

Qualified Health Plan (QHP) Webinar Series Frequently Asked Questions

Frequently Asked Questions (FAQs) # 8

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HIOS

IDs

Q1: Can a unique Component Plan ID be used for both on and off exchange plans where the Product offers both, or should the Component Plan ID be different?

A1: A Component ID can be used both on and off the Exchanges provided that the benefits and cost sharing are the same.

Q2: Is a QHP a "Product" or is it a "Plan"?

A2: A QHP is a "plan".

Q3: What is the difference between a QHP and a "Component" of a QHP? What are the definitions - Product, Plan, and Component?

A3: A Component ID is just the enumeration of a plan (QHP), which is a specific pairing of benefits to a given cost sharing option, which would allow a rate to be determined. A product is a set of benefits and cost-sharing options, like an issuer would submit to a state for approval.

Q4: What is the definition of a Product ID?

A4: A Product ID enumerates a specific set of benefits and cost-sharing options.

Q5: If an issuer offers HMO products in different parts of the state under different marketing names but with the same legal entity, can it still use one Product ID?

A5: As long as the HMO product has the same benefits and cost-sharing options, it can be one Product ID.



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Q6: If an issuer wants to offer one standard Silver plan, and 3 Silver CSR plans, will the three plans each have its own Plan ID, and share the common Product ID?

A6: Enumeration of CSR plans is not done at on the issuer side. The issuer would use one Component (plan) ID for the Silver plan, and the identical (but cost-share reduced) plans would be differentiated by Variant IDs on the CMS side.

Q7: What entity is performing the review and confirmation of the requested role for a particular issuer ID?

A7: CCIIO will do these reviews.

Q8: Will each QHP cost-sharing variation need a component ID? Will a Silver plan in the Individual Exchange need 4 Plan IDs because there are 4 sets of specific cost sharing to the member?

A8: Each QHP cost-sharing variation (i.e. Indian within x of poverty level) does NOT need its own component ID. The Component ID enumerates plans. Any sort of CSR is done on the CMS side. But yes, Issuers would need different Component IDs if its cost-sharing options are different within a single product, so its \$1500/30/30% plan would have a different ID than its 1000/25/25%.

Q9: If an issuer requests component IDs in preparation for the QHP submission and then does not need the number requested, what is the process to delete those unused?

A9: If component IDs are not used, they do not need to be deleted. The issuer can just leave them in the system, where they will not impact anything, but will be available when needed in the future.

Q10: Will Issuers use the existing HIOS product ID's for new Exchange products?

A10: If the Exchange plans would fit under an existing product, an existing product may be used for QHP submissions. This would include the benefits being the same. Exchange plans will use Standard Component IDs, and the variant IDs will be assigned on the CCIIO-side.

Q11: If an issuer edits a product, will that generate a new product ID?

A11: If an issuer edits a product, it will retain the same product ID.

Q12: Do issuers need new HIOS Plan IDs for the exchange or can an issuer use some of its current empty IDs?

A12: If an issuer has empty IDs, those should be available for use on the Exchange. If an issuer needs others, the issuer should request them via the Request Component IDs tab.



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Q13: Do SCIDS need to be obtained in HIOS/RBIS by March 28th in order to be considered for QHP entry and submission for the FFE?

A13: No. They must be requested in time to make the QHP submission.

Q14: In which template is the Plan ID generated?

A14: Plan IDs are not generated in the templates. Plan (Component) IDs are generated via the Request Component IDs tab in the HIOS Plan Finder module. Once an issuer has created Product IDs, the issuer can request Component IDs for each product.

Q15: If an insurer already offers plans in a state, but wants to offer new plans/products through the Exchange, will a new ID need to be obtained?

A15: The issuer would not need to get a new Issuer ID, but may likely need to get new Product IDs if the Exchange products do not have identical benefits and cost-sharing options as the existing products.

Q16: Will there be a reconciliation process in order to ensure that the Plan ID and HIOS ID match in all systems?

A16: These validations are done both in the creation of these IDs and after templates are submitted.

Q17: Are all Plan IDs converting to the new 13-digit format with the hyphen, will they stay in the format that they are, or can we expect to be using both formats?

A17: They will stay in the current, 14-digit format.

Q18: If an issuer's EIN remains the same, but the name of the organization changes, what steps are needed to update this information?

A18: This can be done through the HIOS help desk.

Q19: Can a product contain more than 50 plan/component IDs via multiple requests?

A19: This is correct. The limit is 50 Component IDs per request, but issuers can request as many as needed for their submission.

Q20: How do we obtain the Associate Health Plan ID?

A20: This is done through the HPOES module in the HIOS system.



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Q21: What is the processing time between submitting complete plan ID/component ID benefits and cost sharing via the Excel template in HIOS and viewing that information within the QHP application environment?

A21: Times will vary, but generally uploads complete in a few minutes.

Q22: If an issuer requests Product IDs today in HIOS for 2014 products on the Exchange templates, can the issuer use those Product IDs now but change the product names prior to the launch of the exchange?

A22: It is okay to change the product name after original submission in HIOS, but that will be time sensitive to the Exchange go-live.

Q23: Will vendor organizations receive an issuer ID?

A23: Vendors receive company IDs, but do not issue insurance, and therefore do not receive issuer IDs. If the vendor is contracting with an insurance issuer, it is assumed the vendor will be working with the issuer using the issuer's issuer ID.

Q24: Will the Plan IDs for the Standard and Variation plans be transmitted on the 834?

A24: Yes, though variant ID may be entered in a separate field. Please refer to the 834 documentation.

Q25: Will HIOS still be used to generate Product ID's for State Partnership exchanges and QHP submissions via SERFF?

A25: Yes.

Q26: If someone has already registered your issuers, will that show up when attempting to register?

A26: Yes. When the Federal EIN is entered, the system will show all issuers associated to that EIN, so there will be no duplications.

Q27: Is there an accelerated route for obtaining HIOS Product ID's for new exchange metallic products?

A27: There is no accelerated process for obtaining HIOS product IDs for Exchange process, though those can be entered presently.



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Q28: What if products are under contemporary review by the state's department of insurance?

A28: If the product is under review, please note under the "Approved" field that the product is not approved by the state. It will be possible to move forward with the process, but it will be noted and can be changed when the review is complete.

Q29: What is an issuer ID?

A29: An Issuer ID is a 5-digit ID that is unique to the provider/state pairing.

Roles

Q30: If a user sets up a person in role as backup, can they change that role to primary at a later date?

A30: An individual can change their role from Backup to Primary by accessing the Role Management tab in HIOS and making that request. You cannot do it for another person, but they can do it themselves.

Q31: Will issuers be allowed to have different user enter information into the HIOS system for the QHP certification process or will this just be the existing HIOS users?

A31: Each user can determine their user roles and use those roles to either submit or validate (or attest) data. Users can be specifically associated to the QHP module.

Q32: How does HIOS know a new user has the authority to set up an account and assign users?

A32: HIOS works to ascertain that a potential user is associated with the organization that they seek roles for. Additionally, once a user assigns a role to themselves, it will be associated with the organization and can be checked.

Q33: Are there restrictions or limitations to who gets access to the system?

A33: In order to enter the system, users must go through the EIDM system in the CMS Enterprise portal, and their requested HIOS roles must be approved on the CCIIO side.

Q34: Can primary and secondary work in the web entry at the same time?

A34: It is possible, but not recommended, because the system is not set up to dynamically update, creating the possibility of overwriting data and losing work.



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Q35: Do the HIOS submitter and HIOS validator have to be two unique users?

A35: No, they do not.

Q36: For the EIDM setup, does an adverse credit score disqualify an employee from signup?

A36: No. Credit score had no impact. At this time, the credit verification has been suspended.

Q37: For EIDM, How often is the identify check re-validated?

A37: The check is only done once.

Q38: How does a company change the person who is already set up as the issuer - is there a way to delete and change?

A38: Please contact the HIOS help desk in order to delete users.

Q39: Which user roles can add/edit product information?

A39: Submitters for any module can add/edit product information, while validators can do some editing, depending on the module.

Q40: Is there a deadline for HIOS/Plan Finder registration for a 1/1/14 coverage effective date?

A40: The deadline is essentially the latest date that will still allow an issuer to complete its QHP submission.

Q41: When an access holder leaves a company, is there a way to remove future access to the HIOS Rx tools on behalf of that company?

A41: The user or the company can contact the HIOS help desk and have those roles removed.

Q42: On HIOS, the role job-aid mentioned a contractor role. How do issuers assign that role?

A42: There are CMS contractor roles not revealed to issuers. Contractors working on behalf of issuers will be assigned issuer roles.

Q43: How many HIOS users (validators and submitters) can be used per Health Plan or Issuer?

A43: There is no restriction on this number.



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Q44: Is there a limit to how many USP user roles an organization may have?

A44: There is not a limit to the number of USP users per issuer.

Q45: If an issuer has identified QHP Submitter and Validator Users that are associated with multiple Issuers, can the issuer set up QHP User Access for multiple Issuers instead of doing one Issuer at a time?

A45: This must be done one issuer at a time.

Plan Finder/RBIS

Q46: Do Issuers only have to submit RBIS information and not plan finder if the issuer does not expect to participate on the exchange?

A46: Any product that is offered in any state must be entered into the HIOS Plan Finder module, whether on the Exchange or off. If a plan is not offered on the exchange, it must be submitted to RBIS.

Q47: Is the HIOS product entry only for intended exchange products, or for all products issuers currently offer or want to offer in the future?

A47: Any product that is offered in any state must be entered into the HIOS Plan Finder module, whether on the Exchange or off. If a plan is not offered on the exchange, it must be submitted to RBIS.

Q48: Does the HIOS information need to be submitted prior to a certain date?

A48: HIOS information must be submitted before issuers can begin the QHP application, but there is not a limit outside of the QHP deadline.

Q49: If an issuer currently files its off exchange rates through SERFF can the issuer continue to do so, or does the issuer have to do it through RBIS?

A49: Issuers are required to submit all off-Exchange plans to RBIS, in addition to any SERFF requirement.

Q50: Will the NAIC/SERFF templates be replacing the current RBIS templates?

A50: That is not the plan for the near future. There will be an announcement well before any change to the RBIS template is made.



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Q51: Will QHP submissions ultimately be posted to Healthcare.gov's plan finder tool?

A51: The current design is to keep the plans separate for the time being. Comments and suggestions are welcome.