HEALTH PLAN MANAGEMENT SYSTEM

FORMULARY SUBMISSION MODULE & REPORTS TECHNICAL MANUAL
(PLAN VERSION)

JUNE 8, 2010

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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 CMS provided Formulary Reference File.

The purpose of this Formulary Submission Module & Reports Technical Manual is to provide step-by-step instructions on how to submit, delete or revise plan formularies. It also provides instructions on how to submit supplemental files associated with a formulary (such as the Gap Coverage or Excluded Drugs files) and to generate reports to monitor the status of formulary submissions.

This Manual will help you step through the Formulary Submission module to provide information to help you to:

- Associate Contract Numbers to a Formulary.
- Enter your Formulary Information, e.g. Formulary, Tier Information, etc.
- Monitor your Formulary Status using Formulary Reports.

The HPMS Formulary Submission Module is made available to organizations in March. CY 2011 Formulary Submissions are due April 19, 2010. It is highly recommended that organizations submit their formulary file(s) as early as possible during the upload timeframe. Uploading earlier in this time frame will provide organizations with adequate time to address potential upload problems and submit corrected formulary file(s). An organization may resubmit its formulary as many times as necessary during the initial upload period, however, only the final successful submission will be processed for CMS review. Organizations implementing a formulary must provide a formulary file, along with the applicable supporting documentation (e.g. prior authorization attachment and/or step therapy attachment).

On June 7, 2010, the Formulary Supplemental Submissions and Reports functionality will be released to support the submission of gap coverage, free first fill, home infusion, over-the-counter, and excluded drug supplemental files. Organizations must submit this supplemental information for each plan offering this coverage. The supplemental files cannot be loaded until the organization has successfully submitted their related bid(s). The supplemental files will be due 5 – 10 days after the bid submission window ends. Details on the required file format are available in Appendix B.

If you have any questions about accessing the HPMS Formulary Submission Module, contact the HPMS Help Desk at 1-800-220-2028.

I. GETTING STARTED

ACCESSING THE HPMS

The HPMS Formulary Submission module is hosted on a secure extranet site that you can access via the Internet using a Secure Sockets Layer (SSL) Virtual Private Network (VPN). You can also access HPMS by dial-up or T1/leased line via the Medicare Data Communications Network (MDCN).

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.gov/AccesstoDataApplication/Downloads/Access.pdf.

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:

- User Name,
- CMS User ID,
- Current Contract Number(s), and
- Contract Number(s) to be added.

All questions related to HPMS user access should be directed to hpms_access@cms.hhs.gov.

HOW TO ACCESS THE HPMS HOME PAGE USING THE INTERNET

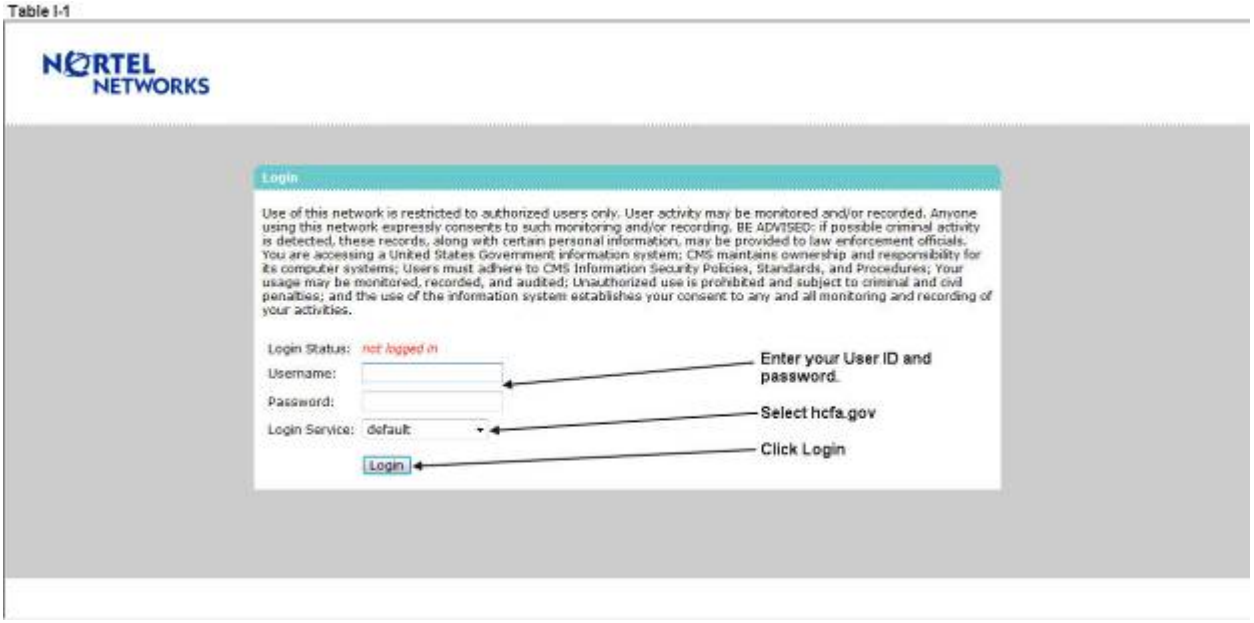
STEP 1

Open your web browser (e.g., Internet Explorer) and enter the CMS SSL VPN gateway address https://gateway.cms.gov in the Address bar.

STEP 2

Enter your CMS User ID and password and select "hcfa.gov" as the login service. Click on the **Login** button (see Table I-1).

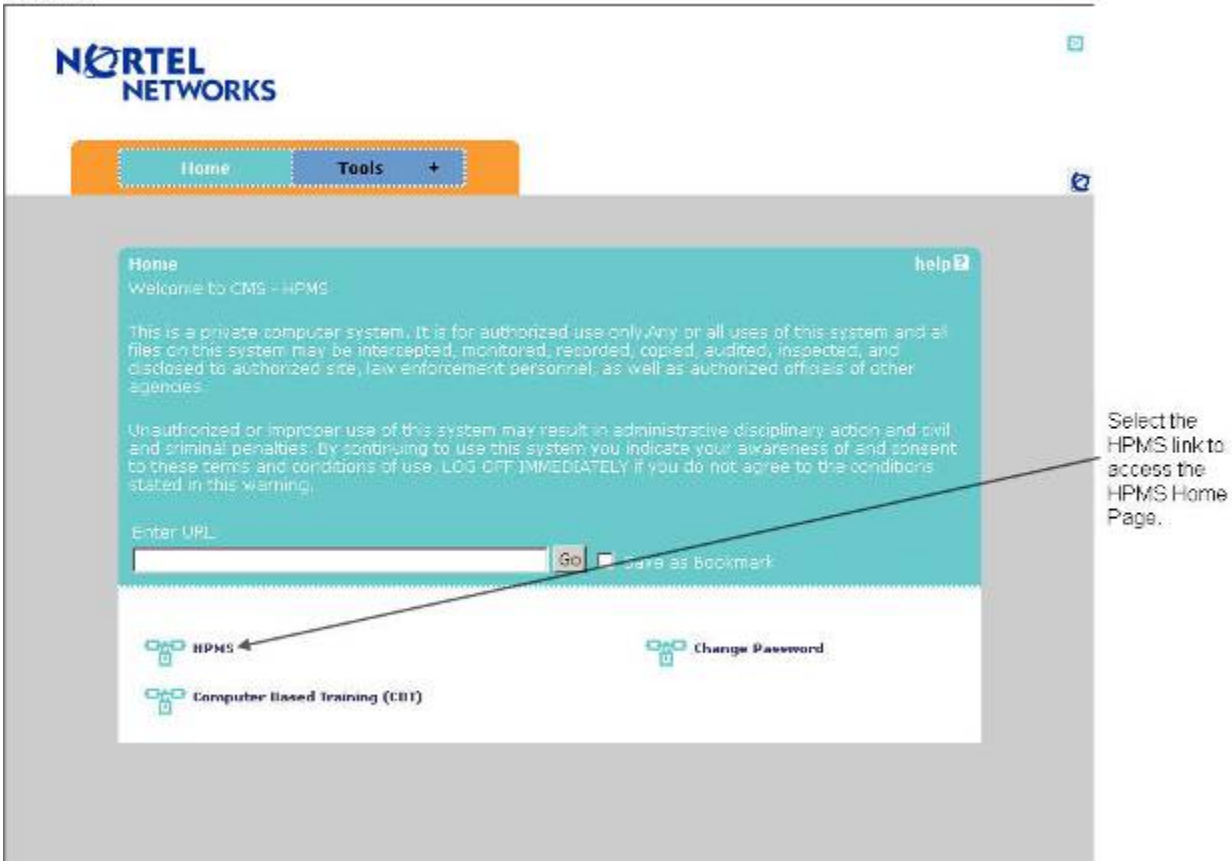
Table I-1



STEP 3

Select the **HPMS** link from the SSL VPN portal page to access the **HPMS Home Page** (see Table I-2).

Table I-2



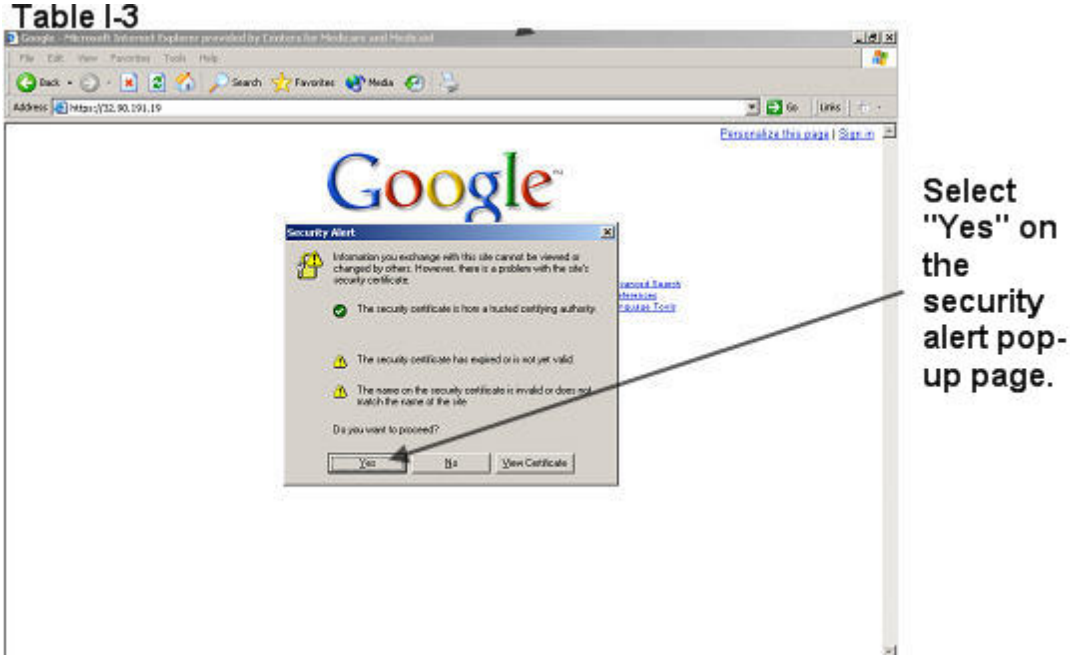
HOW TO ACCESS THE HPMS USING AN MDCN LEASE LINE

STEP 1

Open your web browser (e.g., Internet Explorer) and enter the CMS MDCN access address https://32.90.191.19 in the Address bar.

Select the "Yes" button on the Security Alert pop-up page. (Table I-3)

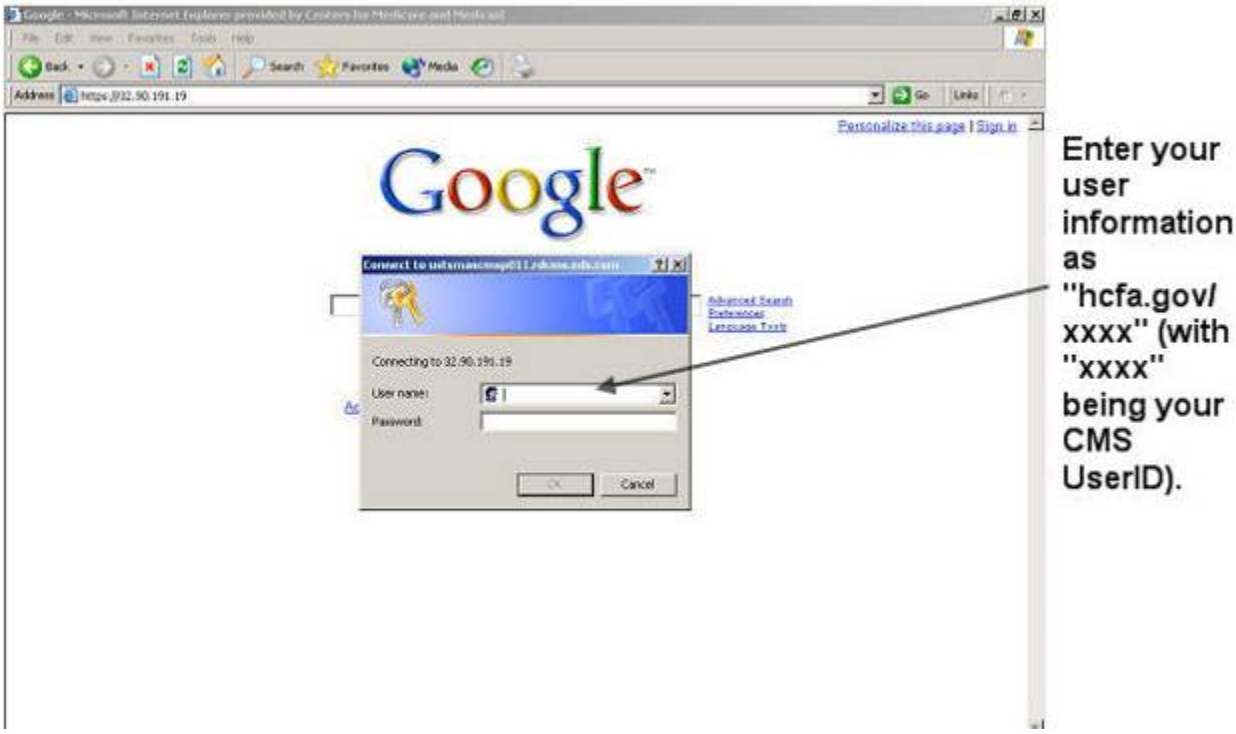
Table I-3



STEP 2

Enter your User Name as hcfa.gov/xxxx – where "xxxx" is your 4 character CMS User ID. Enter your password and select the "OK" button (Table I-4) to access the **HPMS Home Page.**

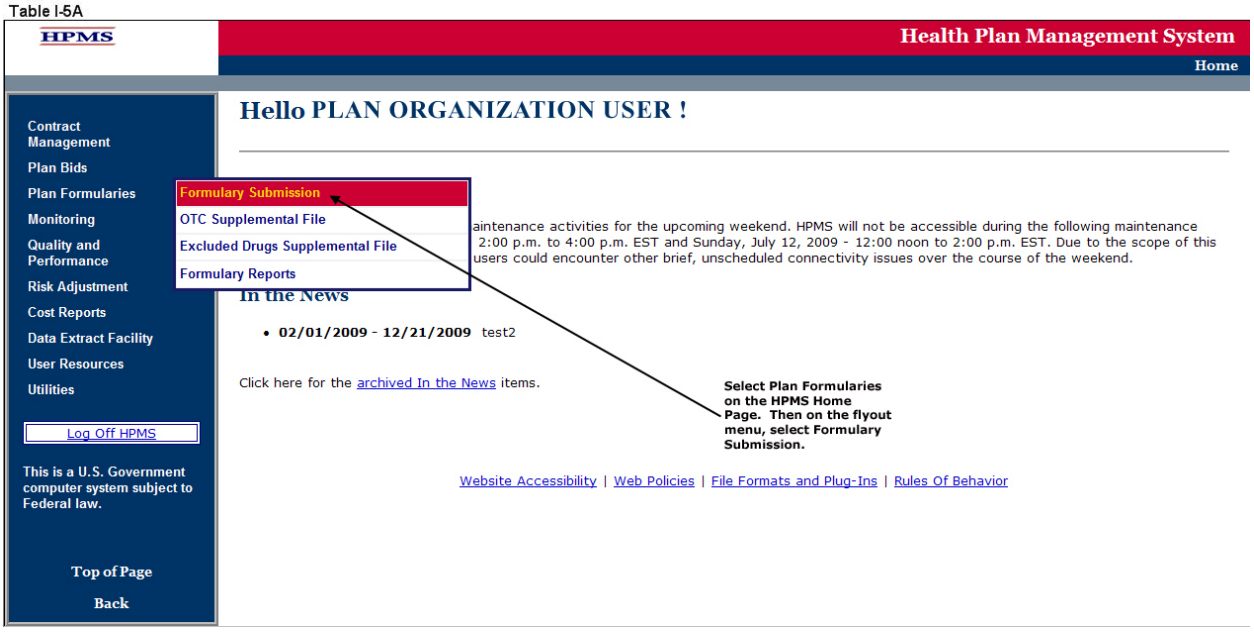
Table I-4



ACCESS THE HPMS FORMULARY SUBMISSION MODULE

To access the Formulary Submission Module, select **Plan Formularies** in the Left Navigation Bar of the HPMS Home Page. On the fly out menu, select **Formulary Submission** (see Table I-5A). This will take you to the Formulary Submission Contract Year Selection page.

Table I-5A

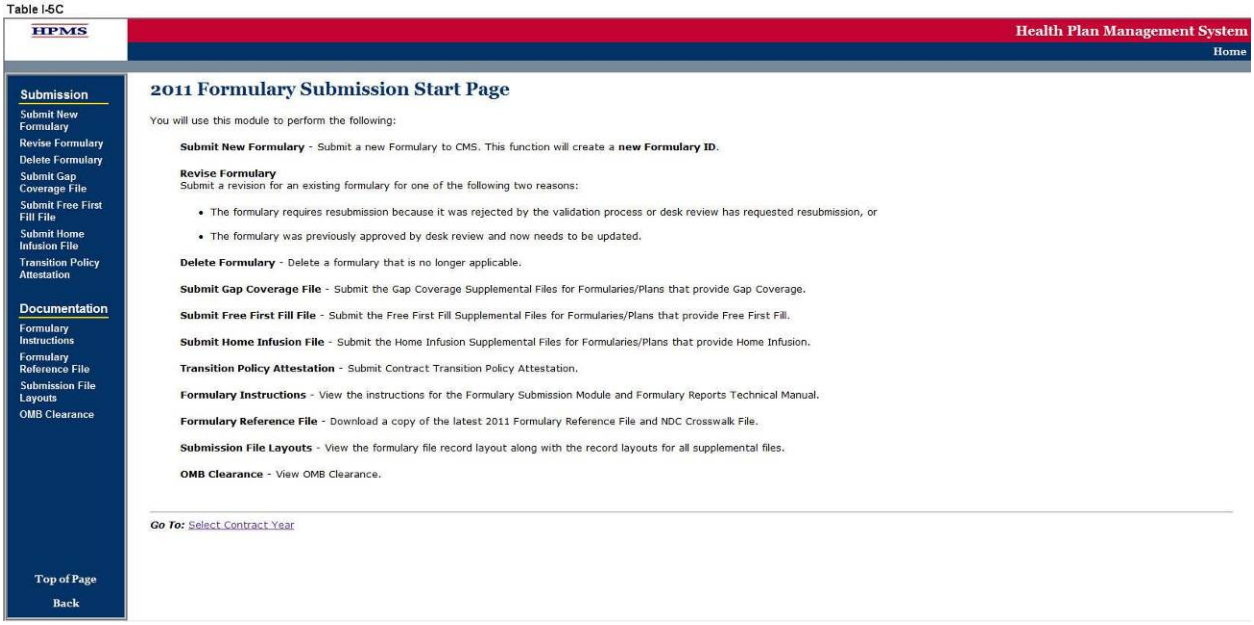


STEP 2

On the **Formulary Submission Contract Year Selection page,** select the appropriate contract year (see Table I-5B). This will take you to the **Formulary Submission Start page** (see Table I-5C).

Table I-5B

Table I-5C



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 D provides various validation rules for the formulary submission process.

II. How To Submit A New Formulary

The Submit New Formulary function is used to submit a new formulary. If you need to revise a formulary a previously submitted formulary, you should use the Revise Formulary function (refer to Chapter III).

When submitting a new formulary, you will:

1. **Associate Contracts to the Formulary -** Associate one or more of your contracts to the formulary submission.

2. **Provide Formulary Information –** Provide information about the formulary submissions including: Formulary Name; Formulary Classification System; Number of Tiers; Quantity Limit status; Limited Access status; Prior Authorization status; and Step Therapy status.

3. **Provide Formulary Tier Information –** Provide information about the tiers within the formulary.

4. **Upload Files –** Upload the Formulary File, Prior Authorization File, and Step Therapy File, if required.

5. **Verify the Submission –** Verify the correct information has been entered for your submission.

6. **Confirm the Submission –** Submit your formulary and obtain your assigned Formulary ID and confirmation your upload was successful.

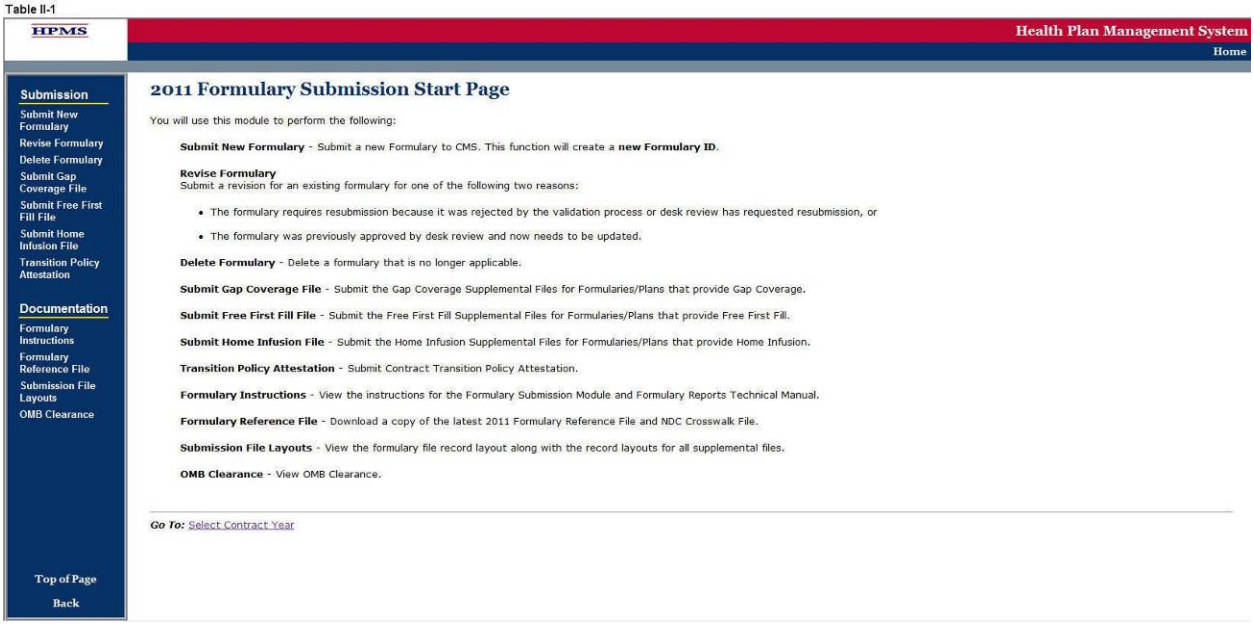
ASSOCIATE CONTRACTS TO FORMULARY

The **Associate Contracts to Formulary** page will allow you to associate one or more of your contracts to the formulary submission.

Step 1

As shown in Table II-1, select **Submit New Formulary** from the **Formulary Submission Start Page.** (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 Associate Contracts to Formulary page.

Table II-1



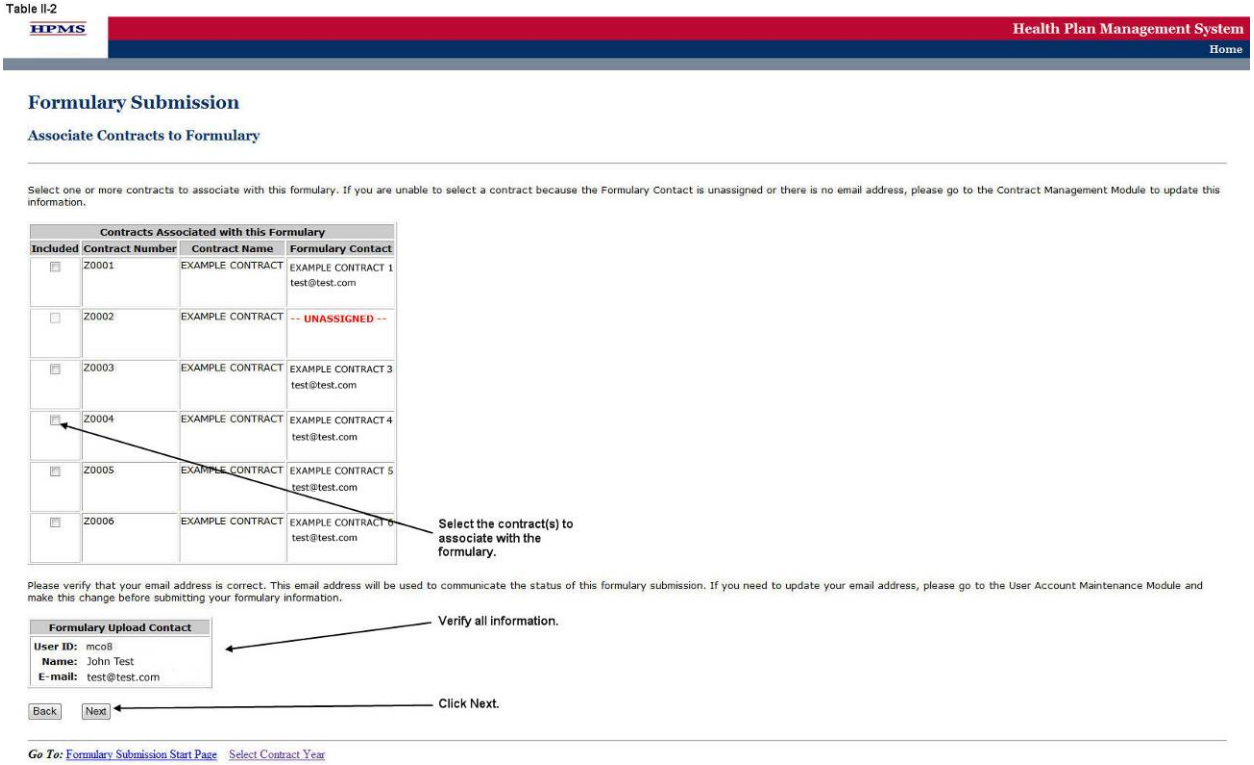
STEP 2

On the **Associate Contracts to Formulary** page (Table II-2), 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.

STEP 3

Select the Next button to confirm the Contract Associations (Table II-2). This will take you to the Formulary Information page.

Table II-2



FORMULARY INFORMATION

The **Formulary Information** page collects information about your formulary submission including: approved Formulary IDs that closely resemble the current submission; Formulary Name; Formulary Classification System; Number of Tiers; OTC and Step Therapy Protocol status, Quantity Limit status; Limited Access status; Prior Authorization status; and Step Therapy status.

STEP 1

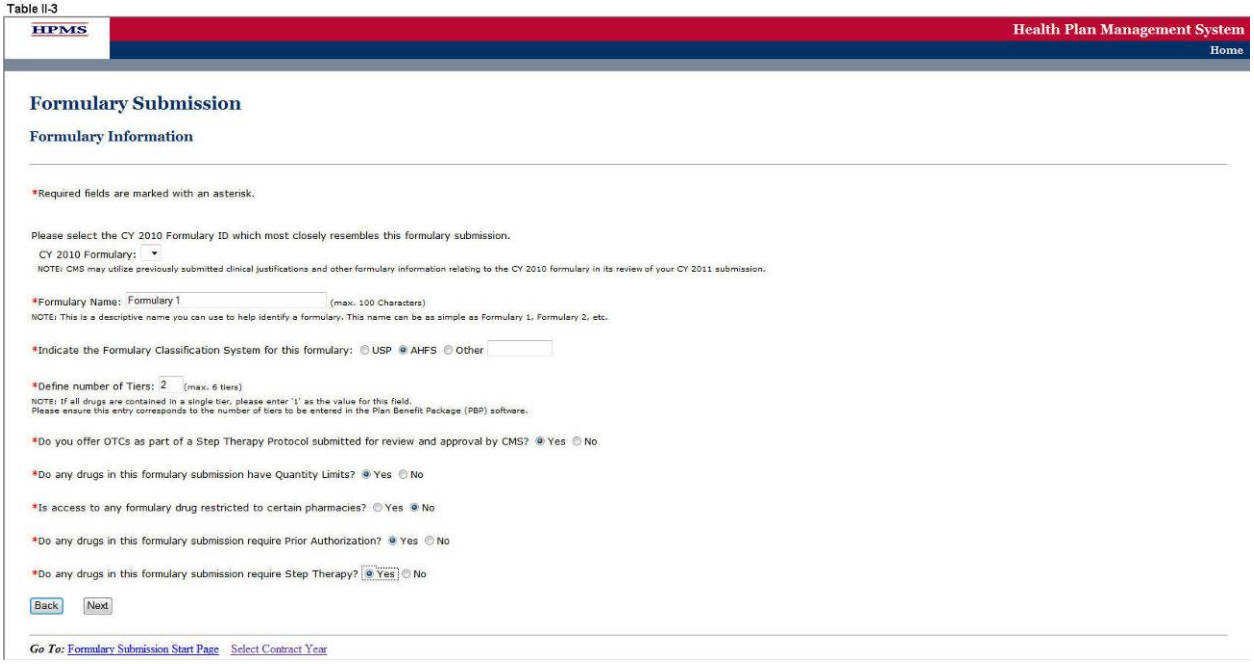
On the **Formulary Information** page (Table II-3), respond to the questions. With the exception of the question about which Approved CY 2010 Formulary ID closely resembles the current submission, all fields are required.

Note: When defining the number of tiers, you may only define up to 6 tiers.

STEP 2

Select the Next button to confirm your entries and move to the Formulary Tier Information page.

Table II-3



FORMULARY TIER INFORMATION

The **Formulary Tier Information** page collects information about the tiers within the formulary. The page will automatically generate the number of tiers (with a maximum of 6 tiers) based on the information you entered on the prior (Formulary Information) page. 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 2011 PBP software.

When developing the formulary tier structure utilize standard industry practices. Tier 1 should be considered the lowest cost-sharing tier available to beneficiaries. Any and 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.

STEP 1

On the **Formulary Tier Information** page (Table II-4) indicate the Anticipated Tier Name, Preferred Tier designation, Specialty Tier designation, and Drug Types for each tier.

