DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Office of Beneficiary Information Services
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OFFICE OF BENEFICIARY INFORMATION SERVICES

Date: November 20, 2007

To: All Medicare Part D Plans

From: Timothy Walsh
                 Director, Website Project Management Group

Subject: 2008 Plan Year Pricing Data Requirements

The information on the following pages contain the updated 2008 CMS guidance and schedule for the submission of the pricing and pharmacy data for posting on the Medicare Prescription Drug Plan Finder on www.medicare.gov.

This information will also available in the Formulary Guidance section of www.cms.hhs.gov (http://www.cms.hhs.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp).

Updates to 2008 Plan Year Guidance include the following:
- Please refer to the 2008 Plan Year data submission calendar for updates to the formulary submission/approval periods.
- The Excluded Drug Formulary File (EFF) is an optional Plan Finder file submitted by Part D Sponsors for those enhanced alternative plans which have elected to provide a supplement benefit. OTCs are not included as part of an enhanced alternative plans supplemental benefit and therefore should not be included in EFFs. OTCs can only be covered by a plan under the plans' administrative costs and only if those OTCs are part of that plan's drug utilization management program.

Common FAQs Related to the Submission of Pricing Data Files:

1. How do I get access to the Administrative Console?

   Plans that are new for the 2008 plan year will receive their unique log in ID and password before the data submission that begins on Monday, September 24, 2007. This information will be emailed to the Part D Price File Contacts listed in HPMS.

   Plans that are active for the 2007 plan year will continue to use the log in ID and password that was assigned for the 2007 plan year.

2. How will CMS distinguish between the 2007 and 2008 pricing data files?

   During the overlap period where both 2007 and 2008 pricing data will be submitted, CMS will distinguish the different files based on the submission dates. 2007 pricing data will continue to be submitted on Mondays and Tuesdays and 2008 pricing data will be submitted on Fridays per the submission calendar. Please note that the submission day for 2008 will change to Mondays and Tuesdays effective with the data submission that begins on Monday, September 24, 2007.

3. What data needs to be submitted by plans with each of the test data submissions?

   Plans will need to submit complete data files. This includes complete Pricing Files and Pharmacy Cost Files and if applicable a Reference Pricing File and a Formulary File for Excluded Drugs.

   Reference Pricing files are only to be submitted by plans using reference pricing and indicated as such in the PBP.
   Formulary Files for Excluded Drugs are only to be submitted by Enhanced Alternative plans that cover excluded drugs. These plans must also submit corresponding pricing data for these drugs in their Pricing Files.

4. Do employer (retiree) and PACE plans need to submit pricing data files.

   No.

Questions about the information presented in this document should be directed to plancompare@destinationrx.com, Juliette.Toure@cms.hhs.gov, and Melvin.Sanders@cms.hhs.gov.

2008 Plan Year Data Requirements and Submission Guidelines for the Medicare Prescription Drug Plan Finder on www.medicare.gov

Revised Date: November 20, 2007

Objective:

The following pages contain guidance to Medicare prescription drug plans regarding additional data submission requirements for the Medicare Prescription Drug Plan Finder that is housed on www.medicare.gov. Both stand alone prescription drug plans (PDPs) and Medicare Advantage Prescription Drug (MA-PDs) plans will be required to submit these data to CMS and these data will be posted on www.medicare.gov. The purpose of the data is to enable people with Medicare to compare, learn, select and enroll in a plan that best meets their needs. The database structure provides the necessary drug pricing and pharmacy network information to accurately communicate plan information in a comparative format.

Questions regarding the data requirements outlined in this document should be directed to plancompare@destinationrx.com, Juliette.Toure@cms.hhs.gov, and Melvin.Sanders@cms.hhs.gov.

Timeline for 2008 Plan Year Data Submissions:
The initial public release of the pricing data on www.medicare.gov is tentatively scheduled for October 11, 2007. These data submissions are required for all PDP and MAPD plans. The initial 2008 plan year data submissions will be on Fridays and will revert to the regular Monday - Tuesday submission schedule effective September 24-25, 2007. ****Please note that active 2007 Plan Year PDPs and MAPDs must continue submitting their pricing and pharmacy network data on the previously released bi-weekly schedule in addition to the 2008 Plan Year data submissions described below.**

