The PY2023 QHP Certification Issuer Toolkit consolidates important information about the PY2023 QHP Application, and includes lists of tasks for issuers to complete throughout each step of the QHP Application submission and certification process. These checklists include information on relevant deadlines, next steps once review results are shared, and important reminders for completing actions required for certification. CMS has also provided links to additional resources throughout this document that issuers should access for more information on each topic. This toolkit is a supplemental resource and is not intended to replace official guidance or instructions. Acronyms used throughout are defined in Appendix A.

If you have questions about QHP Application submission or certification at any point, contact the MSD at 855-CMS-1515 or CMS_FEPS@cms.hhs.gov.
How to Use This Resource

While CMS encourages all issuers seeking certification to review this resource in its entirety prior to initiating a QHP Application, each section is relevant and applicable to specific stages of the QHP certification process. This toolkit is designed to allow issuers to identify important action items and expectations, including which materials to submit for each submission deadline. Save a local copy of the toolkit to your computer and check off activities as you complete them throughout the application submission and certification process.

Once you have initiated your QHP Application(s), reference the below toolkit sections, as needed.

**APPLICATION MATERIAL REQUIREMENTS**
Find the relevant QHP Application submission deadline and review which materials are required for each submission deadline, by state Exchange type and plan type (QHP/SADP).

**APPLICATION SUBMISSION**
Before you submit application materials, confirm you have used the available QHP Application review tools, have followed all submission steps to submit your application data to CMS, and have checked your submission status.

**DATA CHANGES AND CORRECTIONS**
Learn how to access your review results in the PM Community and make all CMS-directed corrections. If you would like to make other data changes, review which data changes are permitted and follow the required steps to submit a data change request.

**CERTIFICATION PREPAREDNESS**
Review all actions you need to take prior to certification, including using Plan Preview to identify plan errors, completing final issuer plan confirmation, signing your QHP Agreement, and downloading your countersigned QHP Agreement.

**Technical Assistance**
- Register for a REGTAP account.
- Register for QHP issuer webinars.
- Verify your email IT settings.
  - Add CMS email addresses to your email contact lists, and work with your IT support staff to whitelist IP address 136.147.180.31.
- If you have questions, contact your Account Manager (on-Exchange issuers only).
  - New issuers can contact the MSD to be assigned an Account Manager.

**Action Required!** This icon appears throughout the toolkit, prompting you to review the relevant checklist(s) and take necessary actions.

**Technical Assistance Available!** This icon appears throughout the toolkit when a technical assistance video exists to reference for further guidance.

**CMS Recommends…**
Reference these callouts for best practices and helpful reminders.

**SERFF Tips**
Reference these callouts for suggestions that are specific to issuers in states performing plan management functions and SBE-FPs submitting in SERFF.

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**Qualified Health Plan**

Page 2

**Health Insurance Marketplace**
1. PY2023 QHP Data Submission and Certification Timeline

Below is the PY2023 QHP Data Submission and Certification Timeline, as outlined on the Timeline webpage of the QHP certification website; issuers seeking QHP certification on the FFEs should reference this timeline and the applicable checklists to understand QHP data submission requirements for certification. Click on any activity to be directed to the applicable checklist.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>QHP Application submission window opens</td>
<td>4/21/22</td>
</tr>
<tr>
<td><strong>Early Bird Application Deadline:</strong> Optional Early Bird deadline for issuers to submit QHP Applications to CMS</td>
<td>5/18/22</td>
</tr>
<tr>
<td>CMS reviews Early Bird QHP Application data and releases results in the PM Community for issuers and states to review</td>
<td>5/19/22 – 6/10/22</td>
</tr>
<tr>
<td>HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer¹</td>
<td>5/20/22</td>
</tr>
<tr>
<td>QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA’s IDSS²</td>
<td>6/15/22</td>
</tr>
<tr>
<td><strong>Initial Application Deadline:</strong> Initial deadline for issuers to submit QHP Applications to CMS, including machine-readable index URLs and Plan ID Crosswalk data</td>
<td>6/15/22</td>
</tr>
<tr>
<td>CMS reviews initial QHP Applications and releases results in the PM Community for issuers and states to review</td>
<td>6/16/22 – 7/15/22</td>
</tr>
<tr>
<td><strong>Secondary Application Deadline:</strong> Deadline for issuers to submit their QHP Application Rates Table Templates to CMS; optional deadline for issuers to submit corrected QHP Application data to CMS</td>
<td>7/20/22</td>
</tr>
<tr>
<td>CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results in the PM Community for issuers and states to review</td>
<td>7/21/22 – 8/12/22</td>
</tr>
<tr>
<td>QHP issuers, Exchange administrators, and CMS preview the 2022 QHP quality rating information</td>
<td>August/September 2022</td>
</tr>
<tr>
<td><strong>Issuer Plan Confirmation/Crosswalk Deadline:</strong> Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates in the PM Community</td>
<td>8/10/22 – 8/24/22</td>
</tr>
<tr>
<td><strong>Final Application Deadline:</strong> Deadline for issuers to submit changes to their QHP Applications and to submit marketing URL data in the HIOS SSM</td>
<td>8/17/22</td>
</tr>
<tr>
<td>CMS reviews QHP Applications and releases results in the PM Community for issuers and states to review</td>
<td>8/18/22 – 9/12/22</td>
</tr>
<tr>
<td>CMS sends QHP Certification Agreements to issuers</td>
<td>9/13/22</td>
</tr>
<tr>
<td><strong>QHP Agreement Signing Deadline:</strong> Issuers return signed QHP Certification Agreements to CMS</td>
<td>9/13/22 – 9/21/22</td>
</tr>
<tr>
<td><strong>State Plan Confirmation Deadline:</strong> States complete final plan confirmation in the PM Community</td>
<td>9/13/22 – 9/21/22</td>
</tr>
<tr>
<td>Limited data correction window</td>
<td>9/15/22 – 9/16/22</td>
</tr>
<tr>
<td><strong>Machine-Readable/URL Deadline:</strong> Deadline for issuers’ machine-readable data to be posted and marketing URLs to be live and active</td>
<td>9/21/22</td>
</tr>
<tr>
<td>CMS releases certification notices to issuers and states</td>
<td>10/4/22 – 10/5/22</td>
</tr>
<tr>
<td>Anticipated public display of QHP quality rating information</td>
<td>11/1/22</td>
</tr>
<tr>
<td>Open Enrollment begins</td>
<td>11/1/22</td>
</tr>
</tbody>
</table>

¹ QRS and QHP Enrollee Survey Technical Guidance for 2022, available [here](#).
² Each QHP issuer must submit and plan-lock its QRS clinical measure data by June 1 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 15 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.
2. Application Initiation

Issuers seeking QHP certification should follow the steps below to prepare for QHP Application submission.

Review Resources Available to Issuers

☐ Download and review the resources posted to the QHP certification website, including application materials, instructions, training videos, review area descriptions, published guidance, and system user guides.

Confirm Submission System Access

☐ Contact your state to confirm the appropriate state Exchange model type (Appendix B) and submission system. Visit the State Exchange Models and Submission Systems webpages for additional information.

☐ Obtain HIOS access.
   □ Review HIOS User Guides.
   □ Get standard component IDs, or “plan IDs.”
   □ Update HIOS user roles and administrative data.
   □ Obtain access to the required QHP and URR modules.

☐ Obtain SERFF access, if needed.
   ▪ Issuers in states performing plan management functions and SBE-FPs submit their QHP Applications via SERFF; issuers in FFE states should confirm with their state whether they are required to obtain SERFF access.
   ▪ Issuers in states with an effective rate review program can submit rate filing information through the new URRT Tab of SERFF. This does not apply if your state does not have SERFF filing access.
   ▪ Contact NAIC or the SERFF Plan Management Help Desk for support.

Confirm PM Community Access

☐ Ensure at least two members of your parent organization have PM Community access.
   □ Email the MSD to request access, if needed.
      ▪ Parent organizations with issuers that offer QHPs are able to request access for up to five users; those whose issuers offer only SADPs can request access for up to four users.

☐ Review the contact list in the PM Community for any needed updates. Reference the Register for Updates webpage for more information on managing PM Community contacts.

☐ Review guidance posted to the PM Community homepage’s Resources and Training tab, including user guides, training videos, and FAQs.

A Managing Contacts video is available on the Resources and Training tab of the PM Community homepage.

Verify Exchange Requirements

☐ Verify accreditation standards are met for all issuers in your parent organization.
3. Application Material Requirements (by Deadline)

This section provides checklists of materials required for each QHP Application submission deadline in the timeline; each checklist denotes which materials are required for each Exchange type (FFE, state performing plan management functions, or SBE-FP), as well as plan type (QHP or SADP). Issuers in states performing plan management functions and SBE-FPs are encouraged to work with their states to determine any state-specific application submission requirements and deadlines.

You may be required to submit additional justifications or supporting documents not listed in the checklists in this section, depending on your issuer’s specific circumstance. Visit the Application Materials webpages of the QHP certification website to download the requisite materials and detailed instructions for each portion of the QHP Application, including any supporting documents and justification forms that may be required. A full list of materials and the appropriate submission system for each can be found in Appendix C.

QHP Application Template videos are available in the Application Resources section of each corresponding Application Materials webpage.

Click the links below to be directed to the appropriate checklist:

- **Early Bird Deadline**
  5/18/2022

- **Initial Deadline**
  6/15/2022

- **Secondary Deadline**
  7/20/2022

- **Final Deadline**
  8/17/2022

Once you are ready to submit your application, refer to the Application Submission checklist of this toolkit.
Early Bird Deadline Application Material Checklist

The Early Bird review round is optional for issuers seeking QHP certification. Issuers that choose to participate must submit the required materials outlined below by the Early Bird submission deadline in the timeline. CMS will conduct a limited number of reviews on the data submitted and release review results to issuers and states prior to the required initial application submission deadline, offering issuers an additional opportunity to review and make corrections.

☐ Use the table below and the Application Submission checklist to submit QHP Application data for the Early Bird deadline of 5/18/22.

<table>
<thead>
<tr>
<th>Materials: Reference Appendix C for information on where to submit materials</th>
<th>Issuers in FFIs</th>
<th>Issuers in states performing plan management functions</th>
<th>Issuers in SBE-FPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QHP</td>
<td>SADP</td>
<td>QHP</td>
</tr>
<tr>
<td>Accreditation Questions</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Business Rules Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ECP/Network Adequacy Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Interoperability Attestation and Justification Form</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>Issuer Marketplace Information Administrative Data</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Network ID Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Plans &amp; Benefits Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription Drug Template</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>Program Attestations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>SADP AV Supporting Documentation</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
</tr>
<tr>
<td>SADP Description of EHB Allocation</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
</tr>
<tr>
<td>Service Area Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transparency in Coverage Template &amp; URL</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Plan ID Crosswalk Template and State Authorization (PY2022-certified issuers only)</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
<tr>
<td>Rates Table Template</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
</tbody>
</table>
Initial Deadline Application Material Checklist

Issuers seeking QHP certification must submit their QHP Application(s) to CMS by the initial submission deadline ("initial deadline"). These applications must include all plans the issuer is considering offering for the upcoming plan year; new plans will not be accepted after this deadline.

☐ Use the [Data Changes and Corrections checklist](#) to make required corrections from the Early Bird review round (if applicable).

☐ Use the table below and the [Application Submission checklist](#) to submit QHP Application data for the initial deadline of 6/15/22.

<table>
<thead>
<tr>
<th>Materials: Reference Appendix C for information on where to submit materials</th>
<th>Issuers in FFES QHP</th>
<th>Issuers in FFES SADP</th>
<th>Issuers in states performing plan management functions QHP</th>
<th>Issuers in states performing plan management functions SADP</th>
<th>Issuers in SBE-FPs QHP</th>
<th>Issuers in SBE-FPs SADP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Questions</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Business Rules Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ECP/Network Adequacy Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Interoperability Attestation and Justification Form</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Issuer Marketplace Information Administrative Data</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Machine-Readable Index URL</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Network ID Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Plan ID Crosswalk Template and State Authorization (PY2022-certified issuers only)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Plans &amp; Benefits Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription Drug Template</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
</tr>
<tr>
<td>Program Attestations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>QIS Form</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SADP AV Supporting Documentation</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>SADP Description of EHB Allocation</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>Service Area Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transparency in Coverage Template &amp; URL</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rates Table Template</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
</tbody>
</table>
Secondary Deadline Application Material Checklist

Issuers seeking QHP certification must submit their rates data to CMS by the initial Rates Table Template submission deadline, or “secondary deadline.” Reference the Rate Review Requirements (by Deadline) checklist for additional information on rate review submission. While issuers are required to submit the Rates Table Template, the SBC Form, Formulary Directory, and URR data, if applicable, to CMS by the secondary deadline, CMS also encourages issuers to review the results released in the PM Community thus far and submit corrected application data by this deadline. CMS will conduct additional QHP certification and data integrity reviews on revised QHP Applications that are submitted by the secondary deadline, and will post additional review results in the PM Community prior to the final submission deadline, providing issuers with an additional opportunity to review and make corrections.

☐ Use the Data Changes and Corrections checklist to make required corrections from the initial review round.
☐ Confirm that the EHB % of total premium value in the Plans & Benefits Template is accurate based on the relevant data entered in the URR Template.
☐ Use the table below and the Application Submission checklist to submit required materials and corrected QHP Application data for the secondary deadline of 7/20/22.

<table>
<thead>
<tr>
<th>Materials: Reference Appendix C for information on where to submit materials</th>
<th>Issuers in FFEs</th>
<th>Issuers in states performing plan management functions</th>
<th>Issuers in SBE-FPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QHP</td>
<td>SADP</td>
<td>QHP</td>
</tr>
<tr>
<td>Actuarial Memorandum</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>Formulary Directory</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>URR Template</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>Rates Table Template</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>SBC Form</td>
<td>✓</td>
<td>N/A</td>
<td>✓</td>
</tr>
<tr>
<td>All Other Application Materials</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
</tr>
</tbody>
</table>

Final Deadline Application Material Checklist

Issuers are required to finalize all application data by the final submission deadline (“final deadline”). With the exception of URL data, which is a required submission for all issuers by the final deadline, issuers are only required to resubmit other application materials if the issuer has made changes to its data to address CMS-required corrections. After the final deadline, issuers will only make corrections directed by CMS or by their state. Issuers whose applications are not accurate after the final submission deadline, and are then required to resubmit corrected data during the limited data correction window, may be subject to compliance action by CMS.

☐ Use the Data Changes and Corrections checklist to make required corrections from the secondary review round.
☐ Use the table below and the Application Submission checklist to submit required materials and corrected QHP Application data for the final deadline of 8/17/22.

<table>
<thead>
<tr>
<th>Materials: Reference Appendix C for information on where to submit materials</th>
<th>Issuers in FFEs</th>
<th>Issuers in states performing plan management functions</th>
<th>Issuers in SBE-FPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>QHP</td>
<td>SADP</td>
<td>QHP</td>
</tr>
<tr>
<td>Marketing URLs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>All Other Application Materials</td>
<td>Required if corrections are identified by CMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Application Submission

Use the QHP Application Review Tools

CMS provides a number of review tools issuers can use to check their plans for QHP Application errors that would require corrections following submission.

- Download the applicable review tools.
- Import your application templates into each tool.
- Make application corrections based on any errors identified.

QHP Application Review Tool videos are available on the Review Tools webpage.

Submit Your Application

Once you have completed all necessary application materials and have run the review tools, follow the steps below to ensure your application and Plan ID Crosswalk Template are properly submitted to CMS for each application submission deadline. Reference the Application Submission webpage of the QHP certification website for additional information. Issuers submitting URLs, machine-readable data, URR data, and administrative data should refer to the relevant instructions for guidance on submission.

Issuers in FFES

- Upload materials to the applicable HIOS modules.
- Validate each module.
- Cross validate your application.

Cross validation is only required for the secondary and final deadlines. Be sure to return to the Final Submission tab, click “Cross Validate,” and click “Submit.”

Issuers in States Performing Plan Management Functions & SBE-FPs

- Upload materials to the applicable SERFF binders.
- Confirm in SERFF that your state has transferred the most recent data for all plans to CMS.

Issuers that make changes to their SERFF binders after their initial submission should work with their state to ensure successful retransfer of the updated data.

PY2022-Certified On-Exchange Issuers

- Submit your completed Plan ID Crosswalk Template and state authorization to CMS via the Plan ID Crosswalk Submission tab in the PM Community.

A Submitting a Plan ID Crosswalk Template video is available on the Resources and Training tab of the PM Community homepage.

CMS Recommends...

Submitting completed parts of your application as soon as possible; do not wait until the deadline to submit application data.
Check Your Submission Status

Follow the steps below to check your application submission status in the PM Community for each deadline; please allow up to 48 hours for CMS to update this status after you have completed submission.

All Issuers

☐ Log into the PM Community and navigate to the Issuers tab.

☐ Select the relevant issuer ID/plan year combination; issuers may filter by plan year, if desired.
  
  o **Off-Exchange SADP and All New PY2023 Issuers:** If you are not able to locate the issuer ID for the current plan year, CMS has not received your QHP Application.
  
  o **PY2022-Certified On-Exchange Issuers:** If no plan IDs appear for the issuer/plan year combination, CMS has not received your QHP Application.

☐ Locate the “Certification” status.
  
  o **Early Bird and Initial Deadlines:** This status should read either “Pending Review” or “Pending Review and Submission of Rates.”
    
    ▪ If the status is blank, CMS has not received a QHP Application for this issuer.
    
    ▪ If the status reads “Not Eligible for CMS Certification,” the issuer’s application is incomplete and/or not eligible for CMS review or QHP certification.
  
  o **Secondary and Final Deadlines:** This status should read “Pending Review.”
    
    ▪ If the status reads “Pending Review and Submission of Rates” for the secondary deadline, CMS has not received a Rates Table Template for this issuer.
    
    ▪ If the status reads “Not Eligible for CMS Certification,” the issuer’s application is not eligible for CMS review or QHP certification.

☐ Confirm the “Application Last Updated/Transferred” date in the “Submission Details” section matches the most recent date on which you submitted your application or the date on which your state transferred this data to CMS.

Issuers in FFEs

☐ Locate the “Application Last Cross Validated” date in the “Submission Details” section to confirm that your application was successfully cross validated in HIOS.
  
  o While cross validation for the Early Bird and initial deadlines is optional, **you must cross validate your application for the secondary and final deadlines** in order for CMS to receive the most up-to-date information that was submitted.
  
  o If the date displaying in this field is not as expected, log into HIOS and follow the steps outlined above to cross validate your application.

PY2022-Certified On-Exchange Issuers

☐ Log into the PM Community and navigate to the Plan ID Crosswalk Submission tab.

☐ Click on the relevant entry (begins with “CT-”) and confirm the status is “Submitted.” If the entry is still in a “New” status, click “Submit Template” in the top right corner to complete submission.
5. Data Changes and Corrections

CMS conducts reviews during the certification process to identify areas of non-compliance with regulations or data integrity errors. After each review is complete, issuers have the opportunity to correct application data and may be invited to join a technical assistance call with CMS; CMS’s technical assistance outreach recommendations for each required correction are displayed in the PM Community.

<table>
<thead>
<tr>
<th>Before the Initial Deadline</th>
<th>Permitted with No State or CMS Authorization Required</th>
<th>Permitted with Authorization</th>
<th>Not Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuers may not:</td>
<td>All data changes permitted.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After the Final Deadline</td>
<td>N/A</td>
<td>Issuers may request critical data changes to align with state filings. URLs may be changed with state authorization; CMS authorization is not required.</td>
<td>Issuers may not change certified QHP data without the explicit direction and authorization of CMS and the state.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rolling and Round-Based Reviews

Throughout the QHP Application submission process, CMS releases review results to issuers in the PM Community for each review round. As reviews are completed, CMS will update the PM Community with new review results and notify issuers and their states. Review areas are grouped into two categories: rolling and round-based.

Rolling Review Areas: Results for these review areas are shared on daily basis throughout a given review cycle, unless otherwise noted. After the initial and secondary deadlines, the daily results release will be paused for approximately one week. CMS will notify issuers and states once the rolling review results release process resumes after each of these deadlines.

For the Transparency in Coverage URLs, CMS will release review results daily after the Early Bird deadline through Open Enrollment. For the Machine-Readable Index URLs, CMS will release review results daily after the initial submission deadline through Open Enrollment. For the Marketing URL (Plan Brochure, Formulary, SBC, Network) Functionality review areas, CMS will release review results daily after the final submission deadline through Open Enrollment. After Open Enrollment concludes, reviews will be performed if a new URL is submitted.

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3 Required authorization to change QHP data, and the process for requesting authorization, differs by state Exchange type.
Rolling review areas for PY2023 include CSR – Plan Variation, Data Integrity, Standardized Options, Dental MOOP, Silver/Gold, Machine-Readable Index URLs, Transparency in Coverage URLs, and Marketing URL (Plan Brochure, Formulary, SBC, Network) Functionality.

Round-Based Review Areas: Results for these review areas are shared once per review round during which a review is conducted; issuers and states receive email notifications when new round-based review results are available. Review areas are considered round-based review areas unless otherwise specified.

The QHP Application Corrections webpage includes additional information about rolling and round-based review areas, including a description of each review area.

Access Your Review Results and Make Required Corrections

☐ Review the QHP Application Corrections webpage to determine which reviews are conducted (1) for each Exchange type, (2) on a rolling basis, and (3) during each review round.

☐ Review the email blast from “CCIIO Memos” for the following information:
  • The review “as of” date.
    ▪ For round-based review areas, CMS conducts reviews on application data submitted as of the most recent application submission deadline, and releases review results within a few weeks of each deadline; for rolling review areas, CMS conducts reviews on application data as it is submitted, and releases review results within 1-2 business days after data submission/transfer. It is possible for an issuer to submit updated data in HIOS/SERFF after CMS has started its review. Please take the “as of” date into consideration when reviewing corrections.
  • Whether new review results have been released for your state Exchange type.
    ▪ CMS conducts different reviews for each state Exchange type (FFE, state performing plan management functions, and SBE-FP).
  • Any next steps the issuer should take in response to the corrections released.

☐ Log into the PM Community and access review results in either the Corrections tab or Issuers tab.

  A Reviewing Corrections video is available on the Resources and Training tab of the PM Community homepage.

☐ Make the required corrections to your QHP Application.

Early Bird, Initial, and Secondary Review Round Corrections

☐ Update the relevant application materials and resubmit them to CMS as soon as possible, but by no later than the next deadline.
Final Round Corrections

☐ Update the relevant application materials and confirm whether you are required to enter the LDCW or another submission window, as directed by CMS.

Requesting Data Changes After the Final Deadline

Issuers in FFE states and states performing plan management functions must submit a DCR if application data changes that are not identified by CMS are needed after the final deadline. Issuers in SBE-FP states should contact their states if application changes are needed after the final deadline.

Issuers with inaccurate applications after the final QHP Application submission deadline may be subject to compliance action by CMS. Issuers that request to make changes that affect consumers may have their plans suppressed from display on HealthCare.gov until the data is corrected and refreshed for consumer display. CMS may also determine that certain changes require an SEP if the applicable benefit is not honored as originally sold to enrollees.

A Submitting a DCR video is available on the Resources and Training tab of the PM Community homepage.
6. Certification Preparedness

Plan Preview

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.

PY2023 Plan Preview will be available by April 2022 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. Issuers that submit data in 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 video.

Use Plan Preview to Identify Plan Errors

☐ Access the Plan Preview Module via HIOS.
☐ Enter sample rating scenarios to view details and rates for associated Individual and SHOP plans.
  - Only plans that have been submitted in HIOS or transferred via SERFF will display.
☐ Notify CMS immediately if issues are identified. Issuers will also have a chance to review their plan data during issuer testing.

Quality Data

QHPs are rated based on relative quality and price; quality rating information is publicly displayed for all Exchange types 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.

<table>
<thead>
<tr>
<th>QRS/QHP Enrollee Survey Deadlines for Issuers</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>QHP issuer contracts with a HEDIS Compliance Organization (NCQA-licensed) for validation of the QHP Enrollee Survey sample frame and the QRS clinical measure data.</td>
<td>October 1, 2021</td>
</tr>
<tr>
<td>QHP issuer contracts with an HHS-approved QHP Enrollee Survey vendor to conduct the QHP Enrollee Survey and submit survey response data to CMS.</td>
<td>January 28, 2022</td>
</tr>
<tr>
<td>QHP issuer and HEDIS Compliance Auditor (employee of or contracted by the HEDIS Compliance Organization) complete validation of QHP Enrollee Survey sample frame.</td>
<td>January 28, 2022</td>
</tr>
<tr>
<td>HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS (on behalf of the QHP issuer).</td>
<td>May 20, 2022</td>
</tr>
<tr>
<td>QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA’s IDSS.</td>
<td>June 15, 2022</td>
</tr>
<tr>
<td>QHP issuers preview the 2022 QHP quality rating information.</td>
<td>August/September 2022</td>
</tr>
</tbody>
</table>
Rate Review Requirements (by Deadline)

All QHP issuers are required to undergo rate review. Issuers should reference the below federal deadlines and check with their state regulators to confirm the state has not instituted any earlier deadlines. Depending on their specific circumstances, issuers may be required to submit additional justifications or supporting documents not listed below. QHP issuers should verify that they have the following:

• Access to the URR module of HIOS;
• The most recent version of the URR Template; and
• The most recent version of the URR Template Instructions.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission deadline for issuers in OK and WY to submit proposed rate filing justifications to CMS.</td>
<td>June 1, 2022</td>
</tr>
<tr>
<td>Submission deadline for issuers in all other states and the District of Columbia to submit proposed rate filing justifications to CMS.</td>
<td>July 20, 2022</td>
</tr>
<tr>
<td>Deadline for QHP issuers in states with an Exchange served by the HealthCare.gov platform to submit final rate filing justifications to CMS.</td>
<td>August 17, 2022</td>
</tr>
<tr>
<td>Deadline for QHP issuers in states with a State-based Exchange that does not use the HealthCare.gov platform to submit final rate filing justifications to CMS.</td>
<td>October 17, 2022</td>
</tr>
</tbody>
</table>

Issuers are now able to submit the URR Template directly in SERFF; a rate filing that is filed through SERFF and automatically uploaded to the URR Module of HIOS will be considered filed with CMS. This new transfer method will not apply to states that do not have an effective rate review program and states that do not have access to SERFF. Those issuers will continue to submit rate filings directly into HIOS. States that can access SERFF, and states with an effective rate review program, are required to file the PY2023 URRT in SERFF; this includes issuers in states that do not perform plan management functions and otherwise submit QHP application data in HIOS.

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. During the plan confirmation window specified in the timeline, issuers should review the list of plans loaded in the PM Community and confirm which plans should be made available through the Exchange. Issuer plan confirmation is the final opportunity for issuers to notify CMS of plan withdrawals. The deadline to complete issuer plan confirmation is also the deadline to submit final Plan ID Crosswalk Templates to CMS in the PM Community.

A **Completing Issuer Plan Confirmation** video is available on the Resources and Training tab of the PM Community homepage.

**Complete Final Issuer Plan Confirmation**

☐ **Log into the** PM Community **during the final issuer plan confirmation window.**

☐ **View PY2023 plans requiring confirmation** by using the available filters to narrow down the visible list of plans. Ensure a selection is made for all plans requiring confirmation before the deadline.

☐ **Confirm all desired plans.** Issuers have the option to:
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 Acknowledgement 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.

Complete the QHP Agreement Signing Process

Once you receive your agreement via DocuSign, take one of the following actions:

- Complete signing the agreement (authorized users only):
  - Click “Review Documents.”
  - Review the QHP Certification Agreement, enter the appropriate information where indicated, and click “Sign” to provide your e-signature via DocuSign.
  - Review the Senior Officer Acknowledgement, enter the appropriate information where indicated, and click “Sign” to provide your e-signature via DocuSign.
  - Click “Finish” at the top or bottom of the screen.

- Assign the agreement to an authorized user to sign:
  - Click “Review Documents.”

□ Click “Save” after confirming the desired plans. If this step is not performed, users’ responses will not be shared with CMS.

CMS will email issuers the first day of the issuer plan confirmation window with more detailed instructions; you can also reference the PM Community User Guide posted on the Resources and Training tab of the PM Community homepage for additional instructions.

Following final issuer plan confirmation on the dates specified in the timeline, state contacts will use the PM Community to finalize the list of plans in their state that are eligible for availability through the Exchange during the upcoming plan year. Final state plan confirmation gives regulators the chance to indicate whether the state does or does not approve the regulatory submissions of each plan for certification on the Exchange.

QHP Agreement Signing

Issuers offering on-Exchange QHPs or SADPs must sign and submit a QHP Certification Agreement and Privacy and Security Agreement (“QHP Certification Agreement”) and a Senior Officer Acknowledgement.

CMS Recommends...

Completing the following activities before CMS sends QHP Agreements:

1. Log into the PM Community and confirm that your organization contacts are correctly listed. Users are encouraged to keep contacts in the PM Community up to date, so that relevant members receive the appropriate communications.

2. Attend the QHP Certification Agreement webinar. Issuers that have not already registered for the QHP Webinar Series should register via REGTAP.

3. Watch the QHP Certification Agreement Signing Process instructional video for additional guidance.
☐ Click “Other Actions” and select “Assign to Someone Else” from the dropdown menu.

☐ Enter the email address and name of the authorized user, and the reason for reassigning the document.

☐ Click “Assign to Someone Else.”

All original email recipients and authorized users will receive PDF copies of the documents once they have been signed.

URL Submission

CMS requires issuers to submit URL data for the plans they intend to offer on the Exchange. Consumers should be able to view the relevant information at each URL without logging in, clicking through multiple webpages, or creating accounts, memberships, or registrations.

Submit URLs

☐ Submit URLs by the deadlines outlined in the table below. The table also includes where each URL is submitted and the date by which the URL needs to be live and active for the 2023 plan year.

<table>
<thead>
<tr>
<th>URL Type</th>
<th>Submission Location</th>
<th>Submission Deadline</th>
<th>Live and Active Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transparency in Coverage</td>
<td>SSM</td>
<td>June 15, 2022*</td>
<td>Upon URL Submission</td>
</tr>
<tr>
<td>Marketing (SBC, Plan Brochure, Payment, Formulary, Network)</td>
<td>SSM</td>
<td>August 17, 2022</td>
<td>September 21, 2022</td>
</tr>
<tr>
<td>Machine-Readable Index.JSON</td>
<td>SSM</td>
<td>June 15, 2022</td>
<td>September 21, 2022</td>
</tr>
</tbody>
</table>

*If you choose to submit a QHP Application for the Early Bird review round, Transparency in Coverage URLs are required by the Early Bird submission deadline, 5/18/22.

While CMS may conduct reviews on marketing URLs submitted by August 17, 2022, all marketing URLs must be active and route consumers directly to the relevant information for their standard plan or plan variant by the time you have signed your issuer’s QHP Agreement.

SBC Form Submission

CMS requires issuers to submit SBC URLs for all plans they intend to offer on the Exchange. Beginning in PY2023, CMS also requires issuers to submit their SBC Forms in the HIOS SSM for all plans they intend to offer on the Exchange; issuers must submit their SBC Forms by the secondary submission deadline.

Issuers offering health insurance coverage on the Exchange must provide applicants, enrollees, and policyholders with an accurate SBC. Issuers are required to provide the SBC in a manner compliant with the standards set forth in 45 CFR 147.200, which implements section 2715 of the Public Health Service Act, as added by the PPACA. Specifically, issuers must fully comply with the requirements of § 147.200(a)(3), which requires issuers to “provide an SBC in the form, and in accordance with the instructions for completing the SBC, that are specified by the Secretary in guidance.”

CMS reviews SBCs to ensure that they contain accurate issuer marketing information for consumers and that there are no inaccuracies when compared to data within an issuer’s submitted QHP Application. CMS will perform reviews on the SBC Forms following the secondary submission deadline, and release review results in the PM Community.
Formulary Directory Submission

CMS requires issuers to submit plan marketing URLs, including Formulary URLs, for the plans they intend to offer on the Exchange. Beginning in PY2023, issuers are required to submit their Formulary Directories in the HIOS SSM (in addition to their Formulary URLs) for all URL IDs; issuers must submit their Formulary Directories by the secondary submission deadline.

CMS reviews formularies to ensure that they contain accurate issuer marketing information for consumers and that there are no inaccuracies when compared to data within an issuer’s submitted QHP Application. CMS will perform reviews on the Formulary Directories following the secondary submission deadline, and release review results in the PM Community.

Certification Notices

As indicated in the final Letter to Issuers, CMS will send Certification Notices to issuers at the conclusion of the QHP Application certification process. These notices prompt issuers to review final lists of certified plans and download CMS-countersigned QHP Agreements from the PM Community. The documents apply to all QHPs, including SADPs, offered by a single issuer 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. Certified off-Exchange SADP issuers will only receive a final validated plan list.

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.

Download Your Countersigned QHP Agreement and Final List of Certified QHPs

Once CMS sends Certification Notices via email, follow the steps below to download the countersigned agreement and plan list attachments.

☐ Log into the PM Community and navigate to the Issuers tab.
☐ Select the applicable issuer ID/plan year combination and locate the Files section.
☐ Select and download the CMS-countersigned QHP Agreement (on-Exchange only) and final plan list attachments.
Appendix A: Acronyms

Below is a list of acronyms used throughout the toolkit and their definitions.

- AV: actuarial value
- AVC: actuarial value calculator
- CCIIO: Center for Consumer Information and Insurance Oversight
- CMS: Centers for Medicare & Medicaid Services
- DCR: data change request
- ECP: essential community provider
- EHB: essential health benefit
- FAQ: frequently asked question
- FFE: Federally-facilitated Exchange
- HEDIS: Healthcare Effectiveness Data and Information Set
- HHS: Department of Health and Human Services
- HIOS: Health Insurance Oversight System
- IDSS: Interactive Data Submission System
- LDCW: Limited Data Correction Window
- MQI: Marketplace Quality Initiatives
- MSD: Marketplace Service Desk
- NAIC: National Association of Insurance Commissioners
- NCQA: National Committee for Quality Assurance
- PM: plan management
- PY: plan year
- QHP: qualified health plan
- QIS Quality Improvement Strategy
- QRS: Quality Rating System
- SADP: stand-alone dental plan
- SBC: Summary of Benefits and Coverage
- SBE: State-based Exchange
- SEP: Special Enrollment Period
- SERFF: System for Electronic Rates & Forms Filing
- SHOP: Small Business Health Options Program
- SSM: Supplemental Submission Module
- URR: Unified Rate Review
Appendix B: State Exchange Type Map

4 Texas, Oklahoma, Wyoming, and Missouri do not enforce PPACA market-wide requirements. Additionally, Oklahoma and Wyoming do not have effective rate review programs.
5 Hawaii 1332 waiver for small group coverage to be available directly from issuers.
# Appendix C: QHP Application Material Submission Systems

<table>
<thead>
<tr>
<th>Application Material</th>
<th>Issuers in FFEs</th>
<th>Issuers in states performing plan management functions, SBE-FPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Questions</td>
<td>HIOS QHP Issuer Module</td>
<td>N/A</td>
</tr>
<tr>
<td>Actuarial Memorandum</td>
<td>SERFF*</td>
<td>SERFF*</td>
</tr>
<tr>
<td>Business Rules Template</td>
<td>HIOS QHP Rating Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Compliance Plan and Organizational Chart</td>
<td>HIOS QHP Rating Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Consumer Justification Narrative (if applicable)</td>
<td>SERFF*</td>
<td>SERFF</td>
</tr>
<tr>
<td>Discrimination – Cost Sharing Outlier Supporting Documentation and Justification</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Discrimination – Treatment Protocol Supporting Documentation and Justification</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>ECP Justification – Medical QHPs Applying Under General ECP Standard</td>
<td>PM Community</td>
<td>PM Community</td>
</tr>
<tr>
<td>ECP Justification – SADPs Applying Under General ECP Standard</td>
<td>PM Community</td>
<td>PM Community</td>
</tr>
<tr>
<td>ECP Justification – Medical QHPs Applying Under Alternate ECP Standard</td>
<td>PM Community</td>
<td>PM Community</td>
</tr>
<tr>
<td>ECP Justification – SADPs Applying Under Alternate ECP Standard</td>
<td>PM Community</td>
<td>PM Community</td>
</tr>
<tr>
<td>ECP Write-in Worksheet</td>
<td>HIOS QHP Issuer Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>ECP/Network Adequacy Attestation</td>
<td>HIOS QHP Issuer Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>ECP/Network Adequacy Template</td>
<td>HIOS QHP Issuer Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>EHB-Substituted Benefit Supporting Documentation</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Formulary Directory</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Formulary Supporting Documentation</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Formulary URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Interoperability Attestation and Justification Form</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Issuer Marketplace Information Administrative Data</td>
<td>HIOS Plan Finder Module</td>
<td>HIOS Plan Finder Module</td>
</tr>
<tr>
<td>Machine-Readable Index URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Network Adequacy Justification</td>
<td>PM Community</td>
<td>PM Community</td>
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<tr>
<td>Network ID Template</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Network URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Payment URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Plan Brochure URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Plan ID Crosswalk Justification</td>
<td>PM Community</td>
<td>PM Community</td>
</tr>
<tr>
<td>Plan ID Crosswalk State Authorization</td>
<td>PM Community</td>
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</tr>
<tr>
<td>Plan ID Crosswalk Template</td>
<td>PM Community</td>
<td>PM Community</td>
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<tr>
<td>Plans &amp; Benefits Template</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Prescription Drug Template</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Prescription Drug Combined Supporting Document and Justification</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Application Material</td>
<td>Issuers in FFES</td>
<td>Issuers in states performing plan management functions, SBE-FPs</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Optional Program Attestation Justification</td>
<td>HIOS QHP Issuer Module</td>
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<tr>
<td>QIS Form</td>
<td>HIOS QHP Issuer Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>Rates Table Template</td>
<td>HIOS QHP Rating Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>SADP AV Supporting Documentation</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>SADP Description of EHB Allocation</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>SBC URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
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<tr>
<td>SBC Form</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
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<tr>
<td>Service Area Partial County Justification</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
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<tr>
<td>Service Area Template</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
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<tr>
<td>Stand-alone AVC screenshot</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
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<tr>
<td>State Partnership Exchange Issuer Program Attestation Response Form</td>
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<tr>
<td>Transparency in Coverage Template</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
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<tr>
<td>Transparency in Coverage URL</td>
<td>HIOS SSM</td>
<td>HIOS SSM</td>
</tr>
<tr>
<td>Unique Plan Design Supporting Documentation</td>
<td>HIOS QHP Benefits &amp; Service Area Module</td>
<td>SERFF</td>
</tr>
<tr>
<td>URR Template</td>
<td>SERFF*</td>
<td>SERFF*</td>
</tr>
</tbody>
</table>

* Issuers in states that do not have an effective rate review program or SERFF filing access will submit these materials in the HIOS URR Module.