

Plan Year (PY) 2021 Data Integrity Tool, Review Tools and Plan Preview

April 27, 2020

**Qualified Health Plan (QHP)
Issuer Conference**

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Data Integrity

Data Integrity

- Issuers must submit completed Plan Year 2021 QHP applications by June 17, 2020. Issuers must submit completed Rates Table templates by July 22, 2020.
- Issuers can make corrections and updates to the templates until the deadline for issuers to change QHP applications on August 19, 2020.
- CMS provides several tools to help issuers identify template errors. A request for a data change after August 19, 2020, excluding administrative changes, may indicate that templates are inaccurate and may result in compliance action.
- Issuers should use the tools 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

- Excel-based tool for issuers and State reviewers:
 - Identifies critical data errors within and across templates for on-exchange & off-exchange QHPs and Stand-alone Dental Plans (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

PY2021 DIT Updates: New Error Validations

New Error Validations: All Plans

- Consistency between Medical/Dental Plan Indicators in the Plans & Benefits Template and Business Rule Template
 - Identifies inconsistencies between the "Medical or Dental Rule?" value in the Business Rule Template and the corresponding Medical/Dental plan indicator(s) in the Plans & Benefits Template.
- Deductible or MOOP Format
 - Identifies deviations from the "\$X per person | \$Y per group" format for family deductible and MOOP values in the Plans & Benefits Template, which must have no missing spaces or added characters when entering or pasting data.
- Duplicate ZIP Codes in the Service Area Template
 - Flags partial county Service Areas with duplicate zip code entries.

PY2021 DIT Updates: New Error Validations (Continued)

New Error Validations: QHPs

- Rate consistency between the URRT and Rates Table Template
 - Checks that the product of the URRT Calibrated Plan Adjusted Index Rate and URRT Rating Factor does not vary by more than \$2.00 from the corresponding age 21 non-tobacco rate of the Rates Table Template.
 - Previously was a warning validation in PY2020.
- Underage Tobacco Rating
 - For the underage tobacco age bands of 0 through 20, checks that the Individual Tobacco Rate equals the Individual (non-tobacco) Rate in the Rates Table Template when rounded to the nearest penny.

PY2021 DIT Updates: New Warning Validations

New Warning Validations: All Plans

- Consistency between Off-Exchange Plan Variant Marketing Name and Plan Variant ID
 - Identifies plan variant marketing names that contain the term “Off Exchange” or “Off-Exchange” yet the plan variant ID does not end in -00.
- Unused Rating Areas
 - Identifies Rating Area IDs in the Rates Table Template that do not correspond to any Service Area in the Service Area Template.

New Warning Validation: QHPs

- Consistency between Plan Variant Marketing Name and Level of Coverage
 - Identifies plan variant marketing names containing a metal-related text (e.g., contains the term “Catastrophic,” “Bronze,” “Silver,” “Gold,” or “Platinum”) but whose metal level value differs from the name text.

PY2021 DIT Updates: Removal of Error Validations

Removal of Error Validations

- *All URL Validations*
 - URLs are no longer collected in the QHP Application templates and must be submitted in the Health Insurance Oversight System (HIOS) Supplemental Submission Module (SSM).
- *Individual Market Plans: Individual Rating Consistency between Business Rules and Rates Table Templates*
 - The “How are rates for contracts covering two or more enrollees calculated?” field was removed in the PY21 Business Rule Template.
- *Individual Market Plans: Tiered Rating Consistency between Business Rules and Rates Table Template*
 - The “How are rates for contracts covering two or more enrollees calculated?” field was removed in the PY21 Business Rule Template.

Data Integrity Reviews

- While CMS expects issuers to use the DIT before each submission, CMS will conduct data integrity reviews on all 2021 QHP and SADP applications.
- CMS will send data integrity review results for on-exchange plans to issuers in Federally-facilitated Exchanges (FfEs), State Partnership Exchanges (SPEs) and State Based Exchanges on the Federal Platforms (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 2020
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 System for Electronic Rate and Form Filing (SERFF) checks. Looks across templates for consistency in key fields. Produces error reports that describe the error and its location in the template.	• Accommodates new 2021 data • Incorporates 2021 Maximum Out Of Pocket (MOOP) limits proposed in the draft 2021 Payment Notice • Ensures family Deductible and MOOP values adhere to the correct format • Ensures Rating Areas found in the Rates Table template are associated to counties in the Service Areas listed in the Plans & Benefits • Ensures that there are no duplicate ZIP codes in the Service Area Template • Ensures consistency between the Plan Variant Marketing Name and other fields in the Plans & Benefits Template • Ensures consistency between the Medical/Dental plan indicator in the Plans & Benefits Template and the Business Rule Template • Ensures that QHP Individual Tobacco Rate equals the Individual (non-tobacco) Rate in the Rates Table Template for underage tobacco age bands 0-20
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).	• Accommodates new 2021 templates
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.	• Accommodates new 2021 templates

Review Tool Descriptions (Continued)

Tool Title	Description	Key Updates for 2020
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 2021 ECP list. • Accommodates new 2021 templates
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 2021 ECP list. • Accommodates new 2021 templates

Review Tool Descriptions (Continued)

Tool Title	Description	Key Updates for 2020
Non-Discrimination Cost Sharing 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.	• Accommodates new 2021 templates • Tool title was changed from "Non-Discrimination Benefit Review Tool" to "Non-Discrimination Cost Sharing Review Tool"
Cost Sharing Tool	Runs 4 different checks (when they are applicable to the plan) for cost sharing standards. This includes: MOOP Review, Cost Sharing Reduction (CSR) Plan Variation Review, Catastrophic Plan Review, and Expanded Bronze Plan Review.	• Accommodates new 2021 templates • Incorporates 2021 MOOP limits proposed in the draft 2021 Payment Notice

Review Tool Descriptions (Continued)

Tool Title	Description	Key Updates for 2020
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.	• Accommodates new 2021 templates • EHB-Rx Crosswalk has been updated using USPv7.0 Model Guidelines • EHB-Rx Crosswalk has been updated using the December 2, 2019 monthly release of RxNorm • RxNorm Drug Name Extract has been updated using the December 2, 2019 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.	• Accommodates new 2021 templates • Drug lists and categories and classes have been updated using USPv7.0 Model Guidelines
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.	• Accommodates new 2021 templates

Tool Locations, Availability and Training

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	April	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



PLAN MANAGEMENT

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PLAN YEAR : 2021
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10333 - TEST 14.0 - TX

Plan Preview - Rating Scenario

All fields marked with an asterisk (*) are required.

This Plan Preview page allows Issuers to input a Rating Scenario and confirm what plans are available for the input criteria. Enter a scenario below and then click the Update Plan Results button to view plan information.

Apply Rating Scenario

*** Market Type**
☒ Individual
☐ Small Group (SHOP)

*** Effective Date:**
MM/DD/YYYY

*** Cost Sharing Reduction (CSR) Variant:** Select a Cost Sharing Variant ☐ Return Catastrophic Plans

Primary Subscriber

*** Date of Birth:**
MM/DD/YYYY

Number of Months Since Last Tobacco Use:
Leave Blank For No Tobacco Use

Gender:

*** Zip Code:** XXXXX

*** County:** Select County

Dependent 1

*** Date of Birth:**
MM/DD/YYYY

Number of Months Since Last Tobacco Use:
Leave Blank For No Tobacco Use

*** Relationship:** Select a Relationship

*** Same Address as Primary Subscriber:**
☐ Yes
☐ No

[Remove Dependent](#)

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. Select View Info link in the plan ID's row to highlight the row. Then select the View Plan button to be redirected to the plan's Plan Details page. If no Plan ID's 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
10333TX0010001	Texas TX Bronze 1	INDIVIDUAL	INDEMNITY	BRONZE	MEDICAL	View Info
10333TX0010002	Texas TX Expanded Bronze 2	INDIVIDUAL	PPO	BRONZE	MEDICAL	View Info
10333TX0010003	Texas TX Silver 3	INDIVIDUAL	HMO	SILVER	MEDICAL	View Info
10333TX0010014	Texas TX Bronze 14	INDIVIDUAL	INDEMNITY	BRONZE	MEDICAL	View Info
10333TX0030001	Texas TX High 1	INDIVIDUAL	INDEMNITY	LOW	DENTAL	View Info

Showing 1 to 9 of 9 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

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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: 10333TX0010003 | Exchange variant (no CSR)
1/1/2021 | Zip Code: 77001 | County: Harris

Subscriber	Date of Birth	Age	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/1/1980	41	None	Not Applicable
Dependent 1 (Child)	1/1/2010	11	None	Yes

Plan Card

This is the initial view of the plan that will be displayed in the Plan Search Results on the Exchange portal.

Estimated monthly premium

\$1,573

[Plan Details](#)

[Like This Plan](#)

TESTER 1

[Texas TX Silver 3](#)

Silver | HMO | National Provider Network | Plan ID: 10333TX0010003

Deductible	Out-of-pocket maximum	Estimated total yearly costs
\$2,000	\$4,793	
Family Total	Family Total	Add

Copayments / Coinsurance

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
\$593 Copay with deductible/10% Coinsurance after deductible	Not Applicable	\$503 Copay with deductible/10% Coinsurance after deductible	\$513 Copay with deductible/10% Coinsurance after deductible

Plan features

- Adult Dental
- Child Dental

[Add Your Medical Providers](#)
Add your medical providers and we'll show you which plans cover them

[Add Your Prescription Drugs](#)
Add your prescription drugs and we'll show you which plans cover them

[Compare](#)

Plan Details

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

Plan Documents

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)
- [List of covered drugs](#)

Star Rating

Member Experience	Not rated
Medical Care	Not rated
Plan Administration	Not rated

[PRINT](#)

2021 Plan Preview Improvements

- 2021 Versioning to match Plan Compare display
 - Addition of ‘plan card’ section above the plan details
 - Adjustments to headers and other look and feel items
 - Will only display Medical management programs if the plan offers disease management programs
- Addition of remaining business rules relationships; Plan Preview will now allow the selection of all valid relationships

Updates to User Interface

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

Plan Card

This is the initial view of the plan that will be displayed in the Plan Search Results on the Exchange portal.

Estimated monthly premium \$1,573	TESTER 1 Texas TX Silver 3 Silver HMO National Provider Network Plan ID: 10333TX0010003			Not rated ☐ Compare
Deductible \$2,000 Family Total		Out-of-pocket maximum \$4,793 Family Total	Estimated total yearly costs Add	
Copayments / Coinsurance				
Emergency room care \$593 Copay with deductible/10% Coinsurance after deductible		Generic drugs Not Applicable	Primary doctor \$503 Copay with deductible/10% Coinsurance after deductible	Specialist doctor \$513 Copay with deductible/10% Coinsurance after deductible
Plan Details Like This Plan		Plan features ✔ Adult Dental ✔ Child Dental	Add Your Medical Providers Add your medical providers and we'll show you which plans cover them	Add Your Prescription Drugs Add your prescription drugs and we'll show you which plans cover them

Plan Details

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

 [PRINT](#)

Plan Documents

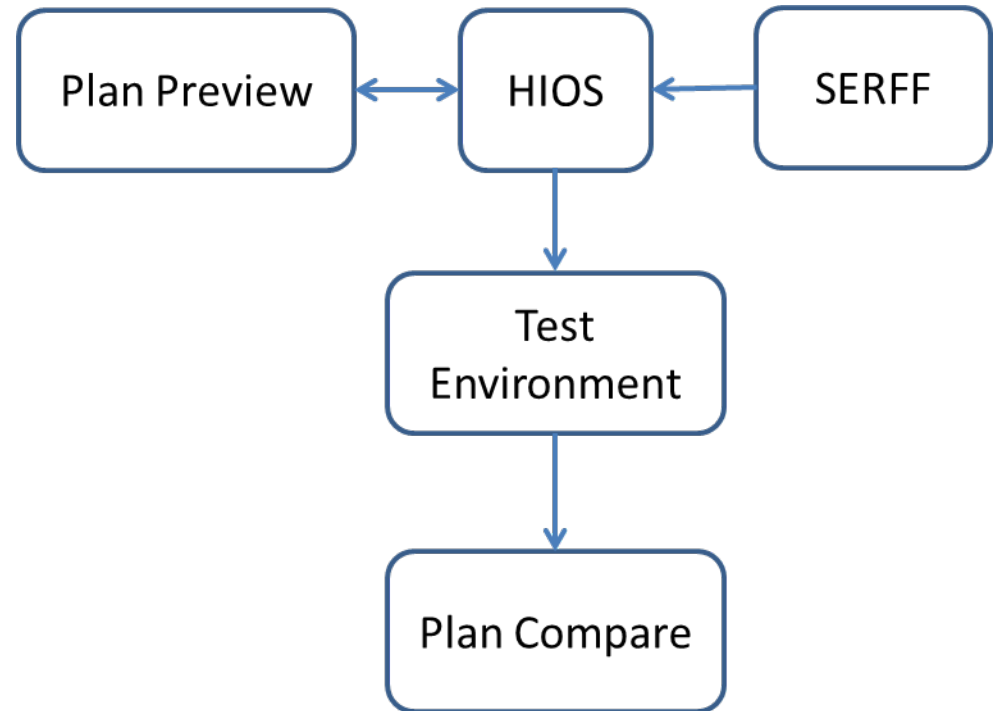
- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)
- [List of covered drugs](#)

Star Rating

Member Experience	Not rated
Medical Care	Not rated
Plan Administration	Not rated

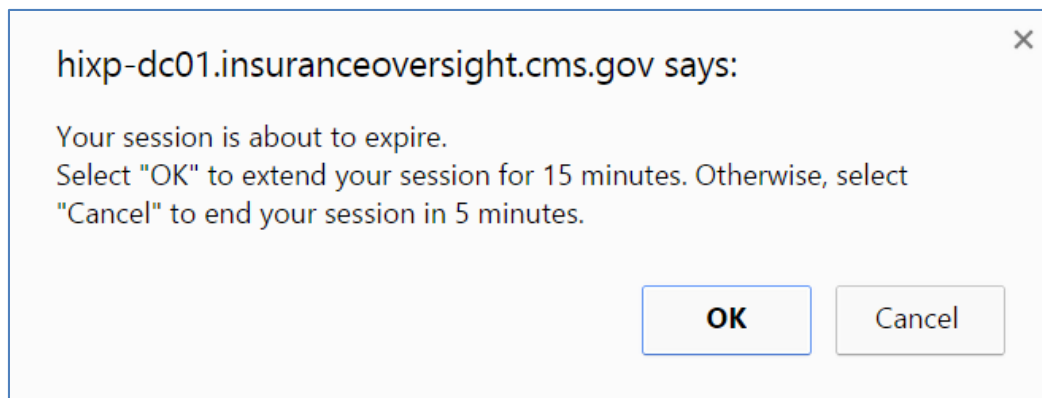
System Connections: Data Flow

- 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?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then dial “star(*) pound(#)” on your phone’s keypad.*
- To submit questions by webinar:

Type your question in the text box under the “Q&A” tab and click “Send.”