

**Medicare Part C and Part D Measure
Organizational Assessment Instrument (OAI)**

**For Industry Comment:
September 9, 2009 – September 23, 2009**

**Prepared by:
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Center for Drug and Health Plan Choice**

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1.0 BACKGROUND

Organizations contracted to offer Medicare Part C and Part D benefits are required to report data to the Centers for Medicare & Medicaid Services (CMS) on a variety of measures. In order for the data to be useful for monitoring and performance measurement, it must be reliable, valid, complete, and comparable among sponsoring organizations. To meet this goal, CMS has established reporting standards and data validation specifications with respect to the Part C and Part D reporting requirements. Effective CY2010, CMS expects Part C organizations and Part D sponsors to conduct a data validation review on reported Part C and Part D reporting requirements data.

CMS is providing this Organizational Assessment Instrument (OAI) as a tool for reviewers to 1) catalog all data currently collected across the organization, 2) capture the flow of data, and 3) inform how the organization compiles, validates, stores, and reports the data. The information collected in this Organizational Assessment Instrument will help prepare reviewers to conduct the reviews for Part C and Part D reporting requirements and will reduce resources required for the on-site portion of the review. While it is not mandatory for organizations to complete the OAI, it is strongly recommended that organizations complete the OAI given that the data validation standards review relies significantly on the information captured in the tool.

2.0 INSTRUCTIONS

2.1 Instructions for Reviewer

The OAI is designed to be a flexible, customizable tool. Therefore, if a reviewer is assessing a sub-set of the Part C or Part D data measures during a particular review, the reviewer can customize the OAI to include only the specific data measures included in the scope of that review. The OAI should be distributed to the reviewed organization electronically. Following the completion of this document, the reviewer must attach a completed copy of the OAI in a file of all data validation review work papers that will be shared with the organization and with CMS.

Appendix A of the OAI is a document log, designed to assist the organization in ensuring its response to the OAI is complete. The question identifier numbers on the log correspond with the OAI table of contents. The reviewer will use this log to confirm that all required responses and documentation provided by the organization are complete, and should follow up with the organization regarding any incomplete responses.

2.2 Instructions for Organizations

Prior to the data validation review of its Part C and Part D Reporting Requirements, each organization should complete the OAI. All organizations should populate the General Questions Section (Section 3.0). Sections 4.0 and 5.0 are organized by reporting requirement data measure and should be completed as applicable to the organization. Note that the term “data measure” refers to the reporting requirement (e.g., Benefit Utilization, Grievances, Enrollment), while the term “data element” refers to the unique field that the organization is required to enter into the CMS Health Plan Management System (HPMS).

All documentation and responses to questions provided to the reviewer for the OAI should reflect the organization’s systems and processes that were in place during the reporting period undergoing the data validation review. All responses are to be submitted to the reviewer electronically.

Some of the information requested to complete the OAI is duplicative and found in multiple sections of the OAI. When duplicate data/information is requested, it is sufficient for the organization to answer on the first request. Later requests must be specifically cross-referenced to this first response (e.g., the organization must enter “see [insert appropriate section/table]”.

Appendix A of the OAI is a document log, designed to assist the organization in ensuring its response to the OAI is complete. The question identifier numbers on the log correspond with the OAI table of contents. The organization should complete each applicable field in the document log and return it to the reviewer. If applicable, include the relevant page number(s) for requested documentation.

The organization should provide the requested documentation in the format requested (e.g., completed tables or written responses to questions) in order to ensure the most complete or accurate response. If your organization determines that another document, other than that which is requested, offers more complete, accurate, or concise information, submit that as well. This additional documentation should then be added to the document log.

The completed OAI and any additional information provided as a result of this request will be evaluated by the reviewer and will also be shared with CMS as part of the data validation review work papers. If your organization has any questions while completing the OAI, contact Karen Grube (grube_karen@bah.com) or Dorothy Stam (stam_dorothy@bah.com) at Booz Allen Hamilton.

3.0 GENERAL QUESTIONS

3.1 Organization Information

Complete the following table, indicating each Medicare contract that your organization held during the reporting period. For the “Contract Type” field, select from the following list:

- CCP
- PFFS
- MSA
- SNP
- Employer/Union Direct Contract
- Employer/Union “800 Series”
- 1876 Cost
- Demo
- PDP
- PACE

Also, indicate whether the contract includes the Part C and/or Part D benefit. Finally, provide the number of plan benefit packages (PBP) associated with each contract. The organization may add rows to this table as necessary, but should not manipulate the columns.

Parent Organization Name:				
Contract Number	Contract Type	Includes Part C? (Y/N)	Includes Part D? (Y/N)	No. of Plan Benefit Packages
CMS Contract Number:				
[add rows as required]				

3.2 Contact Information

Complete the following tables, indicating your organization's primary and secondary points of contact responsible for the Part C and Part D Reporting Requirements data validation review.

Primary Part C Point of Contact	Secondary Part C Point of Contact
Name:	Name:
Title:	Title:
Company:	Company:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:

Primary Part D Point of Contact	Secondary Part D Point of Contact
Name:	Name:
Title:	Title:
Company:	Company:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:

3.3 Part C and Part D Reporting Requirements Unique to Your Organization

Complete the following table, indicating which of the 2010 Part C and/or Part D Reporting Requirements your organization has submitted or plans to submit to CMS, the applicable contract numbers (Column B), and the date(s) you submitted or plan to submit the required data to CMS (Column C). Also indicate if the date listed applies to all contracts (Column D). If the dates vary by contract, identify which contracts are associated with the different dates (Column E). If a reporting requirement listed is not applicable to your organization, insert N/A in the contract column (Column B).

A. Reporting Requirement	B. CMS Contract Number(s)	C. Date(s) Submitted or Planning to Submit (mm/dd/yyyy)	D. Is/Are date(s) the same for all contracts? (Yes/No)	E. If "No" for Column D, explain which contracts apply to the listed dates
Part C:				
Benefit Utilization				
Procedure Frequency				
Serious Reportable Adverse Events (SRAEs)				
Provider Network Adequacy				
Grievances				
Organization Determinations/Reconsiderations				
Employer Group Plan Sponsors				
PFFS Plan Enrollment Verification Calls				
PFFS Provider Payment Dispute Resolution Process				
Agent Compensation Structure				
Agent Training and Testing				
Plan Oversight of Agents				
Special Needs Plans (SNPs) Care Management				
Part D:				
Enrollment				
Retail, Home Infusion, and Long-Term Care Pharmacy Access				

A. Reporting Requirement	B. CMS Contract Number(s)	C. Date(s) Submitted or Planning to Submit (mm/dd/yyyy)	D. Is/Are date(s) the same for all contracts? (Yes/No)	E. If "No" for Column D, explain which contracts apply to the listed dates
Access to Extended Day Supplies at Retail Pharmacies				
Vaccines				
Medication Therapy Management Programs				
Prompt Payment by Part D Sponsors				
Pharmacy Support of Electronic Prescribing				
Generic Drug Utilization				
Grievances				
Coverage Determinations and Exceptions				
Appeals				
Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions				
Long-Term Care Utilization				
Drug Benefit Analyses				
Fraud, Waste, and Abuse Compliance Programs				
Employer/Union-Sponsored Group Health Plan Sponsors				
Agent Training and Testing				
Plan Oversight of Agents				

¹NOTE: The following Part D Data Measures are not in the set of CMS standards and not included in the data validation review: Pharmacy & Therapeutics (P&T) Committees/Provision of Part D Functions, Transition, and Licensure and Solvency, Business Transactions and Financial Requirements.

3.4 Underlying Data Systems

The below questions address the underlying data systems (e.g., claims, enrollment, provider information) used to produce Part C and Part D reporting requirements.

- 3.4.1** Complete the following table indicating the data systems used to generate each Part C and Part D reporting requirement (column B) and whether the system is applicable for all contracts (Column C). If the data system differs by contract, list the contract identifiers for the given data system (Column D). If additional rows are required to list the data systems for a given measure, insert new rows into the table. If a reporting requirement listed is not applicable to your organization, insert N/A in the data systems column (Column B).

A. Measure	B. Data System (e.g., Claims, Enrollment, Provider Information)	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate applicable contract identifiers
Part C:			
Example Part C Measure	Claims	Yes	
	Enrollment	No	Contract 123, Contract 234, Contract 345
Benefit Utilization			
Procedure			

A. Measure	B. Data System (e.g., Claims, Enrollment, Provider Information)	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate applicable contract identifiers
Frequency			
Serious Reportable Adverse Events			
Provider Network Adequacy			
Grievances			
Organization Determinations / Reconsiderations			
Employer Group Plan Sponsors			
PFFS Plan Enrollment			
PFFS Provider Payment Dispute Resolutions			
Agent Compensation Structure			
Agent Training and Testing			
Plan Oversight of Agents			
Special Needs Plans (SNPs) Care Management			
Part D:			
Enrollment			
Retail, Home			

A. Measure	B. Data System (e.g., Claims, Enrollment, Provider Information)	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate applicable contract identifiers
Infusion, and Long-Term Care Pharmacy Access			
Access to Extended Day Supplies at Retail Pharmacies			
Vaccines			
Medication Therapy Management Programs			
Prompt Payment by Part D Sponsors			
Pharmacy Support of Electronic Prescribing			
Generic Drug Utilization			
Grievances			
Coverage Determinations and Exceptions			
Appeals			
Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions			
Long-Term Care Utilization			
Drug Benefit Analyses			
Fraud, Waste, and			

A. Measure	B. Data System (e.g., Claims, Enrollment, Provider Information)	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate applicable contract identifiers
Abuse Compliance Programs			
Employer/Union- Sponsored Group Health Plan Sponsors			
Agent Training and Testing			
Plan Oversight of Agents			

3.4.2 For each data system listed in Section 3.4.1, complete the following tables. Complete one table for each unique data system identified above (e.g., if the claims system is referenced multiple times in Section 3.4.1, only one table should be populated below for the claims system). If more tables are required, copy and paste additional tables below the tables provided. A legend of the requested data is listed below.

Legend

1. Provide data system name from 3.4.1 above.
2. Specify the start date for the data contained in the underlying data system (e.g., 02/01/2003).
3. Specify the end date for the data contained in the underlying data system (if system is still in use, specify "NA").
4. Specify the processes for uploading data into the underlying data system.
5. Specify how often the underlying data system is updated.
6. Specify any known data limitations or missing data elements that exist in your underlying data system.
7. Specify any validation checks and edits applied to identify outliers or erroneous data in the underlying data system.
8. Specify the process for applying corrections to the underlying data system.
9. Specify any data archiving and restoration processes for the underlying data system.

Data System A:

1. Data System	<insert data system name from 3.4.1>
2. Start Date of Data Contained in System	
3. End Date of Data Contained in System	
4. Data Upload Process	
5. Frequency of Data Updates (1 x week, 2 x month, quarterly, etc.)	
6. Missing Data Elements	
7. Data Validation Checks	
8. Process for Applying Corrections to Data	
9. Archiving / Restoration Processes	

Data System B:

1. Data System	<insert data system name from 3.4.1>
2. Start Date of Data Contained in System	
3. End Date of Data Contained in System	
4. Data Upload Process	
5. Frequency of Data Updates (1 x week, 2 x month, quarterly, etc.)	
6. Missing Data Elements	
7. Data Validation Checks	
8. Process for Applying Corrections to Data	
9. Archiving / Restoration Processes	

Data System C:

1. Data System	<insert data system name from 3.4.1>
2. Start Date of Data Contained in System	
3. End Date of Data Contained in System	
4. Data Upload Process	
5. Frequency of Data Updates (1 x week, 2 x month, quarterly, etc.)	
6. Missing Data Elements	
7. Data Validation Checks	
8. Process for Applying Corrections to Data	
9. Archiving / Restoration Processes	

If additional systems exist, insert additional tables here.

3.4.3 If available, provide Standard Operating Procedures (SOPs) for each underlying data system.

3.5 Reporting Requirements Processes

The below questions address the processes used to create Part C and Part D reporting requirements.

3.5.1 Complete the following table using the below legend to guide your organization's responses. If a reporting requirement listed is not applicable to your organization, insert N/A in the programming code/software column (column B).

Legend	
Column B:	Specify programming languages and software are used to generate the reports (e.g., SAS, SQL, Crystal Reports, Cognos).
Columns C, D, and E:	Specify the processes for validating the measures to ensure accuracy of the data. Include a description of the validation processes for checking programming code, processes for identifying outlier data, as well as other validation processes in place.
Column F:	Specify which steps of your organization's reporting requirements process, if any, involve automated procedures. Specify which are manual processes.
Column G:	Identify which departments/delegated entities or first tier/downstream contractors are responsible for each validation process.
Column H:	Specify if the listed information is the same for all contracts.
Column I:	If "No" is marked in Column H, explain which contracts are associated with different processes.

A. Measure	B. Programming Code / Software	C. Process for Validating Programming Code	D. Process for Identifying Outlier Data	E. Other Validation Processes	F. Automated or Manual Processes	G. Responsible Departments/ Entities/ Contractors	H. Is the listed information the same for all contracts? (Yes/No)	I. If "No" for Column H, explain variances
Part C:								
Benefit Utilization								
Procedure Frequency								
Serious Reportable Adverse Events								
Provider Network Adequacy								
Grievances								

A. Measure	B. Programming Code / Software	C. Process for Validating Programming Code	D. Process for Identifying Outlier Data	E. Other Validation Processes	F. Automated or Manual Processes	G. Responsible Departments/ Entities/ Contractors	H. Is the listed information the same for all contracts? (Yes/No)	I. If "No" for Column H, explain variances
Organization Determinations / Reconsiderations								
Employer Group Plan Sponsors								
PFFS Plan Enrollment								
PFFS Provider Payment Dispute Resolutions								
Agent Compensation Structure								
Agent Training and Testing								
Plan Oversight of Agents								
Special Needs Plans (SNPs) Care Management								
Part D:								
Enrollment								
Retail, Home Infusion, and Long-Term Care Pharmacy Access								
Access to Extended Day Supplies at Retail Pharmacies								
Vaccines								
Medication Therapy Management Programs								
Prompt Payment by Part D Sponsors								
Pharmacy Support of Electronic Prescribing								
Generic Drug Utilization								
Grievances								

A. Measure	B. Programming Code / Software	C. Process for Validating Programming Code	D. Process for Identifying Outlier Data	E. Other Validation Processes	F. Automated or Manual Processes	G. Responsible Departments/ Entities/ Contractors	H. Is the listed information the same for all contracts? (Yes/No)	I. If "No" for Column H, explain variances
Coverage Determinations and Exceptions								
Appeals								
Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions								
Long-Term Care Utilization								
Drug Benefit Analyses								
Fraud, Waste, and Abuse Compliance Programs								
Employer/Union-Sponsored Group Health Plan Sponsors								
Agent Training and Testing								
Plan Oversight of Agents								

3.5.2 Complete the following table.

1. How does your organization ensure it meets the reporting requirements deadline? Who is responsible for submitting the data into HPMS (i.e., responsible department, delegated entity or first tier/downstream contractor)?	
2. What is your organization's process for correcting or revising data results that have been returned/rejected by CMS? Who is responsible (i.e., responsible department, delegated entity or first tier/downstream contractor)?	
3. Has your organization received any outlier notifications from CMS in the past year as a result of previous reporting requirements issues? If so, please describe the issue, how the data was impacted, and any corrective actions taken to correct the issue.	
4. How does your organization track CMS-issued changes to the reporting requirements or the data measures' technical specifications? Who is responsible (i.e., responsible department, delegated entity or first tier/downstream contractor)? How are these changes incorporated into your organization's data collection and reporting systems?	
5. Describe any process or quality improvement activities your organization has implemented that may affect measure rates (e.g., development of steering committees, identification of inefficiencies).	

