Instruction to Complete the Consolidated Appropriations Act (CAA) Section 204 Pharmacy Reporting Survey

Overview

Section 204 of the Consolidated Appropriations Act (CAA) requires group health plans and health insurance issuers offering group or individual health insurance coverage to report certain annual data to the federal government. As part of our ongoing efforts to fulfill this requirement, we're asking you to **submit the data via an online survey by March 1, 2024.**

For the upcoming reporting phase in 2024, we will necessitate the acquisition of data through a survey amongst you, our employer groups, starting **on January 31, 2024,** which is intended for federal submission within this filing year. All requisite data will be submitted to CMS by June 1, 2024.

We have designed three different surveys depending on what type of group you are. They are **Fully Insured**, **MPP** and **ASO/Self Insured** groups. You will receive an email which will have a special link that you will click on to get to your survey. This survey will have some prefilled information that we will ask you to confirm, and if incorrect, fields for you to complete with the correct information.

Fully Insured Group or MPP Group

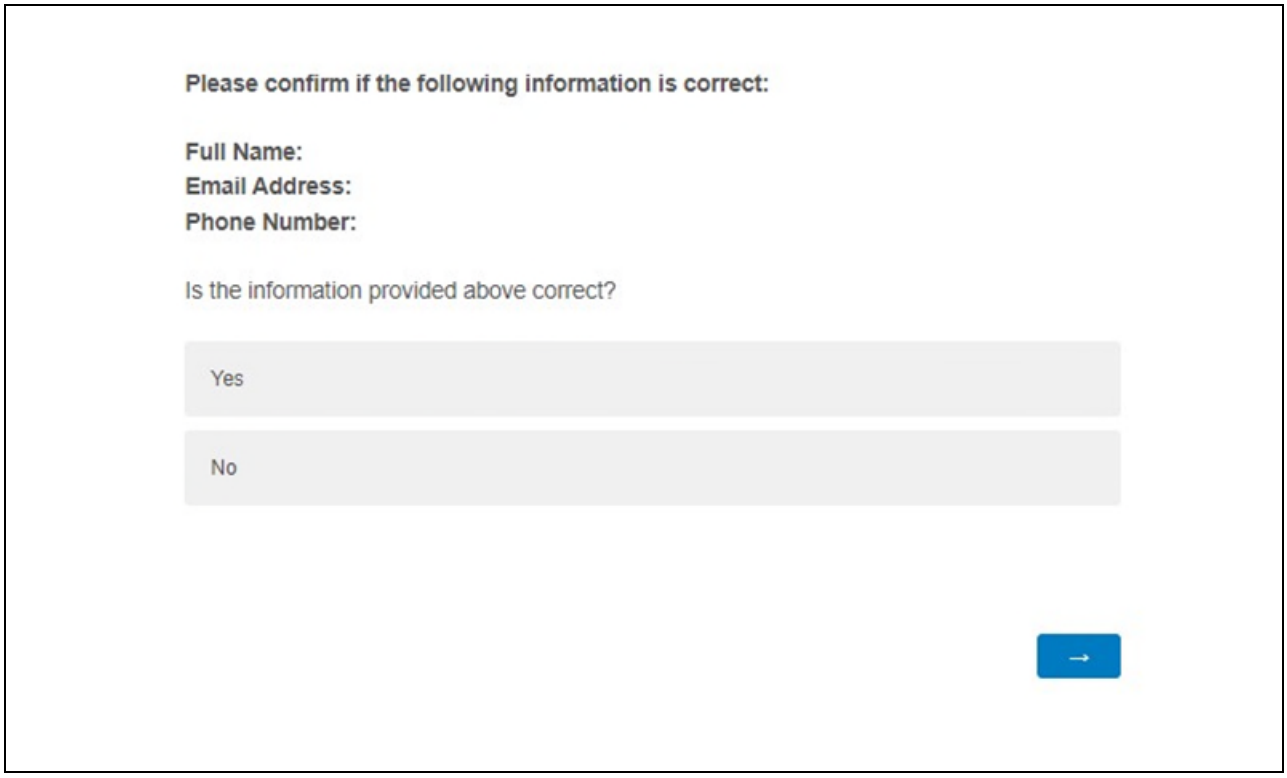
The instructions for completing the survey are below:

If you have a Fully Insured Group or a MPP Group, you will receive an email with a special link to your survey. Once you click on the link, you will come to the first page of your survey.

Completing the Survey:

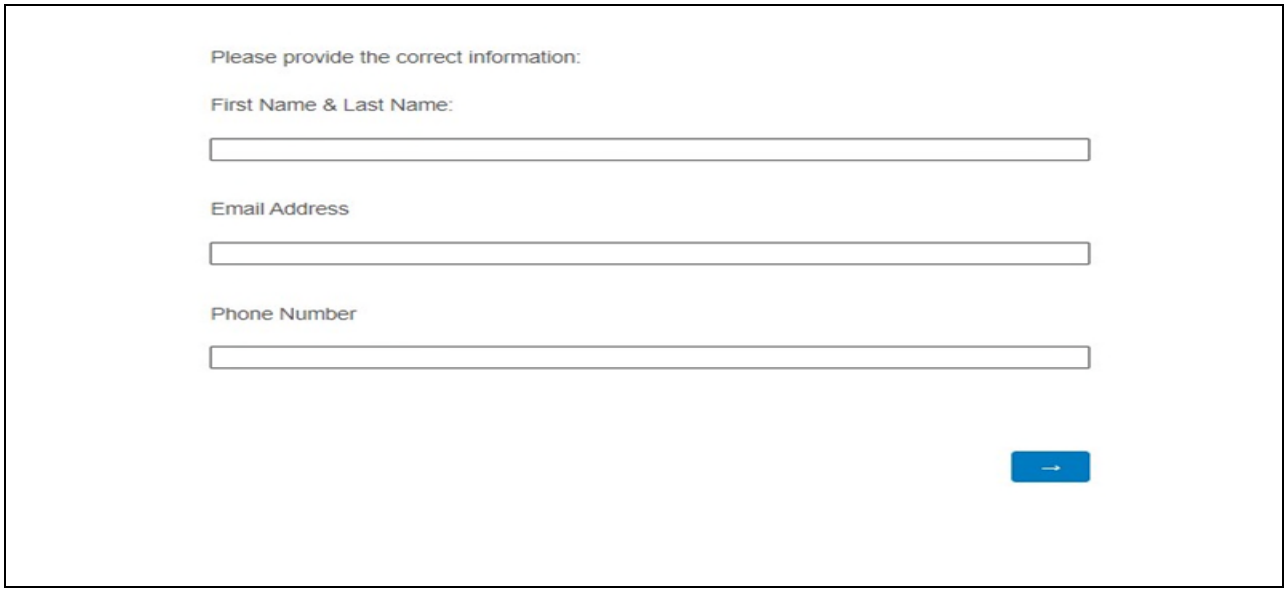
1. The first page of the survey will list the following:
    a. Full Name
    b. Email Address
    c. Phone number
2. These field's will be prefilled with the current information we have on file. Please click YES if the information is correct or NO if the information is not correct.
    a. If information is correct, it will take you to the next screen.
    b. If information is not correct, the fields will be available for you to put in the correct information.

See Screen Print below:



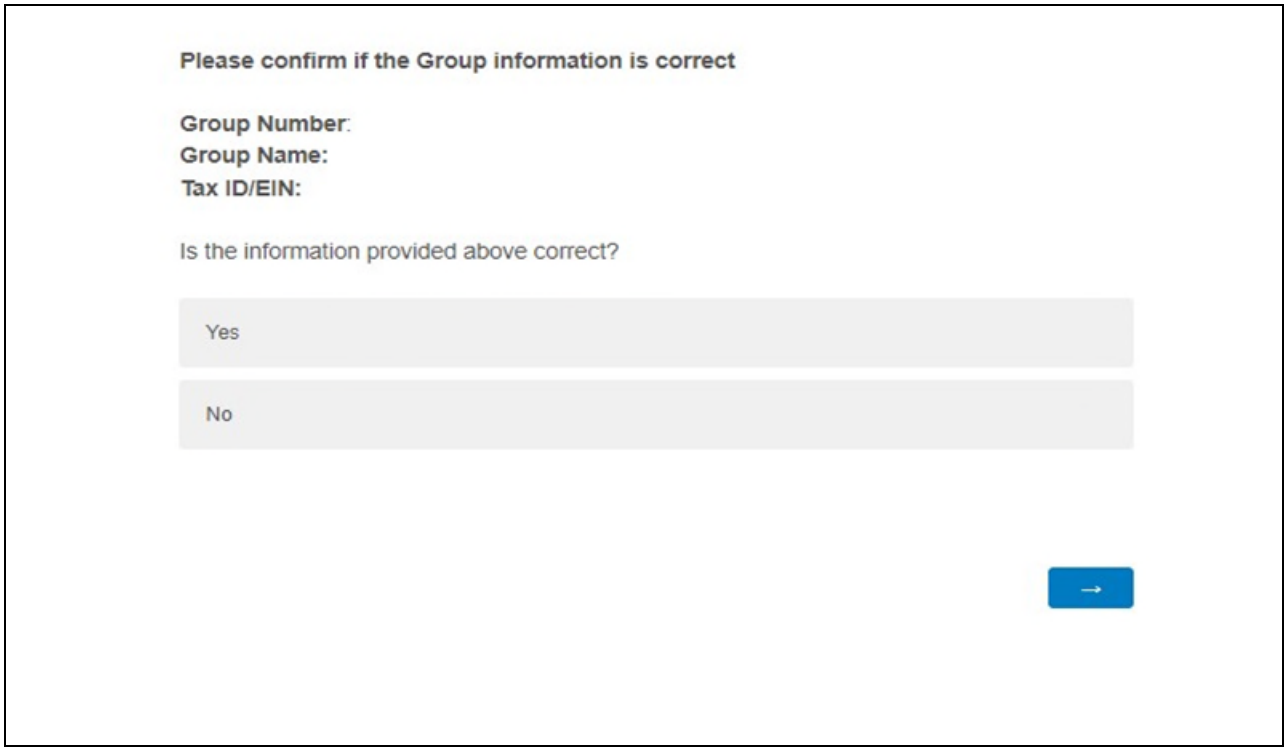
If the information is correct, click **YES** and click on the arrow button to go to the next screen.

If the information listed is not correct, click on **NO** and select the arrow to go to the next screen. Please complete the correct information in the text fields.



