

CY 2022 DV (2021 Reporting Requirements)	CY 2023 DV (2022 Reporting Requirements)	Type of Change	Reason for Change	Burden Change
Part D: Coverage Determinations and Redeterminations				
RSC-5.a: [Note: Data Elements 1.A - 1.R relate to Coverage Determinations, Data Elements 2.A – 2.F relate to Redeterminations, and Data Elements 3.A and 3.B.1 – 3.B.12 relate to Re-openings]	RSC-5.a: [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]	Update	Consistent with current technical guidance.	None
Part D: Improving Drug Utilization Review Controls				

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<p>RSC-3: Appropriate deadlines are met for reporting data (e.g., quarterly).</p> <p>Organization meets deadline for reporting annual data to CMS by 02/28/2022.</p> <p><i>[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.]</i></p>	<p>RSC-3: Appropriate deadlines are met for reporting data (e.g., quarterly).</p> <p>Organization meets deadline for reporting annual data to CMS by 02/27/2023.</p> <p><i>[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.]</i></p>	Update	Consistent with current technical guidance	None
<p>RSC-6.iii: Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, date of service (DOS) and formulary-level opioid MME POS edit.</p>	<p>RSC-6.iii: 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.</p>	Update	Consistent with current technical guidance	None

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RSC-6.a.iv: Properly counts the number of unique beneficiaries by plan that triggered the care coordination safety edit and, if applicable, a provider and/or pharmacy criterion.	RSC-6.a.iv: 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.	Update	Consistent with current technical guidance	None
RSC-6.b.iii: Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, DOS and formulary-level opioid MME POS edit.	RSC-6.b.iii: 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.	Update	Consistent with current technical guidance	None
RSC-6.b.iv: Properly counts the number of unique beneficiaries by plan that triggered the established hard MME safety edit threshold and if applicable, a provider and/or pharmacy criterion.	RSC-6.b.iv: 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.	Update	Consistent with current technical guidance	None
RSC-6.c.iii: Rejected opioid claims are counted at the unique plan, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and DOS.	RSC-6.c.iii: Rejected opioid claims are counted at the unique contract, beneficiary, prescriber, pharmacy, drug (strength and dosage form), quantity, and DOS.	Update	Consistent with current technical guidance	None
RSC-6.c.iv: Properly counts the number of unique beneficiaries by plan that triggered the opioid naïve days supply safety edit.	RSC-6.c.iv: Properly counts the number of unique beneficiaries by contract that triggered the opioid naïve days supply safety edit.	Update	Consistent with current technical guidance	None

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<p>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:</p> <p>b: Properly identifies and counts the number of unique beneficiaries per plan 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.</p>	<p>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:</p> <p>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.</p>	Update	Consistent with current technical guidance	None
Part D: Medication Therapy Management Program				
RSC-5.s: If a CMR was not received (Data Element O = No), there are no reported delivery date(s) (Data Element Q = missing) unless the CMR summary was returned via mail, then the reported delivery date should be the date that the written summary was sent (Data Element Q ≠ missing).	Deleted	Deletion	Consistent with current technical guidance	None
RSC-5.t	Changed numbering in columns B and C to RSC-5.s	Update	Consistent with current technical guidance	None

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RSC-5.u	Changed numbering in columns B and C to RSC-5.t	Update	Consistent with current technical guidance	None
RSC-5.v	Changed numbering in columns B and C to RSC-5.u	Update	Consistent with current technical guidance	None
RSC-5.w	Changed numbering in columns B and C to RSC-5.v	Update	Consistent with current technical guidance	None
RSC-5.x	Changed numbering in columns B and C to RSC-5.w	Update	Consistent with current technical guidance	None
RSC-5.y	Changed numbering in columns B and C to RSC-5.x	Update	Consistent with current technical guidance	None
RSC-5.z	Changed numbering in columns B and C to RSC-5.y	Update	Consistent with current technical guidance	None

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RSC-5.aa	Changed numbering in columns B and C to RSC-5.z	Update	Consistent with current technical guidance	None
RSC-5.bb	Changed numbering in columns B and C to RSC-5.aa	Update	Consistent with current technical guidance	None
RSC-5.cc	Changed numbering in columns B and C to RSC-5.bb	Update	Consistent with current technical guidance	None