			Element I		
2.e	RSC-6.m		Subsection #2, Data Element J	Review Results:	
2.e	RSC-6.m		Subsection #2, Data Element K	Review Results:	
2.e	RSC-6.m		Subsection #2, Data Element L	Review Results:	
			Element L		
2.e		RSC-7: Organization accurately calculates the number of organization determinations, including the following criteria: a: Includes all service organization determinations requested by enrollee/representative, provider on behalf of enrollee, or non-contract		Data Sources:	
		enrollee/representative, provider on behalf of enrollee, or non-contract provider.			
2.e	RSC-7.a		Subsection #1, Data Element D	Review Results:	
2.e	RSC-7.a		Subsection #1, Data Element F	Review Results:	
2.e	RSC-7.b	RSC-7: Organization accurately calculates the number of organization determinations, including the following criteria:		Data Sources:	
		b: Includes all payment (claim) organization determinations submitted by enrollee/representative or non-contract provider.			
2.e	RSC-7.b		Subsection #1, Data Element E	Review Results:	
2.e	RSC-7.b			Review Results:	
			Subsection #1, Data Element G		
2.e	RSC-8.a	RSC-8: 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 criteria below. All non-adverse organization determinations must be either partially or fully favorable organization	f	Data Sources:	
		determinations. a: Includes all adverse service organization determinations requested by			
2.e	RSC-8.a		Subsection #2, Data Element I	Review Results:	
2.e	RSC-8.a		Subsection #2, Data Element J	Review Results:	
2.e	RSC-8.b	RSC-8: Organization accurately calculates the number of adverse (e.g., denial of entire request resulting in no coverage of the Item or service) organization	f	Data Sources:	•
		entire request resulting in no coverage of the item or service) organization determinations, including the criteria below. All non-adverse organization determinations must be either partially or fully favorable organization determinations.			
2.e	RSC-8.b	b: Includes all adverse payment (claim) organization determinations submitted	Subsection #2 Data Element K	Review Results:	
2.e	RSC-8.b		Subsection #2 Data	Review Results:	
			Element L		
2.e	RSC-9.a	RSC-9: Organization accurately calculates "Withdrawn Organization Determination" according to the following criteria: a: Includes an organization determination that is withdrawn upon the enrollee's request, the enrollee representative's request, or the enrollee		Data Sources:	
		enrollee's request, the enrollee representative's request, or the enrollee provider's request but excludes appeals that the organization forwards to the IRE for dismissal.			
2.e	RSC-9.a		Subsection #1, Data Element B	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-10.a	ISC-10. Organization accurately calculates "Organization Determinations - Dismissals" according to the following criteria: a: Includes dismissals that were processed in accordance with the Parts C & D Enrollee Grievances, Organization/Coverage Determinations and Appeals Manual.		Data Sources:	·
2.e	RSC-10.a		Subsection #1, Data Element C	Review Results:	
2.e	RSC-11.a	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:		Data Sources:	
		a: includes all completed reconsiderations (Part C only) both for services requested by an enrollee/representative, or provider on behalf of the enrollee, or non-contract provider, and claims submitted either by enrollee/representative or non-contract provider with a date of member			
2.e	RSC-11.a	and the state of the first desiries that are not state the second to	Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.a		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.a		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.a		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.a		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.a		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.a		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.a		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.a		Subsection #4, Data Element L	Review Results:	
2.e	RSC-11.b	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria: b: Includes decisions made on behalf of the organization by a delegated entity.		Data Sources:	
		b. Includes decisions made on behalf of the organization by a delegated entity.			
2.e	RSC-11.b		Elements A	Review Results:	
2.e	RSC-11.b		Element D	Review Results:	
2.e	RSC-11.b		Element E	Review Results:	
2.e	RSC-11.b		Element F	Review Results:	
2.e	RSC-11.b		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.b		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.b		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.b		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.b		Subsection #4, Data Element L	Review Results:	
2.e	RSC-11.c	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria: c: Includes all methods of reconsideration request receipt (e.g., telephone, letter, fax, and in-person).		Data Sources:	
2.e	RSC-11.c		Subsection #3, Data Elements A	Review Results:	
2.e	RSC-11.c		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.c		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.c		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.c		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.c			Review Results:	
2.e	RSC-11.c			Review Results:	
2.e	RSC-11.c		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.c			Review Results:	
			L. C.		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an ** should not be edited.
2.e	RSC-11.d	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:		Data Sources:	•
		d. Includes all reconsiderations for services requested by an enrollee/representative, or provider on behalf of the enrollee, or non-contract provider, and claims submitted either by enrollee/representative or non-			
		provider, and claims submitted either by enrollee/representative or non- contract provider.			
2.e	RSC-11.d		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.d		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.d		Subsection #3, Data	Review Results:	
			Element E		
2.e	RSC-11.d		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.d		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.d		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.d		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.d		Subsection #4, Data	Review Results:	
2.e	RSC-11.d		Element K Subsection #4, Data	Review Results:	
			Subsection #4, Data Element L		
2.e	RSC-11.e	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria: e: Includes reconsiderations that are filed directly with the organization or its.		Data Sources:	·
		e: Includes reconsiderations that are filed directly with the organization or its delegated entities for services requested by an enrollee/representative, or provider on behalf of the enrollee, or non-contract provider, and claims submitted either by enrollee/representative or non-contract provider. If a member requests a reprosideration directly with the organization and files and			
		submitted either by enrollee/representative or non-contract provider. 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.			
2.e	RSC-11.e		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.e		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.e		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.e		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.e		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.e		Subsection #4, Data	Review Results:	
2.e	RSC-11.e		Element I	Review Results:	
			Subsection #4, Data Element J		
2.e	RSC-11.e		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.e		Subsection #4, Data Element L	Review Results:	
2.e		RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:		Data Sources:	•
		f: Includes supplemental benefits (i.e., non-Medicare covered item or service) provided as a part of a plan's Medicare benefit package.			
2.e	RSC-11.f		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.f		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.f		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.f		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.f		Subsection #3, Data	Review Results:	
2.e	RSC-11.f		Element G	Review Results:	
			Subsection #4, Data Element I		
2.e	RSC-11.f		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.f		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.f		Subsection #4, Data Element L	Review Results:	
2.e	RSC-11.g	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria: g: Excludes dismissals and withdrawals.		Data Sources:	
		_в . всеме изиназава ана widhulawalls.			
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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-11.g		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.g		Subsection #2 Data	Review Results:	
2.6	KSC-11.g		Subsection #3, Data Element D	Review Results.	
2.e	RSC-11.g		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.g		Subsection #3, Data	Review Results:	
			Element F		
2.e	RSC-11.g		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.g		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.g		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.g		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.g		Subsection #4, Data Element L	Review Results:	
2.e	RSC-11.h	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:		Data Sources:	
		h: Excludes Independent Review Entity Decisions.			
2.e	RSC-11.h		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.h		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.h		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.h		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.h		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.h		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.h		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.h		Subsection #4 Data	Review Results:	
2.8	KSC-11.II		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.h		Subsection #4, Data Element L	Review Results:	
2.e	RSC-11.i	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:		Data Sources:	
		reconsiderations, including the following criteria: i: Excludes QIO reviews of a member's request to continue Medicare-covered services (e.g., a SNF stay).			
		services (e.g., a sivir stay).			
2.e	RSC-11.i		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.i			Review Results:	
2.80	K3C-11.I		Subsection #3, Data Element D	RESULTS.	
2.e	RSC-11.i		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.i		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.i		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.i		Subsection #4, Data	Review Results:	
			Element I		
2.e	RSC-11.i		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.i		Subsection #4, Data Element K	Review Results:	
2.e 2.e	RSC-11.i RSC-11.j	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:	Flement I	Review Results: Data Sources:	
		reconsiderations, including the following criteria: j: Excludes duplicate payment requests concerning the same service or item.			
2.e	RSC-11.j		Subsection #3, Data Element A	Review Results:	
			Element A		
2.e	RSC-11.j		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.j		Subsection #3, Data	Review Results:	
			Element E		
2.e	RSC-11.j		Subsection #3, Data Element F	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-11.j		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.j		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.j		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.j		Subsection #4, Data	Review Results:	
			Element K		
2.e	RSC-11.j		Subsection #4, Data Element L	Review Results:	
2.e	RSC-11.k	RSC-11: Organization accurately calculates the total number of reconsiderations, including the following criteria:		Data Sources:	•
		ic Excludes payment requests returned to an enrollee/representative or non- contract provider in which a substantive decision [Fully Favorable, Partially Favorable or Adverse] has not yet been made due to error (e.g., payment requests or form that are incomplete, invalid or do not meet the requirements for a Medicare Calim).			
2.e	RSC-11.k		Subsection #3, Data Element A	Review Results:	
2.e	RSC-11.k		Subsection #3, Data Element D	Review Results:	
2.e	RSC-11.k		Subsection #3, Data Element E	Review Results:	
2.e	RSC-11.k		Subsection #3, Data Element F	Review Results:	
2.e	RSC-11.k		Subsection #3, Data Element G	Review Results:	
2.e	RSC-11.k		Subsection #4, Data Element I	Review Results:	
2.e	RSC-11.k		Subsection #4, Data Element J	Review Results:	
2.e	RSC-11.k		Subsection #4, Data Element K	Review Results:	
2.e	RSC-11.k		Subsection #4, Data Element L	Review Results:	
2.e	RSC-12.a	RSC-12: 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 criteria below. All non-adverse organization reconsiderations must be either partially or fully favorable organization		Data Sources:	
		reconsiderations, microlong the criteria below. Air non-adverse organization reconsiderations must be either partially or fully favorable organization determinations: a: Includes all adverse service reconsideration determinations requested by errollee/representative, or provider on behalf of the enrollee, or non-contract.			
2.e	RSC-12.a	enonect cycle matter, or provide on behalf of the enrolled, or not consider	Subsection #4, Data Element I	Review Results:	
2.e	RSC-12.a		Subsection #4, Data Element J	Review Results:	
2.e	RSC-12.b	ISC-12: 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 criteria below. All non-adverse organization reconsiderations must be either partial por fully favorable organization determinations: Includes all adverse payment (claim) reconsideration determinations		Data Sources:	
2.e	RSC-12.b	submitted by enrollee/representative or non-contract provider that result in	Subsection #4, Data Element K	Review Results:	
2.e	RSC-12.b		Subsection #4, Data Element L	Review Results:	
2.e	RSC-12.c	RSC-12: 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 criteria below. All non-adverse organization		Data Sources:	
		reconsiderations, including the criteria below. All non-adverse organization reconsiderations must be either partially or fully favorable organization determinations. Criteria is a consideration request for payment is submitted to an			
2.e	RSC-12.c	- Special Control Control	Subsection #4, Data Element I	Review Results:	
2.e	RSC-12.c		Subsection #4, Data Element J	Review Results:	
2.e	RSC-12.c		Subsection #4, Data Element K	Review Results:	
2.e	RSC-12.c		Subsection #4, Data Element L	Review Results:	
2.e	RSC-13.a	RSC-13: Organization accurately calculates "Withdrawn Reconsiderations" according to the following criteria:		Data Sources:	•
		a: Includes a Reconsideration that is withdrawn upon the enrollee's request, the enrollee representative's request, or the enrollee provider's request.			
2.e	RSC-13.a		Subsection #3, Data Element B	Review Results:	
2.e	RSC-14.a	RSC-14: Organization accurately calculates "Reconsiderations Dismissals" according to the following criteria: a Includes reconsiderations dismissals that were processed in accordance with		Data Sources:	
		a: Includes reconsiderations dismissals that were processed in accordance with the Parts C & D Ernollee Grievances, Organization/Coverage Determinations and Appeals Manual.			
2.e	RSC-14.a		Subsection #3, Data Element C	Review Results:	
2.e	RSC-15.a	RSC-15: Organization accurately calculates the total number of reopened decisions according to the following criteria:		Data Sources:	•
		a: 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.			

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description		Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an "" should not be edited.
2.e	RSC-15.a		Subsection #5, Data Element A	Review Results:	
2.e	RSC-16.a	RSC-16: The organization accurately reports the following information for each reopened case: a: Contract Number		Data Sources:	
2.e 2.e	RSC-16.a RSC-16.b	RSC-16: The organization accurately reports the following information for each	Subsection #5, Data	Review Results: Data Sources:	
		reopened case: b: Date of original disposition			
2.e	RSC-16.b		Subsection #5, Data	Review Results:	
			Element F		
2.e	RSC-16.c	RSC-16: The organization accurately reports the following information for each reopened case:		Data Sources:	
		c: Original disposition (Fully Favorable; Partially Favorable; or Adverse)			
2.e	RSC-16.c		Subsection #5, Data Element G	Review Results:	
2.e	RSC-16.d	RSC-16: The organization accurately reports the following information for each reopened case:		Data Sources:	
		d: Case Level (Organization Determination or Reconsideration)			
2.e	RSC-16.d		Subsection #5, Data Element E	Review Results:	
2.e	RSC-16.e	RSC-16: The organization accurately reports the following information for each reopened case:		Data Sources:	
		e: Date case was reopened			
2.e 2.e	RSC-16.e RSC-16.f	IRSC-16: The organization accurately reports the following information for each	Subsection #5, Data	Review Results: Data Sources:	
		reopened case: f: Reason (s) for reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other)			
2.e	RSC-16.f		Subsection #5, Data Element L	Review Results:	
2.e	RSC-16.g	RSC-16: The organization accurately reports the following information for each reopened case:		Data Sources:	
		g: Date of reopening disposition (revised decision)			
2.e	RSC-16.g		Subsection #5, Data Element N	Review Results:	
20	RSC-16.h	BSC 14. The organization acquestely expects the following information for each		Data Sources	
2.e	RSC-10.II	RSC-16: The organization accurately reports the following information for each reopened case: h: Reopening disposition (Fully Favorable; Partially Favorable, Adverse, or Pending)		Data Sources:	
2.e	RSC-16.h		Subsection #5, Data Element O	Review Results:	
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:	
3.a			Subsection #1, Data Element A	Review Results:	
3.a		match corresponding source documents.	Element A Subsection #1, Data	Review Results:	
			Element B		
3.a			Subsection #1, Data Element C	Review Results:	
3.a			Subsection #1, Data Element D	Review Results:	
3.a			Subsection #1, Data Element E	Review Results:	
3.a			Subsection #1, Data Element F	Review Results:	
3.a			Subsection #1, Data Element G	Review Results:	
3.a			Subsection #2, Data Element I	Review Results:	
3.a			Subsection #2, Data Element J	Review Results:	
3.a			Subsection #2, Data Element K	Review Results:	
3.a			Subsection #2, Data Element L	Review Results:	
3.a				Review Results:	
			Element A		
3.a			Element B	Review Results:	
3.a			Subsection #3, Data Element C	Review Results:	
3.a			Subsection #3, Data Element D	Review Results:	
3.a			Subsection #3, Data Element E	Review Results:	

