Department:	Pharmacy Management	**Original Approval:**	08/24/2011
Policy No:	PM561	**Last Approval:**	12/18/2025
Policy Title:	Reporting Requirements for Medicare Part D Policy		
Approved By:	Clinical Services Leadership Team		
Dependencies:	N/A		

Purpose

This policy ensures Community Health Plan of Washington (CHPW) correctly and timely submits Centers for Medicare and Medicaid Services (CMS) required Part D reports in reporting timeframes as stated in CMS Medicare Part D Reporting Requirements.

Policy

The following reports listed below are mandated by CMS for the timely and accurate submission as described in CMS Medicare Part D Reporting Requirements. CHPW will at all times adhere to the current plan year reporting requirements as outlined in Appendix A to this policy. This policy will be reviewed at least annually to ensure compliance with current CMS requirements for Part D Reporting.

CHPW will ensure that designated employees review the accuracy and completeness of data contained in the relevant reports prior to submission to CMS. Any identified errors will be corrected prior to submission. This table can also be found in the CMS HPMS system.

Report Name	Reporting frequency	Reports created by	Submitter
Retail, Home Infusion, and Long-Term Care Pharmacy Access (Section 1 only)	Annually, by quarter. Quarter 1 only (Jan 1 – March 31), due to CMS 2 months after end of reporting period (May)	PBM	CHPW Pharmacy Department
Medication Therapy Management Program	Annually (Jan 1 – Dec 31), due to CMS 2 months after end of reporting period (Feb 28)	PBM	CHPW Pharmacy Department

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Report Name	Reporting frequency	Reports created by	Submitter
Grievances	Annually, by Quarter (Jan 1 – March 31, April 1 – June 30, July 1 – Sept 30, Oct 1 – Dec 31), due to CMS 2 months after end of reporting period (Feb 28 for all quarters)	CHPW Grievances Department	CHPW Grievances Department
Coverage Determinations and Redeterminations	Annually, by Quarter (Jan 1 – March 31, April 1 – June 30, July 1 – Sept 30, Oct 1 – Dec 31), due to CMS 2 months after end of reporting period (Feb 28 for all quarters)	PBM and CHPW Appeals Department	CHPW
Long Term Care Utilization (Period 1) Long Term Care Utilization (Period 2)	Semi-annually (Jan 1 - June 30), due to CMS 2 months after end of reporting period (Aug 31) Semi-annually (July 1 - Dec 31), due to CMS 2 months after end of reporting period (Feb 28)	PBM	CHPW Pharmacy Department
Fraud, Waste and Abuse Compliance Programs	Annually (Jan 1 – Dec 31), due to CMS 2 months after end of reporting period (Feb 28)	CHPW Compliance Department	CHPW Compliance Department

As required of all Medicare Advantage Organization (MAO) Part D sponsors, CHPW refers to the applicable Part D Technical Specification document published by CMS on its website to review and address specific data elements or requirements in their data reporting:

https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ReportingOversight.html

In the event of a CMS changes to the technical specification during the plan year, CHPW ensures the revised data elements are accurately submitted in accordance with the applicable Part D Technical Specification documents.

CHPW Pharmacy Department is responsible for submitting the following reporting sections through HPMS.

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Reporting Sections and PBM oversight

Reporting section	Due Date	PBM oversight
Retail, Home Infusion, and Long-Term Care Pharmacy Access	PBM submits report to CHPW 2 weeks before each CMS deadline	CHPW reviews and audits the report to ensure the data are accurate and all required reporting data elements are included as outlined in Medicare Part D Technical Specifications and Reporting Requirements.
Medication Therapy Management Program(MTMP)	PBM submits report to CHPW 2 weeks before CMS deadline	CHPW reviews and audits the report to ensure the data are accurate and all required reporting data elements are included as outlined in Medicare Part D Technical Specifications and Reporting Requirements.
Coverage Determinations and Redeterminations	PBM submits report to CHPW 2 weeks before CMS deadline	CHPW reviews and audits the report to ensure the data are accurate and all required reporting data elements are included as outlined in Medicare Part D Technical Specifications and Reporting Requirements.
Long Term Care Utilization (LTCU)	PBM submits report to CHPW 2 weeks before each CMS deadline	CHPW reviews and audits the report to ensure the data are accurate and all required reporting data elements are included as outlined in Medicare Part D Technical Specifications and Reporting Requirements.

Accessing HPMS

Open the web browser and navigate to:
https://hpms.cms.gov/app/login.aspx?ReturnUrl=%2fapp%2fhome.aspx

Login credentials must be requested by using the form found at:
http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/downloads/EUAaccessform.pdf

Additional Data Reporting

In addition to the CMS Medicare Part D Reporting Requirements, the PBM is responsible for, including but not limited to, the submission of the following to CMS and/or its delegated vendor:

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

- PDE Reports
- Patient Safety
- Medicare Plan Finder
- Best Available Evidence Monitoring
- Prescriber NPI
- HPMS ESI Contacts

Additional Oversight

CHPW is required to report data to CMS on a variety of measures. CMS has developed reporting standards and data validation specifications with respect to the Part D reporting requirements. These standards and specifications provide a review process for Medicare Advantage Organizations (MAOs), Cost Plans, and Part D sponsors to use to conduct data validation checks on their reported Part C and Part D data. The data validation is "retrospective," referring to the fact that it normally occurs in the year subsequent to the measurement year. For example, the data validation for CY 2013 data was conducted in CY 2012. In order to ensure the independence of the data validation, CHPW does not use its own staff to conduct the data validation. Instead, CHPW acquires external data validation resources. For further details on these submissions, see Desk Procedure *DP 142 – Annual Medicare Data Validation Audit*. In addition, any ESI contact data submitted in the HPMS portal will be tested prior to submission.

Additional Auditing

CHPW is required to respond to CMS approved auditors for reporting and auditing outside of the recurring reports mentioned above. Examples of additional audits include PDE analysis, PDE financial review, coverage determination review, and formulary admin reviews.
When necessary, CMS provides submission guidance through annual audit protocols or through the Acumen portal. Per CMS guidance, 42 CFR Section 423.505, the plan must make available any books, contracts, records, and documentation that pertain to any aspect of services performed, reconciliation of benefit liabilities, and determination of "amounts payable under the contract, or as the Secretary may deem necessary to enforce the contract…".

List of Appendices

A. Detailed Revision History

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Citations & References

CFR	42 CFR § 423.336©(1), 42 CFR § 423.343(c)(1), 42 CFR § 423.343(d)(1), 42 CFR § 423.505(b)(8)	
WAC		
RCW		
LOB & Contract Citation	☐ **WAHIMC**	
	☐ **BHSO**	
	☐ **Wraparound**	
	☐ **SMAC**	
	☐ **HH**	
	☐ **AHE**	
	☒ **MA/DSNP**	Medicare Part D Direct and Indirect Remuneration (DIR)
	☐ **CS**	
Other Requirements		
NCQA Elements		

Revision History

SME Review:	08/05/2011; 01/20/2012; 02/29/2021; 02/21/2013; 03/24/2014; 02/04/2015; 03/15/2016; 03/01/2017; 03/02/2018; 03/12/2019; 02/27/2020; 03/19/2021; 02/22/2022; 01/31/2023; 02/19/2024; 01/22/2025; 12/16/2025
Approval:	088/24/2011; 04/04/2012; 04/19/2013; 04/24/2014; 03/11/2015; 03/18/2016; 03/14/2017; 03/13/2018; 03/13/2019; 03/27/2020; 03/22/2021; 02/23/2022; 02/13/2023; 02/21/2024; 01/24/2025; 12/18/2025

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Appendix A: Detailed Revision History

Revision Date	Revision Description	Revision Made By
08/05/2011	New	Maria Chan
08/24/2011	Approval	MMLT
01/20/2012	Content Update	Maria Chan
02/29/2012	Content Update on “PBM oversight” section	Maria Chan
04/04/2012	Approval	MMLT
02/21/2013	Content Update to align with 2013 CMS Reporting requirements	Maria Chan
04/19/2013	Approval	MMLT
03/24/2014	Reviewed with changes	Annie Lam
04/24/2014	Approval	MMLT
02/04/2015	Content update with input from INTCG	Lauren Pope
03/11/2015	Approval	MMLT
03/15/2016	Updated reports table. Merged with PM 561	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor edits.	Mary Eckhart
03/14/2017	Approval	MMLT
03/02/2018	Moved to new template. Added additional auditing.	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Erin Riddle
03/13/2019	Approval	MMLT
02/27/2020	Updated Citations Table	Dustin Peskuric
03/05/2020	Reviewed	Omar Daoud
03/10/2020	Department Approval	Yusuf Rashid
03/27/2020	Approval	CMO Cabinet
03/19/2021	Reviewed. No Changes	Rebecka Braband
03/21/2021	Reviewed	Omar Daoud
03/22/2021	Approval	Yusuf Rashid
03/22/2021	Approval	CMO Cabinet
02/22/2022	Reviewed, no changes. Departmental approval	Omar Daoud
02/23/2022	Approval	CMO Cabinet
01/31/2023	Reviewed, no changes	Omar Daoud

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

02/13/2023	Approval	Clinical Services Leadership Team
02/19/2024	Reviewed, no changes	Omar Daoud
02/21/2024	Approval	Clinical Services Leadership Team
01/22/2025	No changes	Omar Daoud
01/24/2025	Approval	Clinical Services Leadership Team
12/16/2025	No changes	Omar Daoud
12/18/2025	Approval	Clinical Services Leadership Team

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.