Prescription Drug Reporting Requirements

The following chart, which was created on August 3, 2022, states the information that must be provided in the Centers for Medicare & Medicaid Services (CMS) templates by December 27, 2022 for the 2020 and 2021 calendar year.¹

File Name ²	Applicable to Plan?	Pharmacy Data	Other Data	Completed By
P1: Individual and Student Market Plan List	No	NA	NA	NA
P2: Group Health Plan List	Yes	No	 Group Health Plan Number Group Health Plan Number HIOS Plan ID Form 5500 Plan Number (ERISA plan only) State Market Segment Plan Year Beginning Date Plan Year End Date Members as of 12/31 of the Reference Year Plan Sponsor Name Plan Sponsor EIN Issuer Name (Fully insured only) Issuer EIN (Fully insured only) TPA Name TPA EIN PBM Name PBM Name 	Each reporting entity that files plan data into the HIOS system (The P2 is essentially a coversheet for the data reporting.)

¹ As viewed August 3, 2022. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/Prescription-Drug-Data-Collection



² All files are .csv format except the Narrative Response, which is PDF or Word.

File Name ²	Applicable to Plan?	Pharmacy Data	Other Data	Completed By
P3: FEHB Plan List	No	NA	NA	NA
D1: Premium and Life Years	Yes	No	 Issuer or TPA Name Issuer or TPA EIN State Market Segment Average Monthly Premium Paid by Members Average Monthly Premium Paid by Employers Life Years³ Earned Premium (fully insured only) Premium Equivalents ASO/TPA Fees Paid (included in the Premium Equivalents field) Stop-Loss Premium Paid (included in the Premium Equivalents field) 	
D2. Spending by Category	Yes	No	 Issuer or TPA Name Issuer or TPA EIN State Market Segment Spending Category Hospital Primary care Specialty care Other medical costs and services Medical benefit drugs: known amounts (informational) Medical benefit drugs: estimated amounts (informational) Total Spending Total Cost Sharing Amounts Not Applied to Deductible and/or Out-of-Pocket Maximum 	

 $^{^{\}rm 3}$ Life years are the average number of members (employees and dependents) throughout the year.

File Name ²	Applicable to Plan?	Pharmacy Data	Other Data	Completed By
D3. Top 50 Most Frequent Brand Drugs	Yes	Yes	 Issuer or TPA Name Issuer or TPA EIN State Market Segment Drug Name Drug Code Frequency Rank Number of Paid Claims Number of Members with a Paid Claim Number of Dosage Units Total Spending Total Cost Sharing Manufacturer Cost-Sharing Assistance 	All data must be obtained from PBM
D4. Top 50 Most Costly Drugs	Yes	Yes	Same as D3 except cost rank instead of frequency rank	All data must be obtained from PBM
D5. Top 50 Drugs by Spending Increase	Yes	Yes	 Issuer or TPA Name Issuer or TPA EIN State Market Segment Drug Name Drug Code Spending Increase Rank Number of Paid Claims Number of Members with a Paid Claim Number of Dosage Units Total Spending Total Cost Sharing Manufacturer Cost-Sharing Assistance Prior Year Number of Paid Claims Prior Year Number of Members with a Paid Claim Prior Year Number of Dosage Units Prior Year Total Spending Prior Year Total Cost Sharing Prior Year Manufacturer Cost-Sharing Assistance Dollar Increase in Total Spending 	All data must be obtained from PBM The D5 has a year/year comparison that must be performed for 2020 to 2021 changes

File Name ²	Applicable to Plan?	Pharmacy Data	Other Data	Completed By
D6. Rx Totals	Yes	Yes	 Issuer or TPA Name Issuer or TPA EIN State Market Segment Total Rx Spending under Pharmacy Benefit Rx Amounts Not Applied to Deductible and/or Out-of-Pocket Maximum Bona Fide Service Fees PBM Spread Amounts Total Rebates/Fees/Other Remuneration Restated Prior Year Rebates/Fees/Other Remuneration 	All data must be obtained from PBM
D7. Rx Rebates by Therapeutic Class	Yes	Yes	 Issuer or TPA Name Issuer or TPA EIN State Market Segment Therapeutic Class Name Therapeutic Class Code Number of Paid Claims Number of Members with a Paid Claim Number of Dosage Units Total Spending Total Cost Sharing Manufacturer Cost-Sharing Assistance Rebates Retained by PBM Rebates Retained by Plan/Issuer/Carrier Rebates Passed to Member at POS Net Transfer of Fees and Other Remuneration from Manufacturer to Plan/Issuer/Carrier Net Transfer of Fees and Other Remuneration from Pharmacy to Plan/Issuer/Carrier Total Rebates/Fees/Other Remuneration Restated Prior Year Rebates/Fees/Other Remuneration 	All data must be obtained from PBM

File Name ²	Applicable to Plan?	Pharmacy Data	Other Data	Completed By
D8. Rx Rebates for the Top 25 Drugs	Yes	Yes	 Issuer or TPA EIN State Market Segment Drug Name Drug Code Rebate Rank Number of Paid Claims Number of Members with a Paid Claim Number of Dosage Units Total Spending Total Cost Sharing Manufacturer Cost-Sharing Assistance Rebates Retained by PBM Rebates Retained by Plan/Issuer/Carrier Rebates Passed to Member at POS Net Transfer of Fees and Other Remuneration from Manufacturer to Plan/Issuer/Carrier Net Transfer of Fees/Other Remuneration from Pharmacy to Plan/Issuer/Carrier Total Rebates/Fees/Other Remuneration Restated Prior Year Rebates/Fees/Other Remuneration 	All data must be obtained from PBM
Narrative Response (PDF or Word)	Yes	Yes	 Employer size for self-funded plans Net payments from federal or state reinsurance or cost-sharing reduction programs Drugs missing from the CMS crosswalk Medical benefit drugs Prescription drug rebate descriptions Allocation methods for prescription drug rebates Impact of prescription drug rebates 	

For more information about the prescription drug reporting requirements or to request assistance, please contact your Segal consultant.

This resource is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.

