CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

TOOLKIT

QHP Certification
Health Insurance Marketplace

Plan Year 2025 QHP Certification State Toolkit

Last Updated: May 8, 2024

Contents

Introduction

The PY2025 QHP Certification State Toolkit consolidates important information about the PY2025 QHP certification process, including guidance about states' roles and responsibilities in this process, relevant system information, important deadlines, and key updates for PY2025. 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.

Change Log

Changes made after initial QHP Certification State Toolkit publishing are listed by section and corresponding publishing date.

Revised Section	Date
• Rate Review and Form Review sections updated to include Tennessee in the list of states for which CMS reviews form filings for compliance with applicable ACA and CAA requirements, and to denote that Tennessee does not have an Effective Rate Review Program.	May 3, 2024
• Appendix B edited to reflect Arkansas as an SBE-FP. • Appendix C, PY2025 QHP Data Submission and Certification Timeline, updated to reflect the extension of the deadline for validated QRS clinical measure data from June 14 to June 28, 2024.	May 8, 2024

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	❑ Notifies CMS of whether plans meet state standards for certification ❑ Performs *some* QHP Application data reviews
State performing plan management functions	HealthCare.gov	**CMS** is responsible for certifying QHPs based on the state's recommendations	❑ Recommends to CMS whether plans meet state standards for certification ❑ Performs *most* QHP Application data reviews
State-based Exchange on the federal platform (SBE-FP)	HealthCare.gov	**State** is responsible for certifying QHPs	❑ Notifies CMS of whether plans are certified for participation on the Exchange ❑ Reviews and approves issuer data change requests (DCRs) ❑ Performs *nearly all* QHP Application data reviews
State-based Exchange (SBE)	Exchange websites established and maintained by the states	**State** is responsible for certifying QHPs	❑ Performs all plan management functions

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 PY2025 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, via the CMS Enterprise Portal (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 Roles by State Exchange Model
- ❑ Review URR Instructions

Technical Assistance

For **general, non-technical questions**, contact the PMSC mailbox at PlanManagementStateCoordination@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.
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 questions about **form filing**, contact FormFiling@cms.hhs.gov.
For questions about **rate review**, contact RateReview@cms.hhs.gov.

QHP Application Systems and Data Collection

Issuers seeking certification use two systems to submit QHP Application data to CMS: the **Health Insurance Oversight System (HIOS)** and the **System for Electronic Rates & Forms Filing (SERFF)**. The data issuers submit in each of these systems depends on their state's Exchange model (see Appendix B); for a complete list of QHP Application materials and their associated submission systems, reference Appendix C of the QHP Certification Issuer Toolkit.

States can review their issuers' data and complete a variety of QHP certification-related activities using these systems. For guidance on whether CMS or the state is primarily responsible for ensuring issuers' data complies with applicable standards, reference the Review Roles by State Exchange Model document on the QHP certification website.

States also use the **Plan Management (PM) Community** to complete certain plan management activities. Read more about these systems in the sub-sections below.

HIOS

Marketplace Plan Management System (MPMS) Module

The HIOS MPMS Module is a web application where **all issuers** create, validate, and submit their QHP Application to CMS for review. Issuers in states performing plan management functions and SBE-FP states first submit the majority of plan data to their state via SERFF, so the state can review these data before transferring to the MPMS Module, where these issuers will then submit their application to CMS.

All QHP applicants, including issuers in states performing plan management functions and SBE-FP states, use the MPMS Module to validate data in the Plan Validation Workspace, cross validate and submit their application to CMS, view some review results, and use Plan Preview to confirm the display of their plans.

All states need to obtain access to the MPMS Module as a PM State Reviewer to view issuers' QHP Application data, statuses, and review results. States can 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 requesting access to and navigating the MPMS Module is available on the Submission Systems webpage of the QHP certification website and in the MPMS Module User Guide.

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, and for communicating to their issuers any additional state-specific application requirements, as well as any state-specific submission deadlines.

New for PY2025, following states' transfer of data from SERFF to HIOS, issuers in states performing plan management functions and SBE-FP states must log into the MPMS Module, complete any pending justifications and application sections, and submit applicable groups to CMS for review. When issuers submit groups in the MPMS Module, cross validation checks will automatically run on the applicable data and display to the issuer.

Note that if issuers receive any cross validation errors that require updates to application data originally submitted in SERFF, issuers must re-submit these data to the state via SERFF and **the state must re-transfer data to HIOS** before the issuer can attempt to submit their application to CMS again. **QHP Applications will not be considered complete until issuers submit each required application group in the MPMS Module.**

SERFF Tips… To minimize potential delays in data transfer and to allow time for resolving validation and cross validation errors, states are encouraged to:

- Transfer issuers' plan data from SERFF to HIOS well in advance of CMS's submission deadlines—**including any data submitted in SERFF following resolution of cross validation errors or required corrections**.
- Ensure issuers have created their QHP Application in the MPMS Module and validated data in the Plan Validation Workspace prior to the state transferring data to CMS.
- Work with issuers to ensure that all required application groups in the MPMS Module have been successfully submitted to CMS as soon as possible following state transfer of application data.

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. Instructions for indicating contact removal and for adding new contacts are detailed on the Register for Updates webpage of the QHP certification website.

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.

Data Reviews and Review Results

Data Validation

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 to their state (via SERFF) and/or to CMS (via HIOS).

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 their state and/or to CMS 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 prior to 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 validation results is below, and 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.

Cross Validation

After resolving validation errors and warnings (if applicable), **issuers in all states should also cross validate their QHP Application templates in the Plan Validation Workspace**. After resolving cross validation errors, issuers in FFE states can link valid templates to their QHP Application in the MPMS Module; issuers in states performing plan management functions and SBE-FP states can proceed with submitting application data to their state.

The MPMS Module will also cross validate application data and return any cross validation errors or warnings when issuers submit application group(s) to CMS. Additionally, starting in PY2025, applicable issuers must complete all required cross validation checks in the Plans & Benefits and Plan ID Crosswalk sections of MPMS before submitting the respective groups. These steps are in addition to cross validation checks performed on the rest of an issuer's QHP Application.

SERFF Tips… States performing plan management functions and SBE-FP states must transfer data from SERFF to HIOS before their issuers can complete their QHP Application and submit to CMS. If changes to application data originally submitted via SERFF are necessary based on cross validation errors, issuers must re-submit these data to the state via SERFF, and **the state must re-transfer data to HIOS** before the issuer can attempt to submit their application to CMS again.

SERFF Validate & Transform

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

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.

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 and CMS deadlines, and the timely transfer of data from SERFF to HIOS, states are encouraged to:

- Communicate with their issuers about validating data.
- Transfer plan data from SERFF to HIOS as early as possible, to allow sufficient time for issuers to cross validate their application, resolve any errors, and submit groups in the MPMS Module.
- Work with issuers to confirm that CMS always receives the most updated plan data **(i.e., transfer updated data throughout the QHP Application submission cycle).**

Review Tools

For PY2025, CMS is continuing to provide 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.

In upcoming plan years, CMS will continue to employ the MPMS Module for an increasing number of QHP certification activities, and as a result, CMS anticipates that some existing resources—such as the review tools—will be retired from future release. **As such, CMS strongly encourages all states to consider increasing familiarity with the MPMS Module during PY2025, and/or continue any efforts involved with the development or utilization of state-developed review tools.**

Review tools, instructional videos, and key updates for PY2025 can be found on the QHP certification website. A brief description of each review tool for PY2025 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.
Data Consolidation Tool (formerly Master Review Tool)	CMS recommends states use this tool second to aggregate data from the Plans & Benefits, Service Area, Network Adequacy, 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.
Adverse Tiering Tool	This tool checks that a plan's prescription drug benefit design does not discourage enrollment by covering most or all drugs necessary for the treatment of high-cost and chronic conditions on the highest cost-share tier.
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)v9.0 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 are shared in the MPMS Module, while some review area's results are 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 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 their state and/or CMS 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

States with access to the **HIOS MPMS Module** can log in to view issuers' post-submission review results via the CMS Enterprise Portal. Issuers' required corrections will be available in the QHP Applications page. As CMS completes reviews, the relevant application groups will display one of the following statuses:

- **Corrections Required:** CMS has completed the review of one or more review areas affected by this group and there are corrections needed for at least one of the completed review areas.
- **No Action Required:** CMS has completed the review of all review areas affected by this group and there are **no** corrections needed for the completed review areas.

States with access to the **PM Community** can log in to view issuers' review results via the SEI Portal. Issuers' post-submission review results are available in 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 2025 plan year in spring 2024 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 issuers (for both QHPs and non-QHPs) offering a single risk pool plan in the Individual, Small Group, and/or merged market are required to submit proposed rate filing justifications to CMS. These filings are generally submitted through SERFF; rate filings submitted through SERFF are automatically uploaded to the URR Module of HIOS and will be considered filed with CMS.[1] Additionally, the ACA requires states with an Effective Rate Review Program to review proposed rate changes for compliance with federal rating rules and to review proposed rate increases at or above the applicable threshold (currently 15%) for reasonableness. CMS performs these compliance and reasonableness reviews in states without an Effective Rate Review Program.

State regulators should reference the below federal rate filing deadlines and advise issuers whether the state has instituted any earlier deadlines, and of any additional justifications or supporting documents that the state requires.

Activity	Dates
Submission deadline for issuers in states without an Effective Rate Review Program (OK, TN, and WY) to submit proposed rate filing justifications to CMS.	June 3, 2024
Submission deadline for issuers in states with an Effective Rate Review Program to submit proposed rate filing justifications to CMS and the state.	July 17, 2024
Deadline for states with an Effective Rate Review Program with an Exchange served by the HealthCare.gov platform to finalize determinations for rate filing justifications that include a QHP.	August 14, 2024
Deadline for states with an Effective Rate Review Program with a State-based Exchange that does not use the HealthCare.gov platform to finalize determinations for rate filing justifications that include a QHP.	October 15, 2024

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 issuers according to state and federal regulations, communicate any needed modifications to the issuers, and enter the final determination status in SERFF or HIOS, as applicable, once final reviews are completed.

Form Review

[1] States without an Effective Rate Review Program (currently Oklahoma, Tennessee, 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. Additional information about Effective Rate Review Programs is available here.

States are the primary regulators of issuers and are responsible for enforcing the consumer protections and market reform provisions amended or extended by the ACA and CAA, as well as other federal requirements, in title XXVII of the PHS Act, both inside and outside the Exchanges. CMS relies on states' reviews of issuer-submitted policy forms for compliance with federal laws and regulations for which the state has enforcement authority, provided that states complete the reviews in a manner consistent with FFE operational timelines.

CMS Enforcement

CMS is responsible for enforcing these provisions when a state or territory informs CMS that it does not have authority to enforce or is not otherwise enforcing one or more of the applicable provisions, or when CMS determines that a state or territory is not substantially enforcing one or more of the applicable provisions. CMS reviews form filings for compliance with applicable ACA and CAA requirements in the following states and territories:

- **ACA –** Missouri, Oklahoma, Tennessee, Texas, and Wyoming
- **CAA –** Alabama, American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, New Hampshire, Northern Mariana Islands, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, and Wyoming

Issuers in these states and territories must submit form filings in SERFF for CMS review; instructions for submitting these data are forthcoming. Additional information on health insurance market reforms is available here.

What do states need to do to review issuers' form filings?

States with enforcement authority should:

- ❑ Review forms submitted by 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 via the HIOS MPMS Module from issuers that are certified on the Individual Market for the current plan year and intend to offer coverage for the upcoming plan year.[2] As a part of this data collection, **states are required to provide documentation to their issuers indicating their approval for each issuer to submit its Plan ID Crosswalk Template to CMS.** CMS uses the data collected in issuers' Plan ID Crosswalk Templates to facilitate automatic re-enrollment transactions from CMS to the issuer, for enrollees in the Individual Market who have not actively selected a QHP or cancel their coverage during Open Enrollment by December 15, to help ensure that they have coverage on January 1.[3]

Additionally, per 45 CFR 155.335(j)(3), in cases where no QHP from the same issuer is available through the Exchange, the Exchange may enroll enrollees in a QHP issued by a different issuer, to the extent permitted by applicable state law, as

[2] In rare instances and with state and CMS approval, an issuer that is not certified to offer coverage during the current plan year may submit a Plan ID Crosswalk Template to receive plans in the upcoming plan year from another issuer in its same state and parent organization.

[3] SADPs, as plans that offer excepted benefits, are not subject to the guaranteed renewability standards specified at 45 CFR 147.106. However, CMS aims to apply the processes established for the 2024 Plan ID Crosswalk Template to SADPs in order to support automatic re-enrollment for SADPs offered during the 2025 plan year.

directed by the applicable state regulatory authority; or, if the applicable state regulatory authority declines to provide direction, in a similar QHP from a different issuer as determined by the Exchange. 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 this alternate enrollment process, sometimes referred to as cross-issuer re-enrollment, or defer it to CMS. For states that do not provide notice of their intent or that defer to CMS, CMS will direct the alternate enrollment activity for applicable QHPs using the federal hierarchy specified in the Federally-facilitated Exchange (FFE) Enrollment Manual, which reflects the rules 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 their approval for each issuer to submit its Plan ID Crosswalk Template to CMS.

What do states need to do for alternate enrollment?

All states should:

- ❑ Notify CMS of their decision in response to CMS outreach.

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

- ❑ 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 PY2025 certification. States should review this plan list and notify CMS if there are any questions or concerns.

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 plans 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 ACA requires non-grandfathered health plans in the Individual and SHOP Markets to cover 10 categories of EHB. 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 EHB 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	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: • State Confirmation • EHB-Benchmark Plan Actuarial Report and Certificate • State EHB-Benchmark Plan's Benefits and Limits • EHB-Benchmark Plan Document • EHB-Benchmark Plan Formulary Drug List

States that opt not to exercise this flexibility continue to use the same EHB-benchmark plan. States selecting a new EHB-benchmark plan for PY2026 must submit required documentation to CMS via the PM Community by **May 1, 2024**.

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 PY2026 must notify CMS via the PM Community by **May 1,**

2024. 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.

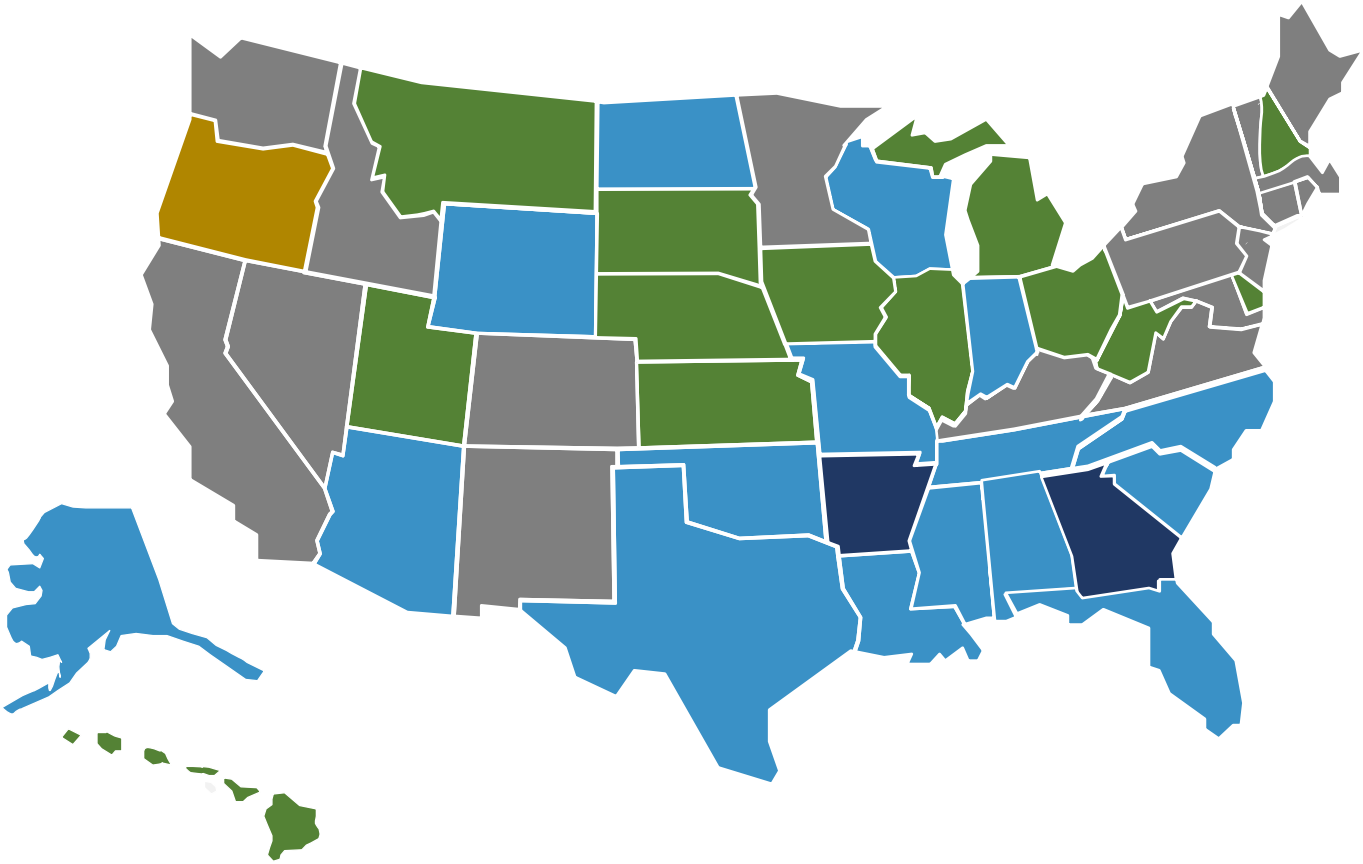
Appendices

Appendix A: Acronyms

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

- ACA: Affordable Care Act
- CAA: Consolidated Appropriations Act, 2021
- 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
- PHS: Public Health Service
- PM: plan management
- PMSC: Plan Management State Coordination
- 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



FFE

State performing plan management functions[1]

SBE-FP

SBE-FP Individual Market; SBE SHOP Market

SBE

[1] Hawaii 1332 waiver for small group coverage to be available directly from issuers.

Appendix C: PY2025 QHP Data Submission and Certification Timeline

Below is the PY2025 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	4/17/24
Early Bird Application Deadline: Optional Early Bird deadline for issuers to submit QHP Applications to CMS	5/15/24
CMS reviews Early Bird QHP Application data and releases results for issuers and states to review	4/18/24 – 6/7/24
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the issuer[5]	5/17/24
Initial Application Deadline: Initial deadline for issuers to submit QHP Applications to CMS, including Plan ID Crosswalk data	6/12/24
CMS reviews initial QHP Applications and releases results for issuers and states to review	6/13/24 – 7/12/24
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's IDSS[6]	6/28/24
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	7/17/24
CMS reviews Rates Table Template data and resubmitted QHP Application data, and releases results for issuers and states to review	7/18/24 – 8/9/24
Issuers, Exchange administrators, and CMS preview the 2024 QHP quality rating information	August/September 2024
Issuer Plan Confirmation/Crosswalk Deadline: Issuers complete final plan confirmation and submit final Plan ID Crosswalk Templates	8/7/24 – 8/21/24
Final Application Deadline: Deadline for issuers to submit changes to their QHP Applications	8/14/24
CMS reviews QHP Applications and releases results for issuers and states to review	8/15/24 – 9/9/24
CMS sends QHP Certification Agreements to issuers	9/10/24
QHP Agreement Signing Deadline: Issuers return signed QHP Certification Agreements to CMS	9/10/24 – 9/18/24
State Plan Confirmation Deadline: States complete final plan confirmation	9/10/24 – 9/18/24
Limited data correction window	9/12/24 – 9/13/24
Machine-Readable/URL Deadline: Deadline for issuers' machine-readable data to be posted and marketing URLs to be live and active	9/18/24
CMS releases certification notices to issuers and states	10/1/24 – 10/2/24
Anticipated public display of QHP quality rating information	11/1/24
Open Enrollment begins	11/1/24

[5] QRS and QHP Enrollee Survey Technical Guidance for 2024, available at https://www.cms.gov/files/document/qrs-and-qhp-enrollee-survey-technical-guidance-2024.pdf.

[6] Each QHP issuer must submit and plan-lock its QRS clinical measure data by May 31 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 28 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.