

Issuer Reviews and Service Area Demonstration

May 24, 2018

2018 Qualified Health Plan (QHP) Series

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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.

Attestations required of Medical QHP issuers only

The following attestations apply to all medical QHPs (not SADPs) that an issuer is submitting for certification for the next plan year. Applicants applying to offer medical QHPs on the FFEs are required to respond "Yes" to the following attestations with regard to those medical QHPs. All applicants not applying to offer medical QHPs should select "Not Applicable."

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.

" Do you agree with the Medical QHP-Only Attestations statement above?

☒ Yes ☐ No ☐ Not Applicable

[Next Section - SAMP-Only Attestations](#)

Program Attestations for Federally-facilitated Exchange (FFE) Issuers

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

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC02 | Logout

39364 - Insurance Company - ND

Program Attestations

The Issuer Module requires applicants to attest to their adherence to the regulations set forth in 45 CFR 155 and 156 as well as programmatic requirements necessary for the operational success of the Federally-Facilitated Marketplace (FFM). These attestations apply to all QHP Issuers seeking to participate in the FFM, as well as downstream vendors and contractors of the QHP Issuer or Company.

Summary

Program Attestations

State Licensure

Good Standing

Accreditation

ECP/Network Adequacy

Review

Data Submitter

Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

QHP and SADP Attestations

Show

Medical QHP-Only Attestations

Show

SADP-Only Attestations

Show

Optional Attestations

The following attestation is optional. CMS encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond “Yes” and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond “No” and submit a justification below.

1. Applicant attests that it is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant’s compliance plan.
If Yes, upload a copy of the applicant’s compliance plan. See the Instructions Manual for further information.

* Do you agree with the Optional Attestations statements above?

☒ Yes ☐ No



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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.

Attestations required of both Medical QHP and SADP issuers

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.

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

* Do you agree with the QHP and SADP Attestations statement above?

☒ Yes ☐ No

Upload File(s)

*Document Type: Select document type...

*Upload File(s): Choose File No file chosen Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
Organizational Chart	organizational_chart.docx	03/29/2017 3:17:35 PM	Delete

Next Section - Medical QHP-Only Attestations

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 with 45 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	1
Attestations Required of Medical QHP Issuers Only	3
Attestations Required of SADP Issuers Only	3
Optional Program Attestations	4
Justification for the Optional Program Attestation	4

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

Licensure and Good Standing

Changes for Plan Year 2019

- Both sections are now optional.

State Licensure (optional)

Instructions and Reference Material (PDF)
[3.21 MB]

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

Summary

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1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

☒ Yes ☐ No

Upload File(s)

Document Type
Select document type...

Upload File(s):
Choose File No file chosen Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Save

Submit Section

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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)

Accreditation

 Instructions and Reference Material (PDF)
(3.21 MB)

Summary

Program Attestations ✓

State Licensure ✓

Good Standing ✓

Accreditation ✓

ECP/Network Adequacy ✓

Review

Data SubmitterData ValidatorFinal Submission

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Marketplace health plans in this state, GA, accredited by a HHS recognized accrediting entity?

☒ Yes ☐ No

* Which accrediting entity? Please select from the list below.

☐ NQQA

☐ URAC

☒ NQQA & URAC

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Data Submitter: Accreditation Page (Part 2)

Upload File(s)

Document Type

Select document type

Upload File(s)

Browse...

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
Accreditation Certificate	SampleDocument.docx	01/22/2016 4:48:04 PM	Delete

Data Submitter: Accreditation Page (Part 3)

Term and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Marketplace (FFM) (if applicable).

☒ I attest to the terms and conditions.

Save

Submit Section

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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