

DEPARTMENT OF HEALTH & HUMAN SERVICES  
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## OFFICE OF COMMUNICATIONS

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Date: May 4, 2018

To: All Medicare Part D Plans

From: Jon Booth  
Director, Web and New Media Group

Subject: Contract Year 2019 Pricing Data Requirements and Submission Calendar

The information on the following pages contain the updated contract year (CY) 2019 CMS guidance and schedule for the submission of the pricing and pharmacy data for posting on the Medicare Plan Finder (MPF) on [www.Medicare.gov](http://www.Medicare.gov).

Changes and clarifications to the requirements in this update include the following:

1. For display of drug prices, the MPF will display one cost for all National Drug Codes (NDCs) of a given drug/dosage combination. Organizations will submit records as described below with unit costs for the specific NDCs listed on the Formulary Reference File (FRF). If the plan sponsor submits 00000000000 in the Unit\_Cost field of the Pricing File (PF), the MPF will display default pricing for that drug.
2. Due to the tight schedule in preparing data for the final test submission and initial production submission, the 3rd test submission will use the latest pre-production FRF (**CMS to provide specific date**); however, the approved formulary data based on this

release will not be available until after this submission window has been completed. As a result, plans may see Non-Formulary NDC or PF/FF Mismatch errors when submitting data for drugs that have been added or removed when compared to the previous FRF release. We recommend that plans prepare their files based on their latest submitted formulary so that the 2nd plan preview, which will have the matching formulary data loaded, will display results as accurately as possible.

3. For CY 2019, CMS will implement a new Quality Assurance (QA) check related to Retail Preferred Pharmacy Network data submitted in the Pharmacy Cost file. This check will flag contracts with large changes in their preferred retail pharmacy network size as compared to the previous submission.

### **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 CY 2019 will receive their unique log in ID and password before the initial test data submission. This information will be emailed to the Part D Price File Contacts listed in HPMS. Contact information is obtained by an extract from HPMS at the beginning of each month. Sponsors are required to keep current their contacts in HPMS, and should verify those contacts are up-to-date by the end of June 2018. Failure to maintain current contacts in HPMS may significantly delay obtaining login credentials for the Administrative Console.

Plans that are active for CY 2018 will continue to use the log in ID and password that was assigned for CY 2018. Please contact the Plan Compare Help Desk if you are missing login credentials for a Contract ID (*see Question 5 for contact information*).

2. How will CMS distinguish between the CY 2018 and CY 2019 pricing data files?

During the overlap period where both CY 2018 and CY 2019 pricing data are submitted, CMS will distinguish the different files based on the submission dates. CY 2018 pricing data must still be submitted on Mondays and Tuesdays and CY 2019 test pricing data must be submitted on Thursdays and Fridays per the submission calendar. The submission days for CY 2019 will change to Mondays and Tuesdays effective with the data submission that begins on Monday, September 10, 2018.

In addition, plans should follow the standards as specified for the header record for each Part D data file (Contract ID, CY, Record Count, and Date Created). Please refer to the File Formats section for details.

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

Plans must submit complete data files. This includes complete Pharmacy Cost (PC) and Pricing File (PF) files, as well as Ceiling Price (CP) files, if applicable.

4. Which data will be used for the CY 2019 posting on [www.Medicare.gov](http://www.Medicare.gov)?

CY 2019 data submitted by sponsors on September 10 – 11, 2018 will be posted on [www.Medicare.gov](http://www.Medicare.gov) on or about October 1, 2018. Please note that previously submitted test data **will not** be used for posting on [www.Medicare.gov](http://www.Medicare.gov).

5. How do I contact the technical helpdesk?

Plans may email [plancompare@drx.com](mailto:plancompare@drx.com) or call 1-(888) 203-8497 between the hours of 8:30AM and 6:30PM ET. Correspondence received after 6:30PM ET will be returned the following business day. To expedite assistance, plans should provide the Contract and Plan IDs.

6. If my plan offers over-the-counter (OTC) drugs as part of supplemental benefit, should I include them to my PF file submission?

No. OTC drugs (applicable only to those plans that have indicated OTC coverage in their Part D PBP submission to CMS) are provided to the beneficiary without any direct cost sharing at the point of sale. As such, they should not be included as part of your PF files submission.

7. Can I submit pricing for drugs that are not included on my plan's approved formulary?

No. In CY 2019, in the PF file submissions, plans should continue to only submit pricing for drugs on the **approved** formulary that are associated with a related NDC and/or NDCs from the approved excluded drug supplemental file of enhanced alternative plans.

8. Is there a certain SFTP client application I should use to submit my Part D files?

No. There are numerous SFTP client applications currently available to plan sponsors. As SFTP is an industry standard network protocol for file transfer, any available SFTP client application will be sufficient to CMS. Please consult with your organization's IT department for assistance with selection and configuration of an appropriate SFTP client for your organization.

