Qualified Health Plan Issuer Application Instructions

Plan Year 2025

Extracted section:

Section 2L: Accreditation



Section 2L: Accreditation

1. Introduction

In the Accreditation section of the Marketplace Plan Management System (MPMS), issuers enter information to satisfy the accreditation qualified health plan (QHP) certification requirement (Figure 2L-1), Issuers can provide information for an accredited product in the Commercial, Medicaid, or Exchange markets. These instructions apply only to those issuers that are filing via the Health Insurance Oversight System (HIOS) to issue a QHP on the Federally-facilitated

The instructions for this section apply to the following issuer type:

QHP

See Appendix D for additional information.

Exchange (FFE).

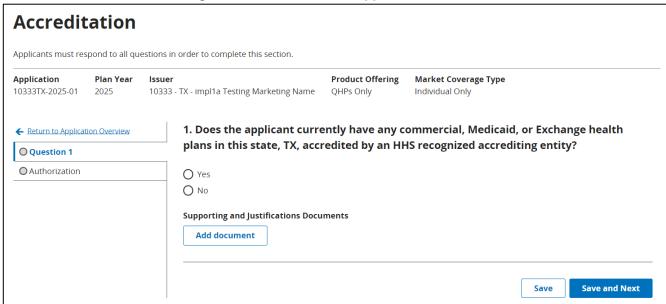
If the issuer's state performs plan management functions or has a State-based Exchange on the Federal Platform (SBE-FP), the issuer must comply with the requirements for accreditation data collection specified by your state.

2. Data Requirements

To complete this section, the following are needed:

- 1. Information about which accrediting entity the issuer is 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 B.

Figure 2L-1. Accreditation Application Section



3. Quick Reference

Key Changes for 2025 ◆ No changes for the 2025 QHP Application.



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 the legal issuer name and the HIOS Issuer ID used in the QHP Application to ensure the HIOS Issuer ID is included in the data file the accrediting entity provides to the Centers for Medicare & Medicaid Services (CMS).

Additional Resources

- ◆ There are optional supporting documents for this section.
- There are no instructional videos for this section.
- There are no templates for this section.

4. Detailed Section Instructions

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

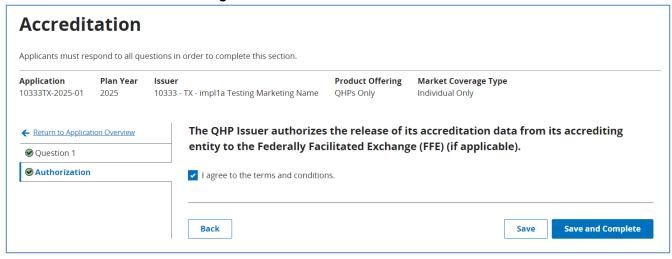
Accreditation Question	Steps
Does the applicant currently have any Commercial, Medicaid, or Exchange health plans in this state, [state of issuer identified], accredited by an HHS-recognized accrediting entity?	 Choose from the following: Yes—if the issuer has existing health plan accreditations on any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

Accreditation Responses	Steps
If the issuer responds Yes to the accreditation question, the issuer must select the accrediting entity.	Choose from the following. If the issuer is accredited by multiple entities, select all that apply:
	◆ NCQA—if the issuer is accredited by NCQA.
	◆ URAC—if the issuer is accredited by URAC.
	◆ AAAHC—if the issuer is accredited by AAAHC.
Irrespective of whether the issuer responds 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, issuers must complete the Terms and Conditions attestation (Figure 2L-2), regardless of their response.



Figure 2L-2. Authorization for All Issuers



The issuer may upload copies of their accreditation certificates into MPMS along with their answer(s) to Question 1.

Accreditation Certificate	Steps
Scan Certificate	Scan each accreditation certificate (one per accredited market type). If the issuer is accredited by NCQA and does not have a copy of their accreditation certificate, use the NCQA Interactive Survey System (ISS) to get a copy of the survey results. Log into ISS, click on the <i>Results</i> tab, view the survey results, and print the results screen.
Name File	Save the accreditation certificate using the naming convention in Table C-1: [Issuer ID]_[Name of Accrediting entity] (e.g. 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 second year (or later) 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 an issuer was previously QHP certified, but did not pursue certification in the preceding year and is pursuing certification in the current year, the issuer will be held to the <u>second-year accreditation standard</u>, i.e., the issuer must be accredited 90 days prior to Open Enrollment. If the issuer goes on to pursue certification the following year, they will be considered a third-year issuer, and so forth.

Note: CMS reviews issuers that crosswalk enrollees to a new HIOS Issuer ID for accreditation <u>based on their cumulative years of certification</u>. Therefore, issuers 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.

