

PRESCRIPTION DRUG REPORTING FAQ

The 2021 Consolidated Appropriations Act requires group health plans to submit detailed information about prescription drug pricing and healthcare spending to the federal government. This submission is known as the “**RxDC report.**” The information collected will be used to publish biannual reports on prescription drug costs.

WHAT TYPES OF INFORMATION ARE GROUP HEALTH PLANS REQUIRED TO PROVIDE?

The CAA requires eight data files, and have provided a template for each:

- D1 - Premium and life years;
- D2 - Healthcare spending by category;
- D3 - Top 50 most frequently used brand drugs;
- D4 - Top 50 most costly drugs;
- D5 - Top 50 drugs by spending increase;
- D6 - Prescription drug totals;
- D7 - Prescription drug rebates by therapeutic class; and D8 - Prescription drug rebates for the top 25 drugs.

Plans must submit one or more plan lists and a narrative response describing the impact of prescription drug rebates on premiums and cost sharing.

In its role as plan administrator, Western Growers Assurance Trust stores much of the information required for reports D1-D2 and its affiliate pharmacy benefit manager, PinnacleRx Solutions (PRxS), holds the information required for reports D3-D8.

WHAT IS THE FILING DEADLINE?

Reports must be filed through the Centers for Medicare & Medicaid Services (CMS) Health Insurance Oversight System (HIOS) on or before December 27, 2022 for the 2020 and 2021 calendar years, and by June 1 of each subsequent year (e.g., June 1, 2023 for 2022 calendar year data).

WILL WGAT FILE REPORTS ON BEHALF OF THE PARTICIPATING PROVIDER?

As a multiple employer welfare arrangement (MEWA), WGAT, not the participating provider, is responsible for filing the RxDC report. WGAT will aggregate data for all participating providers in its report.

Participating employers will be asked for specific information needed to complete the reports, including average employee contribution (the average monthly premium paid by members).

