ATTACHMENT D


# Implementation Questionnaire
## For Pharmacy Benefit Managers (PBMs)


## Data Sharing Agreement




Version 9/7/05

# PBM Data Sharing Agreement Implementation Questionnaire

**PBM Name:** _____

**Date:** _____

**Please check all that apply:**

**I.  Questions about the types of data PBM will be submitting:**

☐ PBM will satisfy the requirement of its insurer or employer clients that have entered into a VDSA with CMS to submit prescription drug coverage of its Covered Individuals that is primary and supplemental to Part D.

☐ PBM will satisfy the requirement of its insurer clients that have entered into a COBA with CMS to submit prescription drug coverage of its Covered Individuals that is supplemental to Part D.

☐ PBM will satisfy the requirement of its SPAP clients that have entered into an SPAP data sharing agreement with CMS to submit qualified SPAP prescription drug coverage of its Enrollees.

☐ PBM will submit prescription drug coverage of its Covered Individuals that is primary and supplemental to Part D for its clients that have not entered into a data sharing agreement with CMS.

☐ PBM intends to submit files of retirees to the Retiree Drug Subsidy Contractor on behalf of its employer customers that are participating in the Retiree Drug Subsidy program.

**II.  PBM Specific Information**

☐ PBM offers a network prescription drug benefit.

☐ PBM offers a network prescription drug benefit and shall provide its Rx BIN and/or PCN below. (If you have more than one BIN/PCN, please submit all of these numbers to the CMS in a separate attached Word document).

     Rx BIN _____
     PCN     _____

☐ PBM offers a network prescription drug benefit and shall provide its TrOOP Rx BIN and/or PCN below.  (If you have more than one TrOOP BIN/PCN,

please submit all of these numbers to the CMS in a separate attached Word document).

TrOOP Rx BIN _____
TrOOP PCN  _____

## III. Questions about how often PBM will submit Files

☐ ( PBM will submit Files on a monthly basis.

☐ ( PBM will submit Files on a quarterly basis

## IV. Optional MA/MA-PD/PDP Reference File

☐ ( PBM 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 Response Files.