



**Calendar Year 2023**

**Part D Improper Payment Measure**

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## **SUBMISSION INSTRUCTIONS**

**January 24, 2025**

**Submission Deadline:  
April 18, 2025 by 11:59 p.m., Pacific Time (PT)**

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## Introduction

The Centers for Medicare & Medicaid Services (CMS) is conducting a documentation review to validate the accuracy of Calendar Year (CY) 2023 Part D prescription drug event (PDE) data. This analysis determines whether drugs prescribed by medical providers were received by beneficiaries and were billed appropriately to Medicare Part D contracts and, ultimately, to CMS. This process is referred to as the Medicare Part D Improper Payment Measure (Part D IPM).

The Submission Instructions were developed to support those Part D sponsors that have had PDEs selected for the CY 2023 Part D IPM by providing an overview of the process and submission requirements. The purpose of this document is to:

- Describe applicable [records maintenance expectations and requirements](#).
- Provide a [Part D IPM overview](#) and timeline for CY 2023.
- Identify [Part D IPM supporting documentation](#) required for submission.
- Discuss how to [identify selected PDE records](#).
- Review the [submission process](#).
- Identify [best practices](#).

## Records Maintenance Expectations and Requirements

Part D sponsors must maintain books, records, documents, and other evidence of accounting procedures and practices for 10 years, per 42 Code of Federal Regulations (C.F.R.) § 423.505.

The 10-year records retention regulation also applies to the Part D sponsor's first-tier and downstream entities as per 42 C.F.R. § 423.505(i). Part D sponsors' first tier and downstream entities must contractually agree to audits and inspections by CMS and/or its designees and must provide information as requested and maintain records for a minimum of 10 years.

If a Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug (MAPD) plan is discontinued, merged, or acquired by another Part D sponsor, the "gaining" Part D sponsor is still required to provide access to that Part D sponsor's documents and information for a period of 10 years. All historical records for Part D sponsors that are acquired must be transferred from the old Part D sponsor to the new Part D sponsor. These regulations for PDPs and MAPD plans are found in 42 C.F.R. § 423.505(d). Gaining Part D sponsors should make every effort to acquire the required supporting documentation by contacting the appropriate records maintenance department or personnel.

Federal regulation mandates participation in the audit per 42 C.F.R § 423.505(b)(10).

Federal regulation 42 C.F.R. § 423.322(a) regarding disclosure of information states that CMS' payments to Part D sponsors are conditioned upon provision of information to CMS that is necessary to carry out Subpart G – Payments to Part D Plan Sponsors For Qualified Prescription Drug Coverage, or as required by law. Your cooperation with this data validation activity is required. Organizations that do not comply with this requirement or that have poor performance identified through CMS oversight may be subject to remedies available under law,

including enforcement actions under 42 C.F.R. Parts 423, Subparts K and O, which may include civil money penalties, enrollment sanctions, or contract terminations.

## Part D IPM Overview

Each year, CMS conducts a documentation review in support of the Part D IPM. This analysis determines whether drugs prescribed by medical providers were received by beneficiaries and were appropriately submitted to CMS via PDE submissions.

CMS, together with its contractor, collects and reviews documentation from Part D sponsors to substantiate a sample of PDE records selected as part of the Part D IPM. The PDE records in the sample that correspond to the Part D sponsor's contract are made available to Part D sponsors on the Health Plan Management System (HPMS) Part D IPM Module through the PDE Record Identifier spreadsheet. The HPMS Part D IPM Module also allows for sponsors' upload of Part D IPM documents and data (i.e., supporting documentation) for assigned PDE\_IDs, such as prescription record hardcopies and Claim Detail Files (CDFs).<sup>1</sup>

### Part D Sponsor Responsibilities

Responsibilities for Part D sponsors with PDE records selected for this review include the following tasks:

1. Receive email notification that the PDE Record Identifier spreadsheet, which contains sampled PDE records' identifying data elements, is available for download.
2. Log on to the HPMS Part D IPM Module: [hpms.cms.gov](https://hpms.cms.gov).
3. Download the PDE Record Identifier spreadsheet from the HPMS Part D IPM Module.
4. Contact the appropriate pharmacy benefit managers (PBMs) and/or pharmacies to collect the supporting documentation required for each sampled PDE record.
5. Submit the supporting documentation via the HPMS Part D IPM Module.
6. Communicate with CMS and its contractor regarding submission statuses via the HPMS Part D IPM Module Discussion Board.

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<sup>1</sup> Instructions for accessing and using the HPMS Part D IPM Module can be found in the HPMS Plan User Guide.

## Part D IPM Timeline

Following is the timeline for the CY 2023 Part D IPM process.

Activity	Date(s)
CMS notifies selected Part D sponsors of participation in the CY 2023 Part D IPM process. Part D sponsors can download the PDE Record Identifier spreadsheet.	January 10, 2025
CMS requests Part D sponsors identify no more than five points of contact (POCs) who will work with CMS throughout the Part D IPM process. Sponsors should submit requests for new users who do <b>not</b> have an active CMS user ID and for all users who have an active CMS user ID with access to HPMS, but not the Part D IPM Module, to <a href="mailto:hpms_access@cms.hhs.gov">hpms_access@cms.hhs.gov</a> . Refer to the “Requesting Access to the HPMS Part D IPM Module” document in the Part D IPM Module Document Library for further details.	January 10–24, 2025
HPMS Part D IPM Module is open, and Part D IPM Submission Instructions are available.	January 24, 2025
<b>Submission Window Opens:</b> 12-week submission window begins.	January 24, 2025
Part D sponsors gather supporting documentation from pharmacies and PBMs and submit documentation to the HPMS Part D IPM Module on a rolling basis.	After the submission window begins
<p><b>Early Submission Deadline:</b> Part D sponsors that have uploaded prescription record hardcopy/medication order supporting documentation to the HPMS Part D IPM Module by this date will receive results from the element checks (see <a href="#">Verification Checks and Resubmission</a>), as well as an Interim Finding Report (IFR) detailing preliminary results. Element checks will not be provided for supporting documents submitted after this date.</p> <p>Part D sponsors that have participated in early submission and find through the elements checks and IFR that they have incomplete supporting documentation may upload additional files with complete documentation by resubmitting before the final submission deadline.</p>	March 7, 2025
Element check status and IFR provided to Part D sponsors that submitted prescription record hardcopy/medication order supporting documentation prior to the early submission deadline.	March 28, 2025
<b>Final Submission Deadline:</b> Part D sponsors complete uploading of supporting documentation to the HPMS Part D IPM Module by this date. Documentation must be received by 11:59 p.m., Pacific Time (PT) on this date to be considered for the Part D IPM validation review.	April 18, 2025
Ongoing engagement by CMS and its contractor with Part D sponsors via the HPMS Part D IPM Module Discussion Board. Part D sponsors upload additional information, if necessary.	Throughout the submission and review process

Activity	Date(s)
CMS notifies selected Part D sponsors of the final disposition of their selected PDEs in their Final Finding Report (FFR).	December 2, 2025
Selected Part D sponsors review their FFR and concur or non-concur with the findings.	Within 60 days of the FFR release.

## Part D IPM Supporting Documentation

Generally, Part D sponsors must submit the following two types of supporting documentation: a CDF and a prescription record hardcopy *or* a medication order. A table with the Part D IPM Document Types is presented below.

Part D IPM Document Type	Frequency
1. <b>CDF</b>	One per contract for all PDEs
<p>2. <b>Prescription Record Hardcopy or a Medication Order (for long-term care [LTC] pharmacies)</b></p> <p>If the prescription originates from a mail or retail pharmacy, a copy of the prescription record hardcopy must be submitted for that PDE record. If the prescription originates from an LTC pharmacy, a copy of the medication order must be submitted along with any supplemental documents, if applicable, for that PDE record.</p>	One per PDE record
<p>3. <b>Supplemental Documentation</b></p> <p>For an LTC medication order that is not signed by a provider with prescriptive authority, one of the following options for supplemental documentation must be copied together with the medication order into one PDF using the current prescription record hardcopy naming convention:</p> <ul style="list-style-type: none"> <li>I. <u>Medical Chart</u>: A physician-signed page from the medical chart referencing order in notes, a dictation note in the medical chart stating orders have been reviewed and approved by a physician, etc. The entire medical chart does NOT need to be provided, but supplemental documentation from the medical chart that supports the unsigned LTC medication order should be provided; or</li> <li>II. <u>Attestation</u>: A Physician/Authorized Prescriber CMS Attestation for LTC Medication Order form completed and signed by the provider; or</li> <li>III. <u>Chart Review Log</u>: A patient or provider chart review log signed by a provider with prescriptive authority showing review and approval of the beneficiary’s medication order.</li> </ul>	One per PDE record when an LTC medication order is not signed by a provider with prescriptive authority

Part D IPM Document Type	Frequency
<p><b>4. Optional Documentation</b></p> <p>I. <u>Medication Administration Record</u>: For LTC pharmacies, the pharmacy-generated Medication Administration Record (MAR) (if the pharmacy generates the MAR for the facility and if one is available) is not required documentation but is useful during the review process. The MAR can be either a copy of a manual MAR or a copy of an electronic MAR (eMAR). The MAR should include the drug name and strength corresponding to the drug name and strength in the PDE sample identifiers. (Note that this optional documentation does not have to be a completed MAR from the facility.)</p> <p>II. <u>Micro-Tag</u>: Submitting the computer-generated micro-tag is helpful to the review process, if it is available, for both retail/mail order prescription record hardcopies and LTC medication orders. The micro-tag is the computer-generated “sticker” that summarizes the prescription information.</p> <p>III. <u>Prior Authorization Records</u>: Submitting approved prior authorization records used to approve the PDE is helpful to validate a proper Part D dispensation.</p> <p>IV. <u>Post Reconciliation Adjustment Details</u>: Submitting additional information for any PDEs that have been adjusted post-reconciliation is helpful to validate any differences between the PDE and provided documentation.</p>	<p>One per PDE record</p>

**Best Practices for Supporting Documentation**

All supporting documentation submitted by the final submission deadline will undergo the Part D IPM process; thus, please submit the best supporting documentation you can obtain, even if it is incomplete.

