

EmsanaRx 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, EmsanaRx supports the intention of this initiative and is prepared to report on behalf of clients with pharmacy benefit information needed to support their compliance, as described below.

Consolidated Appropriations Act (CAA) Support Plan

EmsanaRx 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 EmsanaRx 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, EmsanaRx 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 EmsanaRx will continue to monitor and be prepared to support the Final Rule.

Reporting Plan

EmsanaRx is planning to provide files P2, D3, D4, D5, D6, D7, D8. For this reporting, EmsanaRx, in files D3-D8, will be listed the Issuer and EIN. 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 6/30/2022. Each client on whose behalf EmsanaRx is reporting will be identified 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/CCIIO/>
- <https://regtap.cms.gov/uploads/library/RxDC-Section-204-Repoting-Instructions-06-30-2022.pdf>

Will clients be charged for this reporting?

No, EmsanaRx 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 Account Management Director if you require customization and we will be happy to provide a quote.

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

EmsanaRx anticipates submitting the first required reporting for reference year 2021 by the deadline of December 27, 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?

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

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



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

EmsanaRx 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. EmsanaRx'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.

EmsanaRx can only accommodate this customization if the request is made in writing prior to October 31, 2022. 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 December 27, 2022. Notification deadline is subject to change based on any modification to CMS requirements.

How will EmsanaRx 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?

EmsanaRx 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 EmsanaRx 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 October 31, 2022. If notice is not given, the client's data will be included in EmsanaRx'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 EmsanaRx, 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). EmsanaRx does not intend to send a copy of the file to any one client as the reporting will be aggregated and not specific to any one client.