

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



CENTER FOR BENEFICIARY CHOICES

Date: April 11, 2008

To: All Part D Plan Sponsors

From: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group

Subject: Quality Assurance Checks for Data Submitted for Posting on the Medicare Prescription Drug Plan Finder Tool

CMS conducts targeted prescription drug plan quality assurance (QA) and pricing analyses on data that are submitted for display on the Medicare Prescription Drug Plan Finder (MPDPF). The submission of accurate data are critically important to ensure that Medicare beneficiaries obtain correct and complete information from Part D Sponsors in order to make the most informed choices.

The majority of Part D Sponsors perform QA checks on data submitted for display on MDDPF. To ensure that the information posted on the medicare.gov website continues to be accurate and consistent; CMS expects that additional quality assurance checks be performed.

To assist Part D Sponsors, CMS is providing a detailed list of the QA checks that are performed on data submitted for posting on the MPDPF. There may be additions or changes to this QA check list as issues are brought to CMS' attention. Attachment -A and Attachment -B below provide additional information about the QA checks that are performed on these data. Attachment A describes the checks that are performed on the required pricing files that are submitted. Attachment B provides technical specifications for these checks where applicable.

We appreciate your cooperation in making sure Medicare beneficiaries have the most accurate data available from which to make an informed decision on plan selection. Questions regarding this information should be directed via email to PlanFinderQA@cms.hhs.gov.

Attachment - A

I. PBP information -

- A. High Coinsurance – Determine if the coinsurance rate is greater than 100% of the drug cost.
- B. Low Co-payment – Determine if the cost amount preferred is less than \$1 when the cost sharing preference is co-payment or the cost amount preferred is less than 5% of the drug cost when the cost sharing preference is coinsurance.
- C. Overspecified Coinsurance – Check that a level of coinsurance has been specified and the maximum beneficiary cost amount is not specified in dollars.
- D. High Co-payment – Check for extreme tier co-payment amounts.
- E. Zero Cost Type – Determine if a plan fails to list a cost sharing preference for either retail or mail-order.
- F. Low Non-preferred Co-payment – Verify that the amount for non-preferred retail pharmacies is greater than the amount for preferred retail pharmacies.
- G. Invalid Co-payment Constraints – Check if the cost threshold average share is 100% or more, a coinsurance minimum beneficiary cost amount is greater than the max beneficiary cost amount, a co-payment minimum beneficiary cost amount is greater than its co-payment value, and a co-payment maximum beneficiary cost amount is less than its co-payment value.
- H. Multiple BC Records – Identify records that are not unique by plan, days supply, coverage level, and tier.

II. Excluded Formulary File (EFF)

- A. EF File Submitted Incorrectly – Review submitted EFF. EFF contains data for a plan that was not designated as covering excluded drugs on the PBP.
- B. EF File Expected But Not Submitted – Check to ensure that an EFF was submitted for a contract/plan that indicated coverage for excluded drugs.
- C. Excluded FF NDC(s) added – Determine if an EFF contains NDCs that were added when compared to the last resubmission.
- D. Excluded FF NDC(s) deleted – Check for NDCs that have been deleted compared to the last resubmission.
- E. Excluded FF With Reference NDC(s) – Determine if reference NDCs are found in an EFF.

III. Formulary File (FF)

- A. FF Size Change – Determine if a formulary file's size decreases by greater than 25%.
- B. Missing Formulary – Verify that all expected formularies have been submitted.
- C. BC and FF Tier Mismatch – Evaluate if tier combinations are found in the BC but not FF and vice versa.

IV. Pharmacy Cost File (PC)

- A. Change in PC Network Size – Determine if the retail pharmacy network size had a 10% or greater change compared to the last submission.
- B. High Dispensing Fees – Evaluate if the file contains dispensing fees greater than \$100.
- C. No In-Area preferred Pharmacy – Check if a plan has zero in-area preferred pharmacies.
- D. No PC File Submitted – Determine if a PC file contains zero records.
- E. Invalid Pharmacy Number Format – Evaluate pharmacy numbers to ensure they are formatted correctly. The pharmacy number should be 12 digits. NCPDP numbers should contain 5 leading zeros.
- F. Inconsistent Duplicate PC Record – Check for duplicate Pricing Files listed for one pharmacy in one plan.
- G. Missing PC Information – Verify that a plan has active pharmacies.
- H. Pharmacies Marked As Neither Retail Nor Mail – Evaluate if a pharmacy is identified as neither a retail nor a mail pharmacy.

V. Pricing File (PF)

- A. High Unit Cost – Identify NDC unit costs that are priced at 25 times greater than highest AWP and 25 times greater than the median price for that NDC.
- B. Low Unit Cost – Identify NDC unit costs that are priced at 25 times less than lowest AWP and 25 times less than the median price for that NDC.
- C. Missing Mail Unit Cost – Determine which mail Price Files contain NDC(s) missing mail unit costs.
- D. Missing Retail Unit Cost – Determine which retail Price Files contain NDC(s) missing retail unit costs.
- E. Inaccurate Pricing Display - Identify potential inaccurate pricing that occurs due to changes in the AWP Package Size change for a given NDC.
- F. Missing Pricing File – Determine if a Price File has not been submitted.
- G. No Active Pricing File – Identify contracts that have only submitted non-active pricing file IDs.
- H. PC and PF Price File Mismatch – Identify Price File Ids that are expected but have not been submitted. The expected Price File Ids are extrapolated from the PC file.
- I. PF Unit Cost Discrepancy – Specify if the unit cost field is missing in the PF.
- J. Potential Brand Priced at Generic – Check products where the brand price is less than or equal to than the generic price (The QA will flag contracts where this potential issue occurs in 10 or more NDCs).
- K. Potential Low Unit Cost for NDC – Check unit cost for specific NDCs where pricing is outside specific thresholds.

VI. Pricing File (PF) and Formulary File (FF)

- A. PF/FF Mismatch – Determine if the PF is missing pricing for reference NDCs found in the last approved Formulary File.

VII. Reference Pricing (RP) File

- A. NDC(s) Not in Formularies – Identify the RP file NDCs which are found in neither the basic nor the excluded formularies.
- B. No RP File Submitted – Determine which contracts have indicated reference pricing in their PBP, but have not submitted a RP file.
- C. No Unit Cost Provided – Identify situations where the RP file contains a NDC that does not have a corresponding unit cost in the PF.
- D. Target or Reference NDC Not in CMS Reference List – Determine if the RP file contains NDCs that are not found on the CMS Reference NDC list.
- E. Target Price Less Than Reference – Identify target prices that are less than its reference price.
- F. Target Has Multiple Reference – Identify target NDCs that have multiple reference NDCs.
- G. Looping Reference – Evaluate the RP file for NDCs that appear as target and as reference NDCs.
- H. Incorrect Reference Type – Determine if all reference_type fields contain a 1 (dollars and cents) or 2 (percentage). Identify those records that do not have this field populated.
- I. Incorrect Reference Amount – Determine if NDCs with a co-payment reference type contain a reference amount less than or equal to \$1. Identify NDCs with a coinsurance reference type which contains a reference amount greater than 100%.
- J. Target and Reference Products the Same – Check if the target product is the same as its reference NDC.

Attachment B

EXCEPTION LIST FOR PART D PLAN COMPARE WEBSITE DATA SUBMISSION

I. BENEFICIARY COST (BC) FILE

I.A. High Coinsurance

1. DAYS_SUPPLY='1' and COST_TYPE_PREF='2' and COST_AMT_PREF>1
2. DAYS_SUPPLY='1' and COST_TYPE_NONPREF='2' and COST_AMT_NONPREF>1
3. DAYS_SUPPLY='2' and COST_TYPE_MAIL='2' and COST_AMT_MAIL>1

I.B. Low Co-payment

1. COST_TYPE_PREF='1' and 0<COST_AMT_PREF<1
2. COST_TYPE_NONPREF='1' and 0<COST_AMT_NONPREF<1
3. COST_TYPE_MAIL='1' and 0<COST_AMT_MAIL<1

4. COST_TYPE_PREF='2' and 0<COST_AMT_PREF<.05
5. COST_TYPE_NONPREF='2' and 0<COST_AMT_NONPREF<.05
6. COST_TYPE_MAIL='2' and 0<COST_AMT_MAIL<.05

I.C. Overspecified Coinsurance

1. COST_TYPE_PREF='2' and COST_AMT_PREF ne 0 and
0<COST_MAX_AMT_PREF<=1
2. COST_TYPE_NONPREF='2' and COST_AMT_NONPREF ne 0 and
0<COST_MAX_AMT_NONPREF<=1
3. COST_TYPE_MAIL='2' and COST_AMT_MAIL ne 0 and
0<COST_MAX_AMT_MAIL<=1
4. COST_TYPE_MAIL_NONPREF='2' and COST_AMT_MAIL_NONPREF ne 0 and
0<COST_MAX_AMT_MAIL_NONPREF<=1

I.D. High Co-payment

- 01.DAYS_SUPPLY=1 and TIER=1 and COST_AMT_PREF>100
- 02.DAYS_SUPPLY=1 and TIER=1 and COST_MIN_AMT_PREF>100
- 03.DAYS_SUPPLY=1 and TIER=1 and COST_AMT_NONPREF>100
- 04.DAYS_SUPPLY=1 and TIER=1 and COST_MIN_AMT_NONPREF>100

- 05.DAYS_SUPPLY=1 and TIER=2 and COST_AMT_PREF>100
- 06.DAYS_SUPPLY=1 and TIER=2 and COST_MIN_AMT_PREF>100
- 07.DAYS_SUPPLY=1 and TIER=2 and COST_AMT_NONPREF>100
- 08.DAYS_SUPPLY=1 and TIER=2 and COST_MIN_AMT_NONPREF>100

- 09.DAYS_SUPPLY=1 and TIER=3 and COST_AMT_PREF>200
- 10.DAYS_SUPPLY=1 and TIER=3 and COST_MIN_AMT_PREF>200
- 11.DAYS_SUPPLY=1 and TIER=3 and COST_AMT_NONPREF>200
- 12.DAYS_SUPPLY=1 and TIER=3 and COST_MIN_AMT_NONPREF>200

- 13.DAYS_SUPPLY=2 and TIER=1 and COST_AMT_MAIL>200
- 14.DAYS_SUPPLY=2 and TIER=1 and COST_MIN_AMT_MAIL>200
- 15.DAYS_SUPPLY=2 and TIER=2 and COST_AMT_MAIL>200
- 16.DAYS_SUPPLY=2 and TIER=2 and COST_MIN_AMT_MAIL>200
- 17.DAYS_SUPPLY=2 and TIER=3 and COST_AMT_MAIL>400

18.DAYS_SUPPLY=2 and TIER=3 and COST_MIN_AMT_MAIL>400

I.E. Zero Cost Type

1. R=1 and DAYS_SUPPLY='1' and COST_TYPE_PREF="0"
2. M=1 and DAYS_SUPPLY='2' and COST_TYPE_MAIL="0"

I.F. Low Nonpreferred Co-payment

1. COST_TYPE_NONPREF ne '0' and COST_TYPE_NONPREF=COST_TYPE_PREF and COST_AMT_NONPREF<COST_AMT_PREF

I.G. Invalid Co-payment Constraints

1. COST_THOLD_OVER_SHR_PREF>1
2. COST_TYPE_PREF='2' and
COST_AMT_PREF*COST_MIN_AMT_PREF*COST_MAX_AMT_PREF ne 0 and
COST_MIN_AMT_PREF > COST_MAX_AMT_PREF
3. COST_TYPE_PREF='1' and COST_AMT_PREF ne 0 and
((COST_MIN_AMT_PREF ne 0 and COST_MIN_AMT_PREF > COST_AMT_PREF)
or
(COST_MAX_AMT_PREF ne 0 and COST_MAX_AMT_PREF<COST_AMT_PREF))
4. COST_THOLD_OVER_SHR_NONPREF>1
5. COST_TYPE_NONPREF='2' and
COST_AMT_NONPREF*COST_MIN_AMT_NONPREF*COST_MAX_AMT_NONPREF ne 0 and
COST_MIN_AMT_NONPREF > COST_MAX_AMT_NONPREF
6. COST_TYPE_NONPREF='1' and COST_AMT_NONPREF ne 0 and
((COST_MIN_AMT_NONPREF ne 0 and
COST_MIN_AMT_NONPREF > COST_AMT_NONPREF) or
(COST_MAX_AMT_NONPREF ne 0 and
COST_MAX_AMT_NONPREF<COST_AMT_NONPREF))
7. COST_THOLD_OVER_SHR_MAIL>1
8. COST_TYPE_MAIL='2' and
COST_AMT_MAIL*COST_MIN_AMT_MAIL*COST_MAX_AMT_MAIL ne 0 and
COST_MIN_AMT_MAIL > COST_MAX_AMT_MAIL
9. COST_TYPE_MAIL='1' and COST_AMT_MAIL ne 0 and
((COST_MIN_AMT_MAIL ne 0 and COST_MIN_AMT_MAIL > COST_AMT_MAIL)
or
(COST_MAX_AMT_MAIL ne 0 and
COST_MAX_AMT_MAIL<COST_AMT_MAIL))

IV. PHARMACY COST (PC) FILE

VI.C. High Dispensing Fees

- 1.RAND_DISPENSING_FEE>100 or GENERIC_DISPENSING_FEE>100

V. PRICING FILE (PF)

V.A.High Unit Cost

- 1.RETAIL=1 and UNIT_COST>25*AWP_MAX and
(UNIT_COST / UNIT_COST_MEDIAN > 35)
- 2.MAIL=1 and unit_cost_90>25*AWP_MAX and

(UNIT_COST_90 / UNIT_COST_MEDIAN_90 > 35)

V.B. Low Unit Cost

1. RETAIL=1 and UNIT_COST < 1/25*AWP_MIN and
(UNIT_COST / UNIT_COST_MEDIAN < 1/35)
2. MAIL=1 and UNIT_COST_90 < 1/25*AWP_MIN
(UNIT_COST_90 / UNIT_COST_MEDIAN_90 < 1/35)

V.K. Potential Low Unit Cost for NDC

2. NDC_11 = "00006001982" and ((0 < UNIT_COST <= 0.7) or (0 < UNIT_COST_90 <= 0.7))
3. NDC_11 = "00006020754" and ((0 < UNIT_COST <= 0.6) or (0 < UNIT_COST_90 <= 0.6))
4. NDC_11 = "00006010654" and ((0 < UNIT_COST <= 0.6) or (0 < UNIT_COST_90 <= 0.6))

VII. Reference Pricing (RP) File

VII.E. Target Price Less Than Reference

1. REF_TYPE='2' and P90 <= P90_REF

VII.I. Incorrect Reference Amount

1. REF_AMT=0
2. REF_TYPE='2' and REF_AMT > 1
3. REF_TYPE='1' and REF_AMT <= 1