



## How to Complete the RxDC Plan Sponsor Data Collection Form

If a self-insured plan sponsor requests to be excluded from Aetna's D1 file, you do not need to complete this data collection process. Instead, contact your account representative to request an exception.

**The data collection form must be completed **NO LATER THAN 4/12/2024****

Prescription Drug Data Collection (RxDC) reporting for reference year 2023 is required to be submitted no later than 6/1/2024 and must include certain data elements collected annually. Therefore, Aetna has developed a process to support our plan sponsors in the submission of these reports.

### **What you need to do:**

Complete the form emailed to you **no later than 4/12/2024**. If you have not received an email with the form, please contact your account manager for assistance. We are collecting information for reference year 2023. The reference year is the calendar year immediately preceding the calendar year in which the RxDC report is due. Complete one form per unique combination of Legal Entity and Funding Arrangement.

### **You will need to complete the following fields:**

#### **Submitter First Name, Last Name, and Email**

- This information is for Aetna's tracking purposes only, and will not be submitted in the CMS reports

#### **Legal Entity Name (Required)**

- Using the drop down, choose the name of the legal entity that administers and/or underwrites your plan
- This information can be found in the Group Policy (fully insured), or the Master Service Agreement (self-insured)
- Most plans are administered and/or underwritten by Aetna Life Insurance Company (ALIC)

#### **Funding Arrangement (Required)**

- Using the drop down, choose the funding arrangement for the associated product

#### **Total Premium Paid by Members (Required)**

- Enter total premium contributions paid by members for the reference year
- If a plan's pharmacy is Carved Out to a separate Pharmacy Benefit Manager, including Caremark, enter only the premium for the medical product underwritten or administered by Aetna.

#### **Total Premium Paid by Employer (Required)**

- Enter total premium contributions paid by the employer for the reference year
- If a plan's pharmacy is Carved Out to a separate Pharmacy Benefit Manager, including Caremark, enter only the premium for the medical product underwritten or administered by Aetna.

To learn more, [CMS Reporting Instructions](#) Section 6, beginning on page 20, addresses calculations for Premium and Life-Years.

If you have any questions, please contact your account manager for assistance!