

# 2015 MSP Application Questions



*For **New** Issuers*

**DISCLAIMER:** The U.S. Office of Personnel Management reserves the right to modify this application, as necessary, and to request additional information from applicants.

**\*Conditional question.**

## **1.1 Applicant Information**

1. Provide an introductory overview of your organization. Include your short-term and long-term vision of how your participation as an MSP Issuer would benefit the MSP Program and the Health Insurance Marketplaces. What solutions, efficiencies, economies of scale, or unique approaches do you propose to provide that will distinguish your MSP offerings from other offerings on the Marketplaces?
2. Does the Applicant currently contract with OPM for the Federal Employees Health Benefits (FEHB) Program?
3. Describe your corporate structure and management.
- \*4. Provide documentation of your corporate structure. This may include executed articles of incorporation or organization, partnership agreement(s), or any other applicable organization documents.
5. Will the Applicant also serve as the State-level issuer in all States?
- \*6. Describe the legal, financial, and organizational relationship between the Applicant and the State-level MSP issuers that will provide health insurance under this contract.
- \*7. Provide documentation about these legal, financial, and organizational relationships.
- \*8. Describe how the Applicant interacts with the State-level MSP issuers, including decision-making processes, lines of authority, funding arrangements, and how the Applicant will ensure that State-level MSP issuers comply with the terms of the MSP Program contract.
- \*9. Describe the Applicant's history of health insurance operations, including previous experience and lines of business in State insurance markets. Describe any reorganizations, mergers, changes of ownership, and name changes that have taken place within the last 10 years.
10. Are you a non-profit organization?
- \*11. If a non-profit entity, provide documentation.
- \*12. Is the Applicant owned by, affiliated with, or sponsored by another organization that provides management and/or financial support to the Applicant?
- \*13. 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?
- \*14. Describe any significant legal actions or ongoing investigations that may impact the Applicant's ability to fulfill the terms of a contract for the MSP Program.
15. 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?
- \*16. Provide details.
17. 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.

18. Are the Applicant's State-level issuers currently actively writing health insurance policies in all 50 States and the District of Columbia?

\*19. Provide your plan and timeline for ensuring that your State-level issuers are appropriately licensed to offer MSP options in each State by the end of the 4-year phase-in period. Do you anticipate any issues in obtaining licensure in any State? If so, please explain.

20. Submit any additional information or documentation as requested by OPM.

## **1.2 Group of Issuers**

1. Are you applying as a Group of Issuers?

\*2. Describe the managerial organization, control, funding, and decision-making structures for the group.

\*3. Describe any contractual, agency, fiduciary or other relationship between affiliated issuers that will ensure that the Applicant complies with the terms of its MSP Program contract.

\*4. Describe how conflicts between affiliated issuers are resolved.

\*5. If applicable, provide a copy of the contract or other documents relating to the use and ownership of the service mark.

6. Submit any additional information or documentation as requested by OPM.

## 1.3 Managerial Capabilities

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:

### Chief Executive Officer

1. Name:
2. Employee Title:
3. Phone:
4. Email:
5. Resume:

### Contracting Official

6. Name:
7. Employee Title:
8. Phone:
9. Email:
10. Resume:

### Overall Management/OPM Contact

11. Name:
12. Employee Title:
13. Phone:
14. Email:
15. Resume:

### Enrollment

16. Name:
17. Employee Title:
18. Phone:
19. Email:
20. Resume:

### Claims

21. Name:

22. Employee Title:

23. Phone:

24. Email:

25. Resume:

Claims Disputes

26. Name:

27. Employee Title:

28. Phone:

29. Email:

30. Resume:

Customer Service

31. Name:

32. Employee Title:

33. Phone:

34. Email:

35. Resume:

Financial Management

36. Name:

37. Employee Title:

38. Phone:

39. Email:

40. Resume:

Actuarial Analysis

41. Name:

42. Employee Title:

43. Phone:

44. Email:

45. Resume:

### Care Management

46. Name:

47. Employee Title:

48. Phone:

49. Email:

50. Resume:

### IT Systems

51. Name:

52. Employee Title:

53. Phone:

54. Email:

55. Resume:

### Compliance

56. Name:

57. Employee Title:

58. Phone:

59. Email:

60. Resume:

### Medical Director

61. Name:

62. Employee Title:

63. Phone:

64. Email:

65. Resume:

### Clinical Quality Improvement

66. Name:

67. Employee Title:

68. Phone:

69. Email:

70. Resume:

State-level MSP Issuer Liaison/Oversight/Coordination (if applicable)

71. Name:

72. Employee Title:

73. Phone:

74. Email:

75. Resume:

Other

76. Name:

77. Employee Title:

78. Phone:

79. Email:

80. Resume:

81. Provide a chart of the Applicant's entire organizational structure. Highlight which sections of the organizational structure will be involved in managing the MSP Program contract. Identify where the key personnel listed above reside in the organizational structure.

82. Submit any additional information or documentation as requested by OPM.

## 1.4 Financial Solvency

- \*1. Describe any fiduciary, agency, or trust relationship that exists between the Applicant and the State-level MSP issuers.
- \*2. Specify how the Applicant would guarantee contract performance in a State where the State-level MSP issuers becomes insolvent or becomes unable to fulfill its responsibilities under an MSP Program contract.
- 3. Provide evidence of the financial ability of the Applicant to sustain operations in the future and to meet obligations under the MSP Program, 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.
- \*4. Provide evidence of adequate projected funding to phase in operations to all 50 States and the District of Columbia by the end of the 4-year phase-in period.
- 5. 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.
- 6. Describe measures you would implement in the event you became insolvent while you are an MSP Issuer.
- 7. Submit any additional information or documentation as requested by OPM.

