Health Insurance Oversight System (HIOS)
Pharmacy Benefit Manager (PBM)
User Manual (UM)

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# Table of Contents

Health Insurance Oversight System (HIOS) Pharmacy Benefit Manager (PBM) User Manual (UM) .................................................................................................................................................................................................1

1 Introduction .................................................................................................................................................................................................6

1.1 Prerequisites and Information for HIOS System Access .................................................................................................................6

1.2 PBM User Roles .........................................................................................................................................................................................6

1.3 Role Management ......................................................................................................................................................................................6

2 Accessing the System ..................................................................................................................................................................................7

2.1 Logging In .................................................................................................................................................................................................7

3 PBM Module ..............................................................................................................................................................................................8

3.1 PBM Home Page ........................................................................................................................................................................................8

3.2 Pre-Submission Issuer List Management ......................................................................................................................................8

4 Preparing Data for Submission .................................................................................................................................................................18

4.1 Issuer-Level Aggregate Data – Data Collection Specifications ....................................................................................................18

4.2 Detailed Data Template and Data Collection Specifications ....................................................................................................21

5 Submitting Prepared PBM Transparency Data in HIOS .....................................................................................................................24

5.1 Create Submission ..................................................................................................................................................................................24

5.2 Receiving Data Verification Results and Editing ..........................................................................................................................31

5.3 Editing a Submission ..............................................................................................................................................................................33

6 Submission History and View Functions ...........................................................................................................................................35

6.1 Submission History ..................................................................................................................................................................................35

6.2 View Submission ....................................................................................................................................................................................38

7 CMS Submission Rejection and PBM Re-Submission ..........................................................................................................................40

8 Appendix A: PBM Email Notifications ................................................................................................................................................41

8.1 Successful Data Verification Email Notification ...........................................................................................................................41

8.2 Failed Data Verification Email Notification ....................................................................................................................................42

8.3 CMS Rejection Email Notification ..................................................................................................................................................43

9 Troubleshooting and FAQs ........................................................................................................................................................................44

9.1 FAQs ....................................................................................................................................................................................................................44

9.2 Contact/Support Details .....................................................................................................................................................................44

10 Acronyms ........................................................................................................................................................................................................45
Table of Figures

Figure 1: HIOS Home Page with PBM Module Access .......................................................... 7
Figure 2: Launching the PBM Module .................................................................................. 7
Figure 3: PBM Home Page .................................................................................................. 8
Figure 4: PBM Home Page – Access Pre-Submission ............................................................. 9
Figure 5: PBM Pre-Submission Issuer List Page – Add Issuer ............................................. 10
Figure 6: Add Issuer, Select Search Criteria – Select to Search by HIOS Issuer Name or Issuer ID ........................................................... 11
Figure 7: Add Issuer, Select Issuer(s) – Searching by Issuer Name .................................... 12
Figure 8: Add Issuer, Select Issuer(s) – View Issuers Added with the Option to Remove .... 13
Figure 9: Add Issuer, Select Issuer(s) – Searching by HIOS Issuer ID (Alternative Search Method) ........................................................................ 14
Figure 10: Add Issuer, Confirm Your Request .................................................................. 15
Figure 11: Add Issuer – Confirmation that Selected Issuers Were Added ....................... 16
Figure 12: PBM Pre-Submission Issuer List – Display of Added Issuers ......................... 17
Figure 13: PBM Pre-Submission Issuer List – Issuer Removal Confirmation .................... 17
Figure 14 - Detailed Data Template ..................................................................................... 21
Figure 15: Detailed Data Template – PBM Knowledge Center ........................................... 22
Figure 16: PBM Home Page – Access Submission .............................................................. 24
Figure 17: PBM Submission Issuer List ............................................................................... 25
Figure 18: Create Submission, Start of Issuer-Level Aggregate Data Form ................. 26
Figure 19: Create Submission, In Progress Data Form ...................................................... 27
Figure 20: Create Submission, Attachments ..................................................................... 28
Figure 21: Create Submission, Review and Submit ............................................................ 29
Figure 22: PBM Submission Issuer List – Submission Pending Data Verification ............ 30
Figure 23: PBM Submission Issuer List – Submission When Data Verification is Complete .... 31
Figure 24: PBM Submission Issuer List – Edit Submission ................................................. 33
Figure 25: Edit Submission Page ......................................................................................... 34
Figure 26: PBM Submission Issuer List – History ............................................................... 36
Figure 27: PBM Submission Workflow Status History Page ............................................ 37
Figure 28: PBM Submission Issuer List – View Submission ............................................. 38
Figure 29: View Submission Page ....................................................................................... 39
Figure 30: PBM Submission Issuer List – CMS Rejection Resulting in Correction Needed Status 40
Table of Tables

Table 4-1: PBM Data Set Contents ........................................................................................................18
Table 4-2: Issuer-Level Aggregate Data Specifications ......................................................................19
Table 4-3: PBM Detailed Data File Record Layout ............................................................................23
Table 5-1: Sample Data Verification Result Details ........................................................................32
Table 9-1: FAQs ................................................................................................................................44
Table 10-1 Acronyms .........................................................................................................................45
Pharmacy Benefit Manager (PBM) User Manual (UM) Change History

March 2022 Revisions

- Initial creation of the PBM UM.

July 2023 Revisions

- Functional updates to the PBM UM.
  - Reporting year updates
  - Detailed Data Template download updates
  - Email verbiage updates.

May 2024 Revisions

- Post Submission Window Timeframe Edit & Resubmission updates.
- Reporting year updates
- Updates for Disabled/Inactive Users
1 Introduction

The Pharmacy Benefit Manager (PBM) module within HIOS supports The Centers for Medicare & Medicaid Services (CMS) collection of PBM transparency data. Data will be collected and reported into HIOS in the reporting year that follows after the preceding Plan Year has been completed. Once transparency data is collected, CMS will review the data and notify the PBM company if any corrections are needed to the data.

1.1 Prerequisites and Information for HIOS System Access

The HIOS application works within the following compatible Internet browsers:

- Google Chrome
- Mozilla Firefox

In order to gain access to the PBM module within HIOS, users will need to go through the CMS Enterprise Portal and register for a CMS Identity Management (IDM) account and then request access to the HIOS application.

Please reference the HIOS Portal UM for a detailed description of the IDM and HIOS registration processes. Users will also be able to refer to the UM for instructions on how to request a user role or obtain access to an organization.

1.2 PBM User Roles

There are two user role types available for users to request as a means of accessing the PBM module. The user types include the PBM Submitter and CMS Reviewer roles.

For the PBM users, the Submitter role must be associated with a specific company. This specified user is required to report prescription benefit transparency data to CMS for all issuers they are contracted with for each Reporting Year. This user is also responsible for submitting the signed Attestation form.

For the CMS users, the CMS Reviewer role has access to view all uploaded PBM data submissions and reject submissions if corrections are needed.

1.3 Role Management

The Role Management functionality on the HIOS Home Page is for viewing existing user roles and for requesting new user roles. The user will be able to request access to modules or functionalities through specific roles and cross-reference their requests to Companies. For more information specific to Role Management, refer to the HIOS Portal UM.
2  Accessing the System

2.1  Logging In

1. Once you have been granted PBM module access, log back into HIOS and you will have the **Pharmacy Benefits Managers** module link on the HIOS Home Page (Figure 1).

   **Figure 1: HIOS Home Page with PBM Module Access**

2. Select **Pharmacy Benefits Managers** which will expand to display the module information. Select the module’s **Launch This Module** link to navigate to the PBM Home Page (Figure 2).

   **Figure 2: Launching the PBM Module**

As an existing HIOS PBM user now unable to access the PBM module for pre-submission/submission or unable to access HIOS in general, please call the Marketplace Support Desk (MSD) at 1-855-CMS-1515 or email CMS_FEPS@CMS.HHS.gov for assistance.
3 PBM Module

3.1 PBM Home Page

The PBM Home Page contains the links to the Pre-Submission and Submission functions, as well as the Detailed Data Template download link under Resources. (Figure 3).

The Pre-Submission and Submission windows are displayed on both cards to indicate the window timeframes. The pages and Detailed Data Template download link are always accessible, but the Submitter functions to create and edit data are only enabled for a given timeframe when a correction is requested by CMS, or a submission is in failed data verification status outside of the Submission window.

Figure 3: PBM Home Page

3.2 Pre-Submission Issuer List Management

Pre-Submission is how PBM companies will inform CMS prior to the data collection period of the issuers for which the company will submit data. There is a single Pre-Submission Issuer List per PBM company (i.e., per Federal Employer Identification Number (FEIN) that all authorized Submitters for that company will be able to access and manage together. For example, a large PBM company may have multiple Submitters where each Submitter is responsible for a given region/state, or by insurance company across states, etc.
3.2.1 Add Issuer to Pre-Submission List

1. To associate issuers to your PBM Company for the current reporting year, select the **Pre-Submission** link on the PBM Home Page (Figure 4) to access the PBM Pre-Submission Issuer List page.

   **Figure 4: PBM Home Page – Access Pre-Submission**

   ![PBM Home Page](image)

   - **Pharmacy Benefit Manager Module**
     - Welcome to the Pharmacy Benefit Manager (PBM) module of the Health Insurance Oversight System (HIOS). Submitter users can submit their CMS required prescription drug data for Qualified Health Plans (QHPs). CMS Reviewers can view submissions for oversight and management of the data collection.
     - What would you like to work on today?

   - **Pre-Submission Window**
     - Select the Pre-Submission card to associate your company with issuer(s) for a given reporting year. Once the Pre-Submission window closes, your list of issuers will be reviewed by CMS.

   - **Submission Window**
     - Select the Submission card to submit prescription drug data files for each issuer previously associated to your company on the Pre-Submission List.

   - **Resources**
     - PBM Detailed Data Template (PDF, XLSX)

   - **Questions?**
     - If you need technical assistance regarding submissions, please contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or call 1-855-267-1515.

2. On the **PBM Pre-Submission Issuer List** page, add an issuer(s) by selecting the **Add Issuer** button (Figure 5).
3. Select to search for issuers by their HIOS Issuer Name or by the HIOS Issuer ID (Figure 6).

   • Searching by **HIOS Issuer Name** will return the matching issuers for you to select from the list.

   • Searching by **HIOS Issuer ID** allows you to search on the issuer’s unique five-digit HIOS assigned Issuer ID to retrieve the single matching record.

4. Select the method to search by and then select **NEXT**.
3.2.1.1 Search by HIOS Issuer Name

1. To Search by issuer name, enter at least the beginning part of the issuer name in the Search field and select SEARCH (Figure 7).

2. From the search results, select the ADD button next to each issuer that you want to add to the Pre-Submission Issuer List. (Figure 7). Up to ten issuers can be added per request and multiple requests can be submitted to continue adding beyond ten issuers.
Within the Select Issuer(s) step, the issuers you have selected to add appear in the **ITEMS ADDED TO REQUEST** section next to the results list (Figure 8). If you need to remove a selected issuer from your request at this point, you can do so by either selecting the X for the record from the **ITEMS ADDED TO REQUEST** section, or by selecting the **Remove** button on the record in the results list.
3.2.1.2 Search HIOS Issuer ID (Alternative Search Method)

As an alternative to searching by HIOS Issuer Name, you can search by issuer ID if you know the issuer’s exact five-digit HIOS Issuer ID.

1. Similar to searching by name, enter the HIOS Issuer ID that you want to search for and select SEARCH (Figure 9). If the HIOS Issuer ID is found in HIOS, the issuer result will be returned, and you can add it to the ITEMS ADDED TO REQUEST section.
3.2.2 Confirm Issuers to Add to Pre-Submission Issuer List

1. Once you have selected the issuers that need to be added to the Pre-Submission Issuer List, select NEXT from the Select Issuer(s) step to review the issuers in the Confirm Your Request step (Figure 10).

2. If the issuers to be added are correct for your request, select SUBMIT to submit your request.
1. The system will provide a confirmation that your selected issuers were added to the Pre-Submission Issuer List (Figure 11). If you have additional issuers to add, you can step through the add issuer process again, otherwise, you can return to the PBM Pre-Submission Issuer List page by selecting the BACK TO PRE-SUBMISSION ISSUER LIST link at the bottom of the page.
2. Back on the PBM Pre-Submission Issuer List page, all issuers associated to your company will now be displayed within the table (Figure 12).
3. If you need to remove an issuer from the Pre-Submission Issuer List, select the **Remove** button from the Action(s) column for that issuer. The system will request a confirmation before completing the removal request (Figure 13).

**Figure 13: PBM Pre-Submission Issuer List – Issuer Removal Confirmation**
4 Preparing Data for Submission

PBM companies will submit a set of PBM transparency data per reporting year, and per issuer for which they performed PBM services. A “set” of data includes the following content shown in Table 4-1.

<table>
<thead>
<tr>
<th>Content</th>
<th>Submission Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer-Level Aggregate Data</td>
<td>HIOS user interface (UI) web form.</td>
</tr>
<tr>
<td>Detailed Data (data submitted is at the Plan ID [SCID] and National Drug Code [NDC] level)</td>
<td>Attachment to the Issuer-level Aggregate Data form. Must be a zip containing one or more data files with each data file having a &quot;.csv&quot; file extension and the data content in the file must be pipe-delimited (i.e., separated using the pipe &quot;</td>
</tr>
<tr>
<td>Attestation Form (the attestation provided is at the issuer-level)</td>
<td>Attachment to the Issuer-level Aggregate Data form. Must be a Portable Document Format (PDF).</td>
</tr>
</tbody>
</table>

A PBM Submitter should have the complete data for a given dataset prepared prior to logging into HIOS to submit the data. The remaining sub-sections provide the specifications for the data to be prepared for a given submission that is per issuer that the PBM company provided services for in the reporting period.

4.1 Issuer-Level Aggregate Data – Data Collection Specifications

The Issuer level aggregate data encompasses the data elements below in Table 4-2. For the business descriptions of the data that should be entered, please refer to the PBM documentation provided by CMS.

1. All monetary amounts must be populated and have a limit of 12 places before the decimal point and up to two places after the decimal point (total of 14 digits from -999,999,999,999.99 to 999,999,999,999.99).

2. All text additional comments fields related to monetary values are conditionally required – a comment is required when the corresponding monetary amount is negative, otherwise comments are optional. Comments can be up to 500 characters.

3. All text additional comments fields related to dropdown are conditionally required – a comment is required when the dropdown selection is the last "Other..." value, otherwise comments are optional. Comments can be up to 500 characters.
### Table 4-2: Issuer-Level Aggregate Data Specifications

<table>
<thead>
<tr>
<th>Item</th>
<th>Field Name</th>
<th>Field Type</th>
<th>Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PBM Retained Rebates</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>2.</td>
<td>PBM Retained Rebates (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
<tr>
<td>3.</td>
<td>Rebates Expected But Not Yet Received</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>4.</td>
<td>PBM Incentive Payments</td>
<td>Monetary</td>
<td>Cannot be negative</td>
</tr>
<tr>
<td>5.</td>
<td>All Other Rebates</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>6.</td>
<td>All Other Rebates (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
<tr>
<td>7.</td>
<td>Price Concessions for Administrative Services from Manufacturers</td>
<td>Monetary</td>
<td>Cannot be negative</td>
</tr>
<tr>
<td>8.</td>
<td>All Other Price Concessions from Manufacturers</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>9.</td>
<td>All Other Price Concessions from Manufacturers (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
<tr>
<td>10.</td>
<td>Amount Received from Pharmacies</td>
<td>Monetary</td>
<td>Cannot be negative</td>
</tr>
<tr>
<td>11.</td>
<td>Amount Received from Pharmacies (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
<tr>
<td>12.</td>
<td>Amounts Paid to Pharmacies</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>13.</td>
<td>Amounts Paid to Pharmacies (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
<tr>
<td>14.</td>
<td>PBM Spread Amount for Retail Pharmacies</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>15.</td>
<td>PBM Spread Amount for Mail Order Pharmacies</td>
<td>Monetary</td>
<td>N/A</td>
</tr>
<tr>
<td>16.</td>
<td>Allocation Methodology for Issuer Level Data</td>
<td>Dropdown</td>
<td>See list below in Section 4.1.1.1 for values</td>
</tr>
<tr>
<td>17.</td>
<td>Allocation Methodology for Issuer Level Data (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
<tr>
<td>18.</td>
<td>Allocation Methodology for 11-digit NDC Level Data</td>
<td>Dropdown</td>
<td>See list below in Section 4.1.1.2 for values</td>
</tr>
<tr>
<td>19.</td>
<td>Allocation Methodology for 11-digit NDC Level Data (Additional Comments)</td>
<td>Text</td>
<td>N/A</td>
</tr>
</tbody>
</table>
4.1.1 Allocation Methodology Values

Below are the allocation methodology values available for selection as part of submitting the issuer-level aggregate data.

4.1.1.1 Allocation Methodology – Qualified Health Plan (QHP) Issuer Level

1. No allocation method needed to the QHP issuer level. Data was received from the manufacturer at the QHP issuer level.

2. Allocation to the QHP issuer level based on Actual Drug Utilization

3. Allocation to the QHP issuer level based on issuer’s Total Drug Spend

4. Allocation to the QHP issuer level based on issuer’s Brand Drug Spend

5. Allocation to the QHP issuer level based on Total Drug Spend for Drugs in Preferred Brand Tier

6. Allocation to the QHP issuer level based on Billed Rebate Amounts

7. Other allocation to the QHP issuer level

4.1.1.2 Allocation Methodology – NDC Level

1. No allocation method needed for the 11-digit NDC level. Data was received from the manufacturer at the 11-digit NDC level.

2. Allocation to the 11-digit NDC level based on Actual Drug Utilization

3. Allocation to the 11-digit NDC level based on Plan’s Total Drug Spend

4. Allocation to the 11-digit NDC level based on Plan’s Brand Drug Spend

5. Allocation to the 11-digit NDC level based on Total Drug Spend for Drugs in Preferred Brand Tier

6. Allocation to the 11-digit NDC level based on Billed Rebate Amounts

7. Other allocation to the 11-digit NDC level
4.2 Detailed Data Template and Data Collection Specifications

The Detailed Data Template can be downloaded from the PBM module homepage (Figure 14) as well as the HIOS Knowledge Center under PBM (Figure 15)

**Figure 14 - Detailed Data Template**

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**Pharmacy Benefit Manager Module**

Welcome to the Pharmacy Benefit Manager (PBM) module of the Health Insurance Oversight System (HIOS). Submitter users can submit their CMS required prescription drug data for Qualified Health Plans (QHPs). CMS Reviewers can view submissions for oversight and management of the data collection.

What would you like to work on today?

- **Pre-Submission**
  
  Select the Pre-Submission card to associate your company with issuer(s) for a given reporting year. Once the Pre-Submission window closes, your list of issuers will be reviewed by CMS.

  **Pre-Submission Window**
  
  6/15/23 - 6/16/23

- **Submission**
  
  Select the Submission card to submit prescription drug data files for each issuer previously associated to your company on the Pre-Submission List.

  **Submission Window**
  
  6/16/23 - 6/16/23

- **Resources**

  **PBM Detailed Data Template**

  
  **Questions?**

  If you need technical assistance regarding submissions, please contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or call 1-855-267-1515.
For successful submissions, be sure to follow the instructions provided below and within the detailed data template in the Instructions tab.

The detailed data supports the summary data with additional details about the prescriptions dispensed and the rebate amounts per Plan ID and per NDC.

The specifications for preparing the detailed data file(s) are provided below.

- **The 'Instructions'** tab in the detailed data template document must be deleted before preparing the file for submission.
- The detailed data must be formatted as a **pipe-delimited** file with the columns specified as below in **Error! Reference source not found.**.
- For submitting the data into the PBM module, the data **must be submitted as a .zip file** containing one or more .csv data files for the same issuer. (Multiple data files may be needed when the total number of Plan ID and NDC combinations exceeds a million records).
- The zipped file size cannot exceed 50MB and the total unzipped file size of the content inside the zip file cannot exceed 100MB.
- One .zip file attachment is required per submission (i.e., per issuer).
### Table 4-3: PBM Detailed Data File Record Layout

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Field Type</th>
<th>Field Length</th>
<th>Required</th>
<th>Field Description</th>
<th>Additional Field Checks/Verifications</th>
</tr>
</thead>
</table>
| Issuer_HIOS_Plan_ID               | varchar    | Exactly 14 characters | Yes      | The QHP Issuer’s 14-character HIOS Plan ID, also known as the Standard Component ID (SCID) in HIOS. The SCID must be provided as exactly 14 characters with no dashes (e.g., 11111MD0002222). | 1. The first seven characters must match Issuer ID and state.  
   a) Where the Issuer ID and state do match the submission, the first 10 characters are also expected to be a valid HIOS Product ID (warning will be issued for an invalid Product ID).  
   2. The combination of HIOS Plan ID and NDC must be unique across the file. |
| NDC                               | varchar    | Exactly 11 characters | Yes      | The 11-digit NDC. This number must be provided as exactly 11 digits with no dashes (e.g., 55555000102).                                                                                                           | 1. Valid NDC format (11-digit numeric value).  
   2. The combination of HIOS Plan ID and NDC must be unique across the file. |
| Total_Prescriptions_Dispensed_All | int        | N/A           | Yes      | The total number of prescriptions dispensed for the associated NDC within the associated HIOS Plan ID.                                                                                                               | 1. Value is a nonnegative whole number (i.e., greater than or equal to zero). Example: 10000. |
| Total_Prescriptions_Dispensed_Retail_Pharmacies | int        | N/A           | Yes      | The total number of prescriptions dispensed through retail pharmacies for the associated NDC within the associated HIOS Plan ID.                                                                                     | 1. Value is a nonnegative whole number (i.e., greater than or equal to zero). Example: 5000. |
| Total_Prescriptions_Dispensed_Mail_Order_Pharmacies | int        | N/A           | Yes      | The total number of prescriptions dispensed through mail order pharmacies for the associated NDC within the associated HIOS Plan ID.                                                                           | 1. Value is a nonnegative whole number (i.e., greater than or equal to zero). Example: 5000. |
| Total_Rebate_Dollars              | decimal    | (15,3)        | Yes      | The total rebate amount received for the associated NDC with in the associated Issuer HIOS Plan ID (may be negative or non-negative). The format for the submission should be without the currency symbol and without comma separators. For example, $1,000,000.00 should be submitted as 1000000.00.  
   • Up to 12 places are allowed before the decimal.  
   • The precision after the decimal can be (but is not required) up to three places. | 1. N/A |

**Notes:**
- Issuer_ID and state must match the submission.
- The first 10 characters are expected to be a valid HIOS Product ID.
- The combination of HIOS Plan ID and NDC must be unique across the file.
5 Submitting Prepared PBM Transparency Data in HIOS

When a Submitter has the Detailed Data File prepared and the signed Attestation Form for the issuer, the Submitter can then create a submission in HIOS PBM for the given issuer.

The first part of creating a submission is entering the issuer-level aggregate data in a web form, followed by attaching the corresponding detailed data and attestation form to the submission.

5.1 Create Submission

1. To submit transparency data for the issuers that were added to the Pre-Submission list, select the Submission link on the PBM Home Page (Figure 16).

   Figure 16: PBM Home Page – Access Submission

2. The issuers associated with your PBM company will be available on the PBM Submission Issuer List page (Figure 17) for the Submitters within your company to create and manage your company’s submissions.

3. To create a new submission for an issuer, select the Create button from the Action(s) column within the table for the associated issuer. (Figure 17)
4. On the **Create Submission** page (Figure 18), populate the issuer-level data aggregate data in the data form.
Figure 18: Create Submission, Start of Issuer-Level Aggregate Data Form
5. The issuer-level aggregate data is organized into four main steps: Rebates, Manufacturer Price Concessions, Pharmacy Amounts, and Allocation Methodology (Figure 19). While creating the submission, if you need to go back to a prior step, you can do so by selecting the steps **Revisit this step** button.

**Figure 19: Create Submission, In Progress Data Form**
6. After populating the issuer-level aggregate data, attach the detailed data file(s) and issuer-level attestation form for the submission in Step 5 (Figure 20).

For each file:

a) Select the BROWSE button to locate the prepared detailed data zip file to be attached.

b) Select the Add button to add the file to the submission.

c) If you need to replace the file, select the REMOVE button on the added file and repeat the steps above to attach the replacement file.

7. When both files have been added, select NEXT to review, and submit the submission.

Figure 20: Create Submission, Attachments

8. In Step 6, the system displays the full submission that has been entered for your review (Figure 21). If you need to revise the submission, select the applicable Revisit this step button for the prior steps. If the submission is ready to submit, select the SUBMIT button.
**Figure 21: Create Submission, Review and Submit**

<table>
<thead>
<tr>
<th>Rebates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PBM Retained Rebates</strong></td>
</tr>
<tr>
<td>$2.00</td>
</tr>
<tr>
<td><strong>PBM Retained Rebates (Additional Comments)</strong></td>
</tr>
<tr>
<td>--</td>
</tr>
<tr>
<td><strong>Rebates Expected But Not Yet Received</strong></td>
</tr>
<tr>
<td>$2.00</td>
</tr>
<tr>
<td><strong>PBM Incentive Payments</strong></td>
</tr>
<tr>
<td>$3.00</td>
</tr>
<tr>
<td><strong>All Other Rebates</strong></td>
</tr>
<tr>
<td>$4.00</td>
</tr>
<tr>
<td><strong>All Other Rebates (Additional Comments)</strong></td>
</tr>
<tr>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manufacturer Price Concessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Price Concessions for Administrative Services from Manufacturers</strong></td>
</tr>
<tr>
<td>$5.00</td>
</tr>
<tr>
<td><strong>All Other Price Concessions from Manufacturers</strong></td>
</tr>
<tr>
<td>$6.00</td>
</tr>
<tr>
<td><strong>All Other Price Concessions from Manufacturers (Additional Comments)</strong></td>
</tr>
<tr>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amounts Received from Pharmacies</strong></td>
</tr>
<tr>
<td>$7.00</td>
</tr>
<tr>
<td><strong>Amounts Received from Pharmacies (Additional Comments)</strong></td>
</tr>
<tr>
<td>--</td>
</tr>
<tr>
<td><strong>Amounts Paid to Pharmacies</strong></td>
</tr>
<tr>
<td>$5.00</td>
</tr>
<tr>
<td><strong>Amounts Paid to Pharmacies (Additional Comments)</strong></td>
</tr>
<tr>
<td>Sample additional comment.</td>
</tr>
<tr>
<td><strong>PBM Spread Amounts for Retail Pharmacies</strong></td>
</tr>
<tr>
<td>$9.00</td>
</tr>
<tr>
<td><strong>PBM Spread Amounts for Mail Order Pharmacies</strong></td>
</tr>
<tr>
<td>$10.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allocation Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allocation Methodology for Issuer Level Data</strong></td>
</tr>
<tr>
<td>Allocation to the QHP issuer level based on issuer's Total Drug Spend</td>
</tr>
<tr>
<td><strong>Allocation Methodology for Issuer Level Data (Additional Comments)</strong></td>
</tr>
<tr>
<td>--</td>
</tr>
<tr>
<td><strong>Allocation Methodology for 11-digit NDC Level Data</strong></td>
</tr>
<tr>
<td>Allocation to the 11-digit NDC level based on Actual Drug Utilization</td>
</tr>
<tr>
<td><strong>Allocation Methodology for 11-digit NDC Data (Additional Comments)</strong></td>
</tr>
<tr>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Detailed Data and Attestation Attachments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detailed Data Attachment</strong></td>
</tr>
<tr>
<td>Sample_Issuer_1_Transparency_Data.zip (8 MB)</td>
</tr>
<tr>
<td><strong>Attestation Form Attachment</strong></td>
</tr>
<tr>
<td>Sample_Issuer_1_Attestation.pdf (46 KB)</td>
</tr>
</tbody>
</table>
Upon successful submission, the system will confirm that the submission has been accepted for processing and return you to the **PBM Submission Issuer List** page (Figure 22). The submission will now have a status of **Pending Data Verification** and will not be editable while the system is performing data verification for the submission. While the previous submission is processing, you can work on any additional issuer records as needed.

Once the submission processing is complete, the system will email the detailed data file’s data verification results to the Submitter (see Section 5.2 Receiving Data Verification Results and Editing).

**Figure 22: PBM Submission Issuer List – Submission Pending Data Verification**
5.2 Receiving Data Verification Results and Editing

When HIOS has completed data verification for a submission, the data verification result will be emailed to the Submitter and the current data verification status is also displayed within HIOS (Figure 23). There are two possible data verification results:

a. **Successful Data Verification** – The detailed data submitted passed the file structure, and data verification criteria specified in Section 4.3 Detailed Data Template and Data Collection Specifications. The data may or may not have data warnings that should be further reviewed, but warnings do not result in the submission being failed by the system.

b. **Failed Data Verification** – The detailed data submitted failed one or more of the file structure or data verification criteria specified in Section 4.3 Detailed Data Template and Data Collection Specifications.

**Figure 23: PBM Submission Issuer List – Submission When Data Verification is Complete**
If there were data verification warnings or failures (i.e., where the Submission Status is “Failed Data Verification”), the data verification result notification email will include the detail of the issues as follows:

- **Warning/Issue Description** – Describes the warning or error encountered such as if a required field is missing or if the format of the data did not match the expected format based on the data collection specifications.

- **First Warning/Issue Instance** – Details the first place in the data file(s) where the warning/error was encountered. This is provided to give a specific example of the unexpected data.

- **Warning/Issue Count** – Details the number of occurrences for the warning/issue across the data set submitted (i.e., across the data from the one or more .csv files submitted for the given issuer).

Table 5-1 provides examples of each of the possible data verification error and warning messages. See also Chapter 8, Appendix A: PBM Email Notifications for examples of the email notifications.

### Table 5-1: Sample Data Verification Result Details

<table>
<thead>
<tr>
<th>Warning/Issue Description</th>
<th>Sample First Warning/Issue Instance</th>
</tr>
</thead>
</table>
| Data Error - Column header did not match the required column layout. See the ICD for the file layout specifications. | File Name: File_1.csv  
Expected Column Header: NDC  
Received Column Header: NDC11 |
| Data Error - Expected data rows were not found in the data file or data file was blank. | N/A                                                                                                   |
| Data Error - Issuer_HIOS_Plan_ID format is invalid. See the ICD for Plan ID format specifications. | Issuer_HIOS_Plan_ID: 80316MN0010002-01                                                               |
| Data Error - The NDC must be exactly 11-digits with no hyphens. | NDC: 10000-0000-3                                                                                     |
| Data Error - The Issuer_HIOS_Plan_ID's Issuer ID and State do not match compared to the summary data for the submission. | Issuer_HIOS_Plan_ID: 12345VA0010002                                                                  |
| Data Error - Multiple rows with the same Issuer_HIOS_Plan_ID and NDC combination are not allowed. | Issuer_HIOS_Plan_ID: 80316MN0010002 NDC: 10000000004                                                                 |
| Data Error - The value for the prescription dispensed fields (All, Retail, Mail Order) must be non-negative integers (whole numbers greater than or equal to zero). | Issuer_HIOS_Plan_ID: 80316MN0010002 NDC: 10000000004 Total_Prescriptions_Dispensed_All: -30000004 |
| Data Error - The Total_Rebate_Dollars value must be a numeric value with up to 12 places before the decimal point and up to 3 places after the decimal point. | Issuer_HIOS_Plan_ID: 80316MN0010002 NDC: 10000000007 Total_Rebate_Dollars: 123456789012.1486          |
| Data Warning - The Product ID portion of the Issuer_HIOS_Plan_ID (the first 10 characters) does not exist in HIOS. | Issuer_HIOS_Plan_ID: 80316MN0010002                                                                  |
5.3 Editing a Submission

5.3.1 Editing Within Submission Window Timeframe

Within the Submission window timeframe, existing submissions are editable if the submission is not being processed by the system for data verification. Submissions can be edited whether the previous data verification status was failed or successful.

1. To edit a submission, select the **Edit** button for the submission (Figure 24).

   **Figure 24:** PBM Submission Issuer List – Edit Submission

2. On the Edit Submission page (Figure 25), the system provides the data from the existing submission for editing. Edit the issuer-level data where applicable and attach the
applicable supporting detailed data file and attestation form in the same manner as during the submission creation process.

**Note:** Even if there are no changes to the attachment content, the files will need to be re-attached so that the submission contains a complete data set for the submission.

Upon submitting the edited submission, the system will process the revised submission in the same manner previously described and send the data verification results email to the Submitter.

**Figure 25: Edit Submission Page**
5.3.2 Editing After The Submission Window Timeframe is Closed

If your submission is in ‘Failed Data Verification’ status after the Submission window timeframe has closed, reach out to CMS via the Marketplace Support Desk (MSD) at 1-855-CMS-1515 or email CMS_FEPS@CMS.HHS.gov.

6 Submission History and View Functions

The system provides “History” and “View” functions for users to review submissions. The sections below describe how to access these functions.

6.1 Submission History

For each submission, the system tracks submission status history and enables users to view the history information once the Submission window opens (i.e., where there is activity expected on the submissions). This information is provided for reviewing the workflow of status changes that a submission has been through, including which user initiated the status change and when the status change occurred.

1. To view a submission’s status history once the submission window has started, select the History button from either the Pre-Submission or Submission Issuer List pages (Figure 26).
On the PBM Submission Workflow Status History page (Figure 27), the system provides the workflow status history with the most recent workflow status change as the first record in the table.

2. When finished reviewing the workflow status history, select the "BACK TO SUBMISSION ISSUER LIST" link below the status history table to return to the PBM Submission Issuer List page.
Figure 27: PBM Submission Workflow Status History Page

PBM Submission Workflow Status History

80316 - Sample Issuer 1 (MN)

Reporting Year
2021

PBM Name
PBM Test Company A

<table>
<thead>
<tr>
<th>Workflow Status</th>
<th>Status Updated By User</th>
<th>Status Update Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful Data Verification</td>
<td>N/A</td>
<td>02/25/2021 01:46 PM EST</td>
</tr>
<tr>
<td>Pending Data Verification</td>
<td>Robert Brown</td>
<td>02/25/2021 01:41 PM EST</td>
</tr>
<tr>
<td>Failed Data Verification</td>
<td>N/A</td>
<td>02/25/2021 09:40 AM EST</td>
</tr>
<tr>
<td>Pending Data Verification</td>
<td>Robert Brown</td>
<td>02/25/2021 09:35 AM EST</td>
</tr>
<tr>
<td>Pre-Submission Complete</td>
<td>John Smith</td>
<td>01/20/2021 08:55 AM EST</td>
</tr>
</tbody>
</table>

*BACK TO SUBMISSION ISSUER LIST*
6.2 View Submission

1. Select the **View** button to review a read-only version of a previously submitted transparency data submission per issuer (Figure 28).

   Figure 28: PBM Submission Issuer List – View Submission

2. The View Submission page (Figure 29) for the selected submission will display the submission data and information about the attachments that were submitted.

   **Note:** Only the attestation form can be downloaded from viewing the submission, the detailed data is under restricted access to CMS only once submitted.

3. When you have completed viewing, select the **BACK TO SUBMISSION ISSUER LIST** link at the end of the page to return to the PBM Submission Issuer List page.
Figure 29: View Submission Page

View Submission

80316 - Sample Issuer 1 (MN)

Reporting Year
2021

PBM Company
PBM Test Company A

Submission Status
Pending Data Verification

Submission Status Date/Time
02/25/2021 09:35 AM EST

Rebates
PBM Retained Rebates
$1.00

PBM Retained Rebates (Additional Comments)
--

Rebates Expected But Not Yet Received
$2.00

PBM Incentive Payments
$3.00

All Other Rebates
$4.00

All Other Rebates (Additional Comments)
--
7 CMS Submission Rejection and PBM Re-Submission

After CMS has reviewed the submissions (typically after the submission window has closed), if CMS determines that corrections are needed for a submission, CMS will inform the PBM and reject the submission in HIOS. The following updates in the system occur based on CMS’s rejection of a submission:

- The system will send an email notification to inform the Submitter of the submission’s rejection. (see sample email notification in Appendix A: PBM Email Notifications).

- The rejected submission in HIOS will have its status updated to “Correction Needed” (Figure 30). The submission also becomes editable again, even outside the submission window.

- The submission will be available to edit for 14 calendar days following CMS rejection.

7.1 If the submission is rejected by CMS again, the user will receive an email notification, and the submission will be editable again for another 14 calendar days until the Submitter is able to resubmit a new submission that passes data verification (i.e., results in “Successful Data Verification” status). See Section 5.3 Editing a Submission

- , for information on how to edit a submission.
8 Appendix A: PBM Email Notifications

This appendix provides samples of the email notifications sent by the HIOS PBM module. There are three email notification types to inform Submitters of key workflow status changes for their submission:

1. Successful Data Verification.
2. Failed Data Verification.
3. CMS Rejection.

See Section 5.2 Receiving Data Verification Results and Editing, and Section 7 CMS Submission Rejection and PBM Re-Submission for more information on the situations when these emails would be sent.

8.1 Successful Data Verification Email Notification

From: HIOS_Submissions_IMPL@cms.hhs.gov
To: Robert Brown
Subject: HIOS PBM Notification: Successful Data Verification
Thank you for using the Health Insurance Oversight System (HIOS) Pharmacy Benefit Manager (PBM) module to submit prescription benefit transparency data for Test PBM Company A to CMS.

HIOS has completed data verification of your submission's detailed data successfully with no errors to report. Please see below for the submission processing summary, and any applicable data warnings for review. CMS will further review your submission and inform you if revisions are required.

**Submission Processing Summary:**

**Reporting Year: 2023**

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Detailed Data File Name</th>
<th>Verification Result</th>
<th>Date/Time Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>80316 Sample Issuer 1 (MN)</td>
<td>Sample_PBM_Data_80316MN.zip</td>
<td>Successful Data Verification</td>
<td>mm/dd/yyyy hh:mm AM/PM</td>
</tr>
</tbody>
</table>

**Verification Warning(s):**

<table>
<thead>
<tr>
<th>Warning Description</th>
<th>First Warning Instance</th>
<th>Warning Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data warning</td>
<td>Issuer_HIOS_Plan_ID:</td>
<td>1000000</td>
</tr>
<tr>
<td></td>
<td>80316MN0010001</td>
<td></td>
</tr>
</tbody>
</table>

You can access the Health Insurance Oversight System at [https://portal.cms.gov](https://portal.cms.gov) if you want to review the submission. If you require further assistance with HIOS PBM, please contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515.

Thank you.
Marketplace Service Desk (MSD)

**8.2 Failed Data Verification Email Notification**

**From:** HIOS_Submissions_IMPL@cms.hhs.gov  
**To:** John Smith  
**Subject:** HIOS PBM Notification: Failed Data Verification

Thank you for using the Health Insurance Oversight System (HIOS) Pharmacy Benefit Manager (PBM) module to submit prescription benefit transparency data for Test PBM Company A to CMS.

HIOS has completed data verification of your submission's detailed data with verification issues to report. Please see below for the submission processing summary, followed by the data error and warning details for review. Errors must be resolved for the data to be accepted in HIOS.
Submission Processing Summary:

Reporting Year: 2023

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Detailed Data File Name</th>
<th>Verification Result</th>
<th>Date/Time Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>80316 Sample Issuer 1 (MN)</td>
<td>Sample_Issuer_1_Transparency_Data.zip</td>
<td>Failed Data Verification</td>
<td>mm/dd/yyyy hh:mm AM/PM</td>
</tr>
</tbody>
</table>

Verification Issue(s):

<table>
<thead>
<tr>
<th>Issue Description</th>
<th>First Issue Instance</th>
<th>Issue Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Error - The NDC must be exactly 11-digits with no hyphens.</td>
<td>NDC: 10000-0000-3</td>
<td>1</td>
</tr>
<tr>
<td>Data Error - The value for the prescription dispensed fields (All, Retail, Mail Order) must be non-negative integers (whole numbers greater than or equal to zero).</td>
<td>Issuer_HIOS_Plan_ID: 80316MN0010002 NDC: 10000000004 Total_Prescriptions_Dispensed_All: 30000004</td>
<td>6</td>
</tr>
<tr>
<td>Data Error - the Total_Rebate_Dollars value must be a numeric value with up to 12 places before the decimal point and up to 3 places after the decimal point.</td>
<td>Issuer_HIOS_Plan_ID: 80316MN0010002 NDC: 10000000007 Total_Rebate_Dollars: 123456789012.1486</td>
<td>2</td>
</tr>
</tbody>
</table>

You can access the Health Insurance Oversight System at https://portal.cms.gov if you want to review the submission. If you require further assistance with HIOS PBM, please contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515.

Thank you.
Marketplace Service Desk (MSD)

8.3 CMS Rejection Email Notification

From: HIOS_Submissions_IMPL@cms.hhs.gov
To: John Smith
Subject: HIOS PBM Notification: Submission Rejected by CMS

Thank you for using the Health Insurance Oversight System (HIOS) Pharmacy Benefit Manager (PBM) Module to submit prescription benefit transparency data for Test PBM Company A to CMS as part of the Qualified Health Plan Pharmacy Benefit Manager Drug Data, Pricing, and Rebate Review (QHP PBM DPR2).

CMS has reviewed the submission(s) below and has identified one or more items that will require correction. You can access HIOS at https://portal.cms.gov to review your submission. A
communication with additional information detailing the submission issue(s), method(s) for correction, and resubmission window availability via the HIOS PBM Module will be provided shortly.

**Submission Correction Summary:**

Reporting Year: 2023

<table>
<thead>
<tr>
<th>Issuer</th>
<th>Rejected by User</th>
<th>Date/Time Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>80316 Sample Issuer 1 (MN)</td>
<td>FirstName LastName</td>
<td>mm/dd/yyyy hh:mm AM/PM</td>
</tr>
</tbody>
</table>

You can access HIOS at https://portal.cms.gov to review your submission. If you require further assistance with the HIOS PBM Module, please contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515. Please reference "QHP PBM DPR2" in the subject line of the inquiry to ensure it is routed correctly.

Thank you.
Marketplace Service Desk (MSD)

9 Troubleshooting and FAQs

9.1 FAQs

Table 9-1 details frequently asked questions (FAQs) related to the PBM module.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m in HIOS but I do not see the module access link for the application I would like to access. What do I do?</td>
<td>To view the modules and roles to which the user currently has access, you must select the Role Management link in the HIOS Portal Home Page. Once in the Role Management page, the user will see the View Existing Role and Request Role tabs. The View Existing Role tab will be the home page of this module. This tab displays all the modules to which the users have access and the roles within each module. Select the role request tab and request for access. Once the role is approved, you should be able to see the module access link.</td>
</tr>
<tr>
<td>I received an error stating that I am locked out of my account. What should I do?</td>
<td>Contact the MSD. See the contact information below in Section 9.2.</td>
</tr>
<tr>
<td>Questions</td>
<td>Answers</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>I cannot access the PBM module for pre-submission/submission, What do I do?</td>
<td>Contact the MSD. See the contact information below in Section 9.2.</td>
</tr>
<tr>
<td>I cannot access HIOS. What do I do?</td>
<td>Contact the MSD. See the contact information below in Section 9.2.</td>
</tr>
</tbody>
</table>

### 9.2 Contact/Support Details

For additional assistance, please call the Marketplace Service Desk (MSD) at 1-855-CMS-1515 or email CMS_FEPS@CMS.HHS.gov.

### 10 Acronyms

The acronyms used in this document are defined in Table 10-1.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>FAQs</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>FEIN</td>
<td>Federal Employer Identification Number</td>
</tr>
<tr>
<td>HIOS</td>
<td>Health Insurance Oversight System</td>
</tr>
<tr>
<td>IDM</td>
<td>Identity Management</td>
</tr>
<tr>
<td>MSD</td>
<td>Marketplace Service Desk</td>
</tr>
<tr>
<td>NDC</td>
<td>National Drug Code</td>
</tr>
<tr>
<td>PBM</td>
<td>Pharmacy Benefit Manager</td>
</tr>
<tr>
<td>PDF</td>
<td>Portable Document Format</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>QHP</td>
<td>Qualified Health Plans</td>
</tr>
<tr>
<td>SCID</td>
<td>Standard Component ID</td>
</tr>
<tr>
<td>UI</td>
<td>User Interface</td>
</tr>
<tr>
<td>UM</td>
<td>User Manual</td>
</tr>
</tbody>
</table>