Please follow these guidelines when gathering and preparing supporting documentation for submission:

- **All supporting documentation must correspond to the PDE records in the sample.** Do not submit documents or data that correspond to dates of service other than the PDE record date or an adjusted version of the sampled PDE record made after the CMS final PDE submission deadline for Part D reconciliation of June 29, 2023. If the PDE has been adjusted prior to this date, send supporting documentation corresponding to the PDE submitted for reconciliation. See [Appendix A](#) for CMS’ policy on adjusted PDE records.
- **Supporting documentation must align with the drug name and drug strength on the PDE record.** Drug name and strength will be included in the PDE identifiers provided via the HPMS Part D IPM Module.
- **Data submitted in the CDF must be in .xlsx format.** Use data from the selected PDE, queried from your data warehouse, to assemble the file. Submit data using the template



provided. A data dictionary is also included in the template to provide a description of the data requested in each field.

- **Prescription record hardcopies/medication orders supporting documentation must be legible images (e.g., Adobe PDF, GIF, JPEG, BMP).** Review each document carefully for legibility before uploading and submitting via the HPMS Part D IPM Module. Prescription record hardcopies printed on tamper-proof paper with watermarks are typically used to prevent duplication and deter fraud. These watermarks of “void” or “illegal” appear on photocopies and obscure the prescription writing, making them illegible and rendering them unusable during extraction of required data elements in the review process. In this case, inclusion of a micro-tag can help inform what information is on the prescription hardcopy.

The following sections describe each supporting document, including the format of the document, what the document typically includes, and the minimum data elements that must be included in the document.

### **Prescription Record Hardcopy (Mail/Retail Pharmacies)**

The prescription record hardcopy is the original document from the prescriber (e.g., medical provider). This is the document (paper or electronic) presented to the pharmacy for dispensing. State and federal regulations require that prescription record hardcopies be retrievable by the pharmacy dispensing the prescription.

Attestations submitted by medical providers **do not** serve as valid replacements for the prescription record hardcopy in the retail/mail order setting. Physician attestations will be accepted as supplemental documentation **only** to validate a medication order (LTC pharmacy) not signed by a provider with prescriptive authority.

The prescription record hardcopy submitted for the Part D IPM process **must** include the following data elements:

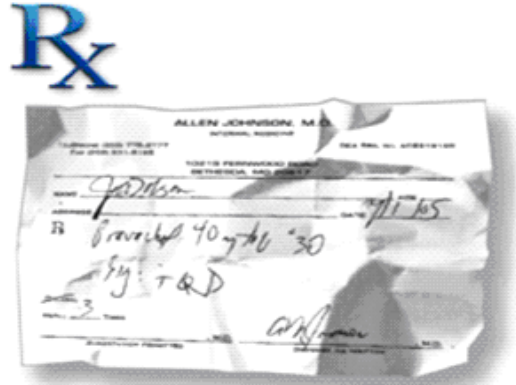
- Patient name
- Drug name (active ingredient)
- Drug strength
- Dispense as Written (DAW) product selection (if applicable)
- Prescriber name
- Prescriber signature (provider with prescriptive authority)
- Prescription date
- Quantity
- Directions for use

This supporting documentation must be provided in the form depicted in Figure 1. Please note, an acceptable prescriber signature may take many different forms. Electronic signatures are acceptable for electronically transmitted documents, while a written signature will be required for written prescriptions. For telephoned prescriptions, a prescriber signature is not needed if the order is phoned directly to the pharmacist. Each signature will be reviewed on a case-by-case basis and compared with the PDE record for accuracy.

Figure 1 shows examples of retail/mail prescription record hardcopies. The front and back of the prescription record hardcopy are requested as they may contain notes that provide documentation of any changes made to the written prescription at the point of service. (There is no need to submit the back of the prescription record hardcopy if it is blank.)

**Figure 1: Examples of Acceptable Prescription Record Hardcopies**

<b>Richard Fast, M.D.</b> Chicago Medical Group 3000 S. Michigan Avenue Chicago, IL 60619 Phone: (312) 949-7000 Fax: (312) 949-7001 LICENSE# IL 93924 DEAW: RF 20398678	
Name: <b>MARY PALTROW</b>	DOB: <b>6/18/1951</b>
Address: <b>2645 MULBERRY LANE TOLEDO, OH 54360</b>	Age: <b>58 years</b>
Date: <b>7/17/2023</b>	
RX: <b>Ciloxan Eye Drops 0.3 %</b> SIG: <b>Apply 2 drop(s) in left eye every 4-6 hours for 10 days</b> QUANTITY: <b>1 bottle(s)</b> REFILLS: <b>3</b>	
	
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Dispense As Written	



*Note: Fictitious Beneficiary*

*Note: Fictitious beneficiary*

**Optional Documentation: Micro-Tags**

The micro-tag is the computer-generated “sticker” that summarizes the prescription information. The micro-tag aids reviewers when validating the prescription record hardcopy. **It does not replace the prescription record hardcopy and will not be accepted if submitted without the original prescription record hardcopy.**

If available, a copy of the micro-tag should be submitted. **The micro-tag should be scanned together into one image with the prescription record hardcopy (preferably in PDF format).** See Figure 2 for an example of a micro-tag.

**Figure 2: Example of Micro-Tag**

Rx#:60999999	DOB: 1/1/1989	FILL DATE: 9/1/2023
Dobson, Joe	233 Elm St, Histown, FL 22222	
PRAVACHOL 40 MG	QTY: 30 TAB	11111-2222-33 (Acme Drug)
Johnson, Allen	DEA: BJ1111111	RPh:XXX
Copay: \$10.00 Ins. Paid: \$45.87 Auth# 1234123456785678		

*Note: Fictitious beneficiary*

The examples depicted in Figure 3 represent examples of acceptable prescription record hardcopy documentation. Figures 4 through 11 depict examples of unacceptable prescription record hardcopy documentation.

**Figure 3: Examples of Acceptable Prescription Record Hardcopy Documentation**

<b>Name:</b> Jane Doe		<b>Date:</b> 10/25/2023		
DRUG	MG/CC	SIG	QTY	REFILLS
<i>Amoxicillin</i>	<i>500</i>	<i>PO Q12H</i>	<i>28</i>	<i>0</i>
<i>John Smith, M.D.</i>				
Dispense as Written		Substitution Permitted		

*Note: Fictitious beneficiary*

<b>TELEPHONED PRESCRIPTION</b>		
NAME <i>John Doe</i>	Date <i>1/24/23</i>	
ADDRESS <i> </i>		
PHONED BY <i> </i>	Time <i> </i>	DELIVER <i> </i> WILL CALL <input checked="" type="checkbox"/>
ORIGINAL Rx No. <i> </i>	DO NOT REFILL <i> </i>	REFILL <input checked="" type="checkbox"/> TIMES <i>12</i>
<b>R</b> <i>Lipitor 40mg</i>		
<i>1x po Qam</i>		
LABEL Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>[Signature]</i>	
Dispense as Written <i> </i>	Doctor <i> </i>	
Substitution Permitted <i>Yes</i>	Pharmacist <i> </i>	
	DEA No. <i> </i>	
<small>ITEM #1294</small>		

*Note: Fictitious beneficiary*

Figure 4: Example of Unacceptable Documentation – Prescription History

Prescription History						
<b>Doe, Jane</b>						
<b>Demographic Detail</b>						
Age	Gender	SSN	Alt SSN	Zip		
41	F	XXX-XX-XXXX		11111		
<b>Prescription Detail</b>						
<b>Rx #</b>	<b>Label</b>	<b>Qty</b>	<b>Fill Date</b>	<b>Days Supply</b>	<b>Refill #</b>	<b>Total Refills</b>
1111111	Amantadine 100 mg cap Prescriber: Smith, J.	60	010123	30	0	0
				<b>Pharmacy:</b> XXX Pharmacy		
<b>Rx #</b>	<b>Label</b>	<b>Qty</b>	<b>Fill Date</b>	<b>Days Supply</b>	<b>Refill #</b>	<b>Total Refills</b>
2222222	Ambien 10 mg tab Prescriber: Smith, J.	30	010123	30	0	0
				<b>Pharmacy:</b> XXX Pharmacy		
<b>Rx #</b>	<b>Label</b>	<b>Qty</b>	<b>Fill Date</b>	<b>Days Supply</b>	<b>Refill #</b>	<b>Total Refills</b>
3333333	Augmentin 500-125 tab Prescriber: Smith, J.	21	010123	7	0	0
				<b>Pharmacy:</b> XXX Pharmacy		
<b>Prescriber Detail:</b>						
<b>Address</b>	<b>Phone</b>	<b>DEA</b>	<b>NPI</b>			
2 Elm St, Anywhere, State 11111	111-555-1234	AS11111111	1234567891			
<b>Pharmacy Detail:</b>						
<b>Address</b>	<b>Phone</b>	<b>NPI</b>	<b>NCPDP</b>			
10 Elm St, Anywhere, State 11111	111-555-5678	AS33333333	1234512345	1112223		
<b>Drug Detail:</b>						
<b>Drug:</b> AMBIEN 10 MG TABLET						
<b>Drug Code</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>Route Description</b>	<b>HIC Class</b>		
00024542131	TABLET	10 MG	ORAL	Sedative/Hypnotic Non-Barbiturate		
<b>Disease Descriptions</b>		<b>Side Effects</b>				
Insomnia		Insomnia, Impaired Cognition, Nightmares, Agitation, Depression, Diplopia, Visual Changes, Hypotension, Drowsiness, Amnesia, Vertigo, Dizziness, Skin Rash, Headache, Nausea, Vomiting, Diarrhea, Falling, Allergic Reactions, Irritability				

Unacceptable Document

Note: Fictitious beneficiary

**Figure 5: Example of Unacceptable Documentation – Pharmacy Attestation**

March 5, 2023

In reference to prescription request for Jane Doe

Rx:           Atorvastatin 10 mg

Unacceptable Document

Based on the origin code associated with this claim, this order was phoned in. Our internal label was used as a hard copy, therefore no written prescription exists.

The undersigned certifies; (a) that the person for whom the prescription was written is eligible for benefits; (b) that they have received the prescription; (c) that they authorize the release of all information contained in this log, the prescription to which it corresponds and subsequent claims to parties concerned; (d) that they are the patient for whom this prescription is being obtained or are authorized to execute this consent on behalf of such persons; (e) that this medication is not for an on the job injury or covered by any other insurance plan and (f) that they assign payment for this transaction directly to the pharmacy shown above.

Signature: \_\_\_\_\_

*Note: Fictitious beneficiary*

**Figure 6: Example of Unacceptable Documentation – Pharmacy Transaction File**

Rx #: 012345	Batch #: 572	Patient Facility: Evergreen
Last Fill: 03/22/2023	Qty: 30	Date: 04/20/2023

Unacceptable Document

Allergy: PCN

Product Ordered: Ambien 10 MG Tablet                      Package Size: 100  
 NDC: 00024-5421-31

Product Substituted: Zolpidem 10 MG Tablet                Package Size: 100  
 NDC: 00054-0087-25

Directions: 1T QD.....Take one tablet by mouth daily

Qty Dispensed: 30	Quantity Remaining: 30
# of labels: 1	PRN (Y/N)? : Y
Expire Date: 04/20/2024	Total Fills: 2                      Rx Origin: 0

Label: Zolpidem 10 MG Tablet	Substitution Ok? Y	DAW: 0
Next fill: 05/20/2023	Schedule: C-IV	
ICD9:	RPh1: ABC	

*Note: Fictitious beneficiary*

**Figure 7: Example of Unacceptable Documentation – Pharmacy Drug Utilization Review (DUR) Report**

Pharmacy DUR Report

1/2/2023 14:28:54 Page 1

Unacceptable Document

Patient Name	Rx No.	Drug Name	Qty	DS	Fill date	Sig
Jane Doe	12345	Amlodipine 10mg	30	30	1/2/2023	One tablet by mouth daily
	12346	Atorvastatin 10mg	30	30	1/2/2023	One tablet by mouth daily
	12347	Zolpidem 10mg	30	30	1/6/2023	One tablet by mouth at bedtime
	12348	Amoxicillin 500mg	30	10	1/10/2023	One capsule by mouth 3x daily
	12349	Nexium 40mg	30	30	1/10/2023	One capsule by mouth daily
	12340	Mirtazapine 15mg	30	30	1/10/2023	One tablet by mouth daily
John Doe	12351	Aricept 10mg	30	30	1/19/2023	One tablet by mouth daily
	12352	Levothyroxine 100mcg	30	30	1/19/2023	One tablet by mouth daily
	12353	Simvastatin 40mg	30	30	1/28/2023	One tablet by mouth daily
	12354	Coreg CR 20mg	30	30	1/28/2023	One tablet by mouth daily
	12355	Tramadol 50mg	90	30	1/28/2023	One tablet by mouth 3x daily PRN

Note: Fictitious beneficiary

**Figure 8: Example of Unacceptable Documentation – Patient Pickup Signature Log**

Rx #	Fill Date	Pickup Date & Time	Decline Counseling	Drug Name	Quantity	Patient Paid	Total	Signature
669230	10/29/23	10/29/11 5:30pm	YES	Simvastatin 20mg	30	\$5.00	\$5.00	

Unacceptable Document

Note: Fictitious beneficiary

**Figure 9: Example of Unacceptable Documentation – Micro-Tags Submitted Without Prescription Record Hardcopy**

<b>Rx#:60999999</b>	DOB: 1/1/1989	FILL DATE: 9/1/2023
Dobson, Joe	233 Elm St, Histown, FL 22222	
PRAVACHOL 40 MG	QTY: 30 TAB	11111-2222-33 (Acme Drug)
Johnson, Allen	DEA: BJ1111111	RPh:XXX
Copay: \$10.00 Ins. Paid: \$45.87 Auth# 1234123456785678		

Unacceptable Document

Note: Fictitious beneficiary

**Figure 10: Examples of Unacceptable Documentation – Patient Pickup Signature Log Accompanied by Micro-Tag**

Rx #	Fill Date	Pickup Date & Time	Decline Counseling	Drug Name	Quantity	Patient Paid	Total	Signature
669230	10/29/23	10/29/23 5:30pm	YES	Atorvastatin 10mg	30	\$5.00	\$5.00	

10/29/23

ATORVASTATIN 10MG      #30  
 NDC# 00591-3774-19    WATSON      REFILLS: 11  
 TAKE ONE TABLET ONCE DAILY  
    PCS              CHARGE:

*Note: Fictitious beneficiary*

**Figure 11: Example of Unacceptable Documentation – Insurance Tax Summary**

July 1, 2023 Tax Insurance Summary Page 1

NDC#	Days	Rx#	Dr. J. Smith	N/R	Date	Qty.	Amount
Metoprolol 50mg	30				06/30/2012	30	\$0.00
56023-0403-01							
Pantoprazole 40mg	30			N	6/30/2012	15	\$5.20
45253-2131-12							

Pharmacist: [signature] Date: 7/01/2023

*Note: Fictitious beneficiary*

## Medication Order (LTC Pharmacies)

If the PDE record was processed by an LTC pharmacy, the medication order must be submitted for that PDE record. Part D sponsors should submit any supplemental or optional documentation or explanations as needed. Any supplemental or optional information must be submitted as part of the same image, meaning they should be scanned together (preferably in PDF format). Such optional information includes the MAR and/or computer-generated micro-tag, if available, for that PDE record. Do not send blank MAR template forms used by the facility or MARs containing information not aligning to the specific drug order being reviewed.

LTC pharmacies typically use a prescription record that is different from that used by retail or mail-order prescriptions. The LTC prescription record is usually a page of the patient's medical chart where the prescriber has written the medication order. This page may include other medical directives and may not be as complete or as standardized in format as the prescription record used by retail and mail-order pharmacies.

The medication order submitted for the Part D IPM process **must** include the following data elements:

- Patient name
- Drug name (active ingredient)
- Drug strength
- DAW product selection (if applicable)
- Prescriber name
- Prescriber signature (provider with prescriptive authority)
- Prescription date
- Directions

This documentation must be provided in the following form:

- Image (front and back) of the actual medication order (see Figure 12 for an example).
- If supplemental or optional documentation or explanations are needed, they should be submitted together with the medication order. An example of optional documentation is micro-tag images (see Figure 16 for an example). Make sure to circle or identify the required data elements before creating and submitting the image file. These documents should all be scanned together into one image (preferably in PDF format). Note that electronic history, transaction screenshots, MARs, and refill or packing lists from the pharmacy or LTC facility do not serve as a substitute for the medication order, but may be submitted to provide additional information about the medication order.

Figures 12 through 14 are examples of acceptable medication orders. Figure 15 depicts an example of a mapped medication order. Figure 16 depicts an example of a micro-tag. Figures 17 through 22 show examples of unacceptable medication order supporting documents.



