

**Medicare Part C and Part D Reporting**  
**Requirements Data Validation Procedure Manual**  
**Appendix J: Pass/Not Pass Determination Methodology**

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# 1. INTRODUCTION

The data validation contractor (DVC) must determine compliance with each of the data validation (DV) standards and record the appropriate finding for each standard, sub-standard, and/or data element. At the conclusion of each DV review and the finalization of findings, the DVC must report these findings directly to CMS via the Plan Reporting Data Validation Module (PRDVM) in the Health Plan Management System (HPMS). Following the completion of the DV cycle, CMS analyzes the results submitted by the reviewer and makes a Pass/Not Pass determination. The graphic shown in Exhibit 1 illustrates where data entry into the HPMS PRDVM and the Pass/Not Pass determination occur within the DV process.

## EXHIBIT 1: OVERVIEW OF FINDINGS DATA COLLECTION PROCESS AND PASS/NOT PASS DETERMINATION

<b>Data Validation Contractor</b>	<b>CMS</b>
Analyze Information → Determine Findings → Submit Findings to CMS →	Determine Pass / Not Pass

CMS makes a Pass/Not Pass determination for all DV reviews after the annual deadline for submission of findings and provides the aggregate results to SOs in the summer or fall of the same calendar year. Note: Data used for the CY 2025 DV cycle are based on CY 2024 Parts C & D data.

To translate findings into Pass/Not Pass determinations, CMS performs the following steps per contract:

1. Sums the standard/sub-standard scores for each reporting section; these scores are derived from the Yes/No findings or the Likert Scale for each applicable standard/sub-standard.
2. Calculates the average Part C (if applicable) score by summing the scores for all Part C reporting sections and dividing by the number of reporting sections.
3. Calculates the average Part D (if applicable) score by summing the scores for all Part D reporting sections and dividing by the number of reporting sections.
4. Calculates the overall (average) Part C and Part D score (if applicable) by summing the result of steps 2 and 3 and dividing by two.

Exhibit 2 provides a description of all standards and sub-standards from the Data Validation standards that are referenced throughout the remaining portion of this document.

## EXHIBIT 2: DATA VALIDATION STANDARDS

VALIDATION STANDARDS	
1	<p>Database management and structure: A review of source documents (for example, programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) shows that all source documents accurately capture required data fields, and the SO has properly documented them.</p> <p><u>Criteria for Validating Source Documents:</u></p> <ul style="list-style-type: none"> <li>a. SOs properly secured source documents and output and have referenced data file locations correctly so that DVCs can retrieve source documents at any time to validate the information submitted to CMS via CMS systems.</li> <li>b. SOs clearly and adequately documented source documents.</li> <li>c. SOs accurately captured required data fields including all data fields for RR in source documents. All data fields have meaningful, consistent labels (for example, label field for patient ID as Patient ID, rather than Field1 and maintain the same field name across data sets).</li> <li>d. Source documents are error-free (for example, programming code and spreadsheet formulas have no messages or warnings indicating errors).</li> <li>e. SOs appropriately applied version control of source documents.</li> <li>f. SOs captured the appropriate date range(s) for the reporting period(s). SO, reports data based on the required reporting period of 1/1-12/31.</li> <li>g. SOs assigned data at the applicable level (for example, plan benefit package (PBP) or contract level).</li> </ul>
2	<p>Database Extraction Function: Review of source data, preliminary data sets, and interim data sets (for example, programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) indicates the following:</p> <ul style="list-style-type: none"> <li>a. SOs accurately identify, process, and verify the population for each reporting section (including calculations for the number of enrollees, claims, grievances, procedures, etc.). They apply QA checks/thresholds to detect outlier or erroneous data.</li> </ul>
3	<p>Organization implements policies and procedures in their final stage data sets for submission into HPMS, including the following:</p> <ul style="list-style-type: none"> <li>a. Expected counts - Data elements are valid, complete, and accurate according to the source document that SOs use to upload/enter data into the HPMS; ranges of data fields are verified; all calculations (for example, derived data fields) are verified; they properly address missing data; reporting output matches corresponding source documents (for example, programming code, saved queries, analysis plans); they appropriately apply version control of reported data elements.</li> <li>b. Organization accurately captures data by applying data integrity/logical checks; they apply QA checks/thresholds to detect outlier or erroneous data.</li> </ul>
4	All source, intermediate, and final stage data sets and other outputs relied upon to enter data into CMS systems are archived.
5	<p>Organization implements policies and procedures for the following:</p> <ul style="list-style-type: none"> <li>i. Periodic data system updates (for example, changes in enrollment, provider/pharmacy status, and claims adjustments).</li> <li>ii. Restoring data in each data system (for example, disaster recovery plan).</li> </ul>
6	If organization's data systems underwent any changes during the reporting period (for example, because of a merger, acquisition, vendor change or upgrade): Organization provided documentation on the data system changes and, upon review, changes were implemented correctly and did not adversely impact the reported data.
7	If data collection and/or reporting for this reporting section is delegated to another entity: Organization regularly routinely monitors the quality and timeliness of the data collected and/or reported by the delegated entity or first tier/downstream contractor.

