Most Frequent Data Integrity Review Errors after Final Submission

September 14, 2017

2017 Qualified Health Plan (QHP) Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Agenda

- Session Guidelines
- Announcements
- Most Frequent Data Integrity Review Errors after Final Submission
- Q&A
- Resources
- Closing Remarks

Session Guidelines

- This 60-minute session is conducted to provide a presentation of the Most Frequent Data Integrity Review Errors after Final Submission, 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.

Announcements

Most Frequent Data Integrity Review Errors after Final Submission

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Most Frequent Data Integrity Review Errors

QHPs and Stand-alone Dental Plans (SADPs) (Deficiency Code):

1. QHPs Missing in the Unified Rate Review Template (URRT) (990000531)
2. Consistent Essential Health Benefits (EHB) Percent of Total Premium Between Plans and Benefits and URRT (990000461)
3. Service Areas with Missing Rates (990000551)
4. Invalid Copay or Coinsurance Value (990000241)
5. Format of Formulary URL (990000571)
6. Zero Dollar Rates in Age Bands (990000411)
7. Deductible and Maximum Out-of-Pocket (MOOP) Comparison (990000701)
8. Consistent Plan Type Between Plans and Benefits and URRT (990000511)
9. Health Savings Account (HSA) Eligible Plan with a Deductible Less than Required Minimum (990000671)
10. Business Rules Market/Dental Overwrite (990000771)

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.

Consistent EHB Percent of Total Premium Between Plans and Benefits and 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.

Service Areas with Missing Rates (990000551)

- Sample Message:

  DIT ERROR: Plan ID 12345XY0010006 is missing rates for Rating Area 1. Plan ID 12345XY0010006 is associated with service area ID XY001, which covers the following counties in Rating Area 1: Jones, Adams.

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.

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://.

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.

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.

Consistent Plan Type Between Plans and 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.

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."

Business Rules Market/Dental Overwrite (990000771)

- Sample Message:

  DIT ERROR: The Business Rules Templates have an issuer level discrepancy between the Individual Medical market binder and the Individual Dental market binder. In particular, for the “Is there a maximum age for a dependent?” field, the Individual Medical market binder is equal to "25" while the Individual Dental market binder is equal to "21".

  In order to avoid overwrite problems, please ensure that the “Is there a maximum age for a dependent?” field is consistent across all market binders. You may also create product or plan level rules for products or plans that do not adhere to the business rules set at the issuer level.

Live Q&A Session

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

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/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 Marketplace.

Plan Management Webinar Dates

The 2017 QHP September Webinar sessions occur on Thursday as shown below:

Date	Day	Time (ET)	Topic
9/21/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
9/28/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

Note: You are only required to register once to participate in all sessions of the 2017 QHP Series from May 2017 through December 2017.

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 (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

- 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
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