- June 15, 2007 - PDP/MAPD plans submit initial 2008 Plan Year pricing and pharmacy network data (full data set) electronically to CMS.
- June 16 – July 5, 2007 - CMS to analyze 2008 Plan Year pricing and pharmacy network data submitted by prospective plans.
- July 6, 2007 - CMS to send 2008 Plan Year pricing and pharmacy network data analysis to all prospective plans.
- July 13, 2007 - PDP/MAPD plans submit corrected 2008 Plan Year pricing and pharmacy network data to CMS
- July 14 – August 2, 2007 - CMS to analyze "corrected" Plan Year pricing and pharmacy network data and notify plans of any additional error/issues (if applicable)
- August 9-10, 2007 - PDP/MAPD plans submit corrected 2008 Plan Year pricing and pharmacy network data to CMS
- August 23-24, 2007 - PDP/MAPD plans submit corrected 2008 Plan Year pricing and pharmacy network data to CMS
- September 6-7, 2007 - Plans submit 2008 Plan Year pricing and pharmacy network to CMS for final testing (**Not for public reporting**)

- Date TBD – Data preview of 2008 Plan Year Pricing Data for plans.
- September 10-11, 2007 **– Final 2007 Plan Year pricing and pharmacy network data submission. This data will be posted September 24, 2007 on www.medicare.gov.**
- September 24-25, 2007 - PDP and MAPD plans submit 2008 Plan Year pricing and pharmacy network data to CMS that will be published on www.Medicare.gov **This data will be publicly released on www.medicare.gov on or about October 11, 2007
- October 11, 2007 (tentative) – Launch of the 2008 Plan Year pricing and pharmacy network data in the Medicare Prescription Drug Plan Finder Tool on www.medicare.gov.

Table of Contents for Sample Data File Layouts and Questions:

DATA VALIDATION

All plan submissions will be reviewed by CMS and the submission vendor for both formatting and content. In the case of validation or other submission errors, to prevent incorrect data display, pricing data from affected plans will be suppressed from display on the tool pending corrected data submission or plan election to utilize last successful data submission.

SUBMISSION INSTRUCTIONS

In order to provide the data specified, organizations will be given access to a Plan Compare Data Administration Console. This console will allow sponsors to submit data, certify non-submissions, view enrollment statistics, and verify submissions. CMS will not accept data submitted in any other format (e.g. CD, Floppy Disk, Email, etc.).

Username and Password (this username and password is assigned by DestinationRx and is separate from any username or password to access any other CMS system)
- Username and Password will be per Sponsor
  - Sponsor may submit files for all programs associated with Sponsor
- Username and Password will initially be assigned to Sponsor by CMS
  - Given to the Part D Price File Contacts, Online Enrollment Center Contacts listed in HPMS, and Medicare Coordinators listed in HPMS.

Connectivity
- Sponsor must provide the IP networks/sub-networks masks that will be used to send the files
- Sponsor will be able to manage IP address and submission status review at https://enrollmentcenter.medicare.gov/AdministrativeConsole
- IP address submissions or updates must be submitted by noon on the Friday preceding the start of the data load window the following Monday.
- **Any connectivity issues encountered during the data submission should be immediately sent to plancompare@destinationrx.com or 1-888-203-8497 for resolution. Support is available from 8:30 AM -6:30 PM ET. Please get your submissions in early to ensure a timely response in case of error.**

Timelines
- Sponsors will be required to follow the timelines discussed above for all testing, verification, and data submissions
- Regularly scheduled submissions will be made on a biweekly basis, following the submission calendar contained in this document.

- Updates or certification that no updates will be made only during the submission window on every other week beginning Monday at 12:01 AM PST and ending Tuesday at 11:59 PM PST and will be processed and displayed by 12:01 AM ET on the scheduled Monday.
- If multiple files are submitted the LAST file received will be considered the final submission. If the first file was good, and the last file had an error, your submission for that day will be considered in error.
- Each time a file is submitted, please review its submission status at https://enrollmentcenter.medicare.gov/AdministrativeConsole. *If they are not received and not viewable at that URL within 30 minutes of the initial submission, the files were not received successfully, and you should contact the Plan Compare Help Desk for support.* Upon each submission, the Sponsor will also receive several email confirmations (sent to the Part D Price File contacts).
- File was received
    o File has been processed and results (any errors, passed, etc.)
- Each file submitted to the FTP server will be verified against the file format as listed in this document.
- All required files must either be validated or come from a previous submission (this is done by certifying in the Admin Console that there are no updates to the file).
- Once all required files are accounted for, several data content checks will be performed on these files. The results will be available at https://enrollmentcenter.medicare.gov/AdministrativeConsole.
- If the file validation and data contents checks result in errors, you may resubmit your files within the same submission window.
- Any difficulties encountered during submission should be addressed to plancompare@destinationrx.com or by calling 1-888-203-8497 within the submission window so that any necessary assistance can be provided in a timely manner. The Plan Compare Help Desk is available between the hours of 8:30 AM ET to 6:30 PM ET.

