Plan Year (PY) 2021 Rate Review Submissions

May 21, 2020

2020 Qualified Health Plan (QHP) Series

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Intended Audience

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FFEs), State Partnership Exchanges (SPEs) and State-based Exchanges on the Federal Platform (SBEs-FP).

Agenda

- Session Guidelines

- Key Dates

- Additional Webinar Sessions

- Announcements

- PY 2021 Rate Review Submissions

- 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.

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Upcoming Plan Year (PY) 2021 Key Dates for QHP Certification

Date	Category	Activity
April 23 – June 17, 2020	QHP Certification	PY 2021 QHP Application Initial Submission Window
May 20 – June 10, 2020	QHP Certification	CMS reviews Early Bird QHP Application data and releases results in the Plan Management Community

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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

PY 2021
Rate Review Submissions

Purpose of Rate Review

- Improve issuer accountability and transparency
- Carry out Secretary's responsibility to monitor premium increases of health insurance coverage offered inside and outside the Exchange
- Ensure compliance with Federal rating requirements and reasonableness of proposed rate increases

| Experience Period Index Rate | →Adjustments→ | Projected Index Rate | →Adjustments→ | Market Adjusted Index Rate | →Adjustments→ | Plan Adjusted Index Rate | →Adjustments & Calibration→ | Consumer Adjusted Premium Rates |

What are the states where CMS will be reviewing rate changes?

- PY 2021 States
  - Oklahoma
  - Texas
  - Wyoming

Who Must Submit the Unified Rate Review Template (URRT)?

- **Annual Filings**
    - Issuers (for both QHPs and non-QHPs) offering a single risk pool plan in the individual or small group market for the 2021 plan year

- **Quarterly Filings**

    - Issuers can submit quarterly rate changes for the small group market if allowed by the State regulatory authority

    - Quarterly rate changes must be submitted at least 105 days prior to the effective date of the rate change (or earlier State deadline)

    Note: These filings do not include Student Health or Excepted Benefit products, such as Stand-alone Dental products.

What To Submit for Single Risk Pool Plans?

- If any plan within a filing includes a rate increase subject to review:
    - Part I –URRT
    - Part II – Written Description Justifying the Rate Increase
    - Part III – Rate Filing Documentation (both the Actuarial Memorandum and the Redacted Actuarial Memorandum)
- If all plans within a filing have rate increases less than the subject to review threshold:
    - Part I – URRT
    - Part III - Rate Filing Documentation (both the Actuarial Memorandum and the Redacted Actuarial Memorandum)
- If all plans within a filing are new, have no rate change(s), or have a rate decrease:
    - Part I –URRT

Filing vs. Product vs. Plan

- A **filing** is submitted by a specific company for a specific state in either the individual or small group market.
- A **product** is a discrete package of health insurance coverage benefits that are offered using a particular network type within a service area.
- A **plan** is the pairing of the health insurance coverage benefits under a product and a particular cost-sharing structure, provider network, and service area.
  - Plans within a product can vary based on cost sharing structure and service area and the combination of all service areas of the plans constitutes the total service area of the product.

Acme Company – Individual Market Filing, Texas		
Product A	Product B	Product C
Essential Health Benefits (EHBs) only	EHBs Plus acupuncture	EHBs only
PPO	PPO	HMO
Plan A1 = bronze Plan A2 = silver Plan A3 = gold	Plan B1 = silver Plan B2 = gold	Plan C1 = bronze Plan C2 = silver Plan C3 = gold

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Renewing Plans

- Issuers are able to designate plans as one of three (3) options in the URRT: New, Renewing, or Terminated. Only "Renewing" plans are subject to the rate review provisions.

- Unless an issuer is brand new to the market, at least one plan in the filing must be marked as "Renewing"; otherwise an issuer may be considered as having exited the market and may be subject to a 5-year ban.

- Issuers that replace an entire portfolio of products in a market with new products may avoid a 5-year ban if each newly offered product is cross-walked to a terminated product in the actuarial memorandum and the plans are listed as "Renewing" in the URRT. An issuer must expect significant transfer of enrollment from one product to the other for this to be considered reasonable.

Rate Filing Tips for Plan Year 2021

- CMS intends to post preliminary single risk pool rate changes for all states on ratereview.healthcare.gov on 8/14/2020. Please remember the following:
  - There is a data lag in our system due to testing. Proposed rate changes in the Unified Rate Review (URR) module as of 5 pm EST on 8/7/2020 should appear for the preliminary posting information on 8/14/2020 on the website.
  - The data from the most recent Unified Rate Review Template and the most recent Actuarial Memorandum (or Redacted Actuarial Memorandum) entered into the system will be displayed on the website.
- Rate filing documents need to be submitted by the applicable deadline for proposed rates; they also need to be revised and resubmitted (as applicable) with the final rate information. Issuers DO NOT need to submit all interim revisions prior to the finalized rates.
- State Based Exchanges that DO NOT use the federal platform now have until 10/15/2020 to finalize QHP rates in the URR Module.

Ratereview.healthcare.gov

Website Posting Schedule:

Plan Effective Date and Preliminary vs. Final Rates	Last Day to Make Changes in URR Module	Go Live
7/1/20 Quarterly Small Group Plans - preliminary rates	4/24/20	5/4/20
7/1/20 Quarterly Small Group Plans - final rates	6/26/20	7/1/20
10/1/20 Quarterly Small Group Plans - preliminary rates	8/7/20	8/14/20
1/1/21 Annual Individual and Small Group Plans – preliminary rates	8/7/20	8/14/20
10/1/20 Quarterly Small Group Plans - final rates	9/25/20	10/5/20
1/1/21 Annual Individual and Small Group Plans – final rates	8/26/20 for QHP plans on the federal platform 10/15/20 for all other plans	11/2/20

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URRT changes for Plan Year 2021

- There has been a minor version template change to 5.2. You will still be able to view old versions that were previously loaded in the system, but you will have to use version 5.0, 5.1, or 5.2 to make any updates to filings.

- Reminder: When you upload the template, you will need to press the "enable editing" button in order to see all of the data.

URRT changes for PY 2021 (Continued)

- If an issuer uploaded a new URRT with a different effective date than the original submission it would completely overwrite the older submission. This is no longer allowed. A new URRT with a different effective date cannot be uploaded into an existing submission. A new submission must be created.
- On Worksheet 2, Section III issuers were not able to enter negative numbers into the Profit & Risk Load cell. We were asked to fix this by more than one issuer, so we have done so.
- Current Enrollment and Current Premium Per Member Per Month (PMPM) were added as fields on Worksheet 2 last year. Many issuers were placing zeros in these fields for "Renewing" and "Terminated" plans. While this may be correct, most times these should be non-zero values. A warning has been added to these fields if a zero is placed there, but it will not block validation of the template.

URR Module changes for PY 2021

- CMS now has the ability to set a State-specific threshold for determining if a submission is subject to review. Currently, a state only has to apply to CMS if they want a threshold that is higher than the federal one, which is set at 15%.

- We have removed the "Modified Rate Increase" field from the module.

- Consumer Justification Narratives will now be collected by uploading a document into the module, just as is done for the Actuarial Memorandum. This will be displayed as a link on ratereview.healthcare.gov instead of text.

URR Module changes for PY 2021 (continued)

- After opening a filing, the "Return to Search Results" button will actually take you back to the last search you made instead of a blank Search Submissions page. This should reduce the need for opening multiple tabs.

- Users will now be required to enter a reason when deactivating a submission. This text will be displayed on the main submission page along with the date of deactivation and an identifier of who deactivated the submission.

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Rate Review Inbox

- Send questions about the content of URR submissions to ratereview@cms.hhs.gov

  - Send questions about HIOS or QHP templates (including the QHP rates table template) to CMS_FEPS@cms.hhs.gov

- Include submission tracking number, State, Health Insurance Oversight System (HIOS) ID, and issuer legal name
- When there is an error or issue with the template:
  - Include screenshots or attach template
  - List steps taken that produced the error
- Please read the instructions before emailing ratereview@cms.hhs.gov

Resources

- Instructions for the URRT, Actuarial Memorandum and Redacted Actuarial Memorandum https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/index.html#Review of Insurance Rates

- CMS Regulations and Guidance https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

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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."*

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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.

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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

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Plan Management Webinar Dates

The QHP May Webinar sessions occur as shown below:

Date	Day	Time (ET)	Topic
05/26/20	Tuesday	3:00 p.m. – 4:00 p.m.	PM Community: Review Results and Outreach Features
05/28/20	Thursday	1:00 p.m. – 2:00 p.m.	Plan Preview Updates

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

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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

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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