Essential Community Provider (ECP) QHP (Qualified Health Plan) and SADP (Stand-alone Dental Plan) Tools

April 27, 2017

Qualified Health Plan (QHP)
Series IV

CMS
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Agenda

- Session Guidelines
- Key Dates
- Announcements
- ECP QHP and SADP Tools
- 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 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

Updates to Essential Community Provider (ECP) Tools for Plan Year (PY) 2018 QHP Reviews

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Benefits of Using Review Tools

- Speed up reviews
  - Example: Ability to review a large volume of submitted ECPs to identify service areas that do not meet the 20 percent ECP standard.
- Quick and efficient way to point out additional concerns that may not easily be found through hands-on ECP review.
  - Example: Identify any ECPs that fall outside of the issuer's service area.
- Allow for easier comparison of contracted ECPs across the ECP categories.
  - Example: Identify ECP categories for which an issuer has not yet contracted to satisfy the category per county contract offering requirement.

Overview of the ECP Tools

- Calculate an issuer's satisfaction of the ECP standard that requires an issuer's provider network include a sufficient number and geographic distribution of available ECPs in the plan's service area, in accordance with 45 Code of Federal Regulations (CFR) 156.235.
- Allow for ECP write-ins to count toward an issuer's satisfaction of the ECP standard.
  - ECP write-ins for PY 2018 will continue to count toward the ECP threshold requirement only for the issuer that wrote in the ECP on its ECP template, provided that the issuer arranges that the written-in provider has submitted an ECP petition to HHS by no later than the deadline for issuer submission of changes to the QHP application.
- Identify ECP categories for which an issuer has not yet contracted to satisfy the category per county contract offering requirement.

Overview of the ECP Tools (continued)

- New for PY 2018
  - The ECP threshold for inclusion of ECPs in the issuer's provider network(s) has been reduced from 30 to 20 percent of the available ECPs in the plan's service area.
  - The updated "Available ECP Write-in List" has been added as a tab within the tools so that ECPs on an issuer's ECP Write-in Worksheet can be imported into the tools and counted toward satisfaction of the 20 percent ECP standard.
  - Inpatient hospitals have a designated column in the tools to reflect the number of hospital beds, rather than full-time-equivalent staff.
  - Children's inpatient hospital, non-Children's inpatient hospitals, and outpatient hospital clinics have been made distinct within the ECP tools.

Where to Find Tools, User Guides, and References

- CMS has posted the Review Tools at the following location:
  - https://www.qhpcertification.cms.gov/s/Review%20Tools
- The ECP/Network Adequacy Template and Instructions can be found at the following location:
  - https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy

Live Demo

- QHP (Medical) ECP Tool
- SADP ECP Tool

Deficiencies and Justifications

- As in previous years, if an issuer's application does not satisfy the ECP standard, the issuer would be required to include as part of its application for QHP certification a satisfactory narrative justification describing:
  - How the issuer's provider networks, as presently constituted, provide an adequate level of service for low-income and medically underserved individuals
  - How the issuer plans to increase ECP participation in its provider networks in future years
- At a minimum, a narrative justification would include:
  - Number of contracts offered to ECPs for the 2018 plan year
  - Number of additional contracts the issuer expects to offer and the timeframe
  - Names of the specific ECPs to which the issuer has offered contracts that are still pending
  - Contingency plans for how the issuer's provider network, as currently designed, would provide adequate care to enrollees who might otherwise be cared for by relevant ECP types that are missing from the issuer's provider network

Deficiencies and Justifications (continued)

- Additional justification examples would include:
  - A medical facility that appears on the Final 2018 ECP List but has recently closed or no longer provides dental services (the latter being an example of a justification for an SADP issuer)
  - A medical facility that appears on the Final 2018 ECP List but has indicated that it no longer contracts with any Marketplace plans

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 requirements/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 May Webinar sessions occur on Tuesdays and Thursdays as below:

Date	Day	Time (ET)	Topic
5/2/17	Tuesday	3:00 p.m. – 4:00 p.m.	Meaningful Difference and Non-discrimination Tools
5/4/17	Thursday	1:00 p.m. – 2:00 p.m.	PY2018 QHP Application Submission and Review Timeline and Process
5/9/17	Tuesday	3:00 p.m. – 4:00 p.m.	Issuer Module: Accreditation and Program Attestations
5/11/17	Thursday	1:00 p.m. – 2:00 p.m.	Plan Preview Updates
5/16/17	Tuesday	3:00 p.m. – 4:00 p.m.	2018 Plan ID Crosswalk Template for Automatic Re-Enrollment
5/18/17	Thursday	1:00 p.m. – 2:00 p.m.	PY2018 Data Integrity Tool (DIT)
5/23/17	Tuesday	3:00 p.m. – 4:00 p.m.	Allowable Data Corrections
5/25/17	Thursday	1:00 p.m. – 2:00 p.m.	Network Adequacy (target issuers in pilot states)
5/30/17	Tuesday	3:00 p.m. – 4:00 p.m.	PY2018 Plan Confirmation for Issuers, and Data Integrity Tool (DIT), Plan Crosswalk, Correction and Certification Notices

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
Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
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

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