Plan Year (PY)19 Plan ID Crosswalk Template for Automatic Re-Enrollment and Patient Safety

May 15, 2018

2018 Qualified Health Plan (QHP) Series

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Agenda

- Session Guidelines
- Key Dates
- PY19 Plan ID Crosswalk Template for Automatic Re-Enrollment
- Patient Safety
- Question & Answer (Q&A) Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to discuss PY19 Plan ID Crosswalk Template for Automatic Re-Enrollment and Patient Safety.
- 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 PY19 Key Dates for QHP Certification

Date	Category	Activity
May 1 – May 31, 2018	PM Community	Issuers and States provide Usernames for and Request Access to PM Community
May 9, 2018	QHP Certification	PY19 Submission Window Opens
May 31, 2018	**QHP Certification**	**Deadline for Issuers to Submit Templates for the PY19 Early Bird Review Round**
May 9 – May 31, 2018	PM Community	Issuers and States Log into PM Community to view PY19 Issuer Details and Plan Lists

Key Dates for PY18 Data Submission

Date	Category	Activity
March 15, 2018	URRT Deadline	PY 2018 Q3 Unified Rate Review Template Submission Deadline
April 11, 2018	DCRQ Submission	Deadline for submitting PY 2018 Data Change Requests for the April DCW (SHOP Q3 Rate Change Window)
Prior to May 16, 2018	Refresh Date	Approximate Refresh Date for the PY 2018 April DCW
June 15, 2018	URRT Deadline	PY 2018 Q4 Unified Rate Review Template Submission Deadline
July 11, 2018	DCRQ Submission	Deadline for submitting PY 2018 Data Change Requests for the July DCW (SHOP Q4 Rate Change Window)
Prior to August 16, 2018	Refresh Date	Approximate Refresh Date for the PY 2018 July DCW

Additional Webinar Sessions

All questions regarding Enrollment, External Data Gathering Environment (EDGE) Server or Federally-facilitated Small Business Health Options Program (FF-SHOP) 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.
FF-SHOP	Tuesdays (Monthly)	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.

Announcements

PY19 Plan ID Crosswalk Template for Automatic Re-Enrollment

Plan ID Crosswalk Overview

Template Background

- Crosswalks 2018 Plan ID and service area combinations to a 2019 Plan ID for the purpose of auto re-enrollment into 2019 coverage
- Varies in complexity depending on changes in service areas and plan offerings
- Completed by Individual Market issuers offering QHP and/or Stand-alone Dental Plan (SADP) plans in 2018 through Federally-facilitated Exchanges (FFE), State Partnership Exchanges (SPE), and State-based Exchanges utilizing the Federal Platform (SBE-FP) states

Operational Uses

- 834 enrollment transactions from the Exchange to issuer
- Consumer support via HealthCare.gov and federal call centers
- Public Use File (PUF) for transparency and timely benefit/rate analyses

Plan ID Crosswalk Overview: Key Changes for PY2019

- All required Plan ID Crosswalk submissions, including the Plan ID Crosswalk template, state authorization, and pertinent justification must be submitted through the Plan Management Community.

- If an issuer does not provide a crosswalk for a discontinued plan to another product within the service area, but still offers products in that same service areas, CMS, in accordance with the hierarchy established in 45 CFR 155.335(j)(2), will crosswalk the discontinued plans to another product offered by the same issuer.

Plan ID Crosswalk Overview: Submission Process

- All issuers that offered Individual Exchange QHPs through the FFEs, SPEs, and SBE-FPs for 2018 should submit Plan ID Crosswalk template(s) and other required information to the Plan Management Community. CMS will not review plans offered through the Small Business Health Options Program (SHOP) Market.
  - Applies to SADPs
  - Submit template in eXtensible Markup Language (XML) format to the Plan Management Community.
  - Multi-State Plan (MSP) Program issuers should also coordinate with the Office of Personnel Management (OPM) for submission instructions.
  - Crosswalk templates must include all plans offered during PY 2018, regardless of if the plan will be discontinued or withdrawn and not offered during PY 2019.
- Key Dates
  - Submission timeline is similar to the other QHP Application templates
  - The Final 2019 Letter to Issuers and template instructions include more details on specific dates.

Plan ID Crosswalk Overview: Submission Process (continued)

- Error Notices
  - CMS anticipates sending stand-alone Crosswalk Template errors to issuers and states in a separate notice but along the same timeline as other QHP certification notices.

