

TOOLKIT

QHP Certification

Health Insurance Marketplace

Plan Year 2024 QHP Certification State Toolkit

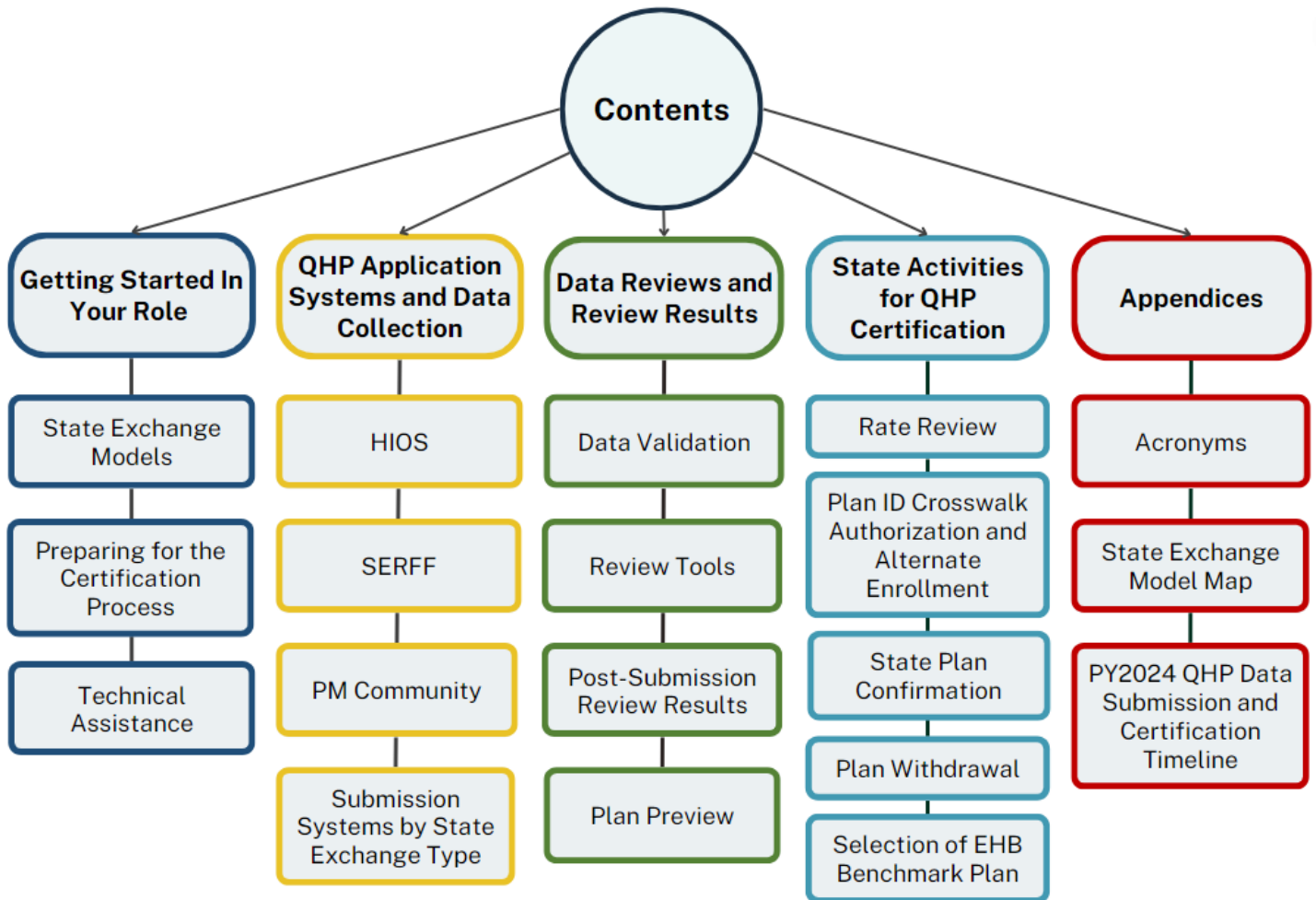
Last Updated: September 5, 2023

Qualified Health Plan



Health Insurance Marketplace

The PY2024 QHP Certification State Toolkit consolidates important information about the PY2024 QHP certification process, including guidance about states' roles and responsibilities in this process, relevant system information, important deadlines, and key updates for PY2024. CMS has also provided links to additional resources throughout this document that states 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](#). Click on the image below to navigate to corresponding sections within the toolkit.





Getting Started in Your Role

State Exchange Models

States belong to one of four Exchange models, depending on which plan management functions they perform and whether the federal platform is utilized for consumer enrollment.

Exchange model	Where consumers enroll	Certifying entity	Plan management functions performed
Federally-facilitated Exchange (FFE)	HealthCare.gov	CMS is responsible for certifying QHPs	<ul style="list-style-type: none"> <input type="checkbox"/> Enforces market-wide standards under the PPACA¹ <input type="checkbox"/> Notifies CMS of whether plans meet state standards for certification <input type="checkbox"/> Performs <i>some</i> QHP Application data reviews²
State performing plan management functions	HealthCare.gov	CMS is responsible for certifying QHPs based on the state's recommendations	<ul style="list-style-type: none"> <input type="checkbox"/> Enforces market-wide standards under the PPACA <input type="checkbox"/> Recommends to CMS whether plans meet state standards for certification <input type="checkbox"/> Performs <i>most</i> QHP Application data reviews
State-based Exchange on the federal platform (SBE-FP)	HealthCare.gov	State is responsible for certifying QHPs	<ul style="list-style-type: none"> <input type="checkbox"/> Enforces market-wide standards under the PPACA <input type="checkbox"/> Notifies CMS of whether plans are certified for participation on the Exchange <input type="checkbox"/> Reviews and approves issuer data change requests (DCRs) <input type="checkbox"/> Performs <i>nearly all</i> QHP Application data reviews
State-based Exchange (SBE)	Exchange websites established and maintained by the states	State is responsible for certifying QHPs	<ul style="list-style-type: none"> <input type="checkbox"/> Performs all plan management functions

¹ Missouri, Oklahoma, Texas, and Wyoming do not enforce market-wide reforms. These states have notified CMS that they do not have the authority to enforce or are not otherwise enforcing PPACA market reform provisions. Issuers in these states must submit form filings in SERFF for CMS review. Additional information on health insurance market reforms is available [here](#).

² The Consolidated Appropriations Act, 2021 (CAA) imposed new requirements related to surprise medical bills applicable to health insurance issuers. CMS is enforcing certain CAA provisions through form filing review in the following states and territories beginning with PY2024: American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, Nevada, New Hampshire, Northern Mariana Islands, Oklahoma, Rhode Island, Texas, Virginia, and Wyoming. A list of all form filing requirements and the states and territories to which they apply is available [here](#).



Preparing for the Certification Process

FFE states, states performing plan management functions, and SBE-FP states are encouraged to take the below steps to prepare for the QHP Application and certification process.

Read General Information

- Read [published guidance and regulations](#)
- Review the [PY2024 QHP Data Submission and Certification Timeline bulletin](#)

Review Available Resources

- Read [application materials](#)
- Read [application instructions](#)
- Watch instructional videos for [review tools](#)
- Register for the QHP Certification Webinar Series in [REGTAP](#)

Confirm Systems Access and Readiness

- HIOS
 - Review [HIOS Quick Reference Guide](#) and [HIOS Portal User Manual](#)
 - Obtain/confirm access to the MPMS Module (states should request the PM State Reviewer role)
- SERFF
 - Review the SERFF [State Manual](#)
 - Watch the SERFF [State Trainings](#)
- PM Community
 - Obtain/confirm access to the PM Community, via the [SEI Portal](#)

Confirm and Prepare for State Review Responsibilities

- Refer to the [Review Area by Exchange Type Table](#)
- Review [URR Instructions](#)

Technical Assistance

For technical questions related to HIOS, contact the MSD at 1-855-267-1515 or CMS_FEPS@cms.hhs.gov.

For technical questions related to SERFF, contact the SERFF Plan Management Help Desk at serffplanmgmt@naic.org.

For questions regarding the PM Community, review the [PM Community User Guide](#).

For **general, non-technical questions**, contact the PMSC mailbox at PlanManagementStateCoordination@cms.hhs.gov.

For questions about **form filing**, contact FormFiling@cms.hhs.gov.

For questions about **rate review**, contact RateReview@cms.hhs.gov.

For **general CCIIO information**, see the [CCIIO Fact Sheets and FAQs](#).

For **key documents related to QHP certification**, reference the [QHP certification website](#).





QHP Application Systems and Data Collection

Issuers seeking certification use three systems to submit QHP Application data to CMS; the data issuers submit in each of these systems depends on their state's Exchange model (see [Appendix B](#)). States can also review their issuers' data and complete a variety of QHP certification-related activities using these systems.

Health Insurance Oversight System (HIOS)

Marketplace Plan Management System (MPMS) Module

The MPMS Module is a new module in HIOS where FFE issuers submit the majority of their QHP Application data to CMS. Issuers that previously submitted data in Issuer, Benefits & Service Area, Rating, and Supplemental Submission Modules will instead submit these data in the HIOS MPMS Module.

All QHP applicants, including issuers in states performing plan management functions and SBE-FP states, also use the module to access the Plan Validation Workspace and submit Interoperability and URL data to CMS. **All states will need to obtain access to the MPMS Module as a PM State Reviewer to view issuers' QHP Application data, statuses, and review results.** States will view issuers' validation errors and warnings in the Plan Validation Workspace and access issuers' required corrections following CMS's review of submitted data in the QHP Applications page.



Resources Available! Additional guidance on navigating the MPMS Module is available on the [Submission Systems webpage](#) of the QHP certification website and in the MPMS Module User Guide.

System for Electronic Rates & Forms Filing (SERFF)

SERFF is used to collect the majority of QHP Application data from issuers in states performing plan management functions and SBE-FP states. These states are responsible for transferring these data from SERFF to HIOS for CMS review, and for communicating to their issuers any additional state-specific application requirements, as well as any state-specific submission deadlines.



SERFF Tips... States are encouraged to transfer issuers' plan data from SERFF to HIOS in advance of CMS's submission deadlines, to minimize potential delays in data transfer and to allow time for resolving errors in transfer.

Plan Management (PM) Community

States use the PM Community to complete a variety of plan management activities, including:





Managing state contacts for QHP certification-related communications



Reviewing some of issuers' required corrections



Finding resources about EHB and submitting an EHB-benchmark plan



Accessing attachments from CMS

CMS requests that states identify up to three users (a minimum of two users is recommended) to access the PM Community for their organization. When selecting users, states should identify individuals who conduct hands-on work related to their issuers' QHP certifications. Users who access the PM Community to perform EHB activities count toward the maximum of three users.



CMS Recommends... Setting periodic reminders to regularly check your state's PM Community contact and user list for needed updates.



Resources Available! The PM Community User Guide includes detailed instructions for performing QHP certification-related state activities. Instructional videos are also available to learn more about managing contacts and accessing and uploading files. These resources are located under the QHP Certification Resources tab on the home page of the PM Community.

Submission Systems by State Exchange Type

The table below provides a high-level overview of which submission systems issuers use to submit QHP Application data to CMS or their state, according to state Exchange type. For a complete list of QHP Application materials and their associated submission systems, reference Appendix C of the [QHP Certification Issuer Toolkit](#).

	HIOS Submissions	SERFF Submissions	PM Community Submissions
FFE states	<ul style="list-style-type: none"> <input type="checkbox"/> Majority of QHP Application materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Rate Filings (except OK, WY, & FL) <input type="checkbox"/> Actuarial Memorandum (except OK, WY, & FL) 	<ul style="list-style-type: none"> <input type="checkbox"/> Plan ID Crosswalk Template and State Authorization <input type="checkbox"/> ECP Justifications <input type="checkbox"/> NA Justifications
States performing plan management functions	<ul style="list-style-type: none"> <input type="checkbox"/> URLs <input type="checkbox"/> Interoperability Data <input type="checkbox"/> Administrative Data 	<ul style="list-style-type: none"> <input type="checkbox"/> Majority of QHP Application materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Plan ID Crosswalk Template and State Authorization <input type="checkbox"/> NA Justifications*
SBE-FP states	<ul style="list-style-type: none"> <input type="checkbox"/> URLs <input type="checkbox"/> Interoperability Data <input type="checkbox"/> Administrative Data 	<ul style="list-style-type: none"> <input type="checkbox"/> Majority of QHP Application materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Plan ID Crosswalk Template and State Authorization

*Michigan, New Hampshire, South Dakota, and West Virginia were approved by CMS in PY2023 to conduct their own network adequacy reviews, based on their attestation to enforce quantitative network adequacy standards that are just as stringent as the federal network adequacy standards; thus, these states—and their issuers—did not receive NA Justifications from CMS. Similarly, states that request and are approved by CMS to conduct their own network adequacy reviews for PY2024 will not receive NA Justifications from CMS.





Data Reviews and Review Results

Data Validation

Beginning in PY2024, issuers in all states are required to validate their QHP Application data for compliance with a number of federal standards—including data integrity and standardized plan options—prior to submitting these data either to CMS (via HIOS) or to their state (via SERFF).

Issuers in **all states** are required to validate their QHP Application data in the Plan Validation Workspace and remediate all identified validation errors prior to submitting their application(s). **Issuers will not be able to submit their applications to CMS via the HIOS MPMS Module or to their state via SERFF until all validation errors are resolved.** More information about data validation is also available on the [Data Validation webpage](#).



Plan Validation Workspace

The Plan Validation Workspace is located within the HIOS MPMS Module and provides several upfront validations, allowing issuers to resolve errors in their QHP data that were previously identified only after submission.

States that have access to the MPMS Module as a PM State Reviewer are encouraged to access the Plan Validation Workspace to view their issuers' pre-submission review results (or "validation results"). Pre-submission review results display as **validation errors** (which require correcting before an issuer can submit) and **validation warnings** (which should be reviewed to determine whether corrections are needed). More information about pre-submission review results is also available on the [QHP Application Review Results webpage](#) of the QHP certification website.

Validation Result	Description
No Errors Found	The template passed all validations.
Warnings Found	The template is acceptable, but the user may need to provide a justification if the template is linked to a QHP Application, or there is an unexpected data condition CMS would like to flag to the user.
Errors Found	Errors are present within the template that require corrections before the template can be linked to the QHP Application. This status will also display if there are errors and warnings present in the template.
Processing Error	A processing error was encountered with the file. Try generating a new XML file using the Finalize macro in the template and re-uploading. If the issue continues, contact the help desk.



SERFF Validate & Transform

As in prior years, issuers must pass validations within SERFF Validate & Transform in order to submit QHP Applications to their state. For PY2024, SERFF Validate & Transform has been enhanced to include several new validations, including those related to data integrity and standardized plan options. SERFF Validate & Transform will identify the same validation *errors* as those identified in the Plan Validation Workspace; however, SERFF Validate & Transform will not identify validation *warnings*. Therefore, **SERFF-submitting issuers are required to use the Plan Validation Workspace in the HIOS MPMS Module** to identify both validation errors and warnings and make any needed updates to data prior to submitting to the state and to CMS.

States performing plan management functions and SBE-FP states will not receive QHP Application submissions in SERFF until their issuers have successfully passed all applicable validations through SERFF Validate & Transform. States with SERFF-submitting issuers can access their issuers' validation results in the Plan Validation Workspace.



SERFF Tips... CMS recognizes that many states establish state submission deadlines that precede CMS submission deadlines. To help ensure the collection of plan data by state deadlines, and the timely transfer of data from SERFF to HIOS, states are encouraged to communicate with their issuers about validating data as early as possible.

Review Tools

CMS provides a number of review tools to facilitate states' review of issuers' QHP Application data, and to assist them in identifying errors that would require issuers to update their data, whether before or after submitting to CMS/the state.

Review tools, instructional videos, and key updates for PY2024 can be found on the [QHP certification website](#). A brief description of each review tool for PY2024 is below.

Review Tool	Description
Data Integrity Tool	CMS recommends states use this tool first to identify critical data errors and irregularities prior to importing data into the other tools.
Master Review Tool	CMS recommends states use this tool second to aggregate data from the Plans & Benefits, Service Area, ECP/NA, and Prescription Drug Templates into a data input file for other stand-alone tools.
Review Process Guide	This tool provides step-by-step guidance states may use to review their issuers' QHP Application materials, including manual review processes and explanations of automated reviews.
Plan ID Crosswalk Tool	This tool checks whether the Plan ID Crosswalk Template crosswalks all plans offered during the previous plan year to plans eligible for QHP certification for the upcoming plan year.
ECP Tools	These tools check whether the percentage of a plan's networked ECPs (or SADP ECPs) is equal to or greater than the respective threshold (as defined by federal or state regulators).
Non-Discrimination Cost Sharing Review Tool	This tool identifies potentially discriminatory plans by completing an outlier analysis of cost-sharing designs for all plans within the state. A plan is considered discriminatory by CMS's standards if it has been calculated as an outlier at both state and national levels.
Cost Sharing Tool	This tool runs applicable checks to cost-sharing standards, including MOOP, CSR Plan Variation, Standardized Options, Catastrophic Plans, and Expanded Bronze Plans.



