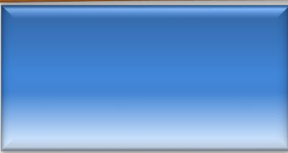


Business Rules Template, Rates Table Template, & Service Area Template Demonstration

March 5, 2020



2020 Qualified Health Plan (QHP) Series

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

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.



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FfEs), State Partnership Exchanges (SPEs), State-based Exchanges on the Federal Platform (SBEs-FP) and Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Key Dates
- Additional Webinar Sessions
- Announcements
- Business Rules Template, Rates Table Template, & Service Area Template Demonstration
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Upcoming Key Dates for QHP Certification

Date	Category	Activity
Tuesday, April 14, 2020	Data Change Request Submission	Deadline for issuers to submit approved changes for Plan Year (PY) 2020 April Small Business Health Options Program (SHOP) Quarterly Rates Data Correction Window

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to <https://www.REGTAP.info>.

Announcements

REGISTRATION NOW OPEN!

Registration Deadlines:

Onsite In-Person: April 15, 2020 Noon ET

Onsite Remote: April 17, 2020 Noon ET

Additional Remote-Only Sessions : April 26, 2020 Noon ET

Qualified Health Plan (QHP)

ISSUER CONFERENCE

Onsite In-Person and Remote: April 21, 2020

Additional Remote Only Sessions:

April 27, April 29, and May 1, 2020

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

Register today at [HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)



CMS HEADQUARTERS IN
BALTIMORE, MD



Service Area Template

Service Area Template General Information

- 45 CFR 155.1055 requires Exchanges to evaluate QHP service areas to ensure they meet specified criteria.
- The approach for reviews of service area remains unchanged from that used in PY 2020.
 - CMS will not conduct active certification reviews of QHP service areas for states that perform plan management functions and will defer to state processes.
 - As noted in the 2019 Letter to Issuers in the FFEs, states performing plan management functions may impose a standard that exceeds CMS' standard: "When States perform QHP certification reviews, they may exercise reasonable flexibility in their application of CMS's QHP certification standards, provided that the State's application of each standard is consistent with CMS regulations and guidance."
 - CMS will continue to review QHP service areas for FFE states that do not perform plan management functions.

Service Area Template Tips

- The PY 2021 Service Area Template is the same as the previous year.
- Dual product issuers must create and use different service area IDs for the two (2) plan types and the dental one should use the word “Dental” in its service area name.
- If requesting a partial county, use the US Postal Service as a reference for zip codes.

Partial County Service Area

- It is only in rare circumstances that partial county service areas will be approved.
- For each requested exception, the issuer must submit a detailed supplemental response documenting why the entire county will not be served.
 - The issuer must justify that the partial county service area is necessary, non-discriminatory, and in the best interests of potential enrollees and the Exchange program, consistent with 45 CFR 155.1055.

Partial County Service Area (continued)

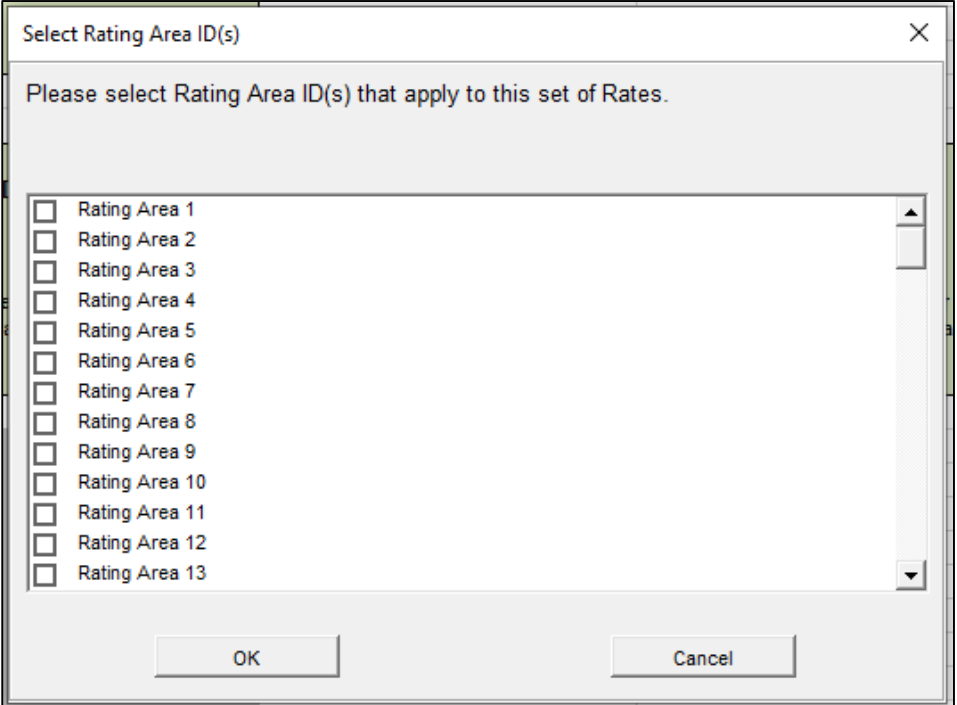
- CMS has a Service Area Partial County Supplemental Response form that we recommend issuers use and it can be found on CMS' Qualified Health Plan Website.
- State Regulator Approval
 - Issuers submitting in Health Insurance Oversight System (HIOS) must include written evidence from the appropriate state regulator showing that the partial county is approved by the state.
 - Issuers submitting in System for Electronic Rate and Form Filing (SERFF) should consult with their state regulator, but successful transmission of data will indicate state approval.

