Year 5 Plan Preview Design Details

June 22, 2017

2017 Qualified Health Plan (QHP) Series

CMS
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Agenda

- Session Guidelines
- Key Dates
- Year 5 Plan Preview Design Details
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This 60-minute session is conducted to provide a presentation of the Year 5 Plan Preview Design Details, 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
June 22, 2017 – July 25, 2017	QHP Submission	CMS reviews Initial Plan Year (PY) 2018 QHP Applications received as of June 21, 2017
July 6, 2017 – July 14, 2017	Plan Data Change	Issuers Submit Final Data Change Requests for the PY 2017 July Data Correction Window (DCW), including 4th Quarter Small Business Health Options Program (SHOP) Rate Changes
July 19, 2017 – July 25, 2017	Plan Data Change	July DCW for Approved PY 2017 Plan Data Changes
August 1, 2017 – August 2, 2017	QHP Submission	• CMS sends First PY 2018 Correction and Crosswalk Notices to Issuers • CMS sends alternate enrollment "Potential New Consumers" File and Outreach Notices to Issuers and States
August 4, 2017	QHP Submission	Deadline for PY 2018 Service Area Petition

Announcements

Year 5 Plan Preview Design Details

Agenda

- Introduction
- Plan Preview Medical Display Logic
- Plan Preview Dental Display Logic
- Issuer Questions on 2018 Plan Preview Display
  - Review potential issuer questions that may be encountered on the 2018 display
- Common Issuer Problems
  - Review common problems and frequently asked questions (FAQs) that issuers encountered during PY 2017 testing
- Q&A

Introduction – What is Plan Preview?

- Module in the Health Insurance Oversight System (HIOS).
- Helps Qualified Health Plan (QHP) and stand-alone dental plan (SADP) issuers preview their own plan benefit displays for HealthCare.gov and confirm accurate plan data will be displayed on HealthCare.gov.
- Helps states preview the plan benefit displays for all issuers in their state.
- Closely mimics the display consumers see on HealthCare.gov.

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

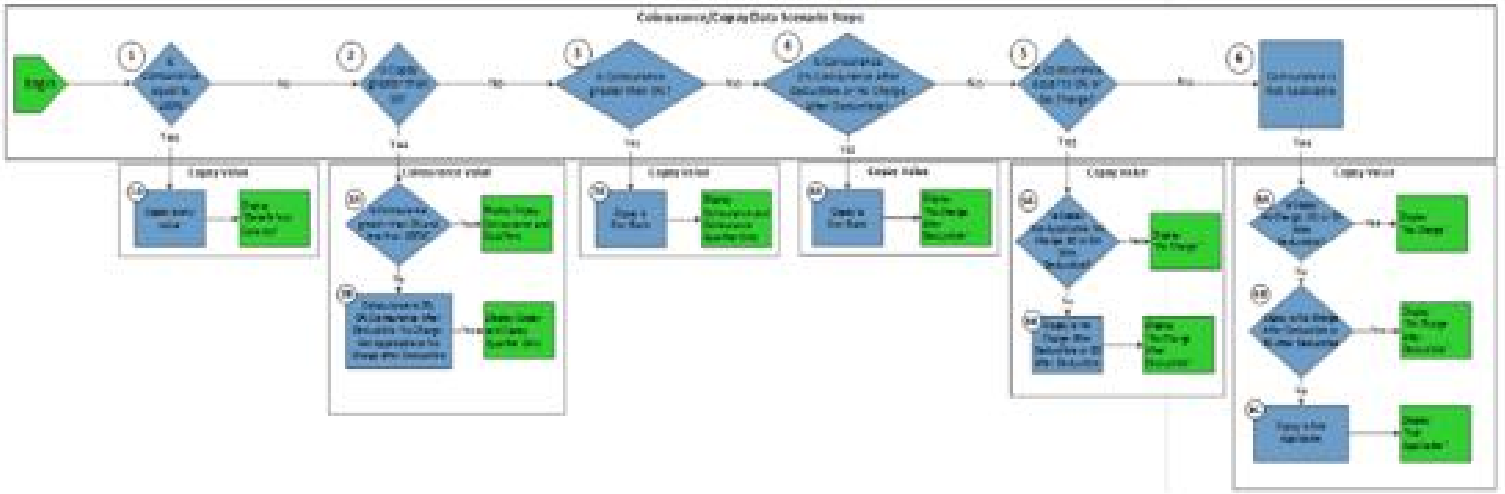
Copay and Coinsurance – Display Options

- The language "copay before deductible" has been changed to "copay with deductible" across all sections of Plan Preview.
- 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 (continued)

- Per stay and per day continue to be options to 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.

