

# Federally Facilitated Exchange (FFE) Audits: Do you know the Risk Areas

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1

## Learning Objectives

- ▶ Understand the Federally Facilitated Exchange (FFE) audit process and areas of focus
- ▶ Learn about the FFE audit process
- ▶ Identify FFE risk areas and remediation strategies

2

## HealthPartners

- ▶ HealthPartners is a Minnesota-based integrated health care organization founded in 1957
- ▶ Provides health care services and health plan administration
- ▶ Over 26,000 employees
- ▶ Non-profit & consumer governed

3

## HealthPartners

- ▶ 1.5 million+ medical and dental health plan members nationwide
  - Products: Commercial, Medicare, Medicaid, Self-Insured Administration
- ▶ 1 million+ patients
- ▶ Includes hospital, primary, specialty care, dental and ancillary care services
- ▶ 1,700+ physicians

4

## Geisinger Health Plan

- ▶ Geisinger Health Plan, begun in 1985, is headquartered in Danville, Pennsylvania.
- ▶ The plan serves nearly 600,000 members in Pennsylvania.
- ▶ Coverage is available for businesses of all sizes, individuals and families, Medicare beneficiaries, Children's Health Insurance Program and Medical Assistance recipients.
- ▶ Network includes more than 30,000 doctors and 100 hospitals throughout Pennsylvania.

5

## Geisinger Health Plan

- ▶ GHP is part of Geisinger, which serves more than 1.5 million patients in Pennsylvania and New Jersey.
- ▶ The system also includes 13 hospital campuses, two research centers and the Geisinger Commonwealth School of Medicine.
- ▶ The physician-led organization has approximately 32,000 employees and more than 1,800 physicians.

6

## Getting to Know the Attendees

- ▶ Do you do business on the Federal Exchange?
  - Yes
  - No
  - Don't know

7

## Getting to Know the Attendees

- ▶ Which business do you do on the Federal Exchange?
  - Individual only
  - Small group only
  - Individual and small group
  - Don't know

8

## Getting to Know the Attendees

- ▶ Have you been audited by CCIIO for your Federal Exchange business?
  - Yes
  - No
  - Don't know

9

## Getting to Know the Attendees

- ▶ If you've been audited by CCIIO, how many years ago?
  - 1-2
  - 3-4
  - More than 4
  - Don't know
  - We haven't been audited

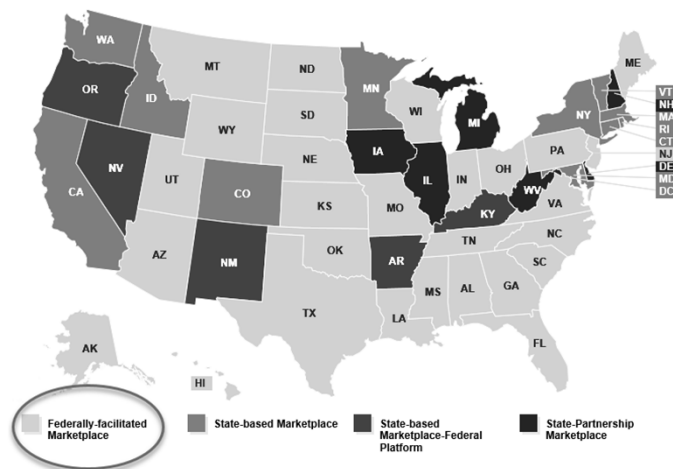
10

## Getting to Know the Attendees

- ▶ Do you anticipate an audit by CCIIO in 2019 or 2020?
  - Yes
  - No
  - Don't know

11

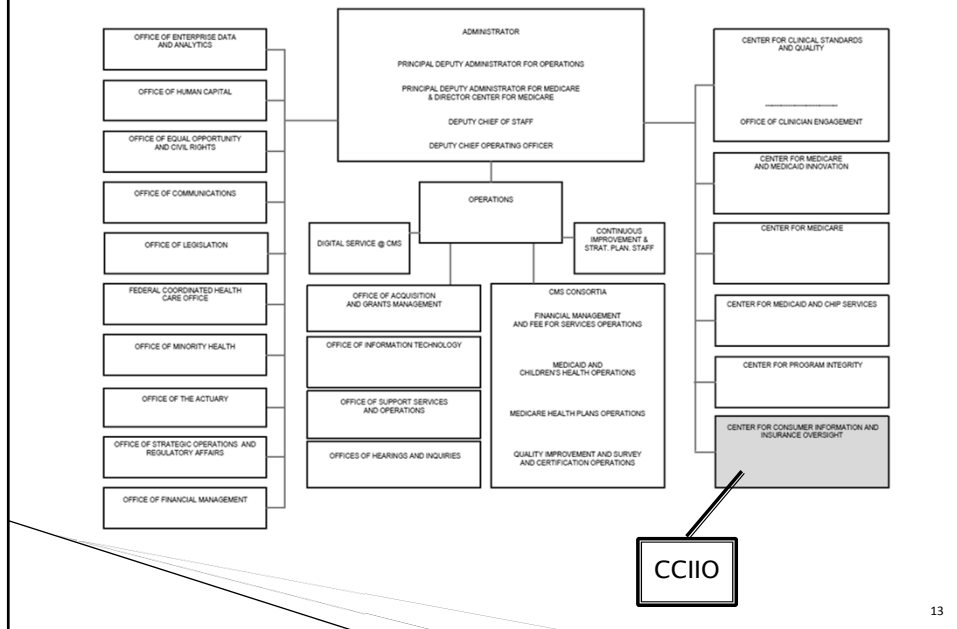
## States on the Federal Exchange



Source: Kaiser Family Foundation

12

## FFE Audits: Regulator



## FFE Audits: Regulator

- ▶ Issuer Compliance & Monitoring / Marketplace Plan Management Group
  - Division that performs compliance reviews of qualified health plans (QHP's) in the Federally Facilitated Exchange (FFE) or Federally Facilitated Marketplace (FFM)

## FFE Audits: Regulator

- ▶ **3 types of compliance reviews:**
  - *Standard review* – includes all review areas.
  - *Limited Review* – includes one or more review areas and is conducted in coordination with another reviewing entity (i.e., OPM or states).
  - *Target Review* – includes one or more review areas due to a potential compliance issue.

15

## FFE Audits: Regulator

- ▶ *Target Reviews* will be conducted as either:
  - *Desk review* – all interviews will be done via conference call and all testing and review of documents will be done remotely or via webinar or screen sharing.
  - *Onsite review* – initial interviews will be done on-site at the issuer's locations. Testing and review of documents will be done onsite, except follow-up testing which will be done remotely. Follow-up interviews may be conducted via conference call.

16



## FFE Audits: Requirements

### ▶ 45 CFR ¶156

- General Provisions
- ***Essential Health Benefits***
- ***QHP Minimum Certification Standards***
- ***Standards for QHPs***
- Premium Tax Credit and Cost-sharing Reduction
- Consumer Operated and Oriented Plan Program
- ***Minimum Essential Coverage***
- ***Oversight of QHPs***
- Enforcement Remedies
- Administrative Review of QHP Sanctions
- Cases Forwarded to QHPs
- Quality Standards
- QHP Responsibilities

Tip: do deep dive on italicized/bolded sections of requirements

17

## FFE Audits: Process

- ▶ Announcement notice
- ▶ Introduction letter and document request list (DRL)
  - Approximately 30 days to submit initial documentation
- ▶ Kick off conference call
  - Approximately 2 weeks after introduction letter
  - Work on DRL prior to call so you can clarify requests, if needed
- ▶ Review of documents

18

## FFE Audits: Process

- ▶ Selection and review of samples (e.g., compliant data)
- ▶ Draft report
- ▶ Closing call
- ▶ Work plan responses
- ▶ Corrective action validation
- ▶ Final report

**Tip: lookback period – current benefit year, including applicable annual certification filing cycle and open enrollment period**

19

## FFE Audits: History

- ▶ [https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Exams\\_Audits\\_Reviews\\_Issuer\\_Resources-.html](https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Exams_Audits_Reviews_Issuer_Resources-.html)

### **Additional Resources:**

- ▶ [Key Priorities for FFM Compliance Reviews for the 2018 Benefit Year](#)
- ▶ [Key Priorities for FFM Compliance Reviews for the 2017 Benefit Year](#)
- ▶ [Key Priorities for FFM Compliance Reviews for the 2016 Benefit Year](#)
- ▶ [Key Priorities for FFM Compliance Reviews for the 2015 Benefit Year](#)
- ▶ [Key Priorities for FFM Compliance Reviews for the 2014 Benefit Year](#)
- ▶ [2017 Plan Year Notice Review Summary Report](#)
- ▶ [2016 Plan Year FFE Compliance Review Summary Report](#)
- ▶ [2015 Plan Year FFE Compliance Review Summary Report](#)
- ▶ [2014 Plan Year FFE Compliance Review Summary Report](#)

Additions and revision/removal of standards track with the Annual Notice of Benefit and Payment Parameters

20

## FFE Audits: Compliance Priorities

- ▶ QHP Issuer Participation Standards
- ▶ QHP Rate and Benefit Information
- ▶ Transparency in Coverage
- ▶ Marketing and Benefit Design
- ▶ Delegated and Downstream Entities
- ▶ Agent/Broker Standards
- ▶ Network Adequacy Standards
- ▶ Essential Community Providers
- ▶ Health Plan Applications and Notices
- ▶ Rating Variation
- ▶ Enrollment Periods for Qualified Individuals
- ▶ Enrollment Process for Qualified Individual
- ▶ Termination of Coverage for Qualified Individual
- ▶ Additional Standards Specific to FF-SHOP
- ▶ Nonrenewal and Decertification of QHPs
- ▶ Prescription Drug Formulary
- ▶ Maintenance of records for Federally-Facilitated Exchanges
- ▶ Patient Safety Standards for QHP Issuers
- ▶ Quality Rating System
- ▶ Enrollee Satisfaction Survey System
- ▶ Quality Improvement Strategy
- ▶ Other Notices for Special Enrollment Periods

21

## FFE Audits: Focus Area Evolution QHP Compliance Priorities – Additions

- ▶ QHP Issuer Participation Standards
  - A child-only plan must be *at the same level of coverage as any QHP offered through the individual market exchange* (2018)
- ▶ Transparency in Coverage (2017)
- ▶ Network Adequacy Standards
  - Machine-Readable File Requirement (2016)
  - Provider termination notification and continuation of active course of treatment (2017)
- ▶ Enrollment Process
  - Premium Payment Rules (2016)
  - QHP downstream entities and third party payment requirements (2017)

Source Documents: CMS Key Priorities for FFM Compliance Reviews

22

## FFE Audits: Focus Area Evolution QHP Compliance Priorities – Additions

- ▶ Prescription Drug Formulary
  - Machine-Readable File (2016)
  - P&T Committee Requirements (2017)
- ▶ Maintenance of records (2016)
  - 10 year record retention
- ▶ Patient Safety Standards (2017)
- ▶ Quality Rating System (2016)
- ▶ Enrollee Satisfaction Survey System (2016)
- ▶ Quality Improvement Strategy (2016)
- ▶ Other Notices for Special Enrollment Periods (2017)
  - Material or benefit display errors

23

## FFE Audits: Focus Area Evolution DRL Additions

General Addition: “protocols, standard operating procedures, or other similar manuals” in addition to any request for policies and procedures

- ▶ Third-party payment processing documentation
- ▶ List of enrollees terminated for non-payment of premium
- ▶ Provider discontinuation notices to enrollees
  - 5 random & unredacted
- ▶ EOB documents
  - 5 random & unredacted

24

## FFE Audits: Focus Area Evolution DRL Additions

- ▶ Formulary Drug list
- ▶ P&T Committee minutes (most recent) & listing of members and roles
- ▶ Prescription Drug exception process documents
- ▶ Prescription Drug exception requests
  - 15 random & unredacted
- ▶ Data Integrity for Certification of QHPs

25

## FFE Audits: Focus Area Evolution Removed from DRL

- ▶ Provider Network reports and documents
- ▶ Denial Related Claims Codes
- ▶ Templates of complaint and privacy/security breaches/incidents
- ▶ 25 randomly selected termination notices

26

## FFE Audits: Risk Areas

- ▶ Agent/Broker Standards
- ▶ Delegation and Oversight of Downstream entities
  - Contract Language (45 CFR 156.340 (b))
- ▶ Enrollment/Termination processes for qualified individuals
- ▶ Essential Community Providers
- ▶ HICS casework review

27

## FFE Audits: Risk Areas

- ▶ Maintenance of Records
- ▶ Payments from third-party entities
- ▶ Pharmacy Exceptions Process
- ▶ Provider Directories
- ▶ QHP Template Data Integrity
- ▶ Renewal and Discontinuation Notices

28

## FFE Audits: Third Party Payments

(CFR 45 156.1250)

- ▶ QHP issuers, SADPs and downstream entities routinely collecting premiums or cost-sharing must accept payment from:
  - Ryan White HIV/AIDS Programs – <https://www.healthdata.gov/dataset/find-ryan-white-hiv-aids-medical-care-providers>
  - An Indian tribe, tribal organization, or urban Indian organization:
    - List of Federally recognized tribes – <https://www.usa.gov/tribes#>
    - Tribal Organizations – <http://www.ncai.org/tribal-directory/tribal-organizations>
    - Listing of urban Indian organization – <https://www.ihs.gov/urban/nationalprograms/>
  - A local, State or Federal government program, including a grantee directed by a government program to make payments on its behalf

29

## FFE Audits: Renewal and Discontinuation Notices

- ▶ In accordance with guaranteed renewability provisions (45 CFR 146.152, 147.106, 148.122) and notice requirements (45 CFR 156.1255)
  - Outcomes will “inform future guidance and processes regarding consumer notices”
- ▶ 50 member IDs selected by CMS
- ▶ QHP must provide:
  - Copy of renewal/discontinuation notice and all supplemental materials
  - Date the notice was created
  - Date the notice was mailed
  - If subscriber’s enrollment was cancelled or terminated prior to notice mailing, the date and reason must be provided

30

## FFE Audits: Tips

- ▶ Identify audit coordinator in advance
- ▶ Review documentation for risk areas in advance and maintain for easy access
- ▶ Review vendor contracts for required language and work with your legal team to determine update strategy (passive or not)
- ▶ See 2018 Key Priorities for FFE Compliance Reviews at: <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Key-Priorities-FFM-2018.pdf>

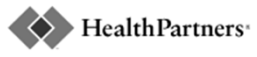
31

## FFE Audits: Contact Information

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32





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