

Special Enrollment Periods (SEPs) for Plan Display Errors

December 14, 2017

2017 Qualified Health Plan (QHP) Series

Agenda

- Session Guidelines
- Key Dates
- SEPs for Plan Display Errors
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to discuss SEPs for Plan Display Errors.
- 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
November 1 – December 15, 2017	Open Enrollment	PY2018 Open Enrollment
December 4 – December 8, 2017	Post Certification Assessment	CMS sends notices regarding Post Certification Assessment (PCA) results
December 15, 2017	Plan Data Change	PY2018 2 nd quarterly rate change submission deadline for the Unified Rate Review Template (URRT)

Additional Webinar Sessions

All questions regarding Enrollment, EDGE Server or FF-Shop can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays	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>.



Announcements

Plan Display Errors in Plan Compare

- Errors in an issuer's QHP data can cause incorrect information about a plan's rates, benefits, cost-sharing, or other elements to display to consumers on Plan Compare.
- Plan display errors include situations where:
 - There is a discrepancy between an issuer's QHP data and state-approved form filings; or
 - Issuer makes a data entry error in the QHP templates.

Data Changes Affecting Consumers

- These data errors are corrected during Data Correction Windows (DCW).
- When the errors are corrected, the data on HealthCare.gov will change.
- CCIIO will consider the impact of the change on consumers who bought the affected plan before it was corrected.

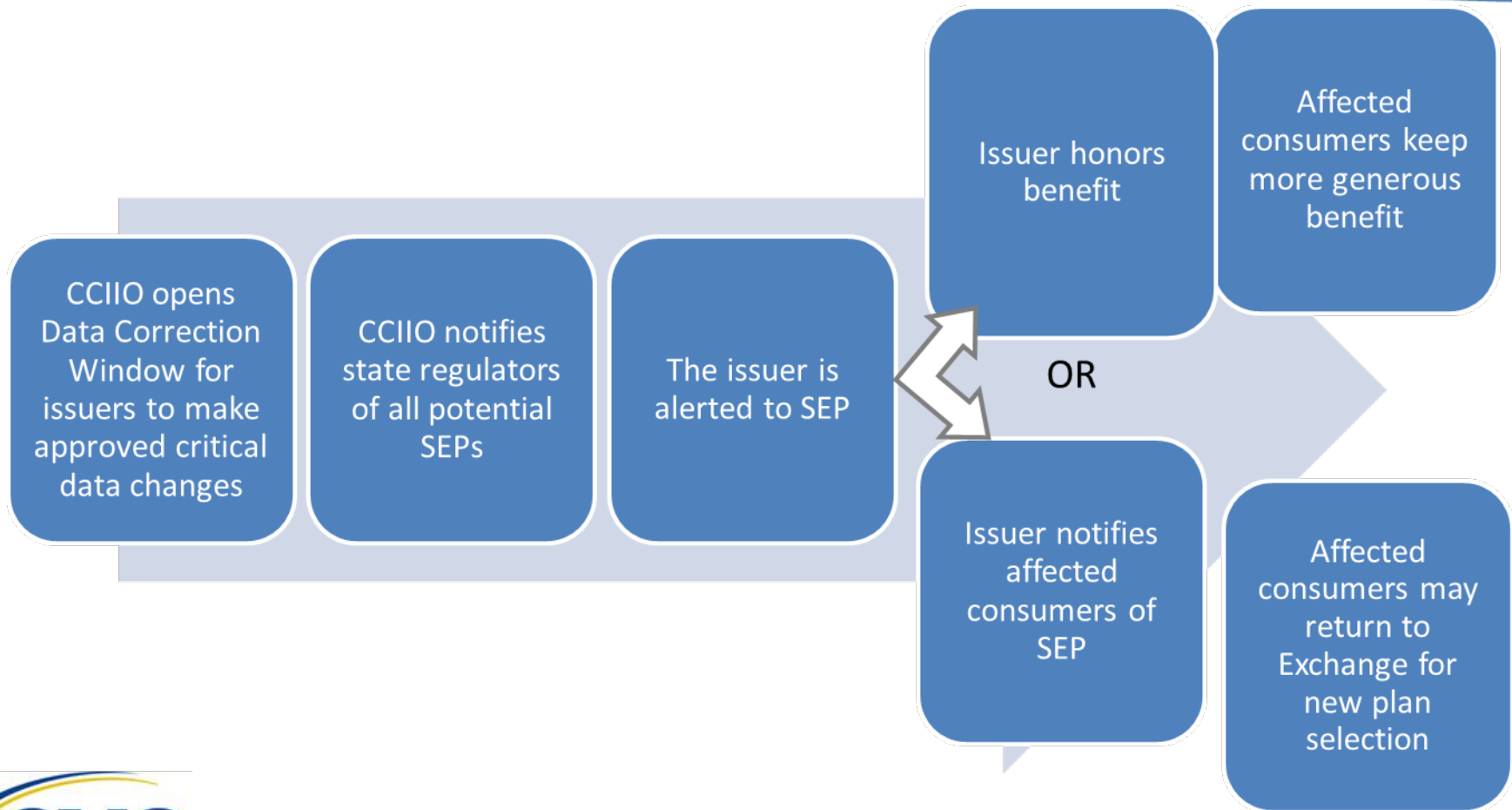
SEPs for Plan Display Errors

- When plan information on Plan Compare is changed, it may result in higher costs or less generous benefits than a consumer expected based on the information displayed at the time of enrollment.
 - These changes are triggered by material plan or benefit display errors 45 CFR 155.420(d)(12).
- Only in those cases will consumers generally be provided with a SEP to return to the Exchange and potentially select another plan.
- The consumer can choose whether the new plan will be prospective, or retroactive to the appropriate effective date.

Special Enrollment Periods for Plan Display Errors (continued)

- States, CCIO, and issuers have a role in providing this remediation to consumers.
- This presentation will review the process by which CCIO supports issuers offering SEPs to consumers affected by plan display errors.

SEP Process – High Level



Overview of CCIO Role

- Provides the change analysis of issuers for each data correction window and recommended materials for administering SEPs to States, including an assessment of which of those changes will result in SEPs.
- Manages the overall plan maintenance process, including tracking plan display errors resulting in SEPs.
- Reviews policy and operational questions as needed.
- Monitors progress of consumer notification.

Overview of Issuer Role

- Confirm Disposition
 - Issuer decides to either honor the benefit or notify consumers of SEP.
- If final disposition is SEP: Notify consumers
 - Issuer contacts, in writing, consumers who enrolled in the plan before the error was corrected to clarify the benefit.
 - Issuer provides copy of consumer outreach.
- If final disposition is to honor the benefit: Document state authorization.
- Issuer provides a count of affected enrollees, regardless of whether issuer choose to honor the benefit or notify consumers of SEP.

SEP Process Steps

Step	Recommended Timing
CCIIO reminds issuer they made a change that requires honoring a benefit or an SEP, and advises issuer of the SEP process and sample consumer notice language.	Issuer determines preference for honoring a benefit or SEP within five days of notification, then drafts a consumer notice and provides it to CCIIO.
<i>If the issuer would prefer to honor the benefit:</i>	<i>10 days after notification to provide evidence of state authorization</i>
CCIIO reviews the consumer notice and provides feedback if necessary.	Two days after notification
Issuer sends approved letter to SEP-qualified enrollees. Issuer sends final letter, mailing date, and impacted enrollee count to CCIIO.	Five days after approval
CCIIO sends final letter, mailing date, and impacted enrollee count to the Call Center.	Upon receipt of final letter, mailing date, and impacted enrollee account from issuer.

Note: Issuers in State-based Exchange Federal Platform (SBE-FP) states work directly with the state.

SEP Consumer Notice Review

- Once the issuer sends the draft consumer notice, CCIIO performs a content review. The notice generally should meet the following criteria:
 - Indicate the plan that the consumer enrolled in.
 - Describe the plan error display and the corrected benefits.
 - Inform affected consumers that if they are still satisfied with the plan, they do not need to do anything.
 - Inform affected consumers of a 60-day special enrollment period to change plans.
 - Inform affected consumers they may request retroactive coverage.
 - Provide contact information for additional information (i.e., issuer contact information and appropriate HHS Call Center information).
 - Communicate information in a neutral tone.

Note: Issuers in SBE-FP states work directly with the state.

SEP Notice: Examples

- Example of explanation of inaccurate display and correct plan information:

Benefit	Inaccurate benefit displayed on HealthCare.gov	Correct benefit
Generic Drug	\$10	No Charge after deductible
Specialist Visit	30%	30% after deductible

- Example of the practical impact description: “This means that you will need to meet your deductible before we provide full coverage for Generic Drugs. For a Specialist Visit, you first pay toward your deductible, and after your deductible is met, you pay 30% of the charges.”

If an Issuer Wants to Honor an Incorrect Plan Display

- Issuers may have the option of honoring the incorrect benefit. Issuers who are interested in pursuing this option should notify issuers' State as soon as possible.
- The issuer should provide evidence of State authorization to CCIO.
- If the issuer ultimately honors the benefit, no consumer notice is necessary.
 - The State may require the issuer to notify enrollees or change state filings.

Key Takeaways

- Issuers must notify enrollees affected by plan display errors on HealthCare.gov.
- The State helps the issuer navigate the process and develop notices to consumers affected by plan display errors.
- CCIO tracks the progress of consumer notification and provides support to states and issuers.
- Issuers should email CCIO within one business day after mailing consumer notices to allow time for notification of Call Center.

Where To Get Help

If you need to:	You can check:
Update the status of a pending SEP	<ul style="list-style-type: none">• CMS FEPS@cms.hhs.gov• Your Account Manager• Your issuer's Chatter group (Plan Management (PM) Community pilot participants)
Ask a question: <ul style="list-style-type: none">- About the next step in the SEP process, or- Share an issuer concern	
Update CCIIO when each step is complete	
Get updates on SEP process clarifications, changes, upcoming SEPs and other need-to-knows	

Key Guidance

Guidance	Citation
Regulations on Plan Display Error Special Enrollment Periods	45 CFR 155.420(d)(12) http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=77fe042f92b2df655914ec0edb3f372a&h=L&r=PART&n=45y1.0.1.2.70#se45.1.155_1420
Plan Display SEPs	FFM/SHOP Enrollment Manual https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR-FFM-SHOP-Manual-071916.pdf
Retroactive enrollment and termination:	45 CFR 155.430 at 30300 http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf

Discussion

*Send questions/feedback to
[CMS FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) and
your Account Manager*

Open Q&A Session



[HTTPS://WWW.REGTAP.INFO](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 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 a question is for the SHOP or Individual Exchange.

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

Plan Management Webinar Dates

The next 2017 QHP December Webinar session occurs on Thursday as shown below:

Date	Day	Time (ET)	Topic
12/21/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

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