3.5.3 If available, provide a copy of the policy and procedures manual for your organization's processes for meeting Part C and Part D reporting requirements and any flowcharts or written explanations detailing your organization's processes.

4.0 PART C MEASURE-SPECIFIC QUESTIONS

4.1 Benefit Utilization

4.1.1 Benefit Utilization Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on benefit utilization (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Benefit Utilization Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Identifier for applicable Plan Benefit Package (PBP)				
Amount for Plan Reimbursement to Providers				
Amount for Member Cost-Share/Member Payments				
Amount for Plan Payments to Providers for covered services				
Amount for Medicare Cost-Sharing for covered services				
Member Months/Enrollment Duration				
Amount for Premiums Collected (from members, employers, etc.)				
Amount for CMS Revenue				
Amount for CMS Rebates (Part A & B)				
Amount for Outstanding Claims Reserves (i.e., claims submitted but not processed)				

4.2 Procedure Frequency

4.2.1 Procedure Frequency Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on Procedure Frequency (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Procedure Frequency Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Member ID				
Ordering Provider ID				
Claim Number				
First Date of Service				
Last Day of Service				
Payment Status				
Primary Diagnosis				
Secondary Diagnosis				
Primary Procedure				
Secondary Procedure				

4.2.2 Procedure Frequency Coding Processes

Complete the following tables, indicating the number of codes and code digits captured by your organization’s system. Further, if “Yes” is marked for the coding process questions, please describe and indicate any variance by contract.

Diagnosis and Procedure Data Fields	Number of codes	Number of code digits
Primary Diagnosis		
Secondary Diagnosis		
Primary Procedure		
Secondary Procedure		

Coding Process Question	Yes/No	If Yes, describe and indicate any variance by contract
Does your organization map non-standard codes to the standard codes provided by CMS in Appendix 4 of the Part C Reporting Requirements Technical Specifications?		
Does your organization use global billing for services rendered?		
List the name(s) of any coding software used for reporting. Specify by contract and measure, if applicable.		

4.2.3 Procedure Frequency Data Completeness

Complete the following table, indicating responses to questions on data completeness. If “Yes” is selected for any question, please describe and indicate if there is any variance by contract.

Data Completeness Question	Yes/No	If Yes, describe and indicate any variance by contract
Has your organization experienced any problems with data completeness?		
Does your organization include data from claims submitted past the CMS reporting period?		
Are denied claims/encounters captured for CMS reporting?		

4.3 Serious Reportable Adverse Events (SRAEs)

4.3.1 SRAEs Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on SRAEs (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

SRAEs Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Member ID				
Ordering Provider ID				
Claim Number				
First Date of Service				
Last Day of Service				
Payment Status				
Primary Diagnosis				
Secondary Diagnosis				
Primary Procedure				
Secondary Procedure				

4.3.2 SRAEs Coding Processes

Complete the following tables, indicating the number of codes and code digits captured by your organization's system. Further, if "Yes" is marked for the coding process questions, please describe and indicate any variance by contract.

Diagnosis and Procedure Data Fields	Number of codes	Number of code digits
Primary Diagnosis		
Secondary Diagnosis		
Primary Procedure		
Secondary Procedure		

Coding Process Question	Yes/No	If Yes, describe and indicate any variance by contract
Does your organization map non-standard codes to the standard codes provided by CMS in Appendix 4 of the Part C Reporting Requirements Technical Specifications?		
Does your organization use global billing for services rendered?		
List the name(s) of any coding software used for reporting. Specify by contract and measure, if applicable.		

4.3.3 SRAEs Data Completeness

Complete the following table, indicating responses to questions on data completeness. If “Yes” is selected for any question, please describe and indicate if there is any variance by contract.

Data Completeness Question	Yes/No	If Yes, describe and indicate any variance by contract
Has your organization experienced any problems with data completeness?		
Does your organization include data from claims submitted past the CMS reporting period?		
Are denied claims/encounters captured for CMS reporting?		

4.4 Provider Network Adequacy

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on network providers (including primary care physicians, specialists, and facilities) (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Provider Network Adequacy Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Effective date of network participation				
Termination date of network participation				
PCP Identification (e.g., indicator for whether provider may serve as a member’s primary care physician)				
PCP Type Identification (i.e., General Medicine, Family Medicine, Internal Medicine, Obstetrician, Pediatrician, State Licensed Nurse Practitioner, Other)				
Specialist/Facility-Type Identification (i.e., Hospital, Home Health Agency, Cardiologist, Oncologist, Pulmonologist, Endocrinologist, Skilled Nursing Facility, Rheumatologist, Ophthalmologist, Urologist, Other)				
Indicator for whether provider is accepting new patients				
Effective date of change to “accepting new patients” status				

4.5 Grievances (Part C)

4.5.1 Grievances (Part C) Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the receipt and disposition of Part C grievances (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Grievances (Part C) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Identifier for applicable Plan Benefit Package (PBP)				
Identifier for whether the grievance is related to Part C or Part D				
Date of Receipt				
Date Resolved/Completed				
Category (i.e., Fraud and Abuse, Enrollment/Disenrollment, Access, Benefit Package, Marketing, Confidentiality/Privacy, Quality of Care, Expedited, Other)				
Method of Grievance Receipt (e.g., telephone, letter, fax, in-person)				

4.5.2 Grievances (Part C) Additional Documentation

Complete the following table, indicating responses to questions on additional documentation. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to identify a grievance (i.e., distinguishing between grievances, inquiries, organization determinations, and reconsiderations)?		
Does your organization have a policy and procedure/training manual that addresses how to assign grievance categories?		
Does your organization have a policy and procedure/training manual that addresses how to log/track/respond to identical grievances reported by the same member multiple times and/or to multiple departments?		

4.6 Organization Determinations/ Reconsiderations

4.6.1 Organization Determinations/Reconsiderations Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the receipt and disposition of organization determinations and reconsiderations (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Organization Determinations/ Reconsiderations Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Date of Receipt				
Date of Final Decision				
Identifier for Final Disposition (i.e., Fully Favorable, Partially Favorable, Adverse, Other)				
Method of Organization Determination/Reconsideration Receipt (e.g., telephone, letter, fax, in-person)				

4.6.2 Organization Determinations/Reconsiderations Additional Documentation

Complete the following table, indicating responses to questions on additional documentation. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to identify an organization determination (i.e., distinguishing between grievances, inquiries, organization determinations, reconsiderations)?		
Does your organization have a policy and procedure/training manual that addresses how to assign a final disposition category (i.e., definitions for fully favorable, partially favorable, adverse) categories?		

