

NADAC Reimbursement Quarterly Report

REPORT QUARTER	Quarter 4 October-December (Due January 31st)
Date of Submission	
PBM Company Name	Amwins Group Benefits, LLC
PBM Doing Business As Name (DBA)	Amwins Rx
Iowa TPA Registration #	1002207067
PBM National Producer Number (NPN)	1993001
PBM Company Address	50 Whitecap Drive North Kingstown, RI 02852
PBM Contact Name	Larissa Newman
PBM Contact E-mail	compliance.amwinsgb@amwins.com
Person Completing Report	Larissa Newman
Person Completing Report E-mail	compliance.amwinsgb@amwins.com
Person Completing Report Phone	(401) 372-3403
Link to PBM Website where this report will be kept	

Instructions

A pharmacy benefits manager must provide to the Iowa Insurance Division a quarterly report of all claims reimbursed **at 10% below and 10% above** the

A PBM must submit the data requested in **each tab** of this file to the Division. **Data fields left blank will result in an incomplete submission of this**

Filling in the tabs labeled as 'Iowa_Retail_Pharmacies' and 'All_Other_Pharmacies' will auto-populate the corresponding 'Web' versions of these tabs.

PBMs are required to publish the 'Web' tabs, which are the last 2 tabs of this spreadsheet, on their website for 24 months after submitting the report to the Division.

A PBM may 'hide' the 'Contact Info and Instructions' tab and the non-Web tabs when publishing the 'Web' tabs on its website. To hide a tab, hover your mouse over each tab, right click, then select 'Hide.' To unhide, right click on any other tab, select 'Unhide,' highlight the hidden tab, and click 'OK.'

If additional rows are needed, please contact optinsmktq@naic.org for assistance.

Definitions

Product NDC #	National Drug Code	11-digit number assigned by FDA for each drug sold in the United States
Product Name	The NDC description	The complete name of the drug/medication associated with NDC#
Prescription claim date	Date the prescription was filled	MM-DD-YYYY
Quantity of Drug Dispensed	Quantity in metric decimal units	# of tablets/capsules, Grams, Milliliters, etc.
Pharmacy name	Identification of the unique pharmacy who filled prescription	Name may include store #
Pharmacy NPI #	National Provider Identifier assigned to pharmacy	10-digit number issued to pharmacy by CM
Amount Pharmacy Was Reimbursed \$	The dollar amount per Unit. Not to include the member's cost share amount	In U.S Currency (ex: \$1.00)
Dispensing Fee Paid To Pharmacy \$	The dollar amount paid to pharmacy for dispensing fee only	In U.S Currency (ex: \$1.00)
Member Cost Share Amount \$	The dollar amount paid by member at the point of	In U.S Currency (ex: \$1.00)
NADAC Per Unit \$	The dollar amount per unit of the National Average Drug Acquisition Cost	In U.S Currency (ex: \$1.00)

NADAC Report Date	Date of CMS report used to determine NADAC rate	MM-DD-YYYY
Actual Percentage Reimbursement at 10% and Below	The actual percentage amount calculated at 10% and below the NADAC	Percentage to two decimals (Ex: 10.25%)
Pharmacy Chain	An entity that has twenty (20) or more pharmacies under common ownership or control, located in at least twenty (20) or more states.	
Retail Pharmacy	A pharmacy that is not a pharmacy chain or a publicly traded entity, and that does not exclusively provide mail order dispensing of prescription drugs	
Affiliate Pharmacy	Indicate if the dispensing pharmacy is an affiliate of the PBM pursuant to §510b.1(16)	Y=Yes, N=No
Dispensed Pursuant to a Federal, State, Or Local Government Health Plan	Indiciate of the payer is a Federal, State, or local government health plan	Y=Yes, N=No
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Order Number	Difference from NADAC (per unit)	NADAC Report Date <small>(date of the CMS Report used to determine the "NADAC" rate)</small>	Actual Percentage Reimbursement (10% and above) NADAC	Actual Percentage Reimbursement (10% and below) NADAC	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
	#VALUE!		0.00%	0.00%		

Number	Difference from NADAC (per unit)	NADAC Report Date <small>(date of the CMS Report used to determine the "NADAC" rate)</small>	Actual Percentage Reimbursement (10% and above) NADAC	Actual Percentage Reimbursement (10% and below) NADAC	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
Surveyed by	#VALUE!		0.00%	0.00%		

IOWA Retail Pharmacy Reporting Only

Only information about Iowa Retail pharmacies are included on this tab. All other claims included on **All_Other_Pharmacies** tab.

Pharmacy Benefits Manager Company Name	Prescription claim date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Amount the Pharmacy was Reimbursed \$ (per Unit)	NADAC per unit \$ (from CMS survey report as provided by the OIC)	NADAC Report Date (date of the CMS Report used to to determine the "NADAC" rate)	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
N/A	N/A	N/A	N/A	N/A			

All Other pharmacies, including non-Iowa Retail pharmacies.

Pharmacy Benefits Manager Company Name	Prescription claim date	Quantity of the Drug Dispensed (expressed in metric decimal units)	Amount the Pharmacy was Reimbursed \$ (per Unit)	NADAC per unit \$ (from CMS survey report as provided by the OIC)	NADAC Report Date (date of the CMS Report used to to determine the "NADAC" rate)	Affiliate Pharmacy (Yes / No)	Dispensed Pursuant to Government Health Plan (Yes / No)
N/A	N/A	N/A	N/A	N/A			