

Qualified Health Plan (QHP) Plans and Benefits Template Updates & Benefits and Service Area Module Overview

March 7, 2017

**Qualified Health Plan (QHP)
Series III**

Agenda

- Session Guidelines
- Key Dates
- Announcements
- Service Area Template Demonstration
- Questions
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- This session is conducted to provide an overview of QHP Certification Plan Management data collection template changes for issuers operating in the Marketplace and Premium Stabilization programs.
- For questions regarding content, contact the 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 Plan Maintenance and Certification

Date	Category	Activity
February 12, 2017	Plan Data Change	January Data Correction Window (DCW) Plan Year (PY) 2017 Plan Data Changes display on HealthCare.gov
Mar. 15 – Mar. 17, 2017	Issuer Conference	Annual QHP Issuer Conference in Baltimore, MD

Announcements

Introduction

The purpose of this presentation is to provide a high level overview of the **Benefits and Service Area Module**, outline updates to the Plans & Benefits Template*, and discuss general best practices for working with templates. It is intended as a refresher for issuers already familiar with the system.

*Note: Subject to change for consistency with the final rule finalizing of the Market Stabilization proposed rule, 82 FR 10980.

Agenda

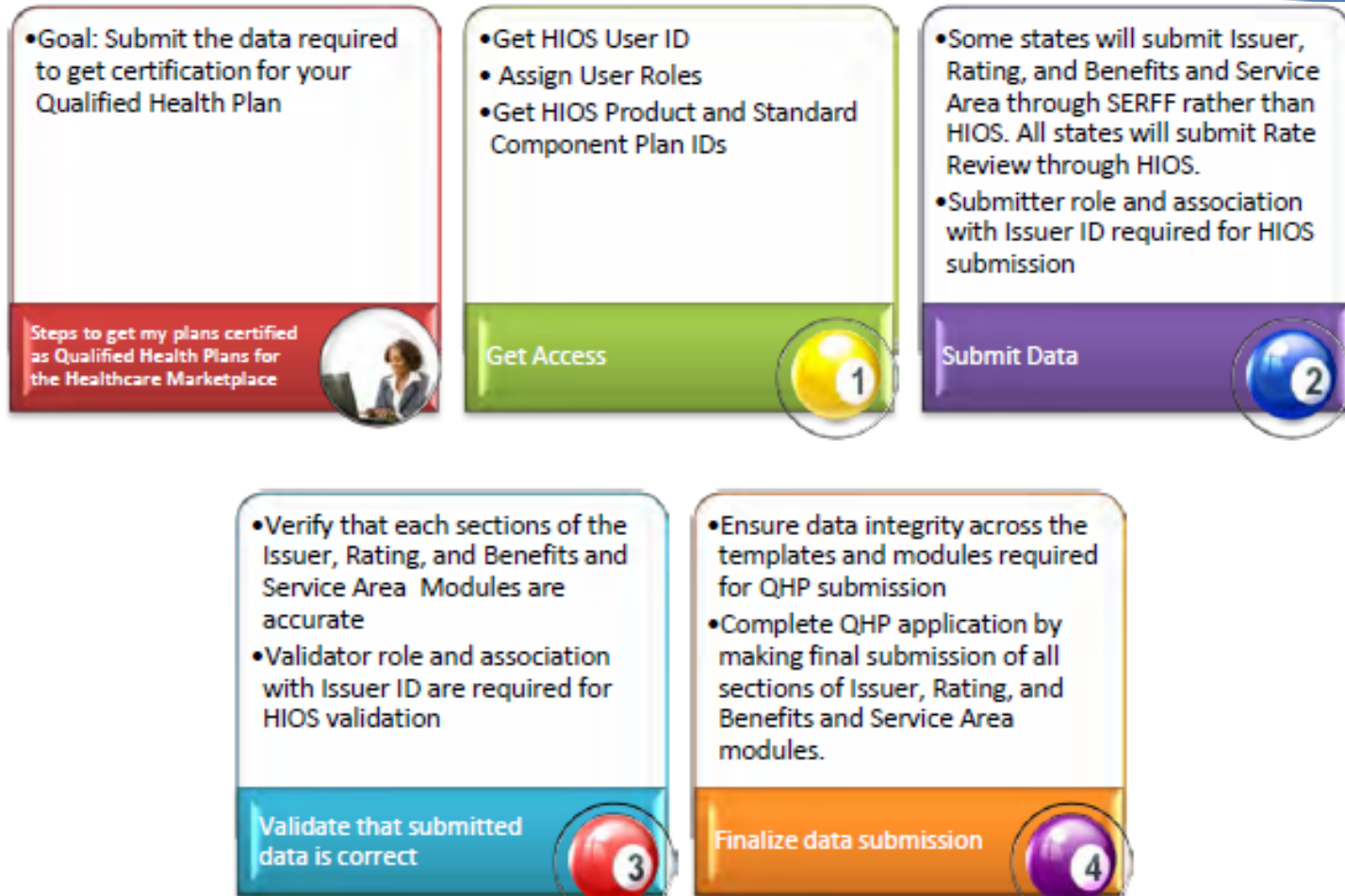
- Submission Overview
- Benefits and Service Area Module Overview
- General Best Practice Tips
- Q&A

Preparation

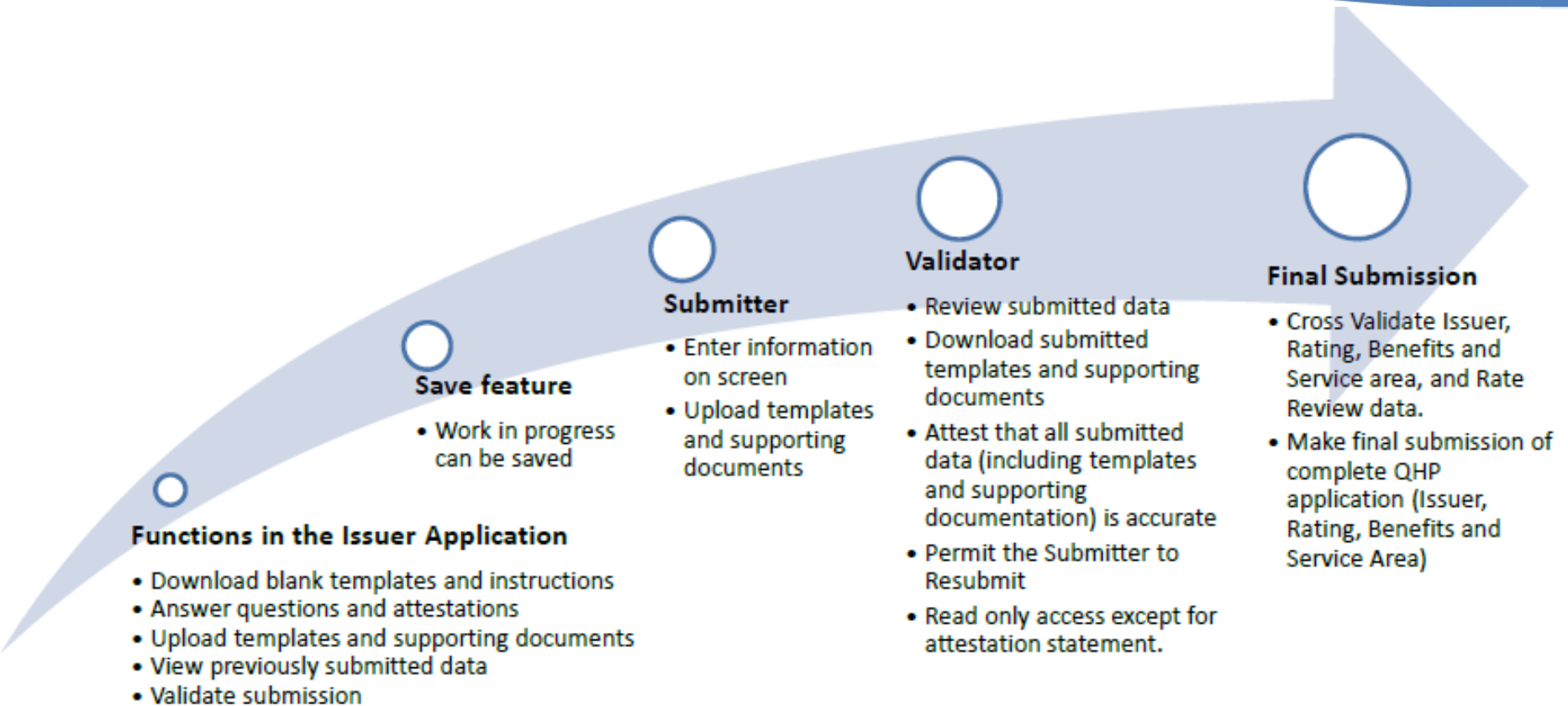
Below are the key activities to be completed for success submission of plans.



QHP Data Submission



System Organization and Validation



Plan Management Overview

There are four FFM 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 Marketplace.

Rating Module

Submit and validate rating business rules and rate tables for each QHP to be offered on the Federally-facilitated Marketplace.

Benefits & Service Area

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

Unified Rate Review

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

FFM Plan Management Modules

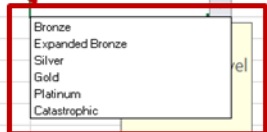
Market-wide Module

Plans and Benefits: Template & Module Updates

Level of Coverage: Expanded Bronze Plan

- The template now includes a Level of Coverage (Metal Level) of Expanded Bronze. (The Actuarial Value (AV) Calculator allows an AV of 58-65% for Expanded Bronze plans.)

	A	B	C	D	E	F	G	H	I	J	K	
1	2018 Plans & Benefits Template v7.1		To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required									
2	HIOS Issuer ID*		You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.									
3	Issuer State*		To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.									
4	Market Coverage*		To create additional Benefits Package worksheets, use the Create New Benefits Package macro.									
5	Dental Only Plan*		To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.									
6	TIN*											
7	Plan Identifiers											
	HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Design Type*	
8												
9												
10												
11												
12												
13												
14												
15												



Update Cost Share Variances: Ability to Switch Between Bronze and Expanded Bronze

- To update the Cost Share Variances tab from Bronze to Expanded Bronze (or vice-versa), update the Level of Coverage on the Benefits Package Tab and then click the Update Cost Share Variances button. (Note: Cannot change between other Level of Coverage values.)

The screenshot shows the 'Plans and Benefits v7.1' Excel template. The 'Update Cost Share Variances' button is highlighted in the ribbon. A red arrow points from this button to the 'Level of Coverage' dropdown menu in the 'Plan Identifiers' table, which is currently set to 'Expanded Bronze'.

2018 Plans & Benefits Template v7.1									
To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required. You will need to save the latest version of the add-in file (PlansBenefitsAddin.xlam) on your machine. To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro. To create additional Benefits Package worksheets, use the Create New Benefits Package macro. To populate the benefits on the Benefits Package worksheet with your State ERISA Standards, use the Refresh EHB macro.									
Plan Identifiers									
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*
12345AK0010001	Example Plan	12345AK001		AKN001	AKS001	AKF001	Existing	PPO	Expanded Bronze

Copayment Options: Copayment With Deductible

- The copayment dropdown options have been updated from 'copayment before deductible' to 'copayment with deductible.'

AV Calculator Additional Benefit Design			Primary Care Visit to Treat an Injury or Illness			
Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Copay			In Network (Tier 1)
			In Network (Tier 1)	In Network (Tier 2)	Out of Network	
			\$25.00 Copay with deductible		Not Applicable	50.00% Coinsurance after deductible
			\$25.00 Copay with deductible		Not Applicable	50.00% Coinsurance after deductible
			\$0.00		\$0.00	0.00%
			\$25.00 Copay with deductible		Not Applicable	50.00% Coinsurance after deductible

Copayment Options: Copayment With Deductible

Benefits	Copayment Options	
- Inpatient Hospital Services (e.g., Hospital Stay) - Skilled Nursing Facility	\$X Copay per Stay \$X Copay per Stay with deductible \$X Copay per Stay after deductible \$X Copay per Day	\$X Copay per Day with deductible \$X Copay per Day after deductible No Charge No Charge after deductible Not Applicable
- Mental/Behavioral Health Inpatient Services - Substance Abuse Disorder Inpatient Services	\$X Copay per Stay \$X Copay per Stay with deductible \$X Copay per Stay after deductible \$X Copay per Day \$X Copay per Day with deductible \$X Copay per Day after deductible	\$X \$X Copay with deductible \$X Copay after deductible No Charge No Charge after deductible Not Applicable
All other benefits, including custom benefits	No Charge No Charge after deductible \$X	\$X Copay with deductible \$X Copay after deductible Not Applicable

Benefits and Service Area Module Supporting Documents

You can upload supporting documents by selecting a document type to upload.

The screenshot displays the 'PLAN MANAGEMENT' web application interface. On the left, a dropdown menu titled 'Select document type' is open, showing a list of document types: Actuarial Memorandum, AV Calculator Screenshot, Unique Plan Design Justification, SADP - Description of EHB Allocation, SADP - AV Justification, EHB - Substituted Benefit Justification, Formulary Category/Class Justification, Service Area Justification, Meaningful Difference Justification, Discrim - Cost Sharing Outlier Justification, Discrim - Language Justification, Discrim - Prescription Drug Justification, Discrim - Treatment Protocol Justification, Simple Choice Plan Documentation, and Other. To the right of the dropdown is an 'Upload' button. Below the dropdown, there is a text area with a placeholder for a document. At the bottom right, there are two buttons: 'Back to Summary' and 'Submit Section'. The footer of the page includes the 'PLAN MANAGEMENT' title, the text 'A federal government website managed by the Centers for Medicare & Medicaid Services', the address '7500 Security Boulevard, Baltimore, MD 21244', and the CMS logo.

Select document type

Upload

Actuarial Memorandum
AV Calculator Screenshot
Unique Plan Design Justification
SADP - Description of EHB Allocation
SADP - AV Justification
EHB - Substituted Benefit Justification
Formulary Category/Class Justification
Service Area Justification
Meaningful Difference Justification
Discrim - Cost Sharing Outlier Justification
Discrim - Language Justification
Discrim - Prescription Drug Justification
Discrim - Treatment Protocol Justification
Simple Choice Plan Documentation
Other

Back to Summary Submit Section

PLAN MANAGEMENT

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Benefits and Service Area Module

Supporting Documents

Supporting Documents can be submitting with a document type of:

- Actuarial Memorandum
- AV Calculator Screenshot
- Unique Plan Design Justification
- SADP – Description of EHB Allocation
- SADP – AV Justification
- EHB – Substituted Benefit Justification
- Formulary Category/Class Justification
- Service Area Justification
- Meaningful Difference Justification
- Discrim – Cost Sharing Outlier Justification
- Discrim – Language Justification
- Discrim – Prescription Drug Justification
- Discrim – Treatment Protocol Justification
- Simple Choice Plan Justification
- Other

Overview of the Plans and Benefits Module

Benefits and Service Area Module Overview

The QHP Benefits and Service Area Module can be accessed within HIOS.



Overview

There are several tasks that must be completed in order to successfully submit QHPs:

1. Data Submitter Tasks
 - a) Downloading templates
 - b) Working with the Add-in file
 - c) Uploading templates
 - d) Working with error messages
2. Data Validator Tasks
3. Final Submission

Benefits and Service Area Module Pages

Issuers will interact with three pages:

- Summary Page
 - Start a new submission
 - Continue working on a pending submission
 - View a completed submission
- Benefits & Service Area Page
 - Download templates
 - Upload completed templates and supporting documents
- Final Submission Page
 - Cross validate application
 - Submit application

Using the Plans and Benefits Module: Data Submitter Tasks

Summary Page

Issuers can start a new application, resume an existing one, or view previously submitted applications.

PLAN MANAGEMENT Text Size: A A A

Welcome, qhpsubvalidator | Logout

Benefits & Service Area Module Instructions and Reference Material (PDF)

Data Submitter Data Validator

Summary

Start working on a Benefits and Service Area Module Submission

Issuer: 32899 MN Test1

Resume an Existing Submission

Issuer ID:	Issuer Name:	State:	Last Update:	Status:	Action:
23939	FFE Company A	GA	Sun, 24 Feb 2013 15:39:01 EST	Pending Submission	Resume
38927	FFE Company B	ID	Fri, 22 Feb 2013 20:06:16 EST	Validation Completed	View
54858	FFE Company C	NY	Fri, 22 Feb 2013 12:29:20 EST	Submission Completed	View
56917	FFE Company D	VT	Mon, 25 Feb 2013 12:01:36 EST	Returned for Changes	Resume
63569	FFE Company B	GA	Sun, 24 Feb 2013 16:36:18 EST	Pending Validation	View
65868	FFE Company C	OR	Sat, 23 Feb 2013 17:13:49 EST	Pending Submission	Resume
89601	FFE Company A	VA	Thu, 21 Feb 2013 15:19:47 EST	Pending Submission	Resume

Showing 1 to 7 of 7 entries

Click on the buttons highlighted to:

“Start Benefits Module”
Start a new application.

“View”
Look at a validated application.

“Resume”
Continue working on saved application.

Benefits and Service Area Page

PLAN MANAGEMENT Text Size: AAA

Welcome, allqhproles | [Home](#) | [Logout](#)

12345 - FFE Test Issuer - VT

Benefits & Service Area Module

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

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

Download Templates

- [PlanBenefits.xlsm \[90.3 KB\]](#)
- [PlanBenefitsAddIn.xlsm \[1.6 KB\]](#)
- [Network ID.xls \[123 KB\]](#)
- [Service Area.xls \[244 KB\]](#)
- [PrescriptionDrug.xls \[205 KB\]](#)

Upload Documentation [Update Status](#)

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (SHOP)	Upload				
*Plan & Benefits Template (Individual)	Upload				
Dental Plan & Benefits Template (SHOP)	Upload				
Dental Plan & Benefits Template (Individual)	Upload				
*Network ID Template	Upload				
*Service Area Template	Upload				
Prescription Drugs Template	Upload				
Select document type	Upload				

Showing 1 to 8 of 8 entries
[Add Another Document](#)

By clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; b) any data corrections submitted during the plan preview period are approved by HHS or the State for which you are applying; and c) if you have previously submitted an QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.

[Save](#) [Back to Summary](#) [Submit Section](#)

- Download blank Plans & Benefits, Network ID, Service Area, and Prescription Drugs templates.

- Upload completed templates and download previously submitted templates and supporting documentation.

Download Templates

Issuers may download available benefit and service area templates.

Available templates:

- Plans & Benefits
- Network ID
- Service Area
- Prescription Drugs

The screenshot displays the PLAN MANAGEMENT web application. The header includes the title "PLAN MANAGEMENT", a user welcome message "Welcome, ohpsubvalidator", and a "Log out" link. Below the header, the "Benefits & Service Area Module" is selected, with tabs for "Data Submitter", "Data Validator", and "Final Submission". A "Download Templates" section lists five files: PlanBenefits.xml, PlanBenefitsAdmin.xml, NetworkID.xls, ServiceArea.xls, and PrescriptionDrugs.xls. An "Upload Documentation" section contains a table with columns for Document Type, Actions, File Name, Description, Last Update, and Status. The table lists six document types, each with an "Upload" button. A "Select document type" dropdown is at the bottom of the table. The interface also includes a "Save" button, a "Back to Summary" link, and a "Submit Section" button. A footer note states: "By clicking 'Submit' you attest that a) all of the issuer and plan-level information submitted is correct, b) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State, and, c) any data corrections submitted during the plan review period were approved by HHS or the State for which you are applying."

