

**California Department of Managed Health Care/Department of Insurance
 SB 17 - Large Group Prescription Drug Cost Reporting Form Instructions
 For policies subject to CHSC 1385.045 or CIC 10181.45
 Date: 7/29/2020**

Cover Page

Line 1 – Reporting Year
 Enter the reporting year.

Line 2 – DMHC Health Plan ID/CDI NAIC No.
 Enter DMHC’s licensed health plan identification if submitting to DMHC. CDI health insurers, enter NAIC No.

Line 3 – Legal Name
 Enter DMHC health plan legal name or CDI health insurer legal name.

Line 4 – Doing Business As (dba)
 Enter DMHC health plan or CDI health insurer dba, if any.

Tab Name	Worksheet
PharmPctPrem	Percent of Premium Attributable to Prescription Drug Costs
YoYTotalPlanSpnd	Year-Over-Year Increase, as a Percentage, in Per Member Per Month, Total Health Plan Spending
YoYCompofPrem	Year-Over-Year Increase in Per Member Per Month Costs for Drug Prices Compared to Other Components of Health Care Premium
SpecTierForm	Specialty Tier Formulary List
PharmDocOff	Percent of Premium Attributable To Drugs Administered in Doctor's Office
PharmBenMgr	Health Plan/Insurer Uses of Prescription Drug Benefit Manager

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Percent of Premium Attributable to Prescription Drug Cost

No data needs to be entered in any of the cells shaded light blue. These are formula cells.

*PMPM is per member **having pharmacy benefits carve-in** per month, unless specified otherwise.*

Use actual information or a reasonable approximation when actual information is not available.

Covered Prescription Drug Categories

Includes Plan Pharmacy, Network Pharmacy, and Mail Order Pharmacy for Outpatient Use

1. Generic Drugs - Excluding Specialty Generic Drugs

Enter Total Paid Dollar Amount (PMPM) which is defined in the "Glossary" for generic drugs (excluding specialty generic drugs).

2. Brand Name Drugs - Excluding Specialty Brand Name Drugs

Enter Total Paid Dollar Amount (PMPM) which is defined in the "Glossary" for brand name drugs (excluding specialty brand name drugs).

3. Generic and Brand Name Specialty Drugs

Enter Total Paid Dollar Amount (PMPM) which is defined in the "Glossary" for specialty drugs.

4. Pharmacy Manufacturer Rebate Amount

Enter Pharmacy Manufacturer Rebate Amount (PMPM) for prescription drugs. If health plans/insurers receive rebate payments, the amount entered should be negative.

Total Health Care Paid Premiums with Pharmacy Benefits Carve-in

Enter the reporting year Total Health Care Paid Premiums (PMPM).

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Year-Over-Year Increase, as a Percentage, in Per Member Per Month, Total Health Plan Spending

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Covered Prescription Drug Categories

Includes Plan Pharmacy, Network Pharmacy, and Mail Order Pharmacy for Outpatient Use

1. Generic Drugs - Excluding Specialty Generic Drugs

Enter the reporting year Total Annual Plan Spending Dollar Amount (PMPM) for generic drugs (excluding specialty generic drugs).

Enter the one year prior to the reporting year Total Annual Plan Spending Dollar Amount (PMPM) for generic drugs (excluding specialty generic drugs).

*For example, if the reporting year is 2018, then one year prior is 2017.

2. Brand Name Drugs - Excluding Specialty Brand Name Drugs

Enter the reporting year Total Annual Plan Spending Dollar Amount (PMPM) for brand name drugs (excluding specialty brand name drugs).

Enter the one year prior to the reporting year Total Annual Plan Spending Dollar Amount (PMPM) for brand name drugs (excluding specialty brand name drugs).

3. Generic and Brand Name Specialty Drugs

Enter the reporting year Total Annual Plan Spending Dollar Amount (PMPM) for specialty drugs.

Enter the one year prior to the reporting year Total Annual Plan Spending Dollar Amount (PMPM) for specialty drugs.

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4. Pharmacy Manufacturer Rebate

Enter the reporting year Pharmacy Manufacturer Rebate Dollar Amount (PMPM) for prescription drugs.

Enter the one year prior to the reporting year the Pharmacy Manufacturer Rebate Dollar Amount (PMPM) for prescription drugs.

Total Health Care Paid Premiums with Pharmacy Benefits Carve-in

Enter the reporting year Total Health Care Paid Premiums (PMPM).

Enter the one year prior to the reporting year Total Health Care Paid Premiums (PMPM).

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Year-Over-Year Increase in Per Member Per Month Costs for Drug Prices Compared to Other Components of Health Care Premium

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Components of Health Care Premium with Pharmacy Benefits Carve-in

1. Paid Plan Costs - Prescription Drugs Dispensed at Pharmacy

Enter the reporting year Paid Plan Cost - Prescription Drugs Dispensed at Pharmacy (PMPM) prior to rebates.

Enter the one year prior to the reporting year Paid Plan Cost - Prescription Drugs Dispensed at Pharmacy (PMPM) prior to rebates.

2. Paid Plan Cost - Prescription Drugs Administered in Doctor's Office (if available)

Covered under the medical benefit as separate from the pharmacy benefit, if available.

Enter the reporting year Paid Plan Cost - Prescription Drugs Administered in Doctor's Office (PMPM) prior to rebates, if available.

Enter the one year prior to the reporting year Paid Plan Cost - Prescription Drugs Administered in Doctor's Office (PMPM) prior to rebates, if available.

3. Pharmacy Manufacturer Rebate

Enter the reporting year Pharmacy Manufacturer Rebate (PMPM) for both prescription drugs and drugs paid under the medical benefit. If health plans/insurers receive rebate payments, the amount entered should be negative.

Enter the one year prior to the reporting year Pharmacy Manufacturer Rebate (PMPM) for both prescription drugs and drugs paid under the medical benefit. If health plans/insurers receive rebate payments, the amount entered should be negative.

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4. Paid Plan Cost - Medical Benefits Excludes Prescription Drugs

Enter the reporting year Paid Plan Cost - Medical Benefits Excludes Prescription Drugs (PMPM) prior to rebates.

Enter the one year prior to the reporting year Paid Plan Cost - Medical Benefits Excludes Prescription Drugs (PMPM) prior to rebates.

5. Administration Cost Excluding Total Commission Expenses

Enter the reporting year administration cost (defined in the "Glossary") (PMPM) excluding commissions for medical and pharmacy benefits.

Enter the one year prior to the reporting year administration cost (defined in the "Glossary") (PMPM) excluding commissions for medical and pharmacy benefits.

6. Total Commission Expenses

Enter the reporting year total commission expenses (PMPM) for medical and pharmacy benefits.

Enter the one year prior to the reporting year total commission expenses (PMPM) for medical and pharmacy benefits.

7. Taxes and Fees

Enter the reporting year taxes and fees (PMPM) for medical and pharmacy benefits.

Enter the one year prior to the reporting year taxes and fees (PMPM) for medical and pharmacy benefits.

8. Profit

Enter the reporting year profit attributable to premium (PMPM) for medical and pharmacy benefits.

Enter the one year prior to the reporting year profit attributable to premium (PMPM) for medical and pharmacy benefits.

9. Other

Enter the reporting year other attributable to premium (PMPM) for medical and pharmacy benefits.

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Enter the one year prior to the reporting year other attributable to premium (PMPM) for medical and pharmacy benefits.

Total Member Months

Prescription Drugs Coverage

Enter the reporting year member months for prescription benefits carve-in.

Enter the one year prior to the reporting year member months for prescription benefits carve-in.

Medical Coverage (regardless of pharmacy benefits carve-in coverage)

Enter the reporting year member months for medical coverage.

Enter the one year prior to the reporting year member months for medical coverage.

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Specialty Tier Formulary List

Use actual information or a reasonable approximation when actual information is not available.

1. Prescription Drug Name

If Medispan or First Databank is available, enter the prescription drug name by applying the field of Name without route and dosage form; however, if none of the two is available, enter the Prescription Drug Name for specialty tier formulary drugs by utilizing the field of PROPRIETARYNAME and not including the PROPRIETARYNAMESUFFIX in the NDC Database File from the FDA website, <https://www.fda.gov/drugs/informationondrugs/ucm142438.htm>.

2. Therapy Class

Enter the Therapy Class. This can be found in either Medispan or First Databank, such as GPI-4 description from Medispan (refer to Table 1), or the USP Category from the most recent USP DC YYYY file, <https://www.usp.org/healthcare-quality-safety>, by mapping Drug Name (shown as “Example Drugs”, “Example Part D Eligible Drugs” or “Name”) and USP Category shown step by step as below:

Table 1

GPI-4	Therapy Class
58-20	Tricyclic agents

For example, to get this information as of May 31, 2019:

Step 1. Please go to the link: <https://www.usp.org/healthcare-quality-safety>

Step 2. Please select “Drug Classification Resources” which can be found three items down on the left hand side of the screen and then click on “USP Drug Classification 2019”

Step 3. Please click on “Download the USP DC 2019”, highlighted in purple

Step 4. Please fill out the information and then click on “Submit” button

Step 5. Please click on the hyperlink and then save it

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Percent of Premium Attributable To Drugs Administered in Doctor's Office

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Benefits Categories

1. Drug Benefits Covered as Part of Medical Benefits Administered in Doctor's Office, if available

Covered under the medical benefit as separate from the pharmacy benefit, if available.

Paid Dollar Amount (PMPM) for drugs administered in doctor's office.

2. Total Medical/Pharmacy Benefits

Paid Dollar Amount (PMPM) for medical and pharmacy benefits.

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Health Plan/Insurer Uses of Prescription Drug Benefit Manager

Use actual information or a reasonable approximation when actual information is not available.

Health Plan/Insurer Uses of Prescription Drug Benefit Manager (PBM)

- A. (i) Does the health plan/insurer utilize a pharmacy benefit manager (PBM) for prescription drug services to its employees?

Indicate "Yes" or "No" by checking one of the boxes.

If yes, please provide responses to the remaining questions on this page.

- (ii) Please provide the name(s) of the PBM(s) utilized by the health plan and select the functions delegated to the PBM(s).

For each of the functions (i.e. Utilization management, Claim processing, Provider dispute resolutions, Enrollee grievances), please select either the "Yes" or "No" indicator in the drop-down boxes.