Open Q&A Webinar Series

August 3, 2016

Center for Consumer Information and Insurance Oversight (CCIIO)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 CMS' twice-weekly issuer QHP webinar series.
  - States are invited to attend and listen to issuer webinars.
- State webinars will take place on the first Wednesday of each month from May – November, from 3:00 – 4:00 p.m. ET.
- States are encouraged to submit questions in advance of each webinar to CMS_FEPS@cms.hhs.gov.

Agenda

- Upcoming Key Dates for QHP Certification
- QHP/SADP Plan Year (PY) 2017 Data Integrity Tool, Plan ID Crosswalk, Correction and Certification Notices
- Final Data Submission
- Plan Confirmation
- Plan Preview
- Quality Rating System (QRS) Preview

Upcoming Key Dates for QHP Certification

Date	Category	Activity
Ongoing	Submission	– Issuers review QHP Data in HIOS Plan Preview – Issuers resubmit data through HIOS Modules and SERFF
July 1 – August 2, 2016	CMS Review	CMS Conducts Round 2 Review of PY 2017 QHP Applications
August 8 – 9, 2016	CMS Notice	CMS Sends Round 2 **Correction/DIT** and **Plan Crosswalk Notices** to Issuers and State Regulators
August 9, 2016, 5pm EDT	**Submission**	**Service Area Change Request Deadline**
August 23, 2016, noon EDT	**Submission**	**Final Deadline for Submission of PY17 QHP Application Data via HIOS Modules and SERFF Transfer**
August 24 – September 9, 2016	CMS Review	CMS Conducts Final Review of PY 2017 QHP Applications

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QHP Certification Notices
Plan Year 2017

QHP Notices – Quick Reference

Correction/Data Integrity	• Summarizes needed correction in the content of QHP/SADP Applications to comply with certification standards. • Summarizes critical data errors that could lead to information not displaying or displaying incorrectly to consumers, or regulatory non-compliance.
Plan ID Crosswalk	• Includes required corrections to the Plan ID Crosswalk Template before CMS may process auto-enrollments for PY 2017.
Plan ID Crosswalk Validation	• Contains the most recent version of issuers' Plan ID Crosswalk Template that CMS has on file.
On/Off Track	• Informs "on-track" issuers that they have no barriers to certification. • Provides "off-track" issuers instructions for making necessary corrections to their QHP Application before they may be certified and/or displayed on HealthCare.gov.
Certification	• Lists certification results. The issuer will confirm which plans recommended for certification it chooses to offer on the Marketplace.
Validation	• Lists final certified QHPs for PY 2017, and an example of the 2017 QHP Agreement.

QHP Notices by Marketplace

Issuers receive different notices based on their Marketplace Model, products offered, and previous participation in the Marketplace.

Notice	FFM/SPM QHP/SADP	FFM/SPM Off-Marketplace SADP	SBM-FP QHP/SADP
Correction/Data Integrity	√	√**	√***
Plan ID Crosswalk*	√	NULL	√
Plan ID Crosswalk Validation*	√	NULL	√
On/Off Track	√	NULL	√
Certification	√	√	√
Validation	√	√	√

*Only applies to issuers who participated in the Marketplace in 2016
** Issuers will only receive Correction Notice
***Issuers will only receive a DIT Notice

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QHP Notices – Key Outreach Dates

Notice	Outreach Date	Issuer Response Requested	State Response Requested
Second Correction/Data Integrity	8/9/2016	No. Make Corrections to QHP Application, if applicable.	No.
Second Plan ID Crosswalk	8/9/2016	No. Make changes and resubmit Plan ID Crosswalk Template, if applicable.	No.
Plan ID Crosswalk Validation	9/13/2016	Yes. Validate CMS has correct template on file, or make changes and resubmit Plan ID Crosswalk Template.	No.
On/Off Track	9/13/2016	Yes. Reply to "off-track" notice and indicate whether issuer will make the required changes.	No.
Certification	9/16/2016	Yes. Return Table and QHP Agreement to CMS, if applicable.	No.
Validation	10/4/2016	No.	No.

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Addressing CMS Notices

- Issuers must address issues CMS identifies by either:
  - Correcting the relevant data; or
  - Providing adequate justification to demonstrate that corrections are not required and the application meets all certification standards.
- All corrections and errors identified must be addressed before the plan can be certified and/or available on HealthCare.gov.
- If the notice does not include any CMS-identified corrections, no changes to the application are necessary unless required by a state regulator (or CMS in a CMS direct enforcement state).
- States and issuers can refer to the Notices Fact Sheet, as part of the QHP Toolkit for help understanding corrections or errors identified.

Help With QHP Notices

- States should immediately contact PlanManagementStateCoordination@cms.hhs.gov or their State Officer, if a notice is not received by 11:59 p.m. ET on the expected date.

- States should direct technical questions to the Exchange Operations Support Center (XOSC) Help Desk at 1-855-CMS-1515, or submit a Help Desk ticket to CMS_FEPS@cms.hhs.gov.

- For SERFF-specific questions, states and issuers may also reach the SERFF Help Desk at 816-783-8990 or serffplanmgmt@naic.org.

Final Data Submission

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Final Data Submission

Reminder:

August 23, 2016 is the final deadline for submission of PY2017 QHP Application Data via HIOS Modules and SERFF Transfer.

State Plan Confirmation Overview

State Plan Confirmation Overview

- After the final data submission deadline, CMS will conduct a final round of plan confirmation with states and issuers to finalize the list of certified plans that will be available on the Marketplace for 2017.

- Final plan confirmation will give regulators the chance to indicate whether the state **<u>DOES</u>** recommend or **<u>DOES NOT</u>** recommend the plan for certification for sale on the Marketplace.

    – SBM-FP states will indicate whether the state does or does not approve the plan for certification.

Final State Plan Confirmation

Date:

- CMS will provide plan list: **August 31, 2016.**

- States will respond**:** ASAP, but no later than **September 8, 2016**.

Recipients:

- All states on the Federal platform (FFM, SPM, SBM-FP) with an active 2017 QHP Application.

What states will receive:

- After the final submission window deadline, an Excel workbook listing issuers and QHPs, including SADPs, under review for 2017 certification.

- This list will **<u>not</u>** include:

    – Off-Exchange QHPs.
    – Off-Exchange SADPs in SBM-FP states.

Plan Confirmation Workbook

Plan Confirmation - State Instructions

Step 1. Review the **Issuer Summary tab** for a list of issuers applying for QHP certification in your state, and counts of their planned offerings by issuer name, issuer ID, issuer type, Coverage Type--QHP (Medical) or SADP (Dental), Market Coverage (Individual or SHOP) and whether the plans are submitted for certification off the exchange, on the exchange, or both.

Step 2. Review the **Plan Details tab** for a complete list of plans submitted by issuers in your state for QHP Certification in Plan Year 2017. For each plan, the list includes the issuer name, issuer ID, Standard Component ID, plan marketing name, coverage type (QHP or SADP), market coverage (Individual or SHOP), metal level, plan type and whether the plan is submitted for certification off the exchange, on the exchange, or both.

Step 3. Return the completed plan list to **PlanManagementStateCoordination@cms.hhs.gov**.

State Instructions
Instructs states on how to review and respond to Plan Confirmation list.

Reference Tab	
This tab explains what information is included in this Excel workbook and provides definitions for the fields in the Issuer Summary and Plan Det.	
Issuer Summary Tab	
This tab includes Issuer-Level summary information.	
Field	**Definition**
Issuer Name	This is the issuer's legal name.
Issuer ID	This is the unique ID assigned to each issuer upon registering in HIOS.
Issuer Type	This is the type of issuer whether Qualified Health Plans (QHP), Stand-alone Dental Plans (SADP), or Dual.
Total Plans	This is the total number of plans an issuer has submitted.
QHP	The count of medical (QHP) plans an issuer has.
SADP	The count of dental (SADP) plans an issuer has.
Individual	The count of individual plans an issuer has.
SHOP	The count of Small Group Plans (SHOP) an issuer has.
On the Exchange or Both	The count of plans that the issuer offers on the exchange or both on and off the exchange.
Off the Exchange	The count of plans that the issuer offers off the exchange.
Plan Details Tab	
This tab includes a listing of each plan that has been submitted and will be reviewed CMS.	
Field	**Definition**
Issuer Name	This is the issuer's legal name.
Issuer ID	This is the unique ID assigned to each issuer upon registering in HIOS.

References
Defines fields in each tab.

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Plan Confirmation Workbook (Continued)

Issuer Summary

Summarizes issuer-level counts of plans by type.

Issuer Name	Issuer ID	Issuer Type	Total Plans	Coverage Type		Market Coverage		Exchange Type	
				QHP	SADP	Individual	SHOP	On the Exchange or Both	Off the Exchange
Middlemarch Life Insurance Company	12123								
PanHealth Insurance Company	12876								
Atlantis Health Plans	25684								
Montana Health Organization	32123								
Paragon Life Insurance Company	34567								
con Life Insurance Company of America	34589								
Alpha Health Insurance Company	34678								
Buttercup Insurance Company of America	43564								

Plan Detail

Lists each plan submitted for review by CMS.

CMS Record of Transferred Plans

Issuer Name	Issuer ID	Standard Component ID	Plan Marketing Name	QHP or SADP	Market Coverage	Metal Level	Plan Type	Exchange Type	Recommended for Certification

Indicate the in "Recommended for Certification" column whether each plan is approved to be available to consumers in your state on the 2017 Marketplace.

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Final State Plan Confirmation

State Action Required

- States should review the list, taking into consideration each issuer's ability to continue to meet applicable DOI requirements, including but not limited to form filing.

- Indicate in the "Recommended for Certification" column whether each plan is approved to be available to consumers in your state on the 2017 Marketplace.

- Note any concerns the state has about the included issuers and plans in certification reviews.

- Email your state's response per enclosed instructions to PlanManagementStateCoordination@cms.hhs.gov by **September 8, 2016.**

State Plan Withdrawal

- The state should indicate 'no' if a plan is not recommended to be available to consumers in 2017.

- CMS asks the state and issuer to provide the appropriate plan withdrawal forms.

  - [2017 Plan Withdrawal Notification form for states](#)

  - [2017 Plan Withdrawal Notification form for issuers](#)

- Issuers have an opportunity to withdraw plans by September 23, 2016 during the final issuer plan confirmation process.

Plan Preview

Plan Preview: Quality and Network Displays

- In mid-August, issuers will be able to preview their quality rating and network classification.

- Only QHP issuers in Pilot States will see ratings.

- Pilot States for Quality: Michigan, Ohio, Oregon, Pennsylvania, Virginia, and Wisconsin.

- CMS is considering piloting network classification in select states; more details will be released soon.

- Display reflects the ratings, but not the final consumer facing language.

Quality Rating System (QRS) and QHP Enrollee Survey: Upcoming 2016 Results and Preview

Accessing 2016 QRS Results

- While only QHP issuers in pilot states will see QRS ratings in Plan Preview, starting on August 15, 2016, *all* QHP issuers and Marketplace administrators will be able to preview 2016 QRS results for their respective QHP issuers' reporting units via the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM).
- Instructions for accessing 2016 QRS results:
  - Log in to the HIOS-MQM website;
    - Users new to HIOS need to request access to HIOS and the MQM through the CMS Enterprise Portal (https://portal.cms.gov/).
    - Existing HIOS users who are new to the MQM need to request a new role: Ratings/Reports Viewer or Marketplace Operator. These roles authorize the user to perform predetermined functions and access certain data sets.
    - Detailed instructions for registering for access to HIOS and the MQM can be found in the HIOS-MQM Quick Reference Guide located on CMS' MQI website (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html).
  - Navigate to the "Preview Ratings" webpage and search for the corresponding QHP issuer. To access the QRS Preview Report and QRS Proof Sheet, click the appropriate links at the bottom of the page.

2016 QRS and QHP Enrollee Survey Results

- Marketplaces will receive the following for each respective QHP issuer's reporting unit:
  - One (1) QRS Preview Report, including the QRS ratings. The ratings are provided on a 5-star scale for all QRS hierarchy components (i.e., composites, domains, summary indicators, and the global result).
  - One (1) PDF file version of the QRS Proof Sheet, including the outputs for each step of the QRS rating methodology.
  - One (1) CSV file version of the QRS Proof Sheet, including additional information (e.g., measure indicator values and sub-measure indicator values).
  - One (1) QHP Enrollee Survey Quality Improvement (QI) Report, including results on all ratings, composites and measures in the QHP Enrollee Experience Survey*.
    - Results in the QI Reports are sorted from highest to lowest, and indicate which reporting units performed above or below the national average.
    - QI Reports will be delivered to CMS the last week of August for distribution to individual Marketplaces.

*Composites in the QHP Survey reports are based on CAHPS and are not identical to those used in the QRS.

Submitting Inquiries about 2016 QRS and QHP Enrollee Survey Results

- To submit an inquiry related to the QRS results:
  - QHP issuers: Please submit questions to the XOSC Help Desk via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference "Marketplace Quality Initiatives (MQI)-QRS".
  - States and Marketplace administrators: Please submit questions to administrators' respective State Officers.
  - Federally-facilitated Marketplaces: Please submit questions to FFM_Operational_Questions@cms.hhs.gov and reference "Marketplace Quality Initiatives (MQI)-QRS" in the subject line.

Questions

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

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