Supplemental Drug Program Data Sharing Agreement (DSA)

USER GUIDE

Version Effective Date:
November 28, 2008

INTRODUCTION

This Supplemental Drug Program (SDP) **USER GUIDE** is the body of information and instructions SDPs will find useful as they implement and then manage the SDP information sharing process with CMS. In particular, an SDP Data Sharing Agreement (DSA) and the information in this document will allow users to coordinate Medicare Part D drug benefits with CMS under the terms of the Medicare Modernization Act (MMA).

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

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

RECENT CHANGES: Updates to this edition of the User Guide

- We note again the paragraph of Special Information for Small AIDS Drug Assistance Programs (ADAPs); Page 16.
- We have added a section titled Contact Protocol for Data Exchange Problems; Page 21
- We updated and edited all the FAQs; starting on Page 22.

SECTION A: COMPLETING AND SIGNING AN SDP DSA

Before the CMS – Supplemental Drug Program relationship can become operational, the potential Supplemental Drug Program (SDP) Data Sharing Agreement partner and CMS have to sign and exchange completed copies of the SDP Data Sharing Agreement (DSA). In this first section are the instructions for completing a SDP DSA for signature.

The SDP DSA signature package consists of two documents: The SDP DSA itself, and the SDP DSA *Implementation Questionnaire*. The SDP DSA partner will return two signed copies of the SDP DSA and one completed copy of the Implementation Questionnaire to CMS. CMS will not consider the SDP DSA to be in force until the partner has provided CMS with a completed copy of the Implementation Questionnaire. One copy of the SDP DSA will then be countersigned by CMS and returned to the partner. If you would like to work with copies of these documents in MS Word please contact either Bill Decker or John Albert at CMS.

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

2. Enter the date that is requested on Page 3 of the SDP DSA, in Section C, 1. This is the starting date for health plan enrollment information that is entered on the first regular production Initial Input File you provide to CMS.

3. On Page 10, in Section M, enter the partner's Administrative and Technical contact information.

4. Page 12, Section N: Upon receipt of a SDP DSA signed by the partner, CMS will provide the required Technical contact information. This does not need to be completed to execute the Agreement.

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

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

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

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

SECTION B: THE SDP DATA FILES – Standard Reporting Information

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

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

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

I. The Input and Response File Data Layouts

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

Supplemental Drug Program Input File Layout

Supplemental Drug Program Input File Layout for Part D – 249 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Numeric	Social Security Number – Required Populate with spaces if unavailable.
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number Required if SSN not provided. Populate with spaces if unavailable.
3.	Surname	6	22-27	Text	Surname of Covered Individual - Required
4.	First Initial	1	28-28	Text	First Initial of Covered Individual - Required

Field	Name	Size	Displacement	Data Type	Description
			Supplemental Drug Program Input File Layout for Part D – 249 bytes		
5.	DOB	8	29-36	Date	Date of Birth of Covered Individual - Required CCYYMMDD
6.	Sex Code	1	37-37	Numeric	Sex of Covered Individual - Required 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Date	Effective Date of SDP - Required CCYYMMDD
8.	Termination Date	8	46-53	Date	Termination Date of SDP -Required CCYYMMDD – Use all zeros if open-ended.
9.	NPlanID	10	54-63	Filler	**Future use** for National Health Plan Identifier. Fill with spaces only
10.	Rx ID/Policy Number	20	64-83	Text	Covered Individual Pharmacy Benefit ID for SDP Rx ID Required if Coverage Type = U Policy Number Required if Coverage Type = V
11.	Rx Group	15	84-98	Text	SDP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Text	SDP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Text	SDP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Text plus "(" and ")"	Pharmacy Benefit Toll-Free Number
15.	Document Control Number	15	133-147	Text	Document Control Number, Assigned by SDP- Required
16.	Coverage Type	1	148-148	Alpha-Numeric	Coverage Type Indicator - Required U: Network (electronic, point-of-sale benefit) V: Non-Network (other type of benefit)
17.	Insurance Type	1	149-149	Alpha-Numeric	Insurance Type - Required N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP

Field	Name	Size	Displacement	Data Type	Description
18.	Filler	100	150-249	Alpha-Numeric	Unused Field Fill with spaces only

HEADER RECORD – All fields required

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

TRAILER RECORD – All fields required

Field	Name	Size	Displacement	Data Type	Description
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records on file
6.	Filler	220	30-249	Alpha-Numeric	Unused Field Fill with Spaces.

