Common Data Integrity Review Errors in Qualified Health Plan (QHP) and Stand-alone Dental Plan (SADP) Applications

June 14, 2016

Qualified Health Plan (QHP)
Series VI

CMS
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Agenda

- Session Guidelines
- Key Dates
- Announcements
- Common Data Integrity Review Validation Errors
- Common Data Integrity Review Cross Validation Errors
- Open 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' QHP data in Health Insurance Oversight System (HIOS) Plan Preview HIOS Modules and System for Electronic Rate and Form Filing (SERFF) Transfer are open for data resubmission
May 12 – June 10, 2016	CMS Review	CMS conducts Round 1 review of Plan Year (PY) 2017 QHP Applications
June 15 – 16, 2016	CMS Notice	CMS sends Round 1 Correction Notice to issuers and state regulators
June 15 – 16, 2016	CMS Notice	CMS sends first Plan Crosswalk Notice to issuers and state regulators
June 30, 2016	**Submission**	**Round 2 deadline for HIOS submission and SERFF Transfer of updated QHP Application data**

Announcements

Common Data Integrity Review Validation Errors

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Common Validation Errors

QHPs:

- Missing Summary of Benefits & Coverage (SBC) URL
- Standard Plan and Zero Cost Sharing Plan Variations Out-of-Network Coverage
- Health Savings Account (HSA) Eligible Plan with a Deductible Less than required Minimum
- Essential Health Benefit (EHB) Percent of Premium Equal to One and Plan Covers non-EHB Adult Vision, Adult Dental or Long Term Nursing

Common Validation Errors (continued)

QHPs and SADPs:

- Out-of-Network Copay and Coinsurance Equal to Not Applicable
- Service Areas with Missing Rates
- In-Network Tier 1 Copay and Coinsurance Values Equal to Not Applicable
- Deductible and Maximum Out-of-Pocket (MOOP) Comparison
- Format of Enrollment Payment URL

SADPs:

- Small Business Health Options Program (SHOP) Plans with Estimated Rates

Missing SBC URL

- Sample Error Message: Plan ID 12345XY0000001 in the Plans & Benefits template is missing the SBC URL. SBC URLs must be provided by the final submission deadline on August 23, 2016. URLs must be active by the time the issuer has signed the issuer's QHP Agreement

Standard Plan and Zero Cost Sharing Plan Variation Out-of-Network Coverage

- Sample Error Message: Plan ID 12345XY0000006-01 does not cover the following benefits out-of-network, but the Plan ID's associated zero cost sharing variation (12345XY0000006-02) has an out-of-network coinsurance not equal to 100%

  Please confirm that you have accurately entered the out-of-network coinsurance for the zero cost sharing plan variation. To indicate that a benefit is not covered out-of-network, enter 100% in the out-of-network coinsurance field

  Eye Glasses for Children

HSA Eligible Plan with a Deductible Less than Required Minimum

- Sample Error Message: The following plans are listed HSA eligible but have an In-Network Individual deductible value less than the required minimum value ($1,300 for self-only coverage): 12345XY0100003-06. The 2017 HSA parameters can be found at https://www.irs.gov/pub/irs-drop/rp-16-28.pdf
- Individual and Family per person deductibles must be at least $1,300 and Family per group deductibles must be at least $2,600 for HSA eligible plan variants

EHB Percent of Premium Equal to One and Plan Covers non-EHB Benefits

- Sample Error Message: The following plans have a value of 100% in the EHB Percent of Premium field of the Plans & Benefits Template and cover Routine Eye Exam (Adult): 12345XY0000001

  The EHB Percent of Premium field should be less than 100% to account for the plans' coverage of non-EHBs. Please note, pursuant to 45 CFR 156.115, the following benefits are excluded from EHB, even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits and non-medically necessary orthodontia

Out-of-Network Copay and Coinsurance Equal to Not Applicable

- Sample Error Message: Plan ID 12345XY0000001-01 has out of network copay and coinsurance values equal to "Not Applicable" for "Generic Drugs"

  If this benefit has no out-of-network cost sharing, please enter "No Charge" in both the copay and coinsurance fields. If the benefit is not covered out-of-network, please enter 100% in the coinsurance field

In Network Tier 1 Copay and Coinsurance Values Equal to Not Applicable

- Sample Error Message: Plan ID 12345XY0020015-01 has in network tier 1 copay and coinsurance values equal to "Not Applicable" for "Eye Glasses for Children." If this benefit has no in-network tier 1 cost sharing, please enter "No Charge" in both the copay and coinsurance fields

Deductible MOOP Comparison

- Sample Error Message: Plan ID 12345XY0000002-01 has a Combined Medical/Drug In-Network Family per Person deductible equal to $4,000 per person and a corresponding MOOP equal to $2,900 per person. The deductible is greater than the corresponding MOOP. Please confirm that you have accurately entered your deductible and MOOP values

Format of Enrollment Payment URL

- Sample Error Message: Plan ID 12345XY0000002 does not have an acceptable Enrollment Payment URL format. Each URL must begin with either http:// or https://

Format of Plan Brochure URL

- Sample Error Message: Plan ID 12345XY0000005-01 does not have an acceptable Plan Brochure URL format. Each URL must begin with either http:// or https://

SHOP Plans with Estimated Rates

- Sample Error Message: The following dental plans in the SHOP Market have estimated rates in the Plans & Benefits Template: 12345XY0000009, 12345XY0000011, 12345XY0000012
  FF-SHOP does not support estimated rates for dental plans. These plans will not display on HealthCare.gov
- Dental plans in the SHOP market must use guaranteed rates

Common Data Integrity Review Cross Validation Errors

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Common Cross Validation Errors

QHPs:

- Consistent EHB Percent of Total Premium Between Plans & Benefits Template & Unified Rate Review Template (URRT)
- QHPs Found in the URRT
- Consistent Exchange Status in the Plans & Benefits Template and URRT
- Consistent Plan Type Between Plans & Benefits and URRT

QHPs and SADPs:

- Service Areas with Missing Rates
- Individual Rating Consistency Between Business Rules and Rates Table

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

- Sample Error Message: Plan ID 12345XY0010007 has an EHB percent of total premium 1 in the Plans & Benefits Template and an EHB percent of total premium 0.9875 in the URRT

  Values for EHB percent of total premium must match between the Plans & Benefits Template and URRT

- The EHB percent of total premium values must be equal when rounded to three decimal places

QHPs Found in the URRT

- Sample Error Message: Plan ID 12345XY0000002 in the Plans & Benefits template is missing in the URRT. All QHPs in the Plans & Benefits template must be reported in the URRT
- All QHP plan IDs in the Plans & Benefits template must be listed in the URRT

Consistent Exchange Status in the Plans & Benefits Template and URRT

- Sample Error Message: Plan ID 12345XY0000006 has a value of “Both” for the QHP/Non-QHP field of the Plans & Benefits Template and a value of “No” for the Exchange Plan field of the URRT

  All QHPs in the Plans & Benefits Template that are offered either on-the-Exchange only ("On the Exchange") or both on and off-the-Exchange ("Both") must have a corresponding value of "Yes" in the Exchange Plan field of the URRT

- QHP exchange status must be consistent in both templates

Consistent Plan Type Between Plans & Benefits and Unified Rate Review Template

- Sample Error Message: Plan ID 12345XY0000001 has a plan type of Exclusive Provider Organization (EPO) in the Plans & Benefits Template and a plan type of Preferred Provider Organization (PPO) in the URRT. QHP plan type must match between the Plans & Benefits Template and URRT
- QHPs must have the same plan type in both templates

Service Areas with Missing Rates

- Sample Error Message: Plan ID 12345XY0010001 is missing rates for Rating Area 9. Plan ID 12345XY0010001 is associated with Service Area ID XYS001, which covers the following counties in Rating Area 9: Citrus
- Issuers must provide rates for all rating areas that map to the counties covered by a plan's service areas

Individual Rating Consistency Between Business Rules and Rates Table

- Sample Error Message: The following Plan IDs have age-band rates in the Rates Table Template, but the "How are rates for contracts covering two or more enrollees calculated?" business rule applying to these plans is equal to "There are rates specifically for couples and for families (not just addition of individual rates)": 12345XY0010007, 12345XY0010008, 12345XY0020007, 12345XY0020008

  These plans will not appear on HealthCare.gov unless the business rule for these plans is equal to "A different rate (specifically for parties of two or more) for each enrollee is added together"

Open 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" 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 SHOP or Individual Marketplace

Plan Management Webinar Dates

The 2016 QHP June Webinar Series VI sessions continue on Tuesdays and Thursdays as shown below.

Date	Day	Time (ET)	Topic
6/16/16	Thursday	1:00 p.m.—2:00 p.m.	Common Deficiencies Round 1
6/21/16	Tuesday	3:00 p.m. —4:00 p.m.	Window Shopping and Decision Tools Wireframes Demonstration
6/23/16	Thursday	1:00 p.m.—2:00 p.m.	Open Q&A
6/28/16	Tuesday	3:00 p.m. —4:00 p.m.	Open Q&A
6/30/16	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 twice-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.

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

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