

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



## **MEDICARE DRUG BENEFIT AND C & D DATA GROUP**

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**DATE:** November 07, 2014

**TO:** All Part D Sponsors

**FROM:** Amy K. Larrick  
Acting Director, Medicare Drug Benefit and C&D Data Group

**RE:** Announcement Regarding Information Transaction (Nx) Reports and Reminder on Changes to Part D 4Rx Data

The purpose of this memorandum is to announce that at the end of the first quarter of 2015, the Part D Transaction Facilitator will begin sending reports to Part D sponsors that will include all rejected supplemental payment information (Nx) transactions. On May 7, 2014, we released a memorandum (Announcement Regarding Modification to the Benefit Stage Qualifier (BSQ) Filter Criteria for Supplemental Payment Information (Nx) Transactions), in which we described a technical change that modified the supplemental claims filtering criteria for Nx transactions, specifically that the Part D Transaction Facilitator will no longer filter out any supplemental claim that does not contain a Benefit Stage Qualifier (BSQ) value equal to 1 through 4. This change results in sponsors receiving all supplemental claims they rejected, to retain in the event the claim is adjudicated and ultimately covered by Part D. We believe the new Nx transaction reports will help sponsors appropriately track these rejected claims for that purpose.

Similar to the Daily Cumulative FIR Aging Report, the Nx report, which will be sent to plans on the 1<sup>st</sup> and 15<sup>th</sup> of each month, will contain all of a sponsor's rejected Nx transactions as of the date the report is issued. Forthcoming guidance will include a draft of the report's layout and instructions for submitting an email address for which to receive reports.

If you have questions regarding the new Nx report, please contact Heather Rudo at [Heather.Rudo@cms.hhs.gov](mailto:Heather.Rudo@cms.hhs.gov).

We would also like to remind sponsors that, as detailed in the Medicare Advantage and Prescription Drug Plan Communications User Guide (PCUG), changes to 4Rx data become effective on the date CMS processes the 4Rx Record Update (TC 72 transaction, as referenced in the PCUG), unless the sponsor specifies the effective date. The 4Rx data can change for any number of reasons: BIN or BIN/PCN changes with a processor change; Group ID (RxGRP) changes as a result of the sponsor making PBP changes; and Cardholder ID (RxID) changes because a sponsor is moving to a new system for assigning their IDs. We understand that sponsors may want to submit TC 72 transactions in advance of the effective date to be certain that any transactions that reject can be corrected and reprocessed and all changes are in the CMS

and Part D Transaction Facilitator systems timely. However, unless a change is intended to be effective upon processing by CMS, an effective date must be specified. This will allow transactions to be correctly routed. For example, by submitting changes to your Part D 4RX data because you are switching processors for a new plan year, your claims will be routed incorrectly if you submit the change before the end of the plan year without specifying an effective date.

If you have questions regarding the process for changing 4RX data, CMS recommends referring to Section 8.1.1 of the PCUG, “Making Changes to 4Rx Data.” In addition, although it is specific to SPAPs and ADAPs, the new BIN/PCN Spreadsheet Reference Guide that the National Council for Prescription Drug Programs (NCPDP) developed, is also a helpful resource for information regarding changing 4Rx data, and can be found here:

<http://www.ncdp.org/Resources/SPAP-ADAP-BIN-PCN>.