Technical Specifications

Public Use File (PUF) of Contract Year (CY) 2020

Part C and D Reporting Requirements Data

Last revision: August 2021

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I. Introduction

Datasets

Each contract year's PUF contains individual datasets for each 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. Beneficiary information, proprietary, confidential, or otherwise sensitive data are not included. Technical specifications such as reporting frequency and schedule, inclusions/exclusions, and any other information that is important for accurate interpretation of the data elements are provided.

For reporting sections that undergo data validation (DV), CMS only releases data for contracts receiving at least the minimal data validation score to pass. Contracts which did not pass data validation are listed to indicate that "CMS identified issues with plan's data". Also, contracts that passed data validation but were later found to have significant data issues may be excluded from the PUF. More information about the data validation standards can be found at http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartCDDataValidation.html.

Reporting Sections Included in the PUF

The table below outlines the Part C and D reporting sections that are included in the CY 2020 PUF and whether they were included in the 2021 data validation cycle.

Table 1: CY 2020 PUF Reporting Sections

Reporting Section	Calendar Year	2021 DV Cycle
Grievances – Part C	CY 2020	✓
Organization Determinations and Reconsiderations – Part C	CY 2020	✓
Payments to Providers – Part C	CY 2020	
Rewards and Incentives Programs – Part C	CY 2020	
Special Needs Plans (SNPs) Care Management – Part C	CY 2020	✓
Enrollment and Disenrollment – Part C	CY 2020	
Coverage Determinations & Redeterminations – Part D	CY 2020	✓
Grievances – Part D	CY 2020	✓
Improving Drug Utilization Review Controls – Part D	CY 2020	✓

Medication Therapy Management (MTM) Programs – Part D	CY 2020	✓
Enrollment and Disenrollment – Part D	CY 2020	

Data elements included in the PUF are listed in Section V as they appear in the CY 2020 Part C and D Reporting Requirements documents. The Reporting Requirements documents can be found at the below locations:

Part C reporting sections - http://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/ReportingRequirements.html

Part D reporting sections - http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ReportingOversight.html

Reporting Sections Excluded from the PUF

- Data that are non-validated and are used for CMS monitoring only:
  - Employer Group Plan Sponsors (Part C and Part D)
  - Additional Telehealth Benefits (Part C)

II. CMS Disclaimer – User Agreement for Public Use Data

This disclaimer details the restrictions on CMS services in supporting data requests so that requestors can plan their projects accordingly. It also outlines the responsibility of CMS and the data user in regard to the delivery, processing, and understanding of the data files.

- Timeframes for data delivery: CMS expects to post plan-reported data on an annual basis, following the data validation process and other CMS reviews. CMS cannot guarantee the release of these data to meet any timeframe.
- Data accuracy: CMS does not ensure 100% accuracy of all records and all fields. Some data fields that are not used for core agency functions may contain incorrect and/or incomplete data. Data contained in the PUF are necessarily limited to data that was reported to CMS in any given year. Data reporting requirements and technical specifications may change from year to year. Therefore, users must familiarize themselves with any modifications to the reporting requirements or technical specifications when considering these data across plan years.
- Data integrity: It is the responsibility of each user to identify the information needed to satisfy the need for the data contained in the PUF. Any alteration of the original data, including conversion to other media or other data formats, is the responsibility of the user. Data that has been manipulated or reprocessed by the user is the responsibility of the user. The user may not present data that has been altered in any way as CMS data. CMS has no responsibility for the data file after it has been converted, processed or otherwise altered. CMS has no responsibility for assisting users with converting the data to another format.
- Privacy protection: CMS is obligated by the federal Privacy Act, 5 U.S.C. Section. 552a and the HIPAA Privacy Rule, 45 C.F.R Parts 160 and 164, to protect the privacy of individual beneficiaries and other persons. Public files consist of aggregated data that do not permit direct identification of individuals. Attempting to determine individual identities from public data is a violation of the federal Privacy Act, 5 U.S.C and the HIPAA Privacy Rule.

III. Technical Assistance

Questions about the PUFs should be sent to the below mailboxes:

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

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

IV. PUF Specifications by Reporting Section

The following subsections provide specifications of each individual dataset of the PUF including, for each reporting section:

- Reporting section details, such as the year of data included and level and frequency at which the data are reported by sponsors
- PUF dataset details, such as any minimum size and/or data validation criteria applied to exclude or suppress data from the PUF
- File layout, including variable names and definitions

All datasets are provided as tab delimited files in .txt format.

Grievances – Part C

Reporting Section Details

Year:	CY 2020
Level:	Contract
Frequency:	1/Year

PUF Details

File Level:	Unique at CONTRACT_ID-YEAR-QUARTER level.
Exclusion Criteria:	Contracts that were not required to submit Part C Grievances data[1] or that did not have at least one enrollee in all four quarters of the year. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.
Data Validation:	Contracts scoring less than 95% in DV for their reporting of the Grievances section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, YEAR, and QUARTER listed as *X.* This *X* indicates that CMS found issues with the contract's data. Contracts that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X.* Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)
TOTAL_GRIEVE	Total number of grievances (Element A)
TIMELY_GRIEVE	Number of grievances in which the sponsor provided timely notification of its decision (Element B)
TOTAL_EXP	Total number of expedited grievances (Element C)
TIMELY_EXP	Number of expedited grievances in which the sponsor provided timely notification of its decision (Element D)
DISMISSED_GRIEVE	Total number of dismissed grievances (Element E)

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[1] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Organization Determinations and Reconsiderations – Part C

Reporting Section Details

Year: CY 2020

Level: Contract

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR-QUARTER level.

Exclusion Criteria: Contracts that were not required to submit Organization Determinations and Reconsiderations data[2] or that did not have at least one enrollee in all four quarters of the year are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to the Health Plan Management System (HPMS) are excluded.

