The following Plans are not included in this Public Use File
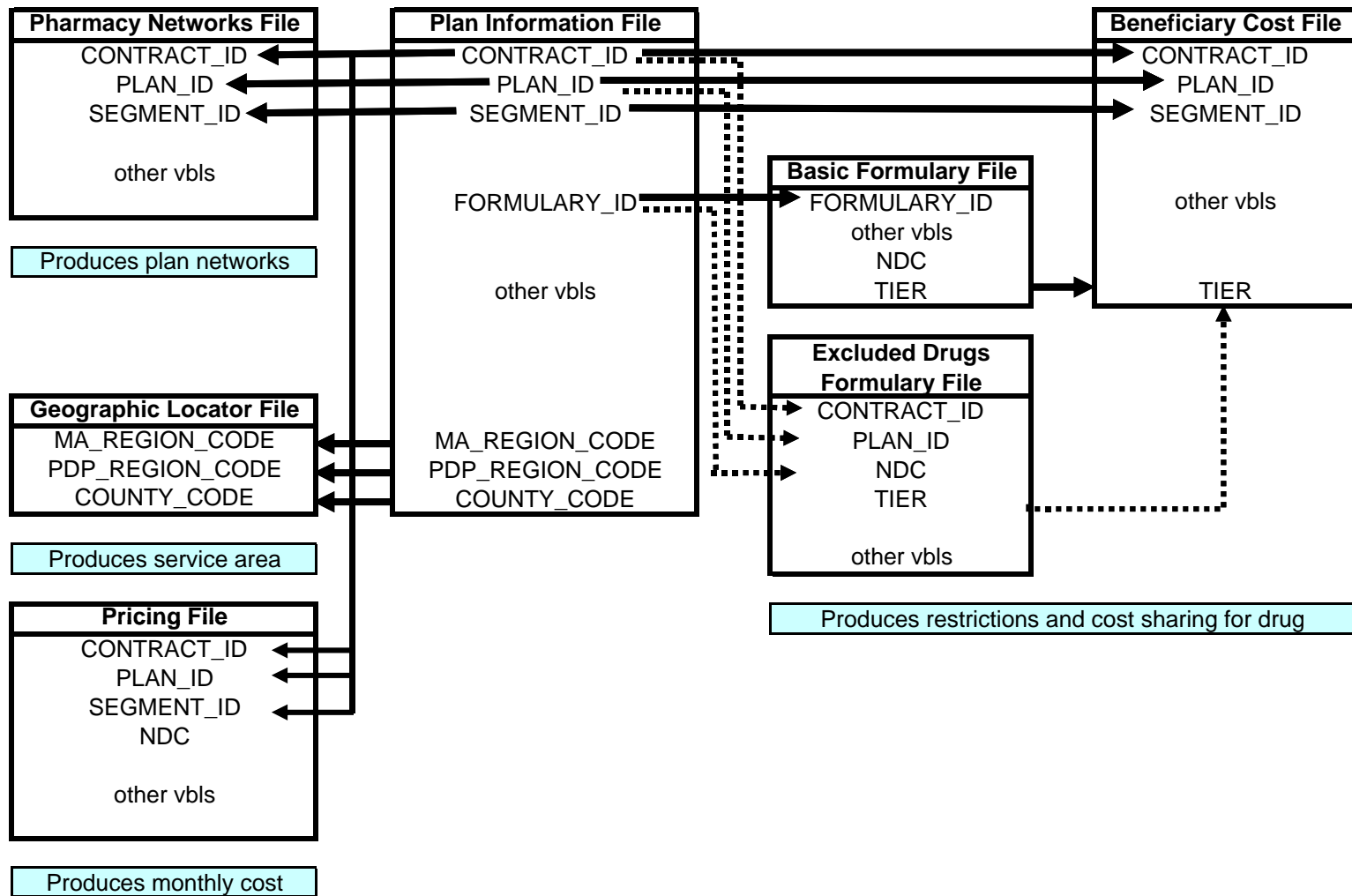
⁻Non Part D Plans
⁻National PACE Plans
⁻Employer Sponsored Plans
⁻Demonstration Plans

Plans whose pharmacy data has been suppressed in the PUF reporting period due to plan request, data inaccuracy, or other issues identified by CMS appear in the Plan Information table with the PLAN_SUPPRESSED_YN field set to "Y." They do not appear in any other tables.

Effective January 1, 2011, the Medicare Coverage Gap Discount Program will make manufacturer discounts available to eligible Medicare beneficiaries receiving applicable, covered Part D drugs, while in the coverage gap. In order to participate in the Medicare Coverage Gap Discount Program, manufacturers must sign an agreement with CMS to provide the discount on all of its applicable drugs (i.e. prescription drugs approved or licensed under new drug applications or biologic license applications). Beginning in 2011, only those applicable drugs that are covered under a signed manufacturer agreement with CMS will be covered under Part D. This file does not reflect discounts applied to these drugs.

Pharmacy Networks File

CONTRACT_ID
PLAN_ID
SEGMENT_ID

other vbls

Produces plan networks

Plan Information File

CONTRACT_ID
PLAN_ID
SEGMENT_ID

FORMULARY_ID

other vbls

MA_REGION_CODE
PDP_REGION_CODE
COUNTY_CODE

Beneficiary Cost File

CONTRACT_ID
PLAN_ID
SEGMENT_ID

other vbls

TIER

Basic Formulary File

FORMULARY_ID
other vbls
NDC
TIER

Excluded Drugs Formulary File

CONTRACT_ID
PLAN_ID
NDC
TIER

other vbls

Produces restrictions and cost sharing for drug

Geographic Locator File

MA_REGION_CODE
PDP_REGION_CODE
COUNTY_CODE

Produces service area

Pricing File

CONTRACT_ID
PLAN_ID
SEGMENT_ID
NDC

other vbls

Produces monthly cost

PLAN_INFORMATION FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS; the first letter of CONTRACT_ID signals the type of entity:
		Hxxxx = Local Medicare Advantage (MA) plan
		Rxxxx = Regional MA plan
		Sxxxx = Stand-alone Prescription Drug Plan (PDP)
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (000)
CONTRACT_NAME	Char(50)	
PLAN_NAME	Char(42)	
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
PREMIUM	9(6.2)	Monthly premium amount
DEDUCTIBLE	9(6.0)	Annual deductible amount
ICL	9(6.0)	Annual initial coverage limit amount
MA_REGION_CODE	Char(2)	Regional MA plan service area (applicable only for "R" contracts); table attached
PDP_REGION_CODE	Char(2)	PDP plan service area (applicable only for "S" contracts); table attached
STATE	Char(2)	2-character State code (applicable only for "H" contracts -- Local MA plans)
COUNTY_CODE	Char(5)	5-character SSA State/County code (applicable only for "H" contracts -- Local MA plans); see Geographic Locater file
SNP	Char(1)	Is this is Special Needs Plan and, if so, what type? (0=Not a SNP, 1=Chronic or Disabling Condition, 2=Dual-Eligible, 3=Institutional)
PLAN_SUPPRESSED_YN	Char(1)	Was this plan's pharmacy data suppressed?

MA_REGION_CODE values

1. Northern New England (New Hampshire and Maine)
2. Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)
3. New York
4. New Jersey
5. Mid-Atlantic (Delaware, District of Columbia and Maryland)
6. Pennsylvania and West Virginia
7. North Carolina and Virginia
8. Georgia and South Carolina
9. Florida
10. Alabama and Tennessee
11. Michigan
12. Ohio
13. Indiana and Kentucky
14. Illinois and Wisconsin
15. Arkansas and Missouri
16. Louisiana and Mississippi
17. Texas
18. Kansas and Oklahoma
19. Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)
20. Colorado and New Mexico
21. Arizona
22. Nevada
23. Northwest (Idaho, Oregon, Utah and Washington)
24. California
25. Hawaii
26. Alaska

PDP_REGION_CODE values		
	1	Northern New England (New Hampshire and Maine)
	2	Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)
	3	New York
	4	New Jersey
	5	Mid-Atlantic (Delaware, District of Columbia and Maryland)
	6	Pennsylvania, West Virginia
	7	Virginia
	8	North Carolina
	9	South Carolina
	10	Georgia
	11	Florida
	12	Alabama, Tennessee
	13	Michigan
	14	Ohio
	15	Indiana, Kentucky
	16	Wisconsin
	17	Illinois
	18	Missouri
	19	Arkansas
	20	Mississippi
	21	Louisiana
	22	Texas
	23	Oklahoma
	24	Kansas
	25	Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)
	26	New Mexico
	27	Colorado
	28	Arizona
	29	Nevada
	30	Oregon, Washington
	31	Idaho, Utah
	32	California
	33	Hawaii
	34	Alaska
	35	American Samoa
	36	Guam
	37	Northern Mariana Islands
	38	Purto Rico
	39	U.S. Virgin Islands

BASIC DRUGS FORMULARY FILE

Field Name	Type(size)	Description
FORMULARY_ID	Char(8)	Unique ID assigned to each newly created formulary
FORMULARY_VERSION	9(3)	Version ID
CONTRACT_YEAR	Char(4)	Contract year
RXCUI	Char (6)	RxNorm concept unique identifier
NDC	Char (11)	11-digit proxy National Drug Code (NDC) associated with the drug product
TIER_LEVEL_VALUE	9(2)	Cost share tier level associated with the NDC
QUANTITY_LIMIT_YN	Char(1)	Does this NDC have a quantity limit restriction?
QUANTITY_LIMIT_AMOUNT	9(6)	Quantity limit amount associated with this NDC
QUANTITY_LIMIT_DAYS	9(6)	Quantity limit days associated with this NDC
PRIOR_AUTHORIZATION_YN	Char(1)	Is prior authorization required for this NDC?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this NDC?

EXCLUDED DRUGS FORMULARY FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
NDC	Char(11)	11-digit National Drug Code (NDC) associated with the drug product. A NDC is specified for every unique generic and brand drug, strength, dosage formulation, and route of administration covered.
TIER	9(2)	Cost share tier associated with this drug product
QUANTITY_LIMIT_YN	Char(1)	Does this NDC have a quantity limit restriction?
QUANTITY_LIMIT_AMOUNT	Char(7)	Quantity limit amount associated with this NDC
QUANTITY_LIMIT_DAYS	9(6)	Quantity limit days associated with this NDC
PRIOR_AUTH_YN	Char(1)	Is prior authorization required for this NDC?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this NDC?
CAPPED_BENEFIT_YN	Char(1)	Does this NDC have a capped benefit restriction?

BENEFICIARY COST FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
COVERAGE_LEVEL	9(1)	Coverage type for beneficiary with no subsidy. 0=pre-deductible, 1=initial coverage, 2=coverage gap, 3=catastrophic
TIER	9(2)	Cost Share tier value
DAYS_SUPPLY	9(1)	Length of days supply to which cost structure applies. 1=30days, 2=90 days, 3=other
COST_TYPE_PREF	9(1)	Type of cost sharing at preferred pharmacies. 1=copay, 2=coinsurance
COST_AMT_PREF	9(4)v9(4)	Amount of cost sharing at preferred pharmacies. If COST_TYPE_PREF=1, this field is interpreted as $$$$cccc -- for example, 00100000 is interpreted as $10.00. If COST_TYPE_PREF=2, this field is interpreted as a 4-decimal-place number -- for example, 00002500 is interpreted as 0.25 or 25%
COST_TYPE_NONPREF	9(1)	Type of cost sharing at nonpreferred pharmacies. 1=copay, 2=coinsurance
COST_AMT_NONPREF	9(4)v9(4)	Amount of cost sharing at nonpreferred pharmacies. See description of COST_AMT_PREF.
COST_TYPE_MAIL	9(1)	Type of cost sharing at mailorder pharmacies. 1=copay, 2=coinsurance
COST_AMT_MAIL	9(4)v9(4)	Amount of cost sharing at mailorder pharmacies. See description of COST_AMT_PREF.
TIER_SPECIALTY_YN	Char(1)	Is this tier designated as a specialty tier? Note – not all plans offer specialty tiers due to the plan benefit design. Plans are not required to designate any tiers as specialty tiers.
DED_APPLIES_YN	Char(1)	Does the deductible apply to this tier?

GEOGRAPHIC LOCATOR FILE				
Field Name	**Type(size)**	**Description**		
COUNTY_CODE	Char(5)	5-character SSA State/county code		
STATENAME	Char(20)	State name		
COUNTY	Char(30)	County name		
MA_REGION_CODE	Char(2)	Regional MA service area (applicable only for "R" contracts)		
MA_REGION	Char(150)	Description of Regional MA region		
PDP_REGION_CODE	Char(2)	Plan service area (applicable only for "S" contracts)		
PDP_REGION	Char(150)	Description of PDP region		

PHARMACY NETWORKS FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
PHARMACY_NUMBER	Char(12)	12-digit Pharmacy Number. 10 digit National Provider Identifier (NPI) with leading one and zero
PHARMACY_ZIPCODE	Char(5)	ZIPCode for pharmacy
PREFERRED_STATUS_RETAIL	Char(1)	Is the retail pharmacy preferred? (Y/N)
PREFERRED_STATUS_MAIL	Char(1)	Is the mail pharmacy preferred? (Y/N)
PHARMACY_RETAIL	Char(1)	Is the pharmacy a retail outlet? (Y/N)
PHARMACY_MAIL	Char(1)	Is the pharmacy a mailorder outlet? (Y/N)
IN_AREA_FLAG	9(1)	Pharmacy ZIPCode places it in the plan service area (1=yes)

PRICING FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
NDC	Char (11)	11-digit proxy National Drug Code (NDC) associated with the drug product
COST_30DAY	9(4)v9(4)	Average monthly cost at in-area retail pharmacies. A pharmacy is considered in-area when it is geographically located in the plan's service area.