



An Independent Licensee of the
Blue Cross and Blue Shield Association

**CAA No Surprises Act
204 RX Reporting
Frequently Asked Questions**

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CAA No Surprises Act

204 RX Reporting

Frequently Asked Questions

Overview 204 Reporting

In 2023, we fulfilled a new reporting requirement for the Consolidated Appropriations Act (CAA) – Section 204 mandate across our Commercial business. The following is part of our continuing effort to fulfill the requirements of the **CAA – Section 204 reporting** for health care and pharmacy spending in 2024 and beyond. To complete this next phase of reporting, we'll need to collect specific data via survey from our employer groups by **03/01/2024**, to submit federally for this filing year.

Details

We're committed to supporting our employer groups with Florida Blue PPO, HMO or Truli for Health plans with this new reporting requirement. On **January 31, 2024**, our Section 204 data collection survey will **go live on FloridaBlue.com** for employer groups to complete. We'll be notifying our Fully Insured, MPP and Self-Insured Employer Groups via email that they will need to provide the following information on Calendar year premium amounts for the employer and the employee for 2023. Self-Insured Employer Groups will need to provide more detailed information listed below

Fully Insured Employer Groups

- Calendar year premium amounts for the employer and the employee

MPP Employer Groups

- Calendar year cost sharing employer and employee information (premium equivalents and administrative fees)
- Calendar year total Administrative Services Only (ASO) and Third-Party Administrative (TPA) fees (pharmacy only)
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Self- Insured Employer Groups

- Pharmacy Benefit Manager (PBM) (Pharmacy Carve-out) name
- PBM Employer Identification Number (also known as the Tax ID)
- Department of Labor (DOL) Form 5500 Plan Number (if applicable)
- 2022 average number of employees (including seasonal and part-time employees)
- Calendar year cost sharing employer and employee information (premium equivalents and administrative fees)
- Calendar year total Administrative Services Only (ASO) and Third-Party Administrative (TPA) fees (pharmacy only)
- Calendar year total premium equivalents (pharmacy only)

204 Mandate Requirements

Q: What is the CAA Section 204 Mandate?

A: The Consolidated Appropriations Act, Section 204 Reporting requires group health plans and health insurance issuers offering group or individual health insurance coverage to submit information about prescription drug and health care spending to the Tri-Agencies: Dept of Health & Human Services (HHS), Department of the Treasury, and Dept of Labor. In addition, the Director of the Office of Personnel Management (OPM) requires federal employee's health benefits carriers to report Section 204 data to HHS as well.

Q: Who is impacted by the mandate?

A: Most of Florida Blue's and Truli for Health's commercial plans are impacted by this Section 204 Reporting, including all IU65, student market, Small Group, Large Group fully insured, Mid and Large Group, ASO Groups. Exclusions include: Account-based plans, such as health reimbursement arrangements, short-term limited-duration insurance, hospital, or other fixed indemnity insurance. This does not impact Medicare plans, Medicaid, FHCP or CHP plans.

Q: What is Florida Blue doing to fulfill the latest requirement?

A: We are collecting aggregate data from employer groups by March 1, 2024, for submission federally by June 1, 2024.

Q: What do employer groups need to do?

A: Provide the data requested on the survey before March 1, 2024.

Q: Where can employer groups get more info about this mandate?

A: If employer groups have questions related to the Consolidated Appropriations Act, Section 204 Reporting, there is more information on CMS site:

<https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/caa>.

Emails Sent to Notify of Survey

Q: Is there a list to reference that shows which groups got an email?

A: We will be providing a list of groups that will be receiving an email. The list will be provided to our Sales Teams and Agents.

Q: Was this an emailed letter?

A: Yes, this letter will be emailed on January 31, 2024, with the link to the survey attached.

Q: What if we have groups that claim they never got the email, can we send them the survey link from the SNA?

A: No. We should verify their email address and resend the email with the survey link.

Q: What information was utilized to determine where to email the letters?

A: The group's business decisionmaker name on file is cross referenced to the email address on file with Florida Blue for that individual."

204 Mandate Portal

Q: Where in the portal can a group find where they need to go to enter 204 reporting data that is needed?

A: See attached link to enter 204 Reporting data; <https://www.floridablue.com/health-pharmacy-reporting-survey>

There will be three links available. One for Fully Insured, one for MPP, and one for ASO/Self Insured. Click on the appropriate link that matches the group.

Also, it is located on the top of the Employer login page; but once they login there is no link

Need a new screen print with messaging for 2023

PPO/ HMO

Q: If a group has multiple plans, do they have to complete this survey for every plan?

A: No, the group only completes one survey. This year since we are using a different survey type, a screen will appear with the plans selected and the group will complete all the information for all the plans. All this information should be prepopulated with the required information on multiple plans. For Groups with multiple plans, when the multiple plans are checked, a screen will appear for each plan to complete the information.

Q: So, when it asks for plan – HMO or PPO, are we just submitting one for each?

A: The survey screen will appear with the plans already selected to complete the information for each plan. Only one survey needs to be completed.

Completing Survey

Q: Group BA and Agent are requesting assistance regarding some of the content they are being asked to supply to complete the survey (see below):

“...on the Calendar year cost sharing employer and employee information (premium equivalents and administrative fees), Calendar year total Administrative Services Only (ASO) and Third-Party Administrative (TPA) fees (pharmacy only), and Calendar year total premium equivalents (pharmacy only). Would you be able to provide that to them?”

A: We cannot provide data for the survey since this is data not known by Florida Blue. The Group Employer needs to provide, hence the survey request for them to complete per CAA requirements of Section 204.

Q: Would we be liable for the information being reported from the group if we entered the information on their behalf?

A: If information is provided via email, archive email. At this point CMS has not formalized penalties for fines related to Section 204. It is best to encourage employer groups to complete surveys without Florida Blue's engagement.

Q: How do we verify if a group has not completed the survey?

A: This year we will be able to monitor the groups that have completed the survey as well as the groups that have not

Q: Do Rx rebates need to be taken into consideration?

A: No, we need the premium amounts in total gross dollars. The pharmacy rebate data is separate and reported as an aggregate amount. The 2023 plans should be surveyed.

Q: If a group has a BlueOptions carveout vendor that differs from their BlueChoice vendor, how do they report that?

A: Enter both PBM Names within the same PBM data field. Enter only one PBM EIN # and based on the PBM name, we will search for the additional PBM EIN numbers.

Q: Does the survey only apply to Commercial products?

A: Yes, this CMS reporting requirement impacts almost all Commercial products. Please reference 204 Requirements listed above which highlight which products are impacted.

Q: My group added a new plan for 2024 and they filled out the survey and included both 2023 plans and the new 2024 plans. Will that cause an issue?

A: Only the 2023 plans should be surveyed.

Q: Clarifying question: Because Florida Blue is looking for the DOL 5500 information, the premium split for employee vs employer paid; all groups – Fully Insured, Self-Insured, Pharmacy Benefit Manager (PBM) Carveout, and Prime; so, do all have to complete this form?

A: The DOL 5500 number is only required for Self-Insured groups whether Pharmacy Carve-In or Carve-Out. Prime Therapeutics is sending the pharmacy benefit data to Florida Blue to complete Section 204 filing to CMS. For groups with pharmacy Carve-Out, the group needs to work back with their corresponding PBM to determine how the pharmacy data will be reported. Groups with Pharmacy Carve-Out may need to reach out to their PBM to gather information to complete the premium equivalent (pharmacy only) data field on survey. We are also requiring it for MPP Groups but not for Fully Insured groups.

Q: How do fully insured groups that have Florida blue and CHP or FHCP need to report their premium?

A: Florida Blue is not supporting CHP and FHCP. We cannot speak to how they are collecting their data for CMS. So, the groups should complete the survey on only the Florida Blue premiums paid.

Q: If a self-insured group has a product with no enrollment, do they still need to complete the survey for that product?

A: No, but they need to make sure that there were no employees enrolled in that plan for the entire 2023 calendar year.

Q: Is this the first time we've done this?

A: No. There were filings in 2021, 2022 and 2023. CMS is requiring all data for 2023 and will be due by June 1, 2024.

Q: Do we care if the persons delegated to answer the survey are answering correctly

A: Yes, Florida Blue would hope the Employer groups view this survey request with the most importance and ensure the accuracy of the data that will be filed to the Tri-Agencies: Dept of Labor, Dept of Treasury, and HHS.

Q: I have a client who is trying to complete the CAA FL Blue required survey however they are having issues completing it. Do you have any suggestions, or can you please aid with this?

A: Please see the attached deck explaining how to fill out the survey. Add link to the instructions.

Errors

Q: Where do you go when they are getting an error message? Do they use the decimal point when entering dollars?

A: The survey has clear text fields that are designed to accept how the dollars are entered with the exception of using the dollar sign (\$). There should be no errors in entering information in the free flow text fields.

Q: What if the group is having problems submitting the survey? Would this be a firewall or security problem?

A: It would be unusual if the firewall would prevent a user from submitting a survey. If they receive it, that indicates the firewall is fine. This sounds like a browser issue. For browser issues, the first thing to try is clear cache or open a private/incognito window to complete the survey. If private/incognito works, that means it's a caching issue.

Q: Per group the CAA survey was submitted, however it was realized that the employee premium amount is incorrect. Please advise on the process to correct this error.

A: They will need to resubmit the survey. Please reach out to your Sales Manager or contact 866-376-7423 and request that a new email with survey link is sent to the group.

CAA Compliant

Q: What happens if we do not take this survey? Will we be cancelled?

A: The group won't be cancelled but they will not be compliant with the 204 Pharmacy reporting regulations.

Q: What are the penalties for groups that don't respond to this survey?

A: We are not sure what if any penalties will be applied for groups that don't respond. There is a possibility of financial penalties called Civil Monetary Penalties but that has yet to be defined by CMS. The penalties were not mentioned in the SNA only because we did not know how they would apply or be enforced. Groups just like insurers have the same responsibility to submit reports to CMS. Florida Blue is committed to supporting our Groups by completing this reporting on their behalf. Florida Blue appreciates groups efforts to gather this data. We do not have in-house to support the accuracy of Section 204 reporting to CMS.

Q: My client has shared concerns that they may not be able to meet the 03/01/24 deadline. What could happen if they don't meet the deadline?

A: The group runs the risk of having to submit this data to CMS themselves by June 1, 2024, if they do not comply with our survey request.

Q: Do we care if the persons delegated to answer the survey are answering correctly?

A: Yes, Florida Blue would hope the Employer groups view this survey request with the upmost importance and ensure the accuracy of the data that will be filed to the Tri-Agencies: Dept of Labor, Dept of Treasury, and HHS.

Q: Groups are completing our survey, and we are reporting to the federal government?

A: Yes, correct. The data we are requesting applies to various P2 and D1 files required in the Section 204 report.

Q: Will the survey be open after 03/01/24, deadline?

A: Not currently. Any data submitted post 03/01/24 may not be captured in the filing. Employer Groups may need to seek alternative solution to report this data into the HIOS system to remain compliant with Rx DC guidance associated with Section 204.

Q: What is the end game with all this reporting as far as the government is concern?

A: From what we understand, based on information insurers and groups share in Section 204 reporting, it to improve cost transparency for consumers and identify where the government may be able to develop new policy to lower healthcare costs.

Dependents/ Retirees/ Cobra

Q: Can you advise if the premium to be reported on the survey includes dependent premium? Or would it be employee only premium?

A: We are asking for total paid by the Employee including dependents if they have any.

Q: Should we include retirees in the count of employees?

A: Yes, it is fine to include the retirees.

Q: Regarding average employees for 2022, does it include only active employees? Does it include COBRA/Retiree?

A: It applies to all active employees: seasonal, part-time, and retirees/COBRA during their months of Active coverage

ASO Groups

Q: If an ASO Group has Prime Therapeutics for Rx/PBM services, what do they use for RX vender? Prime or Florida Blue?

A: For ASO Groups with Prime Therapeutics for their RX/PBM services, their Pharmacy Coverage will be prefilled with NO as Florida Blue does not provide pharmacy coverage for them.

Q: How does a group discern how much of their ASO fees are applicable to Pharmacy only (Self-Funded, PPO only, with NO RX Carveout)?

A: The pharmacy information is not requested for groups that have NO Rx Carveout and they will not see the question on the survey.

Survey Questions

Q: How do I access the survey from the survey link?

A: You'll receive an individualized email with a link containing prepopulated data specific to your group. To access the survey, click on this link in the email. If the link isn't clickable, copy and paste it into your browser.

Q: Is a specific browser required to complete the survey?

A: No, you can use any standard web browser to complete the survey (Google Chrome, Microsoft Edge, Firefox). If you encounter any issues, we recommend first clearing your browser's cache or using a private/incognito window. Successfully assessing your survey in incognito mode typically indicates a caching issue with your regular browser. If you continue to experience difficulties, consider trying a different browser or contact (Internal Contact Number) for further assistance.**

Q: What should I do if the survey link is not working?

A: First, try copying and pasting the link into a different web browser or an incognito window. If you're still having trouble, clear your browser's cache. For further assistance, please contact your Sales Manager for assistance or call 866-376-7423.

Q: Is it mandatory to complete the survey in one sitting? ***

A: We strongly advise completing the survey in a single session for optimal accuracy and efficiency, however it is not mandatory. The survey vendor typically allows respondents to save their progress and complete the survey at your convenience.

Q: How long will the survey take to complete?

A: The duration to complete the survey varies based on your access to the required information. However, it typically should not take more than a few minutes.

Q: Can I complete the survey on a mobile device?

A: Yes, you can complete the survey on a mobile device as our surveys are compatible with iOS, Android, and Windows phone systems. However, for the best experience and to minimize potential errors, we recommend using a web browser on a computer.