BROKER NEWS

February 8, 2023

Under the Consolidated Appropriations Act (CAA), health insurers offering group or individual health coverage are required to report data annually regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor, and Treasury.

The required submission date to report 2022 data is June 1, 2023. This information must be submitted through a web portal set up by the Centers for Medicare & Medicaid Services (CMS).

Health Plan of Nevada (HPN) and Sierra Health and Life (SHL) will submit the files for all of your clients who had active coverage during the 2022 plan year. Clients who had a Pharmacy Benefit Manager (PBM) other than the OptumRx integrated PBM, including OptumRx direct, will need to work with that PBM to submit the D3-D8 files.

To support this initiative, we will collect data annually from your clients to complete the RxDC reporting. Your clients may have submitted data in the prior year, however because information may change, we must collect data each year.

Employer groups must complete the <u>survey</u> by March 3, 2023 deadline.¹ Groups offering both HPN/SHL and UHC coverage will need to complete the survey twice – once with their HPN/SHL group number and once with their UHC policy number. Before starting the survey, they'll need to gather the following information:

- Member and employer average premium
- Administrative fees/TPA fees (if applicable)
- Medical, pharmacy, behavioral, and wellness vendors and their EIN (Employee Identification Number) if you have any vendors other than HPN/SHL

Once they complete the survey, they cannot go back and make changes. If you have questions, please contact your HPN/SHL sales representative.

¹If a group fails to complete the survey by March 3, HPN/SHL will submit the data in our system to CMS. However, the submission will be incomplete and the missing information will still need to be provided to CMS by the health plan or another reporting entity.



