CENTER FOR HEALTH INFORMATION AND ANALYSIS

Data Specification Manual

957 CMR 12.00:
Pharmacy Benefit Manager Reporting

February 2026

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I. Introduction

Bill S.3012, "An act relative to pharmaceutical access, costs, and transparency," was signed into law in January 2025, amending Center for Health Information and Analysis (CHIA)'s authority to require reporting from pharmacy benefit managers (PBMs). In accordance with the new requirements outlined in M.G.L. c.12C § 10A, CHIA promulgated 957 CMR 12.00 to govern the reporting requirements for pharmacy benefit managers that provide Pharmacy Benefit Management Services to Massachusetts residents. This data specification manual provides detailed information about data submission requirements.

In accordance with M.G.L. c.12C § 10A and 957 CMR 12.00, CHIA will use the information for analytics and statutorily required public reporting purposes, including monitoring trends in wholesale acquisition costs, formulary structures, rebates, discounts, and administrative fees. Additionally, the data will enable CHIA to track trends in drug rebates and other aggregate price reductions, including the amounts of rebates retained and passed through to each carrier client or health plan sponsor.

The PBM data CHIA collects are not public records and cannot be disclosed in a manner that is likely to compromise the financial, competitive, or proprietary nature of such data and other information, or that may identify specific prices charged for drugs, the value of any rebate amounts, individual drugs, or any pharmaceutical manufacturing company.

II. File Submission Instructions and Schedule

Data must be submitted electronically via CHIASubmissions, CHIA's web-based submission platform. Prior to accessing the submission platform, data submitters must complete the User Agreement form to register as a Pharmacy Benefit Manager (PBM) filer. Data submitters will be sent the User Agreement form in March 2026 and will be expected to submit the form by April 1, 2026. Once completed and approved, registered filers will receive instructions to create login credentials. A detailed User Guide for accessing and uploading files to CHIASubmissions will be provided prior to the submission deadline. For technical issues, please email DL-Data-Submitter-HelpDesk@chiamass.gov or RxData@chiamass.gov.

a. Data Submission Steps:

i. CHIA will provide the User Agreement form in March 2026 which will be returned by April 1st, 2026.
ii. Once the form is completed and approved, filers will receive instructions to create login credentials.

iii. Log into the CHIA Data Submission site at https://chiasubmissions.chia.state.ma.us/CHIAAuthLogin/Account/Login.
iv. Follow instructions to upload the appropriate template files as outlined in this manual. A detailed User Guide for accessing and uploading files to CHIASubmissions will be provided prior to the submission deadline.

b. Corrections, Validation and Resubmission

i. Once a file is received, it is reviewed for quality assurance. CHIA will send a quality assurance memo with questions on data anomalies, trends, and missing data. The submitter is required to respond within ten business days and resubmit data as needed.
ii. Upon satisfactory submission of data that CHIA has approved as final, submitters will be required to attest to the accuracy of the data via a data attestation form signed by the submitter's compliance officer or equivalent. Data submission is not considered complete until this form is received by CHIA.
iii. PBMs will submit information in accordance with 957 CMR 12.00. For additional concerns around timelines or data submission requirements, please reach out to RxData@chiamass.gov.

Pharmacy Benefit Manager Filing Schedule	
Submission Due Date	**Files Due**
June 1, 2026	Required: CY2024 For PBMs with less than 3,000 commercial MA residents: • PBM Summary Reporting Template For PBMs with 3,000 or more commercial MA residents: • PBM Detailed Reporting Template • PBM Formulary Template

III. Data Submission Guidelines

a. Submission Requirements

In accordance with M.G.L. c.12C § 10A, PBMs must report the information outlined in this data specification manual. A PBM's filing is not complete until the required template(s) has/have been successfully submitted to CHIA, CHIA has approved as final, and the data submitter has completed a data attestation form.

b. Reporting Threshold

i. Submission requirements vary based on the PBM's Massachusetts (MA) resident total covered lives during the reporting period:

- PBMs with fewer than 3,000 Massachusetts resident commercial members in the aggregate across all payers will submit the PBM Summary Reporting Template only.

- PBMs with 3,000 or more Massachusetts resident commercial members in the aggregate across all payers will submit the PBM Detailed Reporting Template and the Formulary Template.

c. Guidelines for PBM Summary Reporting Template

i. Enter the name of the PBM and complete contact information belonging to the person who could best resolve a question or issue found in the data after submission in the General Information section.
ii. Under Carrier and plan sponsor information, list the name of each carrier or health plan sponsor contracted with the PBM. Enter member information, total fees, and total claims.

d. Guidelines for PBM Detailed Reporting Template

When filling out the template, include data on all claims for prescriptions dispensed in calendar year 2024 (CY2024). Data should reflect adjudicated, final versioned claims for which the PBM/payer was the primary payer (not secondary, tertiary, etc.).

i. *Overview* – Enter the name of the PBM and complete contact information belonging to the person who could best resolve a question or issue found in the data after submission.
ii. *Carrier, Sponsor* – The name of each carrier or health plan sponsor contracted with the PBM is listed here, along with member information and administrative fees.
iii. *Pharmacy Benefit* – Utilization, reimbursement, post-sale adjustments and other fees and expenses for each drug.
iv. *Rebates* – Rebate details for each drug.
v. *Required Questions* – List of required open-ended questions.

e. Guidelines for Formulary Template

PBMs with 3,000 or more MA resident commercial members in the aggregate across all payers will submit this template.

Submit a Drug List and Formulary Tiers sheet for each plan option. If the Drug List sheets for two or more plan options are identical, PBMs can submit multiple Formulary Tiers sheets together with the associated Drug List sheet.

To create a new sheet for each new formulary:

- Right-click on the "Formulary Tiers" tab
- Select "Move or Copy Sheet"
- Click the "Create a Copy" box
- Repeat for each Formulary Drug List

Each Formulary Drug List must have an accompanying Formulary Tiers sheet with a matching Formulary Tier ID and plan names. The Formulary Tier and the Drug List are linked by the Formulary Tier ID. Instructions for creating the Formulary Tier ID are listed below.

i. *Instructions* – Information only.
ii. *Contact Information* – Enter the name of the PBM and complete contact information belonging to the person who could best resolve a question or issue found in the data after submission.
iii. *Formulary Tiers* – Enter information about each tier.
    1. The Carrier or health plan sponsor entered in III. Formulary Tiers and IV. Formulary Drug List must match a Carrier or health plan sponsor entry in tab II. Carrier, sponsor, entity in the PBM Detailed Reporting Template.
    2. 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.
iv. *Formulary Drug List* – Drug information, Utilization management, Distribution.
    1. 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.
    2. The Formulary Tier ID in IV. Formulary Drug List must match a Formulary Tier ID in III. Formulary Tiers.

f. Guidelines for File Size

i. Instructions for managing Excel file limits

Excel supports a maximum of 1,048,576 rows per worksheet. Should you exceed this, data can be broken into multiple files. Use the following guidelines for submitting multiple Excel files:

1. Each worksheet within an Excel file will reference the same carriers or health plan sponsors. For example, if information for six plans fits onto *Tab III. Pharmacy Benefit Template,* reaching almost 1,048,576 rows, and adding any other carrier or health plan sponsors will exceed the limit,
    a. Only include the information for the six plans in this file.
    b. Limit the information for the carrier or sponsors in *Tab II. Carrier or sponsor,* to the carrier or sponsors in *III. Pharmacy Benefit Template.*
    c. Limit the information for the carrier or sponsors in *Tab IV. Rebates,* to the carrier or sponsors in *III. Pharmacy Benefit Template.*
2. *Tab V. Required questions* need only be submitted in one Excel file.

IV. Data Specifications

a. PBM Summary Reporting Template

PBMs with fewer than 3,000 MA resident commercial members in the aggregate across all payers will submit the PBM Summary Reporting Template.

General Information

Item	Column	Description	Data Requirements
Pharmacy Benefit Manager Name	C4	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	C5	License number issued by Division of Insurance.	Data Type: Text
Report Contact Name	C6	Name of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text
Report Contact Email	C7	Email address of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text
Report Contact Phone Number	C8	Phone number of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text Format: 999-999-9999

Carrier and plan sponsor information

Item	Column	Description	Data Requirements
Carrier or health plan sponsor	B	Name of the carrier or health plan sponsor (Examples include BCBSMA, MGBHP, THP). Data should be submitted at this payer name level, not by specific plan name or product type (ex. Blue Cross HMO). If PBMs contract directly with employers, then aggregate those employers to "Other."	Data Type: Text

Item	Column	Description	Data Requirements
Unique Member Count	C	A count of all unique members who were enrolled at any time during the calendar year. This includes all enrolled members, even if they had no prescriptions.	Data Type: Integer
Total Member Months	D	A count of the member months for all enrollees for the calendar year. Each member contributes one member month for each month of coverage (regardless of whether they had prescriptions in any of the months.)	Data Type: Integer
Total Fees	E	The aggregate amount of all fees paid by pharmaceutical manufacturers to PBMs and PBM rebate aggregators including manufacturer administrative fees and other fees such as data fees, portal fees, compliance fees, enterprise fees, and any other fees.	Data Type: Numeric Format: 999999999.99
Total Claims	F	The aggregate amount of all final versioned pharmacy claims for which the PBM/payer was the primary payer (not secondary, tertiary, etc.).	Data Type: Numeric Format: 999999999.99

b. PBM Detailed Reporting Template

PBMs with 3,000 or more MA resident commercial members in the aggregate across all payers will submit the PBM Detailed Reporting Template.

Tab I: Overview

Item	Column	Description	Data Requirements
Pharmacy Benefit Manager Name	C9	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	C10	License number issued by Division of Insurance.	Data Type: Text
Report Contact Name	C11	Name of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text

Item	Column	Description	Data Requirements
Report Contact Email	C12	Email address of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text
Report Contact Phone Number	C13	Phone number of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text Format: 999-999-9999

Tab II: Carrier, sponsor

Please provide an overview of your company's information and operations below. Employers can be combined and added to Other (contracted business directly between PBM and employers) level. Note that data is requested on Massachusetts residents enrolled in all contracted health plans.

When filling out the template, include data on all claims for prescriptions dispensed in calendar year 2024 (CY2024). Data should reflect adjudicated, final versioned claims for which the PBM/payer was the primary payer (not secondary, tertiary, etc.). All information should be based on paid claims that were not rejected or denied.

Item	Column	Description	Data Requirements
Carrier or health plan sponsor	B	Name of the carrier or health plan sponsor (Examples include BCBSMA, MGBHP, THP). Data should be submitted at this payer name level, not by specific plan name or product type (ex. Blue Cross HMO). If PBMs contract directly with employers, then aggregate those employers to "Other."	Data Type: Text
Unique Member Count	C	A count of all unique members who were enrolled at any time during the calendar year. This includes all enrolled members, even if they had no prescriptions. The unique member count should equal Unique Member Count with Scripts(D) plus Unique Member Count without Scripts (E).	Data Type: Integer
Unique Member Count with Scripts	D	A count of all unique members who were enrolled at any time during the calendar year and had at least one prescription during the calendar year.	Data Type: Integer

Item	Column	Description	Data Requirements
Unique Member Count without Scripts	E	A count of all unique members who were enrolled at any time during the calendar year and had no prescriptions during the calendar year.	Data Type: Integer
Total Member Months	F	A count of the member months for all enrollees for the calendar year. Each member contributes one member month for each month of coverage (regardless of whether they had prescriptions in any of the months.)	Data Type: Integer
Total Fees Paid by Drug Manufacturers	G	The aggregate amount of all fees paid by pharmaceutical manufacturers to PBMs and PBM rebate aggregators including manufacturer administrative fees and other fees such as data fees, portal fees, compliance fees, enterprise fees, and any other fees. Total Fees Paid by Drug Manufacturers to PBM Rebate Aggregator (H), Total Fees Paid by Drug Manufacturers to PBM (I), Total Manufacturer Administrative Fees (J) and Total Other Fees Paid by Drug Manufacturers (K) equals Total Fees Paid by Drug Manufacturers (G).	Data Type: Numeric Format: 999999999.99
Total Fees Paid by Drug Manufacturers to PBM Rebate Aggregator	H	The portion of manufacturer-paid fees directed specifically to the PBM's rebate aggregator.	Data Type: Numeric Format: 999999999.99
Total Fees Paid by Drug Manufacturers to PBM	I	The portion of manufacturer-paid fees directed specifically to the PBM itself, excluding those paid to the PBM rebate aggregator.	Data Type: Numeric Format: 999999999.99
Total Manufacturer Administrative Fees	J	Includes any payment, other than a rebate, that a manufacturer makes directly or indirectly to a PBM.	Data Type: Numeric Format: 999999999.99
Total Other Fees Paid by Drug Manufacturers	K	Includes data fees, portal fees, compliance fees, enterprise fees, and any other fees.	Data Type: Numeric Format: 999999999.99
Total Fees Paid by PBM Rebate Aggregator to PBM	L	Includes any fees paid by a PBM rebate aggregator to the PBM for services rendered. These fees do not include any fees paid by drug	Data Type: Numeric Format: 999999999.99

Item	Column	Description	Data Requirements
		manufacturers that may be passed through by a PBM rebate aggregator to the PBM.	
Total Fees Paid by PBM to PBM Rebate Aggregator	M	Includes any fees paid by the PBM to a PBM rebate aggregator for services rendered. These fees do not include any fees paid by drug manufacturers that may be passed through by the PBM to a PBM rebate aggregator.	Data Type: Numeric Format: 999999999.99
Total Fees Paid by Insurance Carrier/Plan Sponsor for Rebate Negotiation Services	N	Payments made by health plans or sponsors to PBMs for negotiating rebates.	Data Type: Numeric Format: 999999999.99
Total Fees Passed Through to Insurance Carrier/Plan Sponsor	O	Includes fees paid by drug manufacturers passed through by PBM rebate aggregator or PBM to insurance carrier or plan sponsor.	Data Type: Numeric Format: 999999999.99

Tab III. Pharmacy Benefit

Data in this table should be produced at the PBM, calendar year, carrier or plan, risk type, affiliated pharmacy status, 340B status, 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 or health plan sponsor	C	Enter the name of the carrier or health plan sponsor listed in II. Carrier, health plan sponsor (Examples include BCBSMA, MGBHP, THP). Data should be submitted at this payer name level, not by specific plan name or product type (ex. Blue Cross HMO). If PBMs contract directly with employers, then aggregate those employers to "Other." Carrier or sponsors must be listed in II. Carrier, Sponsor.	Data Type: Text

Item	Column	Description	Data Requirements
Risk Type	D	Self-insured or Fully-insured.	Data Type: Text, values Self-insured or Fully-insured.
Drug Information			
Drug or Product Name	E	Enter the generic or brand name dispensed.	Data Type: Text
National Drug Code (NDC)	F	Do not include hyphens. If the drug name uses multiple drug codes, list all of them and separate each by a comma.	Data Type: Text Format: 99999999999
Drug Category	G	Classify medications based on your internal methodology. If a drug is sometimes dispensed under more than one category, enter the classification accounting for the majority of the Total Amount Paid by Health Insurance Carrier or Plan Sponsor.	Data Type: Text Values: Traditional Brand, Traditional Generic, Specialty Brand, Specialty Generic
Pharmacy			
Affiliated Pharmacy Flag	H	An affiliated pharmacy is a pharmacy that has any relationship with the reporting PBM that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control. Enter Yes if the drug was dispensed at an affiliated pharmacy and No if it was not dispensed at an affiliated pharmacy.	Data Type: Text Values: Yes, No
340B			
340B Flag	I	Yes=Drug was dispensed as part of a 340B pricing program; No=Drug was not dispensed as part of a 340B pricing program	Data Type: Text Values: Yes, No
Utilization Information			
Total Number of Units	J	The amount of drug dispensed to the patient, expressed in the appropriate billing units (such as number of tablets, milliliters, grams, etc.).	Data Type: Integer
Unit Type	K	The National Council for Prescription Drug Programs (NCPDP) billing unit standard corresponding to the Total Number of Units, either Each, Milliliter, or Gram. If a different unit is used, enter Other.	Data Type: Text Values: Each, Milliliter, Gram or Other

Item	Column	Description	Data Requirements
Total Number of Prescriptions	L	The total number of prescriptions dispensed including both new and refills for the drug during the calendar year.	Data Type: Integer
Total Days Supply	M	The cumulative number of days the dispensed quantity of medication is expected to last when taken as prescribed.	Data Type: Integer
Total Members with Scripts	N	Number of members who filled a prescription for the drug.	Data Type: Integer
Reimbursement			
Total Wholesale Acquisition Costs (WAC)	O	The sum of Wholesale Acquisition Costs (WAC) for all prescriptions dispensed during the calendar year.	Data Type: Numeric Format: 999999999.99
Total Average Wholesale Price (AWP)	P	The sum of Average Wholesale Price (AWP) for all prescriptions dispensed during the calendar year.	Data Type: Numeric Format: 999999999.99
Total Pharmacy Dispensing Revenue	Q	This includes all sources of dispensing revenue received by a pharmacy for the transactions reported, which is the sum of Total Pharmacy Reimbursements Paid by PBM (V), Total Amount Paid by Member (W), and Total Other Amount Paid to Pharmacy (AA). This also reflects the amounts paid for the components of pharmacy dispensing, which is the sum of Ingredient Costs Paid (R), Dispensing Fees Paid (S), and Other Pharmacy Receivable Amounts Paid (T).	Data Type: Numeric Format: 999999999.99
Ingredient Costs Paid	R	The amount paid to the pharmacy for the cost of the drug itself excluding any dispensing fees or other fees.	Data Type: Numeric Format: 999999999.99
Dispensing Fees Paid	S	The fee paid to the pharmacy for the professional service of dispensing the medication.	Data Type: Numeric Format: 999999999.99