Data Validation: Contracts scoring less than 95% in DV for their reporting of the Organization Determinations and Reconsiderations section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, YEAR, and QUARTER listed as *X*. This *X* indicates that CMS found issues with the contract's data. Contracts that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X*. Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)

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[2] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
DET_ISSUED	Number of organization determinations (Element 1.A)
DET_WITHDRAWN	Number of organization determination requests withdrawn (Element 1.B)
DET_DISMISSED	Number of organization determination requests dismissed (Element 1.C)
DET_REP_SERV	Number of Organization Determinations requested by enrollee/representative or provider on behalf of the enrollee (Services) (Element 1.D)
DET_REP_CLAIM	Number of Organization Determinations submitted by Enrollee/Representative (Claims) (Element 1.E)
DET_NCP_SERV	Number of Organization Determinations requested by Non-Contract Provider (Services) (Element 1.F)
DET_NCP_CLAIM	Number of Organization Determinations submitted by Non-Contract Provider (Claims) (Element 1.G)
DET_REP_SERV_FULLFAV	Number of Organization Determinations – Fully Favorable (Services) Requested by enrollee/representative or provider on behalf of the enrollee (Element 2.A)
DET_NCP_SERV_FULLFAV	Number of Organization Determinations – Fully Favorable (Services) Requested by Non-contract Provider (Element 2.B)
DET_REP_CLAIM_FULLFAV	Number of Organization Determinations – Fully Favorable (Claims) Submitted by enrollee/representative (Element 2.C)

Variable Name	Definition
DET_NCP_CLAIM_FULLFAV	Number of Organization Determinations – Fully Favorable (Claims) Submitted by Non-contract Provider (Element 2.D)
DET_REP_SERV_PARTFAV	Number of Organization Determinations – Partially Favorable (Services) Requested by enrollee/representative or provider on behalf of the enrollee (Element 2.E)
DET_NCP_SERV_PARTFAV	Number of Organization Determinations – Partially Favorable (Services) Requested by Non-contract Provider (Element 2.F)
DET_REP_CLAIM_PARTFAV	Number of Organization Determinations – Partially Favorable (Claims) Submitted by enrollee/representative (Element 2.G)
DET_NCP_CLAIM_PARTFAV	Number of Organization Determinations – Partially Favorable (Claims) Submitted by Non-contract Provider (Element 2.H)
DET_REP_SERV_ADV	Number of Organization Determinations – Adverse (Services) Requested by enrollee/representative or provider on behalf of the enrollee (Element 2.I)
DET_NCP_SERV_ADV	Number of Organization Determinations – Adverse (Services) Requested by Non-contract Provider (Element 2.J)
DET_REP_CLAIM_ADV	Number of Organization Determinations – Adverse (Claims) Submitted by enrollee/representative (Element 2.K)

Variable Name	Definition
DET_NCP_CLAIM_ADV	Number of Organization Determinations – Adverse (Claims) Submitted by Non-contract Provider (Element 2.L)
TOTAL_REC_MADE	Total Number of reconsiderations made in reporting time frame (Element 3.A)
REC_WITHDRAWN	Number of reconsiderations requests withdrawn (Element 3.B)
REC_DISMISSED	Number of reconsiderations requests dismissed (Element 3.C)
REC_REP_SERV	Number of Reconsiderations requested by or on behalf of the enrollee (Services) (Element 3.D)
REC_REP_CLAIM	Number of Reconsiderations submitted by Enrollee/Representative (Claims) (Element 3.E)
REC_NCP_SERV	Number of Reconsiderations requested by Non-Contract Provider (Services) (Element 3.F)
REC_NCP_CLAIM	Number of Reconsiderations submitted by Non-Contract Provider (Claims) (Element 3.G)
REC_REP_SERV_FULLFAV	Number of Reconsiderations – Fully Favorable (Services) Requested by enrollee/representative or provider on behalf of the enrollee (Element 4.A)
REC_NCP_SERV_FULLFAV	Number of Reconsiderations – Fully Favorable (Services) Requested by Non-contract Provider (Element 4.B)
REC_REP_CLAIM_FULLFAV	Number of Reconsiderations – Fully Favorable (Claims) Submitted by enrollee/representative (Element 4.C)
REC_NCP_CLAIM_FULLFAV	Number of Reconsiderations – Fully Favorable (Claims) Submitted by Non-contract Provider (Element 4.D)

Variable Name	Definition
REC_REP_SERV_PARTFAV	Number of Reconsiderations – Partially Favorable (Services) Requested by enrollee/representative or provider on behalf of the enrollee (Element 4.E)
REC_NCP_SERV_PARTFAV	Number of Reconsiderations – Partially Favorable (Services) Requested by Non-contract Provider (Element 4.F)
REC_REP_CLAIM_PARTFAV	Number of Reconsiderations – Partially Favorable (Claims) Submitted by enrollee/representative (Element 4.G)
REC_NCP_CLAIM_PARTFAV	Number of Reconsiderations – Partially Favorable (Claims) Submitted by Non-contract Provider (Element 4.H)
REC_REP_SERV_ADV	Number of Reconsiderations – Adverse (Services) Requested by enrollee/representative or provider on behalf of the enrollee (Element 4.I)
REC_NCP_SERV_ADV	Number of Reconsiderations – Adverse (Services) Requested by Non-contract Provider (Element 4.J)
REC_REP_CLAIM_ADV	Number of Reconsiderations – Adverse (Claims) Submitted by enrollee/representative (Element 4.K)
REC_NCP_CLAIM_ADV	Number of Reconsiderations – Adverse (Claims) Submitted by Non-contract Provider (Element 4.L)

Reopenings – Part C

Reporting Section Details

Year: CY 2020

Level: Contract

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR-QUARTER level.

Exclusion Criteria: Contracts that were not required to submit Organization Determinations and Reconsiderations data[3] or that did not have at least one enrollee in all four quarters of the year are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to the Health Plan Management System (HPMS) are excluded.

Data Validation: Contracts scoring less than 95% in DV for their reporting of the Reopenings section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, YEAR, and QUARTER listed as *X*. This *X* indicates that CMS found issues with the contract's data. Contracts that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X*. Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID

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[3] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)
TOTAL_REOPENED	Number of reopened/revised decisions (Element 5.A)
TOTAL_REOPENED_OD	Number of reopened/revised organization determinations (Element 5.A)
REOPENED_EXPEDITED_OD	Number of reopened organization determinations that were processed under the expedited timeframe (Y of Element 5.H)
FF_REOPENED_FF_OD	Number of reopened organization determination cases with an original disposition of Fully Favorable (of Element 5.G) with a reopening disposition of Fully Favorable (of Element 5.O)
FF_REOPENED_PF_OD	Number of reopened organization determination cases with an original disposition of Fully Favorable (of Element 5.G) with a reopening disposition of Partially Favorable (of Element 5.O)
FF_REOPENED_ADV_OD	Number of reopened organization determination cases with an original disposition of Fully Favorable (of Element 5.G) with a reopening disposition of Adverse (of Element 5.O)
PF_REOPENED_FF_OD	Number of reopened organization determination cases with an original disposition of Partially Favorable (of Element 5.G) with a reopening disposition of Fully Favorable (of Element 5.O)
PF_REOPENED_PF_OD	Number of reopened organization determination cases with an original disposition of Partially Favorable (of Element 5.G) with a reopening disposition of Partially Favorable (of Element 5.O)

