Plan Preview: Tools and Tips

June 21, 2018

2018 Qualified Health Plan (QHP) Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Agenda

- Session Guidelines
- Key Dates
- Plan Preview: Tools and Tips
- 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) PM Subject Matter Experts (SMEs) to discuss Plan Preview: Tools and Tips.
- 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 Plan Year (PY)19 Key Dates for QHP Certification

Date	Category	Activity
June 14 – June 19, 2018	Early Bird Review Round	CMS posts Early Bird Review results to PM Community on a rolling basis
June 20, 2018	QHP Certification	Initial QHP Application Pre-Rates Deadline
June 21 – August 3, 2018	CMS Reviews	CMS Reviews Initial QHP Applications as of June 20, 2018 and releases Round 1 Review results to PM Community on a rolling basis
June 27, 2018	Plan Confirmation	Issuers begin completing Plan Confirmation in the PM Community (Optional)

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

Plan ID Crosswalk Submission Process through the Plan Management Community

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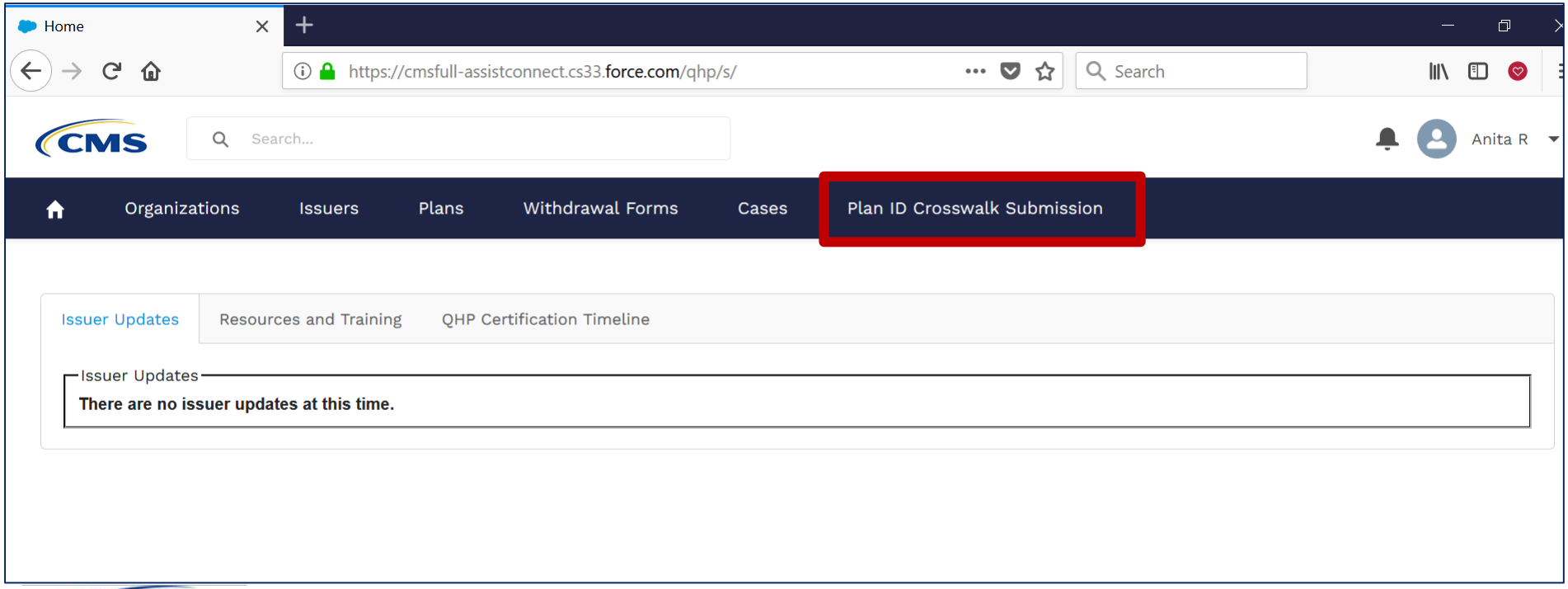
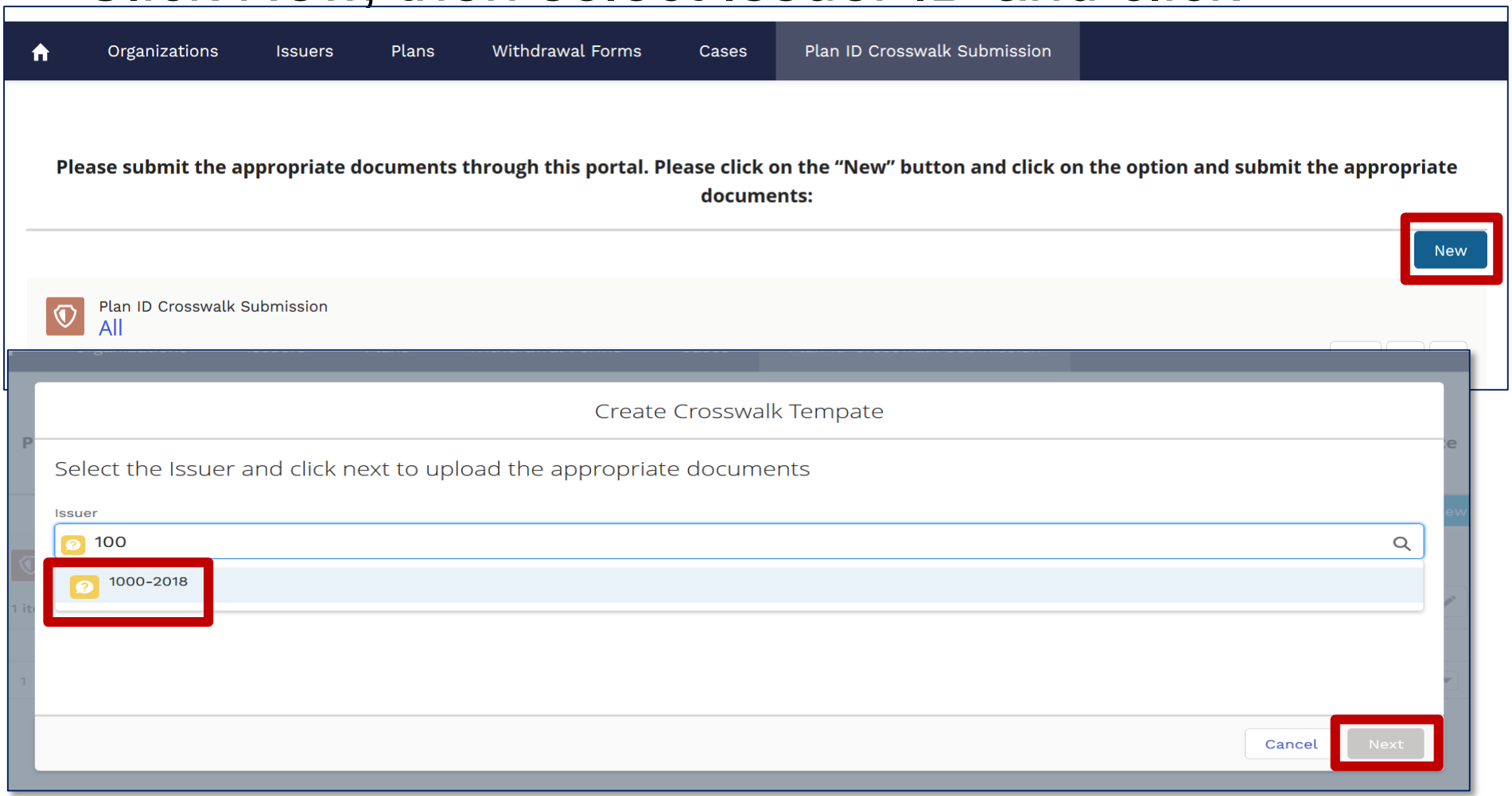
Plan ID Crosswalk Submission Process through the Plan Management Community

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



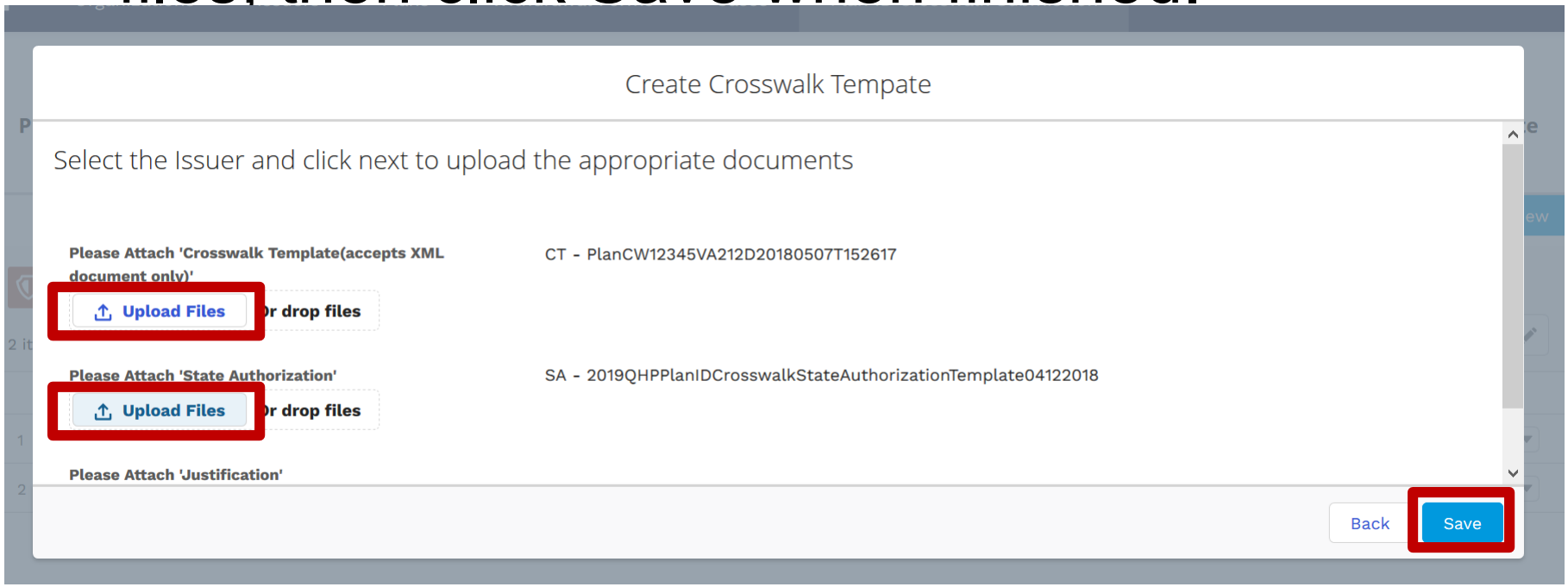
Plan ID Crosswalk Submission Process through the Plan Management Community

- Click New, then select Issuer ID and click



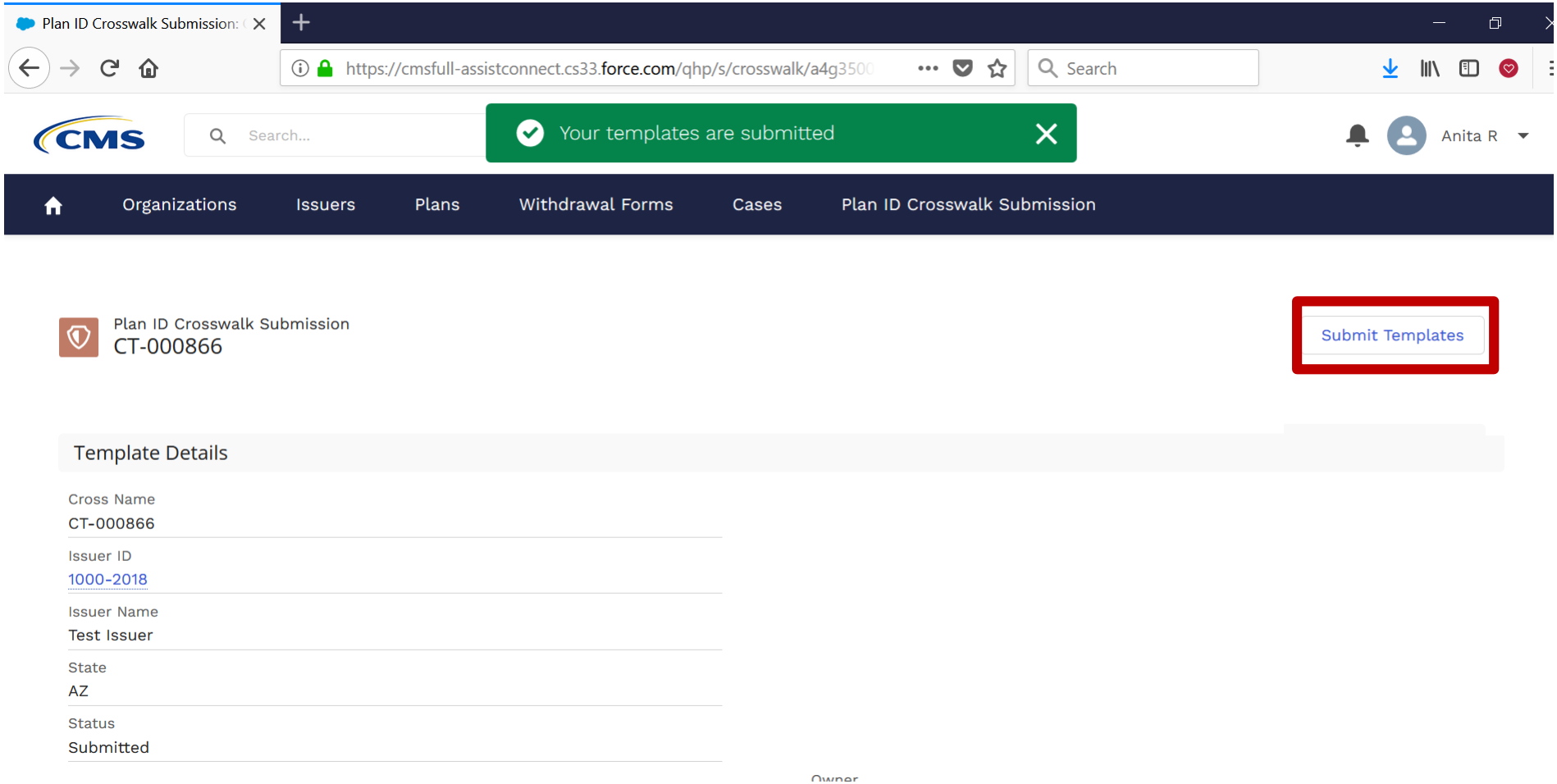
Plan ID Crosswalk Submission Process through the Plan Management Community

