Prescription Drug Front-End System & Reports

Computer Based Training Transcript



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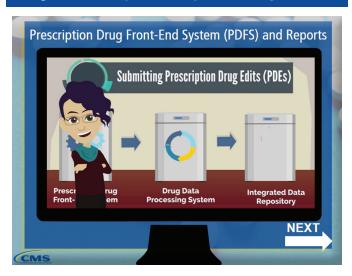
Introduction



Welcome to the Prescription Drug Front-End System and Reports computer-based training.

This training will walk you through the submission process and the reports plans receive as a result of their prescription drug event (PDE) submissions.

Prescription Drug Front-End System (PDFS) & Reports



PDEs are received by the Drug Data Processing System (DDPS) through the Prescription Drug Front-End System (PDFS) in a CMS defined record format. The PDFS performs format and validity checks on the File and Batch level as well as sequencing verification on the Detail Records. Once the file has moved through the PDFS, it is

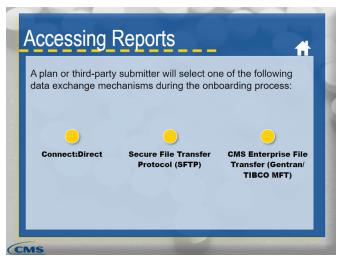
received by DDPS, where Detail level edits are performed. Reports are generated and then delivered through the plans chosen exchange mechanism. From DDPS, CMS stores the data internally in the IDR.

Navigation Page



Select each icon to learn more about the process.

Accessing Reports



A plan or third-party submitter will select one of the following data exchange mechanisms during the onboarding process:

- Connect:Direct
- Secure File Transfer Protocol (SFTP)
- CMS Enterprise File Transfer (Gentran/TIBCO MFT)

Subsequently, the submitter will access the exchange mechanism to submit their files and view reports.

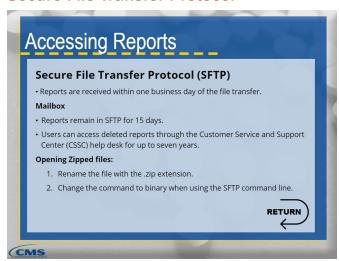
Select each circle to learn more.

Connect:Direct



Connect:Direct is a computer software product that transfers files between mainframe computers and midrange computers. Files are exchanged using user-defined data names. This method is used for those plans that submit a large volume of data. Submitters should receive reports within two business days of the file transfer.

Secure File Transfer Protocol

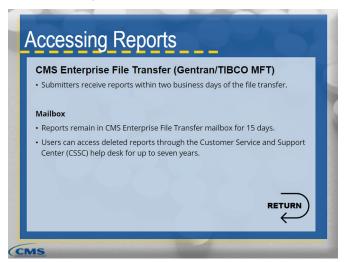


For Secure File Transfer Protocol, submitters receive reports typically within one business day of the file transfer. Reports are sent to the designated mailbox for 15 days. The reports can also be

accessed through the Customer Service and Support Center (CSSC) help desk for up to seven years.

Plans may request zipped reports. To avoid difficulties opening ZIP files, users should follow the two-step process listed here.

CMS Enterprise File Transfer



For CMS Enterprise File Transfer, submitters should receive reports within two business days of the file transfer. Reports are sent to the designated mailbox for 15 days. The reports can also be accessed through the Customer Service and Support Center (CSSC) help desk for up to seven years.

Select the HOME icon to continue exploring.

Prescription Drug Front-End System

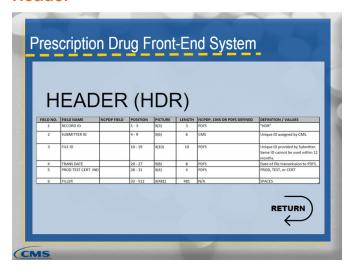


Submitted files must be presented in the following order: The File Header is first, and it identi-

fies the submitter. The first Batch follows the File Header and includes plan information. There can be multiple Batches within a File, but each one must include a Batch Header, Detail, and Trailer. The Batch Header identifies the plan. The Detail Records identify individual PDEs in the Batch, and the Batch Trailer Records indicate the end of a Batch. From here, there can be another Batch or a File Trailer.

Select each part of the layout to see an example.

Header



This is the Header Record and identifies the entity submitting the data.

