SENIOR SAVINGS MODEL FILE
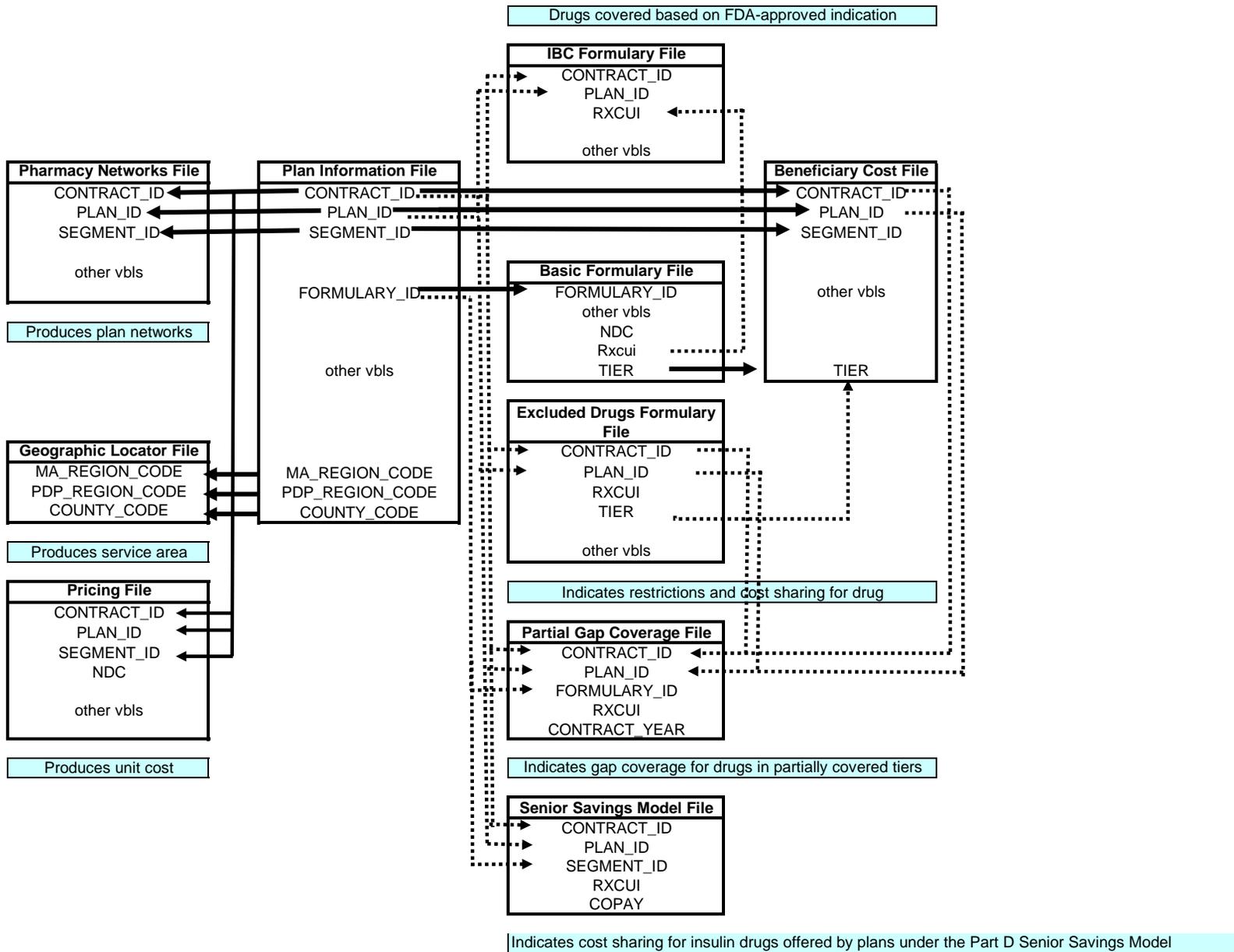
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (000)
RXCUI	Char(8)	RxNorm concept unique identifier
COPAY	9(12.2)	The 30-day standard copayment for the insulin drug offered by the plan as part of the Part D Senior Savings model

The following Plans are not included in this Public Use File
  - Non Part D Plans
  - National PACE Plans
  - Employer Sponsored Plans
  - Demonstration Plans (MMPs are included)

Plans whose data has been suppressed in the PUF reporting period due to plan request, data inaccuracy, or other issues identified by CMS appear in the Plan Information table with the PLAN_SUPPRESSED_YN field set to "Y." They do not appear in any other tables.

