

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
200 Independence Avenue SW  
Washington, DC 20201



---

## TRANSPARENCY IN COVERAGE QHP CERTIFICATION SUBMISSION TIPS

Centers for Medicare & Medicaid Services  
Center for Consumer Information and Insurance Oversight

07/01/2020

## 1. Purpose and Overview

This document provides supplemental guidance and submission tips for completing the Transparency in Coverage Template and URL submission for issuers submitting plans for Qualified Health Plan (QHP) Certification during Plan Year (PY) 2021.

The complete [QHP Application Instructions](#) detail the Transparency in Coverage submission process starting on page 2-64.

The final deadline for submitting a complete Transparency in Coverage Template and URL is August 26<sup>th</sup>, 2020.

All questions related to Transparency in Coverage Template submission can be directed to the Marketplace Service Desk (MSD) at 855-CMS-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).

## 2. Transparency in Coverage Submissions via System for Electronic Rates & Forms Filing (SERFF)

To successfully submit the Transparency in Coverage template via SERFF, the Plan Level Data tab (second tab) of the Transparency in Coverage Template must include all PY2021 plan IDs submitted in the Plans & Benefits Template. The CMS validation system will reject the Transparency in Coverage template if the plan IDs do not exactly match those in the Plans & Benefits Template.

We understand that transfer errors may delay the submission of data. CMS will work with issuers and states that try to meet the initial deadline to ensure that all data is submitted for review.

- **Only one Transparency in Coverage Template may be submitted.**

The CMS system allows only one template submission across all binders. All Plan IDs from all plan types associated with an Issuer ID must be included in the same Transparency in Coverage Template.

If an issuer submits two different templates in SERFF (for example, one in the Individual Market SERFF binder and one in the SHOP SERFF binder), each with different plan level information, the CMS system will retain only the most recent template transferred by the state from SERFF. The information submitted on the first template transferred will be overwritten by the information submitted on the second template transferred and so on. To avoid problems related to SERFF overwrite rules, all Transparency in Coverage Template submissions should be the same across binders for the same HIOS Issuer ID. Failure to submit identical templates with all plan IDs will cause template transfers to be overwritten.

### *Example:*

An issuer has two binders (an Individual Market SERFF binder and a SHOP SERFF binder), with one containing three Plan IDs and the other containing seven plan IDs. The issuer submits identical Transparency in Coverage Templates in both binders, each containing all ten plan IDs. While the Transparency in Coverage Template received from first binder transferred is overwritten with the Transparency in Coverage Template from the second binder transferred, no information is lost and the issuer submits successfully.

- **Transparency in Coverage Templates that are resubmitted via SERFF must contain all plan IDs with complete data.**

SERFF issuers required to resubmit a Transparency in Coverage Template as the result of a submission error for any reason must resubmit ALL plan IDs and data in the resubmitted template as if it were a new QHP Certification application. Resubmitted templates that only include missing or corrected plan IDs will overwrite their originally submitted template in the CMS system and result in a submission error.

*Example:*

An issuer's Transparency in Coverage Template is missing one of the plan IDs in the Plans & Benefits Template, which results in a submission error. In an attempt to resolve the issue, the issuer creates a new Transparency in Coverage Template that includes only the missing plan ID. This will result in another submission error because the Transparency in Coverage Template still does not include all of the plan IDs in the Plans & Benefits Template. In order to resolve the error, the issuer's Transparency in Coverage Template must include all of the plan IDs in the Plans & Benefits Template, not just those reported as receiving errors in the last submission. Once an issuer completes the Transparency in Coverage Template per these instructions, a copy must be placed in each binder and then the entire QHP Certification Application will need to be resubmitted via SERFF.

### **3. Transparency in Coverage Submissions via HIOS**

To successfully submit the Transparency in Coverage Template via HIOS, the Plan Level Data tab (second tab) of the Transparency Template must include all PY2021 plan IDs submitted in the Plans & Benefits Template. The CMS validation system will reject the Transparency in Coverage template if the Plan IDs do not exactly match the Plans & Benefits Template.

We understand that transfer errors may delay the final submission of data. CMS will work with issuers and states that try to meet the initial deadline to ensure that all data is submitted for review.

- **Transparency templates that are resubmitted via HIOS must contain all plan IDs with complete data.**

Issuers required to resubmit a Transparency in Coverage Template as the result of a submission error for any reason must resubmit ALL plan IDs and data in the resubmitted template as if it were a new QHP Certification application. Resubmitted templates that only include missing or corrected plan IDs will overwrite their originally submitted template in the CMS system and result in another submission error.

*Example:*

An issuer's Transparency in Coverage Template is missing one of the plan IDs in the Plans & Benefits Template, which results in a submission error. In an attempt to resolve the issue, the issuer creates a new Transparency in Coverage Template that includes only the missing plan ID. This will result in another submission error because the Transparency in Coverage Template still does not include all of the plan IDs in the Plans & Benefits Template. In order to resolve the error, the issuer's Transparency in Coverage Template must include all of the plan IDs in the Plans & Benefits Template, not just those reported as receiving errors in the last submission.

## 4. Submitting a Transparency in Coverage URL (SERFF and HIOS)

- **All issuers must provide a Transparency in Coverage URL in the HIOS Supplemental Submission Module (SSM).**

All on-Exchange issuers applying for PY20201 QHP certification must submit a working and active Transparency in Coverage URL by the final Transparency in Coverage submission deadline on August 26, 2020 in the HIOS SSM. Issuers taking advantage of the extended Transparency in Coverage submission deadline should submit the dummy URL “<http://temporary.url>” in the SSM prior to August 26, 2020.

All off-Exchange only issuers, including off-Exchange Stand-alone Dental Plans (SADPs), should submit the dummy URL “<http://temporary.url>”. Additional information can be found on page 2-75 of the [QHP Application Instructions](#). These issuers do not need to update the URL by the final August 26, 2020 deadline.

*Example:*

An issuer submitted dummy Transparency data in the Transparency template on June 13, 2020 and does not have a Transparency in Coverage URL ready for submission. The issuer should submit the dummy URL “<http://temporary.url>” in the SSM. The dummy URL must be replaced with a working, and active Transparency in Coverage URL by the August 26, 2020 deadline.

- **Issuers submitting via SERFF must submit their Transparency data prior to submitting their Transparency in Coverage URL.**

Issuers that submit QHP templates in SERFF must have their state transfer the data to CMS before they will be able to access the SSM to submit their Transparency in Coverage URL information. States should be mindful of transferring issuer data in a timely manner to avoid submission delays.

## 5. Completing the Plan Level Data tab of the Transparency in Coverage Template

The following section provides tips on completing the Plan Level data tab.

- **Claims and denials data must be provided for all returning plans that were offered in PY 2019.**

All returning issuers with plan IDs that were also offered on the Exchange in PY 2019 must submit numerical transparency data in the Plan Level Data tab. Detailed instructions can be found on page 2-68 of the [QHP Application Instructions](#).

- **SADPs must enter “N/A” in the Behavioral Health Only Denials field.**

SADPs must enter “N/A” in the field titled *Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health only, in Calendar Year 2019*. This claims denial category is not applicable to SADPs. Detailed instructions can be found on page 2-72 of the [QHP Application Instructions](#).