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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
3.a			Subsection #3, Data Element F	Review Results:	
3.a			Subsection #3, Data Element G	Review Results:	
3.a			Subsection #4, Data Element I	Review Results:	
3.a			Subsection #4, Data Element J	Review Results:	
3.a			Subsection #4, Data Element K	Review Results:	
3.a			Subsection #4, Data Element L	Review Results:	
3.a			Subsection #5, Data Element A	Review Results:	
3.a			Subsection #5, Data Element B	Review Results:	
3.a			Subsection #5, Data Element E	Review Results:	
3.a			Subsection #5, Data Element F	Review Results:	
3.a			Subsection #5, Data Element G	Review Results:	
3.a			Subsection #5, Data Element H	Review Results:	
3.a				Review Results:	
3.a			Subsection #5, Data Element I	Review Results:	
3.a			Subsection #5, Data	Review Results:	
3.4			Element J	Review Results:	
3.a			Subsection #5, Data	Review Results:	
0.50			Element K	never results	
3.a			Subsection #5, Data	Review Results:	
0.50			Element L	never results	
3.a			Subsection #5, Data	Review Results:	
			Element M		
3.a	_		Subsection #5, Data Element N	Review Results:	
			Element N		
3.a			Subsection #5, Data Element O	Review Results:	
			Element O		
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:	
		upon to enter data into CMS systems are archived.			
4	_	Organization implements policies and procedures for periodic data system		Review Results:	
		updates (e.g., changes in enrollment, provider/pharmacy status, claims adjustments).			
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:	
		gata in each data system (e.g., disaster recovery plan).			
6		If organization's data systems underwent any changes during the reporting		Review Results:	
		If organization's data systems underwent any changes during the reporting period (e.g., because 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		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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Special Needs Plans (SNPs) Care Management 2021

Special Needs Plans (SNPs) Care Management 2021
Organization Name:
Contract Number:
Reporting Section:
Special Needs
Last Updated:
Date of Site Visit (no-site or virtual):
Name of Reviewer:
Name of Peer Reviewer:
Name of Peer Reviewer:
Instructions:
1) In the 'Data Sources and Review Results:" column, enter the review esults and/or data courses used for enter the review esults and/or data courses used for each of the course of the reviewer of the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been met, enter or the standard or substandard has not been consistent or the standard has not been substandard has not been standard has not been standard has not been standard has not been substandard has not been substandard

Standard/Sub-standard ID	Reporting Section Criteria ID		Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
1		A review of source documents (e.g., programming code, spreadheet formulas, analysis plans, saved data queries, file Hoyouts, process flows) indicates that all source documents accurately capture required data fields and are properly documented.		Data Sources:	·
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.		Review Results:	
1.b		Source documents create all required data fields for reporting requirements.		Review Results:	
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.).		Review Results:	
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).		Review Results:	
1.e		Data file locations are referenced correctly.		Review Results:	
1.f		If used, macros are properly documented.		Review Results:	
1.g		Source documents are clearly and adequately documented.		Review Results:	
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:	
1.i		Version control of source documents is appropriately applied.		Review Results:	
2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries. The layouts, process flows) and creasus anapile data, whichever is applicable, includes that data elements for east sample data, whichever is applicable, includes that data elements for east reporting section are accurately identified, processed, and calculated.		Data Sources:	
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.		Review Results:	
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 plan benefit package.		Review Results:	
	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly). Organization meets deadline for reporting annual data to CMS by 2/28/2022.		Review Results:	
2.d	RSC - 4	Note to reviewer: If the organization has, for any reason, re-submitted its data ferms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Organization properly defines the term Health Risk Assessment (HRA) as		Review Results:	
2.e	RSC - 5 a	defined in 42 CF8 4 522.01 (I). This includes applying all relevant guidance. The number of expected counts (e.g., number of members, calms, grievances, procedures) are verified; ranges of data fields are verified; ranges of data fields are verified; range data has been properly addressed; reporting output matches corresponding source documents (e.g., programming cott) and the corresponding source documents (e.g., programming cott) and the control of		Data Sources:	
2.e	RSC - 5 a	nos-5-5 of gainzadurated scalar and scalar strendings on new members with are eligible for an initial health risk assessment (HRA), including the following	Data Element A	Review Results:	
2.e	RSC - 5b	RSC-9: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: b: Includes members who have an effective enrollment date that falls within the measurement year, are continuously enrolled for fewer than 90 days, and complete an initial PMC. Qual Element 9.		Data Sources:	
2.e	RSC - 5b		Data Element A	Review Results:	
Že	RSC 5.c	RSC-9: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria: c. includes members who have an effective enrollment date that falls in the previous measurement year, but a Ody deadline for initial HRA completion that falls in this measurement year, if no initial HRA was completed in the previous measurement year, if no initial HRA was completed in the		Data Sources:	·
2.e	RSC 5.c		Data Element A	Review Results:	
2.e	RSC 5.d	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HeA), including the following criteria: d: Includes members who have enrolled in the plan after dis- enrolling from another plan (different sponsor or organization). (Data Element A)		Data Sources:	·

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an ''' should not be edited.
2.e	RSC 5.d		Data Element A	Review Results:	
2.e	RSC 5. e	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria:		Data Sources:	
		e: 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. (Data			
		Element A)			
2.e	RSC 5. e		Data Element A	Review Results:	
2.e	RSC 5.f	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following		Data Sources:	
		criteria: f: Excludes continuously enrolled 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 (Data Element A)			
		HRAs, should be counted as new in the previous year. (Data Element A)			
2.e	RSC 5.f		Data Element A	Review Results:	
2.e	RSC 5.g	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria:		Data Sources:	,
		g: Excludes members who received an initial HRA but were subsequently deemed ineligible because they were never enrolled in the plan. (Data Element			
	RSC 5.g	AV	Data Element A	Review Results:	
			_ state element A		
2.e	RSC 5.h	RSC-5: Organization accurately calculates the number of new members who are eligible for an initial health risk assessment (HRA), including the following criteria:		Data Sources:	·
		h: Excludes members who disenroll from the plan prior to the effective enrollment date or within the first 90 days after the effective enrollment date, if an initial HRA was not completed prior to disenrolling.			
2.e	RSC 5.h		Data Element A	Review Results:	
	RSC 5.i	RSC-5: Organization accurately calculates the number of new members who		Data Sources:	
		are eligible for an initial health risk assessment (HRA), including the following criteria: i: Excludes enrollees who receive an initial or reassessment HRA and remain			
		continuously enrolled under a MAO whose contract was part of a consolidation of merger under the same legal entity during the member's continuous enrollment, where the consolidated SNP is still under the same Model of Care (MOC) as the enrollee's previous SNP. (Data Element A)			
	RSC 5.i		Data Element A	Review Results:	
			but benefit A	in the model.	
2.e	RSC-6.a	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. a: The number of initial HRAs performed on new enrollees (Data Element C)		Data Sources:	,
		does not exceed the number of new enrollees (Data Element A).			
2.e	RSC-6.a		Data Element C	Review Results:	
	RSC-6.b	RSC-6: Organization accurately reports data by applying data integrity checks		Data Sources:	
		listed below and uploads it into HPMS. b: The number of annual re-assessments performed (Data Element F) does not exceed number of enrollees eligible for annual HRA (Data Element B).			
2.e	RSC-6.b		Data Element F	Review Results:	
	RSC-6.c	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		c: Number of initial HRAs refusals (Data Element D) does not exceed number of new enrollees (Data Element A).			
	RSC-6.c		Data Element D	Review Results:	
2.e	RSC-6.d	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. dx Number of annual reassessment refusals (Data Element G) does not exceed the number of enrollees eligible for an annual reassessment HRA (Data Element B).		Data Sources:	
		Element B).			
	RSC-6.d		Data Element G	Review Results:	
2.e	RSC-6.e	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		e: Number of initial HRAs where SNP is unable to reach enrollees (Data Element E) does not exceed number of new enrollees (Data Element A).			
2.e	RSC-6.e		Data Element E	Review Results:	
2.e	RSC-6.f	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		f: Number of annual reassessments where SNP is unable to reach enrollee (Data Element H) does not exceed number of enrollees eligible for annual HRA (Data Element B).			
	RSC-6.f		Data Element H	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	· ·	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an **' should not be edited.
2.e	RSC-6.g	RSC-6: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		g: If the organization received a CMS outlier/data integrity notice, validate whether or not an internal procedure change was warranted or resubmission through HPMS. (Data Element A-H)			
2.e	RSC-6.g		Data Elements A-H	Review Results:	
2.e	RSC-7.a	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the		Data Sources:	
		tollowing criteria:			
		a: 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.			
2.e	RSC-7.a		Data Element B	Review Results:	
2.e	RSC-7.b	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the		Data Sources:	
		following criteria: b: Includes members who received a reassessment during the measurement year within 365 days after their last HRA.			
		year warm see days are then age more			
2.e	RSC-7.b		Data Element B	Review Results:	
2.e	RSC-7.c	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following rriteria:		Data Sources:	·
		c: Includes new enrollees who missed both the deadline to complete an initial HRA and the deadline to complete a reassessment HRA, and are enrolled for all 365 days of the measurement year.			
		303 days of the measurement year.			
2.e	RSC-7.c		Data Element B	Review Results:	
	RSC-7.d	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the		Data Sources:	•
		tollowing criteria:			
		reassessment HRA by the 365-day deadline (even if the enrollee was covered for fewer than 365 days).			
2.e	RSC-7.d		Data Element B	Review Results:	
2.e	RSC-7.e	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria:		Data Sources:	
		e: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HRA was performed within 90 days of re-enrollment and the member has continuously enrolled in the same plan for up to 365 days since			
		member has continuously enrolled in the same plan for up to 365 days since the initial HRA.			
2.e	RSC-7.e		Data Element B	Review Results:	
2.e	RSC-7.f	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria:		Data Sources:	·
		f: Includes members who dis-enrolled from and re-enrolled into the same plan if an initial HIRA or reassessment was not performed within 90 days of re- enrollment. The enrollee becomes eligible for a reassessment HIRA the day			
		after the 90-day initial period expires.			
2.e	RSC-7.f		Data Element B	Review Results:	
2.e	RSC-7.g	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria:		Data Sources:	•
		g: Excludes enrollees for whom the initial HRA was completed within the current measurement year.			
2.e	RSC-7.g		Data Element B	Review Results:	
	RSC-7.h	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the		Data Sources:	•
		h: Excludes new enrollees who miss the deadline to complete an initial HRA, and have not yet completed their reassessment HRA, but whose 365-day			
		and have not yet completed their reassessment HRA, but whose 365-day reassessment deadline is not until the following calendar year.			
2.e	RSC-7.h		Data Element B	Review Results:	
2.e	RSC-7.i	RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria:		Data Sources:	
		Excludes members who received a reassessment but were subsequently deemed ineligible because they were never enrolled in the plan.			
2.e	RSC-7.i		Data Element B	Review Results:	
	RSC-7.j	RSC-7: Organization accurately calculates the number of members elipible for		Data Sources:	
		RSC-7: Organization accurately calculates the number of members eligible for an annual health risk reassessment during the reporting period, including the following criteria:			
		j: Excludes members who were not continuously enrolled in their same health plan for 365 days after their last HRA and did not receive a reassessment HRA.			
	RSC-7.j		Data Element B	Review Results:	
2.6	nat-/.j		oua cienient B	nerven results.	
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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-8.a	ISC. 6. Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: [Note to reviewer: CMS has not identified a standard tool that SNPs must use to complete initial and annual health risk assessments. The information will not be captured by designated CPT or ICD - Directure codes. Reviewer should last SNP multished documentation for each reported assessment.]		Data Sources:	·
	RSC-8.a	a: Includes only initial HRAs performed on new members within 90 days before or after the effective date of enrollment/re-enrollment.	Data Element C	Review Results:	
	100 0.0		but tierrent e	action results.	
2.e	RSC-8.b	ISC-8: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: b: The initial HRA is counted in the year that the effective date of enrollment occurred. For members who dis-enrolled from and re-enrolled into the same performance of the contract of the contract of the contract previous enrollment unless the re-enrollment occurred the day after the disenvollment.		Data Sources:	·
	RSC-8.b		Data Element C	Review Results:	
2.e	RSC-8.c	ISC-B: Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: c. For members who dis-enrolled from and re-enrolled into the same plan, includes HPAs (initial or reassessment) performed during their previous enrollment if the HPAs are not more than 365 days old.		Data Sources:	·
2.e	RSC-8.c		Data Element C	Review Results:	
2.e	RSC-8.d	ISC-8. Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: d: Counts only one HRA for members who have multiple HRAs within 90 days before or after the effective date of enrollment.		Data Sources:	·
	RSC-8.d		Data Element C	Review Results:	
2.e	RSC-8.e	RSC-8. Organization accurately calculates the number of initial health risk assessments performed on new members, including the following criteria: et Excludes RRAs completed for members who were subsequently deemed ineligible because they were never enrolled in the plan.		Data Sources:	·
2.e	RSC-8.e		Data Element C	Review Results:	
2e	RSC-9.a	ISSC-9 Organization accurately calculates the number of initial health risk assessments refusals, including the following criteria: su Includes only initial RBAs that were not performed within 90 days before or after the effective date of enrollment/re-enrollment due to enrollee refusal.		Data Sources:	·
2.e	RSC-9.a		Data Element D	Review Results:	
2.e	RSC-9.b	RSC-9 Organization accurately calculates the number of initial health risk assessments refusals, including the following criteria: b. Includes only initial HRA refusals for which the SNP has documentation of enrollee refusal.		Data Sources:	·
2.e	RSC-9.b		Data Element D	Review Results:	
2.e	RSC-10.a	SC-10: Oppnization accurately calculates the number of initial health rick assessments not performed due to SNP not being able to reach the enrollee, including the following criteria: Lickutes only initial HEAR on the performed for which the SNP has Consideration aboveing that enrollee did not respond to this SNP attempts to each him/her. Documentation must show that the SNP made at least 3 phone calls and sent a follow-up letter in its attempts to reach the enrollee.		Data Sources:	·
2.e	RSC-10.a		Data Element E	Review Results:	
	RSC-10.b	ISSC-10 Organization accurately calculates the number of initial health risk assessments not performed due to SNP not being able to reach the enrollee, including the following riteria: It includes only those initial IMAX not performed where the SNP made an attempt to reach the enrollee at least within 90 days after the effective enrollment date.		Data Sources:	·
2.e	RSC-10.b		Data Element E	Review Results:	
Ze	RSC-11.a	ISC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criterius: an roit identified a standard tool that SNPs must use to complete initial and annual health risk assessments. The information will not be captured by designated CPT or ICD-10 Procedure codes. Reviewer should confirm that the SNP maintained documentation for each reported assessment.)		Data Sources:	·
2.e	RSC-11.a	the member becoming eligible for a reassessment.	Data Element F	Review Results:	
2.e	RSC-11.b	SC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria: b: 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 before or after the effective date of enrollment.		Data Sources:	
2.e	RSC-11.b		Data Element F	Review Results:	
		I			l

