Plan Year (PY) 2018 – Common Deficiencies and PY 2018 Common Data Review Errors

August 3, 2017

2017 Qualified Health Plan (QHP) Series

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Agenda

- Session Guidelines
- Key Dates
- Announcements
- PY 2018 – Common Deficiencies
- PY 2018 Common Data Review Errors
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This 60-minute session is conducted to provide a presentation of the PY 2018 – Common Deficiencies and PY 2018 Common Data Review Errors, 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 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

PY 2018 – Common Deficiencies

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Administrative Review Overview

Review Highlights:

- Issuer received a deficiency for each missing administrative field:
  - Did not provide a customer service phone number (either individual [020000211] or SHOP [020000261])
  - Did not provide a customer service toll free number (either individual [020000231] or SHOP [020000281])
  - Did not provide a customer service TTY number (either Individual [020000242] or SHOP [020000292])
  - Did not provide a customer service URL (either Individual [020000252] or SHOP [020000302])
  - Did not provide information regarding billing (e.g., address [020000152], city [020000172], state [020000182], zip [020000192])

Tips to Resolve Issues:

- Administrative information displayed on the www.healthcare.gov website is pulled from the Health Insurance Oversight System (HIOS) Plan Finder Module.
- Instructions on how to enter the information are in Sections 5.1 and 5.3 of the HIOS Plan Finder—Issuer User Manual at https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-PF-UserManual-032015.pdf.

Essential Community Providers (ECP) Review Overview

Review Highlights:

- One or more networks did not meet the 20% threshold and *insufficient justification* was provided. (070000631)
- One or more networks did not meet the 20% threshold and *no justification* was provided. (070000641)
- One or more networks did not meet the alternate ECP threshold of 20% of available ECPs located within HPSAs or low-income ZIP codes and *no justification* was provided. (070000671)

Tips to Resolve Issues:

- Issuers that do not meet the ECP threshold should continue efforts to recruit providers. (070000631, 070000641, 070000671)
- Deficiencies resulting from no/insufficient justification can be corrected by closely following the instructions found in the ECP Supplemental Response Form. (070000631, 070000641, 070000671)
- https://www.qhpcertification.cms.gov/s/SuppDoc_ECP_Version2.pdf?v=1
    - The issuer should be specific in its supplemental response (e.g. names of providers contacted, dates of contacts, etc.).

ECP-Dental Review Overview

Review Highlights:

- One or more networks did not meet the 20% threshold and *insufficient justification* was provided. (070000691)
- One or more networks did not meet the 20% threshold and *no justification* was provided. (070000701)
- One or more networks did not contain any dental ECPs and *insufficient justification* was provided. (070000381)
- One or more networks did not contain any dental ECPs and *no justification* was provided. (070000301)

Tips to Resolve Issues:

- Issuers that do not meet the ECP threshold should continue efforts to recruit providers. (070000301, 070000381, 070000691, 070000701)
- Deficiencies resulting from no/insufficient justification can be corrected by closely following the instructions found in the ECP Supplemental Response Form. (070000301, 070000381, 070000691, 070000701)
- https://www.qhpcertification.cms.gov/s/SuppDoc_ECP_Version2.pdf?v=1
    - The issuer should be specific in its supplemental response (e.g. names of providers contacted, dates of contacts, etc.).

Cost Share Reduction Review Overview

Review Highlights:

- The most common deficiency was for having non-zero cost sharing in the zero cost sharing plan variation.
  - The error is often caused by incorrectly coding an out-of-network (OON) benefit in the zero (cost sharing plan variation as not covered.
- The next most common deficiency was for not following successive cost sharing.
  - Unlike past years where issuers failed for just swapping cost sharing structures, most of these deficiencies are for actually increasing cost sharing for increased plan variations.
- No change to review this year.

Tips to Resolve Issues:

- Several of the issues causing correction code 120000191 can be resolved by updating out of network benefit cost sharing
  - No benefits can have “Not Applicable” for both copay and coinsurance. If a benefit is not covered OON, it should have a copay of “Not Applicable” but a coinsurance of “100%.”
- To fix correction code 120000521: successive cost sharing must be followed for each individual benefit, so the silver plan variations must have the same cost sharing structure as the standard component, and the value must stay the same or decrease as the actuarial value (AV) increases.

Non-Discrimination Review (Cost Sharing) Review Overview

Review Highlights:

- All deficiencies were associated with copay values being higher than the associated thresholds.
- There were no major changes to the review criteria for PY 2018.
    - For PY 2018, the review will evaluate a cost sharing value against just the national threshold when the State threshold is equal to “No Result” due to insufficient amounts of data.

Tips to Resolve Issues:

- Issuers can reduce copay values to be equal to or less than the threshold value provided in the notification language (correction code 130000051).
- Alternatively, an issuer may submit a detailed justification stating why the issuer believes that the copay outliers are not discriminatory (correction code 130000051).

Non-Discrimination Review (Formulary Outlier) Review Overview

Review Highlights:

- Deficiencies were found in the Anti-Addiction / Substance Abuse Treatment; Opioid Reversal Agents class and the Antivirals; Anti-HIV agents classes, Immunological Agents, Immune Suppressants class, Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)/Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) class (correction code 130000841).

Tips to Resolve Issues:

- Offer drugs in the deficient classes without restriction or submit a justification response. (correction code 130000841)
    - Justification response should describe why the prescription drug benefit design is non-discriminatory offering any clinical support or evidence for the design.

Stand-alone Dental Plan (SADP) Review (Essential Health Benefit [EHB] Benchmark) Review Overview

Review Highlights:

- Annual Dollar limitation on a service for an EHB (correction code 090000181).
- Condition limitation in free text on a service (correction code 090000321).
- Benefit limit quantity and limit unit below 75% of the EHB benchmark (correction code 090000101).
- There were no major changes to the review criteria for PY 2018.

Tips to Resolve Issues:

- Issuers should not put any limitations on EHBs that are more restrictive than the Federal and State benchmark plans. Applies to correction codes: 090000321, 090000181, and 090000101.
- Information on Federal standards for pediatric EHB dental care can be located at this website: https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-codes/2014/brochures/MetLife.pdf.
- Information on EHB Benchmark Plans can be located here: https://www.cms.gov/cciio/resources/data-resources/ehb.html

Simple Choice Plan Review Overview

Review Highlights:

- Most common deficiency was for having an incorrect value for a Simple Choice Plan benefit.
    - Maximum coinsurance for specialty drugs for all Simple Choice Plans is required to be empty.
    - SHOP plans cannot offer Simple Choice plans, and so must indicate a “Not Applicable” Design Type.
- There were no major changes to the review criteria for PY 2018.

Tips to Resolve Issues:

- For correction code 240000021: Issuers need to change the specific cost sharing values to match the value in the notice language.

Plan ID Crosswalk

Tips to Resolve Issues:

- For deficiency code 5: Plan ID ___ from PY 2017 has been crosswalked to Plan ID ___for PY 2018. However, the plans have different Issuer IDs.
  - In compliance with Guaranteed Renewability of Coverage standards established at 45 CFR 147.106(e)(3)(i), a product will be considered to be the same product when offered by a different issuer within an issuer's controlled group, provided it otherwise meets the standards for uniform modification of coverage. Issuers must submit to CMS authorization from the State and justification explaining the pertinent crosswalk(s).

- For deficiency code 38: In the following counties, Plan ID ___from PY 2017 has been crosswalked to Plan ID ____for PY 2018 with a Reason for Crosswalk equal to "Renewing product; renewal in a different plan within the product"; however, the PY 2017 and PY 2018 product IDs are not equal.
  - To indicate that the product will continue in PY 2018, but the PY 2017 Plan ID will be crosswalked to a different Plan ID within the same product for PY 2018, issuers should crosswalk to a plan with the same 10 digit product ID and in compliance with 45 CFR 155.335(j)(1) and select a crosswalk reason of "**Renewing product: renewal in a different plan within product"**.
  - To indicate that the plan is being crosswalked to a plan in a different product, issuers should select a crosswalk reason of **"Continuing product: no plan available in the particular service area under that product; enrollment in a different product"**.

PY 2018 Common Data Review Errors

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Data Integrity Review Overview

Review Highlights:

- "QHPs Missing in the URRT" (correction code 990000531) deficiencies:
- "Consistent EHB Percent of Total Premium Between Plans & Benefits & URRT" (correction code 990000461) deficiencies:
- "Compliance with Federal Age Curve for QHPs" (correction code 990000371) deficiencies:

Tips to Resolve Issues:

- Correction codes 990000531 and 990000461: Issuers should validate their templates using the public facing DIT prior to submission. This will ensure plan IDs and EHB Percent of Total Premium values match.
- Correction code 990000371: Issuers should refer to the State Specific Age Curve Variations website to view new PY18 Age Curve specifications. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/StateSpecAgeCrv053117.pdf.

PY 2018 Common DIT Review Errors

QHPs and SADPs (Deficiency Code):

1. QHPs Missing in the URRT (#990000531)
2. Zero Dollar Rates in Age Bands (#990000411)
3. Compliance with Federal Age Curve for QHPs (#990000371)
4. Consistent EHB Percent of Total Premium Between Plans & Benefits & URRT (#990000461)
5. Not Applicable Values for In Network and Combined In/Out of Network MOOPs (#990000251)
6. Deductible and MOOP Comparison (#990000701)
7. Invalid Copay or Coinsurance Value (#990000241)
8. HSA Eligible Plan with a Deductible Less than Required Minimum (#990000671)
9. Consistent Plan Type Between Plans & Benefits and URRT (#990000511)
10. Format of Formulary URL (#990000571)

QHPs Missing in the URRT (#990000531)

Sample Message:

DIT ERROR: Plan ID 12345XY0010005 in the Plans & Benefits Template is missing in the Unified Rate Review Template. All QHPs in the Plans & Benefits Template must be reported in the Unified Rate Review Template.

Zero Dollar Rates in Age Bands (#990000411)

Sample Message:

DIT ERROR: Plan ID 12345XY0030001 has a $0.00 rate for Rating Area 1 for the following age bands: 15, 16 for effective dates 1/1/2018 – 3/31/2018.

Compliance with Federal Age Curve for QHPs (#990000371)

Sample Message:

DIT ERROR: Plan ID 12345XY0100001 in Rating Area 3 varies by $2.00 or more from the federal age curve for the following age bands: 17 for effective dates 1/1/2018 – 12/31/2018.

Consistent EHB Percent of Total Premium Between Plans & Benefits & URRT (#990000461)

Sample Message:

DIT ERROR: Plan ID 12345XY0090017 has an EHB percent of total premium 0.9983 in the Plans & Benefits Template and an EHB percent of total premium 0.9974 in the Unified Rate Review Template.

Values for EHB percent of total premium between the Plans & Benefits Template and Unified Rate Review Template must match when rounded to three decimal places.

Not Applicable Values for In-Network and Combined In/Out-of-Network MOOPs (#990000251)

Sample Message:

DIT ERROR: Plan ID 12345XY0020003-01 has both an In-Network and Combined In/Out-of-Network combined Family per group MOOP equal to "Not Applicable." One of these values must be equal to a dollar value less than or equal to the annual limitation on cost sharing ($14,700).

Deductible and MOOP Comparison (#990000701)

Sample Message:

DIT ERROR: Plan ID 12345XY0010030-01 has a combined Out-of-Network Individual deductible equal to $19,950 and a corresponding MOOP equal to $13,300. The deductible is greater than the corresponding MOOP. Please confirm that you have accurately entered your deductible and MOOP values.

Invalid Copay or Coinsurance Value (#990000241)

Sample Message:

DIT ERROR: Plan ID 12345XY0050021-01 has a copay equal to “$3,500.00" for Skilled Nursing Facility. This is not a valid copay value.

HSA Eligible Plan with a Deductible Less than Required Minimum (#990000671)

Sample Message:

DIT ERROR: Plan ID 12345XY0040012-01 is listed as HSA eligible but has a combined In-Network Family per person deductible value of $2600 per person, which is less than the required minimum value ($2,700 for family coverage). The 2018 HSA parameters can be found at https://www.irs.gov/pub/irs-drop/rp-17-37.pdf. Family per person deductible values for HSA eligible plans are subject to the IRS family coverage minimum value ($2700), not the self-only coverage value ($1350). IRS Publication 969 (https://www.irs.gov/pub/irs-pdf/p969.pdf) states:

"If either the deductible for the family as a whole or the deductible for an individual family member is less than the minimum annual deductible for family coverage, the plan does not qualify as an HDHP."

Consistent Plan Type Between Plans & Benefits and URRT (#990000511)

Sample Message:

DIT ERROR: Plan ID 12345XY0010003 has a plan type of HMO in the Plans & Benefits Template and a plan type of EPO in the Unified Rate Review Template. QHP plan type must match between the Plans & Benefits Template and URR Template.

Format of Formulary URL (#990000571)

Sample Message:

DIT ERROR: Formulary ID XYF005 does not have an acceptable Formulary URL format. Each URL must begin with either http:// or https://.

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 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 August Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
8/10/17	Thursday	1:00 p.m. – 2:00 p.m.	Java Script Object Notation (JSON) Validator Overview
8/17/17	Thursday	1:00 p.m. – 2:00 p.m.	No Webinar
8/24/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
8/31/17	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	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays (8/22/17)	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 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
Plan Year (PY) 2018 QHP Issuer Toolkit	https://www.qhpcertification.cms.gov/s/PY2018QHPIssuerToolkit_051817.pdf
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
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