## 2. SCORING METHODOLOGY

### 2.1. Scoring Standards, Sub-Standards, and Data Elements

A total of seven standards are evaluated for each reporting section. Standards 1 through 3 have one or more additional sub-standards. Some sub-standards also include an evaluation of each applicable data element for the reporting section. For example, Sub-Standard 3.a requires the DVC to examine each data element to ensure compliance with reporting section criteria. The number of data elements varies depending on the reporting section.

Each standard, sub-standard, and data element is associated with CMS-assigned maximum percentage points and can vary depending on the standard, sub-standard or data element being scored. For each of the standards, sub-standards, and data elements assessed for compliance, the DVC assigns a “Yes/No” finding, or assigns a score using a 1-5 Likert scale to assess the degree of compliance. A “No” or 1, 2, or 3 finding will result in a score of zero percentage points. A 4 finding will result in 75% of the maximum possible percentage points for the standard, sub-standard or data element. A 5 finding will result in 100% of the maximum possible percentage points for that standard, sub-standard or data element.

Exhibit 3 illustrates how Standard 1 and its seven sub-standards (1.a-1.g) might be scored. A “Yes” or 5 finding for Sub-Standards 1.a-1.g equals 1 percentage point. As shown below, a “Yes” or 5 finding for all seven sub-standards associated with Standard 1 would result in a maximum total score of 7 percentage points.

**EXHIBIT 3: SCORES ASSIGNED TO DATA VALIDATION STANDARD 1**

Standard/ Sub-Standard ID	Standard/Sub-Standard Description	Maximum Possible Score
1	Database management and structure: A review of source documents (for example, programming code, spreadsheet formulas, analysis plans, saved data queries, file layouts, process flows) shows that all source documents accurately capture required data fields and the SO has properly documented them.	
1.a	SOs properly secured source documents and output and have referenced data file locations correctly so that DVCs can retrieve source documents at any time to validate the information submitted to CMS via CMS systems.	1.0%
1.b	SOs clearly and adequately documented source documents.	1.0%
1.c	SOs accurately captured required data fields including all data fields for RR in source documents. All data fields have meaningful, consistent labels (for example, label field for patient ID as Patient ID, rather than Field1 and maintain the same field name across data sets).	1.0%
1.d	Source documents are error-free (for example, programming code and spreadsheet formulas have no messages or warnings indicating errors).	1.0%
1.e	SOs appropriately applied version control of source documents.	1.0%
1.f	SOs captured the appropriate date range(s) for the reporting period(s). SO, reports data based on the required reporting period of 1/1-12/31.	1.0%
1.g	SOs assigned data at the applicable level (for example, plan benefit package (PBP) or contract level).	1.0%
Total Maximum Score for Standard 1		7.0%

Exhibit 4 illustrates how the seven sub-standards (1.a-1.g) of Standard 1 are scored using both binary and Likert scoring systems. Under binary scoring, “Yes” findings for Sub-Standards 1.a, 1.e, and 1.f, each contribute 1 percentage point, and the “No” finding for Sub-Standard 1.g contributes 0 percentage points to the Standard 1 score. Under Likert scoring, a finding of 2 for Sub-Standard 1.b contributes 0 percentage points, a finding of 4 for Sub-Standard 1.c contributes 0.75 percentage points, and a finding of 5 for Sub-Standard 1.d contributes 1 percentage point to the Standard 1 score. Taken together, the actual score in this example is 4.75 percentage points out of a maximum possible score of 7.00 percentage points for Standard 1.

**EXHIBIT 4: EXAMPLE OF BINARY VS. LIKERT SCORES ASSIGNED TO DATA VALIDATION STANDARD 1**

Standard/ Sub-Standard ID	DVC Finding	Maximum Possible Score	Actual Score	Explanation
1.a	Yes	1.0%	1.00%	Binary: Yes = 100%, No = 0%
1.b	2	1.0%	0.00%	Likert: 1,2,3 = 0%, 4 = 75%, 5 = 100%
1.c	4	1.0%	0.75%	Likert: 1,2,3 = 0%, 4 = 75%, 5 = 100%
1.d	5	1.0%	1.00%	Likert: 1,2,3 = 0%, 4 = 75%, 5 = 100%
1.e	Yes	1.0%	1.00%	Binary: Yes = 100%, No = 0%
1.f	Yes	1.0%	1.00%	Binary: Yes = 100%, No = 0%
1.g	No	1.0%	0.00%	Binary: Yes = 100%, No = 0%
Totals		7.0%	4.75%	

While other standards and sub-standards contribute relatively small and fixed point values, Standard 3 contributes 80% to the total score. Unlike other reporting sections, Sub-Standards 3.a and 3.b are data element specific. Points for individual data elements vary depending on the reporting section, the number of data elements in that section, the weight category for the particular data element, and by the relative point contribution data elements for a weight category within a reporting section contribute to the overall score.

