



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

# FFE Plan Management Benefits and Service Area Module User Guide

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Version 7  
Plan Year 2022  
February 2021

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# 1 Introduction

This document provides an overview and step-by-step guide for using the *Benefits & Service Area module*.

The Plan Management (PM) *Benefits & Service Area Module* is a web application built in the Health Insurance Oversight System (HIOS) where Issuers can submit benefit, cost sharing, service area, network, prescription drug, and transparency in coverage data associated with their Qualified Health Plan (QHP) Application.

## 1.1 Referenced Documents

The Center for Consumer Information and Insurance Oversight (CCIIO) has provided additional information detailing specific policy and submission criteria for each of the templates within the Benefits & Service Area Module. Please use the following link for more information:

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

# 2 Overview

The *Benefits and Service Area Module* consists of business processes for acquiring plan-related data including benefits, cost sharing, service areas, provider networks, prescription drugs, and transparency in coverage data from Issuers that offer plans within the Exchange. Specifically, the module provides:

- Data submission templates (Microsoft Excel-based) allowing issuers or their representatives to download, populate, validate, and upload data into the Plan Management (PM) system.
- A user interface (UI) for Issuers to submit, review, modify, and validate information uploaded via the data collection templates or supporting documentation to support the benefits collection process for the FFE.

## 2.1 Document Conventions

Modules or systems are indicated by *italics*. User roles or data collection templates of the *Benefits & Service Area 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](#).

Where fields are grayed out, they are considered read-only, and the default values cannot be changed.

**NOTE:** The term ‘user’ is used throughout this document to refer to a person who has acquired access to the *Benefits & Service Area Module*.

# 3 Getting Started

This section provides guidance on setup and system access.

### 3.1 Setup Considerations

To optimize user experience within the *Benefits & Service Area Module*:

1. Please **disable pop-up blockers** prior to attempting access to the PM system.
2. Use one of the following browsers for optimum usability:
  - Internet Explorer 11 (latest version available for supported operating systems as of 2/20/2020)
  - Firefox 73.0.1
3. Recommended Excel Versions include Excel 2013, Excel 2016, and Excel 2019.

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

### 3.2 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 Benefits and Service Area Module** and select **Launch this Module**. Then, select the [Access QHP Benefits and Service Area Module](#) link on the **QHP Benefits and Service Area Module** landing page.

### 3.3 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 *Benefits & Service Area Module*, users are required to have a **Submitter** and/or **Validator** role:

- **Benefits Submitter:**

Users assigned the user access role of **Benefits Submitter** will submit the data and information necessary to complete the Benefits Module. They also can cross validate data elements to ensure consistency throughout the application.

- **Benefits Validator:**

Users assigned the user access role of **Benefits Validator** will be responsible for validating the correctness of the data and information necessary to complete the Benefits Module. They will have the ability to validate that data elements are consistent throughout an application and **Submit** the application after cross-validation has passed. Validators are also responsible for triggering the resubmission process, if necessary.

### 3.4 System Organization and Navigation

The *Benefits & Service Area Module* consists of the Summary, Data Submitter, Data Validator, and Final Submission pages.

The Summary page is the first page a user sees when navigating to the *Benefits & Service Area Module*. It provides the user with the ability to start a new application, resume working on a pending application, or view a submitted application for Issuer IDs they have access to.

The Data Submitter page allows users to upload completed **Plans and Benefits, Network ID, Service Area, Prescription Drug, and Transparency in Coverage** template XMLs to the system for validation, as well as additional supporting documents required when submitting a QHP Application.

The Data Validator page allows users to download and view the submitted data collection templates and supporting documents in order to verify the submitted data is accurate.

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

### **3.5 Exiting the System**

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

## 4 Using the System

The following sections provide instructions about using the *Benefits & Service Area Module*.

### 4.1 Benefits Submitter–Summary Page

The Submitter Summary page, shown in Figure 1, is the first page displayed after a user with the **Benefits Submitter** role successfully logs into the *Benefits & Service Area Module*. From the Summary page, the user can start a new submission, continue working on an existing submission, or view a completed submission.

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

**PLAN YEAR : 2022**  
Welcome, FUNC02 | [Logout](#)

### Benefits & Service Area Module - Summary

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

**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 Submitter**

**Start working on a Benefits and Service Area Module Submission**

Issuer:  [Start Benefits Module](#)

**Resume an Existing Submission**

Issuer ID:	Issuer Name:	State:	Last Update:	Status:	Action:
10055	Insurance Company	TX		Returned for Changes	<a href="#">Resume</a>
10333	TEST 14.0	TX	11/17/2020 03:30:20 PM	Pending Submission	<a href="#">Resume</a>

Showing 1 to 2 of 2 entries

**Figure 1: Benefits Submitter–Summary Page**

To start a new application, select an Issuer from the Issuer drop-down list and select the **Start Benefits Module** button. The Benefits Submitter–Benefits & Service Area page is displayed.

To resume an existing submission, select the **Resume** button that corresponds with an issuer in the Resume an Existing Submission table. The user can also select **View** and proceed to the read-only access of the Benefits & Service Area page for completed submissions (see Figure 1).

**NOTE:** All columns are sortable by ascending or descending order, using the up and down carets.

Table 1 describes the fields in the Benefits Submitter Summary page and provides instructions about how to enter data in these fields.

**Table 1: Benefits Submitter–Summary Page Fields**

Name	User Action	Description
Issuer Drop-down	Select from drop-down list	Each drop-down entry contains the Issuer ID, Issuer Name, and State of Issuer. Drop-down is pre-populated with HIOS Issuer IDs associated with the user.
Start Benefits Module	Select button	Navigates to the Benefits & Service Area page for the selected Issuer. On selection, submission will be added to the Resume Existing Submission table with a status of “Pending Submission.”
Resume	Select button	Navigates to the Benefits & Service Area page for the selected, existing submission. <b>Resume</b> button should appear only when submissions have a status of “Pending Submission.”
View	Select button	Navigates to Benefits & Service Area page for the selected submission with read-only access. <b>View</b> button should appear only when submissions have statuses of “Submission Completed,” “Pending Validation,” or “Validation Completed.”
Resume Existing Submission Table	N/A	Statuses with appropriate actions: Pending Submission–Resume Submission Completed–View Pending Validation–View Validation Completed–View Returned for Changes–Resume Cross Validation Completed–View

## 4.2 Benefits Submitter–Benefits & Service Area Page

The Benefits Submitter–Benefits & Service Area page (see Figure 2) allows the user to download templates, upload completed template .xml files, upload supplementary documentation, and view the validation statuses and/or error messages for submission. The templates that are available on this page are **Plans & Benefits, Network ID, Service Area, Prescription Drugs, and Transparency in Coverage**. The user must also download the **Plans & Benefits Template Add-In File**, which contains all the macros for the Plans & Benefits Template. The Actuarial Value (AV) Calculator is an additional required file, found on the CCIIO website, which is used to calculate and import an Actuarial Value for each medical plan in the Plans & Benefits Template.

**NOTE:** It is recommended to save the Plans & Benefits Add-In file in the same folder as the Plans & Benefits Template. To ensure proper functionality, please download the latest Plans & Benefits Add-In File and AV Calculator and save to a new folder. Do **not** rename the Add-In File. See Appendix B for enabling the Add-In File and Appendix C for guidance on working with dual template versions.

The *Upload Documentation table* is where the user will upload the completed template-generated .xml files and supplementary documents. The documents required for submission are marked with a red asterisk (\*). Uploading multiple instances of the same supplementary documentation is possible. If uploading a second version of a **template .xml file**, the newest upload will replace the previously uploaded version; however, new versions of **supporting documentation** will not replace old versions.

When a Benefits Submitter uploads the **Plans & Benefits, Network ID, Service Area, Prescription Drug, and Transparency in Coverage** templates, the system validates that the data and information in the templates is accurate. No system validation is run on the supplementary documents.

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

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

**NOTE:** Excel-template file names and supporting document file names cannot contain spaces. For example, “service\_area” is a valid template file name, but “service area” is not a valid template file name.

# PLAN MANAGEMENT

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Welcome, FUNC02 | [Logout](#)

10333 - TEST 14.0 - TX

## Benefits & Service Area Module

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

### Download Templates

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

### Upload Documentation Update Status

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

Document Type	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)	<a href="#">Upload</a>	<a href="#">10333_Med_SHOP_EHB_Changes_for_Automation.xlsm</a>	<input type="text"/>	11/19/2020 11:54:33 AM	Complete
Plan & Benefits Template (Individual)	<a href="#">Upload</a>	<a href="#">10333_Med_IND_HSA_No.xlsm</a>	<input type="text"/>	11/19/2020 11:54:57 AM	Complete
Dental Plan & Benefits Template (SHOP)	<a href="#">Upload</a>	<a href="#">PM_PY2022_10333_GTD_PlansBenefits_Dental_SHOP.xls</a>	<input type="text"/>	11/19/2020 11:55:18 AM	Complete
*Dental Plan & Benefits Template (Individual)	<a href="#">Upload</a>	<a href="#">PM_PY2022_10333_GTD_PlansBenefits_Dental_Individual.xls</a>	<input type="text"/>	11/19/2020 11:55:24 AM	Complete
*Network ID Template	<a href="#">Upload</a>	<a href="#">10333_PY2022_GTD_Network.xls</a>	<input type="text"/>	11/19/2020 11:55:35 AM	Complete
*Service Area Template	<a href="#">Upload</a>	<a href="#">10333_TX_PY2022_GTD_ServiceArea.xls</a>	<input type="text"/>	11/19/2020 11:55:41 AM	Complete
*Prescription Drugs Template	<a href="#">Upload</a>	<a href="#">2022_10333_TX_RX_Data.xls</a>	<input type="text"/>	11/19/2020 11:55:50 AM	Complete
*Transparency in Coverage Template	<a href="#">Upload</a>	<a href="#">10333_Transparency.xls</a>	<input type="text"/>	11/19/2020 11:56:06 AM	Complete
<input type="text" value="Select document type"/>	<a href="#">Upload</a>		<input type="text"/>		

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

By clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.

Save
Back to Summary
Submit Section

## PLAN MANAGEMENT

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

**Figure 2: Benefits Submitter–Benefits & Service Area Page**

Table 2 describes the fields in the Benefits Submitter Benefits & Service Area page and provides instructions about how to enter data in these fields.

**Table 2: Submitter Benefits & Service Area Page Fields**

Name	User Action	Description
Upload Documentation table	N/A	Table lists the following Document Type values: Plan & Benefits Template (SHOP) Plan & Benefits Template (Individual) Dental Plan & Benefits Template (SHOP) Dental Plan & Benefits Template (Individual) Network ID Template Service Area Template Prescription Drugs Template Transparency in Coverage Template Select a document type [drop-down]
Delete	Select button	After a supporting document is uploaded, allows deletion of the supporting document.
Upload	Select button	A file upload pop-up will appear.
Description	Enter a description	Please put information in description fields describing the type of supporting document and the HIOS Product and Plan IDs associated with it.  Description fields are locked for a row until the user uploads a file into that row.
Add Another Document	Select link	Populates a new/blank row to the bottom of the Upload Documentation table. The user can add additional blank rows as necessary to upload all supplementary documents.

