

## AffirmedRx: Leading the Way in Transparency and Compliance

At AffirmedRx, we are proud to announce that we have successfully submitted the required RxDC data files for the 2023 reference year, ahead of the mandated June 1 deadline by the Department of Health & Human Services (HHS). This achievement underscores our unwavering commitment to transparency and our dedication to providing accurate and comprehensive prescription drug data, as well as health care spending information, for our clients.

As a Public Benefit Corporation (PBC), AffirmedRx is built on the principles of clarity, integrity, and trust. Our mission is to improve health care outcomes by ensuring that our clients have access to transparent and reliable data. This transparency empowers employers, health plans, and other stakeholders to make informed decisions that benefit their members and employees.

### Key Highlights:

- **Timely Compliance:** We have met the RxDC reporting requirements ahead of schedule, demonstrating our proactive approach to regulatory compliance.
- **Accurate Data Reporting:** Our data submission includes detailed information on prescription drug spending, utilization, and rebates, ensuring that our clients receive a clear and accurate picture of their health care expenditures.
- **Commitment to Transparency:** At AffirmedRx, we believe in full transparency. We provide our clients with all the data they need to understand their pharmacy benefits and make cost-effective decisions.

We are dedicated to setting a new standard in the pharmacy benefit management industry by prioritizing transparency and client trust. Our innovative approach and advanced data analytics capabilities enable us to deliver exceptional value and support to our clients.

Join us in our mission to bring clarity and integrity to pharmacy benefit management. Together, we can create a healthier future for all.

## AffirmedRx Client Update and FAQ

### Consolidated Appropriations Act of 2021 and Transparency in Coverage Final Rule

The Consolidated Appropriations Act (CAA) of 2021 and the Transparency in Coverage Final Rule (TIC) regulations from November 2020 describe specific obligations of plan sponsors for sharing information to improve price transparency within health care.

As your pharmacy benefit manager, AffirmedRx supports the intention of this initiative and is prepared to report on behalf of all our clients with pharmacy benefit information needed to support their compliance, as described below.

#### Consolidated Appropriations Act (CAA) Support Plan

AffirmedRx will submit, on behalf of all clients, a data file for the CAA through the RxDC module in the Health Insurance Oversight System (HIOS). We will provide data on an annual basis as required by the CAA. Further rulemaking may change the deadline, but AffirmedRx will continue to monitor and be prepared to support the pharmacy benefit and drug costs reporting requirements of the CAA.

#### Transparency In Coverage Support Plan - Delayed Indefinitely

When this ruling is finalized, AffirmedRx plans to provide a monthly prescription drug data file to clients so that each client can post the machine-readable drug file to a public website, along with the appropriate medical benefit files as required by the Transparency in Coverage Final Rule.

This process is subject to change depending on the final regulations, but AffirmedRx will continue to monitor and be prepared to support the Final Rule.

#### Reporting Plan

AffirmedRx is planning to provide files P2, D3, D4, D5, D6, D7, D8. For this reporting, AffirmedRx, in files D3-D8, will be listed as the PBM. We plan to aggregate clients by market segment and state and will provide the Narrative Response File for applicable fields, per the RxDC Reporting Requirements Instruction dated 4/2024. Each client on whose behalf AffirmedRx is reporting will be identified by name and EIN in the accompanying CMS P2 Group Health Plan List file.

## Frequently Asked Questions

### Where can I find more details on the legislation?

Additional information and reporting guidelines for the Consolidated Appropriations Act can be found in these links:

- <https://www.cms.gov/marketplace/about/oversight/other-insurance-protections/prescription-drug-data-collection-rxdc>
- [https://regtap.cms.gov/reg\\_librarye.php?i=3860](https://regtap.cms.gov/reg_librarye.php?i=3860)

### Will clients be charged for this reporting?

No, AffirmedRx will not charge clients to complete the reporting to CMS. If a client does not want to be included in the aggregate CAA reporting, then charges may apply. In this instance, charges will be based on the level of effort required for the customization and the timeframe of the request.

Please work with your Client Manager if you require customization.

### When did the pharmacy benefit and drug costs reporting requirements of the CAA go into effect?

The reporting requirements of the CAA went into effect in 2022. Going forward, we will report annually by June 1 for the prior reference year.

### What happens if there is a mid-contract year for the designated reporting period?

AffirmedRx is prepared to provide reporting for the period in which the contract was in place. Prior data would need to be included in reporting by your previous vendor.

### Will AffirmedRx complete reporting for clients that have terminated their agreement, but were customers during the designated reporting period?

Yes, AffirmedRx will include data for all clients during the designated reporting period.



## **How will AffirmedRx address reporting if a Third-Party Administrator (TPA) would like to report in aggregate under their TPA name and EIN?**

AffirmedRx will report in aggregate for all clients where we serve as the PBM under our name and EIN for no additional fee. We will include data for all clients we are reporting on behalf of in the CMS P2 Group Health Plan List file. AffirmedRx's TPA clients may choose to opt-out from book of business reporting and instead report under their own TPA name and EIN with their data aggregated by market segment and state. Although this is not our preferred method of reporting, we will provide this service for TPAs at no additional fee.

AffirmedRx can only accommodate this customization if the request is made in writing prior to January 1 of the reporting year. Requests made later than the deadline will not be honored due to the complexity of this reporting and the risk of missing the CMS deadline of June 1. Notification deadline is subject to change based on any modification to CMS requirements.

## **How will AffirmedRx address reporting if an Employer Health Plan or its Third-Party Administrator (TPA) would like to report at the health plan or benefit plan level on the D2 file?**

AffirmedRx will report the data required in RxDC Files D3 through D8 at the aggregate level, grouped by market segment and state. Each client on whose behalf AffirmedRx is reporting will be identified in the accompanying CMS P2 Group Health Plan List file. The client must request to opt-out in writing prior to January 1 of the reporting year. If notice is not given, the client's data will be included in AffirmedRx's aggregate reporting and the client's name will be included in the CMS P2 Group Health Plan List file. Notification deadline is subject to change based on any modification to CMS requirements. Requests outside the aggregated offering from AffirmedRx, such as completion of D2 or client-specific reporting, may be considered custom and billable.

## **Can clients receive a copy of the file or be notified when the reporting has been completed?**

Clients will be notified once the file has been delivered to and accepted by CMS's Health Insurance Oversight System (HIOS). AffirmedRx will provide our clients with all data files to understand their pharmacy benefits and make cost-effective decisions.