Figure 12: Example of Medication Order

S or U (initial or uninitiated visit) or T <sub>1</sub> (telephone follow-up) or T <sub>2</sub> (telephone follow-up) or T <sub>3</sub> (telephone follow-up) or T <sub>4</sub> (telephone follow-up)	Date:	Signature:	Print Name:	HCP ID#:
<b>Physical Assessment</b>	*D			*ND
Temperature pm				
Pulse pm				
Respiration pm				
Blood Pressure pm				
Height pm				
Weight pm				
Chest sounds q visit				
O <sub>2</sub> Sat (if available)				
<b>Asthma Control:</b>	D			ND
Cough, wheeze or chest tightness (<4/wk)				
Wake (night) (<1/wk)				
Physical activity limited due to asthma				
Needs Reliever with exercise				
Needs Reliever (<4/wk)				
Exacerbations (hospital admit, ER visit, Walk-in Clinic) since last visit				
School/work absence since last visit				
<b>Spirometry</b>	D			ND
FEV <sub>1</sub> pre				
FEV <sub>1</sub> post				
FEV <sub>1</sub> %change				
PEF pre				
PEF post				
PEF % change				
<b>Review</b>	D			ND
Definition of Asthma				
Action Plan - (ACPI)				
Action Plan - (verbal)				
Med. Admin. Technique				
Warning signs				
Trigger factors				
Environmental control				
Coping strategies				
<b>Medications</b>				
<b>Current</b>				
<b>Prescribed</b>				
<b>Monitor potential side effects</b>	D			ND
height/osteoporosis, etc				
<b>Referrals</b>	D			ND
Asthma Education Program				
Asthma Support Group				
Specialist				

OFFICE VISITS		PAGE #	CHART #
Patient Name: <b>John Doe</b>		INSURANCE NO.	
ADDRESS		PHONE (Home)	(Work)
OCCUPATION: <b>ESL Student</b>		DOB: <b>1/6/05-05</b>	AGE: <b>37</b>
DATE / VITAL SIGNS	OBJECTIVE	ASSESSMENT	PLAN
5/2/23 37 no 100/70/80 100/70/80	CC: Cough & tightness in the chest nighttime x 3 year, the symptom started gradually and now is constant, 2 month ago Hx of admission for asthma exacerbation night cough especially disturbing for the 1st she is an asthmatic and has been on inhalers is helpful but not totally, she has allergy to dust & pollen, swimming also aggravate her symptoms by husband smoke but it's in the house. she immigrated from Somalia 3-5 years ago and can't recall such symptoms in the past. @ home, night sweat, hot hot of fatigue, there is very scanty phlegm with cough, there is also some SOB to chest tightness 2 weeks ago, had epinephrine by the receipt was equivalent. PFTs done test was also less than 6mm CBC & RMI WNL. PFTs done at age of 17 and was ok to kids for 1 year since she didn't have no sign of TB before @ primary school for her teens as a result has asthma & central dysfunction Obv. Gyn. Hx: age 4 children, her past pregnancy was also complicated with pregnancy induced HTN. she had 4 miscarriages 5 years ago. FHX: Father died of LVF because of pericardial work mother and DM. she is @ swimming @ gym, likes to her children & and in a support group. Linda Berkshire, MD	<b>May-2-2023</b>	
<b>Medication Order</b>			

Note: Fictitious beneficiary

**Figure 13: Example of Acceptable Medication Order Documentation**

PHYSICIAN ORDERS	
<b>Medications</b> 05/04/2023 Amoxicillin 500mg Oral TID Ramipril 5mg Oral QD 06/06/2011 Lexapro 5mg Oral QD	<b>Orders</b> 05/04/2023 Lifestyle Activities: exercise as tolerated
<b>Physician Signature:</b> <i>John Smith</i>	<b>Date:</b> 06/06/2023
<b>Allergies:</b> NKDA	<b>Diagnosis:</b> 123.4 561.5 181.2
<b>Resident Name:</b> <i>Jane Doe</i>	<b>DOB:</b> xx/xx/xxxx

Note: Fictitious beneficiary

**Figure 14: Example of Acceptable Medication Order Documentation**

<b>Name:</b> Jane Doe	<b>Date:</b> 10/25/2023																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DRUG</th> <th style="width: 15%;">MG/CC</th> <th style="width: 30%;">SIG</th> <th style="width: 10%;">QTY</th> <th style="width: 15%;">REFILLS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Amoxicillin</i></td> <td style="text-align: center;"><i>500</i></td> <td style="text-align: center;"><i>PO Q12H</i></td> <td style="text-align: center;"><i>28</i></td> <td style="text-align: center;"><i>0</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRUG	MG/CC	SIG	QTY	REFILLS	<i>Amoxicillin</i>	<i>500</i>	<i>PO Q12H</i>	<i>28</i>	<i>0</i>											<i>John Smith, M.D.</i>
DRUG	MG/CC	SIG	QTY	REFILLS																	
<i>Amoxicillin</i>	<i>500</i>	<i>PO Q12H</i>	<i>28</i>	<i>0</i>																	
Dispense as Written	Substitution Permitted																				

Note: Fictitious beneficiary

Figure 15: Example of Mapped Medication Order

The form is a medical chart with the following sections and handwritten content:

- OFFICE VISITS:** Includes fields for Patient Name (highlighted with box 1), Insurance No., Address, Phone (Home), (Work), Occupation/Employer (F-SL Student), DOB (1967-05-05), and Age (37).
- DATE / VITAL SIGNS:** Date is May-2-2023 (highlighted with box 6). Vital signs include BP 130/85, HR 70, RR 18, SpO2 98.
- SUBJECTIVE:** CC: Cough + tightness in the chest. HPI: on & off Hx of cough, wheeze & chest tightness x 1 year. The symptoms started gradually but now is constant. 2 months ago was at admission for other exacerbation. Night cough especially disturbing for the Pt. She is on Salmeterol 2mg II / day, is helpful but not totally. She has allergy to dust & fogwood, smoking also aggravate her symptoms but husband smoke but outside the house. She immigrated from Somalia 3.5 years ago and can't recall such symptoms in the past.
- OBJECTIVE:** PE: scattered wheezes throughout both lungs. Heart: S1 & S2 audible. Bowel: normal. Ab: soft, nontender.
- ASSESSMENT:** Asthma.
- PLANS:** Salmeterol 2mg BID (highlighted with box 2,7), Fluvent Tid, OCP.
- TESTS:** PPD skin test, Chest X, CBC, ECG, Spirometry.
- PROVIDER:** Lauren Berkshire, MD (highlighted with box 5).

- 1. Patient Name
- 2. Drug Name (Active Ingredient)
- 3. Drug Strength
- 4. Dispense As Written (DAW) product selection if applicable
- 5. Provider with Prescriptive Authority
- 6. Prescription Date
- 7. Directions

Note: Fictitious beneficiary

\*\*\* Please note that in this example, #3 is not applicable as the drug is available in only one strength and #4 is not applicable as this is a single source drug.

**Figure 16: Example of Micro-Tag**

Rx#:60999999	DOB: 1/1/1989	FILL DATE: 9/1/2023
Dobson, Joe		233 Elm St, Histown, FL 22222
PRAVACHOL 40 MG	QTY: 30 TAB	11111-2222-33 (Acme Drug)
Johnson, Allen	DEA: BJ1111111	RPh:XXX
Copay: \$10.00 Ins. Paid: \$45.87 Auth# 1234123456785678		

Note: Fictitious beneficiary

**Figure 17: Example of Unacceptable Documentation – Refill List**

REFILL ORDERS      Check ONE box only       Send today \_ Weekly

Facility: XXXXX

Today's Date: 5/26/23

Ordering Staff: Joan

Pages: 1 of 3

Unacceptable Document

Nurse Rec'd	Date	Nurse Rec'd	Date
Amlodipine 10mg	5/20/23	Amlodipine 10mg	5/26/23
Amlodipine 10mg	5/21/23		
Amlodipine 10mg	5/22/23		
Amlodipine 10mg	5/23/23		
Amlodipine 10mg	5/24/23		
Amlodipine 10mg	5/25/23		

Figure 18. Example of Unacceptable Documentation – MAR Form

2023 Medication Log																																		
Month: April 2023																																		
For: Mary Jane Smith																																		
<b>Unacceptable Document</b>																																		
Medication		Time to be given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Metoprolol 100 mg		8:00 AM	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		
		2:00 PM	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	
i tablet B I D																																		
Start Date: April 1, 2023		End Date: April 30, 2023																																
Prescribed by: Dr. James Jones		For: Mary Jane Smith								Side Effects: Drowsiness																								
Medication		Time to be given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Ampicillin 250 mg		6:00 AM								√	√	√	√	√	√	√	√	√	√															
		12:00 PM									√	√	√	√	√	√	√	√	√															
		5:00 PM									√	√	√	√	√	√	√	√	√	√														
		10:00 PM									√	√	√	√	√	√	√	√	√	√														
i capsule Q I D																																		
Start Date: April 8, 2023		End Date: April 18, 2023																																
Prescribed by: Dr. James Jones		For: Mary Jane Smith								Side Effects: TAKE on an empty stomach Diarrhea																								

Note: Fictitious beneficiary

Figure 19: Example of Unacceptable Documentation – Refill Request

Pharmacy  
Suite M

PLEASE USE NEW SHEET EACH FAX

Facility & Station: \_\_\_\_\_  
Date: 5-12-23  
Ordered By: \_\_\_\_\_

Unacceptable Document

<p>704A</p> <p>COBAM 50MG TIZIDEP</p>	<p>COBAM 50MG TIZIDEP</p>	<p>PAROXETINE 30MG TABLETS TIZIDEP</p>
<p>602B</p> <p>ACTIVA 200MG CAPSULES TIZIDEP</p>	<p>ACTIVA 200MG CAPSULES TIZIDEP</p>	<p>VITAMIN D 1,000 UNIT TABLETS TIZIDEP</p>
<p>Blue 2agp</p> <p>SIMVASTATIN TABLETS TIZIDEP</p>	<p>SIMVASTATIN TABLETS TIZIDEP</p>	<p>SKELON 600 TABLETS TIZIDEP</p>
<p>LEVOTHYROXINE TABLETS TIZIDEP</p>	<p>LEVOTHYROXINE TABLETS TIZIDEP</p>	<p>ASCRIPT LONG TABLETS TIZIDEP</p>
<p>ADOLPHINE TABLETS TIZIDEP</p>	<p>CALCIUM-VIT D 600MG-400IU TABLETS TIZIDEP</p>	<p>HYPERUMIN 400 MG TABLETS TIZIDEP</p>
<p>SETRALINE TABLETS TIZIDEP</p>	<p>LEVOTHYROXINE 100MG TABLETS TIZIDEP</p>	<p>DIAPHRAGM 400MG TABLETS TIZIDEP</p>
<p>PAROXETINE 30MG TABLETS TIZIDEP</p>	<p>LEVOTHYROXINE 50MG TABLETS TIZIDEP</p>	<p>ASCRIPT CHOLESTEROL SA TABLETS TIZIDEP</p>

Refill Request



**Figure 22: Example of Unacceptable Documentation – Packing Lists**

Packing Slip

Delivery Route:

Shipping Tote:

Date: 05/06/2023

Rx#	Qty	Medication Label Name	Prescriber
123456	BOX	ALBUTEROL INHALER	MPD
221144	BOX	CYCLOBENZAPRINE	LN
528900	BOX	RAMIPRIL	MPD

By signing below you acknowledge that the items above have been received.

*L. Johnson*

Unacceptable Document

Note: Fictitious beneficiary

### **LTC Medication Orders – Supplemental Documentation Process**

A medication order that is signed by a provider with prescriptive authority is the preferred supporting document for LTC claims for this Part D IPM process. In certain circumstances, supplemental documentation can serve as a substitute for a medication order or to cure a deficient medication order. Supplemental documentation must be copied together with the medication order into one PDF using the appropriate naming convention for the file.

Examples of supplemental documentation include:

- A completed Physician Attestation form together with a medication order that is not signed by a provider with prescriptive authority. (Only the official Physician Attestation forms as provided by CMS to Part D sponsors are acceptable.)
- An unsigned medication order accompanied with supplemental information, such as a physician-signed page from the medical chart referencing review of the order in the progress notes; a dictation note in a medical chart stating orders have been reviewed and approved by a physician; or a patient or provider chart review log signed by a provider with prescriptive authority showing review and approval of a beneficiary's medication order.

### **Claim Detail File**

For every pharmacy claim processed by a PBM, data from the processing/adjudication results are created and stored. These results contain claims adjudication details available for the PBM to review. These data are typically stored in the PBM's computer system.

The CDF submitted for the Part D IPM process must include the following data elements:

- Group ID (pre-populated)
- PDE\_ID (pre-populated)
- Medicare Beneficiary Identifier (MBI)



- Beneficiary First Name
- Beneficiary Last Name
- Prescription service reference number (Rx Number)
- Product service ID (National Drug Code [NDC] number)
- Pharmacy National Provider Identifier (NPI)
- Date of service
- Quantity
- Days' supply
- Ingredient cost paid
- Dispensing fee paid
- Sales tax
- Vaccine administration fee
- Gross Drug Cost Below Out-of-Pocket Threshold
- Gross Drug Cost Above Out-of-Pocket Threshold
- Patient Pay Amount
- Other True Out-of-Pocket (TrOOP) Amount
- Low Income Cost Sharing Subsidy Amount
- Patient Liability Reduction due to other payer amount
- Covered D Plan Paid Amount
- Non-Covered Plan Paid Amount
- Estimated Rebate at Point of Service (POS)
- Total Gross Covered Drug Cost Accumulator
- TrOOP Accumulator
- Reported Gap Discount
- Other TrOOP Amount Indicator
- Part D Model Indicator
- NCPDP Field D-0

This supporting documentation must be provided in the following form:

- The CDF must be submitted, unaltered, using the Microsoft Excel® template provided to each Part D sponsor via the HPMS Part D IPM Module, as shown in Figure 23. There is one Excel template for each contract. The HPMS Part D IPM Module will not accept CDFs that have had their format altered in any way.
- All data elements requested for a particular PDE\_ID must be present on the CDF (i.e., each row must be completed). The HPMS Part D IPM Module will not accept CDFs with partial information for a specific PDE\_ID.
- The quantity data element can include no more than two decimals.
- The CDF is not required to include information for all PDE\_IDs in a single CDF (that is, you may upload CDFs one PDE\_ID at a time).

**Figure 23: Example Claim Detail File<sup>2</sup>**

Group_ID	PDE_ID	MBI	Beneficiary First Name	Beneficiary Last Name	Rx Number	NDC	Pharmacy NPI	Date of Service	Quantity	Days Supply	Ingredient Cost Paid	Dispensing Fee Paid	Sales Tax	Vaccine Administration Fee	Gross Drug Cost Below Out-of-Pocket Threshold	Gross Drug Cost Above Out-of-Pocket Threshold
100	H0001_2023_0001															
101	H0001_2023_0002															
102	H0001_2023_0003															
103	H0001_2023_0004															
104	H0001_2023_0005															
105	H0001_2023_0006															

Gross Drug Cost Above Out-of-Pocket Threshold	Patient Pay Amount	Other TROOP Amount	Low Income Cost Sharing Subsidy Amount	Patient Liability Reduction Due to Other Payer Amount	Covered D Plan Paid Amount	Non Covered Plan Paid Amount	Estimated Rebate at POS	Total Gross Covered Drug Cost Accumulator	True Out-of-Pocket Accumulator	Reported Gap Discount	Other TROOP Amount Indicator	Part D Model Indicator	NCPDP Field-DO	PDE ID Status
														No Response
														No Response
														No Response
														No Response
														No Response
														No Response

Note: Fictitious Beneficiaries

### Claim Detail Financial Fields

Beginning in 2010, there were legislative changes to the definition of “negotiated price” that affect the required pricing data elements. Federal Regulation 42 C.F.R. § 423.100 amends the definition of “negotiated prices” (effective for the Part D IPM CY 2010 and forward) to require that Part D sponsors base beneficiary cost-sharing and price reporting to CMS on the price ultimately received by the pharmacy or other dispensing provider, also known as the pass-through price.

The changes to the C.F.R. require that all beneficiary cost shares and accumulators on the PDE be based on the actual drug prices paid to the pharmacy provider. This Part D IPM process identifies discrepancies between the prescription record hardcopy, the CDF, and the PDE record.

## Identifying Selected PDE Records

The CY 2023 Part D IPM sample includes PDE records that correspond to the Part D sponsor’s contract. The PDE Record Identifier spreadsheet from the HPMS Part D IPM Module identifies which PDE records are in the review sample. An HPMS Part D IPM Module email notification is sent to the Part D sponsor noting that this spreadsheet is ready for download. After identifying the PDE records in the sample, the Part D sponsor gathers the required supporting documentation for these PDE records.

The following discussion describes the content of the PDE Record Identifier spreadsheet.

**Tab 1, Instructions:** The first tab contains instructions for identifying the PDE records that must be validated and for submission of the corresponding supporting documentation, including the document naming conventions. See Figure 24 for an example of Tab 1 from the PDE Record Identifier spreadsheet.

<sup>2</sup> The example here has been split for visual purposes, with each row corresponding to a unique PDE, which will be assigned a unique PDE\_ID and group ID, and includes all data fields.

**Figure 24: Tab 1, Instructions**

**Instructions for Identifying and Validating PDE Records**

The purpose of this spreadsheet is to allow you to identify the PDE records selected for your contract.

The **PDE Identifying Data Elements** tab presents the data elements that uniquely identify the PDE record.

Each PDE record is assigned a PDE\_ID.

The **Data Element Reference** tab includes details on each PDE identifying data element.

