# Toolkit Introduction

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

*The 2016 Qualified Health Plan (QHP) Certification Toolkit is a series of resources for issuers. This toolkit contains factsheets that consolidate important information about the 2016 QHP Application process and provide helpful hints for accessing critical resources, using available tools, and submitting required documentation.*

## WHAT'S INSIDE

- This toolkit is a supplemental resource for issuers and is not intended to replace QHP Application Instructions, User Guides, regulations or guidance.
- Save this toolkit and reference it often throughout the application process, especially when preparing materials to submit for certification.

### QHP APPLICATION PREPARATION

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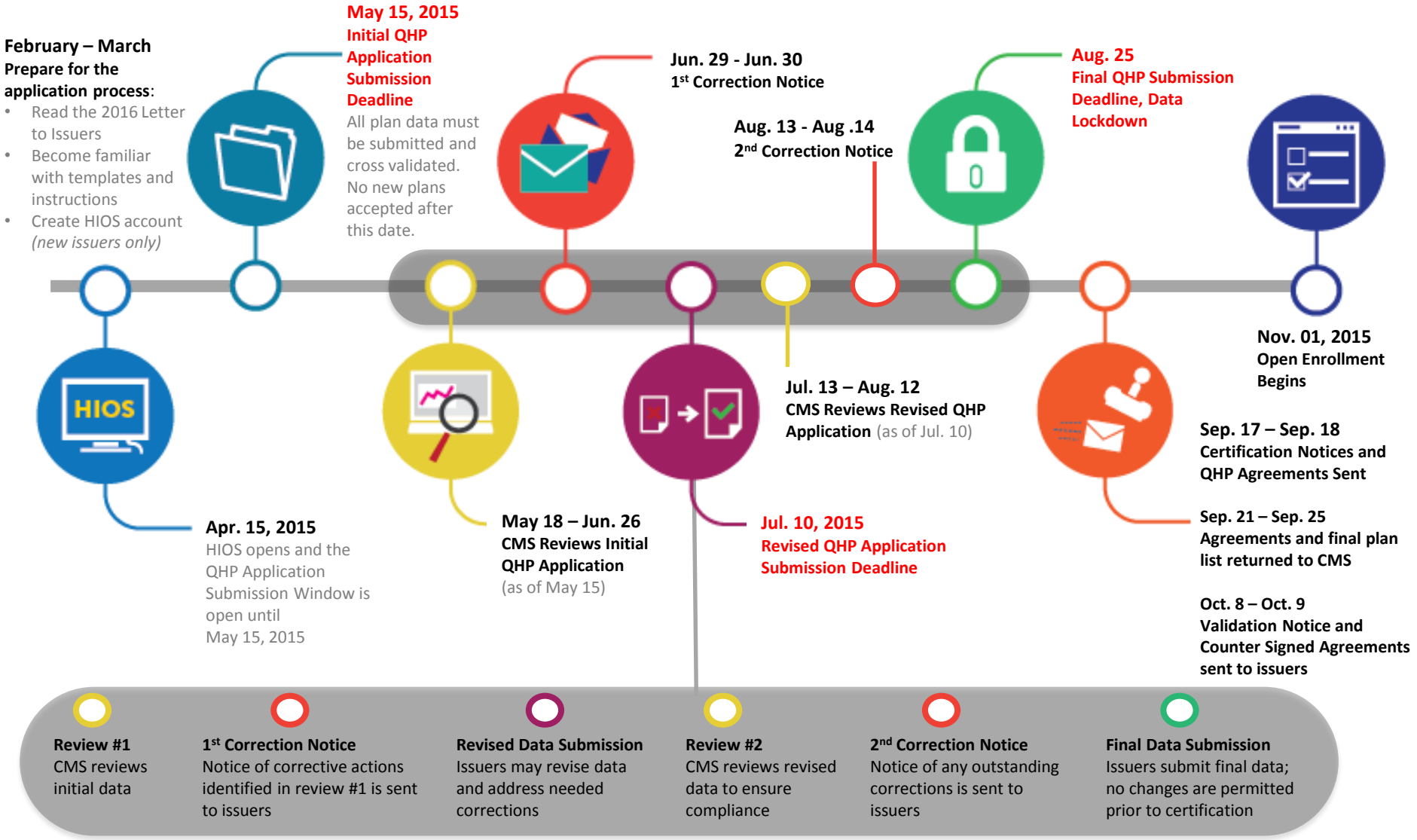
### Toolkit Contents

This toolkit contains resources for issuers that address activities throughout the QHP Application process.

# 2016 QHP Application Timeline

The QHP Application process requires issuers to submit detailed plan and benefit data to CMS. CMS reviews this data to ensure applications are complete and compliant. Issuers must submit all data according to the submission deadlines listed below and outlined in the 2016 Letter to Issuers. The graphic below depicts the overall QHP Application process and highlights key dates and milestones.



# Welcome to the Marketplace

*This factsheet provides background on the overall QHP Application process, contains information on data systems and resources, and includes helpful tips for issuers entering the Marketplace for the first time.*

## HELPFUL HINTS

- Read the 2016 Letter to Issuers to learn about certification standards
- Reference QHP Guidance available on the CCIIO webpage
- Use the HIOS Portal User Manual
- Read the QHP Application Instructions
- Sign up for the *Issuer Insights Newsletter* in REGTAP

## QHP Application and Certification Process:


### What to Expect

The QHP Application process occurs in four main phases

- **Phase 1:** Issuers become familiar with resources and standards.
- **Phase 2:** Issuers complete and submit the QHP Application. See the QHP Application Checklist (Factsheet 5) to make sure the information is accurate and complete.
- **Phase 3:** CMS reviews applications and sends issuers a notice describing any needed corrections. Issuers are given a chance to make necessary changes.
- **Phase 4:** CMS certifies plans and issuers agree to offer plans on the Marketplace.
- Once the certification process is complete, issuers abide by their certification agreements, maintain Marketplace compliance, and address consumer concerns.

### Data Collection Systems

CMS relies on a number of systems to automate the data collection and validation process. These systems require log-in credentials. Issuers use different systems to submit QHP Application materials depending on the type of Marketplace.

- **Health Information Oversight System (HIOS)** is the main system that aggregates QHP Application data.
  - Issuers in FFM states submit QHP Application materials through HIOS.
  - All issuers, regardless of Marketplace type, need to obtain a HIOS ID.
  - All issuers submit rate filing through HIOS.
  - Issuers use HIOS to access Plan Preview, a tool that displays plan and issuer data similarly to the way it is displayed on Plan Compare on HealthCare.gov. Plan Preview helps users identify data issues prior to QHP certification.
- **System for Electronic Rate and Form Filing (SERFF)** is another system used to collect QHP Application data. Issuers in SPM states submit QHP Application data and documents through SERFF and should check with their states for more information. SPM states transfer the QHP Application data from SERFF to HIOS.

# Welcome to the Marketplace

## Resources

- **REGTAP** – REGTAP is an information hub for CMS technical assistance and contains training materials, training session registration, FAQs, and technical documents. The site sends notification to each registered user when new training sessions are announced or new materials added. https://www.regtap.info
- **CALT** – **C**ollaborative **A**pplication **L**ifecycle **T**ool is a social platform to assist with collaboration on CMS initiatives among various stakeholder groups including issuers and states. CMS approval is required to join - email CALT_support@cms.hhs.gov or call 1-855-CMS-1515 to request access. https://calt.cms.gov
- **CCIIO's Website** – CCIIO's website contains a wide variety of information and resources for issuers. Key resources include regulations, guidance, FAQs, and news releases. These are available at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/index.html

  QHP Application materials and resources, including instructions, templates, and supporting documents, are available through CCIIO's website at http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html
- **CMSzONE** – CMSzONE is a social platform for issuers to connect, communicate, and share information and contains CMS templates and community specific documents. Issuers must create an EIDM profile through the CMS Enterprise Portal to gain access (See the HIOS Portal User Manual). https://zone.cms.gov
- **Help Desks** available to assist issuers:
  - Technical and Marketplace questions: CMS_FEPS@CMS.HHS.gov or 1-855-267-1515
  - New issuers considering SHOP participation for the 2016 and 2017 benefit years: newshopissuer@cms.hhs.gov
- **Account Managers** – This is the primary point of contact for issuers regarding non-technical QHP- and SADP-related FFM issues. The Account Manager clarifies issuer responsibilities, communicates updates to issuers, directs issuers to other resources as appropriate, and coordinates the resolution of cross-cutting issues.

## Top Tips for New Issuers:

1. Read the 2016 Letter to Issuers carefully and make a note of all due dates – data submitted after application deadlines will not be considered.
2. It is better to get the templates right the first time than have to continually revise. Read the instructions carefully, attend trainings, and reach out to the Help Desk or your Account Manager with questions.
3. Start the application early to allow plenty of time to complete, upload, check, and correct the templates.
4. Take advantage of the DIT, Plan Preview, and the automated tools to check your templates for accuracy and compliance before submitting.
5. Always make sure your submissions are in Cross Validate Complete status by the deadline.
6. Check contact information in HIOS regularly to make sure it is up to date. Notices will be sent to email addresses associated with the QHP Attester, QHP Submitter, and QHP Validator roles in HIOS.
7. CMS sends out Correction Notices after each round of review. Read them carefully and fix any issues.
8. Sign up for the CMS *Issuer Insights* Newsletter by creating an account in REGTAP. The newsletter provides reminders about upcoming trainings and important deadlines.

# Web Resources for Issuers

*This factsheet provides an overview of the online resources available to issuers. The three main websites are described below, and links to important documents, regulations, and guidance appear on the following page.*

**HELPFUL HINT**

- Save this sheet to your desktop for easy access to important documents

## Centers for Medicare and Medicaid Services (CMS-CCIIO) Website

A resource for general information about the ACA, market reforms, and the QHP Application process.

**Visit to:**

- Access information and official policies on insurance market reforms
- Access guidance and policy related to insurance Marketplaces
- Download QHP Application Instructions, data templates, & supporting documents

## Registration for Technical Assistance Portal (REGTAP)

An online hub and repository for training, meeting materials, and other resources.

**Visit to:**

- Find information on plan management, enrollment and eligibility, payment, and SHOP
- Register for training
- Access meeting materials/presentation slides and FAQs
- Start receiving the *Issuer Insights* Newsletter

Log In Required

## Centers for Medicare and Medicaid Services zONE (CMSzONE)

A platform for organizations and individuals partnering and working with CMS to collaborate. It is ***not*** an open network for anyone to join.

**Visit to:**

- Access technical information related to direct enrollment, enrollment testing, production issues, and EDI 834 benefit enrollment
- Download meeting materials from the CMS Issuer IT Workgroup Series

*Note: When downloading files, please change the file extension to .xls or .zip.*

Log In Required

# Web Resources for Issuers

## Regulations & Guidance

- **ACA Exchange and Insurance Market Standards for 2015 and Beyond** – This is the final rule on Exchange and Insurance Market Standards, released on May 16, 2014. Finalizes policies regarding consumer notices, quality reporting, enrollee satisfaction, SHOP, and other standards. http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508-CMS-9949-F-OFR-Version-5-16-14.pdf.
- **Health Insurance Market Rules; Rate Review; Final Rule** – This final rule sets forth the standards for health insurance issuers and states regarding reporting, utilization, and collection of data under the Federal Rate Review Program and revises the timeline for states to propose state-specific thresholds for review and approval by CMS. www.gpo.gov/fdsys/pkg/FR-2013-02-27/pdf/2013-04335.pdf
- **Code of Federal Regulations, Title 45 –**
  - Individual and Group Market Requirements: Parts 146, 147, and 148
  - Rate Disclosure and Review: Part 154
  - Essential Health Benefits: Part 156 Subpart B
  - Medical Loss Ratio: Part 158
- **Additional Regulations and Guidance** – Links to important regulations and guidance are available on the CCIIO website at www.cms.gov/CCIIO/Resources/Regulations-and-Guidance

*Sign up for Issuer Insights to stay up to date on new regulations and guidance and upcoming trainings.*

## QHP Application Materials

- **2016 Letter to Issuers –** Describes the QHP Application review process including standards for compliance. www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf
- **2016 QHP Application Materials –** Access QHP Application Instructions, data collection templates, and supporting documents. http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
- **Application Review Tools -** These tools are a method for reviewing data against specific standards. CMS plans to use these tools in Federally-Facilitated Marketplaces for those standards that are specific to QHPs seeking certification. http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html
- **Data Integrity Tool (DIT) -** The purpose of the DIT is to provide a method for issuers to ensure that the data contained in their QHP templates are in the correct format and conform to validation that will take place upon submission. The tool provides immediate feedback regarding the quality of the templates before uploading the final version into HIOS or SERFF. DIT Tip Sheet. https://login.serff.com/Data_Integrity_Tool_2015v1.1.xlsm
- **Actuarial Value (AV) Calculator –** Determines the metal–tier level of the plan based on the plan's cost-sharing generosity. http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html

# The Role of the Account Manager

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*This factsheet describes the role of the Account Manager, what you should expect from them, and tips for when and how to contact them.*

The Account Manager

- Serves as issuers' primary point of contact for non-technical QHP and SADP issues related to the FFMs
- Clarifies issuers responsibilities and requirements for participating in the FFMs
- Provides assistance to issuers
- Communicates updates to issuers
- Directs issuers to other resources
- Coordinates resolution on cross-cutting issues

## HAVE QUESTIONS?

**My Account Manager**
**Name:** _____
**Phone:** _____
**Email:** _____

**Exchange Operations Support (XOSC)**
- CMS_FEPS@cms.hhs.gov
- 1-855-267-1515


**Contact your Account Manager…**

- With questions about the QHP certification process (e.g. clarification of deadlines, where to submit materials, which materials to submit, etc.)
- With questions about data change requests or data correction windows
- With questions about general resources and trainings available to issuers
- If you need additional resources or guidance related to specific regulatory standards
- With questions about a piece of correspondence (updates, notices, etc.) you have received from CMS
- If you have an outstanding issue and have not received satisfactory support

**Instead of contacting your Account Manager…**

| | |
|---|---|
| • With questions about technical difficulties related to templates, eligibility, and enrollment | Visit CMSzONE or contact the XOSC at CMS_FEPS@cms.hhs.gov |
| • To resolve technical difficulties related to data collection templates | Contact the XOSC at CMS_FEPS@cms.hhs.gov |
| • With questions about rates, essential health benefits, or other certification standards | Participate in weekly webinars and the Q&A series, or contact the XOSC at CMS_FEPS@CMS.gov |
| • To withdrawal plans from QHP certification | Submit the Withdrawal Form to CMS_FEPS@cms.hhs.gov |

# FFM QHP Application Checklist

*This checklist provides an overview of the materials that issuers must submit as part of their QHP Application. The list is organized by application areas and is for FFM States only; issuers in states performing plan management functions should check with their state. Unless otherwise indicated, requirements apply to both medical and stand-alone dental plans. Please refer to QHP Application Instructions to ensure compliance.*

**Data Integrity & Review Tools**

- ❑ Run the Data Integrity Tool (DIT) on QHP Application Templates
- ❑ Run the Review Tools to check compliance

**Administrative**

- ❑ Upload Administrative Template
- ❑ Update Administrative Information in HIOS

**Program Attestations**

- ❑ Complete the General Issuer Attestations
- ❑ Complete Compliance Plan Attestation
- ❑ Upload Compliance Plan
- ❑ Complete Organizational Chart Attestation
- ❑ Upload Organizational Chart
- ❑ Complete Operational Attestation
- ❑ Complete Benefit Design Attestation
- ❑ Complete Stand-alone Dental Attestation
- ❑ Complete Rate Attestation
- ❑ Complete Enrollment Attestation
- ❑ Complete Financial Management Attestation
- ❑ Complete SHOP Attestation
- ❑ Upload Federally-Facilitated SHOP Participation Provision Supporting Documentation and Justification (Individual issuers only)
- ❑ Complete Reporting Requirements Attestation
- ❑ Upload Statement of Detailed Attestation Responses, if applicable

**Licensure**

- ❑ Answer State Licensure Questions
- ❑ Upload State License, Certificate of Authority (COA), or Certificate of Compliance

**Good Standing**

- ❑ Answer Good Standing Questions
- ❑ Upload Good Standing Documentation and Justification, if applicable

## HELPFUL HINTS

Information on these materials can be found in the QHP Application Instructions

Refer to the Plan Preview Factsheet for tips on checking your data after submission

You may be asked for additional supporting documentation following review of your application; Refer to the QHP Instructions for guidance on these materials

Refer to the QHP Application Instructions for information about which templates are for SHOP and which are for the individual market

- Issuers in direct enforcement states (AL, MO, OK, TX, WY) should contact formfiling@cms.hhs.gov for additional details on requirements for form filing

**Accreditation (Medical Only)**

- ❑ Upload NCQA and/or URAC Accreditation Template(s) or submit AAAHC Template
- ❑ Upload NCQA and/or URAC or submit AAAHC Accreditation Certificate(s)

**Network Adequacy**

- ❑ Upload Network ID Template
- ❑ Upload Network Adequacy Template(s)
- ❑ Complete Network Adequacy Attestation

# FFM QHP Application Checklist

**Essential Community Providers (ECP)**

- ❑ Complete ECP Attestation
- ❑ Upload ECP Template
- ❑ Upload ECP Supplemental Response Form, if applicable

**Plans & Benefits**

- ❑ Upload Plans & Benefits Template(s)
- ❑ Upload Unique Plan Design Supporting Documentation and Justification, if applicable
- ❑ Upload a Screenshot of the Stand-alone AV Calculator (AVC), if applicable
- ❑ Upload EHB-Substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification, if applicable
- ❑ Upload Stand-alone Dental Plan Actuarial Value Supporting Documentation and Justification (SADP Only)
- ❑ Upload Stand-alone Dental Plan—Description of EHB Allocation (SADP Only)

**Prescription Drugs (Medical Only)**

- ❑ Upload Prescription Drug Template
- ❑ Upload Formulary—Inadequate Category/Class Count Supporting Documentation and Justification, if applicable

**Service Area**

- ❑ Upload Service Area Template
- ❑ Upload Partial County Justification, if applicable

**Rates**

- ❑ Upload Rates Table

**Business Rules**

- ❑ Upload Business Rules Template

**Plan ID Crosswalk**

- ❑ Submit Plan ID Crosswalk XML File
- ❑ Submit Evidence of State Approval Form

**Unified Rate Review (Medical Only)**

- ❑ Upload Unified Rate Review Template

## Where Do I Submit? (FFM Issuers Only)

**HIOS QHP Issuer Module**

Administrative Template
Program Attestations
Compliance Plan
Organizational Chart

- ❑ State Licensure Questions
- ❑ State License, COA, or Certificate of Compliance
- ❑ Good Standing Questions
- ❑ Good Standing Documentation
- ❑ Accreditation Template*
- ❑ Accreditation Certificate*
- ❑ Network Adequacy Template
- ❑ Network Adequacy Attestation
- ❑ ECP Attestation
- ❑ ECP Template
- ❑ ECP Supplemental Response Form

**HIOS QHP Benefits & Service Area Module**

- ❑ Plans & Benefits Template
- ❑ Network ID Template
- ❑ Service Area Template
- ❑ Prescription Drug Template*
- ❑ Unique Plan Design Supporting Documentation
- ❑ Screenshot of Stand-alone AVC
- ❑ EHB-Substituted Benefit Supporting Documentation
- ❑ SADP AV Supporting Documentation**
- ❑ SADP Description of EHB Allocation**
- ❑ SHOP Participation Provision Supporting Documentation
- ❑ Statement of Detailed Attestation Responses
- ❑ Formulary Supporting Documentation*
- ❑ Partial County Justification

**HIOS QHP Rating Module**

- ❑ Rates Table
- ❑ Business Rules Template

**HIOS Unified Rate Review System**

- ❑ Unified Rate Review Template*

**HIOS Administrative Section**

- ❑ HIOS Administrative Data

**Email to QHP_Applications@cms.hhs.gov**

- ❑ Plan ID Crosswalk Template
- ❑ Plan ID Crosswalk State Approval Form

**QHP only*
*** SADP only*

# QHP Application Tips & Tricks

*This factsheet provides a list of tips and tricks for avoiding the most common errors made by issuers in their QHP Application. Please refer to the 2016 QHP Application Instructions to ensure compliance.*

## Accreditation^

- ❑ All issuers applying for their second (or later) year of certification on the Marketplace must be accredited by one of the HHS recognized accrediting entities.
- ❑ When entering your accreditation expiration dates, please verify every product you have entered on your Accreditation Template does not expire before November 1, 2015.
- ❑ In addition to your Accreditation Template, you must upload a signed Accreditation Attestation as part of your QHP Application.

## Actuarial Value^

- ❑ Stand-alone Dental Plan issuers must provide actuarial supporting documentation as part of their QHP Application that certifies the AV calculation was conducted by a member of the American Academy of Actuaries

## Administrative

- ❑ In addition to the Administrative Template, issuers must enter their administrative information into HIOS. The HIOS data will be used to populate the HealthCare.gov website. Please ensure you have completed all required fields, including customer service phone numbers

## Attestations^

- ❑ If you answer "No" to one or more groupings of attestations, you must complete a single Statement of Detailed Attestation Responses document to explain how you will respond to each of the individual attestations in each grouping. Your responses in this document must match your responses in the attestations section of the issuer module in HIOS exactly.
- ❑ If you answer "No" to any attestation listed with an asterisk (*), you must submit a justification as to why you are not attesting.
- ❑ If you are filing a QHP in the individual market, you must complete a SHOP Participation Justification form.

## Cost Sharing Reduction

- ❑ On the cost sharing tab of the Plans & Benefits Template, verify the following do not apply for any silver plan variations:
  - Deductible does not increase as the actuarial values increase
  - MOOP does not increase as the actuarial values increase
  - Cost sharing for all benefits does not increase as the actuarial values increase
- ❑ On the cost sharing tab of the Plans & Benefits Template, verify the following do not apply for any zero cost sharing plan variations:
  - You have listed a non-zero cost sharing for an essential health benefit
  - The zero cost sharing plan variation has values of zero for deductible and MOOP

^FFM States only. Issuers in states performing plan management functions should check with their state.

# QHP Application Tips & Tricks

## Essential Community Providers (ECP)

- ❑ When entering an ECP with multiple locations but the same provider name, append the provider name with a unique three-digit number for each location, such as "Provider-001."
- ❑ Write-ins should not include individual providers if they share the same group or company address; instead list the group or company name and address.
- ❑ You must submit an ECP Supplemental Response form if one of the following apply:
  - You contract with less than 30% of the available ECPs in each applicable service area
  - You do not offer a contract in good faith to all Indian health providers in each plan's service area
  - You do not offer a contract in good faith to at least one ECP in each available ECP category in each county in the service area (QHP only)

## Network Adequacy

- ❑ Populate the Network Adequacy Template with the providers in the state for which you are seeking QHP certification, and include any providers in contiguous states from which you expect enrollees to access services.
- ❑ Do not change the file name of your Network Adequacy Template; the file name for your template will be automatically generated when you finalize the document. CMS will not be able to process your template if it is incorrectly named, and you will receive a correction notice.
- ❑ Only use the specialty type "000-OTHER" if you are positive that the specialty type is not listed in the available choices.

## Plan Crosswalk

- ❑ You should include all plans that were offered on the Marketplace in 2015, including those plans that were suppressed following open enrollment if they received enrollees. You do not need to include plans that were suppressed or withdrawn prior to open enrollment.
- ❑ The file name for your generated XML will be automatically created when you finalize the document. Do not change this file name or CMS will be unable to process your template and you will receive a correction notice.
- ❑ When entering the Reason for Crosswalk, only select the "Discontinuing Product" reasons if you are not offering any plans in that product in any counties for the 2016 plan year. These options should not be selected if you are only discontinuing the product in a particular service area and are offering the product in other counties.

## Unified Rate Review

- ❑ Make sure that the list of plan IDs entered on your Unified Rate Review and Plans & Benefits Templates match exactly.

# Plan Preview

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*This factsheet provides an overview of Plan Preview, a tool that displays plan and issuer data similarly to the way it is displayed on Plan Compare on HealthCare.gov. Plan Preview helps users identify data issues prior to QHP certification.*

## Plan Preview Basic Information

- Plan preview is available to *all* issuers participating in the FFMs, including issuers in states that perform plan management functions.
- Use Plan Preview to identify errors in data submitted or data displayed.

## HELPFUL HINTS

Review the Plan Preview User Guide (Available in the HIOS Module)

Review Plan Preview FAQs (Available soon on REGTAP)

When submitting a Help Desk ticket, include:

- ❑ Issuer ID
- ❑ Data element
- ❑ Impacted plan IDs
- ❑ Screen shot of issue
- ❑ Detailed description of issue

## Using Plan Preview

| | |
|---|---|
| Plan Preview Opens May 2015 | • Issuers that submit QHP data to SERFF will only see plans after the SERFF data transfer to HIOS is complete.<br>• Issuers that submit QHP data through HIOS will only see plans that have a Cross-Validation Complete status. |
| Log into HIOS | • All users must log in through HIOS, even issuers that submit applications through SERFF.<br>• Users must have a Submitter or Validator role in HIOS for the QHP modules. |
| Select Plan Preview & Enter Info | • Choose an effective date and cost sharing variation.<br>• Enter demographic data for the primary subscriber, secondary subscriber and dependents.<br>• Click “Update Table of Plans.” |
| View Plans & Check Data | • Plans available to the specified subscribers will display.<br>• Choose a plan to view the plan details page.<br>• Compare data displayed to plan data submitted. |
| Fix Errors | • To correct template data errors – update data templates and resubmit or follow established Data Change Request process.<br>• Submit a ticket to the XOSC Helpdesk (CMS_FEPS@cms.hhs.gov) describing the issue for non-data related display errors. |

***NOTE:*** For issuers in FFM states, please note that while issuers may resubmit their templates to view updated data on Plan Preview, CMS will review data that was in the system on the QHP deadline dates. New data received after these deadlines will not be reviewed until the next data submission window. All data changes must be approved by the issuer’s state or for QHP or Dual issuers in Direct Enforcement states, CMS Form Filing must approve the changes.

# Dealing with Data Changes

*This factsheet explains the process issuers must use to change application data prior to and after the initial QHP Application submission deadline. CMS encourages issuers to use all available tools and resources to ensure their QHP Application is complete and accurate but recognizes the need for issuers to make changes to previously submitted data.*

- The process for requesting data changes depends on:
  - **Timing**: Timing in the Application Cycle (Pre. Vs. Post Submission)
  - **Marketplace Type:** SPM states and FFM Direct Enforcement states require different documentation and approval for a data change requests
- All issuers in FFM and SPM states, must follow the established Data Change Request process, even when CMS informs the issuer that they must make a correction.

## HELPFUL HINTS

- Use the QHP Application Checklist to avoid errors
- Run the Data Integrity Tool (DIT) to identify errors before submission
- Use Plan Preview to identify errors prior to the final submission deadline
- Include all required documentation when submitting data change requests

## Timing and Data Change Requests

**During the initial application submission window (April 15 - May 15)**, issuers can make all types of changes to their plan data. CMS only reviews information with a Cross-Validation Complete status; all data must have this status by the submission deadline in order to be reviewed.

→ **Data Change Request NOT Required**

**After the initial application submission window (May 16 - Aug. 25)**, issuers cannot make changes to their service area without CMS and state approval. For all other changes, issuers are not required to submit data change requests or document state approval. CMS will monitor all data changes and contact the issuer if they have concerns. Issuers cannot add any new plans after the initial application submission window.

→ **Data Change Request Required for Service Area Changes Only**

**After final data submission (After Aug. 25)**, *all* changes to plan data must be approved by CMS. Only those changes that are necessary to correct data display errors or align QHPs with products and plans as approved by the state or from a limited list of changes that do not impact certification, such as URLs and plan marketing names, will be approved by CMS.

→ **Data Change Request Required**

# Dealing with Data Changes

## Requirements by Marketplace

Issuers must submit Data Change Request documentation according to the Marketplace model in which impacted plans are offered.

| Marketplace Model | Issuer DCR | State Approval | OG Approval |
|---|---|---|---|
| FFM enforcing | ✓ | ✓ | None |
| FFM non-enforcing (QHP or Dual) | ✓ | Preferred | ✓ |
| FFM non-enforcing (Dental) | ✓ | Preferred | None |
| SPM | ✓ | None* | None |

*Issuers are not required to furnish CMS with state approval documentation, but do need state approval to make changes.

## Service Area Change Request Process

**To make a service area change issuers must:**

- ❑ Get state approval
- ❑ Sign and complete the Data Change Request form
- ❑ Submit a signed copy of the Data Change Request form and evidence of state approval to CMS at CMS_FEPS@cms.hhs.gov at least 2 weeks before final data submission
- ❑ Upon CMS approval, make approved service area changes; All changes must be made before final data submission (Aug. 25)

## Data Change Request Process After QHP Submission Deadline (Aug. 25)

**1 Gather Documentation** *(see chart above)*

- ❑ Signed Data Change Request Form
- ❑ Email from CMS about needed data change (*if applicable)*
- ❑ Signed Data Change PDF Worksheet
- ❑ Signed Supplement A to Data Change Request Form
- ❑ State Authorization of QHP Data Change Request (*FFM issuers)*
- ❑ OG Approval (*FFM non-enforcing QHP/Dual)*

**2 Send Documents to** CMS_FEPS@cms.hhs.gov

- All data change requests must be submitted to CMS
- Certain states also require prior state approval

**3 Wait for CMS Approval**

- CMS reviews all data change requests
- Submitting all necessary documents speeds up review

**4 Make Changes During Approved Data Correction Window**

- Upon approval, CMS will allow issuers to make approved changes during a specified time period
- Only approved data changes are permitted

# QHP Agreements Checklist

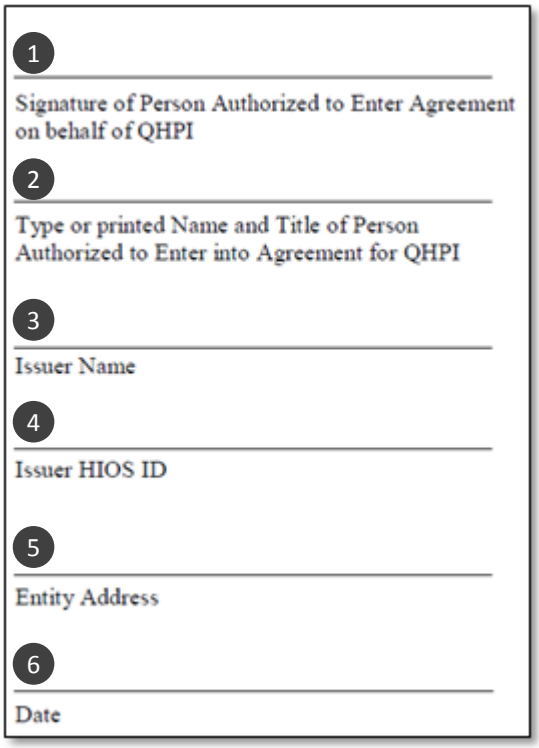
*This factsheet provides tips for correctly completing the QHP Agreement and Senior Officer Acknowledgment. Please refer to the 2016 Letter to Issuers for additional information.*

Issuers intending to offer QHPs or SADPs in the FFMs, including issuers in states performing plan management functions, will be required to sign and submit to CMS a QHP Privacy and Security Agreement and a Senior Officer Acknowledgement.

***NOTE:*** **Issuers only offering off-exchange SADPs do not need to sign and return these documents.**

## QHP Privacy and Security Agreement

- ❑ Line 1 | An officer of the legal entity who has legal authority to contractually bind the issuer must sign the agreement
- ❑ Line 2 | Printed name **must** also include signer's title
- ❑ Line 3 | Issuer Name must be identical to the issuer's name entered on page 1 of the agreement and match how it appears in HIOS
- ❑ Line 4 | Verify HIOS Issuer ID is correct and no numbers have been transposed
- ❑ Line 5| Enter the physical address of the entity as it is listed in HIOS
- ❑ Line 6 | Enter the date the agreement was signed; this cannot be in the future



1 _____

Signature of Person Authorized to Enter Agreement on behalf of QHPI

2 _____

Type or printed Name and Title of Person Authorized to Enter into Agreement for QHPI

3 _____

Issuer Name

4 _____

Issuer HIOS ID

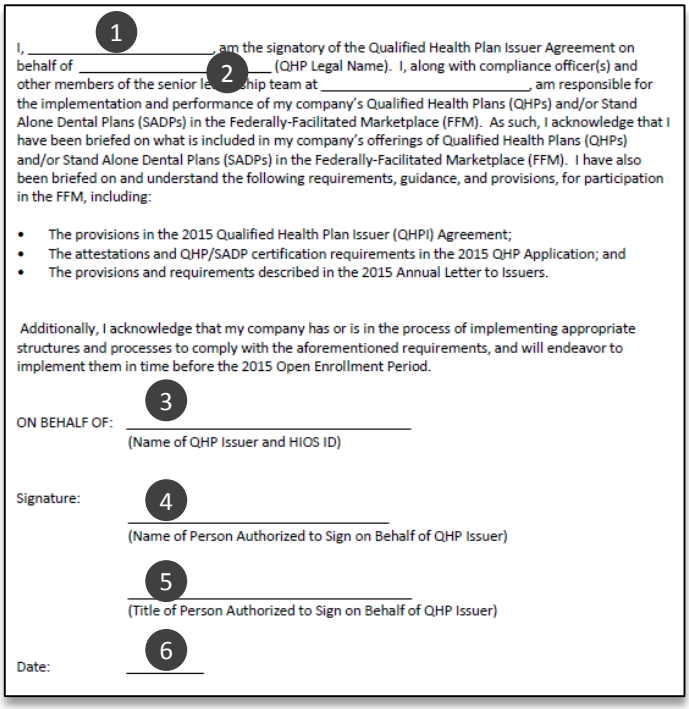
5 _____

Entity Address

6 _____

Date

QHP Privacy and Security Agreement Signature Page



I, 1 _____, am the signatory of the Qualified Health Plan Issuer Agreement on behalf of 2 _____ (QHP Legal Name). I, along with compliance officer(s) and other members of the senior leadership team at _____, am responsible for the implementation and performance of my company's Qualified Health Plans (QHPs) and/or Stand Alone Dental Plans (SADPs) in the Federally-Facilitated Marketplace (FFM). As such, I acknowledge that I have been briefed on what is included in my company's offerings of Qualified Health Plans (QHPs) and/or Stand Alone Dental Plans (SADPs) in the Federally-Facilitated Marketplace (FFM). I have also been briefed on and understand the following requirements, guidance, and provisions, for participation in the FFM, including:

- The provisions in the 2015 Qualified Health Plan Issuer (QHPI) Agreement;
- The attestations and QHP/SADP certification requirements in the 2015 QHP Application; and
- The provisions and requirements described in the 2015 Annual Letter to Issuers.

Additionally, I acknowledge that my company has or is in the process of implementing appropriate structures and processes to comply with the aforementioned requirements, and will endeavor to implement them in time before the 2015 Open Enrollment Period.

ON BEHALF OF: 3 _____
(Name of QHP Issuer and HIOS ID)

Signature: 4 _____
(Name of Person Authorized to Sign on Behalf of QHP Issuer)

5 _____
(Title of Person Authorized to Sign on Behalf of QHP Issuer)

Date: 6 _____

Senior Officer Acknowledgment

## Senior Officer Acknowledgement

- ❑ Line 1 | Print name of Senior Officer who will sign the document
- ❑ Line 2 | Enter Issuer Legal Name exactly as it appears in HIOS
- ❑ Line 3 | Enter Issuer Legal Name and 5-digit HIOS ID
- ❑ Line 4 | Signature of the individual whose name was entered in Line 1
- ❑ Line 5 | Title of the signer within the issuer's organization
- ❑ Line 6 | Enter the date the acknowledgement was signed; this cannot be in the future