## 1.5 Oversight, Control, and Consolidation of Functions

\*1. Describe oversight and control over State-level MSP issuers. Include a discussion of how you intend to oversee and coordinate the delivery of a consistent level of performance.

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

\*2. Responsible entity for enrollment (including acceptance, acknowledgement, and reconciliation of enrollments from Exchanges):

\*3. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*4. Responsible entity for premium collection and reconciliation (including receipt of advance payment of premium tax credits and cost sharing reduction payments) :

\*5. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*6. Responsible entity for customer service:

\*7. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*8. Responsible entity for marketing and outreach (including website, call center(s), advertising and marketing material):

\*9. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*10. Responsible entity for claims processing

\*11. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*12. Responsible entity for claims payment:

\*13. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*14. Responsible entity for claims appeals:

\*15. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*16. Responsible entity for clinical quality improvement:

\*17. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*18. Responsible entity for fraud and abuse prevention:

\*19. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*20. Responsible entity for written communication to enrollees (including explanation of benefits forms, correspondence regarding claims, enrollment, and premium payments):

\*21. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuer.

\*22. Responsible entity for care management:

\*23. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

\*24. Responsible entity for subcontractor oversight:

\*25. If the Applicant is the responsible entity, discuss the processes for coordination between the Applicant and the State-level MSP issuers.

26. Describe how you will advance the MSP Program goal of providing consistent and continuous coverage throughout the United States by:

Ensuring that preferred provider organizations (PPOs) offer out-of-service area coverage that is not limited to emergent and urgent care;

Providing coverage throughout metropolitan areas that cross State boundaries; and

Facilitating the administrative transfer of coverage from one State to another State to assist consumers who move among States.

27. Will your approach on these questions be different during the 4-year phase-in period than it will be once your MSP options are available in all States?

\*28. Describe the differences:

\*29. 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.

30. Describe your process for developing medical policy, including the development and implementation of policy by State-level issuers, deciding whether and when to provide benefits for a new procedure/ technology, and reconciling regional differences in practice patterns.

31. 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).

32. Submit any additional information or documentation as requested by OPM.

## **1.6 Essential Health Benefits Benchmark Plan**

1. What Essential Health Benefits (EHB)-benchmark plan will you use for your participation in the MSP Program?

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).

2. Submit any additional information or documentation as requested by OPM.

## **New Issuers**

1. Issuer Address/City/Zip
  2. Issuer Phone Number
  3. Are you currently licensed in the State to offer health insurance in the individual market?
  - \*4. Upload a copy of your license or certificate of authority.
  5. Does the scope of your license allow you to offer the product you propose for the MSP Program?
  6. Are you currently offering health insurance in the individual market in the State?
  - \*7. Have you offered health insurance in the individual market in the State at any time in the last 5 years?
  - \*8. On what date did you last offer coverage in the individual market in the State?
  9. Are you currently licensed in the State to offer health insurance in the small group market?
  - \*10. Upload a copy of your license or certificate of authority.
  11. Are you currently offering health insurance in the small group market in the State?
  - \*12. Have you offered health insurance in the small group market in the State at any time in the last 5 years?
  - \*13. On what date did you last offer health insurance in the small group market in the State?
- Contact information at State Department of Insurance for confirmation of licensure and good standing status:
14. Name:
  15. Title:
  16. Agency/bureau:
  17. Email:
  18. Phone:
  19. Website:
  20. In the last 3 years, have you been or are you currently under supervision, a corrective action plan, a market conduct review, or special monitoring by State licensing authority or other regulatory body?
  - \*21. Describe the supervision, corrective action plan, market conduct review, or special monitoring.
  - \*22. Provide any relevant reports or documentation related to the supervision, corrective action plan, market conduct review, or special monitoring.
  23. Are you a non-profit organization?
  - \*24. Please supply documentation.

25. Submit any additional information or documentation as requested by OPM.

## 2.1 Administrative and Licensure Information

1. Issuer Address/City/Zip
  2. Issuer Phone Number
  3. Are you currently licensed in the State to offer health insurance in the individual market?
  - \*4. Upload a copy of your license or certificate of authority.
  5. Does the scope of your license allow you to offer the product you propose for the MSP Program?
  6. Are you currently offering health insurance in the individual market in the State?
  - \*7. Have you offered health insurance in the individual market in the State at any time in the last 5 years?
  - \*8. On what date did you last offer coverage in the individual market in the State?
  9. Are you currently licensed in the State to offer health insurance in the small group market?
  - \*10. Upload a copy of your license or certificate of authority.
  11. Are you currently offering health insurance in the small group market in the State?
  - \*12. Have you offered health insurance in the small group market in the State at any time in the last 5 years?
  - \*13. On what date did you last offer health insurance in the small group market in the State?
- Contact information at State Department of Insurance for confirmation of licensure and good standing status:
14. Name:
  15. Title:
  16. Agency/bureau:
  17. Email:
  18. Phone:
  19. Website:
  20. In the last 3 years, have you been or are you currently under supervision, a corrective action plan, a market conduct review, or special monitoring by State licensing authority or other regulatory body?
  - \*21. Describe the supervision, corrective action plan, market conduct review, or special monitoring.
  - \*22. Provide any relevant reports or documentation related to the supervision, corrective action plan, market conduct review, or special monitoring.
  23. Are you a non-profit organization?
  - \*24. Please supply documentation.

