Data Integrity Tool and Plan Management (PM) Community: High-Level Intro to Functionality and Improvements Made to the System Based on Feedback

March 21, 2018

Center for Consumer Information and Insurance Oversight (CCIIO)

"The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was shared. Links to certain source documents may have been provided for your reference. We encourage persons attending the presentation to refer to the applicable statutes, regulations, and other guidance for complete and current information."

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Open Q&A Series for States

- The monthly webinar series provides States with the opportunity to ask questions about the Qualified Health Plan (QHP) Certification process, including QHP State review tools.
- The State webinar series will complement the Centers for Medicare & Medicaid Services' (CMS') weekly issuer QHP webinar series.
  - States are invited to attend and listen to issuer webinars.
- A listing of all State webinars can be found on the Registration for Technical Assistance Portal (REGTAP).
  - www.REGTAP.info
- States are encouraged to submit questions in advance of each webinar to CMS_FEPS@cms.hhs.gov.

Agenda

- 2018 QHP Issuer Conference
- PM Community Introduction
- Data Integrity Tool
- Question and Answer (Q&A) Session

Announcements

REGISTRATION NOW OPEN!

Registration Deadlines:
In-Person – April 9, 2018 12:00 p.m. ET
Remote – April 10, 2018 12:00 p.m. ET

Register today at HTTPS://WWW.REGTAP.INFO

Qualified Health Plan

ISSUER CONFERENCE

April 11 – April 13, 2018

This event is intended for issuers applying for QHP certification in the Federally-facilitated Exchange. Registration is required to participate in-person or remotely.

PM Community Introduction

Overview

The **CCIIO Plan Management (PM) Community** is an online platform for issuers to receive information about their QHP Application and certification, and for States to receive information about the QHP Applications and certifications of issuers in their State.

The PM Community will be used by the Federally-facilitated Exchanges (FFE), States performing plan management functions (SPM), and State Based Exchange – Federal Platform (SBE-FP) Exchange models, both market types, and both QHPs and Stand Alone Dental Plans (SADPs). In addition, all Exchange models will perform activities related to essential health benefits (EHB) in the PM Community.

Plan Year (PY)18 CCIIO Plan Management Community Pilot

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Background and Lessons Learned

- In PY18, CCIIO launched the PM Community to better coordinate QHP certification, in response to issuer and State feedback.
- Issuers and States that volunteered to participate in the pilot were able to use the PM Community to:
  - Manage contacts at the parent organization or State level.
  - View issuer- and plan-level data.
  - Access notices from CCIIO, such as Correction Notices.
  - Complete plan confirmation.
  - Complete the QHP withdrawal form, if applicable; and
  - Complete the QHP Agreement.
- To prepare for a full PY19 rollout, CCIIO took feedback from the pilot participants to:
  - Improve user experience with additional functionality;
  - Provide a more intuitive interface; and
  - Add additional training resources, accessible directly from the PM Community home page.

PY19 CCIIO PM Community Rollout Overview

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Features

- For PY2019, all 39 States on the federal platform will use the PM Community to view QHP Application data for issuers in their State, including notices and documents pertaining to their State plan confirmation.
  - All States, including State-based Exchanges (SBEs), will also use the PM Community to perform activities related to EHB.
- For PY2019, issuers will participate in the PM Community to receive Correction Notices and other communications regarding their QHP Applications.
  - Issuers will perform QHP Application activities through the PM Community.

Features

- State participants will use the PM Community to:
  - Manage State contact information.
  - View issuer- and plan-level data for all issuers and plans in State.
  - Return plan confirmation documents.
  - Receive notices and other communications regarding QHP Applications.
  - Find resources and information about EHB, submit EHB questions and submit documentation for EHB benchmark plan selection as applicable.