4.7 Employer Group Plan Sponsors

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on your organization's employer group plans (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Employer Group Plan Sponsors Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Identifier for applicable Plan Benefit Package (PBP)				
Employer Legal Name				
Employer "Doing Business As" Name				
Employer Federal Tax ID				
Employer Street Address				
Employer City Address				
Employer State Address				
Employer Zip Address				
Employer Sponsor Type (e.g., Employer, Union, Trustees of a Fund)				
Employer Organization Type (i.e., State Government, Local Government, Publicly Traded Corporation, Privately Held Corporation, Non-Profit, Church Group, Other)				
Employer Contract Type (i.e., Insured, ASO, Other)				
Start Date for Employer Group Plan Year				
Current/Anticipated Enrollment				

4.8 PFFS Plan Enrollment Verification Calls

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the process of performing PFFS plan enrollment verification calls (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

PFFS Plan Enrollment Verification Calls Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Identifier for applicable Plan Benefit Package (PBP)				
Health Insurance Claim Number (HICN)				
Date enrollment request received by plan				
Effective date of enrollment				

PFFS Plan Enrollment Verification Calls Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Date Verification Call was Completed (i.e., reached prospective member)				
Identifier for tracking number of call attempts to prospective member with dates for each				
Identifier for tracking which call attempt resulted in reaching the prospective member				
Date Follow-Up Educational Letter Mailed				
Identifier for tracking the number of follow-up education letters sent to prospective member with dates for each				
Identifier to track which letter was sent to the prospective member during a mailing				

4.9 PFFS Provider Payment Dispute Resolution Process

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the receipt and disposition of PFFS provider payment disputes (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

PFFS Provider Payment Dispute Resolution Process Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Date of Receipt				
Date of Final Decision				
Identifier for Final Disposition (i.e., favorable, adverse, other)				
Method of PFFS Provider Payment Dispute Receipt (e.g., telephone, letter, fax, in-person)				

4.10 Agent Compensation Structure

4.10.1 Applicability of Agent Compensation Structure

Complete the following table, indicating whether or not your organization used any licensed independent agents or brokers (i.e., not directly employed by the organization) to conduct marketing for its Medicare products during the reporting period.

Agent/Broker Type	Yes/No	If Yes, list applicable contract number(s)
Licensed Independent Agents or Brokers		

NOTE: If “No” is marked, do not complete the remainder of Section 4.10.

4.10.2 Agent Compensation Structure Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining records about the compensation of independent licensed agents or brokers who conduct marketing for your organization’s Medicare products (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Agent Compensation Structure Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Agent/Broker Name or Unique Identifier				
Effective Date of Contract				
Termination Date of Contract				
Identifier for Tracking the Number of Initial Enrollments Attributed to Agent/Broker				
Identifier for Tracking the Number of Renewal Enrollments Attributed to Agent/Broker				
For each attributed enrollment, Effective Date of Enrollment				
Identifier for Tracking Whether Each Attributed Enrollment is Initial or Renewal				
Compensation Paid				
Date(s) Compensation Paid				

4.10.3 Agent Compensation Structure Additional Questions

- 4.10.3.1 Complete the following table, indicating your organization's compensation rates for licensed independent agents or brokers for Medicare Part C, Part D, or Cost Plan products and, if the rate changed during the reporting period, the applicable dates associated with each rate. The organization may add rows to this table as necessary to account for rate changes during the reporting period.

Organization Type	Initial Compensation Rate for the Reporting Year	Renewal Compensation Rate for the Reporting Year	Time Period
Medicare Part C			
Medicare Part D			
Cost Plan			

- 4.10.3.2 Provide an explanation of which components of your organization's payments to licensed independent agents or brokers are included in the reporting of compensation.

4.11 Agent Training and Testing (Part C)

4.11.1 Applicability of Agent Training and Testing (Part C)

Complete the following table, indicating whether or not your organization used any licensed agents or brokers to conduct marketing for its Medicare products during the reporting period.

Agent/Broker Type	Yes/No	If Yes, list applicable contract number(s)
Licensed Agents Directly Employed by the Plan		
Licensed Independent Agents or Brokers		

NOTE: If "No" is marked for both, do not complete the remainder of Section 4.11.

4.11.2 Agent Training and Testing (Part C) Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on training and testing for licensed agents or brokers who conduct marketing for your organization's Medicare products (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Agent Training and Testing (Part C) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Agent/Broker Name or Unique Identifier				
Effective Date of Employment/Contract				
Termination Date of Employment/Contract				
Y/N Identifier for Whether				

Agent Training and Testing (Part C) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Agent/Broker Successfully Completed Training				
Date(s) Agent/Broker Took Test				
Agent/Broker Test Score(s)				
Identifier for Tracking Number of Test Attempts				

4.12 Plan Oversight of Agents (Part C)

4.12.1 Applicability of Plan Oversight of Agents (Part C)

Complete the following table, indicating whether or not your organization used any licensed agents or brokers to conduct marketing for its Medicare products during the reporting period.

Agent/Broker Type	Yes/No	If Yes, list applicable contract number(s)
Licensed Agents Directly Employed by the Organization		
Licensed Independent Agents or Brokers		

NOTE: If "No" is marked for both, do not complete the remainder of Section 4.12.

4.12.2 Plan Oversight of Agents (Part C) Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on agents or brokers who conduct marketing for your organization's Medicare products (Part C) (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Plan Oversight of Agents (Part C) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Agent/Broker Name or Unique Identifier				
Effective Date of Employment/Contract				
Termination Date of Employment/Contract				
Identifier for Tracking the Number of Enrollments Attributed to Agent/Broker				
For Each Attributed Enrollment, Effective Date of Enrollment				
Y/N Identifier for Whether Agent/Broker Had Selling Privileges Revoked Based on Conduct or Discipline				

Plan Oversight of Agents (Part C) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Date of Revocation				

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the receipt and disposition of complaints related to agents or brokers who conduct marketing for your organization's Medicare products (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Agent/Broker Complaints (Part C) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Date of Receipt				
Date of Final Disposition				
Agent/Broker Name or Unique Identifier				
Source of complaint (e.g., internal (complaints made directly to the organization), external (CTM))				
Y/N Identifier for whether investigation was conducted as a result of the complaint				
Date Investigation Completed				
Y/N Identifier for whether disciplinary action taken as a result of the complaint				
Type of Disciplinary Action Taken (i.e., manager- coaching, documented verbal warning, re-training, corrective action plan, suspension, termination of employment/contract, other)				
Date Disciplinary Action Taken				
Y/N Identifier for Whether Plan Reported the Complaint to the State				
Date Complaint Reported to State				

4.13 Special Needs Plans (SNPs) Care Management

4.13.1 SNPs Care Management Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on the initial and annual health risk reassessment of SNP members (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system

name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

SNPs Care Management Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Member ID				
Ordering Provider ID				
Claim Number				
First Date of Service				
Last Day of Service				
Payment Status				
Primary Diagnosis				
Secondary Diagnosis				
Primary Procedure				
Secondary Procedure				

4.13.2 SNPs Care Management Coding Processes

Complete the following tables, indicating the number of codes and code digits captured by your organization's system. Further, if "Yes" is marked for the coding process questions, please describe and indicate any variance by contract.

Diagnosis and Procedure Data Fields	Number of codes	Number of code digits
Primary Diagnosis		
Secondary Diagnosis		
Primary Procedure		
Secondary Procedure		

Coding Process Question	Yes/No	If Yes, describe and indicate any variance by contract
Does your organization map non-standard codes to the standard codes provided by CMS in Appendix 4 of the Part C Reporting Requirements Technical Specifications?		
Does your organization use global billing for services rendered?		
List the name(s) of any coding software used for reporting. Specify by contract and measure, if applicable.		

