

EMPLOYER (ER) APPLICATION			
Recommendation	Commenter	Response	Decision
Include data element on number of hours per work EE works.	AHIP	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Additional employer attestations have been added to address this recommendation.	Accept
Include date of coverage requested.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include QHP metal level, QHPs selected or wish to consider.	AHIP / BCBSA	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Collect information on employer contribution to premiums.	AHIP / BCBSA	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element on whether ER contribution varies by full-time or part-time worker.	BCBSA	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Provide detail on ER Organization Type to select from: Partnership; C-Corp; S-Corp; LLC/LLP; Sole Proprietor with owner and common law EE during preceding calendar year; Sole Proprietor with only spouse with no common law EE during preceding year; or Independent Contractor.	AHIP	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Additional data elements proposed are not necessary for MLR reporting.	Deny
Include data element on controlled group information (whether parent, subsidiary, or branch operation).	AHIP / BCBSA	Collection of the proposed data elements along with other already collected information would be redundant.	Deny
Include question on whether ER files taxes with another company(ies) on consolidated bases	AHIP	Collection of the proposed data elements along with other already collected information would be redundant.	Deny
Include data elements for employer location: whether there are multiple locations in states or if there are locations where they will be enrolling EE in another state.	AHIP / CBPP	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees.	Deny
Include data element on whether ER group is member of association and name of association.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data elements on ERISA: 1. ERISA plan year; 2. ERISA plan administrator; and 3. ERISA plan administrator's contact information (name, phone, email, mailing address).	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data elements on 1099 employees, Union employees, Exempt/nonexempt, and other (temporary, seasonal, or variable employees). Also include effective date of coverage.	AHIP / BCBSA	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element on whether group is active, retired, or COBRA coverage.	AHIP	Adding retired. Others already included.	Accept
Include data element that if COBRA coverage, will need to collect information on COBRA administrator.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element on whether ER is working with payroll company or administrator.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element on ER contributions and if collected through cafeteria plan (Section 125 plan).	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element on application of following to the group: Medicare Secondary Payer; state continuation coverage (mini-COBRA), TEFRA, and DEFRA.	AHIP	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Additional employer attestations have been added to address this recommendation.	Accept
Include data element on whether coverage is for EE only or also to dependents.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element on definition of dependent and whether it includes domestic partners or same sex and opposite sex partners.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element on ER's waiting period for effective date of coverage for new hires.	AHIP / BCBSA	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element on restrictions for any classes of workers from coverage.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny

Include date of coverage requested.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element on total number of EEs (including part-time workers).	AHIP / BCBSA	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Additional employer attestations have been added to address this recommendation.	Accept
Include data element on number of EE enrolling in coverage.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment. Will be generated through employee applications.	Deny
Include data element on number of EE waiving coverage.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment. Will be generated through employee applications.	Deny
Include data element on number of EE in waiting period at time of application.	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element on Total Average Employee count for previous calendar year.	AHIP	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Additional employer attestations have been added to address this recommendation.	Accept
Edit or remove time 15 minute time reference in application. Will take longer than 15 minutes to complete application.	AHIP	We estimate that it will take approximately 0.209 hours (12.57 minutes) per applicant to submit a completed paper application and approximately 0.113 hours (6.77 minutes) per applicant to submit a completed online application. Assuming a small business size of approximately 5 employees and a family size of approximately 3 per employee, we had several individuals fill out the paper application, averaged their times to complete the application, and factored in additional time due to potential variation in applicants' health literacy rate. Based on US Census data of business size in 2008, the vast majority of employer firms (restricted to employer firms with 1 - 99 employees) have 1 - 4 employees.	Deny
Include data element about QHP they have selected so that the application reflects an eligibility and enrollment tool.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Under Step 1 of the ER application, include section for "Other Business Locations" and include sections for "Other worksite location in this state" and "Worksite locations in other states."	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Under Step 2 of the ER application in the section for secondary contact, add an additional line asking for "relationship to ER" including employee, HR/payroll firm, accounting or billing consultant, and other.	AHIP	Collection of the proposed data elements along with other already collected information would be redundant.	Deny
Under Step 2 of the ER application under secondary contact, include section to collect agent or broker information. Info should include agent or broker name, agent or broker agency (if different from above), and agent or broker ID or Tax ID.	AHIP / BCBSA / NAHU	Brokers will only be able to apply online.	Deny
Include section under Step 3 to collect information from the ER regarding eligibility - describing who they plan to offer coverage to (active, retiree, full-time, part-time).	AHIP	This information will be collected online only.	Deny
Include section under Step 3 to collect information on whether the ER will be offering employee only, employee + spouse only, or employee + dependents coverage. Should include the traditional dependent categories used in group coverage, and not larger "household categories" used in individual exchange.	AHIP	This information will be collected online only.	Deny
Add new Step titled: "Who is Eligible for Coverage Under the Coverage?" Would relate to Section III Eligibility in the online application.	AHIP	Eligibility related questions are already asked on the application.	Deny

Include date of coverage requested.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Proposed Step would ask ER to select eligible enrollees they would make premium payments for and if they will cover premium payment for EE only and the EE would have to pay 100% of premium for dependents' coverage: Select those that apply: active employees, retired employees, full-time employees, part-time employees. Select those that apply: employee only, employee-spouse only, dependents (spouse, domestic partner, child/children, child/children placed for adoption, child/children employee has in guardianship, other). Will you be making premium payments for: all family members, employee only, employee spouse(or domestic partner) only.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Under Step 3, employee roster should include: employee workplace location (if different from main address in Step 1), number of hours per week worked to determine employment status (as is requested in online application), EE home address (physical location and not PO Box), EE email (as requested on online application), and number and names of dependents being added to coverage (recommend they be added under each line per EE).	AHIP	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Under Step 4, "Sign and Date" section should include line for the signor's name to be added since many signatures are not easily readable.	AHIP	Collection of the proposed data element along with other already collected information would be redundant.	Deny
Remove requirement for user to input personal information including home address, SSN, and birth date. If requiring this information, CMS should clearly explain necessity of obtaining this information and how it will be used (particularly for SSN and DOB).	BCBSA / Getinsured	Each individual completing an application must have an associated user account specific to that person. Collection of the mentioned information is necessary to create an account and verify the person's identity.	Deny
Re-label "home address" to "business address." Only collect mailing address.	BCBSA / Getinsured	Each individual completing an application must have an associated user account specific to that person. Collection of the mentioned information is necessary to create an account and verify the person's identity.	Deny
Revise attestation for those ERs with 100 or fewer EEs.	BCBSA	Application must also accommodate states whose upper end of the small group market is 100. Revise language to provide flexibility for 50 or 100.	Accept
Provide billing information.	BCBSA	This information is necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include section for ER to list all EE, including part-time EE and indicating their status (status should include state continuation of coverage requirements; specifically those in addition to COBRA).	BCBSA	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees. Employer roster will not list all employees. Additional employer attestations have been added to address this recommendation.	Accept / Deny
Include date of complete application	BCBSA	Already captured by IT system.	Deny
Include data element per TIN, employee status (full-time or part-time) and date of hire.	BCBSA / NAHU	Employment status already being collected. Date of hire will not be collected.	Deny
If rider required when covering domestic partners, then need to include data element on offering domestic partner coverage.	BCBSA	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Include data element requesting information regarding workers compensation insurance.	BCBSA	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Include data element on participation in multiple SHOPS.	BCBSA	This information is not necessary for eligibility determination or facilitation of enrollment.	Deny
Allow individual ER to submit paper application using an agent or broker. Allow broker to submit via marketplace broker portal and also allow broker to use paper application as an information gathering tool.	NAHU	Nothing prohibits a broker from submitting a paper application or using the application as an information gathering tool; however, broker information will only be collected via an online application.	Accept
Allow for agent/broker to serve as standard point of coverage contact.	NAHU	Nothing prohibits an employer from listing a broker as the primary contact.	Accept
EE census should include spaces for more than 20 EE.	NAHU	The application states to add more sheets as necessary.	Accept
Remove identity challenge for individual establish the SHOP account. If identity challenge section needs to remain, would be helpful for agency to provide rationale for this.	Getinsured	Identity validation is necessary to establish an account. Rationale will be provided in accompanying "help text."	Deny

Include date of coverage requested.	AHIP	This information falls within the employer election questions necessary for the facilitation of enrollment and has been returned to the application (previously in 60 day package).	Accept
Remove "employer type" or clarify how "employer type" will be used. Limit or consolidate to fields for tax implications only (non-profit company or an s corporation).	Getinsured	Employer type is necessary for MRL reporting requirements.	Deny
Allow "employer type" on paper application to require more than one option. (Online application offers five choices for private.) Make list between online and paper consistent.	Getinsured	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees.	Deny
Remove request for phone number and fax number (unless expectation that Marketplace will call or fax ER).	Getinsured	The proposed data elements need to be sufficient to make eligibility determinations and to facilitate the application process while minimizing the burden placed upon employers and employees.	Deny
Instead of requesting that ER calculates FTEs, request for the number of full and part time EE. If this information is not sufficient, agency should provide worksheet for ER to calculate total number of FTEs in their company.	Getinsured	This information is necessary for eligibility determination, and "help text" will be provided to assist the employer in calculating its size.	Deny
Estimated burden is low because EE roster could vary and increase the amount of time needed to complete the application.	Getinsured	We estimate that it will take approximately 0.209 hours (12.57 minutes) per applicant to submit a completed paper application and approximately 0.113 hours (6.77 minutes) per applicant to submit a completed online application. Assuming a small business size of approximately 5 employees and a family size of approximately 3 per employee, we had several individuals fill out the paper application, averaged their times to complete the application, and factored in additional time due to potential variation in applicants' health literacy rate. Based on US Census data of business size in 2008, the vast majority of employer firms (restricted to employer firms with 1 - 99 employees) have 1 - 4 employees.	Deny
If the applicant filer is not the business owner, then a second contact should be required naming the individual who would also have access to the account	NPAIHB, TSGAC, NIHB, ANTHC	An employer has discretion who to designate as primary and secondary contacts. However, through My Account, an employer can also indicate an authorized representative or secondary account holder.	Accept / Deny
Employer type/ An additional category should be added to capture tribal governments and tribally owned or sponsored organizations and businesses	NPAIHB, TSGAC, NIHB, ANTHC	Tribal information will be collected under employer type.0	Accept
Attestation/ The question should be written to allow the person completing the application to attest on behalf of the business or employer as an authorized representative.	NPAIHB, TSGAC, NIHB, ANTHC	Through My Account, an employer can also indicate an authorized representative or secondary account holder.	Accept
An employer may want multiple people to have access to the account log in, perhaps themselves and an office manager or human resources staff person. The application allows for a secondary contact, but it's unclear if that person also can log in and manage the account.	CBPP	Through My Account, an employer can also indicate an authorized representative or secondary account holder.	Accept
The online application and paper application should be consistent as to information requested. We recommend that Step 3 in the paper application be re-titled and redesigned to include the longer list of categories.	TSGAC	CMS is designing the single streamlined application to be a dynamic online application that will tailor the amount of data required from an applicant based on the applicant's circumstances and responses to particular questions. The paper version of the application will not be able to be tailored in the same way and is being designed to collect only the data required to determine eligibility.	Deny