Standard/Sub-standard ID	Reporting Section Criteria ID		Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an ''' should not be edited.
2.e	RSC-11.c	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria:		Data Sources:	•
		the following criteria: c: Includes only HRAs that were performed between 1/1 and 12/31 of the			
		measurement year.			
2.e	RSC-11.c		Data Element F	Review Results:	
2.e	RSC-11.d	RSC-11: Organization accurately calculates the number of annual health risk		Data Sources:	
		RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including the following criteria:			
		d: Counts only one HRA for members who have multiple reassessments within 365 days of becoming eligible for a reassessment.			
		303 days or becoming engine for a reassessment.			
2.e	RSC-11.d		Data Element F	Review Results:	
2.e	RSC-11.e	RSC-11: Organization accurately calculates the number of annual health risk reassessments performed on members eligible for a reassessment, including		Data Sources:	
		the following criteria:			
		e: Excludes HRAs completed for members who were subsequently deemed ineligible because they were never enrolled in the plan.			
2.e	RSC-11.e		Data Element F	Review Results:	
2.e	RSC-12.a	RSC-12: Organization accurately calculates the number of annual health risk reassessments not performed on members eligible for a reassessment due to enrollee refusal.		Data Sources:	·
		a: Only includes annual reassessments not performed due to enrollee refusal.			
2.e	RSC-12.a		Data Element G	Review Results:	
2.e	RSC-12.b	RSC-12: Organization accurately calculates the number of annual health risk reassessments not performed on members eligible for a reassessment due to enrollee refusal.		Data Sources:	·
		b: Includes only annual reassessments refusals for which the SNP has documentation of enrollee refusal.			
		documentation of enrollee refusal.			
2.e	RSC-12.b		Data Element G	Review Results:	
2.e	RSC-13.a	RSC-13: Organization accurately calculates the number of annual health risk		Data Sources:	
		reassessments not performed on members eligible for a reassessment due to SNP not being able to reach enrollee.			
		a: Only includes annual reassessments not performed for which the SNP has documentation showing that the enrollee did not respond to the plan's			
		attempts to reach him/her. Documentation must show that the SNP made at least 3 phone calls and sent a follow-up letter in its attempts to reach the			
		enrollee.			
2.e	RSC-13.a		Data Element H	Review Results:	
2.6	K3C-13.a		Data Element H	Review Results.	
3		Organization implements policies and procedures for data submission,		Data Sources:	
-		including the following:			
3.a		Data elements are accurately entered/uploaded into CMS systems and entries	Data Flement A	Review Results:	
		match corresponding source documents.			
3.a			Data Element B	Review Results:	
3.4			Data Element B	Review Results:	
3.a			Data Flamout C	Review Results:	
u.id			Data Element C	Results.	
0-			Data Flama : 6	Desire Desire	
3.a			Data Element D	Review Results:	
3.a			Data Element E	Review Results:	
3.a			Data Element F	Review Results:	
3.a			Data Element G	Review Results:	
3.a			Data Element H	Review Results:	
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:	
4		Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, claims		Review Results:	
		adjustments).			
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:	
		If organization's data systems underwent any changes during the reporting		Review Results:	
6		neriod (e.g. herause of a merger acquirition or ungrado). Organi4			
6		period (e.g., because of a merger, acquisition, or upgrade): Organization provided documentation on the data system changes and, upon review, there			
6		period (e.g., because 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.			
6		period (e.g., because of a merger, acquisition, or upgrade): Organization provided documentation on the data system changes and, upon review, there		Review Results:	

Grievances

Grievances (Part D) 2021
Organization Name:
Contract Number:
Reporting Section:
Last Updated:
Date of Site Visit (on-site or virtual):
Name of Reviewer:
Name of Peer Reviewer:
Name of Peer Reviewer:
1) In the 'Data Sources and Review Results:" column, enter standard or sub-standard or

				ı	1
Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
1		A review of source documents (e.g., programming code, spreadhert 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:	·
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.		Review Results:	
1.b		Source documents create all required data fields for reporting requirements.		Review Results:	
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.).		Review Results:	
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 jets).		Review Results:	
1.e		Data file locations are referenced correctly.		Review Results:	
1.f		If used, macros are properly documented.		Review Results:	
1.g		Source documents are clearly and adequately documented.		Review Results:	
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:	
1.i		Version control of source documents is appropriately applied.		Review Results:	
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.		Data Sources:	·
2.a	RSC-1	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.		Review Results:	
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.		Review Results:	
2.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly). Organization meets deadlines for reporting data to CMS by 27/7/2022. Note to reviewer if the agonization has, for any reson, re-submitted it data to CMS for this reporting section, the reviewer shadly verify that the organization so right adds authorisons met the CMS deadline in order to have a finding of Yes' for this reporting section criterion. However, if the organization resultmin data for any reason and if the re-admission was reported to the composition of the review of this reporting section.		Review Results:	
2.d	RSC-4	Terms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Organization properly defines the term "Grievance" in accordance with 42 CFR 542.2546 and the Parts C & D Enrollee Grievances, Organization/Coverage Determinations and Appeals Manual. This includes applying all relevant guidance properly when performing its calculations.		Review Results:	
2.e	RSC-5	The number of expected counts (e.g., number of members, claims, grievances, procedures) are verified; ranges of data fields are verified; and claims (e.g., derived data fields) are verified; ranged gata has been properly addressed; more consistent of the property addressed to the property addressed		Data Sources:	·
2.e	RSC-5.a	RSC-S: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.	Data Element B	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-5.b	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		b: Number of expedited grievances in which timely notification was given (Data Element D) does not exceed number of total grievances in which timely notification was given (Data Element B).			
2.e	RSC-5.b		Data Element D	Review Results:	
2.e	RSC-5.c	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		c: Number of expedited grievances (Data Element C) does not exceed total grievances (Data Element A).			
2.e	RSC-5.c		Data Element C	Review Results:	
2.e	RSC-5.d	RSC-5: Organization accurately reports data by applying data integrity checks		Data Sources:	
		listed below and uploads it into HPMS.			
		d: Number of expedited grievances in which timely notification was given (Data Element D) does not exceed total expedited grievances (Data Element C).			
2.e	RSC-5.d		Data Element D	Review Results:	
2.e	RSC-5.e	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		e: Number of dismissed grievances (Data Element E) are excluded from the total.			
2.e	RSC-5.e		Data Element E	Review Results:	
	Ban			Data Carrent	
2.e	RSC-5.f	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		f. If the organization received a CMS outlier/data integrity notice, validate whether or not an internal procedure change was warranted or resubmission through HPMS.			
		-			
A-	Dec 51		Data Flore to 1 "	Daviny Borutte	
2.e	RSC-5.f		Data Elements A-E	Review Results:	
2.e	RSC-6.a	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	
		a: Includes all grievances that were completed (i.e., organization has notified member of its decision) during the reporting period, regardless of when the			
		member of its decision) during the reporting period, regardless of when the grievance was received.			
2.e	RSC-6.a		Data Element A	Review Results:	
2.e	RSC-6.a		Data Element B	Review Results:	
2.e	RSC-6.a		Data Element C	Review Results:	
2.e	RSC-6.a		Data Element D	Review Results:	
'					
			Data Element E	Review Results:	
2.e	RSC-6.a		Data Element E		
2.e	RSC-6.a		Data Element E		
2.e 2.e			Data Derivera E	Data Sources:	
		IRSC-6- Organization accurately calculates and uploads into HPMS the total number of grevances, including the following criteria:	Data Dement L		
			Data Dement L		
		IRSC-6- Organization accurately calculates and uploads into HPMS the total number of grevances, including the following criteria:	Dota Element E		
		ISSC-6: Organization accurately calculates and uploads into HPMS the total number of prievances, including the following criteria: It is grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.	Data Element A		·
2.e	RSC-6.b	ISSC-6: Organization accurately calculates and uploads into HPMS the total number of prievances, including the following criteria: It is grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.		Data Sources:	·
2.e	RSC-6.b	ISSC-6: Organization accurately calculates and uploads into HPMS the total number of prievances, including the following criteria: It is grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.		Data Sources:	
2e	RSC-6.b	IRSC-6- Organization accurately calculates and uploads into HPMS the total number of grevances, including the following criteria: It is grievance contains multiple issues filled by a single complainant, each issue is calculated as a separate grievance.		Data Sources:	
2.e 2.e	RSC-6.b	IRSC-6- Organization accurately calculates and uploads into HPMS the total number of grevances, including the following criteria: It is grievance contains multiple issues filled by a single complainant, each issue is calculated as a separate grievance.	Data Element A	Data Sources: Review Results:	
2.e 2.e 2.e	RSC-6-b	IBSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following circlera. It is grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.	Data Element A Data Element 8	Data Sources: Review Results: Review Results:	
2e 2e	RSC-6.b	IBSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following circlera. It is grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.	Data Element A	Data Sources: Review Results:	
2.e 2.e 2.e	RSC-6-b	IBSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following circlera. It is grievance contains multiple issues filed by a single complainant, each issue is calculated as a separate grievance.	Data Element A Data Element 8	Data Sources: Review Results: Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an "*" should not be edited.
2.e	RSC-6.b		Data Element D	Review Results:	
2.e	RSC-6.b		Data Element E	Review Results:	
	RSC-6.c	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	
		number of grievances, including the following criteria: c: 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.			
		notification (whichever is earlier), then the issue is counted as one grievance.			
2.e	RSC-6.c		Data Element A	Review Results:	
2.e	RSC-6.c		Data Element B	Review Results:	
2.e	RSC-6.c		Data Element C	Review Results:	
	RSC-6.c		Data Element D	Review Results:	
2.e	RSC-6.c		Data Element E	Review Results:	
2.e	RSC-6.d	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	•
		d: 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.			
2.e	RSC-6.d		Data Element A	Review Results:	
	RSC-6.d		Data Element B	Review Results:	
2.6	KSC-0.0		Data Element B	Review Results:	
2.e	RSC-6.d		Data Element C	Review Results:	
2.e	RSC-6.d		Data Element D	Review Results:	
	RSC-6.d		Data Element E	Review Results:	
	RSC-6.e	RSC-6: Organization accurately calculates and uploads into HPMS the total		Data Sources:	
		number of grievances, including the following criteria: e: Includes all methods of grievance receipt (e.g., telephone, letter, fax, and in person).			
		person).			
2.e	RSC-6.e		Data Element A	Review Results:	
2.e	RSC-6.e		Data Element B	Review Results:	
2.e	RSC-6.e		Data Element C	Review Results:	
2.e	RSC-6.e		Data Element D	Review Results:	
2.e	RSC-6.e		Data Element E	Review Results:	
	RSC-6.f	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	•
		f: Includes all grievances regardless of who filed the grievance (e.g., member or appointed representative).			
	RSC-6.f		Data Element A	Review Results:	

1	Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
10	2.e			Data Element B	Review Results:	
2						
12	2.e	RSC-6.f		Data Element C	Review Results:	
10						
10 10 10 10 10 10 10 10	2.e	RSC-6.f		Data Element D	Review Results:	
10 10 10 10 10 10 10 10						
1	2.e	RSC-6.f		Data Element E	Review Results:	
1						
12.4 10.45	2.e	RSC-6.g	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	
10.54			las	2		
24			grievances with the organization are included.			
2	2.e	RSC-6.g		Data Element A	Review Results:	
24						
2.2 SC-C4 Society	2.e	RSC-6.g		Data Element B	Review Results:	
165 cb						
24 85-6.5 Sec. 6	2.e	RSC-6.g		Data Element C	Review Results:	
24						
2.0	2.e	RSC-6.g		Data Element D	Review Results:	
2.4						
2.4 BC-6.1 2.6 BC-6.1 2.7 BC-6.1 2.8 BC-6.1 2.8 BC-6.1 2.8 BC-6.1 2.8 BC-6.1 2.9 BC-6.1 2.0 BC	2.e	RSC-6.g		Data Element E	Review Results:	
2.4 SC-6.5 2.6 SC-6.5 2.7 SC-6.5 2.8 SC-6.5 3.8 SC-6.5 3. SC-6.5 3. SC-6.5 3. SC-6.5 3. SC-6.5 3. SC-6.5 3. SC-6.5						
2	2.e	RSC-6.h	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	,
2.6 SC-6.0 Duto Element D Meriew Results: 2.6 SC-6.0 Duto Element D Meriew Results: Duto Element D Meriew Results: Duto Element D Meriew Results: 2.6 SC-6.0 Duto Element D Meriew Results:			h: Excludes withdrawn Part D grievances.			
2.e SC-6.h Dida Senerid B Review Results: 2.e SC-6.h Dida Senerid D Review Results: 3.e SC-6.h Dida Senerid D Review Results:						
2.e RSC-6.h Data Exerces D Review Results: 2.e RSC-6.h Data Exerces E Data Exerces E Review Results: 2.e RSC-6.h Data Exerces B Review Results: 2.e RSC-6.l Data Exerces B Review Results:	2.e	RSC-6.h		Data Element A	Review Results:	
2.e RSC-6.h Data Extensed D Review Results: 2.e RSC-6.h Data Extensed E Data Extensed E Review Results: 2.e RSC-6.h Data Extensed E Data Extensed E Data Extensed E Review Results: 2.e RSC-6.l Data Extensed B Review Results: 2.e RSC-6.l Data Extensed B Review Results: 2.e RSC-6.l Data Extensed B Review Results:						
2.e 85C-6.h Data Element D Review Results: 2.e 85C-6.h SC-6. Organization accurately calculates and update into IPMS the total number of givenores, including the following plotters: 2.e 85C-6.1 SC-6. Organization accurately calculates and update into IPMS the total number of givenores, including the following plotters: 2.e 85C-6.1 SC-6.1 SC-6. Organization accurately calculates and update into IPMS the total number of givenores, including the following plotters: 2.e 85C-6.1 SC-6.1 SC-6.1 Data Element E Review Results: 2.e 85C-6.1 Data Element B Review Results: 2.e 85C-6.1 SC-6.1 Data Element B Review Results: 2.e 85C-6.1 SC-6.1 Data Element B Review Results:	2.e	RSC-6.h		Data Element B	Review Results:	
2.e 85C-6.h Data Element D Review Results: 2.e 85C-6.h SC-6. Organization accurately calculates and update into IPMS the total number of givenores, including the following plotters: 2.e 85C-6.1 SC-6. Organization accurately calculates and update into IPMS the total number of givenores, including the following plotters: 2.e 85C-6.1 SC-6.1 SC-6. Organization accurately calculates and update into IPMS the total number of givenores, including the following plotters: 2.e 85C-6.1 SC-6.1 SC-6.1 Data Element E Review Results: 2.e 85C-6.1 Data Element B Review Results: 2.e 85C-6.1 SC-6.1 Data Element B Review Results: 2.e 85C-6.1 SC-6.1 Data Element B Review Results:						
2.e BSC-6.1 BSC-6.0 SSC-6. Operation in accurately colculate and uploads into MPR6 the total number of greenouses, including the following criteria: 2.e For MAP D contracts: includes only ginaments that apply to the Part D benefit and were processed through the Targ D ginament process. In door distinction cannot be made for an MAPD, cases are exholated an Part C givenous. 2.e BSC-6.1 Data Element A Review Results: 2.e BSC-6.1 Data Element B Review Results: 2.e BSC-6.1 Data Element C Review Results:	2.e	RSC-6.h		Data Element C	Review Results:	
2.e BSC-6.1 BSC-6.0 SSC-6. Operation in accurately colculate and uploads into MPR6 the total number of greenouses, including the following criteria: 2.e For MAP D contracts: includes only ginaments that apply to the Part D benefit and were processed through the Targ D ginament process. In door distinction cannot be made for an MAPD, cases are exholated an Part C givenous. 2.e BSC-6.1 Data Element A Review Results: 2.e BSC-6.1 Data Element B Review Results: 2.e BSC-6.1 Data Element C Review Results:						
2.e RSC-6.1 RSC-6.1 Data Element D Review Results:	2.e	RSC-6.h		Data Element D	Review Results:	
2.e RSC-6.1 RSC-6.1 Data Element B Review Results: 2.e RSC-6.1 Data Element C Review Results:						
E. For MAN-PD controcts: Includes only grievances that apply to the Part D benefit and were processed frought Per Part D glevance process. If a clear distinction cannot be made for an MA-PD, cases are calculated as Part C grievance. 2.e	2.e	RSC-6.h		Data Element E	Review Results:	
E. For MAN-PD controcts: Includes only grievances that apply to the Part D benefit and were processed frought Per Part D glevance process. If a clear distinction cannot be made for an MA-PD, cases are calculated as Part C grievance. 2.e						
2.e RSC-6.1 Data Element A Review Results: 2.e RSC-6.1 Data Element B Review Results: 2.e RSC-6.1 Data Element C Review Results: 2.e RSC-6.1 Data Element C Review Results:	2.e	RSC-6.i	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	
2.e RSC-6.1 Data Element A Review Results: 2.e RSC-6.1 Data Element B Review Results: 2.e RSC-6.1 Data Element C Review Results: 2.e RSC-6.1 Data Element C Review Results:			i: For MA-PD contracts: 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			
2.e RSC-6.1 Data Element B Review Results: 2.e RSC-6.1 Data Element C Review Results: 2.e RSC-6.1 Data Element D Review Results:			10			
2.e RSC-6.1 Data Element C Review Results: 2.e RSC-6.1 Data Element D Review Results:	2.e	RSC-6.i		Data Element A	Review Results:	
2.e RSC-6.1 Data Element C Review Results: 2.e RSC-6.1 Data Element D Review Results:						
2.e RSC-6.1 Data Element D Review Results:	2.e	RSC-6.i		Data Element B	Review Results:	
2.e RSC-6.I Data Element D Review Results:						
	2.e	RSC-6.i		Data Element C	Review Results:	
2.e RSC-6.i Oata Element E Review Results:	2.e	RSC-6.i		Data Element D	Review Results:	
2.e RSC-6.1 Data Element E Review Results:						
	2.e	RSC-6.i		Data Element E	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	Criteria ID RSC-6.j	RSC-6: Organization accurately calculates and uploads into HPMS the total number of grievances, including the following criteria:		Data Sources:	San Cens marked with all Should not be edited.
		number of grevances, including the following criteria: Courte priessures for the contract to which the member belongs at the time the grevance was filed, even if the beneficiary enrolled in a new contract before the grevance is resolved (e.g., if a grevance is resolved within the reporting period for a member that has disensolled from a plan and enrolled in a new plan, then the member's previous plan is still responsible for			
		investigating, resolving and reporting the grievance).			
2.e	RSC-6.j		Data Element A	Review Results:	
2.e	RSC-6.j		Data Element B	Review Results:	
2.e	RSC-6.j		Data Element C	Review Results:	
2.e	RSC-6.j		Data Element D	Review Results:	
2.e	RSC-6.j		Data Element E	Review Results:	
2.e	RSC-7.a	RSC-7: Organization accurately calculates the number of grievances which the Part D sponsor provided timely notification of the decision, including the following criteria:		Data Sources:	
		a: Includes only grievances for which the member is notified of decision according to the following timelines:			
2.e	RSC-7.ai	RSC-7.a.i. For standard grievances: no later than 30 days after receipt of grievance.	Data Element B	Review Results:	
2.e	RSC-7.aii	RSC-7.ali: For standard grievances with an extension taken: no later than 44	Data Element B	Review Results:	
z.e	KSC-7.all	ISS-: All FOR Salinate greenines with an extension taken: no later than 44 days after receipt of grievance.	Data Element 6	REVIEW RESULTS:	
2.e	RSC-7.aiii	RSC-7.aii: For expedited grievances: no later than 24 hours after receipt of grievance.	Data Element B	Review Results:	
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:	
3.a		Data elements are accurately uploaded into CMS systems and entries match corresponding source documents.	Data Element A	Review Results:	
3.a			Data Element B	Review Results:	
3.a			Data Element C	Review Results:	
3.a			Data Element D	Review Results:	
3.a			Data Element E	Review Results:	
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:	
4		Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, and claims		Review Results:	
		adjustments).			
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:	
6		If organization's data systems underwent any changes during the reporting period (e.g., because of a merger, acquisition, or proceeds). Generally in		Review Results:	
		If organization's data systems underwent any changes during the reporting period (e.g., because 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		Review Results:	

Coverage Determinations and Redeterminations (Part D) 2021

Coverage Determinations and Redeterminations (Part D) 2021
Organization Name:
Contract Number:
Reporting Section:
Last Updated:
Date of Site Visit (no-site or virtual):
Name of Reviewer:
Name of Peer Reviewer:
Name of Peer Reviewer:
Instructions:
I in the 'Data Sources and Review Results' column, enter the review results and/or data sources used for each
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	Reporting Section Criteria	1	l	Data Sources and Review Results:	Enter 'Findings' using the applicable choice in the appropriate
Standard/Sub-standard ID	Section Criteria ID		Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
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		Data Sources:	·
		documented.			
1.a		Source documents are properly secured so that source documents can be		Review Results:	
		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.		Review Results:	
1.c		Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields,		Review Results:	
		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).		Review Results:	
		·			
1.e		Data file locations are referenced correctly.		Review Results:	
		but the total of the reference confectly.		No. of the second secon	
1.f		If used, macros are properly documented.		Review Results:	
1.g		Source documents are clearly and adequately documented.		Review Results:	
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:	
1.i		No.		Review Results:	
1.1		Version control of source documents is appropriately applied.		keview Results:	
2		A review of source documents (e.g., programming code, spreadsheet formulas,		Data Sources:	
		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.		Review Results:	
		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.			
2.b	RSC-2	Data are assigned at the applicable level (e.g., plan benefit package or contract level).		Review Results:	
		Organization properly assigns data to the applicable CMS contract.			
	RSC-3	Appropriate deadlines are motified to the first state for a second of		Review Results:	
2.c	RSU-3	Appropriate deadlines are met for reporting data (e.g., quarterly). Organization meets deadlines for reporting data to CMS by 2/28/2022.		MENIEW MESUITS:	
		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			
2.d	RSC-4	Terms used are properly defined per CMS regulations, guidance, Reporting		Review Results:	
		Requirements, and Technical Specifications. Organization properly defines the term "Coverage Determinations" in organization with 4.2 C.E.P. Bart 4.22 Subpart M. and the Barts C.E.D. Encollege			
		Grievances, Organization/Coverage Determinations and Appeals Guidance. This includes applying all relevant guidance properly when performing its calculations and categorizations.			
2.e	RSC-5.a	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.,		Data Sources:	<u> </u>
		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			
		code, saved queries, analysis plans); version control of reported data elements is appropriately applied; QA check; Vrbresholds are applied to detect outlier or erroneous data prior to data submission.			
		RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.			
2.e	RSC-5.a	Filato Data Elamonto 4-A-4-D volato to Courseas Dataminations - Data	Data Elements	Review Results:	
			(1.D+1.E+1.F) + (1.H+1.I+1.J) + (1.L+1.M+1.N) +		
			(1.P+1.Q+1.R)		
2.e	RSC-5.b	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		b: Number of exception decisions by outcome made in the reporting period			
		exceed the total number of processed coverage determination decisions that include exceptions (Data Element 1.A).			

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-5.b		Data Elements (1.H+1.I+1.J) + (1.L+1.M+1.N) + (1.P+1.Q+1.R)	Review Results:	
2.e	RSC-5.c	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		isseed below and uploads it into HPMs. c: Number of redeterminations by outcome (Data Elements (2.D + 2.E + 2.F.)) is equal to total number of redeterminations (Data Element 2.A).			
2.e	RSC-5.c		Data Elements 2.D +2.E. + 2.F	Review Results:	
2.e		RSC-5: Organization accurately reports data by applying data integrity checks listed below and upbacist in into HPMS. If Total number of reopened (revised) decisions (Data Element 3.A) is equal to the number of records reported in data file.		Data Sources:	·
		the number of records reported in data nie.			
2.e	RSC-5.d		Data Element 3.A	Review Results:	
2.e	RSC-5.e	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		e: Verify that the date of each reopening disposition (Data Element 3.B.11) is in the reporting quarter.			
2-	pee c		Data Florence C 2 4	Barious Borulte	
2.e	RSC-5.e		Data Element 3.B.11	NEVIEW RESUITS:	
2.e	RSC-5.f	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		f: 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).			
2.e	RSC-5.f		Data Element 3.B.11	Review Results:	
2.e	RSC-5.g	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		listed below and uploads it into HPMS. g: Verify that the date of each reopening disposition (Data Element 3.8.11) is equal to or later than the date the case was reopened (Data Element 3.8.9).			
2.e	RSC-5.g		Data Element 3.B.11	Review Results:	
2.e	RSC-5.h	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. h: Verify that the date each case was reopened (Data Element 3.8.9) is after the date of original disposition (Data Element 3.8.5).		Data Sources:	
		the date of original disposition (bata Element 5.6.3).			
2.e	RSC-5.h		Data Element 3.B.9	Review Results:	
2.e	RSC-5.i	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. It if the organization received a CMS outlier/data integrity notice, validate		Data Sources:	
		i: If the organization received a CMS outlier/data integrity notice, validate whether or not an internal procedure change was warranted or resubmission through HPMS.			
2.e	RSC-5.i		Data Elements 1.A-1.R,	Review Results:	
			2.A-2.F, 3.A-3.B.9		
2.e	RSC-6.a	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	•
		a: Includes all coverage determinations (fully favorable, partially favorable, and			
		reporting period, regardless of when the request for coverage determination was received. Note: Exception requests include their geocoptions, formulary exceptions, and UM exceptions, such as prior authorization, step therapy, quantity limits, etc.]			
2.e	RSC-6.a		Data Element 1.A	Review Results:	
2.e	RSC-6.b	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	
		b: Includes hard morphine milligram equivalent dose (MME) edit coverage determinations.			

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.b		Data Element 1.A	Review Results:	
2.e	RSC-6.c	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	•
		the following criteria: c: Includes opioid naïve days supply edit coverage determinations.			
	RSC-6.c		Data Element 1.A	Review Results:	

2.e	RSC-6.d	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	·
		d: Includes hospice-related coverage determinations.			
2.e	RSC-6.d		Data Element 1.A	Review Results:	
2.e	RSC-6.e	RSC-6: Organization accurately calculates the number of coverage		Data Sources:	
		determinations (Part D only) decisions made in the reporting period, including the following criteria: e: Includes all methods of receipt (e.g., telephone, letter, fax, and in-person).			
2.e	RSC-6.e		Data Element 1.A	Review Results:	
2.e	RSC-6.f	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	•
		physician).			
	RSC-6.f		Data Element 1.A	Review Results:	
2.e	RSC-6.g	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	·
		g: Includes coverage determinations (including exceptions) from delegated entities.			
		[Note: Delegated entities are contractors to Part D sponsors]			
2.e	RSC-6.g		Data Element 1.A	Review Results:	
2.e	RSC-6.h	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including		Data Sources:	•
		the following criteria:			
		exceptions).			
	200 ()				
2.e	RSC-6.h		Data Element 1.A	Review Results:	
2.e	RSC-6.i	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	•
		i: Excludes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.			
	RSC-6.i		Data Element 1.A	Review Results:	
	RSC-6.j	RSC-6: Organization accurately calculates the number of coverage		Data Sources:	
		RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria: j: Includes each distinct dispute (i.e., multiple drugs) contained in one coverage			
		determination request as a separate coverage determination request.			
2.e	RSC-6.j		Data Element 1.A	Review Results:	
2.e	RSC-6.k	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	•
		the rollowing criteria: k: Includes adverse coverage determination cases that were forwarded to the Independent Review Entity (IRE) because the organization made an untimely decision.			
		decision.			
	RSC-6.k		Data Element 1.A	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e		RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including		Data Sources:	•
		the following criteria: I: Includes all coverage determination decisions that relate to Part B versus Part D coverage (drugs covered under Part B are considered adverse decisions under Part D).			
	200 / 1	 i. Point of Sale (POS) claims adjudications (e.g., a rejected claim for a drug indicating a B vs. D prior authorization (PA) is required) are not included unless the plan subsequently processed a coverage determination. 	Data Element 1.A		
2.e	RSC-6.I		Data Element 1.A	Review Results:	
2.e	RSC-6.m	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	•
		m: Includes Direct Member Reimbursements (DMRs) part of the total number of exceptions if the plan processed the request under the tiering or formulary			
		In: includes Direct winemer reministerients (Divines) part of the folial influence of exceptions if the plan processed the request under the thering or formulary exceptions process. Verify that all DMRs regardless of request disposition type that were processed under the tiering or formulary exception process should be included in the count of the total number of coverage determination.			
		decisions made in the reporting period.			
	RSC-6.m		Data Elements 1.G, 1.K,	Deview Desults:	
2.0	NOC U.III		1.0	NESTER REGULES	
2.e	RSC-6.n	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	·
		. Excludes coverage determinations (including exceptions) regarding drugs assigned to an excluded drug category.			
2.e	RSC-6.n		Data Element 1.A	Review Results:	
	PCC / -			Data Carran	
2.e	RSC-6.o	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria:		Data Sources:	
		o: Excludes members who have Utilization Management (UM) requirements waived based on an exception decision made in a previous plan year or reporting period.			
2.e	RSC-6.o		Data Element 1.A	Review Results:	
	RSC-6.p	RSC-6: Organization accurately calculates the number of coverage		Data Sources:	
		determinations (Part D only) decisions made in the reporting period, including the following criteria:			
		p: Confirm that a coverage determination was denied for lack of medical necessity based on review by a physician or other appropriate health care professional.			
2.e	RSC-6.p		Data Element 1.A	Review Results:	
2.e	RSC-7.a	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the		Data Sources:	•
		Tollowing criteria: Solution Solution			
		with a date of decision that occurs during the reporting period, regardless of when the exception decision was received.			
	RSC-7.a		Data Elements 1.G, 1.K,	Povinu Porulte	
2.0	KSC-7.a		1.0	REVIEW RESUILS.	
2.e	RSC-7.b	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the following criteria:		Data Sources:	•
		b: Includes all methods of receipt (e.g., telephone, letter, fax, in person).			
	RSC-7.b		Data Elements 1.G, 1.K, 1.O	Review Results:	
	RSC-7.c	RSC-7: Organization accurately calculates the total number of UM. Formularv.		Data Sources:	
		RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the following criteria:			
		c: Includes exception requests that were forwarded to the Independent Review Entity (IRE) because the organization failed to make a timely decision.			
2.e	RSC-7.c		Data Elements 1.G, 1.K, 1.O	Review Results:	
2.e	RSC-7.d	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the		Data Sources:	*
		following criteria: d: Includes requests for exceptions from delegated entities.			
	pee F		Data file	Device Device	
2.e	RSC-7.d		Data Elements 1.G, 1.K, 1.O	review results:	
	1	1	ı		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applica cells. Cells marked with an '	ble choice in the appropriate " should not be edited.
2.e	RSC-7.e	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the		Data Sources:	*	
		following criteria: e: Includes both standard and expedited exceptions.				
2.e	RSC-7.e		Data Elements 1.G, 1.K, 1.O	Review Results:		
	RSC-7.f	RSC-7: Organization accurately calculates the total number of UM, Formulary.				
2.e	RSC-7.T	icst-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the following criteria:		Data Sources:		
		f: Excludes requests for exemptions that are withdrawn or dismissed.				
2.e	RSC-7.f		Data Elements 1.G, 1.K, 1.O	Review Results:		
2.e	RSC-7.g	RSC-7: Organization accurately calculates the total number of UM, Formulary,		Data Sources:		
		and Tier exceptions decisions made in the reporting period, including the following criteria:				
		g: Excludes requests for exceptions regarding drugs assigned to an excluded drug category.				
2.e	RSC-7.g		Data Elements 1.G, 1.K, 1.O	Review Results:		
			1.0			
2.e	RSC-7.h	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the following criteria:		Data Sources:		
		h: Excludes members who have UM requirements waived based on an exception decision made in a previous plan year or reporting period.				
		exception decision made in a previous plan year or reporting period.				
2.e	RSC-7.h		Data Elements 1.G, 1.K, 1.O	Review Results:		
2.e	RSC-8.a	DSC-8: Organization accurately calculates the number of coverage		Data Sources:		
A-0-		RSC-8: Organization accurately calculates the number of coverage determinations decisions made by final decision, including the following criteria:		Suite Sources.		
		a: 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				
		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.				
2.e	RSC-8.a		Data Element 1.D	Review Results:		
2.e	RSC-8.a		Data Element 1.E	Review Results:		
2.e	RSC-8.a		Data Element 1.F	Review Results:		
2.e	RSC-8.b	RSC-8: Organization accurately calculates the number of coverage determinations decisions made by final decision, including the following		Data Sources:		
		criteria: b: Includes untimely coverage determinations decisions, regardless if they were				
		auto-forwarded to the IRE.				
2.e	RSC-8.b		Data Element 1.D	Review Results:		
2.e	RSC-8.b		Data Element 1.E	Review Results:		
<u>د.بر</u>	KDL-6.D		outa crement 1.b	NETTER ACQUITS.		
2.e	RSC-8.b		Data Element 1.F	Review Results:		
2.e	RSC-9.a	RSC-9: Organization accurately calculates the number of coverage determinations that were withdrawn or dismissed, including the following criteria:		Data Sources:		
		a: Includes all withdrawals and dismissals on requests for coverage determinations (including exceptions). This includes expedited coverage determinations and exceptions that were withdrawn or dismissed for any reason.				
2.e	RSC-9.a		Data Element 1.B	Review Results:		
	1					
26	RSC-0 a		Data Element 1 C			
2.e	RSC-9.a		Data Element 1.C	Review Results:		
2.e	RSC-9.a		Data Element 1.C	Review Results:		

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an ''' should not be edited.
2.e	RSC-9.b	RSC-9: Organization accurately calculates the number of coverage determinations that were withdrawn or dismissed, including the following		Data Sources:	·
		criteria:			
		b: Includes dismissals that are made where the procedural requirements for a valid request are not met within the stipulated timeframe. The plan should issue a dismissal only when the required documentation was not received within a reasonable amount of time.			
		The state of the s			
2.e	RSC-9.b		Data Element 1.B	Review Results:	
	RSC-9.b		Data Element 1.C	Review Results:	
2.6	K3C-7.D		Data Dement 1.c	REVIEW RESULTS.	
2.e	RSC-10.a	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	·
		a: Includes all redetermination final 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.			
		request for redetermination was received or when the member was notified of the decision.			
2.e	RSC-10.a		Data Element 2.A	Review Results:	
	RSC-10.b	RSC-10: Organization accurately calculates the total number of		Data Sources:	
A-tu-	KSC 10.5	redeterminations (Part D only), including the following criteria: b: Includes all redetermination decisions, including fully favorable, partially		Sala Salates	
		favorable, and adverse decisions.			
	RSC-10.b		Data Element 2.A	Review Results:	
2.e	RSC-10.c	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	•
		c: Includes redetermination requests that were forwarded to the IRE because the organization failed to make a timely decision.			
2.e	RSC-10.c		Data Element 2.A	Review Results:	
	RSC-10.d	RSC-10: Organization accurately calculates the total number of		Data Sources:	·
		RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: d: Includes both standard and expedited redeterminations.			
	RSC-10.d		Data Element 2.A	Review Results:	
2.e	RSC-10.e	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	·
		e: Includes beneficiary-specific Point of Sale (POS) edit, prescriber or pharmacy coverage limitation appeals (at-risk determination appeals) made under a drug management program redeterminations.			
		management program cuecermanatoris.			
2.e	RSC-10.e		Data Element 2.A	Review Results:	
	RSC-10.f	RSC-10: Organization accurately calculates the total number of		Data Sources:	•
		redeterminations (Part D only), including the following criteria: f: Includes all methods of receipt (e.g., telephone, letter, fax, in-person).			
2.e	RSC-10.f		Data Element 2.A	Review Results:	
2.e	RSC-10.g	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	
		g: Includes all redeterminations regardless of who filed the request (e.g., member, appointed representative, or prescribing physician).			
	RSC-10.g		Data Element 2.A	Review Results:	
2.6	K3C-10.g		oua crement ZA	mercer results.	
	RSC-10.h	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	•
		h: Includes Direct Member Reimbursements (DMRs) part of the total number of redeterminations if the plan processed the request under the tiering or formulary exceptions process.			
		formulary exceptions process.			
	RSC-10.h		Data Element 2.A	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-10.i	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	·
		Includes all redetermination decisions that relate to Part B versus Part D coverage (drugs covered under Part B are considered adverse decisions under Part B. are considered adverse decisions under Part D. a. Point of \$240 (PDS) claims adjudications (e.g., a rejected claim for a drug indicating a B vs. D PA is required) are not included unless the plan subsequently processed a redetermination.			
		subsequently processed a redetermination.			
2.e	RSC-10.i		Data Element 2.A	Review Results:	
2.e	RSC-10.j	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	
		j: Includes each distinct dispute contained in one redetermination request (i.e., multiple drugs), as a separate redetermination request.			
	RSC-10.j		Data Element 2.A	Review Results:	
£E	RSC-10.j		Data Element 2.34	review results:	
2.e	RSC-10.k	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria:		Data Sources:	
		k: Excludes dismissals and withdrawals.			
2.e	RSC-10.k		Data Element 2.A	Review Results:	
2.e	RSC-10.I	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: I: Excludes IRE decisions.		Data Sources:	•
		i. Excludes the decisions.			
2.e	RSC-10.I		Data Element 2.A	Review Results:	
2.e	RSC-10.m	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: m: Excludes redeterminations regarding excluded drugs.		Data Sources:	•
2.e	RSC-10.m		Data Element 2.A	Review Results:	
2.e	RSC-10.n	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: n: Limits reporting to just the redetermination level.		Data Sources:	·
2.e	RSC-10.n		Data Element 2.A	Review Results:	
	RSC-11.a	DSC 41. Organization accurately calculates the number of redeterminations by		Data Sources:	
2.0		RSC-11: Organization accurately calculates the number of redeterminations by final decision, including the following criteria: a: Properly categorizes the total number of redeterminations by final decision,		para sources.	
		including the following criteria: 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).			
2.e	RSC-11.a		Data Elements 2.D–2.F	Review Results:	
2.e	RSC-11.b	RSC-11: Organization accurately calculates the number of redeterminations by final decision, including the following criteria: b: Excludes redetermination decisions made by the IRE.		Data Sources:	
		THAT OF THE INC.			
2.e	RSC-11.b		Data Elements 2.D–2.F	Review Results:	
	000 5	DCC 10 Occasionalis a consent in the		Patr Course	
2.e	RSC-12.a	RSC-12: Organization accurately calculates the number of redeterminations that were withdrawn or dismissed, including the following criteria: a: Includes all withdrawals and dismissals on requests for redeterminations.		Data Sources:	
	RSC-12.a		Data Element 2.B	Review Results:	
z.e	K3C-12.8		outa crement 2.B	NETWO RESUITS.	
	RSC-12.a		Data Element 2.C	Review Results:	
z.e	N.SC-12.8		ond Element 2.C	never results.	

Standard/Sub-standard ID	Reporting Section Criteria	Standard/Sub-standard Description	Data Element	Data Sources and Review Results:	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	ID RSC-12.b	RSC-12: Organization accurately calculates the number of redeterminations that were withdrawn or dismissed, including the following criteria:		Enter review results and/or data sources Data Sources:	cells. Cells marked with an '" should not be edited.
		b: Includes dismissals that are made when the procedural requirements for a valid request are not met within the stipulated timeframe. The plan should issue a dismissal only when the required documentation has not been received within a reasonable amount of time.			
2.e	RSC-12.b		Data Element 2.B	Review Results:	
2.e	RSC-12.b		Data Element 2.C	Review Results:	
2.6	K3C-12.0		Data Element 2.C	REVIEW RESULTS.	
2.e	RSC-12.c	RSC-12: Organization accurately calculates the number of redeterminations that were withdrawn or dismissed, including the following criteria:		Data Sources:	
		c: Each number calculated for requests for redeterminations that were withdrawn (Data Element 2.B) and requests for redeterminations that were dismissed (Data Element 2.D) is a subset of the number of redeterminations decisions made (Data Element 2.A).			
		dismissed (Data Element 2.C) is a subset of the number of redeterminations decisions made (Data Element 2.A).			
2.e	RSC-12.c		Data Element 2.B	Review Results:	
2.e	RSC-12.c		Data Element 2.C	Review Results:	
2.e	RSC-13.a	05C-13: Organization accurately calculates the test and a second control of the test and the second control of		Data Sources:	
2.0	N3C*13.8	RSC-13: Organization accurately calculates the total number of reopened decisions according to the following criteria:		Date 2001 (43).	
		a: 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.			
2.e	RSC-13.a		Data Element 3.A	Review Results:	
2.e	RSC-14.a	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	·
		a: Contract Number			
2.e	RSC-14.a		Data Element 3.B.1	Review Results:	
2.e	RSC-14.b	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	
		b: Plan ID			
2.e	RSC-14.b		Data Element 3.B.2	Review Results:	
2.e	RSC-14.c	RSC-14: Organization accurately reports the following information for each		Data Sources:	
		reopened case. c: Case ID			
2.e	RSC-14.c		Data Element 3.B.3	Review Results:	
2.e	RSC-14.d	RSC-14: Organization accurately reports the following information for each		Data Sources:	<u> </u>
		reopened case. d: Case level (Coverage Determination or Redetermination)			
2.e	RSC-14.d		Data Element 3.B.4	Review Results:	
2.e	RSC-14.e	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	
		e: Date of original disposition			
20	RSC-14.e		Data Element 3.B.5	Review Results:	
2.e	K3C-14.6		Dava Elemetit 3.B.3	ne new negation	
2.e	RSC-14.f	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	
		f: Original disposition (Fully Favorable; Partially Favorable; or Adverse)			
2.e	RSC-14.f		Data Element 3.B.6	Review Results:	
		RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	·
2.e	RSC-14.g	reoperied case.		l .	
2.e	KSC-14.g	g: Was case processed under expedited timeframe (Y/N)			
			Data Element 3.B.7	Review Results:	
2e 2e	RSC-14.g		Data Element 3.8.7	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results:	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	ID RSC-14.h	RSC-14: Organization accurately reports the following information for each reopened case.	Data ciement	Enter review results and/or data sources Data Sources:	cells. Cells marked with an '*' should not be edited.
		reopened case. h: Case type (Pre-Service; Payment)			
2.e	RSC-14.h		Data Element 3.B.8	Review Results:	
2.e	RSC-14.i	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	
		i: Date case was reopened			
2.e	RSC-14.i		Data Element 3.B.9	Review Results:	
2.6	K3C-14.1		Data Element 3.b.7	REVIEW RESULTS.	
2.e	RSC-14.j	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	
		j: Reason (s) for reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other)			
2.e	RSC-14.j		Data Element 3.B.10	Review Results:	
2.e	RSC-14.k	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	·
		k: Date of reopening disposition (revised decision)			
2.e	RSC-14.k		Data Element 3.B.11	Review Results:	
2.e	RSC-14.I	RSC-14: Organization accurately reports the following information for each reopened case.		Data Sources:	·
		l: Reopening disposition (Fully Favorable; Partially Favorable; Adverse, or Pending)			
2.e	RSC-14.I		Data Element 3.B.12	Review Results:	
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:	·
3.a		Data elements are accurately uploaded into CMS systems and entries match corresponding source documents.	Data Element 1.A	Review Results:	
3.a			Data Element 1.B	Review Results:	
			Data Element 1.5		
3.a			Data Element 1.C	Review Results:	
3.a			Data Element 1.D	Review Results:	
3.a			Data Element 1.E	Review Results:	
3.a			Data Element 1.F	Review Results:	
3.a			Data Element 1.G	Review Results:	
ડ.a			July Comment 1.0		
3.a			Data Element 1.H	Review Results:	
3.a			Data Element 1.I	Review Results:	
3.a			Data Element 1.J	Review Results:	
3.a			Data Element 1.K	Review Results:	
3.a			Data Element 1.L	Review Results:	
3.a			Data Element 1.M	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
3.a			Data Element 1.N	Review Results:	
3.a			Data Element 1.0	Review Results:	
3.a			Data Element 1.P	Review Results:	
3.a			Data Element 1.Q	Review Results:	
3.a			Data Element 1.R	Review Results:	
3.a			Data Element 2.A	Review Results:	
3.a			Data Delilelit 2.A	REVIEW RESULTS.	
3.a			Data Element 2.B	Review Results:	
3.a			Data Element 2.C	Review Results:	
3.a			Data Element 2.D	Review Results:	
3.a			Data Element 2.E	Review Results:	
3.a			Data Element 2.F	Review Results:	
3.a			Data Element 3.A	Review Results:	
3.a			Data Element 3.B.1	Review Results:	
3.a			Data Element 3.B.2	Review Results:	
3.d			Data Element 3.6.2	Review Results:	
3.a			Data Element 3.B.3	Review Results:	
3.a			Data Element 3.B.4	Review Results:	
3.a			Data Element 3.B.5	Review Results:	
3.a			Data Element 3.B.6	Review Results:	
3.a			Data Element 3.B.7	Review Results:	
3.a			Data Element 3.B.8	Review Results:	
3.a			Data Element 3.B.9	Review Results:	
			Data file	Paris Davids	
3.a			Data Element 3.B.10	review Results:	
3.a			Data Element 3.B.11	Review Results:	
3.a			Data Element 3.B.12	Review Results:	
				L	L

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:	
4		Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, and claims adjustments).		Review Results:	
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:	
6		If organization's data systems underwent any changes during the reporting period (e.g., because of amerga, exquisition, or upgade) Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.		Review Results:	
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.		Review Results:	

Medication Therapy Management (MTM) Programs (Part D) 2021
Organization Name:
Contract Number:
Medication There
Last Updated:

Medication Therapy Management (MTM) Programs (Part D) 2021

Date of Site Visit (on-site or virtual): Name of Reviewer: Name of Peer Reviewer:

Name of Peer Reviewer:

If the TData Sources and Review Results: "column, enter the review results and/or data sources used for each standard or sub-standard, exception of the sources used for each standard or sub-standard has not been completely met. If any requirement for the standard or sub-standard has not been met, enter "In", I'm systandard or sub-standard has not been met, etter "In", I'm systandard or sub-standard has not sub-standard has

proce to reviewer: If the Part D sponsor has no MTM members, then It		ort this data and data validation is not required for this reporting section.			
Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
1		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates that all		Data Sources:	•
		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		Review Results:	
		systems.			
1.b		Source documents create all required data fields for reporting requirements.		Review Results:	
1.c		Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors, use correct fields,		Review Results:	
		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		Review Results:	
		sets).			
1.e		Data file locations are referenced correctly.		Review Results:	
1.f		If used, macros are properly documented.		Review Results:	
1.g		Source documents are clearly and adequately documented.		Review Results:	
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:	
1.1		Version control of source documents is appropriately applied.		Review Results:	
2		A review of source documents (e.g., programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) and census data,		Data Sources:	•
		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.		Review Results:	
		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).		Review Results:	
		Organization properly assigns data to the applicable CMS contract.			
2.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly).		Review Results:	
		Organization meets deadline for reporting annual data to CMS by 2/28/2022. [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			
2.d	RSC-4	Terms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications.		Review Results:	
		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.			
2.e	RSC-5	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;		Data Sources:	·
		reporting output matches corresponding source documents (e.g., programming			
		is appropriately applied; QA checky/thresholds are applied to detect outlier or erroneous data prior to data submission.			
		RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.			
	RSC-5.a	Date of MTR Consessed annullment (Date Florent II In within the consession	Data Element I	Review Results:	
z.e	K3C-3.8		Data Element I	neries nesures.	
2.e	RSC-5.b	DSC-5- Organization accurately reports data by applying data into discounts about		Data Sources:	
z.e		RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		out soultes.	
		b: One record is entered for each unique beneficiary i.e., only one record exists for a unique MBI number (Data Element B).			
2.e	RSC-5.b		Data Element B	Review Results:	
	1		1	<u> </u>	

	Reporting Section			Data Sources and Review Results:	Enter 'Findings' using the applicable choice in the appropriate
Standard/Sub-standard ID 2.e	Criteria ID	Standard/Sub-standard Description RSC-5: Organization accurately reports data by applying data integrity checks	Data Element	Enter review results and/or data sources Data Sources:	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
		RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. c: Only reports beneficiaries enrolled in the contract during the reporting			
		c: Only reports beneficiaries enrolled in the contract during the reporting period, i.e. MBI Number (Data Element B) maps to a beneficiary enrolled at any point during the reporting year for the given Contract Number (Data Element A).			
2.e	RSC-5.c		Data Element B	Review Results:	
2.e	RSC-5.d	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		d: CMR received date (Data Element R) is within the beneficiary's MTM enrollment period.			
	RSC-5.d		Data Element R	Review Results:	
2.e	RSC-5.e	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		e. If the beneficiary was identified as cognitively impaired at time of CMS offer or delivery (Data Element G = Yes), the beneficiary should have been offered a CMR (Data Element N = Yes).			
2.e	RSC-5.e		Data Element N	Review Results:	
2.e	RSC-5.f	RSC-5: Organization accurately reports data by applying data integrity checks		Data Sources:	•
		listed below and uploads it into HPMS. f: If beneficiary was offered or received a CMR (Data Element N = Yes or Data			
		Element Q = Yes), the contract should report if beneficiary was cognitively impaired at time of CMR offer or delivery (Data Element G ≠ missing).			
2.e	RSC-5.f		Data Element G	Review Results:	
2.e	RSC-5.g	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		g: If the beneficiary was offered or received a CMR (Data Element N = Yes or Data Element Q = Yes), the contract should report if beneficiary was in a long-term care facility at time of CMR offer or delivery (Data Element H≠ missing).			
	RSC-5.g		Data Element H	Review Results:	
	RSC-5.h			Data Sources:	
2.6	KSC-3.II	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. b: If beneficiary met the specified targeting criteria per CMS-Part D.		Data sources:	
		h: If beneficiary met the specified targeting criteria per CMS-Part D Requirements in § 423.153(d)(2) (Data Element F = Yes), then the contract should report the date the beneficiary met the specified targeting criteria (Data Element J = missing).			
2.e	RSC-5.h		Data Element J	Review Results:	
	RSC-5.i	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	*
		: I: If beneficiary did not meet the specified targeting criteria per CMS-Part D Requirements in § 423.153(d)(2) (Data Element F = No), then the field for 'date			
		meets the specified targeting criteria' (Data Element J) should be missing.			
- <u>-</u>	44.		Date Flora	Bariley Bariley	
2.e	RSC-5.i		Data Element J	Review Results:	
2.e	RSC-5.j	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		j: If contract reports beneficiaries that were not eligible according to CMS-Part D Requirements in § 423.153(d)(2) (Data Element F = No), then Contract's MTM program submission information should indicate that contract uses expanded eligibility (Targeting Criteria for Eligibility in the MTMP + Only enrollees who			
		eligibility (Largeting Criteria for Eligibility in the MTMP + Only enrollees who meet the specified targeting criteria per CMS requirements).			
2.e	RSC-5.j		Data Element F	Review Results:	
	RSC-5.k	RSC-5: Organization accurately reports data by applying data integrity checks		Data Sources:	
		listed below and uploads it into HPMS. k: If beneficiary opted out (Data Element L ≠ missing) then contract should			
		provide an opt-out reason (Data Element M should not be missing).			
	RSC-5.k		Data Element M	Review Results:	
2.e	RSC-5.I	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		I: If the beneficiary did not opt-out (Data Element L = missing), the field for opt- out reason should be missing (Data Element M = missing).			

Standard/Sub-standard ID	Reporting Section Criteria ID	on Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-5.I		Data Element M	Review Results:	
	RSC-5.m	RSC-5: Organization accurately reports data by applying data integrity checks		Data Sources:	
		listed below and uploads it into HPMS. m: Date of MTM program opt-out (Data Element L) should not be before the date of MTM program enrollment (Data Element I).			
	RSC-5.m		Data Element L	Review Results:	
2.e	RSC-5.n	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. n: Date of (initial) CMR offer (Data Element O) should either be between the		Data Sources:	•
		n: Date of (initial) CMR offer (Data Element O) should either be between the beneficiary's MTM enrollment date (Data Element I) and 12/31/2021 or the beneficiary's opt out date (Data Element L).			
	RSC-5.n		Data Element O	Review Results:	
	RSC-5.0	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		 o: If a CMR was offered (Data Element N = Yes), there is also a reported offer date (Data Element O ≠ missing). 			
2.e	RSC-5.o		Data Element O	Review Results:	
	RSC-5.p	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		p: If a CMR was not offered (Data Element N = No), there is no reported offer date (Data Element O = missing).			
2.e	RSC-5.p		Data Element O	Review Results:	
2.e	RSC-5.q	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPM: q: If a CMR was received (Data Element Q = Yes), there is a reported date of initial CMR (Data Element R = missing).		Data Sources:	·
2.e	RSC-5.q		Data Element R	Review Results:	
2.e	RSC-5.r	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. r: If a CMR was received (Data Element Q = Yes), there is a reported delivery		Data Sources:	•
		date(s) (Data Element S ≠ missing)			
	RSC-5.r		Data Element S	Review Results:	
	RSC-5.s	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		s: If a CMR was not received (Data Element Q = No), there are no reported delivery date(s) (Data Element 5 = 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 S = missing).			
2.e	RSC-5.s		Data Element S	Review Results:	
	RSC-5.t	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMs.		Data Sources:	·
		t: If records indicate that beneficiary received CMR (Data Element Q = Yes), then indicator for CMR offered (Data element N + No).			
2.e	RSC-5.t		Data Element N	Review Results:	
	RSC-5.u	RSC-5: Organization accurately renorts data by applying data integribs shocks		Data Sources:	
A.C	K3C-3.U	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMs. u: CMR offer date (Data Element O) is before the CMR received date (Data Element R).			
	RSC-5.u		Data Element O	Review Results:	
	1		1	_	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-5.v	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		v: If a CMR was offered (Data Element N), there is a reported recipient of initial offer (Data Element P * missing).			
2.e	RSC-5.v		Data Element P	Review Results:	
2.e	RSC-5.w	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		w: If a CMR was received (Data Element Q = Yes), there is a reported method of delivery (Data Element T ≠ missing).			
2.e	RSC-5.w		Data Element T	Review Results:	
2.e	RSC-5.x	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		x: If a CMR was not received (Data Element Q = No), there is no reported method of CMR delivery (Data Element T = missing).			
2.e	RSC-5.x		Data Element T	Review Results:	
2.e	RSC-5.y	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		y: If a CMR was received (Data Element Q = Yes), there is a reported provider who performed the CMR (Data Element U ≠ missing).			
2.e	RSC-5.y		Data Element U	Review Results:	
2.e	RSC-5.z	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	
		z: If a CMR was not received (Data Element Q = No), there is no reported provider who performed the CMR (Data Element U = missing).			
2.e	RSC-5.z		Data Element U	Review Results:	
2.e	RSC-5.aa	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	·
		aa: If a CMR was received (Data Element Q = Yes), there is reported recipient of CMR (Data Element V ≠ missing).			
2.e	RSC-5.aa		Data Element V	Review Results:	
2.e	RSC-5.bb	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		bb: If a CMR was not received (Data Element Q = No), there is no reported recipient of CMR (Data Element V = missing).			
2.e	RSC-5.bb		Data Element V	Review Results:	
2.e	RSC-5.cc	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		cc: Properly identifies and includes members' date of first TMR (Data Element X) if the number of targeted medication reviews (Data Element W) >0.			
2.e	RSC-5.cc		Data Element X	Review Results:	
2.e	RSC-5.dd	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:	•
		dd: If the organization received a CMS outlier/data integrity notice validate whether or not an internal procedure change was warranted or resubmission through HPMS.			
	RSC-5.dd		Data Elements A-J, L-Z	Review Results:	
2.e	RSC-6	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:	1	Data Sources:	·
	I		<u> </u>	<u> </u>	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.a	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	
		a: Properly identifies and includes members who either met the specified targeting criteria per CMS Part D requirements in § 423.153(d)(2) or other expanded plan-specific targeting criteria at any time during the reporting period.			
		period.			
2.e	RSC-6.a		Data Element B	Review Results:	
2.e	RSC-6.a		Data Element C	Review Results:	
2.e	RSC-6.a		Data Element D	Review Results:	
2.e	RSC-6.a		Data Element E	Review Results:	
2.e	RSC-6.a		Data Element F	Review Results:	
	RSC-6.a		Data Element G	Review Results:	
	RSC-6.a		Data Element H	Review Results:	
	RSC-6.a		Data Element I	Review Results:	
	RSC-6.a		Data Element J	Review Results:	
2.e	RSC-6.b	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	•
		b: 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.			
		cost threshold for MTM program eligibility.			
2.e	RSC-6.b		Data Element F	Review Results:	
	RSC-6.c	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	*
		c: 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.			
		reporting period.			
	RSC-6.c		Data Element B	Review Results:	
	RSC-6.c		Data Element C	Review Results:	
	RSC-6.c		Data Element D	Review Results:	
	RSC-6.c		Data Element E	Review Results:	
	RSC-6.c		Data Element F	Review Results:	
	RSC-6.c		Data Element G	Review Results:	
	RSC-6.c		Data Element H	Review Results:	
	RSC-6.c		Data Element I	Review Results:	
	RSC-6.c		Data Element J	Review Results:	

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
	RSC-6.d	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria: d: Includes and reports each bareasted member, reported once per contract		Data Sources:	
		d: Includes and reports each targeted member, reported once per contract year per contract file, based on the member's most current MBI.			
	RSC-6.d		Data Element B	Review Results:	
z.e	K3C-0.u		Data Element B	REVIEW RESUITS.	
2.e	RSC-6.d		Data Element C	Review Results:	
2.e	RSC-6.d		Data Element D	Review Results:	
2.e	RSC-6.d		Data Element E	Review Results:	
	RSC-6.d		Data Element F	Review Results:	
	RSC-6.d		Data Element G	Review Results:	
2.e	RSC-6.d		Data Element H	Review Results:	
2.e	RSC-6.d		Data Element I	Review Results:	
	RSC-6.d		Data Element J	Review Results:	
2.e	RSC-6.e	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	
		e: Excludes members deceased prior to their MTM eligibility date.			
2.e	RSC-6.e		Data Element B	Review Results:	
	RSC-6.e		Data Element C	Review Results:	
	RSC-6.e		Data Element D	Review Results:	
2.e	RSC-6.e		Data Element E	Review Results:	
2.e	RSC-6.e		Data Element F	Review Results:	
	RSC-6.e		Data Element G	Review Results:	
2.e	RSC-6.e		Data Element H	Review Results:	
2.e	RSC-6.e		Data Element I	Review Results:	
	RSC-6.e		Data Element J	Review Results:	
£.E	1.50-0.E				
	RSC-6.f	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	•
		f: Includes members who receive MTM services based on plan-specific MTM criteria defined by the plan.			
2.e	RSC-6.f		Data Element B	Review Results:	
2.e	RSC-6.f		Data Element C	Review Results:	

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Standard/Sub-standard ID	Reporting Section Criteria ID	n Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.f		Data Element D	Review Results:	
	RSC-6.f		Data Element E	Review Results:	
2.6	K3C-0.1		Data Element E	REVIEW RESULTS.	
	RSC-6.f		Data Element F	Review Results:	
	RSC-6.f		Data Element G	Review Results:	
	RSC-6.f		Data Element H	Review Results:	
2.6	KSC-6.I		Data Element H	Review Results:	
	RSC-6.f		Data Element I	Review Results:	
2.e	RSC-6.f		Data Element J	Review Results:	
		255 (20-1-1-1)		Data Communication of the Comm	
2.e	RSC-6.g	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMs, including the following criteria:		Data Sources:	
		g: Properly identifies and includes members' date of MTM program enrollment (i.e., date they were automatically enrolled) that occurs within the reporting period.			
2.e	RSC-6.g		Data Element I	Review Results:	
2.e	RSC-6.h	PSC-A- Organization accurately identifies data on MTM program participation		Data Sources:	
2.6	K3C-0.II	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources.	
		h: For those members who met the specified targeting criteria per CMS Part D requirements in § 423.153(d)(2), properly identifies the date the member met the specified targeting criteria.			
2.e	RSC-6.h		Data Element J	Review Results:	
	RSC-6.i	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	
		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.			
	RSC-6.1		Data Element B	Review Results:	
	RSC-6.i		Data Element C	Review Results:	
2.e	RSC-6.i		Data Element D	Review Results:	
2.e	RSC-6.i		Data Element E	Review Results:	
2.e	RSC-6.i	+	Data Element F	Review Results:	
	L				
2.e	RSC-6.i		Data Element G	Review Results:	
	RSC-6.i		Data Element H	Review Results:	
2.5	K3C-0.1				
2.e	RSC-6.i		Data Element I	Review Results:	
	RSC-6.i		Data Element J	Review Results:	
2.e	RSC-6.j	RSC-6: Organization accurately identifies data on MTM program participation and uploads it into HPMS, including the following criteria:		Data Sources:	
		j: Counts each member who disenrolls from and re-enrolls in the same contract once.			
	1	·	-		

Standard/Sub-standard ID	Reporting Section Criteria ID	n Standard/Sub-standard Description	Data Element	Data Sources and Review Results:	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
Standard/Sub-standard ID 2.e	Criteria ID RSC-6.j	standard/sub-standard Description	Data Element B	Enter review results and/or data sources Review Results:	cells. Cells marked with an '*' should not be edited.
2.e	RSC-6.j		Data Element C	Review Results:	
	RSC-6.j		Data Element D	Review Results:	
	RSC-6.j		Data Element E	Review Results:	
	RSC-6.j		Data Element F	Review Results:	
2.e	RSC-6.j		Data Element G	Review Results:	
2.e	RSC-6.j		Data Element H	Review Results:	
	RSC-6.j		Data Element I	Review Results:	
2.e	RSC-6.j		Data Element J	Review Results:	
2.6	K3C-0.j		Data Element 3	Review Results.	
2.e	RSC-7	RSC-7: Organization accurately identifies MTM eligible who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into HPMS, including the following criteria:		Data Sources:	•
	RSC-7.a	RSC-7: Organization accurately identifies MTM eligible who are cognitively		Data Sources:	
		RSC-7: Organization accurately identifies MTM eligible who are cognitively impaired at the time of CMR offer or delivery of CMR and uploads it into HPMS, including the following criteria: a: Properly identifies and includes whether each member was cognitively.			
		a: 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.			
2.e	RSC-7.a		Data Element G	Review Results:	
2.e	RSC-8	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:		Data Sources:	•
		ioliowing criteria:			
	RSC-8.a	RSC-8: Organization accurately identifies data on members who opted-out of		Data Sources:	
		enrollment in the MTM program and uploads it into HPMS, including the following criteria:			
		a: Properly identifies and includes members' date of MTM program opt-out that occurs within the reporting period, but prior to 12/31.			
	RSC-8.a		Data Element L	Review Results:	
2.e	RSC-8.b	RSC-8: Organization accurately identifies data on members who opted-out of enrollment in the MTM program and uploads it into HPMS, including the		Data Sources:	•
		following criteria:			
		MTM program for every applicable member with an opt-out date completed (death, disenrollment, request by member, other reason).			
	RSC-8.b		Data Element M	Review Results:	
2.6	KSU-6.D		posta Element M	RESULS.	
2.e	RSC-8.c	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:		Data Sources:	·
		c. Excludes members who refuse or decline individual services without opting- out (diserrolling) from the MTM program.			
2.e	RSC-8.c		Data Element L	Review Results:	
	psc n -		Data Element M	Poriou Porulto	
2.e	RSC-8.c		Data Element M	Review Results:	
	1			1	·

Standard/Sub-standard ID	Reporting Sectio Criteria ID	n Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
2.e	RSC-8.d	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:		Data Sources:	•
		d: Excludes members who disenroll from and re-enroll in the same contract regardless of the duration of the gap of MTM program enrollment			
2.e	RSC-8.d		Data Element L	Review Results:	
2.e	RSC-8.d		Data Element M	Review Results:	
	RSC-9	RSC-9: Organization accurately identifies data on CMR offers and uploads it into HPMS, including the following criteria:	0	Data Sources:	٠
2.e	RSC-9.a	RSC-9: Organization accurately identifies data on CMR offers and uploads it into HPMS, including the following criteria:		Data Sources:	•
		a: Properly identifies and includes MTM program members who were offered a CMR per CMS Part D requirements in § 423.153(d)(2) during the reporting period.			
2.e	RSC-9.a		Data Element N	Review Results:	
2.e	RSC-9.b	RSC-9: Organization accurately identifies data on CMR offers and uploads it into HPMS, including the following criteria:		Data Sources:	•
		b: Properly identifies and includes members' date of initial offer of a CMR that occurs within the reporting period.			
2.e	RSC-9.b		Data Element O	Review Results:	
2.e	RSC-10	RSC-10 Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:		Data Sources:	•
2.e	RSC-10.a	RSC-10 Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:		Data Sources:	•
		a: Properly identifies and includes the date the member received the initial 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.			
2.e	RSC-10.a		Data Element R	Review Results:	
2.e	RSC-10.b	RSC-10 Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:		Data Sources:	•
		b: 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.			
2.e	RSC-10.b		Data Element T	Review Results:	
2.e	RSC-10.c	RSC-10 Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:		Data Sources:	•
		c. 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, Supervised Pharmacy Internor Other,			
		Required if received annual CMR.			
2.e	RSC-10.c		Data Element U	Review Results:	
2.e	RSC-10.d	RSC-10 Organization accurately identifies data on CMR dates and uploads it into HPMS, including the following criteria:		Data Sources:	•
		d: 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:			
		documentation. The recipient must be reported as one of the following: Beneficiary, Beneficiary's Prescriber, Caregiver, or Other Authorized Individual.			
2.e	RSC-10.d		Data Element V	Review Results:	
2.e	RSC-11	RSC-11: Organization accurately identifies data on MTM medication therapy problem recommendations and uploads it into HPMS, including the following		Data Sources:	•
		criteria:			

Standard/Sub-standard ID	Reporting Section Criteria ID	n Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '" should not be edited.
2.e	RSC-11.a	RSC-11: Organization accurately identifies data on MTM medication therapy problem recommendations and uploads it into HPMS, including the following		Data Sources:	single and single and single and the earted.
		problem recommendations and uploads it into HPMS, including the following criteria: a: Properly identifies and includes all targeted medication reviews within the reporting period for each applicable member.			
		reporting period for each applicable member.			
2.e	RSC-11.a		Data Element W	Review Results:	
2.e	RSC-11.b	RSC-11: Organization accurately identifies data on MTM medication therapy problem recommendations and uploads it into HPMS, including the following criteria:		Data Sources:	•
		b: Properly Identifies and includes the number of medication 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			
		recommendations assess on the number of image-recommendations have op- prescribers (e.g., the number is not equal to the total number of prescribers that received medication therapy problem recommendations from the organization). Organization counts each individual medication therapy problem identified per prescriber recommendation (e.g., if the organization sent a			
		prescriber a fax identifying 3 medication therapy problems for a member, this is reported as 3 recommendations).			
	RSC-11.b		Data Element Y	Review Results:	
2.e	RSC-11.c	RSC-11: Organization accurately identifies data on MTM medication therapy problem recommendations and uploads it into HPMS, including the following		Data Sources:	•
		criteria: c. Properly identifies and includes the number of medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM program services within the reporting period			
		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 medication therany.			
		prescriber(s) as a result of MTM program services within the reporting period for each applicable member. For reporting purpose, a resolution is defined as property of the program of the Examples include, but are not limited to initiate medication, Change medication (usab as product in different therapeutic class, dose, dosage form, quantity, or interval), Discontinue or substitute medication (such as Medication compliance s) defined to the program of the program of the Medication compliance s) defined to the to reviewer. If the resolution was observed in the calendar year after the current reporting period, but was the result of an MTM encommendation mode within the current reporting period, the resolution may be reported for the current reporting period. However, this resolution cannot be reported region in the following reporting period.			
		raiscontinue medication, generic substitution, or formulary substitution), and Medication compliance/adherence. (Note to reviewer: if the resolution was observed in the calendar year ofter the current reporting period, but was the result of an MTM recommendation made within the current.			
		result of an in in recommendation make wainin the current reporting period, the resolution may be reported for the current reporting period. However, this resolution cannot be reported again in the following reporting period.]			
2.e	RSC-11.c		Data Element Z	Review Results:	
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:	•
3.a		Data elements are accurately uploaded into CMS systems and entries match corresponding source documents.	Data Elements A-J, L-Z	Review Results:	
3.a			Data Element B	Review Results:	
3.a			Data Element C	Review Results:	
U-34					
3.a			Data Element D	Review Results:	
3.a			Data Element E	Review Results:	
3.a			Data Element F	Review Results:	
3.a			Data Element G	Review Results:	
3.a			Data Element H	Review Results:	
			Data Flavora:	Paris Davids	
3.a			Data Element I	Review Results:	
3.a			Data Element J	Review Results:	
3.a			Data Element L	Review Results:	
3.a			Data Element M	Review Results:	
_			Data Florescat N	Devise Devise	
3.a			Data Element N	Review Results:	
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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources	Enter 'Findings' using the applicable choice in the appropriate cells. Cells marked with an '*' should not be edited.
3.a			Data Element O	Review Results:	
3.a			Data Element P	Review Results:	
3.a			Data Element Q	Review Results:	
3.a			Data Element R	Review Results:	
3.a			Data Element S	Review Results:	
3.a			Data Element T	Review Results:	
3.a			Data Element U	Review Results:	
3.a			Data Element V	Review Results:	
3.a			Data Element W	Review Results:	
3.4			Data Element W	REVIEW RESUITS.	
3.a			Data Element X	Review Results:	
3.a			Data Element Y	Review Results:	
3.a			Data Element Z	Review Results:	
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:	
		upon to enter data into CM5 systems are archived.			
4		Organization implements policies and procedures for periodic data system		Review Results:	
		Organization implements policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, and claims adjustments).			
5		Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:	
6		If organization's data systems underwent any changes during the reporting period (e.g., because 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.		Review Results:	
		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 ther/downstream contractor.		Review Results:	
		une usus conected and/or reported by the delegated entity or first titer/downstream contractor.			

Improving Drug Utilization Review Controls (Part D) 2021
Organization Name:
Contract Number:
Improving Drug Utilization:
Last Updated:

Improving Drug Utilization Review Controls (Part D) 2021

Last Updated:

Date of Sike Visit (on-site or virtual):
Name of Reviewer:
Name of Peer Reviewer:
1) In the "Data Sources and Review Results" column, enter the review results and/or data sources used for each
2) Inthe "Data Sources and Review Results" column, enter the review results and/or data sources used for each
2) Enter "I" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard or sub-standard or sub-standard of sub-standard or sub-standard on sub-standard or sub-standard sub-s

Standard/Sub-standard ID	Criteria ID		Data Element	Data Sources and Review Results: Enter review results and/or data sources
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.		Data sources:
1.a		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.		Review Results:
1.b		Source documents create all required data fields for reporting requirements.		Review Results:
1.c		Source documents are error-free (e.g., programming code and spreadsheet formulas have no messages or warnings indicating errors).		Review Results:
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).		Review Results:
1.e		Data file locations are referenced correctly		Review Results:
1.f		if used, macros are properly documented.		Review Results:
1.g		Source documents are clearly and adequately documented.		Review Results:
1.h		Titles and footnotes on reports and tables are accurate.		Review Results:
1.i		Version control of source documents is appropriately applied.		Review Results:
2		A review of source documents (s.g., programming code, spreadtheet formulas, analysis plans, saved data queries, file layouts, process flowly and ensus or sample data, whichever is applicable, indicates that data elements for each reporting section are accurately identified, processed, and calculated.		Data sources:
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 3/31, 1/1 through 6/30, 1/1 through 9/30, 1/1 through 12/31.		Review Results:
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 and plan.		Review Results:
2.6	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly). Organization meets deadline for reporting annual data to CMS by 02/288/2022. (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 of tenion. However, if the organization re-submits data for any reason and if the re-submission was reporting section of tenion. However, if the organization re-submits data for any reason and if the re-submission was reporting section. However, the reviewer should use the organization's corrected data submission for the reviewer should use the organization's corrected data submission for the		Review Results:

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources
2.d	RSC-4	Terms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Openitations complice with drug utilitation annagement (DMI) requirements of 62 C.F. § 642.55 et sep. to prevent overutilization of opioids as well as other DUM requirements according to guidelines specified by CMS. This includes but is not limited to: A. Applying all relevant guidance to properly establish and implements acree coordination formulary-level cumulative opioid morphile melligram equivalent (MME) therefold point of sale (POS) edit, and gold nalve days supply POS edit, and if applicable, a hard formulary-level cumulative opioid MME threshold POS edit were properly tested and validated prior to its implementation dispressive the opioid MME threshold POS edit were properly tested and validated prior to its implementation day of the control of the contr		Review Results:
2.e	RSC-5	The number of expected counts (e.g., number of members, claims, prievances, 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		Data Sources:
		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 planty; version control of reported data element is appropriately applied; OA checks/the:sholds are applied to detect outlier or erroneous data prior to data situations. RSC-S: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. a: For the care coordination safety edit, the following is true:		
	RSC-5.ai	ISSC S.ai: The prescriber count criterion used and the pharmacy count criterion used must be reported (Data Elements A, B # blank).	Data Element A, B	Review Results:
2.e	RSC-5.aii	ISS.C.S.ail: The number of claims rejected due to the care coordination safety edits (Element C) should be greater than or equal to the number of claim rejections overridden by the pharmacist at the pharmacy (Element D) and the number of claim rejections overridden by the pharmacist at the pharmacy (Element D) and the number of claim rejections overridden by the pharmacist at the pharmacy that also had an opioid claim successfully processed at POS (Element E).	Data Elements: C	Review Results:
2.e	RSC-5.aiii	IESC.5 all: The number of unique beneficiaries with at least one claim rejected due to the care coordination safety edit [Element f) should be greater than or equal to the number of unique beneficiaries with at least one claim rejection overridden by the pharmacist at the pharmacy (Element C) and the number of unique beneficiaries with at least one claim rejection overridden by the pharmacist at the pharmacy that also had an opioid claim successfully processed at POS (Element H).	Data Element F	Review Results:
2e	RSC-5.b	ISC-S: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. b: If the organization had a hard MME safety edit (Data Element I – Yes), the following is true:		Data Sources:
2.e	RSC-5.bi	ISSC-5.bi: The number of claims rejected due to the hard MME safety edit (Element M) should be greater than or equal to the number of claim rejections successfully processed at POS other than through a favorable coverage determination or appeal, south as pharmackic communication and or plan overheld (lenemt N) and the number of claim rejections successfully processed at POS through a favorable coverage determination or appeal (Element O).	Data Element M	Review Results:
2.e 2.e	RSC-5.biii	SSC_LBL The number of unique beneficiaries with at least one claim rejected due to the hard MME safety edit (Element P) should be just not unique beneficiaries with a claim rejection that had an opioid claim successfully processed at POS through the number of unique beneficiaries with a claim rejection that had an opioid claim successfully processed at POS other than the number of unique beneficiaries with a claim rejection that had an opioid dain successfully processed at POS other than the number of unique beneficiaries with a claim rejection that had a provide generation and/or plan override (Element R); the number of unique beneficiaries with a claim rejection that had a coverage determination or appeal request for an opioid ISSC-S-bill: The cumulative MME threshold must be reported (Data Element J # blank).	Data Element P Data Elements: J	Review Results: Review Results:
	RSC-5.c	IBSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS.		Data Sources:
		c: if the organization does not have hard MME safety POS edits (Data Element I=No), Data Elements J, K, L, M, N, O, P, Q, R, S, T and U should equal 0.		
2.e	RSC-5.c		Data Elements: J, K, L, M, N, O, P Q, R, S, T, U	Review Results:
2e	RSC-5.d	RSC-S: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. d: For the opioid naïve days supply safety edit, the following is true:		Data Sources:
	RSC-5.di	RSC-5.di: The look-back period used to identify an initial opioid prescription fill for the treatment of acute pain must be reported (Data Element V + blank).	Data Element V	Review Results:
2.e	RSC-5.dii	ISC-5.dil: The number of claims rejected due to the opioid naïve days supply edit (Element W) should be greater than or equal to the number of claim rejections that are successfully processed at PGO sther than through a favorable coverage determination appeal, such as phannect communication and/or plan override (Element V) and the number of claim rejections that are successfully processed at PGS through a favorable coverage determination or appeal (Element V).	Data Elements: W	Review Results:
2 <i>e</i>	RSC-5.diii	BSC-5.dill: The number of unique beneficiaries with at least one claim rejected due to the opioid nalve days supply edit [Blement 2] should be greater than or equal to: with a claim rejection that had an opioid claim successfully processed at POS through any process (Benemant AL). the number of unique beneficiaries with a claim rejection that had an opioid claim successfully processed at POS other than through a favorible coverage determination or appeal, such as pharmactic communication and/or pain overinde (Element through a favorible coverage determination or appeal, such as pharmactic communication and/or pain overinde (Element the number of unique beneficiaries with a claim rejection that had a coverage determination or appeal request for an prescription subject to the edit (Blement Cclaim rejection and with a coverage determination or appeal request for an the number of unique beneficiaries with a claim rejection that had an opioid claim successfully processed at POS through a through the provided of the properties of the provided coverage determination or appeal (Element EE).	Data Elements: 2	Review Results:

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources
2.e	RSC-5.e	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. et if the organization received a CMS outlier/data integrity notice for the improving Drug Utilization Periore Control section validates whether or not an internal procedure change was warranted or residentision through HPMS.		Data Sources:
2.e	RSC-5.e		Data Elements A-H, J- U, and V-EE	Review Results:
	RSC-6	RSC-6- Organization can accurately identify and create a Part D data set of POS claim rejects related to its care coordination safety edit, hard MME safety edit, and/or opioid nalve days supply safety edit and correctly calculate and report counts to		Data Sources:
		DAS via HPAS, Including the following criteria:		
	RSC-6.a	ISSC 6. Organization can accurately identify and create a Part D data set of POS claim rejects related to its care coordination		Data Sources:
£-E	K3C-0.a	safety edit. hard MME safety edit, and/or opioid nalve days supply safety edit and correctly calculate and report counts to CMS via HPMS. Including the following criteria: as Properly identifies and counts the number of POS rejects triggered and unique beneficiaries related to the care coordination safety edit and if applicable, a provider and pharmacy criterion.		bata sources.
		conductation and a page to the supplementary of the supplementary street from		
	RSC-6.ai	BSC-6.al: includes pharmacy transactions for Part D opioid drugs with a fill date (not batch date) that falls within the reporting period.	Data Element C	Review Results:
	RSC-6.ai	(RSC-6.a): Includes pharmacy transactions for Part D opioid drugs with a fill date (not batch date) that falls within the reporting	Data Element F	Review Results:
		períod.		
2.e	RSC-6.ali	ISC 5.ali: The rejected opioid claim due to the care coordination safety edit is not associated with an early refill rejection transaction.	Data Element C	Review Results:
2.e	RSC-6.aii	RSC-6.aii: The rejected opioid claim due to the care coordination safety edit is not associated with an early refill rejection transaction.	Data Element F	Review Results:
2.e	RSC-6.aiii	RSC-6 alii: 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.	Data Element C	Review Results:
2.e	RSC-6.aiii	BSC 6.aliii. Rejected oploid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level oploid MME POS edit.	Data Element F	Review Results:
	RSC-6.aiv	ISSC 6 alv: Properly counts the number of unique beneficiaries by plan that triggered the care coordination safety edit and if	Data Element C	Review Results:
		applicable, a provider and/or pharmacy criterion.		
2.e	RSC-6.aiv	ISSC-6.aiv. Properly counts the number of unique beneficiaries by plan that triggered the care coordination safety edit and if applicable, a provider and/or pharmacy criterion.	Data Element F	Review Results:
	RSC-6.b	RSC-6. Organization can accurately identify and create a Part D data set of POS claim rejects related to its care coordination stately edit, hard MME safety edit, and/or opioid nalve days supply safety edit and correctly calculate and report counts to		Data Sources:
		CAS sia la PMAS, Including the following criterias: To Properly identifies and counts the number of POS rejects triggered and unique beneficiaries related to the established hard MME safety edit threshold and if applicable, a provider and pharmacy criterion.		
	RSC-6.bi	(RSC-6 bi: Includes pharmacy transactions for Part D opicid drugs with a fill date (not batch date) that falls within the reporting	Data Floment M	Review Results:
£.te	A3C-0.DI	IoS6 bit includes pharmacy transactions for Part II opioid drugs with a fill date (not oaten date) that fails within the reporting perfort.	oud cremetit M	no ricer negulis.
2.e	RSC-6.bi	BSC-6.bi: Includes pharmacy transactions for Part D opioid drugs with a fill date (not batch date) that falls within the reporting period.	Data Element P	Review Results:
2.e	RSC-6.bii	RSC-6.bit. The rejected opioid claim due to the hard MME safety edit is not associated with an early refill rejection transaction.	Data Element M	Review Results:
2.e	RSC-6.bii	RSC-6.bli: The rejected opioid claim due to the hard MME safety edit is not associated with an early refill rejection transaction.	Data Element P	Review Results:
2.e	RSC-6.biii	[85:6.bili: 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.	Data Element M	Review Results:
	Dec / 1		Date file	
2.e	RSC-6.biii	ISSC-6.bill: Rejected oploid 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.	Data Element P	Review Results:
2.e	RSC-6.biv	BSC.6.biv: Properly counts the number of unique beneficiaries by plan that triggered the established hard MME safety edit threshold and if applicable, a provider and/or pharmacy criterion.	Data Element M	Review Results:
2.e	RSC-6.biv	RSC-6.biv: Properly counts the number of unique beneficiaries by plan that triggered the established hard MME safety edit	Data Element P	Review Results:
		threshold and if applicable, a provider and/or pharmacy criterion.		

Standard/Sub-standard ID	Criteria ID		Data Element	Data Sources and Review Results: Enter review results and/or data sources
2.e	RSC-6.c	RSC-6: Organization can accurately identify and create a Part D data set of POS claim rejects related to its care coordination safety edit, hard MME safety edit, and/or opioid naive days supply safety edit and correctly calculate and report counts to CMS via HPMS, including the following criteria:		Data Sources:
		c: Properly identifies and counts the number of POS rejects triggered and unique beneficiaries related to the opioid naïve		
		days supply safety edit.		
2.e	RSC-6.ci	RSC-6.d: Includes pharmacy transactions for Part D opioid drugs with a fill date (not batch date) that falls within the reporting period.	Data Element W	Review Results:
2.e	RSC-6.ci	RSC-6.ci: Includes pharmacy transactions for Part D opioid drugs with a fill date (not batch date) that falls within the reporting period.	Data Element Z	Review Results:
2.e	RSC-6.cii	RSC-6.cii: The rejected opioid claim due to opioid naïve days supply safety edit is not associated with an early refill rejection	Data Element W	Review Results:
		transaction.		
2.e	RSC-6.cii	RSC-6.cii: The rejected opioid claim due to opioid naïve days supply safety edit is not associated with an early refill rejection transaction.	Data Element Z	Review Results:
	RSC-6.ciii	RSC-6.cill:Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and	Data Element W	Review Results:
2.e	KSC-0.CIII	dosage form), and quantity, date of service (DOS).	Data Element VV	Review Results:
2.e	RSC-6.ciii	RSC-6.ciii:Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), and quantity, date of service (DOS).	Data Element Z	Review Results:
2.e	RSC-6.civ	RSC-6.civ: Properly counts the number of unique beneficiaries by plan that triggered the opioid naive days supply safety edit.	Data Element W	Review Results:
	RSC-6.civ	RSC-6.civ: Properly counts the number of unique beneficiaries by plan that triggered the opioid naïve days supply safety edit.	Data Element Z	Review Results:
dia Ser	NOC OLLY	nace over 11 open y counts are named of unique beneficial to 59 paint and digger of the opposition that carry supply success can.	Data Element 2	NOTICE RESIDEN
	RSC-7	RSC-7: From the data set of POS rejects (RSC 6a) related to the care coordination safety edit the organization accurately identifies and counts the number of overridden rejected claims and correctly uploads the counts into HPMS, including the		Data Sources:
		following criteria:		
2.e	RSC-7.a	RSC-7: From the data set of POS rejects (RSC 6a) related to the care coordination safety edit the organization accurately identifies and counts the number of overridden rejected claims and correctly uploads the counts into HPMS, including the		Data Sources:
		following criteria: a: Properly Identifies and counts the number of pharmacist overridden care coordination safety edit POS rejected claims.		
2.e	RSC-7.ai	RSC-7.al: If a prescription drug claim contains multiple POS rejections, each rejection is considered as a separate pharmacy transaction and included in the data set.	Data Element D	Review Results:
2.e	RSC-7.ai	RSC-7.al: If a prescription drug claim contains multiple POS rejections, each rejection is considered as a separate pharmacy transaction and included in the data set.	Data Element G	Review Results:
	RSC-7.b	RSC-7: From the data set of POS rejects (RSC 6a) related to the care coordination safety edit the organization accurately		Data Sources:
		identifies and counts the number of overridden rejected claims and correctly uploads the counts into HPMS, including the following criteria:		
		b: Properly identifies and counts the number of unique beneficiaries per plan with at least one claim rejection due to its care coordination safety POS edit and a pharmacist overridden care coordination safety POS edit rejected claim.		
	RSC-7.bi	DEC. 7 b). If a proceedation drug claim contains multiple DCC release	Data Element D	Review Results:
2.e	KSU-7.DI	RSC-7 bit if a prescription drug claim contains multiple POS rejections, each rejection is considered as a separate pharmacy transaction and included in the data set.	Data ElemeNT D	incriew results:
2.e	RSC-7.bi	RSC-7.bl: If a prescription drug claim contains multiple POS rejections, each rejection is considered as a separate pharmacy transaction and included in the data set.	Data Element G	Review Results:
		and the same set.		
2.e	RSC-8	RSC-8: The organization accurately identifies claims leading to a coverage determination or appeal request and correctly uploads the count into HPMS including the following criteria:		Data Sources:
2.e	RSC-8.a	RSC-8: The organization accurately identifies claims leading to a coverage determination or appeal request and correctly uploads the count into HPMS including the following criteria:		Data Sources:
		a: From the data set (RSC6b) of POS rejects related to the hard MME safety edits,		
2.e	RSC-8.ai	RSC-8.al: If a prescription drug claim contains multiple POS rejections, each rejection is considered as a separate pharmacy transaction.	Data Element S	Review Results:
	RSC-8.aii	RSC-8.aii: Includes all methods of coverage determination or appeal receipt (e.g., telephone, letter, fax, in-person).	Data Element S	Review Results:
		, particular (100)		
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Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources
2.e	RSC-8.aiii	RSC-8.alii: Includes all coverage determination or appeal requests.	Data Element S	Review Results:
	RSC-8.b	ISSC-8: The organization accurately identifies claims leading to a coverage determination or appeal request and correctly uploads the count into HPMS including the following criteria: bx From the data set (RSC6c) of POS rejects related to the opioid naïve days supply safety edits,		Data Sources:
2.e	RSC-8.bi	RSC-8.bi. If a prescription drug claim contains multiple POS rejections, each rejection is considered as a separate pharmacy transaction.	Data Elements CC	Review Results:
2.e	RSC-8.bii	RSC-8.bii: Includes all methods of coverage determination or appeal receipt (e.g., telephone, letter, fax, in-person).	Data Elements CC	Review Results:
	RSC-8.biii	RSC-8.bili: Includes all coverage determination or appeal requests.	Data Elements CC	Review Results:
	RSC-9	ISS.C-9: The organization accurately identifies the number of unique beneficiaries with at least one POS claim rejection related to a hard MME safety edit and/or coloid naive days supply safety edit that also had a claim successfully processed at POS		Data Sources:
		to a hard MME safety edit and/or opioid naive days supply safety edit that also had a claim successfully processed at POS through a favorable coverage determination or plan overtice. Correctly updacts the count, if the data set of POS rejects includes the complete reporting period, into HPMS including the following criteria:		
2.e	RSC-9.a	IEC-9. The erganization securately identifies the number of unious beneficiaries with at least one POS claim rejection related to a hard MME safety feel and one object on six-of safe and safe and supply safety either state on bad a claim successfully processed at 90 through a favorable coverage determination or plan override. Correctly uploads the count, if the data set of POS rejects through a favorable coverage determination or plan override. Correctly uploads the count, if the data set of POS rejects includes the complete reporting period, into HPMS including the following criteria: a: From the subset of POS rejects (RSC 6b) related to the hard MME safety POS edits,		Data Sources:
2.e	RSC-9.ai	RSC-9.al: The beneficiary's opioid claim is also included in Data Element P.	Data Element T	Review Results:
Že	RSC-9.b	RSC-9: The organization accurately identifies the number of unique beneficiaries with at least one POS claim rejection related to a hard MME: safety edit and/or opioid naive days supply safety edit that also had a claim successfully processed at POS rejects of the property of the prope		Data Sources:
2e	RSC-9.bi	RSC-9.bi: The beneficiary's opioid claim is also included in Data Element Z.	Data Element DD	Review Results:
Že	RSC-10	IBSC-10. The organization accurately identifies the number of unique beneficiaries with at least one POS claim rejection related to a hard MME safety edit and/or opioid nalve days supply safety edit that also had a claim successfully processed at 1950 sight. flath froutupal natvorable coverage determination on rapeals such a pharmacist communication and/or plan override. Correctly uploads the count, if the data set of POS rejects includes the complete reporting period, into HPMS including the following criteria:		Data Sources:
2.e	RSC-10.a	ISC-CLD. The organization accurately identifies the number of unique boneficiates with at least one POS claim rejection related to a hard MME safety et all and or opid railwe days supply safety et etil rat also had a claim successfully processed at POS organization or the processed at POS organization organization and/or plan override. Correctly uploated the court, if the data set of POS rejects includes the complete reporting period, into HPMS including the following criteria: 2. From the subset of POS rejects (RSC 6b) related to the hard MME safety POS edits,		Data Sources:
2.e	RSC-10.ai	RSC-10.al:The beneficiary's opioid claim is also included in Data Element P.	Data Element R	Review Results:
- 2.e	RSC-10.b	ISC-10: The organization accurately identifies the number of unique beneficiaries with at least one POS claim rejection related to a hard MME stately etial and/or opioid naive days supply safety etit hat also had act laim successfully processed at POS often than through a favorable coverage determination or appeal such as pharmosist communication and/or plan override. Correctly uploads the count, if the data set of POS rejects includes the complete reporting period, into HPMS including the following criteria: b: From the subset of POS rejects (RSC 6c) related to the opioid naive days supply safety POS edits,		Data Sources:
2.e	RSC-10.bi	ISC-10.bi:The beneficiary's opioid claim is also included in Data Element Z.	Data Element BB	Review Results:
3		Organization implements policies and procedures for data submission, including the following:		Data Sources:
3.a		Data elements are accurately uploaded into the HPMS tool and entries match corresponding source documents.	Data Element Zero Enrollment	Review Results:
3.a			Data Element A	Review Results:

Standard/Sub-standard ID	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources
3.a			Data Element B	Review Results:
3.a			Data Element C	Review Results:
3.a			Data Element D	Review Results:
3.a			Data Element E	Review Results:
3.a			Data Element F	Review Results:
3.a			Data Element G	Review Results:
3.a			Data Element H	Review Results:
v.a			bad Element	New Medians
3.a			Data Element I	Review Results:
3.a			Data Element J	Review Results:
3.a			Data Element K	Review Results:
			Data Element L	Review Results:
3.a			Data Element M	Review Results:
3.a			Data Element N	Review Results:
3.a			Data Element O	Review Results:
3.a			Data Element P	Review Results:
3.a			Data Element Q	Review Results:
3.a			Data Element R	Review Results:
3.a			Data Element S	Review Results:
3.a			Data Element T	Review Results:
3.a			Data Element U	Review Results:
3.a			Data Element V	Review Results:
3.a			Data Element W	Review Results:
3.a			Data Element X	Review Results:
3.a			Data Element Y	Review Results:

Standard/Sub-sta	ndard ID S	Reporting Section Criteria ID	Standard/Sub-standard Description	Data Element	Data Sources and Review Results: Enter review results and/or data sources
3.a				Data Element Z	Review Results:
3.a				Data Element AA	Review Results:
3.a				Data Element BB	Review Results:
3.a				Data Element CC	Review Results:
3.a				Data Element DD	Review Results:
3.a				Data Element EE	Review Results:
3.b		,	All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.		Review Results:
4		C	Organization implements appropriate policies and procedures for periodic data system updates (e.g., changes in enrollment, provider/pharmacy status, and claims adjustments).		Review Results:
5		Ç	Organization implements policies and procedures for archiving and restoring data in each data system (e.g., disaster recovery plan).		Review Results:
6		I	if organization's data systems underwent any changes during the reporting period (e.g., because of a merger, acquisition, or supgrade). Organization provided documentation on the data system changes and, upon review, there were no issues that adversely impacted data reported.		Review Results:
		ľ	основных туровском основных вырож eEO.		
7		I	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 tiet/ downstream contractor.		Review Results:
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