**< Email Subject Line>**

Pharmacy Cost Reporting Data Submission - ACTION REQUIRED by 4/21/23

**<Email Copy>**

Section 204 of the Consolidated Appropriations Act, 2021 (CAA) requires health insurance issuers and self-insured group health plans to submit information regarding prescription drug spending, health care spending and enrollment each year to the Centers for Medicare and Medicaid Services (CMS) on an annual basis. This information must be submitted in specific file formats to CMS for the 2022 calendar year by June 1, 2023.

**New for the June 1, 2023 Submission**

Health insurance issuers and self-insured group health plans must report the actual premium amounts paid by the employer vs. the actual premium amounts paid by members in calendar year 2022. Like most health insurance issuers and TPAs, Highmark does not store this information in our systems. We are therefore deploying a survey, described below, to collect the required premium information.

**Action Required**

**Fully Insured Clients**

All fully insured group health plan clients must submit the (1) total premium amounts paid by the employer, and (2) total premium amounts paid by members in calendar year 2022 by no later than Friday, April 21, 2023 via [this survey](https://youropinionmatters.alidainsights.com/c/a/6XzyHHlfgig7E2p9cfsP9q). 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.

Information that you will need to complete the survey:

* Plan Sponsor Name – the employer for the employee benefit plan OR the association/consortium name if the plan is established or maintained jointly by more than one employer
* Plan Sponsor EIN
* Highmark Group Number
* Total premium paid by the employer for **calendar year 2022**
* Total premium paid by members for **calendar year 2022**

Please complete [this survey](https://youropinionmatters.alidainsights.com/c/a/6XzyHHlfgig7E2p9cfsP9q) by no later than Friday, April 21, 2023.

**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 Friday, April 21, 2023** via [this survey](https://youropinionmatters.alidainsights.com/c/a/6XzyHHlfgig7E2p9cfsP9q). Please note that the premium information collected will be reported on an aggregated basis – premium details will not be broken out by individual clients. If the client does not complete the survey by the deadline, they will be responsible for the submission of the premium data file (D1) and corresponding plan file (P2) directly to CMS. This is the same approach that was followed for the calendar year 2020 and 2021 submissions.

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). This is the same approach that was followed for the calendar year 2020 and 2021 submissions.

Information that you will need to complete the survey:

* Plan Sponsor Name – the employer for the employee benefit plan OR the association/consortium name if the plan is established or maintained jointly by more than one employer
* Plan Sponsor EIN
* Highmark Group Number
* Total premium equivalents paid in calendar year 2022 - premium equivalents represents the total cost of providing and maintaining coverage, including claims costs, administrative costs, Administrative Services Only (ASO) and other TPA fees, and stop-loss premiums
* ASO and other TPA fees paid in calendar year 2022
* Stop loss premium paid in calendar year 2022
* Total premium paid by the employer for **calendar year 2022**
* Total premium paid by members for **calendar year 2022**

Please complete [this survey](https://youropinionmatters.alidainsights.com/c/a/6XzyHHlfgig7E2p9cfsP9q) by no later than Friday, April 21, 2023.

Please feel free to reach out with any questions.

**<Client Manager Name>**

*This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association.  Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania.  Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York.  All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies. Highmark Inc.’s affiliated Blue company in New York is Highmark Western and Northeastern New York Inc. which serves Blue Cross Blue Shield members in western New York and Blue Shield members in Northeastern New York.*