DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): EDGE SERVER PLAN DATA OVERVIEW

January 22, 2019

EDGE Server Webinar Series VIII

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Session Agenda

- Session Guidelines
- Intended Audience
- Purpose
- External Data Gathering Environment (EDGE) Server Announcements
- EDGE Server Plan Data Overview
- Question and Answer (Q&A)
- Resources
- Closing Remarks

Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content, submit inquiries to EDGE_Server_Data@cms.hhs.gov.
  - Include EDGE server and the Health Insurance Oversight System (HIOS) ID in the subject line.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Intended Audience

- Health insurance issuers
- Third Party Administrators (TPAs)

Purpose

- This EDGE server session will:
  - Provide an overview of plan data and how it is used on EDGE
  - Review the plan data sources
  - Explain how to correct plan data that is missing or incorrect
  - Provide key Benefit Year (BY) 2019 plan data load dates

EDGE Server Announcements

Unique Enrollee ID Reminder

- The requirements for Enrollee IDs submitted to the EDGE server are defined under 45 CFR 153.720. Issuers must:
  - Use a unique masked enrollee identification number for each enrollee
  - Use the same Unique Enrollee ID:
    - If the enrollee switches plans within the issuer
    - Has dual coverage
    - All subsequent enrollments even if there are lapses in coverage

Unique Enrollee ID Reminder (continued)

- Unique Enrollee ID Example:

Enrollee Record ID	Unique Enrollee ID	Enrollee DOB	Enrollee Gender
1104	A3ow88R	1955-04-01	M

Enrollment Period Record ID	Subscriber Indicator	Subscriber ID	Plan ID	Enrollment Start Date	Enrollment End Date	Premum	Rating Area
1105	S		21890KY001000104	2016-01-01	2016-12-31	355.99	003
1106	S		21890KY001000104	2018-01-01	2018-12-31	375	003

EDGE Server Plan Data Overview

Introduction

- The plan data reference tables store issuer-specific plan data elements used to verify the Plan IDs and Rating Areas.
- Plan data is used when:
  - Submitting EDGE inbound files (e.g., enrollment, claims)
  - Selecting claims for program calculations
  - Calculating risk scores for enrollees
- Plans for an issuer are approved to be offered for the applicable benefit year by each state's Departments of Insurance (DOI) or other regulating entity.

Introduction (continued)

- There are two plan data reference tables:
  - Plan Reference Table, which contains:
    - Issuer's 16-digit Plan ID (i.e., the 14-digit HIOS Standard Component ID and the 2-digit variant, where "00" is for off-Exchange plans and "01-06" is for on-Exchange plans)
    - Market coverage type (i.e., individual, small group)
    - Exchange type (i.e., on-Exchange, off-Exchange)
    - Metal level (e.g., platinum, gold, silver, bronze, catastrophic)
  - Rating Area Reference Table, which contains the available Rating Areas for each 16-digit Plan ID

Introduction (continued)

*When reusing a Plan ID from one benefit year to the next, the metal level, market type, and product type must **all** be the same.*

- This is critical to ensure:
  - The integrity of the RA program because we only include enrollment and claims paid under valid plans and rating areas in program calculations
  - Adherence to uniform modification requirements established in 45 CFR 147.106 and in 45 CFR 144.103 (definition of "plan")
- If the plan's actuarial value changes, resulting in a change in the metal level, an issuer must establish a new Plan ID for the following benefit year.

Introduction (continued)

- The Centers for Medicare & Medicaid Services (CMS) validates plan data files from our various plan data sources to verify that reused Plan IDs have the same metal level, market type, and product type.
  - A new plan data record will be rejected if the metal level, market coverage type (i.e., individual or small group), or product type (e.g., HMO, PPO) for a 14-digit HIOS Standard Component ID differs from a previous benefit year.
- **Records rejected due to this validation will not be loaded to an issuer's EDGE server.**

Issuer Responsibilities

- Issuers should review the plan data contained in the Plan Reference Table (Table Name: **INSRNC_PLAN)** each time new plans are loaded to ensure:
  - It contains all plans approved to be offered by the issuer for the applicable benefit year
  - The metal level, market type, and other plan data elements are accurate
  - The correct variants are present for a plan

Issuer Responsibilities (continued)

- Issuers should review the Rating Area Reference Table (Table Name: **ISSR_PLCY_RATG_AREA**) to verify that all of the plan's approved rating areas are present.
  - For example, if a plan was approved to be offered in rating areas 1, 2 and 3, but not rating area 4, the table should contain the plan for rating areas 1, 2, and 3 but not rating area 4.

Issuer Responsibilities (continued)

- If you find an issue with your plan data, please follow the steps outlined in this presentation to correct it.
- The steps for correction depend on the source of the plan data that needs to be corrected.

CMS Responsibilities

- Gather data from the applicable plan data sources.
- Review requests from issuers regarding missing/inaccurate plan data.

Plan Data Sources

Plan Data Sources

- CMS collects plan data for use on issuer EDGE servers from the following four sources:
  - The Federally-facilitated Exchange (FFE) including State Partnership Exchange (SPE) and State-based Exchange-Federal Platform (SBE-FP)
  - State-based Exchange (SBE)
  - Rates and Benefits Information System (RBIS) (for off-Exchange plans)
  - Issuer-submitted Plan Data Templates

FFE & SBE Plan Data

- The Marketplace Plan Management Team at CMS provides FFE data (including SBE-FP).
- The appropriate SBE or entity completing Qualified Health Plan (QHP) certification provides SBE data.
  - CMS receives the SBE data through the National Association of Insurance commissioners' (NAIC's) System for Electronic Rate & Forms Filings (SERFF).
- Plan data from these sources is composed of on-Exchange plan data only.

RBIS Plan Data

- RBIS provides off-Exchange plan data.
- There are typically four plan submission windows per plan year.
  - RBIS data is loaded on EDGE following each submission window.
- Issuers must validate or attest to RBIS plan filings for their respective organization.

Contact your internal plan data team frequently, to ensure they meet the plan data submission deadlines.

Issuer Plan Data Templates

- Issuer Plan Data Templates are used to correct plan data or add missing plan data that cannot be corrected through the source data.
- Issuer Plan Data Templates are located on the Registration for Technical Assistance Portal (REGTAP) and may be submitted to EDGE_Server_Data@cms.hhs.gov.
- CMS will validate your template against the following sources:
  - CMS validates on-Exchange, SBE data using the SBE Public Use File (PUF), located at https://www.cms.gov/CCIIO/Resources/Data-Resources/sbm-puf.html.
  - CMS validates on-Exchange, FFE data using the QHP Landscape Files, located at https://www.healthdata.gov/dataset/qualified-health-plan-qhp-landscape.
  - CMS uses the Uniform Rate Review Template (URRT), located at https://www.cms.gov/CCIIO/Resources/Data-Resources/ratereview.html to validate all other plan data.

Issuer Plan Data Templates (continued)

- CMS will also confirm with the applicable state DOI or Exchange to ensure that the plan was approved to be offered in the listed Rating Areas.
- It may take several weeks to confirm the requested changes with the state DOI or Exchange before the changes appear on EDGE.

Small Group Rollover

- Each year, CMS adds small group plans that do not have a plan record in the current benefit year, but may have enrollees that renew on an off-calendar year basis.
  - Example:
    - Issuer ABC has Plan A in BY2018, which is a small group plan not available in BY2019, and there is a group that renews in October of each year.
    - Once CMS rolls the plan over, the issuer can submit enrollment and claims for this group from January - September 2019.
- The small group rollover prevents issuers from having to submit these plans to RBIS.

Plan Data Correction Process

Before you contact CMS about missing plan data…

- Issuers often contact the FMCC regarding missing plan data after seeing EDGE Error Code 6.3, Missing Reference Data.
- Prior to contacting the FMCC, issuers should:
  (1) Confirm that the Plan ID is correct and approved for the applicable benefit year by verifying with your internal plan data team that the Plan ID for the given enrollee is correct
    - Often the Plan ID itself is inaccurate or the enrollee was assigned to an incorrect plan.
  (2) Check if the Plan ID is in the "**INSRNC_PLAN**" table of the "EDGE_SRVR_COMMON" schema on the EDGE server
    - Issuers should verify all applicable Rating Areas are in the **"ISSR_PLCY_RATG_AREA**" table.

Note: Please see Appendix E of the EDGE Server Business Rules (ESBR) in the REGTAP Library for additional information regarding how to run queries for identifying missing plan data.

Correcting on-Exchange Plan Data

- Step 1: Perform a plan data refresh on the EDGE Server Management (ESM) Console.
- Step 2: Consult with your plan data team to ensure that these plans were filed with the appropriate plan data sources during the correct market year.
  - Check public plan data source documents (i.e., QHP Landscape, SBE PUFs, URRT).

