

CY2012 Data Requirements and Submission Guidelines for the Medicare Plan Finder Tool on www.Medicare.gov

Revised Date: January 27, 2012

Objective:

The following pages contain guidance to Medicare prescription drug plans regarding additional data submission requirements for the Medicare Plan Finder that is housed on www.Medicare.gov. Both stand-alone prescription drug plans (PDPs) and Medicare Advantage Prescription Drug (MA-PDs) plans will be required to submit these data to CMS and these data will be posted on www.Medicare.gov. The purpose of the data is to enable people with Medicare to compare, learn, select and enroll in a plan that best meets their needs. The database structure provides the necessary drug pricing and pharmacy network information to accurately communicate plan information in a comparative format.

Questions regarding the data requirements outlined in this document should be directed to plancompare@drx.com and Denice.Sieron@cms.hhs.gov.

****Please note that active CY2011 PDPs and MA-PDs must continue submitting their pricing and pharmacy network data as detailed in the CY2011 Data Guidelines. The schedule below is in addition to normal CY2011 submissions. The final CY 2011 plan finder data submission is August 29 – 30, 2011.**

Timeline for CY2012 Data Submissions:

The initial public release of the pricing data on www.Medicare.gov is tentatively scheduled for October 1st, 2011. These data submissions are required for all PDP and MA-PD plans (with the exception of Employer (retiree), PACE, and Cost plans). The initial CY2012 data submissions will be on Thursdays and Fridays and will revert to the regular Monday - Tuesday submission schedule effective September 12-13, 2011.

- July 21 and 22, 2011 – PDP/MA-PD plans submit initial (Test Submission #1) CY2012 pricing and pharmacy network data (full data set) electronically to CMS using SFTP process.
 - Primary objective for this submission window will be for plans to test their SFTP application's configuration and establish successful connectivity and file transfer utilizing the SFTP process.
 - OAT data integrity checks will be turned off for the initial submission. However, format validation checks will be turned on.
 - CMS will NOT be performing the full set of quality assurance (QA) checks on these data. Instead, plans should review their submission results directly from the Plan Compare Administrative Console.
- August 4 and 5, 2011 – PDP/MA-PD plans submit corrected (Test Submission #2) CY2012 pricing and pharmacy network data to CMS.
 - Format validation checks will be turned on and OAT data integrity checks will be turned on for this Test Submission.

- CMS will be performing the full set of quality assurance (QA) checks on these data and will send CY2012 pricing and pharmacy network data analysis to plans.
 - PF/FF Mismatch check will be based on Plan's CY2012 formulary and supplemental excluded drug file (if applicable) submitted to CMS as of August 2, 2011.
- August 17-19, 2011 – Data Preview #1 of CY2012 Pricing Data for plans. Data Preview #1 will be based on the following Test Data for CY2012: (display of test data as part of Data Preview #1 should not be considered as an indication of CMS approval).
 - CY2012 pricing and pharmacy network data submitted on August 4-5, 2011.
 - Plan's CY2012 formulary and supplemental excluded drug file (if applicable) as submitted to CMS as of August 2, 2011.
 - Plan's CY2012 plan benefit information as submitted to CMS as of July 15, 2011.
- August 25-26, 2011 – Plans submit (Test Submission #3) CY2012 pricing and pharmacy network to CMS for final testing (**Not for public reporting**).
 - Format validation checks will be turned on and OAT data integrity checks, including PF/FF Mismatch check, will be turned on for this Test Submission. PF/FF Mismatch check will be based on Plan's CY2012 formulary and supplemental excluded drug file (if applicable) submitted to CMS as of August 23, 2011.
 - Plan's CY2012 plan benefit information as submitted to CMS as of July 15, 2011.
 - CMS will be performing the full set of quality assurance (QA) checks on these data and will send CY2012 pricing and pharmacy network data analysis to plans.
- August 29 – 30, 2011 – **Final regular CY2011 pricing and pharmacy network data submission. These will be the last CY2011 data submission prior to CY2012 Open Enrollment. These data will be posted on September 12, 2011 on www.Medicare.gov. Current FTP process will be utilized for submission of files.**
- September 7-9, 2011 – Data Preview #2 of CY2012 Pricing Data for plans. Data Preview #2 will be based on the following Test Data for CY2012: (display of test data as part of Data Preview #1 should not be considered as an indication of CMS approval).
 - CY2012 pricing and pharmacy network data submitted on August 21 – 22, 2011.
 - Plan's CY2012 formulary and supplemental excluded drug file (if applicable) as submitted to CMS as of August 23, 2011.
 - Plan's CY2012 plan benefit information as submitted to CMS as of August 15, 2011.
- September 12-13, 2011 – PDP and MA-PD plans submit CY2012 pricing and pharmacy network data to CMS that will be published on www.Medicare.gov. **These data will be publicly released on www.Medicare.gov on or about October 1, 2011.**
- October 1, 2011 (tentative) – Launch of the CY2012 pricing and pharmacy network data in the Medicare Plan Finder Tool on www.Medicare.gov

