Recommendations for Completing the *UPMC Consolidated Appropriations Act Section 204 (RxDC) Data Collection Form*

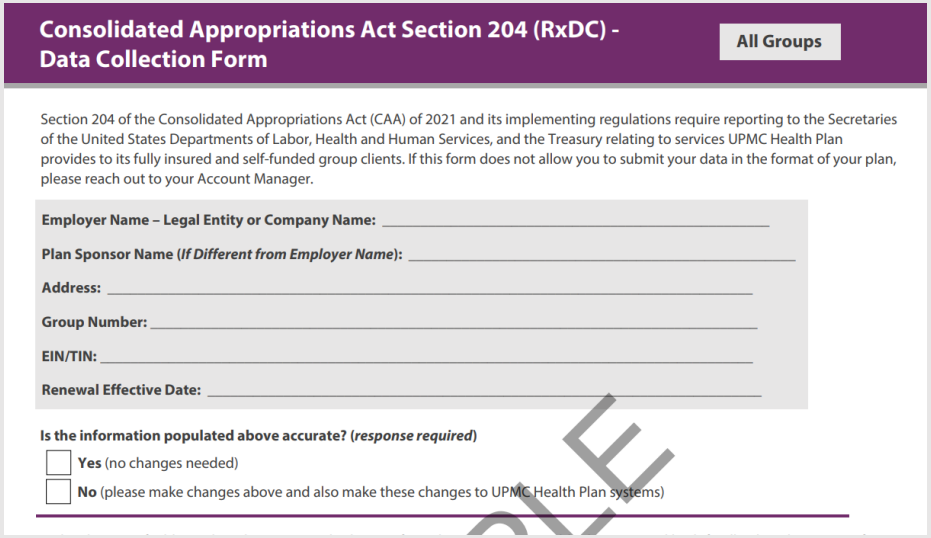
- Will be delivered by UPMC to clients, via email, the week of March 18, 2024
- **Due to be completed and returned to UPMC by April 30, 2024** <u>or</u> filing RxDC data with the federal enforcement agencies will be Employer Responsibility

Page 2

Review and verify the pre-populated data in this section.

- If all looks correct, please select the 'Yes - No Changes'.
- If changes are needed, please select 'No' and indicate the necessary changes.

>> Move to page #3



Consolidated Appropriations Act Section 204 (RxDC) - Data Collection Form — **All Groups**

Section 204 of the Consolidated Appropriations Act (CAA) of 2021 and its implementing regulations require reporting to the Secretaries of the United States Departments of Labor, Health and Human Services, and the Treasury relating to services UPMC Health Plan provides to its fully insured and self-funded group clients. If this form does not allow you to submit your data in the format of your plan, please reach out to your Account Manager.

Employer Name – Legal Entity or Company Name: _____

Plan Sponsor Name (*If Different from Employer Name*): _____

Address: _____

Group Number: _____

EIN/TIN: _____

Renewal Effective Date: _____

Is the information populated above accurate? (*response required*)

☐ **Yes** (no changes needed)

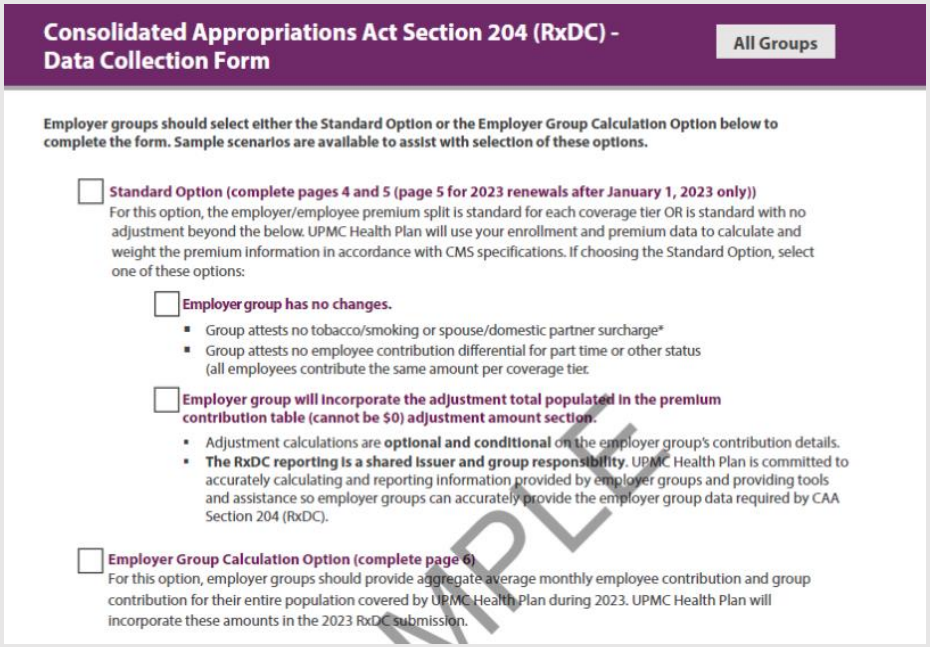
☐ **No** (please make changes above and also make these changes to UPMC Health Plan systems)

