
HEALTH PLAN MANAGEMENT SYSTEM
FORMULARY SUBMISSION MODULE & REPORTS
TECHNICAL MANUAL
(PLAN VERSION)
MAY 21, 2008

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INTRODUCTION

Since Contract Year (CY) 2006, 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. As part of the overall Bid Submission process, an interface was originally established in CY 2006 to enable organizations to upload their Formulary submissions within HPMS. The CY 2007 and CY 2008 HPMS Formulary Submission Modules provided organizations with a series of enhancements and incorporated the use of a standard Formulary Reference File. The CY 2009 module includes updates to the Formulary Data Reference File, the Formulary File Format, Prior Authorization File, Formulary Reports and new functionality for supplemental file submissions. Supplemental file submissions include Gap Coverage, Free First Fill, Home Infusion Drug, Over the Counter, and Excluded Drug files.

Using the HPMS Formulary Submission Module, the user is able to submit one or more formulary files for a contract that contains all or a subset of drugs from the CMS provided Formulary Data Reference File. All subsequent resubmissions of a formulary file must be a complete resubmission of all proxy National Drug Codes (NDCs) in the formulary. That is, resubmitted formulary files should NOT include just the changes to the original formulary file submission, but rather an entire new version of the formulary file.

The CY 2009 HPMS Formulary Submission Module was made available to organizations beginning March 28, 2008. Formulary Submissions were due by 11:59 PM EDT on April 21, 2008. Initial review of CY 2009 formularies began on April 22, 2008. It is anticipated that all formularies will undergo a preliminary review prior to the bid submission deadline of June 2, 2008, for CY 2009. It is highly recommended that organizations submit their formulary file(s) as early as possible during the upload time frame. 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 their 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 drug formulary must provide a formulary file, along with the applicable supporting documentation (e.g. prior authorization attachment and/or step therapy attachment).

On June 3rd, 2008, the Formulary Supplemental Submissions and Reports functionality will be released to support the submission of gap coverage, free first fill, home infusion drug, 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). Details on the required file format are available in Appendix B.

The CY 2009 Formulary Reports module provides reports that can be used to monitor the status of your formulary submission. The available reports include the Formulary/Bid Contact Report, Formulary Change Notification Report, Formulary Status History Report, Formulary Therapeutic Class and Therapeutic Category Name Change Report, Formulary Crosswalk Report, Gap

Coverage Status History Report, Free First Fill Status History Report, and the Home Infusion Status History Report. More reports will become available to user at different periods throughout the year.

This document provides information and instructions to:

- Submit New Formulary
- Revise Formulary
- Delete Formulary
- Submit Gap Coverage File
- Submit Free First Fill File
- Submit Home Infusion File
- Submit Excluded Drug File
- Submit Over the Counter File
- Access/Generate Formulary Reports

GETTING STARTED

The HPMS Part D Plan Reporting module is hosted on an Extranet site that can be accessed via the Internet using a Secure Sockets Layer (SSL) Virtual Private Network (VPN). All HPMS users with a valid CMS-issued HITS User ID and password can log into the HPMS. The URL for the CMS SSL VPN portal is <https://gateway.cms.hhs.gov>. The HPMS Part D Plan Reporting module continues to be accessible by dial-up or T1/leased line via the Medicare Data Communications Network (MDCN). The URL for MDCN access is <https://32.90.191.19>. Please contact your system administrator to access the MDCN network if the connection is not available.

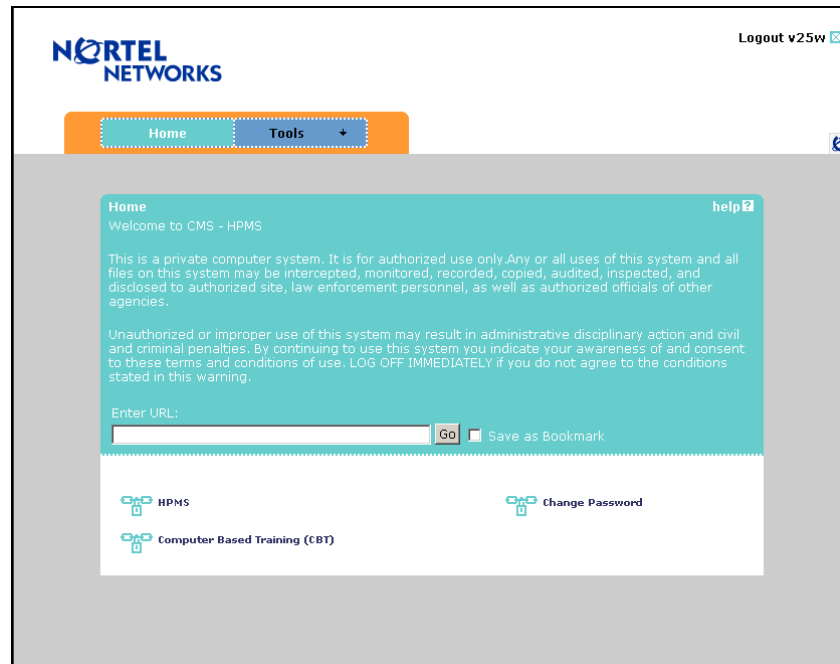
Accessing HPMS Using the Internet:

Step 1: Launch a web browser (e.g., Internet Explorer) and enter the **CMS SSL VPN** gateway address <https://gateway.cms.hhs.gov> in the Address field.

Step 2: Log on with a valid CMS-issued HITS User ID and Password. (Screen below)

The screenshot shows a web browser window displaying the Nortel Networks login page. The page has a light blue header with the 'NORTEL NETWORKS' logo. Below the header is a large grey rectangular area. In the center of this area is a white box with a teal header that says 'Login'. Inside the white box, there is a paragraph of text regarding network usage restrictions and consent. Below the text, there are four input fields: 'Login Status:' with the value 'not logged in' in red, 'Username:', 'Password:', and 'Login Service:' with a dropdown menu showing 'default'. At the bottom of the white box is a 'Login' button.

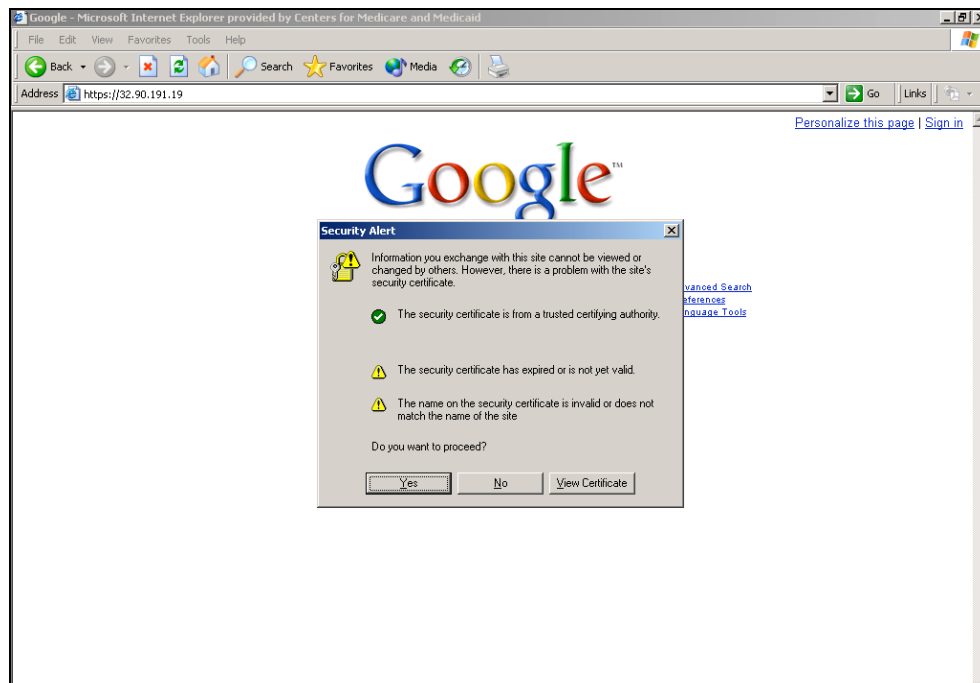
Step 3: Select “Login” to access the SSL VPN portal page. (Screen below) *Proceed to Step 5.*



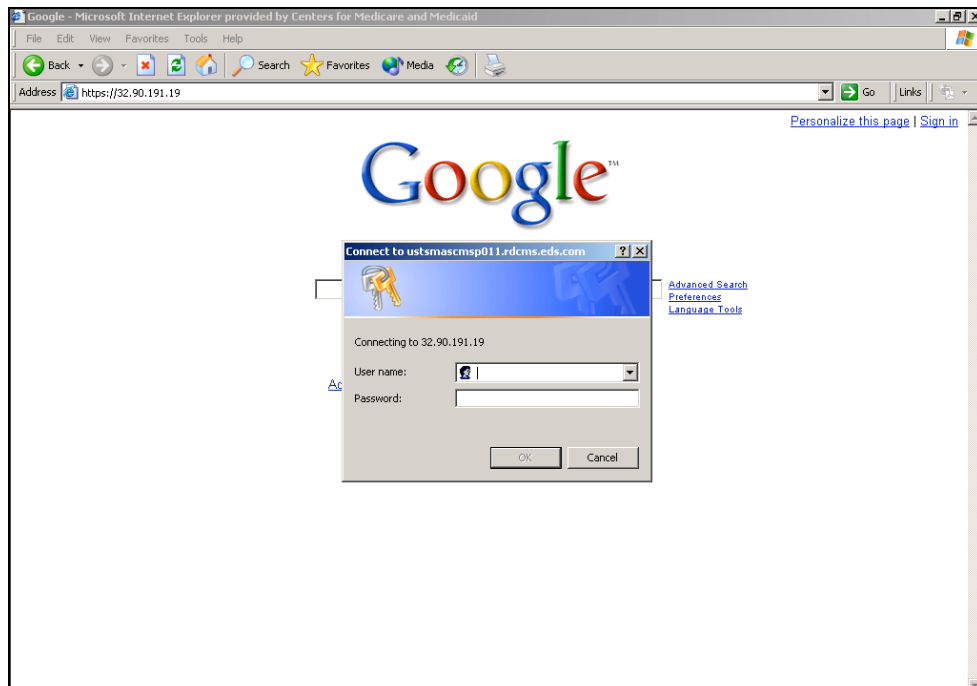
Accessing HPMS Using an MDCN lease line:

Step 4a: Launch a web browser (e.g., Internet Explorer) and enter the **CMS MDCN** access address <https://32.90.191.19> in the Address field.

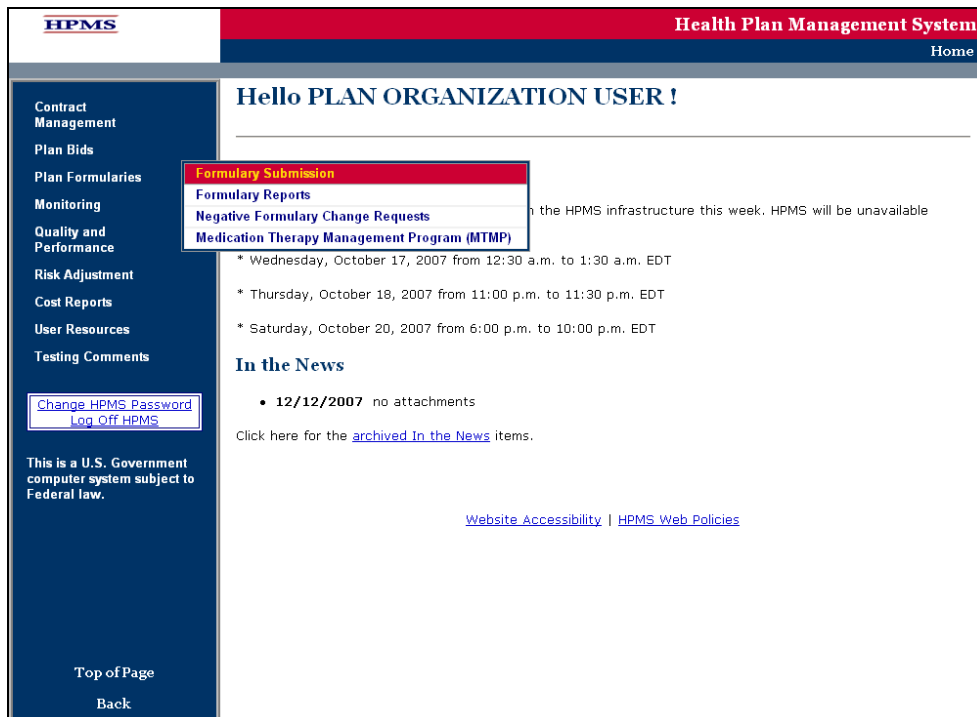
Step 4b: Select the “Yes” button on the Security Alert pop-up page. (Screen below)



Step 4c: Enter User Name using the following format –**hcfa.gov/xxxx**– where xxxx is your CMS-issued HITS User ID. Enter Password and select the “OK” button (screen below) to access the **HPMS Home Page**.



Step 5: Select the **HPMS** link from the SSL VPN portal page to access the **HPMS Home Page**. (Screen below)



GENERAL INFORMATION

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.

Once the formulary contact information is complete, you will step thru the Formulary Submission module to provide information on:

- **Associated Contracts** – Identify contract number(s) (H#, R#, S#, E#) that will be using the uploaded formulary.
- **Formulary Name** – Assign a name to your formulary. This name will be used only within the HPMS to identify the specific formulary submission (100 characters maximum).
- **Formulary Classification System** – Identify the formulary classification as United States Pharmacopeia Model Guidelines (USP), American Hospital Formulary Service (AHFS), or another classification source (Other).
- **Number of Cost Share Tiers** – Identify the maximum number of tiers in the formulary. This value must equal the highest tier value indicated in the submitted formulary file. Acceptable values are 1-10. This value must also match the tier information provided in the corresponding Plan Benefit Package (PBP).
- **Quantity Limits Requirements** – Indicate if there are drugs in the formulary that have quantity limit restrictions. Additionally, the formulary file must identify the drugs that have the quantity limit restrictions.
- **Limited Access** – Indicate if there are drugs on the formulary in which access is limited to certain pharmacies. Drugs with this restriction must be identified in the formulary file.
- **Prior Authorization Requirements** – Indicate if there are drugs in the formulary that require prior authorization. The formulary file must identify the drugs that require prior authorization and the organization must upload a supporting file detailing the prior authorization criteria.
- **Step Therapy Management Program** – Indicate if there are drugs in the formulary that require step therapy. The formulary file must identify the drugs that are part of the step therapy management program and the organization must upload a supporting file detailing the step therapy requirements.
- **Formulary Tier Information** – Specify information about each tier in the formulary.

The organization also should note that the formulary file must be created in an ASCII File Tab Delimited format and must contain one proxy NDC record for each drug offered within an organization's benefit plan(s). The record layout is provided in Appendix A: CY 2009 Formulary File Record Layout. Appendix B: Upload File Formats provides additional narrative instruction for completing your formulary file and supplemental files. It is imperative that the formulary submission contains only those NDCs provided in the current CY 2009 Formulary Reference NDC File. All other NDCs will be rejected by the HPMS Formulary Validation Process and the formulary submission will fail.

IMPORTANT NOTE: When uploading a new formulary, a unique 8-digit identifier will be assigned to each formulary submission. This ID will be prominently displayed on the HPMS screen. It is critical that the formulary upload user retain the Formulary ID for future reference. CMS will utilize this ID throughout the life cycle of the formulary.

SUBMIT NEW FORMULARY

The Submit New Formulary function should be used to submit a formulary for the first time. This process will create a formulary ID for the CY 2009 formulary season in the following format: 00009xxx (e.g. 00009123). Please make note of the formulary ID as you will need this ID to submit subsequent updates to the formulary.

The process to submit a new formulary is as follows:


ASSOCIATE CONTRACTS TO FORMULARY

The Associate Contracts to Formulary page allows the user to associate one or more contracts to a formulary submission.

Step 1: Select **CY 2009** from the Formulary Submission page.

The screenshot shows the HPMS (Health Plan Management System) interface. The top header is red with 'HPMS' on the left and 'Health Plan Management System' on the right. Below the header is a dark blue navigation bar with a 'Home' link. The main content area is titled 'Formulary Submission' and contains two bullet points: 'To Perform a Contract Year 2009 Formulary Submission, select the "CY 2009" link.' and 'To Perform a Contract Year 2008 Formulary Submission, select the "CY 2008" link.' On the left side of the main content area is a dark blue sidebar with links for 'CY 2009', 'CY 2008', 'Top of Page', and 'Back'.

Step 2: Select **Submit New Formulary** from the 2009 Formulary Submission Start Page.