Service Area Demo

Rates Table Template Updates

New for PY2021: Rates Table Template

- Removed Taxpayer Identification Number (TIN) field from header
- Users will be able to multi-select applicable Rating Area IDs for a set of rates.

A screenshot of a software pop-up window titled "Select Rating Area ID(s)". The window has a close button (X) in the top right corner. Below the title bar, there is a text prompt: "Please select Rating Area ID(s) that apply to this set of Rates." Below this prompt is a list of 13 items, each with an unchecked checkbox and a label: "Rating Area 1", "Rating Area 2", "Rating Area 3", "Rating Area 4", "Rating Area 5", "Rating Area 6", "Rating Area 7", "Rating Area 8", "Rating Area 9", "Rating Area 10", "Rating Area 11", "Rating Area 12", and "Rating Area 13". A vertical scrollbar is on the right side of the list. At the bottom of the window are two buttons: "OK" and "Cancel".

PY2021 Rates Template: Pop-Up for Rating Area ID(s)

Rates Table Template – Age-Based Rates

- Users will be able to multi-select applicable Rating Area IDs for a set of rates.

	A	B	C	D	E
1	2021 Rates Table Template v10.0	All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
2	Validate	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
3		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
4	Finalize	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
5		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
6		HIOS Issuer ID*	12345		
7		Rate Effective Date*	1/1/2021		
8		Rate Expiration Date*	12/31/2021		
9		Rating Method*	Age-Based Rates		
10	Add Sheet				
11					
12	Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
13	Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
14	12345AK0010001	Rating Area 1, Rating Area 6, Rating Area 10	No Preference	0-14	100.00
15	12345AK001000	Rating Area 1, Rating Area 6, Rating Area 10	No Preference	15	101.00
16	12345AK0010001	Rating Area 1, Rating Area 6, Rating Area 10	No Preference	16	102.00

PY2021 Rates Template: Age-Based Rates

Rates Table Template – Family-Tier Rates

- Users will be able to multi-select applicable Rating Area IDs for a set of rates.

	A	B	E	G	H	I	J	K	L	M
1	2021 Rates Table Template v10.0 All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.									
2	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.									
3	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.									
4	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.									
5	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.									
6	Validate Finalize Add Sheet									
7	HIOS Issuer ID*	12345								
8	Rate Effective Date*	1/1/2021								
9	Rate Expiration Date*	12/31/2021								
10	Rating Method*	Family-Tier Rates								
11	Family Tier Plan ID* Rating Area ID* Individual Rate* Couple* Primary Subscriber and One Dependent* Primary Subscriber and Two Dependents* Primary Subscriber and Three or More Dependents* Couple and One Dependent* Couple and Two Dependents* Couple and Three or More Dependents*									
12	Required: Enter the 14-character Plan ID Required: Select the Rating Area ID Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse) Required: Enter the rate of a family based on a single parent with one dependent Required: Enter the rate of a family based on a single parent with two dependents Required: Enter the rate of a family based on a single parent with three or more dependents Required: Enter the rate of a family based on a couple with one dependent Required: Enter the rate of a family based on a couple with two dependents Required: Enter the rate of a family based on a couple with three or more dependents									
13	12345AK0010001	Rating Area 1, Rating Area 6, Rating Area 10	100.00	105.00	110.00	115.00	120.00	125.00	130.00	135.00
14										
15										

