Plan Year (PY) 2020 Data Integrity Tool, Review Tools and Plan Preview

April 23, 2019

Qualified Health Plan (QHP) Issuer Conference

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Overview

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- Issuers must submit completed Plan Year 2020 QHP applications by June 19, 2019. Issuers must submit completed Rates Table templates by July 24, 2019.
- Issuers can make corrections and updates to the templates until the deadline for issuers to change QHP applications on August 21, 2019.
- CMS provides review tools and Plan Preview to help issuers identify template errors.
- A request for a data change after August 21, 2019, excluding administrative changes, may indicate that templates are inaccurate and may result in compliance action.
- Issuers should use the tools and Plan Preview to verify that their QHP application reflects their State-approved filings. Discrepancies between the issuer's QHP application and approved State filings may result in a plan not being certified or a compliance action if CMS has already certified a plan as a QHP.

Data Integrity Tool (DIT)

Purpose of Data Integrity Tool (DIT)

- Excel-based tool for issuers and State reviewers:
  - Identifies critical data errors within and across templates for on-Exchange QHPs and Stand-alone Dental Plans (SADPs)
    - Can also identify data errors in off-Exchange individual market and small group medical plans, and off-Exchange SADPs
  - Flags data errors that
    - Exclude plans from consumer display
    - Show incorrect plan information to consumers
    - Are out of legal or regulatory compliance such as market-wide requirements
  - Provides immediate feedback about data irregularities, potentially reducing need for issuer resubmissions

Overview of DIT Functions

- Imports QHP and SADP data from application templates
- Produces report that identifies
  - Data errors and warnings (within an imported template or between two imported templates)
    - *Errors*: flag data that must be corrected
    - *Warnings*: flag data for double-checking; may or may not require correction
  - Identifies location in the template of the data error or warning

DIT Updates for PY 2020

New Error Validations

- *All Plans:* URLs that contain a blank space within the URL
- *QHPs*: Rating Areas in the Rates Table template that are not found in the Unified Rate Review Template (URRT)

New Warning Validations

- *QHPs*: Following values should be equal between the Rates Table template and URRT when rounded to the nearest dollar:
  - Product of (Calibrated Adjusted Index Rate * Rating Area-specific Factor) of the URRT = Age 21 non-tobacco QHP rate, for the corresponding Rating Area in the Rates Table template
  - Validation excludes issuers in States with state-specific age curves where the rating factor is not 1.000 for the Age 21 non-tobacco QHP rate: DC, MA, NJ SHOP market

DIT Updates for PY 2020 (Continued)

New Warning Validations (Continued)

- *QHPs*: Plan Marketing Name contains the term “HSA” but is not categorized as HSA-Eligible
- *Individual Market QHPs*: Missing Enrollment Payment URL
- *Child-only Plans*: Missing dependent relationship of “Brother and Sister”

Expansion of Existing Warning Validation

- *Individual Market Plans*: Missing Spouse and Child dependent relationships (child, adopted child, foster child, stepson or stepdaughter)

Removal of Error Validations

- *QHPs*: Consistency in EHB percent of total premium between the Plans & Benefits template and URRT (this field is removed in the PY20 URRT)

Data Integrity Reviews

- While CMS expects issuers to use the DIT before each submission, CMS will also conduct data integrity reviews on all 2020 QHP and SADP applications
- CMS will send data integrity review results for on-exchange plans to issuers in the Federally-facilitated Exchanges (FFEs) and State Based Exchanges on the Federal Platform (SBE-FPs)
- CMS will send summary review results for on-exchange plans to states for all QHP and SADP submissions

Review Tools

Review Tool Descriptions

Tool Title	Description	Key Updates for 2019
Data Integrity Tool	This tool identifies critical data errors within and across templates. Provides immediate feedback about data, reducing issuer resubmissions. Alerts issuers and state reviewers to irregularities in the template submissions. Imports QHP and SADP data from most application templates. Conducts validation checks beyond the standard HIOS and SERFF checks. Looks across templates for consistency in key fields. Produces error reports that describe the error and its location in the template.	• Adds new error and warning validations. • Expands existing warning validation. • Removes error validations. • Incorporates proposed 2020 MOOP limits.
Plan ID Crosswalk Tool	Checks that the Plan ID Crosswalk Template has been completed accurately, by ensuring that all counties in all FFE plans that were offered in 2019 are included in the crosswalk, the plans are crosswalked to valid 2020 plans, the crosswalk reasons selected are consistent with plan offerings, and that the crosswalk is compliant with the regulation in 45 CFR. 155.335(j).	• No major updates.
Master Review Tool	Aggregates data from the Plans & Benefits, Service Area, and Essential Community Provider (ECP)/Network Adequacy (NA), and Prescription Drug templates and serves as a data input file to the other stand-alone tools.	• All review steps tabs have been moved to a separate workbook. The tool now serves only as a data repository.

