QHP Certification
Health Insurance Marketplace

About the 2019 QHP Certification Toolkit

The 2019 Qualified Health Plan (QHP) Certification Toolkit consolidates important information about the 2019 QHP Application, including changes to the application process, tips for completing and submitting templates, and important resources for new issuers. This toolkit is a supplemental resource and is not intended to replace official guidance or instructions.

For more information about QHP certification, including access to application templates and instructions, please visit the QHP certification website at www.qhpcertification.cms.gov

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1. QHP Certification Overview and Timeline

Timeline

Below is the certification timeline that will be used for PY2019 QHP certification. The QHP Application process requires issuers to submit detailed plan and benefit data to CMS. CMS reviews this data to ensure applications are complete and compliant with relevant laws and regulations. Issuers must submit all data in accordance with the submission deadlines listed below and outlined in the [Final PY2019 Letter to Issuers](#). The graphic below depicts the overall QHP Application process and highlights key dates and milestones.

	5/9-6/20	7/25	8/10	8/13	8/22	9/17	11/1
	Initial Application Submission Window	NEW! Initial Deadline for Rates Table Template	CMS Releases First Correction Notice	Service Area Petition Deadline	Final Deadline for Issuer Changes to QHP Application	CMS Releases Final Correction Notice with Agreement	Open Enrollment Begins

Activity	Dates
Initial QHP Application Submission Window	5/09/18 – 6/20/18
Early Bird Submission Deadline	5/31/18
Initial QHP Application Deadline	6/20/18
CMS Reviews Initial QHP Applications as of 6/20/18	6/21/18 – 8/03/18
Initial Rate Table Template Submission Deadline	7/25/18
CMS Releases First Correction Notice	8/09/18 – 8/10/18
Service Area Petition Deadline	8/13/18
Final Deadline for Issuers to Change QHP Application	8/22/18
CMS Reviews Final QHP Submissions as of 8/22/18	8/23/18 – 9/10/18
CMS Posts QHP Agreements and QHP Plan Lists	9/17/18
CMS Sends Final Correction Notice to Issuers	9/17/18
State Send CMS Final Plan Recommendations	9/25/18
Issuers Send Signed Agreements, Confirmed Plan Lists and Final Plan Crosswalks to CMS	9/17/18 – 9/25/18
Limited Data Correction Window	9/20/18-9/21/18
CMS Sends Certification Notices to Issuers	10/04/18 – 10/05/18
Open Enrollment	Begins 11/1/18

Step 1: **Read General Information**	Before beginning the QHP Application, read: ❑ Published guidance. ❑ QHP Application Instructions. ❑ User guides for the submission system(s) required for the state(s) in which plans will be offered. ❑ Any additional state requirements or instructions.
Step 2: **Prepare to Apply**	❑ Create an account in REGTAP, and register for issuer webinars. ❑ Create an account in HIOS, SERFF, and/or OPM. ❑ Update contact information in HIOS. ❑ Get Standard Component IDs, or "Plan IDs," in HIOS. ❑ Request Access to the PM Community. ❑ Verify accreditation standards are met. ❑ Download QHP Application Templates. ❑ Watch template and tool videos.
Step 3: **Complete Your Application**	❑ Complete each item on the QHP Application Submission Checklist. ❑ Use each of the review tools to check your application for errors.
Step 4: **Submit Your Application**	❑ Do not wait until the last day to upload completed parts of the application. ❑ Submit application templates and supporting documentation to the appropriate submission system (HIOS, SERFF, and/or OPM).

Step 5:
Review & Revise
	❑ CMS conducts two review rounds during the certification process to identify areas of non-compliance with regulations and/or data integrity errors. Issuers will have opportunities after each review round to correct application data. For PY2019, CMS is also offering an optional early bird review round prior to the first official review round.
	❑ Early Bird: CMS reviews data submitted as of 5/31/18.
	  • Corrections available in PM Community starting mid-June.
	❑ Round 1: CMS reviews data submitted as of 6/20/18.
	  • Corrections available in PM Community starting mid-July, First correction notice: 8/10/18; deadline to resubmit: 8/22/18.
	❑ Round 2: CMS reviews data submitted as of 8/22/18.
	  • Corrections available in PM Community starting 9/11/18. Final correction notice: 9/17/18; CMS hosts limited data correction window: 9/20/18 – 9/21/18.

Step 6: **Certify & Offer Plans**	❑ Issuers complete plan confirmation and return QHP Agreement to CMS by 9/25/18. ❑ Issuers can view certification notices in the PM Community on 10/05/18. ❑ Open Enrollment begins 11/01/18.
Step 7: Maintain **Certification Standards**	❑ Respond to any compliance inquiries from CMS or the state. ❑ Comply with consumer complaint and quality reporting initiatives.

❓ Know Where to Get Help

Contact Your Account Manager

CMS Account Managers are assigned after an issuer has submitted their QHP Application, but if an issuer desires to have one assigned earlier, they should submit a Help Desk ticket. The Account Manager serves as an issuer's primary point of contact for non-technical QHP and SADP issues related to the Federally-facilitated Exchanges (FFE). Account Managers also:

- Clarify issuers' responsibilities and requirements for participating in the FFE
- Communicate updates to issuers
- Direct issuers to other resources
- Coordinate resolution on cross-cutting issues

Email or Call the Marketplace Service Desk

Send technical and Exchange questions to CMS_FEPS@CMS.HHS.gov or 1-855-CMS-1515 (855-267-1515).

📁 Know Where to Submit

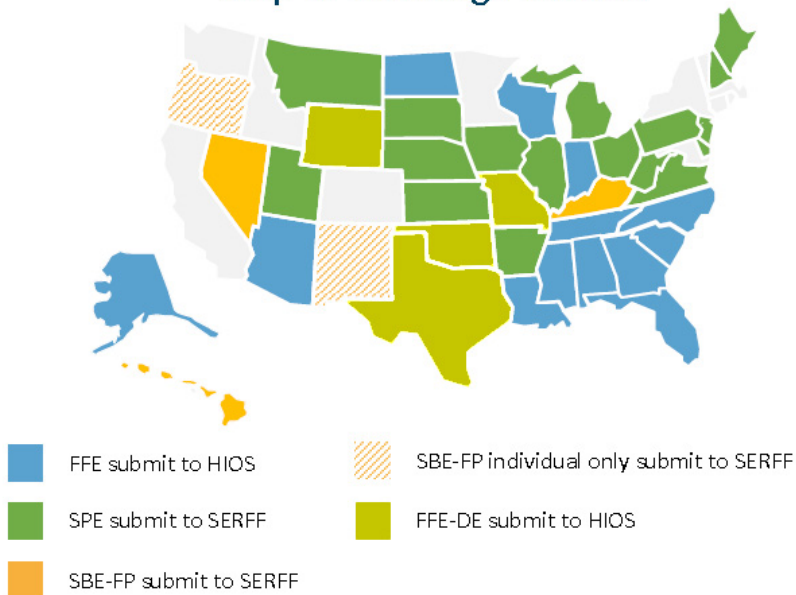*Health Insurance Oversight System (HIOS)*

Issuers in FFE states should submit QHP Application data to HIOS. Note that some states may also require data to be submitted to SERFF.

System for Electronic Rate and Form Filing (SERFF)

Issuers in states performing plan management functions and in State-based Exchanges on the Federal Platform (SBE-FP) states should submit QHP Application data to SERFF.

- Online tutorial on SERFF

Map of Exchange Models

- FFE submit to HIOS
- SPE submit to SERFF
- SBE-FP submit to SERFF
- SBE-FP individual only submit to SERFF
- FFE-DE submit to HIOS

Marketplace model	Who performs functions?	Where do consumers apply & enroll?	Plan submission system
Federally-facilitated Exchange (FFE)	HHS performs all Exchange functions	HealthCare.gov	HIOS
States Performing Plan Management Functions	• States administer in-person consumer assistance functions • HHS performs remaining Exchange functions	HealthCare.gov	SERFF & HIOS (for rate filing information)
State-based Exchange on the Federal Platform (SBE-FP)	States perform all Exchange functions but use the FFE IT platform	HealthCare.gov	SERFF
State-based Exchange (SBE)	States perform all Exchange functions	Exchange websites established & maintained by the states	State-specific system
Direct Enforcement States (MO, OK, TX, WY)	Contact formfiling@cms.hhs.gov to get details on requirements for form filing in these states.		

2. QHP Certification Checklist

Qualified Health Plan Issuers	Stand-alone Dental Plan Issuers
HIOS QHP Issuer Module ❑ Complete Program Attestations ❑ Upload Compliance Plan ❑ Upload Organizational Chart ❑ Complete Accreditation Questions ❑ Upload Network Adequacy/ECP Template ❑ Complete Network Adequacy/ECP Attestation ❑ Upload ECP Supplemental Response Form ❑ Upload ECP Write-in Worksheet **HIOS Unified Rate Review Module** ❑ Upload Unified Rate Review Template by 7/25/18 **HIOS QHP Benefits & Service Area Module** ❑ Upload Plans & Benefits Template ❑ Upload Network ID Template ❑ Upload Service Area Template ❑ Upload Prescription Drug Template ❑ Upload Unique Plan Design Supporting Documentation ❑ Upload Screenshot of Stand-alone AVC ❑ Upload EHB-Substituted Benefit Supporting Documentation ❑ Upload State Partnership Marketplace Issuer Program Attestation Responses (required for SPE issuers only) ❑ Upload Formulary Supporting Documentation ❑ Upload Partial County Justification **HIOS QHP Rating Module** ❑ Upload Rates Table Template by 7/25/18 ❑ Upload Business Rules Template **HIOS Plan Finder Module** ❑ Complete Marketplace General Information Administrative Data **Submit to PM Community** ❑ Plan ID Crosswalk Template ❑ Plan ID Crosswalk State Approval Form ❑ Plan ID Crosswalk Justification	**HIOS QHP Issuer Module** ❑ Complete Program Attestations ❑ Upload Compliance Plan ❑ Upload Organizational Chart ❑ Upload Network Adequacy/ECP Template ❑ Complete Network Adequacy/ECP Attestation ❑ Upload ECP Supplemental Response Form ❑ Upload ECP Write-in Worksheet **HIOS QHP Benefits & Service Area Module** ❑ Upload Plans & Benefits Template ❑ Upload Network ID Template ❑ Upload Service Area Template ❑ Upload Unique Plan Design Supporting Documentation ❑ Upload EHB-Substituted Benefit Supporting Documentation ❑ Upload State Partnership Marketplace Issuer Program Attestation Responses (required for SPE issuers only) ❑ SADP AV Supporting Documentation ❑ SADP Description of EHB Allocation ❑ Upload Partial County Justification **HIOS QHP Rating Module** ❑ Upload Rates Table Template by 7/25/18 ❑ Upload Business Rules Template **HIOS Plan Finder Module** ❑ Complete Marketplace General Information Administrative Data **Submit to PM Community** ❑ Plan ID Crosswalk Template ❑ Plan ID Crosswalk State Approval Form ❑ Plan ID Crosswalk Justification

3. Plan Preview

Issuers are encouraged to use Plan Preview, a HIOS Module that displays plan data similar to how it is displayed in Plan Compare on HealthCare.gov.

2019 Plan Preview will be available by the initial submission deadline, and will be available as a resource for issuers throughout the plan year.

All issuers in FFE states may use Plan Preview as soon as it is open and their plans are in "cross validation complete" status. However, issuers that submit data to SERFF will only see data in Plan Preview that their state has transferred to HIOS.

The Plan Preview User Guide provides instructions for issuers to use the Plan Preview Module in HIOS.

4. Quality Ratings

- QHP issuers will be able to preview their 2018 Quality Rating System (QRS) ratings and submit inquiries to CMS during the QRS preview period, currently scheduled for August 2018.
- QHP issuers will also receive their complete 2018 QHP Enrollee Survey results, including results for those survey measures not used in the QRS during the preview period.
- Quality ratings are viewed in the Quality Module in HIOS.
- Issuers may also view quality ratings in a way similar to how it will display on HealthCare.gov in Plan Preview in September/October 2018.

5. QHP Notices

Notice	FFE QHP/SADP	FFE Off-Exchange SADP	SPE QHP/SADP	SPE Off-Exchange SADP	SBE-FP QHP/SADP
Correction/Data Integrity (DIT)	☑	☑ **	☑	☑ **	☑ ***
Network Data Integrity (DI)	☑				
Plan ID Crosswalk	☑ *		☑ *		☑ *
Certification	☑	☑	☑	☑	☑

Only for issuers who participated on the Exchange in 2018.
*** Issuers will only receive correction notice from CMS.*
* *** Issuers will only receive a DIT notice from CMS.*

Timeline

Mid-June	Early Bird Corrections Release in PM Community
Mid-July	First Round Corrections Release in PM Community
August 10	First Correction/DIT Notice/Network DI Notice/First Plan ID Crosswalk Notice
Mid-September	Second Round Corrections Release in PM Community
September 17	Final Correction/DIT Notice/Network DI Notice/Final Plan ID Crosswalk Notice
October 5	Certification Notice

Overview

Early Bird Correction Releases	Corrections will be displayed in the PM Community and available on a rolling basis before the initial submission deadline. Early bird corrections will not get a formal notice. Issuers that have qualified for the early bird review will receive email notifications when new corrections are available.
First Round Correction Releases	Corrections will be displayed in the PM Community and will be available on a rolling basis before the Correction Notice. Issuers will receive email notification when new notices or corrections are available.
First Correction/DIT/Network DI Notice/ First Plan ID Crosswalk Notice	The first correction notice summarizes required corrections to the QHP Application that were identified by CMS during its review of QHP/SADP certification standards. Corrections must be addressed before the affected QHPs may be certified and/or displayed on HealthCare.gov. The DIT notice is for issuers applying to offer one or more QHPs on the Exchange and includes critical data errors. The Network Data Integrity (DI) notice contains an overview of issuers' provider data counts, before and after it goes though data integrity reviews. The counts on this tab include total provider records submitted, records removed, and records that were altered due to CMS review. The crosswalk notice displays results of the review conducted on the Plan ID Crosswalk Template. Issuers should make all corrections or provide adequate justification to demonstrate that corrections are not required. If the corrections identified are not addressed, CMS will not be able to accept the crosswalk and will not process 2019 auto re-enrollments for affected plans.
Second Round Correction Releases	Corrections will be displayed in the PM Community and will be available on a rolling basis before the correction notice. Issuers will receive email notification when new notices or corrections are available.

Final Correction/DIT/Network DI/Final Plan ID Crosswalk Notice	The final correction notice notifies issuers of outstanding corrections required to their QHP Application before they can be certified and/or their plans displayed on HealthCare.gov, if applicable. The notice lists a certification status for every plan that was submitted in the issuer's QHP Application and issuers must indicate which certified QHPs they intend to offer in PY2019. The notice also includes instructions for signing the QHP Certification and Privacy and Security Agreement and Senior Officer Acknowledgement. Note: Issuers offering only off-Exchange SADPs do not complete the QHP Agreement.
	The DIT and Network Data Integrity (DI) notices include critical data errors for QHP data.
	The final plan ID crosswalk notice notifies issuers of outstanding corrections required to their Plan ID Crosswalk Template. If no corrections are required, issuers will be directed to view the most recent version of their Plan ID Crosswalk Template in the PM Community. If corrections are required, they must be addressed before any auto re-enrollment activities can take place for PY2019.
Certification	Includes the final certification determination for the QHPs submitted in the issuer's application. Additionally, the notice will include the QHP Certification and Privacy and Security Agreement with issuer and CMS signatures.

PM Community

New for PY2019, all issuers will participate in the PM Community to receive correction notices and other communications regarding their QHP Applications. Issuers will perform QHP Application activities through the PM Community. Issuers will utilize the PM Community to perform the following QHP certification activities:
- Manage contacts at the parent organization level;
- View issuer- and plan-level data;
- View required corrections on a rolling basis as reviews are completed;
- Access notices from CCIIO, such as correction notices;
- Complete plan confirmation;
- Submit Plan ID Crosswalk Templates;
- Complete data change requests, if applicable;
- Complete the QHP withdrawal form, if applicable; and
- Complete the QHP Agreement.

Issuers will need to request access to log in.
- Issuers should submit requests by contacting the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov.
- Issuers can log in at https://www.qhpcertification.cms.gov/Login
- Issuers' login will be the same one used to access HIOS, so they will not have to remember a new username and password.

If issuers have questions about the PM Community:
- Email CMS_FEPS@cms.hhs.gov or call 855-CMS-1515.
- Issuers' Account Managers may also be able to assist with non-technical questions.

Communications from CMS Regarding Your QHP Application

Verify Your Email IT Settings
CMS uses a mass communications tool to distribute general communications to issuers regarding topics such as submission deadlines, HIOS outages, and other important topics. To ensure you receive CMS QHP Application communications, please whitelist the IP address: 136.147.180.31, and Host: exacttarget.com. This process may involve contacting your organization's IT department to verify spam filter settings.

6. Data Changes

Changing Plan Data

During the initial application submission window:

Issuers may make any changes to their data without CMS or state authorization, including adding or removing plans or changing plan type.

After the initial application submission window:

Issuers may not add plans or change plan type. Child-only value cannot be changed for QHPs (excluding SADPs). A data change request to CMS is required for all changes to service area, and plan withdrawal forms are required to remove plans. For all other changes, issuers are not required to submit data change requests or state authorization forms to CMS.

After the QHP Application deadline:

Issuers will only make corrections directed and approved by CMS or their state.

After final data submission:

No further data changes allowed prior to certification. Issuers will have a final opportunity to withdraw plans during the plan confirmation process. CMS may allow issuers to make critical post-certification data corrections in order to correct data display errors on HealthCare.gov and to align QHP display with products and plans approved by the state.

Post-certification data corrections require data change requests and state and CMS approval. Allowable changes will occur during periodic, scheduled data correction windows.

Data Change Requests

Issuers must submit data change requests for all service area changes made after the initial submission deadline and for all changes made after the final submission deadline. Issuers must submit a signed Data Change Request Form, justification for the change, and evidence of state or CMS Form Filing approval.

How to request a data change:

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Gather the necessary documentation a. Email from CMS regarding needed data change (if applicable) b. Data Change Request Form c. Supplement B to Data Change Request Form	Obtain necessary approval (if applicable) a. State authorization (FFE issuers) b. CMS Form Filing approval (FFE non-enforcing QHP/dual issuers)	Submit completed documentation to CMS	Wait for CMS approval	Make changes during data correction window