25. Submit any additional information or documentation as requested by OPM.

## 2.2 MSP Overview and Strategy

Provide an overview of your MSP proposed offerings by answering the following questions:

1. Describe your overall strategy/business case for your MSP offering(s).
2. How many plans you are proposing? Provide a breakdown by metal level, plan type (e.g., PPO, POS, HMO, EPO), and market (Individual/SHOP).
3. Are you proposing to offer more than one plan type in this State?
- \*4. Provide your rationale for doing so.
5. Describe the service area(s) proposed to be covered by your MSP options. If not statewide, provide a general description of the service area (e.g., Eastern half of State, including the New York and Albany metropolitan areas). Identify any excluded areas of the State.
6. Are you applying to or do you currently participate on the Marketplace(s) in this State as a Qualified Health Plan?
- \*7. Describe your strategy for offering both MSP options and QHPs. Will the MSP offerings be unique or duplicate products? Will you transform any QHPs you have filed with the State to become MSPs?
- \*8. Describe in detail the meaningful difference(s) between your proposed MSP and QHP offerings.
  
9. Identify any currently existing standards or requirements that will apply to a QHP on this State's Marketplace(s) that could present a unique challenge to you as a State-level MSP issuer. Please explain in detail how this standard or requirement could affect you as a State-level MSP issuer more significantly than an issuer offering a QHP on this Marketplace.
10. Identify any standard or requirement listed in your response to the above question for which compliance could preclude your participation in the MSP Program.
11. Submit any additional information or documentation as requested by OPM.

## 2.3 Accreditation Status

1. Do you hold accreditation by URAC? Answer “yes” if accreditation is on:

the policies and procedures that are applicable to your proposed MSP options; or a commercial or Medicaid health plan for the administrative policies and procedures that are the same or similar to the administrative policies and procedures that are applicable to your proposed MSP options

\*2. Indicate the level of accreditation:

\*3. Complete and upload the URAC accreditation template.

4. Do you hold accreditation by the National Committee for Quality Assurance (NCQA)? Answer “yes” if accreditation is on:

the policies and procedures that are applicable to your proposed MSP options; or a commercial or Medicaid health plan for the administrative policies and procedures that are the same or similar to the administrative policies and procedures that are applicable to your proposed MSP options

\*5. Indicate the level of accreditation:

\*6. Complete and upload the NCQA accreditation template.

7. Do you hold accreditation status by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)? Answer “yes” if accreditation is on:

the policies and procedures that are applicable to your proposed MSP options; or a commercial or Medicaid health plan for the administrative policies and procedures that are the same or similar to the administrative policies and procedures that are applicable to your proposed MSP options

\*8. Complete and upload the AAAHC accreditation template.

\*9. Provide the most recent accreditation summary report for the accreditation indicated above.

\*10. Provide your plan and timeline for achieving accreditation, including your application status if you have applied for but not received accreditation.

11. Are you currently submitting HEDIS data on the product most closely related to your proposed MSP options?

\*12. Are you able to include MSP enrollees in HEDIS data and release that data to OPM?

\*13. Describe your current capability to measure for performance using HEDIS measures.

14. Are you currently submitting CAHPS data on the product most closely related to your proposed MSP options?

\*15. Are you able to include MSP enrollees in CAHPS data and release that data to OPM?

\*16. Describe your current capability to measure for performance using CAHPS measures.

17. Submit any additional information or documentation as requested by OPM.



## 2.4 Enrollment and Marketing

1. Are you actively marketing health insurance in the State?
- \*2. Which markets?
3. Describe your experience in providing health insurance or as a third-party administrator in the individual, small group and large group markets. If available, include the number of enrollees in each market in this State.
4. Do you have experience with Federal and State government contracts, such as 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, or special State subsidized health insurance programs?
- \*5. Describe your experience.
- \*6. Provide your annual enrollment and disenrollment for the last 3 years for the product(s) most similar to the product(s) you are proposing for the MSP Program by uploading the Enrollment Template.
7. Do you currently have the ability to accept premium and cost-sharing payments on behalf of enrollees from the Ryan White HIV/AIDS Program, Indian tribes, tribal organizations or urban Indian organizations and State and Federal Government programs in accordance with 45 CFR 156.1250? If not, describe your timeframe for developing the capacity to accept these payments.
8. Describe your open enrollment strategy for your MSP options, including advertising, outreach to different demographic and socioeconomic subgroups, outreach and training to Navigators and in-person assistors, materials, website functionality, and call center staffing and hours of operation.
9. Describe how your marketing strategy will differ for times other than open enrollment.
10. Do you intend to use agents or brokers?
- \*11. Describe how you intend to use them:
- \*12. 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:
- \*13. Describe your proposal for selection, training, oversight, and compensation of agents and brokers:
- \*14. 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.
- \*15. Provide examples.
16. Provide your enrollment forecasts for your proposed MSP options.
17. Will any of the functions described in this subsection be performed by subcontractors?
- \*18. Provide the subcontractor name(s) and a description of the services to be performed.
19. Submit any additional information or documentation as requested by OPM.

## **2.5 Financial**

1. Provide a copy of the most recent audited annual financial statement submitted to the State insurance commissioner (or equivalent).
2. Provide the most recent annual statement of your condition and affairs.
3. Describe State solvency standards, including reserve requirements and participation in guaranty funds.
4. Provide your State-required minimum reserve amount and the total amount of reserves held by your company at the end of the most recent calendar year.
5. Provide the minimum risk-based capital (RBC) amount/percentage required by your State and the amount/percentage of RBC held by your company at the end of the most recent calendar year
6. Describe other insolvency protection measures you have in place, including insurance, reinsurance, stop loss provisions, bonding provisions, or other protections.
7. Provide documentation of those measures.
8. Submit any additional information or documentation as requested by OPM.

