

Prescription Drug Data Collection (RxDC)

Response Requested by April 30, 2023



March 31, 2023

To compile prescription drug data collection (RxDC) reports required by DHHS, HMAA must collect certain information, which is not contained in our systems, from our clients. **HMAA therefore requests your company complete our online survey for calendar year 2022.**

- Take the survey at <https://www.hmaa.com/RxDCsurvey> or use this QR code:
- Please respond based on your group health insurance plan(s) administered by HMAA.
- The survey must be completed by **April 30, 2023**.
- The survey takes about **15 minutes** to complete after your calculations are done.
- If you have multiple HMAA group service agreements, submit a separate survey for each plan (unique Employer Identification Number).
- After your survey is submitted, complete a new survey if you need to make changes. Any subsequent survey submission will override previous submissions.

SCAN FOR SURVEY



Your responses will be kept strictly confidential, and data will be reported only in the aggregate.

What is RxDC Reporting?

Prescription Drug Data Collection (RxDC) is federally required reporting from the Consolidated Appropriations Act (CAA) of 2021, which requires group health plans and health insurers to submit information about prescription drug benefits and costs to DHHS. RxDC is intended to shed light on how prescription drugs contribute to the growth of healthcare spending and the cost of health coverage.

When is the information due?

The first RxDC report was for 2020 and 2021 and due January 31, 2023. **HMAA submitted the required information on behalf of our clients.**

Subsequent reports are due on June 1 annually. However, in addition to prescription drug cost information, future reporting also requires premium data from clients. As a result, HMAA needs your assistance to compile the **2022** reports and requests to receive your data by **April 30, 2023**.

What information is required?

The following questions will appear in HMAA's survey. Respond based on your plan(s) administered by HMAA.

- Name, email address, and phone number of person completing the survey
- Person's role with the company (e.g., HR Representative, Plan Administrator, Broker)
- Legal Company Name
- Employer Identification Number (EIN) – maximum 9 characters, no special characters
- The 3-digit plan number reported on IRS Form 5500 filed with the Department of Labor, if applicable. If there is more than one value, separate them with a semicolon.
- Group Health Plan Name - the ERISA employee benefit plan name under which you provide health coverage to employees or their dependents directly or through insurance, reimbursement, or otherwise. This is also the name on your Form 5500 or HMAA Group Service Agreement.

- HMAA group policy number
- Average Monthly Premium Paid by Members and by Employer. *Calculation example:*

Month	Member Count (including dependents and members that did not pay premium)	Total Premium Paid by Members	Total Premium Paid by Employer
January 2022	9	\$4,275.00	\$2,250.00
February 2022	10	\$4,750.00	\$2,500.00
March 2022	10	\$4,750.00	\$2,500.00
April 2022	10	\$4,750.00	\$2,500.00
May 2022	12	\$5,700.00	\$3,000.00
June 2022	12	\$5,700.00	\$3,000.00
July 2022	10	\$4,750.00	\$2,500.00
August 2022	9	\$4,275.00	\$2,250.00
September 2022	12	\$5,700.00	\$3,000.00
October 2022	14	\$6,650.00	\$3,500.00
November 2022	14	\$6,650.00	\$3,500.00
December 2022	15	\$7,125.00	\$3,750.00
Total	A 137	B \$65,075.00	C \$34,250.00

Average Monthly Premium Paid by Members: \$475.00

$$B / A = \text{Average Monthly Premium Paid by Members}$$

$$\$65,075.00 / 137 = \$475.00$$

Average Monthly Premium Paid by Employers: \$250.00

$$C / A = \text{Average Monthly Premium Paid by Employers}$$

$$\$34,250.00 / 137 = \$250.00$$

Frequently Asked Questions

1. Can HMAA provide historical information to complete the requested calculations?

HMAA will not be able to provide historical data. Please complete the calculations to the best of your ability.

2. Why do I need to provide the information by April 30?

This new requirement has been fluid, and we expected more guidance from the government before requesting information from you. We want to ensure we compile and aggregate your data appropriately before the deadline.

3. If we offer health coverage from HMAA and other carriers (e.g., Kaiser), do I have to submit for both?

Please inquire with your other carrier for instructions. HMAA is only requesting data based on your HMAA enrollment during 2022.

4. Will the data collected in the survey be kept confidential?

Yes, HMAA and our survey portal have privacy and security measures in place to ensure confidentiality.

5. Will there be a penalty if I am not able to send information by the deadline?

We are unaware of any penalties at this time.

For more information, visit <https://www.cms.gov/cciiio/programs-and-initiatives/other-insurance-protections/prescription-drug-data-collection>.

Please contact our Account Management Department at **(808) 791-7654**, toll-free at **(800) 621-6998 x301**, or AccountManager@hmaa.com if you have questions regarding the survey.

This notice was last updated on March 31, 2023; is based on HMAA's interpretation; does not represent financial, tax, or legal advice; and is subject to future review and modification.