Tracking, Logging and Monitoring
- All activity will be tracked, logged, and monitored, this includes but is no limited to:
    o Username used for connection
    o Date and Time of connection
    o Duration of connection
    o Number of files uploaded
    o File Processing Results (Validation and Error results)

File Formats

5. All submissions will be Fixed Length files. The filename should follow the standard: ContractIDXX.txt where ContractID is the sponsor's CMS defined contract_id and XX is the table name abbreviation code (defined below). **Example, for a sponsor with the contract_id of H1001 submitting a pricing file, the file name would be H1001PF.txt.** Only one file per table should be submitted.

A header record should be included that specifies Contract_ID, Record Count (num (9) with leading zeros) for the entire File (Format: XXXXXXXXX), and an 8-digit Date Created (Format: CCYYMMDD) information. A footer record should be included that again specifies Contract_ID and EOF for End of File.

Sample Header Record
H000100000001020080715
       (Where H0001 is the Contract_ID, 000000010 is the Record Count, and 20080715 is the date)

Sample Footer Record
H0001EOF

Table Abbreviation Codes:
- o   Pharmacy Cost   **PC**
- o   Pricing File   **PF**
- o   Reference Pricing   **RP**
- o   Enhanced Alternative Formulary File   **FF**

Float (12) and Currency (12) Submission Guidelines:
- Do not include the decimal point
- The format follows this structure $$$$$$$$cccc where $$$$$$$$ are the numbers to the left of the decimal point (with leading zeros) and the cccc are the numbers to the right of the decimal point (with trailing zeros)
- Samples:
  - o $1.50 = 000000015000
  - o   10% = 000000001000

PHARMACY COST

Light Green Fields Indicate Unique Record Identifiers

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS. Include Leading Zeroes.
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable). Include Leading Zeroes. PDP plans should enter 000.
PHARMACY_NUMBER	Char(12)	NOT NULL	12-digit Pharmacy Number • 7 digit NCPDP number with 5 preceding zeroes, or • 10 digit NPI number with leading one and zero
PRICE_ID	Number(3)	NOT NULL	References the Price File Grouping Number to be used at this pharmacy.
BRAND_DISPENSING_FEE	Currency(12) (Format: $$$$$$$$cccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
GENERIC_DISPENSING_FEE	Currency(12) (Format: $$$$$$$$cccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
PREFERRED_STATUS	Number(1)	DEFAULT 1, NOT NULL	Yes/No defines whether pharmacy is preferred or non-preferred pharmacy. Acceptable values **0** or **1 (0=No; 1=Yes)**
PHARMACY_RETAIL	NUMBER(1)	DEFAULT 1, NOT NULL	Yes/No defines whether pharmacy is to be displayed in retail (1 month supply) search Acceptable values **0** or **1 (0=No; 1=Yes)**
PHARMACY_MAIL	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is to be displayed in mail-order (3 month supply) search.

Field Name	Type(Size)	NULL	Field Description
			Acceptable values **0** or **1 (0=No; 1=Yes)**
PHARMACY_SPECIALTY	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy dispenses specialty drugs.
PHARMACY_HI	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy dispenses home infusion drugs.
PHARMACY_LTC	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is considered a Long Term Care pharmacy.

Notes
- There should only be one record per pharmacy per plan. If multiple records are entered, subsequent records are ignored.
- Only one PRICE_ID can be referenced per pharmacy per plan.
- All PRICE_IDs listed in this file must exist in your Pricing File
- PHARMACY_RETAIL and PHARMACY_MAIL are present to indicate whether a particular pharmacy offers drug sales at either a standard one-month (retail) supply or a three-month *by mail* supply. Enter a 1 only for the applicable pharmacy type. If both services are offered, you must choose one pharmacy type to identify this pharmacy. **Please note, if a pharmacy offers retail 90 day supply, it is NOT considered a mail order pharmacy, and should have a 0 for PHARMACY_MAIL.**
- The three fields PHARMACY_SPECIALTY, PHARMACY_HI, PHARMACY_LTC, should be used in conjunction with the retail or mail pharmacy flags to indicate if the pharmacy dispenses drugs labeled on your formulary as being available at specialty, home infusion, or long-term-care pharmacies only. This will allow users who have selected drugs with limited availability to choose appropriate pharmacies for their drug baskets.
- If your plan makes no distinction between network pharmacies, all network pharmacies should be treated as preferred