Review Tool Descriptions (Continued)

Tool Title	Description	Key Updates for 2019
Essential Community Providers (ECP) Tool	Calculates the total number of ECPs an issuer has in each plan's network and compares this to the number of available ECPs in that service area. This tool will check whether the percentage of the plan's networked ECPs is equal to or greater than the ECP threshold (as defined by federal or state regulators) to demonstrate satisfaction of the ECP inclusion standard set forth in 45 C.F.R. 156.235.	• Updated with 2020 ECP list.
SADP Essential Community Providers (ECP) Tool	Calculates the total number of ECPs an issuer has in each plan's network and compares this to the number of available ECPs in that service area. This tool will check whether the percentage of the plan's networked ECPs is equal to or greater than the ECP threshold (as defined by federal or state regulators) to demonstrate satisfaction of the ECP inclusion standard set forth in 45 C.F.R. 156.235.	• Updated with 2020 ECP list.

Review Tool Descriptions (Continued)

Tool Title	Description	Key Updates for 2019
Non-Discrimination Tool	Performs an outlier analysis for "QHP Discriminatory Benefit Design" as discussed in the 2020 Letter to Issuers. It looks at all plans within the state, goes through a group of pre-determined benefits and determines if any plan has a significantly higher copay or coinsurance for those benefits, which could potentially mean that the coverage is discriminatory.	• No major updates.
Cost Sharing Tool	Runs 4 different checks (when they are applicable to the plan) for cost sharing standards. This includes: Maximum Out of Pocket (MOOP) Review, Cost Sharing Reduction (CSR) Plan Variation Review, Catastrophic Plan Review, and Expanded Bronze Plan Review.	• Incorporates proposed 2020 CSR MOOP limits.

Review Tool Descriptions (Continued)

Tool Title	Description	Key Updates for 2019
Category & Class Drug Count Tool	Compares the count of unique chemically distinct drugs in each USPv7 category and class for each drug list with the benchmark.	• EHB-Rx Crosswalk has been updated using USPv7.0 Model Guidelines. • EHB-Rx Crosswalk has been updated using the October 1, 2018 monthly release of RxNorm. • RxNorm Drug Name Extract has been updated using the October 1, 2018 monthly release of RxNorm.
Formulary Review Suite: Non-Discrimination Formulary Outlier Review	Identifies and flags as outliers those plans that have unusually large numbers of drugs subject to prior authorization and/or step therapy requirements in 28 USP classes.	• Drug lists and categories and classes have been updated based on USPv7.
Non-Discrimination Clinical Appropriateness Review	Analyzes the availability of covered drugs associated with 10 conditions as recommended in clinical guidelines, to ensure that issuers are offering a sufficient type and number of drugs.	• No major updates.

Tool Locations, Availability and Training

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Tool Locations, Availability and Training

Tool Name	Location	Availability	Additional Training
Data Integrity Tool	Downloaded from CMS Website	April	March through August
Review Tools	Downloaded from CMS Website	April	April through August
Plan Preview	Module in HIOS, accessed by logging into valid HIOS user account associated with Issuer	June	March through August

Plan Preview

What is Plan Preview?

