

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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June 27, 2014

Mr. J. Darren Rodgers
Senior Vice President and Chief Marketing Officer
Health Care Service Corporation
300 E. Randolph Street
Chicago, IL 60601

Dear Mr. Rodgers:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, May 7, 2014, to testify at the hearing entitled "PPACA Enrollment and the Insurance Industry."

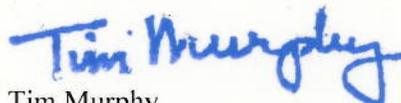
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Friday, July 11, 2014. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to brittany.havens@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

cc: Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachments

Attachment 1—Additional Questions for the Record

The Honorable Michael C. Burgess

1. While some of the basic problems with the front-end components that individuals face on HealthCare.gov have been addressed, numerous news sources continue to report that problems still plague the back-end systems that affect insurers.
 - a. Have any significant improvements been made to these components?
 - b. How will these continued problems affect plan participation and premiums for 2015?
2. 834 transmissions provide insurers with enrollment information for individuals from HealthCare.gov. It has been repeatedly reported that there are numerous errors in these transmissions with failure rates of over 30%.
 - a. Has this been your experience?
 - b. What is your estimation of the failure rate?
 - c. Has the failure rate improved over time and by how much?
 - d. What problems has this caused for your companies, your enrollees, and contracted providers?
3. Due to problems with the 834 transmissions, there have been reports and witness testimony about a large number of duplicate enrollments.
 - a. Do you have an estimation of the number of duplicate enrollments in your system?
 - b. Do you think the Administration has included duplicate enrollments in their enrollment totals?
4. The Obama Administration issued a final regulation in 2012 saying that enrollees would enter a 90-day grace period for non-payment of premiums before their coverage is terminated. The final rule stipulates that insurers only have to pay valid claims for the first 30 days of the 90-day grace period.
 - a. If enrollees do not continue to pay their premiums and they enter a grace period, do you plan to pay providers for claims during the entirety of the grace period?
 - b. If you do not pay the claims, who will make providers whole?
 - c. Do you have a reconciliation process with providers for recouping payments made for claims incurred during a grace period?

- d. Do you have any data on the number of enrollees who fail to pay their premiums after the first month? If so, please provide this data.
5. One of the major concerns raised about the implementation of the law is that individuals may stop paying their premiums at some point, enter a 90-day grace period and eventually their coverage will be canceled due to nonpayment.
 - a. Do you know how many enrollees are currently covered but behind on paying their premiums?
 - b. The law says that you must provide this information to HHS. Are you doing so?
 - c. What is the process for communicating with providers when enrollees enter a grace period?
6. Because of the significant back-end issues with HealthCare.gov, there is a strong possibility for inaccurate premium subsidies being paid to insurers from the federal government. The Washington Post recently reported that the federal government is likely providing inaccurate premium subsidies to more than one million new enrollees.
 - a. Is there a reconciliation process in place to either recoup payments that were too low or return payments that were too high?
 - b. Please describe the process if there is a process in place.
 - c. If there is a process, have any miscalculated payments been reconciled?
 - d. If miscalculated payments have been reconciled, how many have been processed?
 - e. Please provide an estimation for the administrative cost of these miscalculations if possible.
 - f. How might the miscalculation of payments affect plans for next year in terms of participation or premiums?
7. If a provider calls your company for information on the health care law, what resources or information is your company able to provide?
8. How much has your company been paid to date in premium tax credits?
9. How many plans has your company sold off-exchange in 2014? Provide this information for each state in which you sell.
10. If people have not paid the first month's premium for their policy, then they are not actually covered even if they believe they are enrolled. There have been reports of Texas clinics being put on hold for hours by BlueCross BlueShield of Texas attempting to verify enrollment before they can actually treat patients with Exchange coverage.
 - a. Have the numerous issues with HealthCare.gov contributed to this backlog?

- b. What is HCSC doing to ease this burden on providers?

The Honorable Pete Olson

1. In your experience, has CMS built the operation function to pay health plans participating in the Federally Facilitated Marketplace? Specifically are the Advanced Premium Tax Credit and the Cost Sharing Reduction payment amounts currently working?
2. Are you aware of how CMS accounts for the monies collected by the Federally Facilitated Marketplace user fee? If yes, then in your experience how does the money generated by this fee used for the operation of the Federally Facilitated Marketplace?
3. Are there outstanding 834 transactions? If yes, has CMS offered any explanation as to why? And if they have explained, what does CMS attribute the delay to?

The Honorable Cory Gardner

1. How many plans offered by your company did you cancel or discontinue in 2013 because of the health care law? Provide this information by the number of plans in each state and the total for your company nationwide.
2. How many plans did your company offer early renewal to in 2013 so they could continue in 2014 that would have otherwise been cancelled, ended, or otherwise modified by the health care law? Provide this information by the number of plans in each state and the total for your company nationwide.
3. Last year the President apologized for the plans cancelled by the health care law and offered a delay of the enforcing of the requirements that led to the cancellations. This delay has since been extended. How many plans do you currently offer that do not meet the law's requirements but you are continuing to offer as a result of this policy? Provide this information by the number of plans in each state and the total for your company nationwide.

The Honorable Morgan Griffith

1. One of the most troubling side-effects of Obamacare is happening across the country to patients who have found that their physicians – particularly specialists – are not part of their new health plan networks. During the open enrollment period for PPACA, individuals had limited information about whether their doctors were covered in a particular plan. Once enrolled, far too many of my constituents are faced with a difficult choice – give up their specialist or pay the high cost sharing required for out-of-network physicians.
 - a. What can I tell my constituents to do in the next open enrollment period to determine which specialists are covered in their Exchange plans?
 - b. What kind of information about provider networks will be available to help them choose a plan?

- c. What is your company doing to improve transparency about provider networks next year to make it easier for patients to keep access to their existing specialists?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable Tim Murphy

1. Provide information on the number of plans your organization has sold in the Federally-Facilitated Marketplace.
2. Provide any analysis conducted by your organization in 2012, 2013, or 2014 on the impact of the Patient Protection and Affordable Care Act on the premiums paid by consumers. Provide any other analysis conducted on deductibles, out of pocket costs, or the networks your company provides for plans sold on the Federally-Facilitated Marketplace or state exchanges.

The Honorable Marsha Blackburn

1. Submit to the Committee any analysis conducted by your organization or by another party for your organization on premiums for plans sold in the Federally-Facilitated Marketplace, state marketplaces, or off the federal or state exchanges in 2015.

The Honorable Michael C. Burgess

1. Provide a list of individuals from your organization that have met with White House officials, including but not limited to the President, in 2014 to discuss the Patient Protection and Affordable Care Act. Include the date of the meeting, the location, and the individuals present at the meeting. Provide all documentation, including e-mail, relating to these meetings. This would include, but is not limited to, correspondence setting up the meeting, materials prepared in preparation for the meeting, materials distributed or obtained at each meeting, and materials prepared afterwards summarizing or discussing the meeting.

The Honorable Morgan Griffith

1. Provide a list of the states in which you will provide coverage on the federal or state exchange in 2015 and the date on which you will submit your 2015 premium rate filings. List the individuals in the federal or state government to which you will be submitting this information. Provide copies of those submissions to the Committee as they occur.