

May 30, 2024

Office of Management and Budget
Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

**RE: Prescription Drug and Health Care Spending
(CMS-10788; OMB: 0938-1407) —AHIP Comments**

Dear Sir or Madam:

Thank you for the opportunity to provide comments on the Paperwork Reduction Act (PRA) notice for the collection of Prescription Drug and Health Care Spending data (RxDC) by the Office of Personnel Management (OPM), the Department of the Treasury, the Department of Labor, and the Department of Health and Human Services (collectively, “the Departments.”)

AHIP¹ shares the goal of lowering health coverage premiums through lower spending on prescription drugs, which necessitates identification of which drugs are the primary drivers of increased costs for patients and plans. Prescription drugs play an important role in our health care system by treating or preventing disease and helping patients heal and function. For far too long, pharmaceutical manufacturers have continued to push through significant and unreasonable price increases for their life-saving products while setting unsustainably high prices for newly approved and new-to-market drugs. These initial high prices and subsequent increases place severe burdens on patients that drive up costs for employers, consumers and, ultimately, the Federal government through higher premiums and out-of-pocket costs.

AHIP appreciates the Departments’ substantive engagement of stakeholders and responsiveness to feedback throughout the implementation process. The technical assistance webinars remain particularly helpful as a resource for our members, and we recognize the time and effort staff put into them. In detailed comments below, we elaborate on issues related to the proposed Reporting Year 2023 reporting requirements and pose technical questions for consideration on the proposed update to the reporting instructions.

Timely Reporting Guidance and Clarifying the Application of Changes to the RxDC Reporting Instructions

As with previous reporting years, AHIP requests the Departments finalize and publish all future Reporting Instructions or any future changes to the underlying regulations no later than six months before the reporting deadline to allow reporting entities adequate time to vet requirements, design, code, test and implement changes. However, should these not be finalized

¹ AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are Guiding Greater Health.

at least six (6) months before the reporting deadline, AHIP requests the Departments include a clear statement about which version of the Reporting Instructions must be followed. While some of these questions were answered in the technical assistance webinars, including this information in the Reporting Instructions will be helpful.

Publication of Changes

Additionally, when new draft Reporting Instructions are released within the six-months preceding the reporting deadline, AHIP requests increased clarity about the changes in the new version and makes the following recommendations:

- **Specify which reports are impacted for each change, as well as the first required date of the change, for each report.** For example, on page 3, the fifth bullet references the “Prior Year Only Plan Dates” change but only cites the P2 file. However, later in the instructions, it says that the change applies to P1, P2 and P3 files.
- **List all changes in the “Changes from Previous Version” section, not just the “most significant” ones.** Our members have shared that they are concerned a change might be missed, even with thorough review by their teams. As a result, they are having to compare two versions of a 70-page document side by side to identify every update. Listing each change will eliminate that burden.
- **Note changes throughout the text of the document.** This could be done in a few ways, such as italicizing new/altered text or providing a tracked-changes version of the document.

File Size Restriction

AHIP members report that the current 200MB size limit is still too restrictive. This is made more challenging by the enforcement of the aggregation restriction that requires more lines of data be included in each file. AHIP recommends the size limit for files be increased to 1GB, particularly if additional data fields may be added in the future.

Premium Amounts Paid by Employers and Members

AHIP continues to advocate for increased flexibility in reporting this information, as health insurers and third-party administrators do not maintain or store the information. As we have previously shared, our members’ attempts to collect this information have yielded low response rates and incorrect submissions. Continued flexibility is needed, including the ability of reporting entities to submit files with these values left blank.

Technical Questions and Request for Clarification

In addition to our broader comments, AHIP requests clarification on the following items:

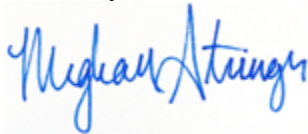
- **Carve-out description:** In the Comment Response Document, there seems to be a typographical error in the response of Section B5. The topic references the “D2” file, and we believe it should reference “P2”. Is the expectation for Carve Out Description to

identify whether reporting entity is submitting a full D1-D8 pkg (Medical and Pharmacy) as opposed to identification of a contractual relationship for “Pharmacy Only”, which would mean the reporting entity only submits a D3-D8?

- **Prior Year Only Plan Dates:** As mentioned above, the change as listed in the “Changes from the Previous Version” suggests it only impacts the P2 file, while the instructions later state that the change applies to the P1, P2, and P3 files. We request CMS clarify whether the change impacts only the P2 file or if it affects the P1, P2, and P3 files.
- **Establishing the aggregation level:** AHIP requests the Departments clarify or provide guidance on which entity is responsible for establishing the aggregation level for all reporting entities.
- **Handling termed groups and other groups with partial Reporting Year data:** Our members report continued challenges in calculating and reporting termed groups, particularly in circumstances where there is only partial Reporting Year data. AHIP requests additional guidance on reporting this data, as well as guidance on active groups with partial Reporting Year data.

AHIP appreciates the opportunity to provide feedback on the collection of Prescription Drug and Health Care Spending data. If you have any questions or need additional information, please contact me at mstringer@ahip.org. We look forward to continuing to engage constructively on these issues with the Departments and OPM as you continue working to reduce health care costs for the American people.

Sincerely,



Meghan Stringer
Vice President, Product & Commercial Policy