

2025 RxDC Reporting Reminder

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The Centers for Medicare and Medicaid Services (“CMS”) recently released updated [Prescription Drugs Data Collection \(“RxDC”\) instructions](#) for reporting 2025 data; there are no substantive changes to the instructions from last year.

The deadline to report 2025 RxDC data to CMS is June 1, 2026.

Carriers, third-party administrators (“TPAs”), pharmacy benefit managers (“PBMs”) and other vendors who assist plans with RxDC reporting usually send out survey and information requests for data from plan sponsors. Responses to these data requests are due well in advance of the June 1 deadline (a date in March or April is common).

In some cases, usually certain self-funded plans with carve-out benefits, the employer will need to submit some of the files to CMS to complete reporting.

■ Background

Group health plans and health insurance carriers offering group health coverage must submit information annually about prescription drugs and health care spending to CMS.

CMS is supposed to issue a biannual public report based on the data collected in the RxDC reporting to highlight prescription drug pricing trends and the impact of prescription drug costs on rates. Although, to date, this report has not been published.

RxDC reporting consists of nine total spreadsheets that are uploaded to the CMS HIOS program. Spreadsheets include a plan list (P2 is used for group health plans) and eight data files (D1 through D8), plus a “narrative response.” In some situations, a TPA or PBM will not handle every spreadsheet or filing and not every data spreadsheet is applicable to every group health plan. The RxDC instructions indicate which data files are applicable to group health plans based on the benefits provided.

■ Filing Responsibility

- For fully insured plans (with no carve out benefits) the carrier will usually submit RxDC reporting on behalf of the plan. Employers with a fully insured plan should obtain written confirmation that the carrier will handle this requirement on behalf of the plan. If the insured plan has a written agreement requiring the health insurance carrier to complete and file the RxDC reporting, the carrier is responsible for compliance.
- For self-funded plans and level-funded plans, the plan sponsor is responsible for compliance. TPAs, PBMs and other vendors may compile and submit RxDC reporting on behalf of the self-funded or level-funded plan. However, the plan remains liable for any reporting failures or violations. It is important to obtain specific information from vendors servicing the self-funded plan as to how they support RxDC compliance.

■ Employer Action

- Work with carrier partners, TPAs, PBMs and other vendors, as appropriate, to submit the requisite 2025 data and submit RxDC reporting.
 - Obtain assurances in writing from vendors who will submit on behalf of the plan and request documentation of successful submission.
- Timely respond to any carrier, TPA, PBM or other vendor survey requests for information in order to complete reporting on behalf of the plan.
- Identify any circumstances where the employer will be responsible for submitting any of the information to CMS via HIOS
 - For example, when an employer offers a self-funded health plan where stop loss insurance is carved out, the employer may be responsible for furnishing stop loss information by filing a P2 and D1 with HIOS.
- If needed, review whether a HIOS account has been established. If not, set up a HIOS account well before the filing deadline. It can take up to 2 weeks to establish. Information on creating an account and navigating HIOS is available in [HIOS RxDC User Manual](#) and [RxDC HIOS Access Guide](#).