

Answers to Frequently Asked Questions (FAQ) on Qualified Health Plans

2016 Quality Rating System Marketing Guidelines

This FAQ serves as guidance to Qualified Health Plan (QHP) issuers regarding inclusion of 2016 quality rating system (QRS) star ratings and QHP Enrollee Experience Survey results in marketing materials. This guidance is in accordance with 45 CFR § 156.1120(c) and 45 CFR § 156.1125(c), which indicates that a QHP issuer may reference the QRS star ratings and QHP Enrollee Experience Survey results for its QHPs in marketing materials in a manner specified by HHS.

Q: Can Qualified Health Plan (QHP) issuers reference the 2016 Quality Rating System (QRS) star ratings and QHP Enrollee Experience Survey results in their marketing materials?

A: QHP issuers may reference their respective 2016 QRS star ratings and QHP Enrollee Experience Survey results in their marketing materials if the issuer participates in a consumer display pilot State (Michigan, Ohio, Oregon, Pennsylvania, Virginia, Wisconsin), or if the issuer is in an SBM that chooses to display 2016 QRS star ratings for the 2017 open enrollment period. These QHP issuers may reference the 2016 quality rating information (i.e., 2016 QRS star ratings and QHP Enrollee Experience Survey results) in accordance with the guidelines outlined in the 2016 QRS and QHP Enrollee Experience Survey Technical Guidance. CMS will also provide additional supplemental disclaimer language that the issuers must include to inform consumers that CMS is conducting additional consumer testing regarding the public display of this quality rating information.

QHP issuers that are not participating in a pilot State or are participating in an SBM that chooses *not* to display 2016 QRS star ratings for the 2017 open enrollment period should not reference the 2016 quality rating information in their marketing materials.

For more information on CMS' pilot for the 2016 QRS star ratings, reference the Quality Rating Information Bulletin at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/QRS-Bulletin-4-29-2016.pdf>.

The 2016 QRS and QHP Enrollee Experience Survey Technical Guidance can be accessed at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/QRS-and-QHP-Enrollee-Experience-Survey-Technical-Guidance-for-2016-V20.pdf>.

Guidance on Qualified Health Plan Issuer Obligations with Respect to Qualified Health Plans

Q: Can you clarify a Qualified Health Plan issuer's obligations?

A: Qualified health plan (QHP) issuers must meet certain statutory and regulatory standards. Issuers may not waive or alter their obligation to meet these standards by including language in their contracts with enrollees that is inconsistent with issuers' obligations with respect to their QHPs. Any contractual language between an issuer and enrollee purporting to change or relieve an issuer of QHP obligations, including pending external litigation or other regulatory action, is inconsistent with QHP requirements and is a violation of the QHP agreement.

Transparency in Coverage Data for the 2017 Plan Year

Q: For the purposes of transparency in coverage data for the 2017 plan year, should issuers submit the number of claims and appeals for services rendered in 2015 or claims processed in 2015?

A: Issuers must submit the numbers for claims and appeals, for services rendered in 2015, not claims processed in 2015. The intent and focus of the collection is to provide information on claims and appeals numbers for calendar year 2015.

Example: An enrollee has a claim for date of service 12/31/14, which the issuer receives on 1/5/15. The issuer should not include this claim as part of its data submission for the 2017 plan year, as the service was not rendered in calendar year 2015.

The 2017 plan year transparency in coverage reporting requirements extend to QHP (and SADP) issuers in the Federally-facilitated Marketplaces (FFMs), including issuers in states performing plan management functions, and State-based Marketplaces on the Federal Platform (SBM-FPs). For more information, please refer to the Transparency in Coverage QHP Issuer Instruction Guide for Plan Year, available at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Step-6-Certify-and-Offer-Plans-.html>

Q: Does a QHP issuer offering a QHP for the first time in plan year (PY) 2017 need to submit a Transparency in Coverage reporting template for 2017 PY data submission?

A: Yes. When an issuer is offering a QHP for the first time in PY 2017, it is required to submit a template that includes all of the required contact information and an active URL for claims payment policies and other information. Issuers should mark "N/A" on the template for the remaining fields for 2017 data since the plan was not offering coverage in 2015.

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Q: Can SADP issuers that offered coverage through the Marketplace(s) in 2015 leave any fields in the Transparency in Coverage reporting template blank for 2017 plan year data submission?

A: SADP issuers that offered coverage through the Marketplace(s) in 2015 are generally subject to the same transparency in coverage reporting obligations as QHP issuers for major medical coverage. However, SADP issuers' claims payment policies and other information URL does not need to include information for the data element on "drug exceptions timeframes and enrollee responsibilities".

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Q: Does the information required in the URL landing page need to be live at the time issuers submit the Transparency in Coverage reporting template for 2017 plan year data submission?

A: Yes. The webpage must be live at the time of submission and remain active for the entire plan year.

Q: What does CMS mean by submitting a template for each "HIOS ID"?

A: QHP and SADP issuers are required to complete and submit separate templates for each HIOS ID for 2017 plan year data submissions. The reference to each "HIOS ID" means the issuer's Health Insurance Oversight System (HIOS) ID number (issuer ID).

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Q: Will issuers be given additional time to submit the transparency data reporting template for the 2017 plan year data submission?

A: Yes. Issuers subject to these reporting requirements will be given until Friday, September 2 to submit completed templates for the 2017 plan year. The timeline is as follows:

Activity	Dates
Initial QHP Transparency Submission Window	08/01/2016-09/02/2016
CMS Reviews Initial QHP Data Submissions as of 09/02/2016	09/05/2016-09/09/2016
CMS Sends First Correction/Non-submission Notice	09/12/2016
Deadline for Submission of Revised QHP Data	09/23/2016
CMS Reviews Revised QHP Data as of 09/23/2016	09/26/2016-10/03/2016

Q: When will CMS post the transparency in coverage 2017 plan year data reported by issuers?

A: CMS intends to publish transparency data with the other Marketplace public use files (PUFs) this fall.