

CAA Section 204 Submission Responsibilities

Market Segment

| Group Characteristics | Market Segment | | | | | | |
|---|--|---------------|-----------------------------------|---------------------------------|--|---------------------------------|--|
| | Individual & Family Plans (On-Ex, Off-Ex, & GF) | Small Group | Large Group (Core and Premier) | | | | |
| Funding | Fully-Insured | Fully-Insured | Fully-Insured & Flex-Funded | | Self-Funded - Administrative Services Only (ASO) | | Self-Funded - Shared Advantage/ Shared Advantage + |
| Pharmacy Status (In = with BSC, Out = with another carrier) | In | In | In | Out | In | Out | Out |
| P2 Group-Health-Plan-List¹ | N/A | BSC | BSC | EG or Carve Out Carrier and BSC | EG and/or BSC | EG or Carve Out Carrier and BSC | EG or Carve Out Carrier |
| D1 Premium-and-Life-Years² | BSC | BSC | BSC | BSC or EG ³ | BSC or EG ³ | BSC or EG ³ | EG or Carve Out Carrier |
| D2 Spending-by-Category | BSC | BSC | BSC | BSC | BSC | BSC | EG or Carve Out Carrier |
| D3 Top-50-Most-Frequent-Brand-Drugs | BSC | BSC | BSC | EG or Carve Out Carrier | BSC | EG or Carve Out Carrier | EG or Carve Out Carrier |
| D4 Top-50-Most-Costly-Drugs | BSC | BSC | BSC | EG or Carve Out Carrier | BSC | EG or Carve Out Carrier | EG or Carve Out Carrier |
| D5 Top-50-Drugs-by-Spending-Increase | BSC | BSC | BSC | EG or Carve Out Carrier | BSC | EG or Carve Out Carrier | EG or Carve Out Carrier |
| D6 Rx-Totals | BSC | BSC | BSC | EG or Carve Out Carrier | BSC | EG or Carve Out Carrier | EG or Carve Out Carrier |
| D7 Rx-Rebates-by-Therapeutic-Class | BSC | BSC | BSC | EG or Carve Out Carrier | BSC | EG or Carve Out Carrier | EG or Carve Out Carrier |
| D8 Rx-Rebates-for-the-Top-25-Drugs | BSC | BSC | BSC | EG or Carve Out Carrier | BSC | EG or Carve Out Carrier | EG or Carve Out Carrier |

Notes:

¹P2, group health plan list, identifies all the plans submitting any data. If a group plan sponsor submits any data elements D1-D8, then they must also submit P2. If a group plan sponsor does not submit any of the data elements D1-D8, they do not need to submit P2.

²Blue Shield will report D1 data to the Centers for Medicare and Medicaid Services (CMS) on behalf of any group that provided consent to report on behalf of the group and the required D1 data to Blue Shield via the Blue Shield intake form by the deadline.

³If a group has pharmacy benefits with another carrier besides Blue Shield and/or the group did not submit a D1 intake form to Blue Shield, then the group will need to coordinate submission of D1 premium data with their pharmacy carrier, as Blue Shield does not have all the information needed to submit to the CM!