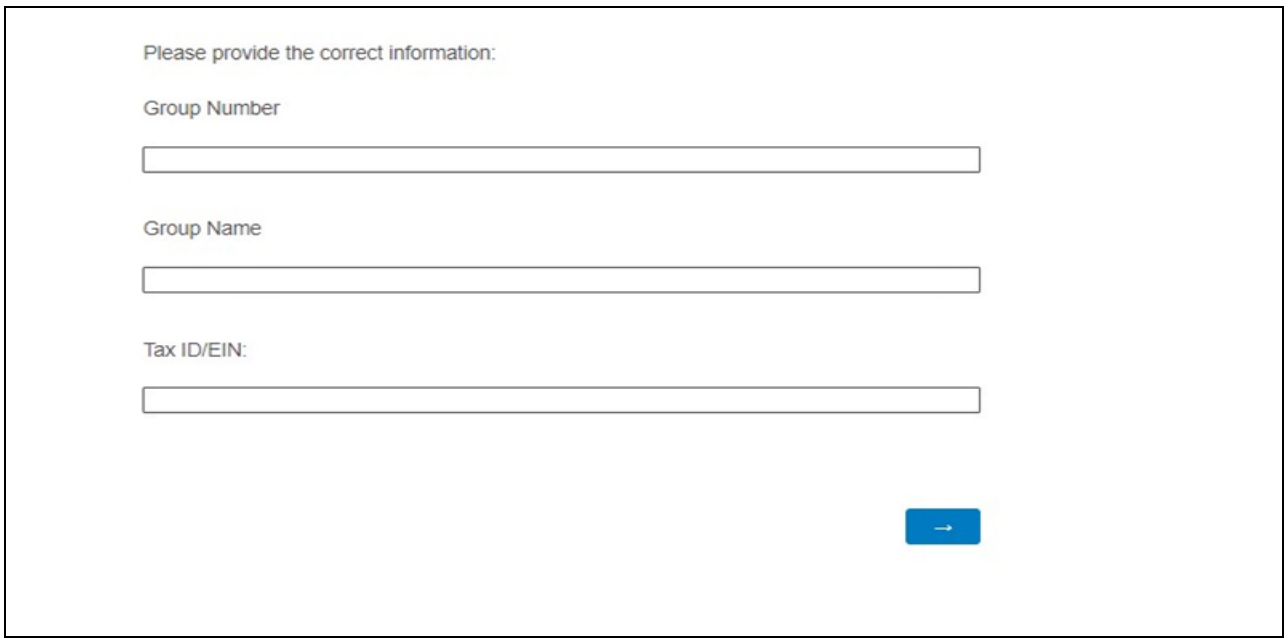
3. The next screen will show the prepopulated fields for Group Name, Group Number, and Tax ID/EIN.

    a. If the information is correct, click **YES**

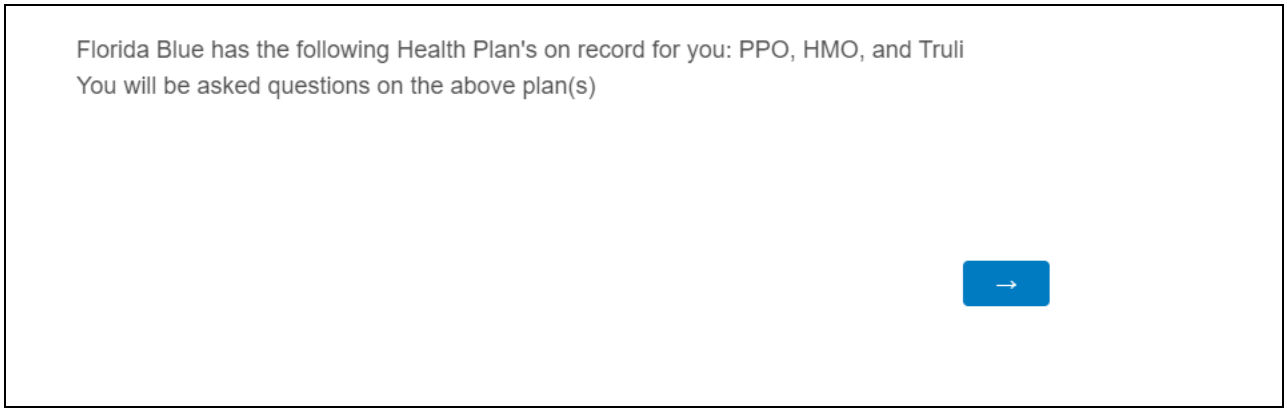


    b. If incorrect, click **NO**

    c. Please fill in the correct information in the available fields



4. On the next screen the health plans that Florida Blue has on record for your group will be displayed. For **Fully Insured**, the choices are PPO – Florida Blue, HMO – Health Options or HMO - Truli.



5. Once the plans have been provided, please complete the following fields for each plan:

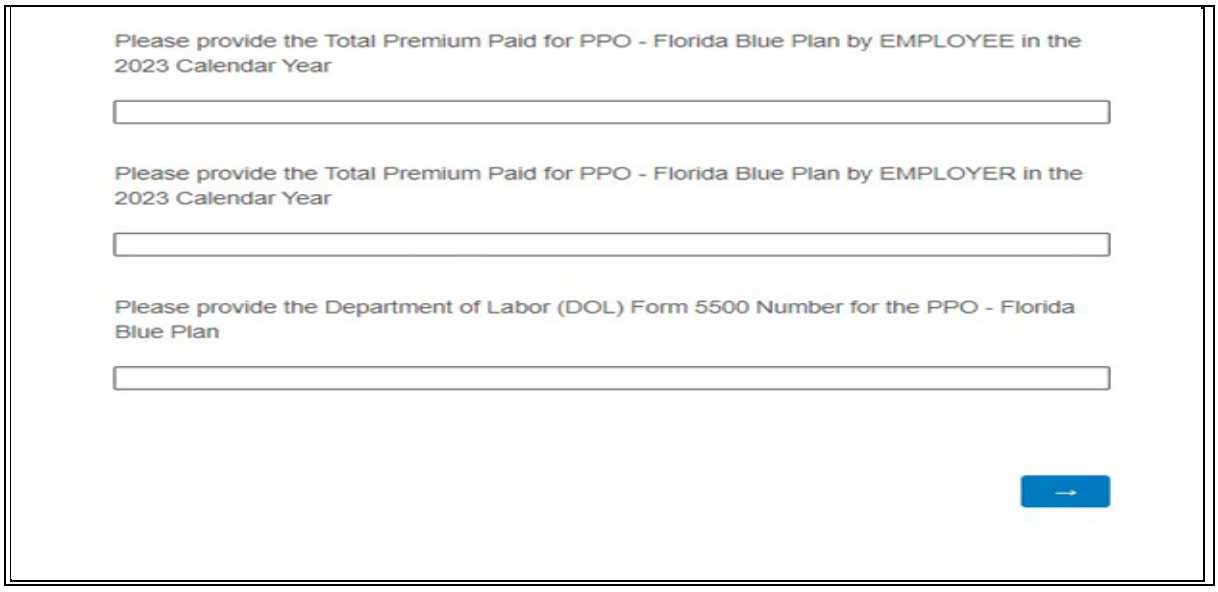
    a. Please provide the total premium paid for XXX Plan by **EMPLOYEE** in the 2023 calendar year.

    b. Please provide the total premium paid for XXX Plan by **EMPLOYER** in the 2023 calendar year.

    c. Please provide the **Department of Labor (DOL) form 5500 number** for the XXX Plan.

Please Note: Premium amounts should be in the 000.00 format. Do not add any dollar signs.

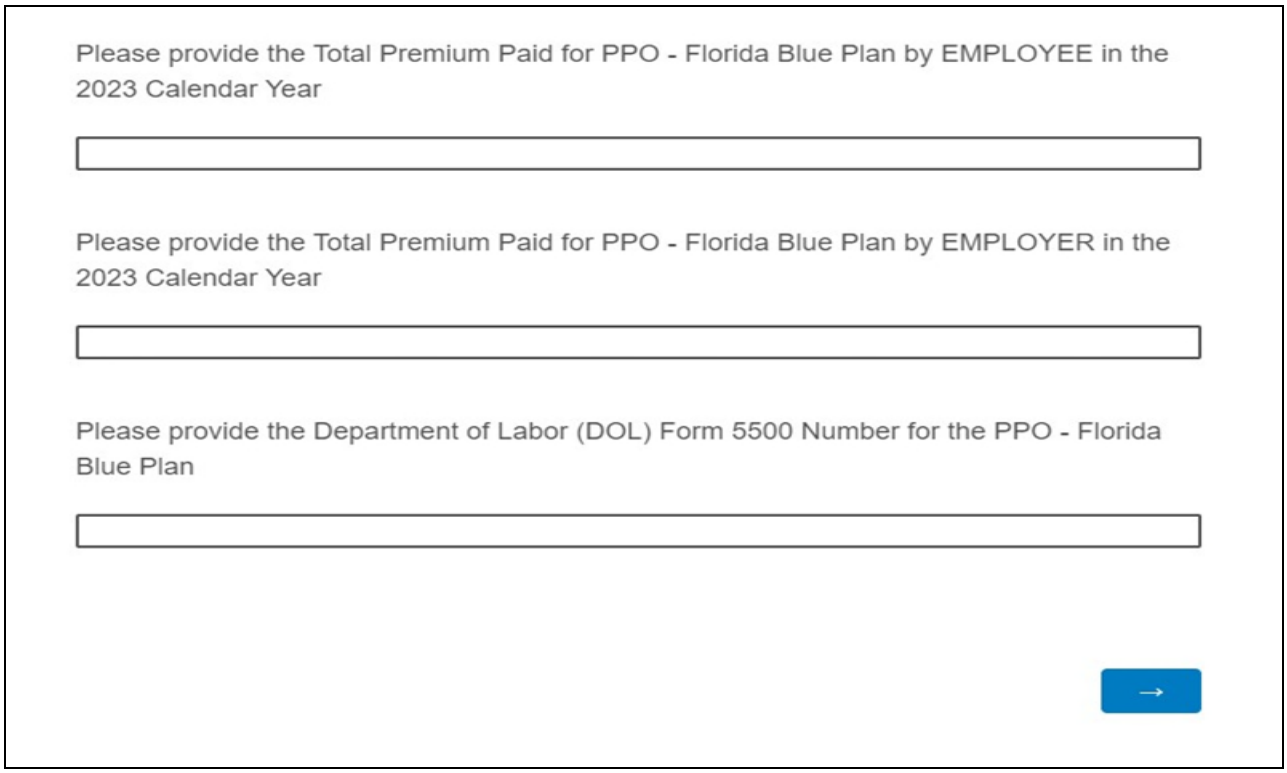
On the screen below is an example of the premium information for the PPO Plan.



Depending on how many plans your group has, there will be a screen asking the same question per plan.

For example, if your group has more than one plan such as a PPO and an HMO, the following screens would appear:

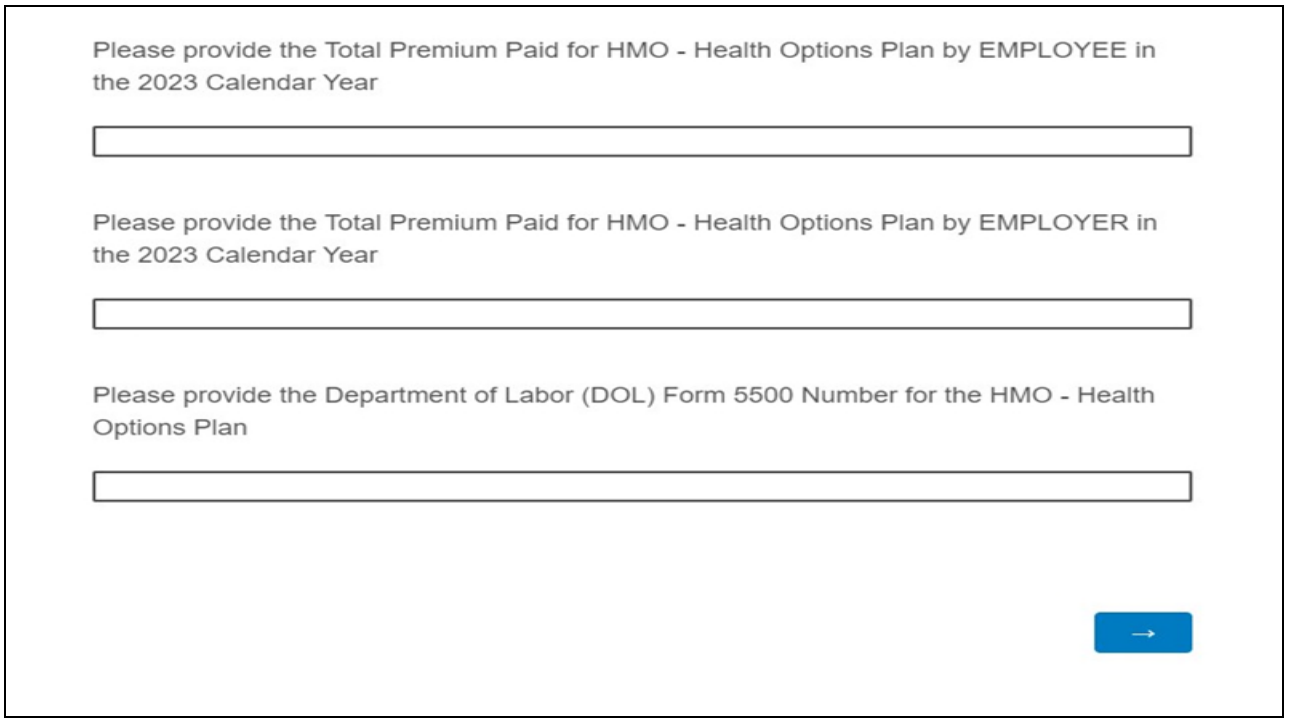
For PPO – Florida Blue Plan



Please Note: Premium amounts should be in the 000.00 format. Do not add any dollar signs.

Continued next page.

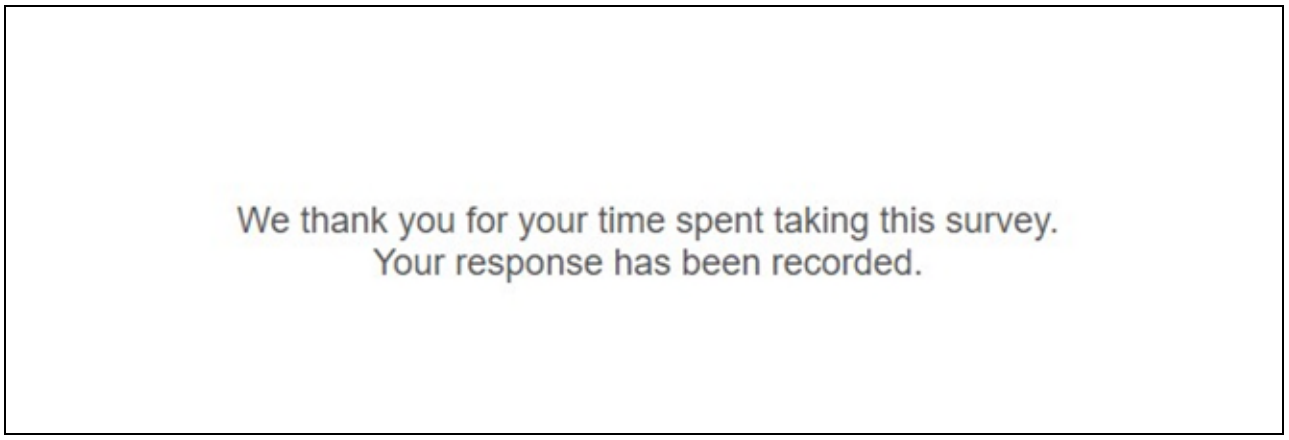
For HMO – Health Options Plan



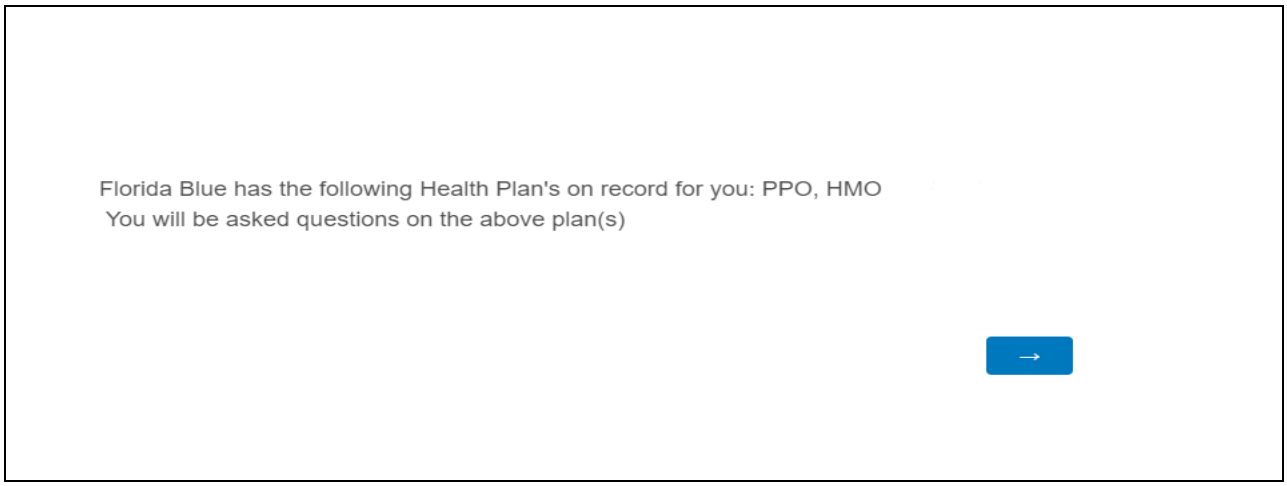
If your group had a Truli plan, a screen would also appear. The screens will appear only for the plans that your group has.

Please Note: Premium amounts should be in the 000.00 format. Do not add any dollar signs.

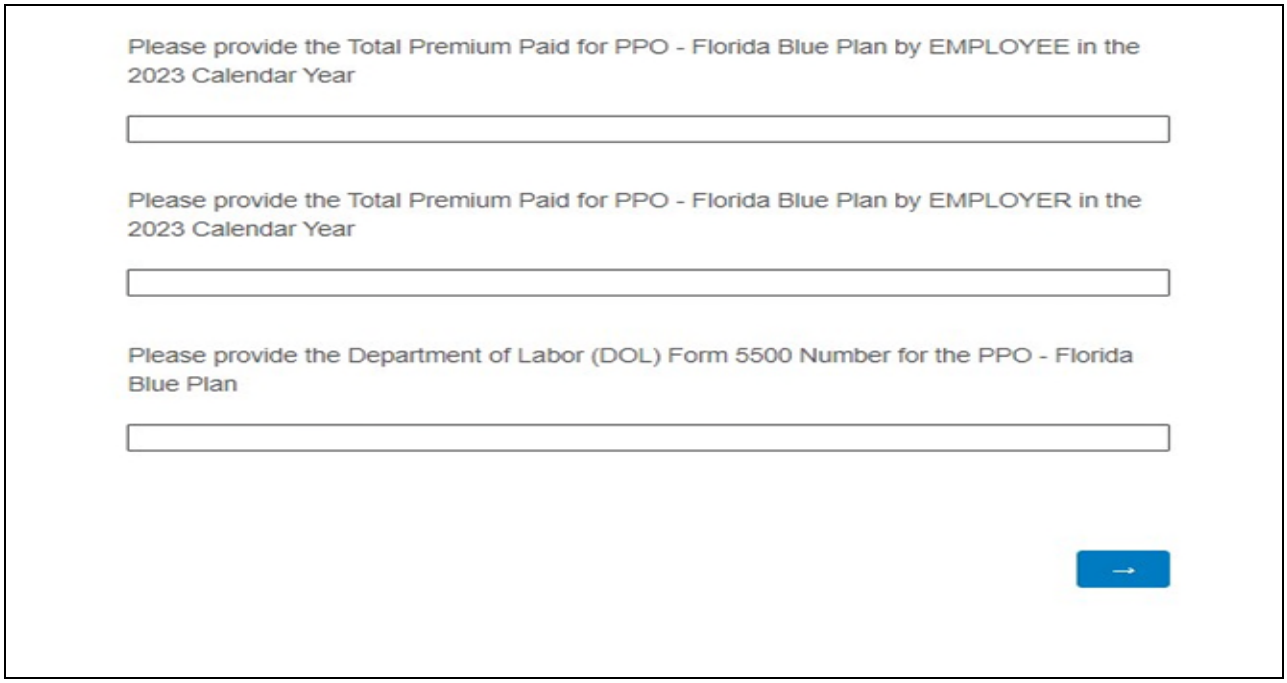
6. Once completed, click on the arrow button at the bottom right to submit the survey. The following message will appear (see next page):



For **MPP Groups**, on the next screen the health plans that Florida Blue has on record for your group will be displayed. The choices are PPO – Florida Blue and/or HMO – Health Options.



Once you are done completing the screen for premium amounts, follow the instructions that are in within this section. Below is an example of the PPO – Florida Blue Plan screen:



Please Note: Premium amounts should be in the 000.00 format. Do not add any dollar signs.

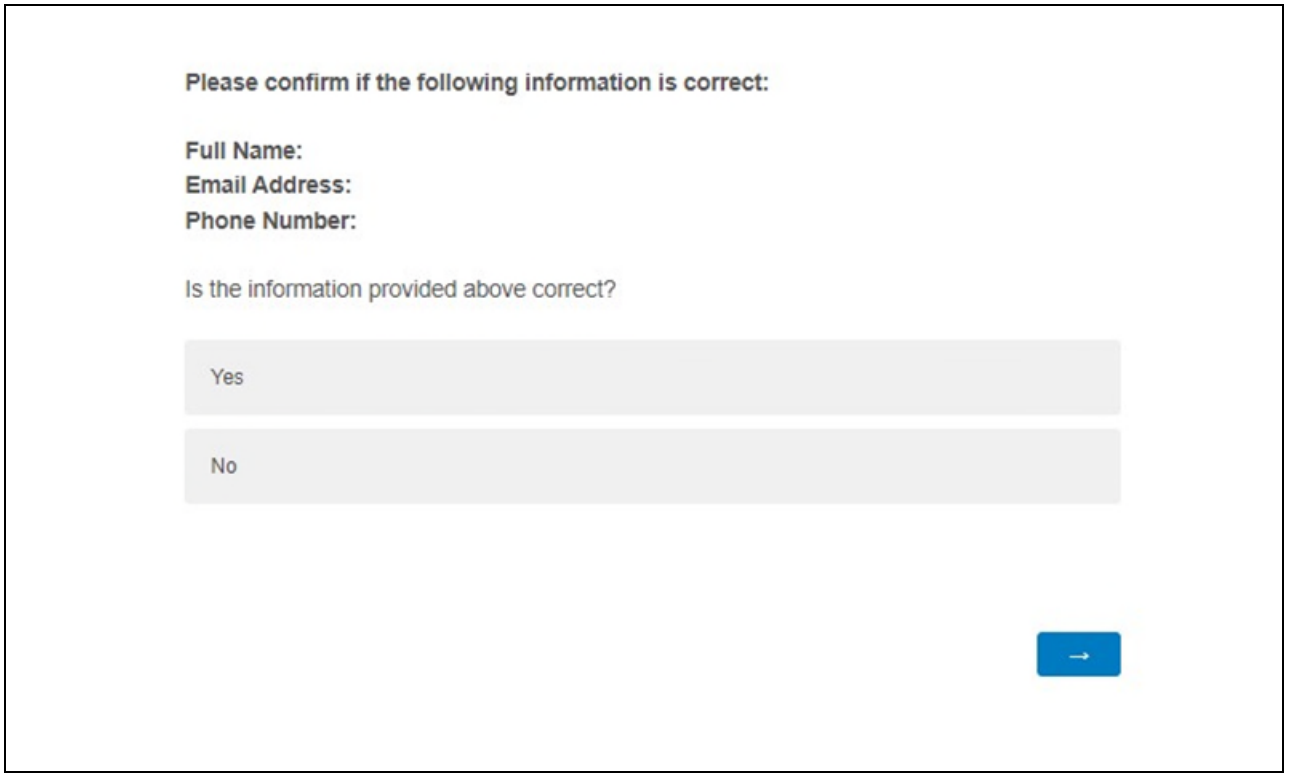
ASO/Self Insured Group

If you have an **ASO/Self Insured Group,** you will receive an email with a special link to your survey. Once you click on the link, you will come to the first page of your survey.

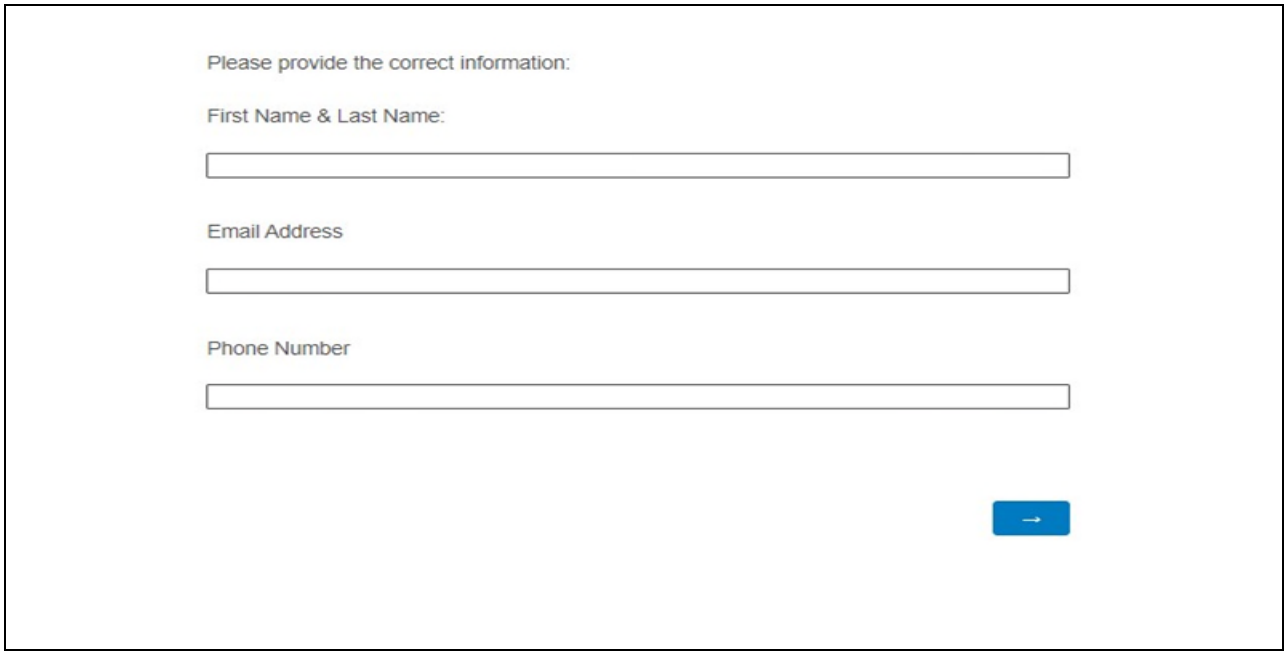
The instructions for completing the ASO/Self Insured survey are below:

Completing the Survey:

1. The first page of the survey will list the following:
    a. Full Name
    b. Email Address
    c. Phone number
2. These field's will be prefilled with the current information we have on file. Please click **YES** if the information is correct or **NO** if the information is not correct.
    a. If information is correct, it will take you to the next screen.
    b. If information is not correct, the fields will be available for you to put in the correct information.
3. If the information is correct, click **YES** and click on the arrow button to go to the next screen.

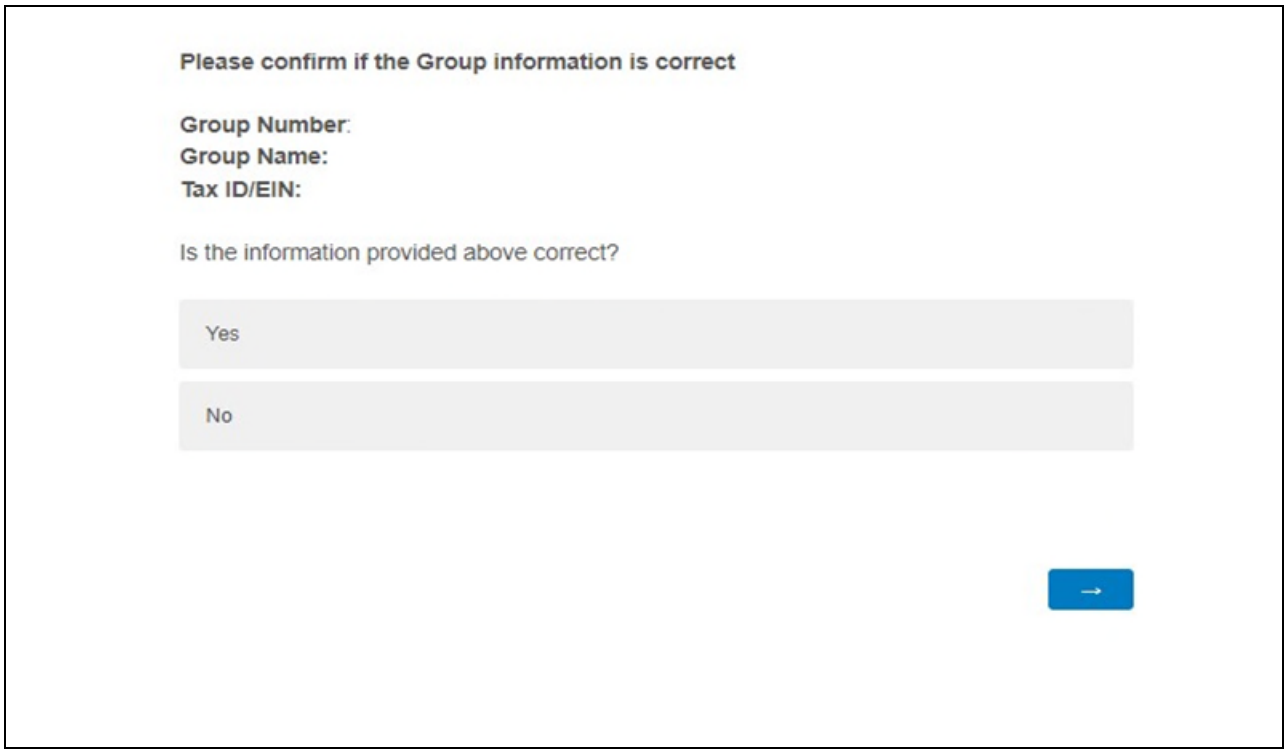


If the information listed is not correct, click on **NO** and select the arrow to go to the next screen. Please provide the correct information in the text fields. Example is on the next page.



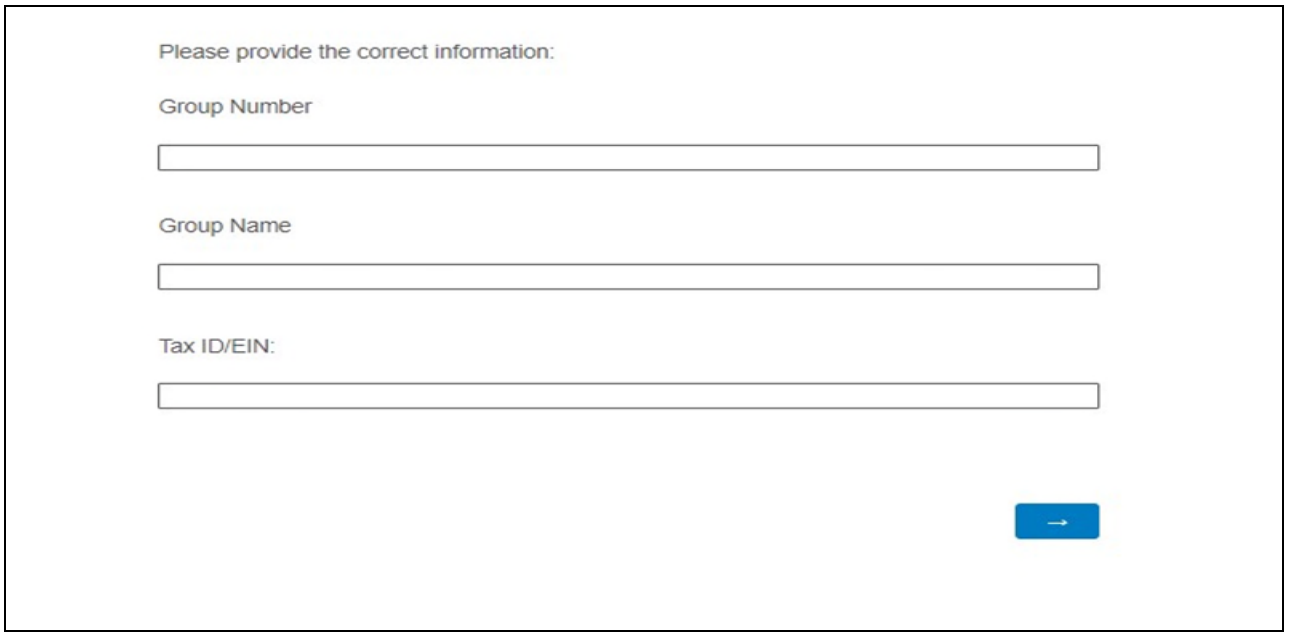
4. The next screen will show the prepopulated fields for Group Name, Group Number TaxID/EIN.

    c. If correct, click **YES**

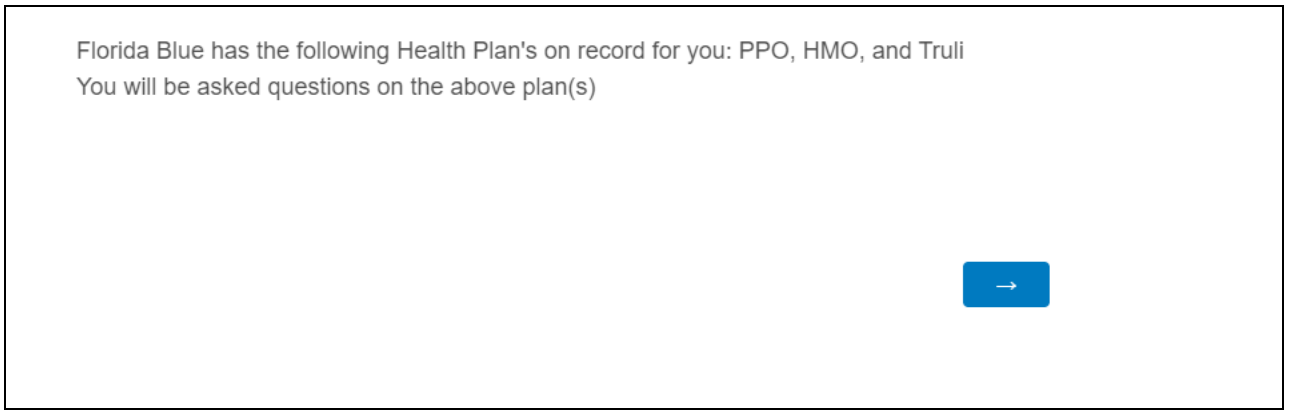


d. If incorrect, click **NO**

e. Please fill in the correct information in the available fields



On the next screen the health plans that Florida Blue has on record for your group will be displayed. For **ASO/Self-Insured** the choices are PPO – Florida Blue, HMO – Health Options or HMO – Truli



5. Once the plans have been provided, please complete the following fields for each plan:

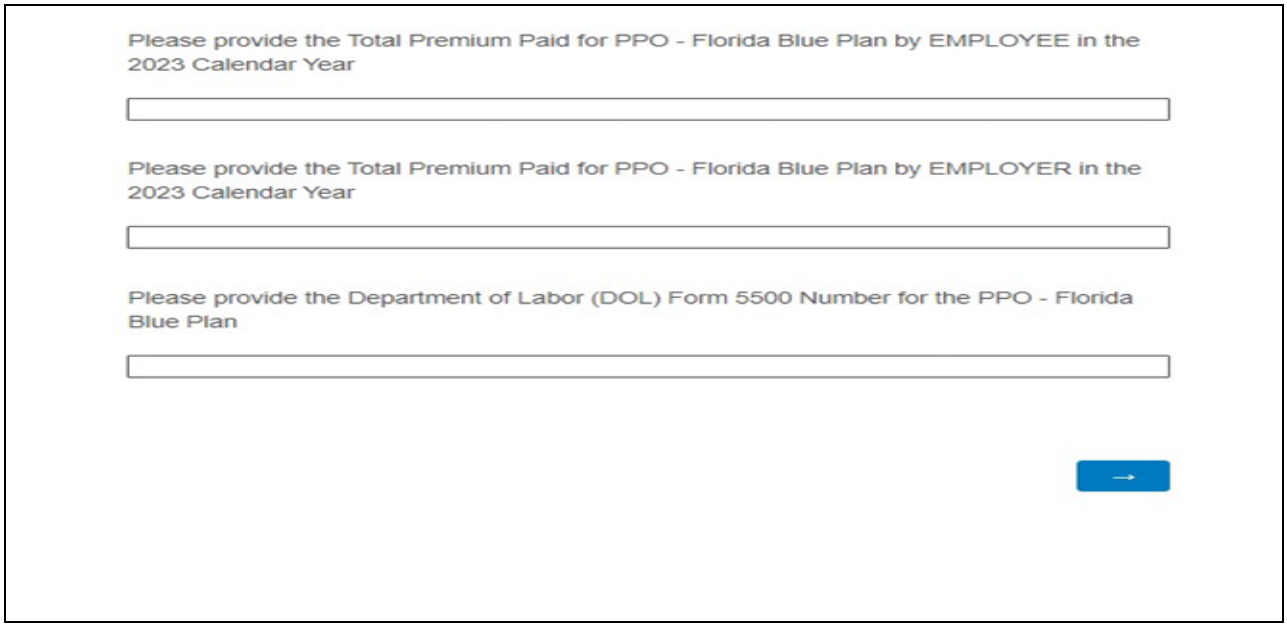
   f. Please provide the total premium paid for XXX Plan by EMPLOYEE in the 2023 calendar year.

   g. Please provide the total premium paid for XXX Plan by EMPLOYER in the 2023 calendar year.

   h. Please provide the Department of Labor (DOL) form 5500 number for the XXX Plan.

Please Note: Premium amounts should be in the 000.00 format. Do not add any dollar signs.

On the screen below is an example of the premium information for the PPO Plan.

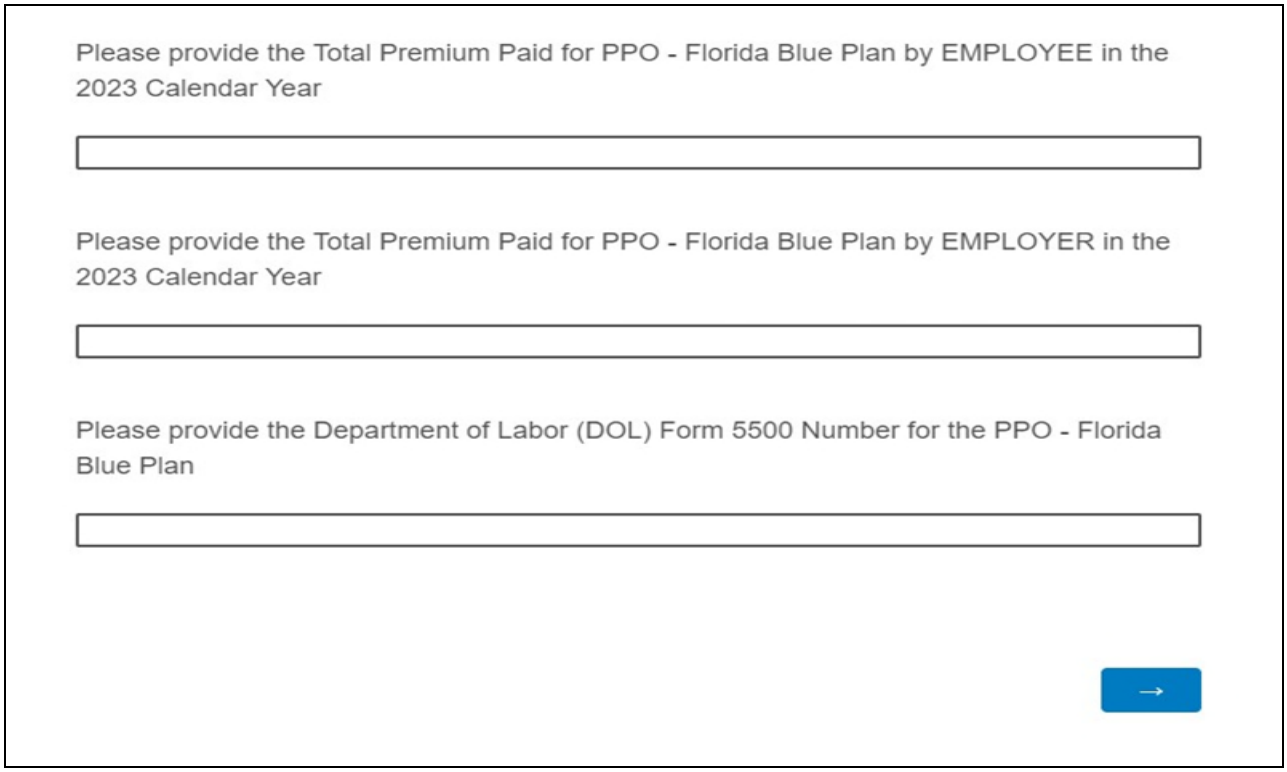


Depending on how many plans your group has, there will be a screen asking the same question per plan.

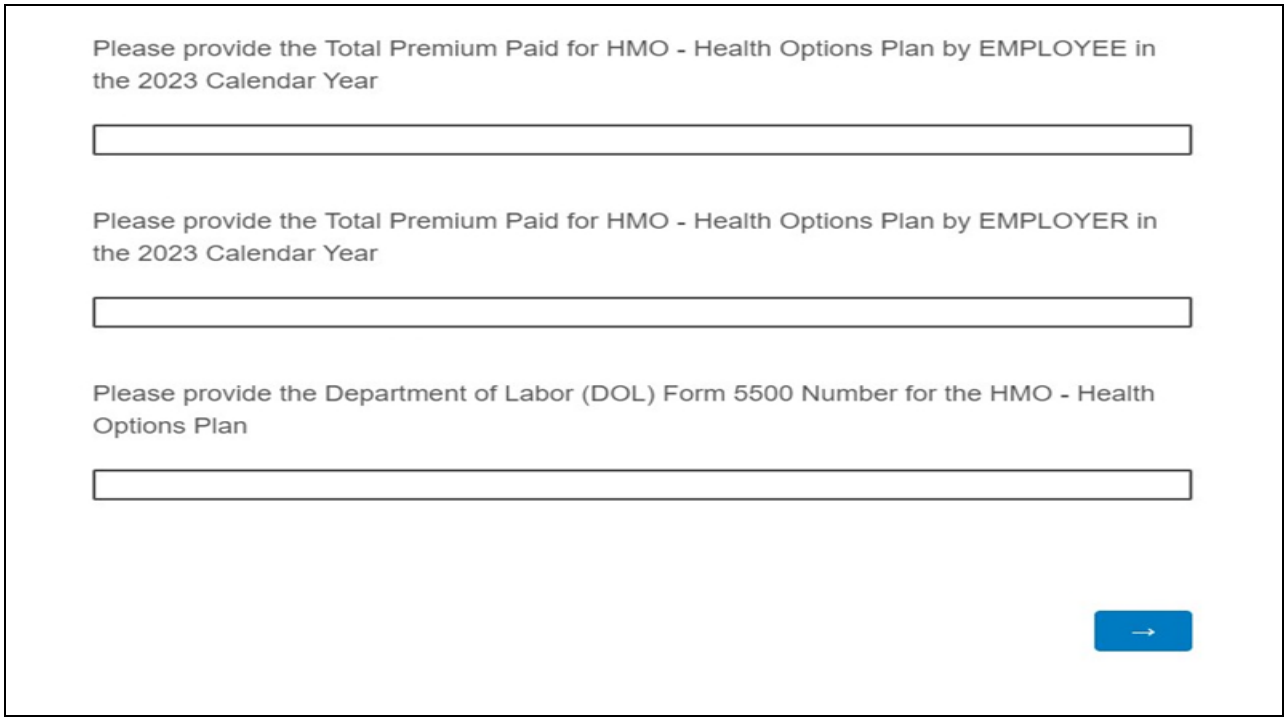
For example, if your group has more than one plan such as a PPO and an HMO, the following screens would appear:

Please Note: Premium amounts should be in the 000.00 format. Do not add any dollar signs.

For PPO – Florida Blue Plan



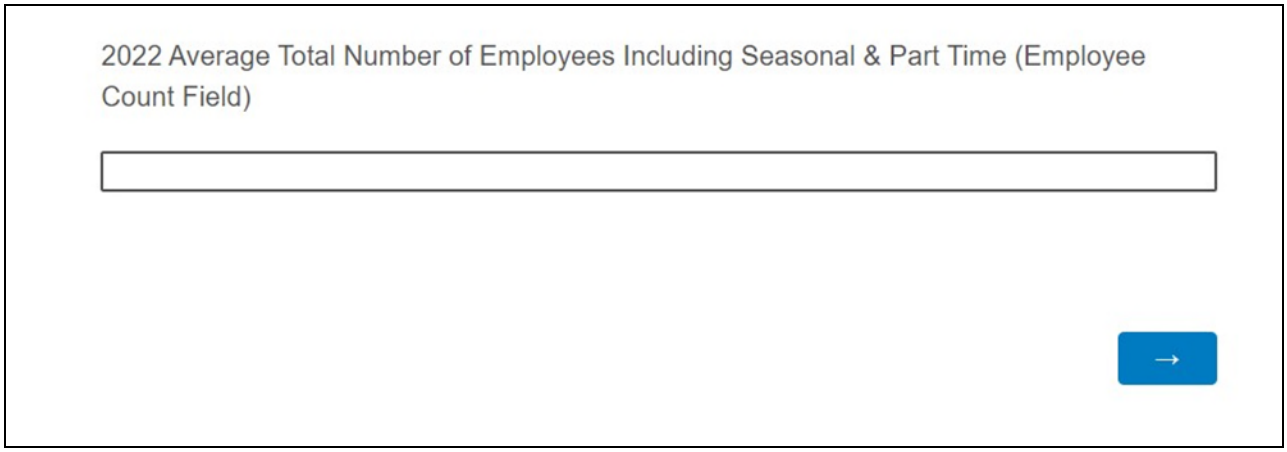
For HMO – Health Options Plan



If your group had a Truli plan, a screen for that plan would also appear. The screens will appear only for the plans that your group has.

Please Note: Premium amounts should be in the 000.00 format. Do not add any dollars signs.

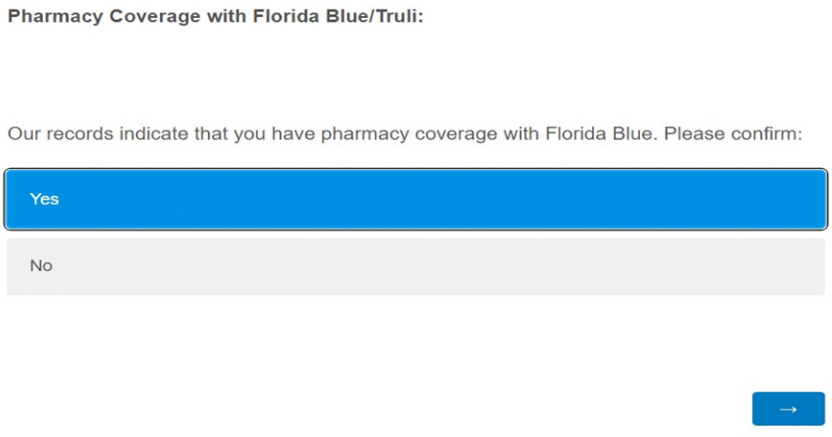
12. On the next screen, provide the Employee Count Field which includes the Average Total Number of Employees Including Seasonal, Part Time, and Retirees/COBRA during their months of Active service. Click on the blue arrow to proceed.



13. On the next screen, the pharmacy coverage information for your group will be prepopulated with the information on your group. You will receive **one** of the following messages:

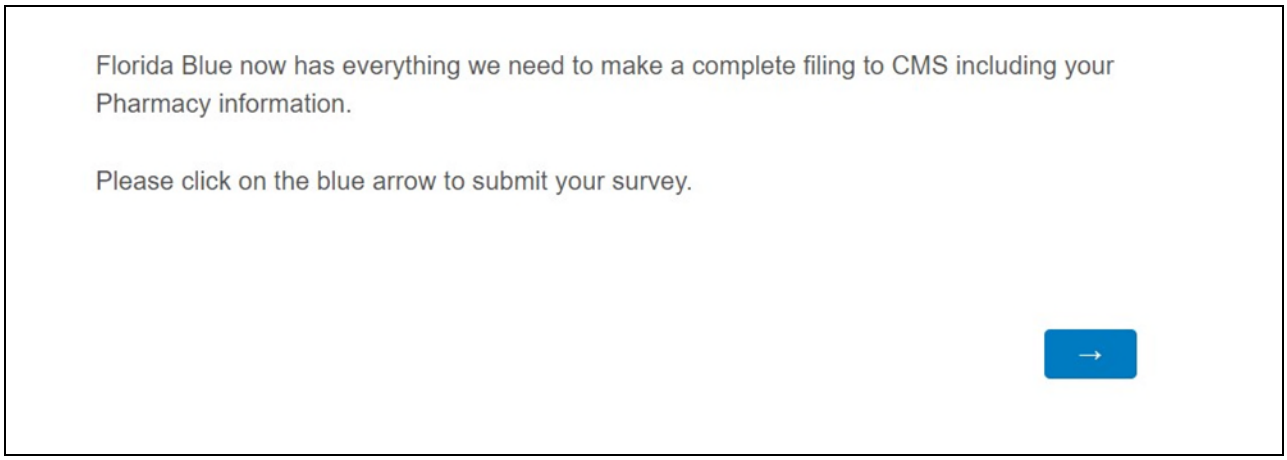
- "Our records indicate that **you have** pharmacy coverage with Florida Blue".
- "Our records indicate that **you do not have** pharmacy coverage with Florida Blue".

Please review your pharmacy coverage message and confirm if the information is correct. An example screen is below:

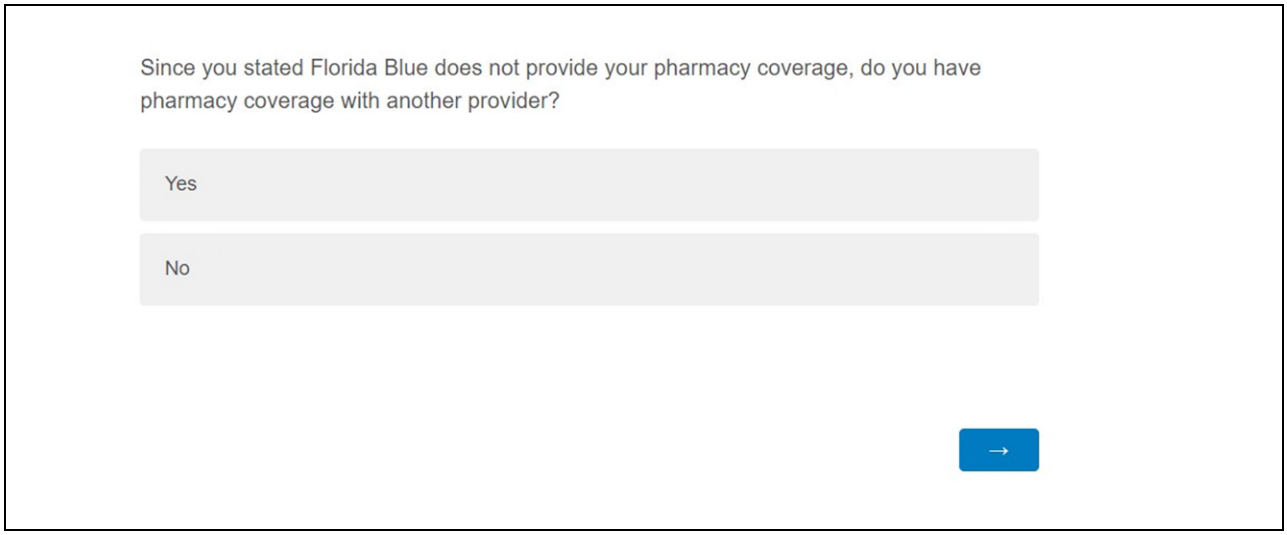


If The Message Stated Your Group Has Pharmacy Coverage:

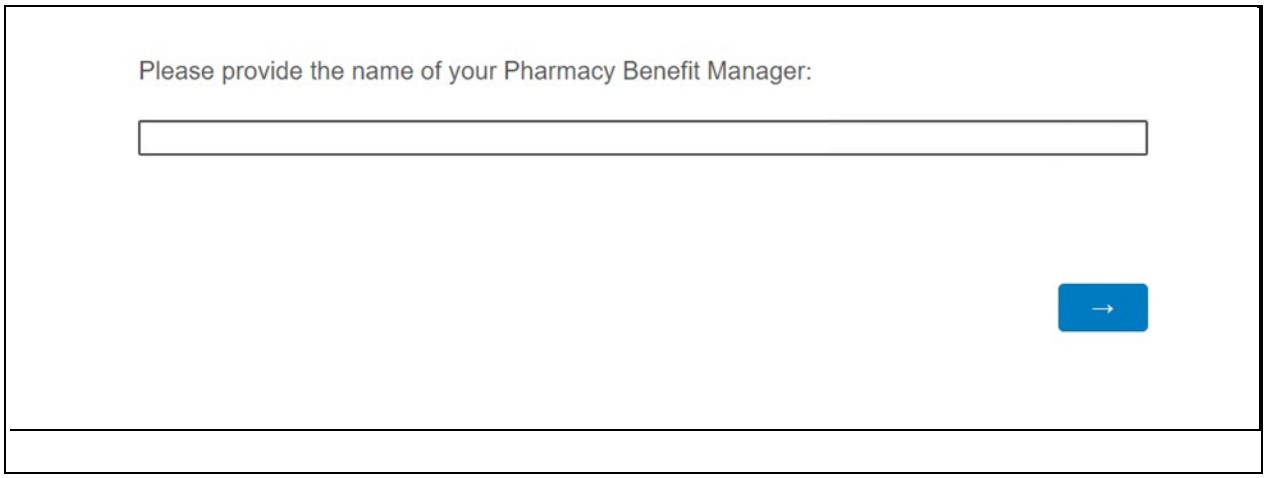
If you receive the message that you **do** have coverage and you have confirmed that the information is correct, then Florida Blue has everything they need to make a complete filing to CMS including the Pharmacy information. You will receive the following message:



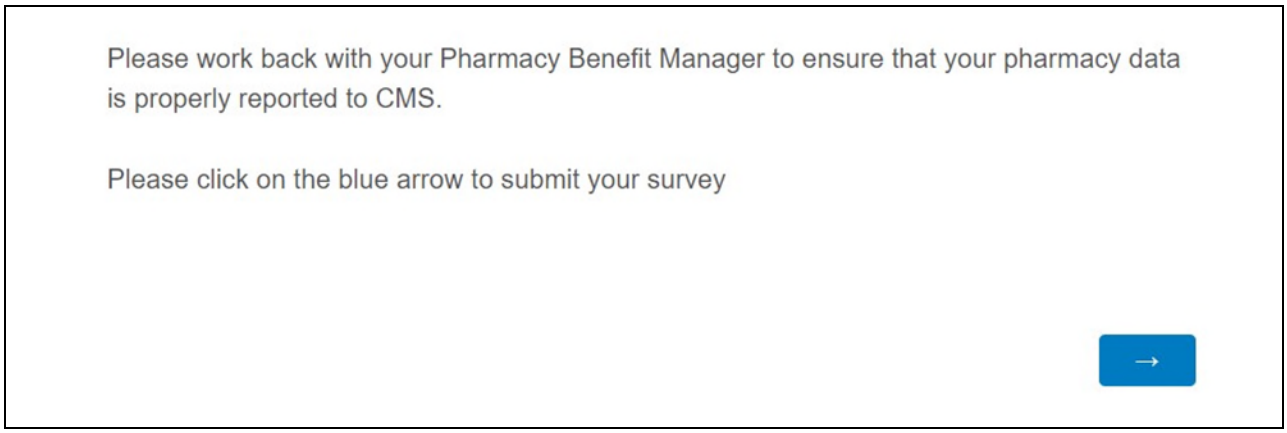
14. If you received the message that you do have coverage and you have confirmed that the information **is not** correct, select **NO** and the following screen on the next page will appear.



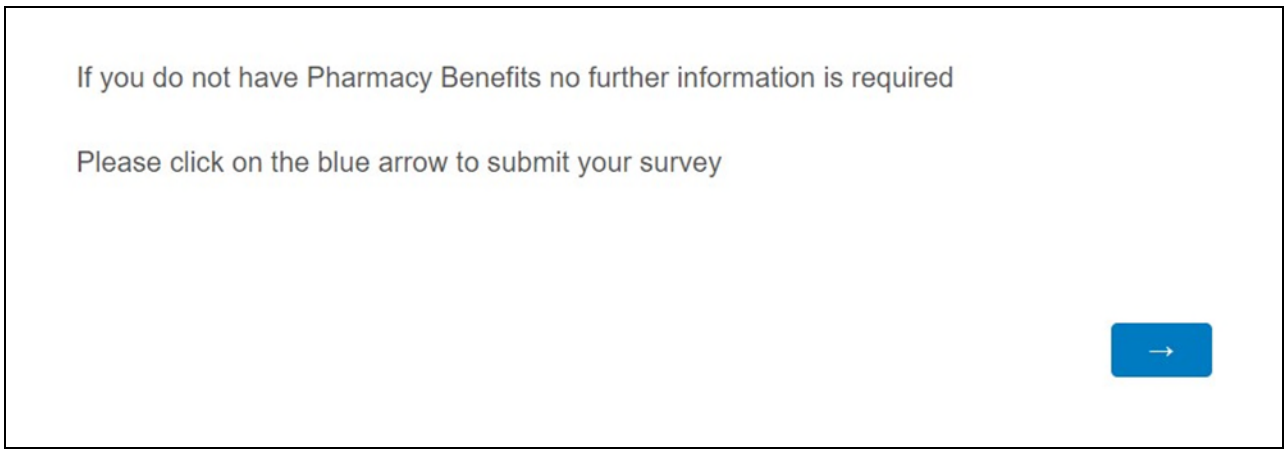
15. If **YES** is selected to having pharmacy coverage with another provider, then you will be asked to provide the name of the Pharmacy Benefit Manager.



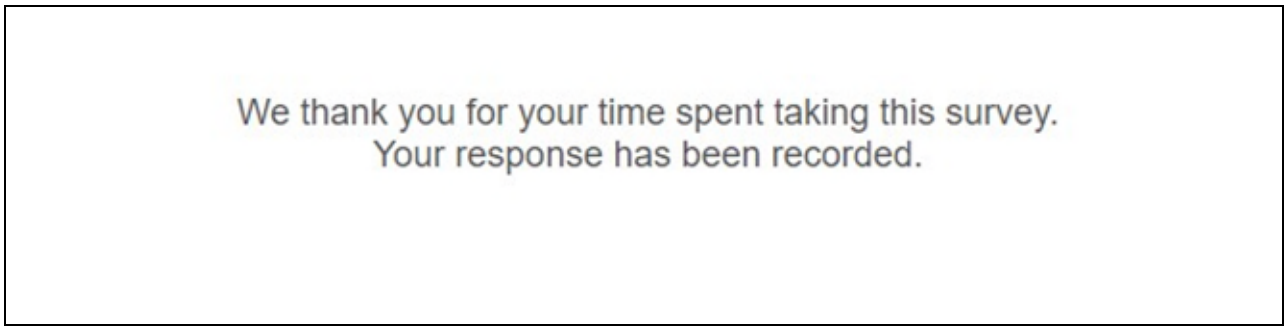
16. Once the Pharmacy Benefit Manager is entered, the next screen will display the following message:



17. If **No** is selected to having pharmacy coverage with another provider, then the following message will be displayed:

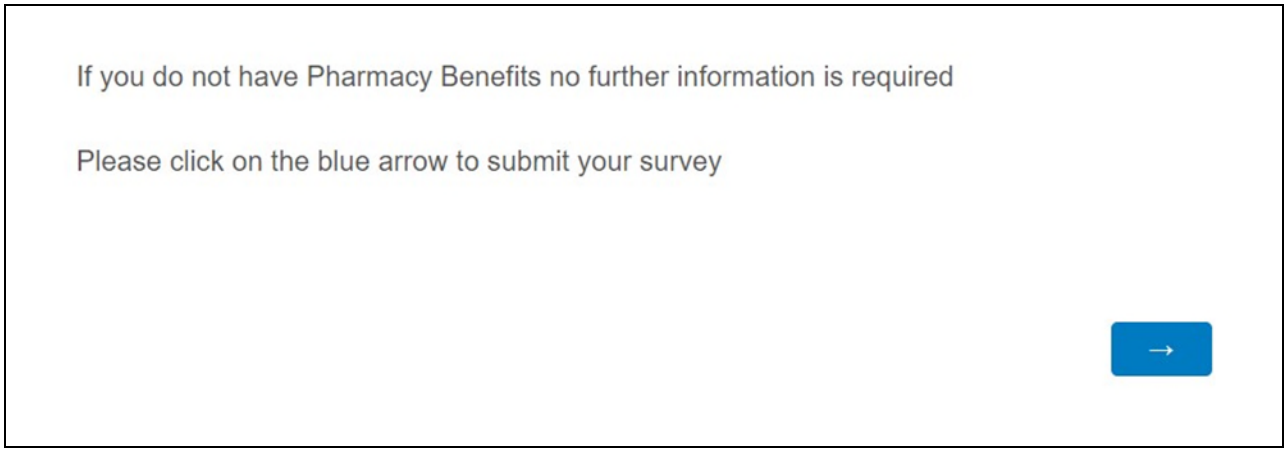


18. The following message will confirm that the survey has been recorded and submitted.

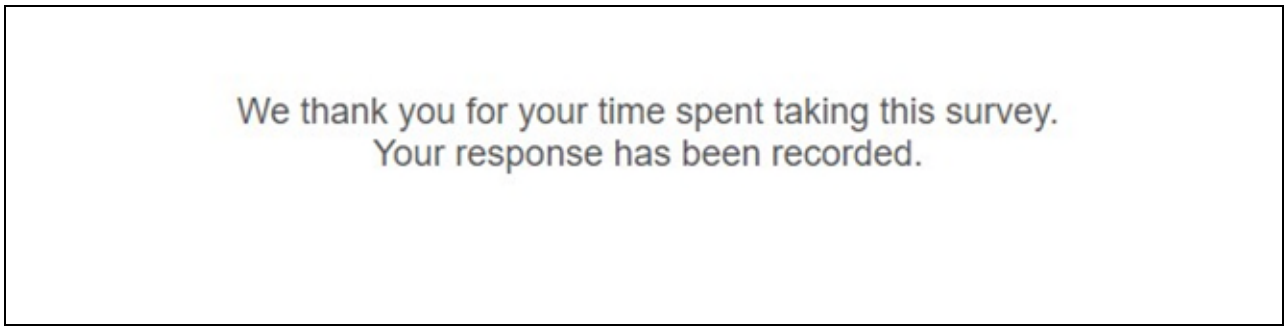


If The Message Stated Your Group Does Not Have Pharmacy Coverage:

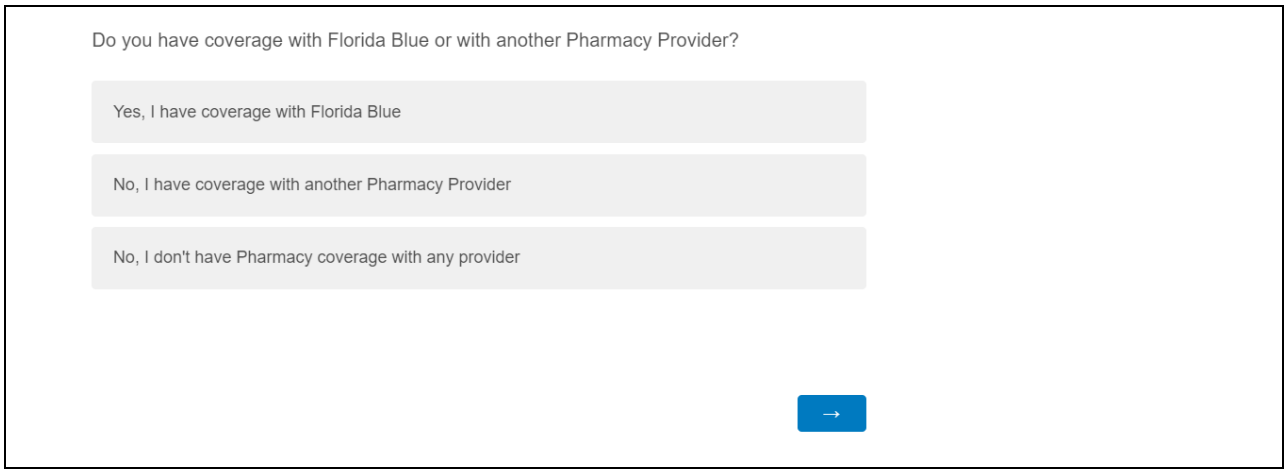
If you received the message that you do **Not** have Pharmacy coverage and you have confirmed that the information is correct, select **Yes** and the following will appear.



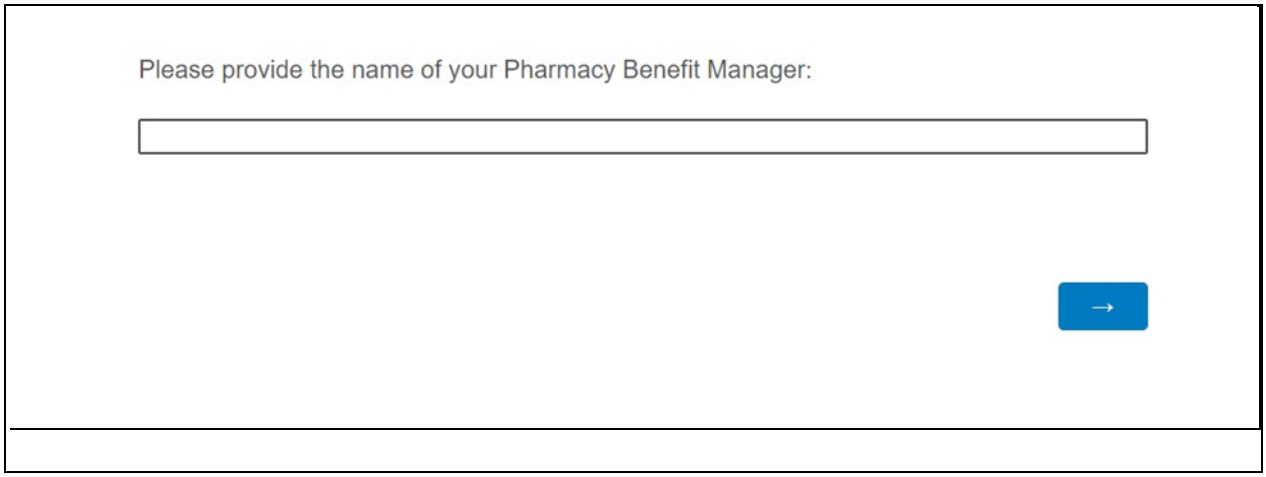
The following message will confirm that the survey has been recorded and submitted.



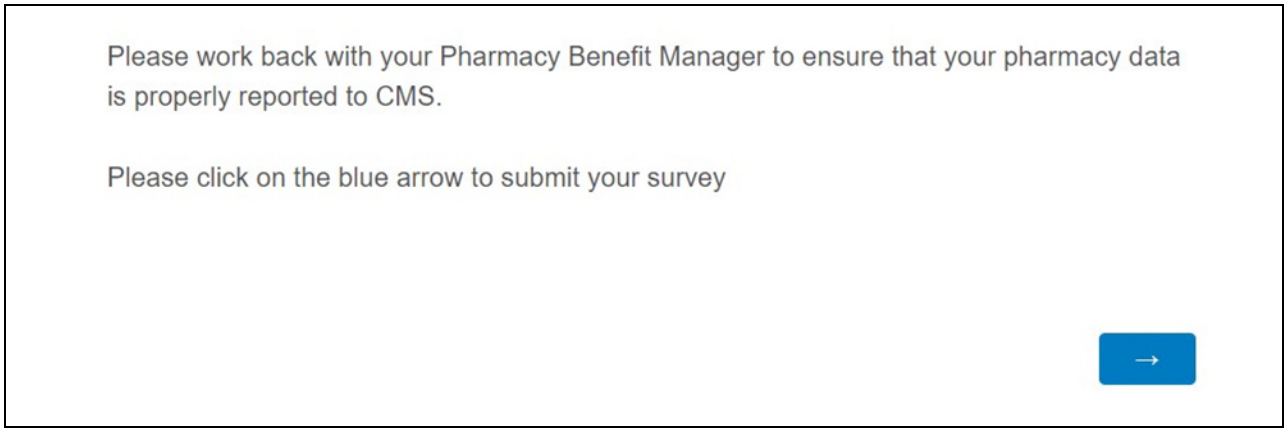
If you received the message that you do **Not** have coverage and you have confirmed that the information is **not** correct, select **NO** and the following screen will appear.



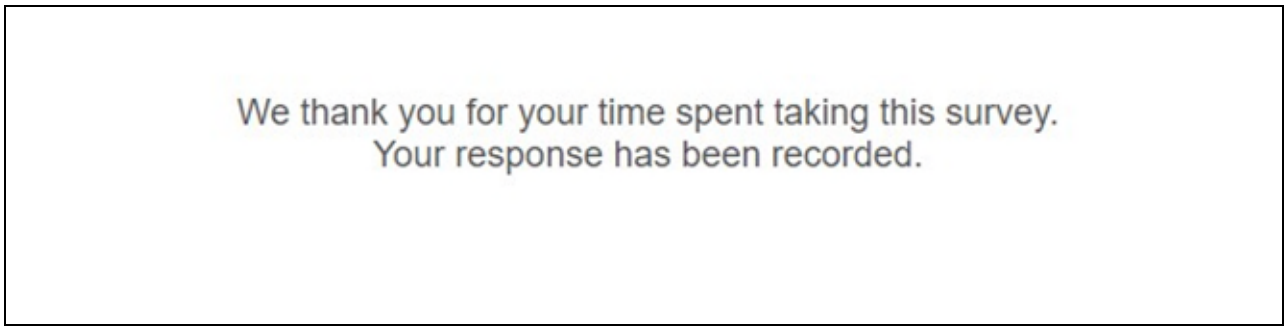
If **Yes** is selected to having pharmacy coverage with another provider, then the following screen requesting the Pharmacy Benefit Manager will appear:



Once the Pharmacy Benefit Manager is entered, the next screen will display the following message:

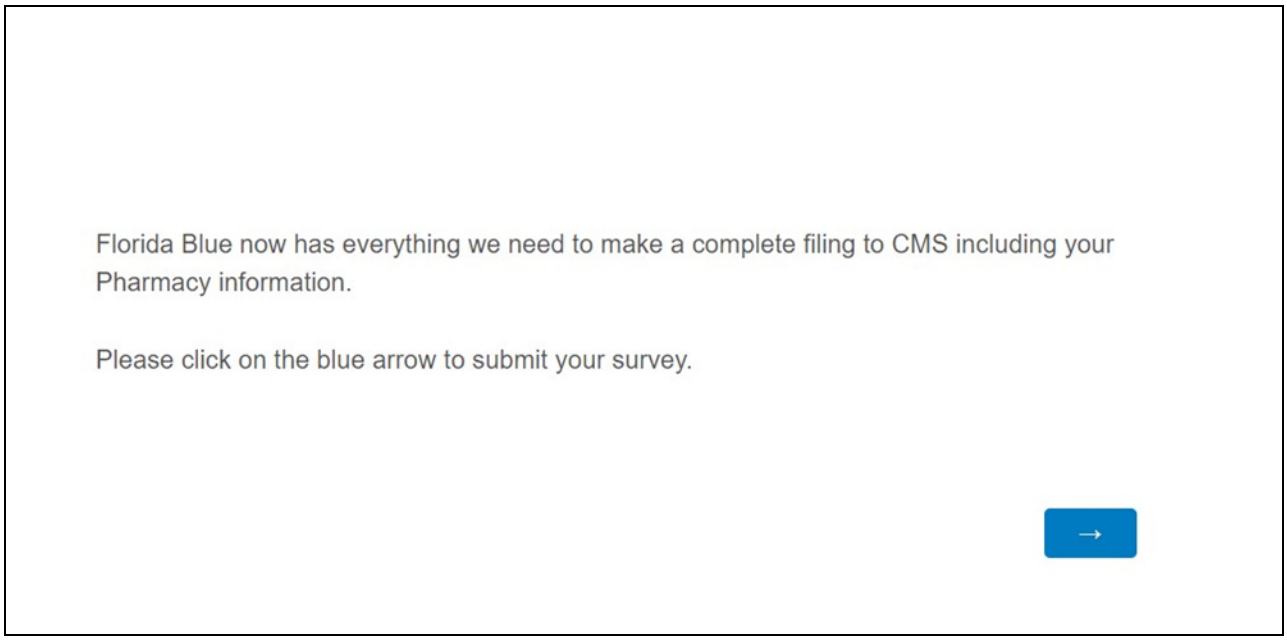


The following message will confirm that the survey has been recorded and submitted.



If you select:

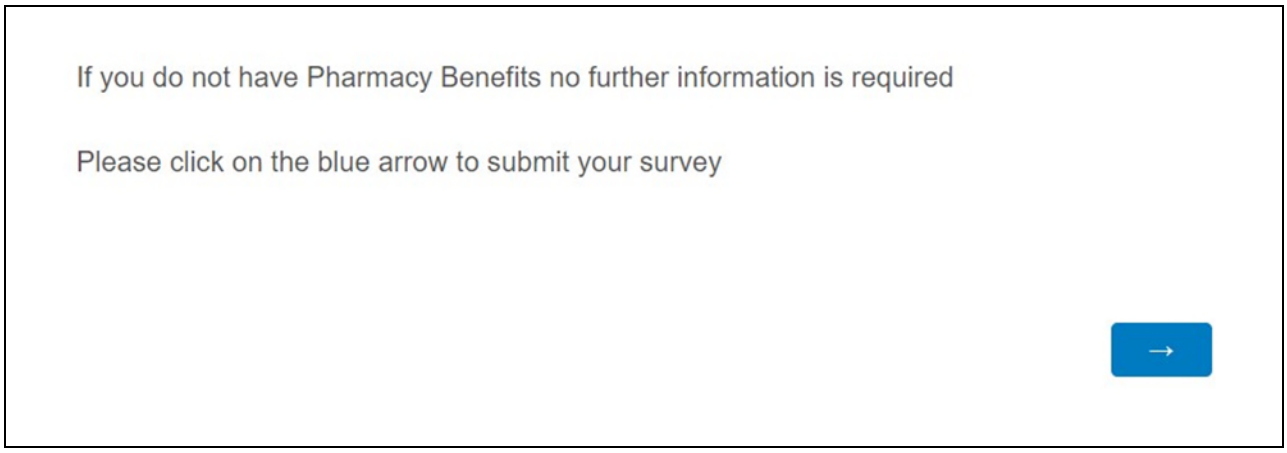
- Yes, I have Coverage with Florida Blue, the following screen will appear.



If you select:

- No, I don't have coverage with any provider

Then the following screen will appear:



The following message will confirm that the survey has been recorded and submitted.