Effective January 1, 2011, the Medicare Coverage Gap Discount Program will make manufacturer discounts available to eligible Medicare beneficiaries receiving applicable, covered Part D drugs, while in the coverage gap. In order to participate in the Medicare Coverage Gap Discount Program, manufacturers must sign an agreement with CMS to provide the discount on all of its applicable drugs (i.e. prescription drugs approved or licensed under new drug applications or biologic license applications). Beginning in 2011, only those applicable drugs that are covered under a signed manufacturer agreement with CMS will be covered under Part D. This file does not reflect discounts applied to these drugs.

Drugs covered based on FDA-approved indication

IBC Formulary File
CONTRACT_ID
PLAN_ID
RXCUI

other vbls

Pharmacy Networks File
CONTRACT_ID
PLAN_ID
SEGMENT_ID

other vbls

Produces plan networks

Plan Information File
CONTRACT_ID
PLAN_ID
SEGMENT_ID

FORMULARY_ID

other vbls

MA_REGION_CODE
PDP_REGION_CODE
COUNTY_CODE

Beneficiary Cost File
CONTRACT_ID
PLAN_ID
SEGMENT_ID

other vbls

TIER

Basic Formulary File
FORMULARY_ID
other vbls
NDC
Rxcui
TIER

Geographic Locator File
MA_REGION_CODE
PDP_REGION_CODE
COUNTY_CODE

Produces service area

Excluded Drugs Formulary File
CONTRACT_ID
PLAN_ID
RXCUI
TIER

other vbls

Indicates restrictions and cost sharing for drug

Pricing File
CONTRACT_ID
PLAN_ID
SEGMENT_ID
NDC

other vbls

Produces unit cost

Partial Gap Coverage File
CONTRACT_ID
PLAN_ID
FORMULARY_ID
RXCUI
CONTRACT_YEAR

Indicates gap coverage for drugs in partially covered tiers

Senior Savings Model File
CONTRACT_ID
PLAN_ID
SEGMENT_ID
RXCUI
COPAY

Indicates cost sharing for insulin drugs offered by plans under the Part D Senior Savings Model

PLAN_INFORMATION FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS; the first letter of CONTRACT_ID signals the type of entity:
		Hxxxx = Local Medicare Advantage (MA) plan
		Rxxxx = Regional MA plan
		Sxxxx = Stand-alone Prescription Drug Plan (PDP)
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (000)
CONTRACT_NAME	Char(50)	
PLAN_NAME	Char(80)	
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
PREMIUM	9(12.2)	Monthly premium amount
DEDUCTIBLE	9(12.2)	Annual deductible amount
ICL	9(12.2)	Annual initial coverage limit amount
MA_REGION_CODE	Char(2)	Regional MA plan service area (applicable only for "R" contracts); table attached
PDP_REGION_CODE	Char(2)	PDP plan service area (applicable only for "S" contracts); table attached
STATE	Char(2)	2-character State code (applicable only for "H" contracts -- Local MA plans)
COUNTY_CODE	Char(5)	5-character SSA State/County code (applicable only for "H" contracts -- Local MA plans); see Geographic Locater file
SNP	Char(1)	Is this is Special Needs Plan and, if so, what type? (0=Not a SNP, 1=Chronic or Disabling Condition, 2=Dual-Eligible, 3=Institutional)
PLAN_SUPPRESSED_YN	Char(1)	Was this plan's pharmacy data suppressed?

MA_REGION_CODE values

1	Northern New England (New Hampshire and Maine)
2	Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)
3	New York
4	New Jersey
5	Mid-Atlantic (Delaware, District of Columbia and Maryland)
6	Pennsylvania and West Virginia
7	North Carolina and Virginia
8	Georgia and South Carolina
9	Florida
10	Alabama and Tennessee
11	Michigan
12	Ohio
13	Indiana and Kentucky
14	Illinois and Wisconsin
15	Arkansas and Missouri
16	Louisiana and Mississippi
17	Texas
18	Kansas and Oklahoma
19	Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)
20	Colorado and New Mexico
21	Arizona
22	Nevada
23	Northwest (Idaho, Oregon, Utah and Washington)
24	California
25	Hawaii
26	Alaska

PDP_REGION_CODE values		
	1	Northern New England (New Hampshire and Maine)
	2	Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)
	3	New York
	4	New Jersey
	5	Mid-Atlantic (Delaware, District of Columbia and Maryland)
	6	Pennsylvania, West Virginia
	7	Virginia
	8	North Carolina
	9	South Carolina
	10	Georgia
	11	Florida
	12	Alabama, Tennessee
	13	Michigan
	14	Ohio
	15	Indiana, Kentucky
	16	Wisconsin
	17	Illinois
	18	Missouri
	19	Arkansas
	20	Mississippi
	21	Louisiana
	22	Texas
	23	Oklahoma
	24	Kansas
	25	Upper Midwest and Northern Plains (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming)
	26	New Mexico
	27	Colorado
	28	Arizona
	29	Nevada
	30	Oregon, Washington
	31	Idaho, Utah
	32	California
	33	Hawaii
	34	Alaska
	35	American Samoa
	36	Guam
	37	Northern Mariana Islands
	38	Puerto Rico
	39	U.S. Virgin Islands

BASIC DRUGS FORMULARY FILE

Field Name	Type(size)	Description
FORMULARY_ID	Char(8)	Unique ID assigned to each newly created formulary
FORMULARY_VERSION	Char(5)	Version ID
CONTRACT_YEAR	Char(4)	Contract year
RXCUI	Char(8)	RxNorm concept unique identifier
NDC	Char (11)	11-digit proxy National Drug Code (NDC) associated with the drug product
TIER_LEVEL_VALUE	9(2)	Cost share tier level associated with the NDC
QUANTITY_LIMIT_YN	Char(1)	Does this NDC have a quantity limit restriction?
QUANTITY_LIMIT_AMOUNT	Char(7)	Quantity limit amount associated with this NDC
QUANTITY_LIMIT_DAYS	Char(3)	Quantity limit days associated with this NDC
PRIOR_AUTHORIZATION_YN	Char(1)	Is prior authorization required for this NDC?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this NDC?

EXCLUDED DRUGS FORMULARY FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
RXCUI	Char(8)	RxNorm concept unique identifier
TIER	9(2)	Cost share tier associated with this drug product
QUANTITY_LIMIT_YN	Char(1)	Does this RXCUI have a quantity limit restriction?
QUANTITY_LIMIT_AMOUNT	Char(8)	Quantity limit amount associated with this RXCUI
QUANTITY_LIMIT_DAYS	Char(3)	Quantity limit days associated with this RXCUI
PRIOR_AUTH_YN	Char(1)	Is prior authorization required for this RXCUI?
STEP_THERAPY_YN	Char(1)	Does Step Therapy apply to this RXCUI?
CAPPED_BENEFIT_YN	Char(1)	Does this RXCUI have a capped benefit restriction?
GAP_COV	Char(1)	Is this drug covered in the coverage gap?

INDICATION BASED COVERAGE FORMULARY FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
RXCUI	Char(8)	RxNorm concept unique identifier
DISEASE	Char(100)	FDA-approved indication for which the RXCUI is considered on-formulary

BENEFICIARY COST FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
COVERAGE_LEVEL	9(1)	Coverage type for beneficiary with no subsidy. 0=pre-deductible, 1=initial coverage, 2=coverage gap, 3=catastrophic
TIER	9(2)	Cost Share tier value
DAYS_SUPPLY	9(1)	Length of days supply to which cost structure applies. 1=30 days, 2=90 days, 3=other, 4=60 days
COST_TYPE_PREF	9(1)	Type of cost sharing at preferred pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_PREF	9(12.2)	Amount of cost sharing at preferred pharmacies. If COST_TYPE_PREF=1, this field is interpreted as $$$$cc - for example, 2.65 is interpreted as $2.65. If COST_TYPE_PREF=2, this field is interpreted as a 2-decimal-place number -- for example, .25 is interpreted as 25%
COST_MIN_AMT_PREF	Char(12)	Minimum cost sharing at preferred pharmacies. For COVERAGE_LEVEL=3 (catastrophic phase), cost-sharing for generic drug will be denoted as *; cost-sharing for brand drug will be denoted as **
COST_MAX_AMT_PREF	9(12.2)	Maximum cost sharing at preferred pharmacies
COST_TYPE_NONPREF	9(1)	Type of cost sharing at nonpreferred pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_NONPREF	9(12.2)	Amount of cost sharing at nonpreferred pharmacies. See description of COST_AMT_PREF.
COST_MIN_AMT_NONPREF	Char(12)	Minimum cost sharing at nonpreferred pharmacies. For COVERAGE_LEVEL=3 (catastrophic phase), cost-sharing for generic drug will be denoted as *; cost-sharing for brand drug will be denoted as **
COST_MAX_AMT_NONPREF	9(12.2)	Maximum cost sharing at nonpreferred pharmacies
COST_TYPE_MAIL_PREF	9(1)	Type of cost sharing at preferred mailorder pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_MAIL_PREF	9(12.2)	Amount of cost sharing at preferred mailorder pharmacies. See description of COST_AMT_PREF.
COST_MIN_AMT_MAIL_PREF	Char(12)	Minimum cost sharing at preferred mailorder pharmacies. For COVERAGE_LEVEL=3 (catastrophic phase), cost-sharing for generic drug will be denoted as *; cost-sharing for brand drug will be denoted as **
COST_MAX_AMT_MAIL_PREF	9(12.2)	Maximum cost sharing at preferred mailorder pharmacies
COST_TYPE_MAIL_NONPREF	9(1)	Type of cost sharing at nonpreferred mailorder pharmacies. 0=not offered, 1=copay, 2=coinsurance
COST_AMT_MAIL_NONPREF	9(12.2)	Amount of cost sharing at nonpreferred mailorder pharmacies. See description of COST_AMT_PREF.
COST_MIN_AMT_MAIL_NONPREF	Char(12)	Minimum cost sharing at nonpreferred mailorder pharmacies. For COVERAGE_LEVEL=3 (catastrophic phase), cost-sharing for generic drug will be denoted as *; cost-sharing for brand drug will be denoted as **
COST_MAX_AMT_MAIL_NONPREF	9(12.2)	Maximum cost sharing at nonpreferred mailorder pharmacies
TIER_SPECIALTY_YN	Char(1)	Is this tier designated as a specialty tier? Note – not all plans offer specialty tiers due to the plan benefit design. Plans are not required to designate any tiers as specialty tiers.
DED_APPLIES_YN	Char(1)	Does the deductible apply to this tier?
GAP_COV_TIER	Char(1)	Is this tier fully or partially covered in the coverage gap? 1 = Fully Covered, 2 = Partially Covered, 3 = Not Covered

GEOGRAPHIC LOCATOR FILE				
Field Name	**Type(size)**	**Description**		
COUNTY_CODE	Char(5)	5-character SSA State/county code		
STATENAME	Char(30)	State name		
COUNTY	Char(30)	County name		
MA_REGION_CODE	Char(2)	Regional MA service area (applicable only for "R" contracts)		
MA_REGION	Char(150)	Description of Regional MA region		
PDP_REGION_CODE	Char(2)	Plan service area (applicable only for "S" contracts)		
PDP_REGION	Char(150)	Description of PDP region		

PHARMACY NETWORKS FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
PHARMACY_NUMBER	Char(12)	12-digit Pharmacy Number. 10 digit National Provider Identifier (NPI) with leading one and zero
PHARMACY_ZIPCODE	Char(5)	ZIPCode for pharmacy
PREFERRED_STATUS_RETAIL	Char(1)	Is the retail pharmacy preferred? (Y/N)
PREFERRED_STATUS_MAIL	Char(1)	Is the mail pharmacy preferred? (Y/N)
PHARMACY_RETAIL	Char(1)	Is the pharmacy a retail outlet? (Y/N)
PHARMACY_MAIL	Char(1)	Is the pharmacy a mailorder outlet? (Y/N)
IN_AREA_FLAG	9(1)	Pharmacy ZIPCode places it in the plan service area (1=yes)
FLOOR_PRICE	9(8.4)	Negotiated minimum price that a given pharmacy will be paid for filling a prescription
BRAND_DISPENSING_FEE_30	9(8.4)	Brand Dispensing Fee for a 30 Day Supply
BRAND_DISPENSING_FEE_60	9(8.4)	Brand Dispensing Fee for a 60 Day Supply
BRAND_DISPENSING_FEE_90	9(8.4)	Brand Dispensing Fee for a 90 Day Supply
GENERIC_DISPENSING_FEE_30	9(8.4)	Generic Dispensing Fee for a 30 Day Supply
GENERIC_DISPENSING_FEE_60	9(8.4)	Generic Dispensing Fee for a 60 Day Supply
GENERIC_DISPENSING_FEE_90	9(8.4)	Generic Dispensing Fee for a 90 Day Supply

PRICING FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
NDC	Char (11)	11-digit proxy National Drug Code (NDC) associated with the drug product
DAYS_SUPPLY	9(2)	Length of days supply to which cost structure applies (30, 60, or 90)
UNIT_COST	9(8.4)	Average unit cost (e.g. per pill) for specified days supply at in-area retail pharmacies. A pharmacy is considered in-area when it is geographically located in the plan's service area.

PARTIAL GAP COVERAGE FILE

Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
FORMULARY_ID	Char(8)	Unique ID assigned to each newly created formulary
RXCUI	Char(8)	RxNorm concept unique identifier
CONTRACT_YEAR	Char(4)	Contract year