

CAA'S PRESCRIPTION DRUG DATA COLLECTION (RxDC) FULLY-INSURED CARRIER REFERENCE

The Consolidated Appropriations Act (CAA) of 2021 created a myriad of new compliance requirements for health plans and insurance issuers, aimed to promote transparency in health care. One of the new requirements is for group health plans and insurance issuers to issue annual reports related to prescription drugs and health care spending. These reports will be submitted by insurance issuers to the Centers for Medicare and Medicaid Services (CMS), which will be used to create reports for Congress, DOL, and HHS on health plan pharmaceutical spending and trends.

For employers with fully insured plans, the reporting obligation falls onto the health insurance issuer (the carrier) in almost all circumstances, because the employer does not have access to the carrier-level information that must be reported. However, some insurance carriers may seek to verify some data such as employee- and employer-contribution amounts, etc. Following is a collection of responses from Word & Brown's carrier partners on their approaches to complying with the new RxDC reporting requirements. For further information, refer to Word & Brown's [newsroom column](#) on these pharmaceutical reporting compliance requirements.

Carrier	If an employer wants to obtain a written agreement with you (its insurance issuer), to document that the carrier is complying with the CAA Rx reporting requirements, how can an employer do so?	Do you plan to file the Rx reporting requirements for Plan Years 2020 and 2021 by the 12/27/2022 deadline?	Is there a way for an employer to review the Rx information submitted in its reports by the issuer (carrier)? If so, how?	Will you be filing by 6/1/2023 for 2022, and every plan year by 6/1 thereafter?	Will you be confirming employer contribution and employee contribution requirements with employers to facilitate CAA Rx reporting for 2020 and 2021 compliance (due 12/27/2022)? And for 2022 (due 6/1/2023)?
Aetna (CA)	*Awaiting Carrier Response*				
Anthem Blue Cross (CA)	For our fully insured policyholders, the notice we provided serves as our agreement to complete this reporting on the client's behalf for the benefits we administer and maintain.	Anthem will submit the aggregated reporting data on our fully insured clients' behalf for the benefits we administer and maintain. This will include submission of the pharmacy data through IngenioRx for clients that have integrated pharmacy with IngenioRx through Anthem. If a client has a carveout vendor for any portion of the required data (e.g., carveout PBM), the client should work with the carveout vendor to ensure submission of that data.	*Awaiting Carrier Response*	Anthem will submit the aggregated reporting data on our fully insured clients' behalf for the benefits we administer and maintain. This will include submission of the pharmacy data through IngenioRx for clients that have integrated pharmacy with IngenioRx through Anthem. If a client has a carveout vendor for any portion of the required data (e.g., carveout PBM), the client should work with the carveout vendor to ensure submission of that data.	Anthem will provide written confirmation when the reporting has been submitted and accepted by CMS. See Anthem's Transparency in Coverage Regulation and CAA FAQ Guide .
Blue Shield of California	Our legal team determined that there is not a need for changes to group service contracts in 2022. Whether contract updates for next year and onwards is needed is currently being assessed and will depend on whether the CMS gives us further guidance after the initial files are submitted in 2022. Though not a written agreement, we do plan on sending groups a communication in January 2023 letting them know that we submitted data as we communicated we would, based on the reporting responsibilities as confirmation.	Yes.	No, it is submitted in aggregate form for all lines of business.	Yes, first reports, for reference years 2020 and 2021, are due on December 27, 2022. Following reports are due by June 1 of every year, including reports for year 2022 due June 1, 2023.	The regulatory agencies are allowing a good faith estimate for the reports due this year. See Blue Shield of California's CAA Section 204 Guide .
CIGNA + Oscar	We have received confirmation that Cigna/Express Scripts will be preparing and sending out the required pharmacy reporting by the end of December on behalf of the employers as required for the Prescription Drug Data Collection (RxDC). There is no additional required information from the employers, brokers, or Oscar in order to satisfy this requirement.				
CIGNA	*Awaiting Carrier Response*				

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Health Net	Health Net is not obligated to provide a written statement that we will meet our regulatory obligations.	Yes.	CMS is making the Rx Reporting public but will not be Plan specific, all data will be aggregated.	Yes.	Health Net is not confirming contributions with employers, not a requirement.
Kaiser Permanente	If desired, fully insured groups can enter into an agreement requiring the health plan issuer (Kaiser Permanente) to submit these required reports to avoid unnecessary duplication of effort.	Kaiser Permanente plans to submit all applicable reports for all groups grouped by state and market segment by December 27, 2022.	Kaiser Permanente intends to submit the reports combined by state and market segment, as required by federal regulation. Kaiser Permanente does not intend to share copies of collected reports with fully insured groups.	Kaiser Permanente is required to submit information about prescription drug and health care spending on behalf of all fully insured and self-funded groups to several federal regulatory agencies by December 27, 2022 for reference years 2020 and 2021, then annually by June 1st thereafter.	Kaiser Permanente will send a communication to all groups after the required reports have been submitted.
Sharp Health Plan	Yes, Sharp Health Plan has CAA Rx reporting language that can be added to the employer group agreement upon request. If an Employer wants to obtain a written agreement then all they have to do is submit a request to their dedicated account manager. The account manager will then work internally with our contracting department to draw up an addendum/amendment to their agreement.	Yes, Sharp Health Plan will file the Rx Reporting requirements by the prescribed deadline.	No, the Rx data is aggregated, and it is not available for review at this time.	Yes, Sharp Health Plan will file the Rx Reporting requirements by the prescribed deadline each year.	We rely on the Employer to keep us up to date on employer contribution levels. This is a question on our master employer application. When an employer enrolls with Sharp Health Plan they will outline their contribution levels on the master employer application. Thereafter, the Employer will need to notify us of any changes at renewal on renewal confirmation form or simple email will work too.
UnitedHealthcare	UnitedHealthcare is responsible for submission of required data for all fully insured groups. No action needed by the account management team or client.	UnitedHealthcare is on track to submit Pharmacy Benefits & Costs Reporting data to CMS by the deadline of December 27, 2022.	UnitedHealthcare will not provide copies of reports submitted to CMS.	Yes.	See UHC's CAA External Reform Guide