

Pooled Client Implementation Questionnaire



Section 1: Group information

Indicate how the group name should appear on billing statement and *Evidence of Coverage* (EOC) booklets: (33 characters)

Indicate any DBAs for the group

Section 2: Enrollment information

Where would you like **initial** identification cards mailed?

☐ Employee's residence (as indicated on *Enrollment Application*) ☐ Group (as indicated on *Application for Group Benefit Agreement*), not recommended

Where would you like **maintenance** identification cards (i.e., new hires) mailed?

☐ Employee's residence (as indicated on *Enrollment Application*) ☐ Group (as indicated on *Application for Group Benefit Agreement*) not recommended

Section 3: Decision maker

This individual will interface with Anthem Blue Cross (Anthem) for major decisions regarding my account:

Name		Title	
Street address		City	State ZIP code
Phone no.	Fax no.	Email address	

Section 4: Designated HIPAA representative

This individual is authorized to receive and securely handle protected health information – not specific to individual HIPAA authorizations for claims:

Name		Title	
Street address		City	State ZIP code
Phone no.	Fax no.	Email address	

Section 5: Group administrator

This individual will interface with Anthem on all nonbilling related issues/service issues:

Name		Title	
Street address		City	State ZIP code
Phone no.	Fax no.	Email address	

☐ Yes, this individual is also the Employee Assistance Program (EAP) contact.

If "No", enter name of person who will handle EAP issues (section 15): _____

Section 6: Billing contact

This individual will interface with Anthem on all billing related issues – if same as above, indicate "same":

Name		Title	
Street address		City	State ZIP code
Phone no.	Fax no.	Email address	

Group mailing address, if different than physical street address:

Street address		City	State ZIP code
Main phone no.		Main fax no.	

Section 7: Payment information**7A. Payment Information – Select both initial and recurring payment options:**

Initial payment	Recurring payments	Complete section 7B	Select one of the following options for initial and recurring monthly payments	Client initiates payment	Anthem initiates payment
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Electronic Debit Payment. Electronic debit for the Binder Payment is processed after the initial (first) bill has been dropped.		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		Automated Clearing House (ACH) or Wire Transfer. Client sets-up ACH/Wire with their own bank and provides Anthem with transaction information.	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		EmployerAccess. Self-service option to manually schedule ongoing payments through EmployerAccess, our online Employer Portal. Consult with your Sales representative for details.	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Automatic Recurring Payment via EmployerAccess. Premiums are contractually due on the 1st day of each billing period (e.g., due 7/1 for Jul 1-Aug 1 period). However, you may authorize Anthem to automatically withdraw the invoiced "Total Amount Due" on a specific day each month (1st through 15th). Select day: _____ Monthly Payment Withdrawal Day.		<input checked="" type="checkbox"/>
	<input type="checkbox"/>		Employer EasyPay. Self-service option to submit a single premium payment through Anthem's Online EasyPay Application.	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		Other. Please consult with your Sales representative. (i.e., physical check).	<input checked="" type="checkbox"/>	

7B. Financial institution information for initial and/or future recurring payment:

Financial institution name			
Financial institution street address	City	State	ZIP code
Transit routing number	Account number	Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

7C. Authorization information**Signature authorizing withdrawal is mandatory when electing Electronic Debit Payment or Automatic Recurring Payment via EmployerAccess.**

This transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT).

I hereby authorize Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company to debit our account for **payment by electronic transfer** for initial and/or recurring monthly premium payments. If this item is returned unpaid, I may be charged an additional fee for each payment returned for insufficient funds.

Print authorized representative name	Authorized signature X	Date (MM/DD/YYYY)
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Section 8: Additional information**Third-Party Administration (TPA)? ☐ Yes ☐ No If "No," skip to next sub-section. Additional forms required for multiple TPAs.**

TPA name			
Street address	City	State	ZIP code
Contact/Title	Phone no.	Email	
Is TPA also the broker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
On this account, the TPA will perform these functions (check all that apply): <input type="checkbox"/> Premium administration <input type="checkbox"/> Enrollment and eligibility services <input type="checkbox"/> COBRA <input type="checkbox"/> Other: _____			
If the TPA collects premiums, indicate TPA's premium remittance method: <input type="checkbox"/> Remits net <input type="checkbox"/> Remits gross			
Administration fee is: <input type="checkbox"/> None <input type="checkbox"/> % of premium <input type="checkbox"/> \$_____ per subscriber <input type="checkbox"/> \$_____ per member			
How is the administration fee to be paid? <input type="checkbox"/> Directly and separately by the group <input type="checkbox"/> TPA nets out fee from collected premium <input type="checkbox"/> Monthly payment by Anthem after Anthem receives gross premium			

