

## Plan Management Policies and Procedures

Title: Carrier/Plan Data Transfer Protocol

Date Created: September 23, 2014

Date Approved:

Date Last Amended: January 12<sup>th</sup>, 2015

### **Purpose**

To establish a process and protocols for managing data required of carriers, to include but not limited to templates, plan benefits, rates and summaries of benefits and coverage. These policies and procedures are intended to: (1) establish guidelines and procedures for carriers regarding what documents are mandatory submissions, for participating in the Maryland Health Benefit Exchange (MHBE); (2) implement procedures for handling the collection, monitoring, and storage of the documents required from carriers; (3) to provide access to the necessary individuals and entities that require read only access to the documents.

### **Policy Statement**

The Plan Management department within MHBE has responsibility for the certification of plans that are offered on Maryland Health Connection (MHC). In order to facilitate the certification process the plan management staff must receive, monitor, and store the mandatory documentation required for plan certification, to include but not limited to CCIIO templates.

### **Procedure**

#### Carrier Requirements

Prior to and after the MIA approval of plan rates and forms, MHBE will require that carriers submit specific information to the Plan Services email box (mhbe.carriers@maryland.gov), a third party contractor (for provider files), and a carrier's respective binders in the online SERFF validation/storage portal.

1. Prior to plan rate and form approval, carriers are required to submit the following to SERFF:
  - Network Access Template (An MHBE tool used to evaluate a carrier's ECP/Network Adequacy, submitted biennially)
  - Carrier Application (An MHBE tool used to collect data on the plans carriers will submit in a given benefit year and an attestation of licensure in the state of Maryland, submitted annually)
  - Carrier Business Agreement (An MHBE binding agreement delineating details of conduct between MHBE and participating carriers, submitted biennially)
  - Administrative Template (A CCIIO tool for collecting organization level detail from a respective carrier, submitted annually)
  - Accreditation Template (A CCIIO tool for collecting carrier-level plan quality information, submitted annually)

- Program Attestations for SBE Issuers (A CCIIO tool for collecting attestations for participation in a State-based Exchange, submitted annually)
  - Unified Rate Review Template (A CCIIO tool for collecting market level information leading to rate setting, submitted annually)
2. Prior to plan rate and form approval carriers are required to submit a Carrier Logo (for use in the plan shopping module, submitted annually) to the Plan Services email-box
  3. Prior to plan rate and form approval, carriers are required to submit Provider Directory Data (An MHBE tool used to determine which licensed Maryland healthcare providers have appointed relationships with a given carrier, i.e. within a carrier's network, submitted monthly)
  4. Post plan rate and form approval from MIA, carriers are required to submit the following to SERFF:
    - Plan & Benefit Template (CCIIO template used to collect plan and benefit details, submitted annually)
    - Prescription Drug Template (CCIIO template used to capture prescription drug tiers, submitted annually)
    - Network Template (CCIIO template used to capture network ID numbers, submitted annually)
    - Service Area Template (CCIIO template used to capture information identifying a plan's geographic service area, submitted annually)
    - Rate Data Template (CCIIO template used for entering plan rates, submitted annually)
    - Stand-alone Dental Rates Template (CCIIO template used to collect rates for SADPs)
    - Stand-alone Dental Benefits Template (CCIIO template used to collect benefits for SADPs)

Carriers are expected to notify members of the Plan Services team of the upload of plan data to their designated location.

#### Plan Management Staff Requirements

Members of the MHBE Plan Services team will review and download documents submitted by carriers.

Data received for a given plan year will be aggregated at the carrier level at the following location on the MHBE secure network drive (see example for 2015): O:\Plan Management\Plan 7 Partner Management\Plan Services\Plan Certification 2015

#### **Mode of Data Transfer**

##### From the Plan Services email-box:

Plan Services staff will designate the submitted ticket as received/resolved and correspond with carriers that their submission has been received. Plan Services will then download and store this information at the location on the MHBE secure network drive. Plan Services staff will rename the downloaded files with the following naming convention: Carrier Name, Template Received

##### From the SERFF portal

Plan Services staff will download the submissions from SERFF. Plan Services staff will rename the downloaded files with the following naming convention: Carrier Name, Template Received

The submitted data will be stored at the specified location on the shared drive.

After storage on the MHBE secure drive, submitted carrier/plan data will be transferred, with the file structure and the contents therein, to a shared Google drive. The shared Google drive will serve a means to transfer the data submitted to Plan Services to any other pertinent entities, to include the PMO staff.

The PMO's role from a Plan Management perspective, is to analyze carrier submissions and determine, from a functional perspective, potential errors within the submissions that have impacts to plan shopping. These errors are then ameliorated through several iterations of carrier/plan data submissions. After each submission an error analysis and a data validation process occurs between the carrier and the PMO staff. The Plan Services team facilitates this process by:

1. Serving as a conduit for transmitting submissions/error reporting/data validations between carriers and the PMO staff.
2. Serving as a document management resource for the PMO staff.
3. Serving as a resource to open direct channels of dialogue between PMO staff and carriers, i.e. setting up weekly meeting and teleconferences.
4. Serving as a knowledge resource from a regulatory perspective, i.e. engaging with the proper regulatory bodies to answer questions the PMO/carrier staff may pose.

Following the plan upload process, and the carrier data is in production, Plan Services will store the data as the official record for all inquiries regarding plan information and, plan analysis.

## SHOP

The Maryland Health Benefit Exchange has partnered with three Third-Party Administrators, hereafter “SHOP Administrators,” to administer Maryland’s SHOP Marketplace.

### Similarities to the Individual Maryland Health Connection Plan Certification Model

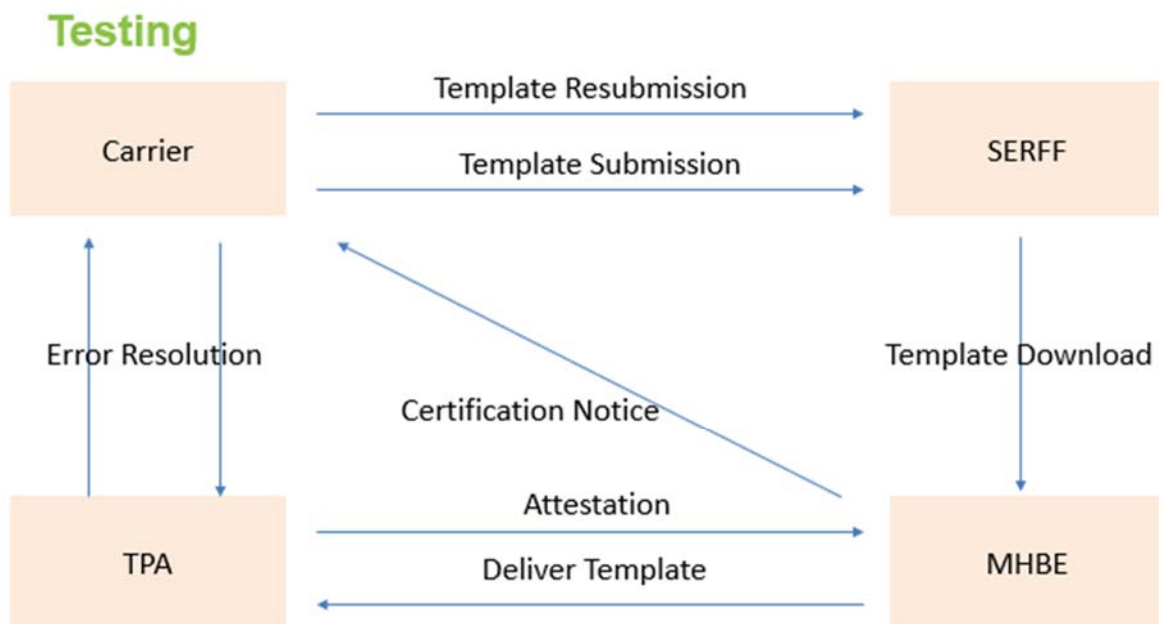
Plan Services will continue to operate the certification process i.e., successful submission of the aforementioned templates and information described in the section “Carrier Requirements,” of the participating SHOP medical and dental carriers. Plan Services will continue to use the SERFF portal as the system of truth for submissions of carrier templates. Plan Services will continue issuing Plan Certification Notices to participating carriers upon successful receipt of the “Carrier Requirements” submissions.

### Differences from the Individual Maryland Health Connection Plan Certification Model

For the SHOP Marketplace the onus of determining accuracy of display and plan shopping falls upon the participating SHOP Administrators. The responsibilities of the SHOP Administrators are described in the “Carrier Benefit & Rate Data Reconciliation Attestation,” whereby the SHOP Administrator attests to the accuracy of their respective quoting tools and benefit displays as a result of working directly with participating SHOP medical and dental carriers.

To achieve this end, Plan Services extends to the SHOP Administrator the full suite of templates and Summaries of Benefits and Coverage forms provided by carriers participating in the SHOP Marketplace.

A graphic of the workflow is here displayed:



Plan Services uses the Google Drive to deliver the templates to the SHOP Administrator. Each SHOP Administrator has their own folder complete with the full set of templates provided by participating SHOP medical and dental carriers. These folders are updated as new templates are re-submitted into SERFF.

The SHOP Plan Certification process is deemed complete upon receipt of the signed “Carrier Benefit & Rate Data Reconciliation Attestation” from each of the SHOP Administrators.