

# Plan Year (PY) 2021 QHP Application Submission Windows and Tips and Patient Safety

**May 5, 2020**

**2020 Qualified Health Plan (QHP) Series**

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# Intended Audience

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FfEs), State Partnership Exchanges (SPEs), State-based Exchanges on the Federal Platform (SBEs-FP), SBEs and Stand-alone Dental Plans (SADPs).

# Agenda

- Session Guidelines
- Key Dates
- Additional Webinar Sessions
- Announcements
- PY 2021 QHP Application Submission Windows and Tips and Patient Safety
- 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](mailto: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.

# Upcoming PY 2020 Key Dates for QHP Certification

Date	Category	Activity
Prior to May 16, 2020	Plan Data Refresh	PY2020 QHP Application data changes that are made by 4/17 and approved by CMS are refreshed on HealthCare.gov

# Upcoming PY 2021 Key Dates for QHP Certification

Date	Category	Activity
April 23 – June 17, 2020	QHP Certification	PY 2021 QHP Application Initial Submission Window
Tuesday, May 19, 2020 at 1:00 p.m. ET	QHP Certification	Deadline for Issuers to Submit QHP Application data for the PY21 Optional Early Bird Review Round
May 20 – June 10, 2020	QHP Certification	CMS reviews Early Bird QHP Application data and releases results in the Plan Management Community

# 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

# Submission Windows

# Submission Timeline

For PY21, Issuers will be able to take advantage of an Early Bird Submission Window and submit their Rates Table Template later in the QHP Application cycle.

- Early Bird Submissions will receive an additional review and notice cycle, alerting issuers to application errors prior to the initial application deadline.
- FFE issuers (using the Health Insurance Oversight System [HIOS] PM Modules) and SPE/SBE-FP issuers (using System for Electronic Rate and Form Filing [SERFF]) will be able to take advantage of this submission timeline.

Submission Deadlines	Dates
Early Bird Window Deadline	5/19/2020
Initial QHP Application Submission Deadline	6/17/2020
QHP Rates Table Template Submission Deadline	7/22/2020
Final QHP Application Deadline	8/19/2020

# Submitting in HIOS for PY 2021

# Issuer Module – Issuer Submitter Tasks

The Issuer Module must be **submitted** and **validated** by June 17, 2020.

**Program Attestations**

The Issuer Module requires applicants to complete sections 147, 153, 155, and 156, as applicable, for QHP/ISADP issuer applications. These attestations are required for issuers, as well as downstream vendors and contractors.

**Review**

Instructions and Reference Material (PDF) [3.21 MB]

Data Submitter Final Submission

All required sections must be completed to the best of your knowledge before being submitted.

Application Sections	Modified Date	Modified By	Status
Program Attestations	04/25/2018 9:45:15 AM	FUNC12	Submission Completed
State Licensure	Not Available	Not Available	Submission Not Started
Good Standing	Not Available	Not Available	Submission Not Started
Accreditation	04/25/2018 9:46:25 AM	FUNC12	Submission Completed
ECP/Network Adequacy	04/25/2018 9:46:35 AM	FUNC12	Submission Completed

By clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.

Previous Submit Application

## Issuer Submitter

- Complete the Issuer Module application by uploading information in the appropriate section and clicking **Submit Application**

# Issuer Module – Issuer Validator Tasks (continued)

The Issuer Module must be **submitted** and **validated** by June 17, 2020.

**Review**

Instructions and Reference Material (PDF)  
[3.21 MB]

Data Validator Final Submission

All required sections must be completed to the best of your knowledge before being submitted.

Validator Sections Table

Application Sections	Modified Date	Modified By	Status
Program Attestations	04/25/2018 9:45:15 AM	FUNC12	Validation Passed
State Licensure	Not Available	Not Available	Submission Completed
Good Standing	Not Available	Not Available	Submission Completed
Accreditation	04/25/2018 9:46:26 AM	FUNC12	Validation Passed
ECP/Network Adequacy	04/25/2018 9:46:35 AM	FUNC12	Validation Passed

Return to Submitter Previous **Submit Application**

## Issuer Validator

- Select **Yes** and then **Submit** for each required section to indicate that the section is correct.
- Select **Submit Application** on the Review Section to submit the Issuer Module.
- The section must be Submitted with an answer of **Yes** for each required section by 6/17/2020 for QHP Certification.

