

**How to Complete the Aetna.com**

**RxDC Plan Sponsor Data Collection Form**

<https://www.aetna.com/employers-organizations/forms/rxdc-self-report.html>

**\*\* Note: Plan Sponsors must complete and submit this form separately for each product that Aetna underwrites or administers for the reference year.** *(For example: Open Access Managed Choice, HMO,*

*Open Choice, etc.)*

If a self-insured plan sponsor requests to be excluded from Aetna’s D1 file, you do not need to complete this data collection process. Instead, contact your account representative to request an exception.

**YOU MUST COMPLETE THIS FORM NO LATER THAN 4/1/23**

Prescription Drug Data Collection (RxDC) reporting for reference year 2022 is required to be submitted no later than 6/1/2023 and must include certain data elements that were not required for the initial submission. Therefore, Aetna has developed a process to support our plan sponsors in the submission of these reports.

# What you need to do

Go to the [RxDC Plan Sponsor Data Collection Form](https://www.aetna.com/employers-organizations/forms/rxdc-self-report.html) and complete the form no later than 4/1/23. We are collecting information for reference year 2022. A reference year is the calendar year of the data that is in your RxDC report.

**You will need to complete the following fields:**

**Plan Sponsor Unique ID (if known)**

* Enter the Aetna Plan Sponsor Unique ID (PSUID) if you know it; otherwise leave blank

**Plan Sponsor Name (Required)**

* Enter the legal Plan Sponsor Name

## Plan Sponsor EIN (Employer Identification Number) / Tax ID (Required)

• Enter the 9-digit number you use for IRS tax filing. This is the EIN/Tax ID for your business o An Employer Identification Number (EIN) is also known as a Federal Tax Identification

Number and is used to identify a business entity. Individual Taxpayer Identification Number (ITIN) is a tax processing number issued by the Internal Revenue Service (IRS). This may be a Social Security Number (SSN) if your company files taxes under your SSN (not likely).

## Total Premium Paid by Members (Required)

* Enter total premium contributions paid by members for the reference year

## Total Premium Paid by Employer (Required)

* Enter total premium contributions paid by the employer(s) for the reference year

## Funding Arrangement (Required)

* Enter self-insured or fully insured for the associated product
* This is needed to ensure proper reconciliation of the information you’re submitting

## Issuer Name/Legal Entity (Required)

* Enter the name of the legal entity that administers and/or underwrites your plan
* This information can be found on the cover page of the Group Agreement and the member Certificate of Coverage/Schedule of Benefits.
* The majority of products will be administered and/or underwritten by one of the legal entities listed below. If your product is administered and/or underwritten by a different Aetna legal entity, enter it exactly as it appears in the contract.
* This is needed to ensure proper reconciliation of the information you’re submitting

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| Aetna Behavioral Health, LLC | Aetna Health of Iowa, Inc. |
| Aetna Better Health Inc. (CT) | Aetna Health of Ohio Inc. |
| Aetna Better Health Inc. (GA) | Aetna Health of Utah Inc. |
| Aetna Better Health Inc. (NJ) | Aetna HealthAssurance Pennsylvania, Inc. |
| Aetna Better Health Inc. (NY) | Aetna Life Insurance Company |
| Aetna Better Health Inc. (OH) | Aetna Student Health Agency Inc. |
| Aetna Better Health Inc. (PA) | Allina Health and Aetna Health Plan Inc. |
| Aetna Better Health of California Inc. | Allina Health and Aetna Insurance Company |
| Aetna Better Health of Illinois Inc. | American Continental Insurance Company |
| Aetna Better Health of Kansas Inc. | Banner Health and Aetna Health Insurance Company |
| Aetna Better Health of Kentucky Insurance Company | Banner Health and Aetna Health Plan Inc. |
| Aetna Better Health of Michigan, Inc. | Continental Life Insurance Company of Brentwood,  Tennessee |
| Aetna Better Health of Missouri LLC | Coventry Health and Life Insurance Company |
| Aetna Better Health of North Carolina Inc. | Coventry Health Care of Florida, Inc. |
| Aetna Better Health of Oklahoma Inc. | Coventry Health Care of Illinois, Inc. |
| Aetna Better Health of Texas Inc. | Coventry Health Care of Kansas, Inc. |
| Aetna Better Health of Washington, Inc. | Coventry Health Care of Missouri, Inc. |
| Aetna Better Health, Inc. (LA) | Coventry Health Care of Nebraska, Inc. |
| Aetna Health and Life Insurance Company | Coventry Health Care of Virginia, Inc. |
| Aetna Health Inc. - Michigan | Coventry Health Care of West Virginia, Inc. |
| Aetna Health Inc. - PA | Coventry Health Plan of Florida, Inc. |
| Aetna Health Inc. (a Louisiana corporation) | First Health Life & Health Insurance Company |
| Aetna Health Inc. (CT) | Health and Human Resource Center, Inc. |
| Aetna Health Inc. (FL) | Health Assurance Pennsylvania, Inc. |
| Aetna Health Inc. (GA) | Health Re, Inc. |
| Aetna Health Inc. (ME) | IlliniCare Health Plan Inc. |
| Aetna Health Inc. (NJ) | Innovation Health Insurance Company |
| Aetna Health Inc. (NY) | Innovation Health Plan, Inc. |
| Aetna Health Inc. (TX) | Sutter Health and Aetna Administrative Services LLC |
| Aetna Health Insurance Company | Sutter Health and Aetna Insurance Company |
| Aetna Health Insurance Company of New York | Texas Health + Aetna Health Insurance Company |
| Aetna Health of California Inc. | Texas Health + Aetna Health Plan Inc. |

To learn more,[CMS Reporting Instructions](https://regtap.cms.gov/reg_librarye.php?i=3860) Section 6, beginning on page 20, addresses calculations for Premium and Life-Years.

If you have any questions, please contact your account manager for assistance!