Changes to State Review Roles in Qualified Health Plan (QHP) Certification for Plan Year (PY) 2019

May 30, 2018



Center for Consumer Information and Insurance Oversight (CCIIO)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Agenda

- Session Guidelines
- Key Dates
- Changes to Review Roles in QHP Certification for PY 2019
- PY 2019 QHP Application Supporting Documents
- Question & Answer (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.

Upcoming Plan Year 2019
Key Dates for Qualified Health Plan (QHP) Certification

Date	Category	Activity
May 1 – May 31, 2018	PM Community	Issuers and States provide Usernames for and Request Access to PM Community
May 9, 2018	QHP Certification	PY19 Submission Window Opens
May 31, 2018	**QHP Certification**	**Deadline for Issuers to Submit Templates for the PY19 Early Bird Review Round**
May 9 – May 31, 2018	PM Community	Issuers and States Log into PM Community to view PY19 Issuer Details and Plan Lists

Announcements

Changes to Review Roles in QHP Certification for PY 2019

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

State Guidance

- 2019 Letter to Issuers in the Federally-facilitated Exchanges
- HHS Notice of Benefit and Payment Parameters for 2019

Updated Guidance on State Roles in QHP Certification: All States in the Federally-facilitated Exchanges (FFE)

- CMS will continue to rely on reviews by states in the FFE to ensure QHP data meets certain certification standards. **This will impact all FFE states, regardless of whether they perform plan management activities in partnership with CMS.**

- Issuers and states should continue to submit all required QHP application data to Health Insurance Oversight System (HIOS)/System for Electronic Rate and Form Filing (SERFF), per PY 2019 QHP Application instructions.

- **Meaningful Difference**
  - CMS removed the meaningful difference requirement as part of QHP certification. Therefore, CMS no longer requires QHP issuers to demonstrate meaningful difference.

Updated Guidance on State Roles in QHP Certification: All States in the Federally-facilitated Exchanges (continued)

- **Licensure and Good Standing**
  - CMS will continue to rely on States with FFEs to review issuers' compliance with licensure and good standing standards, including states performing plan management functions.

- **Network Adequacy**
  - CMS will use the same approach to review network adequacy that it used for plan year 2018 in FFEs, including states performing plan management functions.
  - CMS will defer to states' reviews in states with authority to enforce standards that are at least equal to the "reasonable access standard" identified in §156.230 and means to assess issuer network adequacy. For PY2019, all FFE states meet this standard.
  - For issuers in states without the authority and means to conduct such reviews, CMS will rely on the issuer's accreditation (commercial, Marketplace, or Medicaid) from an HHS-recognized accrediting entity (National Committee for Quality Assurance, URAC, and Accreditation Association for Ambulatory Health Care). If accreditation cannot be provided, CMS will require issuers to submit access plans. We plan to notify the issuers that are required to submit an access plan in order to have plans certified as QHPs.

Updated Guidance on State Roles in QHP Certification: States Performing Plan Management Functions

- As in prior years, CMS will continue rely on reviews conducted by states performing plan management functions to ensure QHP data meets several certification standards.

- **Prescription Drug Formulary Outliers & Non-Discrimination in Cost Sharing**
  - CMS will continue to rely on the reviews for non-discrimination in formularies and cost sharing conducted by all States that perform plan management functions. CMS will continue to review for non-discrimination in formularies and cost sharing for FFE states that do not perform plan management functions.

PY 2019 QHP Application Supporting Documents

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

PY 2019 QHP Application Supporting Documents

- Required supporting documents by review area
- Provided by SERFF for States submitting via SERFF

Includes:

- Review Area
- Document Name
- Document Description
- QHP/Stand-alone Dental Plan (SADP)/Both
- Reference in QHP Instructions
- Submission criteria for issuers
- Applicability by State model
- Requirements for State-based Exchanges (SBEs)

PY 2019 Supporting Documents

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Accreditation	Accreditation Certificate	Demonstrates that the issuer is accredited.	Medical QHPs only	1D - Accreditation	Optional for all accredited issuers.	State
Compliance Plan and Organizational Chart	Compliance Plan	Provides documentation that the issuer has a compliance plan that adheres to all applicable laws, regulations, and guidance; that the compliance plan is ready for implementation; and that the issuer agrees to reasonably adhere to the compliance plan provided.	Both	1A - Program Attestations	Issuers are required to submit in HIOS if a Yes response is provided to the Optional Program Attestation; SERFF submission requirements depend on the State.	State
Compliance Plan and Organizational Chart	Cover Sheet Template	Accompanies issuer's compliance plan and identifies the page numbers where the required compliance plan elements are found.	Both	1A - Program Attestations	Issuers are required to submit in HIOS if a Yes response is provided to the Optional Program Attestation; SERFF submission requirements depend on the State.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Compliance Plan and Organizational Chart	Organizational Chart	Provides documentation that the issuer has an organizational chart.	Both	1A - Program Attestations	Issuers are required to submit in HIOS if a Yes response is provided to the Attestations required of both Medical QHP and SADP issuers; SERFF submission requirements depend on the State.	State
Dental: Actuarial Value Review	Stand - Alone Dental Plan Actuarial Value Supporting Documentation and Justification	Describes the methods used to calculate actuarial value and identifies the AV value.	SADP	2D - Plans and Benefits	SADP Issuers are required to submit in HIOS; SERFF submission requirements depend on the State.	State
Dental: Essential Health Benefits (EHB)	EHB - Substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification	Identifies Essential Health Benefit (EHB) benchmark benefits that have been substituted, the substituted benefits, and the associated values of each.	SADP	2D - Plans and Benefits	SADP Issuers submit in HIOS when an EHB Variance Reason is substituted; SERFF submission requirements depend on the State.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Dental: Essential Health Benefits	Stand - Alone Dental Plans - Description of EHB Allocation	Details the methods and specific analysis used to determine the EHB apportionment for pediatric dental.	SADP	2D - Plans and Benefits	SADP Issuers required to submit in HIOS; SERFF submission requirements depend on the State.	State
Essential Community Providers (ECP)	Essential Community Provider Supplemental Response Form	Describes why the issuer cannot meet the ECP requirements and how its networks, as currently structured, provide adequate access to ECPs.	Both	1E - Essential Community Providers/Network Adequacy	Issuers submit in HIOS when an issuer does not meet the ECP requirements; SERFF submission requirements depend on the State.	State
Good Standing	Good Standing Supplemental Response	Describes how the issuer intends to comply with state solvency standards and provides a justification for noncompliance that explains the conditions that caused the issuer to become financially insolvent.	Both	1C - Good Standing	Issuers submit in HIOS when out of compliance with any applicable state solvency requirements for the calendar year in which it is applying. SERFF submission requirements depend on the State. Note: The Good Standing section is optional.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Good Standing	Corrective Action Plan	Describes how the issuer intends to respond to corrective actions and provides a justification that explains how a corrective action plan or equivalent document will address the issues identified by the state.	Both	1C - Good Standing	Issuers submit in HIOS when under any corrective action related to financial review. SERFF submission requirements depend on the State. Note: The Good Standing section is optional.	State
Licensure	State license, certificate of authority (COA), certificate of compliance, or an equivalent document	Provides documentation that the issuer is licensed.	Both	1B - State Licensure	Issuers submit in HIOS as proof of licensure. SERFF submission requirements depend on the State. Note: The Licensure section is optional.	State
Network Adequacy	Access Plan and Cover Sheet	Cover Sheet and Access Plan that addresses and references the 11 areas in the Supporting Documentation table under Section 1E - Essential Community Providers/Network Adequacy. Recommend the Cover Sheet be inserted in front of the Access Plan (as opposed to being a separate document).	Both	Section 1E - Essential Community Providers/Network Adequacy	QHPs and SADPs that need to submit access plans will be notified directly by email.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Non Discrimination-Cost Sharing	Cost Sharing Outlier Supporting Documentation and Justification	Identifies reasons why cost- sharing values found to be outliers should be allowed and are not discriminatory.	Both	2D - Plans and Benefits	Issuers submit in HIOS when the cost-sharing values are identified as outliers at the national and state levels and remain uncorrected; SERFF submission requirements depend on the State.	State
Plan ID Crosswalk	Crosswalk Template	The Plan ID Crosswalk template crosswalks 2018 Qualified Health Plan (QHP) Plan ID and service area combinations (e.g., Plan ID and County combinations) to a 2019 QHP Plan ID.	Both	Appendix 2	Issuers submit the Plan ID Crosswalk Template through the Plan Management Community for all plans offered through the FFE during plan year 2019.	State (State authorization required)
Prescription Drug Reviews	Combined Prescription Drug Supporting Documentation and Justification	Identifies reasons why deficiency occurs in Clinical Appropriateness, Formulary Outlier or in Category/Class Benchmark Count and how they are not discriminatory.	Medical QHPs only	2C- Prescription Drug	Issuers submit in HIOS if a deficiency occurs in Clinical Appropriateness, Formulary Outlier or Inadequate Category / Class Benchmark Count; SERFF submission requirements depend on the State.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Program Attestations	Program Attestations Form	Mechanism for issuers to provide their responses to the required and optional attestations.	Both	1A - Program Attestations	Issuers respond to program attestations in the HIOS module; issuers in states performing plan management functions respond via SERFF; SERFF submission requirements depend on the State.	State
Quality Improvement Strategy (QIS)	QIS Implementation Plan and Progress Report Form	Describes an implementation plan and progress of a payment structure that provides increased reimbursement or other market-based incentives to improve health outcomes of plan enrollees.	Medical QHPs only	Quality Improvement Strategy Technical Guidance and User Guide	After being on the Exchange for 2 or more consecutive years, issuers are required to submit in HIOS in a FFE or SERFF in SPE and SBE-FP QIS Implementation Plans for all QHPs as well as Progress Reports for the following plan year.	State
Service Area	Partial County Service Area Justification	Describes why the issuer cannot provide service to an entire county.	Both	2B - Service Area	Issuers submit in HIOS when requesting a partial county service area; SERFF submission requirements depend on the State.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Silver / Gold Review	Silver/Gold Supporting Documentation and Justification	Identifies reasons why the silver/gold plan requirement is not met.	Medical QHPs only	2D - Plans and Benefits	Issuers submit in HIOS when a silver/gold deficiency remains uncorrected; SERFF submission requirements depend on the State.	State
Unified Rate Review (URR)	Part I - Unified Rate Review (URR) Template	Provides information and data necessary for Reasonableness Review, rate increase monitoring and Market Rating Rules Compliance Reviews by states and CMS.	Medical QHPs only	URR Instructions to be published	All QHP issuers are required to submit the template to CMS through HIOS; SERFF submission requirements depend on the State.	State
Unified Rate Review (URR)	Part II - Consumer Justification Narrative	Consumer centered description of why the increase is justified for product increases 10 percent or greater.	Medical QHPs only	URR Instructions to be published	When required, QHP issuers must submit to CMS through HIOS; SERFF submission requirements depend on the State.	State

PY 2019 Supporting Documents (continued)

Review Area	Document Name	Document Description	QHP Type	Instructions	Submission Criteria for Issuers	Review Expectations: SPEs and SBE-FPs
Unified Rate Review (URR)	Part III - Actuarial Memorandum	Provides actuarial written narrative describing and supporting the information provided in the Part I (URR Template) and actuarial certifications.	Medical QHPs only	URR Instructions to be published	All QHP issuers are required to submit the memorandum to CMS through HIOS; SERFF submission requirements depend on the State.	State
Unique Plan Design	Unique Plan Design Supporting Documentation and Justification	Describes the reasons that a plan qualifies as unique (it is not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value.	Both	2D - Plans and Benefits & Appendix 1 Actuarial Value Calculator	Submitted in HIOS or SERFF when an issuer claims unique plan design.	State

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:

- **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