

Allowable Data Corrections & Certification Timeline Refresher

May 12, 2020

2020 Qualified Health Plan (QHP) Series

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[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Agenda

- Session Guidelines
- Key Dates
- Additional Webinar Sessions
- Announcements
- Allowable Data Corrections & Certification
Timeline Refresher
- 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.

Upcoming Plan Year (PY) 2020 Key Dates for QHP Certification

Date	Category	Activity
Prior to May 16, 2020	Plan Data Refresh	PY 2020 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

Allowable Data Corrections & Certification Timeline Refresher

Overview

- This presentation applies to both QHPs and Stand-alone Dental Plans (SADPs).
- Issuers in Federally-facilitated Exchange (FEEs), including states performing plan management functions must follow all guidance in this presentation.
- Issuers in State-based Exchange on the Federal Platform (SBE-FPs) must follow the plan data transfer deadlines as specified in the 2021 Letter to Issuers and described in this presentation, but do not need to submit service area data change requests to CMS.

Agenda

- QHP Certification Timeline
- Allowable Data Changes
- Service Area Data Change Requests
- Data Change Requests

QHP Certification Timeline

PY21 QHP Certification Timeline

Activity	Dates
QHP Certification On-Site Meeting	4/21/20
Initial QHP Application submission window opens	4/23/20
Optional Early Bird QHP Application submission deadline	5/19/20
CMS reviews Early Bird QHP Application data and releases results in the PM Community	5/20/20 – 6/10/20
Initial QHP Application submission deadline	6/17/20

PY21 QHP Certification Timeline (continued)

Activity	Dates
CMS reviews initial QHP Application data and releases results in the PM Community	6/18/20 – 8/12/20
Initial QHP Application Rates Table Template submission deadline	7/22/20
Service area data change request deadline	8/11/20
Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates in the PM Community	8/12/20 – 8/26/20
Deadline for issuers to change QHP Applications	8/26/20
Transparency in Coverage initial submission deadline	8/26/20

PY21 QHP Certification Timeline (continued)

Activity	Dates
CMS reviews QHP Application data and releases results in the PM Community	8/27/20 – 9/16/20
CMS sends QHP Certification Agreements to issuers	9/15/20
Issuers return signed QHP Certification Agreements to CMS	9/15/20 – 9/23/20
States send CMS final plan recommendations	9/15/20 – 9/23/20
Limited data correction window	9/17/20 – 9/18/20
Machine Readable file posting deadline	9/18/20
Transparency in Coverage data resubmission deadline	9/18/20
CMS releases certification notices to states and issuers	10/5/20 – 10/6/20
Open Enrollment begins	11/1/20

Allowable Data Changes

Key Dates for QHP Data Changes

Activity	Allowed Changes	Date
Initial application submission	• Issuers will submit QHP Applications for 2020 QHPs and SADPs they are seeking to certify for 2021 as well as new 2021 QHPs and SADPs. • Issuers may make changes to their data without state or CMS authorization. • Issuers may choose to submit their QHP Applications for the optional Early Bird review; the Early Bird submission deadline is May 19, 2020.	4/23/20 – 6/17/20
QHP review and modification	• Issuers may not add new plans or change an off-Exchange plan to be both on and off-Exchange. • Issuers may not change plan type or market type and may not change QHPs, excluding SADPs, from a child-only plan to a non-child-only plan. • Issuers are required to submit a data change request to CMS for service area changes. Issuers must submit requests by August 11, 2020. • Issuers may submit plan withdrawal requests to withdraw plans or change an on-Exchange SADP to off-Exchange. • For all other changes, issuers are not required to submit data change requests or document state authorization to CMS. CMS will monitor all data changes and contact issuers with any concerns about changes made.	6/18/20 – 8/26/20

Key Dates for QHP Data Changes (continued)

Activity	Allowed Changes	Date
Data changes after QHP Application deadline	• Issuers will only make corrections directed and approved by CMS or their state.	8/27/20 - 10/6/20
After final data submission	• CMS may allow issuers to make critical post-certification data corrections in order to correct data display errors on HealthCare.gov and to align QHP display with products and plans approved by the state. • Post-certification data corrections require data change requests and state and CMS approval. Allowed changes will occur during periodic, scheduled limited data correction windows.	10/7/20-onward

QHP Review and Modification

- Issuers can make changes as needed between April 23 and June 17, 2020. Issuers are not required to ask permission from CMS.
- Between June 18 and August 26, issuers can make changes as needed, with the exception of adding plans or changing plan/market type or child-only value. Changes to service area can be made with approval of CMS.
- CMS reviews all changes made and will contact issuers if further information is needed.
- Issuers should always seek state permission before making changes. Issuers are not required to document state approval.

