Data Integrity Tool

March 22, 2018

2018 Qualified Health Plan (QHP) Series

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Agenda

- Session Guidelines
- Key Dates
- Data Integrity Tool
- Question & Answer (Q&A) Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to discuss the Data Integrity Tool.
- 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.

Additional Webinar Sessions

All questions regarding Enrollment, External Data Gathering Environment (EDGE) Server or Federally-facilitated Small Business Health Options Program (FF-Shop) 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.
FF-SHOP	Tuesdays (Monthly)	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.

Announcements

Data Integrity Tool

Purpose of the Data Integrity Tool (DIT)

- The DIT:
  - Identifies critical data errors that could lead to exclusion of plan information to consumers, incorrect display of plan information to consumers, or regulatory non-compliance.
  - Provides immediate feedback to issuers and State reviewers, reducing the need for issuer resubmissions.
  - Can be used as a companion to other review tools.
- DIT validations go beyond the standard Health Insurance Oversight System (HIOS) and System for Electronic Rate and Form Filing (SERFF) checks.
- The DIT does not generally review for certification standards, but it does check for data compliance with some market-wide requirements.

Overview of DIT Functions

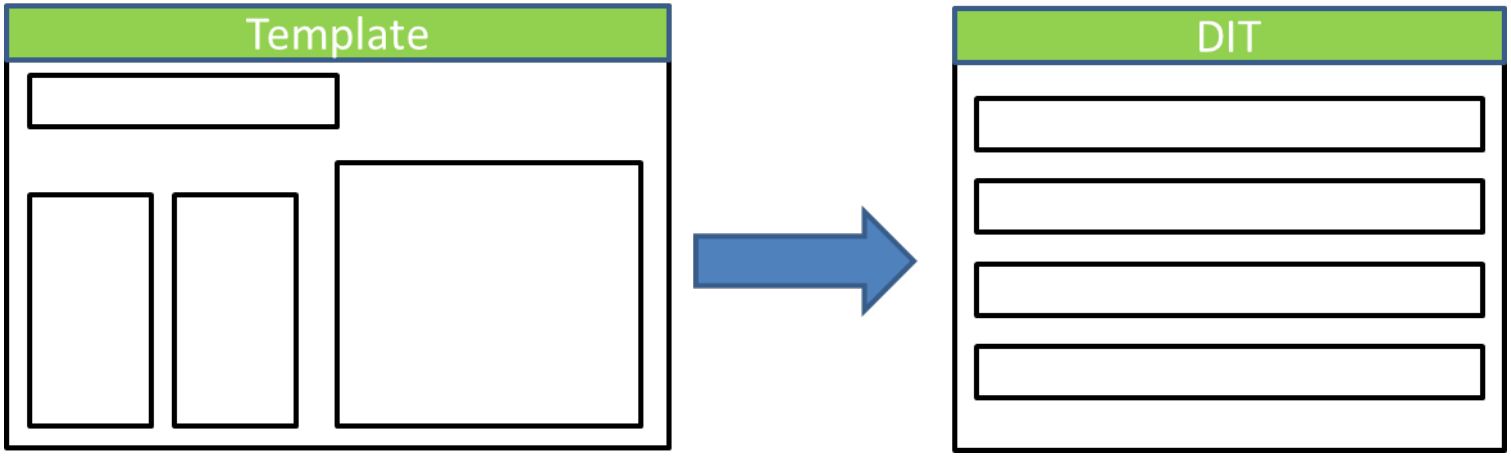
- Imports data from select QHP application templates for on-Exchange or off-Exchange QHPs and Stand-alone Dental Plans (SADPs).
- Runs automated data integrity checks within templates and between templates.
  - Identifies data errors that must be corrected (error).
  - Flags data values that may or may not need correction (warning).
- Produces reports that describe the error or warning result and its corresponding location in the template.

Preparing Templates for DIT

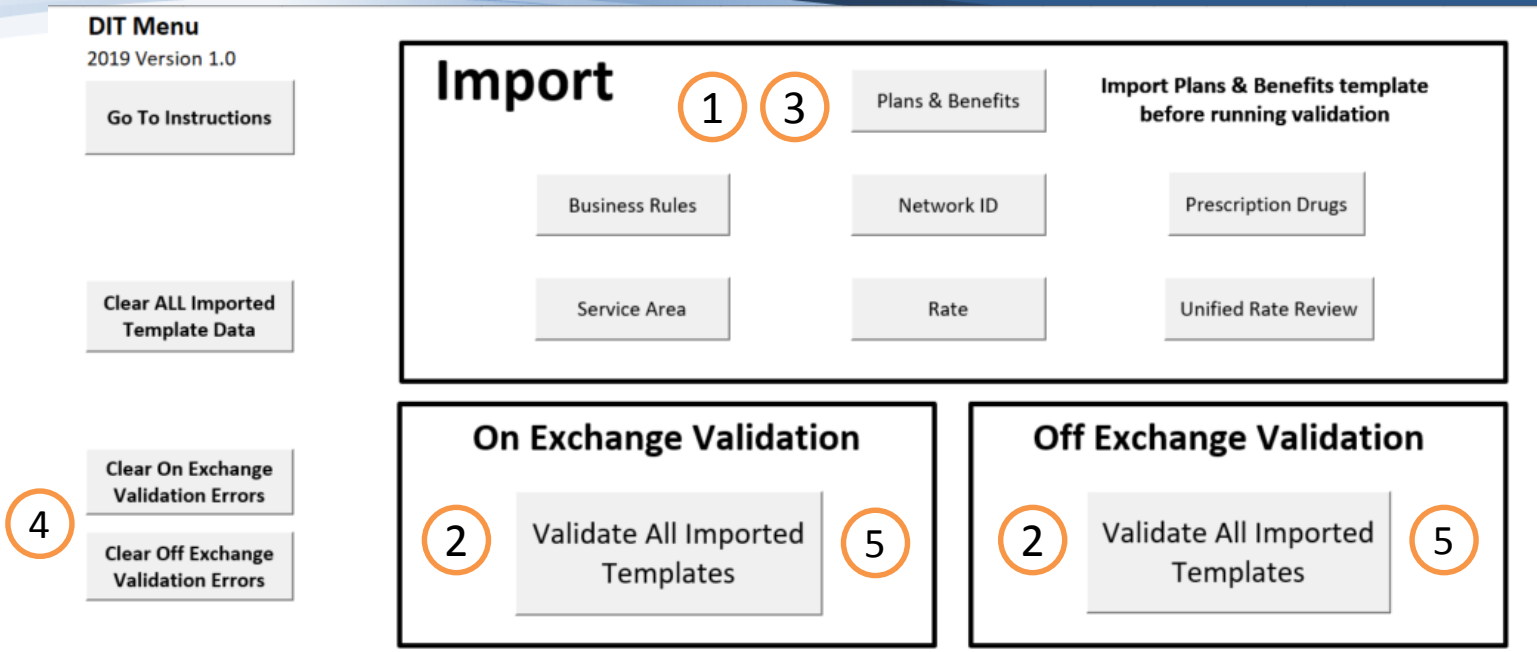
- Templates should be stored in separate folders by template type.
  - User indicates the folder location for each template type.
  - No file or folder naming convention is required.
  - The folders should only contain template files.
  - Template tab names should not be changed.
- All templates stored in the same folder are imported together.
  - Run the DIT for some or all templates.

Importing Templates into DIT

Template data are consolidated into a single row per issuer or plan.



Menu Screen of DIT



1. Import templates one type at a time. Imported Plans & Benefits data are required before running any validations.
2. Validate imported On-Exchange or Off-Exchange template data.
3. Fix data errors in the templates and re-import these data into the tool.
4. Clear On-Exchange or Off-Exchange output results from previous round.
5. Validate re-imported template data.