	<div>Health Plan Management System</div> <div>Home</div>
<div>Submission</div> <div> Submit New Formulary Revise Formulary Delete Formulary Submit Gap Coverage File Submit Free First Fill File Submit Home Infusion File </div> <div>Documentation</div> <div> Formulary Instructions Formulary Reference File Attachment 1 Example File Attachment 2 Example File OMB Clearance </div> <div> Top of Page Back </div>	<h2>2009 Formulary Submission Start Page</h2> <p>You will use this module to perform the following:</p> <p>Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.</p> <p>Revise Formulary Submit a revision for an existing formulary for one of the following two reasons:</p> <ul style="list-style-type: none"> • The formulary requires resubmission because it was rejected by the validation process or desk review has requested resubmission, or • The formulary was previously approved by desk review and now needs to be updated. <p>Delete Formulary - Delete a formulary that is no longer applicable.</p> <p>Submit Gap Coverage File - Submit the Gap Coverage Supplemental Files for Formularies/Plans that provide Gap Coverage.</p> <p>Submit Free First Fill File - Submit the Free First Fill Supplemental Files for Formularies/Plans that provide Free First Fill.</p> <p>Submit Home Infusion File - Submit the Home Infusion Supplemental Files for Formularies/Plans that provide Home Infusion.</p> <p>Formulary Instructions - View the instructions for the Formulary Submission Module and Formulary Reports Technical Manual.</p> <p>Formulary Reference File - Download a copy of the latest 2009 Formulary Reference File and NDC Crosswalk File.</p> <p>Attachment 1 Example File - View the Formulary Attachment File #1 referred to in the Formulary Instructions.</p> <p>Attachment 2 Example File - View the Formulary Attachment File #2 referred to in the Formulary Instructions.</p> <p>OMB Clearance - View OMB Clearance.</p> <p>Go To: <u>Select Contract Year</u></p>

Step 3: Select one or more contracts on the Associate Contracts to Formulary page to associate with the new Formulary ID.

Formulary Submission

Associate Contracts to Formulary

Select one or more contracts to associate with this formulary. If you are unable to select a contract because the Formulary Contract is unassigned or there is no email address, please go to the Contract Management Module to update this information.

NOTE: Prior to contract bid approval, the formulary/contract association can be updated by selecting or deselecting the checkbox beside a contract.

Contracts Associated with this Formulary			
Included	Contract Number	Contract Name	Formulary Contract
<input type="checkbox"/>	X0001	CHRONIC CARE2	-- UNASSIGNED --
<input type="checkbox"/>	X0002	CHRONIC CARE	-- UNASSIGNED --
<input type="checkbox"/>	X0003	AMY'S 2007 CHRONIC CARE	-- UNASSIGNED --
<input type="checkbox"/>	X0004	GREGS ES-PFFS	-- UNASSIGNED --
<input type="checkbox"/>	X0005	JB ESPDP	-- UNASSIGNED --
<input type="checkbox"/>	X0006	STEVE PDP 2006	-- UNASSIGNED --
<input type="checkbox"/>	X0007	STEVE 2008 NOI PDP TEST	-- UNASSIGNED --
<input type="checkbox"/>	X0008	JOE'S PDP	-- UNASSIGNED --
<input type="checkbox"/>	X0009	AMY'S 2008 PDP 800-SERIES ONLY2	-- UNASSIGNED --
<input type="checkbox"/>	X0010	GENERAL PROGRAMS, INC	-- UNASSIGNED --

Please verify that your email address is correct. This email address will be used to communicate the status of this formulary submission. If you need to update your email address, please go to the User Account Maintenance Module and make this change before submitting your formulary information.

Formulary Upload Contact

User ID: 0001

Name: John Test

E-mail: test@test.com

[Back](#)[Next](#)


Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 4: Select the “Next” button to confirm the Contract Associations and move to the Formulary Information page.

FORMULARY INFORMATION

The Formulary Information page collects 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.

Step 1: Enter responses to all of the questions. All fields are required.

	Health Plan Management System
	Home

Formulary Submission

Formulary Information

*Required fields are marked with an asterisk.

*Formulary Name: (max. 100 Characters)
NOTE: This is a descriptive name you can use to help identify a formulary. This name can be as simple as Formulary 1, Formulary 2, etc.

*Indicate the Formulary Classification System for this formulary: ☐ USP ☐ AHFS ☐ Other

*Define number of Tiers: (max. 10 tiers)
NOTE: If all drugs are contained in a single tier, please enter '1' as the value for this field.
Please ensure this entry corresponds to the number of tiers to be entered in the Plan Benefit Package (PBP) software.

*Do any drugs in this formulary submission have Quantity Limits? ☐ Yes ☐ No

*Is access to any formulary drug restricted to certain pharmacies? ☐ Yes ☐ No

*Do any drugs in this formulary submission require Prior Authorization? ☐ Yes ☐ No

*Do any drugs in this formulary submission require Step Therapy? ☐ Yes ☐ No

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 2: Select the “Next” button to confirm your entries and move to the Formulary Tier Information page.

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 based on the information entered on the prior page. The tier information entered in the formulary submission module must correspond to the number of tiers that will be identified in the corresponding CY 2009 PBP software.

When developing the formulary tier structure, plans should 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.

IMPORTANT NOTE: Drugs within the Specialty Tier are exempt from tiering exceptions. Only one formulary tier can be designated as a Specialty Tier. In addition, only drugs that meet the cost criteria as outlined in the CY 2009 Call Letter may be included on a specialty tier.

NOTE: If “Other” is selected as the Anticipated Tier Name, the user must enter data in the “Other Anticipated Tier Name” field.

Step 1: For each tier, indicate the Tier Name, Specialty Tier designation, and Drug Types.

HPMS Health Plan Management System Home

Formulary Submission

Formulary Tier Information

Formulary Name: New Name

A Specialty Tier is defined as a tier that includes high cost and unique drugs that are exempt from tiering exceptions.

Tier Level	Anticipated Tier Name	Specialty Tier	Tier Drug Types
Tier 1	Generic	Specialty Tier? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Generic <input type="checkbox"/> Preferred Generic <input type="checkbox"/> Non-Preferred Generic <input type="checkbox"/> Brand <input type="checkbox"/> Preferred Brand <input type="checkbox"/> Non-Preferred Brand
Tier 2	Generic	Specialty Tier? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Generic <input type="checkbox"/> Preferred Generic <input type="checkbox"/> Non-Preferred Generic <input type="checkbox"/> Brand <input type="checkbox"/> Preferred Brand <input type="checkbox"/> Non-Preferred Brand

[Back](#) [Next](#)

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 2: Select the “Next” button to confirm your information and move to the Upload Files page.

UPLOAD FILES

The Upload Files page allows the user to upload the Formulary File, Prior Authorization File, and Step Therapy File, if required. The page will determine what needs to be uploaded based upon your prior responses.

It is imperative that the files are in the following format:

Formulary File [See Appendix A, Appendix B (available in this manual), Attachment 1 Example File and Attachment 2 Example File (available on the Formulary Submission Start Page) for additional assistance] – ASCII Tab delimited text file, e.g. *formulary123.txt*

NOTE: Attachment 1 (and 2) Example Files provides sample records for a formulary.

- 1) Prior Authorization – (See Appendix B for additional assistance) – ASCII Tab delimited text file, e.g. *formularyPA.txt*
- 2) Step Therapy – Microsoft Word file, e.g. *steptherapy123ST.doc*

Step 1: Enter the name of the Formulary Text File (Tab delimited .txt only) in the “Formulary File” field. If you are unsure of the file name and/or location, click on the "Browse" button to locate and attach the file.

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Formulary Resubmission

Upload Files

Formulary Name: New Name

Step 1. Enter the name of the Formulary Text File (.txt) that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file.

Step 2. Enter the name of the Prior Authorization File that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file. The Prior Authorization File must be a tab-delimited text file.

Step 3. Enter the name of the Step Therapy File that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file. The Step Therapy File must be a MS Word File.

Step 4. Click on the "Upload" button to send the file to HPMS.

Step 5. Wait until the file transfer is complete. Your browser will automatically be directed to the appropriate page once the file(s) are received.

Step 6. You will be directed to a verification page. The verification page allows you to confirm that your formulary information is correct before your data is submitted.

FORMULARY FILE
Select Formulary File for upload: Browse...

PRIOR AUTHORIZATION FILE
Select Prior Authorization File for upload: Browse...

STEP THERAPY FILE
Select Step Therapy File for upload: Browse...

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 2: Enter the name of the Prior Authorization File (Tab Delimited Text File) in the “Prior Authorization File” field. If you are unsure of the file name and/or location, click on the "Browse" button to locate and attach the file. If “No” was selected for the prior authorization question from the Formulary Information page, this field will not be displayed.

Step 3: Enter the name of the Step Therapy File (MS-Word only) in the “Step Therapy File” field. If you are unsure of the file name and/or location, click on the "Browse" button to locate and attach the file. If “No” was selected for the step therapy question from the Formulary Information page, this field will not be displayed.

Step 4: Select the “**Upload**” button to submit the files and to continue to the Verify Submission page. Please wait until the file transfer is complete before attempting to navigate further.

VERIFY SUBMISSION

The submitter must verify the information entered during the submission process to complete the upload and submit the information to CMS. If anything is incorrect, you may use the “**Back**” button to return to prior pages and correct the information.

HPMS

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Formulary Submission

Verify Submission

Please note that your data has not yet been submitted.

Formulary Name: Test Name
Formulary ID: 00000016
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: X0001, X0002, X0003, X0004

Contacts to be notified of this formulary submission			
	User ID	Name	E-mail
Upload User	Login1	John Test	test@test.com
X0001	n/a	John Test	test@test.com
X0002	n/a	John Test	test@test.com
X0003	n/a	John Test	test@test.com
X0004	n/a	John Test	test@test.com

Formulary Classification System used for this formulary: USP

Number of Tiers: 5

Tier Level	Anticipated Tier Name	Specialty Tier?	Tier Drug Types
1	Generic	YES	Brand
2	Generic	NO	Preferred Generic
3	Generic	NO	Non-Preferred Generic
4	Generic	NO	Preferred Brand
5	Generic	NO	Brand

Formulary includes drugs that have Quantity Limits? YES

Formulary includes drugs that have Pharmacy Restrictions? 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	C:\Documents and Settings\text.txt
Prior Authorization File	C:\Documents and Settings\text.txt
Step Therapy File	C:\Documents and Settings\text.doc

Back

Submit

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 1: Review the information for correct information.

Step 2a: Select the “**Submit**” button to send the submission to CMS for review. The Submission Confirmation page will display.

Step 2b: Select the “**Back**” button to correct the information as necessary by returning to the appropriate pages.

SUBMISSION CONFIRMATION

The Submission Confirmation page provides a status of the successful upload and the unique Formulary ID assigned to your submission. This Formulary ID must be used for all subsequent resubmissions. This page will also generate an initial email to both the Formulary and the Formulary Upload Contact identified on this page acknowledging receipt of the submission and the assigned Formulary ID.

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 submission will be rejected. The email will list a maximum of 200 error messages. You must correct the formulary and resubmit using the Revise Formulary function.

Step 1: Review the information and **MAKE NOTE OF YOUR ASSIGNED FORMULARY ID.**

HPMS **Health Plan Management System** [Home](#)

Formulary Submission

Submission Confirmation

Formulary Name: Test Name
Formulary ID: 00000016
Formulary Version: 1

Your formulary information was received. The formulary contacts listed below will receive an email that the formulary submission was received.

The HPMS will now perform a series of validation edits on the formulary submission. At the close of the validation process, a second email will be sent to the formulary contacts listed below. This email will either indicate a successful formulary upload or identify the errors detected during validation. If errors were detected, the formulary submission will be rejected. Once the errors are corrected, the formulary can be resubmitted.

Contacts to be notified of this formulary submission			
	User ID	Name	E-mail
Upload User	Login1	John Test	test@test.com
X0001	n/a	John Test	test@test.com
X0002	n/a	John Test	test@test.com
X0003	n/a	John Test	test@test.com
X0004	n/a	John Test	test@test.com

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 2: Select the “**OK**” button to return to the Formulary Submission Start Page.

REVISE A FORMULARY

Use the Revise Formulary functionality to update existing formularies. You are only permitted to update a formulary that has a status of “Resubmission Requested” or “Rejected by Validation.” Formularies that are “Approved” can be updated during the assigned update windows. The user may indicate whether changes to the Step Therapy and Prior Authorization Supplemental Files are required during this process.

The Formulary Resubmission–Select a Formulary page 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 – approved formularies that are eligible for resubmission during a scheduled update window.
- In Process – formularies that are in desk review and are NOT eligible for resubmission.

Step 1: Select the **Revise Formulary** link from the 2009 Formulary Submission Start Page.

Step 2: Select the formulary you wish to update.

Formulary Resubmission

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

These formularies are available for resubmission. If the Submission Status is "Successfully Validated," then a resubmission should only be performed if the plan believes changes are necessary. Otherwise, all other formularies below require resubmission because they have been either rejected by the validation process or desk review has requested resubmission.

Select One	Formulary ID	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
<input type="radio"/>	00000001	Formulary 1	1	Rejected by Validation	X0001	
<input type="radio"/>	00000002	Formulary 2	1	Rejected by Validation	X0001	
<input type="radio"/>	00000003	Formulary 3	5	Successfully Validated	X0001	
<input type="radio"/>	00000004	Formulary 4	6	Rejected by Validation	X0001	
<input type="radio"/>	00000005	Formulary 5	1	Rejected by Validation	X0001	
<input type="radio"/>	00000006	Formulary 6	10	Rejected by Validation	X0001	
<input type="radio"/>	00000007	Formulary 7	11	Successfully Validated	X0001	
<input type="radio"/>	00000008	Formulary 8	2	Rejected by Validation	X0001	
<input type="radio"/>	00000009	Formulary 9	2	Rejected by Validation	X0001	
<input type="radio"/>	00000010	Formulary 10	1	Rejected by Validation	X0001	
<input type="radio"/>	00000011	Formulary 11	1	Rejected by Validation	X0001	

In Process

These formularies are currently unavailable for revision.

Formulary ID	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
00000001	Formulary #1A	1	In Desk Review	X0004	

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 3: Select the “**Update**” button to access the Formulary Resubmission’s Associate Contracts to Formulary page.

Step 4: Respond to the questions as instructed in the **Submit New Formulary** section of the manual.

NOTE: The user may not change the following fields when resubmitting if the formulary has been in Approved status: Formulary Classification System, Number of Tiers, Quantity Limits, Prior Authorization, and Step Therapy. In addition, the system will not allow the user to change the information on the Drug Tier Information page once the formulary has been in Approved status.

NOTE: The user may indicate if changes are required for the Prior Authorization, Step Therapy, Gap Coverage, Free First Fill, and/or Home Infusion files from the Formulary Resubmission – Upload Files page.

Step 5: Upload files as instructed in the **Submit New Formulary** section of the manual.

The screenshot shows the HPMS (Health Plan Management System) interface for Formulary Resubmission. The header includes the HPMS logo and a 'Home' link. The main heading is 'Formulary Resubmission' with a sub-heading 'Upload Files'. Below this, it displays the Formulary Name (T), Formulary ID (00000016), and Formulary Version (1). A series of six steps are listed, guiding the user through file selection and upload. The 'FORMULARY FILE' section has a text input field and a 'Browse...' button. The 'PRIOR AUTHORIZATION FILE' section has a radio button selected for 'Use previously uploaded copy of the Prior Authorization File' with a 'View Previous File' link, and an option to 'Select Prior Authorization File for upload:'. The 'STEP THERAPY FILE' section has a radio button selected for 'Use previously uploaded copy of the Step Therapy File' with a 'View Previous File' link, and an option to 'Select Step Therapy File for upload:'. At the bottom of the form area are 'Back' and 'Upload' buttons. A footer link says 'Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)'.

Step 6: Continue the upload process on the Verify Submission and Confirmation pages as instructed in the **Submit New Formulary** section of the manual.

DELETE FORMULARY

The **Delete Formulary** functionality allows the user to delete existing formularies that have never been approved. You should only delete a formulary if you are certain that it is obsolete. Eligible formularies are listed under the heading “Resubmissions – Available for deletion.” The page also provides a list of formularies that are “Approved” or “In Process” for user reference. You cannot delete these formularies.

Step 1: Select the **Delete Formulary** link from the 2009 Formulary Submission Start Page.

Step 2: Select the formulary you wish to delete and click the “**Delete**” button.

HPMS

Health Plan Management System
Home

Delete Formulary Submission

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
<input type="radio"/>	00000001	Formulary 1	1	Rejected by Validation	X0001	
<input type="radio"/>	00000002	Formulary 2	1	Rejected by Validation	X0001	
<input type="radio"/>	00000003	Formulary 3	5	Successfully Validated	X0001	
<input type="radio"/>	00000004	Formulary 4	6	Rejected by Validation	X0001	
<input type="radio"/>	00000005	Formulary 5	1	Rejected by Validation	X0001	
<input type="radio"/>	00000006	Formulary 6	11	Successfully Validated	X0001	
<input type="radio"/>	00000007	Formulary 7	2	Rejected by Validation	X0001	
<input type="radio"/>	00000008	Formulary 8	2	Rejected by Validation	X0001	
<input type="radio"/>	00000009	Formulary 9	1	Rejected by Validation	X0001	
<input type="radio"/>	00000010	Formulary 10	1	Rejected by Validation	X0001	
<input type="radio"/>	00000011	Formulary 11	1	Successfully Validated	X0001	

In Process

These formularies are currently unavailable for revision.

Formulary ID	Formulary Name	Version	Submission Status	Contract(s) Associated with Formulary	Contract(s) User is Unable to Access
00000007	Formulary #2A	16	Uploaded, but not Processed	X0001	
00000022	Formulary #3A	1	Uploaded, but not Processed	X0001	
00000024	Formulary #4A	1	Uploaded, but not Processed	X0001	
00000091	Formulary #5A	1	In Desk Review	X0001	

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 3: Review the page carefully and select the “Delete” button to finalize the deletion.

HPMS

Health Plan Management System

Home

Delete Formulary Submission

Confirm Deletion

Please note that your data has not yet been deleted.

Formulary Name: test dmh 2008 tenth
Formulary ID: 00000007

Please carefully review the Formulary information before deleting this Formulary. Select the "Delete" button to delete your Formulary Information.

Contracts Covered by Formulary: X0001, X0002

Contact(s) to be notified of this formulary deletion			
	User ID	Name	E-mail
Upload User	Login1	John Test	test@test.com
X0001	n/a	John Test	test@test.com
X0002	n/a	John Test	test@test.com

Therapeutic Category/Class Database Source Type: USP

Number of Cost Share Tiers: 10

Formulary includes drugs that need Prior Authorization? YES

Formulary includes drugs associated with a Step Therapy Management plan? YES

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 4: Select the “OK” button to return to the Formulary Submission Start Page.

HPMS

Health Plan Management System

Home

Delete Formulary Submission

Deletion Confirmation

Formulary Name: test dmh 2008 tenth
Formulary ID: 00000007

Your formulary information was successfully deleted. The formulary contacts listed below will receive an email confirming the successful deletion of this formulary.

Contact(s) to be notified of this formulary deletion			
	User ID	Name	E-mail
Upload User	Login1	John Test	test@test.com
X0001	n/a	John Test	test@test.com
X0002	n/a	John Test	test@test.com

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

SUBMIT GAP COVERAGE FILE

This module becomes available once your bid is written off to desk review. The **Submit Gap Coverage File** functionality allows the user to upload their partial tier Gap Coverage file for a given formulary/plans. If a bid submission indicated that a plan covers a part of a tier with the gap coverage benefit, the organization must submit the partial tier gap coverage information for the bid to be fully reviewed. A supplemental file may be submitted for a formulary that is in “Approved” or “In Desk Review” status. The formularies that require a Gap Coverage File are listed on the Select a Formulary Page.

Please note that once you begin uploading the Gap Coverage files, you must repeat this process for all plans with a Gap Coverage file that is associated with the selected formulary. You cannot upload your files to HPMS until all plans are assigned to a Gap Coverage supplemental file.

Step 1: Select **Submit Gap Coverage File** from the 2008 Formulary Submission Start Page.

Step 2: Select the formulary for which you wish to upload a Gap Coverage File and click the “Next” button.

HPMS		Health Plan Management System			
		Home			

Gap Coverage Supplemental Files

Select a Formulary

Formularies Requiring Gap Coverage Upload

Select One	Formulary ID	Formulary Name	Version	Supplemental Files Upload Status	Contract(s) Associated with Formulary
<input type="radio"/>	00000000	Test Plan 1	2	Not Yet Uploaded	Y1534
<input type="radio"/>	00000002	Test Plan 2	1	Resubmission Requested	Y2324
<input type="radio"/>	00000003	Test Plan 3	2	Not Yet Uploaded	Y3477
<input type="radio"/>	00000000	Test Plan 4	1	Rejected by Validation	Y4734
<input type="radio"/>	00000001	Test Plan 5	1	Not Yet Uploaded	Y8755

Formularies Unavailable for Gap Coverage Upload

Formulary ID	Formulary Name	Version	Supplemental Files Upload Status	Contract(s) Associated with Formulary
00000001	Test Plan 6	4	In Desk Review	Y0013
00000005	Test Plan 7	5	In Desk Review	Y0212

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 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.

Step 4: Select the checkbox beside each contract/plan to associate a file.

HPMS Health Plan Management System Home

Gap Coverage Supplemental Files

Assign Supplemental File(s)

Formulary Name: Test Plan 1
Formulary ID: 00000131
Formulary Version: 1
Formulary Contracts: Y0006

Step 1. Enter the name of the Gap Coverage Supplemental file (.txt) you would like to upload. If you are unsure of the filename and/or location, click on the "Browse" button to locate the file.
Step 2. Select the checkbox beside each contract/plan that is to be associated with this file.
Step 3. Click "Continue".
Step 4. You must repeat this process for all plans with supplemental coverage for this formulary. You cannot submit your files until all plans are assigned to a Gap Coverage Supplemental file.

Select Supplemental File for upload:

Unassigned Plans			
Select	Contract ID	Plan ID	Plan Name
<input type="checkbox"/>	Y0006	036	maricopa and pinal counties

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 5: Review the information for accuracy.

Step 6: Select the **“Continue”** button to continue the Gap Coverage File submission process. The files will not be sent to CMS for review until all plans associated to the selected Formulary are assigned to a Gap Coverage Supplemental file.

OR

Select the **“Back”** button to correct the information by returning to the appropriate pages.

HPMS Health Plan Management System Home

Gap Coverage Supplemental Files

Verify Supplemental File Upload

Formulary Name: Test Plan 1
Formulary ID: 00000131
Formulary Version: 1
Formulary Contracts: Y0006

Please note that your data has not yet been submitted.

Please verify that your Gap Coverage Supplemental files/plan assignments are correct. Then click on the "Submit" button to complete your submission.

Supplemental File Assignments:

File Assignment #: 1		
Upload File: text.txt		
Contract ID	Plan ID	Plan Name
Y0006	036	maricopa and pinal counties

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

The user must repeat the Submit Gap Coverage process until all plans with supplemental coverage for the formulary are completed. The user continues to associate plans to Gap Coverage files on the Upload page and verifies data on the Verify Supplemental File Upload page. Click the “**Submit**” button once all plans are associated to a Gap Coverage file.

Step 7: Review the information and click the “**OK**” button to return to the Gap Coverage Supplemental Files Select a Formulary page. The user may choose to continue the Gap Coverage file upload process or wait until a later time.

The Submission Confirmation page provides a status of the successful upload. This page 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 file(s) using the Submit Gap Coverage File function.

HPMS		Health Plan Management System										
		Home										
<h2>Gap Coverage Supplemental Files</h2>												
<h3>Submission Confirmation</h3>												
Formulary Name: Test Plan 1												
Formulary ID: 00000131												
Formulary Version: 1												
Formulary Contracts: Y0006												
<hr/>												
Your Gap Coverage Supplemental file(s) have been successfully uploaded.												
The HPMS will now perform a series of validation edits on the Gap Coverage supplemental file submission. At the close of the validation process, a second email will be sent to the contact listed below. This email will either indicate a successful upload or identify the errors detected during validation. If errors were detected, the supplemental file submission will be rejected. Once the errors are corrected, the Gap Coverage supplemental file(s) can be re-submitted.												
<table border="1"><thead><tr><th colspan="3">Contact notified of Supplemental File(s) submission</th></tr><tr><th>User ID</th><th>Name</th><th>E-mail</th></tr></thead><tbody><tr><td>jk50</td><td>TOMMY LO</td><td>test@test.com</td></tr></tbody></table>				Contact notified of Supplemental File(s) submission			User ID	Name	E-mail	jk50	TOMMY LO	test@test.com
Contact notified of Supplemental File(s) submission												
User ID	Name	E-mail										
jk50	TOMMY LO	test@test.com										
<input type="button" value="OK"/>												
<hr/>												
Go To: Formulary Submission Start Page Select Contract Year												

SUBMIT FREE FIRST FILL FILE

This module becomes available once your bid is written off to desk review. The **Submit Free First Fill File** functionality allows the user to upload their Free First Fill file for a given formulary/plans. If a bid submission indicated that a plan offers Free First Fill, the organization must submit the free first fill information for the bid to be fully reviewed. Therefore, if you answered “yes” to the following question: “Do you offer a free first fill (i.e., \$0 copayment) for any drugs?”, on the “Medicare RX General 2” page in the Part D PBP, you need to upload a supplemental file for Free First Fill by June 9, 2008. A supplemental file may be submitted for a formulary that is in “Approved” or “In Desk Review” status. The formularies that require a Free First Fill file are listed on the Select a Formulary Page.

Please note, once you begin uploading the Free First Fill files, you must repeat this process for all plans with a Free First Fill file associated with the selected formulary. You cannot submit your files to HPMS for review until all plans associated to a formulary are assigned to a Free First Fill Supplemental file.

Step 1: Select **Submit Free First Fill File** from the 2008 Formulary Submission Start Page.

Step 2: Select the formulary for which you wish to upload a Free First Fill File and click the “Next” button.

HPMS Health Plan Management System Home

Free First Fill Supplemental Files

Select a Formulary

Formularies Requiring Free First Fill Upload

Select One	Formulary ID	Formulary Name	Version	Supplemental Files Upload Status	Contract(s) Associated with Formulary
<input type="radio"/>	00000010	Test Plan 1	2	Not Yet Uploaded	Y1534
<input type="radio"/>	00000012	Test Plan 2	1	Rejected by Validation	Y2324
<input type="radio"/>	00000015	Test Plan 3	5	Not Yet Uploaded	Y3477
<input type="radio"/>	00000030	Test Plan 4	1	Not Yet Uploaded	Y4734
<input type="radio"/>	00000031	Test Plan 5	1	Not Yet Uploaded	Y8755

Formularies Unavailable for Free First Fill Upload

Formulary ID	Formulary Name	Version	Supplemental Files Upload Status	Contract(s) Associated with Formulary
00000011	Test Plan 5	4	In Desk Review	Y0013
00000013	Test Plan 6	2	In Desk Review	Y0212

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 3: Enter the name of the Free First Fill 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.

Step 4: Select the checkbox beside each contract/plan to associate a file.

HPMS **Health Plan Management System** [Home](#)

Free First Fill Supplemental Files

Assign Supplemental File(s)

Formulary Name: Test Plan 1
Formulary ID: 00000130
Formulary Version: 1
Formulary Contracts: Y0006

Step 1. Enter the name of the Free First Fill Supplemental file (.txt) you would like to upload. If you are unsure of the filename and/or location, click on the "Browse" button to locate the file.
Step 2. Select the checkbox beside each contract/plan that is to be associated with this file.
Step 3. Click "Continue".
Step 4. You must repeat this process for all plans with supplemental coverage for this formulary. You cannot submit your files until all plans are assigned to a Free First Fill Supplemental file.

Select Supplemental File for upload:

Unassigned Plans			
Select	Contract ID	Plan ID	Plan Name
<input type="checkbox"/>	Y0006	039	maricopa and pinal counties

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 5: Review the information for accuracy.

Step 6: Select the **“Continue”** button to continue the Free First Fill File submission process. The files will not be sent to CMS for review until all plans associated to the selected Formulary are assigned to a Free First Fill Supplemental file.

OR

Select the **“Back”** button to correct the information by returning to the appropriate pages.

HPMS **Health Plan Management System** [Home](#)

Free First Fill Supplemental Files

Verify Supplemental File Upload

Formulary Name: Test Plan 1
Formulary ID: 00000130
Formulary Version: 1
Formulary Contracts: Y0006

Please note that your data has not yet been submitted.

Please verify that your Free First Fill Supplemental files/plan assignments are correct. Then click on the "Submit" button to complete your submission.

Supplemental File Assignments:

File Assignment #: 1
Upload File: text.txt

Contract ID	Plan ID	Plan Name
Y0006	039	maricopa and pinal counties

Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

The user must repeat the Submit Free First Fill process until all plans with supplemental coverage for the formulary are completed. The user continues to associate plans to Free First Fill files on the Upload page and verifies data on the Verify Supplemental File Upload page. Click the “**Submit**” button once all plans are associated to a Free First Fill file.

Step 7: Review the information and click the “**OK**” button to return to the Free First Fill Files. Select a Formulary page. The user may choose to continue the upload process or wait until a later time.

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

After receiving the uploaded Free First Fill 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 Free First Fill file(s) and resubmit the file(s) using the Submit Free First Fill function.

HPMS		Health Plan Management System	
		Home	
<h2>Free First Fill Supplemental Files</h2>			
<h3>Submission Confirmation</h3>			
Formulary Name: Test Plan 1			
Formulary ID: 00000130			
Formulary Version: 1			
Formulary Contracts: Y0006			
<hr/>			
Your Free First Fill Supplemental file(s) have been successfully uploaded.			
The HPMS will now perform a series of validation edits on the Free First Fill supplemental file submission. At the close of the validation process, a second email will be sent to the contact listed below. This email will either indicate a successful upload or identify the errors detected during validation. If errors were detected, the supplemental file submission will be rejected. Once the errors are corrected, the Free First Fill supplemental file(s) can be re-submitted.			
Contact notified of Supplemental File(s) submission			
User ID	Name	E-mail	
jk50	TOMMY LO	test@test.com	
<hr/>			
<input type="button" value="OK"/>			
<hr/>			
Go To: Formulary Submission Start Page Select Contract Year			

SUBMIT HOME INFUSION FILE

This module becomes available once your bid is written off to desk review. The **Submit Home Infusion File** functionality allows the user to upload their Home Infusion file for a given formulary/plans. If a bid submission indicated that a plan offers Part D Home Infusion drugs as a supplemental benefit under Part C, the organization must submit the home infusion information for the bid to be fully reviewed. 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, you need to upload a supplemental file for Home Infusion by June 9, 2008. A supplemental file may be submitted for a formulary that is in “Approved” or “In Desk Review” status. The formularies that require a Home Infusion file are listed on the Select a Formulary Page.

Please note, once you begin uploading the Home Infusion files, you must repeat this process for all plans with a Home Infusion file associated with the selected formulary. You cannot submit your files to HPMS for review until all plans associated to a formulary are assigned to a Home Infusion Supplemental file.

Step 1: Select **Submit Home Infusion File** from the 2008 Formulary Submission Start Page.

Step 2: Select the formulary for which you wish to upload a Home Infusion and click the “**Next**” button.

HPMS		Health Plan Management System			
		Home			
Home Infusion Supplemental Files					
Select a Formulary					
Formularies Requiring Home Infusion Upload					
Select One	Formulary ID	Formulary Name	Version	Supplemental Files Upload Status	Contract(s) Associated with Formulary
<input checked="" type="radio"/>	00000927	Test Plan 1	1	Not Yet Uploaded	Y0234
<input type="radio"/>	00000928	Test Plan 2	15	Not Yet Uploaded	Y1983
<input type="radio"/>	00000931	Test Plan 3	2	Rejected by Validation	Y2654
<input type="radio"/>	00000932	Test Plan 4	6	Resubmission Requested	Y3309
<input type="radio"/>	00000056	Test Plan 5	6	Resubmission Requested	Y5643
<input type="button" value="Back"/> <input type="button" value="Next"/>					
Go To: Formulary Submission Start Page Select Contract Year					

Step 3: Enter the name of the Home Infusion 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.

Step 4: Select the checkbox beside each contract/plan to associate a file.

The screenshot shows the HPMS Health Plan Management System interface. The header includes the HPMS logo and the text "Health Plan Management System" with a "Home" link. The main heading is "Home Infusion Supplemental Files". Below this is the section "Assign Supplemental File(s)".

Form details:

- Formulary Name: Test Plan 3
- Formulary ID: 00009027
- Formulary Version: 1
- Formulary Contracts: Y2654

Instructions:

- Step 1.** Enter the name of the Home Infusion Supplemental file (.txt) you would like to upload. If you are unsure of the filename and/or location, click on the "Browse" button to locate the file.
- Step 2.** Select the checkbox beside each contract/plan that is to be associated with this file.
- Step 3.** Click "Continue".
- Step 4.** You must repeat this process for all plans with supplemental coverage for this formulary. You cannot submit your files until all plans are assigned to a Home Infusion Supplemental file.

Form fields:

- Select Supplemental File for upload: [Text Field] [Browse...]

Unassigned Plans Table:

Select	Contract ID	Plan ID	Plan Name
<input type="checkbox"/>	Y2654	001	Cochise, AZ

Buttons: [Back] [Continue]

Footer: Go To: [Formulary Submission Start Page](#) [Select Contract Year](#)

Step 5: Review the information for accuracy.

Step 6: Select the **“Continue”** button to continue the Home Infusion File submission process. The files will not be sent to CMS for review until all plans associated to the selected Formulary are assigned to a Home Infusion Supplemental file.

OR

Select the **“Back”** button to correct the information by returning to the appropriate pages.

This screenshot is identical to the one above, showing the HPMS Health Plan Management System interface for assigning supplemental files. It includes the same header, form details, instructions, form fields, unassigned plans table, buttons, and footer.

The user must repeat the Submit Home Infusion process until all plans with supplemental coverage for the formulary are completed. The user continues to associate plans to Home Infusion files on the Upload page and verifies data on the Verify Supplemental File Upload page. Click the “**Submit**” button once all plans are associated to a Home Infusion File.

Step 7: Review the information and click the “**OK**” button to return to the Home Infusion Files. Select a Formulary page. The user may choose to continue the upload process or wait until a later time.

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

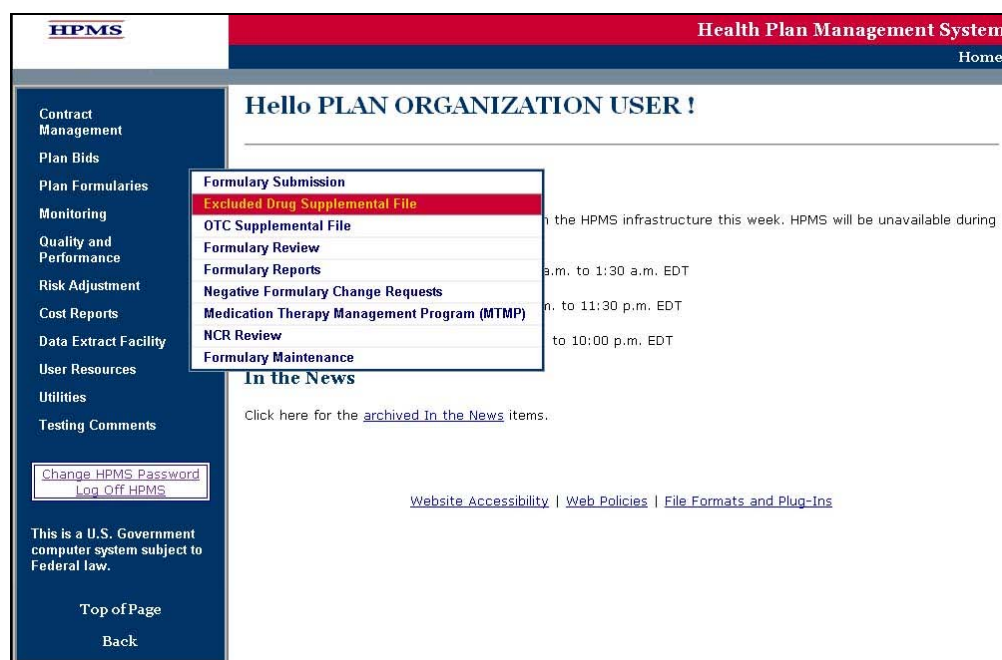
After receiving the uploaded Home Infusion file, the HPMS will perform a series of validation checks. At the close of the validation process, a second email will be sent to the designated contact listed on this page. If errors were detected, the supplemental file submission will be rejected. You must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

HPMS		Health Plan Management System	
		Home	
<h2>Home Infusion Supplemental Files</h2>			
<h3>Verify Supplemental File Upload</h3>			
Formulary Name: Test Plan 3 Formulary ID: 00000027 Formulary Version: 1 Formulary Contracts: Y2654			
<p>Please note that your data has not yet been submitted.</p> <p>Please verify that your Home Infusion Supplemental files/plan assignments are correct. Then click on the "Submit" button to complete your submission.</p>			
<h3>Supplemental File Assignments:</h3>			
File Assignment #: 1 Upload File: CTM_DL_04042008.txt			
Contract ID	Plan ID	Plan Name	
Y2654	001	Cochise, AZ	
<input type="button" value="Back"/>		<input type="button" value="Submit"/>	
<p>Go To: Formulary Submission Start Page Select Contract Year</p>			

SUBMIT EXCLUDED DRUG FILE

This module becomes available once your bid is written off to desk review. The **Submit Excluded Drug File** functionality allows the user to upload their Excluded Drug file for a given plan(s). If a bid submission indicated that a plan offers Excluded Drugs as part of their supplemental coverage, the organization 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., benzodiazapines, barbiturates) (Enhanced Alternative ONLY)?”, on the “Alternative-Excluded Drugs and Pre-ICL” page in the Part D PBP, you need to upload a supplemental file for Excluded Drugs by June 9, 2008.

Step 1: Select **Excluded Drug Supplemental File** from the Plan Formularies fly-out menu on the HPMS Start Page.



Step 2: Select **CY 2009** from the Excluded Drug Supplemental File page.



Step 3: Select **Submit Excluded Drug File** from the Excluded Drug Supplemental File Start Page.

HPMS **Health Plan Management System** [Home](#)

Submission
Submit Excluded Drug File
[Top of Page](#)
[Back](#)

2009 Excluded Drugs Supplemental File Start Page

You will use this module to perform the following:

Submit Excluded Drug File - Submit the excluded drug supplemental file and identify the contract/plans associated with it.

Go To: [Select Contract Year](#)

Step 4: Select one or more **Contracts** from the Associate Contracts to Excluded Drug Supplemental File page and click the “**Next**” button.

HPMS **Health Plan Management System** [Home](#)

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 contract.

Contracts Associated with this Excluded Drugs Supplemental File			
Included	Contract Number	Contract Name	Contact Information
<input checked="" type="checkbox"/>	Y1343	Test Plan 1	Jane Test test@test.com
<input type="checkbox"/>	Y1432	Test Plan 2	Jane Test test@test.com
<input type="checkbox"/>	Y5235	Test Plan 3	Jane Test test@test.com
<input type="checkbox"/>	Y6543	Test Plan 4	Jane Test test@test.com

[Back](#) [Next](#)

Step 5: Select one or more **Plans** from the Associate Plans to Excluded Drugs Supplemental File page and click the “**Next**” button.

Excluded Drugs Supplemental File Submission

Associate Plan(s) to Excluded Drugs Supplemental File

Contract(s): Y3333 - Test Plan 3

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 Excluded Drugs Supplemental File Submission.

Plan List				
Included	Contract Number	Plan ID	Plan Name	Current Status
<input type="checkbox"/>	Y3333	003	Test Plan 3	Rejected by Validation
<input type="checkbox"/>		004	Test Plan 4	Successfully Validated
<input type="checkbox"/>		036	Test Plan 5	Rejected by Validation
<input type="checkbox"/>		037	Test Plan 6	Approved
<input type="checkbox"/>		802	Test Plan 7	In Desk Review
<input type="checkbox"/>		803	Test Plan 8	Successfully Validated

[Back](#)[Next](#)

Go To: [Excluded Drug Supplemental File Start Page](#) [Select Contract Year](#)

Step 6: 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. Click the **“Upload”** button.

Excluded Drugs Supplemental File Submission

Upload Supplemental File

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3333	003	Gold Plan Plus3

Step 1. Enter the name of the file that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file.

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.

Select file for upload: [Browse...](#)

[Back](#)[Upload](#)

Go To: [Excluded Drug Supplemental File Start Page](#) [Select Contract Year](#)

Step 7a: If errors were detected, the **Verify Submission** page will indicate the errors and the user must use the “**Back**” button to correct and resubmit the file.

HPMS	Health Plan Management System
	Home

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 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	PLAN ORGANIZATION USER	test@test.com
Y3333	Part D Benefits Contact	Jane Test	test@test.com

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3333	003	Test Plan 3

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 Drug Supplemental File Start Page](#) [Select Contract Year](#)

Step 7b: If errors were not detected, the **Verify Submission** page will indicate that the validation is successful. Verify the data and click the “**Submit**” button.

Health Plan Management System
[Home](#)

Excluded Drugs Supplemental File Submission

Verify Submission

Begin Excluded Drugs Supplemental File Validation

1 records processed.

Validation	✓ Successful
Total Records Processed	1
Total Valid	1
Total Invalid	0

Contacts to be notified of this submission			
Contract Number	Role	Contact Name	Contact Email
All Contracts	Upload Contact	PLAN ORGANIZATION USER	test@test.com
Y3333	Part D Benefits Contact	Jane Test	test@test.com

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3333	003	Test Plan 3

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 Excluded Drugs 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.

Go To: [Excluded Drug Supplemental File Start Page](#) [Select Contract Year](#)

Step 8: Click the “OK” button to be redirected to the Excluded Drugs Supplemental File Start Page.

Health Plan Management System
[Home](#)

Excluded Drugs Supplemental File Submission

Submission Confirmation

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3333	003	Gold Plan Plus3

Your Excluded Drugs Supplemental File submission was received.

Go To: [Excluded Drug Supplemental File Start Page](#) [Select Contract Year](#)

SUBMIT OVER THE COUNTER FILE

This module becomes available once your bid is written off to desk review. The **Submit Over the Counter File** functionality allows the user to upload their Over the Counter file for a given plan(s). If a bid submission indicated that a plan offers Over the Counter drugs, the organization must submit the Over the Counter 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 by June 9, 2008.

Step 1: Select **OTC Supplemental File** from the Plan Formularies fly-out menu on the HPMS Start Page.



Step 2: Select **CY 2009** from the OTC Supplemental File page.



Step 3: Select **Submit OTC File** from the OTC Supplemental File Start Page.

The screenshot shows the HPMS Health Plan Management System interface. The top navigation bar includes the HPMS logo and a 'Home' link. A left sidebar contains a 'Submission' menu with 'Submit OTC File' selected. The main content area is titled '2009 OTC Supplemental File Start Page' and contains instructions for using the module. A 'Go To' link for 'Select Contract Year' is provided. At the bottom of the sidebar are 'Top of Page' and 'Back' links.

HPMS **Health Plan Management System** [Home](#)

Submission
Submit OTC File

2009 OTC Supplemental File Start Page

You will use this module to perform the following:

Submit OTC File - Submit the Over the Counter Supplemental File and identify the associated Contract/Plans.

Go To: [Select Contract Year](#)

[Top of Page](#)
[Back](#)

Step 4: Select one or more **Contracts** from the Associate Contracts to OTC Supplemental File page and click the “**Next**” button.

The screenshot shows the 'OTC Supplemental File Submission' page. The main heading is 'Associate Contracts to OTC Supplemental File'. Below this is a paragraph explaining the selection process. A table titled 'Contracts Associated with this OTC Supplemental File' lists four contracts with checkboxes in the 'Included' column. The first two contracts are selected. At the bottom, there are 'Back' and 'Next' buttons, and a 'Go To' link for 'Excluded Drug Supplemental File Start Page' and 'Select Contract Year'.

HPMS **Health Plan Management System** [Home](#)

OTC Supplemental File Submission

Associate Contracts to OTC Supplemental File

Select one or more contracts to associate with this OTC 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.

Included	Contract Number	Contract Name	Contact Information
<input checked="" type="checkbox"/>	Y3333	Test Plan 3	Jane Test test@test.com
<input checked="" type="checkbox"/>	Y4233	Test Plan 4	Jane Test test@test.com
<input type="checkbox"/>	Y5559	Test Plan 5	Jane Test test@test.com
<input type="checkbox"/>	Y6786	Test Plan 6	Jane Test test@test.com

[Back](#) [Next](#)

Go To: [Excluded Drug Supplemental File Start Page](#) [Select Contract Year](#)

Step 5: Select one or more **Plans** from the Associate Plans to OTC Supplemental File page and click the “**Next**” button.

	Health Plan Management System Home
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OTC Supplemental File Submission

Associate Plan(s) to OTC Supplemental File

Contract(s): Y2213 – Test Plan 1
Y3847 – Test Plan 2

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

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

Plan List				
Included	Contract Number	Plan ID	Plan Name	Current Status
<input type="checkbox"/>	Y2213	001	Test Plan 1	Successfully Validated
<input type="checkbox"/>	Y3847	001	Test Plan 2	Resubmission Requested

Go To: [OTC Supplemental File Start Page](#) [Select Contract Year](#)

Step 6: 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.

	Health Plan Management System Home
---	--

OTC Supplemental File Submission

Upload Supplemental File

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3847	001	Test Plan 2

Step 1. Enter the name of the file that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file.

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.

Select file for upload:

Go To: [OTC Supplemental File Start Page](#) [Select Contract Year](#)

Step 7a: If errors were detected, the **Verify Submission** page will indicate the errors and the user must use the “Back” button to correct and resubmit the file.

OTC Supplemental File Submission

Verify Submission

Begin OTC Supplemental File Validation

1 records processed.

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

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	PLAN ORGANIZATION USER	test@test.com
Y3333	Part D Benefits Contact	Jane Test	test@test.com

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3333	003	Test Plan 3

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 OTC Supplemental File validation. Please update the OTC Supplemental File to correct the error(s) and then resubmit the file.

[Back](#)

Go To: [OTC Supplemental File Start Page](#) [Select Contract Year](#)

Step 7b: If errors were not detected, the **Verify Submission** page will indicate that the validation is successful. Verify the data and click the “**Submit**” button.

Health Plan Management System
[Home](#)

OTC Supplemental File Submission

Verify Submission

Begin OTC Supplemental File Validation

1 records processed.

Validation	✓ Successful
Total Records Processed	1
Total Valid	1
Total Invalid	0

Contacts to be notified of this submission			
Contract Number	Role	Contact Name	Contact Email
All Contracts	Upload Contact	PLAN ORGANIZATION USER	test@test.com
Y3333	Part D Benefits Contact	Jane Test	test@test.com

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3333	003	Test Plan 3

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.

Go To: [OTC Supplemental File Start Page](#) [Select Contract Year](#)

Step 8: Click the “OK” button to be redirected to the Excluded Drugs Supplemental File Start Page.

Health Plan Management System
[Home](#)

OTC Supplemental File Submission

Submission Confirmation

Selected Plan(s)		
Contract Number	Plan ID	Plan Name
Y3847	001	Test Plan 2

Your OTC Supplemental File submission was received.

Go To: [OTC Supplemental File Start Page](#) [Select Contract Year](#)

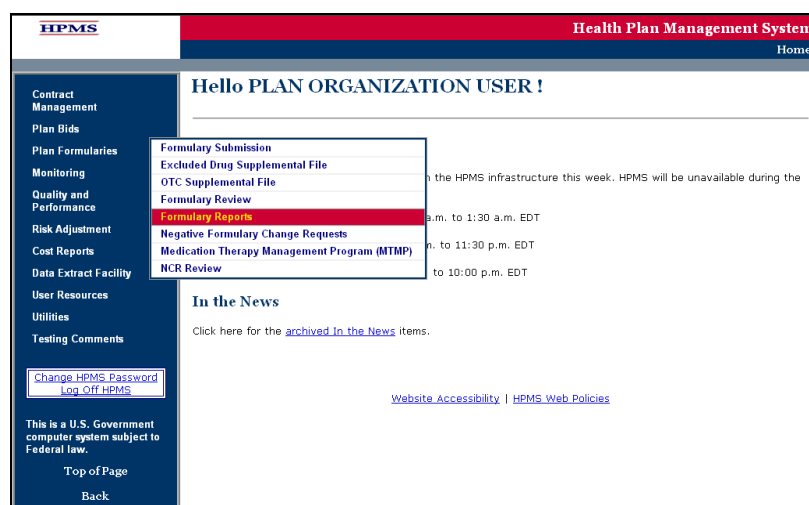
FORMULARY FILE REPORTS

The Formulary Reports functionality provides users access to a variety of formulary-related information to assist users 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,
- Formulary Therapeutic Class and Category Change Notification Report, and
- Formulary Crosswalk Report.

The Formulary Reports are available from the Plan Formularies link on the HPMS Home Page.

Step 1: Hover over the **Plan Formularies** link in the left-hand navigation bar to view the flyout menu. Select the **Formulary Reports** link to access the Formulary Reports by Contract Year.



Step 2: Select the **CY 2009** link from the Formulary Reports page.



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). The report includes Name, Address, Phone Number, Fax Number, and Email Address for the following contract contacts:

- CEO;
- CFO;
- Medicare Compliance Officer;
- Marketing Contact;
- Bid Primary Contact; and
- Formulary Contact.

The Plan Level information displays the Plan ID, Name, Address, Phone Number, Fax Number, and Email Address for the following contacts:

- Bid Actuary Contact;
- Bid PBP Contact;
- Certifying Actuary – MA Bid; and
- Certifying Actuary – Part D Bid.

Step 1: Select “**Formulary/Bid Contact Report**” from the Contract Year 2009 – Select a Report page.

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a red header bar with the HPMS logo on the left and the text 'Health Plan Management System' on the right. Below the header, there is a dark blue bar with the word 'Home' on the right. The main content area has a light gray background. The title 'Contract Year 2009' is displayed in a large, bold, blue font. Below the title, there is a note: 'NOTE: The instructions for the reports are available within the Formulary Submission Module and Reports Technical Manual (from the Formulary Submission Start Page)'. Underneath the note, there is a section titled 'Select a Report' in bold. Below this title is a list of report options: 'Formulary/Bid Contact Report', 'Formulary Change Notification Report', 'Formulary Crosswalk Report', 'Formulary Status History Report', and 'Formulary Therapeutic Class and Category Name Change Report'. At the bottom of the list, there are two buttons: 'Back' and 'Next'. Below the buttons, there is a line of text: 'Go To: [Select Contract Year](#)'.

Step 2: Select the desired Contract Number(s) from the Formulary/Bid Contact Report selection criterion page and click on the “Next” button.

The screenshot shows the HPMS Health Plan Management System interface. At the top, there is a red header with 'HPMS' and 'Health Plan Management System', and a blue navigation bar with 'Home'. The main content area is titled 'Formulary Reports 2009' and 'Formulary/Bid Contact Report'. Below this, there is a section labeled 'Select One or More Contract Number(s):' followed by a dropdown menu containing the following options: 'X0001- EMP SPONSORED', 'X0002- SARA'S PDP', 'X0003- ESPFFS ORG SS', and 'X0004- LESPPFS'. Below the dropdown are 'Back' and 'Next' buttons. At the bottom, there is a link that says 'Go To: [Select Contract Year](#)'.

Step 3: View the details of the Formulary/Bid Contact Report.

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

The screenshot shows the HPMS Health Plan Management System interface for the 'Formulary Reports 2009' and 'Formulary/Bid Contact Report'. The page displays the search criteria used to generate the report: 'Contract(s): X0003'. Below this, there is a summary section for 'Contract Number: X0003', 'Organization Name: ESPFFS ORG SS', 'Organization Type: Employer/Union', and 'Formulary(s): 00000016 - Test Name'. The main content area is divided into two tables: 'Contract Level' and 'Plan Level'. The 'Contract Level' table has columns for CEO, CFO, Medicare Compliance Officer, Marketing Contact, Bid Primary Contact, and Formulary. The 'Plan Level' table has columns for Plan ID, Bid Actuary Contact, Bid PBP Contact, Certifying Actuary - MA Bid, and Certifying Actuary - Bid. The 'Plan ID' column shows '001'. The 'Bid Actuary Contact' column shows 'Not Found'. The 'Bid PBP Contact' column shows contact information for Ms. Jane Test. The 'Certifying Actuary - MA Bid' column shows 'Not Found'. The 'Certifying Actuary - Bid' column shows 'Not Found'. At the bottom, there is a 'Back' button and a link that says 'Go To: [Select Report Page](#) [Select Contract Year](#)'.

Contract Level					
CEO	CFO	Medicare Compliance Officer	Marketing Contact	Bid Primary Contact	Formulary
Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com	Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com	Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com	Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com	Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com	Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com

Plan Level				
Plan ID	Bid Actuary Contact	Bid PBP Contact	Certifying Actuary - MA Bid	Certifying Actuary - Bid
001	Not Found	Ms. Jane Test 123 Elm Street Suite 1000 Arlington VA 22201 Phone: 555-555-5555 Fax: 555-555-5556 Email: test@test.com	Not Found	Not Found

FORMULARY CHANGE NOTIFICATION REPORT

The Formulary Change Notification Report provides a comparison of data between two submitted formularies. The user has a capability to compare the content of two submissions from one formulary or differences between two different formularies. The report displays summary comparison information and provides details on the Base Formulary, Comparison Formulary, and the Differences between the two.

The summary comparison information includes:

- Formulary Name;
- Review Status;
- Formulary Type;
- Contract(s);
- Database Source (Formulary Classification);
- Number of Cost Share Tiers;
- Anticipated Tier Names;
- Limited Access (Y/N);
- Prior Authorization (0-3);
- Prior Authorization File Name;
- Quantity Limit (Y/N);
- Step Therapy (0-2); and
- Step Therapy File Name.

In addition, the user may access the attachment files (Prior Authorization File, and Step Therapy File) by clicking on the available links. Please note that the files are available only if they were submitted by the organizations.

The “In Base Formulary,” “In Comparison Formulary,” and “Formulary Difference” sections of the report display the following drug-related information for a selected Base Formulary ID/Version and comparison Formulary ID/Version:

- Formulary ID;
- Version;
- NDC;
- Brand Name;
- Generic Name;
- Dosage Form;
- Strength;
- Route of Administration;
- 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); and
- Number of Step Therapy Groups.

Step 1: Select “**Formulary Change Notification Report**” from the Contract Year 2009 – Select a Report page.

The screenshot shows the HPMS Health Plan Management System interface. The header includes the HPMS logo and the text 'Health Plan Management System' with a 'Home' link. The main heading is 'Contract Year 2009'. A note states: 'NOTE: The instructions for the reports are available within the Formulary Submission Module and Reports Technical Manual (from the Formulary Submission Start Page).' Below this, a section titled 'Select a Report' contains a list of report types: 'Formulary/Bid Contact Report', 'Formulary Change Notification Report', 'Formulary Crosswalk Report', 'Formulary Status History Report', and 'Formulary Therapeutic Class and Category Name Change Report'. At the bottom, there are 'Back' and 'Next' buttons, and a link that says 'Go To: [Select Contract Year](#)'.

Step 2: Select the desired Base Formulary ID and Version (this will populate based on the selected Formulary ID) as well as **Comparison Formulary ID and Version** from the Formulary Change Notification Report selection criteria page.

The screenshot shows the HPMS Health Plan Management System interface for the 'Formulary Reports 2009' section, specifically the 'Formulary Change Notification Report' selection criteria page. The header is the same as the previous screenshot. The main heading is 'Formulary Reports 2009' with a sub-heading 'Formulary Change Notification Report'. Below this, there are two dropdown menus for 'Base Formulary ID' (showing '00000002') and 'Comparison Formulary ID' (showing '00000008'). Under each dropdown is a 'Version:' label and a list of available versions. For the Base Formulary ID, the versions are 'Version 5 - Successfully Validated' and 'Version 4 - Successfully Validated'. For the Comparison Formulary ID, the version is 'Version 11 - Successfully Validated'. At the bottom, there are 'Back' and 'Next' buttons, and a link that says 'Go To: [Select Contract Year](#)'.

Step 3: Click on the “**Next**” button to review the report.

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Formulary Reports 2009

Formulary Change Notification Report

This report was generated using the following search criteria.

Formulary IDs: 00000002 To 00000008

Compare: Version 5 To Version 11

Back

FORMULARY COMPARISON

	Formulary ID: 00000002	Formulary ID: 00000008
	Version 5	Version 11
Formulary Name	KFormulary	2008 tenth with five PA desc
Review Status	Successfully Validated	Successfully Validated
Formulary Type	Original	Original
Contract(s)	EMP SPONSORED	INSURANCE SERVICES COMPANY
Database Source	AHFS	USP
Number of Cost Share Tiers	4	10
Anticipated Tier Names	Generic, Generic, Non-Preferred Generic, Other	Other
Limited Access (Y/N)	Yes	Yes
Prior Authorization (0-3)	Prior Authorization Applies	Prior Authorization Applies
Prior Authorization File	Prior Authorization File - Version 5	Prior Authorization File - Version 11
Quantity Limit (Y/N)	Yes	Yes
Step Therapy (0-2)	Not Part or a Step Therapy Program	Step Therapy Applies
Step Therapy File	N/A	Step Therapy File - Version 11

Jump To: Formulary Differences

In Base Formulary

Formulary ID: 00000002

Version : Version 5

Formulary ID	Version	NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	Cost Share Tier Level Value	Unique Quantity Limit Amount	Unique Quantity Limit Days
00000002	5	00100001400	ZIAGEN	ABACAVIR SULFATE	TABS	10 MG	ORAL	3		
00000002	5	00100001400	ZIAGEN	ABACAVIR SULFATE	TABS	20 MG	ORAL	3		

Jump To: Top

In Comparison Formulary

Formulary ID: 00000008

Version : Version 11

Formulary ID	Version	NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	Cost Share Tier Level Value	Unique Quantity Limit Amount	Unique Quantity Limit Days
00000008	11	00000000023	ACCUPRIL	QUINAPRIL HCL	TABS	10 MG	ORAL	3		
00000008	11	00000000023	ACCUPRIL	QUINAPRIL HCL	TABS	20 MG	ORAL	3		

Jump To: Top

Jump To: In Base Formulary

Jump To: In Comparison Formulary

FORMULARY DIFFERENCES

Formulary IDs: 00000002 To 00000008

Compare: Version 5 To Version 11

Formulary ID	Version	NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	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)
70 Drugs Compared - All Drug information is the same between Formulary 00000002, Version 5 and Formulary 00000008, Version 11														

Back

Go To: [Select Report Page](#)

[Select Contract Year](#)

NOTE: The user may click on the Prior Authorization File and/or the Step Therapy File to view the submission.

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May 21, 2008

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FORMULARY STATUS HISTORY REPORT

The **Formulary Status History Report** provides detailed status information on all versions for a given formulary ID. The report includes: Formulary ID; Formulary Version; Formulary Status; Version Deleted; Formulary Type; Submitted Text; Summary View; Report View; Comments; Last Approved Formulary Version; Last Approved Formulary Date; and Most Recent Formulary Submission Date. The information in the “Comments” column is from the Formulary Desk Review process. In addition, the user has a capability to access further information from the **Submitted Text**, **Summary View**, **Formulary NDC Report** and **FUT Email** pop-up pages.

The **Submitted Text** button allows the user to view the formulary text file that was submitted. The **Status History Summary Report** allows the user to view summary information on the Therapeutic Category, Therapeutic Class, Brand Name, Prior Authorization, Step Therapy, and Quantity Limit. The **Formulary NDC Report** displays information including: Number of Tiers (including Tier-related details), Effective Date, Quantity Limit, Database Resource, Prior Authorization, and Step Therapy Management. This pop-up page can be accessed by clicking on the Report View button and allows the user to open/save the formulary attachments (Prior Authorization File and Step Therapy File), if applicable. Additionally, the user has a capability to view the contents of the formulary submission file.

The **FUT Email** pop-up page displays the email generated by the FUT validation process.

Step 1: Select “**Formulary Status History Report**” from the Contract Year 2009 – Select a Report page and click the “**Next**” button.

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a red header bar with the HPMS logo on the left and the text 'Health Plan Management System' and 'Home' on the right. Below the header, the main content area has a title 'Contract Year 2009' in blue. A note states: 'NOTE: The instructions for the reports are available within the Formulary Submission Module and Reports Technical Manual (from the Formulary Submission Start Page).' Below the note, there is a section titled 'Select a Report' with a list of report options: 'Formulary/Bid Contact Report', 'Formulary Change Notification Report', 'Formulary Crosswalk Report', 'Formulary Status History Report' (which is highlighted with a blue background), and 'Formulary Therapeutic Class and Category Name Change Report'. At the bottom of the list, there are two buttons: 'Back' and 'Next'. Below the buttons, there is a link that says 'Go To: [Select Contract Year](#)'.

Step 2: Select the desired Formulary ID(s) from the Formulary Status History Report selection criterion page and click the “Next” button.

HPMS Health Plan Management System Home

Formulary Reports 2009

Formulary Status History Report

Select One or More Formulary ID(s):

Select All
 00000000
 00000001
 00000002
 00000003
 00000004
 00000005
 00000006
 00000007
 00000008
 00000010
 00000012

Back Next

Go To: [Select Contract Year](#)

Step 3: View the details of the Formulary Status History Report.

HPMS Health Plan Management System Home

Formulary Reports 2009

Formulary Status History Report

Back

Formulary ID	Formulary Version	Formulary Status	Version Deleted	Formulary Type	Submitted Text File	Summary View	Report View	Comments	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	1	Rejected by Validation 02/25/2008	No	Original	Submitted Text	N/A	View		N/A	N/A	02/20/2008
00000002	5	Resubmission Requested 03/10/2008	No	Original	Submitted Text	Summary	View		5	03/10/2008	02/29/2008
00000003	28	Denied 04/11/2008	Yes	Original	Submitted Text	Summary	View		N/A	N/A	04/11/2008
00000004	28	In Desk Review 04/11/2008	Yes	Original	Submitted Text	Summary	View		N/A	N/A	04/11/2008
00000005	28	Uploaded, but not Processed 04/11/2008	Yes	Original	Submitted Text	Summary	View		N/A	N/A	04/11/2008
00000006	27	Rejected by Validation 04/03/2008	No	Original	Submitted Text	N/A	View		N/A	N/A	04/03/2008
00000007	27	Uploaded, but not Processed 04/03/2008	No	Original	Submitted Text	N/A	View		N/A	N/A	04/03/2008
00000008	26	Deleted 04/03/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008
00000009	26	Rejected by Validation 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008
00000010	26	Uploaded, but not Processed 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008

Back Export to Excel

Go To: [Select Report Page](#) [Select Contract Year](#)

Step 4: Click on one of the available links in the **Formulary Status** column to view the **Formulary Status History Report – FUT Email** report for that specific version submission.

Formulary Reports 2009
Formulary Status History Report

Back

Formulary ID	Formulary Version	Formulary Status	Version	Formulary	Submitted Text	Summary	Report	Comments	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	1	Rejected by Validation 02/29/2008							N/A	N/A	02/20/2008
00000002	5	Resubmission Requested 03/10/2008							5	03/10/2008	02/29/2008
00000003	28	Denied 04/11/2008							N/A	N/A	04/11/2008
00000004	28	In Desk Review 04/11/2008							N/A	N/A	04/11/2008
00000005	28	Uploaded, but not Processed 04/11/2008							N/A	N/A	04/11/2008
00000006	27	Rejected by Validation 04/03/2008							N/A	N/A	04/03/2008
00000007	27	Uploaded, but not Processed 04/03/2008							N/A	N/A	04/03/2008
00000008	26	Deleted 04/03/2008							N/A	N/A	04/01/2008
00000009	26	Rejected by Validation 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008
00000010	26	Uploaded, but not Processed 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008

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Go To: [Select Report Page](#) [Select Contract Year](#)

Step 5a: Click on the **Submitted Text** button to view the submitted formulary text file.

Formulary Reports 2009
Formulary Status History Report

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Formulary ID	Formulary Version	Formulary Status	Version	Formulary	Submitted Text	Summary	Report	Comments	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	1	Rejected by Validation 02/29/2008							N/A	N/A	02/20/2008
00000002	5	Resubmission Requested 03/10/2008							5	03/10/2008	02/29/2008
00000003	28	Denied 04/11/2008							N/A	N/A	04/11/2008
00000004	28	In Desk Review 04/11/2008							N/A	N/A	04/11/2008
00000005	28	Uploaded, but not Processed 04/11/2008							N/A	N/A	04/11/2008
00000006	27	Rejected by Validation 04/03/2008							N/A	N/A	04/03/2008
00000007	27	Uploaded, but not Processed 04/03/2008							N/A	N/A	04/03/2008
00000008	26	Deleted 04/03/2008							N/A	N/A	04/01/2008
00000009	26	Rejected by Validation 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008
00000010	26	Uploaded, but not Processed 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008

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Go To: [Select Report Page](#) [Select Contract Year](#)

Step 5b: Click on the **Summary** button to view the **Status History Summary Report**.

Formulary Reports 2009
Formulary Status History Report

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Formulary ID	Formulary Version	Formulary Status	Version Deleted	Formulary Type	Submitted Text File	Summary View	Report View	Comments	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	1	Repe Valid 02/22								N/A	02/20/2008
00000002	5	Repe Reqd 03/1								03/10/2008	02/29/2008
00000003	28	Deni 04/1								N/A	04/11/2008
00000004	29	In Di Daxo 03/1								N/A	04/11/2008
00000005	28	Uplo, but r Proc 04/1								N/A	04/11/2008
00000006	27	Repe Valid 04/0								N/A	04/03/2008
00000007	27	Uplo, but r Proc 04/0								N/A	04/03/2008
00000008	26	Dele 04/03/2008								N/A	04/01/2008
00000009	26	Rejected by Validation 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008
00000010	26	Uploaded, but not Processed 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008

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Step 5c: Click on the **“View”** button to view the **Formulary Status History Report – Formulary NDC Report**.

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Formulary Status History Report

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Formulary ID	Formulary Version	Formulary Status	Version Deleted	Formulary Type	Submitted Text File	Summary View	Report View	Comments	Last Approved Formulary Version	Last Approved Formulary Date	Most Recent Formulary Submission Date
00000001	1	Bi V D								N/A	02/20/2008
00000002	5	Re Re O								03/10/2008	02/29/2008
00000003	28	D O								N/A	04/11/2008
00000004	29	In B D								N/A	04/11/2008
00000005	28	U bi P O								N/A	04/11/2008
00000006	27	Bi V D								N/A	04/03/2008
00000007	27	U bi P O								N/A	04/03/2008
00000008	26	D O								N/A	04/01/2008
00000009	26	Bi V D								N/A	04/01/2008
00000010	26	Uploaded, but not Processed 04/01/2008	Yes	Original	Submitted Text	N/A	View		N/A	N/A	04/01/2008

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Go To: [Select Report Page](#) [Select Contract Year](#)

Step 6: Click on the “Prior Authorization File” and/or “Step Therapy File” links to open/save the attachments (if submitted).

Step 7: Select the “Click here to view contents of the formulary submission” link to access the data contained in the formulary submission file.

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Formulary ID	Formulary Version	HPM
00000001	1	
00000002	5	
00000003	28	
00000004	28	
00000005	28	
00000006	27	
00000007	27	
00000008	26	
00000009	26	
00000010	26	<div style="font-size: 0.8em;"> <div>Uploaded, but not Processed 04/01/2008</div> <div>Yes</div> <div>Original</div> <div>Submitted Text</div> <div>N/A</div> <div>View</div> <div>N/A</div> <div>N/A</div> </div>

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HPMS: Formulary Reports 2009 - Microsoft Internet Explorer provided by Fu Internet Explorer

Formulary Reports 2009

Formulary Status History Report - Contents of Submission

Formulary ID: 00000002
Formulary Version: 5

NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	Cost Share Tier Level Value	Drug Type Label	U Q A
00173066400	ZIAGEN	ABACAVIR SULFATE	SOLN	20 MG/ML	ORAL	3	Brand	N
49281059705	TRIIBIT	ACELLULAR PERTUSSIS AND DIPHTHERIA TOXOID AND HAEMOPHILUS B POLYSACCHARIDE CONJ VACC AND TETANUS	KIT	46.8 MCG, 6.7 LFU, 0 -, 5 LFU	IM	1	Generic	Y

Formulary ID	Formulary Version	HPM	Approved Formulary Date	Most Recent Formulary Submission Date
00000001	1			02/20/2008
00000002	5		0/2008	02/29/2008
00000003	28			04/11/2008
00000004	28			04/11/2008
00000005	28			04/11/2008
00000006	27			04/03/2008
00000007	27			04/03/2008
00000008	26			04/01/2008
00000009	26		N/A	04/01/2008
00000010	26		N/A	04/01/2008

[Go To: Select Report Page Select Contract Year](#)

FORMULARY THERAPEUTIC CLASS AND CATEGORY CHANGE NOTIFICATION REPORT

The **Formulary Therapeutic Class and Category Change Notification Report** provides a comparison of data between two submitted formularies versions and displays differences in the Therapeutic Class and Category. The user has a capability to compare the content of two submissions from one formulary or differences between two different formularies. The report displays summary comparison information and provides details on the Differences between the two versions.

The summary comparison information includes:

- Formulary Name;
- Review Status;
- Formulary Type;
- Contract(s);
- Database Source (Formulary Classification);
- Number of Cost Share Tiers;
- Anticipated Tier Names;
- Limited Access (Y/N);
- Prior Authorization (0-3);
- Prior Authorization File Name;
- Quantity Limit (Y/N);
- Step Therapy (0-2); and
- Step Therapy File Name.

In addition, the user may access the attachment files (Prior Authorization File, and Step Therapy File) by clicking on the available links. Please note that the files are available only if they were submitted by the organizations.

The Formulary Differences section of the report display the following drug-related information for the selected Formulary IDs:

- Version;
- NDC;
- Brand Name;
- Generic Name;
- Dosage Form;
- Strength;
- Route of Administration;
- Therapeutic Category, and;
- Therapeutic Class.

Step1: Select “**Formulary Therapeutic Class and Category Change Notification Report**” from the Contract Year 2009 – Select a Report page.

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Contract Year 2009

NOTE: The instructions for the reports are available within the Formulary Submission Module and Reports Technical Manual (from the Formulary Submission Start Page).

Select a Report

- Formulary/Bid Contact Report
- Formulary Change Notification Report
- Formulary Crosswalk Report
- Formulary Status History Report
- Formulary Therapeutic Class and Category Name Change Report**

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[Go To: Select Contract Year](#)

Step 2: Select the desired **Base Formulary ID and Version** (this will populate based on the selected Formulary ID) as well as **Comparison Formulary ID and Version** from the Formulary Therapeutic Class and Category Change Notification Report selection criteria page.

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Formulary Reports 2009

Formulary Therapeutic Class and Category Name Change Report

Base Formulary ID: **Comparison Formulary ID:**

Version: **Version:**

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Step 3: Click on the “Next” button to review the report.

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Formulary Reports 2009

Formulary Therapeutic Class and Category Name Change Report

This report was generated using the following search criteria.

Formulary IDs: 00000003 To 00000003
Compare: Version 8 To Version 11

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FORMULARY COMPARISON

	Formulary ID: 00000003 Version 8	Formulary ID: 00000003 Version 11
Formulary Name	Formulary 1	Formulary 1
Review Status	Resubmission Requested	Resubmission Requested
Formulary Type	Original	Original
Contract(s)	X0002 - Formulary 1 X0002 - Formulary 2 X0003 - Formulary 3	X0002 - Formulary 1 X0002 - Formulary 2 X0003 - Formulary 3
Database Source	USP	USP
Number of Cost Share Tiers	1	1
Anticipated Tier Names	Generic	Generic
Limited Access (Y/N)	Yes	Yes
Prior Authorization (0-3)	Prior Authorization Applies	Prior Authorization Applies
Prior Authorization File	Prior Authorization File - Version 8	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 8	Step Therapy File - Version 11

FORMULARY DIFFERENCES

Formulary IDs: 00000003 to 00000003
Compare: Version 8 To Version 11

Formulary ID	Version	NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	Therapeutic Category	Therapeutic Class
00000003	8	68968202001	PEXEVA	PAROXETINE MESYLATE	TABS	20 MG	ORAL	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.
00000003	11	68968202001	PEXEVA	PAROXETINE MESYLATE	TABS	20 MG	ORAL	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.
00000003	8	68968203001	PEXEVA	PAROXETINE MESYLATE	TABS	30 MG	ORAL	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.
00000003	11	68968203001	PEXEVA	PAROXETINE MESYLATE	TABS	30 MG	ORAL	Submit New Formulary - Submit a new Formulary to CMS. This function will create a new Formulary ID.	This function will create a new Formulary ID.

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Go To: [Select Report Page](#) [Select Contract Year](#)

NOTE: The user may click on the Prior Authorization File and/or the Step Therapy File to view the submission.

FORMULARY CROSSWALK REPORT

The **Formulary Crosswalk Report** displays information about which formularies are associated to a selected contract's plans. This report includes the Contract Number, Plan ID, Part D indicator, Formulary ID, Formulary Status, Segment ID, and Bid Status for a selected contract number(s). This report can be exported to Excel.

Step 1: Select “**Formulary Crosswalk**” from the Contract Year 2009 – Select a Report page.

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Contract Year 2009

NOTE: The instructions for the reports are available within the Formulary Submission Module and Reports Technical Manual (from the Formulary Submission Start Page).

Select a Report

- Formulary/Bid Contact Report
- Formulary Change Notification Report
- Formulary Crosswalk Report**
- Formulary Status History Report
- Formulary Therapeutic Class and Category Name Change Report

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Go To: [Select Contract Year](#)

Step 2: Select the desired Contract Number(s) from the Formulary Crosswalk Report selection page and click the “**Next**” button.

HPMS Health Plan Management System Home

Formulary Reports 2009

Formulary Crosswalk Report

Select One or More Contract Number(s):

Select All

- Y2203 - Test Plan 1
- Y2345 - Test Plan 2
- Y3453 - Test Plan 3

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Go To: [Select Contract Year](#)

Step 3: View the details of the Formulary Crosswalk Report.

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Formulary Reports 2009

Formulary Crosswalk Report

Contract Number	Plan ID	Part D	Formulary ID	Formulary Status	Segment ID	Bid Upload Status
Y2234	801	Yes			0	Plan Upload Rejected
Y2234	802	No			0	Plan Upload Rejected
Y2234	801	Yes			0	Plan Service Area Changed
Y2389	801	Yes	00000048	Approved	0	Waiting for Desk Review
Y2434	801	Yes	00000058	In Desk Review	0	Waiting for Desk Review
Y2654	803	Yes	00000058	In Desk Review	0	Waiting for Desk Review
Y3425	811	Yes	00000048	Approved	0	Waiting for Final Contract Review
Y4353	004	Yes			0	Plan Service Area Changed

Go To: [Select Report Page](#) [Select Contract Year](#)

Step 4: Select the “**Export to Excel**” button to open/save the report in an Excel file if desired.

SUPPLEMENTAL FILE REPORTS

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

- Gap Coverage Status History Report,
- Free First Fill Status History Report, and
- Home Infusion Status History Report

The various formulary supplemental reports are available from the Plan Bids fly out menu link on the HPMS Home Page. To access the Formulary Supplemental Reports:

Step 1: Select the **Bid Reports** link from the **Plan Bids** flyout menu from the HPMS Home Page.



Step 2: Select **2009** from the **Select Contract Year** page and click the “Next” button.

The screenshot shows the 'Select Contract Year' page in the HPMS system. The header includes the HPMS logo and the text 'Bid' with a 'Home' link. The main heading is 'Select Contract Year'. Below the heading, there is a dropdown menu labeled 'Select a Contract Year' with the following options: 2009, 2008, 2007, 2006, and 2005. The '2009' option is selected. Below the dropdown menu, there is a 'Next' button. At the bottom of the page, there is a link that says 'Go To: HPMS home'.

STATUS HISTORY REPORT – GAP COVERAGE

The **Status History Report – Gap Coverage** provides detailed statuses of Gap Coverage submissions on versions for a given Formulary ID. The report includes Formulary ID, Formulary Version, Plans, Supplemental File Status, Submitted Text, and View. In order to use the View button the Gap Coverage submission status cannot be “Rejected by Validation.” If the status is “Rejected by Validation,” the user is able to click on the link to view the email that contains the rejection details.

The View button allows the user to view the Gap Coverage to Contract ID and Plan Number association. The user can further view the NDC, Brand Name, Generic Name, Dosage Form, Strength, Route of Administration, and Cost Share Tier Value. The Submitted Text button allows the user to view the submitted file.

Step 1: Select **Status History Report – Gap Coverage** from the **Contract Year 2009 Select a Report** page and click the “**Next**” button.

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Contract Year 2009

Select a Report

- Change Notification Report - PBP
- Change Notification Report - SB
- Medicare Benefit Description Report
- PBP Benefits Report
- PBP Notes Report
- PBP Optional Supplemental Benefit Report
- PBP Out-of-Network, Point-of-Service, Visitor/Travel Benefits Report
- PBP Part D Benefits Highlights Report
- PBP Part D Benefits Report
- Plan Level Cost Shares and Limits Report
- Service Category Report
- Summary of Benefits Report
- Status History Report - Free First Fill
- Status History Report - Gap Coverage**
- Status History Report - Home Infusion

[Report Descriptions](#)

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Go To: [Select a 2007 Report](#) | [Select a 2008 Report](#)

Step 2: Select the Contract ID(s) from the **Status History Report – Gap Coverage** contract selection page and click the “**Next**” button.

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Bid Reports 2009

Status History Report - Gap Coverage

Choose one of the following options:

☒ All Contract Numbers
☐ Select One or More Contract Numbers

Y2234 - Test Plan 1
 Y3495 - Test Plan 2
 Y4254 - Test Plan 3
 Y5378 - Test Plan 4
 Y6984 - Test Plan 5
 Y7456 - Test Plan 6
 Y8933 - Test Plan 7
 Y9875 - Test Plan 8

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Go To: [Select Report Page](#)

Step 3: Select a Plan(s) from the **Status History Report – Gap Coverage** plan selection page and click the “**Next**” button.

Bid 2009

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Bid Reports 2009

Status History Report - Gap Coverage

Select one or more Plans:

☒ All Plans
☐ Select One or More Plans

Y2234 - Test Plan 1
 Y3495 - Test Plan 2
 Y4254 - Test Plan 3
 Y5378 - Test Plan 4
 Y6984 - Test Plan 5
 Y7456 - Test Plan 6
 Y8933 - Test Plan 7
 Y9875 - Test Plan 8

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Step 4: Select a Formulary ID(s) from the **Status History Report – Gap Coverage** Formulary ID selection page and click the “**Next**” button.

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		Home	

Bid Reports 2009

Status History Report - Gap Coverage

Select one or more Formulary ID(s):

Selection	Formulary ID	Contract-Plan(s)
<input checked="" type="checkbox"/>	00000027	Y2216-001
<input type="checkbox"/>	00000028	Y2247-001
<input type="checkbox"/>	00000031	Y2203-802
<input type="checkbox"/>	00000032	Y2203-003
<input type="checkbox"/>	00000045	Y2202-228
<input type="checkbox"/>	00000048	Y2237-189
<input type="checkbox"/>	00000056	Y2203-036
<input type="checkbox"/>		Y2212-001

Go To: [Select Report Page](#)

Step 5: View the **Status History Report – Gap Coverage** page.

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		Home	

Bid Reports 2009

Status History Report - Gap Coverage

Formulary ID	Version Number	Associated Plans	Supplemental File Status	Submitted Text File	Report View
00000027	1	Y2216-001	Rejected by Validation 5/15/2008 12:55:35 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000027	1	Y2216-001	Uploaded, but not Processed 5/15/2008 12:55:16 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000027	1	Y2216-001	Resubmission Requested 4/22/2008 3:57:17 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000027	1	Y2216-001	In Desk Review 4/16/2008 9:39:26 AM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000027	1	Y2216-001	Uploaded, but not Processed 4/11/2008 5:49:58 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>

Go To: [Select Report Page](#)

Step 6: Click on the **Rejected by Validation** link to view the **Rejection Email** pop-up page.



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Bid Reports 2009

Status History Report - Gap Coverage


Rejection Email

Formulary ID: 00000027
Formulary Version: 1
Sent To: JOHN TEST
Email Address: test@test.com
Subject: Gap Coverage Supplemental File(s) Rejected - 00000027-1
Date Sent: 5/15/2008 12:54:58 PM
CC:
Message: test@test.com

JOHN TEST, Formulary ID : 00009027 Version : 1 Supplementary Data Type : Gap Coverage User ID : jk50 Upload Date : 5/15/2008 12:55:16 PM C
 successfully process your supplementary data. The Gap Coverage file(s) for this formulary did NOT pass the validation process. The validation error
 ALL of your Gap Coverage file(s) must be re-uploaded to HPMS in order to be passed to the CMS Desk Review Module.
 ERROR: This file only contains blank rows. No data found in the file.
 The previous error occurred in file: gcffthi 05152008.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 i
 contact Denise Von Rintel at 410-786-1057 or Rosalind Abankwah at 410-786-2012. Thank You, HPMS Web Staff

[Close](#)

Step 7: Click the “Submitted Text” button on the **Status History Report – Gap Coverage** page to view the **Submitted File** page.



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Bid Reports 2009

Status History Report - Gap

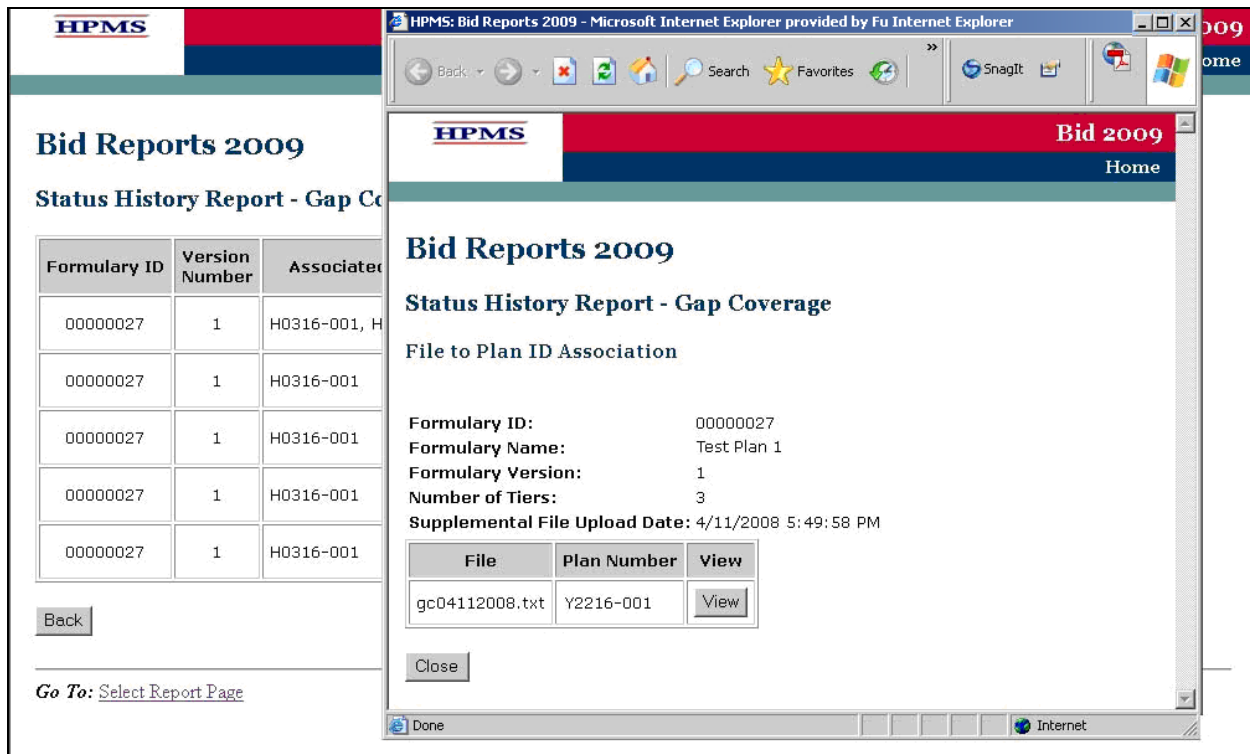
Formulary ID	Version Number	Associate
00000027	1	Y2216-00:
00000027	1	Y2216-00:
00000027	1	Y2216-00:
00000027	1	Y2216-00:
00000027	1	Y2216-00:

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00002148501
00002322930

Step 8: Click the “View” button on the **Status History Report – Gap Coverage** page to view the **File to Plan ID Association** page.



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Status History Report - Gap Coverage

Formulary ID	Version Number	Associated Plan ID
00000027	1	H0316-001, H
00000027	1	H0316-001
00000027	1	H0316-001
00000027	1	H0316-001
00000027	1	H0316-001

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Bid Reports 2009

Status History Report - Gap Coverage

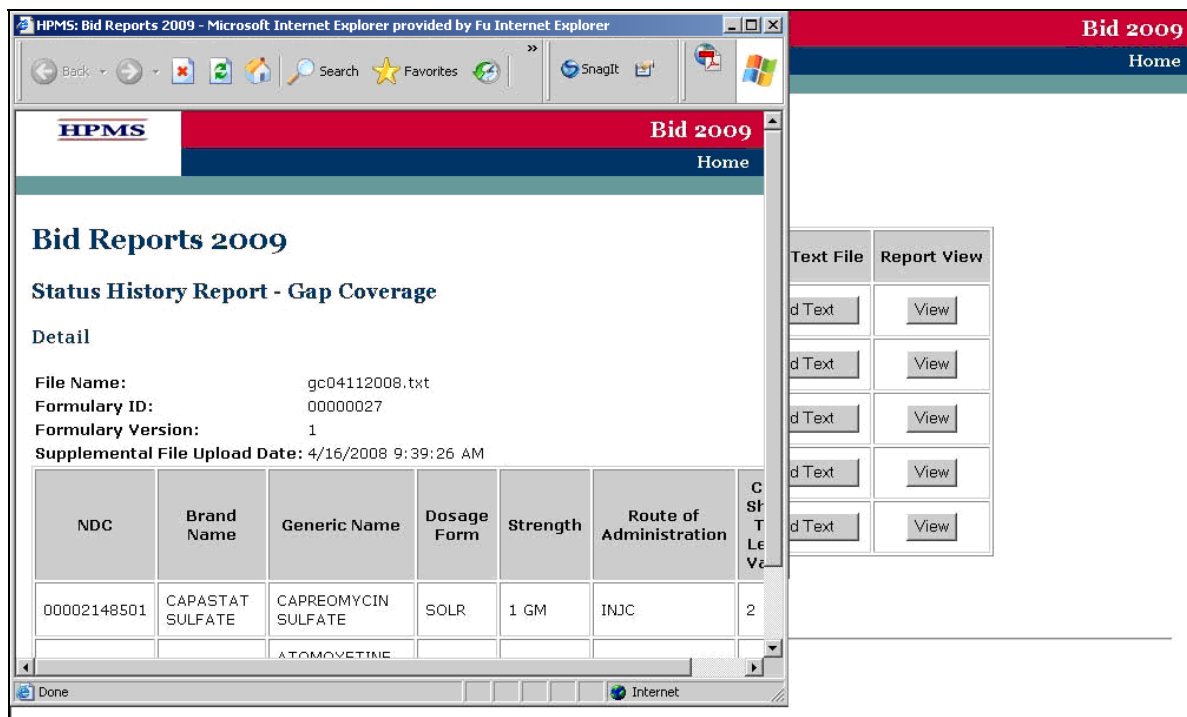
File to Plan ID Association

Formulary ID: 00000027
 Formulary Name: Test Plan 1
 Formulary Version: 1
 Number of Tiers: 3
 Supplemental File Upload Date: 4/11/2008 5:49:58 PM

File	Plan Number	View
gc04112008.txt	Y2216-001	View

[Close](#)

Step 9: Click the “View” button to display the **Status History Report – Gap Coverage Detail** page.



HPMS Bid Reports 2009

Status History Report - Gap Coverage

Detail

File Name: gc04112008.txt
 Formulary ID: 00000027
 Formulary Version: 1
 Supplemental File Upload Date: 4/16/2008 9:39:26 AM

NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	CPT Level
00002148501	CAPASTAT SULFATE	CAPREOMYCIN SULFATE	SOLR	1 GM	INJC	2
		ATOMOXETINE				

[View](#)

STATUS HISTORY REPORT – FREE FIRST FILL

The **Status History Report – Free First Fill** provides detailed statuses of Free First Fill submissions on versions for a given Formulary ID. The report includes Formulary ID, Formulary Version, Plans, Supplemental File Status, Submitted Text, and View. In order to use the View button the Free First Fill submission status cannot be “Rejected by Validation.” If the status is “Rejected by Validation,” the user is able to click on the link to view the email that contains the rejection details.

The View button allows the user to view the Free First Fill to Contract ID and Plan Number association. The user can further view the NDC, Brand Name, Generic Name, Dosage Form, Strength, Route of Administration, and Cost Share Tier Value. The Submitted Text button allows the user to view the submitted file.

Step 1: Select **Status History Report – Free First Fill** from the **Contract Year 2009 Select a Report** page and click the “**Next**” button.

HPMS Bid 2009 Home

Contract Year 2009

Select a Report

- Change Notification Report - PBP
- Change Notification Report - SB
- Medicare Benefit Description Report
- PBP Benefits Report
- PBP Notes Report
- PBP Optional Supplemental Benefit Report
- PBP Out-of-Network, Point-of-Service, Visitor/Travel Benefits Report
- PBP Part D Benefits Highlights Report
- PBP Part D Benefits Report
- Plan Level Cost Shares and Limits Report
- Service Category Report
- Summary of Benefits Report
- Status History Report - Free First Fill**
- Status History Report - Gap Coverage
- Status History Report - Home Infusion

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Go To: [Select a 2007 Report](#) | [Select a 2008 Report](#)

Step 2: Select the **Contract ID** from the **Status History Report – Free First Fill** contract selection page and click the “**Next**” button.

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Bid Reports 2009

Status History Report - Free First Fill

Choose one of the following options:

☒ All Contract Numbers
☐ Select One or More Contract Numbers

Y2234 - Test Plan 1
Y3495 - Test Plan 2
Y4254 - Test Plan 3
Y5378 - Test Plan 4
Y6984 - Test Plan 5
Y7456 - Test Plan 6
Y8933 - Test Plan 7
Y9875 - Test Plan 8

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Go To: [Select Report Page](#)

Step 3: Select a plan(s) from the **Status History Report – Free First Fill** plan selection page and click the “**Next**” button.

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Status History Report - Free First Fill

Select one or more Plans:

☒ All Plans
☐ Select One or More Plans

Y2234 - Test Plan 1
Y3495 - Test Plan 2
Y4254 - Test Plan 3
Y5378 - Test Plan 4
Y6984 - Test Plan 5
Y7456 - Test Plan 6
Y8933 - Test Plan 7
Y9875 - Test Plan 8

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Step 4: Select a **Formulary ID(s)** from the **Status History Report – Free First Fill** Formulary ID selection page and click the “**Next**” button.

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Bid Reports 2009

Status History Report - Free First Fill

Select one or more Formulary ID(s):

Selection	Formulary ID	Contract-Plan(s)
<input checked="" type="checkbox"/>	00000027	Y2216-001
<input type="checkbox"/>	00000028	Y2247-001
<input type="checkbox"/>	00000031	Y2203-802
<input type="checkbox"/>	00000032	Y2203-003
<input type="checkbox"/>	00000048	Y2202-228
<input type="checkbox"/>	00000056	Y2237-189
<input type="checkbox"/>		Y2203-036

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Step 5: View the **Status History Report – Free First Fill** page.

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Status History Report - Free First Fill

Formulary ID	Version Number	Associated Plans	Supplemental File Status	Submitted Text File	Report View
00000027	1	Y2216-001	Rejected by Validation 5/15/2008 2:00:50 PM	<div>Submitted Text</div>	<div>View</div>
00000027	1	Y2216-001	Uploaded, but not Processed 5/15/2008 2:00:37 PM	<div>Submitted Text</div>	<div>View</div>
00000027	1	Y2216-362	Resubmission Requested 5/14/2008 1:23:55 PM	<div>Submitted Text</div>	<div>View</div>
00000027	1	Y2216-362	In Desk Review 4/22/2008 4:07:50 PM	<div>Submitted Text</div>	<div>View</div>
00000027	1	Y2216-362	Resubmission Requested 4/22/2008 4:06:59 PM	<div>Submitted Text</div>	<div>View</div>
00000027	1	Y2216-362	In Desk Review 4/16/2008 9:39:20 AM	<div>Submitted Text</div>	<div>View</div>
00000027	1	Y2216-362	Uploaded, but not Processed 4/11/2008 5:50:32 PM	<div>Submitted Text</div>	<div>View</div>

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Step 6: Click on the **Rejected by Validation** link to view the **Rejection Email** pop-up page.

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Status History Report - Free First Fill

Rejection Email

Formulary ID: 00000027
Formulary Version: 1
Sent To: JOHN TEST
Email Address: test@test.com
Subject: Free First Fill Supplemental File(s) Rejected - 00000027-1
Date Sent: 5/15/2008 2:00:14 PM
CC: test@test.com
Message:
 JOHN TEST, Formulary ID : 00009027 Version : 1 Supplementary Data Type : Free First Fill User ID : jk50 Upload Date : 5/15/2008 2:00:37 PM Con successfully process your supplementary data. The Free First Fill file(s) for this formulary did NOT pass the validation process. The validation error ALL of your Free First Fill file(s) must be re-uploaded to HPMS in order to be passed to the CMS Desk Review Module.
 Row 1: NDC Field is not 11 characters in length.
 ERROR: This file only contains blank rows. No data found in the file.
 The previous error occurred in file: Excluded Drug file 05142008.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 i contact Denise Von Rinteln at 410-786-1057 or Rosalind Abankwah at 410-786-2012. Thank You, HPMS Web Staff

Close

Step 7: Click the “Submitted Text” button on the **Status History Report – Free First Fill** page to view the **Submitted File** page.

HPMS: Bid Reports 2009 - Microsoft Internet Explorer provided by Fu Internet Explorer

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File

Report View

View

View

View

View

View

View

Done

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Step 8: Click the “View” button on the **Status History Report – Free First Fill** page to view the **File to Plan ID Association** page.

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Status History Report - Free First Fill

File to Plan ID Association

Formulary ID: 00000027
 Formulary Name: Test Plan 1
 Formulary Version: 1
 Number of Tiers: 3
 Supplemental File Upload Date: 5/15/2008 2:00:37 PM

File	Plan Number	View
Excluded Drug file 05142008.txt	Y2216-001	View

Close

Done Internet

Step 9: Click the “View” button to display the **Status History Report – Free First Fill Detail** page.

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Status History Report - Free First Fill

Detail

File Name: TestFUCGI.txt
 Formulary ID: 00000027
 Formulary Version: 1
 Supplemental File Upload Date: 4/22/2008 4:07:50 PM

NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	C S T L E V
00002148501	CAPASTAT SULFATE	CAPREOMYCIN SULFATE	SOLR	1 GM	INJC	2
		ATOMOXETINE				

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STATUS HISTORY REPORT – HOME INFUSION

The **Status History Report – Home Infusion** provides detailed statuses of Home Infusion submissions on versions for a given Formulary ID. The report includes Formulary ID, Formulary Version, Plans, Supplemental File Status, Submitted Text, and View. In order to use the View button the Home Infusion submission status cannot be “Rejected by Validation.” If the status is “Rejected by Validation,” the user is able to click on the link to view the email that contains the rejection details.

The View button allows the user to view the Home Infusion to Contract ID and Plan Number association. The user can further view the NDC, Brand Name, Generic Name, Dosage Form, Strength, Route of Administration, and Cost Share Tier Value. The Submitted Text button allows the user to view the submitted file.

Step 1: Select **Status History Report – Home Infusion** from the **Contract Year 2009 Select a Report** page and click the “Next” button.

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Contract Year 2009

Select a Report

- Change Notification Report - PBP
- Change Notification Report - SB
- Medicare Benefit Description Report
- PBP Benefits Report
- PBP Notes Report
- PBP Optional Supplemental Benefit Report
- PBP Out-of-Network, Point-of-Service, Visitor/Travel Benefits Report
- PBP Part D Benefits Highlights Report
- PBP Part D Benefits Report
- Plan Level Cost Shares and Limits Report
- Service Category Report
- Summary of Benefits Report
- Status History Report - Free First Fill
- Status History Report - Gap Coverage
- Status History Report - Home Infusion**

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Step 2: Select the **Contract ID** from the **Status History Report – Home Infusion** contract selection page and click the “Next” button.

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Status History Report - Home Infusion

Choose one of the following options:

☒ All Contract Numbers
☐ Select One or More Contract Numbers

Y2234 - Test Plan 1
Y3495 - Test Plan 2
Y4254 - Test Plan 3
Y5378 - Test Plan 4
Y6984 - Test Plan 5
Y7456 - Test Plan 6
Y8933 - Test Plan 7
Y9875 - Test Plan 8

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Step 3: Select a plan(s) from the **Status History Report – Home Infusion** plan selection page and click the **“Next”** button.

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Status History Report - Home Infusion

Select one or more Plans:

☒ All Plans
☐ Select One or More Plans

Y2234 - Test Plan 1
Y3495 - Test Plan 2
Y4254 - Test Plan 3
Y5378 - Test Plan 4
Y6984 - Test Plan 5
Y7456 - Test Plan 6
Y8933 - Test Plan 7
Y9875 - Test Plan 8

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Step 4: Select a **Formulary ID(s)** from the **Status History Report – Home Infusion** Formulary ID selection page and click the **“Next”** button.

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Status History Report - Home Infusion

Select one or more Formulary ID(s):

Selection	Formulary ID	Contract-Plan(s)
<input type="checkbox"/>	00000028	Y2247-001
<input type="checkbox"/>	00000031	Y2203-802
<input type="checkbox"/>	00000032	Y2203-003
<input type="checkbox"/>	00000038	Y2212-185
<input type="checkbox"/>	00000056	Y2203-036

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Step 5: View the **Status History Report – Home Infusion** page.

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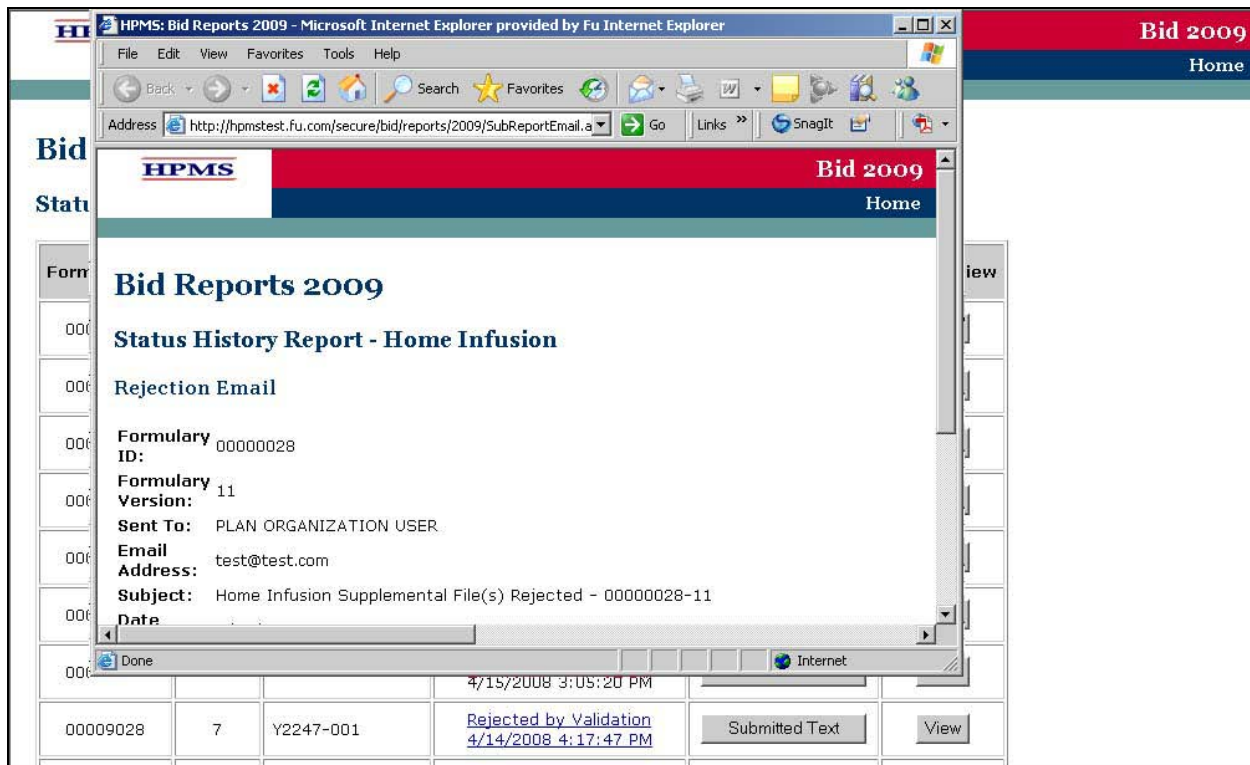
Bid Reports 2009

Status History Report - Home Infusion

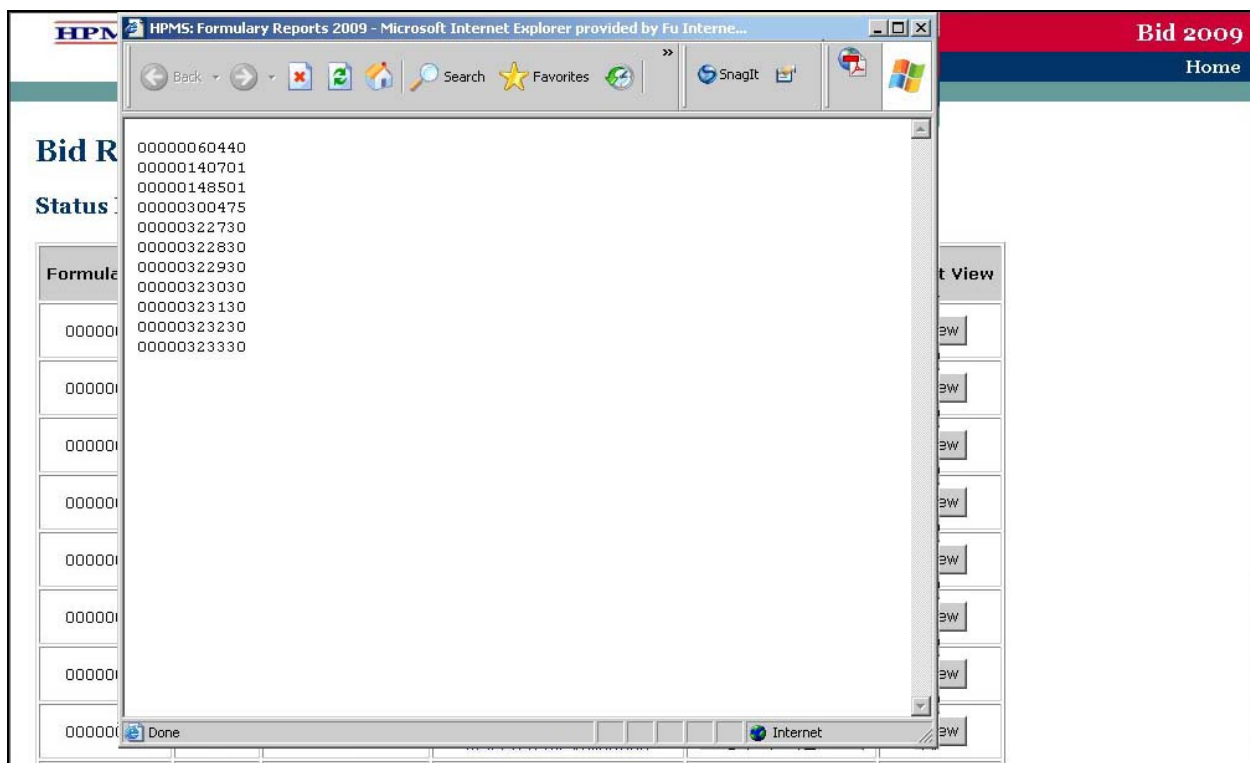
Formulary ID	Version Number	Associated Plans	Supplemental File Status	Submitted Text File	Report View
00000028	11	Y2247-001	Resubmission Requested 4/16/2008 4:32:18 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	11	Y2247-001	In Desk Review 4/16/2008 4:21:45 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	11	Y2247-001	Uploaded, but not Processed 4/16/2008 3:34:12 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	11	Y2247-001	In Desk Review 4/15/2008 3:14:37 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	11	Y2247-001	Uploaded, but not Processed 4/15/2008 3:13:19 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	11	Y2247-001	Rejected by Validation 4/15/2008 3:08:24 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	11	Y2247-001	Uploaded, but not Processed 4/15/2008 3:05:20 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>
00000028	7	Y2247-001	Rejected by Validation 4/14/2008 4:17:47 PM	<input type="button" value="Submitted Text"/>	<input type="button" value="View"/>

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Step 6: Click on the **Rejected by Validation** link to view the **Rejection Email** pop-up page.



Step 7: Click the “Submitted Text” button on the **Status History Report – Home Infusion** page to view the **Submitted File** page.



Step 8: Click the “View” button on the **Status History Report – Home Infusion** page to view the **File to Plan ID Association** page.

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Bid Reports 2009

Status History Report - Home Infusion

File to Plan ID Association

Formulary ID: 00000028
 Formulary Name: Test Plan 3
 Formulary Version: 11
 Number of Tiers: 3
 Supplemental File Upload Date: 4/15/2008 3:13:19 PM

File	Plan Number	View
Gap_FF_HI.txt	Y2247-001	View

[Close](#)

Done Internet

Step 9: Click the “View” button to display the **Status History Report – Home Infusion Detail** page.

HPMS Bid 2009 Home

Bid Reports 2009

Status History Report - Home Infusion

Detail

File Name: Gap_FF_HI.txt
 Formulary ID: 00000028
 Formulary Version: 11
 Supplemental File Upload Date: 4/15/2008 3:13:19 PM

NDC	Brand Name	Generic Name	Dosage Form	Strength	Route of Administration	Cost Share Tier Level Value
00002060440	SEROMYCIN	CYCLOSERINE	CAPS	250 MG	ORAL	3
00002140701	QUINIDINE GLUCONATE	QUINIDINE GLUCONATE	SOLN	80 MG/ML	INJC	2
00002148501	CAPASTAT SULFATE	CAPREOMYCIN SULFATE	SOLR	1 GM	INJC	1
00002300475	PROZAC WEEKLY	FLUOXETINE HCL	CPDR	90 MG	ORAL	1
00002322730	STRATTERA	ATOMOXETINE HYDROCHLORIDE	CAPS	10 MG	ORAL	1
00002322830	STRATTERA	ATOMOXETINE HYDROCHLORIDE	CAPS	25 MG	ORAL	1

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APPENDIX A: CY 2009 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)
Proxy_NDC	CHAR Always Required	11	11-Digit National Drug Code	00000333800
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 7 = Tier Level 7 8 = Tier Level 8 9 = Tier Level 9 10 = Tier Level 10
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 Yes to Quantity_Limit_Amount_YN, enter the quantity limit unit amount for a given number of days. The units for this amount must be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc. Do not enter the number of syringes, bottles, or packages. If the Quantity_Limit_YN field is 0 = No, then leave this field blank. The maximum logical number	9

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
			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 D vs. Part B Prior Authorization Only
Prior_Authorization_Group_Description	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 = 0 (No) or 3 (Part D vs. Part B), 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 Only

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
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 NDC, 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_Value = 4 (e.g. Step 4 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) semi-colon (;), 4) ampersand (&), 5) greater than or equal to (\geq), 6) less than or equal to (\leq) and 7) Mu (μ).

APPENDIX B: UPLOAD FILE FORMATS

FORMULARY FILE INSTRUCTIONS

The formulary file must be created in an ASCII File Tab delimited format and contain one proxy NDC 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 NDCs provided in the CY 2009 Formulary Reference NDC File may be uploaded. All other NDCs 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 – Proxy NDC:

REQUIRED: Each record should include an 11-digit proxy NDC associated with the formulary. The list of acceptable proxy NDCs can be found in the CY 2009 Formulary Reference NDC File. Proxy NDCs 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 10 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 update 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 80mg tablets - 30 tablets/30 days
- Risedronate 35mg tablets - 5 tablets/30 days
- Latanoprost 0.005% drops – 2.5 ml/30 days
- Albuterol HFA MDI – 17 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 D vs. Part B 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 NDC 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. The addition of this new type will not result in modification of the submission or review of negative formulary change requests during the plan year.

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. Proxy NDCs should only be grouped together if the prior authorization criteria are the same for all NDCs 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 NDC records must have a value of 1 for this field. If these values are inconsistent an upload error will result.

Field 10 – Therapeutic_Category_Name:

REQUIRED: Enter the name of the category for this drug.

Field 11 – 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.

Field 12 – 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.

NOTE: If the user selected **Yes** to the Step Therapy question in the HPMS Data Entry Web Interface, then one or more NDC 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. The addition of this new type will not result in a modification of the submission or review of negative formulary change requests during the plan year.

Field 13 – 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.

Field 14 – 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.

Field 15 – 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 NDC 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

PRIOR AUTHORIZATION FILE INSTRUCTIONS AND RECORD LAYOUT

If a formulary has prior authorization 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.

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	<p>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.</p> <p>The group name may represent a drug category or class or may be the name of the drug if no other grouping structure applies. Proxy NDCs should only be grouped together if the prior authorization criteria are the same for all NDCs within that group description.</p>
Covered_Uses	CHAR Always Required	3000	<p>Enter <u>both the FDA-approved and off-label indications</u> for which the drug(s) will be covered.</p> <p>At a minimum, you must enter the following in this field: “All FDA-approved indications not otherwise excluded from Part D.”</p> <p>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.</p> <p>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.</p>
Exclusion_Criteria	CHAR Optional	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 Optional	2000	Enter laboratory, diagnostic, or other medical information required for initiation or continuation of the drug(s).
Age_Restrictions	CHAR Optional	500	Enter age limitations or restrictions required for prior authorization approval.
Prescriber_Restrictions	CHAR Optional	500	Description of prescriber attribute necessary for PA to be considered, e.g. specialist in a field or <u>registered under a certain program.</u>
Coverage_Duration	CHAR Always Required	100	Enter the duration for which the prior authorization will be approved.
Other_Criteria	CHAR Optional	3000	Enter any other relevant criteria.

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 (;), 4) ampersand (&), 5) greater than or equal to (³), 6) less than or equal to (≤) and 7) Mu (μ).

STEP THERAPY FILE INSTRUCTIONS

If a formulary has step therapy 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 MS-Word format.

Note: This attachment should be written in Arial or Times New Roman font with font size of 10-12 point.

CMS requests that the step therapy attachment be organized in the following format:

Provide an initial summary page to organize the document, which should contain medication names (brand and/or generic) or medication classes that have step therapy criteria (e.g. Angiotensin II receptor blockers). These names must match the corresponding Step Therapy Group Descriptions entered on the formulary file. The medications or medication classes should be listed alphabetically with the associated page number. For example:

Summary Page

Angiotensin II receptor blockers	Page 1
Non-sedating antihistamines	Page 2
Proton pump inhibitors	Page 3

Following the summary page, each medication or medication class should be listed on the pages identified. For example:

Per the summary page in the previous example, page 1 of the attachment would contain the criteria for Angiotensin II receptor blockers and page 2 would contain the criteria for Non-sedating antihistamines, and so on.

Please note that since the OTC drugs that may be the first step in a Step Therapy program cannot be represented on the formulary file, you must identify these drugs within the Step Therapy File. These drugs should be listed with “OTC” following the drug name (e.g. loratadine OTC).

Only on-formulary Part D drugs or OTCs paid for out of Part D administrative costs can be included in the Step Therapy document.

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 proxy NDC record for each covered drug. The Supplemental File Record Layout is provided below for your reference. The supplemental file must only contain NDCs that exist in the associated formulary. If you include an NDC 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)
Proxy_NDC	CHAR Always Required	11	11-Digit National Drug Code Note: The NDCs included in this file must be a subset of the NDCs submitted in the Formulary file.	00000333800

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 (;), 4) ampersand (&), 5) greater than or equal to (³), 6) less than or equal to (£) and 7) Mu (μ).

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.

EXCLUDED DRUG 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 (drug name, dosage form, route of administration and strength). The coding format for dosage

form and route of administration should be consistent with the format used on the formulary reference file. The Excluded Drug 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
Drug_Name	CHAR Always Required	200	Enter the name of the drug.	Diazepam
Strength	CHAR Always Required	200	Enter the strength of the drug.	5 MG
Dosage_Form	CHAR Always Required	25	Enter the dosage form.	TABS
Route_of_Administration	CHAR Always Required	25	Enter the route of administration.	ORAL
Tier	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 7 = Tier Level 7 8 = Tier Level 8 9 = Tier Level

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
				9 10 = Tier Level 10
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 Yes to Quantity_Limit_Amount_YN, enter the quantity limit unit amount for a given number of days. The units for this amount must be defined by a unit measure e.g. number of tablets, number of milliliters, number of grams, etc. If the Quantity_Limit_YN field is 0 = No, then leave this field blank. The maximum logical number that will be accepted is "9999.99".	30
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"	30 (e.g. 30 tablets every 30 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 Required	7	If Capped_Benefit_YN field is 1 = Yes, enter the capped benefit limit unit amount for a	365

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
			<p>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.</p> <p>If the Capped_Benefit_YN field is 0 = No, then leave this field blank</p> <p>The maximum logical number that will be accepted is “9999.99”.</p>	
Capped_Benefit_Days	NUM Sometimes Required	3	<p>Enter the number of days associated with the capped benefit limit.</p> <p>If the Capped_Benefit_YN field is 0 = No, then leave this field blank</p> <p>The maximum logical number that will be accepted is “999”</p>	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_Desc	CHAR Sometimes Required	1500	<p>Description of the drug’s prior authorization.</p> <p>If response to Prior_Authorization_YN = 0 (No), then leave this field blank.</p>	
Step_Therapy_YN	CHAR Always Required	1	Does step therapy apply to this drug?	1 = Yes 0 = No
Step_Therapy_Desc	CHAR Sometimes Required	500	<p>Description of step therapy.</p> <p>If response to Step_Therapy_YN = 0 (No), then leave this field blank.</p>	

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2) less than sign (<), 3) semi-colon (;), 4) ampersand (&), 5) greater than or equal to (³), 6) less than or equal to (≤) and 7) Mu (μ).

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 word document for the excluded drugs and they should not be included on your formulary’s PA and ST criteria documents.

Since this file is not based on the proxy NDC’s of the formulary reference file, a resubmission of this file with the monthly formulary update would not be necessary. Therefore this file should not need to be resubmitted after bid approval.

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 (drug name, dosage form, route of administration and strength). The coding format for dosage form and route of administration should be consistent with the format used on the formulary reference file. The Over the Counter Drug File Record Layout is provided below for your reference. 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 - 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
Drug_Name	CHAR Always Required	200	Enter the name of the drug.	Claritin

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Strength	CHAR Always Required	200	Enter the strength of the drug.	10 MG
Dosage_Form	CHAR Always Required	25	Enter the dosage form.	TABS
Route_of_Administration	CHAR Always Required	25	Enter the route of administration.	ORAL

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 (;), 4) ampersand (&), 5) greater than or equal to (\geq), 6) less than or equal to (\leq) and 7) Mu (μ).

Since this file is not based on the proxy NDC's of the formulary reference file, a resubmission of this file with the monthly formulary update would not be necessary. Therefore this file should not need to be resubmitted after bid approval.

APPENDIX C: CONTACT INFORMATION

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