Plan Preview Scenario Demonstration Part One

June 27, 2017

2017 Qualified Health Plan (QHP) Series

CMS
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Agenda

- Session Guidelines
- Key Dates
- Plan Preview Scenario Demonstration Part One
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This 60-minute session is conducted to provide a presentation of the Plan Preview Scenario Demonstration Part One, 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

Plan Preview Scenario Demonstration Part One

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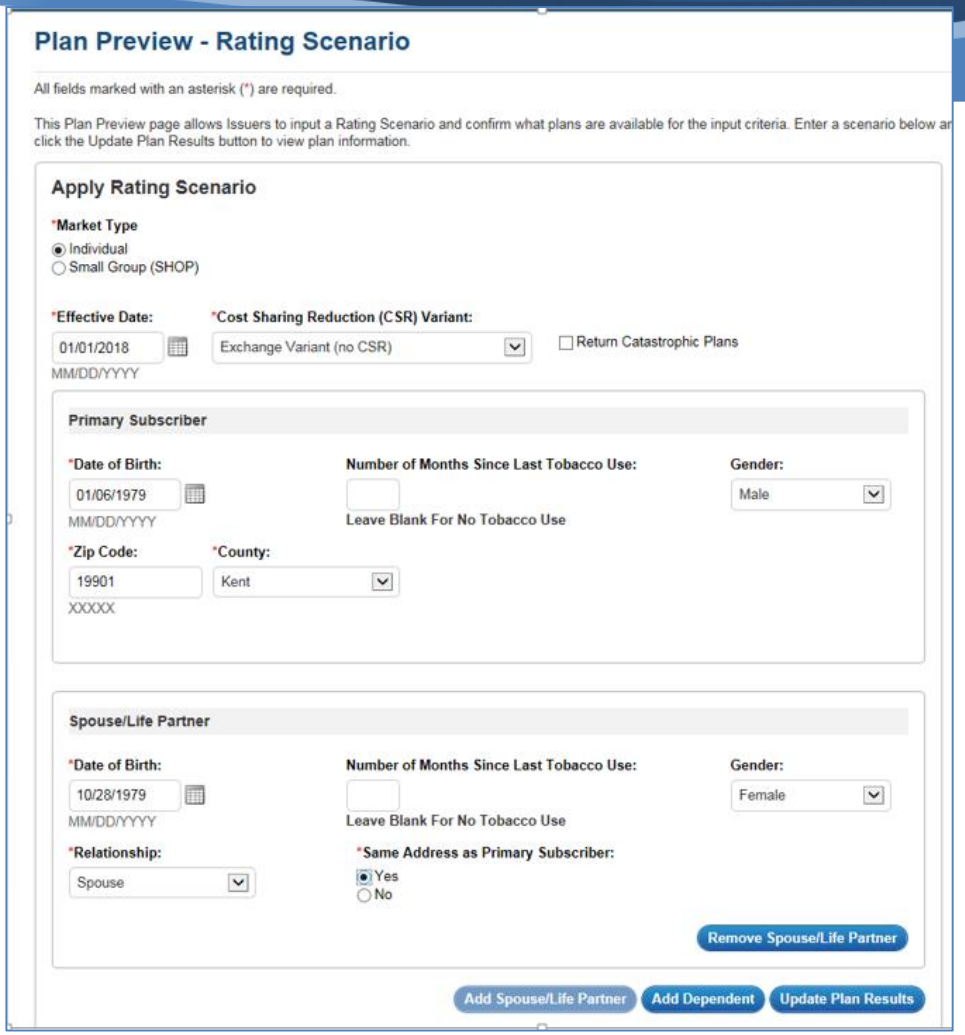
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Accessing Plan Preview

- Go to: https://portal.cms.gov.
- Login to CMS Secure Portal.
- Click on “HIOS”.
- Click on “Access Plan Management & Market Wide Functions”.
- Select the QHP Plan Preview Module.

