

ATTACHMENT M

*Implementation Questionnaire  
For Employers*

**Voluntary Data Sharing Agreement**

Version 9/27/05

## Employer VDSA Implementation Questionnaire

Employer's Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please check all that apply:

### I. Questions about coverage Employer offers:

- Employer offers hospital and/or medical coverage to its Active Covered Individuals.
- Employer offers prescription drug coverage to its Active Covered Individuals.
- Employer offers prescription drug coverage to its Inactive Covered Individuals.

### II. Questions regarding how Employer will submit prescription drug coverage of its Active Covered Individuals:

- Employer will satisfy its VDSA requirement to submit prescription drug coverage of its Active Covered Individuals using the MSP Input File of the VDSA.
- Employer, or its insurer, contracts with a Pharmaceutical Benefit Manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM \_\_\_\_\_
- Employer's PBM, named above, has (1) signed a VDSA with CMS and (2) signed an agreement with the Employer stating they will satisfy the Employer's VDSA requirement to submit prescription drug coverage of its Active Covered Individuals to CMS.

### III. Questions regarding how Employer will submit prescription drug coverage of its Inactive Covered Individuals:

- Employer will satisfy its VDSA requirement to submit prescription drug coverage of its Inactive Covered Individuals using the Non-MSP File of the VDSA.

- Employer has signed a Coordination of Benefits Agreement (COBA) with CMS and will satisfy its VDSA requirement to submit prescription drug coverage that is secondary to Medicare Part D by using the E02 of the COBA process.
- Employer, or its insurer, contracts with a Pharmaceutical Benefit Manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM \_\_\_\_\_
- Employer's PBM, named above, has (1) signed a VDSA with CMS and (2) signed an agreement with the Employer stating they will satisfy the Employer's VDSA requirement to submit prescription drug coverage of its Inactive Covered Individuals to CMS.
- Employer intends to use the Non-MSP File of the VDSA process to provide files of retirees to the Retiree Drug Subsidy Contractor as part of its participation in the Employer Subsidy program.

**IV. Questions about how often Employer will submit Non-MSP Files:**

- Employer will submit Non-MSP Files on a monthly basis.
- Employer will submit Non-MSP Files on a quarterly basis.

**V. Questions about Employer submitting BIN/PCN information**

- Employer or its insurer offers a network prescription drug benefit.
- Employer or its insurer offers a network prescription drug benefit and will provide its Rx BIN and/or PCN below.

Rx BIN \_\_\_\_\_  
 PCN \_\_\_\_\_

If you have more than one BIN and/or PCN, please submit all of them to the CMS in a separate attached Word document.

NOTE: You may submit this separate listing of BIN/PCN information at a later date, but no later than ten (10) business days prior to submitting your first production files. The listing does not have to be included with this Implementation Questionnaire, which must accompany the signed VDSA sent to CMS.

- Employer or its insurer offers a network prescription drug benefit and will provide its TrOOP Facilitation Rx BIN and/or PCN below. If you have more than one TrOOP BIN/PCN, please submit all of them to the CMS in a separate attached Word document. NOTE: You may submit this BIN/PCN information at a later date, but no later than ten (10) business days prior to submitting your first production files.

TrOOP Rx BIN \_\_\_\_\_  
TrOOP PCN \_\_\_\_\_

**VI. Questions about MA Address File Submission**

- Employer wants to receive an MA/MA-PD/PDP name and address reference file for the purpose of identifying the name and address of the MA/MA-PD/PDP contract numbers provided on the MSP and Non-MSP Response Files.