

Prescription Drug Data Collection (RxDC)

Response requested by April 30, 2025



To compile prescription drug data collection (RxDC) reports required by DHHS, HMAA must collect certain information, which is not contained in our systems, from our employer groups. **HMAA requests your company complete our online survey for calendar year 2024.**

- Take the survey at <https://www.hmaa.com/RxDC> or use this QR code:
- Please respond based on your group health plan(s) insured by HMAA.
- Before taking the survey, you'll need to compile the following information for each month in 2024: medical and prescription premium paid by members, and medical and prescription premium paid by employer. Refer to the example on page 2.
- After your information is compiled, the survey takes about **15 minutes**.
- If you have multiple HMAA group service agreements, submit a separate survey for each plan (unique Employer Identification Number).
- Complete a new survey if you need to make changes. Any subsequent survey submission will override previous submissions.

SCAN FOR SURVEY



The survey must be completed by **April 30, 2025**. Your responses will be kept strictly confidential, and data will be reported only in the aggregate.

What is RxDC Reporting?

Prescription Drug Data Collection (RxDC) is federally required reporting from the Consolidated Appropriations Act (CAA) of 2021, which requires group health plans and health insurers to submit information about prescription drug benefits and costs to DHHS. RxDC is intended to shed light on how prescription drugs contribute to the growth of healthcare spending and the cost of health coverage.

When is the information due?

RxDC reports must be submitted to the government by June 1 annually. In addition to prescription drug cost information, the report requires premium data from groups. As a result, HMAA needs your assistance before compiling the **2024** reports and requests to receive your data by **April 30, 2025**.

What information is required?

The following questions will appear in HMAA's survey. Respond based on your health plan(s) insured by HMAA.

- Name, email address, and phone number of person completing the survey
- Person's role with the company (e.g., HR Representative, Plan Administrator, Broker)
- Legal Company Name
- Employer Identification Number (EIN) or Taxpayer Identification Number (TIN) – maximum 9 digits
- The 3-digit plan number reported on your IRS Form 5500 filed with the Department of Labor, if applicable. If there is more than one value, separate them with a semicolon.
- Group Health Plan Name - the ERISA employee benefit plan name under which you provide health coverage to employees or their dependents directly or through insurance, reimbursement, or otherwise. This is also the name on your Form 5500 and/or HMAA Group Service Agreement.
- HMAA group policy number
- Average Monthly Medical and Prescription Drug Premiums Paid by Members and by Employer in **2024**.
 - Do not include other premiums such as dental and vision.
 - For groups with combined premium rates: To estimate your Medical and Prescription premium rate, reduce your total premium by 4% if dental is included and 1% if vision is included.

Calculation example

Month	Total Medical and Prescription Drug Premiums Paid by Members	Total Medical and Prescription Drug Premiums Paid by Employer
January	\$4,275.00	\$2,250.00
February	\$4,750.00	\$2,500.00
March	\$4,750.00	\$2,500.00
April	\$4,750.00	\$2,500.00
May	\$5,700.00	\$3,000.00
June	\$5,700.00	\$3,000.00
July	\$4,750.00	\$2,500.00
August	\$4,275.00	\$2,250.00
September	\$5,700.00	\$3,000.00
October	\$6,650.00	\$3,500.00
November	\$6,650.00	\$3,500.00
December	\$7,125.00	\$3,750.00
Total	A \$65,075.00	B \$34,250.00

Average Monthly Medical and Prescription Drug Premiums Paid by Members: \$5,422.91

$A / 12 = \text{Average Monthly Medical and Prescription Drug Premiums Paid by Members}$
 $\$65,075.00 / 12 = \mathbf{\$5,422.91}$

Average Monthly Medical and Prescription Drug Premiums Paid by Employer: \$2,854.17

$B / 12 = \text{Average Monthly Medical and Prescription Drug Premiums Paid by Employer}$
 $\$34,250.00 / 12 = \mathbf{\$2,854.17}$

Note: You should divide by 12 even if coverage was not in effect for the entire calendar year.

Frequently Asked Questions

1. Can HMAA provide historical information to complete the requested calculations?

HMAA will not be able to provide historical data. Please complete the calculations to the best of your ability.

2. Why do I need to provide the information by April 30?

HMAA needs to ensure we compile and aggregate your information with our data appropriately before the deadline.

3. We offer health coverage from HMAA and other carriers (e.g., Kaiser). Do I have to submit for both?

Please inquire with your other carrier for instructions. HMAA is only requesting data based on your HMAA enrollment during 2024.

4. Will the data collected in the survey be kept confidential?

Yes, HMAA and our survey portal have privacy and security measures in place to ensure confidentiality.

5. Will there be a penalty if I am not able to send information by the deadline?

We are unaware of any penalties at this time.

For more information, visit <https://www.cms.gov/ccii/programs-and-initiatives/other-insurance-protections/prescription-drug-data-collection>. If you have questions regarding the survey, please contact our Account Management Department at **(808) 791-7654**, toll-free at **(800) 621-6998 x301**, or AccountManager@hmaa.com.

This notice was last updated on February 20, 2025; is based on HMAA's interpretation; does not represent financial, tax, or legal advice; and is subject to future review and modification.