Keep in mind:

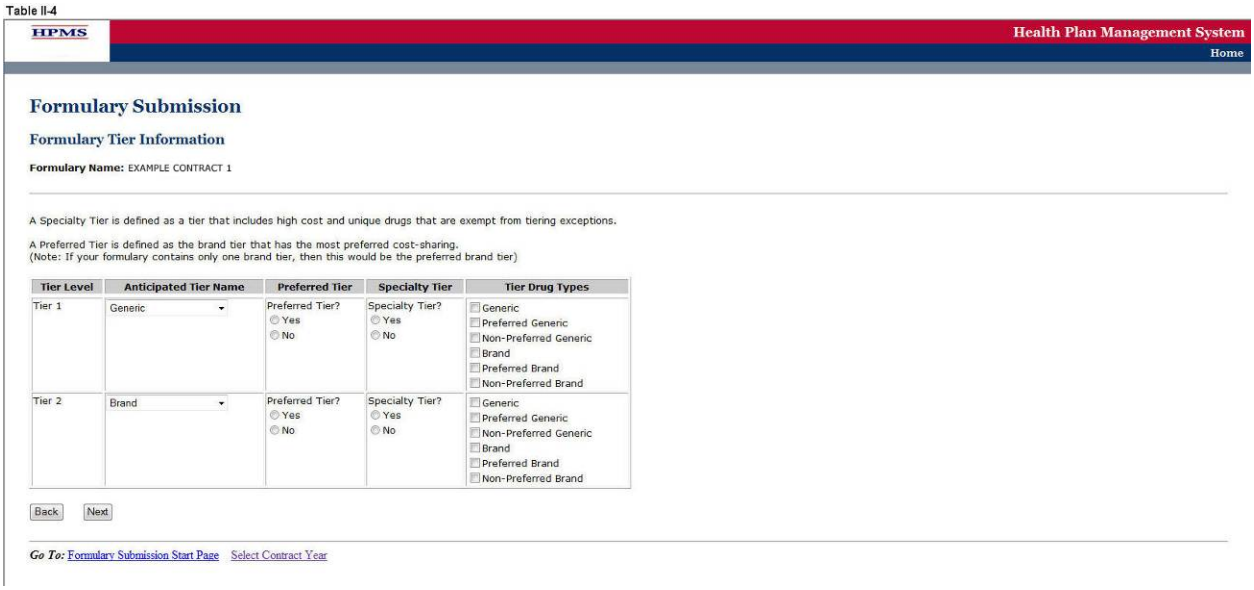
- **Anticipated Tier Name**: If you select "Other" as the Anticipated Tier Name, you must also enter data in the "Other Anticipated Tier Name" field that will appear when you select "Other."
- **Preferred Tier**: The brand tier that has the most preferred cost-sharing should be the "Preferred Tier." (Note: If your formulary contains only one brand tier, then this would be the preferred brand tier). If a tier is designated as the Preferred Tier, then it cannot also be designated as a Specialty Tier.
- **Specialty Tier:** Drugs within the Specialty Tier are exempt from tiering exceptions. You can only designate one formulary tier as a Specialty Tier, and you cannot designate the

Preferred Tier as a Specialty Tier. In addition, you can only include drugs on a specialty tier if they meet the cost criteria outlined in the CY 2011 Call Letter.

STEP 2

Select the Next button to confirm your information and move to the Upload Files page.

Table II-4



UPLOAD FILES

The **Upload Files** page allows you to specify the Formulary File, Prior Authorization File, and Step Therapy File you want to upload. The page will pre-determine what you need to upload based on your responses on the Formulary Information and Formulary Tier Information pages.

Note: To download all upload file formats, click on **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

  For more information/assistance on the Formulary File layout, see Appendices A and B in this Manual and Attachment 1 Example File and Attachment 2 Example File available from the Formulary Submission module start page.

- **Prior Authorization File** – ASCII Tab delimited text file, e.g. *formularyPA*.txt

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

- **Step Therapy File** – ASCII Tab delimited text file, e.g. *steptherapy123ST*.txt

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

STEP 1

On the **Upload Files** page (Table II-5), 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 and/or location, click on the "Browse" button to locate and attach the file.

STEP 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 on the "Browse" button to locate and attach the file. (Table II-5).

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

STEP 3

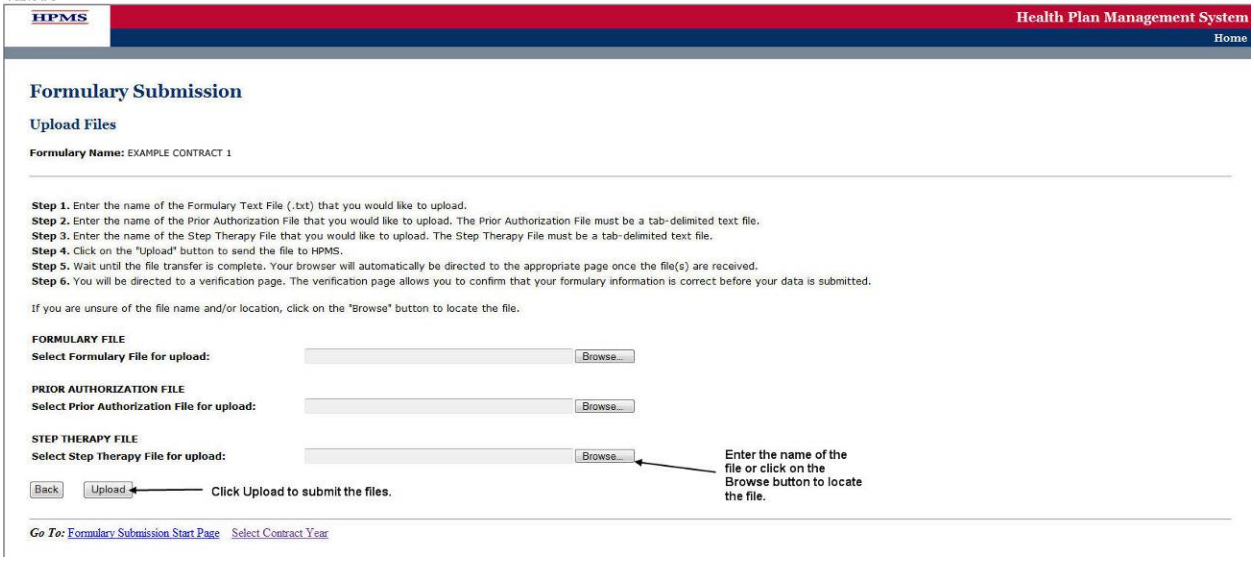
Enter the full path and name of the Step Therapy File (Tab delimited .txt file only) in the “Step Therapy File” field or click on the "Browse" button to locate and attach the file. (Table II-5).

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

STEP 4

Select 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.

Table II-5



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 (Table II-6), review the information for accuracy.

STEP 2A

If any information is incorrect, select the Back button to correct the information as necessary.

STEP 2B

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

Table II-6

HPMS

Health Plan Management System

Home

Formulary Submission

Verify Submission

Please note that your data has not yet been submitted.

Formulary Name: EXAMPLE CONTRACT
Formulary ID: 00000018
Formulary Version: 1

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.

Contract(s) Associated with Formulary: Z0001

Contacts to be notified of this formulary submission			
	User ID	Name	E-mail
Upload User	mco4	MCO NUMBER4	test@test.com
Z0001	n/a	John Test	test@test.com

CY 2011 Formulary ID which most closely resembles this formulary: 00000013

Formulary Classification System used for this formulary: USP

Number of Tiers: 1

Tier Level	Anticipated Tier Name	Preferred Tier?	Specialty Tier?	Tier Drug Types
1	Generic	NO	NO	Generic

Formulary offers OTCs as part of a Step Therapy Protocol? NO

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

Files to be Uploaded	
Title	File Name
Formulary File	form.txt

If any information is incorrect click Back. Otherwise click Submit.

Back Submit

Go To: Formulary Submission Start Page Select Contract Year

SUBMISSION CONFIRMATION

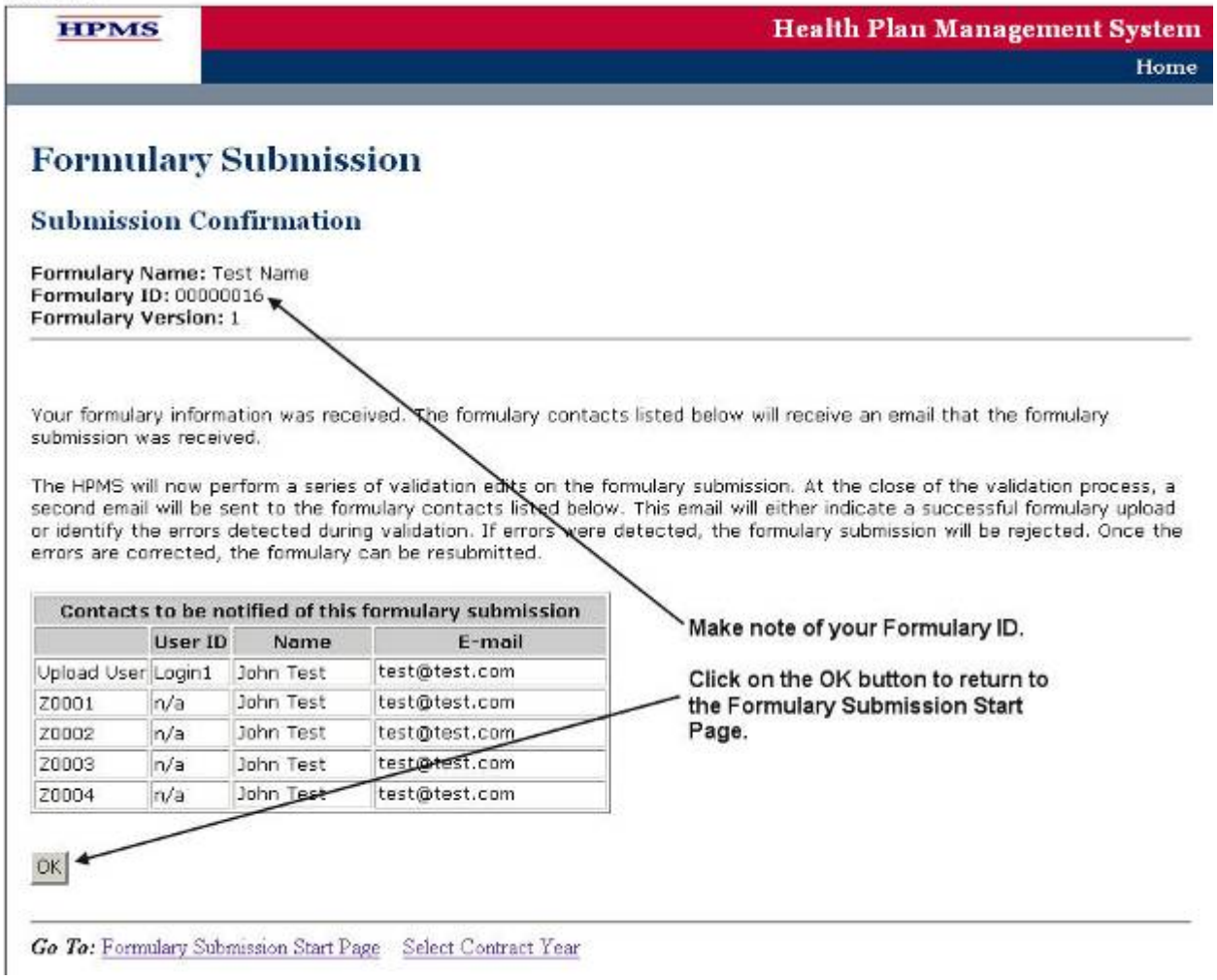
The **Submission Confirmation** page confirms successful receipt of your submission and provides the unique Formulary ID assigned to your submission. This page will also generate an email to both the Formulary Contract and the Formulary Upload Contact identified on this page acknowledging receipt of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

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

STEP 1

On the **Submission Confirmation** page (Table II-7) review the information. As explained above, **MAKE NOTE OF YOUR ASSIGNED FORMULARY ID**.

Table II-7



STEP 2

Select 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 the HPMS will perform a series of validation edits. At the close of the validation process, a follow-up e-mail will be sent to the designated formulary contacts. This e-mail will either indicate that the formulary was successfully validated or it will 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 using your assigned formulary ID and the Revise Formulary function (see Chapter III).

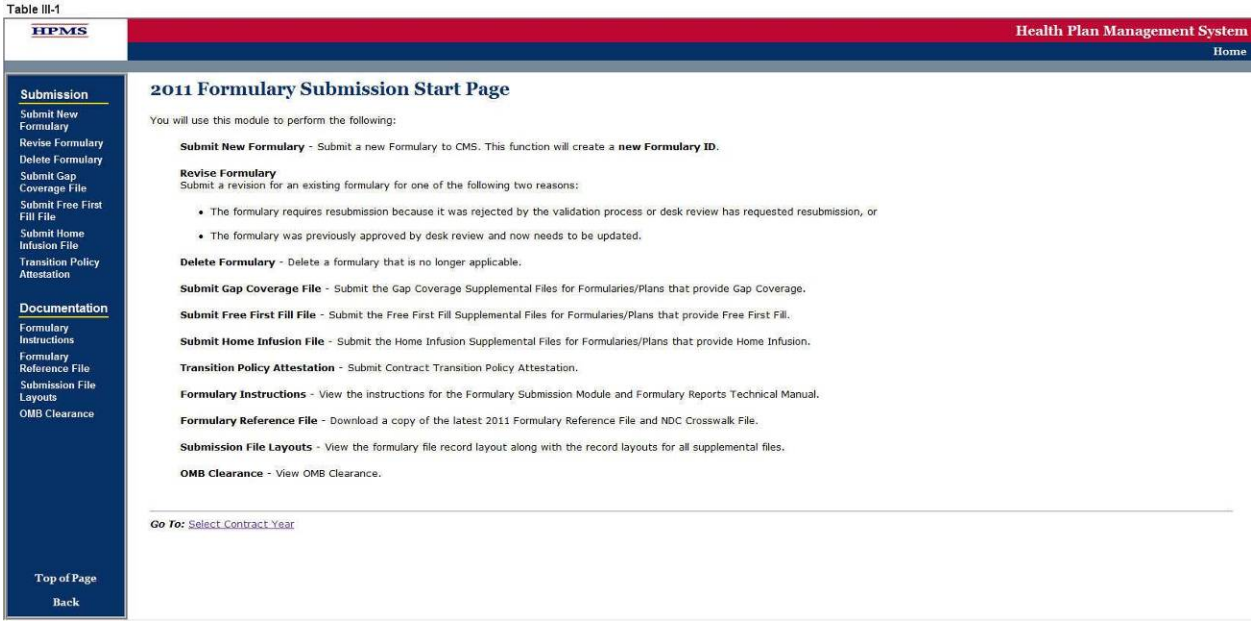
III. How To Revise A Formulary (Resubmissions)

The **Revise Formulary** functionality is used to update formularies that have already been submitted to CMS via the HPMS. You are only permitted to update a formulary during scheduled update windows and/or when a formulary has a status of "Resubmission Requested" or "Rejected by Validation" (see "How to Determine Formulary Submission Status" below). Formularies that are "Approved" may only be updated during the assigned update windows.

DETERMINE YOUR FORMULARY SUBMISSION STATUS

As shown in Table III-1, 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 "How to Access the HPMS formulary submission Module" in Chapter I). This will take you to the Formulary Resubmission-Select a Formulary page.

Table III-1



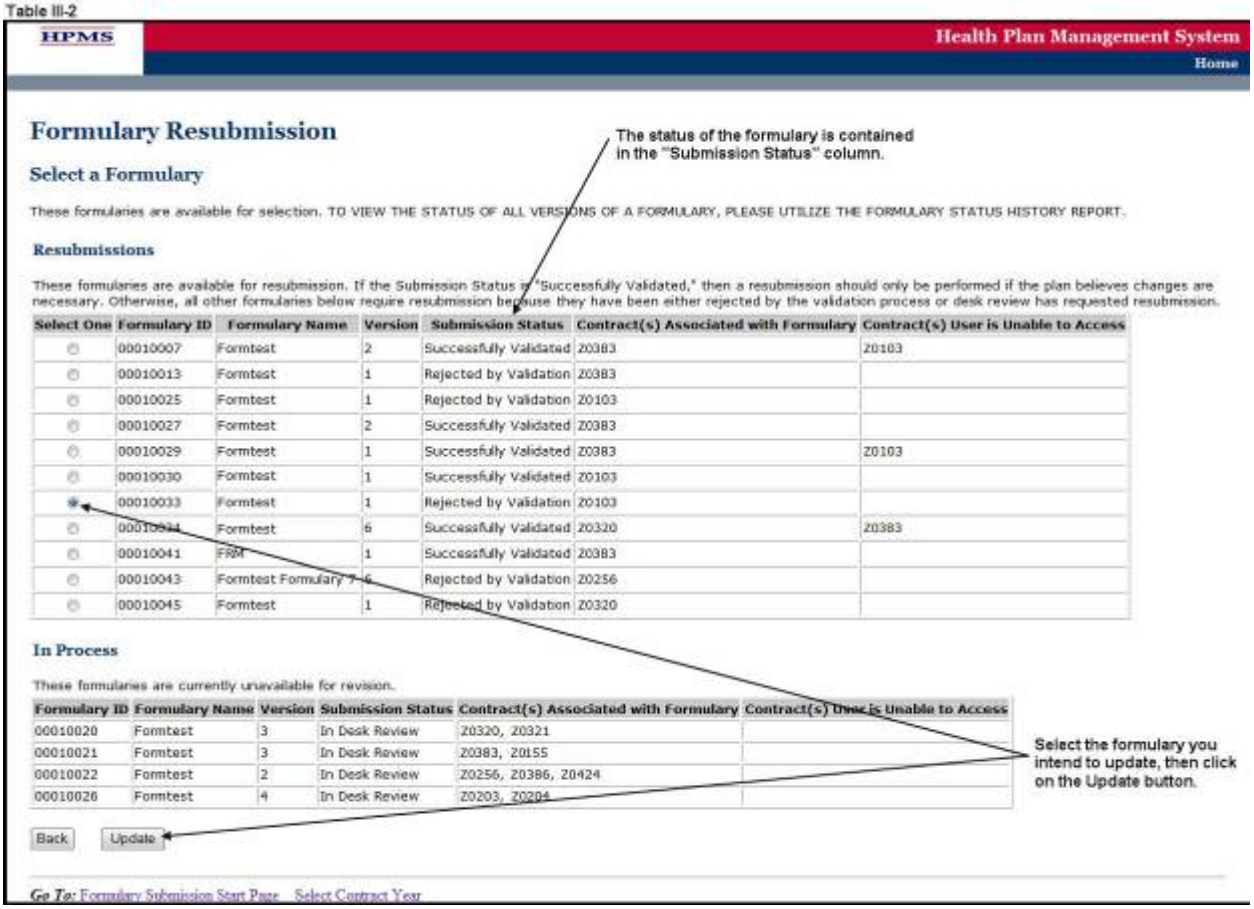
The **Formulary Resubmission–Select a Formulary** page (Table III-2) groups formularies into three categories:

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

- In Process – Formularies that are in desk review.

Within each category 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 "mass gate opening," formularies eligible for resubmission during the gate opening will show an "Approved" status.

Table III-2



REVISE A FORMULARY

STEP 1

As shown in Table III-1, 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 "How to Access the HPMS formulary submission Module" in Chapter I). This will take you to the Formulary Resubmission - Select a Formulary page.

STEP 2

On the **Formulary Resubmission - Select A Formulary** page (Table III-2), select the formulary you wish to update. Then click on the Update button. 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 (Table III-3) will allow you to associate one or more of your contracts to the formulary resubmission.

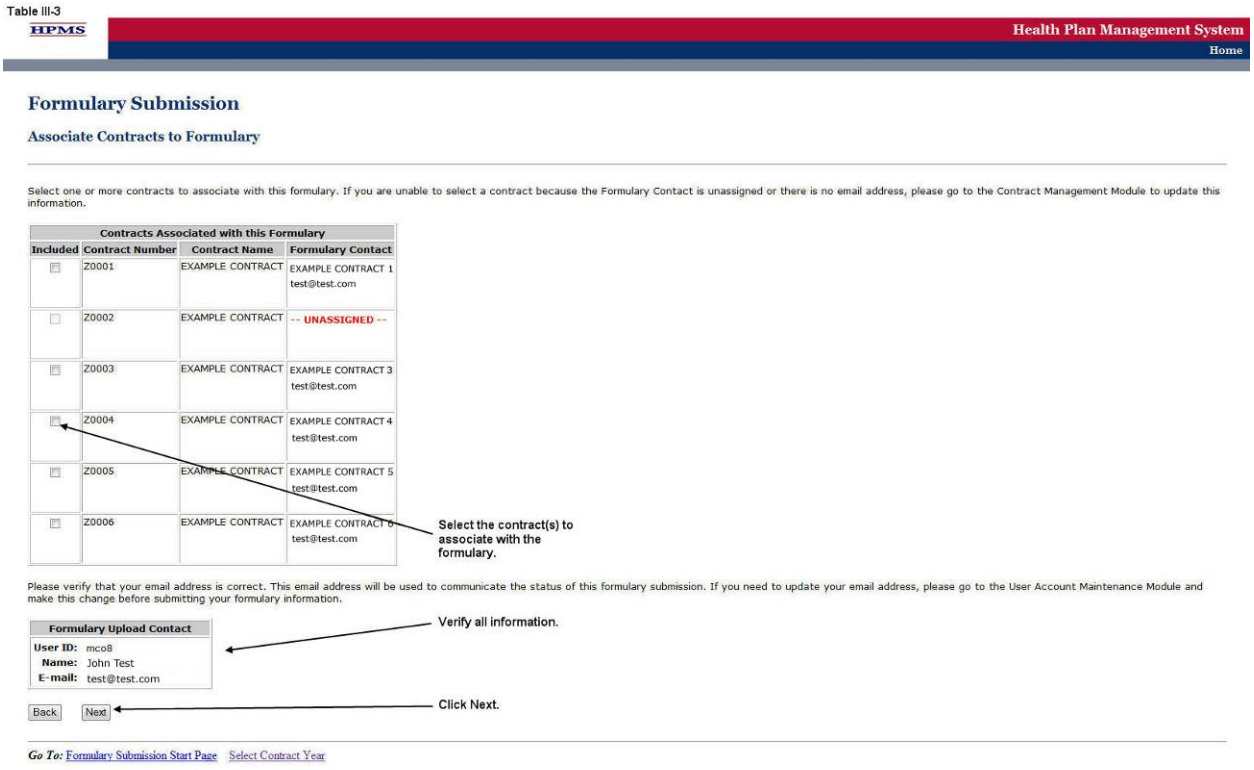
Note: When revising a formulary, you cannot add or remove a contract from a formulary association after the CMS-specified due date.

STEP 1

On the **Formulary Resubmission - Associate Contracts to Formulary** page (Table III-3), select one or more of the contracts listed on the page to associate with the formulary.

STEP 2

On the **Formulary Resubmission - Associate Contracts to Formulary** page select the Next button to confirm the Contract Associations (Table III-3). 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; and Step Therapy status.

Note: If a prior version of the formulary has ever been Approved, you may not change the following fields on the Formulary Information page when resubmitting the formulary:

- Formulary Classification System, and
- Number of Tiers.

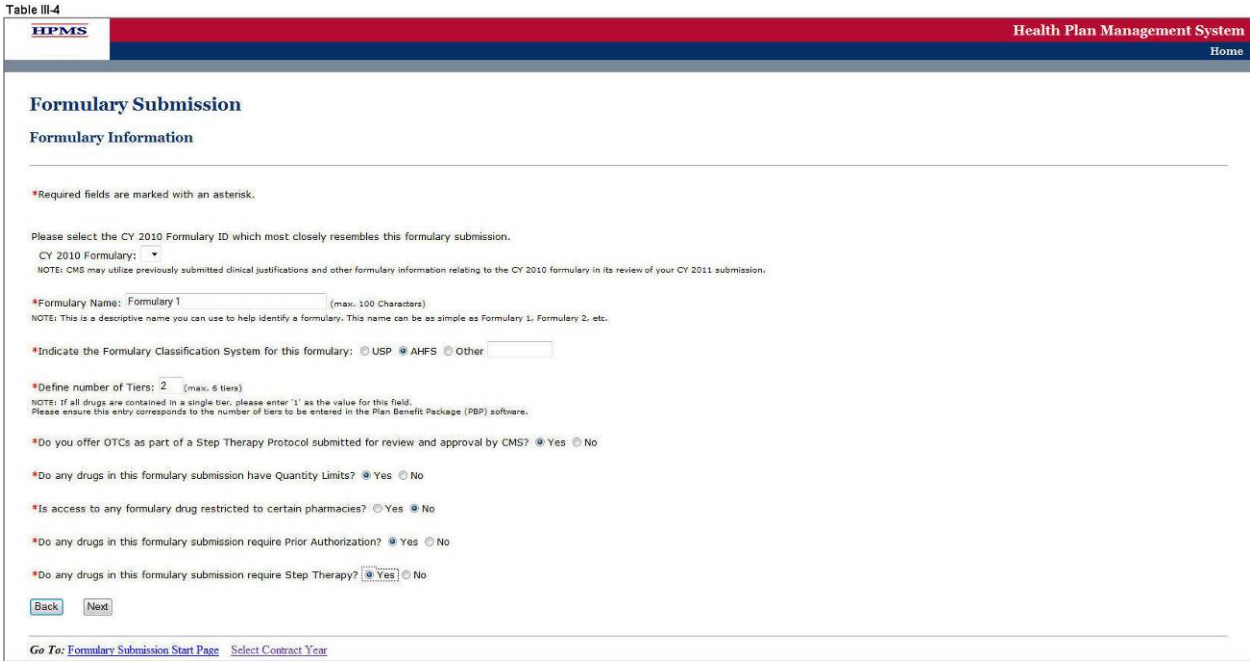
STEP 1

On the **Formulary Resubmission - Formulary Information** page (Table III-4), enter any changes to the answers previously provided.

STEP 2

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

Table III-4



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 in Approved status.

STEP 1

On the **Formulary Resubmission - Formulary Tier Information** page (Table III-5), for each tier (with a maximum of 6 tiers) indicate the Anticipated Tier Name, Specialty Tier designation, and Drug Types.

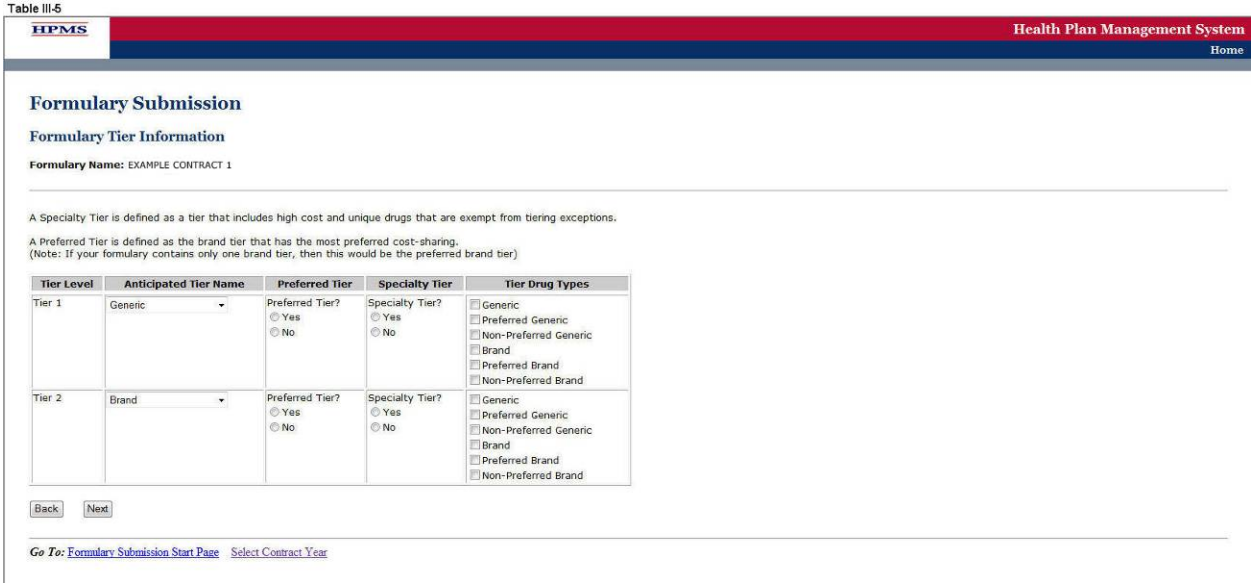
Note: The tier information that you enter in the formulary submission module must correspond to the number of tiers that will be identified in the corresponding CY 2011 PBP software. Please

note that the six tier limit includes any applicable excluded drug only tier(s) which may be identified in the PBP software.

STEP 2

Select the Next button to confirm your information and move to the Formulary Resubmission - Upload Files page.

Table III-5



UPLOAD FILES

The **Formulary Resubmission - Upload Files** page allows you to re-upload the Formulary File, Prior Authorization File, and Step Therapy File, if required. The page will determine what needs to be uploaded based on your prior responses on the Formulary Information and Formulary Tier Information pages.

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

  For more information/assistance on the Formulary File layout, see Appendices A and B in this Manual and Attachment 1 Example File and Attachment 2 Example File available from the Formulary Submission Module Start Page).

- **Prior Authorization File** – ASCII Tab delimited text file, e.g. *formularyPA*.txt

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

- **Step Therapy File** – ASCII Tab delimited text file, e.g. *steptherapy123ST*.txt

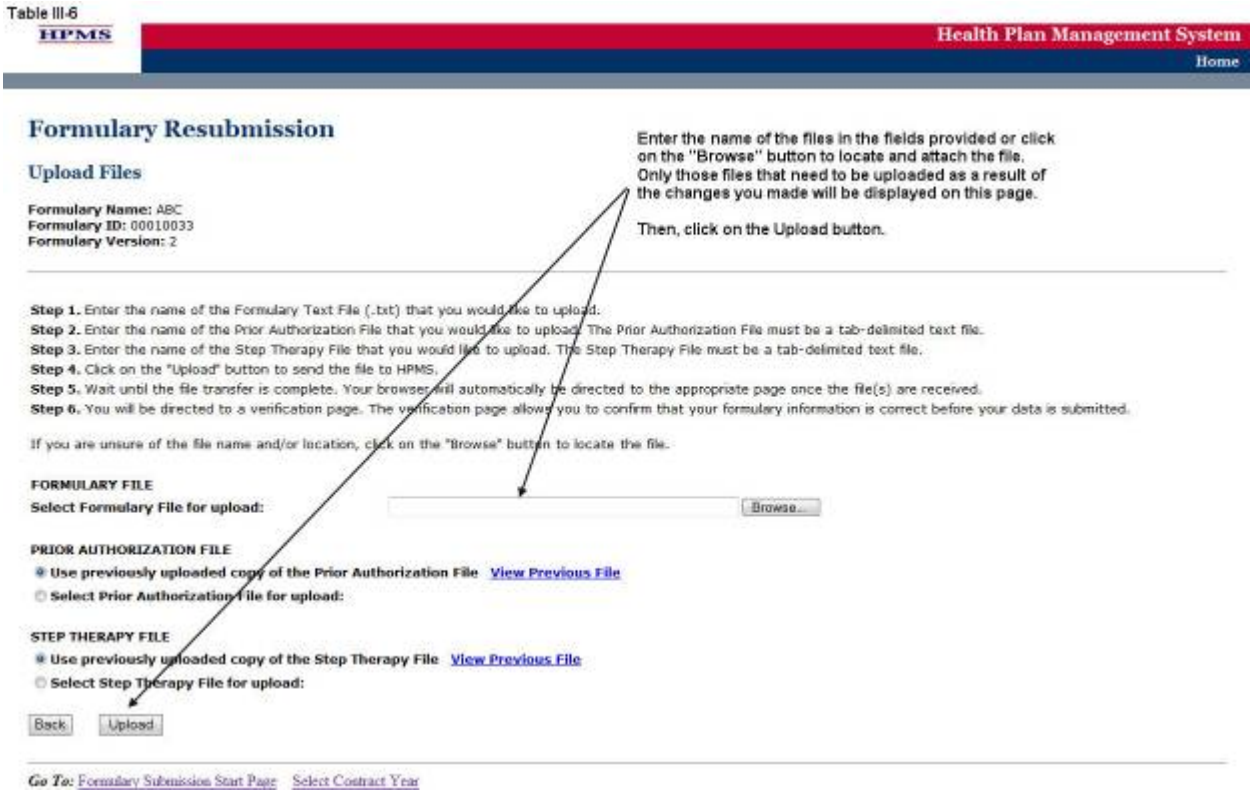
  For more information/assistance on the Step Therapy File, see Appendix B.

STEP 1

On the **Formulary Resubmission - Upload Files** page (Table III-6), enter the name of the files (Tab delimited .txt only) in the fields provided. (Only those files that need to be uploaded as a result of the changes you made will be displayed on this page.) If you are unsure of the file name and/or location, click on the "Browse" button to locate and attach the file.

STEP 2

Select 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.



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 (Table III-7), review the information for accuracy.

STEP 2A

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

STEP 2B

If all information is correct, select the Submit button to send the resubmission to CMS for review. This will take you to the Formulary Resubmission - Resubmission Confirmation page.

Table III-7

HPMS

Health Plan Management System

Home

Formulary Submission

Verify Submission

Please note that your data has not yet been submitted.

Formulary Name: EXAMPLE CONTRACT
Formulary ID: 00000018
Formulary Version: 1

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.

Contract(s) Associated with Formulary: Z0001

Contacts to be notified of this formulary submission			
	User ID	Name	E-mail
Upload User	mco4	MCO NUMBER4	test@test.com
Z0001	n/a	John Test	test@test.com

CY 2011 Formulary ID which most closely resembles this formulary: 00000013

Formulary Classification System used for this formulary: USP

Number of Tiers: 1

Tier Level	Anticipated Tier Name	Preferred Tier?	Specialty Tier?	Tier Drug Types
1	Generic	NO	NO	Generic

Formulary offers OTCs as part of a Step Therapy Protocol? NO

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

Files to be Uploaded	
Title	File Name
Formulary File	form.txt

If any information is incorrect click Back. Otherwise click Submit.

Back Submit

Go To: Formulary Submission Start Page Select Contract Year

RESUBMISSION CONFIRMATION

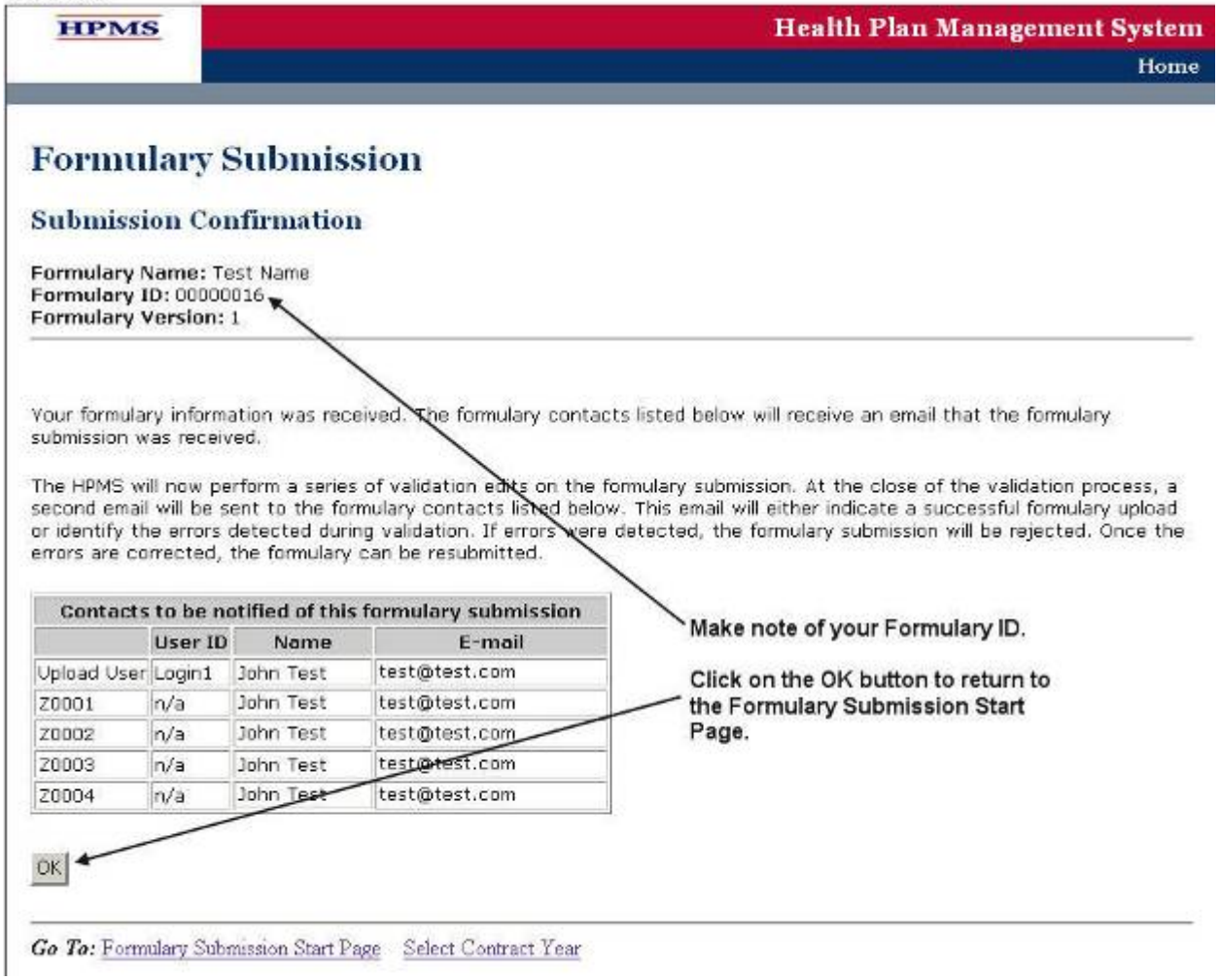
The **Formulary Resubmission - Resubmission Confirmation** page provides a status of the successful upload. This page will also generate an email to both the Formulary Contract and the Formulary Upload Contact identified on this page acknowledging receipt of the resubmission.

On the **Formulary Resubmission - Resubmission Confirmation** page (Table III-8) review the information. Select the OK button to return to the Formulary Submission Start Page.

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 the HPMS will perform a series of validation edits. At the close of the validation process, a follow-up e-mail will be sent to the designated formulary contacts. This e-mail will either indicate that the formulary was successfully validated or it will identify errors detected during the validation

process. If errors were detected, the formulary resubmission will be rejected. The email will list a maximum of 200 error messages.

Table III-8



IV. How To Delete A Formulary

The **Delete Formulary** functionality 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

As shown in Table IV-1, select Delete Formulary from the **Formulary Submission Start Page.** (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 a Formulary Submission-Select a Formulary page (Table IV-2) groups formularies into three categories:

- Resubmissions –Available for deletion - Formularies that are eligible for deletion.
- Approved Formularies – Unavailable for deletion – Formularies that are approved by CMS and that are not eligible for deletion.
- In Process – Formularies that are approved, in desk review, or uploaded but not yet processed

As noted above, you can only delete formularies in the "Resubmission – Available for Deletion" category.

Table IV-1

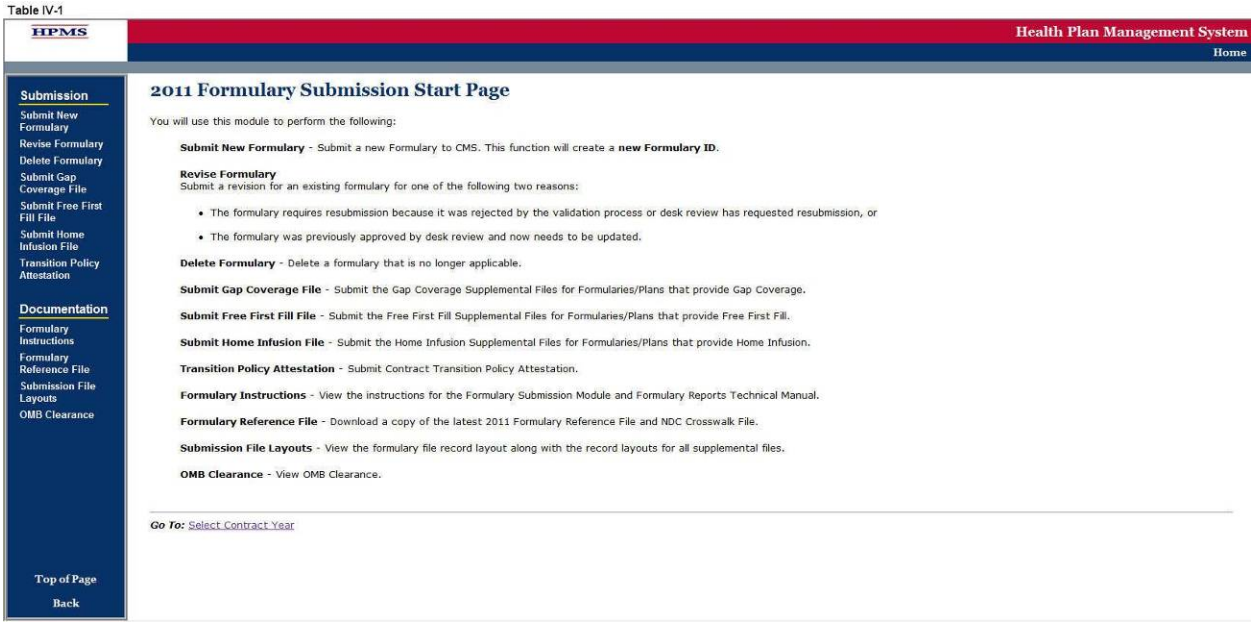


Table IV-2

HPMS

Health Plan Management System

Home

Delete Formulary Submission

You can only delete formularies in the "Resubmissions - Available for deletion" category.

Select a Formulary

These formularies are available for selection. TO VIEW THE STATUS OF ALL VERSIONS OF A FORMULARY, PLEASE UTILIZE THE FORMULARY STATUS HISTORY REPORT.

Resubmissions - Available for deletion

Select One	Formulary ID	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
*	00000000	EXAMPLE CONTRACT 1	12	Rejected by Validation	Z0001	Z0001, Z0002, Z0003, Z0004
○	00000001	EXAMPLE CONTRACT 2	1	Rejected by Validation	Z0002	
○	00000002	EXAMPLE CONTRACT 3	1	Rejected by Validation	Z0003	
○	00000003	EXAMPLE CONTRACT 4	1	Rejected by Validation	Z0004	
○	00000004	EXAMPLE CONTRACT 5	1	Rejected by Validation	Z0005	
○	00000005	EXAMPLE CONTRACT 6	1	Successfully Validated	Z0006	
○	00000006	EXAMPLE CONTRACT 7	1	Successfully Validated	Z0007	
○	00000009	EXAMPLE CONTRACT 8	7	Successfully Validated	Z0008	
○	00000016	EXAMPLE CONTRACT 9	15	Rejected by Validation	Z0009	
○	00000017	EXAMPLE CONTRACT 10	2	Successfully Validated	Z0010	
○	00000018	EXAMPLE CONTRACT 11	1	Rejected by Validation	Z0011	
○	00000019	EXAMPLE CONTRACT 12	1	Rejected by Validation	Z0012	
○	00000021	EXAMPLE CONTRACT 13	25	Successfully Validated	Z0013	
○	00000023	EXAMPLE CONTRACT 14	1	Rejected by Validation	Z0014	
○	00000024	EXAMPLE CONTRACT 15	1	Successfully Validated	Z0015	
○	00000025	EXAMPLE CONTRACT 16	1	Rejected by Validation	Z0016	
○	00000026	EXAMPLE CONTRACT 17	1	Rejected by Validation	Z0017	
○	00000031	EXAMPLE CONTRACT 18	1	Successfully Validated	Z0018	
○	00000032	EXAMPLE CONTRACT 19	1	Successfully Validated	Z0019	
○	00000034	EXAMPLE CONTRACT 20	1	Rejected by Validation	Z0020	
○	00000035	EXAMPLE CONTRACT 21	1	Rejected by Validation	Z0021	
○	00000036	EXAMPLE CONTRACT 22	1	Rejected by Validation	Z0022	
○	00000037	EXAMPLE CONTRACT 23	1	Rejected by Validation	Z0023	
○	00000038	EXAMPLE CONTRACT 24	1	Rejected by Validation	Z0024	
○	00000039	EXAMPLE CONTRACT 25	1	Rejected by Validation	Z0025	
○	00000040	EXAMPLE CONTRACT 26	1	Successfully Validated	Z0026	
○	00000041	EXAMPLE CONTRACT 27	1	Rejected by Validation	Z0027	
○	00000043	EXAMPLE CONTRACT 28	1	Rejected by Validation	Z0028	
○	00000044	EXAMPLE CONTRACT 29	1	Rejected by Validation	Z0029	
○	00000046	EXAMPLE CONTRACT 30	1	Rejected by Validation	Z0030	
○	00000047	EXAMPLE CONTRACT 31	1	Rejected by Validation	Z0031	
○	00000049	EXAMPLE CONTRACT 32	1	Rejected by Validation	Z0032	
○	00000050	EXAMPLE CONTRACT 33	1	Rejected by Validation	Z0033	
○	00000052	EXAMPLE CONTRACT 34	6	Successfully Validated	Z0034	
○	00000053	EXAMPLE CONTRACT 35	2	Successfully Validated	Z0035	
○	00000054	EXAMPLE CONTRACT 36	2	Successfully Validated	Z0036	
○	00000056	EXAMPLE CONTRACT 37	3	Successfully Validated	Z0037	
○	00000060	EXAMPLE CONTRACT 38	1	Successfully Validated	Z0038	
○	00000063	EXAMPLE CONTRACT 39	5	Successfully Validated	Z0039	
○	00000064	EXAMPLE CONTRACT 40	2	Successfully Validated	Z0040	
○	00000066	EXAMPLE CONTRACT 41	3	Successfully Validated	Z0041	
○	00000067	EXAMPLE CONTRACT 42	1	Successfully Validated	Z0042	

* Formulary was previously approved and cannot be deleted.

Approved Formularies - Unavailable for deletion

These formularies have been previously approved by desk review and are available for update.

Select One	Formulary ID	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
	00000029	EXAMPLE CONTRACT 1	2	Approved	Z0001	

In Process

DELETE A FORMULARY

STEP 1

As shown in Table IV-1, select Delete Formulary from the **Formulary Submission Start Page.** (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.

STEP 2

On the **Delete a Formulary Submission-Select a Formulary** page (Table IV-2), select the formulary you wish to delete.

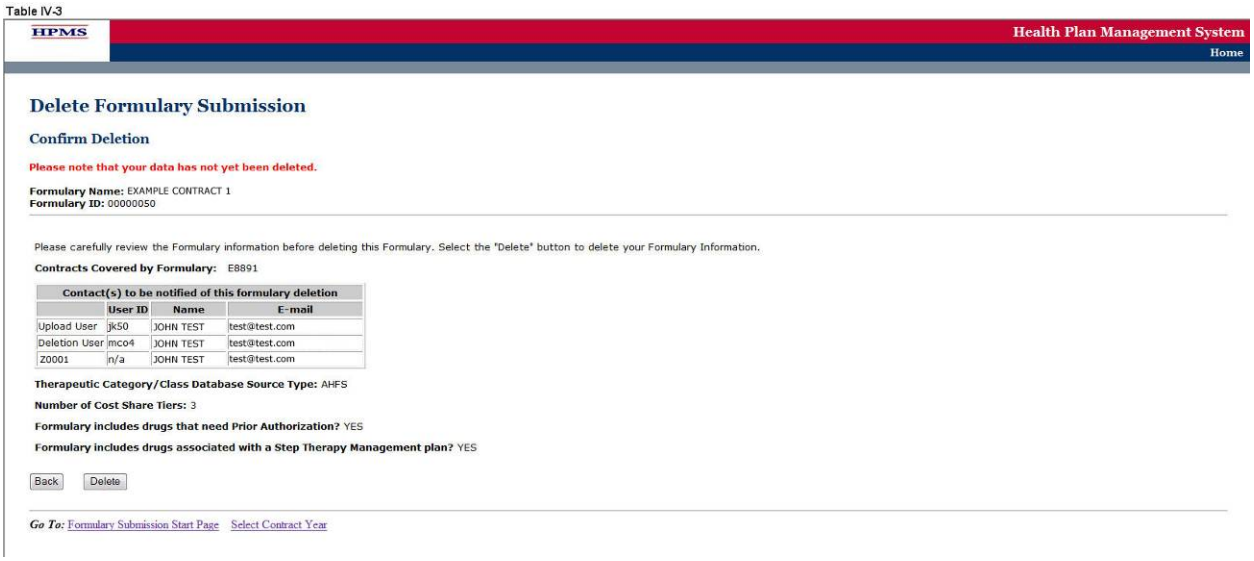
STEP 3

Click the Delete button (Table IV-2). This will take you to the Delete a Formulary Submission - Confirm Deletion page.

STEP 4

On the **Delete a Formulary Submission - Confirm Deletion** page (Table IV-3), review the page carefully and select the Delete button to finalize the deletion. This will take you to the Delete a Formulary Submission - Deletion Confirmation page.

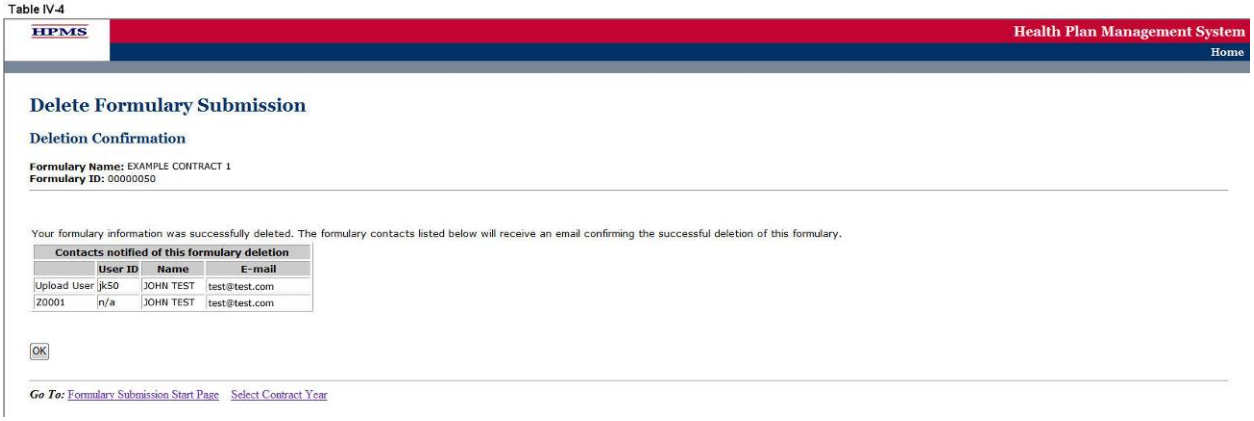
Table IV-3



STEP 5

On the **Delete a Formulary Submission - Deletion Confirmation** page (Table IV-4), select the OK button to return to the Formulary Submission Start Page.

Table IV-4



V. FORMULARY FILE REPORTS

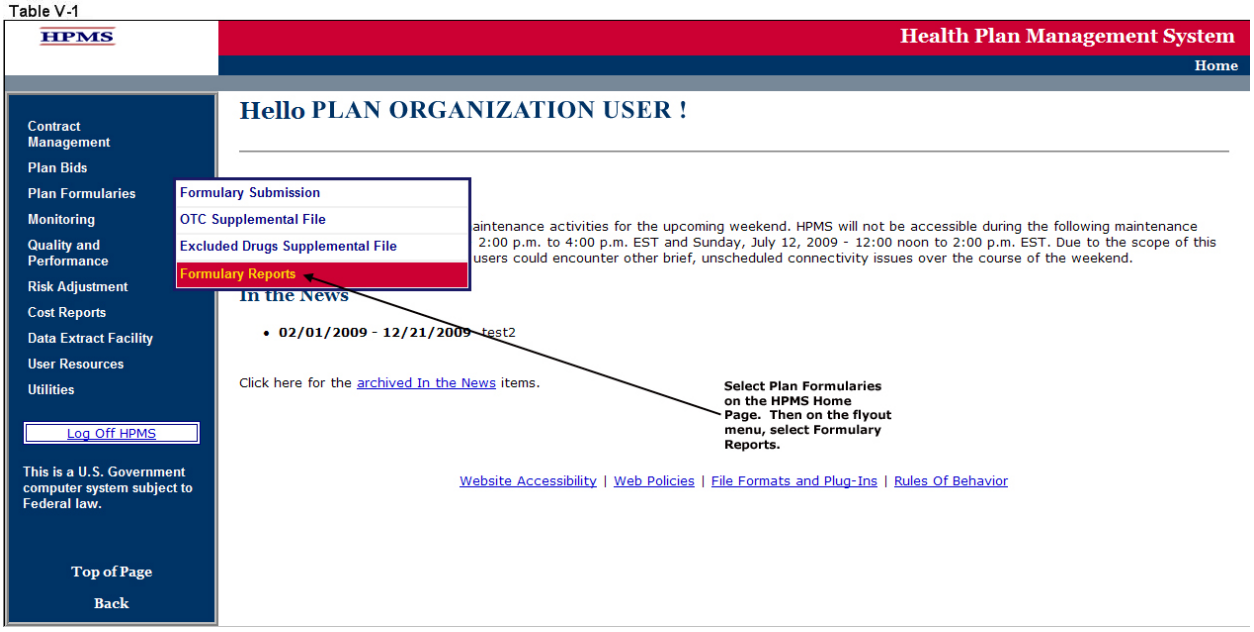
The **Formulary Reports** functionality provides access to a variety of formulary-related information to assist in the formulary submission process. This section provides detailed information on the following reports:

- Formulary/Bid Contact Report,
- Formulary Change Notification Report,
- Formulary Status History Report,

STEP 1

As shown in Table V-1, on the **HPMS Home Page** select the **Plan Formularies** link in the left-hand navigation bar. On the flyout menu select the **Formulary Reports** link. This will take you to the Formulary Reports Contract Year Selection page.

Table V-1



STEP 2

On the **Formulary Reports Contract Year Selection** page (Table V-2) select the appropriate Contract Year link. This will take you to the Formulary Reports – Select a Report page (Table V-3).

Table V-2

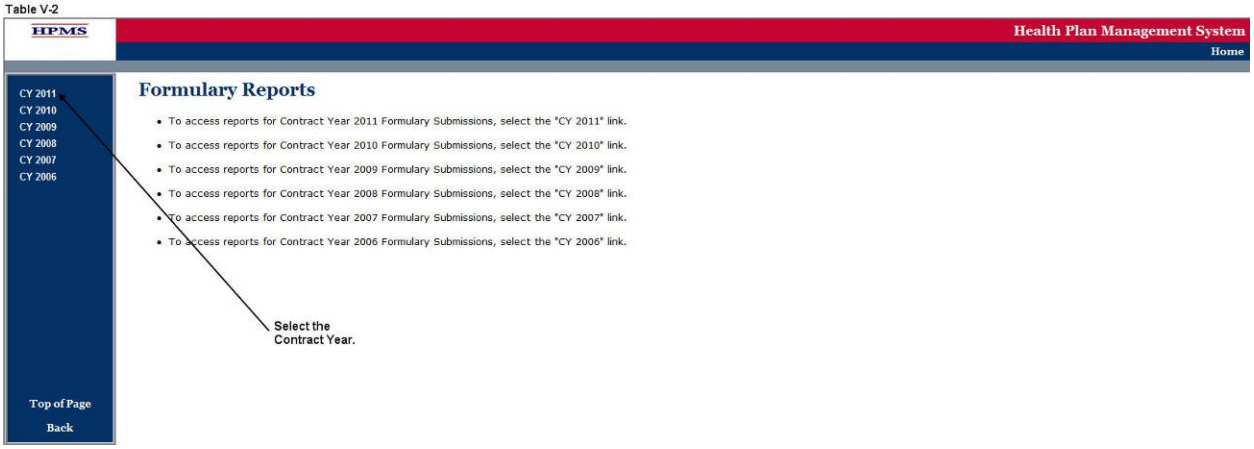
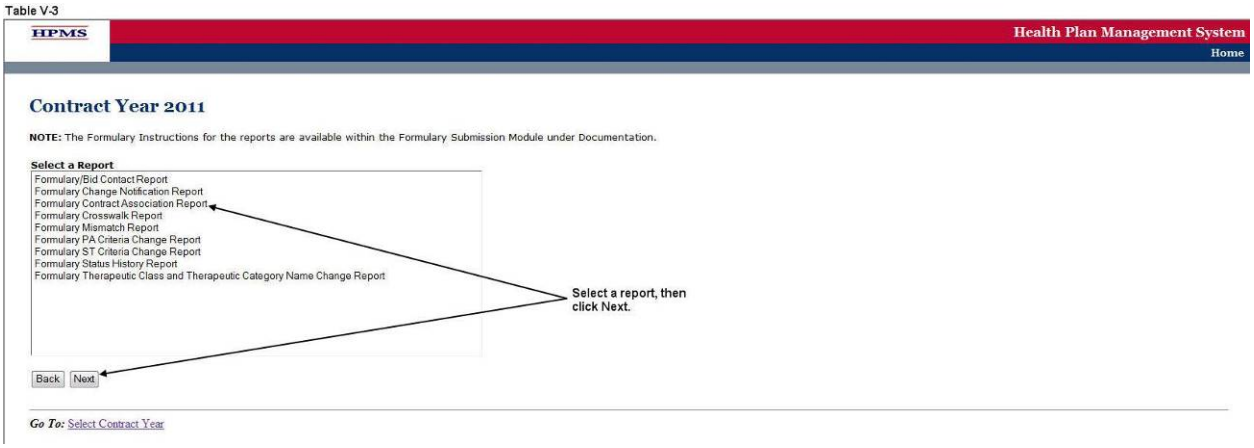


Table V-3



FORMULARY/BID CONTACT REPORT

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

STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) select Formulary/Bid Contact Report. This will take you to the Formulary Bid Report Contract Selection page.

STEP 2

On the **Formulary Bid Report Contract Selection** page (Table V-4) select the desired Contract Number(s) and click on the Next button. This will take you to the Formulary/Bid Contact Report (Table V-5).

IMPORTANT NOTE: If the information from the Formulary/Bid Contact Report is incorrect, please update the "Contact Information" in the HPMS Contract Management Module.

Table V-4

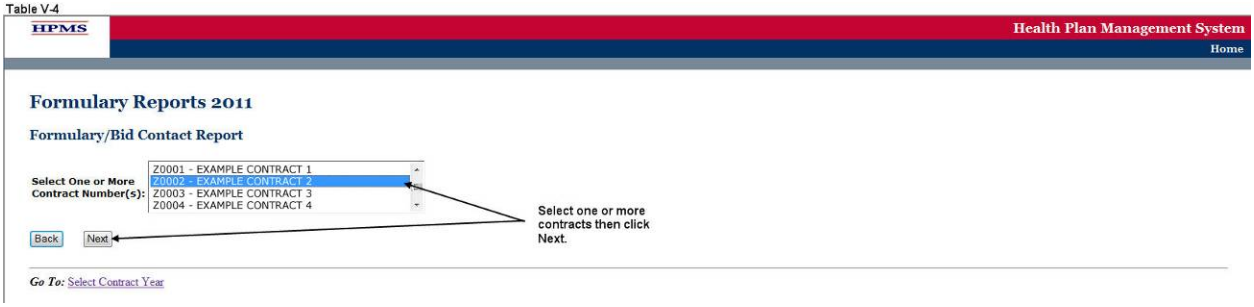
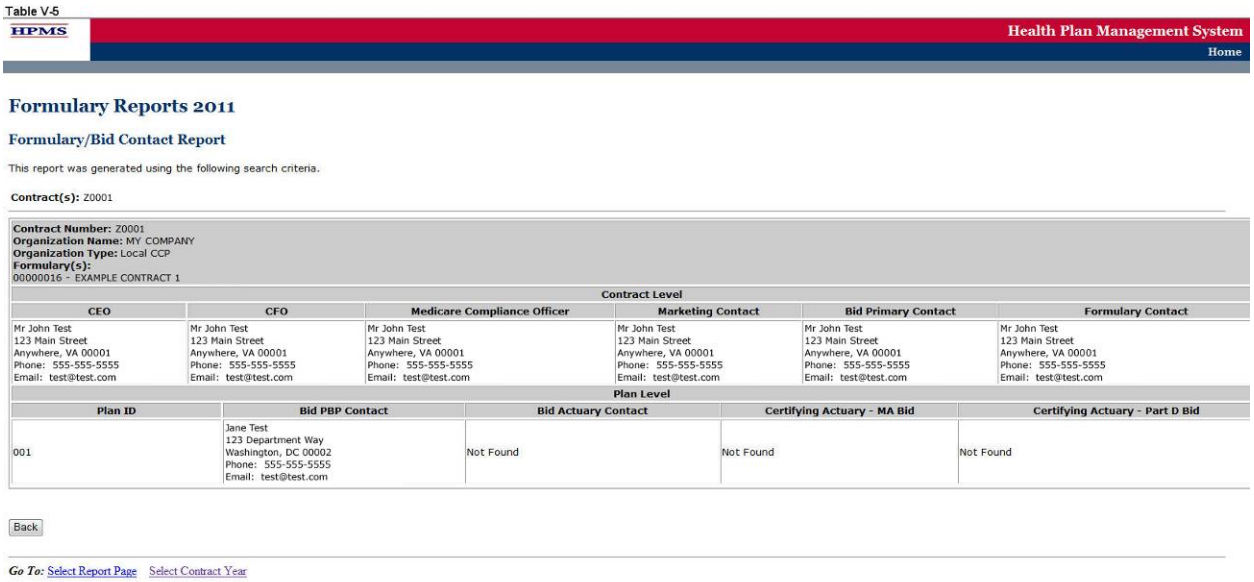


Table V-5



Contract Level

CEO	CFO	Medicare Compliance Officer	Marketing Contact	Bid Primary Contact	Formulary Contact
Mr John Test 123 Main Street Anywhere, VA 00001 Phone: 555-555-5555 Email: test@test.com	Mr John Test 123 Main Street Anywhere, VA 00001 Phone: 555-555-5555 Email: test@test.com	Mr John Test 123 Main Street Anywhere, VA 00001 Phone: 555-555-5555 Email: test@test.com	Mr John Test 123 Main Street Anywhere, VA 00001 Phone: 555-555-5555 Email: test@test.com	Mr John Test 123 Main Street Anywhere, VA 00001 Phone: 555-555-5555 Email: test@test.com	Mr John Test 123 Main Street Anywhere, VA 00001 Phone: 555-555-5555 Email: test@test.com

Plan Level

Plan ID	Bid PBP Contact	Bid Actuary Contact	Certifying Actuary - MA Bid	Certifying Actuary - Part D Bid
001	Jane Test 123 Department Way Washington, DC 00002 Phone: 555-555-5555 Email: test@test.com	Not Found	Not Found	Not Found

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 two different formularies.

STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) 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 (Table V-6) select the desired Base Formulary ID and Version, as well as the Comparison Formulary ID and Version. (Version(s) will appear for selection after you select the Formulary ID and Comparison Formulary ID.) Then click on the Next button. This will take you to the **Formulary Change Notification Report** (Table V-7).

Table V-6

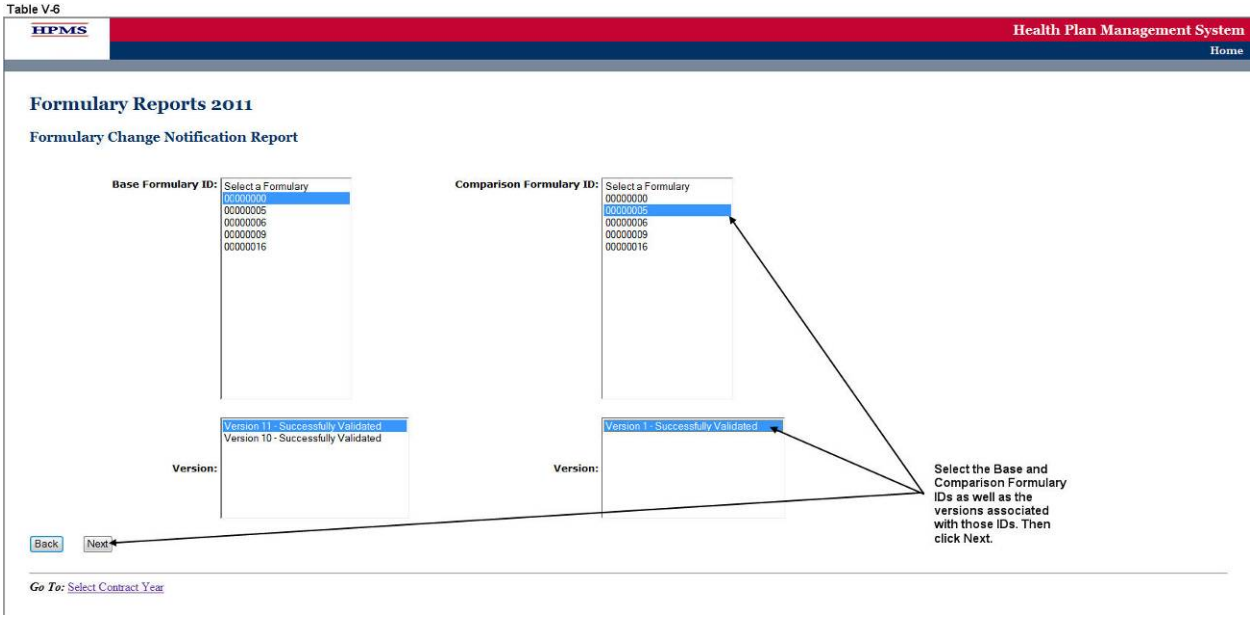

HPMS
Health Plan Management System
Home
Formulary Reports 2011
Formulary Change Notification Report
Base Formulary ID:
Select a Formulary
00000000
00000005
00000006
00000009
00000016
Comparison Formulary ID:
Select a Formulary
00000000
00000005
00000006
00000009
00000016
Version:
Version 11 - Successfully Validated
Version 10 - Successfully Validated
Version:
Version 1 - Successfully Validated
Select the Base and Comparison Formulary IDs as well as the versions associated with those IDs. Then click Next.
Back
Next
Go To: Select Contract Year

Table V-7

HPMS

Health Plan Management System

Home

Formulary Reports 2011

Formulary Change Notification Report

This report was generated using the following search criteria.

Formulary IDs: 00001000 To 00001000
Compare: Version 10 To Version 11

Back

FORMULARY COMPARISON

	Formulary ID: 00001000	Formulary ID: 00001000
	Version 10	Version 11
Formulary Name	EXAMPLE CONTRACT 1	EXAMPLE CONTRACT 1
Review Status	Successfully Validated	Successfully Validated
Formulary Type	Original	Original
Contract(s)	Z0001 - EXAMPLE CONTRACT 1 Z0002 - EXAMPLE CONTRACT 2 Z0003 - EXAMPLE CONTRACT 3 Z0004 - EXAMPLE CONTRACT 4 Z0005 - EXAMPLE CONTRACT 5 Z0006 - EXAMPLE CONTRACT 6	Z0001 - EXAMPLE CONTRACT 1 Z0002 - EXAMPLE CONTRACT 2 Z0003 - EXAMPLE CONTRACT 3 Z0004 - EXAMPLE CONTRACT 4 Z0005 - EXAMPLE CONTRACT 5 Z0006 - EXAMPLE CONTRACT 6
Database Source	USP	USP
Number of Cost Share Tiers	3	3
Anticipated Tier Names	Generic, Preferred Generic, Non-Preferred Generic	Generic, Preferred Generic, Non-Preferred Generic
Limited Access (Y/N)	Yes	Yes
Prior Authorization (0-3)	Prior Authorization Applies	Prior Authorization Applies
Prior Authorization File	Prior Authorization File - Version 10	Prior Authorization File - Version 11
Quantity Limit (Y/N)	Yes	Yes
Step Therapy (0-2)	Step Therapy Applies	Step Therapy Applies
Step Therapy File	Step Therapy File - Version 10	Step Therapy File - Version 11

Jump To: Formulary Differences

In Base Formulary

Formulary ID: 00001000
Version : Version 10

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	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
In Base Formulary - None were found													

In Comparison Formulary

Formulary ID: 00001000
Version : Version 11

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	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
In Comparison Formulary - None were found													

Jump To: Top

FORMULARY DIFFERENCES

Formulary IDs: 00001000 To 00001000
Compare: Version 10 To Version 11

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	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	Step Therapy Group 1 Name	Step Value for Group 1	Step Therapy Group 2 Name	Step Value for Group 2
00001000	10	72036	brand name 72036	scdc 72036	dose form 72036	1	0.00001	250	No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies	2	**chf therapy 1**	2	chf therapy 2	1
00001000	11	72036	brand name 72036	scdc 72036	dose form 72036	1	0.00001	250	No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies	2	chf therapy 1 & 2	2	chf therapy 2	1
00001000	10	72037	brand name 72037	scdc 72037	dose form 72037	3	52	23	No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies	3	chf therapy 2	1	**chf therapy 1**	25
00001000	11	72037	brand name 72037	scdc 72037	dose form 72037	3	52	23	No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies	3	chf therapy 2	1	chf therapy 1 & 2	25
00001000	10	72040	brand name 72040	scdc 72040	dose form 72040	2	100	54	No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies to New Starts Only	2	chf therapy 3	2	**chf therapy 1**	1
00001000	11	72040	brand name 72040	scdc 72040	dose form 72040	2	100	54	No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies to New Starts Only	2	chf therapy 3	2	chf therapy 1 & 2	1
00001000	10	72046	brand name 72046	scdc 72046	dose form 72046	2			No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies to New Starts Only	5	**chf therapy 1**	16	chf therapy 4	1
00001000	11	72046	brand name 72046	scdc 72046	dose form 72046	2			No Prior Authorization	Test 1	Test 1	No	Step Therapy Applies to New Starts Only	5	chf therapy 1 & 2	16	chf therapy 4	1
00001000	10	72048	brand name 72048	scdc 72048	dose form 72048	2			No Prior Authorization	Test 1	Test 1	Yes	Step Therapy Applies to New Starts Only	2	**chf therapy 1**	99	chf therapy 4	55
00001000	11	72048	brand name 72048	scdc 72048	dose form 72048	2			No Prior Authorization	Test 1	Test 1	Yes	Step Therapy Applies to New Starts Only	2	chf therapy 1 & 2	99	chf therapy 4	55
00001000	10	72053	brand name 72053	scdc 72053	dose form 72053	3	1200	200	Prior Authorization Applies to New Starts Only	Test 1	Test 1	No	Not Part of a Step Therapy Program		No Step Therapy Groups			
00001000	11	72053	brand name 72053	scdc 72053	dose form 72053	3	1200	200	Prior Authorization Applies to New Starts Only	Test 1	Test 1	No	Not Part of a Step Therapy Program		No Step Therapy Groups			

Back

Go To: Select Report Page Select Contract Year

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).

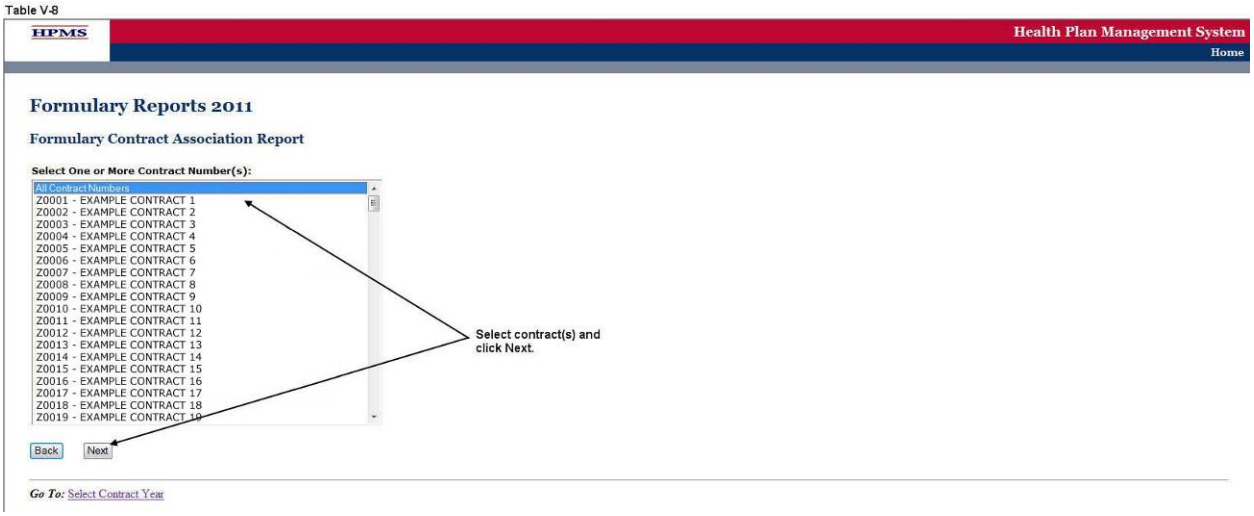
STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) 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 (Table V-8) select the desired contract(s) then click on the Next button. This will take you to the Formulary Contract Association Report.

Table V-8



STEP 3

If desired, on the **Formulary Contract Association Report** (Table V-9) you can access detailed information about which attestation questions have been answered for the contract, as well as the response to the attestation question. To do so, click on the link provided in the "Transition Policy Status" column for the contract. A pop-up window will appear (Table V-10). When you have finished viewing the information, click on the Close button at the bottom of the pop-up window.

Table V-9

HPMS

Health Plan Management System

Home

Formulary Reports 2011

Formulary Contract Association Report

This report was generated using the following search criteria.

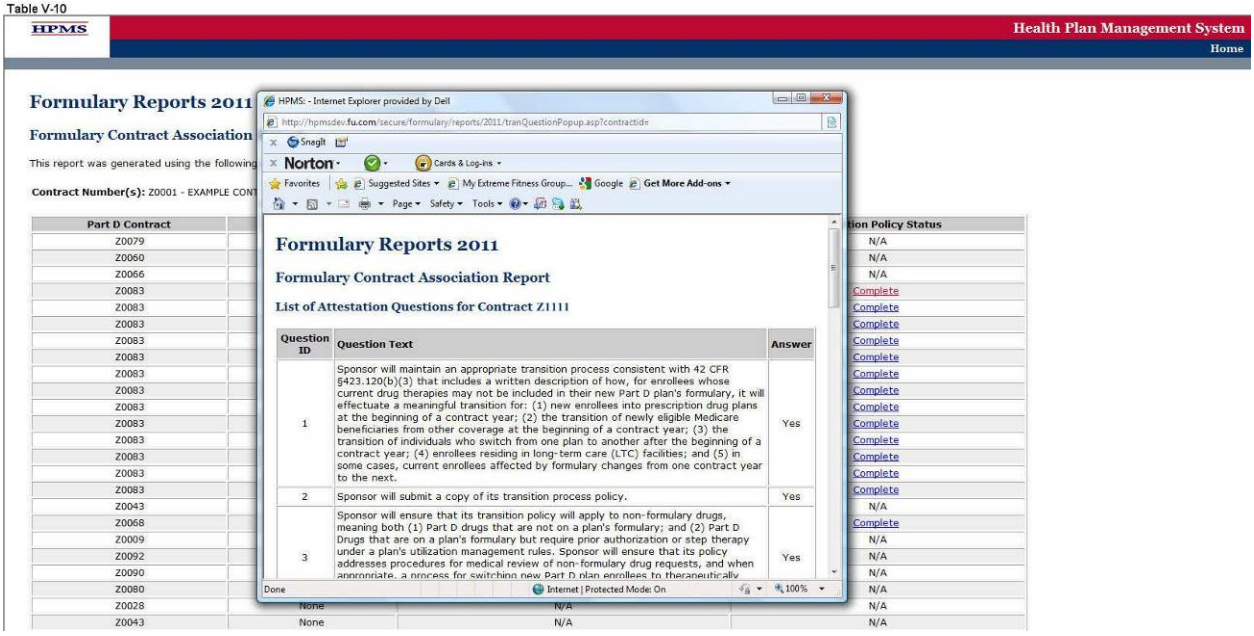
Contract Number(s): Z0001 - EXAMPLE CONTRACT 1

Part D Contract	Formulary ID	Formulary Status	Transition Policy Status
Z0079	None	N/A	N/A
Z0051	None	N/A	N/A
Z0059	None	N/A	N/A
Z0034	None	N/A	N/A
Z0083	None	N/A	N/A
Z0078	None	N/A	N/A
Z0009	None	N/A	N/A
Z0023	None	N/A	N/A
Z0043	00000007	Rejected by Validation	Incomplete
Z0099	None	N/A	N/A
Z0004	None	N/A	N/A
Z0022	None	N/A	N/A
Z0049	None	N/A	N/A
Z0039	None	N/A	N/A
Z0089	None	N/A	N/A
Z0060	None	N/A	N/A
Z0089	None	N/A	N/A
Z0095	None	N/A	N/A
Z0017	None	N/A	N/A
Z0020	None	N/A	N/A
Z0029	None	N/A	N/A
Z0048	None	N/A	N/A
Z0084	00000076	Successfully Validated	Complete
Z0085	None	N/A	N/A
Z0088	None	N/A	N/A
Z0045	None	N/A	N/A
Z0047	None	N/A	N/A
Z0012	None	N/A	N/A
Z0017	None	N/A	Incomplete
Z0035	None	N/A	N/A
Z0046	None	N/A	N/A
Z0088	None	N/A	N/A
Z0018	None	N/A	N/A
Z0082	None	N/A	N/A
Z0086	00000008	Successfully Validated	N/A
Z0010	None	N/A	N/A
Z0011	None	N/A	N/A
Z0024	None	N/A	Incomplete
Z0027	None	N/A	N/A
Z0042	None	N/A	N/A
Z0027	None	N/A	N/A
Z0054	None	N/A	N/A
Z0094	None	N/A	N/A
Z0033	None	N/A	N/A
Z0082	None	N/A	N/A
Z0061	None	N/A	N/A
Z0067	None	N/A	N/A
Z0032	None	N/A	N/A
Z0085	None	N/A	N/A
Z0096	None	N/A	N/A
Z0033	None	N/A	N/A
Z0099	None	N/A	N/A
Z0086	None	N/A	N/A
Z0093	None	N/A	N/A
Z0068	None	N/A	N/A
Z0090	None	N/A	N/A
Z0027	None	N/A	N/A
Z0028	None	N/A	N/A
Z0053	None	N/A	N/A
Z0099	None	N/A	N/A
Z0019	None	N/A	N/A
Z0065	None	N/A	N/A
Z0092	00000003	Rejected by Validation	N/A
Z0060	None	N/A	N/A
Z0065	None	N/A	N/A
Z0019	None	N/A	N/A
Z0088	None	N/A	N/A
Z0096	None	N/A	N/A
Z0005	None	N/A	N/A
Z0056	None	N/A	N/A
Z0098	None	N/A	N/A
Z0026	None	N/A	N/A
Z0043	00000017	Successfully Validated	N/A
Z0043	00000022	Rejected by Validation	N/A
Z0043	00000024	Successfully Validated	N/A
Z0043	00011078	Successfully Validated	N/A
Z0024	None	N/A	N/A
Z0054	None	N/A	N/A
Z0020	00000045	Successfully Validated	N/A
Z0005	None	N/A	N/A

Back

Go To: Select Report Page Select Contract Year

Table V-10



FORMULARY CROSSWALK REPORT

The **Formulary Crosswalk Report** summarizes key information about plan formularies for a selected contract.

STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) select Formulary Crosswalk Report. This will take you to the Formulary Reports – Select a Contract page.

STEP 2

On the **Formulary Reports – Select a Contract** page (Table V-11) select the desired contract(s) then click on the Next button. This will take you to the Formulary Crosswalk Report (Table V-12).

Table V-11

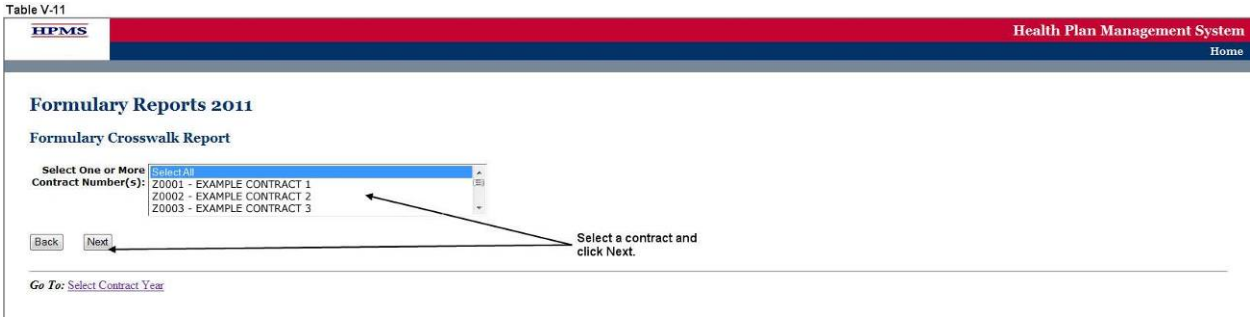


Table V-12

HPMS

Health Plan Management System

Home

Formulary Reports 2011

Formulary Crosswalk Report

Contract Number	Plan ID	Part D	Formulary ID	Formulary Status	Segment ID	Bid Upload Status
Z0005	001	No			0	Plan Successfully Downloaded
Z0005	002	No			0	Plan Successfully Downloaded
Z0005	003	No			0	Plan Successfully Downloaded
Z0005	004	No			0	Plan Successfully Downloaded
Z0005	005	No			0	Plan Successfully Downloaded
Z0005	006	No			0	Plan Successfully Downloaded
Z0005	007	No			0	Plan Successfully Downloaded
Z0005	008	No			0	Plan Successfully Downloaded
Z0005	009	No			0	Plan Successfully Downloaded
Z0005	010	No			0	Plan Successfully Downloaded
Z0005	011	No			0	Plan Successfully Downloaded
Z0005	012	No			0	Plan Successfully Downloaded
Z0005	013	No			0	Plan Successfully Downloaded
Z0005	014	No			0	Plan Successfully Downloaded
Z0005	015	No			0	Plan Successfully Downloaded
Z0005	016	No			0	Plan Successfully Downloaded
Z0005	017	No			0	Plan Successfully Downloaded
Z0005	018	No			0	Plan Successfully Downloaded
Z0005	019	No			0	Plan Successfully Downloaded
Z0005	020	No			0	Plan Successfully Downloaded
Z0005	021	No			0	Plan Successfully Downloaded
Z0005	022	No			0	Plan Successfully Downloaded
Z0005	023	No			0	Plan Successfully Downloaded
Z0005	024	No			0	Plan Successfully Downloaded

Back Export to Excel

Go To: Select Report Page Select Contract Year

FORMULARY PRIOR AUTHORIZATION (PA) CRITERIA CHANGE REPORT

The **Formulary PA Criteria Change Report** compares formulary files to indicate if a change has been made to the Prior Authorization file submissions.

STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) select Formulary PA Criteria Change Report. This will take you to the Formulary PA Criteria Change Report.

STEP 2

The **Formulary PA Criteria Change Report** (Table V-13) lists file changes based on additions, deletions and other changes. If desired you can access detailed information about the Covered Uses and Exclusion Criteria associated with the PA file. To do so, click on the Detail button in the Covered Uses and/or Exclusion columns. A pop-up window will appear (Table V-14). When you have finished viewing the information, click on the Close button at the bottom of the pop-up window.

Table V-13

HPMS

Health Plan Management System

Home

Formulary Reports 2011

Formulary PA Criteria Change Report

* To view the text submitted in the field, please click the "Detail" button.

Back

Adds

Formulary ID	Base Version	Compare Version	Prior Auth ID	Prior Auth Group Desc	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Info	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
00000000	11	10	1		1	Detail	Detail				12	

Jump To: Adds

Deletes

Formulary ID	Base Version	Compare Version	Prior Auth ID	Prior Auth Group Desc	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Info	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
00000000	10	11	1		0	Detail	Detail				12	

Jump To: Adds
Jump To: Deletes

Changes

Formulary ID	Version	Prior Auth ID	Prior Auth Group Desc	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria	Required Medical Info	Age Restrictions	Prescriber Restrictions	Coverage Duration	Other Criteria
There is no record return for Comparison from Formulary 2011.											

Jump To: Adds
Jump To: Deletes

Back

Go To: Select Report Page Select Contract Year

Table V-14

HPMS

Health Plan Management System

Home

Formulary Reports 2011

Formulary PA Criteria Change Report

* To view the text submitted in the field, please click the "Detail" button.

Back

Adds

Formulary ID	Base Version	Compare Version	Prior Auth ID	Prior Auth Group Desc	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria
00000000	11	10	1		1	Detail	Detail

Jump To: Adds

Deletes

Formulary ID	Base Version	Compare Version	Prior Auth ID	Prior Auth Group Desc	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria
00000000	10	11	1		0	Detail	Detail

Jump To: Adds
Jump To: Deletes

Changes

Formulary ID	Version	Prior Auth ID	Prior Auth Group Desc	PA Criteria Change Indicator	Covered Uses	Exclusion Criteria
There is no record return for Comparison from Formulary 2011.						

Jump To: Adds
Jump To: Deletes

Back

Go To: Select Report Page Select Contract Year

HPMS: Formulary Reports 2011 - Internet Explorer provided by Dell

http://hpmsdev.fu.com/secure/formulary/reports/2011/SubReportPaStDetail.asp?formulary=00000000&version=10&field_

Favorites Suggested Sites My Extreme Fitness Group... Google Get More Add-ons

Page Safety Tools

Formulary Reports 2011

Formulary PA Criteria Change Report - Detail Page

Formulary ID: 00011000
Version: 10
Prior Auth ID: 1

Exclusion Criteria
both - off - label indications for which

Close

Done Internet | Protected Mode: On 100%

FORMULARY STEP THERAPY (ST) CRITERIA CHANGE REPORT

The **Formulary ST Criteria Change Report** compares formulary files to indicate if a change has been made to the Step Therapy file submissions.

STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) select Formulary ST Criteria Change Report. This will take you to the Formulary ST Criteria Change Report.

STEP 2

The **Formulary ST Criteria Change Report** (Table V-15) lists file changes based on additions, deletions and other changes. If desired you can access detailed information about the Step Therapy Criteria associated with the ST file. To do so, click on the Detail button in the Step Therapy Criteria columns. A pop-up window will appear (Table V-16). When you have finished viewing the information, click on the Close button at the bottom of the pop-up window.

Table V-15

HPMS | Health Plan Management System | Home

Formulary Reports 2011

Formulary ST Criteria Change Report

* To view the text submitted in the field, please click the 'Detail' button.

Back

Adds

Formulary ID	Base Version	Compare Version	Step Therapy ID	Step Therapy Group Desc	Step Therapy Criteria	Step Therapy Change Indicator
00000000	11	10	1	chf therapy 1 & 2	Detail	0
00000073	7	6	1	chf therapy 1	Detail	0
00000073	7	6	5	consumers face additional constraints due to the declines in the stock market, the tightening of	Detail	0

Jump To: Adds

Deletes

Formulary ID	Base Version	Compare Version	Step Therapy ID	Step Therapy Group Desc	Step Therapy Criteria	Step Therapy Change Indicator
00000000	10	11	1	chf therapy 1	Detail	0
00000073	6	7	1	chf therapy 1 & 2	Detail	0
00000073	6	7	5	chf therapy 5	Detail	0

Jump To: Adds
Jump To: Deletes

Changes

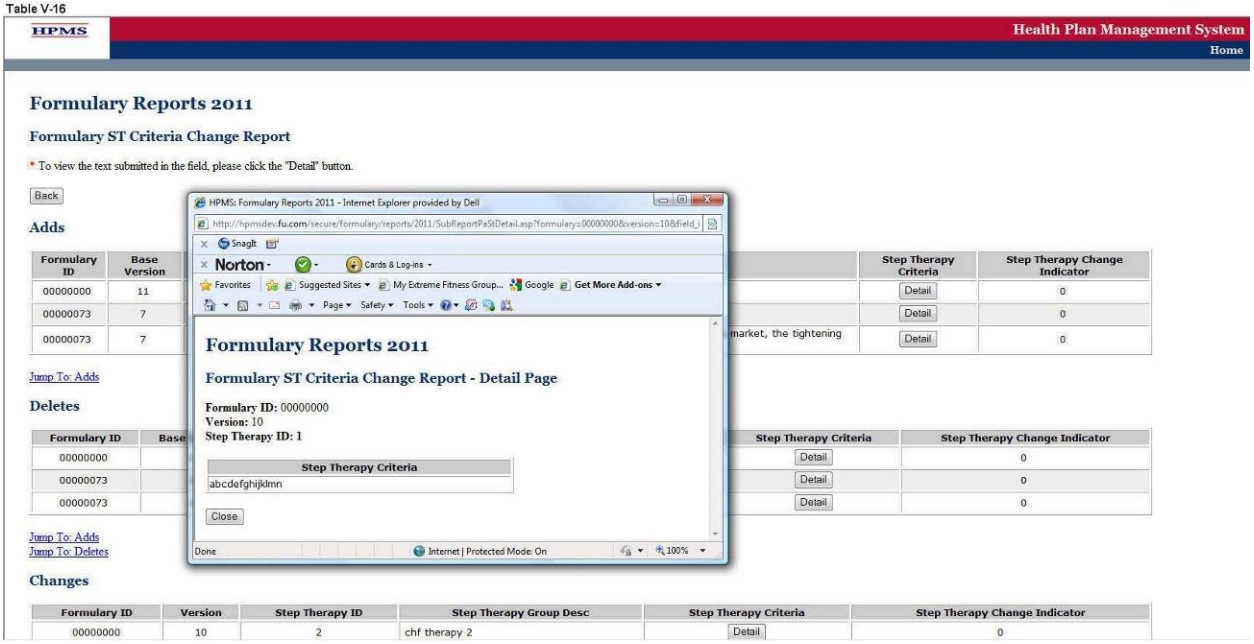
Formulary ID	Version	Step Therapy ID	Step Therapy Group Desc	Step Therapy Criteria	Step Therapy Change Indicator
00000000	10	2	chf therapy 2	Detail	0
00000000	11	2	chf therapy 2	Detail	0
00000052	6	1	chf therapy 1	Detail	0
00000052	8	1	chf therapy 1	Detail	1
00000073	6	2	chf therapy 2	Detail	1
00000073	7	2	chf therapy 2	Detail	1

Jump To: Adds
Jump To: Deletes

Back

Go To: Select Report Page Select Contract Year

Table V-16



FORMULARY STATUS HISTORY REPORT

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

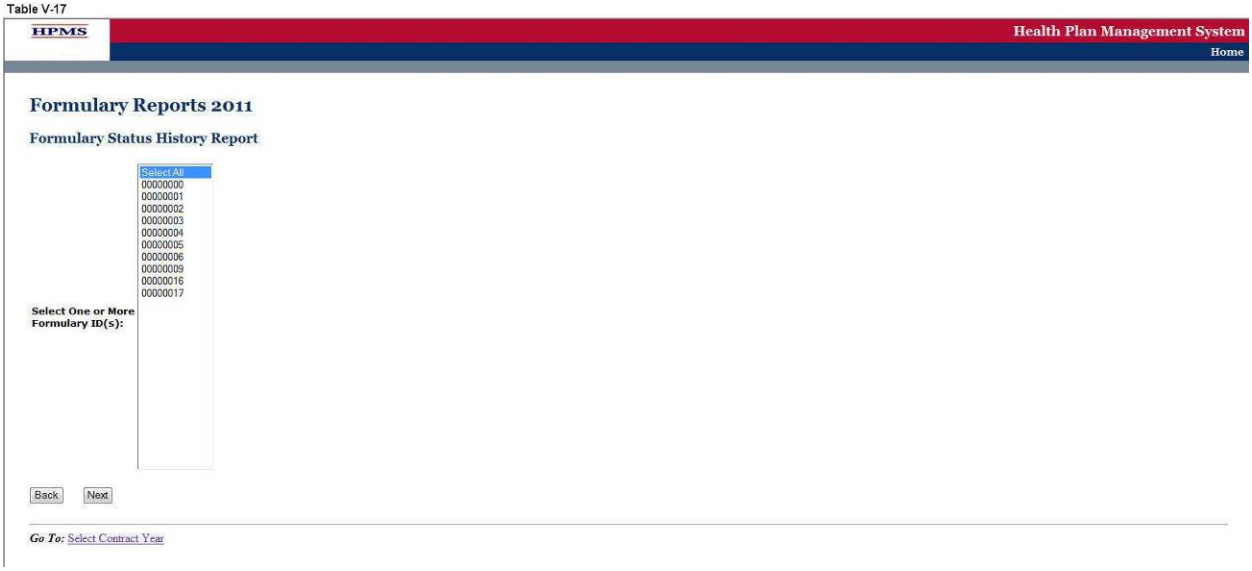
STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) 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 (Table V-17) select the desired formulary(ies), then click on the Next button. This will take you to the Formulary Status History Report.

Table V-17

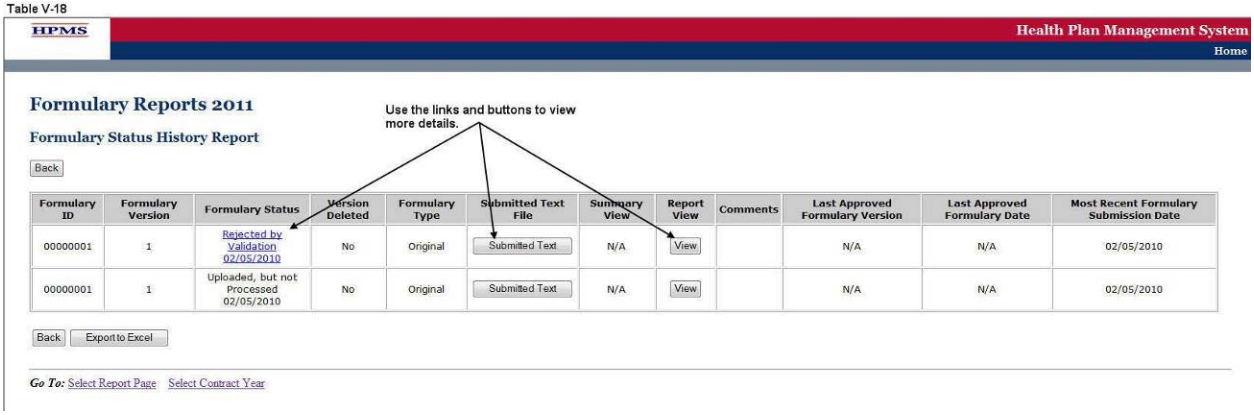


STEP 3

On the **Formulary Status History Report** (Table V-18), there are several actions you can take to view more details or get background information:

- To view the E-mail sent regarding the formulary upload, click on the link provided under the Formulary Status link. A pop-up window will appear. When you have finished reviewing the information, click on the Close button at the bottom of the window.
- To view the text file previously submitted, click on the "Submitted Text" button. A pop-up window will appear. When you have finished reviewing the information, click on the Close button at the bottom of the window.
- To view a summary of the formulary click on the "Summary" button. A pop-up window will appear. When you have finished reviewing the information, click on the Close button at the bottom of the window.
- To view the RXCUI report for the formulary click on the "View" button. A pop-up window will appear. When you have finished reviewing the information, click on the Close button at the bottom of the window.
- To Export the Formulary Status History Report to Excel, click on the Export to Excel button.

Table V-18



FORMULARY THERAPEUTIC CLASS AND CATEGORY CHANGE REPORT

The **Formulary Therapeutic Class and Category Change Report** provides a comparison of data between two submitted formularies versions and displays differences in the Therapeutic Class and Category. You can compare the content of two submissions from one formulary or differences between two different formularies.

STEP 1

On the **Formulary Reports – Select a Report** page (Table V-3) select **Formulary Therapeutic Class and Category Change Report**. This will take you to the Formulary Therapeutic Class and Category Change selection criteria page.

STEP 2

On the **Formulary Therapeutic Class and Category Change Report selection criteria** page (Table V-19) select the desired Base Formulary ID using the dropdown box. When you select this ID, the page will refresh to show the Comparison Formulary ID and Versions. If necessary, select a different Comparison Formulary ID using the dropdown box. Then highlight the versions you want to compare and click on the Next button. This will take you to the **Formulary Therapeutic Class and Category Change Report** (Table V-20), which will display both the similarities and differences between the formulary versions.

Table V-19

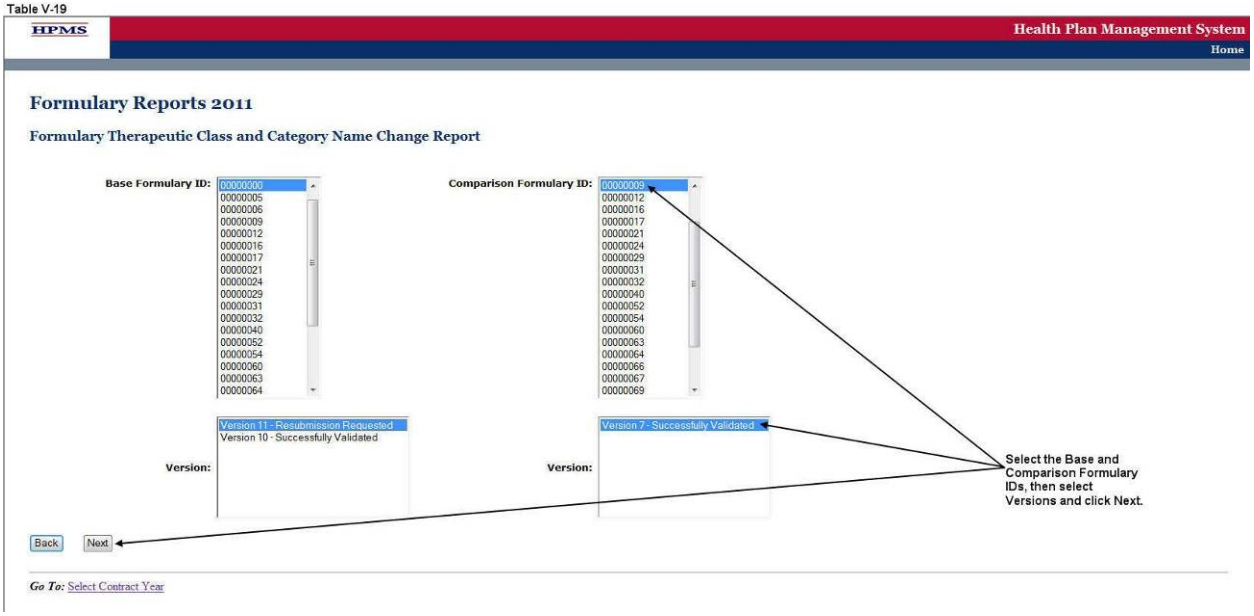
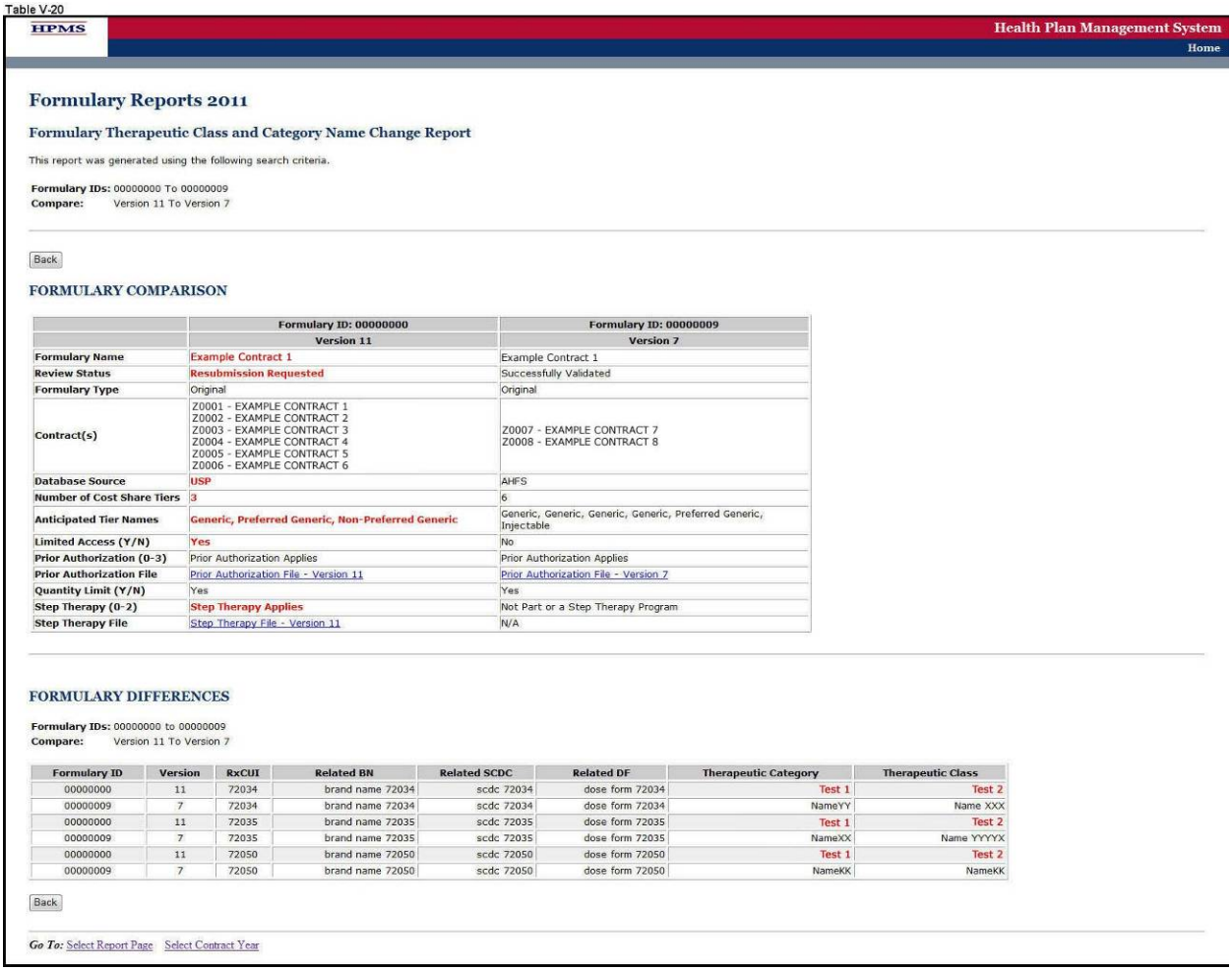


Table V-20



	Formulary ID: 00000000	Formulary ID: 00000009
	Version 11	Version 7
Formulary Name	Example Contract 1	Example Contract 1
Review Status	Resubmission Requested	Successfully Validated
Formulary Type	Original	Original
Contract(s)	Z0001 - EXAMPLE CONTRACT 1 Z0002 - EXAMPLE CONTRACT 2 Z0003 - EXAMPLE CONTRACT 3 Z0004 - EXAMPLE CONTRACT 4 Z0005 - EXAMPLE CONTRACT 5 Z0006 - EXAMPLE CONTRACT 6	Z0007 - EXAMPLE CONTRACT 7 Z0008 - EXAMPLE CONTRACT 8
Database Source	USP	AHFS
Number of Cost Share Tiers	3	6
Anticipated Tier Names	Generic, Preferred Generic, Non-Preferred Generic	Generic, Generic, Generic, Generic, Preferred Generic, Injectable
Limited Access (Y/N)	Yes	No
Prior Authorization (0-3)	Prior Authorization Applies	Prior Authorization Applies
Prior Authorization File	Prior Authorization File - Version 11	Prior Authorization File - Version 7
Quantity Limit (Y/N)	Yes	Yes
Step Therapy (0-2)	Step Therapy Applies	Not Part or a Step Therapy Program
Step Therapy File	Step Therapy File - Version 11	N/A

Formulary ID	Version	RxCUI	Related BN	Related SCDC	Related DF	Therapeutic Category	Therapeutic Class
00000000	11	72034	brand name 72034	scdc 72034	dose form 72034	Test 1	Test 2
00000009	7	72034	brand name 72034	scdc 72034	dose form 72034	NameYY	Name XXX
00000000	11	72035	brand name 72035	scdc 72035	dose form 72035	Test 1	Test 2
00000009	7	72035	brand name 72035	scdc 72035	dose form 72035	NameXX	Name YYYYX
00000000	11	72050	brand name 72050	scdc 72050	dose form 72050	Test 1	Test 2
00000009	7	72050	brand name 72050	scdc 72050	dose form 72050	NameKK	NameKK

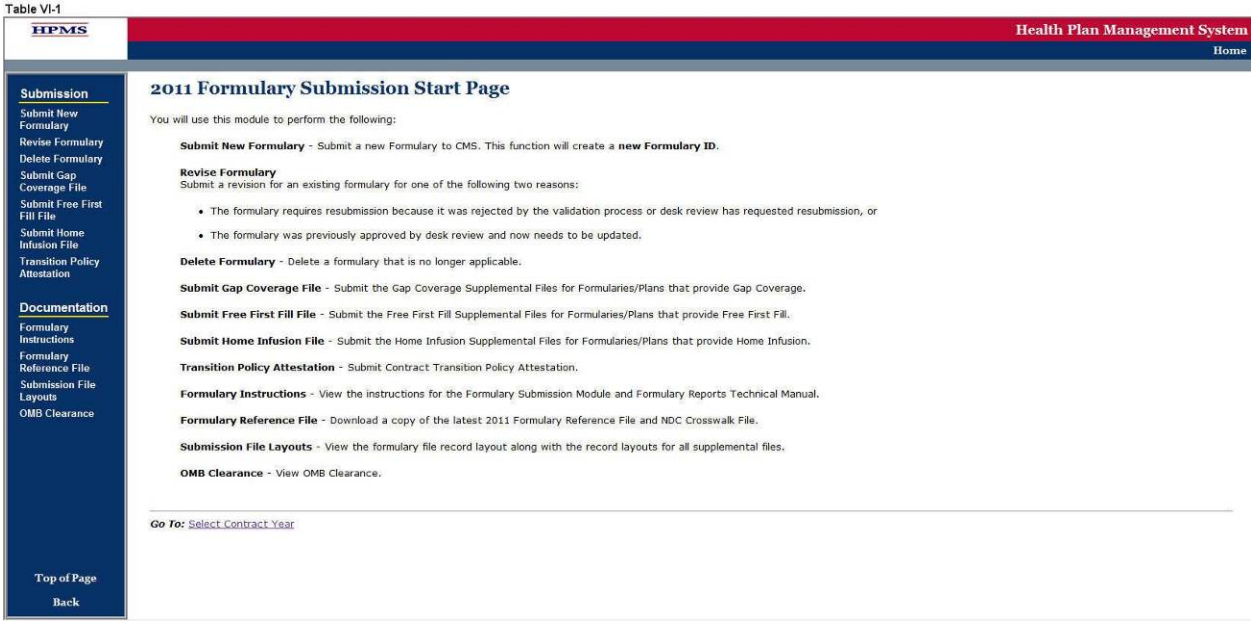
VI. How To Submit Supplemental Files

As part of the formulary submission process, you will be required to submit certain supplemental files depending on what is included in your bid. Organizations must submit this supplemental information for each plan offering this coverage. The supplemental files cannot be loaded until the organization has successfully submitted its related bid(s). This section provides detailed information on the how to submit the following supplemental files:

- Gap Coverage
- Free First Fill
- Home Infusion Drug
- Over-the-Counter
- Excluded Drugs

You will begin the supplemental file upload process on the Formulary Submission Start page (Table VI-1). (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).

Table VI-1



SUBMIT GAP COVERAGE, FREE FIRST FILL AND HOME INFUSION FILES

The **Submit Gap Coverage File, Free First Fill File and Home Infusion File** modules will become available to you once your bid is written off to desk review.

- **Gap Coverage:**
  If your bid submission indicated that a plan covers part of a tier(s) through the supplemental gap coverage benefit, you must submit partial tier gap coverage information before CMS can fully review the bid.

- **Free First Fill:**
  If your bid submission indicated that a plan offers Free First Fill, you must submit the free first fill information before CMS will fully review the bid.

- **Home Infusion:**
  If your bid submission indicated that a plan offers Part D Home Infusion drugs as a supplemental benefit under Part C, you must submit the home infusion information before CMS will fully review the bid. Therefore, if you answered "yes" to the following question: "Does the plan provide Part D home infusion drugs as a supplemental benefit under Part C?", on the "B-15 Part C Home Infusion Drugs" page in the PBP, then you need to upload a supplemental file for Home Infusion.

Please note that once you begin uploading each type of file (gap coverage, free first fill or home infusion), you must repeat this process for all plans with a gap coverage, free first fill, and/or home infusion file that is associated with the selected formulary. You cannot upload your gap coverage, free first fill, and/or home infusion files to HPMS until all plans are assigned to a gap coverage, free first fill, and/or home infusion supplemental file.

Note: While the following instructions demonstrate how to submit the Gap Coverage file, you can also use these instructions to upload the Free First Fill and Home Infusion files. The steps taken to upload files are the same for each file.

STEP 1

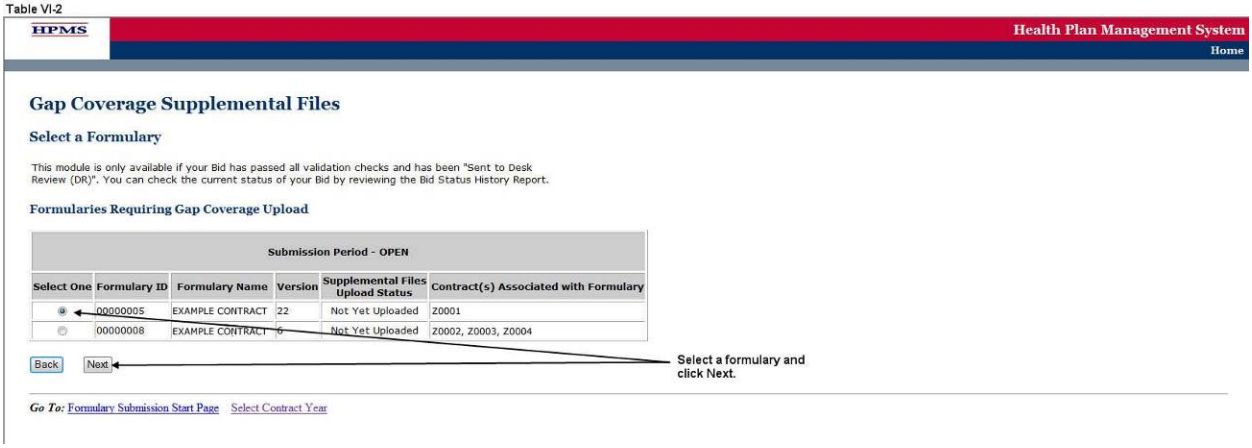
As shown in Table VI-1, select Submit Gap Coverage File from the **Formulary Submission Start Page.** This will take you to the Gap Coverage Supplemental Files-Select a Formulary page.

STEP 2

The **Gap Coverage Supplemental Files-Select a Formulary** page (Table VI-2) will contain a table of all formularies that require a Gap Coverage File. Select the formulary for which you intend to upload a Gap Coverage File for and click Next. This will take you to the Gap Coverage Supplemental Files-Assign Supplemental File(s) page.

Note: You may submit a supplemental file for formularies in "Approved" or "In Desk Review" status (as shown in the "Supplemental Files Upload Status" column). You may also upload a supplemental file with the status "Not Yet Uploaded" or "Rejected by Validation" if there is a resubmission request on the version of the formulary submission file that matches the current version of the supplemental file.

Table VI-2

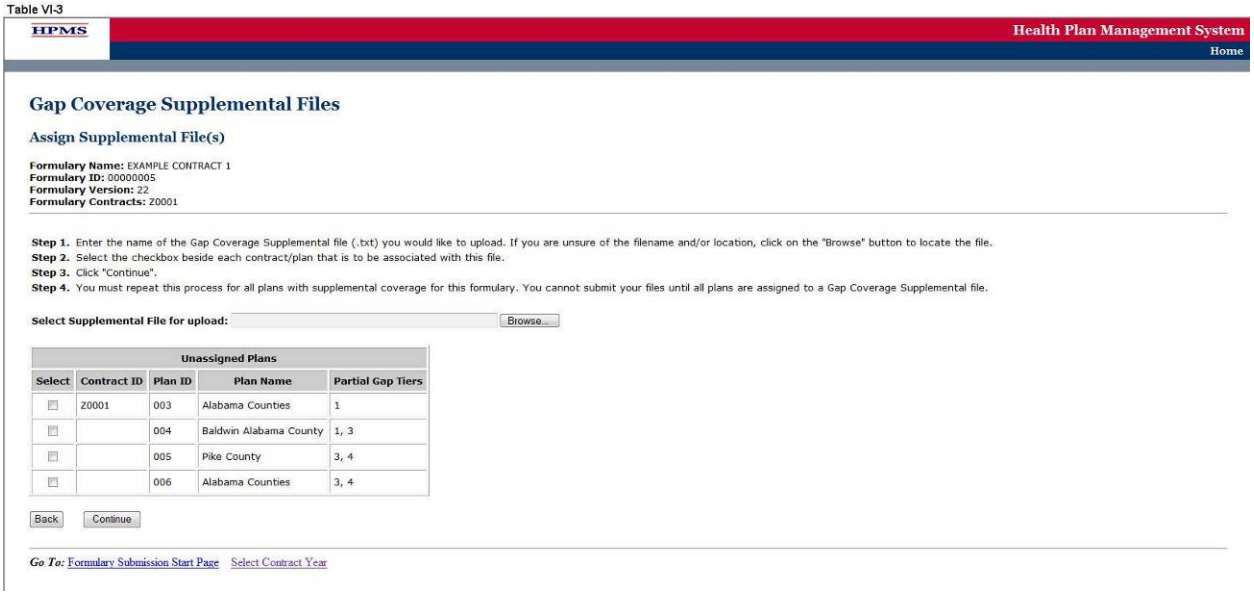


STEP 3

On the **Gap Coverage Supplemental Files-Assign Supplemental File(s)** page (Table VI-3), enter the name of the Gap Coverage Supplemental file (.txt) you wish to upload. If you are unsure of the filename and/or location, click on the Browse button to locate the file.

Select the checkbox beside each contract/plan that you intend to associate with the file you are uploading. Then select the Continue button to continue with the Gap Coverage File submission process . This will take you to the Gap Coverage Supplemental Files-Verify Supplemental File Upload page.

Table VI-3



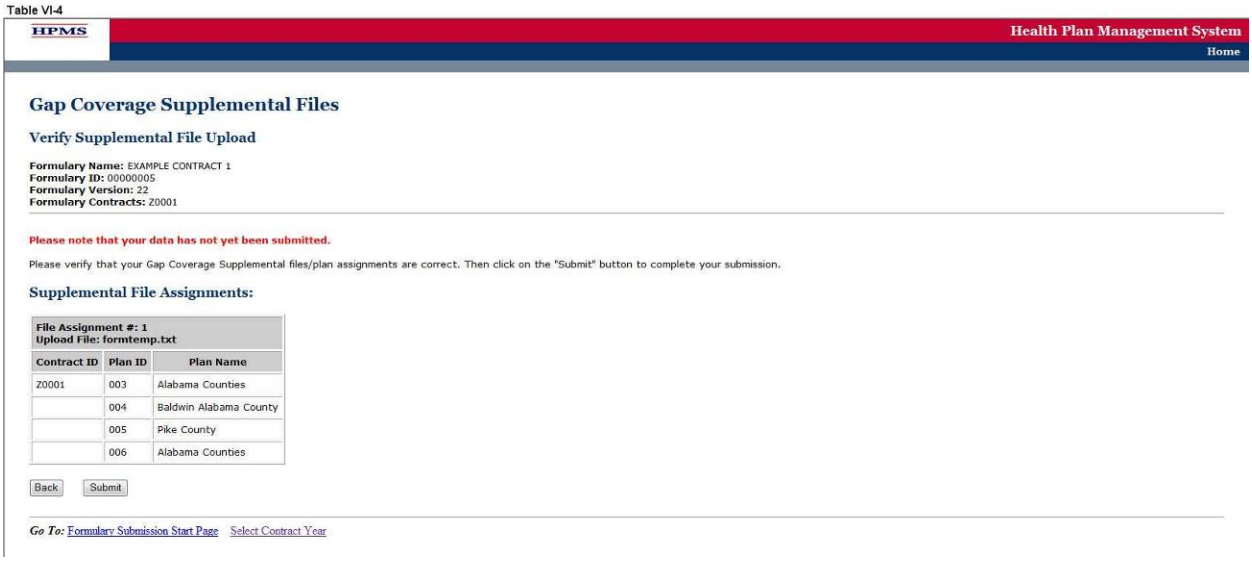
STEP 4

On the **Gap Coverage Supplemental Files-Verify Supplemental File Upload** page (Table VI-4), click the Submit button. This will take you to the Gap Coverage Supplemental Files-Submission Confirmation page.

Note: Your files will not be sent to CMS for review until all plans associated with the selected Formulary are assigned to a Gap Coverage Supplemental file. You must repeat the Submit Gap

Coverage process (Steps 1 – 3) until all plans with supplemental coverage for the formulary are completed.

Table VI-4



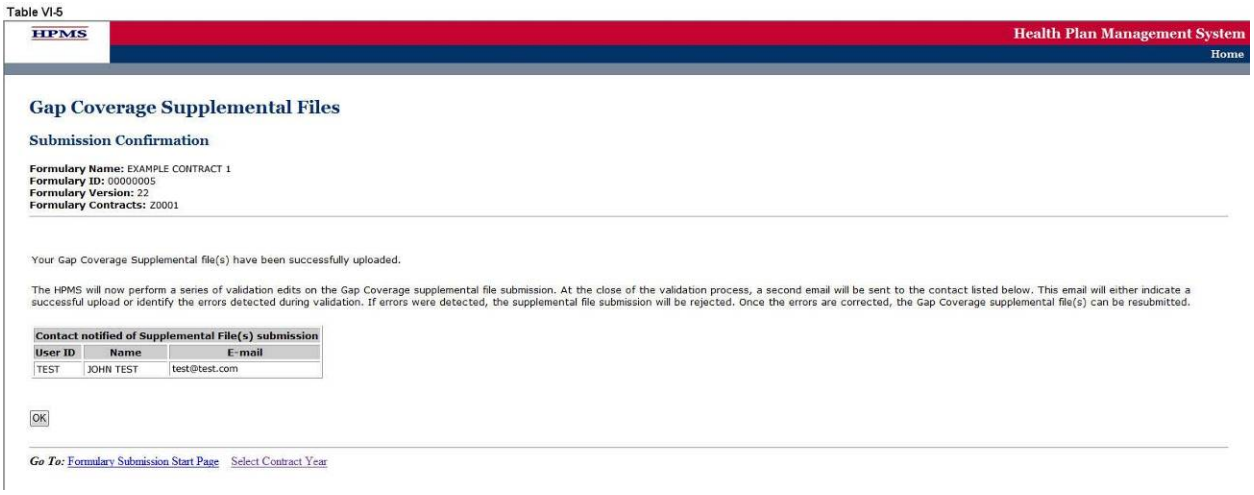
STEP 5

On the **Gap Coverage Supplemental Files-Submission Confirmation** page (Table VI-5), review the information and click the OK button to return to the Gap Coverage Supplemental Files Select a Formulary page.

The Submission Confirmation page provides a status of the successful upload. The system will send an email to the contact identified on this page.

After receiving the uploaded Gap Coverage file, the HPMS will perform a series of validation checks. At the close of the validation process, a second email will be sent to the designated contact listed on this page. If errors were detected, the supplemental file submission will be rejected. You must correct the Gap Coverage file(s) and resubmit all of the files using the Submit Gap Coverage File function.

Table VI-5



SUBMIT EXCLUDED DRUGS FILE

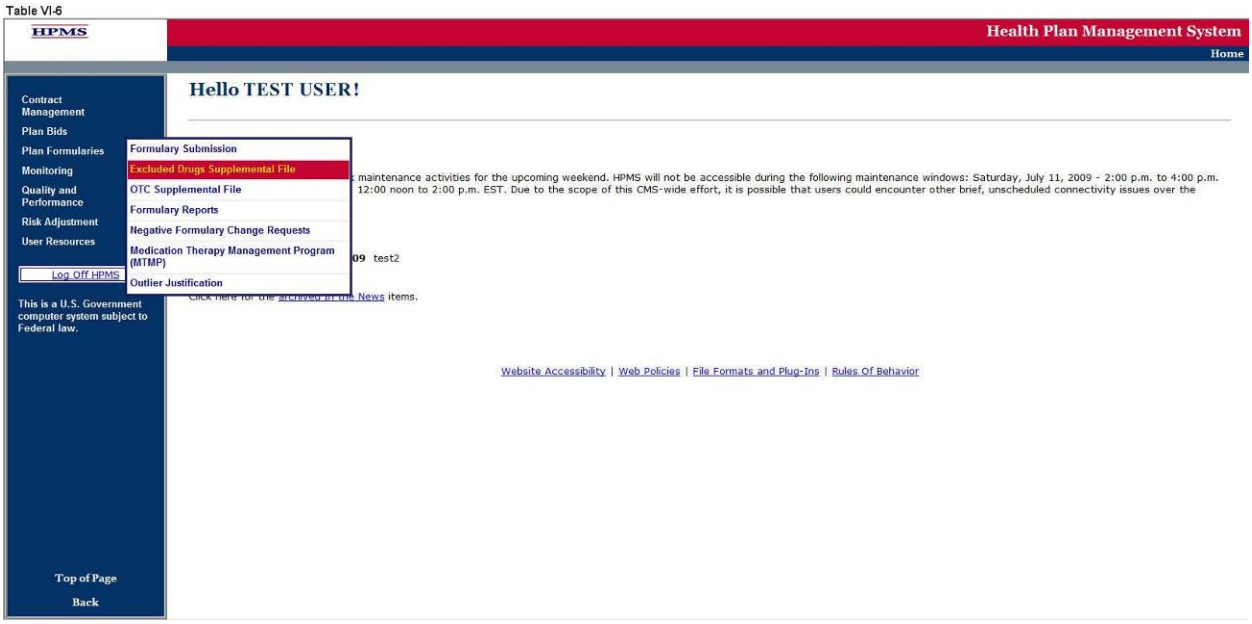
If your bid submission indicated that a plan offers Excluded Drugs as part of its supplemental coverage, you must submit the Excluded Drug information for the bid to be fully reviewed. Therefore, if you answered "yes" to the following question: "Are any excluded drugs part of your supplemental coverage (e.g., benzodiazepines, barbiturates)?" on the "Alternative-Excluded Drugs and Pre-ICL" page in the Part D PBP, you need to upload a supplemental file for Excluded Drugs.

The **Submit Excluded Drugs File** functionality will allow you to upload the Excluded Drugs file for a given plan(s). The module will become available once your bid is written off to desk review.

STEP 1

As shown in Table VI-6, on the **HPMS Start Page** select Excluded Drugs Supplemental File from the Plan Formularies fly-out menu**.** This will take you to the Excluded Drugs Supplemental File page.

Table VI-6



STEP 2

On the **Excluded Drugs Supplemental File page** (Table VI-7), select CY 2011. This will take you to the Excluded Drugs Supplemental File Start Page.

Table VI-7

STEP 3

On the **Excluded Drugs Supplemental File Start Page** (Table VI-8) select Submit Excluded Drugs File. This will take you to the Associate Contracts to Excluded Drugs Supplemental File page.

Table VI-8

STEP 4

On the **Associate Contracts to Excluded Drugs Supplemental File** page (Table VI-9) select the checkbox beside each contract that you intend to associate with the file you are uploading. Then click the Next button. This will take you to the Associate Plans to Excluded Drugs Supplemental File page.

Note: If no plans are available to be updated for a particular contract, then the contract will be disabled on the Associate Contracts to Excluded Drugs Supplemental File. The "Submission Information" column provides information to aid you in determining whether any plans are available for upload for a contract.

Table VI-9

HPMS

Health Plan Management System

Home

2011 Excluded Drugs Supplemental File Submission

Associate Contracts to Excluded Drugs Supplemental File

Select one or more contracts to associate with this Excluded Drugs Supplemental File. If you are unable to select a contract because the Contact Information is unassigned or there is no email address, please go to the Contract Management Module to update this information for the Part D Benefits contact.

Open Submission Period				
Contracts Associated with this Excluded Drugs Supplemental File				
Included	Contract Number	Contract Name	Contact Information	Submission Information
☐	Z0001 (Upload Complete)	EXAMPLE CONTRACT 1	John Test test@test.com	Plan ID / Upload Status 003 In Desk Review 004 In Desk Review 005 In Desk Review 006 In Desk Review
☑	Z0002	EXAMPLE CONTRACT 2	Jane Test test@test.com	Plan ID / Upload Status 002 Rejected by Validation 003 Not Yet Uploaded 004 Not Yet Uploaded

Back Next

Go To: Excluded Drugs Supplemental File Start Page Select Contract Year

STEP 5

On the **Associate Plans to Excluded Drugs Supplemental File** page (Table VI-10) select the checkbox beside each plan that you intend to associate with the file you are uploading. Then click the Next button. This will take you to the Upload Supplemental File page.

Table VI-10

HPMS

Health Plan Management System

Home

2011 Excluded Drugs Supplemental File Submission

Associate Plan(s) to Excluded Drugs Supplemental File

Contract(s): Z0001 - EXAMPLE CONTRACT 1

Select the plan(s) that are to be associated with this Excluded Drugs Supplemental File submission.

NOTE: The checkbox is disabled beside plan(s) that have previously been associated with an 2011 Excluded Drugs Supplemental File Submission.

Plan List					
Included	Contract Number	Plan ID	Plan Name	Current Status	Excluded Drugs Tiers
☐	Z0001	002	EXAMPLE CONTRACT 1	Rejected by Validation	2, 3, 5
☐		003	EXAMPLE CONTRACT 2	Not Yet Uploaded	2, 3, 5
☐		004	EXAMPLE CONTRACT 3	Not Yet Uploaded	2, 3, 5

Back Next

Go To: Excluded Drugs Supplemental File Start Page Select Contract Year

STEP 6

On the **Upload Supplemental File page** (VI-11) enter the name of the Excluded Drug Supplemental File (.txt) you wish to upload. If you are unsure of the filename and/or location, click on the Browse button to locate the file. Then click the Upload button. This will take you to the Verify Submission page.

Table VI-11

HPMS

Health Plan Management System

Home

2011 Excluded Drugs Supplemental File Submission

Upload Supplemental File

Selected Plan(s)			
Contract Number	**Plan ID**	**Plan Name**	**Excluded Drugs Tiers**
Z0001	002	EXAMPLE CONTRACT 1	2, 3, 5

Step 1. Enter the name of the Excluded Drugs Supplemental File (.txt) that you would like to upload.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. WAIT until the file transfer is complete. Your browser will automatically be redirected to the appropriate page once the file is received.

If you are unsure of the file name and/or location, click on the "Browse" button to locate the file.

Select file for upload: Browse...

Back Upload

Go To: Excluded Drugs Supplemental File Start Page Select Contract Year

STEP 7A (IF ERRORS DETECTED):

On the **Verify Submission** page, if HPMS detects any errors in your submission, the page will state the errors (Table VI-12A). You must use the Back button to correct and resubmit the file.

Table VI-12A

HPMS

Health Plan Management System

Home

2011 Excluded Drugs Supplemental File Submission

Verify Submission

Begin Excluded Drugs Supplemental File Validation

1 records processed.

Validation	✕ Failed
Total Records Processed	1
Total Valid	0
Total Invalid	1

You must correct any errors before you upload the file.

You must correct the following errors and resubmit your data:

- Line # 1 - Invalid Line - No tabs found.

Contacts to be notified of this submission			
Contract Number	**Role**	**Contact Name**	**Contact Email**
All Contracts	Upload Contact	John Test	test@test.com
Z0001	Part D Benefits Contact	John Test	test@test.com

Selected Plan(s)			
Contract Number	**Plan ID**	**Plan Name**	**Excluded Drugs Tiers**
Z0001	002	EXAMPLE CONTRACT 1	2, 3, 5

Please note that your data has not yet been submitted.

Please print this page so that you have a record of the error(s) encountered in the Excluded Drugs Supplemental File validation. Please update the Excluded Drugs Supplemental File to correct the error(s) and then resubmit the file.

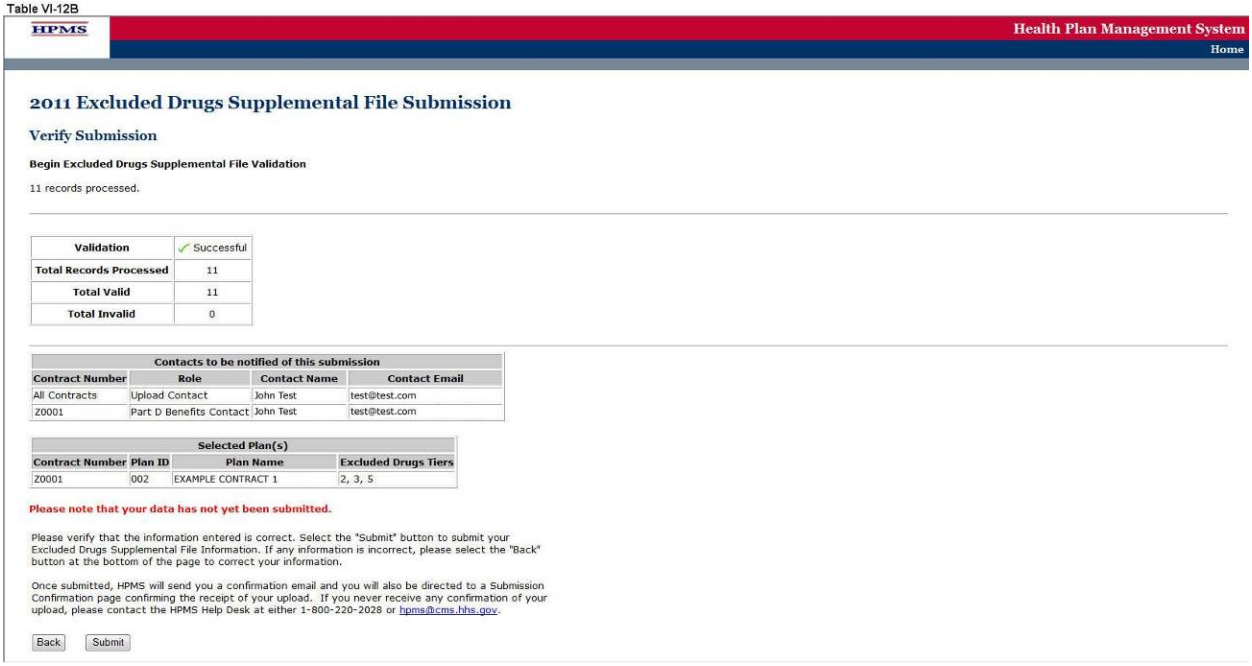
Back

Go To: Excluded Drugs Supplemental File Start Page Select Contract Year

STEP 7B (IF NO ERRORS DETECTED):

On the **Verify Submission** page, if HPMS does not detect any errors in your submission, then the page will state that the validation is successful (Table VI-12B). Verify the data and click the Submit button. This will take you to the Submission Confirmation page.

Table VI-12B



STEP 8

On the **Submission Confirmation page** (Table VI-13) click the OK button to go back to the Excluded Drugs Supplemental File Start Page.

Table VI-13

SUBMIT OVER THE COUNTER FILE

The **Submit Over-the-Counter File** functionality becomes available once your bid is written off to desk review. It allows you to upload the Over-the–Counter (OTC) file for a given plan(s). If you indicated in your plan's bid submission that you offer OTC drugs, you must submit the OTC information for the bid to be fully reviewed. Therefore, if you answered "yes" to the following question: "Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?" on the "Medicare RX General 2" page in the Part D PBP, you need to upload a supplemental file for OTC drugs.

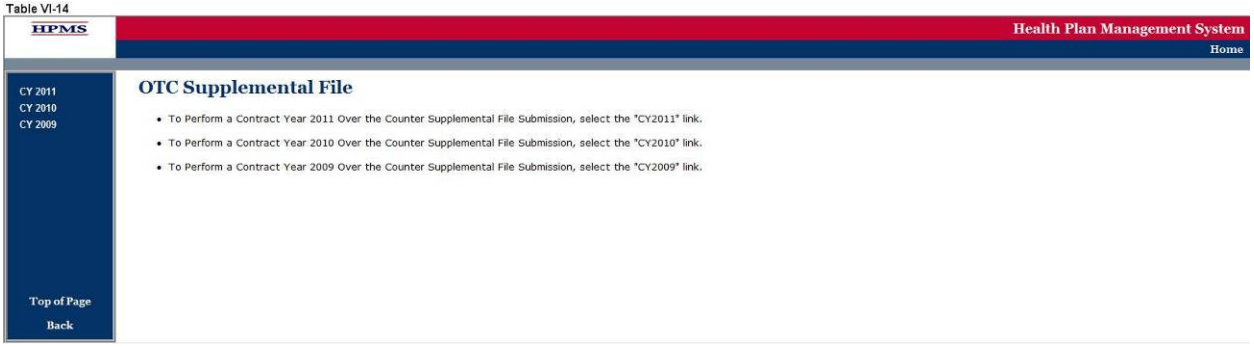
STEP 1

As shown in Table VI-6, on the **HPMS Start Page** select OTC Supplemental File from the Plan Formularies fly-out menu**.** This will take you to the OTC Supplemental File page.

STEP 2

On the **OTC Supplemental File page** (Table VI-14), select CY 2011. This will take you to the OTC Supplemental File Start Page.

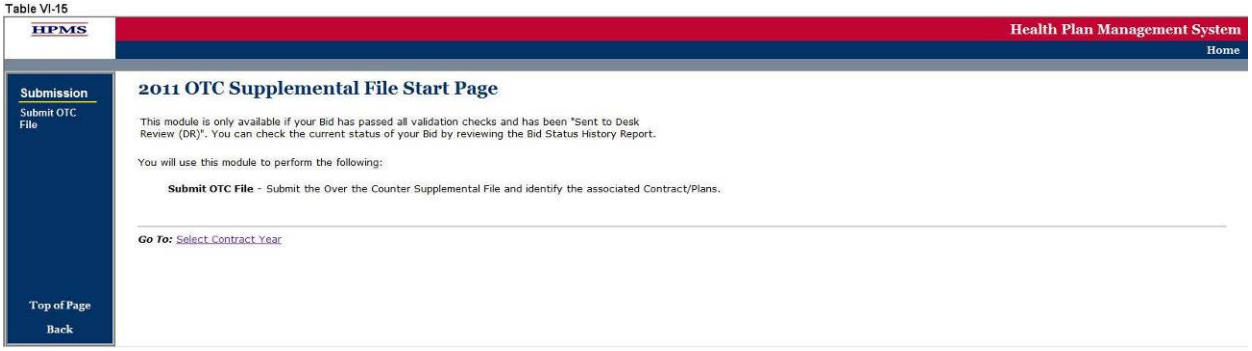
Table VI-14



STEP 3

On the **OTC Supplemental File Start Page** (Table VI-15) select Submit OTC File. This will take you to the Formularies Requiring OTC File Upload page.

Table VI-15



STEP 4

On the **Formularies Requiring OTC File Upload** page (Table VI-16) select a Formulary ID and click the Next button. This will take you to the Upload Supplemental File page.

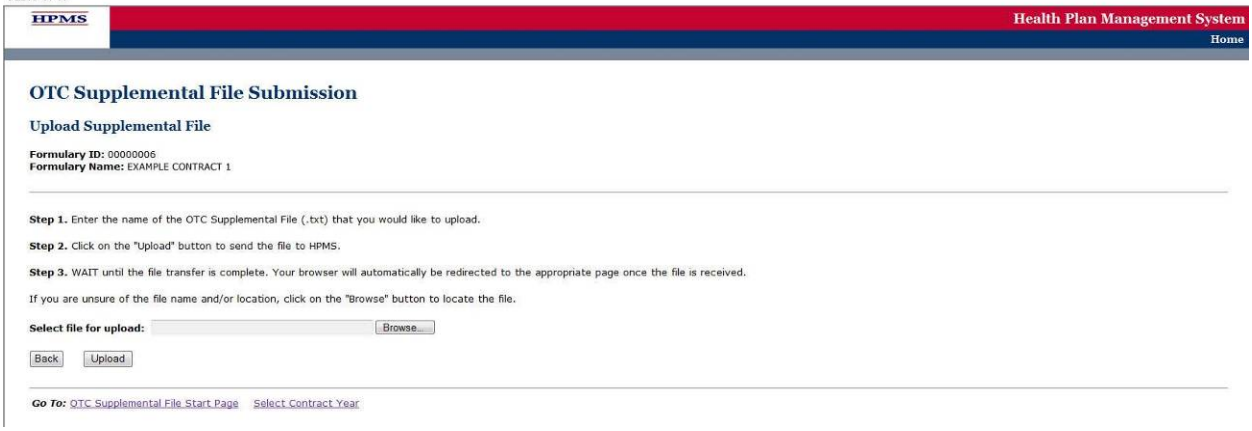
Note: If no plans are available to be updated for a particular contract, then the contract will be disabled on the Formularies Requiring OTC File Upload page. The "OTC File Upload Status" column provides information to aid you in determining whether any plans are available for upload for a contract.

Table VI-16

STEP 5

On the **Upload Supplemental File page** (Table VI-17) enter the name of the OTC Supplemental File (.txt) you wish to upload. If you are unsure of the filename and/or location, click on the Browse button to locate the file. Click the Upload button. This will take you to the Verify Submission page.

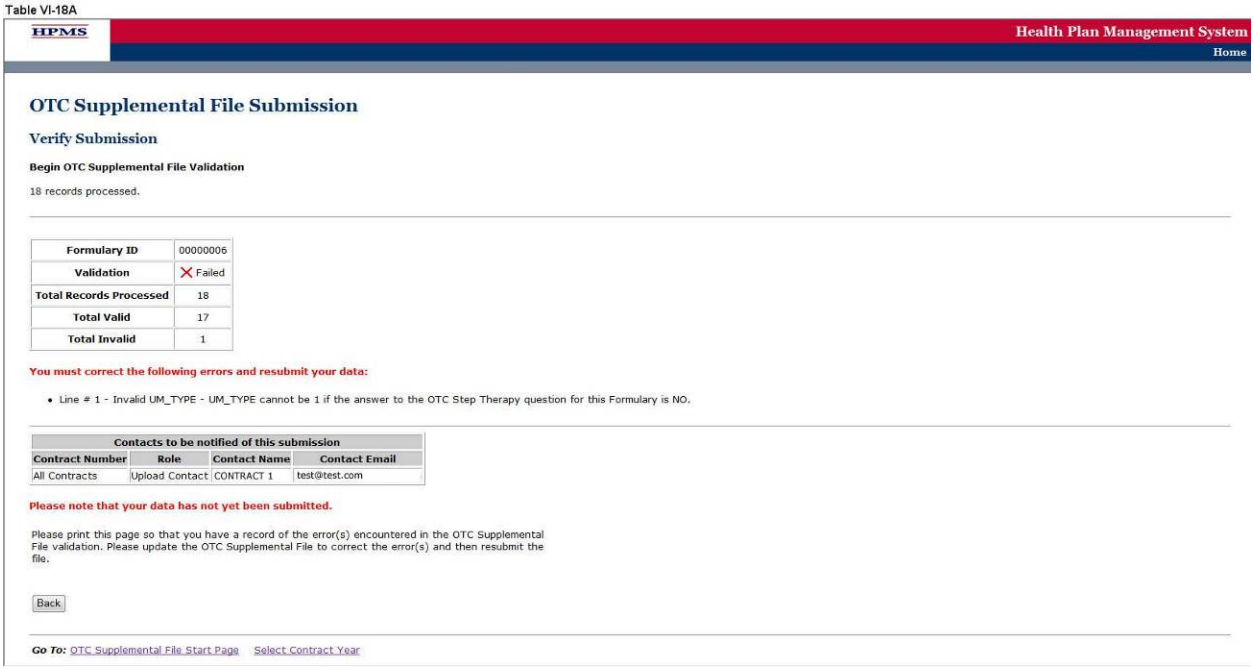
Table VI-17



STEP 6A (IF ERRORS DETECTED):

On the **Verify Submission** page, if HPMS detects any errors in your submission then the page will state the errors (Table VI-18A). You must use the Back button to correct and resubmit the file.

Table VI-18A



STEP 6B (IF NO ERRORS DETECTED):

On the **Verify Submission** page, if HPMS does not detect any errors in your submission, then the page will state that the validation is successful (Table VI-18B). Verify the data and click the Submit button. This will take you to the Submission Confirmation page.

Table VI-18B

HPMS | Health Plan Management System | Home

OTC Supplemental File Submission

Verify Submission

Begin OTC Supplemental File Validation

18 records processed.

Formulary ID	00000006
Validation	✓ Successful
Total Records Processed	18
Total Valid	18
Total Invalid	0

Contacts to be notified of this submission			
Contract Number	**Role**	**Contact Name**	**Contact Email**
All Contracts	Upload Contact	CONTRACT 1	test@test.com

Please note that your data has not yet been submitted.

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

Once submitted, HPMS will send you a confirmation email and you will also be directed to a Submission Confirmation page confirming the receipt of your upload. 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.

Back | Submit

Go To: OTC Supplemental File Start Page | Select Contract Year

STEP 7

On the **Submission Confirmation page** (Table VI-19) click the OK button to be redirected to the OTC Supplemental File Start Page.

Table VI-19

HPMS | Health Plan Management System | Home

OTC Supplemental File Submission

Submission Confirmation

Formulary ID: 00000006
Formulary Name: EXAMPLE CONTRACT 1

Your OTC Supplemental File submission was received.

OK

Go To: OTC Supplemental File Start Page | Select Contract Year

VII. 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. Organizations must submit this supplemental information for each plan offering this coverage. The supplemental files cannot be loaded until the organization has successfully submitted their related bid(s). The supplemental files cannot be loaded until the organization has successfully submitted their related bid(s).

The following Supplemental File Reports are available:

- Status History Reports:
    - Gap Coverage
    - Free First Fill
    - Home Infusion
    - Excluded Drugs
    - OTC
- Change Notification Reports:
    - Gap Coverage
    - Free First Fill
    - Home Infusion

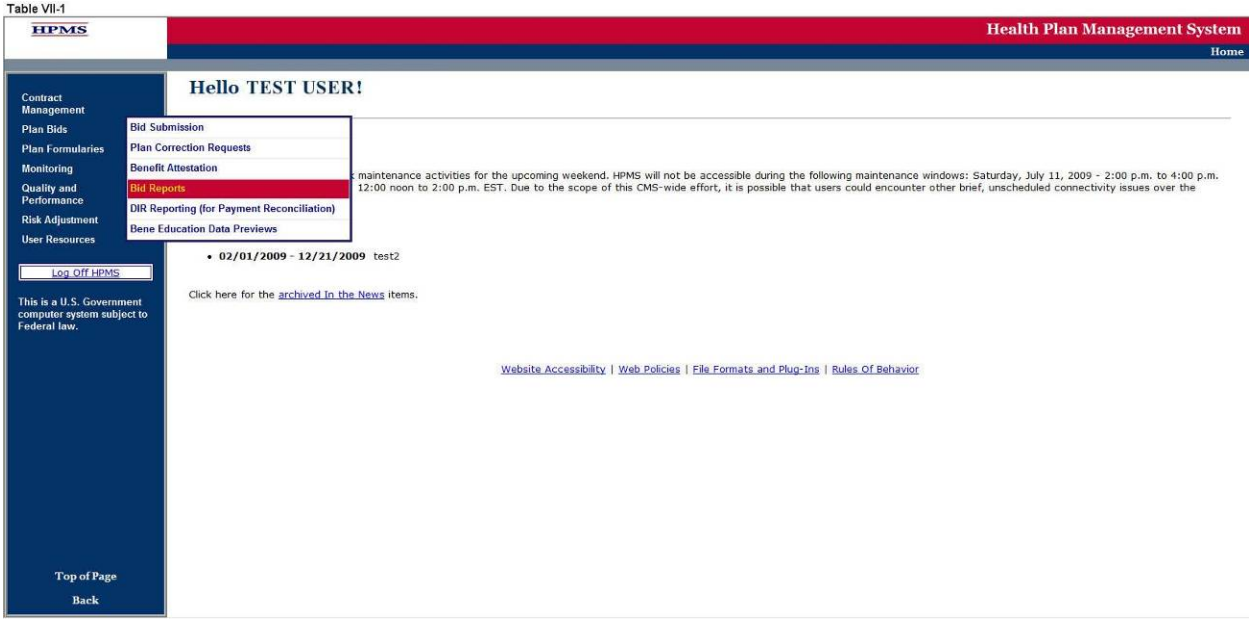
GAP COVERAGE, FREE FIRST FILL AND HOME INFUSION STATUS HISTORY REPORTS

Note: While the following instructions demonstrate how to access and view the Status History Report – Gap Coverage, you can also use these instructions to access Status History Report – Free First Fill and Status History Report – Home Infusion. The steps taken to access and view reports are the same for each report.

STEP 1

On the **HPMS Home Page** (Table VII-1) select the Bid Reports link from the Plan Bids flyout menu. This will take you to the Select Contract Year page.

Table VII-1



STEP 2

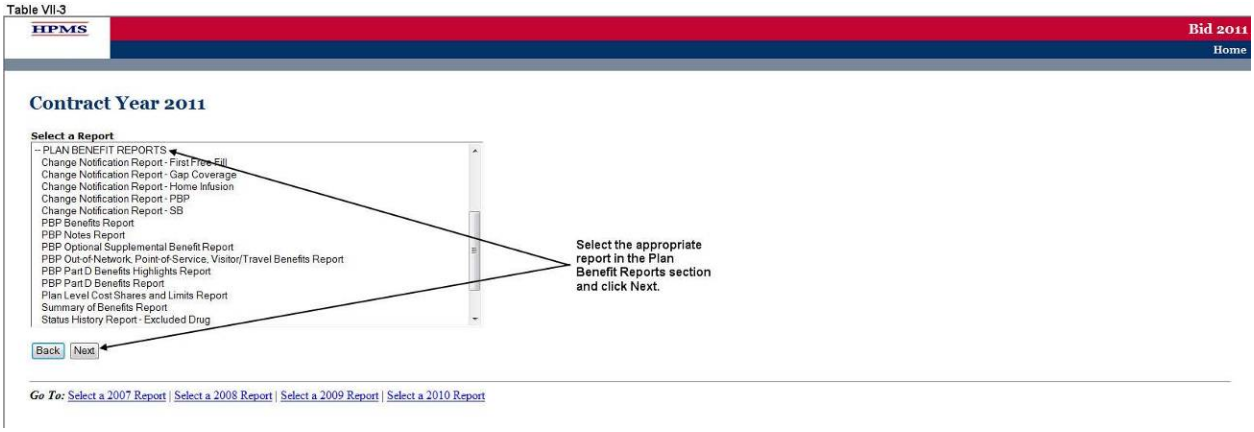
On the **Select Contract Year** page (Table VII-2), select the appropriate contract year and click the Next button. This will take you to the Select a Report page.

Table VII-2

STEP 3

On the **Select a Report page** (Table VII-3), select Status History Report – Gap Coverage under the "Plan Benefit Reports" section. Then click Next. This will take you to the Select a Contract page.

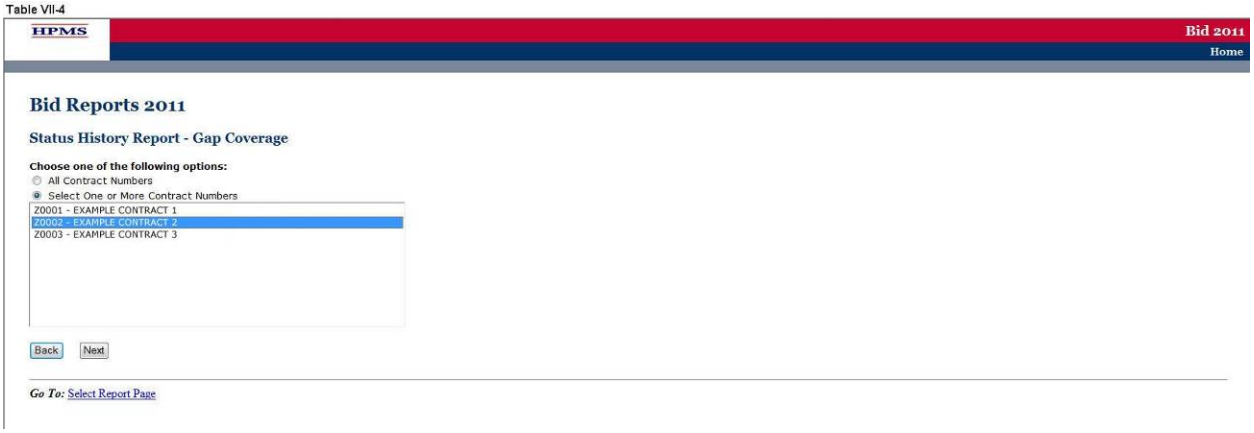
Table VII-3



STEP 4

On the **Select a Contract page** (Table VII-4) select the Contract ID(s) you want to view in the report and click Next. This will take you to the Select a Plan page.

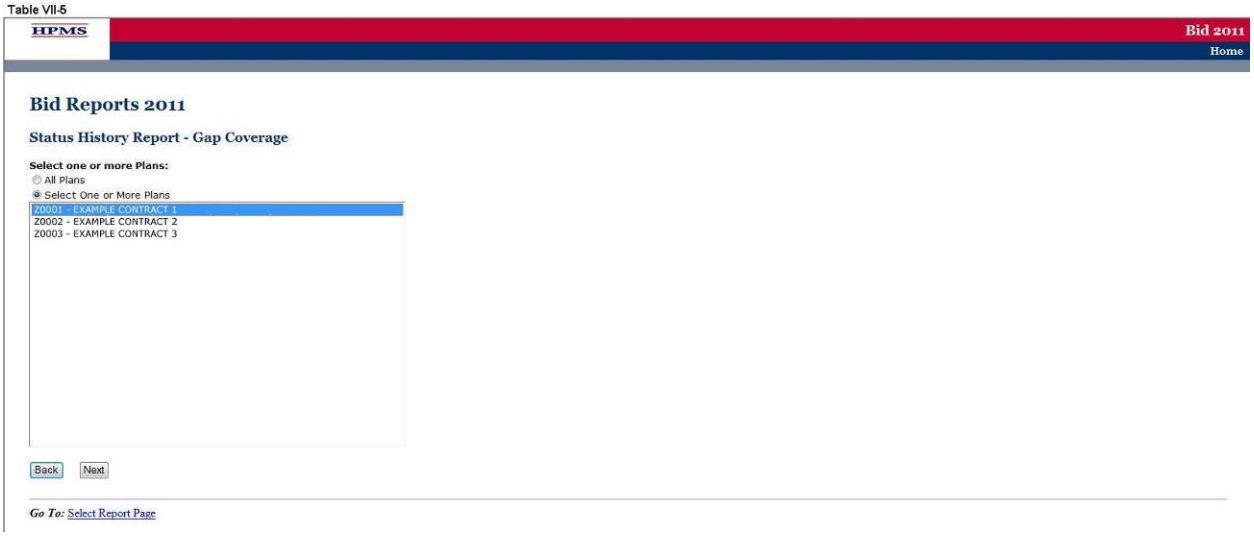
Table VII-4



STEP 5

On the **Select a Plan page** (Table VII-5) select the Plan(s) you want to view in the report and click Next. This will take you to the Select a Formulary page.

Table VII-5



STEP 6

On the **Select a Formulary page** (Table VII-6) select the Formulary ID(s) you want to view in the report and click Next. This will take you to the Status History Report – Gap Coverage.

Table VII-6

HPMS

Bid 2011

Home

Bid Reports 2011

Status History Report - Gap Coverage

Select one or more Formulary ID(s):

Selection	Formulary ID	Contract-Plan(s)	Supplemental File Status
☐	00000008	Z0001-002	Rejected by Validation 4/19/2010 9:13:57 AM

Back Next

Go To: Select Report Page

STEP 7

On the **Status History Report – Gap Coverage** page (Table VII-7) you can review information about supplemental file status, review the Submitted Text File, and View report details.

Table VII-7

HPMS

Bid 2011

Home

Bid Reports 2011

Status History Report - Gap Coverage

Formulary ID	Formulary Version Number	Associated Plans	Supplemental File Status	Submitted Text File	Report View
00000008	6	No Contract/Plans	Plan Chose to Upload New File 5/4/2010 10:29:04 AM.	N/A	N/A
00000008	5	No Contract/Plans	Plan Chose to Upload New File 5/4/2010 10:17:31 AM.	N/A	N/A
00000008	4	No Contract/Plans	Plan Chose to Upload New File 4/22/2010 2:02:57 PM.	N/A	N/A
00000008	3	No Contract/Plans	Plan Chose to Upload New File 4/22/2010 1:59:33 PM.	N/A	N/A
00000008	2	Z0001-002, Z0001-003, Z0001-004	Rejected by Validation 4/19/2010 9:13:57 AM	Submitted Text 1	View
00000008	2	Z0001-002, Z0001-003, Z0001-004	Uploaded, but not Processed 4/15/2010 11:53:42 PM	Submitted Text 1	View

Back

Go To: Select Report Page

STEP 7A - REVIEW INFORMATION ABOUT SUPPLEMENTAL FILE STATUS

In the "Supplemental File Status" column, you may have a Formulary ID(s) that has been "Rejected by Validation." If this is the case, the rejection status will be displayed as a link. Click on the Rejected by Validation link to view the Rejection Email pop-up page (Table VII-8).

Table VII-8

HPMS

Bid 2011

Home

Bid Reports 2011

Status History Report - Gap Coverage

Rejection Email

Formulary ID: 00000008
Formulary Version: 2
Sent To: JOHN TEST
Email Address: test@test.com
Subject: ACTION REQUIRED - Gap Coverage Supplemental File(s) Rejected - 00000008-2
Date Sent: 4/19/2010 9:06:42 AM
CC: test@test.com; test@test.com; test@test.com; test@test.com
Message:

JOHN TEST, Formulary ID : 00000008 Version : 2 Supplementary Data Type : Gap Coverage Upload Date : 4/15/2010 11:53:42 PM Contract Year : 2011 Processing Summary: Unable to successfully process your Gap Coverage Supplemental file. The Gap Coverage file(s) for this formulary did NOT pass the validation process. The validation errors are listed below. The errors must be corrected and ALL of your Gap Coverage file(s) must be re-uploaded to HPMS in order to be passed to the CMS Desk Review Module.

Row 1: RxCUI '758551' is in tier 1 but specified tiers for file 1 = (No partial Gap tiers).

