

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



CENTER FOR BENEFICIARY CHOICES

August 29, 2006

Memorandum To: All Part D plans

Subject: Part D Claims Messaging Requirement

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

In a memorandum dated May 22, 2006, we specified that, effective July 2006, Part D plans would be required to implement the new standardized procedure using structured reject “coding” in the message field of the billing transaction response in order to provide clarification of the specific reason for rejection. This process, already approved by a Work Group of the National Council for Prescription Drug Programs (NCPDP) for two specific messages addressing rejections for (1) drugs excluded from Part D coverage as mandated by the Medicare Modernization Act and (2) drugs that are covered under Medicare Part B for the particular beneficiary, is consistent with the current NCPDP 5.1 standard.

To determine the extent of compliance with this requirement, Part D plans must complete the related survey question in HPMS. This may be accomplished by going to Contract Management/Part D Performance Metrics/Claims Messaging Procedures under the Survey Responses header in HPMS. This information must be completed by midnight September 15th.

Plans checking “no” to this survey question are out of compliance with the requirement and must send an email to drugbenefitimpl@cms.hhs.gov describing your plans for complying and specifying the date by which you expect to be in compliance with this requirement. The subject of the email should be “Standardized Messaging Implementation” and the body of the email must include all contract numbers to which the email applies to ensure accurate tracking of responses.

Thank you for your assistance in this matter. If you have any questions about this letter, please contact Deborah Larwood at (410) 786-9500.