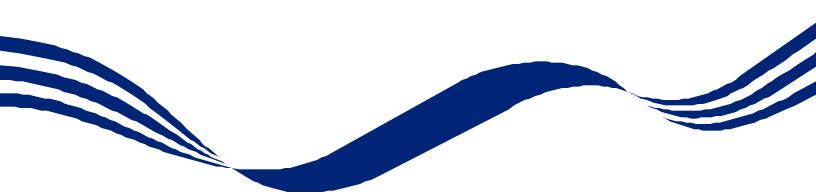# CAA Reporting Pharmacy Benefits and Costs (RxDC) Surest Request for Information (RFI) Worksheet for reference year 2023

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 1, 2024, and must be completed by March 31, 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 March 31, 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

- 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

QUESTION	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): *Numeric field for EIN, max character= 9, no special characters* *This will be used to populate the Group Health plan number in the P2*	
SUREST Policy Number(s): *Text field, max character = X, no special characters. This is the policy number associated with your United Healthcare policy.*	

Information Required to complete Survey

QUESTION	SURVEY RESPONSE
What is your Group Health Plan Name? (P2) *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.* *This will also be the name associated with the Form 5500 Filing (this may not match the name on the UnitedHealthcare ID card)*	**Group Health Plan Name:**
Do you file a form 5500 report with the IRS? (P2) *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).* *Find your organization's most recent filing:* DOL Form 5500	**5500 number (if applicable):**
What is the Average Monthly Premium per Member per Month, Paid by Members? (D1) *Report the average monthly premium (or premium equivalents), per member per month, paid by members.* *Calculate the average using actual spending by members during the reference year and not based on the premium rates charged to the member.* *Calculate the average based on the calendar year, even if the plan year is not the calendar year.* *Calculate the Average Monthly Premium Paid for all the policies in each applicable funding arrangement type. Do not combine Fully Insured amounts in with Self-funded amounts.* **Include:** *Premium paid by members; If members do not pay a premium, enter zero ($0).* **Exclude:** *Premium or premium equivalents paid by employers or other plan sponsors on behalf of members.* *Reference the CMS Reporting Instructions, beginning on page 29.*	**Members dollar amount:**
What is the Average Monthly Premium per Member per Month Paid by Employer (on behalf of members)? (D1) *Report the average monthly premium (or premium equivalent), per member per month, paid by employers or other plan sponsors on behalf of members.* *Calculate the average using actual spending by employers and not based on average premium rates.* *Calculate the Average Monthly Premium Paid for all the policies in each applicable funding arrangement type. Do not combine Fully Insured amounts in with Self-funded amounts.* **Include:** *Premium or premium equivalents paid by employers and other plan sponsors on behalf of members (including dependents). 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.* **Note**: *For self-funded plans, the total premium paid by employers is total premium equivalents (total plan cost) minus the premium paid by members.* *Reference the CMS Reporting Instructions, beginning on page 29.*	**Employer dollar amount:**

QUESTION **T**he 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
Do you offer additional medical coverage (fully Insured or self-funded) to your members through a non-affiliated United Health Group issuer, Administrative Services Organization (ASO), or Third-Party Administrator (TPA)? (P2) *This is in reference to a non-UHC health plan insurer, e.g., Aetna, Cigna, etc.* *Select Yes or No.*	
Do you offer non-integrated/carveout/stand-alone prescription drug coverage to your members through OptumRx Direct or through an external Pharmacy Benefit Manager (PBM)? (P2) *This is in reference to non-affiliated PBMs (e.g., OptumRx direct, CVS Caremark, Express Scripts, etc.)* *Select Yes or No.*	
Do you offer non-integrated/carved-out/stand-alone behavioral health benefits to your members? (P2) *Select Yes or No.*	
Do you offer wellness programs to your employees through a non-affiliated UnitedHealthcare vendor? (P2) *Select Yes or No.*	
Self-Funded Plans Only: Do you have stop loss coverage with a non-affiliated UnitedHealthcare Issuer? (P2) *Select Yes, No or NA (Not Applicable)* *Only select not applicable due to funding arrangement being fully insured or level funded.*	