

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**Center for Medicare**  
**MEDICARE PLAN PAYMENT GROUP**

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TO: All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations

FROM: Jennifer Harlow, Deputy Director  
Medicare Plan Payment Group

SUBJECT: Corrected - May 2018 Updates to the Drug Data Processing System (“DDPS”)

DATE: May 3, 2018

The Centers for Medicare & Medicaid Services (CMS) is announcing upcoming changes to the Drug Data Processing System (DDPS). The updates will be effective on May 13, 2018. CMS will update the edit spreadsheet on the Customer Service and Support Center (CSSC) website prior to the implementation of this edit change. Please submit questions regarding these changes to [PDEJan2011@cms.hhs.gov](mailto:PDEJan2011@cms.hhs.gov).

*Reject PDEs from Terminated and Settled Contracts*

CMS will reject Prescription Drug Event (PDE) data from contracts that are no longer participating in the Part D program due to termination, non-renewal, or consolidation, and have begun the final settlement process with CMS or have already received a final settlement from CMS (collectively referred to as “terminated and settled contracts”). These contracts will no longer be participating in reconciliations, and should therefore no longer be submitting PDE data into DDPS or changing PDE data that already exists in DDPS. Terminated and settled contracts that attempt to submit PDE data will receive reject edit 752. This edit will trigger, and the PDE will reject, for all PDEs including deletes submitted by a terminated and settled contract. This edit applies to standard and non-standard PDEs. When the edit is triggered, the submitter will receive the following message, “The submitting contract is terminated and has completed final settlement. Therefore, the contract cannot make any changes to PDE data.” Note that this edit will not apply to terminated contracts that have not received final settlement, as those contracts may still be included in Part D payment reconciliations and reopenings of Part D payment reconciliations.

### *Changes to Edit Code 880*

CMS will modify reject edit code 880 to allow for a one cent rounding margin. When edit code 880 is triggered, the submitter will receive the following message, “The Reported Gap Discount exceeds the maximum allowable amount for a PDE.” The maximum allowable Coverage Gap Discount (CGD) amount is a calculated field and is calculated as True Out of Pocket (TrOOP) Threshold divided by the percentage of the gap cost share that is not the plan's liability **multiplied by 50%**. CMS has observed instances where plans are rounding the Reported CGD Amount up by a penny, which in some cases causes the Reported CGD Amount to exceed the maximum allowable CGD amount for a PDE. As a result, Edit 880 is fired and the PDE is rejected. CMS will modify edit code 880 logic to account for Reported Gap Discount amounts that are rounded up to the penny by adding a one cent rounding margin to the maximum allowable CGD amount calculation