Correcting on-Exchange Plan Data (continued)

- Step 3: Submit missing plans to the FMCC at EDGE_Server_Data@cms.hhs.gov.
- Step 4: CMS will work with the Marketplace Plan Management team at CMS or the SBE to correct the data.
  - CMS must receive the FFE plan data from the Marketplace Plan Management team and the SBE data via SERFF to be loaded to the EDGE plan data reference table.

Correcting off-Exchange Plan Data

- Step 1: Perform a plan data refresh on the ESM Console.
- Step 2: Consult with your plan data team to ensure that these plans were filed with the appropriate plan data sources during the correct market year.
  - Check public plan data source documents (i.e., URRT).

Correcting off-Exchange Plan Data (continued)

- Step 3: Submit missing plans to the FMCC at EDGE_Server_Data@cms.hhs.gov.
- Step 4: CMS will validate the issuer-submitted template.
  - CMS will verify with DOIs that Issuer Plan Data Templates are accurate and approved for the applicable market year.
  - DOI-approved Issuer Plan Data Templates will be loaded in the next plan data scheduled load as published in REGTAP.

Correcting off-Exchange Plan Data (continued)

- BY2018
  - Issuer Plan Data Templates are required in order to load and/or correct 2018 off-Exchange plan data.
  - The CMS EDGE Team will contact the state DOI prior to loading any off-Exchange plan data.
- BY2019
  - All updates for BY2019 plan data must be submitted to RBIS by the final submission window.

BY2019 Plan Data Load Dates

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BY2019 Plan Data Load Dates

Date	Description
11/02/2018	RBIS Submission Window 1 for 2019 Plan Data closed
11/15/2018	2019 FFE/SBE on-Exchange plan data loaded to EDGE Servers
2/01/2019	RBIS Submission Window 2 for 2019 Plan Data closes
2/22/2019	2019 RBIS and Medicaid Expansion Plans are loaded

Summary

Summary

- When reusing a Plan ID from one benefit year to the next, the metal level, market type, and product type must **all** be the same.
- CMS obtains on-Exchange and off-Exchange plan data from various sources.
  - Contact your internal plan data team frequently to ensure they meet the plan data submission deadlines.
- Issuers are responsible for verifying that their plan data is complete and accurate.
- Issuers should follow the listed steps to correct any plan data or add any missing plan data.

Frequently Asked Questions

Frequently Asked Questions

- Q1. Should my organization submit off-Exchange only plans to RBIS?
  - A. Yes, your organization should submit all off-Exchange plans that are approved to be offered to RBIS.
- Q2. We have questions about RBIS submissions. Who should we contact?
  - A. If your organization's EDGE team has questions regarding RBIS submissions, you should contact your internal plan data team. You may contact the CMS RBIS team at cciioplanfinder@cms.hhs.gov.

Frequently Asked Questions (continued)

- Q3. Should the rating area submitted for an enrollee in a small group plan be based on the employer's address or the employee's address?
  - A. The rating area for an enrollee should be based on the employer's primary address. Please refer to REGTAP FAQ 72a and 146 for additional information.

Frequently Asked Questions (continued)

- Q4. How should issuers submit small group plans that are no longer being offered for the EDGE data submission benefit year, but do have policies that cross benefit years?
  - A. On an annual basis, CMS will complete 'small group plan roll-over' for small group plans that are offered in the previous benefit year, but are no longer offered in the current benefit year, for EDGE data submission. This streamlined process allows issuers to submit enrollment and claims data for policies that continue to exist.

Frequently Asked Questions (continued)

- Q5. Under what circumstances will the CMS EDGE team roll over small group plans for an issuer?
  - A. CMS will roll over small group plans for an issuer if the plans appear in the previous benefit year but not in the current benefit year. Once a plan is rolled over once, it will not be rolled over again.
  - If an issuer forgets to submit a plan to RBIS in one benefit year, it will appear as if the plan is discontinued and thus the CMS EDGE team will roll the plan over and it will appear for the following benefit year. However, this means that the plan will not appear in future benefit years unless it is resubmitted to RBIS.

Frequently Asked Questions (continued)

- Q6. Do I have to submit a justification indicating why the plans on my Issuer Plan Data Template (IPDT) were not submitted to RBIS?
  - A. Yes. CMS asks that issuers provide additional information for CMS to better understand the circumstances causing issuers to submit an IPDT. The additional information also helps to inform CMS' process for reviewing templates and outreach to the regulating entity (e.g., Department of Insurance [DOI]).

Questions?

To submit or withdraw questions by phone:

- *Dial **"star(*), pound (#)"** on your phone's keypad to ask a question.*
  - *Dial **"star(*), pound (#)"** on your phone's keypad to withdraw your question.*

Upcoming Webinar

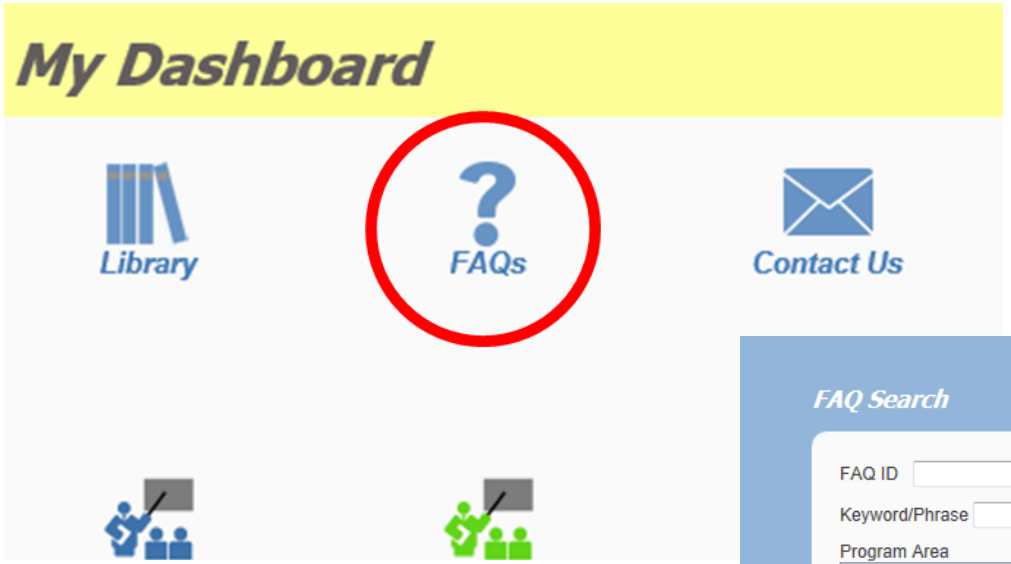
Webinar	Scheduled Event Date
Question and Answer (Q&A) Session	January 29, 2019

Resources

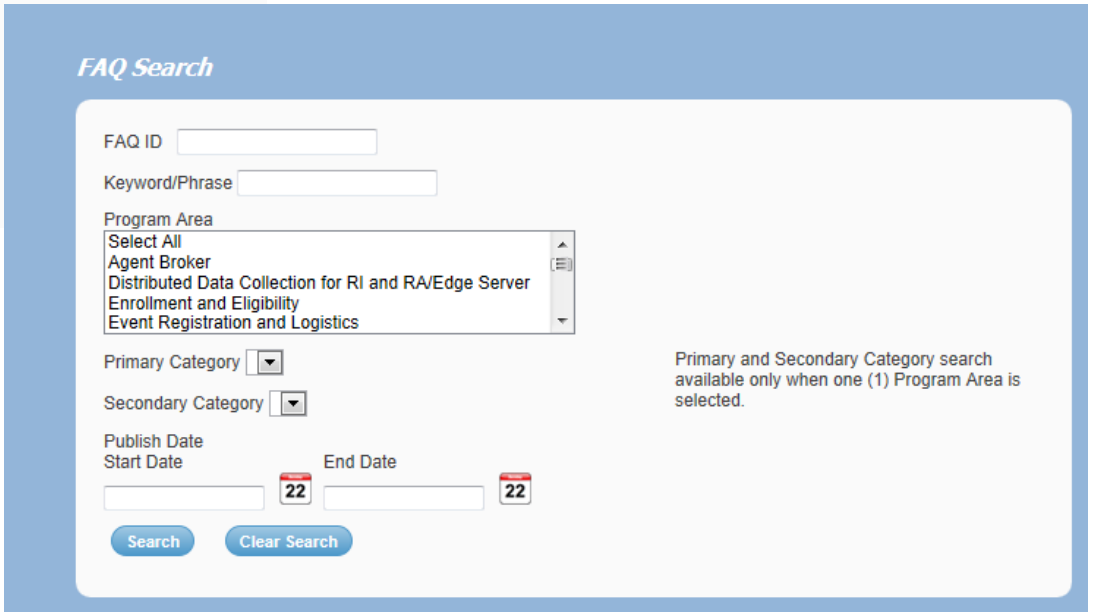
Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	http://cms.gov/cciio/
Registration for Technical Assistance Portal (REGTAP) • Registration • Inquiry Tracking and Management System (ITMS) • Resource Library • Frequently Asked Questions (FAQs)	https://www.REGTAP.info/

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories and Publish Date.



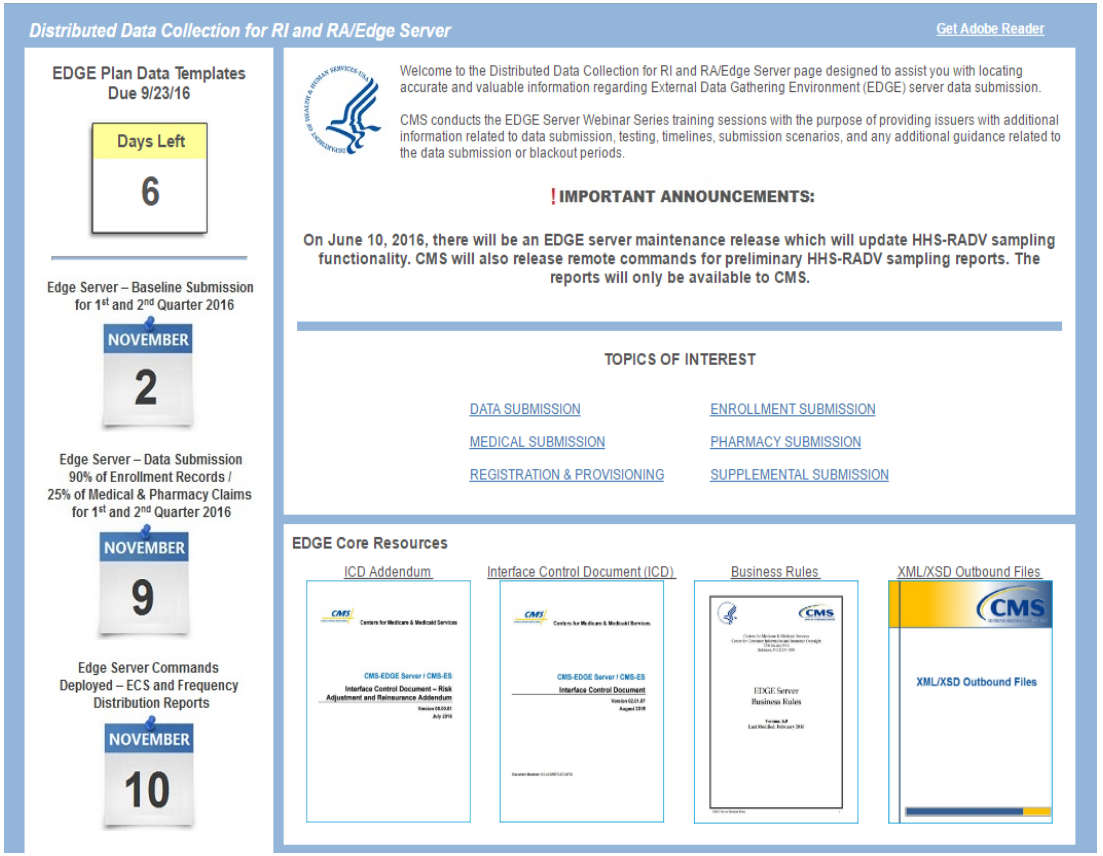
FAQ Database is available at https://www.REGTAP.info

DDC/EDGE Server Resource Page

The DDC/EDGE Server Resource Page provides central access to job aids, announcements, documentation, FAQs, deadlines and other resources.

To access the DDC/EDGE Server Resource Page, click on the Program Area Pages icon on 'My Dashboard' or access the page at https://www.REGTAP.info/ddc.php.



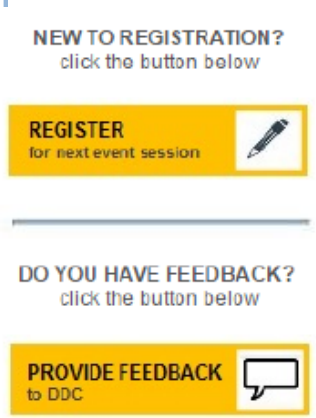


DDC/EDGE Server Resource Page (continued)



For quick access to related documentation, users can find resources organized by Topics of Interest, such as 'Medical Submission' or 'Registration'.

Users can also register for active EDGE Server training series, contact CMS, provide feedback and more.





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Closing Remarks

Closing Remarks

- Immediately following this session you will be directed to complete a survey.
  - Please take a moment to submit any ideas, suggestions, or feedback you may have regarding DDC EDGE Server Series VIII.