

Consolidated Appropriations Act: RxDC Reporting

1. What are the Consolidated Appropriations Act rules for health plans?

Under the Consolidated Appropriations Act (CAA) insurance companies and employer-based health plans must annually submit information about prescription drugs and health care spending directly to the Centers for Medicare & Medicaid Services (CMS). This data submission is called the RxDC report. The Rx stands for prescription drug and the DC stands for data collection.

2. Who is affected by this rule?

Most major medical commercial plans are impacted by this requirement ruling including all Sentara Health Plans Fully-Insured, and Self-Funded plans. FEHB plans are also in scope.

3. What are the specific reporting requirements?

The CAA requires insurance companies and employer-based health plans to submit information regarding the following:

- Spending on prescription drugs and healthcare services
- Prescription drugs that account for the most spending
- Drugs that are prescribed most frequently
- Prescription drug rebates from drug manufacturers
- Premiums and cost-sharing paid by members

4. How are the reports submitted?

Reports are submitted in standardized templates provided by CMS including:

- P1, P2, P3: Plan Lists (Plan demographic details based on the Market Segment)
- D1: Premium and Life Years (premiums paid and enrollments)
- D2: Spending by Category (total healthcare costs by category – hospital, Primary care, prescription drugs etc.)
- D3: Top 50 Most Frequent Brand Drugs by plan, state, and market segment
- D4: Top 50 Most Costly Drugs by plan, state, and market segment
- D5: Top 50 Drugs by Spending Increase by plan, state, and market segment
- D6: Rx Totals, including prescriptions covered outside of the Rx benefit, by plan, state, and market segment
- D7: Rebates by Therapeutic Class by plan, state, and market segment
- D8: Rx Rebates for the Top 25 Drugs by plan, state, and market segment

5. How often are the RxDC files to be provided?

The files are required each year and the deadline to submit is June 1.

**Deadline to submit RxDC
Reports to CMS: June 1**

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6. How will Sentara Health Plans support customers with the D1 file premium contribution requirements?

As previously noted, Sentara Health Plans will use internal data sources for this information for Fully Insured Small Group (1–50), and BusinessEDGE® groups. We will work with employers to collect data needed for the annual submission for Fully Insured (50+) and Self-Funded Large groups.

All of the information in the D1 and D2 reports that we will prepare and submit will be aggregated by issuer (Sentara Health Plans or Sentara Health Insurance Company) or TPA (Sentara Health Plans, Inc.) and market segment.

7. How will Sentara Health Plans calculate Premium Equivalents or other data report metrics?

We will collect the applicable premium equivalents for Self-Funded plans.

8. Who may use the data and for what purpose?

The data is for use by the federal government to provide insight into what drives prescription drug and health care spending. The government will provide bi-annual reports based upon the data submissions in a de-identified fashion to outline trends and outliers that they have identified in pricing.

9. How do the pricing requirements for CAA RxDC Reporting compare to the Transparency in drug Coverage final rule (TiC) and other recent legislations impacting PBM?

CAA RxDC Reporting specifically differs in that data is to be reported by plans to CMS, and not made publicly available as in the final Transparency in Coverage rule. Additionally, RxDC Reporting requires aggregate cost data for a limited set of drugs. This reporting is done at a different level than TiC and requires data to be provided for each plan at the state and market segment level. By comparison, TiC requires that negotiated rates and historic net prices for a specified 90-day period be published where there was utilization provided in a machine-readable file.

10. Does CAA RxDC violate HIPAA or other security or privacy rules?

No. CAA RxDC Reporting does not alter existing privacy or security requirements. The rule does not alter or affect Sentara Health Plans' privacy or security HIPAA requirements or state or federal laws.

11. Can large self-funded groups file on their own behalf?

Self-Funded groups, including BusinessEDGE, may file their own health plan data directly with CMS in HIOS including plan lists and additional D1 through D8 files. Please notify your Sentara Health Plans representative if you are an employer reporting your own data.

More information on the regulations can be found on the [CMS RxDC website](#).