



## Prescription Drug Event Data Connect:Direct Form

OMB No. 0938-1152  
Expires 03/31/2025

### Contact Information

Contact the Customer Service Support Center (CSSC) Help Desk with any questions using the following contact information:

**Phone Number:** 1-877-534-2772

**Email Address:** [csscooperations@palmettogba.com](mailto:csscooperations@palmettogba.com)

### Network Mapping Values

In order to set up network mapping entry by the submitter, the following values are provided. Palmetto GBA uses Secure Point of Entry (SPOE) to enforce data security. The CSSC Help Desk will provide the Network Address Translation (NAT) IP Address and Listener Port to the submitter during the connectivity testing phase.

Node ID	SCA.A70NDM.MC
System Platform	OS390, z/OS

### Data Submission Information

Listed below are values needed by the submitter in order to code Connect:Direct scripts. The CSSC Help Desk will provide the Submitter ID value that will be used in the Data Set Name (DSN).

DSN	MAB.PROD.NDM.PDFS.PROD.<submitter id>(+1)
DSN TEST	MAB.PROD.NDM.PDFS.TEST.<submitter id>(+1)
DISP	(NEW,CATLG,DELETE)
UNIT	SYSDG
SPACE	(CYL,(1200,500),RLSE)
DCB	(RECFM=FB,LRECL=512,BLKSIZE=27648)

**Submitter's Network Mapping Values**

In order to establish bi-directional data transfers with Palmetto GBA, provide the following network mapping values.

NAT IP Address (Obtain from the Network Service Vendor)	
Listener Port	
Node ID	
System Platform	Mainframe AS/400 Server

**Additional Information**

If submitting data files, the Production ID is required. If the submitter's system requires login credentials to receive data files, provide the Login ID.

Production ID	
Login ID	
Technical Contact Name	
Phone Number	
E-mail Address	

## **Dataset Names**

To receive multiple data files and prevent overwriting of existing files, it is recommended that Generational Data Group (GDG) dataset names (mainframe platform only) or dataset names containing date and timestamp (any platform) are provided.

## **Prescription Drug Event**

**Frequency** = Daily

Prescription Drug Front End System (PDFS) Response	
Format	DSORG=PS,LRECL=80,RECFM=FB
Dataset Name	

Drug Data Processing System (DDPS) Return	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

DDPS Transaction Error Summary	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

Monthly reports are grouped by date of service year and will be distributed in one dataset unless datasets containing a variable for the year is provided.

**Frequency** = Monthly

DDPS 04 COV Cumulative Beneficiary Summary	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

DDPS 04 ENH Cumulative Beneficiary Summary	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

DDPS 04 OTC Cumulative Beneficiary Summary	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

P2P 40 COV Accounting	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

P2P 40 ENH Accounting	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

P2P 40 OTC Accounting	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

P2P 41 COV Receivable	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

P2P 42 COV Part-D Payment Reconciliation	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

P2P 43 COV Payable	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

DDPS 44 Other TrOOP Amount Indicator Summary	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

**Frequency** = Quarterly

DDPS Potential Exclusion Warning Report	
Format	DSORG=PS,LRECL=500,RECFM=FB
Dataset Name	

**Frequency** = Annually

Phase III	
Format	DSORG=PS,LRECL=512,RECFM=FB
Dataset Name	

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1152. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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