



Prescription Drug and Healthcare Spending (RxDC) Reports

*Small and Mid-market Employer Portal
Form Submission User Manual*

FULLY INSURED GROUP HEALTH PLANS

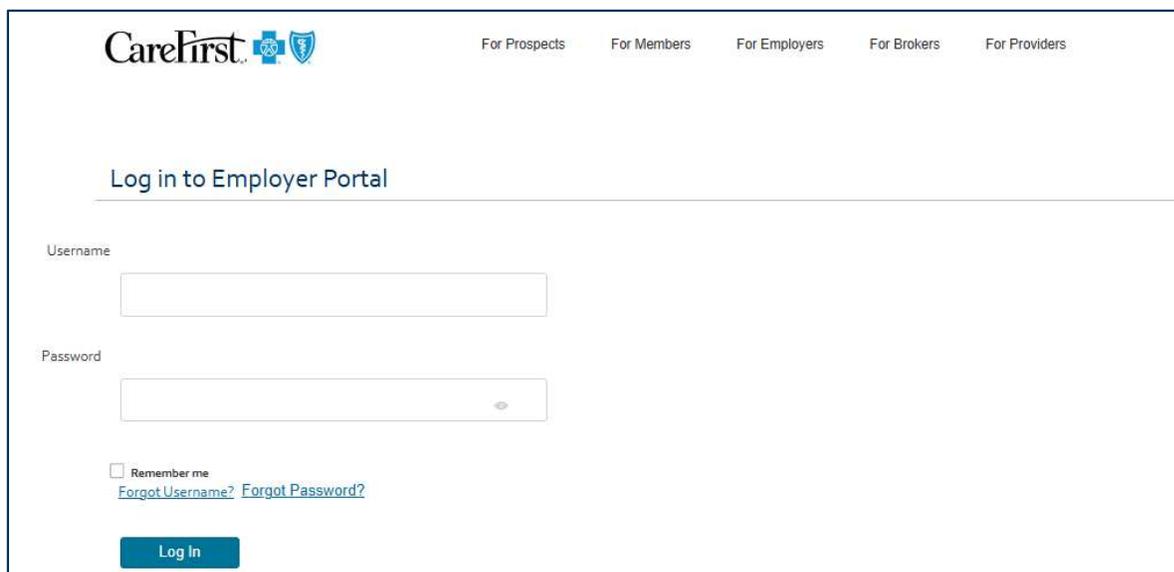
Table of Contents

Locating the Annual RxDC Submission Form	2
Opt Out.....	3
Completing the Form	4
Important Reminders	4
States Where the Plan is Offered	5
Entering Paid Amounts.....	6
Submitting the Form.....	7
Mid-Year Market Segment Changes.....	8
FAQs.....	13
Troubleshooting Tips	14

Locating the Annual RxDC Submission Form

1. Log into the CareFirst Employer Portal.

- **URL:** <https://employer.carefirst.com/elogin/>
- A registered account is required to access the form.



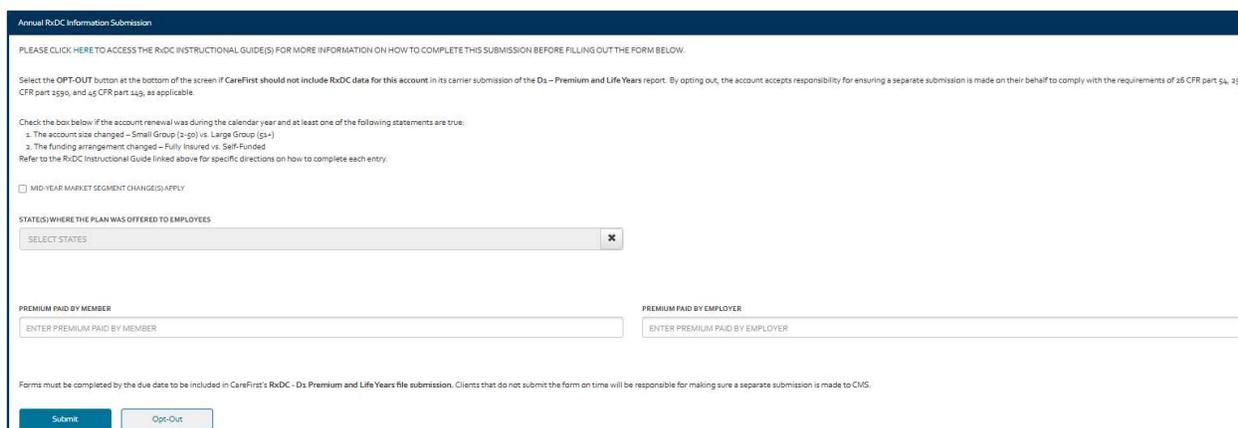
The screenshot shows the CareFirst logo at the top left, with navigation links for 'For Prospects', 'For Members', 'For Employers', 'For Brokers', and 'For Providers'. Below the logo is the heading 'Log in to Employer Portal'. There are two input fields: 'Username' and 'Password'. Below the password field is a 'Remember me' checkbox and two links: 'Forgot Username?' and 'Forgot Password?'. At the bottom is a blue 'Log In' button.

2. Click the Annual RxDC Submission option under *Quick Links*.



The screenshot shows the 'Welcome' section of the portal. On the left is a 'Quick Member Lookup' section with a 'Subscriber ID/ SSN' input field and a 'Search' button. On the right is a 'Quick Links' section with three items: 'Find a Doctor', 'Annual RxDC Information Submission' (highlighted with a red box), and 'CareFirst Connect Enrollment'.

3. The form that opens will look like this:



The screenshot shows the 'Annual RxDC Information Submission' form. It includes a header with the title and a link to the instructional guide. The main content area contains instructions and a checklist. There are two input fields for 'PREMIUM PAID BY MEMBER' and 'PREMIUM PAID BY EMPLOYER'. At the bottom are 'Submit' and 'Opt-Out' buttons.

Opt Out

1. Review the text outlined in orange in the screenshot below before clicking the “Opt-Out” button at the bottom of the form.

Annual RxDC Information Submission

PLEASE CLICK HERE TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the Ds – Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

SELECT STATES

PREMIUM PAID BY MEMBER

ENTER PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

ENTER PREMIUM PAID BY EMPLOYER

Forms must be completed by the due date to be included in CareFirst's RxDC - Ds Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

2. To retain a record of the opt-out, take a screen shot of the pop-up confirming the selection was successful.

Annual RxDC Information Submission

PLEASE CLICK HERE TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the D1 – Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

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2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

SELECT STATES

PREMIUM PAID BY MEMBER

ENTER PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

ENTER PREMIUM PAID BY EMPLOYER

Forms must be completed by the due date to be included in CareFirst's RxDC - D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

You have opted out successfully

Note: The Opt-Out button can still be used even if data was entered into the form fields before selecting to opt out.

Completing the Form

Clients that had a Market Segment Change upon renewal with CareFirst during the calendar year (*after January 1st*) should review the [Mid-Year Market Segment Changes](#) section before continuing.

Review the [RxDC Informational Guide – Fully Insured Group Health Plans](#) to learn about what is or is not an applicable change.

Annual RxDC Information Submission

PLEASE CLICK HERE TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the OPT-OUT button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the D1 – Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

SELECT STATES ✕

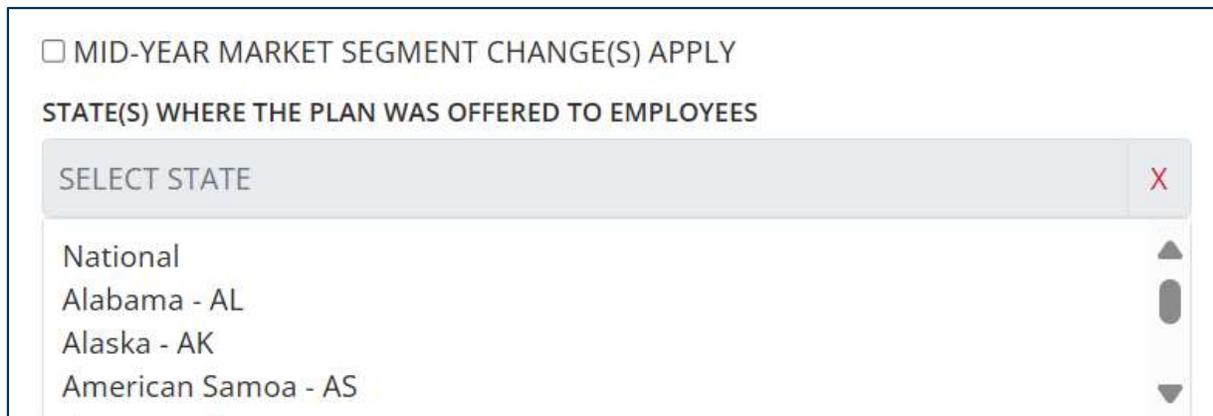
If there were no applicable market segment changes during the calendar year, leave the checkbox blank.

Important Reminders

- Review the information in the RxDC Instructional Guide for Fully Insured Group Health Plans that contains important detail about the information being requested before attempting to complete the form.
- A brief definition of the required data can be viewed in the form by hovering over a specific field.
- Clients that wish to retain a record of their submission(s) should use print screen or screen shot capabilities to capture a view of the data entered before clicking submit and/or the pop-up that appears to indicate a submission was successful.

States Where the Plan is Offered

Click the gray box labeled "SELECT STATE" to reveal the dropdown for making selections.



The screenshot shows a form with a checkbox labeled "MID-YEAR MARKET SEGMENT CHANGE(S) APPLY". Below it is a label "STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES". A dropdown menu is open, showing a gray box with the text "SELECT STATE" and a red "X" icon. The dropdown list contains the following options: "National", "Alabama - AL", "Alaska - AK", and "American Samoa - AS". A scroll bar is visible on the right side of the dropdown list.

- Use the scroll bar to navigate through the list of options available.
- Multiple states and/or U.S. territories can be selected without needing to hold down the ctrl key.
- If "National" is selected, only U.S. territories can be added as selections.
- Selections will appear in the gray box, separated by semicolons when there is a list of more than one selection.
- State and/or U.S. territory selections will be represented in the list of selections by the corresponding 2-digit abbreviation.



The screenshot shows the same dropdown menu as above, but with multiple selections. The gray box now contains the text "AL;DC;CT" and a red "X" icon. An orange arrow points to the text in the gray box. The dropdown list contains the following options: "California - CA", "Colorado - CO", "Connecticut - CT", "Delaware - DE", and "District of Columbia - DC". The "Connecticut - CT" option is highlighted with a dark gray background. A scroll bar is visible on the right side of the dropdown list.

Entering Paid Amounts

An entry is required for each of the following fields:

- Premium Paid by Member
- Premium Paid by Employer

Requirements for Entering Paid Amounts:

- All amounts should be total dollar amounts.
- The form automatically includes the decimal point.
- Paid amount fields cannot be left blank.
- If the client pays 100% of the cost of coverage with no contribution from the member enter 0 for the Premium Paid by Member.

Example of a form ready for submission

Annual RxDC Information Submission

PLEASE CLICK HERE TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the D1 - Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2550, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed - Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed - Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

National

PREMIUM PAID BY MEMBER: \$7,325.38

PREMIUM PAID BY EMPLOYER: \$14,270.15

Forms must be completed by the due date to be included in CareFirst's RxDC - D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

Submitting the Form

1. After entering the required information, click the “Submit” button at the bottom of the form.

Clients that want a record of the information provided should take a print screen or screenshot before submitting the form.

Annual RxDC Information Submission

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Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the D1 – Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

National

PREMIUM PAID BY MEMBER: \$7,335.28

PREMIUM PAID BY EMPLOYER: \$14,270.56

Forms must be completed by the due date to be included in CareFirst's RxDC - D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

Submit Opt-Out

2. A pop-up will appear to confirm a successful submission.

Clients that want a record of a successful submission should take a print screen or screenshot before clicking the “Okay” button.

Annual RxDC Information Submission

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Select the **OPT-OUT** button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the D1 – Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

Check the box below if the account renewal was during the calendar year and at least one of the following statements are true:

1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

AS

PREMIUM PAID BY MEMBER: \$78.67

PREMIUM PAID BY EMPLOYER: \$14,270.56

Forms must be completed by the due date to be included in CareFirst's RxDC - D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

Submit Opt-Out

Form submitted successfully

Okay

Mid-Year Market Segment Changes

Clients that had an applicable mid-year market segment change as outlined in the RxDC Instructional Guide(s) need to provide two sets of data that will be stored and reported separately.

Annual RxDC Information Submission

PLEASE CLICK HERE TO ACCESS THE RxDC INSTRUCTIONAL GUIDE(S) FOR MORE INFORMATION ON HOW TO COMPLETE THIS SUBMISSION BEFORE FILLING OUT THE FORM BELOW.

Select the OPT-OUT button at the bottom of the screen if CareFirst should not include RxDC data for this account in its carrier submission of the D1 – Premium and Life Years report. By opting out, the account accepts responsibility for ensuring a separate submission is made on their behalf to comply with the requirements of 26 CFR part 54, 29 CFR part 2590, and 45 CFR part 149, as applicable.

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1. The account size changed – Small Group (2-50) vs. Large Group (51+)
2. The funding arrangement changed – Fully Insured vs. Self-Funded

Refer to the RxDC Instructional Guide linked above for specific directions on how to complete each entry.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

SELECT STATES

Check the box to confirm at least one of the outlined criteria is true and mid-year market segment changes apply. This will reveal additional data fields.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT Small (2-50) Medium (51-999) Large (1000-9999) Jumbo (10000 +)

SELF-FUNDED DATA SUBMISSION Yes No

The submissions can be completed in any order, as long as the information provided in each submission is specific to the time period either before or after the change in market segment.

We recommend that the information for the most recent market segment be the first submission, and the following instructions take that approach.

1. Enter the current Group ID assigned by CareFirst. This ID is either a 4-digit number or a 5-digit ID that could be either numeric or alphanumeric.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

ABC6 

PLAN YEAR EFFECTIVE DATE

mm/dd/yyyy 

MARKET SEGMENT Small (2-50) Medium (51-199) Large (200-999) Jumbo (1000+)

SELF-FUNDED DATA SUBMISSION Yes No

2. Enter the Plan Year Effective Date for the market segment change.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

ABC6

PLAN YEAR EFFECTIVE DATE

02/01/2024  

MARKET SEGMENT Small (2-50) Medium (51-199) Large (200-999) Jumbo (1000+)

SELF-FUNDED DATA SUBMISSION Yes No

This should be for the plan year that started in the calendar year being reported.

3. Select the market size applicable to the client.

MARKET SEGMENT Small (2-50) Medium (51-199) Large (200-999) Jumbo (1000 +)

SELF-FUNDED DATA SUBMISSION Yes No

The Self-Funded Data Submission indicator cannot be selected when the Market Segment selected is Small (2-50).

Clients that select the Medium (51-199) market segment for the plan that became effective in calendar year 2024 will need to select “No” for the Self-Funded Data Submission Indicator.

4. Complete the form as outlined in the previous sections of this manual with the information for the applicable portion of the calendar year.

5. After submitting the first form, repeat the steps in this section with the information from before the change.

- The Group ID may or may not be the same.
- The Plan Year Effective Date should be in the calendar year before the year being reported.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

ABC6

PLAN YEAR EFFECTIVE DATE

02/01/2023

For the Market Segment size and the Self-Funded Data Submission indicator, at least one will be different – or possibly both.

MARKET SEGMENT Small (2-50) Medium (51-199) Large (200-999) Jumbo (1000 +)

SELF-FUNDED DATA SUBMISSION Yes No

- For clients that were fully-insured both before and after the effective date of the change, and only the market segment was different, the form will have all the same fields to be completed as the previous submission.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT Small (1-50) Medium (51-999) Large (1000-9999) Jumbo (10000 +)

SELF-FUNDED DATA SUBMISSION Yes No

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

Forms must be completed by the due date to be included in CareFirst's RxDCC - Ds Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

- For clients that did not have a change in market size, but were previously self-insured, the form will have only the fields required for fully insured Large Group health plans.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT Small (1-50) Medium (51-999) Large (1000-9999) Jumbo (10000 +)

SELF-FUNDED DATA SUBMISSION Yes No

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

ADMIN FEES

STOP LOSS ISSUER NAME

STOP LOSS ISSUER EIN

PBM NAME

PBM EIN

PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

PREMIUM EQUIVALENTS

STOP LOSS PREMIUM

Forms must be completed by the due date to be included in CareFirst's RxDCC - Ds Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

- For clients that were previously fully insured but moved from the Large Group market where it is possible that the client's pharmacy benefits were not through CareFirst, the form will display optional PBM fields to capture that information if applicable.

MID-YEAR MARKET SEGMENT CHANGE(S) APPLY

GROUP ID (4 OR 5 DIGIT)

PLAN YEAR EFFECTIVE DATE

MARKET SEGMENT Small (1-50) Medium (51-199) Large (200-999) Jumbo (1000+)

SELF-FUNDED DATA SUBMISSION Yes No

STATE(S) WHERE THE PLAN WAS OFFERED TO EMPLOYEES

PBM NAME

PBM EIN

PREMIUM PAID BY MEMBER

PREMIUM PAID BY EMPLOYER

Forms must be completed by the due date to be included in CareFirst's RxDC - D1 Premium and Life Years file submission. Clients that do not submit the form on time will be responsible for making sure a separate submission is made to CMS.

FAQs

Q: Is there a different way for current clients to provide the data to CareFirst?

A: No. In the interest of data security and governance, all current client data must be provided using the form created in the secure portals, either by the client directly, or by their broker/consultant, if applicable.

Q: How do I know if my submission was successful?

A: If a popup appears with the message "Form submitted successfully" and there is no error message that appears at the same time, the submission was successful.

Q: Can I check the status of my submission?

A: This is not currently an option.

Q: Can I get a copy of the data I submitted?

A: This is not currently an option. Clients that want to retain a copy of the data they submit should capture the screen with the completed form before clicking the submit button.

Q: If an error message appears at the same time as the confirmation of successful submission, was the data received?

A: There is a chance that the data did not save. The troubleshooting tips in the next section should be used to attempt the submission again.

Q: Can I change my data after I have clicked submit?

A: The form can be filled out again with all the required data, including any corrections, and submitted as many times as needed prior to the due date. CareFirst will use the data submitted closest to the due date.

Q: What do I do if I am not sure that my submission was successful?

A: It's always a good idea to submit again if the successful submission message was not received. The subsequent successful mission will simply replace the original submission if it was successful.

Troubleshooting Tips

In the event of an error message or technical issue in completing the submission, try the tips below before attempting the submission again.

Suggestion #1

1. Log out of the portal.
2. Clear your browser's cache.
3. Log into the portal and try again.

Suggestion #2

1. Log out of the portal.
2. Clear your browser's cache.
3. Open a new browser tab.
4. Log into the portal and try again.

Suggestion #3

1. Log out of the portal.
2. Open a private or incognito window in your browser.
3. Log into the portal and try again.

Suggestion #4

1. Log out of the portal and close your browser.
2. Open a different browser.
3. Log into the portal and try again.

Suggestion # 5

It's possible that scheduled maintenance, an unplanned network outage, or other technical issue may be temporarily impacting your ability to submit the form.

1. Log out of the portal.
2. Try again another day.

If you are unable to successfully troubleshoot the issue, please contact Portal Support at SBUPortalSupport@carefirst.com. Please include a detailed description of the issue, including screenshots of the data you are entering and any errors you are receiving.



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