

# **HEALTH PLAN MANAGEMENT SYSTEM**

## **FORMULARY SUBMISSION MODULE & REPORTS**

### **TECHNICAL MANUAL**

**MAY, 2021**

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# INTRODUCTION

Since the implementation of the Medicare Part D benefit, the Health Plan Management System (HPMS) has provided various utilities to support the submission, review, and approval of the bid and Formulary submission for organizations offering the Medicare Part D benefit. The Formulary Submission Module in HPMS enables plans to submit one or more Formulary files for a contract that contains all or a subset of drugs from the Centers for Medicare & Medicaid Services (CMS) provided Formulary Reference File (FRF).

The purpose of the Formulary Submission Module & Reports Technical Manual is to provide step-by-step instructions on how to submit and revise plan formularies. It also provides instructions on:

- How to delete formularies no longer in use.
- How to submit and revise Formulary transition policies.
- How to submit Pharmacy and Therapeutic (P&T) Committee Attestations.
- How to submit Prior Authorization and Step Therapy (PA/ST) Attestations.
- How to submit PA/ST Criteria Change Request Files.
- How to submit supplemental files associated with a Formulary.
- How to submit Medicare-Medicaid Plans (MMP) Additional Demonstration Drug (ADD) Files.
- How to submit Value-Based Insurance Design (VBID) files associated with a Formulary.
- How to submit LIS Cost-Sharing Reduction files associated with a Formulary.
- How to submit Part D Senior Savings Model Files.
- Generate reports to monitor the status of Formulary, PA/ST, Indication-Based Coverage, Transition Policies, Attestations, Supplemental, Additional Demonstration Drug, Value-Based Insurance Design, and PA/ST Criteria Change Request submissions.

Key Formulary submission enhancements for Contract Year (CY) 2022 are:

- The Criteria ID displayed on the ‘UMGD Review Detail Report’, for a formulary, UMGD and criteria combination will remain same across formulary versions even after the formulary is approved.
- Introduced additional search criteria parameters on the ‘UMGD Review Detail report’ search criteria page.
- On the ‘Submit Part D Senior Savings Model’ interface, the Plan Sponsors can select multiple plans and submit a single file.
- The ‘Part D Senior Savings Model’ submission file will accept cohort number instead of copay. (Note: The submission file layouts can be found in this manual under ‘Appendix A’ and available under the ‘Documentation – Submission File Layouts’ section on Formulary Submission module.)
- The functionality for ‘Opioid Safety Edit’ submission and report is moved to ‘Opioid Safety Edits’ module.
- The ‘Last Updated Date’ column on the ‘Formulary Reference File Change Report’ available on the ‘Documentation – Formulary Reference File’ section, displays the date when RXCUIs are added or deleted from the ‘Formulary Reference File’.

- The Date/Time Stamp for the Formulary Reference File and Formulary Reference File Change Report remain unchanged when an existing RxCUI is edited from the 'Formulary Reference File'.
- The table columns on the 'Revise Formulary' page are now sortable.
- The 'Previous Year CY2021 Formulary' dropdown box on the 'Formulary Information' page is sorted by Formulary ID.

The CY 2022 HPMS Formulary Submission module is available to organizations on May 17<sup>th</sup>, 2021. CY 2022 Formulary Submissions are due June 7<sup>th</sup>, 2021 at 11:59pm Pacific Time (PT). It is highly recommended that organizations submit their Formulary files as early as possible during the upload timeframe. Uploading earlier in this time frame provides organizations with adequate time to address potential upload problems and submit corrected Formulary files before the deadline.

An organization may resubmit a Formulary as many times as necessary during the initial upload period. Only the last successful submission will be processed for CMS review. Organizations using a Formulary must provide a Formulary file, along with the applicable supporting documentation (e.g., Prior Authorization attachment, Step Therapy attachment or Indication-Based Coverage attachment).

The CY 2022 Formulary supplemental submission window opens on or about June 9, 2021 to support the submission of Partial Gap Coverage, Free First Fill, Home Infusion, Value-Based Insurance Design, Over the Counter, Excluded Drug, and Additional Demonstration Drug supplemental files. Supplemental submissions are due by June 11<sup>th</sup>, 2021, 11:59am Eastern Time (ET).

Organizations must submit supplemental information for all the plans offering this coverage as specified in the PBP submission. Only one version of a supplemental file may be submitted for each file type per Formulary. Plans may only share a given Formulary and supplemental file type (e.g., partial gap coverage file) provided that the content of the supplemental file type is applicable to all plans that share the file. Users may submit their supplemental files as many times as necessary during the initial upload period. Only the last successful submission is processed for CMS review. The supplemental files cannot be loaded until the organizations have successfully submitted their related bids and they have migrated to "desk review" in the HPMS system (due June 7<sup>th</sup>, 2021 by 11:59pm PT). Once your bid is in desk review, your required Supplemental file gates will automatically open for submission of your supplemental files.

Note: Formulary dates announced via subsequent HPMS emails supersede the dates mentioned in this document.

If you have any questions about accessing the HPMS Formulary Submission Module, contact the HPMS Help Desk at 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).

# I. GETTING STARTED

## ACCESSING HPMS

The HPMS Formulary Submission module is hosted on a secure site that you can access via the Internet.

## CMS USER IDS

You must have a CMS-issued User ID and password approved for HPMS access in order to log into the system. You must also request that your contract numbers be associated with your user ID in order to submit your data.

To obtain a new CMS User ID you must fill out a CMS User ID request form. You can download and print the form from the following URL:

<http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf>

Complete the form as follows:

- Section 1 – Check “New” as the type of request.
- Section 2 – Check “Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using HPMS Only” and complete the data entry fields, where applicable.
- Section 3 – Enter the contract numbers for which you need access for CY 2022.
- Section 4 – Check the first row beneath the “Default Non-CMS Employee” row (i.e., place a check in the Connect box of the third row). On the blank line beside your check mark, write “HPMS\_P\_CommlUser.”
- Section 5 – State briefly why you require HPMS access.
- Section 6 – Leave blank.

Sign and date the Privacy Act Statement on page 3 of the form. Also enter your name and Social Security Number at the top of page 3. This step is critical to ensuring the successful processing of your request.

If you are an existing HPMS plan user and need to associate a contract number to your current CMS User ID, please include the following information in an email to

[hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov):

- User Name,
- CMS User ID,
- Current Contract Numbers, and
- Contract Numbers to be added.

All questions related to HPMS user access should be directed to [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov).

## How to Access HPMS Home Page Using the Internet

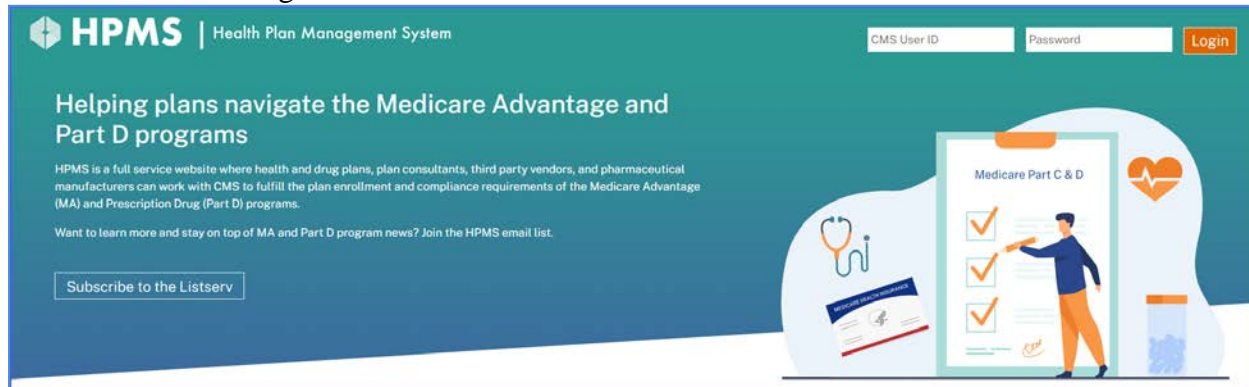
### **STEP 1**

Open your web browser (e.g., Internet Explorer) and enter <https://hpms.cms.gov> in the Address bar.

### **STEP 2**

Enter your CMS User ID and password and click the “Login” button (Exhibit1).

#### Exhibit1 – HPMS Login



## NAVIGATION

Enter the Formulary Submission module by selecting from the horizontal, top navigation bar: Plan Formularies, then Formulary Submission or Formulary Reports.

Once in the Formulary module, a collapsible navigation menu, on the left side of each page, provides links for each contract year that expand to provide the Formulary submission functions or reports for each year.

As navigation progresses through Formulary module, a breadcrumb trail displays starting from the left, beneath the top navigation menu. The trail tracks major milestones in navigation. Selecting a breadcrumb returns to that navigational milestone.

## ACCESS HPMS FORMULARY SUBMISSION MODULE

### **STEP 1**

To access the Formulary Submission Module, select **Plan Formularies** drop down from the HPMS top navigation bar. Then select the Formulary **Submission** menu item (Exhibit22). This will take you to Formulary Submission Start Page.

## Exhibit2 – HPMS Home

HPMS  
Health Plan Management System

TEST USER | Log Out | A A A  
Last logged in at MM:SS on MM:DD:YYYY

Plan Formularies

Formulary Submission  
Formulary Reports

### HPMS Memos

There are no active memos. Select the more link to view archived memos.

[More »](#)

### Announcements

There are no active announcements. Select the more link to view archived announcements.

[More »](#)

## STEP 2

On the Formulary Submission Start page, select the appropriate contract year from the collapsible navigation menu, on the left side of the page (Exhibit3). This will take you to the **Formulary Submission Start** page (Exhibit4).

## Exhibit3 – Formulary Submission Select Contract Year

HPMS  
Health Plan Management System

Home My Account FAQs Contact Us Log Out

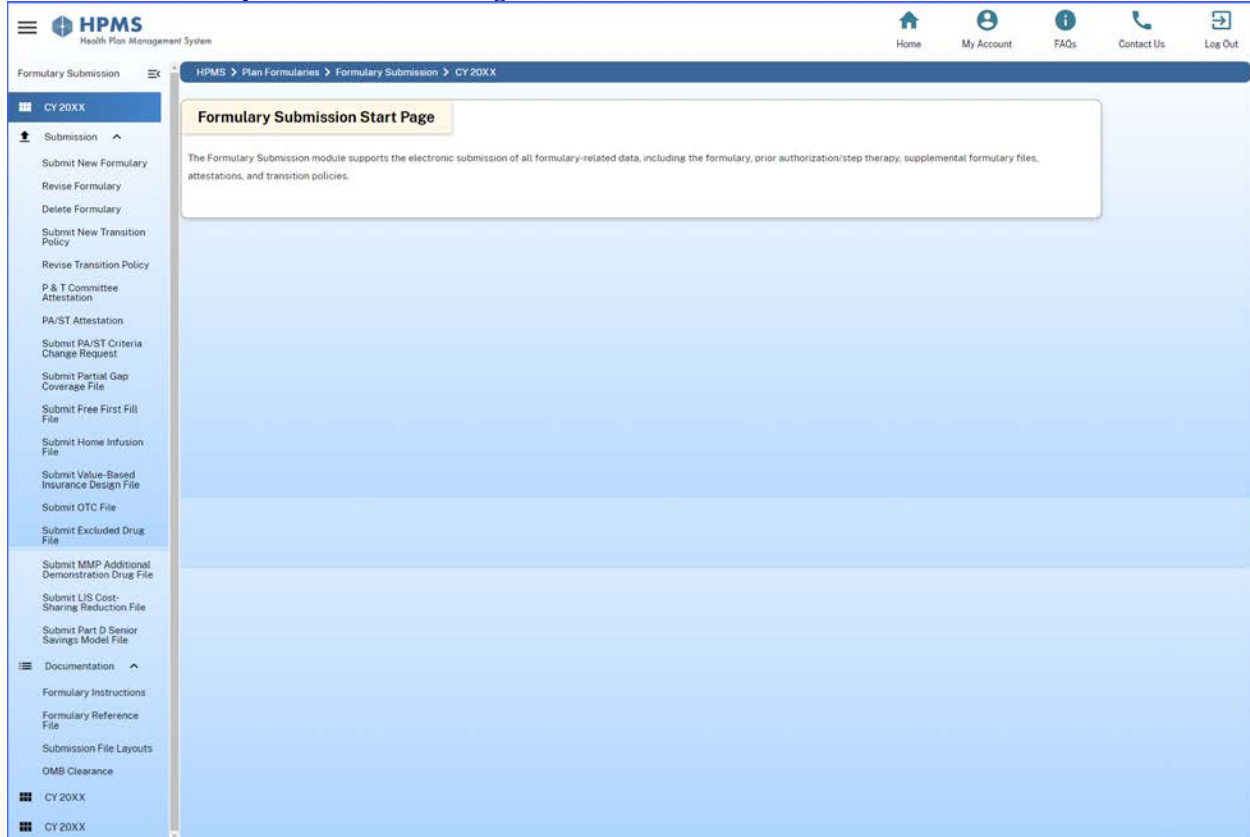
Formulary Submission HPMS > Plan Formularies > Formulary Submission

- CY 2022
- CY 2021
- CY 2020

### Formulary Submission Start Page

The Formulary Submission module supports the electronic submission of all formulary-related data, including the formulary, prior authorization/step therapy, supplemental formulary files, attestations, and transition policies.

## Exhibit4 – Formulary Submission Start Page



## BEFORE YOU BEGIN THE FORMULARY SUBMISSION PROCESS

The Formulary submission process contains a series of web pages that will collect information from the submitter. **Prior to beginning the submission process, you must ensure that the Formulary Contact information in the Contract Management module is completed.** You will not be able to submit a Formulary for a contract that does not have this information. The Formulary Contact, as well as the Formulary Upload Contact (the submitter), will receive all email notifications regarding the status of the Formulary. Appendix C provides a subset of validation rules for the Formulary submission process.

The following functions are available from the left navigation menu of the CY 2022 Formulary Submission Start page (Exhibit4)

**Submit New Formulary:** Submit a new Formulary to CMS. This function will create a new Formulary ID. When submitting Formulary file you may attach PA file, ST file and/or IBC file.

**Revise Formulary:** Submit a revision for an existing Formulary for one of the following reasons:

- The Formulary requires resubmission because it was rejected by the validation process or desk review has requested resubmission.
- The Formulary was previously approved by desk review and now needs to be updated.

- Revise PA/ST Criteria only (not the Formulary) when the Formulary was rejected by the validation process because of PA/ST validation errors or when CMS requested edits on existing criteria.
- Revise Indication-Based Coverage (IBC) only (not the Formulary) when the Formulary was rejected by the validation process because of IBC validation errors or when CMS requested re-submission on IBC file.

**Delete Formulary:** Delete a Formulary that is no longer applicable.

**Transition Policy:** Submit Formulary Transition Policy and Attestation.

**Revise Transition Policy:** Revise and resubmit Formulary Transition Policy.

**P & T Committee Attestation:** Submit Pharmacy and Therapeutic (P&T) Committee Attestations.

**PA/ST Attestation:** Submit Prior Authorization and Step Therapy (PA/ST) Attestations

**Submit PA/ST Criteria Change Request File:** Submit the PA/ST Criteria Change Request File to request gate opening for a PA/ST criteria.

**Submit Partial Gap Coverage File:** Submit the Gap Coverage Supplemental File for Formularies that include Gap Coverage.

**Submit Free First Fill File:** Submit the Free First Fill Supplemental File for Formularies that include Free First Fill.

**Submit Home Infusion File:** Submit the Home Infusion Supplemental File for Formularies that include Home Infusion.

**Submit OTC File:** Submit the OTC Supplemental File for Formularies that include OTC drugs.

**Submit Excluded Drug File:** Submit the Excluded Drug Supplemental File for Formularies that include Excluded Drugs.

**Submit MMP Additional Demonstration Drug File:** Submit the Additional Demonstration Drug (ADD) File for Medicare-Medicaid formularies only.

**Submit Value-Based Insurance Design File:** Submit the **Value-Based Insurance Design** Supplemental File for Formularies that offer Value-Based Insurance Design benefit for at least one plan.

**Submit LIS Cost-Sharing Reduction File:** Submit the LIS Cost-Sharing Reduction file for the formularies that offer LIS Cost-Sharing Reduction.

**Submit Part D Senior Savings Model File:** Submit the Part D Senior Savings Model file for the plans that offer Part D Senior Savings Model.

**Documentation:** Provides links to the following documents:

- **Formulary Instructions** – View the instructions for the Formulary Submission Module and Formulary Reports Manual.
- **Formulary Reference File** – Download a copy of the Formulary Reference File, Formulary Reference File Change Report, Related NDC Change Report, Contract Year RxCUI Crosswalk File, Over The Counter (OTC) Reference File, Additional Demonstration Drug (ADD) Reference File, Excluded Drug Reference File, and Indication Reference File.
- **Submission File Layouts** – View Formulary file, PA file, ST file, IBC file, PA/ST Criteria Change Request file, UMGD Criteria Response file (OJS module), Partial GAP Coverage file, Free First Fill file, Home Infusion file, Value-Based Insurance Design file, Excluded Drug file, Over The Counter (OTC) file, Additional Demonstration Drug (ADD) Reference file, LIS Cost-Sharing Reduction file, and Part D Senior Savings Model file, record layouts.
- **OMB Clearance** – View Office of Management and Budget (OMB) Clearance



## II. SUBMIT NEW FORMULARY

The Submit New Formulary function is used to submit a new Formulary. A new Formulary may only be submitted during the initial Formulary submission window. If you need to revise a previously submitted Formulary, you should use the Revise Formulary function (refer to Chapter III).

When submitting a new Formulary, you will:

1. **Select Formulary Plan Type** – Indicate whether you are a Medicare-Medicaid Plan.
2. **Associate Contracts to the Formulary** – Associate appropriate contracts with the Formulary.
3. **Provide Formulary Information** – Provide information about the Formulary submissions including: Formulary Name, Formulary Classification System, Number of Tiers, OTC as part of a Step Therapy Protocol status, Quantity Limit status, Limited Access status, Prior Authorization status, Step Therapy status, Indication-Based Coverage status, and Expedited Generic Substitution status.
4. **Provide Formulary Tier Information** – Provide information about the tiers within the Formulary.
5. **Upload Files** – Upload the full Formulary file, Prior Authorization File (if required), Step Therapy File (if required), and Indication-Based Coverage File (if required).
6. **Verify Submission** – Verify the correct information has been entered for your submission.
7. **Confirm the Submission** – Submit your Formulary and obtain your assigned Formulary ID and confirmation that your upload was successful.

### **STEP 1**

Select Submit New Formulary from the Formulary Submission Start page (Exhibit4). (If you need help getting to the Formulary Submission Start Page, see the sub-section entitled “How to Access the HPMS Formulary Submission module” in Chapter I). This will take you to the Formulary Plan Type page.

### **FORMULARY PLAN TYPE**

The **Formulary Plan Type** page will allow you to indicate whether you are Medicare-Medicaid Plan.

### **STEP 1**

On the **Formulary Plan Type** page (Exhibit5), select ‘yes’ or ‘no’ to indicate whether you are a Medicare-Medicaid plan.

## Exhibit5 – Formulary Submission - Formulary Plan Type

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit New Formulary

**Formulary Submission - Formulary Plan Type** [Add to My Favorites](#)

A field with an asterisk (\*) before it is a required field.

**\*Are you a Medicare-Medicaid Plan?**

Yes

No

[Back](#) [Next](#)

### **STEP 2**

Click the “Next” button. This will take you to the Associate Contracts to Formulary page.

## **ASSOCIATE CONTRACTS TO FORMULARY**

The **Associate Contracts to Formulary** page will allow you to associate contracts to the Formulary submission.

In the previous step if you answered “Yes” for MMP, the system will display only MMP contracts for which you have access (Exhibit7). If you answered “No”, the system will display all contracts other than MMP contracts for which you have access (Exhibit6).

### **STEP 1**

On the **Associate Contracts to Formulary** page, select one or more of the contracts listed on the page to associate with the new Formulary. If you cannot see one of your contracts, please refer to Section I – Getting Started. Also, review the Formulary upload contact information listed at the bottom of the page to ensure your current email address is in HPMS.

**Note:** A Formulary may only be associated with the contracts that belong to the same parent organization. If you select a contract with no parent organization, you will receive a warning message. Verify that all the contracts belong to the same parent organization before continuing with the submission.

**Note:** A specific Medicare-Medicaid Plan (MMP) Formulary can be associated with only one MMP contract. MMP formularies cannot be shared across contracts.

## Exhibit6 – Formulary Submission - Associate Contracts to Formulary

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Contract Selection

### Formulary Submission - Associate Contracts to Formulary

Select one or more contracts to associate with this formulary. If you are unable to select a contract because the Formulary Contract is unassigned or there is no email address, please go to the Contract Management Module to update this information. Only one parent organization may be associated with a formulary.

Contracts Associated with this Formulary:

Select	Contract Number	Contract Name	Parent Organization Name	Formulary Contact
<input type="checkbox"/>	Z0001	SAMPLE CONTRACT ONE	SAMPLE PARENT ORG1	Contract One Contact.One@hpmstest.com
<input type="checkbox"/>	Z0002	SAMPLE CONTRACT TWO	SAMPLE PARENT ORG2	Contract Two ContractTwo@hpmstest.com

Please verify that your email address is correct. This email address will be used to communicate the status of this formulary submission. If you need to update your email address, please go to the User Account Maintenance Module and make this change before submitting your formulary information.

Formulary Upload Contact:

User ID:	tstuser
Name:	Test User
E-mail:	Test.User@hpmstest.com

## Exhibit7 – Formulary Submission - Associate MMP Contract to Formulary

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Select MMP Contract

### Formulary Submission - Associate MMP Contract to Formulary

Select one contract to associate with this formulary. If you are unable to select a contract because the Formulary Contract is unassigned or there is no email address, please go to the Contract Management Module to update this information. Only one parent organization may be associated with a formulary.

MMP Contract Associated with this Formulary:

Select	Contract Number	Contract Name	Parent Organization Name	Formulary Contact
<input type="checkbox"/>	Z0003	SAMPLE CONTRACT THREE	SAMPLE PARENT ORG THREE	Contract Three Contract.Three@hpmstest.com
<input type="checkbox"/>	Z0004	SAMPLE CONTRACT FOUR	SAMPLE PARENT ORG FOUR	Contract Four Contract.Four@hpmstest.com

Please verify that your email address is correct. This email address will be used to communicate the status of this formulary submission. If you need to update your email address, please go to the User Account Maintenance Module and make this change before submitting your formulary information.

Formulary Upload Contact:

User ID:	testuser
Name:	Test User
E-mail:	Test.User@hpmstest.com

### STEP 2

Click the “Next” button to confirm the Contract Associations. This will take you to the Formulary Information page.

## FORMULARY INFORMATION

The **Formulary Information** page collects information about your Formulary submission including: the approved CY 2021 Formulary ID that closely resemble the current submission,

Formulary Name, Formulary Classification System, Number of Tiers, OTC as part of a Step Therapy Protocol status, Quantity Limit status, Limited Access status, Prior Authorization status, Step Therapy status, Indication-Based Coverage and Expedited Generic Substitution.

### **STEP 1**

On the **Formulary Information** page (Exhibit8), respond to the questions. With the exception of the question about which Approved CY 2021 Formulary ID closely resembles the current submission, all fields are required.

When responding to the question about which Approved CY 2021 Formulary ID closely resembles the current submission, please be advised that you may identify a CY 2021 Formulary ID that was not associated with the contract in the previous year, as might be the case with MMPs, if it most closely resembles the Formulary you are currently submitting.

Select the Formulary Classification System for a Formulary. Options include USP, AHFS, Medispan, Other.

When defining the number of tiers, you may only define up to 7 tiers for Non-MMP formularies. MMP formularies can only have 2-6 tiers. MMP users will be restricted from entering 1 in the Number of Tiers field.

### **STEP 2**

Click the “Next” button to confirm your entries and move to the Formulary Tier Information page.

## Exhibit8 – Formulary Submission - Formulary Information

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Info

### Formulary Submission - Formulary Information

A field with an asterisk (\*) before it is a required field.

Please select the CY 20XX Formulary ID which most closely resembles this formulary submission.

**NOTE:** CMS may utilize previously submitted clinical justifications and other formulary information relating to the CY 2021 formulary in its review of your CY 2022 submission.

CY 20XX Formulary:

\*Formulary Name (max. 100 Characters):

**NOTE:** This is a descriptive name you can use to help identify a formulary. This name can be as simple as Formulary 1, Formulary 2, etc.

\*Indicate the Formulary Classification System for this formulary:  USP  AHFS  Medispan  Other

\*Define number of Tiers (max. 7 tiers):

**NOTE:** If all drugs are contained in a single tier, please enter '1' as the value for this field.

Formularies that will **only** be associated with Defined Standard plans should be submitted as having a single tier.

Please ensure this entry corresponds to the number of tiers to be entered in the Plan Benefit Package (PBP) software.

Formulary Effective Date: 1/1/20XX

\*Do you offer OTCs as part of a Step Therapy Protocol submitted for review and approval by CMS?  Yes  No

\*Do any drugs in this formulary submission have Quantity Limits?  Yes  No

\*Is access to any formulary drug restricted to certain pharmacies?  Yes  No

\*Do any drugs in this formulary submission require Prior Authorization?  Yes  No

\*Do any drugs in this formulary submission require Step Therapy?  Yes  No

\* Are any drugs in this formulary submission limited to certain indications?

(i.e. are you implementing indication-based formulary design?)  Yes  No

\*Will this formulary be subject to expedited generic substitution, as outlined in 42 CFR §423.120(b)(5)(iv)?  Yes  No

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## FORMULARY TIER INFORMATION

The **Formulary Tier Information** page collects information about the tiers within the Formulary. The page will automatically generate the tier models based on the information you entered on the Formulary Information page and whether or not you indicated that you were a Medicare-Medicaid Plan. Formularies that will only be associated with Defined Standard plans must be submitted as having a single tier. The tier information that you enter in the Formulary submission module must correspond to the number of tiers that will be identified in the corresponding CY 2022 Plan Benefit Package (PBP) module, including plans offering an excluded drugs only tier (non-MMPs only).

**Non-MMP plans only:** When developing the Formulary tier structure, please use standard industry practices. Generally, Tier 1 should be considered the lowest cost-sharing tier available to beneficiaries. All subsequent tiers within the Formulary structure should be higher cost-sharing tiers in ascending order. For example, drugs in Tier 3 should have a higher cost-share for beneficiaries than drugs in Tier 2. However, please note that CMS implemented a Formulary tier structure standardization to improve the comparability of plan offerings for beneficiaries. Therefore, CMS will allow a fifth, sixth or seventh tier that provides a meaningful benefit offering such as a \$0 vaccine-only tier or a low or \$0 cost-sharing tier for special needs plans (SNP) targeting specific conditions.

Note: Drop-down options for fifth, sixth and seventh tier formularies will include the following:

- Vaccines
- Injectable tier
- Specialty tier
- Excluded drug only tier
- Select diabetic drugs
- Select care drugs

If a Formulary includes an excluded drug only tier, no FRF drug should be entered on the Formulary record layout as having that tier number.

**Note:** Based on the number of tiers defined in the Formulary questions section, Tier Information Page displays pre-defined Formulary tier models.

The tier models will be populated based on the plan type selected. MMP-specific tier models will be available for MMP formularies only. Non-MMP formularies will have regular tier models defined by CMS.

Although MMPs have the option to choose models ranging from 2-6 tiers, only Medicare tiers are included in the Formulary file. Non-Medicare tiers are placeholder tiers for state-required drugs that are not covered under Part D. All non-Part D drugs required by the State are submitted on the Additional Demonstration Drug file the first week of June.

### **STEP 1**

On the **Formulary Tier Information** page (Exhibit9 and Exhibit10), select a tier model appropriate for your Formulary.

## Exhibit9 – Formulary Submission - Formulary Tier Information

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Tiers

### Formulary Submission - Formulary Tier Information

Select a Tier model from below options. Then select a Tier Label option from the drop down list when a drop down option is available.

**NOTE:** If a formulary includes a 5th, 6th or 7th tier that is an excluded drug only tier, NO FRF drug should be entered on the formulary record layout as having that tier number. Excluded drugs will be entered on the excluded drug supplemental file that is submitted in conjunction with the bid in June.

**7 Tier Model:**

A field with an asterisk (\*) before it is a required field.

*20XX Tier Model	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6	TIER 7
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier

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## Exhibit10 – Formulary Submission - MMP Formulary Tier Information

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Tiers

### Formulary Submission - Formulary Tier Information

Select a Tier model.

**NOTE:** The MMP formulary submission file should not include any Part D drugs on non-Medicare tiers. All non-Medicare drugs must be entered in the Additional Demonstration Drug (ADD) file that is submitted in conjunction with bid in June.

**6 Tier Model:**

A field with an asterisk (\*) before it is a required field.

*20XX Tier Model	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6
<input type="radio"/>	\$0 Drugs	Preferred Generic	Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	\$0 Drugs	Preferred Generic	Preferred Brand	Non-Preferred Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	\$0 Drugs	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Non-Medicare Rx/OTC Drugs

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### STEP 2

If your Formulary includes two to four tiers, skip to Step 3.

If your Formulary includes five, six or seven tiers, select the fifth, sixth or seventh tier (Exhibit11) from the drop down option, if applicable.

### STEP 3

Click the “Next” button to confirm your information and move to the Upload Files page.

## Exhibit11 – Formulary Submission - Formulary Tier Information

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Tiers

### Formulary Submission - Formulary Tier Information

Select a Tier model from below options. Then select a Tier Label option from the drop down list when a drop down option is available.

**NOTE:** If a formulary includes a 5th, 6th or 7th tier that is an excluded drug only tier, NO FRF drug should be entered on the formulary record layout as having that tier number. Excluded drugs will be entered on the excluded drug supplemental file that is submitted in conjunction with the bid in June.

**7 Tier Model:**

A field with an asterisk (\*) before it is a required field.

*20XX Tier Model	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6	TIER 7
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label Vaccines Select Diabetic Drugs Select Care Drugs Excluded Drugs Only Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier

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## UPLOAD FILES

The **Upload Files** page allows you to specify the Formulary file, Prior Authorization File, Step Therapy File and Indication-Based Coverage you want to upload. The module will determine what you need to upload based on your responses on the Formulary Information page.

During initial submission, you will submit a full Formulary file, full PA, full ST and full IBC files if applicable. After initial submission, your Formulary and PA/ST files should include changes only. Even after initial submission, submit full IBC files only. To download all upload file instructions, click the **Submission File Layouts** link in the Documentation section of the Formulary Submission Start Page.

It is imperative that the files you are uploading be in the following formats:

- Formulary file** - ASCII Tab delimited text file, e.g., *Formulary123.txt*  
 During the initial submission period, the value of the change\_type field must be “ADD” for all records in the file.  
 For more information/assistance on the Formulary file layout, see Appendices A and B in this Manual.
- Prior Authorization File** – ASCII Tab delimited text file, e.g., *FormularyPA.txt*  
 During the initial submission period, the value of change\_type field must be “ADD” for all records in the file.  
 For more information/assistance on the Prior Authorization File, see Appendix B.
- Step Therapy File** – ASCII Tab delimited text file, e.g., *steptherapy123ST.txt*  
 During the initial submission period, the value of change\_type field must be “ADD” for all records in the file.



For more information/assistance on the Step Therapy File, see Appendix B.

- **Indication-Based Coverage File** – ASCII Tab delimited text file, e.g., ibc123.txt  
Do not include change\_type field for IBC file.

For more information/assistance on the Indication-Based Coverage File, see Appendix B.

## **STEP 1**

On the **Upload Files** page (Exhibit12), enter the full path and name of the Formulary Text File (Tab delimited .txt only) in the “Formulary file” field, e.g., c:\myFormularyfile.txt. If you are unsure of the file name or location, click the “Browse” button to locate and attach the file.

### **Exhibit12 – Formulary Submission - Upload Files**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Upload Files

**Formulary Submission - Upload Files**

A field with an asterisk (\*) before it is a required field.

[Click here to view Formulary File Upload Instructions](#)

**\*FORMULARY FILE**  
Select Formulary File for upload:  No file chosen

**\*PRIOR AUTHORIZATION FILE**  
 Formulary includes Prior Authorization Type 3 drugs only (no upload required)  
 Select Prior Authorization File for upload:  No file chosen

**\*STEP THERAPY FILE**  
Select Step Therapy File for upload:  No file chosen

**\*INDICATION-BASED COVERAGE FILE**  
Select Indication-Based Coverage File for upload:  No file chosen

## **STEP 2A**

Select the “Formulary includes Prior Authorization Type 3 drugs only” radio button if the Formulary has PA Type 3 only. If this option is selected, no file upload is required. Skip to step 3.

## **STEP 2B**

Select the “Select Prior Authorization File for Upload” radio button if the Formulary has PA Type 1 or 2. Enter the full path and name of the Prior Authorization File (Tab delimited .txt file only) in the “Prior Authorization File” field or click the “Browse” button to locate and attach the file (Exhibit12).

**Note:** If you selected “No” for the prior authorization question from the Formulary Information page, this field will not be displayed.

## **STEP 3**

Enter the full path and name of the Step Therapy File (Tab delimited .txt file only) in the “Step Therapy File” field or click the “Browse” button to locate and attach the file (Exhibit12).

**Note:** If you selected “No” for the step therapy question from the Formulary Information page, this field will not be displayed.

#### **STEP 4**

Enter the full path and name of the Indication-Based Coverage File (Tab delimited .txt file only) in the “Indication-Based Coverage File” field or click the “Browse” button to locate and attach the file (Exhibit12).

**Note:** If you selected “No” for the Indication-Based Coverage question from the Formulary Information page, this field will not be displayed.

#### **STEP 5**

Click the “Upload” button to prepare your files for submission to HPMS and to continue to the Verify Submission page. Please wait until the file transfer is complete before attempting to navigate further.

### **VERIFY SUBMISSION**

The **Verify Submission** page allows you to verify the information you entered during the submission process before you complete the upload and submit the information to CMS.

#### **STEP 1**

On the Verify Submission page (Exhibit13), review the information for accuracy.

#### **STEP 2A**

If any information is incorrect, click the “Back” button to correct the information as necessary.

#### **STEP 2B**

If all information is correct, click the “Submit” button to send the submission to CMS for review. This will take you to the Submission Confirmation page.

## Exhibit13 – Formulary Submission - Verify Submission

HPMS > Plan Formularies > Formulary Submission > CY 20xx > Verify Formulary Upload

### Formulary Submission - Verify Submission

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 1

**NOTE: Your data has not yet been submitted.**  
**NOTE: You must complete the Transition Policy attestation for the following contract(s): Z0001, Z0002**  
**NOTE: You must complete the PA/ST attestation for the following contract(s): Z0001, Z0002**  
**NOTE: You must complete the P&T Committee attestation for the following contract(s): Z0001, Z0002**

Please verify that the information entered is correct. Select the "Submit" button to submit your Formulary Information. If any information is incorrect, please select the "Back" button at the bottom of the page to correct your information.

Once your files have been uploaded, HPMS will send to you a confirmation email and you will also be directed to a Submission Confirmation page confirming the receipt of your upload. Depending on the size of your files, this may take some time. If you never receive any confirmation of your upload, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).

Contract(s) Associated with Formulary: Z0001, Z0002

Contacts to be notified of this formulary submission:

Contact Type	User Id	Name	Email
Upload User	TEST	Test User 1	testuser1@test.com
Z0001	n/a	Test User 1	testuser2@test.com
Z0002	n/a	Test User 3	testuser3@test.com

Formulary Classification System used for this formulary: USP

Number of Tiers: 7

Tier Number	Tier Label
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Brand
5	Preferred Specialty Tier
6	Specialty Tier
7	Select Diabetic Drugs

Effective Date: MM/DD/YYYY

Formulary offers OTCs as part of a Step Therapy Protocol: YES

Formulary includes drugs that have Quantity Limits: YES

Formulary includes drugs that are restricted to certain pharmacies: YES

Formulary includes drugs that require Prior Authorization: YES

Formulary includes drugs that require Step Therapy: YES

Formulary includes drugs that require Indication-Based Coverage: YES

Formulary be subject to expedited generic substitution: YES

Files to be Uploaded:

Title	File Name
Formulary File	C:\fakepath\Sample Formulary.txt
Prior Authorization File	C:\fakepath\PA.txt
Step Therapy File	C:\fakepath\ST.txt
Prior Authorization File	C:\fakepath\IBC.txt

Back

Submit

## SUBMISSION CONFIRMATION

The **Submission Confirmation** page confirms successful receipt of your submission and provides the unique Formulary ID assigned to your submission. This page will also generate an email to all Formulary Contacts and the Formulary Upload Contact identified on this page acknowledging receipt of the submission and the assigned Formulary ID.

**Important:** You should note the Formulary ID. You will need this ID for all subsequent resubmissions.

### STEP 1

On the **Submission Confirmation** page (Exhibit14), review the information. As explained above, MAKE NOTE OF YOUR ASSIGNED FORMULARY ID.

### STEP 2

Click the “OK” button to return to the Formulary Submission Start Page.

At this point, you have finished submitting your new Formulary and need to wait for an email regarding the status of your submission. After receiving your submission, HPMS will perform a series of validation edits. At the close of the validation process, a follow-up email will be sent to the designated Formulary contacts. This email will indicate that the Formulary was successfully validated or identify errors detected during the validation process. If errors were detected, the Formulary submission will be rejected. The email will list a maximum of 200 error messages. You must correct the Formulary and resubmit it using your assigned Formulary ID under the Revise Formulary function (refer to Chapter III).

### Exhibit14 – Formulary Submission - Confirm Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Confirm Formulary

#### Formulary Submission - Confirm Submission

Formulary Name: Sample Formulary  
Formulary ID: 00000052  
Formulary Version: 1

Your formulary information was received.

The HPMS will now perform a series of validation edits on the formulary submission. At the close of the validation process, a second email will be sent to the formulary contacts listed below. This email will either indicate a successful formulary upload or identify the errors detected during validation. If errors were detected, the formulary submission will be rejected. Once the errors are corrected, the formulary can be resubmitted.

Contacts notified of this formulary submission:

Contact Type	User Id	Name	Email
Upload User	test	Test User 1	testuser1@test.com
Z0001	n/a	Test User 2	testuser2@test.com
Z0002	n/a	Test User 3	testuser3@test.com

OK

### III. REVISE FORMULARY

The Revise Formulary functionality is used to update formularies and the necessary PA, ST and/or IBC files (if applicable) that have already been submitted to CMS via HPMS. This functionality can also be used to update a Formulary and PA, ST or IBC files before the initial submission deadline. You are only permitted to update a Formulary and PA, ST or IBC files during scheduled update windows and/or when a Formulary has a status of “Resubmission Requested” or “Rejected by Validation” (“How to Determine Formulary Submission Status” below). Formularies that are “Approved” may only be updated during the assigned update windows.

During initial submission, you must replace full files for the Formulary, PA, ST and IBC files.

After the initial submission period, you will upload only changes to the Formulary, PA and ST files (i.e., partial files) on the Revise Formulary page. Even after initial submission period, upload full IBC files only. If you are only making changes to your PA/ST criteria or IBC file, you do not need to upload a Formulary file.

After Bid submission, the Revise Formulary functionality may also be used to update certain existing supplemental files (if applicable), by indicating if the Formulary with an associated Partial Gap Coverage, Free First Fill, Home Infusion or Value-Based Insurance Design supplemental file requires a change to the previously uploaded supplemental file or to continue using the previously uploaded supplemental file. This functionality is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)." You can check the status of your Bid by reviewing the Bid Status History Report. The latest associated Partial Gap Coverage, Free First Fill, Home Infusion or Value-Based Insurance Design supplemental file must also be in the “In Desk Review” or “Approved” status.