- 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

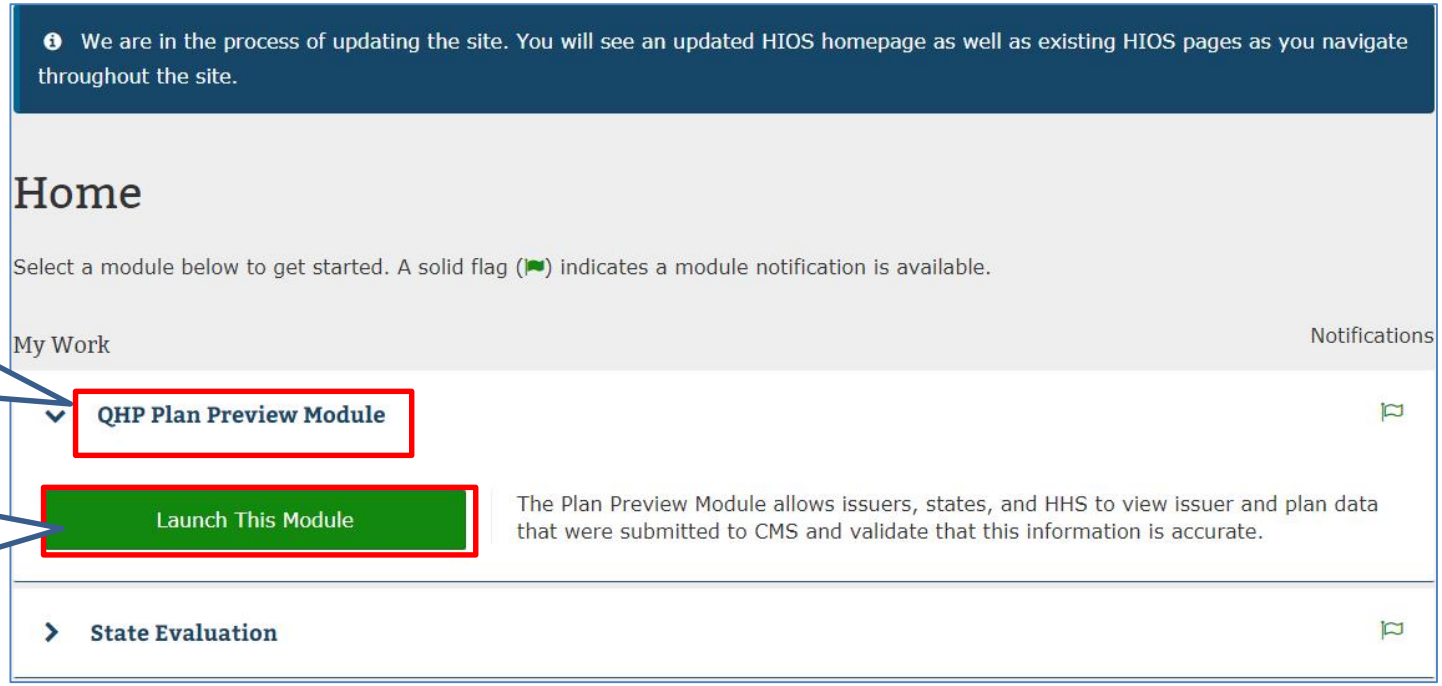
- Click Submit Templates



Accessing Plan Preview

Health Insurance Oversight System (HIOS) Modules

- Access the Plan Preview module via HIOS.

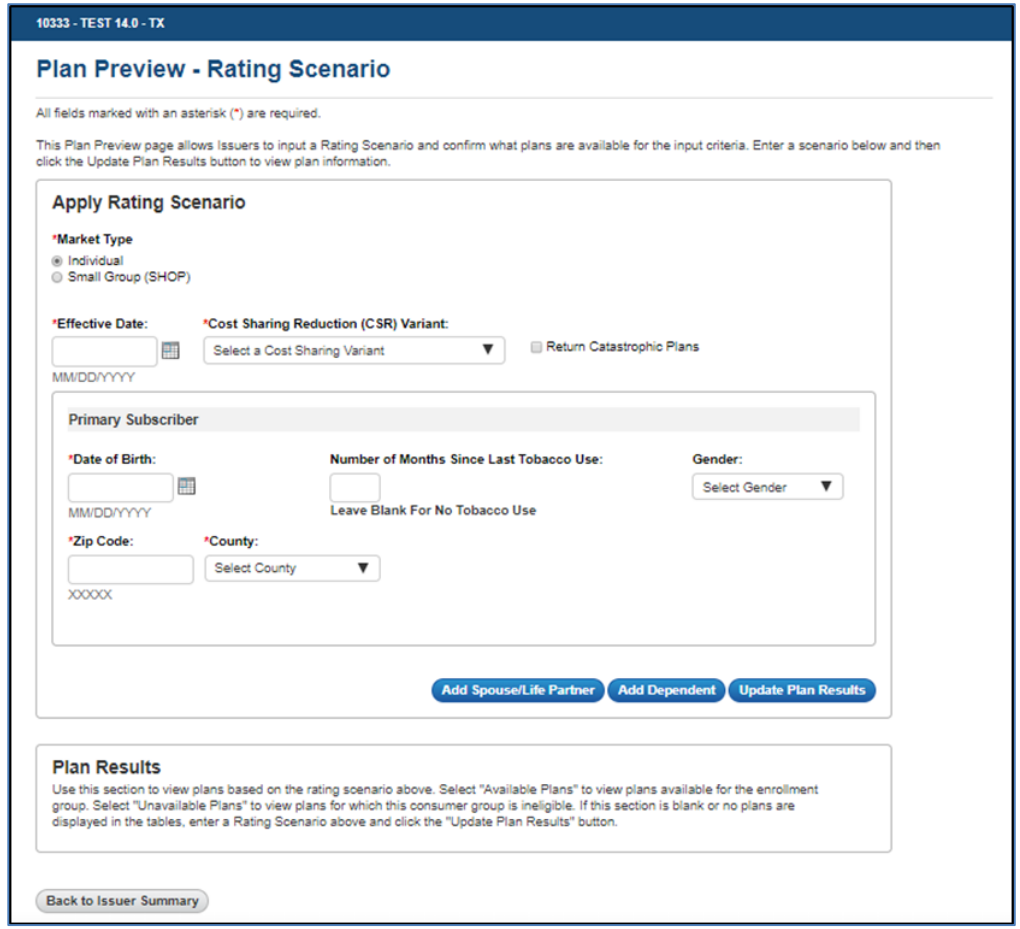


Expand "QHP Plan Preview Module".

Click "Launch This Module".

Rating Scenario Overview

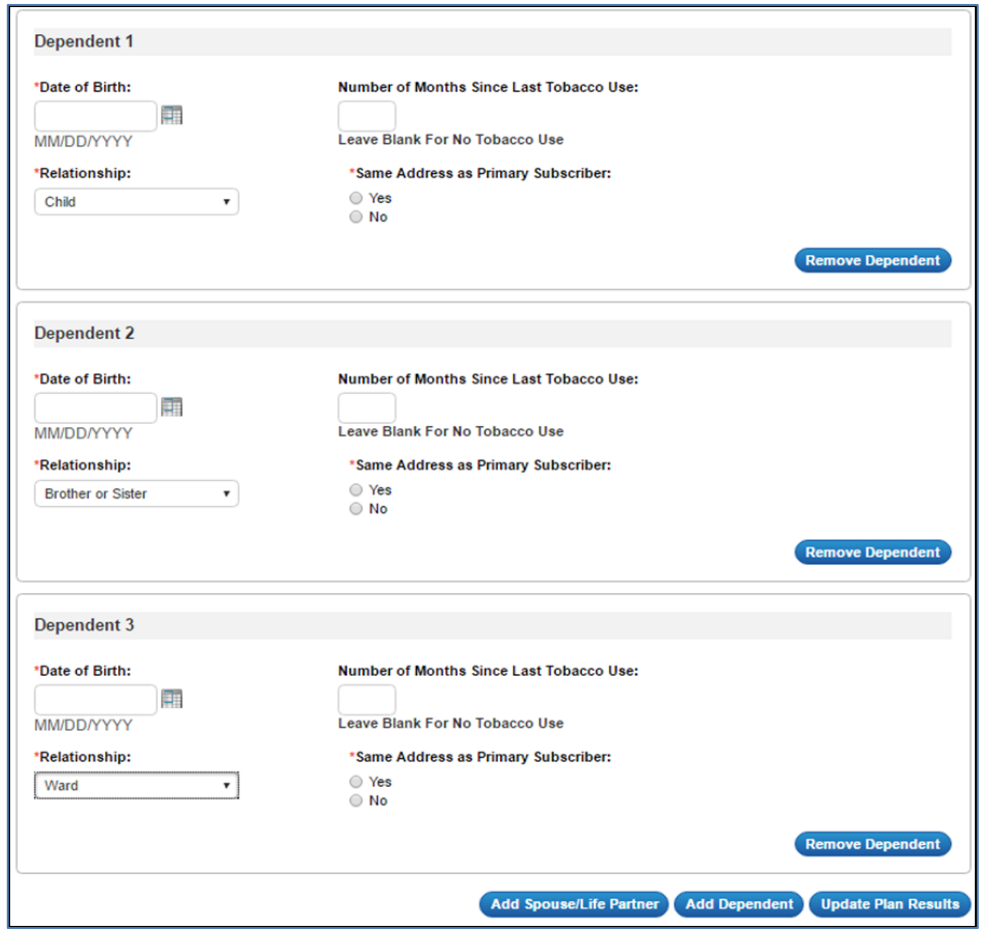
- User Inputs
  - Market Type
  - Effective Date
  - Cost Sharing Reduction (CSR) Variant
- Primary Subscriber:
  - Date of Birth (DOB)*
  - Gender
  - # of months since last tobacco use
  - Zip code*
  - County*
- Dependent:
  - DOB*
  - Gender
  - # of months since last tobacco use
  - Relationship to primary subscriber (spouse, life partner, child, ward, brother/sister)*
  - Same address as primary subscriber*



* Required fields

Rating Scenario Overview

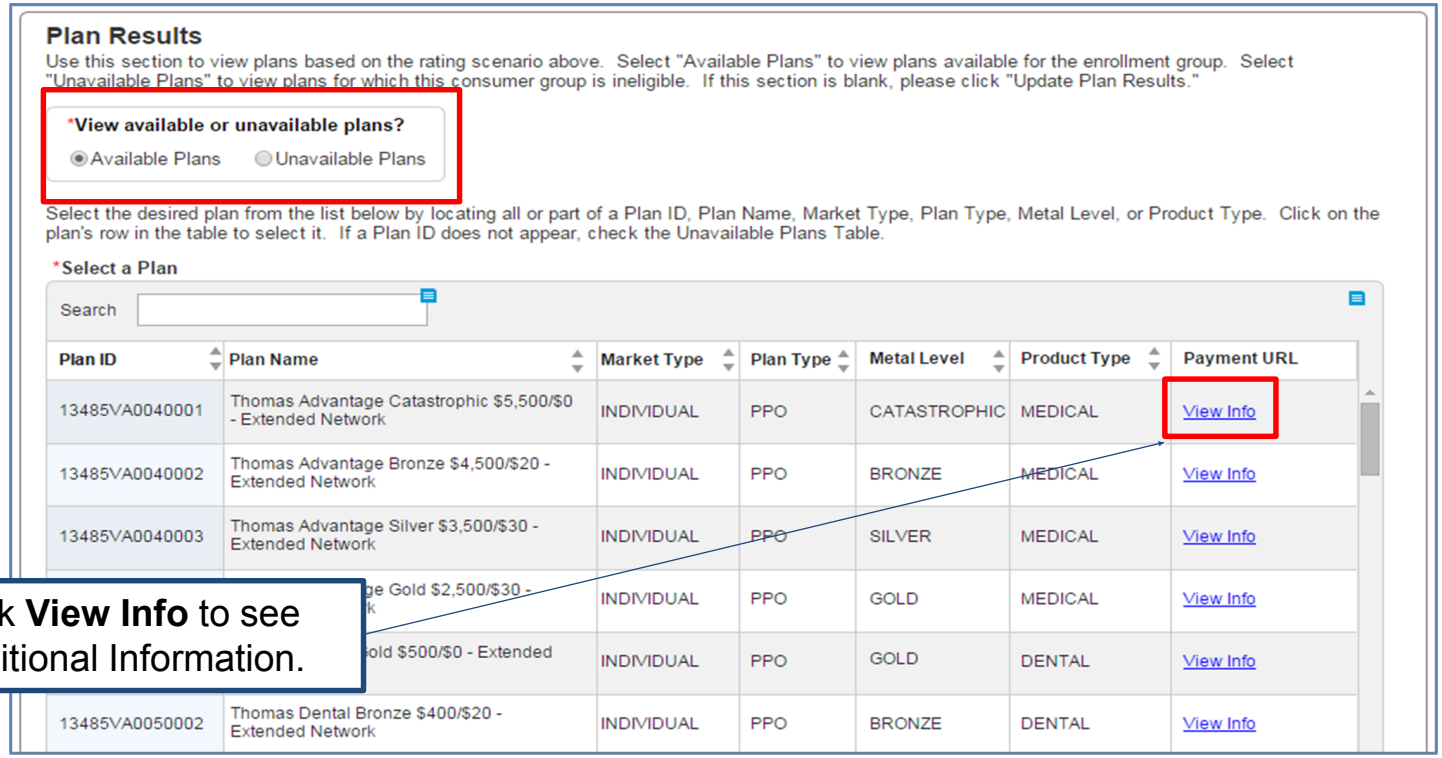
- The maximum number of dependents that can be added is five (5).
  - If a spouse/life partner is added then four (4) child dependents can be added.
  - Five (5) child dependents can be added when there is no spouse/life partner.