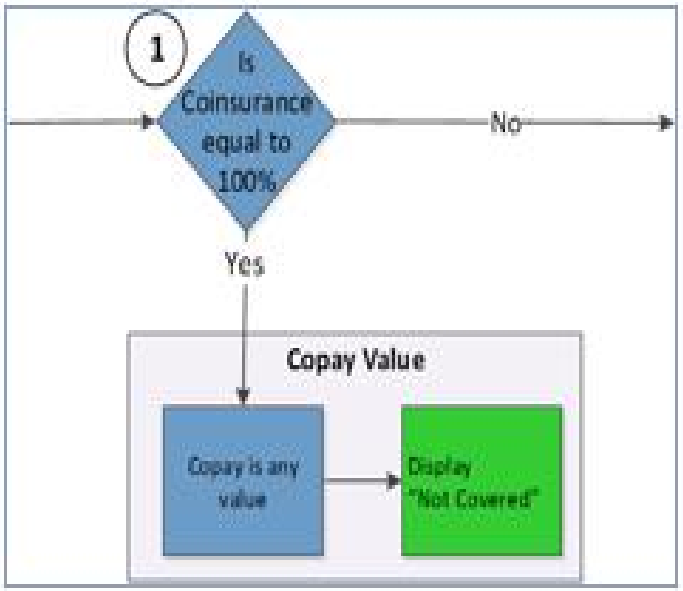
Copay and Coinsurance – Process Flow



Notes

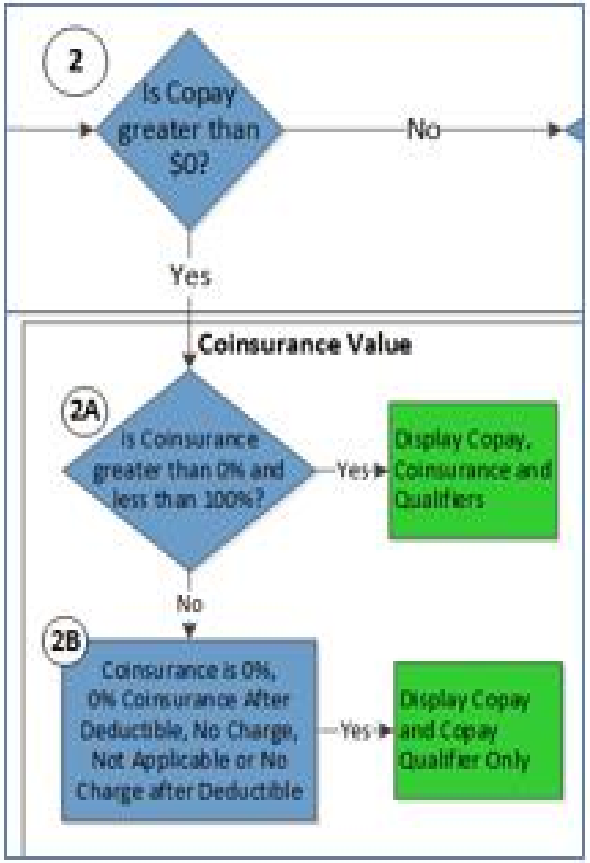
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" when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

Copay and Coinsurance – Process Flow: Step 1



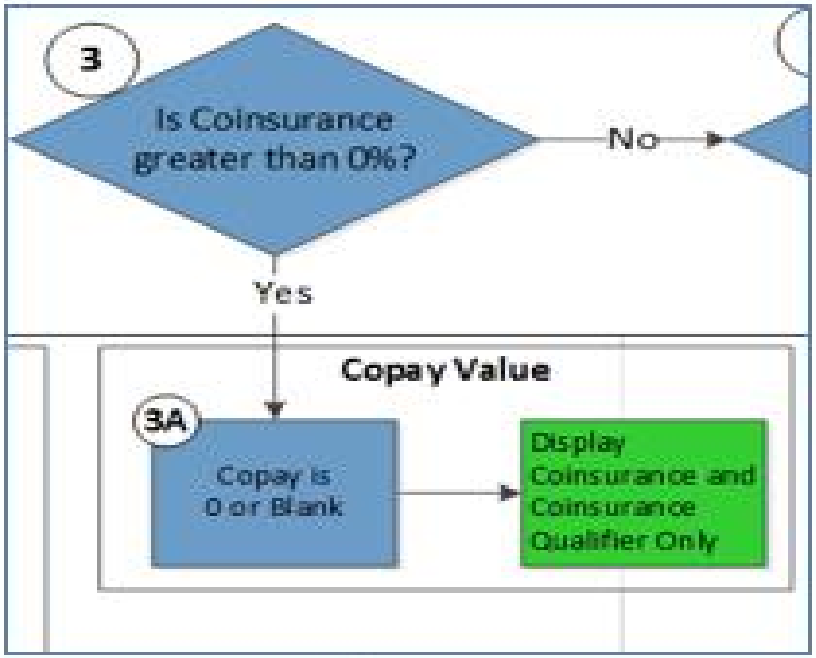
Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank"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

