

From: [DMHC Licensing eFiling](#)
Subject: APL 20-024 – AB 315 Reporting Requirements
Date: Friday, June 26, 2020 3:45 PM
Attachments: [APL 20-024 \(OFR\) – AB 315 Reporting Requirements \(6.26.20\).pdf](#); [AB 315 Pilot Project Reporting Instruction \(6.26.20\).pdf](#); [AB 315 Pilot Project Template \(6.26.20\).xlsx](#)

Dear Health Plan Representative:

Please find the attached APL 20-024 and associated documents in regard to Assembly Bill (AB) 315 Reporting Requirements.

Thank you.



Gavin Newsom, Governor
State of California
Health and Human Services Agency
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Sacramento, CA 95814
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ALL PLAN LETTER

DATE: June 26, 2020

TO: Health Care Service Plans in Riverside and Sonoma Counties

FROM: Pritika Dutt, Deputy Director
Office of Financial Review

SUBJECT: APL 20-024 Pilot Project Guidance Regarding Assembly Bill (AB) 315 Reporting Requirements

AB 315 (Wood, 2018) added section 1368.6 to the California Health and Safety Code (Section 1368.6). The bill established a pilot project in Riverside and Sonoma counties to assess the impact of health care service plan and pharmacy benefit manager (PBM) prohibitions on the dispensing of certain amounts of prescription drugs by network retail pharmacies. AB 315 requires health plans to submit certain information to the DMHC including, but not limited to, the Health Plans' Retail Pharmacies Owned or Controlled by the Health Plan or PBM, Retail Pharmacies Not Owned or Not Controlled by the Health Plan or PBM, and Prohibited Prescriptions (Rx).

This All Plan Letter provides guidance regarding the annual filing of AB 315 pilot project prescription drug reporting information.

Timing

Plans shall comply with the new reporting and filing requirements on or before **July 1, 2020**. Subsequent reports are due by **July 1** of each year. The pilot project shall remain in effect until January 1, 2023.

Content and Submissions

Pilot Project to assess impact of Health Care Service Plans and PBMs

Each health plan in Riverside and Sonoma counties must file annually with the DMHC "AB 315 – Pilot Project Prescription Drug Reporting" that

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Contact the DMHC Help Center at 1-888-466-2219 or www.HealthHelp.ca.gov*

discloses the information required by Section 1368.6. Health plans should submit the completed documents via the DMHC eFiling web portal.

Exhibit E – 1, Summary of eFiling Information

Provide a brief description of the filing and exhibits included in the filing.

AB 315 – Pilot Project Prescription Drug Reporting - Confidential

The DMHC created the attached AB 315 - Pilot Project Prescription Reporting Form and instructions that health plans should use to submit its prescription drug information.

Health plans must populate the AB 315 - Pilot Project Prescription Reporting Form and submit the form via the Department's eFiling web portal to demonstrate compliance with Section 1368.6. The AB 315 – Pilot Project Prescription Reporting Form must be submitted in Excel format (xls).

Health plans must submit the AB 315 – Pilot Project Prescription Reporting Form electronically to the DMHC as a “**Report/Other**” via the DMHC's eFiling web portal as follows:

- Select “File Documents”,
- Select “New Filing” under Filing Type,
- Enter “AB 315 Report” under Description,
- Select “Report/Other” under Type from drop down menu,

Follow the online instructions to upload document, then

- Click on “Create Filing” button and click on upload document,
- Select “AB 315 – Pilot Project Prescription Drug Reporting (RX008)”
- Attach the form under “Select File” and click upload.

If you have any questions about compliance with the reporting and filing requirements of AB 315, please contact Pritika Dutt at (916) 324-8137 or pratika.dutt@dmhc.ca.gov.

**California Department of Managed Health Care
AB 315 Pharmacy Benefit Management – Pilot Project
Section 1368.6¹**

Cover Page

Line 1 – Reporting Period

Select a reporting Period.

Please provide a reasonable estimate (based on completed claims data).

For example, if select the dates of service of 1/1/2020 - 4/30/2020 paid through 5/31/2020 option, the data should include the dates of service to 4/30/2020, paid (adjudication date) through 5/31/2020.

Line 2 – DMHC Health Plan ID

Enter DMHC’s licensed health plan identification number.

Line 3 – Health Plan Name

Enter DMHC health plan legal name.

Line 4 – PBM Name(s)

Enter PBM legal name(s).

Line 5 – Pharmacy Providers Located in the County of:

Select County, Riverside or Sonoma.

Please submit a separate template for each County.

Include data for prescriptions filled at a pharmacy located in Riverside or Sonoma counties;

exclude data for prescriptions filled at a pharmacy outside Riverside or Sonoma counties; and

exclude data for prescriptions filled for members enrolled in a particular product’s service area that’s limited to a specific county – other than Riverside or Sonoma counties.

Tab Name	Worksheet
Owned	Pharmacies Owned or Controlled by the Plan or PBM
Not Owned	Pharmacies Not Owned or Not Controlled by the Plan or PBM
Prohibited Rx	Drugs Prohibited by Health Care Service Plan (HCSP) or Its Delegated Pharmacy Benefit Manager (PBM)
Comments	Additional Comments or/and Information Provided by HCSP
Glossary	Terminology and Resources

¹ References to “Section” are to sections of the Knox-Keene Health Care Service Plan Act of 1975, as codified in Health and Safety Code Section 1340 et seq.

**California Department of Managed Health Care
AB 315 Pharmacy Benefit Management – Pilot Project
Section 1368.6¹**

Retail Pharmacies Owned or Controlled by the Plan or PBM

No data needs to be entered in any of the cells shaded light blue. These are formula cells.

1. Retail or Mail Order

- Retail is defined in the “Glossary” for Retail.
- Mail Order is defined in the “Glossary” for Mail Order.

2. Drug Categories

- Generic drug is defined in the “Glossary” for generic drugs (excluding specialty generic drugs).
- Brand Name drug is defined in the “Glossary” for brand name drugs (excluding specialty drugs.)
- Specialty drug is defined in the “Glossary” for specialty drug.
- Compound drug is defined in the “Glossary” for compounding.

3. Ingredient Costs

Enter Ingredient Costs Amount for prescription drug. Ingredient Costs is defined in the “Glossary” for Ingredient Costs.

4. Dispensing Fees

Enter Dispensing Fee Amount for prescription drug. Dispensing Fee is defined in the “Glossary” for Dispensing Fees.

5. Administrative Fee

Enter Administrative Fee Amount for prescription drug. Administrative Fee is defined in the “Glossary” for Administrative Fee.

6. Aggregate Pharmacy Rebates

Enter Aggregate Pharmacy Rebates Amount for prescription drug. The numbers should be negative.

7. Total Net Cost

No Data needs to be entered. This is a calculated field. Total Net Cost is defined in the “Glossary” for Total Net Cost.

8. Total Number of Prescriptions

Enter total number of Prescriptions for prescription drug. Total Number of Prescriptions is defined in the “Glossary” for Number of Prescriptions.

9. Total Costs to Enrollees

Enter Total Cost to Enrollees Amount for prescription drug. Total Costs to Enrollees is defined in the “Glossary” for Total Costs to Enrollees.

10. Member Months (MM)

Enter the reporting period member months for prescription drug.

11. Total Net Cost per Script

No Data needs to be entered. This is a calculated field.

12. Total Net Cost per MM

No Data needs to be entered. This is a calculated field.

13. Enrollee Cost Share per Script

No Data needs to be entered. This is a calculated field.

14. Percentage of Cost Sharing of Total Cost from Enrollees

No Data needs to be entered. This is a calculated field.

**California Department of Managed Health Care
AB 315 Pharmacy Benefit Management – Pilot Project
Section 1368.6¹**

Retail Pharmacies Not Owned or Not Controlled by the Plan or PBM

No data needs to be entered in any of the cells shaded light blue. These are formula cells.

1. Retail or Mail Order

- Retail is defined in the “Glossary” for Retail.
- Mail Order is defined in the “Glossary” for Mail Order.

2. Drug Categories

- Generic drug is defined in the “Glossary” for generic drugs (excluding specialty generic drugs).
- Brand Name drug is defined in the “Glossary” for brand name drugs (excluding specialty drugs.)
- Specialty drug is defined in the “Glossary” for specialty drug.
- Compound drug is defined in the “Glossary” for compounding.

3. Ingredient Costs

Enter Ingredient Costs Amount for prescription drug. Ingredient Costs is defined in the “Glossary” for Ingredient Costs.

4. Dispensing Fees

Enter Dispensing Fee Amount for prescription drug. Dispensing Fee is defined in the “Glossary” for Dispensing Fees.

5. Administrative Fee

Enter Administrative Fee Amount for prescription drug. Administrative Fee is defined in the “Glossary” for Administrative Fee.

6. Aggregate Pharmacy Rebates

Enter Aggregate Pharmacy Rebates Amount for prescription drug. The numbers should be negative.

7. Total Net Cost

No Data needs to be entered. This is a calculated field. Total Net Cost is defined in the “Glossary” for Total Net Cost.

8. Total Number of Prescriptions

Enter total number of Prescriptions for prescription drug. The Number of Prescriptions is defined in the “Glossary” for Number of Prescriptions.

9. Total Costs to Enrollees

Enter Total Cost to Enrollees Amount for prescription drug. Total Costs to Enrollees is defined in the “Glossary” for Total Costs to Enrollees.

10. Member Months (MM)

Enter the reporting period member months for prescription drug.

11. Total Net Cost per Script

No Data needs to be entered. This is a calculated field.

12. Total Net Cost per MM

No Data needs to be entered. This is a calculated field.

13. Enrollee Cost Share per Script

No Data needs to be entered. This is a calculated field.

14. Percentage of Cost Sharing of Total Cost from Enrollees

No Data needs to be entered. This is a calculated field.

**California Department of Managed Health Care
AB 315 Pharmacy Benefit Management – Pilot Project
Section 1368.6¹**

Prohibited Rx

1. Drug Name

Enter the prescription drug name by utilizing the field of PROPRIETARYNAME and not including the PROPRIETARYNAMESUFFIX in the NDC Database File from the FDA website, <https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory>. The Drug Names for later reporting periods should be the same as the first submission.

2. Retail or Mail Order

Select Retail or Mail Order for prescription drug.

- Retail is defined in the “Glossary” for Retail.
- Mail Order is defined in the “Glossary” for Mail Order.

3. Drug Categories

Select the drug categories.

- Generic drug is defined in the “Glossary” for generic drugs (excluding specialty generic drugs).
- Brand Name drug is defined in the “Glossary” for brand name drugs (excluding specialty drugs.)
- Specialty drug is defined in the “Glossary” for specialty drug.
- Compound drug is defined in the “Glossary” for compounding.

4. Total Net Costs for Retail Pharmacies Owned or Controlled by the Plan or PBM

Enter Total Net Cost Amount for prescription drug. Total Net Cost is defined in the “Glossary” for Total Net Cost.

5. Number of Prescriptions for Retail Pharmacies Owned or Controlled by the Plan or PBM

Enter the Number of Prescriptions for prescription drug. The Number of Prescriptions is defined in the “Glossary” for Number of Prescriptions.

6. Total Net Cost per Script for Retail Pharmacies Owned or Controlled by the Plan or PBM

No Data needs to be entered. This is a calculated field.

7. Total Net Costs for Retail Pharmacies Not Owned or Not Controlled by the Plan or PBM

Enter Total Net Cost Amount for prescription drug. Total Net Cost is defined in the “Glossary” for Total Net Cost.

8. Number of Prescriptions for Retail Pharmacies Not Owned or Not Controlled by the Plan or PBM

Enter the Number of Prescriptions for prescription drug. The Number of Prescriptions is defined in the "Glossary" for Number of Prescriptions.

9. Total Net Cost per Script for Retail Pharmacies Not Owned or Not Controlled by the Plan or PBM

No Data needs to be entered. This is a calculated field.