



CAA Reporting Pharmacy Benefits and Costs (RxDC) Surest Request for Information (RFI) Worksheet for reference year 2023

*Centers for Medicare & Medicaid Services (CMS) released updated
RxDC instructions, which resulted in changes to this worksheet.
Please use this revised version as of 2/2024*



CAA Reporting Pharmacy Benefits and Costs (RxDC) Surest Survey Worksheet

To support the submission of RxDC data due June 1, 2024, Surest must collect data not contained in our systems. To collect the required information, Surest is requesting you fill out an online survey. The following questions will appear in a survey. We highly recommend **you use this worksheet to prepare in advance of receiving the survey link.**

The survey will be available beginning February 16, 2024, and must be completed by April 10, 2024. Once you have completed the worksheet, please go to link provided in the next email from surest.noreply@gemailserver.com as the sender and enter the information.

Key points:

- The **deadline** to complete the survey is April 10, 2024!
- Responses must only be based upon plan(s) administered by Surest
- This survey should not be used for Surest business that has been integrated within the UHC/USP systems. They will use the RFI in the Employer Portal UHCeServices
- Do not combine Fully Insured amounts with Self-Funded amounts. Please be advised this can result in in two RFIs for you to complete if you have multiple funding arrangements.
- The survey takes approximately 5-10 minutes to complete if the worksheet is prepared beforehand. You can only submit your responses once all fields are completed.
- If the survey is not completed, Surest will submit the data in our system to CMS on or before the June 1 date. However, the submission will not be complete.
- The system does NOT allow us to send a copy of the survey responses you enter, so please retain your completed worksheet for future reference.

Complete the questions below to prepare your responses to input into the Survey.



Employer Group or Broker to enter following key fields into the Survey

Submitter Information Section

Information Required to complete Survey		SURVEY RESPONSE
	Name of person completing the survey:	
	Email of person completing the survey:	
	Person’s role with the company (e.g., HR rep, Benefit Coordinator, Broker):	
	Employer Group Name:	
	Employer Group Identification Number (EIN): <i>Numeric field for EIN, max character= 9, no special characters</i> <i>This will be used to populate the Group Health plan number in the P2</i>	
	SUREST Policy Number(s): <i>Text field, max character = X, no special characters. This is the policy number associated with your Surest policy.</i>	



Information Required to complete Survey

QUESTION	SURVEY RESPONSE
<p>What is your Group Health Plan Name? (P2)</p> <p><i>Group health plan name (GHPN) is the employee plan name under ERISA (Employee Retirement Income Security Act) for which an employer provides medical care to employees or their dependents directly or through insurance, reimbursement, or otherwise. Please only provide the Group Health Plan Names associated with a medical plan. If multiples, plan names may be separated with a semicolon.</i></p> <p><i>This will also be the name associated with the Form 5500 Filing (this may not match the name on the Surest ID card)</i></p>	<p>Group Health Plan Name:</p>
<p>Do you file a form 5500 report with the IRS? (P2)</p> <p><i>If yes, enter the 3-digit plan number reported on the IRS Form 5500 filed with the DOL. If there is more than one value separate them with a semicolon, no spaces (e.g., 501;502;503).</i></p> <p><i>Find your organization's most recent filing: DOL Form 5500</i></p>	<p>5500 number (if applicable):</p>
<p>What is the Average Monthly Premium (or Premium Equivalent) Paid by Members? (D1)</p> <p><i>Calculate the average monthly premium (or premium equivalent) by taking the total annual premium (or premium equivalents) paid by members during the reference year and dividing by 12. Divide by 12 even if the coverage was not in effect for the entire calendar year.</i></p> <p><i>Calculate the average for all the policies in each applicable funding type. (i.e. Fully Insured/Self-Funded) Do not combine these totals, there should be two separate RFIs for you to complete when you have mixed funding types.</i></p> <p><i>If none of the members pay a premium, enter zero (\$0).</i></p> <p><u>Include:</u></p> <p><i>Premium or premium equivalents paid by members for medical and pharmacy coverage administered by Surest.</i></p> <p><i>Member payments for COBRA coverage, including the 2% administrative fee.</i></p> <p><i>Spousal and tobacco surcharges if applicable.</i></p> <p><u>Exclude:</u></p> <p><i>Premium or premium equivalents paid by employers or other plan sponsors on behalf of members. These amounts should be included in the next question totals.</i></p> <p><i>Reference the CMS Reporting Instructions, beginning on page 31. Also see example of calculations at the end of this worksheet.</i></p>	<p>Members dollar amount:</p>
<p>What is the Average Monthly Premium (or Premium Equivalent) Paid by Employer (on behalf of members)? (D1)</p> <p><i>Calculate the average monthly premium (or premium equivalent) by taking the total annual premium (or premium equivalents) paid by the employer on behalf of members during the reference year and dividing by 12. Divide by 12 even if the coverage was not in effect for the entire reference year.</i></p> <p><i>Calculate the average for all the policies in each applicable funding type. (i.e. Fully Insured/Self-Funded) Do not combine these totals, there should be two separate RFIs for you to complete when you have mixed funding types.</i></p> <p><u>Include:</u></p> <p><i>Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents) for medical and pharmacy coverage administered by Surest.</i></p>	<p>Employer dollar amount:</p>



Premium or premium equivalents paid by group trust, association, or MEWA plans if separate employers or other plan sponsors make premium contributions.

Exclude:

Premium or premium equivalents paid by members. These amounts should be included in the previous question response.

Reference the [CMS Reporting Instructions](#), beginning on page 31. Also see example of calculations at the end of this worksheet.

QUESTION

The questions below are to assist with understanding the entirety of the employee welfare benefit plan and will be used to populate the “Carve-Out Description” field on the RxDC P2 file when appropriate.

SURVEY RESPONSE

Does United Health Group and its affiliates (e.g. Surest) administer, offer, or insure the majority of the Group Health Plan’s benefits?

Select Yes or No

Until further clarification by CMS the term "majority" is interpreted by United Health Group (UHG) as the entity that administers, offers, insures the bulk of the health plan's benefits.

For example, a policy administered by UHG containing Medical and Rx is the majority entity over a policy administered by non-affiliated UHG organization.

Reference the [CMS Reporting Instructions](#), beginning on page 15.

Yes/No

Do you offer prescription drug coverage to your members?

Select Yes or No

IMPORTANT:

Select YES if includes covered through UHC and its affiliates **or** an external PBM
Select NO only if the group health plan does not offer any Rx coverage to its members.

Yes/No (only if there is no Rx coverage offered to the members)

Does the Group Health Plan offer non-integrated/carve-out/stand-alone behavioral health benefits to your members?

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions.

Yes/No



Average Month Calculation

Example 1 Full Calendar Year

Month	Total Premium (or premium equivalents)		
	Paid by Members	Paid by Employers ¹ (on behalf of members)	Paid by Plan (Total)
January	\$ 5,675	\$ 13,243	\$ 18,918
February	\$ 6,426	\$ 14,994	\$ 21,420
March	\$ 6,426	\$ 14,994	\$ 21,420
April	\$ 6,784	\$ 15,829	\$ 22,614
May	\$ 6,784	\$ 15,829	\$ 22,614
June	\$ 6,784	\$ 15,829	\$ 22,614
July	\$ 7,497	\$ 17,494	\$ 24,991
August	\$ 7,497	\$ 17,494	\$ 24,991
September	\$ 7,497	\$ 17,494	\$ 24,991
October	\$ 6,932	\$ 16,174	\$ 23,106
November	\$ 6,932	\$ 16,174	\$ 23,106
December	\$ 6,932	\$ 16,174	\$ 23,106
Total	\$ 82,167	\$ 191,724	\$ 273,892
	<i>Total A</i>	<i>Total B</i>	

Average Monthly Premium Paid:	\$ 6,847.29	\$ 15,977.00	\$ 22,824.29
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In this example:

- Employer has a medical policy with Surest for full calendar year.
- Coverage period - 1/1/23 – 12/31/23.
- Calendar period – 1/1/23 – 12/31/23
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

- **Average Monthly Premium Paid by Members = Total A divided by 12**

Calculation: $\$82,167 / 12 = \$6,847.29$ ← Amount to populate in survey

- **Average Monthly Premium Paid by Employers = Total B divided by 12**

Calculation: $\$191,724 / 12 = \$15,977.00$ ← Amount to populate in survey

Notes:

- For self-funded plans, this is total plan costs minus premiums paid by members.
- Based on Reference Year 2023 instructions
- For RFIs containing multiple policies **all** policies should be included in the calculation.



Example 2: Partial Calendar Year

Month	Total Premium (or premium equivalents)		
	Paid by Members	Paid by Employers ¹ (on behalf of members)	Paid by Plan (Total)
January	\$ 5,675	\$ 13,243	\$ 18,918
February	\$ 6,426	\$ 14,994	\$ 21,420
March	\$ 6,426	\$ 14,994	\$ 21,420
April	\$ 6,784	\$ 15,829	\$ 22,614
May	\$ 6,784	\$ 15,829	\$ 22,614
June	\$ 6,784	\$ 15,829	\$ 22,614
July	Moved to non-affiliate UHG issuer/ASO/TPA/Carrier		
August			
September			
October			
November			
December			
Total	\$ 38,880 <i>Total A</i>	\$ 90,720 <i>Total B</i>	\$ 129,600
Average Monthly Premium Paid:	\$ 3,239.99	\$ 7,559.99	\$ 10,799.98

In this example:

- Employer has a medical policy with Surest thru 6/30/23.
- Coverage period - 7/1/22 – 6/30/2023.
- Calendar period – 1/1/23 – 6/30/23
- Employer paid portion is 70% of the total plan premium (or premium equivalents) paid.
- Divide by 12 even if the coverage was not in effect for the entire 12 months of the reference year.

- **Average Monthly Premium Paid by Members = Total A divided by 12**

Calculation: $\$38,880 / 12 = \$3,239.99$ ← Amount to populate in survey

- **Average Monthly Premium Paid by Employers = Total B divided by 12**

Calculation: $\$90,720 / 12 = \$7,559.99$ ← Amount to populate in survey

Notes:

- For self-funded plans, this is total plan costs minus premiums paid by members.
- Based on Reference Year 2023 instructions
- For RFIs containing multiple policies **all** policies should be included in the calculation.