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via https://enrollmentcenter.medicare.gov/AdministrativeConsole **that there are no updates. In the case of no updates, the previously submitted pricing data files will be used.**

PRICING FILE

Light Green Fields Indicate Unique Record Identifiers

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PRICE_ID	Number(3)	NOT NULL	Price File Grouping Number
NDC	Char(11)	NOT NULL	The appropriate 11 Digit NDC from the approved formulary representing the drug/dosage combination
UNIT_COST	Currency(12) (Format: $$$$$$$$cccc)	NOT NULL	Unit cost for given NDC less dispensing fee for one-month supply. If N/A enter 000000000000
UNIT_COST_90	Currency(12) (Format: $$$$$$$$cccc)	NOT NULL	Unit cost for given NDC less dispensing fee for 3-month supply. If N/A enter 000000000000

Submission Notes: For pricing display, the tool will display one cost for all NDCs of a given drug/dosage combination. Organizations will submit records as described above with unit costs for the specific NDCs listed in the Reference NDC List (http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY08FRFfiles.zip) that match your plan's CMS approved formulary. Submission of NDCs not on the Reference NDC list will result in incorrect pricing for that drug dose combination on the drug plan finder.

For formulary drugs and generics, organizations will submit unit cost pricing as described above. Organizations must submit unit costs for all drugs on their CMS approved formulary. Enhanced alternative plans covering excluded drugs should include the pricing for those drugs in this file. If no pricing is submitted for a specific drug dose combination, the cost information on www.medicare.gov will be AWP minus 10% for brand drugs and AWP minus 30% for generic drugs plus a standard dispensing fee.

Notes:
- This file determines the base unit cost of an NDC in a given pricing regime.
- Price_ID is identified by the Organization, within the following parameters;
  - The lowest available PRICE_ID is 100
  - PRICE_IDs should be assigned sequentially
  - PRICE_IDs for Retail pharmacies should be between 100 and 199
  - PRICE_IDs for Mail-Order pharmacies should be between 200 and 299

- o In the event that an organization has over 100 PRICE_IDs for a given type (retail or mail-order), additional PRICE_IDs should begin sequentially in the next group of 100s where retail pharmacies are in the 300, 500, 700, 900 series, and mail-order pharmacies are in the 400,600,800 series.
- There can be multiple pricing files per organization.
- The pricing file is applied to the plan through the Pharmacy Cost file.
- Every drug from the formulary should be covered under each PRICE_ID. Exceptions are:
  - o Formulary drugs available only at specialty pharmacy may be limited to PRICE_IDs used by specialty pharmacies.
  - o PRICE_IDs used only for specialty pharmacies should only contain records for drugs available at pharmacies using that PRICE_ID.
- Unit pricing can be provided for both a month retail supply and three-month mail-order supply. If only one type applies, enter 00000000000 in the non-applicable field. If both types apply, but are the same, enter the same value in both fields.
- In order to accurately account for pricing of Part D covered vaccines, e.g., Varicella and Gardisil. For cases that apply to Vaccine Administration only, organizations should include ingredient cost + the vaccine administration fee in the unit_cost field that is contained in the PF. The unit cost field should be the ingredient cost per unit + the administration fee per unit.

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via https://enrollmentcenter.medicare.gov/AdministrativeConsole **that there are no updates. In the case of no updates, the previously submitted pricing data files will be used.**

REFERENCE PRICING

Light Green Fields Indicate Unique Record Identifiers

Field Name	Type(Size)		Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable)
NDC	Char(11)	NOT NULL	11-digit NDC of the drug for which reference pricing should apply
NDC_REFERENCE	Char(11)	NOT NULL	11-digit NDC of the drug whose price and cost should be referenced
REFERENCE_TYPE	Number(1)	NOT NULL	1=dollars and cents; 2 = percentage
REFERENCE_AMOUNT	Float(12) (Format: $$$$$$$$cccc)	NOT NULL	12 character number including leading zeros If REFERENCE_TYPE=1, enter the dollar amount with 4 implied decimal places – e.g. $15 is entered as 000000150000. If REFERENCE_TYPE=2, enter the percentage as a decimal value with four implied decimal places – e.g.15% is entered as 00001500 and 100% is entered as 000000010000.

Notes
- **This is an optional data file and should only be submitted by plans that are approved to offer reference pricing.**
- There should be one record per plan and NDC, where applicable.
- The reference pricing calculation increases beneficiary's estimated copay/co-insurance amount by applying either a fixed or percentage fee in addition to the copay of the referenced drug.

- The reference amount can be either a fixed dollar amount OR a percentage of the difference of the total drug cost of the original and reference drugs. For example, with a reference fee of 100%, beneficiary's copay would be $25 if a brand drug priced at $40 is selected over a direct generic priced at $20 with a $5 copay (i.e., $40 brand cost - $20 generic cost + the $5 copay for the generic medication).
- All NDCs included in your submitted Reference Pricing file MUST match the NDCs listed on the Formulary Reference NDC List.

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via https://enrollmentcenter.medicare.gov/AdministrativeConsole **that there are no updates. In the case of no updates, the previously submitted pricing data files will be used.**

Additional Guidance on Reference File Submissions:

EXAMPLES

Assume the following information for the examples below:

Drug name	BRAND_A	GENERIC	BRAND_B
NDC	99123456789	66987654321	55192837465
Unit price	$1.20	$0.75	$1.50
Quantity	30	30	30
Dispensing fee	$2.00	$2.50	$2.00
Monthly cost	$38.00	$25.00	$47.00
Cost share below the Initial Coverage Limit	25%	$3.00	25%

SITUATIONS THAT CAN BE HANDLED BY THE REFERENCE PRICING FILE

CASE 1: If the beneficiary chooses BRAND_A over GENERIC, he or she must pay the co-pay for the generic plus an additional $7.50 per scrip:

> H0001|000000001|20060302
> H0001|001|000|99123456789|66987654321|1|000000075000
> H0001EOF
> *[NOTE: Pipes are inserted only to provide visual clarity!]*

CASE 2: If the beneficiary chooses BRAND_A over GENERIC, he or she must pay the co-pay for the generic plus an additional amount equal to the difference in the monthly cost:

```
H0001|000000001|20060302
H0001|001|000|99123456789|66987654321|2|000000010000
H0001EOF
```
[NOTE: Pipes are inserted only to provide visual clarity!]

CASE 3: If the beneficiary chooses either BRAND_A or BRAND_B over GENERIC, he or she must pay the co-pay for the generic plus an additional amount equal to the half the difference in the monthly cost

```
H0001|000000002|20060302
H0001|001|000|99123456789|66987654321|2|000000005000
H0001|001|000|55192837465|66987654321|2|000000005000
H0001EOF
```
[NOTE: Pipes are inserted only to provide visual clarity!]

CASE 4: If the beneficiary chooses BRAND_A over GENERIC, he or she must pay an additional amount equal to the half the difference in the monthly cost. If BRAND_B is chosen over GENERIC, the additional amount is $8.

```
H0001|000000002|20060302
H0001|001|000|99123456789|66987654321|2|000000005000
H0001|001|000|55192837465|66987654321|1|000000080000
H0001EOF
```
[NOTE: Pipes are inserted only to provide visual clarity!]

SITUATIONS THAT CANNOT BE HANDLED BY THE REFERENCE PRICING FILE

CASE 5: The allowed monthly cost for the scrip, whether filled with BRAND_A, BRAND_B, or GENERIC, is determined by the lowest-priced NDC for GENERIC. (In this case, the TARGET_NDC and REFERENCE_NDC point to the same product, **which will create an exception**.)

CASE 6: There is a surcharge if the scrip for GENERIC is filed from any manufacturer's bottle except Manufacturer X. (Again, the TARGET_NDC and REFERENCE_NDC point to the same product, **which will create an exception**.)

REFERENCE PRICING FILE EDIT CHECKS

The following edit checks are applied to each file submitted to DestinationRx for the Plan Finder website. An exception is generated as the result of any of the conditions listed below. In the text that follows, TARGET_NDC refers to the product subject to reference pricing and REFERENCE_NDC refers to the product that forms the reference.

1. Invalid NDC
   TARGET_NDC or REFERENCE_NDC is inactive or obsolete.

2. Incorrect specification of REF_TYPE
   REF_TYPE is neither 1 (surcharge is in dollars) nor 2 (surcharge is in percentage terms)

3. Anomalous REF_AMT
   REF_AMT=0 (no surcharge)
   REF_TYPE=2 and REF_AMT>1 (surcharge exceeds 100%)
   REF_TYPE=1 and REF_AMT<=1

4. Reference drug or Target drug is not on formulary
   Drug product (name/form/strength) associated with REFERENCE_NDC is not found in the relevant Formulary File submitted to DestinationRx.

5. Multiple references
   The product associated with TARGET_NDC is paired with more than one other product (associated with REFERENCE_NDCs).

