



CAA Pharmacy Benefits and Costs Reporting

Prescription Drug Data Collection (RxDC) Request for Information (RFI) Worksheet

Reference Year (RY) 2024, due to CMS June 1, 2025

Deadline to complete RFI is March 31, 2025



Request for Information (RFI) Worksheet

UnitedHealthcare (UHC) Including Surest will collect data needed to support UHC's submission of the RxDC filing which is due to the Centers for Medicare and Medicaid Services (CMS) June 1, 2025. UHC will require customers to complete an RFI. The RFI will be available beginning **February 3, 2025**, and must be completed by **March 31, 2025**. The RFI can be accessed through a link or article card on UHC's Employer & Broker portals once the end-user signs in with their secure passcode.

Brokers may view a report on the status of their employer groups if they are listed as the broker of record.

Key points:

- The **deadline** to complete the RFI is **March 31, 2025!**
- Responses and data within must be based upon plan(s) administered by UHC only.
- Do not combine Fully Insured amounts with Self-Funded amounts. Please be advised if you have multiple funding arrangements you will be required to complete multiple RFIs.
- If the RFI is not completed, UHC will submit the data it has to CMS on or before the June 1 deadline. However, the submission will not contain specific D1 information (average monthly premium paid by member and employer) and the P2. The employer or their designee should then submit this information along with the corresponding narrative to CMS themselves.
- The RFI can be completed by the employer or their designee.
- The RFI takes approximately 5-10 minutes to complete if this worksheet is prepared beforehand. This worksheet is for your use only, no need to provide it to UHC.
- Preview & Attest: Review your RFI responses and attest to the accuracy.
- Submit responses: You can only submit your responses once all fields are complete.
- Status of RFI: The status column reflects where you are in the RFI process; if your RFI is still in process or has been completed it will be reflected in this area.

Complete the questions below to prepare your responses to input into the RFI.



Information Required to complete RFI

QUESTION	RFI RESPONSE
<p>What is your Group Health Plan Name? (P2)</p> <p><i>Group health plan name (GHPN) is the employee plan name under ERISA (Employee Retirement Income Security Act) for which an employer provides medical care to employees or their dependents directly or through insurance, reimbursement, or otherwise. Please only provide the Group Health Plan Names associated with a medical plan. If multiples, plan names may be separated with a semicolon.</i></p> <p><i>This will also be the name associated with the Form 5500 Filing (this may not match the name on the UnitedHealthcare ID card)</i></p>	<p>Group Health Plan Name:</p>
<p>Do you file a form 5500 report with the IRS? (P2)</p> <p><i>If yes, enter the 3-digit plan number reported on the IRS Form 5500 filed with the DOL. If there is more than one value separate them with a semicolon, no spaces (e.g., 501;502;503).</i></p> <p><i>Find your organization's most recent filing: DOL Form 5500</i></p>	<p>5500 number (if applicable):</p>
<p>What is the Average Monthly Premium (or Premium Equivalents) for medical and pharmacy coverage Paid by Members? (D1)</p> <p><i>Calculate the average monthly premium (or premium equivalent) by taking the total annual premium (or premium equivalents) for medical and pharmacy coverage paid by members during the reference year and dividing by 12. Divide by 12 even if the coverage was not in effect for the entire calendar year.</i></p> <p><i>Calculate the average for all the policies in each applicable funding type. (i.e., Fully Insured/Self-Funded) Do not combine these totals, there should be two separate RFIs for you to complete when you have mixed funding types.</i></p> <p><u>Include:</u></p> <p><i>Premium or premium equivalents paid by members for medical and pharmacy coverage administered by UHC.</i></p> <p><i>Member payments for COBRA coverage, including the 2% administrative fee.</i></p> <p><i>Spousal and tobacco surcharges if applicable.</i></p> <p><u>Exclude:</u></p> <p><i>Premium or premium equivalents paid by employers or other plan sponsors on behalf of members. These amounts should be included in the next question totals.</i></p> <p><i>If none of the members pay a premium, enter zero (\$0).</i></p> <p><i>Reference the CMS Reporting Instructions, beginning on page 31. Also see example of calculations at the end of this worksheet.</i></p>	<p>Member's dollar amount:</p>



QUESTION	RFI RESPONSE
<p>What is the Average Monthly Premium (or Premium Equivalents) for medical and pharmacy coverage Paid by Employer (on behalf of members)? (D1)</p> <p><i>Calculate the average monthly premium (or premium equivalent) for medical and pharmacy coverage by taking the total annual premium (or premium equivalents) paid by the employer on behalf of members during the reference year and dividing by 12. Divide by 12 even if the coverage was not in effect for the entire reference year.</i></p> <p><i>Calculate the average for all the policies in each applicable funding type. (i.e., Fully Insured/Self-Funded) Do not combine these totals, there should be two separate RFIs for you to complete when you have mixed funding types.</i></p> <p>Include:</p> <p><i>Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents) for medical and pharmacy coverage administered by UHC.</i></p> <p><i>Premium or premium equivalents paid by group trust, association, or MEWA plans if separate employers or other plan sponsors make premium contributions.</i></p> <p>Exclude:</p> <p><i>Premium or premium equivalents paid by members. These amounts should be included in the previous question response.</i></p> <p><i>Reference the CMS Reporting Instructions, beginning on page 31. Also see example of calculations at the end of this worksheet.</i></p>	<p>Employer dollar amount:</p>

The questions below are to assist with understanding the entirety of the employee welfare benefit plan and will be used to populate the "Carve-Out Description" field on the RxDC P2 file when appropriate.