9. If my plan does not submit files during a regular submission, is there another opportunity to submit files?

No. If your plan does not submit files during a regular submission, they will be suppressed for the next posting.

10. Can we submit data for non-existent Plan IDs or Segment IDs?

No, sponsors should not submit data for non-existent Plan or Segment IDs. Plans that continue to do so may face a compliance action.

11. Can a plan submit pricing data for pharmacies that are contracted as LTC, HI, or LA pharmacies?

Yes, only if those pharmacies are also contracted with the plan as network retail or mail order pharmacies. **Plan sponsors should only submit data for pharmacies that are contracted as network retail or network mail order pharmacies.** A pharmacy that a plan sponsor contracts as **only** a LTC, HI, LA, or any other non-retail or non-mail pharmacy type **should not** be submitted in the bi-weekly MPF files. Plan sponsors may submit data for pharmacies that serve multiple roles as retail or mail order **and** LTC, HI, or LA pharmacies; however, in the PC file, plan sponsors should accurately set the retail and/or mail order pharmacy flag to 1 per their network contracts, and should set the flags for these LTC, home infusion, and limited access pharmacies to 1, as applicable.

If plan sponsors submit data for pharmacies that are not retail or mail order network pharmacies, their pricing data will be suppressed. Conversely, plan sponsors should not falsely flag pharmacies contracted to only serve as LTC, home infusion, or limited access as if they were contracted as network retail or mail order pharmacies.

12. What determines a plan's eligibility to submit during a correction submission window?

Correction submission windows are offered only to plans that experienced an error during the previous regular submission window. Eligibility will be indicated in the QA emails sent from Acumen (PlanFinderQA@programinfo.us). If an error in the data submitted during the regular submission window is found, please contact the Pricing File QA team ([planfinderqa@cms.hhs.gov](mailto:planfinderqa@cms.hhs.gov)) to request permission to submit during this correction window. Requests will be reviewed on a case-by-case basis. If a suppressible error is found during the correction window, the contract will be suppressed from MPF.

13. If in my plan's uploaded PBP we have indicated that preferred mail order pharmacies are offered as a benefit, must there be preferred mail order pharmacies in the bi-weekly pricing files submitted to display on the Medicare Plan Finder?

Yes, a plan's PBP and Medicare Plan Finder pricing submissions must be consistent. If the plan's PBP indicates that preferred mail order pharmacies are offered as a benefit, the bi-weekly pricing submissions should contain at least one mail order pharmacy that is marked as preferred. Conversely, if the plan's PBP indicates that preferred mail order pharmacies are not offered as a benefit, the bi-weekly pricing submissions should not contain mail order pharmacies that are marked as preferred. Submitting inconsistent preferred mail order pharmacy in the bi-weekly pricing files to display on the Medicare Plan Finder will result in suppression of the plan's pricing data on the Medicare Plan Finder.

14. Can a plan submit \$0 as a unit cost?

For pricing display, the MPF will display one cost for all NDCs of a given drug/dosage combination. Organizations will submit records as described below (see Page 17) with unit costs for the specific NDCs listed on the FRF. If the plan sponsor submits 00000000000 in the Unit\_Cost field of the Pricing File (PF), the MPF will display default pricing for that drug.

Any questions about the information presented in this document should be directed to [plancompare@drx.com](mailto:plancompare@drx.com), [MPF@cms.hhs.gov](mailto:MPF@cms.hhs.gov), and [Jay.Dobbs@cms.hhs.gov](mailto:Jay.Dobbs@cms.hhs.gov).

# CY 2019 Data Requirements and Submission Guidelines for the Medicare Plan Finder (MPF) Tool on [www.Medicare.gov](http://www.Medicare.gov)

Revised Date: May 4, 2018

## Objective:

The following pages contain guidance to Medicare prescription drug plans regarding the data submission requirements for the Medicare Plan Finder (MPF) that is housed on [www.Medicare.gov](http://www.Medicare.gov). Stand-alone prescription drug plans (PDPs) and Medicare Advantage Prescription Drug (MAPDs) plans will be required to submit these data to CMS, and these data will be posted on [www.Medicare.gov](http://www.Medicare.gov). The purpose of the MPF 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. MPF displays information on pharmacies that are contracted to serve the networks as either retail or mail order. Pharmacy network data for pharmacies not contracted as offering at least retail or mail order services for the network should not be included in plans' submissions to CMS.

Questions regarding the data requirements outlined in this document should be directed to [plancompare@drx.com](mailto:plancompare@drx.com), and [Jay.Dobbs@cms.hhs.gov](mailto:Jay.Dobbs@cms.hhs.gov).

