

Plan Year (PY) 2018 Qualified Health Plan (QHP) Application Submission Tips and Reminders

June 1, 2017

2017 Qualified Health Plan (QHP) Series



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

Agenda

- Session Guidelines
- Key Dates
- Submission Tips
- Submission Reminders
 - Issuer Module
 - Rating Module
 - Benefits and Service Area Module
- Final Submission Tasks
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This 60-minute session is conducted to provide a presentation of the PY 2018 QHP Application Submission Tips and Reminders, 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 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
May 10, 2017 – June 21, 2017	Submission Window	Initial PY 2018 QHP Application Submission Window
June 30, 2017	Outreach	Confirm QHP Certification Notice Points of Contact

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 27th to June 14th.
- 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 and click “Application Materials”.



QHP Qualified Health Plan Certification
Information and Guidance

HOME ABOUT THE MARKETPLACE **APPLICATION MATERIALS** CERTIFICATION & FORMS FAQs

Welcome to the Qualified Health Plan Website

This is the official Centers for Medicare & Medicaid Services' website for issuers seeking certification to participate in the Federally-facilitated Marketplaces (FFMs). As defined in the Affordable Care Act (ACA), a qualified health plan (QHP) is an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits (EHBs), follows established limits on cost sharing, and meets other requirements outlined within the application process. The QHP Application, materials, and other resources are available on this site to facilitate the certification process.

About the Marketplace: Click here to learn more about the FFM and the QHP certification cycle. This section contains details on the certification timeline, Marketplace models, and guidance on how to stay updated throughout the certification period.

Application Materials: Click here to begin the QHP Application. This section contains the instructions and templates required to complete the application, as well as guidance on reviewing and submitting the application.

Certification & Forms: Click here for more information about QHP Application notices, Plan Preview, data correction windows, as well as details regarding the various forms and agreements associated with certification.

FAQs: Click here for frequently asked questions regarding QHP certification. Questions are organized by topic, and are updated throughout the year.

QHP Submission Timeline Overview

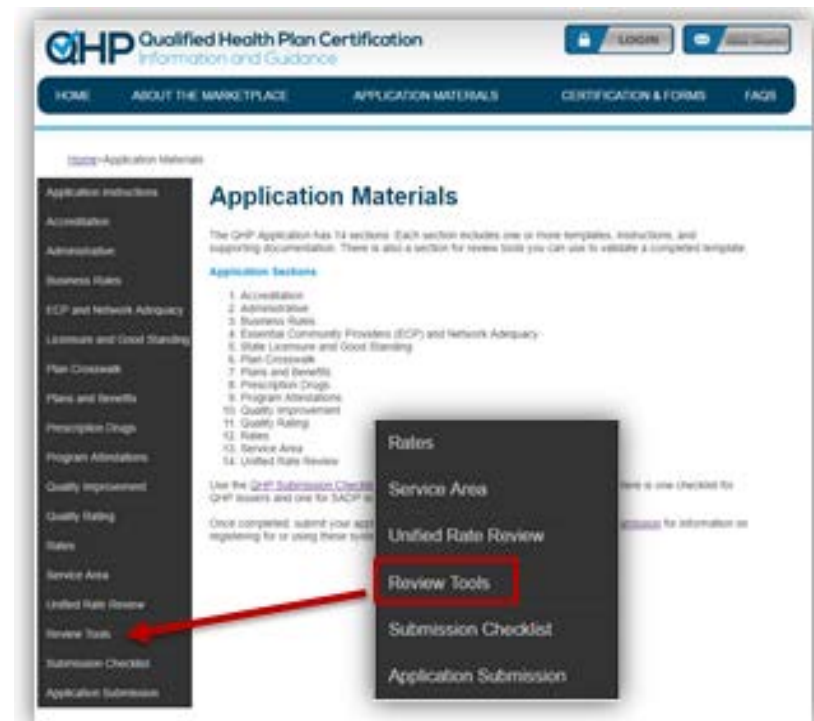
- 5/10/17 – 6/21/17: Initial Application Submission Window
- 8/1/17 – 8/2/17: CMS Sends First Correction Notice
- 8/4/17: Deadline for Service Area Petition
- 8/16/17: Final Deadline for Issuer Changes to QHP Application
- 9/14/17 – 9/15/17: CMS Sends Final Correction Notice with Agreements and Plan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

News and Updates

April 5, 2017
The Centers for Medicare & Medicaid Services (CMS) is providing an April correction window for issuers to request and submit critical qualified health plan (QHP), including stand-alone dental plan (SADP), data changes for plan year (PY) 2017 certified plans only. This window is limited to Small Business Health Option Program (SHOP) 3rd and 4th quarter rate updates, and to correct plan data that displays to consumers, align QHP data with products and plans as approved by the state, or to respond as requested by

Complete the QHP Application

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



QHP Qualified Health Plan Certification
Information and Guidance

HOME ABOUT THE MARKETPLACE APPLICATION MATERIALS CERTIFICATION & FORMS FAQs

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 Provider (ECP) and Network Adequacy
5. State Licensure and Good Standing
6. Plan Crosswalk
7. Plans and Benefits
8. Prescription Drugs
9. Program Attributions
10. Quality Improvement
11. Quality Rating
12. Rates
13. Service Area
14. Unified Rate Review

Use the **QHP Submission Checklist** QHP issuers and one for SACP issuers. Once completed, submit your application regarding for or using these tools.

Review Tools

- Rates
- Service Area
- Unified Rate Review
- Review Tools**
- Submission Checklist
- Application Submission

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.



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.

- After your request is received and processed, CMS will send an Outlook meeting invite from QHP_Applications@cms.hhs.gov to the provided email addresses in your submission.

Announcements



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

Submission Tips

Steps After Loading Template to Incorrect Location

If users accidentally upload a template to the wrong location, users will receive a Failed status:

- If users wish to replace the file, simply click the Upload button to overwrite the failed file.
- If users do not wish to replace the file, no further steps are necessary. Templates with a “Failed” status will not be part of users’ QHP Application review.

Upload Documentation

Fields marked with an asterisk (*) are required.
Please note that uploading a second version of the template or supporting document will overwrite the existing file.

Update Status

Document Type	Actions	File Name	Last Update	Status
Plan & Benefits Template (SHOP)	Upload	PlanBenefits.xml	05/25/2017 9:50:15 AM	Complete
Plan & Benefits Template (Individual)	Upload	PBMedivdPPO.xlsx	05/25/2017 9:44:32	Complete
Dental Plan & Benefits Template (SHOP)	Upload	planbenefits.xml	05/26/2017 8:43:45 PM	Failed
*Dental Plan & Benefits Template (Individual)	Upload	PBDentalIndIgt2.xls	05/25/2017 9:45:37 AM	Complete
*Network ID Template	Upload	network.xls	05/25/2017 2:38:59 PM	Complete
*Service Area Template	Upload	servicearea.xls	05/25/2017 2:39:35 PM	Complete
*Prescription Drugs Template	Upload	PD.xls	05/25/2017 9:48:18 AM	Complete
Service Area Justification		delite.csv	05/22/2017 0:00:00 AM	Complete
Select document type	Upload			

A template with a “Failed” status will not be part of your QHP Application review.

Rates Template Maximum Rows Per Tab

The Rates Template is defaulted so that each tab contains at most 65,535 rows. An Excel feature allows users to increase this number of rows; however, this larger tab size could cause issues during submission.

Suggested Best Practices

- Use the 'Add Sheet' button to create a new tab to enter additional rates.
- Double-check that each tab in the Rates Template contains at most 65,535 rows.

The screenshot displays the '2018 Rates Table Template v7.1' Excel spreadsheet. The spreadsheet has columns A and B. Row 1 contains the title '2018 Rates Table Template v7.1' in column A and 'All fields with an asterisk (*)' in column B. Rows 2-5 contain buttons for 'Validate' and 'Finalize'. Row 6 is a green header row with 'HIC' in column A. Row 7 is a green header row with 'Rate Eff' in column A. Row 8 is a green header row with 'Rate Expiration Date' in column A. Row 9 is a green header row with 'Rating Method*' in column A. Row 10 is a green header row with 'Plan ID*' in column A and 'Rating Area ID*' in column B. Row 11 is a green header row with 'Required: Enter the 14-character Plan ID' in column A and 'Required: Select the Rating Area ID' in column B. Row 12 contains the 'Add Sheet' button. A callout box with a blue border and white background points to the 'Add Sheet' button, containing the text: 'Use the 'Add Sheet' button to add additional tabs for rates data.'

Reminders on How to Submit the QHP Application



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

Issuer Module - Submissions



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

PY 2018 Issuer Submitter – Summary Page

The Issuer Summary Page will allow users to continue working on an existing application or view an already submitted application. Users must be assigned the role of data submitter to access this page.

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC02 | Logout

Issuer Application

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

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

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

Click **'Resume'** to continue working on an existing application.

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
12345	Insurance Company		Returned for Changes	Resume

Showing 1 to 1 of 1 entries

PY 2018 Issuer Review Page – Submission

Click the 'Return to Submitter' button to initiate the submission for the confirmation upon successful submission.


PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC03 | Logout

12345 - Insurance Company - ND

Review

 Instructions and Reference Material (PDF)
[3.21 MB]

Data Validator | Final Submission

All sections must be completed to the best of your knowledge before being submitted.

Validator Sections Table

Application Sections	Modified Date	Modified By	Status
Program Attestations	05/25/2017 11:50:47 AM	FUNC02	Validation Failed
State Licensure	05/25/2017 9:26:51 AM	FUNC02	Validation Passed
Good Standing	05/25/2017 9:27:08 AM	FUNC02	Validation Passed
Accreditation	05/25/2017 11:35:29 AM	FUNC02	Validation Passed
ECP/Network Adequacy	05/25/2017 11:35:42 AM	FUNC02	Validation Passed

[Return to Submitter](#) [Previous](#) [Cancel Application](#)



Rating Module

PY 2018 Rating Validator – Summary Page

The Rating Validator Summary Page will allow users to select the application to initiate the submission. Users must be assigned the role of Data Validator to return the submission to the Data Submitter.

The screenshot shows the 'PLAN MANAGEMENT' interface. At the top right, there is a 'Text Size: A A A' link and a 'PLAN YEAR : 2018' indicator with a 'Welcome, FUNC03 | Logout' link. Below this is a 'Rating Module' section with a 'Data Validator' role indicator. A callout box points to the 'Edit' button in the 'Action' column of a table. The table has columns for 'Issuer ID', 'Issuer', 'Issuer State', 'Last Update', 'Status', and 'Action'. The single entry in the table is for Issuer ID 12345, Issuer Insurance Company, Issuer State ND, and Status Validation Completed.

Issuer ID:	Issuer:	Issuer State:	Last Update:	Status:	Action:
12345	Insurance Company	ND		Validation Completed	Edit

Showing 1 to 1 of 1 entries

PY 2018 Rating Validator – Submission Page

This page provides the current template/data provided by the Submitter and allows the Validator to validate that the information provided is accurate.

PLAN MANAGEMENT

Test Size: A A A

PLAN YEAR : 2018
Welcome, RNC00 | Logout

Insurance Company - ND

Rating Module

Upload Submissions and Reference Material (PDF)
(1.88 MB)

Data Validator Final Submission

Validate The Rates & Business Rules Submission

Please review and validate the completed submissions.
Fields marked with an asterisk (*) are required.

Uploaded Files

Document Type	File Name	Upload Date
Rates	MediPacs.xls	09/10/2017 2:28:04 PM
Rate Template	DemolPacs.xls	08/25/2017 9:59:08 AM
Business Rules	Businessrules.xls	09/10/2017 2:28:40 PM

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

Back to Summary Submit Section

First select 'No'.

Then click 'Submit Section'.

Note: By clicking 'Submit Section' users allow the Submitter to have access to the module to make any modifications needed.

PY 2018 Rating Submitter – Summary Page

The Rating Summary Page will allow you to start a new application. The Summary page also provides the ability to continue working on a pending application or view an already submitted application.

The screenshot displays the 'PLAN MANAGEMENT' interface for 'PLAN YEAR : 2018'. It includes a 'Rating Module' section with a 'Data Submitter' tab and a 'Summary' section. The 'Summary' section contains two main areas: 'Start the Rating Data Submission' and 'Resume an Existing Submission'. The 'Resume an Existing Submission' area features a table with columns for 'Issuer ID', 'Issuer', 'Issuer State', 'Last Update', 'Status', and 'Action'. A callout box with an arrow points to the 'Resume' button in the 'Action' column of the table row.

Issuer ID	Issuer	Issuer State	Last Update	Status	Action
12345	Insurance Company	ND		Returned for Changes	Resume

Benefits and Service Area Module



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

PY 2018 Benefits and Service Area Validator – Summary Page

The Benefits and Service Area Validator Summary Page will allow users to select the application to initiate the submission. Users must be assigned the role of Data Validator to return the submission to the Data Submitter.

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC03 | Logout

Benefits & Service Area Module - Summary

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

Data Validator

Validate a submission

Issuer ID:	Issuer Name:	State:	Last Update:	Status:	Action:
12345	Insurance Company	ND		Validation Completed	Edit

Showing 1 to 1 of 1 entries

Click 'Edit' for the 'Validation Completed' status.

PY 2018 Benefits and Service Area Validator – Submission Page (continued)

This page provides the current template/data provided by the Submitter and allows the Validator to validate that the information provided is accurate.

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC03 | Logout

12345 - Insurance Company - ND

Benefits & Service Area Module

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

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)	PBMedShopEPO.xlsx		05/25/2017 9:50:15 AM	Complete
*Plan & Benefits Template (Individual)	PBMedIndPPO.xlsx		05/25/2017 9:44:32 AM	Complete
Dental Plan & Benefits Template (SHOP)	PBDentalShopLow.xls		05/25/2017 9:44:52 AM	Complete
Dental Plan & Benefits Template (Individual)	PBDentalIndDrgL2.xls		05/25/2017 9:45:37 AM	Complete
Network ID Template	network.xls		05/25/2017 9:49:40 AM	Complete
Service Area Template	servicearea.xls		05/25/2017 9:48:48 AM	Complete
Description Drugs Template	PD.xls		05/25/2017 9:48:18 AM	Complete
Service Area Justification	delete.csv		05/22/2017 0:00:00 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](#)

First select 'No'.

Then click 'Submit'.



PY 2018 Benefits and Service Area Validator – Submission Page (continued)

The Benefits and Service Area Summary Page allows users to start a new submission, continue working on a pending submission or view a completed submission.

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC02 | Logout

Benefits & Service Area Module - Summary

[Instructions and Reference Material \(PDF\) \[2.35 MB\]](#)

Data Submitter

Start working on a Benefits and Service Area Module Submission

Issuer: 12345 Insurance Company

Resume an Existing Submission

Issuer ID:	Issuer Name:	State:	Last Update:	Status:	Action:
12345	Insurance Company	ND		Returned for Changes	<input type="button" value="Resume"/>

Showing 1 to 1 of 1 entries

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

Final Submission Tasks



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

PY 2018 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


PLAN YEAR : 2018
Welcome, FUNC03 | Logout

12345 - Insurance Company - ND

Final Submission

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

Data Validator | **Final Submission**

 Issuer [redacted] has been 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 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	05/25/2017 11:37:09 AM	Returned for Changes
Benefits and Service Area Module	05/25/2017 10:18:25 AM	Returned for Changes
Rating Module	05/25/2017 10:22:52 AM	Returned for Changes

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

PY 2018 Final Submission Page (continued)

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2018

Welcome, FUNC02 | Logout

Issuer Application

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

Please note that in order to be certified as a QHP issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1510.

 Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
12345	Insurance Company		Returned for Changes	Resume

Showing 1 to 1 of 1 entries

Click 'Resume' for the 'Returned for Changes' status.

PY 2018 Final Submission Tasks (continued)

PLAN MANAGEMENT

12345 - Insurance Company - ND

Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC02 | Logout

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 Individual 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**

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

Attestations required of both Medical QHP and SADP issuers

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.

PY 2018 Final Submission Tasks

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2018
Welcome, FUNC03 | Logout

12345 - Insurance Company - ND

Final Submission

[Data Validator](#) **[Final Submission](#)** [Instructions and Reference Material \(PDF\)](#)

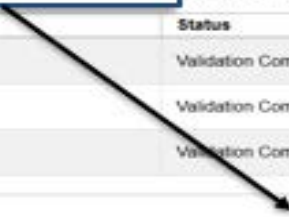
To qualify for GHP Certification, Cross Validation must be passed. To cross validate a submission must pass cross validation prior to the submission window closing in order to be displayed on the Marketplace.

Please Note: The Unified Rate Review module submission(s) are required for GHP certification.

Module	Submission Date	Status
Issuer Module	05/26/2017 8:28:54 PM	Validation Completed
Benefits and Service Area Module	05/26/2017 8:33:01 PM	Validation Completed
Rating Module	05/26/2017 8:32:19 PM	Validation Completed

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

Use the Final Submission section to first 'Cross Validate'.



PY 2018 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.

PLAN MANAGEMENT Text Size: A A

PLAN YEAR: 2018
Welcome, FPN302

IZ345 - Insurance Company - ND

Final Submission [Instructions and Reference Manual \(PDF\)](#)
(1.1 MB)

Date Submitted: Final Submission

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

Download Final Submission Error Report

To qualify for QIP 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 QIP.

Please Note: The United Rate Review (multiple submissions) are required for QIP certification which is necessary for plans to be displayed on the Marketplace.

Module	Submission Date	Status
Issuer Module	06/25/2017 2:30:42 PM	Returned for Changes
Benefit and Service Area Module	06/25/2017 2:40:01 PM	Returned for Changes
Rating Module	06/25/2017 10:22:52 AM	Returned for Changes

Back Cross Validate

	A	B	C	D	E	F	G	H
1	The following ServiceAreaId's exist in Benefit but not in Service Area templates [NDS001]							
2	The following NetworkId's exist in Benefit but not in Network templates [NDN002]							
3	The following NetworkId's exist in ECP but not in Network templates [NDN004]							

PY 2018 Final Submission Tasks (continued)

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2018

Welcome, FUNC03 | Logout

12345 - Insurance Company - ND

Final Submission

 Instructions and Reference Material (PDF)
[3.21 MB]

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 Marketplace.

Module	Submission Date	Status
Issuer Module	05/26/2017 8:28:54 PM	Validation Completed
Benefits and Service Area Module	05/26/2017 8:33:01 PM	Validation Completed
Rating Module	05/26/2017 8:32:19 PM	Validation Completed

Complete final submission by clicking 'Submit'.

Back

Cross Validate

Submit

Live Q&A Session



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

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**
- **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 question is for the Small Business Health Options Program (SHOP) or Individual Marketplace

Plan Management Webinar Dates

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

Date	Day	Time (ET)	Topic
6/6/17	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
6/8/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
6/13/17	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
6/15/17	Thursday	1:00 p.m. – 2:00 p.m.	Submission Tips
6/20/17	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
6/22/17	Thursday	1:00 p.m. – 2:00 p.m.	Plan Preview: Tools and Tips
6/27/17	Tuesday	3:00 p.m. – 4:00 p.m.	Plan Preview Scenario/Open Q&A
6/29/17	Thursday	1:00 p.m. – 2:00 p.m.	2018 Updates for Machine Readable Data

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