



Last week, the Centers for Medicare and Medicaid Services (CMS) released new guidance for D1 Premium data, as part of the [Pharmacy Drug Cost Reporting mandate](https://click.info.blueshieldca.com/?qs=19f1dd0539b28779a58250c90b0f016ea0cbc5a3852bec72820595fc76aa8a38cd0799467a03e60af59fe6a6506e8f4474810e5a6bd0ce4e), impacting fully-insured groups.

The CMS is allowing health plans to report only total premium paid and omit submission of the employee/employer premium contribution breakdown when this information is not available or is invalid for fully-insured groups.

Based on the new guidance, Blue Shield will report valid employee/employer premium contribution information received from fully-insured groups via the Blue Shield D1 Intake Form. For fully-insured groups that did not submit valid employee/employer premium contribution information or did not submit any information via the D1 Intake Form, Blue Shield will only submit total premium paid (information available to us) in our D1 submission to the CMS. This applies to both fully-insured groups with and without Blue Shield pharmacy benefits.

If a group, with pharmacy benefits with another carrier besides Blue Shield, did not submit D1 to Blue Shield, then the group will need to coordinate submission of certain D1 premium data with their pharmacy carrier, as premiums paid to any pharmacy carriers is information Blue Shield does not have.

This new guidance does not impact self-funded group plan sponsors. As a reminder, Blue Shield will submit D1 on behalf of self-funded groups who completed the D1 Intake form and those who did not submit D1 to Blue Shield, will need to submit information directly to the CMS.

Blue Shield is committed to supporting our groups and group plan sponsors in complying with health coverage related regulatory requirements. Please contact your Blue Shield representative, if you have any additional questions.