

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-13-07
Baltimore, Maryland 21244-1850



Center for Medicare
Medicare Plan Payment Group

Date: October 25, 2011

To: All Part D Plan Sponsors

From: Cheri Rice
Director, Medicare Plan Payment Group

Subject: Final Medicare Part D Detailed 2010 DIR Reporting Requirements

On August 24, 2011, CMS released draft guidance regarding Medicare Part D direct and indirect remuneration (DIR) reporting requirements for a Detailed DIR Report for contract year 2010. Comments on this draft guidance were accepted until September 14, 2011. CMS has made revisions to the guidance in response to the comments and questions received. Provided below is an overview of the revisions made to the guidance and brief summaries of the comments we received. Part D sponsors must submit the Detailed 2010 DIR Report no later than 11:59 pm PT on **Thursday, December 15, 2011**. Part D sponsors can begin to submit the Detailed 2010 DIR report on November 15, 2011. We strongly encourage sponsors to prepare their materials and to submit early to ensure successful submission of the Detailed 2010 DIR report.

Revisions to the “Medicare Part D Detailed 2010 DIR Reporting Requirements”:

1. In the draft guidance, we proposed that Part D sponsors should use current DIR data reflecting, at a minimum, the DIR amounts received up to three months prior to the submission deadline. Two commenters requested clarification regarding these dates. We are revising our guidance to require that Part D sponsors use the **same** PDE data attested to for the Summary Report and used for 2010 payment reconciliation.
2. A few commenters recommended reporting the Detailed 2010 DIR at the contract level instead of the plan benefit package (PBP) level, in part due to a concern that after allocating DIR to the 11-digit National Drug Code (NDC) level, some DIR would be a fraction of a cent and after rounding would appear as \$0.00. To address this issue, we are allowing three decimal places (tenth of a cent) in the “Rebate Dollars” and “All Other DIR” fields.
3. Program of All-Inclusive Care for the Elderly (PACE) organizations that reported and attested to \$0 in **all DIR categories** in the “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010”, which was due June 30, 2011, are not required to submit a Detailed 2010 DIR Report. PACE organizations that reported DIR in the “Medicare Part D DIR Reporting Requirements for

Payment Reconciliation: Summary Report for Contract Year 2010 **must** submit the Detailed 2010 DIR report. Our experience shows that most PACE organizations do not receive DIR. We believe that waiving the Detailed 2010 DIR reporting requirements for those PACE organizations that reported \$0 in all DIR categories in the Summary Report would alleviate reporting burden and improve coordination of PACE and Part D benefits.

Additional Comments Received:

1. Several commenters requested clarification on the types of DIR that must be reported. All DIR must be reported, even if the DIR is not directly provided by the manufacturer. Please refer to the guidance released June 6, 2011, “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010,” for examples of remuneration that are and are not considered DIR.
2. Several commenters requested clarification regarding whether NDCs with \$0 in DIR should be reported. All NDCs for which a PDE was generated, even non-applicable drugs (per 1860D-14A(g)(2)) and those NDCs associated with \$0 in DIR, must be reported at the PBP level. The only exception is for PACE organizations that reported and attested to \$0 in all DIR categories in the “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010.” When reporting NDCs with \$0 in DIR, an explanation must be provided in the Comments field.
3. We received a question asking for clarification regarding reporting “at the PBP level.” We clarify that all NDCs for which a PDE was generated for a particular PBP must be reported for that PBP. If an 11-digit NDC is found on a PDE for particular PBPs and not others in the contract, Part D sponsors should report the 11-digit NDC for the appropriate PBPs only.
4. One commenter recommended collecting the Detailed 2010 DIR data at the 9-digit NDC level. Because Treasury provides CMS with 11-digit NDCs for which we are required to provide Part D drug sales data net of DIR, we are maintaining the requirement to report the Detailed 2010 DIR at the 11-digit NDC level.
5. Three commenters suggested creating separate allocation methodology dropdown menus for “Rebate Dollars” and “All Other DIR.” To minimize reporting burden for sponsors using a uniform allocation methodology across both types of DIR, we will maintain the requirement for sponsors to elect two allocation methodologies only: one to the PBP level and another to the 11-digit NDC level. If sponsors are using separate allocation methodologies for “Rebate Dollars” and “All Other DIR,” sponsors should select “Other allocation to the PBP/11-digit NDC level” and provide an explanation in the comments field. Based on our experience this year, we will evaluate whether to create separate allocation methodology dropdown menus for each type of DIR next year.
6. A few commenters requested assurances that the Detailed 2010 DIR data will be kept confidential. We understand that DIR is sensitive information of a commercial and financial nature. CMS will not disclose DIR data except as required by law.