6. Auto-referencing
   TARGET_NDC and REFERENCE_NDC are associated with the same product (name/form/strength).

7. Looping reference pricing
   TARGET_NDC is associated with a product that is also associated with REFERENCE_NDC elsewhere in the Reference Pricing file (i.e., Product A is referenced to Product B, which in turn is referenced to Product C)

8. Reverse reference pricing
   REF_TYPE = 2 and TARGET_NDC is a LOWER cost product than REFERENCE_NDC.

FORMULARY FILE (EXCLUDED DRUGS ONLY; THIS FILE WILL ONLY BE ACCEPTED FROM ENHANCED ALTERNATIVE PLANS COVERING EXCLUDED DRUGS)

Light Green Fields Indicate Unique Record Identifiers

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
FORMULARY_ID	Number(8)	NOT NULL	Unique Identifier
NDC	Char(11)	NOT NULL	11 digit (include leading zeros)
TIER_LEVEL_VALUE	Number(2)	NOT NULL	Defines the Cost Share Tier Level Value Associated with the NDC. Assumption is that the NDC is assigned to one tier value. These values are consistent with the selection of value options available to data entry users in the Plan Benefit Package software. If no Tier Level Value applies, enter '1' as the value for this field.
FORMULARY_VERSION	Number(5)	NOT NULL	Unique version ID assigned to this formulary. The version # will be incremented by one for each new submission. This will be synchronized with the HPMS formulary
QUANTITY_LIMIT_AMOUNT_YN	Number(1)	DEFAULT 0, NULL	Does the NDC have a quantity limit other than a 30-day or 34-day limit? Acceptable values **0** or **1 (0=No; 1=Yes)**
PRIOR_AUTHORIZATION_YN	Number(1)	DEFAULT 0, NOT NULL	Is prior authorization required for the NDC? Acceptable values **0** or **1 (0=No; 1=Yes)**
STEP_THERAPY_YN	Number(1)	DEFAULT 0, NOT NULL	Does step therapy apply to this drug? The only drugs that should be marked as "Yes" are those that require additional drugs to be used first. Step one level drugs in a step therapy algorithm should be marked "No".

| Field Name	Type(Size)	NULL	Field Description
			Acceptable values **0** or **1 (0=No; 1=Yes)**
SPECIALTY_YN	Number(1)	DEFAULT 0, NOT NULL	Is this drug available only at specialty pharmacies?
			Acceptable values 0 or 1 (0=No; 1=Yes)

Notes:

- **This file *CAN ONLY* be submitted for enhanced alternative plans that cover all or some excluded drugs. The CMS approved formulary in HPMS will be used to display all other formulary drugs.**
- This file will provide the tier information by NDC for excluded drugs.
- Drugs included on the plan's CMS approved formulary in HPMS *CANNOT* be included in this file.
- A formulary file will be assigned to plans for the organization via the formulary_id.
- Enhanced Alternative plans not submitting excluded drug formulary files will be assumed to not cover excluded drugs
- As the plan selector application is primarily designed to provide beneficiaries with information to select a drug plan that meets their needs and not a tool for current drug plan enrollees to seek information about their plan, this tool will disregard the 60-day notice window required when a drug changes tiers. Thus, a tier will display in its new tier prior to the expiration of the 60-day notice window. Plans are required to notify all current plan enrollees about any formulary changes before the changes are implemented.
- Organizations will submit the formulary as described above for all covered excluded drug NDCs in the plan's formulary. Fields available in HPMS will be subject to Data Validation described above.
- An NDC can only exist in one tier per formulary.
- OTCs are not included as part of an enhanced alternative plans supplemental benefit and therefore should not be included in EFFs. OTCs can only be covered by a plan under the plans' administrative costs and only if those OTCs are part of that plan's drug utilization management program.

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via https://enrollmentcenter.medicare.gov/AdministrativeConsole **that there are no updates. In the case of no updates, the previously submitted pricing data files will be used.**

2008 Plan Year Pricing Data Submission Calendar

Key:

Color Key
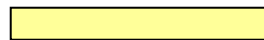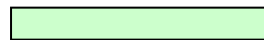
🟥 (red)	Scheduled data posting date on the Medicare Prescription Drug Plan Finder
🟩 (light green)	Scheduled 2007 Plan Year Data Submission dates.
🟦 (light cyan)	Monthly Formulary Submission Window
🟨 (yellow)	Monthly Formulary Approval Date
🟪 (pink)	Scheduled 2008 Plan Year Data Submission dates
🟦 (blue)	Initial Release of 2008 Plan Year Data
🟧 (orange)	Final Data Submission for the 2007 Plan Year