Plans cannot certify in the Administrative Console that there are no updates to files. If there are no updates to the files, the same files should be submitted. If there are data changes, updated files must be submitted.

Table of Contents for Sample Data File Layouts and Questions:

CY2012 Data Requirements and Submission Guidelines for the Medicare Plan Finder Tool on www.Medicare.gov 1

DATA VALIDATION..... 4

SUBMISSION INSTRUCTIONS 4

PHARMACY COST 7

PRICING FILE11

DATA VALIDATION

All plan submissions will be reviewed by CMS and the submission vendor for both formatting and content. In the case of validation or other submission errors, to prevent incorrect data display, pricing data from affected plans will be suppressed from display on the tool pending corrected data submission or plan election to utilize last successful data submission.

SUBMISSION INSTRUCTIONS

In order to provide the data specified, organizations will be given access to a Plan Compare Data Administration Console. This console will allow sponsors to submit data and verify submissions (including results for file format validation and data integrity checks). CMS will not accept data submitted in any other format (e.g. CD, Floppy Disk, Email, etc.).

Username and Password (this username and password is assigned by DRX and is separate from any username or password to access any other CMS system)

- Username and Password issued to the Sponsor will be unique for each Contract_ID.
- Sponsors with multiple Contracts will still be allowed to submit files for multiple Contract_IDs with single connection.
- Username and Password will initially be assigned to Sponsor by DRX and given to the Part D Price File Contacts, Online Enrollment Center Contacts, and Medicare Coordinators listed in HPMS for each Contract_ID.
- A new account type was added in 2010 for users that submit pricing files for more than 1 Contract ID. The Super User login allows a user to view the submission results of multiple Contracts. In order to set up a Super User account, the user must be listed as a contact in HPMS for each of the Contract IDs. Contact the Plan Compare Help Desk at 888-203-8497 or plancompare@drx.com, if you wish to set one up or have any questions.

Connectivity

- The Sponsor will be required to use SFTP (Secure File Transfer Protocol) client application to send the files, including both Test Submission and Regular Submissions.
- IP registration will not be required for CY2012 submissions.
- General guidance on configuring and utilizing the SFTP client will be posted on Plan Compare Administrative Console.
- CY2011 submissions will still be completed using the current SFTP process. All existing submission guidelines for CY2011 have not changed and are still applicable for CY2011 submissions.
- **For use during test submissions for CY2012 only**, sponsors will be able to review submission status at Test Submission Plan Compare Administrative Console with the same username and password assigned to Sponsor by DRX. URL for the Test Submission Plan Compare Administrative Console will be provided to all sponsors prior to first CY2012 Test Submission window.

- Any connectivity issues encountered during the data submission should be immediately sent to plancompare@drx.com (888-203-8497) for resolution. Support is available from 8:30AM – 6:30PM ET Monday through Friday. Correspondence received after 6:30PM ET will be returned the next business day. Please get your submissions in early to ensure a timely response in case of error.

