

The Consolidated Appropriations Act requires health insurers offering group or individual health coverage and self-funded (ASO) group health plans to report data regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor and Treasury (Tri-Agencies). Blue Cross and Blue Shield of Kansas (BCBSKS) is here to help you complete your data submission for the Prescription Drug and Data Collection (RxDC) Report, due annually on June 1.

BCBSKS will submit the P2 (Group Health Plan List), D1 (Premium and Life Years), and D2 (Spending by Category) files for all groups who had BCBSKS coverage during 2024. In addition, for any group who uses Prime Therapeutics as their Pharmacy Benefit Manager, BCBSKS will also submit the D3-D8 required files. If your group uses a different Pharmacy Benefit Manager, you will need to work with them for submission of the D3-D8 files.

BCBSKS does not maintain all data elements required for the RxDC report, so we need your help to complete the submission. An online portal has been developed to gather the necessary data elements needed from your group. **We ask that you provide the data to us no later than April 23, 2025**, by following these step-by-step instructions, which can also be found on our website at www.bcbsks.com/caa under the Employer Groups, Pharmacy Reporting Procedures section.

Self-Funded groups must provide the following data elements:

- Employee-covered monthly premium amount: The total amount paid by all group employees for maintaining coverage for each month of 2024. Include premium paid by members and premium equivalents paid by members for self-funded coverage. Do not include premium paid by employers or other plan sponsors on behalf of members.
 - Calculation: # of employees x \$ amount withheld per paycheck for employee portion of insurance coverage x # of paychecks per year.
- Employer-covered monthly premium amount: The total amount paid by the group employer for maintaining coverage for each month of 2024. Include premium paid by employers and other plan sponsors on behalf of members (including dependents). Do not include premium paid by employees.
 - Calculation: total # of employees for 2024 x \$ amount paid by employer for insurance coverage x # of paychecks per year.
- Premium equivalent amount: The premium equivalent amounts representing the total cost of providing and maintaining health plan coverage, including medical and pharmacy claims costs, administrative costs, Administrative Services Only (ASO) and other TPA fees, stop-loss premiums, network access fees (such as preferred provider organization fees), and payments made under capitation contracts with providers for benefits covered under the plan. An employer with a self-funded plan may use, as the total cost of providing and maintaining coverage, the same costs that are used for purposes of calculating COBRA premiums (minus the 2% administration charge, if applicable).
- Administration fees: Total annual administrative fees (such as claims processing fees) that were paid to an ASO, TPA, or other entity administering a self-funded plan. This amount also should be included in the premium equivalent total.

Please note: Only premium information for benefits received as part of the group health plan are needed. Do not include employee contributions paid separately for other health benefits, such as stand-alone dental or vision plans.

Follow these steps to submit online:

- Go to www.bcbsks.com/PremiumReporting
- Log in using your MPN: |S_Master Policy Number| and PIN: |PIN|
 - Your MPN and PIN are provided for you at the top of this letter.
 - A single MPN may have more than one PIN. Each PIN is linked to a separate TIN in our system. Reporting requirements dictate we report at the TIN level.
 - Once your group logs in with a specific MPN/PIN, the URL displayed at the top of the screen displays the TIN tied to the PIN that was entered.
- Read the instructions and complete the information required.
- Hit "submit."

You may receive multiple notifications for this request if you have more than one TIN under an MPN. You will need to submit this information for each TIN. **Note:** If a plan sponsor moves from a fully insured product to self-funded coverage in the middle of the reporting year (calendar year), or vice versa, you will be required to provide data for both coverage types. If you're unclear if this applies to you, please reach out to your sales representative. If during 2024 your group held fully insured coverage, the following data must be provided through the portal:

- Total monthly premium paid by all group employees for each month of 2024.
- Total monthly premium paid by the group employer for each month of 2024.

We hope this information is helpful to you but realize you may still have additional questions. **If you have any further questions outside of what we've outlined, please submit directly to the Centers for Medicare and Medicaid Services helpdesk at CMS_FEPS@cms.hhs.gov.**

BCBSKS must receive group data **no later than April 23, 2025, to be included in the 2025 RxDC report.** If we have questions on the data submitted, your BCBSKS sales representative will reach out to you.

IMPORTANT - Meeting the requirements of this part of the Consolidated Appropriations Act is your responsibility. If you do not provide your requested data, no responsibility will fall on BCBSKS to submit the data on your behalf.