Overview of System for Electronic Rate and Form Filing (SERFF), Master Review Tool, and Cost Sharing Review Tool



April 18, 2018

Center for Consumer Information and Insurance Oversight (CCIIO)

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- Members of the press or a media outlet should disconnect the call at this time and contact the Centers for Medicare & Medicaid Services (CMS) Press Office for further information.

Session Guidelines

- This is a 45-minute webinar session.
- Throughout the webinar, you may submit questions via the Q&A Panel.
- We will address questions during the Q&A session at the end of the presentation.
- For questions regarding content or logistics, contact the REGTAP Registrar at registrar@regtap.info or (800) 257-9520.

Agenda

- Overview of SERFF
- Master Review Tool
- Cost Sharing Review Tool Overview
- Resources
- Live Q&A Session
- Closing Remarks

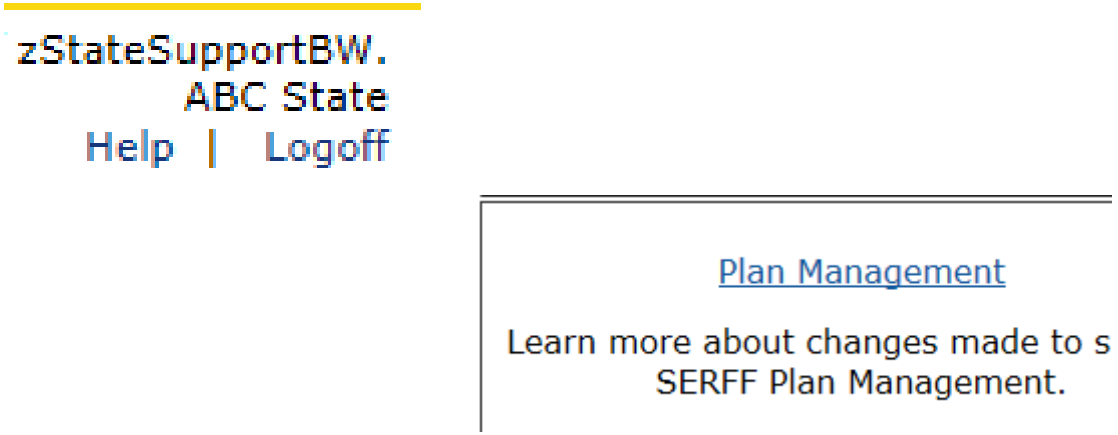
Announcements

SERFF Plan Management

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Online Help – Review Tools



Click on any of the links below to access the corresponding topic.

Plan Binders
Workspace Views and Other FAQs
QHP Application State Review Tools
Potential Future Functionality

https://www.REGTAP.info

Online Help – Review Tools

QHP Application State Review Tools

QHP Application State Review Tools

The QHP Application Review Tools can be found in the attached zip file.

To download the files, right-click on the link below, then choose "Save Target As".

QHP Application State Review Tools

Next, navigate to the location where you would like to save the files, then choose "Save".

To extract all the files from the zip file, navigate to the location where you saved the zip file. Right-click on the file name and choose "WinZip", then select "Extract Here".

QHP Application Review Tools User Guides

The QHP Application Review Tools User Guides can be found in the attached zip file.

To download the files, right-click on the link below, then choose "Save Target As".

QHP Application Review Tools User Guides and Quick Guides

Next, navigate to the location where you would like to save the files, then choose "Save".

To extract all the files from the zip file, navigate to the location where you saved the zip file. Right-click on the file name and choose "WinZip", then select "Extract Here".

Data Integrity Tool

The following files are helpful information for the Data Integrity Tool.

To download the files, right-click on the link below, then choose "Save Target As".

Instructional Sessions

Next, navigate to the location where you would like to save the files, then choose "Save".

To extract all the files from the zip file, navigate to the location where you saved the zip file. Right-click on the file name and choose "WinZip", then select "Extract Here".

Data Integrity Tool

List of Data Integrity Checks

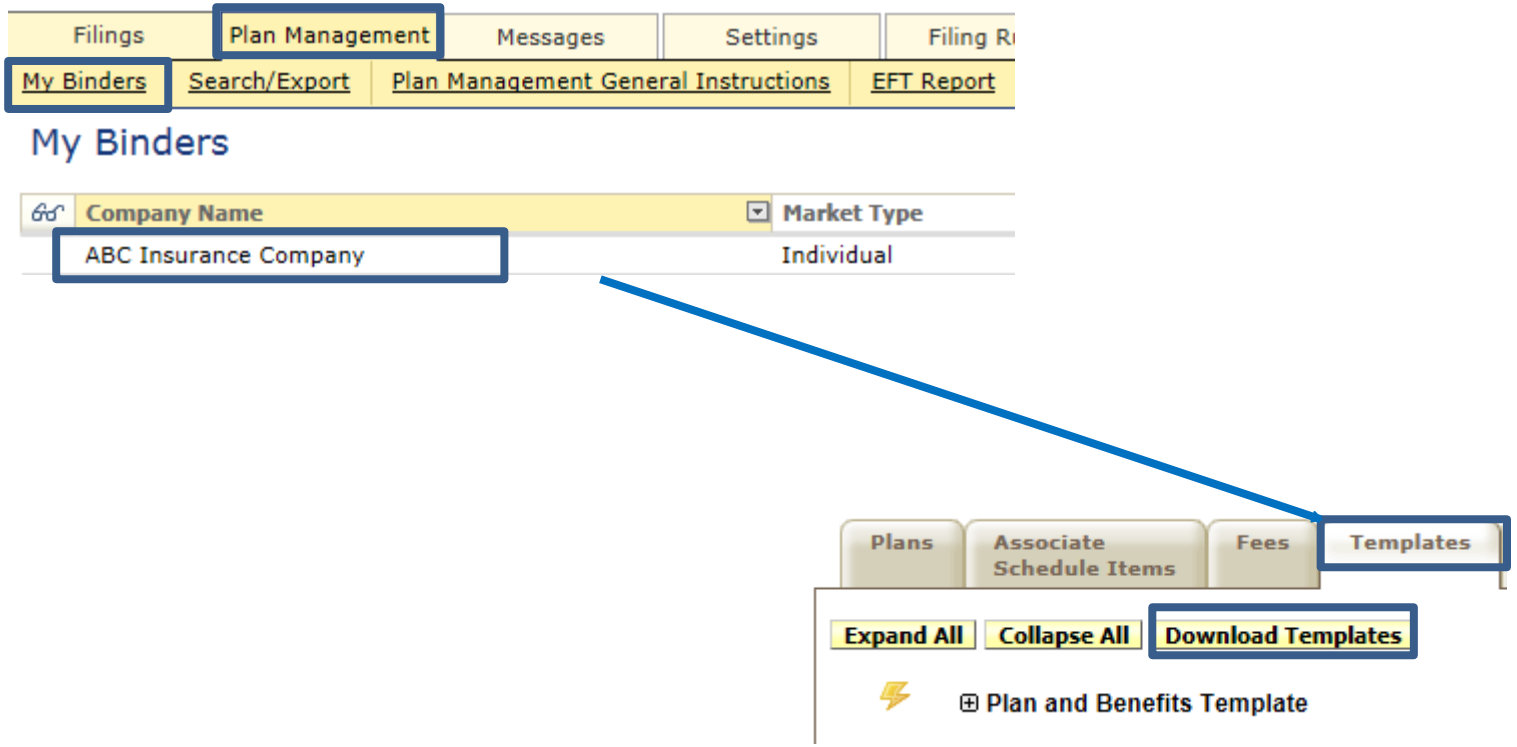
FAQs

Fact Sheet

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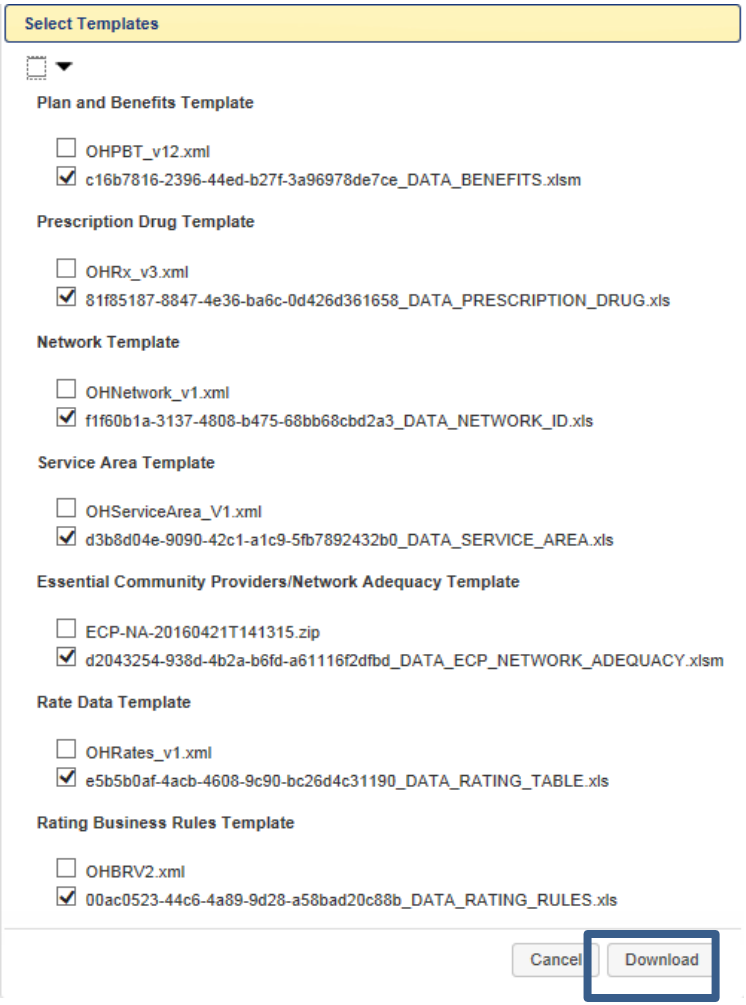
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Download Templates



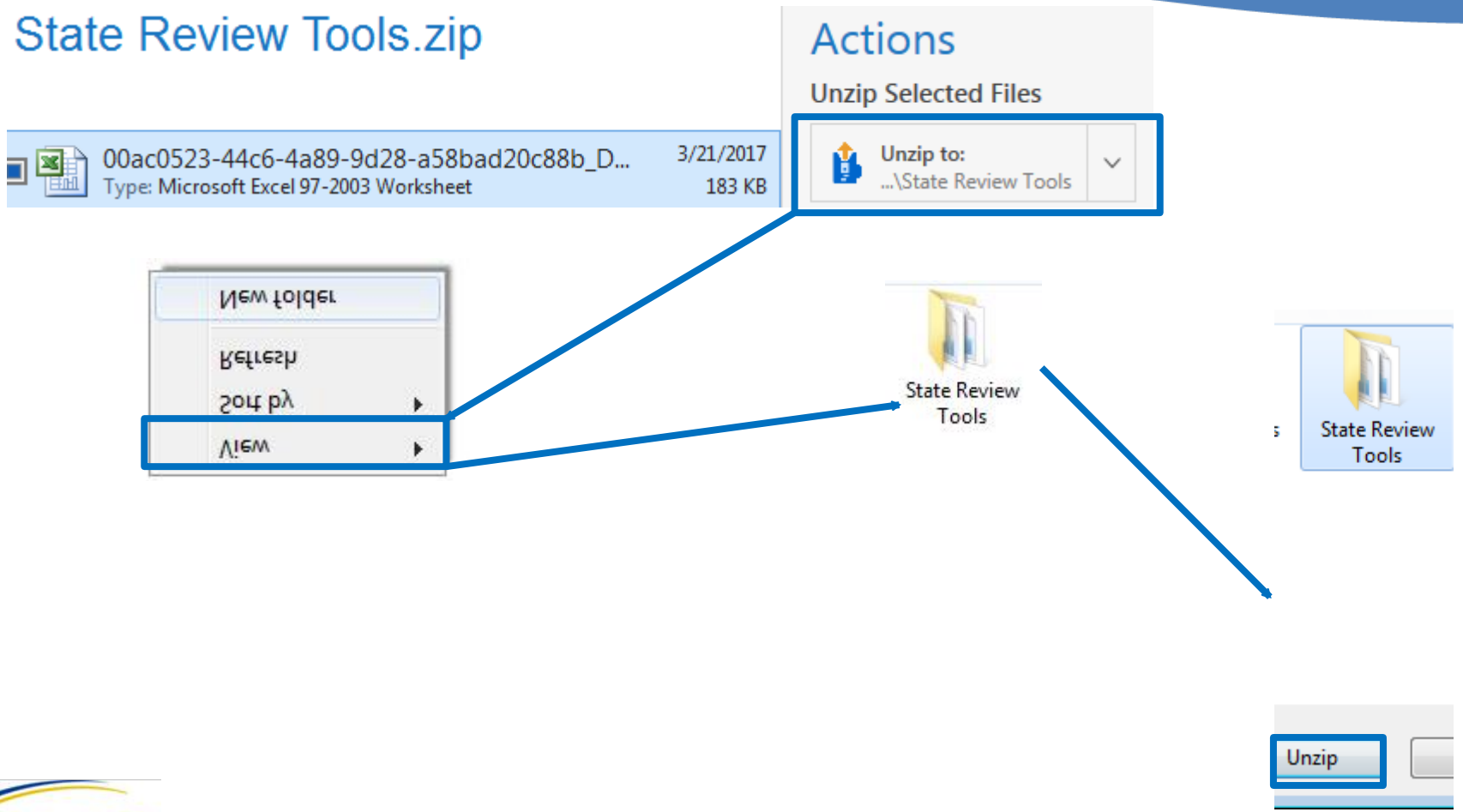
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Unzip Templates



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State Regulators and Review Tools

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Flexibility for State Regulators

- **Use of these tools is strongly encouraged**
  - States may use whichever tools, or parts of tools, states believe will assist in their review process.
  - Any adopted state review approach must be consistent with federal standards but need not be identical to the approach reflected in these tools.
- **Examples**
  - A state could look at more benefits and services to identify potentially discriminatory benefit designs.
  - A state could use the Cost Sharing Review tool to ensure an issuers' Maximum Out of Pocket (MOOP) complies with federal limits.

Benefits of Using Review Tools

- **Speeds up your reviews**
  - Example: Reviews a large volume of submitted plans for compliance with MOOP limits, catastrophic plan requirements, and other QHP standards.

- **Quick and efficient way to point out additional concerns that may not easily be found through hands-on form review**
  - Example: Identifies those plans that have unusually low number of unrestricted drugs.
  - Example: Identifies those plans with a formulary that do not satisfy category class drug count requirements.

- **Improves quality of data displayed to consumers**
  - Example: Ensures all plans in the Plans & Benefits Template are accounted for at every rating area in the Rate Tables.

Overview of QHP Application Review Tools

- **Master Review Tool**
  - Allows the user to import select data from issuers' application templates. This is critical for running "automated review tools".

- **Review Process Guide**
  - General functionality for the State Regulator to track state's review progress and results for a given plan across multiple standards.
  - Model step-by-step processes that State Regulators could follow to review QHP Applications for compliance with specific Patient Protection and Affordable Care Act (PPACA) standards. (Each tab is a different process/standard.)

- **Select Automated Review Tools**
  - Allows State Regulators to perform automated reviews using data submitted in their templates.

Master Review Tool

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Master Review Tool: Data Template Import

- **Master Review Tool imports the following data templates:**
  - Plans and Benefits Template
  - Service Area Template
  - Essential Community Provider (ECP)/Network Adequacy (NA) Template
  - Prescription Drug Template
- **New for 2019:**
  - Accommodates PY19 QHP templates
  - New standalone file: Review Process Guide
    - Contains tabs previously in Master Review Tool
    - Shows the step-by-step review processes
    - Allows states to track plan or issuer compliance with regulation

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Review Process Guide: Model Review Processes

Resource	Select Market Reforms Standards*	Exchange-Specific Standards**
Model Review Processes	• Actuarial Value (AV) • Annual Limitation on Cost Sharing (i.e., Essential Health Benefit [EHB] MOOP) • Catastrophic Plan Requirements • Formulary – United States Pharmacopeia (USP) Category Class Count	• Accreditation • Cost Sharing Reduction (CSR) Plan Variation Requirements • ECPs • Program Attestation • QHP Discriminatory Benefit Design • Service Area • Non-discrimination: Formulary Clinical Appropriateness and Formulary Outlier

* This is not a comprehensive list of all market reforms standards.
** For FFE QHP certification, Exchange-specific standards describe CMS's approach for reviewing plans.

Automated Review Tools

Resource	Select Market Reform Standards*	Exchange -Specific Standards**

Automated Review Tools	• Annual Limitation on Cost Sharing (i.e., EHB MOOP)
	• Catastrophic Plan Requirements
	• USP Category Class Count
		• CSR Plan Variation Requirements
		• ECPs
		• Non-discrimination Cost Sharing Outlier
		• Plan ID Crosswalk
		• Formulary Review Suite:
		  ○ Non-discrimination Clinical Appropriateness
		  ○ Non-discrimination Formulary Outlier

* This is not a comprehensive list of all market reforms standards.
** For FFE QHP certification, Exchange-specific standards describe CMS's approach for reviewing plans.

Master Review Tool and Review Process Guide Demo

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Cost Sharing Review Tool

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Cost Sharing Review Tool

- Imports Plans & Benefits Template data after it is aggregated into the Master Review Tool
- Identifies errors in the Cost Sharing data that will generate deficiencies
  - Template validation and Data Integrity Tool (DIT) do not check for cost sharing errors.
- Plan Year (PY) 2019 Changes
  - Updated with PY 2019 MOOP limits

Cost Sharing Overview

- QHPs must meet cost sharing standards, including:
  - MOOP limit
  - CSR requirements for cost sharing plan variations
- Catastrophic plans' and Expanded Bronze plans' requirements pertain to applicable QHPs.

MOOP

- PY 2019 MOOP Limits defined in the 2019 Payment Notice:
  - $7,900 for an individual (self-only or in family)
  - $15,800 for family plans
- Limit applies to plans offered on and off the Exchange.
- The Cost Sharing Review Tool flags a deficiency if the PY 2019 MOOP limit is exceeded.

Cost Sharing Reductions

- Silver plan variations
  - Reduce cost sharing for individuals between 100% and 250% of federal poverty level (FPL).
- Limited cost sharing variation
  - Eliminate cost sharing for American Indians/Alaska Natives (AI/AN) when services are provided by the Indian Health Services; by an Indian tribe, a tribal organization or an urban Indian organization; or through referral under contract health services.
- Zero cost sharing variation
  - Eliminate all cost sharing for AI/AN under 300% of the FPL.

Cost Sharing Reductions (continued)

- Limited and zero cost sharing variations, as well as silver plan variations, are required in QHPs on the Exchange only.
- The Cost Sharing Review Tool flags a deficiency if the plan variation requirements or successive cost sharing requirements are not met.
- Successive cost sharing requires:
  - Reduced cost sharing in plan variations with higher AV
  - Consistent cost sharing structure

Catastrophic Plans

- Available to certain eligible individuals both on and off the Exchange.
- Catastrophic plan requirements:
  - No multiple in-network cost-sharing tiers
  - Integrated medical and drug deductibles
  - Integrated medical and drug MOOPs
  - In-Network MOOP and deductible are equal to MOOP limit (PY19: $7,900 | $15,800)
  - All EHBs (except primary care/preventive care) have in-network cost sharing of “no charge after deductible”.
- The Cost Sharing Review Tool flags deficiencies in Catastrophic plans where requirements are not met.

Expanded Bronze Plans

- The Cost Sharing Review tool includes checks to confirm each Expanded Bronze Plan*:*
  - Is a high deductible health plan (HDHP)
    - "Yes" selected in HSA-Eligible field
    - The Data Integrity Tool evaluates whether the plan meets HDHP's deductible and MOOP requirements, or;
  - Pays for at least one major service (other than preventative services) before the deductible with reasonable cost sharing.
    - "Major Benefits" include: Primary Care Visits, Specialist Visit, Emergency Room Services, Inpatient Hospital Services (e.g., Hospital Stay), Generic Drugs, Preferred Brand Drugs, and Specialty Drugs.
    - **"Reasonable cost sharing" in this tool means a coinsurance of 50% or less, or an equivalent copay, as defined by the state.**

Cost Sharing Tool: Common Errors

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Common Error 1: Non-zero Cost Sharing

A zero cost sharing variation has non-zero cost sharing.

				Plar
HIOS Plan ID* (Standard Component + Variant)	**Plan Variant Marketing Name***	**Level of Coverage*** (Metal Level)	**CSR Variation Type***	*In Network (Tier 1)*
55555FL5555555-01	Florida Expanded Bronze	Expanded Bronze	Standard Bronze On Exchange	50.00% Coinsurance after deductible
55555FL5555555-02	Florida Expanded Bronze	Expanded Bronze	Zero Cost Sharing Plan Variati	50.00% Coinsurance after deductible
55555FL5555555-03	Florida Expanded Bronze	Expanded Bronze	Limited Cost Sharing Plan Vari	50.00% Coinsurance after deductible

Common Error 1: Non-zero Cost Sharing

A non-zero value for the zero cost sharing variation prompts the deficiency:

HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
55555FL5555555	Zero	Cost sharing for EHBs in the zero cost sharing plan variation must be $0 or 0%	Specialist Visit	The cost sharing for Specialist Visit In Network (Tier 1) coinsurance is 50.00% Coinsurance after deductible.

Common Error 2: Successive Cost Sharing

The standard Silver plan has a copay of $20 for Generic Drugs, and the Silver 73% AV plan has a copay of $30.

				Plan
HIOS Plan ID* (Standard Component + Variant)	**Plan Variant Marketing Name***	**Level of Coverage*** (Metal Level)	**CSR Variation Type***	*In Network (Tier 1)*
55555FL5555550-00	Florida Silver	Silver	Standard Silver Off Exchange F	$20.00
55555FL5555550-01	Florida Silver	Silver	Standard Silver On Exchange F	$20.00
55555FL5555550-02	Florida Silver	Silver	Zero Cost Sharing Plan Variatic	$0.00
55555FL5555550-03	Florida Silver	Silver	Limited Cost Sharing Plan Varia	$20.00
55555FL5555550-04	Florida Silver	Silver	73% AV Level Silver Plan	$30.00
55555FL5555550-05	Florida Silver	Silver	87% AV Level Silver Plan	$20.00
55555FL5555550-06	Florida Silver	Silver	94% AV Level Silver Plan	$10.00

Common Error 2: Successive Cost Sharing

A plan with higher AV (e.g. Silver 73%) cannot have higher cost sharing than a plan with lower AV (e.g. standard Silver). The error prompts the deficiency:

HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
55555FL5555550	Silver	Cost sharing for all EHBs must follow the successive cost sharing rule	Generic Drugs	Successive cost sharing is not followed between the standard silver plan and the 73% AV plan variation for In Network (Tier 1) copay for Generic Drugs.

Common Error 3: Cost Sharing Structure

The standard Silver plan has $100 copay for Urgent Care, and the Silver 73% AV plan has 20% coinsurance.

				Plan	Copay			
HIOS Plan ID* (Standard Component + Variant)	Plan Variant Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	
55555FL5555550-00	Florida Silver	Silver	Standard Silver Off Exchange F	$100.00		Not Applicable	Not Applicable	
55555FL5555550-01	Florida Silver	Silver	Standard Silver On Exchange	$100.00		Not Applicable	Not Applicable	
55555FL5555550-02	Florida Silver	Silver	Zero Cost Sharing Plan Variatic	$0.00		$0.00	0.00%	
55555FL5555550-03	Florida Silver	Silver	Limited Cost Sharing Plan Varia	$100.00		Not Applicable	Not Applicable	
55555FL5555550-04	Florida Silver	Silver	73% AV Level Silver Plan	Not Applicable		Not Applicable	20.00%	
55555FL5555550-05	Florida Silver	Silver	87% AV Level Silver Plan	Not Applicable		Not Applicable	20.00%	
55555FL5555550-06	Florida Silver	Silver	94% AV Level Silver Plan	Not Applicable		Not Applicable	20.00%	

Common Error 3: Cost Sharing Structure

Different cost sharing structures in plan variations prompt the same successive cost sharing deficiency:

HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
55555FL5555550	Silver	Cost sharing for all EHBs must follow the successive cost sharing rule	Urgent Care Centers or Facilities	Successive cost sharing is not followed between the standard silver plan and the 73% AV plan variation for In Network (Tier 1) coinsurance for Urgent Care Centers or Facilities.

Cost Sharing Review Tool Demo

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Resources

- CMS posted the PY19 Review Tools on the new QHP application website:
  - https://www.qhpcertification.cms.gov/s/Review%20Tools
- For ongoing technical assistance with tools:
  - Attend upcoming webinars
  - Submit questions to CMS_FEPS@cms.hhs.gov

State Tool Demo Schedule

The PMSC April and May Webinar sessions occur on Mondays and Wednesdays as shown below:

Date	Tools Presented
4/25/2018	Prescription Drug Review Tools
5/2/2018	Non-Discrimination Tools

Live Q&A

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Questions

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To submit or withdraw questions by phone:

- **To submit a question, dial 'star(*) pound(#)' on your phone's keypad.**
- **To withdraw a question, 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.'**

If you are not able to ask your question during today's session, or if your question is best answered by subject matter experts (SMEs) outside Plan Management (PM), you may submit it via CMS_FEPS@cms.hhs.gov with the subject line "State Question."

State Regulators Webinar Session Survey

- CMS welcomes your feedback regarding this webinar series and values any suggestions that will allow us to enhance this experience for you.
- Shortly after this call, we will send a link to you for a convenient way to submit any ideas or suggestions you wish to provide that you believe would be valuable during these sessions.
- Please take time to complete the survey and provide CMS with any feedback.



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Closing Remarks

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