Data Integrity Tool

April 4, 2017

Qualified Health Plan (QHP)
Series IV

Agenda

- Session Guidelines
- Announcements
- Data Integrity Tool (DIT)
- Questions
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- 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 Plan Maintenance and Certification

Date	Category	Activity
April 6 – April 14, 2017	Plan Data Change	Issuers Submit Final Data Change Requests for the Plan Year (PY) 2017 April Data Correction Window (DCW), including 3rd or 4th Quarter SHOP Rate Changes
April 19 – April 25, 2017	Plan Data Change	April DCW for Approved PY2017 Plan Data Changes
Wednesday, May 10, 2017	Submission Window	PY2018 Initial QHP Application Submission Window Opens
Wednesday, June 21, 2017	Submission Window	PY2018 Initial QHP Application Submission Window Closes

Announcements

Agenda

- Introduction to the DIT
- Tool demo
- Most frequent DIT review errors in Plan Year (PY) 2017

Purpose of 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

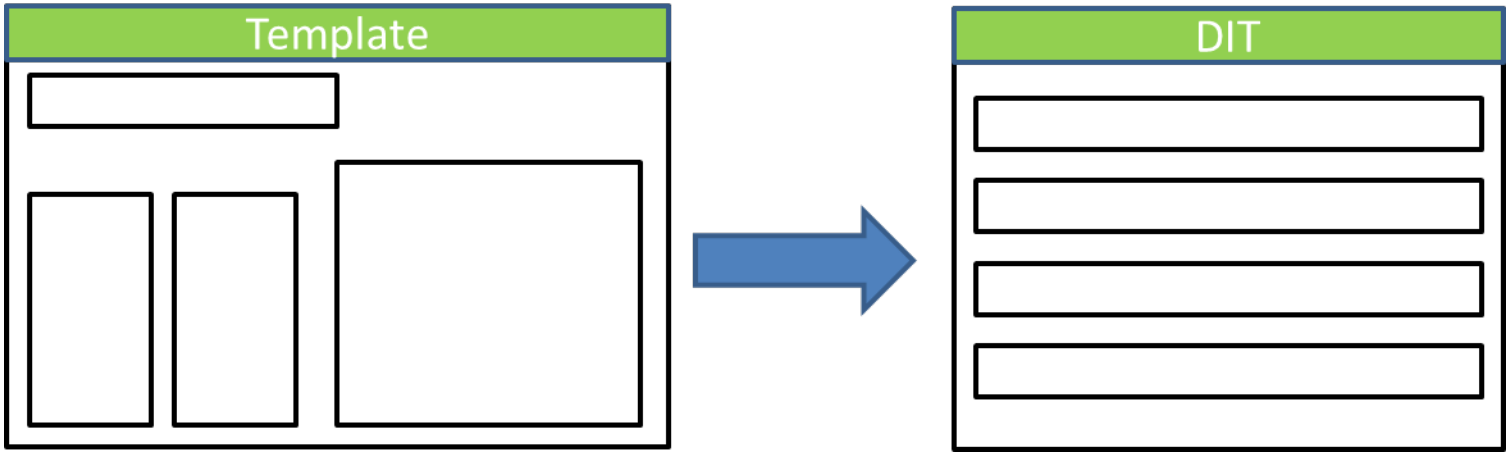
- Imports data from select templates (QHP & Stand-alone Dental Plan [SADP]).
- Runs automated data integrity checks.
  - Generates validation error results for individual templates.
  - Looks across templates for consistency in key fields.
- Produces error reports that describe the error and its corresponding location in the template.