Once you have identified the PDE records, please complete the following steps:

1. Locate and collect PDE Validation Documents required for each PDE record.
2. Create an electronic copy of requested documentation using the following naming conventions:

PDE Validation Document		Naming Convention	Example
Retail/Mail Pharmacy	LTC Pharmacy		
Prescription Record Hard Copy	Medication Order*	PDE_ID_RxRec	T0001_2023_0001_RxRec
PBM Claim Detail File		ContractNumber_Year_CDF	T0001_2023_CDF

3. Log onto the website: [HPMS Part D IPM](#)
4. Navigate to the Part D IPM Module
5. Submit requested documentation via the Submission page.

For more information on data submission, refer to the Submission Guide available on the HPMS PDE Validation Module.

\* Please ensure that the required data elements in the Medication Order are properly identified. See the Submission Guide for details.

Click to view:  
[PDE Identifying Data Elements](#)  
[Data Element Reference](#)

**Tab 2, PDE Identifying Data Elements:** The second tab of the spreadsheet contains the PDE ID and a set of 10 PDE data elements that uniquely identify the PDE record that must be validated. See Figure 25 for an example of Tab 2 of the spreadsheet.

Each PDE record is given a **PDE ID**. This number is assigned by CMS. It consists of the Part D sponsor Contract ID, the year of the PDE record’s date of service, and a final number assigned in sequential order.

This PDE ID is used to name the Part D sponsor’s supporting documentation and to communicate about PDE records with CMS and/or its contractor. **Do not use protected health information (PHI) or personally identifiable information (PII) when communicating about a PDE record via email or the HPMS Part D IPM Module Discussion Board.** Please use the PDE ID when communicating with CMS regarding this project.

**Figure 25: Tab 2, PDE Identifying Data Elements**

**PDE Identifying Data Elements**

Contract	H0002
Year of Service of PDEs	2023
Report Date	12/10/2024

Click to view:  
[Instructions](#)  
[Data Element Reference](#)

The following PDE records require validation:

PDE_ID	Claim Control Number	PB <sup>1</sup>	Prescription Service R Number	DOS	Fill Num	Service Provider ID	Service Provider ID Qualifier	Drug Name, Strength & Dosage Form	MBI	Process Date	
H0002_2023_0001	74632007411	000051285104	1	1234567891	02/10/2023	0	1861591166	1	FOXETINE HCL 40 MG CAPS	A1B4D47881C	02/10/2023
H0002_2023_0002	74632007411	000051285104	1	1236917235	03/13/2023	1	1861591166	1	FOXETINE HCL 40 MG CAPS	A1B4D47881C	03/13/2023
H0002_2023_0003	74632007411	000051285104	1	1239266579	08/11/2023	2	1861591166	1	FOXETINE HCL 40 MG CAPS	A1B4D47881C	08/11/2023
H0002_2023_0004	74632007411	000051285104	1	1241615923	09/04/2023	1	1518135375	1	BUTYNIN CL ER 10 MG TAB	A1B4D47881C	09/04/2023
H0002_2023_0005	74632007411	000051285104	1	1243965267	10/24/2023	2	1518135375	1	BUTYNIN CL ER 10 MG TAB	A1B4D47881C	10/24/2023
H0002_2023_0006	74632007411	000051285104	1	1246314611	11/19/2023	3	1518135375	1	BUTYNIN CL ER 10 MG TAB	A1B4D47881C	11/19/2023
H0002_2023_0007	74632007411	000051285104	1	1248663955	03/05/2023	1	1356445324	1	NOX-CLAV 875-125 MG TABL	A1B4D47881C	03/05/2023
H0002_2023_0008	74632007411	000051285104	1	1251013299	04/27/2023	2	1356445324	1	NOX-CLAV 875-125 MG TABL	A1B4D47881C	04/27/2023
H0002_2023_0009	74632007411	000051285104	1	1253362943	03/05/2023	0	1356445324	1	NOX-CLAV 875-125 MG TABL	A1B4D47881C	03/05/2023
H0002_2023_0010	74632007411	000051285104	1	1255711987	04/27/2023	1	1265447387	1	TIAZEM 24HR ER 420 MG C	A1B4D47881C	04/27/2023
H0002_2023_0011	74632007411	000051285104	1	1258061331	05/13/2023	2	1265447387	1	TIAZEM 24HR ER 420 MG C	A1B4D47881C	05/13/2023
H0002_2023_0012	74632007411	000051285104	1	1260410675	05/24/2023	3	1265447387	1	SLIPIZIDE ER 10 MG TABLET	A1B4D47881C	05/24/2023

The following identifiers are provided on Tab 2:

- Claim Control Number
- PBP Number
- Prescription Service Reference Number
- Date of Service
- Fill Number
- Service Provider ID
- Service Provider ID Qualifier

- Drug Name, Strength & Dosage Form
- MBI
- Process Date

**Tab 3, Data Element Reference:** This tab provides further details concerning the identifying data elements in the PDE record. See Figure 26 for an example of Tab 3 of the spreadsheet. Column 1, Data Elements, offers a list of data element fields; Columns 2 and 3 provide definitions of the types of values normally found in the fields. See [Appendix B](#) for the entire list of 2023 PDE data elements.

**Figure 26: Tab 3, Data Element Reference**

<b>Data Elements</b>	<b>PDE Field Name</b>	<b>Definitions/Values</b>
<b>PDE_ID</b>	N/A	Field assigned by CMS to identify each unique PDE record. Consists of <i>Contract ID_Analysis Year_Sequential Number</i>
<b>Claim Control Number</b>	CLAIM CONTROL NUMBER	Optional Field *
<b>Plan Benefit Packages (PBP)</b>	N/A	Plan Benefit Package Identification Number
<b>Prescription Service Ref Number</b>	PRESCRIPTION SERVICE REFERENCE NO	The field length of 12 will be implemented in the Drug Data Processing System (DDPS) on January 1, 2011 in anticipation of the implementation of the NCPDP D.0 standard in 2012. Field will be right justified and filled with 5 leading zeroes. Applies to all PDEs submitted January 1, 2011, and after.
<b>DOS</b>	DATE OF SERVICE (DOS)	MM/DD/YYYY
<b>Fill Number</b>	FILL NUMBER	Values = 0–99.
<b>Service Provider ID</b>	SERVICE PROVIDER ID	When Plans report Service Provider ID Qualifier = '99' - Other, populate Service Provider ID with the default value "PAPERCLAIM" defined for TrOOP Facilitation Contract.
<b>Service Provider ID Qualifier</b>	SERVICE PROVIDER ID QUALIFIER	The type of pharmacy provider identifier used in field 14. 01 = National Provider Identifier (NPI); 06 = UPIN; 07 = NCPDP Provider ID; 08 = State License; 11 = Federal Tax Number; 99 = Other (Reported Gap Discount must = 0). Mandatory for standard format. For standard format, valid values are 01 - NPI or 07 - NCPDP Provider ID. For non-standard format, any of the above values are acceptable.
<b>Drug Name, Strength, &amp; Dosage Form</b>	PRODUCT SERVICE ID	Root drug name, strength, and dosage form referenced from NDC number found in the product service ID PDE field.

Data Elements	PDE Field Name	Definitions/Values
<b>MBI</b>	MEDICARE BENEFICIARY IDENTIFIER	Replacement for the SSN-based Health Insurance Claim Number (HICN).
<b>Process Date</b>	N/A	Data Process Date, MM/DD/YYYY

\* Please note, the Claim Control Number for records obtained through consolidation of a plan or plan sponsor may not match the format of your current claims system.

## Submission Process

After downloading the PDE Record Identifier spreadsheet to identify sampled PDE records, requests for supporting documentation must be made for those PDE records from pharmacies and PBMs. As a reminder, all supporting documentation submitted by the final submission deadline will undergo the Part D IPM process. Part D sponsors, CMS, and its contractor communicate via the Discussion Board feature on the HPMS Part D IPM Module if any questions or problems arise regarding the submission process. This manual is available within the Part D IPM Module Documentation link located on the left-hand side of the Part D IPM Module landing page.

### Supporting Documentation Submission

Submit all supporting documentation to the HPMS Part D IPM Module during the **12-week submission window**. Submission of documentation through any other avenue is not allowed.

Refer to the HPMS Plan User Guide, located in the HPMS Part D IPM Module, for additional details regarding the submission process.

The following section describes how to name and consolidate supporting documentation. Information regarding what to submit when a certain document cannot be accessed is also provided below.

### Document Naming Conventions

Requirements for supporting documentation differ by type of document.

- The CDF must be labeled with Part D sponsor’s contract number, the Contract Year (year of service), and “CDF” separated by underscores, as shown in the example below.
- prescription record hardcopies or medication orders must be labeled correctly with the PDE ID followed by “RxRec” separated by underscores, as shown in Figure 27.
  - When ancillary or supplemental documentation is submitted, all documentation must be included together as one document in a PDF file, which must be labeled with the appropriate naming convention. Supplemental documentation may include pages from a medical record or a Physician Attestation to supplement an unsigned medication order.

**Figure 27: Naming Conventions for Prescription Record Hardcopies or Medication Orders**

Part D IPM Document	Example Naming Convention
Prescription Record Hardcopy/Medication Order	T3513_2023_0019_RxRec
PBM Claim Detail File	T3513_2023_CDF

These naming conventions apply to PDE records processed in LTC and mail/retail pharmacies.

