

Reporting Section	CY 2022 DV (2021 Reporting Requirements)	CY 2023 DV (2022 Reporting Requirements)	Type of Change	Reason for Change	Burden Change
CDR	RSC 12.b check for Data Element 2.B	RSC 12 had been changed to RSC 13 before the PRM. Row for RSC 13.b which checks for Data Element 2.B has been deleted.	Deletion	Consistent with current technical guidance.	None
CDR	RSC 12.c: Each number calculated for requests for redeterminations that were withdrawn (Data Element 2.B) and requests for redeterminations that were dismissed (Data Element 2.C) is a subset of the number of redeterminations decisions made (Data Element 2.A).	RSC 12 had been changed to RSC 13 before the PRM. RSC 13.c has been deleted.	Deletion	Consistent with current technical guidance.	None
MTM	RSC 5v. If a CMR was offered (Data Element N), there is a reported recipient of initial offer (Data Element P ≠ missing). Data Element P	RSC 5v has been deleted.	Deletion	Consistent with current technical guidance.	None
MTM	RSC 5w	RSC code has been revised to RSC 5v	Update	Consistent with current technical guidance.	None
MTM	RSC 5x	RSC code has been revised to RSC 5w	Update	Consistent with current technical guidance.	None

Reporting Section	CY 2022 DV (2021 Reporting Requirements)	CY 2023 DV (2022 Reporting Requirements)	Type of Change	Reason for Change	Burden Change
MTM	RSC 5y	RSC code has been revised to RSC 5x	Update	Consistent with current technical guidance.	None
MTM	RSC 5z	RSC code has been revised to RSC 5y	Update	Consistent with current technical guidance.	None
MTM	RSC 5aa	RSC code has been revised to RSC 5z	Update	Consistent with current technical guidance.	None
MTM	RSC 5bb	RSC code has been revised to RSC 5aa	Update	Consistent with current technical guidance.	None
MTM	RSC 5cc	RSC code has been revised to RSC 5bb	Update	Consistent with current technical guidance.	None

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MTM	RSC 5dd	RSC code has been revised to RSC 5cc	Update	Consistent with current technical guidance.	None
MTM	<p>RSC 11c. 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 for each applicable member. For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous medication therapy. Examples include, but are not limited to, Initiate medication, Change medication (such as product in different therapeutic class, dose, dosage form, quantity, or interval), Discontinue or substitute medication (such as discontinue medication, generic substitution, or formulary substitution), and Medication compliance/adherence.</p> <p>Data Element Z</p>	<p>RSC 11c. 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 for each applicable member. For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous medication therapy. Examples include, but are not limited to, Initiate medication, Change medication (such as product in different therapeutic class, dose, dosage form, quantity, or interval), Discontinue or substitute medication (such as discontinue medication, generic substitution, or formulary substitution), and Medication compliance/adherence.</p> <p>Data Element X</p>	Update	Consistent with current technical guidance.	None

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DUR	<p>RSC 5-a.ii. The number of claims rejected due to the care coordination safety edit (Element C) should be greater than or equal to each of the following:</p> <ul style="list-style-type: none"> • The number of claim rejections overridden by the pharmacist at the pharmacy (Element D); • The number of claim rejections overridden by the pharmacy within 24 hours of the initial claim rejection (Element E); • The number of claim rejections overridden by the pharmacist at the pharmacy that also had an opioid claim successfully processed at POS (Element F); and • The number of claim rejections overridden by the pharmacy as a result of prescriber consultation (Element G). 	<p>RSC 5-a.ii. The number of claims rejected due to the care coordination safety edit (Element C) should be greater than or equal to each of the following:</p> <ul style="list-style-type: none"> • The number of claim rejections overridden by the pharmacist at the pharmacy (Element D); • The number of claim rejections overridden by the pharmacy within 24 hours of the initial claim rejection (Element E); • The number of claim rejections overridden by the due to an exemption (Element F); and • The number of claim rejections overridden by the pharmacy as a result of prescriber consultation (Element G). 	Update	Consistent with current technical guidance	None
DUR	<p>RSC 5-a.iii. 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 G) and the number of unique beneficiaries with at least one rejection overridden by the pharmacist at the pharmacy that also had an opioid claim successfully processed at POS. (Element H)</p>	<p>RSC 5-a.iii The number of unique beneficiaries with at least one claim rejected due to the care coordination safety edit (Element H) should be greater than or equal to each of the following:</p> <ul style="list-style-type: none"> • The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy (Element I) • The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy within 24 hours of the initial claim rejection (Element J) • The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy at the pharmacy due to an exemption (Element K) • The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy as a result of prescriber consultation (Element L) 	Update	Consistent with current technical guidance	None

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DUR	RSC-5.bi: The number of unique beneficiaries with at least one claim rejected due to the hard MME safety edit (Element M) should be greater than or equal to each of the following:	RSC-5.bi: The number of unique beneficiaries with at least one claim rejected due to the hard MME safety edit (Element R) should be greater than or equal to each of the following:	Update	Consistent with current technical guidance	None
DUR	RSC 5-d.ii: 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 successfully processed at POS other than through a favorable coverage determination or appeal, such as pharmacist communication and/or plan override (Element X) and the number of claim rejections successfully processed at POS through a favorable coverage determination or appeal (Element Y).	RSC 5-d.ii: The number of claims rejected due to the opioid naïve days supply edit (Element W) should be greater than or equal to each of the following: <ul style="list-style-type: none"> • the number of claim rejections overridden by the pharmacy due to an exemption (Element X); • the number of claim rejections overridden by the pharmacy because the beneficiary was not opioid naïve (Element Y); and • the number of rejected claims for which up to a 7-day supply (covered by the plan) was dispensed by the pharmacy (Element Z). 	Update	Consistent with current technical guidance	None
DUR	RSC-8: The organization accurately identifies claims leading to a coverage determination and correctly uploads the count into HPMS including the following criteria:	RSC-8: The organization accurately identifies claims leading to a coverage determination request and correctly uploads the count into HPMS including the following criteria:	Update	Consistent with current technical guidance	None
DUR	RSC-8.a. The organization accurately identifies claims leading to a coverage determination and correctly uploads the count into HPMS including the following criteria: a: From the data set (RSC6b) of POS rejects related to the hard MME safety edits,	RSC-8.a. The organization accurately identifies claims leading to a coverage determination request and correctly uploads the count into HPMS including the following criteria: a: From the data set (RSC6b) of POS rejects related to the hard MME safety edits,	Update	Consistent with current technical guidance	None

Reporting Section	CY 2022 DV (2021 Reporting Requirements)	CY 2023 DV (2022 Reporting Requirements)	Type of Change	Reason for Change	Burden Change
DUR	RSC-8-aii: Includes all methods of coverage determination or appeal receipt (e.g., telephone, letter, fax, in-person).	RSC-8-aii: Includes all methods of coverage determination receipt (e.g., telephone, letter, fax, in-person).	Update	Consistent with current technical guidance	None
DUR	RSC-8-aiii: Includes all coverage determination or appeal requests.	RSC-8-aiii: Includes all coverage determination requests.	Update	Consistent with current technical guidance	None
DUR	RSC-8: The organization accurately identifies claims leading to a coverage determination and correctly uploads the count into HPMS including the following criteria: b: From the data set (RSC6c) of POS rejects related to the opioid naïve days supply safety	RSC-8: The organization accurately identifies claims leading to a coverage determination request and correctly uploads the count into HPMS including the following criteria: b: From the data set (RSC6c) of POS rejects related to the opioid naïve days supply safety edits,	Update	Consistent with current technical guidance	None
DUR	RSC-8-bii: Includes all methods of coverage determination or appeal receipt (e.g., telephone, letter, fax, in-person).	RSC-8-bii: Includes all methods of coverage determination receipt (e.g., telephone, letter, fax, in-person).	Update	Consistent with current technical guidance	None
DUR	RSC-8-biii: Includes all coverage determination or appeal requests subject to the opioid naïve edit.	RSC-8-biii: Includes all coverage determination requests subject to the opioid naïve edit.	Update	Consistent with current technical guidance	None

Reporting Section	CY 2022 DV (2021 Reporting Requirements)	CY 2023 DV (2022 Reporting Requirements)	Type of Change	Reason for Change	Burden Change
DUR	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 naïve days supply safety edit that also had a claim successfully processed at POS 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:	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 naïve days supply safety edit who had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit. Correctly uploads the count, if the data set of POS rejects includes the complete reporting period, into HPMS including the following criteria:	Update	Consistent with current technical guidance	None
DUR	RSC-9.a. - 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 naïve days supply safety edit that also had a claim successfully processed at POS 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,	RSC-9.a. - 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 naïve days supply safety edit who had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit. 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,	Update	Consistent with current technical guidance	None

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DUR	RSC-9b 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 naïve days supply safety edit that also had a claim successfully processed at POS 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: b: From the subset of POS rejects (RSC 6c) related to the opioid naïve days supply safety POS edits,	RSC-9b 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 naïve days supply safety edit who had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit. 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 naïve days supply safety POS edits,	Update	Consistent with current technical guidance	None
DUR	RSC-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 naïve days supply safety edit that also had a claim successfully processed at POS other than through a favorable coverage determination or appeal such as 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:	RSC-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 naïve days supply safety edit that was overridden due to an exemption (Elements S, BB), because the beneficiary was not opioid naïve (Element CC), or for whom up to a 7-day supply (covered by the plan) was dispensed by the pharmacy (Element DD). Correctly uploads the count, if the data set of POS rejects includes the complete reporting period, into HPMS, including the following criteria:	Update	Consistent with current technical guidance	None

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DUR	RSC-10.a: 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 naïve days supply safety edit that also had a claim successfully processed at POS other than through a favorable coverage determination or appeal such as 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:	RSC-10.a: 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 naïve days supply safety edit that was overridden due to an exemption (Elements S, BB), because the beneficiary was not opioid naïve (Element CC), or for whom up to a 7-day supply (covered by the plan) was dispensed by the pharmacy (Element DD). Correctly uploads the count, if the data set of POS rejects includes the complete reporting period, into HPMS, including the following criteria:	Update	Consistent with current technical guidance	None
DUR	RSC-10.b: 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 naïve days supply safety edit that also had a claim successfully processed at POS other than through a favorable coverage determination such as 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: b: From the subset of POS rejects (RSC 6c) related to the opioid naïve days supply safety POS edits,	RSC-10.b: 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 naïve days supply safety edit that was overridden due to an exemption (Elements S, BB), because the beneficiary was not opioid naïve (Element CC), or for whom up to a 7 day supply (covered by the plan) was dispensed by the pharmacy (Element DD). 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 naïve days supply safety POS edits,	Update	Consistent with current technical guidance	None