Section 8: Additional information (continued)**Evidence of Coverage (EOC) production and delivery**

English EOCs are available on anthem.com/ca once members register and log in after they are enrolled. Electronic version of EOC will be sent out to (check one or more):

☐ Group administrator ☐ Decision maker

Contact name	Email	Request maximum hard copy quantities of 25 for each product? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Non-Anthem health plan employer contributions

If a non-Anthem health plan is offered alongside Anthem, the employer contribution for the non-Anthem health plan is:

Employee: _____% Dependent: _____%

Do you have any Cal-COBRA eligibles and enrollees?

If "Yes," please be sure to send open enrollment information, including Cal-COBRA enrollment forms to these members (responsibility of the employer group, per California law).

☐ Yes ☐ No

Electronic enrollment options for ongoing additions, maintenance changes and terminations (Our goals include delivering an exceptional experience and being easy to do business with. To provide the best service, members need to have instant access to time-sensitive information. Please include employee email addresses.)**Standard method for initial enrollment:**

☐ **Census Tool:** (Recommended. Anthem will supply a customized Excel document.)

☐ **EmployerAccess:** (choose one option)

☐ Online member enrollment (member performs their own enrollments online)

☐ Online enrollment Census Tool (group administrator loads membership with Excel tool)

☐ Group administrator performs online enrollments (additions, changes and terminations)

☐ **834 File Format:** (4-6 weeks set-up time required.) TPA information required if this option is selected.

Standard method for ongoing enrollments and maintenance changes:

☐ **EmployerAccess:** (self-registration required.)

☐ **Census Tool:** (Anthem will supply a customized excel document.)

☐ **834 File Format:** (Recommended for groups 500 or more in size. 4-6 weeks set-up time.)

☐ **Real-Time Connection:** (Recommended for groups 101 to 499 in size)

Section 9: California mandated offer benefits

California state law requires Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company to offer coverage for certain health benefits to applicants for a *Group Benefit Agreement/Policy* and to groups renewing their *Group Benefit Agreement/Policy* with Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company. The optional benefits offered and their costs are set forth below.

Infertility treatment

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Coverage for diagnosis and treatment of infertility at 50% payment rate, benefit payments to \$2,000 during a calendar year. The calendar year deductible is waived. CIC § 10,119.6/H&S § 1,374.55 3-Tier Cost: Single – \$10.40 Two-Party – \$21.84 Family – \$31.20 4-Tier Cost: Single – \$10.40 Sub/Spouse – \$22.88 Sub/Child – \$18.72 Family – \$32.24

Special footwear and hearing aids*

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	<p><i>*Hearing Aid coverage is not mandated by California state law, but is sold only in conjunction with the mandated footwear benefit.</i></p> <p>Special Footwear – Coverage at 20% member coinsurance for medically necessary special footwear for foot disfigurement resulting from bone deformity, motor impairment, paralysis, or amputation. This includes disfigurement caused by cerebral palsy, arthritis, polio, spina bifida, injury or development disability. CIC § 10,123.141/H&S § 1,367.19</p> <p>Hearing Aids – Coverage at 20% member coinsurance for the following:</p> <ol style="list-style-type: none">1. Audiological evaluations to measure the extent of hearing loss and determine the most appropriate make and model of hearing aid. These evaluations will be covered under plan benefits for office visits to physicians.2. Hearing aids (monaural or binaural) including ear mold(s), the hearing aid instrument, batteries, cords and other ancillary equipment.3. Visits for fitting, counseling, adjustments and repairs for a one-year period after receiving the covered hearing aid. <p>Coverage is not provided for surgically implanted hearing devices (i.e., cochlear implants, audiant bone conduction devices). Medically necessary surgically implanted hearing devices may be covered under your plan's benefits for prosthetic devices.</p> <p>3-Tier Cost: Single – \$3.02 Two-Party – \$6.34 Family – \$9.06 4-Tier Cost: Single – \$3.02 Sub/Spouse – \$6.64 Sub/Child – \$5.44 Family – \$9.36</p>

Section 10: Extraterritorial offer benefits — for Blue Cross PPO non-CA residents

☐ No Blue Cross PPO (non-California) plan sold (skip to next section)

The laws of certain states, other than California, require Anthem Blue Cross Life and Health Insurance Company to offer coverage for certain health benefits to applicants for a *Group Policy* and to groups renewing their *Group Policy* with Anthem Blue Cross Life and Health Insurance Company. These health benefits apply only to plans covering persons who reside in the states listed below, and only to persons who reside in the states in question. The optional benefits offered, their costs, and the state requiring the offer of coverage are set forth below.

Arkansas — Hearing aid coverage

Accept <input type="checkbox"/>	Decline <input type="checkbox"/>	Coverage for hearing aids not subject to deductibles or copayments. Coverage shall not be less than \$1,400 per year every three years. The coverage provided will not be less than \$1,400 per year beginning on the first day of coverage. Cost: 0.10% of medical premium
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Florida — Mammograms

Accept <input type="checkbox"/>	Decline <input type="checkbox"/>	The calendar-year deductible and copayment will be waived for mammograms to detect breast cancer. Only available for Grandfathered plans. Cost: 0.30% of medical premium
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Kansas — Pregnancy and maternity care

Accept <input type="checkbox"/>	Decline <input type="checkbox"/>	Coverage for pregnancy and maternity care will include medical benefits for delivery and obstetrical expenses at birth for the birth mother of a <i>child</i> adopted within 90 days of birth by an <i>insured employee</i> . Any requirement that benefits will only be payable for <i>covered expense</i> incurred while covered under this plan will not apply to <i>covered expense</i> incurred by the birth mother of a <i>child</i> adopted by an <i>insured employee</i> . Cost: 0.85% of medical premium
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Texas — In Vitro fertilization treatment

Accept <input type="checkbox"/>	Decline <input type="checkbox"/>	Coverage for outpatient in vitro fertilization procedures, subject to the same deductibles, copayments, out-of-pocket amount and benefit maximum provisions as any other illness, injury or condition. Cost: 2.3% of medical premium
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Washington — Home health care

Accept <input type="checkbox"/>	Decline <input type="checkbox"/>	Coverage for home health care, subject to plan deductibles, copayments, and out-of-pocket amount. Coverage will provide benefits for 130 home health care visits per calendar year. Cost: 0.15% of medical premium
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The benefits accepted by the group will be provided to all persons who are eligible to be covered upon acceptance of the application by Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company or the renewal by the group.

Section 11: Dental prime/complete (Dental PPO)

☐ No Dental Prime/Complete (Dental PPO) plan sold (skip to next section)

Do you want to apply amounts used and/or import annual maximum carry-over amounts from your prior carrier? ☐ Yes ☐ No

If "Yes", please indicate which benefits will be credited from the prior carrier (Please provide prior carrier Excel file):

Deductible and annual maximum? ☐ Yes ☐ No Annual maximum carry-in? ☐ Yes ☐ No Orthodontic lifetime maximum? ☐ Yes ☐ No

For dependent child-only orthodontic coverage through age 18, orthodontic banding must occur by: ☐ Birthday ☐ End of month ☐ Other ☐ N/A

Section 12: Life and Disability coverage

☐ No Life and Disability plan sold (skip to next section)

Check all plans that have been purchased		Billing type	Age band changes and benefit reductions occur:	Spouse rates are based on:
<input type="checkbox"/>	Life and AD&D	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	
<input type="checkbox"/>	Life — No AD&D	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	
<input type="checkbox"/>	Dependent Life	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	
<input type="checkbox"/>	Optional Voluntary Life	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	<input type="checkbox"/> Employee date of birth <input type="checkbox"/> Spouse date of birth
<input type="checkbox"/>	Optional Voluntary AD&D	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	<input type="checkbox"/> Employee date of birth <input type="checkbox"/> Spouse date of birth
<input type="checkbox"/>	Optional Voluntary Dependent Life	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	<input type="checkbox"/> Employee date of birth <input type="checkbox"/> Spouse date of birth
<input type="checkbox"/>	Optional Voluntary Dependent AD&D	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> First of month following date of birth <input type="checkbox"/> Group anniversary	<input type="checkbox"/> Employee date of birth <input type="checkbox"/> Spouse date of birth

Section 12: Life and Disability coverage (continued)

Check all plans that have been purchased		Billing type	Pre- or Post-tax deductions	W2/FICA services
<input type="checkbox"/>	Short Term Disability*	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> N/A	W2 prep included. To opt out, please complete and return W2/FICA Opt Out form
<input type="checkbox"/>	Long Term Disability	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> N/A	W2 & FICA prep included. To opt out, please complete and return W2/FICA Opt Out form
<input type="checkbox"/>	Voluntary Short Term Disability*	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> N/A	W2 prep included. To opt out, please complete and return W2/FICA Opt Out form
<input type="checkbox"/>	Voluntary Long Term Disability	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> N/A	W2 & FICA prep included. To opt out, please complete and return W2/FICA Opt Out form
<input type="checkbox"/>	ASO Short Term Disability*	<input type="checkbox"/> List-bill <input type="checkbox"/> Self-bill	<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax <input type="checkbox"/> N/A	

* STD plans: do you have employees working in NY, NJ, RI, CA, HI or Puerto Rico with non-Anthem administered state short-term disability plan? ☐ Yes ☐ No

If "Yes," number of eligible employees working in: NY: _____ NJ: _____ RI: _____ CA: _____ HI: _____ Puerto Rico: _____

* Statutory STD plan: Complete if Anthem will administer a Statutory Disability Plan (quote required):

Is Anthem replacing a state mandated STD plan? ☐ Yes (complete *Unicare Application for Group Insurance* for NY/NJ/HI) ☐ No (skip to next section)

Federal employers ID no.: _____

Workers' compensation bureau no.: _____

Unemployment insurance employer no.: _____

Employee contribution: ☐ Weekly ☐ Monthly

Section 13: Life and Disability — ERISA

☐ No Life and Disability plan sold (skip to next section)

Include ERISA language in Life and Disability certificates?

☐ Yes ☐ No If "Yes," ERISA questionnaire must be included.

Section 14: Life and Disability — employees not actively-at-work

☐ No Life and Disability plan sold (skip to next section)

Employees who are not actively-at-work on the coverage effective date will not be covered by the Anthem policy, unless approved by underwriting. Those employees may have the right to continued coverage with the prior carrier. Do you have employees who are not actively-at-work that you would like us to consider for coverage? ☐ Yes ☐ No

If "Yes," complete and return the Actively-at-Work Statement.

Section 15: Employee Assistance Program (EAP)

☐ No EAP plan sold (skip to next section)

☐ Yes EAP plan sold.

Total EAP eligible employee count is: _____. (Anthem Standard is coverage for ALL employees.)

Number of employees who will be covered by EAP (if not total population): _____ (should match total of employee types checked below)

Employee types (check all that apply):

☐ Full-time ☐ Part-time ☐ Medical enrollees ☐ Management ☐ Retirees ☐ COBRA ☐ Union ☐ Non-Union ☐ Other: _____

Section 16: Comments or special instructions (nonstandard benefits, provisions and/or class arrangements)

Section 17: Certification and indemnification

The employer certifies and acknowledges that no attempt will be made to re-identify the individuals that are the subjects of the data provided as a result of a request for De-identified¹ or Summary Health Information.² In addition, the employer further certifies that it will require any downstream vendors or other parties that may receive De-identified and/or Summary Health Information at the request of the employer to certify that they will also make no attempt to re-identify the individuals that are subject to the data provided. Any attempt by a recipient to re-identify the data could constitute the use, disclosure, or maintenance of protected health information under HIPAA which would require recipient to meet all requirements for safeguarding protected health information and/or personal information set out in federal and/or state law. Recipient will indemnify and hold harmless Anthem Blue Cross and any Anthem Blue Cross affiliate, officer, director, employee or agent from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any nonpermitted or prohibited use or disclosure of re-identified protected health information by recipient or any subcontractor, agent, person or entity under recipient's control.

Section 18: Client authorization

Date form submitted to Anthem (MM/DD/YYYY):

First proposed enrollment meeting date (MM/DD/YYYY):

If this form is submitted to Anthem with less than 15 business days notice (45 for nonstandard plans) prior to proposed enrollment meeting start date, EOCs may not be available and we will be out of compliance for fully insured medical plans.

Elements Choice EQ certification (if you are offering an Elements Choice EQ product):

- I certify I am offering this product only to eligible employees.
- I certify I did not offer benefits to this class of employee prior to the requested effective date.
- I certify Anthem will be the sole carrier for this class of employees.

Authorized signature

X

Print name

Title

Date (MM/DD/YYYY)

¹ De-identified Data has all 18 identifiers removed as required by HIPAA (§164.514) and that cannot be used alone or in combination with other information to re-identify individual(s) who are subjects of that data.

² Summary Health Information summarizes claim data for an employer group to meet the requirements of De-identified Data that is aggregated to a five-digit ZIP code.