



## CAA Prescription Drug Data Collection (RxDC) Reporting UMR Survey Worksheet

**\*\*\* CMS released updated RxDC instructions, which resulted in changes to this worksheet. Please use this revised version as of 02/24\*\*\***

Under the Consolidated Appropriations Act (CAA), health insurers offering group or individual health coverage and self-funded (ASO) group health plans are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor, and Treasury (Tri-Agencies). This information must be submitted through a web portal set up by the Centers for Medicare & Medicaid Services (CMS). Reporting instructions published by CMS: [Prescription Drug Data Collection - RxDC - Reporting Instructions \(cms.gov\)](https://www.cms.gov/prescription-drug-data-collection-rxdc-reporting-instructions).

Each year UMR will be submitting the P2, D1 and D2 files (and corresponding narrative responses) for all active customers during the reference year. The data will be based upon plans(s) administered by UMR. For customers with Optum Rx integrated PBM we will also submit the D3-D8 files.

- For any other PBM, including Optum Rx direct, customers will need to work with that PBM for the D3-D8 files.
- For customers who UMR does not pay Stop Loss premiums on your behalf, you will need work with your Stop Loss vendor for submission of stop loss premium data.
- Customers who have both UMR and UHC or Surest administered plans will need to complete a survey specific for UMR plans and an RFI for UHC or Surest plans.

Annually we will be collecting data from you so we can complete the RX Data Collection Reporting. For each reference year, the data collection submission to CMS must be made by June 1<sup>st</sup> of the following year.

Below are the data points we will ask you to enter into the survey. Once you have gathered the required information, please go to link provided in an email with [noreply@gemailserver.com](mailto:noreply@gemailserver.com) as the sender and enter the information. **You must complete the survey no later than March 31.** If we do not receive your survey response, we will submit data we have in our systems; however, the submission will not be complete. Data elements not provided will need to be submitted to CMS by the health plan, the external vendor or another reporting entity.

### General Information

1. Name of person completing the survey: \_\_\_\_\_
2. Email of person completing the survey: \_\_\_\_\_
3. Person's role with the company (e.g., HR rep, Benefit Coordinator, Broker): \_\_\_\_\_

### Employer/Plan Information

Your Group Name and Group Number will be prepopulated in the survey link you receive.

### Premium Information – responses based upon plans(s)/membership covered under a UMR administered plan.

1. What is the Average Monthly Premium (or Premium Equivalents) Paid by Members? (D1)
  - Member: \_\_\_\_\_
  - Calculate the average monthly premium (or premium equivalent) by taking the total annual premium (or premium equivalents) paid by members during the reference year and dividing by 12.
  - You should divide by 12 even if the coverage was not in effect for the entire calendar year.



- Include:
  - Premium or premium equivalents paid by members for medical and pharmacy coverage.
  - Member payments for COBRA coverage, including the 2% administrative fee.
  - Spousal and tobacco surcharges.
- Exclude:
  - Premium or premium equivalents paid by employers or other plan sponsors on behalf of members. These amounts should be included in next question's amounts.
- If members do not pay a premium, enter zero (0.00) here.
- Reference the [CMS Reporting Instructions](#), beginning on page 31.

*Please see examples below*

2. What is the Average Monthly Premium (or Premium Equivalents) Paid by Employers (on behalf of members)? (D1)
- Employer: \_\_\_\_\_
  - Calculate the average monthly premium (or premium equivalent) by taking the total annual premium (or premium equivalents) paid by the employer on behalf of members during the reference year and dividing by 12.
  - You should divide by 12 even if the coverage was not in effect for a member or members for the entire reference year.
  - Include:
    - Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents) for medical and pharmacy coverage.
    - Premium or premium equivalents paid by group trust, association, or MEWA plans if separate employers or other plan sponsors make premium contributions.
  - Exclude:
    - Premium or premium equivalents paid by members. These amounts should be included in previous question's amounts.
  - Reference the [CMS Reporting Instructions](#), beginning on page 31.

*Please see examples below*

**Other information – This question is to assist with understanding the entirety of the group health plan and will be used to populate the “Carve-Out Description” field on the RxDC P2 file.**

3. Does UMR administer the “majority” of the Group Health Plan’s benefits? (P2)
- Select Yes or No \_\_\_\_\_
  - Until further clarification by CMS, the term “majority” is interpreted by UMR as the entity that administers the bulk of the health plan’s benefits.
  - For example, a policy administered by UMR containing Medical is the majority entity over a policy administered by a non-affiliated UnitedHealth Group (UHG) organization. (e.g., Aetna, Cigna, etc.)
  - Reference the [CMS Reporting Instructions](#), beginning on page 15.



Once you've gathered all information in this worksheet, please enter your responses in the survey link you were emailed. Please remember that data elements not provided via the survey by March 31 will need to be submitted to CMS by the health plan, the external vendor or another reporting entity.

### Average Monthly Premium Calculation Examples

**EXAMPLE 1: 1/1 Effective ; Full Calendar Year**

Month	Total Premium (or premium equivalents)		
	Paid by Members	Paid by Employers <sup>1</sup> (on behalf of members)	Paid by Plan (Total)
January	\$ 5,675	\$ 13,243	\$ 18,918
February	\$ 6,426	\$ 14,994	\$ 21,420
March	\$ 6,426	\$ 14,994	\$ 21,420
April	\$ 6,784	\$ 15,829	\$ 22,614
May	\$ 6,784	\$ 15,829	\$ 22,614
June	\$ 6,784	\$ 15,829	\$ 22,614
July	\$ 7,497	\$ 17,494	\$ 24,991
August	\$ 7,497	\$ 17,494	\$ 24,991
September	\$ 7,497	\$ 17,494	\$ 24,991
October	\$ 6,932	\$ 16,174	\$ 23,106
November	\$ 6,932	\$ 16,174	\$ 23,106
December	\$ 6,932	\$ 16,174	\$ 23,106
<b>Total</b>	<b>\$ 82,167</b>	<b>\$ 191,724</b>	<b>\$ 273,892</b>
	<b>Total A</b>	<b>Total B</b>	

  

<b>Avg Mthly Premium Paid:</b>	<b>\$ 6,847.29</b>	<b>\$ 15,977.00</b>	<b>\$ 22,824.29</b>
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In this example:

- Employer has a medical policy with UMR for the full calendar year ; effective 1/1
- Coverage period: 1/1/23 – 12/31/23
- Calendar period: 1/1/23 – 12/31/23
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year

•Average Monthly Premium Paid by Members = Total A divided by 12 months

•Calculation:  $\$82,167 / 12 = \$6,847.29$

•Populate Survey with this

•Average Monthly Premium Paid by Employers = Total B divided by 12 months

•Calculation:  $\$191,724 / 12 = \$15,977.00$

•Populate Survey with this

Notes:

<sup>1</sup>This is total plan costs minus premiums paid by members.  
Based on Reference Year 2023 instructions

**EXAMPLE 2: Mid-Year Trm or Non-Renewal**

Month	Total Premium (or premium equivalents)		
	Paid by Members	Paid by Employers <sup>1</sup> (on behalf of members)	Paid by Plan (Total)
January	\$ 5,675	\$ 13,243	\$ 18,918
February	\$ 6,426	\$ 14,994	\$ 21,420
March	\$ 6,426	\$ 14,994	\$ 21,420
April	\$ 6,784	\$ 15,829	\$ 22,614
May	\$ 6,784	\$ 15,829	\$ 22,614
June	\$ 6,784	\$ 15,829	\$ 22,614
July	Termed or non-renewal with UMR <sup>2</sup>		
August			
September			
October			
November			
December			
<b>Total</b>	<b>\$ 38,880</b>	<b>\$ 90,720</b>	<b>\$ 129,600</b>
	<b>Total A</b>	<b>Total B</b>	

  

<b>Avg Mthly Premium Paid:</b>	<b>\$ 3,239.99</b>	<b>\$ 7,559.99</b>	<b>\$ 10,799.98</b>
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In this example:

- Employer is with UMR through 6/30/23
- Coverage period: 7/1/22 – 6/30/23
- Calendar period: 1/1/23 – 6/30/23
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

•Average Monthly Premium Paid by Members = Total A divided by 12 months

•Calculation:  $\$38,880 / 12 = \$3,239.99$

•Populate Survey with this

•Average Monthly Premium Paid by Employers = Total B divided by 12 months

•Calculation:  $\$90,720 / 12 = \$7,559.99$

•Populate Survey with this

Notes:

<sup>1</sup>This is total plan costs minus premiums paid by members.

<sup>2</sup>Do not include premium paid after termination/non-renewal with UMR. These amounts should be filed by the non-affiliate party directly to CMS.

Based on Reference Year 2023 instructions.