May 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 **Formulary Submission Window**	2 **Formulary Submission Window**	3 **Formulary Submission Window**	4	5
6	7 4/24 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 8	9	10	11	12
Mother's Day 13	14	15 **Approval Deadline for May Formulary Submission**	16	17	18	19
20	21 5/8 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 22	23 **Online Analysis Tool Training during the Bi-weekly User Group Call**	24	25	26
27	Memorial Day 28	29	30	31		

June 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 **Formulary Submission Window**	2
3	Submit Pricing Data 4 5/22 Pricing Data Posted on the Drug Plan Finder **Formulary Submission Window**	Submit Pricing Data 5 **Formulary Submission Window**	6	7	8	9
10	11	12	13	14	15 **Initial 2008 Plan Year Pricing *Test* Data Submission – this data will not be publicly released**	16
Father's Day 17	Submit Pricing Data 18 6/5 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 19	20	21	22	23
24	25 **Approval Deadline for June Formulary Submission**	26	27	28	29	30

July 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	Submit Pricing Data 2 6/19 Pricing Data Posted on the Drug Plan Finder Formulary Submission Window	Submit Pricing Data 3 **Formulary Submission Window**	Independence Day 4 **Formulary Submission Window**	Formulary Submission Window 5 **Formulary Submission Window**	6	7
8	9	10	11	12	13 **2nd 2008 Plan Year Pricing *Test* Data Submission – this data will not be publicly released**	14
15	Submit Pricing Data 16 7/3 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 17	18	19	20	21
22	Approval Deadline for July Formulary Submission 23	24	25	26	27	28
29	Submit Pricing Data 30 7/17 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 31				

August 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 **Formulary Submission Window**	2 **Formulary Submission Window**	3 **Formulary Submission Window**	4
5	6	7	8	9 **3rd 2008 Plan Year Pricing Test Data Submission – this data will not be publicly released**	10 **3rd 2008 Plan Year Pricing Test Data Submission**	11
12	Submit Pricing Data 13 **7/31 Pricing Data Posted on the Drug Plan Finder**	Submit Pricing Data 14	15	16	17	18
19	20 **Approval Deadline for August Formulary Submission**	21	22	23 **4th 2008 Plan Year Pricing Test Data Submission – this data will not be publicly released**	24 **4th 2008 Plan Year Pricing Test Data Submission**	25
26	Submit Pricing Data 27 **8/14 Pricing Data Posted on the Drug Plan Finder**	Submit Pricing Data 28	29	30	31	

September 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	Labor Day 3	4 **Formulary Submission Window**	5 **Formulary Submission Window**	6 **5th 2008 Plan Year Pricing *Test* Data Submission – this data will not be publicly released** **Formulary Submission Window**	7 **5th 2008 Plan Year Pricing *Test* Data Submission**	8
9	Submit Pricing Data 10 8/28 Pricing Data Posted on the Drug Plan Finder **Final 2007 Plan Year Pricing Data Submission**	Submit Pricing Data 11 **Final 2007 Plan Year Pricing Data Submission**	12	Rosh Hashanah 13	Rosh Hashanah 14	15
16	17 **Approval Deadline for September Formulary Submission**	18	19	20	21	Yom Kippur 22
23	24 **Initial 2008 Plan Year Data to be Released 10/11 –** **9/11** Pricing Data Posted on the Drug Plan Finder	25 **Initial 2008 Plan Year Data to be Released 10/11**	26	27	28	29
30						

October 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 **Formulary Submission Window**	2 **Formulary Submission Window**	3 **Formulary Submission Window**	4	5	6
7	Columbus Day 8 Submit 2008 Plan Year Pricing Data	9 Submit 2008 Plan Year Pricing Data	10	11 **Tentative Date for the Release of 2008 Plan Year Data**	12	13
14	15	16	17	18	19	20
21	Submit 2008 Plan Year Pricing Data 22 10/9 Pricing Data Posted on the Drug Plan Finder	23 Submit 2008 Plan Year Pricing Data	24	25	26	27
28	29	30 **Approval Deadline for October Formulary Submission**	31			

November 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	Submit 2008 Plan Year Pricing Data 5 10/23 Pricing Data Posted on the Drug Plan Finder	Submit 2008 Plan Year Pricing Data 6	7	8	9	10
11	Veterans' Day 12	13	14	2008 Plan Year Annual Enrollment Period Begins 15	16	17
18	Submit 2008 Plan Year Pricing Data 19 11/6 Pricing Data Posted on the Drug Plan Finder	Submit 2008 Plan Year Pricing Data 20	21	Thanksgiving Day 22	23	24
25	26	27	28	29	30	

