



How to Complete the Aetna.com RxDC Plan Sponsor Data Collection Form

<https://www.aetna.com/employers-organizations/forms/rxdc-self-report.html>

**** Note: Plan Sponsors must complete and submit this form separately for each product that Aetna underwrites or administers for the reference year. (For example: Open Access Managed Choice, HMO, Open Choice, etc.)**

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.

YOU MUST COMPLETE THIS FORM NO LATER THAN 4/1/23

Prescription Drug Data Collection (RxDC) reporting for reference year 2022 is required to be submitted no later than 6/1/2023 and must include certain data elements that were not required for the initial submission. Therefore, Aetna has developed a process to support our plan sponsors in the submission of these reports.

What you need to do

Go to the [RxDC Plan Sponsor Data Collection Form](#) and complete the form **no later than 4/1/23**. We are collecting information for reference year 2022. A reference year is the calendar year of the data that is in your RxDC report.

You will need to complete the following fields:

Plan Sponsor Unique ID (if known)

- Enter the Aetna Plan Sponsor Unique ID (PSUID) if you know it; otherwise leave blank

Plan Sponsor Name (Required)

- Enter the legal Plan Sponsor Name

Plan Sponsor EIN (Employer Identification Number) / Tax ID (Required)

- Enter the 9-digit number you use for IRS tax filing. This is the EIN/Tax ID for your business ○
An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. Individual Taxpayer Identification Number (ITIN) is a tax processing number issued by the Internal Revenue Service (IRS). This may be a Social Security Number (SSN) if your company files taxes under your SSN (not likely).

Total Premium Paid by Members (Required)

- Enter total premium contributions paid by members for the reference year

Total Premium Paid by Employer (Required)

- Enter total premium contributions paid by the employer(s) for the reference year

Funding Arrangement (Required)

- Enter self-insured or fully insured for the associated product
- This is needed to ensure proper reconciliation of the information you're submitting

Issuer Name/Legal Entity (Required)

- Enter the name of the legal entity that administers and/or underwrites your plan
- This information can be found on the cover page of the Group Agreement and the member Certificate of Coverage/Schedule of Benefits.
- The majority of products will be administered and/or underwritten by one of the legal entities listed below. If your product is administered and/or underwritten by a different Aetna legal entity, enter it exactly as it appears in the contract.
- This is needed to ensure proper reconciliation of the information you're submitting

Aetna Behavioral Health, LLC	Aetna Health of Iowa, Inc.
Aetna Better Health Inc. (CT)	Aetna Health of Ohio Inc.
Aetna Better Health Inc. (GA)	Aetna Health of Utah Inc.
Aetna Better Health Inc. (NJ)	Aetna HealthAssurance Pennsylvania, Inc.
Aetna Better Health Inc. (NY)	Aetna Life Insurance Company
Aetna Better Health Inc. (OH)	Aetna Student Health Agency Inc.
Aetna Better Health Inc. (PA)	Allina Health and Aetna Health Plan Inc.
Aetna Better Health of California Inc.	Allina Health and Aetna Insurance Company
Aetna Better Health of Illinois Inc.	American Continental Insurance Company
Aetna Better Health of Kansas Inc.	Banner Health and Aetna Health Insurance Company
Aetna Better Health of Kentucky Insurance Company	Banner Health and Aetna Health Plan Inc.
Aetna Better Health of Michigan, Inc.	Continental Life Insurance Company of Brentwood, Tennessee
Aetna Better Health of Missouri LLC	Coventry Health and Life Insurance Company
Aetna Better Health of North Carolina Inc.	Coventry Health Care of Florida, Inc.
Aetna Better Health of Oklahoma Inc.	Coventry Health Care of Illinois, Inc.
Aetna Better Health of Texas Inc.	Coventry Health Care of Kansas, Inc.
Aetna Better Health of Washington, Inc.	Coventry Health Care of Missouri, Inc.
Aetna Better Health, Inc. (LA)	Coventry Health Care of Nebraska, Inc.
Aetna Health and Life Insurance Company	Coventry Health Care of Virginia, Inc.
Aetna Health Inc. - Michigan	Coventry Health Care of West Virginia, Inc.
Aetna Health Inc. - PA	Coventry Health Plan of Florida, Inc.
Aetna Health Inc. (a Louisiana corporation)	First Health Life & Health Insurance Company
Aetna Health Inc. (CT)	Health and Human Resource Center, Inc.
Aetna Health Inc. (FL)	Health Assurance Pennsylvania, Inc.
Aetna Health Inc. (GA)	Health Re, Inc.
Aetna Health Inc. (ME)	IlliniCare Health Plan Inc.
Aetna Health Inc. (NJ)	Innovation Health Insurance Company
Aetna Health Inc. (NY)	Innovation Health Plan, Inc.
Aetna Health Inc. (TX)	Sutter Health and Aetna Administrative Services LLC
Aetna Health Insurance Company	Sutter Health and Aetna Insurance Company

Aetna Health Insurance Company of New York	Texas Health + Aetna Health Insurance Company
Aetna Health of California Inc.	Texas Health + Aetna Health Plan Inc.

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!