



## CAA Prescription Drug Data Collection (RxDC) Reporting UMR Survey Worksheet

Under the Consolidated Appropriations Act (CAA), health insurers offering group or individual health coverage and self-funded (ASO) group health plans are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor, and Treasury (Tri-Agencies). This information must be submitted through a web portal set up by the Centers for Medicare & Medicaid Services (CMS). Reporting instructions published by CMS: [Prescription Drug Data Collection - RxDC - Reporting Instructions \(cms.gov\)](https://www.cms.gov/prescription-drug-data-collection-rxdc-reporting-instructions).

Each year UMR will be submitting the P2, D1 and D2 files (and corresponding narrative responses) for all active customers during the reference year. The data will be based upon plans(s) administered by UMR. For customers with Optum Rx integrated PBM we will also submit the D3-D8 files.

- For any other PBM, including Optum Rx direct, customers will need to work with that PBM for the D3-D8 files.
- For customers who UMR does not pay Stop Loss premiums on their behalf, you will need work with your Stop Loss vendor for submission of stop loss premium data.
- Customers who have both UMR and UHC or Surest administered plans will need to complete a survey specific for UMR plans and an RFI for UHC or Surest plans.

Annually we will be collecting data from you so we can complete the RX Data Collection Reporting. For each reference year, the data collection submission to CMS must be made by June 1<sup>st</sup> of the following year.

Below are the data points we will ask you to enter into the survey . Once you have gathered the required information, please go to link provided in an email with [noreply@gemailserver.com](mailto:noreply@gemailserver.com) as the sender and enter the information. **You must complete the survey no later than March 31.** If we do not receive your survey response, we will submit data we have in our systems; however, the submission will not be complete. Data elements not provided will need to be submitted to CMS by the health plan, the external vendor or another reporting entity.

### General Information

1. Name of person completing the survey: \_\_\_\_\_
2. Email of person completing the survey: \_\_\_\_\_
3. Person's role with the company (e.g., HR rep, Benefit Coordinator, Broker): \_\_\_\_\_

### Employer/Plan Information

Your Group Name and Group Number will be prepopulated in the survey link you receive.

### Premium Information – responses based upon plans(s)/membership covered under a UMR administered plan.

1. What is the Average **Monthly** Premium per member per month, paid by members? (D1)
  - Member: \_\_\_\_\_
    - Report the average monthly premium (or premium equivalents), per member per month, paid by members.
    - Calculate the average using actual spending by members during the reference year and not based on the premium rates charged to the member.
    - Calculate the average based on the calendar year, even if the plan year is not the calendar year.
    - Calculate the Average Monthly Premium Paid for all plans administered by UMR.
    - **Include:** Premium paid by members; if members do not pay a premium, enter zero (\$0).



- **Exclude:** Premium or premium equivalents paid by employers or other plan sponsors on behalf of members.
- Reference the [CMS Reporting Instructions](#), beginning on page 29.
- Note: The survey will not accept a monthly premium amount over \$1,500

2. What is the Average **Monthly** Premium per member per month, paid by employers (on behalf of members)? (D1)

- Employer: \_\_\_\_\_
  - Report the average monthly premium (or premium equivalent), per member per month, paid by employers or other plan sponsors on behalf of members.
  - Calculate the average using actual spending by employers and not based on average premium rates.
  - Calculate the Average Monthly Premium Paid for all plans administered by UMR.
  - **Include:** Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents). Premium or premium equivalents paid by group trust, association or MEWA plans if separate employers or other plan sponsors make premium contributions.
  - **Exclude:** Premium or premium equivalents paid by members.
  - **Note:** For self-funded plans, the total premium paid by employers is total premium equivalents (total plan cost) minus the premium paid by members.
  - Reference the [CMS Reporting Instructions](#), beginning on page 29.
  - **Note:** The survey will not accept a monthly premium amount over \$1,500

**Other information – These questions are to assist with understanding the entirety of the group health plan and will be used to populate the “Carve-Out Description” field on the RxDC P2 file.**

3. Do you offer additional medical coverage (fully Insured or self-funded) to your members through a non-affiliated United Health Group issuer, Administrative Services Organization (ASO) or Third-Party Administrator (TPA)? (P2)

- Select Yes or No \_\_\_\_\_
  - This is in reference to a non-UHC health plan insurer, e.g., Aetna, Cigna, etc.

4. Do you offer non-integrated/carveout/stand-alone prescription drug coverage to your members through Optum Rx Direct or through an external Pharmacy Benefit Manager (PBM)? (P2)

- Select Yes or No \_\_\_\_\_
  - This is in reference to non-affiliated PBMs (e.g., Optum Rx Direct, CVS Caremark, Express Scripts, etc.)

5. Do you offer wellness programs to your employees through a non-affiliated UnitedHealthcare vendor? (P2)

- Select Yes or No \_\_\_\_\_

Once you’ve gathered all information in this worksheet, please enter your responses in the survey link you were emailed. Please remember that data elements not provided via the survey by March 31 will need to be submitted to CMS by the health plan, the external vendor or another reporting entity.