Allowable Data Changes

May 23, 2017

2017 Qualified Health Plan (QHP) Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Session Guidelines
- Key Dates
- Announcements
- Allowable Data Changes
- Live Questions & Answers (Q&A)
- Resources
- Closing Remarks

Session Guidelines

- This 60-minute session is conducted to provide a presentation of the Allowable Data Changes, as well as a live Q&A session for 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.

Upcoming Key Dates for QHP Plan Maintenance and Certification

Date	Category	Activity
April 27, 2017 – June 14, 2017	Technical Assistance	Issuers Request Review Tool Technical Assistance Outreach Sessions
May 10, 2017 –June 21, 2017	Submission Window	Initial PY 2018 QHP Application Submission Window
June 30, 2017	Outreach	Confirm QHP Certification Notice Points of Contact

Review Tool Technical Assistance Outreach Sessions

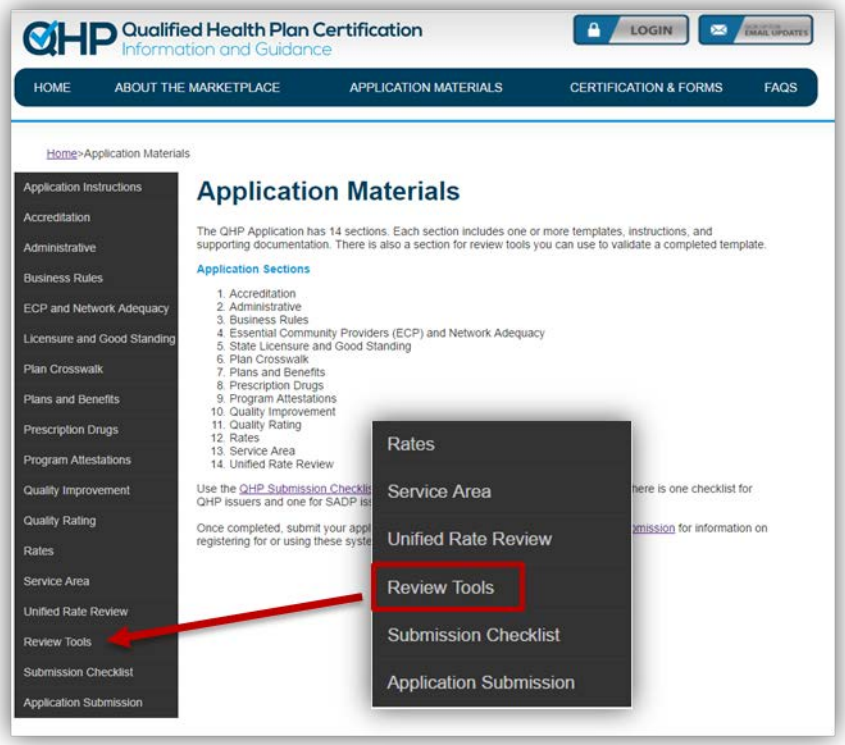
- Marketplace Plan Management Group (MPMG) is offering all issuers review tool technical assistance sessions with Center for Consumer Information and Insurance Oversight (CCIIO) subject matter experts (SMEs) before the initial Plan Year (PY) 2018 submission window closes on June 21, 2017.
  - Issuers can request calls with CCIIO SMEs from April 27th to June 14th.
- These outreach sessions will provide issuers with an opportunity:
  - To share their review tool results,
  - Discuss review areas with CCIIO SME(s), and
  - Receive answers to any questions while finalizing templates.
- Please request a review tool technical assistance session here: *https://www.qhpcertification.cms.gov/outreachform*
- Issuers may also request Plan Preview training once their application is submitted.

Locating the Review Tool Technical Assistance Outreach Form

- To locate the Review Tool Technical Assistance Outreach form, please go to www.qhpcertification.cms.gov and click “Application Materials”.

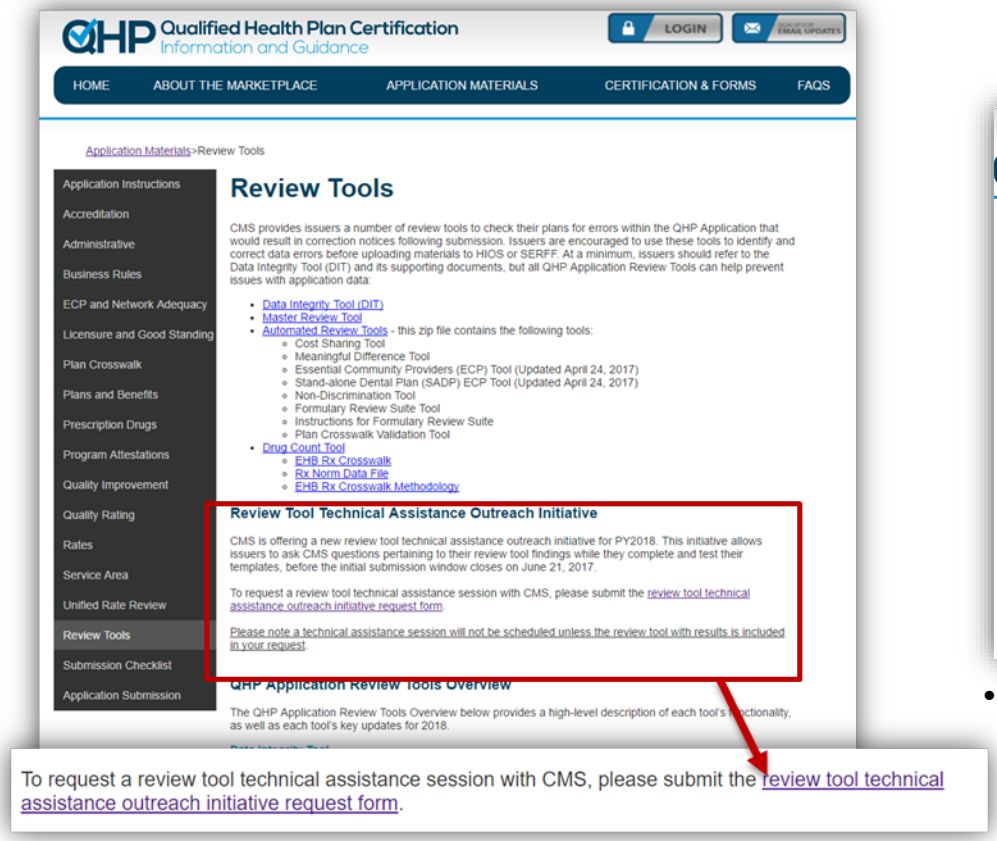


- After clicking “Application Materials”, click “Review Tools” located on the right side-bar.

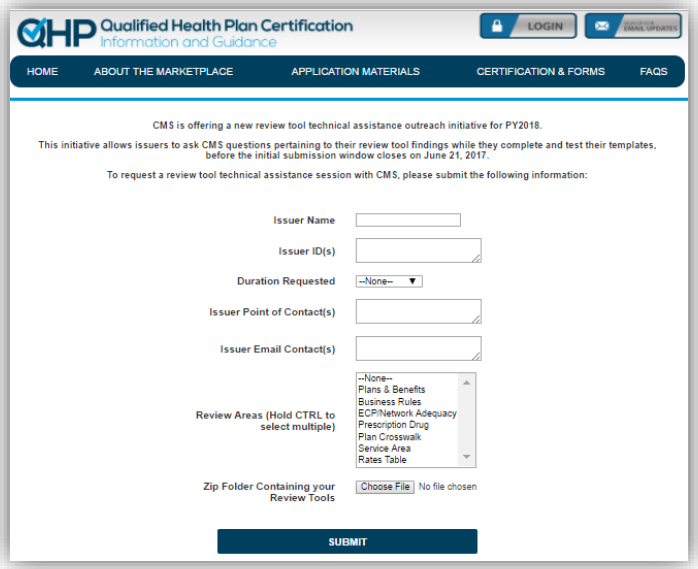


Locating the Review Tool Technical Assistance Outreach Form Continued

- On the Review Tools page, you will find review tool technical assistance instructions and a link to the request form.



- After clicking the request form link, issuers may fill out each field, including uploading their review tool in a zip file format.



- After your request is received and processed, CMS will send an Outlook meeting invite from QHP_Applications@cms.hhs.gov to the provided email addresses in your submission.

Announcements

Allowable Data Changes

Overview

- Key Dates for QHP Data Changes
- Best Practices for Service Area Data Change Requests
- Process Management

Key Dates for QHP Data Changes

Activity	Allowed Changes	Approximate Dates*
Initial Application Submission	Issuers will submit QHP applications for 2018 QHPs, including SADPs. Issuers may make any changes to their data without State or CMS authorization	5/10/17 – 6/21/17
QHP Review and Modification	No new plans may be submitted. Issuers may not change plan type. Child-only value cannot be changed for QHPs (excluding SADPs). Petition to CMS required for changes to service area. Issuers must submit petitions by August 4, 2017. Issuers may submit plan withdrawal requests. For all other changes, issuers are not required to submit petitions or document State authorization to CMS. CMS will monitor all data changes and contact issuers if there are concerns about changes made.	6/22/17-8/16/17
After Final Data Submission	No further data changes allowed prior to certification. CMS may allow issuers to make critical post-certification data corrections in order to correct data display errors on HealthCare.gov and align QHP plan display with products and plans approved by the State. Issuers will have a final opportunity to withdraw plans during the plan confirmation process (9/12–9/15). Final plan crosswalks must be submitted with plan confirmation on September 15, 2017. Post-certification data corrections require data change petitions and State and CMS approval. Allowed changes will occur during periodic, scheduled limited data correction windows.	8/17/2017 - Onward

Allowable Data Changes

- Except for adding plan, changing plan type or child-only value, or changing service area, issuers can make changes as needed between June 21 and August 16, 2017. Issuers are not required to ask permission from 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.

Best Practices for Service Area Data Change Requests

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Background

- Issuers who have submitted a QHP Application can request permission to make changes to their service area by submitting a service area change request.
- Requests are sometimes also called ‘petitions’.
- This process applies to all issuers in the Federally-facilitated Marketplace (FFM), including issuers in states performing plan management functions.
- **Service area change requests are due by August 4, 2017.**

What is a Service Area 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

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.

Required Elements of a Request

- Data Change Request Worksheet
- Supplement B to the Data Change Request Worksheet
- State approval

Data Change Request Worksheet

- Found at: https://www.qhpcertification.cms.gov/s/Data%20Change%20Windows

- Labeled: QHP Application Data Change Request Form PY2018

Issuer Identification

- Complete the top and bottom sections of the worksheet with the Issuer's Legal Name as represented in Health Insurance Oversight System (HIOS).
- HIOS Issuer ID and state must also be provided at the top.

This attachment provides information to the Centers for Medicare & Medicaid Services regarding QHP or SADP data changes requested by:

Issuer ID: _____

State: _____

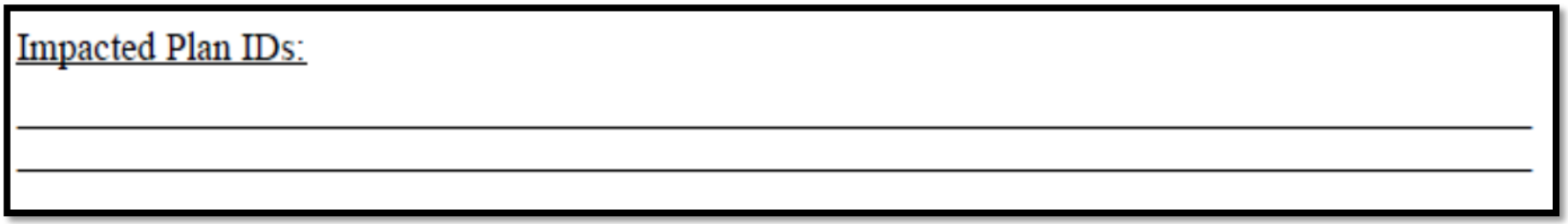
Issuer Legal Name: _____

requested for the reason(s) indicated above in this form, and has been approved by the applicable state, as appropriate. I confirm that state evidence of approval is included with this request and that _____ ("Issuer") will not alter or submit changes to any other QHP

(Issuer Legal Name)

Plan IDs

- Full plan IDs should be provided.
- Cost share variation identifiers should be provided if applicable.
- Example of cost share variation identified:
  - Plan ID 77777YA100001-06


Impacted Plan IDs:

Detailed Description of Changes

Requests must include:

- A detailed description of the QHP data changes requested that provides specific information about data fields that require revisions.
- Details about the revisions needed including current and revised values
- 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

Reason for Request

- In the “Additional detail to justify need for changes” section, issuers should describe why the service area change is requested.
  - The issuer does not need to select one of the three provided checkboxes suggesting reasons for the requested 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 and the Exchange program

State Approval: FFM

State Approval Documentation

- ☐ State evidence of approval is included (required for Federally-Facilitated Marketplace (FFM) states, AND/OR
- ☐ Request is for a medical or dual issuer in a Direct Enforcement state and CMS Form Filing approval is included; OR

- At the bottom of the worksheet, FFM issuers must select one of the state approval options.
- FFM issuers must submit documented state approval (or request form filing approval for direct enforcement states) for all data change requests.
- State approvals must be specific to that data change request and date of the request.

State Approval: States performing Plan Management Functions

☐ Request is for an issuer in a state performing plan management functions

- Issuers in states performing plan management functions should request approval from their state at the same time they are requesting approval from CMS.
- Issuers in states performing plan management functions do not need to submit state approval with their data change request.
- Issuers in states performing plan management functions should check the appropriate box (above).

State Approval

- CMS recommends that issuers submit state approval using the state approval form.
- Found at: https://www.qhpcertification.cms.gov/s/Data%20Change%20Windows
- Labeled: State Authorization of QHP Change Request PY2018

Signature

- Worksheets must be signed and dated by an authorized representative of the issuer.
- The worksheet must note the title of the authorized representative.

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.

(Signature)	(Date)
(Print Name)	(Title of Issuer Representative)

Supplement B

- Changes to Plans and Benefits Template, or Service Area Template require that issuers submit Supplement B.
- Found at: https://www.qhpcertification.cms.gov/s/Data%20Change%20Windows
- Labeled: Supplement B to the Data Change Request Form PY2018

Supplement B: Basic Information

- Only include information in the worksheet that applies to the specific data change request. The other worksheets should be left blank.
- Once all proposed data changes have been entered, save the workbook file using the following name structure: DCR [IssuerID]_[Date(mm-dd-yyyy)]. For example: DCR_12345_01-01-2017

Supplement B: Plans and Benefits Template – P&B Benefits Package Tab

- Based on the changes being requested, complete the following steps when entering data into the Plans and Benefits Package worksheet:
  - *HIOS Plan ID (Standard Component ID).* Enter each Plan ID that would be affected by the change being requested. The Plan IDs are the 14-character, HIOS-generated plan ID number.
  - *Plan-Level Field Name.* Enter the specific data field/data element that is changing if the change is at the plan level (if applicable).
  - *Benefit Package-Level Field Name.* Enter the specific data field/data element that is changing if the change is at the benefit package level (if applicable).
  - *Benefit Name*. Enter the benefit name associated with the change.
  - *Original Field Value*. Enter the current value of the field/data element in the template (prior to any changes being made).
  - *Revised Field Value*. Enter the new value for the specific field/data element.
- If new data is being added, i.e. in the case where a current value does not exist for the field/section, then the *Original Field Value* should be left blank and the *Revised Field Value* should contain the new value.
- If data is being deleted with no proposed revised value, then the *Original Field Value* should contain the current value in the field/section and the *Revised Field Value* should be left blank.

Supplement B: Service Area Template

- Based on the changes being requested, complete the following steps when entering data into the Service Area worksheet:
  - *Service Area ID*. Enter each Service Area ID that would be impacted by the change being requested. Service Area ID is a 6-character code which consists of the state abbreviation plus an "S" and then a sequenced number for the Service Area.
  - *Service Area Name.* Enter the name of the Service Area.
  - *Field Name*. Enter the specific field/data element that is changing.
  - *Original Field Value*. Enter the current value of the field/data element in the template (prior to any changes being made).
  - *Revised Field Value*. Enter the new value for the specific field/data element.
- If new data is being added, i.e. in the case where a current value does not exist for the field/section, then the *Original Field Value* should be left blank and *Revised Field Value* should contain the new value.
- If data is being deleted with no proposed revised value, then the *Original Field Value* should contain the current value in the field/section and the *Revised Field Value* should be left blank.

Process Management

Help Desk

- All requests for changes to QHP data must be submitted to the XOSC Help Desk at CMS_FEPS@cms.hhs.gov.
- When submitting a request to the XOSC Help Desk make sure to:
  - Name the email “Request for Changes to QHP Data”
  - Include all documents/information in a single email
  - Include issuer contact information in the body of the email

Receiving Approvals

- CMS will issue approvals or disapprovals for data change requests through the Help Desk.
- All Help Desk responses will include the ticket number at the beginning of the email.
- Issuers should carefully read responses for specific approvals, disapprovals or additional instructions from CMS.

Live 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 the 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 question is for the Small Business Health Options Program (SHOP) or Individual Marketplace

Plan Management Webinar Dates

The 2017 QHP May Webinar sessions occur on Tuesdays and Thursdays as below:

Date	Day	Time (ET)	Topic
5/25/17	Thursday	1:00 p.m. – 2:00 p.m.	Network Adequacy and Open Q&A
5/30/17	Tuesday	3:00 p.m. – 4:00 p.m.	PY 2018 Plan Confirmation for Issuers and DIT Plan Crosswalk, Correction and Certification Notices

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.

Additional Webinar Dates

In addition to the weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays (Bi-Weekly)	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays (Bi-Weekly)	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.

HIOS User Group Conference Call

- The 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

Resources

Resource	Resource Link
QHP Certification Website	https://www.qhpcertification.cms.gov
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
HealthCare Website	http://www.healthcare.gov/
National Conference of State Legislatures	http://www.ncsl.org
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
U.S. Department of Health & Human Services	http://www.hhs.gov/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFM	Federally-facilitated Marketplace
FFM-DE	Federally-facilitated Marketplace in a Direct Enforcement State
HIOS	Health Insurance Oversight System
MSP	Multi-State Plans

Commonly Used Acronyms (continued)

Acronym	Definition
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SADP	Stand-Alone Dental Plan
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SERFF	System for Electronic Rate and Form Filing
SHOP	Small Business Health Options Program
USP	United States Pharmacopeia

Closing Remarks