



## RxDC 2026: Frequently Asked Questions

- **Why is Blue KC asking employers to complete this Survey?**
  - The Consolidated Appropriations Act (CAA), 2021, contains a provision requiring insurance companies and employer-based health plans to submit information about prescription drugs and healthcare spending on an annual basis.
  - Some insurance companies (issuers) and vendors – such as third party administrators (TPA), administrative services only (ASO) providers, pharmacy benefits managers (PBM), or brokers – may send surveys or otherwise request information from their clients so that the issuer or vendor can complete plan list P2 and data file D1 on behalf of their clients.
    - The survey is not from Centers for Medicare & Medicaid Services (CMS) and is generally a different document than what issuers or vendors submit to CMS as the federal RxDC report.
    - If your issuer or vendor does not submit P2 and D1 (or other required files) to CMS on your behalf, then you (or another reporting entity) must submit P2 and D1 directly to CMS.
- **What form of reporting is required by CMS?**
  - The term “RxDC report” refers to the data submission required under Section 204 of Division BB, Title II (Section 204) of the Consolidated Appropriations Act, 2021 (CAA).
    - The “Rx” stands for Prescription Drug, and the “DC” stands for Data Collection.
  - RxDC is an annual requirement for group health plans and health insurance issuers offering group or individual health insurance coverage to submit information about prescription drugs and healthcare spending to CMS.
- **Is the RxDC report only for reporting information related to prescription drugs?**

No. The RxDC report also collects information on total spending on healthcare services, including healthcare premium, enrollment, and spending broken down by hospital costs, provider, and clinical service costs for primary and specialty care (separately), and other medical costs, including wellness services.
- **What is the deadline?**

This RxDC report is due to CMS by June 1, 2026, for the 2025 reporting year.
- **Who will be submitting the information to CMS?**
  - Blue Cross and Blue Shield of Kansas City (Blue KC) will submit on behalf of insured and self-funded groups who were active with Blue KC **at any point** during the applicable reference year for which it has data.
  - Blue KC does request groups complete a survey to gather certain data possessed by the plan sponsor or employer.

- **Why is Blue KC asking for prior year data?**  
This request for information supports the 2025 reporting year, which is required to be delivered to CMS by June 1, 2026. CMS requires us to provide data supporting prescription drugs and healthcare spending on an annual basis, which requires assistance from employers every year.
- **Does every reporting entity need to submit a plan list?**  
Yes. Each reporting entity must submit a plan list file (P1, P2, and/or P3) so that CMS will know which plan's data are included in the submission and when multiple entities are reporting for the same plan.
- **My plan has only medical benefits and does not have pharmacy benefits. Do I have to submit the RxDC report?**
  - Yes. Unless your plan is exempt from Section 204 reporting requirements, you (or your reporting entity) must submit a plan list (P1, P2, or P3), data files D1 and D2, and a narrative response to report the required information about the plan's medical benefit.
  - You do not need to submit data files D3 – D8 if your plan does not have pharmacy benefits.
- **Can a vendor submit information on my behalf?**  
Yes. Plans, issuers, and carriers can contract with issuers, TPAs, ASOs, PBMs, or other third-party vendors to submit data on their behalf.
- **What is a reporting entity?**  
An entity that submits some or all required information with respect to a plan, issuer, or carrier is called a **reporting entity**.
- **How do I know if my reporting entity, Blue KC, submitted my data?**
  - CMS does not have a mechanism to notify plans, issuers, or carriers when data has been submitted on their behalf. To confirm submission, plans, issuers, and carriers should contact their reporting entities directly.
  - You will receive a confirmation notice of submission upon completing the survey. This confirmation will be sent to up to three email addresses of your choice.
- **Where do employers find their Blue KC Group ID?**  
There are three options for finding and verifying your 8-digit Blue KC Group ID:
  - **Blue KC Employer Portal:** Log in to your Blue KC Employer Portal. Visit the Billing tab. Your Group ID is next to your Group Name in parentheses. Ex. ABC Co. (12345678)
  - **Blue KC Premium Billing Platform:** The landing page will display the Group ID next to your employer group name.
  - **Blue KC Premium Billing Invoice:** The "Invoice Level" line item, found under your Group Name and Address, provides your Group ID / Sub Group ID (ex: 12345678 / 0001). *Only your Group ID, underlined in this example, is required to log in to this survey.*
- **What is average monthly premium?**
  - Prior to the 2023 reference year, average premium was calculated on a per-member-per-month basis. Starting with the 2023 reference year, the monthly average is not on a per-member basis. This means you should divide annual premium amounts by 12 instead of dividing by member-months when calculating the average monthly premium.
  - Refer to the Survey Instructions for additional information.

- **What if the employer had another carrier's insurance for part of the year?**  
If the group was active at any point during the reference year (2025), they will be part of Blue KC's RxDC submission.
- **What if the employer terminates?**  
If a group is currently terminated but was with Blue KC at any point in 2025, the group will receive a survey, and Blue KC will submit RxDC on the group's behalf for the services we provided in 2025.
- **What if my company went out of business? Do I still need to report?**
  - For self-funded terminated plans, reporting entities may choose to include or exclude the business associated with the terminated plan. For fully-insured terminated plans, reporting entities should include the business associated with the terminated plan.
  - Issuers that go into liquidation during or after the reference year are still subject to the RxDC reporting requirements and must submit data for the portion of the reference year before the liquidation was completed.
  - If a reporting entity, such as a PBM, submits on behalf of an issuer, the issuer should ensure that the vendor includes data for the portion of the reference year before the issuer went into liquidation.
- **What if the employer does not provide Blue KC with this information?**  
Information from the survey will be used to complete the D1 filing for RxDC. The group may have to submit that information directly to CMS if they do not provide it to Blue KC via the survey.

## RxDC 2026: Survey Instructions

Please respond to each question for **plan year 2025**. You are required to provide this **data in whole numbers** versus decimal values. The survey is specific to each group and **can only be completed by one person**. The Frequently Asked Questions above can assist in completing this survey.

**All groups** are required to provide the following:

- **Annual Premium Paid by Employer:** Enter Total Annual Premium or Premium Equivalent amount Paid by Plan Sponsor/Employer on behalf of members. **NOTE:** *Blue KC will divide the annual amount by 12 to determine average monthly amount paid by employer.*
- **Annual Premium Paid by Members:** Enter Total Annual Premium or Premium Equivalent amount Paid by Members. **NOTE:** *Blue KC will divide the annual amount by 12 to determine average monthly amount paid by members.*
- **Total Annual Premium Paid 2025:** Confirm the Calculated Total **Annual Premium** or Premium Equivalent amounts Paid in 2025. **NOTE:** *Blue KC will calculate Total Annual Premium Paid 2025 using the following formula for Annual Premium Paid by Employer + Annual Premium Paid by Employees. Blue KC will divide the annual amount by 12 to determine average monthly amount paid by employer.*

**Self-funded groups only:** If you purchased stop-loss insurance through a carrier other than Blue KC, the survey allows you to submit the amount paid to the other carrier.

- If you do not submit through Blue KC's survey, you may be required to submit this amount separately.

### **Calculation Methodology**

- Total Annual Premium or Premium Equivalents Paid by Employer
  - Report the total annual premium (or premium equivalents) paid by employers or other plan sponsors on behalf of members in 2025.
  - Include:
    - a. Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents) for medical and pharmacy coverage.
    - b. Premium or premium equivalents paid by group trust, association, or MEWA plans if separate employers or other plan sponsors make premium contributions.
  - Exclude: Premium or premium equivalents paid by members.
- Total Annual Premium or Premium Equivalents Paid by Members
  - Report the total annual premium (or premium equivalents) paid by members in 2025. Blue KC will divide this number by 12 to determine the average monthly amount.
  - Include:
    - a. Premium or premium equivalents paid by members for medical and pharmacy coverage.
    - b. Advance premium tax credits (APTCs) in the individual and fully insured small group markets.
    - c. Member payments for COBRA coverage, including the 2% administrative fee.
    - d. Spousal and tobacco surcharges.
  - Exclude: Premium or premium equivalents paid by employers or other plan sponsors on behalf of members.
- Premium Equivalents Definition
  - For self-funded plans and other arrangements that do not rely exclusively or primarily on premiums, report the premium equivalent amounts representing the total cost of providing and maintaining coverage, including claims costs, administrative costs, ASO and other TPA fees, and stop-loss premiums. Please subtract stop-loss reimbursement amounts from total premium amount. An employer with a self-funded plan may use, as the total cost of providing and maintaining coverage, the same costs that are considered for purposes of calculating COBRA premiums (minus the 2% administration charge, if applicable).

### **Additional Information**

- The information you provide will be pooled together into an aggregated report for each funding type (insured versus self-funded) for either Kansas or Missouri, depending on the state your contract was issued (insured groups) or where your plan has its principal place of business (self-funded).
- Your information will not be identifiable in the final report since it will be combined with other plans' information in your applicable line of business, but we will report that you responded to the requirement. Additionally, Blue KC will not analyze the data for internal purposes.
- Visit <https://go.cms.gov/3VJMmog> for additional information about this annual report.