PY2021 Rates Template: Family-Tier Rates

Rates Table Template Demonstration

Business Rules Template Updates

Reference: PY2020 Business Rules Template

	A	B	C	D	E	F	G	H	I	J	K	L
1	2020 Business Rules Template v9.0		All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.									
2	Validate		Enter the Issuer Rule on the first row (no Product ID or Plan ID).									
3			For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.									
4	Finalize		For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule									
5												
6												
7	HIOS Issuer ID											
8	TIN*											
9	Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
10												
11												
12												
13												

Reference: PY2020 Business Rules template

- Removed the following fields for PY2021:
 - TIN
 - How are rates for contracts covering two or more enrollees calculated?
 - What are the maximum number of under age (under 21) dependents used to quote a two parent family?
 - What are the maximum number of under age (under 21) dependents used to quote a single parent family?
 - What are the maximum number of children used to quote a children-only contract?
 - Are domestic partners treated the same as secondary subscribers?
 - Are same sex partners treated the same as secondary subscribers?

New for PY2021: Business Rules Template

	A	B	C	D	E	F	G	H
1	2021 Business Rules Template v10.1		All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.					
2	Validate		Enter the Issuer Rule on the first row (no Product ID or Plan ID).					
3			For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.					
4	Finalize		For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.					
5			Issuer level rule will apply only to plan type indicated in cell C10.					
6								
7	HIQS Issuer ID*							
8	Medical, Dental, or Both?							
9	Product ID	Plan ID (Standard Component)	Medical or Dental Rule?	What is the maximum number of rated underage dependents on this policy?	Is there a maximum age for a dependent?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
10								
11								
12								

PY2021 Business Rules template

- Added/changed following fields for PY2021:
 - Medical, Dental, or Both?
 - Collected at the Issuer Level to identify the type of plans offered by the Issuer (Medical, SADP, or both).
Note: this field is required before the template can be populated.
 - Medical or Dental Rule?
 - Collected at the Product or Plan Level.
 - Data validations will be based on user-input value for this field (i.e. Medical vs. Dental regulations).
 - What is the maximum number of rated underage dependents on this policy?
 - Consolidation of removed fields collecting maximum number of under age dependents/children
 - What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
 - Unused relationships were removed from the input pop-up.

New for PY2021: Business Rules Template – Relationship Pop-up

Relationship to Primary Subscriber

For each relationship between primary and dependent that are allowed, put a checkmark next to the relationship. For every checked relationship, select Yes if the dependent is required to live in the same household as the primary subscriber, otherwise select No.

☒ Self	☒ Yes	☐ No	☐ Collateral Dependent	☐ Yes	☐ No
☐ Spouse	☐ Yes	☐ No	☐ Ex-Spouse	☐ Yes	☐ No
☐ Child	☐ Yes	☐ No	☐ Foster Child	☐ Yes	☐ No
☐ Stepson or Stepdaughter	☐ Yes	☐ No	☐ Ward	☐ Yes	☐ No
☐ Grandson or Granddaughter	☐ Yes	☐ No	☐ Sponsored Dependent	☐ Yes	☐ No
☐ Brother or Sister	☐ Yes	☐ No	☐ Other Relationship	☐ Yes	☐ No
☐ Life Partner	☐ Yes	☐ No	☐ Other Relative	☐ Yes	☐ No
☐ Nephew or Niece	☐ Yes	☐ No			

Ok Cancel

PY2021 Business Rules template – Relationship Pop-Up

Removed relationships: Father or Mother, Grandfather or Grandmother, Uncle or Aunt, Cousin, Adopted Child, Son-in-Law or Daughter-in-Law, Brother-in-Law or Sister-in-Law, Father-in-Law or Mother-in-Law, Stepparent, Dependent of a Minor Dependent, Guardian, Court Appointed Guardian, Annultant, Trustee

Business Rules Template Demonstration

Open Q&A Session

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then 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.”

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
 - **Call: 855-CMS-1515**
 - **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
 - **Email: serffplanmgmt@naic.org**

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the Small Business Health Options Program (SHOP) or Individual Exchange.

HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)
- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

The QHP March Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
03/12/20	Thursday	1:00 p.m. – 2:00 p.m.	Plans and Benefits Template Updates and Demonstration and Benefits and Service Area Module Overview
03/19/20	Thursday	1:00 p.m. – 2:00 p.m.	Plan ID Crosswalk Template Overview
03/26/20	Thursday	1:00 p.m. – 2:00 p.m.	PY 2021 Updates to the Actuarial Value (AV) Calculator

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks