

COMMON CORRECTIONS

Round 2 QHP Certification Reviews

August 11, 2016

**Qualified Health Plan (QHP)
Series VIII**

Agenda

- Session Guidelines
- Key Dates
- Announcements
- Round 2 Common Corrections
- Resubmission Tips for Issuers
- Resubmission Tips for ECP/Network Adequacy Template
- Getting Help with Resubmission
- 2016 Quality Rating System (QRS) and QHP Enrollee Survey: Upcoming Results and Preview
- Q&A Session
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP 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 Certification

Date	Category	Activity
Ongoing	Submission	Issuers review QHP Data in Health Insurance Oversight System (HIOS) Plan Preview. Issuers resubmit data through HIOS Modules and System for Electronic Rate and Form Filing (SERFF).
July 1 – August 2, 2016	CMS Review	CMS Conducted Round 2 Review of Plan Year (PY) 2017 QHP Applications.
August 8 – 9, 2016	CMS Notice	CMS Sent Round 2 Correction/DIT and Plan Crosswalk Notices to issuers and state regulators.
August 9, 2016, 5:00 p.m. ET	Submission	Service Area Change Request deadline.
August 23, 2016, noon ET	Submission	Final deadline for submission of PY17 QHP Application data via HIOS Modules and SERFF transfer.
August 24 – September 9, 2016	CMS Review	CMS conducts Final Review of PY 2017 QHP Applications.

Announcements

Accreditation

- Issuers who are required to meet the year 4 accreditation requirements OR who are waiting to receive a new accreditation certificate with an updated expiration date will continue to receive correction notices until new certificates are provided to CMS.
- If you receive your new accreditation certificate after the final submission deadline, you should provide it to your account manager.

Administrative

- Administrative information displayed on www.healthcare.gov will be 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 SERFF.
- Updates to the data displayed for plan compare, QHP Landscape, and My Account must be completed by issuers in HIOS Plan Finder. Updates to the system are made periodically.
- Instructions on how to update fields in the HIOS Plan Finder Module are contained in Sections 5.1 and 5.3 of the HIOS Plan Finder—Issuer User Manual available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-PF-UserManual-032015.pdf>.

Essential Community Providers (ECPs)

- Issuers that do not meet the ECP 30% standard must enhance their provider data or submit an ECP Supplemental Response that adequately describes how reasonable access to essential community providers will be provided to enrollees.
- This requirement applies to both QHP and SADP issuers.
- Instructions on completing the ECP supplemental Response are contained in Chapter 7: Instructions for the Essential Community Providers Application Section.

Network Adequacy

- Issuers that do not meet QHP and SADP network adequacy standards must enhance their provider data or submit a justification that adequately demonstrates that reasonable access will be provided for certain providers in particular network(s) and county(ies).
- This requirement applies to both Federally-facilitated Marketplace (FFM) and State Partnership (SPM) issuers.

Data Integrity Errors

- Service Areas with Missing Rates
- Consistent Essential Health Benefit (EHB) Percent of Total Premium Between Plans & Benefits & Unified Rate Review Template (URRT)
- QHPs Found in the URRT
- Health Savings Account (HSA) Eligible Plan with a Deductible Less than Required Minimum

Service Areas with Missing Rates

- Sample Error Message: Data Integrity Tool (DIT) ERROR: Plan ID 12345XY0000001 is missing rates for Rating Area 26 for effective dates 1/1/2017- 12/31/2017. Plan ID 12345XY0000001 is associated with service area ID XYS001, which covers the following counties in Rating Area 16: Fanta.
- Rates must be provided for all Rating Areas that map to the counties covered by a plan's service areas.

Consistent EHB Percent of Total Premium Between Plans & Benefits & URRT

- Sample Error Message: DIT ERROR: Plan ID 12345XY0000010 has an EHB percent of total premium 1 in the Plans & Benefits Template and an EHB percent of total premium 0.9989 in the Unified Rate Review Template. Values for EHB percent of total premium must match between the Plans & Benefits Template and Unified Rate Review Template.
- QHPs must have the same EHB percent of total premium values in both templates.

HSA Eligible Plan with a Deductible Less than Required Minimum

- Sample Error Message: DIT ERROR: The following plans are listed HSA eligible but have an In Network Family per Person deductible value less than the required minimum value (\$2600 for family coverage): 12345XY0000030-01. The 2017 HSA parameters can be found at <https://www.irs.gov/pub/irs-drop/rp-16-28.pdf>. Family per person deductible values for HSA eligible plans are subject to the IRS family coverage minimum value (\$2600), not the self-only coverage value (\$1300). 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."