### DETERMINE YOUR FORMULARY SUBMISSION STATUS

As shown in Exhibit4 select Revise Formulary from the Formulary Submission Start page. (If you need help getting to the Formulary Submission Start Page, see the sub-section entitled “Access HPMS Formulary Submission Module” in Chapter I). This will take you to the Formulary Resubmission-Select a Formulary page.

The **Formulary Resubmission–Select a Formulary** page (Exhibit15) group’s formularies into two categories:

Resubmission/Updates – Formularies that are eligible for resubmission either due to a validation failure or because a reviewer requested a resubmission. Formularies that are approved by CMS and are available for update will be available in this category. This group also includes formularies eligible for resubmission during a scheduled window.

In Process – Formularies that are in desk review.

Within each category, there is a table listing information about each Formulary. This table includes a column entitled “Submission Status.” As noted above, you can only update formularies that have a submission status of “Resubmission Requested” or “Rejected by Validation.” You can update formularies that are “Approved” during the assigned update

windows. Note: In the event CMS conducts a limited update window, formularies eligible for resubmission during the gate opening will show an “Approved” status.

In the Resubmission/Update category, there is a table listing columns entitled “Revise Formulary & PA/ST & IBC”, “Revise PA/ST Only” and “Revise IBC Only.”

If you are updating the Formulary file, click the Formulary ID hyperlink in the “Revise Formulary & PA/ST & IBC” column. This will allow you to upload changes to the Formulary file as well as changes to the PA/ST Criteria and IBC files.

If you are updating the PA/ST Criteria files only, click the Formulary ID hyperlink in the “Revise PA/ST Only” column.

If you are updating the IBC files only, click the Formulary ID hyperlink in the “Revise IBC Only” column.

Hyperlinks in these columns will be enabled under the following situations.

**Revise Formulary & PA/ST & IBC:** Hyperlinks in this column will be enabled when the Formulary is in the status of “Resubmission Requested”, “Rejected by Validation”, or “Approved.” You may upload a new version of the Formulary, PA, ST and IBC files by selecting this hyperlink. If CMS requested resubmission through the Line Level Decision process by partially approving the submitted changes, selecting this hyperlink will navigate you to the Plan Line Level Decisions Accept/Reject page.

**Revise PA/ST Only:** Hyperlinks in this column will be enabled when the Formulary is rejected because of PA/ST errors (or) when there are open edit requests. Selecting a hyperlink will navigate you to Revise PA/ST Criteria Upload page.

**Revise IBC Only:** Hyperlinks in this column will be enabled when the Formulary is rejected because of IBC errors (or) when there are re-submission requests. Selecting a hyperlink will navigate you to Revise IBC Upload page.

## Exhibit15 – Formulary Resubmission - Select a Formulary

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise Formulary

**Formulary Resubmission - Select a Formulary** [Add to My Favorites](#)

These formularies are available for selection. To view the status of all versions of a formulary, please utilize the Formulary Status History report.

**Resubmissions/Updates**

**Revise Formulary & PA/ST:** You may upload a new version of the formulary by selecting the Formulary ID hyperlink in the Revise Formulary and PA/ST column. You will be able to make changes to the PA/ST criteria as well. If CMS requested resubmission by partially approving the submitted changes, selecting this Formulary ID hyperlink will navigate you to the Plan Line Level Decisions Accept/Reject page. This Formulary ID hyperlink is only available when the formulary gates are open.

**Revise PA/ST Only:** If there are no formulary updates to make, you may correct the PA/ST edits/errors by selecting the Formulary ID hyperlink located in the Revise PA/ST Only column. This Formulary ID hyperlink is only available when there are PA/ST errors and/or open edit requests.

**Revise IBC Only:** If there are no formulary updates to make, you may correct the IBC errors/re-submit IBC file by selecting the Formulary ID hyperlink located in the Revise IBC Only column. This Formulary ID hyperlink is only available when there are IBC errors and/or IBC override gate is open.

Revise Formulary & PA/ST & IBC ▲	Revise PA/ST Only	Revise IBC Only	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<a href="#">00000001-RF</a>	<a href="#">00000001-PA/ST</a>	<a href="#">00000001-IBC</a>	Sample Formulary	4	Resubmission Requested	Z0001, Z0002	
<a href="#">00000002-RF</a>	N/A	N/A	Sample Formulary 2	1	Resubmission Requested	Z0003	
<a href="#">00000003-RF</a>	N/A	N/A	Sample Formulary 3	2	Resubmission Requested	Z0004	

**In Process**

These formularies are currently unavailable for revision.

Formulary ID ▲	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<a href="#">00000004-RF</a>	Sample Formulary 4	1	In Desk Review	Z0005	
<a href="#">00000005-RF</a>	Sample Formulary 5	3	In Desk Review	Z0006	

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## REVISE FORMULARY & PA/ST & IBC

### STEP 1

Select **Revise Formulary** from the **Formulary Submission** Start page. This will take you to the Formulary Resubmission - Select a Formulary page (Exhibit15).

### STEP 2A

On the **Formulary Resubmission - Select a Formulary** page, select “Revise Formulary & PA/ST & IBC” hyperlink for the Formulary you wish to update. This will take you to the Formulary Resubmission - Associate Contracts to Formulary page.

## ASSOCIATE CONTRACTS TO FORMULARY

The **Formulary Resubmission - Associate Contracts to Formulary** page (Exhibit16) will allow you to associate one or more of your contracts to the Formulary resubmission.

Note: When revising a Formulary, you cannot add or remove a contract from a Formulary association after the CMS-specified due date.

### STEP 1

On the **Formulary Resubmission - Associate Contracts to Formulary** page, select one or more of the contracts listed on the page to associate with the Formulary.

Note: A Formulary may only be associated to the contracts that belong to the same parent organization. If you select a contract with no parent organization, you will receive a warning

message. Verify that all the contracts belong to the same parent organization before continuing with the submission.

### Exhibit16 – Formulary Resubmission - Associate Contracts to Formulary

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Contract Selection

**Formulary Resubmission - Associate Contracts to Formulary**

Formulary Name: Sample Formulary  
 Formulary ID: 00000001  
 Formulary Version: 4

Select one or more contracts to associate with this formulary. If you are unable to select a contract because the Formulary Contact is unassigned or there is no email address, please go to the Contract Management Module to update this information. Only one parent organization may be associated with a formulary.

Contracts Associated with this Formulary:

Select	Contract Number	Contract Name	Parent Organization Name	Formulary Contact
<input checked="" type="checkbox"/>	Z0001	CONTRACT ONE	CONTRACT PARENT ORG1	Test User 1 testuser1@test.com
<input checked="" type="checkbox"/>	Z0002	CONTRACT TWO	CONTRACT PARENT ORG2	Test User 2 testuser2@test.com
<input type="checkbox"/>	Z0003	CONTRACT THREE	CONTRACT PARENT ORG3	Test User 3 test user3@test.com
<input type="checkbox"/>	Z0004	CONTRACT FOUR	CONTRACT PARENT ORG4	Test User 4 test user4@test.com

Please verify that your email address is correct. This email address will be used to communicate the status of this formulary submission. If you need to update your email address, please go to the User Account Maintenance Module and make this change before submitting your formulary information.

Formulary Upload Contact:

User ID:	test
Name:	test user
E-mail:	test@test.com

### STEP 2

On the **Formulary Resubmission - Associate Contracts to Formulary** page, click the “Next” button to confirm the Contract Associations. This will take you to the Formulary Resubmission - Formulary Information page.

## FORMULARY INFORMATION

The **Formulary Resubmission - Formulary Information** page collects information about your Formulary resubmissions including: Formulary Name, Formulary Classification System, Number of Tiers, Quantity Limit status, Limited Access status, Prior Authorization status, Step Therapy status, Indication-Based Coverage and Expedited Generic Substitution.

**Note:** Values in fields cannot be changed after certain conditions apply as follows:

1. **Prior Year Formulary:** After initial Formulary submission period is closed.
2. **Formulary Classification System:** After prior version of the Formulary is approved.
3. **Define Number of Tiers:** After prior version of the Formulary is approved
4. **Do you offer OTC as a part of Step Therapy Protocol submitted for review and approval by CMS? :** After OTC supplemental file initial submission period is closed.
5. **Are any drugs in the Formulary submission limited to certain indications? :** After IBC file submission period is closed for approved formularies only.



6. **Will this Formulary be subject to expedited generic substitution, as outlined in 42 CFR 423.120(b)(5)(iv)?** : After initial Formulary submission period is closed.

### **STEP 1**

On the **Formulary Resubmission - Formulary Information** page (Exhibit17), enter any changes to the answers previously provided.

#### **Exhibit17 – Formulary Resubmission - Formulary Information**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Info

### Formulary Resubmission - Formulary Information

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 4

A field with an asterisk (\*) before it is a required field.  
Please select the CY 2021 Formulary ID which most closely resembles this formulary submission.  
**NOTE:** CMS may utilize previously submitted clinical justifications and other formulary information relating to the CY 2021 formulary in its review of your CY 2022 submission.

CY 2021 Formulary:

\*Formulary Name (max. 100 Characters):

**NOTE:** This is a descriptive name you can use to help identify a formulary. This name can be as simple as Formulary 1, Formulary 2, etc.

\*Indicate the Formulary Classification System for this formulary:  USP  AHFS  Medispan  Other

\*Define number of Tiers (max. 7 tiers):

**NOTE:** If all drugs are contained in a single tier, please enter '1' as the value for this field.  
Formularies that will **only** be associated with Defined Standard plans should be submitted as having a single tier.  
Please ensure this entry corresponds to the number of tiers to be entered in the Plan Benefit Package (PBP) software.

\*Do you offer OTCs as part of a Step Therapy Protocol submitted for review and approval by CMS?  Yes  No

\*Do any drugs in this formulary submission have Quantity Limits?  Yes  No

\*Is access to any formulary drug restricted to certain pharmacies?  Yes  No

\*Do any drugs in this formulary submission require Prior Authorization?  Yes  No

\*Do any drugs in this formulary submission require Step Therapy?  Yes  No

\* Are any drugs in this formulary submission limited to certain indications?  
(i.e. are you implementing indication-based formulary design?)  Yes  No

### **STEP 2**

Click the “Next” button to confirm your changes and move to the Formulary Resubmission - Formulary Tier Information page.

## **FORMULARY TIER INFORMATION**

The **Formulary Resubmission - Formulary Tier Information** page collects information about the tiers within the Formulary. **Note:** The system will not allow you to change the information on the Formulary Tier Information page once the Formulary has been approved.

### **STEP 1**

On the **Formulary Tier Information** page (Exhibit18), select a tier model appropriate for your Formulary. MMPs will have a similar screen.

### **STEP 2**

If your Formulary includes 2-4 tiers, skip to Step 3.

If your Formulary includes 5, 6 or 7 tiers, select a drop-down option for 5<sup>th</sup>, 6<sup>th</sup> or 7<sup>th</sup> tier (non-MMP models) if applicable.

### **STEP 3**

Click the “Next” button to confirm your information and move to the Upload Files page.

**Note:** Note that the tier information entered in the Formulary submission module must correspond to the number of tiers and model that will be identified in the corresponding CY 2022 PBP software.

## Exhibit18 – Formulary Resubmission - Formulary Tier Information

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Tiers

### Formulary Resubmission - Formulary Tier Information

Formulary Name: Sample Formulary  
 Formulary ID: 00000001  
 Formulary Version: 4

Select a Tier model from below options. Then select a Tier Label option from the drop down list when a drop down option is available.

**NOTE:** If a formulary includes a 5th, 6th or 7th tier that is an excluded drug only tier, NO FRF drug should be entered on the formulary record layout as having that tier number. Excluded drugs will be entered on the excluded drug supplemental file that is submitted in conjunction with the bid in June.

#### 6 Tier Model:

A field with an asterisk (\*) before it is a required field.

*2022 Tier Model	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 6
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Specialty Tier	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier	Select a tier label
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier
<input checked="" type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier
<input type="radio"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier

Back

Next

## UPLOAD FILES

The **Formulary Resubmission - Upload Files** page allows you to upload revised Formulary, PA and ST files.

Following Bid submission, the **Formulary Resubmission - Upload Files** page will also allow you to indicate if the associated Partial Gap Coverage, Free First Fill, Home Infusion, or Value-Based Insurance Coverage files (if applicable) require or not require a change to the previous successfully-validated supplemental file.

During initial submission, you must replace full files for the Formulary, PA, ST and IBC files. After the initial submission period, your upload files will include only the changes to your Formulary, PA and ST files. Even after initial submission period, upload full files for the IBC.

Click the “Click here to view the Formulary File Upload Instructions” hyperlink (Exhibit19), to view the detailed instructions.

The files you are uploading must be in the following formats:

- **Formulary file** - ASCII Tab delimited text file, e.g., *Formulary123.txt*  
During the initial submission period, the value of this field must be “ADD” for all records in the file. After the initial submission period, the Partial Formulary file may include a value of “ADD”, “UPD”, or “DEL” in the change type field.

For more information/assistance on the Formulary file layout, see Appendices A and B in this Manual.

- **Prior Authorization File** (applicable if the Initial Submission window is open) – ASCII Tab delimited text file, e.g., *FormularyPA.txt*

During the initial submission period, the value must be “ADD” for all records in the file. After the initial submission period, the partial PA file may include a value of “ADD”, “UPD.”

For more information/assistance on the Prior Authorization File, see Appendix B.

- **Step Therapy File** (applicable if the Initial Submission window is open) – ASCII Tab delimited text file, e.g., *steptherapy123ST.txt*

During the initial submission period, the value must be “ADD” for all records in the file. After the initial submission period, the partial ST file may include a value of “ADD”, “UPD.”

For more information/assistance on the Step Therapy File, see Appendix B.

- **Indication-Based Coverage File** (applicable if the Initial Submission window is open) – ASCII Tab delimited text file, e.g., *ibc123.txt*

Do not include change type value (“ADD”) in the IBC file.

For more information/assistance on the Indication-Based Coverage File, see Appendix B.

### **STEP 1**

On the **Formulary Resubmission - Upload Files** page (Exhibit19); enter the full path and name of the Formulary Text File (Tab delimited .txt only) in the “Formulary file” field, e.g., c:\myFormularyfile.txt. If you are unsure of the file name or location, click the “Browse” button to locate and attach the file.

**Note:** If your Formulary is associated with a Partial Gap Coverage, Free First Fill, Home Infusion or Value-Based Insurance Coverage supplemental file, follow steps 2-4 unless you failed to submit your required supplemental file(s) in your prior monthly update. In this case, the options to reuse or submit a new file will not be available to you at this time. You must return to the submission module following the successful validation of your Formulary to submit your supplemental files. You may submit these files using the Submit Home Infusion File, Submit Free First Fill File, Submit Partial Gap Coverage File or Submit Value-Based Insurance Design options on the Formulary Submission Start page. Failure to upload the required supplemental files may result in a compliance action.

### **STEP 2A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Partial Gap Coverage Supplemental File” option if no changes are required to the previous uploaded Partial Gap Coverage file against the revised Formulary (if applicable). See Exhibit19.

### **STEP 2B**

Select the “This Formulary requires changes to the Partial Gap Coverage Supplemental File” option if changes are required to the previous uploaded Partial Gap Coverage file against the revised Formulary (if applicable). See Exhibit19.

Note that you must upload your Partial Gap Coverage supplemental file through the HPMS Submit Partial Gap Coverage File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 6.

### **STEP 3A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Free First Fill Supplemental File” option if no changes are required to the previous uploaded Free First Fill file against the revised Formulary (if applicable). See Exhibit19.

### **STEP 3B**

Select the “This Formulary requires changes to the Free First Fill Supplemental File” option if changes are required to the previous uploaded Free First Fill file against the revised Formulary (if applicable). See Exhibit19.

Note that you must upload your Free First Fill supplemental file through the HPMS Submit Free First Fill File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 6.

#### **STEP 4A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Home Infusion Supplemental File” option if no changes are required to the previous uploaded Home Infusion file against the revised Formulary (if applicable). See Exhibit19.

#### **STEP 4B**

Select the “This Formulary requires changes to the Home Infusion Supplemental File” option if changes are required to the previous uploaded Home Infusion file against the revised Formulary (if applicable). See Exhibit19.

Note that you must upload your Home Infusion supplemental file through the HPMS Submit Home Infusion File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 6.

#### **STEP 5A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Value-Based Insurance Design Supplemental File” option if no changes are required to the previous uploaded Value-Based Insurance Design file against the revised Formulary (if applicable). See Exhibit19.

#### **STEP 5B**

Select the “This Formulary requires changes to the Value-Based Insurance Design Supplemental File” option if changes are required to the previous uploaded Value-Based Insurance Design file against the revised Formulary (if applicable). See Exhibit19.

Note that you must upload your Value-Based Insurance Design supplemental file through the HPMS Submit Value-Based Insurance Design File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step7.

#### **STEP 6A**

Select the “Formulary includes Prior Authorization Type 3 drugs only” radio button if the Formulary has PA type 3 only. If this option is selected, no file upload is required. Skip to step 8. See Exhibit19.

#### **STEP 6B**

Select the “Use previously uploaded copy of the Prior Authorization File” if you are not making any changes to your prior authorization criteria. See Exhibit19.

#### **STEP 6C**

Select the “Select Prior Authorization File for Upload” radio button if the Formulary has PA Type 1 or 2. Enter the full path and name of the Prior Authorization File (Tab delimited .txt file only) in the “Prior Authorization File” field or click the “Browse” button to locate and attach the file. See Exhibit19.

**Note:** If you selected “No” for the prior authorization question from the Formulary Information page, this field will not be displayed.

After the initial submission period, the Partial PA file may include a value of “ADD” when a PA Group Description is added to the Formulary or “UPD” when CMS has requested a change to the PA criteria. The system will automatically delete any PA Group Descriptions from the PA file that are not in the Formulary.

#### **STEP 7A**

Select “Use previously uploaded copy of the Step Therapy File” if you are not making any changes to your step therapy criteria. See Exhibit19.

#### **STEP 7B**

Enter the full path and name of the Step Therapy File (Tab delimited .txt file only) in the “Step Therapy File” field or click the “Browse” button to locate and attach the file (Exhibit19).

Note: If you selected “No” for the step therapy question from the Formulary Information page, this field will not be displayed.

After the initial submission period, the Partial ST file may include a value of “ADD” when an ST Group Description is added to the Formulary or “UPD” when CMS has requested a change to the ST criteria. The system will automatically delete any ST Group Descriptions from the ST file that are not in the Formulary.

Note: You will receive an email communication from CMS when PA/ST edits are requested on the Group Descriptions that require criteria updates.

#### **STEP 8A**

Select “Use previously uploaded copy of the Indication-Based Coverage File” if you are not making any changes to your IBC file. See Exhibit19.

#### **STEP 8B**

Enter the full path and name of the IBC File (Tab delimited .txt file only) in the “Indication-Based Coverage File” field or click the “Browse” button to locate and attach the file (Exhibit19).

Note: If you selected “No” for the IBC question from the Formulary Information page, this field will not be displayed.

Note: You will receive an email communication from CMS when an IBC resubmission is requested that requires updates.

#### **STEP 9**

Click the “Upload” button to prepare your files for submission to HPMS and to continue to the Formulary Resubmission - Verify Resubmission page. Please wait until the file transfer is complete before attempting to navigate further.

## Exhibit19 – Formulary Resubmission - Upload Files

HPMS > Plan Formularies > Formulary Submission > CY 2022 > Upload Files

### Formulary Resubmission - Upload Files

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 4

A field with an asterisk (\*) before it is a required field.

[Click here to view Formulary File Upload Instructions](#)

**\*FORMULARY FILE**

Select Formulary File for upload:  No file chosen

**\*PRIOR AUTHORIZATION FILE**

Formulary includes Prior Authorization Type 3 drugs only (no upload required)

Use previously uploaded copy of the Prior Authorization File [View Previous Prior Authorization File](#)

Select Prior Authorization File for upload:  No file chosen

**\*STEP THERAPY FILE**

Use previously uploaded copy of the Step Therapy File [View Previous Step Therapy File](#)

Select Step Therapy File for upload:  No file chosen

**\*INDICATION-BASED COVERAGE FILE**

Select Indication-Based Coverage File for upload:  No file chosen

## VERIFY RESUBMISSION

The **Formulary Resubmission - Verify Resubmission** page allows you to verify the information you entered during the resubmission process before you complete the upload and resubmit the information to CMS.



## STEP 1

On the **Formulary Resubmission - Verify Resubmission** page (Exhibit20), review the information for accuracy.

### Exhibit20 – Formulary Resubmission - Verify Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Verify Formulary Upload

#### Formulary Resubmission - Verify Submission

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 4

**NOTE: Your data has not yet been submitted.**  
**NOTE: You must complete the Transition Policy attestation for the following contract(s): Z0001, Z0002**  
**NOTE: You must complete the PA/ST attestation for the following contract(s): Z0001, Z0002**  
**NOTE: You must complete the P&T Committee attestation for the following contract(s): Z0001, Z0002**

Please verify that the information entered is correct. Select the "Submit" button to submit your Formulary Information. If any information is incorrect, please select the "Back" button at the bottom of the page to correct your information.

Once your files have been uploaded, HPMS will send to you a confirmation email and you will also be directed to a Submission Confirmation page confirming the receipt of your upload. Depending on the size of your files, this may take some time. If you never receive any confirmation of your upload, please contact the HPMS Help Desk at either 1-800-220-2028 or [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).

Contract(s) Associated with Formulary: Z0001, Z0002  
Contacts to be notified of this formulary submission:

Contact Type	User Id	Name	Email
Upload User	test	Test User 1	testuser1@test.com
Z0001	n/a	Test User 2	testuser2@test.com
Z0002	n/a	Test User 3	testuser3@test.com

Formulary Classification System used for this formulary: USP

Number of Tiers: 6

Tier Number	Tier Label
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Brand
5	Injectable Drugs
6	Specialty Tier

Effective Date: 1/1/2022  
Formulary offers OTCs as part of a Step Therapy Protocol: YES  
Formulary includes drugs that have Quantity Limits: YES  
Formulary includes drugs that are restricted to certain pharmacies: YES  
Formulary includes drugs that require Prior Authorization: YES  
Formulary includes drugs that require Step Therapy: YES  
Formulary includes drugs that require Indication-Based Coverage: YES

Files to be Uploaded:

Title	File Name
Formulary File	C:\fakepath\partial file.txt
Prior Authorization File	C:\fakepath\partial PA4.txt
Step Therapy File	C:\fakepath\partial ST4.txt
Indication-Based Coverage File	C:\fakepath\IBC4.txt

## STEP 2A

If any information is incorrect, click the "Back" button to correct the information as necessary by returning to the appropriate pages.

## **STEP 2B**

If all information is correct, click the “Submit” button to send the resubmission to CMS for review. This will take you to the Formulary Resubmission – Confirm Submission page.

## **CONFIRM SUBMISSION**

The **Formulary Resubmission - Confirm Submission** page provides a status of the successful upload. This page will also generate an email to both the Formulary Contract and the Formulary Upload Contact identified on this page acknowledging receipt of the resubmission.

On the **Formulary Resubmission - Confirm Submission** page (Exhibit21) review the information. Click the “OK” button to return to the Formulary Submission Start Page.

### **Exhibit21 – Formulary Resubmission - Confirm Submission**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Confirm Formulary

#### Formulary Resubmission - Confirm Submission

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 4

Your formulary information was received.

The HPMS will now perform a series of validation edits on the formulary submission. At the close of the validation process, a second email will be sent to the formulary contacts listed below. This email will either indicate a successful formulary upload or identify the errors detected during validation. If errors were detected, the formulary submission will be rejected. Once the errors are corrected, the formulary can be resubmitted.

Contacts notified of this formulary submission:

Contact Type	User Id	Name	Email
Upload User	test	Test User 1	testuser1@test.com
Z0001	n/a	Test User 2	testuser2@test.com
Z0002	n/a	Test User 3	testuser3@test.com

OK

At this point, you have finished resubmitting your new Formulary and need to wait for an email regarding the status of your resubmission. After receiving the uploaded Formulary file, HPMS will perform a series of validation edits. At the close of the validation process, a follow-up email will be sent to the designated Formulary contacts. This email will indicate that the Formulary was successfully validated or identify errors detected during the validation process. If errors were detected, the Formulary resubmission will be rejected.

**Note:** If the reused supplemental file is not sync with the new Formulary version, the supplemental file will be rejected by validation and validation errors are sent in a separate email (if applicable).

## REVISE PA/ST CRITERIA ONLY

During the Formulary Review period (initial review and monthly update), if there are PA/ST file errors on your Formulary and PA/ST files you submitted previously, you will receive an ACTION REQUIRED email with the PA/ST Group Descriptions that require addition or criteria update. You will be required to upload a PA/ST file using the **Revise PA/ST Criteria** page. When you have successfully uploaded all the required changes, you will receive the Formulary successfully validated email.

Note that any PA/ST Group Descriptions that are removed from the Formulary will automatically be deleted from the PA/ST file. You will receive a confirmation of these deletions in the “Formulary – Processing Results” email.

In addition to this, CMS may request revision to specific Group Descriptions. You will receive an email from CMS directing you to change your PA/ST criteria. If you are making changes to the PA/ST files only, and not the Formulary file, you may go directly to the Revise PA/ST Criteria page and upload your changes. The record format is the same as for the initial upload. You may only upload changes for the records that display on the page. The changes will be applied to the last version in desk review that is not Denied or Withdrawn. **If you are also making changes to your Formulary, you must upload the Formulary and PA/ST files together by selecting “Revise Formulary & PA/ST files” option on the Revise Formulary page.** After the files are successfully validated, the new version will be migrated to desk review.

In summary, you may go to the **Revise PA/ST Criteria** page to update PA/ST criteria and make the following changes:

- Add a PA/ST record when the PA/ST Group Description is in the Formulary file and not in the PA/ST file
- Update a PA/ST record when requested by CMS.

As shown in Exhibit15, click the “**Revise PA/ST Criteria Only**” hyperlink from the Formulary Resubmission – Select a Formulary page. This will take you to the Revise PA/ST Criteria – Upload page (Exhibit23).

## Exhibit22 – Formulary Resubmission - Select a Formulary

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise Formulary

**Formulary Resubmission - Select a Formulary** [Add to My Favorites](#)

These formularies are available for selection. To view the status of all versions of a formulary, please utilize the Formulary Status History report.

**Resubmissions/Updates**

**Revise Formulary & PA/ST:** You may upload a new version of the formulary by selecting the Formulary ID hyperlink in the Revise Formulary and PA/ST column. You will be able to make changes to the PA/ST criteria as well. If CMS requested resubmission by partially approving the submitted changes, selecting this Formulary ID hyperlink will navigate you to the Plan Line Level Decisions Accept/Reject page. This Formulary ID hyperlink is only available when the formulary gates are open.

**Revise PA/ST Only:** If there are no formulary updates to make, you may correct the PA/ST edits/errors by selecting the Formulary ID hyperlink located in the Revise PA/ST Only column. This Formulary ID hyperlink is only available when there are PA/ST errors and/or open edit requests.

**Revise IBC Only:** If there are no formulary updates to make, you may correct the IBC errors/re-submit IBC file by selecting the Formulary ID hyperlink located in the Revise IBC Only column. This Formulary ID hyperlink is only available when there are IBC errors and/or IBC override gate is open.

Revise Formulary & PA/ST & IBC ▲	Revise PA/ST Only	Revise IBC Only	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<a href="#">00000001-RF</a>	<a href="#">00000001-PA/ST</a>	<a href="#">00000001-IBC</a>	Sample Formulary	4	Resubmission Requested	Z0001, Z0002	
<a href="#">00000002-RF</a>	N/A	N/A	Sample Formulary 2	1	Resubmission Requested	Z0003	
<a href="#">00000003-RF</a>	N/A	N/A	Sample Formulary 3	2	Resubmission Requested	Z0004	

**In Process**

These formularies are currently unavailable for revision.

Formulary ID ▲	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<a href="#">00000004-RF</a>	Sample Formulary 4	1	In Desk Review	Z0005	
<a href="#">00000005-RF</a>	Sample Formulary 5	3	In Desk Review	Z0006	

[Back](#)

Only the records that are displayed on the page may be submitted in the update file. The records should be in the same format as the initial PA/ST submission file. The system will only permit the action displayed on the page.

**ADD:** You must add a PA/ST record when you add a PA/ST Group Description to the Formulary.

**UPD –** You must update a PA/ST record already existing on the approved file; the system only permits the following actions:

- You must update a PA/ST record when requested by CMS.
- At least one field should be changed for the update to be successful.

**Note:** You should not update the PA/ST record if you are deleting the PA/ST Group Description from your Formulary. The system will automatically delete the PA/ST Group Description from the PA/ST file when it is removed from the Formulary file.

## REVISE PA/ST CRITERIA – UPLOAD

The **Revise PA/ST Criteria – Upload** page allows you to specify the Prior Authorization File and Step Therapy File you want to upload. The page will pre-determine what you need to upload based on Formulary validation errors or CMS revision requests. This page displays PA and ST Group Descriptions that need to be added based on the Formulary file submission. This includes:

- PA/ST Group Descriptions that were added to your Formulary
- PA/ST Group Descriptions that were uploaded on the revise Formulary page but failed validation
- PA and ST Group Descriptions requiring revision based upon CMS review

This page also displays links to current PA/ST criteria associated with the latest version of the Formulary that is successfully sent to desk review and are not denied or withdrawn.

**Exhibit23 – Revise PA/ST Criteria - Upload**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise PA/ST Criteria

**Revise PA/ST Criteria - Upload**

Formulary Name: Sample Formulary  
 Formulary ID: 00000001  
 Formulary Version: 4

A field with an asterisk (\*) before it is a required field.

All of the records displayed below must be updated. To make the required changes to your PA and or ST criteria, Upload PA and /or ST text files with changes.

These group descriptions must be updated in the PA file.

Prior Auth Group Description	Type Of Action
Test PA	EDIT

[View Current PA File\(CSV\)](#)

These group descriptions must be updated in the ST file.

Step Therapy Group Description	Type Of Action
Test ST	EDIT

[View Current ST File\(CSV\)](#)

\*Select PA File [Choose File](#) No file chosen

\*Select ST File [Choose File](#) No file chosen

[Back](#) [Upload File](#)

Only the records that are available on the page should be included in the partial file. Records with the Type of Action of “Edit” should have at least one field other than the Group Description updated in order to pass validation.

Both PA/ST files must be uploaded at the same time. If at least one file fails, both files will be rejected. After correcting the errors, both files must be uploaded again.

**STEP 1**

Enter the full path and name of the Prior Authorization File (tab delimited .txt file only) in the Step Therapy File field or click the “Browse” button to locate and attach the file (Exhibit23).

**Note:** If there were no Prior Authorization file errors during Formulary revision or no pending CMS revision requests, this field will not be displayed.

### **STEP 2**

Enter the full path and name of the Step Therapy File (tab delimited .txt file only) in the Step Therapy File field or click the “Browse” button to locate and attach the file (Exhibit23).

**Note:** If there were no Step Therapy file errors during Formulary revision and no pending CMS revision requests, this field will not be displayed.

### **STEP 3**

Click the “Upload” button to submit your files. This will take you to the Submission Confirmation page (Exhibit24).

## **REVISE PA/ST ONLY -SUBMISSION CONFIRMATION**

The **Revise PA/ST Criteria - Confirm Submission** page provides confirmation on validity of the files (Exhibit24). If the files fail validation, an email with the subject “PA/ST Action Required – HPMS Formulary Upload 00000001-2 Errors” is sent to the Formulary Contacts listed on the page. If the files are successful Formulary contacts will receive “PA/ST Successful Upload – HPMS Formulary Upload 00000001-2” email.

### **Exhibit24 – Revise PA/ST - Confirmation**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise PA/ST Confirm

#### Revise PA/ST Criteria - Confirmation

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 4

Your PA and/or ST file changes have been validated successfully and applied to version 1. To view the complete Prior Authorization or Step Therapy Criteria file for the formulary, please utilize the Formulary Status History Report.

Contacts to be notified of this formulary PA/ST submission:

Contact Type	User Id	Name	Email
Upload User	test	Test user 1	testuser1@test.com
Z0001	n/a	Test user 2	testuser2@test.com
Z0002	n/a	Test user 3	testuser3@test.com

OK

On the Revise PA/ST Criteria – Confirm Submission page (Exhibit24), review the information. Click the “OK” button to return to the Revise PA/ST Criteria – Select Formulary page. At this point, you have finished resubmitting your new Formulary or PA/ST criteria revision.

## **REVISE INDICATION-BASED COVERAGE FILE – UPLOAD**

The **Revise Indication-Based Coverage (IBC) File – Upload** page allows you to upload the Indication-Based Coverage File. The page will pre-determine what you need to upload based on Formulary validation errors or CMS revision requests.

## Exhibit25 – Revise Indication-Based Coverage (IBC) File - Upload

The screenshot shows a web interface for uploading an IBC file. At the top, a blue breadcrumb trail reads: HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise IBC. Below this is a yellow header box with the title 'Revise Indication-Based Coverage File - Upload'. The form contains the following text: 'Formulary Name: Sample Formulary', 'Formulary ID: 00000001', 'Formulary Version: 4', and 'Formulary Contracts: Z0001, Z0002'. A note states: 'A field with an asterisk (\*) before it is a required field.' The main field is labeled '\*Select Indication-Based Coverage File for upload:' and contains a 'Choose File' button and the text 'No file chosen'. At the bottom left, there are two buttons: 'Back' and 'Upload'.

### **STEP 1**

In the “Select Indication-Based Coverage File for Upload” field, select the “Choose File” button to locate and attach the file, tab delimited .txt file only (Exhibit25).

### **STEP 2**

Click the “Upload” button to submit your files. This will take you to the Submission Confirmation page (

Exhibit26).

## **REVISE IBC ONLY - SUBMISSION CONFIRMATION**

The **Revise Indication-Based Coverage - Confirmation** page provides confirmation on validity of the files (

Exhibit26). If the IBC file fail validation, an email with the subject “Action Required – Indication-Based Coverage File Validation Rejected” is sent to the Formulary Contacts listed on the page. If the IBC files are successful Formulary, contacts will receive “Indication-Based Coverage File Validation Complete – 00000001-2” email.

## Exhibit26 – Revise Indication-Based Coverage (IBC) File – Confirmation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Confirm Indication-Based Coverage File Upload

### Revise Indication-Based Coverage - Confirmation

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 4  
Formulary Contracts: Z0001, Z0002

Your Indication-Based Coverage file has been successfully uploaded.

The HPMS will now perform a series of validation edits on the Indication-Based Coverage file submission. At the close of the validation process, an email will be sent to the contact listed below. This email will either indicate a successful upload or identify the errors detected during validation. If errors were detected, the file submission will be rejected. Once the errors are corrected, the Indication-Based Coverage file can be resubmitted.

Contacts to be notified of this formulary Indication-Based Coverage submission:

Contact Type	User Id	Name	Email
Upload User	test	Test user 1	testuser1@test.com
Z0001	n/a	Test user 2	testuser2@test.com
Z0002	n/a	Test user 3	testuser3@test.com

OK

On the Revise Indication-Based Coverage – Confirmation page (Exhibit26), review the information. Click the “OK” button to return to the Revise Formulary landing page. At this point, you have finished resubmitting your IBC file.



## IV. ACCEPT/REJECT LINE LEVEL CHANGES

CMS may find that your Formulary revision is partially acceptable. When this is the case, you will receive a resubmission request for your Formulary. When you select the Formulary from the Revise Formulary page, you will be directed to the Accept Line Level Decisions page. You may review the CMS decisions, and then confirm your acceptance. This creates a new version of the Formulary.

### ACCESS TO THE LINE LEVEL DECISIONS PAGE

The system will automatically direct you to the Plan Line Level Decisions Accept/Reject page when you select a Formulary for revision.

#### STEP 1

Select **Revise Formulary** from the Formulary Submission Start page (Exhibit4). This will take you to the Select a Formulary page.

#### STEP 2

On the **Formulary Resubmission - Select a Formulary** page (Exhibit15); click the “Revise Formulary & PA/ST & IBC” hyperlink for the Formulary to review. This will take you to the Plan Line Level Decision Accept/Reject page (Exhibit28).

#### Exhibit27 – Revise Formulary- Select a Formulary Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise Formulary

**Formulary Resubmission - Select a Formulary** [Add to My Favorites](#)

These formularies are available for selection. To view the status of all versions of a formulary, please utilize the Formulary Status History report.

**Resubmissions/Updates**

**Revise Formulary & PA/ST:** You may upload a new version of the formulary by selecting the Formulary ID hyperlink in the Revise Formulary and PA/ST column. You will be able to make changes to the PA/ST criteria as well. If CMS requested resubmission by partially approving the submitted changes, selecting this Formulary ID hyperlink will navigate you to the Plan Line Level Decisions Accept/Reject page. This Formulary ID hyperlink is only available when the formulary gates are open.

**Revise PA/ST Only:** If there are no formulary updates to make, you may correct the PA/ST edits/errors by selecting the Formulary ID hyperlink located in the Revise PA/ST Only column. This Formulary ID hyperlink is only available when there are PA/ST errors and/or open edit requests.

**Revise IBC Only:** If there are no formulary updates to make, you may correct the IBC errors/re-submit IBC file by selecting the Formulary ID hyperlink located in the Revise IBC Only column. This Formulary ID hyperlink is only available when there are IBC errors and/or IBC override gate is open.

Revise Formulary & PA/ST & IBC ▲	Revise PA/ST Only	Revise IBC Only	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<a href="#">0000001-RF</a>	N/A	N/A	Sample Formulary	5	Resubmission Requested	Z0001, Z0002	
<a href="#">0000002-RF</a>	N/A	N/A	Sample Formulary 2	1	Resubmission Requested	Z0003	
<a href="#">0000003-RF</a>	N/A	N/A	Sample Formulary 3	2	Resubmission Requested	Z0004	

**In Process**

These formularies are currently unavailable for revision.

Formulary ID ▲	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<a href="#">0000004-RF</a>	Sample Formulary 4	1	In Desk Review	Z0005	
<a href="#">0000005-RF</a>	Sample Formulary 5	3	In Desk Review	Z0006	

[Back](#)

## PLAN LINE LEVEL DECISIONS ACCEPT/REJECT

The **Plan Line Level Decisions Accept/Reject** page displays the RxCUI, Change Type, Brand Name, SCDC, and Dose Form for each drug in your Formulary revision file, as well as the associated CMS Decision and Comment To Plan. The page also provides links to the Non-Allowable Change Report and the Update Outlier Report for the submitted version of the Formulary. When you accept the changes, the system will create a new version of the Formulary that includes only the approved changes. You will not need to upload another revision file.

**Note:** If your Formulary is associated with a Partial Gap Coverage, Free First Fill, Home Infusion or Value-Based Insurance Design supplemental file, follow steps 1-4 unless you failed to submit your required supplemental file(s) in your prior monthly update. In this case, the options to reuse or submit a new file will not be available to you at this time. You must return to the submission module following the successful validation of your Formulary to submit your supplemental files. You may submit these files using the Submit Home Infusion File, Submit Free First Fill File, Submit Partial Gap Coverage File or Submit Value-Based Insurance Design File options on the Formulary Submission Start page. Failure to upload the required supplemental files may result in a compliance action.

### **STEP 1A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Partial Gap Coverage Supplemental File” option if no changes are required to the previously uploaded Partial Gap Coverage file with respect to the revised Formulary (if applicable).

### **STEP 1B**

Select the “This Formulary requires changes to the Partial Gap Coverage Supplemental File” option if changes are required to the previously uploaded Partial Gap Coverage file with respect to the revised Formulary (if applicable).

Note that you must upload your Partial Gap Coverage supplemental file using the HPMS Submit Partial Gap Coverage File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 5.

### **STEP 2A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Free First Fill Supplemental File” option if no changes are required to the previously uploaded Free First Fill file with respect to the revised Formulary (if applicable).

### **STEP 2B**

Select the “This Formulary requires changes to the Free First Fill Supplemental File” option if changes are required to the previously uploaded Free First Fill file with respect to the revised Formulary (if applicable).

Note that you must upload your Free First Fill supplemental file using the HPMS Submit Free First Fill File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 5.

### **STEP 3A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Home Infusion Supplemental File” option if no changes are required to the previously uploaded Home Infusion file with respect to the revised Formulary (if applicable).

### **STEP 3B**

Select the “This Formulary requires changes to the Home Infusion Supplemental File” option if changes are required to the previously uploaded Home Infusion file with respect to the revised Formulary (if applicable).

Note that you must upload your Home Infusion supplemental file using the HPMS Submit Home Infusion File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 5.

### **STEP 4A**

Select the “This Formulary does not require changes to the previously uploaded copy of the Value-Based Insurance Design Supplemental File” option if no changes are required to the previously uploaded Value-Based Insurance Design file with respect to the revised Formulary (if applicable).

### **STEP 4B**

Select the “This Formulary requires changes to the Value-Based Insurance Design Supplemental File” option if changes are required to the previously uploaded Value-Based Insurance Design file with respect to the revised Formulary (if applicable).

Note that you must upload your Value-Based Insurance Design supplemental file using the HPMS Submit Value-Based Insurance Design File option on the Formulary Submission Start page after your Formulary is successfully validated and sent to desk review. If a supplemental file is not applicable for your Formulary, skip to step 5.

### **STEP 5A**

Review CMS decisions for each record and click the “Accept” button. This will take you to the Formulary Resubmission – Confirm Submission page (Exhibit28).

The new version of the Formulary will be validated again. You will receive an email confirmation when the Formulary is successfully validated.

**Note:** While “Accepting” the review decisions results in the creation of a new version of the Formulary to include only those changes that are deemed allowable, there is an exception to this process. If a protected class drug is added to the Formulary during the submission window with unacceptable attributes, such as tier or UM edits (PA, ST or QL), CMS will deny the record. By accepting the decisions through this line level process, the new Formulary that is created will not contain the protected class drug. If the protected class drug is required on formularies with the current submission, then the Formulary as a whole will be denied due to the drug’s absence on the newly created file. This will result in Plan Finder suppression.

**Note:** You can view the contents of the new Formulary on the Formulary Status History report by clicking the Full Formulary File option.

### **STEP 5B**

Click the “Reject” button if you do not want a new version of the Formulary to be created, applying only the approved changes. Rejecting the Line Level Decisions will automatically update the status of the Formulary to DENIED.

**Note:** The “Reject” button is not displayed on the Plan Line Level Decision Accept/Reject page unless there is an approved version of the Formulary.

### **Exhibit28 – Plan Line Level Decision Accept/Reject**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Line Level

#### Plan Line Level Decisions Accept/Reject

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 5

The following changes have been reviewed by CMS.

- Click 'Accept' to create a new version of the formulary with only approved changes applied to the last version of your formulary in desk review.
- For more information about denied changes, you may view the Non-allowable Change or Formulary Update Outlier report by clicking on the buttons below.
- Click 'Export to CSV File' to export the records displayed on the page to CSV file.

RxCUI	Change Type	BRAND NAME	SCDC	DOSE FORM	CMS Decision	Comment To Plan
11111	DEL	Test	Test	ORAL TABLET	APPROVED	Test comment
22222	DEL	Test	Test	ORAL CAPSULE	DENIED	Refer to Non-Allowable Change Report

Accept   Export to CSV File   Non-Allowable Change Report   Update Outlier Report

## **CONFIRM SUBMISSION**

The **Formulary Resubmission - Confirm Submission** page provides a status of the successful upload. This page will also generate an email to both the Formulary Contact and the Formulary Upload Contact identified on this page acknowledging receipt of the resubmission.

On the **Formulary Resubmission - Confirm Submission** page (Exhibit29) review the information. Click the “OK” button to return to the Formulary Submission Start Page.

## Exhibit29 – Formulary Resubmission - Confirm Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Confirm Formulary

### Formulary Resubmission - Confirm Submission

Formulary Name: Sample Formulary  
Formulary ID: 00000001  
Formulary Version: 5

Your formulary information was received.

The HPMS will now perform a series of validation edits on the formulary submission. At the close of the validation process, a second email will be sent to the formulary contacts listed below. This email will either indicate a successful formulary upload or identify the errors detected during validation. If errors were detected, the formulary submission will be rejected. Once the errors are corrected, the formulary can be resubmitted.

**Contacts notified of this formulary submission:**

Contact Type	User Id	Name	Email
Upload User	test	Test user 1	testuser1@test.com
Z0001	n/a	Test user 2	testuser2@test.com
Z0002	n/a	Test user 3	testuser3@test.com

OK

## V. DELETE FORMULARY

The **Delete Formulary** page allows you to delete existing formularies that have never been approved. You should only delete a Formulary if you are certain that it is obsolete.

### HOW TO DETERMINE WHICH FORMULARIES ARE ELIGIBLE FOR DELETION

Select **Delete Formulary** from the **Formulary Submission Start Page** (Exhibit4). If you need help getting to the Formulary Submission Start Page, see the sub-section entitled “How to Access the HPMS Formulary submission Module” in Chapter I. This will take you to the Delete a Formulary Submission-Select a Formulary page.

The Delete Formulary - Select a Formulary page (Exhibit30) groups formularies in two sections:

Available for deletion – This table displays the formularies that are eligible for deletion.

Unavailable for deletion – This table displays the formularies that are approved by CMS, In Desk Review or uploaded but not processed are not eligible for deletion. After the plan-to-Formulary crosswalk is locked, formularies associated with the plans are not available for deletion.

As noted above, you can only delete formularies in the “Available for Deletion” section.

### DELETE A FORMULARY

#### STEP 1

On the **Delete Formulary - Select a Formulary** page (Exhibit30), select the Formulary you wish to delete.

#### Exhibit30 – Delete Formulary – Select a Formulary Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Delete Formulary

### Delete Formulary - Select a Formulary [Add to My Favorites](#)

To view the status of all versions of a formulary, please utilize the Formulary Status History report.

**Available for deletion**

These formularies are available for selection.

Select	Formulary ID	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<input type="radio"/>	00000052	Test Formulary	4	In Desk Review	Z0001	
<input type="radio"/>	00000068	Test Formulary	3	Rejected by Validation	Z0002	

**Unavailable for deletion**

These formularies are currently unavailable for selection.

Select Formulary	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access	
<input type="checkbox"/>	00000032	Test Formulary	4	Rejected by Validation	Z0003	
<input type="checkbox"/>	00000057	Test Formulary	4	Approved	Z0004	

#### STEP 2

Click the “Delete” button. This will take you to the Delete a Formulary Submission - Verify Deletion page.

## VERIFY DELETION

The Verify Deletion page allows you to verify Formulary information before you delete the Formulary.

### STEP 3

On the **Delete a Formulary Submission - Verify Deletion** page (Exhibit31), review the page carefully and select the “Submit” button to finalize the deletion. This will take you to the Delete a Formulary Submission - Deletion Confirmation page.

#### **Exhibit31 – Delete Formulary – Verify Deletion Page**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Delete Formulary > Verify Deletion

### Delete Formulary - Verify Deletion

**NOTE: Your data has not yet been submitted.**

Formulary Name: Sample Formulary  
Formulary ID: 00000052

Please carefully review the Formulary information before deleting this Formulary. Select the "Submit" button to delete your Formulary Information.

Contract(s) Covered by Formulary: Z0001

Contact(s) to be notified of this formulary deletion

Contact Type	User Id	Name	Email
Upload User	tstusr	Test User	Test.User@hpmstest.com
Z0001	n/a	Test User2	Test.User2@hpmstest.com

Therapeutic Category/Class Database Source Type: USP

Number of Cost Share Tiers: 4

Formulary includes drugs that need Prior Authorization? NO

Formulary includes drugs associated with a Step Therapy Management plan? NO

Back Submit

## DELETION CONFIRMATION

The **Submission Confirmation** page confirms successful deletion of your Formulary. This page will also generate an email to all Formulary Contacts and the Formulary Upload Contact identified on this page, confirming successful deletion of the Formulary.

### STEP 4

On the **Delete a Formulary Submission - Deletion Confirmation** page (Exhibit32), select the “OK” button to return to the Formulary Submission Start Page.

**Note:** You can also refer to the Formulary Status History report to verify successful deletion of the Formulary.

## Exhibit32 – Delete Formulary – Delete Confirmation Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Delete Formulary > Deletion Confirmation

### Delete Formulary - Deletion Confirmation

Formulary Name: Sample Formulary  
Formulary ID: 00000052

Your formulary information was successfully deleted. The formulary contacts listed below will receive an email confirming the successful deletion of this formulary.

**Contacts notified of this formulary deletion**

Contact Type	User Id	Name	Email
Upload User	tstusr	Test User	Test.User@hpmstest.com
Z0001	n/a	Test User2	Test.User2@hpmstest.com

**OK**



## VI. SUBMIT FORMULARY TRANSITION POLICY ATTESTATION

All organizations must attest and upload their Transition Policy as a part of their Formulary submission. While the Formulary submission is not dependent on Formulary Transition Policy submission in HPMS, you must successfully submit the Formulary Transition Policy before CMS will renew or approve your Part D contract. A Transition Policy status is successfully submitted when the following steps are completed:

- Authorization is attested.
- All attestation questions are answered “Yes.” For Employer Organizations / Plan Types, all attestation questions are answered “Yes” except attestation #14.
- Implementation Statement is contained within the submitted transition policy.
- A transition policy is uploaded.

If you need to revise a previously submitted Formulary Transition Policy, you should use the Revise Transition Policy Function (refer to Chapter VII).

### STEP 1

Select **Submit New Transition Policy** from the **Formulary Submission Start** page (Exhibit4). This will take you to the Transition Submission Selection Contract page.

### TRANSITION SUBMISSION - SELECT CONTRACT

#### STEP 2

On the **Transition Submission - Select Contract** page (Exhibit33), select one or more of the contracts listed on the page to associate with the Formulary Transition Policy and click the “Next” button. This will take you to the Transition Submission – Attestation Questions page. If you cannot see one of your contracts, please refer to Section I – Getting Started.

## Exhibit33 – Transition Submission - Contract Selection

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit New Transition Policy

**Transition Policy - Contract Selection** [Add to My Favorites](#)

To verify the status of your attestation, view the [Formulary Transition Policy Report](#)

A field with an asterisk (\*) before it is a required field.

\*Select one or more contracts

--Select All--  
Z0001 - CONTRACT ONE  
Z0002 - CONTRACT TWO  
Z0003 - CONTRACT THREE  
Z0004 - CONTRACT FOUR  
Z0005 - CONTRACT FIVE  
Z0006 - CONTRACT SIX  
Z0007 - CONTRACT SEVEN  
Z0008 - CONTRACT EIGHT

## TRANSITION SUBMISSION – ATTESTATION QUESTIONS

### STEP 3

On the **Transition Submission – Attestation Questions** page (Exhibit34), click the attestation authorization check box to indicate that you are authorized to submit the Attestation on behalf of your organization.

## Exhibit34 – Transition Submission - Attestation Questions

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit New Transition Policy > Attestation Questions

### Transition Policy - Attestation Questions

Contract(s) Selected: Z0001

**NOTE:** All attestation questions must be answered "Yes", with the exception of all Pace Organizations, Employer plans, and Employer only (800 series) can answer "No" to attestation #14.

A field with an asterisk (\*) before it is a required field.

#### ATTESTATION AUTHORIZATION

- \* I attest that I have authorization to complete the transition policy attestations on behalf of my organization. I agree to maintain and make available upon request reports, working documents, and other records to verify and substantiate the information provided in the below attestation.

#### IMPLEMENTATION STATEMENT

- \* An Implementation Statement is contained within the submitted transition policy that provides a detailed explanation of how Part D sponsors process transition requests within their adjudication system; how the pharmacy is notified when transition medication is processed at the point of sale; description of edits and explanation of the process pharmacies follow to resolve transition medication edits at the point of sale.

Sponsor must attest 'YES' to each of the following qualifications regarding a transition process for enrollees in order to be approved or renewed for a Part D contract.

Question Number	Question Text	Answer
1	Sponsor will maintain an appropriate transition process consistent with 42 CFR §423.120(b)(3) that includes a written description of how, for enrollees whose current drug therapies may not be included in their new Part D plan's formulary, it will effectuate a meaningful transition for: (1) new enrollees into prescription drug plans following the annual co-ordinated election period, (2) newly eligible Medicare beneficiaries from other coverage, (3) enrollees who switch from one<->.. plan to another after the start of a contract year, (4) current enrollees affected by negative formulary changes across contract years, (5) enrollees residing in long-term care (LTC) facilities. test	<input type="radio"/> Yes <input type="radio"/> No
2	Sponsor will submit a copy of its transition process policy.	<input type="radio"/> Yes <input type="radio"/> No
3	Sponsor will ensure that its transition policy will apply to non-formulary drugs, meaning both (1) Part D drugs that are not on a plan's formulary, and (2) Part D Drugs that are on a plan's formulary but require prior authorization or step therapy, or that have an approved QL lower than the beneficiary's current dose, under a plan's utilization management rules. Sponsor will ensure that its policy addresses procedures for medical review of non-formulary drug requests, and when appropriate, a process for switching new Part D plan enrollees to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination.	<input type="radio"/> Yes <input type="radio"/> No
4	Sponsor will have systems capabilities that allow them to provide a temporary supply of non-formulary Part D drugs in order to accommodate the immediate needs of an enrollee, as well as to allow the plan and/or the enrollee sufficient time to work with the prescriber to make an appropriate switch to a therapeutically equivalent medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons.	<input type="radio"/> Yes <input type="radio"/> No
5	Sponsor will ensure that in the retail setting, the transition policy provides for a one time temporary fill of at least a month's supply of medication (unless the enrollee presents with a prescription written for less than a month's supply in which case the Part D sponsor must allow multiple fills to provide up to a total of a month's supply of medication) anytime during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage.	<input type="radio"/> Yes <input type="radio"/> No
6	Sponsor will ensure that cost-sharing for a temporary supply of drugs provided under its transition process will never exceed the statutory maximum co-payment amounts for low-income subsidy (LIS) eligible enrollees. For non-LIS enrollees, a sponsor must charge the same cost sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception in accordance with 42 CFR §423.578(b) and the same cost sharing for formulary drugs subject to utilization management edits provided during the transition that would apply if the utilization management criteria are met.	<input type="radio"/> Yes <input type="radio"/> No
7	Sponsor will ensure that in the long-term care setting: (1) the transition policy provides for a one time temporary fill of at least a month's supply (unless the enrollee presents with a prescription written for less) which should be dispensed incrementally as applicable under 42 CFR §423.154 and with multiple fills provided if needed during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage (2) after the transition period has expired, the transition policy provides for a 31-day emergency supply of non-formulary Part D drugs (unless the enrollee presents with a prescription written for less than 31 days) while an exception or prior authorization is requested and (3) for enrollees being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.	<input type="radio"/> Yes <input type="radio"/> No
8	Sponsor will only apply the following utilization management edits during transition at point-of-sale: edits to determine Part A or B versus Part D coverage, edits to prevent coverage of non-Part D drugs, and edits to promote safe utilization of a Part D drug. Step therapy and prior authorization edits must be resolved at point-of-sale.	<input type="radio"/> Yes <input type="radio"/> No
9	Sponsor will ensure that the transition policy provides refills for transition prescriptions dispensed for less than the written amount due to quantity limit safety edits or drug utilization edits that are based on approved product labeling.	<input type="radio"/> Yes <input type="radio"/> No
10	Sponsor will ensure that it will apply all transition processes to a brand-new prescription for a non-formulary drug if it cannot make the distinction between a brand-new prescription for a non-formulary drug and an ongoing prescription for a non-formulary drug at the point-of-sale.	<input type="radio"/> Yes <input type="radio"/> No
11	Sponsor will send written notice consistent with CMS transition requirements.	<input type="radio"/> Yes <input type="radio"/> No
12	Sponsor will make available prior authorization or exceptions request forms upon request to both enrollees and prescribing physicians via a variety of mechanisms, including mail, fax, email, and on plan web sites.	<input type="radio"/> Yes <input type="radio"/> No
13	Sponsor will extend its transition policy across contract years should a beneficiary enroll in a plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply.	<input type="radio"/> Yes <input type="radio"/> No
14	Sponsor will make their transition policy available to enrollees via link from Medicare Prescription Drug Plan Finder to sponsor web site and include in pre-and post-enrollment marketing materials as directed by CMS.	<input type="radio"/> Yes <input type="radio"/> No
15	Sponsor will make arrangements to continue to provide necessary Part D drugs to enrollees via an extension of the transition period, on a case-by-case basis, to the extent that their exception requests or appeals have not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).	<input type="radio"/> Yes <input type="radio"/> No
16	For current enrollees whose drugs will be affected by negative formulary changes in the upcoming year, the Sponsor will effectuate a meaningful transition by either: (1) providing a transition process at the start of the new contract year or (2) effectuating a transition prior to the start of the new contract year.	<input type="radio"/> Yes <input type="radio"/> No

Back

Next

#### **STEP 4**

Click the Implementation Statement check box to confirm that an implementation statement is included within the Transition Policy.

#### **STEP 5**

Select the appropriate answer for all the attestation questions and click “Next.” This will take you to the Transition Policy Upload page.

Note: All attestation questions must be answered “Yes.” All Pace Organizations, Employer plans of organization type 13, 14, and Employer only S and H contracts (800 series) can answer “No” to attestation question # 14.

Upon successful completion of attestation questions, plans are required to upload a Formulary Transition Policy document as a Microsoft Word document (file extension .docx or .doc).

The responses to the transition attestations will not be saved if the transition policy is not uploaded.

### **TRANSITION SUBMISSION - UPLOAD TRANSITION POLICY**

#### **STEP 6A**

On the **Transition Submission - Upload Transition Policy** page (Exhibit35), you can select to upload a new Formulary Transition Policy from your local drive. Enter the full path and name of the Formulary Transition Policy document in the “Select a Transition Policy” field, e.g., c:\myFormularyfile.doc(x). If you are unsure of the document name or location, click the “Browse” button to locate and attach the document. Note the Transition Policy name you enter, as this will be required for resubmission. Skip to Step 8.

## Exhibit35 – Transition Submission – Upload Transition Policy

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit New Transition Policy > Upload Transition Policy

### Transition Policy - Upload Transition Policy

A field with an asterisk (\*) before it is a required field.

Contract(s) Selected: Z0001

Step 1: Enter the name of the Transition Policy File (.DOC) or (.DOCX) that you would like to upload.  
Step 2: You will be directed to a verification page. The verification page allows you to confirm that your Transition information is correct before your data is submitted.  
If you are unsure of the file name and/or location, click on the Browse button to locate the file.

\*Select a Transition Policy:  No file chosen

\*Transition Policy Name:

Select an Existing Transition Policy:

### **STEP 6B**

If you would like to use the same transition policy that you previously uploaded for another contract, click the “Select an Existing Policy” button. You will then be able to select the transition policy name from the drop-down list.

### **STEP 7**

Click the “Next” button. This will take you to the Transition Submission – Verify Submission page.

## **TRANSITION POLICY-VERIFY SUBMISSION**

### **STEP 8**

On the **Transition Policy-Verify Submission** page (Exhibit36), verify the responses you provided and click the “Submit” button to submit your attestation. This will take you to the Transition Submission –Submission Confirmation page (Exhibit37).

## Exhibit36 – Transition Policy - Verify Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit New Transition Policy > Verify Transition Upload

### Transition Policy - Verify Submission

Transition Policy Name: Sample Transition Policy

**Alert: Please Note your transition policy data has not yet been submitted.**

Contract(s) Selected: Z0001

Question Number	Question Text	Answer
1	Sponsor will maintain an appropriate transition process consistent with 42 CFR &#167;423.120(b)(3) that includes a written description of how, for enrollees whose current drug therapies may not be included in their new Part D plan&#39;s formulary, it will effectuate a meaningful transition for: (1) new enrollees into prescription drug plans following the annual co-ordinated election period, (2) newly eligible Medicare beneficiaries from other coverage, (3) enrollees who switch from one&lt;&gt;... plan to another after the start of a contract year, (4) current enrollees affected by negative formulary changes across contract years, (5) enrollees residing in long-term care (LTC) facilities, test	Yes
2	Sponsor will submit a copy of its transition process policy.	Yes
3	Sponsor will ensure that its transition policy will apply to non-formulary drugs, meaning both (1) Part D drugs that are not on a plan&#39;s formulary, and (2) Part D Drugs that are on a plan&#39;s formulary but require prior authorization or step therapy, or that have an approved QL lower than the beneficiary&#39;s current dose, under a plan&#39;s utilization management rules. Sponsor will ensure that its policy addresses procedures for medical review of non-formulary drug requests, and when appropriate, a process for switching new Part D plan enrollees to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination.	Yes
4	Sponsor will have systems capabilities that allow them to provide a temporary supply of non-formulary Part D drugs in order to accommodate the immediate needs of an enrollee, as well as to allow the plan and/or the enrollee sufficient time to work with the prescriber to make an appropriate switch to a therapeutically equivalent medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons.	Yes
5	Sponsor will ensure that in the retail setting, the transition policy provides for a one time temporary fill of at least a month's supply of medication (unless the enrollee presents with a prescription written for less than a month's supply in which case the Part D sponsor must allow multiple fills to provide up to a total of a month's supply of medication) anytime during the first 90 days of a beneficiary&#39;s enrollment in a plan, beginning on the enrollee&#39;s effective date of coverage.	Yes
6	Sponsor will ensure that cost-sharing for a temporary supply of drugs provided under its transition process will never exceed the statutory maximum co-payment amounts for low-income subsidy (LIS) eligible enrollees. For non-LIS enrollees, a sponsor must charge the same cost sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception in accordance with 42 CFR &#167;423.578(b) and the same cost sharing for formulary drugs subject to utilization management edits provided during the transition that would apply if the utilization management criteria are met.	Yes
7	Sponsor will ensure that in the long-term care setting: (1) the transition policy provides for a one time temporary fill of at least a month's supply (unless the enrollee presents with a prescription written for less) which should be dispensed incrementally as applicable under 42 CFR &#167;423.154 and with multiple fills provided if needed during the first 90 days of a beneficiary&#39;s enrollment in a plan, beginning on the enrollee&#39;s effective date of coverage (2) after the transition period has expired, the transition policy provides for a 31-day emergency supply of non-formulary Part D drugs (unless the enrollee presents with a prescription written for less than 31 days) while an exception or prior authorization is requested and (3) for enrollees being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.	Yes
8	Sponsor will only apply the following utilization management edits during transition at point-of-sale: edits to determine Part A or B versus Part D coverage, edits to prevent coverage of non-Part D drugs, and edits to promote safe utilization of a Part D drug. Step therapy and prior authorization edits must be resolved at point-of-sale.	Yes
9	Sponsor will ensure that the transition policy provides refills for transition prescriptions dispensed for less than the written amount due to quantity limit safety edits or drug utilization edits that are based on approved product labeling.	Yes
10	Sponsor will ensure that it will apply all transition processes to a brand-new prescription for a non-formulary drug if it cannot make the distinction between a brand-new prescription for a non-formulary drug and an ongoing prescription for a non-formulary drug at the point-of-sale.	Yes
11	Sponsor will send written notice consistent with CMS transition requirements.	Yes
12	Sponsor will make available prior authorization or exceptions request forms upon request to both enrollees and prescribing physicians via a variety of mechanisms, including mail, fax, email, and on plan web sites.	Yes
13	Sponsor will extend its transition policy across contract years should a beneficiary enroll in a plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply.	Yes
14	Sponsor will make their transition policy available to enrollees via link from Medicare Prescription Drug Plan Finder to sponsor web site and include in pre-and post-enrollment marketing materials as directed by CMS.	Yes
15	Sponsor will make arrangements to continue to provide necessary Part D drugs to enrollees via an extension of the transition period, on a case-by-case basis, to the extent that their exception requests or appeals have not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).	Yes
16	For current enrollees whose drugs will be affected by negative formulary changes in the upcoming year, the Sponsor will effectuate a meaningful transition by either: (1) providing a transition process at the start of the new contract year or (2) effectuating a transition prior to the start of the new contract year.	Yes

Back Submit

## TRANSITION SUBMISSION - CONFIRMATION

### STEP 9

On the **Transition Submission - Confirmation** page (Exhibit37), a confirmation message will be displayed to notify the user that the Formulary Transition Policy and the attestation answers were successfully submitted. Click the “OK” button to go back to the Transition Submission – Select Contract page.

## Exhibit37 – Transition Policy Submission – Confirm Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit New Transition Policy > Confirm Transition Upload

### Transition Policy - Confirm Submission

**Transition Policy Name:** Sample Transition Policy  
**Transition Policy ID:** 13  
**Transition Policy Version:** 1

**Contract(s) Selected:** 20001

Your Attestation and Transition Policy were successfully submitted.

Click on the OK button to return to the Select Contract Page

## VII. REVISE TRANSITION POLICY

The Revise Formulary Transition Policy functionality allows you to revise a Formulary Transition Policy that is already submitted. During the initial submission period, any Formulary Transition Policy with a status of “Submitted” can be revised. Once the initial submission period is closed, any Formulary Transition Policy with a status of Resubmission Requested can be revised.

### STEP 1

Select **Revise Formulary Transition Policy** from the left navigation bar of the Formulary Submission Start page (Exhibit4). This will take you to the Transition Policy Resubmission – Select a Transition Policy page.

### SELECT A TRANSITION POLICY

This page displays information on the submitted Transition Policies, such as the Formulary Transition Policy ID, Formulary Transition Policy Name, Formulary Transition Policy Status, and the Contracts Associated with the Transition Policy. There will be two tables displayed on this page. One table shows the Formulary transition policies that are available for revision and the other table shows those policies that are not available for revision.

### STEP 1

Select the Formulary Transition Policy ID and click the “Next” button (Exhibit38). This will take you to the Formulary Transition Policy Resubmission – Associate Contracts to Formulary Transition Policy page.

Note: When resubmitting, the word document (.doc or.docx) should contain track changes from your most recent transition policy submission and those changes must be limited to the reasons indicated in the resubmission request.”

Note: If your Transition Policy is not available for revision and you need to resubmit, please send an email to [PartDTransition@cms.hhs.gov](mailto:PartDTransition@cms.hhs.gov). In your email, please include the transition Policy ID, the associated contracts, and what modifications to the transition policy are necessary.

### Exhibit38 – Revise Transition Policy - Select a Transition Policy

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise Transition Policy

**Revise Transition Policy - Select a Transition Policy** [Add to My Favorites](#)

These Transition Policies are available for resubmission. The Transition Policies with “Submit” status are available for selection during the initial submission period and Transition Policies with “Resubmission Requested” status are available for selection after the initial submission period.

Select Transition Policy ID	Transition Policy Name	Version	Transition Policy Status	Contracts Associated with Transition Policy
<input checked="" type="radio"/> 28	Sample Policy	1	Resubmission Requested	Z0001, Z0002

These Transition Policies are Unavailable for revision. If you need to resubmit your transition policy, please send an email to [PartDTransition@cms.hhs.gov](mailto:PartDTransition@cms.hhs.gov). In your email, please include the transition policy ID, the associated contracts, and what modifications are needed to the transition policy.

Transition Policy ID	Transition Policy Name	Version	Transition Policy Status	Contracts Associated with Transition Policy
5	Test Transition Policy	2	Approved	Z0003



## ASSOCIATE CONTRACTS TO TRANSITION POLICY

This page allows you to upload a revised transition policy. The page displays the contracts that were previously associated with the transition policy.

### STEP 1

Enter the Formulary transition policy name. Note the transition policy name you enter, as this will be required for resubmission.

Note: When resubmitting, the word document (.doc or .docx) should contain track changes from your most recent transition policy submission and those changes must be limited to the reasons indicated in the resubmission request.

### STEP 2

Browse and select the revised Formulary transition policy to upload.

Note: When resubmitting, the word document (.doc or .docx) should contain track changes from your most recent transition policy submission and those changes must be limited to the reasons indicated in the resubmission request.

Enter the full path and name of the Formulary Transition Policy word document in the “Select a Transition Policy” field, e.g., c:\myFormularyfile.doc. If you are unsure of the document name or location, click the “Browse” button to locate and attach the document. You can only upload a Formulary Transition Policy as a Microsoft Word document. The acceptable file formats are .doc or .docx.

### STEP 3

Indicate which of the attestation questions, implementation statement or if any other updates were made in the transition policy file to be re-submitted by selecting the respective check boxes (Exhibit39), you may also provide additional comments to describe the updates made on the transitional policy file to be uploaded.

### STEP 4

Review the contract associations. If any contracts are no longer valid for this transition policy, you may unselect the check box next to the contract (Exhibit39). You can only un-select the check box next to the contracts (disassociate the contracts) during the Formulary initial submission window. After Formulary initial submission window is closed, the checkbox next to the contracts will be disabled.

### STEP 5

Click the “Upload” button. This will take you to the **Revise Transition Policy –Confirmation** page (Exhibit40).

## Exhibit39 – Revise Transition Policy - Associate Contracts to Transition Policy

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise Transition Policy > Transition Resubmission Upload

### Revise Transition Policy - Upload

Transition Policy Name: Sample Policy  
Transition Policy ID: 13  
Transition Policy Version: 1

A field with an asterisk (\*) before it is a required field.

Your transition policy should address the following question(s):

Step 1: Enter the name of the Transition Policy File (.DOC) or (.DOCX) that you would like to upload.  
Note: When resubmitting, the (.DOC) or (.DOCX) should contain track changes from your most recent transition policy submission and those changes must be limited to the reasons indicated in the resubmission request.  
Step 2: If you are unsure of the file name and/or location, click on the Browse button to locate the file.  
Step 3: Indicate which items have been addressed in your transition policy file.

\*Transition Policy Name:

\*Select Transition Policy for upload:  No file chosen

\*Indicate which items have been addressed in your transition policy file by selecting the appropriate question number(s).  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  Other

Comments:

(Max. 1000 characters. Anything longer than 1000 characters is truncated.)

Select one or more contracts to associate with this Transition Policy

Include Contract ID	Contract Name
<input type="checkbox"/> Z0001	CONTRACT ONE

## TRANSITION REVISION - CONFIRMATION

### STEP 1

The Revise Transition Policy – Confirmation page (Exhibit40) displays the confirmation message that the Formulary transition policy was successfully submitted. Click the “OK” button. This will take you to the Transition Policy Resubmission Selection page (Exhibit38).

### Exhibit40 – Transition Policy Resubmission Confirmation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Revise Transition Policy > Transition Resubmission Confirmation

### Revise Transition Policy - Confirmation

Transition Policy Name: Sample Policy  
Transition Policy ID: 13  
Transition Policy Version: 2

Contract(s) Selected: Z0001

Your revised Transition Policy was successfully submitted.

Click on the OK button to return to Revise Transition Policy start page.

## VIII. SUBMIT P&T (PHARMACY AND THERAPEUTIC) ATTESTATION

All organizations must attest their Pharmacy and Therapeutic (P&T) Committee Attestations as a part of their Formulary submission. While the Formulary submission is not dependent on Formulary P&T attestation in HPMS, you must successfully submit the P&T committee attestations before CMS will renew or approve your Part D contract. A P&T committee attestation is successfully submitted when all attestation questions are answered.

If you need to re-attest previously submitted attestations, send an email to CMS at [PartDTransition@cms.hhs.gov](mailto:PartDTransition@cms.hhs.gov).

### **STEP 1**

Select **P&T Committee Attestation** from the **Formulary Submission Start** page (Exhibit4). This will take you to the P&T Committee Attestation – Select Contract page.

## P&T COMMITTEE ATTESTATION – SELECT CONTRACT

### **STEP 2**

On the P&T Committee Attestation – Select Contract page (Exhibit41), select one or more of the contracts listed on the page and the “Next” button. This will take you to the P&T Committee Attestation – Attestation Questions page. If you cannot see one of your contracts, please refer to Section I – Getting Started.

### **Exhibit41 – P&T Committee Attestation – Select Contract**

The screenshot shows the HPMS interface for the 'P & T Committee Attestation - Contract Selection' page. The breadcrumb trail at the top reads: HPMS > Plan Formularies > Formulary Submission > CY 20XX > P & T Committee Attestation. The page title is 'P & T Committee Attestation - Contract Selection' with an 'Add to My Favorites' link. Below the title, there is a link to 'Formulary P&T Committee Attestation Report' and a note: 'A field with an asterisk (\*) before it is a required field.' The main instruction is '\*Select one or more contracts'. A dropdown menu is open, showing the following options: '- Select All -', 'Z0001 - SAMPLE CONTRACT ONE', 'Z0002 - SAMPLE CONTRACT TWO', and 'Z0003 - SAMPLE CONTRACT THREE'. At the bottom of the page, there are 'Back' and 'Next' buttons.

## Exhibit42 – P&T Committee Attestations – Attestation Questions

HPMS > Plan Formularies > Formulary Submission > CY 20XX > P & T Committee Attestation > P & T Attestation Questions

**P & T Committee Attestation - Attestation Questions**

Contract(s) Selected: Z0001

A field with an asterisk (\*) before it is a required field.

As per 42 CFR 423.120(b)(1), a Part D sponsor's formulary must be developed and reviewed by a pharmacy and therapeutic (P&T) committee. Each sponsor must attest to the applicable attestations below in order for CMS to approve their contract.

Question Number	Question Text	* Answer
1	Sponsor is using the P&T Committee of its PBM for purposes of the Part D benefit.	<input type="radio"/> Yes <input type="radio"/> No
2	If Sponsor answered yes to 1, Sponsor's PBM is operating under a confidentiality agreement for purposes of the P&T Committee (meaning Sponsor has no knowledge of the membership of the PBM's P&T Committee). Note: If answer is YES, the Sponsor must complete the P&T Committee Certification Statement. If you are changing PBMs and will be operating under a new confidential P&T committee, please submit the confidential P&T committee forms to drugbenefitimpl@cms.hhs.gov. The forms can be found in the 2022 Application for New and Expanding Medicare Prescription Drug Plans and Medicare advantage Prescription Drug Plans.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
3	We attest that: The majority of the membership of the Sponsor's P&T Committee used to develop and review the CY 2022 formulary submission are practicing physicians and/or practicing pharmacists (42 CFR 423.120(b)(1)(i)), and Membership includes at least one practicing physician and at least one practicing pharmacist who are experts in the care of the elderly or disabled persons (42 CFR 423.120 (b)(1)(iii))	<input type="radio"/> Yes <input type="radio"/> No
4	The membership of the Sponsor's P&T Committee used to develop and review the CY 2022 formulary submission includes at least one practicing physician and at least one practicing pharmacist who are both free of conflict with respect to the Sponsor and pharmaceutical manufacturers (42 CFR 423.120(b)(1)(ii)).	<input type="radio"/> Yes <input type="radio"/> No
5	The Sponsor's P&T Committee clearly articulates and documents processes to determine that the requirements under 423.120(b)(1)(i)-(iii) have been met, including the determination by an objective party of whether disclosed financial interests are conflicts of interest and the management of any recusals due to such conflicts (42 CFR 423.120(b)(1)(iv))	<input type="radio"/> Yes <input type="radio"/> No

Back **Next**

### **STEP 3**

On the **P&T Committee Attestation – Attestation Questions** page (

Exhibit42), Select the appropriate answer for all the attestation questions and click “Next.” This will take you to the P&T Committee Attestation Upload page.

Note: Attestation questions 1,3,4,5 can be answered ‘Yes’ or ‘No’. You may choose to answer ‘NA’ for attestation question # 2.

## P&T COMMITTEE ATTESTATION – VERIFY SUBMISSION

### STEP 4

On the **P&T Attestation -Verify Submission** page (Exhibit43), verify the responses you provided and click the “Submit” button to submit your attestation. This will take you to the P&T Attestation –Submission Confirmation page (Exhibit44).

### Exhibit43 – P&T Committee Attestation – Verify Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > P & T Committee Attestation > P & T Attestation Verify

#### P & T Committee Attestation - Verify Submission

**Alert: Please Note your data has not yet been submitted.**

Contract(s) Selected: Z0001

Question Number	Question Text	Answer
1	Sponsor is using the P&T Committee of its PBM for purposes of the Part D benefit.	Yes
2	If Sponsor answered yes to 1, Sponsor's PBM is operating under a confidentiality agreement for purposes of the P&T Committee (meaning Sponsor has no knowledge of the membership of the PBM's P&T Committee). Note: If answer is YES, the Sponsor must complete the P&T Committee Certification Statement.  If you are changing PBMs and will be operating under a new confidential P&T committee, please submit the confidential P&T committee forms to drugbenefitmpl@gcms.hhs.gov. The forms can be found in the 2022 Application for New and Expanding Medicare Prescription Drug Plans and Medicare advantage Prescription Drug Plans.	Yes
3	We attest that: The majority of the membership of the Sponsor's P&T Committee used to develop and review the CY 2022 formulary submission are practicing physicians and/or practicing pharmacists (42 CFR 423.120(b)(1)(i)), and Membership includes at least one practicing physician and at least one practicing pharmacist who are experts in the care of the elderly or disabled persons (42 CFR 423.120 (b)(1)(iii))	Yes
4	The membership of the Sponsor's P&T Committee used to develop and review the CY 2022 formulary submission includes at least one practicing physician and at least one practicing pharmacist who are both free of conflict with respect to the Sponsor and pharmaceutical manufacturers (42 CFR 423.120(b)(1)(ii)).	Yes
5	The Sponsor's P&T Committee clearly articulates and documents processes to determine that the requirements under 423.120(b)(1)(i)-(iii) have been met, including the determination by an objective party of whether disclosed financial interests are conflicts of interest and the management of any recusals due to such conflicts (42 CFR 423.120(b)(1)(iv))	Yes

## P&T ATTESTATION – CONFIRMATION

### STEP 5

On the **P&T Committee Attestation – Confirmation** page (Exhibit44), a confirmation message will be displayed to notify the user that the attestation answers were successfully submitted.

Click the “OK” button to go back to the P&T Committee Attestation – Select Contract page.

### Exhibit44 – P&T Committee Attestation – Confirm Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > P & T Committee Attestation > P & T Attestation Confirmation

#### P & T Committee Attestation - Confirm Submission

Contract(s) Selected: Z0001

Your Attestations were successfully submitted.

Click on the OK button to return to the Select Contract Page

## IX. SUBMIT PRIOR AUTHORIZATION/STEP THERAPY (PA/ST) ATTESTATION

All organizations must submit Prior Authorization / Step Therapy (PA/ST) Attestations as a part of their Formulary submissions. While the Formulary submission is not dependent on PA/ST Attestations in HPMS, you must successfully submit the PA/ST attestations before CMS will renew or approve your Part D contract. This is to ensure that Part D sponsors will comply with all CMS instructions to delete or change the PA or ST criteria in their formularies.

### STEP 1

Select **PA/ST Attestation** from the **Formulary Submission Start** page (Exhibit4). This will take you to the PA/ST Attestations – Select Contract page.

### PA/ST ATTESTATION – SELECT CONTRACT

#### STEP 2

On the **PA/ST Attestation – Select Contract** page (Exhibit45), select one or more of the contracts listed on the page and the “Next” button. This will take you to the PA/ST Attestation – Attestation Questions page. If you cannot see one of your contracts, please refer to Section I – Getting Started.

**Note:** You can select more than one contract to attest or “Select All” to attest to all of your associated contracts.

#### Exhibit45 – PA/ST Attestation – Select Contract

HPMS > Plan Formularies > Formulary Submission > CY 20XX > PA/ST Attestation

**PA/ST Attestation - Contract Selection** [Add to My Favorites](#)

**NOTE:** Contracts available for selection on this screen are those that either have not completed the PA/ST Attestation or that have previously attested with a response of "No".  
To verify the status of your attestation, view the [Formulary PA/ST Attestation Report](#)

A field with an asterisk (\*) before it is a required field.

