Qualified Health Plan (QHP) Plans and Benefits Template Updates & Benefits and Service Area Module Overview

March 7, 2017

Qualified Health Plan (QHP)
Series III

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Session Guidelines
- Key Dates
- Announcements
- Service Area Template Demonstration
- Questions
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- This session is conducted to provide an overview of QHP Certification Plan Management data collection template changes for issuers operating in the Marketplace and Premium Stabilization programs.
- For questions regarding content, contact the 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 Plan Maintenance and Certification

Date	Category	Activity
February 12, 2017	Plan Data Change	January Data Correction Window (DCW) Plan Year (PY) 2017 Plan Data Changes display on HealthCare.gov
Mar. 15 – Mar. 17, 2017	Issuer Conference	Annual QHP Issuer Conference in Baltimore, MD

Announcements

Introduction

The purpose of this presentation is to provide a high level overview of the **Benefits and Service Area Module**, outline updates to the Plans & Benefits Template*, and discuss general best practices for working with templates. It is intended as a refresher for issuers already familiar with the system.

*Note: Subject to change for consistency with the final rule finalizing of the Market Stabilization proposed rule, 82 FR 10980.

Agenda

- Submission Overview
- Benefits and Service Area Module Overview
- General Best Practice Tips
- Q&A

Preparation

Below are the key activities to be completed for success submission of plans.

QHP Data Submission

- Goal: Submit the data required to get certification for your Qualified Health Plan

Steps to get my plans certified as Qualified Health Plans for the Healthcare Marketplace

- Get HIOS User ID
- Assign User Roles
- Get HIOS Product and Standard Component Plan IDs

Get Access 1

- Some states will submit Issuer, Rating, and Benefits and Service Area through SERFF rather than HIOS. All states will submit Rate Review through HIOS.
- Submitter role and association with Issuer ID required for HIOS submission

Submit Data 2

- Verify that each sections of the Issuer, Rating, and Benefits and Service Area Modules are accurate
- Validator role and association with Issuer ID are required for HIOS validation

Validate that submitted data is correct 3

- Ensure data integrity across the templates and modules required for QHP submission
- Complete QHP application by making final submission of all sections of Issuer, Rating, and Benefits and Service Area modules.

Finalize data submission 4

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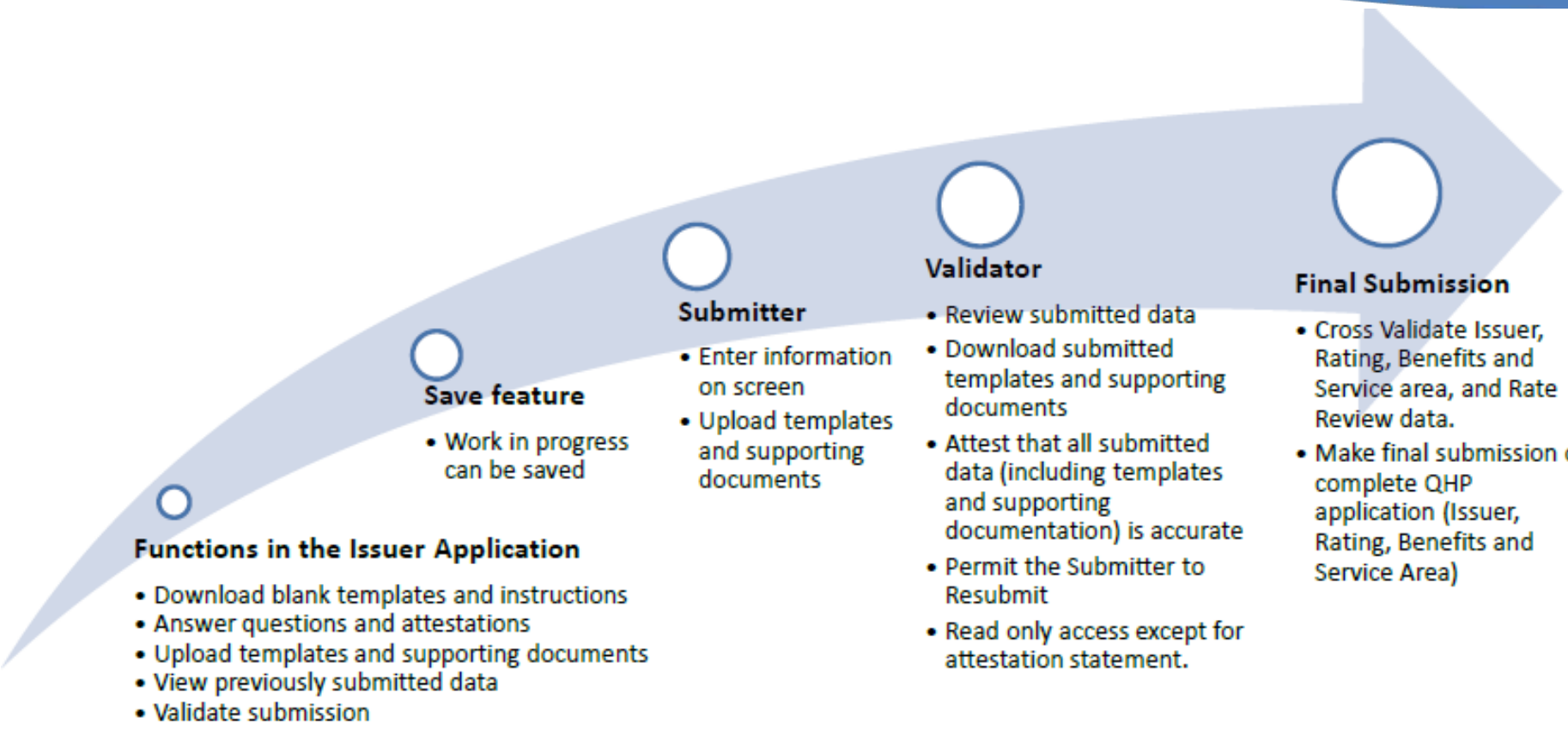
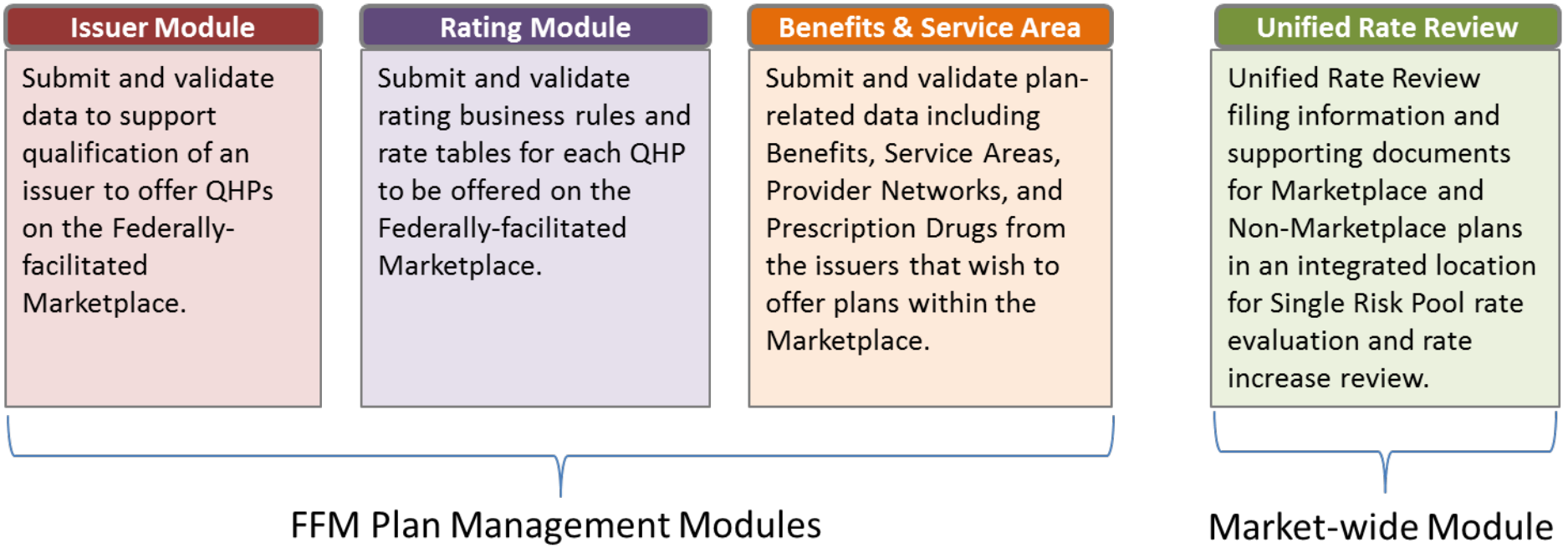
System Organization and Validation



Plan Management Overview

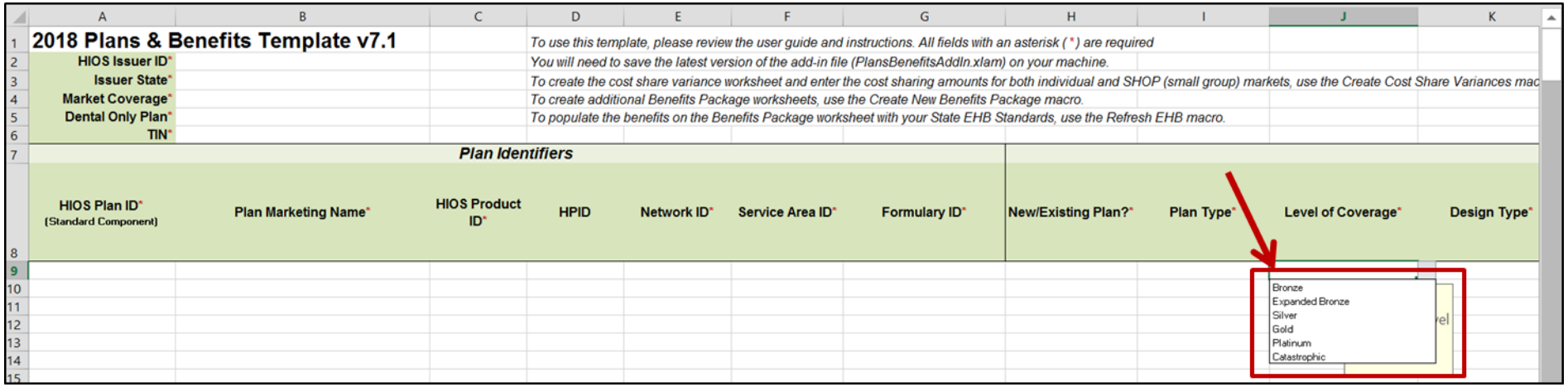
There are four FFM Plan Management and Market-wide data collection modules.



Plans and Benefits: Template & Module Updates

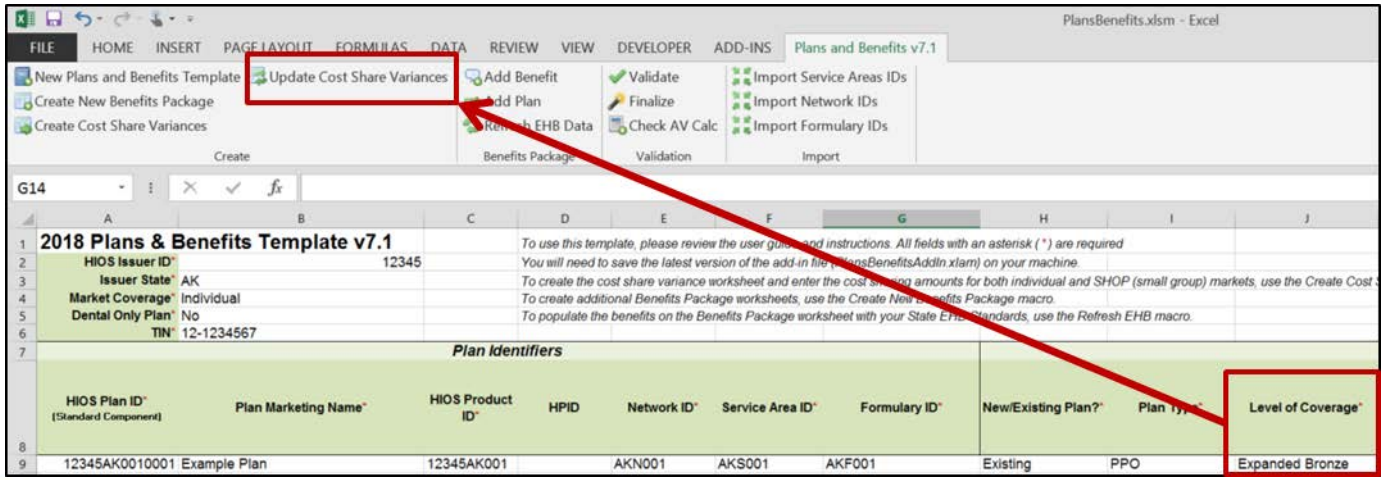
Level of Coverage: Expanded Bronze Plan

- The template now includes a Level of Coverage (Metal Level) of Expanded Bronze. (The Actuarial Value (AV) Calculator allows an AV of 58-65% for Expanded Bronze plans.)



Update Cost Share Variances: Ability to Switch Between Bronze and Expanded Bronze

- To update the Cost Share Variances tab from Bronze to Expanded Bronze (or vice-versa), update the Level of Coverage on the Benefits Package Tab and then click the Update Cost Share Variances button. (Note: Cannot change between other Level of Coverage values.)



Copayment Options: Copayment With Deductible

- The copayment dropdown options have been updated from ‘copayment before deductible’ to ‘copayment with deductible.’

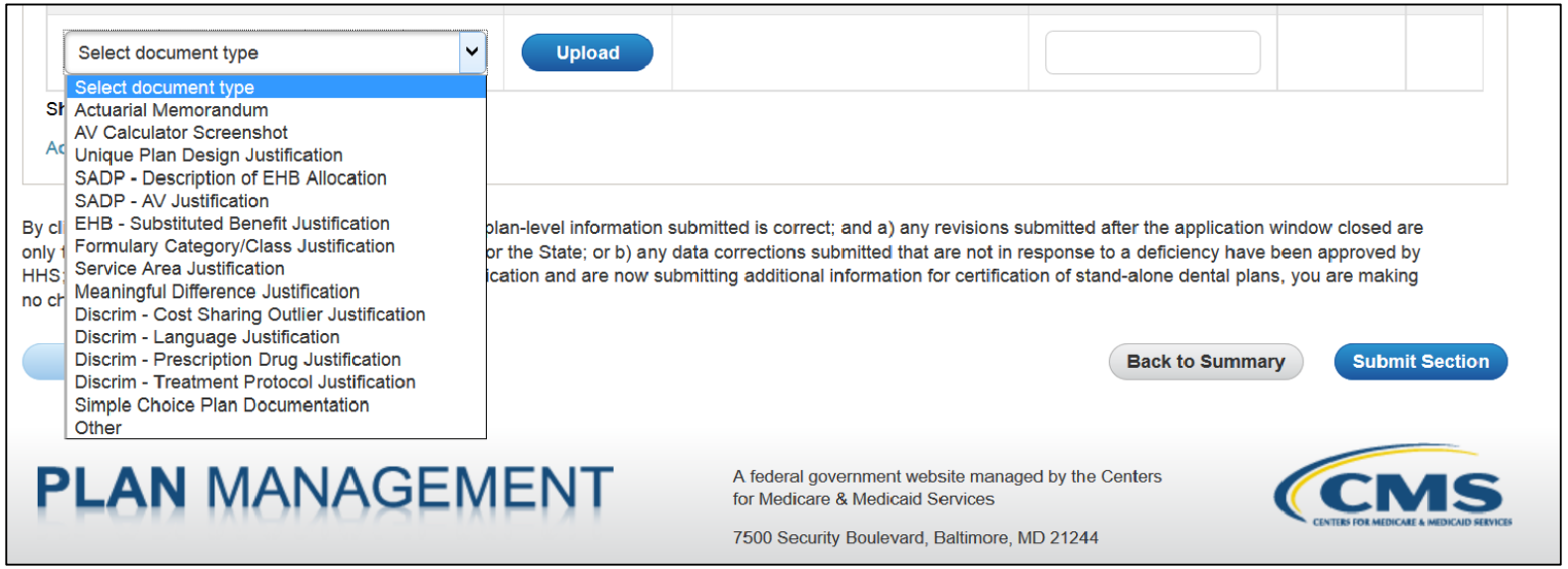
AV Calculator Additional Benefit Design			Primary Care Visit to Treat an Injury or Illness			
			Copay			
Maximum Number of Days for Charging an Inpatient Copay?	*Begin Primary Care Cost-Sharing After a Set Number of Visits?*	*Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*
			$25.00 Copay with deductible		Not Applicable	50.00% Coinsurance after deductible
			$25.00 Copay with deductible		Not Applicable	50.00% Coinsurance after deductible
			$0.00		$0.00	0.00%
			$25.00 Copay with deductible		Not Applicable	50.00% Coinsurance after deductible

Copayment Options: Copayment With Deductible

Benefits	Copayment Options	
• Inpatient Hospital Services (e.g., Hospital Stay) • Skilled Nursing Facility	$X Copay per Stay $X Copay per Stay with deductible $X Copay per Stay after deductible $X Copay per Day	$X Copay per Day with deductible $X Copay per Day after deductible No Charge No Charge after deductible Not Applicable
• Mental/Behavioral Health Inpatient Services • Substance Abuse Disorder Inpatient Services	$X Copay per Stay $X Copay per Stay with deductible $X Copay per Stay after deductible $X Copay per Day $X Copay per Day with deductible $X Copay per Day after deductible	$X $X Copay with deductible $X Copay after deductible No Charge No Charge after deductible Not Applicable
• All other benefits, including custom benefits	No Charge No Charge after deductible $X	$X Copay with deductible $X Copay after deductible Not Applicable

Benefits and Service Area Module Supporting Documents

You can upload supporting documents by selecting a document type to upload.



Benefits and Service Area Module Supporting Documents

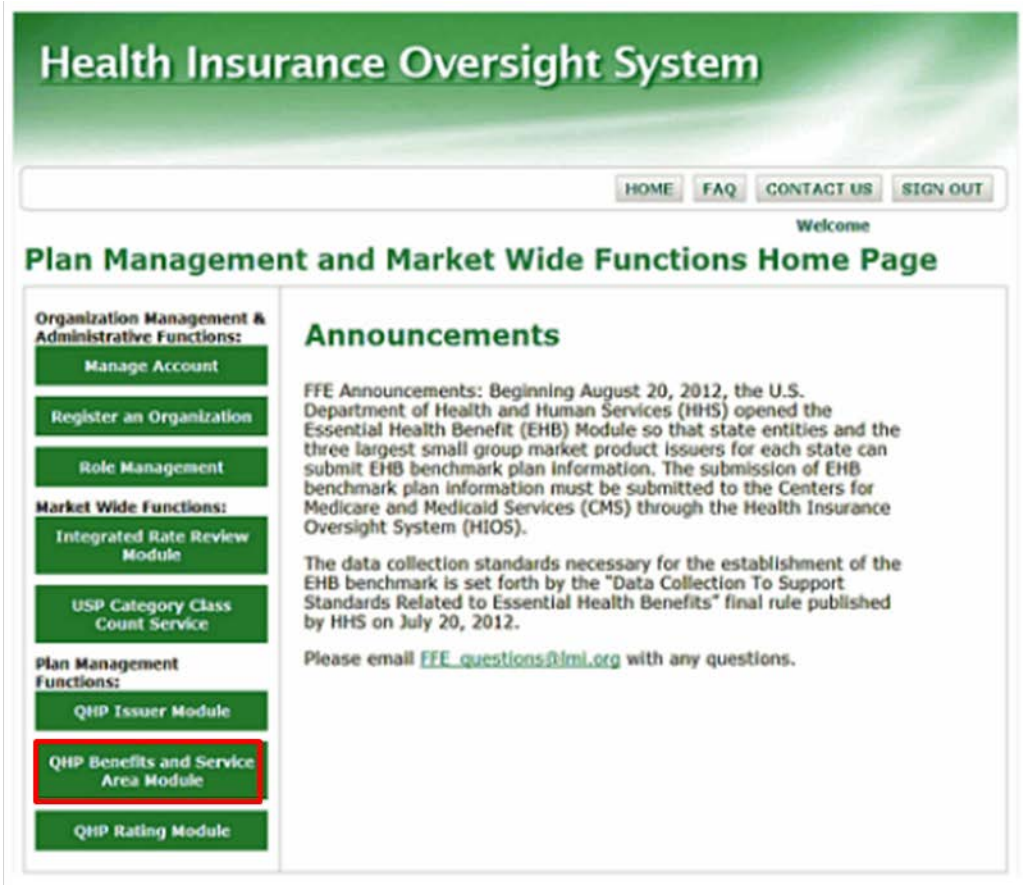
Supporting Documents can be submitting with a document type of:

- Actuarial Memorandum
- AV Calculator Screenshot
- Unique Plan Design Justification
- SADP – Description of EHB Allocation
- SADP – AV Justification
- EHB – Substituted Benefit Justification
- Formulary Category/Class Justification
- Service Area Justification
- Meaningful Difference Justification
- Discrim – Cost Sharing Outlier Justification
- Discrim – Language Justification
- Discrim – Prescription Drug Justification
- Discrim – Treatment Protocol Justification
- Simple Choice Plan Justification
- Other

Overview of the Plans and Benefits Module

Benefits and Service Area Module Overview

The QHP Benefits and Service Area Module can be accessed within HIOS.



Overview

There are several tasks that must be completed in order to successfully submit QHPs:

1. Data Submitter Tasks
   a) Downloading templates
   b) Working with the Add-in file
   c) Uploading templates
   d) Working with error messages
2. Data Validator Tasks
3. Final Submission

Benefits and Service Area Module Pages

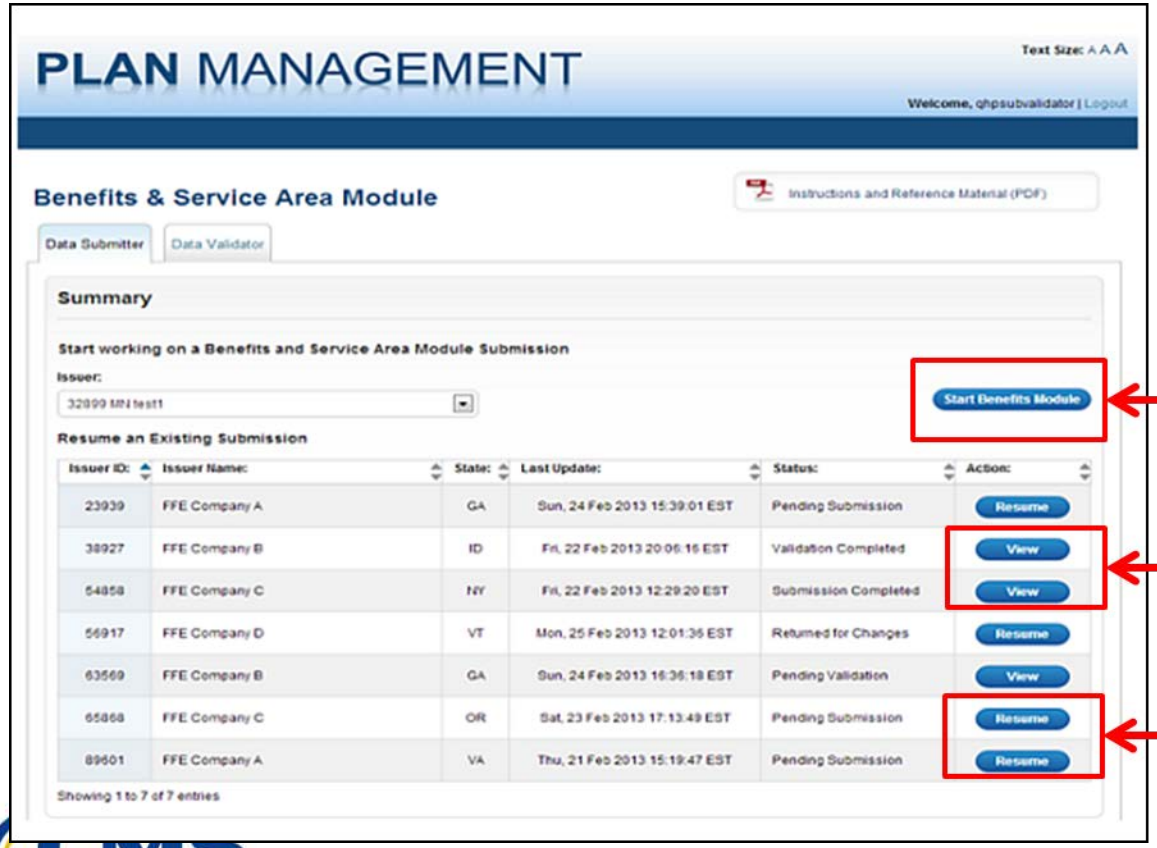
Issuers will interact with three pages:

- Summary Page
  - Start a new submission
  - Continue working on a pending submission
  - View a completed submission
- Benefits & Service Area Page
  - Download templates
  - Upload completed templates and supporting documents
- Final Submission Page
  - Cross validate application
  - Submit application

Using the Plans and Benefits Module: Data Submitter Tasks

Summary Page

Issuers can start a new application, resume an existing one, or view previously submitted applications.



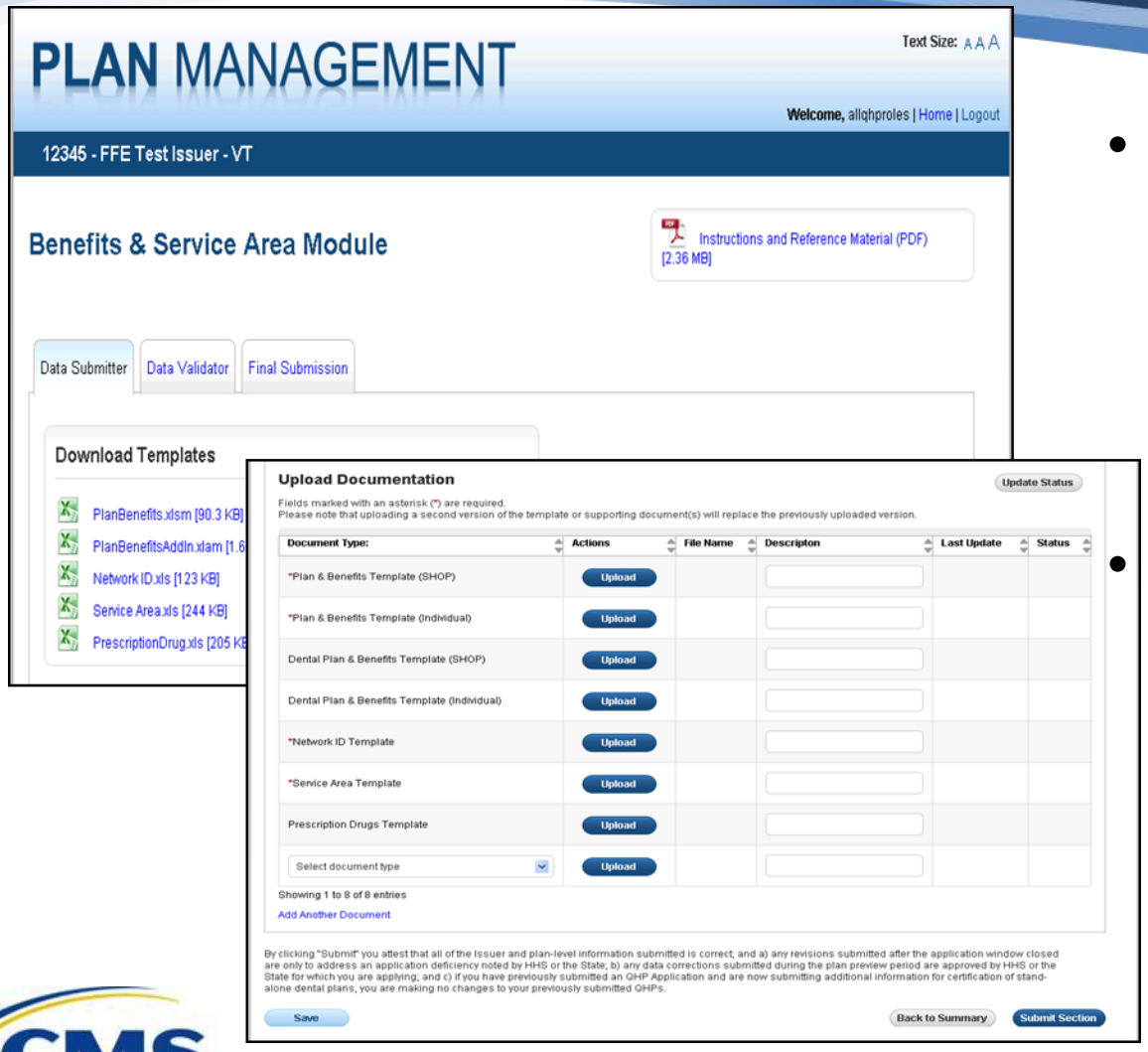
Click on the buttons highlighted to:

"Start Benefits Module"
Start a new application.

"View"
Look at a validated application.

"Resume"
Continue working on saved application.

