ADAP DATA SHARING AGREEMENT

Supplemental Drug Program Data Sharing

USER GUIDE

For Use by State AIDS Drug Assistance Programs (ADAPs)

Version Effective Date:
May 11, 2012

INTRODUCTION

This ADAP Data Sharing Agreement **USER GUIDE** provides the information and instructions state AIDS Drug Assistance Programs (ADAPs) will find useful as they implement and manage the information sharing process with CMS. In particular, the ADAP Data Sharing Agreement (DSA) and the information in this document will allow ADAPs to coordinate Medicare Part D drug benefit coverage with CMS under the terms 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, our ADAP partners will be provided with new and up-to-date sections of this Guide. These updated versions should replace any older versions of the Guide that you might have. Please contact the CMS should you have any questions regarding this User Guide.

If would like more general information about the current ADAP data exchange process, please E-mail john.albert@cms.hhs.gov. Remember to provide us with the E-mail address, phone number and other contact information for any individuals you would like to have added to our distribution list.

RECENT CHANGES: Updates to this edition of the User Guide

- We have revised this User Guide (all the DSA documents) to reflect all ADAP DSA requirements current as of May, 2012.
- We have updated Section C: Working With The Data; I. Obtaining a TrOOP Facilitation RxBIN or RxPCN, to reflect current requirements.
- We continually update the section titled Contact Protocol for Data Exchange Problems; Page 21.
- We have revised the Contact Information on Page 2.

SECTION A: COMPLETING AND SIGNING AN ADAP DSA

Before the CMS – ADAP relationship can become operational, the potential ADAP Data Sharing Agreement partner and CMS have to sign and exchange completed copies of the ADAP Data Sharing Agreement (DSA). This section has the instructions for completing an ADAP DSA for signature.

The DSA signature package consists of two documents: The DSA itself, and the ADAP DSA *Implementation Questionnaire*. The DSA partner will return three signed copies of the DSA *and* one completed copy of the Implementation Questionnaire to CMS. CMS will not consider an ADAP DSA to be in force until the DSA partner has provided CMS with a completed copy of the Implementation Questionnaire. The ADAP DSA will be countersigned by CMS and a completed copy will be returned to the new DSA partner. Further DSA implementation procedures will also be provided at that time.

1. In the first paragraph on Page 1 of the ADAP DSA, insert all of your specific identifying information where indicated. The date that the partner completes the signature process will be entered here, and will be the "Effective Date." However, if you wish, the date you enter may be prospective or retroactive. For example, some ADAP DSA partners prefer to enter the first day of the month in which they expect the DSA to be signed. But bear in mind that if you enter a prospective date, CMS cannot begin full implementation of the DSA until we reach it.

2. Enter the date that is requested on Page 4 of the ADAP DSA, in Section C, 1. This is the starting date for health plan enrollment information that is entered on the first regular production Initial Input File you provide to CMS.

3. On Page 9, in Section M, enter the ADAP partner's Administrative and Technical contact information.

4. Page 9, Section N: Upon receipt of an ADAP DSA signed by the partner, CMS will provide the required Technical Contact information.

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

To avoid unnecessary processing delays, we strongly recommend that you use an overnight delivery service and send your signed ADAP Data Sharing Agreement copies and the Implementation Questionnaire to:

John Albert
Centers for Medicare and Medicaid Services
Office of Financial Management
Division of Medicare Benefit Coordination
Mail Stop: C3-14-16
7500 Security Boulevard
Baltimore, Maryland 21244-1850

SECTION B: THE ADAP DATA FILES – Standard Reporting Information

The CMS has contracted with GHI, Inc. in New York City to provide technical support for all of the data sharing partnership agreements CMS has entered into. GHI has been designated the DSA Coordination of Benefits Contractor (COBC). ADAP partners will be exchanging data files with the COBC directly, while CMS will remain responsible for overall DSA program management.

Standard Data Files: The data exchanged through the ADAP process is arranged in two different file formats (sometimes referred to as record layouts). An ADAP partner electronically transmits a data file to the COBC. This *input file* is the method through which the ADAP data sharing partner will submit its covered ADAP enrollee population. The COBC processes the data in this *input file*, then at a prescribed time electronically transmits a *response file* to the partner. The response file to the partner will contain Medicare Part D enrollment information for all ADAP enrollees who also have Part D.

Current versions of the Standard Data Files immediately follow. Once again we remind you that details of the information provided here are likely to change from time to time. You will be notified of any changes.

I. The Input and Response File Data Layouts

***The ADAP Input File*:** This is the data set transmitted from an ADAP partner to the COBC on a monthly basis. It is used to report information regarding the ADAP enrollees – people who are eligible for and enrolled in an ADAP and receive coverage through such a program. We use *full file replacement* as the method to update eligibility files. Each month's Input File from the ADAP will fully replace the previous month's file. The business rules for use of the ADAP Input File immediately follow the data file layout itself.

ADAP Input File Layout

ADAP Input File Layout – 249 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	SSN	9	1-9	Numeric	Social Security Number – Required. Populate with spaces if unavailable.
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number **Required if SSN not provided**. Populate with spaces if unavailable.

ADAP Input File Layout – 249 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
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 ADAP Coverage - Required CCYYMMDD
8.	Termination Date	8	46-53	Date	Termination Date of ADAP Coverage - Required CCYYMMDD – Use all zeros if open-ended
9.	NPlanID	10	54-63	Filler	**Future use** for National Health Plan Identifier. Fill with spaces only
10.	Rx ID/Policy Number	20	64-83	Text	Covered Individual Pharmacy Benefit ID for ADAP Rx ID Required if Coverage Type = U Policy Number Required if Coverage Type = V
11.	Rx Group	15	84-98	Text	ADAP Pharmacy Benefit Group Number
12.	Part D RxPCN	10	99-108	Text	Part D specific ADAP Pharmacy Benefit Processor Control Number. Required if Coverage Type = U
13.	Part D RxBIN	6	109-114	Text	Part D specific ADAP Pharmacy Benefit International Identification Number. Required.
14.	Toll-Free Number	18	115-132	Text plus "(" and ")"	Pharmacy Benefit Toll-Free Number
15.	Document Control Number	15	133-147	Text	Document Control Number, Assigned by ADAP - Required

ADAP Input File Layout – 249 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
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 Q: SPAP (Qualified – Send LIS Data) R: Charity **S: ADAP**
18.	Filler	100	150-249	Alpha-Numeric	Unused Field Fill with spaces only
HEADER RECORD – All fields required					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	ADAP-ID	5	3-7	Alpha-Numeric	ADAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Filler	229	21-249	Alpha-Numeric	Unused Field Fill with Spaces.
TRAILER RECORD – All fields required					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	ADAP-ID	5	3-7	Alpha-Numeric	ADAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records on file
6.	Filler	220	30-249	Alpha-Numeric	Unused Field Fill with Spaces.

***The ADAP Response File*:** This is the data set transmitted from the COBC to the ADAP partner after the information supplied in the partner's ADAP Input File has been processed by the COBC. It consists of the same data elements in the Input File, with any corrections applied, and disposition and edit codes which let you know what we did with the record. The response will also contain new information for the partner regarding the

submitted ADAP enrollees, including Medicare enrollment information if an ADAP client is found on the Medicare database.

ADAP Response File Layout

ADAP Response File Layout – 417 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number
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 ADAP Coverage CCYYMMDD
8.	Termination Date	8	46-53	Alpha-Numeric	Termination Date of ADAP Coverage CCYYMMDD *All zeros if open-ended
9.	NPlanID	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 for ADAP
11.	Rx Group	15	84-98	Alpha-Numeric	ADAP Pharmacy Benefit Group Number
12.	Part D RxPCN	10	99-108	Alpha-Numeric	Part D specific ADAP Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Alpha-Numeric	Part D specific ADAP Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Alpha-Numeric	Pharmacy Benefit Toll-Free Number
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number, Assigned by ADAP
16.	COBC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by COBC

ADAP Response File Layout – 417 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
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)
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP Q: SPAP (Qualified – Send LIS Data) R: Charity **S: ADAP**
19.	Rx Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result (Action taken by COBC)
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result (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

ADAP Response File Layout – 417 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
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
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

ADAP Response File Layout – 417 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
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.
HEADER RECORD					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	ADAP-ID	5	3-7	Alpha-Numeric	ADAP 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
TRAILER RECORD					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	ADAP ID	5	3-7	Alpha-Numeric	ADAP 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 on file
6.	Filler	388	30-417	Alpha-Numeric	Unused Field

Data Type Key

Conventions for Describing Data Values. The table below defines the data types used by the COBC for its external interfaces (inbound and outbound). The formatting standard defined for each data type corresponds to the data type identified for each field within the interface layout.

This key is provided to assist in the rules behind the formatting of data values contained within layout fields for ADAP Data Exchange Layouts.

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): "MM221 "
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	
Above standards should be used unless otherwise noted in layouts		

II. The ADAP Data Exchange Process

The information following describes the data review process used by the Coordination of Benefits Contractor (COBC).

ADAP Processing Requirements

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

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

3. The System shall check enrollee records received on the ADAP file for the mandatory fields.

4. The System shall match enrollee records received on the ADAP 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 Part D database (the MBD).

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

7. The system shall be able to update the Beneficiary Part D table with information received on the ADAP records.

8. The System shall be able to create and transmit a return file to the ADAP containing response records. A response record is only generated when an add, update, or delete transaction is detected. The ADAP partner will not receive response records for input records that provide no changes.

9. The System shall be able to process a full-file replacement of the ADAP records on a monthly basis.

DSA Program Description

The purpose of the ADAP data sharing agreement process is to coordinate the prescription drug benefits between Medicare Part D plans and ADAPs, as specifically required by the MMA, the ACA, and related law and regulations. This collection of prescription drug related benefits will facilitate the tracking of TrOOP (True Out-of-Pocket) expenses incurred by Medicare beneficiaries who are also ADAP clients.

In order to coordinate benefit information, data must be collected from each ADAP on each of its enrollees. This information will be transmitted to the COBC where it will be edit-checked, and matched against Medicare Program eligibility data. When a match is

found, the COBC will be able to combine the beneficiary's ADAP information and Medicare Part D specific information to create a complete record of the beneficiary's state and federal prescription drug benefits. The combined drug benefits information will be loaded into the Medicare Beneficiary Database (MBD). Beneficiary data will be sent from the MBD to the Transaction Facilitation Contractor and to Part D plans.

A response file will also be created to send to the ADAP. This file will contain one status record for each record initially submitted by the ADAP to the COBC. Records in the response file will indicate whether or not the ADAP enrollee is a Part D beneficiary; whether or not the COBC applied the record to the Medicare Beneficiary Database (MBD); if the record was not applied to the MBD, why (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 Part D enrollment information.

Listed below are the disposition codes that the COBC may provide to each ADAP Partner in the updated Response File.

DISPOSITION CODES	DESCRIPTION
01	Record accepted by CMS System as an "Add" or a "Change" record.
SP	Transaction edit: the record is being returned with at least one edit (specific SP edits described below).
50	Record still being processed by CMS. Internal CMS use only*; no Partner action is required.*
51	Beneficiary is not in file on CMS System. Record will not be recycled. Individual may not be entitled to Medicare. *Partner should attempt to re-verify beneficiary status based on information in its files.*

The COBC will perform edit checks of the ADAP input file which will generate the following error codes as necessary. The COBC will supply the results to the Partner. The ADAP will be expected to correct any errors, or update any missing information on its enrollees, and re-transmit this data on the following month's file. The SP errors that would apply for drug records are as follows:

Error Code	Description
SP 12	Invalid HIC Number or SSN. Field must contain alpha or numeric characters. Field cannot be blank or contain spaces.

Error Code	Description
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 Number. Field cannot be blank. **ADAP** must assign each record a unique 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
SP 31	Invalid ADAP 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.
SP 32	Invalid ADAP Coverage Termination Date. Field must contain numeric characters. Date must correspond with the particular month – CCYYMMDD. For example, 02/27/1997 is acceptable, but not 02/30/1997. Cannot be earlier than the ADAP effective date. 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 COBC will provide RX specific errors:

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

NOTE: These are the standard error, edit and disposition codes used by the COBC for processing drug records. However, some of these codes are not applicable to the ADAP data sharing process.

ADAP Data Processing

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

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

3. Where the COBC determines that an enrollee on the ADAP file is a Medicare Part D beneficiary, the COBC updates that record to the CMS Medicare Beneficiary Database (MBD), which holds prescription drug coverage information on all Medicare Part D beneficiaries. The MBD will send daily updates of all prescription drug coverage of Part D beneficiaries to the Transaction Facilitation Contractor and to the Part D plan that the beneficiaries are enrolled in.

4. The COBC then submits a response file to the ADAP via the same method used to submit the input file. This file contains a response record for each input record the ADAP submitted. The response record shows if the ADAP enrollee is a Part D beneficiary, if the COBC 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 ADAP then examines the response file to determine whether: The records were applied; the COBC was not able to match the ADAP enrollee in the CMS systems; or the records were not applied because of errors. (The ADAP must

correct any records so that from subsequent full replacement input files the corrected records can be applied to the MBD.)

6. The ADAP updates its internal records on the Part D enrollment of its enrollees.

7. When the ADAP submits the next monthly full input file, it also sends corrections of all the errors from the previous submission.

Business Rules

1. The monthly file submitted by the ADAP is a full-file-replacement. The entire base of enrollees must be submitted each month on this file, including any corrections from the previous month's file. Each month's input file will fully replace the previous month's input file.

2. One response file will be returned to each ADAP, containing a response record for each input record received. The disposition of the input record will be provided on the corresponding response record, indicating if the record was accepted.

3. The COBC will attempt to create one drug record for each ADAP enrollee record received.

4. The COBC will not send incomplete drug records to MBD; consequently, incomplete drug records will not get sent to the TrOOP facilitator.

5. The required fields for ADAP records are SSN or HICN, Surname, First Initial, Date of Birth, Sex Code, Network Indicator, ADAP Effective Date, ADAP Termination Date, Coverage Type Indicator, Insurance Type Indicator, and ADAP -ID.

III. Establishing Electronic Data Exchange

A number of methods of electronic data transmission are available when a partner is ready to exchange files with the Coordination of Benefits Contractor (COBC) 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 COBC will address a Partner's specific questions and concerns.

1. CMS has available two secure Internet transmission options, SFTP and HTTPS. We recommend either of these options for Partners that anticipate having a relatively low volume of data to transmit and that might find it is a burden to secure an AGNS connection. The ADAP partner's assigned EDI Representative at the COBC can advise you on this option.

2. For reporters that will transmit large amounts of data CMS can provide access to Connect:Direct transmission capabilities. For more information on this method of electronic transmission please contact your EDI Representative at the COBC.

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

Special Information for Small AIDS Drug Assistance Programs (ADAPs)

We have added a data exchange option to accommodate small ADAPs, those submitting Input Files consisting of 25 or fewer records. These small ADAPs will be able to submit the Input File in a text (txt) or ASCII format. The file must still adhere to the SPAP Input File Layout for Part D – 249 bytes including the Data Type Key provided. Response files will be returned in a text (.txt) format. Refer to the SPAP Response File Layout for Part D for information on the response file. We stress that this option is only available to ADAPs submitting 25 or fewer input records.

IV. ADAP Implementation Questionnaire

The ADAP *Implementation Questionnaire* asks a series of questions of the data sharing partner that helps the CMS and the partner set up the data sharing exchange process. 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 ADAP partner are in agreement as to the operational process involved. When sending their signed ADAP Data Sharing Agreement to the CMS, ADAP partners must also send a completed copy of the Implementation Questionnaire. The Questionnaire is listed as Attachment C in the included materials that accompany the Agreement sent out to new ADAP data sharing partners.

SECTION C: WORKING WITH THE DATA

I. Obtaining a TrOOP Facilitation RxBIN or RxPCN

TrOOP is the acronym for "true out-of-pocket" – spending by or on behalf of a Medicare beneficiary that counts toward the beneficiary's Medicare Part D cost sharing. ADAP partners that offer an electronic network (real time) managed drug benefit (electronic at point-of-sale) are required to include a TrOOP facilitation RxBIN and unique RxPCN ("Part D RxBIN" and "Part D RxPCN") on records in the ADAP Input File. These unique code numbers will identify, to the benefits coordination network, the ADAP partner's drug benefits which are supplemental to Part D. The ADAP's use of unique TrOOP Facilitation routing numbers will enable the Transaction Facilitation Contractor (formerly known as the "TrOOP Facilitation Contractor") to capture any paid claims that are supplemental to Part D and to send this information to the Medicare beneficiary's Part D Plan. The Part D Plan will use this supplemental paid claims information in its accounting of the enrollee's TrOOP. To be sure these drug claims are routed through the Transaction Facilitation Contractor, ADAP partners must provide a separate and unique TrOOP RxPCN, in addition to their existing standard RxBIN code.

If your ADAP does not offer an electronic network (real time) drug benefit (electronic at point-of-sale) and thus has no existing network RxBIN, in order to successfully participate in this data exchange the "non-network" ADAP partner is also required to obtain a TrOOP facilitation RxBIN as well as an RxPCN ("Part D RxBIN" and "Part D RxPCN") to include on records in the ADAP Input file. As with networked ADAPs, these code numbers will enable the Transaction Facilitator to correctly transmit needed ADAP TrOOP cost sharing information to the appropriate Part D Plan(s).

Talk with your COBC EDI representative about these networking code requirements. Then, if your ADAP needs to acquire a new RxBIN or RxPCN to use for TrOOP facilitation purposes you may contact either of the following two entities. The organization that issues the BIN is the American National Standards Institute, or ANSI. (Note that a BIN is sometimes referenced as an IIN; an IIN is a BIN.) ANSI can be contacted through its Web address: www.ansi.org .

The National Council for Prescription Drug Programs (NCPDP) manages the PCN coding system. The NCPDP can be contacted through its Web address: www.ncpdp.org . **Note:** The NCPDP has informed CMS that an entity needing a new or additional RxPCN is permitted to generate the code number itself, if the new code will be entirely distinct (unlike any other existing) and no more than ten bytes in length.

II. Testing the Data Exchange Process

Once the partner's ADAP DSA is in place the partner and the COBC will begin working together closely. At this point the COBC will assign the partner with its own COBC EDI Representative. The partner's EDI Rep will be the partner's primary point of contact with the ADAP data exchange process, from testing through full production.

Overview: Before transmitting its first "live" (full production) input file to the COBC, the partner and the COBC 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 COBC. The COBC will correct errors identified in the partner's test Input Files and return test Response Files. Testing will be completed when the partner adds new enrollees in test update Input Files, the COBC clears these transmissions, and the partner and the COBC agree all testing has been satisfactorily completed.

Details: The partner and the COBC will begin testing as soon as possible, but no later than 180 days after the date the ADAP 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 "Terms and Conditions," Section B, of the ADAP Data Sharing Agreement).

Testing ADAP records: The test file record layouts used will be the regular ADAP record layouts. Data provided in the test files will be kept in a test environment, and will not be used to update CMS databases. Upon completion of its review of a test Input File, the

COBC will provide the partner with a response for every record found, 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" will be prepared by the partner; it will "update" data on individuals included in the Test Input File. The partner shall submit the test Update File within ninety (90) days after receipt of the test Response File. The test Update File shall include any corrections made in the previous Test Response File sent to the partner by the COBC. In full file replacement, any corrections made to a file will fully replace what was previously submitted by the partner. Upon completion of its review of the test Update, the COBC will provide the partner a Response for every record on the Test Update File that matched to information in CMS databases. The COBC will provide a test Update Response File to the partner, ordinarily within a week, but no longer than forty-five (45) days after receipt of the partner's test Update Input File.

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

III. Using Basis for Queries

When a partner has an immediate need to access Medicare eligibility and enrollment information, BASIS – the Beneficiary Automated Status and Inquiry System – permits a partner to make on-line queries to CMS to find out if it is possible that an individual is eligible for or enrolled in Medicare. Using a private, Web-based host, the ADAP data sharing partner can use BASIS to access Medicare Part D enrollment data. Access to BASIS will be limited to 500 queries per month. Access to BASIS is contingent on the partner having submitted its Initial Input Files and its most recent Update Files during its last quarterly production cycle.

In overview, BASIS operates as follows:

1. The COBC assigns each partner its own ADAP Personal Identification Number ("SPIN"). The SPIN delivered to the designated ADAP Contact Person within 30 days of submission of the partner's initial Input Files. At this time, the partner will also receive information concerning the designated telephone line to be used for the BASIS application.

2. The COBC will notify the partner when the BASIS application is operational and will provide detailed instructions on how to use the BASIS application.

3. The partner will use a designated telephone line to access the BASIS application, using its assigned SPIN. For each ADAP Enrollee for whom the partner is

requesting Medicare enrollment information, the partner will enter the following data elements that identify the subject of the query:

- Social Security Number
- Last Name
- First Initial
- Date of Birth
- Sex

4. The COBC will post the results of inquiry(s) to BASIS as soon as the partner submits its inquiry(s) to the BASIS application.

IV. ADAP File Processing

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

File Level Editing

Upon receipt of the ADAP Input File, the COBC performs high-level file edits to verify the format and validity of the Input File, including Header and Trailer data and record counts. The size of the ADAP Input File (that is, the number of records contained in the file) is compared to the size of the previous monthly file submitted. *With full file replacement the method for deleting enrollees is to not include previously submitted enrollee files in the current Input File.* If the most recent Input File size has less then 70% of the records included in the previous month's file, the current Input File will be placed on hold (processing will be suspended) and the COBC will ask the ADAP partner to verify that the high number of delete records in the current submission is correct before processing resumes.

The Input File is then processed at the record level. The system initially attempts to use a SSN to match to a HICN if a HICN is not submitted on the input file. The system will also determine if an incoming enrollee record is an add, update, or delete, or if no action will be taken.

Adds

Once a HICN is identified, the incoming record is compared to CMS databases to match on previously submitted records. The initial matching criteria consist of the HICN, plus the Effective Date of ADAP eligibility, the Insurance Type, and the ADAP ID. If a match of these fields cannot be located on the database, the incoming record is considered an "add."

Updates

If the incoming record matches on these fields, additional fields are compared to determine if the incoming record should be considered an update. These fields include RX ID, RX Group, Part D RxPCN, Part D RxBIN, 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."

Deletes

Any records that were part of the previous month's file, but that are not included in the current month's submission, are processed as deleted records.

Deletes should only be used to remove a record that never should have been sent to CMS in the first place. Routine Input Files should contain records of all ADAP Enrollees whose ADAP enrollment terminated up to twenty-seven (27) months prior to the first day of the month in which the Input File is generated, or whose ADAP enrollment terminated after December 31, 2005, whichever date is most recent. Failure to continue submitting these older valid records will cause them to be erroneously deleted from the CMS database.

Errors

Records containing errors are returned to the ADAP with the error code given in the error number field on the response record. The ADAP will correct the error and resubmit the record on the next month's file.

Notification to the Medicare Beneficiary Database (MBD)

After ADAP Input File processing is completed a separate new file is created and transmitted to the MBD. It contains the add, update, and delete records generated by the COBC from the Input File submitted by the ADAP. After processing this input file the MBD sends a response file to the COBC containing Part D enrollment information on ADAP clients who matched to CMS databases.

Response files

Within 15 days of the ADAP input file submission, the COBC generates and transmits a response file to the ADAP. The file contains responses for any records that were added, updated, or deleted. The file does not contain responses for records where no change was made. However, the response file will also contain new or updated Part D enrollment information for all records, even those resubmitted as unchanged.

V. The Distinction between Part D Eligibility and Enrollment

Some of our data sharing partners have expressed confusion regarding the difference between 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 CMS data exchange process. To clarify:

Part D Eligibility Start Date: This refers to the first date a beneficiary can enroll in a Part D Plan. It does not mean that the beneficiary has actually enrolled yet, just that through their current Part A or B coverage that they can (they are able to) enroll in a Part D Plan.

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

Current Part D Plan Enrollment Date: Refers to the start date of Part D coverage for an eligible Medicare beneficiary that has applied for, enrolled, and now has coverage through a Part D Plan.

Current Part D Plan Termination Date: Refers to the date that beneficiary is no longer enrolled in and receiving benefits through a Part D Plan.

In the response files CMS 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. 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.

VI. Contact Protocol for Data Exchange Problems

In all complex electronic data management programs there is the potential for an occasional breakdown in information exchange. If you have a program or technical problem involving VDSA data exchange, the first person to contact is your own EDI Representative at the COBC. Your EDI Rep should always be sought out first to help you find solutions for any questions, issues or problems you have.

If after working with your EDI Rep, you think your problem could benefit from help at a higher level, please contact the EDI Supervisor, Tyler Denison, at 646-458-2265. His email address is tdenison@ehmedicare.com.

If you feel further escalation is necessary, contact the EDI Manager, Jeremy Farquhar, at 646-458-6614. Mr. Farquhar's email address is jfarquhar@ehmedicare.com.

The COB Director, with overall responsibility for the EDI Department, is William Ford. Mr. Ford can be reached at 646-458-6613. His email address is wford@ehmedicare.com.

SECTION D: FREQUENTLY ASKED QUESTIONS

ADAP DATA SHARING AGREEMENT

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General Questions

Q1: When will an ADAP ID be assigned?

A1: The ADAP ID will be assigned by the COBC it has received a copy of the signed DSA from the ADAP data sharing partner.

Q2. Is there a possibility of receiving overlapping enrollment or multiple Prescription Drug Plan (PDP) information on a beneficiary?

A2: CMS will not send multiple records on a beneficiary. ADAPs will receive one record, containing the most recent information available for that beneficiary. If a beneficiary is with one PDP at the beginning of the month, then changes to another PDP mid-month, CMS will send information about the most recent PDP enrollment.

Q3: The COBC-ADAP 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: The file receipt schedule is agreed to by the ADAP and the COBC. All ADAPs do not need to be on the same schedule. The COBC will work with each ADAP partner during the Preparatory Period to set up a reporting and data production schedule.

Q4: Why is it necessary for the ADAP to send records on beneficiaries for up to 27 months after eligibility has been terminated in the ADAP?

A4: If a record is sent one month, but not the next, the record of that beneficiary will be deleted from the CMS databases. Recall that the ADAP should only delete a

record that should not have been added in the first place. 27 months is the period of time a Medicare claim can be filed after the last date of service.

Q5: In our state we have two ADAPs, one that has about 7,200 clients while the other has fewer than 600 clients. For the sake of minimizing paperwork and maximizing efficiency, can we combine these two programs for the purposes of the ADAP - CMS data sharing agreement?

A5: Yes, for administrative efficiency you could combine the two programs into one data exchange program. For the actual data exchange, however, we will assign you two different ADAP IDs, so that a Part D Plan can differentiate between the two programs if it needs to. We can take the files from the same source at the same time, but both sets would need to be separated from each other with unique headers and trailers.

Q6: With regard to the Administrative and Technical contacts needed for the ADAP -CMS data exchange, must either or both of these contacts be "State" staff or may they be "Contractor" staff?

A6: The State can designate whomever they wish to be the administrative and technical contacts, including contractor staff, but only a duly authorized representative of the State can sign the actual ADAP Data Sharing Agreement.

Q7: What are the requirements that must be met in order to successfully complete the testing of the ADAP data sharing exchange?

A7: For the ADAP partner the minimum CMS requirements are to be able to: (1) submit an initial test Input File that can be processed to the satisfaction of the COBC; (2) receive and process a test Response file from the COBC, and; (3) be able to submit a test update file to the COBC. The COBC has the authority to determine whether or not the ADAP partner has successfully completed testing and can move on to production data exchange.

Data Specific Questions

Q1: When the ADAP submits the next monthly full input file, it also sends the corrections of all the errors from the previous submission. Are we sending the full file (all ADAP eligible enrollees)?

A1: Yes, you would send a complete full file replacement.

Q2: Should we exclude previously matched records?

A2: No, you must include previously matched records.

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

A3: Errors encompass a number of anomalies. They can be data that is intrinsically defective or that contains an invalid value, such as an alpha character in a field requiring a numeric, or the error could be due to a programming mistake. In such case, the Response File will identify the particular error for the ADAP, using our standard error codes.

Q4: Will we be receiving only Medicare Part D enrollment information, or will we receive information on all the other sources of prescription coverage carried by the enrollee?

A4: You will receive only Medicare Part D enrollment information for your ADAP clients**.** We are not permitted to identify other sources of coverage.

Q5: What field identifies Medicare D enrollment?

A5: The Current Medicare Part D Plan Effective Date (field 46 in the ADAP Response File Layout) provides current Medicare Part D enrollment information.

Q6: What field identifies the Medicare D insurer?

A6: The Current Part D Plan Contractor Number (field 45 in the ADAP Response File Layout) identifies the particular Part D plan the beneficiary is enrolled in.

Q7: 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, should we just send the other information we have on the input file? If so, do we zero fill the SSN data field or leave it blank?

A7: We must have either the Medicare Health Insurance Claim Number (HICN) or the SSN for every individual you submit in order to be able to determine their Medicare entitlement information. If you do not have either one of these numbers to include on a particular individual's record you should not submit that record.

Q8: Is the Part D RxBIN and RxPCN the information that is identifying the Part D Plan (carrier) or is it being used to identify other insurance as well?

A8: This information does not identify the Part D Plan. The Part D RxPCN and Part D RxBIN – usually known as the TrOOP RxBIN or TrOOP RxPCN – are code numbers used to enable electronic routing of network pharmacy benefit information. While an ADAP might already have a standard RxBIN or RxPCN to help electronically pay network claims, a Part D specific RxBIN and RxPCN is required for the support of the TrOOP facilitation process. These Part D-specific code numbers are used to permit the TrOOP Facilitator to capture and route claims that have been paid secondary to Part D.

Q9: What does "network" refer to? Is it a type of coverage, such as HMO or PPO?

A9: "Network" in this context refers to computerized "real time" electronic data interchange (EDI). Specifically, it is the EDI system that providers and payers use to move claims information. The health care billing transaction site – often at the point of sale, such as a pharmacy – is a common entry point to the claims transaction network.

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

A10: The disposition code lets you know what action the COBC has taken regarding a submitted record. For instance, if the record is not found on CMS databases, the COBC will provide the ADAP partner with a disposition code that indicates that fact. Additionally, if a record is not applied because it contains errors, the cause is shown in the disposition code.

Q11: You've added Plan Benefit Package (PBP) to the response file. Is the three byte PBP code unique? Also, we have determined that we will need the PBP enrollment start and end dates. We request that this information be added to the data exchange Response file.

A11: PBP information (Field 52 of the ADAP Response File Layout) is now provided. There is no intrinsic logic to the PBP number and it cannot be used alone as an identifier. It is only useful when used in conjunction with the PDP's contractor number. We cannot provide a start and stop date for the PBP. If the PBP code changes, ADAPs will receive the new PBP number to be used with the original PDP contractor number, but the PDP coverage dates will not change. ADAPs can program to note the changed PBP ID number and then input the new PBP start date.

Q12: Are PDPs eligible for the NPlanID?

A12: The "National Health Plan Identification" – or NPlanID – field is available as a place-holder for anticipated future use. All payers of health care coverage, including Medicare HMOs and Part D Plans will be required to use an NPlanID when it is eventually implemented. But the field is not used at this time.

Q13: Will the COBC ADAP response files include retroactive eligibility/enrollment information for a beneficiary?

A13: Yes, but the earliest that a Part D Plan enrollment date can be is 01/01/06.

Q14: What is the difference: COBA ID vs. ADAP ID vs. Contractor ID?

A14: The ADAP ID is your own DSA ID number. A COBA ID is used by our COB partners that have claims processing "crossover" agreements with us. A state agency (usually Medicaid) that has both a COBA and ADAP DSA with CMS would have both a COBA ID and an ADAP ID, but the two IDs could not be used interchangeably. The Contractor ID number (Field 45 in the ADAP Response File) is the code number (ID) assigned by CMS to approved Part D Plans.

Q15: The data layout indicates space for four Rx error codes, yet the user guide lists six Rx error codes, and several error codes starting with SP.

A15: The Response File has space for only four error codes. These fields may contain either the SP or the RX error code. CMS does not anticipate that an ADAP partner will ever receive more than 4 error codes for a particular individual.

Q16: Will BASIS access be available immediately?

A16: BASIS access is provided after the partner has signed the DSA and production file exchanges have begun. BASIS is described in this User Guide, and complete information about the program is included in the welcome packet which is sent by the COBC once the partner's agreement is in place.

Q17: Is the new TrOOP RxBIN and TrOOP RxPCN for our Medicare Part D claims payments the RxBIN/RxPCN that we will always be sending in the monthly input? In what circumstances would we not know what the correct RxBIN/RxPCN would be?

A17: We need your Part D specific RxBIN and or RxPCN in order to pass TrOOP data on to the TrOOP facilitator and the Part D Plan. Since you will not necessarily know which of your enrollees are Medicare beneficiaries, we are asking you to populate the TrOOP RxBIN and RxPCN fields with the Part D specific TrOOP RxBIN or RxPCN for those individuals *as if* they were Part D beneficiaries. As described earlier, you have to designate your TrOOP Rx BIN and TrOOP RxPCN to the COBC in the Implementation Questionnaire.

Q18: Are we to send all of the ADAP enrollees in the input file (including non-Medicare clients), or only those who have told us that they have Medicare and therefore are eligible for a Part D plans?

A18: You send all of your enrollees. We respond with data indicating: Those that Medicare matched on and that we applied to our databases; those we matched on but didn't apply because of errors in the record you supplied; or those who we could not match on and who therefore are not Medicare beneficiaries. We do not expect you to know who among your clients are Medicare beneficiaries or enrolled in a Part D Plan. Essentially, the files you send us are finder files.

Q19: Is there any indictor on the response file that tells us if a person is ineligible for Part D and a reason? I think that there are various reasons for being ineligible. There would be some that do not have Medicare Parts A or B but there would also be those whose employers accepted the subsidy and they cannot enroll. How would we determine this?

A19: Generally, someone who is a Medicare beneficiary and enrolled in Part A or Part B (or both) is eligible to enroll in Part D. Even if the beneficiary is part of a group for which an employer is claiming the employer subsidy the beneficiary is still permitted to enroll in a Part D Plan – although that beneficiary would then almost surely lose his or her employer-sponsored coverage.

10/05 – 1/08 – 3/09 – 12/09 – 7/10 – 12/10 – 5/11-5/12