7. Several commenters requested clarification regarding whether the Detailed 2010 DIR report will need to be resubmitted. Once the Detailed 2010 DIR report has passed all editing, and is successfully uploaded, CMS will perform additional reviews of the data. If there are any corrections after this review, a sponsor will have to resubmit the report. After CMS changes the submission status to “accepted,” we do not anticipate accepting resubmissions of the Detailed 2010 DIR report.
8. One commenter asked whether a legal settlement regarding a specific manufacturer should be allocated only to the NDCs affected in the suit. In general, Part D sponsors should allocate rebates for a specific drug as accurately as possible. Thus, all legal judgments and settlement amounts should be allocated to the NDCs affected in the judgment or settlement.
9. Several commenters asked whether we will be validating the Detailed 2010 DIR report with the Summary Report. We will be conducting reviews to check for reasonableness of DIR amounts and allocation methodologies between the Detailed and Summary reports.
10. A few commenters asked about specifications and field restrictions for the files uploaded to HPMS. They are found at the end of this guidance. Files should be saved as tab delimited text file formats and no fields will be locked. We do not anticipate that Part D sponsors will exceed file size limits; in the case they do, they are instructed to submit more than one file. If submitting more than one file, files should be split at the contract level. All Part D plans under a given contract must appear in one file.
11. One commenter noted that the Detailed and Summary level DIR reports for contract year 2011 will be due at the same time and asked for an extension of the usual June 30 deadline. We do not expect an extension of the deadline will be necessary, and we will release further guidance regarding the submission of 2011 DIR Detailed and Summary Reports at a later date.
12. One commenter recommended that only one attestation be required for the 2011 DIR Summary and Detailed Reports. We will take this suggestion into consideration and release further guidance regarding the submission of 2011 DIR Detailed and Summary Reports as well as the 2011 attestations.

Further Information

Please find the final revised guidance document attached, “Medicare Part D Detailed 2010 DIR Reporting Requirements.” Please note that for contract year 2010, Part D sponsors will be required to submit the Attestation of Data Relating to Detailed DIR Data after the submission of the Detailed 2010 DIR Report. Part D sponsors will be required to certify that the DIR data submitted to CMS are accurate, complete, and truthful. Additional guidance regarding the content of this attestation is forthcoming. PACE organizations that were not required to submit a Detailed 2010 DIR Report will not need to submit the Attestation of Data Relating to Detailed DIR Data.

Part D sponsors can begin to submit the Detailed 2010 DIR report on November 15, 2011. The deadline for submitting the report is 11:59 pm PT on **Thursday, December 15, 2011**.

For technical assistance and questions regarding the download or upload of the Detailed 2010 DIR Report, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov.

Questions regarding this guidance may be submitted to DIR_Reporting_Reqs@cms.hhs.gov or to Iilina Chaudhuri at ilina.chaudhuri@cms.hhs.gov.

