Data Changes and QHP Certification Agreements

September 12, 2019

2019 Qualified Health Plan (QHP) Series

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Data Changes and QHP Certification Agreements is applicable to issuers in Federally-facilitated Exchanges (FFEs), State-based Exchanges on the Federal Platform (SBE-FPs) and Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Key Dates
- Additional Webinar Sessions
- Announcements
- Data Changes and QHP Certification Agreements
- Question & Answer (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 answer issuer questions.
- 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 Plan Year (PY)2020 QHP Certification

Date	Category	Activity
August 22 – September 9, 2019	QHP Certification	CMS reviews QHP Applications as of 8/21/19
September 6 – September 11, 2019	QHP Certification	CMS posts review results to PM Community on a rolling basis
Friday, September 13, 2019	Transparency in Coverage	Transparency in Coverage data submission deadline
Monday, September 16, 2019	QHP Certification	CMS sends QHP Certification Agreements
Monday, September 16, 2019	QHP Certification	CMS releases final correction notice to issuers and states
September 16 – September 20, 2019	Transparency in Coverage	CMS reviews initial QHP data submissions as of 9/13/19

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Upcoming Key Dates for PY 2020 QHP Certification

Date	Category	Activity
September 16 – September 24, 2019	QHP Certification	Issuers return signed Agreements and final plan crosswalks to CMS
September 19 – September 20, 2019	QHP Certification	September Limited Data Correction Window (LDCW)
September 23 – September 25, 2019	Transparency in Coverage	CMS sends first transparency correction/non-submission notice
Friday, September 27, 2019	QHP Certification	Machine Readable file posting deadline
Friday, October 4, 2019	QHP Certification	CMS releases certification notice with the final plan list and countersigned agreements to issuers

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar 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.

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.

Reminder: Machine Readable Data Upload

- PY2020 Machine Readable (MR) data must be uploaded and accessible on issuer websites by <u>September 27, 2019</u>
  - MR data includes both provider and formulary data
  - Data must be updated with PY2020 information
- Questions? Please submit them through the UserVoice platform at <u>https://cms-provider-directory.uservoice.com/</u>

Announcements

Best Practices for Data Change Requests (DCRs)

What is a DCR?

- DCRs are:
    - submitted by issuers in order to request a change to issuers' QHP data after the application period closes.
    - submitted at any time.
    - reviewed from QHPs and on-Exchange SADPs.

State Exchange Models

- FFE
  - This process applies to ALL issuers including those in states performing plan management functions.

- SBE-FPs
  - Issuers do not need to complete DCRs, including service area change requests, in order to make modifications to issuers' QHP data.

  - Issuers should direct DCRs to issuers' state Exchange.

Required Elements of a Request

- DCR
  - Details about the revisions needed, including original and revised values.
- State Approval Form
  - Required only for issuers in FFEs, or approval from CMS Form Filing if a QHP or dual issuer (an issuer offering both medical and dental plans) in direct enforcement state.
  - If an issuer in an FFE is unable to have the issuer's state complete a State Authorization of QHP DCR Form, the issuer may instead submit other evidence of state approval. This usually is in the form of an e-mail from the state.
- DCR Supplement (formerly Supplement B)
  - Required for changes to Plan and Benefits, Business Rules or Service Area Templates.

Required Elements of a Request (Continued)

- Reasons for Requested QHP or SADP Data Changes
  - Form Filing (Reason 1)
    - Issuers must upload copies of the relevant section of the form filing if the first justification is chosen in the "Reasons for Requested QHP or SADP Data Changes" section of the Data Change Request Form.
  - Screenshots (Reason 2)
    - If the second justification is chosen in the Data Change Request Form, issuers must upload screenshots of the data errors.

