Attachment B

Pharmacy PDL & Supplemental Support

RFP HSS 15-060

Section 1

Scope of Work

1.0 The State of Delaware is requesting bids for Pharmacy PDL & Supplemental support services for the Division of Medicaid & Medical Assistance (DMMA) pharmacy rebate program. The DMMA pharmacy rebate program includes traditional fee for service Medicaid clients as well as all Medicaid clients enrolled in one of two managed care companies.

1.1 DMMA is currently a member of the Sovereign States Drug Consortium (SSDC). The SSDC negotiates supplemental drug rebates and rebates for non-drug products.

1.2 The contractor will provide program management and coordination of PDL with DMMA, the state's Medicaid Fiscal Agent, the Medicaid MCOs, the Pharmaceutical and Therapeutic (P&T) Committee, the SSDC and its vendor, and any other business partner associated with PDL.

1.3 The contractor will comply with all federal regulations, including confidentiality of rebate related data, and the State Plan filed and approved by the Centers for Medicare and Medicaid Services (CMS).

1.4 The contractor will assist DMMA with writing State Plan Amendments related to the PDL.

1.5 The contractor will facilitate status meetings with DMMA including meeting agendas and minutes. Meeting minutes must be provided to DMMA within ten (10) working days for each meeting, including the Pharmacy and Therapeutics Committee meetings. Status meetings will be held on an agreed upon schedule by DMMA and the contractor, at a minimum of bi-weekly via conference call.

1.6 The contractor will submit with their proposal the names and resumes for staff assigned to this contract.

1.7 The contractor will provide an account manager that will be available during business hours of 8 am to 4:30 pm Eastern Time, Monday through Friday. This person is responsible for the overall operations of the contracted deliverables.

1.8 The contractor will provide a registered pharmacist who shall attend in person an annual P & T committee meeting to offer advice to DMMA on clinical issues relating to the PDL. The pharmacist will be available to DMMA by telephone and email during business hours of 8 am to 4:30 pm Eastern Time, Monday through Friday.

1.9 The contractor will provide for the services of a supplemental rebate manager. This individual shall be available to DMMA by telephone and email during 8 am to 4:30 pm Eastern Time, Monday through Friday. This individual is responsible for, at a minimum completion and management of rebate contracts,

contract tracking, contract status, contract disputes, pricing, contract data files and reports for rebate invoicing.

1.10 The contractor will complete background checks for current and potential employees to ensure that staff meets the minimum requirement under state and federal statue and/or regulations. The contractor shall not employ persons who are excluded from Medicare or Medicaid participation by the Federal Office of the Inspector General or any state Medicaid program.

1.11 Changes in staff positions of account manager, clinical pharmacist, and rebate manager shall be approved by DMMA.

1.12 The contractor will agree that any and all data provide to DMMA or DMMA's partners, and any and all data collected, created, summarized, and/or aggregated, deliverables submitted to DMMA or DMMA's partners and reports created under the contract awarded pursuant to this RFP are the sole property of DMMA, intended for the purposes of supporting the Medicaid and Pharmacy programs in any manner deemed appropriate by the State. None of these materials may be used by the Contractor at any time or in any manner without the express approval of the State.

1.13 The contractor will be responsible for executing supplemental rebate contracts in a timely manner. The contractor will maintain accurate contract records with the drug manufacturers. The contractor must ensure accurate status of fully executed contracts and outstanding contracts. All rebate contracts must be kept in a user friendly and accurate database. The contractor will provide with the DMMA on a monthly basis providing a contract status report.

Section 2

PDL Indicator Update Process

2.0 The contractor will work with DMMA to develop the process for weekly updating new NDC on Delaware Medicaid Enterprise System, DMES. File A

2.1 The contractor will perform intermittent changes to NDC file, i.e. new product formulation or change in rebate status.

2.2 The contractor will create the annual update file to supply to DMES to refresh the Preferred Drug Indicator. Version of File A

2.3 The contractor will prepare a weekly file that can be distributed to the DMMA managed care organizations with NDC that have a PDL indicator. File A

2.4 The contractor will create a quarterly PDL file to be sent to GHS that provides NDC level data with a preferred drug status indicator. File B

2.5 The contractor will prepare a document that can be posted on the DMAP website for the public for all therapeutic categories that have 'preferred' medications.

