

RxDC Reporting

The CAA requires group health plans and insurance carriers offering group or individual health insurance coverage to submit information about prescription drugs and total health care spending to the government through the CMS HIOS system. Information submitted covers total spending on prescription drugs and health care services, prescription drugs that account for the most spending, drugs that are prescribed most frequently, prescription drug rebates from drug manufacturers, total premiums and cost-sharing.

Applicability

- All employers (private sector plans, churches, nonfederal governmental plans) that offer group health plans (e.g., major medical plans, MEC, prescription drug plans), including any carve-outs behavioral benefits, fertility benefits, etc.
 - **Exception:** Reporting does not apply to excepted benefits (e.g., limited scope dental and vision), HRAs, FSAs, and HSAs, retiree only plans, expatriate plans.
- Carriers for fully insured plans, including individual policies

Information Reporting

- **Reference Year:** The reference year is the calendar year preceding the calendar year in which the RxDC report is due. The RxDC report that is due in 2026 should contain information based on what happened in calendar year 2025.
 - Special instructions apply to non-calendar plan years that begin and end during the Reference Year.
- Files submitted for group health plans:
 - Plan List 2 File: contains plan information
 - D1 Premium and Life-Years
 - D2 Spending by Category
 - D3 Top 50 Most Frequent Brand Drugs
 - D4 Top 50 Most Costly Drugs
 - D5 Top 50 Drugs by Spending Increase
 - D6 Rx Totals
 - D7 Rx Rebates by Therapeutic Class
 - D8 Rx Rebates for the Top 25 Drugs
 - Plans with medical benefits only: Plan List 2, D1 and D2 Files
 - Plans with prescription drug benefits only: Plan List 2, D1, D3-D8
 - Plans with medical and prescription drug benefits: Plan List 2, D1-D8
- **Narrative Response:** May be required in certain circumstances. The narrative response file format must be Portable Document Format (.pdf) or Microsoft Word.
- **Reporting Entity:** Can be employers, carriers, third party administrators, or PBMs. The Reporting Entity must have a CMS HIOS account in order to submit data.

- Instructions to create account - [RxDC HIOS Access Guide](#). It can take up to two weeks to receive access.
- Third parties can submit on behalf of an employer (carrier, vendor, TPA, PBM, etc.)
 - Multiple entities can submit files on the same plan
 - For example, a plan with prescription drug plan and a self-insured medical plan, the PBM can submit files related to the prescription drug plan and a TPA can submit on behalf of the self-insured medical plan.
 - The submission for a plan is considered complete if CMS receives all required files, regardless of who submits the files.
 - Each reporting entity must create its own submission in HIOS. For example, if an issuer is submitting D1 and D2 and a PBM is submitting D3 – D8 on behalf of the same plan, the issuer and the PBM must create separate submissions with different submission IDs.
 - Plans and their reporting entities are encouraged to work together to submit only one data file of each data file type for the same plan.
 - A plan that changes vendors during the reference year (such as changing a TPA or PBM) must still report. The prior vendor can report the data from the period prior to the change, and the new vendor to report the data from the period beginning on the date the change was effective. Alternatively, the previous vendor may provide the data to the new vendor and the new vendor would report the entire year of data.
- **Deadline to Submit Files:** June 1
- **Penalties:** \$100 per day per participant.

Employer Considerations

- CMS [RxDC Instructions](#) are updated annually for the applicable Reference Year. These should be used to complete submission if employers are doing their own reporting. The instructions provide detailed information on how to complete and submit files.
- Employers are encouraged to work with third parties to submit on their behalf, however, this should be part of the vendor agreement. Employers are still responsible for ensuring that reporting is completed and should ask for proof of submission and retain copies.
- Carriers or third parties may request plan information from an employer in order to complete P2 or other files and may impose their own deadlines to complete requests. Employers should respond to these requests timely to avoid non-compliance.