**\*\*Please note that active CY 2018 PDPs and MA-PDs must continue submitting their pricing and pharmacy network data as detailed in the CY 2018 Data Guidelines. The schedule below is in addition to normal CY2018 submissions. The final CY 2018 plan finder data submission is August 27 – 28, 2018.**

## Timeline for CY 2019 Data Submissions:

The initial public release of the pricing data on [www.Medicare.gov](http://www.Medicare.gov) is tentatively scheduled for October 1, 2018. These data submissions are required for all PDP and MA-PD plans (with the exception of Employer (retiree), PACE, and Cost plans). The initial CY 2019 data submissions will be on Thursdays and Fridays and will revert to the regular Monday - Tuesday submission schedule effective September 10 – 11, 2018.

- July 5 and 6, 2018 – PDP/MA-PD plans submit initial (Test Submission #1) CY 2019 pricing and pharmacy network data (full data set) electronically to CMS using SFTP process.
  - The primary objective for this submission window is for plans to test their SFTP application's configuration and establish successful connectivity and file transfer utilizing the SFTP process.

- Online Analysis Tool (OAT) data integrity checks will be turned off for the initial submission. However, format validation checks will be turned on.
  - CMS will NOT be performing the full set of quality assurance (QA) checks on these data. Instead, plans should review their submission results directly from the Plan Compare Administrative Console.
- July 26 and 27, 2018 – PDP/MA-PD plans submit corrected (Test Submission #2) CY 2019 pricing and pharmacy network data to CMS.
    - Format validation checks and OAT data integrity checks will be turned on for this Test Submission.
    - CMS will be performing the full set of quality assurance (QA) checks on these data and will send CY 2019 pricing and pharmacy network data analysis to plans.
    - PF/FF Mismatch check will be based on Plan's CY 2019 formulary and supplemental excluded drug file (if applicable) submitted to CMS as of July 10, 2018.
- August 8 – 10, 2018 – Drug Pricing Data Preview #1 of CY 2019 Pricing Data for plans. Drug Pricing Data Preview #1 will be based on the following Test Data for CY 2019.
    - CY 2019 pricing and pharmacy network data as submitted on July 26 – 27, 2018 (Test Submission #2).
    - Plan's CY 2019 formulary and supplemental excluded drug file (if applicable) as submitted to CMS as of July 10, 2018.
    - Plan's CY 2019 plan benefit information as submitted to CMS as of July 17, 2018.

Display of test data as part of Drug Pricing Data Preview #1 should not be considered as an indication of CMS approval.

- August 16 – 17, 2018 – Plans submit (Test Submission #3) CY 2019 pricing and pharmacy network to CMS for final testing (**Not for public reporting**).
  - Format validation checks and OAT data integrity checks will be turned on for this Test Submission. PF/FF Mismatch check will be based on Plan's CY 2019 formulary and supplemental excluded drug file (if applicable) submitted to CMS as of August 2, 2018.
  - Plan's CY 2019 plan benefit information as submitted to CMS as of July 17, 2018.
  - CMS will be performing the full set of quality assurance (QA) checks on these data and will send CY 2019 pricing and pharmacy network data analysis to plans.
- August 27 – 28, 2018 – **Final regular CY 2018 pricing and pharmacy network data submission. This will be the last CY 2018 data submission prior to CY 2019 Open Enrollment. These data will be posted on September 10, 2018 on [www.Medicare.gov](http://www.Medicare.gov). Current SFTP process will be utilized for submission of files.**
- August 29 – 31, 2018 – Drug Pricing Data Preview #2 of CY 2019 Pricing Data for plans. Drug Pricing Data Preview #2 will be based on the following Test Data for CY 2019: (display of test data as part of Drug Pricing Data Preview #2 should not be considered as an indication of CMS approval).



- CY 2019 pricing and pharmacy network data submitted on August 16 – 17, 2018 (Test Submission #3).
  - Plan’s CY 2019 formulary and supplemental excluded drug file (if applicable) as submitted to CMS as of August 2, 2018.
  - Plan’s CY 2019 plan benefit information as submitted to CMS as of August 17, 2018.
- September 10 – 11, 2018 – **First regular CY 2019 pricing and pharmacy network data submission for PDPs and MA-PDs. These data will be publicly released on [www.Medicare.gov](http://www.Medicare.gov) on or about October 1, 2018.**
  - October 1, 2018– Launch of the CY 2019 pricing and pharmacy network data in the MPF Tool on [www.Medicare.gov](http://www.Medicare.gov)

**Plans cannot certify in the Administrative Console that there are no updates to files. If there are no updates to the files, the same files should be submitted. If there are data changes, updated files must be submitted.**

#### **Table of Contents for Sample Data File Layouts and Questions:**

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## 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 the display of incorrect data, 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. Beneficiaries conducting a drug plan search on the MPF by entering their drug information will see no drug pricing information for suppressed plans and the MPF enrollment functionality for those plans will be disabled. Beneficiaries conducting searches without drug information will be able to use the MPF enrollment functionality for suppressed plans and will see drug pricing for those plans based on estimated, not actual, costs.

## 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 and verify submissions (including results for file format validation and data integrity checks). CMS will not accept data submitted in any other format (e.g. CD, Email, etc.).

