



Risk & Insurance | Employee Benefits | Retirement & Private Wealth

2025 RxDC Reporting Vendor Update

Vendor Reporting RxDC Status to CMS

Last Updated: April 16, 2025

RxDC Summary of Upcoming Vendor Due Dates

- April 14, 2025 – Highmark
- April 15, 2025 - Western Growers Assurance Trust
- April 15, 2025 - Western Health Advantage
- April 19, 2025 - Blue Shield of CA
- April 23, 2025 - HMSA
- April 25, 2025 - Premiera Blue Cross
- April 30, 2025 - Asuris Northwest Health
- April 30, 2025 - Regence BlueShield WA
- May 2, 2025 - Blue Cross Blue Shield of Illinois
- May 5, 2025 - MediExcel
- June 1, 2025 - SIMSA (self report to CMS)



Clients that may have missed the deadline to report D1 to vendors (carrier or TBAs) must report P2, D1 to the [CMS](#) within the [HIOS](#) system. [Understanding RxDC Reporting: Employer Guide to Compliance | HUB International](#)

Vendor | RxDC Reporting

Carrier	Reporting Requirement	Submission Due Date	Vendor Survey Link
Aetna	<ul style="list-style-type: none"> Aetna requests that clients (insured and self-insured in the large or small group market) submit an RxDC Plan Sponsor Data Collection Form by 3/31/2025. Self-insured plans that intend to file the RxDC reports directly with CMS do not need to submit a questionnaire, however, should contact their Aetna representative before March 31, 2025 to opt-out. Employers will have to complete multiple questionnaires for the plans they sponsor if the plans are offered through different Aetna insurance companies. It will need to indicate the Entity/Product name and all fields must be completed. Note: Aetna with CVS – Please note that Aetna indicates to exclude CVS cost from Premiums paid by Member and to only enter medical underwritten and administered by Aetna. <ul style="list-style-type: none"> CVS file will not include D1 data (See CVS on table) therefore client will need to work with TPA or self report if Aetna will not or deadline is missed. 	<u>March 31, 2025</u>	<p>Aetna Data Collection Form (applicable to groups of all sizes and funding mediums):</p> <p>Aetna Prescription Drug Data Collection Reporting Submission</p>
Allied	<p>Request that all clients complete the CAA Data Collection Form here</p> <ul style="list-style-type: none"> For Caremark Clients: Allied will submit information files P2 and D1-D8 on behalf of the client's group health plan. For CarelonRx Clients: Allied will submit information files P2 and D1-D2 on behalf of the client's group health plan. CarelonRx will submit data files D3-D8 on behalf of the client's group health plan. Allied requires the information needed for file P2 (Group Health Plan List), as well as part of file D1 with respect to the average monthly medical premium paid by Allied's clients' plan members. To collect this information, Allied has prepared a convenient digital form for each client to provide this data to Allied via the CAA Data Collection Form here. 	<u>March 28, 2025</u>	<p>Each client must complete the CAA Data Collection Form here</p>

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Carrier	Reporting Requirement	Submission Due Date	Vendor Resources
Anthem	<ul style="list-style-type: none">Fully Insured: Anthem will file all applicable data for fully insured clients if they complete the RxDC survey by March 19,2025. If the employer fails to complete the survey, the employer will have to file the D-1 report with CMS.ASO: Will file all data for ASO clients who complete the RxDC Survey no later than March 19, 2025. Employers who fail to complete the RxDC survey will be responsible for filing the D-1 report directly with CMS.	<u>March 19, 2025</u>	2025 Prescription Drug Data Collection (RxDC) Submission (1)
Angle Health	<ul style="list-style-type: none">Angle Health will file D-1 and D-2 data files with the federal government in advance of the June 1st federal deadline.Angle ensures that their PBM partners complete the D3-D8 filings on each group's behalf and provide every group plan administrator with a submission receipt for their records.	<u>N/A</u>	No Action Required for Clients

