Issuer Reviews and Service Area Demonstration

May 24, 2018

2018 Qualified Health Plan (QHP) Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Session Guidelines
- Key Dates
- Issuer Reviews
- Service Area Demo
- 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 Issuer Reviews and Service Area Demo.
- 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

Issuer Reviews: Attestations, Accreditation, Licensure & Good Standing

Program Attestations

Program Attestations Format

- Four-section attestation format remains the same:
  1. QHP and Stand-alone Dental Plan (SADP) Attestations
  2. Medical QHP-only Attestations
  3. SADP-only Attestations
  4. Optional Attestations
- Medical QHP-only should respond “Not Applicable” to the SADP-only program attestations.
- SADP-only issuers should respond “Not Applicable” to the Medical QHP-only program attestations.

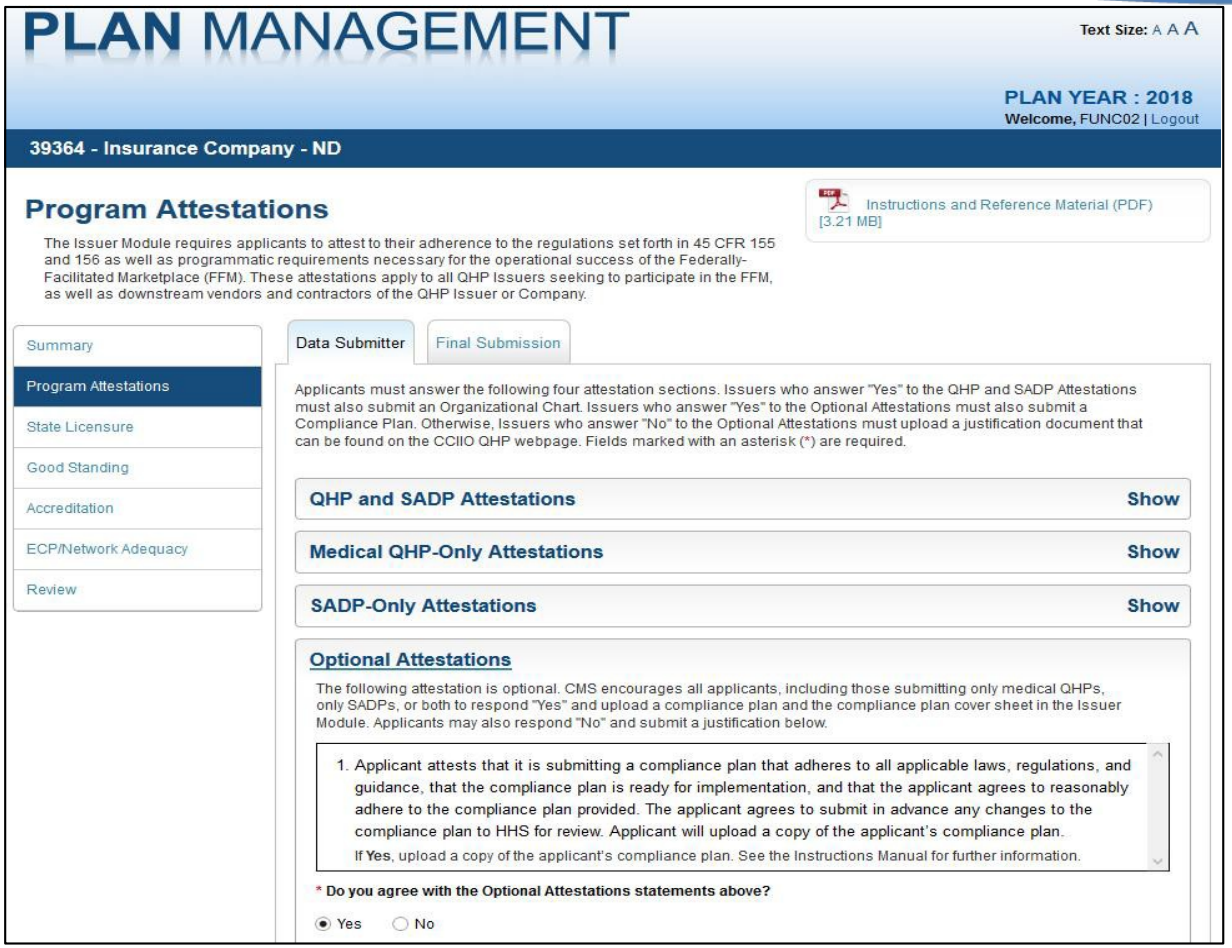
Change to Program Attestations Language

Segregation of funds for abortion services language has been added to the attestation required for Medical QHP-only issuers:

Applicant agrees to adhere to all applicable requirements in 45 CFR Parts 146, 147, 155, and 156, including those related to the segregation of funds for abortion services.

Program Attestations for Federally-facilitated Exchange (FFE) Issuers

All issuers are encouraged to respond “Yes” to the optional compliance plan attestation.



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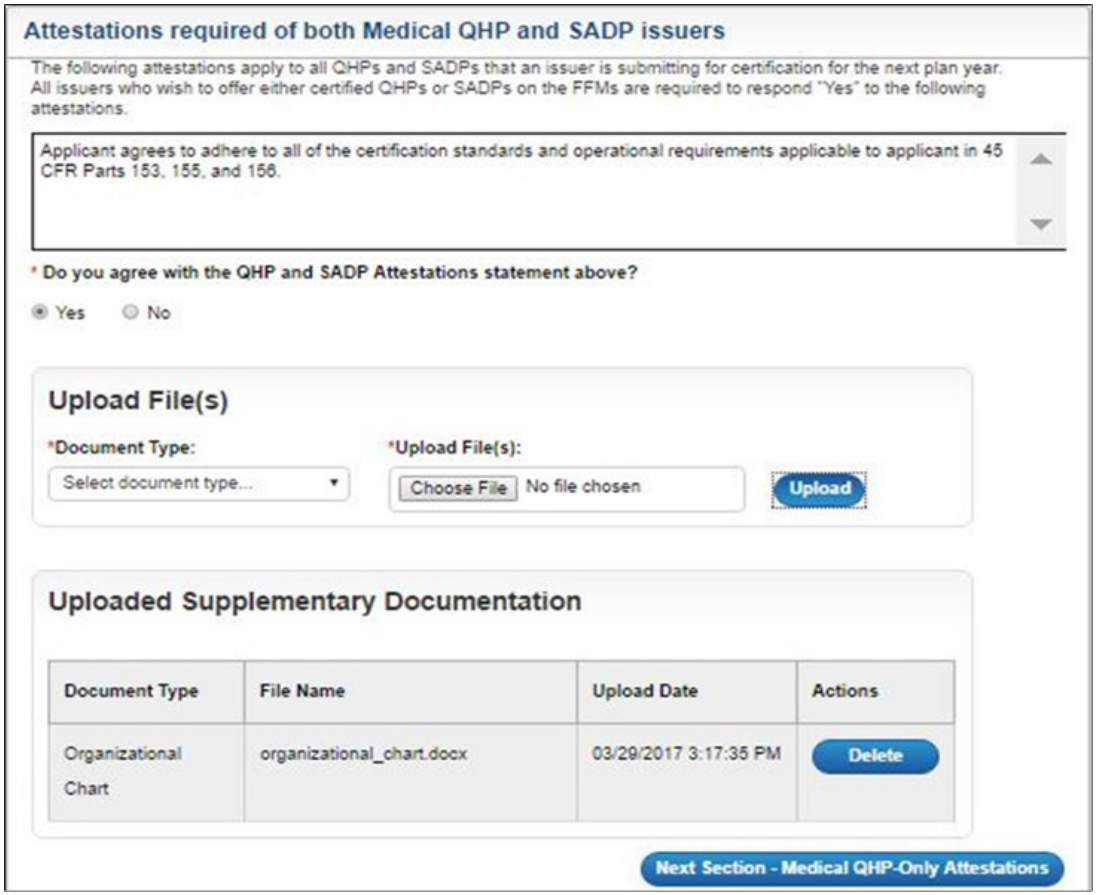
Program Attestations for FFE Issuers (Continued)

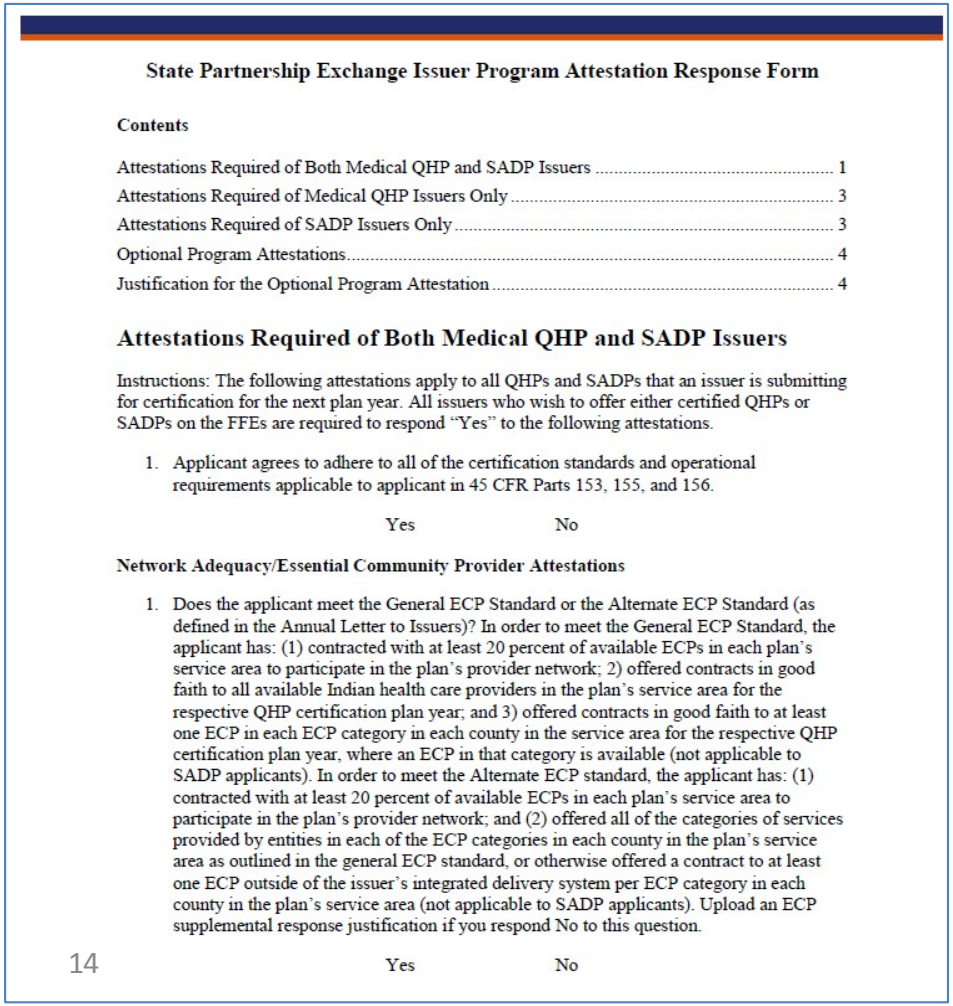
- Issuers are asked to upload Supplementary Documentation including a Compliance Plan, Organizational Chart, and a Cover Sheet.
- To upload a file, select the document type associated with the file that is being uploaded. Click the ***Browse*** button, select your file, and click the ***Upload*** button.



Program Attestations for State Partnership Exchange (SPE) Issuers

- For PY19, the Network Adequacy Attestation has been combined into the "Network Adequacy/Essential Community Provider Attestations" section.
- The following Network Adequacy attestation has been removed:

  "Applicant attests to meeting all requirements established under 45 CFR 156.230,including maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with45 CFR 156.230(a)(2). This includes providers that specialize in mental health and substance abuse services for all plans except SADPs."



State Partnership Exchange Issuer Program Attestation Response Form

Contents

Attestations Required of Both Medical QHP and SADP Issuers

Instructions: The following attestations apply to all QHPs and SADPs that an issuer is submitting for certification for the next plan year. All issuers who wish to offer either certified QHPs or SADPs on the FFEs are required to respond "Yes" to the following attestations.

1. Applicant agrees to adhere to all of the certification standards and operational requirements applicable to applicant in 45 CFR Parts 153, 155, and 156.

Yes No

Network Adequacy/Essential Community Provider Attestations

1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; 2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and 3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADP applicants). Upload an ECP supplemental response justification if you respond No to this question.

Yes No

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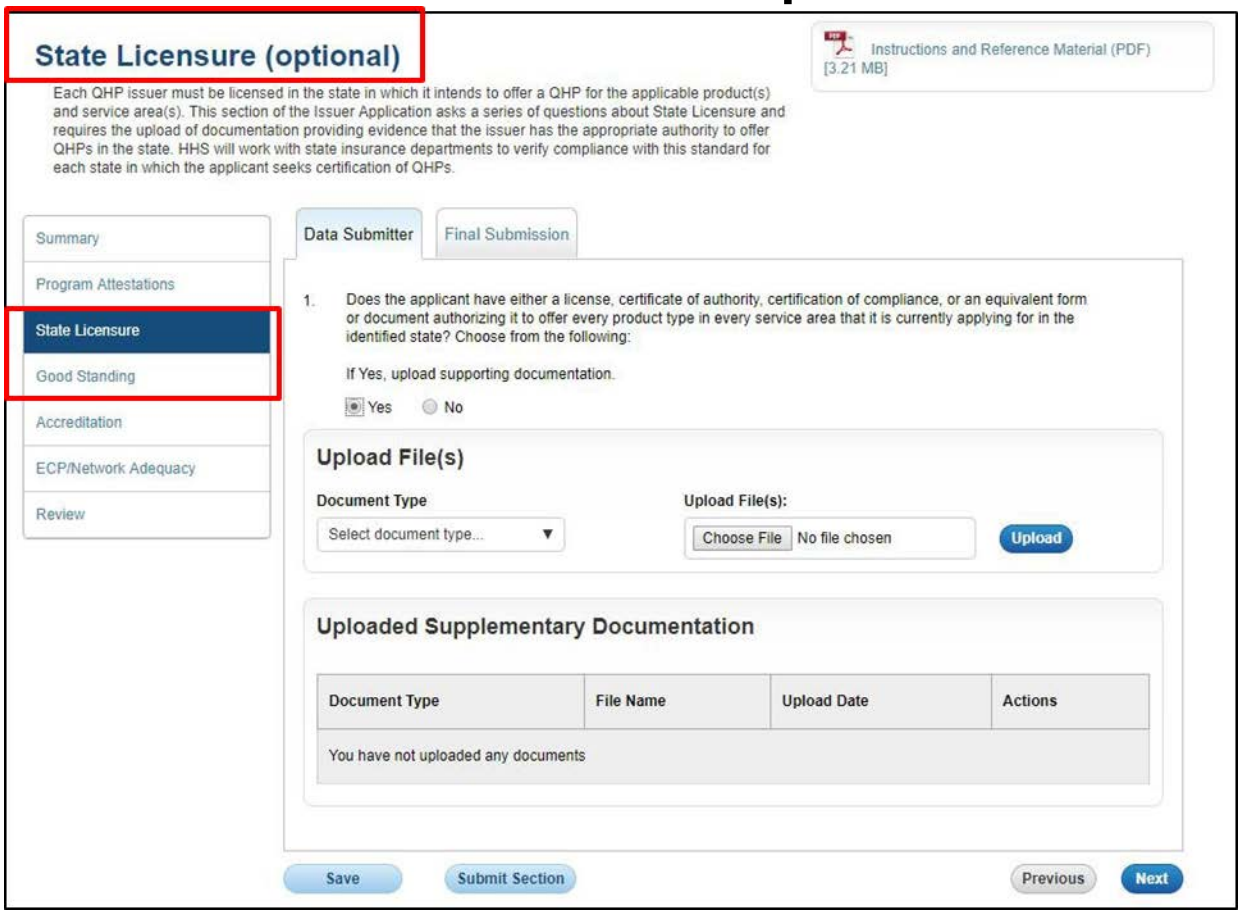
Licensure and Good Standing

Changes for Plan Year 2019

- Both sections are now optional.



Accreditation

General information

- Accreditation is a requirement for issuers in all marketplace types.
  - Issuers in SPEs and State-based Exchanges (SBEs) should ask each state about what the state requires to review accreditation.
- Does not apply to SADPs.

Changes for PY19

- Accreditation templates retired.
- Accreditation certificate submission is optional instead of required for all issuers.

CMS will rely on data from accrediting entities to review Issuers' accreditation status.

New Issuers

- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., Accreditation Association for Ambulatory Health Care (AAAHC), National Committee for Quality Assurance (NCQA), or URAC). An issuer is not required to be accredited in its initial year of QHP certification.

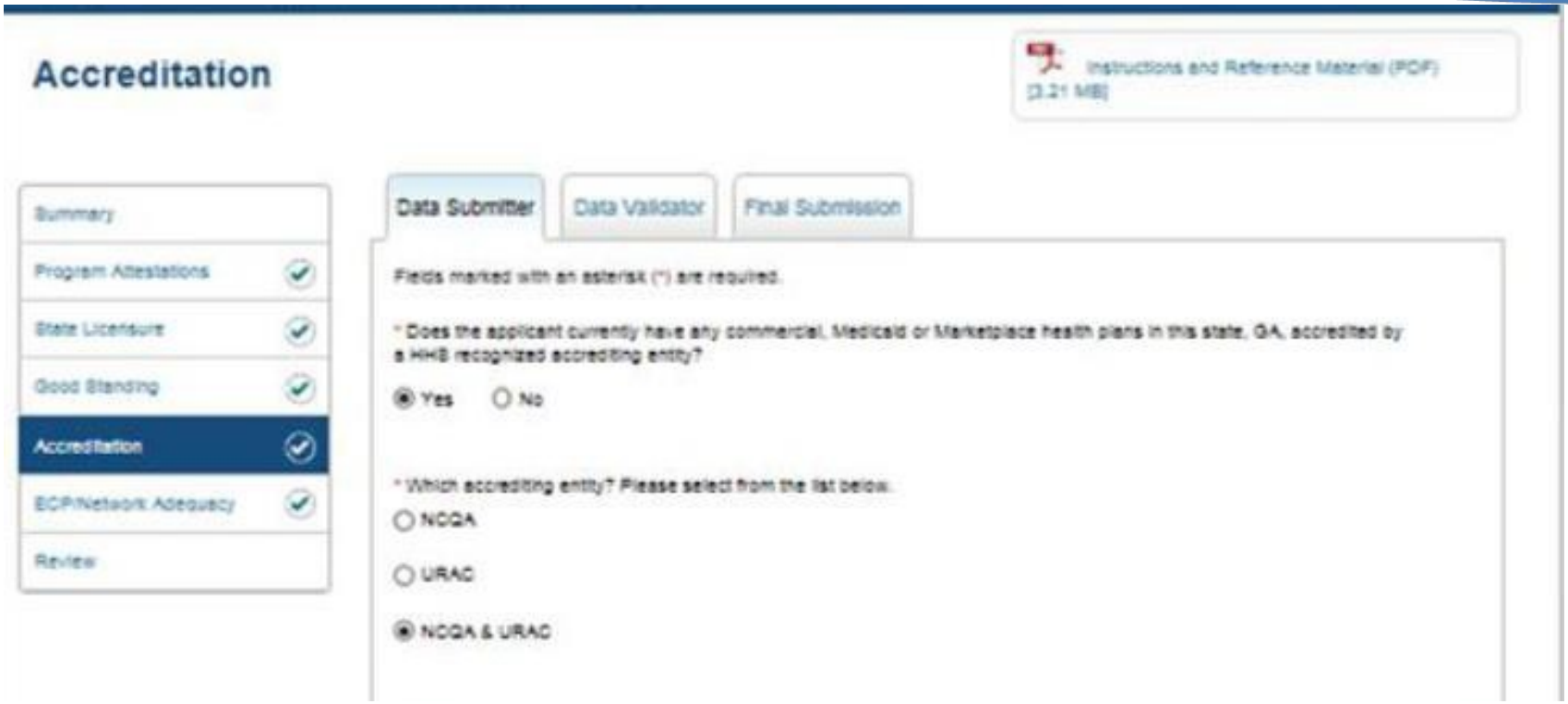
Second year or later Issuers

- QHP issuers in their second or later year of certification must be accredited.
- CMS will consider issuers in their first, second or third year accredited with the following statuses:
  - AAAHC with "Accredited" status
  - NCQA with "Excellent," "Commendable," "Accredited," "Provisional," or "Interim" status
  - URAC with "Full," "Provisional," or "Conditional" status.
- CMS will consider issuers in their fourth year accredited with the following statuses:
  - AAAHC with "Accredited" status
  - NCQA with Marketplace accreditation and "Excellent," "Commendable," "Accredited," or "Provisional," status
  - URAC with Marketplace accreditation and "Full" or "Conditional" status

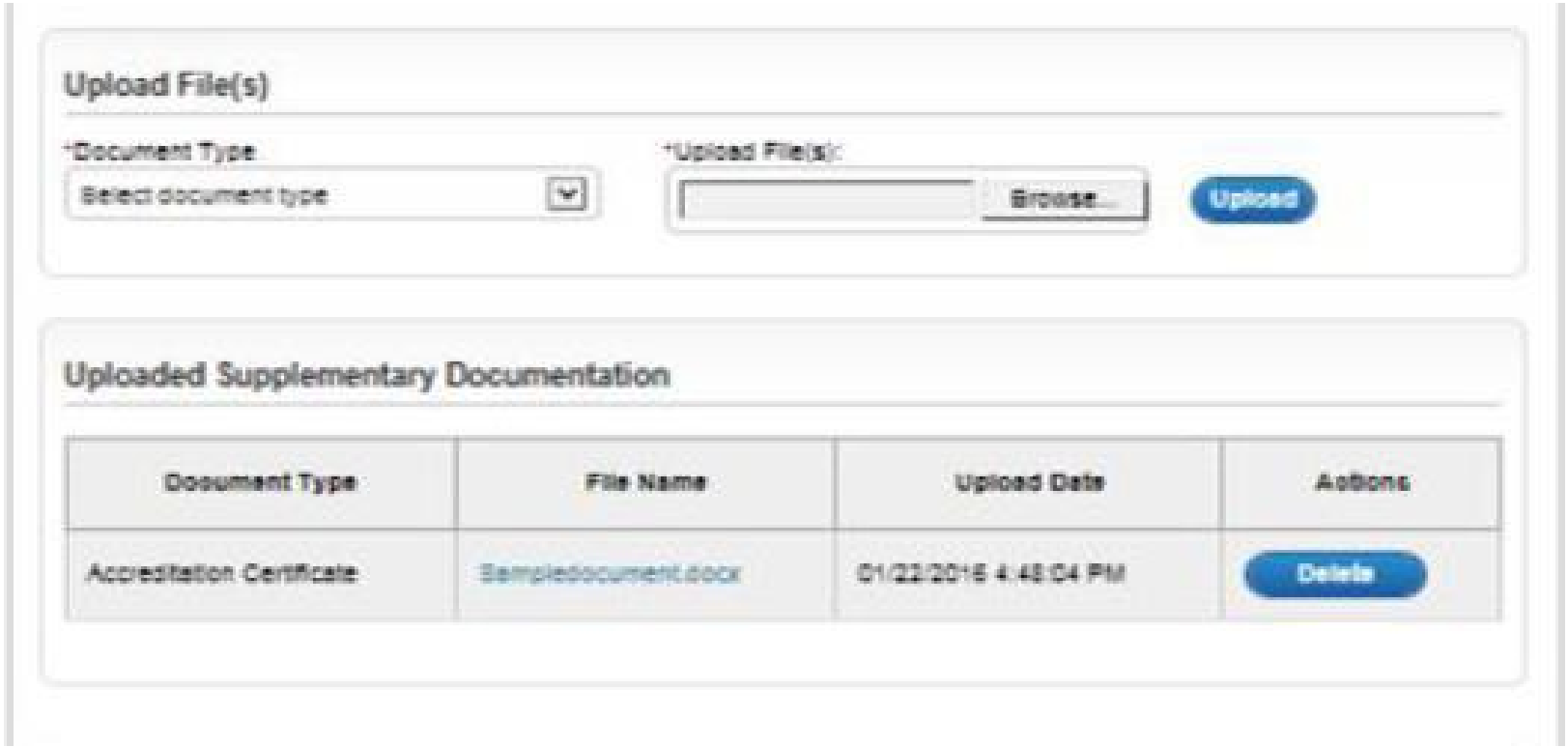
Issuer submission requirements

- FEE QHP Issuers must submit information in HIOS Issuer Module, accreditation section:
  - Identify that they are accredited.
  - Identify their accrediting entities.
  - Agree to release their accreditation information.
- Issuers in SPEs must agree to release their accreditation information as part of an attestation document.

Data Submitter: Accreditation Page (Part 1)



Data Submitter: Accreditation Page (Part 2)



Data Submitter: Accreditation Page (Part 3)

Service Area Demonstration

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 Thursdays as shown below:

Date	Day	Time (ET)	Topic
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