

Changes to CMS 10141/OMB 0938-0964 Crosswalk

2022 (old version)	2024 (new version)	Type of Change	Reason for change	Burden Change
Justification	Justification: To account for additions from 4201-F and 4205-F and change to the Preclusion List Letter expiration date of (1/31/2028)	Add	Accuracy	No
Introduction	Added information about 4201-F, 4205-F and addition of new ICRs	Add	Accuracy	No
12.3 ICRs Regarding Medicare Prescription Drug Benefit Program	Revised to identify new sections and revised sections with appropriate updated costs and burdens.	Rev	Accuracy	Yes
12.3 ICRs Regarding Medicare Prescription Drug Benefit Program	Revised 12.3.11 to remove one-time burden associated with establishing DMPs and initial programming of standardized and model communications.	Rev	Accuracy	Yes
12.3.27 Burden Summary	Revised Table 12 to reflect an accurate burden summary subtotal	Rev	Accuracy	Yes
12.4.3 ICR Burden Summary	Revised Table 13 to reflect an accurate burden summary subtotal	Rev	Accuracy	Yes
12.4.10 Dissemination of Plan Information	Added new ICR to reflect changes to Formulary Notices under 423.128	Rev	Accuracy	Yes
12.4.3 ICR Burden Summary	Revised Table 6 to reflect an accurate burden summary subtotal and addition of Formulary Changes ICR	Rev	Accuracy	Yes
12.5 ICR Burden Summary	Revised Table 14 and Table 15 to reflect an accurate burden summary subtotal	Rev	Accuracy	Yes

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

2022 (old version)	2024 (new version)	Type of Change	Reason for change	Burden Change
15.1 Non-rule Changes: Revisions	Revised 12.2 to adjust burden based on more recent estimates for grievance procedures	Rev	Accuracy	Yes
15.1 Non-rule Changes: Revisions	Revised 12.3.11 to remove one-time burden associated with establishing DMPs and initial programming of standardized and model communications.	Rev	Accuracy	Yes
15.2 Summary of Burden Changes	Revised Table 16 to reflect an accurate burden summary subtotal	Rev	Accuracy	Yes
15.2 Summary of Burden Changes	Added Table 17 to indicate changes to SEP ICR	Add	Accuracy	Yes
15.2 Summary of Burden Changes	Added Table 18 to indicate extraction of Part D EOB ICR	Del	Accuracy	Yes
15.2 Summary of Burden Changes	Added Table 19 to reflect requirements for Utilization Management Committee ICR	Add	Accuracy	Yes
15.2 Summary of Burden Changes	Added Table 20 to indicate extraction of DMP, MTM, UM, and QA ICR	Add	Accuracy	Yes
<p data-bbox="201 1182 753 1255">PRA Disclosure Statement in Part C and D Precluded Provider Letter Template</p> <p data-bbox="201 1295 753 1578">According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0964. The time required to complete this information collection is estimated to average 5</p>	<p data-bbox="774 1182 1404 1255">PRA Disclosure Statement in Part C and D Precluded Provider Letter Template</p> <p data-bbox="774 1295 1404 1578">PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0938-0964]. This information collection is necessary to ensure CMS follows up with a written notice</p>	Rev	Accuracy	No

<p>minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.</p>	<p>through certified mail to the impacted provider in advance of his or her inclusion on the Preclusion List and their applicable appeal rights. The time required to complete this information collection is estimated to average less than 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory as outlined under CFR §423.120(c)(6)). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>			
<p>OMB Approval No. 0938-0964 (Expires 1/31/2025)</p>	<p>OMB Approval No. 0938-0964 (Expires 1/31/2028)</p>	<p>Rev</p>	<p>Accuracy</p>	<p>No</p>

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