SAMPLE

Page 3

To utilize the suggested Employer Group Calculation Option, select the 'Employer Group Calculation Option' box.

>> Skip to Employer Group Calculation (Page #5 or Page #6 depending on packet size)



Consolidated Appropriations Act Section 204 (RxDC) - Data Collection Form — **All Groups**

Employer groups should select either the Standard Option or the Employer Group Calculation Option below to complete the form. Sample scenarios are available to assist with selection of these options.

☐ **Standard Option (complete pages 4 and 5 (page 5 for 2023 renewals after January 1, 2023 only))**
For this option, the employer/employee premium split is standard for each coverage tier OR is standard with no adjustment beyond the below. UPMC Health Plan will use your enrollment and premium data to calculate and weight the premium information in accordance with CMS specifications. If choosing the Standard Option, select one of these options:

- ☐ **Employer group has no changes.**
  - Group attests no tobacco/smoking or spouse/domestic partner surcharge*
  - Group attests no employee contribution differential for part time or other status (all employees contribute the same amount per coverage tier.
- ☐ **Employer group will incorporate the adjustment total populated in the premium contribution table (cannot be $0) adjustment amount section.**
  - Adjustment calculations are **optional and conditional** on the employer group's contribution details.
  - **The RxDC reporting is a shared issuer and group responsibility.** UPMC Health Plan is committed to accurately calculating and reporting information provided by employer groups and providing tools and assistance so employer groups can accurately provide the employer group data required by CAA Section 204 (RxDC).

☐ **Employer Group Calculation Option (complete page 6)**
For this option, employer groups should provide aggregate average monthly employee contribution and group contribution for their entire population covered by UPMC Health Plan during 2023. UPMC Health Plan will incorporate these amounts in the 2023 RxDC submission.

SAMPLE

Page 5 (on a 6 page packet)
Page 6 (on a 7 page packet)

▶ SECTION 3: PLAN NUMBERS

Confirm UPMC pre-populated data in section 3A (Year 1)
Confirm UPMC pre-populated data in section 3B (Year 2) - *will only be present if your renewal is a month other than January, where two renewal periods were applicable to 2023 premiums.*

Plan Description/Plan Name: Name of the plan that typically includes Product Type, Network and general descriptors related to deductible or copayments.
Plan Code: Associated alpha/numeric code UPMC assigns to its plans.

Form 5500 Plan Number entry is only applicable to Employers who sponsor employee benefits plan with ***more than 100 participants on the first day of the plan***. These employers are required to file a Health & Welfare Form 5500 (due the last day of the 7th month after end of the plan year).

- Filings are done through the IRS portal and include a 3-digit number the plan sponsor assigns, to differentiate between plans it sponsors.
- If filing is applicable, enter your 3-digit number on the form.
- If this does not apply to you (enter N/A or leave blank).

▶ SECTION 4: CONTRIBUTION SPLIT

Stop Loss Premiums Paid is only applicable to clients that offer self-funded coverage. This field is specifically for clients who offer self-funded coverage with a stop loss carrier other than UPMC.

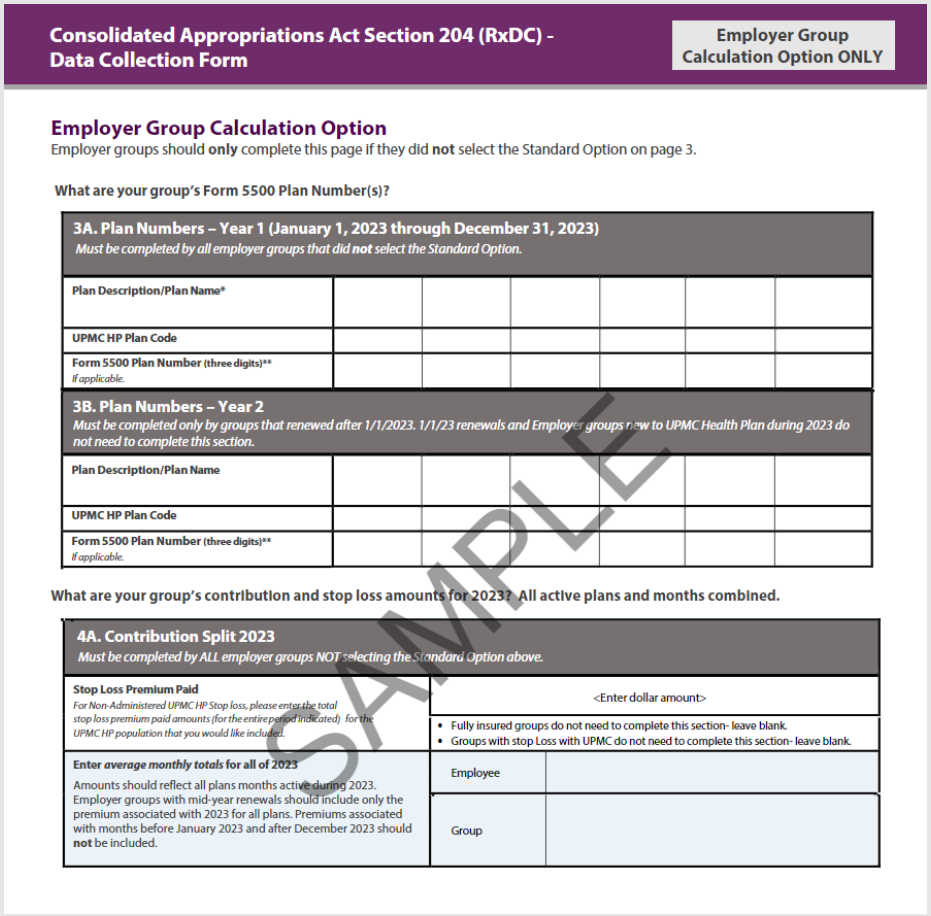
If your coverage is fully insured, leave blank or enter N/A.

Enter Average Monthly totals for all of 2023 is where you will enter your calculations for Average Monthly totals of your UPMC plan(s).

If you have a renewal month other than January, premiums associated to months before January 2023 and after December 2023 should not be included in your calculations.

Employee: Enter the 2023 monthly average of the *Employee Contribution* to 2023 premiums
Group: Enter the 2023 monthly average of the *Employer Contribution* to 2023 premiums

>> Move to Final Page



Consolidated Appropriations Act Section 204 (RxDC) - Data Collection Form

Employer Group Calculation Option ONLY

Employer Group Calculation Option

Employer groups should **only** complete this page if they did **not** select the Standard Option on page 3.

What are your group's Form 5500 Plan Number(s)?

3A. Plan Numbers – Year 1 (January 1, 2023 through December 31, 2023) *Must be completed by all employer groups that did **not** select the Standard Option.*						
Plan Description/Plan Name*						
UPMC HP Plan Code						
Form 5500 Plan Number (three digits)** *If applicable.*						
3B. Plan Numbers – Year 2 *Must be completed only by groups that renewed after 1/1/2023. 1/1/23 renewals and Employer groups new to UPMC Health Plan during 2023 do not need to complete this section.*						
Plan Description/Plan Name						
UPMC HP Plan Code						
Form 5500 Plan Number (three digits)** *If applicable.*						

What are your group's contribution and stop loss amounts for 2023? All active plans and months combined.

4A. Contribution Split 2023 *Must be completed by ALL employer groups NOT selecting the Standard Option above.*		
Stop Loss Premium Paid *For Non-Administered UPMC HP Stop loss, please enter the total stop loss premium paid amounts (for the entire period indicated) for the UPMC HP population that you would like included.*	<Enter dollar amount> • Fully insured groups do not need to complete this section- leave blank. • Groups with stop Loss with UPMC do not need to complete this section- leave blank.	
Enter *average monthly totals* for all of 2023 Amounts should reflect all plans months active during 2023. Employer groups with mid-year renewals should include only the premium associated with 2023 for all plans. Premiums associated with months before January 2023 and after December 2023 should **not** be included.	Employee	
	Group	

Final Page

Once you have read and agree to the *Terms of Acceptance,* check the 'Agree' box.

Complete the electronic Signature requirements for:

- Signature
- Name
- Title
- Date

>> Adobe EchoSign should include a final step to [Submit] or [Finish] for peace of mind that the submission has been transmitted to the Health Plan successfully.

If you are unsure, please reach out to your Producer, Client Support Team, or UPMC Account Manager.