- State Authorization of the Plan ID Crosswalk Template
  - Issuers will submit evidence from state that the issuer is authorized to submit the Plan ID Crosswalk Template to CMS.
  - States have an opportunity to review the template for compliance with Patient Protection and Affordable Care Act (PPACA) market reforms such as uniform modification of coverage standards.

Plan ID Crosswalk Tool Overview

- Compliance with 45 C.F.R. 155.335 (j). Illustrative examples include:
  - If the same Plan ID is available in 2019, the 2018 Plan ID should be crosswalked to the same Plan ID.
  - If the same Plan ID is not available, the 2018 plan should be crosswalked to a plan with the same metal level and Product ID.
  - If the enrollee's current QHP is a silver level plan, the enrollee should be re-enrolled in a silver level QHP under a different product offered by the same QHP issuer that is most similar to the enrollee's current product.
  - **NEW for PLAN YEAR 2019:** Issuers should crosswalk any discontinued PY 2018 plan to an available plan in a different product, if one exists. If an issuer does not provide a crosswalk for a discontinued plan, but still offers products in that same service area, CMS, in accordance with the hierarchy established in 45 CFR 155.355(j)(2), will crosswalk the discontinued plan to another product offered by the same issuer under the same Health Insurance Oversight System (HIOS) ID.

Plan ID Crosswalk Tool Overview (Continued)

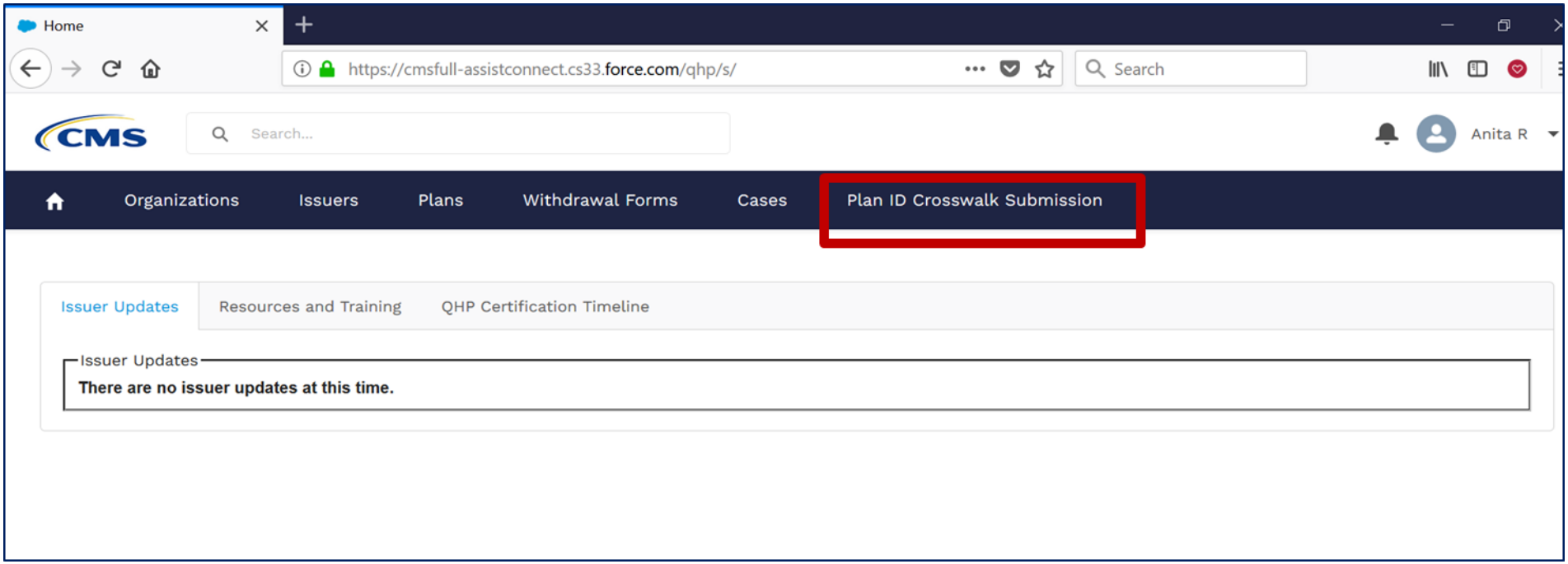
- Consistency with submitted Service Area and Plans and Benefits Template data for both 2018 and 2019. Illustrative examples include:
  - All FFM plans offered in 2018 are accounted for in the crosswalk.
  - All counties covered in 2019 plans' service areas are accounted for in the Crosswalk.
  - All 2018 enrollment options for a 2018 plan are crosswalked to a valid 2019 plan.
  - Crosswalk reasons are consistent with plan offerings (e.g., issuer does not indicate they are discontinuing a product when 2019 plan offerings indicate otherwise).

Plan ID Crosswalk Common Errors

- Plan ID {54321FL1234567} from 2018 has been crosswalked to a plan with a different Issuer ID for 2019.
- Plan ID {54321FL1234567} from 2018 has been crosswalked to a plan at a different metal level for 2019.
  - However, a plan at the same metal level will be offered for 2019.
- The issuer has not submitted evidence of State Authorization of issuer's plan crosswalk.
  - Issuers must submit a State Authorization Form

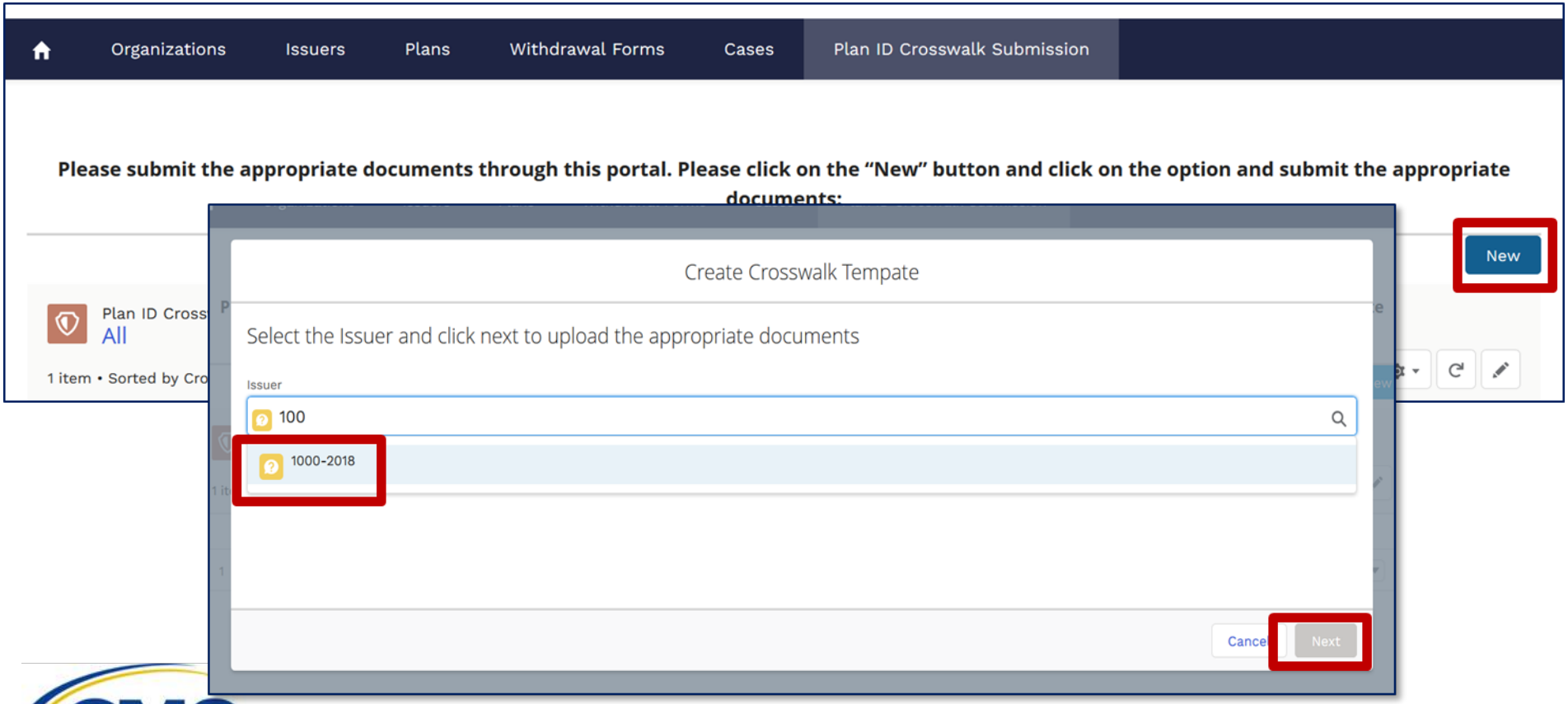
Plan ID Crosswalk Submission Process through the Plan Management Community

- From the Home Screen, click on the Plan ID Crosswalk Submission tab



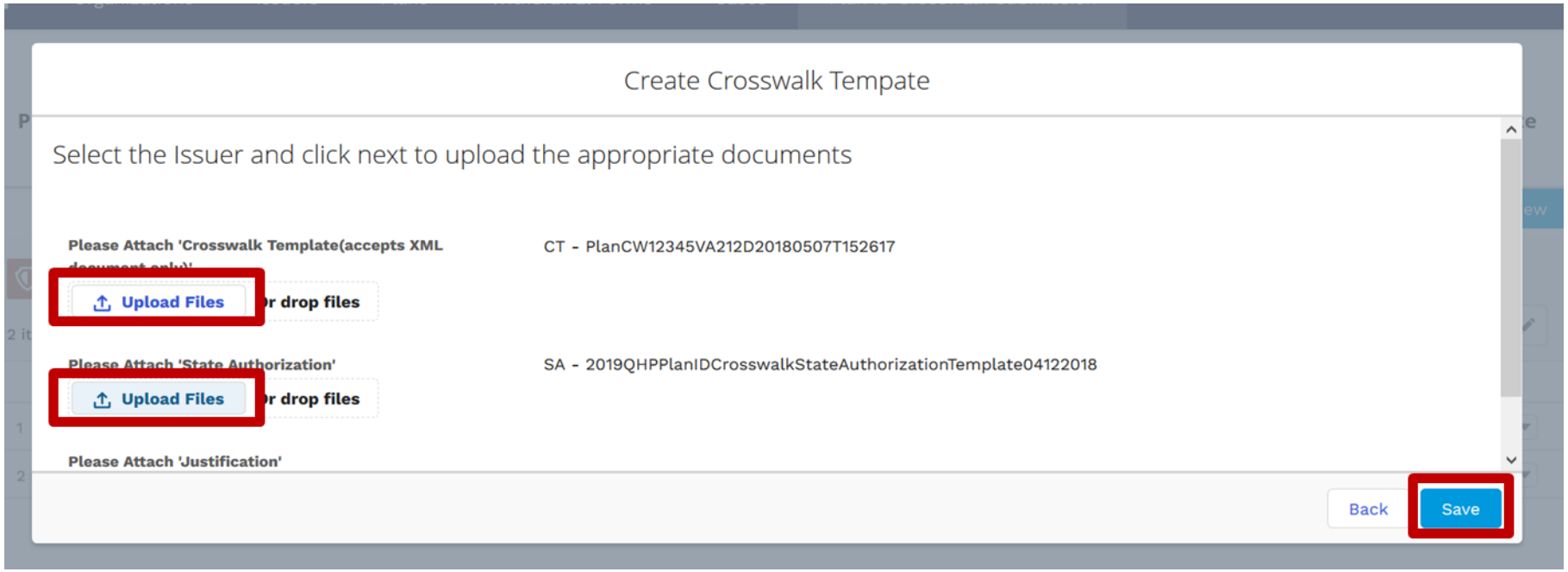
Plan ID Crosswalk Submission Process through the Plan Management Community

- Click New, then select Issuer ID and click Next

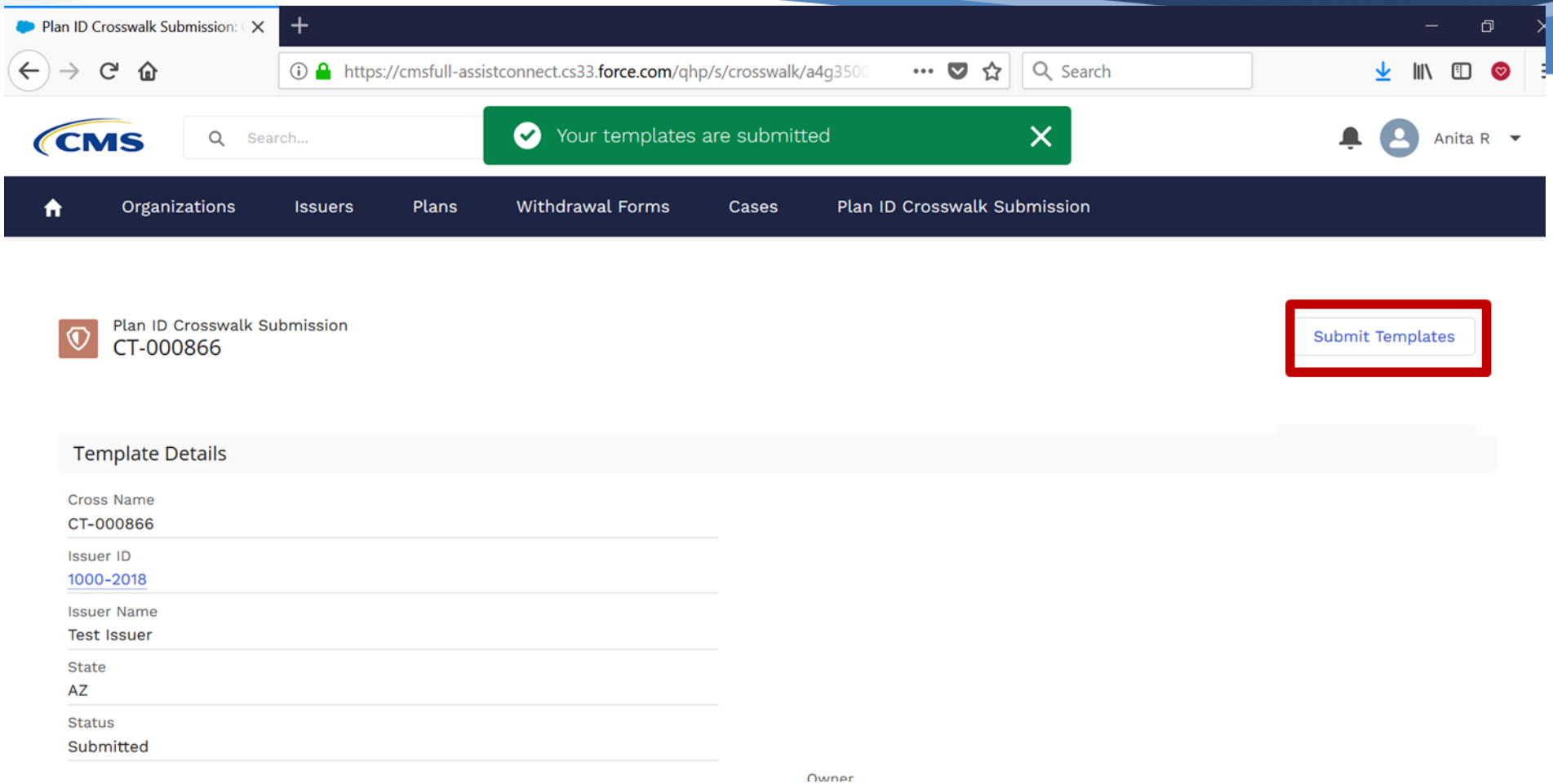


Plan ID Crosswalk Submission Process through the Plan Management Community

- Click on the Upload Files link to select your files, then click Save when finished.



Plan ID Crosswalk Submission Process through the Plan Management Community



Patient Safety Standards for QHP Issuers- *Section 1311(h) of the Patient Protection and Affordable Care Act (PPACA)*

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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 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.

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 Affordable Care Act (ACA): 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.

CMS Quality Priorities: Meaningful Measures Framework



Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

QHP Issuer Patient Safety Standards

Standards for QHP Patient Safety are:

- Built on the foundation of the CMS quality priorities and the National Quality Strategy for Improvement in Health Care
- Aligned with the following priority and Meaningful Measure Areas
  - **Quality Priority:** Make care safer by reducing harm caused in the delivery of care.
  - **Meaningful Measure Area:** Healthcare-associated infections
  - **Meaningful Measure Area:** Preventable healthcare harm

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 for Plan Years beginning on or after January 1, 2017, call 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, Hospital Improvement Innovation Network (HIIN), or Quality Innovation Network-Quality Improvement Organization (QIN-QIO)].

Resources

Marketplace Quality Initiatives website:

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

CMS Meaningful Measures Framework:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html

Open Q&A Session

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 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/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 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 on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
05/17/18	Thursday	1:00 p.m. – 2:00 p.m.	PY19 Data Integrity Tool (DIT)
05/22/18	Tuesday	3:00 p.m. – 4:00 p.m.	Allowable Data Corrections
05/24/18	Thursday	1:00 p.m. – 2:00 p.m.	Issuer Reviews & Service Area Demo
05/31/18	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

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://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