DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration
Center for Medicaid and State Operations

November 16, 1999
MEDICAID DRUG REBATE PROGRAM RELEASE #45

For
Participating Drug Manufacturers

**** * * IMPORTANT NOTICE * * ****
DISPUTE RESOLUTION NATIONAL MEETINGS
FY2000 SCHEDULE

As promised, here is the schedule for the National DRP meetings to be held during the year 2000. These meetings will all be held in Denver and coordinated through our National DRP Regional Coordinator, Diane Dunstan. They are a continuation of the highly successful national meetings held in Denver since 1998. Attached is a form that **SHOULD** be completed and faxed to Diane **ASAP** if you ***are planning or would like to plan*** to attend any or all of these meetings. Please read the form, compare the meeting dates to your schedule and fill out the form based on your needs for meeting states/labelers on a one-on-one basis. These meetings are open to ***ALL*** states and labelers.

Those who have attended any of our previous National meetings know about the overwhelming enthusiastic support given to this effort by the Denver Regional Office (RO) leadership. Last year, the Denver RO was responsible for acquiring the meeting rooms at the Holtze Executive Place Hotel in downtown Denver. There is enough room at this site that, during the September meetings there were times when 6 meetings were being held simultaneously. Overall, these meetings were the most successful to date with over $11 million in checks presented to States and nearly $50 million in disputes resolved.

Due to limited time and travel resources that we all face, it is strongly suggested that states and labelers plan on attending as many of these National meetings as possible. ***It is in Denver where we concentrate our DRP efforts and where we provide experienced and effective HCFA support staff from Central Office, as well as the Denver, Dallas and Chicago ROs. To avoid any scheduling conflicts or other problems, please make the Denver meetings your highest DRP priority.***
Please remember that it is much easier to schedule to be at a meeting and to cancel out at the last minute than it is to wait until the last minute to try to get flights and hotel accommodations. By filling out the attached form and faxing it to Diane as soon as possible, it will make her job of contacting each of you, telling you which states/labelers you can expect to meet with, much easier and will guarantee you a spot at the meetings. There were several states and labelers that were turned down for meetings last year, as there was just no space available left to accommodate them. DON=T LET THIS HAPPEN TO YOU. There were also several states and labelers that had to scurry around for accommodations that were not very convenient to the meeting location. After you complete the form and fax it to Diane, she will contact you with information about the best and most convenient hotel accommodations in and around Denver and information as to where the meetings will be held, in case you are not staying at the Holtze. ***Again, it is imperative that you get your reservations made early!!! Even reservations for next September=s meetings can be made now***.
Diane=s phone, fax and e-mail are all listed on the attached form. If need be, you can also contact Mike Keogh, Vince Powell or Tami Bruce at HCFA Central Office using the following:

Name	**Phone**	**FAX**	**E-mail**
Mike Keogh	(410) 786-5910	(410) 786-8534	Mkeogh1@hcfa.gov
Vince Powell	(410) 786-3314	(410) 768-0390	Vpowell@hcfa.gov
Tami Bruce	(410) 786-1519	(410) 786-0390	Tbruce@hcfa.gov

FORM HCFA- 367 REDESIGN AND CLARIFICATIONS

Attached to this release is a copy of the **redesigned** HCFA-367 paper form. The paper reporting form was redesigned to follow the data outline on the MDRI system thereby providing expedited data entry by HCFA staff. No data elements have been deleted or added to the form, and the same requirements for its use apply (labelers with 5 or less NDCs). Labelers with more than 5 NDCs may use this form only when requested by HCFA staff to submit information for a specific NDC.

For those labelers using the paper reporting option for product/pricing data, the following paragraphs are provided to clarify the data elements required.

When reporting your quarterly pricing data when there are no changes to the other data elements, the only elements on the HCFA-367 that need to be completed are:

1. Reporting quarter and year 5. Product Name
2. Labeler Code 6. AMP
3. Product Code 7. B/P (if required)
4. Package Size Code

Do not fill in the Correction Flag.

When reporting your quarterly pricing data and there is a change to one or more of the other data elements, complete the items listed above, fill in ONLY those other data elements that are changed, and activate the Correction Flag with a "1."

Leave all other data elements blank.

If you are reporting a change in any data element(s) for a prior quarter, complete items 1-5 listed above, fill in the change for the specific data element(s), and activate the Correction Flag with a "1." **Leave all other data elements blank**.

Please begin using the redesigned form immediately. If you have any questions regarding the above instructions, please call Chris Holmes on 410-786-3328.

OTHER ATTACHMENTS

A copy of the topic index and a current listing of the 90-day treasury bill auction rates for the period beginning April 13, 1998, are attached.

Please remember to direct your drug rebate questions to a staff member listed in section "O" of the Medicaid Drug Rebate Operational Training Guide.

Timothy M. Westmoreland
Director
4 Attachments
cc:
All Regional Administrators
All Associate Regional Administrators, Division of Medicaid
Drug Rebate Program
Dispute Resolution Project (DRP)
2000 National Meetings

Please check ANY and ALL dates you would like to attend the 2000 National DRP meetings, which will be held in Denver, Colorado. **Please FAX your completed form to Diane Dunstan at 303.844.3753.**
I would be interested in attending the DRP meetings during the following weeks:
Date: March 6 to 10 _____
Date: June 5 to 9 _____
Date: Sept 18 to 22 _____

Name: _____ State or Manufacturer Name: _____

Phone: _____ Fax: _____ E-mail: _____

Mailing Address: _____
_____
_____

I would like to meet with the following States or Manufacturers:
_____
_____
_____

If you have any questions please contact Diane Dunstan at 303.844.7040 or e-mail at ddunstan @hcfa.gov. Please print and fill out the form completely.
DATE: ___/___/_____ PAGE ____ OF ____
MM/DD/YYYY
LABELER QUARTERLY PRICING DATA
PAPER REPORTING FORMAT
QUARTERLY REPORT FOR __/_____ LABELER CODE _____
Q YYYY

PRODUCT CODE: __ __ __ __ PACKAGE SIZE CODE: __ __
DRUG CATEGORY: __
THERAPEUTIC EQIV. CODE: __ __
DESI INDICATOR: __
AVERAGE MANUFACTURER PRICE: __ __ __ __ __ . __ __ __ __ __ __
BEST PRICE: __ __ __ __ __ . __ __ __ __ __ __
DATE ENTERED MARKET: __ __ __ __ __ __ __ __
BASELINE AMP: __ __ __ __ __ . __ __ __ __ __ __
TERMINATION DATE: __ __ __ __ __ __ __ __
CORRECTION FLAG: __ (Activate for Baseline Data and/or Pricing Data corrections.)
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UNITS PER PACKAGE SIZE: __ __ __ __ __ __ __ . __ __ __
FDA APPROVAL DATE: __ __ __ __ __ __ __ __
DRUG TYPE: __

PRODUCT NAME: __
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DRUG CATEGORY: __
THERAPEUTIC EQIV. CODE: __ __
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