

Data Elements for Third Party Administrators' Submission Requirements to Receive the Federally-facilitated Exchange or State-based Exchange on the Federal platform User Fee Adjustment

Note: HHS intends to collect the required data elements for third-party administrators (TPA)/pharmacy benefit managers (PBM) to receive the Federally-facilitated (FFE) or State-based Exchange on the Federal platform (SBE-FP) user fee adjustment through a web form.

- Benefit year;
- Submission date;
- Organization type: TPA/PBM;
- Name of the TPA or PBM;
- TPA or PBM Tax Identification Number;
- Number of Participants and Beneficiaries in Each Self-Insured Group Health Plan;
- Dollar Amount of Payments for Contraceptive Services For Plan Participants & Beneficiaries Paid by a TPA/PBM;
- TPA/PBM mailing address
 - o Address line 1
 - o Address line 2
 - o City
 - o State
 - o Zip code;
- Do you intend to arrange for a participating issuer to seek a Federally-facilitated Exchange or State-based Exchange on the Federal platform user fee adjustment on your behalf?;
- Number of Self-Insured Plans for which the TPA or PBM intends to seek an adjustment;
- Self-Insured Plan Tax Identification Number (9 digits);
- Number of Participants and Beneficiaries in Self-Insured Plan Administered by the TPA or PBM;
- Amount of Total Contraceptive Claims Paid by the TPA or PBM;
- Submitter, Alternate, and Attester contact information for TPA, including:
 - o Name of contact
 - o Email address
 - o Job title
 - o Phone number with extension

PRA Disclosure Statement

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 0938-1285. The purpose of this information collection is to permit participating issuers and TPAs to submit data to HHS to facilitate the adjustment of FFE (or SBE-FP) user fee payments with regard to payments for contraceptive services. The time required to complete this information collection is estimated to average 11 hours per response. 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.