

CareFirst

PRESCRIPTION DRUG AND HEALTHCARE SPENDING (RXDC) REPORTS

EMPLOYER PORTAL FORM SUBMISSION USER MANUAL

LARGE GROUP, SMALL GROUP AND SELF-INSURED GROUP HEALTH PLANS

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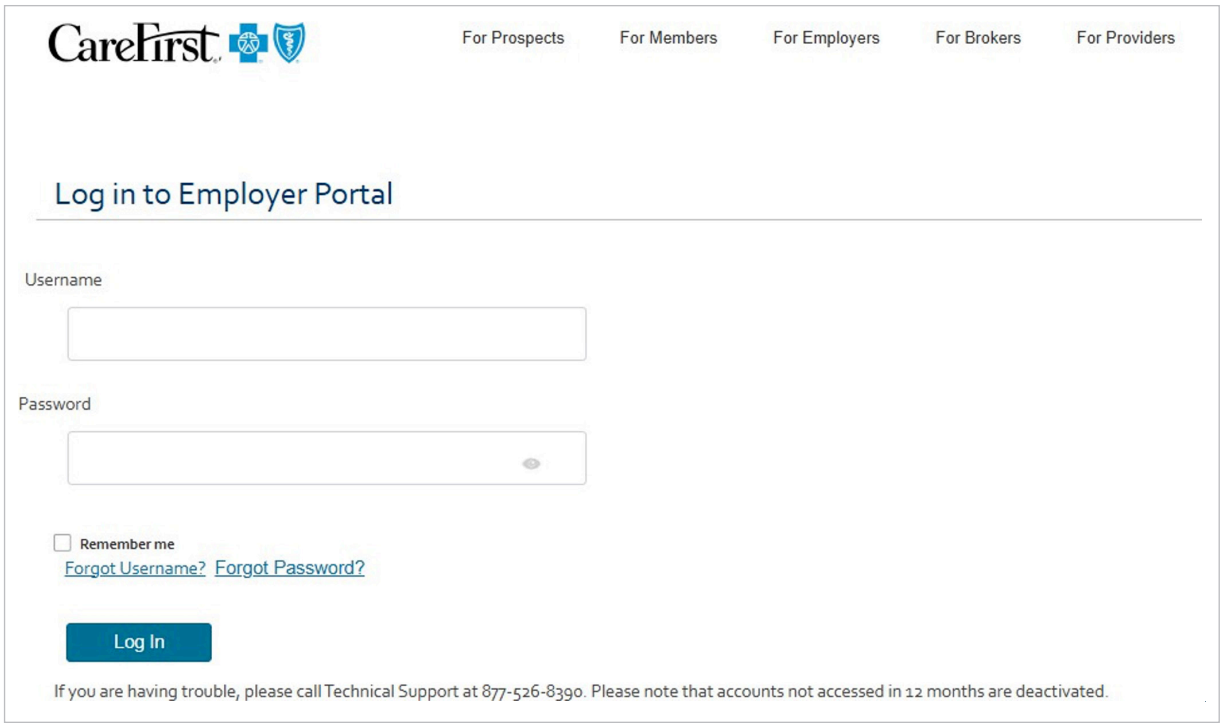
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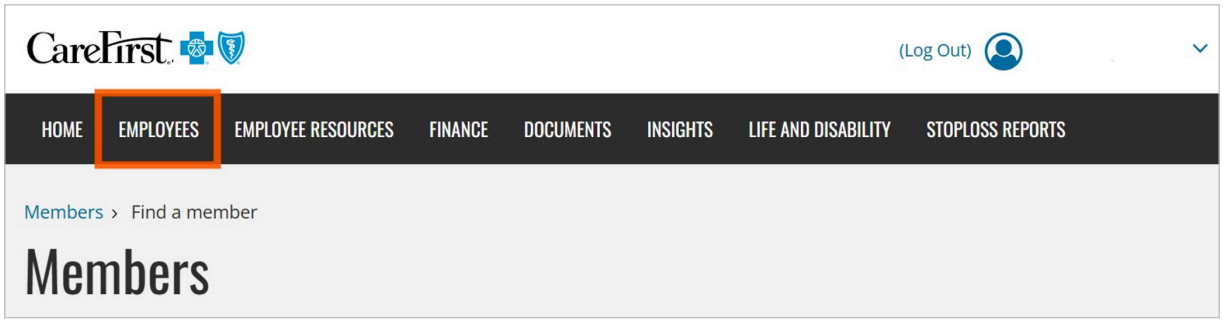
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LOCATING THE ANNUAL RXDC SUBMISSION FORM

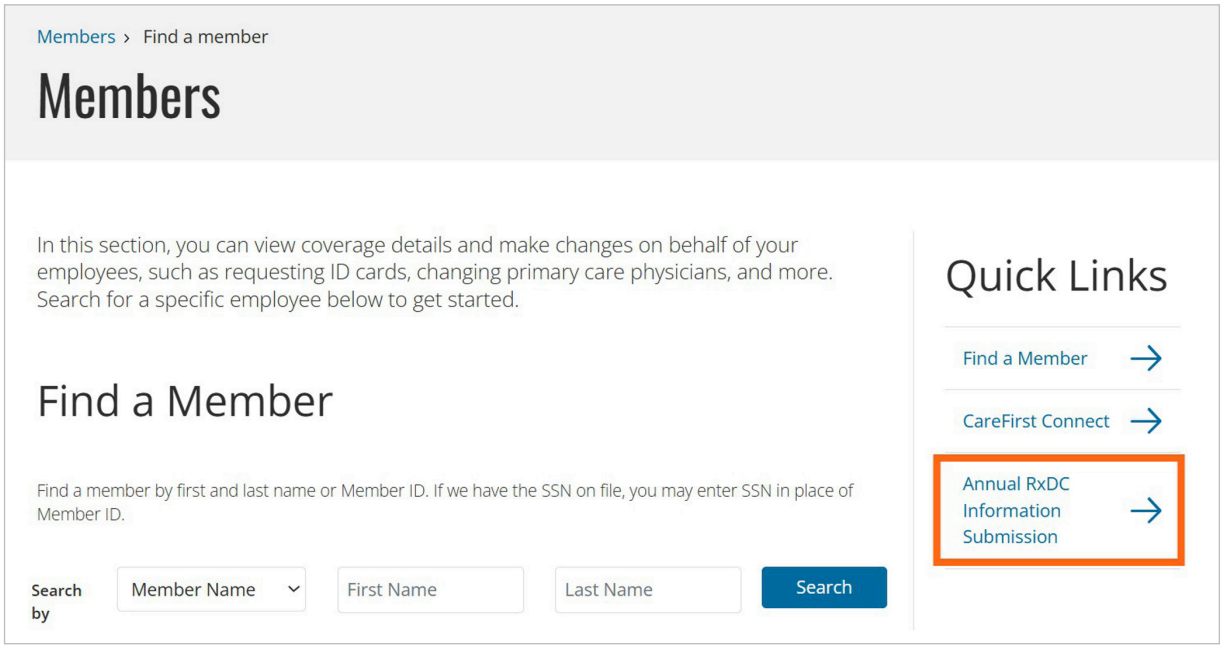
1. **Log into the CareFirst Employer Portal.**
   - ☐ URL: https://employer.carefirst.com/elogin/
   - ☐ A registered account is required.



