

**BCBSNC Updates**

- The SHOP functionality scheduled to go live tomorrow (Nov 1) has been delayed by CMS. A new target date has not been provided to BCBSNC.
- The November ACW has been pushed one week to Nov 22-25 in order to allow for more testing time.
- Due to the move of the PStage environment over the weekend, not all of the environment has been available for testing. This has prevented some fixes from being tested and moved into Production. As of Thursday afternoon, PStage is allowing some changes but it depends on the specific impacts the change will have in the environment.

FFM Scorecard				
As of Week Ending	Oct 4	Oct 11	Oct 18	Oct 25
# of subscriber applications received through the Exchange via 834s	13	148	344	570
# of Payment Redirect Users since Go-Live (Users able to make a payment)	0	32	62	100
# of Payments Received (Users completing the payment process)	0	0	0	0
Direct Enrollments (Disabled until the user experience can be fully tested end-to-end ensuring a positive experience for shoppers/members on healthcare.gov)	0	0	0	0

The Health Care Reform War Room is reporting a total of 57 BCBSNC and CMS issues.

#### **CMS Update**

- o Thirty (30) CMS issues, 13 of which have been closed.
- o CMS has acknowledged their receipt of open issues; however, there are no updates.
- o CMS is very aware of the issues with the marketplace and is taking steps to address volume and the glitch with ID proofing, etc.
- o Conducting daily meetings with AHIP and BCBS Association to discuss issues and concerns.
- o Resumed daily CMS testing calls to bring attention to the open CMS items.

#### **BCBSNC Update**

- o Twenty-seven (27) internal issues, 13 of which have been closed. Open issues are being analyzed and prioritized for resolution.

#### **FFM Scorecard**

- o The number of subscriber applications received through the Exchange via 834s as of 10/9 = 181.
  - Note: The enrollment data is in process of being reviewed to confirm accuracy and completeness.
- o Payment Redirect
  - Web analyst now focusing on how many customers are able to make a payment .
  - Total Number of Payment Redirect Users (Since Go-Live): 31.
- o Direct Enrollments = 0.
- o A business decision has been made to refrain from uploading 834's into Editecs' system due to potential issues with the data quality in the 834 files from CMS and to insulate PMHS from poor quality enrollment data.

Please read below for a summary of the BCBSNC Internal War Room high priority issues.

Good Morning,

The Health Care Reform War Room is reporting a total of 53 BCBSNC and CMS issues.

#### **CMS Update**

- Twenty-Nine (29) CMS issues, 13 of which have been closed.
- CMS has acknowledged their receipt of open issues; however, there are no updates.
- CMS is very aware of the issues with the marketplace and is taking steps to address volume and the glitch with ID proofing, etc.
- The Marketplace is down as of 11:00PM last night for maintenance; targeting a completion time of 11:00AM today; issuers will not have access to the Marketplace during this timeframe.

#### **BCBSNC Update**

- Twenty-four (24) internal issues, 11 of which have been closed. Open issues are being analyzed and prioritized for resolution.
- War room will begin sharing metrics from Service this afternoon.

#### **FFM Scorecard**

- The number of customer applications received through the Exchange via 834s as of 10/8 = 106.
  - Note: 10/6 and 10/7 enrollment data is in process of being reviewed to confirm accuracy and completeness.
- Payment Redirects - 22 individuals attempted to make payment using the payment redirect; Web analytics in process to determine if on exchange customers are able to complete the payment process.
- Direct Enrollments = 0.
- Enrolled our first On-Exchange member in Power MHS and sent member effectuation to CMS.

Please read below for a summary of the BCBSNC Internal War Room high priority issues.

Below is a summary of all Health Care Reform Program War Room Issues. If additional information is needed regarding these issues, please refer to the [HCR Issue Log](#), filter column C.

BCBSNC Open Issues				
Priority	Issue	Short Description	Impacted Area	Next Steps
Medium	Cost Share Reduction Plans and American Indian/ Alaskan Natives	<p>For CSR plans, the rate in the 834 is correct but is not matching rates in PowerMHS.</p> <p>For American Indian/ Alaskan Natives (AI/AN) with Household income &lt; 300 times poverty the rates are inaccurate. Requires us to create a new plan code and benefit packages for each core plan (non CSR).</p>	Membership, A&U	Rates created, configuration in process, and mapping to occur next. Target resolution TBD.
Medium	Payment Redirect	<p>There are two issues related to payment redirect.</p> <ul style="list-style-type: none"> <li>The first issue is a general issue with the healthcare.gov website. Users are able to complete the initial setup and choose a plan redirecting to the Health Insurer. Once the user selects the payment button to be directed to buy online, they are no longer able to go back and select that button again whether it be to view their plan, make a payment, etc. This issue is on the CMS side.</li> <li>The second issue occurs once the user attempts to register and make payment on the BCBSNC site. The user is not doing both once they land on our site. Researching why the user may not be completing these tasks and also making changes for a better user experience.</li> </ul>	Service, ISBA	Target resolution TBD. Continue to monitor through CMS updates and via tweaks to the user experience.

	<p>solution is designed to handle duplicates; however, checking with CMS contact to determine how BCBSNC should respond to the duplicate applications.</p> <ul style="list-style-type: none"> <li>• A plan rate mismatch was identified.</li> <li>• Certificate that established connectivity for Direct Enrollment is not working.</li> <li>• Incorrect cancellation date for 834s in Production.</li> <li>• BCBSNC needs to establish connectivity with CMS for obtaining Applicant Eligibility information. Correct certificates for this connectivity have been submitted.</li> <li>• CMS Production set up for BCBSNC Payment Redirect URL/Certification is not correct.</li> </ul>	
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BCBSNC Internal Closed Issues			
Priority	Issue	Short Description	Resolution
High	Product Code Matrix (PCM) data creating SBC errors	Emergency eFix necessary to correct SBC errors due to last minute PCM data and verbiage changes for 10/1.	Closed 9/26; implemented e-fix.
High	My Member Services (MMS) displaying an Unavailable Error	Members currently receiving a "System Unavailable" message in MMS while navigating in their 2014 Renewal Line. Impacted grandfathered and non-grandfathered members.	Closed 10/11; Renewal buttons were removed and rates updated to allow MMS users access to view the rates for next year's policies.
High	One View Internet Slowness	Internet slowness in One View calls due to iSeries slowness.	Closed 10/3; Removal of the renewal line in MMS assisted in the resolving this issue.
High	Rate Inquiry errors	Service receiving errors when making a rating inquiry on the Blue Value HDHP plan. Was an isolated issue impacting the L-package.	Closed 10/3; Magic code fix.
High	Non-grandfathered rate notices generated using old billing exclusions	53 non-GF rate notices were generated using the old billing exclusion. Our rate notices were less than the system showed.	Closed 10/11; All 53 notices were corrected and mailed to members.
High	Incorrect Non Grandfathered SBCs	Non-GF SBCs showing wrong benefit package info being communicated in BOL and MMS. Code was not mapped to the associated code.	Closed 10/9; SBCs were updated manually to avoid coding and PCM matrix updates.
High	Incorrect grandfathered policies	Rates for GF policies are incorrect in PMHS, MMS, and Magic.	Closed 10/8; Correct rates loaded and member outreach performed.

Medium	Summary of Benefits Coverage	Batch SBCs have errors within the Product Code Matrix data resulting in incorrect benefits being communicated on the SBC. In process of being corrected and tested.	Membership, Service	To be scheduled for November NCI; target 11/26.
Medium	Balance forward	This is working as designed; however, this year because a large number of members were force migrated to new plans, and were migrated a month earlier (September) than usual, Service is receiving an increased call volume because members cannot pay one month of premium and believe they are being terminated.	Membership, Service, Finance, ISBA	Assigned to CGO Problem Management. Ticket opened in July; is not a product of the September release and expected to occur through the end of the year.
Low	Grandfathered pharmacy details	Users are seeing incorrect pharmacy details on the 2014 policy benefits table. Occurs when user navigates to the Account Information tab and selects Manage Your Policy and then the 2014 plan.	Service, ISBA	Target date TBD.
Low	FFSHOP	When the group administrator closes the enrollment period, beginning 11/15 will be redirected to the Individual Shopper page rather than the Group Binder Payment Page.	ISBA	Target date TBD; Requires code change to the "federation".
Low	Bank Draft	Issue due to migration efforts. Non-grandfathered individual members were assigned new account numbers, but do not know they must update information with their financial institution to ensure continued auto draft. Requires manual work by Finance to update their bank's stored information to use their new account number. Internal operations will not be able to suspend and manually attribute payments appropriately at this volume and if payments are not reflected on the account, members risk termination.	Service, Membership, Finance	Assigned to CGO Problem Management to work with Customer Service, Fulfillment, and Corporate Communications to draft member communications.. Next meeting scheduled 10/21.

CMS Open Issues		
Priority	Short Description	Next Steps
High	Summary of all CMS open issues: <ul style="list-style-type: none"> <li>Received duplicate 834s that are being ran through the exception process. Edifecs</li> </ul>	Tickets submitted to CMS for all issues.

High	Incorrect 2014 ID Cards Sent	Since 9/21 new members have been receiving a 2014 ID card with incorrect information instead of a 2013 ID card. It was initially thought to have only impacted 200 members, but a call was received for a member that was not included in that list of 200.	It was confirmed that 595 2014 cards were sent as a result of an overlap of a code release and job processing on 9/21. The 2014 cards will be reissued and sent closer to 1/1/14.
Medium	Magic Rate Inquiry tab	Rate inquiry tab in MAGIC displaying subscriber rate amount of "0" dollars and "0" cents. Rate notice looks okay. Believe root cause is related to benefit configuration.	Closed 10/4; Benefits configuration was corrected to resolve issue.
Medium	Magic	There were five (5) issues related to Magic. <ul style="list-style-type: none"> <li>• Four benefit packages return errors when attempting to quote rates in Magic.</li> <li>• When selecting the rating inquiry tab in Magic, it shows the incorrect total out of pocket amount. Impacting all non-grandfathered individual policies with 1 member on policy.</li> <li>• Inability to make plan changes in MAGIC.</li> <li>• CSPs are unable to rate quote adding a dependent to a grandfathered policy in Magic.</li> <li>• Non-grandfathered member has an incorrect rate notice amount versus what is being displayed in Magic.</li> </ul>	Closed 10/19.
Low	FFShop not displaying plans	FFShop not displaying plans. The Database is set to "private".	Closed 10/3; Issue was reported to CMS and resolved.
Low	Fraud Reported from One Plan	One Plan reports that a person made telephone calls to individuals in their service area and identified himself as representing "National Healthcare Registry", which took over management of a healthcare reform contract from Blue Cross and Blue Shield of _____. The caller then asks for personally identifiable information.	Although no reports were received; talking points were provided to CSPs to address any possible calls.
Low	Service 1 <sup>st</sup> Termination Date	Service 1st is displaying a term date of 12/31/13 for individual policies. This will not allow Service to override the term date for individual policies.	Closed 10/16; Button grayed out because they are already "technically" termed.
Low	MMS- Manage your Policy	The coinsurance and prescription drugs account information tabs in MMS on the Manage your Policy page are displaying incorrect information. Only happens when selecting 2014 policy.	Closed 10/11; Fix was promoted to production.
Low	Initial Payment Redirect	A few members calling to ask why they are required to make an initial premium payment. Initial premium payment is not required for current members. With payment redirect not working, the members are not seeing the message that informs them about initial premium payment not be required so they are phoning Customer Service.	It is believed that payment redirect is working properly; talking points that have already been provided to address possible scenarios.