

Medicare Plan Finder (MPF) Quality Assurance Process

The Medicare Plan Finder is a tool to compare coverage options. It includes a feature that allows prospective enrollees to view estimated drug costs across plans when a list of prescription drugs is entered. In support of this feature, drug pricing and pharmacy data are routinely submitted to CMS for integration into the Medicare Plan Finder tool. The tool can be accessed here: <https://www.medicare.gov/plan-compare/#/?year=2020>
A user demonstration for Medicare Plan Finder can be found here: [Watch this video](#).

There are a series of data integrity checks that are built into the Medicare Plan Finder tool. This includes a multi-tiered approach to validating the drug pricing files provided for the tool. On a basic level, file format and size must be consistent with the Medicare Plan Finder tool requirements for it to be processed. Additionally, there are comprehensive validations to compare pharmacy cost and pricing, pharmacy network designations, and mail order designations within the file. When the content does not include the required fields, or when the record formats are not consistent with the file specifications, those records will be automatically rejected. Outlying records for high or low costs and quantities are also validated individually to ensure display of accurate data on Medicare Plan Finder.

Pharmacy cost (PC) file validation:

- Pharmacy network submissions for MPF must be a full representation of the plan's contracted retail and mail order network pharmacies. All pharmacies submitted for MPF display must be identified as either retail or mail order based on the sponsor's retail and mail order pharmacy network contracts.
 - Any contracted pharmacy that only serves as a long-term care (LTC), home infusion (HI), limited access (LA), or any other non-retail or non-mail pharmacy type may not be included in the PC file.
 - A pharmacy that serves both as retail and/or mail order and as LTC, HI, or LA organizations may be included in the PC file. In the PC file, sponsors must ensure that the retail and/or mail order pharmacy flag(s) are set to "1," in accordance with their network contracts.
 - If a plan submits pharmacies that are not flagged as either retail or mail order (i.e., PHARMACY_RETAIL=0 and PHARMACY_MAIL=0), their pricing data will be suppressed in MPF. Conversely, an organization must not falsely flag pharmacies contracted to only serve as LTC, HI, or LA as a retail network or mail network order pharmacy, if not contracted as such, in their PC file.
- There must only be one record per network pharmacy/plan. If multiple records are submitted, subsequent records are ignored.
- All PRICE_IDs listed in the PC file must exist in the corresponding pricing file (PF).
- If a plan's network has Preferred Network pharmacies, then there must also be Standard Network pharmacies.
- PHARMACY_RETAIL and PHARMACY_MAIL are present to indicate whether a particular contracted network retail or mail order pharmacy offers drug sales at either a standard retail supply or a 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 statuses. Please note that the preferred status of both retail and mail order pharmacies as presented in the PC file must match the sponsor's CY 2020 bid submission.
- For pharmacies that offer both retail and mail order pharmacies and have different dispensing fees for retail and mail order pharmacies, the highest dispensing fee must be entered (applies to BRAND_DISPENSING_FEE_30, GENERIC_DISPENSING_FEE_30, BRAND_DISPENSING_FEE_60, GENERIC_DISPENSING_FEE_60, BRAND_DISPENSING_FEE_90, and GENERIC_DISPENSING_FEE_90).

- The maximum cost of administering any covered vaccine under the respective price ID must be entered. If a vaccine requires a series of administrations, include the cost of one (1) dose.
- Floor pricing is used when a plan 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. Please note that floor pricing is applied to drugs when the full cost is less than the floor price. This full cost includes the dispensing fee.

Preparing the Pricing File

Plans are required to adhere to the following guidance when preparing the pricing file (PF):

- MPF displays one cost for all National Drug Codes (NDCs) for a given brand name, generic name, dosage form, route of administration, and strength combination. Plans must submit records, as described in this memo, with unit costs for all of the specific NDCs listed on the CMS Formulary Reference File (FRF) that are also present on the corresponding approved plan formulary.
- Enhanced alternative plans that submitted a supplemental excluded drug file in HPMS must also include the pricing for the related NDCs in this submission.
- Failure to submit pricing for an NDC/RXCUI on the plan's approved formulary will result in the display of a default drug price (to approximate cash pricing) on MPF.
- Submission of pricing for NDCs that are not included on the plan's approved formulary will also result in the display of default pricing.
- The pricing file determines the base unit cost of an NDC in the associated PRICE_ID.
- The PRICE_ID field is determined by the Part D sponsor using the following parameters:
 - The lowest available PRICE_ID is 001.
 - PRICE_IDs are assigned sequentially.
- Ranges of PRICE_IDs are no longer reserved for certain types of pharmacies. As long as the lowest available PRICE_ID is 001, and the PRICE_IDs are assigned sequentially, sponsors may associate a given PRICE_ID to any type of pharmacy (i.e., retail or mail order).
- The pricing file is associated with a plan through the pharmacy cost file.
- Every drug from the formulary must be covered under each PRICE_ID.
- Unit pricing can be provided for 30, 60, and 90-day supplies at either a retail or mail order pharmacy. Pricing must not be included for any DAYS_SUPPLY that is other than 30, 60, or 90. For example, a 34-day supply is not supported and will produce a level 2 fatal error (i.e., invalid record format).
- Plans must review their pricing data prior to submission.
- HPMS will treat a value of 0000000000 in the Unit_Cost field of the pricing file as a "true" \$0 unit cost. This value will no longer trigger the display of default pricing on MPF.
- An NDC can be listed up to 6 times, as long as the DAYS_SUPPLY and IS_MAIL fields are unique (i.e., 30-Retail, 30-Mail Order, 60-Retail, 60-Mail Order, 90-Retail-90, or 90Mail Order).
- Pricing must be included for all DAYS_SUPPLY and IS_MAIL types offered by the plan benefit package. If drug pricing is provided for a type that the plan has not defined as covered, those prices will be ignored.
- Plans that have vaccines in their formulary are required to include pricing for vaccines in all PRICE_IDs, including those PRICE_IDs specifically designated for mail order. Please refer to the pharmacy cost file layout for more information.
- Related NDCs contained on the CY 2020 FRF must be used for the submission of Part D drug pricing files.
- CMS may update the related NDCs associated with RXCUIs due to factors such as changes in the marketing status of the FRF NDCs. These changes will be included in CMS' updates to the CY 2020

FRF. Plans will be required to submit updated pricing files that reflect the new related NDCs for RXCUIs on their last approved HPMS formulary file.

- The RXCUIs for supplies associated with the administration of insulin, prenatal vitamins, and fluoride preparations do not have related NDCs and are not displayed on MPF. Therefore, plans are prohibited from submitting pricing for insulin supplies, prenatal vitamins, and fluoride preparations.
- If the plan is unable to provide pricing data for a particular related NDC, they must submit pricing based on the most comparable drug product. Regardless, the pricing file must contain the related NDC from the FRF. Each NDC pricing must be based on the cost at the point of sale (POS). Plans must not submit pricing based on the assumption that a generic NDC will be substituted for a brand NDC.
- For pharmacies that offer different price structures at the point-of-sale for different pharmacy services (i.e., retail versus mail versus LTC), the unit cost field must reflect the applicable retail cost for retail pricing or the mail order price for mail order pricing (this applies to both brand and generic drugs and the UNIT_COST field).
- Plans must indicate if the pharmacy dispenses retail, mail, or both in the pharmacy cost file as well as use the IS_MAIL indicator to ensure the display of the proper unit cost on MPF. MPF is not designed to display the LTC, HI, or LA pharmacy drug costs, so only retail or mail order costs may be provided.
- Ceiling pricing is used when a sponsor negotiates a maximum price that a given pharmacy will be paid for a specific NDC. Ceiling pricing is often used for high cost generics. If ceiling pricing is provided in the ceiling price file for an NDC, the sponsor must enter "1" in the HAS_CEILING_COST field.