

WV OIC Carrier Stakeholder Meeting QHP Submission Guide Review

February 12, 2013

Agenda

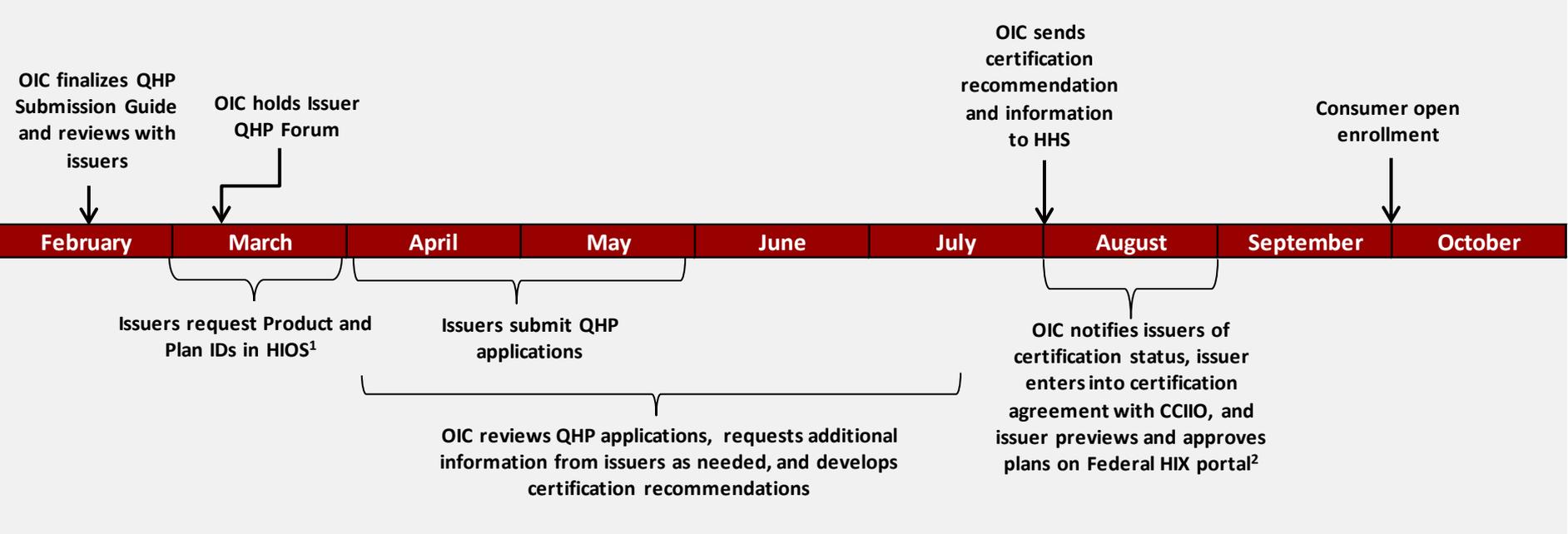
- QHP Submission and Certification Timeline
- Submission Guide Overview
 - Purpose
 - Layout
- QHP Submission and Certification Requirements
 - Data Submission
 - General Exchange Participation
 - QHP Certification
- Next Steps and Questions

QHP SUBMISSION AND CERTIFICATION TIMELINE

QHP Submission and Certification Timeline

- Projected dates for QHP submission and certification in 2013 are outlined below
- **Please note prior to entering plan information into SERFF, issuers must register Product IDs in HIOS and receive a block of Plan IDs**

WV OIC Proposed QHP Certification Timeline -2013



¹Estimated dates only as dependant upon CCIIO

²Dependent on timing of HHS ratification of OIC decisions and processing of data sent from the State



SUBMISSION GUIDE OVERVIEW

Purpose

- Provide guidance to health insurance issuers regarding the certification standards for individual and/or SHOP Qualified Health Plans (QHPs) offered through the federal Health Insurance Exchange
- Intended for informational purposes and has no legal force or effect
 - Issuers should refer to WV State Code and federal statute, rules, and regulations for a comprehensive understanding of requirements related to qualified health plans offered in the Exchange
- Federal statute and regulations referenced may not be final (e.g. rating factors, essential health benefits)

Layout

Section I. General Information and Background

- Purpose
- Context
- General Exchange Participation Requirements
- Timetable
- Contact Information

Section II. Specifications for QHP Certification

- Components included for each key QHP Certification area (such as benefit standards, rating standards, and network adequacy) include:
 - Statement (*italicized*) indicating whether or not the information required for the certification area must be provided once per issuer or for each QHP, and whether or not the section applies to stand-alone dental plans (SADP's)
 - Statutory/Regulatory Standard
 - OIC/HHS Certification Approach
 - Primary Data Submission Method from Issuer

Layout

- **Section III. Attestations**
 - WV-specific list
 - HHS-required list
- **Section IV. Appendices**
 - QHP Certification Checklist
 - Reference Table for Federal Requirements

QHP SUBMISSION AND CERTIFICATION REQUIREMENTS

Data Submission Methods

- Built-in Onscreen SERFF Data Entry Fields
 - E.g., Plan Binder Name, Plan Year, Market Type
- Standard MS Excel Data Templates (as attachments)
 - E.g., Administrative Data, Plan and Benefit Data, Rate Data, Formulary Data
- Supporting Documents (as attachments)
 - E.g., Certification of Compliance, Actuarial Memorandum, Certificate of Readability
- Attestations (as a PDF attachment)
 - E.g., “Issuer will adhere to all requirements contained in 45 CFR 156, applicable law and applicable guidance”
- At the time of drafting the Guide, the CClIO MS Excel Data Templates are in proposed form and can be found at the following location under “Documentation –Business”: <http://www.serff.com/hix.htm>

General Exchange Participation Requirements

- To be certified for participation in the Exchange, a QHP must:
 - Meet the legal requirements of offering health insurance in West Virginia;
 - Satisfy the certification criteria as established by the State;
 - Satisfy the minimum federal requirements of a QHP as outlined in 45 CFR Parts §155 and §156; and
 - Receive a recommendation for certification by the OIC, have the recommendation ratified by HHS, and enter into a Certification Agreement with HHS.
- In addition, to participate in the Exchange an issuer must:
 - Submit at least one (1) silver plan and one (1) gold plan (45 CFR 156.200(c)(1));
 - Provide a child-only option for each metal tier for which the issuer offers a QHP (45 CFR 156.200(c)(2); and
 - Submit three variations to each silver plan reflecting reduced cost sharing on the essential health benefits (45 CFR 156.420(a).

QHP Certification Requirements

- 2.1: Issuer Administrative Information
- 2.2: Licensure, Solvency, and Standing
- 2.3: Benefits and Product Offerings
- 2.4: Rating Factors and Rate Increases
- 2.5: Accreditation Standards
- 2.6: Network Adequacy and Provider Data
- 2.7: Marketing, Applications, and Notices
- 2.8: Quality Standards
- 2.9: Segregation of Funds for Abortion Services
- 2.10: Past Complaints/Compliance
- 2.11: Other Issuer and QHP Requirements

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Issuer Administrative Information (508 Appendices A1 and A4 of PRA package, CMS Form Number CMS-10433)	Basic information required to identify issuers and the Exchange markets they intend to serve, and to facilitate communications with and payment to issuers; data elements may include issuer contact information and banking information	N/A

Primary data submission method(s): *CCIIO Excel Data Template*

Is information issuer- or QHP-specific?	<i>Issuer</i>
Does it apply to SADP's?	<i>Yes</i>



QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Licensure, Solvency, and Standing (45 CFR 156.200 (b)(4))	Issuer must be licensed, meet WV solvency requirements, and have unrestricted authority to write its authorized lines of business in West Virginia; issuer must have no outstanding sanctions imposed by the OIC	Review and confirm issuers meet these standards, leveraging existing information and data sources; issuers licensed in WV will not be required to submit supporting documentation for this standard initially unless concerns are identified and additional review is required Issuers not currently licensed will be required to complete the WV licensing process

Primary data submission method(s): *Attestation*

Is information issuer- or QHP-specific?

Issuer

Does it apply to SADP's?

Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Essential Health Benefits (45 CFR 156.115; 45 CFR 156.120) *	<p>Offers coverage that is substantially equal to the coverage offered by the benchmark plan</p> <p>Covers at least the greater of one drug in every USP category and class or the same number of drugs in each category and class as benchmark</p> <p>WV benchmark is Highmark Blue Cross Blue Shield WV Super Blue Plus 2000 1000 Ded supplemented by WV CHIP for pediatric dental and FEDVIP for pediatric vision</p>	<p>Confirm issuer offers coverage that is substantially equal to the benchmark plan; has demonstrated actuarial equivalence of substituted benefits if the issuer is substituting benefits; and provides required number of drugs per category and class</p> <p>EHB substitutions will require an actuarial certification</p>

Primary data submission method(s): *CCIIO Excel Data Template; Attestation; Supporting Documents (e.g. actuarial certification)*

Is information issuer- or QHP-specific?	QHP
Does it apply to SADP's?	Yes

* Standards are contained in proposed Federal rules expected to be final in early 2013.

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Annual Cost-Sharing Limitations (45 CFR 156.130; 45 CFR 156.150) *</p>	<p>Out-of-Pocket Limits: cost-sharing for self or family coverage will not exceed the dollar amounts in section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986 for self and family coverage beginning in 2014</p> <p>Deductibles: Employer-sponsored plans may not have a deductible >\$2,000 for a plan covering a single individual or \$4,000 for other coverage; deductible limit may be increased by the maximum amount of reimbursement reasonably available to an employee under a flexible spending arrangement</p> <p>Cost-sharing for SADPs will be considered separately from other QHPs; plan must demonstrate the annual limitation on cost-sharing for the SADP is “reasonable” for coverage of the pediatric dental EHB</p>	<p>Review plan data for compliance with ACA cost-sharing limitations</p>

Primary data submission method(s): *CCIIO Excel Data Template; Attestation*

Is information issuer- or QHP-specific?	QHP
Does it apply to SADP’s?	Yes

*Standards are contained in proposed rules that should be final in early 2013

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Actuarial Value (45 CFR 156.135; 156.140; 156.150) *</p>	<p>Except for the impact of cost-sharing reduction subsidies and <i>de minimis</i> variation of +/- 2 percent, plan must meet specified AV based on the cost-sharing features of the plan</p> <ul style="list-style-type: none"> • Bronze plan – AV of 60 percent • Silver plan – AV of 70 percent • Gold plan – AV of 80 percent • Platinum plan – AV of 90 percent • Catastrophic plan –N/A <p>Issuer <i>must</i> use AV calculator for plan submittal to OIC and <i>may</i> use informally when designing plans; an exception is made for unique plan design, for which an actuarial certification from the issuer indicating compliance with use of an approved alternative calculation method is required</p> <p>SADP’s certified to meet a 75 percent AV (+/- 2 percent) will be considered a “low” plan and anything with an AV of 85 percent (+/- 2 percent), will be considered a “high” plan; SADP’s may <u>not</u> use AV calculator</p>	<p>Review and confirm that the AV for each QHP meets specified levels; review unique plan designs and accompanying actuarial certification, if applicable</p>

Primary data submission method(s): *CCIIO Excel Data Template; Attestation; Supporting Documents (e.g., actuarial certification for unique plan designs)*

Is information issuer- or QHP-specific?

QHP

Does it apply to SADP’s?

Yes

*Standards are contained in proposed rules that should be final in early 2013

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Non-Discrimination (45 CFR 156.125; 156.200(e); 156.225(b))*	Issuer must not discriminate based on an individual’s age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions; on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation (45 CFR 156.200(e)); and must not have benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs	Conduct outlier tests to identify potentially discriminatory benefit designs; issuer will also attest to non-discrimination

Primary data submission method(s): *CCIIO Excel Data Template; Attestation*

Is information issuer- or QHP-specific?

QHP

Does it apply to SADP’s?

Yes

*Standards are contained in proposed rules that should be final in early 2013

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Mental Health and Substance Abuse Parity (ACA § 1311(j))	Section 2726 of the Public Health Service Act applies to QHP's in the same manner and to the same extent as such section applies to health insurance issuers and group health plans	Review benefits and cost-sharing for compliance with standard, including ensuring that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits

Primary data submission method(s): *CCIIO Excel Data Template; Attestation*

Is information issuer- or QHP-specific?	<i>QHP</i>
Does it apply to SADP's?	<i>No</i>

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Rating Factors and Rate Increases (45 CFR 147.102; 156.255; 156.210)</p>	<p>Issuer may only vary premiums based on age (within a 3:1 ratio for adults), tobacco use (within a 1.5:1 ratio and subject to wellness program requirements in the small group market), family size, and geography</p> <p>Issuer must set rates for an entire benefit year, or for the SHOP, plan year; must charge the same premium rate without regard to whether the plan is offered through the FFE or directly from the issuer through an agent and is sold inside or outside of the Exchange; must submit rate information to the Exchange at least annually; must submit a justification for a rate increase prior to the implementation of the increase; and must prominently post the justification on its Web site</p> <p>Rate increases for QHPs are subject to the reporting and review requirements in 45 CFR 154.215 related to the submission of a Rate Filing Justification</p>	<p>Review rates for compliance with the standards and issuer attestations; review Rate Filing Justification, including actuarial memorandum, for rate increases</p>

Primary data submission method(s): *CCIIO Excel Data Template; Attestation; Supporting Documents*

Is information issuer- or QHP-specific?

QHP

Does it apply to SADP's?

*No***

*Standards are contained in proposed rules that should be final in early 2013; review and analysis of WV-specific factors is underway and will be defined within 30 days of the publication of the final Federal rules

**At this time, HHS has not further defined specific information related to dental plan rating factors.

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Accreditation (45 CFR 155.1045; 45 CFR 156.275)	<p>During initial year of certification (e.g., 2013 for the 2014 coverage year), issuer must have an existing commercial, Medicaid, or Exchange health plan accreditation in WV granted by a HHS recognized accrediting entity or must have scheduled, or plan to schedule, a review of QHP policies and procedures with a recognized accrediting entity*</p> <p>Issuers meeting accreditation standards in initial year must authorize the release of accreditation survey data to the OIC and Exchange; issuers must provide attestations including acknowledgment that, prior to 2016, CAHPS® data may be used on the Exchange Internet web site</p>	<p>Verify accreditation status based on data received from NCQA and URAC in SERFF and that issuer meets FFE accreditation timeline requirements</p>

Primary data submission method(s): *Built-in SERFF fields; Attestation*

Is information issuer- or QHP-specific?

Issuer

Does it apply to SADP's?

No

*Per proposed 45 CFR 155.1045, prior to the 2nd and 3rd year of certification, issuer must be accredited on the policies and procedures that are applicable to their HIX products or must have commercial or Medicaid plan accreditation granted by a recognized accrediting entity for the same state in which the issuer is offering Exchange coverage and the administrative policies and procedures underlying that accreditation must be the same or similar to the administrative policies and procedures used in connection with the QHP. Prior to a QHP issuer's fourth year of QHP, issuer must be accredited in accordance with 45 CFR 156.275.

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Network Adequacy – General (45 CFR 156.230(a)(2); WV Informational Letter No. 112)	Network includes sufficient number and types of providers (including providers that treat substance abuse and mental health conditions) to ensure that all services are available without unreasonable delay	Verify issuer is accredited with respect to network adequacy by an HHS-recognized accrediting entity and attests to complying with Federal standards and WV standards, as outlined in WV Informational Letter No. 112 <u>or</u> issuer submits access plan based on the NAIC Model Act #47 requirements

Primary data submission method(s): *Attestation; Supporting Documents*

Is information issuer- or QHP-specific?

Issuer- or QHP-specific

Does it apply to SADP’s?

Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Network Adequacy – Essential Community Providers (ECP’s) (45 CFR 156.235)</p>	<p>Network has a sufficient number and geographic distribution of ECP’s, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the QHP’s service area</p>	<p>Based on an HHS-developed ECP list, verify one of the following:</p> <ul style="list-style-type: none"> • Issuer achieves at least 20% ECP participation in network in the service area, agrees to offer contracts to at least one ECP of each type available by county, and agrees to offer contracts to all available Indian providers; • Issuer achieves at least 10% ECP participation in network in the service area, and submits a satisfactory narrative justification as part of its QHP submission; or • Issuer fails to achieve either standard but submits a satisfactory narrative justification as part of its submission <p>Issuer will provide a list of ECP’s with which it has contracts by service area using a data template and provide attestation of meeting standard and/or narrative justification</p>

Primary data submission method(s): *Attestation; CCIIO Excel Data Template; Supporting Documents (e.g., narrative justification)*

Is information issuer- or QHP-specific?

Issuer- or QHP-specific

Does it apply to SADP’s?

Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Network Adequacy – Essential Community Providers, <i>continued</i> (45 CFR 156.235(b))	Issuer that provides a majority of covered services through employed physicians or a single contracted medical group complies with the alternate standard established by the Exchange	Based on an HHS-developed ECP list, verify one of the following: <ul style="list-style-type: none"> • Issuer has at least the same number of providers located in designated low-income areas; • Issuer has at least the same number of providers located in designated low-income areas as the equivalent of at least 10% of available ECPs in the service area, and submits a satisfactory narrative justification as part of its QHP submission; or • Issuer fails to achieve either standard but submits a satisfactory narrative justification as part of its submission. <p>Issuer will provide a list of ECP’s with which it has contracts by service area using a data template and provide attestation of meeting standard and/or narrative justification</p>

Primary data submission method(s): *Attestation; CCIIO Excel Data Template; Supporting Documents (e.g., narrative justification)*

Is information issuer- or QHP-specific?

Issuer- or QHP-specific

Does it apply to SADP’s?

Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Network Adequacy – Mental Health and Substance Abuse Services (45 CFR 156.230(a)(2))	Network for the QHP has a sufficient number and type of providers that specialize in mental health and substance abuse services to assure that mental health and substance abuse services will be accessible without unreasonable delay	Verify issuer has established a standard to assure the QHP network complies with the Federal standard; issuer must attach a copy of this standard and certify that the provider network for this QHP meets this standard

Primary data submission method(s): *Attestation; Supporting Documents*

Is information issuer- or QHP-specific?	<i>Issuer- or QHP-specific</i>
Does it apply to SADP's?	<i>Yes</i>

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Network Adequacy – Service Area (45 CFR 155.1055)</p>	<p>Must be at minimum an entire county, or a group of counties, unless the Exchange determines that serving a smaller geographic area is necessary, nondiscriminatory, in the best interest of the qualified individuals and employers, and was established without regard to racial, ethnic, language, health status-related factors specified under section 2705(a) of the PHS Act, or other factors that exclude specific high utilizing, high cost or medically-underserved populations</p> <p>WV standard is a minimum of an entire county</p>	<p>Review service areas to determine compliance with standards</p>

Primary data submission method(s): *Attestation; CCIIO Excel Data Template*

Is information issuer- or QHP-specific?	<i>Issuer- or QHP-specific</i>
Does it apply to SADP’s?	Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Network Adequacy – Provider Directory (45 CFR 156.230(b))	Issuer must make its health plan provider directory available to the Exchange electronically and to potential enrollees and current enrollees in hard copy upon request	Issuer will provide network names, IDs, and URL in a Network Template (included as part of the “Plans and Benefits Data Templates”)

Primary data submission method(s): <i>CCIIO Excel Data Template</i>	
Is information issuer- or QHP-specific?	<i>Issuer- or QHP-specific</i>
Does it apply to SADP’s?	Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Marketing, Applications, and Notices (45 CFR 156.225; 45 CFR 155.230; 45 CFR 156.250; WV Legislative Rules Title 114 Series 10)</p>	<p>Issuer must not employ marketing practices that will have the effect of discouraging the enrollment of individuals with significant health needs in their QHP Enrollee applications and notices must comply with Federal standards in 45 CFR 155.230 and 156.250, including being provided in plain language and language that is accessible to people with Limited English Proficiency and disabilities</p> <p>Issuer must comply with existing standards related to advertising and marketing in WV based on the NAIC Model Act for Advertisement of Accident and Sickness Insurance</p>	<p>Review materials for compliance with Federal and WV standards</p> <p>Issuer will submit a copy of all marketing materials, application, and notices for approval and provide a Certificate of Readability per WV 33-29-5</p> <p>Issuer will attest to compliance with the ACA requirements related to non-discrimination in marketing practices</p>

Primary data submission method(s): *Attestation; Supporting Documents*

Is information issuer- or QHP-specific?

Issuer- or QHP-specific

Does it apply to SADP's?

Yes

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Quality Standards (ACA §1311(c)(1)(E); §1311(c)(3); §1311(c)(4); §1311(g)(1); §1311(h))	<p>By 2016:</p> <ul style="list-style-type: none"> HHS will develop a rating system that will rate QHPs offered through an Exchange in each benefits level on the basis of the relative quality and price (ACA § 1311(c)(3)) and an enrollee satisfaction survey system (ACA § 1311(c)(4)) Issuer must implement a Quality Improvement Strategy (QIS) that complies with the description in ACA § 1311(g)(1), i.e., uses provider reimbursement or other incentives to improve health outcomes, prevent hospital readmissions, improve patient safety, and implement wellness programs 	<p>Issuer will attest to compliance with future Federal quality and quality improvement standards developed for 2016</p>

Primary data submission method(s): <i>Attestation</i>	
Is information issuer- or QHP-specific?	<i>Issuer- or QHP-specific</i>
Does it apply to SADP's?	<i>Yes</i>

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
<p>Segregation of Funds for Abortion Services (ACA Section 1303(b)(2)(C), (D), and (E); 45 CFR 156.280; Pre-Regulatory Model Guidelines from OMB and HHS)</p>	<p>ACA bars the use of federal funds "attributable" to either the advance refundable tax credit or cost-sharing reduction for non-excepted abortions</p> <p>Issuer must create allocation accounts separating the portion of premiums/tax credits/cost-sharing subsidies for covered services <i>other</i> than non-excepted abortions from the premium amount equal to the actuarial value of the coverage of abortion services and exclusively use funds from these separate accounts to pay for the services for which the funds were allocated</p> <p>Issuer must submit a segregation plan detailing its process and methodology for meeting the ACA requirements describing the health plan’s financial accounting systems, including appropriate accounting documentation and internal controls, which would ensure the segregation of funds</p>	<p>Perform periodic financial audits of each QHP to assure compliance with Section 1303 of the ACA</p> <p>Issuer will annually attest to compliance comply with law and provide a segregation plan</p>

Primary data submission method(s): *Attestation; Supporting Documents (e.g., segregation plan)*

Is information issuer- or QHP-specific?

QHP-specific

Does it apply to SADP’s?

No

QHP Certification Requirements

Standard	Summary of Standard	Certification Approach
Past Complaints and Compliance (45 CFR 155.1000 (c)(2))	Exchange may certify a health plan as a QHP if it determines it is in the interest of qualified individuals and qualified employers in the State to do so	As part of the “interest” standard, perform an analysis of past compliance and complaints for existing insurers Existing data sources will be used for this analysis; issuers are not required to complete or upload any specific data for this standard

Primary data submission method(s): <i>None</i>	
Is information issuer- or QHP-specific?	<i>Issuer- or QHP-specific</i>
Does it apply to SADP’s?	Yes

Other Issuer and QHP Requirements

- In addition to the initial QHP certification requirements listed in the preceding sections, issuers must comply with several other requirements in the ACA and associated Federal rules initially and on an ongoing basis as a condition of participation in the Exchange.
 - Transparency requirements (45 CFR 155.1040; 45 CFR 156.220);
 - Enrollment period (45 CFR 155.410; 45 CFR 155.410);
 - Enrollment process for qualified individuals (45 CFR 156.265; 45 CFR 156.400 (d));
 - Termination of coverage of qualified individuals (45 CFR 155.430; 45 CFR 156.270);
 - SHOP-specific requirements (45 CFR 156.285);
 - Recertification and decertification (45 CFR 156.290); and
 - Other substantive and reporting requirements (45 CFR 156.200(b); 45 CFR 156.200(e); 45 CFR 155.1000(c)(2); 45 CFR 147.136; 45 CFR 156.245; 45 CFR 156.295)

Next Steps and Questions

- OIC to hold Issuer QHP Forum on March 5, 2013
- Issuers begin QHP submissions on Monday, April 1, 2013
- Additional questions?