Certification Process
Frequently Asked Questions

Certification Process Frequently Asked Questions (FAQ) #4

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The questions and answers in this document were collected from the 2015 Qualified Health Plan (QHP) Webinar Series for issuers during the following session dates:

- March 31, 2015
- May 7, 2015
- May 12, 2015

Certification Process

Attestation

Q1: Will the 2016 Attestation form require an electronic signature?

A1: An "ink" signature or a certified electronic signature are acceptable.

Q2: When are program attestations due?

A2: Like all other components of the QHP application, program attestations were to be completed and submitted to CMS by the end of the Initial FFM QHP Application Submission Window on May 15, 2015. After that date, if any corrections are required of an issuer's program attestations, they must be made and submitted by the Final Deadline for Submission of QHP Data on August 25, 2015.

Compliance Plan

Q3: When will the Centers for Medicare & Medicaid Services (CMS) release the Cover Sheet and the checklist for the Attestations, Compliance Plan, and Organization chart?

A3: The cover sheet has not changed from last year and is included in Chapter 2 of the Instructions at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Chapter02-Program-Attestations-Ver2-040615.pdf.

The cover sheet is posted on the Center for Consumer Information and Insurance Oversight (CCIIO) website at: http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.

Cost Sharing

Q4: Regarding zero cost-sharing plans, if a plan is a Preferred Provider Organization (PPO) that covers out-of-network and has a default coinsurance for all benefits, is the cost-sharing variance zero cost-sharing?

A4: For Essential Health Benefits (EHBs) in and out-of-network, the zero cost-sharing plan variation for the coinsurance must be covered by the issuer, therefore zero percent (0%). For non-EHBs out-of-network that are covered, the zero cost-sharing plan variation must follow successive cost-sharing with a limited plan variation. If the standard plan is a silver plan, then the zero cost-sharing plans must follow successive cost-sharing with a 94% Actuarial Value (AV) plan variation. Please refer to 5.5 of the "Chapter 10: Plans and Benefits Template Instructions" located here: http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Chapter10PlanBenefitTemplate-Ver1-021315.pdf.

Other

Q5: Where can issuers locate the chapter on justifications? Are there any requirements for how issuers must complete and upload justifications?

A5: There is a Justifications Overview document located at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Chapter16Justification-Ver1-021315.pdf.

Q6: Where can issuers upload supporting documentation such as benefit booklets for summary plan descriptions, enrollment forms, and group contracts?

A6: Issuers can upload additional documents (i.e., the Essential Health Benefit (EHB) allocation supporting document and the Actuarial Value supporting document) in the Benefits & Service Area Module. The module allows you to select a number of document types, such as Actuarial Certification, Form, and EHB Variance Justification. If you cannot find a label that fits your document, you can select the "Other" option. Suggested naming conventions for supporting documents can be found in the Justification Overview document available at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html.

Q7: Must issuers upload forms or benefit booklets in Health Insurance Oversight System (HIOS) as part of the QHP certification application?

A7: Qualified Health Plan (QHP) and Stand-alone Dental Plan (SADP) certification do not require issuers to upload forms or contracts if the issuer is not in a direct enforcement state; however, if a State requires issuers to provide the documents, then issuers must upload the documents in the system identified by the state regulator.

Plan documents, including forms and booklets, are required to be submitted to CCIIO through the HIOS Document Collection Form Filing Module for health insurance products (not Stand-Alone Dental plans, which are excepted benefits) in direct enforcement states of Alabama, Missouri, Oklahoma, Texas, and Wyoming. You can contact formfiling@cms.hhs.gov with questions you may have regarding these required submissions.

Q8: What do I need to do in HIOS to ensure that my QHP application is finalized and CMS receives my data?

A8: After validating the Issuer, Benefits & Service Area, and Rating Modules, proceed to the Final Submission tab available in each of the modules. Each successfully validated module will display with a status of "Validation Completed" on the Final Submission tab. If all three modules have a "Validation Completed" status, click on the "Cross Validate" button and, after resolving any cross validation errors, click the Submit button. Issuers will then receive a message at the top of the screen stating, "Issuer ID XXXXX has been Submitted." While users with either a Submitter and Validator role can cross validate the Final Submission data, only a Validator has the rights to submit an application.

Q9: In regards to uploading non-excel files, should issuers follow the naming convention for excel file names and ensure there are no spaces or capital letters?

A9: The Health Insurance Oversight System (HIOS) does not accept file names with spaces; however, issuers may upload file names with capital letters.

Template

Plan ID Crosswalk Template

Q10: In regards to direct enforcement states, may issuers submit the Plan ID Crosswalk State Authorization Form to the Centers for Medicare & Medicaid Services (CMS) Form Filing Team separately from the Plan ID Crosswalk Template once the state has provided approval?

A10: All issuers offering individual market QHPs, including stand-alone dental plans (SADPs), should submit one or more Plan ID Crosswalk templates as part of their QHP Certification application. All FFM issuers, including those in states performing plan management functions, should submit the

Plan ID Crosswalk template to QHP_Applications@cms.hhs.gov. Issuers should schedule their Plan ID Crosswalk submissions to mirror the dates outlined in the 2016 Letter to Issuers.

Issuers in Direct Enforcement states (Alabama, Missouri, Oklahoma, Texas, and Wyoming) should submit the authorization form to their state Department of Insurance and to CMS' Compliance and Enforcement Division (formfiling@cms.hhs.gov) to obtain the necessary authorization for submission.

Q11: Should issuers include a Health Insurance Oversight System ID (HIOS ID) in the subject line of the 2015 Plan ID Crosswalk email?

A11: After completing the Plan ID Crosswalk template, issuers must save the finalized XML file and email it to QHP_Applications@cms.hhs.gov with the subject title "2015 Plan ID Crosswalk".