The previous error(s) occurred in file: Document1.txt

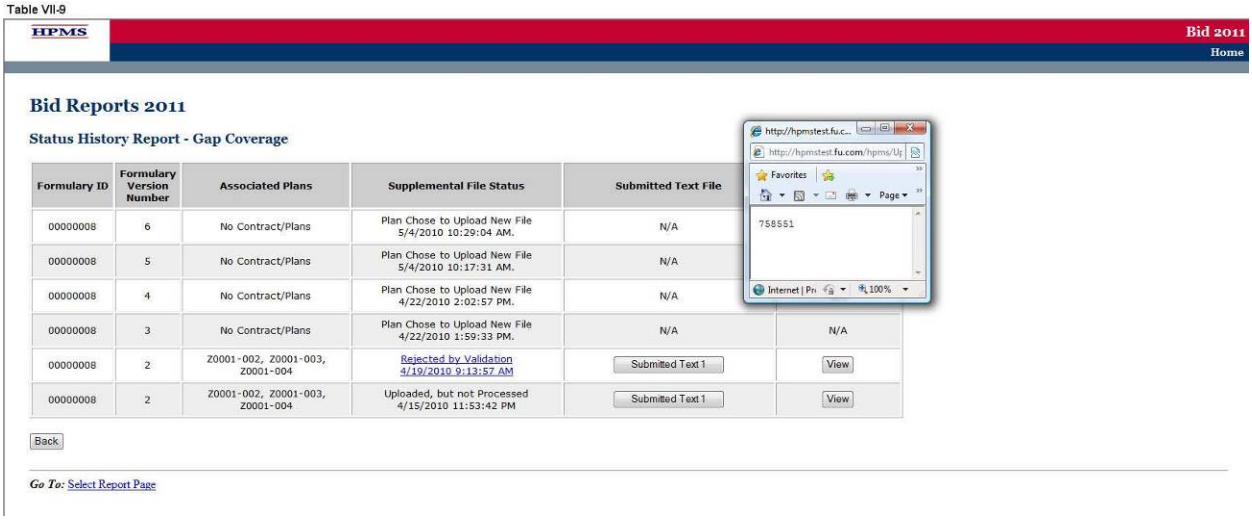
Please correct the error(s) and resubmit your data. For technical questions, please contact the HPMS Help Desk at 1-800-220-2028. For specific information on the Gap Coverage benefit, please contact the partdbenefits@cms.hhs.gov mailbox, or Rosalind Abankwah at 410-786-2012, or Frank Tetkoski at 410-786-5233. Thank You, HPMS Web Staff

Close

STEP 7B - REVIEW THE SUBMITTED TEXT FILE

In the "Submitted Text File" column, click on the Submitted Text button to view the Submitted File page (Table VII-9).

Table VII-9



STEP 7C - REVIEW REPORT DETAILS

In the "Report View" column, click on the View button to view the File to Plan ID Association page (Table VII-10). This page in turn will include a View button. You may click that button to display the Status History Report – Gap Coverage Detail page (Table VII-11).

Table VII-10

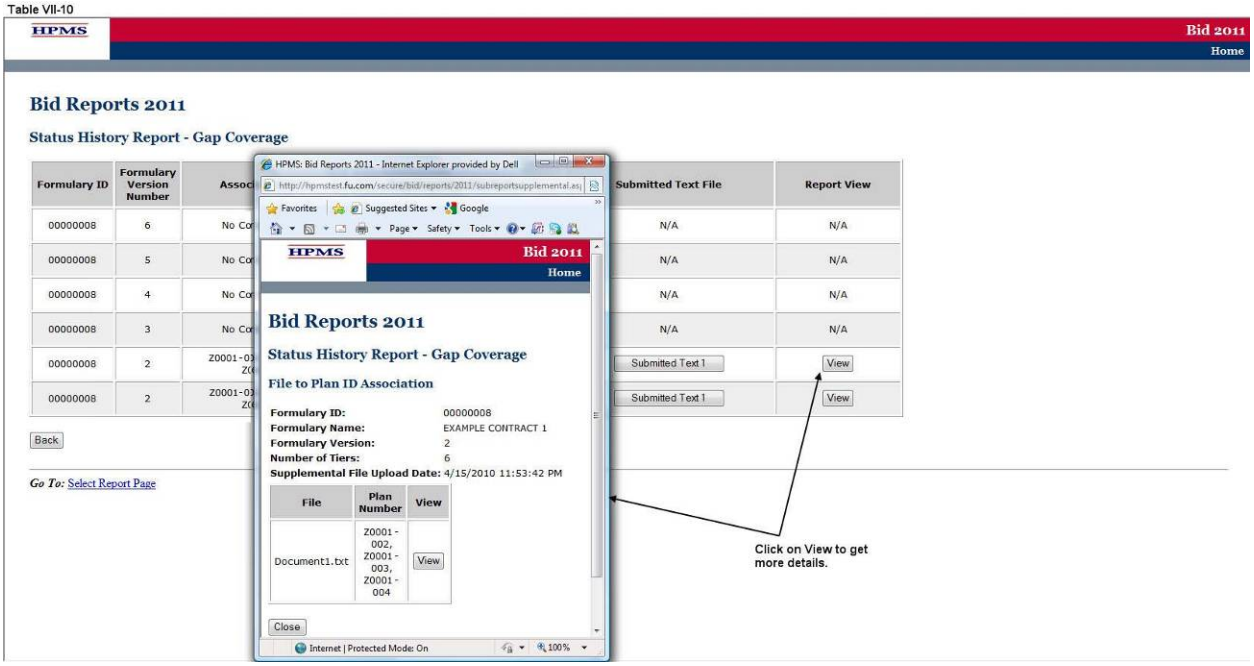
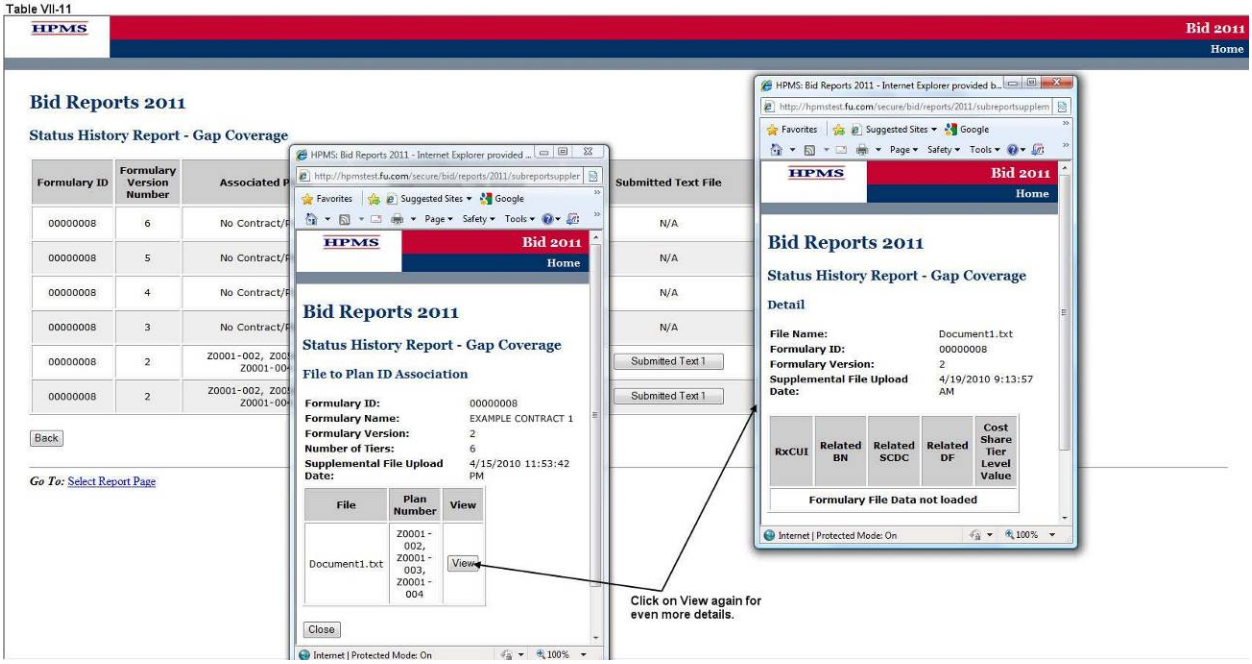


Table VII-11



EXCLUDED DRUG SUBMISSION AND OVER THE COUNTER SUBMISSION STATUS HISTORY REPORTS

Note: While the following instructions demonstrate how to access and view the Status History Report – Excluded Drugs Submission, you can also use these instructions to access Status History Report – Over the Counter Submission. The steps taken to access and view reports are the same for each report.

STEP 1

On the **HPMS Home Page** (Table VII-1) select the Bid Reports link from the Plan Bids flyout menu. This will take you to the Select Contract Year page.

STEP 2

On the **Select Contract Year** page (Table VII-2), select the appropriate contract year and click the Next button. This will take you to the Select a Report page.

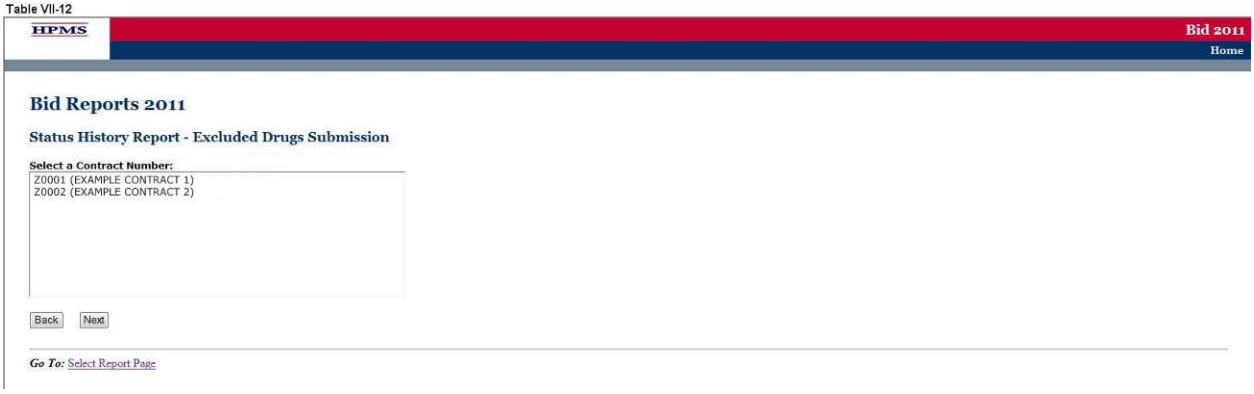
STEP 3

On the **Select a Report page** (Table VII-3), select Status History Report – Excluded Drug under the "Plan Benefit Reports" section. Then click Next. This will take you to the Select a Contract page.

STEP 4

On the **Select a Contract page** (Table VII-12) select the Contract ID(s) you want to view in the report and click Next. This will take you to the Select a Plan page.

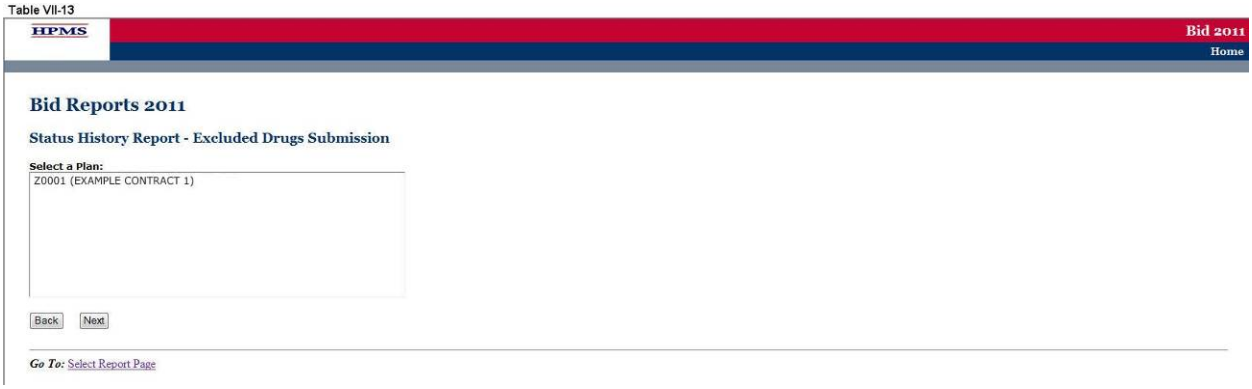
Table VII-12



STEP 5

On the **Select a Plan page** (Table VII-13) select the Plan(s) you want to view in the report and click Next. This will take you to the Status History Report – Excluded Drugs Submission page.

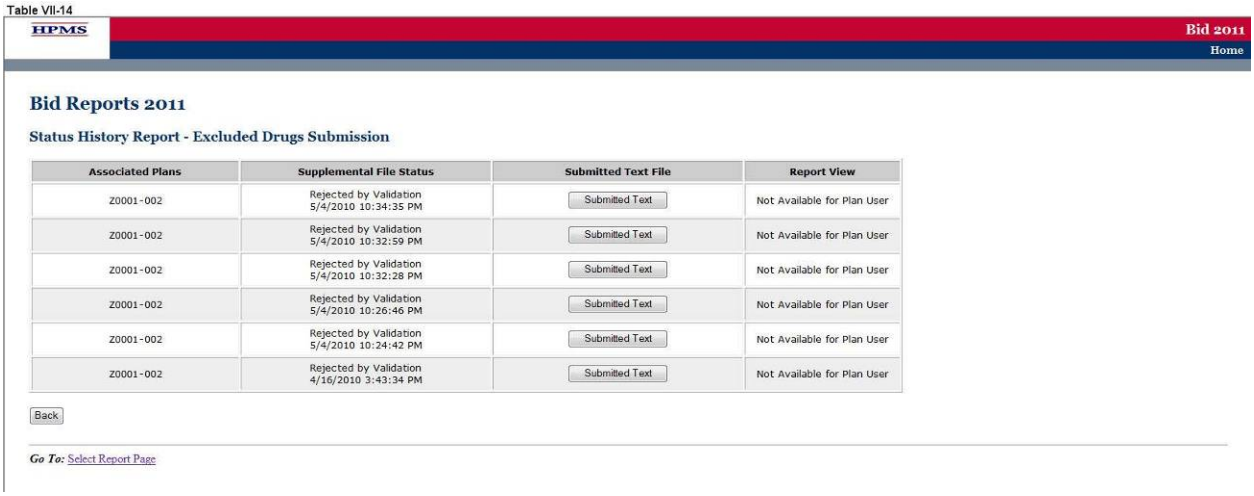
Table VII-13



STEP 6

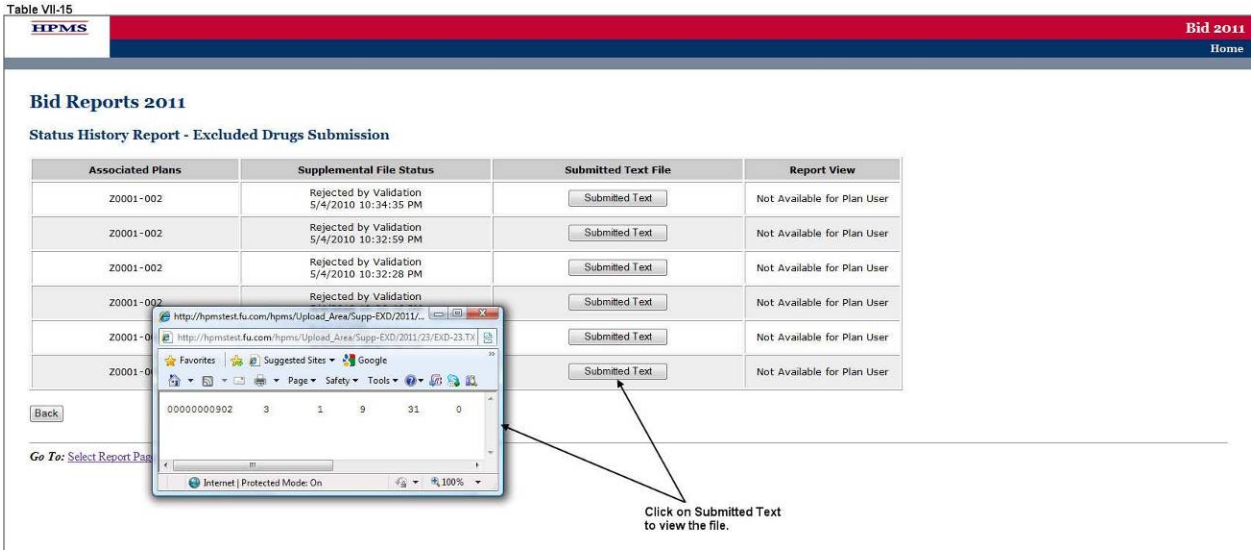
On the **Status History Report – Excluded Drugs Submission** page (Table VII-14) you can review the Submitted Text File. In the "Submitted Text File" column, click on the Submitted Text button to view the Submitted File page (Table VII-15).

Table VII-14



Associated Plans	Supplemental File Status	Submitted Text File	Report View
Z0001-002	Rejected by Validation 5/4/2010 10:34:35 PM	Submitted Text	Not Available for Plan User
Z0001-002	Rejected by Validation 5/4/2010 10:32:59 PM	Submitted Text	Not Available for Plan User
Z0001-002	Rejected by Validation 5/4/2010 10:32:28 PM	Submitted Text	Not Available for Plan User
Z0001-002	Rejected by Validation 5/4/2010 10:26:46 PM	Submitted Text	Not Available for Plan User
Z0001-002	Rejected by Validation 5/4/2010 10:24:42 PM	Submitted Text	Not Available for Plan User
Z0001-002	Rejected by Validation 4/16/2010 3:43:34 PM	Submitted Text	Not Available for Plan User

Table VII-15



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 – Gap Coverage, you can also use these instructions to access Change Notification Report – Free First Fill and Change Notification Report – Home Infusion. The steps taken to access and view reports are the same for each report.

STEP 1

On the **HPMS Home Page** (Table VII-1) select the Bid Reports link from the Plan Bids flyout menu. This will take you to the Select Contract Year page.

STEP 2

On the **Select Contract Year** page (Table VII-2), select the appropriate contract year and click the Next button. This will take you to the Select a Report page.

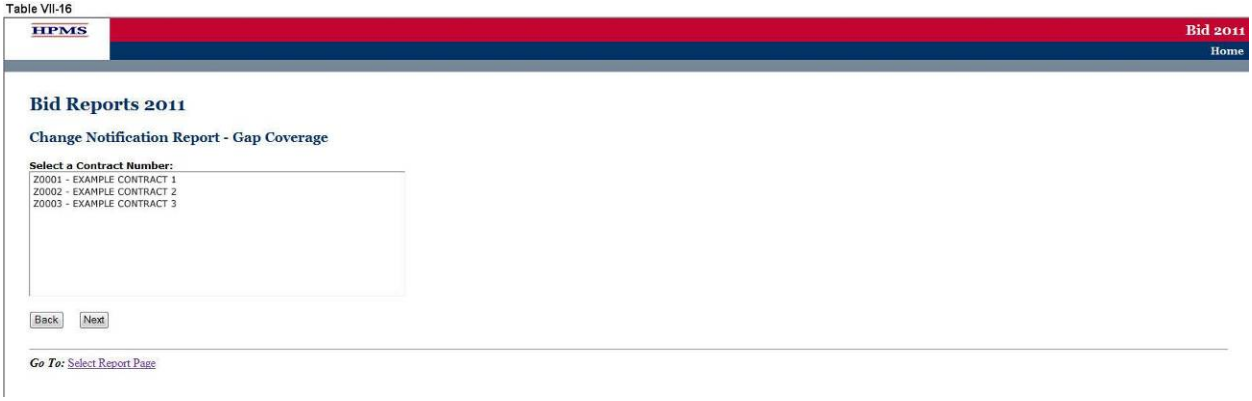
STEP 3

On the **Select a Report page** (Table VII-3), select Change Notification Report – Gap Coverage under the "Plan Benefit Reports" section. Then click Next. This will take you to the Select a Contract page.

STEP 4

On the **Select a Contract page** (Table VII-16) select the Contract ID(s) you want to view in the report and click Next. This will take you to the Select a Plan page.

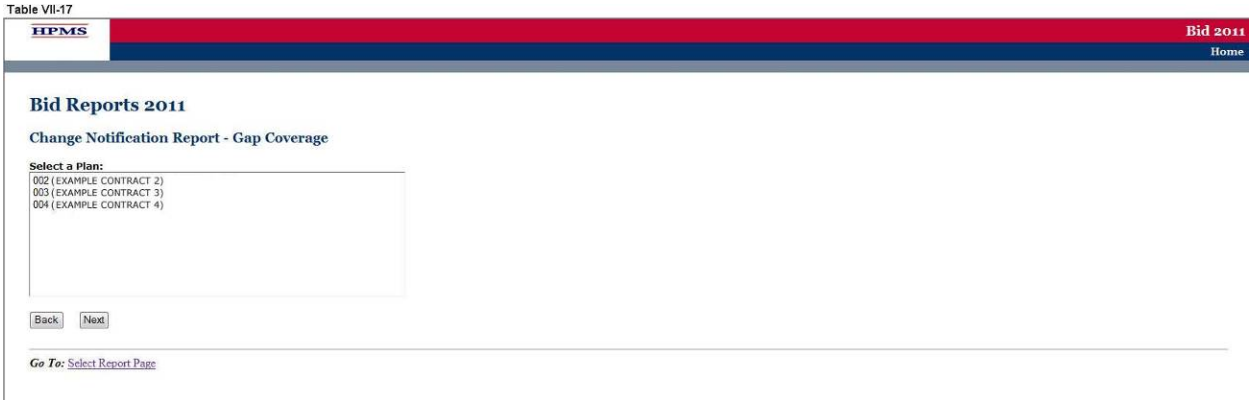
Table VII-16



STEP 5

On the **Select a Plan page** (Table VII-17) select the Plan(s) you want to view in the report and click Next. This will take you to the Submission Comparison Selection page.

Table VII-17



STEP 6

On the **Submission Comparison Selection page** (Table VII-18) select two Formulary IDs or two Formulary Versions you want to view in the report. Then click Next. This will take you to the Change Notification Report – Gap Coverage (Table VII-19).

Table VII-18

HPMS

Bid 2011

Home

Bid Reports 2011

Change Notification Report - Gap Coverage

Select two Gap Coverage submissions for comparison using Z0001-005:

Selection	Formulary ID	Version Number	Supplemental File Upload Date
☑	00000005	15	4/27/2010 8:40:26 AM
☐	00000005	12, 15	4/26/2010 11:46:33 AM
☐	00000005	12	4/26/2010 10:21:55 AM
☐	00000005	12	4/23/2010 3:06:29 PM
☐	00000005	12	4/23/2010 1:41:29 PM
☑	00000005	12	4/22/2010 3:30:53 PM
☐	00000005	10	4/22/2010 2:40:54 PM
☐	00000005	8, 9	4/22/2010 12:41:07 PM
☐	00000005	8	4/21/2010 10:41:11 AM
☐	00000005	7	4/21/2010 10:14:06 AM
☐	00000005	7	4/20/2010 12:44:27 PM

Back Next

Go To: Select Report Page

Table VII-19

HPMS

Bid 2011

Home

Bid Reports 2011

Change Notification Report - Gap Coverage

This report was generated using the following search criteria.

Contract: 70001-005 EXAMPLE CONTRACT 1
Formulary ID: 00000005
Compare: 4/27/2010 8:40:26 AM To 4/22/2010 3:30:53 PM

Back

In Base Gap Coverage

4/27/2010 8:40:26 AM

Formulary ID	Formulary Version Number	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	Formulary Status	File Upload Date
00000005	15	3686	brand name 3686	scdc 3686	dose form 3686	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70102	brand name 70102	scdc 70102	dose form 70102	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70103	brand name 70103	scdc 70103	dose form 70103	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70104	brand name 70104	scdc 70104	dose form 70104	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70105	brand name 70105	scdc 70105	dose form 70105	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70106	brand name 70106	scdc 70106	dose form 70106	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70107	brand name 70107	scdc 70107	dose form 70107	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70108	brand name 70108	scdc 70108	dose form 70108	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	70109	brand name 70109	scdc 70109	dose form 70109	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72034	brand name 72034	scdc 72034	dose form 72034	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72035	brand name 72035	scdc 72035	dose form 72035	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72040	brand name 72040	scdc 72040	dose form 72040	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72041	brand name 72041	scdc 72041	dose form 72041	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72042	brand name 72042	scdc 72042	dose form 72042	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72043	brand name 72043	scdc 72043	dose form 72043	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72044	brand name 72044	scdc 72044	dose form 72044	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72045	brand name 72045	scdc 72045	dose form 72045	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72046	brand name 72046	scdc 72046	dose form 72046	3	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72047	brand name 72047	scdc 72047	dose form 72047	4	Resubmission Requested	4/27/2010 8:40:26 AM
00000005	15	72048	brand name 72048	scdc 72048	dose form 72048	4	Resubmission Requested	4/27/2010 8:40:26 AM

In Comparison Gap Coverage

4/22/2010 3:30:53 PM

Formulary ID	Formulary Version Number	RxCUI	Related BN	Related SCDC	Related DF	Cost Share Tier Level Value	Formulary Status	File Upload Date
00000005	12	72036	brand name 72036	scdc 72036	dose form 72036	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72050	brand name 72050	scdc 72050	dose form 72050	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72051	brand name 72051	scdc 72051	dose form 72051	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72052	brand name 72052	scdc 72052	dose form 72052	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72053	brand name 72053	scdc 72053	dose form 72053	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72054	brand name 72054	scdc 72054	dose form 72054	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72055	brand name 72055	scdc 72055	dose form 72055	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72056	brand name 72056	scdc 72056	dose form 72056	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72057	brand name 72057	scdc 72057	dose form 72057	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72058	brand name 72058	scdc 72058	dose form 72058	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72059	brand name 72059	scdc 72059	dose form 72059	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72061	brand name 72061	scdc 72061	dose form 72061	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72062	brand name 72062	scdc 72062	dose form 72062	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72063	brand name 72063	scdc 72063	dose form 72063	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72064	brand name 72064	scdc 72064	dose form 72064	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72065	brand name 72065	scdc 72065	dose form 72065	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72066	brand name 72066	scdc 72066	dose form 72066	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72067	brand name 72067	scdc 72067	dose form 72067	1	Resubmission Requested	4/22/2010 3:30:53 PM
00000005	12	72068	brand name 72068	scdc 72068	dose form 72068	1	Resubmission Requested	4/22/2010 3:30:53 PM

Back

Go To: Select Report Page

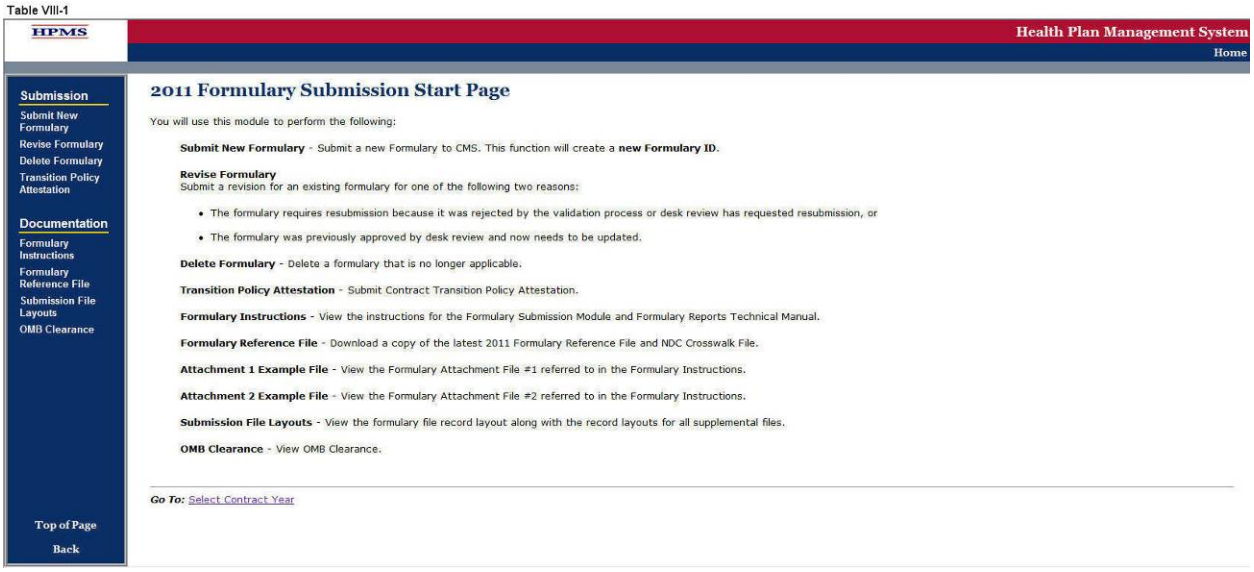
VIII. How To Submit The Transition Policy Attestation

All organizations must attest to their formulary Transition Policy. While the formulary submission is not dependent on whether you have completed the Transition Policy attestation in HPMS, you must successfully complete the Transition Policy attestation before CMS will renew or approve your Part D contract. A complete Transition Policy status occurs when all attestations are answered "Yes." For Employer Organizations / Plan Types, a complete Transition Policy status occurs either when all attestations are answered "Yes" or when all attestation are answered "Yes," except attestation #14.

Step 1

As shown in Table VIII-1, select **Transition Policy Attestation** from the **Formulary Submission Start Page.** (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 Attestation Submission Contract Selection page.

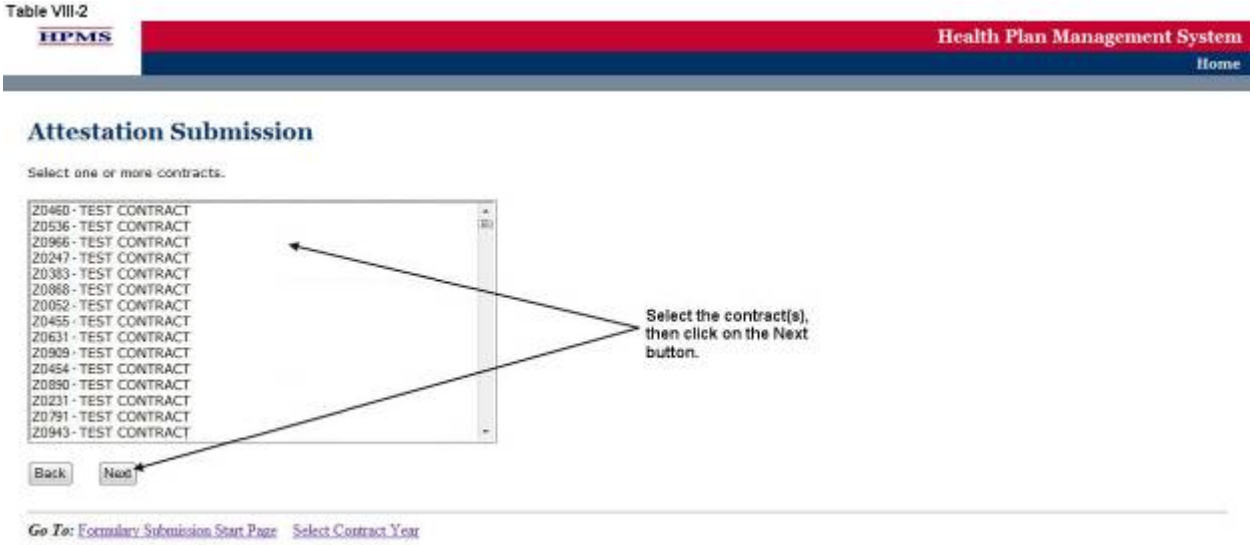
Table VIII-1



Step 2

On the **Attestation Submission Contract Selection** page (Table VIII-2), select the contract(s) for which you are submitting your attestation. Then click on the Next button. This will take you to the Attestation Submission – Attestation Questions page.

