Patient Assistance Program (PAP) Data Sharing Agreement

User Guide

Version 8.6

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Revision History

Date	Version	Reason for Change
July 31, 2014	8.2	Section C, Part V: Using BASIS for Queries, and related references, has been removed.
June 1, 2015	8.3	Change Request (CR) 15841: Reformatted document to CMS user guide standards.
March 1, 2016	8.4	Change Request (CR) 18122: CMS contact information has been updated.
July 11, 2016	8.5	Change Request (CR) 13192: If a plan sends more than one PAP Input File in one day, the system will process the files without terminating. If the first file sent passes its edit checks, it is processed, and a response file is sent per current processes. Second and subsequent files sent the same day are added to a multiple file submissions report for review by the BCRC.
April 3, 2017	8.6	Change Request (CR) 21073: As part of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, all Health Insurance Claim Number (HICN) fields have been renamed as "Medicare ID" and have been configured to accept either the HICN or the new Medicare Beneficiary Identifier (MBI).

Confidentiality and Disclosure of Information

Confidentiality and Disclosure of Information Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, or contractors in the course of carrying out agreements under Sections 1816 and 1842 of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act. Section 1106 (a) of the Act provides in pertinent part that "Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding $10,000, or by imprisonment not exceeding five year, or both." Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary identification number, beneficiary diagnosis, social security number, pattern of practice of physicians, etc.). Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may bring damages as described in IRC Sections 7431 and 7213, which include, but are not limited to, a fine of any amount not exceeding $5,000 or imprisonment.

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INTRODUCTION

This Patient Assistance Program (PAP) Data Sharing Agreement (DSA) User Guide provides information and instructions PAPs will need as they implement and then manage the PAP information sharing process with the Centers for Medicare & Medicaid Services (CMS). In particular, a PAP DSA and the information in this user guide will allow data exchange partners to coordinate Medicare Part D drug benefits with CMS, within the requirements of the Medicare Modernization Act (MMA).

PERIODICALLY, THE INFORMATION PROVIDED IN THIS USER GUIDE WILL CHANGE. As current requirements are refined and new processes developed, PAP DSA partners will be provided with new and up-to-date sections of this guide. Updated versions must replace any older versions of the guide that you might have. Please contact the CMS should you have any questions regarding this user guide.

This PAP DSA User Guide assumes a fairly comprehensive understanding of the current PAP process. Please contact us if you find material that is unclear or if you have questions that are not addressed. All official CMS documentation regarding the PAP process, including up-to-date record layouts and other information (such as Frequently Asked Questions) may also be obtained from the Benefits Coordination & Recovery Center (BCRC). Contact the BCRC by email at COBVA@ehmedicare.com, or call 646-458-6740.

If you would like more general information about the current PAP process, please email vanessa.jackson@cms.hhs.gov, or call 410-786-3276. Remember to provide us with the email address, phone number and other contact information for individuals you would like to have included in the reply.

Chapter 1: Summary of Version 8.6 Changes

The following updates have been made in Version 8.6 of the Patient Assistance Program (PAP) Data Sharing Agreement (DSA):

As part of the Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act (MACRA) of 2015, all Health Insurance Claim Number (HICN) fields have been renamed as "Medicare ID" and have been configured to accept either the HICN or the new Medicare Beneficiary Identifier (MBI). Specifically, the Patient Assistance Program (PAP) data exchange systems have been modified to accept the MBI on submitted files in addition to the HICN and SSN, and they will return the MBI on Response Files under appropriate conditions.

Chapter 2: Completing and Signing a PAP DSA

To make the PAP DSA relationship operational, the potential PAP DSA partner and CMS have to sign and exchange completed copies of the PAP DSA.

NOTE: The Patient Assistance Program (PAP) *Attestation*, for Programs for Medicare Part D Enrollees Operating outside the Part D Benefit, must be completed and submitted to CMS and approved by Medicare Part D Program officials before the PAP DSA can be approved and signed by officials in the CMS Office of Financial Management. Information about the PAP Attestation process is available through the CMS PAP programs website, at https://www.cms.hhs.gov/PrescriptionDrugCovGenIn/07_PAPData.asp.

These are the instructions for completing a PAP DSA for signature.

1. In the first paragraph of the PAP DSA, insert all of your specific identifying information where indicated. The date that both the partner and CMS have completed the signature process will be entered here, and will be the "Effective Date."

2. Enter the date that is requested on Page 3 of the PAP DSA, in Section C, 1. This is the starting date for PAP enrollment information that is entered in Field 7 on the first regular production Input File (see Page 3, below) you provide to CMS.

3. On DSA Page 7, in Section I, enter the partner's Administrative and Technical contact information.

4. Page 8, Section J: Upon receipt of a PAP DSA signed by the partner, CMS will provide the required Technical contact information. This does not need to be completed to execute the Agreement.

5. In the footer starting on Page 1, and throughout the rest of the document, insert the partner's business name.

6. In the footer of the Implementation Questionnaire, insert the partner's business name.

The PAP DSA signature package consists of two documents: The PAP DSA, itself, and the PAP DSA Implementation Questionnaire. The PAP DSA partner will return three signed copies of the PAP DSA and one completed copy of the Implementation Questionnaire to CMS. One copy of the PAP DSA will be signed by CMS and returned to the partner. The CMS will not consider the PAP DSA to be in force until the partner has also provided CMS with a completed copy of the Implementation Questionnaire.

To avoid unnecessary processing delays, we strongly recommend that you use an overnight delivery service and send your PAP Data Sharing Agreement (s) and Implementation Questionnaire to:

Vanessa Jackson
Centers for Medicare & Medicaid Services
OFM/FSG/DMSPO
Mail Stop: C3-14-16
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Chapter 3: The PAP Data Files

3.1 Standard Reporting Information

Standard Data Files: The data exchanged through the PAP process are arranged in two different files (also referred to as record layouts). A PAP partner electronically transmits a data file to CMS' Benefits Coordination & Recovery Center, referred to throughout this document as the BCRC. The BCRC processes the data in this **input file** and, at a prescribed time, electronically transmits a response file to the partner. The input file is the method through which the PAP data sharing partner will submit its covered PAP enrollee population. In return, the BCRC will send back a response file to the partner which will contain Medicare Part D enrollment information for all PAP enrollees who also have Part D.

Current versions of the Standard Data Files immediately follow. Once again, we remind you that the information provided here will likely change from time to time. Please check our website for the latest edition of this User Guide.

3.2 The Input and Response File Data Layouts

The PAP Input File: This is the data set transmitted from a PAP partner to the BCRC on a monthly basis. It is used to report information regarding PAP enrollees—individuals who are eligible for and enrolled in a PAP and receive pharmaceutical coverage through such a plan. Full file replacement is the method used to update eligibility files. Each month's transmitted file will fully replace the previous month's file. The business rules for use of the PAP Input File immediately follow the data file layout itself.

If the partner sends more than one PAP Input File in one day, the system will process the files without terminating, or abending, the job. If the first input file passes its edit checks, it is processed, and a response file is sent to the partner, per current processes. If second and subsequent input files sent that day pass their edit checks, they are added to a multiple file submissions report for review by the BCRC.

Note: If the first PAP Input File sent is rejected, the subsequent files sent the same day are not processed automatically. In this case, the BCRC will contact the partner regarding file resubmission and processing.

3.2.1 PAP Input File Layout – 249 bytes

Table 3-1: Patient Assistance Program Input File Layout

Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Numeric	Social Security Number. If unavailable, fill with spaces.
2.	Medicare ID	12	10-21	Alpha-Numeric	Medicare ID, which can be the Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI). Required if SSN not provided. If unavailable, fill with spaces.
3.	Surname	6	22-27	Text	Surname of Covered Individual – Required.
4.	First Initial	1	28-28	Text	First Initial of Covered Individual – Required.
5.	DOB	8	29-36	Date	Date of Birth of Covered Individual – Required. CCYYMMDD
6.	Sex Code	1	37-37	Numeric	Sex of Covered Individual – Required. 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Date	Effective Date of PAP Coverage – Required. CCYYMMDD
8.	Termination Date*	8	46-53	Date	Termination Date of PAP Coverage –Required. CCYYMMDD *Use all zeros if open-ended
9.	N-Plan ID	10	54-63	Filler	Future use; for National Health Plan Identifier. Fill with spaces only.
10.	Rx ID/Policy Number	20	64-83	Text	Populate this field with all 9s. Required.
11.	Rx Group	15	84-98	Text	Fill with spaces only. (Pharmacy Benefit Group Number.)
12.	Part D RxPCN	10	99-108	Text	Fill with spaces only. (Part D specific Pharmacy Benefit Processor Control Number.)
13.	Part D RxBIN	6	109-114	Text	Fill with spaces only. (Part D specific Pharmacy Benefit International Identification Number.)
14.	Telephone Contact Number	18	115-132	Text plus "(" and ")"	PAP phone number to be provided for Part D Plans (PDPs) – Required.

Field	Name	Size	Displacement	Data Type	Description
15.	Document Control Number	15	133-147	Text	Document Control Number Assigned by PAP – Required.
16.	Coverage Type	1	148-148	Alpha-Numeric	Coverage Type Indicator – Required. U: Network (electronic, point-of-sale benefit) V: Non-Network (other type of benefit)
17.	Insurance Type	1	149-149	Alpha-Numeric	Insurance Type – Required. N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
18.	Filler	100	150-249	Alpha-Numeric	Unused Field. Fill with spaces only.

Table 3-2: Patient Assistance Program Input File Layout - Header Record

Field	Name	Size	Displacement	Data Type	Description
1.	Header Indicator	2	1-2	Alpha-Numeric	Will be: 'H0'
2.	PAP-ID	5	3-7	Alpha-Numeric	PAP Identifier; starts with SA.
3.	Contractor Number	5	8-12	Alpha-Numeric	Will be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Filler	229	21-249	Alpha-Numeric	Unused Field. Fill with spaces only.

Table 3-3: Patient Assistance Program Input File Layout - Trailer Record

Field	Name	Size	Displacement	Data Type	Description
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Will be: 'T0'
2.	PAP-ID	5	3-7	Alpha-Numeric	PAP Identifier; starts with SA.
3.	Contractor Number	5	8-12	Alpha-Numeric	Will be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records in this file.
6.	Filler	220	30-249	Alpha-Numeric	Unused Field. Fill with spaces only.

The PAP Response File: This is the data set transmitted from the BCRC to the PAP partner after the information supplied in the partner's PAP Input File has been processed by the BCRC. It consists of the same data elements in the Input File, with corrections applied by the BCRC, indicated by disposition and edit codes which let you know what we did with the record. The response file will also contain new information for the partner regarding the submitted PAP enrollees, including Medicare enrollment information if a match was found.

3.2.2 PAP Response File Layout – 417 bytes

Table 3-4: Patient Assistance Program Response File Layout

Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	Medicare ID	12	10-21	Alpha-Numeric	Medicare ID (HICN or MBI).
3.	Surname	6	22-27	Alpha-Numeric	Surname of Covered Individual
4.	First Initial	1	28-28	Alpha-Numeric	First Initial of Covered Individual
5.	DOB	8	29-36	Alpha-Numeric	Date of Birth of Covered Individual CCYYMMDD
6.	Sex Code	1	37-37	Alpha-Numeric	Sex of Covered Individual 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Alpha-Numeric	Effective Date of PAP Coverage CCYYMMDD
8.	Termination Date*	8	46-53	Alpha-Numeric	Termination Date of PAP Coverage; CCYYMMDD *Use all zeros if open-ended
9.	N-Plan ID	10	54-63	Alpha-Numeric	Future use; for National Health Plan Identifier
10.	Rx ID	20	64-83	Alpha-Numeric	(Covered Individual Pharmacy Benefit ID)
11.	Rx Group	15	84-98	Alpha-Numeric	(Pharmacy Benefit Group Number)
12.	Part D RxPCN	10	99-108	Alpha-Numeric	(Part D specific Pharmacy Benefit Processor Control Number)
13.	Part D RxBIN	6	109-114	Alpha-Numeric	(Part D specific Pharmacy Benefit Number)
14.	Telephone Contact Number	18	115-132	Alpha-Numeric	PAP phone number to be provided to Part D Plans (PDPs)
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number Assigned by PAP
16.	BCRC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by BCRC
17.	Coverage Type	1	163-163	Alpha-Numeric`	Coverage Type Indicator U: Network (Electronic, Point-of-Sale Benefit) V: Non-Network (Other type of Benefit)

Field	Name	Size	Displacement	Data Type	Description
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
19.	Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result from MBD (Action taken by BCRC).
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result from MBD (CCYYMMDD)
21.	Edit Code 1	4	175-178	Alpha-Numeric	Error Code
22.	Edit Code 2	4	179-182	Alpha-Numeric	Error Code
23.	Edit Code 3	4	183-186	Alpha-Numeric	Error Code
24.	Edit Code 4	4	187-190	Alpha-Numeric	Error Code
25.	Part D Eligibility Start Date	8	191-198	Alpha-Numeric	Earliest Date that Beneficiary is eligible to enroll in Part D – Refer to Field 46 for Part D Plan Enrollment Date CCYYMMDD
26.	Part D Eligibility Stop Date	8	199-206	Alpha-Numeric	Date Beneficiary is no longer eligible to receive Part D Benefits – Refer to Field 47 for Part D Plan Termination Date CCYYMMDD
27.	Medicare Beneficiary Date of Death	8	207-214	Alpha-Numeric	Medicare Beneficiary Date of Death CCYYMMDD
28.	Filler	8	215-222	Alpha-Numeric	Unused Field
29.	Filler	8	223-230	Alpha-Numeric	Unused Field
30.	Filler	3	231-233	Alpha-Numeric	Unused Field
31.	Filler	8	234-241	Alpha-Numeric	Unused Field
32.	Filler	1	242-242	Alpha-Numeric	Unused Field
33.	Filler	1	243-243	Alpha-Numeric	Unused Field
34.	Filler	1	244-244	Alpha-Numeric	Unused Field
35.	Filler	1	245-245	Alpha-Numeric	Unused Field
36.	Filler	1	246-246	Alpha-Numeric	Unused Field
37.	Filler	1	247-247	Alpha-Numeric	Unused Field
38.	Filler	1	248-248	Alpha-Numeric	Unused Field
39.	Filler	1	249-249	Alpha-Numeric	Unused Field
40.	Filler	1	250-250	Alpha-Numeric	Unused Field
41.	Filler	1	251-251	Alpha-Numeric	Unused Field
42.	Filler	2	252-253	Alpha-Numeric	Unused Field
43.	Filler	9	254-262	Alpha-Numeric	Unused Field

Field	Name	Size	Displacement	Data Type	Description
44.	Filler	8	263-270	Alpha-Numeric	Unused Field
45.	Current Medicare Part D Plan Contractor Number	5	271-275	Alpha-Numeric	Contractor Number of the Current Part D Plan in which the Beneficiary is Enrolled
46.	Current Part D Plan Enrollment Date	8	276-283	Alpha-Numeric	Effective Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
47.	Current Part D Plan Termination Date	8	284-291	Alpha-Numeric	Termination Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
48.	Filler	8	292-299	Alpha-Numeric	Unused Field
49.	Filler	8	300-307	Alpha-Numeric	Unused Field
50.	Filler	2	308-309	Alpha-Numeric	Unused Field
51.	Filler	2	310-311	Alpha-Numeric	Unused Field.
52.	PBP	3	312-314	Alpha-Numeric	Part D Plan Benefit Package (PBP)
53.	Filler	3	315-317	Alpha-Numeric	Unused Field
54.	Filler	1	318	Alpha-Numeric	Unused Field
55.	Filler	99	319-417	Alpha-Numeric	Unused Field.

Table 3-5: Patient Assistance Program Response File Layout - Header Record

Field	Name	Size	Displacement	Data Type	Description
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	PAP-ID	5	3-7	Alpha-Numeric	PAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Filler	397	21-417	Alpha-Numeric	Unused Field

Table 3-6: Patient Assistance Program Response File Layout - Trailer Record

Field	Name	Size	Displacement	Data Type	Description
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	PAP ID	5	3-7	Alpha-Numeric	PAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Record Count	9	21-29	Alpha-Numeric	Number of records in this file
6.	Filler	388	30-417	Alpha-Numeric	Unused Field

3.2.3 Data Type Key

Conventions for Describing Data Values. The table below describes the data types used by the BCRC for its external interfaces (inbound and outbound). The Formatting Standards used with each data type correspond to the requirements of the interface layout.

This key is provided to augment the rules prescribing the formatting of data values that are provided within the PAP Data Exchange Layouts.

These standards should be used unless otherwise noted in the layouts.

Table 3-7: Data Type Key

Data Type/Field	Formatting Standard	Examples
Numeric	Zero through 9 (0-9) Padded with leading zeroes Populate empty fields with spaces	Numeric (5): "12345" Numeric (5): "00045" Numeric (5): " "
Alpha	A through Z Left justified Non-populated bytes padded with spaces	Alpha (12): "TEST EXAMPLE" Alpha (12): "EXAMPLE "
Alpha-Numeric	A through Z (all alpha) + 0 through 9 (all numeric) Left justified Non-populated bytes padded with spaces	Alphanum (8): "AB55823D" Alphanum (8): "MM236 "
Text	Left justified Non-populated bytes padded with spaces A through Z (all alpha) + 0 through 9 (all numeric) + special characters: Comma (,) Ampersand (&) Space ( ) Dash (-) Period (.) Single quote (') Colon (:) Semicolon (;) Number (#) Forward slash (/) At sign (@)	Text (8): "AB55823D" Text (8): "XX299Y " Text (18): "ADDRESS@DOMAIN.COM" Text (12): " 800-555-1234" Text (12): "#34"
Date	Format is field specific Fill with all zeroes if empty (no spaces are permitted)	CCYYMMDD (e.g. "19991022") Open ended date: "00000000"
Filler	Populate with spaces	-
Internal Use	Populate with spaces	-

3.3 The PAP Data Management Process

The information following describes the data review processes used by the Benefits Coordination & Recovery Center (BCRC). The "System" is the BCRC data processing system.

3.3.1 PAP Processing Requirements

1. The System shall be able to receive an external file from a PAP via Secure File Transfer Protocol (SFTP) or HTTPS or via a dedicated T-1 line (through AGNS).

2. The System shall be able to confirm the external PAP file format.

3. The System shall check enrollee records that are received on the PAP file for the mandatory fields.

4. The System shall match enrollee records that are received on the PAP file to the Benefits Master Table.

5. The System shall be able to provide information pertaining to all prescription drug coverage information for Part D beneficiaries as stored on the Medicare Beneficiary Part D Database, the MBD.

6. The System shall be able to create and transmit a file for processing by the MBD containing PAP enrollees with their specific Part D plan information.

7. The system shall be able to update the MBD table with information received on the PAP records.

8. The System shall be able to create and transmit a return file to the PAP containing response records. A response record is only generated when an add, update, or delete transaction is detected. The PAP partner will not receive response records for input records that produced no changes to existing data. The System shall be able to process a full-file replacement of the PAP records on a monthly basis.

3.3.2 The Data Exchange Process – Description

The purpose of this Patient Assistance Program process is to enable coordination of information about prescription drug benefit coverage between Medicare Part D plans and PAPs.

In order to coordinate benefit information, data must be collected from each PAP on each of its enrollees. Submission file formats have been created for PAP partners to use. This input information from a PAP will be transmitted to the BCRC where it will be edit-checked, and matched against Medicare data in various eligibility databases. Once a match is found, the BCRC will be able to coordinate the beneficiary's PAP information with the beneficiary's Medicare Part D information, to create a record of the beneficiary's PAP and Medicare drug benefit coverages.

The combined drug benefit coverage information will be loaded into the Medicare Beneficiary Database (MBD). Data from the MBD will be transmitted to Part D plans. A response file format has been created to be used to return information to the PAP. It will contain one status response record for each record initially submitted by the PAP to the BCRC. The response record will indicate if the PAP enrollee is a Part D beneficiary; whether or not the BCRC applied the record to the MBD; if the record was not applied to the MBD, why not (e.g., the record contained errors or the record did not provide enough information about the enrollee); what Part D plan the beneficiary is in enrolled in; and other selected Part D enrollment information.

3.3.3 Disposition Codes

Listed below are the disposition codes that the BCRC may provide in a Response File received by a PAP Partner. Disposition codes provide information about the general status of the data included in a Partner's Input Files.

Table 3-8: Disposition Codes and Descriptions

Disposition Codes	Description
01	Record accepted by CMS Systems, as an "Add" or a "Change" record.
SP	Transactions edit; record returned with at least one edit. Specific SP (and RX) edits are described below.
50	Record still being processed by CMS. Internal CMS use only; no Partner action is required.
51	Beneficiary is not on file with CMS. Record will not be recycled. Beneficiary most likely not entitled to Medicare. Partner should reexamine Medicare beneficiary status based on information in its own files.

3.3.4 Error Codes (SP and RX Edits)

The BCRC will perform edit checks on the PAP Input File and will generate the following transaction error codes, as necessary. The BCRC will supply the edit check results to the PAP. The PAP will be expected to correct any errors or update any missing information on its enrollees, and re-transmit the revised data on the following month's Input File submission. The SP errors that apply to PAP records are as follows:

Table 3-9: SP Error Codes and Descriptions

Error Code	Description
SP 12	Invalid Medicare ID (HICN or MBI) or SSN. Field must contain alpha or numeric characters. Field cannot be blank or contain spaces.
SP 13	Invalid Beneficiary Surname. Field must contain alpha characters. Field cannot be blank, contain spaces or numeric characters.
SP 14	Invalid Beneficiary First Name Initial. Field must contain alpha characters. Field cannot be blank, contain spaces, numeric characters or punctuation marks.
SP 15	Invalid Beneficiary Date of Birth. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Day of the month must be correct. For example, if month = 02 and date = 30, the record will reject.
SP 16	Invalid Beneficiary Sex Code. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Acceptable numeric characters include the following: 1 = Male 2 = Female
SP 18	Invalid Document Control (DC) Number. Field cannot be blank. The PAP must assign each record a unique DC number in the event questions concerning a particular record arise and need to be addressed.
SP 24	Invalid Coverage Type. Field must contain alpha characters. Field cannot be blank or contain numeric characters. Valid values are: U: Network V: Non-network

Error Code	Description
SP 31	Invalid PAP Coverage Effective Date. Field must contain numeric characters. Field cannot be blank, contain spaces, alpha characters or all zeros. Number of days must correspond with the particular month. CCYYMMDD
SP 32*	Invalid PAP Coverage Termination Date. Field must contain numeric characters. Date must correspond with the particular month. Cannot be earlier than the PAP effective date. CCYYMMDD. *If there is no termination date (coverage is still active), must use zeros (not spaces) in this field.
SP 62	Incoming termination date is less than effective date.

Additionally, the BCRC will provide RX specific errors.

NOTE: These are standard DSA error, edit, and disposition codes used by the BCRC for processing drug records. However, most of these codes will not applicable to the PAP data sharing process.

Table 3-10: RX-Specific Error Codes and Descriptions

Error Code	Description
RX 01	Missing RX ID
RX 02	Missing RX BIN
RX 03	Missing RX Group Number
RX 04	Missing Group Policy Number
RX 05	Missing Individual Policy Number
RX 07	Missing Part D Effective date

3.3.5 PAP Data Processing

1. Each month the PAP submits to the BCRC an electronic input file of all its enrollees, over the Internet using Secure FTP or HTTPS or via an existing T-1 line.

2. The BCRC edits the input file for consistency, and attempts to match the PAP enrollees with Medicare Part D enrollment.

3. Where the BCRC determines that an enrollee on the PAP file is a Medicare Part D beneficiary, the BCRC updates that record to the CMS Medicare Beneficiary Database (MBD). The MBD will send daily updates of all prescription drug coverage of Part D beneficiaries to the Part D plan that the beneficiary is enrolled in.

4. The BCRC then submits a response file to the PAP via the same method the input file was submitted, i.e., via a T1 line or the Internet. This file contains a response record for each input record the PAP submitted. The response record shows if the PAP enrollee is a Part D beneficiary; if the BCRC applied the record to the MBD; if the record was not applied to the MBD, and why (e.g., the record contained errors or the record did not provide enough information about the enrollee), in which Part D plan the beneficiary is enrolled, and other Part D enrollment information.

5. The PAP then examines the response file to determine whether: The records were applied to CMS systems; the BCRC was not able to match the PAP enrollee in the CMS systems; or the records were not applied because of errors. The PAP must correct any defective records so that when they are included in future input files they can be applied to the MBD. Errors have to be corrected because the MBD must have accurate, up-to-date PAP coverage information.

6. The PAP updates its internal records regarding the Part D enrollment of its beneficiaries.

7. When the PAP submits its next monthly full input file, it includes corrections of all the errors found in its previous submission.

3.3.6 Business Rules for PAP Processing

1. The monthly Input File submitted by the PAP is a full-file-replacement file. The PAP's entire file (participation record) of enrollees must be submitted each month on this file, and it must include any corrections to errors found in the previous month's file. Each month's input file will fully replace the previous month's input file.

2. A Response File will be returned to each PAP, containing a response record for each input record received, unless the input record is unchanged. The disposition of the input record will be provided on its corresponding response record, including whether the record was accepted.

3. The BCRC will attempt to create one record for each PAP enrollee record received.

4. The BCRC will not send incomplete records to the MBD.

5. On all PAP Input Files the fields required are Medicare ID (HICN or MBI) or SSN, Surname, First Initial, Date of Birth, Sex Code, Network Indicator, PAP Effective Date, PAP Termination Date, Coverage Type Indicator, Insurance Type Indicator, and PAP ID (in both the Header and Trailer).

3.4 PAP Implementation Questionnaire

PAP Implementation Questionnaire: The Implementation Questionnaire asks a series of questions of the data sharing partner that helps the CMS set up the data sharing exchange process with the PAP. These questions are intended to help you think through some of the issues which need to be addressed before you begin the data exchange and to assure that both the CMS and the PAP partner are in agreement as to the operational process involved. **PAP partners must fill out, sign and return a copy of the questionnaire to CMS with their signed PAP data sharing agreement.** The Implementation Questionnaire is included in the materials that accompany the Agreement sent to new PAP data sharing partners.

Chapter 4: Working with the Data

4.1 Establishing Electronic Data Exchange

A number of methods of electronic data transmission are available when a partner is ready to exchange files with the Benefits Coordination & Recovery Center (BCRC) in test or production modes. Following is an overview of the most common. The Partner's assigned Electronic Data Interchange Representative (EDI Rep) at the BCRC can address a PAP's specific questions and concerns.

CMS' preferred method of electronic transmission is with a PAP is via programs using either SFTP or HTTPS. We recommend either of these options for PAPs that anticipate having a relatively low volume of data to transmit.

In addition, the PAP can use Connect: Direct. This system provides a direct file transmission connection to the BCRC mainframe using the CMS Extranet Network and CMS's private CMSNet. This is the most costly transmission method, and recommended only if a PAP will be exchanging very large amounts of data with CMS.

Using hard media (e.g., CDs) for data management is not permitted.

4.2 Testing the Data Exchange Process

Overview: Before transmitting its first "live" (full production) input file to the BCRC, the data exchange partner and the BCRC will thoroughly test the file transfer process. Prior to submitting its initial Input Files, the partner will submit a test initial Input File to the BCRC. The BCRC will return a test initial Response File. The BCRC will correct errors identified in the partner's test files. Testing will be completed when the partner adds new enrollees in test update Input Files, the BCRC clears these transmissions, and the partner and the BCRC agree all testing has been satisfactorily completed.

