

2024 RxDC Reporting Form

Large Group Self-Funded

Sentara Health Plans is in the process of collecting the data required to submit RxDC reports on behalf of Large Self-Funded groups for the calendar year 2024. We will submit all medical data and have delegated Express Scripts (ESI), our pharmacy benefits manager, to submit all pharmacy related data to CMS by June 1, 2025. ESI will only submit on behalf of groups that have pharmacy benefits with Sentara Health Plans. If your group carves out benefits you will need to report your own pharmacy data or contact your pharmacy benefits manager. In order to compile all of the data necessary, we require each group to complete an electronic form to supply additional information.

1. How do I access the form?

Go to **RxDC Reporting - Self-Funded** to complete the form for Large Self-Funded groups.

2. When is this form due?

YOU MUST COMPLETE THIS FORM NO LATER THAN FEBRUARY 27, 2025.

3. What information do I need to provide to complete this form?

The form has fields for you to easily enter the information requested. You will need to complete the following fields:

General group information (Required)

- Submitter name
- Submitter email
- Group name
- Group ID number(s) - enter all group numbers

Select whether you would like Sentara Health Plans to file on your behalf. If no, select submit. If yes, proceed to complete the following:

- EIN number (do not include "-")
- Group contact name
- Group contact email
- Group form 5500 plan number - not required but please include if available

Select whether Sentara Health Plans administers your pharmacy benefit. If yes, proceed to complete the following:

- PBM Name
- PBM EIN Number (without "-")

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Select whether Sentara Health Plans administers your stop loss insurance. If no, proceed to complete the following:

- Contract Year Dates
- Monthly Average Total Stop Loss Premium (\$)

4. How is the total percentage of premium covered for 2024 calculated?

The total percentage is determined by adding both the employee/member percentage and employer percentage. The percentages should be rounded, and the total should equal 100%.

Here is an example of one way that the average monthly premium percentage for employer and employee can be calculated:

	Premium Paid Dollars	Premium Paid %	Calculation
Total 2024 Contribution of Premium by Employee	\$150,000	30%	$\$150,000/\$500,000 = 30\%$
Total 2024 Contribution of Premium by Employer	\$350,000	70%	$\$350,000/\$500,000 = 70\%$
Total Dollars/Percentage of Premium	\$500,000	100%	

5. What if the group's contract period overlaps the calendar year?

If the group's contract year overlaps the calendar year the premium calculation should be based on the best estimate for the calendar year.

For example, if the contract year was July 1, 2023 to June 30, 2024 then renewed July 1, 2024 to June 30, 2025 with an adjusted contribution strategy, determine the best estimate of employee and employer contribution for January 1, 2024 to June 30, 2024 and July 1, 2024 to December 31, 2024.

	Premium Paid Dollars: Time Period 1 & 2	Premium Paid %	Calculation
Total 2024 Contribution of Premium by Employee	\$100,000/\$125,000	25%	$\$225,000/\$900,000 = 25\%$
Total 2024 Contribution of Premium by Employer	\$300,000/\$375,000	75%	$\$675,000/\$900,000 = 75\%$
Total Dollars/Percentage of Premium	\$900,000	100%	

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6. How is the Monthly Average Total Stop Loss Premium for 2024 calculated?

The total percentage is determined by adding all stop loss premiums paid for covered months in 2024 and dividing by the number of covered months. This can be the combined premium for Specific and Aggregate Stop Loss purchased from a third-party reinsurer.

Here is an example of one way that the monthly average total stop loss premium can be calculated:

	Premium Paid Dollars	No of Months	Calculation
Total 2024 Stop Loss Premium (SSL and ASL)	\$350,000	12	$\$350,000/12 = \$29,166$
OR in the case of a group that renews mid-year (ex. 7/1)			
Total Stop Loss Premium (SSL and ASL) - 2 contract year periods	$\$150,000 + \$200,000$	$6 + 6$	$\$150,000 + \$200,000 / 12 = \$29,166$ $\$150,000 + \$200,000 / 12 = \$29,166$
OR in the case of a group that carved out stop loss part of 2023 (ex. on 7/1)			
Total Stop Loss Premium (SSL and ASL) - only 1 partial contract year	\$200,000	6	$\$200,000/6 = \$33,333$

7. What if the group was not covered by Sentara Health Plans for the entire calendar year of 2024?

Complete the form using data from the months that the group had coverage with Sentara Health Plans.

For example, if the contract year was July 1, 2023 to June 30, 2024, complete the form using data from January 1, 2024 to June 30, 2024. Include the average premium contribution paid by employee and employer for those six months of coverage for 2024.

8. What if the group switched funding in 2024 from self-funded to fully insured?

If the group switched from self-funded to fully insured in 2024, you will need to submit one form for each funding type.

For example:

- If the self-funded contract year was July 1, 2023 to June 30, 2024, complete the self-funded form for the months of January 1, 2024 to June 30, 2024.
- The group then switched to fully insured on July 1, 2024, then you would need to complete the fully insured form for the months of July 1, 2024 to December 31, 2024. The average monthly percentage premium covered by the employee for the full calendar year of 2024 would then be calculated using both forms.

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The average monthly percentage premium covered by the employee for the full calendar year of 2024 would then be calculated using both forms. Go to **RxDC Reporting - Fully Insured** to complete the form for the timeframe that the group was fully insured.

If you'd like more details on the regulations and requirements go to the **CMS RxDC website** or our general **frequently asked questions**.