Overview of Qualified Health Plan (QHP) Application Review Tools for Plan Year (PY) 2018

April 13, 2017

Qualified Health Plan (QHP)
Series IV

CMS
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Agenda

- Session Guidelines
- Announcements
- Issuers and Review Tools
- Review Tools Overview
- Master Review Tool Process
- Master Review Tool Demo
- Cost Sharing Review Tool Overview
- Common Errors in Cost Sharing
- Cost Sharing Review Tool Demo
- Questions
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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 PY 2017 Plan Data Changes
Wednesday, May 10, 2017	Submission Window	PY 2018 Initial QHP Application Submission Window Opens
Wednesday, June 21, 2017	Submission Window	PY 2018 Initial QHP Application Submission Window Closes

Announcements

Review Tools and Issuers

- **Use of these tools is highly recommended**
  - Issuers may use whichever tools will assist in their review process.
  - These tools are one method for reviewing against specific standards. Any adopted review approach must be consistent with federal and state standards, but need not be identical to the proposed approach via these tools.

Benefits of Using Review Tools

- **Speeds up your reviews**
  - Example: Ability to review a large volume of plans for compliance with annual limitation on cost sharing (out-of-pocket maximum), catastrophic plan requirements, et cetera.

- **Quick and efficient way to point out additional concerns that may not easily be found through hands-on form review**
  - Example: Identify those plans that have unusually low number of unrestricted drugs.
  - Example: Identify those plans whose formulary does not satisfy category class drug count requirements.

- **Improves quality of data displayed to consumers**
  - Example: Ensures all plans in the Plans & Benefits Template are accounted for at every rating area in the Rate Tables.

Overview of QHP Application Review Tools

- **Master Review Tool**
  - Model step-by-step processes that issuers could follow to review QHP Applications for compliance with specific Affordable Care Act (ACA) standards. (Each tab is a different process/standard.)
  - Allows user to import select data from user's application template. Critical for running "automated review tools."
  - General functionality for the issuer to track internal review progress and results for a given plan across multiple standards.

- **Select Automated Review Tools**
  - Allows issuer to perform automated reviews on template data prior to submission.

Master Review Tool

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Master Review Tool: Data Template Import

- **Master Review Tool imports the following data templates:**
  - Plans and Benefits Template
  - Service Area Template
  - Essential Community Provider (ECP)/Network Adequacy (NA) Template
  - Prescription Drug Template
- **New for 2018:** After importing the Plans and Benefits and Service Area Templates, the user can run the Silver/Gold Plan Review to ensure that every medical market (Individual and [Small Business Health Options Program [SHOP]) covered by the issuer includes at least one silver plan and at least one gold plan in **every county covered by the issuer in that market**.

Master Review Tool: Model Review Processes

Resource	Select Market Reforms Standards*	Marketplace-Specific Standards**
Model Review Processes	• Actuarial Value (AV) • Annual Limitation on Cost Sharing (i.e., Essential Health Benefit [EHB] Maximum Out-of-Pocket [MOOP]) • Catastrophic Plan Requirements • Formulary – USP Category Class Count	• Accreditation • Cost Sharing Reduction (CSR) Plan Variation Requirements • Simple Choice Plan Design • ECPs • Meaningful Difference • Program Attestation • QHP Discriminatory Benefit Design • Service Area • Non-discrimination: Formulary Clinical Appropriateness and Formulary Outlier

* This is not a comprehensive list of all market reforms standards.

** For FFM QHP certification, Marketplace-specific standards describe CMS' approach for reviewing plans.

Master Review Tool: Automated Review Tools

Resource	Select Market Reforms Standards*	Marketplace-Specific Standards**
Automated Review Tools	• Annual Limitation on Cost Sharing (i.e., EHB Out-of-Pocket Maximum) • Catastrophic Plan Requirements • United States Pharmacopeia (USP) Category Class Count	• CSR Plan Variation Requirements • Standardized Plan Design • ECPs • Meaningful Difference • Non-discrimination Cost Sharing Outlier • Plan ID Crosswalk • Formulary Review Suite: o Non-discrimination Clinical Appropriateness o Non-discrimination Formulary Outlier

* This is not a comprehensive list of all market reforms standards.
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Master Review Tool Demo