Copay and Coinsurance – Process Flow: Step 2



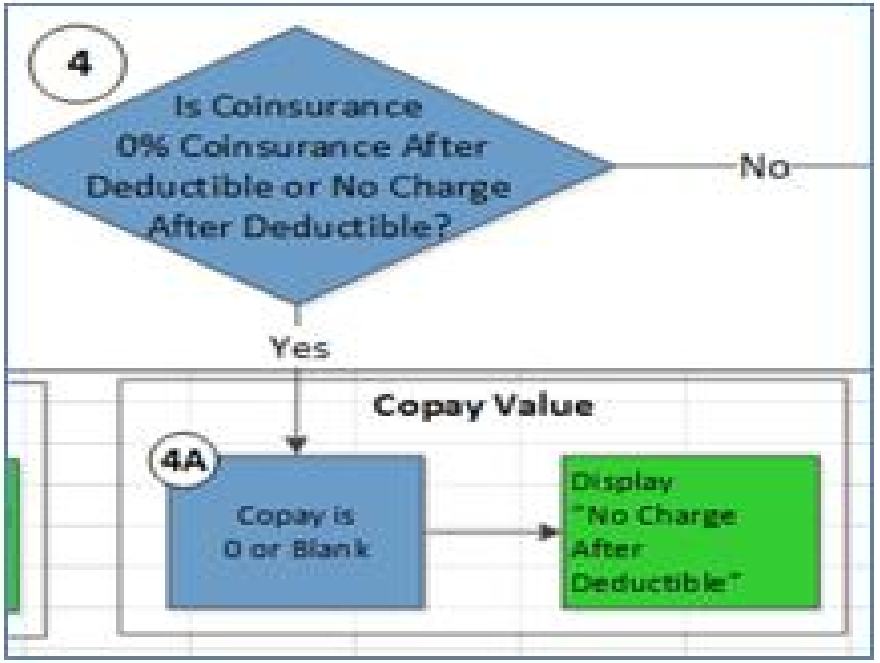
Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank"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

Copay and Coinsurance – Process Flow: Step 3



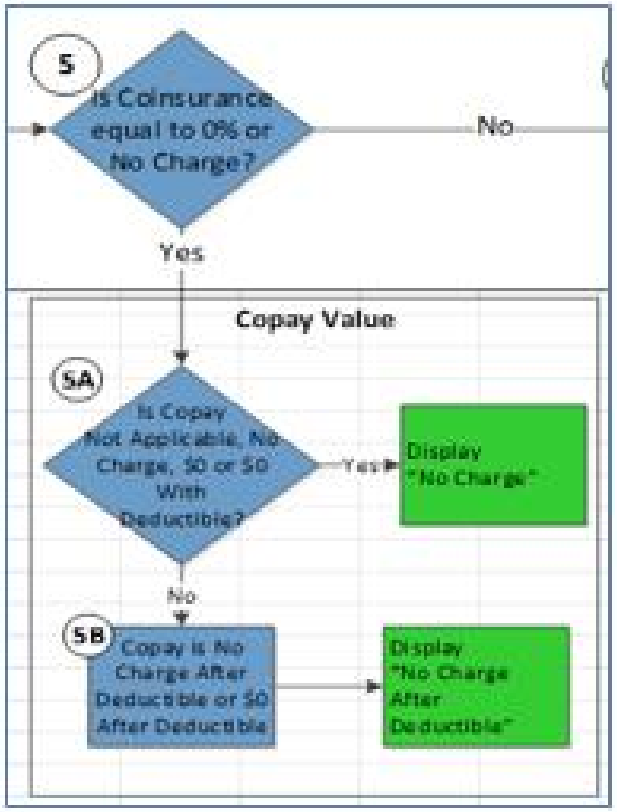
Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank"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

Copay and Coinsurance – Process Flow: Step 4



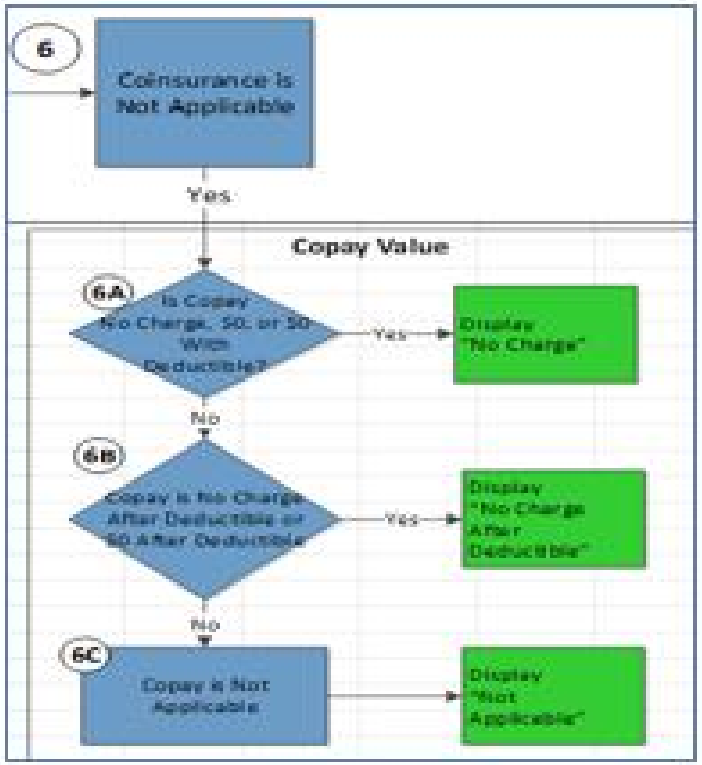
Notes
1. Rules for $ copay, $ copay with deductible and $ copay after deductible also apply to $ copay per day, $ copay per stay, $ copay per day with deductible, $ copay per stay with deductible, $ copay per day after deductible and $ copay per stay after deductible.
2. Copay or Coinsurance is "Blank" 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 Stand-Alone Dental Plans (SADP)