Details: The partner and the BCRC will begin testing as soon as possible, but no later than 180 days after the date the PAP DSA is in effect. The population size of a test file will not exceed 1000 records. All administrative and technical arrangements for sending and receiving test files will be made during the "Preparatory Period." See Section B in "Terms and Conditions" in the Patient Assistance Program Data Sharing Agreement.

Testing PAP Records: The test file record layouts used will be the regular PAP record layouts. Data provided in the test files will be kept in a test environment, and will not be used to update CMS databases. The PAP partner will produce and transmit a test "Add" Input File to the BCRC. Upon completion of its review of the test file, the BCRC will provide the partner with a response for every record found on it, usually within a week, but no longer than forty-five (45) days after receipt of the test file. After receiving the test Response File in return, the partner will take the steps necessary to correct the problems that were reported on it.

In order to test the process for creating an Update File, a test "Update" shall be prepared by the partner and include data regarding individuals identified in the test Add File. The partner shall submit the test Update data within ninety (90) days after receipt of its test Response File. The test Update File shall include any corrections made in the previous Test Response File sent to the partner by the BCRC. With the full file replacement process used here, any corrections made to the file will fully replace what was previously submitted by the Partner. Upon completion of its review of the test Update File, the BCRC shall provide the partner a Response for every record found on the Test Update File. The BCRC will

provide this Test Update Response File to the partner usually within a week, but no longer than forty-five (45) days after receipt of the partner's Test Update File.

After all file transmission testing has been completed to the satisfaction of both the PAP Data Sharing partner and CMS, the partner may begin submitting its regular production files to the BCRC, in accordance with the provisions of Sections V. C and V. D of the PAP Data Sharing Agreement.

4.3 PAP File Processing

On a monthly basis, PAPs will transmit full file submissions in the format specified in this agreement. Full file processing requires the PAP to submit a complete file of enrollees every month. Each month's transmitted file will fully replace the previous month's file.

4.3.1 PAP Telephone Contact Number

Field 14 in the PAP Input File is labeled "Telephone Contact Number." This is the field that the PAP will use to enter the telephone number to be called if a PAP enrollee's Medicare Part D Plan wishes to contact the PAP for information about medications the enrollee/beneficiary is being provided. This contact number should be one that can take incoming calls from PDP administrative or technical staff, and provide the PDP with information about the drug(s) provided by the PAP and about any out-of-pocket payments made by the beneficiary. This is a required field.

4.3.2 File and Record Level Editing

Upon the BCRC's receipt of the PAP Input File, high-level file edits are performed to verify the format and validity of the Input File. High-level editing verifies Header and Trailer data and record counts. The size of the PAP Input File (the number of records contained in the file) is compared to the size of the previous monthly file submitted. The method for deleting enrollees in full file replacement processing is to not include enrollee files previously submitted. If the current file size is less then 70% of the previous month's file, the current Input File will be placed on hold and the PAP partner will be notified. The PAP partner will be asked to verify the high number of delete records in the current submission.

The Input File is then processed at the record level to determine if an incoming enrollee record is an add, update, delete, or if no action will be taken on it. The system initially attempts to convert an SSN to a Medicare ID (HICN or MBI) if a Medicare ID is not submitted on the input file. If a Medicare beneficiary is identified through an SSN and other data the beneficiary's Medicare ID will be returned to the PAP, and the PAP is then required to use the Medicare ID in any future data exchanges with the BCRC.

The BCRC will only create a response record if a record has been added, or an existing record has been updated or deleted. An input record that has already been applied in a previous full file submission and is contained in the current submission unchanged (i.e., with no updates or errors) will not generate a response record. However, the BCRC and CMS work to ensure that PAPs will receive updated Part D enrollment status in their monthly response files even if no other information about the affected beneficiary has changed.

4.3.3 Adds

Using the beneficiary's HICN, the incoming record is compared to the database to attempt to match on previously submitted records. The data elements comprising the set of initial matching criteria consist of the Medicare ID (HICN or MBI), Effective Date, Insurance Type, and PAP ID. If a match of these fields cannot be made on the existing database, the incoming record is considered an "add" (a new record).

4.3.4 Updates

If incoming field matches indicate a record is not an Add, *additional fields* are compared to determine if the incoming record should be considered an update. These fields include Toll-Free Number, Coverage Type, and Termination Date. If any of these fields have changed from the previous month's submission the record is considered an update. If the incoming record matches exactly on these additional fields, no action is taken and the PAP does not receive a response for this record.

4.3.5 Deletes

Any records *previously added, but not now included* in the PAP's current Input File submission will be deleted from the BCRC's PAP records.

Note: During the course of production data exchange involving current PAP clients this delete process should *only* be used to remove a record that never should have been sent to CMS, one that should not have been added to our database originally.

A beneficiary record that has been correctly added is required to be kept active for the entire period that the Medicare beneficiary continues to be receiving services from the PAP. Periods of "continuous enrollment" may include PAP disenrollment/re-enrollment activity that doesn't result in actual termination from PAP services (for example, periodic automatic reenrollment). Once a Medicare beneficiary's PAP enrollment ends and after the PAP sends CMS an accepted "Termination Date" in a subsequent Input File (see the Input File, Field #8), we do not require the PAP to continue to include that beneficiary's information on later Input Files.

However, we recommend that a PAP consider continuing to include former PAP enrollee data on later Input Files for a period of time determined to be of value to the PAP. **Previous PAP enrollee data that is omitted from a later Input File will be a "Delete,"** and will cause all evidence of PAP enrollment to disappear from the beneficiary's record on the CMS database. Because such deleted data cannot be recovered there will no longer be any record of PAP – CMS data sharing at CMS. If a PAP determines there is value in keeping the record of a Medicare beneficiary's PAP activity available on the CMS database, the PAP should continue to include the beneficiary's data on subsequent PAP Input Files.

4.3.6 Errors

Records containing errors are returned to the PAP with the appropriate error code on the response record linked to the erroneous input data. The PAP should identify and correct the error, and resubmit the record with the next month's regular Input File.

4.3.7 Notification to the Medicare Beneficiary Database (MBD)

When processing of incoming data is complete, a file is created and transmitted to the MBD containing the adds, updates, and delete records generated by the BCRC from the Input File submitted by the PAP. The MBD returns a file to the BCRC containing Part D enrollment information.

4.3.8 Response Files

Within 15 days of the PAP Input File submission, the BCRC generates and transmits a Response File to the PAP. This file contains responses for any records that were added, updated, or deleted. The file does not contain responses for records to which no change was made. The Response File also contains the Part D enrollment information received from the MBD.

4.4 Distinction Between Part D Eligibility and Enrollment

Some of our data sharing partners have expressed uncertainty regarding the difference between the Part D Eligibility Start and Stop Dates and Current Part D Plan Enrollment and Termination Dates they receive on their response files. While many use these terms interchangeably, these terms have distinct meanings for the Centers for Medicare & Medicaid Services' (CMS) data exchange process. To clarify:

Part D Eligibility Start Date (Field 25): Refers to the first date a beneficiary can enroll in a Part D Plan. It does not mean that the beneficiary actually has coverage, just that because they have current Part A or B coverage they may enroll in a Part D Plan.

Part D Eligibility Stop Date (Field 26): Refers to the date that the beneficiary is no longer eligible to enroll in and receive coverage from any Part D Plan.

Current Part D Plan Enrollment Date (Field 46): Refers to the start date of coverage for a Medicare beneficiary that is eligible, has applied for and has current coverage in a Part D Plan.

Current Part D Plan Termination Date (Field 47): Refers to the date that beneficiary is no longer receiving benefits under the Part D Plan.

In the response files the BCRC sends you, the Current Part D Plan Enrollment Date provides the effective date of coverage for the Part D benefit by the specific Part D Plan listed as the **Current Medicare Part D Plan Contractor Number (Field 45).** The Current Part D Plan Termination Date is the date that beneficiary is no longer receiving benefits under that Part D Plan.

These dates are the most important for our data sharing partners because they let you know whether the beneficiary has actually elected coverage under Part D and the time period in which the Part D coverage became effective. In summary, a Medicare beneficiary can be **eligible** for Part D, but unless the beneficiary is **enrolled** in a Part D Plan, the beneficiary is not receiving Part D benefits.

4.5 Obtaining a TrOOP Facilitation RxBIN or RxPCN – If Necessary

Most PAP partners **will not** need to obtain an RxBIN or RxPCN code number to enable coordination in support of the TrOOP process (which records Medicare beneficiaries' true out-of-pocket spending). This is because most PAPs will be providing assistance outside of the Medicare Part D benefit structure, and thus will not need to be concerned with Part D's TrOOP tracking requirements.

If your PAP believes it does, or should, operate within Medicare's Part D Program, you will need to function under the terms of a different data sharing agreement. For more information, please contact Vanessa Jackson at vanessa.jackson@cms.hhs.gov.

Chapter 5: PAP DSA Frequently Asked Questions

5.1 General Questions

Q1: **What methods are available to me to use to communicate electronically with the Benefits Coordination & Recovery Center (BCRC) in the data exchange process? Who is responsible for providing the necessary technology? Are there any alternatives?**

A1: A PAP can submit files over the Internet via Secure File Transfer Protocol (SFTP) or HTTPS. It can also use Connect: Direct via an existing T-1 line. Also, see Section C, I, on Page 16. Using physical media such as CDs for file transfer is NOT permitted.

Q2: **When will a PAP Partner Identification ID Code be assigned?**

A2: The PAP ID will be assigned once the BCRC has received a signed copy of the Data Sharing Agreement (DSA) from the PAP data sharing partner. This signature copy is sent to the BCRC from CMS.

Q3: **The BCRC – PAP data exchange is a monthly process. What is the schedule for this process? Will the data exchange happen at the beginning, middle or end of month?**

A3: Scheduling transmission of files depends upon when the agreement is signed. There is no requirement that each PAP have the same schedule. The BCRC will work with each PAP partner during the Preparatory Period to set up a data production schedule.

Q4: **With regard to the Administrative and Technical contacts needed for the PAP – CMS data exchange, must either or both of these contacts be PAP staff or may they be contractor staff?**

A4: The PAP can designate whomever it wishes as the administrative and technical contacts, including contractor staff, but only a duly authorized representative of the PAP can sign the actual PAP Data Sharing Agreement.

Q5: **What are the requirements that must be met in order to successfully complete the PAP data sharing exchange testing process?**

A5: CMS requires the PAP partner to be able to successfully (1) submit an initial and update test Input Files that can be processed to the satisfaction of the BCRC, and; (2) receive and process a test Response File from the BCRC. The BCRC has been delegated the authority to determine whether or not the PAP partner has successfully completed the testing process to the satisfaction of CMS.

5.2 Data Elements

Q1: **When the PAP submits a monthly full input file, it incorporates the corrections of all the errors from the previous submission. Are we sending the full file (all PAP eligible enrollees)?**

A1: Yes, you send a full file.

Q2:   **Should we exclude previously matched records?**

A2:   No, you should include previously matched records.

Q3:   **Are "errors" just data discrepancies (e.g., a mismatched SSN)?**

A3:   Reports of errors can include data that is defective or that contains an invalid value, such as an alpha character in a field requiring a numeric date. The reported problem could also be due to a programming error. In any case, the error will be identified in the Response File using the standard error codes described above.

Q4:   **Will we be receiving Medicare D enrollment information only, or will we be receiving information on all the other prescription coverage carried by the PAP client?**

A4:   We will provide only Medicare Part D enrollment information for your submitted PAP Program enrollees for whom the BCRC finds a match. CMS does not provide you with other (non-Medicare) insurer information; we can only provide a PAP with Medicare Part D enrollment data.

Q5:   **What field identifies the date of Medicare D enrollment?**

A5:   The Current Medicare Part D Plan Enrollment Date (Field 46 in the PAP Response File Layout) gives the most recent enrollment date in a Medicare Part D Plan.

Q6:   **What field identifies the Medicare Part D Plan?**

A6:   The Current Medicare Part D Plan Contractor Number (Field 45 in the PAP Response File Layout) identifies, by Contractor Number (not by name), the Part D Plan that the beneficiary is enrolled in.

Q7:   **Why do we have to provide a telephone contact number for the use of Part D Plans?**

A7:   If a PAP client is also enrolled in a Part D Plan the Plan is responsible for assuring appropriate medication management for the Medicare beneficiary. Accordingly, a Part D Plan may wish to contact the PAP to inquire about the product(s) being provided to the beneficiary by the PAP. The number you provide should connect the Part D Plan to a PAP employee who is familiar with the drug(s) available through the PAP.

Q8:   **We currently do not mandate collection of an SSN from the participant (although most of our participants have an SSN). In the cases where we do not have a SSN, do we send the other information we have with the input file? If so, do we zero fill the SSN field or leave it blank?**

A8:   The Medicare ID (HICN or MBI) is our primary identifier for matching to individuals that you submitted to determine their Medicare entitlement information. If you do not have a Medicare ID to submit you may provide an SSN. If you do not provide either of these numbers, do not attempt to submit an input record for the individual. We cannot perform our matching process without either the Medicare ID or the SSN.

Q9:   **Is the Part D RxBIN and RxPCN the information that is identifying the Part D carrier or is it being used to identify other insurance as well?**

A9:   This information does not identify the Part D carrier (or any other insurer). The Current Part D Plan Contractor Number (Field 45 of the PAP Response File Layout for Part D) specifically identifies the particular Part D Plan that a beneficiary is enrolled in. The Part D RxPCN and Part D RxBIN are code numbers used to electronically route Part D network pharmacy benefit utilization information. Because almost all PAPs are not involved in this "network pharmacy" billing and reimbursement process, this information will not usually apply to PAPs.

Q10:   **What does the disposition code identify? Is this simply a "Yes or No" indication of coverage on the MBD?**

A10:   The Current Disposition Code (Field 19) lets you know what action the BCRC has taken regarding the submitted record. For instance, if the record is not found on the CMS database the BCRC will provide the PAP data sharing partner with a disposition code indicating that circumstance. Additionally, if a record is not applied due to an error (or errors) the disposition code provides you with this information.

Q12:   **What is the Plan Benefit Package code (Field 52) used for?**

A12:   A Part D Plan may offer a variety of separately coded benefit packages, and the one code number for the one being used by a PDP enrolled beneficiary is placed in Field 52. However, a PAP has no need for this code, and PAPs should ignore this field. (The PAP Response File layout was adapted from a layout used in another DSA program, and this field is an unavoidable remnant.)

Q13:   **Are PAPs eligible for the N-Plan ID?**

A13:   The N-Plan ID field is only a place-holder, for an ID code to be used by insurers in the future. PAPs can ignore this field.

Q14:   **Are we to send all of our PAP enrollees in input files (including non-Medicare covered individuals), or only those who have told us that they have Medicare and may be in a Part D plan?**

A14:   We do not expect you to know of all your enrollees who are Part D beneficiaries. You can think of your first production Input File as a finder file. You send us all of your enrollees and we respond with a file indicating those we matched on and applied to our databases; matched on but didn't apply because of errors in the file; or did not match on and therefore are not beneficiaries. Your subsequent Input Files will include all previously identified Medicare beneficiaries receiving PAP services, and any new PAP clients and others not previously included on an Input File.

Appendix A: Acronyms

Table A-1: Acronyms

Term	Definition
BCRC	Benefits Coordination & Recovery Center
DC	Document Control (Number)
DOB	Date of Birth
DSA	Data Sharing Agreement
EDI Rep	Electronic Data Interchange Representative
HICN	Health Insurance Claim Number
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MMA	Medicare Modernization Act
MSP	Medicare Secondary Payer
PAP	Patient Assistance Program
PDP	Part D Plan
SFTP	Secure File Transfer Protocol

Appendix B: Previous Version Updates

Version 8.5

If a plan sends more than one PAP Input File in one day, the system will process the files without terminating. If the first file sent passes its edit checks, it is processed, and a response file is sent per current processes. Second and subsequent files sent the same day are added to a multiple file submissions report for review by the BCRC (Section 3.1).

Version 8.4

Contact information for the Centers for Medicare & Medicaid Services (CMS) has been updated.

Version 8.3

Reformatted document to CMS user guide standards.

Version 8.2

Section C, Part V: Using BASIS for Queries, and related references, has been removed.