

***Implementation Questionnaire
For AIDS Drug Assistance Programs***

ADAP Data Sharing Agreement

Version 5/11/12

**AIDS Drug
Assistance Program DSA Implementation Questionnaire**

ADAP Name: _____

Date: _____

Please check all that apply:

I. ADAP Specific Information

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

RxBIN _____

RxPCN _____

- ☐ ADAP offers a network prescription drug benefit and shall provide its TrOOP Specific RxBIN and RxPCN below. (If you have more than one TrOOP RxBIN or RxPCN, please submit all of these numbers to the CMS in a separate attached Word document).

TrOOP RxBIN _____

TrOOP RxPCN _____

- ☐ ADAP does not offer a network prescription drug benefit.

II. Questions regarding how the ADAP will submit prescription drug coverage of its Program Enrollees:

- ☐ ADAP will satisfy its Data Sharing Agreement requirement to submit prescription drug coverage of its ADAP Enrollees using the Input file of the ADAP Data Sharing Agreement.

- ☐ ADAP contracts with a Pharmacy Benefit Manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM

_____.

- ☐ ADAP's PBM, named above, has (1) signed a Data Sharing Agreement with CMS and (2) signed an agreement with the ADAP stating they will satisfy the Supplemental Drug Program's Data Sharing Agreement requirement to submit prescription drug coverage of its Supplemental Drug Program Enrollees.