## **PBM Transparency Collection Summary Data**

Enter summary data for one Issuer in the boxes on the right side of this web form. Attach detailed plan level data as a tab delimited text (.txt) file.

Data Element Name	Summary Data
Calendar Year	2020
PBM Name	PBM Name
Issuer Name	Issuer Name
Issuer State	DC
Issuer HIOS ID	00000
PBM Retained Rebates	\$0
PBM Retained Rebates (Additional Comments)	Text
Rebates Expected But Not Yet Received	\$0
PBM Incentive Payments	\$0
All Other Rebates	\$0
All Other Rebates (Additional Comments)	Text
Price Concessions for Administrative Services from Manufacturers	\$0
All Other Price Concessions from Manufacturers	\$0
All Other Price Concessions from Manufacturers (Additional	
Comments)	Text
Amounts Received from Pharmacies	\$0
Amounts Received from Pharmacies (Additional Comments)	Text
Amounts Paid to Pharmacies	\$0
Amounts Paid to Pharmacies (Additional Comments)	Text
PBM Spread Amounts for Retail Pharmacies	\$0
PBM Spread Amounts for Mail Order Pharmacies	\$0
Allocation Methodology for Issuer Level Data	Dropdown
Allocation Methodology for Issuer Level Data Comments	Text
Allocation Methodology for 11-digit NDC Level Data	Dropdown
Allocation Methodology for 11-digit NDC Level Data Comments	Text

## Attach tab delimited .txt file here:

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/2023)**. The time required to complete this information collection is estimated to average **203.64 hours per response**, including the time to review instructions, search existing data resources, and gather the data needed, and complete the template 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. **\*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Ken Buerger at Ken.Buerger@cms.hhs.gov, or LeAnn Brodhead at LeAnn.Brodhead@cms.hhs.gov.**