4.13.3 SNPs Care Management Data Completeness

Complete the following table, indicating responses to questions on data completeness. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract.

Data Completeness Question	Yes/No	If Yes, describe and indicate any variance by contract
Has your organization experienced any problems with data completeness?		
Does your organization include data from claims submitted past the CMS reporting period?		
Are denied claims/encounters captured for CMS reporting?		

4.13.4 SNPs Care Management Additional Question

How does your organization determine when the member is eligible for an annual reassessment?

5.0 PART D MEASURE-SPECIFIC QUESTIONS

5.1 Enrollment

5.1.1 Enrollment Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on enrollment requests received and processed (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Enrollment Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Date Enrollment Request Received by Plan				
Date Enrollment Transmitted to CMS				
Y/N Identifier for Whether Enrollment Request was Incomplete When Received				
Identifier for Enrollment Requests that are Denied by Plan (e.g., not transmitted to CMS)				
For Denied Enrollment Requests, Reason for Denial (e.g., ineligibility, incomplete request, other)				
Identifier to Indicate Applicable Enrollment Period (e.g., IEP, AEP, SEP)				
For SEP Enrollments, Identifier for Election Type Transmitted to CMS (i.e., U, V, W, Y, X, S)				
For SEP Enrollments Transmitted to CMS Using the Special Enrollment Period (SEP) Code "S," Identifier for the Specific Reason for SEP, Including Each of the Following: Contract Changes: Contract Non-Renewal or Termination, CMS Sanction, Cost Plan Non-Renewal Change in Member Eligibility or Status: Part B General Enrollment Period, MA SEP65, Medigap Trial Period, Change in Special Needs Status, Chronic Care SNP Eligibility Creditable Coverage: Loss of Creditable Coverage, Not Adequately Informed About				

Enrollment Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Creditable Coverage, Enroll or Maintain Other Creditable Coverage Special Plan Types and Situations: PACE, Institutionalized Individuals, OEPI, Cost Plan, SPAP MA OEP Coordination: MA OEP, MA OEPNEW Other				

5.1.2 Enrollment Additional Questions

Complete the following table, indicating responses to the following questions. If “Yes” is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to process incomplete enrollments?		
Does your organization have a policy and procedure/training manual that addresses how to process denied enrollments?		
Does your organization have a policy and procedure/training manual that addresses how to process enrollments for a Special Enrollment Period?		

5.2 Retail, Home Infusion, and Long-Term Care Pharmacy Access

5.2.1 Retail, Home Infusion, and Long-Term Care Pharmacy Access Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on network pharmacies (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Pharmacy Network Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Effective Date of Network Participation				

Pharmacy Network Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Termination Date of Network Participation				
NCPDP or NPI Number				
Pharmacy Name				
Pharmacy Street Address				
Pharmacy City Address				
Pharmacy Zip Address				
State(s) in which the Pharmacy is Licensed				
Pharmacy Type (i.e., retail, home infusion, long-term care, other)				
Pharmacy Network Type (i.e., preferred, non-preferred)				
Y/N Identifier for Chain Pharmacy				
Y/N Identifier for Independent Pharmacy				
Y/N Identifier for Pharmacy that Allows Group Purchasing				
Y/N Identifier for Pharmacy that is Owned and Operated by the Plan				

5.2.2 Retail, Home Infusion, and Long-Term Care Pharmacy Access Additional Questions

Complete the following table, indicating responses to the following questions. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract.

	Yes/No	If Yes, describe and indicate any variance by contract
Does your organization use Quest Analytics Suite™ to generate the retail pharmacy access ratios reported for Data Elements A1-3?		
Does your organization use GeoNetworks® to generate the retail pharmacy access ratios reported for Data Elements A1-3?		
Does your organization use any other software to generate the retail pharmacy access ratios reported for Data Elements A1-3?		
Has your organization received a CMS waiver of the any willing pharmacy requirement for the reporting period?		
Has your organization received a CMS waiver of the retail pharmacy convenient access standards for the reporting period?		

5.3 Access to Extended Day Supplies at Retail Pharmacies

5.3.1 Applicability of Extended Day Supplies at Retail Pharmacies

Complete the following table.

Applicability of Access to Extended Day Supplies at Retail Pharmacies Data Measure	Yes/No
Does your organization's Part D pharmacy network include mail-order pharmacies that offer an extended day supply (e.g., greater than one month/>34 days) of covered Part D drugs? If "No" is marked, do not complete the remainder of Section 5.3.	
Do any of your organization's Part D network retail pharmacies offer an extended day supply (e.g., greater than one month/>34 days) of covered Part D drugs? If "No" is marked, do not complete the remainder of Section 5.3.	

5.3.2 Access to Extended Day Supplies at Retail Pharmacies Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on network pharmacies (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Extended Day Supplies Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Effective Date of Network Participation				
Termination Date of Network Participation				
Pharmacy Type (i.e., retail, home infusion, long-term care, other)				
Y/N Identifier for Pharmacy that is Contracted to Dispense an Extended Day Supply of Covered Part D Drugs				

5.4 Vaccines

5.4.1 Applicability of Vaccine Claims Processing Methods

Complete the following table, indicating which methods your organization's contract(s) used to process claims for covered Part D vaccines during the reporting periods. For more information and definitions of each method, see Section 60.2 of Chapter 5 of the CMS *Prescription Drug Benefit Manual*.

Method for Processing Vaccine Claims	Yes/No	If Yes, describe and indicate any variance by contract
Out-of-Network Reimbursement: Member Filed Retrospective Claim		
In-Network: Retail Pharmacy Access for Vaccines Dispensed and Administered or Distributed by Retail Pharmacy and Administered by Another Qualified Provider		
Facilitated Out-of-Network: Paper Enhanced Process		
Facilitated Out-of-Network: Internet-Based Web Tool for Assisted Electronic Physician Billing		
Other		

5.4.2 Vaccines Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on vaccines claims processing (as identified in Section 3.4.1). If "Yes"

is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Vaccine Claims Processing Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Claim Number				
Date of Dispensing/Immunization				
Claim Status (e.g., paid, denied, pending, reversed, other)				
If Paid, Date Paid				
Y/N Identifier for Part D Vaccine				
Identifier for Method Used to Process the Part D Vaccine Claim (e.g., In-Network, Out-of-Network Member Retrospective Claim, Out-of-Network Paper Enhanced, Out-of-Network Internet-Based Web Tool, Other)				

5.5 Medication Therapy Management Programs

5.5.1 Medication Therapy Management Program Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on beneficiaries eligible for the Medication Therapy Management Program (MTMP) (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

MTMP Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Health Insurance Claim Number (HICN) or Railroad Retirement Board (RRB) Number				
Member First Name				
Member Middle Initial				
Member Last Name				
Member Date of Birth				
Effective Date of Enrollment in Part D Plan				
Effective Date of Disenrollment in Part D Plan				
Y/N/Unknown Identifier for Whether the Member was a Long-Term Care Resident for the Entire Time s/he				

MTMP Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
was Enrolled in the MTMP				
Date of MTM Enrollment				
Date of MTM Opt-Out				
Reason Participant Opted-Out of MTMP (i.e., death, disenrollment from plan, request by member, other)				
Y/N Identifier for Whether the Member Offered a Comprehensive Medication Review				
Date of Offer of a Comprehensive Medication Review				
Y/N Identifier for Whether the Member Received a Comprehensive Medication Review				
Date of Comprehensive Medication Review				
Y/N Identifier for whether the Member Received One or More Targeted Medication Reviews				
Date(s) of Targeted Medication Review(s)				
Number of Targeted Medication Reviews in the Reporting Period				
Y/N Identifier for Whether the Member Received One or More Prescriber Interventions				
Date(s) of Prescriber Intervention(s)				
Number of Prescriber Interventions in the Reporting Period				
Y/N Identifier for Whether the Member Received Change to Drug Therapy as a Result of MTM Interventions				
Date(s) of Change to Drug Therapy				
Number of Changes to Drug Therapy in the Reporting Period				

5.5.2 Medication Therapy Management Program Additional Questions

Complete the following table, indicating responses to the following questions. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that describes the criteria, frequency, and processes used to identify members as being eligible for the MTMP?		
Does your organization have a policy and procedure/training manual that addresses how to identify and track MTM interventions,		

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
including comprehensive medication reviews, targeted medication reviews, prescriber interventions, and drug therapy changes as a result of MTM interventions?		