\*Select one or more contracts

- Select All -  
Z0001 - SAMPLE CONTRACT ONE  
Z0002 - SAMPLE CONTRACT TWO  
Z0003 - SAMPLE CONTRACT THREE

Back Next

# PA/ST COMMITTEE ATTESTATION – ATTESTATION QUESTIONS

## Exhibit46 – PA/ST Attestations – Attestation Questions

HPMS > Plan Formularies > Formulary Submission > CY 20XX > PA/ST Attestation > PA/ST Attestation Questions

**PA/ST Attestation - Attestation Questions**

Contract(s) Selected: Z0001

A field with an asterisk (\*) before it is a required field.

Question Number	Question Text	* Answer
1	Part D Sponsor/Applicant (organization) attests that it will comply with all Centers for Medicare & Medicaid Services' (CMS) instructions to delete or change the prior authorization (PA) and/or step therapy (ST) criteria for its CY 2022 formulary(ies). Where the organization's criteria disagree with CMS requirements, the organization attests it will provide clinical justifications for the PA and/or ST criteria in question. If the organization provides clinical justifications and agreement with CMS cannot be reached, the organization attests that it will comply with CMS requirements.	<input type="radio"/> Yes <input type="radio"/> No

### STEP 3

On the **PA/ST Attestation – Attestation Questions** page (Exhibit46), select the appropriate answer for the attestation question and click “Next.” This will take you to the PA/ST Verification page.

## PA/ST ATTESTATION – VERIFY SUBMISSION

### STEP 4

On the **PA/ST Attestation -Verify Submission** page (Exhibit47), verify the response you provided and click the “Submit” button to submit your attestation. This will take you to the PA/ST Attestation –Submission Confirmation page (Exhibit48).

### Exhibit47 – PA/ST Attestation – Verify Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > PA/ST Attestation > PA/ST Attestation Verify

**PA/ST Attestation - Verify Submission**

**Alert: Please Note your data has not yet been submitted.**

Contract(s) Selected: Z0001

Question Number	Question Text	Answer
1	Part D Sponsor/Applicant (organization) attests that it will comply with all Centers for Medicare; Medicaid Services; (CMS) instructions to delete or change the prior authorization (PA) and/or step therapy (ST) criteria for its CY 2022 formulary(ies). Where the organizations criteria disagree with CMS requirements, the organization attests it will provide clinical justifications for the PA and/or ST criteria in question. If the organization provides clinical justifications and agreement with CMS cannot be reached, the organization attests that it will comply with CMS requirements.	Yes

## PA/ST ATTESTATION – CONFIRMATION

### STEP 5

On the **PA/ST Attestation – Confirmation** page (Exhibit48), a confirmation message will be displayed to notify the user that the attestations were successfully submitted. Click the “OK” button to go back to the PA/ST Attestation – Select Contract page.

### **Exhibit48 – PA/ST Attestation – Confirm Submission**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > PA/ST Attestation > PA/ST Attestation Confirm

**PA/ST Attestation - Confirm Submission**

Contract(s) Selected: Z0001

Your Attestations were successfully submitted.

Click on the OK button to return to the Select Contract Page

OK



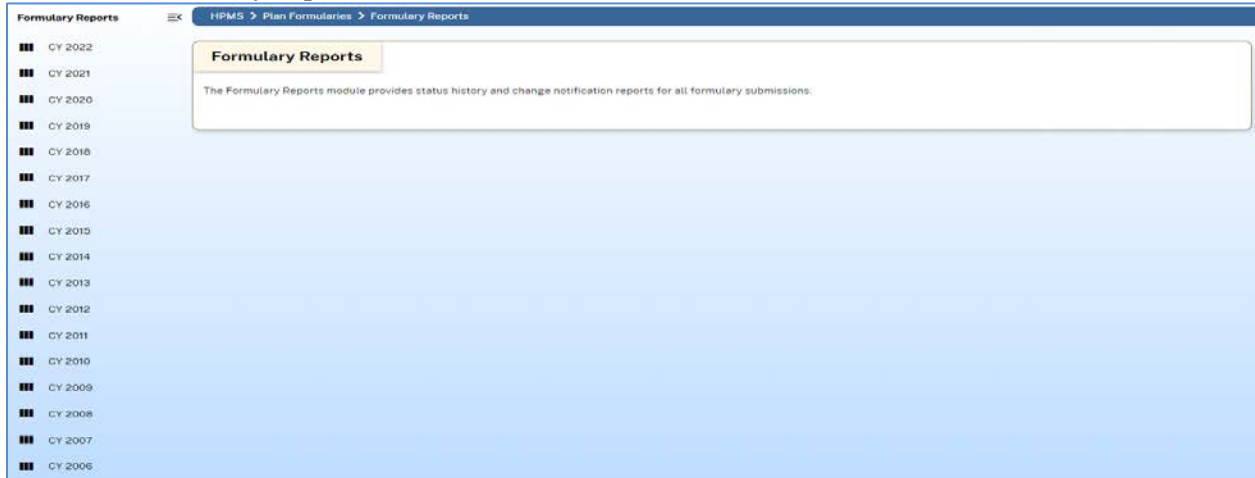
## X. FORMULARY FILE REPORTS

The **Formulary Reports** functionality provides access to a variety of Formulary-related information to assist in the Formulary submission process.

### STEP 1

As shown in Exhibit49, on the HPMS Home page, select the Plan Formularies drop down from the HPMS top navigation bar. Then select the Formulary Reports menu item. This will take you to Formulary Reports Page.

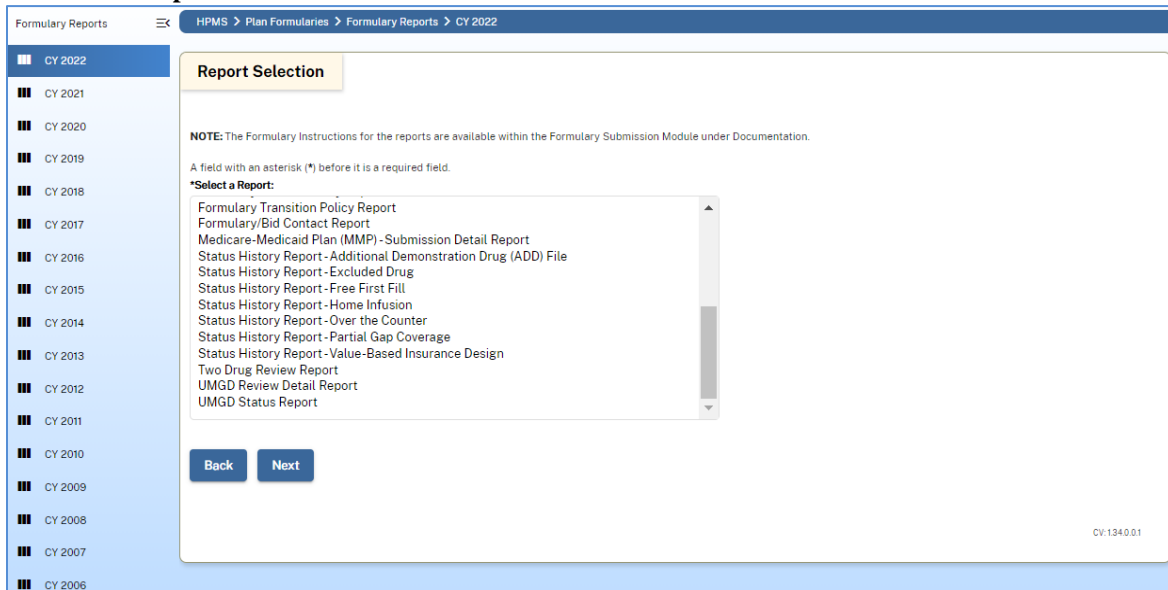
#### Exhibit49 – Formulary Reports



### STEP 2

On the **Formulary Reports** page, select the appropriate contract year from the collapsible navigation menu, on the left side of the page. This takes you to the Report Selection page.

#### Exhibit50 – Report Contract Year Selection



## XI. FORMULARY/BID CONTACT REPORT

The **Formulary/Bid Contact Report** provides contact information at the Contract Level and Plan Level for one or more contract.

### STEP 1

On the **Report Selection** page (Exhibit51), select “Formulary/Bid Contact Report.” This will take you to the Formulary Bid Report Contract Selection page.

#### Exhibit51 – Formulary Report Selection

HPMS > Plan Formularies > Formulary Reports > CY 20XX

### Report Selection

NOTE: The Formulary Instructions for the reports are available within the Formulary Submission Module under Documentation.  
A field with an asterisk (\*) before it is a required field.

**\*Select a Report:**

- Change Notification Report - Additional Demonstration Drug (ADD) File
- Change Notification Report - Excluded Drugs
- Change Notification Report - Free First Fill
- Change Notification Report - Home Infusion
- Change Notification Report - Indication-Based Coverage
- Change Notification Report - Over the Counter
- Change Notification Report - Partial Gap Coverage
- Change Notification Report - Value-Based Insurance Design
- Formulary Change Notification Report
- Formulary Contract Association Report
- Formulary Contract Year Comparison Report
- Formulary Crosswalk Report
- Formulary P&T Committee Attestation Report

Next

### STEP 2

On the **Formulary/Bid Report - Contract Selection** page (Exhibit52), select the desired contract numbers and click the “Next” button. This will take you to the Formulary/Bid Contact Report (Exhibit53). A maximum of ten contracts may be selected.

### IMPORTANT NOTE:

If the information from the Formulary/Bid Contact Report is incorrect, please update the Contract Level Contact Information in the HPMS Contract Management module. Plan level contact information should be updated in the HPMS Bid Submission module.

## Exhibit52 – Formulary Bid Report Contract Selection

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Report Submission Parameter Page

### Formulary/Bid Contact Report - Select Parameters

Select at least ONE and no more than TEN Contract Number(s):

Z0001 - CONTRACT ONE

Z0002 - CONTRACT TWO

## Exhibit53 – Formulary Bid Contact Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary/Bid Contact Report

### Formulary/Bid Contact Report

This report was generated using the following search criteria.

**Contract(s):** Z0001  
 Contract Number: Z0001  
 Organization Name: SAMPLE ORG  
 Organization Type: SAMPLE ORG TYPE  
 Formulary(s):  
 00000001 - SAMPLE FORMULARY

Contract level				
CEO	CFO	Medicare Compliance Officer		
Mr. User One 333 Sample St. Chantilly VA 20152 Phone: 1023456789 Fax: 1023456788 Email: User.One@hpmstest.com	Mr. User Two 335 Sample St. Chantilly VA 20152 Phone: 1203456789 Fax: 1203456782 Email: User.Two@hpmstest.com	Mr. User Three 337 Sample St. Chantilly VA 20152 Phone: 1230456789 Email: User.Four@hpmstest.com		
Marketing Contact	Bid Primary Contact	Formulary Contact		
Mr. User Four 339 Sample St. Chantilly VA 20152 Phone: 1235067886 Email: User.Four@hpmstest.com	Mr. User Five 341 Sample St. Chantilly VA 20152 Phone: 123789456 Email: User.Five@hpmstest.com	Mr. User Six 333 Sample Dr. Chantilly VA 20152 Phone: 18989745621 Email: User.Six@hpmstest.com		
Plan Level				
Plan ID	Bid PBP Contact	Bid Actuary Contact	Certifying Actuary - MA Bid	Certifying Actuary - Part D Bid
0001	Mr. User Seven 339 Sample St. Chantilly VA 20152 Phone: 1235067886 Email: User.Seven@hpmstest.com	Mr. User Eight 341 Sample St. Chantilly VA 20152 Phone: 123789456 Email: User.Eight@hpmstest.com	Mr. User Nine 333 Sample Dr. Chantilly VA 20152 Phone: 18989745621 Email: User.Nine@hpmstest.com	Mr. User Ten 333 Sample Dr. Chantilly VA 20152 Phone: 18989745621 Email: User.Ten@hpmstest.com

## XII. FORMULARY CHANGE NOTIFICATION REPORT

The **Formulary Change Notification Report** provides a comparison of data between two submitted formularies. You can compare the content of two submissions from one Formulary or differences between any two different formularies.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select “Formulary Change Notification Report.” This will take you to the Formulary Change Notification Report selection criteria page.

### STEP 2

On the **Formulary Change Notification Report** selection criteria page (Exhibit54), select the desired Base Formulary ID and Version, as well as the Comparison Formulary ID and Version. (Versions will appear for selection after you select the Formulary ID and Comparison Formulary ID.) Click the “Next” button. This will take you to the Formulary Change Notification Report (Exhibit55).

### Exhibit54 – Formulary Change Notification Report Selection Criteria

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Change Notification Report Parameter

#### Formulary Change Notification Report - Select Parameters

A field with an asterisk (\*) before it is a required field.

*Base Formulary ID:	*Base Version:	*Comparison Formulary ID:	*Comparison Version:
00000001	Version 4 - In Desk Review	00000001	Version 4 - In Desk Review
00000002	Version 3 - Resubmission Requested	00000002	Version 3 - Resubmission Requested
00000003	Version 1 - Approved	00000003	Version 1 - Approved
00000004		00000004	
00000005		00000005	
00000006		00000006	
00000007		00000007	
00000008		00000008	
00000009		00000009	

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# Exhibit55 – Formulary Change Notification Report

## Formulary Change Notification Report

Search Criteria: This report was generated using the following search criteria.

Formulary ID: 00000003 To 00000003

Compare: Version 3 To Version 1

The report compares detailed formulary data for the selected base formulary ID and the selected comparison formulary ID. The user may export the Formulary Differences section to a CSV file. In the Export Formulary Differences to CSV file, a cell will contain "NC" if the value did not change from the Base formulary.

### FORMULARY COMPARISON

Formulary Information	Formulary ID-Version: 00000003-3	Formulary ID-Version: 00000003-1
Formulary Name	Test	Test
Review Status	<i>In Desk Review</i>	Approved
Formulary Type	<i>Update</i>	Original
Contract(s)	Z0001	Z0001
Database Source	USP	USP
Number of Cost Share Tiers	6	6
Tier Label	Preferred Generic, Generic, Preferred Brand, Non-Preferred Drug, Specialty Tier, Select Diabetic Drugs	Preferred Generic, Generic, Preferred Brand, Non-Preferred Drug, Specialty Tier, Select Diabetic Drugs
Limited Access (Y/N)	Yes	Yes
Prior Authorization (0-3)	Prior Authorization Applies	Prior Authorization Applies
Prior Authorization File	<a href="#">Prior Authorization File(CSV)</a>	<a href="#">Prior Authorization File(CSV)</a>
Quantity Limit (Y/N)	Yes	Yes
Step Therapy (0-2)	Step Therapy Applies	Step Therapy Applies
Step Therapy File	<a href="#">Step Therapy File(CSV)</a>	<a href="#">Step Therapy File(CSV)</a>
Formulary Submission Date	<i>2/3/2021</i>	1/15/2021

[Jump To: In Comparison Formulary](#)  
[Jump To: Formulary Differences](#)

### In Base Formulary

Formulary ID: 00000003

Version: Version 3

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	Unique Quantity Limit Type	Unique Quantity Limit Amount	Unique Quantity Limit Days	Prior Authorization (0-3)	Therapeutic Category	Therapeutic Class	Step Therapy (0-2)	Number Of Step Therapy Groups
00000003	2	11111	BN1	SCDC1	ORAL CAPSULE	5	1	21	28	2	Category1	Class1	0	

[Jump To: Top](#)  
[Jump To: In Base Formulary](#)  
[Jump To: Formulary Differences](#)

### In Comparison Formulary

Formulary ID: 00000003

Version: Version 1

### In Comparison Formulary

Formulary ID: 00022181

Version: Version 1

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	Unique Quantity Limit Type	Unique Quantity Limit Amount	Unique Quantity Limit Days	Prior Authorization (0-3)	Therapeutic Category	Therapeutic Class	Step Therapy (0-2)	Number Of Step Therapy Groups
00000003	2	22222	BN2	SCDC2	ORAL CAPSULE	5	1	21	28	2	Category2	Class2	0	

[Jump To: Top](#)  
[Jump To: In Base Formulary](#)  
[Jump To: In Comparison Formulary](#)

### FORMULARY DIFFERENCES

Formulary ID: 00000003 To 00000003

Compare: Version 3 To Version 1

NOTE: The values that highlight the differences shall be displayed in red text and cells with no differences will be blank.

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	Unique Quantity Limit Type	Unique Quantity Limit Amount	Unique Quantity Limit Days	Prior Authorization (0-3)	Therapeutic Category	Therapeutic Class	Limited Access (Y/N)	Step Therapy (0-2)	Number Of Step Therapy Groups
00000003	3	33333	BN3	SCDC3	ORAL CAPSULE	5	1	120	25	2	Category3	Class3	0	0	
00000003	1								30						

[Export Formulary differences to File \(CSV\)](#)

[Export All to Excel](#)

# XIII. FORMULARY CONTRACT ASSOCIATION REPORT

The **Formulary Contract Association Report** provides a listing of which formularies are associated with a given Part D contract (if any).

## STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select Formulary Contract Association Report. This will take you to the Formulary Contract Association Report selection criteria page.

## STEP 2

On the **Formulary Contract Association Report** selection criteria page (Exhibit56), select the desired contract, and then click the “Next” button. This will take you to the **Formulary Contract Association Report** page.

**Exhibit56 – Formulary Contract Association Report Selection Criteria**

**Exhibit57 – Formulary Contract Association Report**

Contract	Formulary ID	Formulary Status
Z0001	00000001	In Desk Review
Z0002	00000002	Approved
Z0003	None	N/A

## XIV. FORMULARY CROSSWALK REPORT

The **Formulary Crosswalk Report** identifies the Formulary ID associated with each Part D plan and the status of the Formulary. All formularies must be associated with at least one plan.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select “Formulary Crosswalk Report.” This will take you to the Formulary Crosswalk Reports – Select a Contract page.

### STEP 2

On the **Formulary Crosswalk Reports – Select a Contract** page (Exhibit58), select the desired contracts and then click the “Next” button. This will take you to the Formulary Crosswalk Report (Exhibit4).

#### Exhibit58 – Formulary Crosswalk Report Select a Contract

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Report Submission Parameter Page

**Formulary Crosswalk Report - Select Parameters**

Select One or More Contract Number(s):

- Select All
- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE

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#### Exhibit59 – Formulary Crosswalk Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Crosswalk Report

**Formulary Crosswalk Report**

Contract Number	Plan ID	Plan Type	Formulary ID	Formulary Name	Formulary Status	Bid Upload Status
Z0001	001	Medicare/Medicaid Plan	00000001	Sample Formulary One	In Desk Review	Plan Approved
Z0002	001	PACE	00000002	Sample Formulary Two	Approved	Plan Approved

Back Export to Excel

## XV. FORMULARY STATUS HISTORY REPORT

The **Formulary Status History Report** provides detailed status information about all versions for a given Formulary ID.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select **Formulary Status History Report**. This will take you to the Formulary Status History Report selection criteria page.

### STEP 2

On the **Formulary Status History Report selection criteria** page (Exhibit60), select the desired formularies, and then click the “Next” button. This will take you to the Formulary Status History Report.

#### **Exhibit60 – Formulary Status History Report Selection**

HPMS > Plan Formularies > Formulary Reports > CY20XX > Formulary Report Submission Parameter Page

**Formulary Status History Report - Select Parameters**

Select One or More Formulary ID(s):

Select All  
00000001  
00000002  
00000003  
00000004  
00000005

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### STEP 3

On the Formulary Status History Report (Exhibit61), there are several actions you can take to view more details or get background information:

- To view the email sent regarding the Formulary, PA, ST and IBC file upload, click the link provided under the Formulary status link. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the email sent, after the PA/ST files are successfully uploaded from Revise PA/ST Criteria – Upload Page, click the link provided under the Formulary Status column for the row where the PA/ST status is displayed, in the “IBC/PA/ST Status Comments” column. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.



- To view the email sent after IBC files are successfully uploaded from Revise IBC – Upload Page, click the link provided under the Formulary Status column for the row where the IBC status is displayed in the “IBC/PA/ST Status Comments” column. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the text file previously submitted, click the “Submitted Text” hyperlink (Exhibit62). A pop-up window will appear. If the version is created after accepting line level decision, “Submitted Text” link will display CMS line level decisions (Exhibit67). When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the full Formulary file that includes the successfully validated changes as well as the existing Formulary records, click the “Full Formulary File” hyperlink (Exhibit63). A pop-up window will appear. This file is only available for versions of the Formulary in successfully validated in desk review or Approved status. When you have finished reviewing the information, click the “Close” button at the bottom of the window. Note: To save full Formulary file as text file (.txt), in the full Formulary file popup command bar, select “save as” to create a text file.
- To view the RxCUI report (Exhibit65) for the Formulary, click the “View” button and then click the “View contents of the Formulary Submission [CSV] link. A CSV file will be displayed. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the submitted PA/ST files, click the “View” button and then click the Submitted Prior Authorization File and Submitted Step Therapy File links (Exhibit65). A pop-up window will appear. This file only contains the latest submitted changes. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the submitted IBC files, click the “View” button and then click the “Submitted Indication-Based Coverage File” links (Exhibit65). A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the approved formularies gate open/close history outside of the scheduled update windows, click the link “View Formulary Override Gate History Report” (Exhibit61). A pop-up window will appear. The following details will be displayed in the Formulary Override Gate History Report pop-up window: Formulary ID, Formulary Version, Gate Status (Open Gate/Close Gate), Gate Open/Close Date, Gate Auto-Close Date (Exhibit66). Note that the gate status of ‘Open Gate’ will be a hyperlink to the Email sent to users from Formulary Desk Review. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the full PA/ST files that include the successfully validated changes as well as the existing criteria associated with the Formulary, click the “View” button and then click the full Prior Authorization File and full Step Therapy File links (Exhibit65). A .csv file opens, which lists all the Group Descriptions associated to the latest version of the Formulary that is sent to desk review in excel format. When you have finished reviewing the information, close the .csv file.
- To view the full PA/ST files that include the successfully validated changes as well as the existing criteria associated with the Formulary, click the “View” button and then click the full Prior Authorization File and full Step Therapy File links (Exhibit65). A .csv file opens, which lists all the Group Descriptions associated to the latest version of the

Formulary that is sent to desk review in excel format. When you have finished reviewing the information, close the .csv file.

- To view the full IBC files that include the successfully validated changes and excludes the RxCUIs that are auto-deleted from IBC file as they are deleted from Formulary file, click the “View” button and then click the “Full Indication-Based Coverage File” link (Exhibit65). A .csv file opens, which lists all the RxCUIs associated to the latest version of the Formulary that is sent to desk review in excel format. When you have finished reviewing the information, close the .csv file.
- To export the Formulary Status History Report to Excel, click the “Export to Excel” button.
- To view the Indication-Based Coverage gate open/close history outside of the scheduled Formulary windows, click the link “View Indication-Based Coverage file Gate Status History Report” (Exhibit61). A pop-up window will appear. The following details will be displayed in the Indication-Based Coverage Gate History Report pop-up window: Formulary ID, Gate Status, Gate Date and Gate Auto-Close Date (Exhibit68). Note that the gate status of ‘Open Gate’ will be a hyperlink to the Email sent to users by CMS. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the Additional Emails for the formularies sent by the CMS to the Plans, click the link “View Additional Emails” (Exhibit61). A pop-up window will appear. The following details will be displayed in the Additional Emails Report pop-up window: Formulary ID, Formulary Version, Additional Email and Email Date (Exhibit69). Note that the ‘Additional Email’ hyperlink will display the Email sent to users by CMS. When you have finished reviewing the information, click the “Close” button at the bottom of the window.

## Exhibit61 – Formulary Status History Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Status History Report

### Formulary Status History Report

[View Formulary Override Gate History Report](#)

[View Indication-Based Coverage file Gate Status History Report](#)

[View Additional Emails](#)

Formulary ID	Formulary Version	Formulary Status	Modified Date	IBC/PA/ST Status and Comments	Version Deleted	Formulary Type	Submitted Text File	Full Formulary File	Report View	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	3	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	PA/ST Successfully Validated MM/DD/YYYY HH:MM:SS	No	Update	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	3	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Update	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	2	<a href="#">Approved</a>	MM/DD/YYYY HH:MM:SS	Resubmission Unrequested	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	2	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	IBC Successfully Validated MM/DD/YYYY HH:MM:SS	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	2	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	1	<a href="#">Resubmission Requested</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	1	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	1	<a href="#">Resubmission Requested</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Original	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">Successfully Validated</a>	MM/DD/YYYY HH:MM:SS		No	Original	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Original	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY

Back

Export to Excel

## Exhibit62 – Formulary Status History Report – Submitted Text

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Status History Report

**Formulary Status History Report**

[View Formulary Override Gate History Report](#)

[View Indication-Based Coverage file Gate Status History Report](#)

[View Additional Emails](#)

00000001.txt - Notepad

```
File Edit Format View Help
UPD 11111 5 0 2 testpa 0
UPD 22222 5 0 0 0
```

Formulary ID	Formulary Version	Formulary Status	Modified Date	IBC/PA/ST Status and Comments	Version Deleted	Formulary Type	Submitted Text File	Full Formulary File	Report View	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	3	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	PA/ST Successfully Validated MM/DD/YYYY HH:MM:SS	No	Update	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	3	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Update	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	2	<a href="#">Approved</a>	MM/DD/YYYY HH:MM:SS	Resubmission Unrequested	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	2	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	IBC Successfully Validated MM/DD/YYYY HH:MM:SS	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	2	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	1	<a href="#">Resubmission Requested</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	1	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	1	<a href="#">Resubmission Requested</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Original	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">Successfully Validated</a>	MM/DD/YYYY HH:MM:SS		No	Original	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Original	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY

# Exhibit63 – Formulary Status History Report – Full Formulary File

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Status History Report

## Formulary Status History Report

[View Formulary Override Gate History Report](#)

[View Indication-Based Coverage file Gate Status History Report](#)

[View Additional Emails](#)

File	Edit	Format	View	Help
NA	11111	5	0	1
NA	22222	5	0	2
NA	33333	5	0	0
NA	44444	2	0	0
NA	55555	2	0	0

Formulary ID	Formulary Version	Formulary Status	Modified Date	IBC/PA/ST Status and Comments	Version Deleted	Formulary Type	Submitted Text File	Full Formulary File	Report View	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	3	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	PA/ST Successfully Validated MM/DD/YYYY HH:MM:SS	No	Update	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	3	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Update	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	2	<a href="#">Approved</a>	MM/DD/YYYY HH:MM:SS	Resubmission Unrequested	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	2	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	IBC Successfully Validated MM/DD/YYYY HH:MM:SS	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	2	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	2	MM/DD/YYYY	MM/DD/YYYY
00000001	1	<a href="#">Resubmission Requested</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	1	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000001	1	<a href="#">Resubmission Requested</a>	MM/DD/YYYY HH:MM:SS	N/A	No	New	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Original	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">Successfully Validated</a>	MM/DD/YYYY HH:MM:SS		No	Original	<a href="#">Submitted Text</a>	<a href="#">Full Formulary File</a>	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY
00000002	1	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	N/A	No	Original	<a href="#">Submitted Text</a>	N/A	<a href="#">View</a>	N/A	N/A	MM/DD/YYYY

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[Export to Excel](#)

**Exhibit64 – Formulary Status History Report – Email**



[Print](#) | [Close](#)

Print Date: MM/DD/YYYY

**Formulary Status History Report - FUT Email**

<b>Formulary ID:</b>	00000001
<b>Formulary Version:</b>	3
<b>Sent To:</b>	Test User
<b>Email Address:</b>	TestUser@hpmstest.com
<b>Subject:</b>	Test Email! HPMS - Formulary Upload 0000000-3 Processing Results
<b>Date Sent:</b>	
<b>CC:</b>	TestCCUser@hpmstest.com

**Message:**

Test Email! Test User,  
Formulary ID: 00000001 Version: 3  
Upload Date: MM/DD/YYYY HH:MM:SS  
Contract Year: 20XX  
  
Processing Summary: Successfully processed.  
  
Your formulary file(s) have passed the validation process and will now be forwarded to the HPMS Formulary Review Module.  
  
For questions related to the content of this e-mail, please contact the HPMS Help Desk at 1-800-220-2028.  
  
Thank You,  
HPMS Web Staff

[Close](#)

## Exhibit65 – Formulary Status History RxCUI Report



Print | Close

Print Date: MM/DD/YYYY

### Formulary Status History Report - Formulary RxCUI Report

Formulary ID: 00000001  
Formulary Name: Sample Formulary  
Formulary Version: 4  
Number of Tiers: 5  
Effective Date: MM/DD/YYYY  
Quantity Limit: 1  
Formulary Classification: USP  
Limited Access: Yes  
Prior Authorization: Yes  
Step Therapy Management: Yes  
Formulary Status: In Desk Review  
Expedited Substitution: Yes  
Indication-Based Coverage: Yes  
Formulary Type: U  
Contracts: Z0001 - contract one  
Formulary Data: Contents of the formulary submission are not available.  
Formulary Attachments:

[Full Prior Authorization File \[CSV\]](#)

[Submitted Prior Authorization File \[TXT\]](#)


[Full Step Therapy File \[CSV\]](#)

[Submitted Step Therapy File \[TXT\]](#)


Tier Level	Tier Label
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Drug
5	Specialty Tier
6	Select Diabetic Drugs

Close

**Exhibit66 – Formulary Override Gate History Report**



**HPMS**  
Health Plan Management System

 [Print](#) | [Close](#)

Print Date: MM/DD/YYYY


**Formulary Override Gate History Report**

Formulary ID	Formulary Version	Gate Status	Gate Date	Gate Auto-Close Date
00000001	2	Close Gate	MM/DD/YYYY HH:MM:SS	
00000001	2	<a href="#">Open Gate</a>	MM/DD/YYYY HH:MM:SS	MM/DD/YYYY HH:MM:SS


Close

Export to Excel

**Exhibit67 – Formulary Status History Report – Accepted Line Level Decisions Report**



**HPMS**  
Health Plan Management System

 [Print](#) | [Close](#)

Print Date: MM/DD/YYYY

**Formulary Status History Report - Accepted Line Level Decisions Report**


Formulary ID: 00000001  
 Formulary Name: Sample Formulary  
 Formulary Version: 5

RxCUI	Change Type	CMS Decision	Comment To Plan
11111	UPD	APPROVED	testcomments
22222	UPD	DENIED	Refer to Non-Allowable Change

Export to Excel



## Exhibit68 – Indication-Based Coverage Gate History Report


Print | Close  
Print Date: MM/DD/YYYY

**Gate Status History Report**

Formulary ID	Gate Status	Gate Date	Gate Auto-Close Date
00000001	<a href="#">Open Gate</a>	MM/DD/YYYY HH:MM:SS	MM/DD/YYYY

Close Export to Excel

## Exhibit69 – Additional Emails Report

Print | Close  
Print Date: MM/DD/YYYY

**Additional Emails**

Formulary ID	Formulary Version	Email	Email Date
00000001	1	<a href="#">Open Email</a>	MM/DD/YYYY HH:MM:SS

Close Export to Excel

## **XVI. INDICATION-BASED COVERAGE FILE – CHANGE NOTIFICATION REPORT**

The Indication-Based Coverage File Change Notification Report allows you to compare two versions of IBC files that are associated with a Formulary.

### **STEP 1**

As shown in Exhibit2 on the **HPMS Home** page, select the **Plan Formularies** link in the left navigation bar. On the fly out menu, select the **Formulary Reports** link. This takes you to the Formulary Reports Contract Year Selection page.

### **STEP 2**

On the **Formulary Reports Contract Year Selection** page (Exhibit50), select the appropriate Contract Year link. This takes you to the Formulary Reports – Select a Report page.

### **STEP 3**

On the **Select a Report** page (Exhibit51), select “Change Notification Report – Indication-Based Coverage.” This takes you to the Select By Contract or By Formulary ID Selection page.

### **STEP 4**

On the **Select By Contract or By Formulary ID** page (Exhibit70), select a contract ID or Formulary ID you want to view in the report and click “Next.” This takes you to the Submission Comparison Selection page.

## Exhibit70 – Change Notification Report (CNR) - Indication-Based Coverage File - Select Parameters Page

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Indication-Based Coverage Change Notification Report Parameter

### Change Notification Report - Indication-Based Coverage - Select Parameters

A field with an asterisk (\*) before it is a required field.

Select By Contract or By Formulary ID:

By Contract ▼

\*Select one Contract:

- Z0001 - Contract1
- Z0002 - Contract2
- Z0003 - Contract3
- Z0004 - Contract4
- Z0005 - Contract5

\*Select one Formulary ID:

- 00000011
- 00000012
- 00000013
- 00000014
- 00000015
- 00000016

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### **STEP 5**

On the **Submission Comparison Selection page** (Exhibit71), select two Formulary versions to view in the report and click “Next.” This takes you to the Change Notification Report – Indication-Based Coverage Report page (Exhibit72).

## Exhibit71 – Change Notification Report – Indication-Based Coverage - Submission Comparison Selection

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Indication-Based Coverage CNR Comparison Select

### Change Notification Report - Indication-Based Coverage

Current Indication-Based Coverage File Status: Successfully Validated

Select two Indication-Based Coverage submissions for comparison:

Select Formulary ID	Formulary Version	Formulary File Upload date	Associated Contract	Supplemental File Name	Supplemental File Upload date
<input type="checkbox"/> 00000011	3	2/26/2021 10:58:33 AM	Z0002	3-IBC.txt	2/26/2021 10:58:33 AM
<input type="checkbox"/> 00000011	2	2/26/2021 10:05:04 AM	Z0002	2-IBC.txt	2/26/2021 10:47:03 AM
<input type="checkbox"/> 00000011	1	2/11/2021 2:35:34 PM	Z0002	1-IBC.txt	2/11/2021 2:35:34 PM

## Exhibit72 – Change Notification Report – Indication-Based Coverage

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Change Notification Report - Indication-Based Coverage

### Change Notification Report - Indication-Based Coverage

This report was generated using the following search criteria:

Formulary ID: 00000011  
 Compare: Formulary version 2-2/26/2021 10:47:03 AM To Formulary version 1-2/11/2021 2:35:34 PM

**In Base Indication-Based Coverage File**

Formulary Status: Resubmission Requested  
 Formulary Upload Date: 2/26/2021 10:05:04 AM

Formulary ID	Formulary Version	RxCUI	MeSH CUI (MUI/M#)	Disease
00000011	2	1111	M1	D1
00000011	2	2222	M2	D2
00000011	2	3333	M3	D3
00000011	2	4444	M4	D4

**In Comparison Indication-Based Coverage File**

Formulary Status: Resubmission Requested  
 Formulary Upload Date: 2/11/2021 2:35:34 PM

Formulary ID	Formulary Version	RxCUI	MeSH CUI (MUI/M#)	Disease
00000011	1	5555	M5	D5
00000011	1	6666	M6	D6
00000011	1	7777	M7	D7
00000011	1	8888	M8	D8
00000011	1	9999	M9	D9
00000011	1	1010	M10	D10
00000011	1	1212	M11	D11

## XVII. FORMULARY P&T COMMITTEE ATTESTATION REPORT

The **Formulary P&T Committee Attestation Report** provides attestation status for a given Contract(s).

### STEP 1

On the **Formulary Reports – Select a Report page** (Exhibit51), select Formulary P&T Committee Attestation Report. This will take you to the Formulary P&T Committee Attestation Report selection criteria page.

### STEP 2

On the **Formulary P&T Committee Attestation Report** selection criteria page (Exhibit73), select the desired contracts, and then click the “Next” button. This will take you to the Formulary P&T Committee Attestation Report page (Exhibit74).

Note that only contracts that have submitted P&T Committee attestations are displayed on the selection criteria page.

### **Exhibit73 – P&T Committee Attestations – Select Contract Page**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Report Submission Parameter Page

**Formulary P&T Committee Attestation Report - Select Parameters**

Select One or More Contract Number(s):

- Select All
- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR

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### STEP 3

The **Formulary P&T Committee Attestation Report** displays the Contract, Plan Type, Formulary ID(s), Attestation Status and Answer # <#> (Yes or No or N/A) for the selected contracts.

- To export the **Formulary P&T Committee Attestation Report** to Excel, click the “Export to Excel” button.

## Exhibit74 – Formulary P&T Committee Attestation Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Attestation Report

### Formulary P&T Committee Attestation Report

This report was generated using the following search criteria.

- Contract Number(s):**
- Z0001- Sample Plan Type 1
  - Z0002- Sample Plan Type 2
  - Z0003- Sample Plan Type 3
  - Z0004- Sample Plan Type 4
  - Z0005- Sample Plan Type 5

Contract	Plan Type	Formulary ID(s)	Attestation Status	Answer #1	Answer #2	Answer #3	Answer #4	Answer #5	Submitted Date
Z0001	Sample Plan Type 1	00000001	Submitted	YES	YES	YES	YES	YES	MM/DD/YYYY HH:MM:SS
Z0002	Sample Plan Type 2	00000002	Submitted	YES	YES	YES	YES	YES	MM/DD/YYYY HH:MM:SS
Z0003	Sample Plan Type 3	00000003	Submitted	YES	YES	NO	YES	YES	MM/DD/YYYY HH:MM:SS
Z0004	Sample Plan Type 4	00000004	Submitted	YES	YES	YES	YES	YES	MM/DD/YYYY HH:MM:SS
Z0005	Sample Plan Type 5	00000005	Not Submitted						

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[Export to Excel](#)

## **XVIII. FORMULARY PA/ST ATTESTATION REPORT**

The **Formulary PA/ST Attestation Report** provides attestation information for a given Contract(s).

### **STEP 1**

On the **Formulary Reports – Select a Report** page (Exhibit51), select **Formulary PA/ST Attestation Report**. This will take you to the Formulary PA/ST Attestation Report selection criteria page.

### **STEP 2**

On the **Formulary PA/ST Attestation Report** selection criteria page (Exhibit75), select the desired contracts, and then click the “Next” button. This will take you to the **Formulary PA/ST Attestation Report**.

#### **Exhibit75 – PA/ST Attestation – Select Contract Page**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Report Submission Parameter Page

**Formulary PA/ST Attestation Report - Select Parameters**

Select One or More Contract Number(s):

- Select All
- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE

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### **STEP 3**

The **Formulary PA/ST Attestation Report** displays the Contract, Plan Type, Formulary ID(s), Attestation Status and Answer # <#> (Yes or No) for the selected contracts.

To export the **Formulary PA/ST Attestation Report** to Excel, click the “Export to Excel” button.

## Exhibit76 – Formulary PA/ST Attestation Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Attestation Report

### Formulary PA/ST Attestation Report

This report was generated using the following search criteria.

- Contract Number(s):**
- Z0001 - CONTRACT ONE
  - Z0002 - CONTRACT TWO
  - Z0003 - CONTRACT THREE
  - Z0004 - CONTRACT FOUR

Contract	Plan Type	Formulary ID(s)	Attestation Status	Answer	Submitted Date
Z0001	Sample Plan Type 1	00000001	Not Applicable	NO	MM/DD/YYYY HH:MM:SS
Z0002	Sample Plan Type 2	00000002	Not Applicable	YES	MM/DD/YYYY HH:MM:SS
Z0003	Sample Plan Type 3	00000003	Not Applicable		
Z0004	Sample Plan Type 4	00000004	Not Applicable		

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[Export to Excel](#)



## **XIX. FORMULARY TRANSITION POLICY REPORT**

The **Formulary Transition Policy Report** provides detailed transition attestation and policy status for a given Contract.

### **STEP 1**

On the **Formulary Reports – Select a Report** page (Exhibit51), select **Formulary Transition Policy Report**. This will take you to the Formulary Transition Policy Report - selection criteria page.

### **STEP 2**

On the **Formulary Transition Policy Report selection criteria** page (Exhibit77), select the desired contracts, and then click the “Next” button. This will take you to the **Formulary Transition Policy Report**.

#### **Exhibit77 - Formulary Transition Policy Report - Select Parameters**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Report Submission Parameter Page

**Formulary Transition Policy Report - Select Parameters**

Select One or More Contract Number(s):

- Select All
- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE
- Z0006 - CONTRACT SIX

Back Next

### **STEP 3**

On the **Formulary Transition Policy Report** page (Exhibit78):

- Click the Transition Policy Status link for the contract to view the attestation questions and responses submitted. A pop-up window will appear (Exhibit79).
- To export the Attestation Questions and Responses to Excel, click the “Export to Excel” button. When you have finished viewing the information, click the “Close” button at the bottom of the pop-up window.

Note: The Transition Policy Status column displays ‘NA’ when there is no Formulary associated with the contract.

## Exhibit78 - Formulary Transition Policy Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Transition Policy Report

### Formulary Transition Policy Report

This report was generated using the following search criteria.

**Contract Number(s):**

- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE

Contract	Formulary ID(s)	Transition
Z0001	00000001	App
Z0002	None	
Z0003	00000002, 00000004	
Z0004	None	
Z0005	00000005	

Back Export to Excel

HPMS Health Plan Management System

Print | Close  
Print Date: MM/DD/YYYY

#### Transition Policy Status History Report

Transition Policy ID	Contract IDs	Version	Transition Policy Status	Last Modified Date
24	Z0001	2	Approved	MM/DD/YYYY HH:MM:SS
<a href="#">1   DOCX   11 KB</a>	Z0001	2	Submitted	MM/DD/YYYY HH:MM:SS
24	Z0001	1	Resubmission Requested	MM/DD/YYYY HH:MM:SS
<a href="#">1   DOCX   11 KB</a>	Z0001	1	Submitted	MM/DD/YYYY HH:MM:SS

Export to Excel

## Exhibit79 – Formulary Transition Policy Report - Attestation Questions

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Transition Policy Report

### Formulary Transition Policy Report

This report was generated using the following search criteria.

**Contract Number(s):**

- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE

Contract	Formulary ID(s)	Tr
Z0001	00000001	
Z0002	None	
Z0003	00000002, 00000004	
Z0004	None	N/A
Z0005	00000005	N/A

Back Export to Excel

HPMS Health Plan Management System

Print | Close  
Print Date: MM/DD/YYYY

#### Formulary Transition Policy Report

List of Attestation Questions for Contract Z0001

Question ID	Question Text	Answer
1	Sponsor will maintain an appropriate transition process consistent with 42 CFR §423.120(b)(3) that includes a written description of how, for enrollees whose current drug therapies may not be included in their new Part D plan's formulary, it will effectuate a meaningful transition for: (1) new enrollees into prescription drug plans following the annual co-ordinated election period, (2) newly eligible Medicare beneficiaries from other coverage, (3) enrollees who switch from one plan to another after the start of a contract year, (4) current enrollees affected by negative formulary changes across contract years, (5) enrollees residing in long-term care (LTC) facilities.	Yes
		N/A
		N/A

- Click the Transition Policy ID link for the contract to view the submitted policy document. A pop-up window will appear. When you have finished viewing the information, click the “Close” button at the bottom of the pop-up window.
- Click the View Status History link for the contract to view the transition policy status history including transition policy resubmission request and approval emails. A pop-up window will appear (Exhibit80). Select the Transition Policy Status link to view the email sent (Exhibit81). Select the Transition Policy ID link to view the policy document (Exhibit82). When you have finished viewing the information, click the “Close” button at the bottom of the pop-up window.

## Exhibit80 - Transition Policy Status History Report - View Status History

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Transition Policy Report

### Formulary Transition Policy Report

This report was generated using the following search criteria.

**Contract Number(s):**

- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE

Contract	Formulary ID(s)	Transition
Z0001	00000001	Approved
Z0002	None	N/A
Z0003	00000002, 00000004	N/A
Z0004	None	N/A
Z0005	00000005	N/A

Back   [Export to Excel](#)

**HPMS**  
Health Plan Management System

Print | Close  
Print Date: MM/DD/YYYY

### Transition Policy Status History Report

Transition Policy ID	Contract IDs	Version	Transition Policy Status	Last Modified Date
24	Z0001	2	Approved	MM/DD/YYYY HH:MM:SS
1 DOCX 1 KB	Z0001	2	Submitted	MM/DD/YYYY HH:MM:SS
24	Z0001	1	Resubmission Requested	MM/DD/YYYY HH:MM:SS
1 DOCX 1 KB	Z0001	1	Submitted	MM/DD/YYYY HH:MM:SS

[Export to Excel](#)

## Exhibit81 - Transition Policy Status History Report – E-mail

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Transition Policy Report

### Formulary Transition Policy Report

This report was generated using the following search criteria.

**Contract Number(s):**

- Z0001 - CONTRACT ONE
- Z0002 - CONTRACT TWO
- Z0003 - CONTRACT THREE
- Z0004 - CONTRACT FOUR
- Z0005 - CONTRACT FIVE

Contract	Formulary ID(s)	Transition Policy S
Z0001	00000001	Approved
Z0002	None	N/A
Z0003	00000002, 00000004	N/A
Z0004	None	N/A
Z0005	00000005	N/A

Back   [Export to Excel](#)

**HPMS**  
Health Plan Management System

Print | Close  
Print Date: MM/DD/YYYY

### Transition Policy Status History Report - Email

Policy ID:	24
Version:	2
Associated Contract(s):	Z0001
Sent To:	TestUser@hpmstst.com
Subject:	TEST EMAIL! Transition Policy Resubmission
Date Sent:	MM/DD/YYYY HH:MM:SS
CC:	TestUser2@hpmstst.com

**Message:**

TEST EMAIL!  
Policy ID: 24 Version: 2  
Associated Contract(s): Z0001  
Updated Date: MM/DD/YYYY HH:MM:SS  
Contract Year: 20XX

Reviewer Comment: Approved

Thank you,  
HPMS Web Staff

## Exhibit82 - Transition Policy Status History Report – Transition Policy Document

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary Transition Policy Report

### Formulary Transition Policy Report

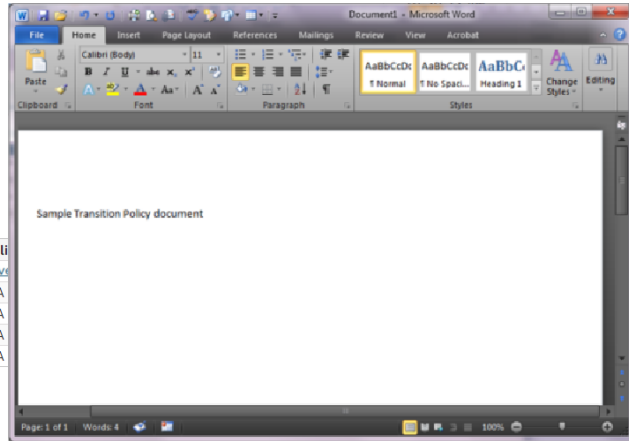
This report was generated using the following search criteria.

- Contract Number(s):**
- Z0001 - CONTRACT ONE
  - Z0002 - CONTRACT TWO
  - Z0003 - CONTRACT THREE
  - Z0004 - CONTRACT FOUR
  - Z0005 - CONTRACT FIVE

Contract	Formulary ID(s)	Transition Poli
Z0001	00000001	<a href="#">Approv</a>
Z0002	None	N/A
Z0003	00000002, 00000004	N/A
Z0004	None	N/A
Z0005	00000005	N/A

[Back](#)

[Export to Excel](#)



## XX. TWO DRUG REVIEW REPORT

The **Two Drug Review Report** displays the plan-defined therapeutic categories and therapeutic classes that do not appear to include RxCUIs for at least two different distinct drugs.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select **Two Drug Review Report**. This will take you to the Two Drug Review Report selection page.

### STEP 2

On the Two Drug Review Report Selection page (Exhibit83), select the desired formularies, and then select the “Export to Excel” button. This will open the Two Drug Review Report [CSV] (Exhibit84).

#### Exhibit83 – Two Drug Review Report Selection

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Two Drug Review Report

### Two Drug Review Report - Select Parameters

Displays plan-defined therapeutic categories and classes that do not appear to include RXCUIs for at least two different distinct drugs.

Select One or More Formulary ID(s):

- Select All
- 00000001
- 00000002
- 00000003
- 00000004
- 00000005
- 00000006
- 00000007
- 00000008
- 00000009
- 00000010
- 00000011
- 00000012
- 00000013
- 00000014
- 00000015

Export to CSV

**Exhibit84 – Two Drug Review Report [CSV]**

	A	B	C	D	E
1	Formulary ID	Formulary Version	Therapeutic Category	Therapeutic Class	Two Drug Grouping
2	00000001		3 Test Category1	Test Class1	
3	00000001		3 Test Category2	Test Class2	
4	00000001		3 Test Category3	Test Class3	Test Grouping1
5	00000001		3 Test Category4	Test Class4	
6	00000001		3 Test Category5	Test Class5	
7	00000001		3 Test Category6	Test Class6	Test Groupin2
8	00000002		3 Test Category7	Test Class7	
9	00000002		3 Test Category8	Test Class8	
10	00000002		3 Test Category9	Test Class9	Test Grouping3
11	00000002		3 Test Category10	Test Class10	Test Grouping4
12	00000003		8 Test Category11	Test Class11	Test Grouping5
13	00000004		8 Test Category12	Test Class12	
14	00000004		8 Test Category13	Test Class13	
15	00000004		8 Test Category14	Test Class14	
16	00000004		8 Test Category15	Test Class15	
17	00000004		8 Test Category16	Test Class16	

The following table contains a description of each field on the Two Drug Review Report.

**Table 1: Two Drug Review Report Field Descriptions**

Field Name	Field Type
FORMULARY ID	The unique identifier for the Formulary.
FORMULARY VERSION	The Version Number corresponding to the most recently submitted Formulary version.
THERAPEUTIC CATEGORY	Plan defined therapeutic category for an RxCUI.
THERAPEUTIC CLASS	Plan defined pharmacologic class for an RxCUI.
TD GROUPING	RxCUIs' Two Drug Grouping Name from the Formulary Reference Data.

## XXI. HOW TO SUBMIT SUPPLEMENTAL FILES

As part of the Formulary submission process, you are required to submit certain supplemental files depending on what is included in your bid. Organizations must submit this supplemental information for all the plans offering this coverage. The supplemental files cannot be loaded until the organization has successfully submitted its related bids, and the bid has migrated to “desk review” in the HPMS system. The required supplemental file gates will automatically open once your bid is in desk review. This section provides detailed information on how to submit the following supplemental files:

- Partial Gap Coverage (PGC)
- Free First Fill (FFF)
- Home Infusion (HI)
- Over-the-Counter (OTC)
- Excluded Drug (ExD)

When a plan is required to submit certain supplemental files, only one of each file type may be uploaded for all of the plans associated with a specific Formulary ID. Therefore, while multiple plans may still share a single Formulary ID, only one version of each supplemental file type may be used across all plans associated to that Formulary. This means that the content of supplemental files shared by plans with the same Formulary ID must be identical. For example, it is not possible for one plan to cover some drugs on a particular supplemental file while another plan only covers a subset of those drugs if they are sharing a Formulary ID. Additional restrictions for the different file types are included in the list of files below.

Alternatively, it is not required that all plans associated with a specific Formulary offer the same supplemental coverage. For example, there may be four plans associated with a single Formulary ID and only two of the plans offer partial gap coverage. As long as the plans that offer additional gap coverage for partial tier(s) will offer the exact same partial tier coverage (drug content and tiers) and are able to share the same partial gap coverage supplemental file, then all four of these plans can be associated with the same Formulary ID. For the remaining two plans which are not offering additional gap coverage for a partial tier, the partial gap coverage file that is submitted will not apply to them. In other words, sharing a Formulary ID requires an all-or-nothing approach to supplemental file content. Plans can only share a Formulary ID if all plans offer identical supplemental coverage for a particular file or if some associated plans will not use that supplemental file at all.

**If your organization has additional questions regarding whether certain supplemental files can be shared across the same Formulary ID, please email [PartDBenefits@cms.hhs.gov](mailto:PartDBenefits@cms.hhs.gov) before creating additional Formulary IDs.**

You begin the supplemental file upload process on the Formulary Submission Start page (Exhibit 4). If you need help accessing the Formulary Submission Start Page, see the sub-section entitled “How to Access the HPMS Formulary Submission Module” in Chapter I.

The Submit Partial Gap Coverage (PGC) File, Free First Fill (FFF) File, Home Infusion (HI) File, Over-the-Counter (OTC) File and Excluded Drug (ExD) File pages become available to you once your bid is written off to desk review.

- **Partial Gap Coverage (PGC):**  
Enhanced alternative (EA) plans (except MMPs) may offer additional gap coverage through a Part D supplemental benefit. This additional gap coverage would be above and beyond the standard benefit for generic and brand drugs and in addition to the Coverage Gap Discount Program for brand drugs. If your bid submission for an EA plan indicated that additional coverage is offered for a subset of drugs on a tier or tiers in the gap, then you must submit this partial tier gap coverage information via a supplemental PGC file, before CMS will fully review the bid.

**Note:** plans that will require distinct PGC files based on the PBP submissions are not permitted to be associated with the same Formulary ID. For example, two plans requiring a PGC file could not share a supplemental file if one offered partial gap coverage on two tiers but the other only offered partial gap coverage on one tier. Therefore, the two plans in this example could not be associated with the same Formulary ID.

- **Free First Fill (FFF):**  
Basic alternative (BA) or enhanced alternative (EA) plans may offer a free first fill benefit. If your bid submission indicated that a plan offers FFF, you must submit the FFF file before CMS will fully review the bid.

**Note:** plans that will require distinct FFF files because they intend to offer this benefit for a differing list of drugs are not permitted to be associated with the same Formulary ID.

- **Home Infusion (HI):**  
If your bid submission indicated that a plan offers Part D HI drugs as a supplemental benefit under Part C, you must submit the HI file before CMS will fully review the bid.

**Note:** plans that will require distinct HI files because they intend to offer this benefit for a differing list of drugs are not permitted to be associated with the same Formulary ID.

- **Over-the-Counter (OTC):**  
If your bid submission indicated that you offer OTC drugs, you must submit the OTC file before CMS will fully review the bid.

**Note:** plans that will require distinct OTC files because they intend to offer this benefit for a differing list of drugs are not permitted to be associated with the same Formulary ID. In addition, this file includes fields to provide details on the utilization management type and step therapy criteria for each drug. All of the information in these fields must be identical in order for plans to share an OTC file.

- **Excluded Drug (ExD):**  
Enhanced alternative (EA) plans (except MMPs) may offer excluded drug coverage through a Part D supplemental benefit. If your bid submission for an EA plan indicated that ExD coverage is offered, then you must submit the ExD file before CMS will fully review the bid.

**Note:** plans that will require distinct ExD files because they intend to offer this benefit for a differing list of drugs are not permitted to be associated with the same Formulary



ID. In addition, this file includes fields to designate the tier, quantity limit, capped benefit, prior authorization, step therapy, and gap coverage for each drug. All of the information included in these fields must be identical in order for a plan to share an ExD file. For example, if a plan intended to cover a particular excluded drug with gap coverage for one plan but without gap coverage for another, those plans could not share a supplemental file, and would not be permitted to be associated with the same Formulary ID.

**Note:** While the following instructions demonstrate how to submit the Free First Fill file, you can also use these instructions to upload the Partial Gap Coverage, Home Infusion, Value-Based Insurance Design, Excluded Drug and OTC files. The steps taken to upload files are the same for each supplemental file type.

### STEP 1

As shown in Exhibit4, select Submit Free First Fill File from the **Formulary Submission Start Page**. This takes you to the Free First Fill Supplemental Files-Select a Formulary page (Exhibit85).

### STEP 2

The **Free First Fill Supplemental File-Select a Formulary** page (Exhibit85) contains a table of all formularies that require a Free First Fill file. Note that only one Formulary can be selected at a time. Select the Formulary for which to upload a Free First Fill file and click “Next.” This takes you to the Free First Fill Supplemental Files-Upload Supplemental File page. Please note that only those plans with bid submissions that offer this benefit will be displayed. Plans that are linked to this Formulary, but that do not offer this benefit will not be displayed, as the supplemental file submission is not applicable to them.

### Exhibit85 – Submit Free First Fill File Select a Formulary Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit Free First Fill File

**Free First Fill Supplemental File - Select a Formulary** [Add to My Favorites](#)

This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Formularies Requiring Free First Fill Upload**

A field with an asterisk (\*) before it is a required field.

Submission Period-OPEN						
* Select Formulary	Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<input type="radio"/>	00000002	FID 2	1	Successfully Validated	Z0001	
<input type="radio"/>	00000098	FID 98	1	Rejected by Validation	Z0002	
<input type="radio"/>	00000099	FID 99	1	Not Yet Uploaded	Z0003, Z0004	

**Formularies Unavailable for Free First Fill Upload - All Plans are not Ready**

Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access	Supplemental Contract-Plan
00000100	FID 100	1	Not Yet Uploaded	Z0005		Z0005 - 001

Back Next

### **STEP 3**

On the **Free First Fill Supplemental File– upload Supplemental File** page (Exhibit86), enter the name of the Free First Fill Supplemental file (.txt) you wish to upload. If you are unsure of the filename or location, click the “Browse” button to locate the file.

Select the “Upload” button to continue with the Free First Fill File submission process. This takes you to the Free First Fill Supplemental File-Verify Supplemental File Upload page.

#### **Exhibit86 – Free First Fill Supplemental File Upload Supplemental File**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

### Free First Fill Supplemental File - Upload

Formulary Name: FID2  
Formulary ID: 00000002  
Formulary Version: 1  
Formulary Contracts: Z0001

1. Enter the name of the Free First Fill Supplemental file (.txt) you would like to upload. If you are unsure of the filename and/or location, click on the "Browse" button to locate the file.
2. Click Upload.

A field with an asterisk (\*) before it is a required field.

\*Select Supplemental File for Upload:  No file chosen

The Free First Fill File will be applicable for the following plan(s):

Contract ID	Plan ID	Plan Name
Z0001	001	Plan1

### **STEP 4**

On the **Free First Fill Supplemental File-Verify Supplemental File Upload** page (Exhibit87), click the “Submit” button. This takes you to the Free First Fill Supplemental File-Submission Confirmation page.

## Exhibit87 – Free First Fill Supplemental File Verify Supplemental File

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Verify Supplemental Upload

### Free First Fill Supplemental File - Verify

Formulary Name: FID2  
Formulary ID: 00000002  
Formulary Version: 1  
Formulary Contracts: Z0001

**Please note that your data has not yet been submitted.**

Please verify that your Free First Fill Supplemental file association is correct. Then click on the "Submit" button to complete your submission.

**Supplemental File Associations:**

Upload File: FFF.txt

Contract ID	Plan ID	Plan Name
Z0001	001	Plan1

### STEP 5

On the **Free First Fill Supplemental File-Submission Confirmation** page (Exhibit88), review the information and click the “OK” button to complete the submission and return to the Free First Fill Supplemental File-Select a Formulary page.

The Submission Confirmation page provides a status of the successful upload. The system sends an email to the contact identified on this page.

After receiving the uploaded Free First Fill file, the HPMS performs a series of validation checks. At the close of the validation process, a second email is sent to the designated contact listed on this page. If errors were detected, the supplemental file submission is rejected. You must correct the Free First Fill file and resubmit the file using the Submit Free First Fill File function.

## Exhibit88 – Free First Fill Supplemental Files Submission Confirmation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Confirm Supplemental File Upload

### Free First Fill Supplemental File - Confirm

Formulary Name: FID2  
Formulary ID: 00000002  
Formulary Version: 1  
Formulary Contracts: Z0001

Your Free First Fill Supplemental file has been successfully uploaded.

The HPMS will now perform a series of validation edits on the Free First Fill Supplemental file submission. At the close of the validation process, a second email will be sent to the contact listed below. This email will either indicate a successful upload or identify the errors detected during validation. If errors were detected, the Supplemental file submission will be rejected. Once the errors are corrected, the Free First Fill Supplemental file can be resubmitted.

#### Contact notified of Supplemental File submission

Contact Type	User Id	Name	Email
Upload User	test	Test user 1	testuser1@test.com
Z0001	n/a	Test user 2	testuser2@test.com
Z0002	n/a	Test user 3	testuser3@test.com

OK

## XXII. SUPPLEMENTAL FILE REPORTS

The **Formulary Supplemental File** reports provide access to a variety of Formulary-related information to assist you in the Formulary supplemental submission process. The following Supplemental File reports are available:

- Status History Reports:
  - Partial Gap Coverage
  - Free First Fill
  - Home Infusion
  - Excluded Drug
  - Over-the-Counter
  
- Change Notification Reports:
  - Partial Gap Coverage
  - Free First Fill
  - Home Infusion

## SUPPLEMENTAL FILE STATUS HISTORY REPORTS

**Note:** While the following instructions demonstrate how to access and view the Status History Report – Free First Fill, you can also use these instructions for all of the Supplemental File Status History reports. The steps to access and view reports are the same for each report.

### STEP 1

As shown in Exhibit49 , on the **HPMS Home** page, select the **Plan Formularies** drop down from the HPMS top navigation bar. Then select the Formulary Reports menu item. This will take you to Formulary Reports Page.

### STEP 2

On the **Formulary Reports** page, select the appropriate contract year from the collapsible navigation menu, on the left side of the page (Exhibit50). This takes you to the Report Selection page.

### STEP 3

On the **Select a Report** page (Exhibit51), select Status History Report – Free First Fill. This takes you to the select by Contract or by Formulary ID Selection page.

### STEP 4

On the **Select By Contract or By Formulary ID** page (Exhibit89), you have three options to select the contracts or formularies to view:

- Click Select All Contracts or Select All Formularies
- Click a single contract or Formulary ID
- Press the CTRL key and click multiple contracts or formularies

After selecting the appropriate contract or Formulary IDs, click the “Next” button. This takes you to the Status History Report – Free First Fill Report page.

#### Exhibit89 – Select By Contract or By Formulary ID Page

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Parameter Page

### Status History Report - Free First Fill - Select Parameters

A field with an asterisk (\*) before it is a required field.

\*Select By Contract or By Formulary ID:  
By Contract

\*Select one or more contracts:  
Select All Contracts  
Z0001 - CONTRACT ONE  
Z0002 - CONTRACT TWO  
Z0003 - CONTRACT THREE  
Z0004 - CONTRACT FOUR  
Z0005 - CONTRACT FIVE

Back Next

## STEP 5

On the Status History Report – Free First Fill page (Exhibit90), you can review information about the supplemental file status, review the submitted text file, and view report details. You can also view Formulary to plan ID details by clicking the **View Associated Plans** link.


### Exhibit90 – Status History Report – Free First Fill

Formulary ID	Formulary Version	Associated Contracts	Supplemental File Status	Modified Date	Submitted Text File	Report View
00000001	1	Z0001	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Successfully Validated</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Uploaded, but not Processed</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	N/A

## STEP 5A – REVIEW INFORMATION ABOUT SUPPLEMENTAL FILE STATUS

In the Supplemental File Status column, you may have a Formulary ID assigned the status “Successfully Validated” or “Rejected by Validation.” If this is the case, the status is displayed as a link. Click the hyperlink to view the email that was sent to you in a pop-up window (Exhibit91). When you have finished reviewing the information, click the “Close” button at the bottom of the window.

## Exhibit91 – View Submission Email

Print | Close  
Print Date: MM/DD/YYYY

**Status History Report - Free First Fill**

FUT Email

Formulary ID:	00000001
Formulary Version:	1
Sent To:	Test User
Email Address:	Test.User@hpmstest.com
Subject:	Test Email Free First Fill Supplemental File Validation Complete-00000001-1
Date Sent:	
CC:	TestCCUser@hpmstest.com

**Message:**

Test Email! Test User,

Formulary ID: 00000001 Version: 1

Supplemental Data Type : Free First Fill

Upload Date: MM/DD/YYYY HH:DD:SS

Contract Year: 20XX

Processing Summary: Free First Fill File Successfully processed.

The Free First Fill supplemental file passed the validation process and will now be forwarded to CMS Desk Review.

For questions related to the content of this e-mail, please contact the HPMS Help Desk at 1-800-220-2028.

Thank you,

HPMS Web Staff

Close

To view the supplemental file gate open/close history, click the link “View Supplemental File Gate Status History Report” (Exhibit90). A pop-up window will appear (Exhibit92). The following details will be displayed in the Supplemental File Gate History Report pop-up window: Formulary ID, Gate Status (Open Gate/Close Gate), Gate Open/Close Date, Gate Auto-Close Date. Note that the gate status of ‘Open Gate’ will be a hyperlink to the resubmission request email sent when the gate is open. When you have finished reviewing the information, click the “Close” button at the bottom of the window.



## Exhibit92 – View Resubmission Request Email

HPMS  
Health Plan Management System

Print | Close  
Print Date: MM/DD/YYYY

### Free First Fill Gate Status History Report

Formulary ID	Gate Status	Gate Date	Gate Auto-Close Date
00000001	<a href="#">Open Gate</a>	MM/DD/YYYY HH:MM:SS	MM/DD/YYYY

Close    Export to Excel

### STEP 5B – REVIEW THE SUBMITTED TEXT FILE

To view the text file previously submitted, click the Submitted Text link. A pop-up window appears (Exhibit93). When you have finished reviewing the information, you may close the browser window for the Submitted Text.

### Exhibit93 – Submitted Text File

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Page

### Status History Report - Free First Fill

[View Associated Plans](#)  
[View Free First Fill file Gate Status History Report](#)


Formulary ID	Formulary Version	Associated Contracts	Submitted Text File	Report View
00000001	1	Z0001	<a href="#">submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">submitted Text</a>	N/A

Back    Export to Excel

### STEP 5C – REVIEW REPORT DETAILS

In the “Report View” column, click the View Report hyperlink to view the drug detail page (Exhibit94). A pop-up window appears. When you have finished reviewing the information, click the “Close” button at the top of the window. To Export the Free First Fill Report to Excel, click the “Export to Excel” button.

## Exhibit94 – Review Report Details

Print | Close  
Print Date: MM/DD/YYYY

### Status History Report - Free First Fill

File Name: Test Free First Fill  
Formulary ID: 00000001  
Formulary Name: Formulary 1  
Formulary Version: 2  
Number of Tiers: 4  
Supplemental File Upload Date: MM/DD/YYYY HH:MM:SS  
Submitted By: Test User

RXCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value
11111		Test SCDC 1	Test DF1	2
22222		Test SCDC 2	Test DF2	1

[Export to Excel](#)

## PARTIAL GAP COVERAGE, FREE FIRST FILL AND HOME INFUSION CHANGE NOTIFICATION REPORTS

**Note:** While the following instructions demonstrate how to access and view the Change Notification Report – Free First Fill, you can also use these instructions to access the Change Notification Report – Partial Gap Coverage and Change Notification Report – Home Infusion, reports. The steps taken to access and view reports are the same for each report.

### STEP 1

As shown in Exhibit2 on the **HPMS Home** page, select the **Plan Formularies** link and select the **Formulary Reports** link. This takes you to the Formulary Reports Contract Year Selection page.

### STEP 2

On the **Formulary Reports Contract Year Selection** page (Exhibit50), select the appropriate Contract Year link. This takes you to the Formulary Reports – Select a Report page.

**STEP 3**

On the **Select a Report** page (Exhibit51), select “Change Notification Report – Free First Fill.” This takes you to the Select By Contract or By Formulary ID Selection page.

**STEP 4**

On the **Select By Contract or By Formulary ID** page (Exhibit95), select a contract ID or Formulary ID you want to view in the report and click “Next.” This takes you to the Submission Comparison Selection page.

**Exhibit95 – Free First Fill CNR Select By Contract or By Formulary ID Page**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Change Notification Report Parameter

### Change Notification Report - Free First Fill - Select Parameters

A field with an asterisk (\*) before it is a required field.

Select By Contract or By Formulary ID:

By Contract

\*Select one Contract:

- Z0001 - Contract1
- Z0002 - Contract2
- Z0003 - Contract3

\*Select one Formulary ID:

- 00000001
- 00000002
- 00000003
- 00000004
- 00000005

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**STEP 5**

On the **Submission Comparison Selection page** (Exhibit96), select two Formulary versions to view in the report and click “Next.” This takes you to the Change Notification Report – Free First Fill Report page (Exhibit97).

## Exhibit96 – Submission Comparison Selection

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental CNR Comparison Select

**Change Notification Report - Free First Fill**

Current Supplemental File Status: In Desk Review

Select two Free First Fill submissions for comparison:

Select Formulary ID	Formulary Version	Formulary File Upload date	Associated Contract	Supplemental File Name	Supplemental File Upload date
<input type="checkbox"/> 00000002	2	2/11/2021 6:04:37 PM	Z0001	FF-02112021-060615PM.txt	2/11/2021 6:06:17 PM
<input type="checkbox"/> 00000002	1	2/11/2021 1:18:07 PM	Z0001	FF-02112021-031741PM.txt	2/11/2021 3:17:43 PM

Back Next

## Exhibit97 – Change Notification Report – Free First Fill

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Change Notification Report -Free First Fill

**Change Notification Report - Free First Fill**

This report was generated using the following search criteria:

Contracts: Z0001  
 Formulary ID: 00000002  
 Compare: Formulary version 2-2/11/2021 6:06:17 PM To Formulary version 1-2/11/2021 3:17:43 PM

Back

**In Base Free First Fill File**

Formulary Status: In Desk Review  
 Formulary Upload Date: 2/11/2021 6:04:37 PM

Formulary ID	Formulary Version	RXCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value
00000002	2	11111	BN1	SCDC1	ORAL TABLET	2

**In Comparison Free First Fill File**

Formulary Status: Resubmission Requested  
 Formulary Upload Date: 2/11/2021 1:18:07 PM

Formulary ID	Formulary Version	RXCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value
00000002	1	22222	BN2	SCDC2	ORAL TABLET	1

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## XXIII. SUBMIT VALUE-BASED INSURANCE DESIGN FILE

Organizations must submit the Value-Based Insurance Design (VBID) file for all the plans offering this coverage drugs. The VBID files cannot be loaded until the organization has successfully submitted its related bids, and the bid has migrated to “desk review” in the HPMS system. The VBID file gates will automatically open once your bid is in desk review.

If your bid submission indicated that a plan offers VBID supplemental benefit under Part D, you must submit the VBID file before CMS will fully review the bid. Unique packages of VBID benefits are numbered sequentially in the PBP in the order in which they are entered. Organizations offering Part D VBID benefits should use this numbering in the VBID Formulary file’s package number field to indicate to which corresponding VBID benefit package(s) in the PBP a drug relates.

**Note:** the VBID file is unique in that it includes a field for contract and plan ID. As such, plans that share a Formulary ID can share a VBID file even if the content of that file varies by plan.

This section provides detailed information on how to submit the VBID files:

### **STEP 1**

As shown in Exhibit4, select Submit Value-Based Insurance Design File from the **Formulary Submission Start Page**. This takes you to the Value-Based Insurance Design File-Select a Formulary page (Exhibit122).

### **STEP 2**

The **Value-Based Insurance Design File - Select a Formulary** page contains a table of all formularies that require a VBID file. Note that only one Formulary can be selected at a time. Select the Formulary for which to upload a VBID file and click “Next.” This takes you to the VBID Files - Upload File page.

Please note that only those plans with bid submissions that offer this benefit will be displayed. Plans that are linked to this Formulary, but that do not offer this benefit will not be displayed, as the file submission is not applicable to them.

## Exhibit98 – Submit Value-Based Insurance Design Select a Formulary Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit Value-Based Insurance Design File

**Value-Based Insurance Design Supplemental File - Select a Formulary** [Add to My Favorites](#)

Unique packages of VBID benefits are numbered sequentially in the PBP in the order in which they are entered. Organizations offering Part D VBID benefits should use this numbering in the VBID formulary file's package number field to indicate to which corresponding VBID benefit package(s) in the PBP a drug relates.

This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Formularies Requiring Value-Based Insurance Design Upload**

A field with an asterisk (\*) before it is a required field.

Submission Period - OPEN						
* Select Formulary	Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<input type="radio"/>	00000001	Sample FID 1	1	Not Yet Uploaded	Z0001	
<input type="radio"/>	00000002	Sample FID 2	1	Not Yet Uploaded	Z0002	

**Formularies Unavailable for Value-Based Insurance Design Upload**

Submission Period - OPEN					
Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
00000003	Sample FID 3	7	In Desk Review	Z0003	

### STEP 3

On the **Value-Based Insurance Design File– Upload File** page (Exhibit86), enter the name of the VBID file (.txt) you wish to upload. If you are unsure of the filename or location, click the “Browse” button to locate the file.

Select the “Upload” button to continue with the VBID File submission process. This takes you to the VBID File-Verify File Upload page.

## Exhibit99 – Value-Based Insurance Design File Upload

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

### Value-Based Insurance Design Supplemental File - Upload

Formulary Name: Sample Formulary 1  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001

1. Enter the name of the Value-Based Insurance Design Supplemental file (.txt) you would like to upload. If you are unsure of the filename and/or location, click on the "Browse" button to locate the file.
2. Click Upload.

A field with an asterisk (\*) before it is a required field.

\*Select Supplemental File for Upload:  No file chosen

The Value-Based Insurance Design File will be applicable for the following plan(s):

Contract ID	Plan ID	Plan Name
Z0001	1	Sample Plan

### STEP 4

On the **Value-Based Insurance Design File-Verify File Upload** page (Exhibit87), click the “Submit” button. This takes you to the Value-Based Insurance Design Supplemental File-Submission Confirmation page.

## Exhibit100 – Value-Based Insurance Design File Verify

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Verify Supplemental Upload

### Value-Based Insurance Design Supplemental File - Verify

Formulary Name: Sample Formulary 1  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001

**Please note that your data has not yet been submitted.**

Please verify that your Value-Based Insurance Design Supplemental file association is correct. Then click on the "Submit" button to complete your submission.

**Supplemental File Associations:**

Upload File: samplefile.txt

Contract ID	Plan ID	Plan Name
Z0001	1	Sample Plan

### STEP 5

On the **Value-Based Insurance Design File-Submission Confirmation** page (Exhibit88), review the information and click the “OK” button to complete the submission and return to the

Value-Based Insurance Design File-Select a Formulary page.

The Submission Confirmation page provides a status of the successful upload. The system sends an email to the contact identified on this page.

After receiving the uploaded VBID file, the HPMS performs a series of validation checks. At the close of the validation process, a second email is sent to the designated contact listed on this page. If errors were detected, the VBID file submission is rejected. You must correct the VBID file and resubmit the file using the Submit Value-Based Insurance Design File function.

### Exhibit101 – Value-Based Insurance Design Files Submission Confirmation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Confirm Supplemental File Upload

**Value-Based Insurance Design Supplemental File - Confirm**

Formulary Name: Sample Formulary 1  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001

Your Value-Based Insurance Design Supplemental file has been successfully uploaded.

The HPMS will now perform a series of validation edits on the Value-Based Insurance Design Supplemental file submission. At the close of the validation process, a second email will be sent to the contact listed below. This email will either indicate a successful upload or identify the errors detected during validation. If errors were detected, the Supplemental file submission will be rejected. Once the errors are corrected, the Value-Based Insurance Design Supplemental file can be resubmitted.

Contact notified of Supplemental File submission

User ID	Name	E-mail
user1	test user 1	testuser1@test.com
n/a	test user 2	testuser2@test.com
n/a	test user 3	testuser3@test.com

OK



## **XXIV. VALUE-BASED INSURANCE DESIGN FILE STATUS HISTORY REPORT**

The **Value-Based Insurance Design File Status History Report** provides VBID information to assist you in the VBID file submission process.

### **STEP 1**

As shown in Exhibit49 , on the **HPMS Home** page, select the **Plan Formularies** drop down from the HPMS top navigation bar. Then select the Formulary Reports menu item. This will take you to Formulary Reports Page.

### **STEP 2**

On the **Formulary Reports** page, select the appropriate contract year from the collapsible navigation menu, on the left side of the page (Exhibit50). This takes you to the Report Selection page.

### **STEP 3**

On the **Select a Report** page (Exhibit51), select Status History Report – Value-Based Insurance Design. This takes you to the select by Contract or by Formulary ID Selection page.

### **STEP 4**

On the **Select By Contract or By Formulary ID** page (Exhibit89), you have three options to select the contracts or formularies to view:

- Click Select All Contracts or Select All Formularies
- Click a single contract or Formulary ID
- Press the CTRL key and click multiple contracts or formularies

After selecting the appropriate contract or Formulary IDs, click the “Next” button. This takes you to the Status History Report – Value-Based Insurance Design Report page.

## Exhibit102 – Select By Contract or By Formulary ID Page

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Parameter Page

**Status History Report - Value-Based Insurance Design - Select Parameters**

A field with an asterisk (\*) before it is a required field.

\*Select By Contract or By Formulary ID:

By Contract

\*Select one or more contracts:

Select All Contracts  
Z0001-CONTRACT ONE  
Z0002-CONTRACT TWO

Back Next

### STEP 5

On the Status History Report – Value-Based Insurance Design page (Exhibit90), you can review information about the VBID file status, review the submitted text file, and view report details. You can also view Formulary to plan ID details by clicking the **View Associated Plans** link.

## Exhibit103 – Status History Report – Value-Based Insurance Design

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Page

**Status History Report - Value-Based Insurance Design**

[View Associated Plans](#)


[View Value-Based Insurance Design file Gate Status History Report](#)

Formulary ID	Formulary Version	Associated Contracts	Supplemental File Status	Modified Date	Submitted Text File	Report View
00000001	1	Z0001	Approved	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	N/A

Back Export to Excel


### STEP 5A – REVIEW INFORMATION ABOUT VBID FILE STATUS

In the VBID File Status column, you may have a Formulary ID assigned the status “Successfully Validated”, “In Desk Review” or “Rejected by Validation.” If this is the case, the status is displayed as a link. Click the hyperlink to view the email that was sent to you in a pop-up window (Exhibit91). When you have finished reviewing the information, click the “Close” button at the bottom of the window.



## HPMS

Health Plan Management System


Print | Close

Print Date: MM/DD/YYYY

### Status History Report - Value-Based Insurance Design

## FUT Email

<b>Formulary ID:</b>	00000001
<b>Formulary Version:</b>	1
<b>Sent To:</b>	Testuser@test.com
<b>Email Address:</b>	sailaja.adusumilli@test.com
<b>Subject:</b>	Value-Based Insurance Design (VBID) Supplemental File Validation Complete - 00000001-1
<b>Date Sent:</b>	MM/DD/YYYY
<b>CC:</b>	testusercc@test.com

**Message:**

Test User,

Formulary ID: 00000001 Version: 1  
 Supplemental Data Type : VBID  
 Upload Date: MM/DD/YYYY HH:MM:SS  
 Contract Year: 20XX  
 Processing Summary: VBID File Successfully processed.

The VBID supplemental file passed the validation process and will now be forwarded to CMS Desk Review.

For questions related to the content of this e-mail, please contact the HPMS Help Desk at 1-800-220-2028.

Thank you,

HPMS Web Staff

Close

To view the VBID file gate open/close history, click the link “View VBID File Gate Status History Report” (Exhibit90). A pop-up window will appear (Exhibit92). The following details will be displayed in the VBID File Gate History Report pop-up window: Formulary ID, Gate Status (Open Gate/Close Gate), Gate Open/Close Date, Gate Auto-Close Date. Note that the gate status of ‘Open Gate’ will be a hyperlink to the resubmission request email sent when the gate is open. When you have finished reviewing the information, click the “Close” button at the bottom of the window.

**Exhibit105 – View Resubmission Request Email**

HPMS Health Plan Management System

Print | Close

Print Date: MM/DD/YYYY

### Value-Based Insurance Design Gate Status History Report

Formulary ID	Gate Status	Gate Date	Gate Auto-Close Date
00000001	<a href="#">Open Gate</a>	MM/DD/YYYY HH:MM:SS	MM/DD/YYYY

Close    Export to Excel

**STEP 5B – REVIEW THE SUBMITTED TEXT FILE**

To view the text file previously submitted, click the Submitted Text link. A pop-up window appears (Exhibit93). When you have finished reviewing the information, you may close the browser window for the Submitted Text.

**Exhibit106 – Submitted Text File**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Page

### Status History Report - Value-Based Insurance Design

[View Associated Plans](#)  
[View Value-Based Insurance Design file Gate Status History Report](#)

Formulary ID	Formulary Version	Associated Contracts	Supplemental File Status	Modified Date	Submitted Text File	Report View
00000001	1	Z0001	Approved	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Uploaded, but not Processed</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	N/A

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File Edit Format View Help

```

Z0001 001 11111 1
Z0001 002 22222 1
    
```

## STEP 5C – REVIEW REPORT DETAILS

In the “Report View” column, click the View Report hyperlink to view the drug detail page (Exhibit94). A pop-up window appears. When you have finished reviewing the information, click the “Close” button at the top of the window. To Export the VBID Report to Excel, click the “Export to Excel” button.

### Exhibit107 – Review Report Details

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo and name. At the top right are 'Print | Close' and 'Print Date: MM/DD/YYYY' options. The main content area is titled 'Status History Report - Value-Based Insurance Design'. Below the title, there is a list of metadata: File Name: VBIDtestfile.txt, Formulary ID: 00000001, Formulary Name: Test Formulary, Formulary Version: 1, Number of Tiers: 6, Supplemental File Upload Date: MM/DD/YYYY HH:MM:SS, and Submitted By: Test User. Below this is a table with 8 columns: Contract ID, Plan ID, RXCUI, Related BN, Related SCDC, Related DF, Cost Share Tier Level Value, and Packages. The table contains two rows of data. At the bottom left of the report area is an 'Export to Excel' button.

Contract ID	Plan ID	RXCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	Packages
Z0001	001	11111	BN1	SCDC1	DF1	3	1
Z0001	002	22222	BN2	SCDC2	DF2	3	1

## **XXV. VALUE-BASED INSURANCE DESIGN FILE – CHANGE NOTIFICATION REPORT**

The Value-Based Insurance Design (VBID) File Change Notification Report allows you to compare two versions of VBID files that are associated with a Formulary.

### **STEP 1**

As shown in Exhibit2 on the **HPMS Home** page, select the **Plan Formularies** link and **Formulary Reports** link. This takes you to the Formulary Reports Contract Year Selection page.

### **STEP 2**

On the **Formulary Reports Contract Year Selection** page (Exhibit50), select the appropriate Contract Year link. This takes you to the Formulary Reports – Select a Report page.

### **STEP 3**

On the **Select a Report** page (Exhibit51), select “Change Notification Report – Value-Based Insurance Design.” This takes you to the Select By Contract or By Formulary ID Selection page.

### **STEP 4**

On the **Select By Contract or By Formulary ID** page (Exhibit108), select a contract ID or Formulary ID you want to view in the report and click “Next.” This takes you to the Change Notification Report - Submission Comparison Selection page.

**Exhibit108 – Change Notification Report (CNR) – Value-Based Insurance Design File - Select Parameters Page**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Change Notification Report Parameter

### Change Notification Report - Value-Based Insurance Design - Select Parameters

A field with an asterisk (\*) before it is a required field.

Select By Contract or By Formulary ID:

By Contract

\*Select one Contract:

- Z0001 - Contract1
- Z0002 - Contract2
- Z0003 - Contract3
- Z0004 - Contract4
- Z0005 - Contract5

\*Select one Formulary ID:

- 00000001
- 00000002
- 00000003
- 00000004
- 00000005

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**STEP 5**

On the **Submission Comparison Selection page** (Exhibit109), select two Formulary versions to view in the report and click “Next.” This takes you to the Change Notification Report – Value-Based Insurance Design Report page (Exhibit110).

## Exhibit109 – Change Notification Report – Value-Based Insurance Design - Submission Comparison Selection

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental CNR Comparison Select

### Change Notification Report - Value-Based Insurance Design

Current Supplemental File Status: In Desk Review

Select two Value-Based Insurance Design submissions for comparison:

Select Formulary ID	Formulary Version	Formulary File Upload date	Associated Contract	Supplemental File Name	Supplemental File Upload date
<input type="checkbox"/> 00000001	6, 7	2/10/2021 10:00:52 AM	Z0001	VB-02102021-100152AM.txt	2/10/2021 10:01:55 AM
<input type="checkbox"/> 00000001	5	2/9/2021 9:17:38 PM	Z0001	VB-02092021-092853PM.txt	2/9/2021 9:28:55 PM
<input type="checkbox"/> 00000001	4	2/9/2021 9:11:12 PM	Z0001	VB-02092021-091310PM.txt	2/9/2021 9:13:14 PM
<input type="checkbox"/> 00000001	3	1/31/2021 5:39:31 PM	Z0001	VB-02092021-040153PM.txt	2/9/2021 4:02:03 PM

### **STEP 6**

On the **Change Notification Report – Value-Based Insurance Design report page** (Exhibit110), select “Export VBID difference to Excel” button to view the differences section in the Excel report (Exhibit111).



## Exhibit110 – Change Notification Report – Value-Based Insurance Design

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Change Notification Report - Value-Based Insurance Design

### Change Notification Report - Value-Based Insurance Design

This report was generated using the following search criteria:  
**Contracts:** Z0001  
**Formulary ID:** 00000001  
**Compare:** Formulary version 6-2/10/2021 10:01:55 AM To Formulary version 5-2/9/2021 9:28:55 PM

[Back](#)

#### In Base - Value-Based Insurance Design File

**Formulary Status:** Resubmission Requested  
**Formulary Upload Date:** 2/10/2021 10:00:52 AM

Formulary ID	Formulary Version	RxCUI	Related BN	Related SCDC	Related DF	Contract ID	Plan ID	Packages	Cost Share Tier Level Value
00000001	6	1111	BN1	SCDC1	ORAL TABLET	Z0001	005	8,5,19	4

#### In Comparison - Value-Based Insurance Design File

**Formulary Status:** Resubmission Requested  
**Formulary Upload Date:** 2/9/2021 9:28:55 PM

Formulary ID	Formulary Version	RxCUI	Related BN	Related SCDC	Related DF	Contract ID	Plan ID	Packages	Cost Share Tier Level Value
00000001	5	2222	BN2	SCDC2	ORAL TABLET	Z0001	005	8,5,19	4

#### Differences - Value-Based Insurance Design File

NOTE: The values that highlight the differences shall be displayed in red text and cells with no differences will be blank.

Formulary ID	Formulary Version	RxCUI	Related BN	Related SCDC	Related DF	Contract ID	Plan ID	Packages	Cost Share Tier Level Value
00000001	6	3333	BN3	SCDC3	TOPICAL OINTMENT	Z0001	005	1,1	2
00000001	5							4,5,6	

[Back](#)   [Export VBID differences to Excel](#)

## Exhibit111 – Change Notification Report – Value-Based Insurance Design – Export VBID Difference to Excel

	A	B	C	D	E	F	G	H	I	J
1	<b>Change Notification Report 20XX</b>									
2										
3	<b>Change Notification Report - Value-Based Insurance Design</b>									
4										
5	This report was generated using the following search criteria:									
6										
7	Contracts: Z0001 - Contract 1									
8	Formulary ID: 00000001									
9	Compare: Formulary version 6-2/10/2021 10:01:55 AM To Formulary version 5-2/9/2021 9:28:55 PM									
10	<b>Formulary ID</b>	<b>Formulary Version</b>	<b>RxCUI</b>	<b>Related BN</b>	<b>Related SCDC</b>	<b>Related DF</b>	<b>Contract ID</b>	<b>Plan ID</b>	<b>Packages</b>	<b>Cost Share Tier Level Value</b>
11	00000001	6	3333	BN3	SCDC3	TOPICAL OINTMENT	Z0001	5	1,1	2
12	00000001	5							4,5,6	

## XXVI. SUBMIT MEDICARE – MEDICAID ADDITIONAL DEMONSTRATION DRUG FILE SUBMISSION

As part of the Formulary submission process, Medicare-Medicaid Plan (MMP) applicants are required to submit a supplemental Additional Demonstration Drug (ADD) file. The ADD file cannot be loaded until the organization has successfully submitted its related bids and bids are written off to desk review. Only one ADD file may be submitted for each Formulary. This section provides detailed information on the how to submit the ADD file.

You begin the **MMP Additional Demonstration Drug** file upload process on the **Formulary Submission Start page** (Exhibit4). If you need help accessing the Formulary Submission Start Page, see the sub-section entitled “How to Access the HPMS Formulary Submission Module” in Chapter I.

### STEP 1

As shown in Exhibit4, select the **Submit MMP Additional Demonstration Drug File** link from the Formulary Submission Start Page. This takes you to the **MMP Additional Demonstration Drug File – Select a Formulary** page.

## MMP ADDITIONAL DEMONSTRATION DRUG FILE – SELECT FORMULARY

### STEP 2

The **MMP Additional Demonstration Drug File-Select a Formulary** page (Exhibit112) contains a table of all MMP formularies that are eligible for ADD file upload. Note that only one Formulary can be selected at a time. Select the Formulary for which you will upload an ADD file and click “Next.” This takes you to the **MMP Additional Demonstration Drug File – Upload ADD File** page.

### Exhibit112 – MMP Additional Demonstration Drug File – Select Formulary

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit MMP Additional Demonstration Drug File

**MMP Additional Demonstration Drug File - Select a Formulary** [Add to My Favorites](#)

This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Formularies Requiring ADD File Upload**

A field with an asterisk (\*) before it is a required field.

Submission Period - OPEN

* Select Formulary	Formulary ID	Formulary Name	Formulary Version	ADD File Upload Status	MMP Contract Associated with Formulary
<input type="radio"/>	00000001	Sample Formulary 1	2	Successfully Validated	Z0001
<input type="radio"/>	00000002	Sample Formulary 2	2	Not Yet Uploaded	Z0002

# MMP ADDITIONAL DEMONSTRATION DRUG FILE – UPLOAD FILE

## STEP 3

On the **MMP Additional Demonstration Drug File – Upload File** page (Exhibit113), enter the name of the ADD file (.txt) you wish to upload. If you are unsure of the filename or location, click the “Browse” button to locate the file.

### **Exhibit113 – MMP Additional Demonstration Drug File – Upload**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit MMP Additional Demonstration Drug File > ADD File Upload

#### MMP Additional Demonstration Drug File - Upload

Formulary Name: Sample Formulary 2  
Formulary ID: 00000002  
Formulary Version: 2  
Associated MMP Contract: Z0002

- Step 1.** Enter the name of the ADD file (.txt) you would like to upload. If you are unsure of the filename and/or location, click on the "Browse" button to locate the file.
- Step 2.** Click Upload.

A field with an asterisk (\*) before it is a required field.

\*Select ADD file for upload:  No file chosen

The ADD File will be applicable to the following plan(s):

Contract ID	Plan ID	Plan Name
Z0002	002	Sample Plan Two

## STEP 4

Click the “Upload” button to continue with the submission process. This takes you to the **MMP Additional Demonstration Drug File–Verify Upload** page.

# MMP ADDITIONAL DEMONSTRATION DRUG FILE – VERIFY UPLOAD

## STEP 5

On the **MMP Additional Demonstration Drug File-Verify Upload** page (Exhibit113), review the information and click the “Submit” button. This takes you to the Additional Demonstration Drug File-Submission Confirmation page.

### Exhibit114 – MMP Additional Demonstration Drug File Upload Verification

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit MMP Additional Demonstration Drug File > Verify MMP Additional Demonstration Drug File

#### MMP Additional Demonstration Drug File - Verify

Formulary Name: Sample Formulary 2  
Formulary ID: 00000002  
Formulary Version: 2  
Associated MMP Contract: Z0002

**Please note that your data has not yet been submitted.**

Please verify that your ADD file association is correct. Then click on the "Submit" button to complete your submission.

**ADD File Associations:**

Upload File: samplefile.txt

Contract ID	Plan ID	Plan Name
Z0002	002	Sample Plan Two

[Back](#) [Submit](#)

# MMP ADDITIONAL DEMONSTRATION DRUG FILE – CONFIRM SUBMISSION

The **MMP Additional Demonstration Drug File – Submission Confirmation** page (Exhibit115) provides a status of the successful upload. The system sends an email to the contact identified on this page.

After receiving the uploaded ADD file, the HPMS performs a series of validation checks. At the close of the validation process, a second email is sent to the designated contacts listed on this page. If errors were detected, the ADD file submission is rejected. You must correct the ADD file and resubmit the file using the Submit ADD file function.

## Exhibit115 – MMP Additional Demonstration Drug File – Confirm Submission

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit MMP Additional Demonstration Drug File > ADD File Submission Confirmation

### MMP Additional Demonstration Drug File - Confirm

Formulary Name: Sample Formulary 2  
Formulary ID: 00000002  
Formulary Version: 2  
Associated MMP Contract: Z0002

Your ADD file has been successfully uploaded.

The HPMS will now perform a series of validation edits on the ADD file submission. At the close of the validation process, a second email will be sent to the contacts listed below. This email will either indicate a successful upload or identify the errors detected during validation. If errors were detected, the ADD file submission will be rejected. Once the errors are corrected, the ADD file can be resubmitted.

Contact(s) notified of ADD File submission

User ID	Name	E-mail
user1	user 1	user 1@test.com
NA	user 2	user2@test.com
NA	user 3	user3@test.com
NA	user 4	user 4@test.com
NA	user 5	user 5@test.com

OK

If you need to re-submit your ADD file, follow the same steps listed above. Previous submissions will be overwritten with the most recent file uploaded. To view the latest submitted file, you can view the “**Status History Report – Additional Demonstration Drug File**” under Formulary Reports.

## XXVII. MEDICARE-MEDICAID PLAN (MMP) SUBMISSION DETAIL REPORT

The **Medicare-Medicaid Plan (MMP) – Submission Detail Report** displays the status (In Desk Review, Successfully Validated, Approved, Resubmission Requested and Not Submitted) of most recent submitted Additional Demonstration Drug File uploaded for the Formulary. The report also lists MMP formularies for which ADD files are missing. The ADD files are considered missing if the status is "not submitted" or "rejected by validation" or "resubmission requested."

**Note:** This report is accessible to Medicare-Medicaid Plan users only.

### STEP 1

As shown in Exhibit49, on the HPMS Home page, select the **Plan Formularies** drop down from the HPMS top navigation bar. Then select the Formulary **Reports** menu item. This will take you to Formulary Reports Page (Exhibit50).

### STEP 2

On the **Formulary Reports** page (Exhibit50), select the appropriate Contract Year from the left navigation menu. This takes you to the Report Selection page (Exhibit51).

### STEP 3

On the **Select a Report** page (Exhibit51), select **Medicare-Medicaid Plan (MMP) – Submission Detail Report**.

#### Exhibit116 – Medicare-Medicaid Plan (MMP) – Submission Detail Report

Formulary ID	Contract	ADD File Status	ADD Upload Date	Formulary Drug Text File	Formulary Upload Date	OTC Text File	OTC Upload Date	State
00000001	Z0001	Successfully Validated	02/22/2021	<a href="#">Submitted Text</a>	01/15/2021	<a href="#">Submitted Text</a>	02/22/2021	California
00000001	Z0001	Rejected by Validation	03/11/2021	<a href="#">Submitted Text</a>	01/24/2021	<a href="#">Submitted Text</a>	03/11/2021	California
00000001	Z0001	Successfully Validated	02/22/2021	<a href="#">Submitted Text</a>	01/15/2021	N/A		California
00000001	Z0001	Not Submitted		<a href="#">Submitted Text</a>	01/24/2021	N/A		California
00000001	Z0001	Successfully Validated	02/22/2021	<a href="#">Submitted Text</a>	01/15/2021	N/A		California
00000001	Z0001	Rejected by Validation	03/11/2021	<a href="#">Submitted Text</a>	01/24/2021	N/A		California

On the **Medicare-Medicaid Plan (MMP) – Submission Detail Report** page (Exhibit116), you can view the latest ADD-submitted text file. The report also displays the submitted Formulary drug files and supplemental Over the Counter drug files associated with the Formulary. The submission file layouts are available for download on clicking the submission file layouts hyperlink.

#### **STEP 4**

To view the most recent ADD file successfully submitted, click the “In Desk Review” link in the “ADD File Status” column. A pop-up window appears. When you have finished reviewing the information, click the “Close” button at the bottom of the window.

Note: A Submitted text file is only available if its status is Successfully Validated or In Desk Review.

#### **STEP 5**

To view the Formulary drug text file submitted for that Formulary, click the “Submitted Text” link under the “Formulary Drug Text File” column. A window is displayed. When you have finished reviewing the information, “Close” the window.

#### **STEP 6**

To view the over the counter drug text file submitted for that Formulary, click the “Submitted Text” link under the “Over The Counter Text File” column. A pop-up window appears. When you have finished reviewing the information, click the “Close” button at the bottom of the window.

#### **STEP 7**

To view the submission file layouts, click the “Submission file layouts” hyperlink. A pop-up window appears. Click on the respective layouts to download Formulary submission layout, supplemental over the counter drug text layout and MMP Additional Demonstration Drug file layout. When you have finished reviewing or downloading the information, click the “Close” button at the bottom of the window.

#### **Exhibit117 – Submission File Layouts**

**HPMS**  
Health Plan Management System

**Download File Layouts**

**Formulary Submission File Layouts**

File Layout Description	View Layout
<b>FORMULARY FILE LAYOUT</b> The Formulary File is a file layout to be used as a guide for Formulary submissions.	<a href="#">[PDF, 50 KB] Click Here</a>

**Formulary Supplemental Submission File Layouts**

File Layout Description	View Layout
<b>OVER THE COUNTER (OTC) FILE LAYOUT</b> The Over the Counter File is a file layout to be used as a guide for Over the Counter submissions.	<a href="#">[PDF, 24 KB] Click Here</a>
<b>Medicare-Medicaid Plan (MMP) ADDITIONAL DEMONSTRATION DRUG (ADD) FILE LAYOUT</b> The MMP Additional Demonstration Drug File is a file layout to be used as a guide for ADD file submissions.	<a href="#">[PDF, 30 KB] Click Here</a>

Close

## XXVIII. ADDITIONAL DEMONSTRATION DRUG FILE - STATUS HISTORY REPORT

The **Additional Demonstration Drug File Status History Report** provides detailed status information about all versions of the ADD file for a given Formulary ID.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select **Status History Report – Additional Demonstration Drug (ADD) File** report. This will take you to the ADD Status History report selection criteria page.

### STEP 2

On the **Selection Criteria** page (Exhibit118), you have three options to select the contracts or formularies to view:

- Click Select All Contracts or Select All Formularies
- Click a single contract or Formulary ID
- Press the CTRL key and click multiple contracts or formularies

After selecting the appropriate contract or Formulary IDs, click the “Next” button. This takes you to the Status History Report – ADD File Report page.

### **Exhibit118 – Status History Report – ADD File Selection**

The screenshot shows a web form titled "Status History Report – Additional Demonstration Drug (ADD) File - Select Parameters". At the top, there is a breadcrumb trail: "HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Parameter Page". Below the title, a message states: "A field with an asterisk (\*) before it is a required field." The form contains two main sections. The first is labeled "\*Select By Contract or By Formulary ID:" and features a dropdown menu currently set to "By Contract". The second section is labeled "\*Select one or more contracts:" and contains a scrollable list box with the following options: "Select All Contracts", "Z0001-CONTRACT ONE", "Z0002-CONTRACT TWO", "Z0003-CONTRACT THREE", and "Z0004-CONTRACT FOUR". At the bottom of the form, there are two buttons: "Back" and "Next".

### STEP 3

On the Status History Report – ADD File page (Exhibit119), you can review information about the ADD file status, review the submitted text file, and view report details. You can also view ADD file Gate Status History and PBP and ADD Justification history for all the contracts displayed on the ADD Status History report.

On the Status History Report – ADD File page (Exhibit119), there are several actions you can take to view more details or get background information:



- To view the email sent regarding the ADD file upload, click the link provided under the ADD file status column. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the text file previously submitted, click the “Submitted Text” hyperlink. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the ADD file gate history, click the link “View ADD File Gate Status History.” A pop-up window will appear. The following details will be displayed in the ADD Gate History Report pop-up window: Formulary ID, Gate Status (Open Gate/Close Gate), Gate Open/Close Date, Gate Auto-Close Date. Note that the gate status of ‘Open Gate’ will be a hyperlink to the email sent to users from Bid Desk Review. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the PBP and ADD deficiencies report, click the link “View PBP and ADD Deficiencies Report.” A pop-up window will appear. The following details will be displayed in the pop-up window: Formulary ID, Contract Plan Segment, PBP/ADD Deficiencies Email, PBP/ADD Deficiency File, and PBP/ADD Upload Date. The ‘PBP/ADD Deficiency Email’ column will have a hyperlink to the justification request email sent to users. The ‘PBP/ADD Justification File’ will have a hyperlink to the PBP/ADD Deficiencies file sent to the users when the deficiencies are communicated. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To export the ADD Status History Report to Excel, click the “Export to Excel” button.

### Exhibit119 – Status History Report – ADD File


HPMS > Plan Formularies > Formulary Reports > CY 20XX > Supplemental Status History Report Page



**Status History Report – Additional Demonstration Drug (ADD) File**

[View Additional Demonstration Drug \(ADD\) file Gate Status History Report](#)  
[View PBP and ADD Deficiencies Report](#)

Formulary ID	Formulary Version	Associated Contracts	ADD File Status	Modified Date	Submitted Text File	Report View
00000001	1	Z0001	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Successfully Validated</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Uploaded but not Processed</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	N/A

## Exhibit120 – View Submission Email



 Print |  Close  
 Print Date: MM/DD/YYYY

**Status History Report - ADD**

### FUT Email

Formulary ID:	00000001
Formulary Version:	1
Sent To:	Test User
Email Address:	Test.User@hpmstst.com
Subject:	Additional Demonstration Drug Supplemental File Validation Complete -0000001-1
Date Sent:	MM/DD/YYYY
CC:	TestCCUser@hpmstst.com

**Message:**

Test Email! Test User,

Formulary ID: 00000001 Version: 1  
 Supplemental Data Type : Additional Demonstration Drug  
 Upload Date: MM/DD/YYYY HH:MM:SS  
 Contract Year: 20XX  
 Processing Summary: Additional Demonstration Drug File Successfully processed.

The Additional Demonstration Drug supplemental file passed the validation process and will now be forwarded to CMS Desk Review.

For questions related to the content of this e-mail, please contact the HPMS Help Desk at 1-800-220-2028.

Thank you,  
 HPMS Web Staff

Close

## Exhibit121 – Submitted Text File

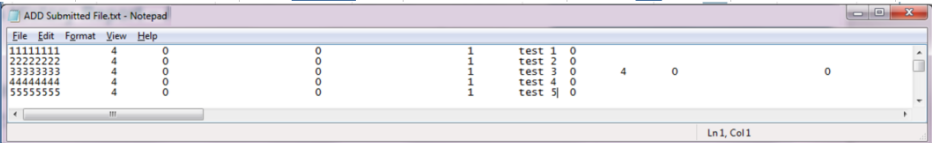
HPMS > Plan Formularies > Formulary Reports > CY20XX > Supplemental Status History Report Page

**Status History Report – Additional Demonstration Drug (ADD) File**

[View Additional Demonstration Drug \(ADD\) File Gate Status History Report](#)  
[View PRP and ADD Deficiencies Report](#)

Formulary ID	Formulary Version	Associated Contracts	ADD File Status	Modified Date	Submitted Text File	Report View
00000001	1	Z0001	<a href="#">In Desk Review</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Successfully Validated</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	<a href="#">View report</a>
00000001	1	Z0001	<a href="#">Uploaded, but not Processed</a>	MM/DD/YYYY HH:MM:SS	<a href="#">Submitted Text</a>	N/A

Back
Export to Excel



## XXIX. SUBMIT LIS COST-SHARING REDUCTION FILE

Organizations must submit the LIS Cost-Sharing Reduction file for all the plans offering this coverage drugs. The LIS Cost-Sharing Reduction files cannot be loaded until the organization has successfully submitted its related bids, and the bid has migrated to “desk review” in the HPMS system. The LIS Cost-Sharing Reduction file gates will automatically open once your bid is in desk review. This section provides detailed information on how to submit the LIS Cost-Sharing Reduction files:

### STEP 1

As shown in Exhibit4, select Submit LIS Cost-Sharing Reduction File from the **Formulary Submission Start Page**. This takes you to the LIS Cost-Sharing Supplemental Files-Select a Formulary page (Exhibit122).

### STEP 2

The **LIS Cost-Sharing Reduction File - Select a Formulary** page contains a table of all formularies that require a LIS Cost-Sharing Reduction file. Note that only one Formulary can be selected at a time. Select the Formulary for which to upload a LIS Cost-Sharing Reduction file and click “Next.” This takes you to the LIS Cost-Sharing Reduction Files - Upload File page.

Please note that only those plans with bid submissions that offer this benefit will be displayed. Plans that are linked to this Formulary, but that do not offer this benefit will not be displayed, as the file submission is not applicable to them.

### Exhibit122 – LIS Cost-Sharing Reduction File - Select a Formulary Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit LIS Cost-Sharing Reduction File

**Submit LIS Cost-Sharing Reduction File - Select a Formulary** [Add to My Favorites](#)

Submit the LIS Cost-Sharing Reduction File for the Part D Payment Modernization Model. This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Formularies Requiring LIS Cost-Sharing Reduction Upload**

A field with an asterisk (\*) before it is a required field.

* Select Formulary	Formulary ID	Formulary Name	Formulary Version	Submission Period-OPEN Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<input type="radio"/>	00000001	LIS-Testing	1	Successfully Validated	Z0001, Z0002	

**Formularies Unavailable for LIS Cost-Sharing Reduction Upload - All Plans are not Ready**

Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access	Supplemental Contract-Plan
00000006	LIS-Testing-10	1	Not Yet Uploaded	Z0006		Z0006-001

### STEP 3

On the **LIS Cost-Sharing Reduction File– upload** page (Exhibit123), select the “Browse” button to locate the file.

Select the “Upload” button to continue with the LIS Cost-Sharing Reduction File submission process.

Note: The LIS Cost-Sharing Reduction File layout is available under “Documentation - Submission File Layouts” page.

### Exhibit123 – LIS Cost-Sharing Reduction File - Upload

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

#### Submit LIS Cost-Sharing Reduction File

Formulary Name: LIS-Testing  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001, Z0002

A field with an asterisk (\*) before it is a required field.

Upload a LIS Cost-Sharing Reduction tab delimited text file(.txt) without any column headings.

\*Select LIS Cost-Sharing Reduction File to upload:  No file chosen

After receiving the uploaded LIS Cost-Sharing Reduction file, the HPMS performs a series of validation checks. At the close of the validation process, a status message is displayed on the **Submit LIS Cost-Sharing Reduction File** page (Exhibit124).

### Exhibit124 – LIS Cost-Sharing File Upload Confirmation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

#### Submit LIS Cost-Sharing Reduction File

**Alert(s):**

- **Update Status - upload completed on 2/8/2020 1:47:29 PM. Total number of records uploaded: 5. Processed: 5. Error(s): 0.**

Formulary Name: LIS-Testing  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001, Z0002

A field with an asterisk (\*) before it is a required field.

Upload a LIS Cost-Sharing Reduction tab delimited text file(.txt) without any column headings.

\*Select LIS Cost-Sharing Reduction File to upload:  No file chosen

## Exhibit125 – LIS Cost-Sharing File Upload Error

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

### Submit LIS Cost-Sharing Reduction File

**Error(s):**

- Update Status - upload completed on 2/14/2020 9:55:39 AM. Total number of records uploaded: 2. Processed: 0. Select the View Error Log button to view the error(s).

[View Error Log \(CSV\)](#)

Formulary Name: LIS-Testing  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001, Z0002

A field with an asterisk (\*) before it is a required field.

Upload a LIS Cost-Sharing Reduction tab delimited text file(.txt) without any column headings.

\*Select LIS Cost-Sharing Reduction File to upload: [Choose File](#) No file chosen

[Upload](#)

If errors were detected, then the View Error Log (CSV) button is displayed (Exhibit125).

## Exhibit126 – LIS Cost-Sharing File – Error Log CSV File

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

### Submit LIS Cost-Sharing Reduction File

**Error(s):**

- Update Status - upload completed on 2/14/2020 9:55:39 AM. Total number of records uploaded: 2. Processed: 0. Select the View Error Log button to view the error(s).

[View Error Log \(CSV\)](#)

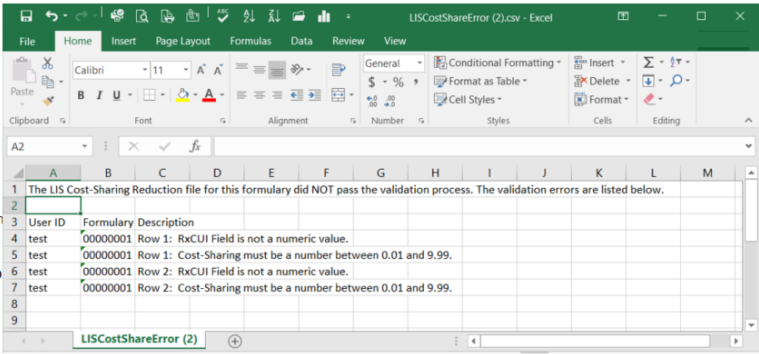
Formulary Name: LIS-Testing  
Formulary ID: 00000001  
Formulary Version: 1  
Formulary Contracts: Z0001, Z0002

A field with an asterisk (\*) before it is a required field.

Upload a LIS Cost-Sharing Reduction tab delimited text file(.txt) without an

\*Select LIS Cost-Sharing Reduction File to upload: [Choose File](#) No

[Upload](#)



User ID	Formulary Description
test	'00000001 Row 1: RxCUI Field is not a numeric value.
test	'00000001 Row 1: Cost-Sharing must be a number between 0.01 and 9.99.
test	'00000001 Row 2: RxCUI Field is not a numeric value.
test	'00000001 Row 2: Cost-Sharing must be a number between 0.01 and 9.99.

Select the View Error Log (CSV) button to view the error log (Exhibit126).

You must correct the LIS file and resubmit the file using the Submit LIS Cost-Sharing Reduction File function.

## Exhibit127 – LIS Cost-Sharing File – Submitted Text File

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit LIS Cost-Sharing Reduction File

**Submit LIS Cost-Sharing Reduction File - Select a Formulary** [Add to My Favorites](#)

Submit the LIS Cost-Sharing Reduction File for the Part D Payment Modernization Model. This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Formularies Requiring LIS Cost-Sharing Reduction Upload**

A field with an asterisk (\*) before it is a required field.

Submission Period-OPEN					
* Select Formulary	Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Cont
<input type="radio"/>	00000001	LIS-Testing	1	Successfully Validated	

**Formularies Unavailable for LIS Cost-Sharing Reduction Upload - All Plans are not Ready**

Formulary ID	Formulary Name	Formulary Version	Supplemental File Upload Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access	Supplemental Contract-Plan
00000006	LIS-Testing-10	1	Not Yet Uploaded	Z0006		Z0006-001

On the LIS Cost-Sharing Reduction – Select a Formulary page; select the “Successfully Validated” status hyperlink under “Supplemental File Upload Status” column to view the successfully submitted LIS file from the previous upload (Exhibit127).

## XXX. SUBMIT PART D SENIOR SAVINGS MODEL FILE

Part D sponsors must submit the Part D Senior Savings Model Supplemental File for all contracts/plans participating in the Part D Senior Savings Model during the June 9-11, 2021, supplemental file submission window. This module is only available if your Bid has migrated to “desk review” in the HPMS system.

If your bid submission indicated that a contract/plan offers the Part D Senior Savings Model under Part D, you must submit the Part D Senior Savings Model Supplemental File to CMS as part of your bid.

- Part D sponsors can select one or multiple plans at a time and submit a single Part D Senior Savings Model file.  
Note: The content of the Part D Senior Savings Model file shared between multiple Plans must be identical. As long as Plans that offer Part D Senior Savings Model with the exact same coverage (Drugs and Cohorts) and are able to share the same Part D Senior Savings file, then these plans can be selected to be associated with the same file.
- The supplemental file submission must include the RxCUI and the Cohort for each Model drug.
- Each RxCUI included on the supplemental file is validated against the formulary that is associated with the contract/plan.
- The Part D Senior Savings Model file must contain **at least one RxCUI in each cohort** based on the cohort number in the PBP.
- For Cohort number identified in PBP is 2, the **Cohort** field must only include a value of 1 through 2. For Cohort number identified in PBP is 3, the Cohort field must only include a value of 1 through 3.
- Users may submit their supplemental files as many times as necessary during the submission window. Only the last successful submission is processed for review.

This section below provides detailed information on how to submit the Part D Senior Savings Model Supplemental files:

### **STEP 1**

As shown in Exhibit4, select Submit Part D Senior Savings Model File from the **Formulary Submission Start Page**. This takes you to the Part D Senior Savings Model Files-Select Contract-Plan(s) page (Exhibit128).

### **STEP 2**

The **Part D Senior Savings Model File - Select Contract-Plan(s)** page contains a table of all Contracts-Plans that require a Part D Senior Savings Model file.

Please note that only those plans with bid submissions that offer this benefit will be displayed. Plans that do not offer this benefit will not be displayed, as the file submission is not applicable to them.

Part D sponsors can select one or multiple plans at a time and submit a single Part D Senior Savings Model file. Select the Contract-Plan(s) for which to upload a Part D Senior Savings

Model file and click “Next.” This takes you to the Part D Senior Savings Model File – Upload page.

### Exhibit128 – Part D Senior Savings Model File - Select Contract-Plan(s) Page

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit Part D Senior Savings Model File

**Submit Part D Senior Savings Model File - Select Contract-Plan(s)** [Add to My Favorites](#)

Submit the Part D Senior Savings Model File. This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Contract-Plans Requiring Part D Senior Savings Model Upload**

A field with an asterisk (\*) before it is a required field.

Submission Period- OPEN					
*Select up to 100 Plans	Contract ID	Plan ID	Formulary ID	Supplemental File Upload Status	Submitted Text File
<input type="checkbox"/>	Z0001	1	00000001	Not Yet Uploaded	
<input type="checkbox"/>	Z0001	2	00000001	Not Yet Uploaded	
<input type="checkbox"/>	Z0002	1	00000002	<a href="#">Rejected by Validation 03/09/2021 12:09:37 PM</a>	<a href="#">Submitted Text</a>
<input type="checkbox"/>	Z0002	2	00000002	Successfully Validated 03/08/2021 03:22:56 PM	<a href="#">Submitted Text</a>

**Contract-Plan Unavailable for Part D Senior Savings Model Upload - All Plans are not Ready**

Contract ID	Plan ID	Formulary ID	Supplemental File Upload Status
Z0003	1	00000003	Not Yet Uploaded

[Back](#) [Next](#)

### STEP 3

On the **Part D Senior Savings Model File– Upload** page (Exhibit129), select the “Browse” button to locate the file.

Select the “Upload” button to continue with the Part D Senior Savings Model file submission process.

Note: The Part D Senior Savings Model file layout is available under “Documentation - Submission File Layouts” page.



## Exhibit129 – Part D Senior Savings Model File – Upload

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

### Submit Part D Senior Savings Model File - Upload

Contract - Plan ID(s): Z0001-1, Z0001 - 2

A field with an asterisk (\*) before it is a required field.

Upload a Part D Senior Savings Model tab delimited text file(.txt) without any column headings.

\*Select Part D Senior Savings Model File to upload:  No file chosen

After receiving the uploaded Part D Senior Savings Model file, the HPMS performs a series of validation checks on the submitted file for each plan selected. At the close of the validation process, a status message with a View Log File button is displayed on the **Submit Part D Senior Savings Model File** page (Exhibit130).

## Exhibit130 – Part D Senior Savings Model File Upload Confirmation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

### Submit Part D Senior Savings Model File - Upload

**Alert(s):**

- Update Status -upload completed on 3/11/2021 1:45:03 PM. Select the View Log button to view the Status for each selected Contract-Plan.

Contract - Plan ID(s): Z0001 - 1, Z0001 - 2

A field with an asterisk (\*) before it is a required field.

Upload a Part D Senior Savings Model tab delimited text file(.txt) without any column headings.

\*Select Part D Senior Savings Model File to upload:  No file chosen

Select the View Log (CSV) button to view the upload status for selected contract-plan ID(s) (Exhibit131).

**Exhibit131 – Part D Senior Savings Model File – Error Log CSV File**

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Supplemental File Upload

**Submit Part D Senior Savings Model File - Upload**

**Alert(s):**

- Update Status -upload completed on 3/11/2021 1:45:03 PM. Select the View Log button to view the Status for each selected Contract-Plan.

[View Log \(CSV\)](#)

SSMLog (57).csv - Excel

User ID	Contract ID	Plan ID	Formulary	Description
user1	Z0001	1	00000001	Row 1: RxCUI '1111' The Part D Senior Savings Model file contains one or more RxCUIs that are not included in the Formulary.
user1	Z0001	1	00000001	The maximum cohort value found in the upload file (4) was less than the cohort number entered on the PBP (5)
user1	Z0001	1	00000001	No Cohorts were found in the upload file for Cohort: 5
user1	Z0001	2	00000001	Successfully Validated.

The log file displays the message for each plan selected (‘Successfully Validated’ or errors). “Successfully Validated” message indicates that the file upload is acceptable for a plan. In case of any error, a plan will be ‘Rejected by Validation’ and you must correct the Part D Senior Savings Model file and resubmit the file for a contract-plan with error(s).

## Exhibit132 – Part D Senior Savings Model File – Submitted Text File

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit Part D Senior Savings Model File

**Submit Part D Senior Savings Model File - Select Contract-Plan(s)** [Add to My Favorites](#)

Submit the Part D Senior Savings Model File. This module is only available if your Bid has passed all validation checks and has been "Sent to Desk Review (DR)". You can check the current status of your Bid by reviewing the Bid Status History Report.

**Contract-Plans Requiring Part D Senior Savings Model Upload**

A field with an asterisk (\*) before it is a required field.

Submission Period - OPEN					
*Select up to 100 Plans	Contract ID	Plan ID	Formulary ID	Supplemental File Upload Status	Submitted Text File
<input type="checkbox"/>	Z0001	1	00000001	Successfully Validated 03/11/2021 1:45:03 PM	<a href="#">Submitted Text</a>
<input type="checkbox"/>	Z0001	2	00000001	Successfully Validated 03/11/2021 1:45:03 PM	
<input type="checkbox"/>	Z0002	1	00000002	<a href="#">Rejected by Validation</a> 03/09/2021 12:09:37 PM	
<input type="checkbox"/>	Z0002	2	00000002	Successfully Validated 03/08/2021 03:22:56 PM	

**Contract-Plan Unavailable for Part D Senior Savings Model Upload - All Plans are not Ready**

Contract ID	Plan ID	Formulary ID	Supplemental File Upload Status
Z0003	1	00000003	Not Yet Uploaded

[Back](#) [Next](#)

On the Part D Senior Savings Model – Select a Contract-Plan page, select the “Rejected by Validation” status hyperlink under “Supplemental File Upload Status” column to view the validation log file. The “Submitted Text” file hyperlink displays the latest submitted Part D Senior Savings Model file (Exhibit132).

# XXXI. SUBMIT PA/ST CRITERIA CHANGE REQUEST FILE SUBMISSION

The PA/ST Criteria Change Request functionality provides the capability to request changes to PA or ST criteria updates.