Scenario Results and Plan Details Page

Plan Display Results – Available Plans

- Radio button defaults to show Available Plans.
- You are able to view each available plan's Payment Uniform Resource Locator (URL).
  - Click on "View Info."
  - URL will display as text.



Plan Results

Use this section to view plans based on the rating scenario above. Select "Available Plans" to view plans available for the enrollment group. Select "Unavailable Plans" to view plans for which this consumer group is ineligible. If this section is blank, please click "Update Plan Results."

*View available or unavailable plans?

(•) Available Plans ( ) Unavailable Plans

Select the desired plan from the list below by locating all or part of a Plan ID, Plan Name, Market Type, Plan Type, Metal Level, or Product Type. Click on the plan's row in the table to select it. If a Plan ID does not appear, check the Unavailable Plans Table.

*Select a Plan

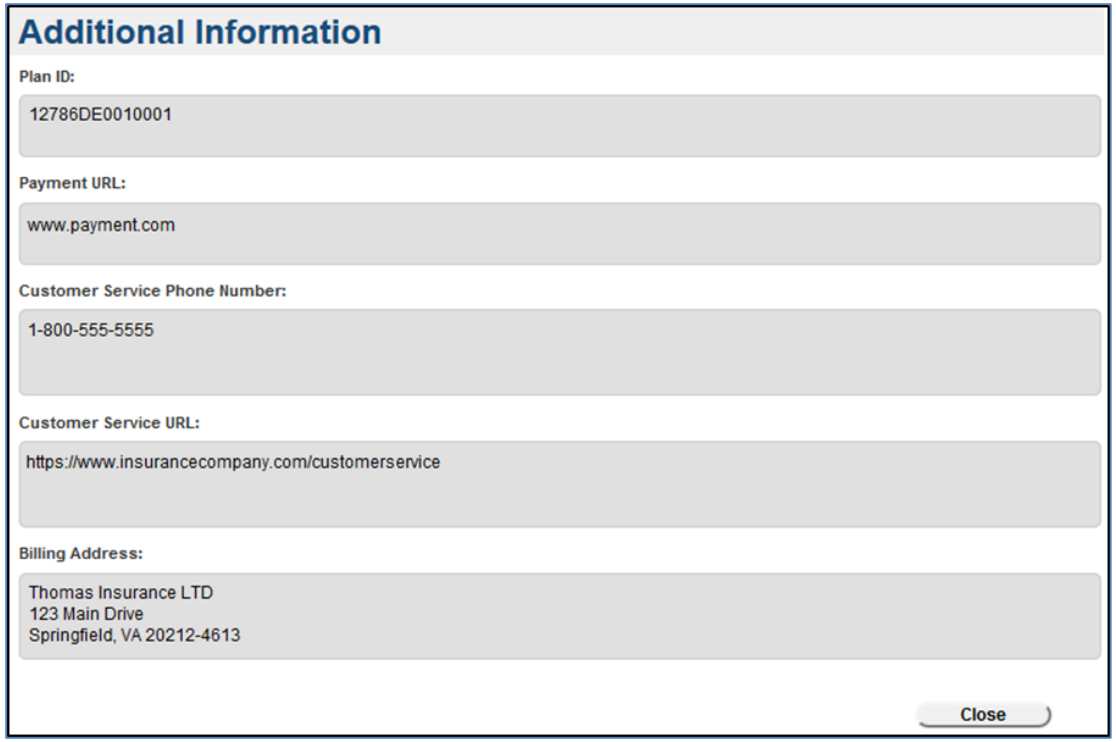
Search

Plan ID	Plan Name	Market Type	Plan Type	Metal Level	Product Type	Payment URL
13485VA0040001	Thomas Advantage Catastrophic $5,500/$0 - Extended Network	INDIVIDUAL	PPO	CATASTROPHIC	MEDICAL	View Info
13485VA0040002	Thomas Advantage Bronze $4,500/$20 - Extended Network	INDIVIDUAL	PPO	BRONZE	MEDICAL	View Info
13485VA0040003	Thomas Advantage Silver $3,500/$30 - Extended Network	INDIVIDUAL	PPO	SILVER	MEDICAL	View Info
	ge Gold $2,500/$30 -	INDIVIDUAL	PPO	GOLD	MEDICAL	View Info
	old $500/$0 - Extended	INDIVIDUAL	PPO	GOLD	DENTAL	View Info
13485VA0050002	Thomas Dental Bronze $400/$20 - Extended Network	INDIVIDUAL	PPO	BRONZE	DENTAL	View Info

Click **View Info** to see Additional Information.

Plan Display Results: View Info Pop-Up

- When the “View Info” hyperlink is clicked the following information is displayed:
  - Plan ID
  - Payment URL
  - Customer Service Phone Number
  - Customer Service URL
  - Billing Address

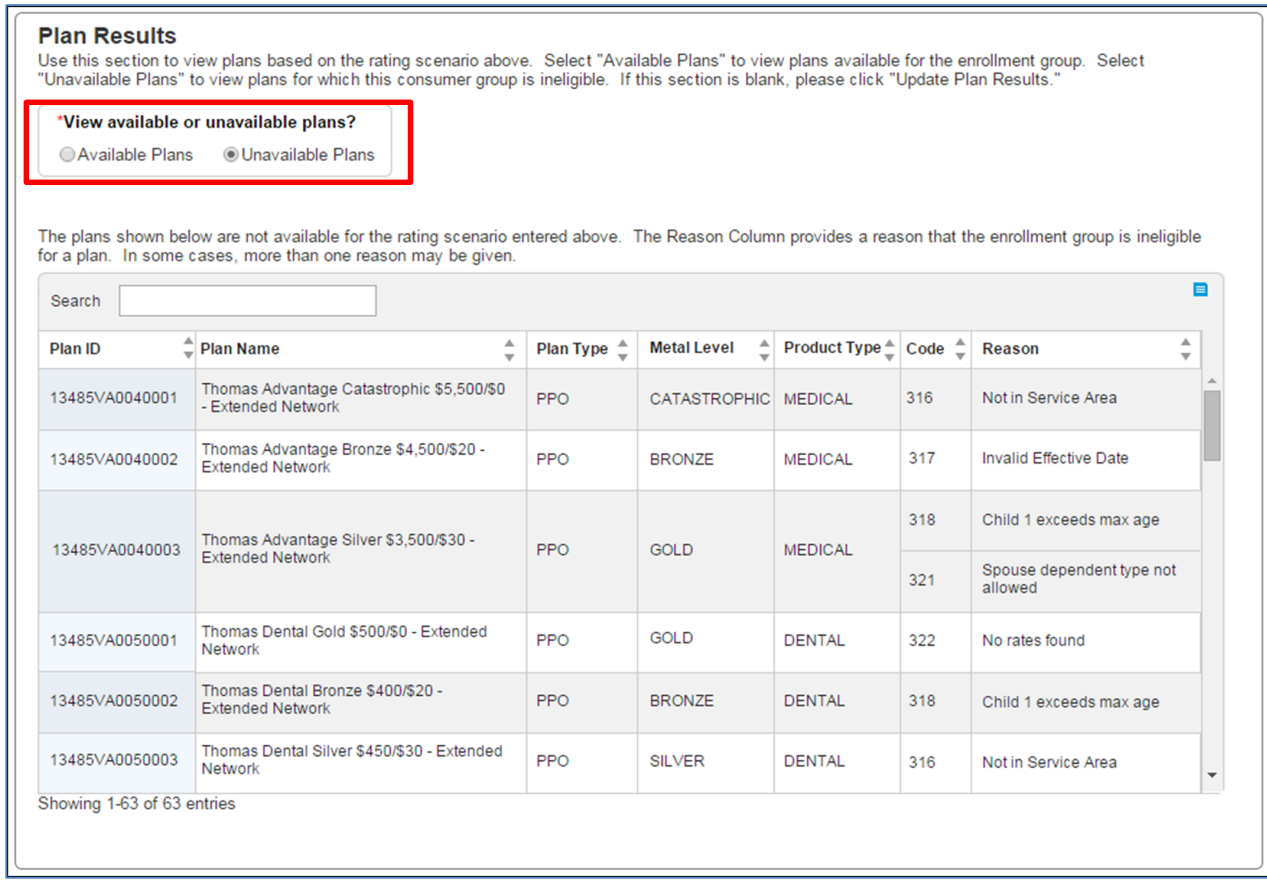


Plan Display Results: View Info Pop-Up Administrative Information

- Administrative information (customer service phone number, customer service URL and billing address) displayed on www.healthcare.gov website and Plan Preview is pulled from the Issuer General Information Fields and the Marketplace General Information Fields in HIOS.
- This applies to all QHP and Stand-alone Dental Plan (SADP) issuers, including those who file through System for Electronic Rate and Form Filing (SERFF).

Plan Display Results – Unavailable Plans

- To change to Unavailable Plans use the radio button.
- Table lists unavailable Reason Code and Reasons.
  - Multiple reasons may display for a single plan.



Plan Results

Use this section to view plans based on the rating scenario above. Select "Available Plans" to view plans available for the enrollment group. Select "Unavailable Plans" to view plans for which this consumer group is ineligible. If this section is blank, please click "Update Plan Results."

*View available or unavailable plans?

○ Available Plans ◉ Unavailable Plans

The plans shown below are not available for the rating scenario entered above. The Reason Column provides a reason that the enrollment group is ineligible for a plan. In some cases, more than one reason may be given.

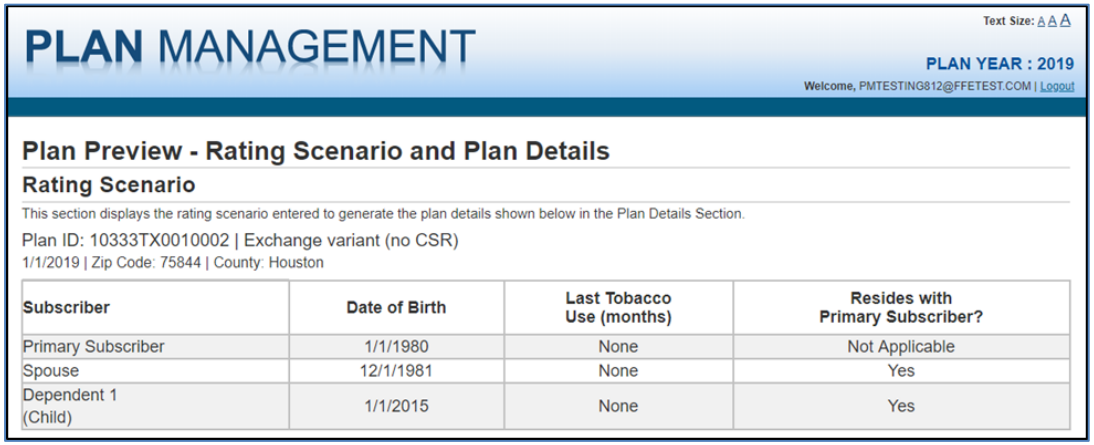
Search

Plan ID	Plan Name	Plan Type	Metal Level	Product Type	Code	Reason
13485VA0040001	Thomas Advantage Catastrophic $5,500/$0 - Extended Network	PPO	CATASTROPHIC	MEDICAL	316	Not in Service Area
13485VA0040002	Thomas Advantage Bronze $4,500/$20 - Extended Network	PPO	BRONZE	MEDICAL	317	Invalid Effective Date
13485VA0040003	Thomas Advantage Silver $3,500/$30 - Extended Network	PPO	GOLD	MEDICAL	318	Child 1 exceeds max age
					321	Spouse dependent type not allowed
13485VA0050001	Thomas Dental Gold $500/$0 - Extended Network	PPO	GOLD	DENTAL	322	No rates found
13485VA0050002	Thomas Dental Bronze $400/$20 - Extended Network	PPO	BRONZE	DENTAL	318	Child 1 exceeds max age
13485VA0050003	Thomas Dental Silver $450/$30 - Extended Network	PPO	SILVER	DENTAL	316	Not in Service Area

Showing 1-63 of 63 entries

Plan Display Results: Rating Scenario and Plan Details

- To view a plan, highlight the plan you want to view and click on the “View Plan” button. A new window will open with the plan that was chosen.
- The Rating Scenario section summarizes the following:
  - Plan ID
  - Exchange Variant
  - Effective Date
  - Zip Code
  - County
  - Subscriber Information



PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2019

Welcome, PMTESTING812@FFETEST.COM | Logout

Plan Preview - Rating Scenario and Plan Details

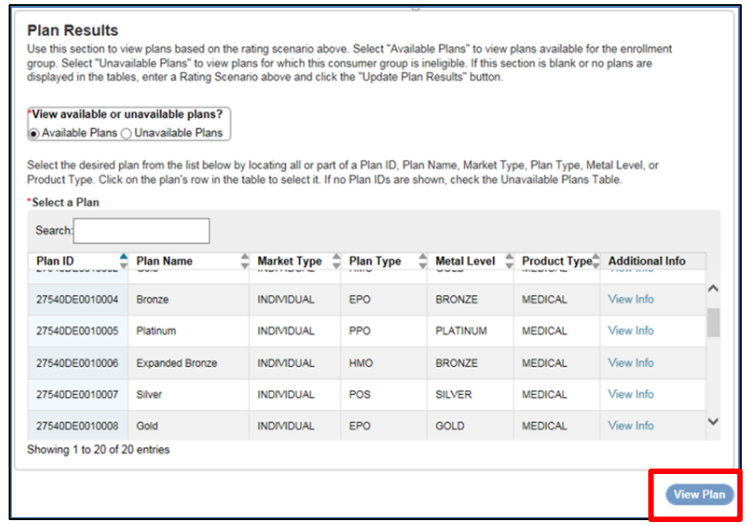
Rating Scenario

This section displays the rating scenario entered to generate the plan details shown below in the Plan Details Section.

Plan ID: 10333TX0010002 | Exchange variant (no CSR)

1/1/2019 | Zip Code: 75844 | County: Houston

Subscriber	Date of Birth	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/1/1980	None	Not Applicable
Spouse	12/1/1981	None	Yes
Dependent 1 (Child)	1/1/2015	None	Yes



Plan Results

Use this section to view plans based on the rating scenario above. Select "Available Plans" to view plans available for the enrollment group. Select "Unavailable Plans" to view plans for which this consumer group is ineligible. If this section is blank or no plans are displayed in the tables, enter a Rating Scenario above and click the "Update Plan Results" button.

*View available or unavailable plans?

(•) Available Plans ( ) Unavailable Plans

Select the desired plan from the list below by locating all or part of a Plan ID, Plan Name, Market Type, Plan Type, Metal Level, or Product Type. Click on the plan's row in the table to select it. If no Plan IDs are shown, check the Unavailable Plans Table.

*Select a Plan

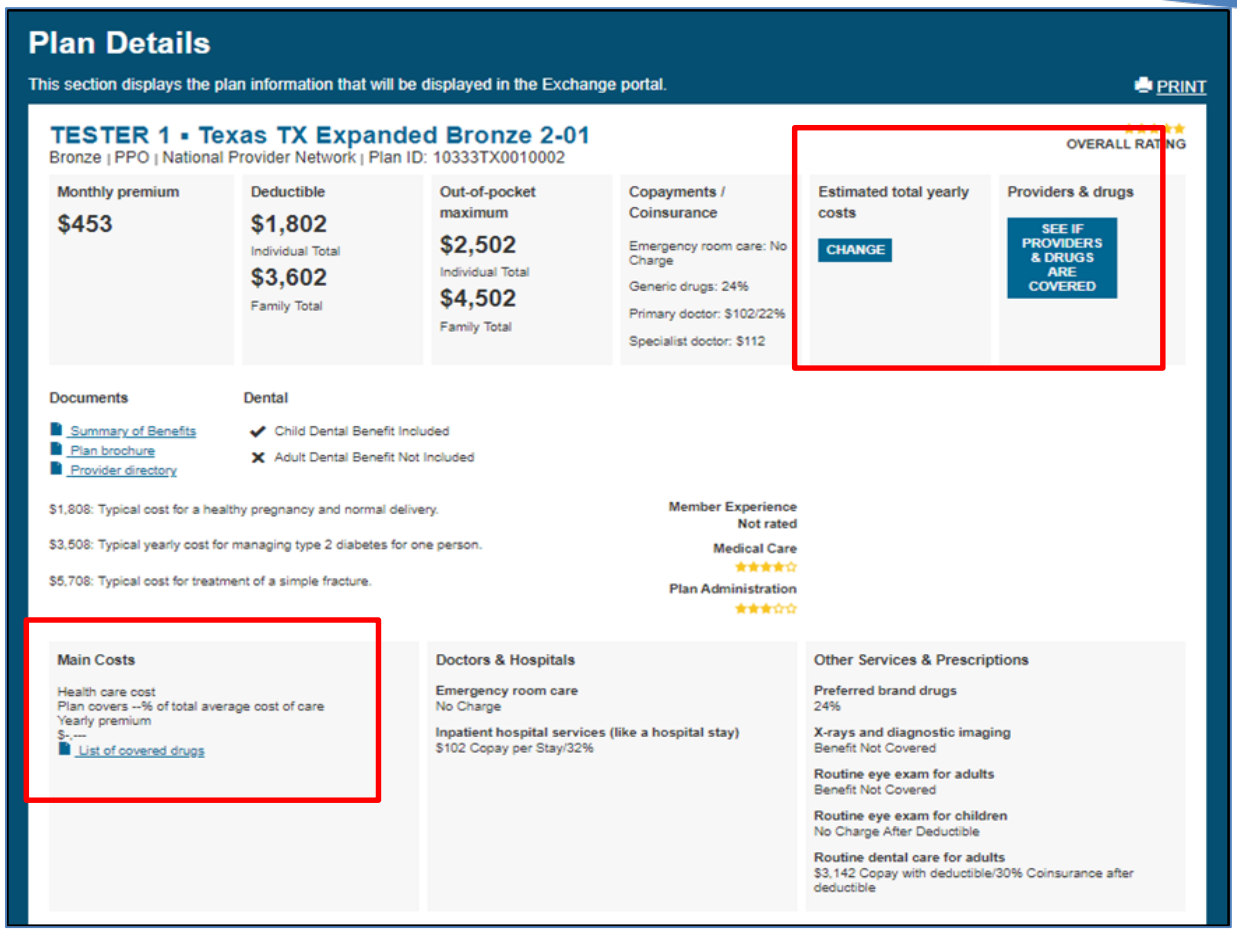
Search:

Plan ID	Plan Name	Market Type	Plan Type	Metal Level	Product Type	Additional Info
27540DE0010004	Bronze	INDIVIDUAL	EPO	BRONZE	MEDICAL	View Info
27540DE0010005	Platinum	INDIVIDUAL	PPO	PLATINUM	MEDICAL	View Info
27540DE0010006	Expanded Bronze	INDIVIDUAL	HMO	BRONZE	MEDICAL	View Info
27540DE0010007	Silver	INDIVIDUAL	POS	SILVER	MEDICAL	View Info
27540DE0010008	Gold	INDIVIDUAL	EPO	GOLD	MEDICAL	View Info

Showing 1 to 20 of 20 entries

View Plan

Rating Scenario and Plan Details for Medical Plans



* Red boxes are a placeholder in Plan Preview and will not display values

Rating Scenario and Plan Details for SADPs – No enrollees under 19

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2019

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Plan Preview - Rating Scenario and Plan Details

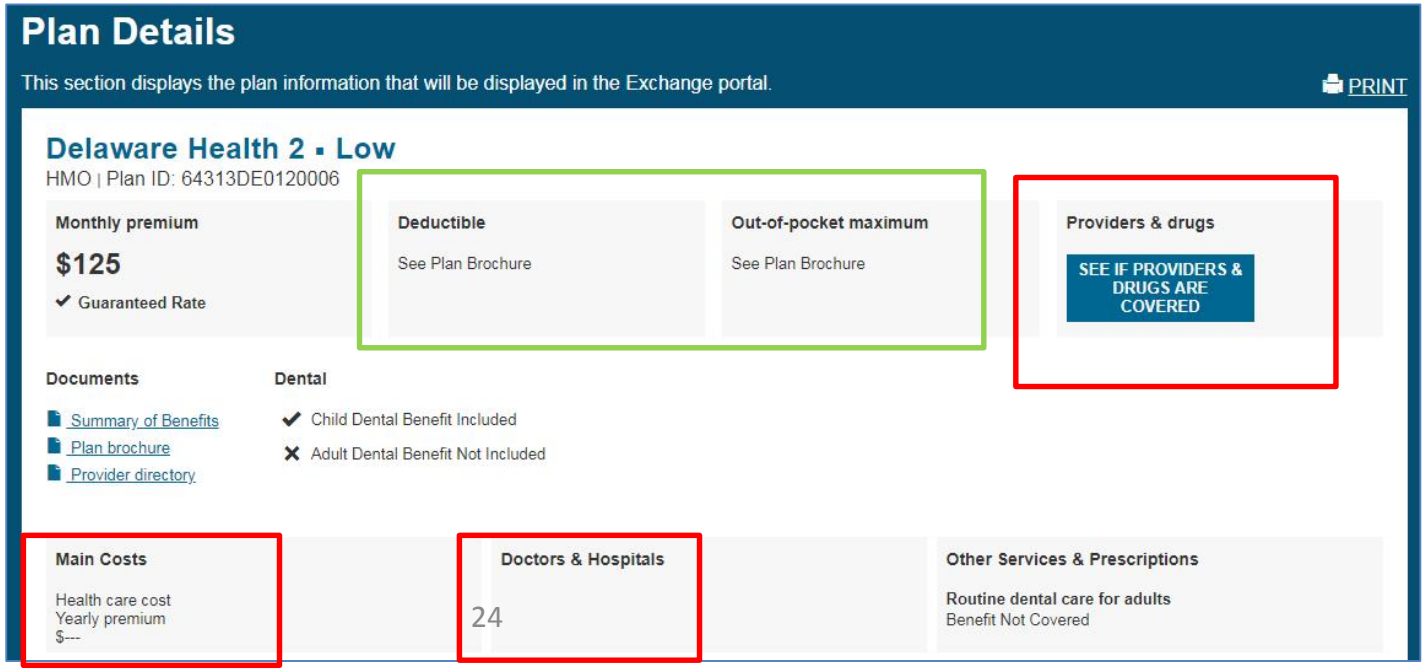
Rating Scenario

This section displays the rating scenario entered to generate the plan details shown below in the Plan Details Section.

Plan ID: 10333TX0010002 | Exchange variant (no CSR)

1/1/2019 | Zip Code: 75844 | County: Houston

Subscriber	Date of Birth	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/1/1980	None	Not Applicable



Plan Details

This section displays the plan information that will be displayed in the Exchange portal.

PRINT

Delaware Health 2 ▪ Low

HMO | Plan ID: 64313DE0120006

Monthly premium

$125

✔ Guaranteed Rate

Deductible

See Plan Brochure

Out-of-pocket maximum

See Plan Brochure

Providers & drugs

SEE IF PROVIDERS & DRUGS ARE COVERED

Documents

- Summary of Benefits
- Plan brochure
- Provider directory

Dental

✔ Child Dental Benefit Included

✘ Adult Dental Benefit Not Included

Main Costs

Health care cost
Yearly premium
$---

Doctors & Hospitals

Other Services & Prescriptions

Routine dental care for adults
Benefit Not Covered

Rating Scenario and Plan Details for SADPs – At least one (1) enrollee under 19

Plan Preview - Rating Scenario and Plan Details

Rating Scenario

This section displays the rating scenario entered to generate the plan details shown below in the Plan Details Section.

Plan ID: 64313DE0120004 | Exchange variant (no CSR)

1/1/2019 | Zip Code: 19901 | County: Kent

Subscriber	Date of Birth	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/6/2003	None	Not Applicable
Dependent 1 (Brother or Sister)	10/28/2009	None	Yes
Dependent 2 (Brother or Sister)	5/25/2007	None	Yes

Plan Details

This section displays the plan information that will be displayed in the Exchange portal.

PRINT

Delaware Health 2 ▪ Low

EPO | Plan ID: 64313DE0120004

Monthly premium
$400
✔ Guaranteed Rate

Deductible
$100
Individual Total
$2,200
Family Total
(Applies to child essential health benefits only)

Out-of-pocket maximum
$125
Individual Total
$1,550
Family Total
(Applies to child essential health benefits only)

Providers & drugs
SEE IF PROVIDERS & DRUGS ARE COVERED

Documents
- Summary of Benefits
- Plan brochure
- Provider directory

Dental
- ✔ Child Dental Benefit Included
- ✘ Adult Dental Benefit Not Included

Main Costs
Health care cost
Yearly premium
$---

Doctors & Hospitals

Other Services & Prescriptions
Routine dental care for adults
Benefit Not Covered

Maximum Out-of-Pocket (MOOP) and Deductible Display Logic

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MOOPs and Deductibles – Summary Display Logic

Summary MOOP & Deductible							
Enrollment Group Size	Individual In-Network	Individual Combined Network	Family In-Network Per Group	Family Combined Network Per Group	Family In-Network Per Person	Family Combined-Network Per Person	**Display**
1	$X	Any	Any	Any	Any	Any	**$X**
1	Not Applicable	$X	Any	Any	Any	Any	**$X**
1	Not Applicable	Not Applicable	Any	Any	Any	Any	**Not Applicable**
2	Any	Any	$X	Any	Any	Any	**$X Per Group**
2	Any	Any	Not Applicable	$X	Any	Any	**$X Per Group**
2	Any	Any	Not Applicable	Not Applicable	$X	Any	**$X Per Person**
2	Any	Any	Not Applicable	Not Applicable	Not Applicable	$X	**$X Per Person**
2	Any	Any	Not Applicable	Not Applicable	Not Applicable	Not Applicable	**Not Applicable**

MOOPs and Deductibles – Detailed Display Page: MOOP and Deductible Logic

Detailed MOOP & Deductible							
Enrollment Group Size	Individual In-Network	Individual Combined Network	Family In-Network Per Group	Family Combined Network Per Group	Family In-Network Per Person	Family Combined-Network Per Person	**Display**
1	$X	Any	Any	Any	Any	Any	**$X**
1	Not Applicable	$X	Any	Any	Any	Any	**$X**
1	Not Applicable	Not Applicable	Any	Any	Any	Any	**Not Applicable**
2	Any	Any	$Y	Any	$X	Any	**$X per person; $Y per group**
2	Any	Any	Not Applicable	$Y	$X	Any	**$X per person; $Y per group**
2	Any	Any	Not Applicable	Not Applicable	$X	Any	**$X per person; Not Applicable per group**
2	Any	Any	$Y	Any	Not Applicable	$X	**$X per person; $Y per group**
2	Any	Any	Not Applicable	$Y	Not Applicable	$X	**$X per person; $Y per group**
2	Any	Any	Not Applicable	Not Applicable	Not Applicable	$X	**$X per person; Not Applicable per group**
2	Any	Any	$Y	Any	Not Applicable	Not Applicable	**Not Applicable per person; $Y per group**
2	Any	Any	Not Applicable	$Y	Not Applicable	Not Applicable	**Not Applicable per person; $Y per group**
2	Any	Any	Not Applicable	Not Applicable	Not Applicable	Not Applicable	**Not Applicable per person; Not Applicable per group**

MOOPs and Deductibles – Detailed Display Page: Prescription Drug Logic

Detailed Prescription Drug MOOP & Deductible

Note: If combined with medical, display "Included in Combined Medical & Drug X" where X is either "Deductible" or "Maximum Out-of-Pocket"

Otherwise:

Enrollment Group Size	Individual In-Network	Individual Combined Network	Family In-Network Per Group	Family Combined Network Per Group	Family In-Network Per Person	Family Combined-Network Per Person	**Display**
1	$X	Any	Any	Any	Any	Any	**$X**
1	Not Applicable	$X	Any	Any	Any	Any	**$X**
1	Not Applicable	Not Applicable	Any	Any	Any	Any	**Not Applicable**
2	Any	Any	$Y	Any	$X	Any	**$X per person; $Y per group**
2	Any	Any	Not Applicable	$Y	$X	Any	**$X per person; $Y per group**
2	Any	Any	Not Applicable	Not Applicable	$X	Any	**$X per person; Not Applicable per group**
2	Any	Any	$Y	Any	Not Applicable	$X	**$X per person; $Y per group**
2	Any	Any	Not Applicable	$Y	Not Applicable	$X	**$X per person; $Y per group**
2	Any	Any	Not Applicable	Not Applicable	Not Applicable	$X	**$X per person; Not Applicable per group**
2	Any	Any	$Y	Any	Not Applicable	Not Applicable	**Not Applicable per person; $Y per group**
2	Any	Any	Not Applicable	$Y	Not Applicable	Not Applicable	**Not Applicable per person; $Y per group**
2	Any	Any	Not Applicable	Not Applicable	Not Applicable	Not Applicable	**Not Applicable per person; Not Applicable per group**

Copay and Coinsurance Display Logic

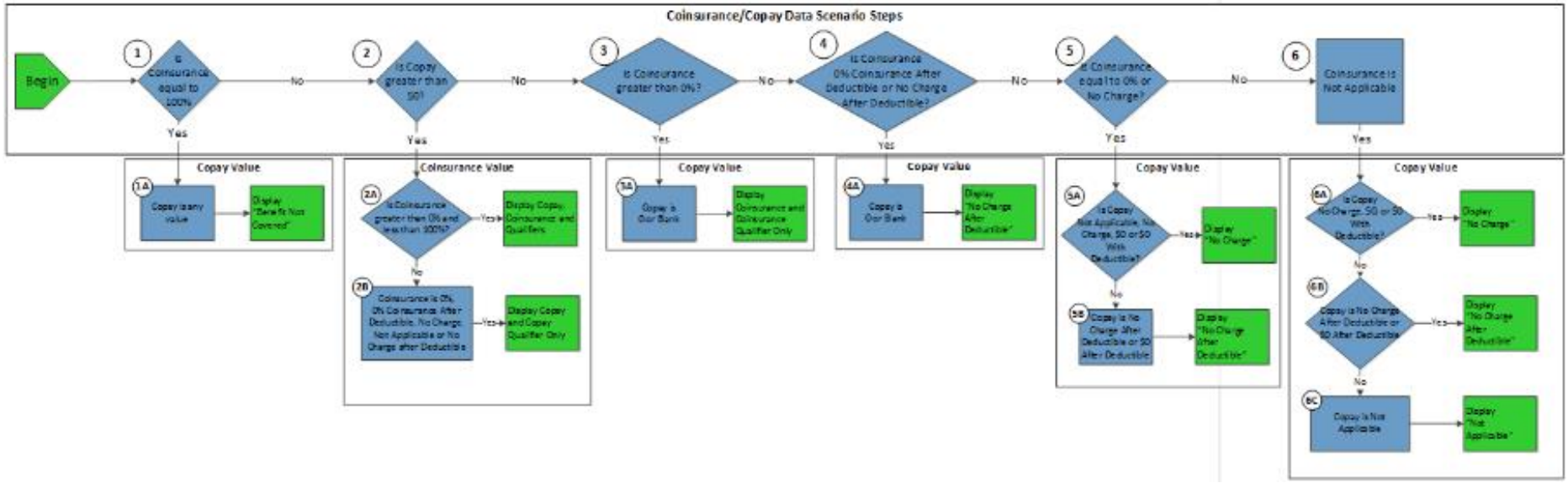
Copay and Coinsurance – Display Options

- The following values continue to be options for Inpatient Hospital Services and Skilled Nursing Facility:
  - $X copay per stay
  - $X copay per stay with deductible
  - $X copay per stay after deductible
  - $X copay
  - $X copay per day with deductible
  - $X copay per day after deductible
  - No charge
  - No charge after deductible
  - Not applicable.

Copay and Coinsurance – Display Options

- Per stay and per day continue to be options for Inpatient Mental Health and Substance Abuse.
- "$X," "$X copay after deductible," and "$X copay with deductible" continue to be options for Inpatient Mental Health and Substance Abuse.
- All benefits include the option “not applicable” for copay and coinsurance values.

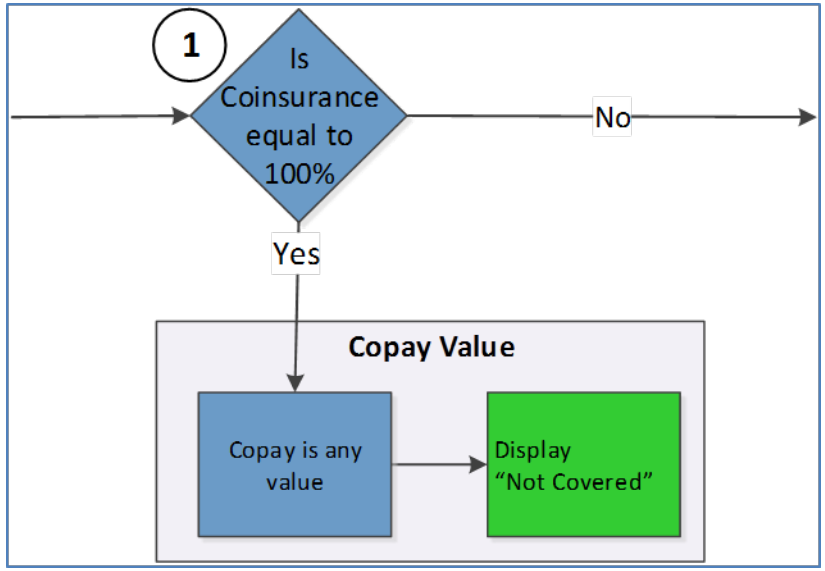
Copay and Coinsurance – Process Flow



Notes

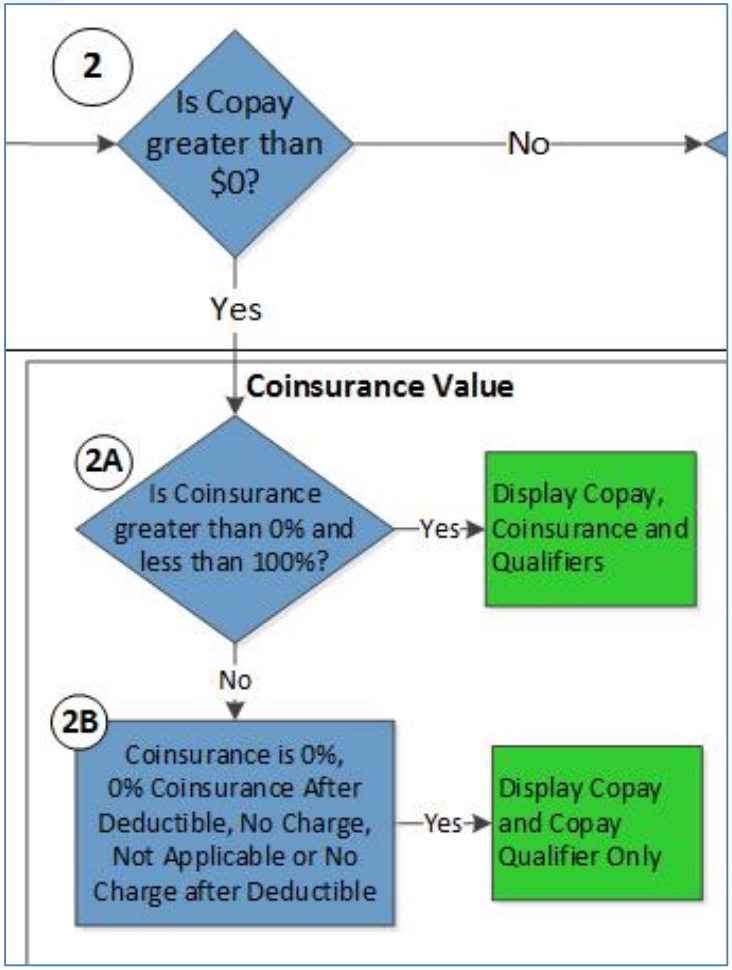
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

Copay and Coinsurance – Process Flow: Step 1



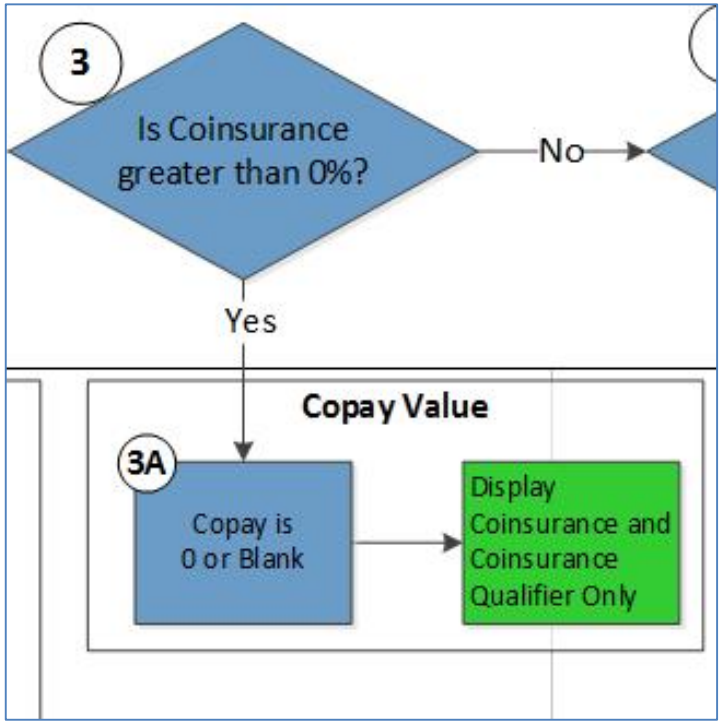
Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

Copay and Coinsurance – Process Flow: Step 2



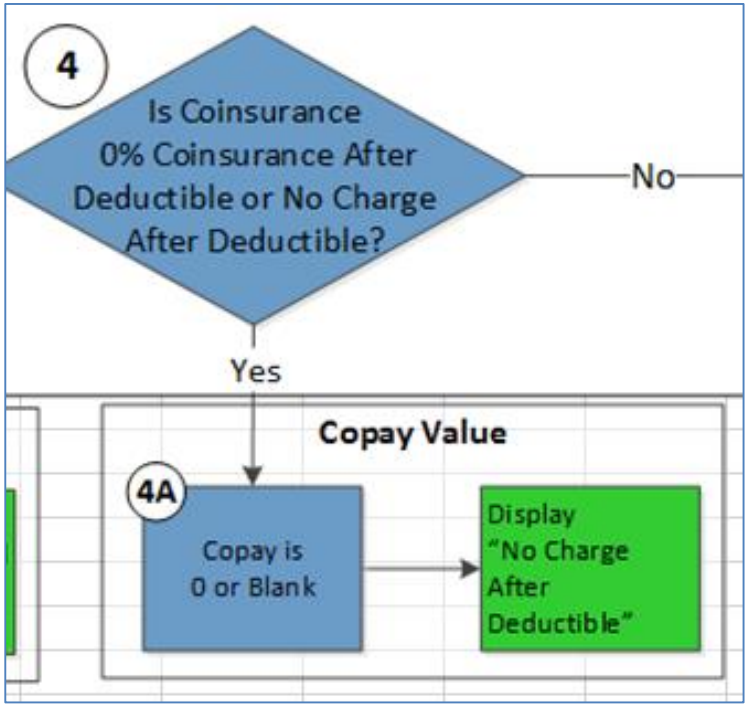
Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

Copay and Coinsurance – Process Flow: Step 3



Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

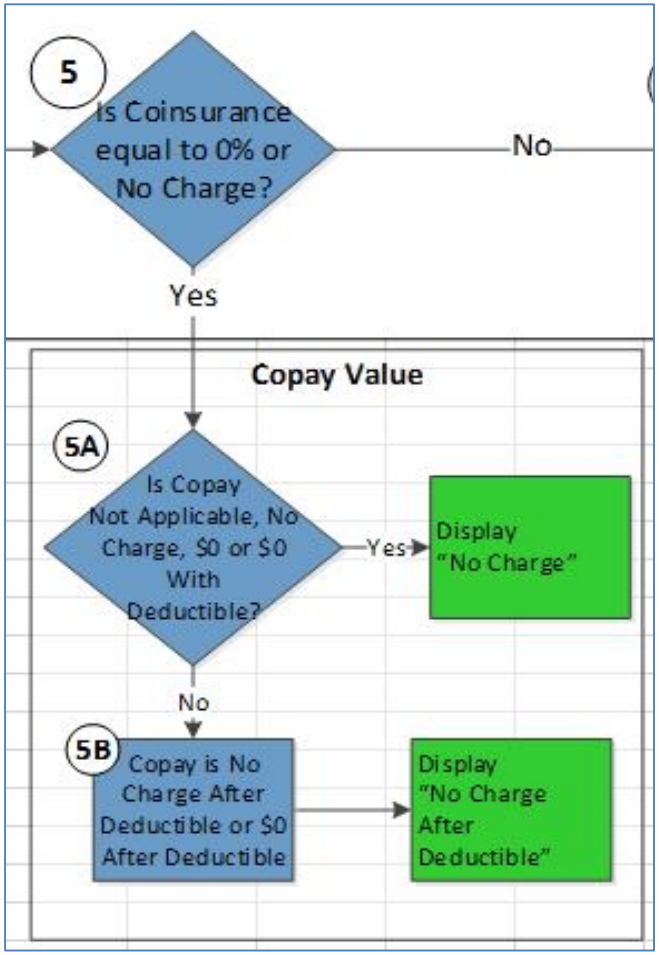
Copay and Coinsurance – Process Flow: Step 4



Notes

1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

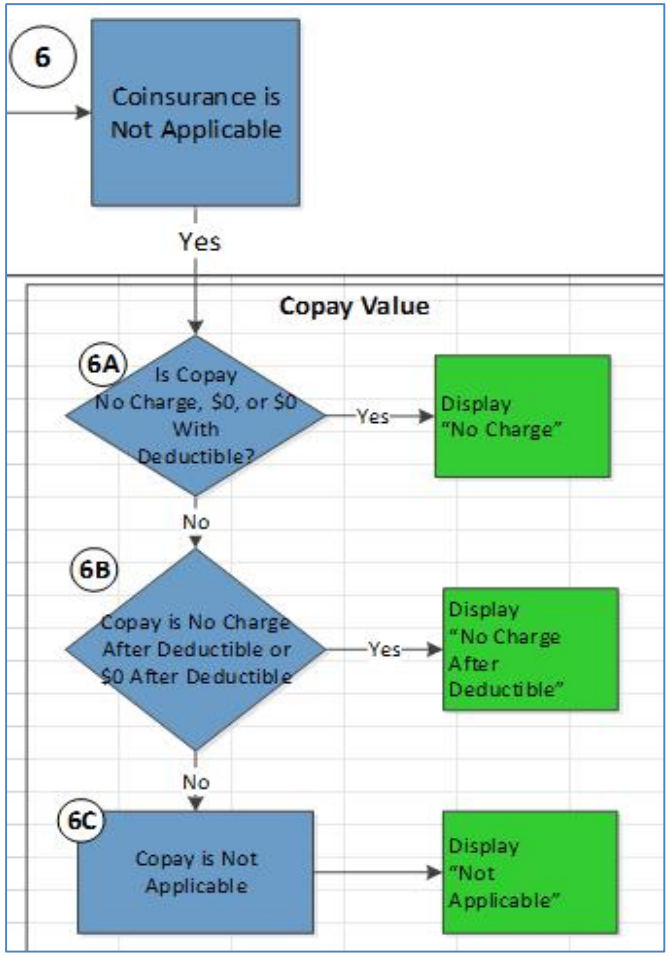
Copay and Coinsurance – Process Flow: Step 5



Notes

1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

Copay and Coinsurance – Process Flow: Step 6

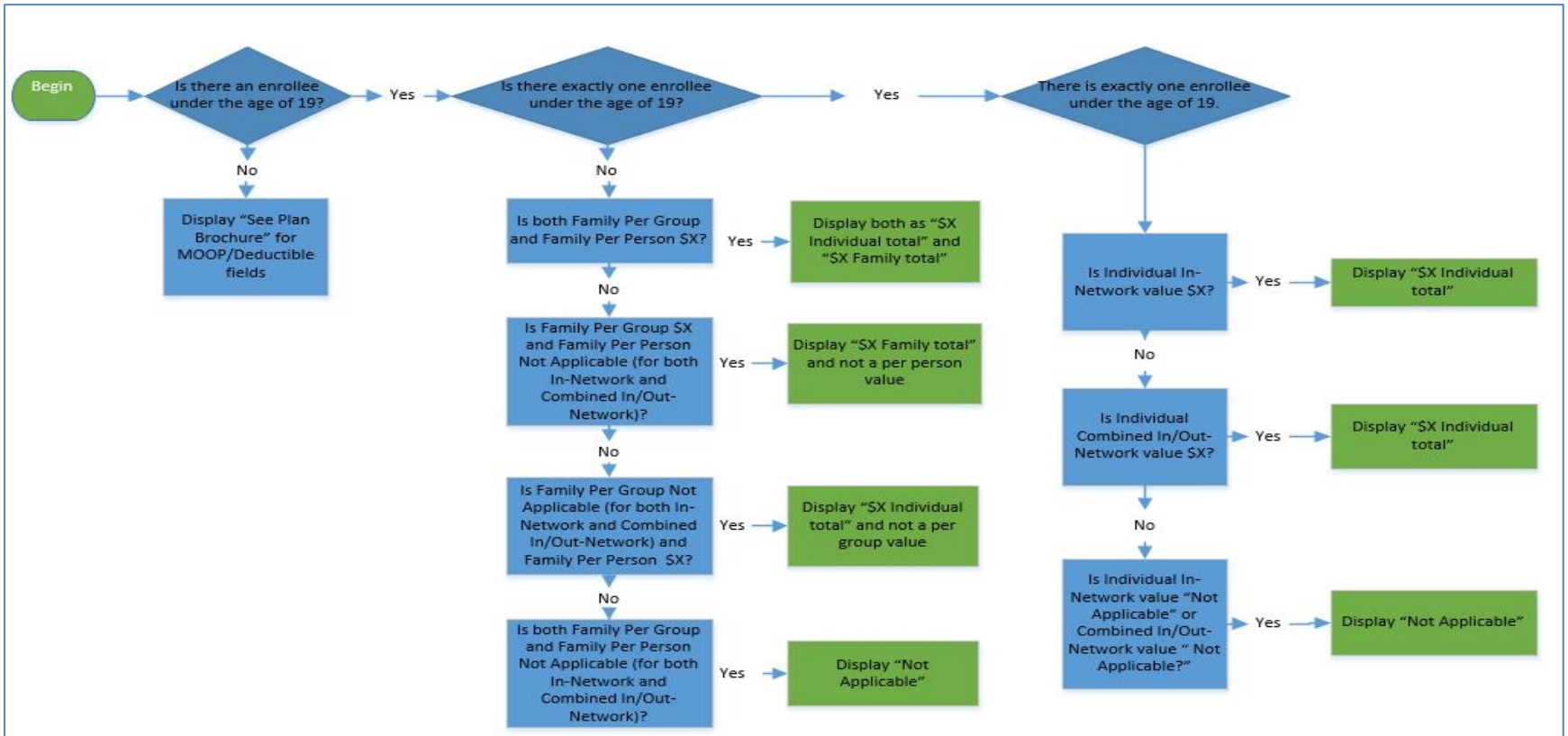


Notes

1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when the template value is "No Charge", " No Charge After Deductible", or "Not Applicable".

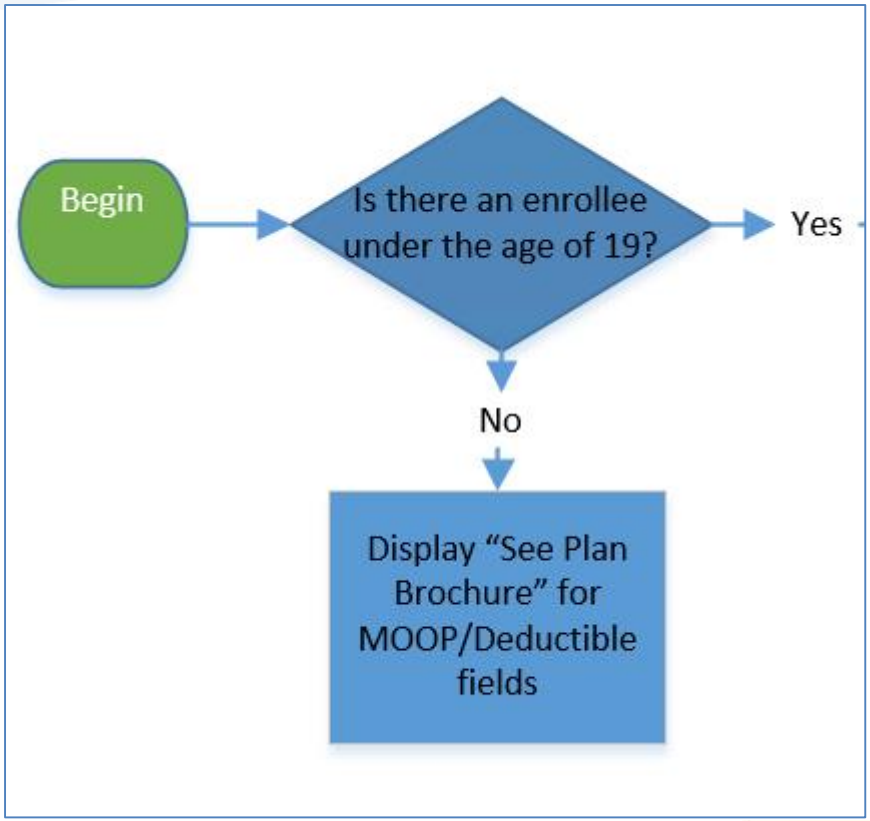
Benefit Cost Sharing Logic for SADP

MOOPS and Deductibles – Summary Display Logic for SADPs



Notes
1. Use In-Network value if its $X
2. If In-network value is "Not Applicable", use Combined In/Out-Network value.
3. If a dollar amount is displayed for the Deductible and/or Out-of-pocket maximum fields for a SADP, then the text "(Applies to child essential health benefits only)" will display at the bottom of the field, regardless of whether the Individual Total amount is shown or both the Individual Total and Family Total values are shown.