Service Area Data Change Requests

Background

- Issuers who have submitted a QHP Application can request permission to make changes to their service area by submitting a service area data change request.
- This process applies to all issuers in the FFE, including issuers in states performing plan management functions.
- **Service area data change requests are due by August 11, 2020.**

What is a Service Area Data Change Request?

Examples of Service Area changes:

- Changes to the Service Area Template
 - Changing the counties or zip codes in a service area (including from or to a partial county)
 - Moving a county from one service area to another
 - Changing the name of a service area
 - Removing or adding a service area
- Changes to the Plans and Benefits Template
 - Changing a plan's service area ID

Plan Withdrawals

- Issuers may withdraw plans without requesting a service area change.
- CMS encourages issuers to only submit plans for QHP certification that it intends to offer for consumers.
- Additional information on requesting plan withdrawals is available on the QHP certification website.

Data Change Requests

One Data Change Request (Case) Per Template Type

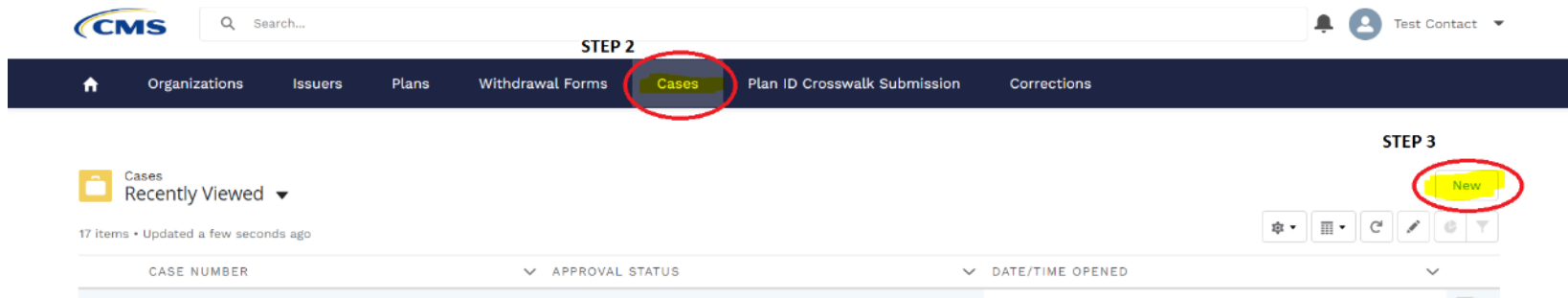
- Complete one (1) data change request (DCR) per issuer, per template type.
 - If an issuer is making the same change to multiple plans, multiple plans may be selected.
 - If an issuer is making changes to multiple data elements, data elements must be on separate worksheets.
 - Example: if an issuer wants to change the copay for multiple plans, plans can be grouped together on a single worksheet.
 - Example: If an issuer wants to change SHOP quarterly rates and copay for specialists, this would be considered as two (2) separate data change requests, and two (2) forms should be completed (even if the change is for the same Plan ID).

Required Elements of a Request



- Data Change Request (fillable [web form](#))
- State Approval Form
 - Required only for issuers in FFEs, or approval from CMS Form Filing if a QHP or dual issuer is in a direct enforcement state.
 - If an issuer in an FFE is unable to obtain from their State a signed “State Authorization of QHP Data Change Request Form”, the issuer may instead submit other evidence of state approval. This is usually in the form of an e-mail from the state.
- DCR Supplement (formerly Supplement B)
 - Required for changes to Plan and Benefits, Business Rules, or Service Area Templates.

Step 1: Fill out DCR Form



- Issuers that need to submit a DCR should:
 1. Log into the PM Community
 2. Click <New> on the <Cases> tab.

Step 1: Fill out DCR Form

- All fields marked with a red asterisk (*) are required.
- All fields marked with a (+) sign indicate additional documentation is required during Step 3: Upload Supporting Documentation.
- The form is divided into four sections:
 - Issuer Details
 - Additional Information
 - Description of Change
 - Reason for Changes
- Multiple fields on the form (ex: Issuer ID, Market Type) are greyed out and not fillable, but will auto-generate after Step 2: Add Issuers and Plans.
- Issuers need to select a “Product Type” (QHP, SADP, Dual) and describe the change briefly in the “Subject” field.

Step 1: Fill out DCR Form

Additional Information

* Module	Does This Affect Your URR Template?
Benefits & Service Area Module ▼	--None-- ▼
Benefits & Service Area Module ⓘ	Does This Affect Your AV Calculation?
Plan & Benefits Template + ▼	--None-- ▼
Issuer Module	Plan and Benefits Template
--None-- ▼	Medical Dental ▲▼
Rating Module	
--None-- ▼	
Other	
--None-- ▼	

- Issuers should select the specific module and template requiring revision.
- Selecting certain modules and templates will unlock additional questions and require supporting documentation.
 - Issuers requesting Plans & Benefits (P&B), Business Rules, or Service Area template changes must complete the [DCR Supplement](#).

Step 1: Fill out DCR Form

Description Of Change

* Description

* Current Value:

* New Value:

- Issuers should provide both the current value and the new value.
 - If the change would impact other fields or be related to other fields, please provide details.
- For Service Area data changes, issuers should indicate which of the following is requested:
 - Expand service area
 - Reduce service area
 - Change county to a partial county
 - Change a partial county to a full county
- Issuers may submit an attachment (such as a completed template with the changes highlighted) but must still fill in these fields completely.

Step 1: Fill out DCR Form

Reason for Changes

Reasons For Changes

Available

Issuer submitted incorrect data...

Issuer submitted a typographic...

Issuer is making routine update...

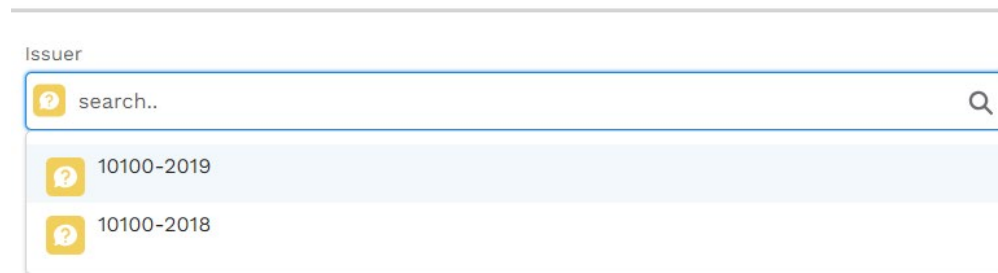
Other

Other Justification for Change

- The issuer must select at least one (1) reason for the data change
 - If the first option is chosen, the issuer must upload copies of the relevant section of the form filing during Step 3: Upload Supporting Documentation
 - If the second justification is chosen, issuers must upload screenshots of the data errors during Step 3: Upload Supporting Documentation.
- If selecting <Other>, please provide a justification in the text box labeled <Other Justification for Change>
- The issuer should include the following information in its request justification:
 - Outline why the service area change is necessary
 - Why the change is non-discriminatory
 - Why it is in the best interest of potential enrollees

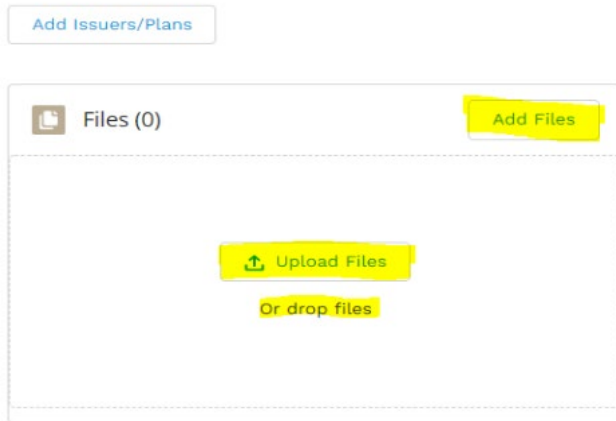
Step 2: Add Issuers and Plans

- The issuer must select the Issuer ID and plans with the proposed data changes.
 - Select the <Add Issuers/Plans> button on the right side of the form.
 - Select the Issuer ID associated with the plans with proposed data changes.
 - Choose from the plans populated for the Issuer ID selected. Multiple plans may be selected.
- After selecting <Save> the form will pre-populate the previously locked fields for Issuer ID, Market Type, State Exchange Type, and Plans with Proposed Data Changes on the <Cases> page.



The screenshot shows a web form titled "Issuer". It features a search bar with a magnifying glass icon on the right and a dropdown menu below it. The search bar contains the text "search..". The dropdown menu is open, showing two options: "10100-2019" and "10100-2018". Each option is preceded by a small yellow icon with a question mark.

Step 3: Upload Supporting Documents



- After selecting the plans with proposed changes, the issuer should upload all required or additional supporting documentation.
- Additional documentation may include:
 - State Authorization Form
 - DCR Supplement
- To upload supporting documents the Issuer can either select <Add Files>, <Upload Files>, or drag a file into the File Upload dialog box.

Step 3: Upload Supporting Documents

State Authorization Form

- FFE issuers must submit documented state approval (or request CMS Form Filing approval for direct enforcement states) for all DCRs.
- State approvals must be specific to that DCR and date of the request.
- If the issuer selected “align with form filings” or “data entry error” as a reason for the request, the state approval documentation must include that the state agrees with that reason.

Step 3: Upload Supporting Documents

DCR Supplement

- Issuers requesting changes to the Plans and Benefits (P&B) Template, Business Rules Template or Service Area Template must complete the DCR Supplement.
- There are four worksheets: one for the P&B Package tab, one for the P&B Cost Share Variances tab, one for the Business Rules Template and one for Service Area.
 - Fill out the tab corresponding with the requested template changes. All other tabs should be blank.
 - Fill out the fields within the tab to identify intended changes.
 - Each field will have a pop-up message box with guidance on what data may be entered into each field.

Step 3: Upload Supporting Documents

DCR Supplement

- The “Original Field Value” and “Revised Field Value” fields in the DCR Supplement identify the current and requested data values in a Data Change Request
 - Data changes: Enter the current value and requested value in the “Original Field Value” and “Revised Field Value” fields, respectively.
 - Data additions: “Original Field Value” should be blank to reflect the current template value, and the “Revised Field Value” field should be populated.
 - Data deletions: “Original Field Value” should be populated with the current data value, and the “Revised Field Value” should be blank to indicate requested removal of this value.

State Approval: States Performing Plan Management Functions

- Issuers in states performing plan management functions should request approval from issuers' states at the same time issuers are requesting approval from CMS.
- Issuers should work with issuers' states to determine the submission deadline for revisions prior to the System for Electronic Rate and Form Filing (SERFF) transfer deadline.
- Issuers in states performing plan management functions do not need to submit a State Approval form in the issuer's data change request to CMS.

Step 4: Attestation and Submission



The screenshot displays the CMS RegTap web application interface. At the top, there is a navigation bar with the CMS logo, a search bar, and a user profile icon labeled 'Test Contact'. Below this is a dark blue navigation menu with tabs for 'Organizations', 'Issuers', 'Plans', 'Withdrawal Forms', 'Cases', 'Plan ID Crosswalk Submission', and 'Corrections'. The 'Cases' tab is currently selected. Below the navigation menu, there is a section for 'Case test' with a yellow folder icon. To the right of this section are three buttons: 'Edit', 'Cancel', and 'Submit to CMS' (highlighted in yellow). Below these buttons is a table with three columns: 'Case Number', 'Priority', and 'Approval Status'. The table contains one row with the values '00467300', 'Medium', and 'Draft'.

Case Number	Priority	Approval Status
00467300	Medium	Draft

- Once the required documentation is uploaded, the issuer should select the <Submit to CMS> button in the far right corner of the <Case> tab.
- Selecting the <Submit to CMS> button will navigate the issuer to the “Attestation” page.

Step 4: Attestation and Submission

Attestation : By selecting submit, I hereby confirm that this QHP or SADP data change request is based on true and accurate information, limited to the changes outlined in this form, requested for the reason(s) indicated in this form, and has been approved by the applicable state, as appropriate. I confirm that evidence of state approval is included with this request, if required, and that Test Org of DC ("Issuer") will not alter or submit changes to any other QHP or SADP data that are not submitted in this form and approved by CMS and the applicable state.

I understand that it is the issuer's responsibility to ensure that the plan(s) affected by this change is in compliance with federal QHP certification standards as laid out in the Affordable Care Act, federal and state regulations, and the 2019 Letter to issuers in the Federally-facilitated Exchanges (FFEs). CMS recommends that issuers check their templates using the QHP Application Review Tools to ensure compliance with these standards. I understand that CMS will be reviewing the resubmission of the issuer's QHP or SADP data, and changes beyond what CMS authorized or noncompliance may result in the suppression of the issuer's QHP or SADP.

☐ I Attest

- Please read the attestation carefully then click the <Continue> button
- If you would like to return to the previous screen before clicking <Continue>, the <Cancel> button will close the Attestation page.
- Once the issuer checks the "I Attest" checkbox and selects <Continue> the DCR is officially submitted and under review by CMS

Receiving Approvals

- CMS will issue approvals or disapprovals for data change requests through the PM Community and via email response.
- All email responses will include the corresponding Case number.
- Issuers should carefully read email responses for specific approvals, disapprovals or additional instructions from CMS.

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
05/14/20	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.	Unified Rate Review (URR) Module
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