## STEP 1

As shown in Exhibit4, select the **Submit PA/ST Criteria Change Request File** link from the Formulary Submission Start Page. This takes you to the **PA/ST Criteria Change Request - Upload** page (Exhibit133).

## PA/ST CRITERIA CHANGE REQUEST – UPLOAD FILE

### STEP 2

On the PA/ST Criteria Change Request – Upload File page (Exhibit133), enter the full path and name of the PA/ST Criteria Change Request File (tab delimited .txt file only) or click the “Browse” button to locate and attach the file. The upload file layout is displayed on the PA/ST Criteria Change Request – Upload File page.

### STEP 3

Click the “Upload” button to submit your files.

#### Exhibit133 – PA/ST Criteria Change Request File – Upload

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Submit PA/ST Criteria Change Request

PA/ST Criteria Change Request - Upload [Add to My Favorites](#)

To verify the status of your submission, view the [PA/ST Criteria Change Request Report](#)

A field with an asterisk (\*) before it is a required field.

Step 1: View PA/ST Criteria Change Request File Layout  
Step 2: View PA/ST Criteria Change Request Reason Codes  
Step 3: Upload PA/ST Criteria Change Request tab delimited text file (.txt). If you are unsure of the file layout, Select 'View PA/ST Criteria Change Request File Layout' to create the text file.

[View PA/ST Criteria Change Request File Layout \[PDF\\_31 KB\]](#)  
[View PA/ST Criteria Change Request Reason Codes](#)

\*Upload PA/ST Criteria Change Request Text File:  No file chosen

At this point, you have finished submitting your PA/ST Criteria Change Request file.

After receiving the uploaded PA/ST Criteria Change Request file, the HPMS performs a series of validation checks. If the files are successful, upload user will receive “PA/ST Criteria Request Successful Upload” email. If the file fails validation, an email with the subject “PA/ST Criteria Request - Action Required” is sent to the Upload user. You must correct the PA/ST Criteria file and resubmit the file using the Submit PA/ST Criteria Change Request file function.

If you need to re-submit your PA/ST Criteria Change Request file, follow the same steps listed above. To view the submitted files, you can view the “**PA/ST Criteria Change Request Report**” under Formulary Reports.

When the PA/ST Criteria Change Requests are submitted, the requests will go through review process. When review is completed and passed, Plan Sponsors will be able to submit appropriate changes to PA, ST files through the ‘Revise PA/ST Criteria Only’ link available on the ‘Revise Formulary’ page. Refer to **Revise PA/ST Criteria Only** section on how to submit changes to PA, ST files.

## XXXII. FORMULARY PA/ST CRITERIA CHANGE REQUEST - STATUS HISTORY REPORT

The **PA/ST Criteria Change Request File - Status History Report** provides detailed status information about the submitted PA/ST Criteria Change Request files.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit 42), select **Formulary PA/ST Criteria Change Request Status History Report**. This will take you to the report’s selection criteria page.

### STEP 2

On the **Report Selection Criteria** page (Exhibit134), select the desired formularies, and then click the “Next” button. This will take you to the **Formulary PA/ST Criteria Change Request Status History Report**.

#### **Exhibit134 – Formulary PA/ST Criteria Change Request Status History Report – Selection Criteria page**

HPMS > Plan Formularies > Formulary Reports > CY 20XX > Formulary PA/ST Criteria Change Request Status Report Parameter Page

Formulary PA/ST Criteria Change Request Status History Report - Select Parameters

Select One or More Formulary ID(s):

- Select All
- 00000001
- 00000002
- 00000003

Back Next

### STEP 3

On the **Formulary PA/ST Criteria Change Request Status History Report** page (Exhibit135), there are several actions you can take to view more details or get background information:

- To view the email sent regarding the PA/ST Criteria Change Request file upload, click the link provided under the Status column. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.
- To view the text file previously submitted, click the “Submitted Text” hyperlink. A pop-up window will appear. When you have finished reviewing the information, click the “Close” button at the bottom of the window.

- To export the PA/ST Criteria Change Request Status History Report to Excel, click the “Export to Excel” button.

### Exhibit135 – Formulary PA/ST Criteria Change Request Status History Report

HPMS > Plan Formularies > Formulary Reports > CY 20XX > PA/ST Criteria Change Request Status History Report

**Formulary PA/ST Criteria Change Request Status History Report**

Formulary ID	Submitted Text	Status	Modified Date	Upload User
00000001	<a href="#">Transaction ID 270</a>	<a href="#">Submission Successful</a>	3/11/2021 2:25:59 PM	user1
00000002	<a href="#">Transaction ID 269</a>	<a href="#">Submission Failed</a>	3/11/2021 2:20:53 PM	user1

[Back](#) [Export to Excel](#)

## **XXXIII. FORMULARY REFERENCE FILE**

The Formulary Reference File page (Exhibit136) provides following documents:

- Formulary Reference File
- Formulary Reference File Change Report
- Related NDC Change Report
- Contract Year RxCUI Crosswalk File
- Over The Counter Reference File
- Additional Demonstration Drug Reference File
- Excluded Drug Reference File
- Indication Reference File



## Exhibit136 – Download/View Documentation

HPMS > Plan Formularies > Formulary Submission > CY 20XX > Formulary Reference File

### Download/View Documentation

[Add to My Favorites](#)

#### FORMULARY REFERENCE FILE

The Formulary Reference File is a file containing RxCUI Codes allowed by the HPMS Formulary Submission process. Any formularies containing RxCUIs that are not listed in this file will be rejected. The Formulary Reference File contains an RxCUI Code for each drug as well as the corresponding Term Type (TTY), RxNorm Description, Related Brand Name, Related Semantic Clinical Drug Component, Related Dose Form and Related NDC.

To download the CY 2022 Formulary Reference File [CSV] [Click Here](#)  
(last updated:)

To download the CY 2023 Formulary Reference File [Zip, 18 KB] [Click Here](#)  
(last updated:)

#### FORMULARY REFERENCE FILE CHANGE REPORT

The Formulary Reference File Change Report is a supplementary file that contains the list of drug records that have been added or deleted from the Formulary Reference File during update cycles. The Change Report contains all data variables appearing in the Formulary Reference File as well as an additional variable denoting the type of change.

To download the CY 2022 Formulary Reference File Change Report [CSV] [Click Here](#)  
(last updated:)

To download the CY 2023 Formulary Reference File Change Report [Zip, 0 KB]  
(last updated:)

#### RELATED NDC CHANGE REPORT

The Related NDC Change Report is a supplementary file that contains the list of drug records that have the related NDC changes.

To download the CY 2022 Related NDC Change Report [CSV] [Click Here](#)  
(last updated:)

#### CONTRACT YEAR RxCUI CROSSWALK

The Contract Year RxCUI Crosswalk is a supplementary Excel file with a list of drug codes found on the current contract year Formulary Reference File as well as the corresponding proxy code for the same drug from the previous contract year Formulary Reference File.

To download the CY 2022 Contract Year Proxy Code Crosswalk [Zip, 929 KB] [Click Here](#)  
(last updated:)

To download the CY 2023 Contract Year Proxy Code Crosswalk [Zip, 0 KB]  
(last updated:)

#### OVER THE COUNTER REFERENCE FILE

The Over The Counter Reference File is an Excel File containing RxCUI codes allowed by the HPMS Formulary Submission process. Any Over The Counter files containing RxCUIs that are not listed in this file will be rejected.

To download the CY 2022 Over The Counter Reference File [Zip, 15 KB] [Click Here](#)  
(last updated:)

To download the CY 2023 Over The Counter Reference File [Zip, 0 KB]  
(last updated:)

#### ADDITIONAL DEMONSTRATION DRUG REFERENCE FILE

The Additional Demonstration Drug Reference File is an Excel File containing NDC codes allowed by the HPMS Formulary Submission process. Any Additional Demonstration Drug files containing NDCs that are not listed in this file will be rejected.

To download the CY 2022 Additional Demonstration Drug Reference File [Zip, 137 KB] [Click Here](#)  
(last updated:)

To download the CY 2023 Additional Demonstration Drug Reference File [Zip, 0 KB]  
(last updated:)

#### EXCLUDED DRUG REFERENCE FILE

The Excluded Drug Reference File is an Excel File containing RxCUI codes allowed by the HPMS Formulary Submission process. Any Excluded Drug files containing RxCUIs that are not listed in this file will be rejected.

To download the CY 2022 Excluded Drug Reference File [Zip, 12 KB] [Click Here](#)  
(last updated:)

To download the CY 2023 Excluded Drug Reference File [Zip, 0 KB]  
(last updated:)

#### INDICATION REFERENCE FILE

The Indication Reference File is an Excel File containing Indication M codes allowed by the HPMS Formulary Submission process. Any Indication-Based Coverage files containing MUIs that are not listed in this file will be rejected.

To download the CY 2022 Indication Reference File [Zip, 59 KB] [Click Here](#)  
(last updated:)

To download the CY 2023 Indication Reference File [Zip, 0 KB]  
(last updated:)

OK

# XXXIV. UMGD REVIEW DETAIL REPORT

The UMGD Review Detail Report provides UMGD criteria level status information for a latest version of a given Formulary ID.

## STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select **UMGD – Review Detail Report**. This will take you to the UMGD – Review Detail Report page.

## STEP 2

On the UMGD – Review Detail Report page (Exhibit 141), select the desired formularies, file type and then select the “Export to CSV” button. This will open the UMGD – Review Detail Report [CSV] (Exhibit 142).

### Exhibit137 – UMGD Review Detail Report

HPMS > Plan Formularies > Formulary Reports > CY 2022 > UMGD Review Detail Report

**UMGD Review Detail Report**

Displays UMGD Criteria level details for the selected Formulary ID(s) and File Type.

**Select Search Criteria**

A field with an asterisk (\*) before it is a required field.  
**NOTE:** Selecting more than 10 formularies may significantly affect the system's response time.

\*Formulary ID(s):   
 00000001  
 00000002  
 00000003  
 00000004  
 00000005

File Type:  
 PA  
 ST  
 PA/ST

\*Criteria Status:   
 Response Received  
 Response Requested  
 Review Approved  
 Review Denied  
 Review In Progress

\*UMGD Criteria Element:   
 AGE\_RESTRICTIONS  
 COVERAGE\_DURATION  
 EXCLUSION\_CRITERIA  
 OFF\_LABEL\_USES  
 OTHER\_CRITERIA  
 PA\_INDICATION\_INDICATOR

Last Modified Date Range (mm/dd/yyyy):  
 From:  To:

Clinical Justification Submitted:

**Export to CSV**

### Exhibit138 – UMGD Review Detail Report [CSV]

Criteria ID	Formulary ID	UM Type (PA or ST)	UM Group Description	Criteria Element	Plan Submitted Criteria	Status	CMS Review Comment	Request for Formulary Gate Opening	Plan Response Option	Plan Clinical Justification/Resubmission Comment	Last Modified Date
1											
2	1000	00000001	PA abaloparatide	PA_INDICATION_INDICATOR		1 Review Approved	cms comments	N			1/18/2021 21:31
3	1001	00000001	PA abaloparatide	COVERAGE_DURATION	Test data1	Review Approved	cms comments	N			1/18/2021 21:31
4	1002	00000001	PA abaloparatide	REQUIRED_MEDICAL_INFO	Test data2	Review Approved	cms comments	N			1/18/2021 21:31
5	1003	00000001	PA abaloparatide	AGE_RESTRICTIONS		Review Approved	cms comments	N			1/18/2021 21:31
6	1004	00000001	PA abaloparatide	EXCLUSION_CRITERIA		Review Not Started		N			1/15/2021 16:00
7	1005	00000001	PA abaloparatide	OFF_LABEL_USES		Response Received	cms comments	N	Submit Justification	Test 1	1/27/2021 8:23
8	1006	00000001	PA abaloparatide	OTHER_CRITERIA		Review Approved	cms comments	N			2/22/2021 13:39
9	1007	00000001	PA abaloparatide	PRESCRIBER_RESTRICTIONS		Review Approved	cms comments	N			2/22/2021 13:39
10	1008	00000001	PA abatacept sq	PA_INDICATION_INDICATOR		1 Review Approved	cms comments	N			2/22/2021 13:39
11	1009	00000001	PA abatacept sq	COVERAGE_DURATION	Test data3	Review Approved	cms comments	N			2/22/2021 13:39
12	1010	00000001	PA abatacept sq	OTHER_CRITERIA	Test data 4	Review Approved	cms comments	N			2/22/2021 13:39
13	1011	00000001	PA abatacept sq	REQUIRED_MEDICAL_INFO	Test data 5	Review Approved	cms comments	N			2/22/2021 13:39
14	1012	00000001	PA abatacept sq	PRESCRIBER_RESTRICTIONS	Test data 6	Review Approved	cms comments	N			2/22/2021 13:39
15	1013	00000001	PA abatacept sq	AGE_RESTRICTIONS		Review Approved	cms comments	N			2/22/2021 13:39
16	1014	00000001	PA abatacept sq	EXCLUSION_CRITERIA		Review Approved	cms comments	N			2/22/2021 13:39
17	1015	00000001	PA abatacept sq	OFF_LABEL_USES		Review Approved	cms comments	N			2/22/2021 13:39

The following table contains a description of each field on the UMGD Review Detail Report.

**Table 2: UMGD Review Detail Report Field Descriptions**

<b>Field Name</b>	<b>Field Type</b>
CRITERIA ID	The unique identifier for the UMGD Criteria of every Formulary
FORMULARY ID	The identification number assigned to the formulary
UM TYPE (PA or ST)	Current UM Type values: PA or ST
UM GROUP DESCRIPTION	PA or ST Group Description
CRITERIA ELEMENT	Displays PAGD criteria element name. For STGD criteria element is blank
PLAN SUBMITTED CRITERIA	Displays plan submitted criteria value for each PAGD criteria element
STATUS	Valid UMGD Criteria statuses: Review Not Started, Review In progress, Review Denied, Review Approved, Response Requested, Response Received
CMS REVIEW COMMENTS	CMS review comments
REQUEST FOR FORMULARY GATE OPENING	Displays request for formulary gate opening value for each UMGD criteria element
PLAN RESPONSE OPTION	Valid Plan response options: 1-Remove Entire UMGD, 2-Remove PA Element, 3-Revise UMGD Criteria, 4-Submit Clinical Justification
PLAN CLINICAL JUSTIFICATION/RE SUBMISSION COMMENTS	Plan clinical justification
LAST MODIFIED DATE	Displays date and time that the user/system changed the UMGD Criteria status for the UMGD Review Detail

## XXXV. UMGD STATUS REPORT

The UMGD Status Report provides UMGD overall status information for the latest version of a given Formulary ID.

### STEP 1

On the **Formulary Reports – Select a Report** page (Exhibit51), select **UMGD – Status Report**. This will take you to the UMGD – Status Report page.

### STEP 2

On the UMGD – Status Report page (Exhibit 143), select the desired formularies, file type and then select the “Export to CSV” button. This will open the UMGD – Status Report [CSV] (Exhibit 144).

#### Exhibit139 – UMGD Status Report

#### Exhibit 140 - UMGD Status Report [CSV]

	A	B	C	D	E
	Formulary ID	UM Type (PA or ST)	UM Group Description	Status	Last Modified Date
1					
2	00001	PA	abaloparatide	Review in Progress	1/18/21 9:31 PM
3	00001	PA	abatcept sq	Review in Progress	2/22/21 1:39 PM
4	00001	PA	abemaciclib	Review Not Started	1/15/21 11:35 AM
5	00001	PA	abiraterone	Review Not Started	1/15/21 11:35 AM
6	00001	ST	spritam	Review in Progress	1/18/21 11:31 AM

The following table contains a description of each field on the UMGD Status Report.

**Table 3: UMGD Status Report Field Descriptions**

<b>Field Name</b>	<b>Field Type</b>
FORMULARY ID	The identification number assigned to the formulary.
UM TYPE (PA or ST)	Current UM Type values: PA or ST.
UM GROUP DESCRIPTION	PA or ST Group Description.
STATUS	Valid UMGD statuses: Review Not Started, Review In progress, Review Denied, Review Approved.
LAST MODIFIED DATE	Displays date and time of the UMGD changes.

## APPENDIX A: CY 2022 FILE LAYOUTS

**Required File Format = ASCII File – Tab Delimited**

**Do not include a header record.**

**Filename extension is “.txt”**

During the initial Formulary submission period, the file must include all drugs in the Formulary. After the initial Formulary submission period, the file must include only changes.

For changes that take place after the initial submission period, plan sponsors are required to request that the gates be opened for future submission opportunities.

**Table 4: CY 2022 Formulary File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Change_Type	CHAR Always Required	3	Defines the type of change that is being made to the Formulary. During the initial Formulary submission period, all rows must be “ADD.”	ADD = Add RxCUI to Formulary DEL = Delete RxCUI from Formulary UPD = Change fields in the existing RxCUI
RxCUI	NUMBER Always Required	Maximum of 8 digits	RxNorm concept unique identifier from the active Formulary Reference File.	210597
Tier_Level	CHAR Always Required	2	Defines the Cost-Share Tier Level Associated with the drug. Assumption is that the drug is assigned to only one tier value. These values are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software.	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6 7 = Tier Level 7
Quantity_Limit_Type	CHAR Always Required	1	Does the drug have a quantity limit restriction?	0 = Quantity Limits Do Not Apply 1 = Daily Quantity Limit 2 = Quantity Limit Over Time

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Quantity_Limit_Amount	NUM Sometimes Required	7	<p>If the Quantity_Limit_Type = 0 (No Limits), leave this field blank.</p> <p>If the Quantity_Limit_Type = 1 (Daily QL), enter the quantity limit unit amount per day for a given prescription. The units for this amount must be defined by the unit of measure indicated by the FRF.</p> <p>If the Quantity_Limit_Type = 2 (QL Over Time), enter the quantity limit unit amount for a given time period when the QL is not based on a maximal daily dose. The units for this amount must be defined by the unit of measure indicated by the FRF.</p> <p>The maximum number of decimal points that will be accepted is 5, i.e., "9.99999."</p> <p>The maximum number that will be accepted is "9999.99."</p>	9
Quantity_Limit_Days	NUM Sometimes Required	3	<p>Enter the number of days associated with the quantity limit.</p> <p>If the Quantity_Limit_Type field is 0 (No Limits), then leave this field blank.</p> <p>If the Quantity_Limit_Type field is 1 (Daily QL), then enter 1 in this field.</p> <p>If the Quantity_Limit_Type field is 2 (QL Over Time), then enter the time period in days associated to the quantity limit. The minimum number that will be accepted is 2 and the maximum number that will be accepted is "999."</p>	30 (e.g. 9 tablets every 30 days) (e.g. 9 mls every 30 days)
Prior_Authorization_Type	CHAR Always Required	1	Is prior authorization required for the drug?	0 = No Prior Authorization 1 = Prior Authorization Applies 2 = Prior Authorization Applies to New Starts Only 3 = Part D vs. Part B Prior Authorization Only

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Prior_Authorization_Group_Desc	CHAR Sometimes Required	100	Description of the drug's prior authorization group as it will appear on the submitted prior authorization attachment. The group name may represent a drug category or class or may simply be the name of the drug if no other grouping structure applies. If Prior_Authorization_Type is 0 (No) or 3 (Part D. vs. Part B Authorization Only), then leave this field blank.	Antiemetics
Limited_Access_YN	CHAR Always Required	1	Is access to this drug limited to certain pharmacies?	0 = No 1 = Yes
Therapeutic_Category_Name	CHAR Always Required	100	Enter the name of the category for the drug.	Analgesics
Therapeutic_Class_Name	CHAR Always Required	100	Enter the name of the class for the drug.	Opioid Analgesics
Step_Therapy_Type	CHAR Always Required	1	Does step therapy apply to this drug?	0 = No Step Therapy Applies 1 = Step Therapy Applies 2 = Step Therapy Applies to New Starts Only



Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Total_Groups	NUM Sometimes Required	2	<p>Enter the total number of step therapy drug treatment groups in which the drug is included. If response to Step_Therapy_Type = 0 (No), then leave this field blank.</p> <p>The maximum number that will be accepted is "99."</p> <p>The remaining two fields described below should be repeated as a group or unit in the file.</p> <p>For example, for a given drug used in multiple Step Therapy programs, the values for Step_Therapy_Group_Desc = "CHF Therapy" and Step_Therapy_Step_Value = 4 should be included in adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "Angina Therapy" and Step_Therapy_Step_Value = 1 should be included in additional adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "CVD Therapy" and Step_Therapy_Step_Value = 5 should be included in additional adjacent columns in the file.</p>	3
Step_Therapy_Group_Desc	CHAR Sometimes Required	100	<p>Description of step therapy drug treatment group.</p> <p>Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups.</p> <p>If response to Step_Therapy_Type = 0 (No), then leave this field blank. Note: For a given Rx CUI, each Group Description must be unique.</p> <p>Note: For each Step Therapy Group Description, there must be a Rx CUI with a Step Therapy Value equal to 1.</p>	Step_Therapy_Group_Desc = "CHF Therapy" Step_Therapy_Group_Desc = "Angina Therapy" Step_Therapy_Group_Desc = "CVD Therapy"

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Step_Value	NUM Sometimes Required	2	<p>Identifies the step number or level within the sequence for the Step Therapy Group. Field should be repeated in the record based upon the number of groups declared in Step_Therapy_Total_Groups AND in the same order as Step_Therapy_Group_Desc</p> <p>If response to Step_Therapy_Type = 0 (No), then leave this field blank. The range of valid accepted values is 1 to 99.</p> <p>Note: For each Step Therapy Group Description, there must be a Rx CUI with a Step Therapy Value equal to 1.</p>	Step_Therapy_Step_Value = 4 (e.g. Step 4 of 6) Step_Therapy_Step_Value = 1 (e.g. Step 1 of 3) Step_Therapy_Step_Value = 5 (e.g. Step 5 of 5)

**Table 5: CY 2022 Free First Fill File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	NUMBER Always Required	Maximum of 8 digits	RxCUI concept unique identifier from the active Formulary Reference File.	210597

**Table 6: CY 2022 Partial Gap Coverage File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	NUMBER Always Required	Maximum of 8 digits	<p>RxCUI concept unique identifier from the active Formulary Reference File.</p> <p><b>Note: Partial Gap Coverage file must <u>not</u> include ALL the drugs from the partial gap tier(s). In addition, drugs from fully covered tiers or tiers without additional gap coverage must not be submitted on the Partial Gap Coverage file.</b></p>	210597

**Table 7: CY 2022 Home Infusion File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	NUMBER Always Required	Maximum of 8 digits	RxCUI concept unique identifier from the active Formulary Reference File.	210597

**Table 8: CY 2022 Excluded Drug File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	Number Always Required	8	RxCUI concept unique identifier.	210597
Tier	CHAR Always Required	2	Defines the Cost-Share Tier Level Associated with the drug. Assumption is that the drug is assigned to only one tier value. These values are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software.	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6 7 = Tier Level 7
Quantity_Limit_YN	CHAR Always Required	1	Does the drug have a quantity limit restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply
Quantity_Limit_Amount	NUM Sometimes Required	7	<p>If Quantity_Limit_YN = 1 (Limits Apply), enter the quantity limit unit amount for a given prescription or time period. The units for this amount must be defined by a unit of measure e.g. number of tablets, milliliters, grams, etc.</p> <p>If the Quantity_Limit_YN = 0 (No Limits), leave this field blank.</p> <p>The maximum number of decimal points that will be accepted is 5., i.e., "9.99999."</p> <p>The maximum number that will be accepted is "9999.99."</p>	9

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Quantity_Limit_Days	NUM Sometimes Required	3	Enter the number of days associated with the quantity limit.  If the Quantity_Limit_YN field is 0 (No), then leave this field blank.  The maximum logical number that will be accepted is "999."	30 (e.g. 9 tablets every 30 days)  (e.g. 9 mls every 30 days)
Capped_Benefit_YN	CHAR Always Required	1	Does the drug have a capped benefit limit?	0 = No 1 = Yes
Capped_Benefit_Quantity	NUM Sometimes Required	7	If Capped_Benefit_YN field is 1 = Yes, enter the capped benefit limit unit amount for a given prescription or time period. The units for this amount may be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc.  Note: The Capped_Benefit_Quantity must be greater than the Quantity_Limit_Amount for a given RxCUI.  If the Capped_Benefit_YN field is 0 = No, then leave this field blank  The maximum logical number that will be accepted is "9999.99."	365
Capped_Benefit_Days	NUM Sometimes Required	3	Enter the number of days associated with the capped benefit limit.  If the Capped_Benefit_YN field is 0 = No, then leave this field blank  Note: The Capped_Benefit_Days must be greater than the Quantity_Limit_Days for a given RxCUI.  The maximum logical number that will be accepted is "999."	365 (e.g., 180 tablets every 365 days)
Prior_Authorization_YN	CHAR Always Required	1	Is prior authorization required for the drug?	1 = Yes 0 = No

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Prior_Authorization_Criteria	CHAR Sometimes Required	1500	The description of the drug's prior authorization criteria.  If response to Prior_Authorization_YN = 0 (No), then leave this field blank.	
Step_Therapy_YN	CHAR Always Required	1	Does step therapy apply to this drug?	1 = Yes 0 = No
Step_Therapy_Criteria	CHAR Sometimes Required	500	The description of step therapy protocol.  If response to Step_Therapy_YN = 0 (No), then leave this field blank.	
Gap_Coverage_YN	NUM Always Required	1	Is this drug covered in the gap? Response should be 1 (Yes) regardless of whether this drug is on a tier that is fully or partially covered in the gap.	1 = Yes 0 = No

**Table 9: CY 2022 Over The Counter File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	CHAR Always Required	8	RxCUI concept unique identifier.	210597
UM_Type	CHAR Always Required	1	Indicate whether the RxCUI will be included as part of general drug utilization management program (0) or a formal step therapy protocol (1).  The same RxCUI cannot be included in both a general drug utilization management program and a formal step therapy protocol.	0 = general UM program 1 = formal step therapy protocol

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Total_Groups	NUM Sometimes Required	2	<p>Enter the total number of step therapy drug treatment groups or protocols in which the drug is included. If the response to UM_Type = 0 (No), then leave this field blank.</p> <p>The maximum logical number of groups is "25."</p> <p>The remaining two fields described below should be repeated as a group or unit in the file.</p> <p>For example, for a given drug used in multiple Step Therapy programs, the values for Step_Therapy_Group_Desc = "CHF Therapy" and Step_Therapy_Step_Value = 4 should be included in adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "Angina Therapy" and Step_Therapy_Step_Value = 1 should be included in additional adjacent columns in the file. Likewise, the values for Step_Therapy_Group_Desc = "CVD Therapy" and Step_Therapy_Step_Value = 5 should be included in additional adjacent columns in the file.</p>	2
Step_Therapy_Group_Desc	CHAR Sometimes Required	100	<p>Description of step therapy drug treatment groups or protocol.</p> <p>This step therapy group description must match a description found in your Formulary text file.</p> <p>Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups.</p> <p>If the response to UM_Type = 0 (No), then leave this field blank. Note: For a given RxCUI each step therapy group description must be unique.</p>	Step_Therapy_Group_Desc = "Anti-Histamine Therapy"; Step_Therapy_Group_Desc = "GERD Therapy";

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Step_Therapy_Step_Value	NUM Sometimes Required	1	Identifies the step number or level within the sequence for the Step Therapy Group.  Field should be repeated in the record based upon the number of groups declared in Step_Therapy_Total_Groups AND in the same order as Step_Therapy_Group_Desc.  If the response to UM_Type = 0 (No), then leave this field blank.If the response to UM_Type = 1 (Yes), then the only allowable value is 1.	Step_Therapy_Step_Value = 1 (e.g. Step 1 of 3); Step_Therapy_Step_Value = 1 (e.g. Step 1 of 2)

**Table 10: CY 2022 Value-Based Insurance Design File Record Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Contract ID	Alphanumeric Always Required	5	Contract Number	H0001
Plan ID	Number Always Required	3	Plan Number	001
RxCUI	Number Always Required	8	RxCUI – must exist on the related Formulary file	210597
Packages	Alphanumeric Always Required	50	Identify the packages defined in the PBP for the RxCUI	1,3,7

**Table 11: CY 2022 Medicare-Medicaid Plan (MMP) Additional Demonstrational Drug (ADD) File Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
MMP_NDC	CHAR Always Required	11	11-Digit National Drug Code  Do not include any spaces, hyphens or other special characters.	00012533460
MMP_Tier	CHAR Always Required	1	The cost-share tier level associated with the drug (assumes that the drug is assigned to only one tier value). Tier values 1-6 are consistent with the selection of tier level options available to data entry users in the Plan Benefit Package software. Tier values of 1 or 2 can only be selected for 2-tier Formulary designs.	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3 4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6
MMP_QL_YN	CHAR Always Required	1	Does the drug have a quantity limit (MMP_QL_YN) restriction?	0 = No Quantity Limits 1 = Quantity Limits Apply
MMP_QL_Amt	NUM Sometimes Required	7	If the MMP_QL_YN is "1" (meaning limits apply), enter the quantity limit amount (MMP_QL_Amt) for a given prescription or time period (typically 1 month). The units for this amount must be defined by a unit of measure e.g. number of tablets, milliliters, grams, etc. The maximum logical number that will be accepted is "9999.99."  If the MMP_QL_YN field is "0" (No), then leave this field blank.	9 (e.g. 9 tablets)
MMP_QL_Days	NUM Sometimes Required	3	The number of days (MMP_QL_Days) associated with the quantity limit amount. The maximum logical number that will be accepted is "365."  If the MMP_QL_YN field is "0" (No), then leave this field blank.	30 (e.g. 9 tablets every 30 days)
MMP_CapBen_YN	CHAR Always Required	1	Does the drug have a capped benefit (MMP_CapBen_YN) limit?	0 = No 1 = Yes



Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
MMP_CapBen_Amt	NUM Sometimes Required	7	<p>If the MMP_CapBen_YN field is "1" (meaning limits apply), enter the capped benefit limit amount (MMP_CapBen_Amt) for a given prescription or time period. Plans may elect to have a capped benefit amount without a quantity limit. However if a quantity limit applies as well, the capped benefit amount must be greater than the quantity limit amount. The units for this amount must be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc. The maximum logical number that will be accepted is "9999.99."</p> <p>The capped benefit amount <u>must</u> be greater than the quantity limit amount.</p> <p>If the MMP_CapBen_YN field is "0" (No), then leave this field blank.</p>	180 (e.g. 180 tablets)
MMP_CapBen_Days	NUM Sometimes Required	3	<p>The number of days (MMP_CapBen_Days) associated with the capped benefit limit. The capped benefit days <u>must</u> be greater than the quantity limit days. The maximum logical number that will be accepted is "365."</p> <p>If the MMP_CapBen_YN field is "0" (No), then leave this field blank.</p>	365 (e.g. 180 tablets every 365 days)
MMP_PA_YN	CHAR Always Required	1	Is prior authorization (MMP_PA_YN) required for the drug?	0 = No 1 = Yes
MMP_PA_Criteria	CHAR Sometimes Required	3000	<p>The description of the prior authorization criteria (MMP_PA_criteria) for this drug.</p> <p>If the MMP_PA_YN field is "0" (No), then leave this field blank.</p>	
MMP_ST_YN	CHAR Always Required	1	Does step therapy (MMP_ST_YN) apply to this drug?	0 = No 1 = Yes
MMP_ST_Criteria	CHAR Sometimes Required	1000	<p>The description of the step therapy protocol (MMP_ST_Criteria) for this drug.</p> <p>If the MMP_ST_YN field is "0" (No) then leave this field blank.</p>	

**Table 12: CY 2022 LIS Cost-Sharing Reduction File Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	Number Always Required	Maximum of 8 digits	RxCUI concept unique identifier	210597
Cost Sharing	Number Always Required	3 digits	Cost sharing amount	1.00

**Table 13: CY2022 UMGD Criteria Response File Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Criteria ID	NUM Always Required	NA	Identifier for the UMGD criteria for which to submit response. Note: Criteria ID with open response requests can be found on the UMGD Criteria Detail Report under OJS Reports.	654321
Request for Formulary Gate Opening	CHAR Always Required	1	Valid values: Y or N. Indicates whether a new version of the formulary will be submitted to address the UMGD response.	N = No Y = Yes
Plan Response Option	NUM Always Required	1	Valid values for Plan Response Option field are: 1=Remove Entire UMGD 2=Remove PA Element 3=Revise UMGD Criteria 4=Submit Clinical Justification	1
Plan Clinical Justification/ Resubmission Comment	CHAR Sometimes Required	4000	Comments or clinical justification (this field is optional unless option 4 is chosen for the plan response option)	

UMGD Criteria Response File can be submitted from OJS - UMGD Criteria Response page.

**Table 14: CY 2022 PAST Criteria Change Request File Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Formulary ID	CHAR Always Required	8	Formulary ID (with or without leading zeros) for which to request PA/ST edits.	00020005 Or 20005
Reason for UM Change	CHAR Always Required	1	Reason for the UM Criteria Change Request submitted.  Reason Codes 1 to 6 and their descriptions: 1 - Removal of a restriction 2 - Addition of drug(s) to existing Criteria 3 - Addition of a new indication 4 - Restriction based on a new Boxed Warning/FDA Safety Communication 5 - Other extraordinary circumstance 6 - Revision of existing criteria to include a Part B drug (MAPDs only)	1
Current UM Type	CHAR Always Required	2	Current UM Type values: PA or ST	PA
Current UM Group Description	CHAR Always Required	100	Description of the prior authorization group as it appears on the submitted Formulary file. This field must exactly match the value entered in the Prior_Authorization_Group_Desc field on the Formulary File.  Or  Description of the step therapy group as it appears on the submitted Formulary file. This field must exactly match the value entered in the Step_Therapy_Group_Desc field on the Formulary File.	Antiemetics

**Table 15: CY 2022 Part D Senior Savings Model File Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	Number Always Required	8	RxCUI concept unique identifier from the active Formulary Reference File.	210597

Cohort	Number Always Required	1	Defines the Cohort number (1,2,3,4 or 5) associated with the drug. The file must contain at least one RxCUI for each Cohort number defined in the Plan Benefit Package software, for selected Plan(s).	5
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Please Note: The content of the Part D Senior Savings Model file shared between multiple Plans must be identical. As long as Plans that offer Part D Senior Savings Model with the exact same coverage (Drugs and Cohorts) and are able to share the same Part D Senior Savings file, then these plans can be selected to be associated with the same file.

**Please Note: Certain characters are restricted from HPMS. The submitted file is rejected if any of the following characters are included in any field: 1) greater than sign (>), 2) less than sign (<), and 3) semi-colon (;).**

## APPENDIX B: FORMULARY UPLOAD FILE INSTRUCTIONS

**Note:** To download all upload file formats, click the **Submission File Layouts** link in the Documentation section of the Formulary Submission Start Page.

### FORMULARY FILE INSTRUCTIONS

The Formulary file must be created in an ASCII File Tab delimited format and contain one proxy RxCUI record for each drug offered with an organization's benefit plans. The Appendix A: Formulary file Record Layout is provided for your reference. Please note that only proxy RxCUI provided in the CY 2022 Formulary Reference File may be uploaded. All other codes will be rejected by the HPMS Formulary Validation Process.

The following is a field-by-field description of how to structure your Formulary file for upload into HPMS. Please note that every field is labeled "Required," "Optional," or "Conditional." The conditional fields should be populated if the condition is met as outlined below. When an optional or conditional field is left blank, the blank must be represented by a tab delimiter.

The upload validation edits are explained in further detail within each field description. A Formulary will be rejected if the validation edits are not met.

#### **Field 1 – Change Type:**

**REQUIRED:** During the initial submission period, the value should be "ADD" for all records. During review period, only changes to the Formulary file will be submitted. Each RxCUI submitted will need a change type field value of "ADD", "DEL", or "UPD." The HPMS system will perform a validation on RxCUIs that have the update flag to ensure that a change was made.

#### **Field 2 – RxCUI:**

**REQUIRED:** Each record should include up to 8-digit numeric RxCUI associated with the Formulary. The list of acceptable RxCUI can be found in the CY 2022 Formulary Reference RxCUI File. RxCUI should only be entered once in this Formulary file.

#### **Field 3 – Tier Level:**

**REQUIRED:** Enter the cost-share tier level value associated with the drug. Include a value from 1-7 only for non-MMP formularies. MMP formularies can only have tiers 1-6. A number outside of this range will result in an upload error. If cost-share tier does not apply, include the value "1" in this field.

**NOTE:** The maximum value entered for this field may NOT be greater than the value entered for the number of cost-share tiers in the HPMS Formulary Submission Data Entry Web Interface. If these values are inconsistent, an upload error will result.

For Non-MMP formularies, if it includes an excluded drug only tier, no FRF drug should be entered on the Formulary record layout as having that tier number.

For MMP formularies, only Medicare tiers are included in the Formulary file.

#### **Field 4 – Quantity Limit Type:**

**REQUIRED:** This field should be set to a value of 0, 1, or 2, where 0 = No QL, 1 = Daily QL, and 2 = QL over Time. Set the value to 1 if the quantity limit is based on a maximum daily

amount provided over a month. Set the value to 2 if the quantity limit is not based on a maximum daily dose.

**Field 5 - Quantity Limit Amount:**

*CONDITIONAL:* If the **Quantity\_Limit\_Type** is 0, then leave this field blank by providing a tab delimiter. If the **Quantity\_Limit\_Type** is 1 or 2, include the quantity limit unit amount. The unit amount for this field refers to unit value such as the number of tablets or the number of grams for the drug. For example, for a quantity limit that includes 9 tablets every 30 days, this field should indicate a value of 9.

**Field 6 - Quantity Limit Days:**

*CONDITIONAL:* If the **Quantity\_Limit\_Type** is 0, then leave this field blank by providing a tab delimiter. If the **Quantity\_Limit\_Type** is 1 or 2, include the quantity limit day amount for this drug. For example, for a quantity limit that includes 9 tablets every 30 days, this field should indicate a value of 30.

**Field 7 – Prior Authorization Type:**

*REQUIRED:* This value should be set to value of 0 through 3, where 0 = No Prior Authorization, 1 = Prior Authorization Applies, 2 = Prior Authorization Applies to New Starts Only, and 3 = Part B vs. Part D Prior Authorization Only. NOTE: If the user selected “Yes” to the Prior Authorization question in the HPMS Data Entry Web Interface, then one or more RxCUI records must have a value of 1 or greater for this field. If these values are inconsistent, an upload error will result.

**Field 8 – Prior Authorization Group Desc:**

*CONDITIONAL:* If Prior Authorization is 0 or 3, then leave this field blank. If Prior Authorization Type is 1 or 2, then include the description of the drug’s Prior Authorization group as it will appear on the Prior Authorization Attachment. The group name may represent a drug category or class or may be the name of the drug if no other grouping structure applies. RxCUIs should only be grouped together if the Prior Authorization criteria are the same for all RxCUIs within that group description.

**Field 9 – Limited Access YN:**

*REQUIRED:* The value should be set to 0 or 1, where 0 = No and 1 = Yes. Set the value to 1 if access to the drug is limited to certain pharmacies; otherwise set the value to 0 to indicate that the drug is not restricted to certain pharmacies.

**NOTE:** If the user selected “Yes” to the limited access question in the HPMS data entry web interface, then one or more RxCUI records must have a value of 1 for this field. If these values are inconsistent an upload error will result.

**Field 10 – Therapeutic Category Name:**

*REQUIRED:* Enter the name of the category for this drug.

**Field 11 – Therapeutic Class Name:**

*REQUIRED:* Enter the name of the class for this drug.

**NOTE:** If the classification system you have chosen, such as the USP Model Guidelines, provides a category name but no class name, the category name should be repeated in this field.

**Field 12 – Step Therapy Type:**

*REQUIRED:* This value should be set to a value of 0, 1, or 2, where 0 = Not Part of a Step Therapy Program, 1 = Step Therapy Applies, and 2 = Step Therapy Applies to New Starts Only.

