

Plan Year (PY) 2018 Alternate Enrollment Process; PY 2018 State Plan Confirmation

June 7, 2017



Center for Consumer Information and Insurance Oversight (CCIIO)

Open Q&A Series for States

- The monthly webinar series provide States with the opportunity to ask questions about the Qualified Health Plan (QHP) Certification process, including QHP State review tools.
- The State webinar series will complement the Centers for Medicare & Medicaid Services' (CMS's) twice-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

- Upcoming Key Dates for QHP Certification
- Announcement
- PY 2018 Alternate Enrollment Processes
- PY 2018 State Plan Confirmation
- Q&A

Upcoming Key Dates for QHP Plan Maintenance and Certification

Date	Category	Activity
April 27, 2017 – June 14, 2017	Technical Assistance	Issuers Request Review Tool Technical Assistance Outreach Sessions
May 10, 2017 – June 21, 2017	Submission Window	Initial PY 2018 QHP Application Submission Window
June 30, 2017	Outreach	Confirm QHP Certification Notice Points of Contact

Announcement



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PY 2018 Alternate Enrollment Process



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2018 Alternate Enrollments: State Roles and Responsibilities

- Overview of Alternate Enrollments
- Default Federal Hierarchy
- Key Milestones for PY 2018
- Feedback from PY 2017
- FAQs

Alternate Enrollments: Overview

- The United States Department of Health & Human Services (HHS) Notice of Benefits and Payment Parameters for 2017 (2017 Payment Notice) established, beginning in PY 2017, that if no QHP from the same issuer is available to enrollees through the Marketplace, then, to the extent permitted by applicable State law, the Marketplace could direct alternate enrollments for such enrollees into a QHP from a different issuer.
 - Such alternate enrollments would be directed by the Marketplace unless the applicable State regulatory authority elects to direct this activity.
- For PY 2018 similar to PY 2017
 - This process will be applied to QHPs that are no longer available to enrollees with no enrollment option from the same issuer in the Federally-facilitated Marketplaces (FFMs), State Partnership Marketplaces (SPM) and State-based Marketplaces on the Federal platform (SBM-FPs) .
 - This process will not apply to Stand-alone Dental Plans (SADPs) or the Small Business Health Options Program (SHOP).
- If a State regulatory authority elects not to direct this activity, CMS will apply the same default hierarchy applied for PY 2017.

Alternate Enrollments: Default Federal Hierarchy

- If the enrollee's current QHP is not available through the Marketplace and no QHPs from the original issuer are available for auto re-enrollment in the Marketplace that cover a service area that includes the enrollee's location, and no direction is provided by the State's regulatory authority, CMS, if feasible, will direct alternate enrollment for affected enrollees in another QHP available through the Marketplace with a service area that covers the enrollee's location, taking into account the issuer's ability to absorb new enrollment and the lowest premium plan, according to the following hierarchy:

Alternate Enrollments: Default Federal Hierarchy (continued)

1. The enrollee's coverage will be matched to a QHP at the same metal level under the same product network type.
2. If there is no QHP available at the same metal level under the same product network type in the same service area, the enrollee will be matched to a QHP at the same metal level under a different, if possible similar, product network type.
3. If no QHP is available that is the same metal level under a different product network type in the same service area, the enrollee will be matched to a QHP that is one (1) metal level lower than the enrollee's current QHP under the same product network type.
4. If no QHP is available that is one (1) metal level lower than the enrollee's current QHP under the same product network type in the same service area, the enrollee will be matched to a QHP that is one (1) metal level lower under a different, if possible similar, product network type.

Alternate Enrollments: Default Federal Hierarchy (continued)

5. If no QHP is available that is one (1) metal level lower under a different product network type in the same service area, the enrollee will be matched to a QHP that is one (1) metal level higher than the enrollee's current QHP under the same product network type.
6. If no QHP is available that is one (1) metal level higher than the enrollee's current QHP under the same product network type in the same service area, the enrollee will be matched to a QHP that is one (1) metal level higher under a different, if possible similar, product network type.
7. If no QHP is available that is one (1) metal level higher under a different product network type in the same service area, the enrollee will be matched to a QHP at any metal level under the same product network type.
8. If no QHP is available for enrollment at any metal level under the same product network type in the same service area, the enrollee will be matched to a QHP at any metal level under a different, if possible similar, product network type.

Alternate Enrollments: Key Milestone for PY 2018 (Tentative Dates)

Task Name	Date
First notice regarding alternate enrollments sent to States	7/12/17
<ul style="list-style-type: none">• First crosswalk notice sent to States• CCIIO sends “Potential New Consumers” file to States and receiving issuers based on federal hierarchy• Second notice regarding alternate enrollments sent to states	8/1/17 – 8/2/17
Deadline for States to confirm whether States will direct or defer alternate enrollment crosswalk to CMS	8/16/17
CCIIO conducts coordination with States on questions regarding States’ crosswalk and any suggestions	8/17/17 – 8/30/17
Submission deadline for States that elected to direct alternate enrollment process to submit crosswalk to CMS	9/1/17

Alternate Enrollments: Key Milestone for PY2018 (Tentative Dates) (continued)

Task Name	Date
CMS sends second crosswalk notice sent to States and issuers	9/15/17 – 9/16/17
CMS coordinates with States regarding any outstanding alternate enrollment crosswalk issues	9/18/17 – 9/22/17
CMS sends final “Potential New Consumers” file to States and issuers accounting any applicable direction by State regulatory authorities	10/4/17

Alternate Enrollments: Feedback from PY 2017

- Initial alternate enrollment estimates for PY 2017 were higher than what issuers received through Batch Auto Re-enrollment (BAR).
 - CMS believes this was due to the fact that enrollees could become ineligible for BAR due to either ending PY 2016 coverage or making their own active PY 2017 plan selection.
- To provide a more accurate range of potential alternate enrollments for PY 2018, CMS is considering calculating estimates that take into account the known attrition rate of alternate enrollment eligibility based on experience from PY 2017.

Alternate Enrollments: FAQs

Q: If the State regulatory authority does not direct the alternate enrollment of an SPM and/or SBM-FP State, will CMS determine the alternate enrollment?

A: Yes, CMS will determine the alternate enrollment, to the extent permitted by applicable State law, unless otherwise directed by the State in all FFM, SPM and SBM-FP states.

Q: If a state declines to direct the alternate enrollment in the FFM or SBM-FPs, will CMS provide the State with information regarding the final alternate enrollment determination?

A: Yes, CMS intends to provide all States with final data for alternate enrollments.

Alternate Enrollments: FAQs (continued)

Q: What happens if an issuer no longer offers coverage in a service area that covers the enrollee's location but still participates in Marketplace in the State?

A: If an issuer still participates in the Marketplace in the State, but does not offer a QHP in a service area that covers the enrollee's location, in FFM (including SPM) and SBM-FP States the Marketplace or State regulatory authority will identify an alternate enrollment for enrollees into another QHP offered by a different issuer.

Q: How do States that direct this process submit the appropriate information to CMS?

A: After completing the Plan ID Crosswalk template for alternate enrollments, States should save the templates in Extensible Markup Language (XML) format and submit them to QHP_Applications@cms.hhs.gov.

Overview of State Plan Confirmation



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

PY 2018 State Plan Confirmation

- For PY 2018, CMS will conduct plan confirmation with issuers and states shortly after the close of the initial submission window.
 - This round of plan confirmation will give states and issuers an opportunity to review and confirm the plans CMS and/or the state will review for certification.
- As in prior years, after the final data submission deadline, CMS will also conduct a final round of plan confirmation to finalize the list of certified plans that will be available through the Marketplace for 2018.

Plan Confirmation Workbook

Plan Confirmation - State Instructions

Step 1. Review the **Issuer Summary tab** for a list of issuers applying for QHP certification in issuer type, Coverage Type--QHP (Medical) or SADP (Dental), Market Coverage (Individual or Family) on the exchange, or both.

Step 2. Review the **Plan Details tab** for a complete list of plans submitted by issuers in your state including the issuer name, issuer ID, Standard Component ID, plan marketing name, coverage type (QHP or SADP) whether the plan is submitted for certification off the exchange, on the exchange, or both.

State Instructions
Instructs states on how to review and respond to the plan confirmation list

Reference

Defines the contents of and fields in each tab

Reference Tab	
This tab explains what information is included in this Excel workbook and provides definitions for the fields used in the workbook.	
Issuer Summary Tab	
This tab includes Issuer-Level summary information.	
Field	Definition
Issuer Name	This is the issuer's legal name.
Issuer ID	This is the unique ID assigned to each issuer upon registration.
Issuer Type	This is the type of issuer whether Qualified Health Plans (QHP) or Small Area Dental Plans (SADP).



Plan Confirmation Workbook Cont.

Issuer Summary

Summarizes issuer-level counts of plans by type

Issuer Name	Issuer ID	Issuer Type	Totals						
			Total Plans	Coverage Type		Market Coverage		Exchange Type	
				QHP	SADP	Individual	SHOP	On the Exchange or Both	Off the Exchange

Plan Detail

Lists each plan submitted for review

CMS Record of Transferred Plans									
Issuer Name	Issuer ID	Standard Component ID	Plan Marketing Name	QHP or SADP	Market Coverage	Metal Level	Plan Type	Exchange Type	
MontanaHealth	12123	12123MT0140003	MLI Catastrophic	QHP	Individual	Catastrophic	PPO	Both	
MontanaHealth	12123	12123MT0140004	SmartHealth Value Bronze 6450	QHP	SHOP	Bronze	PPO	Both	



Initial State Plan Confirmation Notice

CMS sends lists: June 30, 2017

Response:

- States are asked to respond as soon as possible, but within 10 business days, and by no later than **July 14, 2017**.
 - Note: States participating in the Plan Management (PM) Community will receive the list and respond within the Community; additional guidance on completing this process will be given in the Community training sessions.

Recipients:

- All states on the federal platform (FFM, SPM, SBM-FP) that have at least one (1) issuer with an active QHP Application.

Initial State Plan Confirmation Notice Cont.

States will receive:

- An Excel spreadsheet listing all the QHPs, including SADPs, that CMS received during the initial submission window for issuers in the state.
 - This list will include any plans submitted:
 - By issuers in FFM states via the Health Insurance Oversight System (HIOS); and
 - By issuers in SPM/SBM-FP states via the System for Electronic Rate and Form Filing (SERFF) and transferred to CMS by states.

Any plans submitted after June 21, 2017 will not be reviewed for QHP certification, and therefore will not be included in this list.

Initial State Plan Confirmation Notice Cont.

ACTION REQUIRED

- States should:
 - Review the list, taking into consideration the issuers' ability to continue to meet applicable state regulatory requirements, including but not limited to, form filing, as well as issuers' compliance with certification standards.
 - Note any concerns the state has about including any of the listed issuers and plans in certification reviews.
 - **Within 10 business days, confirm all plans are on track or return the file with any concerns to CMS.**

Final State Plan Confirmation Notice

CMS sends lists: September 12, 2017

Response:

- States are asked to respond as soon as possible, but by no later than **September 27, 2017**. States may begin submitting their responses once issuers have received their correction notices on September 15, 2017.
 - Note: States participating in the PM Community will receive their list and respond within the Community; additional guidance on completing this process will be given in the Community training sessions.

Recipients:

- All states on the federal platform (FFM, SPM, SBM-FP) that have at least one (1) issuer that submitted plans for PY2018 certification.

Final State Plan Confirmation Notice Cont.

- Final plan confirmation gives regulators the chance to indicate whether the state does or does not approve the regulatory submissions of/recommend each plan for certification for sale on-Marketplace.
- States will receive an Excel spreadsheet listing all the QHPs, including SADPs, submitted by issuers in the state, for which CMS reviewed and/or received data.
 - **ACTION:** States should review the list, taking into consideration the issuers' ability to continue to meet applicable state regulatory requirements, including but not limited to, form filing, as well as issuers' compliance with certification standards.

Final State Plan Confirmation Notice Cont.

ACTION REQUIRED

- To complete the table, states should:
 - Click on the “Plan Details” tab.
 - Select the appropriate response from the dropdown menu for each plan on the list, to indicate whether the state does or does not approve the regulatory submissions of/recommend the plans for PY 2018 certification.
 - Note any additional comments or concerns the state might have.
- **Return the completed table to PlanManagementStateCoordination@cms.hhs.gov no later than September 27, 2017.**

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.



Closing Remarks