Benefits and Service Area Page



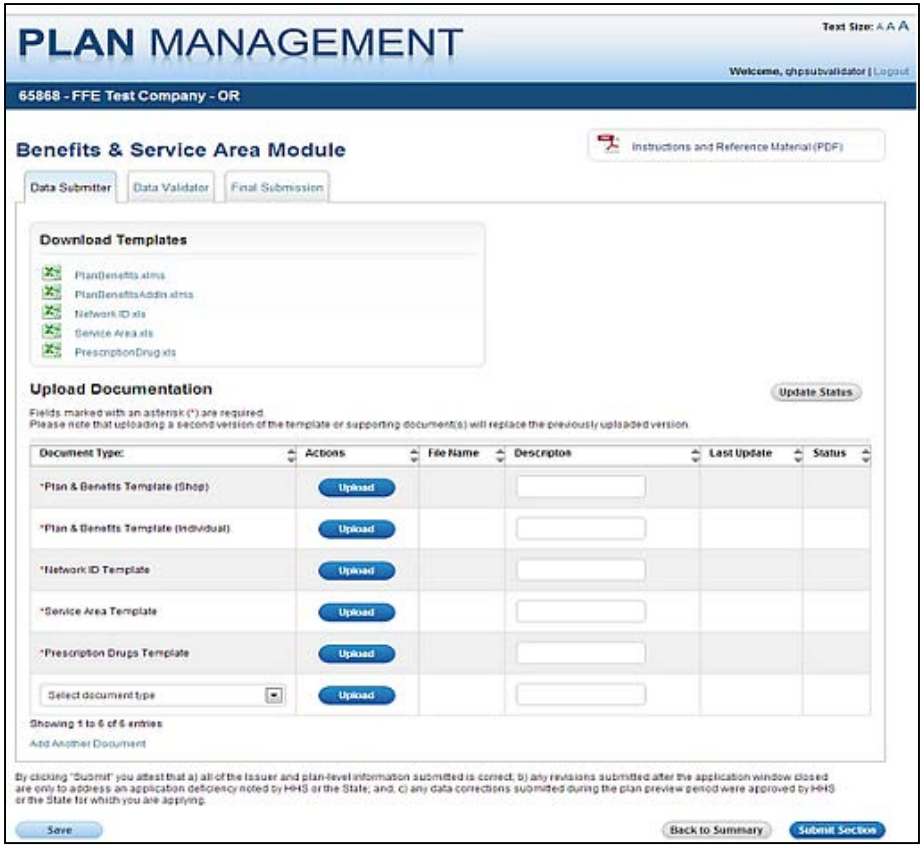
- Download blank Plans & Benefits, Network ID, Service Area, and Prescription Drugs templates.
- Upload completed templates and download previously submitted templates and supporting documentation.

Download Templates

Issuers may download available benefit and service area templates.

Available templates:

- Plans & Benefits
- Network ID
- Service Area
- Prescription Drugs

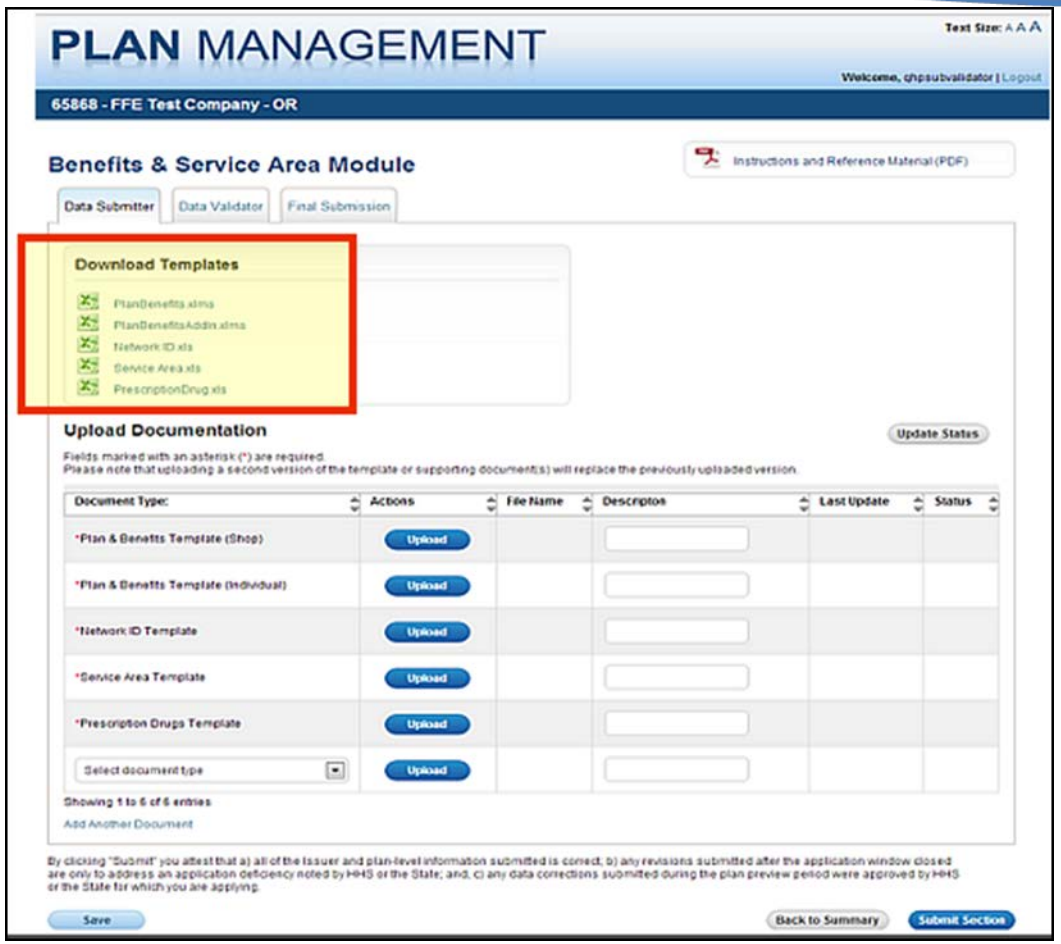


Download Templates

Available templates:

- Plans & Benefits
- Network ID
- Service Area
- Prescription Drugs

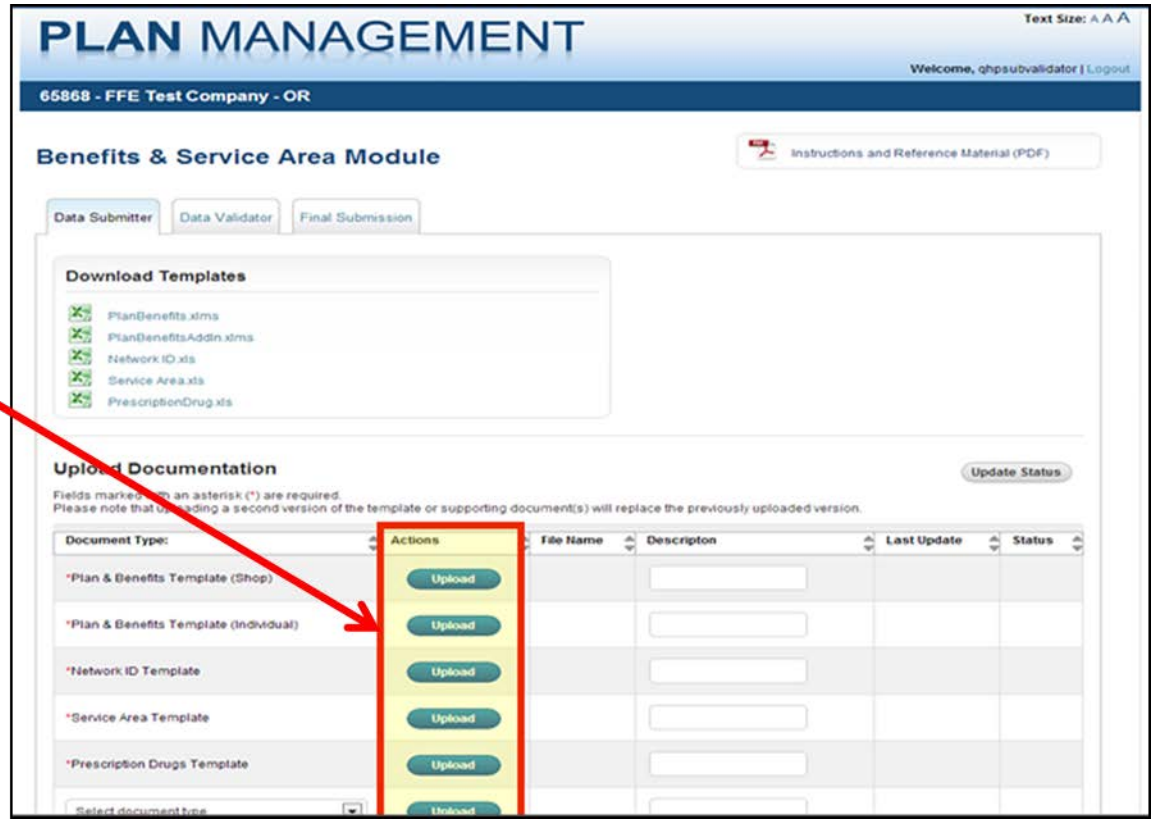
Best Practice: Always save the file first to your desktop, then open it from your desktop after saving it.



Upload Templates

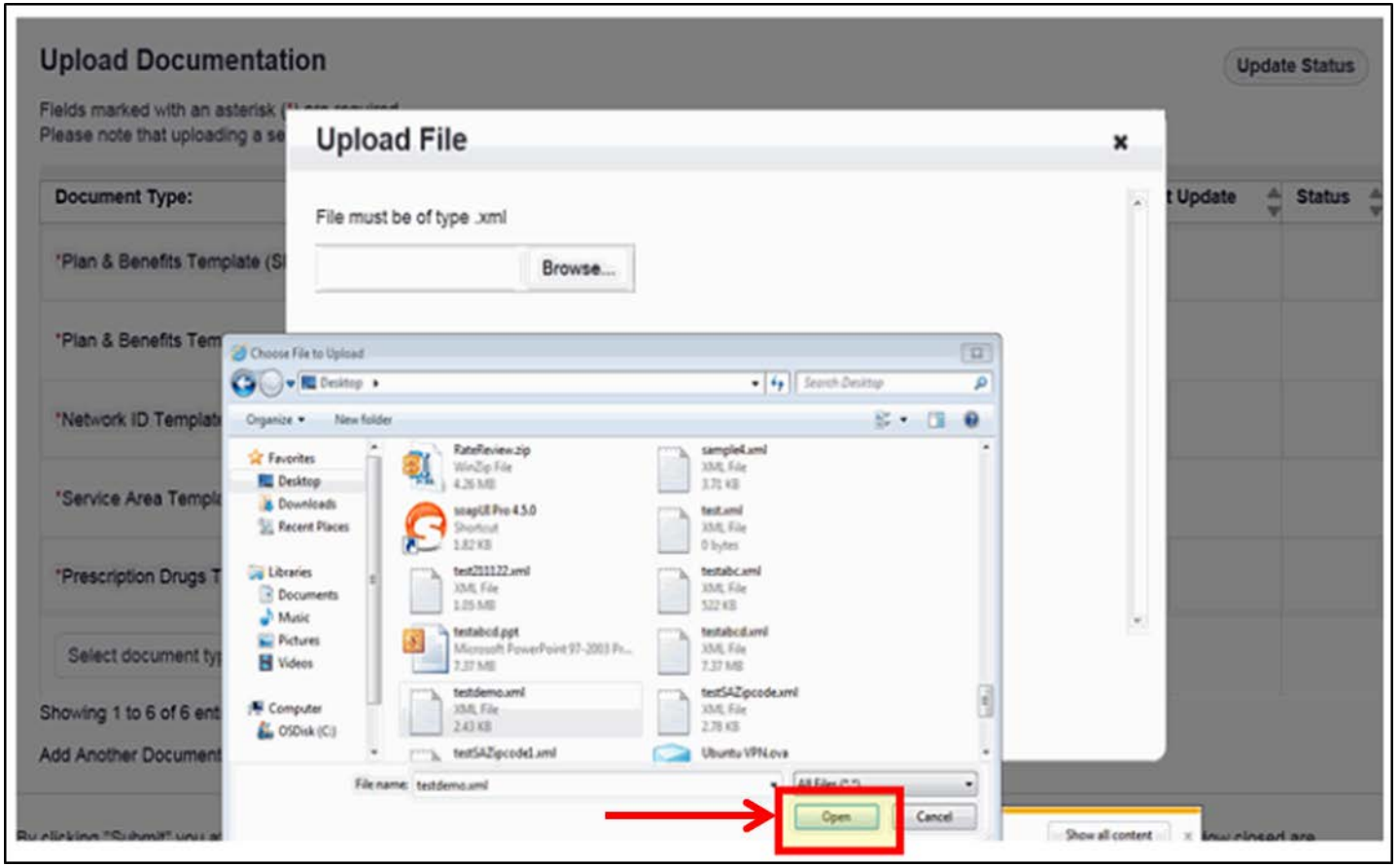
Upload completed eXtensible Markup Language (XML) template files into the Benefits & Service Area Module.

Click upload buttons to browse for xml template file.



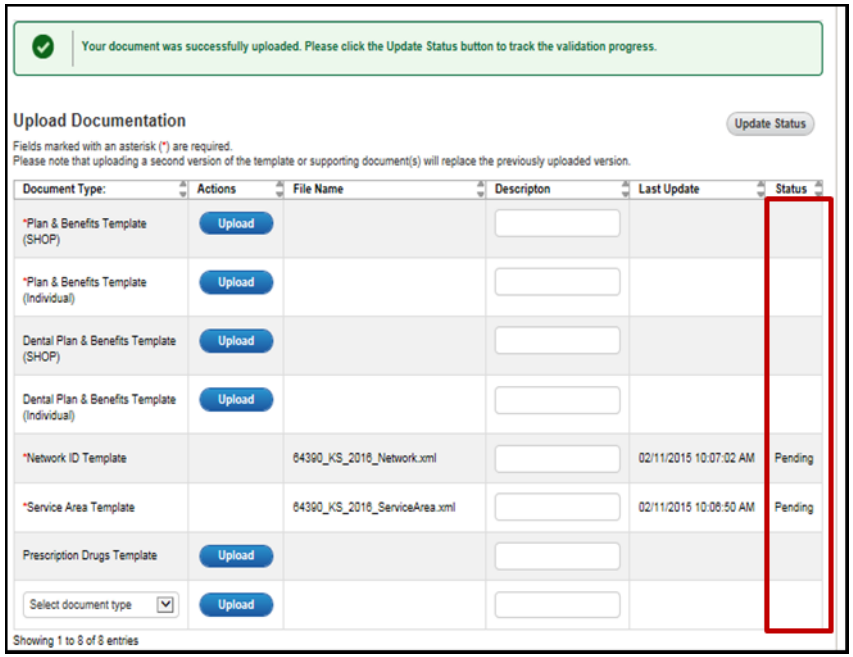
Upload Templates

Browse for the XML file to upload and click “Open” to continue uploading.

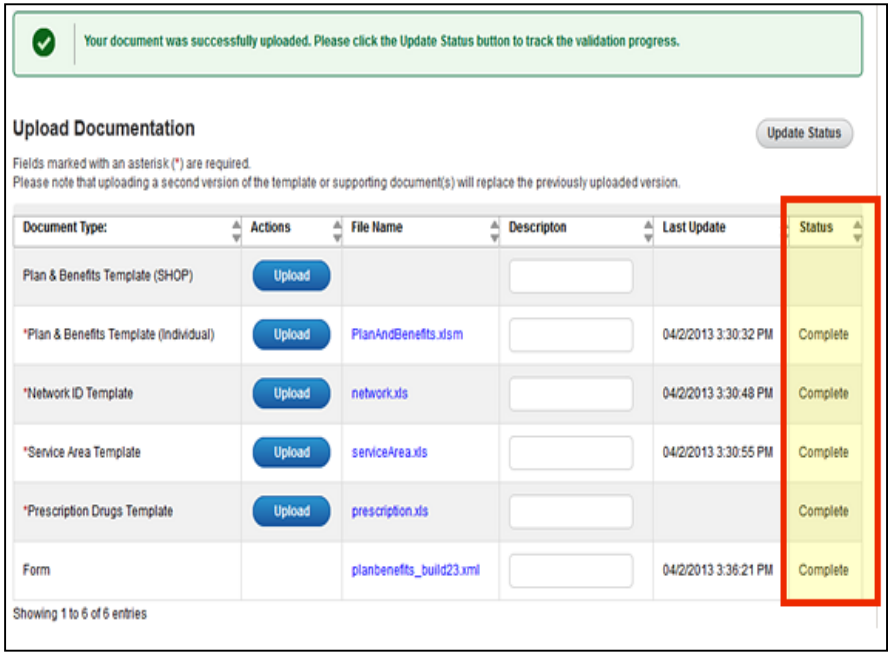


Upload Templates

The Status column will change to “Pending” while XML files are uploading.

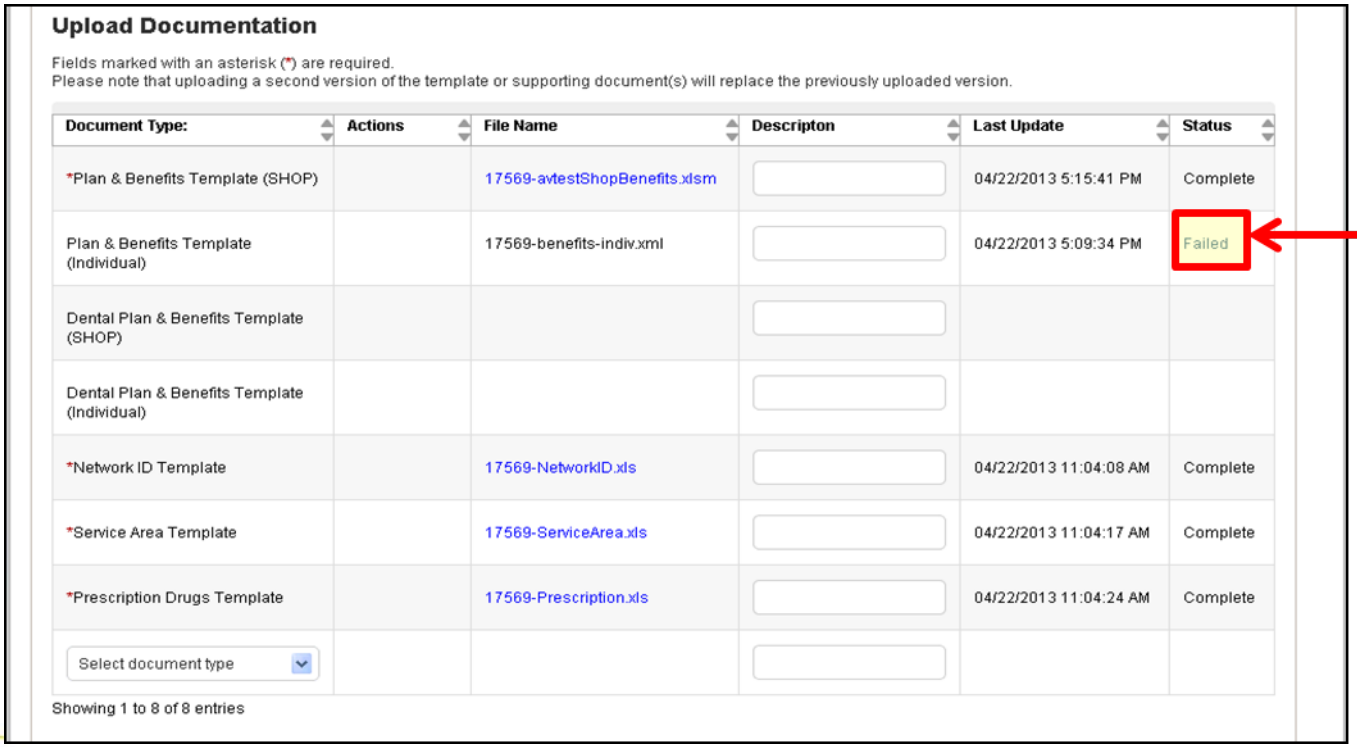


The Status column will change to “Complete” for successfully uploaded XML files.



Error Messages

If a “Failed” status is returned, click the “Failed” hyperlink to view the Error report.



Upload Documentation

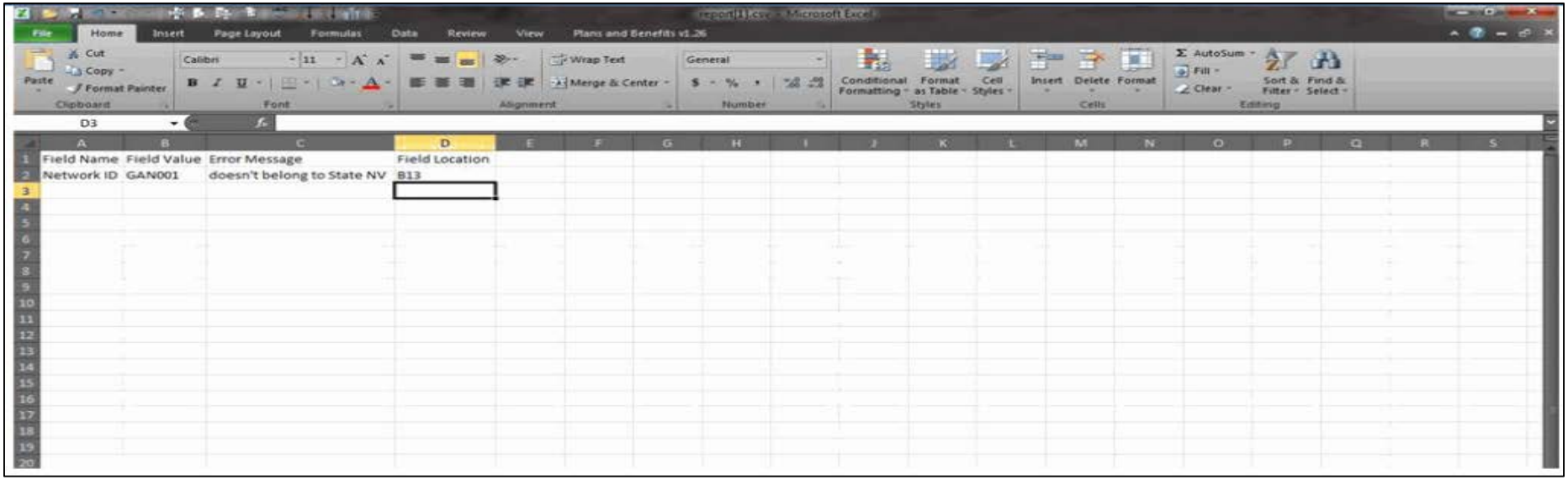
Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Descripton	Last Update	Status
*Plan & Benefits Template (SHOP)		17569-avtestShopBenefits.xlsm		04/22/2013 5:15:41 PM	Complete
Plan & Benefits Template (Individual)		17569-benefits-indiv.xml		04/22/2013 5:09:34 PM	Failed
Dental Plan & Benefits Template (SHOP)					
Dental Plan & Benefits Template (Individual)					
*Network ID Template		17569-NetworkID.xls		04/22/2013 11:04:08 AM	Complete
*Service Area Template		17569-ServiceArea.xls		04/22/2013 11:04:17 AM	Complete
*Prescription Drugs Template		17569-Prescription.xls		04/22/2013 11:04:24 AM	Complete
Select document type					

Showing 1 to 8 of 8 entries

Error Messages

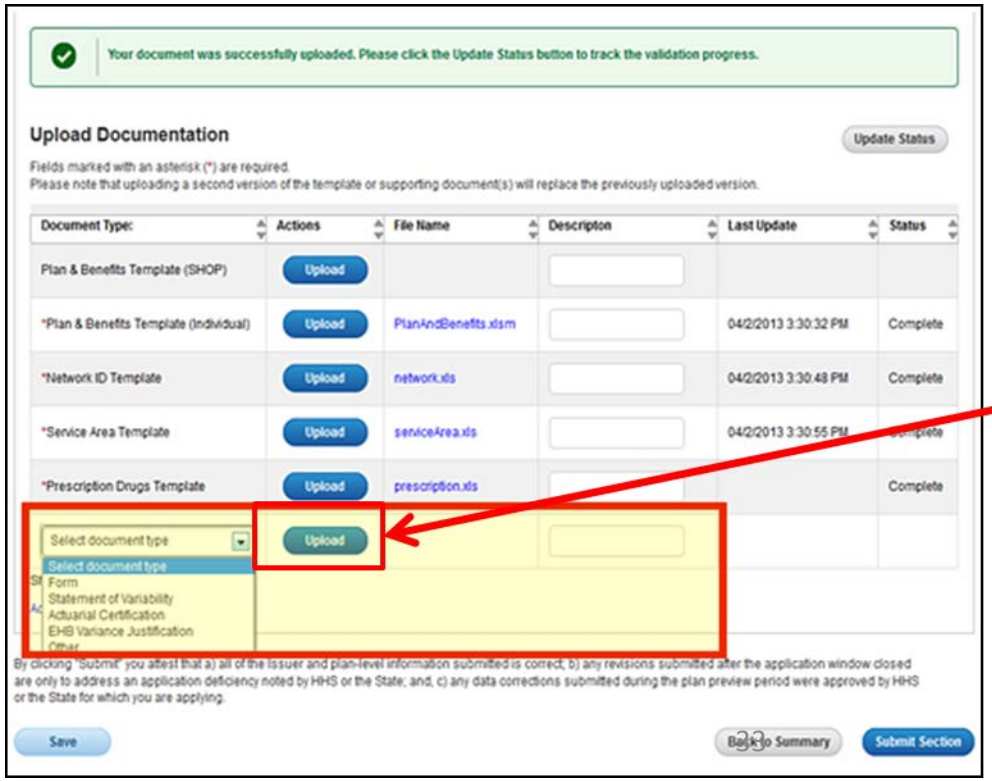
Sample Error Report



Field Name	Field Value	Error Message	Field Location
Network ID	GAN001	doesn't belong to State NV	B13

- The report opens up in a .csv format and lists the errors in the file.
- The report includes 4 columns: **Field Name, Field Value, and the Error Message, and Field Location**.

Upload Supporting Documents

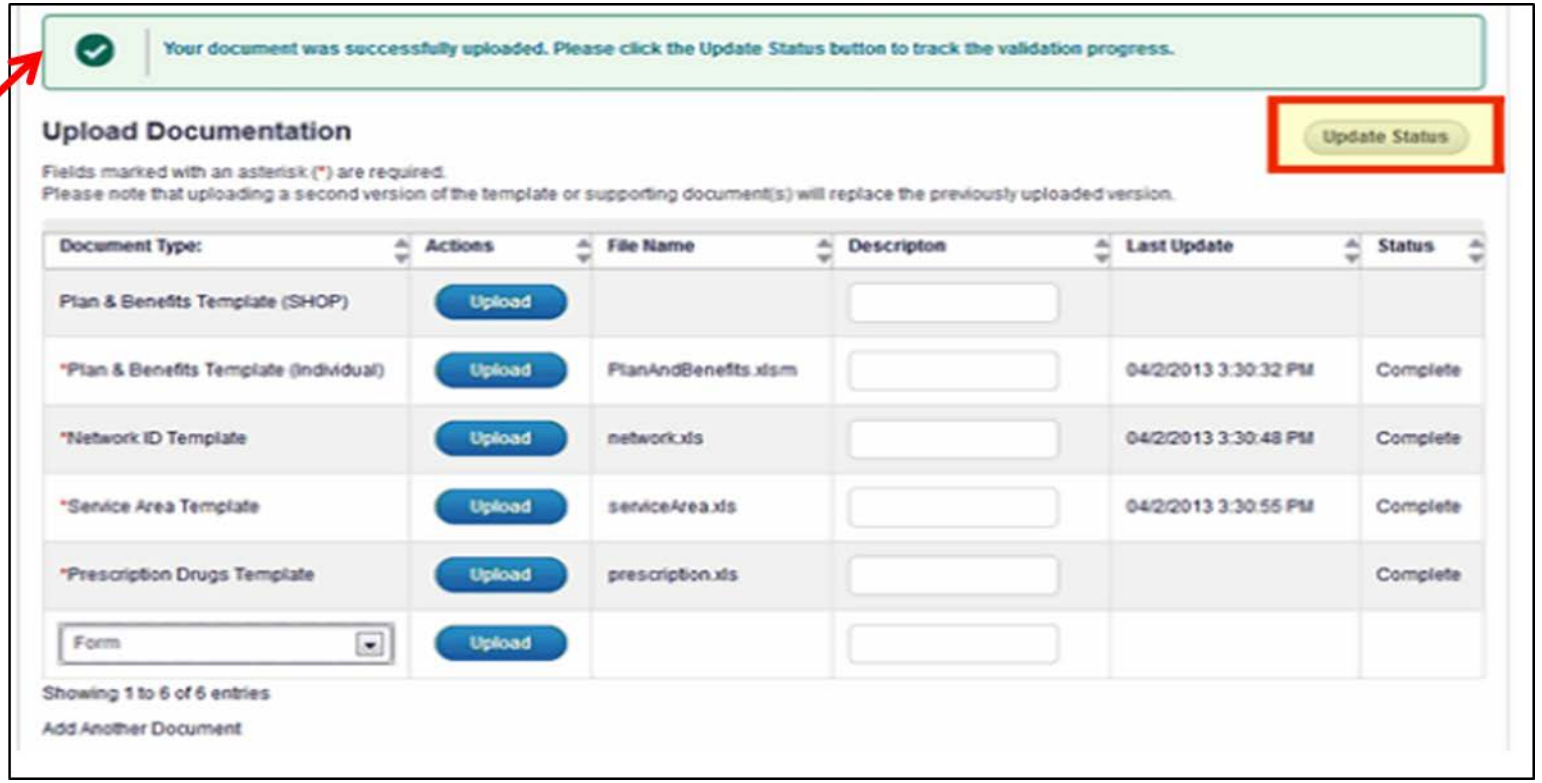


1. Select a document type.
2. Enter a description (including the HIOS Plan and Product IDs where appropriate).
3. Click “Upload”.

Upload Supporting Documents

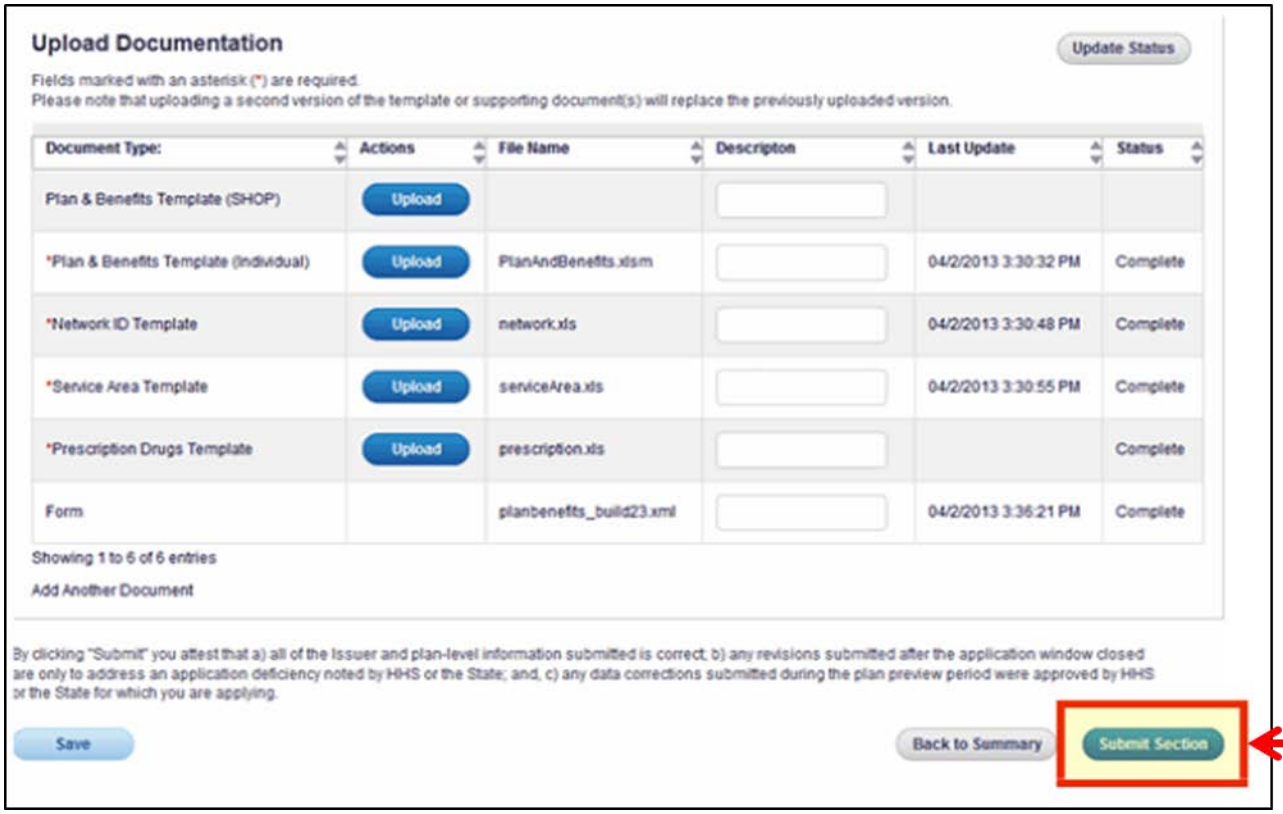
Upload is successful when message is displayed.
Click "Update Status" button to continue.

Successful upload message



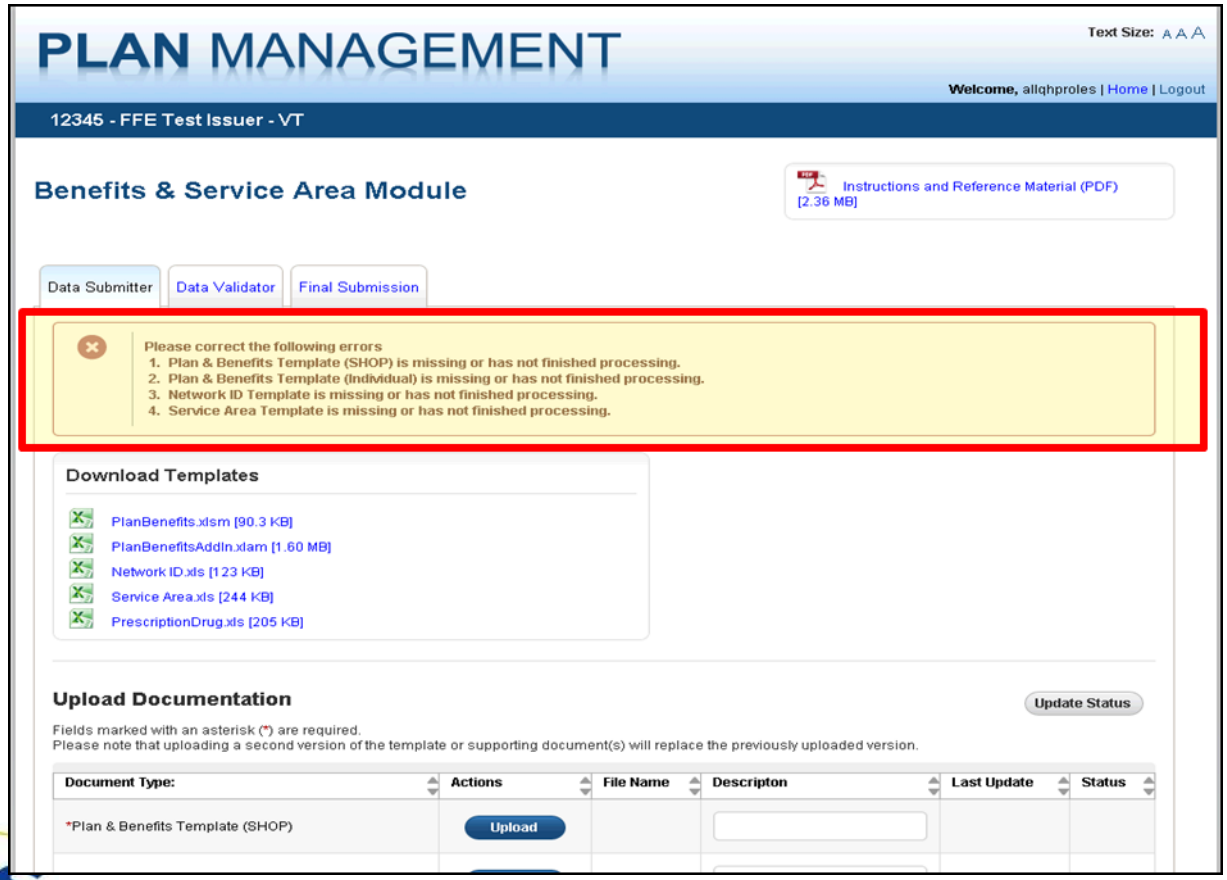
Submit Section

Complete the Benefits & Service Area QHP application by pressing "Submit Section".



Error Messages

Review Error Messages for any missing documents.

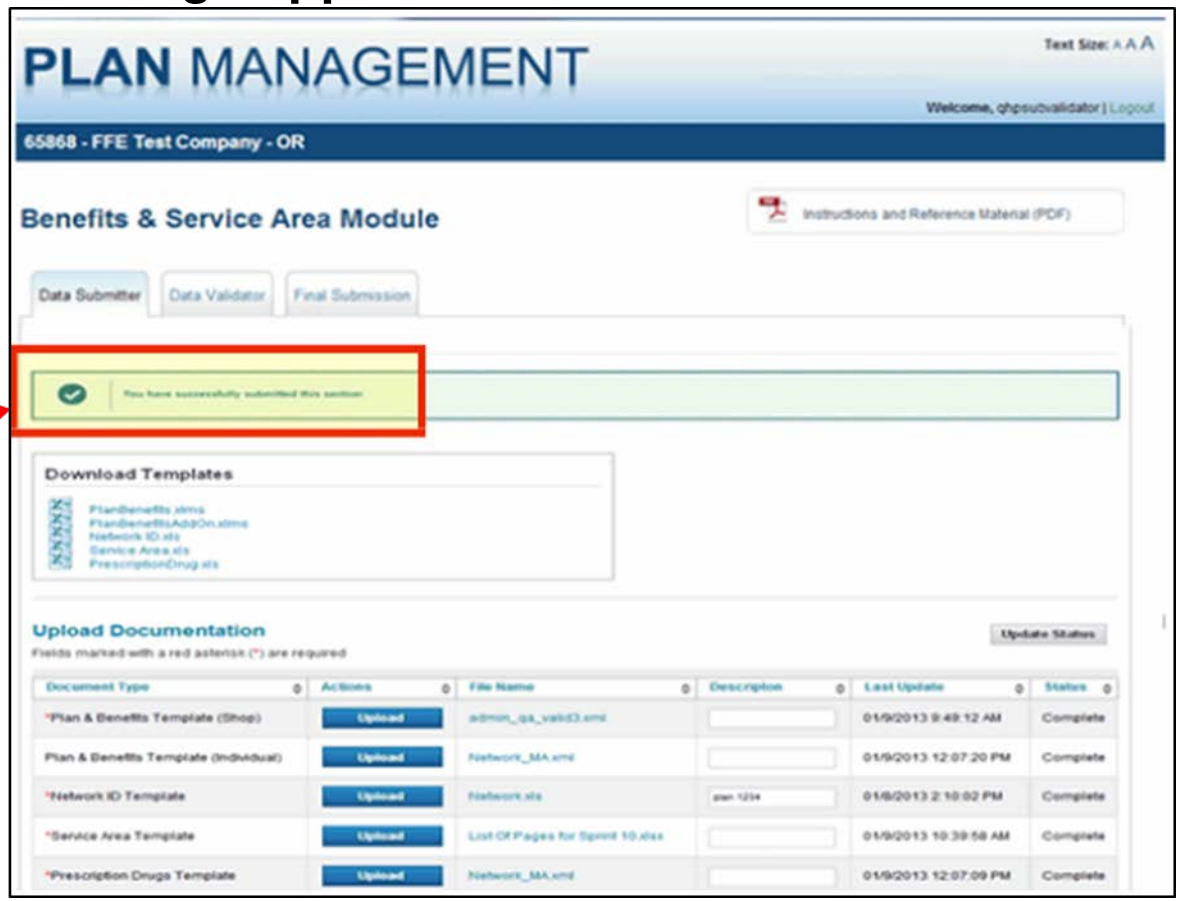


If page is submitted without uploading all required documentation, an error message is generated listing the specific documents to upload.

Submission Confirmation

Confirmation message appears when submission is successful.

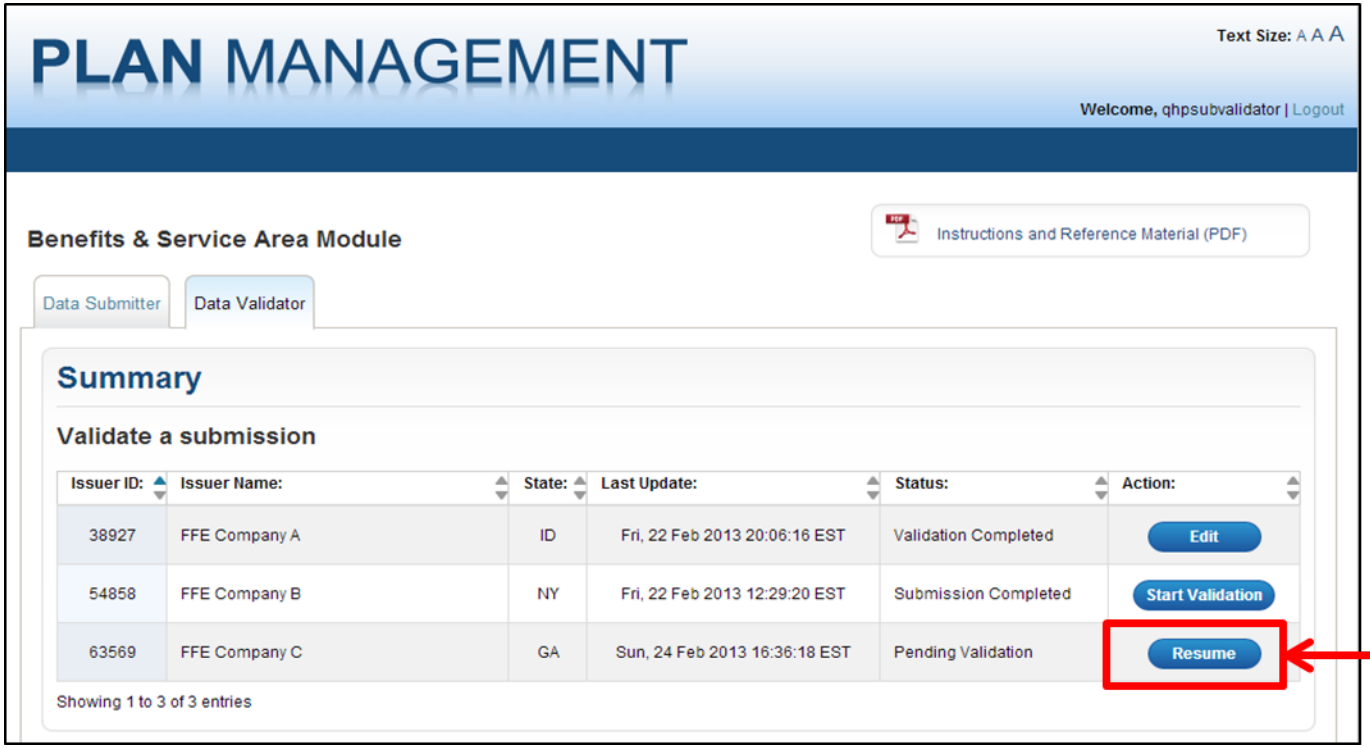
Successful submission message



Using the Plans and Benefits Module: Data Validator Tasks

Data Validator Tasks

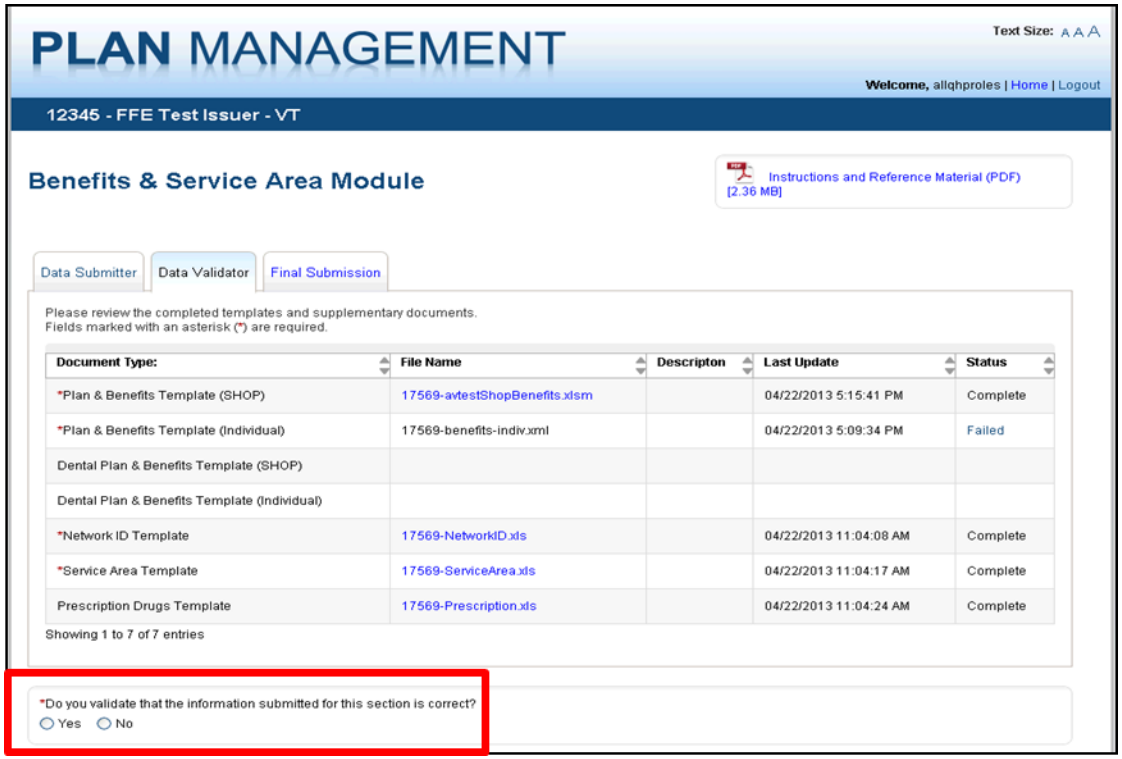
The Summary section is the first page displayed for the Data Validator role.



Select "Start Validation" to begin

Data Validator Tasks

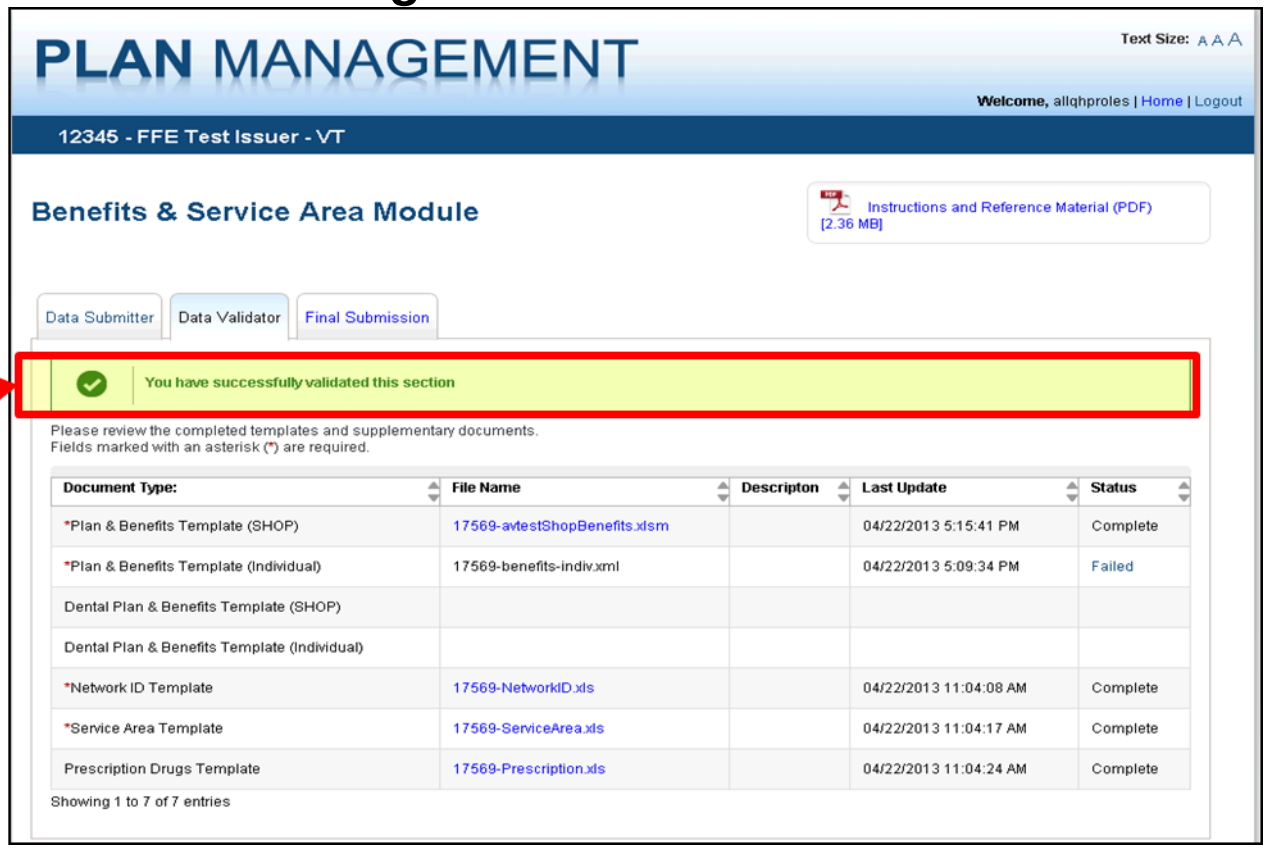
Select “Yes” or “No” to validate that the submitted information is accurate.



Data Validator Tasks

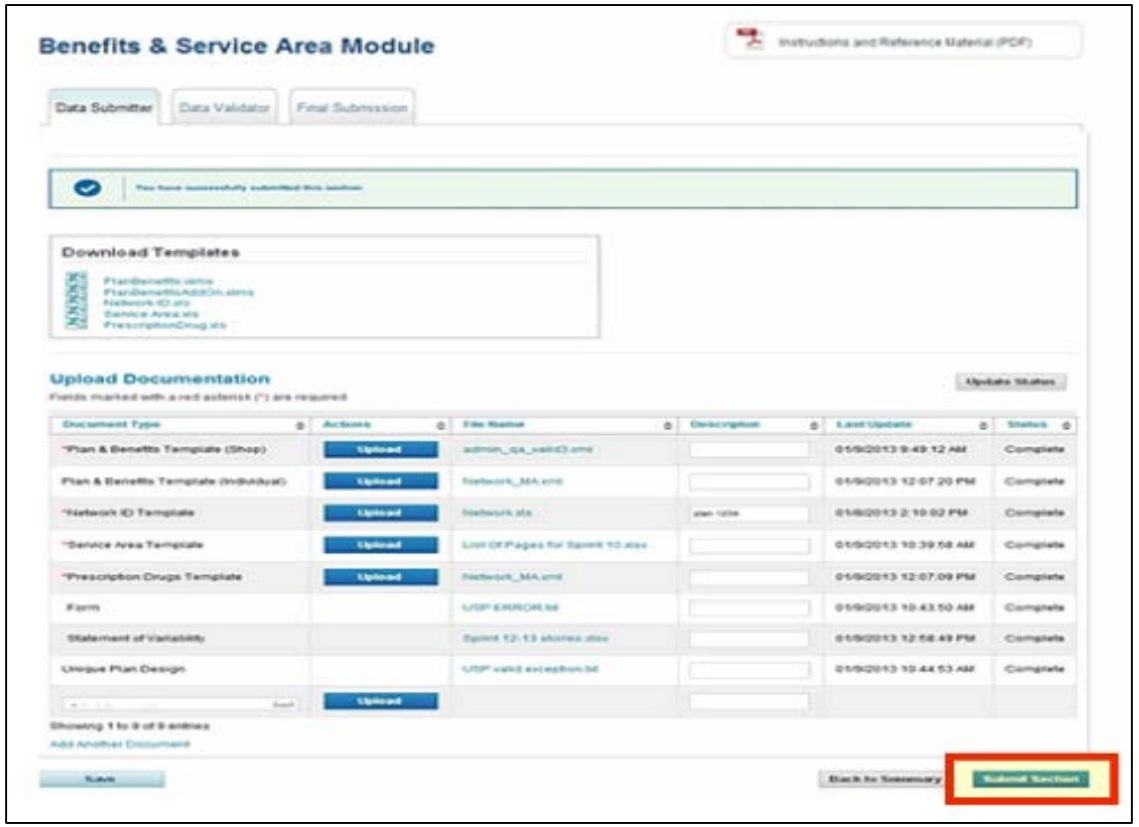
If the files are successfully validated, a message will display confirming successful validation.

Successful validation message



Data Validator Tasks

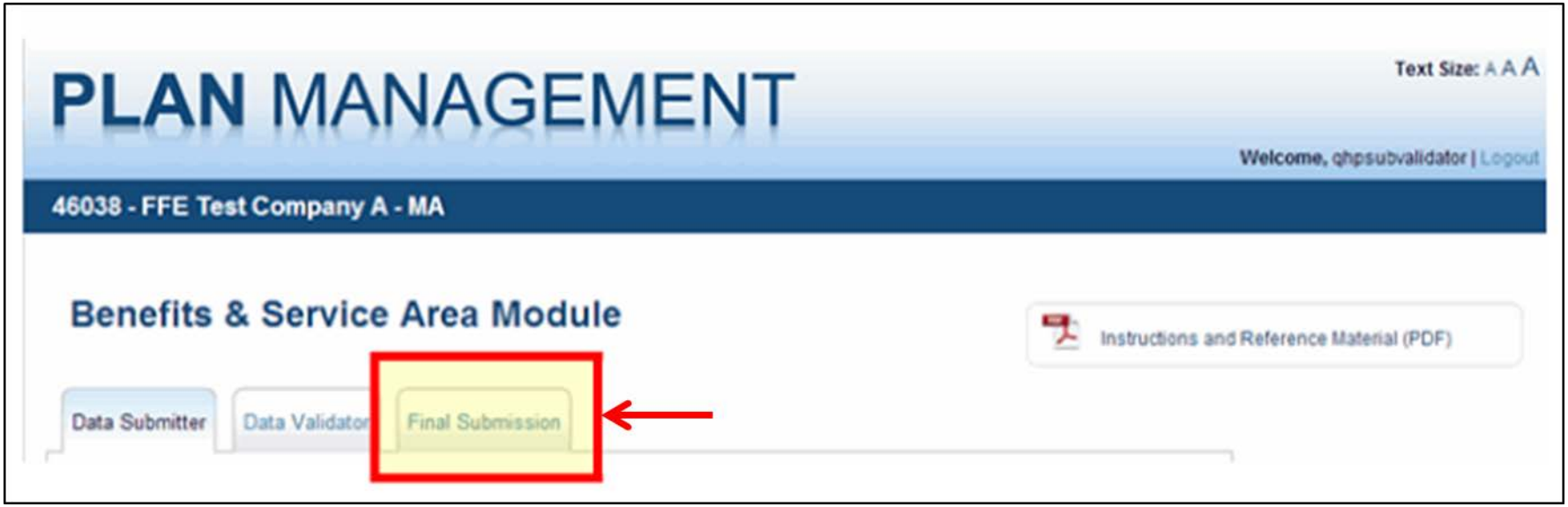
Review, confirm, and select “Submit Section” after receiving a successful validation message.



Using the Plans and Benefits Module: Final Submission Tasks

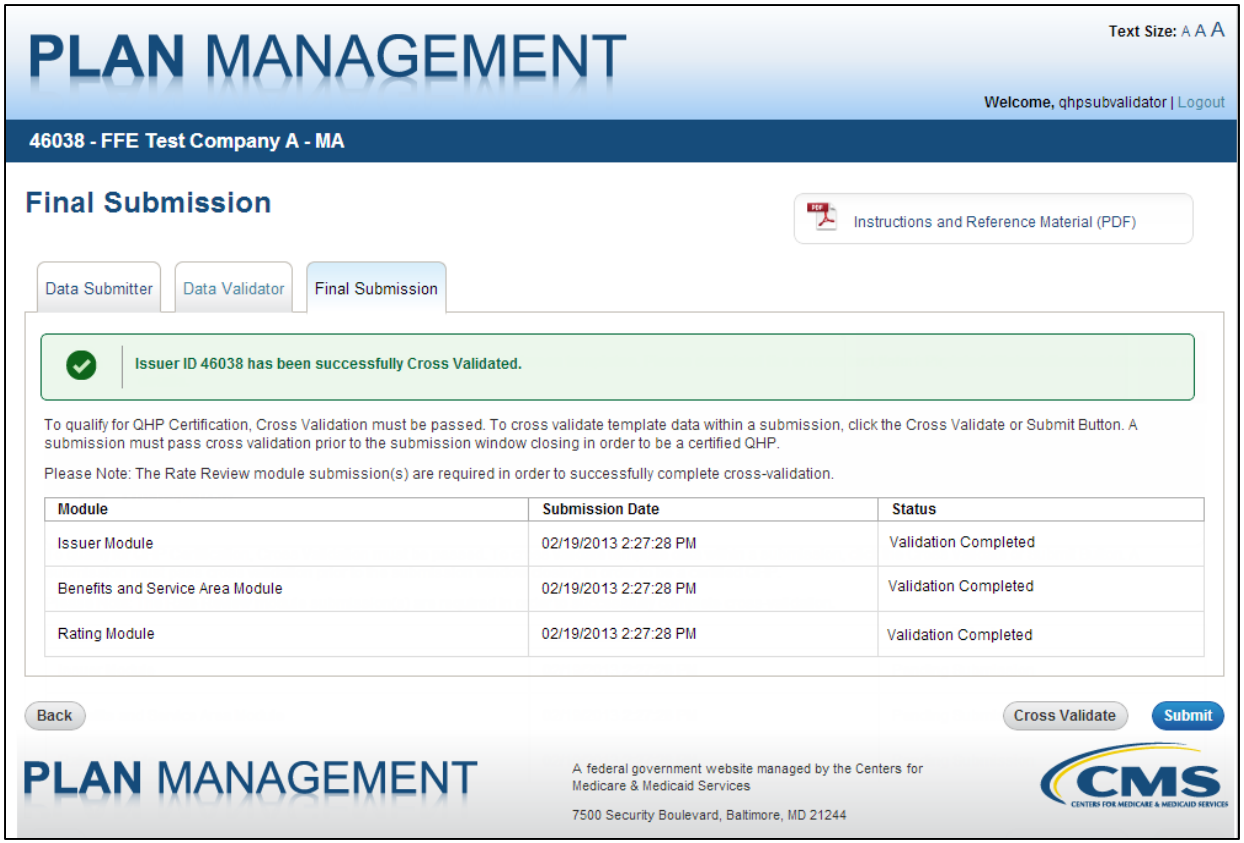
Final Submission Tasks

Begin final submission by clicking on the Final Submission tab.



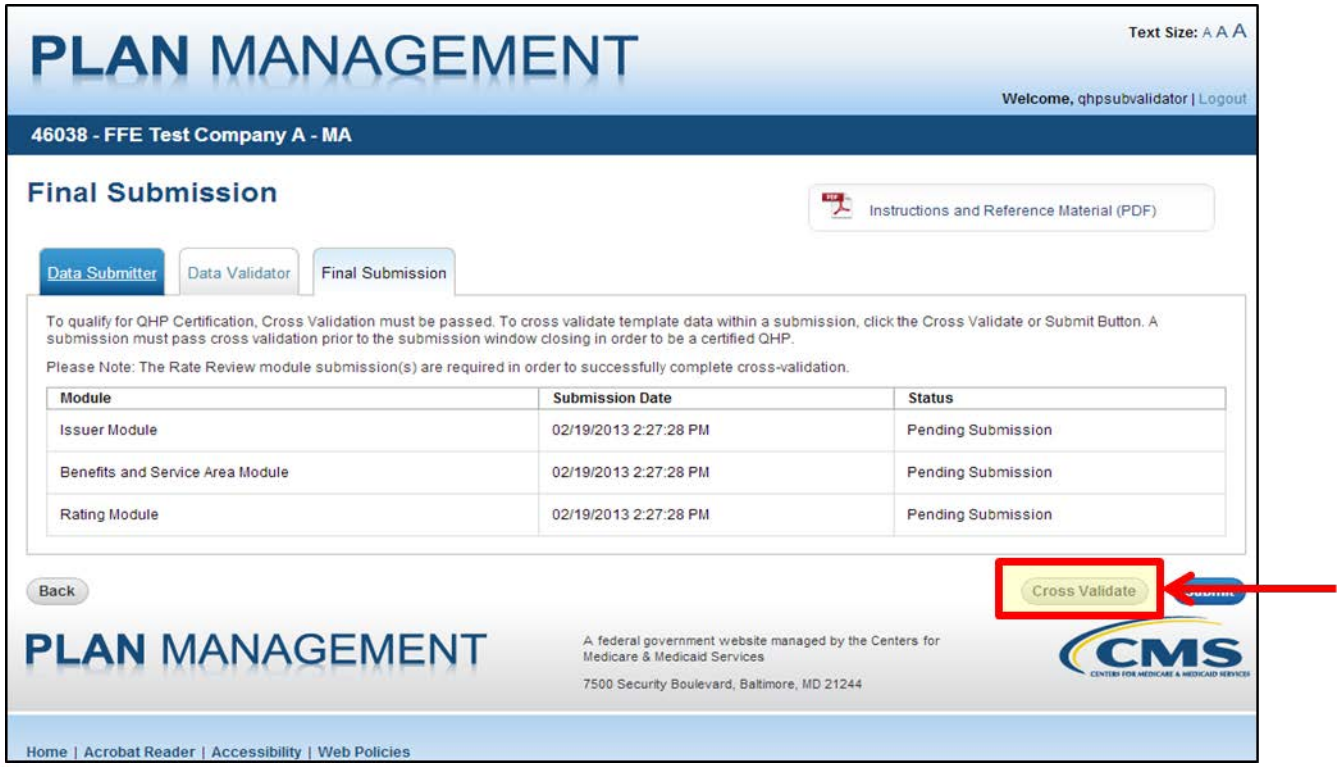
Final Submission Page

The Final Submission page allows users to perform two functions: cross validation and final submission of the QHP application.



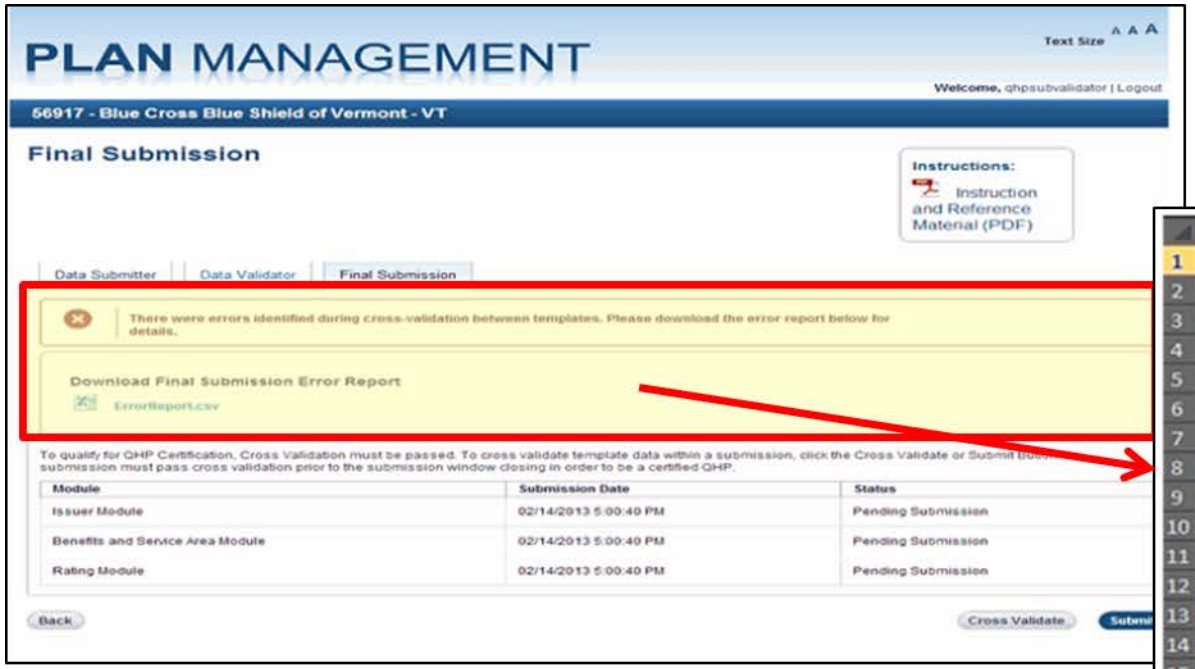
Final Submission Tasks

Use the Final Submission section to first “Cross Validate” and then “Submit”.



Final Submission Tasks

If errors are generated, view the error report and fix the inconsistencies detected. Once errors are fixed, cross-validate and re-submit.

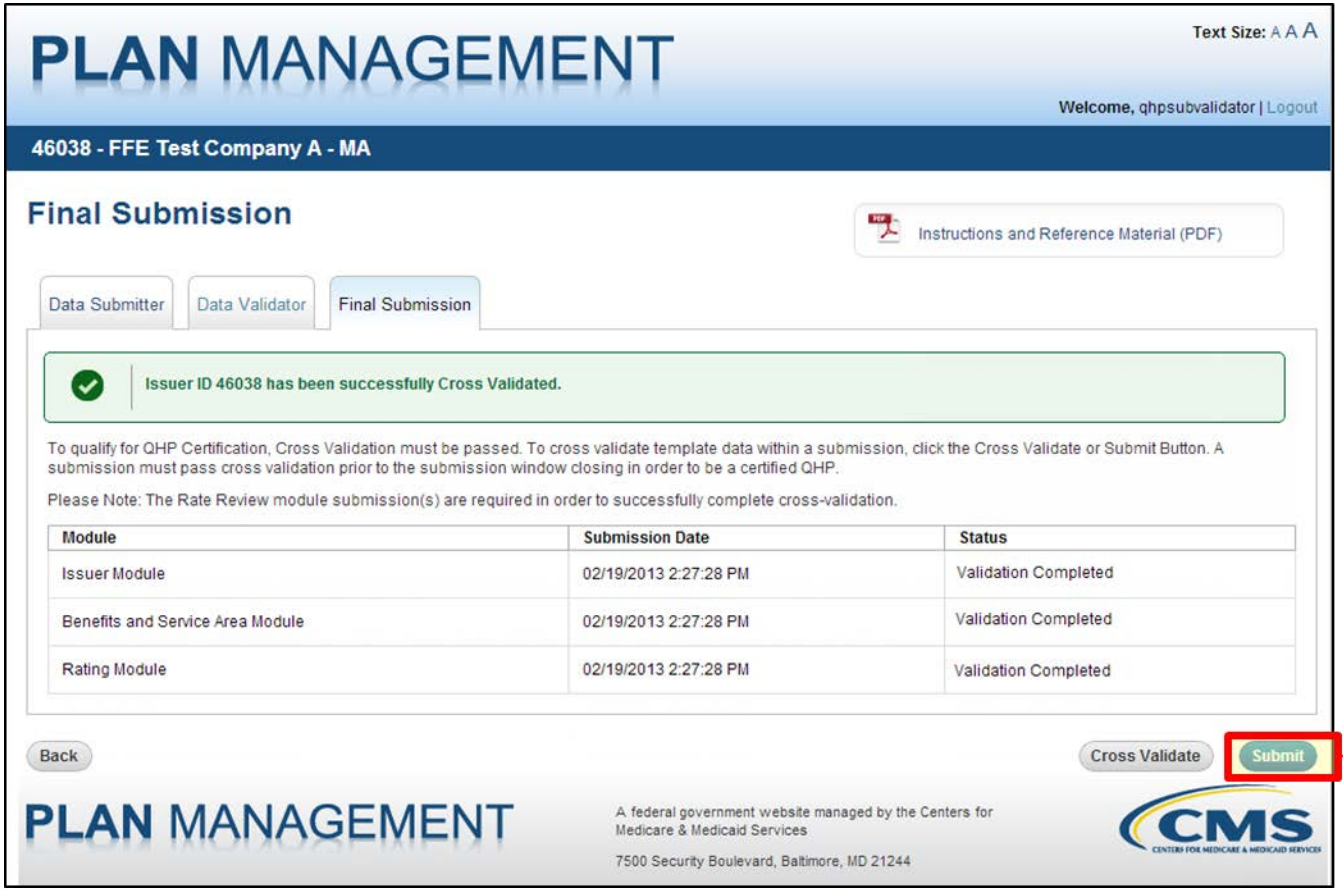


Example Error Report

	A
1	URAC template has not been uploaded
2	NCQA template has not been uploaded
3	Rate Table template has not been uploaded
4	Admin template has not been uploaded
5	Prescription Drug template has not been uploaded
6	PlanBenefit-Small Group template has not been uploaded
7	PlanBenefit-Individual template has not been uploaded
8	ECP template has not been uploaded
9	Network template has not been uploaded
10	Service Area template has not been uploaded
11	Rate Business Rules template has not been uploaded
12	The following NetworkId's exist in Benefit but not in Networ
13	Not yet checking RateTable dates for PlanBenefit-Individual
14	Not currently checking URR planId's
15	Issuer Module is not complete and validated
16	

Final Submission Tasks

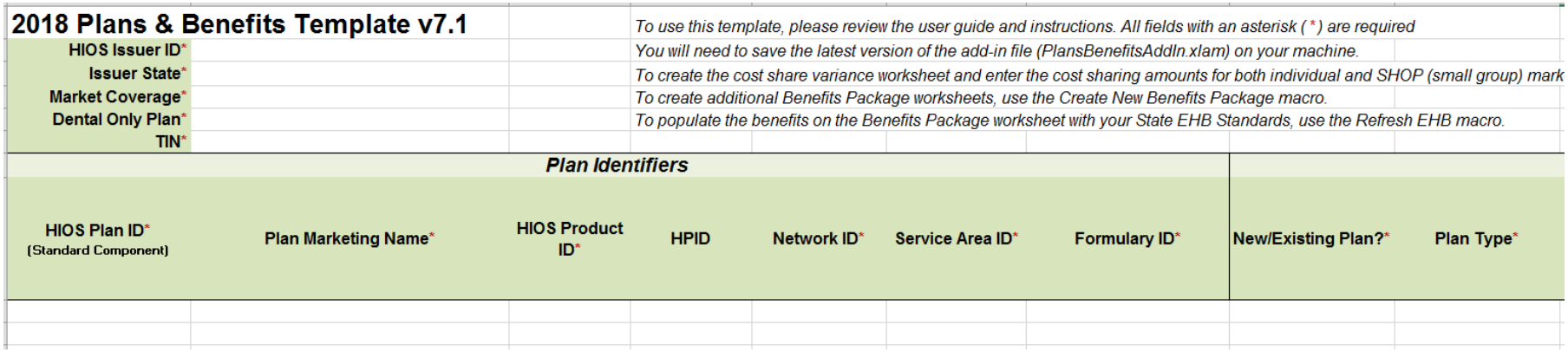
Complete Final Submission



Using the Plans and Benefits Module: Best Practices

Data Submitter Tasks: Add-in File

Use the Plans & Benefits Template and the Plans & Benefits add-in file to enter plan information.



2018 Plans & Benefits Template v7.1

*To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required*
You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) mark
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

HIOS Issuer ID*
Issuer State*
Market Coverage*
Dental Only Plan*
TIN*

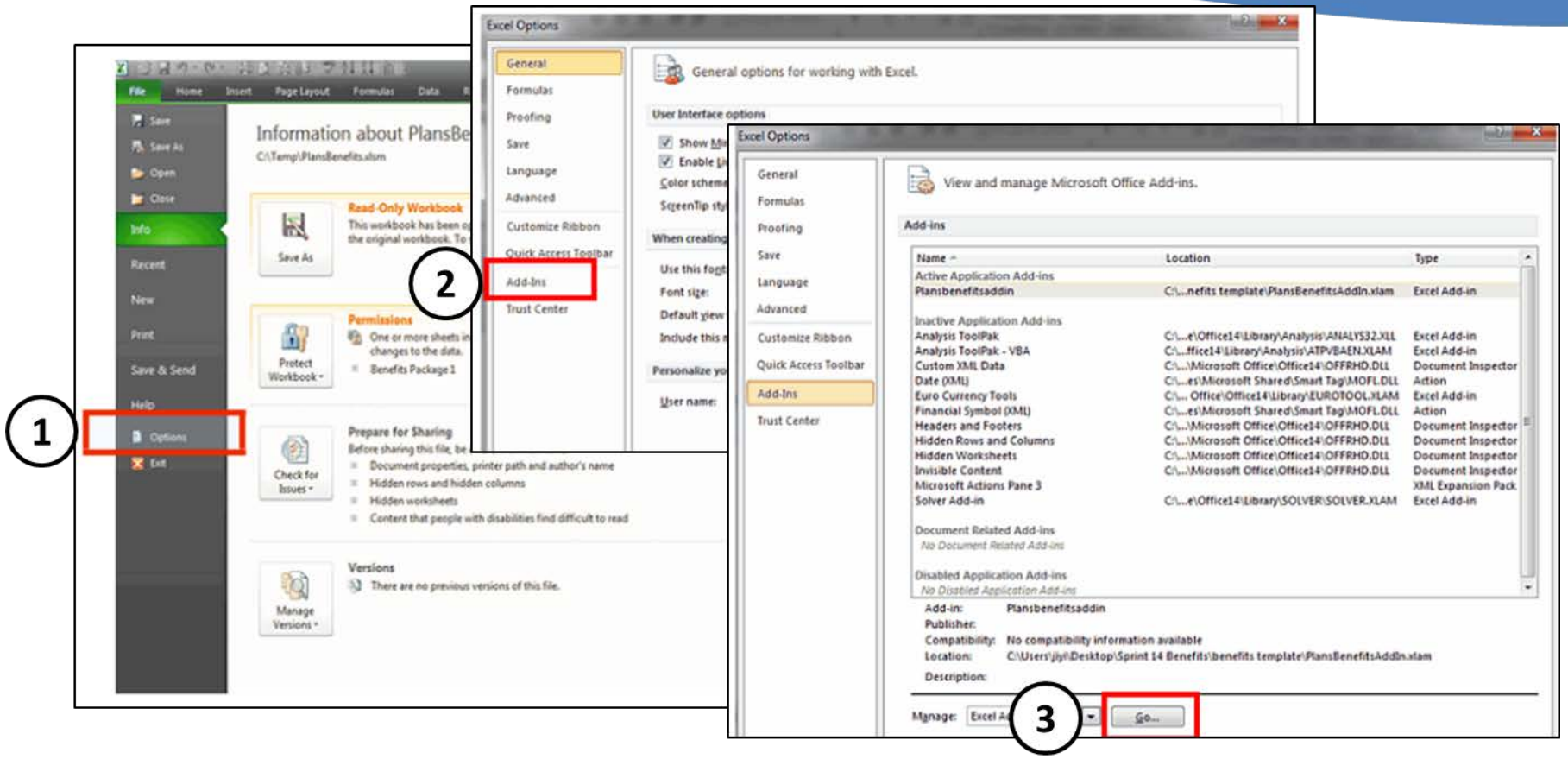
Plan Identifiers

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*

Open the template file to start.

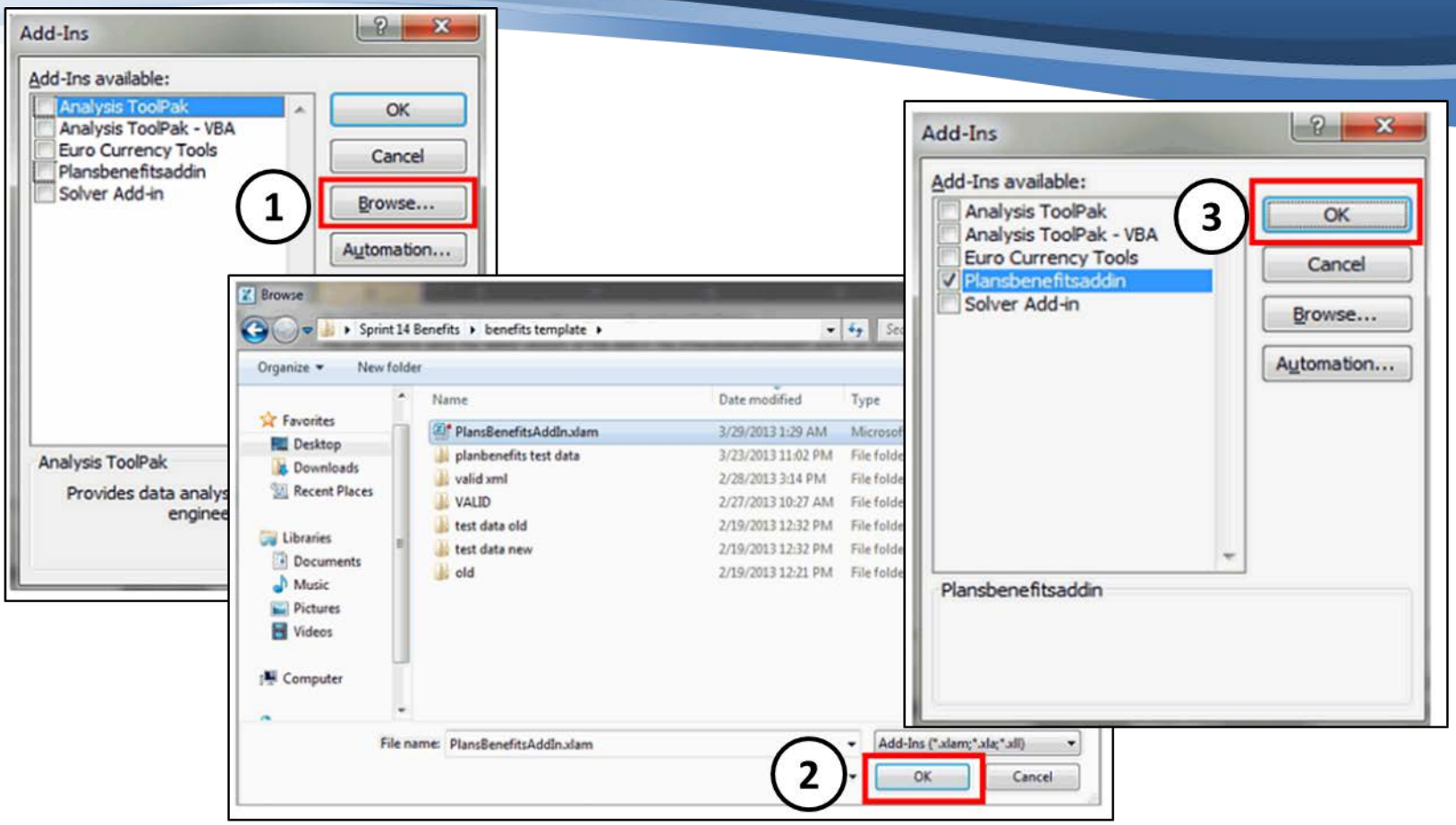
Data Submitter Tasks: Add-in File

Navigate to the Add-in File



(**1**) Click "Options" → (**2**) "Add-Ins" → (**3**) "Go"

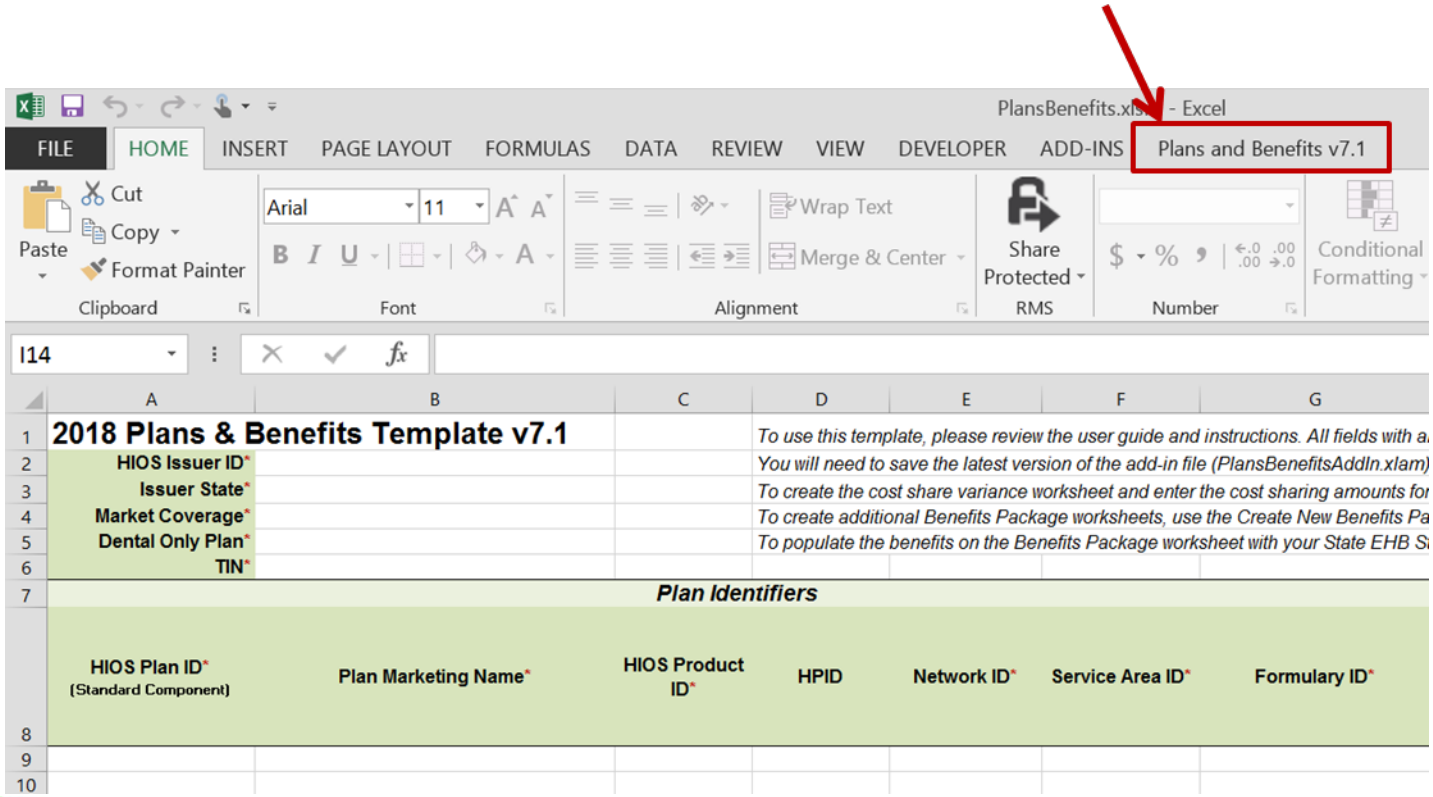
Data Submitter Tasks: Add-in File



(**1**) Click “Browse” → (**2**) Select the “PlanBenefitsAddIn.xlam”, click “OK” → (**3**) Select the “Planbenefitsaddin”, click “OK”

Data Submitter Tasks: Add-in File

The Plans and Benefits tab will be added to the Excel ribbon.



General Best Practice Tips

When using templates, we recommend the following best practices to ensure a successful experience:

- Download new 2018 templates
- Make sure you have the most recent version of the Add-in file installed
- Make sure you have the most up to date version of the AV calculator
- Enable Macros
- Save Work Frequently
- Delete Old versions of blank templates
- The supported versions of Microsoft Excel have been updated for Market Year 2018. We recommend using Excel 2010 or Excel 2013 for each of the QHP Application templates.

Additionally -

- Issuers that are applying for QHP certification in states performing plan management functions in an FFM should not submit QHP Applications into HIOS

System Requirements

The supported system requirements for the Modules are as follows:

Browser Requirements

- Internet Explorer 11
- Firefox 50.0

Excel Requirements

- Microsoft 2010
- Microsoft 2013

Resources at a Glance

Resource	Audience	Primary Use	Look here for:	Access
HIOS / Issuer Portal	All Issuers	Allows issuers access to tools like RBIS	• Registration to provide issuer information for Plan Finder	• Through the CMS Enterprise Portal Access Link
zONE	Communities of States, Issuers, Web Brokers, other CMS partners	Social platform to connect, communicate, and share information, including documents and best practices	• Community specific documents • CMS templates	• CALT ID to access until 5/24/14 • EIDM profile after 6/1/14 Access Link
REGTAP	Open registration	Information hub for CMS technical assistance related to Marketplace and Prem Stabilization programs	• Registration for recurring training sessions • Training materials	• Open • Register on site and create log in Access Link
SERFF	All Issuers	System supporting rate and form filings submissions to the states and jurisdictions	• Assistance with state filing submission requirements • CMS templates	• Fee based Access Link
CALT	CMS and designated CMS partners	Social platform to assist with collaboration on CMS led Initiatives	• CMS documents	• Closed community • CMS approval required

Summary

During today's session, we reviewed:

- Benefits and Service Area Module
  - Overview & Templates
  - Data Submitter Tasks
  - Data Validator Tasks
  - Final Submission Tasks
- Resources & Best Practice tips

Thank you for your attention!

Questions?

Open Q&A Session

Questions?

- 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."*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and the HIOS
  Call: 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov
- **National Association of Insurance Commissioners (NAIC)** with questions about state SERFF
  Email: serffplanmgmt@naic.org
- **CMS Help Desk** with questions about policy
  Call: 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov

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 SHOP or Individual Marketplace.

PM Webinar Dates

The 2017 QHP March Webinar Series III sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
3/9/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A for the Plans and Benefits Template
3/14/17	Tuesday	3:00 p.m. – 4:00 p.m.	No Webinar (Issuer Onsite Conference)
3/16/17	Thursday	1:00 p.m. – 2:00 p.m.	No Webinar (Issuer Onsite Conference)
3/21/17	Tuesday	3:00 p.m. – 4:00 p.m.	Business Rules Template, Rates Table Template and related Dental FAQs Review
3/23/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
3/28/17	Tuesday	3:00 p.m. – 4:00 p.m.	New Tool Kit Demo
3/30/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

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.

Additional Webinar Dates

In addition to the weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays (Bi-Weekly)	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays (Bi-Weekly)	1:00 p.m. – 2:00 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.

HIOS User Group Conference Call

- The 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

Resources

Resource	Resource Link
CMS	http://www.cms.gov/
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
Data Templates	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
HealthCare.gov	http://www.healthcare.gov/
National Conference of State Legislatures (NCSL)	http://www.ncsl.org
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFM	Federally-facilitated Marketplace
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
SBM	State-based Marketplace
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks