

PBM C's P2 file for the 2020 reference year

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	PBM Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D3? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan B	01/01/2020	12/31/2020	PBM C	0	0	1	1

PBM D's P2 file for the 2020 reference year

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	PBM Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D3? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan B	01/01/2020	12/31/2020	PBM D	0	0	1	1

Suppose Plan C uses TPA A for behavioral health services and TPA B for other medical benefits. Assume Plan C's plan year is a calendar year and both TPAs will submit D1 and D2.

TPA A's P2 file for the 2020 reference year

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	TPA Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan C	01/01/2020	12/31/2020	TPA A; TPA B	1	1	0

TPA B's P2 file for the 2020 reference year

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	TPA Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan C	01/01/2020	12/31/2020	TPA A; TPA B	1	1	0

For TPA A and TPA B to include the information of both TPAs in the TPA fields in their respective P2 files, Plan C needs to provide each TPA with the name and EIN of the other TPA. If Plan C does not provide this information to the TPAs, then Plan C needs to submit a P2 file in HIOS to alert CMS that two different TPAs are submitting the same data file type on its behalf. (Note: A reporting entity can submit a plan list in HIOS without submitting a data file, but it is not possible to submit a data file in HIOS without submitting a plan list.)

Plan C's P2 file (if Plan C does not provide its TPAs with each other's name and EIN)

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	TPA Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan C	01/01/2020	12/31/2020	TPA A; TPA B	0	0	0

Suppose Issuer A covers Plan D's in-network claims and Issuer B covers Plan D's out-of-network claims. Suppose Issuer A and Issuer B are unaffiliated and that Plan D's plan year is the calendar year. Follow the same instructions given in the example for multiple vendors for medical benefits (Example 4.3).

Issuer A's P2 file for the 2020 reference year

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	Issuer Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan D	01/01/2020	12/31/2020	Issuer A; Issuer B	1	1	0

Issuer B's P2 file for the 2020 reference year

Group Health Plan Name	Plan Year Beginning Date	Plan Year End Date	Issuer Name	Included in D1? (1= Yes; 0 = No)	Included in D2? (1= Yes; 0 = No)	Included in D8? (1= Yes; 0 = No)
Plan D	01/01/2020	12/31/2020	Issuer A; Issuer B	1	1	0

As noted in the example for multiple vendors for medical benefits, Plan D will need to provide Issuers A and B with each other's name and EIN, or submit its own P2 file in HIOS showing the name and EIN of both issuers.

Suppose Plan E offers Benefit Package X through Issuer A and Benefit Package Y through Issuer B. Assume that Issuer A will submit information on Benefit Package X and Issuer B will submit information on Benefit Package Y. To help CMS reconcile submissions, Issuer A and Issuer B should use different plan names and plan numbers for different benefit packages. For example, they may add a modifier to the plan number, as demonstrated below.

Issuer A’s P2 file for the 2020 reference year

Group Health Plan Name	Group Health Plan Number	...	Plan Year Beginning Date	Plan Year End Date	...	Issuer Name	...	Included in D2? (1= Yes; 0 = No)	...
Plan E’s Benefit Package X	987-01	...	01/01/2020	12/31/2020	...	Issuer A	...	1	...

Issuer B’s P2 file for the 2020 reference year

Group Health Plan Name	Group Health Plan Number	...	Plan Year Beginning Date	Plan Year End Date	...	Issuer Name	...	Included in D2? (1= Yes; 0 = No)	...
Plan E’s Benefit Package Y	987-02	...	01/01/2020	12/31/2020	...	Issuer B	...	1	...

If Issuer A and Issuer B do not use different group health plan names and numbers for the different benefit packages, then at least one reporting entity’s P2 file should include information of both issuers in the Issuer Name and Issuer EIN fields, respectively. For example, Plan E could submit a P2 file as follows:

Plan E’s P2 file for the 2020 reference year (Only necessary if Issuer A and Issuer B use the same group health plan name and group health plan number for different benefit packages.)

Group Health Plan Name	Group Health Plan Number	...	Plan Year Beginning Date	Plan Year End Date	...	Issuer Name	...	Included in D2? (1= Yes; 0 = No)	...
Plan E	987	...	01/01/2020	12/31/2020	...	Issuer A; Issuer B	...	0	...

In this example, if Plan E doesn’t ensure that Issuers A and B use different group health plan names and numbers for the different benefit packages, and Plan E also doesn’t ensure that CMS receives a P2 file demonstrating that Plan E has multiple issuers, CMS would need to follow-up with the reporting entities to determine whether duplicate data has been submitted.