December 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	Submit 2008 Plan Year Pricing Data 3 **11/20 Pricing Data Posted on the Drug Plan Finder** **Formulary Submission Window**	4 Submit 2008 Plan Year Pricing Data **Formulary Submission Window**	5 **Formulary Submission Window**	6	7	8
9	10	11	12	13	14	15
16	Submit 2008 Plan Year Pricing Data 17 **12/4 Pricing Data Posted on the Drug Plan Finder**	18 Submit 2008 Plan Year Pricing Data	19	20	21	22
23	24 **Approval Deadline for December Formulary Submission**	Christmas 25	26	27	28	29
30	New Year's Eve 31 Submit 2008 Plan Year Pricing Data **2/18 Pricing Data Posted on the Drug Plan Finder**					

January 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		New Year's Day **1** Submit 2008 Plan Year Pricing Data	**2** **Formulary Submission Window**	**3** **Formulary Submission Window**	**4** **Formulary Submission Window**	5
6	7	8	9	10	11	12
13	Submit Pricing Data **14** 1/1 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data **15**	16	17	18	19
20	**21** Martin Luther King Day	**22** **Approval Deadline for January Formulary Submission**	23	24	25	26
27	Submit Pricing Data **28** 1/15 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data **29**	30	31		

February 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 **Formulary Submission Window**	2
3	4 **Formulary Submission Window**	5 **Formulary Submission Window**	6	7	8	9
10	11 Submit Pricing Data 1/29 Pricing Data Posted on the Drug Plan Finder	12 Submit Pricing Data	13	14	15	16
17	President's Day 18	19 **Approval Deadline for February Formulary Submission**	20	21	22	23
24	25 Submit Pricing Data 2/12 Pricing Data Posted on the Drug Plan Finder	26 Submit Pricing Data	27	28	29	

March 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 **Formulary Submission Window**	4 **Formulary Submission Window**	5 **Formulary Submission Window**	6	7	8
9	Submit Pricing Data 10 — 2/26 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 11	12	13	14	15
16	17	18 **Approval Deadline for March Formulary Submission**	19	20	Good Friday 21	22
Easter 23	Submit Pricing Data 24 — 3/11 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 25	26	27	28	29
30	31					

April 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 **Formulary Submission Window**	2 **Formulary Submission Window**	3 **Formulary Submission Window**	4	5
6	Submit Pricing Data 7 3/25 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 8	9	10	11	12
13	14	15 **Approval Deadline for April Formulary Submission**	16	17	18	19
20 Passover Begins	Submit Pricing Data 21 4/8 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 22	23	24	25	26
27	28	29	30			

May 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 **Formulary Submission Window**	2 **Formulary Submission Window**	3
4	Submit Pricing Data 5 4/22 Pricing Data Posted on the Drug Plan Finder **Formulary Submission Window**	Submit Pricing Data 6	7	8	9	10
11 Mother's Day	12	13	14	15	16	17
18	Submit Pricing Data 19 5/6 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 20	21	22	23	24
25	Memorial Day 26	27 **Approval Deadline for May Formulary Submission**	28	29	30	31

June 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	Submit Pricing Data **2** 5/20 Pricing Data Posted on the Drug Plan Finder **Formulary Submission Window**	Submit Pricing Data **3** **Formulary Submission Window**	**4** **Formulary Submission Window**	5	6	7
8	9	10	11	12	13	14
15 Father's Day	Submit Pricing Data **16** 6/3 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data **17**	18	19	20	21
22	23	**24** **Approval Deadline for June Formulary Submission**	25	26	27	28
29	Submit Pricing Data **30** 6/17 Pricing Data Posted on the Drug Plan Finder					

July 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		Submit Pricing Data 1 **Formulary Submission Window**	2 **Formulary Submission Window**	3 **Formulary Submission Window**	4 Independence Day	5
6	7	8	9	10	11	12
13	Submit Pricing Data 14 7/1 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 15	16	17	18	19
20	21	22 **Approval Deadline for July Formulary Submission**	23	24	25	26
27	Submit Pricing Data 28 7/15 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 29	30	31		

August 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 **Formulary Submission Window**	2
3	4 **Formulary Submission Window**	5 **Formulary Submission Window**	6	7	8	9
10	Submit Pricing Data 11 7/29 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 12	13	14	15	16
17	18	19	20	21	22	23
24	Submit Pricing Data 25 8/12 Pricing Data Posted on the Drug Plan Finder	Submit Pricing Data 26 **Approval Deadline for August Formulary Submission**	27	28	29	30
31						