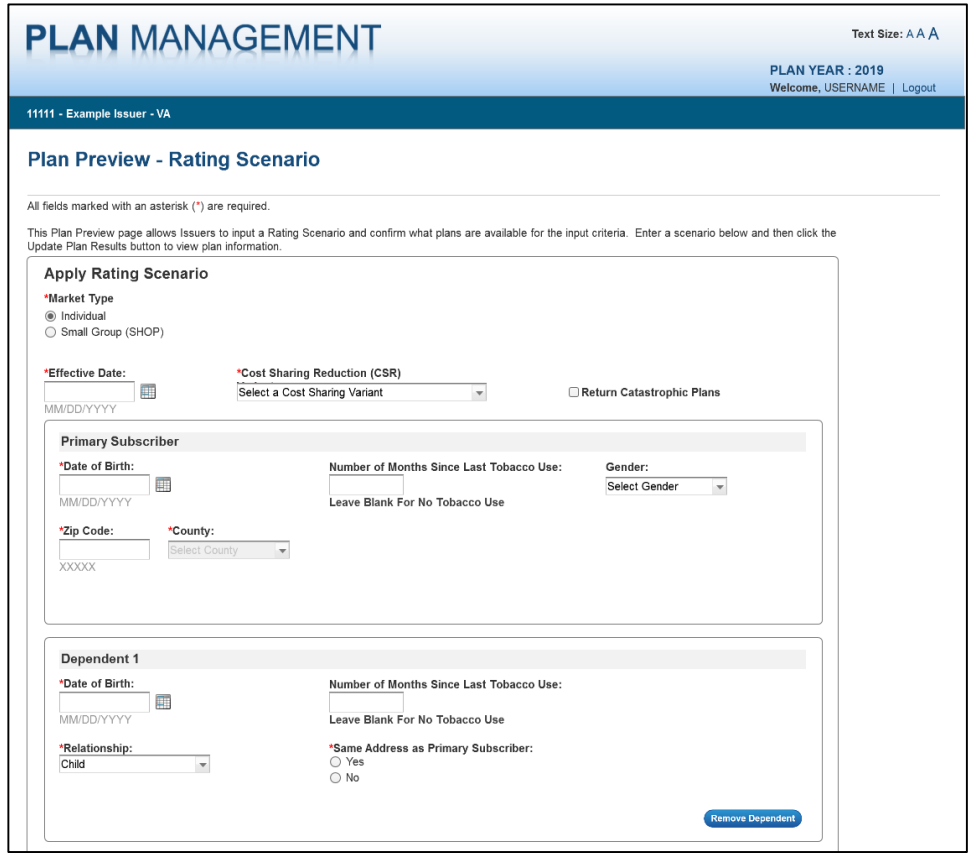
- Module in the Health Insurance Oversight System (HIOS) that issuers should use to identify data submission errors.
- Helps QHP and SADP issuers preview their own plan benefit displays for HealthCare.gov.
- Used to confirm that accurate plan data will be displayed on HealthCare.gov prior to final application submission.
- Helps states preview the plan benefit displays for all Issuers in their state.
- Closely mimics display consumers see on HealthCare.gov.

Who Participates in Plan Preview?

- HIOS issuers that have applied to have QHP or SADP individual plans available on HealthCare.gov
  - FFE Issuers
  - Issuers in SPEs or SBE-FPs (NOTE: data is available only after the state transfers data to HIOS)
- Users must be issuer Submitters or Validators for the QHP Issuer, QHP Benefits and Service Area or QHP Rating Modules
- State Departments of Insurance (DOIs) with HIOS State Reviewer access

Step 1: Select a Scenario

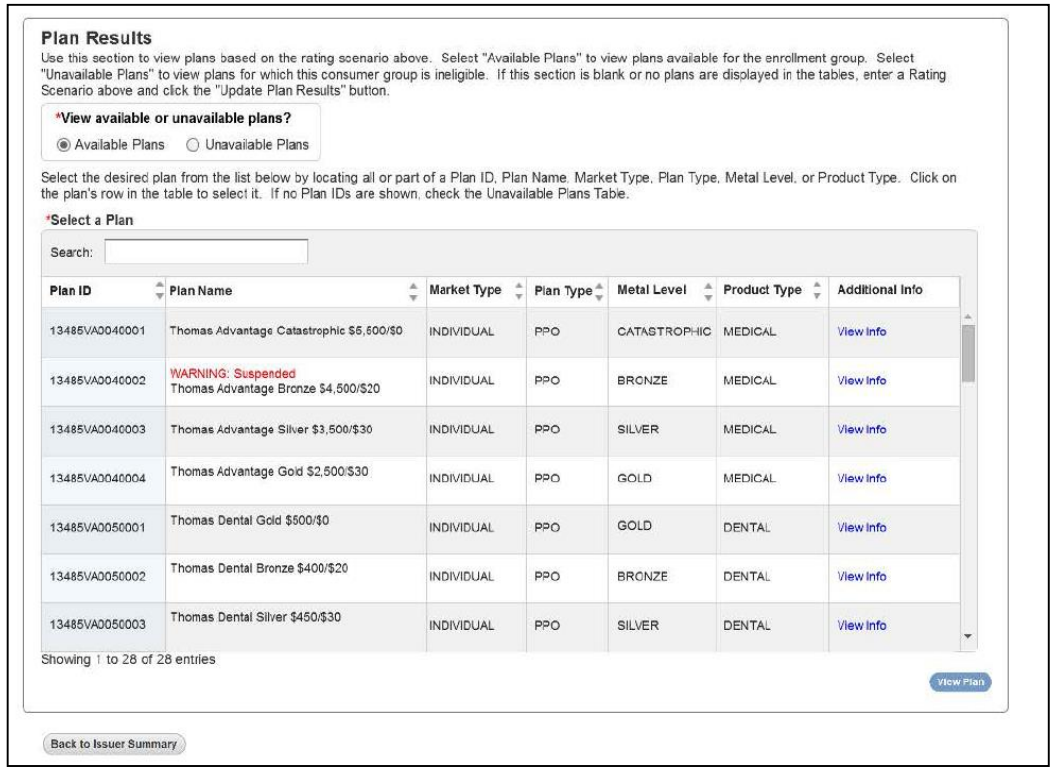
- User Inputs:
  - Market Type
  - Effective Date
  - Cost Sharing Reduction (CSR) Variant
  - Whether to return Catastrophic Plans
- Primary Subscriber:
  - DOB
  - Gender (optional)
  - # of Months since last Tobacco use
  - Zip Code
  - County
- Dependent:
  - DOB
  - # of Months since last Tobacco use
  - Gender (for secondary subscribers, optional)
  - Relationship to Primary
  - Same address as primary



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Step 2: Plan Results

- A list of available and unavailable plans will appear
- Results list is defaulted to “Available plans”
- Additional info is available on this screen



Plan Results

Use this section to view plans based on the rating scenario above. Select "Available Plans" to view plans available for the enrollment group. Select "Unavailable Plans" to view plans for which this consumer group is ineligible. If this section is blank or no plans are displayed in the tables, enter a Rating Scenario above and click the "Update Plan Results" button.

*View available or unavailable plans?

(•) Available Plans ( ) Unavailable Plans

Select the desired plan from the list below by locating all or part of a Plan ID, Plan Name, Market Type, Plan Type, Metal Level, or Product Type. Click on the plan's row in the table to select it. If no Plan IDs are shown, check the Unavailable Plans Table.

*Select a Plan

Search:

Plan ID	Plan Name	Market Type	Plan Type	Metal Level	Product Type	Additional Info
13485VA0040001	Thomas Advantage Catastrophic $5,500/$0	INDIVIDUAL	PPO	CATASTROPHIC	MEDICAL	View Info
13485VA0040002	WARNING: Suspended Thomas Advantage Bronze $4,500/$20	INDIVIDUAL	PPO	BRONZE	MEDICAL	View Info
13485VA0040003	Thomas Advantage Silver $3,500/$30	INDIVIDUAL	PPO	SILVER	MEDICAL	View Info
13485VA0040004	Thomas Advantage Gold $2,500/$30	INDIVIDUAL	PPO	GOLD	MEDICAL	View Info
13485VA0050001	Thomas Dental Gold $500/$0	INDIVIDUAL	PPO	GOLD	DENTAL	View Info
13485VA0050002	Thomas Dental Bronze $400/$20	INDIVIDUAL	PPO	BRONZE	DENTAL	View Info
13485VA0050003	Thomas Dental Silver $450/$30	INDIVIDUAL	PPO	SILVER	DENTAL	View Info

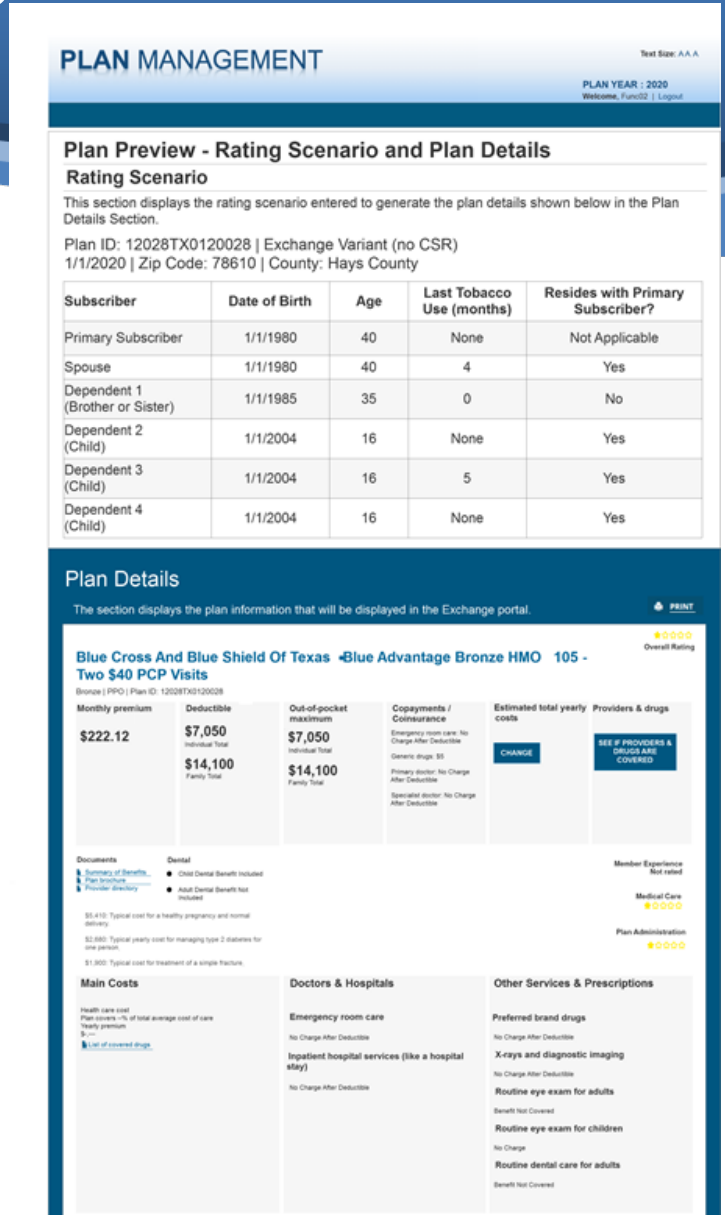
Showing 1 to 28 of 28 entries

View Plan

Back to Issuer Summary

Step 3: Plan Details Page

- Plan Preview shows a Plan Details Page (based on the Plan Compare 2.0 display)
- Ratings Scenario lists the scenario information used to create the plan display
- Separate pages available for QHP and Dental



PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2020

Welcome, Func02 | Logout

Plan Preview - Rating Scenario and Plan Details

Rating Scenario

This section displays the rating scenario entered to generate the plan details shown below in the Plan Details Section.

Plan ID: 12028TX0120028 | Exchange Variant (no CSR)
1/1/2020 | Zip Code: 78610 | County: Hays County

Subscriber	Date of Birth	Age	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/1/1980	40	None	Not Applicable
Spouse	1/1/1980	40	4	Yes
Dependent 1 (Brother or Sister)	1/1/1985	35	0	No
Dependent 2 (Child)	1/1/2004	16	None	Yes
Dependent 3 (Child)	1/1/2004	16	5	Yes
Dependent 4 (Child)	1/1/2004	16	None	Yes

Plan Details

The section displays the plan information that will be displayed in the Exchange portal.

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Overall Rating

Blue Cross And Blue Shield Of Texas -Blue Advantage Bronze HMO 105 - Two $40 PCP Visits

Bronze | PPO | Plan ID: 12028TX0120028

Monthly premium $222.12

Deductible $7,050 Individual Total $14,100 Family Total

Out-of-pocket maximum $7,050 Individual Total $14,100 Family Total

Copayments / Coinsurance

Estimated total yearly costs CHANGE

Providers & drugs SEE IF PROVIDERS & DRUGS ARE COVERED

Documents

Summary of Benefits

Plan brochure

Provider directory

Dental

Child Dental Benefit Included

Adult Dental Benefit Not Included

Member Experience Not rated

Medical Care

Plan Administration

Main Costs

Health care cost

Plan covers -% of total average cost of care

Yearly premium

$---

List of covered drugs

Doctors & Hospitals

Emergency room care

No Charge After Deductible

Inpatient hospital services (like a hospital stay)

No Charge After Deductible

Other Services & Prescriptions

Preferred brand drugs

No Charge After Deductible

X-rays and diagnostic imaging

No Charge After Deductible

Routine eye exam for adults

Benefit Not Covered

Routine eye exam for children

No Charge

Routine dental care for adults

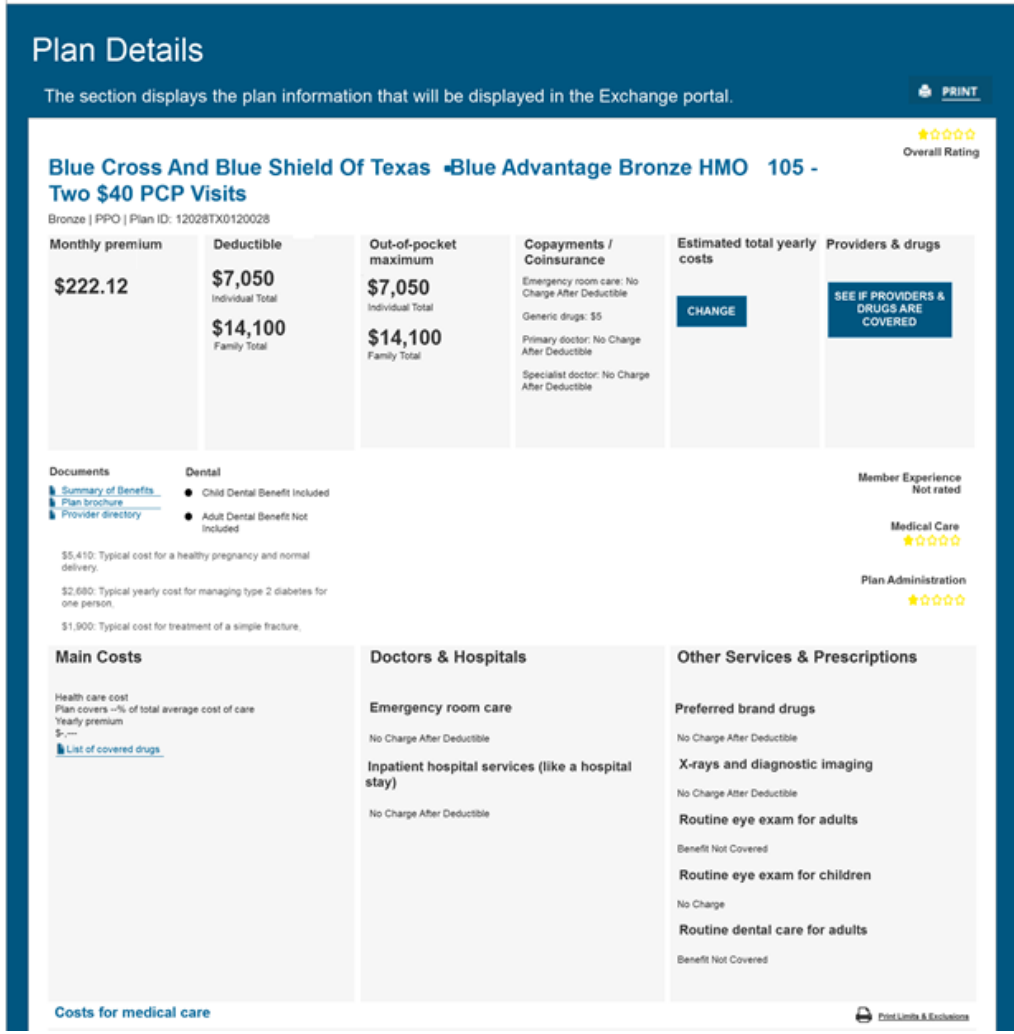
Benefit Not Covered

2020 Plan Preview Improvements

- 2020 Versioning to match Plan Compare display
  - Updated dental checkmarks (now displays ‘included’ ‘some included’ ‘not included’)
  - Removed SADP “main costs” section
  - Removed county from Network Breadth rating display
  - Small verbiage/capitalization updates
- Plan details page now displays the age of each subscriber/dependent
- Additional print button to print limits and exclusions that display on HealthCare.gov

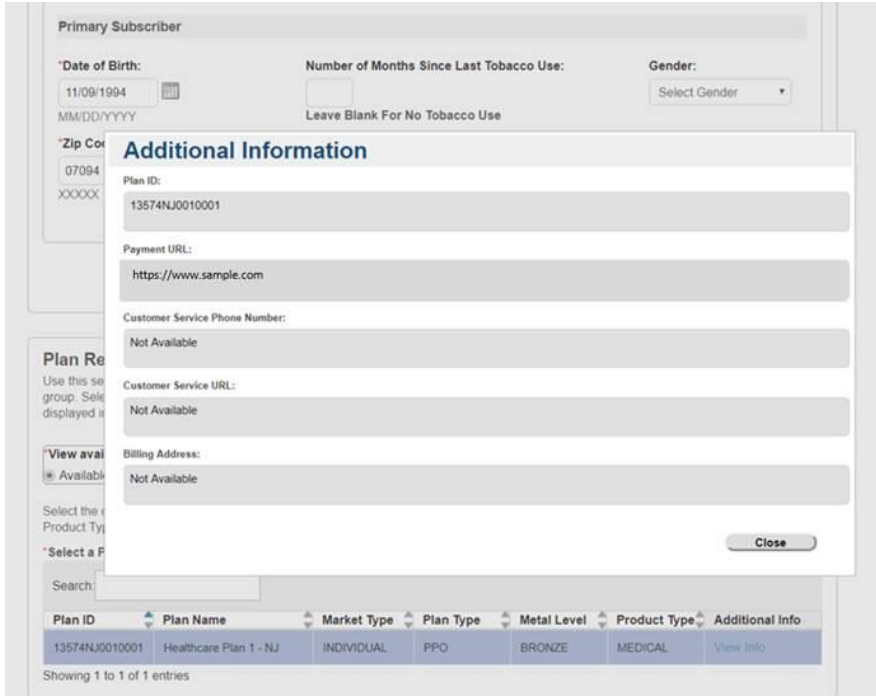
Updates to User Interface

- Plan Preview will reflect design changes found in Plan Compare 2.0.



Reminders: Plan Preview URLs

- There are 5 different URLs that issuers should use Plan Preview to verify and ensure accuracy and functionality.
  - Payment URL
    - After you create a rating scenario, the Plan Results section displays. Click on the View Info hyperlink listed for each available plan to see additional information. If the Issuer has a Payment URL, the Payment URL is listed in this pop-up.
    - The Payment URL matches the URL you entered in the *URL for Enrollment Payment* field on the Benefits Package tab of the Plans and Benefits template.
    - The Payment URL doesn't function in Plan Preview, but issuers can verify that the URL is accurate.

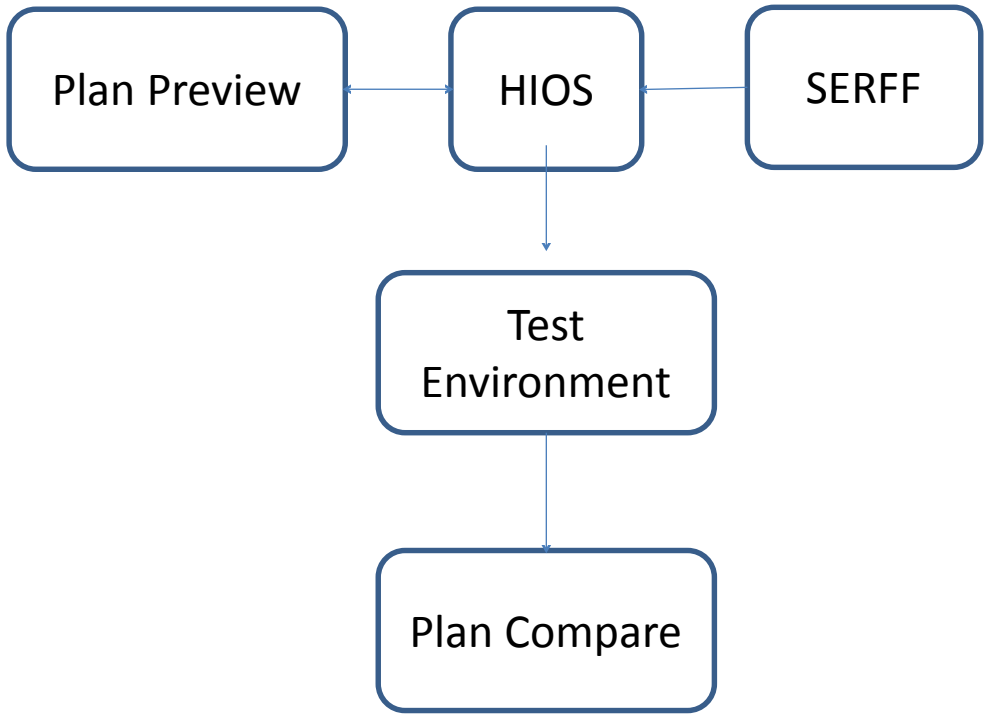


Reminders: Plan Preview URLs

- There are four URLs on the Plan Details page of Plan Preview.
- Summary of Benefits
  - Under “Documents” on the Plan Details page
  - When clicking on the *Summary of Benefits* link, the URL in the browser will match the *URL for Summary of Benefits and Coverage* field from the Cost Share Variances tab of the Plans and Benefits template.
- Plan brochure
  - Under “Documents” on the Plan Details page
  - When clicking on the *Plan brochure* link, the URL in the browser will match the *Plan Brochure* field from the Cost Share Variances tab of the Plans and Benefits template.
- Provider directory
  - Under “Documents” on the Plan Details page
  - When clicking on the *Provider directory* link, the URL in the browser will match the *Network URL* field in the Network template. The network ID listed in the Plans and Benefits template maps to the *Network ID* field listed in the Network template. A network URL is listed for every Network ID.
- List of covered drugs
  - Under “Main Costs” on the Plan Details page
  - When clicking on the *List of covered drugs* link, the URL in the browser will match the *Formulary URL* field in the Prescription Drug template. The *Formulary ID* listed in the Plans and Benefits template for each plan maps to the Prescription Drug template. There is a formulary ID associated with every Formulary URL.

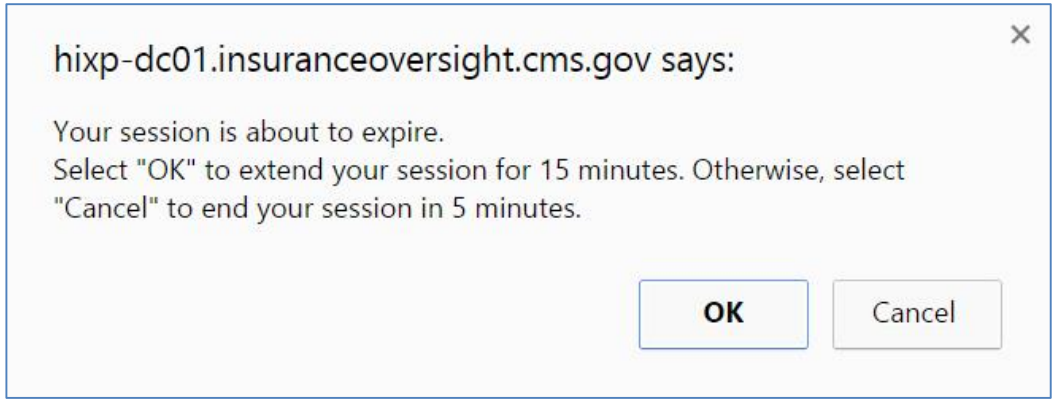
System Connections: Data Flow

- Issuers make data template changes in HIOS (for HIOS submitters) and SERFF (for SERFF submitters).
- SERFF templates are pushed to HIOS by the states. Once in HIOS, data changes show up in Plan Preview within a few hours.
- After Plan Preview, data is transferred to the test environment. Once the data has been tested by CMS staff, it is transferred to Plan Compare.
- Plan Compare and the test environment show the most recent refreshed template data in the database.



System Connections: Log-in

- The Plan Preview Module no longer requires you to remain logged into the HIOS pages (previously caused time-out issues for users).
- You will still be required to stay logged into the Plan Preview Module.
- When the pop-up appears, click the OK button to remain logged into the Module.



Partnering to Improve Outcomes

- Account Managers will reach out to all issuers about using Plan Preview.
- Using Plan Preview reduces display errors and the need for data corrections.
- This will result in better data and a better consumer experience.

Focus on Issuers with Multiple Data Corrections

- Issuers that previously had display errors, that could have been prevented by using Plan Preview will have additional Account Manager outreach and support to help limit data corrections and compliance actions. Your Account Manager is your resource for Plan Preview questions.

Questions



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