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Asuris Northwest Health	<ul style="list-style-type: none"> Asuris Northwest will submit RxDC reports on behalf of clients if they provide data within the Employer Center beginning on March 5, 2025, through April 30, 2025 Fully insured groups must complete the survey in the Employer Center and provide the dollar amount of premium they collected from all enrolled employees (and their dependents) during the time Asuris administered benefits in 2024. Self-funded groups must provide premium equivalents and a D1 (premium and life years) file for the benefits administered by Asuris in 2024. Asuris will not report on behalf of carve out arrangements. Self-funded groups will need to consult with separate entities on reporting of data for carved-out services, including pharmacy and any premium-based benefits. 	<u>April 30, 2025</u>	<p>Employer Center Data Collection Form Available March 5, 2025-April 30, 2025</p> <p>If the client does not have access to Employer Center, visit employercenter.asuris.com and click Request access to get set up before the data submission deadline</p> <p>How we're supporting employer groups' RxDC reporting for 2024</p>
Blue Shield of CA	<ul style="list-style-type: none"> BSCA will file P2 and D1 reports on behalf of insured and self-insured plans (with integrated prescriptions offered through BSCA) but requires the completion of a Prescription Healthcare Spending Survey. For self-insured plans, that carve out pharmacy, BSCA will only file P2, D1 and D2, employers should work with their PBM to file D3-D8 and the narrative. 	<u>April 19, 2025</u>	<p>Clients can submit the D1 data to BSCA through Employer Connection.</p> <p>Groups without access to an Employer Connection account can submit required information via the Prescription Drug & Healthcare Spending Survey using their group ID and following web key: #25yr24</p>

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Blue Cross Blue Shield of Illinois	<ul style="list-style-type: none"> Fully Insured who have Prime as PBM Provider Blue Balance Funded groups and Minimum Premium plans: BCBSIL will submit on behalf of clients however, need to obtain data on average monthly premiums from these groups. Details on this data collection will be sent via email to group contacts beginning the week of March 17. ASO groups with Prime as Pharmacy Services Provider, Cost Plus groups with Prime as Pharmacy Services Provider: <ul style="list-style-type: none"> For groups with Prime Therapeutics as their Pharmacy Services Provider, BCBSIL will work with Prime to submit the P2 plan list and D2 through D8 data files. All group customers will need to submit the D1 (Premium and Life Years) data directly to CMS through the RxDC module in the Health Insurance Oversight System. ASO groups with a carve-out PBM: BCBSIL will only submit the D2 data (spending by category) and P2 plan list (group health plan list) to the CMS site for ASO groups with a carved-out pharmacy benefit. All other required data will need to be submitted to CMS through the RxDC module in HIOS by the group or their vendors. Fully insured groups with a carve-out PBM: BCBSIL will submit P2, D1 and D2 reporting. However, we will need to obtain data on average monthly premiums from these groups. Details on this data collection will be sent via email to group contacts beginning the week of March 17. The client should consult with their PBM for files D3-D8. 	May 2, 2025	<p>Clients will need to check notifications via Blue Access for EmployersSM.</p> <p>2024 Prescription Drug Data Collection (RxDC) Group Reporting Approach Blue Cross and Blue Shield of Illinois</p>

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Blue Cross of NC	<ul style="list-style-type: none"> Fully Insured & Self-Funded plans with no carve out arrangement: BC NC will file the data on behalf of clients and requires the completion of a RxDC Survey, for BC of NC to file the D1 report. ASO clients with in-scope carve-out arrangements (i.e., behavioral, wellness, stop-loss, or pharmacy benefits): BC NC will not be able to report, clients should work with their TPA administering those benefits. Self-Funded Blue TPA Group: Clients must file with CMS; both Blue Cross NC and Brighton Health Plan Solutions, as BC of NC will not file for clients. <ul style="list-style-type: none"> Blue Cross NC will supply a report with the medical data required for the filing by May 15, 2025. Blue TPA ASO groups must obtain the required pharmacy data from your PBM or request that your PBM file on your behalf. The appropriate EIN to submit is the Blue Cross EIN number: 56-0894904. The deadline for the 2024 reference year report is June 1, 2025. 	<u>March 31, 2025</u>	<ul style="list-style-type: none"> RxDC prescription reporting Employers Blue Cross NC RxDC survey reference guide Employers Blue Cross NC

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Blue Cross Blue Shield Massachusetts BCBSMA	<ul style="list-style-type: none"> Fully Insured and Self-Insured plans: BCBSMA will report P2 and D1-D8 and narrative for clients and any benefits it administers, if all benefits including RX are with BCBS of MA. Employer must complete the BCBS 2024 RxDC Plan Sponsor Survey. Self-Insured with Alternative or Partial Opt-out of benefits– BSBCMA provides multiple filing approaches. Will submit P2, D1, and D2 files and will not submit any files on behalf of client for benefits that are not with BSBCMA. Employers may also opt out and file the reports on their own or retain a third party to file on their behalf; refer to BSBCMA FAQ for additional details. 	<u>March 7, 2025</u>	<ul style="list-style-type: none"> Look for an email from BCBSMA@sphsurvey.com with the subject line: Action Needed: Complete the Blue Cross RxDC survey by March 7. Link to survey is in the email. BCBS Survey Content Instructions BSBCMA CAA RxDC FAQ.pdf
Boon Administration Services, Inc.	<ul style="list-style-type: none"> Boon Group will report on behalf of clients who wish Boon to file for them. Boon Group provided clients with a word document titled “SmartMEC” for completion by March 1, 2025. NEW Each Plan Sponsor with SmartMEC Plan shall pay a \$300 Fee for each annual report and a corresponding Invoice is enclosed. <u>Boon must receive the \$300 payment in order for Boon and DCR to prepare and submit the RxDC report to CMS.</u> 	<u>March 1, 2025</u>	Email to clients with attachments for completion

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CVS Caremark	<ul style="list-style-type: none"> CVS/Caremark will file P2, D3-D8 and the narrative report on behalf of clients. Clients should first review the RxNavigator report provided by the CVS Caremark Account Manager to confirm the accuracy of the RxDC plan information for the 2024 calendar year. If any missing or incorrect RxDC plan information is identified in the RxNavigator report, clients should contact the Account Manager to assist with the necessary updates, as they complete the questionnaire by <u>March 14, 2025</u>. Clients who were active with CVS Caremark prior to January 1, 2024, will automatically default to the offering selected for the submission completed in 2024 for the 2023 reporting year. Clients are welcome to change their election for the 2024 RxDC reporting year no later than <u>March 15, 2025</u>. <u>CVS Caremark provides 2 submission options:</u> <ul style="list-style-type: none"> The first option is the Submission offering. CVS Caremark will submit plan files (P1-P3), data files (D1-D8), and the pharmacy data within the narrative response on the client's behalf to CMS with the data in its possession only. The client will be responsible for submitting data files D1 and D2, and the non-pharmacy data elements in the narrative response file. Many TPAs will file this information on the client's behalf. The second option is the Data File offering: <i><u>Between May 1 and May 4, CVS Caremark will provide clients with pharmacy data in its possession only,</u></i> in data files D3-D8 and the narrative response file, aggregated by state and market segment. <ul style="list-style-type: none"> Clients will be responsible for the plan files, data files D1 and D2, and the non-pharmacy data in the narrative response file. Additionally, clients will be responsible for submitting all plan files, data files (D1-D8), and the narrative response file to HIOS. 	<u>March 14, 2025</u>	<p>Please contact CVS Caremark Account Manager if data has not been received</p> <p>Reporting fees and billing. For the June 1, 2025 submission, there is one report for the year 2024. The client will be charged \$0.02 per member per year (PMPY) for this report, regardless of submission type. Billing will take place in the third quarter of 2025.</p>

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Gravie	<ul style="list-style-type: none"> Gravie will coordinate RxDC reporting and submit the required attestation on employers' behalf. 	None	
Health Net CA	<ul style="list-style-type: none"> The plan will not require any data from employer groups to complete Plan List (P2) and Data File (D1) submissions on behalf of clients. The plan will not issue communications to members, groups regarding the RxDC filing (confirmation of filing completion, compliance, et.), as this is not a regulatory requirement 	None	
HMSA	<ul style="list-style-type: none"> HMSA confirms that they will submit all reports on behalf of clients Clients must complete the following CAA Certification and return to them by April 23, 2025. 	<u>April 23, 2025</u>	CAA Certification Transparency in Coverage Rule and Consolidated Appropriations Act Overview & FAQs

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Carrier	Reporting Requirement	Submission Due Date	Vendor Survey Link
Highmark	<ul style="list-style-type: none"> Groups that have multiple health plans that are administered by Highmark, must complete a separate survey for each group health plan. Fully Insured Clients: All fully insured group health plan clients must submit the (1) average monthly premium amounts paid by the employer, and (2) average monthly premium amounts paid by members in calendar year 2024 by <i>no later than Monday, April 14, 2025</i>, via this Highmark Survey. Please note that the premium information collected will be reported on an aggregated basis – premium details will not be broken out by individual clients. Highmark will incorporate the premium information provided by fully insured clients into our aggregated reporting package. Self-Insured (ASO) Clients: ASO clients that would like Highmark to submit premium data to CMS on their behalf must submit all of the required information to Highmark by no later than <i>Monday, April 14, 2025</i>, via this Highmark Survey. Please note that the premium information collected will be reported on an aggregated basis – premium details will not be broken out by individual clients. Please note that ASO clients with carved-out pharmacy benefits will need to work with their PBMs to submit the data files specific to the pharmacy benefit (D3 - D8). Survey provided to clients and must be returned by April 14, 2025, or submission of data will ne incomplete. 	<u>April 14, 2025</u>	Highmark Prescription Drug Data Collection (RxDC) Survey.

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Kaiser Permanente	<ul style="list-style-type: none"> Fully insured and self-insured plans: Kaiser will be reporting on behalf of clients. Employers/plans must complete the Kaiser questionnaire available on-line by the established due date. <ul style="list-style-type: none"> Note: Employer groups participating in a large or small group Association Health Plan (AHP), please watch for additional information from KP Multi-State Groups: <u>The employer must submit the data for each state the policy is issued in</u> (Kaiser Permanente reports the data to CMS by state). California groups: NCAL & SCAL regions can be reported on one form; ensure that both Kaiser Contract ID's are listed in the drop down of the form. 	<u>March 31, 2025</u>	Kaiser Permanente RxDC Data Collection Form Kaiser RxDC FAQ
MediExcel Health Plan (MEHP)	<ul style="list-style-type: none"> MEHP will report for all employer groups and trust accounts with MediExcel Health Plan (MEHP) enrollees. MEHP states they have most of the information to complete P2, D1-D8, and narrative report link Prescription Drug Data Collection (RxDC) CMS The only two data elements that MEHP does not have are : 1) Employer Share of Average Monthly Premium Contribution for MEHP (in %); and 2) The Trust/Employer Group Form 5500 Plan number (if applicable).<i>(Specific instructions indicate to email with the name Employer Group/Trust in the subject line and MEHP Group Number. In the body of the email, please include the Average Monthly Employer Contribution Percentage as a percent and your Form 5500 Plan number (if you have one). You will receive an acknowledgement email from the rxdc@mediexcel.com email account.)</i> 	<u>May 5, 2025</u>	Please send an email to rxdc@mediexcel.com as soon as possible (but no later than May 5, 2025)

Disclaimer: HUB does not warrant the accuracy of the information presented in this table, as information provided by carriers and vendors is subject to change at any time. If the information you receive from your carrier or vendor differs from this table, consult your carrier or vendor. **Last Update: 4/16/2025**

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Carrier	Reporting Requirement	Submission Due Date	Vendor Resources
Premera Blue Cross	<ul style="list-style-type: none"> Premera will report P2 D1-D8 and narrative for groups Clients will need to complete the survey link, which will be located on the employer page of the Premera website. 	<u>April 25, 2025</u>	Employer Home Employer Premera Blue Cross
Regence BlueShield WA	<ul style="list-style-type: none"> Fully insured groups: will report, but employer must complete online questionnaire. Self-Funded groups (integrated): employer must complete questionnaire and include premium equivalents and a D1 (premium and life years) file for the benefits offered under Regence in 2024. Self-insured plans without Regence PBM or TPA services: Will not report for <u>employer groups with carved-out services, including carved-out pharmacy and any premium-based benefits – employer needs to consult with each TPA/PBM.</u> Terminated Regence Groups: Hard copy letter sent to request data information and must meet April 30th deadline 	<u>April 30, 2025</u>	Employer Center Login Page To request access employercenter.regence.com and click Request access to get set up . How we're supporting employer groups' RxDC reporting for 2024
RxBenefits	<ul style="list-style-type: none"> RxBenefits & Optimize 360: Complete RxBenefits questionnaire by February 28,2025. RxBenefits & Caremark: Complete RxBenefits questionnaire by February 28,2025. RxBenefits & Express scripts ESI: ESI files D3 through D8 – Client responsible for providing ESI with details and will need to determine if they need to self-report D1-D2 or work with carrier. RxBenefits questionnaire to be completed by February 28,2025. 	<u>February 28, 2025</u>	Employer should contact RxBenefits representative for additional details.

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Sutter Health Plan (Formerly Sutter Health Plus)	<ul style="list-style-type: none"> Fully-insured groups: Sutter Health Plan will be reporting RxDC for clients who complete the Premium Reporting Form no later than March 1, 2025. <i>If Sutter Health Plan does not receive the Premium Reporting by the due date, the client will need to self-report before June 1st deadline.</i> 	<u>March 1, 2025</u>	Premium Reporting Form for submission
SIMSA	<ul style="list-style-type: none"> SIMSA will not report on behalf of clients. Employers MUST directly with CMS or consult with legal counsel if they choose not to file RxDC reports. 	<u>June 1, 2025</u>	Report to CMS
United HealthCare UHC	<ul style="list-style-type: none"> Fully Insured and Self-Funded/Level Funded groups: Will report, but employer must complete the UHC questionnaire by March 31, 2025. RFI tool is integrated with employer and broker portals UHC will not report for customers who use other PBM including OptumRx direct (i.e., carve-out plans) – employers must consult with those PBMs or carrier to submit the D3-D8 files data by the required June 1 deadline. IMPORTANT NOTE: Self-funded customers who plan to submit data to CMS directly, should contact their UnitedHealthcare representative no later than March 31, 2025. UHC will provide the data on file to support your submission by mid-May. <i>Note: This option is not available for fully insured employers and not recommended for Level Funded employers.</i> 	<u>March 31, 2025</u>	<p>RFI submission form is located in the UHC Employer portal (uhceservices.com, Employer eServices and All Savers).</p> <p>RxDC Brainshark video, - external (Brainshark video to help with form completion)</p> <p>UHC RxDC RFI Worksheet Readiness</p> <p>RxDC Guide, and external RxDC FAQs about</p>

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UHC with UMR	UMR customers will receive a three question UMR request for information (RFI) as an email from their SAEs. It will not be available to complete online.	<u>March 31, 2025</u>	<i>See UHC communication</i>
Western Growers Assurance Trust	Western Growers Assurance Trust will file RxDC D1-D2 and its affiliate pharmacy benefit manager, PinnacleRx Solutions (PRxS).	<u>April 15, 2025</u>	FAQs - Prescription Drug Reporting - Western Growers Assurance Trust
Western Health Advantage (WHA)	Western Health Advantage requires employers to complete a survey for WHA to file D1 files with CMS. The survey must be completed and submitted no later than April 15, 2025.	<u>April 15, 2025</u>	2024 CAA Health Care Spending Data Collection for Reporting