Improving Drug Utilization Review Controls (Part D) 2022

Organization Name:
Contract Number:
Reporting Section: **Improving Drug Utilization Review Controls (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 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 (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:**	*

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.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.c	RSC-3	Appropriate deadlines are met for reporting data (e.g., quarterly). Organization meets deadline for reporting annual data to CMS by 02/27/2023. *[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*		**Review Results:**	
2.d	RSC-4	Terms used are properly defined per CMS regulations, guidance, Reporting Requirements, and Technical Specifications. Organization complies with drug utilization management (DUM) requirements of 42 C.F.R §423.153 et seq. 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 implement a care coordination formulary-level cumulative opioid morphine milligram equivalent (MME) threshold point of sale (POS) edit, an opioid naïve days supply POS edit, and if applicable, a hard formulary-level cumulative opioid MME threshold POS edit. b. Organization provides documentation that its care coordination safety POS edit, an opioid naïve 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 date. c. For care coordination safety edit, i. Properly reports the opioid MME threshold, provider count, and pharmacy count criteria from the Reporting Requirements submission matches the CY 2022 care coordination safety edit formulary-level cumulative opioid MME threshold submission report in HPMS. d. For the hard MME edit, i. Properly reports the opioid MME threshold, provider count, and pharmacy count criteria from the Reporting Requirements submission matches the CY 2022 hard MME safety edit formulary-level cumulative opioid MME threshold submission report in HPMS. e. For the opioid naive days supply safety edit, i. Properly reports that the opioid naïve days supply safety edit look-back period reported matches the CY 2022 look-back		**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; 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. a: For the care coordination safety edit, the following is true:		**Data Sources:**	*
2.e	RSC-5.ai	RSC-5.ai: The prescriber count criterion used and the pharmacy count criterion used must be reported (Data Elements A, B ≠ blank).	Data Elements A, B	**Review Results:**	
2.e	RSC-5.aii	RSC-5.aii: 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: - 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 pharmacy due to an exemption (Element F); and - the number of claim rejections overridden by the pharmacy as a result of prescriber consultation (Element G)	Data Element 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-5.aiii	RSC-5.aiii: 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 each of the following: - 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 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)	Data Element H	**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: If the organization had a hard MME safety edit (Data Element M =Yes), the following is true:		**Data Sources:**	*
2.e	RSC-5.bi	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: - the number of unique beneficiaries with at least one claim rejection overriden by the pharmacy due to an exemption (Element S); - the number of beneficiairies who requested a coverage determination for the prescription(s) subject to the edit (Element T); - the number of unique beneficiaries that had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit (Element U).	Data Element R	**Review Results:**	
2.e	RSC-5.bii	RSC-5.bii: The cumulative MME threshold (Element N) must be reported (Data Element N ≠ blank)	Data Element N	**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: If the organization does not have hard MME safety POS edits (Data Element M =No), Data Elements N, O, P Q, R, S, T, and U should equal 0.		**Data Sources:**	*
2.e	RSC-5.c		Data Elements N, O, P Q, R, S, T, U	**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: For the opioid naïve days supply safety edit, the following is true:		**Data Sources:**	*
2.e	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	RSC-5.dii: 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: - the number of claim rejections overridden by the pharmacy due to an exemption (Element X); - the number of rejected claims overridden by the pharmacy because the beneficiary was not opioid naive (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)	Data Element W	**Review Results:**	
