Pharmacy Benefit Manager Data Collection Listening Session

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November 5, 2025

Pharmacy Benefit Manager Data Collection Listening Session

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Housekeeping

Recording Notice

- This session will be recorded for internal use and documentation purposes.

Voluntary Participation

- Your participation is completely voluntary. You may choose to engage at your comfort level.

Use of Shared Information

- Insights from this session may be used to inform future decisions, but individual responses will remain confidential.

How to participate

- You can participate by:
    - Using the chat feature
    - Unmuting to speak
    - Responding to polls or prompts
    - Providing written feedback after the session.

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Inclusive Meeting Guidance

ENGAGE EVERYONE **BE HEARD AND SEEN** **ACKNOWLEDGE SPEAKER**

MAXIMIZE MICROPHONES **MINIMIZE NOISE** **MAXIMIZE VISUAL DISPLAYS**

These guidelines are intended to improve the meeting experience for virtual participants, as well as people with hearing loss, visual impairment, and those for whom English is an additional language. Developed by the Access AIR and AIR CREW Employee Resource Groups With Support From the AIR Diversity and Inclusion Office.

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Agenda

Background
- Review of associated legislation and requirements
- Overview of upcoming engagement opportunities

Material Review
- Overview of draft materials
- Content review within submission materials and resources
- Space for discussion and feedback

Wrap-up
- Next steps
- Opportunities for feedback

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Introductions of Attendees

When providing feedback or asking
questions please provide the following:

- Name
- Title
- Organization

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Objectives

- This session is designed to gather feedback, including insights, concerns, and suggestions to shape final implementation
- Your input helps ensure the reporting templates and procedures are practical, clear, and aligned with stakeholder needs
- Responses will be reviewed by CHIA to:
  - Refine submission templates and manuals
  - Adjust timelines and outreach strategies
  - Develop guidance materials for future reporting cycles

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Legislation Overview

- *An Act Relative to Pharmaceutical Access, Costs, and Transparency* mandates pharmacy benefit manager (PBM) data reporting to improve transparency
- Signed into law on January 9, 2025 by Governor Maura Healey
- Establishes M.G.L. c.12C § 10A, directing CHIA to collect detailed data from PBMs
- Directs CHIA to promulgate regulations necessary to ensure uniform data reporting from PBMs to analyze rebates, fees, wholesale acquisition costs, formulary, and maximum allowable cost lists, etc.
- Incorporates a listening session as a part of CHIA's implementation

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Future Opportunities for Engagement

- This session will not cover:
  - Feedback related to draft regulation 957 CMR 12.00
    - A public hearing will be held on November 20, 2025 at 10:00 AM
      - Register in advance by emailing Regulations@chiamass.gov
      - Submit written testimony to Regulations@chiamass.gov
      - Must include Sender's full name, mailing address, and organization or affiliation (if applicable).
  - PBM licensure requirements
    - The Division of Insurance has a dedicated email to PBM licensure and registration questions: DOI.PBM@mass.gov

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Draft Materials for Discussion

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Draft Reporting Template

Purpose:

• Standardizes PBM data for CHIA
• Provides insight into pharmacy benefits for PBMs
• Collects information for regulatory review

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Draft Formulary Template

Purpose:

- Collects formulary data for each plan option
- Details drug lists, formulary tiers, and utilization management
- Provides information for key points of contact
- Supports regulatory review and transparency

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Overview of the Draft Data Specification Manual

Purpose:

- Provides comprehensive guidelines and requirements for PBM data submission
- Includes instructions, schedules, and clear technical specifications to support consistency and accuracy
- Offers contacts for support and clarification

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Draft Reporting Template

This document includes:

- PBM and contact information
- Carrier, health plan sponsor or entity name, along with the specified membership counts.
- Pharmacy information
- Rebate information
- Required questions

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Massachusetts Center for Health Information and Analysis

Overview and Instructions

Enter the Pharmacy Benefit Management name and contact information in this page. Enter the Carrier, health plan sponsor or entity name in Tab II - Carrier, sponsor, entity, along with the specified membership counts.

After the plans are entered:
- Enter pharmacy information in III. Pharmacy Benefit Template
- Enter rebate information in IV. Rebates
- Enter other information in V. Notes

General Information

Pharmacy Benefit Manager Name:	
PBM License Number	
Report Contact Name	
Report Contact Email	
Report Contact Phone Number	

Summary Information

This section is not editable. Cells B - F are entered in Worksheet II - Members. Cells H-P are entered in Worksheet III - Pharmacy Benefit Template.

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Carrier, health plan sponsor, entity name	Unique Member Count	Unique Member Count with Scripts	Unique Member Count without Scripts	Total Member Months	Total Amount Paid by Health Insurance Carrier or Plan Sponsor (from Worksheet III, Column S)	Calculated Total Amount Paid	Total Member Cost Sharing (from Worksheet III, Column V, W & X)	Calculated Total Member Cost Sharing	Total Prescription Drug Rebates Received by the PBM (from Worksheet IV, Column J)	Calculated Prescription Drug Rebates Received by the PBM	Total Prescription Drug Rebates Passed on to the Carrier or Plan Sponsor (from Worksheet IV, Column K)	Calculated Prescription Drug Rebates Passed on to the Carrier or Plan Sponsor	Costs to the insurer and member (True Allowed Claims) This is equal to Total Amount Paid+Member Cost Sharing-Rebates Passed On
	-	-	-	-	$ -		$ -		$ -		$ -		

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General Information

Please provide an overview of your company's information and operations below. All employers can be combined and added to ASO, which has been included in the template. Note that data is requested on Massachusetts residents enrolled in Massachusetts sitused plans. All information should be based on paid claims that were not rejected or denied.

Carrier, health plan sponsor, entity name	Members				Total Fees									
	Unique Member Count	Unique Member Count with Scripts	Unique Member Count without Scripts	Total Member Months	Total Fees Paid by Drug Manufacturers	Total Fees Paid by Drug Manufacturers to PBM Rebate Aggregator	Total Fees Paid by Drug Manufacturers to PBM	Total Manufacturer Administrative Fees	Total Other Fees Paid by Drug Manufacturers	Total Fees Paid by PBM Rebate Aggregator to PBM	Total Fees Paid by PBM to PBM Rebate Aggregator	Total Fees Paid by Insurance Carrier/Plan Sponsor for Rebate Negotiation Services	Total Fees Passed Through to Insurance Carrier/Plan Sponsor

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REIMBURSEMENT													
Total WAC	Total AWP	Total Pharmacy Dispensing Revenue	Ingredient Costs Paid	Dispensing Fees Paid	Other Pharmacy Receivable Amounts Paid	Total Amount Paid by Health Insurance Carrier or Plan Sponsor	Total Pharmacy Reimbursements Paid by PBM	Total Amount Paid by Member	Total Member Deductibles	Total Member Coinsurance	Total Member Copay	Total Other Amount Paid to Pharmacy	

YEAR	PLAN INFORMATION			DRUG INFORMATION			PHARMACY	340B	UTILIZATION INFORMATION				
Calendar Year	Pharmacy Benefit Manager Name	Carrier, health plan sponsor, entity name	Risk Type	Drug or Product Name	National Drug Code (NDC)	Drug Category (Traditional Brand, Traditional Generic, Specialty Brand, Specialty Generic)	Affiliated Pharmacy Flag	340B Flag	Total Number of Units	Unit Type	Total Number of Prescriptions	Total Days Supply	Total Members with Scripts

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POST-SALE ADJUSTMENTS		OTHER FEES AND EXPENSES			
Post-Sale Pharmacy Adjustments	Post-Sale Health Insurance Carrier/Plan Sponsor Adjustments	Total Claims Processing Fees	Total Other Amount Paid by Pharmacy to PBM	Total Amount Paid by Drug Manufacturers to Pharmacy (for affiliated pharmacies only)	Total Pharmacy Acquisition Cost (for affiliated pharmacies only)

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YEAR	PLAN INFORMATION			DRUG INFORMATION					
Calendar Year	Pharmacy Benefit Manager Name	Carrier, health plan sponsor, entity name	Risk Type	Drug or Product Name	Drug Category (Traditional Brand, Traditional Generic, Specialty Brand, Specialty Generic)	National Drug Code (NDC)	Total Number of Prescriptions	Total Days Supply	Total WAC

REBATES						
Total Prescription Drug Rebates	Total Prescription Drug Rebates Paid to PBM Rebate Aggregator	Total Prescription Drug Rebates Paid to PBM	Total Prescription Drug Base Rebates	Total Prescription Drug Other Rebates	Total Prescription Drug Rebates Passed Through to Insurance Carrier/Plan Sponsor	Total Prescription Drug Rebates Passed Through at Point-of-Sale

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Provide a definition of administrative fees, including distinctions based on payer/payee relationships (e.g., fees paid by health plans to PBMs vs. manufacturers to PBMs or PBM Rebate Aggregators).

List each of your affiliated entities that operate in the Commonwealth or provide services that affect insurance carriers, plan sponsors, or members in the Commonwealth, including but not limited to mail order pharmacies, specialty pharmacies, retail pharmacies, insurers, third-party administrators, 340B split billing vendors, copay maximizers/accumulators, discount card programs, drug private labelers, and wholesale distributors.

Please describe the services you provide to your clients (health plans, employers, etc.) by selecting all that apply:
☐ Formulary management
☐ Pharmacy network design
☐ Rebate negotiation
☐ Claims processing
☐ Utilization management and/or other clinical programs
☐ Other: (please specify)

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Please describe how you determine the pharmacy reimbursement rate for traditional generic, traditional brand, specialty generic, and specialty brand drugs including any benchmarks you use (ex. NADAC, WAC, AWP, MAC lists). What proportion of prescriptions for traditional generic, traditional brand, specialty generic, and specialty brand drugs are reimbursed using each methodology you employ?

What criteria or performance metrics determine when and how post-sale pharmacy adjustments are applied?

When rebates are applied, what factors influence whether patients see a direct reduction in their out of pocket costs?

Additional questions or miscellaneous items

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Thoughts and Feedback for Draft Submission Template

- Are there any fields that would be challenging for your organization to complete?
- Are there any missing data elements that are necessary to contextualize your organization's submission?
- What changes could be made to mirror your organization's internal systems to improve automation?

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Draft Formulary Template

Overview of document:
- Drug list and formulary tiers sheet for each plan option
- Step therapy protocols at the drug-level
- Options to reduce drug list sheets if similarities exist across plan options

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Instructions:
Please submit a Drug List and Formulary Tiers sheet for each plan option. Most commonly carriers would be submitting a separate file with one Drug List and one Formulary Tiers sheet for each plan option. However, because Drug List sheets can be large, if the Drug List sheets for two or more plan options are identical, carriers can submit multiple Formulary Tiers sheets together with the associated Drug List sheet in a single file. The formulary tier and the drug list are linked by the Formulary Tier ID.

Important:
•The Carrier, health plan sponsor, entity name entered in III. Formulary Tiers and IV. Formulary Drug List must match a Carrier, health plan sponsor, entity name entry in tab II. Carrier, sponsor, entity in the PBM Reporting Template.
•The Formulary Tier ID in IV. Formulary Drug List must match a Formulary Tier ID in III. Formulary Tiers.
•The Formulary Tier ID must be unique for each formulary tier, starting with the letter "T" and followed by three numbers between 100 and 999, e.g., T123. The person filling out the template will create this ID.
•The Formulary Drug List ID must be unique for each formulary drug list, starting with the letter "D" and followed by five numbers between 50000 and 99999, e.g., D51234. The person filling out the template will create this ID.

Create a new sheet for each new formulary by:
    Right-click on the "Formulary Tiers" tab
    Select "Move or Copy Sheet"
    Click the "Create a Copy" box
    Repeat for Formulary Drug List
Each Formulary Drug List must have an accompanying Formulary Tiers sheet with a matching Formulary ID and plan names.

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Contact Information	
PBM Name	
PBM License Number	
Report Contact Name	
Report Contact Email	
Report Contact Phone Number	

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Carrier, health plan sponsor, entity name		Must match Carrier, health plan sponsor or entity name in PBM Reporting template.
Formulary Tier ID		Identifier beginning with the letter "T" followed by three numbers 100-999. The ID is unique for the set of tiers described on this page.
Plan Name(s)		Separate individual plan names with a comma.

Drug Tier	Tier Description
Higher tiers usually signify less preferred drugs with higher copays / coinsurance.	Required: Enter a description for each tier including cost sharing information. Enter N/A for any tier that is not associated with the formulary.
0	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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Carrier, health plan sponsor, entity name		Must match carrier, health plan sponsor or entity name in PBM Reporting template.
Formulary Tier ID		Must match Formulary Tier ID in tab III. Formulary Tiers.
Formulary Drug List ID		Identifier beginning with "D" followed by 5 numbers ranging from 50000-99999. Each drug list will have a unique identifier (E.g. D50123).
Plan Name(s)		Separate individual plan names with a comma.
Formulary URL		

Drug Information			Utilization Management			Distribution	Notes
Drug Name	Therapeutic Category	Drug Tier	Prior Authorization	Quantity Limits	Step Therapy	Limited Distribution Drug	
Enter the brand and generic names on separate rows.	Enter the therapeutic category as it is categorized in your formulary. Separate multiple categories with a comma.	Select the Tier this drug is in. Select NA if this drug is not a part of the Drug List	Select Yes if Prior Authorization is Required	Select Yes if Quantity Limits	Select Yes if Step Therapy is Required	If this is a limited distribution drug, select one of the listed requirements or "Other". If Other is selected, specify in Notes. If the drug is not limited,	Please enter any notes/comments/clarifications for each row here.

