

# Most Frequent Data Integrity Review Errors after Final Submission

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Center for Consumer Information and  
Insurance Oversight (CCIIO)

# Open Q&A Series for States

- The monthly webinar series provide 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's) twice-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](http://www.REGTAP.info)
- States are encouraged to submit questions in advance of each webinar to [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).

# Agenda

- Most Frequent Data Integrity Review Errors after Final Submission
- Live Q&A

# **Most Frequent Data Integrity Review Errors after Final Submission**

# Most Frequent Data Integrity Review Errors

## QHPs and Stand-alone Dental Plans (SADPs) (Deficiency Code):

1. QHPs Missing in the Unified Rate Review Template (URRT) (990000531)
2. Consistent Essential Health Benefits (EHB) Percent of Total Premium Between Plans and Benefits and URRT (990000461)
3. Service Areas with Missing Rates (990000551)
4. Invalid Copay or Coinsurance Value (990000241)
5. Format of Formulary URL (990000571)
6. Zero Dollar Rates in Age Bands (990000411)
7. Deductible and Maximum Out-of-Pocket (MOOP) Comparison (990000701)
8. Consistent Plan Type Between Plans and Benefits and URRT (990000511)
9. Health Savings Account (HSA) Eligible Plan with a Deductible Less than Required Minimum (990000671)
10. Business Rules Market/Dental Overwrite (990000771)

# QHPs Missing in the URRT (990000531)

- Sample Message:

DIT ERROR: Plan ID 12345XY0010005 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.

# Consistent EHB Percent of Total Premium Between Plans and Benefits and URRT (990000461)

- Sample Message:

DIT ERROR: Plan ID 12345XY0090017 has an EHB percent of total premium 0.9983 in the Plans & Benefits template and an EHB percent of total premium 0.9974 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.

# Service Areas with Missing Rates (990000551)

- Sample 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.



# Invalid Copay or Coinsurance Value (990000241)

- Sample 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.

# Format of Formulary URL (990000571)

- Sample Message:

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

# Zero Dollar Rates in Age Bands (990000411)

- Sample Message:

DIT ERROR: Plan ID 12345XY0030001 has a \$0.00 rate for Rating Area 1 for the following age bands: 15, 16 for effective dates 1/1/2018 – 3/31/2018.

# Deductible and MOOP Comparison (990000701)

- Sample 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.

# Consistent Plan Type Between Plans and Benefits and URRT (990000511)

- Sample 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.

# HSA Eligible Plan with a Deductible Less than Required Minimum (990000671)

- Sample Message:

DIT ERROR: Plan ID 12345XY0040012-01 is listed as HSA eligible but has a combined In Network Family per person deductible value of \$2600 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 (\$2700), not the self-only coverage value (\$1350). 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."

# Business Rules Market/Dental Overwrite (990000771)

- Sample Message:

DIT ERROR: The Business Rules Templates have an issuer level discrepancy between the Individual Medical market binder and the Individual Dental market binder. In particular, for the “Is there a maximum age for a dependent?” field, the Individual Medical market binder is equal to "25" while the Individual Dental market binder is equal to "21".

In order to avoid overwrite problems, please ensure that the “Is there a maximum age for a dependent?” field is consistent across all market binders. You may also create product or plan level rules for products or plans that do not adhere to the business rules set at the issuer level.

# 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](mailto: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