## 2.6 Claims

Describe your current (and proposed, if it will differ for your MSP options) claims payment system and processes, including:

1. Claims system from intake through payment
2. Timely processing standards
3. The geographic location and staffing level for each of your claims processing facilities. If any of the facilities are located outside of the United States, please describe the specific claims processing functions performed there and how you ensure the protection of personally identifiable information (PII).
4. Claims assessment and validation tools
5. Prompt payment standards
6. Overpayment collections
7. Coordination of benefits
8. Claims denials
9. 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).
10. Describe your plans to comply with the MSP Program External Review Process
11. 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 incurred for the last 3 years (if any) for exceeding State-mandated prompt payment standards.
12. Will any of the functions described in this subsection be performed by subcontractors?
- \*13. Provide the subcontractor name(s) and a description of the services to be performed.
14. Submit any additional information or documentation as requested by OPM.

## 2.7 Member Services

1. Provide the URL to your member website.
2. 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.
3. What is the geographic location and staffing level for each of your customer service (call center) facilities? If any of the facilities are located outside of the United States, please describe the specific functions performed there and how you ensure the protection of personally identifiable information (PII).
- \*4. Describe your capacity to provide customer service, access to information that is critical for obtaining insurance coverage, and access to care for individuals with disabilities or who have limited English proficiency.
- \*5. Provide your member rights and responsibilities policy.
- \*6. How is the member rights and responsibility policy communicated to members and providers?
7. Describe your capacity to manage the anticipated increase in encounter volume with MSP enrollment. How would your staffing levels change?
- \*8. Describe sources of enrollee input and how you use that information to improve processes and performance.
- \*9. 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) .
10. Describe patient education programs, with particular emphasis on programs that highlight the value of preventive care (in particular the availability of those services that have no cost-sharing requirements) and programs that address the needs of individuals who are new to the health care system.
- \*11. Describe the enrollee complaint process, including timelines for response.
- \*12. Describe health risk assessment tools.
- \*13. Describe how you measure your wellness programs and health risk assessment tools for effectiveness and the results of those programs on influencing enrollee behavior.
14. Will any of the functions described in this subsection be performed by subcontractors?
- \*15. Provide the subcontractor name(s) and a description of the services to be performed.
16. Submit any additional information or documentation as requested by OPM.

## 2.8 Utilization/Quality Assurance

- \*1. Describe the management of patient care through the use of prospective review (e.g., pre-certification, pre-authorization).
- \*2. 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.
- \*3. Describe your programs or procedures for ensuring appropriate utilization of emergency care services. Provide your definition of emergency care.
- \*4. Describe the management of patient care through the use of concurrent review. If a claim can be denied as a result of a concurrent review, describe the member's responsibility for a denied claim.
- \*5. Describe the management of patient care through the use of retrospective review. If a claim can be denied as a result of a retrospective review, describe the member's responsibility for a denied claim.
- \*6. Describe the management of patient care through the use of case management and care coordination, including any use of patient-centered medical homes.
- \*7. Describe the management of patient care through the use of disease management, including what types of disease management programs are available.
- \*8. Describe the management of patient care through the use of referrals to access specialty care, including when referrals are required, any provider network requirements, and the member's responsibility.
- \*9. Describe the management of patient care through the use of medical necessity determinations, including who makes these determinations and how the criteria for these determinations are developed.
- \*10. Describe the management of patient care through the use of clinical practice guidelines, including how these guidelines are developed and enforced.
- \*11. Describe the management of patient care through the use of other programs/policies.
- \*12. Describe the review of under- and over-utilization of services by physicians and hospitals. Describe your program to correct utilization that does not fall within evidence-based clinical guidelines or treatment patterns.

Describe your quality assurance program. Include a discussion of:

- \*13. the use of data, including the results of enrollee satisfaction surveys, to inform quality improvement efforts.
- \*14. how and when you provide information on health plan quality measures to enrollees, prospective enrollees, or others (e.g., employers).
- \*15. pediatric quality measures established under section 1139A of the Social Security Act.
- \*16. quality strategies as articulated in section 1311(g) of the Affordable Care Act through market-based incentives or increased reimbursement.
- \*17. how you monitor facilities for patient safety, what measurements you use, and how you hold facilities accountable for patient safety.

Describe your processes and programs for preventing, detecting, and eliminating fraud and abuse by:

18. Employees

19. Subcontractors

20. Providers

21. Enrollees

22. If you intend to make any changes to your fraud and abuse prevention programs for your proposed MSP options, describe those changes here.

23. How do you measure and assess the effectiveness of your fraud and abuse programs (e.g., cost versus recovery amount)?

24. Will any of the functions described in this subsection be performed by subcontractors?

\*25. Provide the subcontractor name(s) and a description of the services to be performed.

26. Submit any additional information or documentation as requested by OPM.

## 2.9 IT Systems, Security and Confidentiality

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

1. Use and support of electronic medical records
2. Use and support of personal health records
3. Use and support of e-prescribing
4. Use and support of cost and quality transparency tools
5. Use and support of electronic referrals
6. Describe how your system would maintain statistical records regarding MSP enrollment and operations separate from other lines of business.
7. Describe your system infrastructure's capacity to manage the anticipated increase in enrollment, claims, and encounter volume.
8. Describe security and confidentiality measures, including your compliance with Federal privacy and information security standards (e.g., NIST, HIPAA).
9. 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 MSP Program is:  
  
protected against any reasonably anticipated threats or hazards to its confidentiality, integrity, and availability (including return information, as such term is defined by 26 U.S.C. 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.
10. 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.
11. Provide your written policies and procedures regarding PII.
12. Describe your records retention policy and capacity.
13. Will any of the functions described in this subsection be performed by subcontractors?
- \*14. Provide the subcontractor name(s) and a description of the services to be performed.
15. Submit any additional information or documentation as requested by OPM.

## **2.10 Disaster Recovery/Business Continuity**

- \*1. Describe your plan for providing continued medical coverage and prescription drug dispensing for MSP enrollees affected by a major disaster.
2. Describe your disaster recovery plan. Include testing of crucial business systems and testing frequency.
- \*3. Describe your business continuity plan. Include testing of crucial business systems and testing frequency.
4. Will any of the functions described in this subsection be performed by subcontractors?
- \*5. Provide the subcontractor name(s) and a description of the services to be performed.
6. Submit any additional information or documentation as requested by OPM.

## 2.11 Provider Contracts and Network

1. Are you proposing more than one network for your MSP offerings (e.g., different networks for different plan types, metal levels, or service areas)?

\*2. Provide a rationale for proposing different networks.

\*3. Describe your credentialing/ recredentialing policies and processes for your MSP network(s), including what data sources you use to make credentialing decisions and how frequently providers are re-credentialed. Describe your policies/processes for de-credentialing a provider. If you propose to offer more than one MSP network, explain any differences in policies and procedures based on the type of network.

\*4. Describe how you ensure the quality of your MSP provider network(s) through such factors as recruitment, 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? If you propose to offer more than one MSP network, explain any differences based on the type of network.

\*5. Describe ongoing education of providers, including training, best practices, and peer review. If you propose to offer more than one MSP network, explain any differences based on the type of network.

\*6. Describe how you ensure provider compliance with contract terms and other requirements, including corrective action plans. If you propose to offer more than one MSP network, explain any differences based on the type of network.

7. Describe provisions to ensure that consumers have ready access to clear and accurate provider directories, both before and after they are enrolled. This includes ensuring that URLs link directly to the directory for a particular plan's network, and that consumers do not have to log on, enter a policy number, or otherwise navigate the website before locating the directory.

\*8. How often is the online provider directory updated? How often is the print version updated?

9. Does the directory indicate all of the following elements: provider location, contact information, specialty, medical group, institutional affiliations, whether provider is accepting new patients, languages spoken, credentials, and Indian provider designation?

\*10. When will your directory include all of these data elements?

\*11. Do you provide printed copies upon request?

\*12. Do you provide a full directory or a partial directory? If a partial directory, on what basis do you provide a partial directory?

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

14. Describe your processes for provider terminations, including requirements for enrollee notification of provider terminations (e.g., whether advance notice is required, who provides the notice, and timelines for providing notice). Discuss provisions for transitional care for enrollees undergoing treatment for chronic or disabling conditions or in the second or third trimester of pregnancy. If you propose to offer more than one MSP network, explain any differences based on type of network.

15. Describe provisions for adequate choice of providers 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.

Describe how you ensure enrollee access to covered services not available from network providers, facilities, or pharmacies, either because there are none available in a particular geographic location or because an enrollee has a rare or complex medical condition that requires highly specialized care. If you propose to offer more than one MSP network, explain any differences based on type of network.

Specifically:

16. What is the process for enrollees to request an exception to receive care from an out-of-network provider? Include a discussion of whether/how providers can submit a request on an enrollee's behalf.

17. How and when do you inform enrollees about the availability of an exceptions process?

18. What clinical and/or geographic access standards do you use to evaluate exception requests (i.e., how do you determine that an enrollee requires care outside of the network)?

19. What is your timeframe for processing such requests?

20. Can enrollees appeal a denial of an exception request? If so, describe the appeals process, including timeframes for action by the enrollee and the issuer.

21. If you approve an exception request, describe the reimbursement arrangements, including:

Is the claim paid as if it were in-network and does it apply to the in-network out-of-pocket maximum?

Is the enrollee subject to balance billing?

Is the enrollee responsible for filing the claim, or is the provider?

22. How do you ensure enrollee access to emergency care, both inside and outside of the service area?

23. How do you ensure enrollee access to care in medically underserved areas?

24. Describe your system for determining and monitoring the adequacy of this provider network. If you propose to offer more than one MSP network, explain any differences based on type of network. Include the following:

Frequency of your network adequacy analysis;

Tools used;

Adequacy standards applied in your analysis;

Procedures to react to network changes and/or enrollment increases that impair adequacy, including recruitment of providers to fill gaps in access to care;

How you ensure adequate participation of primary care providers, specialists, hospitals, and tertiary care providers; and

How you ensure the network meets the health care needs of the enrolled population, including those with special needs and those with limited English proficiency and literacy.

25. 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, Children’s Health Insurance Program (CHIP), or other coverage.
26. Describe your approach for ensuring compliance with the standard or alternative approach outlined in 45 CFR 156.235, regarding Essential Community Providers in this network.
27. Will any of the functions described in this subsection be performed by subcontractors?
- \*28. Provide the subcontractor name(s) and a description of the services to be performed.
29. Submit any additional information or documentation as requested by OPM.
30. Complete the following questions for each network you are proposing. If you are proposing more than one network, click “Add Network” at the bottom of this page which will add a page with the same set of questions to be answered for the newly added network. Continue to add networks until you’ve created a page for each of the networks you are proposing.
- 30.1. What is the name of this network?
- 30.2. What are the names of the proposed MSP options to be covered by this network?
- 30.3. What is the general geographic description of the Service Area covered by this network?
- 30.4. Market
- 30.5. What are the plan types associated with this network?
- 30.6. How many tiers are in this network and provide a description of each tier. If multiple tiers, to which tiers do the out-of-pocket maximum and deductible apply?
- 30.7. Is this network unique to your MSP options?
- \*30.8. If unique, general description of how and why it differs from other networks for the same plan type.
- 30.9. What percentage of available (licensed and practicing) primary care providers in the service area is included in this network?
- 30.10. What percentage of available (licensed and practicing) specialists in the service area is included in this network?
- 30.11. What percentage of available licensed general acute care hospitals in the service area is included in this network?
- 30.12. Discuss major contract terms and provisions, including hold harmless provisions, risk sharing arrangements, and any exclusivity clauses.
- 30.13. In multi-provider group contracts, is there a requirement for the group to guarantee participation of all providers in that group?
- 30.14. What are the reimbursement method(s) for this network? Include any incentives to lower claims costs without compromising patient care.

30.15. Are there different cost-sharing tiers depending on provider participation type?

\*30.16. If yes, how can enrollees differentiate between these provider types?

30.17. Are enrollees required to select a primary care physician?

\*30.18. If PCP selection is required, describe process for changing selection and whether there is a limit to the number of changes allowed.

30.19. Are referrals to specialists required?

\*30.20. If yes, specify whether in-network and/or out-of-network referrals are required.

30.21. What is your reimbursement policy when an enrollee receives services from non-network providers during treatment at a network hospital?

30.22. Are dental providers included?

\*30.23. If dental providers are not included, describe how you will deliver pediatric dental services required by section 1302 of the Affordable Care Act.

30.24. In each of the circumstances listed below, describe whether and how an enrollee or dependent in one of your MSP options would be able to access in-network providers and/or facilities in the following scenarios. State whether there would be any changes in standard operating procedures for claims payment, preauthorization, etc.

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

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

30.27. 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).

30.28. The enrollee or dependent prefers to receive care outside the service area or State.

## **2.12 Service Area and Network Adequacy**

1. Are you proposing to cover the entire state?
- \*2. Describe the service area you are proposing for 2015, as defined by this State's Marketplace.
- \*3. Do you propose to offer your MSP option(s) in all service area(s) in which you are authorized to market and sell?
- \*4. Provide your rationale for limiting the area for which you provide coverage and your plan for becoming state-wide in future years.
5. Complete and upload the Service Area Template, using the prescribed file naming convention.
6. Complete and upload the Network Template, using the prescribed file naming convention.
7. Complete and upload the Network Adequacy Measurement Template, using the prescribed file naming convention.
8. Complete and upload the Essential Community Providers Template, using the prescribed file naming convention.
9. Provide documentation of compliance with Federal Essential Community Providers standards, or any applicable State standards if more stringent than Federal standards.
10. Submit any additional information or documentation as requested by OPM.

## 2.13 Prescription Drugs

1. Do you propose to contract with a Pharmacy Benefit Manager (PBM) for retail pharmacy services?
- \*2. Provide the name of the PBM and describe the contract arrangement you propose to have, including whether you have a similar contract arrangement in place for your existing plans.
- \*3. Is the contracted PBM fully accredited by URAC for pharmacy benefit management?
- \*4. Provide the key performance standards under which the PBM provides call center services, including average time to answer and abandonment rate. Provide the call center's hours of operation.
- \*5. Discuss how you intend to provide retail pharmacy services, including how you will ensure an adequate network.
6. Do you propose to contract with a Pharmacy Benefit Manager (PBM) for mail order pharmacy services?
- \*7. Provide the name of the PBM and describe the contract arrangement you propose to have, including whether you have a similar contract arrangement in place for your existing plans.
- \*8. Is the contracted PBM fully accredited by URAC for mail order pharmacy?
- \*9. Discuss how you intend to provide mail order pharmacy services.
- \*10. Provide the key performance standards for mail order pharmacy, including turn-around time for "clean" new orders and refills, as well as standards for exception processing of orders that require physician consultation.
- \*11. Describe the policies regarding mail order pharmacy orders that are damaged or lost in shipment.
12. Do you propose to contract with a Pharmacy Benefit Manager (PBM) or independent specialty pharmacy vendor for specialty pharmacy services?
- \*13. How do you intend to provide specialty drug services?
- \*14. Provide the name of the PBM or independent specialty pharmacy vendor and describe the contract arrangement you propose to have, including whether you have a similar contract arrangement in place for your existing plans.
- \*15. Is the contracted PBM or independent specialty pharmacy vendor fully accredited by URAC for specialty pharmacy?
- \*16. Provide key performance standards for specialty pharmacy, including time to make initial contact with patient.
- \*17. Describe policies regarding specialty pharmacy orders that are damaged or lost in shipment.
18. Describe how you ensure quality and safety in pharmacy operations.
19. What point-of-sale and retrospective claims review measures do you currently employ and/or plan to employ to deter the misuse of prescription drugs?
20. What tools would be made available to enrollees, physicians, and pharmacists to aid in understanding the prescription drug benefit? Please note if you provide an on-line tool for prospective and enrolled members to verify coverage and out-of-pocket costs for individual drugs.

21. Describe how you differentiate, define, and tier generic drugs, preferred brands, non-preferred brands and specialty drugs. Describe the tiers that you are proposing for your MSP options. Do the drugs in each formulary tier conform to the tier's description? Describe, in detail, any exceptions.
22. Describe the processes or programs you would use to promote generic drug utilization. Include your generic drug utilization rate.
23. Describe the process for the addition or deletion of formulary drugs. Do you rely on a Pharmacy and Therapeutics (P&T) Committee to review and/or approve formulary changes? If so, do you maintain your own Committee, rely on the PBM's Committee, or obtain P&T support in some other way?
24. Describe the cost and quality management programs you employ (e.g., prior approval, step therapy, quantity limits, medication therapy management). Are these programs subject to P&T Committee review and/or approval?
25. How do you inform enrollees of formulary changes? If you provide notice directly to enrollees who are affected by a formulary change, please note how and on what timeframe this occurs.
26. Describe the exception and appeals processes for non-formulary drugs, prior approval cases, and step-therapy cases, including timeframes for submitting and responding to exception requests and appeals. Can providers submit appeals on behalf of the enrollee?
27. Submit any additional information or documentation as requested by OPM.

## 2.14 Benefit Proposal

1. Submit your proposed benefits package with detailed benefit information, including cost sharing requirements and benefit limitations, by completing the Plans and Benefits Template. Include all optional fields (do not leave any cells blank) and State-mandated benefits. You must offer family coverage and self-only coverage at the silver and gold metal levels. Use the naming convention described here.
2. Provide any further details or explanations that may help us evaluate your benefits, exclusions or limitations that may not be evident as presented in your Plans and Benefits Template. If proposing more than one MSP option at a metal level (e.g., two Gold plans), describe the meaningful difference(s) between the plans.
3. Have you proposed a unique plan design(s)?
- \*4. Provide documentation and justification to support the AV level. For example, this may include an AV calculator screenshot for the unique plan.
5. If applicable, submit the Unique Plan Design Supporting Documentation and Justification.
6. If applicable, submit the Limited Cost Sharing Plan Variation— Estimated Advance Payment Supporting Documentation and Justification.
7. Submit your proposed benefits package for the SHOP market with detailed benefit information, including cost sharing requirements and benefit limitations, by completing the SHOP Plans and Benefits Template, using the prescribed file naming convention. Include all optional fields (do not leave any cells blank) and State-mandated benefits.
8. Provide any further details or explanations that may help us evaluate your SHOP market benefits, exclusions and limitations that may not be evident as presented in your Plans and Benefits Template. If proposing more than one MSP option at a metal level (e.g., two Gold plans), describe the meaningful difference(s) between the plans.
9. Have you proposed a unique plan design(s) for your SHOP options?
- \*10. Provide documentation and justification to support the AV level for your SHOP options. For example, this may include an AV calculator screenshot for the unique plan.
11. If applicable, submit the Unique Plan Design Supporting Documentation and Justification for your SHOP options.
12. If applicable, submit the Limited Cost Sharing Plan Variation— Estimated Advance Payment Supporting Documentation and Justification for your SHOP options.
13. Submit your proposed prescription drug benefit information, including cost-sharing requirements and benefit limitations, by completing the Prescription Drug Template, using the prescribed file naming convention.
14. Provide any further details or explanations that may help us evaluate your benefits, exclusions and limitations that may not be evident as presented in your Prescription Drug Template.
15. If applicable, complete and submit the Formulary – Inadequate Category/Class Count Supporting Documentation and Justification.
16. 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, using the prescribed file naming convention.

17. Provide any further details or explanations that may help us evaluate your SHOP benefits, exclusions and limitations that may not be evident as presented in your Prescription Drug Template.

18. If applicable, complete and submit the Formulary – Inadequate Category/Class Count Supporting Documentation and Justification for your SHOP options.

19. Complete and upload the Administrative Data Template, using the prescribed file naming convention.

20. For each proposed MSP option in the Plans and Benefits Template, provide the following (add rows as necessary):

20.1. HIOS Plan ID (from Plans and Benefits Template)

20.2. Draft official statement/schedule of benefits, as filed with State regulator and/or CMS

20.3. Date of Form Filing to State regulator and/or CMS

20.4. SERFF Form Filing tracking number

20.5. Date of Rate Filing to State regulator and/or CMS

20.6. SERFF Rate Filing tracking number

21. The Affordable Care Act requires that at least one MSP option in a State must offer coverage without elective abortion services. Would any of your proposed MSP options offer coverage for elective abortion services, defined as abortion services for which public funding is prohibited?

\*22. Provide the HIOS Plan ID of each plan with elective abortion coverage, as identified in the Plans and Benefits Template.

\*23. Provide details of 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:

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;

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

An explanation of how your systems, accounting documentation, and controls meet the requirements for segregation accounts under the law.

24. Describe the scope of coverage for abortion services, if any, by your plans, including medically necessary abortions. Include your contractual definition of a non-elective abortion.

25. Provide the results of any analysis you have conducted of your proposed MSP options to determine that your benefit design(s) or the implementation of your benefit design will not:

have the effect of discouraging the enrollment of individuals with significant health needs per 45 CFR 156.225;

discriminate based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions per 45 CFR 156.125; or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation per 45 CFR 156.200(e).

26. What is the process for enrollees to request an exception to the duration and/or scope of habilitative services offered? Include a discussion of whether/how providers can submit a request on an enrollee's behalf.

27. How and when do you inform enrollees about the availability of an exceptions process?

28. What clinical standards do you use to evaluate exception requests (i.e., how do you determine that an enrollee requires additional visits)?

29. What is your timeframe for processing such requests?

30. Can enrollees appeal a denial of an exception request? If so, describe the appeals process, including timeframes for action by the enrollee and the issuer.

31. Submit any additional information or documentation to support your benefit package.

## 2.15 Benefits Attestation

Submit this subsection AFTER your form filings have received State approval, either by:

receiving an affirmative approval;  
not receiving disapproval; or  
meeting the required filing timeframe that deems the form approved for sale.

In a State where CMS has direct enforcement, please submit this subsection after receiving form approval from CMS.

By submitting this subsection, the State-level Multi-State Plan (MSP) issuer attests that:

1. It does not employ benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs or pre-existing conditions in Multi-State Plan (MSP) options consistent with 45 CFR 156.225.
2. It complies with all applicable Federal and State laws and regulations relating to nondiscrimination, including the standards set forth at 45 CFR 156.125 and 45 CFR 156.200(e).
3. It complies with all applicable benefit design standards, including Federal and State laws and regulations on benefit substitutions, and State-required benefits for all services.
4. It abides by all cost-sharing limits consistent with 45 CFR § 800.106:
  - a. the cost-sharing requirement (expressed as a copayment amount or coinsurance rate) for emergency department services is the same regardless of provider network status, as applicable, consistent with 45 CFR § 147.138;
  - b. it will make available enrollee cost sharing under an individual's plan or coverage for a specific item or service, consistent with 45 CFR § 156.220.
5. It complies with all applicable Federal and State laws and regulations relating to cost-sharing and cost-sharing reductions, including the standards set forth at <45 CFR part 156, subpart E and 45 CFR § 800.106, 45 CFR § 800.107(d).
6. It follows all Actuarial Value requirements, as described in 45 CFR § 156.
7. Its catastrophic MSP options, if any, enroll individuals under the age of 30 or individuals deemed exempt from the individual mandate.
8. Its MSP options provide coverage for each of the ten statutory categories of essential health benefits (EHB) in accordance with the applicable EHB-benchmark plan and Federal and State regulations and laws:
  - a. its MSP options provide benefits and limitations on coverage that are substantially equal to those covered by the EHB-benchmark plan, as described in 45 CFR § 156.115;
  - b. it complies with the requirements applicable in plan year 2015 described in 45 CFR § 146.136 with regard to mental health and substance use disorder services, including behavioral services;
  - c. it provides coverage for preventive services described in 45 CFR § 147.130;
  - d. it complies with EHB requirements with respect to prescription drug coverage, as described in 45 CFR § 156.122;
  - e. any benefits substituted in designing MSP option plan benefits are actuarially equivalent to those offered by the EHB benchmark plan, as described in 45 CFR § 156.115;
  - f. its MSP options' benefits reflect an appropriate balance among the EHB categories, so that benefits are not unduly weighted toward any category;
  - g. its MSP options include all applicable State-required benefits.

9. The data in the templates submitted to OPM, including the Plans & Benefits Template, Prescription Drug Formulary Template, and the Administrative Template contain information identical to the information submitted to the State regulator.
10. Provide documentation that State (or CMS, if applicable) has approved (or if applicable, not disapproved) your form filings.
11. Submit any additional information or documentation as requested by OPM.

## 2.16 Rate Proposal

1. Submit your completed Rate Table Template, using the prescribed file naming convention.
2. Submit your proposed schedule or table of base premium rates and factors. We should be able to develop your rates contained in your Rate Table Templates using the information in these files.
3. Submit your SHOP Rate Table Template, using the prescribed file naming convention.
4. Submit your proposed schedule or table of base premium rates and factors for the SHOP market. We should be able to develop your rates contained in your Rate Table Templates using the information in these files.
5. Have you submitted the Unified Rate Review Template for the individual market to CMS? This template must include all Issuer plans, including your proposed MSP options.
6. Have you submitted the Unified Rate Review Template for the SHOP market to CMS? This template must include all issuer plans, including your proposed MSP options.
7. Submit the Rating Business Rules Template, using the prescribed file naming convention.
8. Submit the Rating Business Rules Template for the SHOP market, using the prescribed file naming convention.
9. Submit a signed and dated actuarial memorandum that includes:
  - A discussion of assumptions, factors, calculations, rate tables, and any other information pertinent to the proposed rate; and
  - A dated signature from the qualified health actuary who reviewed the rate proposal.
10. Submit your rate filing filed with the State.
11. Submit any additional rate information or documentation to support your rates.

For information about your rate submission, we should contact:

12. Primary contact name, phone number, and email
13. Secondary contact name, phone number, and email

## 2.17 Rate Attestation

1. This is to certify that the:

Uniform Rate Review Template (URRT)  
Business Rules Template and  
Rates Template

submitted in this application (or to CMS, for the URRT) contain information identical to the information submitted to the appropriate state regulatory agency

2. This is to certify that the rates in these templates are (check one):

3. This is to certify that the Rates template(s) supports the plan/product IDs from the Plan and Benefits template(s) also submitted in this application and is the final set of premiums for those Multi-State Plan options.

4. Name and title of person completing certification:

5. Submit any additional information or documentation as requested by OPM.

## 2.18 Additional SHOP Questions

The following questions are only applicable for issuers proposing to offer MSP options in the SHOP market for the first time.

1. Does the scope of your license allow you to offer the product you propose for MSP SHOP participation?
2. Do you propose imposing any group participation rules for the offering of health insurance coverage through a SHOP?
- \*3. Describe these participation rules.
4. Describe your capacity to accept aggregated premium payments from employers.
5. Describe any differences from the individual market in your marketing strategy for SHOP.
6. Describe the types of member services functions (e.g., self-service capabilities, self-management tools, health information, advice lines, access for urgent matters, premium payments, claims status, provider status, and other tools) available for SHOP enrollees. Do these functions differ from services available to enrollees on the individual market?
7. Submit any additional information or documentation as requested by OPM.