2021 (old version)	2022 (new version)	Type of Change	Reason for Change	Burden Change
Enrollment K: Of the total reported in A, the number of enrollment requests effectuated by sales persons.	**Enrollment** K. Of the total reported in A, the number of enrollment requests received from an applicant through an	Rev	Provide technical clarification.	No
Enrollment L: Of the total reported in A, the number of enrollment transactions submitted using the Special Election Period (SEP) Election Period code "S" related to involuntary loss of creditable prescription drug coverage or lack of adequate notification regarding the creditable status of drug coverage	**N/A**	Del	This data collection is no longer necessary for monitoring purposes.	No
Enrollment M: Of the total reported in A, the number of enrollment transactions submitted using the SEP Election Period code "S" for individuals who belong to a qualified State Pharmaceutical Assistance Program (SPAP) or who lose SPAP	**N/A**	Del	This data collection is no longer necessary for monitoring purposes.	No
Enrollment N: For stand-alone prescription drug plans (PDPs) only: Of the number reported in A, the total number of enrollment transactions submitted using the SEP Election Period code "S" that coordinates with the Medicare Advantage Open Enrollment	**N/A**	Del	This data collection is no longer necessary for monitoring purposes.	No
Enrollment O: A. Of the total reported in A, the number of enrollment transactions submitted using the SEP Election Period Code “S” for individuals affected by a contract nonrenewal, plan	**N/A**	Del	This data collection is no longer necessary for monitoring purposes.	No
DUR E: Of the total reported in element C, the number of care coordination edit claim rejections overridden by the pharmacist at the pharmacy that also had an opioid claim successfully processed at POS.	**DUR E:** The number of claim rejections overridden by the pharmacy within 24 hours of the initial claim rejection. **DUR F:** The number of claim rejections overridden by the pharmacy due to an exemption. **DUR G:** Of the total not in element F, the number of claim rejections overridden by the pharmacy as a result of prescriber consultation.	Rev	CY2021 E was revised and broken out into CY2022 E, F, and G to collect more specific information about opioid care coordination edit pharmacy overrides.	No

DUR H: Of the total reported in element F, the number of unique beneficiaries with at least one care coordination edit claim rejection overridden by the pharmacist at the pharmacy that also had an opioid claim successfully processed at POS.	**DUR J:** The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy within 24 hours of the initial claim rejection. **DUR K:** The number of unique beneficiaries with at least one claim rejection overridden by the pharmacy due to an exemption. **DUR L:** Of the total not in element K, the number of unique beneficiaries with at least one claim rejection overridden by	Rev	CY2021 H was revised and broken out into CY2022 J, K, and L to collect more specific information about opioid care coordination edit pharmacy overrides.	No
DUR N: Of the total reported in element M, the number of claims successfully processed at POS other than through a favorable coverage determination or appeal, such as pharmacist communication and/or plan override.		Del	This data collection is no longer necessary for monitoring purposes.	No
DUR O: Of the total reported in element M, the number of claims successfully processed at POS through a favorable coverage		Del	This data collection is no longer necessary for monitoring purposes.	No
DUR Q: Of the total reported in element P, the number of unique beneficiaries with a hard MME edit claim rejection that had an opioid claim successfully processed at POS through any process.		Del	This data collection is no longer necessary for monitoring purposes.	No
DUR R: Of the total reported in element P, the number of unique beneficiaries with a hard MME edit claim rejection that had an opioid claim successfully processed at POS other than through a favorable coverage determination or appeal,	**DUR S:** Of the total reported in element R, the number of unique beneficiaries with at least one claim rejection overridden by the pharmacy due to an exemption.	Rev	Revised language to improve clarity.	No
DUR S: Of the total reported in element P, the number of unique beneficiaries with a hard MME edit claim rejection that had a coverage determination or appeal request for an	**DUR T:** Of the total reported in element R and not in element S, the number of unique beneficiaries who requested a coverage determination for the prescription(s) subject to the edit.	Rev	Appeals no longer needed for reporting; revised to improve clarity.	No
DUR T: Of the total reported in element P, the number of unique beneficiaries with a hard MME edit claim rejection with a coverage determination or appeal request for an opioid drug subject to the edit that had a favorable (either full or partial) coverage	**DUR U:** Of the total reported in 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.	Rev	Appeals no longer needed for reporting; revised to improve clarity.	No
DUR U: Of the total reported in element P, the number of unique beneficiaries with a hard MME edit claim rejection that had an opioid claim successfully processed at POS		Del	This data collection is no longer necessary for monitoring purposes.	No

DUR X: Of the total reported in element W, the number of claims successfully processed at POS other than through a favorable coverage determination or appeal, such as pharmacist communication and/or plan override.	**DUR X**: The number of rejected claims overridden by the pharmacy due to an exemption. **DUR Y:** The number of rejected claims overridden by the pharmacy because the beneficiary was not opioid naïve. **DUR Z:** Of the total not in elements X or Y, the number of rejected claims for which up to a 7 day supply (covered by the plan) was dispensed by the pharmacy.	Rev	CY2021 X was revised and broken out into CY2022 X, Y and Z for more specific outcomes of opioid naïve days supply edit pharmacy overrides.	No
DUR Y: Of the total reported in element W, the number of claims successfully processed at POS through a favorable coverage		Del	This data collection is no longer necessary for monitoring purposes.	No
DUR AA: Of the total reported in element Z, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection that had an opioid		Del	This data collection is no longer necessary for monitoring purposes.	No
DUR BB: Of the total reported in element Z, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection that had an opioid claim successfully processed at POS other than through a favorable coverage determination or appeal, such as pharmacist communication and/or plan override.	**DUR BB:** The number of unique beneficiaries with at least one rejected claim overridden by the pharmacy due to an exemption. **DUR CC:** The number of unique beneficiaries with at least one rejected claim overridden by the pharmacy because the beneficiary was not opioid naive. **DUR DD**: The number of unique beneficiaries for whom up	Rev	CY2021 BB was revised and broken out into CY2022 BB, CC and DD to collect more specific information about overrides.	No
DUR CC: Of the total reported in element Z, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection that had a coverage determination or	**DUR EE:** The number of unique beneficiaries with an opioid naïve days supply edit claim rejection who requested a coverage determination for the prescription(s) subject to the edit.	Rev	Appeals no longer needed for reporting.	No
DUR DD: Of the total reported in element Z, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection with a coverage determination or	**DUR FF:** Of the total in element EE, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection who had a favorable (either full or partial) coverage determination for the prescription(s) subject to the	Rev	Appeals no longer needed for reporting.	No
DUR EE: Of the total reported in element Z, the number of unique beneficiaries with an opioid naïve days supply edit claim rejection that had an opioid		Del	This data collection is no longer necessary for monitoring purposes.	No
N/A	**RD:** Disposition – Utilization Management Exception Redeterminations G. The number of utilization management exceptions. H. The number of fully favorable decisions. I. The number of partially favorable decisions. J. The number of adverse decisions.	Add	Added data collection	Yes

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

N/A	**RD:** Disposition – Formulary Exception Redeterminations K. The number of formulary exceptions. L. The number of fully favorable decisions. M. The number of partially favorable decisions. N. The number of adverse decisions.	Add	Added data collection	Yes
N/A	**RD:** Disposition – Tiering Exception Redeterminations O. The number of tiering exceptions. P. The number of fully favorable decisions. Q. The number of partially favorable decisions. R. The number of adverse decisions.	Add	Added data collection	Yes
N/A	**RD:** Disposition – At-Risk Redeterminations S. The number of at-risk redeterminations. T. The number of fully favorable decisions. U. The number of partially favorable decisions. V. The number of adverse decisions.	Add	Added data collection	Yes
MTM F: Met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). (Y (yes) or N (no)).	**N/A**	Del	This data collection is no longer necessary for monitoring purposes due to the addition	No
N/A	**MTM I:** Targeting criteria met. Required if met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). (Multiple chronic diseases/multiple Part D drugs/cost threshold; Drug management program at-risk beneficiary; Both; None)	Add	Data Element I replaced Data Element F and Data Element K in the CY 2021 Reporting Requirements. CMS' final rule (86 FR 5864), "Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly", published to the Federal Register on January 19, 2021, expands the definition of beneficiaries targeted for MTM to include at-risk beneficiaries (ARBs) under a Drug Management Program, regardless of whether those individuals meet the other targeting criteria (Multiple chronic diseases/multiple Part D drugs/cost threshold). This new requirement is applicable beginning on January 1, 2022. The option "Drug management program at-risk beneficiary" will capture this new	No
MTM K: Targeting criteria met. Required if met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). (Multiple chronic diseases/multiple Part D	**N/A**	Del	This data collection is no longer necessary for monitoring purposes due to the addition of MTM element I.	No

MTM P: If offered a CMR, recipient of (initial) offer (Beneficiary, Beneficiary's prescriber; Caregiver; or Other authorized	**N/A**	Del	This data collection is no longer necessary for monitoring purposes.	No
N/A	**MTM Z:** Method of delivery for information regarding safe disposal of medications (CMR; TMR; Welcome Letter; Other). If more than one communication is sent, report the method of the initial communication.	Add	CMS' final rule (86 FR 5864), "Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly", published to the Federal Register on January 19, 2021, requires Part D sponsors to provide all MTM enrollees with information about the safe disposal of controlled substances, including information on drug takeback programs, in-home	No