# Benefits and Service Area Module – Issuer Submitter Tasks

The Benefits and Service Area Module must be **submitted** and **validated** by June 17, 2020.

The screenshot displays the 'PLAN MANAGEMENT' interface for an issuer submitter. The header includes the title 'PLAN MANAGEMENT', a text size selector, and the 'PLAN YEAR : 2021'. Below the header, it identifies the user as '39364 - Insurance Company - ND' and provides a 'Welcome, FUNC02 | Logout' link. The main section is titled 'Benefits & Service Area Module'. On the left, there is an information box stating: 'As of Plan Year 2021, Issuers should submit the following: Summary of Benefits and Payment.' Below this are buttons for 'Data Submitter' and 'Final Submission'. A 'Download Templates' section lists several files for download: PlanBenefits.xlsm (90.3 KB), PlanBenefitsAddln.xlsm (1.60 MB), Network ID.xls (123 KB), Service Area.xls (244 KB), PrescriptionDrug.xls (205 KB), and TransparencyInCoverage.xlsm (612 KB). The central 'Upload Documentation' section contains a table with columns for Document Type, Actions, File Name, Description, Last Update, and Status. It lists various templates such as 'Plan & Benefits Template (SHOP)', 'Plan & Benefits Template (Individual)', 'Dental Plan & Benefits Template (SHOP)', 'Dental Plan & Benefits Template (Individual)', 'Network ID Template', 'Service Area Template', 'Prescription Drugs Template', and 'Transparency in Coverage Template'. Each row has an 'Upload' button. A dropdown menu at the bottom of the table allows selecting a document type. A note at the bottom indicates 'Showing 1 to 9 of 9 entries' and provides a link to 'Add Another Document'.

Document Type	Actions	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload				
* Plan & Benefits Template (Individual)	Upload				
Dental Plan & Benefits Template (SHOP)	Upload				
Dental Plan & Benefits Template (Individual)	Upload				
* Network ID Template	Upload				
* Service Area Template	Upload				
Prescription Drugs Template	Upload				
* Transparency in Coverage Template	Upload				
Select document type	Upload				

## Issuer Submitter

- Complete the Benefits and Service Area Module by submitting completed templates and supporting documentation.

Select **Submit Section** to Submit the Benefits and Service Area Module.

# Benefits and Service Area Module – Issuer Validator Tasks (continued)

The Benefits and Service Area Module must be **submitted** and **validated** by June 17, 2020.

[Data Validator](#) [Final Submission](#)

Please review the completed templates and supplementary documents.  
Fields marked with an asterisk (\*) are required.

Document Type	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	<a href="#">39364_ND_PB_MedicalSHOP.xlsm</a>		04/07/2020 09:15:59 PM	Complete
* Plan & Benefits Template (Individual)	<a href="#">39364_ND_PB_MedicalInd.xlsm</a>		04/07/2020 09:16:52 PM	Complete
Dental Plan & Benefits Template (SHOP)	<a href="#">39364_ND_PB_DentalSHOP.xls</a>		04/07/2020 09:16:57 PM	Complete
Dental Plan & Benefits Template (Individual)	<a href="#">39364_ND_PB_DentalInd.xls</a>		04/07/2020 09:17:05 PM	Complete
* Network ID Template	<a href="#">39364_ND_Network.xls</a>		04/07/2020 09:17:02 PM	Complete
* Service Area Template	<a href="#">39364_ND_ServiceArea.xls</a>		04/07/2020 09:17:21 PM	Complete
Prescription Drugs Template	<a href="#">39364_ND_PrescriptionDrug.xls</a>		04/07/2020 09:17:39 PM	Complete
* Transparency in Coverage Template	<a href="#">39364_ND_Transparency.xls</a>		04/07/2020 09:17:51 PM	Complete

Showing 1 to 8 of 8 entries

\* Do you validate that the information submitted for this section is correct?

☐ Yes ☐ No

1

By clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.

