



North Dakota
INSURANCE
DEPARTMENT

Drug Cost Transparency Pharmacy Benefit Manager User Guide

December 2021

Table of Contents

Table of Contents.....	1
Program Overview.....	2
Reporting Method.....	2
Disclosure Data	3
Steps for Submitting Disclosure Reports	3
Tips for Submitting Data in a CSV File	7
Glossary	8

Program Overview

During the 67th Legislative Assembly the North Dakota Legislature passed HB 1032, relating to drug cost transparency. HB 1032 created Chapter 26.1-36.10 of the North Dakota Century Code. Chapter 26.1-36.10 requires pharmacy benefit managers (PBMs) to file annual reports with the North Dakota Insurance Department (the Department) containing a variety of information related to certain aggregated amounts collected by, distributed by, and retained by the filer during the previous calendar year. The PBM disclosure report is due no later than April 1, 2022. As defined in 26.1-36.10-01(10), "pharmacy benefit manager" means a person that performs pharmacy benefits management and includes any other person acting for such person under a contractual or employment relationship in the performance of pharmacy benefits management for a managed care company, nonprofit hospital or medical service organization, insurance company, third-party payer, or health program administered by a state agency. The term does not include the Department of Human Services or Department of Health.

Reporting Method

The Department will be conducting a phased implementation of HB 1032. Until further notice, PBMs will be submitting the required report by filling out spreadsheet templates and sending the report to the Department via email. The email address to be used is drugtransparency@nd.gov.

During this phase of implementation, a complete filing can occur in one of two ways. The first is to send a message directly to the email address containing everything required in a report. The second is to utilize a secure file transfer system and send an invitation to download the spreadsheet to the email address and then send a second message to the email address to complete the submission.

Disclosure Data

About this report

This is an annual report. PBMs are required to submit their report to the Department, using the provided template, no later than April 1.

Steps for Submitting Disclosure Reports

Submit only one CSV file per PBM.

Step 1: [Download the template.](#)

Step 2: Enter and Save Your Data

1. Edit the file using Microsoft Excel to add your data.
2. When you are finished editing your file, go to **File > Save As.**
3. Make sure the file type selected is **CSV UTF-8.**
4. Save your file with this file name: **nd_PBM_report.**
5. Your save screen should look like this:



Screenshot of Template

	A	B	C	D	E	F
1	PBM name	Manufacturer	Insurer	Enrollees	Revenue	Employers
2						
3						

Below is a list of descriptions for what data should be entered into each field and the format for that data.

Variable	Description
PBM Name	Name of the PBM filing the disclosure report.
Manufacturer	The aggregated rebates, fees, price protection payments, and any other payments collected from each drug manufacturer. No \$ signs. <u>NO COMMAS.</u>
Insurer	The aggregated dollar amount of rebates, price protection payments, fees, and other payments collected from each drug manufacturer which were passed to health insurers. No \$ signs. <u>NO COMMAS.</u>
Enrollees	The aggregated fees, price concessions, penalties, effective rates, and any other financial incentive collated from pharmacies which were passed to enrollees at the point of sale. No \$ signs. <u>NO COMMAS.</u>
Revenue	The aggregated dollar amount of rebates, price protection payments, fees, and any other payments collected from drug manufacturers which were retained as revenue by the PBM. No \$ signs. <u>NO COMMAS.</u>
Employers	The aggregated rebates passed on to employers. No \$ signs. <u>NO COMMAS.</u>

Below is a screenshot of the report with sample data entered demonstrating proper data formatting.

	A	B	C	D	E	F
1	PBM name	Manufacturer	Insurer	Enrollees	Revenue	Employers
2	Sample Name	123456.78	1234.6	1234.56	1234.56	1234.56

Step 3: Follow the steps below to submit data in one of two ways.

1. As an email attachment:

- a. Attach the file nd_PBM_report.csv to an email addressed to drugtransparency@nd.gov
- b. In the body of the email, state the PBM's name and attest to the fact that the report does not:
 - i. disclose the identity of a specific health benefit plan or enrollee, the identity of a drug manufacturer, the prices charged for specific drugs or classes of drugs, or the amount of any rebates or fees provided for specific drugs or classes of drugs; or
 - ii. contain confidential information or trade secrets.
- c. Send the email.
- d. Please note that emails that do not contain either the report or attestation will not be considered filed.
- e. The Department will respond to submitted reports to confirm receipt. If the Department does not respond within three business days, please send a follow up message to confirm that the message was received.

2. Secure File Transfer

- a. PBMs may submit the completed template via secure file transfer. If this method is selected, it is the PBM's responsibility to properly upload the file nd_PBM_report.csv to the system of their choice and invite drugtransparency@nd.gov to receive the file.
- b. After utilizing the secure file transfer system to send the completed template, the PBM must send an email to drugtransparency@nd.gov, state the PBM's name, and attest to the fact that the report does not:

- i. disclose the identity of a specific health benefit plan or enrollee, the identity of a drug manufacturer, the prices charged for specific drugs or classes of drugs, or the amount of any rebates or fees provided for specific drugs or classes of drugs; or
 - ii. contain confidential information or trade secrets.
- c. The Department will respond to submitted reports to confirm receipt. If the Department does not respond within three business days, please send a follow up message to confirm that the message was received.

Tips for Submitting Data in a CSV File

Below are some guidelines for entering and submitting data in a CSV file.

Entering Data

Data Entry Issue or Questions	Solution
Entering Leading zeros If the NDC is: 00028030000	Use an apostrophe (^) Ex: `0002803000
Empty fields	Leave the cell empty Do not put NA, or not applicable, or No
Entering Dates	Use the following format: mm/dd/yyyy No spaces, no additional characters
Entering dollar figures in the CSV file	xxx.xx or xxxx.xx No dollar signs No commas
Entering Text Fields	No special characters or symbols such as: ®, TM, ©

Glossary

Concession: Includes free good, delayed billing, and billing forgiveness.

Drug: Means:

- a. Articles recognized in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them;
- b. Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals.
- c. Articles, other than food, intended to affect the structure or any function of the body or man or other animals; or
- d. Articles intended for use as a component of any article specified in a, b, or c, but does not include devices or their components, parts, or accessories. Provided, however, that "drug" does not include those controlled substances or drugs regulated by or under the authority of the Uniform Controlled Substances Act.

Drug manufacturer: Means the entity that holds the national drug code for a drug which is engaged in the production, preparation, propagation, compounding, conversion, or processing of the drug or which is engaged in the packaging, repackaging, labeling, relabeling, or distribution of the drug. The term does not include a wholesale drug distributor or retail pharmacy licensed in this state.

Health insurer: Means an insurance company, nonprofit health service corporation, health maintenance organization, third-party payer, health program administered by a state agency other than the Department of Human Services or state Department of Health, or any other person engaged as principal in the business of insurance which issues or delivers a health care plan in this State.

Rebate: Includes any discount, financial incentive, or concession that affects the price of a drug to a pharmacy benefits manager or health insurer for a drug manufactured by the drug manufacturer.