## **EMPLOYER NEWS**

February 8, 2023

## **Employer Groups Must Complete RxDC Survey By March 3 Per CAA**

Under the Consolidated Appropriations Act (CAA), health insurers offering group or individual health coverage are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor, and Treasury.

The required submission date to report 2022 data is June 1, 2023. This information must be submitted through a web portal set up by the Centers for Medicare & Medicaid Services (CMS).

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) will submit the files for all groups who had active coverage during the 2022 reference year. Groups who had a Pharmacy Benefit Manager (PBM) other than the OptumRx integrated PBM, including OptumRx direct, will need to work with that PBM to submit the D3-D8 files.

To support this initiative, we will collect data annually from each group to complete the RxDC reporting. You may have submitted data in the prior year; however, because information may change, we must collect data each year.

Employer groups <u>must</u> complete the survey by March 3, 2023 deadline.¹ Groups offering both HPN/SHL and UHC coverage will need to complete the survey twice – once with their HPN/SHL group number and once with their UHC policy number. Before starting the survey, you'll need to gather the following information:

- Member and employer average premium
- Administrative fees/TPA fees (if applicable)
- Medical, pharmacy, behavioral, and wellness vendors and their EIN (Employee Identification Number) if you have any vendors other than HPN/SHL

## **Take Survey**

Once you complete the survey, you cannot go back and make changes. If you have questions, please contact your HPN/SHL sales representative.

<sup>1</sup>If a group fails to complete the survey by March 3, HPN/SHL will submit the data in our system to CMS. However, the submission will be incomplete and the missing information will still need to be provided to CMS by the health plan or another reporting entity.