As shown in Exhibit 5 below, Standard 3 of the Special Needs Plan Care Management (SNPs) reporting section has 8 data elements. Data elements in Sub-Standard 3.a, which focuses on data completeness, receive 75% of the points for Standard 3. Data elements in Sub-Standard 3.b, which focuses on data quality, receive 25% of the points. The SNP section has two weight categories: a high weight category and a medium weight category. Data elements assigned to the medium weight category contribute only 60% of the points relative to data elements in the high weight category.

**EXHIBIT 5: SNP CARE MANAGEMENT DATA VALIDATION MATRIX EXAMPLE**

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a & 3.b	Weight Category	Weight
1	a			0.01000000
1	b			0.01000000
1	c			0.01000000
1	d			0.01000000
1	e			0.01000000
1	f			0.01000000
1	g			0.01000000
2	a			0.10000000
3	a	A	H	0.09375000
3	b	A	H	0.03125000
3	a	B	H	0.09375000
3	b	B	H	0.03125000
3	a	C	H	0.09375000
3	b	C	H	0.03125000
3	a	D	M	0.05625000
3	b	D	M	0.01875000
3	a	E	M	0.05625000
3	b	E	M	0.01875000
3	a	F	H	0.09375000
3	b	F	H	0.03125000
3	a	G	M	0.05625000
3	b	G	M	0.01875000
3	a	H	M	0.05625000
3	b	H	M	0.01875000
4				0.01000000
5				0.01000000
6				0.00000000
7				0.01000000

Exhibit 6 illustrates the scoring at the standard and sub-standard level, where scores for each standard and sub-standard are displayed as a percentage of the maximum possible score for a reporting section. Standard 2 and particularly Standard 3 which focuses on data completeness and accuracy receive the majority of points in the total score for a reporting section. Other more administrative focused standards contribute fewer points to the total score. Note that these percentages will vary for reporting sections that include standards, sub-standards, or data elements that are “Not Applicable.”

**EXHIBIT 6: SCORING AGGREGATED AT THE STANDARD AND SUB-STANDARD LEVEL**

Standard	Sub-Standard	Percentage of Total Score <sup>1</sup>
1		
	1.a	1.0%
	1.b	1.0%
	1.c	1.0%
	1.d	1.0%
	1.e	1.0%
	1.f	1.0%
	1.g	1.0%
<b>Standard 1 Subtotal</b>		<b>7.0%</b>
2		
	2.a	10.0%
<b>Standard 2 Subtotal</b>		<b>10.0%</b>
3		
	3.a	Varies
	3.b	Varies
<b>Standard 3 Subtotal</b>		<b>80.0%</b>
4		<b>1.0%</b>
5		<b>1.0%</b>
6		<b>0.0%</b>
7		<b>1.0%</b>
<b>Total<sup>1</sup></b>		<b>100.0%</b>

<sup>1</sup> Percentages may not sum to totals due to rounding.

Note that with the exception of “Not Applicable” standards or sub-standards, percentage points for Standards 1, 4, 5, 6, and 7 will not vary across reporting sections. Every reporting section’s final percentage score is based on a maximum score of 100 percent. Refer to the EES to determine individual sub-standard and data element scores for all Part C and Part D reporting sections.

## **2.2. Scoring of “Not Applicable” Sub-Standard and Data Elements**

### **2.2.1 Scoring of Standards, Sub-Standards, and Data Elements that are Sometimes “Not Applicable”**

It is possible that a contractor will decide that a particular standard, sub-standard, or data element is “Not Applicable” for a reporting section for a particular contract. Standard 6 provides one example of why this may occur. Standard 6 states, “If organization’s data systems underwent any changes during the reporting period for example, because of a merger, acquisition, vendor change or upgrade): Organization provided documentation on the data system changes and, upon review, changes were implemented correctly and did not adversely impact the reported data.”

In many cases, an SO’s or contract’s data systems will not undergo any changes during the reporting period, which means the contractor will not evaluate the reporting section using this standard, and will assign a “Not Applicable” finding rather than a “Yes/No” finding or 1-5 Likert score. In instances such as this, no points are assigned to the score for the not applicable standard, sub-standard, or data element, and no points are included in the reporting section’s total maximum score.



## 2.3. Reporting Section Scores

CMS scores each reporting section separately by summing the total number of points assigned to the reporting section for those standards, sub-standards, or data elements. A standard, sub-standard, or data element that receives a “No” or 1, 2, or 3 finding will receive zero percentage points. If a particular standard, sub-standard, or data element is found “Not Applicable,” CMS will add zero percentage points to the actual score in the numerator and will also assign zero percentage points to the maximum possible score in the denominator when calculating the percentage score. This additional step ensures that an SO is not penalized for receiving a “Not Applicable” for a particular data element.

To illustrate how a reporting section is scored with and without a “Not Applicable” evaluation, refer to Exhibit 7 and Exhibit 8. In both Exhibits, the first column contains the standard being evaluated, the second column contains a description of the evaluation for the standard, the third column displays the maximum possible score for each standard, and the fourth column displays the actual score earned by the contract. To simplify the examples, only the total score for each standard is displayed (the sum of sub-standard and/or data element scores within each standard).

### 2.3.1 Scoring Without a “Not Applicable” Finding

In the first example, shown in Exhibit 7, the contractor has determined a “Yes” or 5 finding for every standard, sub-standard, and data element except Standard 5. Standard 5 received a “No” finding, and therefore, no percentage points are assigned to the actual score for this standard. In this example, there weren’t any “Not Applicable” findings for this reporting section. The maximum possible score for this reporting section is 100.0000%, and the actual score is 99.0000%. The percentage score is calculated by dividing the actual score by the maximum possible score ( $99.0000\% \div 100.0000\%$ ).

**EXHIBIT 7: REPORTING SECTION SCORING EXAMPLE WITHOUT “NOT APPLICABLE” FINDING**

Standard (1)	DVC's Finding (2)	Maximum Possible Score (3)	Actual Score (4)
1	All sub-standards received a finding of "Yes" or 5	7.0%	7.0%
2	All sub-standards and data elements received a finding of 5	10.0%	10.0%
3	All sub-standards and data elements received a finding of 5	80.0%	80.0%
4	Standard received "Yes" finding	1.0%	1.0%
5	Standard received "No" finding	1.0%	0.0%
6	Standard received "Yes" finding	0.0%	0.0%
7	Standard received "Yes" finding	1.0%	1.0%
Totals <sup>1</sup>		100.0%	99.0%
Percentage Score <sup>1</sup>		99.0000% (= $99.0\% \div 100.0\%$ )	

<sup>1</sup> Percentages may not sum to totals due to rounding.

### 2.3.2 Scoring With a “Not Applicable” Finding

Exhibit 8 is identical to Exhibit 7 except that the DVC has found Standard 7 to be “Not Applicable.” In this case, no percentage points are included for Standard 7 in either the actual score or the maximum possible score. To calculate the percentage score, CMS will divide the actual score, 98.0000%, by the maximum

possible score, 99.0000% (deducting 1.0000% from the normal maximum possible score of 100% because Standard 7 is "Not Applicable,"  $100.0000\% - 1.0000\% = 99.0000\%$ ), which equals 0.989898, or in percentage terms, 98.9898%.

#### EXHIBIT 8: REPORTING SECTION SCORING EXAMPLE WITH ONE "NOT APPLICABLE" FINDING

Standard (1)	DVC's Finding (2)	Maximum Possible Score (3)	Actual Score (4)
1	All sub-standards received a finding of "Yes" or 5	7.0%	7.0%
2	All sub-standards and data elements received a finding of 5	10.0%	10.0%
3	All sub-standards and data elements received a finding of 5	80.0%	80.0%
4	Standard received "Yes" finding	1.0%	1.0%
5	Standard received "No" finding	1.0%	0.0%
6	Standard received "Yes" finding	0.0%	0.0%
7	Standard received "Not Applicable" finding	0.0%	0.0%
Totals		99.0%	98.0%
Percentage Score <sup>1</sup>		98.9898% (98.0% ÷ 99.0%)	

<sup>1</sup> Percentages may not sum to totals due to rounding.

## 2.4. Overall Part C, Overall Part D, and Combined Score

In addition to individual reporting section scores for each Part C and Part D reporting section, CMS will calculate overall scores for Part C reporting sections as a group and/or Part D reporting sections as a group. To calculate the overall Part C and/or overall Part D scores, CMS will take a simple average of the individual reporting section scores. Refer to Exhibit 9 and Exhibit 10 for an example of how the overall Part C and overall Part D scores are calculated. The overall Part C score in Exhibit 9 is 96.6%, calculated by summing the individual reporting section percentage scores and dividing by the number of reporting sections:  $(98.0\% + 100.0\% + 91.8\%)/3 = 96.6\%$ .

#### EXHIBIT 9: EXAMPLE OVERALL PART C SCORE

Part C Reporting Section	Part C % Score <sup>1</sup>
Part C Grievances	98.0%
Organization Determinations/Reconsiderations	100.0%
Special Needs Plans (SNPs) Care Management	91.8%
Overall Score for Part C (Average for All Part C Scores)	96.6%

<sup>1</sup> Percentages may not sum to totals due to rounding.

It is possible that an entire reporting section may be found to be “Not Applicable.” For example, if a contract did not identify any beneficiaries as eligible for its MTM Programs during the reporting period, then the entire MTM Programs reporting section would be found “Not Applicable.” In this case, the overall score for Part D would not include a score for this reporting section (no percentage score in the numerator and one less reporting section in the denominator). In Exhibit 10, the overall Part D score is calculated to equal:  $(94.3\% + 98.4\% + 96.2\%)/3 = 96.3\%$

#### EXHIBIT 10: EXAMPLE OVERALL PART D SCORE

Part D Reporting Section	Part D % Score <sup>1</sup>
Medication Therapy Management Programs	N/A
Grievances	94.3%
Coverage Determinations and Redeterminations	98.4%
Improving Drug Utilization Review Controls	96.2%
Overall Part D Score (Average for All Part D Reporting Sections)	96.3%

<sup>1</sup> Percentages may not sum to totals due to rounding.

Finally, Exhibit 11 shows that for contracts that report both Part C and Part D data, CMS will calculate a combined Part C and Part D score by averaging the overall Part C score and the overall Part D score. Using the examples in Exhibit 9 and Exhibit 10, the combined Part C and Part D score is calculated by taking the average of the overall Part C score, 96.6 % and the overall Part D score, 96.3%, which equals  $(96.6\% + 96.3\%)/2 = 96.5\%$

#### EXHIBIT 11: EXAMPLE COMBINED PART C AND PART D SCORE

	Overall % Score <sup>1</sup>
Overall Part C Score	96.6%
Overall Part D Score	96.3%
Overall Combined Part C and Part D Score (Average of Overall Part C Score and Overall Part D Score)	96.5%

<sup>1</sup> Percentages may not sum to totals due to rounding.

### **3. PASS/NOT PASS SCORING THRESHOLDS**

For the CY 2025 data validation for CY 2024 data, CMS has established 95% as the passing DV threshold for each reporting section, as well as for the Part C, Part D, and combined scores. SOs may view their individual contracts' validation results in HPMS. CMS may send follow-up communication to active contracts scoring below 95% on the overall Part C, Part D, or combined score.

CMS also evaluates an SO's data validation results prior to using plan reported data in performance measures, and inclusion in Reporting Requirements limited data set (LDS) file. An SO must score at least 95% for a specific reporting section and be compliant with data validation standards/sub-standards for relevant data elements in order for CMS to consider the reported data valid for public use. For Star Ratings measures, if an SO fails to submit measure data or pass data validation of those data, it will receive a rating of one star in the respective measure and show as "CMS identified issues with this plan's data." Star Ratings affect MA Quality Bonus Payments.

## 4. DATA VALIDATION SCORING MATRIX

### Grievances - Part C

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	A	H	0.1280000000
3	b	A	H	0.0320000000
3	a	B	H	0.1280000000
3	b	B	H	0.0320000000
3	a	C	H	0.1280000000
3	b	C	H	0.0320000000
3	a	D	H	0.1280000000
3	b	D	H	0.0320000000
3	a	E	H	0.1280000000
3	b	E	H	0.0320000000
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000

**Organization Determinations and Reconsiderations - Part C**

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	1.A	H	0.0128205128
3	b	1.A	H	0.0042735043
3	a	1.B	M	0.0076923077
3	b	1.B	M	0.0025641026
3	a	1.C	M	0.0076923077
3	b	1.C	M	0.0025641026
3	a	1.D	H	0.0128205128
3	b	1.D	H	0.0042735043
3	a	1.E	H	0.0128205128
3	b	1.E	H	0.0042735043
3	a	1.F	H	0.0128205128
3	b	1.F	H	0.0042735043
3	a	1.G	H	0.0128205128
3	b	1.G	H	0.0042735043
3	a	2.A	H	0.0128205128
3	b	2.A	H	0.0042735043
3	a	2.B	H	0.0128205128
3	b	2.B	H	0.0042735043
3	a	2.C	H	0.0128205128
3	b	2.C	H	0.0042735043
3	a	2.D	H	0.0128205128
3	b	2.D	H	0.0042735043
3	a	2.E	H	0.0128205128
3	b	2.E	H	0.0042735043
3	a	2.F	H	0.0128205128
3	b	2.F	H	0.0042735043
3	a	2.G	H	0.0128205128
3	b	2.G	H	0.0042735043
3	a	2.H	H	0.0128205128
3	b	2.H	H	0.0042735043
3	a	2.I	H	0.0128205128

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
3	b	2.I	H	0.0042735043
3	a	2.J	H	0.0128205128
3	b	2.J	H	0.0042735043
3	a	2.K	H	0.0128205128
3	b	2.K	H	0.0042735043
3	a	2.L	H	0.0128205128
3	b	2.L	H	0.0042735043
3	a	3.A	H	0.0128205128
3	b	3.A	H	0.0042735043
3	a	3.B	M	0.0076923077
3	b	3.B	M	0.0025641026
3	a	3.C	M	0.0076923077
3	b	3.C	M	0.0025641026
3	a	3.D	H	0.0128205128
3	b	3.D	H	0.0042735043
3	a	3.E	H	0.0128205128
3	b	3.E	H	0.0042735043
3	a	3.F	H	0.0128205128
3	b	3.F	H	0.0042735043
3	a	3.G	H	0.0128205128
3	b	3.G	H	0.0042735043
3	a	4.A	H	0.0128205128
3	b	4.A	H	0.0042735043
3	a	4.B	H	0.0128205128
3	b	4.B	H	0.0042735043
3	a	4.C	H	0.0128205128
3	b	4.C	H	0.0042735043
3	a	4.D	H	0.0128205128
3	b	4.D	H	0.0042735043
3	a	4.E	H	0.0128205128
3	b	4.E	H	0.0042735043
3	a	4.F	H	0.0128205128
3	b	4.F	H	0.0042735043
3	a	4.G	H	0.0128205128
3	b	4.G	H	0.0042735043
3	a	4.H	H	0.0128205128
3	b	4.H	H	0.0042735043
3	a	4.I	H	0.0128205128
3	b	4.I	H	0.0042735043
3	a	4.J	H	0.0128205128
3	b	4.J	H	0.0042735043

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
3	a	4.K	H	0.0128205128
3	b	4.K	H	0.0042735043
3	a	4.L	H	0.0128205128
3	b	4.L	H	0.0042735043
3	a	5.A	H	0.0128205128
3	b	5.A	H	0.0042735043
3	a	5.B	H	0.0128205128
3	b	5.B	H	0.0042735043
3	a	5.D	H	0.0128205128
3	b	5.D	H	0.0042735043
3	a	5.E	M	0.0076923077
3	b	5.E	M	0.0025641026
3	a	5.F	H	0.0128205128
3	b	5.F	H	0.0042735043
3	a	5.G	M	0.0076923077
3	b	5.G	M	0.0025641026
3	a	5.H	H	0.0128205128
3	b	5.H	H	0.0042735043
3	a	5.I	H	0.0128205128
3	b	5.I	H	0.0042735043
3	a	5.J	M	0.0076923077
3	b	5.J	M	0.0025641026
3	a	5.K	H	0.0128205128
3	b	5.K	H	0.0042735043
3	a	5.L	M	0.0076923077
3	b	5.L	M	0.0025641026
3	a	5.N	H	0.0128205128
3	b	5.N	H	0.0042735043
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000



**Special Needs Plan - Part C**

<b>Standard</b>	<b>Sub-Standard</b>	<b>Data Element Used for Sub-Standards 3.a and 3.b</b>	<b>Weight Category</b>	<b>Weight</b>
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	A	H	0.0937500000
3	b	A	H	0.0312500000
3	a	B	H	0.0937500000
3	b	B	H	0.0312500000
3	a	C	H	0.0937500000
3	b	C	H	0.0312500000
3	a	D	M	0.0562500000
3	b	D	M	0.0187500000
3	a	E	M	0.0562500000
3	b	E	M	0.0187500000
3	a	F	H	0.0937500000
3	b	F	H	0.0312500000
3	a	G	M	0.0562500000
3	b	G	M	0.0187500000
3	a	H	M	0.0562500000
3	b	H	M	0.0187500000
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000

**Medication Therapy Management Programs - Part D**

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	B	H	0.0400000000
3	b	B	H	0.0100000000
3	a	F	M	0.0240000000
3	b	F	M	0.0060000000
3	a	G	M	0.0240000000
3	b	G	M	0.0060000000
3	a	H	H	0.0400000000
3	b	H	H	0.0100000000
3	a	I	H	0.0400000000
3	b	I	H	0.0100000000
3	a	J	H	0.0400000000
3	b	J	H	0.0100000000
3	a	K	H	0.0400000000
3	b	K	H	0.0100000000
3	a	L	M	0.0240000000
3	b	L	M	0.0060000000
3	a	M	M	0.0240000000
3	b	M	M	0.0060000000
3	a	N	M	0.0240000000
3	b	N	M	0.0060000000
3	a	O	H	0.0400000000
3	b	O	H	0.0100000000
3	a	P	H	0.0400000000
3	b	P	H	0.0100000000
3	a	Q	M	0.0240000000
3	b	Q	M	0.0060000000
3	a	R	M	0.0240000000
3	b	R	M	0.0060000000
3	a	S	M	0.0240000000
3	b	S	M	0.0060000000
3	a	T	M	0.0240000000
3	b	T	M	0.0060000000