Variable Name	Definition
PF_REOPENED_ADV_OD	Number of reopened organization determination cases with an original disposition of Partially Favorable (of Element 5.G) with a reopening disposition of Adverse (of Element 5.O)
ADV_REOPENED_FF_OD	Number of reopened organization determination cases with an original disposition of Adverse (of Element 5.G) with a reopening disposition of Fully Favorable (of Element 5.O)
ADV_REOPENED_PF_OD	Number of reopened organization determination cases with an original disposition of Adverse (of Element 5.G) with a reopening disposition of Partially Favorable (of Element 5.O)
ADV_REOPENED_ADV_OD	Number of reopened organization determination cases with an original disposition of Adverse (of Element 5.G) with a reopening disposition of Adverse (of Element 5.O)
REOPENED_SERV_OD	Number of organization determination reopenings with a case type of Service (of Element 5.I)
REOPENED_CLAIM_OD	Number of organization determination reopenings with a case type of Claim (of Element 5.I)
REOPENED_CONTRACT_OD	Number of organization determination reopenings with a treating provider status of Contract (of Element 5.J)
REOPENED_NONCONTRACT_OD	Number of organization determination reopenings with a treating provider status of Non-contract (of Element 5.J)
REOPENED_CLERICAL_OD	Number of organization determination reopenings reopened due to clerical error (of Element 5.L)

Variable Name	Definition
REOPENED_OTHER_ERROR_OD	Number of organization determination reopenings reopened due to other error (of Element 5.L)
REOPENED_EVIDENCE_OD	Number of organization determination reopenings reopened due to new and material evidence (of Element 5.L)
REOPENED_FRAUD_OD	Number of organization determination reopenings reopened due to fraud or similar fault (of Element 5.L)
REOPENED_OTHER_OD	Number of organization determination reopenings reopened due to Other reasons than the above (of Element 5.L)
REOPENED_PENDING_OD	Number of organization determination reopenings pending a reopening decision (of Element 5.O)
TOTAL_REOPENED_RC	Number of reopened/revised reconsiderations (Element 5.A)
REOPENED_EXPEDITED_RC	Number of reopened reconsiderations that were processed under the expedited timeframe (Y of Element 5.H)
FF_REOPENED_FF_RC	Number of reopened reconsideration cases with an original disposition of Fully Favorable (of Element 5.G) with a reopening disposition of Fully Favorable (of Element 5.O)
FF_REOPENED_PF_RC	Number of reopened reconsideration cases with an original disposition of Fully Favorable (of Element 5.G) with a reopening disposition of Partially Favorable (of Element 5.O)
FF_REOPENED_ADV_RC	Number of reopened reconsideration cases with an original disposition of Fully Favorable (of Element 5.G) with a reopening disposition of Adverse (of Element 5.O)

Variable Name	Definition
PF_REOPENED_FF_RC	Number of reopened reconsideration cases with an original disposition of Partially Favorable (of Element 5.G) with a reopening disposition of Fully Favorable (of Element 5.O)
PF_REOPENED_PF_RC	Number of reopened reconsideration cases with an original disposition of Partially Favorable (of Element 5.G) with a reopening disposition of Partially Favorable (of Element 5.O)
PF_REOPENED_ADV_RC	Number of reopened reconsideration cases with an original disposition of Partially Favorable (of Element 5.G) with a reopening disposition of Adverse (of Element 5.O)
ADV_REOPENED_FF_RC	Number of reopened reconsideration cases with an original disposition of Adverse (of Element 5.G) with a reopening disposition of Fully Favorable (of Element 5.O)
ADV_REOPENED_PF_RC	Number of reopened reconsideration cases with an original disposition of Adverse (of Element 5.G) with a reopening disposition of Partially Favorable (of Element 5.O)
ADV_REOPENED_ADV_RC	Number of reopened reconsideration cases with an original disposition of Adverse (of Element 5.G) with a reopening disposition of Adverse (of Element 5.O)
REOPENED_SERV_RC	Number of reconsideration reopenings with a case type of Service (of Element 5.I)
REOPENED_CLAIM_RC	Number of reconsideration reopenings with a case type of Claim (of Element 5.I)
REOPENED_CONTRACT_RC	Number of reconsideration reopenings with a treating provider status of Contract (of Element 5.J)

Variable Name	Definition
REOPENED_NONCONTRACT_RC	Number of reconsideration reopenings with a treating provider status of Non-contract (of Element 5.J)
REOPENED_CLERICAL_RC	Number of reconsideration reopenings reopened due to clerical error (of Element 5.L)
REOPENED_OTHER_ERROR_RC	Number of reconsideration reopenings reopened due to other error (of Element 5.L)
REOPENED_EVIDENCE_RC	Number of reconsideration reopenings reopened due to new and material evidence (of Element 5.L)
REOPENED_FRAUD_RC	Number of reconsideration reopenings reopened due to fraud or similar fault (of Element 5.L)
REOPENED_OTHER_RC	Number of reconsideration reopenings reopened due to Other reasons than the above (of Element 5.L)
REOPENED_PENDING_RC	Number of reconsideration reopenings pending a reopening decision (of Element 5.O)

Payments to Providers – Part C

Reporting Section/Measure Details

Year: CY 2020

Level: Contract

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR level.

Exclusion Criteria: Contracts that were not required to submit Payments to Providers data[4] are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation: No

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Contract name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
TOTAL_PAY	Total Medicare Advantage payment made to contracted providers (Element A)
TOTAL_PAY_FFS_NO_LINK	Total Medicare Advantage payment made on a fee-for-service basis with no link to quality (Category 1) (Element B)
TOTAL_PAY_FFS_LINK	Total Medicare Advantage payment made on a fee-for-service basis with a link to quality (Category 2) (Element C)
TOTAL_PAY_ALT_MODEL	Total Medicare Advantage payment made using alternative payment models built on fee-for-service architecture (Category 3) (Element D)
TOTAL_PAY_RISK	Total Risk-based payments not linked to quality (e.g. 3N in APM definitional framework) (Element E)

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[4] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

TOTAL_PAY_POP_BASED	Total Medicare Advantage payment made using population-based payment (Category 4) (Element F)
TOTAL_PAY_CAP	Total capitation payment not linked to quality (e.g. 4N in the APM definitional framework) (Element G)
TOTAL_PROV	Total number of Medicare Advantage contracted providers (Element H)
TOTAL_PROV_FFS_NO_LINK	Total Medicare Advantage contracted providers paid on a fee-for-service basis with no link to quality (Category 1) (Element I)
TOTAL_PROV_FFS_LINK	Total Medicare Advantage contracted providers paid on a fee-for-service basis with a link to quality (Category 2) (Element J)
TOTAL_PROV_ALT_MODEL	Total Medicare Advantage contracted providers paid based on alternative payment models built on a fee-for-service architecture (Category 3) (Element K)
TOTAL_PROV_RISK	Total Medicare Advantage contracted providers paid based risk-based payments not linked to quality (e.g. 3N in the APM definitional framework) (Element L)
TOTAL_PROV_POP_BASED	Total Medicare Advantage contracted providers paid based on population based payment (Category 4) (Element M)
TOTAL_PROV_CAP	Total Medicare Advantage contracted providers paid based on capitation with no link to quality (e.g. category 4N in the APM definitional framework) (Element N)