The SDP Response File: This is the data set transmitted from the COBC to the SDP partner after the information supplied in the partner's SDP Input File has been processed by the COBC. It consists of the same data elements in the Input File, with corrections applied, and disposition and edits codes which let you know what we did with the record. The response will also contain new information for the partner regarding the submitted SDP enrollees, including Medicare enrollment information if an SDP client is found on the Medicare database.

Supplemental Drug Program Response File Layout

Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number

The table header for the Response File reads: **Supplemental Drug Program Response File Layout for Part D – 417 bytes**

	Supplemental Drug Program Response File Layout for Part D – 417 bytes				
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
3.	Surname	6	22-27	Alpha-Numeric	Surname of Covered Individual
4.	First Initial	1	28-28	Alpha-Numeric	First Initial of Covered Individual
5.	DOB	8	29-36	Alpha-Numeric	Date of Birth of Covered Individual CCYYMMDD
6.	Sex Code	1	37-37	Alpha-Numeric	Sex of Covered Individual 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Alpha-Numeric	Effective Date of SDP Coverage CCYYMMDD
8.	Termination Date	8	46-53	Alpha-Numeric	Termination Date of SDP Coverage CCYYMMDD *Use all zeros if open-ended
9.	NPlanID	10	54-63	Alpha-Numeric	**Future use** for National Health Plan Identifier
10.	Rx ID	20	64-83	Alpha-Numeric	Covered Individual Pharmacy Benefit ID for SDP
11.	Rx Group	15	84-98	Alpha-Numeric	SDP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Alpha-Numeric	SDP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Alpha-Numeric	SDP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Alpha-Numeric	Pharmacy Benefit Toll-Free Number
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number, Assigned by SDP
16.	COBC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by COBC
17.	Coverage Type	1	163-163	Alpha-Numeric`	Coverage Type Indicator U: Network (Electronic, Point-of-Sale Benefit) V: Non-Network (Other type of Benefit)

Field	Name	Size	Displacement	Data Type	Description
			Supplemental Drug Program Response File Layout for Part D – 417 bytes		
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
19.	Rx Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result from BENEMSTR/ MBD (Action taken by COBC).
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result from BENEMSTR/MBD (CCYYMMDD)
21.	Edit Code 1	4	175-178	Alpha-Numeric	Error Code
22.	Edit Code 2	4	179-182	Alpha-Numeric	Error Code
23.	Edit Code 3	4	183-186	Alpha-Numeric	Error Code
24.	Edit Code 4	4	187-190	Alpha-Numeric	Error Code
25.	Part D Eligibility Start Date	8	191-198	Alpha-Numeric	Earliest Date that Beneficiary is eligible to enroll in Part D- Refer to Field 46 for Part D Plan Enrollment Date CCYYMMDD
26.	Part D Eligibility Stop Date	8	199-206	Alpha-Numeric	Date Beneficiary is no longer eligible to receive Part D Benefits – Refer to Field 47 for Part D Plan Termination Date CCYYMMDD
27.	Medicare Beneficiary Date of Death	8	207-214	Alpha-Numeric	Medicare Beneficiary Date of Death CCYYMMDD
28.	Filler	8	215-222	Alpha-Numeric	Unused Field
29.	Filler	8	223-230	Alpha-Numeric	Unused Field
30.	Filler	3	231-233	Alpha-Numeric	Unused Field
31.	Filler	8	234-241	Alpha-Numeric	Unused Field
32.	Filler	1	242-242	Alpha-Numeric	Unused Field

Field	Name	Size	Displacement	Data Type	Description
**Supplemental Drug Program Response File Layout for Part D – 417 bytes**

Field	Name	Size	Displacement	Data Type	Description
33.	Filler	1	243-243	Alpha-Numeric	Unused Field
34.	Filler	1	244-244	Alpha-Numeric	Unused Field
35.	Filler	1	245-245	Alpha-Numeric	Unused Field
36.	Filler	1	246-246	Alpha-Numeric	Unused Field
37.	Filler	1	247-247	Alpha-Numeric	Unused Field
38.	Filler	1	248-248	Alpha-Numeric	Unused Field
39.	Filler	1	249-249	Alpha-Numeric	Unused Field
40.	Filler	1	250-250	Alpha-Numeric	Unused Field
41.	Filler	1	251-251	Alpha-Numeric	Unused Field
42.	Filler	2	252-253	Alpha-Numeric	Unused Field
43.	Filler	9	254-262	Alpha-Numeric	Unused Field
44.	Filler	8	263-270	Alpha-Numeric	Unused Field
45.	Current Medicare Part D Plan Contractor Number	5	271-275	Alpha-Numeric	Contractor Number of the Current Part D Plan in which the Beneficiary is Enrolled
46.	Current Part D Plan Enrollment Date	8	276-283	Alpha-Numeric	Effective Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
47.	Current Part D Plan Termination Date	8	284-291	Alpha-Numeric	Termination Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
48.	Filler	8	292-299	Alpha-Numeric	Unused Field
49.	Filler	8	300-307	Alpha-Numeric	Unused Field
50.	Filler	2	308-309	Alpha-Numeric	Unused Field

Field	Name	Size	Displacement	Data Type	Description
**Supplemental Drug Program Response File Layout for Part D – 417 bytes**
51.	Filler	2	310-311	Alpha-Numeric	Unused Field.
52.	PBP	3	312-314	Alpha-Numeric	Part D Plan Benefit Package (PBP)
53.	Filler	3	315-317	Alpha-Numeric	Unused Field
54.	Filler	1	318	Alpha-Numeric	Unused Field
55.	Filler	99	319-417	Alpha-Numeric	Unused Field.
HEADER RECORD					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Filler	397	21-417	Alpha-Numeric	Unused Field
TRAILER RECORD					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SDP ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Record Count	9	21-29	Alpha-Numeric	Number of records on file
6.	Filler	388	30-417	Alpha-Numeric	Unused Field

Data Type Key

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

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

Data Type Key		
Data Type / Field	**Formatting Standard**	**Examples**
Numeric	• Zero through 9 (0 → 9) • Padded with leading zeroes • Populate empty fields with spaces	• Numeric (5): "12345" • Numeric (5): "00045" • Numeric (5): " "
Alpha	• A through Z • Left justified • Non-populated bytes padded with spaces	• Alpha (12): "TEST EXAMPLE" • Alpha (12): "EXAMPLE "
Alpha-Numeric	• A through Z (all alpha) + 0 through 9 (all numeric) • Left justified • Non-populated bytes padded with spaces	• Alphanum (8): "AB55823D" • Alphanum (8): "MM221 "
Text	• Left justified • Non-populated bytes padded with spaces • A through Z (all alpha) + 0 through 9 (all numeric) + special characters: • Comma (,) • Ampersand (&) • Space ( ) • Dash (-) • Period (.) • Single quote (') • Colon (:) • Semicolon (;) • Number (#) • Forward slash (/) • At sign (@)	• Text (8): "AB55823D" • Text (8): "XX299Y " • Text (18): "ADDRESS@DOMAIN.COM" • Text (12): " 800-555-1234" • Text (12): "#34 "
Date	• Format is field specific • Fill with all zeroes if empty (no spaces are permitted)	CCYYMMDD (e.g. "19991022") Open ended date: "00000000"
Filler	• Populate with spaces	
Internal Use	• Populate with spaces	
Above standards should be used unless otherwise noted in layouts		

II. The SDP Data Exchange Process

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

SDP Processing Requirements

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

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

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

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

5. The System shall be able to provide information pertaining to all prescription drug coverage information for Part D beneficiaries as stored on the Part D database.

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

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

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

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

DSA Program Description

The purpose of the Supplemental Drug Program process is to coordinate the prescription drug benefits between Medicare Part D plans and SDP as specifically required by the Medicare Modernization Act of 2003 (MMA). This collection of all prescription drug related benefits will facilitate the tracking of TrOOP (True Out-of-Pocket) expenses incurred by each Medicare beneficiary.

In order to coordinate benefit information, data must be collected from each SDP on each of its enrollees. This information will be transmitted to the COBC where it will be edit-checked, and matched against Medicare Program eligibility data. When a match is found, the COBC will be able to combine the beneficiary's SDP information and Medicare Part D specific information to create a complete record of the beneficiary's state and federal prescription drug benefits. The combined drug benefits information will be loaded into the Medicare Beneficiary Database (MBD). Beneficiary data will be sent from the MBD to the TrOOP Facilitation contractor and to Part D plans.

A response file will also be created to send to the SDP. This file will contain one status record for each record initially submitted by the SDP to the COBC. Records in the response file will indicate whether or not the SDP enrollee is a Part D beneficiary; whether or not the COBC applied the record to the Medicare Beneficiary Database (MBD); if the record was not applied to the MBD, why (e.g., the record contained errors or the record did not provide enough information about the enrollee); what Part D plan the beneficiary is in enrolled in; and other Part D enrollment information.

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

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

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

Error Code	Description
SP 12	Invalid HIC Number or SSN. Field must contain alpha or numeric characters. Field cannot be blank or contain spaces.
SP 13	Invalid Beneficiary Surname. Field must contain alpha characters. Field cannot be blank, contain spaces or numeric characters.
SP 14	Invalid Beneficiary First Name Initial. Field must contain alpha characters. Field cannot be blank, contain spaces, numeric characters or punctuation marks.

Error Code	Description
SP 15	Invalid Beneficiary Date of Birth. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Day of the month must be correct. For example, if month = 02 and date = 30, the record will reject.
SP 16	Invalid Beneficiary Sex Code. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Acceptable numeric characters include the following: 1 = Male 2 = Female
SP 18	Invalid Document Control Number. Field cannot be blank. **SDP** must assign each record a unique number in the event questions concerning a particular record arise and need to be addressed.
SP 24	Invalid Coverage Type. Field must contain alpha characters. Field cannot be blank or contain numeric characters. Valid values are: U: Network V: Non-network
SP 31	Invalid Supplemental Drug Program Effective Date. Field must contain numeric characters. Field cannot be blank, contain spaces, alpha characters or all zeros. Number of days must correspond with the particular month.
SP 32	Invalid SDP Coverage Termination Date. Field must contain numeric characters. Date must correspond with the particular month – CCYYMMDD. For example, 02/27/1997 is acceptable, but not 02/30/1997. Cannot be earlier than the SDP effective date. If there is no termination date (coverage is still active), must use zeros (not spaces) in this field.
SP 62	Incoming termination date is less than effective date.

Additionally, the COBC will provide RX specific errors:

Error Code	Description
RX 01	Missing RX ID
RX 02	Missing RX BIN

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

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

SDP Data Processing

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

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

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

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

5. The SDP then examines the response file to determine whether: The records were applied; the COBC was not able to match the SDP enrollee in the CMS systems; or the records were not applied because of errors. (The SDP must correct any records so that from subsequent full replacement input files the corrected records can be applied to the MBD.)

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

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

Business Rules

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

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

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

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

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

III. Establishing Electronic Data Exchange

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

1. CMS' preferred method of electronic transmission is Connect:Direct (formerly known as Network Data Mover [NDM]) via the AT&T Global Network System (AGNS). Because AGNS is capable of transporting multiple protocol data streams to its members world wide, AGNS service removes the need to support a separate electronic link to each Partner. In addition, for encryption AGNS uses triple DES as its default. Using hard media (e.g., CDs) for data movement or management is not permitted.

Use of either SNA or TCP/IP is available to submitters connected to the AGNS network. FTP via TCP/IP on either a dial or dedicated basis via AGNS is also supported.

2. In addition, CMS has available two secure Internet transmission options, SFTP and HTTPS. We recommend either of these options for Partners that anticipate having a relatively low volume of data to transmit and that might find it is a burden to secure an

AGNS connection. The SDP partner's assigned EDI Rep at the COBC can advise you on this option.

Special Information for Small AIDS Drug Assistance Programs (ADAPs)

We have added a data exchange option to accommodate small ADAPs, those submitting Input Files consisting of 200 or fewer records. These small ADAPs will be able to submit the Input File in a text (txt) or ASCII format. The file must still adhere to the SPAP Input File Layout for Part D – 249 bytes including the Data Type Key provided. Response files will be returned in a text (.txt) format. Refer to the SPAP Response File Layout for Part D for information on the response file. We stress that this option is only available to ADAPs submitting 200 or fewer input records.

IV. SDP Implementation Questionnaire

The SDP *Implementation Questionnaire* asks a series of questions of the data sharing partner that helps the CMS and the partner set up the data sharing exchange process. These questions are intended to help you think through some of the issues which need to be addressed before you begin the data exchange and to assure that both the CMS and the SDP partner are in agreement as to the operational process involved. **When sending their signed SDP Data Sharing Agreement to the CMS, SDP partners must also send a completed copy of the Implementation Questionnaire.** The Questionnaire is listed as Attachment C in the included materials that accompany the Agreement sent out to new SDP data sharing partners.

SECTION C: WORKING WITH THE DATA

I. Obtaining a TrOOP Facilitation RxBIN or PCN

TrOOP is the acronym for "true out-of-pocket" – spending by or on behalf of a Medicare beneficiary that counts toward the beneficiary's Part D cost sharing. SDP partners that offer a network drug benefit (electronic at point-of-sale) are required to obtain and use a unique TrOOP facilitation RxBIN or PCN. This unique code number will identify, to the benefits coordination network, the SDP partner's drug benefits which are supplemental to Part D. The SDP's use of a unique TrOOP Facilitation routing number will enable the TrOOP Facilitation Contractor to capture any paid claims that are supplemental to Part D and to send a copy of this information to the Medicare beneficiary's Part D Plan. The Part D Plan will use this supplemental paid claims information to help calculate the enrollee's TrOOP. To be sure these drug claims are routed through the TrOOP Facilitation Contractor, SDP partners may use a separate and unique RxBIN or a unique PCN, in addition to their existing standard RxBIN or PCN.

If your SDP needs to acquire a new RxBIN or PCN to use for TrOOP facilitation purposes you may contact either of the following two entities. The organization that issues the RxBIN is the American National Standards Institute, or ANSI. ANSI can be contacted through its Web address: www.ansi.org . The National Council for

Prescription Drug Programs (NCPDP) issues the Processor Control Number, or PCN. The NCPDP can be contacted through its Web address: www.ncpdp.org .

II. Testing the Data Exchange Process

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

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

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

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

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

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

III. Using Basis for Queries

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

In overview, BASIS operates as follows:

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

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

3. The partner will use a designated telephone line to access the BASIS application, using its assigned SPIN. For each SDP Enrollee for whom the partner is requesting Medicare enrollment information, the partner will enter the following data elements that identify the subject of the query:

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

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

IV. SDP File Processing

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

File Level Editing

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

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

Adds

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

Updates

If the incoming record matches on these fields, additional fields are compared to determine if the incoming record should be considered an update. These fields include RX ID, RX Group, Part D PCN, Part D RxBIN, Toll-Free Number, Coverage Type, and Termination Date. If any of these fields have changed from the previous month's submission the record is considered an "update."

Deletes

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

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

Errors

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

Notification to the Medicare Beneficiary Database (MBD)

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

Response files

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

V. The Distinction between Part D Eligibility and Enrollment

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

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

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

Current Part D Plan Enrollment Date: Refers to an eligible Medicare beneficiary that has applied for and has coverage through a Part D Plan.

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

In the response files CMS sends you, the Current Part D Plan Enrollment Date provides the effective date of coverage for the Part D benefit by the specific Part D Plan listed as the Current Medicare Part D Plan Contractor Number. The Current Part D Plan Termination Date is the date that beneficiary is no longer receiving benefits under that Part D Plan. These dates are the most important for our data sharing partners because they let you know whether the beneficiary has actually elected coverage under Part D and the time period in which the Part D coverage became effective. In summary, a Medicare beneficiary can be eligible for Part D, but unless the beneficiary is enrolled in a Part D Plan, the beneficiary is not receiving Part D benefits.

VI. Contact Protocol for Data Exchange Problems

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

If after working with your EDI Rep, you think your problem could benefit from help at a higher level, please contact the EDI Supervisor, William Ford, at 646-458-6613. His email address is WFord@ghimedicare.com.

If you feel further escalation is necessary, contact the EDI Manager, Carl Chan, at 646-458-7289, Mr. Chan's email address is CChan2@ghimedicare.com.

The COBC Project Director, with overall responsibility for the EDI Department, is Jim Brady. Mr. Brady can be reached at 646-458-6682. His email address is JBrady@ghimedicare.com.

SECTION D: FREQUENTLY ASKED QUESTIONS

SUPPLEMENTAL DRUG PROGRAM DATA SHARING AGREEMENT

TABLE OF CONTENTS

General Questions

Q1:   When will a SDP ID be assigned?

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

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

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

Q3:   Will the data transfer via CMS (AGNS T-1 line) be passed through without any "parking" at CMS so that it does not interfere with the timeliness of the monthly transmissions to COBC?

A3:   The data transfer will be a pass-through.

Q4:   The COBC-SDP data exchange is a monthly process. What is the schedule for this process? Will the data exchange happen at the beginning, middle or end of month?

A4:   The file receipt schedule is agreed to by the SDP and the COBC. SDPs do not need to be on the same schedule. The COBC will work with each SDP partner during the Preparatory Period to set up a reporting and data production schedule.

Q5: **Why is it necessary for the SDP to send records on beneficiaries for up to 27 months after eligibility has been terminated in the SDP?**

A5: If a record is sent one month, but not the next, the record of that beneficiary will be deleted from the CMS databases. Recall that the SDP should only delete a record that should not have been added in the first place. 27 months is the period of time a Medicare claim can be filed after the last date of service.

Q6: **In our state we have two SDPs, one that has about 7,200 clients while the other has fewer than 600 clients. For the sake of minimizing paperwork and maximizing efficiency, can we combine these two programs for the purposes of the SDP - CMS data sharing agreement?**

A6: Yes, for administrative efficiency you could combine the two programs into one data exchange program. For the actual data exchange, however, we will assign you two different SDP IDs, so that a Part D Plan can differentiate between the two programs if it needs to. We can take the files from the same source at the same time, but both sets would need to be separated from each other with unique headers and trailers.

Q7: **With regard to the Administrative and Technical contacts needed for the SDP -CMS data exchange, must either or both of these contacts be "State" staff or may they be "Contractor" staff?**

A7: The State can designate whomever they wish to be the administrative and technical contacts, including contractor staff, but only a duly authorized representative of the State can sign the actual SDP Data Sharing Agreement.

Q8: **What are the requirements that must be met in order to successfully complete the testing of the SDP data sharing exchange?**

A8: For the SDP partner the minimum CMS requirements are to be able to: (1) submit an initial test Input File that can be processed to the satisfaction of the COBC; (2) receive and process a test Response file from the COBC, and; (3) be able to submit a test update file to the COBC. The COBC has the authority to determine whether or not the SDP partner has successfully completed testing and can move on to production data exchange.

Data Specific Questions

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

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

Q2:   Should we exclude previously matched records?

A2:   No, you <u>must include</u> previously matched records.

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

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

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

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

Q5:   What field identifies Medicare D enrollment?

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

Q6:   What field identifies the Medicare D insurer?

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

Q7:   We currently do not mandate collection of an SSN from the participant, although most of our participants have an SSN. In the cases where we do not have a SSN, should we just send the other information we have on the input file? If so, do we zero fill the SSN data field or leave it blank?

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

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

A8:   No, this information does not identify the Part D Plan. The Part D PCN and Part D RxBIN – usually known as the TrOOP RxBIN or TrOOP PCN – are code numbers used to enable electronic routing of network pharmacy benefit information. While a SDP might already have a standard RxBIN or PCN to help

electronically pay network claims, a separate <u>Part D specific</u> RxBIN or PCN is required for the support of the TrOOP facilitation process. These Part D-specific code numbers are used to permit the TrOOP Facilitator to capture and route claims that have been paid secondary to Part D.

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

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

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

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

Q11: **You've added Plan Benefit Package (PBP) to the response file. Is the three byte PBP code unique without considering the PDP? Also, we have determined that we will need the PBP enrollment start and end dates. We request that this information be added to the data exchange Response file.**

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

Q12: **Are PDPs eligible for the NPlanID?**

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

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

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

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

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

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

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

Q16: **Will you provide BASIS screen prototypes in the near future?**

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

Q17: **Is the new BIN/PCN [the TrOOP RxBIN or PCN] for our Medicare Part D claims payments the BIN/PCN that we will always be sending in the monthly input? In what circumstances would we not know what the correct BIN/PCN would be? Would your system ever correct the BIN/PCN and send the new bin back to us?**

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

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

A18: You send all of your enrollees and we respond with data indicating: Those we matched on and applied; those we matched on but didn't apply because of errors in the record you supplied; or those who we could not match on and who

therefore are not Medicare beneficiaries. We do not expect you to know who among your clients are Medicare beneficiaries or enrolled in a Part D Plan. Essentially, the files you send us are finder files.

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

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

10/05 – 1/08