

**Appendix A. Part D Manufacturer Discount Program Data Entry Fields in HPMS**

† Data element required for the Discount Program.

\* If the manufacturer populates the main data field, these fields must be populated.

<b>Contract Information</b>	
<b>Data Element</b>	<b>Field Notes</b>
†P Number	Unique identifier established by CMS for each Manufacturer.
†Manufacturer Name	
†DUNS Number	
†Employer Identification Number (EIN)*	The EIN is used to generate any IRS Form 1099s associated with this P number, if applicable.
†Additional EIN	If applicable, enter each additional EIN for this P number not already entered in the prior EIN field. Do not enter EINs for other P numbers belonging to the same controlled group. One or more occurrences permitted.
<b>†Manufacturer Address</b>	This must a U.S. address. Manufacturers have the option to also include an international address.
†Address 1	
Address 2	
†City/Town/Locality	
†State	
†Zip Code	
<b>†Primary Contact</b>	
Primary Contact Prefix	
†Primary Contact First	
Primary Contact MI	
†Primary Contact Last	
Primary Contact Title	
†Primary Contact Phone	
Primary Contact Ext.	
Primary Contact Alternate Phone	
Primary Contact Alt. Ext.	
Primary Contact Fax	
†Primary Contact Email	
†Primary Contact Address	Address for primary contact must be a U.S. address.
†Primary Contact City	
†Primary Contact State	
†Primary Contact Zip	
<b>Secondary Contact</b>	
Secondary Contact Prefix	
*Secondary Contact First	
Secondary Contact MI	

<b>Contract Information</b>	
<b>Data Element</b>	<b>Field Notes</b>
*Secondary Contact Last	
Secondary Contact Title	
*Secondary Contact Phone	
Secondary Contact Ext.	
Secondary Contact Alternate Phone	
Secondary Contact Alt. Ext.	
Secondary Contact Fax	
*Secondary Contact Email	
*Secondary Contact Address	
*Secondary Contact City	
*Secondary Contact State	
*Secondary Contact Zip	
<b>†Signatory Contact</b>	Signatory contact must be (1) the chief executive officer (CEO), (2) the chief financial officer (CFO), (3) an individual other than a CEO or CFO, who has authority equivalent to a CEO or a CFO, or (4) an individual with the directly delegated authority to sign on behalf of one of the individuals mentioned in (1) through (3).
Signatory Contact Prefix	
†Signatory Contact First	
Signatory Contact MI	
†Signatory Contact Last	
Signatory Contact Title	
†Signatory Contact Phone	
Signatory Contact Ext.	
Signatory Contact Alternate Phone	
Signatory Contact Alt. Ext.	
Signatory Contact Fax	
†Signatory Contact Email	
†Signatory Contact Address	
†Signatory Contact City	
†Signatory Contact State	
†Signatory Contact Zip	
<b>Secondary Signatory Contact</b>	
Secondary Signatory Contact Prefix	
*Secondary Signatory Contact First	
Secondary Signatory Contact MI	
*Secondary Signatory Contact Last	
Secondary Signatory Contact Title	
*Secondary Signatory Contact Phone	
Secondary Signatory Contact Ext.	
Secondary Signatory Contact Alternate Phone	
Secondary Signatory Contact Alt. Ext.	

<b>Contract Information</b>	
<b>Data Element</b>	<b>Field Notes</b>
Secondary Signatory Contact Fax	
*Secondary Signatory Contact Email	
*Secondary Signatory Contact Address	
*Secondary Signatory Contact City	
*Secondary Signatory Contact State	
*Secondary Signatory Contact Zip	
<b>†TPA Liaison Contact</b>	
TPA Liaison Contact Prefix	
†TPA Liaison Contact First	
TPA Liaison Contact MI	
†TPA Liaison Contact Last	
TPA Liaison Contact Title	
†TPA Liaison Contact Phone	
TPA Liaison Contact Ext.	
TPA Liaison Contact Alternate Phone	
TPA Liaison Contact Alt. Ext.	
TPA Liaison Contact Fax	
†TPA Liaison Contact Email	
†TPA Liaison Contact Address	
†TPA Liaison Contact City	
†TPA Liaison Contact State	
†TPA Liaison Contact Zip	
<b>†Payment Contact</b>	
Payment Contact Prefix	
†Payment Contact First	
Payment Contact MI	
†Payment Contact Last	
Payment Contact Title	
†Payment Contact Phone	
Payment Contact Ext.	
Payment Contact Alternate Phone	
Payment Contact Alt. Ext.	
Payment Contact Fax	
†Payment Contact Email	
†Payment Contact Address	
†Payment Contact City	
†Payment Contact State	
†Payment Contact Zip	
<b>†Senior Product Contact</b>	
Senior Product Contact Prefix	
†Senior Product Contact First	
Senior Product Contact MI	
†Senior Product Contact Last	
Senior Product Contact Title	

<b>Contract Information</b>	
<b>Data Element</b>	<b>Field Notes</b>
†Senior Product Contact Phone	
Senior Product Contact Ext.	
Senior Product Contact Alternate Phone	
Senior Product Contact Alt. Ext.	
Senior Product Contact Fax	
†Senior Product Contact Email	
†Senior Product Contact Address	
†Senior Product Contact City	
†Senior Product Contact State	
†Senior Product Contact Zip	
<b>Labeler Code Information</b>	These fields are used to add, delete, or transfer labeler codes
Labeler Code	
Firm Name	
Transfer	
Transfer From (Contract ID/Information Required If Transfer)	
Reason for Request	
Delete	
Transfer	
Transfer To (Contract ID/Information Required if Transfer)	
Reason for Request	

<b>Manufacturer Ownership Information</b>	
<b>Data Element</b>	<b>Field Notes</b>
†Did the submitting Manufacturer have a Coverage Gap Discount Program Agreement under 42 USC § 1395w-114a in effect on December 31, 2021? Y/N	If yes, complete the subsequent field in this section.
†Did the submitting Manufacturer have any other corporation or business (whether or not incorporated) in its controlled group on December 31, 2021 that had a Coverage Gap Discount Program Agreement under 42 USC § 1395w-114a in effect on December 31, 2021? For the purpose of this information collection request, “controlled group” means all corporations or partnerships, proprietorships and other entities treated as a single employer under 26 U.S. Code section 52(a) or (b). Y/N	If yes, complete the subsequent five (5) fields in this section for <b>each</b> such additional Manufacturer.
†Manufacturer Name	
† Employer Identification Number (EIN)	One or more occurrences permitted.
*Address	

<b>Manufacturer Ownership Information</b>	
<b>Data Element</b>	<b>Field Notes</b>
†Applicable Unique Identifier Assigned by CMS (P number)	
Applicable Labeler Code(s) covered under such Coverage Gap Discount Program Agreement in effect on December 31, 2021	Include all such labeler codes for products that are produced, prepared, propagated, compounded, converted, or processed by the Manufacturer. One or more occurrences permitted.
†Was the submitting Manufacturer acquired by another Manufacturer after December 31, 2021? Y/N	If yes, complete the subsequent field in this section.
*Did the acquiring Manufacturer have a Coverage Gap Discount Program Agreement under 42 USC § 1395w-114a in effect on December 31, 2021? Y/N	If yes, complete the subsequent five (5) fields in this section for the acquiring Manufacturer.
*Manufacturer Name	
* Employer Identification Number (EIN)	One or more occurrences permitted.
*Address	
*Applicable Unique Identifier Assigned by CMS (P number)	
Applicable Labeler Code(s) covered under such Coverage Gap Discount Program Agreement in effect on December 31, 2021	Include all such labeler codes for products that are produced, prepared, propagated, compounded, converted, or processed by the Manufacturer. One or more occurrences permitted.
† <b>Attestation for Manufacturer Ownership Information (Y/N)</b>	Must be completed by an authorized official with electronic signature access. User reviews the ownership information submitted for this section and attests to its completeness and accuracy.

<b>Agreement Signature/Attestation</b>	
<b>Data Element</b>	<b>Field Notes</b>
†Signature	Must be completed by an authorized official with electronic signature access. User selects “sign all documents,” checks the “Check this box to electronically sign and date this form,” and then selects the “Submit” button.

**PRA Disclosure Statement**

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-NEW (expires xx/xx/xxxx). The time required to complete this information collection is estimated to average 6.5 hours 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 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.