Qualified Health Plan Issuer Application Instructions

Plan Year 2024

Extracted section:
Section 2J: Accreditation

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Section 2J: Accreditation

1. Introduction

In the Accreditation section of MPMS, you enter information to satisfy the accreditation QHP certification requirement (Figure 2J-1). You can provide information for an accredited product in the Commercial, Medicaid, or Exchange markets. These instructions apply only if you are filing via HIOS to issue a QHP on the FFE.

If your state performs plan management functions or has a State-based Exchange on the Federal Platform (SBE-FP), comply with the requirements for accreditation data collection specified by your state.

2. Data Requirements

To complete this section, you will need the following:

1. Information about which accrediting entity you are accredited by—the National Committee for Quality Assurance (NCQA), URAC, or the Accreditation Association for Ambulatory Health Care (AAAHC).

2. The Quality Improvement Strategy (QIS). Information about submission criteria and supporting documentation can be found in Appendix C.

Figure 2J-1. Accreditation Application Section

3. Quick Reference

Key Changes for 2024
Issuers must submit their Plan ID Crosswalk template in the PM Community at the same time they submit the Issuer Accreditation grouping in MPMS to ensure all related information is available for review.

Tips for the Accreditation Section
◆ Only provide information on accredited products in the same state and for the same legal entity that submits the QHP Application. ◆ Provide accrediting entities with your legal issuer name and the HIOS Issuer ID used in your QHP Application to ensure the HIOS Issuer ID is included in the data file the accrediting entity provides to us.

4. Detailed Section Instructions

If the answer to the accreditation question (Question 1 in MPMS) is **Yes**, an additional section will appear for you to select an accrediting entity from the list.

Accreditation Question	Steps
Does the applicant currently have any Commercial, Medicaid, or Exchange health plans in this state, [state of issuer identified], accredited by an HHS-recognized accrediting entity?	Choose from the following: ◆ **Yes**—if you have existing health plan accreditations on any products in the Exchange, Commercial, or Medicaid market from NCQA, URAC, or AAAHC. If you are a dual-product issuer with an accredited medical plan, you should also select **Yes**. Proceed to the next step. ◆ **No**—if you are not currently accredited by NCQA, URAC, or AAAHC.

Accreditation Responses	Steps
If you respond **Yes** to the accreditation question, you must select the accrediting entity.	Choose from the following. If you are accredited by multiple entities, select all that apply: ◆ **NCQA**—if you are accredited by NCQA. ◆ **URAC**—if you are accredited by URAC. ◆ **AAAHC**—if you are accredited by AAAHC.
Irrespective of whether you respond **Yes** or **No** to the accreditation question, proceed to the Authorization.	All issuers must respond to the Terms and Conditions attestation regardless of whether they are accredited. Note: Issuers who are not accredited are strongly encouraged to schedule a review of their QHP policies and procedures with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC). Issuers do not need to be accredited in their initial year of QHP certification, but must be accredited 90 days before the first day of Open Enrollment when entering any subsequent year of QHP certification.

After responding to the above question, complete the Terms and Conditions attestation (Figure 2J-2), regardless of your response.

Figure 2J-2. Authorization for All Issuers

You may upload copies of your accreditation certificates into MPMS along with your answer(s) to Question 1.

Accreditation Certificate	Steps
Scan Certificate	Scan each accreditation certificate (one per accredited market type).
	If you are accredited by NCQA and do not have a copy of your accreditation certificate, use the NCQA Interactive Survey System (ISS) to get a copy of the survey results. Log into ISS, click on the *Results* tab, view the survey results, and print the results screen.
Name File	Save the accreditation certificate using the naming convention in Table C-1.
	For example: "12345_NCQA.pdf."
Upload Certificate	Upload the saved files in the Accreditation section of MPMS. Refer to the MPMS User Guide for further instruction.

Issuers in their <u>initial</u> year of QHP certification must schedule (or plan to schedule) a review of their QHP policies and procedures with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC). Issuers do not need to be accredited in their initial year of QHP certification, but **must** be accredited 90 days before the first day of Open Enrollment when entering any subsequent year of QHP certification.

Issuers entering their <u>second year (or later)</u> of QHP certification must be accredited by a recognized accrediting entity 90 days prior to Open Enrollment on the policies and procedures that are applicable to its Exchange products, or receive commercial or Medicaid health plan accreditation granted by one of the recognized accrediting entities.

<u>Second-year</u> issuers that immediately pursued Exchange certification after their initial year of certification and have an accreditation status of "scheduled" or "in process" are asked to upload documentation from their accrediting entity indicating that they have completed the policies and procedures review and are scheduled for or are in the process of completing additional review.

Issuers entering their <u>fourth year (or later)</u> of QHP participation must have Exchange health plan accreditation 90 days prior to Open Enrollment with one of the following statues:

1. AAAHC—Accredited
2. NCQA—Accredited or Provisional
3. URAC—Full or Conditional.

<u>Note:</u> If you were previously QHP certified, but did not pursue certification in the preceding year and are pursuing certification in the current year, you will be held to the <u>second-year accreditation standard</u>, i.e., you must be accredited 90 days prior to Open Enrollment. If you go on to pursue certification the following year, you will be considered a third-year issuer, and so forth.

<u>Note:</u> CMS reviews issuers that crosswalk enrollees to a new HIOS Issuer ID for accreditation <u>based on their cumulative years of certification</u>. Therefore, you must ensure that the receiving HIOS Issuer ID issuer is appropriately accredited. For example, if Issuer A participated for 3 consecutive years and is crosswalking all of their plans to Issuer B who has only participated for 1 year, Issuer B would now be considered a fourth-year issuer and must meet the requirements for issuers in their fourth year (or later) of participation.

This concludes the Accreditation section of the QHP Application Instructions.