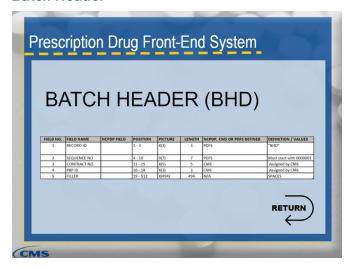
Batch



The Batch identifies the contract and plan benefit package (PBP).

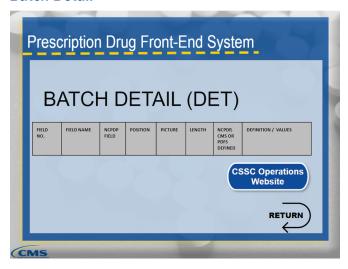
Select each button to learn more about the three sections that make up the Batch.

Batch Header



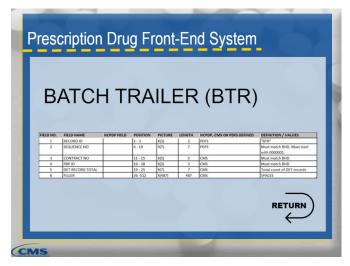
This is the Batch Header Record.

Batch Detail



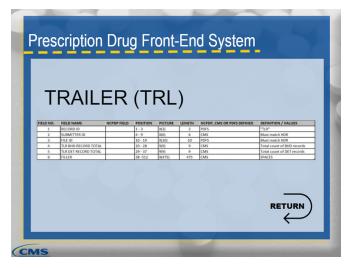
This is the Batch Detail Record. Check for the most recent record layout on the CSSC website.

Batch Trailer



This is the Batch Trailer Record.

Trailer



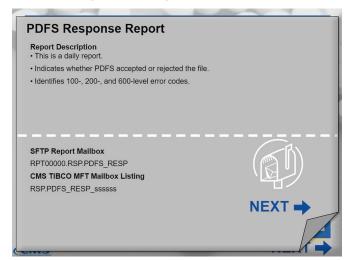
This is the Trailer Record.

Prescription Drug Front-End System (Continued)



Once you have submitted the file, you will be able to access the PDFS Response Report. Select the button to learn more about this report.

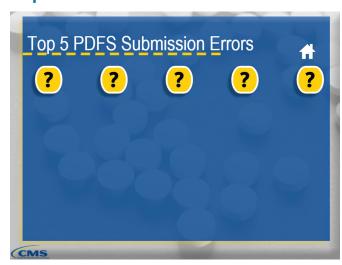
PDFS Response Report



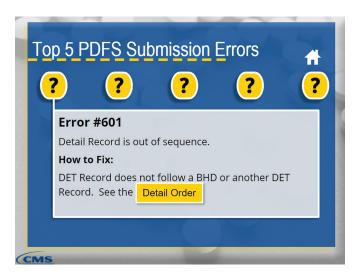
The PDFS Response Report indicates if the PDFS accepted or rejected the file and identifies 100-, 200-, and 600-Level error codes.

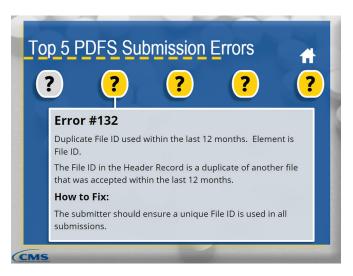
Select the Next button to learn about the top 5 errors related to PDFS file submissions.

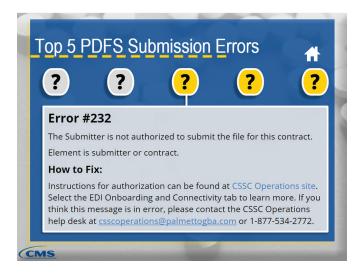
Top Five PDFS Submission Errors

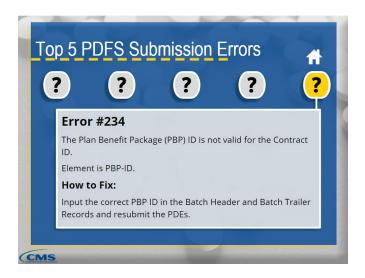


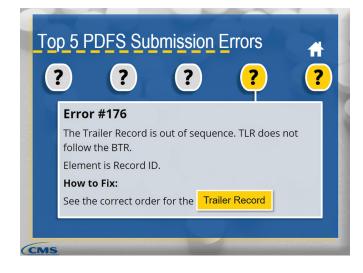
Select each question mark to learn more about the top five submission errors.