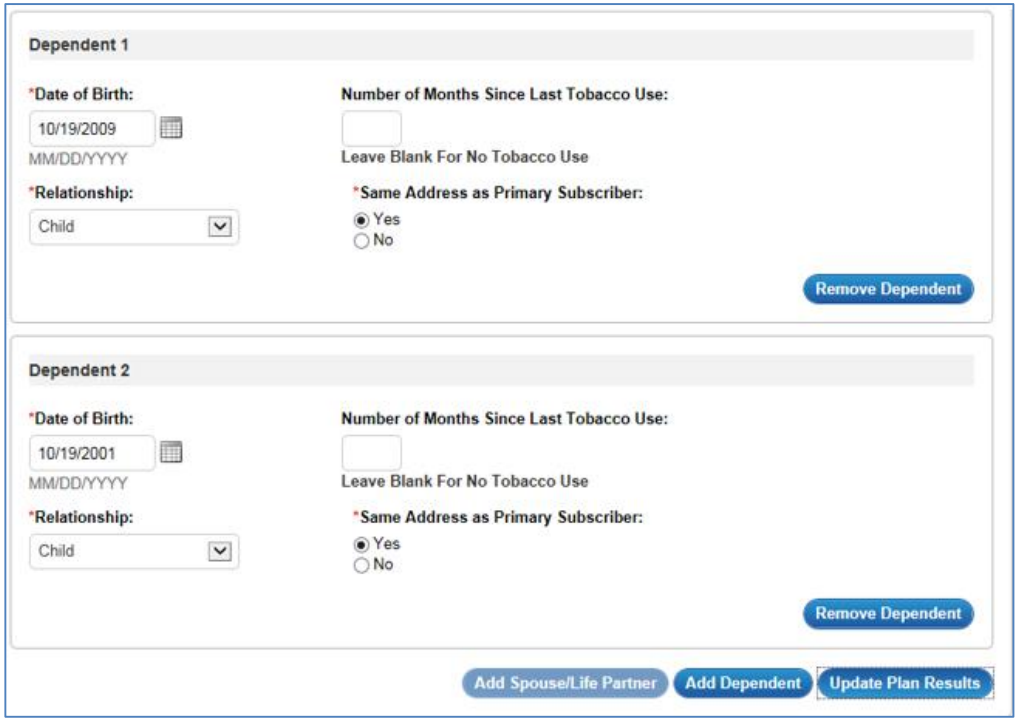
Creating a Rating Scenario

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



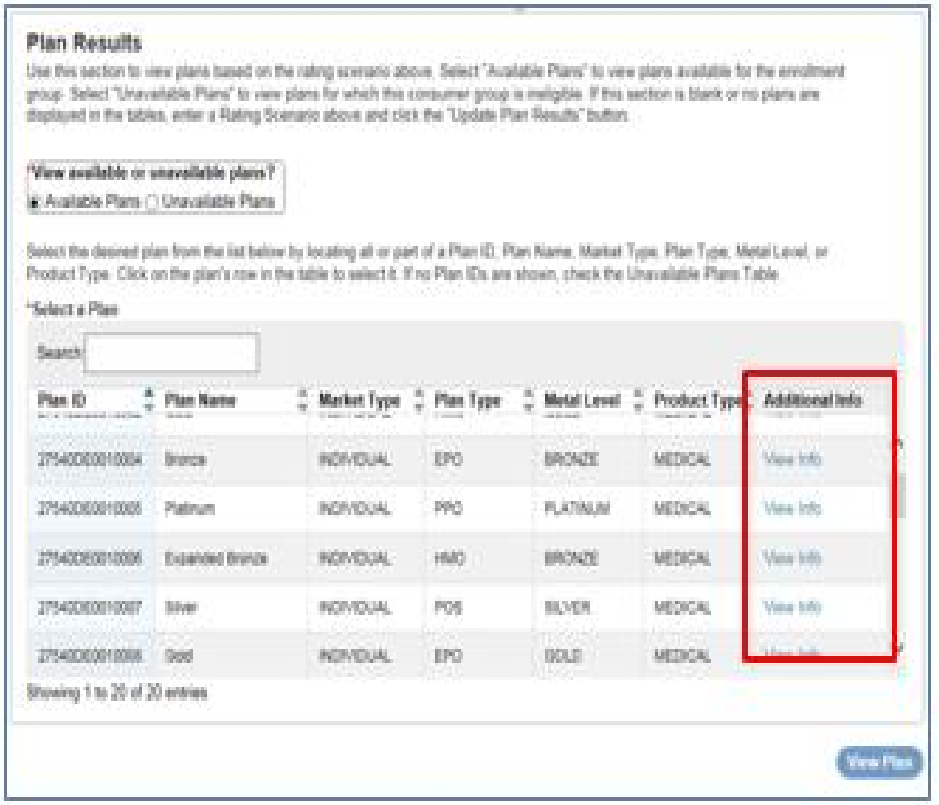
Creating a Rating Scenario (continued)

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



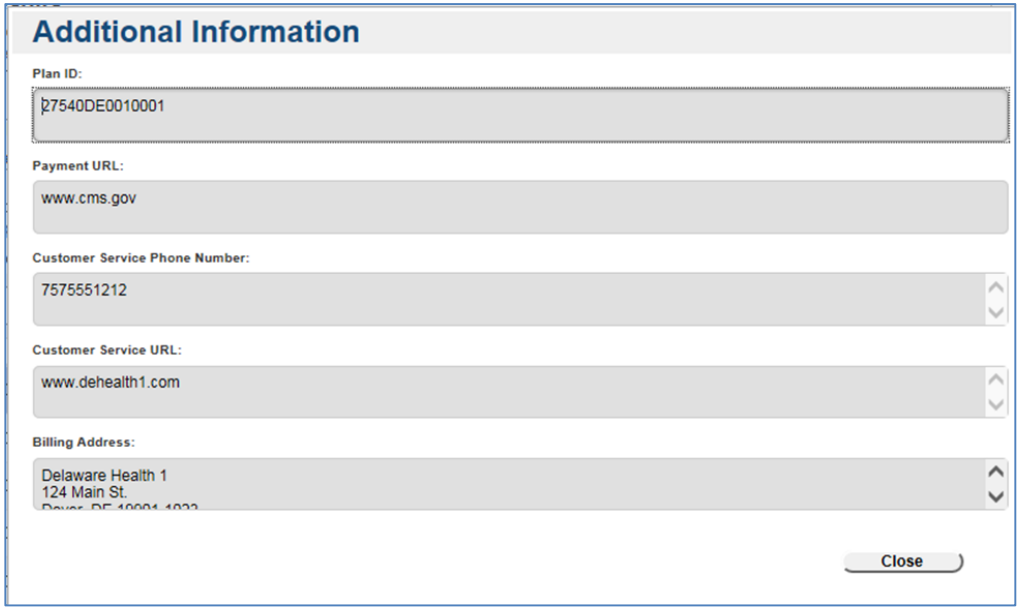
Plan Results

- The Plan Results page lists both available and unavailable plans based on the created rating scenario.



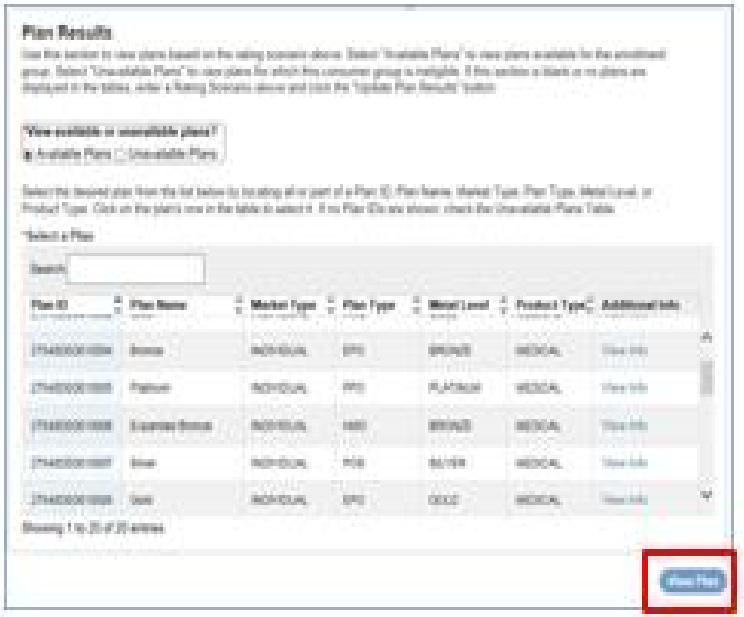
Plan Results (continued)

