

**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.

Plan 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 0938-1394. The information collection included in this package reflects the time and effort for submitters to provide prescription drug benefit information to CMS using the Health Information Oversight System (HIOS) module. The time required to complete this information collection is estimated to average 122 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and to review and complete the information collection. This information collection, pursuant to 45 CFR 156.295(a) and 184.50(a), requires PBMs to report prescription drug benefit information related to QHP issuers. All information collected will be kept private in accordance with regulations at 45 C.F.R. 155.260, Privacy and Security of Personally Identifiable Information. 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850, Attention: Information Collections Clearance Officer.