2.e	RSC-5.diii	RSC-5.diii: The number of unique beneficiaries with at least one claim rejected due to the opioid naïve days supply edit (Element AA) should be greater than or equal to: - the number of unique beneficiaries with at least one rejected claim overridden by the pharmacy due to an exemption (Element BB); -the number of unique beneficiaries with at least one rejected claim overridden by the pharmacy because the beneficiary was not opioid naive (Element CC); - the number of unique beneficiaries for whom up to a 7-day supply (covered by the plan) was dispensed by the pharmacy (Element DD); - the number of unique beneficiaries with an opioid naive days supply edit claim rejection who requested a coverage determination for the prescription(s) subject to the edit (Element EE); and - the number of unique beneficiaries with an opioid naive days supply edit claim rejection who had a favorable (either full or partial) coverage determination for the prescription(s) subject to the edit (Element FF).	Data Element AA	**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: If the organization received an outlier/data integrity notice for the Improving Drug Utilization Review Controls section validate whether or not an internal procedure change was warranted or resubmission through HPMS. Data Elements: A-L, N-U, and V-FF.		**Data Sources:**	*
2.e	RSC-5.e		Data Elements A-L, N-U, and V-FF	**Review Results:**	
2.e	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 naïve days supply safety edit and correctly calculate and report counts to CMS via HPMS, including the following criteria:		**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-6.a	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 naïve days supply safety edit and correctly calculate and report counts to CMS via HPMS, including the following criteria: a: 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.		**Data Sources:**	*
2.e	RSC-6.ai	RSC-6.ai: 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:**	
2.e	RSC-6.ai	RSC-6.ai: Includes pharmacy transactions for Part D opioid drugs with a fill date (not batch date) that falls within the reporting period.	Data Element H	**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 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 H	**Review Results:**	
2.e	RSC-6.aiii	RSC-6.aiii: Rejected opioid claims are counted at the unique contract, 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	RSC-6.aiii: Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level opioid MME POS edit.	Data Element H	**Review Results:**	
2.e	RSC-6.aiv	RSC-6.aiv: Properly counts the number of unique beneficiaries by contract that triggered the care coordination safety edit and, if applicable, a provider and/or pharmacy criterion.	Data Element C	**Review Results:**	
2.e	RSC-6.aiv	RSC-6.aiv: Properly counts the number of unique beneficiaries by contract that triggered the care coordination safety edit and, if applicable, a provider and/or pharmacy criterion.	Data Element H	**Review Results:**	
2.e	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 safety edit, hard MME safety edit, and/or opioid naïve days supply safety edit and correctly calculate and report counts to CMS via HPMS, including the following criteria: b: 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.		**Data Sources:**	*
2.e	RSC-6.bi	RSC-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 Q	**Review Results:**	
2.e	RSC-6.bi	RSC-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 R	**Review Results:**	
2.e	RSC-6.bii	RSC-6.bii: The rejected opioid claim due to the hard MME safety edit is not associated with an early refill rejection transaction.	Data Element Q	**Review Results:**	
2.e	RSC-6.bii	RSC-6.bii: The rejected opioid claim due to the hard MME safety edit is not associated with an early refill rejection transaction.	Data Element R	**Review Results:**	
2.e	RSC-6.biii	RSC-6.biii: Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, DOS and formulary-level opioid MME POS edit.	Data Element Q	**Review Results:**	
2.e	RSC-6.biii	RSC-6.biii: Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, DOS and formulary-level opioid MME POS edit.	Data Elements R	**Review Results:**	
2.e	RSC-6.biv	RSC-6.biv: Properly counts the number of unique beneficiaries by contract that triggered the established hard MME safety edit threshold and if applicable, a provider and/or pharmacy criterion.	Data Element Q	**Review Results:**	
2.e	RSC-6.biv	RSC-6.biv: Properly counts the number of unique beneficiaries by contract that triggered the established hard MME safety edit threshold and if applicable, a provider and/or pharmacy criterion.	Data Element R	**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.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 naïve days supply safety edit and correctly calculate and report counts to CMS via HPMS, including the following criteria: c: Properly identifies and counts the number of POS rejects triggered and unique beneficiaries related to the opioid naïve days supply safety edit.		**Data Sources:**	*
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 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 AA	**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 transaction.	Data Element W	**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 transaction.	Data Element AA	**Review Results:**	
2.e	RSC-6.ciii	RSC-6.ciii:Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and DOS.	Data Element W	**Review Results:**	
2.e	RSC-6.ciii	RSC-6.ciii:Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and DOS.	Data Element AA	**Review Results:**	
2.e	RSC-6.civ	RSC-6.civ: Properly counts the number of unique beneficiaries by contract that triggered the opioid naïve days supply safety edit.	Data Element W	**Review Results:**	
2.e	RSC-6.civ	RSC-6.civ: Properly counts the number of unique beneficiaries by contract that triggered the opioid naïve days supply safety edit.	Data Element AA	**Review Results:**	
2.e	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 following criteria:		**Data Sources:**	*
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 following criteria: a: Properly identifies and counts the number of pharmacist-overridden care coordination safety edit POS rejected claims.		**Data Sources:**	*
2.e	RSC-7.ai	RSC-7.ai: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element D	**Review Results:**	
2.e	RSC-7.ai	RSC-7.ai: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element H	**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-7.ai	RSC-7.ai: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element I	**Review Results:**	
2.e	RSC-7.b	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 following criteria: b: Properly identifies and counts the number of unique beneficiaries per contract 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.		**Data Sources:**	*
2.e	RSC-7.bi	RSC-7.bi: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element D	**Review Results:**	
2.e	RSC-7.bi	RSC-7.bi: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element H	**Review Results:**	
2.e	RSC-7.bi	RSC-7.bi: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element I	**Review Results:**	
2.e	RSC-8	RSC-8: The organization accurately identifies claims leading to a coverage determination 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 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,		**Data Sources:**	*
2.e	RSC-8.ai	RSC-8.ai: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element T	**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-8.aii	RSC-8.aii: Includes all methods of coverage determination receipt (e.g., telephone, letter, fax, in-person).	Data Element T	**Review Results:**	
2.e	RSC-8.aiii	RSC-8.aiii: Includes all coverage determination requests.	Data Element T	**Review Results:**	
2.e	RSC-8.b	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,		**Data Sources:**	*
2.e	RSC-8.bi	RSC-8.bi: Rejected claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level cumulative opioid MME POS edit. For example, if multiple transactions are submitted and rejected by the sponsor for the same formulary-level cumulative opioid MME POS edit from the same pharmacy for the same beneficiary, prescription (drug, quantity and prescriber) and DOS, this would count as one rejected claim. However, if a beneficiary attempted to fill the same prescription at 3 different pharmacies, either on the same day or on different days, and the prescription was rejected each time for the same formulary-level cumulative opioid MME POS edit, this would count as 3 rejected claims. The same claim and beneficiary should be reported in multiple reporting sections of the opioid safety edits, if a claim triggers multiple safety edits at POS.	Data Element EE	**Review Results:**	
2.e	RSC-8.bii	RSC-8.bii: Includes all methods of coverage determination request receipt (e.g., telephone, letter, fax, in-person).	Data Element EE	**Review Results:**	
2.e	RSC-8.biii	RSC-8.biii: Includes all coverage determination requests subject to the opioid naïve edit.	Data Element EE	**Review Results:**	
2.e	RSC-9	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:		**Data Sources:**	*
2.e	RSC-9.a	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: 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.ai: The beneficiary's opioid claim is also included in Data Element R.	Data Element U	**Review Results:**	
2.e	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 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,		**Data Sources:**	*
2.e	RSC-9.bi	RSC-9.bi: The beneficiary's opioid claim is also included in Data Element AA.	Data Element FF	**Review Results:**	
2.e	RSC-10	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:		**Data Sources:**	*
2.e	RSC-10.a	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: a: 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.ai:The beneficiary's opioid claim is also included in Data Element R.	Data Element S	**Review Results:**	
2.e	RSC-10.b	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: b: From the subset of POS rejects (RSC 6c) related to the opioid naïve days supply safety POS edits,		**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.bi	RSC-10.bi:The beneficiary's opioid claim is also included in Data Element AA.	Data Element BB	**Review Results:**	
2.e	RSC-10.bi	RSC-10.bi:The beneficiary's opioid claim is also included in Data Element AA.	Data Element CC	**Review Results:**	
2.e	RSC-10.bi	RSC-10.bi:The beneficiary's opioid claim is also included in Data Element AA.	Data Element DD	**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:**	
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:**	
3.a			Data Element I	**Review Results:**	
3.a			Data Element J	**Review Results:**	
3.a			Data Element K	**Review Results:**	
3.a			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:**	
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.a			Data Element FF	**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 appropriate 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:**	