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March 16, 2020

Mr. Thomas Wallace
Bureau Chief
Medicaid Program Finance
Florida Agency for Health Care Administration
2727 Mahan Drive – Building 3
Tallahassee, FL 32308-5407

Re: Data Request for PBM pricing analysis

Dear Tom:

The Agency for Health Care Administration (AHCA) is the single state agency responsible for administrating the Medicaid program in Florida. The Agency contracts with 15 Health plans to provide prescription benefits. Health plans participating in the Statewide Medicaid Managed care (SMMC) program can manage their pharmacy benefit or subcontract with a vendor for pharmacy benefit management (PBM).

AHCA has retained Milliman to perform an independent analysis of the pharmacy benefit management pricing practices and provide a report to the Agency outlining the findings of the analysis. To perform this analysis, Milliman and the State must submit a formal data request to each health plan who is expected to produce this document its respective PBM who will provide the data.

The analysis and report shall help the Agency understand the various practices and pricing benchmark of the health plans with regards to PBM reimbursement to pharmacy providers, spread pricing retained by PBM, and other pricing comparisons, contract pricing and disparities of pricing data. The final deliverable will be an unbiased fact finding report with recommendations that the Agency may release to the public.

DATA REQUEST

After reviewing the contract between plans receiving this letter and its respective PBM, we discovered the data request below did not match the performance period defined within your contract with the PBM. **This data request has been updated specifying a new time spam for which we request data.** We have also clarified how to respond to the other requested items below.

We request the following information to be provided by your PBM. Milliman is able to setup a secure FTP server for the information to be provided. We have attached Exhibit A to provide a description of fields we deem necessary within the prescription claims history to perform the analysis.

- Paid claims data (see Exhibit A)
  - Individual claim records in ASCII text file, flat format, either delimited with a '|' or fixed field length. If fixed length records are sent, then field lengths must be sent for each file.
  - All versions of a claim, if multiple versions exist as denied, reversed, or paid claims.
  - Since we have already received paid claims through June 30, 2019, please submit claims paid from July 1, 2019 through December 31, 2019.

- Pharmacy payment and remittance data
  - Individual claim records in a format supported by the vendor with the data specification referenced by NCPDP at:

    https://www.ncpdp.org/members/pdf/WG45_5010_835_payment_reference_guide.pdf
  - Same period as paid claims data.
  - Same data fields as paid claims data (see Exhibit A).
  - Since we have already received claims through June 30, 2019, please submit claims paid from July 1, 2019 through December 31, 2019.
- Network DIR report for a 12-month covered period overlapping claims file or attestation that no DIR exists within the Medicaid network.
- Annual reconciliation report and payments between health plan and PBM for each contract period. If unavailable, please submit a statement clarifying the reason why.

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Tom, please contact us with any questions.

Sincerely,

AJ Ally, RPH, MBA
Pharmacy Management Consultant

Michael T. Hunter, PharmD
Pharmacy Management Consultant

AA/MTH/dlk

Attachments

cc: John Meerschaert, FSA, MAAA
Andrew Gaffner, FSA, MAA

Exhibit A PBM Pharmacy Claims Data Request	
1	Managed Care Organization ID (Health Plan ID)
2	Carrier / Account / Group - Client hierarchy
3	PBM member ID
4	Medicaid member ID
5	Claim ID
6	Prescription / Rx Number
7	Claim status (denied, paid, reversal, adjustment)
8	Pharmacy National Provider Identifier (NPI)
9	National Council for Prescription Drug Programs (NCPDP) Provider ID
10	Network indicator (preferred / non-preferred)
11	Paid date (xxmonth / xxday / xxxxyear)
12	Date of Service (xxmonth / xxday / xxxxyear)
13	National Drug Code (NDC-11)
14	Generic Product Identifier (GPI)
15	Formulary indicator
16	Formulary tier
17	Brand / generic indicator
18	Single-Source Generic (SSG) indicator
19	Multi-source Brand indicator (MSB)
20	Retail / mail indicator
21	New / refill indicator
22	Specialty drug indicator
23	Metric quantity
24	Days supply
25	Average Wholesale Price (AWP)
26	Ingredient Cost
27	Dispensing Fee
28	Sales Tax
29	Copay
30	Coinsurance
31	Deductible
32	Amount Billed to the Plan
33	Amount Paid by the Plan
34	Member Pay
35	Copay tier
36	Payment Type Flag (Pharmacy, Provider, Member or Subrogation)
37	Ancillary penalty amount (i.e., brand is dispensed when generic is available)
38	Price Type Code (MAC, Usual and Customary, AWP)
39	Compound drug indicator
40	Maintenance drug indicator
41	Dispensed as Written Code (DAW)
42	Paper claim indicator
43	Coordination of Benefits (COB) indicator
44	340B indicator
45	Prior Authorization (PA) code
46	Prescriber ID
47	Prescriber DEA number
Note:	**Please provide seriatim-historical claims data from July 1, 2019 through December 31, 2019. To avoid protected health information (PHI), we do not need any patient identifiers such as gender and date of birth.*