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Thoughts and Feedback for Draft Formulary Template

- Do you anticipate any challenges applying the tiering structure outlined in the formulary template?
- What changes would be most useful for providing this information at an individual plan level?
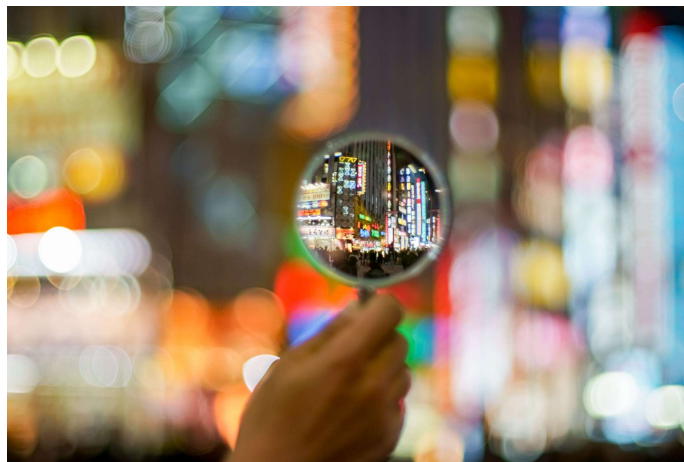- What system do you use to standardize therapeutic classification?

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Data Specification Manual

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What's inside?

- **Contents of the document:**
  - Introduction
  - File Submission Instructions and Schedule
  - Data Submission Guidelines
  - Data Specifications
    - a. PBM Reporting Template
    - b. Formulary Template

Data Specification Manual

957 CMR 12.00:
Pharmacy Benefit Manager Reporting

October 2025

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Section: File Submission Instructions

- Details the process for PBMs to submit required data, including instructions for notification if data elements cannot be reported
- Provides guidance on requirements for submission

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Section: Data Submission Guidelines

- Specifies the requirements for submitting pharmacy benefits and rebate information

- Provides instructions for completing both the reporting template and the formulary template

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Section: Data Specifications

- Expands on data elements to guide user submission
- Defines the specific data elements that are necessary for different columns across the templates

IV.   Data specifications

PBM Reporting Template

Tab I: Overview

Item	Column	Description	Data Requirements
Pharmacy Benefit Manager Name	C8	Name of the Pharmacy Benefit Manager that is represented in this document. All entries in the other worksheets will be for this PBM.	Data Type: Text
PBM License Number	C9		Data Type: Text
Report Contact Name	C10	Name of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text

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Draft Data Specification Manual Review – Data Specifications

Tab III. Pharmacy Benefit Template:

Data in this table should be produced at the PBM, calendar year, carrier [or plan], risk type, affiliated pharmacy status, 340B status (for affiliated pharmacies), and NDC level.

Item	Column	Description	Data Requirements
Year			
Calendar Year	A	Calendar year in which the drug was dispensed.	Data Type: Integer
Plan Information			
Pharmacy Benefit Manager Name	B	Name of the pharmacy benefit manager completing the template from I. Overview.	Data Type: Text
Carrier, health plan sponsor, entity name	C	Select from the drop-down list. If the plan is not shown, add it to the list in II. Carrier, health plan sponsor, entity name.	
Risk Type	D	Self-insured or Fully-insured.	

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Thoughts and Feedback on Draft Data Specification Manual

- Are there any missing or unclear field definitions and data requirements outlined in section IV of the *Data Specification Manual*?

- Is there any missing guidance in the manual to ensure accurate and consistent data entry across all required fields?

- Are there any formatting and data type specifications (e.g., text, max length) that do not seem feasible to implement within your internal systems? And why?

- Have you encountered any challenges interpreting or applying the specifications in the *Overview* tab? If so, what additional guidance would be helpful?

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Next Steps

- Future users should continue to review the materials and familiarize themselves with the manual and templates

- Written feedback can be provided and sent to the following email:
[RxData@chiamass.gov]

  - All participants are highly encouraged to provide any comments and/or feedback regarding the materials discussed in this listening session

  - Please submit written feedback by **November 14, 2025**

- Please note: Feedback shared will NOT be made publicly available and only CHIA and AIR will have access to this information. The feedback will not be published externally.

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Thank you!

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