

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

March 12, 2020

2020 Qualified Health Plan (QHP) Series

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The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was shared. Links to certain source documents may have been provided for your reference. We encourage persons attending the presentation to refer to the applicable statutes, regulations, and other guidance for complete and current information.



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Intended Audience

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FEEs), State Partnership Exchanges (SPEs), State-based Exchanges on the Federal Platform (SBEs-FP), SBEs and Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Key Dates
- Additional Webinar Sessions
- Announcements
- QHP Plans and Benefits Template Updates and Benefits and Service Area Module Overview
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- 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
Tuesday, April 14, 2020	Data Change Request Submission	Deadline for issuers to submit data change requests for Plan Year (PY) 2020 April Small Business Health Options Program (SHOP) Quarterly Rates Data Correction Window

Additional Webinar Sessions

All questions regarding Enrollment or 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>.

REGISTRATION NOW OPEN!

Registration Deadlines:

Onsite In-Person: April 15, 2020 Noon ET

Onsite Remote: April 17, 2020 Noon ET

Additional Remote-Only Sessions : April 26, 2020 Noon ET

Qualified Health Plan (QHP)

ISSUER CONFERENCE

Onsite In-Person and Remote: April 21, 2020

Additional Remote Only Sessions:

April 27, April 29, and May 1, 2020

This event is intended for issuers applying for QHP certification in the Federally-facilitated Exchange. Registration is required to participate in person or remotely.

Register today at [HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)



CMS HEADQUARTERS IN
BALTIMORE, MD



Announcements

Benefits and Service Area Module

Introduction

The purpose of this presentation is to provide a high level overview of the **Benefits and Service Area Module**.

- **Objectives:**

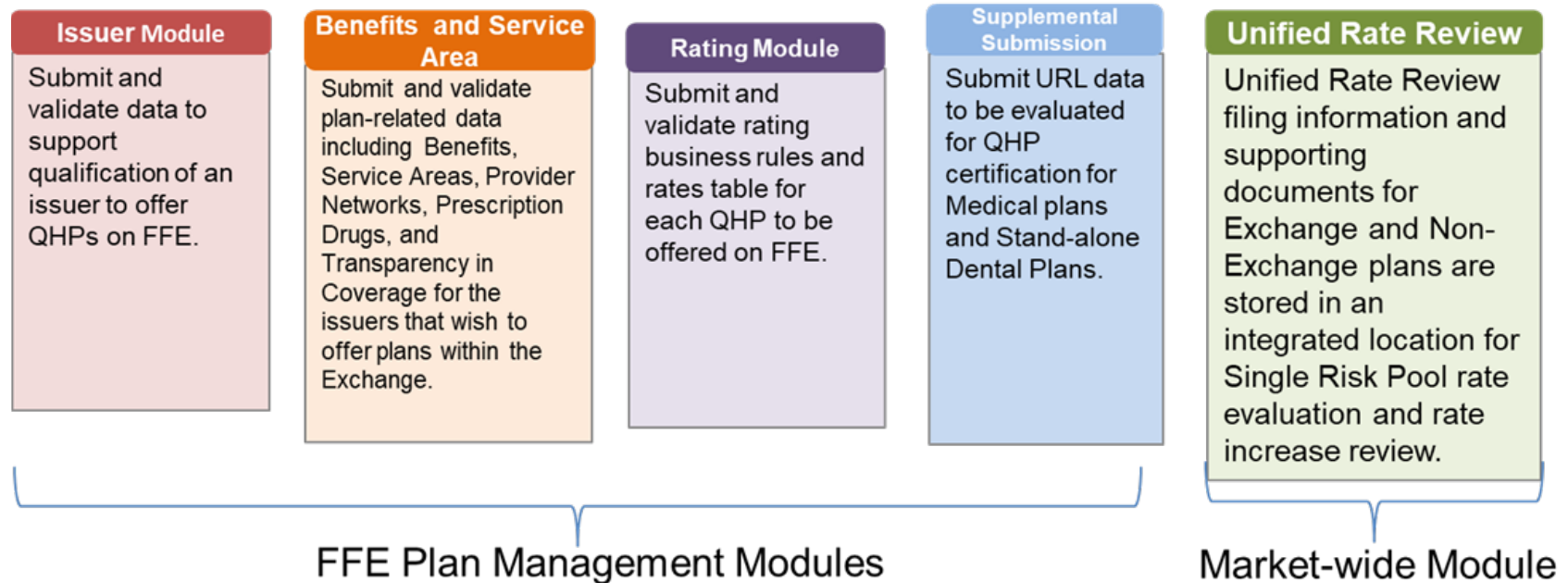
- Refresh understanding on the Benefits and Service Area Module and corresponding template best practices.

- **Intended Audience:**

- Experienced Issuers using the Benefits and Service Area Module from last year
- New Issuers interested in a high-level discussion of the Benefits and Service Area Module

Plan Management Overview

There are five (5) Federally Facilitated Exchange (FFE) Plan Management and Market-wide data collection modules.



Plans and Benefits Template Updates

New: Tax Identification Number (TIN) removed from PB template

- Tax Identification Number (TIN) will no longer be collected in 2021 PB templates.
- Field has been removed.

2020 Plans & Benefits Template v9.0			To
HIOS Issuer ID*			Yo
Issuer State*			To
Market Coverage*			To
Dental Only Plan*			To
TIN*			
<i>Plan Identifiers</i>			
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	

2021 Plans & Benefits Template v10.0			To
HIOS Issuer ID*			Yo
Issuer State*			To
Market Coverage*			To
Dental Only Plan*			To
<i>Plan Identifiers</i>			
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	

New: National Health Plan Identifier (HPID) is removed

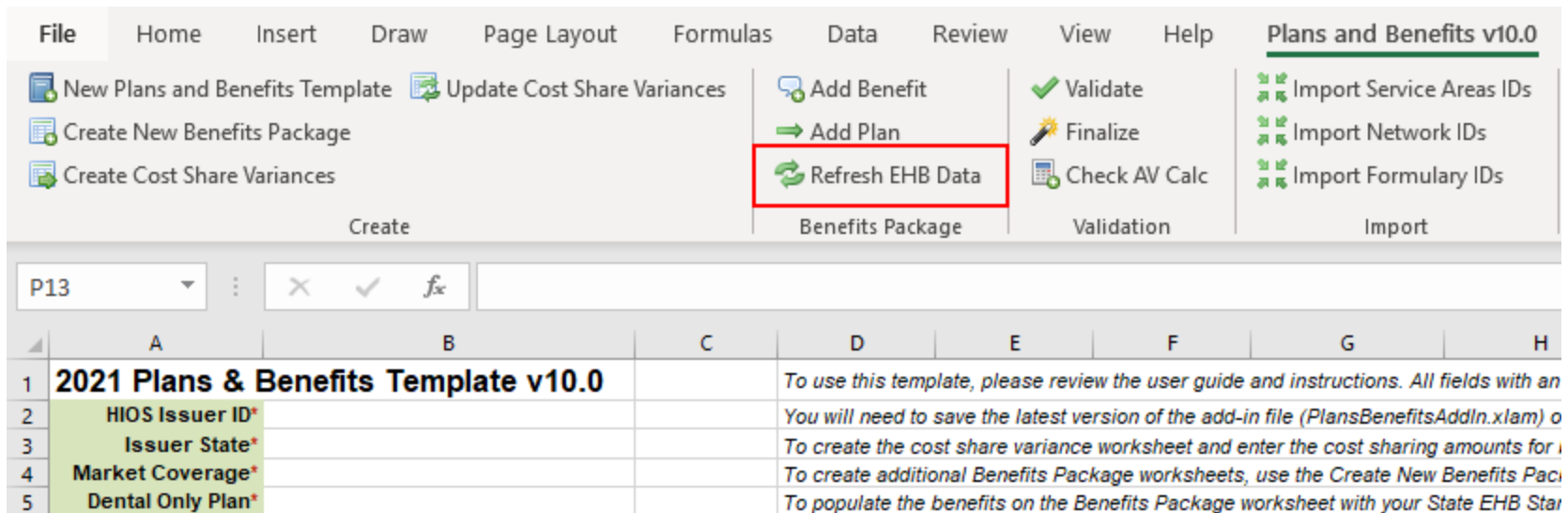
- National Health Plan Identifier (HPID) columns is removed from the 2021 PB templates.

2020 Plans & Benefits Template v9.0				
HIOS Issuer ID*				
Issuer State*				
Market Coverage*				
Dental Only Plan*				
TIN*				
Plan Identifiers				
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*

2021 Plans & Benefits Template v10.0				
HIOS Issuer ID*	10333			
Issuer State*	TX			
Market Coverage*	Individual			
Dental Only Plan*	No			
Plan Identifiers				
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	Network ID*	

Essential Health Benefits (EHB): Reference File Updated for Plan Year (PY)2021

- The EHB Reference file in the Plans and Benefits Template Add-in File will be replaced with an updated version for PY2021.



The screenshot shows the Microsoft Excel ribbon for the 'Plans and Benefits v10.0' add-in. The ribbon is divided into several groups: 'Create', 'Benefits Package', 'Validation', and 'Import'. The 'Refresh EHB Data' button, located in the 'Benefits Package' group, is highlighted with a red rectangular border. Below the ribbon, the worksheet grid is visible, showing the title '2021 Plans & Benefits Template v10.0' in cell A1. The first five rows of the grid contain the following text:

	A	B	C	D	E	F	G	H
1	2021 Plans & Benefits Template v10.0			<i>To use this template, please review the user guide and instructions. All fields with an</i>				
2	HIOS Issuer ID*			<i>You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) o</i>				
3	Issuer State*			<i>To create the cost share variance worksheet and enter the cost sharing amounts for</i>				
4	Market Coverage*			<i>To create additional Benefits Package worksheets, use the Create New Benefits Paci</i>				
5	Dental Only Plan*			<i>To populate the benefits on the Benefits Package worksheet with your State EHB Star</i>				

AV Calculator: Validations

- The Plans and Benefits Template will be updated to validate that the user selected the PY2021 Actuarial Value Calculator (AVC) based on the major version number in the stand-alone AVC.

URL Data Collection Updates

New: The Network and Prescription Drugs templates no longer accept URLs

- URL data will no longer be submitted via Network or Prescription Drugs templates, and instead will be input via SSM module. These columns are no longer in 2021 PB templates.

2020 Prescription Drug Formulary Template v9.0

All fields with an asterisk () are required.*

Validate

Finalize

HIOS Issuer ID*
Issuer State*

Create Formulary IDs

Formulary ID*	Formulary URL*	Drug List ID*	Number of Tiers*
Required: Select the Formulary ID	Required: Enter the Formulary URL	Required: Select the Drug List ID (from Drug Lists sheet)	Required: Select the number of Tiers

Click the Create Formulary IDs button (or Ctrl + Shift + I) to create formulary IDs based on your state. Select how many formulary IDs you want to create. Enter all RXCDs.

2020 Network Template v9.0

All fields with an asterisk () are required.*

Validate

Finalize

HIOS Issuer ID*
Issuer State*

Create Network IDs

Network Name*	Network ID*	Network URL*
Required: Enter the Network Name	Required: Select the Network ID	Required: Enter the Network URL

To validate the template, press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F. Click Create Network IDs button (or Ctrl + Shift + N) to create network ids based on your state. Network IDs will populate in the drop-down box in Network ID column. Use each Network ID only once.

Overview of the Benefits and Service Area Module

Benefits and Service Area Module Overview

The QHP Benefits and Service Area Module can be accessed within the Health Information Oversight System (HIOS).

Health Insurance Oversight System

Welcome, Sandra Ortega | Logout

Home Knowledge Center Help

We are in the process of updating the site. You will see an updated HIOS homepage as well as existing HIOS pages as you navigate throughout the site.

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](#)

Overview

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

1. Data Submitter Tasks

- Download templates
- Work with the Add-in file
- Upload templates
- Resolve errors noted in the errors report

2. Data Validator Tasks

3. Final Submission

Benefits and Service Area Module Pages

Issuers will interact with four (4) pages:

- Summary Page
 - Start a new submission.
 - Continue working on a pending submission.
 - View a completed submission.
- Issuer Submitter Page
 - Download templates.
 - Upload completed templates and supporting documents.
- Issuer Validator Page
 - Validate the data submitted by the Issuer Submitter
- Final Submission Page
 - Cross validate application.
 - Submit application.

Using the Benefits and Service Area : Data Submitter Tasks

Summary Page

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

PLAN MANAGEMENT Text Size: ▲▲▲

PLAN YEAR : 2021
Welcome, TEST119@FFETEST.COM | Logout

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

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

Start working on a Benefits and Service Area Module Submission

Issuer: **Start Benefits Module** ← *"Start Benefits Module" Start a new application*

Resume an Existing Submission

Issuer ID	Issuer Name	State	Last Update	Status	Action
10011	FFE Company A	TX		Cross Validations Complete	View
10055	FFE Company B	TX		Cross Validations Complete	View
10064	FFE Company C	IN		Returned for Changes	Resume
10207	FFE Company D	VA		Pending Submission	Resume
10333	FFE Company E	TX	1/16/2020 11:27:45 AM	Returned for Changes	Resume
10466	FFE Company F	MO		Cross Validations Complete	View
10641	FFE Company G	WI		Pending Submission	Resume
10998	FFE Company H	MI	6/13/2018 4:34:15 PM	Cross Validations Complete	View
11082	FFE Company I	AK	6/5/2018 4:13:54 PM	Pending Submission	Resume
11104	FFE Company J	IN	1/2/2020 4:31:23 PM	Pending Validation	View

Showing 1 to 10 of 23 entries [First](#) [Previous](#) [1](#) [2](#) [3](#) [Next](#) [Last](#)

"View" Look at a validated application → *"Resume" Continue working on saved application* →

Summary Page (continued)

Issuers located in a State that performs plan management functions for both the Individual Exchange and the Small Business Health Options Program (SHOP) will be restricted from creating a Benefits & Service Area submission.

PLAN MANAGEMENT

Text Size: [A](#) [A](#) [A](#)

PLAN YEAR : 2021

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Benefits & Service Area Module - Summary



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

[Data Submitter](#)

[Data Validator](#)



The selected Issuer is located in a state that performs plan management functions. Please submit QHP data through the System for Electronic Rates and Form Filing (SERFF), after which the state will transfer the application data to HIOS.

Start working on a Benefits and Service Area Module Submission

Issuer:

NOTE: The selected Issuer is located in a state that performs plan management functions. Please submit QHP data through the System for Electronic Rates and Form Filing (SERFF), after which the state will transfer the application data to HIOS.

[Start Benefits Module](#)

12345 Test Company

New: Transparency in Coverage UI upload

- Transparency in Coverage template will now be available to upload and validate via Benefits and Service Area module or Plan Transfer.
- Transparency in Coverage collects information regarding issuer-level claims and appeals.

* Transparency in Coverage Template	<input type="button" value="Upload"/>		<input type="text"/>
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Benefits and Service Area Page

PLAN MANAGEMENT
Text Size: [A](#) [A](#) [A](#)

PLAN YEAR : 2021
 Welcome, TEST119@FFTEST.COM | [Logout](#)

12345 - Test Company - FL

Benefits & Service Area Module

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

Data Submitter
Data Validator
Final Submission

Download Templates

- [PlanBenefits.xlsx \[90.3 KB\]](#)
- [PlanBenefitsAddin.xlsx \[1.60 MB\]](#)
- [Network ID.xls \[123 KB\]](#)
- [Service Area.xls \[244 KB\]](#)
- [PrescriptionDrug.xls \[205 KB\]](#)
- [TransparencyInCoverage.xlsx \[612 KB\]](#)

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		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload		<input type="text"/>		
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
<input type="text" value="Select document type"/>	Upload		<input type="text"/>		

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

- Download blank Plans and Benefits, Network ID, Service Area, Prescription Drugs, and Transparency in Coverage 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 and Benefits
- Network ID
- Service Area
- Prescription Drugs
- Transparency in Coverage

PLAN MANAGEMENT
Text Size: ▲▲▲

12345 - Test Company - FL
PLAN YEAR : 2021
Welcome, TEST119@FFETEST.COM | Logout

Benefits & Service Area Module

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

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

Download Templates

- [PlanBenefits.xslm \[90.3 KB\]](#)
- [PlanBenefitsAddIn.xslm \[1.60 MB\]](#)
- [Network_ID.xls \[123 KB\]](#)
- [Service_Area.xls \[244 KB\]](#)
- [PrescriptionDrug.xls \[205 KB\]](#)
- [TransparencyInCoverage.xslm \[612 KB\]](#)

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 Updated	Status
* Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload		<input type="text"/>		
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
<input type="text" value="Select document type"/>	Upload		<input type="text"/>		

Showing 11 to 9 of 9 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; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHP's.

[Save](#)
[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



Download Templates (Continued)

Available templates:

- Plans and Benefits
- Network ID
- Service Area
- Prescription Drugs
- Transparency in Coverage

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



PLAN MANAGEMENT Text Size: [A](#) [A](#) [A](#)

PLAN YEAR : 2021
Welcome, TEST119@FFETEST.COM | [Logout](#)

12345 - Test Company - FL

Benefits & Service Area Module

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

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

Download Templates

- [PlanBenefits.xism \[90.3 KB\]](#)
- [PlanBenefitsAddin.xlam \[1.60 MB\]](#)
- [Network ID.xls \[123 KB\]](#)
- [Service Area.xls \[244 KB\]](#)
- [PrescriptionDrug.xls \[205 KB\]](#)
- [TransparencyInCoverage.xism \[612 KB\]](#)

Upload Templates

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

Click upload buttons to browse for the XML template file.

Benefits & Service Area Module

Instructions and Reference Material (PDF) [2.36 MB]

Data Submitter | Data Validator | Final Submission

Download Templates

- PlanBenefits.xmlam [95.3 KB]
- PlanBenefitsAdmin.xmlam [1.60 MB]
- NetworkID.xls [123 KB]
- ServiceArea.xls [244 KB]
- PrescriptionDrug.xls [205 KB]
- TransparencyInCoverage.xmlam [612 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.

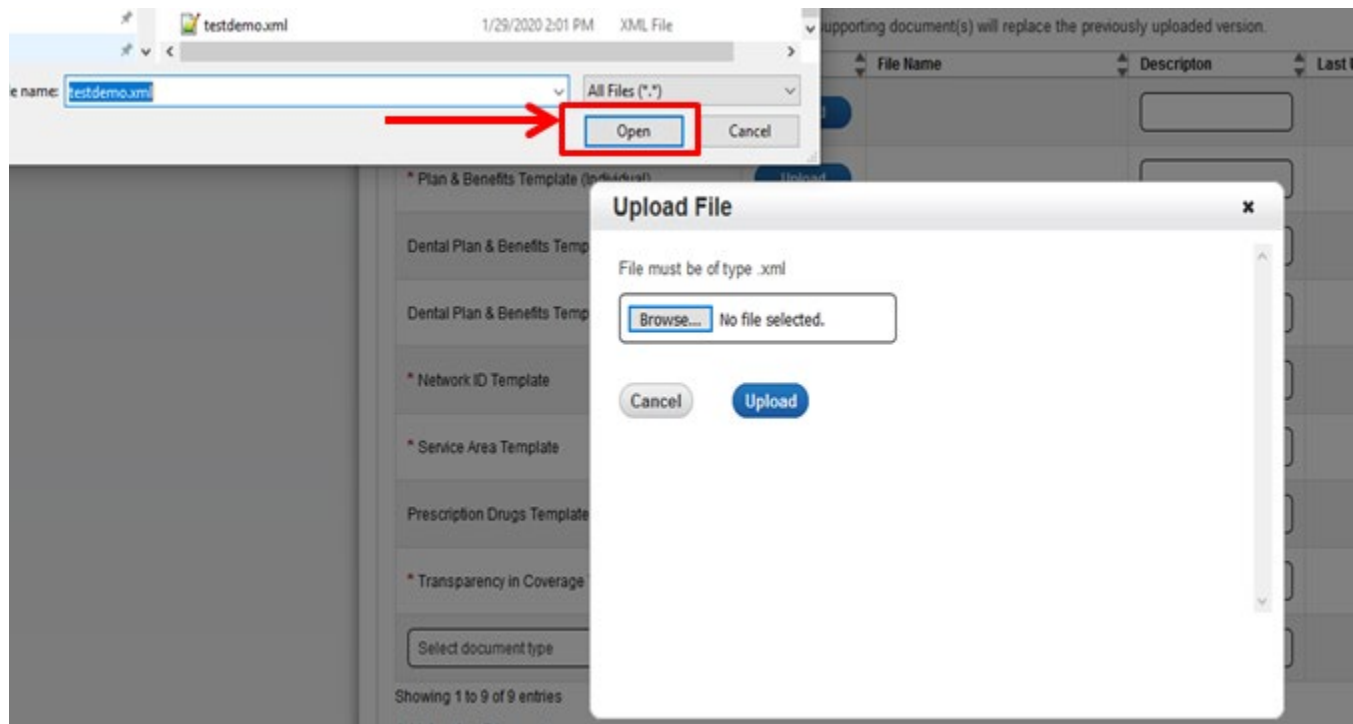
Document Type	Actions	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload				
* Plan & Benefits Template (Individual)	Upload				
Dental Plan & Benefits Template (SHOP)	Upload				
Dental Plan & Benefits Template (Individual)	Upload				
* Network ID Template	Upload				
* Service Area Template	Upload				
Prescription Drugs Template	Upload				
* Transparency in Coverage Template	Upload				

Select document type

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

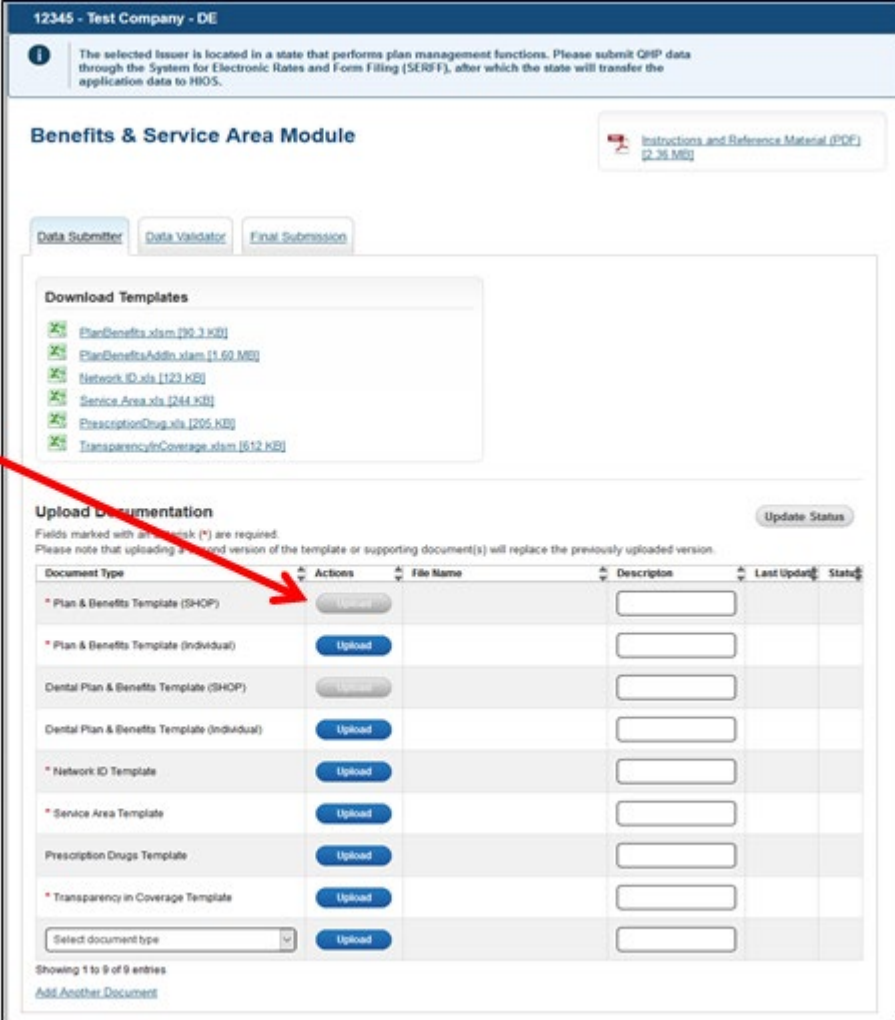
Upload Templates (Continued)

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



Upload Templates (Continued)

If the Issuer is in a State that performs plan management functions for the Individual or SHOP market, then the 'Upload' buttons corresponding to the Plans & Benefits and Dental Plans & Benefits templates for that market will be disabled.



12345 - Test Company - DE

The selected Issuer is located in a state that performs plan management functions. Please submit QHP data through the System for Electronic Rates and Form Filing (SERFF), after which the state will transfer the application data to HIOS.

Benefits & Service Area Module

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

Data Submitter | Data Validator | Final Submission

Download Templates

- PlanBenefits.xlsm [92.3 KB]
- PlanBenefitsAddn.xlsm [1.60 MB]
- Network_ID.xls [123 KB]
- Service_Area.xls [244 KB]
- PrescriptionDrug.xls [205 KB]
- TransparencyInCoverage.xlsm [612 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	Descriptor	Last Update	Status
* Plan & Benefits Template (SHOP)	<input type="button" value="Upload"/>		<input type="text"/>		
* Plan & Benefits Template (Individual)	<input type="button" value="Upload"/>		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	<input type="button" value="Upload"/>		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	<input type="button" value="Upload"/>		<input type="text"/>		
* Network ID Template	<input type="button" value="Upload"/>		<input type="text"/>		
* Service Area Template	<input type="button" value="Upload"/>		<input type="text"/>		
Prescription Drugs Template	<input type="button" value="Upload"/>		<input type="text"/>		
* Transparency in Coverage Template	<input type="button" value="Upload"/>		<input type="text"/>		
<input type="text" value="Selected document type"/>	<input type="button" value="Upload"/>		<input type="text"/>		

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

Upload Templates (Continued)

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

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		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template		Network.xml	<input type="text"/>	2/5/2020 10:05:31 AM	Pending
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
Select document type	Upload		<input type="text"/>		

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

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		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload	Network.xls	<input type="text"/>	2/5/2020 10:05:31 AM	Complete
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
Select document type	Upload		<input type="text"/>		

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

Error Messages

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

Upload Documentation Update Status

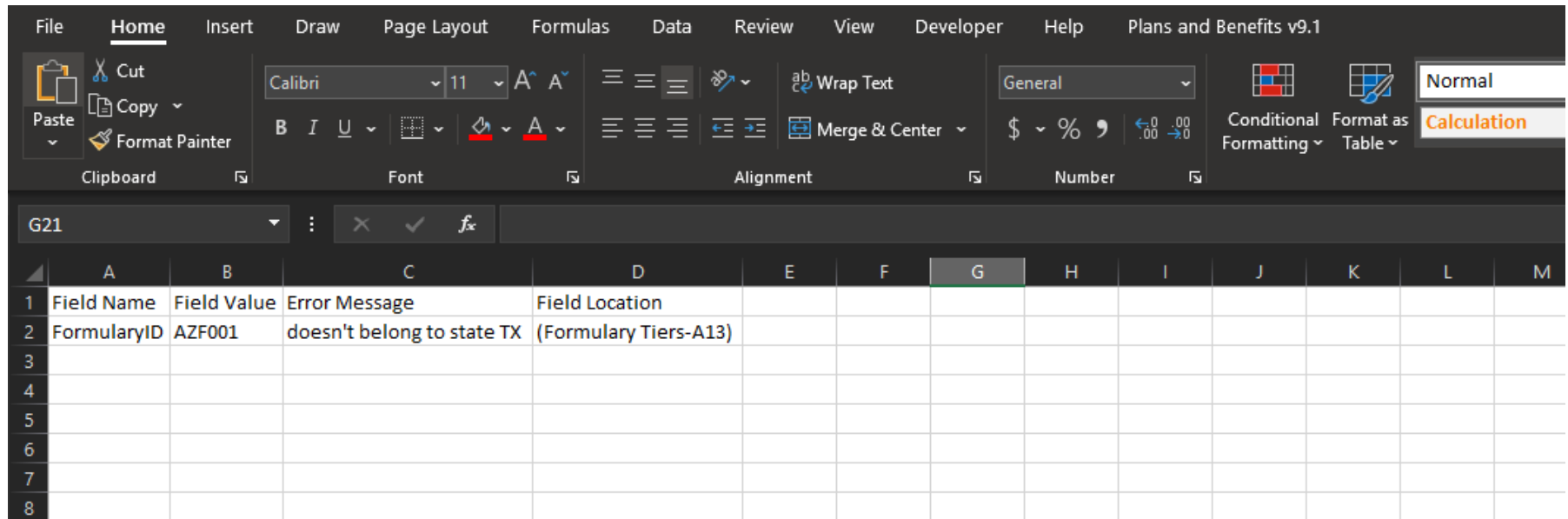
Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type	Actions	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload	10055_Network.xml	<input type="text"/>	2/5/2020 10:12:30 AM	Failed
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
Select document type	Upload		<input type="text"/>		

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

Error Messages (Continued)

Sample Error Report



The screenshot shows the Microsoft Excel interface with the Home tab selected. The ribbon includes options for Clipboard, Font, Alignment, and Number. The spreadsheet area displays a table with the following data:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Field Name	Field Value	Error Message	Field Location									
2	FormularyID	AZF001	doesn't belong to state TX	(Formulary Tiers-A13)									
3													
4													
5													
6													
7													
8													

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

Upload Supporting Documents

Download Templates

- PlanBenefits.xism [90.3 KB]
- PlanBenefitsAddIn.xlam [1.69 MB]
- Network.ID.xls [123 KB]
- Service.Area.xls [244 KB]
- PrescriptionDrug.xls [205 KB]
- TransparencyInCoverage.xism [512 KB]

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		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Select document type	Upload		<input type="text"/>		
Actuarial Memorandum	Upload		<input type="text"/>		
AV Calculator Screenshot	Upload		<input type="text"/>		
Unique Plan Design Justification	Upload		<input type="text"/>		
SADP - Description of EHB Allocation	Upload		<input type="text"/>		
SADP - AV Justification	Upload		<input type="text"/>		
EHB - Substituted Benefit Justification	Upload		<input type="text"/>		
Service Area Justification	Upload		<input type="text"/>		
Discrim - Cost Sharing Outlier Justification	Upload		<input type="text"/>		
Discrim - Language Justification	Upload		<input type="text"/>		
Discrim - Prescription Drug Justification	Upload		<input type="text"/>		
Discrim - Treatment Protocol Justification	Upload		<input type="text"/>		
Simple Choice Plan Documentation	Upload		<input type="text"/>		
Other	Upload		<input type="text"/>		
Select document type	Upload		<input type="text"/>		

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


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

Upload Supporting Documents (Continued)

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

Successful upload message



 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)	<input type="button" value="Upload"/>		<input type="text"/>		
* Plan & Benefits Template (Individual)	<input type="button" value="Upload"/>		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	<input type="button" value="Upload"/>		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	<input type="button" value="Upload"/>		<input type="text"/>		
* Network ID Template	<input type="button" value="Upload"/>	10055_Network.xls	<input type="text"/>	2/5/2020 10:26:01 AM	Complete
* Service Area Template	<input type="button" value="Upload"/>		<input type="text"/>		
Prescription Drugs Template	<input type="button" value="Upload"/>		<input type="text"/>		
* Transparency in Coverage Template	<input type="button" value="Upload"/>		<input type="text"/>		
<input type="text" value="Select document type"/>	<input type="button" value="Upload"/>		<input type="text"/>		

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

New: Delete Supporting Documents

Issuers will have the ability to delete successfully uploaded supporting documents.

Upload Documentation Update Status

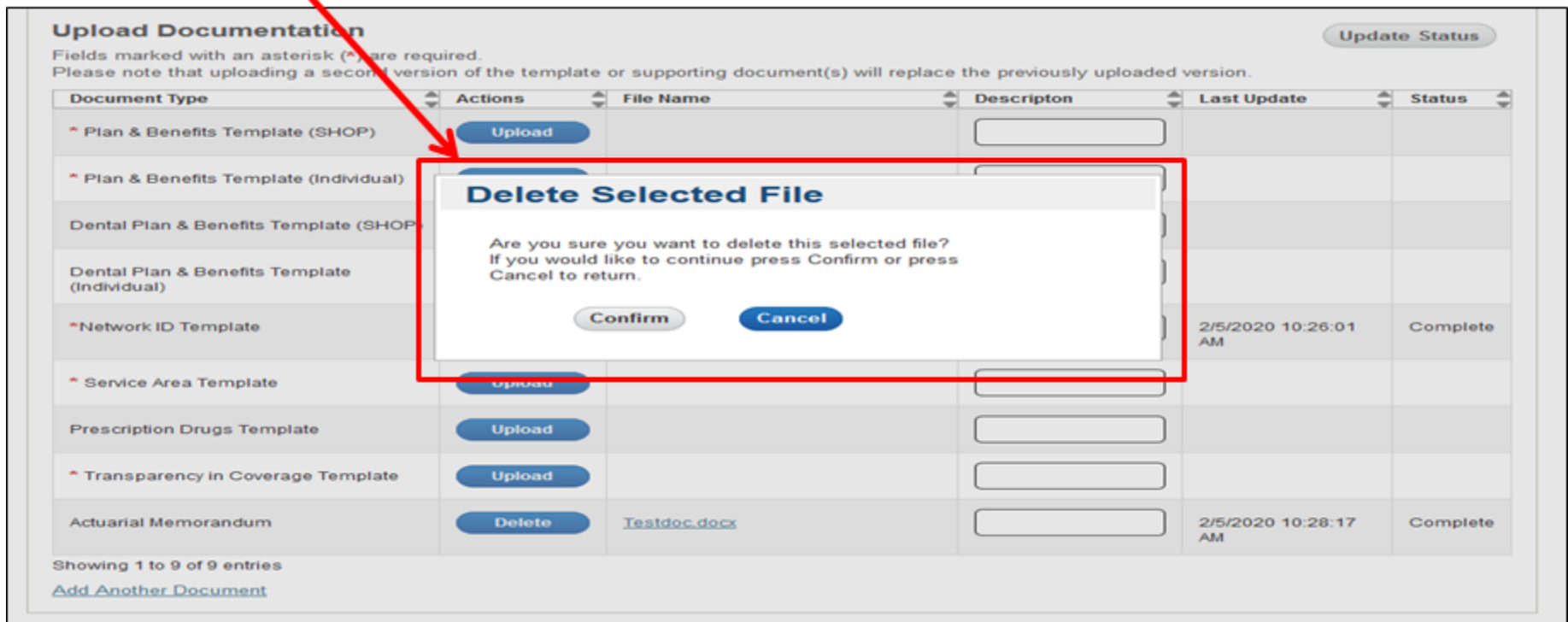
Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type	Actions	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload	10055_Network.xls	<input type="text"/>	2/5/2020 10:26:01 AM	Complete
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
Actuarial Memorandum	Delete	Testdoc.docx	<input type="text"/>	2/5/2020 10:28:17 AM	Complete

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

New: Delete Supporting Documents (continued)

After the 'Delete' button is selected for a supporting document, the following pop-up is displayed to confirm the Issuer action.



The screenshot displays the 'Upload Documentation' interface. At the top right, there is an 'Update Status' button. Below the title, a note states: '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.' The main area contains a table with columns: Document Type, Actions, File Name, Description, Last Update, and Status. A red arrow points to the 'Delete' button in the 'Actions' column of the row for 'Actuarial Memorandum'. A red-bordered dialog box titled 'Delete Selected File' is overlaid on the table, containing the text: 'Are you sure you want to delete this selected file? If you would like to continue press Confirm or press Cancel to return.' The dialog has 'Confirm' and 'Cancel' buttons.

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			2/5/2020 10:26:01 AM	Complete
* Service Area Template	Upload				
Prescription Drugs Template	Upload				
* Transparency in Coverage Template	Upload				
Actuarial Memorandum	Delete	Testdoc.docx		2/5/2020 10:28:17 AM	Complete

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

Submit Section

Complete the Benefits and 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		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload	Network.xls	<input type="text"/>	2/5/2020 10:32:42 AM	Complete
* Service Area Template	Upload		<input type="text"/>		
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
Actuarial Memorandum	Delete	Testdoc.docx	<input type="text"/>	2/5/2020 10:28:17 AM	Complete

Showing 1 to 9 of 9 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; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a 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

Error Messages

Review Error Messages for any missing documents.

The screenshot displays the PLAN MANAGEMENT web interface. At the top, it says "PLAN MANAGEMENT" and "Text Size: ▲▲▲". Below that, it indicates "PLAN YEAR : 2021" and "Welcome, TEST119@FFETEST.COM | Logout". The user is identified as "12345 - Test Company - TX". The main section is titled "Benefits & Service Area Module" and includes a link for "Instructions and Reference Material (PDF) [2.36 MB]". There are three buttons: "Data Submitter", "Data Validator", and "Final Submission". A red-bordered box highlights an error message:

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.
5. Transparency in Coverage Template is missing or has not finished processing.

Below the error message is a "Download Templates" section with links for:

- PlanBenefits.xlam [90.3 KB]
- PlanBenefitsAddin.xlam [1.60 MB]
- NetworkID.xls [123 KB]
- ServiceArea.xls [244 KB]
- PrescriptionDrug.xls [205 KB]
- TransparencyInCoverage.xlam [612 KB]

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." It features an "Update Status" button and a table with columns: Document Type, Actions, File Name, Description, Last Updated, and Status. The table contains one entry: "Plan & Benefits Template (SHOP)" with an "Upload" button.

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, the title "PLAN MANAGEMENT" is shown in large blue letters. To the right, there is a "Text Size: Δ Δ Δ" control. Below the title, the "PLAN YEAR : 2021" is displayed, along with a user greeting: "Welcome, TEST119@FFETEST.COM | Logout". A dark blue bar at the top of the main content area contains the text "12345 - Test Company - TX". The main content area is titled "Benefits & Service Area Module". On the right side, there is a link for "Instructions and Reference Material (PDF) [2.36 MB]" with a PDF icon. Below this, there are three buttons: "Data Submitter", "Data Validator", and "Final Submission". A red arrow points to a green confirmation message box that says "You have successfully submitted this section" with a green checkmark icon.

Successful submission message

Using the Benefits and Service Area: Data Validator Tasks

Data Validator Tasks

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

PLAN MANAGEMENT Text Size: ▲▲▲

PLAN YEAR : 2021
Welcome, TEST119@FFETEST.COM | Logout

Benefits & Service Area Module - Summary

[Data Submitter](#) | [Data Validator](#)

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

Validate a submission

Issuer ID:	Issuer Name:	State:	Last Update:	Status:	Action:
10011	FFE Company A	TX		Cross Validations Complete	Edit
10055	FFE Company B	TX		Submission Completed	Start Validation
10466	FFE Company C	MO		Cross Validations Complete	Edit

Select "Start Validation" to begin.

Data Validator Tasks (Continued)

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

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)	10055_TX_PB_Medical_SHOP_fix.xlsm		2/5/2020 10:38:01 AM	Complete
* Plan & Benefits Template (Individual)	10055_TX_PB_Medical_Ind_fix.xlsm		2/5/2020 10:38:11 AM	Complete
Dental Plan & Benefits Template (SHOP)				
Dental Plan & Benefits Template (Individual)				
* Network ID Template	Network.xls		2/5/2020 10:38:09 AM	Complete
* Service Area Template	10055_ServiceArea.xls		2/5/2020 10:38:22 AM	Complete
Prescription Drugs Template	10055_TX_PrescriptionDrug.xls		2/5/2020 10:38:37 AM	Complete
* Transparency in Coverage Template	10055_TX_TransparencyInCoverage.xls		2/5/2020 10:38:48 AM	Complete

Showing 1 to 8 of 8 entries

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


Data Validator Tasks (Continued)

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

Benefits & Service Area Module

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

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

 You have successfully validated this section

Fields marked with an asterisk (*) are required.

Document Type	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	10055_TX_PB_Medical_SHOP_fx.xlsx		2/5/2020 10:38:01 AM	Complete
* Plan & Benefits Template (Individual)	10055_TX_PB_Medical_Ind_fx.xlsx		2/5/2020 10:38:11 AM	Complete
Dental Plan & Benefits Template (SHOP)				
Dental Plan & Benefits Template (Individual)				
* Network ID Template	Network.xlsx		2/5/2020 10:38:09 AM	Complete
* Service Area Template	10055_ServiceArea.xlsx		2/5/2020 10:38:22 AM	Complete
Prescription Drugs Template	10055_TX_PrescriptionDrug.xlsx		2/5/2020 10:38:37 AM	Complete
* Transparency in Coverage Template	10055_TX_TransparencyInCoverage.xlsx		2/5/2020 10:38:48 AM	Complete

Showing 1 to 8 of 8 entries

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

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; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a 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.

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

Successful validation message


Data Validator Tasks (Continued)

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

Benefits & Service Area Module

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

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

 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)	10055_TX_PB_Medical_SHOP_fx.xlsx		2/5/2020 10:38:01 AM	Complete
* Plan & Benefits Template (Individual)	10055_TX_PB_Medical_Ind_fx.xlsx		2/5/2020 10:38:11 AM	Complete
Dental Plan & Benefits Template (SHOP)				
Dental Plan & Benefits Template (Individual)				
* Network ID Template	Network.xls		2/5/2020 10:38:09 AM	Complete
* Service Area Template	10055_ServiceArea.xls		2/5/2020 10:38:22 AM	Complete
Prescription Drugs Template	10055_TX_PrescriptionDrugs.xls		2/5/2020 10:38:37 AM	Complete
* Transparency in Coverage Template	10055_TX_TransparencyInCoverage.xls		2/5/2020 10:38:48 AM	Complete

Showing 1 to 8 of 8 entries

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

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; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a 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.

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

Using the Benefits and Service Area: Final Submission Tasks

Final Submission Tasks

Begin final submission by clicking on the Final Submission tab.



The screenshot displays the 'Benefits & Service Area Module' interface. At the top left, the title 'Benefits & Service Area Module' is shown. In the top right corner, there is a link for 'Instructions and Reference Material (PDF)' with a file size of '[2.36 MB]'. Below the title, there are three tabs: 'Data Submitter', 'Data Validator', and 'Final Submission'. The 'Final Submission' tab is highlighted with a red rectangular border. Below the tabs, a message reads: 'Please review the completed templates and supplementary documents. Fields marked with an asterisk (*) are required.'

Final Submission Page

The Final Submission page allows users to perform two (2) functions: cross validation and final submission of the QHP application.

Final Submission


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

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 Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	2/5/2020 12:17:36 PM	Validation Completed
Benefits and Service Area Module	2/5/2020 10:47:12 AM	Validation Completed
Rating Module	2/5/2020 12:14:44 PM	Validation Completed

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

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

Final Submission Tasks

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

Final Submission

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

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

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 Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	2/5/2020 12:17:36 PM	Validation Completed
Benefits and Service Area Module	2/5/2020 10:47:12 AM	Validation Completed
Rating Module	2/5/2020 12:14:44 PM	Validation Completed

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

Final Submission Tasks (Continued)

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

Final Submission

Instructions and Reference Material (PDF) [3.21 MB]

Data Submitter | Data Validator | **Final Submission**

Please correct the following errors
1. There were errors identified during cross-validation between templates. Please download the error report below for details.

Download Final Submission Error Report
ErrorReport.csv

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

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the marketplace.

Module	Submission Date	Status
Issuer Module	02/6/2018 2:55:40 PM	Valid
Benefits and Service Area Module	02/6/2018 1:42:49 PM	Valid
Rating Module	02/6/2018 2:55:14 PM	Valid

Back

Example Error Report

File | Home | Insert | Draw | Page Layout | Formulas | Data | Review | View | Plans and E

Cut | Copy | Paste | Format Painter | Clipboard | Font | Alignment

A1 | The following PlanId's exist in Benefit but not in RateTable t

A	B	C	D	E	F	G	H	I
1	The following PlanId's exist in Benefit but not in RateTable templates [58455HI0010001]							
2								

Final Submission Tasks (Continued)

Once cross-validated, submit the application.

Final Submission



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

[Data Submitter](#)

[Data Validator](#)

[Final Submission](#)

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 Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	1/29/2020 2:08:25 PM	Cross Validations Completed
Benefits and Service Area Module	1/29/2020 2:08:25 PM	Cross Validations Completed
Rating Module	1/29/2020 2:08:25 PM	Cross Validations Completed

[Back](#)

55

[Cross Validate](#)

[Submit](#)

Using the Benefits and Service Area: Best Practices

Add-in File Best Practices

Use the Plans and Benefits Template and the Plans and Benefits Add-in File to enter plan information.

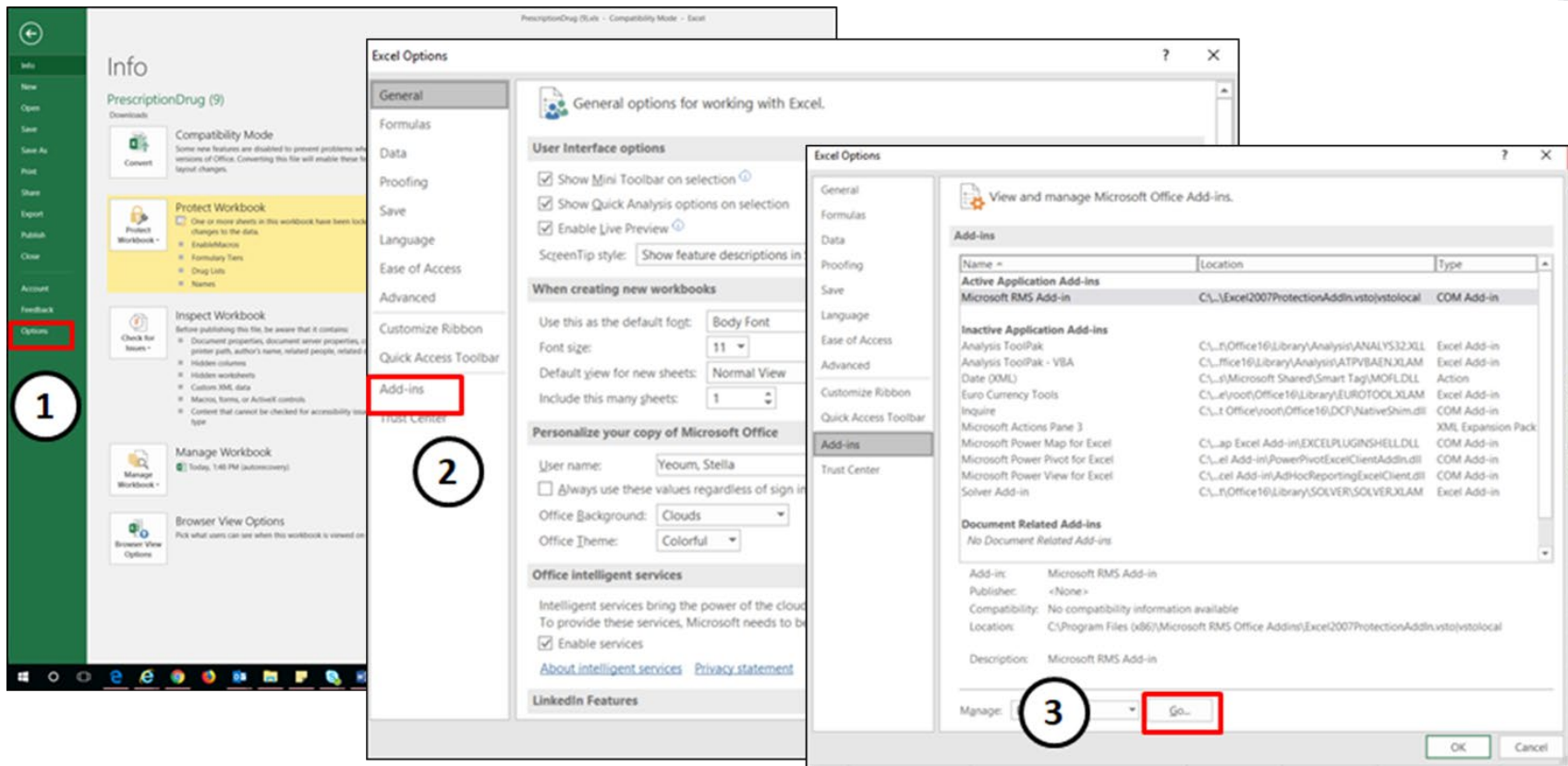
The screenshot displays the Microsoft Excel ribbon for the 'Plans and Benefits v10.0' add-in. The ribbon is divided into four main sections: 'Create', 'Benefits Package', 'Validation', and 'Import'. The 'Create' section includes 'New Plans and Benefits Template', 'Update Cost Share Variances', 'Create New Benefits Package', and 'Create Cost Share Variances'. The 'Benefits Package' section includes 'Add Benefit', 'Add Plan', and 'Refresh EHB Data'. The 'Validation' section includes 'Validate', 'Finalize', and 'Check AV Calc'. The 'Import' section includes 'Import Service Areas IDs', 'Import Network IDs', and 'Import Formulary IDs'. Below the ribbon, the spreadsheet shows a template for '2021 Plans & Benefits Template v10.0'. The template includes instructions and a table for plan identifiers.

2021 Plans & Benefits Template v10.0									
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									
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 EHB Standards, use the Refresh EHB macro.									
Plan Identifiers									
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Design Type*

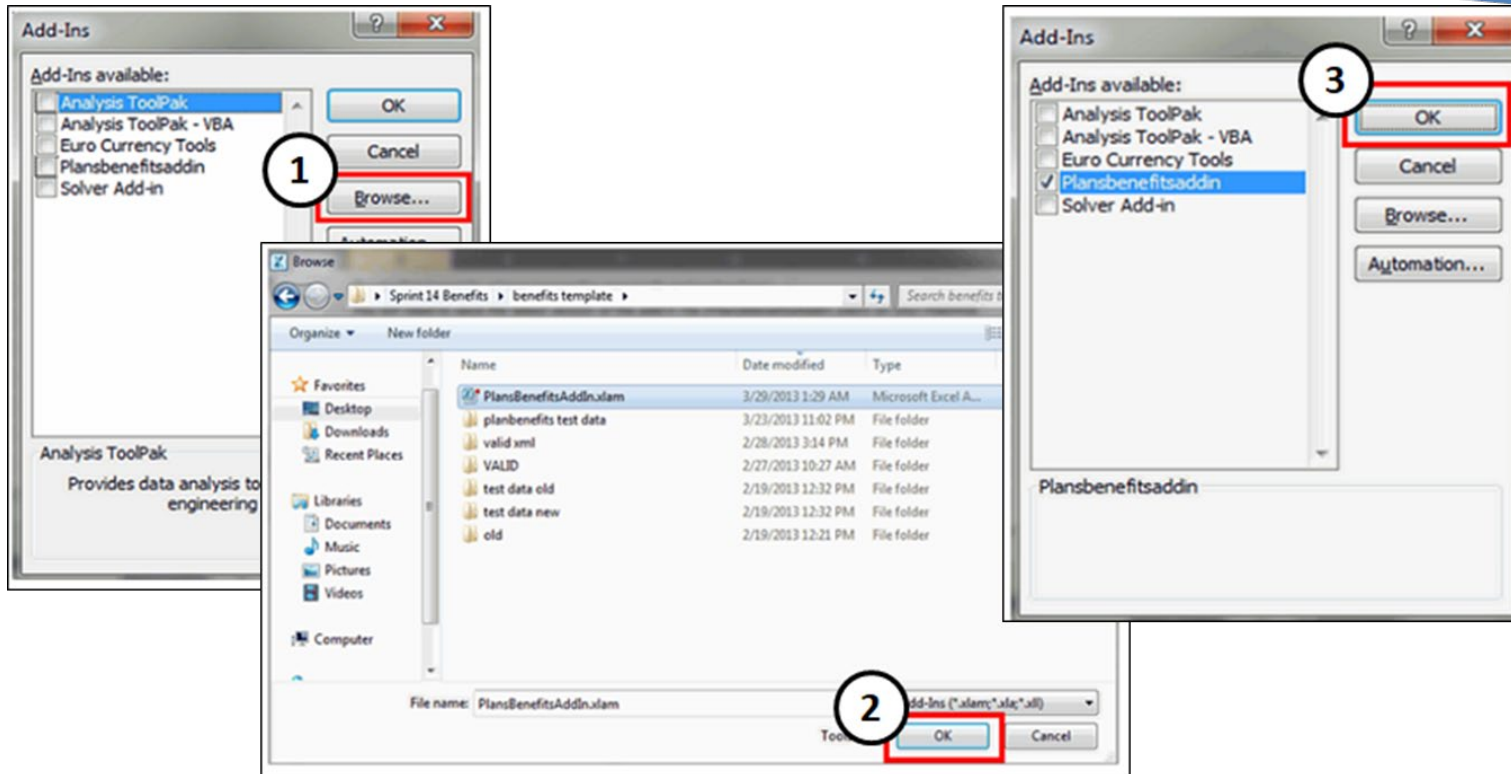
Open the template file to start.

Add-in File Best Practices (Continued)

Navigate to the Add-in File.



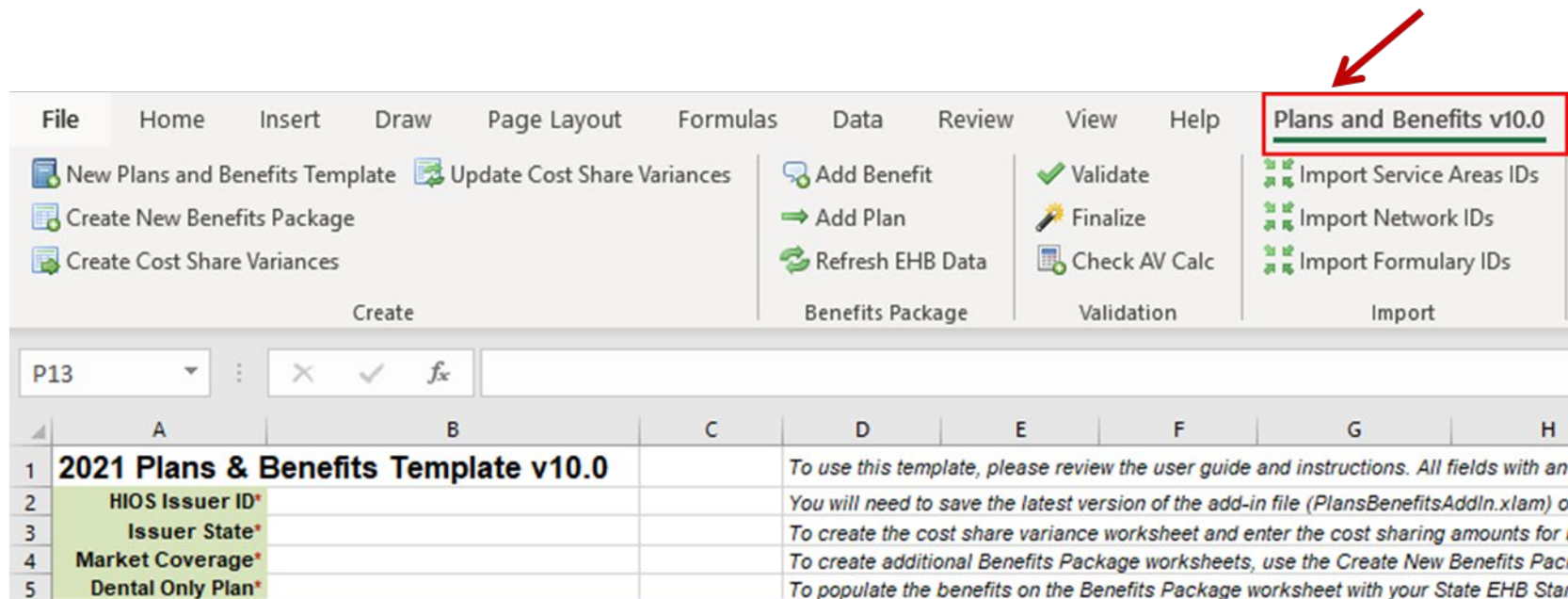
Add-in File Best Practices (Continued)



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

Add-in File Best Practices (Continued)

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



The screenshot shows the Microsoft Excel ribbon with the 'Plans and Benefits v10.0' tab highlighted in a red box. A red arrow points to this tab. The ribbon includes the following groups:

- Create:** New Plans and Benefits Template, Update Cost Share Variances, Create New Benefits Package, Create Cost Share Variances.
- Benefits Package:** Add Benefit, Add Plan, Refresh EHB Data.
- Validation:** Validate, Finalize, Check AV Calc.
- Import:** Import Service Areas IDs, Import Network IDs, Import Formulary IDs.

Below the ribbon, the worksheet grid is visible. The active cell is P13. The first row of the grid contains the following text:

	A	B	C	D	E	F	G	H
1	2021 Plans & Benefits Template v10.0			<i>To use this template, please review the user guide and instructions. All fields with an</i>				
2	HIOS Issuer ID*			<i>You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) o</i>				
3	Issuer State*			<i>To create the cost share variance worksheet and enter the cost sharing amounts for</i>				
4	Market Coverage*			<i>To create additional Benefits Package worksheets, use the Create New Benefits Paci</i>				
5	Dental Only Plan*			<i>To populate the benefits on the Benefits Package worksheet with your State EHB Star</i>				

General Best Practice Tips

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

- ✓ Download PY2021 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 PY21. CMS recommends using Excel 2013, Excel 2016, or Excel 2019 for each of the QHP Application templates.

Additional note:

- ✓ Issuers that are applying for QHP certification in states performing plan management (SPE) functions in an FFE 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 73.0
- Chrome 80.0

Excel Requirements

- Microsoft 2013
- Microsoft 2016
- Microsoft 2019

Resources at a Glance

Resource	Audience	Primary Use	Look here for:	Access
HIOS / Issuer Portal	All Issuers	Allows issuers access to tools like Rate and Benefits Information System (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 <p>Access Link</p>
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"> Enterprise Identity Management (EIDM) profile <p>Access Link</p>
Registration for Technical Assistance Portal (REGTAP)	Open registration	Information hub for CMS technical assistance related to Exchange and Prem. 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 <p>Access Link</p>
System for Electronic Rates & Forms Filing (SERFF)	All Issuers	System supporting rate and form filings 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 <p>Access Link</p>

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!

Open Q&A Session



WWW.REGTAP.INFO

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then 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

The QHP March Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
03/19/20	Thursday	1:00 p.m. – 2:00 p.m.	Plan ID Crosswalk Template Overview
03/26/20	Thursday	1:00 p.m. – 2:00 p.m.	CMS Portal and HIOS Access Updates & PY21 Updates to the Actuarial Value (AV) Calculator

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

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://www.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