



Centers for Medicare & Medicaid Services  
Federally Facilitated Exchange  
Contract HHSM-500-2015-00246C

# FFE Plan Management Issuer Module User Guide

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# 1 Introduction

This document provides an overview and step-by-step guide for how to use the *Issuer Module* system.

The Plan Management (PM) *Issuer Module* is a web application built in the Health Insurance Oversight System (HIOS) where Issuers can submit program attestation, state licensure, good standing, accreditation, and provider data associated with their Qualified Health Plan (QHP) Application.

## 2 Referenced Documents

The Center for Consumer Information and Insurance Oversight (CCIIO) has provided additional information detailing specific policy and submission criteria for each section of the *Issuer Module* on the CCIIO webpage. Please use the following link for more information:

<https://www.qhpcertification.cms.gov/s/QHP>.

## 3 Overview

Issuers can use the *Issuer Module* to submit provider data that will be used to determine the providers available for each plan for consumers. Specifically, the module provides:

- Essential Community Provider (ECP)/Network Adequacy data collection template (Microsoft Excel-based) that Issuers or their representatives can download, populate, validate, and finalize for upload into the *Issuer Module*.
- A user interface for Issuers to submit, review, and modify program attestation, state licensure, good standing, accreditation, and provider data associated to a QHP Application by answering questions and uploading the data collection template and supporting documentation.

### 3.1 Document Conventions

This document provides screen shots and corresponding narrative to describe how to use the *Issuer Module* system.

Modules or sections are indicated by *italics*. User roles or templates of the *Issuer Module* are indicated in **bold**. Fields or buttons to be acted upon are indicated in ***bold italics***. Links to be acted upon are indicated as links in underlined blue text.

**NOTE:** The term ‘user’ is used throughout this document to refer to a person who requires and/or has acquired access to the *Issuer Module*.

## 4 Getting Started

This section provides information about setup and system access.

### 4.1 Setup Considerations

To optimize user experience within the *Issuer Module*:

1. Please **disable pop-up blockers** prior to attempting access to the PM system.
2. Use the following browser for optimum usability:
  - Internet Explorer 11 (latest version available for supported operating systems as of 2/26/2019)
  - Firefox, Version 73
3. Recommended Excel Versions include 2013, 2016, and 2019.

**NOTE:** The Module complies with Health & Human Services (HHS) design standards; all associated webpages are designed for viewing at a minimum screen resolution of 1024 x 768.

### 4.2 User Access Considerations

All users must have a Centers for Medicare and Medicaid Services (CMS) Enterprise Portal Identifier (ID) and HIOS user role to access the system. To access the *Issuer Module*, users are required to have a **Submitter** and/or **Validator** role:

- **Issuer Submitter**  
Users assigned the user access role of **Issuer Submitter** will submit the data necessary to complete the *Issuer Module*. Submitters can also cross validate data elements to ensure consistency throughout an application.
- **Issuer Validator**  
Users assigned the user access role of **Issuer Validator** will validate the data necessary to complete the *Issuer Module*. Validators can also cross validate data elements to ensure consistency throughout an application and **Submit** the application after cross validation has passed. Upon successful submission, the application will move to the next step in the QHP certification process.

### 4.3 Accessing the System

Users can access the module by logging into the CMS Enterprise Portal. The user will be directed to their “My Portal” page and should then select the **HIOS** application. Once in the HIOS portal, choose the **QHP Issuer Module** and select **Launch this Module**. Then, select the [Access QHP Issuer Module](#) link on the **QHP Issuer Module** landing page.

### 4.4 System Organization and Navigation

This section describes the module organization and provides directions for navigating the system.

### 4.4.1 Issuer Module

The *Issuer Module* consists of the Summary, Data Submitter, Data Validator, and Final Submission pages.

The Summary page is the first page users see when navigating to the *Issuer Module*. It provides the user with the ability to start a new application, resume work on a pending application, or view a submitted application for Issuers the user has access to.

The Data Submitter page is comprised of multiple tabs: *Program Attestations*, *State Licensure*, *Good Standing*, *Accreditation*, and *ECP/Network Adequacy*. These tabs allow the user to answer questions and provide supporting documentation related to their QHP Application, including the ability to upload a completed **ECP/NA** template XML to the system for validation.

The Data Validator page is comprised of the same tabs as the Data Submitter page, but instead allows the user to view the data submitted in a read-only mode and download the supporting documentation to validate for accuracy.

The Final Submission page allows the user to cross validate data elements within a QHP Application, as well as submit a completed application for further evaluation.

## 4.5 Exiting the System

To exit the system, click the *Logout* link located at the bottom right corner of the page header.

## 5 Using the System

The following sections provide instructions for using the *Issuer Module*. The *Issuer Module* is divided into various sections, and the tabs to navigate through the sections of the module are listed on the left side of the page. The web-based application collects attestations, licensure, and good standing information, accreditation information, network adequacy information, essential community provider information, and all supporting documents relating to each of these.

### 5.1 Issuer Submitter – Summary Page

From the Summary page, shown in Figure 1, the user can continue working on an existing application or view an already submitted application. The user must be assigned the role of Issuer Submitter to access this page.

# PLAN MANAGEMENT

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

**PLAN YEAR : 2021**  
 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 1-855-267-1515.

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

Data Submitter

### Resume an Existing Application

#### Select Existing Application

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

Issuer ID:	Issuer:	Date Last Modified:	Status:	Action:
39364	Medica Insurance Company		Pending Submission	<a href="#">Resume</a>

Showing 1 to 1 of 1 entries

#### Begin Working on an Issuer Application

**Start Issuer Application**

[Start a New Issuer Application](#)

## PLAN MANAGEMENT

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

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

**Figure 1 – Issuer Submitter Summary Page**

To start a new application, click the *Start a New Issuer Application* button. The “Begin Working on an Issuer Application” section is shown in Figure 2.

To resume an existing application, click the *Resume* button that corresponds to the Issuer ID. The user will be directed to the Program Attestations section of the *Issuer Module*.



**Begin Working on an Issuer Application**

Start Issuer Application

[Start a New Issuer Application](#)

\* **Issuer:**

12345 Test Issuer ▼

[Next](#)

**Figure 2 – Issuer Submitter Summary Page – Begin Working on Application**

Select a company from the Issuer drop-down that appears and click the *Next* button to continue the Program Attestations section.

## 5.2 Issuer Submitter – Program Attestations

The Program Attestations page, shown in Figure 3, collects responses and supporting documents to attestations. The user must provide a response for each of the four Program Attestation Sections:

- Attestations required of both Medical QHP and SADP issuers, with response options of Yes and No
- Attestations required of Medical QHP issuers only, with response options of Yes, No, and Not Applicable
- Attestations required of SADP issuers only, with response options of Yes, No, and Not Applicable
- Optional Attestations, with response options of Yes and No

The attestations have conditional supporting document requirements, depending on the response that the user selected. If the user selects “Yes” for the ‘Attestations required of both Medical QHP and SADP issuers,’ the user must upload an Organizational Chart document type. If the user selects “Yes” for the ‘Optional Attestations,’ the user must upload a Compliance Plan document type; otherwise, if the user selects “No” for the ‘Optional Attestations,’ the user must upload a justification with the Other document type.

**NOTE:** Both Excel template file names and supporting document file names cannot contain spaces. For example, “Organizational\_chart” is a valid template file name, but “Organizational Chart” or “organizational chart” are not valid file names. The content of supporting documents will **NOT** be validated by the *Issuer Module*.

Valid supporting documents must be in one of the following file formats.

- .doc
- .docx
- .jpg
- .jpeg
- .pdf
- .rtf
- .ppt
- .pptx
- .csv
- .txt

Figure 3 – Issuer Submitter – Program Attestations Page (Part 1)

The fields to upload documents are always displayed for the ‘Attestations required of both Medical QHP and SADP issuers’ and ‘Optional Attestations.’ To upload a file, select the document type associated with the file that is being uploaded. Click the **Browse** button, select the user’s file, and click the **Upload** button.

Once the file has been successfully uploaded, the file is added to the table, as shown in Figure 4. The user can upload multiple supporting documents for each question. The user can also delete a file from the upload table by clicking the **Delete** button.

### 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 FFEs 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

#### Upload File(s)

**\*Document Type:** Select document type... ▼

**\*Upload File(s):** Choose File No file chosen Upload

#### Uploaded Supplementary Documentation

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

Next Section - Medical QHP-Only Attestations

Attestations required of Medical QHP issuers only
Show

Attestations required of SADP issuers only
Show

Optional Attestations
Show

**Figure 4 – Issuer Submitter – Program Attestations Page (Part 2)**

To view or answer another question, click *Show* on the respective accordion. The accordion selected will expand, and the previously selected question will be collapsed, as shown in Figure 5.

**Attestations required of both Medical QHP and SADP issuers** **Show**

**Attestations required of Medical QHP issuers only**

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

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

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

Yes   
  No   
  Not Applicable

Next Section - SADP-Only Attestations

**Attestations required of SADP issuers only** **Show**

**Optional Attestations** **Show**

**Figure 5 – Issuer Submitter – Program Attestation (Part 3)**

Click **Save** to save the changes that have been made to the page. Click **Submit Section** to submit the completed section of the application.

Click **Previous** to return to the Summary page or click **Next** to go to the next section of the application, which is State Licensure.

If the user clicks **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section** the system displays a popup stating, "There are unsaved changes. If you continue your changes will be lost. Would you like to continue?" Please make sure to save changes before proceeding by clicking "No" in the window and then clicking **Save** or **Submit Section**.

