

PA Act 77: PBM Annual Transparency Report Instructions

Last Updated January 2026

Beginning July 1, 2026, and annually thereafter, Section 7 of Act 77 of 2024 (Pharmacy Benefit Reform Act, 40 P.S. § 4533.1) requires each registered PBM to submit to the Insurance Department a transparency report. The transparency report contains data for each health insurer client in the Commonwealth regarding rebates received, administrative fees received, retained rebates, and data regarding reimbursements of affiliated entities.

This document provides links to templates, instructions, and a comprehensive data dictionary for completing the PBM Annual Transparency Report required under Act 77. Definitions quoted from Act 77 are shown in quotation marks, with plain-language explanations provided for clarity.

Templates:

Word Template: [Download Word Template](#)

Excel Data Template: [Download Excel Template](#)

Instructions:

1. Complete the Excel Data Template with all fields per health insurer client.
2. Use the Word Template for PBM contact details.
3. **Submit both files together by July 1** annually to: **ra-in-pbm@pa.gov** with the subject line "**transparency report**".
4. Ensure internal review for accuracy and consistency before submission.
5. The experience period for the report must cover the full calendar year immediately preceding the report due date. For example, the first report due July 1, 2026 should include data from January 1, 2025 through December 31, 2025.

Confidentiality: Pursuant to 40 P.S. § 4533.1(d), all submissions are privileged and will be given confidential treatment. Consistent with the law, within 60 days of receipt, the Department will aggregate and deidentify the data to post a transparency report on the Department's [website](#).

Data Dictionary:

Column	Field	Definition (Act 77 / Explanation)	Format	Additional Requirements
A	# Client	Sequential number for each health insurer client record.	Numeric	Start at 1 and increment for each client row. Ensure no duplicates
B	Health Benefit Plan Client Name	"Health insurer client" includes both a health insurer and a health benefit plan offered by a health insurer.	Text	Use official legal name from contract or registration.
C	Health Benefit Plan Client Plan NAIC Code	The NAIC code identifying the health benefit plan.	Numeric	Verify against NAIC directory.
D	Aggregate amount of all rebates...	"The aggregate amount of all rebates that the PBM received from all pharmaceutical manufacturers for all health insurer clients and for each health insurer client."	USD	Report total dollar amount for prior calendar year; round consistently.
E	Aggregate administrative fees...	"The aggregate administrative fees that the PBM received from all manufacturers for all health insurer clients and for each health insurer client."	USD	Include only manufacturer-paid admin fees; exclude rebates.
F	The aggregate-retained rebates...	"The aggregate-retained rebates that the PBM received from all pharmaceutical manufacturers and did not pass through to health insurer clients."	USD	Report amount kept by PBM; confirm against contracts.

Column	Field	Definition (Act 77 / Explanation)	Format	Additional Requirements
G	The highest aggregate retained rebate percentage...	"The highest aggregate retained rebate percentage for health insurer client."	%	Compute per client using all rebate records; enter highest percentage for that client. Calculate as (retained rebates ÷ total rebates) × 100; use consistent decimal places.
H	The lowest aggregate retained rebate percentage...	"The lowest aggregate retained rebate percentage for health insurer client."	%	Same formula; compute per client using all rebate records; enter lowest percentage for that client; use consistent decimal places.
I	The mean aggregate retained rebate percentage...	"The mean aggregate retained rebate percentage for health insurer client."	%	Compute average across all rebate records for that client; use consistent decimal places.
J	Affiliate reimbursement differences	"For a PBM that controls or is affiliated with a pharmacy, a description of any differences between what the PBM reimburses or charges affiliated and nonaffiliated pharmacies."	Text Narrative	Enter narrative explanation under this column. Include examples such as: higher reimbursement rates, waived fees, or different payment terms. Be specific and avoid vague statements.

Example calculation for highest, lowest, and mean aggregate retained rebate percentage:

For each health insurer client, calculate:

- Highest aggregate retained rebate percentage: The maximum percentage across all rebate records for that client.
- Lowest aggregate retained rebate percentage: The minimum percentage across all rebate records for that client.
- Mean aggregate retained rebate percentage: The average of all retained rebate percentages for that client.

Formula: (Retained rebate ÷ Total rebate) × 100.

Example:

- Event 1. \$25,000 rebate → PBM retains \$1,000 (4.0%)
- Event 2. \$40,000 rebate → PBM retains \$1,600 (4.0%)
- Event 3. \$30,000 rebate → PBM retains \$750 (2.5%)
- Event 4. \$50,000 rebate → PBM retains \$2,000 (4.0%)
- Event 5. \$35,000 rebate → PBM retains \$1,050 (3.0%)
- Event 6. \$28,000 rebate → PBM retains \$840 (3.0%)

Highest = 4.0%, Lowest = 2.5%, Mean = 3.4%. Enter these values in the Excel row for that client.