

Section 204: Prescription Drug Data Collection and Reporting

Consolidated Appropriations Act of 2021

As part of the Consolidated Appropriation Act of 2021, insurance companies and employer-based health plans are required to submit information about prescription drug and healthcare spending to the Departments of Health and Human Services, Labor and Treasury. The first submission is due on Dec. 27, 2022, for reference years 2020 and 2021 with subsequent submissions due June 1 of the calendar year immediately following the reference year. At Geisinger Health Plan (GHP), we're committed to helping our customers fulfill these requirements.

What types of plans are required to submit this information?

- Health insurance issuers offering group health coverage
- Health insurance issuers offering individual coverage, including:
 - Plans sold inside and outside of the exchanges
 - Student health plans
 - Individual plans sold through an association
- Fully-insured and self-funded group health plans including Federal Employee Health Benefits (FEHB)

What information is included?

- **Report D1:** Premium and life-years (defined by the average number of members covered throughout the year)
- **Report D2:** Spending by category
- **Report D3:** Top 50 brand drugs utilized
- **Report D4:** Top 50 most costly drugs
- **Report D5:** Top 50 drugs by spending increase
- **Report D6:** Rx totals
- **Report D7:** Rebates by therapeutic class
- **Report D8:** Rebates for the top 25 drugs

How we can help

Fully-Insured Group Coverage

Geisinger Health Plan will submit all required reporting and associated narrative response to the departments on behalf of the employer for the initial and all subsequent reporting periods. No action or additional information is needed.

Self-Funded Employer Group Coverage

Submission assistance is dependent on whether Rx coverage is through GHP or through an outside pharmacy benefit manager (PBM)

- **Medical and pharmacy administered by GHP**
 - When both medical and pharmacy benefits are administered by GHP, Geisinger Health Plan will collect and submit all required information on behalf of the employer (reports D1-D8 and narrative response). A copy of the data submission can be made available to the self-insured employer upon request.
- **Pharmacy-only administered by GHP**
 - In the event an employer has chosen GHP to only administer its pharmacy benefits, GHP will submit reports D3-D8 and any applicable narrative. The employer has the option to have the administrator of its medical plan submit reports D1 and D2 on its behalf or have its plan administrator complete the forms and send them to GHP. Geisinger Health Plan will then include these reports in its submission. A copy of the data submission can be made available to the self-insured employer upon request.
- **Medical-only administered by GHP**
 - If an employer has chosen GHP to administer its medical benefits and a separate party to administer its pharmacy benefits, GHP will collect and submit reports D1 and D2 on behalf of the employer. The employer should coordinate with its PBM to submit the remaining reports, and any applicable narrative, on its behalf. Applicable reports submitted by GHP on behalf of the self-insured employer can be made available upon request.

Have questions or need help? Contact your account manager at 800-554-4907.

This document is provided for informational purposes only, not for the purpose of providing legal advice.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.