I. INTRODUCTION

Section 1860D-15(f)(1)(A) of the Social Security Act (SSA) requires Part D sponsors to fully disclose to CMS any information necessary for carrying out the payment provisions of Part D, including the calculation of reinsurance and risk sharing. Therefore, Part D sponsors are required to report drug costs and DIR associated with the Medicare prescription drug benefit to CMS for the purposes of determining reinsurance payments and risk sharing. Each year, we finalize guidance explaining these reporting requirements. Consistent with section 1860D-15(d)(2)(A), CMS payments to a Part D sponsor are conditioned upon the provision of this requisite data.

Section 9008 of the Patient Protection and Affordable Care Act (Public Law 111–148) (ACA), as amended by section 1404 of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152) (HCERA), imposes an aggregate annual fee on certain manufacturers of branded prescription drugs. The aggregate annual fee in 2012 will be \$2.8 billion and will be paid by manufacturers or importers with aggregate gross receipts from branded prescription drug sales over \$5 million to specified government programs, including Medicare Part D.

CMS is required to provide dollar amounts of sales of branded prescription drugs under the Medicare Part D program on a yearly basis to the Secretary of the Treasury in order to determine the fee amount to be paid by each manufacturer. Sales dollar amounts are reported at the 11-digit NDC level and must be reduced by rebates and other price concessions.

The purpose of this document is to provide an overview of CMS' DIR reporting requirements for the Detailed 2010 DIR Report. This document provides the format in which data will be submitted, explains the data elements to be reported by Part D sponsors at the distinct PBP level (i.e., data will be reported at the 11-digit NDC level for each PBP offered under each Part D contract), and the established reporting timeframes. CMS' goal is to ensure a common understanding of DIR reporting requirements.

II. DEFINING DIRECT AND INDIRECT REMUNERATION (DIR)

Per the regulations at 42 C.F.R. 423.308, DIR is any and all rebates, subsidies, or other price concessions from any source (including manufacturers, pharmacies, enrollees, or any other person) that serve to decrease the costs incurred by the Part D sponsor (whether directly or indirectly) for the Part D drug. Thus, DIR includes discounts, chargebacks, rebates, cash discounts, free goods contingent on a purchase agreement, up-front payments, and coupons. DIR also includes goods in kind, free or reduced-price services, grants, legal judgment amounts, settlement amounts from lawsuits or other legal action, and other price concessions or similar benefits. However, price concessions that are not considered to directly or indirectly impact drug costs incurred by the Part D sponsor are not included in DIR. Please see Table 1 below for examples of remuneration that are and are not considered DIR.

Table 1. Examples of Remuneration That Are and Are Not Considered DIR

Remuneration Considered DIR	Remuneration Not Considered DIR
Remuneration from pharmaceutical manufacturers (e.g. rebates, grants, reduced price administrative services, or legal settlement amounts)	Bona fide service fees from pharmaceutical manufacturers
PBM retained rebates	Remuneration for administrative services (e.g. PBM incentive payments)
PBM rebate guarantee amounts	Private reinsurance amounts
PBM penalty payments and repayments that impact Part D drug costs	PBM penalty payments and repayments that do not impact Part D drug costs
Dispensing incentive payments to pharmacies after the POS	Rebate amounts received by long term care (LTC) pharmacies
Prompt pay discounts from pharmacies	Claims data
Pharmacy payment adjustments	
Risk sharing amounts	

The definitions of what does and does not constitute DIR for the Detailed 2010 DIR Report mirror those previously provided for the 2010 DIR Report for Payment Reconciliation: Summary Report. For definitions of Remuneration Considered DIR and Remuneration Not Considered DIR, please refer to the June 6, 2011, HPMS memorandum titled “Final Medicare Part D DIR Reporting Requirements for 2010 Payment Reconciliation: Summary Report”.

The key difference between the Detailed DIR Report and the DIR Report for Payment Reconciliation: Summary Report is that the information included in the Detailed DIR report is provided in two categories (Rebates and All Other DIR) at the 11-digit NDC level for covered Part D drugs.

III. DIR INCLUDED ON THE DETAILED 2010 DIR REPORT

Part D sponsors must report DIR associated with drug sales under Medicare Part D on the Detailed 2010 DIR Report at the 11-digit NDC level. PACE organizations that reported and attested to \$0 in all DIR categories in the “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010”, which was due June 30, 2011, are not required to submit a Detailed 2010 DIR Report. DIR that is not generated from the sponsor’s Medicare Part D book of business should not be included on this report. The Department of Treasury will provide CMS the list of branded NDCs to be used for section 9008 reporting purposes. Using the list of NDCs provided by Treasury, CMS will reduce the total branded prescription drug sales amounts under Medicare Part D that are reported to the Secretary of the Treasury by the DIR included on the Detailed 2010 DIR Report.

Accurate and complete DIR data are necessary for compliance with section 9008 of the ACA, as amended. Data reported on the Detailed 2010 DIR Report are subject to audit. Part D sponsors are required to maintain records of all related transactions, claims, contracts, and other materials.

Please note that misrepresentations or omissions in the DIR data provided to CMS may result in federal civil action and/or criminal prosecution.

IV. SUBMISSION ELEMENTS

Part D sponsors must submit their DIR data at the 11-digit NDC level for each covered Part D drug at the PBP level on the Detailed 2010 DIR Report. As with the 2010 DIR Report for Payment Reconciliation: Summary Report, all DIR received for Part D claims with dates of service within the 2010 benefit year must be reported in the Detailed 2010 DIR report. The Detailed 2010 DIR report must include all covered Part D drugs reported on accepted PDEs for 2010 Part D payment reconciliation. The deadline for submitting this report is **11:59 pm PT on Thursday, December 15, 2011**. This deadline applies to all Part D sponsors, including non-calendar year Employer/Union-only Group Waiver Plans (EGWPs), with the exception of PACE organizations that reported and attested to \$0 in all DIR categories in the “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010.”

Because this is the first time for reporting Detailed DIR data, we strongly encourage Part D sponsors to submit early during the submission window to assure a complete, accurate, and successful submission by the reporting deadline.

A. Detailed 2010 DIR Report

The Detailed 2010 DIR Report template will be made available for download from HPMS on November 15, 2011. The navigation path for accessing the template is: HPMS Homepage > Plan Bids > DIR Reporting (Detailed NDC) > Contract Year 2010 > (Submission) Download Template. This report will be downloadable to an MS Excel spreadsheet in the format shown in Section V: Detailed 2010 DIR Report Format and Layout (With Example Values). Part D sponsors must complete and upload to HPMS the Detailed 2010 DIR Report for each of their Part D PBPs (including non-calendar year Employer/Union-only Group Waiver Plans). In order to upload successfully, **Part D sponsors must use the actual downloaded MS Excel spreadsheet**. The uploaded file must be named **DIR_NDC_2010.ZIP** and the contents of the zip file must be named **DIR_NDC_2010.TXT**. Only one tab delimited text file per zip file is permitted.

Please note that the contract number and plan ID for each Part D PBP will need to be entered as an alphanumeric value, e.g., S0001-001. The values in this field must be entered for each Part D PBP, as they will not be automatically generated.

Part D sponsors must prepare and submit the Detailed 2010 DIR Report to CMS for all of the Part D PBPs that they offered in 2010, even if they have no DIR to report for contract year 2010, with the exception of PACE organizations that reported and attested to \$0 in all DIR categories in the “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010.” For PBPs with zero or negative DIR to report for contract year 2010, the Part D sponsor must include a brief explanation in the column “Comments”, shown below in Section V: Detailed 2010 DIR Report Format and Layout (With Example Values).

Sponsors may upload the Detailed 2010 DIR Report as many times as they choose until 11:59 pm PT, on Thursday, December 15, 2011. CMS will use only the DIR reported on the most recently uploaded Detailed Report in our reviews and to fulfill section 9008 reporting requirements. Sponsors can access the Detailed 2010 DIR Data Report to view the latest Detailed 2010 DIR report submitted for the selected contracts.

CMS will review the DIR data submitted. DIR reports that have been reviewed and accepted by CMS will receive an “accepted” status in HPMS. If CMS identifies a potential error, CMS will contact the Part D sponsor. Part D sponsors will be able to view the status of submitted DIR reports within HPMS using the following navigation path: HPMS Homepage > Plan Bids > DIR Reporting (Detailed NDC) > Contract Year 2010 > (Reports) DIR Reports > Detailed DIR Contract Status Report.

For technical assistance, Part D sponsors can contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov. For other questions regarding the Detailed 2010 DIR Report, sponsors can e-mail DIR_Reporting_Reqs@cms.hhs.gov.

B. Allocation Methodology

Some Part D sponsors may receive or record their DIR at the sponsor or contract level. Also, Part D sponsors may not receive or record their DIR at the 11-digit NDC level. In these cases, the Part D sponsor must allocate their DIR to the PBP and 11-digit NDC level by applying reasonable allocation methodologies. Reasonable allocation methodologies to allocate DIR to the PBP level are described further in the guidance, dated June 6, 2011, titled “Final Medicare Part D DIR Reporting Requirements for 2010 Payment Reconciliation: Summary Report.”

A description of all allocation methodologies used, whether used to report DIR at the PBP and/or 11-digit NDC level, must be submitted by the Part D sponsor in HPMS when uploading the Detailed 2010 DIR Report. For sponsors that needed no allocation methodologies because DIR was received from the manufacturers at the PBP and 11-digit NDC level, sponsors can make this selection from the dropdown menu. Part D sponsors are expected to maintain internal documentation of all methods used to allocate DIR and CMS may follow-up with sponsors to better understand the allocation methodology selected.

Sponsors selecting “Other allocation to the PBP level” or “Other allocation to the 11-digit NDC level” must provide comments, which must include an explanation of the entity applying the allocation methodology *and* a clear explanation of the methodology.

Sponsors must make one selection from the dropdown menu specifying an allocation methodology to the PBP level and one selection from the dropdown menu specifying an allocation methodology to the 11-digit NDC level. The options are as follows:

Allocation Methodology to the PBP level

- No allocation method needed to the PBP level. DIR was received from the manufacturer at the PBP level.
- Allocation to the PBP level based on Actual Drug Utilization
- Allocation to the PBP level based on Plan’s Total Drug Spend

- Allocation to the PBP level based on Plan’s Brand Drug Spend
- Allocation to the PBP level based on Total Drug Spend for Drugs in Preferred Brand Tier
- Allocation to the PBP level based on Billed Rebate Amounts
- Other allocation to the PBP level (comments are required)

Allocation Methodology to the 11-digit NDC level

- No allocation method needed to the 11-digit NDC level. DIR was received from the manufacturer at the 11-digit NDC level.
- Allocation to the 11-digit NDC level based on Actual Drug Utilization
- Allocation to the 11-digit NDC level based on Plan’s Total Drug Spend
- Allocation to the 11-digit NDC level based on Plan’s Brand Drug Spend
- Allocation to the 11-digit NDC level based on Total Drug Spend for Drugs in Preferred Brand Tier
- Allocation to the 11-digit level based on Billed Rebate Amounts
- Other allocation to the 11-digit NDC level (comments are required)

C. Attestation of Data Relating to Detailed DIR Data

Part D sponsors will be required to submit an attestation, “Attestation of Data Relating to Detailed DIR Data.” In this attestation, Part D sponsors must certify that all information provided is accurate, complete, and truthful to the sponsor’s best knowledge, information, and belief. Part D sponsors must certify in this attestation and maintain documentation that all entities that have generated or submitted this information on their behalf have certified that all information is accurate, complete, and truthful based on the entity’s best knowledge, information, and belief.

