

## For brokers and producers only

Date: December 22, 2022

**Markets: Commercial, excluding Med Supp/Medigap and Medicare Advantage**

### CAA Update: Prescription Drug and Healthcare Spending Reports

*Also referred to as Section 204 or RxDC reports*

At this time, we would like to provide some updates and additional FAQs on the RxDC reporting requirements and submission in follow-up to our [October 27 Broker News](#). **These documents can be shared with clients.**

#### Updates

- There will be **no charge to groups for the December 2022** reporting submission. Additionally, Self-Insured groups with Rx carved in under our CVS Caremark contract will not see any pass-through charges from CVS for this initial submission. Any future pricing strategy will be communicated at a later date.
- **CareFirst is submitting data on the D files at an aggregate level** by issuer EIN. Only the plan list P files will include any group-specific data.
- CareFirst is not submitting any data for FlexLink or NetLease clients, unless their pharmacy benefits fall under our CVS Caremark contract, in which case their data will be included in the D3-D8 submission (and therefore on the P2).
- Medigap/Medicare Supplement and Medicare Advantage plans are out of scope.
- Retiree-only plans are out of scope; however, if a plan includes both active and retired employees, the data will be included.
- **This article includes [charts](#) that outline what reporting CareFirst is submitting directly to CMS.**
- **For accounts that have their pharmacy benefits carved out to another PBM or direct with CVS**, CareFirst will not submit any pharmacy-related data, including the relevant portion of the premium equivalents. The account should coordinate with their PBM to make sure the data is being submitted on their behalf.
- **For accounts that do not have CareFirst Stop Loss**, account teams should have reached out to request 2020 and 2021 calendar year stop loss premiums paid. CareFirst will report this data on behalf of groups that provide it as requested. If an appropriate response was not received in time, the account should make sure that the data is being submitted on their behalf by another reporting entity.
- Groups that have wellness services and behavioral health services that process claims separate from CareFirst are responsible for making sure that those vendors are submitting the necessary reports for that data.
- **CareFirst will submit one narrative response file for each reference year.** The narrative questions provide an open-text opportunity to address specific aspects of the data being reported. For groups with integrated pharmacy benefits under the CareFirst CVS Caremark contract, responses to pharmacy benefit-related questions will be coordinated with CVS. Responses to the remaining questions will be provided as CareFirst deems necessary.

## Frequently Asked Questions

### Q: What if a group only had CareFirst or CareFirst/CVS for part of the reference year?

A: CareFirst will submit the data for that part of the reference year. The group will need to work with their other carrier/PBM to submit the data for the remaining part of the reference year.

### Q: How will CareFirst let clients know when their files have been submitted?

A: Per the mandate, CareFirst will meet the submission deadline set by CMS for the data we are submitting (as outlined in the charts included in this communication). **We will not be sending out any mass communication confirming the completed submission.**

### Q: If my group has more than one entity submitting data on our behalf, do we need to submit a “Master P2” that identifies each of those entities?

A: No. CMS has confirmed that some carriers have incorrectly told groups that they need to do this.

### Q: Why is it OK that CareFirst is not submitting group-level data in the D files?

A: CMS is looking to analyze the spending information at an aggregate level based on issuer, state, and market segment. There is no compliance impact on groups for the data being submitted at the aggregate level.

### Q: What group-identifying information is CareFirst using on the P2 file?

A: CareFirst will list the group name, EIN and CareFirst group number listed in our system. We will not take requests to use a different group number. CMS has indicated that they will use the group EIN to reconcile files submitted by multiple reporting entities.

### Q: How will CareFirst report the average monthly premium contributions for members vs. employers?

A: For this initial submission, CMS does not require this information to be included in the D1 report. CareFirst is working on a strategy to be able to report this data for future submissions.

### Q: If an account does not have CareFirst Stop Loss, but our TPA, Stop Loss carrier, or other PBM is reporting the Stop Loss premiums, does CareFirst still need this information?

A: No, as long as the data is being reported by another entity or the account themselves, CareFirst does not need the information.

## For more information

Please contact [Mandates@carefirst.com](mailto:Mandates@carefirst.com).