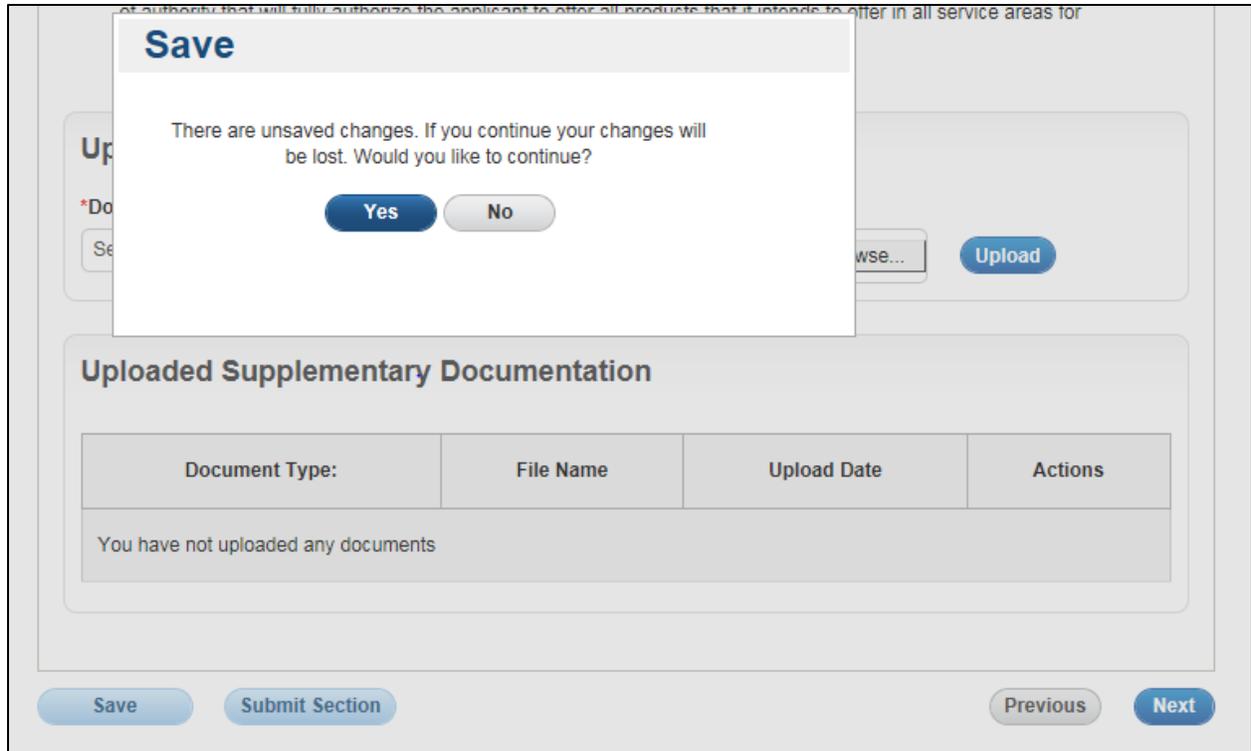


Figure 6 – Save Pop-up Warning Window

### 5.3 Issuer Submitter – State Licensure (optional)

The State Licensure page, shown in Figure 7, collects licensure data and the applicable supporting documents on the state level. This section is optional and not required to submit the *Issuer Module*.

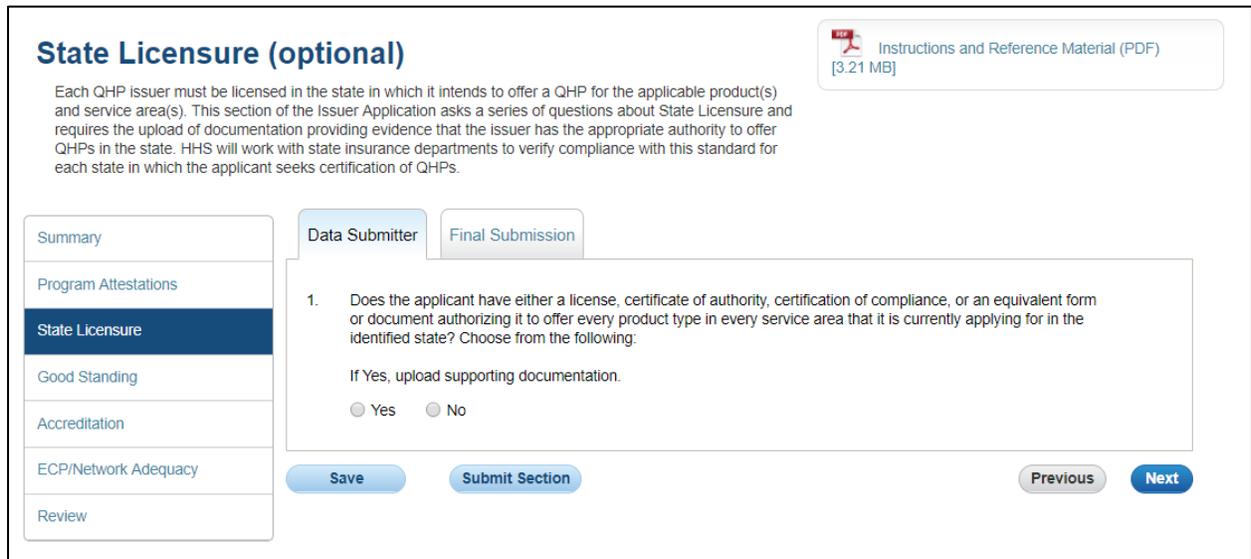


Figure 7 – Issuer Submitter – State Licensure Page (Part 1)

If the user chooses to answer the licensure question, use the radio buttons. The next step is either to upload supporting documents or proceed to the next licensure question. The state licensure questions have conditional functionality, depending on the response that the user selects.

**NOTE:** Once the user selects a radio button and save or submit the section, the user will be able to edit the response, but the response cannot be removed entirely. If the user selects the “Yes” radio button, the user may upload supporting documentation. Select the appropriate document type associated with the file that is being uploaded. If the document type is not listed in the dropdown, upload under the document, type “Other.”

**NOTE:** An Excel file cannot be uploaded, even if the user chooses the document type of “Other.”

Once the file has been successfully uploaded, the file links appear on the page. The process of uploading a supporting document is illustrated in Figure 8. The user can remove an uploaded file by clicking the *Delete* button under the Action column next to the file link.

**State Licensure (optional)**

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

Instructions and Reference Material (PDF) [3.21 MB]

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

Data Submitter | Final Submission

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:  
If Yes, upload supporting documentation.  
 Yes  No

**Upload File(s)**

Document Type: Select document type...  
Upload File(s): Choose File | No file chosen | Upload

**Uploaded Supplementary Documentation**

Document Type	File Name	Upload Date	Actions
State License	State_License.docx	02/13/2018 11:32:03 AM	Delete

Save | Submit Section | Previous | Next

Figure 8 – Data Submitter – State Licensure Page (Part 2)

The second licensure question only displays if the user selected “No” as the answer for Question 1.

The user may upload supporting documentation if the response to question 2 is “**Yes**.” If the user selects “**No**” as the response for question 2, the user may enter a date, as shown in Figure 9.

**Figure 9 – Issuer Submitter – Licensure Page (Part 3)**

Click **Save** to save the data entered. Click **Submit Section** to submit the complete section.

Click **Previous** to return to the Program Attestation page or click **Next** to go to the next section of the application, which is Good Standing.

If the user clicks **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section**, the system displays a popup stating, “There are unsaved changes. If you continue, your changes will be lost. Would you like to continue?” Please make sure to save changes before proceeding by clicking “**No**” in the window and then clicking **Save** or **Submit Section**.

## 5.4 Issuer Submitter – Good Standing (optional)

The Good Standing section collects Good Standing data and the applicable supporting documents at the state level. Figure 10 shows the Good Standing page. This section is optional and not required to submit the *Issuer Module*.

## Good Standing (optional)

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

Instructions and Reference Material (PDF)  
[3.21 MB]

Summary
Program Attestations <span style="float: right;">✔</span>
State Licensure
Good Standing
Accreditation <span style="float: right;">✔</span>
ECP/Network Adequacy
Review

Data Submitter
Final Submission

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

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

Yes     No
2. Is the applicant currently under any corrective action related to financial review?

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

Yes     No

Save
Submit Section
Previous
Next

**Figure 10 – Issuer Submitter – Good Standing (optional) Page (Part 1)**

If the user chooses to answer the Good Standing questions, use the radio buttons.

**NOTE:** Once the user selects a radio button and save or submit the section, the user will be able to edit the response, but the response cannot be removed entirely.

If the user responds “*Yes*” to the first question, the user may upload supporting documentation and provide a justification. If the user responds “*No*” to the first question, no additional information is needed to proceed.

If the user responds to the second question by clicking the “*Yes*” radio button, the user may upload supporting documents and provide a justification, as shown in Figure 11.

If the user answers “*No*” to both questions, no additional information is needed to proceed.

## Good Standing (optional)

Instructions and Reference Material (PDF)  
[3.21 MB]

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

Summary

---

Program Attestations ✓

---

State Licensure

---

Good Standing

---

Accreditation ✓

---

ECP/Network Adequacy

---

Review

Data Submitter

Final Submission

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

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

Yes     No
2. Is the applicant currently under any corrective action related to financial review?

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

Yes     No

### Upload File(s)

Document Type

Select document type...

Upload File(s):

No file chosen

### Uploaded Supplementary Documentation

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

Justification:

**Figure 11 – Issuer Submitter – Good Standing (optional) Page (Part 2)**

Click **Save** to save the data entered. Click **Submit Section** to submit the complete section.

Click **Previous** to return to the Summary page or click **Next** to go to the next section of the application, which is Accreditation.

If the user clicks **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section**, the system displays a popup stating, “There are unsaved changes. If you continue your changes will be lost. Would you like to continue?” Please make sure to save changes before proceeding by clicking “**No**” in the window and then clicking **Save** or **Submit Section**.

## 5.5 Issuer Submitter – Accreditation

After clicking the **Next** button in the Good Standing page, the next section is the Accreditation page. The Accreditation section, shown in Figure 12, collects accreditation data for issuers accredited with the National Association of Quality Assurance (NCQA) or URAC. If the user is

accredited with the Accreditation Association for Ambulatory Health Care (AAAHC), the user can complete the accreditation section by selecting “*No*” to the first question, then email the user’s required documentation to [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov). Additional information about the AAAHC requirements can be found in the QHP Instructions.

The screenshot shows the 'Accreditation' page in the Issuer Submitter interface. The page title is 'Accreditation'. On the left, there is a navigation menu with the following items: Summary, Program Attestations, State Licensure, Good Standing, Accreditation (highlighted in blue), ECP/Network Adequacy, and Review. On the right, there is a PDF icon and the text 'Instructions and Reference Material (PDF) [3.21 MB]'. Below this, there are two tabs: 'Data Submitter' and 'Final Submission'. The main content area contains a message: 'Fields marked with an asterisk (\*) are required.' followed by a question: '\* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?'. Below the question are two radio buttons: 'Yes' and 'No'. At the bottom of the form, there are four buttons: 'Save', 'Submit Section', 'Previous', and 'Next'.

