

# CareFirst RxDC Survey Outline for Collecting 2023 Data

## Self-Funded 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 < [Self-Funded 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. Stop Loss Coverage (select the option that applies):

- The client has Stop Loss coverage through CareFirst <SKIP TO No. 4>
- The client does not have Stop Loss Coverage <SKIP TO No. 4>
- The client has Stop Loss coverage through a carrier that is NOT CareFirst <CONTINUE>

**a. Stop Loss Issuer Name**

For groups with Stop Loss that is NOT through CareFirst, the name of the Stop Loss carrier.

<TEXT FIELD>

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**b. Stop Loss Issuer EIN**

Enter 9 digits

<REQUIRES EXACTLY 9 DIGITS>

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

- The client has their Rx benefit through the CVS Caremark contract <SKIP TO No. 5>
- The client does not have an Rx benefit <SKIP TO No. 5>
- 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>

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**b. PBM EIN**

Enter 9 digits

<REQUIRES EXACTLY 9 DIGITS>

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**5. TOTAL Premium Equivalent 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 that are not a qualified EGWP or Medigap plan, 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).

\_\_\_\_\_ <CONTINUE>

**6. TOTAL Premium Equivalent 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 that are not a qualified EGWP or Medigap plan 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).

\_\_\_\_\_ <CONTINUE>

## 7. Premium Equivalents

The total cost (dollar amount) of offering and maintaining the plan(s) administered by CareFirst. Aggregate total dollars paid by the group for claim costs, administrative costs (including open enrollment expenses), stop loss premiums, and network access fees. This amount should be the sum of the previous two questions.

\_\_\_\_\_ <CONTINUE>

## 8. Admin Fees Paid

The applicable portion of what is being reported in the Premium Equivalents.

\_\_\_\_\_ <CONTINUE>

## 9. Stop Loss Fees Paid

The applicable portion of what is being reported in the Premium Equivalents.

\_\_\_\_\_ <CONTINUE>

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

