**Employer/Producer FAQs: Consolidated Appropriations Act (CAA) Section 204** FOR COMMERCIAL PLANS ONLY

**Section 204 of the Consolidated Appropriations Act (CAA) of 2021 and its implementing regulations require health insurance issuers and group health plans to report certain information related to the cost of prescription drugs and health care spending to the Secretaries of the United States Departments of Labor and Health and Human Services.**

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| **Questions** | **Answers** |
| 1. **What is Section 204 of the CAA?** | Under Section 204 of the CAA, insurance companies and group health plans must submit information about prescription drugs and health care spending. This data submission is called the RxDC report. The Rx stands for prescription drug and the DC stands for data collection.  More information is available [here](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/Prescription-Drug-Data-Collection). |
| 1. **Does UPMC have a statement available for any group questions related to submissions under Section 204 of the CAA?** | Yes, UPMC has the following statement available: *Beginning not later than December 27, 2022, UPMC Health Plan will report to the Secretaries of the United States Departments of Labor and Health and Human Services information required under Section 204 of the Consolidated Appropriations Act, 2021 and its implementing regulations to the extent UPMC Health Plan has such information as a result of the services it provides to its fully insured and self-funded employer group clients. This information will include required medical spend detail and information related to prescription drug costs to the extent UPMC Health Plan provides or administers such coverage for an employer group client. With the exception of premium amounts paid by members (see below) the Health Plan will not be collecting or reporting on information not currently in its possession or that is handled by another third-party vendor, insurer, or pharmacy benefit manager for an employer group.*  *UPMC Health Plan will conduct the reporting, as set forth above, automatically on behalf of our clients. At this time, for the submission due on December 27, 2022, UPMC Health Plan does not anticipate needing any information from our clients but may request information from a group if necessary. We do anticipate that subsequent submissions will require groups to affirmatively provide information to UPMC Health Plan (for example, the portion of premium amounts paid by employer v. member). Additional details about how and when that information must be provided to UPMC Health Plan will be forthcoming.* |
| 1. **What information must insurance companies and employers submit?** | The CAA requires insurance companies and group health plans to submit information about:   * Spending on prescription drugs and health care services * Prescription drugs that account for the most spending * Drugs that are prescribed most frequently * Prescription drug rebates from drug manufacturers * Premiums and cost-sharing paid by members |
| 1. **Both insurers and group health plans are required to submit information under Section 204 of the CAA. What information, if any, will UPMC Health Plan submit on behalf of its clients?** | UPMC Health Plan will provide the required medical spend detail and information related to prescription drug costs to the extent UPMC Health Plan provides or administers such medical and/or prescription drug coverage on behalf of an employer group client. UPMC Health Plan will not be collecting or reporting on information that is not currently in its possession or that is handled by a third-party vendor, insurer, or pharmacy benefit manager for a group. |
| 1. **Will UPMC Health Plan be reaching out to current clients for information needed for the December 27, 2022 submission to satisfy the requirements of Section 204 of the CAA?** | At this time, for the submission due on December 27, 2022, UPMC Health Plan does not anticipate needing any information from our clients but may request information from a group if necessary. |
| 1. **Will UPMC Health Plan be reaching out to current clients for information needed for the June 2023 submission to satisfy the requirements of the CAA?** | At this time, we do anticipate that subsequent submissions will require groups to affirmatively provide information to UPMC Health Plan (for example, the portion of premium amounts paid by employer v. member). Additional details about how and when that information must be provided to UPMC Health Plan will be forthcoming. |
| 1. **Will UPMC Health Plan be submitting files D2, D3, D4, D5, D6, D7 and D8 for fully insured and self-funded groups on the group’s behalf?** | Yes, UPMC Health Plan will submit on fully insured and self-funded groups’ behalf. The submission will reflect data for any/all groups who were active at any point in the required submission year (regardless of whether the group has since termed). |
| 1. **Will UPMC Health Plan be submitting files P1, P2 and P3 for fully insured and self-funded groups on the group’s behalf?** | Yes, UPMC Health Plan will submit on fully insured and self-funded groups’ behalf. The submission will reflect data for any/all groups who were active at any point in the required submission year (regardless of whether the group has since termed). |