Item	Column	Description	Data Requirements
Other Pharmacy Receivable Amounts Paid	T	Includes flat sales tax amount paid, percentage sales tax amount paid, incentive amount paid, professional service fee paid, other amount paid, and any other pharmacy receivable amounts paid at the point-of-sale not reported elsewhere.	Data Type: Numeric Format: 999999999.99
Total Amount Paid by Health Insurance Carrier or Plan Sponsor	U	Total amount paid by health insurance carrier or plan sponsor for all drugs captured in this row plus administrative fees included in Tab II. Carrier, sponsor.	Data Type: Numeric Format: 999999999.99
Total Pharmacy Reimbursements Paid by PBM	V	The aggregate amount of reimbursements paid to the pharmacy by the PBM.	Data Type: Numeric Format: 999999999.99
Total Amount Paid by Member	W	Sum of all amounts paid by the member, including Total Member Deductibles (X), Total Member Coinsurance (Y), and Total Member Copay (Z).	Data Type: Numeric Format: 999999999.99
Total Member Deductibles	X	Total dollar amount paid by members in deductibles for the transactions reported.	Data Type: Numeric Format: 999999999.99
Total Member Coinsurance	Y	Total dollar amount paid by members in coinsurances for the transactions reported.	Data Type: Numeric Format: 999999999.99
Total Member Copay	Z	Total dollar amount paid by members in copays for the transactions reported.	Data Type: Numeric Format: 999999999.99
Total Other Amount Paid to Pharmacy	AA	Includes other payer amount recognized and all other amounts paid to the pharmacy at the point of sale not reported elsewhere.	Data Type: Numeric Format: 999999999.99
Post-Sale Adjustment			
Post-Sale Pharmacy Adjustments	AB	Any exchanges of funds between the PBM and the pharmacy occurring after the point-of-sale that affect the pharmacy's reimbursement, including but not limited to brand and generic effective rate reconciliations, performance-based adjustments, and audit adjustments.	Data Type: Numeric Format: 999999999.99 Show negative numbers as (9999999.99)

Item	Column	Description	Data Requirements
Post-Sale Health Insurance Carrier/Plan Sponsor Adjustments	AC	Any exchanges of funds between the PBM and plan sponsors occurring after the point-of-sale relating to reconciliations that affect the health insurance carrier or plan sponsor paid amount, including but not limited to brand and generic effective rate reconciliations.	Data Type: Numeric Format: 999999999.99 Show negative numbers as (9999999.99)
Other Fees and Expenses			
Total Claims Processing Fees	AD	Fees paid by pharmacy to PBM for the processing or administration of claims, or any other similar per transaction fees.	Data Type: Numeric Format: 999999999.99
Total Other Amount Paid by Pharmacy to PBM	AE	Any other amount not reported elsewhere paid by pharmacies to the PBM, including but not limited to volume-based affiliate marketing fees, if applicable.	Data Type: Numeric Format: 999999999.99
Total Amount Paid by Drug Manufacturers to Pharmacy (for affiliated pharmacies only)	AF	All service fees, data fees, and any other fees paid by drug manufacturers to the pharmacies; provide for PBM-owned and affiliated pharmacies.	Data Type: Numeric Format: 999999999.99
Total Pharmacy Acquisition Cost (for affiliated pharmacies only)	AG	Pharmacy acquisition cost for the drug; provide for PBM-owned and affiliated pharmacies.	Data Type: Numeric Format: 999999999.99

Tab IV. Rebates

Data in this table should be produced at the PBM, calendar year, carrier or health plans sponsor, risk type, 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			

Item	Column	Description	Data Requirements
Pharmacy Benefit Manager Name	B	Name of the pharmacy benefit manager completing the template from I. Overview.	Data Type: Text
Carrier, health plan or sponsor	C	Name of the carrier or health plan sponsor listed in II. Carrier, health plan sponsor (Examples include BCBSMA, MGBHP, THP). Data should be submitted at this payer name level, not by specific plan name or product type (ex. Blue Cross HMO). If PBMs contract directly with employers, then aggregate those employers to "Other." Carrier or sponsors must be listed in II. Carrier, Sponsor.	Data Type: Text Name must be listed in II. Carrier, health plan sponsor.
Risk Type	D	Self-insured or Fully insured.	Data Type: Text Values: Self-Insured or Fully-insured
Drug Information			
Drug or Product Name	E	Enter the generic or brand name depending on which was dispensed.	Data Type: Text
Drug Category (Traditional Brand, Traditional Generic, Specialty Brand, Specialty Generic)	F	Enter one drug category for each drug. Classify medications based on your internal methodology. If a drug is sometimes dispensed under more than one category, enter the classification accounting for the majority of the Total Amount Paid by Health Insurance Carrier or Plan Sponsor.	Data Type: Text Values: Traditional Brand, Traditional Generic, Specialty Brand, Specialty Generic
National Drug Code (NDC)	G	Do not include hyphens. If the drug name uses multiple drug codes, list all of them and separate each by a comma.	Data Type: Numeric Format: 99999999999
Total Number of Prescriptions	H	The total number of prescriptions dispensed including both new and refills for the drug during the calendar year.	Data Type: Integer
Total Days Supply	I	The cumulative number of days the dispensed quantity of medication is expected to last when taken as prescribed.	Data Type: Integer
Rebates			
Total Wholesale Acquisition Cost (WAC)	J	The aggregate Wholesale Acquisition Cost (WAC) of a drug during the calendar year.	Data Type: Numeric Format: 999999999.99
Total Prescription Drug Rebates Paid to PBM Rebate Aggregator	K	The total dollar amount of rebates paid by manufacturers to the PBM's rebate aggregators.	Data Type: Numeric Format: 999999999.99

Item	Column	Description	Data Requirements
Total Prescription Drug Rebates Paid to PBM	L	The total dollar amount of rebates paid by manufacturers directly to the PBM.	Data Type: Numeric Format: 999999999.99
Total Prescription Drug Base Rebates	M	Rebates tied to standard formulary placement or utilization, excluding price or inflation protection rebates, performance-based rebates, and any other rebates not reported elsewhere.	Data Type: Numeric Format: 999999999.99
Total Prescription Drug Other Rebates	N	Includes price or inflation protection rebates, performance-based rebates, and any other rebates not reported elsewhere.	Data Type: Numeric Format: 999999999.99
Total Prescription Drug Rebates Passed Through to Insurance Carrier/Plan Sponsor	O	Includes rebates passed through by PBM rebate aggregators or PBM to insurance carrier or plan sponsor.	Data Type: Numeric Format: 999999999.99
Total Prescription Drug Rebates Passed Through at Point-of-Sale	P	Rebates applied at the time the prescription is filled, reducing the member's out-of-pocket cost at the pharmacy counter.	Data Type: Numeric Format: 999999999.99

Tab V. Required Questions

The *Required Questions* tab lists seven questions that require open-ended responses. The responses to these questions help CHIA contextualize submitted data. Please provide an answer to each question. One question asks for a description of services you provide to your clients, "Please describe the services you provide to your clients (health plans, employers, etc.) by selecting all that apply." Checking one or more boxes is sufficient, but if "Other" is checked, you must provide a description in the blue response box.

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c. **Formulary Template**

PBMs with 3,000 or more commercial MA residents in the aggregate across all payers will submit the Formulary Template.

The Formulary Template includes a drug list and formulary tier sheet for each plan option. Most commonly PBMs 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, PBMs 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.

Tab II. Contact Information

Item	Row	Description	Data Requirements
PBM Name	4	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	5	License number issued by the Massachusetts Division of Insurance.	Data Type: Text
Report Contact Name	6	Name of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text
Report Contact Email	7	Email address of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text
Report Contact Phone Number	8	Phone number of the person who is knowledgeable and available to answer questions about entries in this workbook.	Data Type: Text Format nnn-nnn-nnnn

Tab III. Formulary Tiers

Submit a Formulary Tier sheet for each plan option. 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.

Item	Location	Description	Data Requirements
Carrier or health plan sponsor	C1	Name of the carrier or health plan sponsor (Examples include BCBSMA, MGBHP, THP). Data should be submitted at this payer name level, not by specific plan name or product type (ex. Blue	Data Type: Text The item in this field must match one of the names of the carrier, or health plan listed in the

Item	Location	Description	Data Requirements
		Cross HMO). If PBMs contract directly with employers, then aggregate those employers to "Other."	PBM Detailed Reporting Template.
Formulary Tier ID	C2	Unique identifier of the set of tiers described on III. Formulary Tiers. This identifier matches the Formulary Tier ID on IV. Formulary Drug List. The person filling out the template will create this ID.	Data Type: Text The ID is four characters, beginning with the letter "T" and followed by three numbers between 100 and 999 (e.g., T125).
Plan name(s)	C3	Plans that use the tiers listed in this spreadsheet. Multiple plans can be listed when the tiers are identical.	Data Type: Text Plan names are separated with a comma.

Formulary Tier Detail

Item	Column	Description	Data Requirements
Drug Tier	B	Higher tiers signify less preferred drugs with higher copays / coinsurance.	Integer value 0 to 10
Tier Description	C	Enter N/A for any tier that is not associated with the formulary. Provide cost-sharing information as described in your formulary (e.g., generic, preferred brand, non-preferred drug, etc.)	Data Type: Text

Tab IV. Formulary Drug List

Item	Location	Description	Data Requirements
Carrier or health plan sponsor	C1	Name of the carrier or health plan sponsor listed in II. Carrier, health plan sponsor (Examples include BCBSMA, MGBHP, THP). Data should be submitted at this payer name level, not by specific plan name or product type (ex. Blue Cross HMO). If PBMs contract directly with employers, then aggregate those employers to "Other." Carriers or sponsors must also be listed in Tab II.	Data Type: Text The item in this field must match one of the names of the carrier or health plan listed in the PBM Detailed Reporting Template.

Item	Location	Description	Data Requirements
		Carrier, sponsor in the PBM Detailed Reporting Template.	
Formulary Tier ID	C2	This is the same identifier used in III. Formulary Tiers.	Data Type: Text This ID must match the Formulary Tier ID in III. Formulary Tiers.
Formulary Drug List ID	C3	Unique identifier of this formulary drug list. The person filling out the template will create this ID.	Data Type: Text ID is six characters, beginning with the letter "D," followed by five numbers between 50000 and 99999 (e.g., D50025).
Plan name(s)	C4	Plans that use the formulary drug list on IV. Formulary Drug List. Multiple plans can be listed when the tiers and drug lists are identical.	Data Type: Text Plan names must be separated with a comma.
Formulary URL	C5	URL of the site where the formulary is located.	Data Type: Text Link to formulary website

Formulary Drug List

Item	Column	Description	Data Requirements
Drug Information			
Drug Name	B	Enter the generic or brand name on separate rows.	Data Type: Text
Therapeutic Category	C	Use categories listed in your formulary.	Data Type: Text Separate multiple categories with a comma.
Drug Tier	D	The number of the tier as described on III. Formulary Tiers that corresponds with this formulary. Enter the appropriate drug tier. Enter NA if this drug is not a part of the Drug List.	Data Type: Integer
Utilization Management			
Prior Authorization	E	Yes = Prior Authorization is Required	Data Type: Text Enter Yes or No

Item	Column	Description	Data Requirements
Quantity Limits	F	Yes = Quantity Limits	Data Type: Text Enter Yes or No
Step Therapy	G	Yes= Step Therapy is Required	Data Type: Text Enter Yes or No
Distribution			
Limited Distribution Drug	H	Type: (Specialty Pharmacy Required, Mail Order Pharmacy Required, or Other.) If Other is entered, a description must be provided in the Notes column. If this is not a limited distribution drug, enter No.	Data Type: Text Enter Specialty Pharmacy Required, Mail Order Pharmacy Required, or Other.
Notes			
Notes	I	Notes/comments/clarifications for each row.	

Appendix A: Definitions

Term	Definition
340B Program	The federal drug pricing program established under Section 340B of the Public Health Service Act, 42 U.S.C. § 256b.
Administrative Fees	Administrative, service, or other fees that a Pharmacy Benefit Manager imposes on (1) Payers, for including, but not limited to, processing claims, managing drug Formularies, and other services; and (2) Pharmaceutical Manufacturing Companies, for including, but not limited to, administering rebates, providing data or analytic services, and other services.
Affiliated Pharmacy	An affiliated pharmacy is a pharmacy that is directly or indirectly controlled by a PBM or is under common control with a PBM.
Average Wholesale Price (AWP)	The Average Wholesale Price (or AWP) is a benchmark figure that represents the average price at which wholesalers sell drugs to pharmacies and other providers.
Calendar Year	The period beginning January 1st and ending December 31st.
Carrier	An insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; and an organization entering into a preferred provider arrangement under chapter 176I, but not including an employer purchasing coverage or acting on behalf of its employees or the employees of 1 or more subsidiaries or affiliated

Term	Definition
	corporations of the employer; provided that, unless otherwise noted, the term "carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.
CHIA or Center	The Center for Health Information and Analysis established under M.G.L. c. 12C.
Data Specification Manual	The Data Specification Manual contains data submission requirements including, but not limited to, required fields, file layouts, file components, edit specifications, instructions and other technical specifications.
Dispensing Fee	The fee paid, over and above the Ingredient Cost, to a provider for dispensing drugs to Members.
Formulary	A list of all drugs covered by the Pharmacy Benefit Manager on behalf of the Payer.
Drug Tier	The classification of a drug within a Formulary relating to insurance coverage and cost.
Health Plan Sponsor	An employer, union, association, trust, governmental entity, or other organization that establishes, maintains, or funds a health benefit plan for its employees, Members, or beneficiaries, whether by purchasing coverage from a Carrier or through a self-insured arrangement; provided, however, that "Health Plan Sponsor" shall not include an individual purchasing coverage on their own behalf.
Ingredient Cost	The price a pharmacy is paid for provisioning a drug, not including the Dispensing Fee.
Limited Distribution Drug	A medication that is only available through a select network of pharmacies.
Maximum Allowable Cost (MAC)	The per-unit amount that a Pharmacy Benefit Manager will reimburse a pharmacy for a drug, excluding the Dispensing Fee.
Member	A person whose primary residence is located in Massachusetts, as determined by the address on file with the Payer for coverage purposes during a given month, regardless of the location of the Member's employer or the Payer's principal place of business, covered by an individual contract or a certificate under a group arrangement contracted with a Payer.
National Drug Code (NDC)	The numerical code maintained by the Food and Drug Administration that includes the labeler code, product code, and package code. A drug's NDC number consists of 11 digits and may be expressed in various formats (such as 5-4-2, 4-4-2, or other configurations) as determined by the Food and Drug Administration.
Payer	Any entity, other than an individual, that pays providers for the provision of health care services; provided, however, that Payer shall include both governmental and private entities; and provided further, that Payer shall include Carriers, Health Plan Sponsors, and self-insured plans.
Pharmaceutical Manufacturing Company	An entity engaged in the: (1) production, preparation, propagation, compounding, conversion or processing of prescription drugs, directly or indirectly, by extraction from substance of natural origin, independently by means of chemical

Term	Definition
	synthesis or by a combination of extraction and chemical synthesis; or (2) packaging, repackaging, labeling, relabeling or distribution of prescription drugs; provided however, that Pharmaceutical Manufacturing Company shall not include a hospital licensed under section 51 of chapter 111, a wholesale drug distributor licensed under section 36B of chapter 112 or a retail pharmacist registered under section 39 of said chapter 112.
Pharmacy Benefit Management Services	Services performed by a Pharmacy Benefit Manager, including: (1) negotiating the price of prescription drugs, including negotiating and contracting for direct or indirect Rebates, discounts or other price concessions; (2) managing any aspects of a prescription drug benefit, including but not limited to, Formulary administration, mail-order pharmacy and specialty drug pharmacy services, clinical, safety and adherence programs for pharmacy service, the processing and payment of claims for prescription drugs, arranging alternative access to or funding for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the adjudication of appeals or grievances related to the prescription drug benefit, contracting with network pharmacies, controlling the cost of covered prescription drugs and managing or providing data relating to the prescription drug benefit or the provision of services related thereto; (3) performance of any administrative, managerial, clinical, pricing, financial, reimbursement, data administration or reporting or billing service related to a health benefit plans' prescription drug benefit; and (4) such other services as the Division may define in regulation.
Pharmacy Benefit Manager (PBM)	A person, business, or other entity, however organized, that directly or through a subsidiary provides Pharmacy Benefit Management Services for prescription drugs and devices on behalf of a Health Plan Sponsor, including but not limited to, a self-insurance plan, labor union or other third-party payer; provided however, that Pharmacy Benefit Manager shall not include a health benefit plan sponsor unless otherwise specified by the Division.
Post-Sale Adjustment	Any exchange of funds directly between a PBM and a pharmacy or indirectly through an intermediary, occurring after the point-of-sale that affects the pharmacy's reimbursement, including but not limited to brand and generic effective rate reconciliations, performance-based adjustments, audit adjustments, and other types of claw backs.
Post-Sale Health Insurance Carrier/Plan Sponsor Adjustments	Any exchanges of funds between the PBM and plan sponsors occurring after the point-of-sale relating to reconciliations that affect the health insurance carrier or plan sponsor paid amount, including but not limited to brand and generic effective rate reconciliations.
Rebate	Any rebate, discount, or price concession (including concessions from price protection and hold harmless contract clauses, volume-based discounts, market share incentives, Formulary placement fees, and outcome-based rebates) provided by a Pharmaceutical Manufacturing Company for dispensed drugs.

Term	Definition
Rebate Aggregator	An entity, sometimes referred to as a group purchasing organization (GPO) or PBM GPO, that, among other services, negotiates contracts with Pharmaceutical Manufacturing Companies related to pricing, Rebates, and other remuneration on behalf of clients, which include Pharmacy Benefit Managers and Payers.
Risk Type	Refers to who bears the financial responsibility for healthcare costs, either fully insured (carrier bears the risk) or self-insured (employer bears the risk).
Spread Pricing	The practice in which a Pharmacy Benefit Manager retains the difference between the amount the PBM is paid by a Payer and the amount the PBM reimburses a pharmacy.
Step Therapy	A process that requires patients try certain medications first before moving to other options.
Sub-Regulatory Guidance	An Administrative Bulletin, notice, manual, guide, or other document, including the *Data Submission Guide* or *Data Specification Manual*, that specifies deadlines, technical submission requirements, or contains methodological explanations and examples to facilitate understanding of and compliance with adopted regulations.
Unit Type	The NCPDP Billing Unit Standard defines three primary billing units: "EA" (each), "ML" (milliliter), and "GM" (gram) for consistent and accurate billing of pharmaceutical products.
Wholesale Acquisition Cost (WAC)	The cost of an individual prescription drug as defined in 42 U.S.C. 1395w-3a(c)(6)(B).

Appendix B: Contacts

If you have any questions, please contact:

- PBM Data Submission Requirements Help Desk: RxData@chiamass.gov
    - CC: Molly Bailey: Molly.bailey@chiamass.gov