Review Tool	Description
Category & Class Drug Count Tool	This tool ensures compliance with EHBs and checks for discrimination by counting chemically distinct drugs in each United States Pharmacopeia (USP)v8.0 category and class.
Formulary Review Suite	This aggregate tool performs the Non-Discrimination Formulary Outlier Review, which identifies plans with an unusually large number of drugs that require step therapy or prior authorization, and the Non-Discrimination Clinical Appropriateness Review, which ensures that issuers are offering a sufficient type and number of drugs.

Post-Submission Review Results

Issuers’ QHP Applications must be validated and submitted to CMS by the initial submission deadline. CMS will continue to release post-submission review results (“required corrections”) based on data submitted by the prior submission deadline at least once before the next submission deadline. Several review area’s results will be newly shared in the MPMS Module, while a number of review area’s results will be shared in the PM Community, as in prior years. A full list of review results released for each Exchange type, as well as the system in which these results are being released, is available on the [QHP Application Review Results webpage](#). Issuers are expected to make corrections, re-validate updated data, and re-submit their applications to CMS or their state as soon as possible, but by no later than the deadlines specified in the [QHP Data Submission and Certification Timeline bulletin](#) in Appendix C.

CMS will coordinate with states as needed so that any state-specific review guidelines and procedures are consistent with applicable federal law and operational deadlines. Issuers must meet all applicable obligations under state law and comply with any requests for resubmission from the state or CMS for plans to be certified for sale on the Exchange.

Accessing Review Results in the HIOS MPMS Module

States with access to the HIOS MPMS Module can log in to view issuers’ review results using the following steps:

1. Navigate to the [CMS Enterprise Portal](#) and log in
2. On the My Portal page, select the HIOS icon
3. Select ‘Overview’
4. Select the ‘Access HIOS’ link
5. Select the green ‘Launch This Module’ button for the MPMS Module
6. Select ‘Access the Marketplace Plan Management System Module’ link
7. **To view validation results**, navigate to the Plan Validation Workspace
8. **To view required corrections**, navigate to the QHP Applications page

Accessing Review Results in the PM Community

States with access to the PM Community can log in to view issuers’ review results using the following steps:

1. Navigate to the [SEI Portal](#) and log in
2. On the My Portal page, click on the QHP certification icon
3. Click on the Corrections tab



Plan Preview

Plan Preview is a tool in the HIOS MPMS Module that lets states and issuers preview and validate QHP data as it will appear to consumers in Plan Compare on HealthCare.gov. Plan Preview will open for the 2024 plan year in June 2023 and be available as a resource for states and issuers throughout the plan year. Reference the [MPMS User Guide](#), the [Plan Preview webpage](#), and the [Plan Preview FAQ webpage](#) of the QHP certification website for guidance on using Plan Preview.

What do states need to do for Plan Preview?



All states should:

- Use Plan Preview during the QHP Application period to make sure plans are displaying as intended, including accuracy of all URLs.





State Activities for QHP Certification

Rate Review

All QHP issuers are required to submit proposed rate filing justifications to CMS. These filings are submitted through SERFF; rate filings submitted through SERFF are automatically uploaded to the URR Module of HIOS and will be considered filed with CMS.³ Additionally, the PPACA requires states with effective rate review programs to conduct reviews of proposed rate increases at or above the applicable threshold (currently 15%) for all QHP issuers.⁴

State regulators should reference the below federal rate filing deadlines and confirm with QHP issuers whether the state has instituted any earlier deadlines, as well as any additional justifications or supporting documents.

Activity	Dates
Submission deadline for issuers in OK and WY to submit proposed rate filing justifications to CMS.	June 1, 2023
Submission deadline for issuers in all other states and the District of Columbia to submit proposed rate filing justifications to CMS.	July 19, 2023
Deadline for QHP issuers in states with an Exchange served by the HealthCare.gov platform to submit final rate filing justifications to CMS.	August 16, 2023
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.	October 16, 2023

What do states need to do to review issuers' proposed rates?



States with effective rate review programs should:

- Review rate data and documentation submitted by QHP issuers according to state and federal regulations, communicate any needed modifications to the issuers, and close the filing once final reviews are completed.

Plan ID Crosswalk Authorization and Alternate Enrollment

The Plan ID Crosswalk Template is used to map standard component ID and service area combinations (e.g., plan ID and county combinations) from the current plan year to a plan ID for the upcoming plan year. CMS collects these data through

³ States without an effective rate review program (currently Oklahoma and Wyoming) and states without SERFF Filing Access (currently Florida) must submit rate filings in the URR Module within HIOS. Additional information about SERFF Filing Access is available [here](#).

⁴ **Oklahoma & Wyoming do not have effective rate review programs.** CMS has determined that these states lack the resources or authority to conduct reviews of proposed rate increases for PPACA compliance. Additional information about effective rate review programs is available [here](#).



the PM Community, from all issuers that are certified on the Individual Market for the current plan year. As a part of this data collection, states are required to provide documentation to their issuers that indicates the issuer is authorized to submit its Plan ID Crosswalk Template to CMS. The data collected in issuers' Plan ID Crosswalk Templates are used to facilitate enrollment transactions from CMS to the issuer, for enrollees in the Individual Market who have not actively selected a different QHP during Open Enrollment.⁵

Additionally, as defined in 45 CFR 155.335(j)(3), Exchanges are authorized to determine alternate enrollments for eligible consumers currently enrolled in Individual Market QHPs that will no longer be available on the Exchanges in the enrollee's service area for the upcoming plan year. During the QHP certification cycle, CMS conducts outreach to FFE states, states performing plan management functions, and SBE-FP states to determine whether regulatory authorities intend to direct the alternate enrollment activity or defer it to CMS. For states that do not provide notice of their intent and states that defer to CMS, CMS will direct the alternate enrollment activity for applicable QHPs using the federal hierarchy delineated under [45 CFR 155.335\(j\)](#).

What do states need to do to authorize Plan ID Crosswalk submissions?

All states should:

- Provide documentation to issuers, such as a completed [State Authorization Form](#) or an email confirmation, indicating the issuer is authorized to submit its Plan ID Crosswalk Template to CMS.



What do states need to do for alternate enrollment?

States that intend to direct alternate enrollment will be asked to:

- Notify CMS of this decision in response to CMS outreach.
- Complete a CMS-provided Plan ID Crosswalk Template for all QHPs that will receive alternate enrollments and submit it to the PMSC mailbox.
- Notify potential receiving issuers of final alternate enrollment determinations.

State Plan Confirmation

States use the PM Community to complete **final** state plan confirmation, during which states must finalize the list of plans in their state that are eligible for availability through the Exchange during the upcoming plan year. On the date specified in the [QHP Data Submission and Certification Timeline bulletin](#), CMS will contact states to indicate they should begin the final plan confirmation process; this communication will include detailed instructions for completing this process. When completing final state plan confirmation, states should take into consideration issuers' ability to continue to meet applicable state regulatory requirements, including, but not limited to, form filing, and then provide a disposition for each plan.

Note: CMS also conducts outreach to states after the initial submission deadline, requesting they log into the PM Community and review the list of issuers and plans that CMS has received and that are being considered for PY2024 certification. States should review this plan list and notify CMS if there are any questions or concerns.

⁵ SADPs, as plans that offer excepted benefits, are not subject to the guaranteed renewability standards specified at 45 CFR 147.106.



What do states need to do for state plan confirmation?



All states should:

- For initial plan confirmation—Review the list of issuers and plans seeking certification and notify CMS of any questions or concerns.
- For final plan confirmation—Use the PM Community to confirm which plans in the state are eligible for availability on the Exchange during the upcoming plan year.

Plan Withdrawal

Plan withdrawal refers to withdrawing a plan from certification consideration, which is distinct from (but sometimes a consequence of) discontinuing a product or exiting the market completely in a state. States can indicate to CMS the need for an issuer to withdraw one or more of its plan from consideration by completing and submitting a Plan Withdrawal Notification Form through the PM Community; instructions for completing this form are available on the [QHP certification website](#) as well as in the PM Community User Guide for States.

States can also view Plan Withdrawal Notification Forms that have been submitted by issuers in their state, and are encouraged to communicate with their issuers about any necessary actions that might be required as a result of the withdrawal.

What do states need to do if an issuer needs to withdraw one or more plans?



Affected states should:

- Submit a Plan Withdrawal Notification Form for any plans the state wishes to withdraw from certification consideration, or work with the issuer(s) to submit the form to CMS.

Selection of Essential Health Benefits (EHB) Benchmark Plan

The PPACA requires non-grandfathered health plans in the Individual and SHOP Markets to cover 10 EHBs. HHS regulations define EHB based on state-specific EHB-benchmark plans. Each year, states may choose to retain their current EHB-benchmark plan or select one of the three options listed below.

Option 1	Select the EHB-benchmark plan that another state used for the 2017 plan year.
Option 2	Replace one or more categories of EHBs under the EHB-benchmark plan used for the 2017 plan year with the same category or categories of EHB from the EHB-benchmark plan that another state used for the 2017 plan year.
Option 3	<p>Select a set of benefits, subject to certain requirements, that would become the state’s EHB-benchmark plan. To select a new EHB-benchmark plan, the state must submit the following via the PM Community:</p> <ul style="list-style-type: none"> • State Confirmation • EHB-Benchmark Plan Actuarial Certificate • State EHB-Benchmark Plan’s Benefits and Limits • EHB-Benchmark Plan Formulary Drug List • EHB-Benchmark Plan Document



States that opt not to exercise this flexibility continue to use the same EHB-benchmark plan. States selecting a new EHB-benchmark plan for PY2025 must submit required documentation to CMS via the PM Community by **May 3, 2023**.

States also have the option to permit issuers to substitute benefits between benefit categories, pursuant to 45 CFR 156.115(b)(2)(ii). States opting to permit substitutions for PY2025 must notify CMS via the PM Community by **May 3, 2023**. Instructions on how to submit required documentation for selecting an EHB-benchmark plan or to notify CMS of a state's decision to opt in to allow EHB substitution between EHB categories can be found in the PM Community. Additional information about EHBs can be found under data resources on the [CMS CCIIO webpage](#).





Appendices

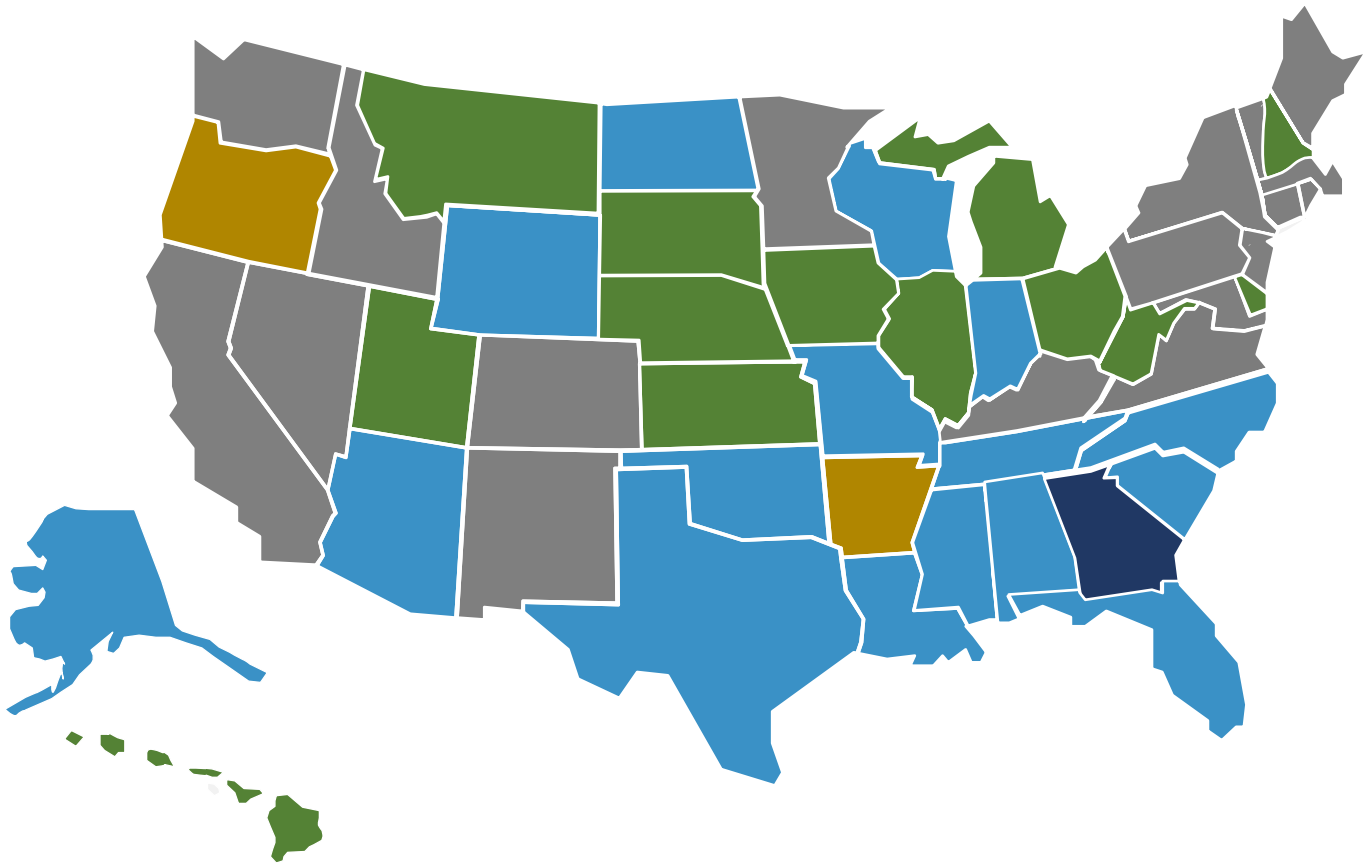
Appendix A: Acronyms

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

- CCIIO: Center for Consumer Information and Insurance Oversight
- CFR: Code of Federal Regulations
- CSR: Cost Sharing Reduction
- 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
- MOOP: Maximum Out of Pocket
- MPMS: Marketplace Plan Management System
- MSD: Marketplace Service Desk
- NA: network adequacy
- NAIC: National Association of Insurance Commissioners
- NCQA: National Committee for Quality Assurance
- PM: plan management
- PMSC: Plan Management State Coordination
- PPACA: Patient Protection and Affordable Care Act
- PY: plan year
- QHP: qualified health plan
- QRS: Quality Rating System
- REGTAP: Registration for Technical Assistance Portal
- SADP: stand-alone dental plan
- SBE: State-based Exchange
- SBE-FP: State-based Exchange on the Federal Platform
- SEI: Salesforce Enterprise Integration
- SERFF: System for Electronic Rates & Forms Filing
- SHOP: Small Business Health Options Program
- URR: Unified Rate Review



Appendix B: State Exchange Type Map



¹ Missouri, Oklahoma, Texas, and Wyoming do not enforce PPACA market-wide requirements. Additionally, Oklahoma and Wyoming do not have effective rate review programs.

² Hawaii 1332 waiver for small group coverage to be available directly from issuers.

Qualified Health Plan



Health Insurance Marketplace

Appendix C: PY2024 QHP Data Submission and Certification Timeline

Below is the PY2024 QHP Data Submission and Certification Timeline, as outlined on the [Timeline webpage](#) of the QHP certification website. States with issuers seeking QHP certification for sale on the FFEs should reference this timeline to understand CMS’s deadlines for QHP certification.

Activity	Dates
QHP Application submission and data validation window opens ⁸	4/19/23
Early Bird Application Deadline: Optional Early Bird deadline for issuers to submit QHP Applications to CMS	5/17/23
CMS reviews Early Bird QHP Application data and releases results for issuers and states to review	5/18/23 – 6/9/23
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ⁹	5/19/23
Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data	6/14/23
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA’s IDSS ¹⁰	6/15/23
CMS reviews initial QHP Applications and releases results for issuers and states to review	6/15/23 – 7/14/23
Secondary Application Deadline: 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	7/19/23
CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/20/23 – 8/11/23
QHP issuers, Exchange administrators, and CMS preview the 2023 QHP quality rating information	August/September 2023
Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/9/23 – 8/23/23
Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications	8/16/23
CMS reviews QHP Applications and releases results for issuers and states to review	8/17/23 – 9/11/23
CMS sends QHP Certification Agreements to issuers	9/12/23
QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/12/23 – 9/20/23
State Plan Confirmation Deadline: States complete final plan confirmation	9/12/23 – 9/20/23
Limited data correction window	9/14/23 – 9/15/23
Machine-Readable/URL Deadline: Deadline for issuers’ URL data, including Machine-Readable and marketing URLs, to be posted, live and active	9/20/23
CMS releases certification notices to issuers and states	10/3/23 – 10/4/23
Anticipated public display of QHP quality rating information	11/1/23
Open Enrollment begins	11/1/23

⁸ QHP Application submission is tentatively scheduled to begin on April 19, 2023 pending release of the final HHS Notice of Benefit and Payment Parameters for 2024. The QHP Application submission window will open and QHP Application materials, including templates and instructions, will be made available shortly after the release of the Payment Notice

⁹ QRS and QHP Enrollee Survey Technical Guidance for 2023 available [here](#).

¹⁰ 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 IDS.

