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Centers for Medicare & Medicaid Services
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OFFICE OF BENEFICIARY INFORMATION SERVICES

Date: June 8, 2006

To: All PDPs and MAPDs

From: Timothy P. Walsh
                Director, Website Project Management Group

Subject: 2007 Plan Year Pricing Data Requirements and Submission Schedule

The information on the following pages contain the updated 2007 CMS guidance and schedule for the submission of the pricing and pharmacy data for posting on the Medicare Prescription Drug Plan Finder on www.medicare.gov.   **There are no current changes to the 2006 Plan Year pricing data submissions at this time.**

This information is also available in the Formulary Guidance section of www.cms.hhs.gov (http://www.cms.hhs.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp).

Questions about the information presented in this document should be directed to plancompare@destinationrx.com, Thomas.dudley@cms.hhs.gov, and Kathy.oh@cms.hhs.gov.

Thank you.

2007 Plan Year Data Requirements and Submission Guidelines for the Medicare Prescription Drug Plan Finder on www.medicare.gov

Revised Date: June 7, 2006

Objective:

The following pages contain guidance to prospective Medicare prescription drug plans regarding additional data submission requirements for the Medicare Prescription Drug Plan Finder that is housed on www.medicare.gov. Both stand alone prescription drug plans (PDPs) and Medicare Advantage Prescription Drug (MA-PDs) plans will be required to submit these data to CMS and these data will be posted on www.medicare.gov. The purpose of the data is to enable people with Medicare to compare, learn, select and enroll in a plan that best meets their needs. The database structure provides the necessary drug pricing and pharmacy network information to accurately communicate plan information in a comparative format.

Questions regarding the data requirements outlined in this document should be directed to plancompare@destinationrx.com, Thomas.dudley@cms.hhs.gov, and Kathy.oh@cms.hhs.gov.

Timeline for 2007 Plan Year Data Submissions:
The initial public release of the pricing data on www.medicare.gov is tentatively scheduled for October 12, 2006. ****Please note that active 2006 Plan Year PDPs and MAPDs must continue submitting their pricing and pharmacy network data on the previously released bi-weekly schedule in addition to the 2007 Plan Year data submissions described below.**

- Wednesday - June 21, 2006 – Review of 2007 Plan Year pricing and pharmacy network data submission requirements during the weekly User Group Call.
- Friday - July 14, 2006 - PDP/MAPD plans submit initial 2007 Plan Year pricing and pharmacy network data (full data set) electronically to CMS.
- July 17, 2006 – July 31, 2006 - CMS to analyze 2007 Plan Year pricing and pharmacy network data submitted by prospective plans.
- August 1, 2006 - CMS to send 2007 Plan Year pricing and pharmacy network data analysis to all prospective plans.
- Friday - August 11, 2006 -   Prospective plans submit corrected 2007 Plan Year pricing and pharmacy network data to CMS
- August 14, 2006 – August 26, 2006 - CMS to analyze "corrected" Plan Year pricing and pharmacy network data and notify plans of any additional error/issues (if applicable)
- Friday - September 8, 2006 - Plans submit 2007 Plan Year pricing and pharmacy network to CMS for final testing **(Not for public reporting)**
- September 15, 18, and 19 2006 – First data preview of 2007 Plan Year Data for plans.

- September 25-26, 2006 – September 27, 2006 – Second preview of 2007 Plan Year Data for plans.
- ****Wednesday - September 27, 2006 – Final 2006 Plan Year pricing and pharmacy network data submission. This data will be posted October, 9, 2006 on www.medicare.gov.**
- Wednesday - October 4, 2006 - PDP and MAPD plans submit 2007 Plan Year pricing and pharmacy network data to CMS that will be published on www.Medicare.gov **This data will be publicly released on www.medicare.gov on October 12, 2006
- Wednesday - October 11, 2006 - Plans begin submitting bi-weekly (Wednesday) 2007 Plan Year pricing and pharmacy network data. **This data will be posted on www.medicare.gov on October 23, 2006.
- Thursday - October 12, 2006 – Launch of the 2007 Plan Year pricing and pharmacy network data in the Medicare Prescription Drug Plan Finder Tool on www.medicare.gov.

Table of Contents for Sample Data File Layouts and Questions:

DATA VALIDATION

All plan submissions will be reviewed by CMS and the submission vendor for both formatting and content. In the case of validation or other submission errors, to prevent incorrect data display, affected plans will be temporarily deactivated from the tool pending corrected data submission or plan election to utilize last successful data submission.

SUBMISSION INSTRUCTIONS

In order to provide the data specified, organizations will be given access to a Plan Compare Data Administration Console. This console will allow sponsors to submit data, certify non-submissions, view enrollment statistics, and verify submissions. CMS will not accept data submitted in any other format (e.g. CD, Floppy Disk, Email, etc.).

Username and Password (this username and password is assigned by DestinationRx and is separate from any username or password to access any other CMS system)
- Username and Password will be per Sponsor
    - Sponsor may submit files for all programs associated with Sponsor
- Username and Password will initially be assigned to Sponsor by CMS
    - Given to the Price File Contacts
- Password must be at least 6 characters and no more than 12 characters
- Password must begin with an alpha character
- Password must contain at least 1 alpha and 1 numeric character
- Information will be provided at a later date on how to modify the password

Connectivity
- Sponsor must provide the IP networks/sub-networks masks that will be used to send the files
- Sponsor will be able to manage IP address and submission status review at https://enrollmentcenter.medicare.gov/AdministrativeConsole
- IP address submissions or updates must be submitted by noon on the Tuesday preceding the Wednesday data load to be incorporated.
- **Any connectivity issues encountered during the data submission should be immediately sent to plancompare@destinationrx.com for resolution. Support is available from 8:30-6:30 ET. Please get your submissions in early to ensure a timely response in case of error.**

Timelines
- Sponsors will be required to follow the timelines discussed above for all testing, verification, and initial submissions
- Regularly scheduled submissions will be made on a biweekly basis, following the submission calendar available at_ http://www.cms.hhs.gov/PrescriptionDrugCovContra/

- Updates or certification that no updates will be made only during the submission window on every other Wednesday from 12:00AM PST to 11:59PM PST and will be processed and displayed by 12:01 AM (Eastern Time) on the scheduled Monday.
- If multiple files are submitted during the day the LAST file received will be considered the final submission. If the first file was good, and the last file had an error, your submission for that day will be considered in error.
- Each time a file is submitted, the Sponsor will receive several email confirmations (sent to the Part D Price File contacts). If these emails are not received, they can be viewed at https://enrollmentcenter.medicare.gov/AdministrativeConsole. *If they are not received and not viewable at that URL, the files were not received successfully, and should be resubmitted.*
  - File was received
  - File has been processed and results (any errors, passed, etc.)
- Any difficulties encountered during submission should be addressed to plancompare@destinationrx.com within the submission window so that any necessary assistance can be provided in a timely manner.

Tracking, Logging and Monitoring
- All activity will be tracked, logged, and monitored, this includes but is no limited to:
  - Username used for connection
  - Time of connection
  - Duration of connection
  - Number of files uploaded

File Formats

All submissions will be Fixed Length files. The filename should follow the standard: ContractIDXX.txt where ContractID is the sponsor's CMS defined contract_id and XX is the table name abbreviation code (defined below). For Example, for a sponsor with the contract_id of 1001 submitting a formulary file, the file name would be 1001FF.txt. Only one file per table should be submitted.

A header record should be included that specifies Contract_ID, Record Count (num (7) with leading zeros) for the entire File (Format: XXXXXXX), and an 8-digit Date Created (Format: CCYYMMDD) information. A footer record should be included that again specifies Contract_ID and EOF for End of File.

Sample Header Record
H0001000001020050715
      (Where H0001 is the Contract_ID, 0000010 is the Record Count, and 20050715 is the date)

Sample Footer Record
H0001EOF

Table Abbreviation Codes:
- Pharmacy Cost   **PC**

- Pricing File   **PF**
- Reference Pricing   **RP**
- Formulary File   **FF**

Float(8) and Currency(8) Submission Guidelines:

- Do not include the decimal point
- The format follows this structure $$$$cccc where $$$$ are the numbers to the left of the decimal point (with leading zeros) and the cccc are the numbers to the right of the decimal point (with trailing zeros)
- Samples:
  - $1.50 = 00015000
  - 10% = 00001000

PHARMACY COST

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS. Include Leading Zeroes.
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable). Include Leading Zeroes. PDP plans should enter 000.
PHARMACY_NUMBER	Char(12)	NOT NULL	12-digit Pharmacy Number (7 digit NABP pharmacy number with five preceding zeroes).
PRICE_ID	Number(3)	NOT NULL	References the Price File Grouping Number to be used at this pharmacy.
BRAND_DISPENSING_FEE	Currency(8) (Format: $$$$cccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
GENERIC_DISPENSING_FEE	Currency(8) (Format: $$$$cccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
PREFERRED_STATUS	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is preferred or non-preferred pharmacy. Acceptable values **0** or **1 (0=No; 1=Yes)**
PHARMACY_RETAIL	NUMBER(1)	DEFAULT 1, NOT NULL	Yes/No defines whether pharmacy is to be displayed in retail (1 month supply) search Acceptable values **0** or **1 (0=No; 1=Yes)**
PHARMACY_MAIL	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is to be displayed in mail-order (3 month supply) search. Acceptable values **0** or **1 (0=No; 1=Yes)**

Notes
- There should be one pharmacy cost submission per plan.

- There should be one record per network pharmacy.
- PHARMACY_RETAIL and PHARMACY_MAIL are present to indicate whether a particular pharmacy offers drug sales at either a standard one-month (retail) supply or a three-month *by mail* supply. If both services are offered, enter 1 for both fields. Otherwise, enter a 1 only for the applicable pharmacy type. **Please note, if a pharmacy offers retail 90 day supply, it is NOT considered a mail order pharmacy, and should have a 0 for PHARMACY_MAIL**
- If your plan makes no distinction between network pharmacies, all network pharmacies should be treated as preferred

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via email that there are no updates. In the case of no updates, the previous week's pricing data will be used.

PRICING FILE

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PRICE_ID	Number(3)	NOT NULL	Price File Grouping Number
NDC	Char(11)	NOT NULL	Any 11 Digit NDC representing the drug/dosage combination
UNIT_COST	Currency(8) (Format: $$$$cccc)	NOT NULL	Unit cost for given NDC less dispensing fee for one-month supply. If N/A enter 00000000
UNIT_COST_90	Currency(8) (Format: $$$$cccc)	NOT NULL	Unit cost for given NDC less dispensing fee for 3-month supply. If N/A enter 00000000

Notes:
- This file determines the base unit cost of an NDC in a given pricing regime.
- Price_ID is identified by the Organization, within the following parameters;
  - The lowest available PRICE_ID is 100
  - PRICE_IDs should be assigned sequentially
  - PRICE_IDs for Retail pharmacies should be between 100 and 199
  - PRICE_IDs for Mail-Order pharmacies should be between 200 and 299
  - In the event that an organization has over 100 PRICE_IDs for a given type (retail or mail-order), additional PRICE_IDs should begin sequentially in the next group of 100s where retail pharmacies are in the 300, 500, 700, 900 series, and mail-order pharmacies are in the 400,600,800 series.
- There can be multiple pricing files per organization.
- The pricing file is applied to the plan through the Pharmacy Cost file.
- Pricing data must be submitted for all drugs covered on a plan's formulary.
- Unit pricing can be provided for both a month and three-month supply. If only one type applies, enter 0 in the non-applicable field. If both types apply, but are the same, enter the same value in both fields.

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via email that there are no updates. In the case of no updates, the previous week's pricing data will be used.

Submission Notes: For pricing display, the tool will display one cost for all NDCs of a given drug/dosage combination. Organizations will submit records as described above with unit costs for the specific NDCs listed in the Reference NDC List (http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY07ReferenceNDCFile.zip) that match your plan's CMS approved

formulary. Submission of NDCs not on the Reference NDC list will result in incorrect pricing for that drug dose combination on the drug plan finder. .

For formulary drugs and generics, organizations will submit unit cost pricing as described above. For non-formulary drugs, organizations may elect to submit pricing. If no pricing is submitted, the unit cost will be approximated based on AWP pricing minus a standard discount between 10% and 13% plus a standard dispensing fee.

All prices submitted will be subject to periodic audit by CMS against submitted claim data.

REFERENCE PRICING

Field Name	Type(Size)		Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (If applicable)
NDC	Char(11)	NOT NULL	11-digit NDC of the drug for which reference pricing should apply
NDC_REFERENCE	Char(11)	NOT NULL	11-digit NDC of the drug whose price and cost should be referenced
REFERENCE_TYPE	Number(1)	NOT NULL	1=dollars and cents; 2 = percentage
REFERENCE_AMOUNT	Float(8) (Format: $$$$cccc)	NOT NULL	8 character number including leading zeros If REFERENCE_TYPE=1, enter the dollar amount with 4 implied decimal places – e.g., $15 is entered as 00150000. If REFERENCE_TYPE=2, enter the percentage as a decimal value with four implied decimal places – e.g., 15% is entered as 00001500 and 100% is entered as 00010000.

Notes
- **This is an optional table.**
- There should be one record per plan and NDC, where applicable.
- The reference pricing calculation increases beneficiary's estimated copay/co-insurance amount by applying either a fixed or percentage fee in addition to the copay of the referenced drug.

- The reference amount can be either a fixed dollar amount OR a percentage of the difference of the total drug cost of the original and reference drugs. For example, with a reference fee of 100%, beneficiary's copay would be $25 if a brand drug priced at $40 is selected over a direct generic priced at $20 with a $5 copay (i.e., $40 brand cost - $20 generic cost + the $5 copay for the generic medication).

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via email that there are no updates. In the case of no updates, the previous week's pricing data will be used.

Additional Guidance on Reference File Submissions:

EXAMPLES

Assume the following information for the examples below:

Drug name	BRAND_A	GENERIC	BRAND_B
NDC	99123456789	66987654321	55192837465
Unit price	$1.20	$0.75	$1.50
Scrip size	30	30	30
Dispensing fee	$2.00	$2.50	$2.00
Monthly cost	$38.00	$25.00	$47.00
Cost share below the ICL	25%	$3.00	25%

SITUATIONS THAT CAN BE HANDLED BY THE REFERENCE PRICING FILE

CASE 1. If the beneficiary chooses BRAND_A over GENERIC, he or she must pay the co-pay for the generic plus an additional $7.50 per scrip:

> H0001|0000001|20060302
> H0001|001|000|99123456789|66987654321|1|00075000
> H0001EOF
> *[NOTE: Pipes are inserted only to provide visual clarity!]*

CASE 2. If the beneficiary chooses BRAND_A over GENERIC, he or she must pay the co-pay for the generic plus an additional amount equal to the difference in the monthly cost:

> H0001|0000001|20060302
> H0001|001|000|99123456789|66987654321|2|00010000
> H0001EOF

CASE 3. If the beneficiary chooses either BRAND_A or BRAND_B over GENERIC, he or she must pay the co-pay for the generic plus an additional amount equal to the half the difference in the monthly cost

H0001|0000002|20060302
H0001|001|000|99123456789|66987654321|2|00005000
H0001|001|000|55192837465|66987654321|2|00005000
H0001EOF
[NOTE: Pipes are inserted only to provide visual clarity!]

CASE 4. If the beneficiary chooses BRAND_A over GENERIC, he or she must pay an additional amount equal to the half the difference in the monthly cost. If BRAND_B is chosen over GENERIC, the additional amount is $8.

H0001|0000002|20060302
H0001|001|000|99123456789|66987654321|2|00005000
H0001|001|000|55192837465|66987654321|1|00080000
H0001EOF
[NOTE: Pipes are inserted only to provide visual clarity!]

SITUATIONS THAT CANNOT BE HANDLED BY THE REFERENCE PRICING FILE

CASE 5. The allowed monthly cost for the scrip, whether filled with BRAND_A, BRAND_B, or GENERIC, is determined by the lowest-priced NDC for GENERIC. (In this case, the TARGET_NDC and REFERENCE_NDC point to the same product, **which will create an exception**.)

CASE 6. There is a surcharge if the scrip for GENERIC is filed from any manufacturer's bottle except Manufacturer X. (Again, the TARGET_NDC and REFERENCE_NDC point to the same product, **which will create an exception**.)

REFERENCE PRICING FILE EDIT CHECKS

The following edit checks are applied to each file submitted to DestinationRx for the Plan Finder website. An exception is generated as the result of any of the conditions listed below. In the text that follows, TARGET_NDC refers to the product subject to reference pricing and REFERENCE_NDC refers to the product that forms the reference.

1. Invalid NDC

TARGET_NDC or REFERENCE_NDC is inactive or obsolete.

2. Incorrect specification of REF_TYPE
   REF_TYPE is neither 1 (surcharge is in dollars) nor 2 (surcharge is in percentage terms)

3. Anomalous REF_AMT
   REF_AMT=0 (no surcharge)
   REF_TYPE=2 and REF_AMT>1 (surcharge exceeds 100%)
   REF_TYPE=1 and REF_AMT<=1

4. Reference drug or Target drug is not on formulary
   Drug product (name/form/strength) associated with REFERENCE_NDC is not found in the relevant Formulary File submitted to DestinationRx.

5. Multiple references
   The product associated with TARGET_NDC is paired with more than one other product (associated with REFERENCE_NDCs).

6. Auto-referencing
   TARGET_NDC and REFERENCE_NDC are associated with the same product (name/form/strength).

7. Looping reference pricing
   TARGET_NDC is associated with a product that is also associated with REFERENCE_NDC elsewhere in the Reference Pricing file (i.e., Product A is referenced to Product B, which in turn is referenced to Product C)

8. Reverse reference pricing
   REF_TYPE = 2 and TARGET_NDC is a LOWER cost product than REFERENCE_NDC.

FORMULARY FILE (EXCLUDED DRUGS ONLY; THIS FILE WILL ONLY BE ACCEPTED FROM ENHANCED ALTERNATIVE PLANS COVERING EXCLUDED DRUGS)

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
FORMULARY_ID	Number(8)	NOT NULL	Unique Identifier
NDC	Char(11)	NOT NULL	11 digit (include leading zeros)
TIER_LEVEL_VALUE	Number(2)	NOT NULL	Defines the Cost Share Tier Level Value Associated with the NDC. Assumption is that the NDC is assigned to one tier value. These values are consistent with the selection of value options available to data entry users in the Plan Benefit Package software. If no Tier Level Value applies, enter '1' as the value for this field.
FORMULARY_VERSION	Number(5)	NOT NULL	Unique version ID assigned to this formulary. The version # will be incremented by one for each new submission. This will be synchronized with the HPMS formulary
QUANTITY_LIMIT_AMOUNT_YN	Number(1)	DEFAULT 0, NULL	Does the NDC have a quantity limit other than a 30-day or 34-day limit? Acceptable values **0** or **1 (0=No; 1=Yes)**
QUANTITY_LIMIT_AMOUNT	Number(7)	NULL	If Yes to Quantity_Limit_Amount_YN, enter the quantity limit unit amount for a given prescription or time period. The units for this amount may be defined as number of pills, number of injections, etc. If the drug does not have a quantity limit restriction, then leave this field blank. The maximum logical number that will be accepted is "9999.99" THIS FIELD MAY CONTAIN DECIMALS If a limit other than 30 or 34 days does not apply, enter

Field Name	Type(Size)	NULL	Field Description
			0000000.
QUANTITY_LIMIT_DAYS	Number(3)	NULL	Enter the days associated with the quantity limit. If a limit other than 30 or 34 days does not apply, enter 000
PRIOR_AUTHORIZATION_YN	Number(1)	DEFAULT 0, NOT NULL	Is prior authorization required for the NDC? Acceptable values **0** or **1 (0=No; 1=Yes)**
STEP_THERAPY_YN	Number(1)	DEFAULT 0, NOT NULL	Does step therapy apply to this drug? The only drugs that should be marked as "Yes" are those that require additional drugs to be used first. Step one level drugs in a step therapy algorithm should be marked "No". Acceptable values **0** or **1 (0=No; 1=Yes)**

Notes:
- **This file can only be submitted for enhanced alternative plans that cover all or some excluded drugs. The CMS approved formulary in HPMS will be used to display all other formulary drugs.**
- This file will provide the tier information by NDC for excluded drugs.
- Drugs not on the CMS excluded list CANNOT be included in this file.
- A formulary file will be assigned to plans for the organization via the formulary_id.
- Enhanced Alternative plans not submitting excluded drug formulary files will be assumed to not cover excluded drugs
- As the plan selector application is primarily designed to provide beneficiaries with information to select a drug plan that meets their needs and not a tool for current drug plan enrollees to seek information about their plan, this tool will disregard the 60-day notice window required when a drug changes tiers. Thus, a tier will display in its new tier prior to the expiration of the 60-day notice window. Plans are required to notify all current plan enrollees about any formulary changes before the changes are implemented.
- Organizations will submit the formulary as described above for all covered excluded drug NDCs in the plan's formulary. Fields available in HPMS will be subject to Data Validation described above.
- An NDC can only exist in one tier per formulary.

Submission Frequency: Organizations will be required to submit pricing on a bi-weekly basis. If no updates are required, Organizations will be required to certify via email that there are no updates. In the case of no updates, the previous week's pricing data will be used.

2007 Plan Year Bi-Weekly Pricing Data Submission Schedule for Posting on the Drug Plan Finder (Data Files Submitted to DestinationRx)

July 2006

Mon	Tue	Wed	Thu	Fri
3 **6/21 Data Posted on the Drug Plan Finder**	4 Independence Day	**5** **Submit Pricing Data**	6	7
10	11	12	13	**14** **Initial Data Submission for Plan Year 2007**
17 **7/5 Data Posted on the Drug Plan Finder**	18	**19** **Submit Pricing Data**	20	21
24	25	26	27	28
31 **7/19 Data Posted on the Drug Plan Finder**				

August 2006

Mon	Tue	Wed	Thu	Fri
	1	2 **Submit Pricing Data**	3	4
7	8	9	10	11 **Submission of Corrected Data for Plan Year 2007**
14 **8/2 Data Posted on the Drug Plan Finder**	15	16 **Submit Pricing Data**	17	18
21	22	23	24	25
28 **8/16 Data Posted on the Drug Plan Finder**	29	30 **Submit Pricing Data**	31	

September 2006

Mon	Tue	Wed	Thu	Fri
				1
4 Labor Day	5	6	7	8 **Submission of Corrected Data for Plan Year 2007 (This will be the data set for the plan previews)**
11 **8/30 Data Posted on the Drug Plan Finder**	12	13 **Submit Pricing Data**	14	15 First data preview of 2007 Plan Year Data for plans.
18 First data preview of 2007 Plan Year Data for plans.	19 First data preview of 2007 Plan Year Data for plans.	20	21	22
25 **9/13 Data Posted on the Drug Plan Finder** Second	26 Second preview of 2007 Plan Year Data for plans.	27 **Final 2006 Plan Year Data Submission**	28	29

preview of 2007 Plan Year Data for plans.				

October 2006

Mon	Tue	Wed	Thu	Fri
2	3	**4** **Initial 2007 Plan Year Data Submission of Public Release on 10/12**	5	6
Columbus Day **9** **9/27 Data Posted on the Drug Plan Finder**	10	**11** **Submit Pricing Data**	**12** **10/4 Data Posted on the Drug Plan Finder - Initial 2007 Data Posting on the Drug Plan Finder**	13
16	17	18	19	20
23 **10/11 Data Posted on the Drug Plan Finder**	24	**25** **Submit Pricing Data**	26	27
30	31			

November 2006

Mon	Tue	Wed	Thu	Fri
		1	2	3
6 **10/25 Data Posted on the Drug Plan Finder**	7	**8** **Submit Pricing Data**	9	10
13	14	15	16	17
20 **11/8 Data Posted on the Drug Plan Finder**	21	**22** **Submit Pricing Data**	23 Thanksgiving Day	24
27	28	29	30	

December 2006

Mon	Tue	Wed	Thu	Fri
				1
4 **11/22 Data Posted on the Drug Plan Finder**	5	**6** **Submit Pricing Data**	7	8
11	12	13	14	15
18 **12/6 Data Posted on the Drug Plan Finder**	19	**20** **Submit Pricing Data**	21	22
25 Christmas	26	27	28	29

January 2007

Mon	Tue	Wed	Thu	Fri
1 New Year's Day **12/20 Data Posted on the Drug Plan Finder**	**2**	**3** **Submit Pricing Data**	**4**	**5**
8	**9**	**10**	**11**	**12**
15 Martin Luther King Day **1/3 Data Posted on the Drug Plan Finder**	**16**	**17** **Submit Pricing Data**	**18**	**19**
22	**23**	**24**	**25**	**26**
29 **1/17 Data Posted on the Drug Plan Finder**	**30**	**31** **Submit Pricing Data**		

February 2007

Mon	Tue	Wed	Thu	Fri
			1	2 Groundhog Day
5	6	7	8	9
12 Lincoln's Birthday **1/31 Data Posted on the Drug Plan Finder**	13	14 Valentine's Day **Submit Pricing Data**	15	16
19 President's Day	20 Mardi Gras	21	22 Washington's Birthday	23
26 **2/14 Data Posted on the Drug Plan Finder**	27	28 **Submit Pricing Data**		

March 2007

Mon	Tue	Wed	Thu	Fri
			1	2
5	6	7	8	9
12 **2/28 Data Posted on the Drug Plan Finder**	13	14 **Submit Pricing Data**	15	16
19	20	21	22	23
26 **3/14 Data Posted on the Drug Plan Finder**	27	28 **Submit Pricing Data**	29	30

April 2007

Mon	Tue	Wed	Thu	Fri
2	3	4	5	6 Good Friday
9 **3/28 Data Posted on the Drug Plan Finder**	10	11 **Submit Pricing Data**	12	13
16	17	18	19	20
23 **4/11 Data Posted on the Drug Plan Finder**	24	25 **Submit Pricing Data**	26	27
30				

May 2007

Mon	Tue	Wed	Thu	Fri
	1	2	3	4
7 **4/25 Data Posted on the Drug Plan Finder**	8	9 **Submit Pricing Data**	10	11
14	15	16	17	18
21 **5/9 Data Posted on the Drug Plan Finder**	22	23 **Submit Pricing Data**	24	25
28 Memorial Day	29	30	31	

June 2007

Mon	Tue	Wed	Thu	Fri
				1
4 **5/23 Data Posted on the Drug Plan Finder**	5	6 **Submit Pricing Data**	7	8
11	12	13	14 Flag Day	15
18 **6/6 Data Posted on the Drug Plan Finder**	19	20 **Submit Pricing Data**	21	22
25	26	27	28	29

July 2007

Mon	Tue	Wed	Thu	Fri
2 **6/20 Data Posted on the Drug Plan Finder**	**3** **Note: This Submission of Pricing Data is on a Tuesday**	**4** Independence Day	**5**	**6**
9	**10**	**11**	**12**	**13**
16 **7/4 Data Posted on the Drug Plan Finder**	**17**	**18** **Submit Pricing Data**	**19**	**20**
23	**24**	**25**	**26**	**27**
30 **7/18 Data Posted on the Drug Plan Finder**	**31**			

August 2007

Mon	Tue	Wed	Thu	Fri
		1 **Submit Pricing Data**	2	3
6	7	8	9	10
13 **8/1 Data Posted on the Drug Plan Finder**	14	**15** **Submit Pricing Data**	16	17
20	21	22	23	24
27 **8/15 Data Posted on the Drug Plan Finder**	28	**29** **Submit Pricing Data**	30	31

September 2007

Mon	Tue	Wed	Thu	Fri
3 Labor Day	4	5	6	7
10 **8/29 Data Posted on the Drug Plan Finder**	11	12 **Submit Pricing Data**	13	14
17	18	19	20	21
24 **9/12 Data Posted on the Drug Plan Finder**	25	26 **Submit Pricing Data**	27	28

October 2007

Mon	Tue	Wed	Thu	Fri
1	2	3	4	5
8 Columbus Day **9/26 Data Posted on the Drug Plan Finder**	9	10 **Submit Pricing Data**	11	12
15	16	17	18	19
22 **10/11 Data Posted on the Drug Plan Finder**	23	24 **Submit Pricing Data**	25	26
29	30	31 Halloween		

November 2007

Mon	Tue	Wed	Thu	Fri
			1	2
5 **10/24 Data Posted on the Drug Plan Finder**	6	7 **Submit Pricing Data**	8	9
12	13	14	15	16
19 **11/7 Data Posted on the Drug Plan Finder**	20	21 **Submit Pricing Data**	22 Thanksgiving Day	23
26	27	28	29	30

December 2007

Mon	Tue	Wed	Thu	Fri
3 **11/21 Data Posted on the Drug Plan Finder**	**4**	**5** **Submit Pricing Data**	**6**	**7**
10	**11**	**12**	**13**	**14**
17 **12/5 Data Posted on the Drug Plan Finder**	**18**	**19** **Submit Pricing Data**	**20**	**21**
24	**25** Christmas	**26**	**27**	**28**
31 New Year's Eve **12/19 Data Posted on the Drug Plan Finder**				