

# Qualified Health Plan (QHP) Plan Year (PY) 2018

## Health Insurance Oversight System (HIOS) Issuer Module: Attestations and Accreditation

**May 9, 2017**

**2017 Qualified Health Plan (QHP) Series**



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# Agenda

- Session Guidelines
- Key Dates
- Announcements
- QHP PY 2018 HIOS Issuer Module: Attestations and Accreditation
- Administrative Data
- Program Attestations
- Accreditation
- Live Questions & Answers (Q&A)
- Resources
- Closing Remarks

# Session Guidelines

- This 60-minute session is conducted to provide a presentation of the QHP PY 2018 HIOS Issuer Module: Attestations and Accreditation, as well as a live Q&A session for issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: [CMS\\_FEPS@cms.hhs.gov](mailto: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
April 27, 2017 – June 14, 2017	Technical Assistance	Issuers request Review Tool Technical Assistance Outreach sessions
Sunday, May 14, 2017	Plan Data Change	April Data Correction Window (DCW) PY 2017 Plan Data Changes display on HealthCare.gov
Wednesday May 10-June 21, 2017	Submission Window	Initial PY 2018 QHP Application Submission Window

# Review Tool Technical Assistance Outreach Sessions

- Marketplace Plan Management Group (MPMG) is offering all issuers review tool technical assistance sessions with Center for Consumer Information and Insurance Oversight (CCIIO) subject matter experts (SMEs) before the initial PY 2018 submission window closes on June 21, 2017.
  - Issuers can request calls with CCIIO SMEs from April 27<sup>th</sup> to June 14<sup>th</sup>.
- These outreach sessions will provide issuers with an opportunity:
  - To share their review tool results,
  - Discuss review areas with CCIIO SME(s), and
  - Receive answers to any questions while finalizing templates
- Please request a review tool technical assistance session here:  
<https://www.qhpcertification.cms.gov/outreachform>
- Issuers may also request Plan Preview training once their application is submitted.

# Locating the Review Tool Technical Assistance Outreach Form

- To locate the Review Tool Technical Assistance Outreach form, please go to [www.qhpcertification.cms.gov](http://www.qhpcertification.cms.gov) and click “Application Materials”.

**QHP Submission Timeline Overview**

Date	Event
5/10/17 – 6/21/17	Initial Application Submission Window
8/1/17 – 8/2/17	CMS Sends First Correction Notice
8/4/17	Deadline for Service Area Petition
8/16/17	Final Deadline for Issuer Changes to QHP Application
9/14/17 – 9/15/17	CMS Sends Final Correction Notice with Agreements and Plan Lists
Begins 11/1/17	Open Enrollment

- After clicking “Application Materials”, click “Review Tools” located on the right side-bar.

**Application Materials**

The QHP Application has 14 sections. Each section includes one or more templates, instructions, and supporting documentation. There is also a section for review tools you can use to validate a completed template.

**Application Sections**

1. Accreditation
2. Administrative
3. Business Rules
4. Essential Community Providers (ECP) and Network Adequacy
5. State Licensure and Good Standing
6. Plan Crosswalk
7. Plans and Benefits
8. Prescription Drugs
9. Program Attestations
10. Quality Improvement
11. Quality Rating
12. Rates
13. Service Area
14. Unified Rate Review

Use the [QHP Submission Checklist](#) for QHP issuers and one for SAMP issuers.

Once completed, submit your application for review by clicking on the [Review Tools](#) link for information on registering for or using these systems.

# Locating the Review Tool Technical Assistance Outreach Form Continued

- On the Review Tools page, you will find review tool technical assistance instructions and a link to the request form.

**Review Tools**

CMS provides issuers a number of review tools to check their plans for errors within the QHP Application that would result in correction notices following submission. Issuers are encouraged to use these tools to identify and correct data errors before uploading materials to HIOS or SERFF. At a minimum, issuers should refer to the Data Integrity Tool (DIT) and its supporting documents, but all QHP Application Review Tools can help prevent issues with application data.

- [Data Integrity Tool \(DIT\)](#)
- [Master Review Tool](#)
- [Automated Review Tools](#) - this zip file contains the following tools:
  - Cost Sharing Tool
  - Meaningful Difference Tool
  - Essential Community Providers (ECP) Tool (Updated April 24, 2017)
  - Stand-alone Dental Plan (SADP) ECP Tool (Updated April 24, 2017)
  - Non-Discrimination Tool
  - Formulary Review Suite Tool
  - Instructions for Formulary Review Suite
  - Plan Crosswalk Validation Tool
- [Drug Count Tool](#)
  - [EHB Rx Crosswalk](#)
  - [Rx Norm Data File](#)
  - [EHB Rx Crosswalk Methodology](#)

**Review Tool Technical Assistance Outreach Initiative**

CMS is offering a new review tool technical assistance outreach initiative for PY2018. This initiative allows issuers to ask CMS questions pertaining to their review tool findings while they complete and test their templates, before the initial submission window closes on June 21, 2017.

To request a review tool technical assistance session with CMS, please submit the [review tool technical assistance outreach initiative request form](#).

Please note a technical assistance session will not be scheduled unless the review tool with results is included in your request.

**QHP Application Review Tools Overview**

The QHP Application Review Tools Overview below provides a high-level description of each tool's functionality, as well as each tool's key updates for 2018.

To request a review tool technical assistance session with CMS, please submit the [review tool technical assistance outreach initiative request form](#).

- After clicking the request form link, issuers may fill out each field, including uploading their review tool in a zip file format.

CMS is offering a new review tool technical assistance outreach initiative for PY2018.

This initiative allows issuers to ask CMS questions pertaining to their review tool findings while they complete and test their templates, before the initial submission window closes on June 21, 2017.

To request a review tool technical assistance session with CMS, please submit the following information:

Issuer Name

Issuer ID(s)

Duration Requested

Issuer Point of Contact(s)

Issuer Email Contact(s)

Review Areas (Hold CTRL to select multiple)

Plans & Benefits  
Business Rules  
ECP/Network Adequacy  
Prescription Drug  
Plan Crosswalk  
Service Area  
Rates Table

Zip Folder Containing your Review Tools  No file chosen

- After your request is received and processed, CMS will send an Outlook meeting invite from [QHP\\_Applications@cms.hhs.gov](mailto:QHP_Applications@cms.hhs.gov) to the provided email addresses in your submission.

# Announcements



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# Administrative Data

# HIOS: Information Fields

Administrative information displayed on the Healthcare.gov website is pulled from the **Issuer General Information Fields** and the **Marketplace General Information Fields** in HIOS. Accordingly, changes to administrative data must be made via HIOS Plan Finder.

- This applies to **all** QHP and Stand-alone Dental Plan (SADP) issuers, *including those who file through System for Electronic Rate and Form Filing (SERFF)*.
- If there are multiple issuers, and one can't be seen, the user is likely not registered as the Company Administrator or Issuer Administrator for that particular issuer.
- Updated information normally takes 24 hours to display.

# Small Business Health Options Program (SHOP)

Issuers offering plans in the Federally-facilitated Small Business Health Options Program (FF-SHOP) market should ensure that their Issuer Marketing Name is correct in HIOS. SHOP will manually extract names directly from HIOS for display.

# HIOS Quick Guide & Issuer Manual

To add or make changes to customer service information note the following:

- You must have a **Company Administrator or Issuer Administrator** role in HIOS to make changes:  
[https://www.cms.gov/CCIIO/Resources/Training-Resources/Downloads/HIOS-Portal-Quick-Guide\\_2014.pdf](https://www.cms.gov/CCIIO/Resources/Training-Resources/Downloads/HIOS-Portal-Quick-Guide_2014.pdf)
- Instructions on how to update fields in the **HIOS Plan Finder Module** are contained in **Sections 5.1** and **5.3** of the HIOS Plan Finder Manual: <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-PF-UserManual-032015.pdf>

# Uneditable Fields: Help Desk

There are a number of fields that are uneditable via the HIOS Plan Finder Module. They include:

- National Association of Insurance Commissioners (NAIC) Company Code
- NAIC Group Code
- Issuer Legal Name
- Issuer Address
- *Full list on page 31 in the HIOS Plan Finder Issuer Manual*

To modify uneditable fields, submit a change request to the CMS Help Desk, Exchange Operations Support Center (XOSC), at 1-855-CMS-1515 or [CMS\\_FEPS@CMS.HHS.gov](mailto:CMS_FEPS@CMS.HHS.gov). Specify issuer ID, updates that need to be made, and specify requested data changes are to be made in the HIOS Plan Finder Module.

# Deficiencies

There are four Administrative Data deficiencies which may prevent a plan from being displayed on Healthcare.gov. To avoid these deficiencies, ensure the following fields are completed:

- Individual & Family Plans (IFP) customer service phone
- IFP customer service toll free

If applicable:

- SHOP customer service phone
- SHOP customer service toll free

# Program Attestations



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# Program Attestations

- Issuers attest to compliance with regulations pertaining to FFM standards and operational requirements.
- There are four attestations: three required and one optional.
  1. Required of both medical QHP and SADP issuers
  2. Required of medical QHP issuers only
  3. Required of SADP issuers only
  4. Optional Compliance Plan attestation



# Program Attestations-HIOS Example

Here is the first attestation as it appears in HIOS:

## Program Attestations

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

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

[Summary](#)

**Program Attestations**

[State Licensure](#)

[Good Standing](#)

[Accreditation](#)

[ECP/Network Adequacy](#)

[Review](#)

**Data Submitter**

[Final Submission](#)

### Attestations required of both Medical QHP and SADP issuers

The following attestations apply to all QHPs and SADPs that an issuer is submitting for certification for the next plan year. All issuers who wish to offer either certified QHPs or SADPs on the FFMs are required to respond "Yes" to the following attestations.

Applicant agrees to adhere to all of the certification standards and operational requirements applicable to applicant in 45 CFR Parts 153, 155, and 156.

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

Yes  No

### Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
Organizational Chart	<a href="#">organizational_chart.docx</a>	04/10/2017 0:00:00 AM

[Next Section - Medical QHP-Only Attestations](#)

# Program Attestations-HIOS Example 2

For attestations that require supporting documentation, when issuers select the “Yes” radio button, the upload fields will display on the screen:

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation
- ECP/Network Adequacy
- Review

Data Submitter
Final Submission

**Attestations required of both Medical QHP and SADP issuers** [Show](#)

**Attestations required of Medical QHP issuers only** [Show](#)

**Attestations required of SADP issuers only** [Show](#)

**Optional Attestations**

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

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

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

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

**Do you agree with the Optional Attestations statement above?**

Yes     No

**Uploaded Supplementary Documentation**

Document Type	File Name	Upload Date
Compliance Plan	compliance_plan.docx	04/10/2017 0:00:00 AM
Other	other_document.docx	04/10/2017 0:00:00 AM



# Accreditation



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# General information

- Accreditation is a requirement for issuers in all marketplace types.
  - Issuers in State Partnership Marketplaces (SPMs )and State-based Marketplaces (SBMs) should ask issuers' state about what the state requires to review accreditation.
- Does not apply to SADPs.

# Changes for 2018


- No changes to module or templates
- Issuers entering their 5<sup>th</sup> consecutive year of Marketplace certification do not need to submit supporting documents such as accreditation certificates






# New Issuers

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

# Data Submitter: Accreditation Page (Part 1)

## Accreditation

 Instructions and Reference Material (PDF)  
(3.21 MB)

Summary
Program Attestations 
State Licensure 
Good Standing 
<b>Accreditation </b>
ECP/Network Adequacy 
Review

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

Fields marked with an asterisk (\*) are required.

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

Yes    No


\* Which accrediting entity? Please select from the list below:

NQQA



URAC

NQQA & URAC

# Data Submitter: Accreditation Page (Part 2)

 Please note that uploading a second version of the template will replace the previously uploaded version.

### Download Template

-  NCGA.xlsx (220 KB)
-  URAC.xlsx (151 KB)

### Upload File(s)

• Upload NCGA  
File:

• Upload URAC  
File:

### Uploaded File(s)

File Name	Upload Date
131370Ancqa.xls	01/22/2016 9:48:27 AM
131370Aurac.xls	01/22/2016 9:58:45 AM



# Data Submitter: Accreditation Page (Part 3)

## Upload File(s)

\*Document Type:

Select document type



\*Upload File(s):

Browse...

Upload

## Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
Accreditation Certificate	Sampledocument.docx	01/23/2016 4:48:04 PM	Delete

# Data Submitter: Accreditation Page (Part 4)

## Term and Conditions

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

I attest to the terms and conditions.

Save

Submit Section

Previous

Next

# Data Submitter: Accreditation Page (Part 5)

When the response of 'No' is given, the following screen is presented:

**PLAN MANAGEMENT** Text Size: A A A

**PLAN YEAR : 2017**  
Welcome, TEST118@FFETEST.COM | Logout

**13137 - Globe Life and Accident Insurance Co - GA**

### Accreditation

Instructions and Reference Material (PDF)  
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation**
- ECP/Network Adequacy
- Review

Data SubmitterData ValidatorFinal Submission

Fields marked with an asterisk (\*) are required.

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

Yes  No

**Term and Conditions**

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

\* I attest to the terms and conditions.

SaveSubmit SectionPreviousNext

Home  
Acrobat Reader  
Accessibility  
Web Policies

# NCQA Template

	A	B	C	D	E	F	G
1	<b>2018 NCQA Template v7.0</b>	<i>All fields with an asterisk ( * ) are required. To validate the template, use the Validate button or Ctrl + Shift + I. To finalize the template, use the Finalize button or Ctrl + Shift + F.</i>					
2	<input type="button" value="Validate"/>	<i>The information for the accredited products must be for the same legal entity as is submitting the QHP application.</i>					
3		<i>Please follow the instructions provided in the Accreditation Chapter (Chapter 5) of the QHP Application Instructions Manual closely and carefully.</i>					
4	<input type="button" value="Finalize"/>	<i>The Department of Health and Human Services (HHS) will verify the information that you have provided about your existing accreditation with NCQA, URAC, or both.</i>					
5		<i>Only data that can be verified will be displayed on the website.</i>					
6		<i>It is only necessary to enter one accreditation entry per product/market type, using the product with the largest number of covered lives.</i>					
7		<b>HIOS Issuer ID*</b>	12345				
8	<b>NCQA Org ID*</b>	<b>Market Type*</b>	<b>NCQA Sub ID</b>	<b>Product Type*</b>	<b>Product ID*</b>	<b>Accreditation Status*</b>	<b>Expiration Date*</b>
9	Required: Enter the 2-5-digit NCQA Org ID number	Required: Select the Market Type from list	Required if Market is NOT Exchange: Enter the 2-5-digit NCQA Sub ID number	Required: Select the Product Type from list	Required: Enter the 10-character Product ID	Required: Select the Accreditation Status from list	Required: Enter a future date in mm/dd/yyyy format
10		234 Commercial		100 PPO Only	12345MD001	Excellent	1/10/2018
11		9876 Exchange		POS Only	12345MD003	Interim	5/12/2018
12		45678 Medicaid		300 HMO Only	12345MD005	Accredited	10/10/2018

# URAC Template

	A	B	C	D
1	<b>2018 URAC Template v7.0</b>	<i>All fields with an asterisk ( *) are required. To validate the template, use the Validate button.</i>		
2	<input type="button" value="Validate"/>	<i>The information for the accredited products must be for the same legal entity as is submitted.</i>		
3		<i>Please follow the instructions provided in the Accreditation Chapter (Chapter 5) of the QHAP Manual.</i>		
4	<input type="button" value="Finalize"/>	<i>The Department of Health and Human Services (HHS) will verify the information that you provide. Only data that can be verified will be displayed on the website.</i>		
5				
6				
7	<b>HIOS Issuer ID*</b>	56789		
8	<b>URAC Application Number*</b> Required: Enter the 9-10 alphanumeric URAC Application Number	<b>Market Type*</b> Required: Select the Market Type from list	<b>Accreditation Status*</b> Required: Select the Accreditation Status from list	<b>Expiration Date*</b> Required: Enter a future date in mm/dd/yyyy format
9				
10	abc133000	Exchange	Full	10/10/2018
11	abc133001	Exchange	Provisional	12/30/2018
12	abc133002	Commercial	Conditional	01/22/2019

# AAHC Template

	A	B	C	D
1	<b>AAHC Template v1</b>	<i>Instructions:</i>	<i>All fields with an asterisk (*) are required</i>	
2			<i>Enter other instructions as they apply to this template</i>	
3	Validate			
4	Finalize			
5				
6				
7	Issuer ID*			
8	AAHC Org ID*	Market Type*	Accreditation Status*	Expiration Date*
9	Required: Enter the 3 to 6 digit AAHC Org ID	Required: Select the Market Type from list	Required: Select the Accreditation Status from list	Required: Enter a future date in mm/dd/yyyy format
10				
11				
12				
13				
14				
15				
16				

# Live Q&A Session



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# 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**
  - **Email: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/SERFF
  - **Email: [serffplanmgmt@naic.org](mailto: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 Marketplace.

# PM Webinar Dates

The 2017 QHP May Webinar sessions occur on Tuesdays and Thursdays as below:

Date	Day	Time (ET)	Topic
5/11/17	Thursday	1:00 p.m. – 2:00 p.m.	Plan Preview Updates
5/16/17	Tuesday	3:00 p.m. – 4:00 p.m.	2018 Plan ID Crosswalk Template for Automatic Re-Enrollment
5/18/17	Thursday	1:00 p.m. – 2:00 p.m.	PY2018 Data Integrity Tool (DIT)
5/23/17	Tuesday	3:00 p.m. – 4:00 p.m.	Allowable Data Corrections
5/25/17	Thursday	1:00 p.m. – 2:00 p.m.	Network Adequacy
5/30/17	Tuesday	3:00 p.m. – 4:00 p.m.	PY 2018 Plan Confirmation for Issuers, and DIT, Plan Crosswalk, Correction and Certification Notices

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
QHP Certification Website	<a href="https://www.qhpcertification.cms.gov">https://www.qhpcertification.cms.gov</a>
Centers for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/">http://www.cms.gov/</a>
CMS Regulations and Guidance	<a href="http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp">http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp</a>
HealthCare Website	<a href="http://www.healthcare.gov/">http://www.healthcare.gov/</a>
National Conference of State Legislatures	<a href="http://www.ncsl.org">http://www.ncsl.org</a>
Registration for Technical Assistance Portal (REGTAP)	<a href="https://REGTAP.info">https://REGTAP.info</a>
U.S. Department of Health & Human Services	<a href="http://www.hhs.gov/">http://www.hhs.gov/</a>

# 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
FFM-DE	Federally-facilitated Marketplace in a Direct Enforcement State
HIOS	Health Insurance Oversight System
MSP	Multi-State Plans

# Commonly Used Acronyms (continued)

Acronym	Definition
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SADP	Stand-Alone Dental Plan
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SERFF	System for Electronic Rate and Form Filing
SHOP	Small Business Health Options Program
USP	United States Pharmacopeia



# Closing Remarks