2

[Back to Summary](#) [Submit](#)

## Issuer Validator

- Select **Yes** to validate that the submission is correct, or select **No** to indicate that data changes are needed (and that the Submitter will need to make updates).
- Select Submit to process the validation.
- The section must be Submitted with an answer of **Yes** by 6/17/2020 for QHP Certification.



# Supplemental Submission Module (SSM) – Issuer Submitter Tasks

The Supplemental Submission Module must be **submitted** by August 19, 2020.

The screenshot shows the 'Plan Management Supplemental Submission' interface for Plan Year 2021. The page title is 'URL Data'. A blue banner at the top contains a warning icon and text: 'Issuers must have State authorization for all QHP data changes. Issuers must check with the applicable State and comply with all requirements prior to submitting any URL changes. By submitting a URL change, you are attesting that the change(s) have been approved by the applicable State.' Below this is a 'Download Issuer URL Template File' section with a 'Choose URL Types' dropdown set to 'All'. There are buttons for 'Transparency in Coverage', 'Payment', 'SBC', 'Network', 'Plan Brochure', and 'Formulary'. A green 'Generate Issuer URL Template' button is to the right. Below is an 'Upload Issuer URL Template File' section with a 'Choose File' button and 'No file chosen' text. At the bottom is a 'Search & Update URLs' section with a 'Choose URL Type' dropdown. The footer includes the CMS logo and text: 'A federal government website managed by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244'. Navigation links for 'HOME', 'ACROBAT READER', 'ACCESSIBILITY', and 'WEB POLICIES' are also present.

## Issuer Submitter



- All issuers must submit one Transparency in Coverage URL.
- QHP issuers must submit SBC, Network, and Formulary URLs for all URL IDs.
- SADP issuers must submit Network URLs for all URL IDs.
- This section must be submitted with all required URLs by 8/19/2020.
- URLs should be live and active by 9/23/2020.

# Rating Module – Issuer Submitter Tasks

The Business Rules Template must be **submitted** successfully by June 17, 2020.


**Upload/Download Rates & Business Rules**

**Download Templates**

-  [BusinessRules.xls](#)
-  [Rates.xls](#)

**Upload File(s)**

Fields marked with an asterisk (\*) are required.

 Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

**\*Document Type**      **Upload File(s):**

Select document type ▼       No file chosen     

**Uploaded File History**

Document Type	File Name	Submission Date	Status
Business Rules	2019_BusinessRules.xls	04/25/2018 11:29:20 AM	Complete

## Issuer Submitter

- Download blank Rates Table and Business Rules templates
- Submit completed Business Rules Template by 6/17/2020

# HIOS Submission Without Rates Table Template (1 of 2)

By June 17, 2020, issuers must submit all QHP Application templates except the Rates Table Template.

10333 - TEST 14.0 - TX

## Final Submission

Instructions and Reference Material (PDF)  
[3.21 MB]

Data Submitter Data Validator **Final Submission**

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	02/28/2019 11:36:57 AM	Validation Completed
Benefits and Service Area Module	02/28/2019 11:32:24 AM	Validation Completed
Rating Module	02/27/2019 7:28:41 PM	Pending Submission

Back Cross Validate Submit

Issuer and Business & Service Area Modules are in a status of Validation Completed.

Business Rules Template submitted.

Cross-validations can be performed at any time to confirm templates that have been uploaded

**Final Submission Page**

# HIOS Submissions Without Rates Table Template (2 of 2)

By June 17, 2020, the only acceptable cross validation errors are those related to the Rates Table Template (if one has not yet been submitted).

## Final Submission Page

10333 - TEST 14.0 - TX

### Final Submission

[Instructions and Reference Material \(PDF\)](#)  
[3.21 MB]

Data Submitter Data Validator **Final Submission**

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	02/28/2019 11:36:57 AM	Valid
Benefits and Service Area Module	02/28/2019 11:32:24 AM	Valid
Rating Module	02/27/2019 7:28:41 PM	Pending

[Back](#) [Cross Validate](#) [Submit](#)

1 Perform cross-validations

2 Only Rates Table Template errors returned in downloadable Errors Report

	A	B	C	D	E	F
1	PlanId's do not exist for RateTable template					
2	Rate Table or Dental Rate Table template has not been uploaded					
3						

# Submitting Rates for PY 2021

# Completing HIOS Submission – Uploading Rates Table Template & Completing Rating Module

**Upload/Download Rates & Business Rules**

**Download Templates**

- BusinessRules.xls
- Rates.xls

**Upload File(s)**

Fields marked with an asterisk (\*) are required.

**Please note that uploading a second version of the template and/or supporting document(s) will replace the previously uploaded version.**

**\*Document Type**

Select document type

**Upload File(s):**

Choose File No file chosen Upload

**Update Status**

		Submission Date	Status
Business Rules	BusinessRules.xls	04/25/2018 11:29:20 AM	Complete
Rates	Rates.xls	04/25/2018 11:40:35 AM	Complete

clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are solely to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making changes to your previously submitted QHPs.

**Back to Summary** **Submit**

## Issuer Submitter

- Submit completed Rates Table Template(s) and select Submit to complete the Module

## Issuer Validator

- Select **Yes** and then **Submit** to validate that the uploaded data is correct

# Completing HIOS Submissions – Cross Validation

The Rates Table Template must be submitted by 7/22/2020. Issuers are allowed to submit the template prior to July 22.

Once all templates are successfully submitted, the application should be in cross-validations complete status.

**Final Submission**

[Instructions and Reference Material \(PDF\)](#)  
[3.21 MB]

Data Submitter Data Validator **Final Submission**

✓ Issuer ID 11722 has been Submitted

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	04/19/2019 12:49:35 PM	Cross Validations Completed
Benefits and Service Area Module	04/19/2019 12:49:35 PM	Cross Validations Completed
Rating Module	04/19/2019 12:49:35 PM	Cross Validations Completed

[Back](#) [Cross Validate](#) [Submit](#)

**PLAN MANAGEMENT**

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Resubmission Tips



# Resubmissions for Issuer Module

The Issuer Module includes multiple sections, and the module is returned for changes only after confirming on the Review Section.

- Answer **No** to the validation question on any section that should be updated
- Click the **Return to Submitter** button to allow the submitter to make changes

**Review**

Instructions and Reference Material (PDF)  
[3.21 MB]

Data Submitter Data Validator Final Submission

All required sections must be completed to the best of your knowledge before being submitted.

**Validator Sections Table**

Application Sections	Modified Date	Modified By	Status
Program Attestations	04/19/2019 12:38:02 PM	AUTO02	Validation Passed
State Licensure	04/19/2019 12:38:13 PM	AUTO02	Submission Completed
Good Standing	04/19/2019 12:38:19 PM	AUTO02	Submission Completed
Accreditation	04/19/2019 12:38:25 PM	AUTO02	Validation Failed
ECP/Network Adequacy	04/19/2019 12:38:42 PM	AUTO02	Validation Passed

**Return to Submitter** Previous Submit Application

Click the '**Return to Submitter**' button to initiate the re-submission process by returning the application to the submitter.

# Resubmissions for Benefits & Service Area/Rating Modules

The Benefits & Service Area Module and Rating Module can be returned to the Issuer submitter by answering the validation as **No** then selecting the **Submit Section** button.

**Rating Module**

Instructions and Reference Material (PDF)  
[1.68 MB]

Data Submitter Data Validator Final Submission

**Validate The Rates & Business Rules Submission**

Please review and validate the completed submissions.  
Fields marked with an asterisk (\*) are required.

Upload File(s)

Document Type	File Name	Upload Date
Business Rules	RT_MED_SC_11722.xls	04/19
Dental Rate Template	RT_DENT_SC_11722.xls	04/19
Business Rules	BR_SC_11722.xls	04/19

\*Do you validate that the information submitted for this section is correct?  
☐ Yes ☒ No

Back to Summary Submit Section

First select 'No'.

Then click 'Submit Section'.

**Note:** By clicking '**Submit Section**' users allow the Submitter to have access to the module to make any modifications needed.

# Additional Submission Tips

# Rates Table Template Maximum Rows Per Tab

The Rates Table Template is defaulted so that each tab contains at most 65,535 rows. An Excel feature allows users to increase this number of rows; however, this larger tab size could cause issues during submission.

## Suggested Best Practices

- Use the 'Add Sheet' button to create a new tab to enter additional rates.
- Double-check that each tab in the Rates Table Template contains at most 65,535 rows.

2021 Rates Table Template v10.0

Validate

Finalize

HIOS Issuer ID\*

Rate Effective Date\*

Rate Expiration Date\*

Rating Method\*

Plan ID\*

Rating Area ID\*

Required:  
Enter the 14-character Plan ID

Required:  
Select the Rating Area ID

Use the 'Add Sheet' button to add additional tabs for rates data

# Rating Module – Upload Separate Medical and Dental Rates Table Templates

The Rating Module allows issuers to submit separate Medical and Dental Rates Table Templates.

- **Issuers offering both Medical QHPs and SADPs should enter rates in separate Rates Table Templates and upload to the correct location.**
- Uploading rates to the incorrect location could cause issues during resubmission.

**Upload/Download Rates & Business Rules**

**Download Templates**

- BusinessRules.xls
- Rates.xls

**Upload File(s)**

Fields marked with an asterisk (\*) are required.

Please note that uploading a second version of the template and/or supporting document(s) will replace the previously uploaded version.

**\*Document Type**

Select document type

**Upload File(s):**

Choose File No file chosen **Upload**

**Update Status**

		Submission Date	Status
Business Rules	BusinessRules.xls	04/25/2018 11:29:20 AM	Complete
Rates	Rates.xls	04/25/2018 11:40:35 AM	Complete

clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct, and a) any revisions submitted after the application window closed are solely to address an application deficiency noted by HHS or the State, or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS, or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making changes to your previously submitted QHPs.

**Back to Summary** **Submit**

# Steps After Loading Template to Incorrect Location

If users accidentally upload a template to the wrong location, users will receive a Failed status:

- If users wish to replace the file, simply click the Upload button to overwrite the failed file.
- If users do not wish to replace the file, no further steps are necessary. Templates with a “Failed” status will not be part of users’ QHP Application review.

Upload Documentation

Update Status

Fields marked with an asterisk (\*) are required.  
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)	Upload	39364_ND_PB_MedicalSHOP1.xml		04/07/2020 09:29:40 PM	Failed
* Plan & Benefits Template (Individual)	Upload	<a href="#">39364_ND_PB_MedicalInd.xlsm</a>		04/07/2020 09:16:52 PM	Complete
Dental Plan & Benefits Template (SHOP)	Upload	<a href="#">39364_ND_PB_DentalSHOP.xls</a>		04/07/2020 09:16:57 PM	Complete
* Dental Plan & Benefits Template (Individual)	Upload	<a href="#">39364_ND_PB_DentalInd.xls</a>		04/07/2020 09:17:05 PM	Complete
* Network ID Template	Upload	<a href="#">39364_ND_Network.xls</a>		04/07/2020 09:17:02 PM	Complete
* Service Area Template	Upload	<a href="#">39364_ND_ServiceArea.xls</a>		04/07/2020 09:17:21 PM	Complete
* Prescription Drugs Template	Upload	<a href="#">39364_ND_PrescriptionDrug.xls</a>		04/07/2020 09:17:39 PM	Complete
* Transparency in Coverage Template	Upload	<a href="#">39364_ND_Transparency.xls</a>		04/07/2020 09:17:51 PM	Complete
Select document type	Upload				

Showing 1 to 9 of 9 entries  
[Add Another Document](#)

# Patient Safety Standards

Section 1311(h) of the Patient Protection and  
Affordable Care Act (PPACA)

# Purpose

This presentation will provide information on the annual QHP certification requirements outlined in the patient safety standards, Section 1311(h) of the PPACA.



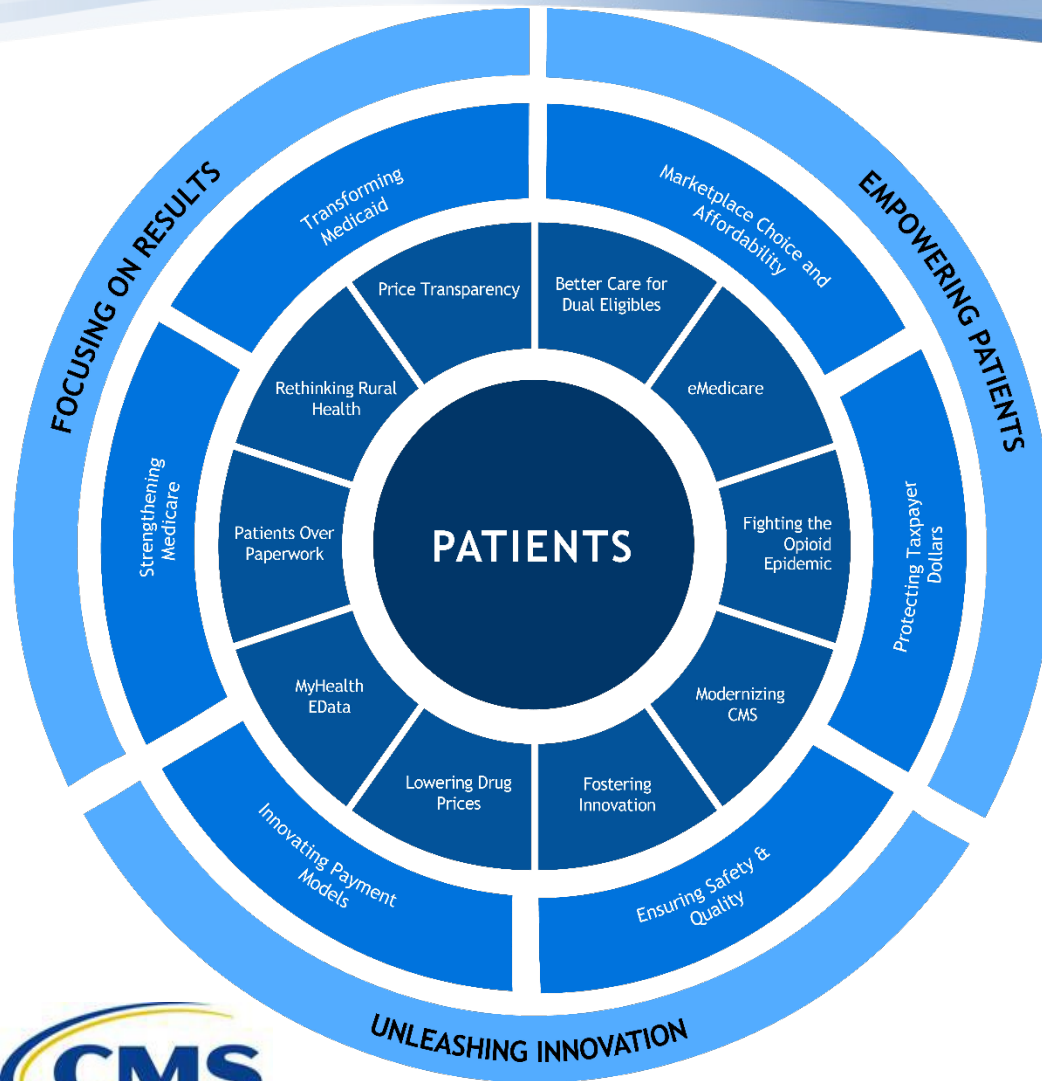
# Objectives

## Participants will be able to:

- Obtain an overview of the QHP issuer patient safety standards.
- Clarify issuer annual requirements in the patient safety standards that were finalized in the 2017 Department of Health and Human Services (HHS) Payment Notice Final Rule.
- Discuss any feedback/questions.

Note: Currently, these QHP issuer patient safety standards apply to eligible issuers in all Exchange types. They do not apply to SADPs.

# CMS Strategic Priorities



**CMS Objective:**  
Improve the nation's health and quality of life

- 16 strategic initiatives including **Ensuring Safety & Quality**

# Marketplace Quality Initiatives (MQI)

- The following are QHP quality-related certification standards outlined in the PPACA:
  - Quality Rating System
  - Enrollee satisfaction survey system (QHP Enrollee Survey)
  - Quality Improvement Strategy
  - **Patient Safety Standards**

For more information on the MQI including the *COVID-19 and Amendment of Certain Activities Related to the Health Insurance Exchange QRS, QHP Enrollee Survey and Quality Improvement Strategy Programs* Memo available at:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page>

# Section 1311(h) of the PPACA: Enhancing Patient Safety

Beginning on January 1, 2015, a QHP may contract with the following:

- A hospital with greater than 50 beds, if the hospital:
  - Utilizes a patient safety evaluation system, as described in part C of Title IX of the Public Health Service Act; and
  - Implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate healthcare professional
- A health care provider, if such provider implements mechanisms to improve healthcare quality as the Secretary may require by way of regulation

# Section 1311(h) of the PPACA: Exceptions and Adjustment

- The Secretary may establish reasonable **EXCEPTIONS** to the QHP patient safety standards.
- The Secretary may **ADJUST** by way of regulation the number of beds that triggers the QHP patient safety standards for hospitals.

# Current Patient Safety Standards for QHP Issuers

The 2017 HHS Payment Notice Final Rule, published March 8, 2016:

- Established the QHP patient safety standards for plan years on or after January 1, 2017.
- Amended 45 CFR 156.1110, directing a QHP issuer to only contract with a hospital with more than 50 beds that:
  - Utilizes a patient safety evaluation system as defined in 42 CFR 3.20 and implements a mechanism for comprehensive hospital person-centered discharge; or
  - Meets the reasonable exception criteria by implementing an evidence-based initiative to improve healthcare quality through the collection, management, and analysis of patient safety events that:
    - Reduces all-cause preventable harm;
    - Prevents hospital readmission; or
    - Improves care coordination

**NOTE:** Access the 2017 HHS Payment Notice Final Rule at:

<https://www.federalregister.gov/articles/2016/03/08/2016-04439/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2017>.

# Clarification #1

- 45 CFR 156.1110 standards apply to contracted hospitals, as defined in 1861(e) of the Social Security Act, that have greater than 50 beds, are Medicare-certified or have been issued a Medicaid-only CMS Certification Number and are subject to the Medicare Hospital Conditions of Participation requirements.

# Clarification #2

If a provider undertakes activities to improve patient safety and health care quality but does not do so in conjunction with a Patient Safety Organization (PSO) subject to the requirements of the Patient Safety and Quality Improvement Act (PSQIA) and its implementing regulation, 42 CFR part 3, the patient safety and quality information involved in such initiatives would not be subject to the PSQIA's privilege and confidentiality protections.



# Clarification #3

- PSO contracts with hospitals for the purpose of receiving and reviewing patient safety work product do not meet the definition of “patient safety work product,” and thus, are not subject to the protections and requirements in the PSO statute and regulations.
- CMS does not intend to collect and publish data on the patient safety evaluation system, nor does CMS generally permit publication of patient safety work product.

# Clarification #4

The documentation requirement calls for examples that are intended to be broad and inclusive of various initiatives

[e.g., hospital attestations or current agreements to partner with a PSO, Joint Commission hospital accreditation that includes implementing an evidence-based initiative to improve healthcare quality through the collection, management, and analysis of patient safety events that reduces all-cause preventable harm; prevents hospital readmission; or improves care coordination)

# Resources

## **Marketplace Quality Initiatives website:**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>

**CMS Emergencies Page:** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

## **For Hospitals and other providers- Coronavirus Waivers and Flexibilities Page:**

<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

# 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](mailto: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](mailto: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
05/07/20	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	<a href="https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html">https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html</a>
Qualified Health Plan (QHP) Application Materials	<a href="https://www.qhpcertification.cms.gov/s/Application%20Materials">https://www.qhpcertification.cms.gov/s/Application%20Materials</a>
QHP Application Review Tools	<a href="https://www.qhpcertification.cms.gov/s/Review%20Tools">https://www.qhpcertification.cms.gov/s/Review%20Tools</a>
Registration for Technical Assistance Portal (REGTAP)	<a href="https://www.REGTAP.info">https://www.REGTAP.info</a>
Health Insurance Oversight System (HIOS)	<a href="https://portal.cms.gov/wps/portal/unauthportal/home/">https://portal.cms.gov/wps/portal/unauthportal/home/</a>
System for Electronic Rate and Form Filing (SERFF)	<a href="https://login.serff.com/">https://login.serff.com/</a>

# 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