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
3	a	U	H	0.0400000000
3	b	U	H	0.0100000000
3	a	V	M	0.0240000000
3	b	V	M	0.0060000000
3	a	W	L	0.0080000000
3	b	W	L	0.0020000000
3	a	X	L	0.0080000000
3	b	X	L	0.0020000000
3	a	Y	H	0.0400000000
3	b	Y	H	0.0100000000
3	a	Z	M	0.0240000000
3	b	Z	M	0.0060000000
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000

**Grievances - Part D**

<b>Standard</b>	<b>Sub-Standard</b>	<b>Data Element Used for Sub-Standards 3.a and 3.b</b>	<b>Weight Category</b>	<b>Weight</b>
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	A	H	0.1280000000
3	b	A	H	0.0320000000
3	a	B	H	0.1280000000
3	b	B	H	0.0320000000
3	a	C	H	0.1280000000
3	b	C	H	0.0320000000
3	a	D	H	0.1280000000
3	b	D	H	0.0320000000
3	a	E	H	0.1280000000
3	b	E	H	0.0320000000
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000

**Coverage Determinations, Redeterminations (including At-Risk  
Redeterminations under a Drug Management Program), and Reopenings - Part D**

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	1.A	H	0.0126000000
3	b	1.A	H	0.0042000000
3	a	1.B	M	0.0078000000
3	b	1.B	M	0.0026000000
3	a	1.C	M	0.0078000000
3	b	1.C	M	0.0026000000
3	a	1.D	H	0.0126000000
3	b	1.D	H	0.0042000000
3	a	1.E	H	0.0126000000
3	b	1.E	H	0.0042000000
3	a	1.F	H	0.0126000000
3	b	1.F	H	0.0042000000
3	a	1.G	H	0.0126000000
3	b	1.G	H	0.0042000000
3	a	1.H	H	0.0126000000
3	b	1.H	H	0.0042000000
3	a	1.I	H	0.0126000000
3	b	1.I	H	0.0042000000
3	a	1.J	H	0.0126000000
3	b	1.J	H	0.0042000000
3	a	1.K	H	0.0126000000
3	b	1.K	H	0.0042000000
3	a	1.L	H	0.0126000000
3	b	1.L	H	0.0042000000
3	a	1.M	H	0.0126000000
3	b	1.M	H	0.0042000000
3	a	1.N	H	0.0126000000
3	b	1.N	H	0.0042000000
3	a	1.O	H	0.0126000000
3	b	1.O	H	0.0042000000
3	a	1.P	H	0.0126000000

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
3	b	1.P	H	0.0042000000
3	a	1.Q	H	0.0126000000
3	b	1.Q	H	0.0042000000
3	a	1.R	H	0.0126000000
3	b	1.R	H	0.0042000000
3	a	2.A	H	0.0126000000
3	b	2.A	H	0.0042000000
3	a	2.B	M	0.0078000000
3	b	2.B	M	0.0026000000
3	a	2.C	M	0.0078000000
3	b	2.C	M	0.0026000000
3	a	2.D	H	0.0126000000
3	b	2.D	H	0.0042000000
3	a	2.E	H	0.0126000000
3	b	2.E	H	0.0042000000
3	a	2.F	H	0.0126000000
3	b	2.F	H	0.0042000000
3	a	2.G	H	0.0126000000
3	b	2.G	H	0.0042000000
3	a	2.H	H	0.0126000000
3	b	2.H	H	0.0042000000
3	a	2.I	H	0.0126000000
3	b	2.I	H	0.0042000000
3	a	2.J	H	0.0126000000
3	b	2.J	H	0.0042000000
3	a	2.K	H	0.0126000000
3	b	2.K	H	0.0042000000
3	a	2.L	H	0.0126000000
3	b	2.L	H	0.0042000000
3	a	2.M	H	0.0126000000
3	b	2.M	H	0.0042000000
3	a	2.N	H	0.0126000000
3	b	2.N	H	0.0042000000
3	a	2.O	H	0.0126000000
3	b	2.O	H	0.0042000000
3	a	2.P	H	0.0126000000
3	b	2.P	H	0.0042000000
3	a	2.Q	H	0.0126000000
3	b	2.Q	H	0.0042000000
3	a	2.R	H	0.0126000000
3	b	2.R	H	0.0042000000

Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
3	a	2.S	H	0.0126000000
3	b	2.S	H	0.0042000000
3	a	2.T	H	0.0126000000
3	b	2.T	H	0.0042000000
3	a	2.U	H	0.0126000000
3	b	2.U	H	0.0042000000
3	a	2.V	H	0.0126000000
3	b	2.V	H	0.0042000000
3	a	3.A	H	0.0126000000
3	b	3.A	H	0.0042000000
3	a	3.B.1	H	0.0126000000
3	b	3.B.1	H	0.0042000000
3	a	3.B.3	H	0.0126000000
3	b	3.B.3	H	0.0042000000
3	a	3.B.4	L	0.0036000000
3	b	3.B.4	L	0.0012000000
3	a	3.B.5	H	0.0126000000
3	b	3.B.5	H	0.0042000000
3	a	3.B.6	M	0.0078000000
3	b	3.B.6	M	0.0026000000
3	a	3.B.7	H	0.0126000000
3	b	3.B.7	H	0.0042000000
3	a	3.B.8	M	0.0078000000
3	b	3.B.8	M	0.0026000000
3	a	3.B.9	H	0.0126000000
3	b	3.B.9	H	0.0042000000
3	a	3.B.10	M	0.0078000000
3	b	3.B.10	M	0.0026000000
3	a	3.B.11	H	0.0126000000
3	b	3.B.11	H	0.0042000000
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000

**Improving Drug Utilization Review Controls - Part D**

<b>Standard</b>	<b>Sub-Standard</b>	<b>Data Element Used for Sub-Standards 3.a and 3.b</b>	<b>Weight Category</b>	<b>Weight</b>
1	a			0.0100000000
1	b			0.0100000000
1	c			0.0100000000
1	d			0.0100000000
1	e			0.0100000000
1	f			0.0100000000
1	g			0.0100000000
2	a			0.1000000000
3	a	A	M	0.0160000000
3	b	A	M	0.0040000000
3	a	B	M	0.0160000000
3	b	B	M	0.0040000000
3	a	C	H	0.0272000000
3	b	C	H	0.0068000000
3	a	D	H	0.0272000000
3	b	D	H	0.0068000000
3	a	E	M	0.0160000000
3	b	E	M	0.0040000000
3	a	F	M	0.0160000000
3	b	F	M	0.0040000000
3	a	G	M	0.0160000000
3	b	G	M	0.0040000000
3	a	H	H	0.0272000000
3	b	H	H	0.0068000000
3	a	I	H	0.0272000000
3	b	I	H	0.0068000000
3	a	J	M	0.0160000000
3	b	J	M	0.0040000000
3	a	K	M	0.0160000000
3	b	K	M	0.0040000000
3	a	L	M	0.0160000000
3	b	L	M	0.0040000000
3	a	M	L	0.0060000000
3	b	M	L	0.0015000000
3	a	N	L	0.0060000000
3	b	N	L	0.0015000000
3	a	O	L	0.0060000000
3	b	O	L	0.0015000000
3	a	P	L	0.0060000000
3	b	P	L	0.0015000000



Standard	Sub-Standard	Data Element Used for Sub-Standards 3.a and 3.b	Weight Category	Weight
3	a	Q	H	0.0272000000
3	b	Q	H	0.0068000000
3	a	R	H	0.0272000000
3	b	R	H	0.0068000000
3	a	S	M	0.0160000000
3	b	S	M	0.0040000000
3	a	T	M	0.0160000000
3	b	T	M	0.0040000000
3	a	U	M	0.0160000000
3	b	U	M	0.0040000000
3	a	V	H	0.0272000000
3	b	V	H	0.0068000000
3	a	W	H	0.0272000000
3	b	W	H	0.0068000000
3	a	X	H	0.0272000000
3	b	X	H	0.0068000000
3	a	Y	H	0.0272000000
3	b	Y	H	0.0068000000
3	a	Z	H	0.0272000000
3	b	Z	H	0.0068000000
3	a	AA	H	0.0272000000
3	b	AA	H	0.0068000000
3	a	BB	H	0.0272000000
3	b	BB	H	0.0068000000
3	a	CC	H	0.0272000000
3	b	CC	H	0.0068000000
3	a	DD	H	0.0272000000
3	b	DD	H	0.0068000000
3	a	EE	M	0.0160000000
3	b	EE	M	0.0040000000
3	a	FF	M	0.0160000000
3	b	FF	M	0.0040000000
4				0.0100000000
5				0.0100000000
6				0.0000000000
7				0.0100000000