**Figure 12 – Issuer Submitter – Accreditation Page (Part 1)**

If the user answers “*Yes*” to the first accreditation question, a section appears asking the user to select an accrediting entity from the list and the Terms and Conditions are displayed. Select an option from the list, as shown in Figure 13. The user may also upload supporting documents.

## Accreditation

Instructions and Reference Material (PDF)  
[3.21 MB]

Data Submitter
Final Submission

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

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

Yes     No

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

NCQA  
 URAC  
 NCQA & URAC

**Upload File(s)**

Document Type

Select document type ▼

Upload File(s):

Choose File

No file chosen

Upload

**Uploaded Supplementary Documentation**

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

**Terms and Conditions**

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

\* I agree to the terms and conditions.

Save
Submit Section

Previous
Next

**Figure 13 – Issuer Submitter – Accreditation Page (Part 2)**

If “*No*” is selected for Question 1, supporting documents may be uploaded and the Terms and Conditions are displayed, as shown in Figure 14.

**Figure 14 – Issuer Submitter – Accreditation Page (Part 3)**

Agree to the terms and conditions by selecting the checkbox below the text.

Click **Save** to save the data entered. Click **Submit Section** to submit the complete section.

Click **Previous** to return to the Good Standing page or click **Next** to go to the next section of the application, which is ECP/Network Adequacy.

If the user clicks **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section** the system displays a popup stating, “There are unsaved changes. If you continue your changes will be lost. Would you like to continue?” Please make sure to save changes before proceeding by clicking “**No**” in the window and then clicking **Save** or **Submit Section**.

## 5.6 Issuer Submitter – ECP/Network Adequacy

The ECP/Network Adequacy section, shown in Figure 15, collects information verifying that the issuer’s provider network meets ECP standards. In addition, it collects information about the geographical distribution of ECP providers with whom the user has contracted or whom the user employs. ECP/Network Adequacy Data is collected through Microsoft Excel templates.

Answer the questions by selecting the appropriate radio buttons, as seen below in Figure 15.

Question 1 asks whether the applicant meets the ECP Standard. If the user responds “**Yes**” to question 1, there is no need to upload a justification and the user may proceed to the second question. If the user responds “**No**” to question 1, the user must upload an ECP supplemental response justification before proceeding to the second question.

Question 2 reads, “Does the applicant use a provider network? Upload an ECP/NA template if you respond Yes to this question.”

If the user answers “**Yes**” to question 2, the user is required to upload a single .zip file. The ECP/Network Adequacy Template generates the .zip files in the same way that other templates generate .xml files. After uploading the template generated .zip file, select **Upload** to finalize the user’s ECP/Network Adequacy upload. There is a 47.68MB file size limit on uploads. After uploading the user’s final .zip file, the upload status will change to **Pending**, as shown in Figure 15. This indicates that the template is in the process of uploading. When Submitters upload templates, the system validates the data on the templates and lists any errors on the page when found.

If the user answers “**No**” to question 2, the user will be allowed to move on without uploading an ECP/Network Adequacy file.

- [Summary](#)
- [Program Attestations](#) ✓
- [State Licensure](#) ✓
- [Good Standing](#) ✓
- [Accreditation](#) ✓
- [ECP/Network Adequacy](#)
- [Review](#)

Data Submitter
Final Submission

✓

You have successfully uploaded the file

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

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

### Essential Community Providers

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

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

Yes  No

### Network Adequacy

\* 2. Does the applicant use a provider network?

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

Yes  No

---

### ECP/Network Adequacy Files Upload

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

- The template will allow the applicant to identify each provider network it intends to utilize for its QHPs and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if these ECPs do not appear on the HHS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the Letter to Issuers in the Federally-Facilitated Exchange.
- The applicant should identify any network that is different for its individual and small group market as a separate network.

i

Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

**Download Template**

[ECP/Network Adequacy Template.xlsx \(undefined\)](#)

**Upload File(s)**

\* Upload ECP/Network Adequacy File:

No file selected.

**Uploaded File(s)** Update Status

File Name	Upload Date	Status
ECP-NA-20200226T142510.zip	02/26/2020 02:35:49 PM	Pending

Figure 15 – ECP/Network Adequacy Section – Upload Status Pending

If successful, the Status will change to **Complete**. As shown in Figure 16, the user’s regenerated ECP/Network Adequacy Template will be available for download as an Excel file.

- [Summary](#)
- [Program Attestations](#) ✓
- [State Licensure](#) ✓
- [Good Standing](#) ✓
- [Accreditation](#) ✓
- [ECP/Network Adequacy](#)
- [Review](#)

Data Submitter
Final Submission

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

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

### Essential Community Providers

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

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

Yes  No

### Network Adequacy

\* 2. Does the applicant use a provider network?

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

Yes  No

### ECP/Network Adequacy Files Upload

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

- The template will allow the applicant to identify each provider network it intends to utilize for its QHPs and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if these ECPs do not appear on the HHS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the Letter to Issuers in the Federally-Facilitated Exchange.
- The applicant should identify any network that is different for its individual and small group market as a separate network.

**i** Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

**Download Template**

[ECP/Network Adequacy Template.xlsx \(undefined\)](#)

**Upload File(s)**

Upload ECP/Network Adequacy File:

No file selected.

**Uploaded File(s)**

File Name	Upload Date	Status
<a href="#">ECP-NA-20200226T142510.xlsm</a>	02/26/2020 02:36:19 PM	Complete

**Figure 16 – ECP/Network Adequacy Section – Upload Status Complete**

If the file upload is unsuccessful, the status will update to “Errors”, as shown in Figure 17. If the user’s upload has failed, the user can click on **Errors** in the status column to download an error log that will explain the cause of the failure for the user to correct.

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

Data Submitter
Final Submission

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

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

### Essential Community Providers

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

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

Yes    No

### Network Adequacy

\* 2. Does the applicant use a provider network?

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

Yes    No

### ECP/Network Adequacy Files Upload

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

- The template will allow the applicant to identify each provider network it intends to utilize for its QHPs and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if these ECPs do not appear on the HHS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the Letter to Issuers in the Federally-Facilitated Exchange.
- The applicant should identify any network that is different for its individual and small group market as a separate network.

i

Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

**Download Template**

ECP/Network Adequacy Template.xlsx (undefined)

**Upload File(s)**

Upload ECP/Network Adequacy File:

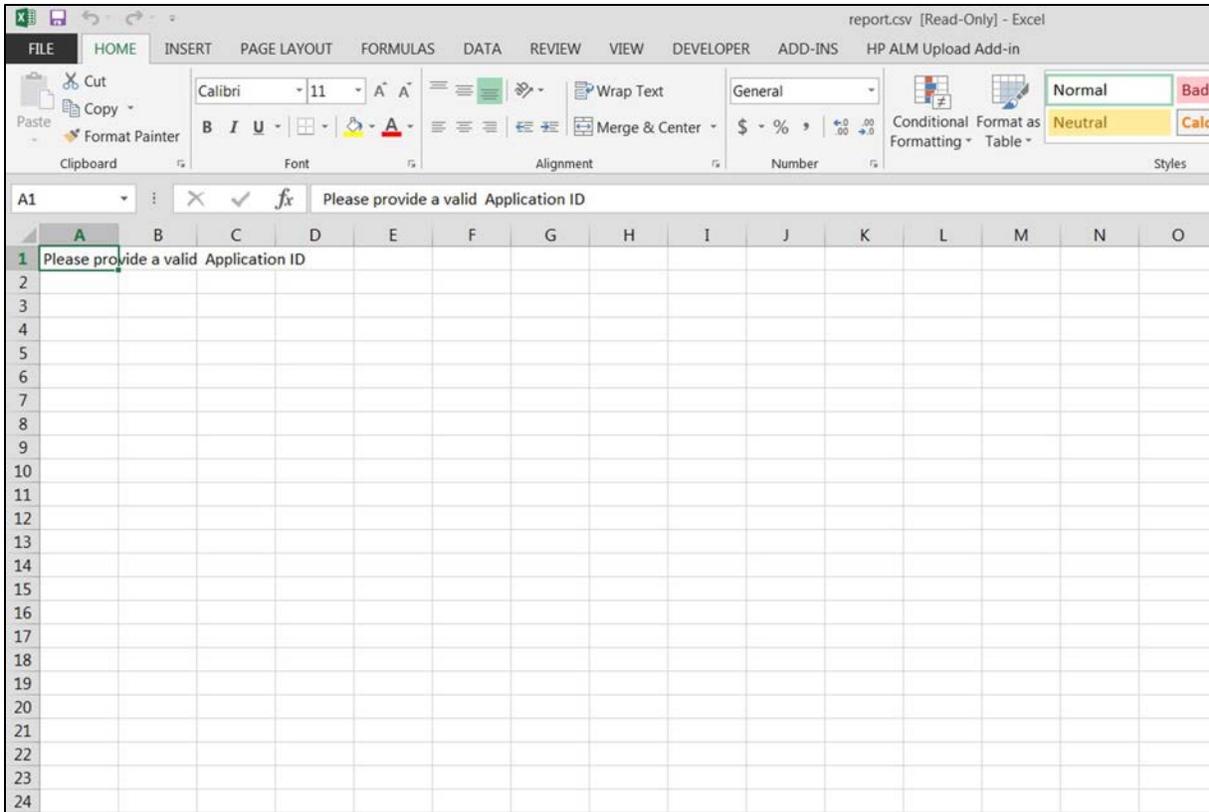
No file chosen

**Uploaded File(s)**

File Name	Upload Date	Status
ECP-NA-20180215T113840.xlsm	02/15/2018 4:36:41 PM	Errors

**Figure 17 – ECP/Network Adequacy Section – Upload Status Errors**

The error log will come as .csv and can be viewed in text edit, as shown in Figure 18.



**Figure 18 – Upload Error Log**

After uploading the necessary ECP/Network Adequacy **.zip** file, please upload **Supplementary Documentation** if needed. These documents must be classified by using the drop-down menu and designate if the document is **Network Adequacy Access Plan with Cover Sheet**, **Supplemental ECP Response – Health**, **Supplemental ECP Response – Dental**, **ECP Write-In Worksheet**, or **Other**. Figure 19 shows the Supplementary Documentation section.

Valid **Supporting Documents** must be in one of the following file formats:

- .doc
- .docx
- .jpg
- .ppt
- .pdf
- .rtf
- .jpeg
- .pptx
- .csv
- .txt

Supporting documents can be uploaded below. Select the Document Type using the dropdown, and locate the file using the Choose File button. Click the Upload button to submit the document.

**Uploaded Supplementary Documentation**

Document type: Select Document Type

Upload File(s): Browse... No file selected.

**Uploaded File(s)**

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

**Figure 19 – Issuer Submitter – ECP/Network Adequacy Template**

## 5.7 ECP/Network Adequacy Template

The ECP/Network Adequacy Template, shown in Figure 20, gives the user the ability to link each provider (ECP or Network Adequacy) with the network with which they are associated. Click the link to download the ECP/Network Adequacy Template and save a copy of the template to the user's machine locally.

Before opening the ECP/Network Adequacy Template, make sure that macros have been enabled in Excel. See Appendix A for instructions on enabling macros.

Complete all required fields, which are marked with an (\*) asterisk.



**Table 1 – Issuer Submitter – ECP/Network Adequacy Template Fields – User Control Tab**

Field Name	Field Description	Field Value
Issuer ID*	5-digit HIOS Issuer ID.	Numeric
Source System*	The name of the system used in submitting the QHP Application.	Dropdown: HIOS SERFF
State*	State of the provider's physical location where patients would receive care.	Dropdown: All States + DC
Is this an Alternate ECP Standard Issuer?*	Indicator showing whether the issuer qualifies for the Alternate ECP standard.	Dropdown: Yes No

**Table 2 – Issuer Submitter – ECP/Network Adequacy Template Fields – Individual ECPs Tab**

Field Name	Field Description	Field Value
Row Number	The row number of the provider on the Final 2021 ECP List.	Numeric
National Provider Identifier (NPI)*	A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by CMS.	Numeric
Name of Provider*	The name of provider (provider's site where patients would receive care).	Alphanumeric
Physician/Non-Physician*	The type of physician.	Dropdown: Physician Non-Physician
Specialty Type (area of medicine)*	All specialties offered at the identified provider location.	Multi-select dropdown
Provider Entity Name*	The name of the provider's organization.	Alphanumeric
ECP Category (General ECP Standard Issuers Only)*	Categories based on provider types defined under section 340B (a) (4) of the Public Health Service Act, or providers described in section 1927(c) (1) (D) (i) (IV) of the Social Security Act.	Multi-select dropdown
Street Address*	Street address of the provider's physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the provider's physical location where patients would receive care.	Alphanumeric
City*	City of the provider's physical location where patients would receive care.	Alphanumeric
State*	State of the provider's physical location where patients would receive care.	Dropdown: All States + DC

Field Name	Field Description	Field Value
County*	County of the provider's physical location where patients would receive care.	Alphanumeric
Zip*	Zip code of the provider's physical location where patients would receive care.	Numeric
Network IDs*	The Network ID associated with the Provider Network.	Alphanumeric/dropdown
Number of Medical FTEs*	The number of contracted medical practitioners for a specific ECP.	Numeric
Number of Dental FTEs*	The number of contracted dental practitioners for a specific ECP.	Numeric

**Table 3 – Issuer Submitter – ECP/Network Adequacy Template Fields – Facility ECPs Tab**

Field Name	Field Description	Field Value
Row Number	The row number of the provider on the Final 2021 ECP List.	Numeric
National Provider Identifier (NPI)*	A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by CMS.	Numeric
Facility Name*	The name of the provider's organization.	Alphanumeric
Provider Name*	The name of the provider's site where patients would receive care.	Alphanumeric
ECP Category (General ECP Standard Issuers Only)*	Categories based on provider types defined under section 340B (a) (4) of the Public Health Service Act, or providers described in section 1927(c) (1) (D) (i) (IV) of the Social Security Act.	Multi-select dropdown
Street Address*	Street address of the facility's physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the facility's physical location where patients would receive care.	Alphanumeric
City*	City of the facility's physical location where patients would receive care.	Alphanumeric
State*	State of the facility's physical location where patients would receive care.	Dropdown: All States + DC
County*	County of the facility's physical location where patients would receive care.	Alphanumeric
Zip*	Zip code of the facility's physical location where patients would receive care.	Numeric
Network IDs*	The Network ID associated with the Provider Network.	Alphanumeric/dropdown

Field Name	Field Description	Field Value
Hospital Bed Count*	The number of staffed hospital beds available for a specific inpatient hospital facility.	Numeric
Number of Medical FTEs*	The number of contracted medical practitioners for a specific ECP.	Numeric
Number of Dental FTEs*	The number of contracted dental practitioners for a specific ECP.	Numeric

**Table 4 – Issuer Submitter – ECP/Network Adequacy Template Fields – Individual Providers Tab**

Field Name	Field Description	Field Value
National Provider Identifier (NPI)*	A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by CMS.	Numeric
Provider Name Prefix	The prefix of the provider.	Numeric
First Name of Provider*	The first name of provider.	Alphanumeric
Middle Initial of Provider	The middle initial of provider.	Alphanumeric
Last Name of Provider*	The last name of provider.	Alphanumeric
Suffix of Provider	Enter the provider suffix, as applicable, such as “Jr.” or “Sr.”	Alphanumeric
Physician/Non-Physician*	The type of physician.	Dropdown: Physician Non-Physician
Specialty Type (area of medicine)*	Specialties offered at the identified provider’s location.	Multi-select dropdown
Street Address*	Street address of the provider’s physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the Provider’s physical location where patients would receive care.	Alphanumeric
City*	City of the provider’s physical location where patients would receive care.	Alphanumeric
State*	State of the provider’s physical location where patients would receive care.	Dropdown: All States + DC
County*	County of the provider’s physical location where patients would receive care.	Alphanumeric/dropdown
Zip*	Zip code of the provider’s physical location where patients would receive care.	Numeric
Network IDs*	The Network ID associated with the Provider Network.	Alphanumeric/dropdown

**Table 5 – Issuer Submitter – ECP/Network Adequacy Template Fields – Facilities and Pharmacies Tab**

Field Name	Field Description	Field Value
National Provider Identifier (NPI)*	A unique 10-digit identification number issued to health care providers in the United States by CMS.	Numeric
Facility Name*	The name of the facility location.	Alphanumeric
Facility Type*	All the facility types that apply to the facility location.	Multi-select dropdown
Street Address 1*	Street address of the facility's physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the facility's physical location, where patients would receive care.	Alphanumeric
City*	City of the facility's physical location where patients would receive care.	Alphanumeric
State*	State of the facility's physical location where patients would receive care.	Dropdown: All States
County*	County of the facility's physical location where patients would receive care.	Alphanumeric
Zip*	Zip code of the facility's physical location where patients would receive care.	Numeric
Network IDs*	The Network ID associated with the Provider Network.	Alphanumeric/dropdown

Complete all required fields, which are marked with an (\*) asterisk. After completing all required fields, validate the entire workbook by clicking **Validate**. If the worksheet has any errors, they will be displayed in the Errors tab with the worksheet name, cell location, and the validation error message.

After fixing all errors, validate the workbook again. When the workbook has no errors, the user will receive a message saying, “No validation errors were identified. Validation is complete.”

Once all validations are met, click **Create Documents** to create a zip file that contains all data contained in the template. The user will be prompted to save this zip file to the user's local computer for upload to the user interface as described.

## 5.8 Issuer Submitter – Review

The user can navigate to the Review page at any time using the left navigation links during the submission process. The Review page, shown in Figure 21, shows a table listing all the sections of the application, last modified date, and the name of the user that last modified the section.

## Review

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

Data Submitter

Final Submission

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

Application Sections	Modified Date	Modified By	Status
<a href="#">Program Attestations</a>	02/26/2020 02:35:17 PM	FUNC02	Submission Completed
<a href="#">State Licensure</a>	02/26/2020 02:35:23 PM	FUNC02	Submission Completed
<a href="#">Good Standing</a>	02/26/2020 02:35:28 PM	FUNC02	Submission Completed
<a href="#">Accreditation</a>	02/26/2020 02:35:33 PM	FUNC02	Submission Completed
<a href="#">ECP/Network Adequacy</a>	02/26/2020 02:38:54 PM	FUNC02	Submission Completed

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.

Previous

Submit Application

**Figure 21 – Issuer Submitter – Review Page**

The Review page provides the ability to submit the application. Clicking ***Submit Application*** submits the application and moves the application to the next step of the validation process. The user can only submit the application if all required sections have been completed. After the application has been submitted, the user will receive a successful submission confirmation at the top of the review page. Once the *Issuer Module* has been submitted, it is available for validation. The Issuer Validator is responsible for validating that the data submitted for each section of the module is accurate.

## 5.9 Issuer Validator – Summary

The Validator Summary page, shown in Figure 22, allows Validators to view a list of all the applications that have been submitted.

**Issuer Application**

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

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

Data Validator

### Summary

Validate a Submitted Application

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 10:36:43 PM	Submission Completed	<a href="#">Start Validation</a>

Showing 1 to 1 of 1 entries

Figure 22 – Issuer Validator – Summary Page

Click **Start Validation** to start validating a specific application. The Program Attestations page of the application selected is displayed on the next page.

## 5.10 Issuer Validator – Program Attestations

The Program Attestations page allows Validators to review and download any supporting documentation submitted by a Submitter. When the user go to this page, the first accordion section is expanded, as shown in Figure 23.

**Figure 23 – Issuer Validator – Program Attestations Page**

Determine if the information is valid by selecting the “Yes” or “No” radio buttons. After the validation status is determined, click **Submit Section**.

### 5.11 Issuer Validator – State Licensure (optional)

The Issuer Validator State Licensure page, shown in Figure 24, allows the user to review and download any supporting documentation that was submitted by the Issuer Submitter on the State Licensure page. Validating this section is only required if the Issuer Submitter has submitted State Licensure data.

## State Licensure (optional)

Instructions and Reference Material (PDF)  
[3.21 MB]

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

Summary

---

Program Attestations

---

State Licensure

---

Good Standing

---

Accreditation

---

ECP/Network Adequacy

---

Review

Data Validator

Final Submission

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

If Yes, upload supporting documentation.

Yes     No

### Uploaded Supplementary Documentation

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

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

Yes     No

Submit Section

Previous

Next

**Figure 24 – Issuer Validator – State Licensure (optional) Page**

Determine if the information is valid by selecting the “Yes” or “No” radio buttons and click ***Submit Section***.

### 5.12 Issuer Validator – Good Standing (optional)

The Issuer Validator Good Standing page, shown in Figure 25, allows the user to review and download any supporting documentation submitted by the Issuer Submitter on the Good Standing page. Validating this section is only required if the Issuer Submitter has submitted Good Standing data.

## Good Standing (optional)

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

Instructions and Reference Material (PDF)  
[3.21 MB]

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

Data Validator
Final Submission

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

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

Yes     No
2. Is the applicant currently under any corrective action related to financial review?

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

Yes     No

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

Yes     No

Submit Section
Previous
Next

**Figure 25 – Issuer Validator – Good Standing (optional) Page**

Determine if the information is valid by selecting the “*Yes*” or “*No*” radio button and click *Submit Section* and click *Next* to move on to the Accreditation page.

### 5.13 Issuer Validator – Accreditation

The Issuer Validator Accreditation page, as illustrated in Figure 26, allows the user to review and download any supporting documents submitted by an Issuer Submitter on the Accreditation page. The page also allows the user to review the responses from the Issuer Submitter.

**Accreditation**

Instructions and Reference Material (PDF)  
[3.21 MB]

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

Data Validator Final Submission

Fields marked with a red asterisk (\*) are required

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

Yes  No

Which accrediting entity? Please select from the list below.

NCQA  
 URAC  
 NCQA & URAC

**Uploaded Supplementary Documentation**

Document Type	File Name	Upload Date

**Terms and Conditions**

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

I agree to the terms and conditions.

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

Yes  No

Submit Section Previous Next

**Figure 26 – Issuer Validator – Accreditation Page**

Determine if the information is valid by selecting the “*Yes*” or “*No*” radio buttons and click *Submit Section*. Click *Next* to go to the ECP/Network Adequacy page.

## 5.14 Issuer Validator – ECP/Network Adequacy

From the ECP/Network Adequacy page, shown in Figure 27, the user can view the related questions and the responses submitted by the Issuer Submitter. Depending on the Issuer Submitter’s responses, this page also provides the Issuer Validator the ability to download the completed ECP/Network Adequacy Template submitted by the Issuer Submitter.

## ECP / Network Adequacy

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

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

Data Validator

Final Submission

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

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

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

Yes  No

---

- Does the applicant use a provider network?

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

Yes  No

**Uploaded Documentation**

Document Type	File Name	Upload Date
ECP/Network Adequacy Template File	<a href="#">ECP-NA-20200226T142510.xlsx</a>	02/26/2020 02:38:13 PM

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

Yes  No

Submit Section

Previous

Next

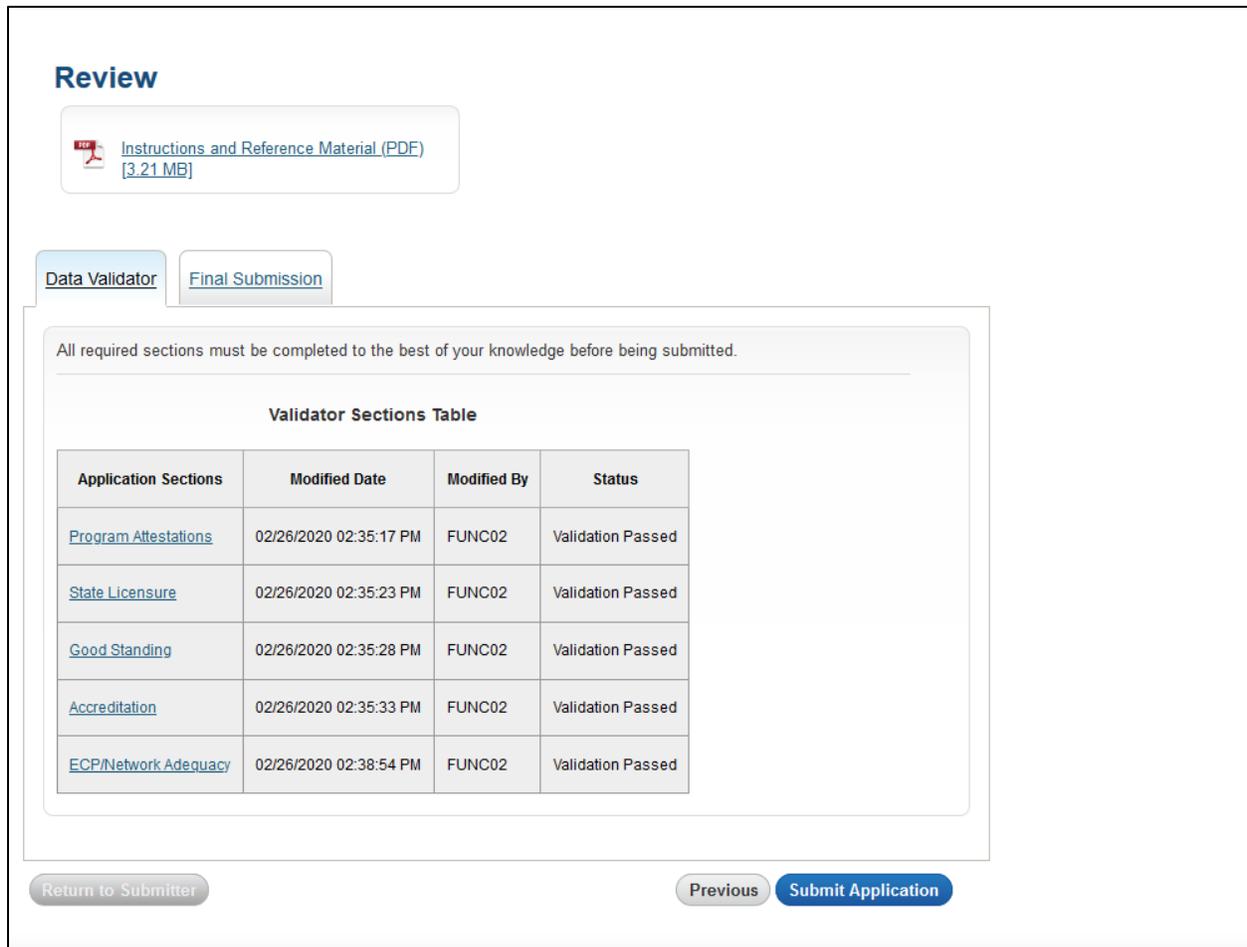
**Figure 27 – Issuer Validator – Network Adequacy Section**

Choose to validate or not validate this section using the “*Yes*” or “*No*” radio buttons and click *Submit Section*.

Marking the section as not valid allows the Issuer Submitter to revise the submitted information. Click *Next* to go to the next section of the application, which is the Review page.

## 5.15 Issuer Validator – Review

The Review page, shown in Figure 28, provides a Validator with a summary view of all the application sections and the validation status. The section names are hyperlinks that link to the selected section.



**Review**

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

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

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

**Validator Sections Table**

Application Sections	Modified Date	Modified By	Status
<a href="#">Program Attestations</a>	02/26/2020 02:35:17 PM	FUNC02	Validation Passed
<a href="#">State Licensure</a>	02/26/2020 02:35:23 PM	FUNC02	Validation Passed
<a href="#">Good Standing</a>	02/26/2020 02:35:28 PM	FUNC02	Validation Passed
<a href="#">Accreditation</a>	02/26/2020 02:35:33 PM	FUNC02	Validation Passed
<a href="#">ECP/Network Adequacy</a>	02/26/2020 02:38:54 PM	FUNC02	Validation Passed

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

**Figure 28 – Issuer Validator – Review Page**

The ***Return to Submitter*** button is disabled until a section has been determined not valid by the Validator. If a section is determined not valid, click the ***Return to Submitter*** button to return the section(s) to the submitter. After all the sections have passed validation, the ***Submit Application*** button is enabled, and the user can submit the application for evaluation.

## 5.16 Final Submission

The Final Submission page allows issuers to ensure data integrity across the templates and modules required for QHP submission. It also provides current submission statuses of the following modules: *Issuer Module*, *Benefits and Service Area Module*, and *Rating Module*.

This section describes Final Submission.

### 5.16.1 Access from the Modules

The user can access the Final Submission page from the Final Submission tab that is integrated within the *Issuer Module*.

**Example:** From the *Issuer Module*, shown in Figure 29, click the Final Submission tab to access the Final Submission page and view the statuses of modules throughout an application.

**Figure 29 – Accessing the Final Submission Page from the Issuer Module**

The Final Submission Page, as shown in Figure 30, allows the user to perform two distinct functions, depending on the user’s access level. Submitters and Validators can cross validate data among modules by clicking the *Cross Validate* button. Validators can submit the application by clicking the *Submit* button.

The **Back** button returns the user to the last page accessed prior to navigating to the Final Submission page.

**NOTE:** Rate Review is required for cross validation; however, the module status will not be displayed on the page.

## Final Submission

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

**i** As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

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	02/26/2020 02:42:43 PM	Validation Completed
Benefits and Service Area Module	02/26/2020 02:42:28 PM	Validation Completed
Rating Module	02/26/2020 02:15:03 PM	Validation Completed

Back
Cross Validate
Submit

**Figure 30 – Final Submission Page**

If inconsistencies are detected during cross validation, an error report will be generated, and an error message will appear on the screen, as shown in figure 31. The error message instructs the user to download the Final Submission Error Report to view inconsistent data elements across the modules. The user must download the Final Submission Error Report, by clicking on the ErrorReport.csv link and correct the listed errors. An example of the Final Submission Error Report is shown in Figure 32.

**NOTE:** Error report generation will not trigger a status change for any module. The user is responsible for coordinating with users from other modules to resolve discrepancies within the application. Once discrepancies are resolved, the user must rerun cross validation to verify consistency across the Final Submission data elements.

**NOTE:** The Error report will be deleted once the user refreshes or leaves the page.

## Final Submission

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

**i** As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

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 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	05/17/2019 02:46:09 PM	Pending Submission
Benefits and Service Area Module	04/12/2018 04:51:28 PM	Pending Submission
Rating Module	02/26/2020 02:15:03 PM	Validation Completed

Back
Cross Validate
Submit

**Figure 31 – Final Submission Page – Errors**

Figure 32 shows the Final Submission Error Report.

	A	B	C	D	E	F	G	H
1	Rate Table template has not been uploaded							
2	Admin template has not been uploaded							
3	Prescription Drug template has not been uploaded							
4	PlanBenefit-Small Group template has not been uploaded							
5	PlanBenefit-Individual template has not been uploaded							
6	ECP template has not been uploaded							
7	Network template has not been uploaded							
8	Service Area template has not been uploaded							
9	Rate Business Rules template has not been uploaded							

**Figure 32 – Final Submission Error Report**

Click **Cross Validate** after the user has resolved all discrepancies. If cross validations pass, the user will receive a successful cross validations message, as shown in Figure 33.

## Final Submission

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

**i** As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Validator
Final Submission

**✓** Issuer ID 39364 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 Exchange.

Module	Submission Date	Status
Issuer Module	02/26/2020 02:42:43 PM	Validation Completed
Benefits and Service Area Module	02/26/2020 02:42:28 PM	Validation Completed
Rating Module	02/26/2020 02:15:03 PM	Validation Completed

Back
Cross Validate
Submit

**Figure 33 – Final Submission Page – Cross Validations Successful**

Once all module statuses show as “Validation Completed” a Validator can submit the application by clicking the **Submit** button.

After the user successfully submits the application, the Module statuses will read “Cross Validations Complete”, as shown in Figure 34, and the **Submit** button will become disabled. However, if there are modifications to any Module, the user must repeat the Final Submission Cross Validation. If changes are made, the Module statuses will no longer read “Cross Validations Complete.”

**NOTE:** Final Submission must be completed prior to the end of the submission window for an application to be further evaluated for QHP certification.

Final Submission

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

**i** As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Validator
Final Submission

✓

**Issuer ID 39364 has been Submitted**

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	02/26/2020 02:44:25 PM	Cross Validations Completed
Benefits and Service Area Module	02/26/2020 02:44:25 PM	Cross Validations Completed
Rating Module	02/26/2020 02:44:25 PM	Cross Validations Completed

Back
Cross Validate
Submit

**Figure 34 – Final Submission Page – Submitted**

After the user successfully submits their QHP Application, CMS will then review the submitted application. The application reviewers will determine if the application meets the FFE standards, as defined by CMS.

### 5.17 Resubmission – Overview

The resubmission functionality can only be triggered by the Validator. The resubmission function provides the Validator with the ability to initiate the resubmission of the application to address deficiencies noted by CMS or the State; to correct data during the Plan Preview period; and/or submit additional information for stand-alone dental plans.

Triggering the resubmission process invalidates the previously submitted QHP Application to allow information to be modified and resubmitted. The user may only resubmit applications with a “Cross Validations Complete” status.

The user can initiate the resubmission process from any of the following modules: Issuer, Benefits & Service Area, and Rating. The triggered module status will change to “Returned for Changes” and the remaining modules to “Validation Completed.” To modify a module with the status of “Validation Completed,” refer to the instructions in the Validator sections 5.1.11 – 5.1.17.

Once the resubmission process has been successfully processed, the user will follow the original submission process (Submission, Validation, Cross Validation) previously outlined within this guide.

### 5.17.1 Resubmission Issuer Validator Summary Page

The Issuer Validator Summary page allows the user to select the application the user wishes to resubmit, as shown in Figure 35. The user can select **Edit** for any submissions with the status of “Cross Validations Complete.” The user must be assigned the role of Issuer Validator to access this page.

**Issuer Application**

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

Please note that in order to be certified as a QHP Issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-287-1516.

Data Submitter | Data Validator

**Summary**

Validate a Submitted Application

Issuer ID	Issuer	Date Last Modified	Status	Action
64390	FFE RR Test Issuer 515	02/11/2015 11:28:54 AM	Validation Completed	<a href="#">Edit</a>

Showing 1 to 1 of 1 entries

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

Figure 35 – Issuer Validator – Summary Page

### 5.17.2 Resubmission Issuer Validator Section

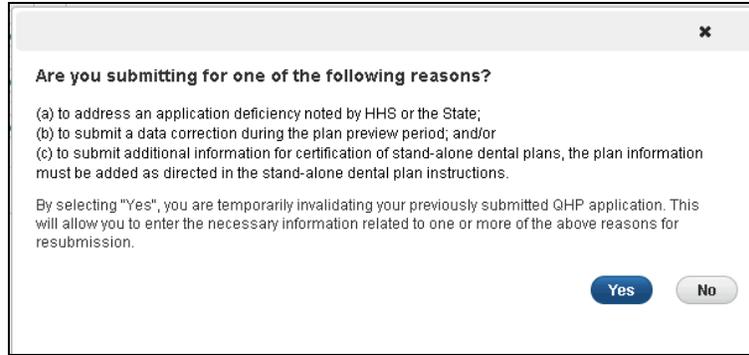
To resubmit a section, navigate to the section using the left navigation menu or the **Next** or **Previous** buttons. At the top of each section, a Resubmission button is displayed. To resubmit a section, click the **Resubmission** button, shown in Figure 36.

**i** The Submission is currently locked; select "Resubmission" to update this module.

[Resubmission](#)

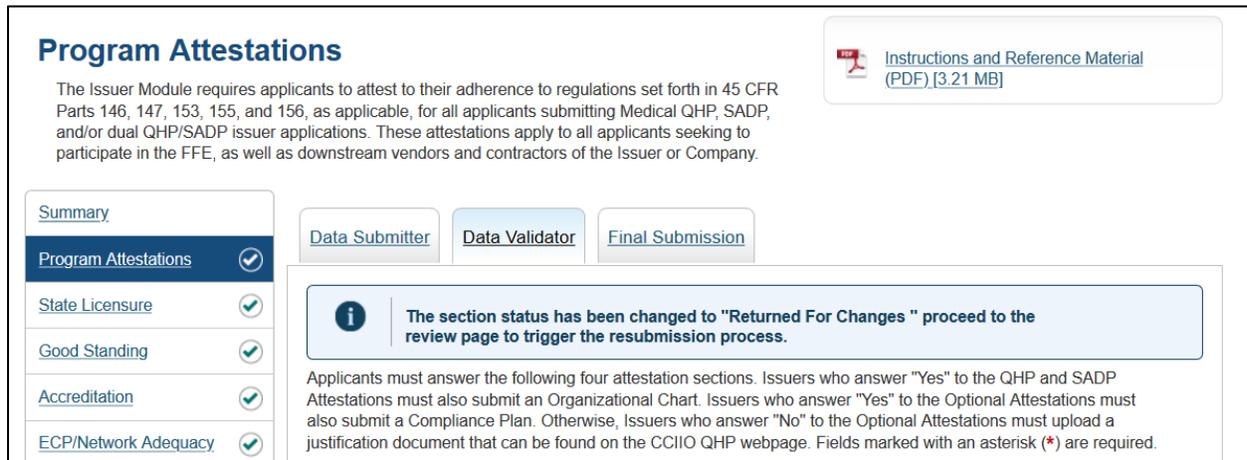
Figure 36 – Resubmission Alert box

A confirmation pop-up will appear to confirm that the resubmission is only triggered to address revisions approved by CMS, as shown in Figure 37. Selecting “**No**” will simply close the pop-up screen with no changes made to the module/application; if the user select “**Yes**,” the pop-up screen will close, and a confirmation message will display.



**Figure 37 – Confirmation Pop-Up**

The confirmation message shown in Figure 38 will inform the user that the section status has changed to “Returned for Changes.” To resubmit another section, repeat the steps above. To complete the resubmission process, proceed to the review page.



**Figure 38 – Resubmission Confirmation Message**

From the *Issuer Module Review* page, select the **Return to Submitter** button to initiate the resubmission and receive for confirmation upon successful resubmission, as shown in Figure 39.

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

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

**Validator Sections Table**

Application Sections	Modified Date	Modified By	Status
<a href="#">Program Attestations</a>	12/2/2019 10:08:21 AM	qa036	Validation Failed
<a href="#">State Licensure</a>	12/2/2019 10:08:32 AM	qa036	Validation Passed
<a href="#">Good Standing</a>	12/2/2019 10:08:38 AM	qa036	Validation Passed
<a href="#">Accreditation</a>	12/2/2019 10:08:45 AM	qa036	Validation Passed
<a href="#">ECP/Network Adequacy</a>	12/2/2019 10:10:13 AM	qa036	Validation Passed

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

**Figure 39 – Review Page Resubmission Confirmation Message**

## 6 Troubleshooting and Support

### 6.1 Error Messages

Table 6 provides a list of error messages in the PM system.

**Table 6 – PM System Error Messages**

Error Message	Corrective Action
The selected Issuer is located in a state that performs plan management functions.	The user should submit QHP data through SERFF, after which the state will transfer the application data to HIOS.
Incorrect File Format	<p>The user will receive this error message when the document uploaded is in the incorrect format. The user should upload an xml file for the templates. The allowable formats for supporting documents are:</p> <ul style="list-style-type: none"> <li>• .doc</li> <li>• .docx</li> <li>• .jpg</li> <li>• .ppt</li> <li>• .pdf</li> <li>• .rtf</li> <li>• .jpeg</li> <li>• .pptx</li> <li>• .csv</li> <li>• .txt</li> </ul>
Select Document Type	The user should select the document type for each document uploaded within the Program Attestation, Licensure, ECP/Network Adequacy, and Good Standing sections.
There were errors identified during cross-validation between the templates. Please download the error report below for details.	The user should download/review the error report and coordinate with users from other modules to resolve discrepancies within the application.
Invalid Template version uploaded. Please upload the current template version. Check with the CMS helpdesk for directions on how to access the correct versions of the templates.	The user will receive this error message when uploading an invalid template year version. The user should verify the uploaded template is from the current plan year.
Save Failed, please retry in a few minutes. If the error persists, please contact the CMS Helpdesk	The user will receive this error message if a system issue occurred. The user should retry uploading their document.

## 6.2 Support

Table 7 provides details to contact the Help Desk should users require further assistance.

**Table 7 – Points of Contact**

Contact	Organization	Phone	Email	Role	Responsibility
Marketplace Service Desk (MSD)	CMS	855-CMS-1515 (855-267-1515)	<a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a>	Help desk support	1st level user support & problem reporting

## Appendix A: Acronyms and Abbreviations

Table 8 provides a list of acronyms used in this document.

**Table 8 – Acronyms and Abbreviations**

<b>Term</b>	<b>Literal Translation</b>
AAHC	Accreditation Association for Ambulatory Health Care
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
ECP	Essential Community Providers
FFE	Federally-Facilitated Exchange
HHS	Health and Human Services
HIOS	Health Insurance Oversight System
NCQA	National Committee for Quality Assurance
PM	Plan Management
QHP	Qualified Health Plan
SERFF	System for Electronic Rate and Form Filing
XML	Extensible Markup Language
XOSC	Exchange Operations Support Center

## Appendix B: Enabling Macros in Microsoft Excel

To properly view and use the Excel templates for the QHP Application macros need to be enabled. It is recommended that the user enable macros before downloading any template.

1. From the File button in the top left corner, choose *Options*

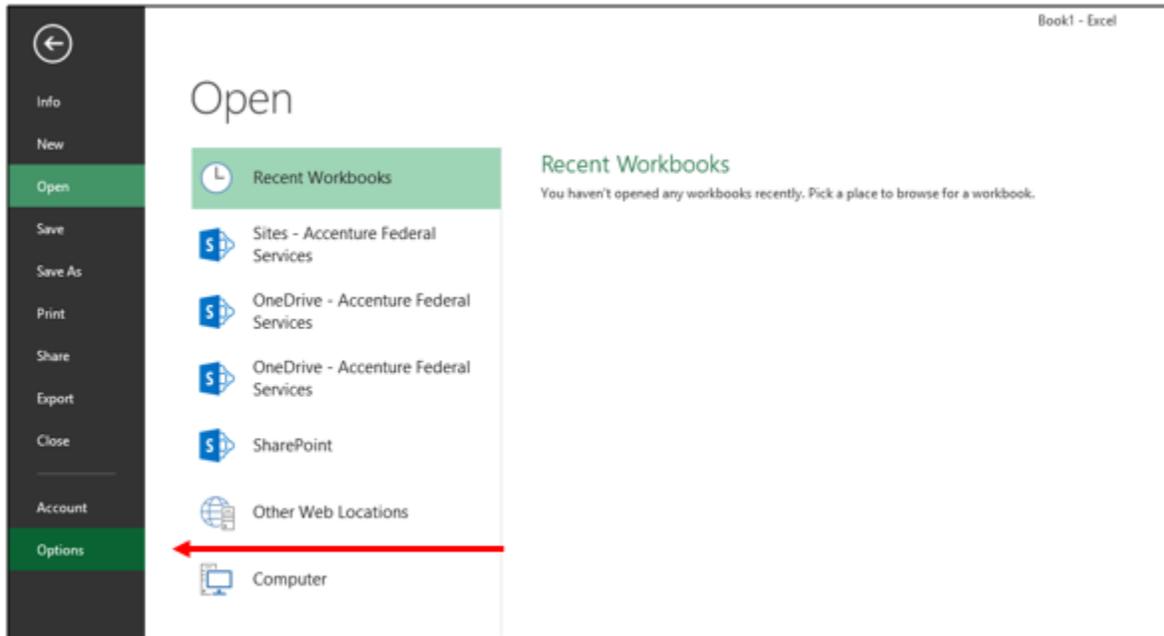


Figure 40 – Choosing Excel Options

2. From Excel Options, Choose *Trust Center*

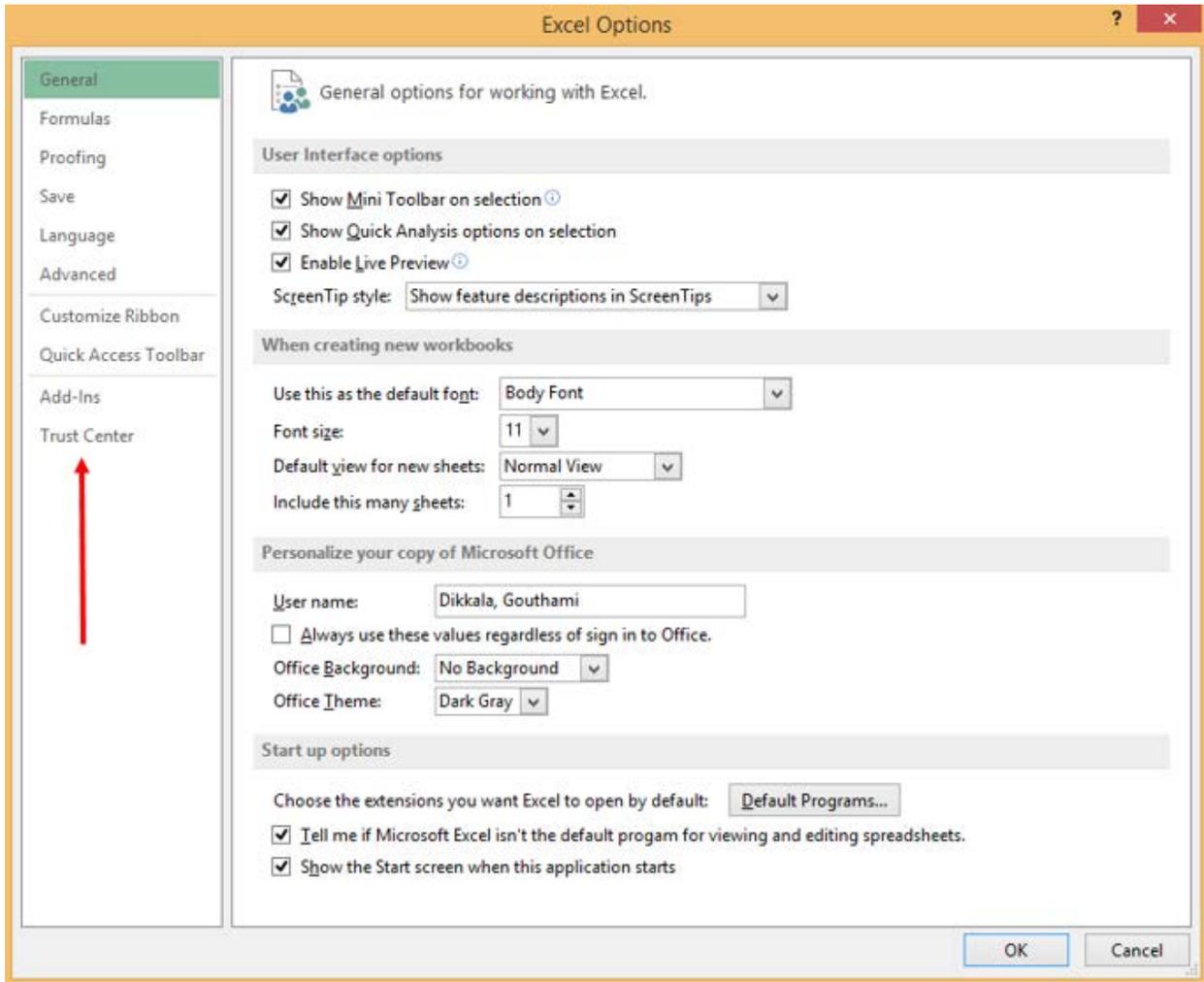


Figure 41 – Choosing Trust Center

### 3. Choose *Trust Center Settings*

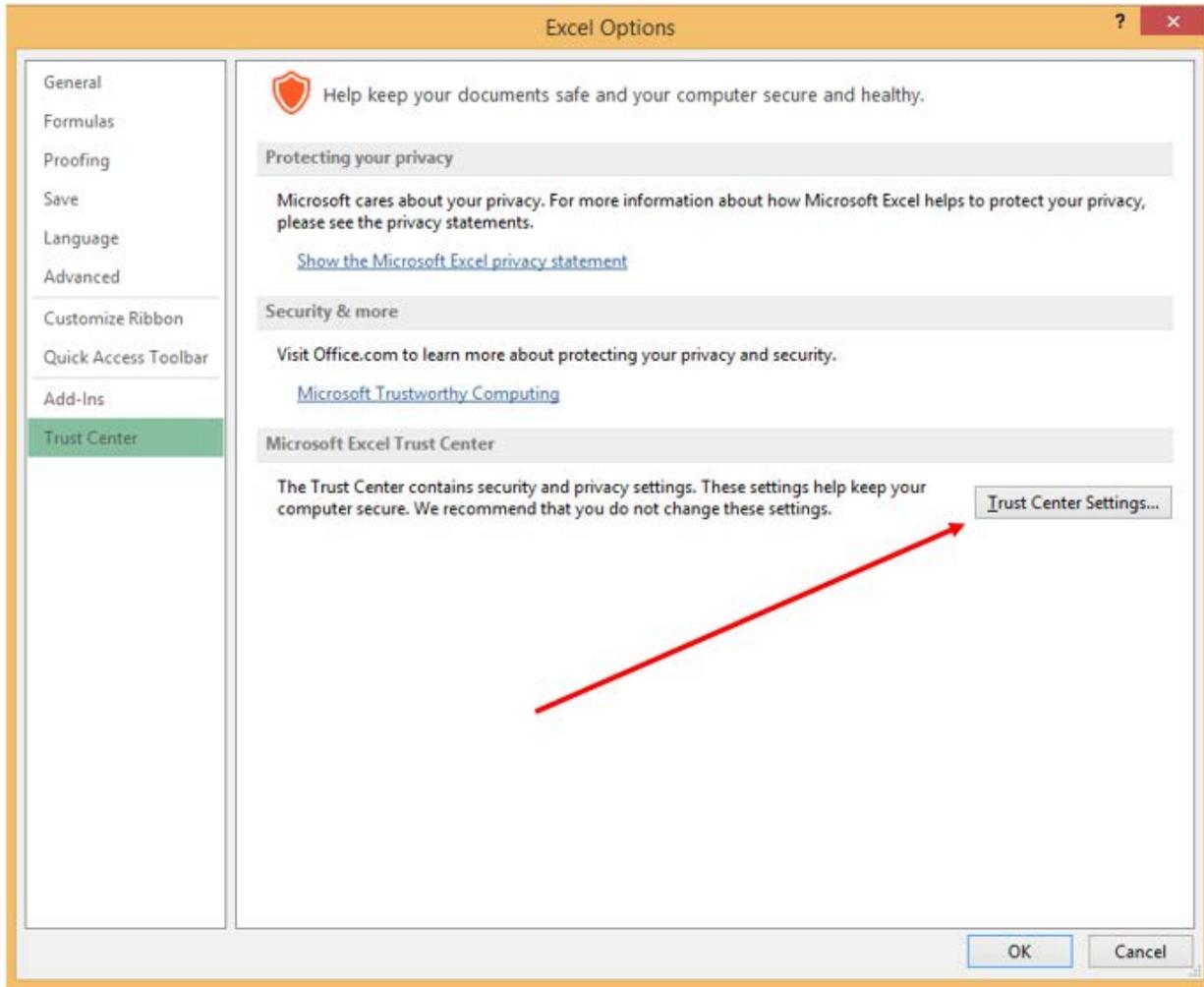


Figure 42 – Choosing Trust Center Settings

#### 4. Choose *Macro Settings*

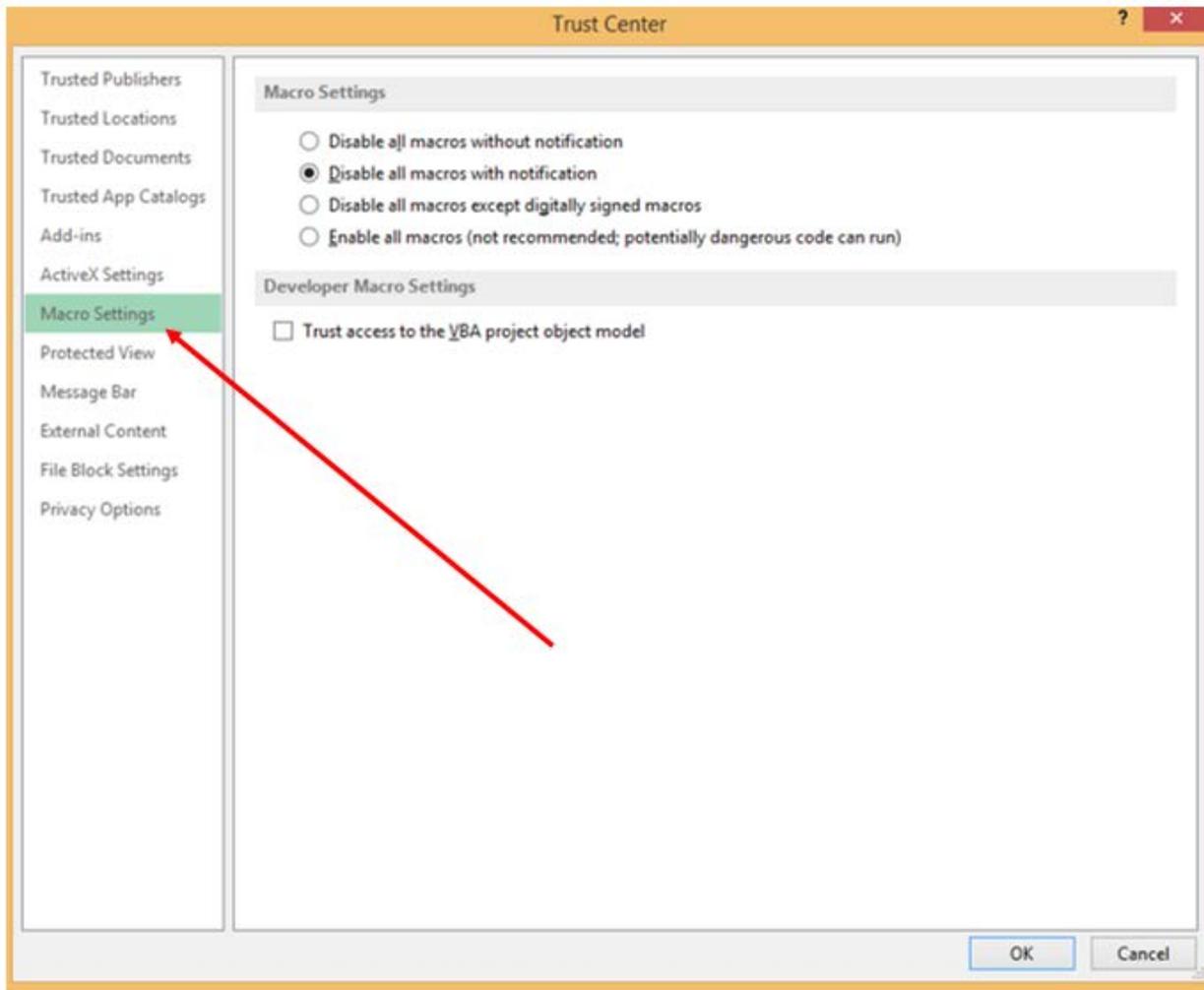


Figure 43 – Choosing Macro Settings

5. Choose *Disable all macros with notification*

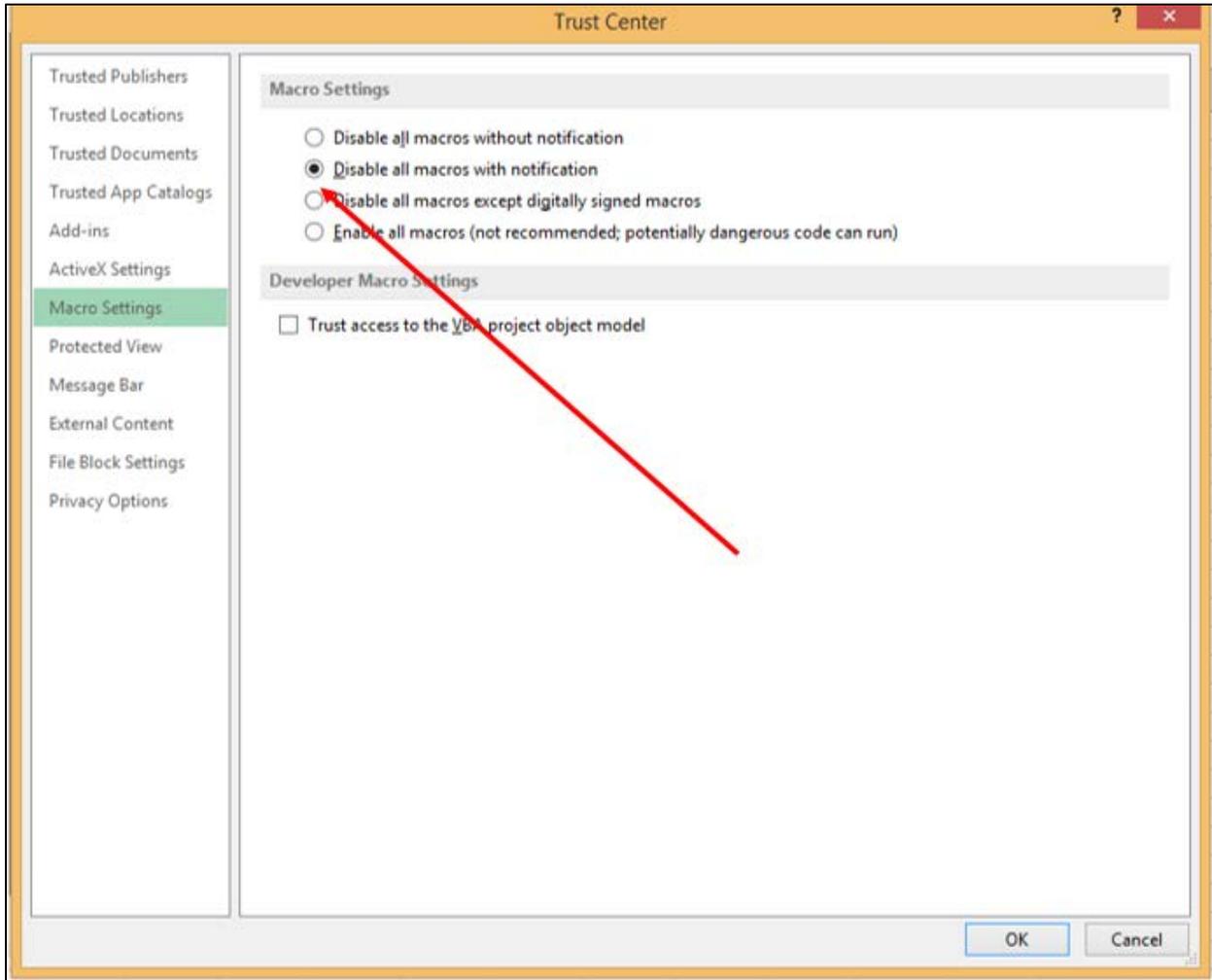


Figure 44 – Choosing Disable all macros with notification

- When opening any of the templates downloaded from the site, the user sees the following prompt at the top of the spreadsheet. Click **Enable Content**

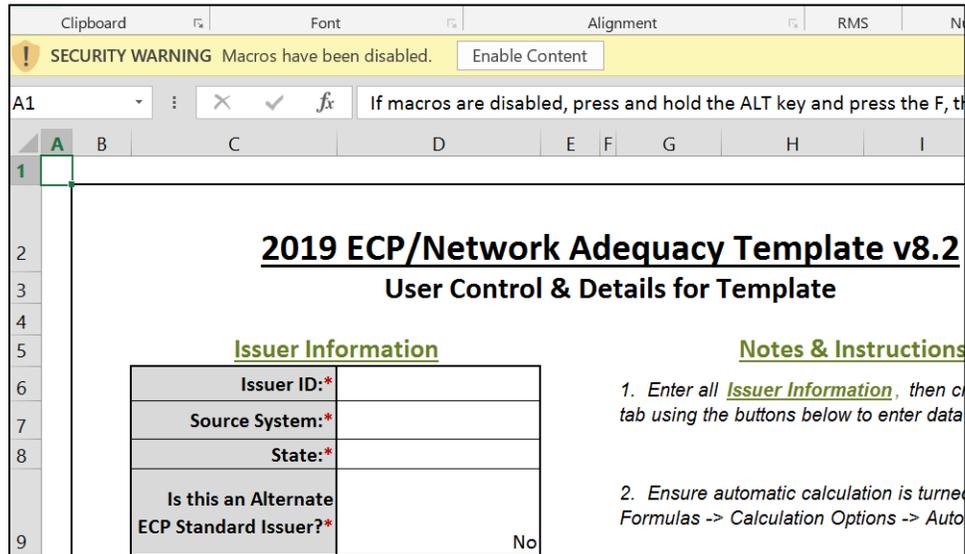


Figure 45 – Security Warning on Downloaded Template

- Macros are now enabled for the open workbook. Repeat step 6 every time a new template is downloaded.