5.6 Prompt Payment by Part D Sponsors

5.6.1 Prompt Payment by Part D Sponsors Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on payment of Part D claims submitted by network pharmacies (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Prompt Payment Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Date of Claim Receipt				
Method of Claim Receipt (e.g., electronic, non-electronic, other)				
Y/N Identifier for Part D Covered Drug				
Y/N Identifier for Whether the Claim is "Clean"				
Claim Status (e.g., paid, denied, pending, reversed, other)				
If Paid, Date Paid				
Applicable Interest Rate				

5.6.2 Prompt Payment by Part D Sponsors Additional Documentation

Complete the following table, indicating responses to the following questions. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to determine whether a claim is "clean"?		
Does your organization have a policy and procedure/training manual that addresses how to determine whether a claim was paid timely?		

5.7 Pharmacy Support of Electronic Prescribing

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on which network pharmacies are enabled to receive electronic prescriptions in compliance with Part D standards (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

E-Prescribing Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for applicable CMS Contract Number(s)				
Identifier for applicable Plan Benefit Package (PBP)				
Effective date of network participation				
Termination date of network participation				
Pharmacy Type (i.e., retail, home infusion, long-term care, other)				
Y/N Identifier for Pharmacy Enabled to Receive Electronic Prescriptions				

5.8 Generic Drug Utilization

5.8.1 Generic Drug Utilization Data Fields

Complete the following table, indicating which data fields are captured by your organization's pharmacy claims data processing system(s) (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Generic Drug Utilization Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Date of Claim Receipt				
Method of Claim Receipt (e.g., electronic, non-electronic, other)				
Claim Status (e.g., paid, denied, pending, reversed, other)				
If Paid, Date Paid				
Y/N Identifier for Part D Covered Drug				
Y/N identifier for Part D Covered Generic Drug				

5.8.2 Generic Drug Utilization Additional Questions

Complete the following table, indicating responses to the following questions. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract.

	Yes/No	If Yes, describe and indicate any variance by contract
Does your organization have a policy and procedure/training manual that addresses how to define and identify a generic drug?		
Does your organization use a drug database such as First DataBank or Medispan to make generic drug classifications?		

5.9 Grievances (Part D)

5.9.1 Grievances (Part D) Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the receipt and disposition of Part D grievances (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Grievances (Part D) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Identifier for whether the grievance is related to Part C or Part D				
Date of Receipt				
Date Resolved/Completed				
Date Member Notified of Decision				
Category (i.e., enrollment, plan benefits, pharmacy access, customer service, coverage determinations/exceptions/appeals process (untimely decisions), other)				
Method of Grievance Receipt (e.g., telephone, letter, fax, in-person)				
Member ID				
Y/N Identifier for Member Receiving Low-Income Subsidy at Time Grievance was Received				

5.9.2 Grievances (Part D) Additional Documentation

Complete the following table, indicating responses to the following questions. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to identify a grievance (e.g., distinguishing between grievances, inquiries, coverage determinations, exceptions, and appeals/redeterminations)?		
Does your organization have a policy and procedure/training manual that addresses how to assign grievance categories?		
Does your organization have a policy and procedure/training manual that addresses how to log/track/respond to identical grievances reported by the same member multiple times and/or to multiple departments?		

5.10 Coverage Determinations and Exceptions

5.10.1 Coverage Determinations and Exceptions Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on records about the receipt and disposition of Part D coverage determinations and exceptions (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Coverage Determinations/Exceptions Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Date of Receipt				
Date of Final Decision				
Identifier for Final Disposition (i.e., fully favorable, partially favorable, adverse, other)				
Identifier for Type of Request (e.g., out-of network, prior authorization, exception, other)				
For Exceptions, Identifier for the Category of Exception (e.g., cost-sharing tier, non-formulary medication)				
Method of Coverage Determination/Exception Receipt (e.g., telephone, letter, fax, in-person)				

5.10.2 Coverage Determinations and Exceptions Additional Documentation

Complete the following table, indicating responses to the following questions. If “Yes” is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to identify a coverage determination/exception (e.g., distinguishing between grievances, inquiries, coverage determinations, exceptions, and appeals/redeterminations)?		
Does your organization have a policy and procedure/training manual that addresses how to determine whether a request is subject to the coverage determinations or the exceptions process?		
Does your organization have a policy and procedure/training manual that addresses how to log/track/respond to identical requests for coverage determinations/exceptions requested for the same member multiple times?		

5.11 Appeals

5.11.1 Appeals Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining records about the receipt and disposition of Part D appeals/redeterminations (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Appeals Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Date of Receipt				
Date of Final Decision				
Identifier for Final Disposition (i.e., fully favorable, partially favorable, adverse, other)				
Method of Appeal Receipt (e.g., telephone, letter, fax, in-person)				

5.11.2 Appeals Additional Documentation

Complete the following table, indicating responses to the following questions. If “Yes” is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that addresses how to identify an appeal (e.g., distinguishing between grievances, inquiries, coverage determinations, exceptions, and appeals/redeterminations)?		
Does your organization have a policy and procedure/training manual that addresses how to assign a final disposition category (e.g., definitions for fully favorable, partially favorable, and adverse)?		

5.12 Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions

5.12.1 Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on pharmaceutical manufacturer rebates (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Rebates Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s) if Reported at the Contract Level				
Manufacturer Name				
Drug Name				
Rebates Received				
Date Rebate Received				
Pending Rebates				
Prior Rebates				

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on discounts and other price concessions (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Discounts and Other Price Concessions Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s) if Reported at the Contract Level				

Discounts and Other Price Concessions Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Manufacturer/Company Name				
Description				
Value				
Justification				

5.12.2 Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions Additional Questions

Complete the following table, indicating responses to the following questions. If “Yes” is selected for any question, please describe and indicate if there is any variance by contract.

Question	Yes/No	If Yes, describe and indicate any variance by contract
Does your organization report rebates, discounts, and other price concessions at the CMS Part D Sponsor level?		
Does your organization report rebates, discounts, and other price concessions at the contract level?		
Does your organization report rebates, discounts, and other price concessions at any other level?		
Does your organization have a Pharma Rebate Performance Guarantee with a PBM?		
List all non-rebate discounts, price concessions, and value adds such as a gifts-in-kind, coupons, and disease management programs.		

5.13 Long-Term Care Utilization

5.13.1 Long-Term Care Utilization Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on network pharmacies (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Long-Term Care Utilization Data Fields (Pharmacy Network)	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Effective Date of Network Participation				
Termination Date of Network Participation				
NCPDP or NPI Number				
Pharmacy Name				
Pharmacy Type (i.e., retail, home infusion, long-term care, other)				

Long-Term Care Utilization Data Fields (Pharmacy Network)	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
If LTC Pharmacy, Contract Entity Name				
If LTC Pharmacy, Chain Code				

Complete the following table, indicating which data fields are captured by your organization's pharmacy claims data processing system(s) (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Pharmacy Claims Processing Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Date of Claim Receipt				
Method of Claim Receipt (e.g., electronic, non-electronic, other)				
Claim Status (e.g., paid, denied, pending, reversed, other)				
If Paid, Date Paid				
Cost				
Y/N Identifier for Formulary Part D Drug				

5.13.2 Long-Term Care Utilization Additional Question

How does your organization determine whether a member resides in a long-term care facility at the time a Part D claim for that member is processed?

