

Federal CAA Reporting Requirement Tool — Section 204 FAQ

To comply with provisions of the Consolidated Appropriations Act, Wellmark Blue Cross and Blue Shield must collect additional data from all employer groups. Below are helpful responses to address stakeholder questions. Please note, some questions are for internal use only.

Q1: Is there a penalty for groups if they do not provide the information?

A1: Groups that do not provide the employee contribution amounts to Wellmark via the Employer Connection tool will not be included in the employee or employer contribution calculations on the D1 file. Wellmark will still use the data we do have for these groups and include it on other required files, including for other fields on the D1 file. Groups who do not submit information via the tool will be identified on a list and provided to CMS upon request if CMS asks how Wellmark calculated our average monthly employee and employer contribution numbers. Individual groups in the coalition, trust, or association groups that do not provide the data to be collected in the overall total contribution for that coalition, trust or association, will need to be identified and provided to Wellmark. In a similar way, Wellmark would need to provide those individual groups to CMS, if requested.

Q2: How does a group find the EIN? Is it saved during the registration process? Can it be prefilled?

A2: The EIN used in the registration process is not stored in Employer Connection. It is used for validation when the Employer Group is set up during registration but is not stored.

The EIN should be on the tax documents that a group files. Small groups typically only have the one business EIN. It could be under the SSN for small sole proprietor or single LLC groups. The business's accountant or accounting department may be able to help the business determine the EIN applicable to the group health plan.

Q3: Will Wellmark track who submits information and who does not?

A3: Yes. Wellmark will be able to compare the data for the groups that submit via the tool on Employer Connection to a listing of all Wellmark group data for calendar year 2022. This listing of groups who do

not submit information will be provided to CMS upon request, if CMS asks how Wellmark calculated our average monthly employee and employer contribution numbers.

Q4: Who is responsible for making sure the accounts get registered and complete the survey?

A4: We will request the assistance of all stakeholders to ensure employer groups get registered and complete the form within the Employer Connection tool. We understand that direct communications may not reach

all group customers, which is why Wellmark is communicating to all stakeholders to help distribute the message.

Q5: Can you provide detail on what is needed for the “Life Years” calculation?

A5: This is the name of the report: “D1: Premium and Life Years.” Wellmark will provide the life years data. The only data we need from the employers are the EIN, Plan 5500 number (if applicable), and the total employee contribution amounts. We will calculate the average monthly employer contribution amount for a market segment from the data provided in the tool. Groups with carveout pharmacy and/or carveout stop-loss coverage will have additional fields to complete.

Q6: Employer groups know the percent of premium that they collect from the employee, but you are asking for a total dollar figure. How will they get to that number? Will they need to pull statements from EBilling to find this amount? If so, will we need to instruct them how to pull those statements?

A6: Employer groups can find the total premium amount on their renewal exhibits and they can calculate the dollar amount they deduct from the employee paychecks from that percentage. We are looking for a good faith estimate from the group. The total premium paid should be available for tax purposes (e.g., on Box 12, code DD of an employee’s W-2) and could be used for the calculation. The business accountant or accounting department may be able to help the business determine the total dollar amount withheld from employee paychecks or collected from employees for health care coverage.

Q7: Some small groups partially self-fund the premium. How do they calculate the employee contribution amount?

A7: The amount that employees pay to the employer for health care coverage should be the same amount. If they are putting a portion of the premium into a reserve pool, it is still an amount they are paying on behalf of the employee and should be part of the number they submit to Wellmark. We are looking for the amount the employee pays.

Q8: What if a group changed funding arrangements or market size during the year? Where do they report for 2022?

A8: The group should report the numbers based on the current funding arrangement or market size.

Any groups that were in two market segments or funding statuses will be reported under both, but we will record the employee contribution as of where they were on Dec. 31, 2022. Those groups will meet the requirement for the year, even though we report it based on where they were at the end of the year. Since Wellmark reports information on average monthly employee contributions on an aggregate basis in a market segment, Wellmark does not expect the small number of impacted groups to make a material impact in the overall reporting of the applicable market segments.

Q9: Can a group submit this information to CMS on their own? Should that be provided as an option instead of using the tool?

A9: While a group can submit this information individually, it can be a lengthy and administratively burdensome process. There are three files (P2, D1 and D2) that Wellmark submits to CMS on behalf of employer groups. The group would need to register to obtain a HIOS number from CMS, collect all pertinent data, perform the required calculations, and submit the plan and data files under that HIOS number. The group would be responsible for submitting this information without Wellmark support and the group would need to correct any errors that occur with the submission. Wellmark does not believe this is in the best interest of our customers and would not recommend that a group do the submission directly to CMS.

- Q10: Since data is being collection through Employer Connection, is there a specific role the DSC (designed security coordinator) needs to add to the person they want to have access to complete the form?**
- A10:** There is no specific role that is needed to be able to submit this information. Once a DSC has access to the Employer Connection or gives access to another user, this will appear as a task for the employer group to complete on the home page. No additional access is needed to see this task.
- Q11: Do the tasks assigned to the employer contacts create an email to that contact?**
- A11:** The task is a link to the form. There is no automatic email reminder sent to the group to follow up or to complete the form.
- Q12: Self-funded groups do not use total premium. What are we using as total premium for self-funded groups? Many times, self-funded groups are not using our estimated suggested rates.**
- A12:** Wellmark uses the premium equivalent number in the reporting for self-funded groups. We get this by combining the fees that Wellmark charges for medical TPA (administrative fees, network access fees, etc.), fees charged for pharmacy TPA services, medical claims, pharmacy claims, and stop loss premiums (less stop loss credits). The premium equivalent number is supposed to represent “the cost of providing healthcare coverage” by a self-funded group. (For groups that carveout pharmacy or stop-loss coverage, Wellmark is separately requesting those dollar amounts and will be aggregating the information provided with other Wellmark data before using the premium equivalent number to calculate the average monthly employer contribution for self-funded groups.)