

Demo of 2021 Plan ID Crosswalk Template for Automatic Re-Enrollment and Patient Safety

May 6, 2020



**Center for Consumer Information and
Insurance Oversight (CCIIO)**

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Agenda

- Session Guidelines
- Demo of 2021 Plan ID Crosswalk Template for Automatic Re-Enrollment
- Patient Safety
- Live Q&A Session
- Closing Remarks

Intended Audience

- Please be advised that the intended audience for this webinar is state regulators in Federally Facilitated Exchange (FFE) states performing plan management activities. This is not an open press call.
- 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 Registration for Technical Assistance Portal (REGTAP) Registrar at registrar@regtap.info or (800) 257-9520.

WebEx Audio Issues

If you are listening to the webinar through WebEx and experience audio issues, please dial into 1-866-487-7844 and enter your six (6) digit PIN for phone access.

Upcoming Plan Year (PY) 2022 Key Dates for QHP Certification

Date	Category	Activity
Friday, May 8, 2020	EHB Benchmark Plan Submission	Deadline for states to submit PY 2022 Essential Health Benefits (EHB) Benchmark Plan selection documentations

Announcements

2021 Plan ID Crosswalk Template for Automatic Re-Enrollment

Plan ID Crosswalk Overview

Template Background

- Crosswalks 2020 Plan ID and service area combinations to a 2021 Plan ID for the purpose of auto re-enrollment into Plan Year 2021 coverage
- Varies in complexity depending on changes in service areas and plan offerings
- Completed by Individual Market issuers offering Qualified Health Plan (QHP) and/or Stand-alone Dental Plan (SADP) plans in 2020 through Federally-facilitated Exchange (FFE), State Partnership Exchange (SPE), and State Based Exchange on the Federal Platform (SBE-FP) states

Operational Uses

- 834 enrollment transactions from the Exchange to issuer
- Consumer support via HealthCare.gov and federal call centers
- Public Use File (PUF) for transparency and timely benefit/rate analyses

Plan ID Crosswalk Overview: Submission Process

- All issuers that offered Individual Exchange QHPs through the FFEs, SPEs, and SBE-FPs for coverage during plan year 2020 should submit Plan ID Crosswalk template(s) and other required information to the Plan Management (PM) Community. CMS will not review plans offered through the Small Business Health Options Program (SHOP) Market.
 - Applies to SADPs.
 - Submit template in eXtensible Markup Language (XML) format to the Plan Management Community.
 - Crosswalk templates must include all plans offered during PY 2020, regardless of if the plan will be discontinued or withdrawn and not offered during PY 2021.
- Key Dates
 - Submission timeline is similar to the other QHP Application templates.
 - The 2021 Letter to Issuers and template instructions include more details on specific dates.

Plan ID Crosswalk Overview: Submission Process (continued)

- Error Notices
 - CMS anticipates sending stand-alone Crosswalk Template errors to issuers and states in a separate notice but along the same timeline as other QHP certification notices.
- State Authorization of the Plan ID Crosswalk Template
 - Issuers will submit evidence from state that the issuer is authorized to submit the Plan ID Crosswalk Template to CMS.
 - States have an opportunity to review the template for compliance with Patient Protection and Affordable Care Act (PPACA) market reforms such as uniform modification of coverage standards.

Plan ID Crosswalk Tool Overview

- Compliance with 45 C.F.R. 155.335 (j). Illustrative examples include:
 - If the same Plan ID is available in 2021, the 2020 Plan ID should be crosswalked to the same Plan ID.
 - If the same Plan ID is not available, the 2020 plan should be crosswalked to a plan with the same metal level and Product ID.
 - If the enrollee's current QHP is a silver level plan, the enrollee should be re-enrolled in a silver level QHP under a different product offered by the same QHP issuer that is most similar to the enrollee's current product.
 - Issuers should crosswalk any discontinued PY 2020 plan to an available plan in a different product, if one exists. If an issuer does not provide a crosswalk for a discontinued plan, but still offers products in that same service area, CMS, in accordance with the hierarchy established in 45 CFR 155.335(j)(2), will crosswalk the discontinued plan to another product offered by the same issuer under the same Health Information Oversight System (HIOS) ID.

Plan ID Crosswalk Tool Overview (Continued)

- Consistency with submitted Service Area and Plans and Benefits Template data for both 2020 and 2021. Illustrative examples include:
 - All FFE plans offered in 2020 are accounted for in the crosswalk.
 - All counties covered in 2020 plans' service areas are accounted for in the Crosswalk.
 - All 2020 enrollment options for a 2020 plan are crosswalked to a valid 2021 plan.
 - Crosswalk reasons are consistent with plan offerings (e.g., issuer does not indicate they are discontinuing a product when 2021 plan offerings indicate otherwise).

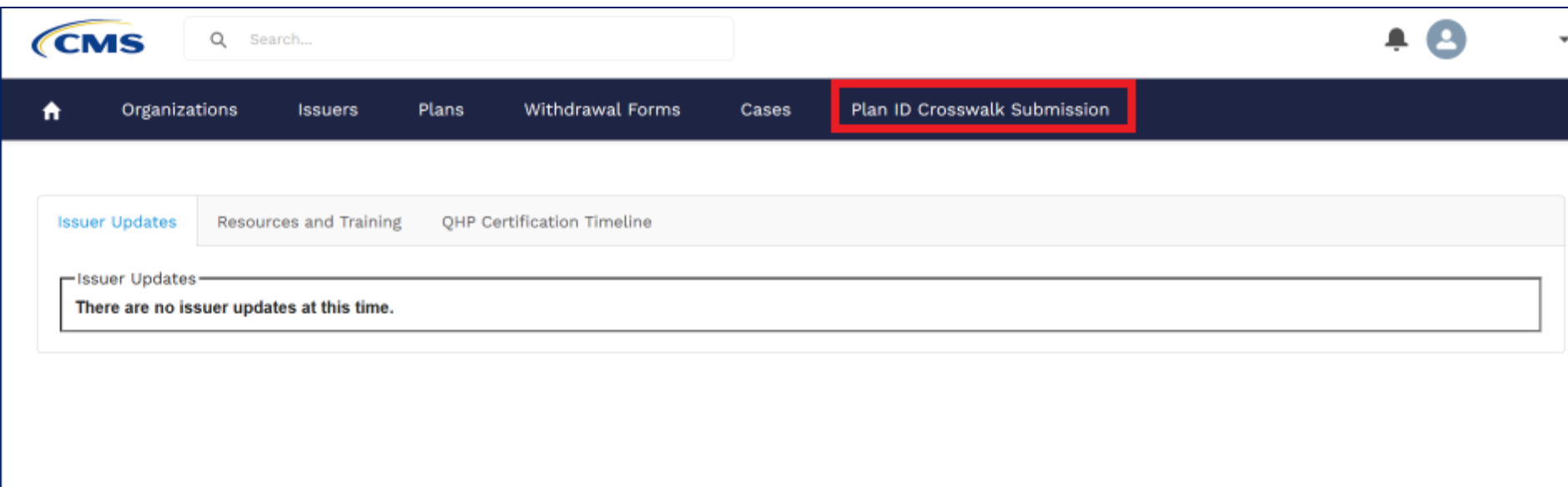
Plan ID Crosswalk Common Errors

- Plan ID {54321FL1234567} from 2020 has been crosswalked to a plan with a different Issuer ID for 2021.
- Plan ID {54321FL1234567} from 2020 has been crosswalked to a plan in the same product at a different metal level for 2021.
 - However, a plan in the product at the same metal level will be offered for 2021.
- The issuer has not submitted evidence of State Authorization of issuer's plan crosswalk.
 - Issuers must submit a State Authorization Form.

Plan ID Crosswalk Tool Demo

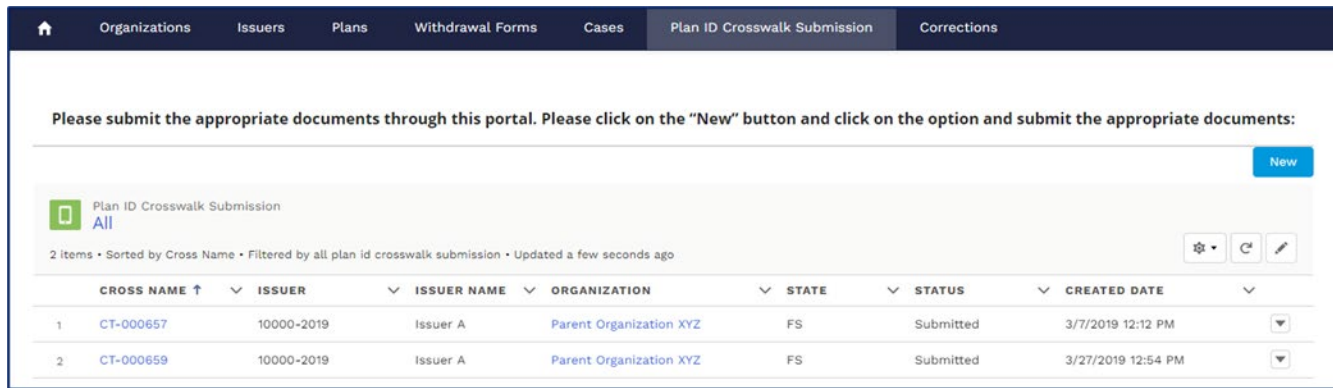
Plan ID Crosswalk Submission Process through the Plan Management Community

- From the Home Screen, click on the Plan ID Crosswalk Submission tab.



Plan ID Crosswalk Submission Process through the Plan Management Community (continued)

- Click New, then select Issuer ID and click Next.



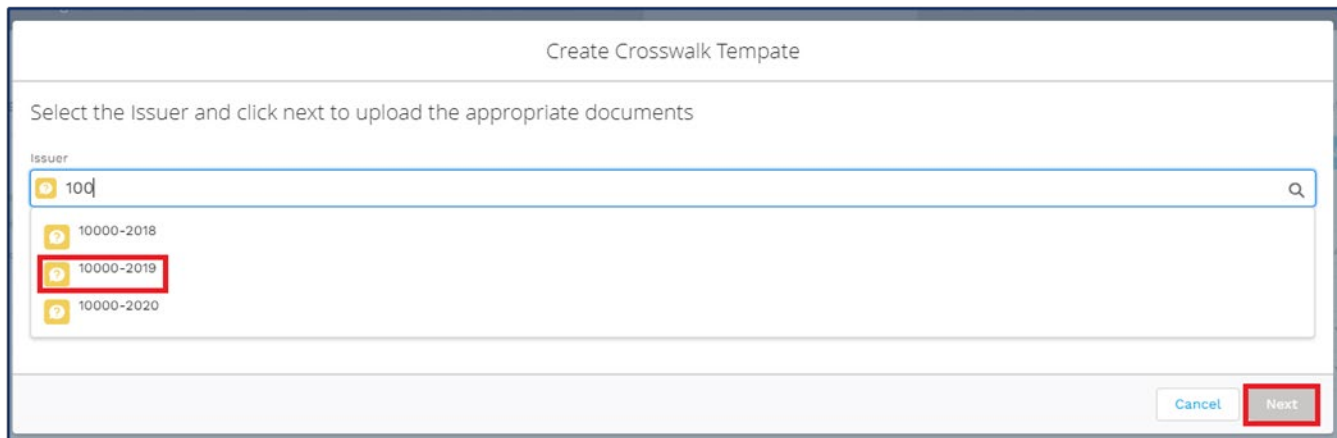
Please submit the appropriate documents through this portal. Please click on the "New" button and click on the option and submit the appropriate documents:

[New](#)

Plan ID Crosswalk Submission
All

2 items • Sorted by Cross Name • Filtered by all plan id crosswalk submission • Updated a few seconds ago

	CROSS NAME ↑	ISSUER	ISSUER NAME	ORGANIZATION	STATE	STATUS	CREATED DATE
1	CT-000657	10000-2019	Issuer A	Parent Organization XYZ	FS	Submitted	3/7/2019 12:12 PM
2	CT-000659	10000-2019	Issuer A	Parent Organization XYZ	FS	Submitted	3/27/2019 12:54 PM



Create Crosswalk Template

Select the Issuer and click next to upload the appropriate documents

Issuer

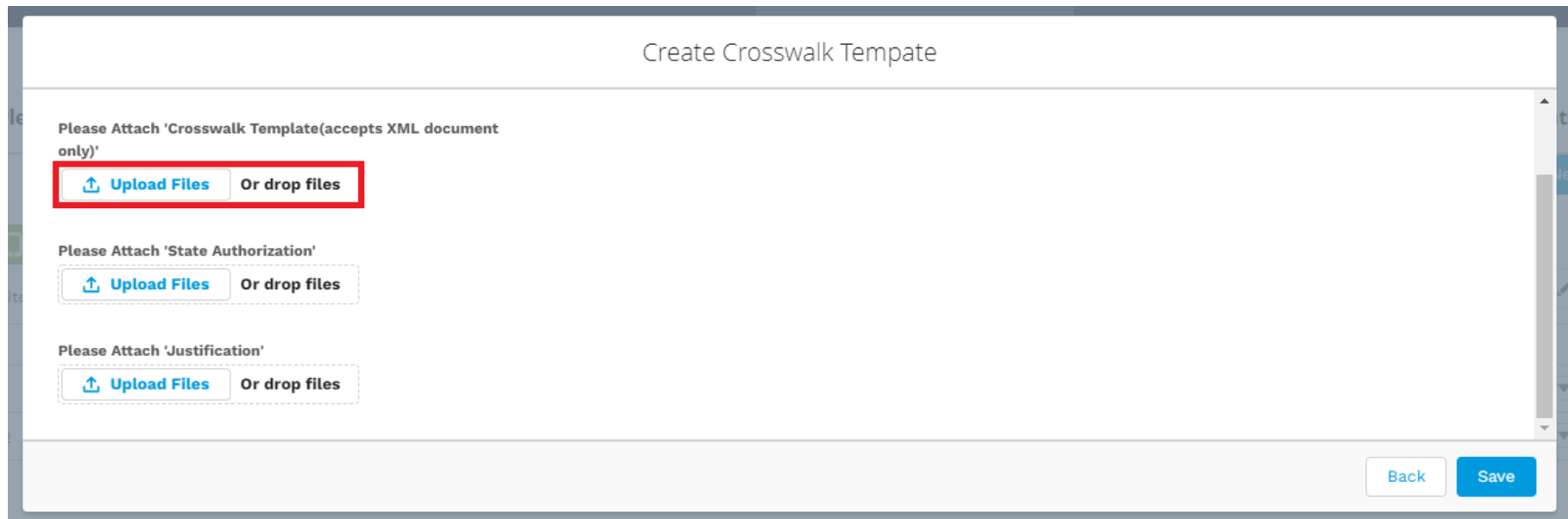
100

- 10000-2018
- 10000-2019**
- 10000-2020

[Cancel](#) [Next](#)

Plan ID Crosswalk Submission Process through the Plan Management Community (continued)

- Click on the Upload Files link to select your files, then click Save when finished.



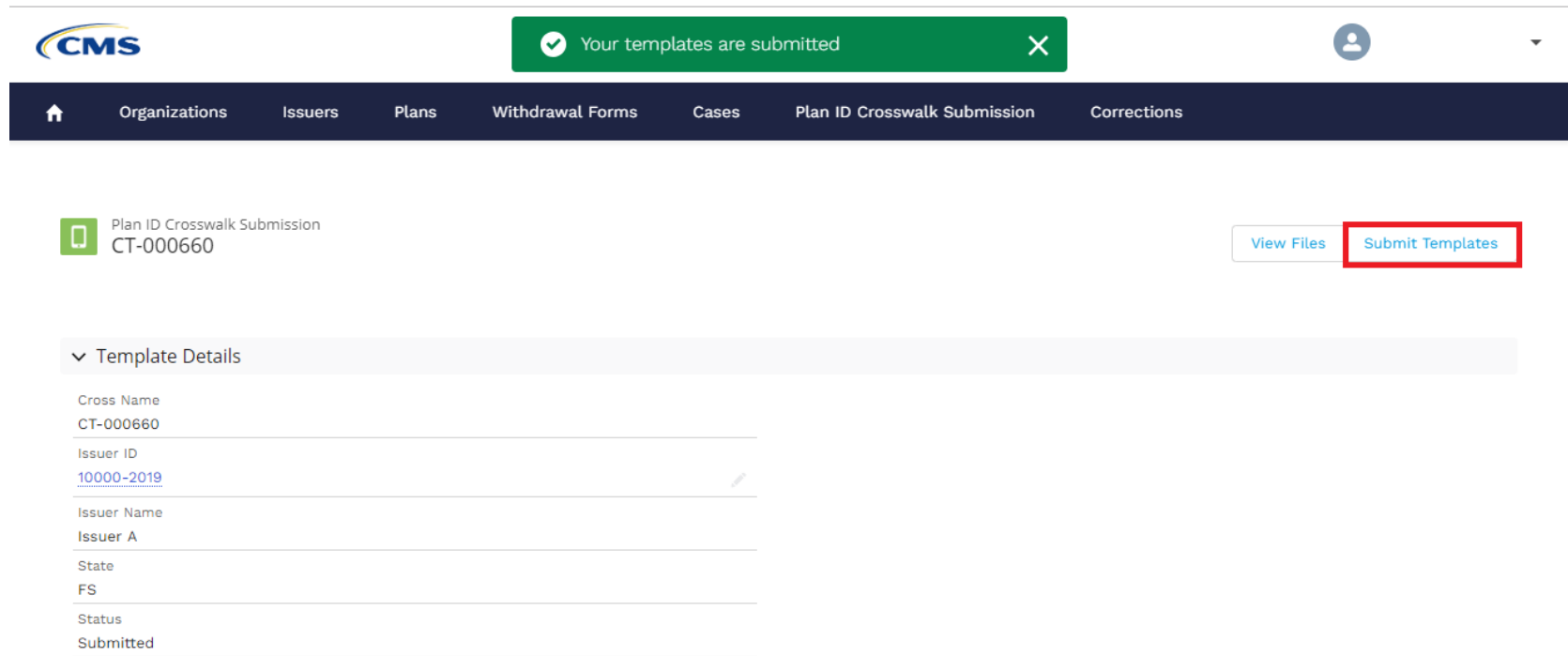
The screenshot shows a web form titled "Create Crosswalk Template". It contains three sections for file uploads, each with a red-bordered box around the "Upload Files" link:

- Please Attach 'Crosswalk Template(accepts XML document only)'**
Upload Files Or drop files
- Please Attach 'State Authorization'**
Upload Files Or drop files
- Please Attach 'Justification'**
Upload Files Or drop files

At the bottom right of the form are "Back" and "Save" buttons.

Plan ID Crosswalk Submission Process through the Plan Management Community (continued)

- Click Submit Templates.



 ✓ Your templates are submitted 

[Organizations](#) [Issuers](#) [Plans](#) [Withdrawal Forms](#) [Cases](#) [Plan ID Crosswalk Submission](#) [Corrections](#)

 Plan ID Crosswalk Submission
CT-000660 [View Files](#) [Submit Templates](#)

▼ Template Details

Cross Name
CT-000660

Issuer ID
[10000-2019](#)

Issuer Name
Issuer A

State
FS

Status
Submitted

Patient Safety Standards

Section 1311(h) of the Patient Protection and Affordable
Care Act (PPACA)



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Purpose

This presentation will provide information on the annual QHP certification requirements outlined in the patient safety standards, Section 1311(h) of the PPACA.

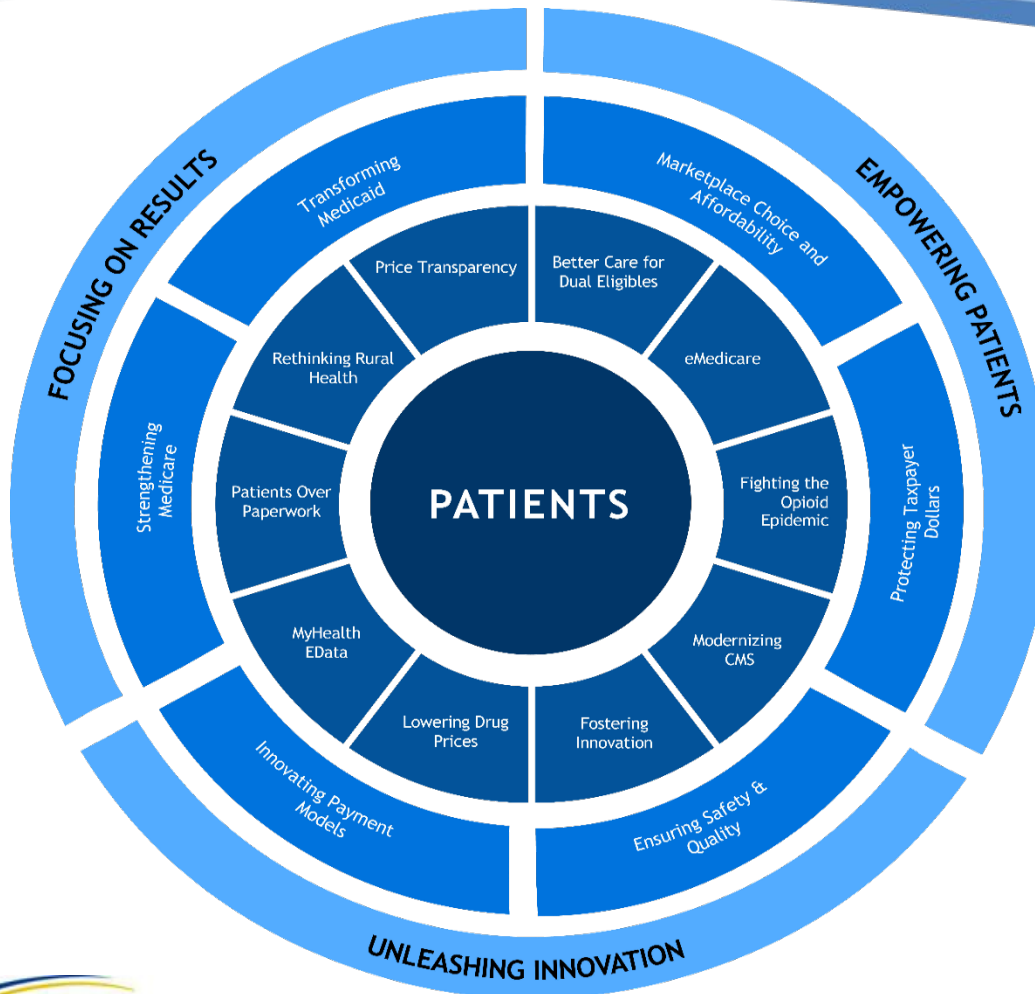
Objectives

Participants will be able to:

- Obtain an overview of the QHP issuer patient safety standards.
- Clarify issuer annual requirements in the patient safety standards that were finalized in the 2017 Department of Health and Human Services (HHS) Payment Notice Final Rule.
- Discuss any feedback/questions.

Note: Currently, these QHP issuer patient safety standards apply to eligible issuers in all Exchange types. They do not apply to SADPs.

CMS Strategic Priorities



CMS Objective:

Improve the nation's health and quality of life

- 16 strategic initiatives including **Ensuring Safety & Quality**

Marketplace Quality Initiatives (MQI)

- The following are QHP quality-related certification standards outlined in the PPACA:
 - Quality Rating System
 - Enrollee satisfaction survey system (QHP Enrollee Survey)
 - Quality Improvement Strategy
 - **Patient Safety Standards**

For more information on the MQI including the *COVID-19 and Amendment of Certain Activities Related to the Health Insurance Exchange QRS, QHP Enrollee Survey and Quality Improvement Strategy Programs* Memo available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page>

Section 1311(h) of the PPACA: Enhancing Patient Safety

Beginning on January 1, 2015, a QHP may contract with the following:

- A hospital with greater than 50 beds, if the hospital:
 - Utilizes a patient safety evaluation system, as described in part C of Title IX of the Public Health Service Act; and
 - Implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate healthcare professional
- A health care provider, if such provider implements mechanisms to improve healthcare quality as the Secretary may require by way of regulation

Section 1311(h) of the PPACA: Exceptions and Adjustment

- The Secretary may establish reasonable **EXCEPTIONS** to the QHP patient safety standards.
- The Secretary may **ADJUST** by way of regulation the number of beds that triggers the QHP patient safety standards for hospitals.

Current Patient Safety Standards for QHP Issuers

The 2017 HHS Payment Notice Final Rule, published March 8, 2016:

- Established the QHP patient safety standards for plan years on or after January 1, 2017.
- Amended 45 CFR 156.1110, directing a QHP issuer to only contract with a hospital with more than 50 beds that:
 - Utilizes a patient safety evaluation system as defined in 42 CFR 3.20 and implements a mechanism for comprehensive hospital person-centered discharge; or
 - Meets the reasonable exception criteria by implementing an evidence-based initiative to improve healthcare quality through the collection, management, and analysis of patient safety events that:
 - Reduces all-cause preventable harm;
 - Prevents hospital readmission; or
 - Improves care coordination

NOTE: Access the 2017 HHS Payment Notice Final Rule at: <https://www.federalregister.gov/articles/2016/03/08/2016-04439/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2017>.

Clarification #1

- 45 CFR 156.1110 standards apply to contracted hospitals, as defined in 1861(e) of the Social Security Act, that have greater than 50 beds, are Medicare-certified or have been issued a Medicaid-only CMS Certification Number and are subject to the Medicare Hospital Conditions of Participation requirements.

Clarification #2

If a provider undertakes activities to improve patient safety and health care quality but does not do so in conjunction with a Patient Safety Organization (PSO) subject to the requirements of the Patient Safety and Quality Improvement Act (PSQIA) and its implementing regulation, 42 CFR part 3, the patient safety and quality information involved in such initiatives would not be subject to the PSQIA's privilege and confidentiality protections.

Clarification #3

- PSO contracts with hospitals for the purpose of receiving and reviewing patient safety work product do not meet the definition of “patient safety work product,” and thus, are not subject to the protections and requirements in the PSO statute and regulations.
- CMS does not intend to collect and publish data on the patient safety evaluation system, nor does CMS generally permit publication of patient safety work product.

Clarification #4

The documentation requirement calls for examples that are intended to be broad and inclusive of various initiatives

[e.g., hospital attestations or current agreements to partner with a PSO, Joint Commission hospital accreditation that includes implementing an evidence-based initiative to improve healthcare quality through the collection, management, and analysis of patient safety events that reduces all-cause preventable harm; prevents hospital readmission; or improves care coordination)

Resources

Marketplace Quality Initiatives website:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

CMS Emergencies Page: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

For Hospitals and other providers- Coronavirus Waivers and Flexibilities Page:

<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

Live Q&A

Questions

Please help us provide an accurate response by identifying your State when asking a question.

- 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.”*

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.



Closing Remarks