5.14 Drug Benefit Analyses

5.14.1 Drug Benefit Analyses Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data related to the contract's provision of Part D benefits (as identified in Section 3.4.1). If "Yes" is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Drug Benefit Analyses Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable Plan Benefit Package (PBP)				

Drug Benefit Analyses Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Y/N Identifier for Non-LIS and LIS Members				
Y/N Identifier for Members with a PBP that has Deductibles Offered Only for Some Types of Drugs in Their Benefits				
Y/N Identifier for Members with a PBP that Does Not Have a Deductible				
Y/N Identifier for Members with a PBP that Does Not Have a Coverage Gap				

5.14.2 Drug Benefit Analyses Additional Question

Complete the following table to describe the benefit design for each applicable plan benefit package (e.g., defined standard, enhanced alternative). In your response, specify variables such as whether deductibles apply (including if the plan benefit package has deductibles only for some types of drugs), and whether the plan benefit package provides any type of coverage in the coverage gap.

Contract Number	Plan Benefit Package	Benefit Design
<i>Example: S1234</i>	001	Standard defined benefit

5.15 Fraud, Waste, and Abuse Compliance Programs

5.15.1 Applicability of Fraud, Waste, and Abuse Compliance Programs

Complete the following table, indicating whether or not your organization voluntarily reported or intends to voluntarily report aggregate data related to its anti-fraud, waste and abuse activities.

Part D Fraud, Waste, and Abuse Reporting	Yes/No	If Yes, List Applicable Contract Number(s)
Does your organization report or intend to report aggregate data for the Part D Fraud, Waste, and Abuse Compliance Programs Data Measure?		

NOTE: If “No” is marked, do not complete the remainder of Section 5.15.

5.15.2 Fraud, Waste, and Abuse Compliance Programs Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining records about the receipt and disposition of Part D fraud and abuse incidents/complaints (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Fraud and Abuse Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Date of Receipt				
Date of Final Disposition				
Identifier for Whether the Incident/Complaint is Related to Part C or Part D				
Category (i.e., inappropriate billing, providing false information, doctor shopping/drug seeking member, ID or monetary theft, other)				
Source of Incident/Complaint (e.g., internal, external (CTM, grievance))				
Y/N Identifier for Whether Inquiry was Initiated as a Result of the Incident/Complaint				
Y/N Identifier for Whether Corrective Action Initiated as a Result of the Incident/Complaint				
Y/N Identifier for Whether the Incident/Complaint was Referred to External Entity for Action				
For Incidents/Complaints that are Referred to External Entity for Action, Identifier for the External Entity Referred to (e.g., CMS (e.g., CMS staff, MEDIC, other CMS-designated program safeguard contractor), federal law enforcement (e.g., OIG, FBI, DEA, FDA), local law enforcement (e.g., state, county, township, province), State Insurance Commissioner or State Licensing Authority, Other)				

5.15.3 Fraud, Waste, and Abuse Additional Documentation

Complete the following table, indicating responses to the following questions. If "Yes" is selected for any question, please describe and indicate if there is any variance by contract, and attach a copy of the documentation to the completed OAI.

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
Does your organization have a policy and procedure/training manual that address how to identify potential fraud and abuse incidents/complaints?		
Does your organization have a policy and procedure/training manual that addresses how to assign a category to a potential fraud and abuse incident/complaint?		
Does your organization have a policy and procedure/training manual that addresses		

	Yes/No	If Yes, describe and indicate any variance by contract and attach a copy of documentation
how to log/track/respond to identical potential fraud and abuse incidents/complaints reported multiple times and/or to multiple departments?		

5.16 Employer/Union-Sponsored Group Health Plan Sponsors

NOTE: This section applies only to individual PDPs and “800 series” PDPs offered to employers. Organizations that completed Section 4.7 for their MA only, MA-PD, or Cost Plans do not need to complete this section unless there is a significant difference in their data systems for their Part D-only contracts.

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on your organization’s employer/union-sponsored group health plans (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Employer Group Plan Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Identifier for Applicable Plan Benefit Package (PBP)				
Employer Legal Name				
Employer “Doing Business As” Name				
Employer Federal Tax ID				
Employer Street Address				
Employer City Address				
Employer State Address				
Employer Zip Address				
Employer Sponsor Type (e.g., employer, union, trustees of a fund)				
Employer Organization Type (e.g., State Government, Local Government, publicly traded corporation, privately held corporation, non-profit, church group, other)				
Employer Contract Type (e.g., insured, ASO, other)				
Start Date for Employer Group Plan Year				
Current/Anticipated Enrollment				

5.17 Agent Training and Testing (Part D)

NOTE: This section applies only to stand-alone PDPs that do not have MA-PD contracts. Organizations that completed Section 4.11 for their MA only, MA-PD, or Cost Plans do not need to complete this section unless there is a significant difference in their data systems for their Part D-only contracts. Employer/Union Group plans are exempt from completing this section.

5.17.1 Applicability of Agent Training and Testing (Part D)

Complete the following table, indicating whether or not your organization used any licensed agents or brokers to conduct marketing for its Medicare products during the reporting period.

Agent/Broker Type	Yes/No	If Yes, list applicable contract number(s)
Licensed Agents Directly Employed by the Plan		
Licensed Independent Agents or Brokers		

NOTE: If “No” is marked for both, do not complete the remainder of Section 5.17.

5.17.2 Agent Training and Testing (Part D) Data Fields

Complete the following table, indicating which data fields are captured by your organization’s system(s) for tracking and maintaining data on training and testing for licensed agents or brokers who conduct marketing for your organization’s Medicare products (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Agent Training and Testing (Part D) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Agent/Broker Name or Unique Identifier				
Effective Date of Employment/Contract				
Termination Date of Employment/Contract				
Y/N Identifier for Whether Agent/Broker Successfully Completed Training				
Date(s) Agent/Broker Took Test				
Agent/Broker Test Score(s)				
Identifier for Tracking Number of Test Attempts				

5.18 Plan Oversight of Agents (Part D)

NOTE: This section applies only to stand-alone PDPs that do not have MA-PD contracts. Organizations that completed Section 4.12 for their MA only, MA-PD, or Cost Plans do not need to complete this section unless there is a significant difference in their data systems for their Part D-only contracts. Employer/Union Group plans are exempt from completing this section.

5.18.1 Applicability of Plan Oversight of Agents (Part D)

Complete the following table, indicating whether or not your organization used any licensed agents or brokers to conduct marketing for its Medicare products during the reporting period.

Agent/Broker Type	Yes/No	If Yes, list applicable contract number(s)
Licensed Agents Directly Employed by the Plan		
Licensed Independent Agents or Brokers		

NOTE: If “No” is marked for both, do not complete the remainder of Section 5.18.

5.18.2 Plan Oversight of Agents (Part D) Data Fields

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining data on agents or brokers who conduct marketing for your organization's Medicare products (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Plan Oversight of Agents (Part D) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS Contract Number(s)				
Agent/Broker Name or Unique Identifier				
Effective Date of Employment/Contract				
Termination Date of Employment/Contract				
Identifier for Tracking the Number of Enrollments Attributed to Agent/Broker				
For Each Attributed Enrollment, Effective Date of Enrollment				
Y/N Identifier for Whether Agent/Broker Had Selling Privileges Revoked Based on Conduct or Discipline				
Date of Revocation				

Complete the following table, indicating which data fields are captured by your organization's system(s) for tracking and maintaining records about the receipt and disposition of complaints related to agents or brokers who conduct marketing for your organization's Medicare products (as identified in Section 3.4.1). If “Yes” is selected for any data field (see Column A), indicate the system name(s) where the data field is stored (Column B) and whether the system is applicable for all contracts (Column C). If the data field capture differs by contract, describe the variance and indicate applicable contracts (Column D).

Agent/Broker Complaints (Part D) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If “No” for Column C, indicate contract number and description of variance
Identifier for Applicable CMS				

Agent/Broker Complaints (Part D) Data Fields	A. Is this field tracked? (Yes/No)	B. System Name(s) for Data Field Capture	C. Is system the same for all contracts? (Yes/No)	D. If "No" for Column C, indicate contract number and description of variance
Contract Number(s)				
Date of Receipt				
Date of Final Disposition				
Agent/Broker Name or Unique Identifier				
Source of complaint (e.g., internal (complaints made directly to the plan), external (CTM))				
Y/N Identifier for whether investigation was conducted as a result of the complaint				
Date Investigation Completed				
Y/N Identifier for whether disciplinary action taken as a result of the complaint				
Type of Disciplinary Action Taken (e.g., manager- coaching, documented verbal warning, re-training, corrective action plan, suspension, termination of employment/contract, other)				
Date Disciplinary Action Taken				
Y/N Identifier for Whether Plan Reported the Complaint to the State				
Date Complaint Reported to State				

6.0 APPENDIX A

The below document log is designed to assist the organization in ensuring its response to the OAI is complete. The question identifier numbers on the log correspond with the OAI table of contents. The organization should complete each applicable field in the document log and return it to the reviewer. If applicable, include the relevant page number(s) for requested documentation.

The organization should provide the requested documentation in the format requested (e.g., completed tables or written responses to questions) in order to ensure the most complete or accurate response. If your organization determines that another document, other than which is requested, offers more complete, accurate, or concise information, submit that as well. This additional documentation should then be added to the document log.

To be populated by organization being reviewed

Organization Name		<Insert Organization Name>		
Question Identifier	Question Topic	Was the question applicable to your organization? (Y/N)	File Names and Applicable Page #s of Supporting Documentation Included	Additional Comments
3.1	Organization Information			
3.2	Contact Information			
3.3	Part C and Part D Reporting Requirements Unique to Your Organization			
3.4.1	Underlying Data Systems			
3.4.2	Underlying Data Systems			
3.4.3	Underlying Data Systems			
3.5.1	Reporting Requirements Processes			
3.5.2	Reporting Requirements Processes			
3.5.3	Reporting Requirements Processes			
4.1.1	Benefit Utilization			
4.2.1	Procedure Frequency			

To be populated by reviewer

[illegible]

To be populated by organization being reviewed

Organization Name		<Insert Organization Name>		
Question Identifier	Question Topic	Was the question applicable to your organization? (Y/N)	File Names and Applicable Page #s of Supporting Documentation Included	Additional Comments
4.2.2	Procedure Frequency			
4.2.3	Procedure Frequency			
4.3.1	Serious Reportable Adverse Events (SRAEs)			
4.3.2	Serious Reportable Adverse Events (SRAEs)			
4.3.3	Serious Reportable Adverse Events (SRAEs)			
4.4	Provider Network Adequacy			
4.5.1	Grievances (Part C)			
4.5.2	Grievances (Part C)			
4.6.1	Organization Determinations/ Reconsiderations			
4.6.2	Organization Determinations/ Reconsiderations			
4.7	Employer Group Plan Sponsors			
4.8	PFFS Plan Enrollment Verification Calls			
4.9	PFFS Provider Payment Dispute Resolution Process			
4.10.1	Agent Compensation Structure			
4.10.2	Agent Compensation Structure			
4.10.3.1	Agent Compensation Structure			
4.10.3.2	Agent Compensation Structure			
4.11.1	Agent Training and Testing (Part C)			
4.11.2	Agent Training and Testing (Part C)			
4.12.1	Plan Oversight of Agents (Part			

To be populated by reviewer

[illegible]

To be populated by organization being reviewed

Organization Name		<Insert Organization Name>		
Question Identifier	Question Topic	Was the question applicable to your organization? (Y/N)	File Names and Applicable Page #s of Supporting Documentation Included	Additional Comments
	C)			
4.12.2	Plan Oversight of Agents (Part C)			
4.13.1	Special Needs Plans (SNPs) Care Management			
4.13.2	Special Needs Plans (SNPs) Care Management			
4.13.3	Special Needs Plans (SNPs) Care Management			
4.13.4	Special Needs Plans (SNPs) Care Management			
5.1.1	Enrollment			
5.1.2	Enrollment			
5.2.1	Retail, Home Infusion, and Long-Term Care Pharmacy Access			
5.2.2	Retail, Home Infusion, and Long-Term Care Pharmacy Access			
5.3.1	Access to Extended Day Supplies at Retail Pharmacies			
5.3.2	Access to Extended Day Supplies at Retail Pharmacies			
5.4.1	Vaccines			
5.4.2	Vaccines			
5.5.1	Medication Therapy Management Programs			
5.5.2	Medication Therapy Management Programs			
5.6.1	Prompt Payment by Part D Sponsors			

To be populated by reviewer

[illegible]

To be populated by organization being reviewed

Organization Name		<Insert Organization Name>		
Question Identifier	Question Topic	Was the question applicable to your organization? (Y/N)	File Names and Applicable Page #s of Supporting Documentation Included	Additional Comments
5.6.2	Prompt Payment by Part D Sponsors			
5.7	Pharmacy Support of Electronic Prescribing			
5.8.1	Generic Drug Utilization			
5.8.2	Generic Drug Utilization			
5.9.1	Grievances (Part D)			
5.9.2	Grievances (Part D)			
5.10.1	Coverage Determinations and Exceptions			
5.10.2	Coverage Determinations and Exceptions			
5.11.1	Appeals			
5.11.2	Appeals			
5.12.1	Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions			
5.12.2	Pharmaceutical Manufacturer Rebates, Discounts, and Other Price Concessions			
5.13.1	Long-Term Care Utilization			
5.13.2	Long-Term Care Utilization			
5.14.1	Drug Benefit Analyses			
5.14.2	Drug Benefit Analyses			
5.15.1	Fraud, Waste, and Abuse Additional Documentation			
5.15.2	Fraud, Waste, and Abuse Additional Documentation			
5.15.3	Fraud, Waste, and Abuse			

To be populated by reviewer

[illegible]

To be populated by organization being reviewed

Organization Name		<Insert Organization Name>		
Question Identifier	Question Topic	Was the question applicable to your organization? (Y/N)	File Names and Applicable Page #s of Supporting Documentation Included	Additional Comments
	Additional Documentation			
5.16	Employer/Union-Sponsored Group Health Plan Sponsors			
5.17.1	Agent Training and Testing (Part D)			
5.17.2	Agent Training and Testing (Part D)			
5.18.1	Plan Oversight of Agents (Part D)			
5.18.2	Plan Oversight of Agents (Part D)			

To be populated by reviewer

Review Number		<Insert Review #>
Date Received (mm/dd/yyyy)	Response Complete?	Follow Up Actions/Comments