CCIIO Marketplace Matrix

CMS Policies on Select Health Insurance Marketplace Issues, 2014-2019

Except where noted, qualified health plan (QHP) issuer requirements apply to Federally-Facilitated Marketplaces (FFMs), including the newly created State-Based Marketplaces on the Federal Platform (SBM-FPs),[1] but not State-Based Marketplaces (SBMs).

Issue	2014	2015	2016	2017	2018	2019
Essential community providers (ECPs)						
Contract offers to Indian health care providers (IHCPs)	QHP issuers must make contract offers to all available ICHPs to meet the ECP standard. If not meeting this standard, a QHP issuer must provide an explanation of the reasons why and the corrective	QHP issuers must make good faith contract offers to all available ICHPs to meet the ECP standard. When required to submit a narrative justification because did not meet the 30% ECP contracting requirement, must attest to making good faith contract	QHP issuers must make good faith contract offers to all available ICHPs to meet the ECP standard. When required to submit a narrative justification because did not meet the 30% ECP contracting requirement, do not have to attest to making good faith	Language same as previous year.	Language same as previous year, except note about CMS expecting issuers to be able to provide verification of good faith contract offers no longer appears.	Not directly discussed, but policy same as previous year.

[1] This Marketplace model, newly established in the HHS Notice of Benefit and Payment Parameters for 2017, will enable SBMs to execute certain processes using the federal eligibility enrollment infrastructure (namely, HealthCare.gov). SBM-FPs and HHS will have to enter into a federal platform agreement that will define a set of mutual obligations, including the set of federal services upon which the SBM-FP agrees to rely. Under this model, certain requirements previously only applicable to QHPs offered on FFMs will apply to QHPs offered on SBM-FPs, such as the requirement for QHP issuers to offer contracts to all IHCPs. SBM-FPs must agree to enforce certain QHP and QHP issuer requirements no less strict than those HHS applies to QHPs and QHP issuers in FFMs, as follows:

- 45 CFR 156.122(d)(2): the standards for QHPs to make available published up-to-date, accurate, and complete formulary drug lists on its website in a format and at times determined by HHS;
- 45 CFR 156.230: network adequacy standards;
- 45 CFR 156.235: ECP standards;
- 45 CFR 156.298: meaningful difference standards;
- 45 CFR 156.330: issuer change of ownership standards;
- 45 CFR 156.340(a)(4): issuer compliance and compliance of delegated and downstream entity standards; and
- 45 CFR 156.1010: casework standards.

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	actions (to be) taken. CMS may verify the offering of contracts after certification.	offers to all available IHCPs. In application, issuer to list the contract offers that it has extended to all available Indian health providers.	contract offers to all available IHCPs. CMS will expect issuers to be able to provide verification of such offers if CMS requests to verify compliance with the policy.			
Definition of good faith contract offers to ECPs	Not discussed.	QHP issuers must offer contract terms that a "willing, similarly-situated, non-ECP provider would accept or has accepted."	Language same as previous year.	QHP issuers must "offer contract terms comparable to terms that it offers to a similarly-situated non-ECP provider."[2]	Language same as previous year.	Not directly discussed, but policy same as previous year.
Payment rates to FQHCs, including Tribal and urban Indian clinics[3]	Not discussed.	For covered services provided by an FQHC, QHP issuers must pay an amount "not less than the amount of payment that would	Language same as previous year.	Language same as previous year.	Language same as previous year.	Not directly discussed, but policy same as previous year.

[2] For Stand Alone Dental Plans (SADPs), the CCIIO Issuer Letter uses the same terminology for what is a "good faith offer" as used in the 2015 and 2016 Issuer Letters, namely "QHP issuers must offer contract terms that a willing, similarly-situated, non-ECP provider would accept or has accepted."

[3] These payment rates apply to outpatient health programs or facilities operated by a Tribe or Tribal organization under the Indian Self-Determination Act (Public Law 93-638) or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act for the provision of primary health services.

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		have been paid to the center under section 1902(bb) of the Social Security Act for such item or service."				
Inclusion of Model QHP Addendum (Addendum) in contracts offered to IHCPs	QHP issuer contract offers to IHCPs must use the Addendum to meet the ECP standard (CMS also notes that use of the Addendum is voluntary).	QHP issuers are to offer contracts "using the recommended model QHP Addendum for Indian health providers developed by CMS." CMS "is continuing to recommend the use of the Model QHP Addendum (Addendum) as described in the 2014 Letter to Issuers." (CMS also notes that use of the Addendum is expected)	QHP issuer contract offers to IHCPs must "apply" the special terms and conditions necessitated by federal law and regulations as referenced in the Model QHP Addendum.	Language same as previous year.	Language same as previous year.	Not directly discussed, but policy same as previous year.

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Issue	2014	2015	2016	2017	2018	2019
Inclusion of ECPs on HHS ECP List	HHS compiled a "non-exhaustive list of available ECPs" (HHS ECP List), based on data it and other federal agencies maintained, and allowed QHP issuers to include qualified providers not on the list when calculating whether they met the ECP standard.	Same as previous year.	Same as previous year.	To remain on the HHS ECP List, IHCPs and other ECPs must submit a revised entry to provide missing required data (IHCPs and other ECPs seeking placement on the list for the first time also must submit the petition).[4] QHP issuers will no longer be permitted to "write-in" providers not on HHS ECP List in order to satisfy requirement.[5]	CMS will include on the HHS ECP List eligible providers that submitted an ECP petition during the ECP petition window. QHP issuers will be permitted to "write-in" providers not on HHS ECP List in order to satisfy requirement.[6]	Language same as previous year.

[4] This requirement will apply in 2018; CCIIO relaxed this requirement for 2017. The 2017 HHS ECP List included available ECPs based on data maintained by CMS and other federal agencies, as well as provider data that CMS received directly from providers through the ECP petition process for the 2017 plan year.

[5] As a transition to this new policy, CMS allowed issuers to count their qualified ECP write-ins toward satisfaction of the 30 percent ECP standard for plan year 2017 as long as the issuer arranged that the written-in provider had submitted an ECP petition to CMS by no later than August 22, 2016.

[6] The 2018 Issuer Letter called for the elimination of the "write-in" process; however, the Market Stabilization final rule issued on April 18, 2017, allowed issuers to continue to identify ECPs through this process, provided that the issuers arranged for these providers to submit an ECP petition to HHS by no later than the deadline for issuer submission of changes to their QHP application.

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Issue	2014	2015	2016	2017	2018	2019
Hardship exemption (from shared responsibility payment): Eligibility determination and claiming exemption	Tribal members and IHS-eligible individuals can apply for an exemption through the Marketplace. In addition to Tribal members who can establish eligibility for an exemption through the federal tax-filing process, IHS eligible persons are provided that option as well (applicable for 2014 and subsequent years). Persons in either category each claim exemption through tax-filing process. (In regulations, not Issuer Letter)	Not directly discussed, but policy same as previous year.	Not directly discussed, but policy same as previous year.	The Marketplace will no longer make eligibility determinations for exemptions based on Tribal membership or IHS eligibility. (New) eligibility determinations are made only through tax-filing process. AI/ANs who already have received an exemption certificate number (ECN) from the Marketplace can continue to use their ECN on their federal income tax return to claim this exemption until such time that they no longer qualify for the exemption. (In regulations, not Issuer Letter.)	Not directly discussed, but policy same as previous year.	Not directly discussed, but policy same as previous year.

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Network adequacy						
Inclusion of certain percentage of available ECPs[7]	QHP issuers must contract with at least 20% of available ECPs in the service area of their plan(s).	QHP issuers must contract with at least 30% of available ECPs in the service area of their plan(s).	Language same as previous year.	Language same as previous year.	QHP issuers must contract with at least 20% of available ECPs in the service area of their plan(s).[8]	Language same as previous year.
Inclusion of at least one ECP from each category in each county	QHP issuers must offer contracts in good faith to at least one ECP in each ECP category in each county in the service area of their plan(s), where available.	Language same as previous year.	Language same as previous year.	Language same as previous year.	Language same as previous year.	Not directly discussed, but policy same as previous year.
Provider directory information on ICHPs	QHP provider directories should include information about whether the provider is an IHCP.	QHP provider directories should include information about whether the provider is an IHCP, and directory information for IHCPs should describe the	Not discussed.	Not discussed.	Not discussed.	Not discussed.

[7] Also, see discussion under "Inclusion of ECPs on HHS ECP List" under "ECPs" above.

[8] Under the Market Stabilization final rule issued on April 18, 2017, CMS relaxed this requirement from 30 percent to 20 percent for 2018.

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Issue	2014	2015	2016	2017	2018	2019
		population they serve, as some IHCPs might limit services to AI/ANs.				
Summary of Benefits and Coverage (SBC)[9,10,11]	QHP issuers must prepare an SBC for their plans.	QHP issuers must prepare an SBC for their plans but do not have to prepare an SBC for each plan variation, such as the zero cost-sharing variation and the limited cost-sharing variation.	QHP issuers must prepare an SBC for their plans and must prepare an SBC for each plan variation, such as the zero cost-sharing variation and the limited cost-sharing variation.	Language same as previous year.	Language same as previous year.[12]	Not directly discussed, but policy same as previous year.
Tribal sponsorship of premiums (third-	In § 156.1250, CMS "requires issuers of	Language same as previous year (in	Added reference to regulations (45 CFR	Not directly discussed, but	Issuers "offering individual market	Not directly discussed, but

[9] This requirement generally applies to both FFMs and SBMs, as well as outside the Marketplace.

[10] In April 2016, CMS finalized a new sample SBC template, which issuers had to begin using on the first day of the first open enrollment period that started on or after April 1, 2017 (effectively the 2018 plan year).

[11] CMS on July 13, 2016, released sample SBC templates for a limited cost-sharing variation (L-CSV) plan and a zero cost-sharing variation (Z-CSV) plan. CMS posted these documents on the CCIIO Web site and shared them with QHP issuers as a reference tool, but issuers do not have to use these templates. The sample L-CSV SBC is available at https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/SBC-2017-Template-AI-AN-limited-6-7-16-clean-508-MM.PDF. The sample Z-CSV SBC is available at https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/SBC-2017-Template-AI-AN-zero-6-7-16-clean-508-MM.PDF.

[12] The Issuer Letter reads (on page 82), "With advice and input received through tribal consultation, CMS released sample completed SBCs for an AI/AN limited cost-sharing plan and an AI/AN zero cost-sharing plan. As with the other SBC documents, these documents are posted to the CMS website and can be used as a resource for issuers to develop SBCs for AI/AN consumers in zero cost-sharing or limited cost-sharing plans."

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party payment of premiums and cost-sharing)	QHPs… to accept premium and cost-sharing payments made on behalf of enrollees by… Indian tribes, tribal organizations, and urban Indian organizations." (In regulations, not Issuer Letter.) In Issuer Letter, CMS noted that it assessed its various systems to determine how FFMs could establish a process to facilitate sponsorship and concluded FFMs do not have the ability to establish such a process. CMS encourages T/TO/Us to work	regulations, not Issuer Letter).	§ 156.1250) in Issuer Letter.	policy same as previous year. (Regulations at 45 CFR § 156.1250 remain in place.)[13]	QHPs, including SADPs, and their downstream entities, must accept premium and cost-sharing payments on behalf of QHP enrollees from ... [a]n Indian tribe, tribal organization, or urban Indian organization."	policy same as previous year.

[13] In the HHS Notice of Benefit and Payment Parameters for 2017, CMS proposed, but ultimately did not adopt, a policy that would have required Tribes (and other entities) that engage in sponsorship to notify HHS, indicating their intent to sponsor individuals and the number of individuals they intend to sponsor.

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	with SBMs and QHPs to facilitate aggregate premium payments.					

Sources: CCIIO Letter to Issuers in the Federally Facilitated Marketplaces, 2014-2019, and other CMS/CCIIO regulations and guidance.

https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014_letter_to_issuers_04052013.pdf
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Draft-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces-and-February-17-Addendum.pdf
https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2019-Letter-to-Issuers.pdf