

SALES NEWS

Florida Blue 
Your local Blue Cross Blue Shield

February 9, 2023
A23-113045

Employer Group Outreach Needed for New CAA – Section 204 Reporting

(Updated February 9, 2023)

Sales Audience: Small Group, Mid-Group, NLGP, Truli for Health

February 9, 2023: See updates in red below

Summary

In 2022, we fulfilled a new reporting requirement for the Consolidated Appropriations Act (CAA) – Section 204 mandate across our Commercial business. The following is part of our continuing effort to fulfill the requirements of the [CAA – Section 204 reporting](#) for health care and pharmacy spending in 2023 and beyond. In order to complete this next phase of reporting, we'll need to collect specific data via survey from our employer groups by February 20, 2023, to submit federally for this filing year.

Details

We're committed to supporting our employer groups with Florida Blue PPO, HMO or Truli for Health plans with this new reporting requirement. **On February 1, 2023, our [Section 204 data collection survey](#) went live on FloridaBlue.com for employer groups to complete. Employer groups were notified via letter (please see attachment) that they will need to provide the following:**

Fully Insured Employer Groups

- Calendar year premium amounts for the employer and the employee

Self- Insured Employer Groups

- Pharmacy Benefit Manager (PBM) name
- PBM Employer Identification Number (also known as the Tax ID)
- Department of Labor (DOL) Form 5500 Plan Number (if applicable)
- 2021 average number of employees (including seasonal and part-time employees)
- Calendar year cost sharing employer and employee information (premium equivalents and administrative fees)
- Calendar year total Administrative Services Only (ASO) and Third-Party Administrative (TPA) fees (pharmacy only)
- Calendar year total premium equivalents (pharmacy only)

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Additionally, we'll need help from our Sales and Service teams to support the collection of data by:

- Communicating with employer groups about the survey.
- Being able to address questions regarding the completion of the survey.
- **Review the attached data descriptions and business decision maker (BDM) letter.**
- Helping ensure groups' completion of the survey by February 20, 2023.

Please direct internal questions to the CAA inbox at CAANoSurprisesActInternalSupport@bcbsfl.com. This mailbox is only for internal questions related to the Consolidated Appropriations Act/Section 204. Please do not send employer group data to this mailbox.

Currently, we're looking into a technical solution to gather this annual data from groups at renewal. We'll share an update once more details are available about this solution.

FAQs

1. What is the CAA Section 204 mandate?

The Consolidated Appropriations Act, Section 204 Reporting requires group health plans and health insurance issuers offering group or individual health insurance coverage to submit information about prescription drug and health care spending to the Tri-Agencies: Dept of Health & Human Services (HHS), Dept of Treasury, and Dept of Labor. In addition, the Director of the Office of Personnel Management (OPM) requires federal employees health benefits carriers to report Section 204 data to HHS as well.

2. Who's impacted by the mandate?

Most of Florida Blue's and Truli for Health's commercial plans are impacted by this Section 204 reporting, including all IU65, student market, Small Group, Large Group Fully-Insured, Mid and Large Group, ASO groups. Exclusions include: Account-based plans, such as health reimbursement arrangements, short-term limited-duration insurance, hospital or other fixed indemnity insurance. This does not impact Medicare plans, Medicaid, or CHIP plans.

3. What's Florida Blue doing to fulfill the latest requirement?

We're collecting aggregate data from employer groups by February 20, 2023, for submission federally by June 1, 2023.

4. What do employer groups need to do?

Provide the data requested on the survey before February 20, 2023.

5. How can I support Florida Blue fulfilling this requirement?

Sales account managers and Service teams should prepare to answer questions and provide guidance to employer groups regarding the survey.

6. Where can employer groups get more info about this mandate?

If employer groups have questions related to the Consolidated Appropriations Act, Section 204 Reporting, there is more information on CMS site: <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/caa>.

7. Where can I go for questions?

Email the CAA inbox at CAANoSurprisesActInternalSupport@bcbsfl.com.

This mailbox is only for internal questions related to the Consolidated Appropriations Act/Section 204. Please do not send employer group data to this mailbox.

Next Steps

- Please get familiar with the information in this article so you can help your groups if they questions.
- Sales: Help ensure your employer groups complete their respective survey by February 20.
- Watch for updates about the implementation of this reporting requirement in the future at renewal.

Data Field Descriptions

Fully Insured Employer Groups

Calendar Year Premium Employer Amount: Earned premium means all money paid by plan sponsor as a condition of the member receiving coverage. Earned premium includes any fees or other contributions associated with the health plan.

Calendar Year Premium Employee Amount: Earned premium means all money paid by a member, policyholder, subscriber as a condition of the member receiving coverage. Earned premium includes any fees or other contributions associated with the health plan.

Self- Insured Employer Groups

Department of Labor (DOL) form 5500 Plan number: The three-digit plan number reported on the IRS Form 5500 filed with the Department of Labor. This is not applicable to every employer group, only those that are required to file form 5500.

Average Total Number of Employees: The number of employees (including seasonal and part-time) is determined by averaging the total number of employees employed on business days during the calendar year preceding the reporting year.

Calendar Year Premium Equivalents & Administrative Fees Employer Amount (Health Care & Pharmacy): For self-funded plans and other arrangements that do not rely exclusively or primarily on premiums, report the employer portion of the premium equivalent amounts representing the total cost of providing and maintaining coverage, including claims costs, administrative costs, Administrative Services Only (ASO) and other Third-Party Administrator (TPA) fees, and stop-loss premiums. An employer with a self-funded plan may use, as the total cost of providing and maintaining coverage, the same costs that are taken into account for purposes of calculating COBRA premiums (minus the 2% administration charge, if applicable).

Calendar Year Premium Equivalents & Administrative Fees Employee Amount (Health Care & Pharmacy): Total amount paid by members for coverage. This is the employee portion of the fees noted for the employer.

Calendar Year Total ASO/TPA fees paid amount (Pharmacy only): Report the ASO and other fees paid to the TPA for pharmacy coverage only. This amount should also be included in Premium Equivalents amount.

Calendar Year Total Premium Equivalents (Pharmacy only): For self-funded plans and other arrangements that do not rely exclusively or primarily on premiums, report the premium equivalent amounts including claims costs, administrative costs, ASO and other TPA fees for pharmacy coverage only.

<Date>

<Group Name>
<BDM Name>
<Group Address>
<Group Address>

Your action is needed for a new reporting requirement

Re: <Group Number>

Dear <BDM Name>,

Section 204 of the Consolidated Appropriations Act (CAA) requires group health plans and health insurance issuers offering group or individual health insurance coverage to report certain annual data to the federal government. As part of our ongoing efforts to fulfill this requirement, we're asking you to **submit the data via an online survey by February 20, 2023**. You can find the survey by visiting our website at www.FloridaBlue.com/health-pharmacy-reporting-survey

What kind of data will you need to provide?

Completing the survey should only take a few minutes if you have following information readily available:

Fully Insured Employer Groups

- Calendar year premium amounts for the employer and the employee

Self- Insured Employer Groups

- Pharmacy Benefit Manager (PBM) name
- PBM Employer Identification Number (also known as the Tax ID)
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- Calendar year total premium equivalents (pharmacy only)

Need help?

We're here to help with any questions you may have about the survey. Please contact your sales account manager, or call Customer Service at 866-946-2583 for assistance.

Additionally, if you have questions related to the Consolidated Appropriations Act, Section 204 Reporting, you can find more information on the CMS site at cms.gov.

Thank you for choosing Florida Blue.

Your Florida Blue Team