Document Type	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (Shop)	Upload				
*Plan & Benefits Template (Individual)	Upload				
*Network ID Template	Upload				
*Service Area Template	Upload				
*Prescription Drugs Template	Upload				
Select document type	Upload				

Download Templates

Available templates:

- Plans & Benefits
- Network ID
- Service Area
- Prescription Drugs

Best Practice: Always save the file first to your desktop, then open it from your desktop after saving it.



PLAN MANAGEMENT Test Size: A A A

Welcome, chpsubvalidator | Logout

65868 - FFE Test Company - OR

Benefits & Service Area Module Instructions and Reference Material (PDF)

Data Submitter Data Validator Final Submission

Download Templates

- PlanBenefits.xmls
- PlanBenefitsAdmin.xmls
- NetworkID.xls
- ServiceArea.xls
- PrescriptionDrug.xls

Upload Documentation Update Status

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (Shop)	Upload				
*Plan & Benefits Template (Individual)	Upload				
*Network ID Template	Upload				
*Service Area Template	Upload				
*Prescription Drugs Template	Upload				
Select document type	Upload				

Showing 1 to 6 of 6 entries
Add Another Document

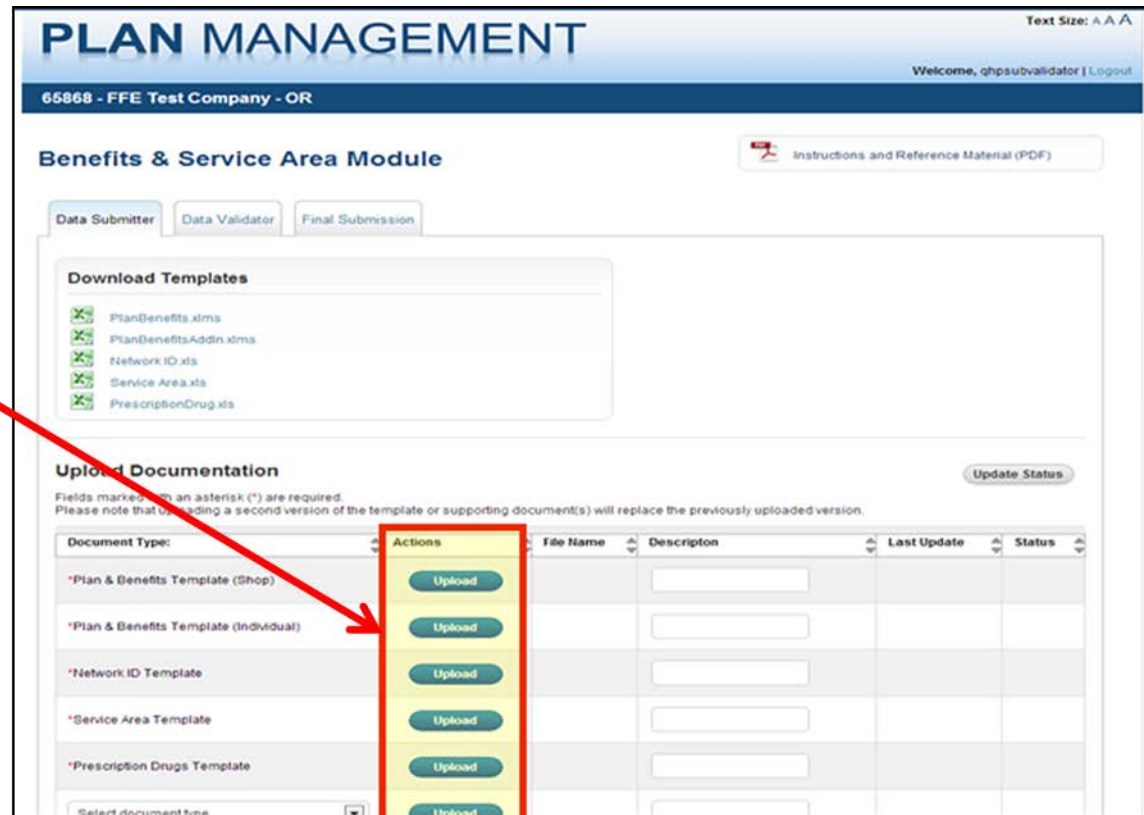
By clicking "Submit" you attest that a) all of the issuer and plan-level information submitted is correct; b) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; and, c) any data corrections submitted during the plan preview period were approved by HHS or the State for which you are applying.

Save Back to Summary Submit Section

Upload Templates

Upload completed eXtensible Markup Language (XML) template files into the Benefits & Service Area Module.

Click upload buttons to browse for xml template file.



PLAN MANAGEMENT

Text Size: A A A

Welcome, qhpsubvalidator | Logout

65868 - FFE Test Company - OR

Benefits & Service Area Module

Instructions and Reference Material (PDF)

Data Submitter | Data Validator | Final Submission

Download Templates

- PlanBenefits.xmls
- PlanBenefitsAddn.xmls
- Network ID.xls
- Service Area.xls
- PrescriptionDrug.xls

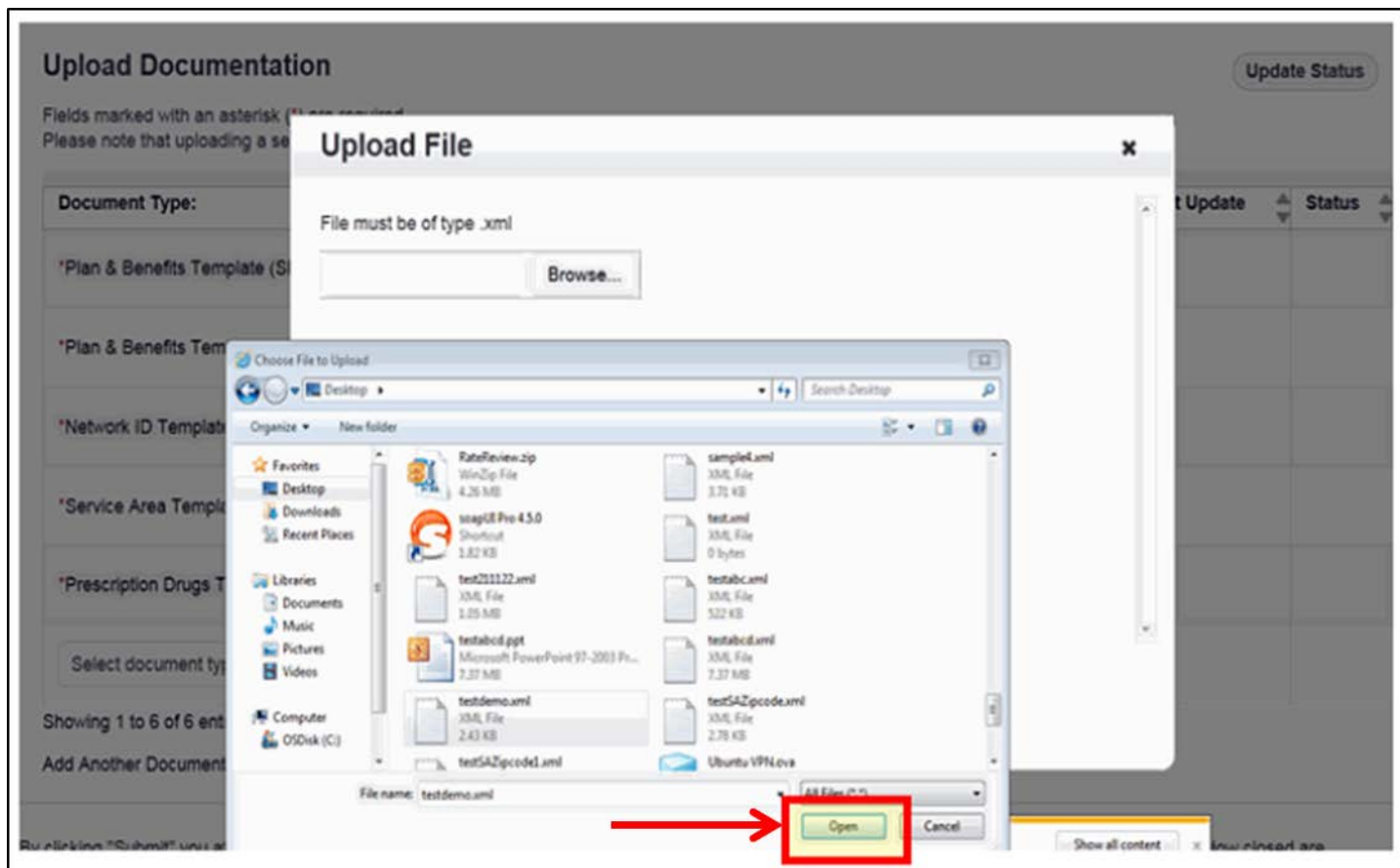
Upload Documentation

Fields marked with an asterisk (*) are required. Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (Shop)	Upload				
*Plan & Benefits Template (Individual)	Upload				
*Network ID Template	Upload				
*Service Area Template	Upload				
*Prescription Drugs Template	Upload				
Select document type	Upload				

Upload Templates

Browse for the XML file to upload and click “Open” to continue uploading.



Upload Templates

The Status column will change to “Pending” while XML files are uploading.

✓ Your document was successfully uploaded. Please click the Update Status button to track the validation progress.

Upload Documentation Update Status

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (SHOP)	Upload				
*Plan & Benefits Template (Individual)	Upload				
Dental Plan & Benefits Template (SHOP)	Upload				
Dental Plan & Benefits Template (Individual)	Upload				
*Network ID Template		64390_KS_2016_Network.xml		02/11/2015 10:07:02 AM	Pending
*Service Area Template		64390_KS_2016_ServiceArea.xml		02/11/2015 10:06:50 AM	Pending
Prescription Drugs Template	Upload				
Select document type	Upload				

Showing 1 to 8 of 8 entries

The Status column will change to “Complete” for successfully uploaded XML files.

✓ Your document was successfully uploaded. Please click the Update Status button to track the validation progress.

Upload Documentation Update Status

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)	Upload				
*Plan & Benefits Template (Individual)	Upload	PlanAndBenefits.xml		04/2/2013 3:30:32 PM	Complete
*Network ID Template	Upload	network.xls		04/2/2013 3:30:48 PM	Complete
*Service Area Template	Upload	serviceArea.xls		04/2/2013 3:30:55 PM	Complete
*Prescription Drugs Template	Upload	prescription.xls			Complete
Form		planbenefits_build23.xml		04/2/2013 3:36:21 PM	Complete

Showing 1 to 6 of 6 entries

Error Messages

If a “Failed” status is returned, click the “Failed” hyperlink to view the Error report.

Upload Documentation

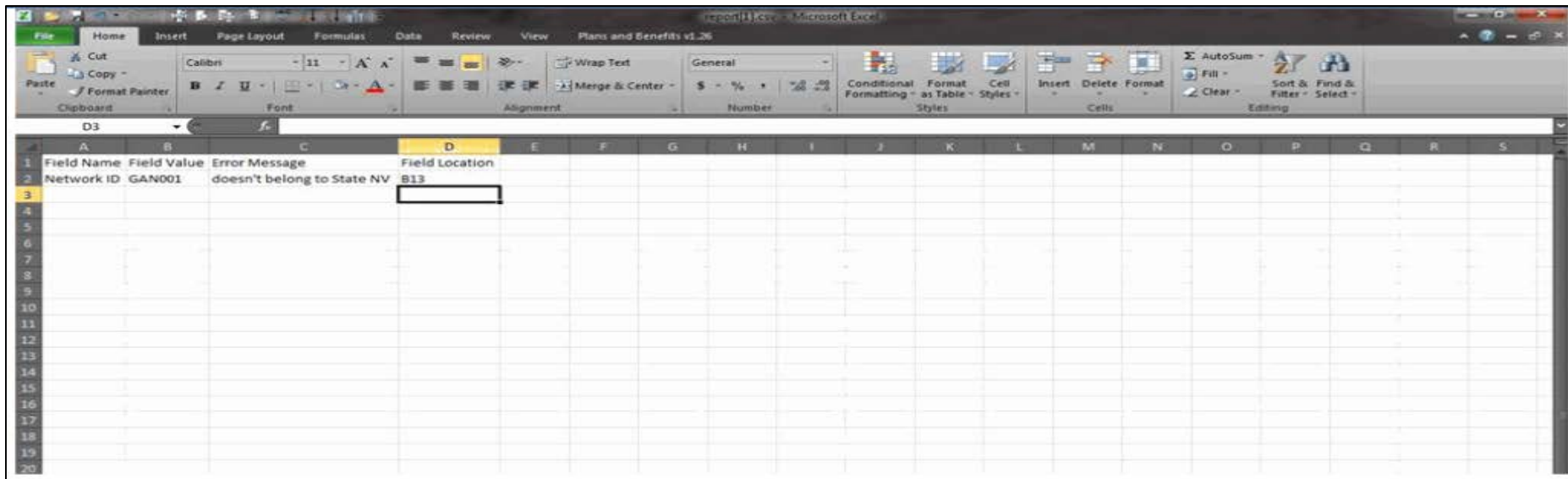
Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (SHOP)		17569-avtestShopBenefits.xlsm		04/22/2013 5:15:41 PM	Complete
Plan & Benefits Template (Individual)		17569-benefits-indiv.xml		04/22/2013 5:09:34 PM	Failed
Dental Plan & Benefits Template (SHOP)					
Dental Plan & Benefits Template (Individual)					
*Network ID Template		17569-NetworkID.xls		04/22/2013 11:04:08 AM	Complete
*Service Area Template		17569-ServiceArea.xls		04/22/2013 11:04:17 AM	Complete
*Prescription Drugs Template		17569-Prescription.xls		04/22/2013 11:04:24 AM	Complete
Select document type					

Showing 1 to 8 of 8 entries

Error Messages

Sample Error Report



Field Name	Field Value	Error Message	Field Location
Network ID	GAN001	doesn't belong to State NV	B13

- The report opens up in a .csv format and lists the errors in the file.
- The report includes 4 columns: **Field Name**, **Field Value**, and the **Error Message**, and **Field Location**.

Upload Supporting Documents

✓ Your document was successfully uploaded. Please click the Update Status button to track the validation progress.

Upload Documentation

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Update Status

Document Type:	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)	Upload				
*Plan & Benefits Template (Individual)	Upload	PlanAndBenefits.xlsm		04/2/2013 3:30:32 PM	Complete
*Network ID Template	Upload	network.xls		04/2/2013 3:30:48 PM	Complete
*Service Area Template	Upload	serviceArea.xls		04/2/2013 3:30:55 PM	Complete
*Prescription Drugs Template	Upload	prescription.xls			Complete
Select document type	Upload				
Select document type					
Form					
Statement of Variability					
Actuarial Certification					
Eligibility Justification					
Other					

By clicking "Submit," you attest that a) all of the issuer and plan-level information submitted is correct; b) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; and, c) any data corrections submitted during the plan preview period were approved by HHS or the State for which you are applying.

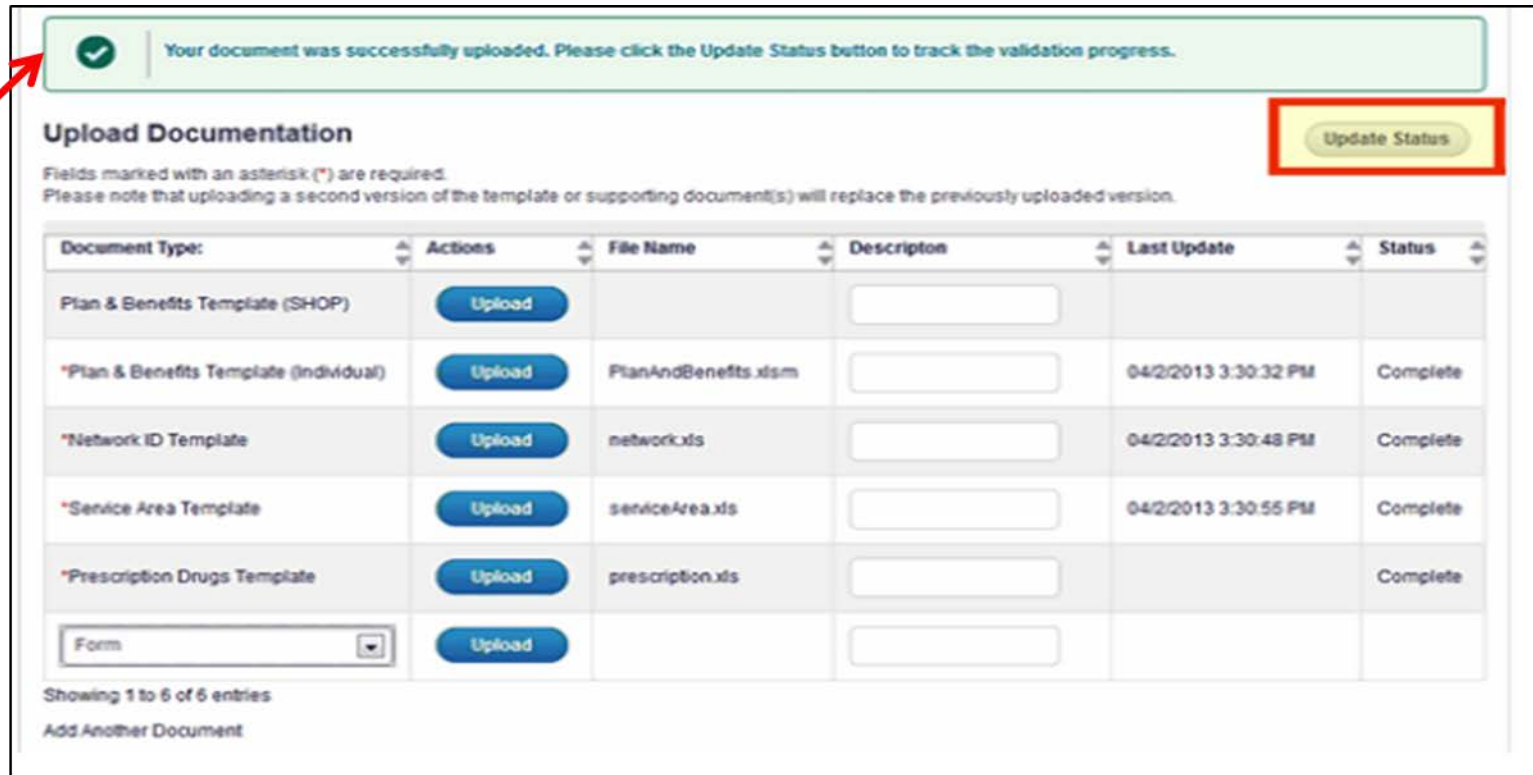
Save Back to Summary Submit Section

1. Select a document type.
2. Enter a description (including the HIOS Plan and Product IDs where appropriate).
3. Click "Upload".

Upload Supporting Documents

**Upload is successful when message is displayed.
Click “Update Status” button to continue.**

*Successful
upload
message*



The screenshot displays the CMS 'Upload Documentation' interface. At the top, a green message box with a checkmark icon states: 'Your document was successfully uploaded. Please click the Update Status button to track the validation progress.' A red arrow points from the text 'Successful upload message' to this message box. To the right of the message box is a yellow 'Update Status' button, which is also highlighted with a red rectangle. Below the message box, the 'Upload Documentation' section includes a note: 'Fields marked with an asterisk (*) are required. Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.' A table lists the uploaded documents with columns for Document Type, Actions, File Name, Description, Last Update, and Status. The table contains five rows of data, all with a status of 'Complete'. At the bottom of the table, there is a 'Form' dropdown menu and an 'Add Another Document' link.

Document Type:	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)	Upload				
*Plan & Benefits Template (Individual)	Upload	PlanAndBenefits.xlsm		04/2/2013 3:30:32 PM	Complete
*Network ID Template	Upload	network.xls		04/2/2013 3:30:48 PM	Complete
*Service Area Template	Upload	serviceArea.xls		04/2/2013 3:30:55 PM	Complete
*Prescription Drugs Template	Upload	prescription.xls			Complete
Form	Upload				

Showing 1 to 6 of 6 entries
[Add Another Document](#)

Submit Section

Complete the Benefits & Service Area QHP application by pressing “Submit Section”.

Upload Documentation Update Status

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)	Upload				
*Plan & Benefits Template (Individual)	Upload	PlanAndBenefits.xlsm		04/2/2013 3:30:32 PM	Complete
*Network ID Template	Upload	network.xls		04/2/2013 3:30:48 PM	Complete
*Service Area Template	Upload	serviceArea.xls		04/2/2013 3:30:55 PM	Complete
*Prescription Drugs Template	Upload	prescription.xls			Complete
Form		planbenefits_build23.xml		04/2/2013 3:36:21 PM	Complete

Showing 1 to 6 of 6 entries
[Add Another Document](#)

By clicking "Submit" you attest that a) all of the issuer and plan-level information submitted is correct; b) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; and, c) any data corrections submitted during the plan preview period were approved by HHS or the State for which you are applying.

[Save](#) [Back to Summary](#) [Submit Section](#)

Error Messages

Review Error Messages for any missing documents.

The screenshot displays the 'PLAN MANAGEMENT' web interface. At the top, it says '12345 - FFE Test Issuer - VT'. Below this is the 'Benefits & Service Area Module' section. A red-bordered yellow box highlights an error message: 'Please correct the following errors' followed by a list of four items: 1. Plan & Benefits Template (SHOP) is missing or has not finished processing. 2. Plan & Benefits Template (Individual) is missing or has not finished processing. 3. Network ID Template is missing or has not finished processing. 4. Service Area Template is missing or has not finished processing. Below the error message is a 'Download Templates' section with links to various files: PlanBenefits.xlsm [90.3 KB], PlanBenefitsAddIn.xlsm [1.60 MB], Network ID.xls [123 KB], Service Area.xls [244 KB], and PrescriptionDrug.xls [205 KB]. At the bottom is an 'Upload Documentation' section with a table for document uploads.

PLAN MANAGEMENT Text Size: A A A

Welcome, allqhproles | [Home](#) | [Logout](#)

12345 - FFE Test Issuer - VT

Benefits & Service Area Module

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

Please correct the following errors

1. Plan & Benefits Template (SHOP) is missing or has not finished processing.
2. Plan & Benefits Template (Individual) is missing or has not finished processing.
3. Network ID Template is missing or has not finished processing.
4. Service Area Template is missing or has not finished processing.

Download Templates

- [PlanBenefits.xlsm](#) [90.3 KB]
- [PlanBenefitsAddIn.xlsm](#) [1.60 MB]
- [Network ID.xls](#) [123 KB]
- [Service Area.xls](#) [244 KB]
- [PrescriptionDrug.xls](#) [205 KB]

Upload Documentation [Update Status](#)

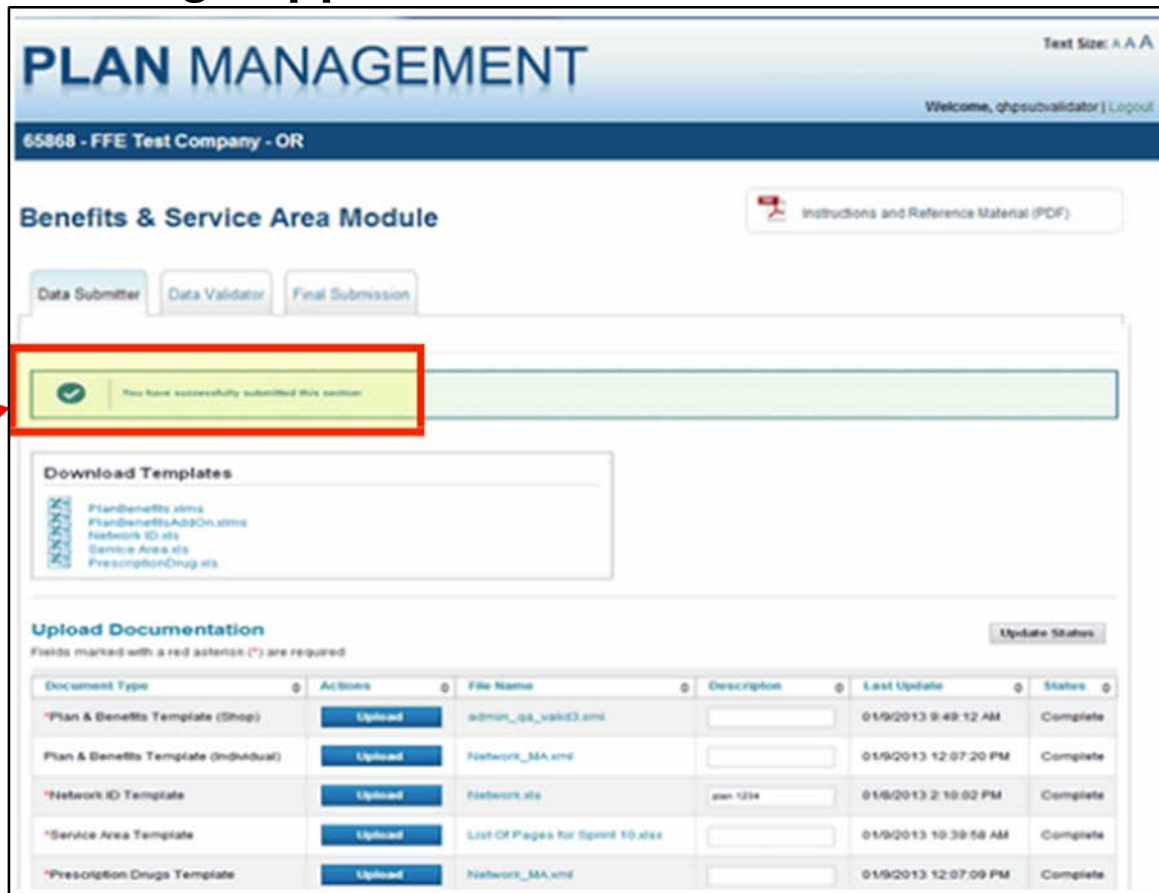
Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type:	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (SHOP)	Upload				

If page is submitted without uploading all required documentation, an error message is generated listing the specific documents to upload.

Submission Confirmation

Confirmation message appears when submission is successful.



The screenshot displays the PLAN MANAGEMENT interface. At the top, it says "PLAN MANAGEMENT" and "65868 - FFE Test Company - OR". Below this, the "Benefits & Service Area Module" is selected. A red arrow points to a green confirmation message box that reads "You have successfully submitted this section". Below the message, there is a "Download Templates" section with links for PlanBenefits.xlsx, PlanBenefitsAddOn.xlsx, Network ID.xls, Service Area.xls, and PrescriptionDrug.xls. At the bottom, the "Upload Documentation" section contains a table with columns for Document Type, Actions, File Name, Description, Last Update, and Status.

Document Type	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (Shop)	Upload	admin_gs_vald3.xml		01/9/2013 9:49:12 AM	Complete
Plan & Benefits Template (Individual)	Upload	Network_MA.xml		01/9/2013 12:07:20 PM	Complete
*Network ID Template	Upload	Network.xls	plan 1234	01/8/2013 2:10:02 PM	Complete
*Service Area Template	Upload	List Of Pages for Sgprint 10.xlsx		01/9/2013 10:39:58 AM	Complete
*Prescription Drugs Template	Upload	Network_MA.xml		01/9/2013 12:07:09 PM	Complete

Successful
submission
message

Using the Plans and Benefits Module: Data Validator Tasks

Data Validator Tasks

The Summary section is the first page displayed for the Data Validator role.

The screenshot shows the 'PLAN MANAGEMENT' interface. At the top, there's a header with 'PLAN MANAGEMENT' on the left and 'Text Size: A A A' on the right. Below the header, a welcome message says 'Welcome, qhpsubvalidator | Logout'. The main content area is titled 'Benefits & Service Area Module' and includes a link for 'Instructions and Reference Material (PDF)'. There are two tabs: 'Data Submitter' and 'Data Validator', with the latter being selected. The 'Summary' section is titled 'Validate a submission' and contains a table with three entries. The first entry has a status of 'Validation Completed' and an 'Edit' button. The second entry has a status of 'Submission Completed' and a 'Start Validation' button. The third entry has a status of 'Pending Validation' and a 'Resume' button, which is highlighted with a red box and a red arrow pointing to it from the right. Below the table, it says 'Showing 1 to 3 of 3 entries'.

Issuer ID:	Issuer Name:	State:	Last Update:	Status:	Action:
38927	FFE Company A	ID	Fri, 22 Feb 2013 20:06:16 EST	Validation Completed	Edit
54858	FFE Company B	NY	Fri, 22 Feb 2013 12:29:20 EST	Submission Completed	Start Validation
63569	FFE Company C	GA	Sun, 24 Feb 2013 16:36:18 EST	Pending Validation	Resume

Showing 1 to 3 of 3 entries

Select "Start Validation" to begin

Data Validator Tasks

Select “Yes” or “No” to validate that the submitted information is accurate.

PLAN MANAGEMENT

Text Size: A A A

Welcome, allqhproles | [Home](#) | [Logout](#)

12345 - FFE Test Issuer - VT

Benefits & Service Area Module

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

Data Submitter

Data Validator

Final Submission

Please review the completed templates and supplementary documents.
Fields marked with an asterisk (*) are required.

Document Type:	File Name	Description	Last Update	Status
*Plan & Benefits Template (SHOP)	17569-avtestShopBenefits.xsm		04/22/2013 5:15:41 PM	Complete
*Plan & Benefits Template (Individual)	17569-benefits-indiv.xml		04/22/2013 5:09:34 PM	Failed
Dental Plan & Benefits Template (SHOP)				
Dental Plan & Benefits Template (Individual)				
*Network ID Template	17569-NetworkID.xls		04/22/2013 11:04:08 AM	Complete
*Service Area Template	17569-ServiceArea.xls		04/22/2013 11:04:17 AM	Complete
Prescription Drugs Template	17569-Prescription.xls		04/22/2013 11:04:24 AM	Complete

Showing 1 to 7 of 7 entries

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

☐ Yes ☐ No

Data Validator Tasks

If the files are successfully validated, a message will display confirming successful validation.

PLAN MANAGEMENT Text Size: A A A

Welcome, allqhproles | [Home](#) | [Logout](#)

12345 - FFE Test Issuer - VT

Benefits & Service Area Module

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

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

 **You have successfully validated this section**

Please review the completed templates and supplementary documents.
Fields marked with an asterisk (*) are required.

Document Type:	File Name	Description	Last Update	Status
*Plan & Benefits Template (SHOP)	17569-avtestShopBenefits.xlsm		04/22/2013 5:15:41 PM	Complete
*Plan & Benefits Template (Individual)	17569-benefits-indiv.xml		04/22/2013 5:09:34 PM	Failed
Dental Plan & Benefits Template (SHOP)				
Dental Plan & Benefits Template (Individual)				
*Network ID Template	17569-NetworkID.xls		04/22/2013 11:04:08 AM	Complete
*Service Area Template	17569-ServiceArea.xls		04/22/2013 11:04:17 AM	Complete
Prescription Drugs Template	17569-Prescription.xls		04/22/2013 11:04:24 AM	Complete

Showing 1 to 7 of 7 entries

*Successful
validation
message*

Data Validator Tasks

Review, confirm, and select “Submit Section” after receiving a successful validation message.

Benefits & Service Area Module [Instructions and Reference Material \(PDF\)](#)

Data Submitter Data Validator Final Submission

 You have successfully submitted this section.

Download Templates

- PlanBenefits.docx
- PlanBenefitsAddOn.docx
- Network_ID.xls
- ServiceArea.xls
- PrescriptionDrug.xls

Upload Documentation [Update Status](#)

Fields marked with a red asterisk (*) are required

Document Type	Actions	File Name	Description	Last Update	Status
*Plan & Benefits Template (Shop)	Upload	admin_ca_valid3.xls		6/5/2013 9:49:12 AM	Complete
Plan & Benefits Template (Individual)	Upload	Network_MA.xls		6/5/2013 12:07:20 PM	Complete
*Network ID Template	Upload	Network.xls	plan id#	6/5/2013 2:19:02 PM	Complete
*Service Area Template	Upload	List Of Pages for Spent to Allow		6/5/2013 10:39:58 AM	Complete
*Prescription Drugs Template	Upload	Network_MA.xls		6/5/2013 12:07:09 PM	Complete
Form		USP ERRORS.xls		6/5/2013 10:43:50 AM	Complete
Statement of Validity		Spent 12-13 stores.docx		6/5/2013 12:58:49 PM	Complete
Unique Plan Design		USP valid exception.xls		6/5/2013 10:44:53 AM	Complete
	Upload				

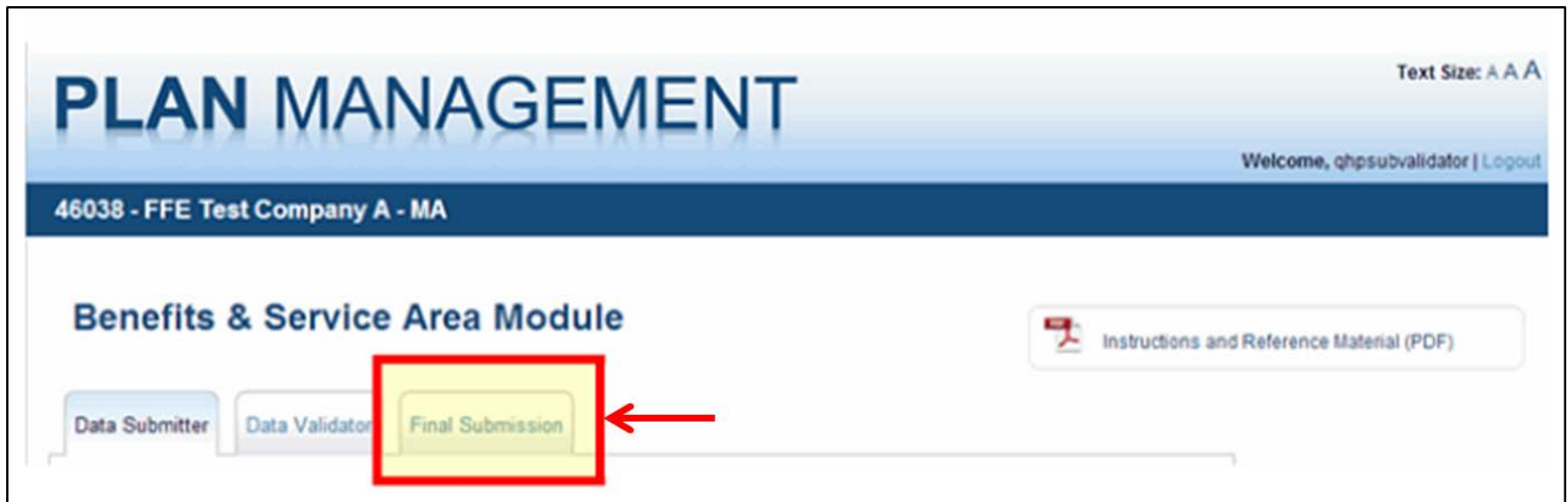
Showing 1 to 9 of 9 entries
[Add Another Document](#)

[Save](#) [Back to Summary](#) [Submit Section](#)

Using the Plans and Benefits Module: Final Submission Tasks

Final Submission Tasks

Begin final submission by clicking on the Final Submission tab.



Final Submission Page

The Final Submission page allows users to perform two functions: cross validation and final submission of the QHP application.

PLAN MANAGEMENT

Text Size: A A A

Welcome, qhpsubvalidator | Logout

46038 - FFE Test Company A - MA

Final Submission

PDF

Instructions and Reference Material (PDF)

Data Submitter

Data Validator

Final Submission

✓

Issuer ID 46038 has been successfully Cross Validated.

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/19/2013 2:27:28 PM	Validation Completed
Benefits and Service Area Module	02/19/2013 2:27:28 PM	Validation Completed
Rating Module	02/19/2013 2:27:28 PM	Validation Completed

Back

Cross Validate

Submit

PLAN MANAGEMENT

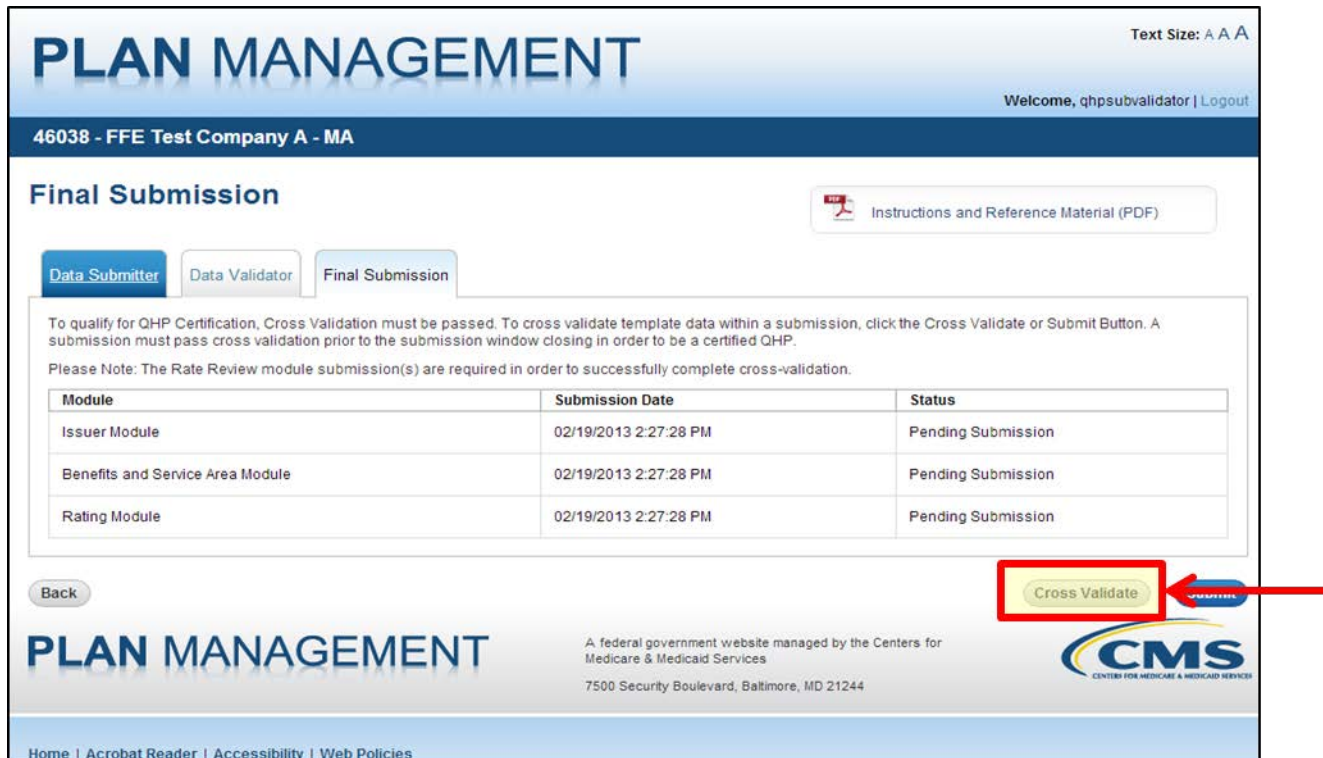
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CENTERS FOR MEDICARE & MEDICAID SERVICES

Final Submission Tasks

Use the Final Submission section to first “Cross Validate” and then “Submit”.



PLAN MANAGEMENT

Text Size: A A A

Welcome, qhpsubvalidator | Logout

46038 - FFE Test Company A - MA

Final Submission

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

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

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/19/2013 2:27:28 PM	Pending Submission
Benefits and Service Area Module	02/19/2013 2:27:28 PM	Pending Submission
Rating Module	02/19/2013 2:27:28 PM	Pending Submission

[Back](#) [Cross Validate](#) [Submit](#)

PLAN MANAGEMENT

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 CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

[Home](#) | [Acrobat Reader](#) | [Accessibility](#) | [Web Policies](#)

Final Submission Tasks

If errors are generated, view the error report and fix the inconsistencies detected. Once errors are fixed, cross-validate and re-submit.

The screenshot shows the 'PLAN MANAGEMENT' interface for '56917 - Blue Cross Blue Shield of Vermont - VT'. The 'Final Submission' tab is active. A yellow error message box states: 'There were errors identified during cross-validation between templates. Please download the error report below for details.' Below this, a link 'Download Final Submission Error Report' is shown with a file icon and the name 'ErrorReport.csv'. A red box highlights this area, and a red arrow points from it to the 'Example Error Report' table on the right. At the bottom, a table lists modules and their submission status.

Module	Submission Date	Status
Issuer Module	02/14/2013 5:00:40 PM	Pending Submission
Benefits and Service Area Module	02/14/2013 5:00:40 PM	Pending Submission
Rating Module	02/14/2013 5:00:40 PM	Pending Submission

Example Error Report

	A	B	C	D	E	F
1	URAC template has not been uploaded					
2	NCQA template has not been uploaded					
3	Rate Table template has not been uploaded					
4	Admin template has not been uploaded					
5	Prescription Drug template has not been uploaded					
6	PlanBenefit-Small Group template has not been uploaded					
7	PlanBenefit-Individual template has not been uploaded					
8	ECP template has not been uploaded					
9	Network template has not been uploaded					
10	Service Area template has not been uploaded					
11	Rate Business Rules template has not been uploaded					
12	The following NetworkId's exist in Benefit but not in Networ					
13	Not yet checking RateTable dates for PlanBenefit-Individual					
14	Not currently checking URR planid's					
15	Issuer Module is not complete and validated					
16						

Final Submission Tasks

Complete Final Submission

PLAN MANAGEMENTText Size: A A A

Welcome, qhpsubvalidator | Logout

46038 - FFE Test Company A - MA

Final Submission

Instructions and Reference Material (PDF)

Data SubmitterData ValidatorFinal Submission

 **Issuer ID 46038 has been successfully Cross Validated.**

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/19/2013 2:27:28 PM	Validation Completed
Benefits and Service Area Module	02/19/2013 2:27:28 PM	Validation Completed
Rating Module	02/19/2013 2:27:28 PM	Validation Completed

BackCross ValidateSubmit

PLAN MANAGEMENT

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Using the Plans and Benefits Module: Best Practices

Data Submitter Tasks: Add-in File

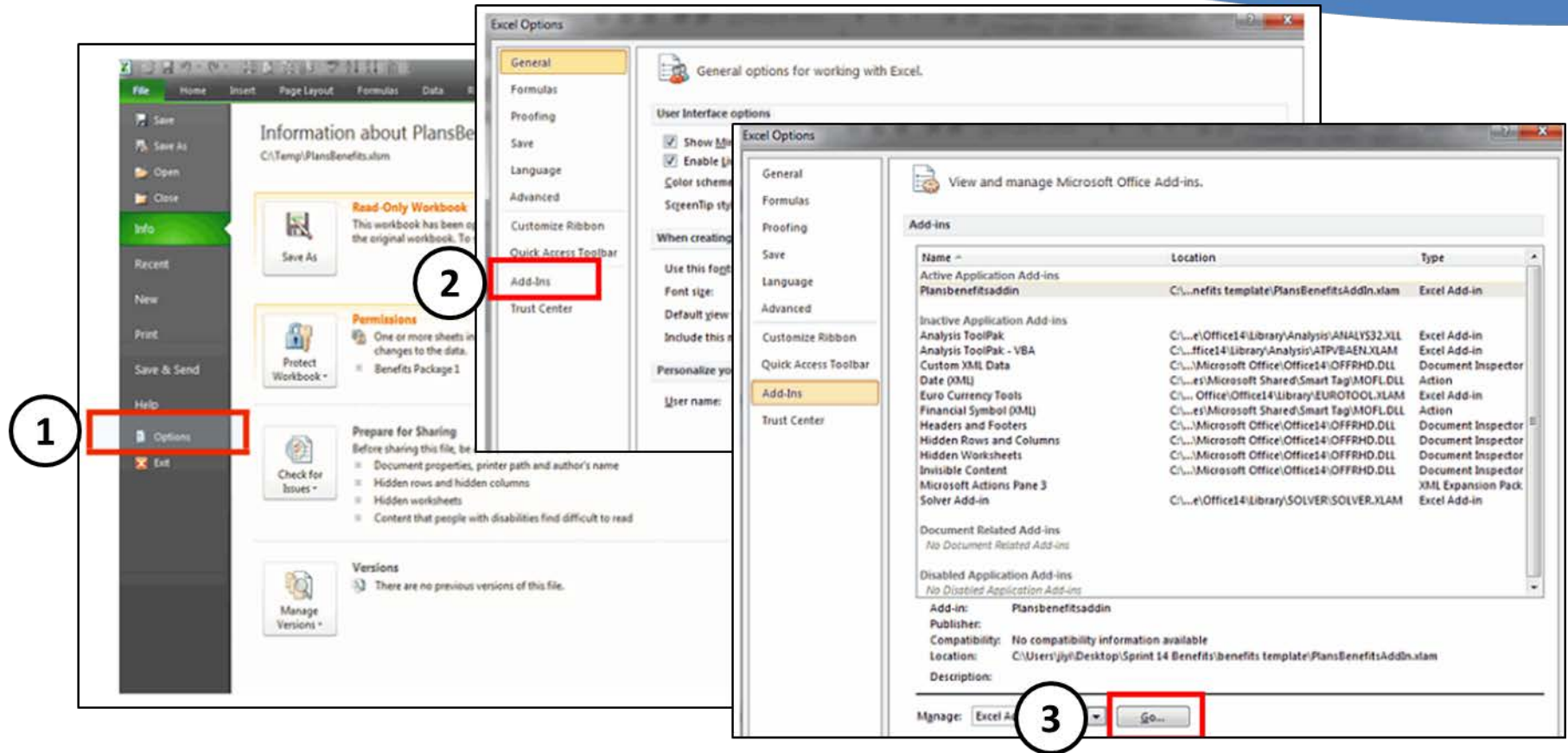
Use the Plans & Benefits Template and the Plans & Benefits add-in file to enter plan information.

2018 Plans & Benefits Template v7.1			To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required					
HIOS Issuer ID*			You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.					
Issuer State*			To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) mark					
Market Coverage*			To create additional Benefits Package worksheets, use the Create New Benefits Package macro.					
Dental Only Plan*			To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.					
TIN*								
Plan Identifiers								
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*

Open the template file to start.

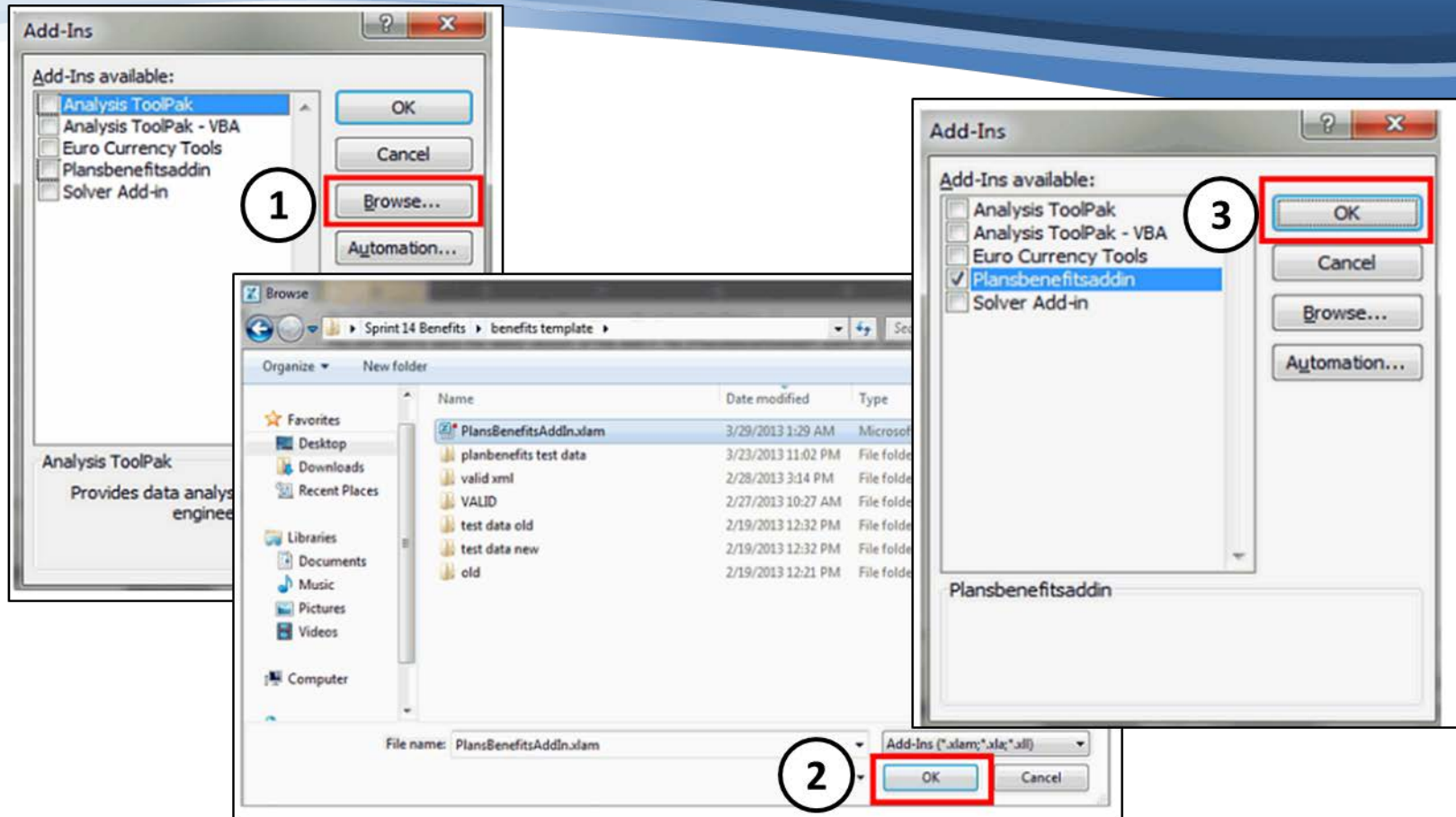
Data Submitter Tasks: Add-in File

Navigate to the Add-in File



(1) Click "Options" → (2) "Add-Ins" → (3) "Go"

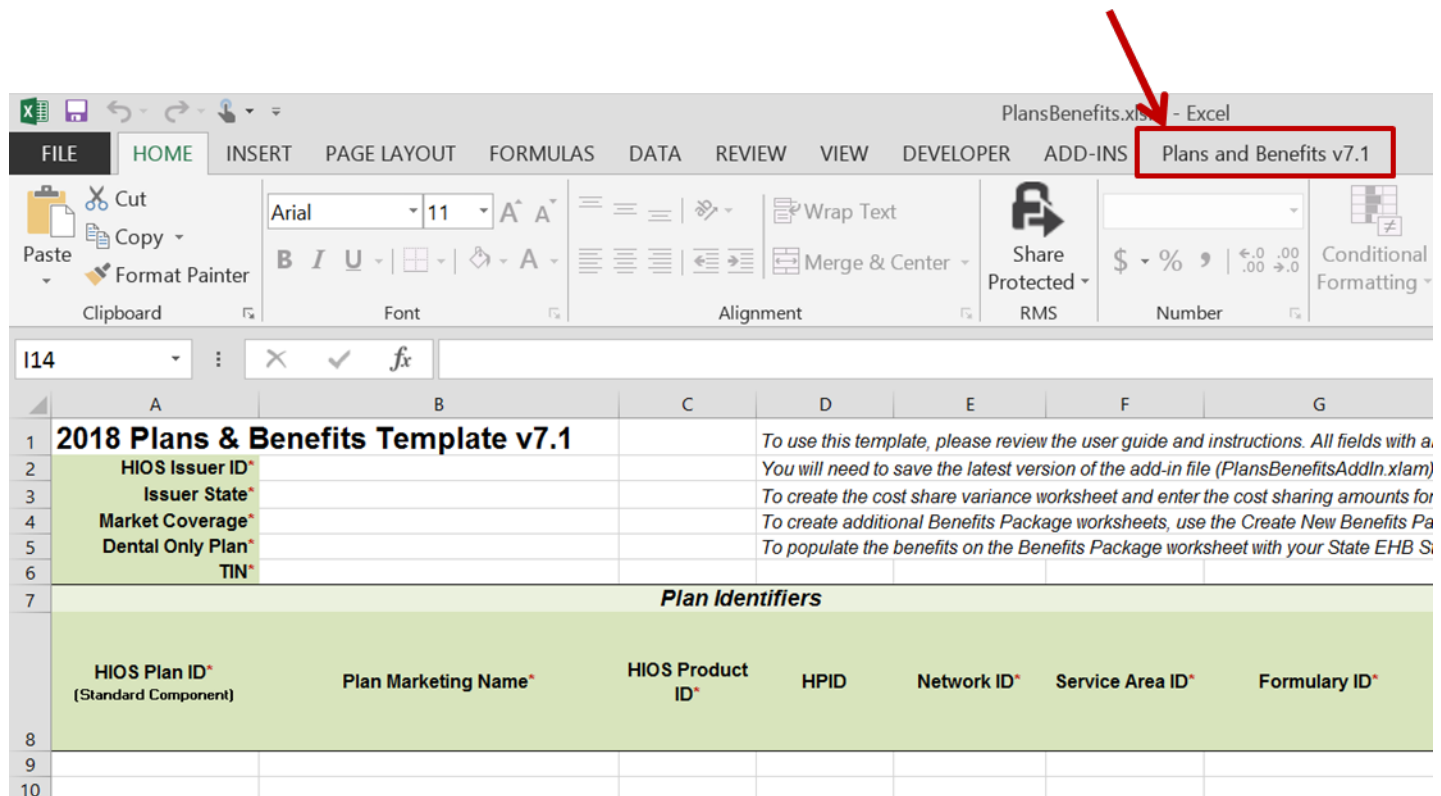
Data Submitter Tasks: Add-in File



(1) Click "Browse" → (2) Select the "PlanBenefitsAddIn.xlam", click "OK"
→ (3) Select the "Planbenefitsaddin", click "OK"

Data Submitter Tasks: Add-in File

The Plans and Benefits tab will be added to the Excel ribbon.



General Best Practice Tips

When using templates, we recommend the following best practices to ensure a successful experience:

- Download new 2018 templates
- Make sure you have the most recent version of the Add-in file installed
- Make sure you have the most up to date version of the AV calculator
- Enable Macros
- Save Work Frequently
- Delete Old versions of blank templates
- The supported versions of Microsoft Excel have been updated for Market Year 2018. We recommend using Excel 2010 or Excel 2013 for each of the QHP Application templates.

Additionally -

- Issuers that are applying for QHP certification in states performing plan management functions in an FFM should not submit QHP Applications into HIOS

System Requirements

The supported system requirements for the Modules are as follows:

Browser Requirements

- Internet Explorer 11
- Firefox 50.0

Excel Requirements

- Microsoft 2010
- Microsoft 2013

Resources at a Glance

Resource	Audience	Primary Use	Look here for:	Access
HIOS / Issuer Portal	All Issuers	Allows issuers access to tools like RBIS	Registration to provide issuer information for Plan Finder	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	- Community specific documents - CMS templates	- CALT ID to access until 5/24/14 - EIDM profile after 6/1/14 Access Link
REGTAP	Open registration	Information hub for CMS technical assistance related to Marketplace and Prem Stabilization programs	- Registration for recurring training sessions - Training materials	- Open - Register on site and create log in Access Link
SERFF	All Issuers	System supporting rate and form filings submissions to the states and jurisdictions	- Assistance with state filing submission requirements - CMS templates	Fee based Access Link
CALT	CMS and designated CMS partners	Social platform to assist with collaboration on CMS led Initiatives	CMS documents	- Closed community - CMS approval required

Summary

During today's session, we reviewed:

- Benefits and Service Area Module
 - Overview & Templates
 - Data Submitter Tasks
 - Data Validator Tasks
 - Final Submission Tasks
- Resources & Best Practice tips

Thank you for your attention!

Questions?



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 the HIOS
Call: 855-CMS-1515 or **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state SERFF
Email: serffplanmgmt@naic.org
- **CMS Help Desk** with questions about policy
Call: 855-CMS-1515 or **Email: CMS_FEPS@cms.hhs.gov**

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 SHOP or Individual Marketplace.

PM Webinar Dates

The 2017 QHP March Webinar Series III sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
3/9/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A for the Plans and Benefits Template
3/14/17	Tuesday	3:00 p.m. – 4:00 p.m.	No Webinar (Issuer Onsite Conference)
3/16/17	Thursday	1:00 p.m. – 2:00 p.m.	No Webinar (Issuer Onsite Conference)
3/21/17	Tuesday	3:00 p.m. – 4:00 p.m.	Business Rules Template, Rates Table Template and related Dental FAQs Review
3/23/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
3/28/17	Tuesday	3:00 p.m. – 4:00 p.m.	New Tool Kit Demo
3/30/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

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>.

Additional Webinar Dates

In addition to the weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays (Bi-Weekly)	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays (Bi-Weekly)	1:00 p.m. – 2:00 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>.

HIOS User Group Conference Call

- The 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

Resources

Resource	Resource Link
CMS	http://www.cms.gov/
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
Data Templates	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
HealthCare.gov	http://www.healthcare.gov/
National Conference of State Legislatures (NCSL)	http://www.ncsl.org
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFM	Federally-facilitated Marketplace
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
SBM	State-based Marketplace
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks