

Consolidated Appropriations Act, Section 204 (2021)
Prescription Drug Costs Reporting

Updated February 7, 2025



Frequently Asked Questions

Submitting group D1 Premium data via the Blue Shield of California
Prescription Healthcare Spending Survey

FAQs by Topic

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General

1. What are D1 data elements?

D1, also known as Premium and Life Years, refers to a portion of the data required for compliance under Section 204 of the Consolidated Appropriations Act (2021) ("Sec. 204"). The primary component of D1 is premium contributions made by employers and employees.

2. What information is Blue Shield requesting?

We are requesting the following data from groups under D1:

- Basic group information such as group name and group ID
- Healthcare premium percentage paid by employer for Small Business Groups and Large Groups that have prescription drug benefits with Blue Shield or,
- Total healthcare premium paid by employer and employee, for Large Groups that have pharmacy/prescription drug benefits with another carrier besides Blue Shield
- Total Premium Equivalent Amount (for self-funded ASO only, when applicable) - Total cost of providing and maintaining coverage, including claims costs, administrative costs, self-funded ASO and other TPA fees, and stop-loss premiums
 - Please see page 21 in the CMS [reporting instructions](#) for more information on determining Premium Equivalent Amounts.

Blue Shield will be able to make the required calculations for D1 as required by the law, based on the requested information in the intake form.

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3. Why are employers/groups being asked to complete this survey?

Blue Shield does not manage all data elements required for Sec. 204 submission, specifically employer/employee premium contribution data in the case of D1. Responses from this intake form are needed in order for Blue Shield to submit complete data under this reporting requirement. Groups who do not submit this survey are responsible for submitting D1 data directly to Centers for Medicare and Medicaid (CMS).

4. Who needs to complete the survey?

Any group (or broker/delegate on behalf of the group) who would like Blue Shield to submit D1 Premium data on their behalf to the CMS. This includes:

- Small Business Groups: Covered California On-Exchange and Off-Exchange Small Business groups
- Core Groups: Fully-Insured and ASO
- Premier Groups: Fully-Insured and ASO

If a group does not submit a valid submission under the Prescription Drug and Healthcare Spending survey for D1 Premium data, then the group will need to coordinate submission of this information directly to the CMS.

5. Do Blue Shield CCSB Small Groups purchased via Covered California/On-Exchange need to complete the intake form?

Yes. Covered California Small Business (CCSB/On-Exchange) groups, whether currently active or inactive with Blue Shield, will need to fill out the intake form. These groups will need to use their group ID (information on where this can be found is included in FAQ #31 below) along with the following web key: #25yr24

6. Do groups with no membership need to complete the survey?

No, groups that do not have active membership for 2024, do not need to complete the survey.

7. Do groups with dental only or vision only plans need to complete the survey?

No, those with standalone dental or vision only plans do not need to complete the survey.

8. Do retiree only plans need to complete the survey?

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Retiree only plans do not need to complete the survey. A retiree-only plan is a plan that covers retirees with fewer than two participants who are active employees.

However, if the plan is NOT a retiree-only plan, then retirees, including their dependents, also are considered members for reporting and calculation purposes.

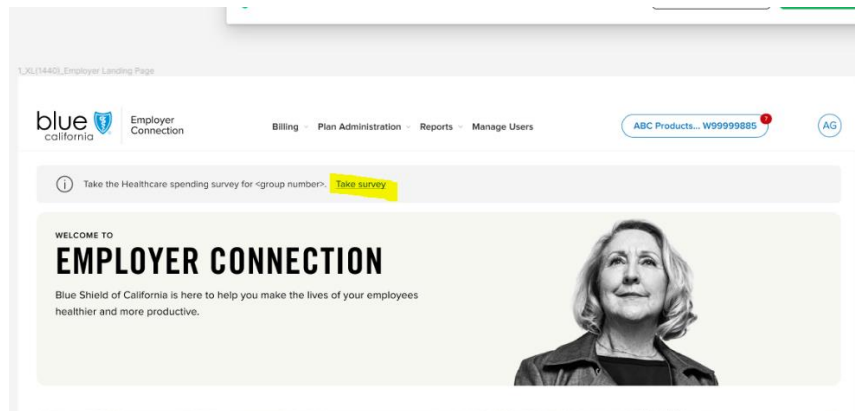
9. Who is considered a member for the purpose of the survey calculations?

The term “member” means a person who has health coverage with Blue Shield. For example, enrollees, dependents, participants, and beneficiaries, are all considered members. Retirees and COBRA participants, including their dependents, also are considered members if they are covered by a plan that is not a retiree-only plan.

10. Where can employer groups or brokers submit information to Blue Shield?

Groups and brokers must use the survey link and webkey sent to them via email communications.

The survey is also available on [Employer Connection](#) upon logging in. Once logged in, you will see a banner as shown below and will need to click on the “Take survey” link highlighted below.



11. Can groups submit D1 data via paper or fax?

Blue Shield is not accepting paper, PDF, or fax submissions. If the broker or group sent in a response through either of these methods, they will need to resubmit this information through the process outlined above.

12. By when must the survey be completed?

The survey deadline is April 19, 2025, 6:00PM PST.

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13. How long is the survey open for?

From February 19, 2025, to April 19, 2025.

14. Why is the Blue Shield survey deadline April 19, if the data is not due until June 1 for compliance?

Blue Shield must use the time between April 19 and June 1 to compile all group data submitted through the intake form into the full data sets required under Sec 204, and upload data to the CMS HIOS portal.

15. Can I edit responses previously submitted?

Yes, submitters may be able to edit as many times as they would like until the deadline.

Only the individual who first submitted the intake form responses will be able to edit their submissions (i.e., two different individuals will not be able to edit the submission).

16. Which individuals can submit information via the intake form?

Employer groups and delegates such as brokers or any other assigned delegate. If an active group does not have an Employer Connection account, the group administrator should reach out to their broker, who can access Employer Connection directly via Broker/Producer Connection through SSO.

17. Can a group or a delegate, such as a broker, submit the intake form responses for multiple groups if applicable?

Yes, a group or delegate, such as a broker can submit the intake form responses for multiple groups.

18. What happens if a group does not complete this survey by the deadline?

The group will be responsible for submitting their D1 data directly to CMS by the June 1, 2025 deadline.

19. What happens if I incorrectly identify my non-ASO group as ASO?

If submitters have mistakenly selected the wrong group type (e.g. ASO when they are not), these groups will not be included in the reporting. Blue Shield is not verifying

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group type. It is up to the submitter to confirm this information and submit an accurate response.

20. Once I complete the intake form, how will I know my submissions went through and were received?

A confirmation email will be sent to the submitter and will include a snapshot of their responses along with a link to edit the survey until the deadline. This confirmation can be sent by the submitter to the group as confirmation emails will only be sent to the individual submitting responses.

21. Will there be any fees charged to the group for submitting D1 on their behalf?

No, Blue Shield is not charging any fees for reporting data files.

22. Do large groups (parent groups) with subgroups (child groups) need to submit data for the main group (parent) or for each of the subgroups (child groups)?

If a group has subgroups (child groups) under a main group (parent group), then only a single submission for the main group (parent group with a WPXXXXXX ID) is required.

Please note: when completing the survey, the submitter will need to input one of the subgroup (child group) IDs. Upon entering this number, a checkbox and message with the main group (parent group) ID will appear.

By selecting this check box in the survey, the subgroup (child group) ID responses will get rolled up to the main group (parent group) ID.

23. Do groups with both fully-insured and self-funded plans/membership need to submit one survey or two?

Only one survey submission is required even if the group has plans with different funding types within the same group ID.

24. Can clients submit data to Blue Shield and the CMS as well?

The CMS only allows one submission for each of the data elements D1-D8. Groups should decide if they would like to submit or would like BSC to submit D1 and choose one option.

If the group submits D1 to BSC via the intake form, we will submit D1 on behalf of the group and the group would not have to submit D1 to the CMS themselves.

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25. If a group terminated their contract with Blue Shield mid-year in 2024 and moved to a new carrier or termed with another carrier mid-year in 2024 and moved to Blue Shield, do they need to submit the D1 intake form?

Yes, they will still need to provide us with D1 if they want us to report it on their behalf to the CMS. Data submitted to Blue Shield should cover the time periods for which a client was a Blue Shield customer. We will submit D2 for all groups and D3-D8 for, when applicable, for the group while they were a group with Blue Shield and had benefits with Blue Shield for 2024.

As a reminder, multiple carrier/vendor submissions are allowed. For example, if the group was with another carrier for part of the year, then the group or carrier would be responsible for submitting data for that specific coverage period.

26. If the group fills out the intake form for D1 for reports due June 1, 2025, will Blue Shield continue to do it on their behalf for the following years?

Since there would be new data every year, we would request groups to submit new D1 data annually. Completing the intake form for 2025 reports due does not guarantee that we will submit data on behalf of the group annually as we would need new information.

27. Is data submitted on an individual group level or on an aggregate level?

Data is submitted on an aggregate level. Aggregate data in this case refers to a "lump sum" across a given market segment (i.e across all Small Group, Fully-Insured Large Group, Self-Funded Large Group) rather than data on an individual group level.

28. Will Blue Shield file the P2 Group Health Plan List and narrative response on behalf of groups?

Blue Shield will submit P2 and narrative responses corresponding to all data files, D1-D8, that Blue Shield submits. Groups will need to decide if additional P2 and narrative responses are needed based on their submission of D1-D8 files.

For example, if Blue Shield is handling reporting of all data elements D1-D8, the P2 Blue Shield submits will meet the reporting requirements*, however if the group has pharmacy/prescription drug benefits with another carrier, and that carrier is submitting any of the D1-D8 elements, they (or the group) will also need to submit P2 to meet the reporting requirement of Sec. 204*.

The P2 report will include the Group Name and Group ID that Blue Shield has on file.

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* Blue Shield does not provide legal advice. Please consult your legal advisor to confirm your group's compliance with Sec 204 (2021).

29. Is Blue Shield submitting any other data elements D2-D8 on behalf of the group?

In addition to submitting D1 if responses are received from the group, Blue Shield will submit D2 for all groups and D3-D8 for groups with prescription drug benefits under a Blue Shield health benefit plan. If a group does not have prescription drug benefits with Blue Shield, they should coordinate submission of D3-D8 with their pharmacy/prescription drug benefits carrier. Please see sections 6 and 7 of the [CMS Instructions Manual](#) for information on each of the reporting elements.

Intake Submission Process

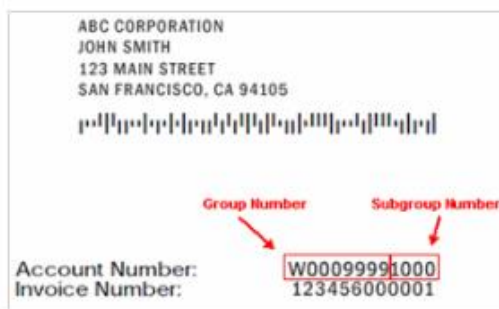
30. Who should complete the intake form?

The intake form may be completed by the group administrator, the broker, or any other such delegate.

31. What is the Blue Shield group number being asked in the intake form?

The Blue Shield group number or ID # is an 8 digit number, beginning with the letter "W" followed by 7 digits.

This can be found on a group's Blue Shield of California billing statement and will be the first 8 characters of the "Account Number" as shown below, starting with "W". Please do not include the subgroup number.



The Blue Shield group number can also be found on an employee's Blue Shield of California ID card as shown below. It is labelled as "Group #", should be an 8 digit number and should start with a "W" followed by 7 digits.

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Subscriber FIRST MLAST	Group # Effective Coverage Plan	W0009999 10/01/2022 FAMILY PPO
ID# XEA900581549	RxBIN RxPCN	000000 00000000
Network Name Cognys		
Primary Care \$10	Specialist \$10	
Urgent Care Center \$10	Teladoc 0%	
Emergency Room \$150 + 10%		
Platinum Full PPO 250/10		

32. Is Blue Shield requesting consent to report information on behalf of the group?

Yes, consent and attestation are collected on the D1 intake form itself. By submitting responses on the intake form, submitters are providing their consent to report on behalf of their given group. There is a question at the very end of the intake form that specifically addresses consent.

If consent and the required D1 information is not provided on a timely basis via the intake form, the group plan sponsor will be solely responsible for reporting D1 data on behalf of the group.

33. How is Blue Shield verifying group information?

Information is collected through a secure link using a web key. Additionally, groups are required to provide a valid group ID to validate group information submitted.

Another option to submit information is by logging in to [Employer Connection](#) (for those with existing accounts). In this case, groups are automatically authenticated upon log in.

34. Is Blue Shield providing a confirmation of submission or receipt once data is submitted to the CMS?

Yes. Once Blue Shield successfully submits data to the CMS, we will send an email notification to the group.

35. Can groups re-submit responses multiple times?

Yes. Submitters can edit responses multiple times, until the deadline.

However, only the individual who first submitted the intake form responses will be able to edit their submissions (i.e., two different individuals will not be able to edit or resubmit a response).

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Intake Questions

36. Why is Blue Shield asking for a percent of premium contribution in some cases and a total premium contribution amount in others?

When it comes to Small Groups/Large Groups with prescription drug benefits with Blue Shield, we can extrapolate the percent premium contribution data to calculate other required elements, such as total premium paid by employer/employee. In this case there are no other premiums paid to other carriers for pharmacy/prescription drug benefits (i.e., the group pays Blue Shield premium for all medical and prescription drug coverage).

However, this is not the case for Large Groups with pharmacy/prescription drug benefits with another carrier besides Blue Shield. In this case, we are asking for a total dollar amount for premium contribution data, so that we accurately report all premiums paid by the employer whether to Blue Shield or the other pharmacy/prescription drug coverage carrier.

37. For the question requesting employer premium contribution percentages, how do I report percentage?

Submitters can input a percentage up to 4 decimals.

For example:

- If 100% of the premiums are paid by the group, the submitter will need to enter "100%" as the answer.
- If 55.45% of the premiums are paid by the group, the submitter will need to enter "55.45%" as the answer.

38. For the question requesting employer premium contribution percentages, should I round my answers (percentage converted to decimal) up or down?

You do not need to round answers up or down. Instead, please provide answers to the maximum precision possible, up to 4 decimals. For example if the premium contribution percentage is 46.43% please input 46.43%.

39. For the question requesting employer premium contribution percentages how do we calculate a percentage that reflects employer contributions for employees and dependents if the contribution amounts differ?

In this question, what is being requested is the percentage of the premium the employer pays for **both employees and dependents**. This can be calculated by doing the following:

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$$\% \text{ Employer Premium Contribution} = \frac{\text{Amount employer pays towards premiums for **all** members}}{\text{Total premium paid}}$$

- Amount employer pays towards premiums for all members = sum of the premiums the employer pays for all members (employees and dependents) in each of their plans for the year
- Total premium paid = the total premium amount paid altogether by both the employer and the employee (this includes any dependents) for the year

The exact percentage will depend on the number of dependents on the plan and the premium associated with them.