

MHBE Plan Management: Maryland Reinsurance Program Data Submission Requirements

To: Authorized Issuers Participating in the Maryland Supplemental Reinsurance Program

From: MHBE Plan Management

Re: Supplemental Maryland Reinsurance Program

Date: December 23, 2015

1.1 Background: The Marketplace premium stabilization programs, titled the Transitional Reinsurance Program, under Section 1341 of the Affordable Care Act, will be combined with the State of Maryland supplement the Federal coinsurance rate and raises the total coinsurance rate to 80%.

On July 15, 2015, the Maryland Health Benefit Exchange Board approved the following approach for management of the Supplemental Maryland Reinsurance Program (SMRP):

The MHBE intends to minimize duplication of effort by requiring that the source data for generating Summary Claims Reports should be the same as that which is used to furnish data for HHS-based reinsurance and risk adjustment data collections, as outlined in 45 CFR 153 Subpart H –Distributed Data Collection for HHS-Operated Programs (153.700 –153.730).

This document describes the required attestations and document/report submission requirements necessary to submit claims to the SMRP.

Under Md. INSURANCE Code Ann. § 31-117 (3) MHBE is authorized to establish the Maryland Supplemental Reinsurance Program.

1.2 Reinsurance Benefit and Payment Parameters

The 2015 Federal Benefit and Payment Parameters were finalized in the Federal Notice of Benefit and Payment Parameters published March 11, 2014 (78 FR 15410). The 2016 Federal Benefit and Payment Parameters were finalized in the Federal Notice of Benefit and Payment Parameters published February 27, 2015 (78 FR 15410).

Table 1.2 Payment Parameters

Plan Year	Federal Attachment Point	Federal Attachment Cap	Federal Coinsurance	Maryland Coinsurance	Annual Contribution Rate
2014	\$45,000	\$250,000	100%	0%	\$63
2015	\$45,000	\$250,000	50%	30%	\$44
2016	\$90,000	\$250,000	50%	30%	\$27

The SMRP program will supplement the Federal parameters ensuring an 80% coinsurance for 2016. If the Federal coinsurance rate remains 50%, the State of Maryland will provide a 30% coinsurance supplement. If the Federal coinsurance rate is adjusted down or up, the Maryland reinsurance supplement will adjust up or down its coinsurance supplement ensuring 80% coinsurance for the 2016 benefit year. No other benefit and payment parameters have been supplemented.

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2.1 Supplemental Maryland Reinsurance Program Timeline

The table below outlines the issuer/CMS/MHBE activities and deadlines for participation in the SMRP for 2015 claims.

Table 2.1 Program Timeline

Activity	Date
Issuer deadline to submit Evidence of CMS EDGE Server Approval	March 30, 2016
Issuer deadline to submit final data to EDGE server	April 30, 2016
End of EDGE server data submission grace period	May 15, 2016
2015 final formal discrepancy submission to CMS deadline	June 02, 2016
Issuer deadline to submit to required attestation described in 2.2 to MHBE	June 15, 2016
CMS send Notification of Payments and Charges Report to Issuers	June 30, 2016
Issuer deadline to submit required reports described in 2.4 to MHBE	July 30, 2016
CMS remits 2015 reinsurance payments to issuers	August 2016
Issuer deadline to submit CMS Notification of Payments and Charges Report to MHBE	August 30, 2016
State of Maryland remits 2015 supplemental reinsurance payments to issuers	4 th Quarter 2015 – 1 st Quarter 2016

For 2016 claims, MHBE will complement the timeline established in Reinsurance Payment Guidance from the Payment Policy & Financial Management Group, CMS. Issuers should expect that the operational processes and requirements described in this operational guidance remain unchanged.

2.2 Required Attestations/Documents from Partner Issuers: Partner issuers submitting claims through the SMRP must submit an attestation to the Maryland Health Benefit Exchange (MHBE) asserting entity compliance with the distributed data environments, data requirements, establishment and usage of masked enrollee identification numbers, and data submission deadlines outlined in 45 C.F.R. 153 Subpart H – Distributed Data Collection for HHS-Operated Programs (153.700 –153.730).

Participating issuers must provide to MHBE evidence of CMS approval of the data submitted to issuer EDGE servers.

2.3 Required Reports and Documentation

MHBE requires that the certain reports and outputs, matching those sent to CMS, be submitted to receive payment from the Supplemental Maryland Transitional Reinsurance Program. Table 2.4 specifies these reports and provides submission due dates. These reports match those described in the CMS-EDGE Server/ CMS-ES Interface Control Document – Risk Adjustment and Reinsurance Addendum (Version 04.02.00, issued December 2015).

Additionally included in this table are the submission dates for the required attestation, evidence of CMS EDGE Server approval, and the Notification of Payments and Charges Report.

Table 2.3 SMRP Required Reports and Documentation

ICD-RA/RI Reference (if applicable)	Document/Report Title	Submission Date
N/A	Evidence of CMS EDGE Server Approval	March 30, 2016
N/A	Reinsurance Attestation	June 15, 2016
5.1.9	RI Summary Report	July 30, 2016
5.1.11	RA Claim Selection Summary	July 30, 2016
5.1.10	RA Risk Score Summary	July 30, 2016
5.1.12	RA Transfer Element Extract	July 30, 2016
5.1.14	RA User Fee	July 30, 2016
5.1.15	Enrollee (With and Without) Claims Summary	July 30, 2016
5.1.13	RADV Population Statistics Report	July 30, 2016
5.1.16	Frequency by Data Element for Enrollment Accepted Files	July 30, 2016
5.1.17	Frequency by Data Element for Pharmacy Accepted Files	July 30, 2016
5.1.18	Frequency by Data Element for Medical Accepted Files	July 30, 2016
5.1.19	Frequency by Data Element for Supplemental Accepted Files	July 30, 2016
5.1.20	System Error Report	July 30, 2016
5.1.21	Claim and Enrollee Frequency Report	July 30, 2016
5.1.22	Claim Resubmission Report	July 30, 2016
5.1.23	RA Payment HCC Enrollee Report	July 30, 2016
N/A	Notification of Payments and Charges Report	August 30, 2016

2.4 Data Submission Requirements for Partner Issuers: MHBE will require partner issuers to submit the documentation/output reports from their EDGE servers into their established Secure File Transfer Protocol (SFTP) site with MHBE. MHBE will mirror the file/report naming convention used by CMS for all required reports.

Table 2.4 Issuer Report Submission Steps

Step	Issuer/MHBE Action	Action
1	Issuer	Issuers will notify MHBE of the, size of their reports.
2	MHBE	MHBE will recalibrate the receiving folder to ensure enough space to accommodate issuer reports.
3	Issuer	Issuers will drop their requested reports to the “Docs” folder of their established SFTP sites.
4	MHBE	MHBE will migrate the reports to the secure-ShareFile cloud storage service.
5	MHBE	MHBE will use the submitted reports to determine the remittance amount.

2.5 Document/Report Resubmissions from Participating Issuers: Given the final nature of the required reports/documentation MHBE does not expect issuers to resubmit any materials.

2.6 Reinsurance Claims Processing for MHBE: The State of Maryland will rely upon CMS’s determination for the amount payable to each partner issuer and will remit the appropriate amount under SMRP rules. MHBE will provide the issuer formal notice of the amount payable.

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3.0 FAQs: See the following expected questions and answers below.

Question 1: Why is an attestation necessary for the Reinsurance Program?

MHBE's requirement that issuers attest that the data submitted to HHS is the same data MHBE is receiving is appropriate because the submitted data forms the basis for payments from the Reinsurance Program.

Question 2: Why should Issuers submit these reports through the SFTP site and not another portal like SERFF?

MHBE is requiring Carriers to submit the same enrollment, claims and encounter data that Carriers submit to HHS under 45 CFR § 153.710. Because the data appears by the description in the CFR to be PII/PHI, even if de-identified. See 45 CFR § 153.710 (requiring submission of "enrollee-level plan enrollment data, enrollee claims data and enrollee encounter data as specified by HHS, submission to the SFTP is appropriate.