

**SMMC Managed Care Plan Report Guide**  
**Annual and Quarterly Pharmacy Claims Reconciliation**  
**Reports Summary Report Summary**

**02/20/2025**

**BENEFIT TYPE(S)**

The Managed Care Plan providing the following benefit type(s) must submit this report:

- IDD
- MMA
- Dental

**REPORT PURPOSE:**

The purpose of this report is to provide the Agency with quarterly and annual Reconciliation Reports that detail plan and Pharmacy Benefit Manager (PBM) financial information associated with pharmacy claims reimbursement for the applicable reporting periods. The reports and data are analyzed and compared to the Achieved Savings Rebate report (ASR) for the same period.

**FREQUENCY & DUE DATES:**

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
A = Annual	Last two digits of year's data being reported
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)

The quarterly reports are due to the Agency on the twenty-fifth (25<sup>th</sup>) day of the first month following the last day of the prior quarter and should include claims that correspond with expenses incurred during the quarterly reporting period and reported on the quarterly ASR. The Quarterly Reconciliation Report should agree with pharmacy information contained within the ASR for the same period. Each subsequent quarter's report shall include restated versions of the previously submitted quarters, again including claims that correspond with expenses incurred during the quarterly reporting period as reported on the corresponding quarterly ASR.

The following shall be submitted as part of the Quarterly Reconciliation Report:

- One copy of the quarterly Reconciliation Report
- Unredacted copy of PBM contract and any amendments
- Pharmacy claims data file
- Certification by the health plan and PBM CEO or CFO, included in the template

The annual reports are due to the Agency by May 1 following the end of the reporting calendar year and should include claims that correspond with expenses incurred during the annual reporting period and reported on the annual ASR allowing for ninety (90) calendar days of claims runout. The Annual Reconciliation Report should agree with the pharmacy information contained within the ASR Report for the same period. A pharmacy claim lag report should accompany the Annual Reconciliation to support the Total Claim Payments.

The following shall be submitted as part of the annual Reconciliation Report:

- One copy of the annual Reconciliation Report
- Unredacted copy of PBM contract and any amendments
- Pharmacy claim lag report template
- Pharmacy claims data file
- Certification by the health plan and PBM CEO or CFO, included in the template

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**REPORT CODE & SUBMISSION:**

<b>Report Code</b>	Not applicable: Annual and Quarterly Reconciliation Report
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The managed care plan must submit the required documentation to the applicable SFTP site, as specified in Chapter 2:

**INSTRUCTIONS:**

The Managed Care Plan must complete the financial reporting submission requirements using the Excel file template provided at the Agency's website, as specified in the Report Template section of this chapter, to report the following sets of data:

Quarterly Reconciliation Report:

- PBM Payments to Pharmacies
- Total Claims Payments
- Other Payments
- Total PBM Payments to Pharmacies
- PBM Recoveries or Payments from Pharmacies
- Total PBM Recoveries or other Payments from Pharmacies
- Health Plan Payments to PBM
- Adjustments
- Total Net Health Plan Payments to PBM
- Difference between Total Claim Payments to PBM and Net PBM Payments to Pharmacies
- Explanation for difference between Total Claim Payments to PBM and Net PBM Payments to Pharmacies
- Rebates (not remitted to health plan)
- Pharmacy Claims Data File

Annual Reconciliation Report:

- PBM Payments to Pharmacies
- Total Claims Payments
- Other Payments
- Total PBM Payments to Pharmacies
- PBM Recoveries or Payments from Pharmacies
- Total PBM Recoveries or other Payments from Pharmacies
- Net Health Plan Payments to PBM
- Adjustments
- Total Net Health Plan Payments to PBM
- Difference between Total Claim Payments to PBM and Net PBM Payments to Pharmacies
- Explanation for difference between Total Claim Payments to PBM and Net PBM Payments to Pharmacies
- Rebates (not remitted to health plan)
- Pharmacy Claims Data File
- Pharmacy Claim Lag template

**VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

**REPORT TEMPLATE:**

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The Agency templates can be found using the directions in Chapter 1. MMA and MMA Specialty plans must use the Reconciliation Report template.

**AMENDMENT HISTORY:**

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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