

## Reminder: Deadline for Prescription Drug and Certain Medical Claim Reporting is December 27, 2022

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The 2021 Consolidated Appropriations Act (CAA) established new transparency requirements for group health plans to report specific information about prescription drugs and health care spending to the Centers of Medicaid and Medicare Services (CMS). This data submission is called the “RxDC” report. The first RxDC report is due by December 27, 2022, and covers data for both the 2020 and 2021 “reference years.” Plans must then submit data for the 2022 reference year by June 1, 2023, and by June 1 annually thereafter.

The RxDC reporting requirement applies to both fully insured and self-insured plans, however insurance carriers of fully insured plans will primarily handle the reporting for their clients. Self-insured plans are responsible for their own reporting but may use third-party administrators (TPAs), pharmacy benefit managers (PBMs) or other third parties to submit the RxDC reports on their behalf. Due to the complicated nature of the reporting requirements, it is recommended that self-insured plan sponsors consider using a third party to facilitate the reporting.

Regardless of whether an employer sponsors a fully insured or self-insured plan, employers are encouraged to memorialize the filing responsibilities of the insurance carrier or other third party in writing. For self-insured plan sponsors are encouraged to promptly work with their respective TPA, PBM, or other third party in order to timely file the RxDC report. Additional information about this reporting requirement may be found on CMS’ website in the form of FAQs and reporting instructions.

### Attorneys

Wesley H. Covert

### Practice Areas

Health and Welfare Benefit  
Plans