

# U.S. Office of Personnel Management



## Multi-State Plan Program Application

**DISCLAIMER:** This final application represents policies included in [proposed regulations](#) for the Multi-State Plan Program. Accordingly, the U.S. Office of Personnel Management reserves the right to modify this application, as necessary, and to request additional information from applicants.

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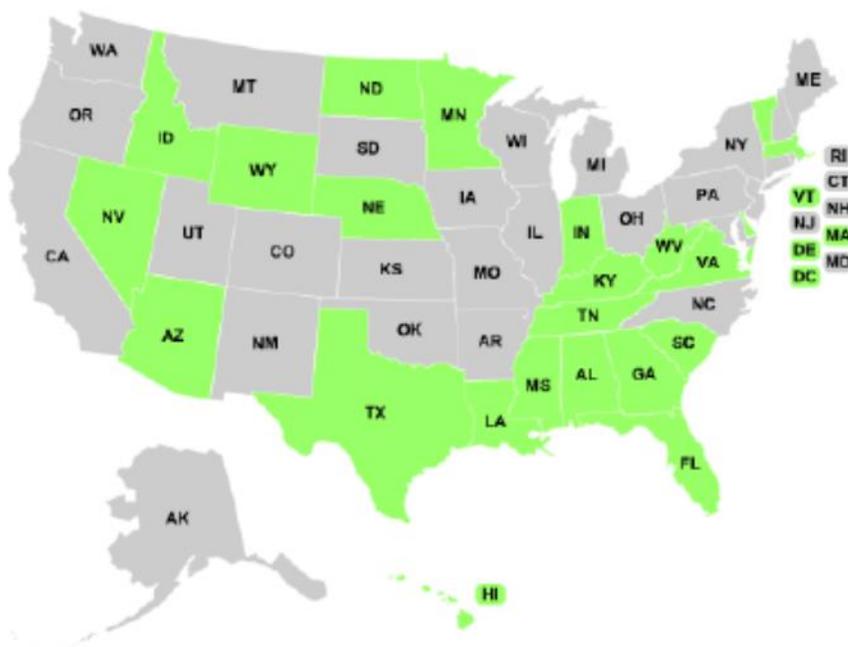
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### Select Individual Market Year 1 States and Provide Years 2-4 Phase-in Plan

Indicate the States in which you propose to enter the Individual Market as a MSPP Issuer in Year 1, Year 2, Year 3, and Year 4 of your participation [INTERACTIVE MAP].

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Choose States<br>for Year 1 | Choose States<br>for Year 2 | Choose States<br>for Year 3 | Choose States<br>for Year 4 |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|



### Year 1 SHOP Participation

For states you have selected for Year 1, indicate whether you also propose to participate in the SHOP market. [List of Year 1 States provided with check-mark indicator of SHOP participation]

# Application questions

## Section 1: Applicant

### 1.1 Applicant overview and phase-in information

1.1.Q1 Provide an introductory overview of your organization. Explain how your organization’s participation as an MSPP Issuer would benefit the MSPP. For example, what solutions, efficiencies, economies of scale, or unique approaches do you propose to bring to the MSPP and Exchanges?

Text box (6000 character maximum)

1.1.Q2 Does the Applicant currently contract with OPM for the Federal Employees Health Benefits Program (FEHBP)?

- Yes
- No

### 1.2 Applicant information

1.2.Q1 Describe your corporate structure and management.

Text box (6000 character maximum)

1.2.Q2 [Not required of current FEHB carriers] Provide documentation of your corporate structure. This may include executed articles of incorporation or organization, partnership agreement(s), or any other applicable organization documents.



1.2.Q3 Describe the legal and organizational relationship between the Applicant and the State-level MSP Issuers that will provide health insurance under this contract.

Text box (6000 character maximum)

1.2.Q4 Describe how the Applicant interacts with the State-level MSP Issuers, including decision-making processes and lines of authority. How will the Applicant ensure that the State-level MSP Issuers comply with the terms of the MSPP contract?

Text box (6000 character maximum)

1.2.Q5 [Not required of current FEHB carriers] Describe the Applicant’s history of health insurance operations, including reorganizations, mergers, changes of ownership, and name changes that have taken place within the last 10 years.

Text box (6000 character maximum)

1.2.Q6 Is the Applicant a non-profit entity?

- Yes       No

1.2.Q6.1 If a non-profit entity, provide documentation.



1.2.Q7 [Not required of current FEHB carriers] Is the Applicant owned by, affiliated with, or sponsored by another organization that provides management and/or financial support to the Applicant?

- Yes       No

1.2.Q7.1 [Not required of current FEHB carriers] If Yes, provide details including legal relationship, administrative, management, financial or other services the other organization provides. In what ways, if any, is the other organization financially responsible for the Applicant?

Text box (6000 character maximum)

1.2.Q8 [Not required of current FEHB carriers] Describe any significant legal actions or ongoing investigations that may impact the Applicant's financial stability or operational abilities.

Text box (6000 character maximum)

1.2.Q9 Has the Applicant and/or any of its State-level MSP Issuers been sanctioned or penalized by conviction, civil judgment, or otherwise, for engaging in fraudulent, criminal, or other improper activity in any government program?

- Yes       No

1.2.Q9.1 If yes to Q9, provide details.