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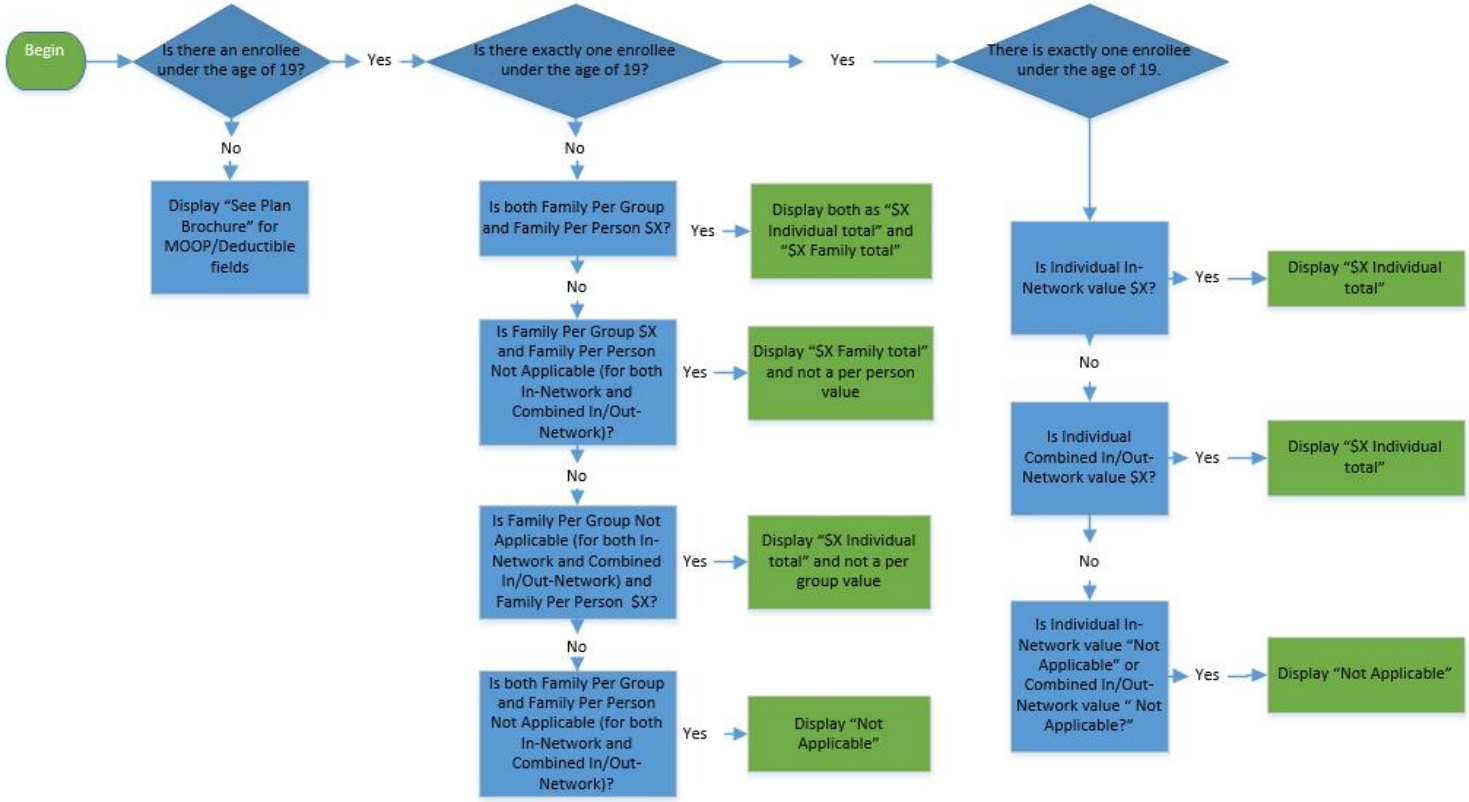
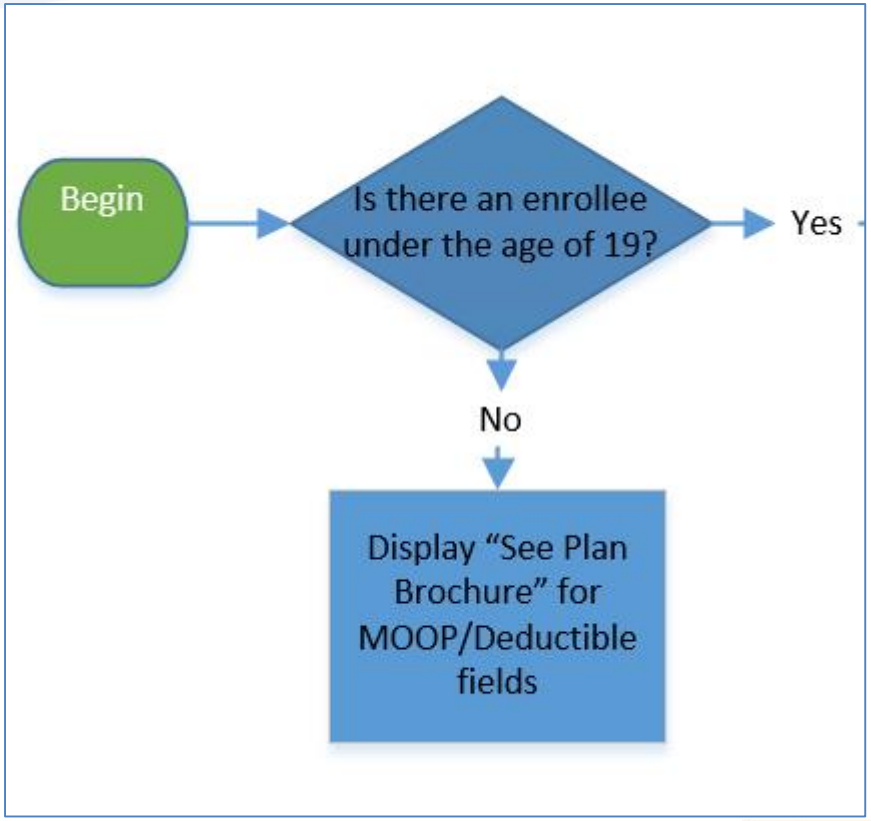
MOOPS and Deductibles – Summary Display Logic for SADPs



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.

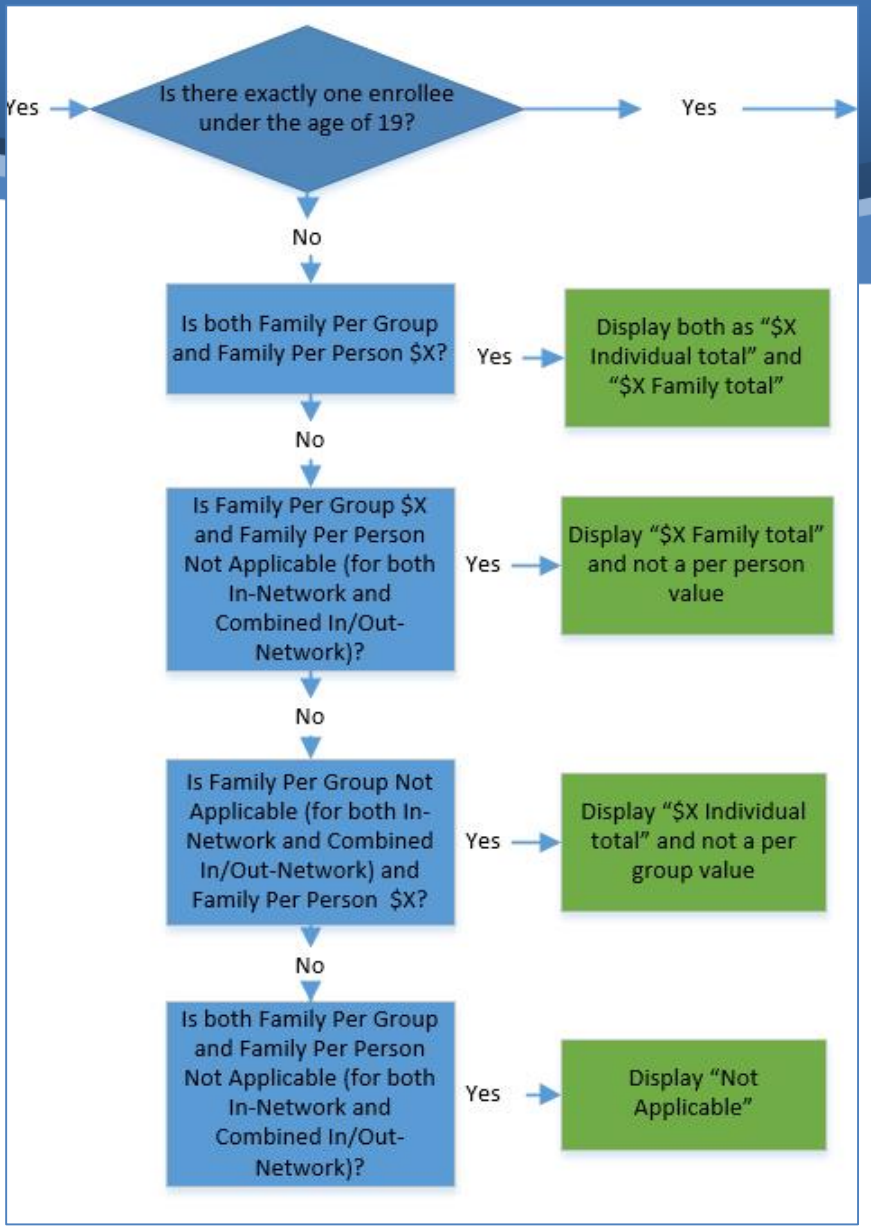
MOOPS and Deductibles – Process Flow for SADPs: Step 1



