QHP Certification
Health Insurance Marketplace

About the 2020 QHP Certification Issuer Toolkit

The 2020 Qualified Health Plan (QHP) Certification Issuer Toolkit consolidates important information about the plan year (PY) 2020 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.
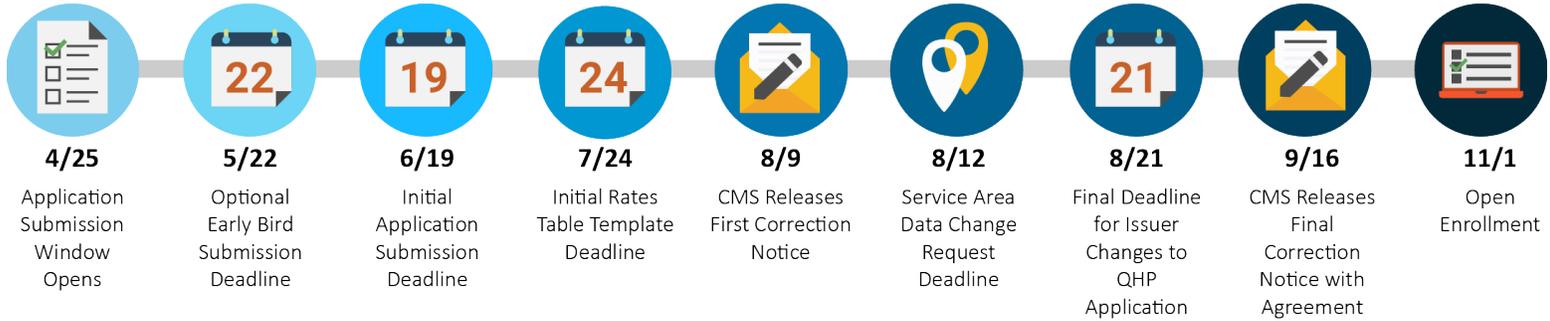
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Qualified Health Plan

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1. QHP Certification Overview and Timeline

Timeline

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 PY2020 Letter to Issuers](#).

4/25	**5/22**	**6/19**	**7/24**	**8/9**	**8/12**	**8/21**	**9/16**	**11/1**
Application Submission Window Opens	Optional Early Bird Submission Deadline	Initial Application Submission Deadline	Initial Rates Table Template Deadline	CMS Releases First Correction Notice	Service Area Data Change Request Deadline	Final Deadline for Issuer Changes to QHP Application	CMS Releases Final Correction Notice with Agreement	Open Enrollment

New for PY2020

Submission window opens 2 weeks earlier to allow issuers more time to submit data.

Early Bird window concludes sooner to allow more time for results resolution before the initial submission deadline.

Issuer plan confirmation window is longer, and begins before and ends after the final submission deadline.

Additional deadlines, such as Early Bird, transparency in coverage, quality, and machine readable dates are included in the timeline to allow issuers easy access to more relevant deadlines in one location.

Activity	Dates
Initial QHP Application submission window	4/25/19 – 6/19/19
Optional Early Bird QHP Application submission deadline	5/22/19
2019 QHP Enrollee survey data submission deadline	5/24/19
CMS reviews Early Bird QHP Application data as of 5/22/19 and releases results	5/23/19 – 6/11/19
2019 QRS clinical data submission deadline	6/17/19
Initial QHP Application deadline	6/19/19
Initial deadline for QHP Application Rates Table Template	7/24/19
CMS reviews initial QHP Applications as of 6/19/19	6/20/19 – 8/2/19
CMS releases first correction notice	8/9/19
Service area data change request deadline	8/12/19
Issuers complete final plan confirmation in the PM Community	8/14/19 – 8/28/19
Deadline for issuers to change QHP Application	8/21/19
CMS reviews QHP Applications as of 8/21/19	8/22/19 – 9/9/19
Transparency in Coverage data submission deadline	9/13/19
CMS sends QHP Certification Agreements	9/16/19
CMS releases final correction notice	9/16/19
Limited data correction window	9/19/19 – 9/20/19
Issuers return signed Agreements and final plan crosswalks to CMS	9/16/19 – 9/24/19
States send CMS final plan recommendations	9/16/19 – 9/24/19
Machine Readable file posting deadline	9/27/19
CMS releases certification notice to issuers and states	10/3/19 – 10/4/19
Open Enrollment begins	11/1/19

QHP Certification Issuer Walkthrough

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. ❑ Confirm your organization has access to the PM Community, and review training materials posted in the Resources tab, including PM Community user guides, training videos, and FAQs. ❑ Verify accreditation standards are met. ❑ Download QHP Application templates from the QHP certification website. ❑ 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.

Step 5:
Review & Revise
	❑ Review corrections and make appropriate changes to QHP Application data.
	  • CMS conducts review rounds during the certification process to identify areas of non-compliance with regulations and/or data integrity errors. Issuers have opportunities after each review round to correct application data and possibly address questions during a technical assistance call with CMS.
	  • Optional Early Bird Review Round: CMS reviews data submitted as of 5/22/19.
	    - Corrections available in the PM Community starting mid-June.
	  • Initial Review Round: CMS reviews data submitted as of 6/19/19.
	    - Corrections available in the PM Community starting mid-July.
	    - First correction notice: 8/9/19; deadline to resubmit: 8/21/19.
	  • Final Review Round: CMS reviews data submitted as of 8/21/19.
	    - Corrections available in the PM Community starting mid-September.
	    - Final correction notice: 9/16/19; CMS limited data correction window: 9/19/19 – 9/20/19.

Step 6: **Prepare for Open Enrollment**	❑ Complete plan confirmation and return QHP Agreements to CMS 8/14/19 – 8/28/19. ❑ Sign and return QHP Agreements and final plan crosswalks to CMS 9/16/19 – 9/24/19. ❑ Download certification notices and final plan lists from the PM Community on 10/4/19. ❑ Open Enrollment begins 11/1/19.
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 Submit

Health Insurance Oversight System (HIOS)

Issuers in Federally-facilitated Exchange (FFE) states should submit QHP Application data to HIOS. While some states may also require FFE issuers to submit data to SERFF, files submitted through HIOS is the official QHP Application of record for CMS reviews and certification.

- HIOS User Guides

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-FPs) should submit QHP Application data to SERFF. Plans in these states that are submitted only through HIOS are not reviewed for QHP certification. Please note that issuers in states performing plan management functions must file the Unified Rate Review Template (URRT) and Actuarial Memorandum in HIOS, regardless of whether it is also in SERFF.

- Online tutorial on SERFF
- SERFF Plan Management Help Desk

Map of Exchange Models

■ FFE		■ SBE-FP	
■ State performing plan management functions		■ SBE-FP individual only	
		■ FFE-DE	
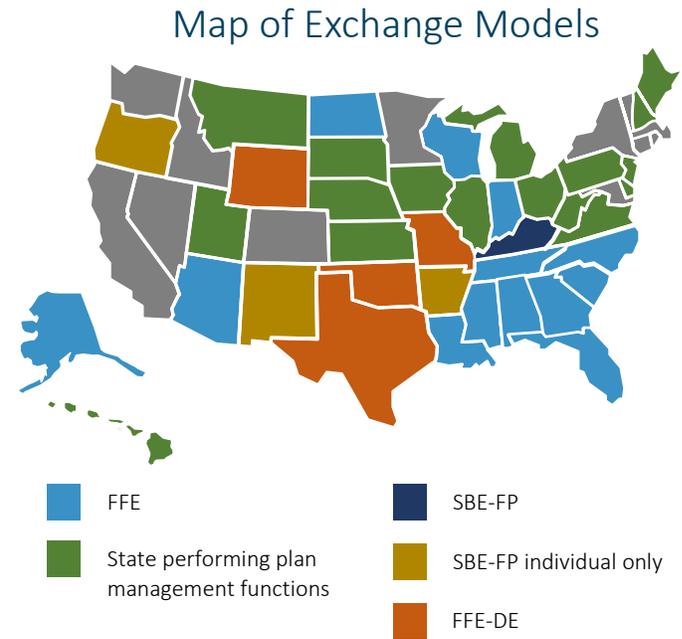
Exchange model	Who performs functions?	Where do consumers apply & enroll?	Plan submission system
Federally-facilitated Exchange (FFE)	HHS performs all Exchange functions	HealthCare.gov	HIOS
State Performing Plan Management Functions	• States administer in-person consumer assistance functions • HHS performs 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 for details on requirements for form filing in these states.		

Plan Management (PM) Community

Issuers required to submit Plan ID Crosswalk Templates and supporting documentation to CMS should do so in the "Plan ID Crosswalk" tab of the PM Community. Issuers are required to submit Plan ID Crosswalk Templates for certified on-Exchange individual plans offered in 2019, even if they are not offering plans in 2020. First-time issuers and issuers that did not offer plans on the Exchange during 2019 are not required to submit a Plan ID Crosswalk Template for 2020.

- Plan ID Crosswalk Template Instructions

Access the PM Community

All issuers participate in the PM Community to receive correction notices and other communications regarding their QHP Applications, and to submit Plan ID Crosswalk Templates as necessary. Issuers also use the platform to perform the following QHP certification activities:

- Manage contacts at the parent organization level;
- View issuer- and plan-level data;
- View and download required corrections on a rolling basis as reviews are completed;
- Access notices from CMS, such as correction notices;
- Complete plan confirmation;
- Complete and submit data change requests, if applicable; and
- Complete the QHP withdrawal form, if applicable.

Issuers access the PM Community through the CMS Enterprise Portal:

- Issuers' portal login credentials are the same as those used to access HIOS.
- Issuers that need instructions on how to request access to the PM Community should contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov.
    - Note that issuer participation is at the parent organization level, and that users who have access to the PM Community can view data and take action on your issuers' behalf.
    - Parent organizations with issuers that offer QHPs are able to request up to five users; those whose issuers offer only SADPs can request up to four users.

If issuers have questions about the PM Community:

- Email the MSD at CMS_FEPS@cms.hhs.gov or call 1-855-CMS-1515.
- Contact your Account Manager, who may also be able to assist with non-technical questions.

Get Help from CMS

Contact Your Account Manager

The Account Manager serves as an issuer's primary point of contact for non-technical QHP and stand-alone dental plan (SADP) issues related to FFEs. Account Managers are also able to:

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

CMS Account Managers are assigned after an issuer has submitted their QHP Application. If an issuer desires to have an Account Manager assigned before application submission, they should submit a Help Desk ticket to the MSD.

Email or Call the Marketplace Service Desk

Send technical and Exchange questions to the MSD at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (855-267-1515).

Join QHP Webinars

CMS hosts an annual series of QHP webinars that provides issuers with program and operational guidance for operating Marketplace and Premium Stabilization programs. These webinars cover a wide array of topics related to QHP certification, and various CMS subject matter experts (SMEs) respond to participant questions during the final portion of each session. For registration and the most up-to-date information on this webinar series, issuers can visit REGTAP.
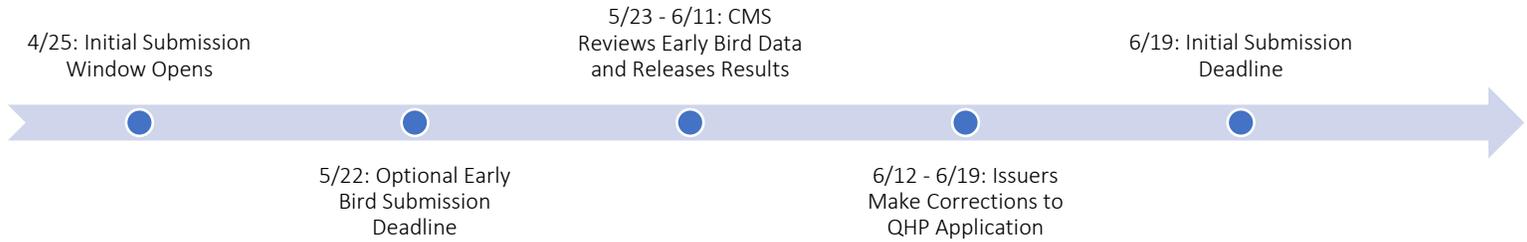
2. QHP Application Checklist

Issuers are encouraged to use the QHP Application checklist prior to submitting their application. The checklist is organized by HIOS Module[1] and includes a list of all templates and supporting documentation that QHP and SADP issuers must complete and upload prior to application submission. The submission checklist for the PY20 QHP Application is below. Please refer to the timeline for relevant submission deadlines.

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 Quality Improvement Strategy, if necessary ❑ Upload Essential Community Provider (ECP)/Network Adequacy Template ❑ Complete ECP/Network Adequacy Attestation ❑ Upload ECP Supplemental Response Form, if necessary ❑ Upload ECP Write-in Worksheet, if necessary **HIOS Unified Rate Review Module** ❑ Upload Unified Rate Review Template **HIOS QHP Benefits & Service Area Module** ❑ Upload Plans & Benefits Template ❑ Upload Network ID Template ❑ Upload Service Area Template ❑ Upload Prescription Drug Template ❑ Upload Screenshot of Stand-alone AVC, if necessary ❑ Upload Essential Health Benefit (EHB)-Substituted Benefit Supporting Documentation, if necessary ❑ Upload Formulary Supporting Documentation, if necessary ❑ Upload Partial County Justification, if necessary ❑ Upload Unique Plan Design Supporting Documentation, if necessary **HIOS QHP Rating Module** ❑ Upload Business Rules Template ❑ Upload Rates Table Template by 7/24/19 **HIOS Plan Finder Module** ❑ Complete Marketplace General Information Administrative Data **PM Community** ❑ Plan ID Crosswalk Template ❑ Plan ID Crosswalk State Approval Form ❑ Plan ID Crosswalk Justification, if necessary	**HIOS QHP Issuer Module** ❑ Complete Program Attestations ❑ Upload Compliance Plan ❑ Upload Organizational Chart ❑ Upload ECP/Network Adequacy Template ❑ Complete ECP/Network Adequacy Attestation ❑ Upload ECP Supplemental Response Form, if necessary ❑ Upload ECP Write-in Worksheet, if necessary **HIOS QHP Benefits & Service Area Module** ❑ Upload Plans & Benefits Template ❑ Upload Network ID Template ❑ Upload Service Area Template ❑ Upload EHB-Substituted Benefit Supporting Documentation, if necessary ❑ SADP AV Supporting Documentation, if necessary ❑ SADP Description of EHB Allocation, if necessary ❑ Upload Partial County Justification, if necessary ❑ Upload Unique Plan Design Supporting Documentation, if necessary **HIOS QHP Rating Module** ❑ Upload Business Rules Template ❑ Upload Rates Table Template by 7/24/19 **HIOS Plan Finder Module** ❑ Complete Marketplace General Information Administrative Data **PM Community** ❑ Plan ID Crosswalk Template ❑ Plan ID Crosswalk State Approval Form ❑ Plan ID Crosswalk Justification, if necessary

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[1] Issuers in states performing plan management functions and SBE-FPs are encouraged to work with their state to determine application submission requirements.

3. Early Bird Submission Window

The Early Bird QHP Application submission window is an optional submission window for issuers wishing to submit application data prior to the first formal submission deadline. To qualify for the Early Bird review, QHP Applications for PY2020 must be submitted to HIOS or transferred from SERFF to HIOS by May 22, 2019. The graphic below includes dates relevant for the Early Bird submission window.

4/25: Initial Submission Window Opens

5/23 - 6/11: CMS Reviews Early Bird Data and Releases Results

6/19: Initial Submission Deadline

5/22: Optional Early Bird Submission Deadline

6/12 - 6/19: Issuers Make Corrections to QHP Application

For issuers that choose to participate, CMS will review and return results on this data as available prior to the first submission deadline. These results will be released in the Corrections tab of the PM Community for issuers to review; issuers' state regulators will also have access to this information via the PM Community. CMS will notify issuers and states when new review results are available, and if an identified correction is corrected before the required initial submission deadline, CMS will not flag it as a correction in the full review round and the issuer will not receive a correction notice for that correction. Issuers that qualify for the Early Bird review can still add plans to their QHP Applications until the initial submission deadline.

4. QHP Notices

CMS sends several types of notices throughout the QHP certification process. Issuers receive notices based on their Exchange model, products offered, and previous participation on the Exchange.

Notice	FFE QHP/SADP	FFE Off-Exchange SADP Only	State performing plan management functions QHP/SADP	State performing plan management functions Off-Exchange SADP Only	SBE-FP QHP/SADP
Correction/Data Integrity (DIT)	☑	☑ **	☑	☑ **	☑ ***
Network Data Integrity (Network DI)	☑				
Plan ID Crosswalk	☑ *		☑ *		☑ *
Final Issuer Plan Confirmation	☑	☑	☑	☑	☑
Certification	☑	☑	☑	☑	☑

Only for issuers who participated on the Exchange in 2019.
** *Issuers will only receive correction notice from CMS.*
*** *Issuers will only receive a DIT notice from CMS.*

Timeline

MID-JUNE	Early Bird Corrections Released in the PM Community
MID-JULY – EARLY AUGUST	First Round Corrections Released in the PM Community
AUGUST 9	First Correction/DIT Notice/Network DI Notice; First Plan ID Crosswalk Notice
AUGUST 14 – AUGUST 28	Final Issuer Plan Confirmation Window
MID-SEPTEMBER	Final Round Corrections Released in the PM Community
SEPTEMBER 16	Final Correction/DIT Notice/Network DI Notice; Final Plan ID Crosswalk Notice
OCTOBER 4	Certification Notice

Notices Overview

Correction Releases in the PM Community	Corrections are released in the PM Community on a rolling basis as CMS completes reviews each review round (Early Bird, Initial, and Final). Issuers and states receive email notifications from CMS when new corrections are available for their review. For the initial and final rounds, these review results are available prior to when the formal correction notice is sent. (Early Bird review results are not sent as a correction notice.)
Correction Notices	Correction notices summarize 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 email sent with the final correction notice also includes instructions for signing the QHP Certification and Privacy and Security Agreement and Senior Officer Acknowledgement. (Note that issuers offering only off-Exchange SADPs do not complete the QHP Agreement.)
Data Integrity (DIT) Notices	Data integrity notices are sent to issuers applying to offer one or more QHPs on the Exchange and include critical data errors that may impact display on HealthCare.gov. For FFE issuers and issuers in states performing plan management functions, these data errors are included in their correction notices.
Network Data Integrity (Network DI) Notices	Network DI notices contain an overview of issuers' provider data counts before and after the issuer goes through data integrity reviews. The counts include total provider records submitted, records removed, and records that were altered due to CMS review. This notice is only sent to issuers in states participating in the Network Breadth pilot, and is included with the issuer's correction notice.
Plan ID Crosswalk Notices	Plan ID Crosswalk notices display Plan ID Crosswalk Template review results and required corrections. If the corrections identified are not addressed, CMS will not be able to accept the crosswalk and will not process 2020 auto re-enrollments for affected plans. In the final Plan ID Crosswalk notice, if no corrections are required, issuers are asked to validate that the template most recently generated and submitted to the PM Community is the accurate template for CMS use.
Final Issuer Plan Confirmation	Final issuer plan confirmation provides issuers the opportunity to submit final plan offering decisions to CMS. Issuers must log into the PM Community and indicate which certified QHPs they intend to offer in PY2020.
Certification Notice	Certification notices include the final certification determination for the QHPs submitted in the issuer's application. Additionally, the notice includes the QHP Certification and Privacy and Security Agreement with signatures from both the issuer and CMS.

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 PM Community notifications. To ensure you receive CMS QHP Application communications, please whitelist IP addresses 136.147.128.1 – 136.147.128.14, and hosts "exacttarget.com" and "sfmc-content.com." This process may involve contacting your organization's IT department to verify spam filter settings.

5. Plan Preview

Plan Preview is a HIOS Module that displays plan data similar to how it is displayed to consumers in Plan Compare on HealthCare.gov.

Issuers are encouraged to use Plan Preview during the QHP Application period to make sure plans are displaying as intended, including accuracy of all URLs.	2020 Plan Preview will be available by the initial submission deadline, and can be used 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. Issuers that submit data to SERFF 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.

6. Quality Ratings

The Quality Rating System (QRS) rates QHPs based on relative quality and price and requires the display of QHP quality ratings on Exchange websites to assist in consumer selection of plans. QHP issuers are required to submit quality rating information as a condition of certification and participation in the FFE.

- QHP issuers can preview their 2019 Quality Rating System (QRS) ratings and submit inquiries to CMS during the QRS preview period, currently scheduled for August 2019.
- QHP issuers will also receive their complete 2019 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 Plan Preview during fall 2019 before Open Enrollment.

QRS Activities	Dates
CMS conducts the QHP Enrollee Survey on the validated survey sampling frame	February – May 2019
2019 QHP Enrollee Survey data submission deadline for QHP issuers	May 24, 2019
2019 QRS clinical data submission deadline for QHP issuers	June 17, 2019
QHP issuers, Marketplace administrators, and CMS preview the 2019 QHP quality rating information and QHP Enrollee Survey results	August 2019

For more information, visit the Marketplace Quality Initiatives website.

7. Data Changes

Changing Plan Data

During the certification process, CMS allows issuers to submit QHP Application data and make changes to their QHP Application based on the guidelines below.

During initial application submission window *4/25/19 – 6/19/19*	Issuers may make any changes to their data without CMS or state authorization, including adding or removing plans or changing plan type.
After initial application submission window: *6/20/19 – 8/21/19*	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 final QHP Application deadline: *8/22/19 – 10/4/19*	Issuers are only allowed to make corrections directed and approved by CMS and their state. Issuers will have a final opportunity to withdraw plans during the plan confirmation process.
After final data submission: *10/5/19 – Onward*	No further data changes allowed prior to certification. 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 data correction windows.

Data Change Requests

Issuers must submit data change requests for service area changes made after the initial submission deadline and for all changes made after the final submission deadline. Issuers must submit a Data Change Request Form, justification for the change, and evidence of state or CMS Form Filing approval. The steps below outline how issuers can submit a data change request.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Gather the necessary documentation a. Communication from CMS regarding needed data change (if applicable) b. Data Change Request (DCR) Form information c. DCR Supplement 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 via the "Cases" tab in the PM Community a. DCR submission instructions	Wait for CMS approval a. Issuers will receive responses from Marketplace_Help Desk@lmi.org b. Issuers can view DCR statuses in the "Cases" tab of the PM Community	Make changes during specified data correction window a. CMS's response will indicate the appropriate data submission dates b. Issuers submitting via SERFF should work with their state to ensure data is transferred to HIOS by the deadline