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Cost Sharing Review Tool

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Cost Sharing Review Tool

- Imports Plans & Benefits Template data after it is aggregated into the Master Review Tool
- Identifies errors in the Cost Sharing data that will generate deficiencies
  - Template validation, Master Review Tool, and Data Integrity Tool (DIT) do not check for all cost sharing errors
- **Plan Year (PY) 2018 Changes**
  - Added Expanded Bronze plan review
  - Updated with PY 2018 MOOP limits

Cost Sharing Overview

- QHPs must meet cost sharing standards, including:
  - MOOP limit
  - CSR requirements for cost sharing plan variations
- Catastrophic plans and Expanded Bronze plans' requirements pertain to applicable QHPs.

MOOP

- PY 2018 MOOP Limits defined in the 2018 Payment Notice:
  - $7,350 for an individual (self-only or in family)
  - $14,700 for family plans
- Limit applies to plans offered on and off the Marketplace.
- The Cost Sharing Review Tool flags a deficiency if the PY 2018 MOOP limit is exceeded.

CSR

- Silver plan variations
  - Reduce cost sharing for individuals between 100% and 250% of federal poverty level (FPL).
- Limited cost sharing variation
  - Eliminate cost sharing for American Indians/Alaska Natives (AI/AN) when services are provided by the Indian Health Services; by an Indian tribe, a tribal organization or an urban Indian organization; or through referral under contract health services.
- Zero cost sharing variation
  - Eliminate all cost sharing for AI/AN under 300% of the FPL.

CSR (continued)

- Limited and zero cost sharing variations, as well as silver plan variations, are required in QHPs on the Marketplace only.
- The Cost Sharing Review Tool flags a deficiency if the plan variation requirements or successive cost sharing requirements are not met.
- Successive cost sharing requires:
  - Reduced cost sharing in plan variations with higher AV
  - Consistent cost sharing structure

Catastrophic Plans

- Available to certain eligible individuals in QHPs both on and off the Marketplace.
- Catastrophic plan requirements:
  - No multiple in-network tiers
  - Integrated medical and drug deductibles
  - Integrated medical and drug MOOPs
  - In-Network MOOP and deductible are equal to MOOP limit (PY18: $7,350 | $14,700)
  - All EHBs (except primary care/preventive care) have in-network cost sharing of “no charge after deductible”.
- The Cost Sharing Review Tool flags deficiencies in Catastrophic plans where requirements are not met.

Expanded Bronze Plans: New for PY 2018

- Expanded Bronze Plans must *either:*
  - Be a high deductible health plan (HDHP)
    - "Yes" selected in Health Savings Account (HSA)-Eligible field
    - The **Data Integrity Tool** evaluates whether the plan meets HDHP requirements.
  - Pay for at least one major service before the deductible with reasonable cost sharing.
    - "Major Benefits" include: Primary Care Visits, Specialist Visit, Emergency Room Services, Inpatient Hospital Services (e.g., Hospital Stay), Generic Drugs, Preferred Brand Drugs, and Specialty Drugs.
    - "Reasonable cost sharing" means a coinsurance of 50% or less, or an equivalent copay, as defined by the state.
    - The **Cost Sharing Review Tool** evaluates whether plan meets the reasonable cost sharing requirement.

Cost Sharing Tool: Common Errors

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Common Error 1: Non-zero cost sharing

A zero cost sharing variation has non-zero cost sharing

				Plar
HIOS Plan ID* (Standard Component + Variant)	**Plan Variant Marketing Name***	**Level of Coverage*** (Metal Level)	**CSR Variation Type***	*In Network (Tier 1)*
55555FL5555555-01	Florida Expanded Bronze	Expanded Bronze	Standard Bronze On Exchange	50.00% Coinsurance after deductible
55555FL5555555-02	Florida Expanded Bronze	Expanded Bronze	Zero Cost Sharing Plan Variati	50.00% Coinsurance after deductible
55555FL5555555-03	Florida Expanded Bronze	Expanded Bronze	Limited Cost Sharing Plan Vari	50.00% Coinsurance after deductible

Common Error 1: Non-zero cost sharing (continued)

A non-zero value for the zero cost sharing variation prompts the deficiency:

HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
55555FL5555555	Zero	Cost sharing for EHBs in the zero cost sharing plan variation must be $0 or 0%	Specialist Visit	The cost sharing for Specialist Visit In Network (Tier 1) coinsurance is 50.00% Coinsurance after deductible.

Common Error 2: Successive cost sharing

The standard Silver plan has a copay of $20 for Generic Drugs, and the Silver 73% AV plan has a copay of $30.

				Plan
HIOS Plan ID* (Standard Component + Variant)	**Plan Variant Marketing Name***	**Level of Coverage*** (Metal Level)	**CSR Variation Type***	*In Network (Tier 1)*
55555FL5555550-00	Florida Silver	Silver	Standard Silver Off Exchange F	$20.00
55555FL5555550-01	Florida Silver	Silver	Standard Silver On Exchange F	$20.00
55555FL5555550-02	Florida Silver	Silver	Zero Cost Sharing Plan Variatic	$0.00
55555FL5555550-03	Florida Silver	Silver	Limited Cost Sharing Plan Varia	$20.00
55555FL5555550-04	Florida Silver	Silver	73% AV Level Silver Plan	$30.00
55555FL5555550-05	Florida Silver	Silver	87% AV Level Silver Plan	$20.00
55555FL5555550-06	Florida Silver	Silver	94% AV Level Silver Plan	$10.00

Common Error 2: Successive cost sharing (continued)

A plan with higher AV (e.g. Silver 73%) cannot have higher cost sharing than a plan with lower AV (e.g. standard Silver). The error prompts the deficiency:

HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
55555FL5555550	Silver	Cost sharing for all EHBs must follow the successive cost sharing rule	Generic Drugs	Successive cost sharing is not followed between the standard silver plan and the 73% AV plan variation for In Network (Tier 1) copay for Generic Drugs.

Common Error 3: Cost sharing structure

The standard Silver plan has $100 copay for Urgent Care, and the Silver 73% AV plan has 20% coinsurance.

				Plan	Copay			
HIOS Plan ID* (Standard Component + Variant)	Plan Variant Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)
55555FL5555550-00	Florida Silver	Silver	Standard Silver Off Exchange F	$100.00		Not Applicable	Not Applicable
55555FL5555550-01	Florida Silver	Silver	Standard Silver On Exchange	$100.00		Not Applicable	Not Applicable
55555FL5555550-02	Florida Silver	Silver	Zero Cost Sharing Plan Variatic	$0.00		$0.00	0.00%
55555FL5555550-03	Florida Silver	Silver	Limited Cost Sharing Plan Vari	$100.00		Not Applicable	Not Applicable
55555FL5555550-04	Florida Silver	Silver	73% AV Level Silver Plan	Not Applicable		Not Applicable	20.00%
55555FL5555550-05	Florida Silver	Silver	87% AV Level Silver Plan	Not Applicable		Not Applicable	20.00%
55555FL5555550-06	Florida Silver	Silver	94% AV Level Silver Plan	Not Applicable		Not Applicable	20.00%

Common Error 3: Cost sharing structure (continued)

Different cost sharing structures in plan variations prompt the same successive cost sharing deficiency:

HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
55555FL5555550	Silver	Cost sharing for all EHBs must follow the successive cost sharing rule	Urgent Care Centers or Facilities	Successive cost sharing is not followed between the standard silver plan and the 73% AV plan variation for In Network (Tier 1) coinsurance for Urgent Care Centers or Facilities.

Cost Sharing Review Tool Demo

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Resources

- CMS posted the PY 2018 Review Tools on the new QHP application website:
  - https://www.qhpcertification.cms.gov/s/Review%20Tools
- For ongoing technical assistance with tools:
  - Attend upcoming webinars
  - Submit questions to 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 Health Insurance Oversight System (HIOS)
  Call: 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov
- **National Association of Insurance Commissioners (NAIC)** with questions about state/System for Electronic Rate and Form Filing (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 April Webinar Series IV sessions occur on Tuesdays and Thursdays as below:

Date	Day	Time (ET)	Topic
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.	Open Q&A
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/
QHP Health Plan Certification	https://www.qhpcertification.cms.gov
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
Data Templates	http://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
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

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