Live Demo

Most Frequent DIT Review Errors in PY18

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Zero Dollar Rates in Age Bands

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0030001 has a $0.00 rate for Rating Area 1 for the following age bands: 15, 16, 23, 31.

- Explanation: All plan IDs in the Rates Table Template must not have an Age Band value of $0.00. An Age band value of $0.00 is only acceptable if a plan has a value of “Allows Child-Only” in the Plans & Benefits Template in which QHP Age Bands Age 21 and above, and SADP Age Bands 19 and above may have $0.00 values.

Inconsistent Essential Health Benefit (EHB) Percent of Total Premium Between Plans & Benefits & Unified Rate Review Template (URRT)

- *Note: For PY19, values for EHB percent of total premium between the Plans & Benefits Template and Unified Rate Template must match when rounded to **four** (4) decimal places. Example from the PY18 tool is below:*
- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0000010 has an EHB percent of total premium 1 in the Plans & Benefits template and an EHB percent of total premium 0.9989 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.
- Explanation: All non-catastrophic Individual QHP plans with EHB percent of total premium values in the Plan & Benefits Template and URRT must match when rounded to three decimal places.

Invalid Copay or Coinsurance Value

- Sample Error 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.

- Explanation: The Skilled Nursing Facility & Inpatient Hospital Services (e.g., Hospital Stay) Benefits do not permit $x values in the Plans & Benefits Template.

QHPs Missing in the URRT

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0000022 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.

- Explanation: All QHP plan IDs in the Plans & Benefits Template must be listed in the Unified Rate Review template.

Service Areas with Missing Rates

- Sample Error 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.

- Explanation: Rates must be provided for all rating areas that map to the counties covered by a plan's service areas.

Incorrect Format for Formulary URL

- *Note: DIT also runs URL format validations for Enrollment Payment, Network, Plan Brochure, and Summary of Benefits and Coverage URLs.*
- Sample Error Message:

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

Deductible Exceeds MOOP

- Sample Error 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.

- Explanation: All plans must have a deductible that is not greater than the corresponding MOOP.

Inconsistent Plan Type [Product Network Type] Between Plans & Benefits and URRT

- Sample Error 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.

- Explanation: All plan ID plan types in the Plans & Benefits Template must be equal to all plan ID plan types in the Unified Rate Review Template.

HSA Eligible Plan with a Deductible Less than Required Minimum

- *Note: Validation will be added to the PY 2019 tool after the IRS releases final guidance on 2019 Health Savings Account (HSA) deductible and maximum out-of-pocket (MOOP) requirements. Example from the PY18 tool is below:*
- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0040012-01 is listed as HSA eligible but has a combined In Network Family per person deductible value of $2,600 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 ($2,700), not the self-only coverage value ($1,350). 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."

Noncompliance with QHP Federal Age Curve

- *Note: For issuers in States using state-defined age curves, the DIT runs a separate validation that checks for adherence to the applicable state age curve.*

- Sample Error Message:

  DIT ERROR: Plan ID 12345XY0020006 in Rating Area 1 varies by $2.00 or more from the Federal age curve for the following age bands: 0-14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64 and over for effective dates 01-01-2018 - 12-31-2018.

- Explanation: Rates provided for a rating area must be within the Federal age curve for all age bands within the Rates Table Template.

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 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/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 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 Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
03/27/18	Tuesday	3:00 p.m. – 4:00 p.m.	Plan Preview & Dental FAQs
03/29/18	Thursday	1:00 p.m. – 2:00 p.m.	Unified Rate Review Issuer Training

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
Plan Year (PY) 2018 QHP Issuer Toolkit	https://www.qhpcertification.cms.gov/s/PY2018QHPIssuerToolkit_051817.pdf
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://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

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