Reason for Changes

Reasons For Changes

Issuer submitted incorrect data and must make a change to align template(s) with data previously approved by t
Issuer submitted a typographical (i.e., data entry) error for which the first justification does not apply, resulting in
Issuer is making routine updates to the administrative information, which includes URL changes.
Other

Other Justification for Change

One (1) Change Per Case

- Complete **one** (1) request per issuer, per data change.
  - If an issuer is making the same change to multiple plans, multiple plans may be selected.
    - Example: if an issuer wants to change the copay for specialists for multiple plans, plans can be grouped together on a single worksheet.
  - If an issuer is making changes to multiple data elements, data elements must be on separate worksheets.
    - Example: If an issuer wants to change a business rule and the copay for specialists, this would be considered as two (2) separate DCRs, and two (2) forms should be completed (even if the change is for the same Plan ID).

Process to Submit a DCR

PM Community

- Issuers that need to submit a DCR can follow the steps below:
  1. Log into the PM Community
  2. Navigate to the <Cases> tab in the top navigation bar.
  3. Click <New> on the right side of the screen to generate a new DCR.
  4. Complete the required fields.

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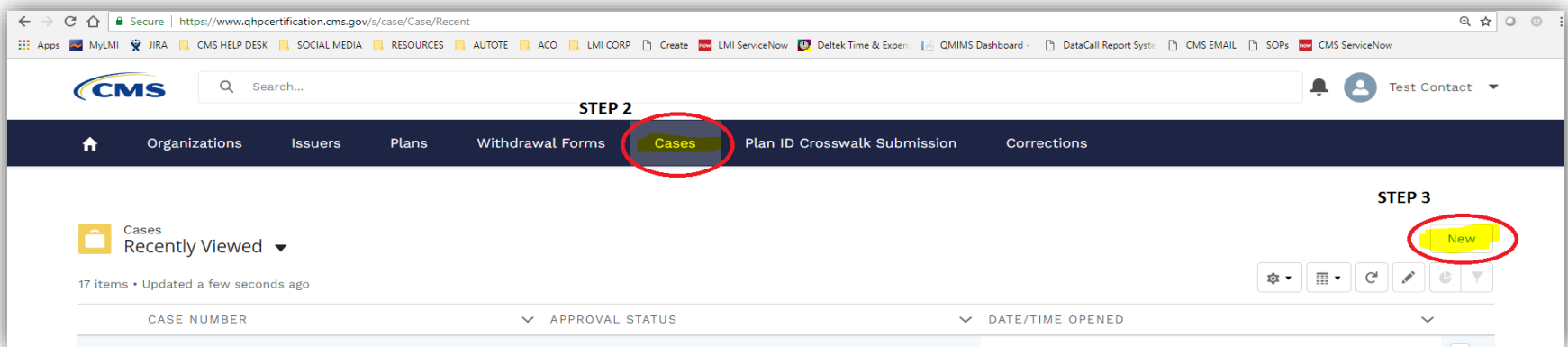
Cases Function

The <Cases> function in the PM Community allows an issuer to enter data into a fillable form.

- When completing the online form, be sure to:
  - Select the appropriate fields for the changes requested;
  - Upload all required documentation;
  - Check the box on the Attestation page; and
  - Select the <SUBMIT> button.

- The form is divided into four (4) sections:
  - Issuer Details
  - Additional Information
  - Description of Change
  - Reason for Changes

All fields marked with a red asterisk (*) are required.
All fields marked with a (+) sign indicate additional documentation is required.

Issuer Details

Issuer Details

Issuer ID
10100-2019

Market Type
SHOP

State Exchange Type
FFE Individual/SBE SHOP

Plans with Proposed Data Changes
129090010100DC-2019
129093410100DC2019

* Subject

DCR - Service Area XO991

* Product Type ⓘ

QHP (Medical-Only)

- The two required fields in this section are "Subject" and "Product Type".
  - "Subject" is a brief summary or identifying detail that allows the issuer to distinguish between DCR submissions.
  - "Product Type" is a drop-down single-select field that allows the issuer to identify the product type for the plans included in the DCR. The issuer can select: QHP (Medical-Only), SADP, or Dual (indicates an issuer offering both medical and dental plans).
- The additional unfillable fields (Issuer ID, Market Type, State Exchange Type, and Plans with Proposed Data Changes) will only display information once plans are selected and the form is completed.

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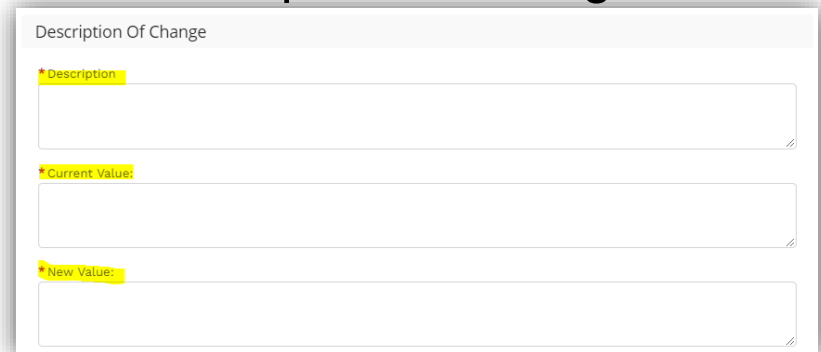
Modules & Templates

- Issuers should select the specific module and template requiring revision.

- Specific modules and templates require issuers to answer additional questions and provide supporting documentation. Specific fields are greyed out until a selection is made that allows these fields to unlock.

- Issuers requesting Plans & Benefits (P&B), Business Rules, or Service Area template changes must complete the DCR Supplement found at https://www.qhpcertification.cms.gov/resource/1533759480000/DCRSupplement

Description of Change

- Issuers should provide both the current value of the field and the new value requested.
  - For example, if requesting a change to the Primary Care Physician (PCP) copay from $45 to $50, the current value would be "$45 copay before deductible for Benefit 'Primary Care Visit to Treat an Injury or Illness'" and the requested new value would be "$50 copay before deductible for Benefit 'Primary Care Visit to Treat an Injury or Illness.'"
- If the change would impact other fields or be related to other fields, additional details should be provided.
- Issuers may submit via the DCR an attachment such as a completed template with the changes highlighted but must still provide adequate details in the form to describe the requested changes.

Description Of Change

* Description

* Current Value:

* New Value:

Reason for Changes

- Select at least one (1) reason for the data change
- If <Other>, provide a justification in the text box labeled <Other Justification for Change>

Reason for Changes

Reasons For Changes

Issuer submitted incorrect data and must make a change to align template(s) with data previously approved by t
Issuer submitted a typographical (i.e., data entry) error for which the first justification does not apply, resulting ir
Issuer is making routine updates to the administrative information, which includes URL changes.
Other

Other Justification for Change

Saving the Case

- After entering data into the form, select <Save> in the bottom, right corner. Disregard the <System Information> and <Internal Use Only> sections of the form.

- Once the form is saved, the issuer will be taken to the current Case page.

- The left side of the form will show the data the issuer has entered to that point.

Adding Issuers/Plans

- Issuer must select the plans with proposed data changes.
  - Select the <Add Issuers/Plans> button on the right side of the form. Selecting this button will open a dialog box. Place the mouse in the search field and select the respective Issuer ID associated with the plans with proposed data changes.
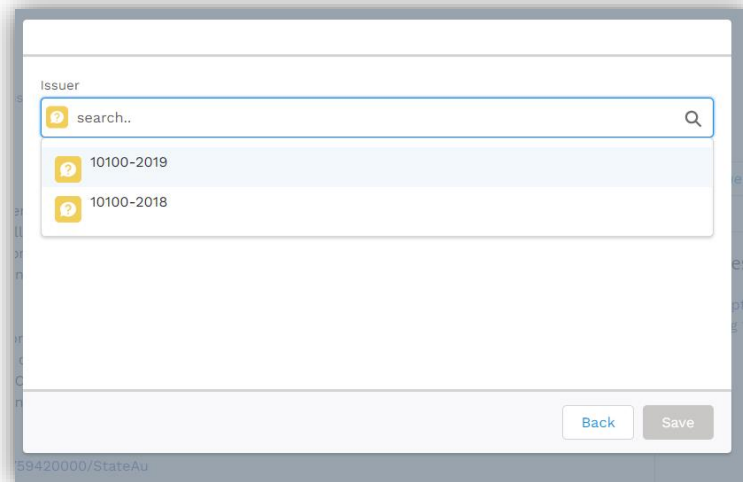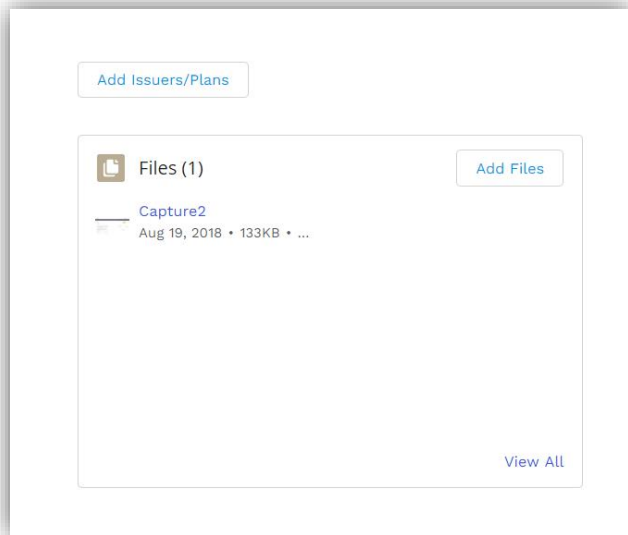
Adding Issuers/Plans (Continued)

- Once the appropriate Issuer ID is selected, the issuer will see the list of valid plans to choose from.
    - Issuer may select, one, more than one, or all plans, but should only select those plans affected by the request.
    - If the issuer wishes to select all plans, select the box to the left of <PLAN ID>.
    - After selecting the plans with proposed data changes, be sure to select the <Save> button.
    - After selecting <Save> the form will pre-populate the previously locked fields for Issuer ID, Market Type, State Exchange Type, and Plans with Proposed Data Changes.

Uploading Supporting Documents

- After selecting the plans with proposed changes, the issuer should upload all required or additional supporting documentation.
- Additional documentation includes:
  - State Authorization Form
  - DCR Supplement
- To upload supporting documents the issuer can either select <Add Files>, <Upload Files>, or drag a file into the File Upload dialog box.

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Submit to CMS

- Once the required documentation is uploaded, the issuer should select the <Submit to CMS> button in the far right corner of the Case page.

- Selecting the <Submit to CMS> button will navigate the issuer to the "Attestation" page.
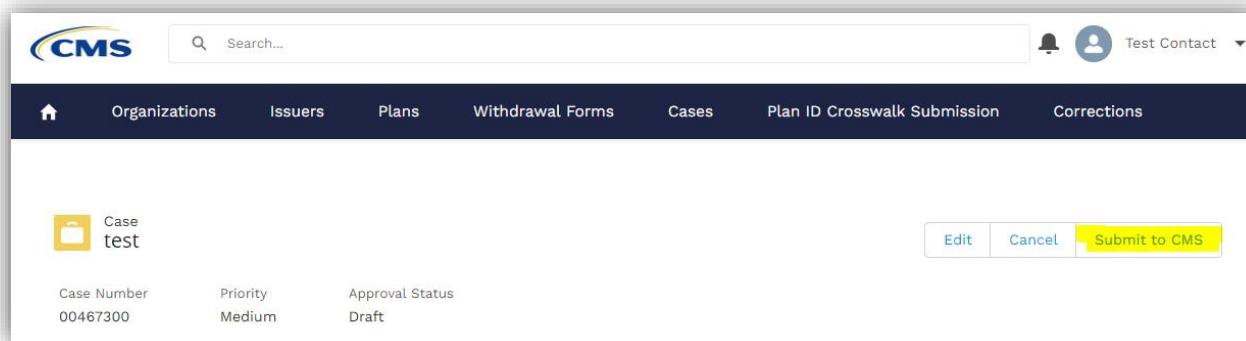
Attestation

- DCRs must be attested to before submission.

- Please read the attestation carefully then click the <Continue> button.

- Once the issuer checks the "I Attest" checkbox and selects <Continue> the DCR is officially submitted and under review by CMS.

Supporting Documents

State Approval: FFE

- FFE issuers must submit documented state approval (or request form filing approval for direct enforcement states) for all DCRs.
- State approvals must be specific to that DCR and date of the request.
- If the issuer selected "align with form filings" or "data entry error" as a reason for the request, the state approval documentation must include that the state agrees with that reason.

State Approval: States Performing Plan Management Functions

- Issuers in states performing plan management functions should request approval from issuers' states at the same time issuers are requesting approval from CMS.

- Issuers should work with issuers' states to determine the submission deadline for revisions prior to the System for Electronic Rate and Form Filing (SERFF) transfer deadline.

- Issuers in states performing plan management functions do not need to submit state approval with issuers' DCR.

DCR Supplement

- Issuers requesting changes to the P&B Template, Business Rules Template or Service Area Template **<u>must</u>** complete the DCR Supplement.

- There are four (4) worksheets: 1) P&B Benefits Package tab, 2) P&B Cost Share Variances tab, 3) Business Rules Template and 4) Service Area.

    —Fill out the tab that corresponds to the template the issuer is requesting to change. All other tabs should be blank.

    —Each tab to include fields to be filled out as appropriate to the intended changes. These fields correspond to the templates the fields represent.

    —Each field will have a pop-up message box with guidance on what data may be entered into each field.

DCR Supplement (Continued)

- The "Original Field Value" and "Revised Field Value" fields represent the data values of the field or data element being changed (from/to). The "Original Field Value" represents the data being changed from a previously submitted version of the template, and the "Revised Field Value" represents the data value being changed to in the next version of the template to be submitted.
  - Data changes: Enter the changing value and the intended value in the "Original Field Value" and "Revised Field Value" fields, respectively.
  - Data additions: "Original Field Value" should be blank (representing that this data did not exist in template previously), and the "Revised Field Value" field should be populated with the data being added.
  - Data deletions: "Original Field Value" should be populated with the data being deleted, and the "Revised Field Value" should be blank (representing that the data should not exist in the next version of the template).

DCR Supplement (Continued)

- Once all intended changes have been entered, please save the workbook file using the following file name structure: DCR_IssuerID_Date (mm-dd-yyyy).
  - For example: DCR_12345_10-15-2019

Special Situations

CMS Instructed Data Changes

- Rarely, CMS may contact an issuer directly with instructions to make a data change.

- Issuers must still complete the DCR approval process.

- Issuers may be instructed to complete the data change prior to formal approval; if so, CMS will send a written request.

- Issuers should include CMS's written request as documentation when submitting the DCR.

Changes Affecting Consumers

Changes Affecting Consumers

- For data changes that display after Open Enrollment begins, CMS will consider the impact of the change on consumers.

- The impact of the change on consumers will be considered separately from CMS's approval/disapproval of the change.

- CMS will communicate an initial determination of consumer impact with the approval of a change request.

Benefit Display Errors in Plan Compare

- Errors can cause consumers to see incorrect premium, benefits or cost sharing displayed for certain plans on Plan Compare.

- Plan display errors include situations where:

  – A discrepancy is identified between an issuer's QHP data and the issuer's state-approved form filings.

  – Issuer makes a data entry error.

  – Coding on HealthCare.gov caused benefits to display incorrectly.

Resolving Benefit Display Errors

- Display errors can be corrected during DCWs.
- When an error is corrected, CMS reviews each DCR to assess:
  - The impact of the data change on enrollee(s); and
  - Whether the data change will be in the consumer's favor.
- If CMS determines an error has no enrollee impact or is a favorable change, no further action from the issuer is required after making the data change.

Data Errors with Consumer Impact

- If CMS determines an error has an unfavorable impact on the enrollee, the issuer will be given the option to either:
  - Honor the benefit as originally stated, if permitted by the applicable state regulatory authority; OR
  - Notify impacted enrollees in writing of the following:
    - The error made
    - The correct benefit
    - The availability of a Special Enrollment Period (SEP) to select another plan through the Exchange

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Data Correction Related Notices of Non-Compliance (NoNCs)

Notices of Non-Compliance (NoNCs)

- Technical assistance and NoNCs are two (2) of the methods that CMS uses to ensure issuer conformity with regulations and guidance.

- NoNCs are letters that notify an issuer of an incident of non-compliance related to its operations and submission with CMS.

- The NoNC summarizes the compliance incident and sets out the steps required for the issuer to resolve the incident.

Reasons Issuers May Receive NoNCs for Data Changes

- Having Remaining Errors or Creating New Errors After Final Submission Deadline
  - Issuer fails to follow CMS direction to correct a specific data error during a DCW
    - For example, if an issuer fails to correct a Cost Sharing Reduction (CSR) deficiency as directed by CMS
  - Issuer creates a new error during a DCW that requires the issuer to correct in the next DCW

Reasons Issuers May Receive a NoNC for Data Changes (Continued)

- Submitting a Late DCR-Ticket
  - Issuer submits a DCR after the communicated deadline.

- Making Unapproved Changes
  - Submitting plan data without submitting a data change petition to CMS
  - Submitting plan data without receiving CMS approval for data change petition
  - Submitting plan data outside the scope of the approved data change petition

Reasons Issuers May Receive a NoNC for Data Changes (Continued)

- Having Inaccurate or Incomplete Application
  - Issuers that make data changes to their applications after the final submission deadline to correct deficiencies
    - For example, if an issuer notices an error in the data after the final submission deadline and requests to enter a DCW and change the Non-Preferred Brand Drug In-Network (Tier 1) copay from $60 to $40
    - CMS approved the issuer to make these changes, so they are not considered "unapproved changes".
  - However, issuers are required to have accurate and complete plan data *prior* to the final submission deadline.
  - As such, approved data changes after the final submission deadline may still result in a NoNC.

Data Changes Not Applicable for NoNCs

- Post-certification Assessment (PCA) related data changes
- Administrative Changes
  - URL changes
  - Marketing name changes
  - Minor grammatical changes
- Small Business Health Options Program (SHOP) quarterly rate changes
- State approved rate changes
- Other data changes as deemed applicable by CMS

Main Takeaways Regarding NoNCs

- Issuers should remember to:
  - Submit accurate and complete plan data that is in accordance with what is on file with the state prior to the final submission deadline.
  - Submit DCRs per the DCW protocol.
  - Only make approved changes as requested.
  - Make all changes as directed by CMS.

Final Steps: Approval and Making the Change

Tracking Requests

- After submitting a DCR, issuers will receive a case number from the PM Community

- Issuers can view the status of their request in the PM Community

  – Note that issuers should still read the Help Desk response for details

Receiving Approvals

- CMS will issue approvals or disapprovals for DCRs through the Help Desk.

- All Help Desk responses will include the case number at the beginning of the email.

- Issuers should carefully read responses for specific approvals, disapprovals or additional instructions from CMS.
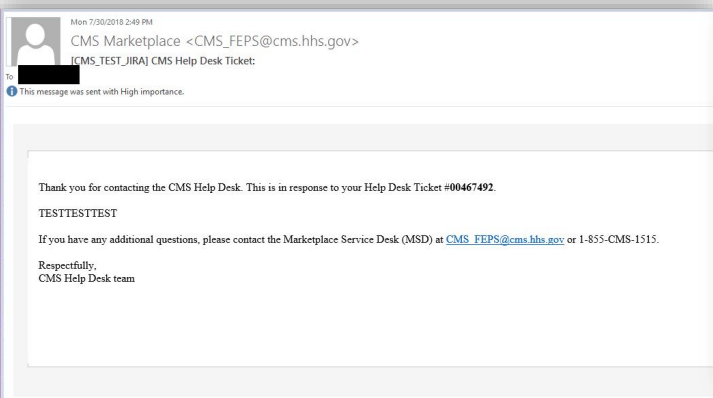
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Dates for making changes

- Issuers will be given specific dates when the system will be available for their changes.

- Issuers may be given different dates (staggered scheduling) in order to facilitate better data processing.

Making Changes

- FFE issuers will be allowed to access only the relevant sections of the application for their changes.

- Issuers in states performing plan management functions must work with issuers' states to determine the submission deadline for revisions prior to the SERFF transfer deadline.

Additional resources

Additional information, including detailed instructions for submitting DCRs, is available on the QHP Certification website at:

https://www.qhpcertification.cms.gov/s/Data%20Change%20Windows

PY2020 Issuer Agreement Signing

PY2020 Issuer Agreement Signing

- As outlined in the 2020 Letter to Issuers, the QHP Certification Agreement and a Senior Officer Acknowledgement will be sent to issuers applying for QHP certification for PY2020 on **Monday, September 16**.

- As in PY2019, these documents will be sent to issuers via DocuSign, an application used to streamline the collection of electronic signatures, eliminating the need for printing, scanning, and re-attaching documents via email.

PY2020 Issuer Agreement Signing (Continued)

- Documents will be sent in a single email (called an "envelope") to all of the contacts identified by your organization in the PM Community.

- Documents will be sent at the issuer ID level; contacts will receive emails for each issuer ID in their organization.

PY2020 Issuer Agreement Signing (Continued)

- The emails will be sent using "signing groups." This means that while only one signature is required, any recipient is able to sign the documents, or re-assign the documents to an authorized individual for signature.

- Please note the same individual must sign both the QHP Certification Agreement and the QHP Senior Officer Acknowledgement.

PY2020 Issuer Agreement Signing (Continued)

- Step-by-step instructions for signing, re-assigning, and completing the documents will be provided in the body of email issuers receive from DocuSign.

- The deadline for agreement signing is **5 p.m. ET Tuesday, September 24**.

PY2020 Issuer Agreement Signing (Continued)

- Once the documents have been signed, all the original recipients will receive a copy of the signed documents.

- CMS will countersign the QHP Certification Agreement and post the final version to the PM Community by October 5, completing the certification process for the upcoming plan year.

PY2020 Issuer Agreement Signing (Continued)

Ensuring you receive your agreement:

Before Monday, September 16:

- Request that your IT department allow emails from the domains @docusign.net & @docusign.com.

After Monday, September 16:

- Double check that your agreements are not simply landing in your Junk or Spam folder.

- Contact your Account Manager if you do not see your agreements by Tuesday, September 17.

Appendix: Detailed Instructions

Once you receive the QHP Agreement email from "The Centers for Medicare & Medicaid Services (CMS) via DocuSign":

- Click on the yellow "Review Documents" button and scroll down to review the populated fields.

If you are authorized to enter into agreement with CMS for the listed issuer ID, scroll through the agreement document and fill in the required fields as indicated by the red boxes.

Appendix: Detailed Instructions

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Appendix: Detailed Instructions(continue)

- If you are *not* authorized to enter into agreement with CMS for the listed issuer ID, *please do not forward this email directly*, but follow the steps below:
  - In the right-hand corner, click on "Other Actions";
  - From the drop-down menu, select "Assign to Someone Else";

Appendix: Detailed Instructions (continued)

- Enter in the email address and name for the point of contact who is authorized to enter into agreement with CMS and your reason for re-assigning the documents; and click on the yellow "Assign to Someone Else" button.

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Open Q&A Session

Questions?

- To submit or withdraw questions by phone:

  - *To submit a question, dial* 1-866-391-5945 and enter your unique six-digit PIN then 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."*

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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/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.

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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 QHP September Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
09/19/19	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
09/26/19	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
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.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

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Closing Remarks