Policy Overview for 2020

April 23, 2019

Qualified Health Plan (QHP)
Issuer Conference

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The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was shared. Links to certain source documents may have been provided for your reference. We encourage persons attending the presentation to refer to the applicable statutes, regulations, and other guidance for complete and current information.

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Agenda

- Market-wide Standards
  - 2020 Final Payment Notice
  - Plan Year 2020 Rate Review Timeline
- QHP Issuer Standards
  - 2020 QHP Certification Timeline
  - 2020 Letter to Issuers

Documents available at:
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

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2020 Final Payment Notice

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EHB-Benchmark Plan and Substitution Timeline

- We provided deadlines for states to change their essential health benefits (EHB)-benchmark plan pursuant to 45 CFR 156.111(a).
- We provided deadlines for states to elect to allow benefit substitution between EHB categories pursuant to 45 CFR 156.115(b)(2)(ii).

	2021	2022
States' deadline for EHB-benchmark plan selection required document submission **and** substitution between benefit categories submission	May 6, 2019	May 8, 2020
HHS publishes final EHB-benchmark plan documents on CCIIO website	To be determined	

Treatment of Drug Manufacturer Coupons

- Starting with 2020 plan year.
- Issuers may exclude drug manufacturer coupons from counting toward the maximum-out-of-pocket limit (MOOP) when a medically appropriate generic drug is available on the formulary.
- The term “generic” is defined as a drug for which an application under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 USC 355(j)) is approved.
- Exceptions process at 45 CFR 156.122(c) applies.
- These limitations on coverage only apply to the extent consistent with state law.

Prohibition on Discrimination

- Under 45 CFR 156.125, an issuer does not provide EHB if its benefit design, or the implementation of its benefit design, discriminates based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.
- Any indication of a reduction in the generosity of a benefit in some manner for subsets of individuals that is not based on clinically indicated, reasonable medical management practices is potentially discriminatory.
- Limitations and exclusions on the coverage of benefits to treat opioid use disorder, including the drugs used for Medication-Assisted Treatment or any associated benefit such as counseling or drug screenings, must be based on clinical guidelines and medical evidence, and are expected to use reasonable medical management.

2020 Rate Review Timeline

Rate Review Timeline

- Submission of proposed rate filings*:
  - For single risk pool coverage (rate increases, no rate changes, rate decreases and rates for new coverage):
    - June 3 – in a state without an Effective Rate Review Program; or
    - July 24 – in a state with an Effective Rate Review Program. (Note: This is also the date the Rates Table Template is due to Plan Management for QHPs.)
- Posting of proposed rate filings:
  - August 1 – CMS intends to post proposed rate filings for all single risk pool coverage on https://ratereview.healthcare.gov (including both QHPs and non-QHPs), regardless of whether the product includes a plan with a rate increase that is subject to review under 45 CFR §154.210.

**Note: Submissions are due in the HIOS system by 3:00 p.m. EDT on the dates indicated.*

Rate Review Timeline

- CMS deadline for finalization of rates:
  - August 21 – all rate filing justifications for single risk pool coverage *that include a QHP* to be in a final status in the URR system.
  - October 15 – all rate filing justifications for single risk pool coverage *that include only non-QHPs* to be in a final status in the URR system.

- Posting of final rate filings:
  - November 1 – CMS intends to post final rate information for single risk pool coverage on https://ratereview.healthcare.gov (including both QHPs and non-QHPs), regardless of whether the product includes a plan with a rate increase that is subject to review under 45 CFR §154.210.

* *Note: Submissions are due in the HIOS system by 3:00 p.m. EDT on the dates indicated.*

2020 Letter to Issuers

Letter to Issuers

- The 2020 Letter to Issuers is streamlined, as it was in 2019, and contains updates for the 2020 certification cycle.

- The Letter builds on previously issued rules and policy documents to provide operational and technical guidance.

QHP Certification Timeline for Plan Year 2020

Activity	Dates
Initial QHP Application submission window	4/25/19-6/19/19
Optional Early Bird QHP Application submission deadline	5/22/19
2019 QHP Enrollee survey data submission deadline	5/24/19
CMS reviews Early Bird QHP Application data as of 5/22/19 and releases results	5/23/19-6/11/19
2019 QRS clinical data submission deadline	6/17/19
Initial QHP Application deadline	6/19/19
Initial deadline for QHP Application Rates Table Template	7/24/19
CMS reviews initial QHP Applications as of 6/19/19	6/20/19-8/2/19
CMS releases first correction notice	8/9/19
Service area data change request deadline	8/12/19
Issuers complete final plan confirmation in the PM Community	8/14/19-8/28/19
Deadline for issuers to change QHP Application	8/21/19
CMS reviews QHP Applications as of 8/21/19	8/22/19-9/9/19
Transparency in Coverage data submission deadline	9/13/19
CMS sends QHP Certification Agreements	9/16/19
CMS releases final correction notice	9/16/19
Limited data correction window	9/19/19-9/20/19
Issuers return signed agreements and final plan crosswalks to CMS	9/16/19-9/24/19
States send CMS final plan recommendations	9/16/19-9/24/19
Machine Readable file posting deadline	9/27/19
CMS releases certification notice to issuers and states	10/3/19-10/4/19
Open Enrollment begins	11/1/19

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Letter to Issuers (continued)

- The “Early Bird” QHP Application submission window is an optional submission window for issuers wishing to submit application data prior to the first formal submission deadline.

- CMS will review and return results on this data as available prior to the first submission deadline, and if the identified corrections are corrected, CMS will not flag it as a correction in the full review round and the issuer will not receive a correction notice.

Letter to Issuers (continued)

Transparency in Coverage

Pursuant to 45 CFR 155.1040(a)-(c) and 156.220, the Exchange must collect, and issuers are required to annually report to CMS, transparency in coverage data.

- The data elements that QHP issuers reported from 2016 to 2019 have changed for purposes of transparency reporting for 2020. Issuers should review the instructions carefully to understand the changes.
- Among other things, issuers will report plan level claims denial information.

Questions



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