Timelines

- Sponsors will be required to follow the timelines discussed above for all testing, verification, and data submissions.
- Regularly scheduled submissions will be made on a biweekly basis following the submission calendar contained in this document.
- Sponsors will no longer be able to auto-certify files and will be required to update files during every regular submission window.
- Updates will be made only during the submission window on every other week beginning Monday 12:01AM PST and ending Tuesday 11:59PM PST and will be processed and displayed by 12:01 AM (PST) on the scheduled Monday.
- If multiple files are submitted, the LAST file received will be considered the final submission. If the first file was good, and the last file had an error, your submission for that day will be considered in error.
- Each time a file is submitted, please review its submission status at <https://medicareadmin.drx.com/SubmissionStatus/login.aspx>.
- ***If they are not received and not viewable at that URL within 60 minutes of the initial submission, the files were not received successfully, and you should contact the Plan Compare Help Desk for support.*** Upon each submission, the Sponsor will also receive several email confirmations (sent to the Part D Price File contacts).
 - File was received
 - File has been processed and results (any errors, passed, etc.)
- Each file submitted by the plan will be verified against the file format as listed in this document.
- All required files must be validated. Plans must upload updated files when data changes occur.
- Once all required files are accounted for, several data content checks will be performed on these files. The results will be available at <https://medicareadmin.drx.com/SubmissionStatus/login.aspx>.
- If the file validation and data contents checks result in errors, you may resubmit your files within the same submission window.
- Any difficulties encountered during submission should be addressed to plancompare@drx.com within the submission window so that any necessary assistance can be provided in a timely manner. The Plan Compare Help Desk (at 888-203-8497) is available between the hours of 8:30AM – 6:30PM ET.

Tracking, Logging and Monitoring

- All activity will be tracked, logged, and monitored. This includes, but is not limited to:
 - Username used for connection
 - Date and Time of connection
 - Duration of connection
 - Number of files uploaded
 - File Processing Results (Validation and Error results)

File Formats

1. All submissions will be Fixed Length files. The filename should follow the standard: ContractIDXX.txt where ContractID is the sponsor's CMS defined Contract ID# and XX is the table name abbreviation code (defined below). **Example, for a sponsor with the Contract ID of H1001 submitting a pricing file, the file name would be H1001PF.txt.** Only one file per table should be submitted.

A header record should be included that specifies Contract ID, CY (Format: YYYY), Record Count (num (9) with leading zeros) for the entire File (Format: XXXXXXXXXX), and an 8-digit Date Created (Format: CCYYMMDD) information. A footer record should be included that again specifies Contract ID and EOF for End of File.

Sample Header Record

H1001201200000001020110715

(Where H1001 is the Contract ID, 2012 is the CY, 000000010 is the Record Count, and 20110715 is the date)

Sample Footer Record

H1001EOF

Table Abbreviation Codes:

- Pharmacy Cost **PC**
- Pricing File **PF**

Float(12) and Currency(12) Submission Guidelines:

- Do not include the decimal point
- The format follows this structure \$\$\$\$\$\$cccc where \$\$\$\$\$\$ are the numbers to the left of the decimal point (with leading zeros) and the cccc are the numbers to the right of the decimal point (with trailing zeros)
- Samples:
 - \$1.50 = 000000015000
 - 10% = 000000001000

PHARMACY COST

Light Green Fields Indicate Unique Record Identifiers

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PLAN_ID	Char(3)*	NOT NULL	References PLAN_ID that this pharmacy cost file serves assigned by CMS. Include Leading Zeros.
SEGMENT_ID	Char(3)*	NOT NULL	Plan Segment ID only for local MA-PD plans assigned by CMS (if applicable). Include Leading Zeros. PDP plans and MA-PDs without Segment_IDs should enter 000.
PHARMACY_NUMBER	Char(12)	NOT NULL	12-digit Pharmacy Number <ul style="list-style-type: none"> 10 digit NPI number with leading one and zero <i>Plans may ONLY submit NPI numbers. National Council for Prescription Drug Program (NCPDP) numbers will not be recognized.</i>
PRICE_ID	Number(3)	NOT NULL	References the Price File Grouping Number to be used at this pharmacy.
BRAND_DISPENSING_FEE	Currency(12) (Format: \$\$\$\$\$\$ccccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
GENERIC_DISPENSING_FEE	Currency(12) (Format: \$\$\$\$\$\$ccccc)	NOT NULL	In addition to the ingredient cost (product cost) at the point of sale.
VACCINE_ADMINISTRATION_FEE	Currency(12) (Format: \$\$\$\$\$\$ccccc)	NOT NULL	For vaccines only: In addition to the ingredient cost (product cost), the maximum fee associated with the administration of any covered vaccines at the pharmacies in this Price_ID.
PREFERRED_STATUS_RETAIL	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether retail pharmacy is preferred, other network, or network. Acceptable values 0 or 1 (0=Other Network or Network Pharmacy; 1=Preferred Pharmacy)

