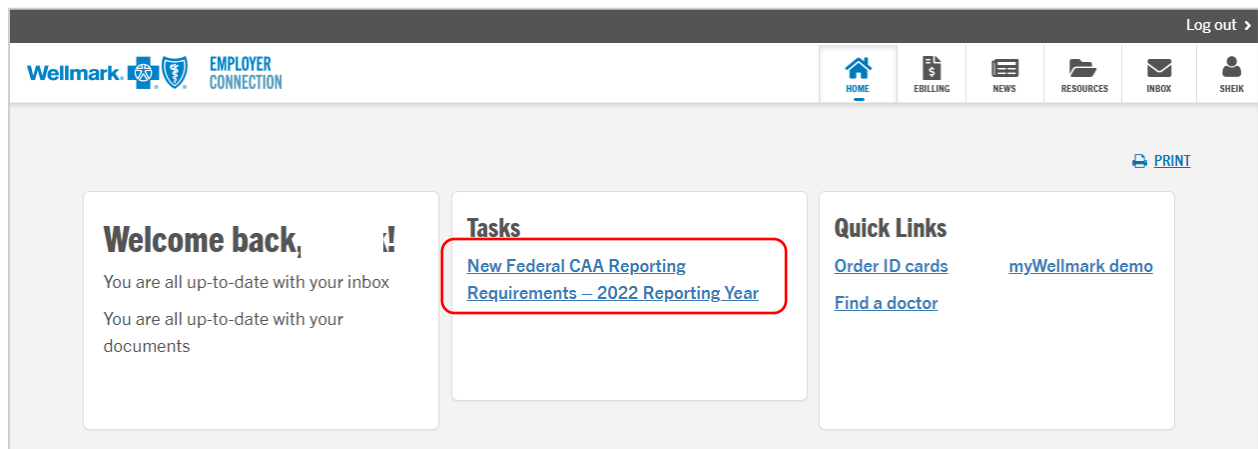


Federal CAA Reporting Requirement Tool — CAA Section 204

To comply with provisions of the Consolidated Appropriations Act, Wellmark Blue Cross and Blue Shield must collect additional data from all employers. Use the guide below to submit important information via Employer Connection regarding total dollars collected for health care coverage in the previous calendar year.

User guide

1. Log in to Employer Connection
2. Users will have a Task for “New Federal CAA Reporting Requirements — 2022 Reporting Year”



Please note: This task will remain on your homepage through the end of the reporting period on April 15, even if you have completed and saved your information. The task will remain open for any edits until April 15.

3. The form will open with three fields for all groups:

- **Group health plan employer identification number (EIN)** (Required field)
Please enter your nine-digit EIN. This is also located on the Form 5500 or other federal government filings for your group health plan.
- **Form 5500 plan number** (Optional field)
For ERISA plans, enter the three-digit plan number reported on the Form 5500 filed with the Department of Labor.
- **How much did your employer group collect in total dollars during the calendar year from employees for health care coverage?** (Required field)
The dollar-figure response should include premiums collected for COBRA and state continuation participants but should not include premiums collected for retiree-only plans.

For Wellmark-administered COBRA: If Wellmark administers group COBRA coverage, Wellmark will provide the dollar amount collected for COBRA coverage.

If Wellmark does not administer group COBRA coverage, you may need to work with your COBRA administrator.

NOTE: For health plans with multiple employer groups like an association, trust or MEWA, the health plan should collect the information from each employer and provide the aggregate dollar amount for all employers for this field.

Federal CAA Reporting Requirements – 2022 Reporting Year

The time period for collecting your Employer Group data is January 1st through April 15th. Data entered during this timeframe will be used in reporting to CMS for compliance with Consolidated Appropriations Act (CAA) regulations.

*Required Fields

ALL GROUPS

*Group Health Plan EIN

Please enter the 9-digit EIN that is on the Form 5500 for your group or other federal government filings. Enter leading zeros if EIN is less than 9 digits. Do not use dashes.

Form 5500 Plan Number

For ERISA plans enter the 3-digit plan number reported on the IRS Form 5500 filed with the Department of Labor.

*How much did your Employer group collect in total dollars during the calendar year from Employees for health care coverage?

Please include premiums collected for COBRA participants. Do not include premiums collected for retiree only plans.

For self-funded groups with carveout pharmacy or stop-loss coverage

4. If you are a self-funded group with carveout pharmacy coverage, select “Enter information manually.” If you **do not** have carveout pharmacy, select “Not Applicable” and proceed to step six.
5. The carveout pharmacy form includes four required fields:
 - **Outside pharmacy benefit manager (PBM) vendor name**
 - **PBM EIN**
Enter the nine-digit EIN. If the number is less than nine digits, enter leading zeroes. Do not enter dashes.
 - **Total fees (administrative or other) paid by group to the PBM for the calendar year**
 - **Total pharmacy benefit claims amount paid by the PBM on behalf of the group in the calendar year**

NOTE: If your PBM is submitting this information on behalf of the group, Wellmark still needs the total fees and total pharmacy claims amount to calculate the average monthly employer calculation for the self-funded groups.

SELF-FUNDED
CARVEOUT PHARMACY

The following section applies to self-funded groups who carveout pharmacy coverage. If this section does not apply, please select “Not Applicable”

Not Applicable
 Enter information manually

***Outside Pharmacy Benefit Manager (PBM) Vendor Name**

***Pharmacy Benefit Manager (PBM) EIN**

Enter the 9-digit EIN. Enter leading zeros if EIN is less than 9 digits. Do not use dashes.

***Total fees (admin or other) paid by group to the PBM**

***Total Pharmacy benefit claims amount paid by the PBM on behalf of group**

6. If you are a self-funded group with carveout stop-loss coverage, select “Enter information manually.” If you **do not** have carveout stop-loss coverage, select “Not Applicable” and proceed to step eight.

7. The carveout stop-loss form includes three required fields:
 - **Outside stop-loss vendor name**
 - **Total stop-loss premiums paid to carrier for the calendar year**
 - **Total amount paid by stop-loss carrier to the group (e.g., stop-loss credits) in the calendar year**

CARVEOUT STOPLOSS

The following section applies to self-funded groups who carveout stoploss coverage. If this section does not apply, please select "Not Applicable"

Not Applicable
 Enter information manually

*Outside Stoploss Vendor Name

*Total Stoploss Premiums paid to Carrier

*Total Amount Paid by Stoploss Carrier to the group

Completing the form

8. Once all applicable information is entered, review the attestation at the bottom and select "Save." If you need to start over for any reasons, select "Discard Changes."

By submitting this data to Wellmark, you confirm that all the information provided in this form is correct, accurate and complete to the best of your knowledge. If you have completed information in the Self-Funded Carveout Pharmacy or the Self-Funded Carveout Stoploss sections above, you also certify that your carveout PBM or Carveout Stoploss Carrier will not be submitting a D1 (Premium and Life Years) report to CMS on your behalf for the applicable reporting year.

9. The information will be saved in your Employer Connection profile until the form closes on April 15. You may return to edit the form at any time before the form closes. When you log in to Employer Connection and access the form through your tasks (see step two), select "edit this information" to make any updates. When you're finished, click "Save" at the bottom of the form.

Federal CAA Reporting Requirements – 2022 Reporting Year

The time period for collecting your Employer Group data is January 1st through April 15th. Data entered during this timeframe will be used in reporting to CMS for compliance with Consolidated Appropriations Act (CAA) regulations.

Last edited by _____ on 02/15/2023 (08:52 AM)

*Required Fields

ALL GROUPS

*Group Health Plan EIN