**Username and Password (this username and password is assigned by CMS' contractor, DRX, and is separate from any username or password to access any other CMS system)**

- Username and Password issued to the sponsor will be unique for each Contract\_ID.
- Sponsors with multiple Contracts will still be allowed to submit files for multiple Contract\_IDs with single connection.
- Username and Password will initially be assigned to sponsor by DRX and given to the Part D Price File Contacts, Online Enrollment Center Contacts, and Medicare Coordinators listed in HPMS for each Contract\_ID.
- Super User Accounts: An account type is available for users that submit pricing files for more than 1 Contract ID. The Super User login allows a user to view the submission results of multiple Contracts. In order to set up a Super User account, the user must be listed as a contact in HPMS for each of the Contract IDs. Contact the Plan Compare Help Desk at 1-888-203-8497 or [plancompare@drx.com](mailto:plancompare@drx.com) for more information.

### Connectivity

- The sponsor will be required to use SFTP (Secure File Transfer Protocol) client application to send the files, including both Test Submission and Regular Submissions.
- IP registration will not be required for CY 2019 submissions.
- General guidance on configuring and utilizing the SFTP client will be posted on Plan Compare Administrative Console.
- CY 2019 submissions will still be completed using the current SFTP process. All existing submission guidelines for CY2018 have not changed and are still applicable for CY 2019 submissions.

- **For use during test submissions for CY 2019 only**, sponsors will be able to review submission status at Test Submission Plan Compare Administrative Console with the same username and password assigned to sponsor by DRX. URL for the Test Submission Plan Compare Administrative Console will be provided to all sponsors prior to first CY 2019 Test Submission window.
- **Any connectivity issues encountered during the data submission should be immediately sent to [plancompare@drx.com](mailto:plancompare@drx.com) (1-888-203-8497) for resolution. Support is available from 8:30AM – 6:30PM ET Monday through Friday. Correspondence received after 6:30PM ET will be returned the next business day. Please get your submissions in early to ensure a timely response in case of error.**
- Due to the volume of data traffic required by all plans when submitting pricing data, sponsors should send properly named .TXT files in compressed files (.ZIP) when submitting to the SFTP. Pricing File, Pharmacy Cost, and Ceiling Price files should still be named as described within this guidance. The file name of the .ZIP is not required to follow any specific naming pattern, but CMS would recommend including the Contract ID as part of the naming convention. (For example, H1234PC.TXT, H1234PF.TXT and H1234CP.TXT (if applicable) would all be compressed within the .ZIP file, H1234.ZIP.) Please contact the Plan Compare Help Desk for support or with any questions you might have.

## 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.
- Sponsors are no longer able to auto-certify files and will be required to update files during every regular submission window.
- Updates will be made only during the submission window on every other week beginning Monday 12:01AM PST and ending Tuesday 11:59PM PST and will be processed and displayed by 12:01 AM (PST) 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://medicareadmin.drx.com/SubmissionStatus/login.aspx>.
- ***If they are not received and not viewable at that URL within 120 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
  - File has been processed and results (any errors, passed, etc.)
- Each file submitted by the plan will be verified against the file format as listed in this document.
- All required files must be validated. Plans must upload updated files when data changes occur.
- Once all required files are accounted for, several data content checks will be performed on these files. The results will be available at <https://medicareadmin.drx.com/SubmissionStatus/login.aspx>.
- 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@drx.com](mailto:plancompare@drx.com) within the submission window so that any necessary assistance can be provided in a timely manner. The Plan Compare Help Desk (at 1-888-203-8497) is available between the hours of 8:30AM – 6:30PM ET.

## Tracking, Logging and Monitoring

- All activity will be tracked, logged, and monitored. This includes, but is not limited to:
  - Username used for connection

- Date and Time of connection
- Duration of connection
- Number of files uploaded
- File Processing Results (Validation and Error results)

## File Formats

1. 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, CY (Format: YYYY), 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

H1001201900000001020180710

(Where H1001 is the Contract ID, 2019 is the CY, 000000010 is the Record Count, and 20180710 is the date)

### Sample Footer Record

H1001EOF

### Table Abbreviation Codes:

- Pharmacy Cost **PC**
- Pricing File **PF**
- Ceiling Price **CP**

### 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:
  - \$1.50 = 000000015000
  - 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 Zeros.
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (if applicable). Include Leading Zeros. PDP plans and MA-PDs without Segment_IDs should enter 000.
PHARMACY_NUMBER	Char(12)	NOT NULL	12-digit Pharmacy Number <ul style="list-style-type: none"> <li>10 digit NPI number with leading one and zero</li> </ul>
PRICE_ID	Number(3)	NOT NULL	References the Price File Grouping Number to be used at this pharmacy.
BRAND_DISPENSING_FEE_30	Currency(12) (Format: \$\$\$\$\$\$\$c)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale for a 30 day supply.
GENERIC_DISPENSING_FEE_30	Currency(12) (Format: \$\$\$\$\$\$\$c)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale for a 30 day supply.
VACCINE_ADMINISTRATION_FEE	Currency(12) (Format: \$\$\$\$\$\$\$c)	NOT NULL	For vaccines only: In addition to the ingredient cost (product cost), the maximum fee associated with the administration of any covered vaccines at the pharmacies in this Price_ID.
PREFERRED_STATUS_RETAIL	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether the contracted retail pharmacy is preferred, other network, or network.  Acceptable values <b>0</b> or <b>1</b> ( <b>0=Other Network or Network Pharmacy; 1=Preferred Pharmacy</b> )
PHARMACY_RETAIL	NUMBER(1)	DEFAULT 1, NOT NULL	Yes/No defines whether the pharmacy is contracted as a network retail pharmacy and should be displayed in MPF's retail search.  Acceptable values <b>0</b> or <b>1</b> ( <b>0=Not Retail; 1=Retail</b> )

Field Name	Type(Size)	NULL	Field Description
PHARMACY_MAIL	NUMBER(1)	DEFAULT 0, NOT NULL	<p>Yes/No defines whether the pharmacy is contracted as a network mail order pharmacy and should be displayed in MPF's mail order search.</p> <p>Acceptable values <b>0</b> or <b>1</b> (<b>0=Not Mail Order; 1=Mail Order</b>)</p>
PHARMACY_LA_DRUGS	NUMBER(1)	DEFAULT 0, NOT NULL	<p>Yes/No defines whether the network contracted retail or mail order pharmacy is also authorized to dispense limited access (LA) drugs.</p> <p>Acceptable values <b>0</b> or <b>1</b> (<b>0=Not Limited Access; 1=Limited Access</b>)</p>
PHARMACY_HI	NUMBER(1)	DEFAULT 0, NOT NULL	<p>Yes/No defines whether the network contracted retail or mail order pharmacy is also contracted as a home infusion (HI) pharmacy.</p> <p>Acceptable values <b>0</b> or <b>1</b> (<b>0=Not Home Infusion; 1=Home Infusion</b>)</p>
PHARMACY_LTC	NUMBER(1)	DEFAULT 0, NOT NULL	<p>Yes/No defines whether the network contracted retail or mail order pharmacy is also contracted a Long Term Care (LTC) pharmacy.</p> <p>Acceptable values <b>0</b> or <b>1</b> (<b>0=Not Long Term Care; 1=Long Term Care</b>)</p>
PREFERRED_STATUS_MAIL	Number(1)	DEFAULT 0, NOT NULL	<p>Yes/No defines whether the contracted mail order pharmacy is preferred, other network, or network.</p> <p>Acceptable values <b>0</b> or <b>1</b> (<b>0=Other Network or Network Pharmacy; 1=Preferred Mail Order Pharmacy</b>)</p>
FLOOR_PRICE	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	<p>References the negotiated minimum price that a given pharmacy will be paid for filling a prescription.</p> <p>If a plan has not negotiated floor pricing at a pharmacy, then FLOOR_PRICE should be 000000000000.</p>

Field Name	Type(Size)	NULL	Field Description
BRAND_DISPENSING_FEE_60	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale for a 60 day supply.
GENERIC_DISPENSING_FEE_60	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale for a 60 day supply.
BRAND_DISPENSING_FEE_90	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale for a 90 day supply.
GENERIC_DISPENSING_FEE_90	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale for a 90 day supply.

## Notes

- Pharmacy network submissions for the MPF must be a full representation of the Part D plan sponsor's contracted retail and mail order network pharmacies. All pharmacies submitted for MPF use must be identified as either retail or mail order based on the plan sponsor's retail and mail order pharmacy network contracts.
  - Any pharmacy that a plan sponsor contracts with that **only** serves as a LTC, HI, LA, or any other non-retail or non-mail pharmacy type, **should not** be submitted in the bi-weekly MPF files.
  - Plan sponsors may submit data for pharmacies that serve multiple roles as retail or mail order pharmacies **and** LTC, HI, or LA access; however, in the PC file, plan sponsors should accurately set the retail and/or mail order pharmacy flag to "1" per their network contracts.
  - If plan sponsors submit pharmacies that are not flagged as either retail or mail order (Ex. PHARMACY\_RETAIL=0 and PHARMACY\_MAIL=0), their pricing data will be suppressed. Conversely, plan sponsors should not falsely flag pharmacies contracted to only serve as LTC, HI, or LA as a retail network or mail network order pharmacy if not contracted as such in their MPF submission.
- There should only be one record per network pharmacy per plan. If multiple records are entered, subsequent records are ignored.
- All PRICE\_IDs listed in this file must exist in your Pricing File.
- If a plan's network has Preferred Network pharmacies, then there must also be Other (Non-Preferred) Network pharmacies, i.e., if a sponsor has indicated "1" (meaning a Preferred Network Pharmacy), the PC file must also have a "0" (meaning Other Network Pharmacy). If a plan's network does not have Preferred Pharmacies, then all pharmacies should be "0" (meaning Network Pharmacy). As defined in the regulation 42 CFR § 423.104, a *preferred pharmacy* means a network pharmacy that offers covered Part D drugs at negotiated prices to Part D enrollees at lower levels of cost sharing than apply at a non-preferred pharmacy under its pharmacy network contract with a Part D Sponsor.

- PHARMACY\_RETAIL and PHARMACY\_MAIL are present to indicate whether a particular contracted network retail or mail order pharmacy offers drug sales at either a standard retail supply or a mail order supply. If both services are offered, enter “1” for both fields. Otherwise, enter a “1” only for the applicable pharmacy type.
  - Example: If Pharmacy #101234567890 offers 30, 60, and 90 day retail, and 90 day mail order, the pharmacy cost file would be set up like this:  
 S1234 001 000 101234567890 100 000000030000 000000015000 000000200000 0 1 1 0 0 0 0 000000060000 000000030000  
 000000090000 000000045000
- Pharmacies that offer both retail and mail order pharmacies can designate different preferred network pharmacy status. Please note that preferred status of both retail and mail order pharmacies must match sponsor’s CY 2019 bid submission.
- For pharmacies that offer both retail and mail order pharmacies and have different dispensing fees for retail and mail order pharmacies, the highest dispensing fee should be entered (applies to BRAND\_DISPENSING\_FEE\_30, GENERIC\_DISPENSING\_FEE\_30, BRAND\_DISPENSING\_FEE\_60, GENERIC\_DISPENSING\_FEE\_60, BRAND\_DISPENSING\_FEE\_90, and GENERIC\_DISPENSING\_FEE\_90).
- The maximum cost of administering any covered vaccine under the respective Price ID should be entered. If a vaccine requires a series of administrations, include just the cost of 1 dose.
- Floor pricing is used when a sponsor negotiates a minimum price that a given pharmacy will be paid for filling a prescription. Floor pricing is often used for very low cost generics. Note: floor pricing is applied to drugs when full cost is less than the floor price. This full cost includes the dispensing fee.
  - A plan has a floor price of \$3 in Price ID 101 at Pharmacy A. The plan would then submit pharmacy records in the following format:  
 H1001 001 000 101234567890 101 000000015000 000000015000 000000000000 010000 0 000000030000 000000015000  
 000000015000 000000015000 000000015000  
 If Drug Z has a full cost of \$4 at Pharmacy A, the standard full cost will be displayed on Plan Finder.  
 If Drug Y has a full cost of \$2.50 at Pharmacy A, the floor price of \$3 will be display on Plan Finder.

**Submission Frequency: First CY 2019 submission will be on September 10, 2018. Thereafter, starting October 1, 2018 organizations will be required to submit pricing on a bi-weekly basis. Please refer to the CY 2019 Calendar Year Pricing Data Submission Calendar for more information. Organizations must submit required files each regular submission window even if no updates are required.**



## 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 and supplemental excluded drug file, if applicable, representing the drug/dose form combination
DAYS_SUPPLY	Number(2)	NOT NULL	The days supply applicable for this unit cost.  Acceptable values <b>30, 60, or 90</b>
IS_MAIL	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether cost applies for dispensing at a network contracted mail order pharmacy.  Acceptable values <b>0 or 1 (0=Cost applies at Retail; 1=Cost applies at Mail Order)</b>
UNIT_COST	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	Unit cost for given NDC less dispensing fee.
HAS_CEILING_COST	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether there is a ceiling cost provided in the CP file.  Acceptable values <b>0 or 1 (0=No ceiling price; 1=Ceiling price applies)</b>

**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 on the FRF at [http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting\\_FormularyGuidance.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_FormularyGuidance.html) that match your plan's CMS approved formulary.

For formulary drugs, 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 who have submitted a supplemental excluded drug file through HPMS should include the pricing for those drugs in this file. Failure to submit pricing for a specific drug dose combination on the plan's formulary will result in the display of a default drug price. Default drug prices are used to approximate cash prices. Submission of pricing for NDCs not on an organization's CMS approved formulary or not on the FRF will also result in the display of default pricing.

**Notes:**

- This file determines the base unit cost of an NDC in the indicated Price ID.
- PRICE\_ID is identified by the organization, within the following parameters:
  - The lowest available PRICE\_ID is 001.
  - PRICE\_IDs should be assigned sequentially.
  - PRICE\_IDs for retail pharmacies should be between 100 and 999.
  - PRICE\_IDs for mail order pharmacies should be between 200 and 299.
  - 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. The series containing 001 through 099 can also be used to accommodate more Price\_IDs, either for retail or mail-order.
- 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.
- Unit pricing can be provided for 30, 60, and 90-day supplies at either a retail or mail-order pharmacy. Pricing should not be included for any Days\_Supply that are other than 30, 60, or 90. For example, 34-day supply is not supported.
- Plans must review their pricing data prior to submission. If a plan mistakenly enters 000000000000 in the Unit\_Cost field, it is stating that the drug/dose form (represented by an FRF related NDC or supplemental excluded drug file NDC) has a cost of zero and will display default pricing. An NDC can be listed up to 6 times, as long as the Days\_Supply and Is\_Mail fields are unique (30-Retail, 30-Mail Order, 60-Retail, 60-Mail Order, 90-Retail-90, 90-Mail Order).
- Pricing should be included for all DAYS\_SUPPLY and IS\_MAIL benefit types that the plan offers. If drug pricing is not provided for a benefit type that is defined as covered, the system will display pricing based on default pricing. If drug pricing is provided for a benefit type that the plan has not defined as covered, those prices will be ignored.
  - Example: If a pharmacy offers 30, 60, and 90 day supply at retail, and 90 day supply at mail order under Price\_ID 100. The following records should be included in the Pricing File:  
S1234 100 12345678910 30 0 000000080000 0  
S1234 100 12345678910 60 0 000000125000 0  
S1234 100 12345678910 90 0 000000160000 0  
S1234 100 12345678910 90 1 000000100000 0  
The above structure indicates that NDC 12345678910 has unit\_cost of \$8.00 for a 30-day retail supply, \$12.50 for a 60-day retail supply, \$16.00 for a 90-day retail supply, and a \$10.00 for a 90-day mail order supply. If the plan provided a unit\_cost for this drug at a 30 or 60 day mail order pharmacy, those unit costs would be ignored. If the plan did not provide a price for this drug at 30 day supply at retail, the Plan Finder would display a default price.
- It is required for plans that have vaccines in their Part D Formulary to include pricing for vaccines in all PRICE\_IDs, including those PRICE\_IDs specifically designated for mail order. Please refer to the Pricing File layout for details.

- Related NDCs contained on the CY 2019 FRF must be used for the submission of Part D Pricing Files. For example, Zocor 10 MG and Simvastatin 10 MG are represented on the CY 2019 FRF as follows:

RXCUI	TTY	RxNorm Description	Related NDC
314231	SCD	SIMVASTATIN 10 MG ORAL TABLET	68180047801
104490	SBD	SIMVASTATIN 10 MG ORAL TABLET [ZOCOR]	00006073554

- When a plan submits pricing for Zocor 10 MG and Simvastatin 10 MG, the following guideline must be followed:
  - For Simvastatin 10 MG, RXCUI 314231 is used for the HPMS formulary submission and the related NDC 68180047801 is used for the pricing file submission.
  - For Zocor 10 MG, RXCUI 104490 is used for the HPMS formulary submission and the related NDC 00006073554 is used for the pricing file submission.
  - The plan would therefore submit pricing data for these two drugs as follows (assuming 30-day retail supply and no ceiling price):  
 H1001 101 68180047801 30 0 000000000846 0  
 H1001 101 00006073554 30 0 000000053128 0
- CMS may update the related NDCs associated with RXCUIs due to factors such as changes in the active or obsolete status of the FRF NDCs. These changes will be part of CMS' updates to the CY 2019 FRF. The CY 2019 FRF related NDCs may not be refreshed with each monthly 2019 FRF updates; however, the related NDCs used for purposes of pricing file submissions will be refreshed no less than quarterly. Plans will be required to submit updated pricing files that reflect the new related NDCs for RXCUIs on their last approved HPMS formulary file. Subsequent to CMS' release of an updated CY 2019 FRF that contains changes to related NDCs, a general alert will be sent to plans that will specify the effective date by which pricing files must be updated to reflect these related NDC changes. Following the effective date, pricing data submitted for NDCs other than those on the current CY 2019 FRF will not be used for display on medicare.gov; default pricing will be displayed for those drugs. Effective dates will take into account other activities by CMS and plans that may impact these updates, and will not be any sooner than the 2<sup>nd</sup> regular pricing data submission window following the release of an updated CY 2019 FRF.
- The RXCUIs for diabetic supplies, prenatal vitamins, and fluoride preparations do not have related NDCs and do not display on the MPF. Therefore, no pricing should be submitted for diabetic supplies, prenatal vitamins, or fluoride preparations.
- If a plan is unable to provide pricing data for a related NDC, the plan should submit pricing based on the most comparable drug product. The pricing files should still contain the related NDCs. Each NDC pricing should be based on the cost at the point of sale (POS). Sponsors should not submit pricing based on the assumptions that a generic NDC will be substituted for a brand NDC. The following are common examples of a "unit" for formulations:
  - Pills: For oral tablets with unit of "EACH" (i.e. one unit of Simvastatin 20 mg is one tablet of Simvastatin 20 mg)

- Liquid: For liquid, unit can be defined in many different ways like one “vial”, “syringe”, or as “1MG” depending on the availability of packaging for the drug (e.g., one unit of Fortaz INJ (All strengths) or Protonix INJ (40MG) is represented by a vial while one unit of Aralast 500MG vial is represented by 1MG).
- Nebulizers: For inhalers or nebulizers, similar to liquid, unit can be identified in many different ways (e.g., one unit of albuterol is represented by per “ML” while one unit of Proair HFA is represented by “GM” instead of bottle of vial).
- Enhanced Alternative Plans: the NDC field for excluded drugs should be the plan-determined proxy NDC that is used in the supplemental excluded drug file approved by CMS in HPMS.
- For pharmacies that offer different price structures at the point-of-sale for the different pharmacy services they provide (i.e. Retail versus Mail versus LTC), the Unit\_Cost field should reflect the applicable retail cost for retail pricing or the mail order price for mail order pricing (applies to both brand and generic drugs and the Unit\_Cost field). For example, if a pharmacy is marked as retail and HI, the cost should reflect the cost the beneficiary will pay at retail. If the pharmacy is marked mail order and HI, the cost should reflect the price the beneficiary would pay at mail order. Similarly, if a pharmacy is marked as retail, mail, and HI, the cost submitted should be the applicable retail or mail order cost per the pricing file. It is important for sponsors to indicate if the pharmacy dispenses retail, mail, or both in the PC File as well as using the IS\_Mail indicator to ensure the proper unit cost display on the MPF. The MPF is not designed to display the LTC, HI, or LA pharmacy drug costs, so only retail or mail order costs should be provided.
- Ceiling pricing is used when a sponsor negotiates a maximum price that a given pharmacy will be paid for a specific NDC. Ceiling pricing is often used for high cost generics. If ceiling pricing is provided in the CP file for an NDC, indicate this in the Has\_Ceiling\_Cost field by entering “1”:

H1001 101 00001234567 30 0 000000050000 1

In the example above, a plan will provide ceiling cost for a 30-day Retail Supply of Drug A in Price ID 101 at Pharmacy Z.

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## CEILING PRICE 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 and supplemental excluded drug file, if applicable, representing the drug/dose form combination
DAYS_SUPPLY	Number(2)	NOT NULL	The days supply applicable for this unit cost.  Acceptable values <b>30, 60, or 90</b>
IS_MAIL	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether cost applies for dispensing at a contracted network mail order pharmacy.  Acceptable values <b>0 or 1 (0=Cost applies at Retail; 1=Cost applies at Mail Order)</b>
CEILING_QTY	Number(6) (Format: ###.###)	DEFAULT 0, NOT NULL	Ceiling quantity for given NDC. If N/A, enter 000000.
CEILING_COST	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	Ceiling cost for given NDC less dispensing fee. 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 on the FRF at [http://www.cms.gov/PrescriptionDrugCovContra/03\\_RxContracting\\_FormularyGuidance.asp#TopOfPage](http://www.cms.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp#TopOfPage) that match your plan's CMS approved formulary.

For formulary drugs, 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 who have submitted a supplemental excluded drug file through HPMS should include the pricing for those drugs in this file. Failure to submit pricing for a specific drug dose combination on the plan's formulary will result in the display of a default drug price. Default drug prices are used to approximate cash prices. Submission of pricing for NDCs not on an organization's CMS approved formulary or not on the FRF will also result in the display default pricing.

**Notes:**

- This file determines the ceiling cost of an NDC in the indicated Price ID within a certain range of quantity.
- The Ceiling Price file is applied to the plan through the Pricing File.
- Every drug from the Pricing File that has indicated “1” in the Has\_Ceiling\_Price field should be priced within the Ceiling Price file.
- Ceiling pricing is used when a sponsor negotiates a maximum price that a given pharmacy will be paid for a specific NDC. Ceiling pricing is often used for high cost generics.
  - A plan has a ceiling price of \$100 for a 30-day Retail Supply of Drug A in Price ID 101 at Pharmacy Z with a dispensing fee of \$2. The plan would then submit a pricing file record in the following format:  
H1001 101 00001234567 30 0 030000 000001000000  
Since Drug A has a Unit\_Cost of \$5 (defined in the PF file), it would cost \$152 for a quantity of 30 tablets (\$5 \* 30 quantity + \$2 dispensing fee). Since there is a ceiling price of \$100 for a 30-day supply, Plan Finder will display \$100 as the full drug cost of Drug A.
- Ceiling price can be provided at varying quantity ranges for an NDC.
  - Example: A pharmacy offers ceiling prices for a 30-day supply at Retail for Drug A. The ceiling price is \$4 at quantity 180, and \$6 at quantity 360. That should be populated in the ceiling price file as:  
S1234 100 12345678910 30 0 180000 000000040000  
S1234 100 12345678910 30 0 360000 000000060000

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