

CAA 2021: A QUICK REFERENCE GUIDE TO PRESCRIPTION DRUG DATA COLLECTION REPORTING

The first RxDC submissions were due on 1/31/2023 (for calendar years 2020 and 2021), and annual reporting is due each 6/1 thereafter for the prior calendar year. Employers with both self-insured and fully insured plans should respond timely to data requests from carriers and TPAs.

BACKGROUND

The Consolidated Appropriations Act, 2021 (CAA), which Congress passed in December 2020, incorporated a wide range of patient protections and transparency and disclosure obligations that apply to group health plans. Included among these is the requirement for group health plans — both self-insured and fully insured — to report certain information on prescription drug costs and spending to the DOL, HHS and Treasury via a CMS Enterprise Portal website. The Prescription Drug Data Collection submission is called the RxDC report. The RxDC Reporting Instructions as well as a compilation of Frequently Asked Questions are available on the CMS.gov website (see under the Resources section below). These materials are the sole authorized source of information for RxDC reporting.

The first RxDC submissions were due on 1/31/2023 (for calendar years 2020 and 2021), and annual reporting is due each 6/1 thereafter for the prior calendar year. (Note that CMS refers to calendar years as “reference years” for purposes of the RxDC reporting.) All RxDC reports are based on calendar year data, regardless of the employer’s ERISA plan year or policy year. Employers with non-calendar year medical plans will need to submit information that reflects the relevant portions of separate plan years that span the calendar year.

The RxDC reports consist of a series of data file reports (D1 to D8, where D stands for Data) and an accompanying plan list cover page (P2, where P stands for Plan). RxDC reporting is generally handled by plan sponsors and TPAs for self-insured plans and by insurance carriers for fully insured plans. (Note that CMS refers to insurance carriers as “issuers” for purposes of the RxDC reporting.) RxDC reporting does not apply to account-based plans such as HRAs and FSAs, excepted benefits or expatriate health plans. For further details about the items that are included in the RxDC reporting requirement and related employer action items, see the NFP publication [Transparency and No Surprises Act Obligations of Group Health Plans](#).

D1 DATA REQUIRED FOR 2022 REFERENCE YEAR AND THEREAFTER

For the first RxDC submissions (i.e., for 2020 and 2021), CMS allowed plan sponsors, insurance carriers and TPAs to submit RxDC reports without populating certain D1 data fields related to premium cost-share splits between employers and plan members if the information was not obtained, provided those data elements are reported for the 2022 reference year and all future reference years. Note that there is no requirement to provide this information for the 2020 and 2021 reference years if it was not previously provided and is routinely provided for 2022 and thereafter.

The D1 data that is required (i.e., no longer exempted from enforcement action for non-compliance) for RxDC reports for reference year 2022 and thereafter pertains to the portions of Per Member Per Month (PMPM) medical plan premiums that are paid respectively by

plan members (enrolled employees and their dependents) and employers. The RxDC Reporting Instructions refer to these amounts respectively as the “average monthly premium paid by members” and the “average monthly premium paid by employers.” Carriers and TPAs may request that plan sponsors (employers) express the employee and employer premium amounts as actual dollar amounts or as respective percentages of the total premium, or both. Employers should provide the information in the form requested by the carrier/TPA and should ensure that the sum of the component dollar figures or percentages equals the total amount (100%) of the premium paid to the insurer.

DATA REQUESTS FROM INSURANCE CARRIERS AND TPAs

For the reasons noted above, insurance carriers and TPAs began in early 2023 to request the member and employer premium contribution information from employers in order to meet the 6/1/2023 RxDC reporting deadline for the 2022 reference year. The deadline for responding to such requests may vary but will likely be **on or about 3/1/2023** and is expected to follow a similar timeframe annually thereafter. Employers should take the carrier or TPA’s deadline seriously, as carriers/TPAs may refuse to provide valuable RxDC reporting assistance to employers that fail to provide the requested information in a timely manner.

Below is a glossary of common terms in the context of RxDC reporting to help employers respond to data requests from carriers and TPAs. For all questions related to RxDC reporting, please refer to the RxDC Reporting Instructions on the CMS.gov website.

Group Health Plan Name	<p>If all of the employer’s plans are with the same issuer or TPA, use the ERISA plan name.</p> <p>If the employer uses different issuers or TPAs, the Group Health Plan Name for each unique issuer or TPA can be the name of the issuer or TPA.</p>
Group Health Plan Number	Enter a unique plan identification number. Employers can use the identification number in their own database or any other numbering sequence, such as the ERISA plan number, as long as there is a unique plan ID number for every plan.
Form 5500 Plan Number	Three-digit plan number reported on the IRS Form 5500.
TPA Name	Match the TPA Name provided by the TPA.
TPA EIN	Match the TPA EIN provided by the TPA.
PBM Name	Match the PBM Name provided by the PBM.

PBM EIN	Match the PBM EIN provided by the PBM.
Premium Equivalents (annual number)	A self-funded plan may use the same costs that are taken into account for purposes of calculating COBRA premiums (minus the 2% administration charge). A self-funded employer can also submit actual costs, matured. This is an annual amount.
ASO/TPA Fees Paid (Included in the Premium Equivalents field; annual number)	Report the ASO and other fees paid to the TPA. This amount should be included in Premium Equivalents. This is an annual amount.
Stop-Loss Premium Paid (Included in the Premium Equivalents field; annual number)	Report the stop loss premium paid to the insurer. This amount should be included in Premium Equivalents. This is an annual amount.
Average Monthly Premium Paid by Member	Report the average monthly premium (contribution) per member per month (PMPM) paid by members. The average is based on annual data for the reference year.
Average Monthly Premium Paid by Employer	Report the average monthly premium (PMPM) paid by employers on behalf of members. The average is based on annual data for the reference year.

RESOURCES

[Prescription Drug Data Collection \(RxDC\) Reporting Instructions](#)

[Prescription Drug Data Collection \(RxDC\) Frequently Asked Questions \(FAQs\)](#)

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