Section 3

Supplemental Rebate Financial Reporting, Utilization Files and Contract Management

3.0 The contractor will generate financial reports on therapeutic class level drugs for the State to review. The report will be used by the state to determine which drugs will be contracted.

3.1 Development of the financial reports will contain utilization information from the most current quarter. This will be obtained from the Move-It Server utilized by the DMES. Contractor will use the file as defined by DMMA. File C

3.2 A quarterly utilization file will be provided to GHS as part of the SSDC process. File D

3.3 The state of Delaware intends to develop their Supplemental Rebate Agreements and will obtain Center for Medicare & Medicaid Services (CMS) approval.

3.4 The contractor will work cooperatively with DMMA, SSDC partners, and DMMA's fiscal agent to assist the State in drug supplemental and product rebate contract administration.

3.4.1 All rebate agreements or contracts shall be made between DMMA and manufacturers using DMMA and/or CMS approved templates.

3.4.2 Rebate contracts must be in an electronic file format that is acceptable to DMMA.

3.4.3 The contractor will work cooperatively with SSDC partners to accurately determine supplemental drug or product rebate contract data.

3.4.4 The contractor will produce and facilitate the signing of supplemental drug rebate or product rebate contracts with manufacturers and DMMA.

3.4.5 The contractor will track contracts and documents at all points from origin to completion.

3.4.6 The contractor will maintain DMMA's supplemental drug or product rebate agreements and/or contracts separately from its other clients, ensuring strict confidentiality and controls that meet Federal and State requirements.

3.4.7 The contractor will ensure that both DMMA and manufacturers receive original signed agreements or contracts.

3.4.8 The contractor will provide electronic files containing calculated drug supplemental unit rebate amounts (SURA) and non-drug unit rebate amounts (NDURA), along with additional specified information to DDMA.

3.4.9 The contractor will provide electronic files containing specific supplemental drug or product rebate contract and amendment data to DMMA and DMMA's fiscal agent.

3.4.10 The contractor will provide SURA and NDURA files and contract files to DMMA and its fiscal agent within thirty days (30) calendar days of the end of a quarter, in an electronic file format that is acceptable to DMMA. The contractor shall provide data including but not limited to, current and prior quarter adjustment data; historical data: and contract and contract amendment data necessary for DMMA to invoice manufacturers on a quarterly basis for

supplemental drug rebates and product rebates in a file format that is acceptable to DMMA. The contractor must coordinate supplemental drug rebate and product rebate submissions with submission of traditional federal drug rebates.

3.4.11The contractor will provide documentation to DMMA and/or its designee to support supplemental drug rebate and product rebate invoicing at the NDC level in an electronic file format that is acceptable to DMMA.

3.4.12The contractor will ensure that the quality of all rebate files delivered to DMMA and DMMA's business partners contain error-free data.

3.4.13The contractor will assist DMMA and/or its designee in dispute resolution activities with manufacturers as they pertain to supplemental drug rebate or product rebate calculations and contracts.

3.4.14The contractor will communicate directly with manufacturers to resolve disputes arising from supplemental drug rebate or product rebate calculations or contract issues within five (5) business days of receipt of the dispute.

Section 4

Quarterly Supplemental Rebate File Generation

4.0 The contractor is responsible for applying current quarter CMS DDR files to the pricing files to insure accuracy in the rate calculations for all quarters, balancing past quarters. File E

4.1 The contractor is responsible for maintaining historical files when the state provided information on the following fields: contract rate, contract formula, NDC, contract dates and all amendments pertaining to contracts.

Section 5

Amending existing contracts

5.0 The contractor will amend any existing contracts when new drugs are added or the state requires amendments to an existing contract. The contractor will draft contract amendments and submit for DMMA approval. The contractor will deliver and execute the contract amendments within thirty (30) days. The contractor will update the supplemental rebate pricing file with the contract changes outlined for the next quarter and invoice cycle.

Section 6

Quarterly Supplemental Rebate Pricing File

6.0 The contractor is responsible for obtaining claims data information from our new information system, Delaware Medicaid Enterprise System, (DMES) after July 1, 2016. The contractor will create a total supplemental rebate file for DMMA to be used in combination with CMS Unit Rebate Amount file to calculate the supplemental Unit Rebate amount for each NDC under contract. File F The contractor is responsible for preparing and transmitting to the Move-IT Server that is utilized by the DMES the quarterly supplemental rebate pricing file which will contain all current and amendment information to

insure accuracy. This file must be in the DMMA specified format that will permit a seamless use in the Delaware Medical Enterprise System.

Section 7

Pharmacy and Therapeutic Committee (P&T)

7.0 The contractor will provide support services for one annual Pharmacy and Therapeutic Committee meeting per year; this will include attendance of one pharmacist.

7.1 The contractor will develop and provide support for clinically sound and cost effective recommendations to DMMA and the P & T Committee to refine and manage the Preferred Drug List (PDL) The contractor will facilitate meetings, present clinical and cost information, develop print, copy, collate, and distribute meeting materials such as, but not limited to, agendas, minutes, reports, and handouts for all P&T Committee meetings.

7.1.0 The contractor will develop and provide P&T Committee meeting agendas for one annual meeting at a minimum of thirty-five (35) calendar days prior to the meeting. Content shall be approved by DMMA.

7.1.1The contractor's clinical pharmacist(s) shall review therapeutic classes including new medications or indications as approved by the Food and Drug Administration (FDA) and present in person recommendations to the P&T Committee and DMMA for appropriate revisions to the PDL.

7.1.2 The contractor will provide meeting documents to DMMA and P&T Committee members fourteen (14) calendar days prior to meetings.

Section 8

Therapeutic Class Review

8.0 The contractor will provide DMMA and the P&T Committee with therapeutic class reviews that compare drugs and products, at a minimum, for efficacy, safety, side effects, dosing, indications, prescribing trends, and cost efficiencies of each drug or product within the therapeutic drug or product class. Full clinical monograph will be requested on an as needed basis, not to exceed five (5) per year. New therapeutic class monographs will be needed for the first review of the category. The contractor will submit a monograph example with their quotation.

8.0.1 The contractor will provide DMMA and the P&T Committee members concise and systematic reviews of each therapeutic drug or product class or specific drugs or products to be presented for review by DMMA or P&T Committee, including monographs, pricing information and other pertinent information, no later than fourteen (14) calendar days prior to each P&T Committee meeting.

8.0.2 The contractor will designate to DMMA and the P&T Committee the contractor's recommendation as to preferred or non-preferred status for each drug or product within each class based on current clinical and cost data.

8.0.3 Full clinical monograph will be requested on an as needed basis, not to exceed five (5) per year. New therapeutic class monographs will be needed for the first review of the category.

8.0.4 The contractor will review new drugs or drug formulations or products using a schedule agreed upon by the contractor and DMMA at a minimum quarterly.

8.0.5 The contractor will advise DMMA monthly and the P&T Committee at regularly scheduled meetings on comparative value of new drugs or drug formulations or products that fall into categories already established on the PDL.

8.0.6 The contractor will incorporate multisource drugs into the PDL, maximizing the use of the most cost-effective drugs for inclusion on the PDL.

8.0.7 The contractor will provide DMMA and the members of the P&T Committee SSDC-negotiated supplemental rebates and financial analysis information for each therapeutic class or specific drugs or products under review by DMMA and P&T Committee. Drug and product rebate information shall be kept confidential as required by 42USC 1396r-8(b) (3) (D) or future updates.

8.0.7.1 The contractor will provide financial information for the P&T Committee for each therapeutic drug or product class at least annually, and new drugs or products as they are reviewed by DMMA or P&T Committee at least quarterly, in a format that contains at a minimum, drug or product class, drug or product name, brand or generic status, current PDL, average quantity dispensed per prescription, net cost after all rebates per prescription.

8.0.7.2 The contractor will incorporate SSDC negotiated pricing into its PDL business models, analyze SSDC pricing, and produce recommendations for PDL using SSDC negotiated pricing on an annual basis for review of the entire PDL and daily as information becomes available.

8.0.7.3 The contractor will keep confidential SSDC pricing information and keep SSDC pricing information separate from the contractors other lines of business.

8.1 The contractor will manage DMMA's PDL, including but not limited to, the production of documents and data needed for claims processing, and PDL updates as recommended by the P&T Committee that are approved by DMMA.

8.2 The contractor must ensure that the PDL is in compliance with all applicable Federal and State statues and regulation and the State Plan approved by CMS.

8.3The contractor will prepare the PDL documents electronically in a file format that is acceptable to DMMA.

8.4 The contractor will comply with the standards of DMMA and DMMA's business partners for drug and product data-file maintenance including, but not limited to, the use of therapeutic class codes, enhanced therapeutic class codes, generic sequence numbers, prior authorization requirements, injectable or other dosage form indicators, replacement or change files as desired, catch-up files, or any other drug and product data file standards required by DMMA or DMMA's business partners.

8.5 The contractor will comply with the requirements of DMMA and DMMA's business partners for weekly, monthly, and quarterly file deliveries.

8.6 The contractor will establish and maintain an interface with DMMA's fiscal agent for secure document and file exchanges on a weekly basis. DMMA is currently using Move It Server.

8.7 The contractor will comply with the requirements of DMMA and DMMA's business partners relating to the method of file exchanges, i.e. "pushing" or "pulling" data.

8.8 The contractor will provide the PDL data files in an electronic file format that is acceptable to DMMA.

Section 9

Proposed File Formats for PDL Entity

9.0 File A - PDL Update

- Description: PDL update file containing NDC status on the PDL
- Frequency: Weekly
- Outbound from the PDL Entity to DMES and Managed Care Organizations (MCO)
- File Format:

Field	Data Type	Length	Description
NDC	Character	11	NDC (National Drug Code) of the Drug.
GSN	Character	6	GSN (GCN Sequence Number) of the Drug.
PDL Indicator	Character	3	PDL Status of the NDC. Valid values are ON, OFF or REM. ON: NDC is Preferred OFF: NDC is not Preferred REM: NDC has been removed from the PDL
Effective Date	Number	8	Effective date of the PDL status segment. Format is MMDDYYYY.
Label Name	Character	30	Label Name of the Drug.
Brand Name	Character	30	Brand Name of the Drug.
HIC3	Character	3	Specific Therapeutic Class Code of the Drug.
HIC3 Description	Character	100	Specific Therapeutic Class Code Description of the Drug.

9.1 File B - SSDC PDL

- Description: PDL update file containing NDC status on the PDL
- Frequency: Quarterly
- Outbound from the PDL Entity to SSDC (GHS)
- File Format:

File Type	Required File Naming Convention	Required Date Range	File Format	Due
PDL	STATE ABBREVIATION_PDL_ MMDDYYY Files with incorrect naming conventions will be rejected in full.	Snapshot of the status of all PDL statuses as of the last day of the quarter.	Files must be pipe delimited. Optional fields that are not used should be left blank and have appropriate place markers in the file. File naming convention date = file run date	On or by 25th day after the end of the quarter

Column Name	Size	Criteria/Description	GHS Business Rule
If a full file has been received and loaded for a specific quarter, subsequent files will be rejected unless prior arrangements have been made with the GHS account manager/data warehouse. **If a file is rejected for any reason, the GHS Data Warehouse will provide the SSDC Account Manager with an email detailing the reasons for the rejection. The SSDC Account Manager will communicate with the state to resolve the issue and will notify the GHS Data Warehouse when a corrected file is being sent.**			
STATE_ID	2	2-character state abbreviation in CAPS (ME, OR, VT, WV)	Reject full file if not present or does not meet

Column Name	Size	Criteria/Description	GHS Business Rule
			criteria/formatting.
DELIMITER '|'	1		
QUARTER	6	YYYYQ# Ex: 2013Q1	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
NDC	11	11 digit National Drug Code	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
PDL STATUS	2	P= preferred, NP= non preferred	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
PLAN_ID	7	***Optional field:*** If the PDL can vary by plan, please provide Plan ID	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
DRUG_NAME	25	***Optional field:*** Includes the drug name, form and strength	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
BG_IND	1	***Optional field:*** Brand or Generic Indicator; valid	Reject full file if optional data does not meet criteria or

Column Name	Size	Criteria/Description	GHS Business Rule
		values 'B','G'	formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
PA_REQ_IND	1	***Optional field:*** Y - Indicates drug requires a PA. N - Drug does not require a PA.	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
GENERIC STEP EDIT APPLIED	1	***Optional field:*** Y- Indicates the branded drug requires a step edit through a generic N- Indicates the drug does not require a step edit through a generic	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
AGE EDIT	1	***Optional field:*** Y - indicates the drug requires an age edit N - indicates the drug does not require an age edit	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		

9.2 File C - PDL Utilization File (Inbound from DMES)

- Description: The State's Fiscal Agent will send an extract of NDC utilization of all NDCs derived from supplemental rebate agreements and/or from the Preferred Drug List.
- Frequency: Monthly
- Inbound to PDL Entity from DMES
- File Layout:

Column Name	Size	Criteria/Description
STATE_ID	2	2-character state abbreviation in CAPS (ME, OR, VT, WV)
DELIMITER '|'	1	
QUARTER	6	YYYYQ# Ex: 2013Q1
DELIMITER '|'	1	
NDC	11	11-digit National Drug Code
DELIMITER '|'	1	
DRUG_NAME	25	***Optional field:*** Includes the drug name, form and strength
DELIMITER '|'	1	
UNITS	25	Must be numeric with 3 decimals and greater than zero.
DELIMITER '|'	1	
TOTAL NUMBER OF SCRIPTS REIMBURSED	9	Must be numeric, cannot be negative, and must be greater than zero.
DELIMITER '|'	1	

Column Name	Size	Criteria/Description
TOTAL MEDICAID REIMBURSED AMOUNT	25	Ex: $987654321.1234 Must be numeric and greater than or equal to zero.
DELIMITER '|'	1	
FEE FOR SERVICE INDICATOR – FFSU	1	Y – Indicates fee for service utilization is being used. N – Indicates fee for service utilization is not being used. Fee for service data can include J code and OBRA utilization. Inclusion of these data is at the state's discretion. If the FFS and MCO fields are empty, GHS will assume that the utilization provided is FFS.
DELIMITER '|'	1	
MCO INDICATOR - MCOU	1	Y – Indicates MCO utilization is being used. N – Indicates MCO utilization is not being used. If the FFS and MCO fields are empty,

Column Name	Size	Criteria/Description
		GHS will assume that the utilization provided is FFS.
DELIMITER '|'	1	

9.3 File D - SSDC PDL Utilization (Outbound to SSDC)

- Description: The PDL Entity will send a Utilization Data file to the GHS (SSDC Vendor)
- Frequency: Quarterly
- Outbound to SSDC from PDL Entity

File Layout:

File Type	Required File Naming Convention	Required Date Range	File Format	Due
Utilization	STATE ABBREVIATION_UTILIZATION_ MMDDYYY Files with incorrect naming conventions will be rejected in full	Quarter range Paid cycle date = the date of the remittance advice. If the RA date and paid date are different, default to the logic that is used during invoicing.	Files must be pipe delimited. Optional fields that are not used should be left blank and have appropriate place markers in the file. File naming convention date = file run date	On or by 25th day after the end of the quarter
FFS	STATE ABBREVIATION_UTILIZATION_FFS_ MMDDYYYY Files with incorrect naming conventions will be rejected in full			
MCO	STATE ABBREVIATION_UTILIZATION_MCO_ MMDDYYY Files with incorrect naming conventions will be rejected in full			

Column Name	Size	Criteria/Description	GHS Business Rule
If a full file has been received and loaded for a specific quarter, subsequent files will be rejected unless prior arrangements have been made with the GHS account manager/data warehouse. **If a file is rejected for any reason, the GHS Data Warehouse will provide the SSDC Account Manager**			

Column Name	Size	Criteria/Description	GHS Business Rule
with an email detailing the reasons for the rejection. The SSDC Account Manager will communicate with the state to resolve the issue and will notify the GHS Data Warehouse when a corrected file is being sent.			
STATE_ID	2	2-character state abbreviation in CAPS (ME, OR, VT, WV)	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
QUARTER	6	YYYYQ# Ex: 2013Q1	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
NDC	11	11-digit National Drug Code	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
DRUG_NAME	25	***Optional field:*** Includes the drug name, form and strength	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
UNITS	25	Must be numeric with 3 decimals and greater than zero.	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
TOTAL NUMBER OF SCRIPTS REIMBURSED	9	Must be numeric, cannot be negative, and must be greater than zero.	Reject full file if not present or does not meet criteria/formatting.
DELIMITER '|'	1		
TOTAL MEDICAID REIMBURSED	25	Ex: $987654321.1234	Reject full file if not present or does not meet

Column Name	Size	Criteria/Description	GHS Business Rule
AMOUNT		Must be numeric and greater than or equal to zero.	criteria/formatting.
DELIMITER '|'	1		
FEE FOR SERVICE INDICATOR – FFSU	1	***Optional field:*** Y – Indicates fee for service utilization is being used. N – Indicates fee for service utilization is not being used. Fee for service data can include J code and OBRA utilization. Inclusion of these data is at the state's discretion. If the FFS and MCO fields are empty, GHS will assume that the utilization provided is FFS.	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		
MCO INDICATOR - MCOU	1	***Optional field:*** Y – Indicates MCO utilization is being used. N – Indicates MCO utilization is not being used. If the FFS and MCO fields are empty, GHS will assume that the utilization provided is FFS.	Reject full file if optional data does not meet criteria or formatting requirements. If optional data is not provided, reject full file if appropriate placeholder is not present.
DELIMITER '|'	1		

9.4 File E - CMS Unit Rebate Amount (URA) File

- Description: CMS rates from DDR File
- Frequency: Quarterly
- Inbound to PDL Entity from DMES
- File Format:

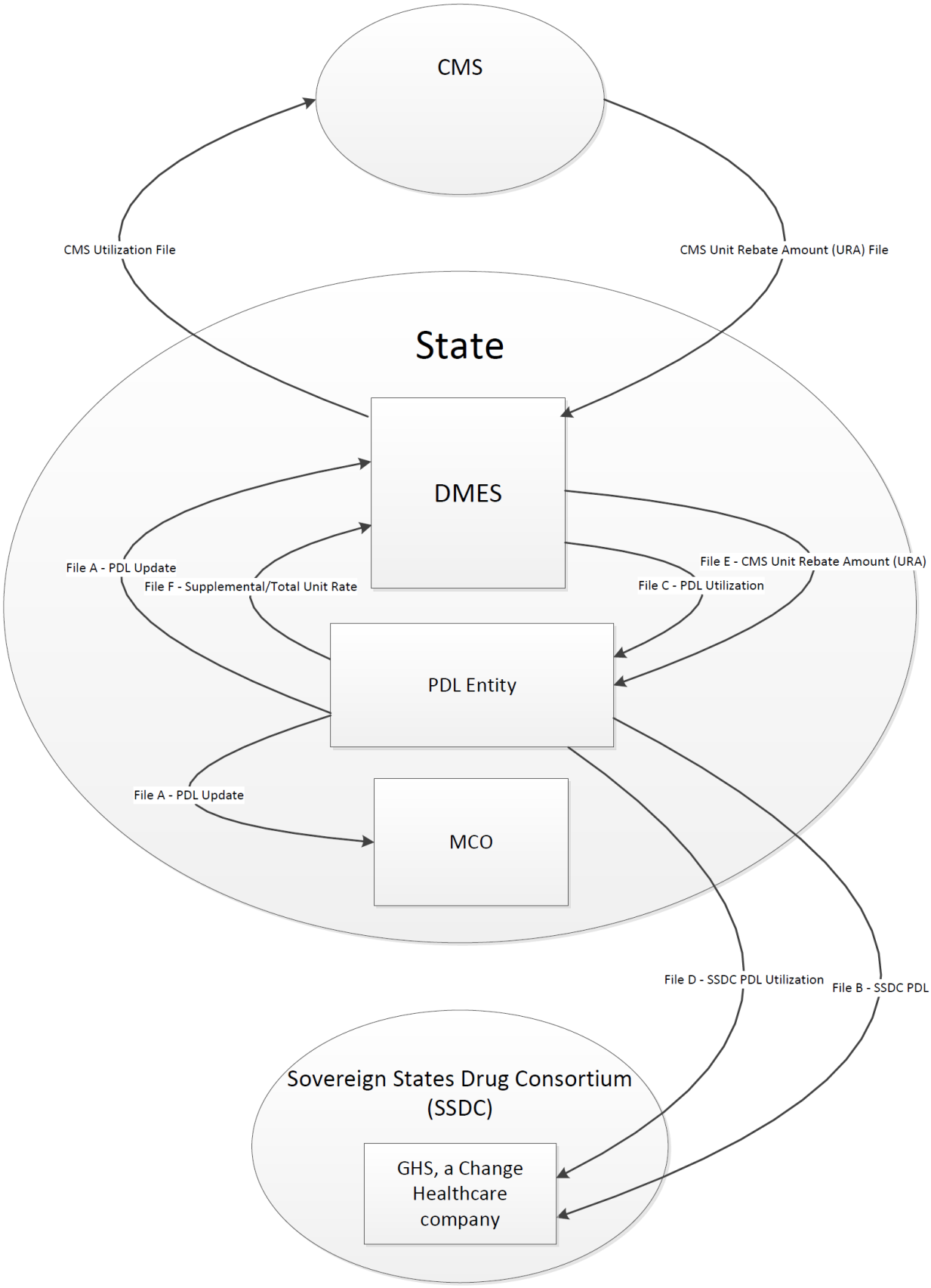
FIELD NUMBER	FIELD	FIELD SIZE	POSITION	FORMAT	DESCRIPTION / NOTES
	Field name	number of characters	Start – End Position	field type	Any relevant information such as where field originated, unique or identifying information, acronyms spelled out, DB table/column, etc.
01	Record-ID	04	00 – 03	Character	The ID used as the record key
02	Labeler-code	05	04 – 08	Character	The labeler that manufactures the drug
03	Product-code	04	09 – 12	Character	The product code for the drug
04	Package-size-code	02	13 – 14	Character	The package size code for the drug
05	Period-qtr	01	15 – 15	Character	The quarter of the period
06	Period-year	04	16 – 19	Character	The year of the period
07	FDA-reg-name	10	20 - 29	Character	The Federal Drug Administration assigned name
08	Drug-category	01	30- 30	Character	The category of the drug
09	DESI-indicator	01	31 - 31	Character	Indicates the DESI rating for the drug
10	FDA-thera-eq-cd	02	32 - 33	Character	The therapeutic class code of the drug
11	Unit-type	03	34 - 36	Character	The unit type of the drug
12	Unit-per-pack	10	37 - 46	Character	The number of units per pack - S9(07)V999

13	Reb-amt-per-unit	11	47 - 57	Character	The rebate amount per unit for the drug - S9(05)V999999
14	FDA-appr-date	08	58 - 65	Character	The FDA approval date for the drug
15	Market-enter-date	08	66 – 73	Character	The date that the drug entered the market
16	Termination-date	08	74 – 81	Character	That date that the drug left the market
17	Drug-type-ind	01	82 - 82	Character	Indicates the drug type
18	Clotting-factor-ind	01	83 - 93	Character	Indicates the drugs were clotting factor requiring separate furnished payment
19	Pediatric-ind	01	84 - 84	Character	Indicates the drugs were approved for pediatric indicated patients
20	Record-type-ind	01	85 - 85	Character	Indicates whether or not a correction was made

9.5 File F - Supplemental /Total Unit Rate

- Description: Supplemental/Total Unit Rate
- Frequency: Quarterly
- Outbound to DMES from PDL Entity
- File Format:

FIELD NUMBER	FIELD	FIELD SIZE	POSITION	FORMAT	DESCRIPTION / NOTES
	Field name	number of characters	Start – End Position	field type	Any relevant information such as where field originated, unique or identifying information, acronyms spelled out, DB table/column, etc.
01	Label Name	30	000 – 029	Character	First Databank Label Name
02	Manufacturer	16	030 – 045	Character	Manufacturer name
03	NDC	11	046 - 056	Character	National Drug Code
04	Unit Price	12	057 – 068	Character	Price per unit supplied by Manufacturer
05	CMS	12	069 - 080	Character	Rebate Amount per Unit from CMS
06	Total; Rebate Percentage	12	081 - 092	Character	Total Percent of contract value
07	Net Unit Price Guaranteed	12	093 - 104	Character	Guaranteed Net Unit Price offered by Manufacturer
08	Supplemental Rebate Unit	12	105 - 116	Character	Supplemental Rebate Unit Amount
09	Rebate Period	5	117 – 121	Character	Rebated Period
10	Report Period	5	122 – 126	Character	Reported Period
11	CMS Unit Type	3	127 - 129	Character	CMS unit Type from CMS
12	Adjustment	12	130 - 141	Character	Multiplier


CMS
CMS Utilization File
CMS Unit Rebate Amount (URA) File
State
DMES
File A - PDL Update
File F - Supplemental/Total Unit Rate
File E - CMS Unit Rebate Amount (URA)
File C - PDL Utilization
PDL Entity
File A - PDL Update
MCO
File D - SSDC PDL Utilization
File B - SSDC PDL
Sovereign States Drug Consortium (SSDC)
GHS, a Change Healthcare company

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