

HIOS Portal RxDC Submission Instructions

Please note: The steps below contain references to documents to assist in the reporting process. They can be found here: <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/prescription-drug-data-collection>.

Follow these steps:

1. Create an account to submit your group premium information with CMS through the Health Insurance and Oversight System, also known as the HIOS portal. BCBSKS recommends completing this step immediately upon receiving this letter. Issues with creating this account are resolved by CMS (CMS_FEPS@cms.hhs.gov), which can take time. A quick reference guide for getting your account set up is available on the CMS website - *HIOS Portal RxDC Quick Reference Guide (PDF)*.
2. Download the D1 and P2 templates on the CMS website - *RxDC templates and data dictionary*. This link should open a ZIP file in the bottom corner of your browser, which can be easy to miss. All templates for the full report will be listed in the ZIP file, but you will only need to download D1 and P2.
3. Review the instructions to complete the D1 and P2 templates on the CMS website - *RxDC reporting instructions (PDF)*. The instructions currently available are for the 2020/2021 reporting years and are what we used to provide information on completing the templates. ***Please continue to check this website as CMS has indicated updated instructions for the June 2023 report will be released.**
4. Complete the templates according to CMS instructions. Here are some pointers and references for your consideration, but this is not a substitute for reviewing the instructions yourself.

Table A - D1 reporting

A	B	C	D	E	F	G	H	I	J	K
Issuer or TPA Name	Issuer or TPA EIN	State	Market Segment	Average Monthly Premium Paid by Members	Average Monthly Premium Paid by Employers	Life years	Earned Premium	Premium Equivalents	ASO/TPA Fees Paid (included in the Premium Equivalents field)	Stop Loss Premium Paid (included in the Premium Equivalents field)

Table B - P2 reporting

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Group Health Plan Name	Group Health Plan Number				Market Segment	Plan Year Beginning Date	Plan Year End Date	Members as of 12/31 of the Reference Year	Plan Sponsor Name	Plan Sponsor EIN	Issuer Name	Issuer EIN	TPA Name	TPA EIN	PBM Name	PBM EIN

- **The data being collected for these reports is for plan year 2022.**
- On the D1 template, if you are self-funded, you will complete columns A, B, C, D, E, F, G, I, J, and K (all columns but H). The definition for columns I, J, and K are available in the RxDC reporting instructions.
- On the D1 template, if you are fully insured, you will complete columns A, B, C, D, E, F, G, and H (all columns but I, J, and K). The definition for column H is available in the RxDC reporting instructions.

- On the D1 template, for both self-funded and fully insured, the calculations for columns E, F and G are available in the RxDC reporting instructions.
 - For D1 and P2 templates, if you are self-funded, then for market segment you are either "SF Small Employer Plan" or "SF Large Employer Plan." Market segment is determined by the size of the employer. A plan is typically considered a small plan if you have 50 or fewer employees, and a large plan if you have more than 50 employees.
 - For D1 and P2 templates, if you are fully insured, then for market segment you are either "Small Group Market" or "Large Group Market." Instructions state to use the same market segment used for the Medical Loss Ratio (MLR) reporting.
 - On the P2 template, if you are self-funded, for the TPA Name (columns N & O) you will list Blue Cross and Blue Shield of Kansas and EIN 480952857.
 - On the P2 template, if you are fully insured, for the Issuer Name (columns L & M) you will list Blue Cross and Blue Shield of Kansas and EIN 480952857.
 - On the P2 template, for both self-funded and fully insured, if you use Prime Therapeutics, LLC as your Pharmacy Benefit Manager, you should list them in columns P and their EIN of 260076803 in column Q.
 - Note: If a plan sponsor moves from a fully insured product to self-funded coverage in the middle of the reporting year (or vice versa), report the fully insured business in the small group or large group market segments and the self-funded business in the self-funded small employer or large employer market segments. This will require submitting two lines of data.
5. Submit completed D1 and P2 templates through the HIOS system under the account created in step one.
Reporting is due by June 1, 2023.

We hope this information is helpful to you but realize you may still have additional questions. **We recommend any further questions outside of what we've outlined be submitted directly to the CMS helpdesk at** CMS_FEPS@cms.hhs.gov.