PY2024 Qualified Health Plan (QHP) Frequently Asked Questions (FAQ)

Frequently Asked Question (FAQ)		PID's Response
1.	During the 2/23 CMS QHP Webinar, CMS discussed a new "Plan Validation Workspace" for PY 24 where issuers can "Validate" their QHP application in HIOS prior to submitting their QHP application. The Data Integrity Tool("DIT") will continue to be available but the Plan validation workspace will have additional validations. Will the PID require insurers to use the new Plan Validation Workspace?	Beginning in PY2024, issuers in all states will be required to validate their QHP Application data for compliance with a number of federal standards—including data integrity—prior to submitting this data to their state (via SERFF). The Department strongly encourages insurers utilize the new Plan Validation Workspace in the HIOS Marketplace Plan Management System (MPMS) Module. The PID's QHP Forms Guidance has been updated with this information. From CMS's guidance on February 23rd, 2023: ▪ States and issuers will need to request access to the new MPMS Module in HIOS; additional instructions are forthcoming. ▪ All issuers will also have access to a new Plan Validation Workspace in this module. ▪ Issuers will not be able to submit their applications to their state via SERFF until all validation errors are resolved. ▪ As in previous years, issuers must pass validations within SERFF Validate & Transform in order to submit their QHP Applications to their states. • For PY2024, SERFF Validate & Transform has been enhanced to include several new validations, including validations related to data integrity and standardized plan options. • SERFF issuers must use the new Plan Validation Workspace in MPMS prior to Validate & Transform. (https://regtap.cms.gov/reg_librarye.php?i=4306)
2.	Will the Department's non-enforcement of transitional plans (also known as "grandmothered" plans) continue for PY2024?	The federal government announced the indefinite continuation of its limited non-enforcement policy for transitional plans by letter on March 22, 2022. PID is following the federal government's guidance as of this writing. Starting in PY2025, the PID will discontinue the non-enforcement policy for individual transitional plans only; the non-enforcement policy for small group transitional plans will continue until further notice, or until the federal government discontinues its non-enforcement policy. Affected insurers may continue to offer renewal of the individual transitional plans for a policy year starting before October 1, 2024, but the coverage would have to come into compliance with all ACA requirements by January 1, 2025.
3.	Do the appointment wait time standards referenced in the Proposed 2024 NBPP apply to PA?	We are not assessing wait times as part of the Quest Analytics network adequacy review at this time.
4.	Is a QHP issuer required to have a provider network?	A QHP issuer must have a provider network.
5.	Is a separate network identification form (new PID filing form) required for each Network ID?	Yes, a network identification filing form should be submitted for each Network ID. The form should be submitted within the SERFF Binder filing.

6.	To meet the benchmark counts, we currently include Medical Drugs on the prescription list (as a separate tier) even though they are covered under the medical benefit. Should we continue to include drugs covered under the medical benefit on the template, or should we submit a justification instead?	To clarify, PID expects an issuer to include all covered drugs within the Prescription Drug Template, including drugs covered under the medical benefit, if those drugs are needed to satisfy the state benchmark drug count or to demonstrate appropriate coverage of services required to be covered under the plan to satisfy federal and state regulations. Per the Guidance, if the issuer is unable to utilize the seven-tier formulary template to report this information, a Combined Prescription Drug Supporting Documentation and Justification form can be utilized instead and submitted as Supporting Documentation in SERFF.
7.	Should the Consumer-Friendly Justification (SERFF – Supporting Documentation) be submitted as part of the Rate Filing?	Yes, the QHP Form Filing Guidance Appendix has been updated to provide additional clarity.
8.	Should the Redacted Justification Checklist (SERFF – Supporting Documentation) be submitted as part of the Rate Filing?	Yes, the QHP Form Filing Guidance Appendix has been updated to provide additional clarity.
9.	For reporting the Prescription Drug Coverage Changes, will PID provide a template for submission of this information? Will the template include what data elements to include (i.e., NDC, label name, RXCUI, etc.)?	Yes, a template has been created. Please use the template to report all of the following information: Drug Category, Drug Class, RxNorm Description, Chemically Distinct Drug, Brand Name (if applicable), RxNorm Concept Unique Identifiers (RXCUI), and Coverage Status. If all drugs covered last year will continue to be covered this year and no new drugs were added this year, or if this a new product please skip this item.
10.	The term “non-essential” drugs does not make sense to us. We do not have drugs on the formulary that are non-essential, do we still need to submit a supplemental form to report this?	PID discourages issuers from considering drugs as “non-essential.” Prescription drug coverage is an EHB category. It may be that an issuer is using the term imprecisely to describe a drug that is, e.g., not covered for all purposes, or requires particular justification prior to use. PID encourages issuers to use accurate labels, and anticipates that the label of “non-essential” will be used very sparingly, if at all. If all covered prescription drugs are considered EHB by the issuer, meaning the member’s out-of-pocket cost-sharing for prescription drugs is always counted towards satisfying the member’s maximum-out-of-pocket, a supplemental form is not necessary.
11.	For reporting all drugs currently covered under the plan that an issuer considers “non-essential” drugs (i.e., not considered essential health benefits), if applicable, will PID provide a template for submission of this information? Will the template include what data elements to include (i.e., NDC, label name, RXCUI, etc.)?	As noted above, PID discourages issuers from considering drugs as “non-essential.” However, if an issuer does label certain drugs as “non-essential,” there is a tab on the QHP Prescription Drug Supplemental Template that has been created. Please use the template to report all of the following information: Drug Category, Drug Class, RxNorm Description, Chemically Distinct Drug, Brand Name (if applicable), RxNorm Concept Unique Identifiers (RXCUI), Coverage Status, EHB Status.
12.	For reporting when the plan is changing a previously essential drug to a non-essential drug, does PID expect these adjustments to be communicated at the time of final formulary submission?	As noted above, PID discourages issuers from considering drugs as “non-essential.” However, if an issuer does label certain drugs as “non-essential,” and has re-labeled a drug as “non-essential,” that information should be included in the final formulary selection that is submitted to the Department for the upcoming plan year.

13.	For reporting coverage of drugs without a RXCUI, will PID provide a template for submission of this information?	Yes, a template has been created. Please use the template to report all of the following information: Drug Category, Drug Class, Description or RxNorm Description, Chemically Distinct Drug, Brand Name (if applicable). If the issuer only covers prescription drugs with a RXCUI and does not cover drugs without a RXCUI, please skip this item.
14.	**Specific to the Rate Filing Guidance:** Does PID expect that responses to the new "Standard Questions" section will be submitted as a separate file, or included in the memorandum?	PID expects that the responses to the standard questions will be a separate file submitted with the initial filing.
15.	**Specific to the Rate Filing Guidance:** The MLR exhibit was removed from the Additional Exhibits section; is this exhibit still required as part of our filing?	Yes, the MLR exhibit now will be part of the standard questions.
16.	**Specific to the Rate Filing Guidance:** The draft guidance (on page 11, #14 of the Cover Letter section), requests a HIOS submission tracking number even though HIOS submissions are now transmitted through SERFF. Should this be removed from the guidance?	Yes, we have removed the request for a HIOS submission tracking number; the submission tracking number is no longer relevant.