

QUESTIONS AND ANSWERS ON THE 2018 INVITATION May 12, 2017

QHP OFFERINGS

Important Update: In order to comply with the Federal AVC for the individual standard silver plan at the 73 percent AV, Attachment B has been revised to decrease the maximum Out of Pocket to \$5,550. The attachment dated (5/12/2017) replaces the prior version of Attachment B.

QUESTIONS AND ANSWERS ON THE 2018 INVITATION May 3, 2017

QUALITY REQUIREMENTS

QUESTION: What are the Quality Improvement Strategy Implementation Plan and Progress Reporting form requirements?

ANSWER: Qualified Health Plan Applicants must submit the required QIS Implementation Plan and Progress Report forms as part of their 2018 QHP participation proposal.

For Plan Year 2017:

Issuers that offered QHP products through the Marketplace in 2014 and 2015 and had more than 500 QHP enrollees in a product were required to submit:

- QIS Implementation Plan: submitted as part of the 2017 QHP Application Process
- QIS Progress Report: due as part of the 2018 QHP Application process.

For Plan Year 2018:

- 1) Issuers that offered QHP products through the Marketplace in 2015 and 2016 and had more than 500 QHP enrollees in a product, and submitted a **New QIS for the 2017 Plan Year**, are required to submit:
 - QIS Implementation Plan:
 - o due as part of the 2018 QHP Application Process (Parts A through E of the 2018 Quality Improvement Strategy Implementation Plan and Progress Report form)
 - QIS Progress Report:
 - due as part of the 2018 QHP Application process. This Progress Report will contain information for Quarter 1 2017. (Part F of the 2018 Quality Improvement Strategy Implementation Plan and Progress Report form)
 - o due as part of the 2019 QHP Application Process. This progress report will contain information for Quarters 1,2,3, and 4 of 2017 and Quarter 1 of 2018.

- 2) Issuers that offered QHP products through the Marketplace in 2015 and 2016 and had more than 500 QHP enrollees in a product, and **did not submit a New QIS for the 2017 Plan Year**, are required to submit a:
 - New QIS Implementation Plan:
 - due as part of the 2018 QHP Application Process. For a New QIS with no previous QIS submission, Parts A through Part E must be completed before being submitted with the application.

Issuers will use the CMS _Quality Improvement Strategy (QIS): Technical Guidance and User Guide for the 2018 Plan Year and the 2018 Quality Improvement Strategy Implementation Plan and Progress Report form available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

QUESTION: According to page 48 of the 2018 NYSOH Insurer Invitation to Participate, section "c. Satisfaction Survey (CAHPS)", EP applicants will be required to annually survey sample of eligible members using CAHPS. This was a requirement for the 2017 Invitation to Participate, however when NCQA published the reporting requirements for QARR/HEDIS in October 2016, according to Table 1: 2017 QARR/HEDIS® 2017 - Table of Required Measures, health plans were not required to conduct CAHPS for EP. Please confirm if health plans will be required to conduct a CAHPS survey for 2018, or if we should wait for the release of the reporting requirement for 2018.

ANSWER: Health plans were not required to complete a satisfaction survey for EP last year due to the timing of the survey and newness of the Essential Plan program. Health plans participating in EP in 2018 will be required to complete a satisfaction survey, in accordance with the language in the 2018 Invitation to Participate.

OPEN ENROLLMENT

QUESTION: Can you confirm the timing of 2018 Open Enrollment? Will it be following the CMS Guidelines?

ANSWER: The Market Stabilization regulations recently released by HHS allow State Based Marketplaces to supplement the 2018 open enrollment period, which in accordance with the regulation starts on November 1 and ends on December 15, 2017, with special enrollment periods for the 2018 transitional year. At this time, the NY State of Health intends to use this option to extend the open enrollment period beyond December 15, 2017 due to operational issues; however, a specific date has yet to be determined.

PROVIDER NETWORKS

QUESTION: Section IV(C)(2)(a)(v) refers to the time/distance requirements for both metropolitan and nonmetropolitan areas. Would you please provide a definition of "metropolitan" and "nonmetropolitan"?

ANSWER: For the purposes of network adequacy, metropolitan is defined as the five boroughs (Bronx, Kings, Manhattan, Queens and Richmond). All other counties, except where noted, are treated as nonmetropolitan.

April 26, 2017

QHP OFFERINGS

QUESTION: On the QHP Offerings by County form, G(3), are plans to list service areas for OFF-Exchange groups or is this for On-Exchange products only?

ANSWER: Attachment G of the Marketplace Invitation should be completed for the service area(s) for On-Exchange products.

QUESTION: The Invitation indicates that the silver plans can't have an AV lower than 68%. It doesn't distinguish between individual and SHOP.

ANSWER: The requirement that Silver level plans must have an actuarial value of at least 70%, with a permissible *de minimus* variation of +/-2% applies only to the individual market. It and does not apply to SHOP. Page XX of the 2018 Invitation has been amended to clarify this.

PROVIDER NETWORKS

QUESTION: Reference Pg. 39 Does the Dental Provider section "time and distance" standards apply even though some plans do not offer Stand Alone Dental Plans?

ANSWER: Dental Provider Time and Distance standards apply when dental coverage is offered by a health plan or a Stand Alone Dental Plan.

QUALITY REQUIREMENTS

QUESTION: Is there a specific form/format similar to the form used for the QIS submission for which you would like the QS (for EP) submitted?

ANSWER: No, there is not a required form for the Quality Strategy submission.