PACE organizations that reported and attested to \$0 in all DIR categories in the “Medicare Part D DIR Reporting Requirements for Payment Reconciliation: Summary Report for Contract Year 2010” are not required to submit the Attestation of Data Relating to Detailed DIR Data.

Additional guidance regarding the submission of the Attestation of Data Relating to Detailed DIR Data will be provided at a later date.

V. DETAILED 2010 DIR REPORT FORMAT AND LAYOUT (WITH EXAMPLE VALUES)

Contract-Plan	11-digit NDC	Rebate Dollars	All Other DIR (i.e. non-rebate DIR)	Comments
S1234-001	55555000101	30000.000	5000.000	
S1234-001	44444000102	11000.000	900.000	
S1234-001	33333000101	1725.000	725.000	
S1234-001	22222000101	0.000	0.000	Generic drug, no rebates received.
S1234-002	<Blank>	0.000	0.000	PBP was active with no enrollment.

VI. REPORTING ELEMENTS

In the Detailed DIR Report, Part D sponsors will be responsible for reporting total “Rebate Dollars” and “All Other DIR” at the 11-digit NDC level. Part D sponsors are advised that the DIR data used to produce the Detailed DIR report should be the same as the DIR data attested to for the Summary Report and used for payment reconciliation.

File Record Layout: Detailed 2010 DIR Report

Field Name	Field Type	Field Length	Field Description
Contract-Plan	Alpha-numeric	9	Contract number and plan ID, e.g., S0001-001. This number must be entered as an alphanumeric value and must be entered as one letter followed by the four digit contract number, a dash, and the three digit plan ID. The values in this field must be entered for each Part D PBP as it will not be automatically generated.
11-digit NDC	Numeric	11	Enter the 11-digit National Drug Code in this field. This number must be entered as exactly 11 digits with no dashes (e.g., 55555000102)
Rebate Dollars	Numeric	12 digits before the decimal and 3 digits after	Report total rebate dollars associated with drug sales under Medicare Part D that are received by Part D sponsors for each 11-digit NDC. This includes good faith estimates of rebate amounts that are expected for the applicable contract year, as well as rebates already received. The Rebate Dollars column will include all rebates classified under columns #1-3 on the 2010 DIR Report for Payment Reconciliation: Summary Report. Refer to the June 6, 2011, HPMS memorandum referenced in this guidance. For each 11-digit NDC, provide the total rebate dollars.
All Other DIR (i.e. non-rebate DIR)	Numeric	12 digits before the decimal and 3 digits after	Report total non-rebate DIR in this column. The All Other DIR column will include DIR provided in columns #4-11 on the 2010 DIR Report for Payment Reconciliation: Summary Report. Refer to the June 6, 2011, HPMS memorandum referenced in this guidance. For each 11-digit NDC, provide the total amount of non-rebate DIR.
Comments	Character	4000	If reporting zero in both “Rebate Dollars” and “All Other DIR” for a specific 11-Digit NDC, Part D sponsors must provide a short explanation in the “Comments” column of the Detailed DIR Report. If reporting negative dollars in either Rebate Dollars or All Other DIR for a specific 11-Digit NDC, Part D sponsors must provide a short explanation in the “Comments” column of the Detailed DIR report.

VII. STEPS FOR SUBMITTING DETAILED DIR REPORT

Part D sponsors must submit the Detailed 2010 DIR Report no later than 11:59 pm PT on Thursday, December 15, 2011. Part D sponsors can begin to submit the Detailed 2010 DIR report on November 15, 2011. Because this is the first time for reporting Detailed DIR data, we strongly encourage Part D sponsors to submit early during the submission window to assure a complete, accurate, and successful submission by the reporting deadline.

Sponsors may upload the Detailed 2010 DIR Report as many times as they choose until 11:59 pm PT, on Thursday, December 15, 2011. CMS will use only the DIR reported on the most recently uploaded Detailed Report in our reviews and to fulfill section 9008 reporting requirements.

1. Enter DIR Submission Information.

- a. Go to the DIR Submission Information page using the following navigation path: HPMS Homepage > Plan Bids > DIR Reporting (Detailed NDC) > Contract Year 2010 > (Submission) DIR Submission Info.
- b. For each contract, provide a Description of Allocation Methodology and be sure to specify whether the description pertains to allocation methodology to the PBP level and/or the 11-digit NDC level. Enter “N/A” if no description of allocation methodology is necessary.
- c. Make a selection from the dropdown menu for Allocation Methodology for Manufacturer Rebates: PBP Level. Comments are required for the “Other allocation to the PBP level” selection.
- d. Make a selection from the dropdown menu for Allocation Methodology for Manufacturer Rebates: 11-digit NDC Level. Comments are required for the “Other allocation to the 11-digit NDC level” selection.
- e. If the 2010 Detailed DIR Report was previously submitted, provide a reason for resubmitting the DIR Report.

2. Download Detailed DIR Report Template.

- a. Go to the DIR Download page using the following navigation path: HPMS Homepage > Plan Bids > DIR Reporting (Detailed NDC) > Contract Year 2010 > (Submission) Download Template.
- b. Download the Detailed DIR Report Template.

3. Enter data into the Detailed DIR Report Template to create new Detailed DIR Report.
 - a. Enter the Contract-Plan number into the Detailed DIR Report Template. This number must be entered as a 9 character alphanumeric value and must be entered as one letter followed by the four digit contract number, a dash, and the three digit plan ID (e.g., S0001-001). The values in this field must be entered for each Part D PBP as it will not be automatically generated.
 - b. Enter the 11-digit NDC for each drug from the PDE data attested to for the Summary Report and used for 2010 payment reconciliation. This number must be entered as precisely 11 digits with no dashes, e.g., 55555000102.
 - c. Enter the DIR values for each PBP into the Detailed DIR Report Template.
 - i. The two fields for DIR are “Rebate Dollars” and “All Other DIR.”
 - ii. If your organization has no DIR to report for a PBP, enter 0.00 in DIR fields “Rebate Dollars” and “All Other DIR” and provide an explanation in the “Comments” column of the Detailed DIR Report.
4. Save the Detailed DIR Report as a tab delimited text file called **DIR_NDC_2010.TXT**. The text file must then be placed in a ZIP file. The uploaded ZIP file must be named **DIR_NDC_2010.ZIP**.
5. Upload the Detailed DIR Report.
 - a. Go the DIR Upload page using the following navigation path: HPMS Homepage > Plan Bids > DIR Reporting (Detailed NDC) > Contract Year 2010 > (Submission) Upload.
 - b. Upload the completed Detailed DIR Report saved as **DIR_NDC_2010.ZIP**.
 - c. If you receive any error messages, make corrections to the Detailed DIR Report, save as DIR_NDC_2010.TXT, and attempt to upload again as a ZIP file named DIR_NDC_2010.ZIP.
 - d. If you are unable to resolve the error messages, contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov.
6. Review Detailed DIR Report saved in HPMS.

- a. Go to the DIR Download page using the following navigation path: HPMS Homepage > Plan Bids > DIR Reporting (Detailed NDC) > Contract Year 2010 > (Reports) DIR Reports > Go to the Detailed DIR Data Report page.
- b. Review the submission information and DIR values in the Detailed DIR Data Report provided on HPMS.
- c. Check the Rebate Dollars and All Other DIR values for each PBP to ensure they are accurate.
- d. If there any errors, make corrections to the Detailed DIR Report, save as DIR_NDC_2010.TXT, and upload the corrected Detailed DIR report as a ZIP file named DIR_NDC_2010.ZIP. If you are unable to resolve the errors, contact the HPMS Help Desk.