

Blue Cross RxDC Plan Sponsor Survey

PCell 1 = Fully Insured

PCELL 2 = Self-Insured BCBSMA

PCELL 3 = Self-Insured Non-BCBSMA

UDEF10 = <Group Health Plan Name>

UDEF09 = <Email>

UDEF01 = <EIN>

Intro:

Under the **Consolidated Appropriations Act (CAA)**, group health plans (fully insured and self-insured) and health insurance issuers offering group or individual health insurance coverage must report plan-specific prescription drug spending and medical cost data annually to the Departments of Health and Human Services, Labor, and the Treasury. The 2023 report is required by June 1, 2024.

Thank you for your assistance in helping Blue Cross Blue Shield of Massachusetts meet the CAA Pharmacy Data Collection (CAA RxDC) requirements on behalf of our valued customers. For questions, please go to <LINK to Mailbox>.

Please note that in the event that you need to return to a previous question, you may select the button labeled "Previous" at the bottom of the page.

Press the button labeled "Begin Survey" to get started.

Q01. Is this the correct Group Health Plan Name <UDEF10>?

- 1 Yes (**SKIP TO Q02**)
- 2 No

Q01a. Please enter the correct Group Health Plan Name

_____ (**ALLOW 250 CHARACTERS**)

(IF PCELL=1 SKIP TO Q03)

Q02. Would you like Blue Cross Blue Shield of Massachusetts to submit your self-insured CAA-RXDC June 2024 filing?

- 1 Yes, Blue Cross should submit all applicable files
- 2 Yes, Blue Cross should submit all applicable files, except for D1
- 3 No, plan sponsor will submit all files (**SKIP TO LOGIC ABOVE ATTESTATIONS**)

Q03. Is <UDEF09> the best email address to contact you regarding this survey? *Blue Cross will not be sharing this email address or using it for purposes other than internal record keeping.*

- 1 Yes (**SKIP TO Q04**)
- 2 No

Q03a. What is the correct email address? *Blue Cross will not be sharing this email address or using it for purposes other than internal record keeping.*

_____ (ALLOW 250 CHARACTERS)

Q04. Is <UDEF01> the correct EIN?

1 Yes (SKIP TO Q05)

2 No

Q04a. What is the correct EIN?

_____ (ALLOW 250 CHARACTERS)

Q05. If you do not file IRS Form 5500 with the Department of Labor, please skip to the next question. If you file IRS Form 5500 with the Department of Labor, please enter your 3 digit Form 5500 number. This is the 3-digit plan number reported on IRS Form 5500.

_____ (ALLOW 3 CHARACTERS, NUMERIC)

Q06. Blue Cross will be using '501' as the Group Health Plan Number, is that the number you wish to use?

1 Yes (SKIP TO Q07)

2 No

Q06a. What is the Group Health Plan Number you wish to use?

_____ (ALLOW 25 CHARACTERS, ALPHA NUMERIC?)

(IF Q2 = 2, SKIP Q07)

Q07. What is the average percent of the premium paid by a subscriber?

This should be the average of the premium paid by all subscribers and excludes premiums paid by employers and other plan sponsors on behalf of the subscriber. If you are a self-funded (ASC account), please use premium equivalent instead of premium. Note subscribers include employees, COBRA and early retirees but excludes retirees on Medicare plans. Please only include subscriber premiums for benefits administered by Blue Cross.

For self-funded (ASC) plans, federal guidance defines the premium equivalent amounts as the total cost of providing and maintaining coverage, including claim costs, administrative expenses, Administrative Services Only (ASO) or TPA fees and Stop-Loss premiums. An employer with a self-funded (ASC) health plan may use as the total cost of providing and maintaining coverage, the same costs that are taken into account for purposes of calculating COBRA premiums (minus the 2% administrative charge, if applicable)

_____ % (ALLOW 0-100)

(IF PCELL1 = FULLY INSURED SHOW ATTEST01; ELSE SKIP TO LOGIC ABOVE ATTEST02)

ATTEST01: To the best of my knowledge, I have shared the correct information in completing this survey.

1 Yes

Name: _____ (ALLOW 250 CHARACTERS)

Role: _____ (ALLOW 250 CHARACTERS)

(GO TO TERM01)

TERM01: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey.

Blue Cross will be submitting all applicable files pertaining to benefits administered by Blue Cross for your account. This submission will include the narrative. For any questions, please contact your Blue Cross Account Service Consultant.

(IF PCELL 2 = SELF-INSURED BCBSMA AND Q02 = 1 SHOW ATTEST02; ELSE SKIP TO ATTEST03)

ATTEST02: To the best of my knowledge, I have shared the correct information in completing this survey.

1 Yes

Name: _____ (ALLOW 250 CHARACTERS)

Role: _____ (ALLOW 250 CHARACTERS)

(GO TO TERM02)

TERM02: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey. Blue Cross will be submitting all applicable files pertaining to benefits administered by Blue Cross for your account (D1-D8 files and associated P2 files). This submission will include the narrative. For any questions, please contact your Blue Cross Account Service Consultant.

(IF PCELL 2 = SELF-INSURED BCBSMA AND Q02 = 3 SHOW ATTEST03, ELSE SKIP TO ATTEST04)

ATTEST03: You have indicated your account's intent to self-submit data directly to CMS. Self-Insured accounts that are choosing to self-submit and have prescription drug coverage with Blue Cross will be required to sign a Non-Disclosure agreement (NDA) in order to access prescription data. A link to the NDA will be available upon completion of the survey. Blue Cross must approve your vendor (if applicable) before data is submitted to the account.

Third Party Vendor

Check box Account will be using a third-party vendor to handle prescription drug data accessed from Blue Cross's PBM's

Check Box Account will be not using a third-party vendor to handle prescription drug data accessed from Blue Cross's PBM's

To the best of my knowledge, I have shared the correct information in completing this survey

1 Yes

Name: _____ (ALLOW 250 CHARACTERS)

Role: _____ (ALLOW 250 CHARACTERS)

(GO TO TERM03)

TERM03: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey. You have indicated your account's intent to self-submit its data directly to CMS. Following your account's NDA submission and Blue Cross vendor approval (if applicable), Blue Cross will be providing your account its available data for the D2-D8 files pertaining to benefits Blue Cross administers. The NDA can be accessed by clicking **(insert link)**

For any questions, please contact your Blue Cross Account Service Consultant.

(IF PCELL 2 = SELF-INSURED BCBSMA AND Q02 = 2 SHOW ATTEST04, ELSE SKIP TO ATTEST05)

ATTEST04: To the best of my knowledge, I have shared the correct information in completing this survey.

1 Yes

Name: _____ **(ALLOW 250 CHARACTERS)**

Role: _____ **(ALLOW 250 CHARACTERS)**

(GO TO TERM04)

TERM04: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey. Blue Cross will be submitting your account's D2-D8 files and associated P2 files pertaining to benefits Blue Cross administers. This submission will include the narrative response. Please note that the account is responsible for the data collection and submission of its D1 file and associated P2 file. For any questions, please contact your Blue Cross Account Service Consultant.

(IF PECELL 3 = SELF-INSURED NON-BCBSMA AND Q02 = 1 SHOW ATTEST05, ELSE SKIP TO ATTEST06)

ATTEST05: To the best of my knowledge, I have shared the correct information in completing this survey.

1 Yes

Name: _____ **(ALLOW 250 CHARACTERS)**

Role: _____ **(ALLOW 250 CHARACTERS)**

(GO TO TERM05)

TERM05: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey. Blue Cross will be submitting your account's D1 and D2 files and associated P2 file pertaining to benefits Blue Cross administers. This submission will include the narrative response. Please note that the account is responsible for the data collection and submission of its D3-D8 files, as well as its own D1 and P2 files pertaining to any carved-out coverage. For any questions, please contact your Blue Cross Account Service Consultant.

(IF PCELL 3 = SELF-INSURED NON-BCBSMA AND Q02 = 3 SHOW ATTEST06; ELSE SKIP TO ATTEST07)

ATTEST06: You have indicated your account's intent to self-submit data directly to CMS. Please fill in the contact information below to complete the survey.

1 Yes

Name: _____ **(ALLOW 250 CHARACTERS)**

Role: _____ **(ALLOW 250 CHARACTERS)**

(GO TO TERM06)

TERM06: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey. You have indicated your account's intent to self-submit its data directly to CMS. Blue Cross will be providing your account its available data for the D2 file and associated P2 file, pertaining to benefits Blue Cross administers. Please note that the account is responsible for submission of all of its RxDC files. For questions, please contact your Blue Cross Account Service Consultant.

(IF PCELL 3 = SELF-INSURED NON-BCBSMA AND Q02 = 2 SHOW ATTEST07)

ATTEST07: To the best of my knowledge, I have shared the correct information in completing this survey

1 Yes

Name: _____ **(ALLOW 250 CHARACTERS)**

Role: _____ **(ALLOW 250 CHARACTERS)**

(GO TO TERM07)

TERM07: Thank you for completing the Blue Cross RxDC Plan Sponsor Survey. Blue Cross will be submitting your account's D2 file and associated P2 file, pertaining to benefits Blue Cross administers. This submission will include the narrative response. Please note that the account is responsible for the data collection and submission of its D1 and D3-D8 files, and associated P2 files. For questions, please contact your Blue Cross Account Service Consultant.