**Medicare Prescription Drug Discount Card & Transitional Assistance Program**
System Frequently Asked Questions
*taken from technical conference with bidders and EEVS mailbox*

**NOTE:** CMS staff is working to provide answers for all submitted questions as quickly as possible. In some cases some questions may take longer to provide an official response due to the need for further policy considerations. Thank you for your patience.

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**Last Updated: March 19, 2004**

**Topic Categories:** Click on a category to be directed to its location in the document.



## Connectivity/T1 line

**1. If a bidder has existing connectivity to CMS using the AGNS network via a SNA transport to get to the MDCN, will a TI line need to be installed?**

Yes. Sponsors will need to communicate via TCP/IP and will, therefore, need an additional T1 line.

**2. What are the timeframes for T1 installation to bidders?**

All applicants' connectivity requests have been sent to AT&T for installation. AT&T is handling the timing and scheduling of installation on a very aggressive schedule so as to have connectivity established with approved drug card sponsors for April 1, 2004.

**3. What is the purpose of the dialup line installation for a T1 line?**

The dialup line is installed for out-of-band network management if there happens to be trouble with the router.

**4. If a bidder currently uses a T-1 line to submit data to HPMS, will all other information be exchanged via that T1 line?**

Yes. The T1 line will be used for submitting enrollment and eligibility data, and monthly utilization data. Future conference call will address other systems; i.e. the Payment Management

System (PMS), price comparison website and reconciliation, that will be used for exchanging information with CMS.

**5. UPDATED 3/9/04: Will a T1 line test be necessary to begin internal systems testing with sponsors?**

No, CMS provided test cases will enable sponsors to do internal testing transactions independent of the T1 testing. The initial certification letter due date of March 21, 2004 is a firm start date for when CMS is ready to begin testing with sponsor. All certifications are due from sponsors no later than April 9, 2004.

**6. Will sponsors be able to use the CMS-provided T1 line for drug card, HPMS and Host on Demand?**

Yes with some exceptions. General sponsors can use their CMS-provided T1 line for HPMS drug card reporting. Existing managed care organizations (MCOs) that already have a T1 line for HPMS access can use their current T1 line for HPMS drug card reporting. Existing MCOs who use a dial-up connection for HPMS access should use their current dial-up account for HPMS drug card reporting; these MCOs cannot use the T1 line provided by CMS for the submission of drug card enrollment transactions for HPMS. In addition to these options, all sponsors can use the Secure Socket Layer (SSL) Virtual Private Network (VPN) method to access HPMS for drug card reporting.

**7. If a sponsor has a 56K Internet circuit currently, do they need a T1 line installed?**

Yes, a full T1 line will need to be installed for drug card sponsors.

**8. Can a sponsor move 56K traffic to the T1 line?**

No, this action is a separate project CMS is currently working on.

**9. If a bidder is currently using dialup with NDM, is the sponsor required to have a T1 line installed?**

Yes.

**10. There is a 60 to 90 day implementation timeframe for complete installation of a T1 line. What happens if the T1 line is not installed for the March 23, 2004 testing date?**

Prior to the March 21, 2004, testing processes will not need a full T1 line, though an aggressive implementation schedule has been executed to have sponsors who are approved ready for end-to-end testing by March 24, 2004.

**11. If a sponsor will be accessing HPMS via the SSL VPN on April 2, 2004 and currently using modems, will this method (SSL VPN) give me the necessary communication to properly use Connect:Direct to send/receive data with you?**

The SSL VPN available for use beginning on April 2, 2004 is strictly related to HPMS access. All sponsors can use the SSL VPN for HPMS drug card reporting. However, the SSL VPN cannot be used for other types of drug card reporting, such as drug card enrollment transactions. The SSL VPN cannot be used with Connect:Direct.

**12. Is the network separate from the Internet?**

Yes, the MDCN is separate from the Internet.

**13. If SMS is an approved entity to submit enrollment and eligibility data, does a sponsor need a separate T1 line and Connect:Direct for CMS connectivity if using SMS?**

If SMS is named as a sponsor's subcontractor for submitting transactions, CMS will work with SMS to establish connectivity. The sponsor will not need a separate T1 or copy of Connect:Direct.

**14. If a sponsor uses SMS for submitting enrollment and eligibility data, does a sponsor need to submit test data to CMS or file the Certification Form? Will this testing/certification be provided by SMS behalf of the sponsor?**

If SMS is named as a sponsor's subcontractor fir submitting transactions, CMS will work with SMS to establish connectivity. The sponsor will not need a separate T1 or copy of Connect:Direct.

**15. The instructions dated January 30, 2004 indicate sponsors need a "dedicated" T1 connection to CMS. Will sponsors be required to have a T1 line, which its sole use is for this connectivity, or can the Connect:Direct use a shared T1 connection?**

The Drug Card program requires dedicated T1 connectivity to the MDCN, which will be used for CMS business purposes only.

**16. If a sponsor currently has a dial-up connection for HPMS and McCoy transmissions, is the sponsor set from that standpoint?**

Yes, sponsors with dial-up connections will still use dialup for HPMS and McCoy, however, sponsors will still require a T1 to submit drug card enrollment and eligibility transactions to the Enrollment & Eligibility Verification System (EEVS).

**17. Will a sponsor be able to connect to the CWF and PICS using the T1 line?**

If PICS is MCO related then the connectivity should not be allowed. CMS will still allow connectivity to CWF.

**18. If a sponsor currently has a CMS owned NDM, connected to a working CMS owned router attached to a CMS-owned T1 line and handling one transfer per day, can the sponsor use this existing T1 line for this MedicareRx Discount Card project? Or does the sponsor need to have installed a completely new T1 line dedicated only and used only for this project?**

A new T1 is not needed and the existing CMS supplied AGNS T1 and Connect: Direct should be used for Drug Card Program. You still need to have a completed CMS Connectivity Request filed with CMS technical staff.

**19. If a bidder already has a T1 to perform Medicare work, will CMS cover the initial costs of installing a T-1 line at the sponsor's location as well as ongoing monthly usage costs for exchanging drug card eligibility and enrollment data through the duration of the program?**

CMS will cover the costs of the T1 line installation and ongoing monthly costs for the drug card program.

**20. Will CMS be directly billed for sponsors' TI line costs, including initial setup and monthly costs, or will each program be billed by the contractor and must request reimbursement from CMS? If each program must request reimbursement from CMS, how will this be done for cost-based programs?**

AT&T will bill CMS directly for T1 installation costs as well as monthly costs for the drug card program.

**21. When is the access form due to CMS and where should sponsors send it?**

The Application for Access to CMS Computer Systems for HPMS should have been submitted along with your proposal/application. If this form was not been submitted, you must submit it now to Kim August. An additional access form will be requested at a later date upon approval for submitting files to the Enrollment & Eligibility Verification System (EEVS), which will be included in the contract package. Additionally, access to the Payment Management System (PMS) will be handled with the Department of Health & Human Services using a separate process following award of a contract.

**22. Is it acceptable for a sponsor to submit enrollment/disenrollment file through their own MCO T1 line provided by CMS for the drug card program and a sponsor's PBM to submit the utilization files through the PBM's T1 line provided to them by CMS as a General Card sponsor?**

The arrangement must be articulated in and approved in a contract with CMS and the entities must understand each transaction submitted through the T1 line must be separated out by Drug Card Program ID/Product ID #.

**23. Will CMS or AT&T be providing TCP port and IP address information in regards to the T1 line connection?**

IP address and TCP port information will be provided by CMS at or about the time of contract award.

**Connectivity/Connect:Direct**

**1. Is Connect: Direct 4.3 supported?**

Yes.

**2. Will there be a limit to the number of users for the Connect:Direct software?**

The Connect:Direct software must be installed on one server and all drug card files must be transferred from that server. There will also be one IP address associated with the T1 line using Connect:Direct.

**3. Could you tell me the server requirements for the ConnectDirect software server to be used with this program?**

All the requirements for all supported platforms are listed at http://www.sterlingcommerce.com/solutions/connectdirect/platforms.html.

**4. NEW! What version of Connect:Direct we will be using?**

Connect:Direct supports a wide range of platforms from the mainframe to the desktop, providing seamless data delivery across platforms. Flexible configuration options allow you to optimize connections by platform, not by software versions. For a summary of features, system requirements and connectivity options unique to each platform, visit http://www.sterlingcommerce.com/solutions/connectdirect/platforms.html.

5. **When can sponsors expect access to the Connect:Direct software? The information in the testing packet asks sponsors to obtain a user ID and password from CMS and submit a RACF application between 3/1/04 - 3/14/04.**

This information will be provided during the discussion of the testing process.

6. **What is required to obtain the provided software if a sponsor only needs to upgrade Connect:Direct for OpenVMS to support TCP/IP?**

The sponsor should contact their Sterling sales representative to see what is needed to allow the sponsor owned copy of Connect: Direct to be enabled for TCP/IP communication. CMS cannot fund an upgrade to a sponsor owned Connect: Direct license. CMS will provide a separate TCP/IP capable copy of Connect: Direct if the sponsor's copy cannot support TCP/IP.

7. **What is the IP address of the Connect:Direct system(s) at CMS that sponsors will be communicating with for connectivity, routing and security purposes?**

This information will be provided upon contract award.

8. **What are the required NDM adjacent node parameters for the CMS system?**

This information will be provided upon contract award.

9. **What type of system is CMS using to support Connect:Direct?**

An IBM Z series Processor running Zos1.4

10. **Will the UserID/Password provided for access to the CMS Connect:Direct system be non-expiring? If not, what facility must be used to change the password?**

The Connect:Direct password will be non-expiring.

11. **Is there is a limit to the number of sponsor users who can submit transactions to the EEVS?**

There is not a specific limit to the number of sponsor users who will be able to submit transactions to the EEVS. Sponsors will be provided with a corporate site defined ID for transmittal of data only. No direct access to the EEVS will be given to sponsors.

## HPMS

1. **Will HPMS be used for reporting requirements only?**

HPMS usage is related to performance information requirements, such as customer service data, sponsor contact information, price comparison price file structures and other routine reporting requirements. (See Attachment 6 of the Solicitation.) No data entered into the HPMS will be used for payment or reconciliation of transitional assistance (TA).

**2. Will sponsors be able to use the T1 line for drug card, HPMS and Host on Demand?**
Yes with some exceptions. General sponsors can use their CMS-provided T1 line for drug card reporting to HPMS. Existing managed care organizations (MCOs) that already have a T1 line for HPMS access must use their current T1 line for HPMS drug card reporting. Existing MCOs who use a dial-up connection for HPMS access must use their current dial-up account for drug card reporting to HPMS. The existing MCOs using dial-up cannot use the T1 line provided by CMS for the submission of drug card enrollment transactions to HPMS. In addition to these options, all sponsors can use the Secure Socket Layer (SSL) Virtual Private Network (VPN) method to access HPMS for drug card reporting.

**3. Can CMS provide more information about HPMS and the reporting that will be accomplished through this application? Sponsors will need this information to finalize our design for eligibility and enrollment.**
Yes, CMS is working on this document now and it will be provided to sponsors shortly.

**4. Do you have any details around reporting via HPMS? Will sponsors be expected to login and submit reports via the HPMS website or is there specific a record layout sponsors must follow?**
CMS is currently working on a document that will be provided shortly outlining the different routine data reporting requirements by sponsor type and the method for reporting.