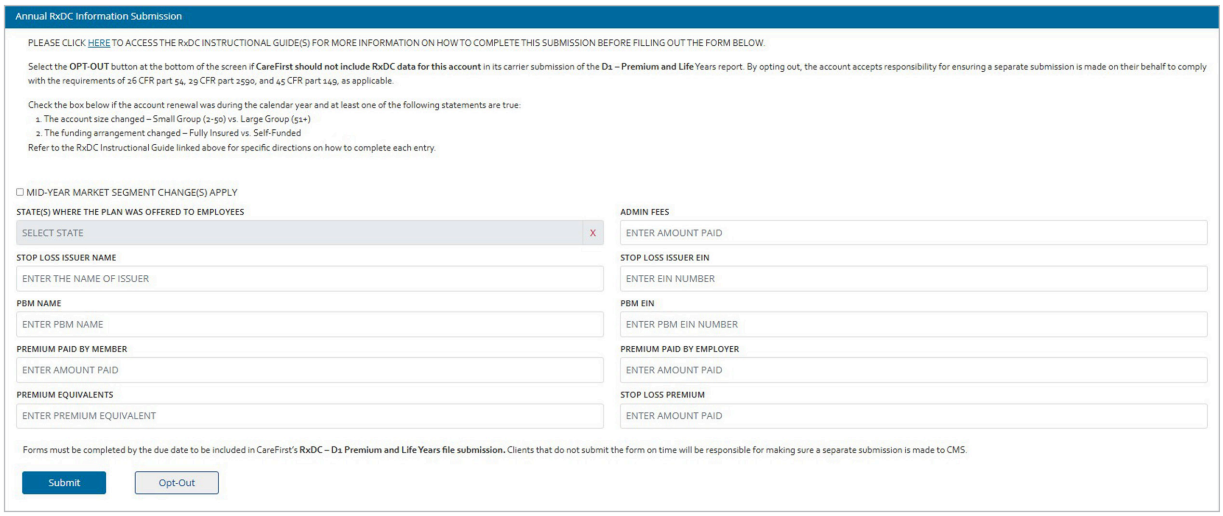
2. **From the portal home, open the EMPLOYEES tab > Member > under Quick Links select *Annual RxDC Submission*.**



3. **The Annual RxDC Submission form will open. Review the visible fields to understand which sections apply to your funding and market configuration.**

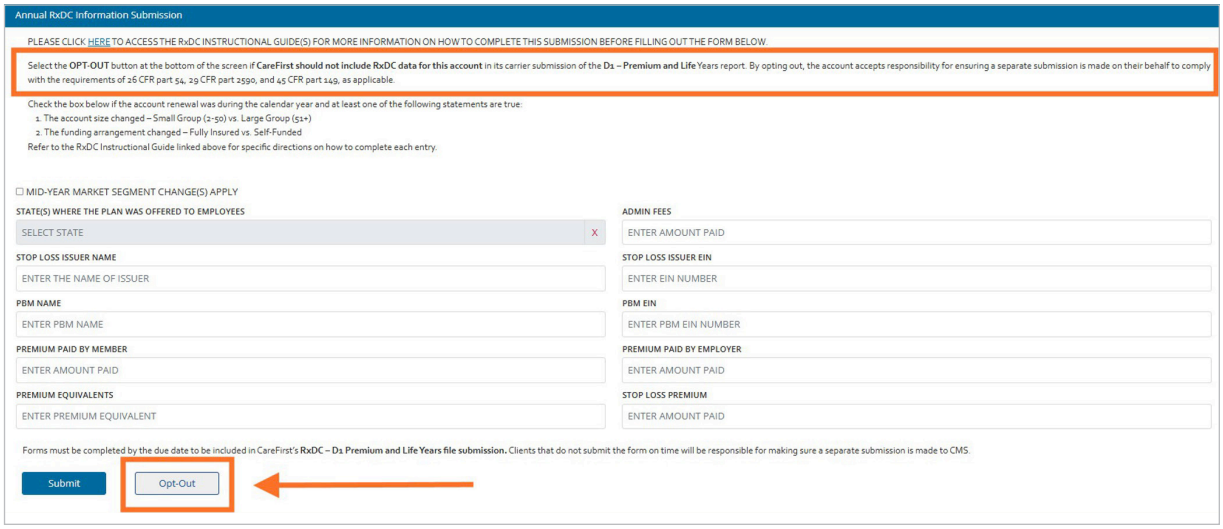


4. **The form will display based on your group's setup.**

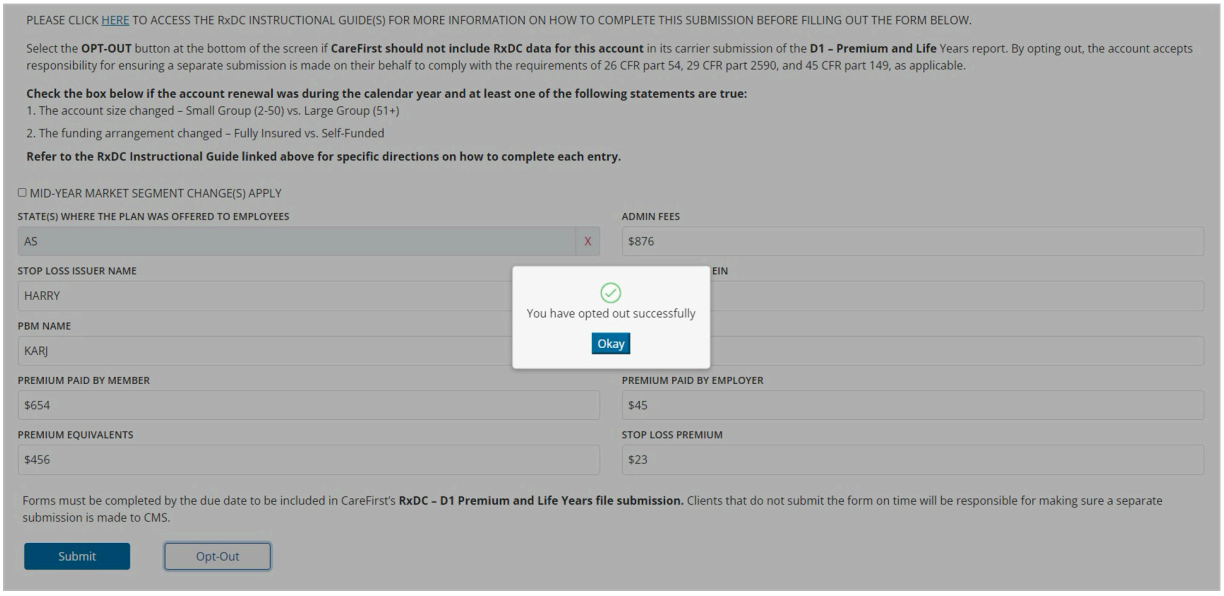


OPT OUT

1. **Review the Opt-Out text in orange at the bottom of the form to confirm it applies to your organization. Select *Opt-Out* to record your choice.**



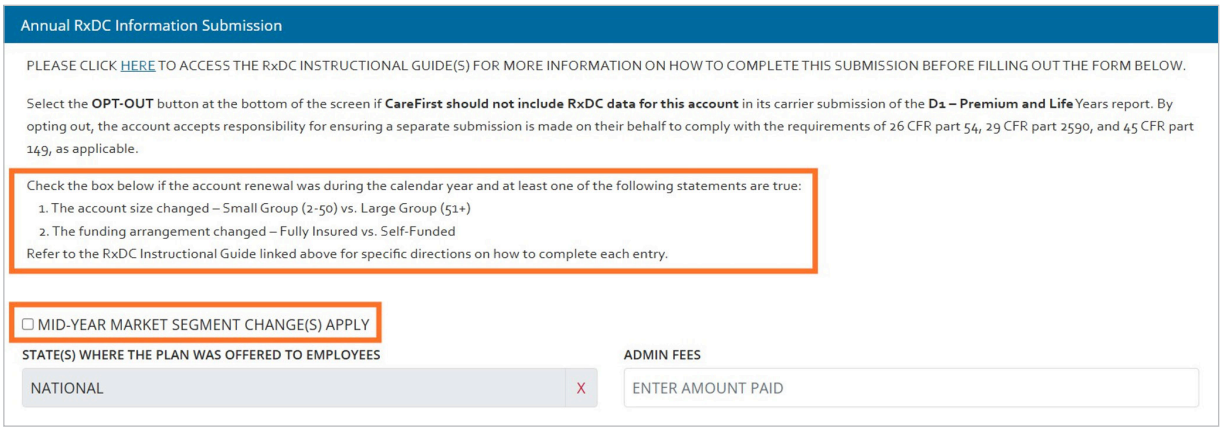
2. **For your records, take a screenshot of the confirmation pop-up.**



Note: You may still opt out even if you previously entered data.

COMPLETING THE FORM

1. **Hover over field labels to see brief definitions.**
2. **If a market segment change occurred after January 1 in the reporting calendar year, read Mid-Year Market Segment Changes before completing the form.**



Note: If no applicable market segment changes occured, leave the checkbox blank.

IMPORTANT REMINDERS

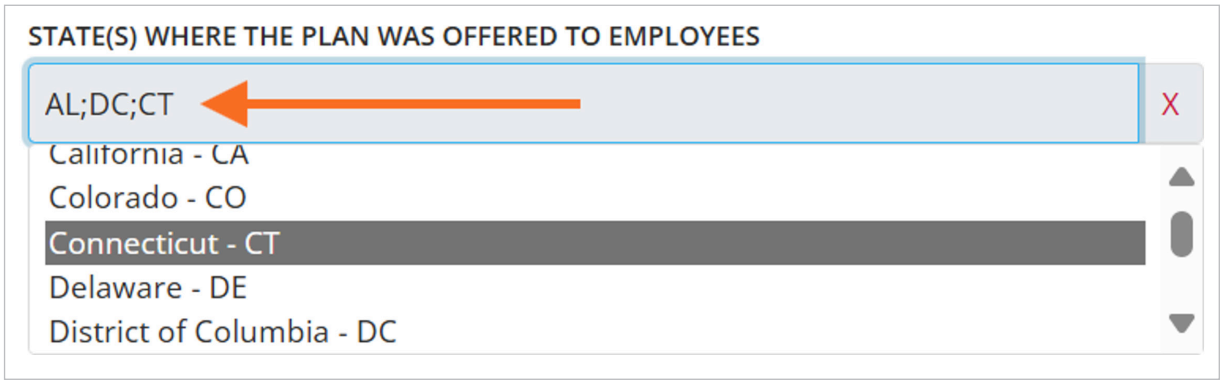
- Review the information in the RxDC Instructional Guide for Self-Insured Clients before completing the form.
- Enter total dollar amounts in all required fields. Use 0 when a value does not apply.
- You may resubmit corrected data anytime before the deadline; the most recent successful submission will be used.
- Hover over any field for a brief definition.
- To keep a record, screenshot the completed form and the submission confirmation pop-up.

STATES WHERE THE PLAN IS OFFERED

Select the gray *SELECT STATE* box to open the dropdown

- Scroll to view available states and territories.
- Select multiple options as needed (no CTRL key required).
- If National is selected, you may only add U.S. territories.
- States appear as two-letter abbreviations, separated by semicolons.



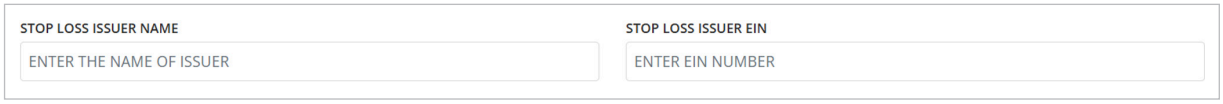


STOP LOSS ISSUER NAME & EIN

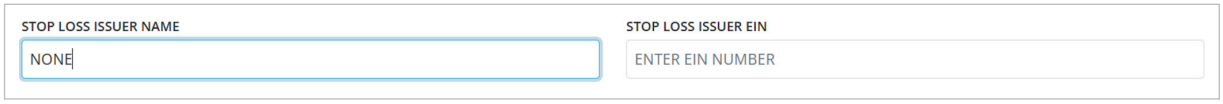
SELF-INSURED ONLY

Complete this section only if the plan is Self-Insured.

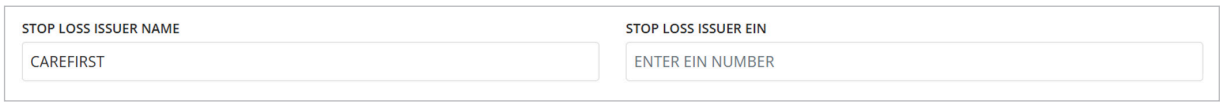
Identify the carrier that provided Stop Loss coverage.



If the client did not have Stop Loss coverage during the calendar year: Enter NONE as the issuer name (EIN not required).

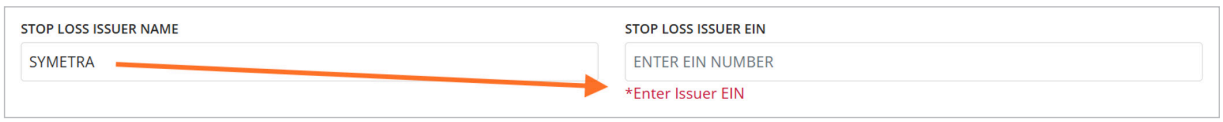


If the client had CareFirst Stop Loss for the entire year: Enter CAREFIRST as the issuer name (EIN not required).



If Stop Loss coverage was through another carrier for any part of the year:

- Enter the issuer name.
- Enter the corresponding 9-digit EIN (no dashes).

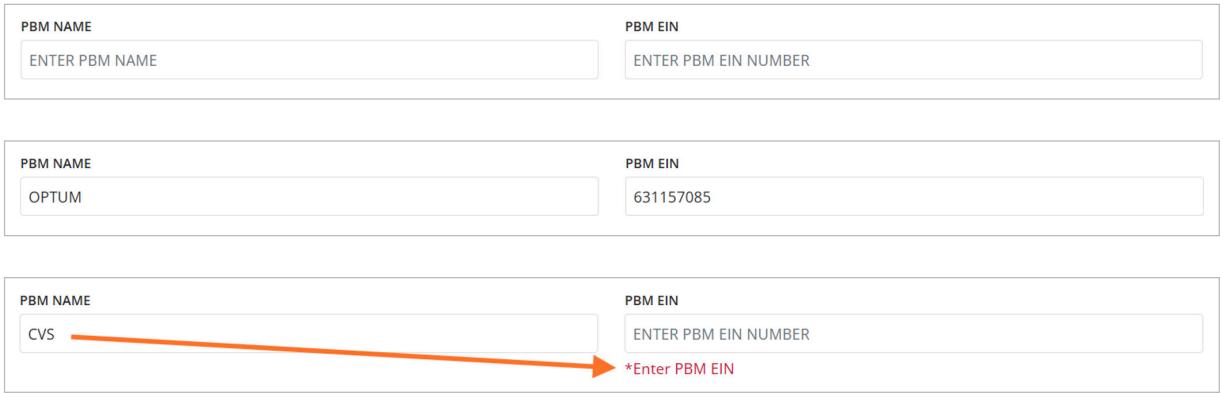




PBM NAME & EIN

Complete this section only if pharmacy benefits were not through CareFirst for any part of the calendar year. This applies mostly to Fully Insured Large Group and Self-Insured clients.

- If you enter a PBM Name, a 9-digit EIN (no dashes) is required.
- If pharmacy benefits were through CareFirst for the full year, leave these fields blank.



ENTERING PAID AMOUNTS

Fully Insured (SMMD & LG) Required:

- Premium Paid by Member
- Premium Paid by Employer
- Enter total dollar amounts as fields cannot be blank
- If employer pays 100%, enter 0 for Member

Self-Insured Required:

- Premium Paid by Member
- Premium Paid by Employer
- Premium Equivalents
- Stop Loss Premium
- Admin Fees
- Enter totals and use 0 if not applicable
- If employer pays 100%, set Member = 0 and Employer = Premium Equivalents

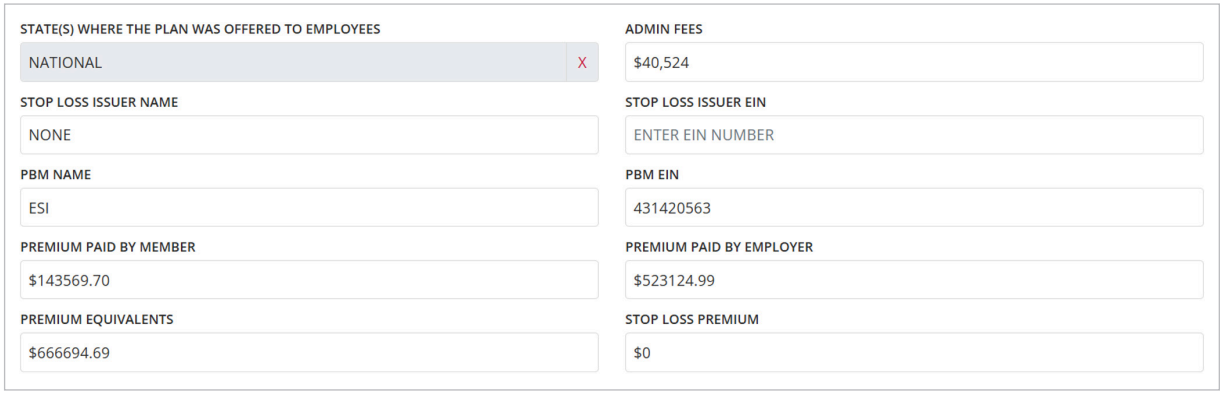
An entry is required for each of the following fields:

- Premium Paid by Member
- Premium Paid by Employer
- Premium Equivalents
- Stop Loss Premium
- Admin Fees

Requirements for Entering Paid Amounts:

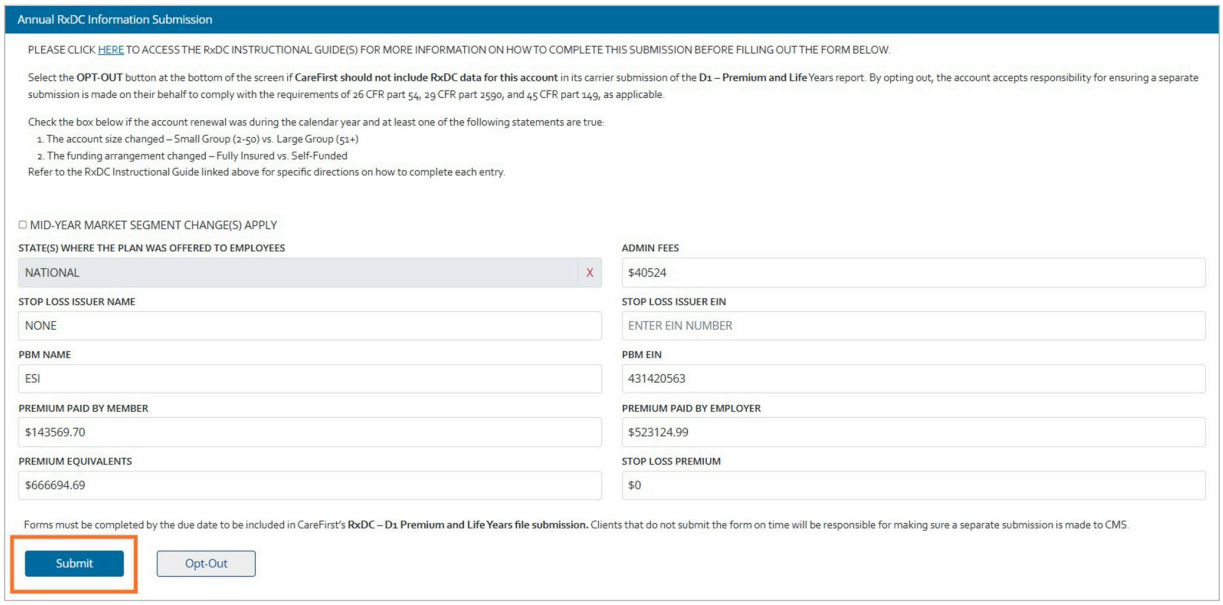
- Paid amount fields cannot be left blank. If no amount was paid, enter 0.
- Include the decimal point if entering amounts that are not even dollar amounts.
- If the client pays 100% of the cost of coverage with no contribution from the member:
- Enter 0 for the Premium Paid by Member.
- Premium Paid by Employer and Premium Equivalents should be entered as the same amount.

Example of a form ready for submission:



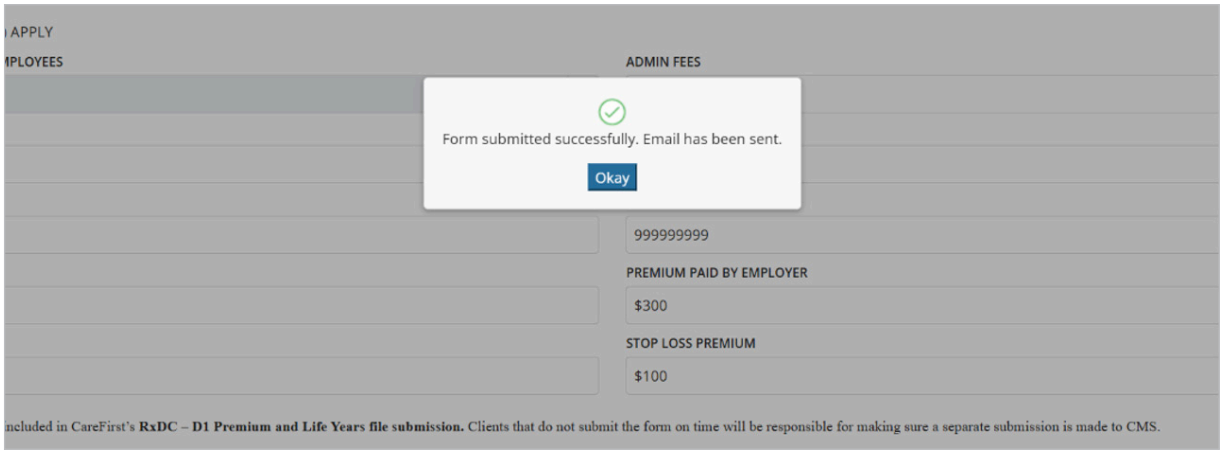
SUBMITTING THE FORM

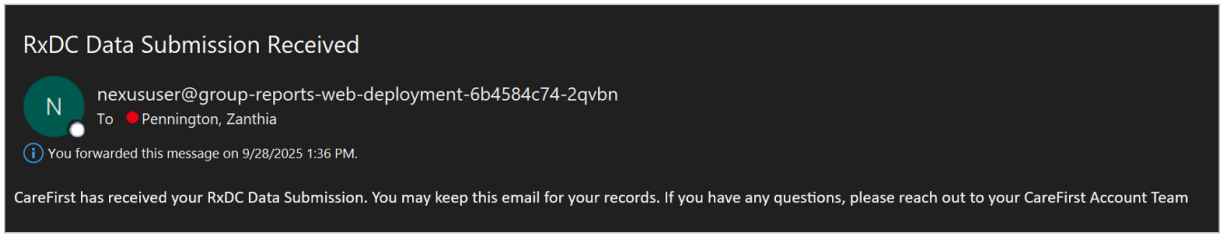
1. **Select *Submit* at the bottom of the form once all required fields are complete.**



Note: Screenshot the completed form if you want a record.

2. **A pop-up will confirm a successful submission. Once submitted, you will receive an email like the one below.**

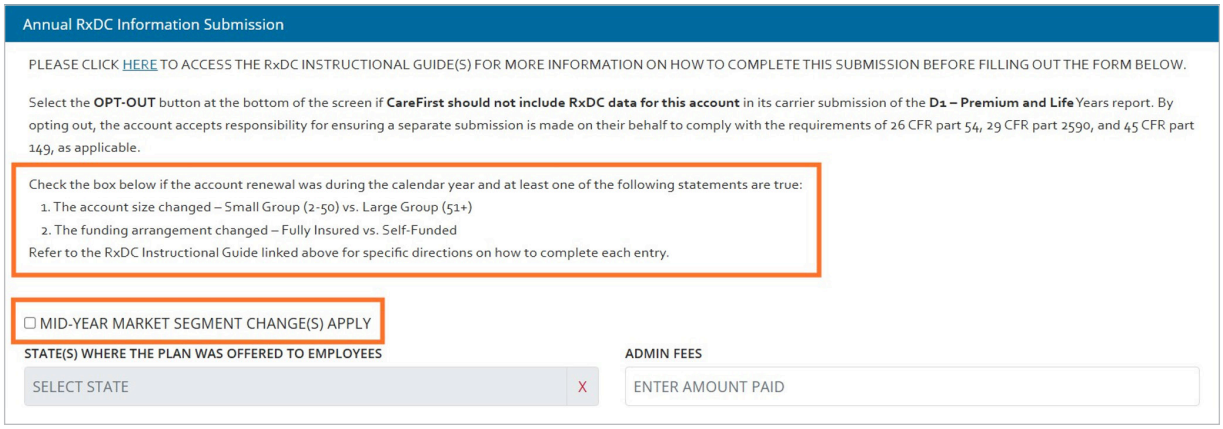


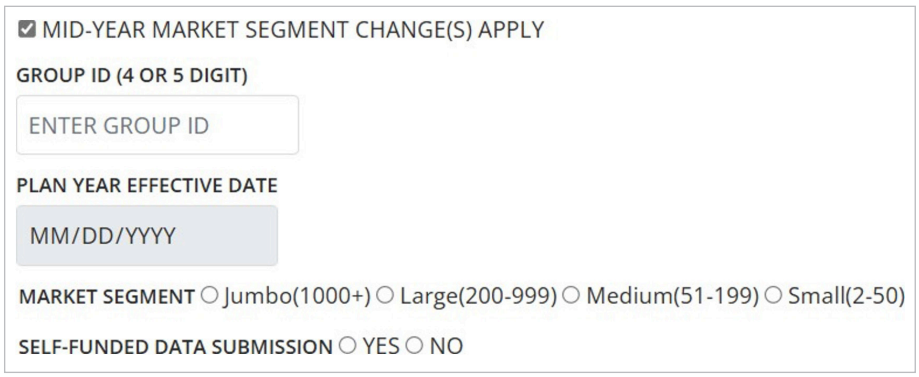


MID-YEAR MARKET SEGMENT CHANGES

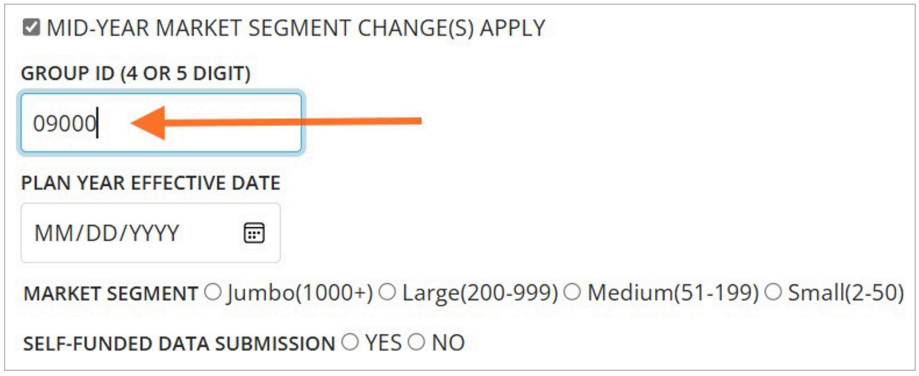
If an applicable mid-year market segment change occurred:

- Check the box to reveal additional fields.
- Provide two submissions—one for the period after the change and one for before.
- We recommend submitting the post-change period first.



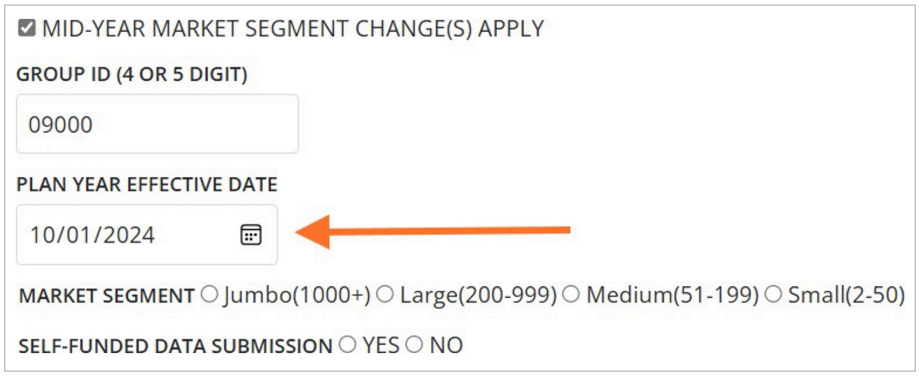


1. Enter the *current* CareFirst Group ID (4- or 5-digit numeric or alphanumeric).



Note: You may resubmit corrected data before the due date; the latest valid submission is used.

2. **Enter the Plan Year Effective Date for the market segment change (the plan year that started in the reporting calendar year).**



3. **Select the applicable market size and set the correct Self-Insured indicator for each period.**

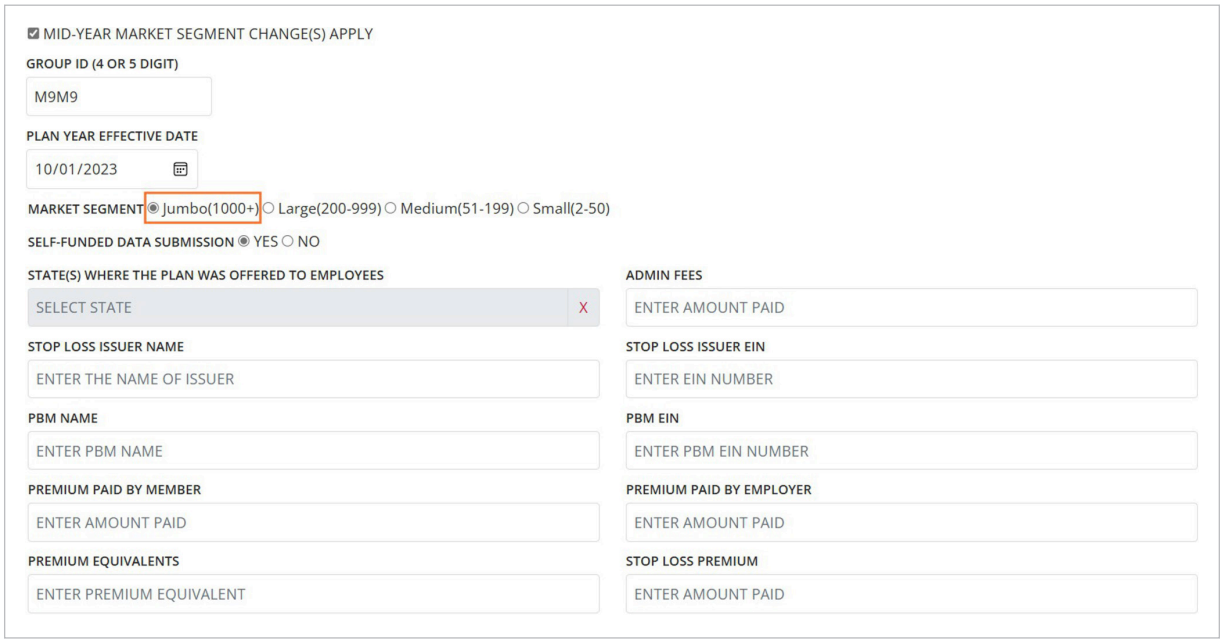


4. **Enter data following the instructions in previous sections.**
5. **Submit the form, then repeat for the pre-change period.**
   - ☐ The Group ID may or may change between submissions.
   - ☐ The earlier Effective Date should fall in the calendar year before the reporting year.

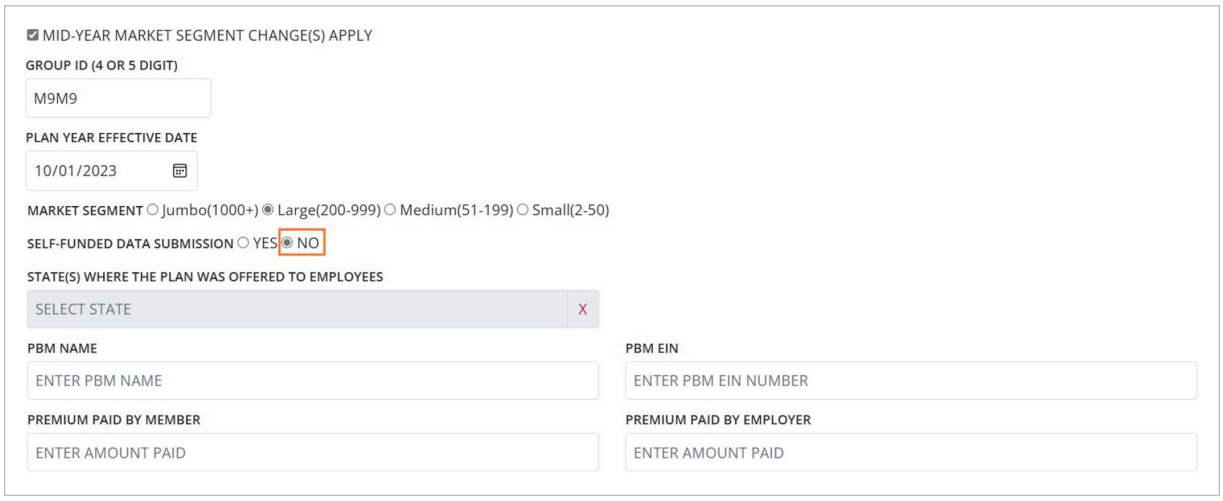


At least one of the following will differ: market segment size or Self-Insured indicator.

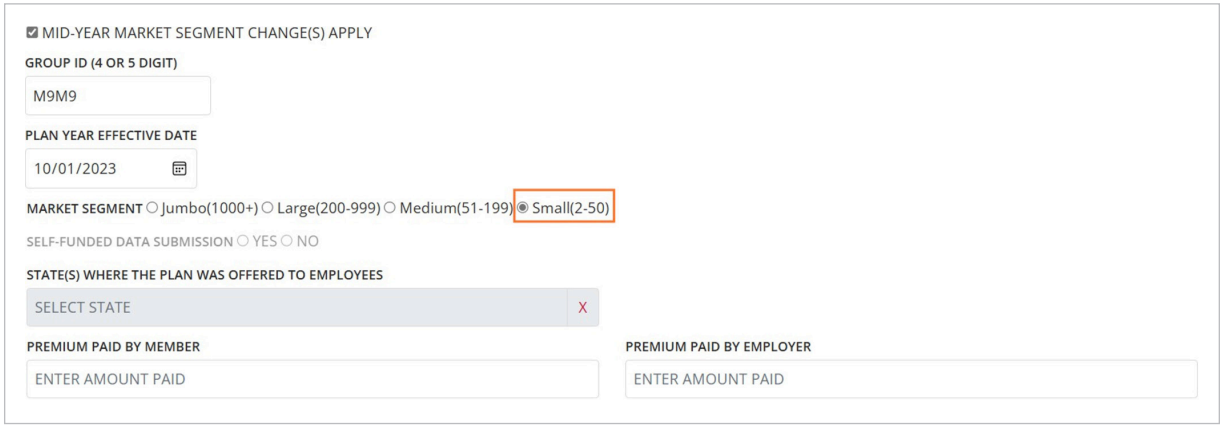
If only the market segment changed (both periods are self-insured), all fields remain the same.



If the client became fully insured in the earlier period, only fully insured Large Group fields will display.



If the client came from the Small Group market and was not self-insured, PBM fields will be removed because SG pharmacy benefits are always insurer-provided.



Variant Behavior by Scenario

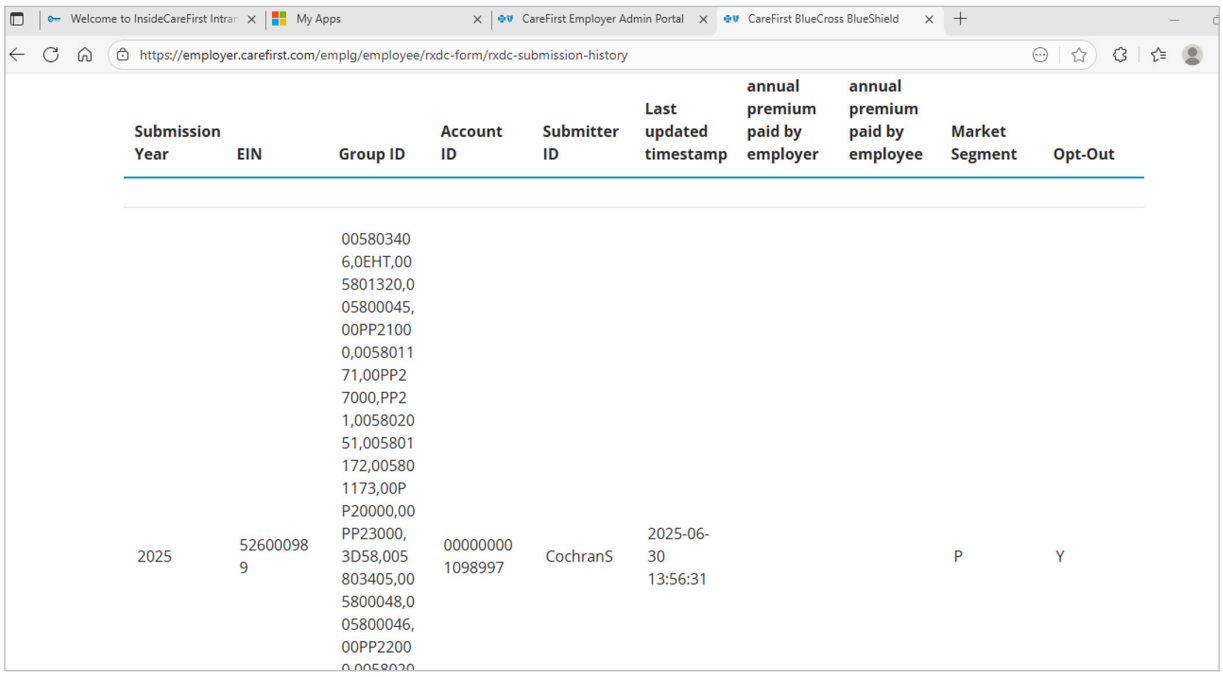
FI→FI: same fields in both submissions.

SI→FI LG: FI-LG fields in post-change period.

FI-LG with non-CareFirst pharmacy: PBM fields appear.

SI→SI: Self-Insured fields remain the same.

To see your historical submissions in each portal, you can locate this on the history page.



Submission Year	EIN	Group ID	Account ID	Submitter ID	Last updated timestamp	annual premium paid by employer	annual premium paid by employee	Market Segment	Opt-Out
2025	526000989	00580340 6,0EHT,00 5801320,0 05800045, 00PP2100 0,0058011 71,00PP2 7000,PP2 1,0058020 51,005801 172,00580 1173,00P P20000,00 PP23000, 3D58,005 803405,00 5800048,0 05800046, 00PP2200	000000001098997	CochranS	2025-06-30 13:56:31			P	Y

FAQS

Q: Can clients submit data another way?
A: No. All current client data must be submitted using the portal (by the client or broker/consultant).

Q: How do I know if my submission was successful?
A: Look for the Form submitted successfully pop-up and ensure no error appears at the same time.

Q: Can I check the status of my submitted data?
A: No. Status checks and data exports are not available.

Q: Can I get a copy of the data I submitted?
A: Take screenshots of the completed form and success pop-up before submitting.

Q: If a success message and an error appear together, was the data received?
A: It may not have saved. Try again following the troubleshooting steps.

Q: Can I resubmit data?
A: Yes. Submit again anytime before the due date; the most recent successful submission is used.

Q: What if I'm not sure my submission was received?
A: Submit again. A new successful submission simply replaces any previous one.

Q: Where can I find my submissions?
A: You can locate your submissions on the history page.

TROUBLESHOOTING TIPS

If you experience an error or technical issue, try:

Suggestion #1

1. Log out.
2. Clear your browser cache.
3. Log in again.

Suggestion #2

1. Log out.
2. Clear your browser cache.
3. Open a new browser tab.
4. Log in again.

Suggestion #3

1. Log out.
2. Open a private or incognito window.
3. Log in again.

Suggestion #4

1. Log out and close your browser.
2. Open a different browser.
3. Log in again.

Suggestion #5

Portal maintenance or an outage may be occurring. Log out and try again later.

If issues continue, email **SBUPortalSupport@carefirst.com** with:

- A description of the issue
- Screenshots of the data you entered
- Any error messages

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