Table VIII-2



STEP 3

On the **Attestation Submission – Attestation Questions** page (Table VIII-3), first indicate that you are authorized to submit the Attestation on behalf of your organization. Then respond "Yes" or "No" to each question provided. Once you have finished responding to all questions, click on the Next button. This will take you to the Attestation Submission – Verify Attestation page.

Table VIII-3

HPMS

Health Plan Management System

Home

Attestation Submission

Attestation Questions

Respond to all questions, then click on the Next button.

Contracts Selected: Z0001

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.

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	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 at the beginning of a contract year; (2) the transition of newly eligible Medicare beneficiaries from other coverage at the beginning of a contract year; (3) the transition of individuals who switch from one plan to another after the beginning of a contract year; (4) enrollees residing in long-term care (LTC) facilities; and (5) in some cases, current enrollees affected by formulary changes from one contract year to the next.	○ Yes ○ No
2	Sponsor will submit a copy of its transition process policy to CMS upon request.	○ Yes ○ 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 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.	○ Yes ○ 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.	○ Yes ○ No
5	Sponsor will ensure that in the retail setting, the transition policy provides for at least a one-time, temporary 30-day fill (unless the enrollee presents with a prescription written for less than 30 days) anytime during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage.	○ Yes ○ 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 eligible enrollees, the sponsor will ensure that cost-sharing for a temporary supply of drugs provided under its transition process is based on one of its approved cost-sharing tiers (if the sponsor has a tiered benefit design) and is consistent with cost-sharing the sponsor would charge for non-formulary drugs approved under a coverage exception.	○ Yes ○ No
7	Sponsor will ensure that in the long-term care setting: (1) the transition policy provides for a 31-day fill (unless the enrollee presents with a prescription written for less than 31 days), with multiple refills as necessary, during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage; (2) in the long-term care setting, after the 90 day 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 ○ No
8	Sponsor will ensure that pharmacies can override step therapy and prior authorization edits ¿ other than those that are in place to determine Part B versus Part D coverage, prevent coverage of non-Part D drugs, and promote safe utilization of a Part D drug (e.g., quantity limits based on FDA maximum recommended dose, early refill edits) ¿ during transition at point-of-sale.	○ Yes ○ No
9	Sponsor will ensure that the transition policy provides refills for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling.	○ Yes ○ 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.	○ Yes ○ No
11	Sponsor will send written notice via U.S. first class mail to enrollee within three business days of a temporary fill. The notice must include (1) an explanation of the temporary nature of the transition supply an enrollee has received; (2) instructions for working with the plan sponsor and the enrollee's prescriber to identify appropriate therapeutic alternatives that are on the plan's formulary; (3) an explanation of the enrollee's right to request a formulary exception; and (4) a description of the procedures for requesting a formulary exception. Sponsor will use the CMS model Transition Notice via the file-and-use process or submit a non-model Transition Notice to CMS for marketing review subject to a 45-day review.	○ Yes ○ 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.	○ Yes ○ No
13	Until such time as alternative transactional coding is implemented in a new version of the HIPAA standard, Sponsor will promptly implement either: (1) appropriate systems changes to achieve the goals of any additional new messaging approved by the industry through NCPDP to address clarifying information needed to adjudicate a Part D claim (see the S.1Editorial Document), or (2) alternative approaches that achieve the goals intended in the messaging guidance.	○ Yes ○ 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.	○ Yes ○ 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).	○ Yes ○ No
16	For current enrollees whose drugs are no longer on the Sponsor's formulary, Sponsor will effectuate a meaningful transition by either: (1) providing a transition process consistent with the transition process required for new enrollees beginning in the new contract year; or (2) effectuating a transition prior to the beginning of the new contract year.	○ Yes ○ No
17	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 ○ No

Back Next

Go To: Formulary Submission Start Page Select Contract Year

STEP 4

On the **Attestation Submission – Verify Attestation** page (Table VIII-4), verify the responses you provided then click on the Next button to submit your attestation. This will take you to the Attestation Submission –Submission Confirmation page (Table VIII-5).

Table VIII-4

HPMS

Health Plan Management System

Home

Attestation Submission

Verify Attestation

Please note that your data has not yet been submitted.

Contracts Selected: Z0001

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	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 at the beginning of a contract year; (2) the transition of newly eligible Medicare beneficiaries from other coverage at the beginning of a contract year; (3) the transition of individuals who switch from one plan to another after the beginning of a contract year; (4) enrollees residing in long-term care (LTC) facilities; and (5) in some cases, current enrollees affected by formulary changes from one contract year to the next.	Yes
2	Sponsor will submit a copy of its transition process policy to CMS upon request.	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's formulary; and (2) Part D Drugs that are on a plan's formulary but require prior authorization or step therapy 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.	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 at least a one-time, temporary 30-day fill (unless the enrollee presents with a prescription written for less than 30 days) anytime during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee'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 eligible enrollees, the sponsor will ensure that cost-sharing for a temporary supply of drugs provided under its transition process is based on one of its approved cost-sharing tiers (if the sponsor has a tiered benefit design) and is consistent with cost-sharing the sponsor would charge for non-formulary drugs approved under a coverage exception.	Yes
7	Sponsor will ensure that in the long-term care setting: (1) the transition policy provides for a 31-day fill (unless the enrollee presents with a prescription written for less than 31 days), with multiple refills as necessary, during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage; (2) in the long-term care setting, after the 90 day 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 ensure that pharmacies can override step therapy and prior authorization edits ¿ other than those that are in place to determine Part B versus Part D coverage, prevent coverage of non-Part D drugs, and promote safe utilization of a Part D drug (e.g., quantity limits based on FDA maximum recommended dose, early refill edits) ¿ during transition 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 limits for safety purposes 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 via U.S. first class mail to enrollee within three business days of a temporary fill. The notice must include (1) an explanation of the temporary nature of the transition supply an enrollee has received; (2) instructions for working with the plan sponsor and the enrollee's prescriber to identify appropriate therapeutic alternatives that are on the plan's formulary; (3) an explanation of the enrollee's right to request a formulary exception; and (4) a description of the procedures for requesting a formulary exception. Sponsor will use the CMS model Transition Notice via the file-and-use process or submit a non-model Transition Notice to CMS for marketing review subject to a 45-day review.	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	Until such time as alternative transactional coding is implemented in a new version of the HIPAA standard, Sponsor will promptly implement either: (1) appropriate systems changes to achieve the goals of any additional new messaging approved by the industry through NCPDP to address clarifying information needed to adjudicate a Part D claim (see the 5.1Editorial Document), or (2) alternative approaches that achieve the goals intended in the messaging guidance.	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 are no longer on the Sponsor's formulary, Sponsor will effectuate a meaningful transition by either: (1) providing a transition process consistent with the transition process required for new enrollees beginning in the new contract year; or (2) effectuating a transition prior to the beginning of the new contract year.	Yes
17	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

Back Submit ← Click on the Submit button to submit your attestation.

Go To: Formulary Submission Start Page Select Contract Year

Table VIII-5

HPMS

Health Plan Management System

Home

Attestation Submission

Submission Confirmation

Contract#: 710001

Your Attestation was successfull submitted.

OK

Go To: Formulary Submission Start Page Select Contract Year

APPENDIX A: CY 2011 FORMULARY FILE RECORD LAYOUT

Required File Format = ASCII File - Tab Delimited
Do not include a header record
Filename extension should be ".TXT"

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
RXCUI	NUMBER Always Required	Max. 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
Drug_Type_Label	CHAR Always Required	1	Defines the Drug Type Label for the drug. Enter the label value for the Drug Type from the defined list of labels.	1 = Generic 2 = Preferred Generic 3 = Non-Preferred Generic 4 = Brand 5 = Preferred Brand 6 = Non-Preferred Brand
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	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. If the Quantity_Limit_YN = 0 (No Limits), leave this field blank. The maximum number of decimal points that will be accepted is 5, i.e., "9.99999."	9

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
			The maximum number that will be accepted is "9999.99."	
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".	60 (e.g. 9 tablets every 60 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 B vs. Part D Prior Authorization Only
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 response to Prior_Authorization_Type is 0 (No) or 3 (Part B vs. Part D Authorization Only), then leave this field blank.	Antiemetics
Limited_Access_YN	CHAR Always Required	1	Is access to this drug limited to certain pharmacies?	1 = Yes 0 = No
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? Note: Prerequisite (Step 1) drugs should also have a value of 1 in this field.	0 = Not Part of a Step Therapy Program 1 = Step Therapy Applies 2 = Step Therapy Applies to New Starts

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
				Only
Step_Therapy_Total_Groups	NUM Sometimes Required	2	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. The maximum logical number that will be accepted is "99."	3
The remaining two fields described below should be repeated as a group or unit in the file. 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.				
Step_Therapy_Group_Desc	CHAR Sometimes 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. If response to Step_Therapy_Type = 0 (No), then leave this field blank. Note: For a given RXCUI, each Group Description must be unique.	Step_Therapy_Group_ Desc = "CHF Therapy" Step_Therapy_Group_ Desc = "Angina Therapy" Step_Therapy_Group_ Desc = "CVD Therapy"
Step_Therapy_Step_Value	NUM Sometimes Required	2	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 response to Step_Therapy_Type = 0 (No), then leave this field blank. The range of valid accepted values is 1 to 99.	Step_Therapy_Step_Va lue = 4 (e.g. Step 4 of 6) Step_Therapy_Step_Va lue = 1 (e.g. Step 1 of 3) Step_Therapy_Step_Va lue = 5 (e.g. Step 5 of 5)

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 (<), 3) semi-colon (;), and 4) ampersand (&).

APPENDIX B: UPLOAD FILE FORMATS

Note: To download all upload file formats, click on **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 plan(s). The Appendix A: Formulary File Record Layout is provided for your reference. Please note that only proxy RXCUI s provided in the CY 2011 Formulary Reference File maybe 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 either "Required," "Optional," or "Conditional." The conditional fields should be populated if the condition is met as outlined below. When an optional and/or conditional field is left blank, the blank must be represented by a tab delimiter.

NOTE: Attachment 1 (and 2) Example Files (located on the Formulary Submission Start Page) provides sample records for a formulary.

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 – RXCUI:
REQUIRED: Each record should include an up to 8-digit numeric RXCUI associated with the formulary. The list of acceptable RXCUIs can be found in the CY 2011 Formulary Reference RXCUI File. RXCUIs should only be entered once in this formulary file.

Field 2 – Tier_Level:
REQUIRED: Enter the cost share tier level value associated with the drug. Include a value from 1 to 6 only. A number outside of this range will result in an upload error. If cost share tiering 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.

Field 3 – Drug_Type_Label:
REQUIRED: Enter a drug type label value associated with the drug. Include a value of 1 to 6 only. A number outside of this range will result in an upload error.

Field 4 – Quantity_Limit_YN:
REQUIRED: This field should be set to a value of 0 or 1, where 0 = No and 1 = Yes. Set the

value to 1 if the drug has a restriction on the quantity that is available; otherwise set the value to 0 if there are no restrictions. Examples of quantity limits include the following:

- Simvastatin 40mg tablets - 30 tablets/30 days
- Latanoprost 0.005% drops – 2.5 ml/30 days
- Albuterol HFA MDI – 8.5 grams/30days

Field 5 - Quantity_Limit_Amount:
CONDITIONAL: If the **Quantity_Limit_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **Quantity_Limit_YN** field is 1, include the quantity limit unit amount. The unit amount for this field refers to unit values 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 60 days, this field should indicate a value of 9.

Field 6 - Quantity_Limit_Days:
CONDITIONAL: If the **Quantity_Limit_YN** field is 0, then leave this field blank by providing a tab delimiter. If the **Quantity_Limit_YN** field is 1, include the quantity limit day amount for this drug. For example, for a quantity limit that includes 9 tablets every 60 days, this field should indicate a value of 60.

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.

Please note that the intent of the PA Type 2 is for identification of applicable six class drugs that require PA during the initial formulary review and approval process. These values should not change after initial formulary approval.

Field 8 – Prior_Authorization_Group_Desc:
CONDITIONAL: If Prior Authorization Type 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.

<u>Field 10</u> – Therapeutic_Category_Name:
REQUIRED: Enter the name of the category for this drug.

<u>Field 11</u> – 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.

<u>Field 12</u> – 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.

- Please note that the intent of the ST Type 2 is for identification of applicable six class drugs that require ST during the initial formulary review and approval process. These values should not change after initial formulary approval.

- If RXCUI is equal to 0003686, then the Step_Therapy_Type fields must be equal to 1 or 2.

<u>Field 13</u> – 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.

<u>Field 14</u> – 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.

<u>Field 15</u> – 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 12. 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 0003686, then the Step_Therapy_Step_Value must always equal 1.

PRIOR AUTHORIZATION FILE INSTRUCTIONS AND RECORD LAYOUT

If a formulary has prior authorization (PA) 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 must be represented by a tab delimiter.

If the PA criteria for a given PA Group Description are different than that which was on the CY 2010 formulary version approved as of February 1, 2010 then a "1" must be entered in the **PA_Criteria_Change_Indicator** field. In addition, if PA is required for drugs that are on your CY 2011 formulary that were either 1) not on the approved CY 2010 file, OR 2) did not previously require a PA for CY 2010, then a "1" must be entered. If the criteria are completely unchanged, a "0" must be entered.

Please Note: If the submitted formulary file contains only Prior Authorization Type 3 or Prior Authorization Type 3 and 0, the submitted Prior Authorization File should contain only one space; the user uploads a file that contains only one space.

Required File Format = ASCII File - Tab Delimited
Do not include a header record
Filename extension should be ".TXT"

Field Name	Field Type	Field Length	Field 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 20092010, 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".
Covered_Uses	CHAR Always Required	3000	Enter both the FDA-approved and off-label indications for which the drug(s) will be covered. At a minimum, you must enter the following in this field: "All FDA-approved indications not otherwise excluded from Part D." You may enter the statement "All medically accepted indications not otherwise excluded from Part D" if the PA will be approved for all non-excluded off-label uses in addition to the labeled indications. If only certain off-label uses will be approved by prior authorization, you should list the specific uses following the "All FDA-approved indications not otherwise excluded from Part D" statement.
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 that cannot be otherwise classified into another existing 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 (<), 3) semi-colon (;), and 4) ampersand (&).

STEP THERAPY FILE INSTRUCTIONS

If a formulary has step therapy (ST) 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.

The **ST_Criteria_Change_Indicator** field has been added to the CY 2011 record layout. For a given ST Group Description, a "1" must be entered if the criteria are different than that which was on the CY 2010 formulary version approved as of February 1, 2010. In addition, if ST is required for drugs that are on your CY 2011 formulary that were either 1) not on the approved CY 2010 file, OR 2) did not previously require a ST for CY 2010, then a "1" must be entered. If the criteria are completely unchanged, a "0" must be entered.

Required File Format = ASCII File - Tab Delimited
Do not include a header record
Filename extension should be ".TXT"

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
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 an Rx CUI with a Step Therapy	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)
			Value equal to 1.	
Step_Therapy_Criteria	CHAR Always Required	4000	Description of the criteria of the step therapy drug.	
Step_Therapy_Criteria _Change_Indicator	CHAR Always Required	1	Indicator of changes in criteria from prior contract year.	0 = No Change from CY 2010 1 = Change from CY 2010

EXCLUDED DRUGS RECORD LAYOUT

For each plan that offers Excluded Drugs as part of their supplemental coverage, the organization must submit a supplemental file that defines the covered drugs. The plan must choose their proxy NDC. The file must be created in an ASCII File format and contain one proxy NDC record for each covered drug defined by the variables provided in the Excluded Drug File Record Layout The Excluded Drugs File Record Layout is provided below for your reference. The plan should submit one record for each covered brand (marketed under a NDA) and equivalent generic drug product (marketed under an ANDA) as applicable. For example, if the plan intends to cover the 3 tablet strengths of the brand product Valium, as well as the generic equivalent Diazepam, then the plan should submit 3 records with the drug name "Valium" for each oral tablet strength and 3 records for each equivalent generic with the drug name "Diazepam." The plan should not submit multiple NDCs representing alternative manufacturers of a drug. For example, providing only one proxy code for each dosage form, route and strength of the drug "Diazepam" is sufficient to represent any or all manufacturers of that generic drug entity.

Required File Format = ASCII File - Tab Delimited
Do not include a header record
Filename extension should be ".TXT"

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
NDC	CHAR Always Required	11	11-Digit National Drug Code	00000333800
Tier	CHAR Always Required	2	Defines the Cost Share Tier Level Associated with the drug. Assumption is that the	1 = Tier Level 1 2 = Tier Level 2 3 = Tier Level 3

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
			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.	4 = Tier Level 4 5 = Tier Level 5 6 = Tier Level 6
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	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. If the Quantity_Limit_YN = 0 (No Limits), leave this field blank. The maximum number of decimal points that will be accepted is 5, i.e., "9.99999." The maximum number that will be accepted is "9999.99."	9
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".	60 (e.g. 9 pills every 60 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	7	If Capped_Benefit_YN field is 1 = Yes, enter the capped	365

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
	Required		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. 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".	
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 The maximum logical number that will be accepted is "999"	365 (e.g. 365 tablets every 365 days)
Prior_Authorization_ YN	CHAR Always Required	1	Is prior authorization required for the drug?	1 = Yes 0 = No
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	Description of step therapy. If response to Step_Therapy_YN = 0 (No), then leave this field blank.	

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 (<), 3) semi-colon (;), and 4) ampersand (&).

Also, please note that if you indicated "Yes" to Prior Authorization (PA) or Step Therapy (ST) for any of these excluded drugs you will explain the PA or ST criteria in text format within this file. There is not a separate PA or ST document for the excluded drugs and they should not be included on your formulary's PA and ST criteria documents.

OVER THE COUNTER RECORD LAYOUT

For each plan that provides Over the Counter Drugs as part of a drug utilization management program, the organization must submit a supplemental file that defines the covered drugs. The plan must choose their proxy NDC. The file must be created in an ASCII File format and contain one proxy NDC for each covered drug defined by the variables provided in the Over the Counter File Record Layout displayed. The plan should submit one record for each brand and equivalent generic drug product as applicable. For example, if the plan intends to pay for Claritin 10mg tablet as well as the generic equivalent Loratidine 10mg, then the plan should submit 1 record with the drug name "Claritin" for the oral tablet 10mg strength and 1 record for the equivalent generic with the drug name "Loratidine". The plan should not submit multiple NDCs representing alternative manufacturers of a drug. For example, providing only one proxy code for each dosage form, route and strength of the drug "Loratidine" is sufficient to represent any or all manufacturers of that generic drug entity. The plan should submit one proxy NDC for each brand product within the below format and one proxy NDC for each generic product within the below format.

Required File Format = ASCII File
Do not include a header record
Filename extension should be ".TXT"

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
NDC	CHAR Always Required	11	11-Digit National Drug Code	00258977120
UM_Type	CHAR Always Required	1	Indicate whether the NDC will be included as part of general drug utilization management program (0) or a formal step therapy protocol (1). The same NDC cannot be included in both a general drug utilization management program and a formal	1

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
			step therapy protocol.	
Step_Therapy_Total_Groups	NUM Sometimes Required	2	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. The maximum logical number of groups is "25".	2
The remaining two fields described below should be repeated as a group or unit in the file. 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.				
Step_Therapy_Group_Desc	CHAR Sometimes Required	100	Description of step therapy drug treatment groups or protocol. This step therapy group description must match a description found in your formulary text file. Field should be repeated in the record based upon number of groups declared in Step_Therapy_Total_Groups. If the response to UM_Type = 0 (No), then leave this field blank. Note: For a given NDC each step therapy group description must be unique.	Step_Therapy_Group_Desc = "CHF Therapy" Step_Therapy_Group_Desc = "Angina Therapy" Step_Therapy_Group_Desc = "CVD Therapy"
Step_Therapy_Step_Value	NUM Sometimes Required	1	Identifies the step number or level within the sequence for the	Step_Therapy_Step_Value = 4 (e.g. Step 4

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
			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.	of 6) Step_Therapy_Step_Value = 1 (e.g. Step 1 of 3) Step_Therapy_Step_Value = 5 (e.g. Step 5 of 5)

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 (<), 3) and semi-colon (;).

GAP COVERAGE, FREE FIRST FILL, AND HOME INFUSION RECORD LAYOUT

For each plan that offers Gap Coverage, Free First Fill, and/or Home Infusion Drug, the organization must submit a supplemental file that defines the covered drugs. The file must be created in an ASCII File format and contain one RXCUI record for each covered drug. The Supplemental File Record Layout is provided below for your reference. The supplemental file must only contain RXCUIs that exist in the associated formulary. If you include an RXCUI that is not part of the associated formulary, the file will be rejected by the HPMS Formulary Validation Process.

Note: If the plan offers gap coverage at the full tier level, you do not need to submit a supplemental file for the full tier

Required File Format = ASCII File
Do not include a header record
Filename extension should be ".TXT"

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)

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

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 (<), 3) semi-colon (;), and 4) ampersand (&).

When submitting a monthly formulary update, you will be given the choice to use the last file submitted or upload a new file. We would expect that a new file upload would only be necessary if there are approved changes to the current formulary file that would also affect this file.

APPENDIX C: FORMULARY UPLOAD AND SUPPLEMENTAL FILES EDIT RULES - CY 2011

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 does include the vast 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 will take place:

a) On-line Upload
b) Formulary Validation Process

ON-LINE UPLOAD

The users will NOT be allowed to continue with the upload if any of the following edit checks fail:

1. The **Tier_Level** field must be filled and must be a valid number between 1 and 6.
2. On the **Drug Tier Information** page, both the **Specialty Tier and Preferred Tier** cannot both be answered "Yes" within a given tier.
3. On the **Drug Tier Information** page, only tiers with Anticipated Tier names of "Brand," "Preferred Brand," and "Other" may have the indicator of Preferred Tier.
4. On the **Drug Tier Information** page, a Preferred Tier may not be selected for "Non Preferred Brand" Drug Types.
5. The system will search 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.

FORMULARY VALIDATION PROCESS

An email will be sent to the person who uploaded the Formulary, as well as the Formulary Contact for each contract associated with the Formulary. This email will notify the user if the edit checks were 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 **no**t contain **a header record.**
2. The **RXCUI, Tier_Level, Quantity_Limit_YN, Prior_Authorization_Type, Therapeutic_Category_Name, Therapeutic_Class_Name, Limited_Access_YN, Drug_Type_Label** and **Step_Therapy_Type** fields must be non-missing for submission.

3. The maximum value for **Tier_Level** field in the Formulary File must be equal to the number of cost share tiers entered in HPMS data entry.
4. The value of the **Tier_Level** must be 1 to 6.
5. There should be **at least one row** in the Formulary submission file for every tier identified on the **Formulary Tier Information** page.
6. The **Drug_Type_Label** must have a value of 1 to 6; it cannot be null.
7. 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.
8. 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.
9. The value of **Limited_Access_YN** field must be 0 or 1.
10. If the **Quantity_Limit_YN** is **1 = Quantity Limits Apply**, then the **Quantity_Limit_Amount** field must be a non-missing 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.
11. If the **Quantity_Limit_YN** is **1 = Quantity Limits Apply**, then the **Quantity_Limit_Amount** and **Quantity_Limit_Days** fields must be a non-missing and must be a value of 1 - 999.
12. If the **Quantity_Limit_YN** is **0 = NO Quantity Limits**, then the **Quantity_Limit_Amount** and **Quantity_Limit_Days** fields must be null.
13. The **Prior_Authorization_Type** field must be a value of 0 to 3.
14. 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.
15. 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** for the **Prior_Authorization_Type** field in the Formulary File.
16. If the **Prior_Authorization_Type** field is **greater than 0,** then the **Prior_Authorization_Group_Desc** must be non-missing.
17. If the **Prior_Authorization_Type** field is equal to 0, then the **Prior_Authorization_Group_Desc** must be null.
18. 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.
19. 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.
20. 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.
21. 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 = Quantity Limits Apply** for the **Quantity_Limit_YN** field in the Formulary File.

22. 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_YN** field in the Formulary File.
23. If the **Step_Therapy_Type** is **greater than 0**, then the **Step_Therapy_Total_Groups** field must be non-missing.
24. If the **Step_Therapy_Type** is equal to **0**, then the **Step_Therapy_Total_Groups** field must be null.
25. The **Step_Therapy_Type** field must be a value of 0 to 2.
26. If the **Step_Therapy_Total_Groups** field is non-missing, it must be numeric, greater than 0 and less than 100 (1 to 99; whole numbers only).
27. If the **Step_Therapy_Step_Value** field is non-missing, it must be numeric, greater than 0 and less than 100 (1 to 99; whole numbers only).
28. If **Step_Therapy_Total_Groups** is non-missing, 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**.
29. If **Step_Therapy_Total_Groups** is null, then **Step_Therapy_Group_Desc and Step_Therapy_Step_Value** fields must be null.
30. If **Step_Therapy_Total _Groups** is non-missing, then **Step_Therapy_Step_Value and Step_Therapy_Group_Desc**, fields must be non-missing.
31. Check that for each **RXCUI**, the same **Step_Therapy_Group_Desc** does not occur more than once in the step therapy trailer.
32. 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.
33. If **Step_Therapy_Group_Desc** field is non-missing, ensure that the **Step_Therapy_Group_Desc** field is not greater than 100 characters in length.
34. Check the Formulary File's RXCUIs against the **RXCUI** in the **Formulary Reference File** to determine the validity of the RXCUIs in the Formulary File. This check should be performed for all initial submissions and resubmissions. If any RXCUIs do not match, then display an error message listing the Formulary File's RXCUIs that did not match with the table in the emails sent out to the Formulary Contacts.
35. The primary key of the submission file must be RXCUI alone.
36. Check for the submission of Gap Coverage, Free First Fill, and Home Infusion files. If this data has been uploaded, then validate the **RXCUIs** in the files against the relevant Formulary submission version. If an RXCUI exists in a **supplemental file** but not in the Formulary submission file, and then reject the supplemental file upload. If the data passes validation, then unload the data into the database.
37. The **maximum number** of errors that will be allowed before processing of the Formulary File stops will be **200**.
38. The **Formulary and dependent files** (Prior Authorization and/or Step Therapy files, if submitted) will **be rejected** if the validation does not meet these rules.
39. The system will search 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.

SUPPLEMENTAL FILES VALIDATION

Over the Counter Drug File:

1. The file must be in a **tab-delimited text** (.txt) format and must not contain a **header record.**
2. Each **NDC** must be unique in the submitted file, non-missing, and 11 characters in length.
3. The **UM_Type** field must be non-missing and must be equal to 0 or 1.
4. If the **UM_Type** field is equal to 0, then the **Step_Therapy_Total_Groups**, **Step_Therapy_Group_Desc**, and **Step_Therapy_Step_Value fields** must be null.
5. If the **UM_Type** field is equal to 1, then the **Step_Therapy_Total_Groups**, **Step_Therapy_Group_Desc**, and **Step_Therapy_Step_Value** fields must be non-missing.
6. If the **UM_Type** field is equal to 1 for any NDC, then the Formulary File must contain the **OTC RXCUI**.
7. If the **Step_Therapy_Total_Groups** field is non-missing, 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**.
8. If the **Step_Therapy_Total_Groups** field is non-missing, then it must be numeric, greater than 0 and less than 26 (1 to 25; whole numbers only).
9. If **Step_Therapy_Group_Desc** field is non-missing, ensure that the **Step_Therapy_Group_Desc** field is not greater than 100 characters in length.
10. If the **Step_Therapy_Group_Desc** is non-missing, then it must match a step therapy group description included on the Formulary File
11. Check that for each **NDC**, the same **Step_Therapy_Group_Desc** does not occur more than once in the step therapy trailer.
12. If the **Step_Therapy_Step_Value** is non-missing, then the value must be equal to 1.
13. The system will search 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.

Excluded Drug File:

14. The file must be in a **tab-delimited text** (.txt) format and must not contain a **header record.**
15. Each **NDC** must be unique in the submitted file, non-missing, and 11 characters in length.
16. The value of the **Tier_Level** must be 1 to 6.
17. **Validate** the lengths and values for all fields (see file layout).
18. Check the Excluded Drug File to ensure that the following fields are not null: **NDC, Tier, Quantity_Limits_YN, Capped_Benefit_YN, Prior_Authorization_YN, and Step_Therapy_YN.**
19. For the Excluded Drug File, if **1 = YES** is entered for **Quantity_Limits_YN**, then **Quantity_Limit_Amount** and **Quantity_Limit_Days** fields must be non-missing.
20. For the Excluded Drug File, if **0 = NO** is entered for **Quantity_Limits_YN,** then **Quantity_Limit_Amount** and **Quantity_Limit_Days** fields must be null.
21. For the Excluded Drug File, if **1 = YES** is entered for **Capped_Benefit_YN**, then **Capped_Benefit_Quantity** and **Capped_Benefit_Days** must be non-missing.

22. 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.
23. For the Excluded Drug File, if **1 = YES** is entered for **Prior_Authorization_YN,** then **Prior_Authorization_Criteria** must be non-missing.
24. For the Excluded Drug File, if **0 = NO** is entered for **Prior_Authorization_YN**, then **Prior_Authorization_Criteria** must be null.
25. For the Excluded Drug File, if **1 = YES** is entered for S**tep_Therapy_YN**, then **Step_Therapy_Criteria** must be non-missing.
26. For the Excluded Drug File, if **0 = NO** is entered for **Step_Therapy_YN**, then **Step_Therapy_Criteria** must be null.
27. The system will search 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.

Gap Coverage, Free First Fill, Home Infusion Files:

28. The file must be in a **tab-delimited text** (.txt) format and must not contain a **header record.**
29. The Home Infusion, Gap Coverage, and Free First Fill submissions must contain an **RXCUI** that exists in the Formulary Submission file.
30. Each **RXCUI** must be unique in the submitted file and no more than 8 digits in length.

31. Home Infusion files that contain inappropriate **RXCUIs** will not validate.
32. The system will search 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.

Prior Authorization File:

33. The file must be in a **tab-delimited text** (.txt) format and must not contain a **header record.**
34. **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 will be rejected if the validation does not pass.**
35. **For the Prior Authorization File, check that all unique occurrences of the** Prior_Authorization_Goup_Desc **field provided in the Prior Authorization File exist in the** Prior_Authorization_Group_Desc **field in the submitted formulary. Both the Formulary and Prior Authorization files will be rejected if the validation does not pass.**
36. For the Prior Authorization File, the system will ensure that the **Prior_Authorization_Group_Desc, PA_Criteria_Change_Indicator, Covered_Uses,** and **Coverage_Duration** fields are not null.
37. The system will search 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.

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 will validate that the** Step_Therapy_Group_Desc **and the** Step_Therapy_Criteria **fields are non-missing.**
4. **The system will search 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.**

APPENDIX D: CONTACT INFORMATION

Contact	Phone Number	Email Address
HPMS Technical Help Desk	1-800-220-2028	hpms@cms.gov
HPMS		
Julia Heeter	410-786-6198	julia.heeter@cms.gov
Ana Nunez-Poole	410-786-3370	ana.nunezpoole@cms.gov
Formulary Content & Review Guidelines		
Brian Martin	410-786-1070	brian.martin@cms.gov
Lorelei Piantedosi	410-786-8651	Lorelei.piantedosi@cms.gov
Supplemental Submissions and Reports		
Rosalind Abankwah	410-786-2012	rosalind.abankwah@cms.gov
Frank Tetkoski	410.786.5233	frank.tetkoski@cms.gov