**Payment and Reconciliation Systems**

**1. UPDATED 3/17/2004: When will the Payment Management System (PMS) file layouts be published?**
CMS will utilize the Department of Health and Human Services, Division of Payment Management's (DPM) Payment Management System (PMS). This system is web-based, therefore no files will be required and no file layouts will be published. Information about the PMS can be found at http://www.dpm.psc.gov. Information available on the PMS website includes an introduction as well as system requirements for accessing the PMS. More information relating to the PMS can be found on the drug card sponsor website under the Data and System Requirements, section D, Payment and Reconciliation Systems.

**2. UPDATED 3/17/2004: Is the PMS a mainframe-to-mainframe communication or a web application?**
The PMS is a web application requiring web-based data entry. You will need to use either Microsoft Internet Explorer 4.0 (or greater) or Netscape Navigator 4.0 (or greater) as your web browser. You can find information about downloading the latest version of Internet Explorer at http://www.microsoft.com/windows/ie/download/default.asp. You can find information about downloading the latest version of Netscape at http://www.netscape.com/download/.

**3. UPDATED 3/17/2004: What is the record layout for these requests if mainframe-to-mainframe?**
The PMS is a web application rather than mainframe-to-mainframe, therefore there is no record layout. See question #2 for on the web browser requirements.

**4. UPDATED 3/17/2004: What is the format if it is a web application?**

The PMS is a menu-driven web application. Based on menu selections, users will request funds using some combination of text entry boxes, list boxes, check boxes, and radio buttons, and lookup boxes to provide required information. Use and format of the PMS is detailed in the "Recipient's Guide to the New Payment Management System", which can be found at http://www.dpm.psc.gov/doc/recipient_guide.pdf.

**5. UPDATED 3/17/2004: Will the PMS supply with the payment a beneficiary level report that validates payment confirmation for the transitional assistance (TA)?**

No. Payment requests that sponsors send to the PMS will be at a summary level. Beneficiary level data will not be reported to or received from the PMS.

**6. UPDATED 3/17/2004: How does CMS intend to process enrollment fees for TA eligible members?**

CMS will establish separate withdrawal limits in the PMS for enrollment fees and transitional assistance. Sponsors will specify, in the payment request, whether funds are being drawn for enrollment fees or for transitional assistance.

**7. UPDATED 3/17/2004: Section 3.5.4 of the Solicitation states, "Applicant files a Federal Cash Transaction Report (PSC-272) in which the Applicant's Chief Financial Officer certifies the Applicant's transitional assistance expenditures with PMS quarterly." Is this part of the entry into PMS or is this a separate report? If this is a separate report, can you provide specifics on this report?**

There has been a change to the requirements set forth in section 3.5.4 of the solicitation. CMS will NOT require the sponsors to file a Federal Cash Transaction Report (PSC-272). This requirement has been removed in an effort to reduce duplicate reporting by the sponsors.

Sponsors will report and certify expenditures on a monthly basis via the Transitional Assistance Monthly Reconciliation and Expense Report. The Transitional Assistance Monthly Reconciliation and Expense Report is also a requirement in Section 3.5.4 of the Solicitation. This report is independent of any systems, including the PMS. A copy of the report and instructions for filing the report can be found on the drug card sponsor website under the Data and System Requirements, section D, Payment and Reconciliation Systems.

## Enrollment & Eligibility Verification System (EEVS)/System Requirements

### File Format

**1. Where is the list of reason codes referenced in the file layouts provided February 5, 2004?**

CMS will provide the reason codes in the near future. At this time they are currently undergoing CMS review.

**2. UPDATED 3/5/04: For the field Application Date, is this the date the application was completed, or the date that the sponsor sends the application request to CMS?**

The Application Date refers to the date in which the sponsor determines has a complete enrollment form. For TA applications that includes a signature.

3. **Is the field transaction control number unique for the batch?**
Yes, this is a field for sponsors to use. The transaction control number will be returned when a pended transaction is cleared. Sponsors should judiciously reuse transaction control numbers so as to not confuse tracking of transactions.

4. **UPDATED 3/1/04: The Sponsor systems test package, version 5.2, states, "all required data elements must be electronically captured." When will a definition of all required data elements be released?**
The record formats contained in the test package identify the required data elements that must be included in the file submissions

5. **The use of SSN for identification: California law does not allow the use of SSN as an identifier. We were discussing the use of an assigned Member ID number of everyone because CA law does not allow us to send SSN through the mail. How does CMS want to handle the SSN being used as the member identification - especially in CA?**
CMS does not intend for the SSN to be used as an identifier for the drug card enrollment but sponsors must store the SSN for use in transaction purposes only. The HICN is the identifier for Medicare purposes, which is used in transactions with CMS. The sponsor should decide whether their system(s) can continue handling the use of the system's current member enumeration in communication with the beneficiary while at the same time manage transactions with CMS using HICN. (Example: Member ID card has the traditional member number used by the sponsor. The sponsor's internal systems crosswalk the traditional member number to the HICN to generate transactions for CMS.

6. **Why is CMS asking whether a beneficiary is retired, widowed or divorced in the last two years? Is this for sponsors to field questions from beneficiaries?**
These are required data elements for the model transitional assistance (TA) enrollment form established by CMS. The record layout has the field "Special Status Change" with one position for 1 = Yes, 2 = No or 0 = Unanswered indicators that correlate to the information provided by the beneficiary on model TA form. CMS uses this data element in the TA eligibility verification.

7. **NEW! In the test package Format 1A (version 5.4) there is a shaded area with data fields marital status, spouse SSN, special status change, disenrollment code, co-insurance level type code. Are these fields for drug card only? These data are not currently collected by sponsors, so what should sponsors put in those fields?**
These are required data elements from the model transitional assistance (TA) enrollment form established by CMS. The record layout has the field "Special Status Change" with one position for 1 = Yes, 2 = No or 0 = Unanswered indicators that correlate to the information provided by the beneficiary on model TA form. CMS uses this data element in the TA eligibility verification.

**8. Do sponsors derive the effective date and pass to CMS, or is CMS going to give this to us?**

Sponsors should provide the effective date in the file provided to CMS.

**9. Is the effective date also used as the expiration date for disenrollments (last day of the month the disenrollment was processed)?**

For disenrollments, the effective date identified by the sponsor will be the same as the disenrollment date. Generally, the sponsor provided disenrollment date would be the last day of the month unless the beneficiary requests an alternative date. In most cases the date will be accepted by the CMS system unless it needs to be corrected by CMS to agree with the Medicare entitlement periods.

**10. How will a sponsor know whether or not someone is giving a RRB Number, instead of the HICN on the enrollment form?**

In completing an enrollment the beneficiary must provide his/her HICN or RRB number in the Medicare ID number block of the enrollment form. A HICN is an 11-digit alphanumeric identification number, generally SSN followed by a 1 or 2 alphanumeric position. The tenth position will always be alphabetic, the eleventh position, if present, may be alphabetic or number; i.e. 123456789A, 987654321B, 111111111C1 or 222222222TA. A RRB number can be 7 to 12-digit alphanumeric identification number with a 1-3 position prefix followed by a 6-9 position numeric; i.e. A123456789, MA123456, MA123456789, WCA123456 or WCA1232456789. Sponsors can decipher the difference based on the formats provided.

**11. What are the characteristics of the RRB number?**

A RRB number can be a 7 to 12-digit alphanumeric identification number with a 1-3 position prefix followed by a 6-9 position numeric; i.e. A123456789, MA123456, MA123456789, WCA123456 or WCA1232456789.

**12. Can sponsors submit both RRB number and HICN in the same field because some sponsors may not differentiate between the numbers in their system (they are both captured under HICN)?**

If the RRB number is encrypted to fit the 11-position HICN field, it can be captured under the HICN field. If the RRB number does not meet these criteria, the number must be captured under the RRB number field.

**13. Is the RRB number is made up of the beneficiary's social security number?**

The RRB number is not necessarily made up of the beneficiary's social security number. In some cases, the RRB identifier may be associated with the husband but it is the wife who is the applying beneficiary. Therefore, it is not appropriate to assume it is the associated beneficiary's SSN.

**14. Must the HICN and RRB number submitted to CMS in Body Format 2A be the current number as of date of submission and not as of the date of last utilization?**

CMS would like the most current number. If a prior number is provided, CMS will perform a cross-reference and BIC equate to obtain the current HICN.

**15. Is the RRB number field a maximum of 12 characters but can contain less? Are there edits that can be provided to protect against keying errors?**

Yes. The RRB number field is a maximum of 12 characters but may contain less than 12.

**16. NEW! Can an individual have an RRB number and a HICN?**

No. An individual can only have one or the other, either a RRB number or HICN.

**17. Will CMS provide the HICN if the beneficiary is not yet enrolled in Medicare? (CMS's documentation indicates the beneficiary has to be either enrolled or entitled to enroll in Medicare A and B which implies that they may or may not have a HICN.) Will CMS include this number back to the sponsor when providing an eligibility response?**

The HICN is a required field on the enrollment form. The beneficiary must provide the HICN to the sponsor. The HICN identified in the Sponsor to CMS File is the same number that will be returned back to the sponsor in the eligibility response file.

**18. When does CMS plan to publish disenrollment codes, error codes, reason codes and determination codes?**

CMS will provide this information in a revised test package.

**19. Will CMS provide record layout information for CMS-initiated enrollment and disenrollment?**

An explanation of when CMS-initiated enrollments and CMS-initiated disenrollments can occur will be provided. The record layouts will be the same as the layouts identified for the CMS Response files (1D, 1E and 1F in the revised Test Package).

**20. If a sponsor is only supposed to use the correction file indicator to identify files containing monetary corrections, then is the sponsor to assume files prepared for purposes of correcting non-monetary type problems will look the same as a "regular" monthly Transitional Assistance (TA) Utilization File? (In other words, in a given month if a sponsor submits a TA Utilization File to CMS and in return a sponsor receives an error response file containing both monetary and non-monetary record type errors, then a sponsor will send CMS 2 additional files: one file using the record correction indicator for all monetary corrections and another file with the record correction indicator = space for all non-monetary type corrections.) Do you agree?**

Yes. If a Sponsor receives a Monthly TA Utilization Response file from CMS that indicates errors on records, the Sponsor should use the Monthly TA Utilization file format to re-send the records to CMS (the Correction File Indicator should contain a space). If a Sponsor needs to make monetary corrections for a beneficiary, the same Monthly TA Utilization file format should be used and the Correction File Indicator should contain a 'C'. The only time a 'C' should be used in the Correction File Indicator field is when the transaction involves a monetary correction.

**21. What is included in the 40-byte informational text in the enrollment response file?**

This field is currently undefined, however, CMS is not requiring sponsors to programmatically read the field for use in processing. CMS has added this field for the purpose of communicating any additional information that may help the sponsors process or correct a transaction. The field will most likely contain human-readable messages about record and/or file errors.

**22. If the sponsor sends a valid SSN with an incorrect HICN or DOB, will CMS reject or return approval with a corrected HICN or DOB?**

CMS is developing the policy and procedures to address this concern.

**23. Are CMS response reports available in both text and report formats?**

Response files are mainframe files in EBCDIC format. They will be sent NDM to sponsors using Connect:Direct.

**24. What is the Transaction Control Number in the file formats? Who assigns the number?**

The Transaction Control Number is defined as a unique identifying number used to recognize and track a batch transmission from the Drug Card Sponsor to CMS. This number will be used in the CMS response to the Drug Card Sponsor to identify the original request file. Sponsors can assign the Transaction Control Number.

**25. What control number should a sponsor use when sending a correction file? That is, sponsor sends CMS a monthly TA Utilization File. CMS replies with a TA Response file, which contains error information found on the original Utilization file. Sponsor will then prepare TA Utilization with the Correction Flag set. Should sponsors use the original control number or a new one for the correction file? The documentation does not provide an answer.**

It is likely sponsors will find it advantageous to not repeat transaction control numbers so as to keep track of transactions. CMS processes do not require matching transaction control number to a correction file. Also, please keep in mind the only time the correction indicator field should be set to 'c' is when monetary corrections are being submitted. Transactions being re-sent due to receipt of an error response file should have a space in the correction indicator field.

**26. Can a disenrollment be pending or rejected?**

A disenrollment can be rejected but not pending.

**27. Can a drug card only request ever be pending?**

No. Drug card only requests will be either accepted or rejected.

**28. On CMS to sponsor record type 1F, what would be the reason CMS would reject a disenrollment request?**

A disenrollment will be rejected if incorrect data are submitted to CMS from a sponsor and CMS cannot match the file to a beneficiary or if the beneficiary identified is not enrolled in the program.

**29. What is required for consistency edits when transferring a file to CMS?**
Sponsors are responsible for ensuring proper construction of files transferring to CMS. When CMS processes the file some records may be returned due to the need for surface edits; i.e., valid values in each field.

**30. What is the Monthly Membership Notification File mentioned in the FAQ recently received? Is it something different than the files outlined in the Sponsor Systems Test Package Version 5.2 document?**
Yes. CMS is providing this file for sponsors to use at their discretion. The file will contain a record for each beneficiary enrolled in the sponsor's drug card according to CMS's records.

**31. Format 1B – Co-Insurance Level Types Code: If a sponsor has chosen to waive the co-insurance levels, what should this data element be populated if this is not applicable?**
Sponsors cannot waive the coinsurance levels.

**32. For the field Co-Insurance Level Type Code, do sponsors derive this from the enrollment form? This information is not on the response from CMS. Some sponsors are concerned the income levels verified by CMS may be different than what the member entered on the enrollment form?**
Sponsors are responsible for assigning coinsurance levels based on information from the enrollment form.

**33. Will CMS expect sponsors to pass the effective date with the eligibility requests? The concern is if the beneficiary is not considered to be effective until the first day of the month following a positive receipt of eligibility; sponsors may not know when that is. For example, if a beneficiary enrolls May 28 and a response is not received from CMS until June 1, then the beneficiary would not be active until July 1.**
The effective date of enrollment is generally the 1st of the month following the month the completed form is received by the sponsor. In your example, the effective date of an enrollment received on May 28th is June 1st. Sponsors should be providing the effective date with the enrollment requests. The date must be no greater than 3 months from the application date and no less than the applicant's Medicare entitlement date. In addition, CMS can set retroactive dates if needed.

**34. NEW! What is the purpose of Format 2C or does 1G replace it?**
Format 2C is a monthly file containing information on all members (those with TA and those without TA). It is generated and sent by CMS monthly. Format 1G will only contain information for members with TA.

**35. UPDATED 3/19/2004: The 1G Record Format: What day of the month will CMS provide the 1G on the daily file in response to the Monthly Sponsor Utilization files? How will CMS provide the information for someone coming from another health plan?**

Format 1G will be provided following CMS processing of the Monthly TA Utilization File from the sponsor. CMS will send format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G. For new enrollees with TA balance reported by a prior sponsor Format 1G will be sent to the new sponsor after CMS processes the monthly TA Utilization files from prior sponsor. Therefore, sponsor may receive Format 1G more than one day a month.

**36. Will sponsors have access to view the TA status on CMS's system for those previously enrolled in TA with another health plan?**

No sponsor will not have access to view the information on EEVS.

**48. CMS Monthly Membership Notification:**

**1. When will this be sent, approximate time in the month?**

The system will make sponsor membership information available monthly, including a summary of TA data, if applicable

**2. Can CMS include a date for the reporting period in the header record?**

An 'Effective Date' field has been added to the file format. The field will contain the month and year for which membership is being reported.

**3. Could CMS identify those with TA by the record type code in 2C?**

CMS will take this under consideration.

**4. Will this include all actives in the reporting period?**

The purpose is to report everyone who is active.

**37. NEW! What is the difference in purpose between Format 1G & 2C. Why are you sending 1G daily if it is only for members who were included in the prior month's TA Utilization report? The TA balance will not change until the next utilization report, right?**

Format 1G will contain information only on those members that have Transitional Assistance. It will not contain information on members without Transitional Assistance. The Monthly Membership Notification File contains information on all members enrolled in the prior month (those with Drug Card only and those with Drug Card and Transitional Assistance).

Additionally, Format 1G will not be sent daily. CMS will send format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G. Format 1G appears with the daily files because instead of being sent as a separate file, it will be included in the daily files sent to Sponsors from CMS.

**38. NEW! Should the alphanumeric fields sent from card sponsor to CMS be in all uppercase or is mixed case (upper and lower)? Will the data supplied by CMS in the response records be uppercase or mixed case?**

Generally alphanumeric fields will use mixed case. The Drug Card Program ID should begin with a capital "D." Application Type Code and Record Type Code will use capitals as well.

**39. NEW! Is there a requirement to compress or zip the files sent between sponsor and CMS and CMS to sponsor?**

No. There is no requirement to compress or zip the files being transmitted.

**40. NEW! The Record Format 1C for Sponsor to CMS has one field to enter disenrollment code. The Record Format 1F for CMS to Sponsor for disenrollment defines separate fields for Drug card disenrollment and Subsidy disenrollment. Does this mean sponsors need to submit multiple records in order to process both disenrollment requests?**

No. The sponsor will have various codes to request various types of disenrollments. The disenrollment codes will tell CMS what to disenroll the beneficiary from: Transitional Assistance only or Drug Card and Transitional Assistance. These codes will be provided to sponsors in the near future.

**41. NEW! Does CMS want spaces or zeros in shaded fields?**

CMS wants spaces in the shaded fields.

**42. NEW! The CMS response records include the original 175-byte record sponsors pass to CMS. There is currently a 19-byte filler on the 175-byte record. Is it possible to use this filler area in order to "pass through" additional identifying information for the beneficiary; i.e., to use this field to pass the Group number with the expectation that it would be passed back in the CMS response message.**

No. The filler cannot be used for the purpose identified.

**43. NEW! Are the data elements beneficiary middle initial, spouse SSN and transaction control number optional fields? Are they required to make the application complete can a sponsor choose to not use them whether the info is supplied on the app or not).**

The middle initial, spouse SSN and transaction control number are optional fields. However, please be aware the spouse SSN is required, if provided by the beneficiary on the form, for TA applicants.

**44. How do we know if a member disenrolls from non-TA or TA program using Format 1F?**

The fields Drug Card Disenrollment Date, Drug Card Disenrollment Code and the TA field counterparts will alert a sponsor as to which program a beneficiary is disenrolling based on the field(s) populated in the file.

**Transactions**

**45. It is stated the initial transaction from sponsors is limited to 30,000. Is there an imposed limit for subsequent transactions?**

No. The imposed limit is for the initial file containing live data. This is done so that the initial data received can be run in a parallel region to see what the fallout is for the data.

**46. CMS indicated 30,000 beneficiaries could be submitted per day for approval into a sponsor's program. Does the limit of 30,000 refer to 30,000 non-transitional assistance (TA) beneficiaries and another 30,000 TA beneficiaries, as these are separate files?**

Sponsors will send one file containing 30,000 beneficiaries. Drug card only beneficiaries and Drug Card with TA beneficiaries should be included in the same file.

**47. Will CMS send and receive files to and from sponsors seven days a week, twenty-four hours a day? Is there a particular time each day CMS want to receive files for a particular processing window? What happens if a sponsor submits their files during the hours when the enrollment system may not be operating? Will the submitted files automatically be rejected or will it be held in a pended stage until the system is back up and operating? If rejected, what are the expected hours of system down time?**

CMS plans to be able to receive files from program sponsors seven days a week, twenty-four hours a day. Files will be sent back to sponsors seven days a week, twenty-four hours a day with the exception of CMS blackout times and CMS system maintenance periods. (CMS blackout times and CMS system maintenance generally occur on nights and weekends.)

**48. Page 3 of the Medicare Prescription Drug Discount Program Sponsor Systems Test Package - Version 5.2 (January 30, 2004) states, "sponsors will send daily enrollment/disenrollment requests." The speaker on the call, February 12, 2004, stated, "sponsors may submit daily enrollment/disenrollment requests." Is this a requirement or an option? (Some existing managed care organizations (MCO), may want to submit the discount drug card files on the same frequency as their health plan files, which is every two weeks.)**

File submissions are not required. Sponsors can combine enrollment/disenrollment requests into one file and are allowed to send one enrollment/disenrollment file per calendar day per program. This file should contain the following transactions: drug card only enrollments, drug card and TA enrollments, TA enrollments only, and disenrollments. The Monthly TA Utilization files and correction files, if necessary, do no count toward the one file per calendar day limit.

**49. What is the frequency of transmissions to be received from CMS? If CMS may be sending files more frequently than daily, sponsors may need a time date on the transmission (in addition to the date field already there) so it is known which file is most recent.**

CMS will send one Daily Response File containing the following: Drug Card only enrollments, Drug Card with transitional assistance (TA) enrollments, TA enrollment only, Disenrollments, and TA balance, which will have pending applicants marked. In addition to the daily file, CMS will send Sponsors a Monthly TA Utilization Response file and a

Monthly Membership Notification file. It is possible for a sponsor to receive several files from CMS in 1 day, but the files will be different. A sponsor should not receive the same file type more than once a day.

**50. Will the response file to sponsors be limited based on the request file sent? Is there a way to limit the number of enrollments for one file?**

CMS Response files are based on the records processed in a specific day, not the number of enrollment or disenrollment records submitted. For example, if a sponsor sends a file containing 10,000 records, 5,000 may be processed within 48 hours and the other 5,000 may not be processed for 72 hours. During this time period, more files may have been submitted from the sponsor. The Response file will contain records processed from various files.

**51. UPDATED 3/4/04: When sponsors send an enrollment file to CMS to validate, is your turn around time 48 hours or 72 hours?**

The CMS turn around time for response files is expected to be 48 hours for drug card only and 72 hours for transitional assistance. Sponsors must send the materials corresponding to the CMS reply within 5 days of receiving the reply.

**52. UPDATED 3/1/04: Are sponsors allowed to combine drug card only enrollment with transitional assistance (TA) enrollment on the same file? Do transitional assistance (TA) disenrollment requests need to be separated in another file or can all disenrollment requests be combined into one file?**

Sponsors can combine enrollment/disenrollment requests into one file and are allowed to send one enrollment/disenrollment file per calendar day per program. This file should contain the following transactions: drug card only enrollments, drug card and TA enrollments, TA enrollments only, and disenrollments. The Monthly TA Utilization files and correction files, if necessary, do no count toward the one file per calendar day limit.

**53. The test package states only one file per type can be sent in a 24-hour period. If an entity will be working with many sponsors, is the sponsor allowed to send one file per sponsor per day of each type? Or is CMS expecting on one file per day of each type containing all of the different programs the entity is processing?**

Sponsors can combine enrollment/disenrollment requests into one file and are allowed to send one enrollment/disenrollment file per calendar day per program. This file should contain the following transactions: drug card only enrollments, drug card and TA enrollments, TA enrollments only, and disenrollments. The Monthly TA Utilization files and correction files, if necessary, do no count toward the one file per calendar day limit.

**54. What is the expected turn-around time from CMS regarding beneficiary acceptance into the sponsor's program? If it is 72 hours, will this count against the five-day period in which a sponsor must inform a beneficiary of their application status?**

The CMS turn around time for response files is expected to be 48 hours for drug card only and 72 hours for transitional assistance.

**55. For the CMS-initiated enrollment and CMS-initiated disenrollment, what will the format be for CMS sending it to the sponsor?**

The CMS-initiated enrollment and CMS-initiated disenrollment records will be sent by CMS to sponsors in the same format as the daily CMS Response files (1D, 1E and 1F).

**56. What action is needed from a sponsor if an EEVS file is expected but not received?**
Sponsors should contact the EEVS help desk that will be established.

**57. For what scenarios will sponsors submit a credit code on the Format 2A – Sponsor to CMS?**
Sponsors should review their business procedures to determine the applicable scenarios. One example for reporting a credit is if the sponsor finds a paid claim is reversed and transitional assistance (TA) must be credited back to the individual account.

**58. Will files outbound from CMS to sponsor be generation data sets?**
All file transfers will be a push to sponsors. Sponsors will work with CMS to understand the naming of the file for their end. Sponsor systems must be able to recognize when a file is sent to them.

**59. If is entity anticipates sending as many as 10 separate files, possibly data in support of sponsors for which they process claims and are the proposed subcontractor under the Discount Card Program, will CMS be expecting and capable of handling more than one file per day, or as needed, for enrollment/eligibility processing from a single processor or on behalf of multiple sponsors?**
Third parties must send separate files for each sponsor. CMS expects one file per day per sponsor.

**60. What are the situations where a beneficiary will have a CMS-initiated enrollment?**
There are three situations. A beneficiary received a denial for the drug card and elected reconsideration. The reconsideration contractor (IRE) determines the beneficiary eligible for enrollment and initiates enrollment. The IRE will notify the sponsor directly in addition to the CMS-initiated transaction. Similarly, a beneficiary who received a denial of TA and elected reconsideration would follow the same procedure as described. Additionally, if a beneficiary is inappropriately disenrolled, a sponsor will receive a CMS-initiated enrollment when CMS is correcting an errant disenrollment.

**61. Should sponsors send a disenrollment transaction when a beneficiary is enrolling in another program with another sponsor during the Annual Enrollment Period (AEP)?**
No. The beneficiary does not have to disenroll from the previous sponsor during the AEP. Therefore, the previous sponsor is not responsible for sending the disenrollment transaction. CMS will send a CMS-initiated disenrollment with an effective date of December 31, 2004 upon completion of the processing of the beneficiary's new enrollment. Therefore, sponsors should expect to start receiving CMS-initiated disenrollments with effective dates of December 31 as early as November 16.

**62. The test package states, "Must be able to electronically recognize when no file has been sent." Does this follow the Pre-Application Conference Documents-Systems**

**Requirements where it states (page 9) that responses for drug card only enrollments and most other transactions will be received within 24 hours and Transitional Assistance Enrollments Response file will be received within 72 hours?**

CMS expects sponsors are able to electronically recognize they have not received a response file from CMS for files previously sent. If a sponsor determines this to be so, CMS suggests a sponsor contact the provided help desk for further assistance and inquiry.

**63. Does CMS require that enrollment/disenrollment files be sorted so that all the Format 1A records are grouped together, then Format 1B records follow and are all grouped together, then Format 1C records follow last and are all grouped together or does CMS allow these records to be intermixed within the detail section of the file (so you could have a 1A, a 1C, a 1A, a 1B in no particular order)?**

CMS would like to have Sponsors sort the files by record type prior to submission to CMS. If CMS receives a Sponsor file that is not sorted, we will have the capability to sort the file for the Sponsor but we prefer having the file sorted upon receipt.

**64. NEW! Is it allowed to send the Monthly Transitional Assistance Utilization file and the Transitional Assistance Utilization Correction file on the same day? They are both 2A files. Or would sponsors need to combine the Correction file data into the Monthly file? The corrections are likely to be for claims that were originally paid in the previous month, not in the current month being reported in the Monthly file. In the online pharmacy world, a claim reversal may be made at any time after a claim is processed (even months later), so we were considering making the correction file processing a daily activity, which may result in a daily correction file.**

**For example: A claim is originally processed on 6/29/04. The Transitional Assistance used for this claim is $150.00. The beneficiary has no other claims that month, so the utilization for the beneficiary for June 2004 is $150.00. For some reason, the member never picks up the medication at the pharmacy. The pharmacy is a bit behind on restocking, so doesn't discover this until July 31st, when they reverse the original claim.**

**The claim is reversed in a second month, and would normally be sent on a Correction File. However, the occurrence coincides with the Monthly Utilization File creation (which would happen on August 1st and include July 1st - July 31st utilization). Should the credit to the TA utilization for the beneficiary occur in the Monthly file or a correction file? If it is a correction file, can sponsors send both the monthly and the correction on the same day?**

By the 10th day of the current month (or the last business day before the 10th), using file format 2A, sponsors must send in total TA utilization for the prior month, i.e., aggregate monthly credit or debit amount as of the last day of the prior month; zero utilization is not reported unless the beneficiary's disenrollment effective date was during the prior month. This means that a credit or debit or zero utilization must be reported for beneficiaries who have actually disenrolled during the prior month. This also means once TA is exhausted in 2004 sponsors do not report zero utilization if the beneficiary remains enrolled. Reporting will begin again in 2005 when the 2005 TA funds are utilized.

CMS will send format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

If the sponsor identifies that a previously reported monthly TA utilization amount was incorrect and the beneficiary is currently enrolled with the sponsor, then the next monthly aggregate TA utilization amount reported must reflect the adjustment to correct for the error in the past report.

**74. NEW! If CMS provides an CMS-initiated disenrollment for an individual that sponsors do not currently have enrolled in their system, are sponsors expected to reject and report this back to CMS, and if so, in what format?**

Sponsors should contact the help desk if issues like this occur.

**76. NEW! If the Header Error Code from CMS is populated indicating there was a problem processing the file of the sponsor: Will the CMS response file contain any records? Will CMS contact the sponsor via the requested corporate email? What are CMS' expectations of the sponsor if there was a problem processing the sponsor file?**

In cases where the entire file fails, CMS will contact the sponsor via the corporate email address provided by a sponsor. The sponsor will then be able to solve the problem via the help desk. If the sponsor needs the original file to be returned, CMS will do so.

**Transitional Assistance/Subsidy Balance**

**77. For the monthly transitional assistance amount reported in the file layout, how will TA rollover from one sponsor to another sponsor be handled for beneficiaries?**

CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding transitional assistance rollover when available.

**78. If a sponsor enrolls someone in their program and the person already has transitional assistance (TA) from a previous plan how will CMS send TA balance to the new sponsor? And, when would CMS send the information?**

CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding transitional assistance rollover when available.

**79. If multiple sponsors were involved; e.g. the beneficiary is moving from one Sponsor to another, would CMS provide the "starting balance" to the new Sponsor?**

Yes, the balance will be provided but a policy decision to determine the date when the balance will be provided has not yet been determined.

**80. If a member with transitional assistance (TA) disenrolls in Vermont and moves to Florida, who is responsible for notifying the new sponsor of the dollar amount of the**

**remaining TA? The answer in the 1/27/04 Q&A's - Question 4 on Page 35 in the Transitional Assistance appears to address this. It states, "At the time the beneficiary enrolls, the remaining balance on the card (which is provided to the enrollment system by the present sponsor at the time of disenrollment) would be rolled over to the exclusive (new) card." However, during the enrollment process, the files that go FROM sponsor to CMS do not have a subsidy balance field. But the files that go FROM CMS to Sponsor do have that field. How do sponsors report the TA or subsidy balance when a person disenrolls?**

CMS is aware of this consideration and is currently working on the performance standards to communicate to the sponsors. CMS will provide operation instructions regarding TA rollover when available.

**81. In 2005, if a member has a transitional assistance (TA) balance of $90 from 2004 and is approved in 2005 for $600, in the file that CMS sends approving the member for re-enrollment in 2005, will it include an amount of $690 or will it say $600 and sponsors need to make an adjustment for any unused TA balance from the previous year?**

Re-enrollment is not required for 2005. CMS notification of TA balance at the beginning of 2005 will include $600 for 2005. More details will be provided at a later date.

**82. UPDATED 3/19/2004: How do sponsors inform CMS of the transitional assistance balance in a timely manner for disenrollees?**

By the 10th day of the current month (or the last business day before the 10th), using Format 2A, sponsors must send in total TA utilization for the prior month, i.e., aggregate monthly credit or debit amount as of the last day of the prior month; zero utilization is not reported unless the beneficiary's disenrollment effective date was during the prior month. This means that a credit or debit or zero utilization **must** be reported for beneficiaries who have actually disenrolled during the prior month. This also means that once TA is exhausted in 2004 sponsors do not report zero utilization if the beneficiary remains enrolled. Reporting will begin again in 2005 when the 2005 TA funds are utilized.

**83. If there is only one sponsor involved and all inputs to the CMS subsidy balance are coming from that sponsor, what type of discrepancies could exist that the sponsor would be able to resolve on their own? If the sponsor cannot resolve the discrepancy, does the CMS balance prevail? Is there any information on how the process to resolve differences between a sponsor's and CMS's utilization amounts will operate?**

Sponsors are responsible for the accounting administration of transitional assistance (TA) funds. CMS is providing the TA balance as information for sponsors to use to ensure sponsors report balances to CMS properly. Further, when beneficiary has changed drug card programs, this report offers another way to confirm TA rollover amounts**.**

**84. UPDATED 3/19/04: For the Monthly TA Utilization file sent to CMS, should the it contain only those beneficiaries who had TA transactions during the month or are all TA-eligible beneficiaries, including beneficiaries with no activity have a "Transitional Assistance Utilization Amount" of zero? If the file is to contain all**

**TA-eligible beneficiaries, what "Debit or Credit Indicator Code" should be used for zero TA utilization amounts and should it contain any beneficiary who was TA eligible and enrolled for any part of the month?**

By the 10th day of the current month (or the last business day before the 10th), using file format 2A, sponsors must send in total TA utilization for the prior month; i.e., aggregate monthly credit or debit amount as of the last day of the prior month; zero utilization is not reported unless the beneficiary's disenrollment effective date was during the prior month. This means that a credit or debit or zero utilization must be reported for beneficiaries who have actually disenrolled during the prior month. This also means that once TA is exhausted in 2004 sponsors do not report zero utilization if the beneficiary remains enrolled. Reporting will begin again in 2005 when the 2005 TA funds are utilized.

CMS will send format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

If the sponsor identifies that a previously reported monthly TA utilization amount was incorrect and the beneficiary is currently enrolled with the sponsor, then the next monthly aggregate TA utilization amount reported must reflect the adjustment to correct for the error in the past report.

**85. UPDATED 3/19/2004: In the solicitation for the exclusive drug card, section 3.3.5 bullet 11, the qualifications state that the Applicant adopt a system for determining final TA balances to be reported to CMS at the time a card enrollee disenrolls from the drug card program. In the file layouts provided in the Test System Package, the disenrollment file layout (Format 1C) does not allow for any TA balance field. Is CMS planning on developing a report format to address this or is there an existing one sponsors should be using?**

The final TA balance information will be reported in the Monthly TA Utilization File sent to CMS from the sponsor and in Format 1G.

**86. UPDATED 3/19/04: For the CMS TA Balance Notification file, Format 1G, sent to sponsors, will this file contain only those beneficiaries who had TA transactions during the month or are all TA-eligible beneficiaries to be included in the file?**

CMS will send Format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

**87. Once the subsidy is exhausted (zero balance remaining), do sponsors send the zero balance record one time and thereafter remove that enrollee from future reports?**

Only transitional assistance (TA) utilization during the month should be reported in Format 2A. If a beneficiary has a zero balance, there is no need to include their record in the report since there is no utilization amount unless there are new debits or credits or TA begins again in 2005.

**88. Tables 3-18, 3-19, 3-20 version 5.2: CMS to Sponsor: Monthly TA Utilization error response file: Will sponsors receive an empty (null) data set each month from CMS if there are no errors to report or will no error file be sent?**

If there are no errors, no file will be sent. Sponsors will still receive the regular acknowledgement via email of the file upon successful completion of the data transfer to CMS via Connect:Direct.

**89. UPDATED 3/19/04: Is the sponsor only sending transitional assistance (TA) utilization amounts and CMS only sending subsidy balances?**

By the 10th day of the current month (or the last business day before the 10th), using file format 2A, sponsors must send in total TA utilization for the prior month; i.e., aggregate monthly credit or debit amount as of the last day of the prior month; zero utilization is not reported unless the beneficiary's disenrollment effective date was during the prior month. This means that a credit or debit or zero utilization must be reported for beneficiaries who have actually disenrolled during the prior month. This also means that once TA is exhausted in 2004 sponsors do not report zero utilization if the beneficiary remains enrolled. Reporting will begin again in 2005 when the 2005 TA funds are utilized.

CMS will send format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

If the sponsor identifies that a previously reported monthly TA utilization amount was incorrect and the beneficiary is currently enrolled with the sponsor, then the next monthly aggregate TA utilization amount reported must reflect the adjustment to correct for the error in the past report.

**90. UPDATED 3/19/2004: Will CMS send sponsors a file with how much of the transitional assistance (TA) was used per member, per month for a sponsor's members?**

CMS will be providing sponsors with two files containing TA balance information. One response will be from the Monthly TA Utilization File, Format 2A, submitted to CMS from the sponsor. This response file, Format 1G, will be included as part of the daily response file notification showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G. The second file is the Monthly Membership Notification File. This file will contain sponsor membership information for all beneficiaries in drug card and TA, including TA balance information.

**91. How will appeal decisions and/or changes in enrollment status be communicated back to sponsors if the beneficiary was originally denied for transitional assistance (TA) and on appeal is granted TA or the beneficiary was originally enrolled in TA at the 10% co-payment level and on appeal is granted a 5% co-payment level?**

Sponsors will be notified via CMS-initiated enrollments.

**92. UPDATED 3/19/2004: Is the transitional assistance utilization amount the total at the end of the month after all claim are summarized?**

The transitional assistance utilization amount is the amount of money a transitional assistance beneficiary used in the month up to the 10th day of the current reporting month (or the last business day before the 10th).

**93. If a transitional assistance record is sent to CMS, could sponsors receive separate transactions (one for the drug card and another for the transitional assistance) back?**

If a Drug Card with Transitional Assistance enrollment is sent to CMS, a sponsor will receive one final determination (accepted or rejected). A sponsor could also receive a pending response prior to receipt of the final determination. There will not be separate responses for the drug card and transitional assistance. If the transitional assistance is rejected, the entire transaction will be rejected.

**94. If a drug card beneficiary requests transitional assistance, does the sponsor need to send a term on the drug card file and an enrollment on the drug and transitional assistance file?**

Sponsors should not submit a disenrollment for the drug card. A new enrollment transaction for drug card with transitional assistance (Format 1B) should be submitted.

**95. Subsidy information is indicated on the return disenrollment file. Will CMS send subsidy information only on the disenrollment file or on the enrollment files as well or instead of the disenrollment file?**

Subsidy information will not be provided in the enrollment or disenrollment CMS to sponsor file formats (please note that this field is grayed out in formats 1D, 1E and 1F). Subsidy balance information will only be provided on Format 1G and the Monthly Membership File.

**96. What is the Subsidy Proration Date? Is this the first date of the period for that amount of subsidy?**

The subsidy proration date is the date from which the subsidy amount to be received by the beneficiary will be calculated. For anyone who is a current Medicare beneficiary when they apply for the subsidy, this date will be equal to the card application date. Otherwise, for future Medicare entitlements, this date will be the same as their Medicare entitlement date.

**97. UPDATED 3/19/2004: Will the Monthly Membership Notification report only include current active members, or will it show a history of disenrolled members?**

The file will contain all beneficiaries enrolled during the reporting period for drug card and TA.

**98. NEW! What are sponsors expected to do with the TA balance in the CMS to Sponsor Monthly TA Utilization Reports?**

Sponsors should use the CMS balance information to verify their balance information is accurate.

**99. NEW! How will the following be done: sponsor sends monthly TA balance file to CMS and compare TA balance field to the data in their system and resolve?**

This statement is identified in the testing package…this question should be answered by Lori.

**100. If CMS returns a pending status for a TA applicant, how are updates provided? Does the sponsor need to continually resubmit the information for updates or does CMS provide the updates?**

CMS envisions upon receipt of Format 1B, sponsors will receive a pending status when processed at night back to sponsors. It will take 72 hours for CMS to send Format 1E for pending TA records for the income verification. No communication between the sponsor and the beneficiary is needed for notification of the pending status. If Format 1E is not received within the usual turn around period, sponsors should contact the help desk for further status information.

**101. NEW! During the technical call on 3/2/04, CMS was asked what the sponsor should do if a member had a claim reversed that affected TA after the Monthly TA Utilization File was sent. CMS's response was that a TA Utilization Correction Record should be sent for each reversed claim as it occurred. Until this point, our assumption was that reversals would be picked up in the next Monthly TA Utilization file. The number of reversals resulting in correction records will be high and some may occur several months after the original claim amount is reported. It is probable that a correction file will be sent daily from each sponsor. If CMS truly wants to receive a correction record each time a reversal is received, sponsors will need more information to fulfill the request. For instance, if a reversal is received three months after the initial claim was processed, when the correction file is sent, it will contain corrections from more than one month. Which effective date should be used? How will CMS know which month to apply the correction? Will the correction ripple forward through the subsequent months? Will CMS send the sponsor a correction of the Monthly Balance Notification record for that member?**

If the sponsor identifies a previously reported monthly TA utilization amount was incorrect and the beneficiary is currently enrolled with the sponsor, then the next monthly aggregate TA utilization amount reported must reflect the adjustment to correct for the error in the past report.

**102. NEW! Regarding the new 1G response record, will the Subsidy Balance reported be the current balance as of the File Data Feed Date or the balance as of the previous month-end or the balance as of the current date (the date CMS sent the file)?**

CMS will send format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

**65. NEW! In the 5.3 test package, Record format 1G has a paragraph above it that states, "**NOTE: In the prior Test Package, Version 5.2, this file was identified as a monthly file (consisting of tables 3-22, 3-23 and 3-24). This file will now be returned**

**as part of the daily response files (see attached Monthly Transitional Assistance Utilization Amounts Process Flow). Balance notification will only be provided for the beneficiaries identified in the Monthly Transactional Assistance Utilization File provided by the sponsor." The new record format that actually was formerly tables 3-22 and 3-24 is record format 2C, and it is still a monthly file. Since TA utilization is only reported monthly, why would you report TA balances (in 1G) daily? This file format actually didn't exist before - what is its purpose? It can't be for new enrollments, because they wouldn't have appeared on the TA Utilization report.**

CMS will send Format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

**103. NEW! In the note regarding the new 1G response record (at the top of page 13 of Appendix 1 of the Sponsor Systems Test Package version 5.3) it states, "Balance notification will only be provided for the beneficiaries identified in the Monthly Transaction Assistance Utilization File provided by the Sponsor." However, it was stated in the technical call on 3/2/04 to send records for all plan members. If sponsors do send records for all plan members, will sponsors receive 1G records for all plan members or only for those that had TA utilization?**

The Monthly TA Utilization File should contain all records for members who have TA. Individuals with drug card only should not be included in the file, though drug card only members will be included in the Monthly Membership Notification File, Format 2C, to Sponsors from CMS. CMS will send Format 1G showing CMS's record of the TA balance as of the end of the prior month to a beneficiary's current sponsor after processing the monthly utilization for that beneficiary. If no utilization was reported, the sponsor will not receive format 1G.

**104. NEW! It was stated that if after a monthly report is submitted on the TA balances for all beneficiaries, a reversal (return to stock) occurs which causes a change in the TA balance for a beneficiary, this should be reported to CMS in an "adjustment file" between monthly reporting rather than included in the next month's report. Of concern is the possibility that although a claim may have been reversed after the report has been submitted for the month of June (for example), the beneficiary has used additional TA in July so the reversal reported after June's submission will increase the TA available in CMS' records when in actual fact, additional TA has been used in July negating the reversal from June. Please advise.**

If the sponsor identifies a previously reported monthly TA utilization amount was incorrect and the beneficiary is currently enrolled with the sponsor, then the next monthly aggregate TA utilization amount reported must reflect the adjustment to correct for the error in the past report.

**105. NEW! Will CMS inform us when a response is ready to pick up or do sponsors need to go to the CMS site to see if the file is ready?**

Your systems operations must know when a new CMS file arrives. In cases where CMS encounters errors reading a sponsor input file, CMS will send a response file to the sponsor

via NDM. Also, CMS will send email a summary of file processing statistics; i.e., records accepted and records rejected, to the corporate email resource sponsors are required to provide for testing.

**106. When sponsors send a disenrollment to CMS there are only fields for sending Drug Card Disenrollment Code and Date, but the response file contains Subsidy Disenrollment Code and Date as well. When would these be different? How are the Subsidy fields derived?**

The Disenrollment Code will indicate to CMS which type of disenrollment the request is for (Drug Card and Transitional Assistance or just Transitional Assistance).

**Exclusive Sponsors/Group Enrollment**

**107. UPDATED 3/19/2004: Currently, data provided to CMS from managed care organizations (MCOs) only requires a Medicare number and the file format indicates a field for social security number (SSN), is the SSN required? Will the SSN be required for the exclusive sponsor group enrollment process?**

Yes. The SSN is a required field for drug card transactions directly with EEVS. This information will be provided on the applicants enrollment form and should be entered in as data for the file layout sent to CMS when sending TA enrollments and disenrollment.

However, the SSN is not required for the group enrollment process through the Group Health Program (GHP). The exclusive sponsor group enrollment process will be different than the general drug card and transitional assistance enrollment process. This process will involve internal data exchanges between the Group Health Program (GHP) system and the Medicare Beneficiary Database (MBD) at CMS.

**108. If an exclusive sponsor were to implement a "passive election" (all members automatically enrolled in the Drug Card Only program [opt out option available]), what application date should they submit in Body Format 1A?**

Exclusive card sponsors will not submit passive elections to the EEVS. These will be handled using the GHP system.

**109. When do you expect to issue the procedures for the initial group enrollment process?**

CMS will be sending out a letter shortly outlining the group enrollment process.

**110. UPDATED 3/19/2004: Information was provided that Medicare enrollees interested in joining an exclusive sponsor's program must complete up to three applications - one to join the plan to be processed through GHP, as well as one to join the plan's exclusive drug discount card and an application for transitional assistance, both of which will be processed through EEVS. How will these two CMS systems "communicate" with each other if a exclusive sponsor's plan processes all three applications at the same time? Or will the exclusive sponsor's plan have to first process the application for the enrollee to join the plan in GHP**

**and then wait for a CMS confirmation before processing the applications for enrolling in the drug card and transitional assistance in EEVS?**

A plan enrollment will have to process and be passed to the EEVS before EEVS can accept a drug card enrollment into an exclusive plan. Due to the GHP cutoff dates and the enrollment effective dates there will be timing issues that you will need to manage based on the GHP calendar. Transitional assistance will process for eligibility but the exclusive card may receive a response that the member is not enrolled in their plan if the TA applications is sent before the enrollment in the plan is processed. CMS suggests waiting to submit TA enrollment transactions 48 hours after submitting MCO enrollment with drug card to GHP.

**111. Are sponsors responsible for notifying CMS of a beneficiary who opted out for discount drug card program benefit and who later terminates MCO coverage for whatever reason?**

The existing M+C disenrollment process will notify the EEVS of the disenrollment from the exclusive plan and thus from the drug card. The plan will need to send in a disenrollment from the drug card if the beneficiary remains enrolled in the M+C's plan, does not want to keep the drug card, and the plan required their members to positively elect and pay for the card.

**112. NEW! As an MCO, the RRB number or HICN is currently sent in the same field on the accrete/delete files. Do they have to be separated for the drug discount card file?**

A new transaction type (transaction type 02) will be provided shortly to exclusive sponsors to enroll current and new members of a plan into the exclusive sponsors drug card program. This transaction type 02 is only for enrolling members into the drug card program. Enrollment of members requesting TA must be sent to EEVS using the formats specified in the sponsor test package.

**113. NEW! The systems exclusive sponsors will be using are still a little unclear. To submit enrollment/disenrollment transactions in the M+C world, MCOs send a file to CMS through the TSO Grouch interface and receive reports back in a similar way. For submission of drug card enrollment/disenrollment transactions it sounds like exclusive sponsors will be using a different interface - will this be the EEVS?**

Exclusive sponsors will be able to enroll current and new members into the offered drug card program using one of three methods: 1) SMS submits all enrollment/disenrollment information for TA and non-TA members directly to EEVS using the file formats specified in the systems test package, 2) Exclusive sponsors submit all enrollment/disenrollment on their own behalf using the file formats specified in the systems test package or 3) Exclusive sponsors submit non-TA enrollments/disenrollment using the GHP system using the transaction type 02 file format and submit TA drug card enrollments to EEVS via SMS or on their own behalf using the file formats specified in the systems test package.

**114. Will completely new user IDs be needed or will exclusive sponsors be able to use our current CMS user IDs and only request added access?**

If a exclusive sponsor already has a Connect:Direct user ID, that ID and password can be used for submitting drug card enrollment/disenrollment files. Otherwise a new user ID for NDM/Connect:Direct will be required to submit transactions to EEVS.

**115. NEW! Do health plans group enrolling beneficiaries need to submit an initial file with all enrollees or will CMS send us an initial file? If sponsors need to send an initial file, is there a due date for the file?**

No, the managed card group enrollment process will be different than the general drug card and transitional assistance enrollment process. This process will involve internal data exchanges between the Group Health Program (GHP) system and the Medicare Beneficiary Database (MBD) at CMS.

**116. NEW! Could you please outline the three options for group enrollment? Are these options also available on a go forward basis? Our endorsed card is part of the existing benefit structure at no cost to the beneficiary.**

The three options outlined at the teleconference are as follows:
1. MCOs use SMS to submit all drug card information
2. MCOs can submit all drug card transactions are their own behalf
3. MCOs can submit non-TA using the GHP system and submit TA using transaction type 02 as the general drug card sponsors do. The GHP system cannot submit TA due to the confidentiality of the income information.

Additionally, all of this will be described in an upcoming letter to all MCOs.

**117. Format 1A – Is this format utilized for programs participating in the stand-alone drug card program only? Is this format required for submission for existing M&C plans whose beneficiaries only choose to participate in the drug card program only?**

Format 1A is used by general card sponsors and exclusive sponsors submitting enrollments using SMS or on their own behalf. If an exclusive card sponsor chooses to enroll current and new members into the drug card benefit using the group enrollment via GHP, the transaction type 02 is provided to do so. Additionally, for exclusive sponsors submitting drug card enrollments to CMS via GHP, all TA enrollments must be submitted using Format 1B using SMS or on their own behalf.

## Other

**118. What does CMS-initiated enrollment/disenrollment mean?**

Sponsors will receive CMS-initiated enrollment records (formats 1A or 1B) when CMS has taken action independent, not in response to a record from the sponsor, to enroll a beneficiary in a particular drug card program; i.e. group enrollment, post eligibility, reconsideration. [The CMS-initiated enrollment process for managed care organizations is facilitated using the Group Health System (GHP). CMS will also CMS-initiated enroll a beneficiary following a positive reconsideration finding.] CMS will CMS-initiated disenroll a beneficiary upon death or loss of Medicare eligibility or enrollment into a MCO that offers an exclusive drug card program.

**119. Is there any way to perform a preliminary validation on the Medicare number before submitting to CMS?**

No. Sponsors must submit Medicare numbers as provided by the beneficiary on the enrollment form.

**120. Is MBD access also required for drug card eligibility/enrollment activities? Will MBD contain drug card specific eligibility/enrollment information, such as the enrollee's drug card program, whether the enrollee is excluded from drug card enrollment, whether the enrollee qualifies for transitional assistance and the amount of his/her coinsurance, the amount of transitional assistance still available, etc.?**

MBD access is not required for drug card sponsor eligibility/enrollment activities.

**121. What is the match criteria used to approve enrollment? If the sponsor sends a valid SSN with an incorrect HICN, will CMS reject or return approval with a corrected HICN? Same question with all the other fields such as DOB.**

CMS has a matching algorithm and will send error codes indicating where CMS is not able to match the beneficiary's record when this occurs. Sponsors should treat this as an incomplete enrollment after the fact and sponsors will need to correct the error and resend for CMS verification of enrollment. Additionally, the error code relates to non-matching records as opposed to the denied code denying a beneficiary's eligibility.

**133. NEW! In the modified formats for the TA Utilization Header File, CMS has added a field called PRODUCT ID. No values were provided for this field. It's description reads "3 position alphanumeric characters." The glossary describes it as " A unique identifier assigned by CMS to a particular drug card offering." This field also appears in the CMS to Sponsor Monthly Membership Notification file (previously known as TA Balance Notification file) and in the enrollment/disenrollment file layouts. What should be sent to CMS in this field? What CMS will respond with in this field?**

This will be a number provided to sponsors by CMS upon contract award. The product ID number (PBP ID) will directly relate to the different product offerings under a sponsor's drug card product (D number).

## Testing

**1. UPDATED 3/9/04: Will a T1 line test be necessary for the certification letter bidders are responsible for sending no later than April 9, 2004?**

A T1 line is not necessary to begin the testing process, however, is necessary to send a completed certification letter no later than April 9, 2004.

**2. What are the four milestones for testing?**

The four milestone for testing are 1) sponsor's internal system's test, which will begin before award, 2) connectivity testing with CMS, which will begin immediately after award, 3) file

transfer testing, which will begin immediately after connectivity is established, and 4) file data validation, which will begin immediately after a successful file transfer

**3. How will the testing process be managed?**
There will be a dedicated testing team at CMS handling the process with each sponsor.

**4. Current guidelines indicate that sponsors must be certified as "live" by March 21st. In communications with CMS regarding outreach and enrollment, sponsors have been told they cannot begin any activities until May 3rd. Can you explain the necessity to be certified by March 21st when program activities cannot begin for one plus months?**
CMS has provided 5-6 weeks for all sponsors to complete the end-to-end system testing with CMS. Scheduling will be dependent upon the date sponsors certify internal systems are ready.

**5. When do you expect to receive the first production file?**
CMS expects the first production file no earlier than May 3, 2004.

**6. What are the implications of not having our system test complete by March 21, 2004?**
The 5-6 week window provided for end-to-end system testing with CMS will be affected.

**7. What is the scope of the complete end-to-end test between our company and CMS? Will the test include adjudication systems, mail pharmacy delivery systems, call center systems, etc.?**
The end-to-end system testing will include test submission and receipt of enrollment/disenrollment and transitional assistance (TA) transactions.

**8. If the T1 is not installed in time for a sponsor to meet the CMS certification deadline of March 21st, can a sponsor propose a contingency plan to utilize the AGNS line? Is this contingency plan acceptable to CMS? If a sponsor invokes this contingency plan can the sponsor re-certify when the production T1 becomes available?**
If a contingency plan becomes necessary, CMS will work with sponsors on a case-by-case basis.

**9. UPDATED 3/9/04: Is the March 21, 2004 certification date firm or will this have some flexibility?**
The March 21, 2004 date is a firm start date for when CMS is ready to begin the testing process with sponsors. All certifications are due from sponsors no later than April 9, 2004.

**10. Will the test timeframes be adjusted due to the delay in the test file being sent to plans?**
CMS plans to complete end-to-end testing on May 3, 2004 so sponsors may begin enrollment activities.

**11. NEW! How will certification test exceptions be managed? If part of certification fails, how will sponsors be notified, and what is the process for resolving the specific failure?**
Sponsors will identify contact personnel who will work closely with CMS throughout certification testing. When conducting test on data feeds, for example, CMS will contact sponsor personnel with any issues. The test team will involve CMS help desks as appropriate to help

sponsors resolve their issues. The team will then perform regression testing to ensure the specific failure has been corrected.

**12. NEW! Can the certification test be executed on a test server or is it required to be on our production server? Can part of the certification test occur on a test server, and part on a production server?**

Certification will only be given to a single environment. Once certification is granted, the sponsor is responsible for maintaining their systems so as not to run afoul of certification. For example, if a sponsor chooses to be certified on a test server, a problem may arise during migration to production that voids certification. It is the sponsors' responsibility to identify and correct the problem. CMS will not devote resources to re-certify sponsors on different environments.

**13. NEW! Once certification is submitted, how long will it take to receive feedback from CMS?**

The CMS testing team will be in constant communication with each sponsor during the testing process.

**14. NEW! If a certification test does not pass, how and when can sponsors resubmit?**

When conducting test on data feeds, CMS will contact sponsor personnel with any issues. The test team will involve CMS help desks as appropriate to help sponsor resolve their issues. The sponsor will provide an estimate on how long they require to correct the issue. Once a sponsor alerts CMS that issue has been resolved, CMS will tell the sponsor when they can resume testing.

**15. NEW! What are the deliverables required for certification?**

Detailed instructions for achieving certification are provided in the Sponsor test package.

**16. NEW! How do sponsors simulate report frequency for certification purposes? For instance, if a report is quarterly, does a sponsor need to have three months of data to satisfy the certification?**

These test are to verify the file formats, therefore, the amount of data needed for a report may be less than normally expected. Sponsors are responsible for manipulating their systems to bypass time constraints. For example, sponsors will need to produce the enrollment request file immediately upon receipt of an input file although their systems may be designed to do so on a nightly basis.

**17. NEW! How are the test results delivered to CMS? Hardcopy? Softcopy?**

CMS and sponsor will use an 'incident report' to publish the results of file exchanges. These reports will be transmitted electronically. When sponsors submit enrollment request files to CMS, CMS will return the enrollment determination file. This will be done electronically as is stated in the EEVS requirements documentation.

**18. NEW! Is it correct that the CMS certification only consists of three files a) enrollment and Disenrollment (Sponsor feed and CMS response, Format 1A, 1B & 1C) Monthly TA Utilization (Sponsor feed and CMS response) Format 2A c) Monthly TA Balance Notification (CMS to Sponsor feed) Format?**

The testing of file formats will include all variations of each data feed. This will include Formats 1A, 1B, 1C, 1D, 1E, 1F, 1G, 2A, and 2B. If new formats are required, those will also be tested.

**19. NEW! Is monthly reporting part of the certification and testing?**
The monthly transitional assistance utilization and balance files are included in testing.

**20. NEW! Is it permissible to undergo the internal system testing and the external system testing with AT&T and CMS by processing the test cases having some manually assigned group codes or other data fields?**
All testing conducted with CMS and the CMS Test Team will use the test data provided by CMS. AT&T will test the T1 line to ensure that the line is active. Sterling Software will test that Connect:Direct is installed correctly. Other testing conducted by the sponsor on their own internal system(s) is performed at their own discretion.

**21. NEW! Is the Drug Card Program ID field in the CMS Enrollment Test Package intended to be the Sponsor ID? If so, there is a discrepancy in the field sizes. In the CMS Price Comparison website files, the Sponsor ID is 5 bytes, but the Drug Card Program ID field is 9 bytes.**
No. The Sponsor ID is assigned during the Connect:Direct process. The Drug Card Program ID is a data element in the file formats.

**22. NEW! Is it correct to assume that the March 21, 2004 certification does not preclude additional systems development to further automate manual processes for operational effectiveness and efficiencies?**
The March 21, 2004 date has been changed. The date for T1 connectivity certification is April 9, 204. The date for file format testing certification is April 23, 2004. If, after certification, a sponsor need to continue development on their systems they assume responsibility for maintaining the integrity of their certification. Continued development may adversely affect the creation, import and export of data files.

**23. NEW! As identified in today's call, if an entity is an ASP working as a sponsor and also a subcontractor. Does the ASP need to identify individuals from the organization with which they are subcontracting for CMS to talk with regarding testing or will all testing go through us?**
CMS is not privy to the particular arrangements between ASPs and their sponsors. CMS' current plan, therefore, is to test file formats at least once with an ASP. The ASP and sponsors are responsible for any additional testing for file exchanges beyond the ASP.

**24. NEW! Must certification occur prior to testing if a sponsor has requested to be part of the Group "C" testing team, which would allow us to begin testing with CMS on March 30, 2004?**
Certification for the establishment of the T1 line, Connect:Direct, file naming and addresses assigned is due no later than April 9, 2004. The second certification, included in the revised test package to be post by March 12, will certify a sponsor has conducted all file formats testing with the CMS Testing Team including successful transfer of files over the T1 line. The latter certification is due April 23, 2004.

**Exclusive Sponsors/Managed Care Organization (MCOs)**

1. **UPDATED 3/19/2004: Currently, data provided to CMS from managed care organizations (MCOs) only requires a Medicare number and the file format indicates a field for social security number (SSN), is the SSN required? Will the SSN be required for the exclusive sponsor group enrollment process?**

Yes. The SSN is a required field for drug card transactions directly with EEVS. This information will be provided on the applicants enrollment form and should be entered in as data for the file layout sent to CMS when sending TA enrollments and disenrollment.

However, the SSN is not required for the group enrollment process through the Group Health Program (GHP). The exclusive sponsor group enrollment process will be different than the general drug card and transitional assistance enrollment process. This process will involve internal data exchanges between the Group Health Program (GHP) system and the Medicare Beneficiary Database (MBD) at CMS.

2. **NEW! Using the Accrete/Delete File to Enroll in the Drug Card Program:**

   **How will CMS group enroll the existing MCO members for exclusive sponsors who are offering the Drug Discount Card with no fee? Will this process also be used for enrolling new members (accretes) on an ongoing basis?**
   If exclusive sponsors are have elected to offer the discount drug card at no cost to all member in the specified plan benefit packages, CMS can identify the drug card members and submit enrollment transaction on behalf of the exclusive sponsor to the EEVS from GHP.

   Exclusive sponsors will be able to enroll new members into the offered drug card program using one of three methods: 1) SMS submits all enrollment/disenrollment information for TA and non-TA members directly to EEVS using the file formats specified in the systems test package, 2) Exclusive sponsors submit all enrollment/disenrollment on their own behalf using the file formats specified in the systems test package or 3) Exclusive sponsors submit non-TA enrollments/disenrollment using the GHP system using the transaction type 02 file format and submit TA drug card enrollments to EEVS via SMS or on their own behalf using the file formats specified in the systems test package.

12. **According to the solicitation members enrolled in an employer group are not eligible. Does this apply to M+C employer groups? If one of our members is enrolled in our M+C plan through an employer group with Rx coverage, are they eligible to join the discount card program and/or the TA?**

No. An applicant with an exclusive card sponsor enrolled in an M+C employer group is still eligible for the discount card program and/or TA according to legislation, such exclusion is only mentioned in the general solicitation for non-M+C employer plans.

12. **If a member disenrolls from our M+C plan, is there an automatic disenrollment from the discount drug program or does a separate transaction have to be submitted to disenroll from the drug card program?**

There are two system actions for exclusive sponsor disenrollment.
1) Non-TA beneficiary disenrollment will be sent to EEVS by the GHP system based on MCO disenrollment.
2) TA beneficiary disenrollment must be submitted to EEVS via SMS or the exclusive card sponsor.

**13. What is the enrollment timeline for exclusive card sponsors? When will group enrollment occur? Will it occur in April (after successful completion of testing) since we are able to begin outreach to existing enrolled members or will CMS begin the group enroll process as of May 3rd, which is the date given for outreach to new prospective members, as well as the day members are able to enroll?**

Drug card group enrollment will begin in May following the regular GHP cutoff date and the monthly enrollments are processed in GHP providing effective drug card enrollment dates of June 1, 2004.

**14. What should exclusive sponsor do with Transitional Assistance forms that are received during the month of April as a result of the initial outreach to existing enrolled members?**

TA enrollments from exclusive card sponsors can come through beginning in May following the receipt of Format 1D from CMS/EEVS for accepted drug card enrollment.

**System Forms**

**1. What forms do I need to submit for the Medicare Discount Drug Program?**

As an incoming sponsor, the following three forms are required for submission: the CMS Connectivity Request Questionnaire, Data Use Agreement (DUA) and the Application for Access to CMS Computer Systems (user IDs).

**2. What is the Connectivity Request Questionnaire?**

The Connectivity Request Questionnaire is needed to ensure and access telecommunications between CMS and a potential Medicare Discount Drug Card Sponsors.

**3. What is the Data Use Agreement (DUA)?**

The DUA is an agreement that is statutorily mandated for any entity CMS exchanges personally identifiable information about any Medicare beneficiary. There is a DUA included with the general solicitation. Please submit the DUA as soon as possible to request public use files applicants can use to create their proposals (not for managed care). Furthermore, approved sponsors will execute another DUA as part of the contracting process.

**4. What is the Application for Access to CMS Computer Systems?**

This is a form that will allow CMS to provide the sponsor level users a user ID in order to submit data to the enrollment and eligibility system, and the reporting and performance monitoring system (HPMS).

Please note: Instructions for access to the Department's Payment Management System are listed in the solicitation, as they are slightly different from CMS' process.

5. **UPDATED 3/17/2004: How many user IDs will be needed for each sponsor?**
   A corporate ID will be assigned to each sponsor for use in submitting drug card and TA enrollment/disenrollment and TA utilization transactions.

6. **UPDATED 3/17/2004: What systems applications access/availability is needed for drug card transactions?**
   The following systems access/availability will be needed for the Medicare Discount Drug Card Program: Enrollment & Eligibility Verification System (EEVS), and Reporting & Performance Monitoring System, noted as HPMS. Additionally, the form for access to the EEVS will be requested separately upon CMS' approval as a sponsor.

7. **What type of information should be included in the reason for request in the Application for Access to CMS Computer Systems?**
   The following text may be inserted for this section, "The Medicare Discount Drug Card sponsor must submit data for enrollment, payment of TA, monitoring data and pricing data to the applications listed above."

8. **UPDATED 3/18/2004: When do the systems forms for the Medicare Discount Drug Card need to be submitted?**

The Connectivity Request Questionnaire must be submitted at the time of replying with a sponsor's Notice of Intent. If this form is not submitted at that time, connectivity to CMS systems cannot be guaranteed for integrated systems testing and the "go live" date.

The Data Use Agreement (DUA), included in the general solicitation, should be submitted immediately if sponsors require access to the public use files. A second DUA will be provided to sponsors during the contracting process for approved sponsors.

The Application for Access to CMS Computer Systems for HPMS must be submitted along with your proposal/application. A second form is required for access to the Enrollment & Eligibility Verification System (EEVS). This form is now available at www.cms.hhs.gov.discountdrugs and due March 19, 2004. Additionally, access to the Payment Management System (PMS) will be handled with the Department of Health & Human Services using a separate process as outlined in the solicitation.

9. **UPDATED 3/18/2004: To whom do I submit completed forms for the Medicare Discount Drug Card?**

All forms should be submitted to the CMS contact person listed in the solicitation, with the exception of the NDM/Connect:Direct Access form due to Bob Sears by March 19, 2004. CMS technical staff will take appropriate action upon receipt.

10. **How should I submit the necessary forms for the Medicare Discount Drug Card?**

The CMS Connectivity Request Questionnaire must be submitted with a sponsor's Notice of Intent to the CMS contact listed in the solicitation. The first DUA may also be submitted at the

same time so as to gain access to the public use files. A second DUA will be provided during the contracting process for approved sponsors.

The Application for Access to CMS Computer Systems can be submitted with your proposal for access to HPMS. A second form is required for access to the Enrollment & Eligibility Verification System (EEVS). This form is now available at www.cms.hhs.gov.discountdrugs and due March 19, 2004.

Please note: CMS will begin to process a request for user ID upon receipt via email or fax of the appropriate access forms but will not issue a user ID until a signed hard copy is received by CMS security staff, per CMS policy.

**11. Why was the CMS Connectivity Request updated on December 29, 2003?**
The update for the CMS Connectivity Request was completed to ensure the clarity of received responses. If sponsors currently have connectivity via the Medicare Data Communications Network (MDCN), the sponsors should answer all questions on the request. If sponsors currently do not have connectivity via MDCN, then the sponsors may skip questions 2 and 3 and must answer questions 1 and 4-13. PLEASE NOTE: CMS technical staff will contact sponsors who have submitted prior to the revision date for any additional information needed.

**12. Who may I contact if I have further questions about any of required forms for the Medicare Discount Drug Card?**
Questions should be directed to the CMS contact person listed in the solicitation or to the Medicare Discount Drug Card feedback link provided at www.cms.hhs.gov/discountdrugs. Additionally, questions in regards to the completion of the CMS Connectivity Questionnaire may be directed to the email resource provided in the document, MDCN@cms.hhs.gov.

**Price Comparison**

1. **On the CMS guidelines for the Price Comparison Website (revision 1/26/04), the last paragraph under Important Notes on page 3 states "he sponsor may submit updates weekly. When sending updates, the sponsor must send the complete file." May a sponsor send a full file weekly, not changes only?**

Yes, sponsors will need to submit complete data files on a weekly basis and not just the changes.

2. **If a sponsor has multiple programs set up for the Medicare Discount Card; e.g., one program is retail 30 days, one program is retail 90 days, one program is mail order, is the sponsor required to send all 3 programs in different price files? If so, on your website are you displaying each of these prices or are you comparing all 3 files and only displaying the maximum price?**

Retail pharmacy drug pricing will only be displayed for 30-day quantities and mail order drug pricing will be displayed for 90-day quantities. These are the standard dispensing quantities for retail and pharmacy and CMS is not planning on offering display options outside of this standard at this time.

**3. Will formats for the NDC Price Feed and the Pharmacy Feed be provided in upcoming documentation from CMS?**

Yes, this should be distributed by March 15.

**4. On the CMS Price Comparison website, what will CMS display as a drug price when there are multiple NDCs for the same drug name/strength/form?**

CMS presumes this is in regards to generic drugs having multiple manufacturers and there is no way for the card sponsor to know which manufacturers version of the generic drug will be dispensed at any given pharmacy. The maximum price provided among all of the "same" generic drugs will be displayed on the website.

**5. On the Price Comparison website will CMS indicate what is a mail order price versus a retail price? How will you know?**

Retail and Mail order drug pricing will be separated into separate columns. CMS will include appropriate language on the website so that beneficiaries will be able to identify the different prices for retail versus mail order. The data files will distinguish between the retail pricing (via the use of the NABP or Chain Number) and mail order pricing (via the use of 999999 in the Pharmacy Chain Number (Chain Code) field).

**6. Is our deliverable date for this March 21, 2004 for certification (with test files) and end of April end-to-end testing? When do you expect to receive the first production file?**

The production drug pricing data should be submitted along with the signed contract on or about March 19, 2004. CMS will provide FTP information for submission of the drug pricing data files to each endorsed sponsor at a later date. This initial data feed will be loaded and tested by CMS. Since there is a lag time of approximately one month between this data submission and the publishing of the drug pricing data on April 29, 2004, all sponsors will have the opportunity to submit updated drug pricing data files prior to the "go live" date.

**7. Will you be using the pharmacy file along with the drug price file to calculate the cost to the member since the pharmacy file has dispensing fees in it?**

Yes.

**8. When will the values, Sponsor Program ID's and/or Price File ID's, be available for sponsors to use on the CMS Pharmacy Pricing and Network files?**

Guidance and information regarding this question will be distributed in the next couple of weeks. The actual data files are scheduled for delivery to CMS along with the signed contracts.

**9. The file layout for the weekly drug-pricing file contemplates only one dispensing fee, but the program sponsors may contract with pharmacies for different dispensing fees for brand and generic drugs. Will CMS expand the file layout to accommodate two different dispensing fees?**

There are no plans to adjust the file format at this time. However, card sponsors can create a separate pricing file only for brand name drugs and a separate pricing file for only generic drugs in order to reflect the appropriate dispensing fees.

**10. Do sponsors include those drugs specific to Medicare B in the weekly pricing file or are those considered uncovered (with exceptions)?**

If the respective card programs are providing discounts on these drugs then they should be included in the weekly file.

**11. The third field of the Pharmacy Network File plan sponsors submit for the CMS pricing website is "Pharmacy Chain Number." Does CMS have a requirement for the format of this number or can plan sponsors use chain numbers that are unique to the plan sponsor?**

You must use NCPDP chain codes.

**12. When will sponsors receive information regarding the submission of the Pharmacy Network file? Sponsors have the layout from the CMS website, but need information regarding how this information will be sent; i.e. file transmission? Also, what is the time line for sending the initial file and subsequent files, if needed?**

Guidance and information regarding this question will be distributed in the next couple of weeks. The actual data files are scheduled to be delivered to CMS along with the signed contracts.

**13. Can you please give us a timeline for providing the pharmacy pricing file with live data for the price comparison website?**

The drug pricing data files are due to be submitted by each endorsed card sponsor along with their signed contract. CMS will provide additional details regarding the process for submitting these files by March 15, 2004.

**14. When do you anticipate this price comparison website will be available to the public?**

The price comparison website is scheduled to be launched on April 29, 2004.

**15. In the pharmacy network file that accompanies the pharmacy pricing file, there is a field for Pharmacy Chain Number. If a plan sponsor provides NABP numbers for each pharmacy within each chain, can the plan sponsor leave the pharmacy chain number field blank?**

The pharmacy chain number field should not be left blank in the data files. When submitting NABP numbers within a Chain, please include both the actual Chain code and the NABP code. If there is no Chain Code for a particular NABP code, you can use 000000 (6 zeros) for the Chain code.

**16. Are there Data Dictionaries available for the Network and Pricing Files? If not, specifically, what is the definition of the affiliate number in the Network file?**

The Data Format document is essentially the data dictionary. The network File contains:

SponProgID = D number (assigned by CMS)
PriceFileID = Assigned by CMS
Pharmacy Chain Number = Chain Code for Pharmacy (based on NCPDP)
Pharmacy Number = NABP Number for Pharmacy (based on NCPDP)
Dispensing Fee = Dollar Amount of the Dispensing Fee at the Pharmacy

17. **Based on the programs that sponsors seek an endorsement for, is it appropriate to submit one file that contains our national retail network and associated data on the March 19th test file or should sponsors submit separate files associated with each of the**

**regional programs outlined below and only include the pharmacies in the defined service area?**

The test files submitted on March 19th should contain real data. Card sponsors may submit one national data file, IF that pricing applies for all of the regional programs. However, if pricing differs based on regional areas, then YES, the card sponsors should submit separate files that only include pharmacies defined in that service area.

**18. NEW! For M+C plans that have applied for the waiver to not post prices on the comparison website, are the pricing file submissions due by the same timeline as sponsors posting prices on the comparison website?**

No. Exclusive sponsors will receive separate guidance at a later date. It is suggested that exclusive card sponsor become familiar with guidance for submitting price on www.cms.hhs.gov/discountdrugs provided for general sponsors.

## Other

1. **Are there any specific application requirements imposed by CMS as to how Internet Architecture needs to be built to interact with enrolled participant into Discount Card Discount Program? There is a set of documents published at http://www.cms.hhs.gov/it/enterprisearchitecture/default.asp that relate to CMS architecture and best practices. Do these relate anyhow or constitute development guidelines, from an architecture standpoint, for Internet application development or this is purely to describe CMS internals and by no means mandate sponsor architecture requirements?**

Most importantly, a sponsor's system must meet HIPAA requirements and follow HIPAA guidelines for risk and mitigation strategies in the absence of a mandatory architecture or explicit technical standards set to be followed. The CMS Internet Architecture is offered as a best practice model of how CMS does business using the Internet and can serve as a guide for sponsors' use in assessing their own architecture.

2. **If a sponsor subcontracts the responsibility to "process beneficiaries' enrollment applications for the drug discount card and transitional assistance (TA), and administer the payment of such assistance, can a sponsor have their subcontractor interact directly with the CMS EEVS? In other words, can the sponsor's subcontractor transmit applications directly to CMS, and CMS provide determinations to the subcontractor instead of to the sponsor's plan?**

Yes. An approved subcontractor may submit enrollment/disenrollment transactions and TA utilization reports to the EEVS. The sponsor must designate the subcontractor in its solicitation and in its CMS Connectivity Request document.

3. **Will CMS allow my plan to do any front-end denials of drug card applications submitted by enrollees who indicate that they have Medicaid outpatient prescription drug coverage instead of transmitting the application via the CMS EEVS and waiting for a CMS denial?**

Yes, the sponsor is responsible for reviewing the enrollment forms for such information that would not qualify the beneficiary for the discount drug card program before sending any application information to CMS for enrollment and eligibility verification.

4. **Will CMS allow my plan to do any front-end denials of transitional assistance applications submitted by enrollees who indicate that they have TRICARE, FEHPB, or group health insurance coverage or a private health insurance policy including drug coverage on their application, or who do not meet the income levels, instead of transmitting the application via the CMS EEVS and waiting for a CMS denial?**

Yes, the sponsor is responsible for reviewing the enrollment forms for such information that would not qualify the beneficiary for the discount drug card program before sending any application information to CMS for enrollment and eligibility verification.

5. **Is June 1, 2004 the effective date for beneficiaries that are eligible for transitional assistance (TA), as well as beneficiaries who will only participate in the Discount Drug Card Program?**

The first effective date for the Medicare Prescription Drug Discount Card and Transitional Assistance Program is June 1, 2004. Beneficiaries are not entitled to the discount card or TA prior to that date. Enrollment with effective dates of June 1, 2004 may be processed in advance.

6. **If a member is enrolled in 2004 in our program, do they a) HAVE TO re-enroll to be part of 2005 program with us, b) If they do nothing, they are automatically re-enrolled in 2005 and the sponsor send them a bill for the enrollment fee.**

A member enrolled in a sponsors program in 2004 does not have to re-enroll for 2005 and will be automatically re-enrolled after January 1, 2005 by the sponsor if the member does nothing.

7. **Will the beneficiary's effective date or cancellation date of coverage always be the 1st day of each month?**

Enrollment effective date will be the 1st of the month and disenrollment effective dates will be the last day of the month. There are some exceptions such as loss of Medicare or death.

8. **When CMS refers to TA only, does this refer to participants who are already enrolled in the drug card and then submit an application for TA? The TA application may nature also enrolls the participant in the drug card correct?**

The TA application enrolls a beneficiary into both the drug card and TA because they are not separate programs. TA is a part of the overall drug card program picture. The TA only refers to a beneficiary requesting to be enrolled for TA where an applicant already has a card.

9. **NEW! Can a beneficiary ever be moved between the 5% and 10% coinsurance levels during the program?**

No.