ATTACHMENT M

Implementation Questionnaire
For Insurers

Voluntary Data Sharing Agreement

Version 9/27/05

Insurer VDSA Implementation Questionnaire

Insurer's Business Name: _____

Date: _____

Please check all that apply:

I. Questions about coverage Insurer offers:

☐ Insurer offers hospital and/or medical coverage to its Active Covered Individuals.

☐ Insurer offers prescription drug coverage to its Active Covered Individuals.

☐ Insurer offers prescription drug coverage to its Inactive Covered Individuals.

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

☐ Insurer will satisfy its VDSA requirement to submit prescription drug coverage of its Active Covered Individuals using the MSP Input File of the VDSA.

☐ Insurer contracts with a Pharmaceutical Benefit Manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM _____

☐ Insurer's PBM, named above, has (1) signed a VDSA with CMS and (2) signed an agreement with the Insurer stating it will satisfy the Insurer's VDSA requirement to submit prescription drug coverage information of its Active Covered Individuals to CMS.

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

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

☐ Insurer 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.

☐ Insurer contracts with a Pharmaceutical Benefit Manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM _____

☐ Insurer's PBM, named above, has (1) signed a VDSA with CMS and (2) signed an agreement with the Insurer stating it will satisfy the Insurer's VDSA requirement to submit prescription drug coverage information of its Inactive Covered Individuals to CMS.

☐ Insurer intends to use the Non-MSP File of the VDSA process to provide files of retirees to the Retiree Drug Subsidy Contractor on behalf of its employer customers that are participating in the Employer Subsidy program.

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

☐ Insurer will submit Non-MSP Files on a monthly basis.

☐ Insurer will submit Non-MSP Files on a quarterly basis

V.   Questions about Insurer submitting BIN/PCN information

☐ Insurer offers a network prescription drug benefit.

☐ Insurer offers a network prescription drug benefit and shall 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.

☐ (Insurer offers a network prescription drug benefit and shall provide its TrOOP Rx BIN and/or PCN below. 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 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

☐ (Insurer 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.