QHPs Found in the URRT

- **Sample Error Message**: DIT ERROR: Plan ID 12345XY0000022 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.
- All QHP plan IDs in the Plans & Benefits Template must be listed in the Unified Rate Review Template.

Resubmission Tips for Issuers

Resubmitting: All Issuers

- For all issuers:
 - Revised QHP data must be submitted to CMS by **August 23, 2016 at noon ET.**
 - Issuers should not resubmit QHP Application data in both SERFF and HIOS. Issuers should only submit data in the system appropriate for the state in which they are seeking certification.
 - CMS will not review data submitted in the incorrect system.

Resubmitting through HIOS

- For issuers resubmitting data through HIOS:
 - Issuers who resubmit their ECP/Network Adequacy Template should allow the template upload to complete successfully before validating the Issuer Module. When the template has finished processing, its status will be listed as “complete.”

Resubmitting through HIOS (continued)

- Issuers who resubmit their templates must also reenter “cross validation complete” status in HIOS in order for their most recent data to be reviewed by CMS.

The following steps must be completed prior to the **August 23 final submission deadline**:

- Validate each module and return to the **Final Submission** tab in order to cross-validate the entire application.
- On the **Final Submission** tab, click “Cross Validate” and then click “Submit.”

Resubmitting through SERFF

- For issuers resubmitting data through SERFF:
 - If the issuer submits a revised template, it should contact its state to retransfer the QHP Application from SERFF to HIOS as soon as possible.
 - CMS will review the latest application data transferred by the August 23 deadline.
 - **The issuer is responsible for working with the appropriate state regulator to ensure all updated application data is successfully retransferred.**

Resubmitting through SERFF (continued)

- Revised data resubmitted through SERFF will be the official QHP Application of record for reviews and certification. These issuers' QHP Applications should not be submitted through HIOS. Data submitted through HIOS will not be reviewed for certification.

Resubmission Tips for ECP/Network Adequacy Template

Resubmission Tips

The following slide contains additional detail on the common cause of the error that some issuers are experiencing with the ECP/Network Adequacy Template.

Missing Hyphen

- Issuer has a nine (9)-digit zip code with no hyphen, when a hyphen is required.

Zip
89423-1234
894231234

Getting Help with Resubmission

Resolving Template Submission Errors

- Issuers that need assistance in resolving template submission errors, such as the “Save Failed” error associated with the ECP/Network Adequacy Template, should email the Exchange Operations Support Center (XOSC) Help Desk at CMS_FEPS@cms.hhs.gov and provide the following information:
 - HIOS Issuer ID;
 - State;
 - A brief description of the error;
 - An attachment of template associated with the error; and
 - The name and phone number of the issuer’s primary contact for additional technical assistance on the issue.

Resolving SERFF Submission Errors

- Issuers filing applications via SERFF should follow state guidance on the timeline and process for submission.
- Current SERFF users can access the Plan Management functionality at <https://login.serff.com> using their existing ID and password.
- Questions related to SERFF functionality should be directed to the SERFF Help Desk at serffplanmgmt@naic.org.

2016 QRS and QHP Enrollee Survey: Upcoming Results and Preview

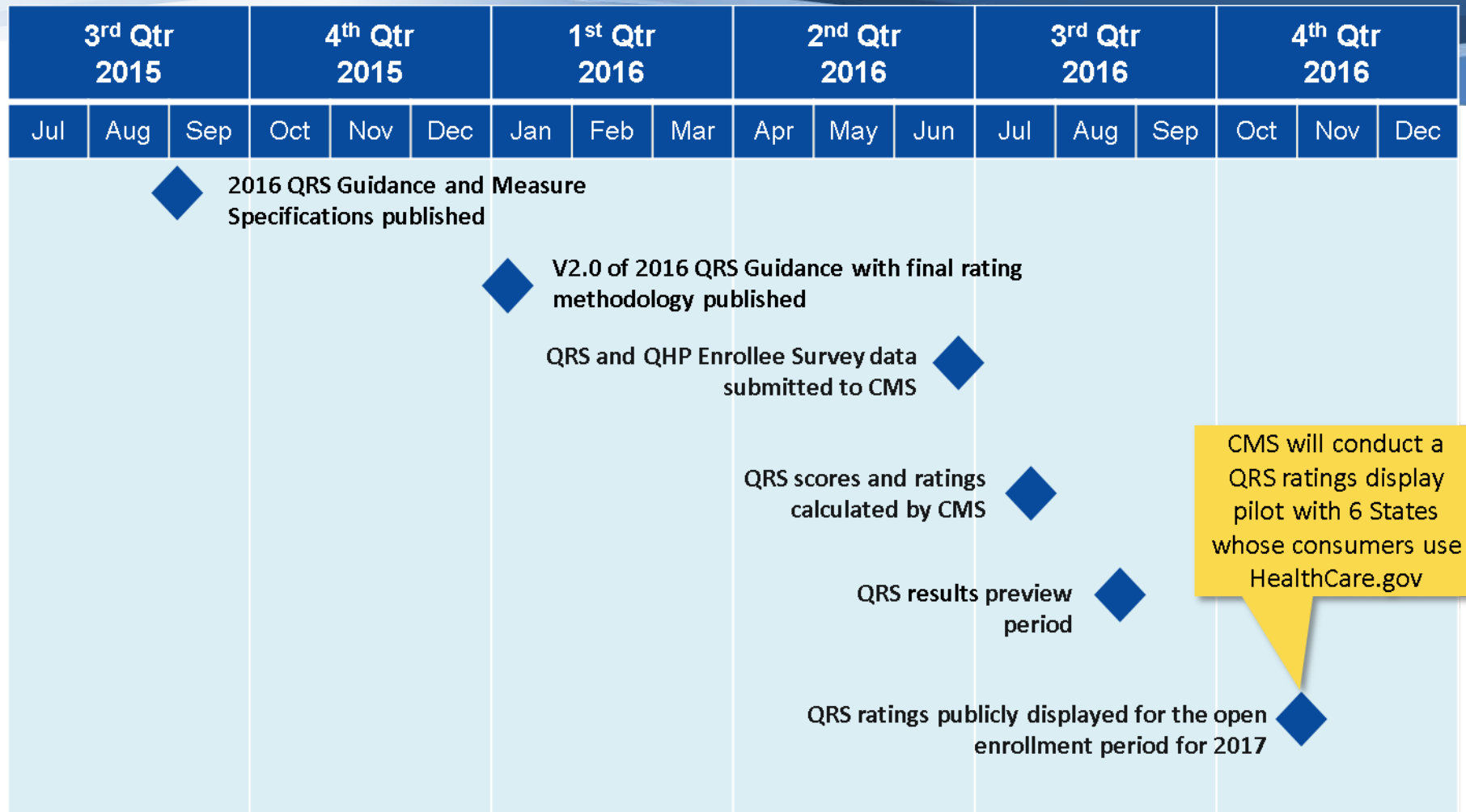
Learning Goals

- Provide an update on the 2016 QRS and QHP Enrollee Survey
- Provide details about the upcoming QRS preview period and QHP Enrollee Survey Quality Improvement Reports, including instructions on how QHP issuers will access the results
- Address questions from webinar participants

QRS and QHP Enrollee Survey Update

- For 2016, 310 (of 311 eligible) QHP issuer reporting units submitted both QRS clinical measure data and QHP Enrollee Survey response data
- For the 2017 open enrollment period this fall, CMS is conducting a pilot for public reporting of quality rating information by the Federally-facilitated Marketplaces (FFMs), including FFMs where the State performs plan management functions, and State-based Marketplaces on the Federal Platform (SBM-FPs)
 - CMS will pilot the display of QRS star ratings in the following six States whose consumers use HealthCare.gov: Michigan, Ohio, Oregon, Pennsylvania, Virginia, and Wisconsin
- State-based Marketplaces (SBMs) whose consumers do not use HealthCare.gov may display QHP quality information for the 2017 open enrollment period

2016 QRS Timeline and Next Steps



QHP Enrollee Survey and QRS Data Submission Requirements for 2016

- QHP issuers offering coverage through the Marketplaces in 2016 that met the QRS and QHP Enrollee Survey eligibility criteria were required to:
 - Attest, as part of the QHP application, that the QHP issuer would comply with quality reporting requirements as a condition of certification
 - Collect and submit validated QHP Enrollee Survey response data and QRS clinical measure data for each eligible reporting unit (defined by the unique State-product type for each QHP issuer)
 - A reporting unit must be offered through a Marketplace in 2016, as well as in the previous year (2015) and must have had more than 500 enrollees as of July 1, 2015

2016 QRS Results for Preview

- Starting on August 15, QHP issuers will have two weeks to preview their 2016 QRS results for their respective reporting units via the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM)
- QHP issuers will receive access to the following for each eligible reporting unit:
 - One QRS Preview Report including the QRS ratings
 - One PDF version of the QRS Proof Sheet
 - One CSV file version of the QRS Proof Sheet
- CMS will also have access to the *2016 QRS Proof Sheet User Guide* that includes more details regarding the methodology used to produce the QRS scores and ratings
- CMS recommends that QHP issuers review their QRS Preview Report first, and then the QRS Proof Sheet, since the latter provides additional detail behind the ratings shown in the QRS Preview Report

2016 QRS Results for Preview - Details

- The **QRS Preview Report** provides the QRS ratings for each QHP issuer's reporting unit. The ratings are provided on a 5-star scale for all QRS hierarchy components
- The PDF version of **QRS Proof Sheets** display outputs for each step of the QRS rating methodology:
 - Scores and ratings for all QRS hierarchy components
 - Results for all QRS measures, including measures not included in scoring. For all measures, the file will include the rate and total denominator size
 - Cut points used to convert numeric scores to star ratings
- The CSV file version of **QRS Proof Sheets** provides additional information:
 - Measure indicator values and sub-measure indicator values (age stratifications)
 - Benchmark information (percentile values) for measure rates, allowing a QHP issuer to compare their reporting unit's results to all other reporting units nationally
 - Benchmark values that show the standardized 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentile values of the numerical rates across all reporting units

Accessing 2016 QRS Results

- Starting on August 15, QHP issuers can access the 2016 QRS results via CMS' HIOS-MQM:
 - Log in to the HIOS-MQM website (<https://portal.cms.gov/>)
 - Users new to HIOS need to request access to HIOS and the MQM through the CMS Enterprise Portal (<https://portal.cms.gov/>)
 - Existing HIOS users who are new to the MQM need to request a new role: Ratings/Reports Viewer
 - Detailed instructions for registering for access to HIOS and the MQM can be found in the HIOS-MQM Quick Reference Guide located on CMS' MQI website (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>)
 - Navigate to the “Preview Ratings” webpage and search for the corresponding QHP issuer

QHP Enrollee Survey QI Reports for Issuers

- QHP issuers will receive one QHP Enrollee Survey Quality Improvement (QI) Report for each reporting unit
 - Each report includes survey results for all questions and composites included in the QHP Enrollee Survey
 - QI reports for the 2016 QHP Enrollee Survey will be available beginning on Monday, August 29th
 - For 2016, QHP issuers will be able to access all QI reports for their reporting units through the QHP Enrollee Survey website: <https://qhpcahps.cms.gov>

QHP Enrollee Survey QI Report Composites

- Getting Care Quickly
- Getting Needed Care
- Getting Information in Needed Language or Format
- How Well Doctors Communicate
- How Well Doctors Coordinate Care and Keep Patients Informed
- Health Plan Customer Service
- Getting Information About the Health Plan and Costs of Care
- **NEW:** Enrollee Experience with Cost

QHP Enrollee Survey QI Report Ratings

- Enrollees' Rating of the Health Plan
- Enrollees' Rating of All Health Care
- Enrollees' Rating of Personal Doctors
- Enrollees' Rating of Specialists
- **NEW:** Global Rating (would you recommend this plan to family or friends?)

Accessing the 2016 QI Reports

CMS.gov | Health Insurance Marketplace
Qualified Health Plan Enrollee Experience Survey
Centers for Medicare & Medicaid Services

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Home

Welcome Test Issuer 1

✓ Log in successful for DS-Test-Issuer-1.

Actions

View my Reporting Units

Select the "View my Reporting Units" link above to see each of your reporting units included in the 2016 QHP Enrollee Survey data collection. Issuers can view whether a data file has been successfully submitted for each reporting unit by their authorized survey vendor.

The data submission period is open from May 11-May 25, 2016. Authorized survey vendors have until 11:59pm Eastern Time on May 25, 2016 to successfully upload data files.

View my QHP Enrollee Survey Quality Improvement Reports

Select the "View my QHP Enrollee Survey Quality Improvement Reports" link above to see reports for each of your reporting units included in the 2016 QHP Enrollee Survey data collection.

Edit Account Information

My Information

Primary Contact

First Name: Test
Last Name: Issuer 1

Company Information

Company Name: Test Issuer 1
Business Phone: 222-222-2222
Address 1: 123 Happy Town
City: City
State: NC
Zip Code: 12345

HIOS

HIOS Issuer ID: 99999

On or after August 29:

- Log in to QHP Enrollee Survey Site
- Click "View My QHP Enrollee Survey Quality Improvement Reports"

If you logged into the QHP Enrollee Survey Vendor Authorization System as part of the 2016 survey process, you can continue to use the login credentials that you used previously. If you have forgotten your password, you can request to reset your password by clicking "Request new password."

Downloading the 2016 QI Reports

Click on the right-side link to download each report for your reporting unit

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Issuer - Quality Improvement Report: My Reporting Units

Actions	Reporting Unit	Product Type	State	Quality Improvement Report
View	12345-DC-PPO	PPO	DC	QHP Enrollee Survey QI Report for 12345-DC-PPO 2016
View	12345-DC-HMO	HMO	DC	QHP Enrollee Survey QI Report for 12345-DC-HMO 2016
View	12345-DC-EPO	EPO	DC	QHP Enrollee Survey QI Report for 12345-DC-EPO 2016

CMS.gov | Health Insurance Marketplace
Qualified Health Plan Enrollee Experience Survey

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

CMS & HHS Websites

- [Medicare.gov](#)
- [MyMedicare.gov](#)
- [StopMedicareFraud.gov](#)
- [Medicaid.gov](#)
- [InsureKidsNow.gov](#)
- [HealthCare.gov](#)
- [HHS.gov/Open](#)

Tools

- [CMS Acronyms](#)
- [CMS Contacts](#)
- [CMS FAQs](#)
- [CMS Glossary](#)
- [CMS Archive](#)

Helpful Links

- [Web Policies & Important Links](#)
- [Privacy Policy](#)
- [Plain Language](#)
- [Freedom of Information Act](#)
- [No Fear Act](#)
- [HHS.gov](#)
- [Inspector General](#)
- [USA.gov](#)
- [Help with file formats & plug-ins](#)

Using 2016 QHP Enrollee Survey and QRS Results

QHP issuers can use the reporting information for many purposes, including the following:

- Identify strengths and opportunities for improvement
 - QHP issuers can determine level of performance related to clinical quality management, enrollee experience and plan efficiency, affordability and management
 - Results can help QHP issuers identify where they may need to focus quality improvement efforts
- Give feedback to providers
 - QHP issuers may wish to present summary results to contracted providers, such as through newsletters or presentations
 - Feedback is a good way to provide information about performance and how enrollees perceive their experiences with providers who participate in the plan and with the health plan overall

2016 Marketing Guidelines

- QHP issuers participating in a consumer display pilot State or in an SBM that chooses to display QRS star ratings for the 2017 open enrollment period may reference the 2016 QRS ratings and QHP Enrollee Experience Survey results in their marketing materials
 - QHP issuers must follow the guidelines outlined in the 2016 QRS and QHP Enrollee Survey Technical Guidance on CMS' MQI website
 - QHP issuers will also need to include a disclaimer (forthcoming from CMS) that indicates CMS is conducting additional consumer testing regarding the public display of this quality rating information
- QHP issuers that are not participating in a pilot State or are participating in an SBM that chooses *not* to display QRS star ratings for the 2017 open enrollment period should not reference the 2016 quality rating information in their marketing materials

Submitting Inquiries about 2016 QRS and QHP Enrollee Survey Results

- To submit an inquiry related to the QRS and QHP Enrollee Survey results:
 - QHP issuers: Please submit questions to the Exchange Operations Support Center (XOSC) Help Desk via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference “Marketplace Quality Initiatives (MQI)-QRS”
 - States and Marketplace administrators: Please submit questions to administrators’ respective State Officers
 - Other stakeholders: Please submit questions via email at Marketplace_Quality@cms.hhs.gov and reference “Marketplace Quality Initiatives (MQI)-QRS” in the subject line

Additional Resources

- CMS HIOS-MQM Website:
 - Includes access to QRS preview reports and QRS proof sheets during the QRS preview period
 - <https://portal.cms.gov>
- CMS Marketplace Quality Initiatives Website:
 - Includes resources related to QRS and other CMS Marketplace Quality Initiatives
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>
- CMS QHP Enrollee Survey Website:
 - Includes resources related to the QHP Enrollee Survey and access to the QI Reports
 - <http://qhpcahps.cms.gov>

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” to submit your questions.*

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 or **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/SERFF
Email: serffplanmgmt@naic.org
- **CMS Help Desk** with questions about policy
Call: 855-CMS-1515 or **Email: CMS_FEPS@cms.hhs.gov**

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 Small Business Health Option Program (SHOP) or Individual Marketplace.

PM Webinar Dates

The 2016 QHP August Webinar Series VIII sessions continue on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
8/18/16	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
8/23/16	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
8/25/16	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	Monday (bi-weekly)	12:00 p.m. – 1:30 p.m.
FF-SHOP	Tuesdays	1:00 p.m. – 2:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.
SHOP - New Issuer Series	Thursdays	2:00 p.m. – 3:00 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

- 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
CMS	http://www.cms.gov/
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
Data Templates	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
HealthCare.gov	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 (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
FFM	Federally-facilitated Marketplace
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
SBM	State-based Marketplace
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks