Anthem Blue Cross Comments/Questions on CalHEERs Requirement Document 11/30/2012

Name: Francene Mori
Organization: Anthem Blue Cross
Phone #: (805)557-5747
Email: Francene.mori@wellpoint.com

Anthem appreciates the opportunity to comment on the proposed CalHEERs Process and Requirements Document. While we offer some comments below, we would like to ask for additional clarification in order to better understand and provide further feedback.

Based on the Technical Workgroup meeting on 11/29, we understand that this document is being updated. We did not provide feedback on the requirements that were specifically related to the Individual premium aggregation. We are aware that those areas of the document will no longer be a CalHEERs requirement since the Exchange will be delegating the Individual premium aggregation to the QHPs.

Anthem looks forward to providing additional comments once we have received further clarification on the CalHEERs requirements.

Requirements:

BR5 & BR7: If the intent of the CalHEERs system is to automatically save data & scan "media types", will the QHPs receive prospect data prior to enrollment selection or scanned document and information on "media type"?

BR8: Anthem will need better understanding of the unique (CIN) and how it will be assigned and used.

1. Will this be assigned once for a consumer, and never re-assigned or reused by another person?
2. Will this number displayed to consumer and will it be passed to insurer.
3. Will it be a unique identifier that will not be reused/re-assigned to a different consumer at a later date?

BR11: Will validation also conform to HIPAA 834 validation rules?

BR14 BR 17: Anthem would like clarification on whether this functionality is for the application prior to submission to the QHP or after or both?

BR18: Will this preference be passed to issuer with the expectation the issuer will communicate with consumer based on preferred method selected? (Note: HIPAA 834 may only allow up to 3 contact method/preferences)

BR.23: Anthem would like to review scenarios that outline actions if every member of the family picks a different product? Assumption: if they can each have their own plan, then each person is set up as individual subscribers with their own unique identifier.

BR28: Will these electronic images be passed to issuers or will QHPs only get the 834 EDI record?

BR31: Anthem would like clarification on the capacity limits.

BR33: Will this application reflect status of eligibility determination or will it also reflect status thru enrollment finalization by issuer (e.g., Enrollment effectuated once initial binder payment is received by Issuer)?

BR34, BR43, BR62 BR190: With the enrollment information Anthem would like to better understand whether the data will be passed upon enrollments, or prior to confirming eligibility verification.

BR38 & BR 96: Will this information be passed to issuers, or could CalHEERs provide a link to issuers Health Risk Assessment? This information can support QHPs in providing the consumer appropriate care management.

BR47: Anthem would like clarification on printing of temporary ID cards; will that include the QHPs unique member identifier?

BR76: Anthem would like to confirm on an eligible qualifying event (e.g. pregnancy, recently unemployed, turned 65, etc.) Will the QE also indicate what transactions can take place based on the QE (i.e. newborn would also allow other transactions – for instance a QHP/Product change).

BR77: It would be helpful for the QHPs to have the list of all of the qualifying events and the effective date of the QE. (Date of event of first of month following event).

BR78: If the system provides real-time of changes to APTC or CSR calculations based on income updates provided via the Web Portal and to notify members. We would assume this requirement can apply when member adds, member terminations, area changes etc? We assume these updates will occur first of the month on APTC/CSR changes. Please provide clarification on how the system updates and the notification process to the QHP?

BR85: Anthem would like to understand how the preferences are established.

BR88: Anthem would seek clarification on the methodology used for the plan availability calculate plan costs, results, average monthly premium…

BR89: If the average monthly and annual costs are used for comparison, Anthem recommends that there should be language specifying this information is an estimation and not the actual cost to the member.

BR99, BR101: Anthem would like to understand the specifics to the provider directory requirements, provider feeds, how often…

BR100, BR 101, SR113 :

1. How is Provider Quality rating determined?
2. Who determines this – CalHEERS or the issuer?
3. How is it calculated?

BR106: Anthem seeks clarification on the Rate requirement information from plans?

BR111: Anthem would like to understand how this information will be passed to the QHPs 834 transmittal?

BR113: Anthem will require more clarification on the first month's premium collection and enrollment. Anthem recommends that the QHPs effectuates enrollment when the initial premium payment has been received. Does the acknowledgement contain all the cost amounts as QHPs?

BR114: Anthem recommends QHPs to receive a data file for enrollees.

BR116: Anthem assumes this only applies to in state enrollment, not if a consumer moves to another state.

BR118: Anthem would like a better understanding of the guidelines for changing effective dates?

BR121: Anthem would like to seek clarification on the definition of "renewal period". In addition, BR121 and BR122 appears to conflict with respect to making changes.

BR124: Please provide specifics to the purpose of this functionality.

BR130: This functionality implies the QHP would not auto-enroll the member in current plan. Anthem assumes since premium aggregation will be at the QHP, the Exchange will not collect the initial premium to auto-enroll. Please provide clarification on how this will work.

BR171: Anthem assumes this functionality will apply to enrollment as well

BR179: Anthem will require guidance on how long the policy will remain active during the grace period?

BR187: Anthem assumes the data that is available for this functionality will be shared with the QHPs to support federal reporting for Risk Corridor, Reinsurance and Risk Pool.

BR189: QHPs will require detail on the information needed from the Exchange for this functionality.

BR191, BR192: Anthem would like clarification on this requirement if it pertains to adjustment of premium/subsidies?

BR249: Anthem would like a better understanding of the timing of these files for this functionality.

BR253: Anthem would like clarification on the type of communication and language requirements. Anthem expects the Exchange to work closely with QHP issuers on all communication to their memberships to reduce confusion among the customers.

BR319: This functionality indicates "Window" compatibility. Will the system exclude Apple Computers?

SR22: Anthem assumes QHPs will not be required to track Assister's information including their book of business.

SR69, SR70.1, SR70.2: Anthem would require clarification on the term "Appeals":

SR 78.1 & SR 78.2 The Board has approved one SHOP option, which is the Employer selecting the tier and the Employee selecting the QHP. The option of "paired choice" was eliminated.

SR199: Anthem seeks additional details for this requirement

SR162: Anthem assumes this function applies to SHOP.

SR163: Anthem recommends that data file transmissions will provide member details including premium payment.

SR167: The Exchange will need to carefully evaluate the use of credit card payments. There are unintended consequences of this method of payment that can potentially impact affordability.

SR206: Additional clarification is required for this functionality to provide the appropriate feedback.

TR106: Anthem assumes this requirement is for the SHOP

TR107: Anthem will require additional clarification on the eligibility process? What situations would cause a pend in eligibility determination / enrollment?

TR108: Will SERFF be used?

TR198, TR199: Additional detail will need to be provided in order to provide the appropriate comment.