The table drop down within the Upload Documentation section is used to upload supporting documents. Supporting document types are listed and described in Table 3.

**Table 3: Upload Documentation Drop Down Descriptions**

Name	Description
Actuarial Memorandum	A signed and dated memorandum that the calculation was performed by a qualified actuary and complies with all applicable federal and state laws and all applicable Actuarial Standards of Practice. An Actuarial Memorandum should be submitted for each unique plan design
AV Calculator Screenshot	Screenshot generated from the AV Calculator
Unique Plan Design Justification	Document providing justification for a plan or group of plans that are indicated as Unique Plan Design in the Plans and Benefits template

Name	Description
SADP - Description of EHB Allocation	Document providing a description of the practice and methods used to determine Essential Health Benefit (EHB) allocation as entered in the Plans and Benefits template NOTE: All issuers offering <b>SADPs are required</b> to submit this document for QHP Certification.
SADP - AV Justification	Document providing justification for an actuarial value that falls outside the de minimis range. Document providing certified level of coverage of pediatric EHB. NOTE: All issuers offering <b>SADPs are required</b> to submit this document for QHP Certification
EHB - Substituted Benefit Justification	Document providing justification for a benefit substituted for an EHB
Service Area Justification	Document providing justification for why service area coverage must include one or more partial counties
Discrim - Cost Sharing Outlier Justification	Document providing justification for cost sharing data elements that were identified as outliers
Discrim - Language Justification	Document providing justification for data elements flagged for discriminatory language
Discrim - Prescription Drug Justification	Document providing justification for design deficiencies noted during review of Prescription Drug data
Discrim - Treatment Protocol Justification	Document providing justification for benefit designs identified as discriminatory in the Treatment Protocol Calculator review
Simple Choice Plan Documentation	Supporting documentation related to Simple Choice Plans. NOTE: Issuers are <b>not expected</b> to submit this supporting document
Other	Any other supporting document that is not listed

### 4.3 Benefits Submitter–Document Submission

After downloading and completing the templates, upload the supplementary documents and .xml files created by the templates by selecting the corresponding **Upload** button in the Upload Documentation table. The system will prompt the user with a file dialog box to browse the local computer to select the file.

**NOTE:** The user must submit a separate Plans & Benefits Template for each market and plan type:

- Health Small Group Health Options (SHOP)
- Health Individual
- Dental SHOP
- Dental Individual

Each template should include all plans within that category. Only one Plans & Benefits Template is required to be in “**Completed**” status to be eligible for submission, but it is possible to submit all four.

Templates will default to a status of **“Pending”** upon upload and will remain in a Pending status until system validation has been completed. To check the status of system validation, select the **Update Status** button (pictured in Figure 2) or refresh the page. (Note the changes in status from *Pending* to *Complete* between Figure 3 and Figure 4.) Closing the window will not interrupt the system validation process.

Once the system validates a template, the template's status will change to either **“Complete”** or **“Failed.”** A template is **“Complete”** if it passes all system validations and **“Failed”** if there are errors identified during the system validation process. The **“Failed”** status indicator will appear as a link that, when selected, provides an error report for download. The user must download the report, fix all errors listed in the report, and re-upload the corrected template .xml. The user cannot submit the module successfully if any of the template statuses are **“Failed”** or **“Pending.”** Because system validation is not run on supporting documents, they will default to a status of **“Complete”** upon upload. Once the status of a supplementary document is **“Complete,”** the user may delete the file by selecting the corresponding **Delete** button; the deleted document will no longer display in the Upload Documentation table.

Once all required documents have a **“Complete”** status, the user can complete the Benefits & Service Area section of the QHP Application by selecting **Submit**.

Figure 3 shows the Upload Documentation table after documents have been uploaded.

**Upload Documentation** Update Status

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

Document Type	Actions	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload				
* Plan & Benefits Template (Individual)	Upload				
Dental Plan & Benefits Template (SHOP)	Upload				
Dental Plan & Benefits Template (Individual)	Upload				
* Network ID Template	Upload				
* Service Area Template	Upload	ServiceAreaWithPartialEntire.xls		05/30/2018 10:54:17 AM	Complete
Prescription Drugs Template	Upload				
* Transparency in Coverage Template	Upload				
Other	Delete	PlaceholderText.txt		10/29/2019 02:34:56 PM	Complete

Select document type  Upload

Showing 1 to 10 of 10 entries  
[Add Another Document](#)

**Figure 3: Upload Documentation Table—Documents Uploaded**

Figure 4 shows the *Upload Documentation* table after documents have been uploaded and statuses are refreshed. Note how some of the files have changed from **Pending** to **Complete** or **Failed**.

**Upload Documentation** Update Status

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

Document Type	Actions	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
* Plan & Benefits Template (Individual)	Upload	30613_PB_Individual.xml	<input type="text"/>	04/02/2018 12:59:17 PM	Failed
Dental Plan & Benefits Template (SHOP)	Upload		<input type="text"/>		
Dental Plan & Benefits Template (Individual)	Upload		<input type="text"/>		
* Network ID Template	Upload		<input type="text"/>		
* Service Area Template	Upload	30613MO_SA.xls	<input type="text"/>	06/07/2018 07:39:01 AM	Complete
Prescription Drugs Template	Upload		<input type="text"/>		
* Transparency in Coverage Template	Upload		<input type="text"/>		
Select document type	Upload		<input type="text"/>		

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

**Figure 4: Upload Documentation Table–Statuses Refreshed**

## 4.4 Benefits Submitter–Benefits & Service Area page–Submission Failed

If the user submits the Benefits & Service Area page without uploading any or all required documents, the system will return an error message listing the specific documents to upload.

Figure 5 shows the Benefits Submitter Benefits & Service Area page after a Failed Submission.

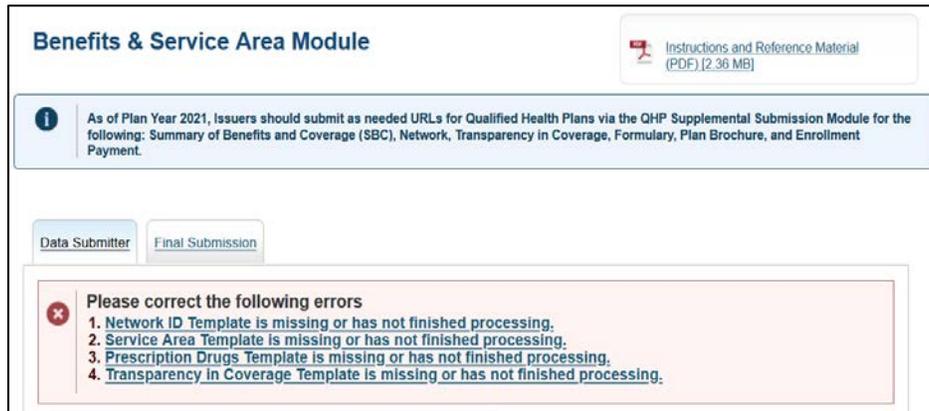


Figure 5: Benefits Submitter–Benefits & Service Area Page–Submission Failed

## **4.5 Benefits Submitter–Benefits & Service Area Page–Submission Successful**

Once the user submits all required documents with no validation errors, a successful submission message will appear on screen. Once the Benefits Module has been submitted, it is available for validation. The Benefits Validator is responsible for validating the accuracy of the submitted data.

Figure 6 shows the Benefits Submitter Benefits & Service Area page after a successful submission.

## Benefits & Service Area Module

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

You have successfully submitted this section

### Download Templates

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

### Upload Documentation

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

Document Type	Actions	File Name	Description	Last Update	Status
Plan & Benefits Template (SHOP)		<a href="#">10333_Med_SHOP_EHR_Changes_for_Automation.xlsx</a>	<input type="text"/>	11/19/2020 11:54:33 AM	Complete
Plan & Benefits Template (Individual)		<a href="#">10333_Med_IND_HSA_No.xlsx</a>	<input type="text"/>	11/19/2020 11:54:57 AM	Complete
Dental Plan & Benefits Template (SHOP)		<a href="#">PM_PY2022_10333_GTD_PlansBenefits_Dental_SHOP.xls</a>	<input type="text"/>	11/19/2020 11:55:18 AM	Complete
*Dental Plan & Benefits Template (Individual)		<a href="#">PM_PY2022_10333_GTD_PlansBenefits_Dental_Individual.xls</a>	<input type="text"/>	11/19/2020 11:55:24 AM	Complete
*Network ID Template		<a href="#">10333_PY2022_GTD_Network.xls</a>	<input type="text"/>	11/19/2020 11:55:35 AM	Complete
*Service Area Template		<a href="#">10333_TX_PY2022_GTD_ServiceArea.xls</a>	<input type="text"/>	11/19/2020 11:55:41 AM	Complete
*Prescription Drugs Template		<a href="#">2022_10333_TX_RX_Data.xls</a>	<input type="text"/>	11/19/2020 11:55:50 AM	Complete
*Transparency in Coverage Template		<a href="#">10333_Transparency.xls</a>	<input type="text"/>	11/19/2020 11:56:06 AM	Complete
<input type="text" value="Select document type"/>			<input type="text"/>		

Showing 1 to 9 of 9 entries

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

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**Figure 6: Benefits Submitter–Benefits & Service Area Page–Submission Successful**

## 4.6 Benefits Validator–Summary Page

The Benefits Validator Summary page displays a list of all completed submissions and their statuses. The user can start or resume validation for a completed submission or edit the validation for a previously validated submission. The user must be assigned the role of Benefits Validator to access this page.

Figure 7 shows the Benefits Validator Summary page.

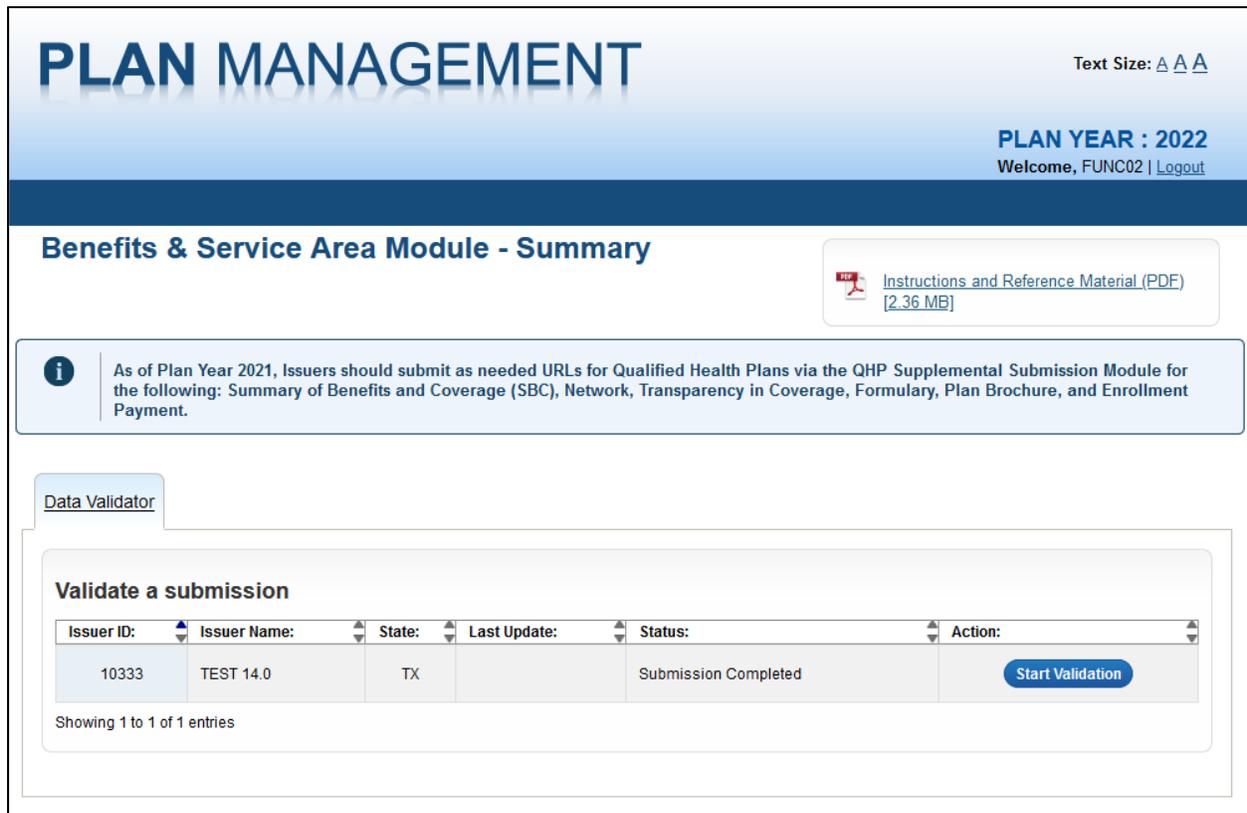


Figure 7: Benefits Validator–Summary Page

Table 4 describes the fields on the Benefits Validator Summary page and provides instructions about how to enter data in these fields.

Table 4: Benefits Validator–Summary Page Fields

Name	User Action	Description
Validate a Submission Table	N/A	Possible Statuses with appropriate action: Submission Completed– <b>Start Validation</b> Pending Validation– <b>Resume</b> Validation Completed– <b>Edit</b> Cross Validation Completed– <b>Edit</b>
Start Validation	Select button	Navigates to the Validator Benefits & Service Area page. The <b>Start Validation</b> button should appear only when a submission has a status of “Submission Completed” or “Pending Validation.”

Name	User Action	Description
Edit	Select button	Navigates to the Validator Benefits & Service Area page. The <b>Edit</b> button should appear only when a submission has a status of "Validation Completed."

## 4.7 Benefits Validator–Benefits & Service Area Page

The Benefits Validator Benefits & Service Area page is where Validators review and validate the data and information provided by the Benefits Submitter. The user may download the submitted templates and supplementary documents by selecting the hyperlink in the "File Name" column of the Uploaded Documents table (See Figure 8). The Benefits Validator should perform a review to ensure all the provided data and information is valid. Then, make the determination by selecting the "Yes" or "No" radio buttons in response to the question, "Do you validate that the information submitted for this section is correct?" and select **Submit**. If the user selects **Submit** without answering the question, the system will return an error message (refer to Figure 9).

Figure 8 shows the Benefits Validator Benefits & Service Area page.

## Benefits & Service Area Module

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

**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

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

[Resubmission](#)

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)	<a href="#">2021_10333_TX_PlansBenefits_Med_SHOP_Data.xlsx</a>		02/25/2020 09:01:18 PM	Complete
* Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Med_Ind_Data.xlsx</a>		02/25/2020 09:03:05 PM	Complete
Dental Plan & Benefits Template (SHOP)	<a href="#">2021_10333_TX_PlansBenefits_Dental_SHOP_Data.xls</a>		02/25/2020 07:52:47 PM	Complete
Dental Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Dental_Ind_Data.xls</a>		02/25/2020 07:53:24 PM	Complete
* Network ID Template	<a href="#">2021_10333_TX_Network_Data.xls</a>		02/25/2020 08:01:19 PM	Complete
* Service Area Template	<a href="#">2021_10333_TX_ServiceArea_Data.xls</a>		02/25/2020 08:01:39 PM	Complete
Prescription Drugs Template	<a href="#">2021_10333_TX_PrescriptionDrug_Data.xls</a>		02/25/2020 08:02:10 PM	Complete
* Transparency in Coverage Template	<a href="#">2021_10333_TX_TransparencyInCoverage.xls</a>		02/25/2020 08:03:35 PM	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

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**Figure 8: Validator Benefits & Service Area Page**

Table 5 describes the fields on the Benefits Validator Benefits & Service Area page and provides instructions about how to enter data in these fields.

**Table 5: Validator Benefits & Service Area Page Fields**

Name	User Action	Description
Yes	Select button	Select <b>Yes</b> to confirm all submitted information is correct.
No	Select button	Select <b>No</b> to confirm the information submitted is not correct. The submission status will change to "Returned for Changes" and the Issuer Submitter will be allowed to resubmit.
Back to Summary	Select button	Navigates back to the Summary page. If changes are not saved, the following pop-up should appear: "There are unsaved changes. If you continue your changes will be lost. Would you like to continue?"
Submit	Select button	The page refreshes and a confirmation message will appear. If the user does not select "Yes" or "No" and selects <b>Submit</b> , the system will return an on-screen error stating the question requires an answer. If Yes, upon selecting Submit, the submission status will change to "Validation Completed." If No, upon selecting Submit, the submission status will change to "Returned For Changes."

## 4.8 Benefits Validator Benefits & Service Area Page–Validation Failed

The user must answer the question, “Do you validate that the information submitted for this section is correct?” If the user submits the page without answering the “Yes” or “No” question, the system will return an error message (See Figure 9).

### Benefits & Service Area Module

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

**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. [The validation for this section is incomplete. Please answer the validation question.](#)**

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)	<a href="#">2021_10333_TX_PlansBenefits_Med_SHOP_Data.xism</a>		02/25/2020 09:01:18 PM	Complete
* Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Med_Ind_Data.xism</a>		02/25/2020 09:03:05 PM	Complete
Dental Plan & Benefits Template (SHOP)	<a href="#">2021_10333_TX_PlansBenefits_Dental_SHOP_Data.xls</a>		02/25/2020 07:52:47 PM	Complete
Dental Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Dental_Ind_Data.xls</a>		02/25/2020 07:53:24 PM	Complete
* Network ID Template	<a href="#">2021_10333_TX_Network_Data.xls</a>		02/25/2020 08:01:19 PM	Complete
* Service Area Template	<a href="#">2021_10333_TX_ServiceArea_Data.xls</a>		02/25/2020 08:01:39 PM	Complete
Prescription Drugs Template	<a href="#">2021_10333_TX_PrescriptionDrug_Data.xls</a>		02/25/2020 08:02:10 PM	Complete
* Transparency in Coverage Template	<a href="#">2021_10333_TX_TransparencyInCoverage.xls</a>		02/25/2020 08:03:35 PM	Complete

Showing 1 to 8 of 8 entries

\* Do you validate that the information submitted for this section is correct?  
**Error: The validation for this section is incomplete. Please answer the validation question.**

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

Figure 9: Validator Benefits & Service Area Page–Validation Failed

## 4.9 Benefits Validator Benefits & Service Area Page–Validation Question = Yes

The user must answer the question, “Do you validate that the information submitted for this section is correct?” If the user answers “**Yes**” and selects **Submit**, the system will return a confirmation message the section has successfully validated (see Figure 10). The submission status will change to “**Validation Completed**”.

**Benefits & Service Area Module**

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

**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

**✔ You have successfully validated this section**

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

Document Type	File Name	Description	Last Update	Status
* Plan & Benefits Template (SHOP)	<a href="#">2021_10333_TX_PlansBenefits_Med_SHOP_Data.xlsx</a>		02/25/2020 09:01:18 PM	Complete
* Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Med_Ind_Data.xlsx</a>		02/25/2020 09:03:05 PM	Complete
Dental Plan & Benefits Template (SHOP)	<a href="#">2021_10333_TX_PlansBenefits_Dental_SHOP_Data.xls</a>		02/25/2020 07:52:47 PM	Complete
Dental Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Dental_Ind_Data.xls</a>		02/25/2020 07:53:24 PM	Complete
* Network ID Template	<a href="#">2021_10333_TX_Network_Data.xls</a>		02/25/2020 08:01:19 PM	Complete
* Service Area Template	<a href="#">2021_10333_TX_ServiceArea_Data.xls</a>		02/25/2020 08:01:39 PM	Complete
Prescription Drugs Template	<a href="#">2021_10333_TX_PrescriptionDrug_Data.xls</a>		02/25/2020 08:02:10 PM	Complete
* Transparency in Coverage Template	<a href="#">2021_10333_TX_TransparencyinCoverage.xls</a>		02/25/2020 08:03:35 PM	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

Figure 10: Validator Benefits & Service Area Page–Validation Question = Yes

## 4.10 Benefits Validator Benefits & Service Area Page–Validation Question = No

The user must answer the question, “Do you validate that the information submitted for this section is correct?” If the user answers “**No**” and selects **Submit**, the system will return a

confirmation message (see Figure 11) that this submission has been “**Returned for Changes**”. This submission will no longer be available in the Validator Summary page.

Please note that there is no way to send a notification within the system. The user must inform data submitters offline that the submission has been rejected and to correct the submission.

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

**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

**✔ This submission has been returned for changes**

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)	<a href="#">2021_10333_TX_PlansBenefits_Mod_SHOP_Data.xlsx</a>		02/25/2020 09:01:18 PM	Complete
* Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Med_Ind_Data.xlsx</a>		02/25/2020 09:03:05 PM	Complete
Dental Plan & Benefits Template (SHOP)	<a href="#">2021_10333_TX_PlansBenefits_Dental_SHOP_Data.xls</a>		02/25/2020 07:52:47 PM	Complete
Dental Plan & Benefits Template (Individual)	<a href="#">2021_10333_TX_PlansBenefits_Dental_Ind_Data.xls</a>		02/25/2020 07:53:24 PM	Complete
* Network ID Template	<a href="#">2021_10333_TX_Network_Data.xls</a>		02/25/2020 08:01:19 PM	Complete
* Service Area Template	<a href="#">2021_10333_TX_ServiceArea_Data.xls</a>		02/25/2020 08:01:39 PM	Complete
Prescription Drugs Template	<a href="#">2021_10333_TX_PrescriptionDrug_Data.xls</a>		02/25/2020 08:02:10 PM	Complete
* Transparency in Coverage Template	<a href="#">2021_10333_TX_TransparencyInCoverage.xls</a>		02/25/2020 08:03:35 PM	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

**Figure 11: Validator Benefits & Service Area Page–Validation Question = No**

## 4.11 Final Submission

This page allows users to cross validate data elements within a submission. The user can also submit an application to be evaluated for QHP certification.

### 4.11.1 Final Submission Access from the Modules

The Final Submission page can be accessed from the Final Submission tab that is integrated within the modules.

**Example:** From the Benefits & Service Area Module, shown in Figure 12, select the **Final Submission** tab to access the Final Submission page and view the statuses of modules throughout an application.



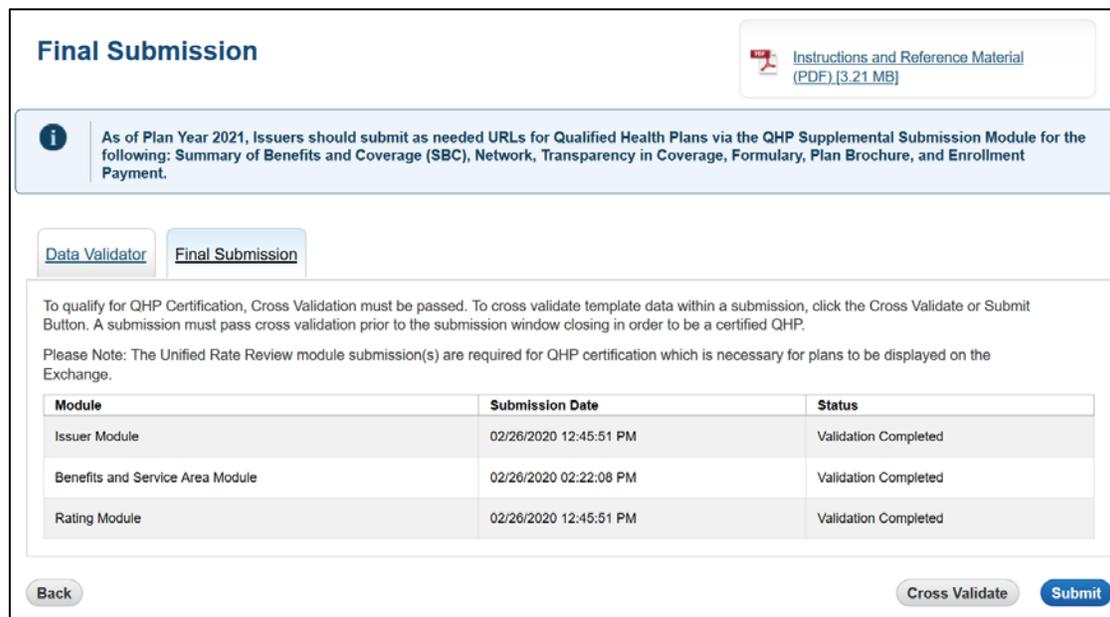
**Figure 12: Example: Accessing the Final Submission Page from the Benefits Module**

#### 4.11.2 Final Submission Page

Depending on the user's access level, the Final Submission page can be used (see Figure 13) to perform two distinct functions. Submitters and Validators can cross validate data among modules by selecting the **Cross Validate** button. Validators can submit the application by selecting the **Submit** button.

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

**NOTE:** Submission of Unified Rate Review is required to complete the QHP Application; however, the module status will not be displayed on the page.



**Figure 13: Final Submission Page**

#### 4.11.3 Final Submission Page–Errors

When inconsistencies are detected during cross validation, an error report will be generated, and an error message will appear on screen (see Figure 14). 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 (see Figure 15) by selecting on the [ErrorReport.csv](#) link and correct the listed errors.

**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, rerun cross validation to verify consistency across the Final Submission data elements.

**NOTE:** The Error Report is **deleted** once the user refreshes or leaves the page. It is strongly recommended to download this report.

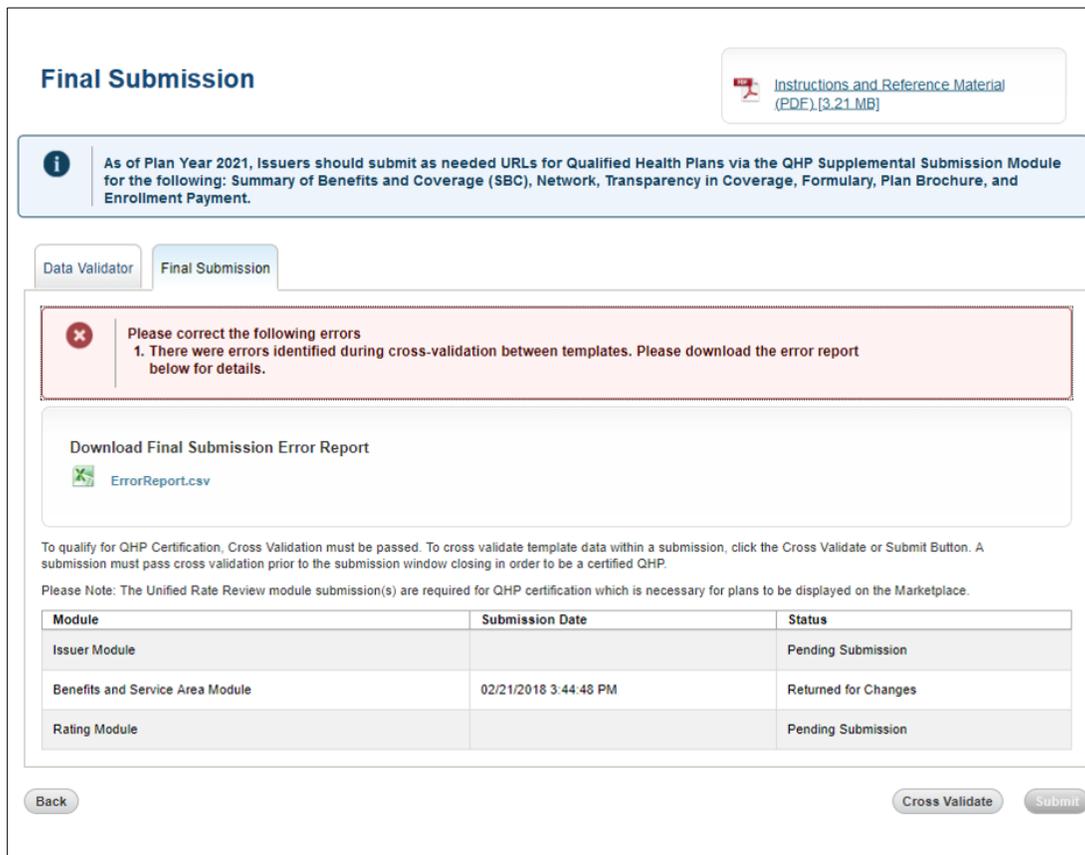


Figure 14: Final Submission Page–Errors

	A	B	C	D	E	F	G	H
1	ServiceAreald's do not exist for Benefit template							
2	PlanBenefit-Individual or PlanBenefit-Small Group template has not been uploaded							
3	NetworkId's do not exist for Network template							
4	Either Serv Network or Business Rules template not uploaded							
5	PlanId's do not exist for Benefit template							
6	NetworkId's do not exist for Benefit template							
7	ServiceAreald's do not exist for Service Area template							

Figure 15: Final Submission Error Report

#### 4.11.4 Final Submission Page–Cross Validations Successful

After cross validations have passed, a confirmation message will appear stating the chosen Issuer ID application has been successfully Cross Validated (see Figure 16). The Validator must still select **Submit** for the application to be flagged for Evaluation (Refer to 5.13.5 Final Submission Page–Submitted).

**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 10333 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 12:45:51 PM	Validation Completed
Benefits and Service Area Module	02/26/2020 12:49:47 PM	Returned for Changes
Rating Module	02/26/2020 12:45:51 PM	Validation Completed

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

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**CMS**  
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Figure 16: Final Submission Page–Cross Validations Successful

#### 4.11.5 Final Submission Page–Submitted

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

After successfully submitting the application, the Module statuses read “**Cross Validation Completed**” (see Figure 17), and the **Submit** button becomes disabled. If there are modifications to any Module, the user must repeat the Final Submission Cross Validation process. If changes are made, the Module statuses will no longer read “Cross Validation Completed.”

**NOTE:** The user must complete the Final Submission prior to the close of the submission window for an application to qualify 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 10333 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 02:27:36 PM	Cross Validations Completed
Benefits and Service Area Module	02/26/2020 02:27:36 PM	Cross Validations Completed
Rating Module	02/26/2020 02:27:36 PM	Cross Validations Completed

Back
Cross Validate
Submit

**Figure 17: Final Submission Page–Submitted**

## 4.12 Resubmission

The Resubmission (see Figure 19) functionality allows Validators to initiate the resubmission of the application to address a deficiency noted by CMS or the State and to submit a data correction during the plan preview period.

**NOTE:** Entering the resubmission process will invalidate the previously submitted QHP Application to allow information to be modified and resubmitted.

The user can initiate the resubmission process from any QHP Application module. Resubmission may impact data entries and validation previously completed in other QHP Application modules. Once beginning the resubmission process, the module status will change to “Returned for Changes” and all other modules to “Validation Completed.” To modify a module with the status of “Validation Completed,” follow the instructions provided in section 5.12.

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

### 4.12.1 Resubmission Benefits Validator: Summary Page

The Benefits Validator Summary (see Figure 18) is where the user can select an application to initiate the resubmission. The user can also select **Edit** for any submissions with the status of “Returned for Changes”. The user must be assigned the role of **Benefits Validator** to access this page.

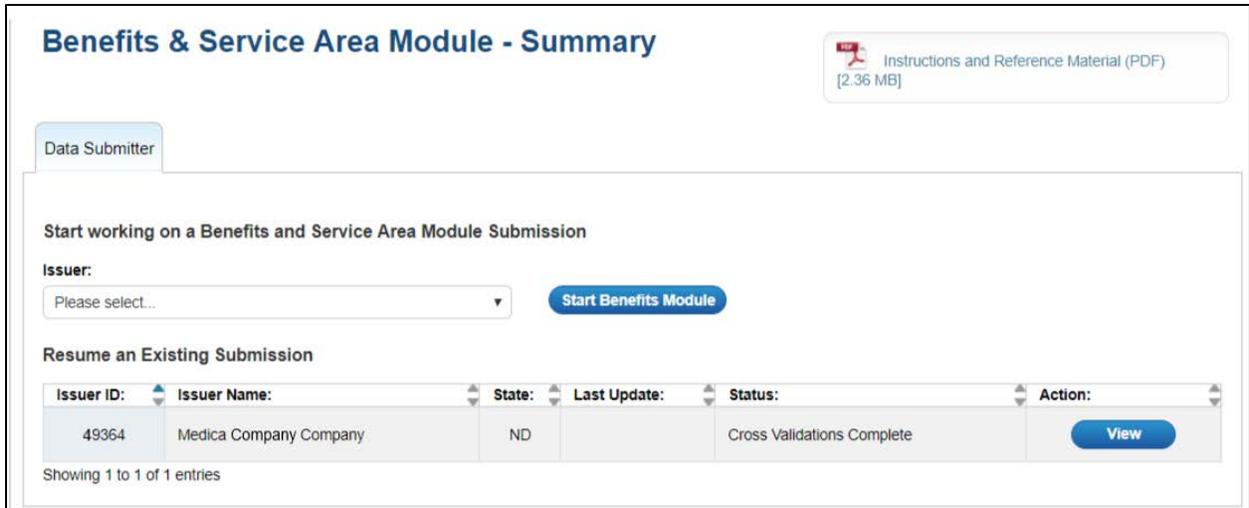


Figure 18: Benefits Validator–Summary Page

#### 4.12.2 Resubmission Benefits Validator: Benefits & Service Area Page

The Benefits Validator page of the Benefits & Service Area module allows the user to review the validated data and information provided by the Benefits Submitter.

The user must select the **Resubmission** button from the alert box (see Figure 19). A confirmation pop-up will appear to ensure the resubmission is process is triggered to only address justifications outlined by CMS (see Figure 20). Selecting “No” will simply close the pop-up screen with no changes made to the module/application. If the user selects “Yes,” the pop-up screen will close, and a confirmation message will display stating that the module status has changed to “Returned to Submitter” and the module is now routed back to the submitter (see Figure 21).



Figure 19: Resubmission Alert Box

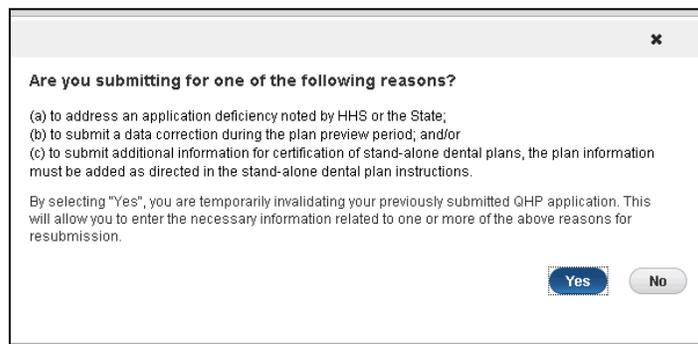
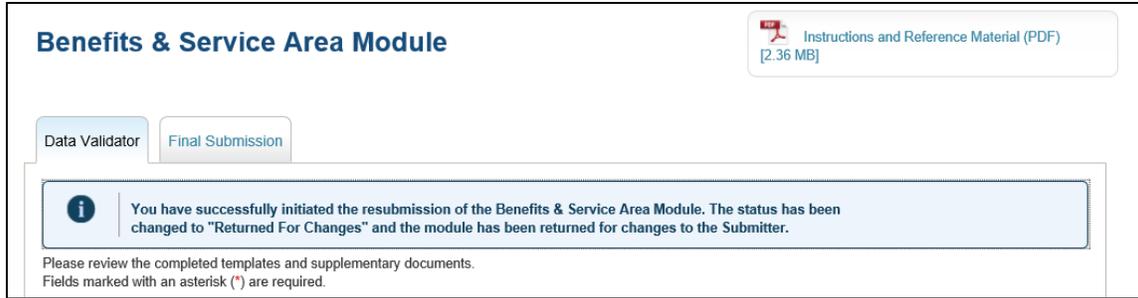


Figure 20: Confirmation Pop-Up



**Figure 21: Resubmission Confirmation Message**

## 5 Templates

Please refer to the PY2022 QHP Issuer Application Instructions or the QHP Certification Template Instructional Videos on the [QHP Certifications Webpage](#).

## 6 Template Error Reports

The Benefits & Service Area module may produce “Failed” reports for any of the five templates, if the templates do not pass back-end validation. The user must download the report(s) and correct the errors listed in the report(s) before successfully re-submitting the template.

**NOTE:** The error reports displayed below are samples. It is not a comprehensive list of all the possible errors.

### 6.1 Network Template Failed Report

Figure 22 shows a sample Network Template Failed Report.

A	
1	HIOS Issuer ID 1234 - Invalid HIOS Issuer ID (Networks - B6)
2	Issuer State MD - Invalid Issuer State (Networks - B7)

Figure 22: Network Template Failed Report

### 6.2 Service Area Template Failed Report

Figure 23 shows a sample Service Area Template Failed Report.

A	
1	HIOS Issuer ID 1234 - Invalid HIOS Issuer ID (Service Areas - B6)
2	Issuer State MD - Invalid Issuer State (Service Areas - B7)

Figure 23: Service Area Template Failed Report

### 6.3 Prescription Drug Template Failed Report

Figure 24 shows a sample Prescription Drug Template Failed Report.

A	
1	HIOS Issuer ID 1234 - Invalid HIOS Issuer ID (Formulary Tiers - B6)
2	Issuer State VA - Invalid Issuer State (Formulary Tiers - B7)

Figure 24: Prescription Drug Template Failed Report

### 6.4 Plans & Benefits Template Failed Report

Figure 25 shows a sample Plans & Benefits Template Failed Report.

	A	B	C	D	E
1	Field Name	Field Value	Error Message	Field Location	
2	Plan Effective Date	TESTING	Plan Effective Date is Invalid.	(Benefits Package 1-AA9)	
3					

Figure 25: Plans & Benefits Template Failed Report

## 7 Troubleshooting and Support

### 7.1 Error Messages

Table 6 provides a list of error messages in the Benefits Module of the Plan Management system.

**Table 6: Plan Management 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.
Error: An application currently exists for this Issuer.	Select the Issuer from the Resume Existing Submission table on the Submitter Summary page.
Please correct the following errors.	Upload the required templates listed out in the error message on the Submitter Benefits & Service Area page.
The validation for this section is incomplete. Please answer the validation question.	The user should answer the validation question by selecting Yes or No and then selecting <b>Submit</b> , on the Validator Benefits & Service Area page.
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.

### 7.2 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**

Acronym / Abbreviation	Definition
AV	Actuarial Value
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSR	Cost Sharing Reduction
EHB	Essential Health Benefit
EPO	Exclusive Provider Organization
FFE	Federally-facilitated Exchange
HHS	Health & Human Services
HIOS	Health Insurance Oversight System
HMO	Health Maintenance Organization
HRA	Health Reimbursement Account
HSA	Health Savings Account
PM	Plan Management
POS	Point-of-Service Plan
PPO	Preferred Provider Organization
MOOP	Maximum Out-Of-Pocket
MSD	Marketplace Service Desk
QHP	Qualified Health Plan
RxCUI	RxNorm Concept Unique Identifier (US NIH; drug standardization)
SADP	Stand-Alone Dental Plan
SHOP	Small Business Health Options Program
TIN	Tax Identification Number
UI	User Interface
URL	Uniform Resource Locator
XML	Extensible Markup Language

## Appendix B: Glossary

Table 9 provides a list of terms/phrases used in this document.

**Table 9: Glossary**

<b>Term/Phrase</b>	<b>Definition</b>
Issuer	A participating insurance organization that provides insurance for an individual or family.
User	An individual who accesses the application. A user of the Benefits & Service Area Module will be a Submitter or Validator. A user's access is controlled by assigned roles and entitlements (responsibilities).

## Appendix C: 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*

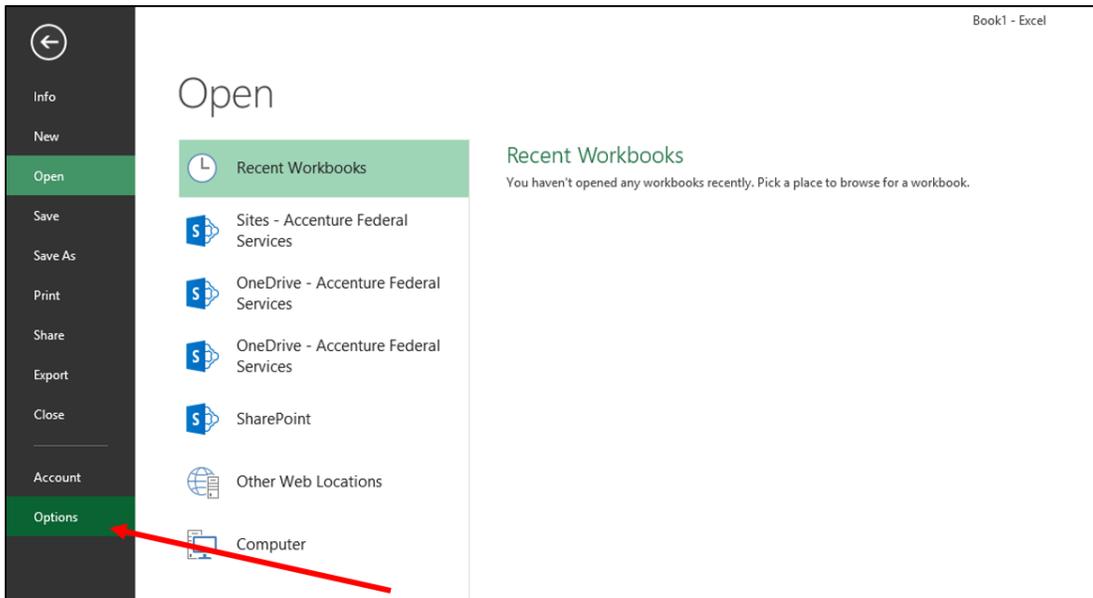


Figure 26: Choosing Excel Options

## 2. Select *Trust Center*

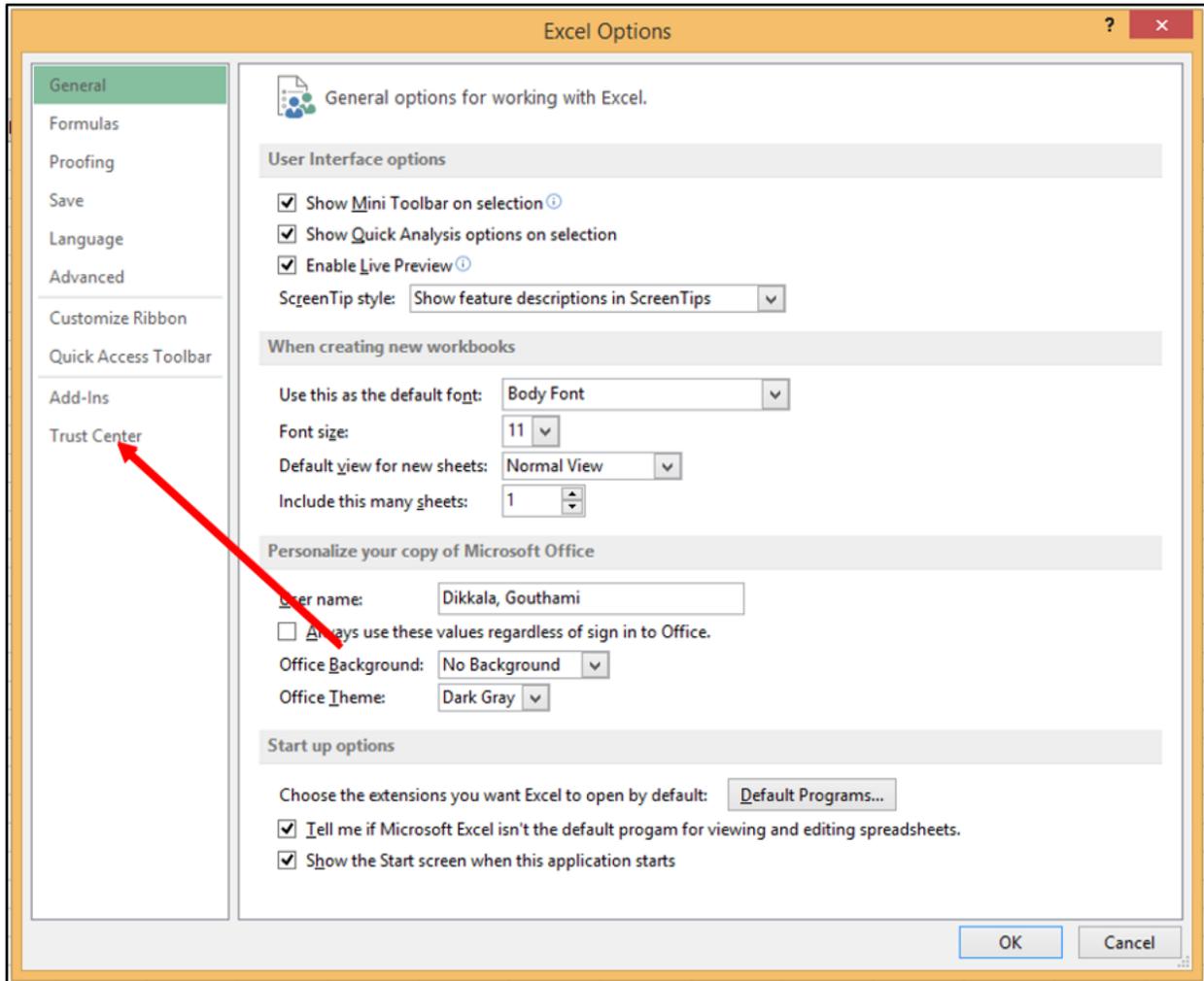


Figure 27: Choosing Excel Options

### 3. Choose *Trust Center Settings*

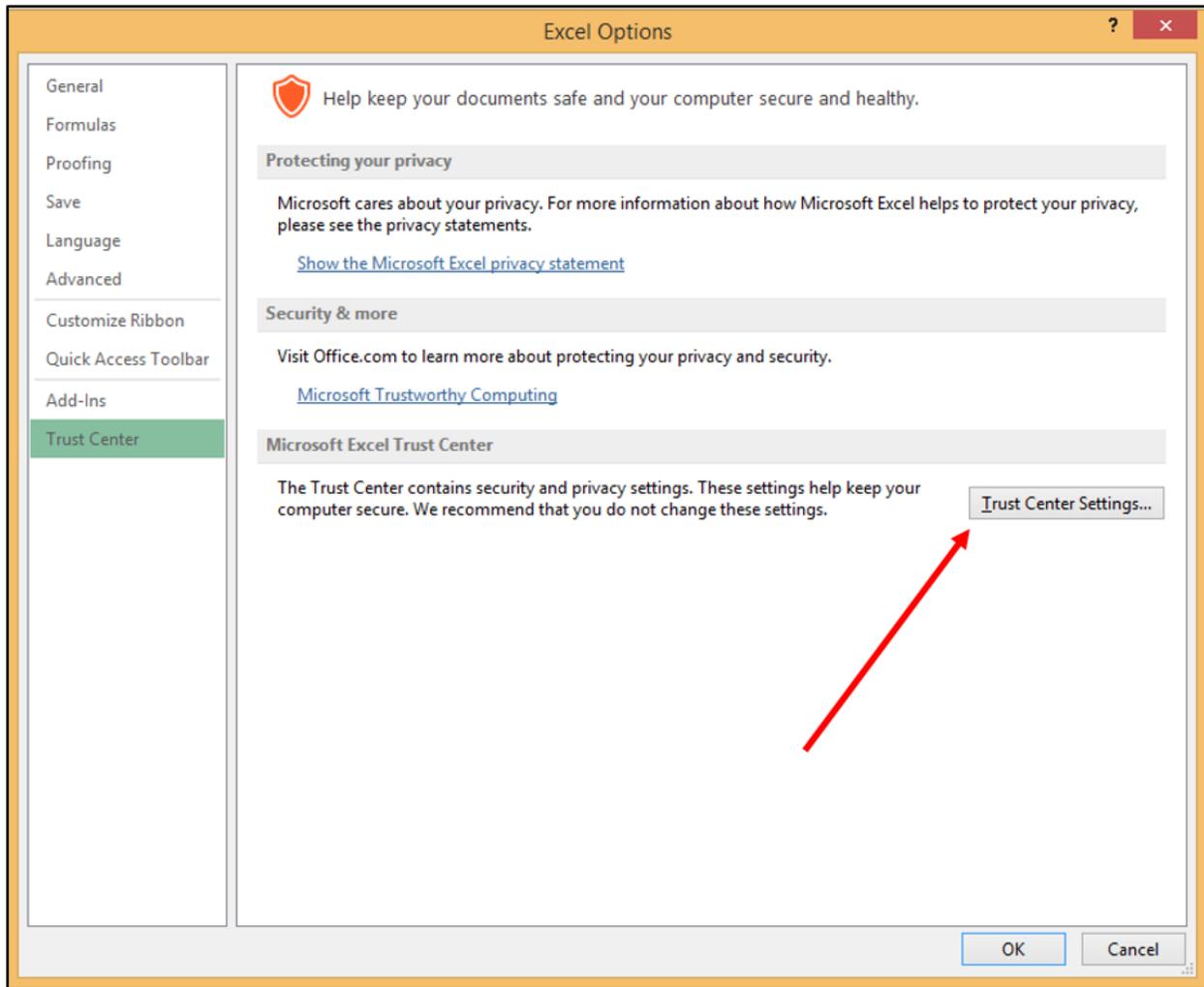


Figure 28: Choosing Trust Center Settings

#### 4. Choose *Macro Settings*

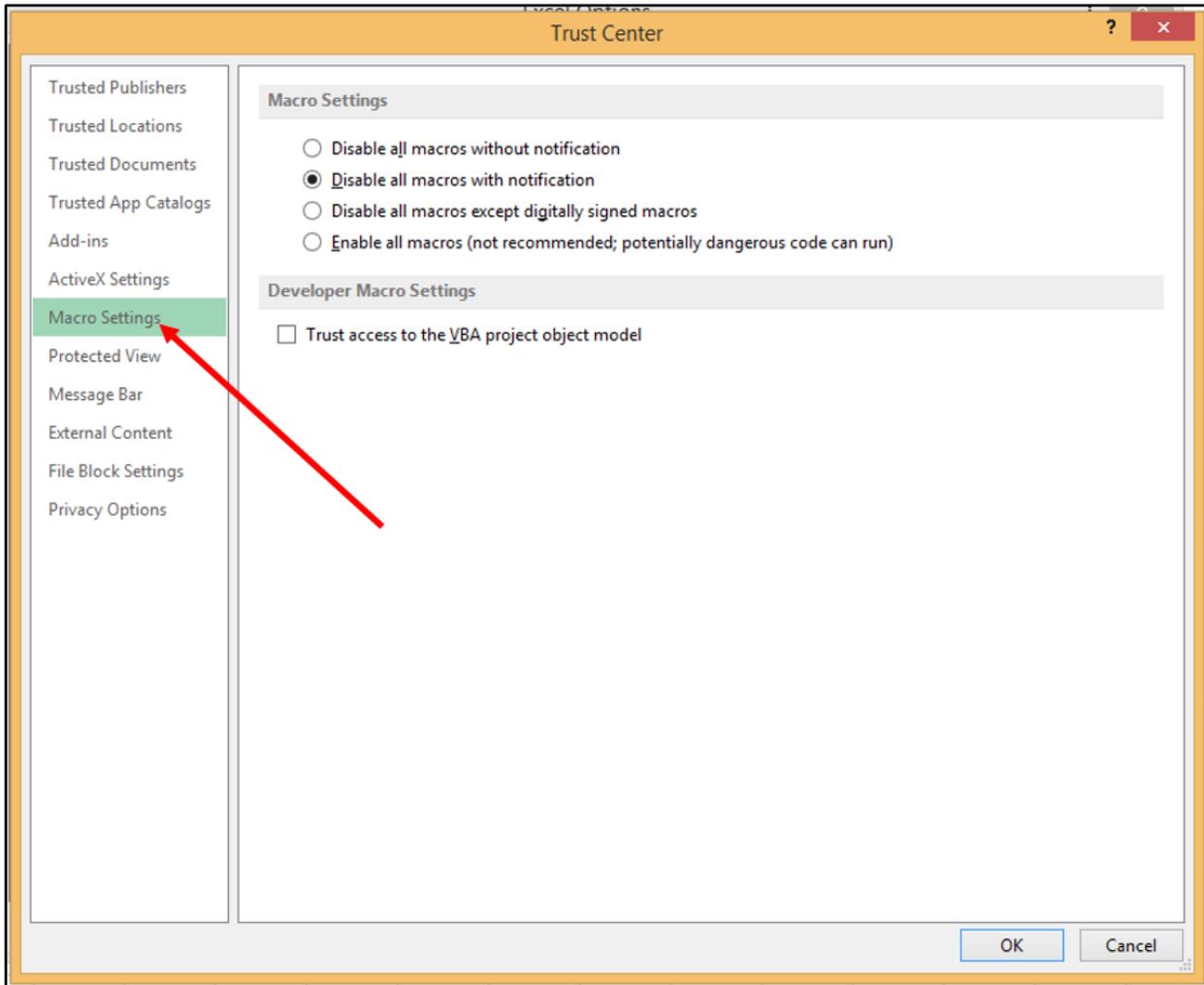
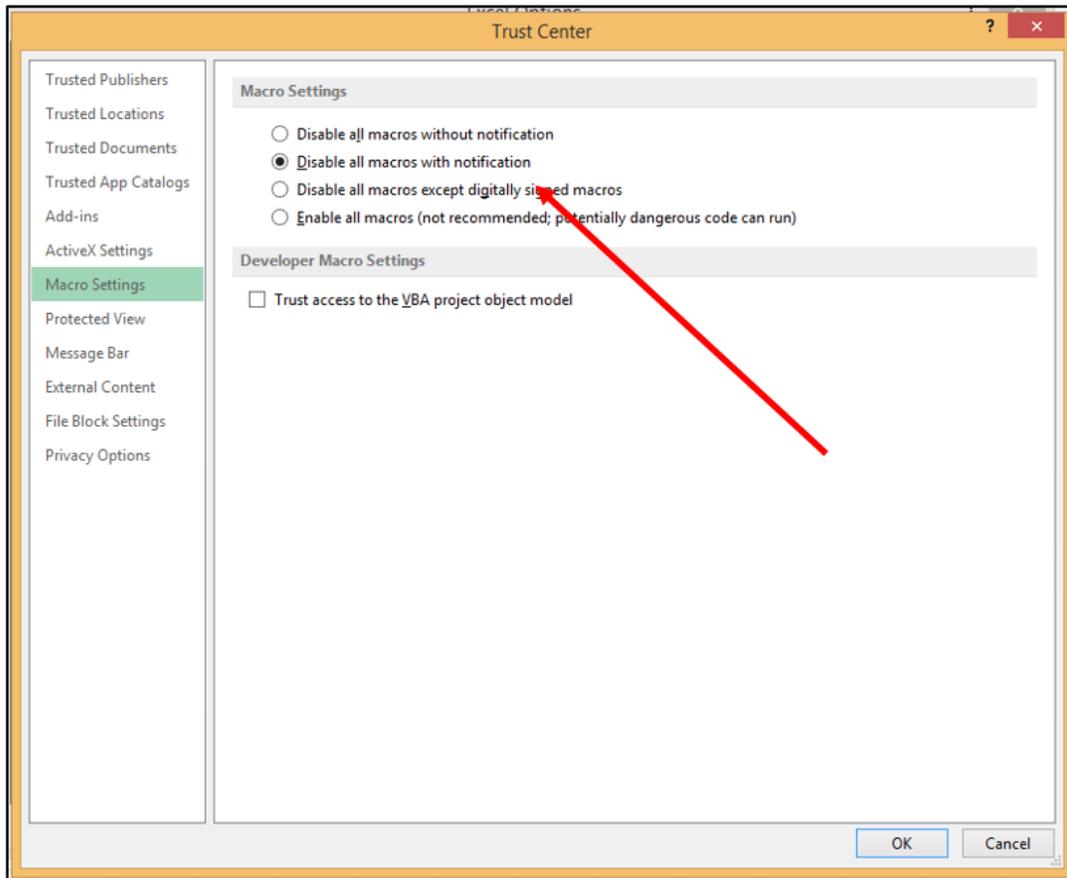


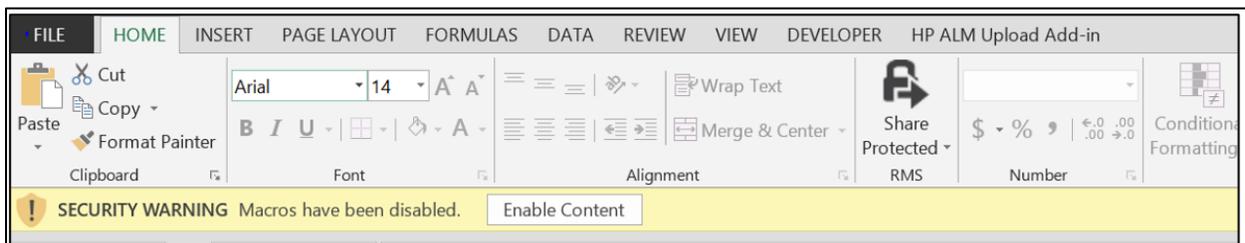
Figure 29: Choosing Macro Settings

5. Choose *Disable all macros with notification*



**Figure 30: Choosing Disable all macros with notification**

6. When opening any of the templates downloaded from the site, the following prompt appears at the top of the spreadsheet. Select *Enable Content...*



**Figure 31: Security Warning on Downloaded Template**

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

## Appendix D: Enabling the Plans & Benefits Add-In File in Excel

To properly view and use the Plans & Benefits Template for the Benefits & Service Area Module, the Plans & Benefits Add-In File needs to be enabled. It is critical that the user delete any previous versions of the Add-In File from their computer (unless explicitly following the guidelines in Appendix C for multi-year template versions) and download and save the most recent version of the Add-In File in the same folder as the Plans & Benefits Template.

Once all prior versions of the Add-In File have been deleted from the user's computer and the most current version of the Add-In File has been saved, open the Plans & Benefits Template.

1. From the File menu shown, select *Options*.

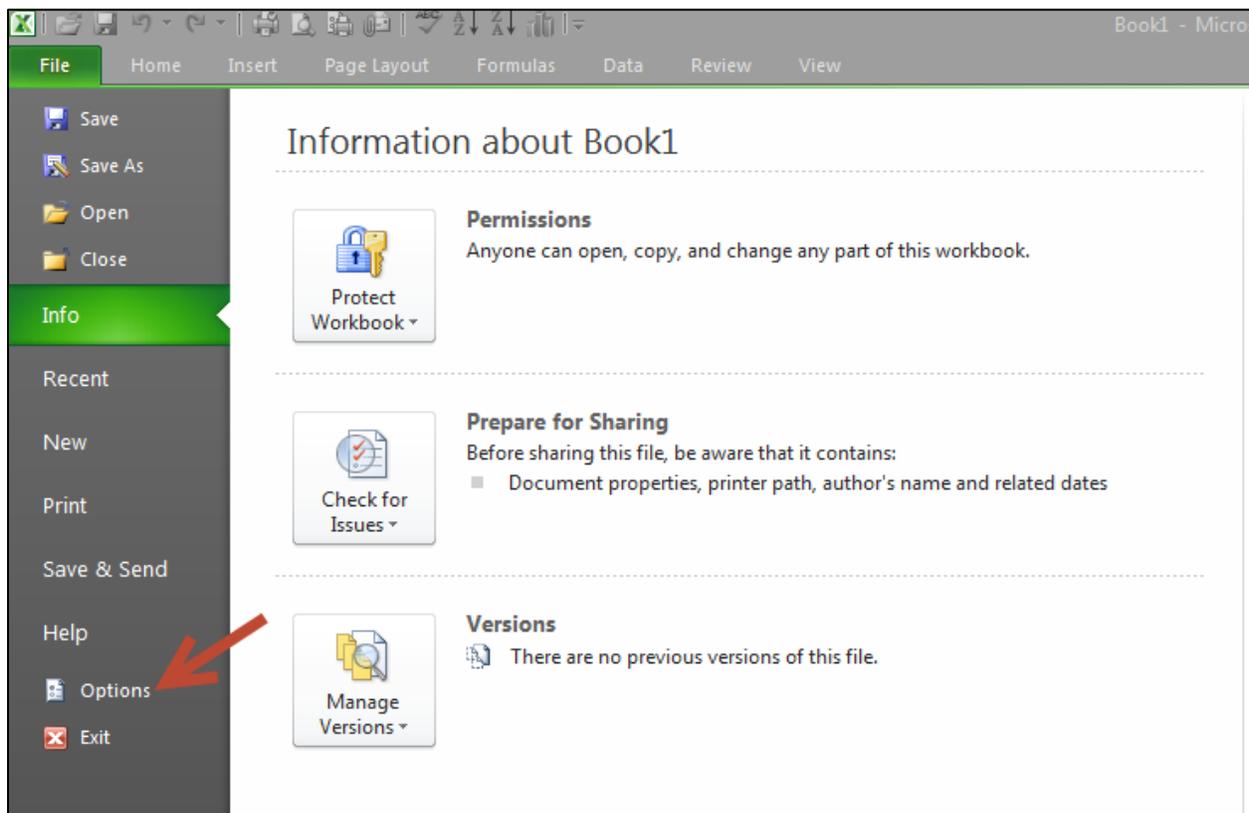


Figure 32: Selecting Excel Options

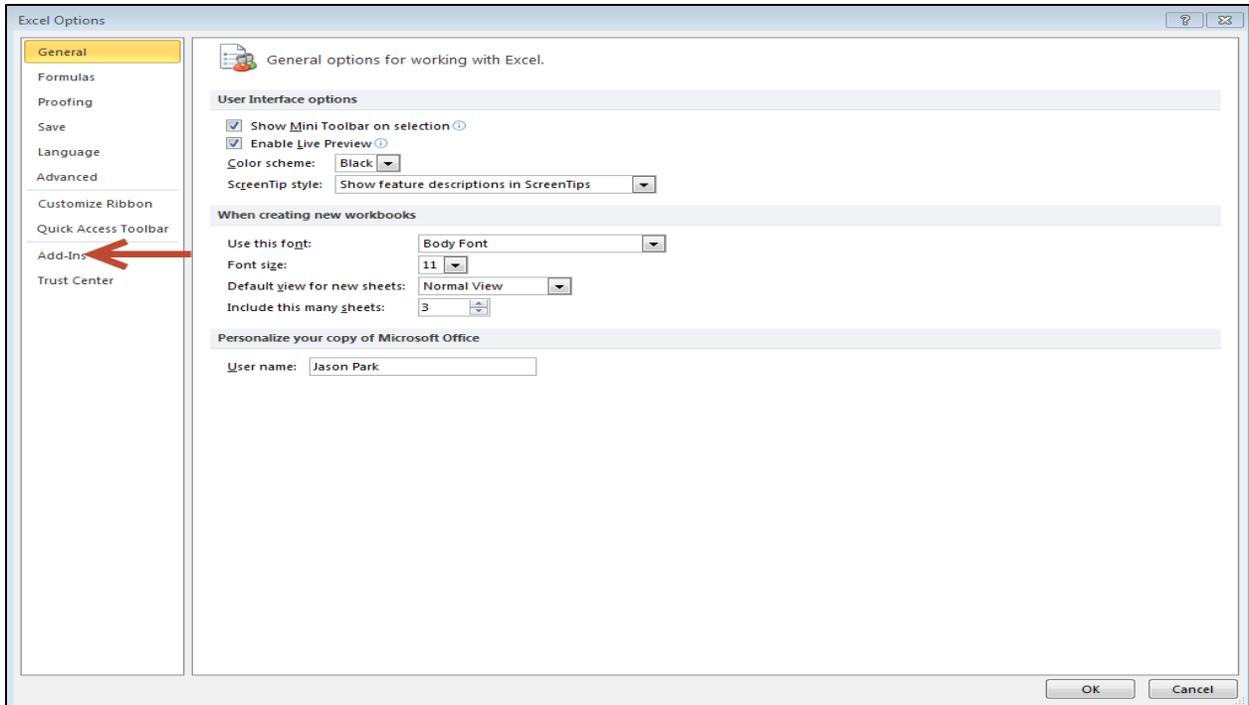


Figure 33: Selecting Add-Ins

2. Select Excel Add-ins and select *Go*

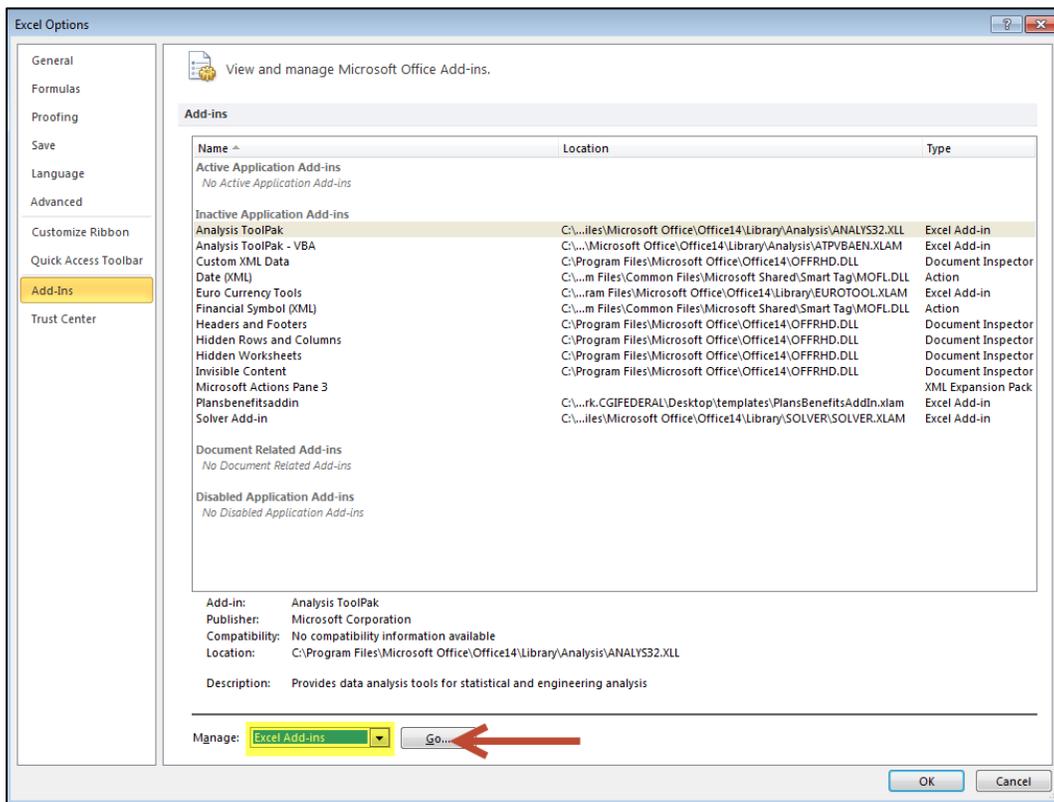


Figure 34: Manage Excel Add-Ins

3. From the Add-Ins pop-up, select **Browse**

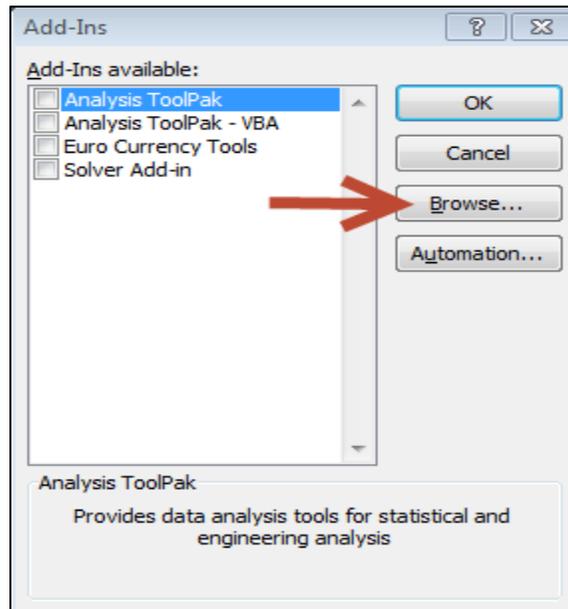


Figure 35: Browse for Add-In File

4. From the file dialog box, find the Add-In File and select **OK**

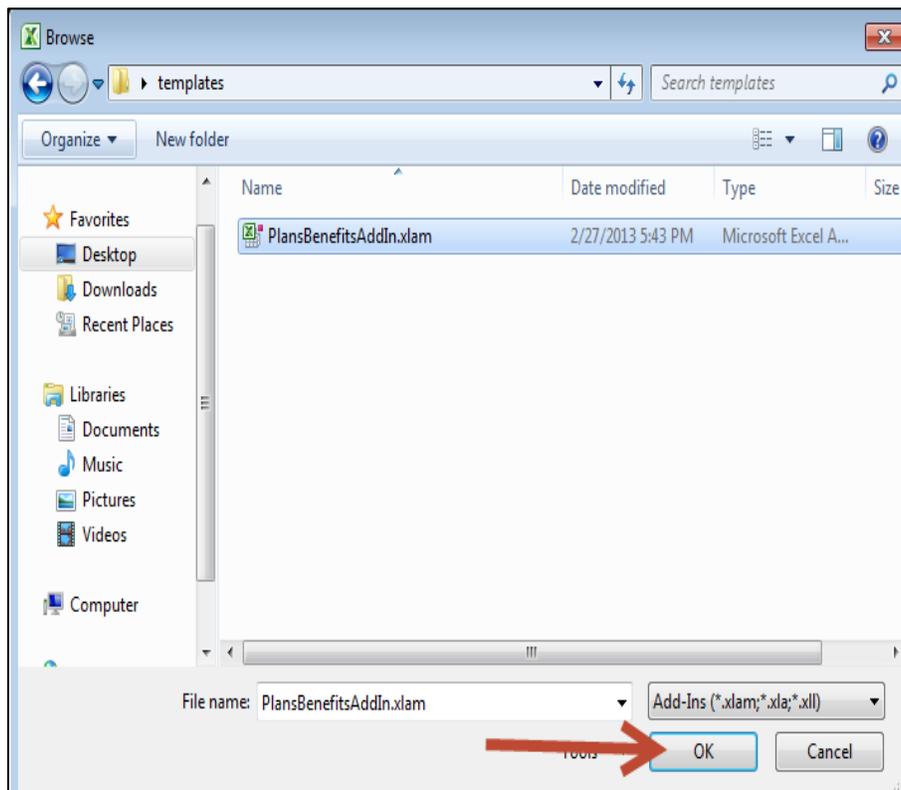


Figure 36: Select Add-In File

5. The Add-In File is now available. Select **OK**

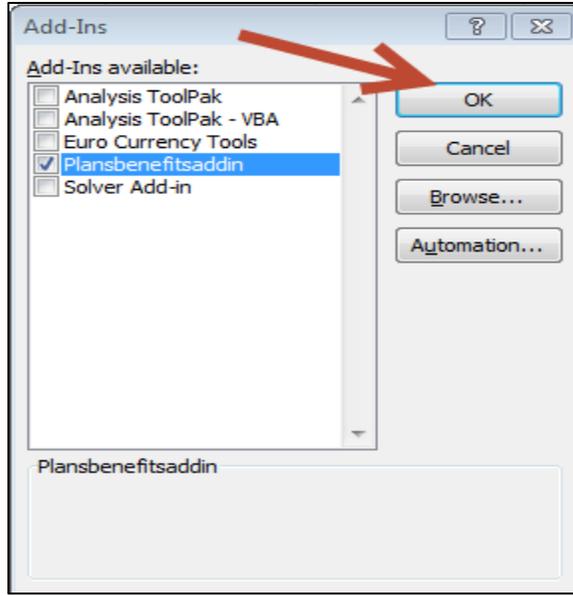


Figure 37: Add-In File Now Available

## Appendix E: Working With Dual Template Versions

Issuers may need to work with multiple Plans & Benefits Template versions to complete filing requirements. For example:

- Issuers submitting on-Exchange insurance plans must be submitted through the FFE. The FFE will only accept the Plans & Benefits V10 Template, which is only compatible with the V10 Plans & Benefits Add-In.

The steps here describe submission of both data sets with minimal complications for issuers.

### General Guidelines:

- **Add-In File:** It is vitally important to **NOT** rename the PlansBenefitsAddIn File. The Add-In File will not work if it is renamed.
- **Location:** Save the PlansBenefitsAddIn File in the same folder as the Plans & Benefits Template for the macros to run properly. To ensure proper functionality, please download the latest Plans & Benefits Add-In File and AV Calculator into a **separate** folder than any other versions of these tools.
- When working with the Plans & Benefits Template and associated Add-In file, it is very important to close ALL open Excel documents. If ANY Excel documents are left open, the last used PlansBenefitsAddIn will be incorrectly loaded.
- Furthermore, Excel caches the last Add-In File selected, so the correct Add-In File needs to be reloaded whenever the user switches back and forth between the two templates, instructions found in Appendix D.

### Detailed Steps:

1. Create two folders on local machine:
  - o Plan Year 2021
  - o Plan Year 2022
2. Move all downloaded tools related to older Plan Years into the appropriate folder.
  - o Plans & Benefits Template V10.0
  - o PlansBenefitsAddIn File V10.1
  - o Once validated, these versions can be uploaded to RBIS.
3. Download all Plan Year 2022 tools into the appropriate folder.
  - o Plans & Benefits Template V11.0
  - o PlansBenefitsAddIn File V11.0
  - o Once validated, these versions can be uploaded to HIOS.

Once appropriately linked, the corresponding Add-In file version will display on the associated template. See screenshots below.

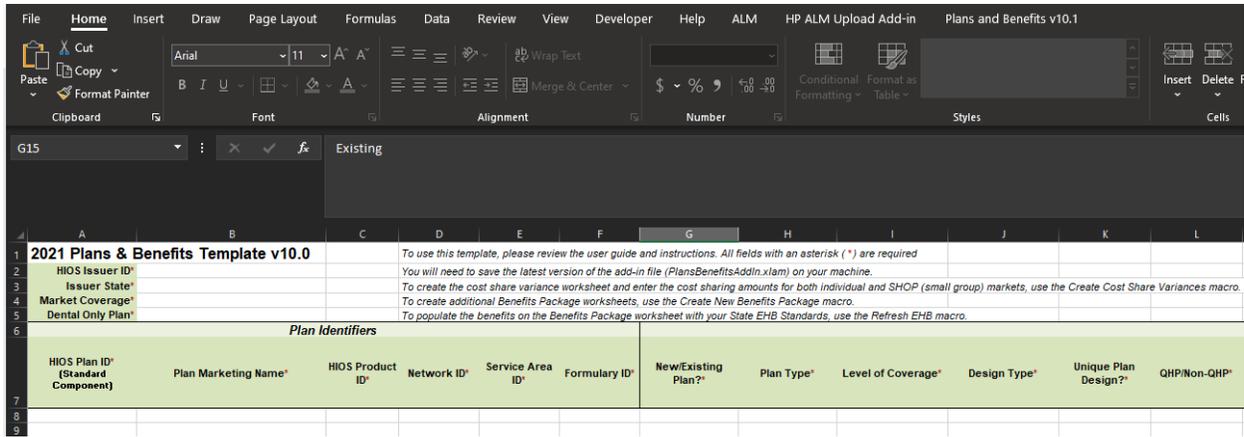


Figure 38: Plans & Benefits 2021 v10.0 Template & Add-In Correctly Associated

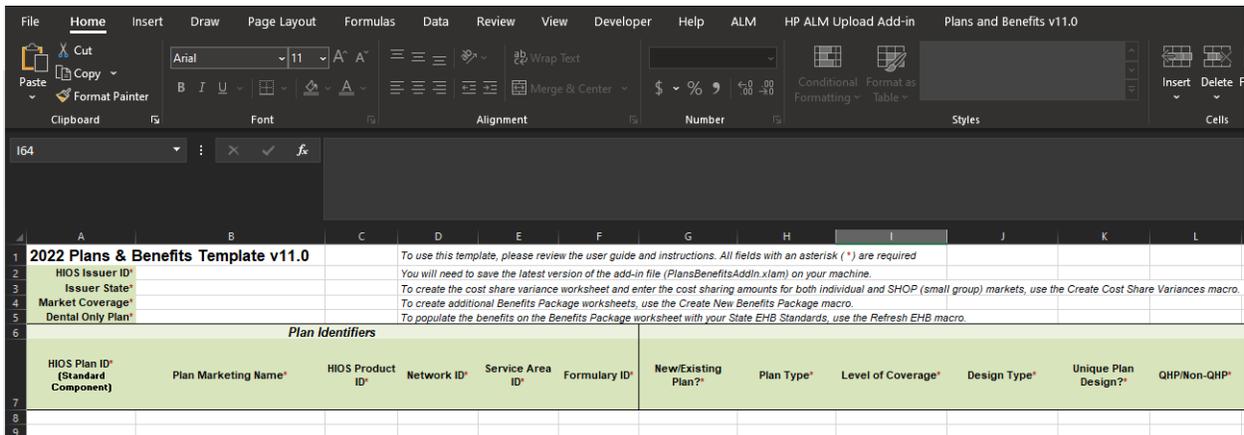


Figure 39: Plans & Benefits 2022 v11.0 Template & Add-In Correctly Associated