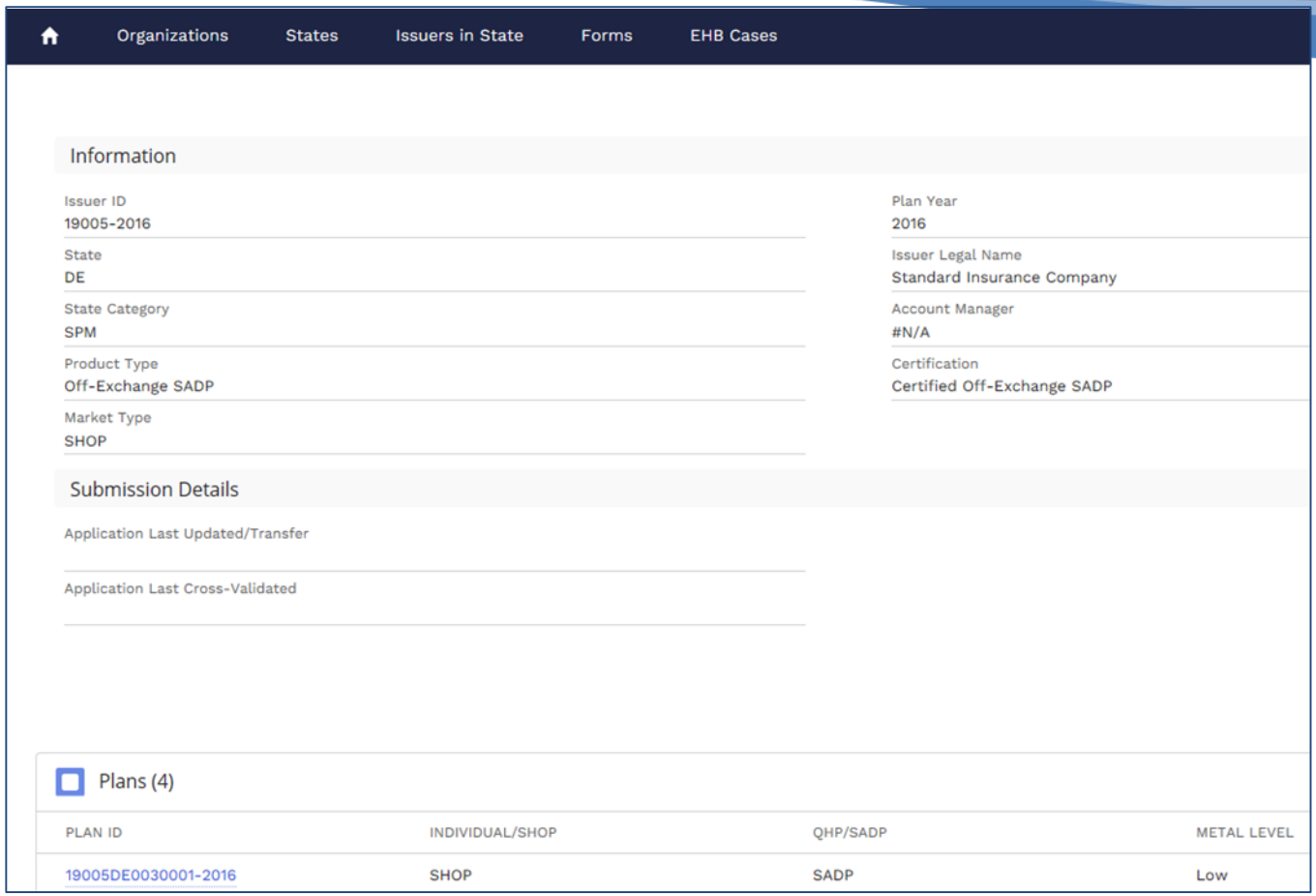
Features: Managing Contacts

- States will use the PM Community to update the list of contacts for their State.
  - Users may add, edit and delete contacts and update contact information for themselves and other users.
- Contacts will receive CCIIO email outreach related to QHP Applications.
- States will *not* be able to add new users to the PM Community, but they will be able to see which contacts within their organization also have PM Community access.

Features: Submissions

- States can view submitted issuers and plans for their State.
  - In addition, States can withdraw plans on the forms tab.
- Issuers will also be able to submit their Plan ID Crosswalk Templates, Data Change Requests and Withdrawal forms in the PM Community.

Features: Submissions



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Features: Corrections and Notices

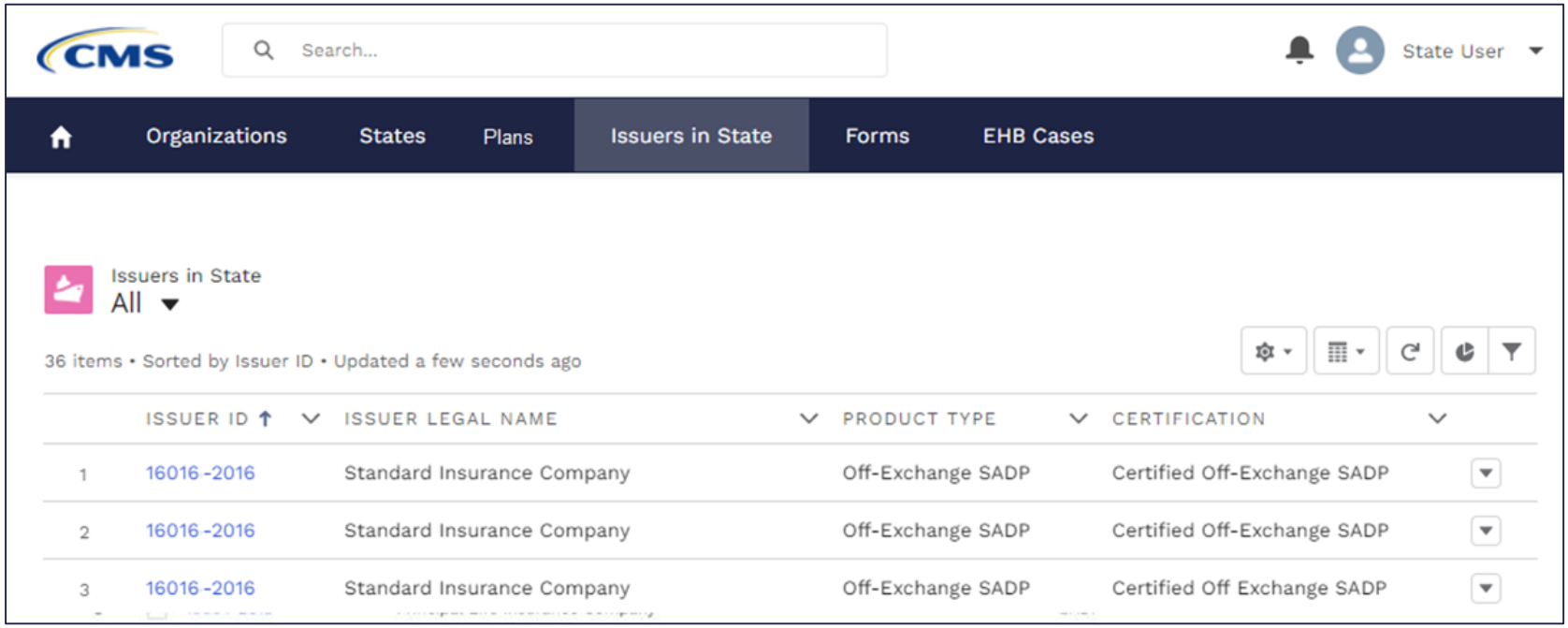
- All notices will be uploaded to the Community, and can be viewed on the State's profile.
- Corrections will also be displayed in the Community, before Correction Notices are uploaded. These corrections will be available on a rolling basis, as each review area is completed.
  - Issuers and States will receive email notification when new notices or corrections are available.

Features: Plan Confirmation

- State Plan Confirmation Tables will be uploaded and accessible from a State's profile in the PM Community.
- States can complete Plan Confirmation in those tables and upload the completed tables back to their page in the Community.

Example: Using the Community

- States can see all of the issuers in their state, see below.



PM Community Contacts

- Each issuer parent organization and State may request access to the PM Community for organizational representatives/users, up to their total number of allotted licenses

Role	User Licenses
States (FFE, SPE, SBE-FP, SBE)	3
QHP/Dual Parent Organizations	3
SADP Parent Organizations (On-Exchange or Off-Exchange)	2

PM Community Training Resources

- On the home page of the PM Community, issuers and States will have access to **user manuals** that provide step-by-step instructions for all PY19 PM Community processes.
- The home page will also contain links to **training videos** on how to access the PM Community, manage contacts~~,~~ upload and access files, and navigate and use the various tabs.
- CCIIO will provide demonstrations of PM Community functionality and answer questions in **webinars** over the coming months.

Frequently Asked Questions

- Where is the Community?
  - https://www.qhpcertification.cms.gov/login. States will need to request access to log in. CCIIO has reached out to pilot participants and EHB users regarding this process, and will be sending an email out with more information on how to do this to the remainder of State users in a couple of weeks.
- Is it the same as Health Information Oversight System (HIOS)/System for Electronic Rate and Form Filling (SERFF)?
  - No. Issuers must still submit QHP Applications to HIOS/SERFF. The point of the PM Community is to provide issuers and States with better communication from CCIIO about that application, but it **does not replace any of the activities performed in HIOS/SERFF.**

Frequently Asked Questions

- How will this assist issuers and States with the QHP certification process?
  - The PM Community is replacing a number of activities that used to be done through email like sending and receiving notices, submitting Plan Confirmation Tables and submitting Plan Crosswalk Templates. Issuers' and States' documents will all be available for download any time they need them, without having to search email first.
  - States and issuers can now manage their own contacts, so it is much easier to control who does and does not receive outreach related to QHP Applications.
- Where do I go if I have questions about the PM Community?
  - Email **CMS_FEPS@cms.hhs.gov** or call 855-CMS-1515.
  - Your State Officer or State Exchange Coordinator may also be able to assist with non-technical questions.

Next Steps

- States are already accessing the PM Community for EHB Benchmark Selection and will have up to three (3) contacts for the PM Community.
- After the Issuer Conference, States should access training and explore the PM Community in advance of the first QHP submission deadline.

Data Integrity Tool

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Purpose of the Data Integrity Tool (DIT)

- The DIT:
  - Identifies critical data errors that could lead to exclusion of plan information to consumers, incorrect display of plan information to consumers, or regulatory non-compliance.
  - Provides immediate feedback to issuers and State reviewers, reducing the need for issuer resubmissions.
  - Can be used as a companion to other review tools.
- DIT validations go beyond the standard Health Insurance Oversight System (HIOS) and System for Electronic Rate and Form Filing (SERFF) checks.
- The DIT does not generally review for certification standards, but it does check for data compliance with some market-wide requirements.

Overview of DIT Functions

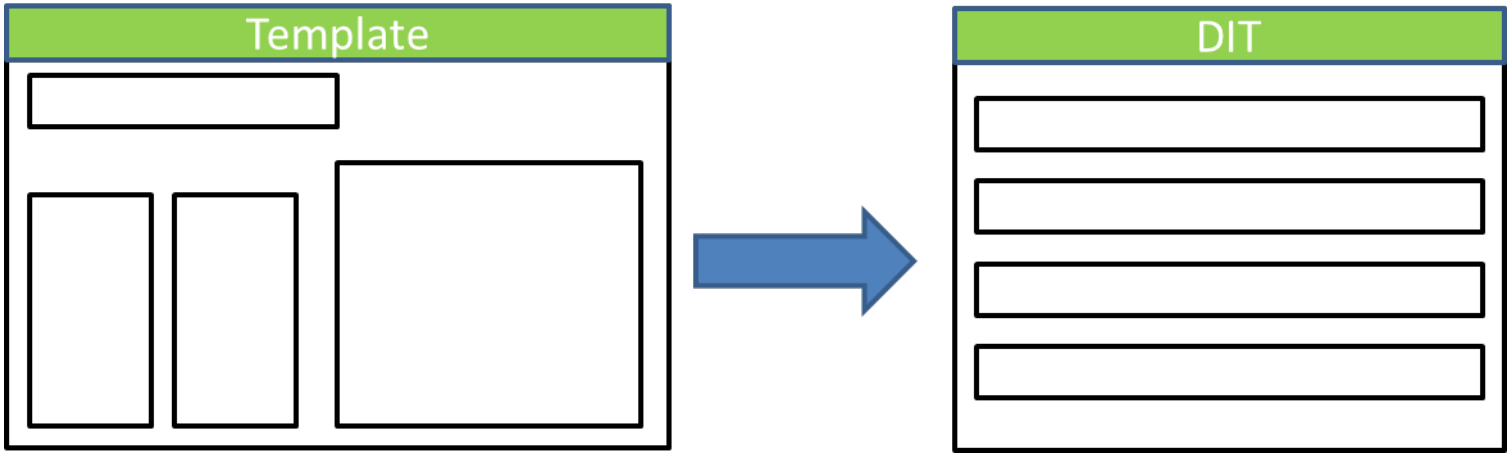
- Imports data from select QHP application templates for on-Exchange or off-Exchange QHPs and Stand-alone Dental Plans (SADPs).
- Runs automated data integrity checks within templates and between templates.
  - Identifies data errors that must be corrected (error).
  - Flags data values that may or may not need correction (warning).
- Produces reports that describe the error or warning result and its corresponding location in the template.

Preparing Templates for DIT

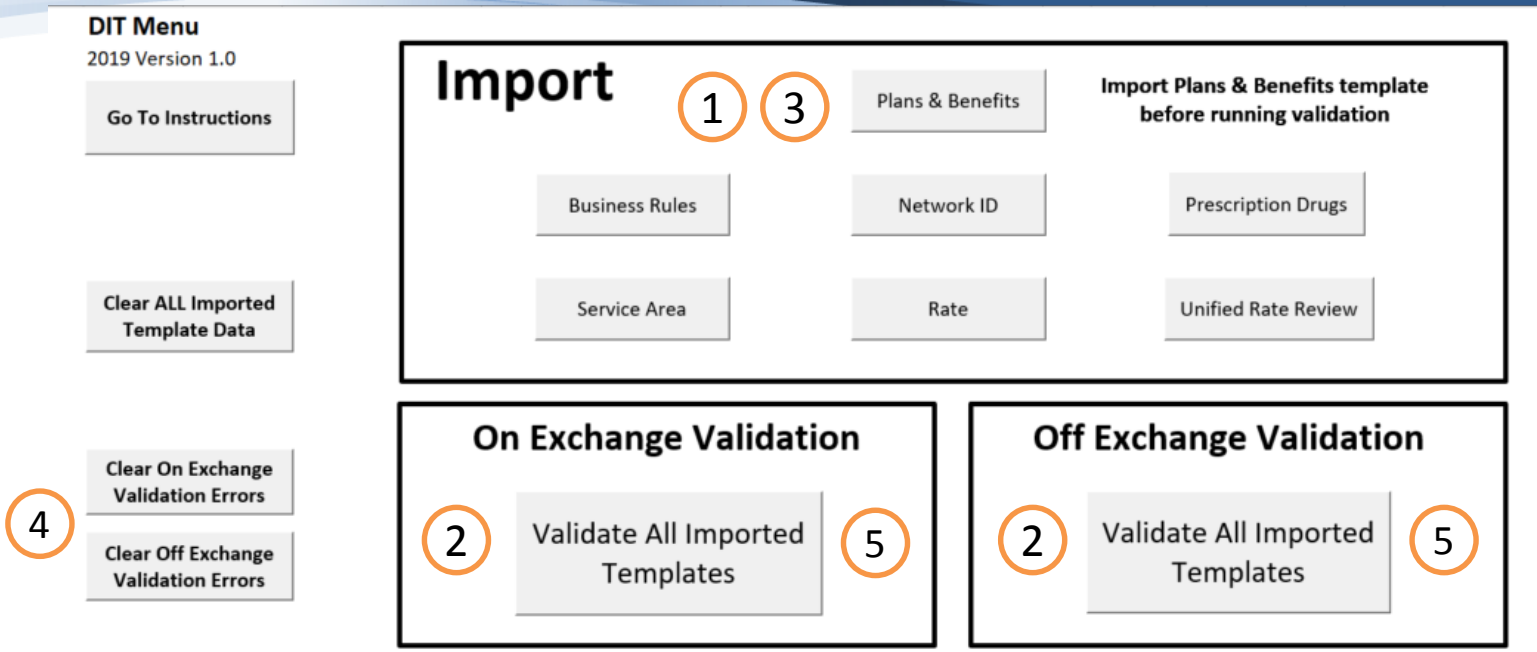
- Templates should be stored in separate folders by template type.
  - User indicates the folder location for each template type.
  - No file or folder naming convention is required.
  - The folders should only contain template files.
  - Template tab names should not be changed.
- All templates stored in the same folder are imported together.
  - Run the DIT for some or all templates.

Importing Templates into DIT

Template data are consolidated into a single row per issuer or plan.



Menu Screen of DIT



1. Import templates one type at a time. Imported Plans & Benefits data are required before running any validations.
2. Validate imported On-Exchange or Off-Exchange template data.
3. Fix data errors in the templates and re-import these data into the tool.
4. Clear On-Exchange or Off-Exchange output results from previous round.
5. Validate re-imported template data.

Live Demo

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Most Frequent DIT Review Errors in PY18

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Zero Dollar Rates in Age Bands

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0030001 has a $0.00 rate for Rating Area 1 for the following age bands: 15, 16, 23, 31.

- Explanation: All plan IDs in the Rates Table Template must not have an Age Band value of $0.00. An Age band value of $0.00 is only acceptable if a plan has a value of “Allows Child-Only” in the Plans & Benefits Template in which QHP Age Bands Age 21 and above, and SADP Age Bands 19 and above may have $0.00 values.

Inconsistent Essential Health Benefit (EHB) Percent of Total Premium Between Plans & Benefits & Unified Rate Review Template (URRT)

- *Note: For PY19, values for EHB percent of total premium between the Plans & Benefits Template and Unified Rate Template must match when rounded to **four** (4) decimal places. Example from the PY18 tool is below:*
- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0000010 has an EHB percent of total premium 1 in the Plans & Benefits template and an EHB percent of total premium 0.9989 in the Unified Rate Review Template. Values for EHB percent of total premium between the Plans & Benefits template and Unified Rate Review Template must match when rounded to three decimal places.
- Explanation: All non-catastrophic Individual QHP plans with EHB percent of total premium values in the Plan & Benefits Template and URRT must match when rounded to three decimal places.

Invalid Copay or Coinsurance Value

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0050021-01 has a copay equal to “$3,500.00" for Skilled Nursing Facility. This is not a valid copay value.

- Explanation: The Skilled Nursing Facility & Inpatient Hospital Services (e.g., Hospital Stay) Benefits do not permit $x values in the Plans & Benefits Template.

QHPs Missing in the URRT

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0000022 in the Plans & Benefits template is missing in the Unified Rate Review Template. All QHPs in the Plans & Benefits template must be reported in the Unified Rate Review Template.

- Explanation: All QHP plan IDs in the Plans & Benefits Template must be listed in the Unified Rate Review template.

Service Areas with Missing Rates

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0010006 is missing rates for Rating Area 1. Plan ID 12345XY0010006 is associated with service area ID XY001, which covers the following counties in Rating Area 1: Jones, Adams.

- Explanation: Rates must be provided for all rating areas that map to the counties covered by a plan's service areas.

Incorrect Format for Formulary URL

- *Note: DIT also runs URL format validations for Enrollment Payment, Network, Plan Brochure, and Summary of Benefits and Coverage URLs.*
- Sample Error Message:

  DIT ERROR: Formulary ID XYF005 does not have an acceptable Formulary URL format. Each URL must begin with either http:// or https://.

Deductible Exceeds MOOP

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0010030-01 has a combined Out of Network Individual deductible equal to $19,950 and a corresponding MOOP equal to $13,300. The deductible is greater than the corresponding MOOP. Please confirm that you have accurately entered your deductible and MOOP values.

- Explanation: All plans must have a deductible that is not greater than the corresponding MOOP.

Inconsistent Plan Type [Product Network Type] Between Plans & Benefits and URRT

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0010003 has a plan type of HMO in the Plans & Benefits template and a plan type of EPO in the Unified Rate Review Template. QHP plan type must match between the Plans & Benefits template and URR Template.

- Explanation: All plan ID plan types in the Plans & Benefits Template must be equal to all plan ID plan types in the Unified Rate Review Template.

HSA Eligible Plan with a Deductible Less than Required Minimum

- *Note: Validation will be added to the PY 2019 tool after the IRS releases final guidance on 2019 Health Savings Account (HSA) deductible and maximum out-of-pocket (MOOP) requirements. Example from the PY18 tool is below:*
- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0040012-01 is listed as HSA eligible but has a combined In Network Family per person deductible value of $2,600 per person, which is less than the required minimum value ($2,700 for family coverage). The 2018 HSA parameters can be found at https://www.irs.gov/pub/irs-drop/rp-17-37.pdf. Family per person deductible values for HSA eligible plans are subject to the IRS family coverage minimum value ($2,700), not the self-only coverage value ($1,350). IRS Publication 969 (https://www.irs.gov/pub/irs-pdf/p969.pdf) states:

  "If either the deductible for the family as a whole or the deductible for an individual family member is less than the minimum annual deductible for family coverage, the plan does not qualify as an HDHP."

Noncompliance with QHP Federal Age Curve

- *Note: For issuers in States using state-defined age curves, the DIT runs a separate validation that checks for adherence to the applicable state age curve.*

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0020006 in Rating Area 1 varies by $2.00 or more from the Federal age curve for the following age bands: 0-14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64 and over for effective dates 01-01-2018 - 12-31-2018.

- Explanation: Rates provided for a rating area must be within the Federal age curve for all age bands within the Rates Table Template.

Live Q&A

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Questions?

- Please identify your State before asking your question(s).
- Remote participants can ask questions via Chatbox.
- If we are not able to address your question today, you can send questions to EHBQuestions@cms.hhs.gov until the transition to PM Community is complete.

Questions

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

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.

Closing Remarks