QUESTION	RFI RESPONSE
<p>Does United Health Group and its affiliates administer, offer, or insure the majority of your Group Health Plan's benefits?</p> <p>Select Yes or No</p> <p><i>Until further clarification by CMS the term "majority" is interpreted by United Health Group (UHG) as the entity that administers, offers, insures the bulk of the health plan's benefits.</i></p> <p><i>For example, a policy administered by UHG containing Medical and Rx is the majority entity over a policy administered by non-affiliated UHG organization.</i></p> <p><i>Reference the CMS Reporting Instructions, beginning on page 15.</i></p>	<p>Yes/No</p>
<p>Do you offer prescription drug (RX) coverage to your members? (P2)</p> <p>Select Yes or No.</p> <p>IMPORTANT:</p> <ul style="list-style-type: none"> <i>Select YES if RX coverage is offered through UHC, UHC affiliates or an external PBM.</i> <i>Select NO only if you do not offer ANY Rx coverage to your members.</i> 	<p>Yes/No (only if there is no RX coverage offer to your members)</p>
<p>Do you offer non-integrated/carved-out/stand-alone behavioral health benefits to your members? (P2)</p> <p>Select Yes or No.</p> <p><i>Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions.</i></p>	<p>Yes/No</p>



Average Monthly Premium Paid Calculation

Example: Full Calendar Year

		Total Premium (or premium equivalents)		
Month		Paid by Members	Paid by Employers ¹ (on behalf of members)	Paid by Plan (Total)
January		\$ 5,675	\$ 13,243	\$ 18,918
February		\$ 6,426	\$ 14,994	\$ 21,420
March		\$ 6,426	\$ 14,994	\$ 21,420
April		\$ 6,784	\$ 15,829	\$ 22,614
May		\$ 6,784	\$ 15,829	\$ 22,614
June		\$ 6,784	\$ 15,829	\$ 22,614
July		\$ 7,497	\$ 17,494	\$ 24,991
August		\$ 7,497	\$ 17,494	\$ 24,991
September		\$ 7,497	\$ 17,494	\$ 24,991
October		\$ 6,932	\$ 16,174	\$ 23,106
November		\$ 6,932	\$ 16,174	\$ 23,106
December		\$ 6,932	\$ 16,174	\$ 23,106
Total		\$ 82,167	\$ 191,724	\$ 273,892
		<i>Total A</i>	<i>Total B</i>	

Average Monthly Premium Paid:	\$ 6,847.29	\$ 15,977.00	\$ 22,824.29
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In this example:

- Employer has a medical policy with UHC for full calendar year.
- Coverage period - 1/1/2024 – 12/31/2024.
- Calendar period – 1/1/2024 – 12/31/2024
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

- **Average Monthly Premium Paid by Members = Total A divided by 12**

Calculation: $\$82,167 / 12 = \$6,847.29$ ← Amount to populate RFI

- **Average Monthly Premium Paid by Employers = Total B divided by 12**

Calculation: $\$191,724 / 12 = \$15,977.00$ ← Amount to populate RFI

Notes:

- For self-funded plans, this is total plan costs minus premiums paid by members.



- Based on Reference Year 2023 instructions. Note: no new instructions were provided by CMS for RY2024.
- For RFIs containing multiple policies **all** policies should be included in the calculation.

Example 2: Partial Calendar Year

Month	Total Premium (or premium equivalents)		
	Paid by Members	Paid by Employers ¹ (on behalf of members)	Paid by Plan (Total)
January	\$ 5,675	\$ 13,243	\$ 18,918
February	\$ 6,426	\$ 14,994	\$ 21,420
March	\$ 6,426	\$ 14,994	\$ 21,420
April	\$ 6,784	\$ 15,829	\$ 22,614
May	\$ 6,784	\$ 15,829	\$ 22,614
June	\$ 6,784	\$ 15,829	\$ 22,614
July	Moved to non-affiliate UHG issuer/ASO/TPA/Carrier		
August			
September			
October			
November			
December			
Total	\$ 38,880 <i>Total A</i>	\$ 90,720 <i>Total B</i>	\$ 129,600
Average Monthly Premium Paid:	\$ 3,239.99	\$ 7,559.99	\$ 10,799.98

In this example:

- Employer has a medical policy with UHC thru 6/30/2024.
- Coverage period - 7/1/2023 – 6/30/2024.
- Calendar period – 1/1/2024 – 6/30/24
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

- **Average Monthly Premium Paid by Members = Total A divided by 12**

Calculation: $\$38,880 / 12 = \$3,239.99$ ← Amount to populate RFI

- **Average Monthly Premium Paid by Employers = Total B divided by 12**

Calculation: $\$90,720 / 12 = \$7,559.99$ ← Amount to populate RFI

Notes:

- For self-funded plans, this is total plan costs minus premiums paid by members.
- Based on Reference Year 2023 instructions. Note: no new instructions were provided by CMS for RY2024.



- For RFIs containing multiple policies **all** policies should be included in the calculation.

