Overview of Essential Health Benefits (EHBs), Special Enrollment Periods (SEP) for Plan Display Errors, and Updates to Qualified Health Plan (QHP) Re-Submission Process

December 20, 2017

Center for Consumer Information and Insurance Oversight (CCIIO)

Open Q&A Series for States

- The monthly webinar series provides States with the opportunity to ask questions about the QHP Certification process, including QHP State review tools.

- The State webinar series will complement the Centers for Medicare & Medicaid Services' (CMS') weekly issuer QHP webinar series.

  – States are invited to attend and listen to issuer webinars.

- A listing of all State webinars can be found on the Registration for Technical Assistance Portal (REGTAP).

  – www.REGTAP.info

- States are encouraged to submit questions in advance of each webinar to CMS_FEPS@cms.hhs.gov.

Agenda

- Overview of EHBs

- SEPs for Plan Display Errors

- Updates to QHP Re-Submission Process

- Live Q&A Session

- Resources

- Closing Remarks

Announcements

EHB and Plan Management Community

Purpose of Presentation

- Introduce States to moving EHB-related activities into the Plan Management (PM) Community:
  - Background on PM Community
  - EHBs
  - EHB Functionality in PM Community
  - Accessing PM Community Website via the QHP Certification Website
  - Communication within PM Community
  - Next Steps
  - Questions

Background on PM Community

- In January 2017, CCIIO asked for volunteers for participation in a closed portal for a new communications platform (PM Community) for issuers and States participating in QHP certification.

- For plan year (PY) 2018, there are 20 States participating in the pilot.

- For PY 2018, there are 25 parent companies participating in the pilot for all issuer IDs.

- CCIIO intends to roll out the PM community to all issuers and States in early 2018.

How States Used the System

- During the pilot, State users utilized the system in the following ways:
  - Managed State contacts
  - Viewed issuer- and plan-level data for all issuers and plans in State
  - Completed plan confirmation
  - Withdrew plans, if necessary, by submitting the QHP withdrawal form
  - Used "Chatter" with CCIIO on non-policy issues such as plan transfer
  - Accessed QHP notices from CCIIO, such as data integrity notices

Essential Health Benefits

- CCIIO is launching a new EHB functionality within the PM Community to offer improved two (2)-way communications with States.
  - PM Community is a tool used to manage customer relationships.
  - CCIIO plans to launch an EHB functionality within the existing PM Community.
  - CMS will transition from the EHB Mailbox (EHBQuestions@cms.hhs.gov) to the PM Community platform for EHB communications.

- Participation for States is at the State Department of Insurance (DOI) level.

EHB Functionality in PM Community

- State participants will perform tasks in the PM Community platform that were previously completed by accessing the CMS EHB web page and emailing CCIIO, including:

  – Accessing EHB resources (e.g., templates, technical assistance documents).

  – Utilizing portal for submitting documentation for the EHB-benchmark plan selection as applicable.

  – Submitting questions.

PM Community for EHB

- States can only have two (2) contacts for EHB.
- States need to confirm with CCIIO which two (2) users the State wants to include:
  - If you are already participating in the pilot, please confirm that your State's EHB contacts will be the same as your PM Community users or update your EHB contact information.

Accessing PM Community Website

- Each State requires login credentials to access the PM Community.

- Login instructions will be sent in an email.

- Additional information will be provided regarding updates to the PM Community.

Next Steps

1. <u>Next Two Weeks</u>: Respond to CCIIO's email confirming the two (2) State contacts for the PM Community.

2. <u>Next Month (TBD)</u>: Conduct more comprehensive training on PM Community and its functionality.

Special Enrollment Periods for Plan Display Errors (SEP)

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
  - 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.
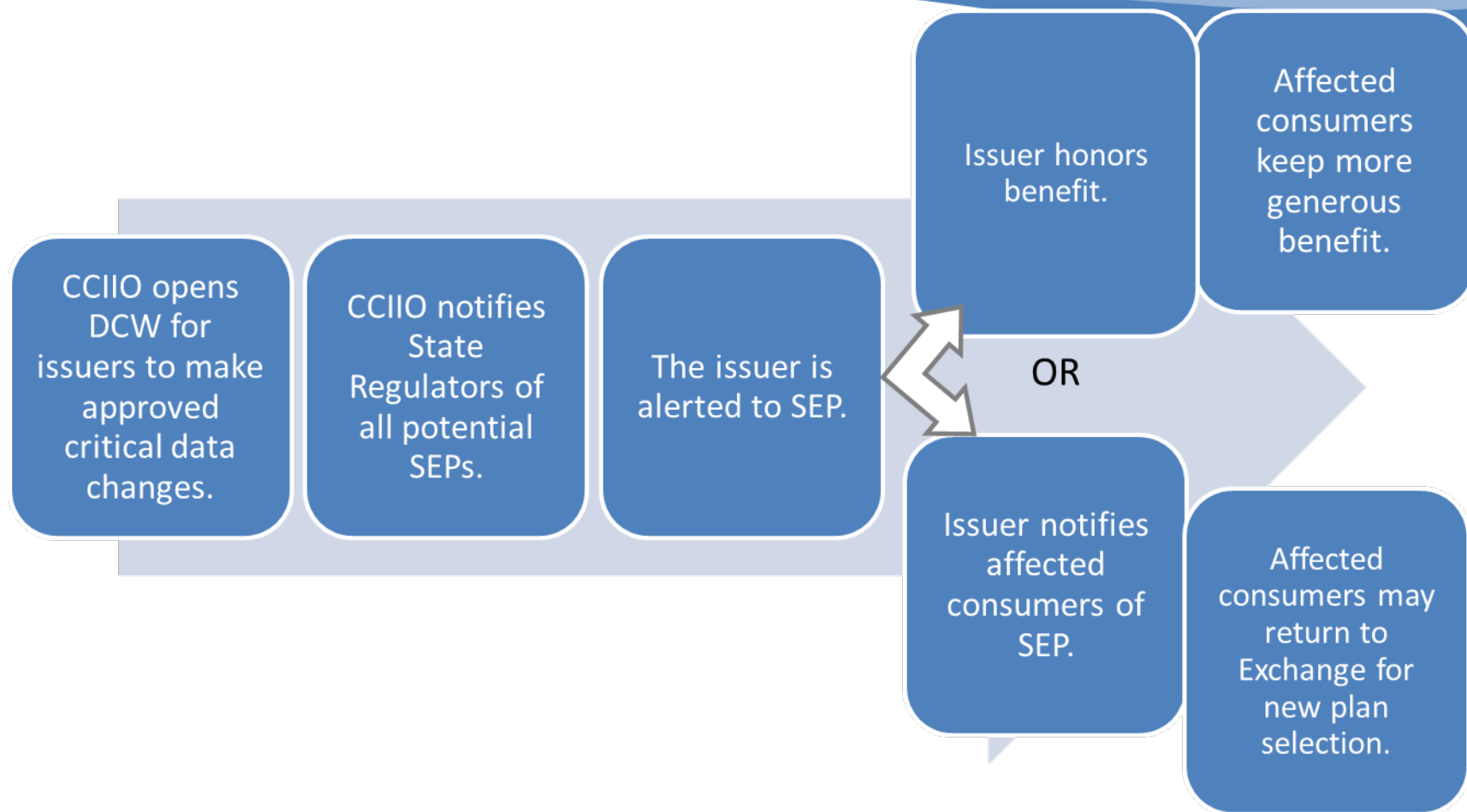
SEPs for Plan Display Errors

- 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.

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Special Enrollment Periods for Plan Display Errors (continued)

- States, CCIIO and issuers have a role in providing this remediation to consumers.
- This presentation will review the process by which CCIIO provides SEPs to consumers affected by plan display errors, and the role of each stakeholder involved.

SEP Process – High Level

CCIIO opens DCW for issuers to make approved critical data changes.

CCIIO notifies State Regulators of all potential SEPs.

The issuer is alerted to SEP.

OR

Issuer honors benefit.

Affected consumers keep more generous benefit.

Issuer notifies affected consumers of SEP.

Affected consumers may return to Exchange for new plan selection.

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Overview of CCIIO Role (State Based Exchange-Federal Platforms [SBE-FP specific])

- Provides the SBE-FPs with the change analysis of their issuers for each DCW and recommended materials for administering SEPs, as well as 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 State Role (SBE-FP specific)

- Notifies issuers and works to develop a consumer notification process.

- Manages day-to-day coordination with issuer.

- Provides CCIIO Plan Management with key information to coordinate consumer-facing processes.

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 – SBE-FPs

Step	Recommended Timing	Update CCIIO
State 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 the benefit or SEP within five (5) days of notification, then drafts a consumer notice and provides it to the State.	Yes
If the issuer would prefer to honor the benefit:	*10 days after notification to provide evidence of State authorization to CCIIO*	Yes
State reviews the consumer notice and provides feedback if necessary.	Two (2) days after notification	Yes
Issuer sends approved letter to SEP-qualified enrollees. Issuer sends final letter, mailing date and impacted enrollee count to State.	Five (5) days after State approval	Yes
State sends final letter, mailing date and impacted enrollee count to CCIIO for distribution to the Call Center.	Upon receipt of final letter, mailing date, and impacted enrollee account from issuer	Yes

SEP Process Steps – FFEs/SPEs

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 (5) days of notification, then drafts a consumer notice and provides it to CCIIO.
If the issuer would prefer to honor the benefit:	*10 days after notification to provide evidence of State authorization*
CCIIO reviews the consumer notice and provides feedback if necessary.	Two (2) days after notification
Issuer sends approved letter to SEP-qualified enrollees. Issuer sends final letter, mailing date and impacted enrollee count to CCIIO.	Five (5) days after CCIIO 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.

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SEP Consumer Notice Review

- Once the issuer sends the draft consumer notice, CCIIO or the State* 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.

*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 their State as soon as possible.
- The issuer should provide evidence of State authorization to CCIIO.
- The State should notify CCIIO of the issuer's desire so that subject matter experts can review the request to ensure it is consistent with CCIIO policy.
- 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 Process Differences between SBE-FP and FFE/SPE States

	SBE-FP	FFE/SPE
Notice to issuer	Sent by State	Sent by CCIIO
Notice to individual	Sent by Issuer with approval by State	Sent by Issuer with approval by CCIIO
Issuer decision to honor benefit	Approved by State	Issuer submits proof of State approval to honor benefit to CCIIO
Issuer decision to offer SEPs	Approved by State	Approved by CCIIO

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.

- CCIIO tracks the progress of consumer notification and provides support to States and issuers.

- States should email CCIIO within one (1) 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	
Ask a question: - About the next step in the SEP process, or - Share an issuer concern	• PlanManagementStateCoordination@cms.hhs.gov • Your State officer • Your State's Chatter group (Plan Management (PM) Community pilot participants)
Update CCIIO when each step is complete	
Get updates on SEP process clarifications, changes, upcoming SEPs and other need-to-knows	

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Key Guidance

Guidance	Citation
Regulations on Plan Display Error SEPs	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
PlanManagementStateCoordination@cms.hhs.gov
and your State Officer

Customized Submission Windows (CSW)

Overview

- CCIIO has rolled out a new process for accepting updates to QHP Application data following the final data submission deadline.

- This new process, called Customized Submission Windows (CSWs), allows CCIIO to have more control over which issuers are allowed to submit changes at given times.

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CSW Timing

- CSWs will be open for two (2) business days.

- For issuers submitting in the Health Insurance Oversight System (HIOS), CSWs open at 8:00 AM ET, and close at 6:00 PM ET.

- For States transferring data via System for Electronic Rate and Form Filing (SERFF), CSWs open for transfer at 8:00 AM ET. All transfers must be initiated by 3:00 PM ET.

  - States attempting to transfer outside of these times will receive an error that the submission window for the relevant issuer ID is closed.

CSW Submission by Exchange Model

- FFE States:
  – Issuer IDs will be restricted to resubmission of QHP Application data that has been requested and approved in a Data Change Request Form (DCRQ). CCIIO will limit the templates and/or sections that can be changed.
- SPE States:
  – Issuer IDs with approved DCRQs will have all modules opened. States will use the existing SERFF transfer process to transfer these approved issuers' data.
- SBE-FP States:
  – CMS will open all issuers IDs with active QHP Applications so the State may transfer issuers at their discretion. States will use the existing SERFF transfer process to transfer these issuers' data.

CSW Submission by Exchange Model

- The State Evaluation Module in HIOS also displays the CSW notifications that appear in the modules for issuers.

Questions

Please help us provide an accurate response by identifying your State when asking a question.

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.'**

If you are not able to ask your question during today's session, or if your question is best answered by subject matter experts (SMEs) outside Plan Management (PM), you may submit it via CMS_FEPS@cms.hhs.gov with the subject line "State Question."

State Regulators Webinar Session Survey

- CMS welcomes your feedback regarding this webinar series and values any suggestions that will allow us to enhance this experience for you.

- Shortly after this call, we will send a link to you for a convenient way to submit any ideas or suggestions you wish to provide that you believe would be valuable during these sessions.

- Please take time to complete the survey and provide CMS with any feedback.

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Closing Remarks