Text box (6000 character maximum)

1.2.Q10 Provide a signed opinion by legal counsel that the Applicant and State-level MSP Issuers are not debarred, suspended, or ineligible to participate in Federal Government contracting for any reason, including fraudulent health care practices in other Federal health care programs. This includes members of the board of directors, any key management or executive staff, major stockholders, affiliated companies, subsidiaries, subcontractors, and subcontractor staff.



### 1.3 Group of Issuers

1.3.Q1 Are you a Group of Issuers?

- Yes
- No

1.3.Q1.1 If yes to Q1, describe the managerial organization, control and decision-making structures for the group.

Text box (6000 character maximum)

1.3.Q1.2 If yes to Q1, describe any contractual, agency, fiduciary or other relationship between affiliated issuers that will ensure that the Applicant complies with the terms of its MSPP contract.

Text box (6000 character maximum)

1.3.Q1.3 If yes to Q1, describe how conflicts between affiliated issuers are resolved.

Text box (6000 character maximum)

1.3.Q1.4 [Not required of current FEHB carriers] If applicable, provide a copy of the contract or other documents relating to the use and ownership of the service mark.



### 1.4 Managerial capabilities

1.4 Provide the names, titles, and resumes (or summary of relevant experience) of key personnel at the Applicant level that would be assigned to this contract in the following critical areas:

1.4.Q1 Chief Executive Officer

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q2 Contracting Official

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q3 Overall management/OPM Contact

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q4 Enrollment

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q5 Claims

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q6 Claims disputes

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q7 Customer Service

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q8 Financial management

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q9 Actuarial analysis

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

1.4.Q10 Care management

First Name:  
Last Name:  
Employee Title:  
Phone:  
Email:  
Resume:



Percent of time dedicated to MSPP:

1.4.Q11 IT systems

First Name:  
Last Name:  
Employee Title:  
Phone:  
Email:  
Resume:



Percent of time dedicated to MSPP:

1.4.Q12 Compliance

First Name:  
Last Name:  
Employee Title:  
Phone:  
Email:  
Resume:



Percent of time dedicated to MSPP:

1.4.Q13 Medical director

First Name:  
Last Name:  
Employee Title:  
Phone:  
Email:  
Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q14 Quality

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q15 State-level MSP Issuer Liaison/Oversight/Coordination

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

#### 1.4.Q16 Other

First Name:

Last Name:

Employee Title:

Phone:

Email:

Resume:



Percent of time dedicated to MSPP:

1.4.Q17 Provide a chart of the Applicant's entire organizational structure, highlighting which parts of that structure would be involved in managing the MSPP contract. Identify where the key personnel listed above reside in the organizational structure.



### 1.5 Financial solvency

1.5.Q1 Describe any fiduciary, agency, or trust relationship that exists between the Applicant and the State-level MSP Issuers.

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Text box (6000 character maximum)

1.5.Q2 Specify the actions that the Applicant would take if a State-level MSP Issuer becomes insolvent.

Text box (6000 character maximum)

1.5.Q3 If a State-level MSP Issuer becomes unable to fulfill its responsibilities under an MSPP contract, how will the Applicant guarantee contract performance in that State, including full payment of claims?

Text box (6000 character maximum)

1.5.Q4 Provide evidence of the financial ability of the Applicant to sustain operations in the future and to meet obligations under the MSPP, including any commitment from an outside entity. This includes audited financial statements for the last 3 years, including balance sheet, income statement, and statement of cash flow. Include any qualified opinions and steps taken to resolve them. Provide a projected balance sheet for the current fiscal year.



1.5.Q5 Are you currently actively writing health insurance policies in all 50 States and the District of Columbia?

- Yes
- No

1.5.Q5.1 If no to Q5, provide evidence of adequate projected funding to phase in operations to all 50 States and the District of Columbia by the end of the four-year phase-in period.



1.5.Q6 Provide your current and two prior financial ratings from A.M. Best, Moody's, Standard and Poor's, Fitch, and Weiss, as available, by completing the Financial Ratings Template.



1.5.Q7 Describe any measures you would implement in the event you became insolvent while you are an MSPP Issuer.

Text box (6000 character maximum)

## 1.6 Oversight, control, and consolidation of functions

1.6.Q1 Describe oversight and control over the State-level MSP Issuers. Include a discussion of how you intend to oversee and coordinate the delivery of a consistent level of performance.

Text box (6000 character maximum)

1.6.Q2 Please indicate which entity would be primarily responsible for performing the function listed:

1.6.Q2.1 Enrollment (including acceptance, acknowledgement, and reconciliation of enrollments from Exchanges)

Responsible Entity:

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.2 Premium collection and reconciliation (including receipt of advance payment of premium tax credits and cost sharing reduction payments)

Responsible Entity:

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.3 Customer Service

Responsible Entity:

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.4 Marketing and outreach (including website, call center(s), advertising and marketing material)

- MSPP Issuer       State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.5 Claims processing

- MSPP Issuer       State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.6 Claims payment

- MSPP Issuer       State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.7 Claims appeals

- MSPP Issuer       State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.8 Quality assurance

- MSPP Issuer       State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.9 Fraud and abuse prevention

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.10 Written communication to enrollees (including explanation of benefits forms, correspondence regarding claims, enrollment, and premium payments)

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.11 Care management

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q2.12 Subcontractor oversight

- MSPP Issuer
- State-level MSP Issuer

If the MSPP Issuer is the responsible entity, discuss the processes for coordination between the MSPP Issuer and the State-level MSP Issuers.

Text box (6000 character maximum)

1.6.Q3 Describe whether and how an enrollee or dependent in one of your MSPs would be able to access in-network providers and/or facilities in the following scenarios. Your response should state whether there would be any changes in standard operating procedures for claims payment, preauthorization, etc. in these scenarios, and address any differences between the individual and small group markets, as applicable.

1.6.Q3.1 The enrollee has a dependent who needs services while attending college outside the service area or State

Text box (6000 character maximum)

1.6.Q3.2 The enrollee or dependent needs services while traveling or temporarily residing out of the service area or State

Text box (6000 character maximum)

1.6.Q3.3 The enrollee or dependent needs highly specialized care that can best be provided out of the service area or State (for example, at a Center of Excellence)

Text box (6000 character maximum)

1.6.Q3.4 The enrollee or dependent prefers to receive care outside the service area or State

Text box (6000 character maximum)

1.6.Q4. Will your approach on these questions be different during the four-year phase-in period than it will be once your MSPs are available in all States?

- Yes       No

1.6.Q4.1 If yes to Q4, describe the differences:

Text box (6000 character maximum)

1.6.Q5 Describe how State-level MSP Issuers' systems will interact to share information when required, e.g., when an enrollee receives care in a different State.

Text box (6000 character maximum)

1.6.Q6 Describe your process for developing medical policy, deciding whether and when to provide benefits for a new procedure/technology, and reconciling regional differences in practice patterns.

Text box (6000 character maximum)

1.6.Q7 Describe the standard policy you will establish for the termination of MSP enrollee coverage due to non-payment of premium as permitted by 45 CFR 155.430(b)(2)(ii). This policy for the termination of coverage must include the grace period for enrollees receiving advance payments of the premium tax credits as described in 45 CFR 156.270(d) and must be applied uniformly to enrollees in similar circumstances.

Text box (6000 character maximum)

## 1.7 Essential Health Benefits Benchmark Plan

1.7.Q1 What Essential Health Benefits (EHB)-benchmark plan will you use for your participation in the MSPP?

- Each State’s EHB-benchmark plan
- FEHBP’s Blue Cross and Blue Shield (BCBS) Standard Option, as supplemented for pediatric vision services, plus State-required benefits enacted before December 31, 2011
- FEHBP’s BCBS Basic Option, as supplemented for pediatric vision services, plus State-required benefits enacted before December 31, 2011
- FEHBP’s Government Employees Health Association (GEHA) Standard Option plus State-required benefits enacted before December 31, 2011

Note: The BCBS Standard and Basic Options are supplemented for pediatric vision services through BCBS’s FEP Blue Vision High Option as offered through the Federal Employees Dental and Vision Insurance Program (FEDVIP)

## Section 2: State-level MSP Issuer information

In the sections below, “you” and “Issuer” refer to the State-level MSP Issuer(s).

### 2.1 Administrative information

#### Selected State Issuer Name (will be displayed)

2.1.Q1 MSPP Marketing Name

Text box (6000 character maximum)

2.1.Q2 Health Insurance Oversight System (HIOS) ID for MSPP

Text box (6000 character maximum)

2.1.Q3 National Association of Insurance Commissioners (NAIC) Company Code

Text box (6000 character maximum)

### 2.2 Licensure information

2.2.Q1 Are you currently licensed in the State to offer health insurance in the individual market?

- Yes
- No

2.2.Q1.1 If yes to Q1, upload a copy of your license.



2.2.Q2 Does the scope of your license allow you to offer the product you propose for the MSPP?

- Yes       No

2.2.Q3 Are you currently offering health insurance in the individual market in the State?

- Yes       No

2.2.Q3.1 If no to Q3, have you offered health insurance in the individual market in the State at any time in the last five years?

- Yes       No

2.2.Q3.2 If yes to Q3.1, on what date did you last offer coverage in the individual market in the State?

Text box (6000 character maximum)

2.2.Q4 Are you currently licensed in the State to offer health insurance in the small group market?

- Yes       No

2.2.Q4.1 If yes to Q4, upload copy of license.



2.2.Q5. Does the scope of your license allow you to offer the product you propose for MSPP SHOP participation?

- Yes       No

2.2.Q6 Are you currently offering health insurance in the small group market in the State?

- Yes       No

2.2.Q6.1 If no to Q6, have you offered health insurance in the small group market in the State at any time in the last five years?

- Yes       No

2.2.Q6.2 If yes to Q6.1, on what date did you last offer health insurance in the small group market in the State?

Text box (6000 character maximum)

2.2.Q7 Contact information at State for confirmation of licensure status:

Name:

Title:

Agency/bureau:

Email:

Phone:

Website:

2.2.Q8 Are you currently under supervision, a corrective action plan, a market conduct review, or special monitoring by state licensing authority or other regulatory body?

Yes       No

2.2.Q8.1 If yes to Q8, describe:

Text box (6000 character maximum)

2.2.Q9 Describe your planned use of subcontractors in the performance of this contract. Include subcontractor names (if known) and a description of the services to be performed (e.g., call center, claims processing, internal appeals).

Text box (6000 character maximum)

2.2.Q10 Are you applying to participate on the Exchange(s) in this State as a Qualified Health Plan?

Yes       No

2.2.Q11 Are you a non-profit organization?

Yes       No

2.2.Q11.1 If yes to Q11, please supply documentation.



## 2.3 Enrollment experience

2.3.Q1 Are you currently actively marketing in the State?

- Yes
- No

2.3.Q2 Describe your experience in providing health insurance in the individual, small group and large group markets, including your share in each market in this State.

Text box (6000 character maximum)

2.3.Q3 Do you have experience with Federal and State government contracts, including Medicare, Medicaid, Children’s Health Insurance Program, Federal Employees Health Benefits Program, Indian Health Service, TRICARE, State high risk pools, Pre-Existing Condition Insurance Plan, and special State subsidized health insurance programs?

- Yes
- No

2.3.Q3.1 If yes to Q3, describe:

Text box (6000 character maximum)

2.3.Q4 Provide your annual enrollment and disenrollment for the last three years for the product that is most similar to the product you are proposing for the MSPP by uploading the Enrollment Template.



## 2.4 Financial

2.4.Q1 Provide a copy of the most recent annual financial statement submitted to the State insurance commissioner (or equivalent).



2.4.Q2 Describe State solvency standards, including reserve requirements and participation in guaranty funds.

Text box (6000 character maximum)

2.4.Q3 Demonstrate your compliance with these standards.



2.4.Q4 Describe other insolvency protection measures, including insurance, reinsurance, stop loss provisions, bonding provisions, or other protections.

Text box (6000 character maximum)

2.4.Q5 Provide documentation of those measures.



## 2.5 Accreditation status

2.5.Q1. Is the State-level MSP Issuer in this State currently fully accredited by URAC?

- Yes       No

2.5.Q1.1 If yes to Q1, complete and upload the URAC Accreditation Template.



 plan\_management\_data\_templates\_issuer

2.5.Q2 Is the product type the State-level MSP Issuer proposes to offer in this State (e.g., PPO, HMO, POS) currently fully accredited by NCQA?

- Yes       No

2.5.Q2.1 If yes to Q2, complete and upload the NCQA Accreditation Template.



 plan\_management\_data\_templates\_issuer

2.5.Q3 Are you accredited by an entity other than NCQA or URAC?

- Yes       No

2.5.Q3.1 If yes to Q3, enter name of entity

Text box (6000 character maximum)

2.5.Q4 If applicable, provide the most recent accreditation summary report for your MSP-proposed product type (i.e., HMO/POS, PPO).



2.5.Q5 If your MSP-proposed product type is not accredited, provide your plan and timeline for achieving accreditation, including your application status if you have applied for but not received accreditation.

Text box (6000 character maximum)

2.5.Q6 Are you currently submitting HEDIS and/or CAHPS data?

- Yes
- No

2.5.Q6.1 If yes to Q6, list the entities to which you are submitting the data:

Text box (6000 character maximum)

## 2.6 Claims

2.6.Q1 Describe your current and proposed claims payment system and processes, including:

2.6.Q1.1 Claims system from intake through payment

Text box (6000 character maximum)

2.6.Q1.2 Timely processing standards

Text box (6000 character maximum)

2.6.Q1.3 Staffing level and location(s)

Text box (6000 character maximum)

2.6.Q1.4 Claims assessment and validation tools

Text box (6000 character maximum)

2.6.Q1.5 Prompt payment standards

Text box (6000 character maximum)

2.6.Q1.6 Overpayment collections

Text box (6000 character maximum)

2.6.Q1.7 Coordination of benefits

Text box (6000 character maximum)

2.6.Q1.8 Claims denials

Text box (6000 character maximum)

2.6.Q2 Describe how you would comply with the internal claims and appeals processes applicable to group health plans and health insurance issuers under 45 CFR §147.136(b).

Text box (6000 character maximum)

2.6.Q3 Are you currently using an Independent Review Organization (IRO) for external review and/or for coverage recommendations?

- Yes       No

2.6.Q3.1 If yes to Q3, describe the relationship to your organization and processes in place.

Text box (6000 character maximum)

2.6.Q4 Describe adherence to applicable State law in negotiating the terms of payment in contracts with providers and in making payments to claimants and providers. Provide the number and dollar amount of penalties you have paid for the last 3 years (if any) for exceeding State-mandated prompt payment standards.

Text box (6000 character maximum)

## 2.7 Member services

2.7.Q1 Provide the URL to your member website.

Text box (6000 character maximum)

2.7.Q2 [Not required for URAC or NCQA-accredited applicants] Describe your approach to providing excellence in customer service. Include a discussion of philosophy, best practices, staffing levels, training, and current service standards.

Text box (6000 character maximum)

2.7.Q3 [Not required for URAC or NCQA-accredited applicants] Describe member services that would be available by telephone and the plan website. Include self-service capabilities, self-management tools, health information, advice lines, access for urgent matters, premium payments, claims status, provider status, and other tools.

Text box (6000 character maximum)

2.7.Q3.1 [Required for SHOP participants] Describe any differences in member services for SHOP enrollees.

Text box (6000 character maximum)

2.7.Q4 [Not required for URAC or NCQA-accredited applicants] Describe your capacity to provide customer service for individuals with disabilities or who have limited English proficiency.

Text box (6000 character maximum)

2.7.Q5 [Not required for URAC or NCQA-accredited applicants] Is your website Section 508 compliant?

Yes  No

2.7.Q5.1 If no to Q5, provide the steps you will take, including a timeline, for achieving Section 508 compliance.

Text box (6000 character maximum)

2.7.Q6 Describe your capacity to accept aggregated premium payments from employers (if proposing SHOP participation) or tribal entities.

Text box (6000 character maximum)

2.7.Q7 [Not required for URAC or NCQA-accredited applicants] Provide your member rights and responsibilities policy.



2.7.Q7.1 How is this communicated to members and providers?

Text box (6000 character maximum)

2.7.Q8 Describe your capacity to manage the anticipated increase in encounter volume with MSP enrollment. How would your staffing levels change?

Text box (6000 character maximum)

2.7.Q9 [Not required for URAC or NCQA-accredited applicants] Describe sources of enrollee input and how you use that information to improve processes and performance.

Text box (6000 character maximum)

2.7.Q10 [Not required for URAC or NCQA-accredited applicants] Discuss specific steps taken to ensure compliance with National Standards on Culturally and Linguistically Appropriate Services (CLAS), including compliance with 45 CFR 155.205(c).

Text box (6000 character maximum)

2.7.Q11 [Not required for NCQA-accredited applicants] Describe health and wellness programs available to members, such as weight loss and tobacco cessation programs.

Text box (6000 character maximum)

2.7.Q12 [Not required for URAC or NCQA-accredited applicants] Describe the enrollee complaint process, including timelines for response.

Text box (6000 character maximum)

2.7.Q13 [Not required for URAC or NCQA-accredited applicants] Describe health risk assessment tools.

Text box (6000 character maximum)

2.7.Q14 Describe how you measure wellness programs and health risk assessment tools for effectiveness and the results of those programs in influencing enrollee behavior.

Text box (6000 character maximum)

## 2.8 Marketing

2.8.Q1 Describe your open enrollment strategy for the MSPP, including advertising, outreach to different demographic and socioeconomic subgroups, outreach to Navigators and in-person assistors, materials, website functionality, and call center staffing and hours of operation.

Text box (6000 character maximum)

2.8.Q2 Describe how your marketing strategy will differ for times other than open enrollment.

Text box (6000 character maximum)

2.8.Q3 Do you intend to use agents or brokers?

- Yes       No

2.8.Q3.1 If yes to Q3, describe how you intend to use them:

Text box (6000 character maximum)

2.8.Q3.2 If yes to Q3, describe your proposal for complying with laws, regulations, and rules set forth by a State and/or Exchange regarding the use and compensation of agents and brokers for products offered through an Exchange:

Text box (6000 character maximum)

2.8.Q3.3 If yes to Q3, describe your proposal for selection, training, oversight, and compensation of agents and brokers:

Text box (6000 character maximum)

2.7.Q3.4 [Required for SHOP participants] Describe any differences in your marketing strategy for SHOP.

Text box (6000 character maximum)

2.8.Q4 [Not required for URAC or NCQA-accredited applicants] Describe how you ensure that marketing materials fairly and accurately describe plan benefits, exclusions, limitations, restrictions, cost-sharing requirements, procedures for obtaining benefits, and provider access.

Text box (6000 character maximum)

2.8.Q5 [Not required for URAC or NCQA-accredited applicants] Provide examples.



## 2.9 Utilization/quality assurance

2.9.Q1 [Not required for URAC or NCQA-accredited applicants] Describe the management of patient care through the use of prospective review (e.g., pre-certification, preauthorization).

Text box (6000 character maximum)

2.9.Q2 [Not required for URAC or NCQA-accredited applicants] Describe the management of patient care through the use of concurrent review.

Text box (6000 character maximum)

2.9.Q3 [Not required for URAC or NCQA-accredited applicants] Describe the management of patient care through the use of retrospective review.

Text box (6000 character maximum)

2.9.Q4 [Not required for URAC or NCQA-accredited applicants] Describe the management of patient care through the use of case management.

Text box (6000 character maximum)

2.9.Q5 [Not required for URAC or NCQA-accredited applicants] Describe the management of patient care through the use of disease management.

Text box (6000 character maximum)

2.9.Q6 [Not required for NCQA-accredited applicants] Describe the management of patient care through the use of referrals to access specialty care.

Text box (6000 character maximum)

2.9.Q7 [Not required for NCQA-accredited applicants] Describe the management of patient care through the use of care coordination.

Text box (6000 character maximum)

2.9.Q8 [Not required for URAC or NCQA-accredited applicants] Describe the management of patient care through the use of patient-centered medical homes.

Text box (6000 character maximum)

2.9.Q9 [Not required for NCQA-accredited applicants] Describe the management of patient care through the use of medical necessity determinations.

Text box (6000 character maximum)

2.9.Q10 [Not required for NCQA-accredited applicants] Describe the management of patient care through the use of clinical practice guidelines.

Text box (6000 character maximum)

2.9.Q11 [Not required for NCQA-accredited applicants] Describe the management of patient care through the use of evidence-based medicine.

Text box (6000 character maximum)

2.9.Q12 [Not required for NCQA-accredited applicants] Describe the management of patient care through the use of other programs/policies.

Text box (6000 character maximum)

2.9.Q13 [Not required for NCQA-accredited applicants] Describe the review of under- and over-utilization of services by physicians and your program to correct utilization that does not fall within evidence-based clinical guidelines or treatment patterns.

Text box (6000 character maximum)

2.9.Q14 [Not required for URAC or NCQA-accredited applicants] How are prospective review decisions communicated to enrollees and providers? Are there expedited procedures for the review of urgent cases? Provide your definition of an urgent case.

Text box (6000 character maximum)

2.9.Q15 [Not required for NCQA-accredited applicants] Describe your programs or procedures for ensuring appropriate utilization of emergency care services. Provide your definition of emergency care.

Text box (6000 character maximum)

2.9.Q16 [Not required for URAC or NCQA-accredited applicants] Describe your quality assurance program. Include a discussion of:

2.9.Q16.1 data collection, analysis and use

Text box (6000 character maximum)

2.9.Q16.2 how and when you provide information on health plan quality measures to enrollees, prospective enrollees, or others (e.g., employers)

Text box (6000 character maximum)

2.9.Q16.3 pediatric quality measures established under section 1139A of the Social Security Act

Text box (6000 character maximum)

2.9.Q16.4 any enrollee satisfaction surveys you conduct besides CAHPS, the results for the last 3 years, and how you publish and use that information

Text box (6000 character maximum)

2.9.Q16.5 quality strategies as articulated in section 1311(g) of the Affordable Care Act through market-based incentives or increased reimbursement available for:

- Improving health outcomes
- Implementation of activities to prevent hospital readmissions
- Implementation of activities to improve patient safety and reduce medical errors
- Implementation of wellness and health promotion activities
- Implementation of activities to reduce health and health care disparities
- Use of health risk assessments and biometric assessments

Text box (6000 character maximum)

2.9.Q17 Describe the fraud and abuse prevention programs you intend to implement for the MSPP, including compliance with Federal and State fraud and abuse laws. Include your processes and protocols for assessing vulnerability, preventing, detecting and eliminating fraud and abuse by employees, subcontractors, providers, and enrollees.

Text box (6000 character maximum)

2.9.Q18 Provide sample reports



## 2.10 IT Systems, security and confidentiality

2.10.Q1 Describe your current and proposed use and support of health information technology, including:

2.10.Q1.1 Use and support of electronic medical records

Text box (6000 character maximum)

2.10.Q1.2 Use and support of personal health records

Text box (6000 character maximum)

2.10.Q1.3 Use and support of e-prescribing

Text box (6000 character maximum)

2.10.Q1.4 Use and support of cost and quality transparency tools

Text box (6000 character maximum)

2.10.Q1.5 Use and support of electronic referrals

Text box (6000 character maximum)

2.10.Q2 You must collect and transmit a significant amount of data to and from OPM, Exchanges, HHS, Treasury, and reinsurance entities. Describe your system infrastructure's capacity to interface with these entities for data transfers, including enrollment, reconciliation, claims/encounter data, and reports. How will you ensure that your systems are compatible?

Text box (6000 character maximum)

2.10.Q3 What do you anticipate to be the most significant challenges in data collection and reporting?

Text box (6000 character maximum)

2.10.Q3.1 How do you propose to mitigate those challenges?

Text box (6000 character maximum)

2.10.Q4 Describe how your system would maintain statistical records regarding MSP enrollment and operations separate from other lines of business.

Text box (6000 character maximum)

2.10.Q5 Describe your system infrastructure's capacity to manage the anticipated increase in enrollment, claims, and encounter volume.

Text box (6000 character maximum)

2.10.Q6 Describe security and confidentiality measures, including your compliance with Federal privacy and information security standards (e.g., NIST, HIPAA).

Text box (6000 character maximum)

2.10.Q7 Describe your operational, technical, administrative and physical safeguards, consistent with any applicable laws and regulations, to ensure that personally identifiable information (PII) created, collected, used, and/or disclosed under the MSPP is:

- protected against any reasonably anticipated threats or hazards to its confidentiality, integrity, and availability (including return information, as such term is defined by Title 26 USC section 6103(b)(2)) ;
- only used by or disclosed to those authorized to receive or view it;
- protected against any reasonably anticipated uses or disclosures of such information that are not permitted or required by law; and
- securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with retention schedules.

Text box (6000 character maximum)

2.10.Q8 Describe how you monitor, periodically assess, and update the security controls and related system risks to ensure the continued effectiveness of those controls, including how you ensure your workforce complies with these controls.

Text box (6000 character maximum)

2.10.Q9 Provide your written policies and procedures regarding PII.



2.10.Q10 Describe your current and proposed records retention policy and capacity.

Text box (6000 character maximum)

## 2.11 Provider contracts

2.11.Q1 Describe current and proposed professional and institutional network and/or preferred provider arrangements. Discuss major contract terms and provisions, including hold harmless provisions, risk sharing arrangements, and any exclusivity clauses. In multi-provider group contracts, is there a requirement for the group to guarantee participation of all providers in that group?

Text box (6000 character maximum)

2.11.Q2 Describe your current and proposed provider reimbursement method(s). Describe incentives (e.g., shared savings, pay for performance, care coordination fees, incentives for use of centers of excellence for high risk conditions or procedures, payment bundling, discounted fee-for-service, fee-for-service incentive withholds, hospital incentive pools, capitation rates, DRGs etc.) to lower claims costs without compromising patient care.

Text box (6000 character maximum)

2.11.Q3 Will your provider reimbursement rates vary between your MSP and non-MSP products?

- Yes       No

2.11.Q3.1 If yes to Q3, explain why.

Text box (6000 character maximum)

2.11.Q4 [Not required for URAC-accredited applicants] Discuss recruitment of high-quality providers.

Text box (6000 character maximum)

2.11.Q5 [Not required for NCQA-accredited applicants] Discuss recruitment of providers to fill gaps in access to care.

Text box (6000 character maximum)

2.11.Q6 [Not required for URAC or NCQA-accredited applicants] Describe your credentialing/ recredentialing policies and processes.

Text box (6000 character maximum)

2.11.Q7 [Not required for URAC or NCQA-accredited applicants] Describe how you ensure the continued quality of your provider network(s) through such factors as accreditation, customer satisfaction surveys, and attainment of quality or efficiency recognition designations. What metrics do you collect from providers? Do you hold preferred providers to higher standards?

Text box (6000 character maximum)

2.11.Q8 [Not required for NCQA-accredited applicants] Describe ongoing education of providers, including training, best practices, and peer review.

Text box (6000 character maximum)

2.11.Q9 [Not required for URAC or NCQA-accredited applicants] Describe how you ensure provider compliance with contract terms and other requirements, including corrective action plans.

Text box (6000 character maximum)

2.11.Q10 [Not required for NCQA-accredited applicants] Describe your processes for provider contract termination, including enrollee notification and provisions for continuation of care.

Text box (6000 character maximum)

2.11.Q11 Does your current and proposed MSP provider network include dental providers?

- Yes       No

2.11.Q11.1 If no to Q11, describe how you will deliver pediatric dental services required by section 1302 of the Affordable Care Act.

Text box (6000 character maximum)

## 2.12 Enrollment

2.12.Q1 Describe your planned policies and procedures for reconciling enrollment files with each Exchange no less than once a month.

Text box (6000 character maximum)

2.12.Q2 Do you propose imposing any group participation rules for the offering of health insurance coverage through a SHOP?

- Yes       No

## 2.13 Disaster recovery/Business continuity

2.13.Q1 [Not required for NCQA-accredited applicants] Describe your plan for providing continued medical coverage and prescription drug dispensing for MSP enrollees affected by a major disaster.

Text box (6000 character maximum)

2.13.Q2 Describe your disaster recovery plan. Include testing of crucial business systems and testing frequency.

Text box (6000 character maximum)

2.13.Q3 [Not required for URAC-accredited applicants] Describe your business continuity plan. Include testing of crucial business systems and testing frequency.

Text box (6000 character maximum)

## 2.14 Prescription Drugs

2.14.Q1 Do you propose to contract with a Pharmacy Benefit Manager?

- Yes       No

2.14.Q1.1 If yes to Q1, describe the contract arrangement you propose to have, including whether you have a similar contract arrangement in place for your existing plans.

Text box (6000 character maximum)

2.14.Q1.2 If yes to Q1, is the contracted PBM fully accredited by NCQA, URAC or another accrediting organization?

- Yes       No

2.14.Q1.3 If no to Q1.2, describe how you ensure quality and safety in pharmacy operations.

Text box (6000 character maximum)

2.14.Q2 Do you propose to contract directly with retail and/or mail order pharmacies?

- Yes       No

2.14.Q2.1 If yes to Q2, describe the contract arrangement you propose to have, including whether you have a similar contract arrangement in place for your existing plans.

Text box (6000 character maximum)

2.14.Q2.2 If yes to Q2, describe how you ensure quality and safety in pharmacy operations.

Text box (6000 character maximum)

2.14.Q3 What tools would be made available to the enrollees, physicians, or pharmacists to aid in understanding the prescription drug benefit?

Text box (6000 character maximum)

2.14.Q4 Describe how you would differentiate, define, and tier generic drugs, preferred brands, non-preferred brands and specialty drugs.

Text box (6000 character maximum)

2.14.Q5 Describe the process for the addition or deletion of formulary drugs and how these changes would be communicated to enrollees.

Text box (6000 character maximum)

2.14.Q6 Describe the processes or programs you would use to promote generic drug utilization.

Text box (6000 character maximum)

2.14.Q7 Describe the exception and appeals processes for non-formulary drugs.

Text box (6000 character maximum)

## 2.15 Service area and network adequacy

2.15.Q1 Indicate the service area(s) that you are proposing for 2014, as defined by this State's Exchange(s), by completing and uploading the provided Service Area Template. If you are proposing to cover less than an entire Exchange service area in 2014, you must provide your rationale for limiting the area.



2.15.Q2 Complete and upload the Network Template.



2.15.Q3 Complete and upload the Network Adequacy Measurement Template.



2.15.Q4 Complete and upload the Essential Community Providers Template.



## 2.16 Provider Network

2.16.Q1 [Not required for URAC or NCQA-accredited applicants] How often is the provider directory updated?

Text box (6000 character maximum)

2.16.Q2 [Not required for URAC or NCQA-accredited applicants] Does the directory indicate providers not accepting new patients?

- Yes       No

2.16.Q3 [Not required for URAC or NCQA-accredited applicants] Do you provide printed copies upon request?

- Yes       No

2.16.Q4 Do you require enrollees to select a primary care provider?

- Yes       No

2.16.Q4.1 If yes to Q4, what would the process be for changing a selection? Would you limit the number of times an enrollee can change primary care providers?

Text box (6000 character maximum)

2.16.Q5 Are referrals to specialty providers required?

- Yes, out-of-network only       Yes, for both out-of-network and in-network       No

2.16.Q6 How does the provider directory indicate which primary care providers are recognized as Patient Centered Medical Homes?

Text box (6000 character maximum)

2.16.Q7 Describe your planned procedures for providing notice to enrollees of provider terminations. Would an enrollee be allowed to continue care with the provider for a period of time, with the applicable provisions of the terminated provider contract applicable? Describe special provisions for continuity of care during pregnancy.

Text box (6000 character maximum)

2.16.Q8 Describe provisions for adequate choice for enrollees who are American Indians or Alaska Natives and for ensuring these enrollees have access to covered services from the Indian Health Service, tribal health programs, and urban Indian health programs, as applicable.

Text box (6000 character maximum)

2.16.Q9 Describe provisions for access to care for covered services not available from participating providers, emergency care in and out of the service area, and access to care in medically underserved areas.

Text box (6000 character maximum)

2.16.Q10 [Not required for NCQA-accredited applicants] Describe your system for monitoring your provider network and your procedures to react to changes in your network that impair adequacy for MSP enrollees.

Text box (6000 character maximum)

2.16.Q11 [Not required for URAC or NCQA-accredited applicants] Describe your planned process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of the enrolled population, from an overall enrollee population standpoint and addressing the needs of those with special needs and those with limited English proficiency and literacy. Specify what services would be available to such enrollees.

Text box (6000 character maximum)

2.16.Q12 Describe procedures for continuity of care for enrollees who may cycle in and out of enrollment due to a change in their eligibility for Medicaid or the Children's Health Insurance Program (CHIP).

Text box (6000 character maximum)

2.16.Q13 Provide the URL for your online provider directory.

Text box (6000 character maximum)

2.16.Q14 Describe your approach to ensuring compliance with the standard or alternative approach outlined in 45 CFR 156.235, regarding Essential Community Providers in your network.

Text box (6000 character maximum)

## 2.17 Standards applicable to QHP issuers

2.17.Q1 Identify any currently existing standards or requirements that would apply to a QHP on this State's Exchange(s) that could present a unique challenge to you as an MSPP Issuer. Please explain in detail how this standard or requirement could affect you as an MSPP issuer more significantly than an issuer offering a QHP on this Exchange.

Text box (6000 character maximum)

2.17.Q2 Identify any standard or requirement listed in your response to question 1 for which compliance could preclude your participation in the MSPP.

Text box (6000 character maximum)

## 2.18 Benefit and administrative templates

2.18.Q1 Submit your proposed benefits package with detailed benefit information, including cost sharing requirements and benefit limitations, by completing the Plan/Benefit Template. Include State-mandated benefits. *[Template forthcoming]*



2.18.Q1.1 [Required for SHOP participants] Submit your proposed benefits package for the SHOP market with detailed benefit information, including cost sharing requirements and benefit limitations, by completing the SHOP Plan/Benefit Template. Include State-mandated benefits. *[Template forthcoming]*



2.18.Q2 Submit your proposed prescription drug benefit information, including cost sharing requirements and benefit limitations, by completing the Prescription Drug Template. *[Template forthcoming]*



2.18.Q2.1 [Required for SHOP participants] Submit your proposed prescription drug benefit information for the SHOP market, including cost-sharing requirements and benefit limitations, by completing the SHOP Prescription Drug Template. *[Template forthcoming]*



2.18.Q3 Complete and upload the Administrative Data Template.



## 2.19 Additional Benefits Information

2.19.Q1. The Affordable Care Act requires that at least one MSP in a State offers coverage without abortion services. Would your proposed MSP offer coverage for abortion services for which public funding is prohibited?

- Yes       No

2.19.Q1.1 If yes to Q1, provide a plan that details your process and methodology for meeting the requirements of section 1303(b)(2)(C), (D), and (E) (“segregation plan”) of the Affordable Care Act. This segregation plan should describe:

- (i) Your financial accounting systems, including accounting documentation and internal controls, that would ensure the appropriate segregation of payments received for coverage of these services from those received for coverage of all other services;
- (ii) Your financial accounting systems, including accounting documentation and internal controls, that would ensure that all expenditures for these services are reimbursed from the appropriate account; and
- (iii) An explanation of how your systems, accounting documentation, and controls meet the requirements for segregation accounts under the law.



2.19.Q2 Provide any analysis you have conducted to determine that your benefit design(s) will not have the effect of discouraging the enrollment of individuals with significant health needs in your MSP.



## 2.20 Rate proposal

2.20.Q1 Submit your proposed schedule or table of base premium rates and factors by completing the Rate Table Templates. *[Template forthcoming]*



2.20.Q1.1 [Required for SHOP participants] Submit your proposed schedule or table of base premium rates and factors for the SHOP market by completing the SHOP Rate Table Template *[Template forthcoming]*



2.20.Q2 Submit the Rate Review Template. *[Template forthcoming]*



2.20.Q2.1 [Required for SHOP participants] Submit the Rate Review Template for the SHOP market. *[Template forthcoming]*



2.20.Q3 Submit the Rating Business Rules Template. *[Template forthcoming]*



2.20.Q3.1 [Required for SHOP participants] Submit the Rating Business Rules Template for the SHOP market. *[Template forthcoming]*



## 2.21 Additional Rating Information

2.21.Q1 Submit, in the form of a cover letter, the minimum and maximum rate proposed.



2.21.Q2 Submit an actuarial memorandum that includes:

- i. A discussion of assumptions, factors, calculations, rate tables, and any other information pertinent to the proposed rate; and
- ii. A dated signature from the qualified health actuary who reviewed the rate proposal.



2.21.Q3 Submit any additional rate information or documentation as requested by OPM.

