2023 Pharmacy Benefits and Costs Survey
Tips for Brokers and Customers

The purpose of UnitedHealthcare's Pharmacy and Benefits and Costs Survey is to support the customers by submitting all the data for them to CMS by the 2023 June 1, deadline. To accomplish this, we need to collect some data we do not have in our systems at this time.

	Fully Insured	Level Funded
Deadline	**March 3, 2023 firm**	
Worksheet	**RxDC Fully Insured Survey Worksheet**	**ASO, Level Funded Survey Worksheet**
UHC RxDC Survey	**https://uhgenterprise.qualtrics.com/jfe/form/SV_bQIXGS3AA6iQk0C?RID=CGC_zi9Z7IpGoqY1SB6&Q_CHL=email**	
CMS Instructions	**Prescription Drug Data Collection - RxDC - Reporting Instructions (cms.gov)**	
CMS FAQs	**https://regtap.cms.gov/documents/rxdcfaq.pdf**	
CMS RxDC Help Desk	**CMS_FEPS@cms.hhs.gov**	

Who must complete the RxDC survey?
All Fully insured and Level Funded, and self-funded (ASO), must complete the UnitedHealthcare survey by March 3. This is a deadline and not flexible.

What happens if the customer does not complete the survey?
If the customer does not give the data to us via the survey, it will be their responsibility to submit the files to CMS for P2 and D1 themselves by June 1.

Why does a fully insured group have to complete the survey?
The CMS instructions requires data that is not maintained in our UHC systems, and we need your help. To obtain this information, a RxDC Survey was sent to fully insured, small business and Level Funded customers via mass email from UnitedHealthcare Employer Services on 2/3.

What do I do as a broker if the customer did not receive the survey?
In some cases, brokers gave us their email and not the customers. This is why some of the surveys went to the broker. Send the following survey link and the fully insured or level funded worksheet to your customers if they did not receive it.

How do I calculate the average premium paid by the employee and employer?
We understand that there may be difficulties in calculating the member count. Do your best effort to answer the survey question using the CMS Instruction guide page 21 to 22, which outlines the calculation process. The average premium amount paid by member includes employee and dependents.

If the group does not file a 5500, what should the customer use for their group name?
The plan name associated with your plan administration can be used. For example: UHG, inc., Group Health Benefits Plan

What should Level Funded groups use for the amount for their TPA fees?
Put a 0 in the field when third party administrator (TPA) fees do not apply.

Why are you asking for external/carve out/other medical vendor, pharmacy vendor, or wellness and stop loss vendors in the survey?
Per CMS instructions and FAQ, we need to create a comprehensive plan/group file that must be submitted to CMS when the customer has more than one vendor providing services. If the customer does not have any external/carve out/other vendors, then respond no to the survey question.

United Healthcare