

TOOLKIT

QHP Certification

Health Insurance Marketplace

About the 2021 QHP Certification Issuer Toolkit

The 2021 Qualified Health Plan (QHP) Certification Issuer Toolkit consolidates important information about the plan year (PY) 2021 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

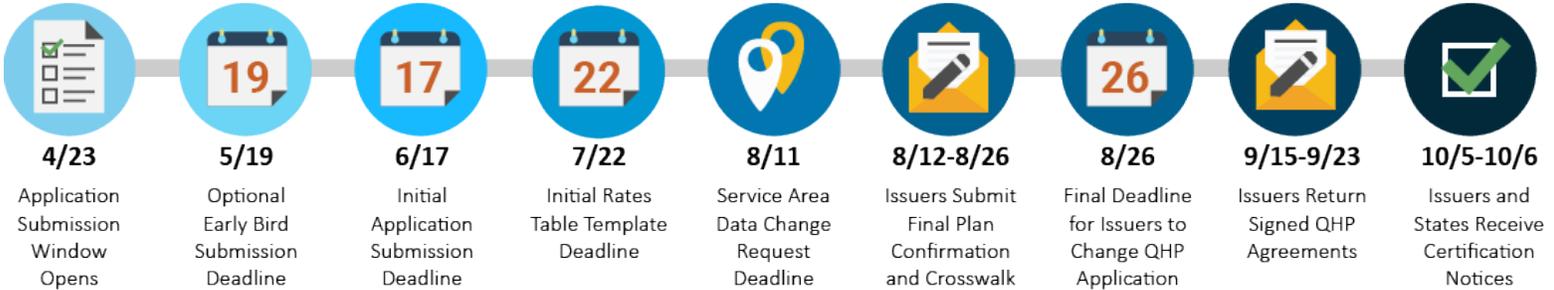


Health Insurance Marketplace

1. QHP Certification Overview and Timeline

Timeline

The QHP Application process requires issuers to submit detailed plan and benefit data to the Centers for Medicare & Medicaid Services (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 2021 Letter to Issuers](#).



New for PY2021

Additional application reviews

will be conducted after the initial QHP Application Rates Table Template deadline, allowing issuers an additional opportunity to resolve identified corrections prior to the final QHP Application deadline.

Final Plan ID Crosswalk

data is due to CMS on the same date that final plan confirmation is due, aligning activities that relate to final plan offering decisions.

Transparency in Coverage

Template is submitted in the same manner as other QHP Application templates and is required for application submission. Complete and final transparency in coverage data is due on 8/26/20, the final deadline for issuers to make changes to QHP Application data.

Activity	Dates
Initial QHP Application submission window opens	4/23/20
Optional Early Bird QHP Application submission deadline	5/19/20
CMS reviews Early Bird QHP Application data and releases results in the Plan Management (PM) Community	5/20/20 – 6/10/20
Initial QHP Application deadline	6/17/20
CMS reviews initial QHP Applications and releases results in the PM Community	6/18/20 – 8/12/20
Initial deadline for QHP Application Rates Table Template	7/22/20
Service area data change request deadline	8/11/20
Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates in the PM Community	8/12/20 – 8/26/20
Transparency in Coverage data submission deadline	8/26/20
Deadline for issuers to change QHP Application	8/26/20
CMS reviews QHP Applications and releases results in the PM Community	8/27/20 – 9/16/20
CMS sends QHP Certification Agreements to issuers	9/15/20
Issuers return signed QHP Certification Agreements to CMS	9/15/20 – 9/23/20
States send CMS final plan recommendations	9/15/20 – 9/23/20
Limited data correction window	9/17/20 – 9/18/20
Machine Readable file posting deadline	9/18/20
Transparency in Coverage data resubmission deadline	9/18/20
CMS releases certification notice to issuers and states	10/5/20 – 10/6/20
Open Enrollment begins	11/1/20

QHP Certification Issuer Walkthrough

<p>Step 1: Read General Information</p>	<p>Before beginning your QHP Application, read:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Published guidance. <input type="checkbox"/> QHP Application Instructions. <input type="checkbox"/> User guides for the submission system(s) required for the state(s) in which plans will be offered. <input type="checkbox"/> Any additional state requirements or instructions.
<p>Step 2: Prepare to Apply</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Create an account in REGTAP, and register for QHP issuer webinars. <input type="checkbox"/> Create an account in HIOS and/or SERFF. <input type="checkbox"/> Update contact information in HIOS. <input type="checkbox"/> Get standard component IDs, or “plan IDs,” in HIOS. <input type="checkbox"/> 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. <input type="checkbox"/> Verify accreditation standards are met. <input type="checkbox"/> Download QHP Application templates, supporting documents, and instructions from the QHP certification website. <input type="checkbox"/> Watch template and tool videos.
<p>Step 3: Complete Your Application</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete each item on the QHP Application Submission Checklist. <input type="checkbox"/> Use each of the review tools to check your application for errors.
<p>Step 4: Submit Your Application</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Upload completed parts of your application as soon as they are completed; do not wait until the last day to submit application data. <input type="checkbox"/> Submit application templates and supporting documentation to the appropriate submission system.
<p>Step 5: Review & Revise</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review corrections and make appropriate changes to your QHP Application data. <ul style="list-style-type: none"> • CMS conducts reviews during the certification process to identify areas of non-compliance with regulations and/or data integrity errors. After each review is complete, issuers have the opportunity to correct application data and possibly address questions during a technical assistance call with CMS; CMS’s technical assistance outreach recommendations for each correction are displayed in the PM Community. • Optional Early Bird review round: CMS reviews data submitted as of 5/19/20. <ul style="list-style-type: none"> - Corrections available in the PM Community starting early June. • Initial review round: CMS reviews data submitted as of 6/17/20. <ul style="list-style-type: none"> - Corrections available in the PM Community starting mid-July. • Post-rates review round: CMS reviews Rates Table Template data and re-reviews other application data submitted as of 7/22/20. <ul style="list-style-type: none"> - Corrections available in the PM Community starting mid-August. • Final review round: CMS reviews data submitted as of 8/26/20. <ul style="list-style-type: none"> - Corrections available in the PM Community starting mid-September. - CMS limited data correction window: 9/17/20 – 9/18/20.
<p>Step 6: Prepare for Open Enrollment</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete plan confirmation in the PM Community and send final plan crosswalks to CMS 8/12/20 – 8/26/20. <input type="checkbox"/> Sign and return QHP Agreements to CMS 9/15/20 – 9/23/20. <input type="checkbox"/> Download certification notices and final plan lists from the PM Community 10/5/20 – 10/6/20. <input type="checkbox"/> Open Enrollment begins 11/1/20.
<p>Step 7: Maintain Certification Standards</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Respond to any compliance inquiries from CMS or the state. <input type="checkbox"/> Comply with consumer complaint and quality reporting initiatives.

Know Where to Submit

Health Insurance Oversight System (HIOS)

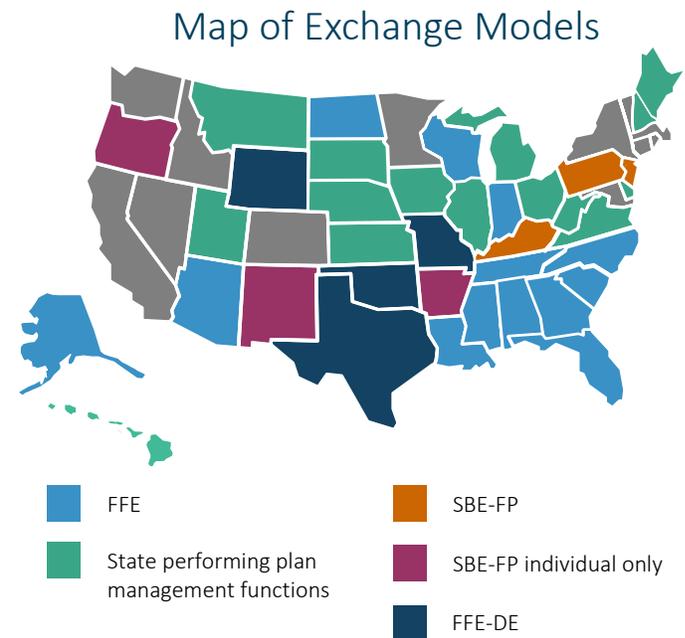
Issuers in Federally-facilitated Exchange (FFE) states submit QHP Application data to HIOS. While some states may also require FFE issuers to submit data to SERFF, data and files submitted through HIOS are the official QHP Application record for CMS reviews and certification.

- [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) submit QHP Application data to SERFF. Plans in these states that are submitted only to 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 the Actuarial Memorandum in HIOS, regardless of whether it is also in SERFF.

- [NAIC Support](#)
- [SERFF Plan Management Help Desk](#)



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 2020, even if they are not offering plans in 2021. First-time issuers and issuers that did not offer plans on the Exchange during 2020 are not required to submit a Plan ID Crosswalk Template for 2021.

- [Plan ID Crosswalk Template Instructions](#)



Access the PM Community

All issuers participate in the PM Community to receive QHP Application notices and other communications regarding their QHP Applications. 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 files from CMS, such as countersigned QHP Agreements;
- Complete plan confirmation;
- Submit Plan ID Crosswalk Templates;
- 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 users who have access to the PM Community can view data and take action on behalf of all issuers in their organization.
 - 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.



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 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
- Work with issuer and CMS teams to bring issues to resolution.

CMS Account Managers are assigned after an issuer has submitted its QHP Application. Issuers that want to have an Account Manager assigned earlier in the process should contact the MSD.

Email or Call the Marketplace Service Desk

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

Register for the Regulatory Technical Assistance Portal (REGTAP)

Register for the [REGTAP portal](#) to get CMS technical assistance related to Marketplace and Stabilization programs that are not a part of the Marketplace Plan Management Group (MPMG). Registered users can access the library training resources, webinars, and the inquiry tracking and management system. Registered REGTAP users who are affiliated with an issuer organization and elect to receive notifications will automatically be subscribed to *Issuer Insights*, a semi-monthly e-newsletter that highlights upcoming deadlines, new trainings and webinars, and updates on guidance.

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 below prior to submitting their application. The checklist provides the HIOS Module¹ if relevant, and includes a list of templates and supporting documentation that issuers must complete and upload prior to application submission. Please refer to the [timeline](#) for relevant submission deadlines.

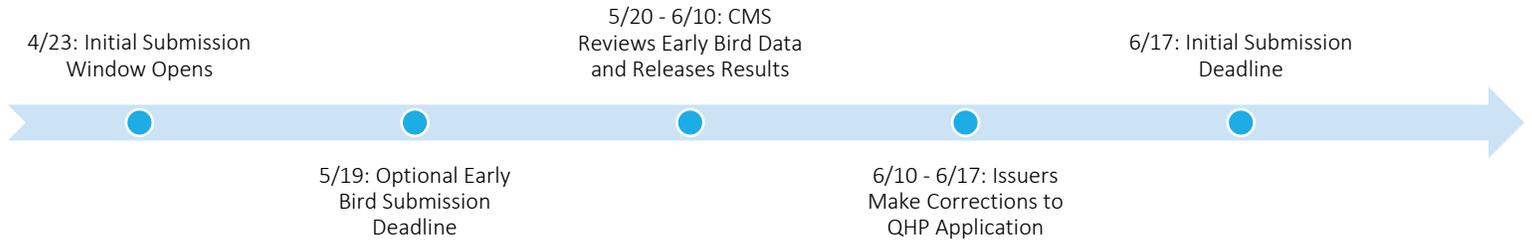
Qualified Health Plan Issuers	Stand-alone Dental Plan Issuers
<p><u>HIOS QHP Issuer Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Program Attestations <input type="checkbox"/> Upload Compliance Plan and Organizational Chart <input type="checkbox"/> Complete Accreditation Questions <input type="checkbox"/> Upload ECP/Network Adequacy Template <input type="checkbox"/> Complete ECP/Network Adequacy Attestation <input type="checkbox"/> Upload ECP Supplemental Response Form, if necessary <input type="checkbox"/> Upload ECP Write-in Worksheet, if necessary <p><u>HIOS Unified Rate Review Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Unified Rate Review Template <p><u>HIOS QHP Benefits & Service Area Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Plans & Benefits Template <input type="checkbox"/> Upload Network ID Template <input type="checkbox"/> Upload Service Area Template <input type="checkbox"/> Upload Prescription Drug Template <input type="checkbox"/> Upload Transparency in Coverage Template² <input type="checkbox"/> Upload Screenshot of Stand-alone AVC, if necessary <input type="checkbox"/> Upload Essential Health Benefit (EHB)-Substituted Benefit Supporting Documentation, if necessary <input type="checkbox"/> Upload Formulary Supporting Documentation, if necessary <input type="checkbox"/> Upload Partial County Justification, if necessary <input type="checkbox"/> Upload Unique Plan Design Supporting Documentation, if necessary <p><u>HIOS QHP Rating Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Business Rules Template <input type="checkbox"/> Upload Rates Table Template by 7/22/20 <p><u>HIOS Plan Finder Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Marketplace General Information Administrative Data <p><u>HIOS Supplemental Submission Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit URLs by 8/26/20; URLs should be live and active by 9/23/20 <p><u>PM Community</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Plan ID Crosswalk Template and State Approval <input type="checkbox"/> Upload Plan ID Crosswalk Justification, if necessary <p><u>Machine-Readable Marketplace Submission</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit issuer name, HIOS IDs, technical contact email, and index.json URL at marketplace.cms.gov/submission <input type="checkbox"/> Make best-available data for all machine-readable files live by 9/18/20 	<p><u>HIOS QHP Issuer Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Program Attestations <input type="checkbox"/> Upload Compliance Plan and Organizational Chart <input type="checkbox"/> Upload ECP/Network Adequacy Template <input type="checkbox"/> Complete ECP/Network Adequacy Attestation <input type="checkbox"/> Upload ECP Supplemental Response Form, if necessary <input type="checkbox"/> Upload ECP Write-in Worksheet, if necessary <p><u>HIOS QHP Benefits & Service Area Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Plans & Benefits Template <input type="checkbox"/> Upload Network ID Template <input type="checkbox"/> Upload Service Area Template <input type="checkbox"/> Upload Transparency in Coverage Template² <input type="checkbox"/> Upload EHB-Substituted Benefit Supporting Documentation, if necessary <input type="checkbox"/> SADP AV Supporting Documentation, if necessary <input type="checkbox"/> SADP Description of EHB Allocation, if necessary <input type="checkbox"/> Upload Partial County Justification, if necessary <input type="checkbox"/> Upload Unique Plan Design Supporting Documentation, if necessary <p><u>HIOS QHP Rating Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Business Rules Template <input type="checkbox"/> Upload Rates Table Template by 7/22/20 <p><u>HIOS Plan Finder Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Marketplace General Information Administrative Data <p><u>HIOS Supplemental Submission Module</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit URLs by 8/26/20; URLs should be live and active by 9/23/20 <p><u>PM Community</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Upload Plan ID Crosswalk Template and State Approval <input type="checkbox"/> Upload Plan ID Crosswalk Justification, if necessary <p><u>Machine-Readable Marketplace Submission</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit issuer name, HIOS IDs, technical contact email, and index.json URL at marketplace.cms.gov/submission <input type="checkbox"/> Make best-available data for all machine-readable files live by 9/18/20

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

² The Transparency in Coverage template is required with initial submission of the QHP Application. If additional time is required, dummy data may be submitted in the template up until the final submission deadline on 8/26/2020, when issuers must submit complete and final transparency data. See the [Application Instructions](#) for more information.

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 PY2021 must be submitted to HIOS or transferred from SERFF to HIOS by May 19, 2020. The graphic below includes dates relevant for the Early Bird submission window.



For issuers that choose to participate, CMS will review and return results on this data as available prior to the initial 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. 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. Issuers that qualify for the Early Bird review can still add plans to their QHP Applications until the initial submission deadline.

4. QHP Application Corrections and Plan Certification

Correction Releases in the PM Community

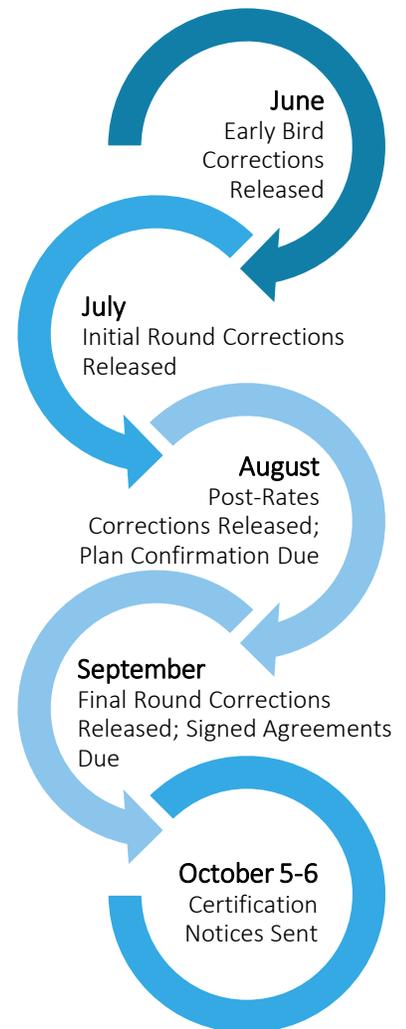
Throughout the QHP Application submission process, CMS releases review results to issuers in the PM Community on a rolling basis. These review results include required corrections that issuers need to make to their applications. Reference the [QHP Application Corrections webpage](#) for guidance on which reviews CMS conducts during each review round for each state Exchange type.

As reviews are completed, CMS will update the PM Community with new corrections and notify issuers that new review results are available. Issuers are encouraged to log into the PM Community to review these corrections. Corrections released in the PM Community include those identified during CMS reviews prior to certification (before and after the final deadline), after data change windows, and through CMS’s post-certification assessment (PCA).

Prior to PY2021 certification, issuers should expect to be notified of available corrections in the PM Community after the Early Bird, initial, and final QHP Application deadlines. CMS will also conduct additional QHP Application reviews after the Rates Table Template submission deadline, providing issuers an additional opportunity to review identified corrections and submit updated data prior to the final QHP Application deadline.

Final Issuer Plan Confirmation

As part of the QHP certification process, issuers must complete plan confirmation to submit their final plan offering decisions to CMS. On August 12, 2020, per the 2021 Letter to Issuers, CMS will notify issuers that their plans have been loaded into the PM Community, and will provide instructions for completing plan confirmation; issuers should review the list of plans and confirm which plans should be made available through the Exchange by August 26, 2020. This is also the deadline for issuers to submit their final Plan ID Crosswalk Templates to CMS. Issuer plan confirmation is the final opportunity for issuers to notify CMS of plan withdrawals.



QHP Agreements and Certification Notices

Issuers offering QHPs or SADPs in the FFEs, including issuers in states performing plan management functions, must sign and submit a QHP Certification Agreement and Privacy and Security Agreement (the QHP Certification Agreement) and a Senior Officer Acknowledgement. Off-Exchange only SADP issuers do not sign the QHP Certification Agreement.



The QHP Certification Agreement includes provisions for safeguarding plan and participant privacy and standards for issuer testing before Open Enrollment starts. The agreement must be signed by an officer of the legal entity who has legal authority to contractually bind the issuer.



The Senior Officer Acknowledgment confirms that a senior officer of the issuer has knowledge of the content of the issuer's plans, as well as the content of the completed attestations and the Letter to Issuers.

Once CMS receives an accurate and complete QHP Certification Agreement and Senior Officer Acknowledgment, as indicated in the Letter to Issuers, CMS will send Certification Notices to issuers at the conclusion of the QHP Application certification process. These notices contain the final list of certified QHPs, as well as a CMS-countersigned QHP Agreement; CMS will not return the Senior Officer Acknowledgment. The documents will apply to all QHPs offered by a single issuer in an FFE at the issuer ID level or designee company. Receipt of a QHP Certification Agreement with CMS signature and final validated plan list completes the certification process for the upcoming plan year.

CMS reserves the right to identify and communicate corrections prior to and after certification based on the original QHP Application and any changes made to the application, or if CMS determines that any of the submitted information is inaccurate.

Communications from CMS Regarding Your QHP Application



Update Contact Information in the PM Community

Make sure your organizational contacts are correctly listed in the PM Community so that you don't miss important communications from CMS about your QHP Application. Issuers should manage their contacts within the Organizations tab of the PM Community. CMS uses the contact list in this tab as a distribution list for sending QHP certification-related communications to issuers' organizations, including information about correction releases, plan confirmation, and QHP Agreements. PM Community partner users are encouraged to keep this list up to date, so that all relevant members of their organization receive the appropriate communications.

Reference the [Register for Updates webpage](#) for more information about adding and requesting to remove contacts.



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. CMS recommends issuers add email addresses from which they receive CMS emails to their contact lists, and work with their organization's IT support staff to whitelist IP address 136.147.180.31. Issuers that are still experiencing issues receiving CMS communications after taking these steps should contact the MSD.

5. Plan Preview

Plan Preview is a HIOS Module that allows issuers to view plan data as it would display 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.



2021 Plan Preview will be available by May 2020, 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 webpage](#) provides several resources, including a user guide with instructions for using the Plan Preview Module in HIOS and a Plan Preview training

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.

In response to the COVID-19 virus, CMS suspended activities related to the collection and reporting of clinical quality measure information for QRS and survey measure information for the QHP Enrollee Survey for the PY2021 QHP certification period. QHP issuers should discontinue activities related to the collection of Healthcare Effectiveness Data and Information Set (HEDIS®) and Pharmacy Quality Alliance (PQA) measures and survey measures for the QRS and QHP Enrollee Survey.

For more information, visit the [Marketplace Quality Initiatives](#) website. CMS will issue further guidance on the display of quality ratings beginning during the 2021 Open Enrollment period for the individual market.

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

4/23/20 – 6/17/20

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:

6/18/20 – 8/26/20

Issuers may not add plans, change plan type, or change market 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. Requests to change service area must be submitted to CMS by 8/11/20.

After final QHP Application deadline:

8/27/20 – 10/6/20

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. Issuers should not remove plan data from their application templates, even if withdrawing a plan.

After final data submission:

10/7/20 – 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 limited data correction windows. Unapproved changes made in the limited data correction window may result in compliance action by CMS, which could include decertification and suppression of the issuer's plans on HealthCare.gov.

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 (DCR), 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.³

 <p>Gather the necessary documentation</p> <ul style="list-style-type: none"> • Include CMS communication regarding needed data change (if applicable) • Collect relevant DCR information • Include the DCR Supplement 	 <p>Obtain necessary approval (if applicable)</p> <ul style="list-style-type: none"> • Include state authorization (FFE issuers) • Include CMS Form Filing approval (FFE non-enforcing QHP/dual issuers) 	 <p>Submit completed documentation to CMS via the PM Community</p> <ul style="list-style-type: none"> • Review the Data Change Windows webpage, including the DCR submission instructions 	 <p>Wait for CMS approval</p> <ul style="list-style-type: none"> • Review CMS responses from CMS_FEPS@cms.hhs.gov • View DCR statuses in the "Cases" tab of the PM Community 	 <p>Make changes during customized submission window</p> <ul style="list-style-type: none"> • If approved, reference the appropriate submission dates in CMS's responses • If submitting via SERFF, work with your state to ensure data is transferred to HIOS by the deadline
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³ Note that URL changes do not require a DCR or state authorization form, but issuers still need state approval before making any changes in the Supplemental Submission Module (SSM).