Field Name	Type(Size)	NULL	Field Description
PHARMACY_RETAIL	NUMBER(1)	DEFAULT 1, NOT NULL	Yes/No defines whether pharmacy is to be displayed in retail (1 month supply) search. Acceptable values 0 or 1 (0=Not Retail; 1=Retail)
PHARMACY_MAIL	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is to be displayed in mail-order (3 month supply) search. Acceptable values 0 or 1 (0=Not Mail Order; 1=Mail Order)
PHARMACY_LA_DRUGS	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether a pharmacy qualifies as a “specialty” pharmacy because it dispenses limited access (LA) drugs. Acceptable values 0 or 1 (0=Does not dispense Limited Access Drugs; 1=Dispenses Limited Access Drugs)
PHARMACY_HI	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy dispenses home infusion drugs. Acceptable values 0 or 1 (0=Does not dispense Home Infusion Drug; 1=Dispenses Home Infusion Drug)
PHARMACY_LTC	NUMBER(1)	DEFAULT 0, NOT NULL	Yes/No defines whether pharmacy is considered a Long Term Care pharmacy. Acceptable values 0 or 1 (0=Not a Long Term Care Pharmacy; 1=Long Term Care Pharmacy)
PREFERRED_STATUS_MAIL	Number(1)	DEFAULT 0, NOT NULL	Yes/No defines whether mail-order pharmacy is preferred, other network, or network. Acceptable values 0 or 1 (0=Other Network or Network Pharmacy; 1=Preferred Mail-Order Pharmacy)
FLOOR_PRICE	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	References the negotiated minimum price that a given pharmacy will be paid for filling a prescription. If a plan has not negotiated floor pricing at a pharmacy, then FLOOR_PRICE should be 000000000000.

Notes

- If a plan's network has preferred network pharmacies, then there must also be non-Preferred (other) network pharmacies, i.e., if a sponsor has indicated "1" (meaning a Preferred Network Pharmacy), the PC file must also have a "0" (meaning Other Network Pharmacy). If a plan's network does not have Preferred Pharmacies, then all pharmacies should be "0" (meaning Network Pharmacy). As defined in the regulation 42 CFR § 423.104, a *preferred pharmacy* means a network pharmacy that offers covered Part D drugs at negotiated prices to Part D enrollees at lower levels of cost sharing than apply at a non-preferred pharmacy under its pharmacy network contract with a Part D Sponsor.
- Submissions of retail and pharmacy networks should be a full representation of your contracted Part D network as required under 42 CFR §423.120(a).
- There should only be one record per network pharmacy per plan. If multiple records are entered, subsequent records are ignored.
- All PRICE_IDs listed in this file must exist in your Pricing File.
- PHARMACY_RETAIL and PHARMACY_MAIL are present to indicate whether a particular pharmacy offers drug sales at either a standard one-month (retail) supply or a three-month (mail order) supply. If both services are offered, enter 1 for both fields. Otherwise, enter a 1 only for the applicable pharmacy type.
- Pharmacies that offer both retail and mail-order pharmacies can designate different preferred network pharmacy status. Please note that preferred status of both retail and mail-order pharmacies must match sponsor's CY2012 bid submission.
- Pharmacies that offer both retail and mail-order pharmacies have different dispensing fees for retail and mail-order pharmacies, the highest dispensing fee should be entered (applies to both BRAND_DISPENSING_FEE and GENERIC_DISPENSING_FEE).
- Pharmacies that offer different dispensing fees for retail, Home Infusion, Long-term Care, or Specialty services, the highest dispensing fee should be entered (applies to both BRAND_DISPENSING_FEE and GENERIC_DISPENSING_FEE).
- Please note www.Medicare.gov will not accommodate special situations like the following:
 - If a pharmacy offers mail-order 30 day supply, it is NOT considered a retail pharmacy, and should have a 0 for PHARMACY_RETAIL.
 - All mail-order pharmacy data submitted by sponsors will be assumed to be for mail order pharmacy that offers 3-month supply only. If sponsors only have mail-order pharmacies that offer 30-day supply, it will not be reflected on www.Medicare.gov and should not be included as part of mail-order pharmacy data.
 - If a pharmacy offers retail 90 day supply, it is NOT considered a mail order pharmacy, and should have a 0 for PHARMACY_MAIL.
- The maximum cost of administering any covered vaccine under the respective Price ID should be entered. If a vaccine requires a series of administrations, include just the cost of 1 dose.
- Floor pricing is used when a sponsor negotiates a minimum price that a given pharmacy will be paid for filling a prescription. Floor pricing is often used for very low cost generics.

Submission Frequency: First CY2012 submission will be on September 12, 2011. Thereafter, starting October 3rd, 2012 organizations will be required to submit pricing on a bi-weekly basis, except for the December 12 - 13, 2011 submission window which will move one week

to December 19 – 20, 2011. Please refer to the CY2012 Calendar Year Pricing Data Submission Calendar for more information. Organizations must submit required files each regular submission window even if no updates are required.

PRICING FILE

Light Green Fields Indicate Unique Record Identifiers

Field Name	Type(Size)	NULL	Field Description
CONTRACT_ID	Char(5)	NOT NULL	References Organization's Contract Number assigned by CMS
PRICE_ID	Number(3)	NOT NULL	Price File Grouping Number
NDC	Char(11)	NOT NULL	The appropriate 11 Digit NDC from the approved formulary and supplemental excluded drug file, if applicable, representing the drug/dose form combination
UNIT_COST	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	Unit cost for given NDC less dispensing fee for one-month retail supply. If N/A enter 000000000000
UNIT_COST_90	Currency(12) (Format: \$\$\$\$\$\$\$ccccc)	NOT NULL	Unit cost for given NDC less dispensing fee for 3-month mail order supply. If N/A enter 000000000000

Submission Notes: For pricing display, the tool will display one cost for all NDCs of a given drug/dosage combination. Organizations will submit records as described above with unit costs for the specific NDCs listed on the FRF at http://www.cms.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp#TopOfPage that match your plan's CMS approved formulary. .

For formulary drugs, organizations will submit unit cost pricing as described above. Organizations must submit unit costs for all drugs on their CMS approved formulary. Enhanced alternative plans who have submitted a supplemental excluded drug file through HPMS should include the pricing for those drugs in this file. Failure to submit pricing for a specific drug dose combination on the plan's formulary will result in the display of a default drug price. Default drug prices are used to approximate cash prices.. Submission of pricing for NDCs not on an organization's CMS approved formulary or not on the FRF will also result in the display default pricing.

Notes:

- This file determines the base unit cost of an NDC in a given pricing regime.

- PRICE_ID is identified by the organization, within the following parameters;
 - The lowest available PRICE_ID is 100
 - PRICE_IDs should be assigned sequentially
 - PRICE_IDs for Retail pharmacies should be between 100 and 999
 - PRICE_IDs for Mail Order pharmacies should be between 200 and 299
 - In the event that an organization has over 100 PRICE_IDs for a given type (retail or mail-order), additional PRICE_IDs should begin sequentially in the next group of 100s where retail pharmacies are in the 300, 500, 700, 900 series, and mail-order pharmacies are in the 400,600,800 series.
- The pricing file is applied to the plan through the Pharmacy Cost file.
- Every drug from the formulary should be covered under each PRICE_ID. Exceptions are:
 - Formulary drugs with restricted or limited access may be limited to PRICE_IDs used by “specialty” pharmacies.
 - PRICE_IDs used only for “specialty” pharmacies dispensing limited access drugs should only contain records for drugs available at pharmacies using that PRICE_ID.
- It is required for plans that have vaccines in their Part D Formulary to include pricing for vaccines in all PRICE_IDs, including those PRICE_IDs specifically designated for Mail Order. Only exception will be for those PRICE_IDs used only for “specialty” pharmacies. Please refer to the Pricing File layout for details.
- Related NDCs contained on the CY2012 FRF must be used for the submission of Part D Pricing Files. For example, Zocor 10 MG and Simvastatin 10 MG are represented on the CY2012 FRF as follows:

RXCUI	TTY	RxNorm Description	Related NDC
314231	SCD	SIMVASTATIN 10 MG ORAL TABLET	00781507131
104490	SBD	SIMVASTATIN 10 MG ORAL TABLET [ZOCOR]	00006073554

- When a plan submits pricing for Zocor 10 MG and Simvastatin 10 MG, the following guideline must be followed:
 - For Simvastatin 10 MG, RXCUI 314231 is used for the HPMS formulary submission and the related NDC 00781507131 is used for the pricing file submission.
 - For Zocor 10 MG, RXCUI 104490 is used for the HPMS formulary submission and the related NDC 00006073554 is used for the pricing file submission.
 - The plan would therefore submit pricing data for these two drugs as follows:
 H100110100781507131000000000846000000000846
 H100110100006073554000000053128000000053128
- For enhanced alternative plans, NDCs contained on approved HPMS supplemental excluded drug file shall continue to be utilized for pricing purposes.

- Unit pricing can be provided for both a one-month retail supply and three-month mail-order supply. If only one type applies, enter 000000000000 in the non-applicable field. If both types apply, but are the same, enter the same value in both fields. Plans must review their pricing data prior to submission. If a plan mistakenly enters 000000000000 in the applicable cost field, a default drug price will be calculated for that drug/dose form (represented by an FRF related NDC or supplemental excluded drug file NDC). Default drug prices are used to approximate cash prices. Examples of past pricing file submissions and their implications for MPF display are included below:
 - H1001101007815071310000000000000000000000846 (Simvastatin 10 MG): Because Price_ID 101 lists a zero unit cost for a one-month retail supply, when a beneficiary selects a retail pharmacy grouped with this price file, the default drug price plus a dispensing fee will be displayed as the monthly drug cost for Simvastatin 10 MG. No other cost share will be associated with this entry.
 - H100120000006073554000000053128000000000000 (Zocor 10 MG): Because Price_ID 200 lists a zero unit cost for a three-month mail order supply, when a beneficiary selects a mail order pharmacy grouped with this price file, the default drug price plus a dispensing fee will be displayed as the mail order drug cost for Zocor 10 MG. No other cost share will be associated with this entry.
 - H1001101000060735540000000000000000000000 (Zocor 10 MG): Because Price_ID 101 lists a zero unit cost for both a one-month retail supply and a three-month mail order supply, Medicare Plan Finder will display a default drug price plus a dispensing fee as the cost of Zocor 10 MG for both retail and mail. No other cost share will be associated with this entry.
- CMS may update the related NDCs associated with RXCUIs due to factors such as changes in the active or obsolete status of the FRF NDCs. These changes will be part of CMS' updates to the CY2012 FRF. The CY2012 FRF related NDCs may not be refreshed with each monthly 2012 FRF updates; however, the related NDCs used for purposes of pricing file submissions will be refreshed no less than quarterly. Plans will be required to submit updated pricing files that reflect the new related NDCs for RXCUIs on their last approved HPMS formulary file. Subsequent to CMS' release of an updated CY2012 FRF that contains changes to related NDCs, a general alert will be sent to plans that will specify the effective date by which pricing files must be updated to reflect these related NDC changes. Following the effective date, pricing data submitted for NDCs other than those on the current CY2012 FRF will not be used for display on medicare.gov; default pricing will be displayed for those drugs. Effective dates will take into account other activities by CMS and plans that may impact these updates, and will not be any sooner than the 2nd regular pricing data submission window following the release of an updated CY2012 FRF.
- The RXCUIs for diabetic supplies, prenatal vitamins, and fluoride preparations do not have related NDCs and do not display on the Medicare Plan Finder. Therefore, no pricing should be submitted for diabetic supplies, prenatal vitamins, or fluoride preparations.
- If a plan is unable to provide pricing data for a related NDC, the plan should submit pricing based on the most comparable drug product. The pricing files should still contain the related NDCs.
- The following are common examples of a "unit" for formulations:
 - Pills: For oral tablets with unit of "EACH" (i.e. one unit of Simvastatin 20 mg is one tablet of Simvastatin 20 mg)
 - Liquid: For liquid, unit can be defined in many different ways like one "vial", "syringe", or as "1MG" depending on the availability of packaging for the drug (e.g., one unit of Fortaz INJ (All strengths) or Protonix INJ (40MG) is represented by a vial while one unit of Aralast 500MG vial is represented by 1MG).
 - Nebulizers: For inhalers or nebulizers, similar to liquid, unit can be identified in many different ways (e.g., one unit of albuterol is represented by per "ML" while one unit of Proair HFA is represented by "GM" instead of bottle of vial).

- Enhanced Alternative Plans: the NDC field for excluded drugs should be the plan-determined proxy NDC that is used in the supplemental excluded drug file approved by CMS in HPMS.
- Pharmacies that offer different pricing structure at the point-of-sale for different pharmacy services provided (i.e. Retail versus Home Infusion versus Long-term Care versus “Specialty”), the highest cost structure should be entered (applies to both brand and generic drugs and UNIT_COST and UNIT_COST_90 fields).

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