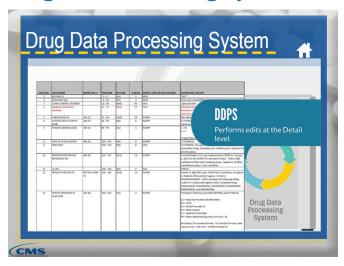


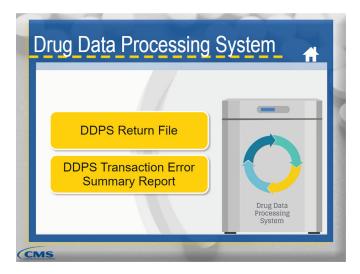




Select the HOME icon to continue exploring.

Drug Data Processing System

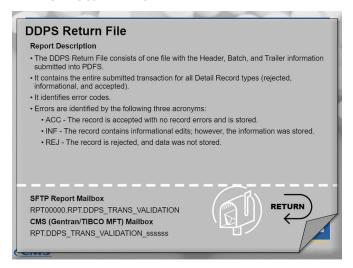




The Drug Data Processing System is where the Detail level edits are performed before moving to the IDR for storage. The Detail level edits check the validity of the PDE data.

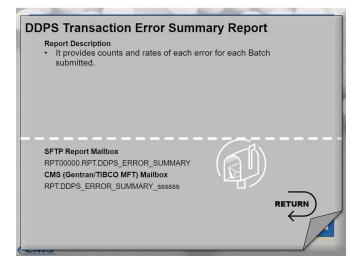
Once the files move through the DDPS, you will be able to access the DDPS Return File and the DDPS Transaction Error Summary Report in your CSSC mailbox. Select both reports to learn more.

DDPS Return File



The DDPS Return File contains the entire submitted transaction for all Detail Record types and identifies any error codes.

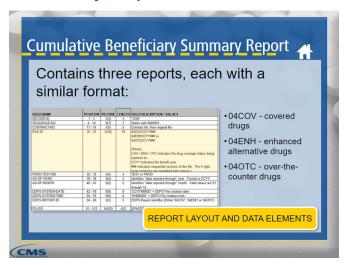
DDPS Transaction Error Summary Report



The DDPS Transaction Error Summary Report provides counts and rates of each error for each Batch submitted.

Select the HOME icon to continue exploring.

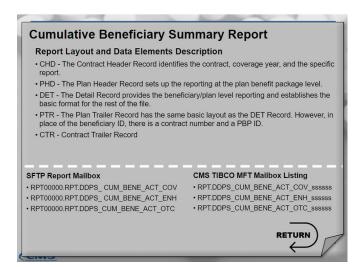
Cumulative Beneficiary Summary Report



The Cumulative Beneficiary Summary Report is produced with PDE data stored in the IDR and it is distributed monthly. This report provides a summary of accumulated totals per beneficiary for dollar amount fields.

It includes three reports, and each one has the same format: o4COV for covered drugs, o4ENH for enhanced alternative drugs, or o4OTC for overthe-counter drugs.

Select the button to learn about the report layout and data elements.



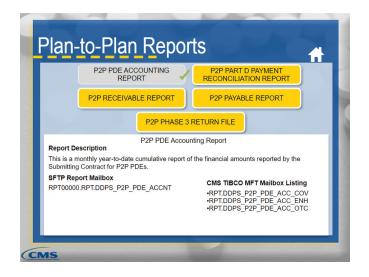
Shown here is the Cumulative Beneficiary Summary Report layout and data elements description. This report has a Contract Header Record, Plan Header Record, Detail Record, Plan Trailer Record, and Contract Trailer Record.

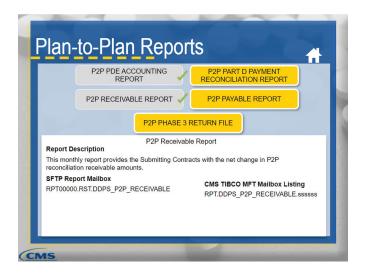
Plan-to-Plan Reports

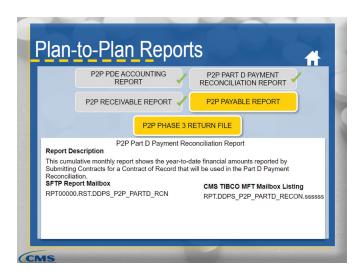


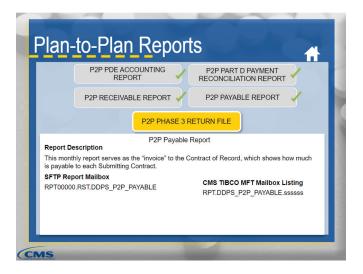
CMS uses reports to communicate whether there is a Plan-to-Plan (P2P) situation and identifies who the Submitting Contract and the Contract of Record are for the purpose of financial settlement between the entities.

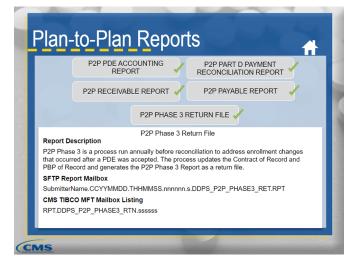
Select each button to learn more about Plan-to-Plan reports.





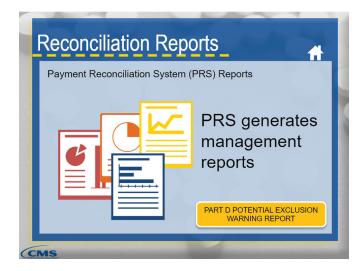






Select the HOME icon to continue exploring.

Reconciliation Reports



The Payment Reconciliation System (PRS) generates management reports after CMS completes the calculations for an annual Part D payment reconciliation. However, before CMS completes the calculations, the Part D Potential Exclusion Warning Report is distributed to plans.

Select the button to learn more.

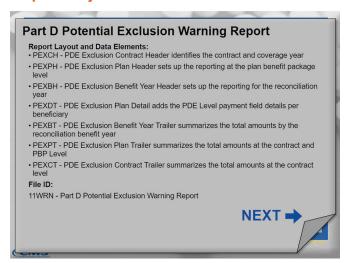
Part D Potential Exclusion Warning Report



Prior to excluding any accepted PDE data from a reconciliation, CMS will distribute the Part D Potential Exclusion Warning Report to provide Part D sponsors with the opportunity to address any PDEs before they are potentially excluded from the reconciliation or reopening process. This is sent out prior to the reconciliation process.

Select the button to view the report layout and data elements.

Report Layout and Data Elements



Here is the file layout and data elements for the Part D Potential Exclusion Warning Report.

The Header and Trailer Records contain a File ID field that indicates whether the report is the Part D Potential Exclusion Warning Report or the Part D

Exclusion from Reconciliation Report.

Select the Next button to learn about other reports distributed by PRS.

Reconciliation Reports (continued)



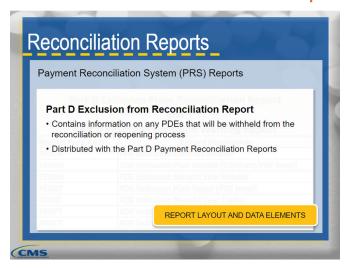
Plans receive the Part D Exclusion from Reconciliation Report, the PRS Inputs Report to Plans, and the PRS Reconciliation Results Report to Plans.

The Part D Exclusion from Reconciliation Report Details information about any PDEs withheld from the reconciliation or reopening process.

The PRS Inputs Report to Plans and the PRS Reconciliation Results Report to Plans provide information on the beneficiary and plan level inputs and the results of the three-Part D payment reconciliations - Low-Income Cost-Sharing Subsidy, reinsurance, and risk-sharing.

Select each report to learn more.

Part D Exclusion from Reconciliation Report

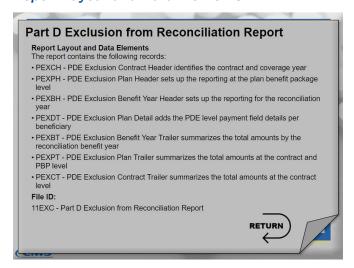


All plans active during the reconciliation benefit year receive the Part D Exclusion from Reconciliation Report.

This report contains information on any PDEs that will be withheld from the reconciliation or reopening process and is distributed with the Part D Payment Reconciliation Reports.

Select the button to view the report layout and data elements.

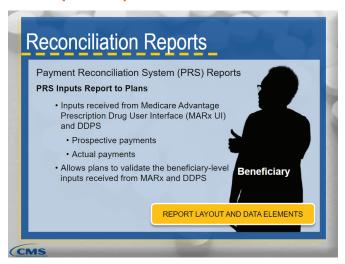
Report Layout and Data Elements



Here is the file layout and data elements for the Part D Exclusion from Reconciliation Report.

The Header and Trailer Records contain a File ID field that indicates whether the report is the Part D Potential Exclusion Warning Report or the Part D Exclusion from Reconciliation Report.

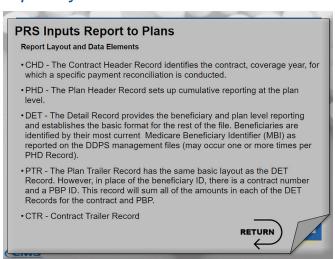
PRS Inputs Report to Plans



The PRS Inputs Report to Plans provides plans the beneficiary-level inputs received from Medicare Advantage Prescription Drug User Interface (MARx UI) and DDPS. These inputs provide data on the prospective payments and the actual payments made on behalf of a beneficiary. The PRS Inputs Report to Plans allows plans to validate the beneficiary-level inputs received from MARx and DDPS that will be used in their Part D payment reconciliation.

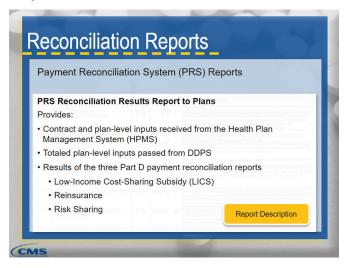
Select the button to view the report layout and data elements.

Report Layout and Data Elements



The layout of the PRS Inputs Report to Plans follows a similar file structure as the DDPS management reports that plans already receive.

PRS Reconciliation Results Report to Plans



The PRS Reconciliation Results Report to Plans provides the contract and plan-level inputs received from the Health Plan Management System (HPMS), the totaled plan-level inputs passed from the DDPS, and the results of the three Part D payment reconciliation reports: Low Income Cost Sharing Subsidy (LICS), reinsurance, and risk sharing. The PRS Reconciliation Results Report to Plans is meant to provide plans with all the inputs that plans would need to understand how their Part D payment reconciliation is calculated, in addition to the results of the Part D payment reconciliations and the final reconciliation adjustment amount.

Select the button to hear a description of the report.

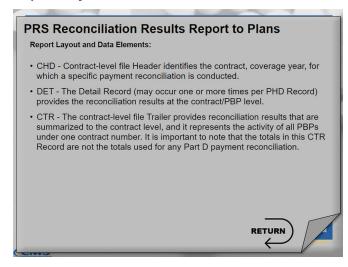
Report Description



Certain fields from the Inputs Report to Plans are carried through to the Reconciliation Results Report to Plans.

Select the button to view the PRS Reconciliation Results Report to Plans layout and data elements.

Report Layout and Data Elements



The PRS Reconciliation Results Report to Plans file layout is similar to that of the PRS Inputs Report to plans, but there are key differences.

 In the Results Report to plans, there are no beneficiary records.

The DET record provides the reconciliation results at the contract/PBP level.

Select the HOME icon to continue exploring.

Cumulative Report List



This section lists all the reports associated with PDE submissions and processing reviewed in this training.

Select each report to learn more.

Reconciliation Reports Suite



Here are all the Reconciliation Reports produced during the PDFS process.

Select each report to learn more.

Plan-to-Plan Reports Suite



CMS uses reports to communicate whether there is a Plan-to-Plan situation and identifies who the Submitting Contract and the Contract of Record are for the purpose of financial settlement between the entities.

Select each button to learn more about Plan-to-Plan reports.

Conclusion



Thank you for viewing the Prescription Drug Front-End System Computer-Based Training. At any time, you can continue to explore the PDFS process and associated reports. When you are ready, select the close button to exit the course.

We would love to receive comments or suggestions from you regarding this computer-based training. Please email us at **pdejan2011@cms.hhs.gov** and reference the PDFS Submission and Reports CBT.