Rewards and Incentives Programs – Part C

Reporting Section/Measure Details

Year:	CY 2020
Level:	Contract
Frequency:	1/Year

PUF Details

File Level:	Unique at CONTRACT_ID-YEAR-CONTRACT_REC_NUM level.
Exclusion Criteria:	Contracts that were not required to submit Rewards and Incentives Programs[5] are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.
Data Validation:	No

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Contract name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
CONTRACT_REC_NUM	Incremental count of number of records within Contract ID in PUF
REWARDS_NAME	Do you have a Rewards and Incentives Program(s)? If yes, please list each individual Rewards and Incentives Program you offer and provide information on the following (Element A)
ACTIVITY_DESCRIPTION	What health related services and/or activities are included in the program? (Element B)
EARN_DESCRIPTION	What reward(s) may enrollees earn for participation? (Element C)
REWARD_VALUE	How do you calculate the value of the reward? (Element D)
TRACK_PARTICIPATION	How do you track enrollee participation in the program? (Element E)
TOTAL_ENROLLED	How many enrollees are currently enrolled in the program? (Element F)
TOTAL_REWARDS	How many rewards have been awarded so far? (Element G)

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[5] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Special Needs Plans (SNPs) Care Management – Part C

Reporting Section Details

Year: CY 2020

Level: Plan

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-PLAN_ID-YEAR level.

Exclusion Criteria: Plans that were not required to submit SNP Care Management data[6] or that did not undergo DV are excluded. Additionally, plans whose sum of new enrollees (Element A) and enrollees eligible for an annual reassessment (Element B) is less than 11 are excluded.

Data Validation: Plans scoring less than 95% in DV for their reporting of the SNP Care Management section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, PLAN_ID, and YEAR listed as *X.* This *X* indicates that CMS found issues with the plan's data. Plans that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X.* Data elements that were compliant with DV standards/sub-standards will be included as reported by the plan. Note: There may be a number of reasons for less than 100% completion of the HRA, including refusals on the part of beneficiaries despite proactive efforts by plans

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Contract name associated with Contract ID
PLAN_ID	Plan ID
YEAR	Reporting year (e.g., 2020)
NEW_ENROLLEES	Number of new enrollees due for initial Health Risk Assessment (HRA) (Element A)
ELIGIBLE_ENROLLEES	Number of enrollees eligible for an annual reassessment HRA (Element B)

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[6] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
INITIAL_ASSESSMENTS	Number of initial HRAs performed on new enrollees (Element C)
INITIAL_REFUSALS	Number of initial HRA refusals (Element D)
INITIAL_UNREACHABLE	Number of initial HRAs not performed because SNP is unable to reach new enrollees (Element E)
ANNUAL_REASSESSMENTS	Number of annual reassessments performed on enrollees eligible for a reassessment (Element F)
ANNUAL_REFUSALS	Number of annual reassessment refusals (Element G)
ANNUAL_UNREACHABLE	Number of annual reassessments where SNP is unable to reach enrollee (Element H)

Enrollment and Disenrollment – Part C

Reporting Section/Measure Details

Year: CY 2020

Level: Contract

Frequency: 2/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR-PERIOD level.

Exclusion Criteria: Contracts that were not required to submit Part C Enrollment and Disenrollment data[7] or that did not have at least one enrollee in both periods of the year are excluded. Required submissions that were missing are listed with missing values ('.'). Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation: No

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
PERIOD	Reporting period (e.g., P1)
E_TOTAL_REQUESTS	Total number of enrollment requests received (i.e., requests initiated by the beneficiary or his/her authorized representative) received in the specified time period. Do not include auto/facilitated or passive enrollments, rollover transactions, or other enrollments effectuated by CMS. (Element 1.A)
E_INITIAL_COMPLETE	Of the total reported in 1.A, the number of enrollment requests complete at the time of initial receipt (i.e. required no additional information from applicant or his/her authorized representative). (Element 1.B)
E_INITIAL_INCOMPLETE	Of the total reported in 1.A, the number of enrollment requests for which the sponsor was required to request additional information from the applicant (or his/her representative). (Element 1.C)

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[7] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
E_DENIED_INELIGIBLE	Of the total reported in 1.A, the number of enrollment requests denied due to the sponsor's determination of the applicant's ineligibility to elect the plan (Element 1.D)
E_INCOMPLETE_TIMELY	Of the total reported in 1.C, the number of incomplete enrollment requests received that are incomplete upon initial receipt and completed within established timeframes (Element 1.E)
E_DENIED_INCOMPLETE	Of the total reported in 1.C, the number of enrollment requests denied due to the applicant or his/her authorized representative not providing information to complete the enrollment request within established timeframes (Element 1.F)
E_REQUESTS_PAPER	Of the total reported in 1.A, the number of paper enrollment requests received (Element 1.G)
E_REQUESTS_PHONE	Of the total reported in 1.A, the number of telephonic enrollment requests received (Element 1.H)
E_REQUESTS_PLAN_WEB	Of the total reported in 1.A, the number of internet enrollment requests received via an electronic device or secure internet website (if sponsor offers this mechanism (Element 1.I)
E_REQUESTS_OEC	Of the total reported in 1.A, the number of Online Enrollment Center (OEC) enrollment requests received (Element 1.J)
E_SEP_NONRENEWALS	Of the total reported in 1.A, the number of enrollment transactions submitted using the SEP Election Period code "S" for individuals affected by a contract nonrenewal, plan termination or service area reduction (Element 1.K)
D_TOTAL_REQUESTS	Total number of voluntary disenrollment requests received in the specified time period (excluding disenrollments resulting from an individual's enrollment in another plan. (Element 2.A)
D_INITIAL_COMPLETE	Of the total reported in 2.A, the number of disenrollment requests complete at the time of initial receipt (i.e. required no additional information from enrollee or his/her authorized representative). (Element 2.B)
D_DENIED_ANY	Of the total reported in 2.A, the number of disenrollment requests denied by the sponsor for any reason (Element 2.C)
D_INVOLUNTARY_PREMIUM	Total number of involuntary disenrollments for failure to pay plan premium in the specified time period (Element 2.D)

Variable Name	Definition
D_REQUESTS_GOOD_CAUSE	Of the total reported in 2.D, the number of disenrolled individuals who submitted a timely request for reinstatement for Good Cause (Element 2.E)
D_ FAVORABLE_DET	Of the total reported in 2.E, the number of favorable Good Cause determinations (Element 2.F)
D_FAVORABLE_REINSTATE	Of the total reported in 2.F, the number of individuals reinstated (Element 2.G)

Coverage Determinations and Redeterminations – Part D

Reporting Section Details

Year: CY 2020

Level: Contract

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR-QUARTER level.

Exclusion Criteria: Contracts that were not required to submit Coverage Determinations and Redeterminations data[8] or that did not have at least one enrollee in all four quarters of the year are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation: Contracts scoring less than 95% in DV for their reporting of the Coverage Determinations and Redeterminations section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, YEAR, and QUARTER listed as *X.* This *X* indicates that CMS found issues with the contract's data. Contracts that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X.* Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)
TOTAL_DET	Number of coverage determinations decisions (Element 1.A)
WITHDRAWN_DET	Number of withdrawn coverage determinations (Element 1.B)

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[8] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
DISMISSED_DET	Number of dismissed coverage determinations (Element 1.C)
FULLY_FAVORABLE_NONEXC	Number of non-exception coverage determinations decisions that were fully favorable (Element 1.D)
PARTIALLY_FAVORABLE_NONEXC	Number of non-exception coverage determinations decisions that were partially favorable (Element 1.E)
ADVERSE_NONEXC	Number of non-exception coverage determinations decisions that were adverse (Element 1.F)
TOTAL_UM	Number of utilization management exceptions (Element 1.G)
FULLY_FAVORABLE_UM	Number of fully favorable utilization management exception decisions (Element 1.H)
PARTIALLY_FAVORABLE_UM	Number of partially favorable utilization management exception decisions (Element 1.I)
ADVERSE_UM	Number of adverse utilization management exception decisions (Element 1.J)
TOTAL_FORM	Number of formulary exceptions (Element 1.K)
FULLY_FAVORABLE_FORM	Number of fully favorable formulary exception decisions (Element 1.L)
PARTIALLY_FAVORABLE_FORM	Number of partially favorable formulary exception decisions (Element 1.M)
ADVERSE_FORM	Number of adverse formulary exception decisions (Element 1.N)
TOTAL_TIER	Number of tiering exceptions (Element 1.O)
FULLY_FAVORABLE_TIER	Number of fully favorable tiering exceptions decisions (Element 1.P)
PARTIALLY_FAVORABLE_TIER	Number of partially favorable tiering exceptions decisions (Element 1.Q)
ADVERSE_TIER	Number of adverse tiering exceptions decisions (Element 1.R)
TOTAL_REDET	Number of redeterminations (Element 2.A)
WITHDRAWN_REDET	Number of withdrawn redeterminations (Element 2.B)
DISMISSED_REDET	Number of dismissed redeterminations (Element 2.C)
FULLY_FAVORABLE_REDET	Number of fully favorable redeterminations (Element 2.D)
PARTIALLY_FAVORABLE_REDET	Number of partially favorable redeterminations (Element 2.E)

Variable Name	Definition
ADVERSE_REDET	Number of adverse redeterminations (Element 2.F)

Reopenings – Part D

Reporting Section Details

Year:　　　　　　CY 2020
Level:　　　　　　Contract
Frequency:　　　　1/Year

PUF Details

File Level:　　　　Unique at CONTRACT_ID-YEAR-QUARTER level.

Exclusion Criteria:　Contracts that were not required to submit Coverage Determinations and Redeterminations data[9] or that did not have at least one enrollee in all four quarters of the year are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation:　Contracts scoring less than 95% in DV for their reporting of the Reopenings section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, YEAR, and QUARTER listed as *X.* This *X* indicates that CMS found issues with the contract's data. Contracts that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X.* Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)

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[9] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
TOTAL_REOPENINGS	Number of reopened/revised decisions (Element 3.A)
TOTAL_REOPENED_CD	Number of reopened/revised coverage determinations (Element 3.A)
REOPENED_EXPEDITED_CD	Number of reopened coverage determinations that were processed under the expedited timeframe (Y of Element 3.B.7)
FF_REOPENED_FF_CD	Number of reopened coverage determination cases with an original disposition of Fully Favorable (of Element 3.B.6) with a reopening disposition of Fully Favorable (of Element 3.B.12)
FF_REOPENED_PF_CD	Number of reopened coverage determination cases with an original disposition of Fully Favorable (of Element 3.B.6) with a reopening disposition of Partially Favorable (of Element 3.B.12)
FF_REOPENED_ADV_CD	Number of reopened coverage determination cases with an original disposition of Fully Favorable (of Element 3.B.6) with a reopening disposition of Adverse (of Element 3.B.12)
PF_REOPENED_FF_CD	Number of reopened coverage determination cases with an original disposition of Partially Favorable (of Element 3.B.6) with a reopening disposition of Fully Favorable (of Element 3.B.12)
PF_REOPENED_PF_CD	Number of reopened coverage determination cases with an original disposition of Partially Favorable (of Element 3.B.6) with a reopening disposition of Partially Favorable (of Element 3.B.12)

Variable Name	Definition
PF_REOPENED_ADV_CD	Number of reopened coverage determination cases with an original disposition of Partially Favorable (of Element 3.B.6) with a reopening disposition of Adverse (of Element 3.B.12)
ADV_REOPENED_FF_CD	Number of reopened coverage determination cases with an original disposition of Adverse (of Element 3.B.6) with a reopening disposition of Fully Favorable (of Element 3.B.12)
ADV_REOPENED_PF_CD	Number of reopened coverage determination cases with an original disposition of Adverse (of Element 3.B.6) with a reopening disposition of Partially Favorable (of Element 3.B.12)
ADV_REOPENED_ADV_CD	Number of reopened coverage determination cases with an original disposition of Adverse (of Element 3.B.6) with a reopening disposition of Adverse (of Element 3.B.12)
REOPENED_PRESERV_CD	Number of coverage determination reopenings with a case type of Pre-service (of Element 3.B.8)
REOPENED_PAYMENT_CD	Number of coverage determination reopenings with a case type of Payment (of Element 3.B.8)
REOPENED_CLERICAL_CD	Number of coverage determination reopenings reopened due to clerical error (of Element 3.B.10)
REOPENED_OTHER_ERROR_CD	Number of coverage determination reopenings reopened due to other error (of Element 3.B.10)
REOPENED_EVIDENCE_CD	Number of coverage determination reopenings reopened due to new and material evidence (of Element 3.B.10)

Variable Name	Definition
REOPENED_FRAUD_CD	Number of coverage determination reopenings reopened due to fraud or similar fault (of Element 3.B.10)
REOPENED_OTHER_CD	Number of coverage determination reopenings reopened due to other reasons than the above (of Element 3.B.10)
REOPENED_PENDING_CD	Number of coverage determination reopenings pending a reopening decision (of Element 3.B.12)
TOTAL_REOPENED_RD	Number of reopened/revised redeterminations (Element 3.A)
REOPENED_EXPEDITED_RD	Number of reopened redeterminations that were processed under the expedited timeframe (Y of Element 3.B.7)
FF_REOPENED_FF_RD	Number of reopened redetermination cases with an original disposition of Fully Favorable (of Element 3.B.6) with a reopening disposition of Fully Favorable (of Element 3.B.12)
FF_REOPENED_PF_RD	Number of reopened redetermination cases with an original disposition of Fully Favorable (of Element 3.B.6) with a reopening disposition of Partially Favorable (of Element 3.B.12)
FF_REOPENED_ADV_RD	Number of reopened redetermination cases with an original disposition of Fully Favorable (of Element 3.B.6) with a reopening disposition of Adverse (of Element 3.B.12)
PF_REOPENED_FF_RD	Number of reopened redetermination cases with an original disposition of Partially Favorable (of Element 3.B.6) with a reopening disposition of Fully Favorable (of Element 3.B.12)

Variable Name	Definition
PF_REOPENED_PF_RD	Number of reopened redetermination cases with an original disposition of Partially Favorable (of Element 3.B.6) with a reopening disposition of Partially Favorable (of Element 3.B.12)
PF_REOPENED_ADV_RD	Number of reopened redetermination cases with an original disposition of Partially Favorable (of Element 3.B.6) with a reopening disposition of Adverse (of Element 3.B.12)
ADV_REOPENED_FF_RD	Number of reopened redetermination cases with an original disposition of Adverse (of Element 3.B.6) with a reopening disposition of Fully Favorable (of Element 3.B.12)
ADV_REOPENED_PF_RD	Number of reopened redetermination cases with an original disposition of Adverse (of Element 3.B.6) with a reopening disposition of Partially Favorable (of Element 3.B.12)
ADV_REOPENED_ADV_RD	Number of reopened redetermination cases with an original disposition of Adverse (of Element 3.B.6) with a reopening disposition of Adverse (of Element 3.B.12)
REOPENED_PRESERV_RD	Number of redetermination reopenings with a case type of Pre-service (of Element 3.B.8)
REOPENED_PAYMENT_RD	Number of redetermination reopenings with a case type of Payment (of Element 3.B.8)
REOPENED_CLERICAL_RD	Number of redetermination reopenings reopened due to clerical error (of Element 3.B.10)

Variable Name	Definition
REOPENED_OTHER_ERROR_RD	Number of redetermination reopenings reopened due to other error (of Element 3.B.10)
REOPENED_EVIDENCE_RD	Number of redetermination reopenings reopened due to new and material evidence (of Element 3.B.10)
REOPENED_FRAUD_RD	Number of redetermination reopenings reopened due to fraud or similar fault (of Element 3.B.10)
REOPENED_OTHER_RD	Number of redetermination reopenings reopened due to Other reasons than the above (of Element 3.B.10)
REOPENED_PENDING_RD	Number of redetermination reopenings pending a reopening decision (of Element 3.B.12)

Grievances – Part D

Reporting Section Details

Year: CY 2020

Level: Contract

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR-QUARTER level.

Exclusion Criteria: Contracts that were not required to submit Part D Grievances data[10] or that did not have at least one enrollee in all four quarters of the year are excluded. Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation: Contracts scoring less than 95% in DV for their reporting of the Grievances section will be included but will have all variables other than CONTRACT_ID, CONTRACT_NAME, YEAR, and QUARTER listed as *X.* This *X* indicates that CMS found issues with the contract's data. Contracts that scored 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will be included and will have only the specific data element(s) for which they were non-compliant listed as *X.* Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)
GRIEVE_TOTAL	Total number of grievances (Element A)
GRIEVE_TIMELY	Number of grievances in which timely notification was given (Element B)
EXP_TOTAL	Total number of expedited grievances (Element C)
EXP_TIMELY	Number of expedited grievances in which timely notification was given (Element D)
GRIEVE_DISMISSED	Total number of dismissed grievances (Element E)

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[10] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Improving Drug Utilization Review Controls – Part D

Reporting Section/Measure Details

Year: CY 2020

Level: Plan

Frequency: 1/Year

PUF Details

File Level: Unique at CONTRACT_ID-PLAN_ID-QUARTER level.

Exclusion Criteria: Plans that were not required to submit Improving Drug Utilization Review Controls data[11] or that did not have at least one enrollee in all four quarters of the year are excluded. Additionally, plans with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation: No

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
PLAN_ID	Plan ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
QUARTER	Reporting quarter (e.g., Q1)
CARE_PROV_COUNT_CRITERION	For the care coordination edit, the provider count criterion used, if applicable (Element A)
CARE_PHARM_COUNT_CRITERION	For the care coordination edit, the pharmacy count criterion used, if applicable (Element B)
CARE_REJ_CLAIMS	The number of claims rejected due to the care coordination edit (Element C)
CARE_REJ_OVERRIDE_CLAIMS	Of the total reported in Element C, the number of care coordination edit claim rejections overridden by the pharmacist at the pharmacy (Element D)
CARE_REJ_UNIQUE_BENES	The number of unique beneficiaries with at least one claim rejected due to the care coordination edit (Element E)

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[11] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
CARE_REJ_OVERRIDE_BENES	Of the total reported in Element E, the number of unique beneficiaries with at least one care coordination edit claim rejection overridden by the pharmacist at the pharmacy (Element F)
CARE_REJ_OVERRIDE_OPIOID_BENES	Of the total reported in element E, 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 (Element G)
HARD_EDIT	Did the plan have a hard MME edit in place during the time period above? (Element H)
HARD_MME_THRESHOLD	If yes to Element H, the cumulative MME threshold used (Element I)
HARD_PROV_COUNT_CRITERION	If yes to Element H, the provider count criterion used, if applicable (Element J)
HARD_PHARM_COUNT_CRITERION	If yes to Element H, the pharmacy count criterion used, if applicable (Element K)
HARD_REJ_CLAIMS	If yes to Element H, the number of claims rejected due to the hard MME edit(Element L)
HARD_REJ_UNIQUE_BENES	If yes to Element H, the number of unique beneficiaries with at least one claim rejected due to the hard MME edit(Element M)
HARD_REJ_BENES_OTHER_PAID	Of the total reported in element M, the number of unique beneficiaries with at least one hard MME edit claim rejection that also 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 (Element N)
HARD_REJ_BENES_COVER_DET	Of the total reported in Element M, the number of unique beneficiaries with at least one hard MME edit claim rejection that also had a coverage determination or appeal request for an opioid drug subject to the edit (Element O)
HARD_REJ_BENES_FAVCOVER_DET	Of the total reported in element M, the number of unique beneficiaries with at least one 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 determination or appeal (Element P)

Variable Name	Definition
HARD_REJ_BENES_FAVCOVER_DET_PAID	Of the total reported in element M, the number of unique beneficiaries with at least one hard MME edit claim rejection with a favorable (either full or partial) coverage determination or appeal that also had an opioid claim successfully processed (Element Q)
NVE_LOOKBACK_PERIOD	The look-back period used to identify an initial opioid prescription fill for the treatment of acute pain for the opioid naïve days supply edit (Element R)
NVE_REJ_CLAIMS	The number of claims rejected due to the opioid naïve days supply edit (Element S)
NVE_REJ_UNIQUE_BENES	The number of unique beneficiaries with at least one claim rejected due to the opioid naïve days supply edit (Element T)
NVE_REJ_BENES_OTHER_PAID	Of the total reported in element T, the number of unique beneficiaries with at least one opioid naïve days supply edit claim rejection that also had an opioid claim successfully processed at POS other than through a favorable coverage determination or appeal, such as through pharmacist communication and/or plan override (Element U)
NVE_REJ_BENES_COVER_DET	Of the total reported in element T, the number of unique beneficiaries with at least one opioid naïve days supply edit claim rejection that also had a coverage determination or appeal request for an opioid drug subject to the edit (Element V)

Variable Name	Definition
NVE_REJ_BENES_FAVCOVER_DET	Of the total reported in element T, the number of unique beneficiaries with at least one opioid naïve days supply 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 determination or appeal (Element W)
NVE_REJ_BENES_FAVCOVER_DET_PAID	Of the total reported in element T, the number of unique beneficiaries with at least one opioid naïve days supply safety edit claim rejection with a favorable (either full or partial) coverage determination or appeal that also had an opioid claim successfully processed at POS (Element X)

Medication Therapy Management (MTM) Programs – Part D

Reporting Section Details

Year:	CY 2020
Level:	Contract
Frequency:	1/Year

PUF Details

File Level:	Unique at FILE_REC_NUM level
Exclusion Criteria:	Contracts that were not required to submit Medication Therapy Management data[12] or that did not undergo data validation (DV) are excluded.
Data Validation:	Contracts scoring less than 95% in DV for their reporting of the Medication Therapy Management section are listed a single time in the PUF with all variables other than FILE_REC_NUM, CONTRACT_ID, CONTRACT_NAME, YEAR, and CONTRACT_REC_NUM listed as *F.* This *F* indicates that CMS found issues with the contract's data.
	Contracts scoring 95% or higher in DV for this section but that were not compliant with DV standards/sub-standards for at least one data element will have only the specific data element(s) for which they were non-compliant listed as *X.* This *X* indicates that CMS found issues with the contract's data. Data elements that were compliant with DV standards/sub-standards will be included as reported by the contract.
Minimum Size:	Contracts reporting fewer than 11 total records in their MTM data are listed a single time in the PUF with all variables other than FILE_REC_NUM, CONTRACT_ID, CONTRACT_NAME, YEAR, and CONTRACT_REC_NUM listed as *S.* This *S* indicates the contract's data are suppressed from the PUF.
	Contracts reporting more than 11 total records in their MTM data but fewer than 11 records in a single AGE_BRACKET will have that specific AGE_BRACKET listed a single time in the PUF with all variables other than FILE_REC_NUM, CONTRACT_ID, CONTRACT_NAME, YEAR, CONTRACT_REC_NUM, and

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[12] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

AGE_BRACKET listed as *S*. This *S* indicates the contract's data are suppressed from the PUF.

Other: Records that cannot be mapped to a valid beneficiary or that contain dates of MTM program enrollment (Element I) 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.

File Layout

Variable Name	Definition
FILE_REC_NUM	Incremental count of number of records across all Contract IDs in PUF
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
CONTRACT_REC_NUM	Incremental count of number of records within Contract ID in PUF
AGE_BRACKET	Beneficiary age, categorized into an age bracket, as of December 31, 2020 according to date of birth reported by contract in Element E A: Under 65 B: 65-74 C: 75-84 D: 85+ F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
MET_CRITERIA	Indicates if beneficiary met the specified targeting criteria per CMS – Part D requirements (Element F) Y: Yes N: No F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV

Variable Name	Definition
COGNITIVELY_IMPAIRED	Indicates if the beneficiary was identified as being cognitively impaired at time of CMR offer or delivery of CMR. (Element G) Y: Yes N: No U: Unknown F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
LTC_FACILITY	Indicates if the beneficiary was in a long-term care facility at the time of the first CMR offer or delivery of CMR. (Element H) Y: Yes N: No U: Unknown F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
ENROLLMENT_DATE	Date of MTM program enrollment (Element I). CCYYMMDD format.
DATE_MET_CRITERIA	Date the beneficiary met the specified targeting criteria per CMS – Part D requirements, if applicable (Element J). CCYYMMDD format. N if beneficiary did not meet the specified targeting criteria per CMS – Part D requirements.
OPT_OUT_DATE	Date of MTM program opt out, if applicable (Element K). CCYYMMDD format. N if beneficiary did not opt out. 99999999 if opt-out reason is death.
OPT_OUT_REASON	Reason participant opted out of MTM program, if applicable (Element L). Listed as 'NA' if beneficiary did not opt out. 01: Death 02: Disenrollment from plan 03: Request by beneficiary 04: Other NA: Beneficiary did not opt out F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV

Variable Name	Definition
CMR_OFFERED	Indicates if beneficiary was offered a comprehensive medication review (CMR) (Element M) Y: Yes N: No F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
CMR_OFFER_DATE	If beneficiary was offered a CMR, date of (initial) offer (Element N). CCYYMMDD format. N if beneficiary was not offered a CMR.
CMR_OFFER_RECIPIENT	The recipient of the (initial) CMR offer (Element O). 01: Beneficiary 02: Beneficiary's prescriber 03: Caregiver 04: Other authorized individual NA: Beneficiary did not receive a CMR F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
CMR_RECEIVED	Indicates if beneficiary received annual CMR with written summary in CMS standardized format (Element P) Y: Yes N: No F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
FIRST_CMR_DATE	If beneficiary received a CMR, first date of annual CMR (Element Q). CCYYMMDD format. N if beneficiary did not receive a CMR.
CMR_SUMMARY_DATE	Date CMR written summary in CMS standardized format was provided or sent (Element R). CCYYMMDD format. N if beneficiary did not receive a CMR written summary

Variable Name	Definition
CMR_METHOD	Method of delivery for the annual CMR (Element S) 01: Face to face 02: Telephone 03: Telehealth consultation 04: Other NA: Beneficiary did not receive a CMR F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
CMR_PROVIDER	The qualified provider who performed the initial CMR (Element T). 01: Physician 02: Registered Nurse 03: Licensed Practical Nurse 04: Nurse Practitioner 05: Physician's Assistant 06: Local Pharmacist 07: LTC Consultant Pharmacist 08: Plan Sponsor Pharmacist 09: PBM Pharmacist 10: MTM Vendor Local Pharmacist 11: MTM Vendor In-House Pharmacist 12: Hospital Pharmacist 13: Pharmacist – Other 14: Supervised Pharmacy Intern 15: Other NA: Beneficiary did not receive a CMR F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
CMR_RECIPIENT	The recipient of the initial CMR (Element U). 01: Beneficiary 02: Beneficiary's prescriber 03: Caregiver 04: Other authorized individual NA: Beneficiary did not receive a CMR F: Issues with section-level DV S: Data suppressed due to minimum size criteria X: Issues with element-level DV
TMR	Number of targeted medication reviews (Element V)

Variable Name	Definition
FIRST_TMR_DATE	Date the first TMR was performed (Element W). CCYYMMDD format. N if beneficiary did not receive a TMR.
THERAPY_RECOMMENDATIONS	The number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services (Element X).
THERAPY_RESOLUTIONS	Number of drug therapy problem resolutions made as a result of MTM recommendations (Element Y)

Enrollment and Disenrollment – Part D

Reporting Section/Measure Details

Year: CY 2020

Level: Contract

Frequency: 2/Year

PUF Details

File Level: Unique at CONTRACT_ID-YEAR-PERIOD level.

Exclusion Criteria: Contracts that were not required to submit Part D Enrollment and Disenrollment data[13] or that did not have at least one enrollee in both periods of the year are excluded. Required submissions that were missing are listed with missing values ('.'). Additionally, contracts with an average monthly enrollment of less than 11 over the full reporting year (January 2020 - December 2020) according to HPMS are excluded.

Data Validation: No

File Layout

Variable Name	Definition
CONTRACT_ID	Contract ID
CONTRACT_NAME	Name associated with Contract ID
YEAR	Reporting year (e.g., 2020)
PERIOD	Reporting period (e.g., P1)
E_TOTAL_REQUESTS	Total number of enrollment requests received (Element 1.A)
E_INITIAL_COMPLETE	Total number of enrollment requests complete at the time of initial receipt (Element 1.B)
E_INITIAL_INCOMPLETE	Total number of enrollment requests that were not complete at the time of initial receipt, and for which the sponsor was required to request additional information (Element 1.C)
E_DENIED_INELIGIBLE	Total number of enrollment requests denied due to the sponsor's determination of the applicant's ineligibility to elect the plan (Element 1.D)
E_INCOMPLETE_TIMELY	Number of incomplete enrollment requests received that are completed within established timeframes (Element 1.E)

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[13] Data submitted by sponsors not required to submit solely due to termination are included if all other inclusion criteria are met.

Variable Name	Definition
E_DENIED_INCOMPLETE	Number of enrollment requests denied due to the applicant or his/her authorized representative not providing information to complete the enrollment request within established timeframes (Element 1.F)
E_REQUESTS_PAPER	Number of paper enrollment requests received (Element 1.G)
E_REQUESTS_PHONE	Number of telephonic enrollment requests received (Element 1.H)
E_REQUESTS_PLAN_WEB	Number of internet enrollment requests received via plan or affiliated third-party website (Element 1.I)
E_REQUESTS_OEC	Number of Online Enrollment Center (OEC) enrollment requests received (Element 1.J)
E_REQUESTS_SALES	Number of enrollment requests effectuated by sales persons (Element 1.K)
E_SEP_CREDITABLE	Number of enrollment transactions submitted using the SEP Election Period code "S" related to creditable coverage (Element 1.L)
E_SEP_SPAP	Number of enrollment transactions submitted using the SEP Election Period code "S" related to SPAP (Part D only) (Element 1.M)
E_SEP_MA_DISENROLLMT	Number of enrollment transactions submitted using the SEP Election Period code "S" that coordinates with the Medicare Advantage Disenrollment Period (Part D only) (Element 1.N)
E_SEP_NONRENEWALS	Number of enrollment transactions submitted using the SEP Election Period code "S" for individuals affected by a contract nonrenewal, plan termination, or service area reduction (Element 1.O)
E_SEAMLESS_ADV_NOTIF	The total number of individuals included in the advance notification for seamless conversion enrollment for effective dates occurring within the reporting period (Approved MA plans only) (Element 1.P)
E_SEAMLESS_ELIG_AGE	Of the total reported in 1P, the number of individuals whose Medicare eligibility is based on age (Approved MA plans only) (Element 1.Q)
E_SEAMLESS_ELIG_DISABILITY	Of the total reported in 1P, the number of individuals whose Medicare eligibility is based on disability (Approved MA plans only) (Element 1.R)
E_SEAMLESS_ENROLLMENTS	Of the total reported in 1P, the number of enrollments submitted to CMS (Approved MA plans only) (Element 1.S)
D_TOTAL_REQUESTS	Total number of voluntary disenrollment requests received in the specified time period (Element 2.A)

Variable Name	Definition
D_INITIAL_COMPLETE	Total number of disenrollment requests complete at the time of initial receipt (Element 2.B)
D_INITIAL_INCOMPLETE	Total number of disenrollment requests that were not complete at the time of initial receipt, as defined in guidance, and for which the sponsor was required to request additional information from the enrollee (Element 2.C)
D_DENIED_INELIGIBLE	The number of disenrollment requests denied due to the sponsor's determination of the enrollee's ineligibility to elect to disenroll from the plan (Element 2.D)
D_INCOMPLETE_TIMELY	Total number of disenrollment requests received that are incomplete upon initial receipt and completed within established timeframes (Element 2.E)
D_DENIED_INCOMPLETE	Total number of disenrollment requests denied due to the enrollee or his/her authorized representative not providing information to complete the disenrollment request within established timeframes (Element 2.F)
D_INVOLUNTARY_PREMIUM	Total number of involuntary disenrollments for failure to pay plan premium in the specified time period (Element 2.G)
D_REQUESTS_GOOD_CAUSE	Total number of disenrolled individuals who submitted a timely request for reinstatement for Good Cause (Element 2.H)
D_ FAVORABLE_DET	Total number of favorable Good Cause determinations (Element 2.I)
D_FAVORABLE_REINSTATE	Total number of individuals reinstated (Element 2.J)