**Document Formats**

All prescription record hardcopy/medication order submitted documents must be saved as an image (e.g., PDF, GIF, JPEG, BMP); PDF is the preferred document file format. For the CDF, .xlsx is the required file format.

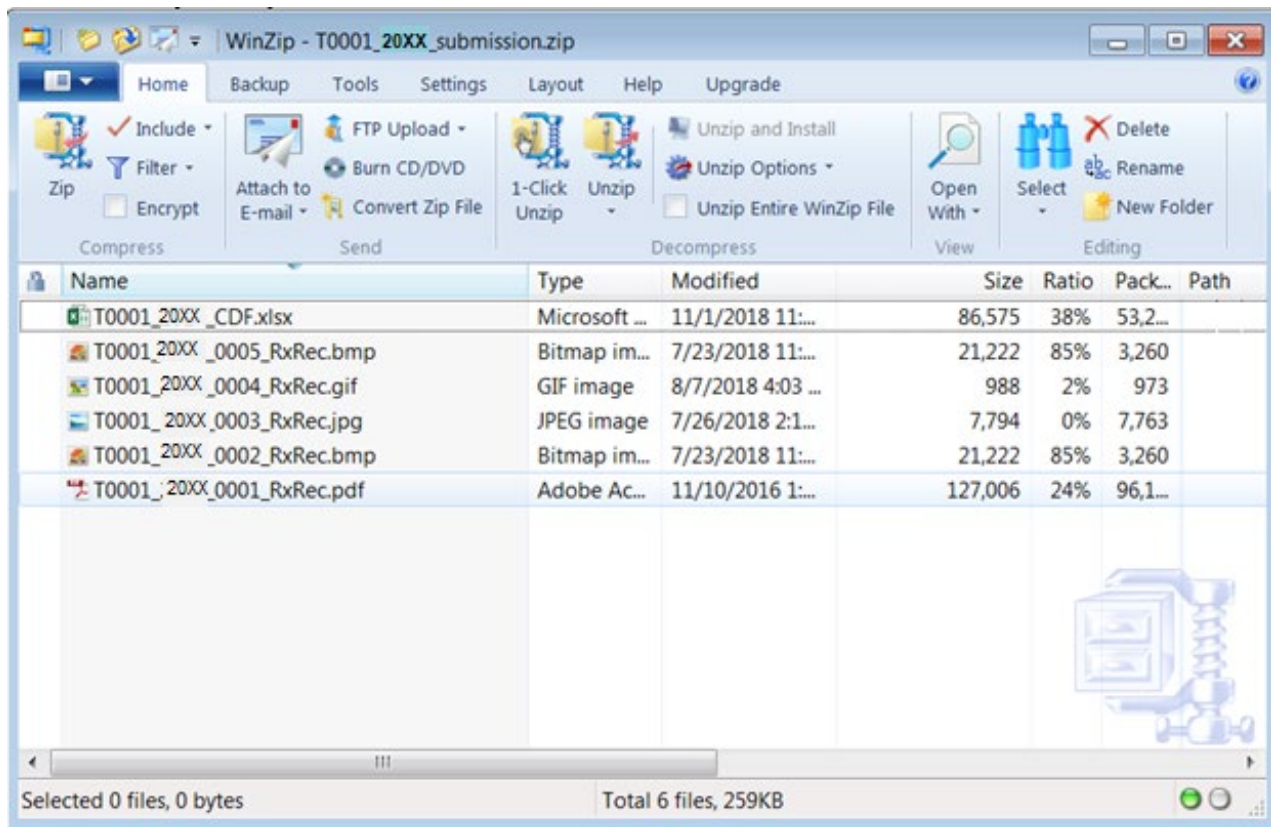
**File Consolidation, Upload, and Verification**

There are two acceptable options for uploading supporting documentation:

- 1) **Single Zip file: all documents for all PDE records consolidated in one Zip file.** All supporting documentation can be zipped within one Zip file. The file should be named after the Part D sponsor’s contract number and the Contract Year (year of service).

As Figure 28 demonstrates, this Part D sponsor has two PDE records sampled for one of its contracts. The Part D sponsor is uploading *five* prescription record hardcopies and *one* CDF (one prescription record hardcopy for each of the five PDEs, and one CDF containing all the data for all the PDEs).

**Figure 28: Example of Naming Convention and Upload Format for a Single Zip File**



- 2) Multiple Zip files; one Zip file for one or multiple PDE records.** If the submission of supporting documentation for PDE records on a rolling basis is preferred, a Zip file for one or multiple PDE records can be uploaded. One or multiple CDFs can be submitted for selected PDEs within a contract (be sure that all the fields for each PDE ID are complete). Each file should be named after the Part D sponsor contract number and contract year (year of service).

Before uploading a file, a radio button must be checked to verify that the documents to be uploaded are accurate to the best of the Part D sponsor's knowledge.

### ***Ancillary Documentation***

If ancillary documentation is to be submitted to provide more information or context to a supporting document, it must be included in the supporting document image. This means the documents must be scanned at the same time as one PDF or if there are multiple PDFs, they should be concatenated into one PDF file. The PDF file must be labeled with the appropriate naming convention as described above.


### ***Missing Documents***

If a prescription record hardcopy/medication order cannot be obtained, the Part D sponsor must submit a Missing Documentation Form (see Figure 29) in its place. This form allows for an explanation for why the document cannot be accessed and the steps taken to verify that the documentation is not available.



In Section 3 of the form, it is important to specify the source(s) used to verify this information and a detailed explanation on all steps taken. The Missing Documentation Form can be found in the Help Documents folder on the HPMS Part D IPM Module. This document should be named using the same naming convention as the document it replaces. The Module will not accept a Missing Documentation Forms in place of the CDF.

Figure 29: Missing Documentation Form



**CY 2023 Part D Improper Payment Measure – Missing Documentation Form**

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If a prescription drug event (PDE) supporting document (prescription record hardcopy/medication order) is not available for the PDE record, please complete and submit this Missing Documentation form in place of **each** missing document.

You should complete and upload this form only if the **entire** PDE supporting document is missing; **do not** upload this form to explain missing data elements.

Make sure to name this Missing Documentation form according to the naming convention specified below and in the Submission Instructions.

**1. Select the missing documentation type, and complete Sections 2 and 3 below:**

Documentation Type		File Naming Convention
Retail/Mail Pharmacy	Long-Term Care (LTC) Pharmacy	
<input type="checkbox"/> Prescription Record Hardcopy	<input type="checkbox"/> Medication Order	<i>PDE ID_RxRec</i>

**2. Prescription record hard copy/medication order is missing because:**  
*Document internal and external research performed and actions taken to reach pharmacy/facility in the comment area below.*

- Pharmacy non-responsive
- Pharmacy sold
- Pharmacy closed
- LTC facility closed
- Pharmacy unable to locate (lost) prescription copy
- Records destroyed by natural disaster (e.g., storm, flood, fire)
- Records seized by law enforcement
- Other (Described in Section 3)

**3. Comments and actions taken (use additional page if necessary):**

**Examples**

**Prescription Record Hardcopy:**  
 Consulted internal pharmacy contracting system, pharmacy is inactive. Spoke with Lori at the Maryland State Board of Pharmacy on February 1, 2025, at 4:00 pm. Confirmed pharmacy was closed on August 1, 2024.

**Prescription Record Hardcopy:**  
 Spoke with Rich, pharmacy manager on 2/3, 2/5, and 2/9. We faxed the pharmacy a request for records on 2/2 and 2/7. Pharmacy has not responded to our requests for information.

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### ***CMS Physician Attestation Forms***

Part D sponsors need to submit a separate Physician/Authorized Prescriber CMS Attestation for Long-term Care Medication Order form, along with the original LTC medication order, for each record in which the medication order is not signed by a provider with prescriptive authority and no supplemental documentation is available. Attestation forms are to be used only for medication orders that are not signed by a provider with prescriptive authority or are improperly signed by someone other than an authorized prescriber. The attestation form will allow an authorized prescriber to attest that they approved the LTC medication order in question. Figure 30 is a copy of the CMS-provided attestation form. The form can be found in the Help Documents folder on the HPMS Part D IPM Module.

Figure 30: CMS Physician Attestation Form



**CY 2023 Part D Improper Payment Measure – LTC Physician Attestation**

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**Physician/Authorized Prescriber CMS Attestation for Long-term Care (LTC) Medication Order**

**I. Enrollee Information** (to be completed by the Part D Sponsor)

Medicare Identification Number (MBI): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Drug Name: \_\_\_\_\_ Drug Strength: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Calendar Year (CY) 2023 Contract ID: \_\_\_\_\_

CY 2023 Part D Sponsor Name: \_\_\_\_\_

**II. Attestation Statement** (to be completed by the Physician/Authorized Prescriber)

I, \_\_\_\_\_, confirm that the prescription drugs listed  
*(print or type full name of the physician/authorized prescriber)*

in the long-term care medication order dated \_\_\_\_\_ (mm/dd/yyyy)  
*(medication order written date or date of service)*

are accurate. These medications were prescribed by me in my capacity as the \_\_\_\_\_  
*(authorized prescriber credentials, e.g., MD, DO)*

when I provided treatment to/diagnosed the Medicare beneficiary mentioned above.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Verification Checks and Resubmission

Once a Zip file has been uploaded to the HPMS Part D IPM Module, CMS conducts two checks of the file and its contents to verify the documents. The Verification Checks are as follows:

- File Upload Check
- Element checks

Notification of successful upload of the file will be evident within minutes of file upload within the HPMS Part D IPM Module. HPMS sends an email regarding the submission status to the Part D sponsor POC(s).

**Refer to the HPMS Plan User Guide for additional information regarding the process status of uploaded files.**

CMS will provide element check results by March 28, 2025, to Part D plan sponsors that have submitted supporting documents on or before the early submission deadline of March 7, 2025. These sponsors will also receive an IFR by March 28, 2025, outlining the preliminary results of their sampled and submitted PDE records.

If these sponsors desire to resubmit supporting documentation based on the results of these checks, they can do so before the final submission deadline of April 18, 2025. **Please submit files as early as possible within the first 6 weeks of the submission period window to allow ample time to receive the results of element checks, and to provide time to update any required files to ensure complete and valid documentation and resubmit before the submission deadline.**

CMS and/or its contractor may contact Part D sponsors during or after the submission period to request clarification regarding submitted files. At this time, CMS may request resubmission of supporting documentation.

**Refer to the HPMS Plan User Guide, available on the Part D IPM Module, for additional details regarding the resubmission of supporting documentation.**

When resubmitting a supporting document that was previously missing or deemed invalid, only resubmit the corrected/valid document. **Do not resubmit other documents that are not missing or invalid.** Also, if asked to resubmit a supporting document because it is missing data elements, the resubmitted file must contain both the newly requested data elements **and** the data elements that were included on the previous document. **Do not submit a document with just the new data elements.**

Furthermore, if you would like to explain why data elements are missing from a document, you can do so on the HPMS Part D IPM Module Discussion Board. **Do not submit a Missing Documentation form or some other document describing why the data elements are missing. Do not use PHI or PII when communicating about a PDE record via the Discussion Board.**

All files submitted by the final submission deadline, whether deemed incomplete or any other issue, will be reviewed during the Part D IPM process.

## Best Practices

Part D sponsors must carefully adhere to guidelines regarding required information to ensure their PDE submissions are complete and contain the best possible documentation. CMS recommends the following actions and best practices to help improve adherence to submission guidelines and minimize burden when submitting through the submission window:

- Take note that the final submission deadline of **Friday, April 18, 2025**, is the last date on which you can submit supporting documentation.
- Thoroughly review the recorded learning series available in HPMS, specifically Module 3, pertaining to the documentation submission process.
- Submit both the CDF and prescription record hardcopy/long-term care medication order as early as possible.
  - Confirm the prescription record hardcopy/long-term care medication order pertains to the sampled PDE and the associated beneficiary.
  - Diligently review the CDF to ensure alignment of data with the sampled PDE.
- Compare your supporting documentation against the PDE Record Identifier spreadsheet provided to minimize the need for resubmission.
- Ensure all documentation for all your PDE records are consolidated in one Zip package. The package must contain the requested documentation for the Part D IPM. Please confirm you are not submitting documentation meant for another audit.
- Verify that you are using the correct naming conventions while uploading documentation.
- Recognize that acceptable documentation comes in various forms. Refer to this document for a detailed list of required elements for each supporting document, along with the examples provided of both acceptable and unacceptable documents.
- For necessary attestations, use only the CMS-provided Physician/Authorized Prescriber Attestation for Long-Term Care (LTC) Medication Orders form. (Alternative forms are NOT accepted.)
- Use the HPMS Part D IPM Module Discussion Board to seek clarifications if you are uncertain about submission requirements.
- Delegate the identification of required data elements on the prescription record hardcopy/LTC medication order to personnel familiar with prescription processes. This business process improves key generation and mapping outcomes.
- Seek approval for prepared documents from your Medicare Compliance Officer or other experienced personnel, such as a Pharmacy Director. They should validate that the documents most accurately represent and substantiate the final PDE record.
- Involve knowledgeable personnel from your plan who have information systems access to collect and submit supporting documentation. Ensure they have access to accurate data sources representing the claim data contributing to or forming the Part D sponsor's PDE submission before uploading to HPMS.
- Review all prescription record hardcopies and/or medication orders subject to PDE submission and confirm prior to uploading documentation that the documents are signed by licensed providers.
- Provide explanatory comments or documents when the beneficiary named on the prescription record hardcopy/medication order is not the same as the beneficiary named on the CDF. For example, the beneficiary may answer to a different name (nickname)

rather than their given name. As such, the CDF shows the beneficiary's given name while the prescription record hardcopy may refer to the beneficiary's non-given name.

- Submit an explanation/additional information if a pharmacy sends prescription record hardcopy documentation that fails to support the PDE. Common examples include:
  - Prescription record hardcopies for a drug strength that is not commercially available. Part D sponsors submitted an explanation of how the beneficiary received the dose prescribed (e.g., two prescriptions of varying strengths were dispensed, a larger quantity of a lower strength was dispensed) and how this was reflected on the PDE.
  - Prescription record hardcopies for a drug that fails to match the drug listed on the PDE. Part D sponsors submitted an explanation indicating why the prescribed drug misaligns to the PDE (e.g., the pharmacy contacted the physician to change the drug to comply with the Part D sponsor's formulary, the original drug prescribed was unavailable, the original drug prescribed was changed due to interactions with other therapy the beneficiary was receiving).
  - Prescription record hardcopies for a quantity that fails to match the quantity listed on the PDE. Part D sponsors submitted an explanation indicating why the prescribed quantity misaligns to the quantity on the PDE (e.g., a lesser quantity was dispensed due to a Part D sponsor's limitation on days' supply available to a beneficiary at retail or by beneficiary request).
- Provide details or an explanation for any PDE that has already been adjusted or corrected in the Drug Data Processing System (DDPS).

## Contact Information

For any questions or concerns regarding the Part D IPM activity, use the email addresses below. Initial responses will be provided within 1 business day; however, resolution of issues may require additional time.

### Policy Questions

Questions regarding CMS policies related to the Part D IPM process should be sent to [PartD\\_IPM@cms.hhs.gov](mailto:PartD_IPM@cms.hhs.gov).

Please include "Part D IPM 2023" in the subject line.

### Part D IPM Submission Process Questions

Questions posted on the HPMS Part D IPM Module Discussion Board, available at [hpms.cms.gov](https://hpms.cms.gov), will be answered by the relevant party depending on the subject matter (i.e., PDE ID-specific questions and submission questions). Please note that only authorized users will be able to access and view the Discussion Board(s) for their authorized contract(s). **Do not use PHI or PII when communicating about a PDE record via email or the Discussion Board. Please use the PDE ID to identify the PDE instead.**

### HPMS Help Desk

Send technical questions concerning HPMS, the Part D IPM Module, and the supporting documentation upload process to [hpms@cms.hhs.gov](mailto:hpms@cms.hhs.gov).

## **CMS Meeting Request**

To request a meeting with CMS, email [PartD\\_IPM@cms.hhs.gov](mailto:PartD_IPM@cms.hhs.gov). Please include: “Contract Number – Meeting Request” in the subject line and details about your meeting request.



## Appendix A. CMS Policy Regarding Adjusted Claims

The deadline for submission of PDE data for the CY 2023 Part D Payment Reconciliation was June 28, 2024. The PDE records that CMS sampled for the current CY 2023 Part D IPM process were submitted on or before this date. The CY 2023 Part D IPM process validates the PDE record that the Part D sponsor determined was the final PDE record for purposes of the CY 2023 Part D Payment Reconciliation.

In the situation where the sponsor subsequently adjusted the sampled “recon PDE” (adjustment made **AFTER** June 28, 2024), the requirement is as follows:

- The sponsor must submit documentation that **aligns to the PDE submitted to CMS as the “RECON PDE.”** This version should align to the PDE identifiers and match the specified fields in the sampled “recon PDE”; and
  - The sponsor must submit additional documentation indicating that the sampled PDE record was adjusted following reconciliation.
    - Please be sure this additional documentation is linked to an adjusted PDE *if* it supports the intended field(s) in the “recon PDE.” See the earlier section in these Submission Instructions for additional information on submitting optional or supplemental documentation.
  - If the sponsor cannot locate documentation for the sampled “recon PDE,” upload a Missing Documentation form in place of each missing document. This form and instructions for completion and submission can be found in the Help Documents library on the HPMS Part D IPM Module.
- Data in the CDF must match the PDE record submitted for reconciliation in the 11 fields provided as PDE identifiers (the PDE\_ID Number and the 10 unique identifiers associated with the PDE being reviewed and the Part D sponsor Contract ID Number).

## Appendix B. PDE Layout

The [PDE Inbound Layout File](#), effective January 1, 2023, can be found on the CMS Customer Service and Support Center (CSSC) website.

**END OF DOCUMENT**