MOOPS and Deductibles – Process Flow for SADPs: Step 1



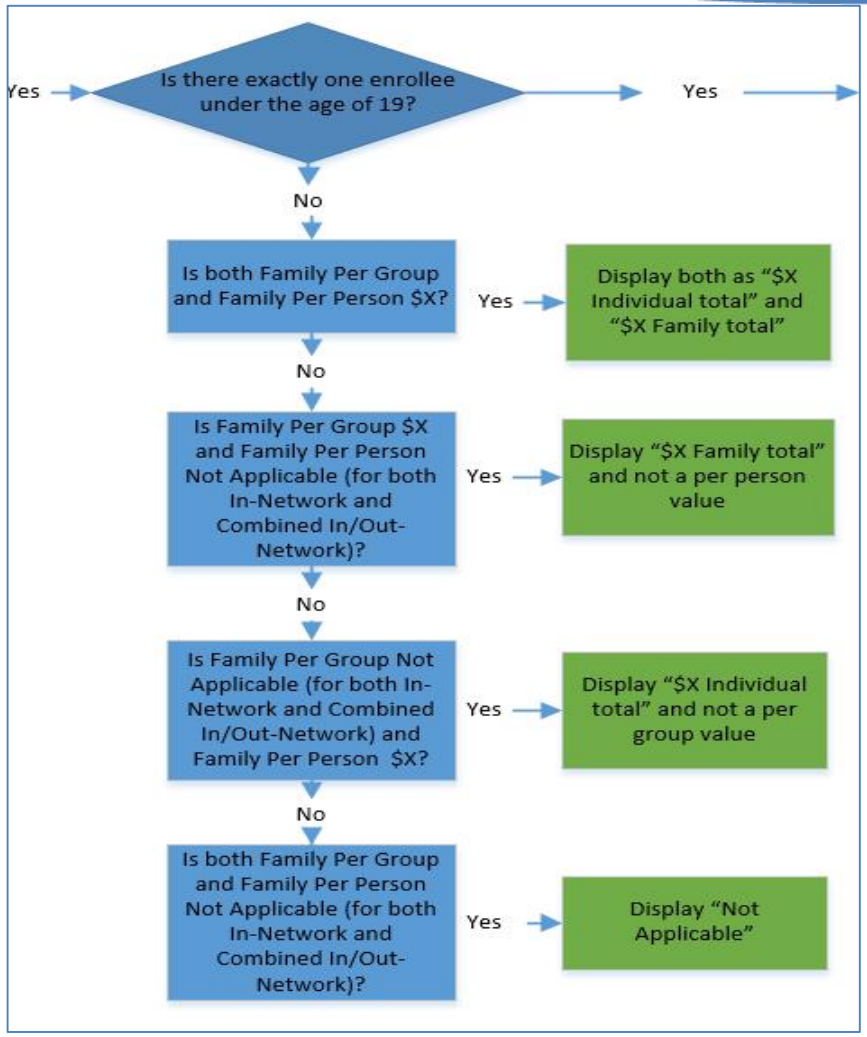
Notes

1. Use In-Network value if its $X
2. If In-network value is "Not Applicable", use Combined In/Out-Network value.
3. If a dollar amount is displayed for the Deductible and/or Out-of-pocket maximum fields for a SADP, then the text "(Applies to child essential health benefits only)" will display at the bottom of the field, regardless of whether the Individual Total amount is shown or both the Individual Total and Family Total values are shown.

MOOPS and Deductibles – Process Flow for SADPs: Step 2

Notes

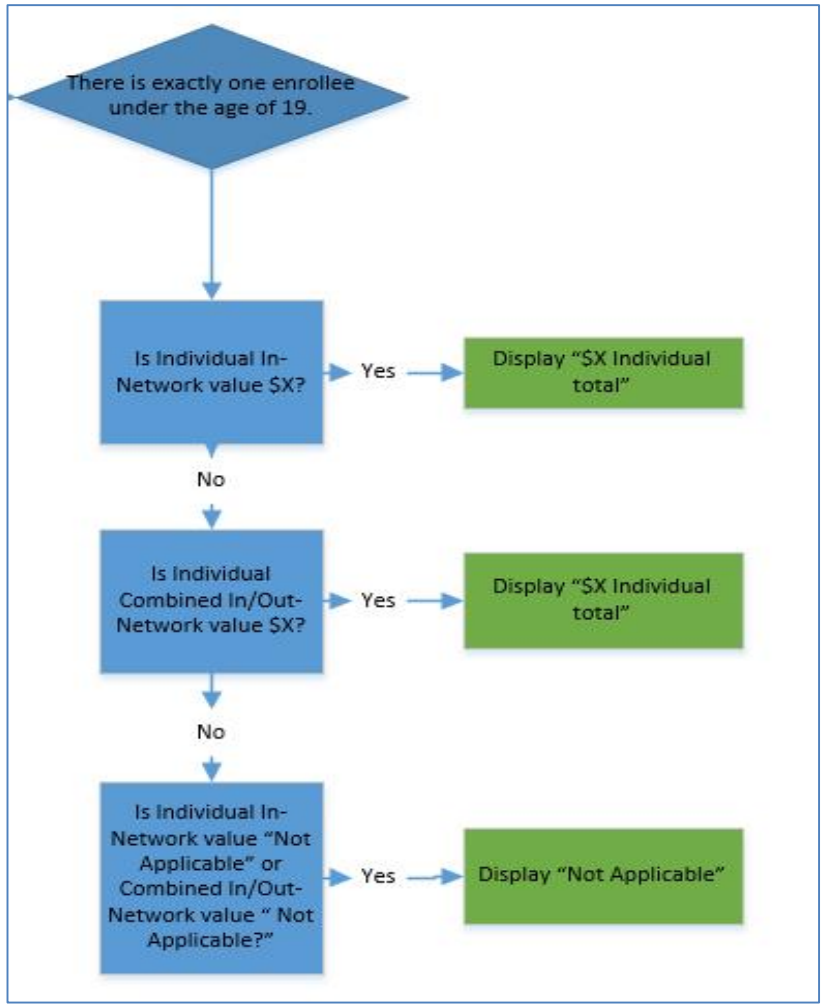
1. Use In-Network value if its $X
2. If In-network value is "Not Applicable", use Combined In/Out-Network value.
3. If a dollar amount is displayed for the Deductible and/or Out-of-pocket maximum fields for a SADP, then the text "(Applies to child essential health benefits only)" will display at the bottom of the field, regardless of whether the Individual Total amount is shown or both the Individual Total and Family Total values are shown.



MOOPS and Deductibles – Process Flow for SADPs: Step 3

Notes

1. Use In-Network value if its $X
2. If In-network value is "Not Applicable", use Combined In/Out-Network value.
3. If a dollar amount is displayed for the Deductible and/or Out-of-pocket maximum fields for a SADP, then the text "(Applies to child essential health benefits only)" will display at the bottom of the field, regardless of whether the Individual Total amount is shown or both the Individual Total and Family Total values are shown.



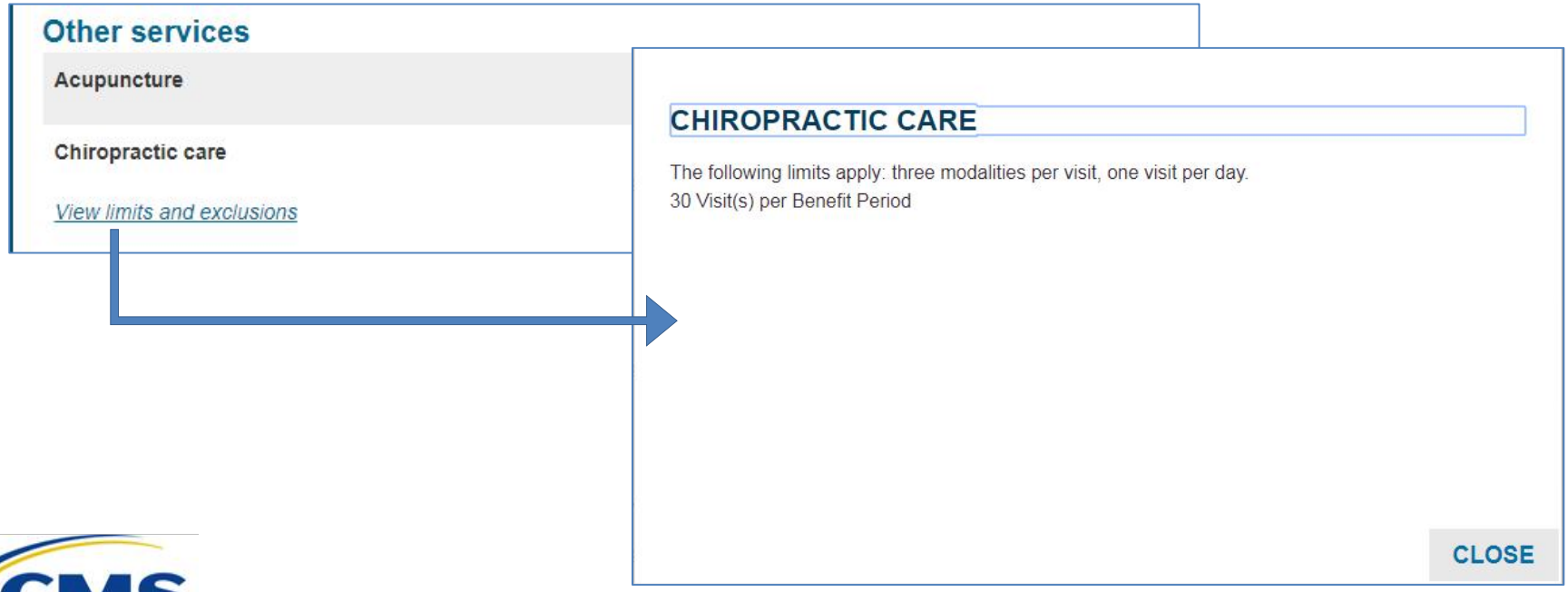
Issuer Questions on 2019 Plan Preview Display

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

2019 Plan Preview Display – How do I verify my limits and exclusions?

- When there is a limit and/or exclusion for a covered benefit, a hyperlink will display below that benefit. When selected, the benefit exclusions and explanation fields will display the language entered for these respective fields in the Plans & Benefits Template.



2019 Plan Preview Display – How do I verify my limits and exclusions?

Plans & Benefits Template – Benefits Package tab

Plan Identifiers										
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	
64313DE0010001	Silver	64313DE001		DEN001	DES001	DEF001	New	PPO	Silver	
64313DE0010002	Gold	64313DE001		DEN002	DES001	DEF001	Existing	HMO	Gold	
64313DE0010003	Catastrop	64313DE001		DEN003	DES001	DEF001	New	POS	Catastrophic	
64313DE0010004	Bronze	64313DE001		DEN004	DES001	DEF001	Existing	EPO	Bronze	
64313DE0010005	Platinum	64313DE001		DEN005	DES002	DEF001	New	PPO	Platinum	
64313DE0010006	Expanded	64313DE001		DEN006	DES002	DEF001	Existing	HMO	Expanded Bronze	
64313DE0010007	Silver	64313DE001		DEN007	DES002	DEF001	New	POS	Silver	
64313DE0010008	Gold	64313DE001		DEN008	DES002	DEF001	Existing	EPO	Gold	
64313DE0010009	Catastrop	64313DE001		DEN009	DES003	DEF001	New	PPO	Catastrophic	
64313DE0010010	Bronze	64313DE001		DEN010	DES003	DEF001	Existing	HMO	Bronze	
64313DE0010011	Platinum	64313DE001		DEN011	DES003	DEF001	New	POS	Platinum	
64313DE0010012	Expanded	64313DE001		DEN012	DES003	DEF001	Existing	EPO	Expanded Bronze	

Benefit Information		General Information						
Benefits	EHB	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Exclusions	Benefit Explanation	EHB Variance Reason
Chiropractic Care	Yes	Covered	Yes	30	Visit(s) per Benefit Period		The following limits apply: three modalities per visit, one visit per day.	

2019 Plan Preview Display – Why don't my rates add up?

- The user incorrectly selects "There are rates specifically for couples and families (not just addition of individual rates)."

Business Rules Template

Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?
	There are rates specifically for couples and for families (not just addition of individual rates)

Rates Template

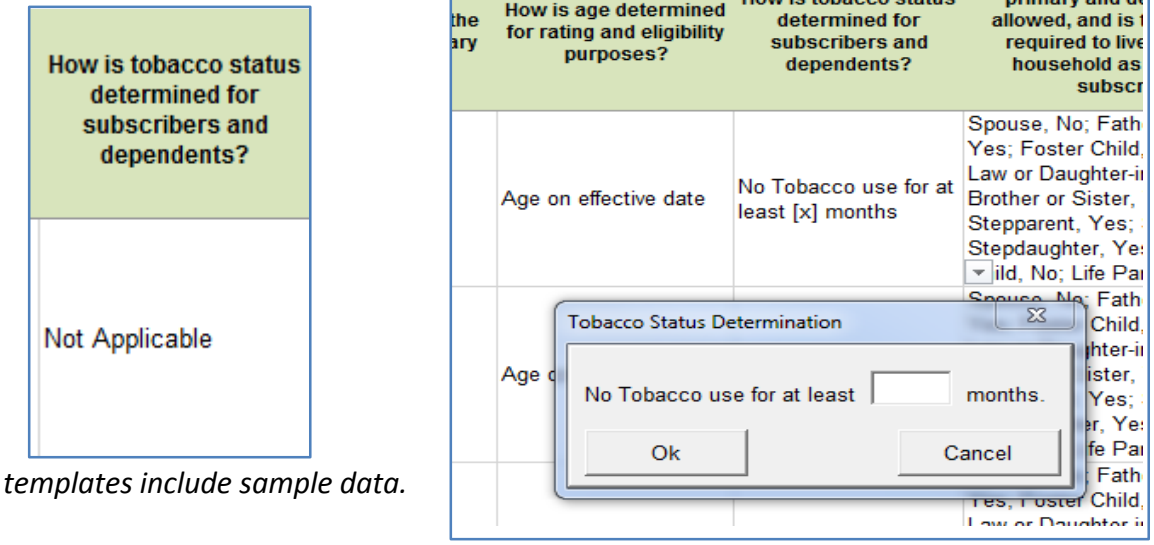
			Family Tier
Couple *	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*
Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents
47.91	46.91	64.91	82.91

Please note that the templates include sample data.

2019 Plan Preview Display – Why are tobacco rates not showing up?

- When "Not Applicable" is the value for "How is tobacco status determined for subscribers and dependents?" In the Business Rules Template, the plan is treated as having identical rates for tobacco and non-tobacco. Change the selection for the tobacco months field to "No tobacco use for at least X months" for different rates for tobacco rates.

Business Rules Template



**Please note that the templates include sample data.*

2019 Plan Preview Display – How do I verify my medical management programs?

Medical management programs	
Asthma	Not Available
Heart disease	Not Available
Depression	Not Available
Diabetes	Not Available
High blood pressure and high cholesterol	Not Available
Low back pain	Not Available
Pain management	Not Available
Pregnancy	Not Available
Weight loss programs	Not Available

Plans & Benefits Template – Benefits Package tab

Plan Identifiers		*Plan Attributes*
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	Disease Management Programs Offered
27540DE0010001	Silver	
27540DE0010002	Gold	

2019 Plan Preview Display – Why don't my plans show up?

- If the Service Area does not cover the entire state, make sure the zip code used is in a county that is listed under the correct Service Area ID.

P&B Template

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*
10941AZ0010001	AZ Plan 1	10941AZ001		AZN001	AZS001

Service Area Template

Service Area ID* Required: Enter the Service Area ID	Required: Enter the Service Area Name	Required: Does this Service Area cover the entire state?	County Name Required if State is "No": Select the County - FIPS this Service Area covers
AZS001	Service Area 1	No	Mohave - 04015
AZS001	Service Area 1	No	Coconino - 04005
AZS001	Service Area 1	No	Apache - 04001
AZS001	Service Area 1	No	Navajo - 04017
AZS002	Service Area 2	No	Yavapai - 04025
AZS003	Service Area 3	No	La Paz - 04012

**Please note that the templates include sample data.*

2019 Plan Preview Display – Why don't my plans show up? (continued)

- Make sure the Rating Area associated with a county is correctly listed in the Rates Template.

Rates Template

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
10941AZ0010001	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	46.99
10941AZ0010001	Rating Area 1	Tobacco User/Non-Tobacco User	21	47.99

State N	County Name	ZIP	Rating Area
AZ	Coconino	86018	Rating Area 1
AZ	Coconino	86053	Rating Area 1
AZ	Coconino	86024	Rating Area 1

**Please note that the templates include sample data.*

2019 Plan Preview Display – Why don't my plans show up? (continued)

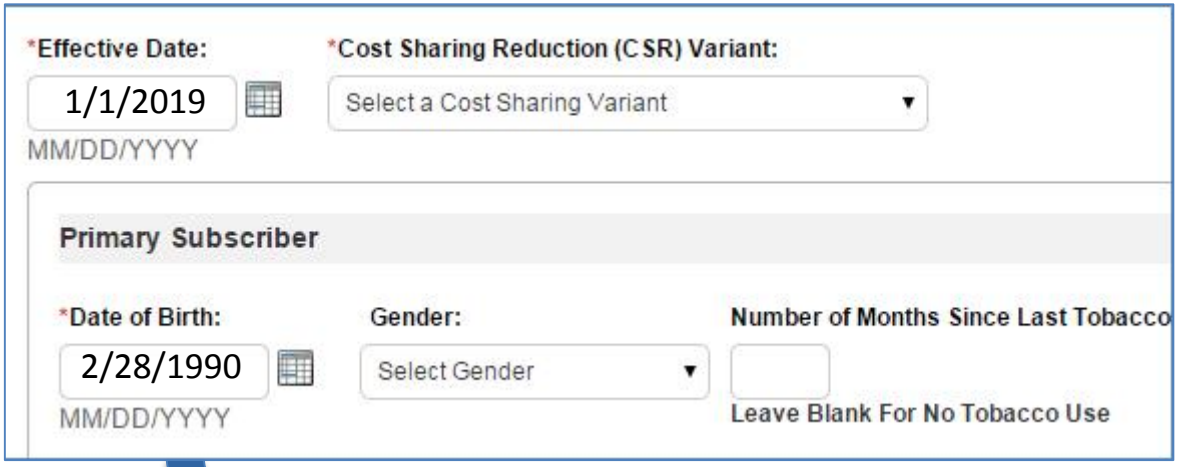
- When testing the plans, make sure to input correct birthdays:
  - For example, Child-Only plans won't display for enrollees born before 1999 for PY 2019.
  - Catastrophic plans won't display for enrollees born before 1989 for PY 2019.

Plan Identifiers					*Plan Attribute*
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	Level of Coverage*	Child-Only Offering*	Child Only Plan ID
10941AZ0010001	AZ Plan 1	10941AZ001	Silver	Allows Adult and Child-Only	
10941AZ0010002	AZ Plan 2	10941AZ001	Gold	Allows Child-Only	
10941AZ0010003	AZ Plan 3	10941AZ001	Silver	Allows Adult and Child-Only	
10941AZ0020001	AZ Plan 4	10941AZ002	Catastrophic	Allows Child-Only	
10941AZ0020002	AZ Plan 5	10941AZ002	Bronze	Allows Adult and Child-Only	
10941AZ0020003	AZ Plan 6	10941AZ002	Platinum	Allows Adult and Child-Only	

**Please note that the templates include sample data.*

2019 Plan Preview Display – Why are my rates incorrect?

- In this example, the effective date is 1/1/2019. The consumer is still 28 and the $367.22 rate applies.

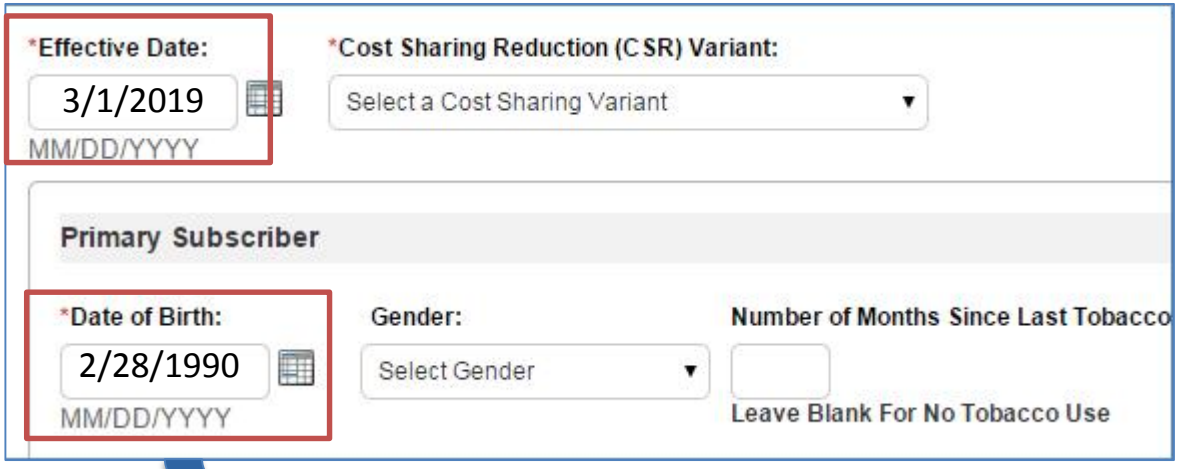


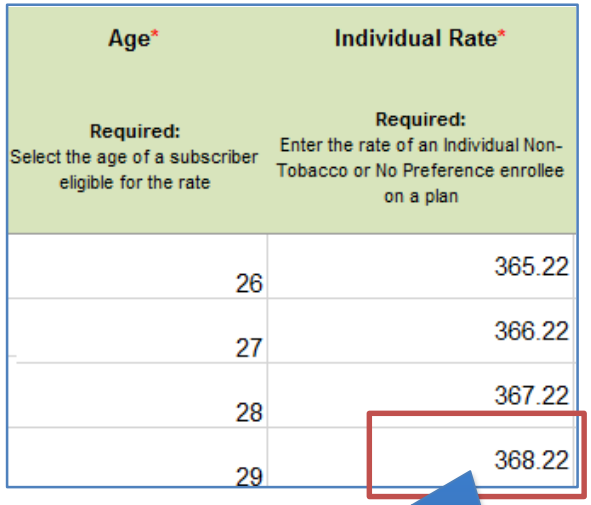
Age*	Individual Rate*
Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
26	365.22
27	366.22
28	367.22

Please note that the templates include sample data.

2019 Plan Preview Display – Why are my rates incorrect? (continued)

- In this example, the effective date is 3/1/2019. The consumer is 29 and the $368.22 rate applies.





Age*	Individual Rate*
Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
26	365.22
27	366.22
28	367.22
29	368.22

Please note that the templates include sample data.

2019 Plan Preview Display – Why doesn't my plan display adult and/or child dental benefits?

- Issuers have to cover the following Adult Dental Benefits in order to display **"Adult Dental Benefit"** coverage:
  - Routine Dental Services
  - Basic Dental Care
  - Major Dental Care.
- Issuers have to cover the following Child Dental Benefits in order to display **"Child Dental Benefit"** coverage:
  - Dental Check-Up
  - Major Dental Care
  - Basic Dental Care.
- If a plan covers all three dental services listed above for adult and/or child, a check mark will be next to the language "Child dental benefit included" and/or "Adult dental benefit included." When a plan does not cover all three dental services listed above for an adult and/or child, an X will be next to the language "Child dental benefit not included" and/or "Adult dental benefit not included."

2019 Plan Preview Display – How do I test my pediatric only dental plans?

- When testing for pediatric only dental plans please enter the child's birthdate, gender, zip code and county in the "Primary Subscriber" section and click "Update Plan Results."

2019 Plan Preview Display – After we submit our updated template data, how long before Plan Preview is updated to reflect the change?

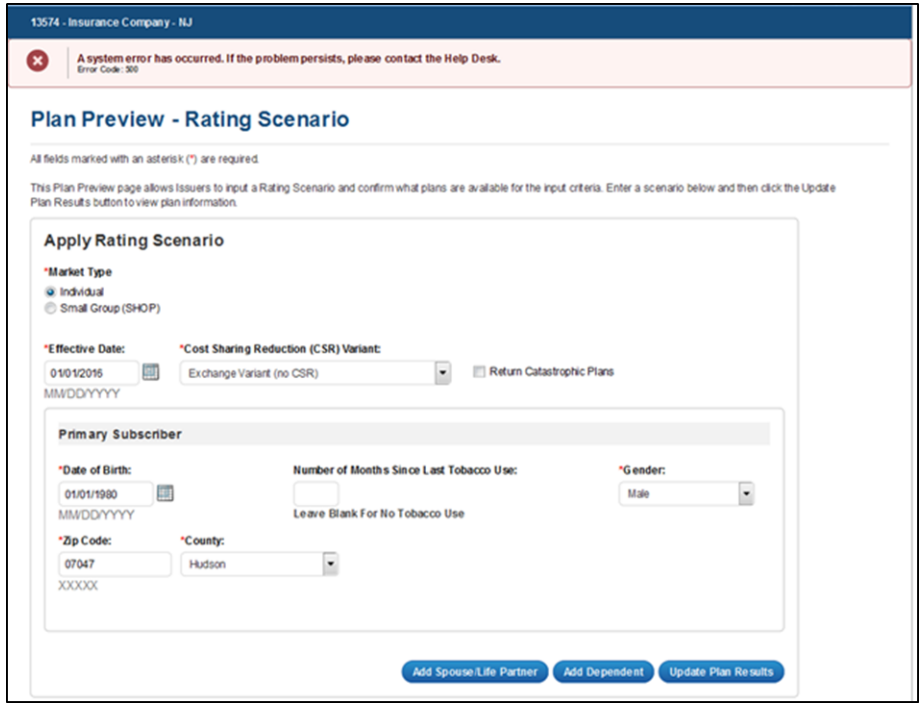
- For changes submitted into HIOS, most will be processed and appear in Plan Preview within 24 hours of issuer cross-validation; however, in some instances it may take more time.
- For changes submitted into SERFF it can take longer to appear in Plan Preview. Once the data has been successfully transferred by the state to HIOS, revised plans will appear in Plan Preview.

2019 Plan Preview Display – Can the Advanced Premium Tax Credit (APTC) be tested in Plan Preview?

- Plan Preview does not display APTC because the system does not collect household income or compare the average price of plans in the same service area for the created rating scenario.
- Issuers can preview APTC during Plan Compare 2.0 testing.

2019 Plan Preview Display – How do I troubleshoot errors?

- When a system error occurs, an error will display at the top of the page.
- Take the following steps to resolve the error:
  - Log out of HIOS
  - Delete browsing history
  - Close web browser
  - Open Plan Preview



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 June QHP Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
06/28/18	Thursday	1:00 p.m. – 2:00 p.m.	Submission of QHP Transparency in Coverage Data Frequently Asked Questions (FAQ)

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