

CAA Section 204 Submission Responsibilities

Market Segment

		Market Segment						
		Individual & Family Plans (On-Ex, Off-Ex, & GF)	Small Group	Large Group (Core and Premier)				
Key: BSC - Blue Shield of California EG - employer group/group plan sponsor Data for the preceding year is due every June 1 (e.g. 2024 is due to the CMS on June 1, 2025.)								
Group Characteristics	Funding	Fully-Insured	Fully-Insured	Fully-Insured & Flex-Funded		Self-Funded - Administrative Services Only (ASO)		Self-Funded - Shared Advantage/Shared Advantage Plus
	Pharmacy Status (In = with BSC, Out = with another carrier)	In	In	In	Out	In	Out	Out
Reporting Data Elements	P2 Group-Health-Plan-List ¹	N/A	BSC	BSC	EG, Carve Out Carrier, and/or BSC	EG and/or BSC	EG, Carve Out Carrier, and/or BSC	EG or Carve Out Carrier
	D1 Premium-and-Life-Years ² <i>If the group wants us to submit this to the CMS, they must complete the Blue Shield Prescription Healthcare Spending Survey.</i>	BSC	BSC	BSC	BSC or EG ³	BSC or EG ³	BSC or EG ³	EG or Carve Out Carrier
	D2 Spending-by-Category	BSC	BSC	BSC	BSC	BSC	BSC	EG or Carve Out Carrier
	D3 Top-50-Most-Frequent-Brand-Drugs	BSC	BSC	BSC	EG or Carve Out Carrier	BSC	EG or Carve Out Carrier	EG or Carve Out Carrier
	D4 Top-50-Most-Costly-Drugs	BSC	BSC	BSC	EG or Carve Out Carrier	BSC	EG or Carve Out Carrier	EG or Carve Out Carrier
	D5 Top-50-Drugs-by-Spending-Increase	BSC	BSC	BSC	EG or Carve Out Carrier	BSC	EG or Carve Out Carrier	EG or Carve Out Carrier
	D6 Rx-Totals	BSC	BSC	BSC	EG or Carve Out Carrier	BSC	EG or Carve Out Carrier	EG or Carve Out Carrier
	D7 Rx-Rebates-by-Therapeutic-Class	BSC	BSC	BSC	EG or Carve Out Carrier	BSC	EG or Carve Out Carrier	EG or Carve Out Carrier
D8 Rx-Rebates-for-the-Top-25-Drugs	BSC	BSC	BSC	EG or Carve Out Carrier	BSC	EG or Carve Out Carrier	EG or Carve Out Carrier	

Notes:

¹P2, group health plan list, identifies all the plans submitting any data. If a group plan sponsor submits any data elements D1-D8 to the CMS, then they must also submit P2. If a group plan sponsor does not submit any of the data elements D1-D8, they do not need to submit P2.

²Blue Shield will report D1 data to the CMS on behalf of any group that provides the required D1 data to Blue Shield via the Blue Shield Prescription Healthcare Spending Survey by the deadline.

³If a group has pharmacy benefits with another carrier besides Blue Shield and/or the group did not complete Blue Shield's Prescription Healthcare Spending Survey, then the group will need to coordinate submission of D1 premium data with their pharmacy carrier, as Blue Shield does not have all the information need.