Qualified Health Plan (QHP) PY 2017 Updates to the Actuarial Value (AV) Calculator

January 26, 2016

Qualified Health Plan (QHP)
Series I

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

WWW.REGTAP.INFO

Agenda

- Session Guidelines
- Announcements
- PY 2017 AV Calculator Training
- Questions
- Submission of Inquiries
- Resources
- Webinar/User Group Dates
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session
- This session is conducted to provide an overview of the Plan Year 2017 Actuarial Value (AV) Calculator updates
- For questions regarding content, contact the 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

Announcements

Introduction

The QHP Series will provide Issuers with an overview of the PY 2017 AV Calculator

AV Calculator

45 CFR 156.135(a): To calculate the AV of a health plan, the issuer must use the AV Calculator developed and made available by HHS for the given benefit year.

45 CFR 156.135(b): Provides two options for calculating AV when a plan is incompatible with the AV Calculator.

AV Calculator Updates

45 CFR 156.135(g): HHS will update the AV Calculator as follows:

1. Updates to the maximum out-of-pocket cost (MOOP) based on an estimate.
2. Updates based on more current enrollment data.
3. Updates to the algorithms for use by additional plan designs or for new types of plan designs.
4. Updates to the claims data and/or trend factor.
5. Updates to the user interface.

45 CFR 156.135(g)(1) - MOOP

- PY 2017 AV Calculator includes an updated maximum out-of-pocket cost (MOOP) based on an estimate:
  - PY 2016 AV Calculator: $6,850.
  - PY 2017 AV Calculator: $7,200.
- Plan designs must not exceed the annual MOOP limit that is established in regulation regardless of the limit included in the AV Calculator.

45 CFR 156.135(g)(2) – Enrollment Data

- The standard population in the PY 2017 AV Calculator was not adjusted based on more current enrollment data.

45 CFR 156.135(g)(3) – Algorithms

- Fixed an error whereby options to exclude a set number of office visits from a copay were producing incorrect quantities during the deductible range.
- Fixed a run time error that prevented the AV calculation from running for a two-tier plan design with zero deductible in Tier 1 and positive deductible in Tier 2.

45 CFR 156.135(g)(4) – Claims Data and Trend Factor

- Claims data in the AV Calculator was not updated.
- Trend Source Data: Premium rate data that was collected through the Unified Rate Review template:
  - Incorporated appropriate actuarial adjustments; and
  - Reflected individual and small group markets.
- Calculated on a cumulatively basis as:
  - 6.5% for 2017.

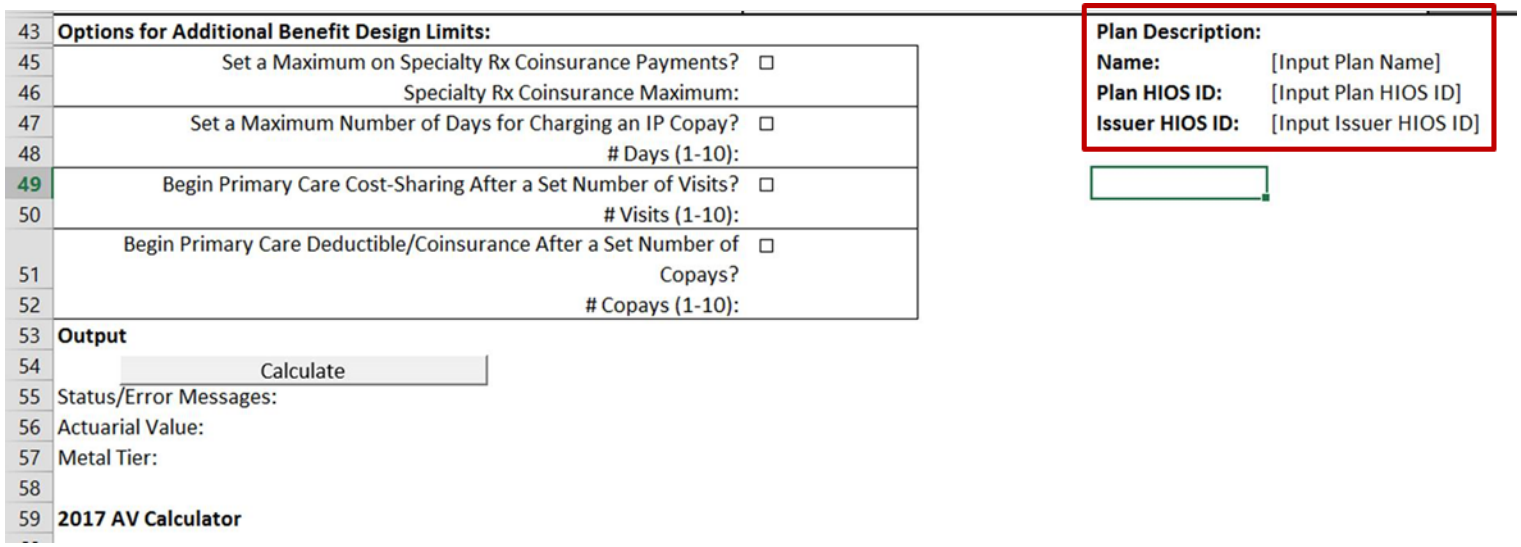
45 CFR 156.135(g)(5) – User Interface

- Aligned the properties of numeric variables to ensure consistency in calculations between different versions of Excel.
- Added fields to the AV Calculator to allow the user to insert the plan name/HIOS ID/Issuer ID.
- Added the version of AV Calculator to the AV Calculator Template.

AV Calculator Name Fields

The PY 2017 AV Calculator has been updated with three new fields: **Name, Plan HIOS ID, Issuer HIOS ID.**

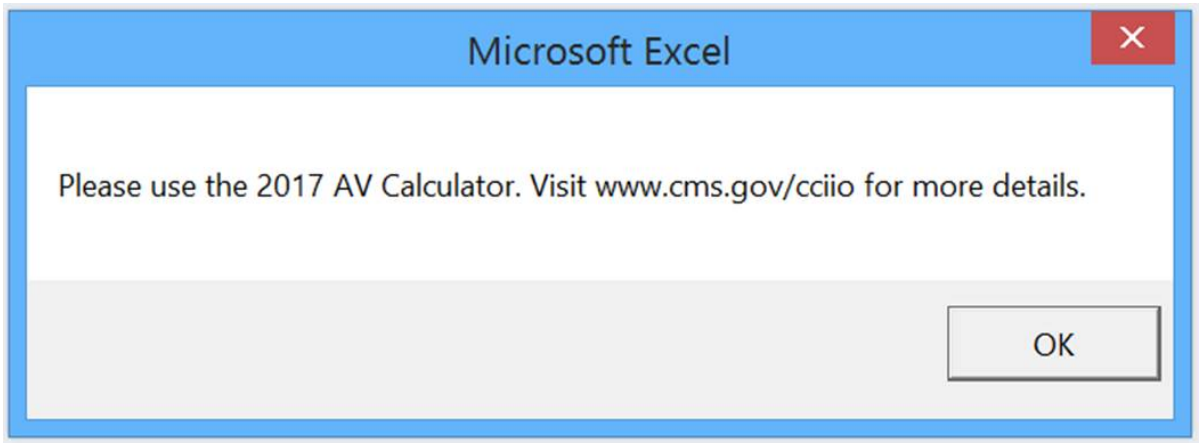
- Populate these fields to save plan information on AV Calculator screenshots.
- These fields are not required to run the AV Calculator.



