

Service Area Template Demonstration and Issuer Module Overview

February 14, 2019

2019 Qualified Health Plan (QHP) Series

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Intended Audience

- The Service Area Template Demonstration is applicable to all Issuers.
- The Issuer Module Overview is applicable to Federally-facilitated Exchange (FFE) QHPs and Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Key Dates
- Announcements
- Service Area Template Demonstration and Issuer Module Overview
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to discuss Service Area Template Demonstration and Issuer Module Overview.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Upcoming Key Dates for QHP Certification

Date	Category	Activity
Prior to February 16, 2019	Plan Data Change	January Data Change Window (DCW) Plan Year (PY)19 Plan Data Changes display on HealthCare.gov

Additional Webinar Sessions

All questions regarding Enrollment and External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to <https://www.REGTAP.info>.

Announcements

Service Area Template

Service Area Template General Information

- 45 CFR 155.1055 requires Exchanges to evaluate QHP service areas to ensure they meet specified criteria.
- The approach for reviews of service area remains unchanged from that used in PY19.
 - CMS will not conduct active certification reviews of QHP service areas for states that perform plan management functions and will defer to state processes.
 - As noted in the 2019 Letter to Issuers in the FFEs, states performing plan management functions may impose a standard that exceeds CMS' standard: "When States perform QHP certification reviews, they may exercise reasonable flexibility in their application of CMS's QHP certification standards, provided that the State's application of each standard is consistent with CMS regulations and guidance."
 - CMS will continue to review QHP service areas for FFE states that do not perform plan management functions.

Service Area Template Tips

- The PY20 Service Area Template is the same as the previous year.
- Dual product issuers must create and use different service area IDs for the two (2) plan types and the dental one should use the word “Dental” in its service area name.
- If requesting a partial county, use the US Post Service as a reference for zip codes.

Partial County Service Area

- It is only in rare circumstances that partial county service areas will be approved.
- For each requested exception, the issuer must submit a detailed supplemental response documenting why the entire county will not be served.
 - The issuer must justify that the partial county service area is necessary, non-discriminatory, and in the best interests of potential enrollees and the Exchange program, consistent with 45 CFR 155.1055.

Partial County Service Area (continued)

- CMS has a Service Area Partial County Supplemental Response form that we recommend issuers use and it can be found on CMS' Qualified Health Plan Website.
- Issuers submitting in Health Insurance Oversight System (HIOS) must include written evidence from the appropriate state regulator showing that the partial county is approved by the state.
- Issuers submitting in System for Electronic Rate and Form Filing (SERFF) should consult with their state regulator, but successful transmission of data will indicate state approval.

Partial County Service Area (continued)

- The partial county justification should be uploaded into the Benefits & Service Area module.
- Select **Service Area Justification** from the *Document Type* drop-down menu.

Service Area Demo

Issuer Module Overview

Introduction

The purpose of this presentation is to provide a high level overview of the **Issuer Module**.

- **Objectives:**

- Refresh understanding of the Issuer Module and corresponding templates

- **Intended Audience:**

- Experienced issuers using the Issuer Module from last year
- New Issuers interested in a high level discussion of the Issuer Module

Plan Management Overview

There are four (4) FFE Plan Management and Market-wide data collection modules.

Issuer Module

Submit and validate data to support qualification of an issuer to offer QHPs on the Federally-Facilitated Exchange

Benefits & Service Area

Submit and validate plan-related data including Benefits, Service Areas, Provider Networks, and Prescription Drugs for issuers that wish to offer plans within the Exchange

Rating Module

Submit and validate Issuer business rules and rates table for each QHP to be offered on the Federally-Facilitated Exchange

Unified Rate Review

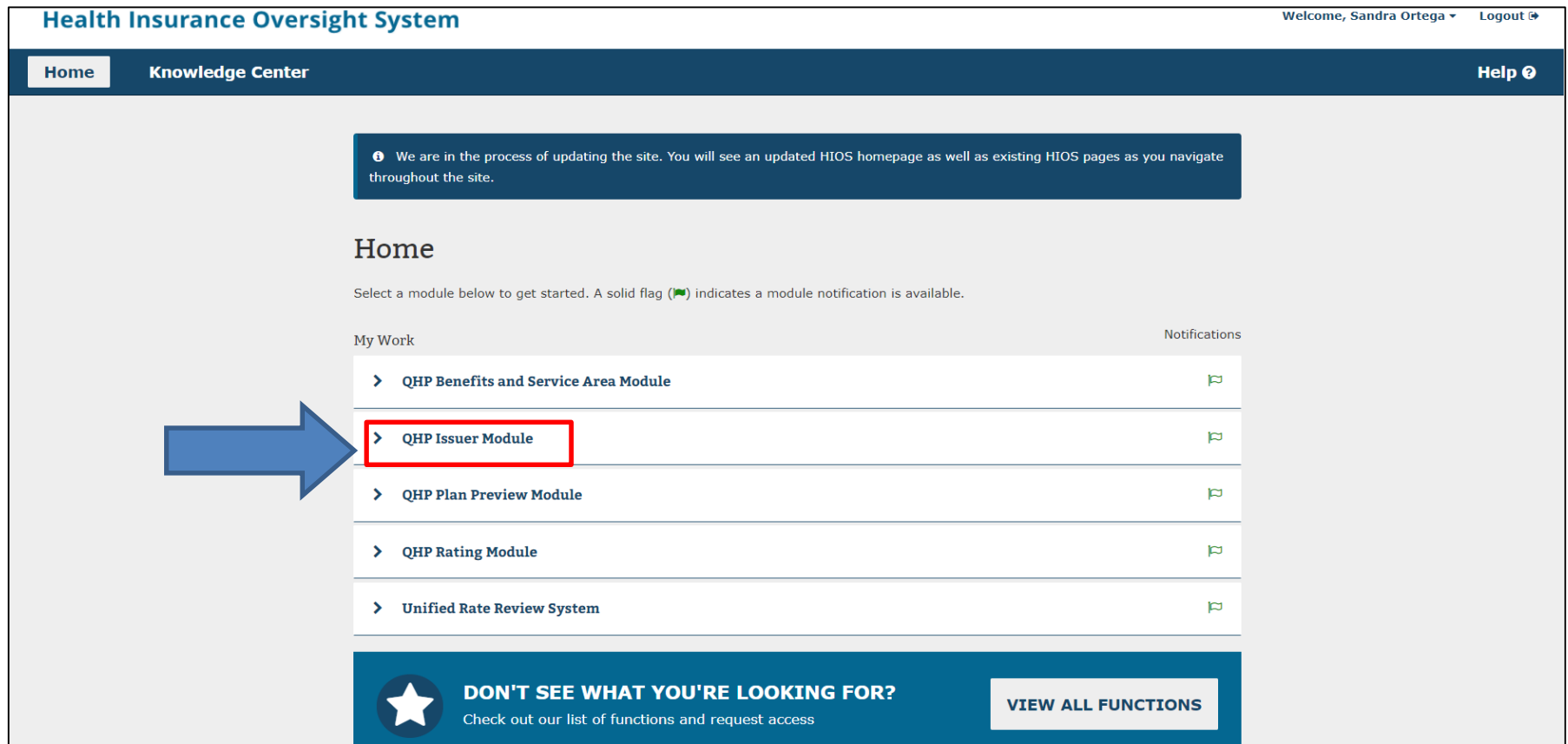
Unified Rate Review filing information and supporting documents for Exchange and Non-Exchange plans are stored in an integrated location for Single Risk Pool rate evaluation and rate increase review.

FFE Plan Management Modules

Market-wide Module

Plan Management Overview (continued)

The QHP Plan Management Modules can be accessed within HIOS.



The screenshot displays the Health Insurance Oversight System (HIOS) homepage. At the top, the header includes the system name, user information, and navigation links. Below the header, a notification banner informs users of a site update. The main content area features a 'Home' section with instructions and a list of modules under the 'My Work' tab. A large blue arrow points to the 'QHP Issuer Module', which is highlighted with a red border. At the bottom, a banner encourages users to explore more functions.

Health Insurance Oversight System Welcome, Sandra Ortega Logout

[Home](#) [Knowledge Center](#) [Help ?](#)

Home

Select a module below to get started. A solid flag (🚩) indicates a module notification is available.

My Work Notifications

- > QHP Benefits and Service Area Module 🚩
- > **QHP Issuer Module** 🚩
- > QHP Plan Preview Module 🚩
- > QHP Rating Module 🚩
- > Unified Rate Review System 🚩

DON'T SEE WHAT YOU'RE LOOKING FOR?
Check out our list of functions and request access

[VIEW ALL FUNCTIONS](#)

Issuer Module Overview

Issuers will begin the Issuer Module at the Summary page.

Issuer Application

Welcome to the Issuer Application. This application module will allow you to submit an Issuer Application for QHP Certification to participate in a single State. This module will take you through a series of pages where you will be asked to enter specific information about your company and the plans you wish to offer as Qualified Health Plans (QHPs). From this summary page you can resume an existing Issuer Application that was previously saved, or you can start a new Issuer Application.

Please note that in order to be certified as a QHP Issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1515.

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company		Pending Submission	<button>Resume</button>

Showing 1 to 1 of 1 entries

Begin Working on an Issuer Application

Start Issuer Application

Start a New Issuer Application

Issuer Module Overview (continued)

Issuers will select to either resume an existing application by selecting Resume or start a new application by selecting Start a New Issuer Application.

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 9:26:47 PM	Returned for Changes	<button>Resume</button>

Showing 1 to 1 of 1 entries

Begin Working on an Issuer Application

Start Issuer Application

Start a New Issuer Application

Using the Issuer Module: Data Submitter Tasks

Data Submitter Tasks

After the Issuer Submitter makes a selection, as shown on the previous slide, the users will provide responses for each of the program attestations found in the Program Attestations section.

Program Attestations

The Issuer Module requires applicants to attest to their adherence to regulations set forth in 45 CFR Parts 146, 147, 153, 155, and 156, as applicable, for all applicants submitting Medical QHP, SADP, and/or dual QHP/SADP issuer applications. These attestations apply to all applicants seeking to participate in the FFE, as well as downstream vendors and contractors of the Issuer or Company.

Summary

Program Attestations

State Licensure

Good Standing

Accreditation

ECP/Network Adequacy

Review

Data Submitter

Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

Applicants must answer the following four attestation sections. Issuers who answer "Yes" to the QHP and SADP Attestations must also submit an Organizational Chart. Issuers who answer "Yes" to the Optional Attestations must also submit a Compliance Plan. Otherwise, Issuers who answer "No" to the Optional Attestations must upload a justification document that can be found on the CCIO QHP webpage. Fields marked with an asterisk (*) are required.

Attestations required of both Medical QHP and SADP issuers

Show

Attestations required of Medical QHP issuers only

Show

Attestations required of SADP issuers only

Show

Optional Attestations

The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond "Yes" and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond "No" and submit a justification below.

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant's compliance plan.

If Yes, submit the Compliance Plan and Cover Sheet below and select "Compliance Plan" as the document type.

If No, submit the justification form below and select "Other" as the document type. The Compliance Plan may still be uploaded.

* Do you agree with the Optional Attestations statement above?

☒ Yes ☐ No

Data Submitter Tasks (continued)

Depending on attestation response, users may be required to upload supporting documentation.

*** Do you agree with the QHP and SADP Attestations statement above?**

☐ Yes ☒ No

Upload File(s)

***Document Type:** ***Upload File(s):** No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Data Submitter Tasks (continued)

Users will proceed to answer the State Licensure question. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **No**, a second question will appear. If a user selects **Yes**, users may provide one of the following:

- State License
- Certificate of authority
- Equivalent document

State Licensure (optional)

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary

Program Attestations

State Licensure

Good Standing

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Review

Data Submitter

Final Submission

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

☒ Yes ☐ No

Upload File(s)

Document Type
Select document type... ▼

Upload File(s):

Choose File No file chosen

Upload

Uploaded Supplementary Documentation


Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Save

Submit Section

Previous

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Data Submitter Tasks (continued)

Users will proceed to answer the Good Standing questions. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **Yes** for the first question, users may enter a Justification and may provide one of the following:

- Solvency Compliance
- Equivalent document

If a user selects **Yes** for the second question, users may provide one of the following:

- Corrective Action
- Equivalent document



Good Standing (optional)

Each issuer applying to offer QHPs in a given State may demonstrate that it is in good standing in the State. This section of the Issuer Application asks a series of questions and requires supplemental documentation supporting the answers to the questions. CMS will work with State insurance departments to verify compliance with this standard for each State in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

[Summary](#)
[Program Attestations](#)
[State Licensure](#)
[Good Standing](#)
[Accreditation](#)
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[Review](#)

[Data Submitter](#)[Final Submission](#)

1. Is the applicant seeking QHP certification for this State currently out of compliance with any applicable State solvency requirements for the calendar year in which it is applying to offer QHPs?

If Yes, please upload supporting documentation associated with State solvency compliance and provide a justification.

☒ Yes ☐ No

Upload File(s)

Document Type

Select document type...

Upload File(s):

Choose File

No file chosen

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Justification:

2. Is the applicant currently under any corrective action related to financial review?

If Yes, provide a justification and upload supporting documentation providing evidence of current State corrective actions.

☐ Yes ☐ No

Save

Submit Section

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Data Submitter Tasks (continued)

Users next must complete the Accreditation section and upload applicable supporting documents.

After answering the first question, users may provide supporting documentation and must agree to the Terms and Conditions. If the first question is answered **Yes**, the second question regarding the accrediting entity will appear.



Accreditation

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Data Submitter

Final Submission

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

☒ Yes ☐ No

* Which accrediting entity? Please select from the list below.

☒ NCQA

☐ URAC

☐ NCQA & URAC

Upload File(s)

Document Type

Select document type

Upload File(s):

Choose File

No file chosen

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
The applicant has not uploaded any files.			

Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

☐ * I agree to the terms and conditions.

Data Submitter Tasks (continued)

Users next must complete the Essential Community Provider (ECP)/Network Adequacy section. If a user selects **Yes** for question 2, an ECP/Network Adequacy zip file is required.



ECP / Network Adequacy

All QH[®] issuers applying for QH[®] certification must meet network adequacy standards, and if required (issuers in NA classification states) submit detailed network data in the required ECP / Network Adequacy template.

In addition, QH[®] provider networks must include a sufficient number and geographic distribution of Essential Community Providers (ECPs), where such providers are available, to ensure reasonable and timely access to a broad range of ECPs for low-income and medically underserved individuals in the QH[®] service area. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the instructions.

This section of the Issuer Module collects basic information on network providers, including contracted ECPs. HMS will evaluate these data to determine whether the applicant's provider networks are adequate, including with respect to inclusion of ECPs.

[Instructions and Reference Material \(PDF\)](#)
(3.21.18)

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Review

Data Submitter Final Submission

Fields marked with an asterisk (*) are required.
Instructions: Respond YES or NO to each of the following statements.

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternative ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; (2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QH[®] certification plan year; and (3) offered contracts in good faith to all available ECPs in each ECP category in each county in the service area for the respective QH[®] certification plan year, where an ECP in that category is available (not applicable to SADI[®] applicants). In order to meet the Alternative ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADI[®] applicants).

Upload an ECP supplemental response justification if you respond No to this question.

☐ Yes ☐ No

Network Adequacy

* 2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

☐ Yes ☐ No

ECP/Network Adequacy File Upload

To upload the ECP / Network Adequacy zip file, click on Browse File and select the file you want to upload and click the Upload button to submit the file.

- The template will allow the applicant to identify each provider network it intends to utilize for its QH[®]s and to select each ECP with which it has executed a contract in each network.
- The applicant may also enter additional ECPs if those ECPs do not appear on the HMS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 155.235(c) and the ECP website criteria referenced in the Letter to Issuers in the Network-Facilitated Exchange.
- The applicant should identify any network that is offered for its individual and small group market as a separate network.

Upload File(s)

Upload ECP/Network Adequacy File:
Choose File No file chosen Upload

Download Template

ECP/Network Adequacy
Template.xlsx (download)

Uploaded File(s)

File Name	Uploaded Date	Status
The applicant has not uploaded any files.		

Using the Issuer Module: Validator Tasks

Data Validator Tasks

The Issuer Application Summary page lists all applications that have been submitted and to be validated by the user.

Issuer Application

Welcome to the Issuer Application. This application module will allow you to submit an Issuer Application for QHP Certification to participate in a single State. This module will take you through a series of pages where you will be asked to enter specific information about your company and the plans you wish to offer as Qualified Health Plans (QHPs). From this summary page you can resume an existing Issuer Application that was previously saved, or you can start a new Issuer Application.

Please note that in order to be certified as a QHP Issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1515.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Data Validator

Summary

Validate a Submitted Application

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 10:36:43 PM	Submission Completed	Start Validation

Showing 1 to 1 of 1 entries

Data Validator Tasks (continued)

Validators will then need to review the Program Attestations and all provided documentation.

Program Attestations

The Issuer Module requires applicants to attest to their adherence to regulations set forth in 45 CFR Parts 146, 147, 153, 155, and 156, as applicable, for all applicants submitting Medical QHP, SADP, and/or dual QHP/SADP issuer applications. These attestations apply to all applicants seeking to participate in the FFE, as well as downstream vendors and contractors of the Issuer or Company.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary

Program Attestations

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Final Submission

Applicants must answer the following four attestation sections. Issuers who answer "Yes" to the QHP and SADP Attestations must also submit an Organizational Chart. Issuers who answer "Yes" to the Optional Attestations must also submit a Compliance Plan. Otherwise, Issuers who answer "No" to the Optional Attestations must upload a justification document that can be found on the CCOO QHP webpage. Fields marked with an asterisk (*) are required.

Attestations required of both Medical QHP and SADP issuers

Show

Attestations required of Medical QHP issuers only

Show

Attestations required of SADP issuers only

Show

Optional Attestations

The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond "Yes" and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond "No" and submit a justification below.

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant's compliance plan.

If Yes, submit the Compliance Plan and Cover Sheet below and select "Compliance Plan" as the document type.

If No, submit the justification form below and select "Other" as the document type. The Compliance Plan may still be uploaded.

Do you agree with the Optional Attestations statement above?

☒ Yes ☐ No

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
Compliance Plan	State_License.docx	02/13/2018 0:00:00 AM

*Do you validate that the information submitted for this section is correct?

☐ Yes ☐ No

Submit Section

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Data Validator Tasks (continued)

The State Licensure page allows validators to review any responses or supporting documentation that were provided by the submitter.

State Licensure (optional)

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary

Program Attestations

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Final Submission

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

☐ Yes ☐ No

Uploaded Supplementary Documentation


Document Type	File Name	Upload Date
You have not uploaded any documents		

Do you validate that the information submitted for this section is correct?
☐ Yes ☐ No

Submit Section

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Data Validator Tasks (continued)

The Accreditation section allows validators to review any required templates and/or supporting documentation provided by the submitter.

The screenshot shows the 'Accreditation' section of the Data Validator interface. On the left is a sidebar with a menu containing: Summary, Program Attestations, State Licensure, Good Standing, Accreditation (highlighted), ECP/Network Adequacy, and Review. The main content area has two tabs: 'Data Validator' (active) and 'Final Submission'. In the top right corner, there is a link for 'Instructions and Reference Material (PDF)' with a file size of '3.21 MB'. The 'Data Validator' tab contains several sections: 1. A note that fields marked with a red asterisk (*) are required. 2. A question: 'Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?' with radio button options for 'Yes' (selected) and 'No'. 3. A question: 'Which accrediting entity? Please select from the list below.' with radio button options for 'NCQA' (selected), 'URAC', and 'NCQA & URAC'. 4. An 'Uploaded Supplementary Documentation' section with a table header: 'Document Type', 'File Name', and 'Upload Date'. 5. A 'Terms and Conditions' section with the text: 'The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).' and a checked checkbox for 'I agree to the terms and conditions.'. 6. A question: '* Do you validate that the information submitted for this section is correct?' with radio button options for 'Yes' (selected) and 'No'. At the bottom of the form are three buttons: 'Submit Section', 'Previous', and 'Next'.

Data Validator Tasks (continued)

The ECP / Network Adequacy section allows validators to review any required templates or supporting documentation provided by the submitter.

ECP / Network Adequacy

Instructions and Reference Material (PDF)
[3.21 MB]

Summary

Program Attestations ☒

State Licensure

Good Standing

Accreditation ☒

ECP/Network Adequacy

Review

Data Validator

Final Submission

Fields marked with an asterisk (*) are required.

1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; 2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and 3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADP applicants).

Upload an ECP supplemental response justification if you respond No to this question.

☐ Yes ☒ No

2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

☒ Yes ☐ No

Uploaded Documentation

Document Type	File Name	Upload Date
ECP/Network Adequacy Template File	ECP-NA-20180215T113840.xdsm	02/15/2018 0:00:00 AM

* Do you validate that the information submitted for this section is correct?

☐ Yes ☒ No

Submit Section

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System Requirements

The supported system requirements for the Modules are as follows:

Browser Requirements

- Internet Explorer 11
- Firefox 62.0

Excel Requirements

- Microsoft 2013
- Microsoft 2016

Tips and Updates

Program Attestations

Program Attestations Format

- Four-section attestations format remains the same:
 1. QHP and SADP Attestations
 2. Medical QHP-only Attestations
 3. SADP-only Attestations
 4. Optional Attestations
- Medical QHP-only should respond “Not Applicable (NA)” to the SADP-only program attestations.
- SADP-only issuers should respond “Not Applicable (NA)” to the Medical QHP-only program attestations.
- All issuers are encouraged to respond “Yes” to the optional compliance plan attestation and upload a completed Compliance Plan and Organizational Chart Cover Sheet.

Program Attestations Language

As with last year, the attestation for the segregation of funds for abortion services is required for Medical QHP-only issuers:

Applicant agrees to adhere to all applicable requirements in 45 CFR Parts 146, 147, 155, and 156, including those related to the segregation of funds for abortion services.

Attestations required of Medical QHP issuers only

The following attestations apply to all medical QHPs (not SADPs) that an issuer is submitting for certification for the next plan year. Applicants applying to offer medical QHPs on the FFEs are required to respond "Yes" to the following attestations with regard to those medical QHPs. All applicants not applying to offer medical QHPs should select "Not Applicable."

Applicant agrees to adhere to all applicable requirements in 45 CFR Parts 146, 147, 155, and 156, including those related to the segregation of funds for abortion services.

*** Do you agree with the Medical QHP-Only Attestations statement above?**

☒ Yes ☐ No ☐ Not Applicable

Next Section - SADP-Only Attestations

Accreditation

Accreditation - General information

- Accreditation is a requirement for issuers in all Marketplace types.
 - Issuers in State Partnership Exchanges (SPEs) and State-based Marketplaces (SBMs) should ask their respective state about state requirements for accreditation reviews.
- Does not apply to SADPs

Accreditation for New Issuers

- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC).
- An issuer is not required to be accredited in its initial year of QHP certification.

Accreditation for Second Year or later Issuers

- QHP issuers in their second or later year of certification must be accredited.
- CMS will consider issuers in their first, second or third year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with “Excellent,” “Commendable,” “Accredited,” “Provisional,” or “Interim” status
 - URAC with “Full,” “Provisional,” or “Conditional” status
- CMS will consider issuers in their fourth year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with Marketplace accreditation and “Excellent,” “Commendable,” “Accredited,” or “Provisional,” status
 - URAC with Marketplace accreditation and “Full” or “Conditional” status

Accreditation Submission Requirements

- HIOS QHP Issuers must:
 - Identify that they are accredited
 - Identify their accrediting entities
- All Issuers must agree to release their accreditation information
 - HIOS Issuers agree in QHP Issuer Module
 - SERFF Issuers agree as part of attestation document

Data Submitter: Accreditation Page (Part 1)

Accreditation

Summary

Program Attestations

State Licensure

Good Standing

Accreditation ✓

ECP/Network Adequacy ✓

Review

Data Submitter

Final Submission

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?


☒ Yes ☐ No

* Which accrediting entity? Please select from the list below.

☒ NCQA

☐ URAC

☐ NCQA & URAC

 Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter: Accreditation Page (Part 2)

Upload File(s)

Document Type

Accreditation Certificate ▼

Upload File(s):

Choose File

No file chosen

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
Accreditation Certificate	Sample_doc.pdf	02/27/2018 4:42:52 PM	Delete

Data Submitter: Accreditation Page (Part 3)

Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

☒ * I agree to the terms and conditions.

Save

Submit Section

Previous

Next

ECP/Network Adequacy

ECP/Network Adequacy Updates

- Applicants are required to respond to two (2) ECP/NA questions, to indicate whether the applicant meets the ECP standard in compliance with 45 CFR 156.235 and whether the applicant uses a provider network. Applicants using a provider network must also upload an ECP/NA template containing the issuer's contracted essential community providers.
- Applicants are not required to submit 'Network Adequacy Access Plan' due to CMS's determination that all states have a sufficient network adequacy review process for PY20.

ECP / Network Adequacy

All QHIE issuers applying for QHIE certification must meet network adequacy standards, and if required (issuers in NA classification states) submit detailed network data in the required ECP / Network Adequacy template.

In addition, QHIE provider networks must include a sufficient number and geographic distribution of Essential Community Providers (ECPs), where such providers are available, to ensure reasonable and timely access to a broad range of ECPs for low-income and medically underserved individuals in the QHIE's service area. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the instructions.

This section of the Issuer Module collects basic information on network providers, including contracted ECPs. HHS will evaluate these data to determine whether the applicant's provider networks are adequate, including with respect to inclusion of ECPs.

Summary

Program Administration

State Licensure

Good Standing

Accreditation

ECP/Network Adequacy

Review

Data Submission

Final Submission

Please marked with an asterisk (*) are required.

Instructions: Respond YES or NO to each of the following statements.

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network, (2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHIE certification plan year, and (3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHIE certification plan year, where an ECP in that category is available (not applicable to SADI[®] applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network, and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADI[®] applicants).

Upload an ECP supplemental response justification if you respond No to this question.

☐ Yes ☐ No

Network Adequacy

* 2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

☐ Yes ☐ No

ECP/Network Adequacy Files Upload

ECP/NA Template Version 9.0

The ECP/Network Adequacy Template has been updated to Version 9.0 for PY20. The ECP/Network Adequacy Template gives users the ability to link each provider (ECP or Network Adequacy) with the network with which it is associated.

2020 ECP/Network Adequacy Template v9.0
 User Control & Details for Template

Issuer Information

Issuer ID: *	
Source System: *	
State: *	
Alternate ECP Standard	No

Actions

1. Create New Provider Tab
*Please enter all **Issuer Information** above before creating a new tab.*

A. New **Individual Provider (MD/DO)**

B. New **Facility, Pharmacy, Non-MD/DO**

2. Import Network IDs
Click the Import Network IDs button to import a list from the Network ID template.

3. Validate Data
Validate information entered into tabs. Warning: Depending on data size, validation may take several minutes.

4. Create Supporting Documents
Perform data validation & export data to XML.

5. Delete an Existing Tab?
Refer to Column P on this tab if you would like to delete an existing tab.

Notes & Instructions

1. Enter all **Issuer Information**, then create a new tab using the buttons below to enter data.
2. Ensure automatic calculation is turned on. Formulas -> Calculation Options -> Automatic
3. Data can be entered manually or Copy & Pasted into each tab.
4. All fields with an asterisk (*) are required
5. Validate data (using the **"Validate"** button below) after entering in all information

Exporting Data:

1. Data must pass all validation checks before being exported. Any invalid entries will be displayed in the 'Errors' tab and must be corrected.
2. Click **"Create Documents"** to export data from all provider tabs.
3. When prompted, select the folder in which you wish to save the files.
4. All files will be saved as XML files.

Warning: Files larger than 50mb cannot be uploaded to HIOS/SERFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records should be okay.

Validation Status

Incomplete

Resources at a Glance

Resource	Audience	Primary Use	Look here for:	Access
HIOS / Issuer Portal	All Issuers	Allows issuers access to tools like RBIS	<ul style="list-style-type: none">• Registration to provide issuer information for Plan Finder	<ul style="list-style-type: none">• Through the CMS Enterprise Portal Access Link
zONE	Communities of States, Issuers, Web Brokers, other CMS partners	Social platform to connect, communicate, and share information, including documents and best practices	<ul style="list-style-type: none">• Community specific documents• CMS templates	<ul style="list-style-type: none">• Through the CMS Enterprise Portal Access Link
REGTAP	Open registration	Information hub for CMS technical assistance related to Marketplace and Premium Stabilization programs	<ul style="list-style-type: none">• Registration for recurring training sessions• Training materials	<ul style="list-style-type: none">• Open• Register on site and create log in Access Link
SERFF	All Issuers	System supporting rate and form filing submissions to the states and jurisdictions	<ul style="list-style-type: none">• Assistance with state filing submission requirements• CMS templates	<ul style="list-style-type: none">• Fee based Access Link

Open Q&A Session

Questions?

- To submit or withdraw questions by phone:
 - *To submit a question, dial “star(*) pound(##)” on your phone’s keypad.*
 - *To withdraw a question, dial “star(*) pound(##)” on your phone’s keypad.*
- To submit questions by webinar:
 - *Type your question in the text box under the “Q&A” tab and click “Send.”*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
 - **Call: 855-CMS-1515**
 - **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
 - **Email: serffplanmgmt@naic.org**

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the Small Business Health Options Program (SHOP) or Individual Exchange.

HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)
- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

- Upcoming February QHP Webinar sessions:

Date	Day	Time (ET)	Title
February 21, 2019	Thursday	1:00 p.m. – 2:00 p.m.	QHP PY20 Updates to the Actuarial Value (AV) Calculator
February 28, 2019	Thursday	1:00 p.m. – 2:00 p.m.	QHP Plans and Benefits Template Updates & Benefits and Service Area Module Overview

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks