

Pharmacy Benefit Manager Transparency for Qualified Health Plans Attestation

Appendix D – Attestation

Section 1150A of the Social Security Act requires an entity that provides pharmacy benefit management services on behalf of a health benefit plan that manages prescription drug coverage under a contract with a Qualified Health Plan (QHP) offered through an Exchange report the certain prescription drug and pharmacy benefit management financial data to the Centers for Medicare and Medicaid Services (CMS). The official listed below, signing on behalf of _____ (“the PBM”), makes the following attestation concerning the accompanying data reporting:

I attest that I am aware of what is included in the PBM’s data reporting. I attest on behalf of the PBM (based on best knowledge, information, and belief), that the data submitted to CMS are accurate, complete, and truthful.

Name of PBM

Printed Name of PBM Official Authorized to Sign

Date

Signature of PBM Official Authorized to Sign

Title/Position

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 **193 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 to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the 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.**