

Overview of Master Review Tool and Cost Sharing Review Tool

April 30, 2020

2020 Qualified Health Plan (QHP) Series

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Agenda

- Session Guidelines
- Additional Webinar Sessions
- Announcements
- Overview of Master Review Tool and Cost Sharing Review Tool
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- 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.

WebEx Audio Issues

If you are listening to the webinar through WebEx and experience audio issues, please dial into 1-866-391-5945 and enter your six (6) digit PIN for phone access.

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server 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.

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

Overview of QHP Application Review Tools

- **Master Review Tool**
 - Allows the user to import select data from issuers' application templates. This is critical for running “automated review tools”.
- **Review Process Guide**
 - General functionality for the State Regulator to track state's review progress and results for a given plan across multiple standards.
 - Model step-by-step processes that State Regulators could follow to review QHP Applications for compliance with specific Patient Protection and Affordable Care Act (PPACA) standards. (Each tab is a different process/standard.)
- **Select Automated Review Tools**
 - Allows issuers to perform automated reviews using data submitted in their templates.

Flexibility for Issuers

- **Use of these tools is strongly encouraged**
 - Issuers may use whichever tools, or parts of tools, issuers believe will assist in their review process.
 - An issuer's state's review approach must be consistent with federal standards but need not be identical to the proposed approach via these tools.
- **Example**
 - A state could use the Cost Sharing Review tool to ensure an issuer's Maximum Out of Pocket (MOOP) complies with federal limits.

Benefits of Using Review Tools

- **Speeds up your reviews**
 - Example: Reviews a large volume of submitted plans for compliance with MOOP limits, catastrophic plan requirements, and other QHP standards.
- **Quick and efficient way to point out additional concerns that may not easily be found through hands-on form review**
 - Example: Identifies plans that do not follow the successive cost sharing rule.
 - Example: Identifies plan variations that have a different Tier utilization than the associated standard plan.
- **Improves quality of data displayed to consumers**
 - Example: Ensures all plans in the Plans & Benefits Template have an associated zero cost sharing plan variation and limited cost sharing plan.

Master Review Tool

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 2021:**
 - Accommodates Plan Year (PY)21 QHP templates
 - No other file changes

Master Review Tool and Review Process Guide Demo

Cost Sharing Review Tool

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 and Data Integrity Tool (DIT) do not check for cost sharing errors.
- PY21 Changes
 - Updated with proposed PY21 MOOP limits for standard plans and silver plan variations

Cost Sharing Overview

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

MOOP

- PY21 MOOP Limits proposed in the 2021 Payment Notice:
 - \$8,550 for an individual (self-only or in family)
 - \$17,100 for family plans
- Limit applies to plans offered on and off the Exchange.
- The Cost Sharing Review Tool flags a deficiency if the PY21 MOOP limit is exceeded.

Cost Sharing Reductions

- 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.

Cost Sharing Reductions (continued)

- Limited and zero cost sharing variations, as well as silver plan variations, are required in QHPs on the Exchange 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 Actuarial Value (AV)
 - Consistent cost sharing structure

Catastrophic Plans

- Available to certain eligible individuals in QHPs both on and off the Exchange.
- 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 set in the 2021 Payment Notice
 - All Essential Health Benefits (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

- The Cost Sharing Review tool includes checks to confirm each Expanded Bronze Plan:
 - Is a high deductible health plan (HDHP)
 - “Yes” selected in HSA-Eligible field
 - The Data Integrity Tool evaluates whether the plan meets HDHP’s deductible and MOOP requirements, or;
 - Pays 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.**

Cost Sharing Tool: Common Errors

Common Error 1: Non-zero Cost Sharing

A zero cost sharing variation has non-zero cost sharing.

Plan				
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 Variation	50.00% Coinsurance after deductible
55555FL5555555-03	Florida Expanded Bronze	Expanded Bronze	Limited Cost Sharing Plan Variation	50.00% Coinsurance after deductible

Common Error 1: Non-zero Cost Sharing

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 P	\$20.00
55555FL5555550-01	Florida Silver	Silver	Standard Silver On Exchange P	\$20.00
55555FL5555550-02	Florida Silver	Silver	Zero Cost Sharing Plan Variatic	\$0.00
55555FL5555550-03	Florida Silver	Silver	Limited Cost Sharing Plan Vari	\$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

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	\$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 Variation	\$0.00		\$0.00	0.00%
55555FL5555550-03	Florida Silver	Silver	Limited Cost Sharing Plan Variation	\$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

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

Resources

- CMS posted the PY21 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

Open Q&A Session

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then 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/System for Electronic Rate and Form Filing (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 Small Business Health Options Program (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 May Webinar sessions occur as shown below:

Date	Day	Time (ET)	Topic
05/05/20	Tuesday	3:00 p.m. – 4:00 p.m.	QHP Submission Tips & Patient Safety
05/07/20	Thursday	1:00 p.m. – 2:00 p.m.	PY21 Plan ID Crosswalk Template & Tool for Automatic Re-Enrollment
05/12/20	Tuesday	3:00 p.m. – 4:00 p.m.	Allowable Data Corrections & Certification Timeline Refresher
05/14/20	Thursday	1:00 p.m. – 2:00 p.m.	Network Adequacy, Essential Community Providers (ECP), and Stand-Alone Dental Plans (SADPs)
05/19/20	Tuesday	3:00 p.m. – 4:00 p.m.	Non-Discrimination Benefit Review Tool
05/21/20	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
05/26/20	Tuesday	3:00 p.m. – 4:00 p.m.	PM Community: Release of Corrections, What to Expect for Early Bird Review Results, and Outreach Features
05/28/20	Thursday	1:00 p.m. – 2:00 p.m.	Plan Preview Updates, FF-SHOP Employee Choice Options for Plan Year 2021

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

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
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.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