- If the user selected **yes** to the Step Therapy question in the HPMS Data Entry Web Interface, then one or more RxCUI records must have a value of 1 or greater for this field. If these values are inconsistent, an upload error will result.
- If RxCUI is equal to the 0003686 (OTC CUI), then the Step\_Therapy\_Type fields must be equal to 1 or 2.

**Field 13 – Step Therapy Total Groups:**

*CONDITIONAL:* This field should include a value that indicates the number of step therapy drug treatment groups in which the drug is a member. The value included in this field may not exceed 2 digits in length. This field should contain a value if **Step\_Therapy\_Type** = 1 or greater. If step therapy does not apply to a given drug, then leave this field blank by providing a tab delimiter.

**Field 14 – Step Therapy Groups Desc:**

*CONDITIONAL:* If the user selects "Yes" to having one or more drugs with step therapy management in the HPMS Data Entry Web Interface, then the user must provide a description of the step therapy drug treatment group. This field should be repeated in the drug record (in an additional column) based upon the number of groups declared in **Step\_Therapy\_Total\_Groups**. If Step Therapy does not apply to this drug, then leave this field blank by providing a tab delimiter.

**Field 15 – Step Therapy Step Value:**

*CONDITIONAL:* If the user selects "Yes" to having one or more drugs with step therapy management in the HPMS Data Entry Web Interface, then the user must include a value in this field that represents the unique step number within the sequence of steps for the treatment group identified in Field 15. If Step Therapy does not apply to this drug, then leave this field blank by providing a tab delimiter. Prerequisite (Step 1) drugs should be indicated by a value of 1. This field should be repeated in the record (in an additional column) based upon number of groups declared in **Step\_Therapy\_Total\_Groups** AND in the same order as **Step\_Therapy\_Group\_Desc**. For example, if an RxCUI has 3 step therapy treatment groups declared in the Step\_Therapy\_Total\_Groups field, then three sets of values should be defined for Step\_Therapy\_Group\_Desc and Step\_Therapy\_Step\_Value as follows:

**Step Therapy Treatment Group 1 Values –**

Step\_Therapy\_Group\_Desc = “CHF Therapy”

And

Step\_Therapy\_Step\_Value = 4

**Step Therapy Treatment Group 2 Values –**

Step\_Therapy\_Group\_Desc = “Angina Therapy”

And

Step\_Therapy\_Step\_Value = 2

**Step Therapy Treatment Group 3 Values –**  
Step\_Therapy\_Group\_Desc = “CVD Therapy”  
And  
Step\_Therapy\_Step\_Value = 5

**NOTE:** If RxCUI is equal to the 0003686 (OTC CUI), then the Step\_Therapy\_Step\_Value must always equal 1.

## **PRIOR AUTHORIZATION FILE INSTRUCTIONS**

If a Formulary has Prior Authorization for one or more drugs, then the Formulary upload submission must include an attachment that describes the specific Prior Authorization criteria. The criteria should be provided in a Tab-Delimited-Text file and field entries should be as succinct as possible. Provider questions, diagrams, and decision trees are not permitted. Further, if a drug has quantity limit restrictions, the applicable values must be entered on the Formulary flat file, not the PA file. Consistent with the definition of a Part D drug, you must not list any uses for drugs within the document that are not FDA-approved or supported in the compendia. Please refer to the Field Descriptions below for details. References or citations are not required. When an optional field is left blank, it must be represented by a tab delimiter.

For a given PA Group Description, a “1” must be entered for the **PA\_Criteria\_Change\_Indicator** field if the criteria are different than the values on the CY 2021 Formulary version approved as of February 1, 2021. In addition, if PA is required for drugs that are on your CY 2022 Formulary that were either 1) not on the approved CY 2021 file, OR 2) did not previously require a PA for CY 2021, then a “1” must be entered. If the criteria are completely unchanged, a “0” must be entered.

**Please Note:** For those plans that have PA Type 3 only, you are not required to upload a blank PA file. You will still indicate on the Formulary questions page that the Formulary includes Type 3 PA, but there will be a check box on the Formulary upload page that allows you to complete your Formulary submission without uploading a PA file. The PA criteria document must be a tab delimited text file and a filename extension of “txt.” Do not include a header record.



**Required File Format = ASCII File - Tab Delimited**  
**Do not include a header record**  
**Filename extension should be “.txt”**

**Table 16: Prior Authorization File Instructions**

Field Name	Field Type	Maximum Field Length	Field Description
PA_Change_Type	CHAR Always Required	3	Defines the type of change that is being made to the Prior Authorization File.  During the initial Formulary submission period, all rows must be “ADD.”  ADD = Add Group Description to file UPD = Change fields for an existing Group Description
Prior_Authorization_Group_Desc	CHAR Always Required	100	Description of the prior authorization group as it appears on the submitted Formulary file. This field must exactly match the value entered in the Prior_Authorization_Group_Desc field on the Formulary File.
PA_Criteria_Change_Indicator	CHAR Always Required	1	If the PA criteria content did not change for this group description compared to CY 2021, please place a “0” in this field. If this group description is new, or the criteria content changed in any way (e.g. additional restrictions), please place a “1” in this field.”
PA_Indication_Indicator	CHAR Always Required	1	This field must be populated with one of the values below. This field is used to describe the indications for which the PA will be approved.  1 = All FDA-approved Indications. This value cannot be used if the drug that requires PA is subject to Indication-Based Coverage (IBC).  2 = Some FDA-approved Indications Only. This value is to be submitted for drugs that are subject to IBC.  3 = All Medically-accepted Indications. Drugs for which the PA will be approved for all Part D medically-accepted indications (FDA-approved and compendia-supported) should be submitted with a 3.  4 = All FDA-approved Indications, Some Medically-accepted Indications. If the PA will only be approved for specific off-label uses, a 4 should be submitted. The additional off-label uses should be submitted in the subsequent Off-Label Uses field.
Off-label_Uses	CHAR Required only if a 4 is entered for PA_Indication_Indicator	3000	Enter the specific off-label uses for which the PA will be approved. This field must not contain any FDA-approved indications.

Field Name	Field Type	Maximum Field Length	Field Description
Exclusion_Criteria	CHAR If applicable	2000	Describe any criteria (e.g. comorbid diseases, laboratory data, etc.) that would result in the exclusion of coverage for an enrollee.
Required_Medical_Information	CHAR If applicable	2000	Enter laboratory, diagnostic, or other medical information required for initiation or continuation of the drug(s).
Age_Restrictions	CHAR If applicable	500	Enter age limitations or restrictions required for prior authorization approval.
Prescriber_Restrictions	CHAR If applicable	500	Description of prescriber attribute necessary for PA to be considered, e.g. specialist in a field or registered under a certain program.
Coverage_Duration	CHAR Always Required	100	Enter the duration for which the prior authorization will be approved.
Other_Criteria	CHAR If applicable	3000	Enter any other relevant criteria.

**Please Note: Certain characters are restricted from HPMS. The submitted file will be rejected if any of the following characters are included in any field: 1) greater than sign (>), 2) less than sign (<), and 3) semi-colon (;).**

## STEP THERAPY FILE INSTRUCTIONS

If a Formulary has step therapy for one or more drugs, then the Formulary upload submission must include an attachment that illustrates the detailed algorithms for all step therapy management programs in the Formulary. The step therapy management algorithm file should be provided in ASCII Tab delimited text file format.

**Required File Format = ASCII File - Tab Delimited**

**Do not include a header record**

**Filename extension should be “.txt”**

**Table 17: Step Therapy File Instructions**

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
ST_Change_Type	CHAR Always Required	3	Defines the type of change that is being made to the Step Therapy File.  During the initial Formulary submission period, all rows must be “ADD.”	ADD = Add Group Description to file  UPD = Change fields for an existing Group Description
Step_Therapy_Group_Desc	CHAR Always Required	100	Description of step therapy drug treatment group. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups in the Formulary File submission upload.  Description of the step therapy group as it appears on the submitted Formulary file. This field must exactly match the value entered in the Step_Therapy_Group_Desc field on the Formulary File.  Note: For a given Rx CUI, each Group Description must be unique.  Note: For each Step Therapy Group Description, there must be a RxCUI with a Step Therapy Value equal to 1.	Step_Therapy_Group_Desc = “CHF Therapy” Step_Therapy_Group_Desc = “Angina Therapy” Step_Therapy_Group_Desc = “CVD Therapy”
Step_Therapy_Criteria	CHAR Always Required	4000	Description of the criteria of the step therapy drug.	
ST_Criteria_Change_Indicator	CHAR Always Required	1	If the ST criteria content did not change for this group description compared to CY 2021, please place a “0” in this field. If this group description is new, or the criteria content changed in any way, please place a “1” in this field.”	

**Please Note: Certain characters are restricted from HPMS. The submitted file will be rejected if any of the following characters are included in any field: 1) greater than sign (>), 2) less than sign (<), and 3) semi-colon (;).**

## INDICATION-BASED COVERAGE FILE INSTRUCTIONS

If a Formulary includes Indication-Based Coverage for one or more drugs, then the Formulary upload submission must include an attachment for Indication-Based Coverage file. The Indication-Based Coverage file should be provided in ASCII Tab delimited text file format.

**Required File Format = ASCII File - Tab Delimited**

**Do not include a header record**

**Filename extension should be “.txt”**

**Table 18: CY 2022 Indication-Based Coverage (IBC) File Layout**

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
RxCUI	Number Always Required	8	RxCUI – must exist on the related Formulary file	210597
MeSH CUI (MUI/M#)	Alphanumeric Always Required	11	Condition Indication Code	M0010859

## APPENDIX C: CY2022 FILE EDIT RULES

This section provides a listing of validation edits that are performed when Formulary files are uploaded and submitted to HPMS. This list is not all-inclusive but includes the majority of edit rules. These rules are included to assist you in troubleshooting your submissions should rejection errors occur.

There are two areas where the edit rules might take place:

- a) On-line Upload
- b) Formulary Validation Process

### ON-LINE UPLOAD

The user CANNOT continue with the upload if any of the following edit checks fail:

1. The system searches for **HPMS restricted characters** (greater than >, less than < and, semi-colon ;) in the upload file and **rejects** submissions if the file contains one or more restricted characters.

### FORMULARY VALIDATION PROCESS

An email is sent to the person who uploaded the Formulary, as well as the Formulary contact for each contract associated with the Formulary. This email notifies the user if the edit checks are successful and otherwise contain an error message for each edit check that did not pass. The edit checks are as follows:

An email is sent to the person who uploaded the Formulary, as well as the Formulary contact for each contract associated with the Formulary. This email notifies the user if the edit checks are successful and otherwise contain an error message for each edit check that did not pass. The edit checks are as follows:

1. The Formulary file must be **tab-delimited** and must **not** contain a **header record**.
2. The **Change\_Type, RxCUI, Tier\_Level, Quantity\_Limit\_YN, Prior\_Authorization\_Type, Therapeutic\_Category\_Name, Therapeutic\_Class\_Name, Limited\_Access\_YN** and **Step\_Therapy\_Type** fields must be populated for submission.
3. **Change\_Type** value must be ADD, UPD or DEL; the value cannot be null. Change\_Type must be ADD in the initial submission.
4. While revising the Formulary:
  - a. Change\_Type must be ADD if the drug is not contained in the latest version of the Formulary that is in desk review, which is not denied or withdrawn.
  - b. Change\_Type must be UPD if the drug is contained in the latest version of the Formulary that is in desk review, which is not denied or withdrawn, and there is a change in the characteristics of the drug.
  - c. Change\_Type should be DEL if the drug is contained in the latest version of the Formulary that is in desk review which is not denied or withdrawn and you want to delete the drug from the revised version.

- d. If the **Change\_Type** is **UPD** at least one value must be different from the current version of the Formulary that is in desk review which is not denied or withdrawn
5. The Formulary file's **RxCUIs** are compared against the **RxCUI** in the Formulary Reference File to determine the validity of the **RxCUIs** in the Formulary file.
6. Each **RxCUI** must be unique in the submission file.
7. For **non-MMP** formularies, the maximum value for the **Tier\_Level** field in the Formulary file must be equal to the number of cost-share tiers entered during HPMS data entry.
8. For **non-MMP** formularies, the value of the **Tier\_Level** field must be 1 to 7.
9. **Non-MMP** Formulary submission files must contain at least one row for every tier (other than the Excluded Drug only tier) identified on the **Formulary Tier Information** page.
10. **Non-MMP** Formulary submission files must NOT contain any rows with a **Tier\_Level** field value equal to the tier number defined as the **Excluded Drugs Only** tier on the Formulary Tier Information page.
11. **MMP Formulary** submission file must contain at least one row for each tier defined as **Medicare Tier** (Generic Drugs, Brand Drugs, Preferred Brand Drugs, Non-Preferred Brand Drugs, \$0 Drugs, Preferred Generic Drugs, and Non-Preferred Generic Drugs).
12. **MMP Formulary** submission files must NOT contain any rows with the **Tier\_Level** field value equal to tier numbers defined as **Non-Medicare tiers**. Note: The tier model selected on the **Formulary Tier Information** page may include placeholder tiers for non-Part D drugs that are not included on the Formulary file.
13. In HPMS data entry, if the user selects **YES** on the **Limited Access question**, then one or more records in the Formulary file must have a **1 = YES** value for the **Limited\_Access\_YN** field in the Formulary file.
14. In HPMS data entry, if the user selects **NO** on the **Limited Access question**, then all records in the Formulary file must have a **0 = NO** value for the **Limited\_Access\_YN** field in the Formulary file.
15. The value of **Limited\_Access\_YN** field must be 0 or 1.
16. In HPMS data entry, if the user selects **YES** to the **Quantity Limits question**, then one or more records in the Formulary file must have a value of **1 or 2 (Quantity Limits Apply)** for the **Quantity\_Limit\_Type** field in the Formulary file.
17. In HPMS data entry, if the user selects **NO** to the **Quantity Limits question**, then ALL records must have a value of **0 (NO Quantity Limits)** for the **Quantity\_Limit\_Type** field in the Formulary file.
18. If the **Quantity\_Limit\_Type** is **0 (NO Quantity Limits)**, then the **Quantity\_Limit\_Amount** and **Quantity\_Limit\_Days** fields must be null.
19. If the **Quantity\_Limit\_Type** is **1 or 2 (Quantity Limits Apply)**, then the **Quantity\_Limit\_Amount** field must be a numeric value greater than 0 and less than 10,000 (.00001 to 9999.99). The field can have up to five decimal places (9.99999). The floor for entry is 0.00001. Possible entries include 9.99999 -> 99.9999 -> 999.999 -> 9999.99.
20. If the **Quantity\_Limit\_Type** is **1 (Daily Quantity Limits)**, the **Quantity\_Limit\_Days** field must be numeric and must be a value of 1 - 999.
21. If the **Quantity\_Limit\_Type** is **2 (Quantity Limits Overtime)**, the **Quantity\_Limit\_Days** field must be numeric and must be a value of 2 - 999.
22. The **Prior\_Authorization\_Type** field must be a value of 0 to 3.

23. In HPMS data entry, if the user selects **YES** to the **Prior Authorization question**, then one or more records in the Formulary file must have a value of 1 or greater for the **Prior\_Authorization\_Type** field in the Formulary file.
24. In HPMS data entry, if the user selects **NO** to the **Prior Authorization question**, then ALL records must have a value of **0 = NO Prior Authorization** applies for the **Prior\_Authorization\_Type** field in the Formulary file.
25. If the **Prior\_Authorization\_Type** field is **greater than 0**, then the **Prior\_Authorization\_Group\_Desc** must be populated.
26. If the **Prior\_Authorization\_Type** field is equal to 0, then the **Prior\_Authorization\_Group\_Desc** must be null.
27. For each **RxCUI** in the Formulary file with a **Prior\_Authorization\_Type = 1 or 2**, the **Prior\_Authorization\_Group\_Desc** must exist in the Prior Authorization submission file.
28. The **PA Group Description** must match the current version (latest version in desk review that is not denied or withdrawn) when the **PA Type is > 0**.
29. In HPMS data entry, if the user selects **YES** to the **Step Therapy question**, then one or more records in the Formulary file must have a value **greater than 0** for the **Step\_Therapy\_Type** field in the Formulary file.
30. In HPMS data entry, if the user selects **NO** to the **Step Therapy question**, then ALL records must have a value of **0 = No Step Therapy Applies** for the **Step\_Therapy\_Type** field in the Formulary file.
31. If the **Step\_Therapy\_Type** is **greater than 0**, then the **Step\_Therapy\_Total\_Groups**, **Step\_Therapy\_Group\_Desc** and **Step\_Therapy\_Step\_Value** fields must be populated.
32. If the **Step\_Therapy\_Type** is equal to **0**, then the **Step\_Therapy\_Total\_Groups** field must be null.
33. The **Step\_Therapy\_Type** field must be a value of 0 to 2.
34. If the **Step\_Therapy\_Total\_Groups** field is populated, it must be numeric, greater than 0 and less than 100 (1 to 99; whole numbers only).
35. If the **Step\_Therapy\_Step\_Value** field is populated, it must be numeric, greater than 0 and less than 100 (1 to 99; whole numbers only).
36. If **Step\_Therapy\_Total\_Groups** is populated, then the number of **pairs** of **Step\_Therapy\_Group\_Desc** and **Step\_Therapy\_Step\_Value** must equal the number indicated in **Step\_Therapy\_Total\_Groups**.
37. If **Step\_Therapy\_Total\_Groups** is null, then **Step\_Therapy\_Group\_Desc** and **Step\_Therapy\_Step\_Value** fields must be null.
38. If **Step\_Therapy\_Total\_Groups** is populated, then **Step\_Therapy\_Step\_Value** and **Step\_Therapy\_Group\_Desc**, fields must be populated.
39. For each **RxCUI**, the same **Step\_Therapy\_Group\_Desc** must not occur more than once in the step therapy trailer.
40. For each **Step\_Therapy\_Group\_Desc**, there must be at least one **RxCUI** with an associated **Step\_Therapy\_Step\_Value** equal to 1 for that description and at least one **Step\_Therapy\_Step\_Value** greater than 1 for that description.
41. If the **Step\_Therapy\_Group\_Desc** field is populated, ensure that the **Step\_Therapy\_Group\_Desc** field is not greater than 100 characters in length.
42. The **maximum number** of errors that are allowed before processing of the Formulary file stops is **200**.
43. The **Formulary and dependent files** (Prior Authorization and/or Step Therapy files), if submitted, are **rejected** if the validation does not meet these rules.

44. If all contracts associated with the Formulary are **bid approved**, the system validates that a drug may **Not** be moved from a tier that is **fully** or **partially** covered in the gap to a tier that has **No** gap coverage in the PBP.
45. The system automatically removes leading and trailing asterisks (\*) from the **Therapeutic\_Category\_Name** field.
46. The system automatically removes leading and trailing asterisks (\*) from the **Therapeutic\_Class\_Name** field

#### **Prior Authorization File:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a **header record**.
2. For the Prior Authorization File, check that all occurrences of the **Prior\_Authorization\_Group\_Desc** field provided are unique and exist in the **Prior\_Authorization\_Group\_Desc** field in the Formulary file. Both the Formulary and Prior Authorization files are rejected if the validation does not pass.
3. For the Prior Authorization File, the system ensures that the **Change\_Type**, **Prior\_Authorization\_Group\_Desc**, **PA\_Criteria\_Change\_Indicator**, **PA\_Indication\_Indicator**, **Off-label\_Uses**, and **Coverage\_Duration** fields are not null.
4. **Change\_Type** value must be ADD or UPD; the value cannot be null. Change\_Type must be ADD in the initial submission.
5. The system searches for **HPMS restricted characters** (greater than >, less than < and semi-colon ;) in the upload file and rejects submissions if the file contains one or more restricted characters.
6. The system ensures that there is an open edit request for the Group Description with **UPD Change\_Type**.
7. The system ensures that at least one field value is different from the current version (most recent version in desk review that is not denied or withdrawn) for the Group Description with an **UPD Change\_Type**.

Note: The system automatically deletes the Group Descriptions from the Prior Authorization file when they are deleted from the Formulary File.

#### **Step Therapy File:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
2. For the Step Therapy file, check that all occurrences of the **Step\_Therapy\_Group\_Desc** field provided in the Step Therapy file are unique and exist in the **Step\_Therapy\_Group\_Desc** field in the submitted Formulary.
3. For the Step Therapy File, the system validates that the **Change\_Type**, **Step\_Therapy\_Group\_Desc** and the **Step\_Therapy\_Criteria** fields are populated.
4. **Change\_Type** value must be ADD or UPD; the value cannot be null. Change\_Type must be ADD in the initial submission.
5. The system searches for **HPMS restricted characters** (greater than >, less than < and semi-colon ;) in the upload file and rejects submissions if the file contains one or more restricted characters.
6. The system ensures that there is an open edit request for the Group Description with **UPD Change\_Type**.



7. The system ensures that at least one field value is different from the current version (most recent version in desk review that is not denied or withdrawn) for the Group Description with an **UPD Change\_Type**.

Note: The system automatically deletes the Group Descriptions from the Step Therapy file when they are deleted from the Formulary File.

#### **Indication-Based Coverage File:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
2. IBC file can be submitted along with Formulary, PA and ST files.
3. IBC files can only be submitted if selected 'Yes' to the question about Indication-Based Coverage on the Formulary Information page.
4. At given time, only full IBC files are accepted.
5. The **IBC** submissions must contain a RxCUI that exists in the Formulary submission file.
6. **Strip leading zeroes** from the **RxCUI field** in the IBC submission files.
7. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and will reject submissions if the file contains one or more restricted characters.
8. Each row must contain a **unique combination of RxCUI and MeSH CUI (MUI/M#)** in the IBC file.
9. The validity of the RxCUIs and MeSH CUI (MUI/M#) submitted on the IBC file will be evaluated against the IBC Reference file data.

Note: The system automatically deletes the RxCUIs and corresponding MeSH CUIs from the Indication-Based Coverage file when they are deleted from the Formulary File.

## **SUPPLEMENTAL AND OTHER FILE VALIDATIONS**

#### **Partial Gap Coverage/Free First Fill/Home Infusion:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
2. The **PGC, FFF and HI** submissions must contain an RxCUI that exists in the Formulary submission file.
3. Supplemental files can only be submitted if **at least one plan** associated with the current version of the Formulary has a validated bid submission.
4. Each **RxCUI** must be **unique** in the PGC, FFF and HI submission files.
5. All RxCUIs included in the file must apply to all plans associated with the file. Plans that require different versions of a particular file based on the number of RxCUIs or the specific drugs covered cannot share the same supplemental file and therefore cannot be linked to the same Formulary ID.
6. **Strip leading zeroes** from the **RxCUI field** in the PGC, FFF and HI submission files.
7. The system creates a flag to indicate if the current **PGC, FFF, or HI** submission is identical to the previous successfully submitted file.

8. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and will reject submissions if the file contains one or more restricted characters.
9. At least one plan associated with the Formulary must have a **PBP tier** designation of partial gap coverage for each RxCUI in the partial gap coverage supplemental file.
10. The partial gap coverage file must not include **all** of the RxCUIs that are on a Formulary tier indicated as being only partially covered in the gap.
11. The partial gap coverage file must not include **any** of the RxCUIs that are on fully covered Formulary tiers in the coverage gap or on tiers with no additional gap coverage.
12. If all contracts associated with the Formulary are **bid approved**, the system validates that any RxCUIs that are moved from **full gap** tier to **partial gap** tier must be included in the **Partial Gap Coverage** file.
13. If all contracts associated with the Formulary are **bid approved**, the system validates an **RxCUI may not be removed from the Partial Gap Coverage (PGC)** file, unless it is also removed from the revised Formulary or the RxCUI is moved from a partially covered tier to a fully covered tier. Any drug removed from the Formulary or moved to a fully covered tier must be removed from the PGC file. RxCUIs will not be allowed to move from a partially covered tier to a tier with no additional gap coverage.
14. If all contracts associated with the Formulary are **bid approved**, the system validates that an **RxCUI may not be removed from the FFF and HI file**, unless it is also removed from the revised Formulary.
15. Until all the contracts associated with the Formulary are bid approved, the system will send a reminder to add HI eligible drugs to the HI file when HI eligible drugs are added to the Formulary and are not added to HI file.
16. If all contracts associated with the Formulary are bid approved, the system validates that an **RxCUI may be added to the HI file if the drug is HI eligible and is not on the last approved version of the Formulary**.

#### **Over-the-Counter (OTC):**

1. The file must be in a **text (.txt)** format and must not contain a header record.
2. Each **RxCUI** must be **unique** in the submitted file, populated, and up to maximum of **8 characters** in length.
3. All RxCUIs included in the file must apply to all plans associated with the file. Plans that require different versions of a particular file based on the number of RxCUIs or the specific drugs covered cannot share the same OTC supplemental file and therefore cannot be linked to the same Formulary ID.
4. The **UM\_Type** field must be populated and **must be equal to 0 or 1**.
5. If the **UM\_Type** field is equal to **1**, the **Step\_Therapy\_Total\_Groups**, **Step\_Therapy\_Group\_Desc**, and **Step\_Therapy\_Step\_Value** fields must be populated.
6. If the **UM\_Type** field is equal to **0**, the **Step\_Therapy\_Total\_Groups**, **Step\_Therapy\_Group\_Desc**, and **Step\_Therapy\_Step\_Value** fields must be null.
7. If the **Step\_Therapy\_Total\_Groups** is required, the value **must be a value between and including 1-25**.
8. If the **Step\_Therapy\_Step\_Value** is required, the **value must be equal to 1**.

9. If **Yes** is selected for the question, “Do you cover OTCs as a part of a Step Therapy Protocol submitted for review and approval by CMS?” on the Formulary Information page, then 1 must be entered for the **UM\_Type** field for at least one row in the OTC file.
10. If **No** is selected for the question, “Do you cover OTCs as a part of a Step Therapy Protocol submitted for review and approval by CMS?” on the Formulary Information page, then “1” cannot be entered for the **UM\_Type** field in the OTC file; **UM\_Type must equal 0** for all records.
11. If Yes is selected for the question, “Do you cover OTCs as a part of a Step Therapy Protocol submitted for review and approval by CMS?” on the Formulary Information page, then all **unique** occurrences of the **Step\_Therapy\_Group\_Desc** on the **OTC RxCUI** within the Formulary file must exist in the **Step\_Therapy\_Group\_Desc** field in the OTC file. This step therapy group description validation only occurs when processing the OTC file; validation does not occur when unloading the Formulary file.
12. The validity of the RxCUIs submitted on the OTC supplemental file will be evaluated. This check is performed for all initial submissions and resubmissions. If the RxCUIs do not match, the submission is rejected.
13. The **extension checking** method must be consistent with the identified HPMS standard for such checks for the OTC submission file.
14. The system stores the **time and date** when the submission was made (when the “Submit” button is clicked).
15. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and rejects submissions if the file contains one or more restricted characters.

#### **Excluded Drug:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
2. The system validates the **lengths and values** for all fields (file layout).
3. The Tier field must be a number between **1 and 7**.
4. Each **RXCUI** must be **unique** in the submitted file, **populated**, and up to **8 characters in length**.
5. All **RXCUIs** included in the file must apply to all plans associated with the file. Plans that require different versions of a particular file based on the number of **RXCUIs** or the specific drugs covered cannot share the same Excluded Drug supplemental file and therefore cannot be linked to the same Formulary ID.
6. Check the Excluded Drug file to ensure that the following fields **are not null: RXCUI, Tier, Quantity\_Limits\_YN, Capped\_Benefit\_YN, Prior\_Authorization\_YN, Step\_Therapy\_YN, and Gap\_Coverage\_YN**.
7. For the **Excluded Drug** file, if **0 = No** is entered for **Quantity\_Limits\_YN**, then the **Quantity\_Limit\_Amount** and **Quantity\_Limit\_Days** fields must be null.
8. For the **Excluded Drug File**, if **1 = YES** is entered for **Quantity\_Limits\_YN**, then the **Quantity\_Limit\_Amount** and **Quantity\_Limit\_Days** fields must be populated.
9. If the value is 1 for the **Quantity\_Limits\_YN** field, then the **Quantity\_Limit\_Amount** field must contain a numeric value of 1 thru 9999.99.
10. If the value is 1 for the **Quantity\_Limits\_YN** field, then the **Quantity\_Limit\_Days** field must contain a numeric value of 1 thru 999.

11. For the **Excluded Drug File**, if **0 = NO** is entered for **Capped\_Benefit\_YN**, then **Capped\_Benefit\_Quantity** and **Capped\_Benefit\_Days** must be null.
12. For the **Excluded Drug File**, if **1 = YES** is entered for **Capped\_Benefit\_YN**, then **Capped\_Benefit\_Quantity** and **Capped\_Benefit\_Days** must be populated.
13. If the value is 1 for the **Capped\_Benefit\_YN** field, then the **Capped\_Benefit\_Quantity** field must contain a numeric value of 1 thru 9999.99.
14. If the value is 1 for the **Capped\_Benefit\_YN** field, then the **Capped\_Benefit\_Days** field must contain a numeric value of 1 thru 999.
15. For the **Excluded Drug file**, the **Capped\_Benefit\_Quantity** must be greater than the **Quantity\_Limit\_Amount** for a given **RXCUI** if both **Capped\_Benefit\_Quantity** and **Quantity\_Limit\_Amount** are non-blank.
16. The **CapBen\_Days** field must be greater than the **QL\_Days** field for a given **RXCUI** if both **CapBen\_Days** and **QL\_Days** are non-blank.
17. For the **Excluded Drug File**, if **0 = NO** is entered for **Prior\_Authorization\_YN**, then **Prior\_Authorization\_Criteria** must be null.
18. For the **Excluded Drug File**, if **1 = YES** is entered for **Prior\_Authorization\_YN**, then **Prior\_Authorization\_Criteria** must be populated.
19. For the **Excluded Drug File**, if **0 = NO** is entered for **Step\_Therapy\_YN**, then **Step\_Therapy\_Criteria** must be null.
20. For the **Excluded Drug File**, if **1 = YES** is entered for **Step\_Therapy\_YN**, then **Step\_Therapy\_Criteria** must be populated.
21. Any drugs included in the Excluded Drug file must be on a tier that is flagged in the PBP as containing Excluded Drugs (Excluded Drug only tier or combination tier of Part D and Excluded Drugs) in at least one plan.
22. At least one drug must be in the Excluded Drug file for tiers in the PBP that have excluded drugs (either alone or in combination with Part D drugs).
23. If the tier is partially covered in the gap, then at least one drug in that tier must be populated with a "1" in the **Gap\_Coverage\_YN** field.
24. If the tier is fully covered in the gap, then all drugs in that tier must be populated with a "1" in the **Gap\_Coverage\_YN** field.
25. If the tier is not covered in the gap, then all drugs in that tier must be populated with a "0" in the **Gap\_Coverage\_YN** field.
26. The file extension checking method must be consistent with the identified HPMS standard for such checks for the Excluded Drug submission file.
27. The validity of the **RXCUIs** submitted on the Excluded Drug supplemental file will be evaluated. This check is performed for all initial submissions and resubmissions. If the **RXCUIs** do not match, the submission is rejected.
28. The system stores the time and date when the submission was made (when the "Submit" button is clicked).
29. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and rejects submissions if the file contains one or more restricted characters.

### **Value-Based Insurance Design:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.

2. The **VBID** submissions must contain an RxCUI that exists in the Formulary submission file.
3. VBID files can only be submitted if **at least one plan** associated with the current version of the Formulary has a validated bid submission.
4. **Strip leading zeroes** from the **RxCUI field** in the VBID submission files.
5. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and will reject submissions if the file contains one or more restricted characters.
6. Each row must contain a **unique combination of Contract-Plan-RxCUI** in the **VBID** file.

#### **Additional Demonstration Drug (ADD):**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
2. The system validates the **lengths and values** for all fields (file layout).
3. Each **MMP\_NDC** must be unique in the submitted file, populated, and 11 characters in length.
4. **MMP\_Tier** must not contain a value greater than the maximum tier number indicated in PBP.
5. **MMP\_Tier** must not contain a tier number that is flagged as '**Part D Drug Only Tier**' in the PBP.
6. The **MMP\_Tier** field must contain a value of 1 through 6 and cannot be blank. For tier models that only include 2 tiers, the **MMP\_Tier** field must only include a value of 1 through 2. For tier models that include 3 or more tiers, the **MMP\_Tier** field must only include a value of 3 through 6.
7. The ADD file must contain at least one NDC in each tier defined as a **combo tier** or **Non-Medicare tier** in the PBP.
8. The **MMP\_QL\_YN** field must be non-blank and contain a value of 0 or 1.
9. If the value is 1 for the **MMP\_QL\_YN** field, then the **MMP\_QL\_Amt** and **MMP\_QL\_Days** fields must be non-blank.
10. If the value is 1 for the **MMP\_QL\_YN** field, then the **MMP\_QL\_Amt** field must contain a numeric value of 1 thru 9999.99.
11. If the value is 1 for the **MMP\_QL\_YN** field, then the **MMP\_QL\_Days** field must contain a numeric value of 1 thru 365.
12. If the value is 0 for the **MMP\_QL\_YN** field, then the **MMP\_QL\_Amt** and **MMP\_QL\_Days** fields must be null.
13. The **MMP\_CapBen\_YN** field must be non-blank and contain a value of 0 or 1.
14. If the value is 1 for the **MMP\_CapBen\_YN** field, then the **MMP\_CapBen\_Amt** and **MMP\_CapBen\_Days** fields must be non-blank.
15. If the value is 1 for the **MMP\_CapBen\_YN** field, then the **MMP\_CapBen\_Amt** field must contain a numeric value of 1 thru 9999.99.
16. If the value is 1 for the **MMP\_CapBen\_YN** field, then the **MMP\_CapBen\_Days** field must contain a numeric value of 1 thru 365.
17. If the value is 0 for the **MMP\_CapBen\_YN** field, then **MMP1\_CapBen\_Amt** and **MMP\_CapBen\_Days** must be null.
18. The **MMP\_CapBen\_Amt** must be greater than the **MMP\_QL\_Amt** for a given **MMP\_NDC** if both **MMP\_CapBen\_Amt** and **MMP\_QL\_Amt** are non-blank.

19. The **MMP\_CapBen\_Days** field must be greater than the **MMP\_QL\_Days** field for a given **MMP\_NDC** if both **MMP\_CapBen\_Days** and **MMP\_QL\_Days** are non-blank.
20. The **MMP\_PA\_YN** field must be non-blank and contain a value of 0 or 1.
21. If the **MMP\_PA\_Criteria** field is not null, then the field must not be greater than 3000 characters in length.
22. **MMP\_PA\_Criteria** must be non-blank if the value is 1 for the **MMP\_PA\_YN** field.
23. **MMP\_PA\_Criteria** must be null if the value is 0 for the **MMP\_PA\_YN** field.
24. The **MMP\_ST\_YN** field must be non-blank and contain a value of 0 or 1.
25. If the **MMP\_ST\_Criteria** field is not null, then the field must not be greater than 1000 characters in length.
26. **MMP\_ST\_Criteria** must be non-blank if the value is 1 for the **MMP\_ST\_YN** field.
27. **MMP\_ST\_Criteria** must be null if the value is 0 for the **MMP\_ST\_YN** field.
28. Each **MMP\_NDC** must be unique in the submitted file.
29. **MMP\_NDC**, **MMP\_Tier**, **MMP\_QL\_YN**, **MMP\_CapBen\_YN**, **MMP\_PA\_YN**, and **MMP\_ST\_YN** must be non-blank.
30. The file extension checking method must be consistent with the identified HPMS standard for such checks for the ADD file.
31. The validity of the NDCs submitted on the ADD file will be evaluated. This check is performed for all initial submissions and resubmissions. If the NDCs do not match, the submission is rejected.
32. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and rejects submissions if the file contains one or more restricted characters.

### **LIS Cost-Sharing Reduction:**

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
2. The **LIS Cost-Sharing Reduction** submissions must contain an RxCUI that exists in the Formulary submission file.
3. LIS files can only be submitted if **at least one plan** associated with the current version of the Formulary has a validated bid submission and has LIS applicability.
4. Each **RxCUI** must be **unique** in the LIS submission files.
5. All RxCUIs included in the file must apply to all plans associated with the file. Plans that require different versions of a particular file based on the number of RxCUIs or the specific drugs covered cannot share the same supplemental file and therefore cannot be linked to the same Formulary ID.
6. **Strip leading zeroes** from the **RxCUI field** in the LIS submission files.
7. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and will reject submissions if the file contains one or more restricted characters.
8. The Cost Sharing field value must be a number between 0.01 and 9.99.

### **Part D Senior Savings Model:**

1. Plan Sponsors can select one or multiple plans at a time and submit a single Part D Senior Savings Model file.

Note: The content of the Part D Senior Savings Model file shared between multiple Plans must be identical. As long as Plans that offer Part D Senior Savings Model with the exact same coverage (Drugs and Cohorts) and are able to share the same Part D Senior Savings Model file, then these plans can be selected to be associated with the same file.

2. The file must be in a **tab-delimited text** (.txt) format and must not contain a header record.
3. The **Part D Senior Savings Model** submissions must contain an RxCUI that exists in the Formulary submission file and Part D Senior Savings Model reference data.
4. Part D Senior Savings Model file can be submitted for a plan that has a validated bid submission and has Part D Senior Savings Model applicability.
5. Each **RxCUI** must be **unique** in the Part D Senior Savings Model submission file.
6. **Strip leading zeroes** from the **RxCUI field** in the Part D Senior Savings Model submission files.
7. The system searches for **HPMS restricted characters** (greater than >, less than <, and semi-colon ;) in the upload file and will reject submissions if the file contains one or more restricted characters.
8. The **Cohort** field must contain a value of 1 through 5 and cannot be blank.
9. **Cohort** must not contain a value greater than the maximum Cohort number indicated in PBP.
10. For cohort number identified in PBP is 2, the **Cohort** field must only include a value of 1 through 2. For Cohort number identified in PBP is 3, the Cohort field must only include a value of 1 through 3.
11. The Part D Senior Savings Model file must contain **at least one RxCUI in each cohort** based on the Cohort number in the PBP.

#### **PA/ST Criteria Change Request File Validations:**

1. The file must be in a tab-delimited text (.txt) format and must not contain a header record.
2. Check that all occurrences of the UM Group Descriptions on the PA/ST Criteria Change Request file exists in the Prior\_Authorization\_Group\_Desc field or Step\_Therapy\_Group\_Desc field in the Formulary file. The PA/ST Criteria Change Request file is rejected if the validation does not pass.
3. The system ensures that the FID, Reason for UM Change, Current UM Type and Current UM Group Description on the PA/ST Criteria Change Request file are not null.
4. The system searches for HPMS restricted characters (greater than >, less than < and semi-colon ;) in the upload file and rejects submissions if the file contains one or more restricted characters.
5. The system ensures that the FID entered is valid.
6. Formulary ID, Reason for UM Change, Current UM Group Description values must be unique within a PA/ST Criteria Change Request file.

## APPENDIX D: CONTACT INFORMATION

Contact	Name	Phone Number	Email Address
<b>HPMS Technical Help Desk</b>	N/A	1-800-220-2028	<a href="mailto:hpms@cms.hhs.gov">hpms@cms.hhs.gov</a>
<b>HPMS</b>	Sara Walters Julia Heeter	410-786-3330 410-786-6198	<a href="mailto:sara.walters@cms.hhs.gov">sara.walters@cms.hhs.gov</a> <a href="mailto:julia.heeter@cms.hhs.gov">julia.heeter@cms.hhs.gov</a>
<b>Formulary Content &amp; Review Guidelines</b>	Part D Formularies Mailbox	N/A	<a href="mailto:PartDFormularies@cms.hhs.gov">PartDFormularies@cms.hhs.gov</a>
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