

FREQUENTLY ASKED QUESTIONS

Consolidated Appropriations Act Section 204 2025 Submission

What is the Consolidated Appropriations Act, Section 204?

Title II (Transparency) of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260) (CAA), establishes new protections for consumers to promote transparency in health care costs and, particularly, prescription drug costs. Section 204 of the Transparency Title authorizes the annual collection of prescription drug and health care spending data from group health plans and health insurance issuers.

The Department of Health and Human Services (HHS), the Department of Labor (DOL), and the Department of the Treasury (Treasury), (collectively, the Departments), will use the information submitted by reporting entities to inform their Section 204 Reporting in:

- Identifying major drivers of increases in prescription drug and health care spending
- Understanding how prescription drug rebates impact premiums and out-of-pocket costs
- Promoting transparency in prescription drug pricing

Although the legal obligation to file is not placed directly on pharmacy benefit managers (PBM), Prime Therapeutics Management LLC (PTM) recognizes our clients' need for us to supply the relevant prescription drug information. The frequently asked questions below address some high-level questions about how PTM will help assist our clients comply with the regulation. Please be aware these guidelines are subject to change upon any adjustments to the regulation by the government. If changes do arise, we will be proactive in communicating with our clients. For more information about the regulations, go to [Centers for Medicare & Medicaid Services \(CMS\) website Sec 204 Prescription Drug Data Collection Documentation](#).

Will PTM submit files to CMS on behalf of their clients?

Files will be sent directly by PTM to CMS for all clients active during calendar year 2025.

Will there be a charge to clients for submitting on their behalf?

Charges for the 2025 submission will be waived for all clients.

What clients are required to submit reports?

| Required to Submit | Not Required to Submit |
|---|---|
| <ul style="list-style-type: none"> • Health insurance issuers offering group market coverage • Health insurance issuers offering individual market coverage, including: <ul style="list-style-type: none"> ○ Student health plans ○ Plans sold through the Exchanges ○ Plans sold outside of the Exchanges ○ Individual coverage issued through an association • Fully-insured and self-funded group health plans, including: <ul style="list-style-type: none"> ○ Group health plans subject to Employee Retirement Income Security Act of 1974 (ERISA) ○ Non-federal governmental plans, such as plans sponsored by state and local government ○ Church plans that are subject to the Internal Revenue Code ○ FEHB plans | <ul style="list-style-type: none"> • Account-based plans, such as health reimbursement arrangements (HRAs) • Excepted benefits² including but not limited to: <ul style="list-style-type: none"> ○ Limited-scope standalone dental and vision plans ○ Short-term, limited-duration insurance ○ Hospital or other fixed indemnity insurance ○ Disease-specific insurance • Medicare Advantage and Part D plans • Medicaid plans • State children’s health insurance program plans • Basic Health Program plans • Retiree-only plans³ • Plans maintained outside of the U.S. primarily for the benefit of persons substantially all of whom are nonresident aliens⁴ |

What if a client does not want PTM to submit on their behalf?

If a client does not want PTM to submit on their behalf, they must email CAA204Compliance@primetherapeutics.com by March 13, 2026.

Are Workers Compensation plans required to submit?

Workers Compensation plans are not required to submit and will be omitted from all reports.

Are Contraceptive Only plans required to submit?

Contraceptive Only plans are not required to submit and will be omitted from all reports.

Are MEC plans required to submit?

MEC plans are required to be submitted and will be included in all reports.

Will there be a written agreement between clients and PTM for files to be submitted?

A legal informational letter will be sent which will function as the agreement between PTM and our clients for this submission.

Will PTM require any data from clients to submit?

Data currently in our systems will be used to submit all required reports. If there are any pieces of missing data, PTM will contact each group directly. To verify the information in our system, clients may email CAA204Compliance@primetherapeutics.com by March 13, 2026.

How will PTM determine the total number of employees?

The calculation within the CMS guidelines to estimate the total number of employees will be used for this submission.

What files will PTM submit to CMS?

Only P1-P3 and D3-D8 files will be submitted for all clients. See [RxDC Templates and Data Dictionary](#) for more information.

Why isn't PTM submitting D1-D2 files?

The D1 and D2 files reflect premium and medical data only. As PTM does not have access to this type of data, the plan's medical vendor should provide the medical and premium data for the D1 and D2 reports.

Will PTM provide a Narrative Response?

A Narrative Response for the files submitted by PTM will be provided to CMS.

At what level will PTM aggregate the data?

Aggregation of the data will be at the group level.

Will coupons/copay card information be included in the prescription data?

No coupon/copay card information will be included in the prescription data.

When is the submission due date for 2025 data?

Reporting for 2025 data is due no later than June 1, 2026.

What dates will this submission cover?

This submission will cover January 1, 2025, to December 31, 2025. Any group active with PTM during this time will be included in the submission.

How will PTM report for clients not active for the entirety of 2025?

Files will be submitted for the period in which clients are active with PTM. Any period the client was not active with PTM will not be reported.

What if the NDC on a claim is not on the crosswalk provided by CMS?

Per the regulation instructions, PTM will assign the prescription drug a unique RxDC drug code and will notate it in the Narrative Response.

What if rebate payments are not received by PTM before the deadline to submit?

If rebate data for the reference year is not received by March 31, PTM will omit the unpaid rebates from the submission. The data will be included in next year's submission under the previous year data fields.

How are states aggregated in the files?

Per CMS guidelines, PTM will use the state where the plan sponsor has its principal place of business for self-funded plans. For fully insured plans, PTM will use the state where the policy was issued.

What if a client has a question not answered by this FAQ document?

If a client needs further information or has specific questions, they should email CAA204Compliance@primetherapeutics.com.