- 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



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 Preview - Rating Scenario and Plan Details

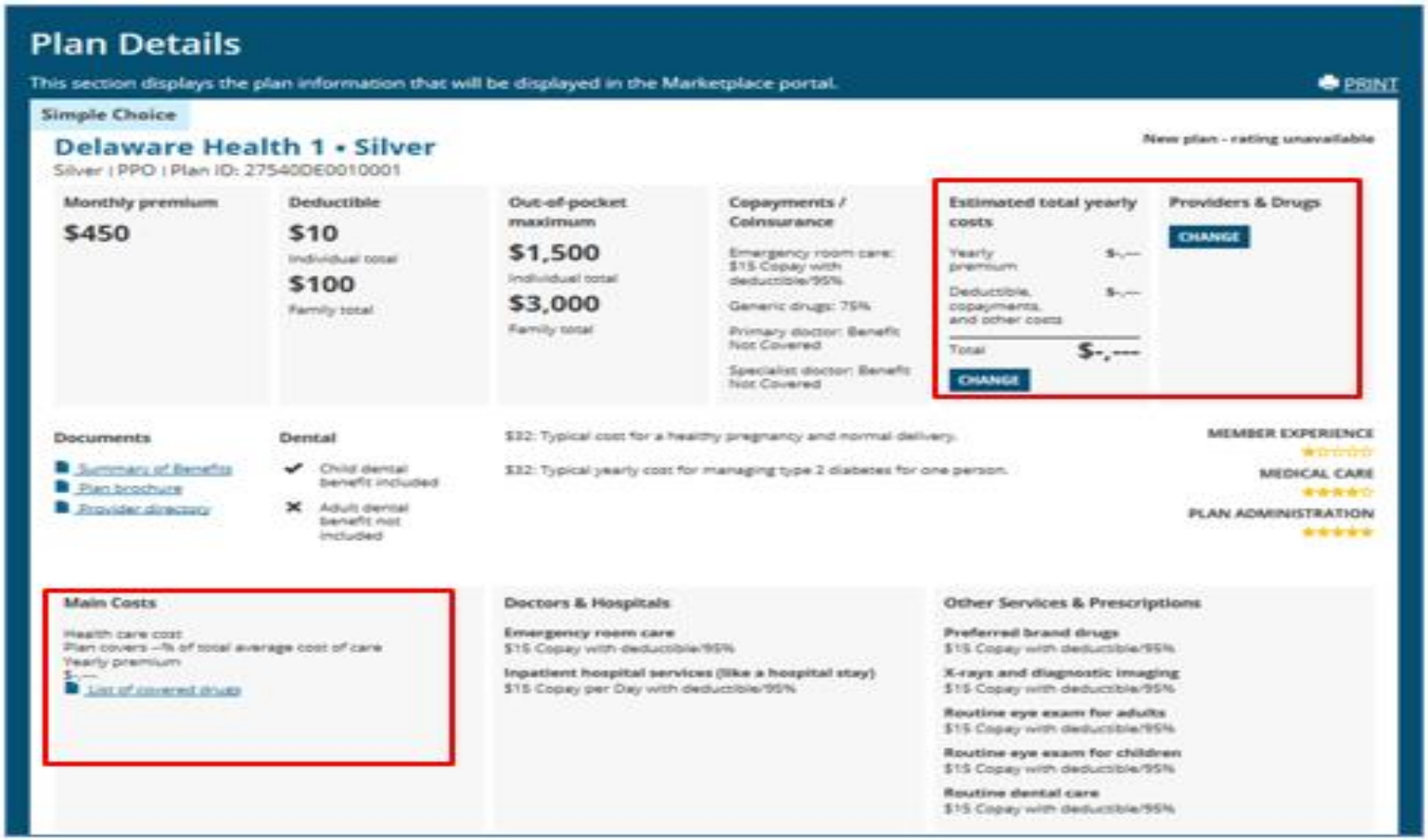
Rating Scenario

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

Plan ID: 27540DE0010001 | Exchange variant (no CSR)
1/1/2018 | Zip Code: 19901 | County: Kent

Subscriber	Date of Birth	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/6/1979	None	Not Applicable
Spouse	10/28/1979	None	Yes
Dependent 1 (Child)	10/19/2009	None	Yes
Dependent 2 (Child)	10/19/2001	None	Yes

Rating Scenario and Plan Details (continued)



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

Plan Details: Verifying Monthly Premium

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: 27540DE0010001 | Exchange variant (no CSR)
1/1/2018 | Zip Code: 19901 | County: Kent

Subscriber	Date of Birth	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/6/1979	None	Not Applicable
Spouse	10/28/1979	None	Yes
Dependent 1 (Child)	10/19/2009	None	
Dependent 2 (Child)	10/19/2001	None	

38 years old

8 years old

16 years old

Silver | PPO | Plan ID: 27540DE0010001

Monthly premium	Deductible	Out-of-pocket maximum
$450	$10 Individual total	$1,500 Individual total
	$100 Family total	$3,000 Family total

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco 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	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
27540DE0010001	Rating Area 1	Tobacco User/Non-Tobacco Use	0-14	100.00	110.00
27540DE0010001	Rating Area 1	Tobacco User/Non-Tobacco Use	15	101.00	111.00
27540DE0010001	Rating Area 1	Tobacco User/Non-Tobacco Use	16	102.00	112.00
27540DE0010001	Rating Area 1	Tobacco User/Non-Tobacco Use	38	124.00	134.00

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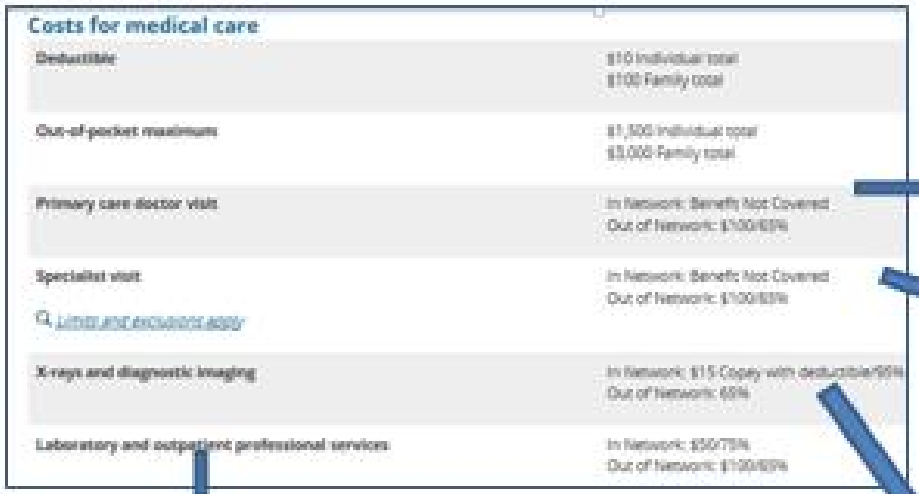
Plan Details: Verifying Deductible and Maximum-Out-of-Pocket (MOOP)

Combined Medical and Drug EHB Deductible										
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
Individual	Family	Default Coinsurance	Individual	Family	Default Coinsurance	Individual	Family	Individual	Family
$10	$10 per person | $100 per group					$1,500	$1500 per person | $3000 per group	$1,500	$1500 per person | $3000 per group



Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
Individual	Family	Individual	Family	Individual	Family	Individual	Family
$5,500	$1500 per person | $3000 per group			$1,500	$1500 per person | $3000 per group	$1,500	$1500 per person | $3000 per group

Plan Details: Verifying Cost-Sharing for Listed Benefits



Primary Care Visit to Treat an Injury or Illness

Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge after deductible		$100.00	100.00%		65.00%

Specialist Visit

Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		$100.00	100.00%		65.00%

Laboratory Outpatient and Professional Services

Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$50.00		$100.00	75.00%		65.00%

X-rays and Diagnostic Imaging

Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$15.00 Copay with deductible		No Charge	95.00%		65.00%

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 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/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 session occurs on Thursday as shown below:

Date	Day	Time (ET)	Topic
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 (NCSL)	http://www.ncsl.org
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
U.S. Department of Health & Human Services (HHS)	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

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