Preparing Templates for DIT

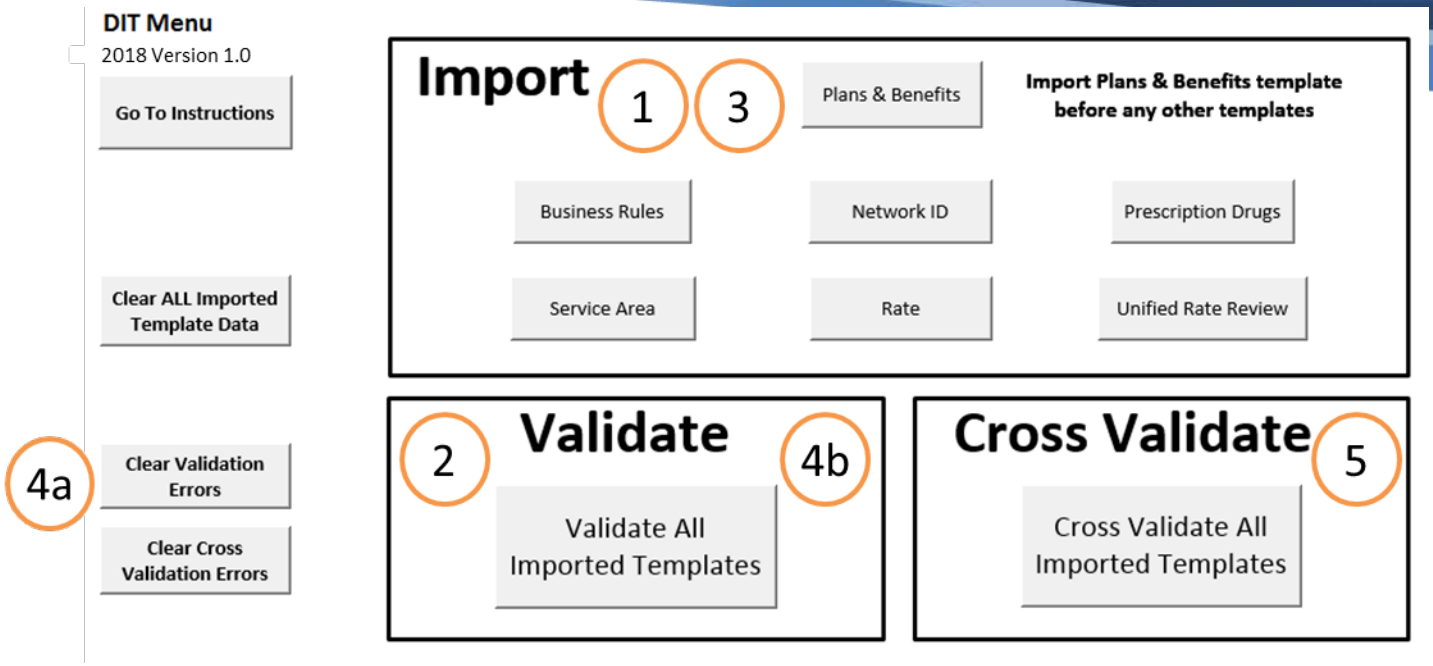
- Templates should be stored in separate folders by type.
  - The user indicates the folder location for each template type.
  - No file or folder naming convention is required.
  - The folders should only contain template files.
  - Template tab names should not be changed.
- All templates stored in 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, starting with Plans & Benefits.
   a) Plans & Benefits Template must be imported in order to validate other imported templates.
2. Validate templates that have been imported.
3. Fix errors in templates and re-import.
4. Clear errors and validate again.
5. Cross validate.

Live Demo

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Most Frequent DIT Review Errors in PY 2017

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Service Areas with Missing Rates

- Sample Error Message: Plan ID 12345XY0000001 is missing rates for Rating Area 16 for effective dates 1/1/2017 – 12/31/2017. Plan ID 12345XY0000001 is associated with service area ID XYS001, which covers the following counties in Rating Area 16: Fanta.

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

HSA Eligible Plan with a Deductible Less than Required Minimum

- *Note: Validation will be added to the PY 2018 tool after the IRS releases final guidance on 2018 Health Savings Account (HSA) deductible and maximum out-of-pocket (MOOP) requirements. Example from the PY 2017 tool is below:*

- Sample Error Message: The following plans are listed HSA eligible but have an In-Network Family per Person deductible value less than the required minimum value ($2600 for family coverage): 12345XY0000030-01. The 2017 HSA parameters can be found at https://www.irs.gov/pub/irs-drop/rp-16-28.pdf. Family per person deductible values for HSA eligible plans are subject to the IRS family coverage minimum value ($2600), not the self-only coverage value ($1300). 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 a high deductible health. plan (HDHP)."

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

- Sample Error Message: 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 QHP plans with EHB percent of total premium values in the Plan & Benefits Template and URRT must match when rounded to three decimal places.

Noncompliance with QHP Federal Age Curve

- *Note: Validation for the PY 2018 tool accounts for changes in the 2018 Federal age curve, which include multiple child age bands. Example from the PY 2017 tool is below:*

- Sample Error Message: Plan ID 12345XY0020006 in Rating Area 1 varies by $2.00 or more from the Federal age curve for the following age bands: 0-20, 25, 26, 27, 28, 29, 30, 31, 32, 33, 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, 65 and over for effective dates 01-01-2017 - 12-31-2017.

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

QHPs Missing in the URRT

- Sample Error Message: Plan ID 12345XY0000022 in the Plans & Benefits Template is missing in the URRT. All QHPs in the Plans & Benefits Template must be reported in the URRT.

- Explanation: All QHP plan IDs in the Plans & Benefits Template must be listed in the URRT.

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: Formulary ID XYF006 does not have an acceptable Formulary URL format. Each URL must begin with either http:// or https://.

EHB % of Premium Equal to One and Plan Covers non-EHB Adult Vision, Adult Dental, or Long Term Nursing

- Sample Error Message: The following plans have a value of 100% in the EHB Percent of Premium field of the Plans & Benefits Template and cover Long-Term/Custodial Nursing Home Care: 12345XY0030002.

- Explanation: The EHB Percent of Premium field should be less than 100% to account for the plans' coverage of non-EHBs. Please note, pursuant to 45 CFR 156.115, the following benefits are excluded from EHB, even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits, non-medically necessary orthodontia.

Deductible Exceeds MOOP

- Sample Error Message: Plan ID 12345XY000002201 has a Combined Medical/Drug In network deductible equal to $4000 per person and a corresponding MOOP equal to $2900 per person. 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 Exchange Status between Plans & Benefits Template and URRT

- Sample Error Message: Plan ID 12345XY0000040 has a value of “Both” for the QHP/Non-QHP field of the Plans & Benefits Template and a value of “No” for the Exchange Plan field of the Unified Rate Review Template.

- Explanation: All QHPs in the Plans & Benefits Template that are offered either on the Exchange only ("On the Exchange“) or both on and off the Exchange ("Both“) must have a corresponding value of "Yes" in the Exchange Plan field of the URRT.

Not Applicable Values for In Network and Combined In/Out of Network MOOPs

- *Note: Validation for the PY 2018 tool uses the 2018 annual limitation on cost sharing ($7,350 for individual coverage; $14,700 for family coverage). Example from the PY 2017 tool is below:*

- Sample Error Message: Plan ID 12345XY000000101 has both an in network tier 1 and combined in/out of network Combined Medical/Drug Family per person MOOP equal to "Not Applicable." One of these values must be equal to a dollar value less than or equal to the [2017] annual limitation on cost sharing ($7,150).

- Explanation: All QHPs must have either an in network or combined in/out of network value equal to a dollar amount less than or equal to the annual limitation on cost sharing.

Questions?

- Email **CMS_FEPS@cms.hhs.gov**

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 Small Business Health Options Plan (SHOP) or Individual Marketplace.

PM Webinar Dates

The 2017 QHP April Webinar Series IV sessions occur on Tuesdays and Thursdays as below:

Date	Day	Time (ET)	Topic
4/6/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
4/11/17	Tuesday	3:00 p.m. – 4:00 p.m.	Unified Rate Review Issuer Training
4/13/17	Thursday	1:00 p.m. – 2:00 p.m.	Master Review Tool, Cost Sharing Review (CSR) Tool
4/18/17	Tuesday	3:00 p.m. – 4:00 p.m.	2018 Plan ID Crosswalk Template for Automatic Re-Enrollment
4/20/17	Thursday	1:00 p.m. – 2:00 p.m.	Overview of Prescription Drug Review Tools
4/25/17	Tuesday	3:00 p.m. – 4:00 p.m.	Year 5 Plan Preview Design Details
4/27/17	Thursday	1:00 p.m. – 2:00 p.m.	ECP Tool Demo

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