



Consolidated Appropriations Act, 2021 (CAA) Prescription Drug Data Collection (RxDC)

2023 and 2024 Reporting Requirements

What is Humana doing to be compliant with the 2023 RxDC reporting requirements?

Humana is preparing to submit the June 1 report in compliance with the 2023 RxDC reporting requirements. Humana will be submitting the P2 (group health plan), D1 (premium and life years) and D2 files (spending by category) for all active (fully insured and ASO) customers during the reference year for this required report. For customers with integrated pharmacy benefits, Humana will also submit the D3-D8 (pharmacy spending data) files.

For health plan sponsors that were not with Humana for the full 12 months of the year, Humana will submit the data for the time the plan was active with Humana.

Will Humana send groups a survey directly? Yes. To obtain all necessary data, Humana will be sending health plan sponsors an online survey by February 29. This survey will request information Humana does not collect, such as average monthly premium (or premium equivalent) paid by the employer and member, and Form 5500 plan numbers. Responses and completion of this survey will be due by **April 19**. Failure to meet this deadline may inhibit our ability to report complete information. Humana will be providing information via email, the agent and employer newsletters and self-service portal, please be on the lookout for updates.

Are you sending a physical survey out to the health plan group sponsor and broker? No. Humana will only send an online survey to health plan sponsors, if there is an accurate email contact on file.

Is there a link we can get to the online survey to complete required information? Health plan sponsors will receive a client specific survey to complete, provided we have an accurate e-mail and contact information. We have also provided a generic survey link to brokers to be able to complete the survey on behalf of their clients. Please see the generic survey links below:

- [Humana RxDC for self-funded groups](#)
- [Humana RxDC for fully-insured groups](#)

Can the broker complete it on behalf of the client? Yes, brokers can complete the survey on behalf of their clients. Links to the survey for self-funded and fully-insured groups can be found in the question and response above.

Do you know what information will be requested? RxDC requirements have been updated since the data collection year in 2022. The updated requirements now include the following:

- Group Health Plan Name
- Plan Sponsor/Employer Name and contact information
- Plan Sponsor/Employer EIN
- Plan Sponsor/Employer Principal Place of Business (Self-Funded Employers Only)
- Form 5500 number for groups that file Form 5500s. (This is a 3-digit plan number reported on the IRS Form 5500 filed with DOL. If there is more than one value, please enter them in separate boxes in the survey. This field is not required, so if you do not have a 5500 Plan Number, please skip.)
- Average monthly premium paid by members in 2023 and 2024, if applicable (**Updated guidance:** Calculate average monthly premium by taking total annual premium paid by members during reference year and dividing by 12. You will divide by 12 even if the coverage was not in effect for the entire calendar year.)
- Average monthly premium paid by employer in 2023 and 2024, if applicable (**Updated guidance:** Calculate the average monthly premium by taking the total annual premium paid on behalf of members and dividing by 12. You should divide by 12 even if the coverage was not in effect for the entire reference year.)
- Member months and life year in 2023 and 2024, if applicable (**new data requirement**)

For fully-insured groups only (new data requirement)

- Earned premium (All money paid by a member, policyholder, subscribers, and/or plan sponsor as a condition of the member receiving medical or pharmacy coverage)

For self-funded groups only (new data requirements)

- Admin fees paid (also included in the Premium Equivalents field)
- Premium equivalents
- Stop-loss premium paid (also included in the Premium Equivalents field)

Please refer to pages 30-34 of the [CMS RxDC Instructions](#) for more details on how to calculate these updated data requirements provided by CMS.

Additional information to obtain premium data for self-funded groups:

On page 8 of the RxDC Group Data Collection survey, Premium Equivalents are requested for 2023 from self-funded groups. LFP (Level Funded Plans) products are considered self-funded. These amounts can be calculated by summing up the medical totals from the 12 billing invoices for 2023 in a section labeled 'Product Type Summary'. Billing invoices for this period can be found through Humana's employer portal within the Billing section that can be accessed through the following steps outlined below. This total dollar amount should then be utilized to split between 'Average Monthly Premium paid by Employers' and 'Average Monthly Premium Paid by Members'.

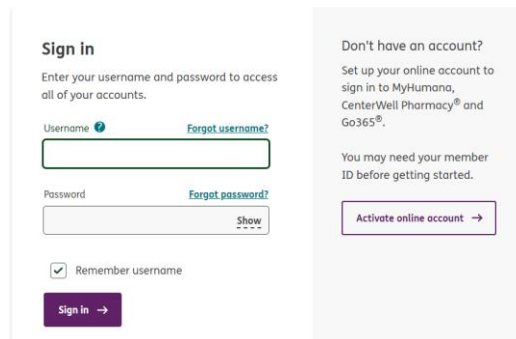
On page 9 of the RxDC Group Data Collection survey, Admin Fees are requested for 2023 from self-funded groups. These can also be found on the invoices in the 'Plan Type Summary' section. Admin Fees are labeled as ADMSM and can be summed up from the 12 invoices.

Also noted on page 9 of the RxDC Group Data Collection survey, Stop Loss premium is requested for 2023 from self-funded groups. These amounts can be found on the invoices in the 'Plan Type Summary' section. Stop Loss Premium amounts are labeled as SLISM and SLASM and can be summed up from the 12 invoices.

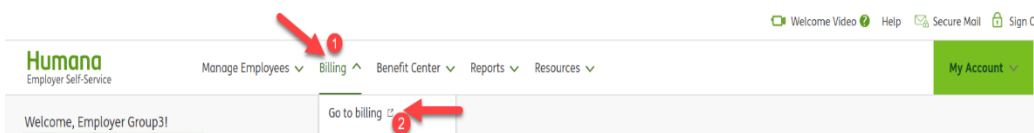
The billing portal also contains 2024 invoices and these can be used to estimate 2024 amounts as needed.

Please review instructions and screenshots below to help obtain premium information:

- To review premium for an employer, go to [Humana Member Sign in | Humana](#) and sign in by entering your username and password.



- Once you are logged in the Employer Self-Service portal, from the top banner, select **Billing** and then **Go to billing**.
- On the **Invoice Summary** page, you can gather your premium information. To obtain a 12-month total, you will have to select each month individually and capture the amount. You can change the **coverage month** by using the drop down to choose the month and select **Go** to view. (A)



- In the **Product type summary** table, you can find the total premium equivalent under medial. (B)
- Invoice details are also viewable in **Excel Details** and in a **Printable Invoice** (C)

- Under the **Plan type summary**, combine the stop-loss aggregate, stop-loss individual, specific riders, and the admin fees. Use the scroll to see totals. (D)
- Note: A legend is available on the printable invoice. (E)

Invoice Summary

Check your account balance, review a summary of your charges and find more detailed information on your transactions.

Coverage month: **March 2024** **Go**

Summary Payment due date 03/01/2024

Amount due from last invoice	\$30,512.17
Total payments received	-\$30,512.17
Amount past due	\$0.00
Premiums this period	\$12,167.41
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
-Wellness engagement incentive *availability varies by state	\$0.00
-Other	\$0.00
Total amount due	\$12,167.41

Balance as of today **\$12,167.41**

You have no current recurring payment method.

Show details →
 Group/ benefit/ division/ class summary →
 Excel details → **C**
 View printable invoice → **C**
 Invoiced vs paid →

Product type summary All Charges Adjustments Hide info

Product Type	EMPLOYEE (EMP)		EMPLOYEE+1(ESP)		EMP + CHD (ECH)		FAMILY (FAM)		Total	
	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount
DENTAL	1	\$232.16	1	\$58.03	0	\$0.00	1	\$342.78	11	\$632.97
MEDICAL	16	\$4,990.86	1	\$1,219.99	0	\$0.00	11	\$5,323.59	11	\$11,534.44
Total	17	\$5,223.02	2	\$1,278.02	0	\$0.00	12	\$5,666.37	22	\$12,167.41

Plan type summary All Charges Adjustments Hide info

Funding Type	Plan Type	Rider	EMPLOYEE (EMP)		EMPLOYEE+1(ESP)		EMP + CHD (ECH)		FAMILY (FAM)		Total
			Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	
FULLY INSURED	DPO		1	\$232.16	1	\$58.03	0	\$0.00	1	\$342.78	11
SELF FUNDED	NPO	SLISM	1	\$2,222.82	1	\$543.36	0	\$0.00	1	\$2,371.02	11
		SLASM	1	\$691.20	1	\$168.96	0	\$0.00	1	\$737.28	11
		CLMFNDMS	1	\$1,696.59	1	\$414.72	0	\$0.00	1	\$1,809.69	11
		ADMSM	1	\$380.25	1	\$92.95	0	\$0.00	1	\$405.60	11
Total			17	\$5,223.02	2	\$1,278.02	0	\$0.00	12	\$5,666.37	22

Plan Type Legend

- ADM **ASO ADMIN FEES**
- CLM **CLAIMS FUNDING - SMALL GROUP**
- NPO **NATIONAL POINT OF SERVICE**
- SLA **STOP LOSS-AGGREGATE**
- SLI **STOP LOSS-INDIVIDUAL (SPECIFIC)**

Why are health plan sponsors required to provide this information if Humana can obtain the data for each contract?

Humana has some, **but not all** of the information that is required to be reported. Specifically, Humana does not capture the Average Monthly Premium paid by Members nor the Average Monthly Premium paid by Employers. As Humana does not have the split between Employer and Member Paid Premiums, Humana requests that groups report all the data to ensure the amounts used to calculate the averages align with the reported premium equivalents.

What if the group has both a fully-insured and self-funded plan during the 2023 and 2024 plan year(s)?

Health plan groups that offered both a fully-insured plan for a portion of the year and a self-funded plan for another portion of the year will need to complete both surveys. Groups impacted have been sent the survey that includes both the fully-insured and self-funded links.

What is the RxDC?

The RxDC is a data report required under section 204 of the CAA. This report requires health insurance issuers, such as Humana, and group health plans to submit information about prescription drug and health care spending to the Department of Health & Human Services (HHS), the Department of Labor (DOL), and the Department of the Treasury (Tri-Agencies).

When is the RxDC report due?

The deadline to submit RxDC data for 2023 is June 1, 2024. To meet this deadline, Humana will send surveys in February to its fully-insured and self-funded groups to ensure that all required information is collected in advance of the submission date. The survey is due by **April 19**.

What plans must submit the report?

Section 204 requires all group health plans (fully-insured and self-funded) and all health insurance issuers offering group or individual health insurance coverage, to submit reports to The Centers for Medicare & Medicaid (CMS) on behalf of the Tri-Agencies and OPM. The Director of the Office of Personnel Management (OPM) also requires Federal Employees Health Benefits (FEHB) carriers to submit RxDC data to HHS.

The report is not required for account-based plans, such as health reimbursement arrangements, excepted benefits including but not limited to short-term limited duration plans, hospital or other fixed indemnity insurance, disease-specific insurance, or noncommercial plans such as Medicare Advantage and Prescription Drug plans, Medicaid managed care plans, state children's health insurance program plans and Basic Health Program plans.

What information is being reported?

Information required in the RxDC report includes:

- Health plan identifying information
- Enrollment and premium data
- Healthcare spending
- Top 50 most frequently dispensed brand prescription drugs
- Top 50 most costly prescription drugs
- Top 50 prescription drugs with the greatest increase in plan spending
- Prescription drug rebate information by drug manufacturers to plans or issuers

How is the report organized?

The data in the report is organized and aggregated based on two factors, location and market segment of the plan. Humana market segments include fully-insured large and small group markets, self-funded plans offered by small and large employers, and Federal Employees Health Benefits (FEHB) plans. Location will vary depending on the type of health plan. Fully-insured groups will be organized by state of issue. Data for self-funded plans will be organized by the customer's principal place of business.

Does Humana plan to submit a report on behalf of their fully-insured customers?

Yes. Humana will submit all (Files P2, D1-D8) reports for all their fully-insured customers. For customers with health plans that ended prior to the end of the reporting year, Humana will report data up to the date the plan terminated. For customers that joined or terminated mid-reporting year, Humana will provide the data for the time active with the plan.

Will Humana submit the RxDC report on behalf of self-funded customers, including level-funded plan customers?

When Humana administers both medical and pharmacy benefits for self-funded customers, which include level-funded plan customers, Humana will complete and submit all applicable reporting templates (Files P2, D1-D8). For customers with health plans that terminate prior to the end of the reporting year, Humana will report data up to the date the plan terminated.

When Humana only administers medical benefits for self-funded customers (the arrangement carves out pharmacy benefits), Humana will only complete reporting templates P2 – Group Health Plan List, D1 – Premium and Life Years, and D2 – Spending by Category as applicable to the customer's medical benefits data. Self-funded customers with a pharmacy carve out arrangement will need to ensure pharmacy reporting templates D3-D8 templates are completed and submitted to the Tri-Agencies for their pharmacy benefits.

When Humana only administers pharmacy benefits for self-funded customers (the arrangement carves out medical benefits), Humana will only complete reporting template P2 – Group Health Plan List and templates D3-D8 as applicable to the customer's pharmacy benefits data. Self-funded customers with a medical carve out arrangement will need to ensure medical reporting templates D1 – Premium and Life Years, and D2 – Spending by Category are completed and submitted to the Tri-Agencies for their medical benefit.

Will Humana submit the required narrative responses on behalf of fully-insured and self-funded customers for the RxDC report?

Yes. Humana will submit the necessary narrative responses outlined in the CMS RxDC Reporting instructions with the plan and data files.

Will Humana provide copies of the data to fully-insured and self-funded customers?

No. The report requires Humana to aggregate data based on the plan's state and market segment. Given most fully-insured and self-funded data will be reported in an aggregate format with other customer data, Humana will not provide client specific data to customers.

Will Humana charge any fees associated to the submission of the RxDC report to either fully-insured or self-funded plans?

No. Humana will not charge groups any fees associated with this report at this time.

Will fully-insured and self-funded groups receive confirmation the report has been submitted following June 1, 2024?

Humana will issue a confirmation email notification to groups after submission is complete. To ensure groups receive a confirmation email, each group will need to make certain an up-to-date email is recorded in the Humana employer portal.

Why is Humana collecting data for both the 2023 and 2024 plan year?

Due to the exit from the commercial medical business and to streamline efficiencies and resources, Humana will collect data for both the 2024 and 2025 filing with the current survey. There will be no survey sent next year to collect 2024 data for the 2025 filing.

What if the health plan sponsor does not have medical health plan coverage with Humana for the 2024 health plan year?

The health plan sponsor will complete the necessary information for the 2023 plan year and will leave any inquiry for 2024 data collection blank. Health plan sponsors should look for communications from their new carrier for the 2024 data collection process for the June 1, 2025 filing.

With Humana's exit from the commercial medical business, will Humana complete the survey process for the 2024 plan year in 2025?

No. Please note that this will be the final opportunity for health plan sponsors to provide the data for the RxDC filing for both the 2024 and 2025 submissions.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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