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.

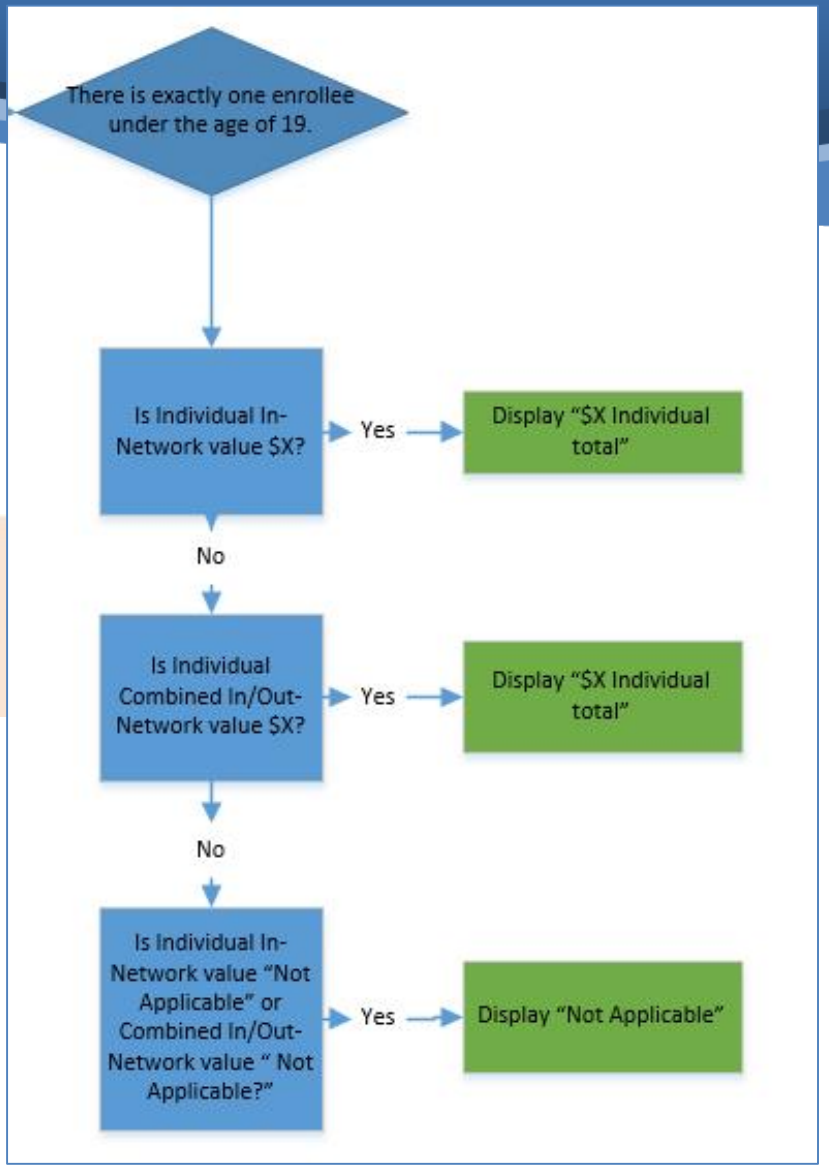
MOOPS and Deductibles – Process Flow for SADPs: Step 2



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 2018 Plan Preview Display

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2018 Plan Preview Display – Why don't the limits for my benefits display?

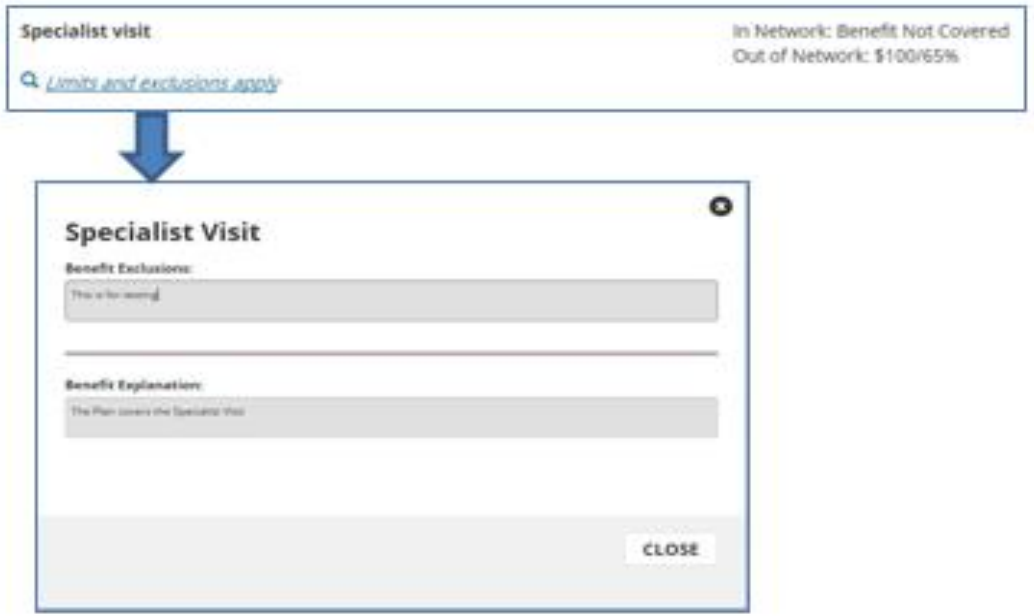
- Plan Preview does not display limits. An issuer must include the limit quantity/unit in the benefit exclusion/explanation fields of the Plans and Benefits Template in order for it to display in Plan Preview.

Plans and Benefits Template

Benefit Information		*General Information*						
Benefits	EHB	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Exclusions	Benefit Explanation	EHB Variance Reason
Primary Care Visit to Treat an Injury or Illness	Yes	Covered						
Specialist Visit	Yes	Covered	Yes	20	Visit(s) per Year	This is for testing	The Plan covers the Specialist Visit	Substituted

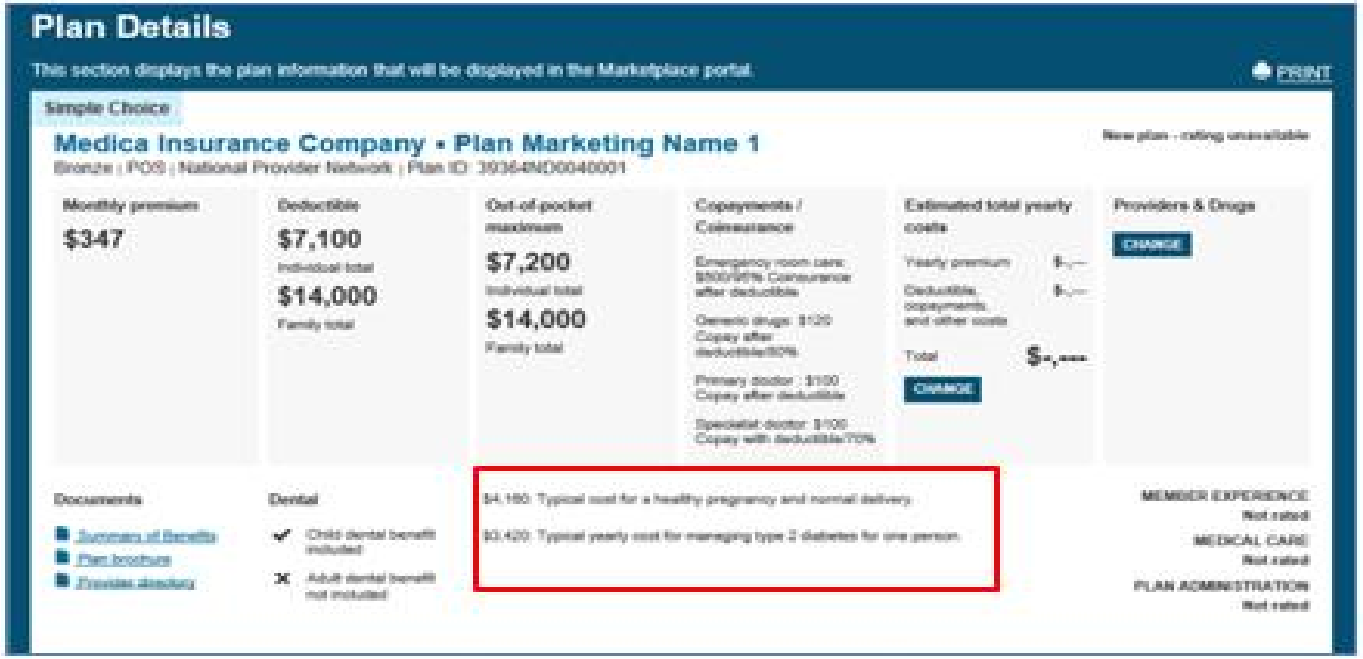
2018 Plan Preview Display – Why don't the limits for my benefits display? (continued)

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



2018 Plan Preview Display –SBC Scenarios: Typical Cost for Treatment of a Simple Fracture

- Typical cost for treatment of a simple fracture is not listed on the Plan Details landing page with the typical cost for a healthy pregnancy and managing type 2 diabetes.



2018 Plan Preview Display – SBC Scenarios: Typical Cost for Treatment of a Simple Fracture (continued)

- Cost for treatment of a simple fracture is only listed under Cost and Coverage Examples in Plan Preview.

Cost Coverage Examples	
Typical cost for a healthy pregnancy and normal delivery.	$4,160
Typical yearly cost for managing type 2 diabetes for one person.	$3,420
Typical cost for treatment of a simple fracture.	$1,160

- The consumer display for cost for treatment of simple fracture has not been finalized for plan year 2018.

Common Issuer Questions & FAQs

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Common Issuer FAQs – Why don't my rates add up?

- When you select in the Business Rules Template: 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)

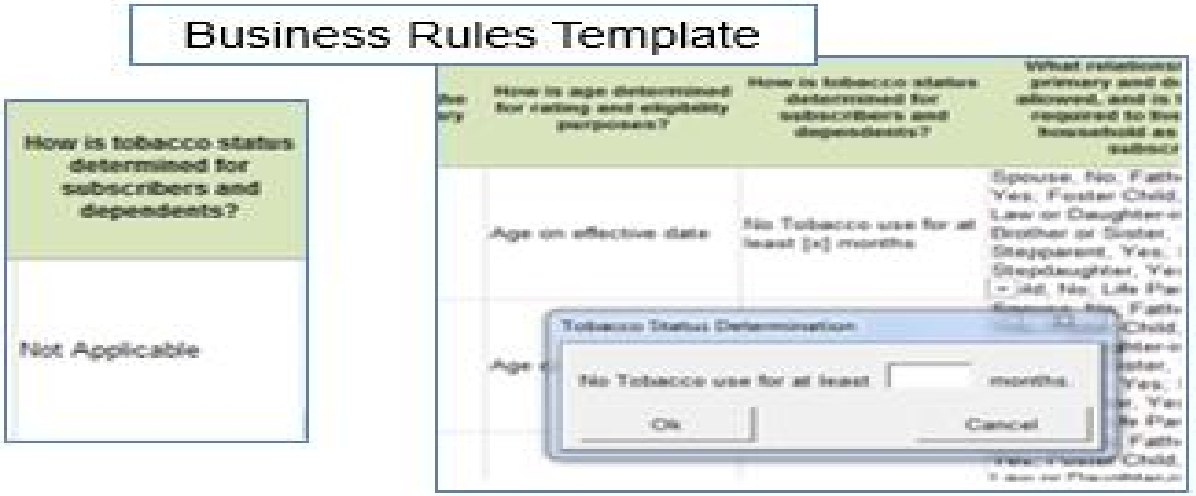
Rates Template

			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.

Common Issuer FAQs – Why are tobacco rates not showing up?

- Whenever a user selects "Not Applicable" in the Business Rules Template, the plan is treated as having identical rates for both tobacco and non-tobacco. Once you change the selection for the tobacco months field to "No tobacco use for at least X months" your different rates should appear.



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

Common Issuer FAQs – 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.*

Common Issuer FAQs – 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	Required: 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.*

Common Issuer FAQs – 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 1998 for PY 2018.
  - Catastrophic plans won't display for enrollees born before 1988 for PY 2018.

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.

Common Issuer FAQs – Why are my rates incorrect?

- In this example, the effective date is 1/1/2018. The consumer is still 28 and the $367.22 rate applies.

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

Common Issuer FAQs – Why are my rates incorrect? (continued)

- In this example, the effective date is 3/1/2018. The consumer is 29 and the $368.22 rate applies.

*Please note that the templates include sample data.

Common Issuer FAQs – Why doesn't my plan display adult and/or child dental benefits?

- Issuers have to cover the following Adult Dental Benefits in order to offer **"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 offer **"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."

Common Issuer FAQs – 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."

Common issuer FAQs – 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 will take slightly longer to appear in Plan Preview, and will depend on the state re-transferring data. Once the data has been successfully transferred by the state to HIOS, revised plans will appear in Plan Preview.

Common Issuer FAQs – Where is the customer service phone number in Plan Preview pulled from?

- Administrative information displayed on the www.healthcare.gov website and Plan Preview will be pulled from the Issuer General Information Fields and the Marketplace General Information Fields in HIOS. This applies to all QHP and SADP plan issuers, including those who file through SERFF.

Live Q&A Session

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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 June Webinar sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
6/27/17	Tuesday	3:00 p.m. – 4:00 p.m.	Plan Preview Scenario/Open Q&A
6/29/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

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
FFE	Federally-facilitated Exchange
FFE-DE	Federally-facilitated Exchange 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
SBE	State-based Exchange
SBE-FP	State-based Exchange on the Federal Platform
SERFF	System for Electronic Rate and Form Filing
SHOP	Small Business Health Options Program
USP	United States Pharmacopeia

Closing Remarks

CMS
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