



Technical Specifications
Limited Data Set (LDS) of Contract Year (CY) 2022
Parts C and D Reporting Requirements Data

Last revision: April 2024

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Datasets

Each Contract Year's (CY's) Limited Data Set (LDS) contains individual datasets for each Part C and Part D reporting section, listing the raw data as reported by contracts, and if applicable, validated by independent contractors. With a few exceptions, CMS will release all data elements collected within a reporting section in the LDS. Beneficiary information, proprietary, confidential, or otherwise sensitive data are not included.

Table 1 below outlines the Parts C and D reporting sections that are included in the CY 2022 LDS along with the dataset file names, number of variables in each dataset, whether each section was included in the 2023 DV cycle, the level of each file, and number of times the section is reported each year.

Table 1: CY 2022 LDS Reporting Sections

Reporting Section	Dataset Name	# of Variables	CY 2023 DV Cycle	File Level	Frequency per Year
Grievances – Part C	GRIEVE_C_LDS_2022	9	Yes	CONTRACT_ID-YEAR-QUARTER	1
Organization Determinations and Reconsiderations – Part C	DET_RECON_LDS_2022	42	Yes	CONTRACT_ID-YEAR-QUARTER	1
Reopenings – Part C	DR_REOPEN_LDS_2022	47	Yes	CONTRACT_ID-YEAR-QUARTER	1
Payments to Providers – Part C	PAYMENTS_PROVIDER_LDS_2022	17	No	CONTRACT_ID-YEAR	1
Rewards and Incentives Programs – Part C	REWARDS_INCENT_LDS_2022	12	No	CONTRACT_ID-YEAR-CONTRACT_REC_NUM	1
Special Needs Plans (SNPs) Care Management – Part C	SNP_LDS_2022	12	Yes	CONTRACT_ID-PLAN_ID-YEAR	1
Enrollment and Disenrollment – Part C	ENROLLMENT_PART_C_LDS_2022	21	No	CONTRACT_ID-YEAR-PERIOD	2*
Coverage Determinations & Redeterminations – Part D	CDR_LDS_2022	44	Yes	CONTRACT_ID-YEAR-QUARTER	1
Reopenings – Part D	CDR_REOPEN_LDS_2022	43	Yes	CONTRACT_ID-YEAR-QUARTER	1
Grievances – Part D	GRIEVE_LDS_2022	9	Yes	CONTRACT_ID-YEAR-QUARTER	1
Improving Drug Utilization Review Controls – Part D	IMPROVE_DRUG_LDS_2022	36	Yes	CONTRACT_ID-YEAR-QUARTER	1
Medication Therapy Management (MTM) Programs – Part D	MED_THER_LDS_2022	44	Yes	CONTRACT_ID-YEAR	1
Enrollment and Disenrollment – Part D	ENROLLMENT_PART_D_LDS_2022	25	No	CONTRACT_ID-YEAR-PERIOD	2*

* Contracts that submitted only one of the two reporting sections are listed with missing values ('.') for the reporting section that was not submitted.

Reporting Sections Excluded from the LDS

Data from Employer Group Plan Sponsors (Part C and Part D) are non-validated and are used for CMS monitoring only. These data are excluded from the LDS.

Data Validation

For reporting sections that undergo data validation (DV), CMS only releases data in the LDS for contracts receiving at least the minimal DV score to pass. Contracts which did not pass DV are listed in the LDS to indicate that CMS identified issues with plan's data. Also, contracts that passed DV but were later found to have significant data issues may be excluded from the LDS. More information about the DV standards can be found at <https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/part-c-and-part-d-data-validation>.

For CY 2022 Parts C and D reporting sections that were included in the 2023 DV cycle, as indicated in **Table 1** above, DV criteria are applied to exclude or suppress data from the LDS. Specifically:

- Contracts scoring less than 95% in DV for their reporting of a section will be included in that section but will have all variables listed as X, with the exception of contract information and time period variables such as CONTRACT_ID, PLAN_ID, CONTRACT_NAME, YEAR, and QUARTER as applicable. This X indicates that CMS found issues with the contract's data.
- Contracts that scored 95% or higher in DV for a section but that were not compliant with DV standards/sub-standards for at least one data element in the section will be included in the section, but will have the specific data element(s) for which they were non-compliant listed as X.
- Contracts that did not receive a DV score for a reporting section are entirely excluded from that section.
- Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

Notes on Data Validation for Specific Sections

For the Special Needs Plans (SNPs) Care Management – Part C section, there may be a number of reasons for less than 100% completion of the Health Risk Assessment (HRA), including refusals on the part of beneficiaries despite proactive efforts by plans.

For the Medication Therapy Management (MTM) Programs – Part D section, records that cannot be mapped to a valid beneficiary or that contain dates of MTM program enrollment (Element H) outside of the reporting year are excluded. Additionally, if multiple conflicting records are reported for the same beneficiary by the same contract, those records are excluded.

Resources

Data elements included in the LDS are listed in the separate LDS file layout documentation available at the following location:

LDS file layouts – LDS file layouts, which lists the variables in each dataset along with the variable descriptions, are available along with the data sets.

The Reporting Requirements documents can be found at the following locations:

Part C reporting sections - <https://www.cms.gov/medicare/enrollment-renewal/health-plans/part-c>

Part D reporting sections - <https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/part-d-reporting-requirements>

Information about the DV standards can be found at:

<https://www.cms.gov/medicare/coverage/prescription-drug-coverage-contracting/part-c-and-part-d-data-validation>.

Questions about the LDS should be sent to the following mailboxes:

Part C reporting sections - partcplanreporting@cms.hhs.gov

Part D reporting sections - partd-planreporting@cms.hhs.gov