Plan & Benefits Template: AV Calculator Macro

AV Calculator Version Validation

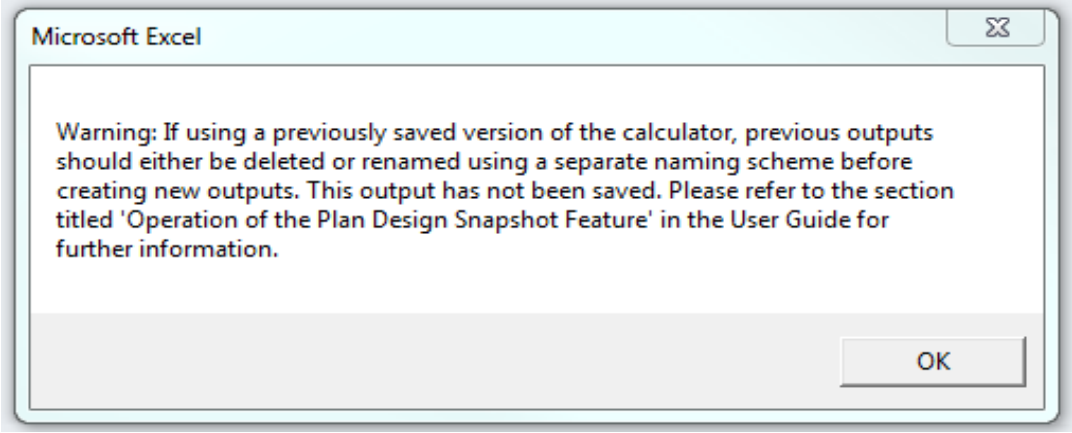
Validations ensure the user has selected the current version of the AV Calculator.



Output Worksheets in the AV Calculator

The AV Calculator generates an output worksheet with a screenshot of the input data every time an AV is calculated:

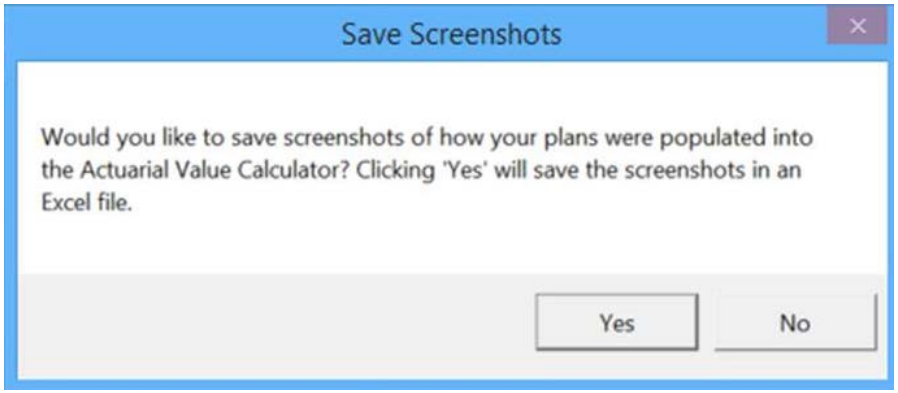
1. The Stand-Alone AV Calculator will produce an error if a new Excel session is started and previous output worksheets remain:



2. When calculating AVs in the Plans & Benefits Template with the **Check AV Calculator** macro, an AV Calculator file with no output worksheets must be used.

Saving AV Calculator Screenshots

- 2017: The Plans and Benefits Template will be updated to allow users to save AV Calculator screenshots.
- After clicking the "**Check AV Calc**" macro, the Template will prompt the issuer to answer whether they would like to save screenshots in addition to running the AV Calculator.
- Issuers can compare the template-generated screenshots to screenshots from the stand-alone AVC to resolve any AV discrepancies.
- Screenshots saved from the Plans and Benefits Template could be stored locally as an Excel File.



Moving Additional Benefit Design Options

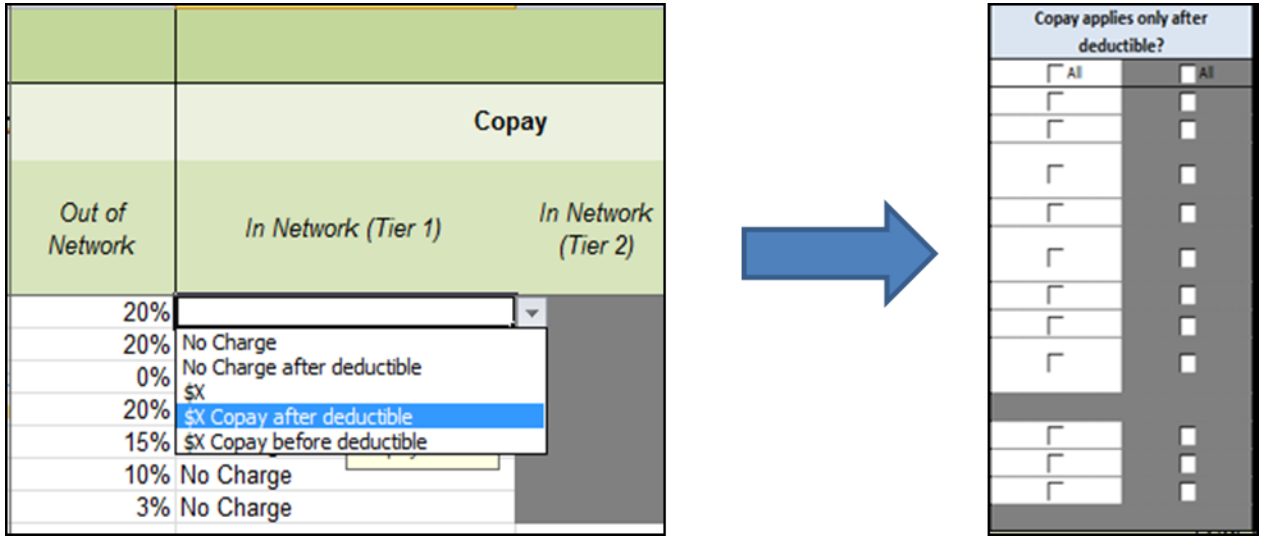
The Plans and Benefits Template will be updated to move the following inputs from the Benefits Package worksheet to the Cost Share Variances worksheet:

- *Maximum Coinsurance for Specialty Drug*
- *Maximum Number of Days for Charging an Inpatient Copay?*
- *Begin Primary Care Cost-Sharing After a Set Number of Visits?*
- *Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?*

"*Copay applies only after deductible?*" Mapping

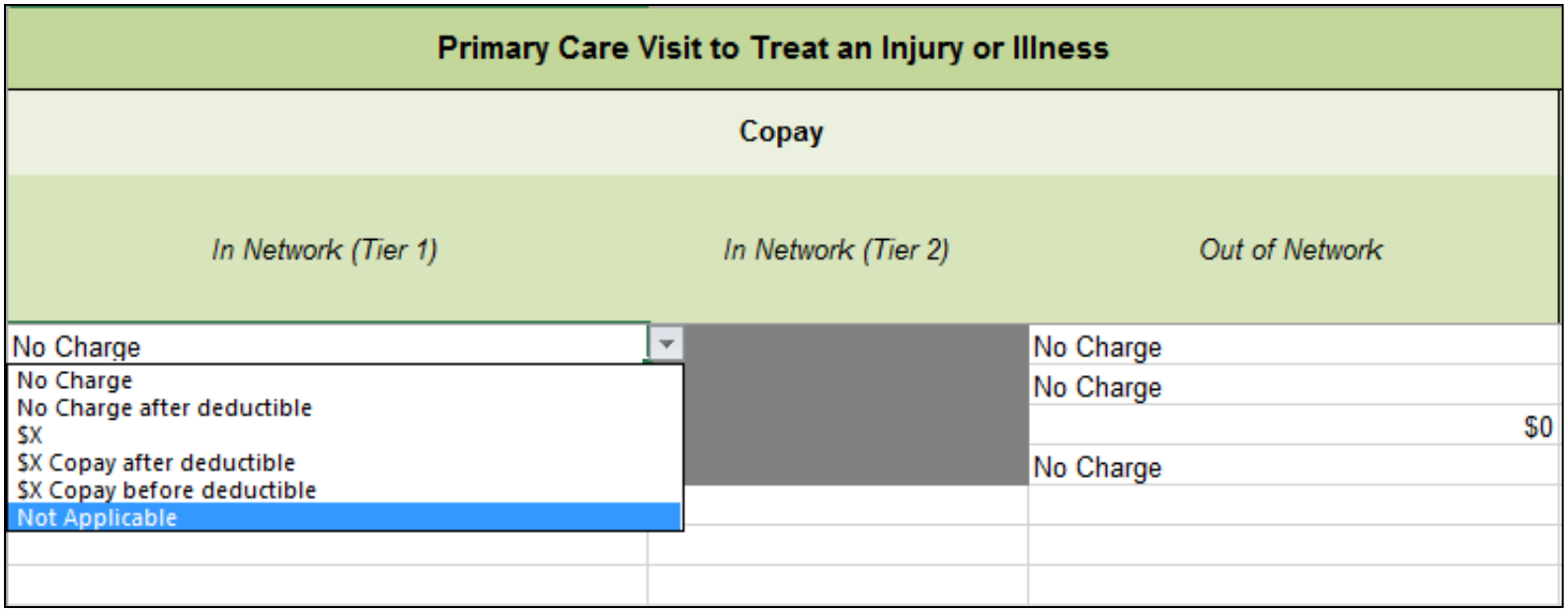
Copay Applies After Deductible? mapped from the Plans & Benefits *Copay* field according to the rule:

- If the benefit's *Copay* qualifier in the Plans & Benefits Template includes "after deductible," then the AV Calculator checkbox will be checked.



Copay/Coinsurance: "Not Applicable" Option

On the Plans and Benefits Template, a drop-down includes all *Copay* and *Coinsurance* fields. "Not Applicable" maps to the AV Calculator in the same manner as "No Charge" for Tier 1.



“Not Applicable” for Tier 2

For Tier 2, if "Not Applicable" is chosen for both *Copay* and *Coinsurance*, the Tier 1 value will map to Tier 1 and Tier 2 in the AV Calculator.

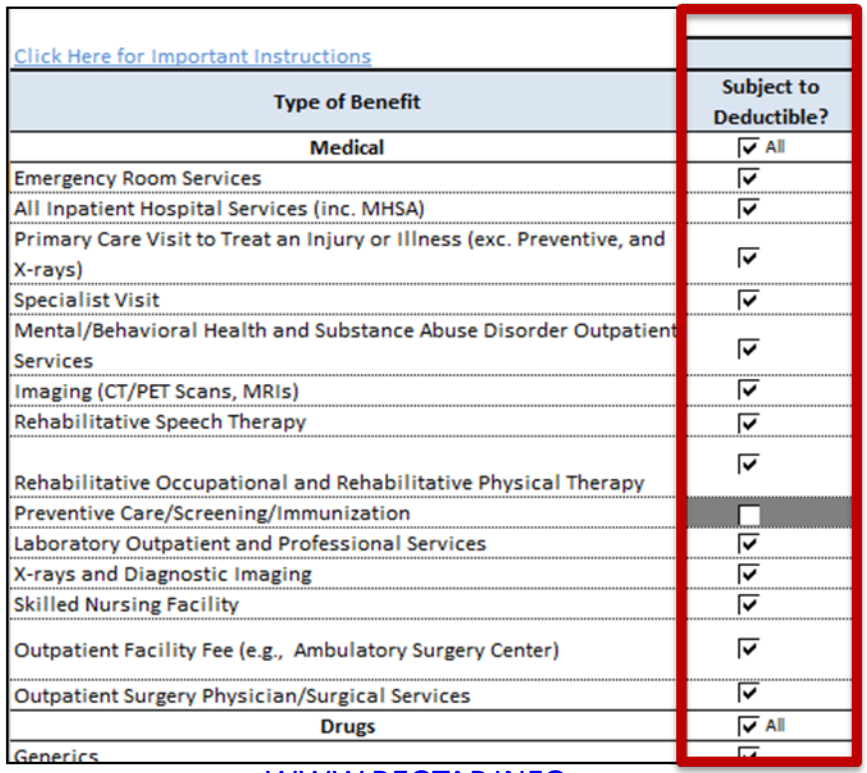
- This the equivalent of not having a Tier 2 for the benefit.

DP	DQ	DR	DS	DT	DU
Specialist Visit					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$20	Not Applicable	Not Applicable	Not Applicable	Not Applicable	25% Coinsurance after deductible
$0	Not Applicable	$0	0%	Not Applicable	0%
$20	Not Applicable	Not Applicable	Not Applicable	Not Applicable	25% Coinsurance after deductible

Subject to Deductible Mapping

The subject to deductible column on the AV Calculator (column B) is populated based on the *Copay/Coinsurance* values in the Plans & Benefits Template.

Copay/Coinsurance entry	Subject to Deductible?
$X or X%	No
$X or X% per stay	No
$X or X% per day	No
No Charge or Not Applicable	No
$X after deductible, or X% after deductible	Yes
$X before deductible	Yes
$X or X% per stay before/after deductible	Yes
$X or X% per day before/after deductible	Yes



Click Here for Important Instructions

Type of Benefit	Subject to Deductible?
Medical	☑ All
Emergency Room Services	☑
All Inpatient Hospital Services (inc. MHSA)	☑
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑
Specialist Visit	☑
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑
Imaging (CT/PET Scans, MRIs)	☑
Rehabilitative Speech Therapy	☑
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑
Preventive Care/Screening/Immunization	☐
Laboratory Outpatient and Professional Services	☑
X-rays and Diagnostic Imaging	☑
Skilled Nursing Facility	☑
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑
Outpatient Surgery Physician/Surgical Services	☑
Drugs	☑ All
Generics	☑

Questions?

To submit questions by phone:

- *Dial '14' on your phone's keypad*
- *Dial '13' to withdraw your question*

To submit questions by webinar:

- *Type your question in the text box under the 'Q&A' tab*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and HIOS, **Call:** 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov
- **NAIC** with questions about State requirements/SERFF, **Email:** serffplanmgmt@naic.org
- **CMS Help Desk** with questions about policy, **Call:** 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov

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 question is for the Small Business Health Options Program (SHOP) or Individual Marketplace

2016 Annual Qualified Health Plan Issuer Conference

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

2016 Annual QHP Issuer Conference Photo Identification (ID) Requirements

As of January 10, 2016, CMS cannot accept drivers' licenses issued by the following States/territories as valid forms of identification: **American Samoa, Guam, Illinois, Missouri, New Mexico, Northern Marianas and Virgin Islands**. Acceptable alternative government issued photo ID includes passports, federal employee, military or veteran ID.

To request an exception please contact the Registrar at 800-257-9520 or Registrar@REGTAP.info by February 17, 2016.

Plan Management Webinar Dates

The final 2016 QHP January Webinar Series I session will be held on Thursday as shown below.

Date	Day	Time (ET)	Topic
1/28/16	Thursday	1:00 p.m.-2:00 p.m.	Essential Community Provider (ECP)/ Network Adequacy (NA) Template Updates

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 on to https://www.REGTAP.info.

Additional Webinar Dates

In addition to the twice-weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

Program Area	Day	Time (ET)
Enrollment	Monday	12:00 p.m. – 1:30 p.m.
FF-SHOP	Tuesday	1:00 p.m. – 2:00 p.m.
Reinsurance	Thursday	3:30 p.m. – 5:00 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 onto https://www.REGTAP.info.

Resources for Additional Information

Resource	Link
Exchange Operations Support Center (XOSC) Help Desk (reference "Marketplace Quality Initiatives")	CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
CMS Marketplace Quality Initiatives (MQI) website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ Health-Insurance-Marketplace-Quality-Initiatives.html
QHP Application Website	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
2017 Letter to Issuers and Notice of Benefit and Payment Parameters for 2017*	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/
Registration for Technical Assistance Portal (REGTAP) (key word search "QIS")	https://REGTAP.info

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Plan
ECP	Essential Community Provider
EHB	Essential Health Benefits
EIDM	Enterprise Identity Management
FFM	Federally-Facilitated Marketplace
HIOS	Health Insurance Oversight System
MSP	Multi-State Plans

Commonly Used Acronyms

Acronym	Definition
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBM	State-based Marketplace
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks