Coverage Determinations and Redeterminations (Part D) 2022

Organization Name:

Contract Number:

Reporting Section: **Coverage Determinations and Redeterminations (Part D) 2022**

Last Updated:

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

Name of Reviewer:

Name of Peer Reviewer:

Instructions:

1) In the "Data Sources and Review Results:" column, enter the review results and/or data sources used for each standard or sub-standard.

2) Enter "Y" if the requirements for the standard or sub-standard have been completely met. If any requirement for the standard or sub-standard has not been met, enter "N". If any standard or sub-standard does not apply, enter "N/A".

3) For standards 1c, 1d, 1e, 1g, 1h, and 2e, enter 'Findings' as follows based on the five-point scale: Select "1" if plan data has more than 20% error, select "2" if plan data has between 15.1% - 20.0% error, select "3" if plan data has between 10.1% - 15.0% error, select "4" if plan data has between 5.1% - 10.0% error, select "5" if plan data has less than or equal to a 5% error. Enter "N/A" if standard does not apply.

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 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, 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, 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 required reporting periods 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 2/27/2023. *[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 criterion. However, if the organization re-submits data for any reason and if the re-submission was completed by 3/31 of the data validation year, the reviewer should use the organization's corrected data submission for the review of this reporting section.]*		**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.d	RSC-4	Terms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Organization properly defines the term "Coverage Determinations" in accordance with 42 C.F.R. Part 423, Subpart M, and the Parts C & D Enrollee Grievances, Organization/Coverage Determinations and Appeals Guidance. This includes applying all relevant guidance properly when performing its calculations and categorizations. Organization properly defines the term "Redetermination" in accordance with 42 C.F.R. Part 423, Subpart M, and the Parts C & D Enrollee Grievances, Organization/Coverage Determinations and Appeals Guidance. This includes applying all relevant guidance properly when performing its calculations and categorizations.		**Review Results:**	
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., 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 is appropriately applied; QA checks/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. [Note: Data Elements 1.A - 1.R relate to Coverage Determinations, Data Elements 2.A – 2.V relate to Redeterminations, and Data Elements 3.A and 3.B.1 – 3.B.12 relate to Re-openings] a: Number of coverage determination decisions by outcome (Data Elements (1.D + 1.E + 1.F) + (1.H + 1.I + 1.J) + (1.L + 1.M + 1.N) + (1.P + 1.Q + 1.R)) does not exceed the total number of processed coverage determinations that include exceptions (Data Element 1.A).		**Data Sources:**	*
2.e	RSC-5.a		Data Elements (1.D+1.E+1.F) + (1.H+1.I+1.J) + (1.L+1.M+1.N) + (1.P+1.Q+1.R)	**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. b: Number of exception decisions by outcome made in the reporting period (Data Elements (1.H + 1.I + 1.J) + (1.L + 1.M + 1.N) + (1.P + 1.Q + 1.R)) does not exceed the total number of processed coverage determination decisions that include exceptions (Data Element 1.A).		**Data Sources:**	*
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. c: Number of redeterminations decisions by outcome (Data Elements (2.D + 2.E + 2.F) + (2.H + 2.I + 2.J) + (2.L + 2.M + 2.N) +(2.P + 2.Q + 2.R) +(2.T + 2.U+ 2V)) is equal to total number of processed redetermination decisions that include exception redeterminations and at-risk redeterminations (Data Element 2.A).		**Data Sources:**	*
2.e	RSC-5.c		Data Elements (2.D + 2.E + 2.F) + (2.H + 2.I + 2.J) + (2.L + 2.M + 2.N) +(2.P + 2.Q + 2.R)+ (2.T +2.U+ 2.V)	**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. d: Total number of reopened (revised) decisions (Data Element 3.A) is equal to the number of records reported in data file.		**Data Sources:**	*
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. e: Verify that the date of each reopening disposition (Data Element 3.B.11) is in the reporting quarter.		**Data Sources:**	*
2.e	RSC-5.e		Data Element 3.B.11	**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.f	RSC-5: Organization accurately reports data by applying data integrity checks listed below and uploads it into HPMS. 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).		**Data Sources:**	*
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. g: Verify that the date of each reopening disposition (Data Element 3.B.11) is equal to or later than the date the case was reopened (Data Element 3.B.9).		**Data Sources:**	*
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.B.9) is after the date of original disposition (Data Element 3.B.5).		**Data Sources:**	*
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. 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.		**Data Sources:**	*
2.e	RSC-5.i		Data Elements 1.A–1.R, 2.A–2.V, 3.A–3.B.12	**Review Results:**	
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: a: Includes all coverage determinations (fully favorable, partially favorable, and adverse), including exceptions, with a date of decision that occurs during the reporting period. Date of the final decision is based on the date the enrollee/enrollee's representative is notified in writing of the coverage determination decision.		**Data Sources:**	*
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: b: Includes hard morphine milligram equivalent dose (MME) edit coverage determinations.		**Data Sources:**	*
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: c: Includes opioid naïve days supply edit coverage determinations.		**Data Sources:**	*
2.e	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: d: Includes hospice-related coverage determinations.		**Data Sources:**	*
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 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).		**Data Sources:**	*
2.e	RSC-6.e		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.f	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria: f: Includes all coverage determinations (including exceptions) regardless of who filed the request (e.g., member, appointed representative, or prescribing physician).		**Data Sources:**	*
2.e	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: g: Includes coverage determinations (including exceptions) from delegated entities. *[Note: Delegated entities are contractors to Part D sponsors]*		**Data Sources:**	*
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 the following criteria: h: Includes both standard and expedited coverage determinations (including exceptions).		**Data Sources:**	*
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: i: Excludes requests for coverage determinations (including exceptions) that are withdrawn or dismissed.		**Data Sources:**	*
2.e	RSC-6.i		Data Element 1.A	**Review Results:**	
2.e	RSC-6.j	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.		**Data Sources:**	*
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: k: Includes adverse coverage determination cases that were forwarded to the IRE because the organization made an untimely decision.		**Data Sources:**	*
2.e	RSC-6.k		Data Element 1.A	**Review Results:**	
2.e	RSC-6.l	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria: l: 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). 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 Sources:**	*
2.e	RSC-6.l		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: m: Includes Direct Member Reimbursements (DMRs) part of the total number of exceptions if the plan processed the request under the tiering 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.		**Data Sources:**	*
2.e	RSC-6.m		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
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: n: Excludes coverage determinations (including exceptions) regarding drugs assigned to an excluded drug category.		**Data Sources:**	*
2.e	RSC-6.n		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.o	RSC-6: Organization accurately calculates the number of coverage determinations (Part D only) decisions made in the reporting period, including the following criteria: o: Excludes members who have Utilization Management (UM) requirements waived based on an exception decision made in a previous plan year or reporting period.		**Data Sources:**	*
2.e	RSC-6.o		Data Element 1.A	**Review Results:**	
2.e	RSC-6.p	RSC-6: Organization accurately calculates the number of coverage 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.		**Data Sources:**	*
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 following criteria: a: Includes all decisions made (fully favorable, partially favorable, and adverse) with a date of decision that occurs during the reporting period. Date of the final decision is based on the date the enrollee/enrollee's representative is notified in writing of the exception decision.		**Data Sources:**	*
2.e	RSC-7.a		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
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: b: Includes all methods of receipt (e.g., telephone, letter, fax, in person).		**Data Sources:**	*
2.e	RSC-7.b		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
2.e	RSC-7.c	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.		**Data Sources:**	*
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 following criteria: d: Includes requests for exceptions from delegated entities.		**Data Sources:**	*
2.e	RSC-7.d		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
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 following criteria: e: Includes both standard and expedited exceptions.		**Data Sources:**	*
2.e	RSC-7.e		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
2.e	RSC-7.f	RSC-7: Organization accurately calculates the total number of UM, Formulary, and Tier exceptions decisions made in the reporting period, including the following criteria: f: Excludes requests for exemptions that are withdrawn or dismissed.		**Data Sources:**	*
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, 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.		**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-7.g		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
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: h: Excludes members who have utilization management requirements waived based on an exception decision made in a previous plan year or reporting period.		**Data Sources:**	*
2.e	RSC-7.h		Data Elements 1.G, 1.K, 1.O	**Review Results:**	
2.e	RSC-8.a	RSC-8: Organization accurately calculates the number of coverage determinations decisions made by final decision, including the following criteria: 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 the accepted disposition types.		**Data Sources:**	*
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 determination decisions made by final decision, including the following criteria: b: Includes untimely coverage determination decisions, regardless if they were auto-forwarded to the IRE.		**Data Sources:**	*
2.e	RSC-8.b		Data Element 1.D	**Review Results:**	
2.e	RSC-8.b		Data Element 1.E	**Review Results:**	
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: 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.		**Data Sources:**	*
2.e	RSC-9.a		Data Element 1.B	**Review Results:**	
2.e	RSC-9.a		Data Element 1.C	**Review Results:**	
2.e	RSC-9.b	RSC-9: Organization accurately calculates the number of coverage determinations that were withdrawn or dismissed, including the following 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.		**Data Sources:**	*
2.e	RSC-9.b		Data Element 1.B	**Review Results:**	
2.e	RSC-9.b		Data Element 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: a: Includes all redetermination final decisions for Part D drugs with a date of final decision that occurs during the reporting period. Date of the final decision is based on the date the enrollee/enrollee's representative is notified in writing of the redetermination decision.		**Data Sources:**	*
2.e	RSC-10.a		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.b	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: b: Includes all redetermination decisions, including fully favorable, partially favorable, and adverse decisions.		**Data Sources:**	*
2.e	RSC-10.b		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.c	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: c: Includes redetermination requests that were forwarded to the IRE because the organization failed to make a timely decision.		**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-10.c		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.d	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: d: Includes both standard and expedited redeterminations.		**Data Sources:**	*
2.e	RSC-10.d		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.e	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: e: Includes At-risk determination appeals (beneficiary-specific Point of Sale (POS) edit, prescriber or pharmacy coverage limitation appeals, sharing information for subsequent Part D enrollments) made under a drug management program redeterminations.		**Data Sources:**	*
2.e	RSC-10.e		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.f	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: f: Includes all methods of receipt (e.g., telephone, letter, fax, in-person).		**Data Sources:**	*
2.e	RSC-10.f		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.g	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: g: Includes all redeterminations regardless of who filed the request (e.g., member, appointed representative, or prescribing physician).		**Data Sources:**	*
2.e	RSC-10.g		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.h	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: 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.		**Data Sources:**	*
2.e	RSC-10.h		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**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: Includes all redetermination decisions that relate to Part B versus Part D coverage (drugs covered under Part B are considered adverse decisions under Part D). a. Point of Sale (POS) 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.		**Data Sources:**	*
2.e	RSC-10.i		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.j	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: j: Includes each distinct dispute contained in one redetermination request (i.e., multiple drugs), as a separate redetermination request.		**Data Sources:**	*
2.e	RSC-10.j		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-10.k	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: k: Excludes dismissals and withdrawals.		**Data Sources:**	*
2.e	RSC-10.k		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	

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2.e	RSC-10.l	RSC-10: Organization accurately calculates the total number of redeterminations (Part D only), including the following criteria: l: Excludes IRE decisions.		**Data Sources:**	*
2.e	RSC-10.l		Data Elements 2.A, 2.G, 2.K, 2.O, 2.S	**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 Elements 2.A, 2.G, 2.K, 2.O, 2.S	**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 Elements 2.A, 2.G, 2.K, 2.O, 2.S	**Review Results:**	
2.e	RSC-11.a	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: a. Includes all decisions made (fully favorable, partially favorable, and adverse) with a date of decision that occurs during the reporting period. Date of the final decision is based on the date the enrollee/enrollee's representative is notified in writing of the exception redetermination decision.		**Data Sources:**	*
2.e	RSC-11.a		Data Elements 2.G, 2.K, 2.O	**Review Results:**	
2.e	RSC-11.b	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: b.Includes all methods of receipt (e.g., telephone, letter, fax, in-person).		**Data Sources:**	*
2.e	RSC-11.b		Data Elements 2.G, 2.K, 2.O	**Review Results:**	
2.e	RSC-11.c	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: c. Includes exception redetermination requests that were forwarded to the IRE because the organization failed to make a timely decision.		**Data Sources:**	*
2.e	RSC-11.c		Data Elements 2.G, 2.K, 2.O	**Review Results:**	
2.e	RSC-11.d	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: d. Includes requests for exception redeterminations from delegated entities.		**Data Sources:**	*
2.e	RSC-11.d		Data Elements 2.G, 2.K, 2.O	**Review Results:**	
2.e	RSC-11.e	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: e.Includes both standard and expedited exception redeterminations.		**Data Sources:**	*
2.e	RSC-11.e		Data Elements 2.G, 2.K, 2.O	**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.f	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: f. Excludes requests for exception redeterminations that are withdrawn or dismissed.		**Data Sources:**	*
2.e	RSC-11.f		Data Elements 2.G, 2.K, 2.O	**Review Results:**	
2.e	RSC-11.g	RSC-11: Organization accurately calculates the total number of UM, Formulary, and Tier exception redetermination decisions made in the reporting period, including the following criteria: g. Excludes requests for exception redeterminations regarding drugs assigned to an excluded drug category.		**Data Sources:**	*
2.e	RSC-11.g		Data Elements 2.G, 2.K, 2.O	**Review Results:**	
2.e	RSC-12.a	RSC-12: 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, 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).		**Data Sources:**	*
2.e	RSC-12.a		Data Elements 2.D–2.F	**Review Results:**	
2.e	RSC-12.b	RSC-12: Organization accurately calculates the number of redeterminations by final decision, including the following criteria: b: Excludes redetermination decisions made by the IRE.		**Data Sources:**	*
2.e	RSC-12.b		Data Elements 2.D–2.F	**Review Results:**	
2.e	RSC-13.a	RSC-13: 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:**	*
2.e	RSC-13.a		Data Element 2.B	**Review Results:**	
2.e	RSC-13.a		Data Element 2.C	**Review Results:**	
2.e	RSC-13.b	RSC-13: Organization accurately calculates the number of redeterminations that were withdrawn or dismissed, including the following criteria: 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.		**Data Sources:**	*
2.e	RSC-13.b		Data Element 2.C	**Review Results:**	
2.e	RSC-14.a	RSC-14: Organization accurately calculates the total number of reopened decisions according to the following criteria: 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.		**Data Sources:**	*
2.e	RSC-14.a		Data Element 3.A	**Review Results:**	
2.e	RSC-15.a	RSC-15: Organization accurately reports the following information for each reopened case. a: Contract Number		**Data Sources:**	*
2.e	RSC-15.a		Data Element 3.B.1	**Review Results:**	
2.e	RSC-15.b	RSC-15: Organization accurately reports the following information for each reopened case. b: Plan ID		**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-15.b		Data Element 3.B.2	**Review Results:**	
2.e	RSC-15.c	RSC-15: Organization accurately reports the following information for each reopened case. c: Case ID		**Data Sources:**	*
2.e	RSC-15.c		Data Element 3.B.3	**Review Results:**	
2.e	RSC-15.d	RSC-14: Organization accurately reports the following information for each reopened case. d: Case level (Coverage Determination or Redetermination)		**Data Sources:**	*
2.e	RSC-15.d		Data Element 3.B.4	**Review Results:**	
2.e	RSC-15.e	RSC-15: Organization accurately reports the following information for each reopened case. e: Date of original disposition		**Data Sources:**	*
2.e	RSC-15.e		Data Element 3.B.5	**Review Results:**	
2.e	RSC-15.f	RSC-15: Organization accurately reports the following information for each reopened case. f: Original disposition (Fully Favorable; Partially Favorable; or Adverse)		**Data Sources:**	*
2.e	RSC-15.f		Data Element 3.B.6	**Review Results:**	
2.e	RSC-15.g	RSC-15: Organization accurately reports the following information for each reopened case. g: Was case processed under expedited timeframe (Y/N)		**Data Sources:**	*
2.e	RSC-15.g		Data Element 3.B.7	**Review Results:**	
2.e	RSC-15.h	RSC-15: Organization accurately reports the following information for each reopened case. h: Case type (Pre-Service; Payment)		**Data Sources:**	*
2.e	RSC-15.h		Data Element 3.B.8	**Review Results:**	
2.e	RSC-15.i	RSC-15: Organization accurately reports the following information for each reopened case. i: Date case was reopened		**Data Sources:**	*
2.e	RSC-15.i		Data Element 3.B.9	**Review Results:**	
2.e	RSC-15.j	RSC-15: Organization accurately reports the following information for each reopened case. j: Reason (s) for reopening (Clerical Error, Other Error, New and Material Evidence, Fraud or Similar Fault, or Other)		**Data Sources:**	*
2.e	RSC-15.j		Data Element 3.B.10	**Review Results:**	
2.e	RSC-15.k	RSC-15: Organization accurately reports the following information for each reopened case. k: Date of reopening disposition (revised decision)		**Data Sources:**	*
2.e	RSC-15.k		Data Element 3.B.11	**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-15.l	RSC-15: Organization accurately reports the following information for each reopened case. l: Reopening disposition (Fully Favorable; Partially Favorable; Adverse, or Pending)		**Data Sources:**	*
2.e	RSC-15.l		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:**	
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:**	
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:**	
3.a			Data Element 1.N	**Review Results:**	
3.a			Data Element 1.O	**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 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 2.G	**Review Results:**	
3.a			Data Element 2.H	**Review Results:**	
3.a			Data Element 2.I	**Review Results:**	
3.a			Data Element 2.J	**Review Results:**	
3.a			Data Element 2.K	**Review Results:**	
3.a			Data Element 2.L	**Review Results:**	
3.a			Data Element 2.M	**Review Results:**	
3.a			Data Element 2.N	**Review Results:**	
3.a			Data Element 2.O	**Review Results:**	
3.a			Data Element 2.P	**Review Results:**	
3.a			Data Element 2.Q	**Review Results:**	
3.a			Data Element 2.R	**Review Results:**	
3.a			Data Element 2.S	**Review Results:**	
3.a			Data Element 2.T	**Review Results:**	
3.a			Data Element 2.U	**Review Results:**	
3.a			Data Element 2.V	**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.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:**	

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 3.B.10	**Review Results:**	
3.a			Data Element 3.B.11	**Review Results:**	
3.a			Data Element 3.B.12	**Review Results:**	
3.b		All source, intermediate, and final stage data sets and other outputs relied upon to enter data into HPMS 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 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:**	
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:**	