

CareFirst RxDC Survey Outline for Collecting 2023 Data

Fully Insured Clients

The purpose of this survey is for CareFirst Administrators to collect certain data that is required for the submission of the CAA RxDC reporting that is due by 6/1/2024.

The questions in this survey are required, unless you formally opt out, thereby accepting responsibility for separately submitting the RxDC - D1 Premium & Life Years file and a corresponding P2 file for the plans offered by the Plan Sponsor that you represent. See "Opt Out" in the next question.

For additional detail on the data elements being requested, please reference the < [Fully Insured RxDC Instructional Guide](#)>. If you have any questions regarding this survey, please contact your Account Consultant.

<START>

1. All questions apply to [Account Name], [Group ID]:

- I agree to CareFirst submitting the RxDC - D1 Premium & Life Years file <CONTINUE>
- I "Opt Out" (thereby accepting responsibility for separately submitting the RxDC - D1 Premium & Life Years file and a corresponding P2 file for the plans offered by the Plan Sponsor <END>

2. Please select all states where the plans are offered

For purposes of RxDC reporting, a plan is considered "offered" in a state if an employee could live or work there and be eligible to obtain coverage under the plan. You may enter "National" if a person living or working in *any* state and DC would be eligible to obtain coverage under the plan. If a plan is offered nationally and in one or more territories, select "National" and the applicable territories.

[Drop down with multiple selection ability]

3. Pharmacy Benefits Manager - PBM (select the option that applies):

- The client has their Rx benefit through the CVS Caremark contract <SKIP TO No. 4>
- The client does not have an Rx benefit <SKIP TO No. 4>
- The client has their Rx benefit through a PBM that is NOT through the CVS Caremark contract <CONTINUE>

a. PBM Name

For groups that do not have their Rx benefit through our CVS Caremark contract

<TEXT FIELD>

b. PBM EIN

Enter 9 digits

<REQUIRES EXACTLY 9 DIGITS>

4. TOTAL Premium Dollars Paid by Members

The total premium equivalent dollars paid by members for coverage administered in the reference year, including COBRA coverage (premiums and the 2% administrative fee) and any surcharges or wellness differentials assessed on the member (e.g., tobacco or spousal surcharges). This includes retiree-only plans, as CareFirst is not able to exclude data for retiree-only plans. Do not include information for stand-alone dental or vision plans, or other excepted benefits such as Employee Assistance Programs (EAPs).

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5. TOTAL Premium Dollars Paid by Employers

The total premium equivalent dollars paid the by the employer for coverage administered in the reference year, excluding the amount paid be members from the previous question. This includes any portion of COBRA premiums paid by the employer (for example, with an 80/20 split). This includes retiree-only plans as CareFirst is not able to exclude data for retiree-only plans. Do not include information for stand-alone dental or vision plans, or other excepted benefits such as Employee Assistance Programs (EAPs).

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Thank you. Your response has been recorded. <END OF SURVEY>

