QHP Certification Review Roles by State Exchange Model

The table below lists the reviews that the Centers for Medicare & Medicaid Services (CMS) and states will conduct to ensure that issuers applying to offer qualified health plans (QHPs) on the Exchange meet and maintain applicable certification standards for plan year (PY) 2025. State regulators and issuers should refer to this review table in preparation for PY2025 QHP certification.

The **Review Area** and **Review Description** columns detail each standard with which issuers must comply to achieve QHP certification. The **Reference to Guidance** column directs states to guidance pertaining to this certification standard. The **Applies to QHP / SADP** column indicates whether the certification standard applies to QHPs only, stand-alone dental plans (SADPs) only, or QHPs and SADPs. The **Reviewer** columns indicate the entity primarily responsible for reviewing QHP Application data to ensure its compliance with the applicable certification standard.

Refer to the QHP Application Review Results webpage of the QHP certification website for information on which review results CMS releases—according to review area and state Exchange type—and the system(s) where issuers and states can access these results.

	Review Area	Review Description	Reference to Guidance	Applies to QHP / SADP	Federally-facilitated Exchange (FFE) Reviewer:	State Performing Plan Management Functions Reviewer:	State-based Exchange on the Federal Platform (SBE-FP) Reviewer:
1	**Accreditation**	The review ensures issuers participating on the Exchange are accredited by an entity recognized by the Department of Health and Human Services (HHS): the National Committee for Quality Assurance (NCQA), URAC, or the Accreditation Association for Ambulatory Health Care (AAAHC).	2020 Letter to Issuers (LTI) Pages 14-15	QHPs only	CMS	State	State
2	**Administrative**	The review ensures that issuers provide the contact information (e.g., phone number, address, URL) that appears on HealthCare.gov for consumer use.	N/A	QHPs & SADPS	CMS	CMS	CMS
3	**Adverse Tiering**	The review ensures that QHP enrollees have access to drugs or drug classes needed to treat chronic, high-cost conditions at lower cost tiers. Medical conditions include hepatitis C virus, HIV, multiple sclerosis, and rheumatoid arthritis.	2025 LTI Page 24	QHPs only	CMS	CMS	State
4	**Cost Sharing Reduction (CSR) - Plan Variation**	The review ensures that issuers adhere to cost-sharing standards for each of their plans. These standards include adherence to the maximum out-of-pocket (MOOP) limit and cost-sharing reduction requirements for each of the issuer's plan variations.	2018 LTI Page 48-49	QHPs only	CMS	CMS	State
5	**Data Integrity**	The review identifies critical data errors within and across an issuer's QHP Application templates; these errors may result in incorrect display of plan information to consumers, prevention of plan display to consumers, or regulatory noncompliance. The review also identifies warnings, which are unexpected data conditions in issuers' data.	2018 LTI Page 50	QHPs & SADPS	CMS	CMS	CMS
6	**Dental Maximum Out of Pocket (MOOP)**	The review ensures that the MOOP amount for all dental plans is within the required limit.	2025 LTI Page 26	SADPs only	CMS	State	State

	Review Area	Review Description	Reference to Guidance	Applies to QHP / SADP	Federally-facilitated Exchange (FFE) Reviewer:	State Performing Plan Management Functions Reviewer:	State-based Exchange on the Federal Platform (SBE-FP) Reviewer:
7	**Essential Community Providers (ECPs)**	The review determines whether issuers' provider networks are adequate with respect to inclusion of ECPs. ECPs include providers that serve predominantly low-income and medically underserved individuals. Plans across all Exchange-types must use a network of providers that complies with standards specified at 45 CFR 156.230 and 45 CFR 156.235.	2024 LTI Pages 14-17	QHPs & SADPS	CMS	State	State[1]
8	**Interoperability**	The review ensures issuers implement and maintain an application programming interface (API) that meets technical standards to enable third-party applications to retrieve specified data types. QHP issuers must attest that they are meeting these requirements or submit a justification as part of their QHP Application.	2022 LTI Page 11	QHPs only	CMS	CMS	N/A
9	**Licensure and Good Standing**	The review ensures that issuers have provided documentation showing they have satisfied licensure and good standing requirements for the proposed markets, service areas, and products.	2018 LTI Page 21-22	QHPs & SADPS	State	State	State
10	**Machine-Readable Index URLs**	The review evaluates the accuracy of machine-readable JSON files containing URLs for plan, provider, and formulary data submitted by issuers. Submitted data must also adhere to formatting and categorical constraints.	Formulary MR – 45 CFR 156.122(d)(1)(2) Provider MR – 45 CFR 156.230(c)	QHPs & SADPS	CMS	CMS	CMS

[1] In the 2019 Payment Notice Final Rule, CMS eliminated the requirement for SBE-FPs to enforce the FFE standards for ECPs and deferred to state authority for enforcement. For more information, please see pages 22-23 of the 2019 LTI.

	Review Area	Review Description	Reference to Guidance	Applies to QHP / SADP	Federally-facilitated Exchange (FFE) Reviewer:	State Performing Plan Management Functions Reviewer:	State-based Exchange on the Federal Platform (SBE-FP) Reviewer:
11	**Network Adequacy**	The review assesses whether issuers meet the standard of "reasonable access" to a sufficient number and type of providers, based on time and distance standards.	2023 LTI Pages 10-17 2024 LTI Pages 11-13	QHPs & SADPS	CMS	CMS[2]	State[3]
12	**Non-Discrimination (Clinical Appropriateness)**	The review ensures that issuers offer sufficient numbers and types of drugs to effectively treat high-cost and chronic medical conditions, and that issuers do not restrict access by lack of coverage or inappropriate use of utilization management techniques.	2018 LTI Page 46	QHPs only	CMS	CMS	State
13	**Non-Discrimination (Cost Sharing)**	The review ensures QHPs do not employ market practices or benefit designs that discourage the enrollment of individuals with significant health needs. The review includes an outlier analysis on essential health benefit (EHB) cost sharing (e.g., copayments and coinsurance).	2017 LTI Pages 46-47	QHPs only	CMS	State	State
14	**Non-Discrimination (Formulary Outlier)**	The review looks for potential discrimination by identifying plans that cover significantly fewer unrestricted drugs (i.e., drugs with no prior authorization or step therapy requirements) than plans offered by other issuers.	2018 LTI Pages 45-46	QHPs only	CMS	CMS	State
15	**Non-Discrimination (Treatment Protocol Calculator)**	The review looks for potential discrimination by identifying plans with unusually high estimated out-of-pocket costs associated with required benefits.	2018 LTI Pages 44-45	QHPs only	CMS	State	State

[2] Some states performing plan management functions were approved by CMS 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. Issuers in these states will not receive Network Adequacy Justification Forms from CMS.

[3] In the 2025 Payment Notice Final Rule, CMS finalized the requirement that beginning in PY2026, SBE-FPs must establish and impose quantitative time and distance standards for QHPs that are at least as stringent as FFE standards for QHPs under 45 CFR 156.230(a)(2)(i)(A), excluding SADP issuers operating in states that qualify for the limited exception SADP exception as described under 45 CFR 156.230(a)(4). For more information on the FFE quantitative time and distance standards for QHPs, please see pages 16-21 of the 2025 LTI.

	Review Area	Review Description	Reference to Guidance	Applies to QHP / SADP	Federally-facilitated Exchange (FFE) Reviewer:	State Performing Plan Management Functions Reviewer:	State-based Exchange on the Federal Platform (SBE-FP) Reviewer:
16	Non-Standardized Plan Option Limit Exceptions	The review ensures Individual Market issuers do not exceed the allowable threshold of non-standardized plan options being offered for each product network type, metal level, and inclusion of dental and/or vision benefit coverage in a given service area. The review also ensures issuers intending to offer non-standardized plan options in excess of the allowable limit demonstrate that these plans have specific design features that would substantially benefit consumers with chronic and high-cost conditions.	2025 LTI Pages 9-15	QHPs only	CMS	CMS	CMS
17	Plan ID Crosswalk	The review ensures Individual Market issuers map each of their current plan ID and service area combinations to a plan ID they intend to offer for the forthcoming plan year. The review additionally confirms this mapping is conducted in accordance with the federal hierarchy specified in 45 CFR 155.335(j).	2025 LTI Pages 7-8	QHPs & SADPS	CMS	CMS	CMS
18	Plan and Plan Variant Marketing Name	The review ensures issuers' plan and plan variant marketing names include correct information, without omission of material fact, and do not include content that is misleading.	2024 LTI Pages 19-20	QHPs only	CMS	CMS	CMS
19	Program Attestations	The review confirms that issuers agree to comply with FFE requirements and standards.	2018 LTI Page 9	QHPs & SADPS	CMS	State	State
20	Quality Improvement Strategy (QIS)	The review ensures that issuers that meet the QIS participation criteria implement and report on at least one QIS, and submit an Implementation Plan Form or a Progress Report Form that demonstrates compliance with QIS standards.	2018 LTI Pages 40-42	QHPs only	CMS	CMS	State
21	Quality Rating Strategy (QRS)	The review ensures that issuers that meet the participation criteria attest to complying with quality reporting requirements, including requirements to report data for the QRS and QHP Enrollee Survey.	2018 LTI Pages 38-40	QHPs only	CMS	CMS	State
22	SADP – EHB Benchmark	The review ensures that dental issuers' benefit packages align with the benefits covered by the applicable EHB benchmark plan.	2018 LTI Page 55	SADPs only	CMS	State	State

	Review Area	Review Description	Reference to Guidance	Applies to QHP / SADP	Federally-facilitated Exchange (FFE) Reviewer:	State Performing Plan Management Functions Reviewer:	State-based Exchange on the Federal Platform (SBE-FP) Reviewer:
23	Service Area	The review confirms that issuers have established a service area that covers a minimum geographic area that is at least the entire geographic area of a county. If the issuer proposed a service area smaller than a full county, the review ensures that the issuer is doing so because partial county coverage is necessary, non-discriminatory, and in the best interest of potential enrollees.	2018 LTI Pages 22-23	QHPs & SADPS	CMS	State	State
24	Silver/Gold	The review ensures that issuers offer at least one silver plan and one gold plan in each county and ZIP code combination they cover, in each market it covers (Individual and/or SHOP).	2018 LTI Page 23	QHPs only	CMS	State	State
25	Standardized Plan Options (SPO)	The review ensures Individual Market issuers offer a standardized plan option at every product type, metal level, and throughout every service area that they offer non-standardized plan options.	2025 LTI Page 9	QHPs only	CMS	CMS	CMS
26	Transparency in Coverage	The review confirms that issuers' total claims and denied claims data are internally consistent. The review also checks issuers' transparency webpages to make sure they include all required information, including how consumers can submit a claim, obtain prior approval, and appeal a determination.	2024 LTI Page 21	QHPs & SADPS	CMS	CMS	CMS
27	URLs	The review ensures that the data found at each issuer's provided SBC and/or formulary URLs matches the data in an issuer's QHP Application and adheres to CMS guidelines. The review also checks that SBC, provider directory, and formulary URLs lead to live, active webpages that are easily accessible to consumers and contain all required elements for that URL type.	SBC URL – 45 CFR 147.200 (a)(3) Provider Directory & Formulary URLs — 2018 LTI Pages 50-52	QHPs & SADPS	CMS	CMS	CMS