

Plan Submissions and Displays to CMS for: Medical Issuers in private insurance market

System Name	Who submits to this system?	What data is submitted?	How is data submitted?	When is data submitted?	Where is data displayed?	What data is displayed?	Can consumers buy plans on the site where data is displayed?	What should be done if information is incorrect?	Additional information can be found at:
Health Insurance Oversight System (HIOS) Plan Finder	All issuers in small group and individual market	All products on and off marketplace	HIOS Plan Finder Module	Enrollment data is submitted in HIOS quarterly	https://finder.healthcare.gov/	Some plan information and estimated premiums	No	Contact helpdesk, cms_feps@cms.hhs.gov	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#ContentRequirementsforPlanFinder
Rate and Benefits Information System (RBIS)	All issuers in small group and individual market	All products on and off marketplace	RBIS system in HIOS, using the Plan and Benefits, service area, rates and business rules templates	Plan data is submitted into RBIS every 10 weeks with a 3 week refresh period for system enhancements	https://finder.healthcare.gov/	Some plan information and estimated premiums	No	Contact helpdesk, cms_feps@cms.hhs.gov	https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/HIOS-RBIS-UserManual-062014.pdf
CMS Form Filing	Issuers in direct enforcement states, for all markets (individual, small group, and large group)	All health insurance plan documents for on and off marketplace	HIOS Form Filing Module	Annually. Small and individual (except student health) group QHP and NonQHP are due at the same time as the QHP application. Large group and student health products are due 60 days prior to marketing.	NA	None	No	Contact formfiling@cms.hhs.gov	http://www.cms.gov/ciio/Resources/forms-reports-and-other-resources/index.html#HealthInsuranceMarketReforms
CMS Market Conduct	Issuers in direct enforcement states and non-federal government plans	As requested by CMS during an examination	HIOS Market Conduct Module	Upon request by CMS or CMS Contractor	TBD	Final examination report	No	Contact marketconduct@cms.hhs.gov	

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HIOS Unified Rate Review (URR)	All Issuers in all 50 states (and DC) with rate increases for single risk pool plans offered on or off the marketplace	A Unified Rate Review Template (URRT) and actuarial memorandum. For rate increases of 10% or greater, issuers must also submit a consumer-friendly justification for the rate increase.	HIOS Unified Rate Review Module	Annually in Spring. Quarterly updates allowed in the small group market.	https://ratereview.healthcare.gov/ and https://www.cms.gov/CCIIO/Resources/Data-Resources/ratereview.html	Some information from URRT and a redacted version of the actuarial memorandum, and, for rate increases of 10% or greater, the consumer friendly justification.	No	Contact ratereview@cms.hhs.gov	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Review-of-Insurance-Rates.html
HIOS Rate Review Justification (RRJ)	All Issuers in all 50 states (and DC) with a rate increase of 10% or greater for a non-single risk pool plans (i.e. transitional policies and student health insurance plans)	A rate Increase summary template, an actuarial memorandum, and a consumer-friendly justification.	HIOS RRJ Module	The same day that the issuer submits a rate filing to the state or, for issuers in states without rate filing requirements, the effective date of the rate increase.	https://ratereview.healthcare.gov/ and https://www.cms.gov/CCIIO/Resources/Data-Resources/ratereview.html	Some information from the rate increase summary, a redacted actuarial memorandum, and all of the consumer-friendly justification.	No	Contact ratereview@cms.hhs.gov	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Review-of-Insurance-Rates.html
Healthcare.gov (Federally-facilitated Marketplaces (FFMs)) and State-based Marketplaces utilizing the federal platform (SBM-FPs)	Issuers that want to offer QHPs in the individual marketplace in FFM, State Partnership Marketplaces (SPMs), or SBM-FP states	On marketplace plans only	For issuers in FFM states: HIOS Issuer, Rates, and Benefits & Service area modules, using QHP application For issuers in SPM and SBM-FP states: SERFF binder submissions using QHP application	Annually in Spring	https://www.healthcare.gov/ By logging in and completing an application	Selected plan information and premiums	Yes	Submit data change request to helpdesk at cms_feps@cms.hhs.gov	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/ghp.html

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Healthcare.gov (Federally-facilitated Small Business Health Options Programs (FF-SHOPs)) and State-based Marketplaces utilizing the federal platform (SBM-FPs)	Issuers that want to offer QHPs in the SHOP marketplace in FFM, SPM, or SBM-FP states	On marketplace plans only	For issuers in FFM states: HIOS Issuer, Rates, and Benefits & Service area modules, using QHP application For issuers in SPM and SBM-FP states: SERFF binder submissions using QHP application	Annually in Spring, Rate updates allowed quarterly	https://www.healthcare.gov/ By logging in and completing an application	Plan information and premiums	Yes	Submit data change request to helpdesk at cms_feps@cms.hhs.gov	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/ghp.html
QHP – Anonymous Shopper/PET (available in FFM, SPM or SBM-FP states)	N/A - No separate data submission is required. This system pulls data from issuer submissions for QHP-Individual and SHOP marketplace.	NA	NA	NA	https://www.healthcare.gov/ through “see plans before I apply”	Limited set of plan information and estimated premiums	No	Submit data change request to helpdesk at cms_feps@cms.hhs.gov	
Marketplace Quality	Issuers who offered plans in the previous two years on a marketplace (FFM, SPM, SBM-FP and SBM) and meet eligibility criteria to submit quality data	Quality Rating System (QRS) and QHP Enrollee Survey data	Issuers submit data to survey vendors and HEDIS Compliance Auditors, who submit to CMS	Annually in the summer	Beginning in Plan Year 2017: healthcare.gov and State Marketplace websites	Quality rating information (star ratings)	Yes (for Plan Year 2017 and beyond)	Contact helpdesk, cms_feps@cms.hhs.gov Contact state if in an SBM	
Financial Management	Risk Adjustment: all ACA-compliant issuers in individual and small group markets; Reinsurance: all issuers in individual market; Risk Corridors: individual	Claims and enrollment data for all ACA-compliant risk adjustment covered plans in the individual and small group markets,[2] and all reinsurance-eligible plans in the	For risk adjustment and reinsurance: HIOS Financial Management Module/EDGE servers; for risk corridors, through the MLR/risk corridors annual	For risk adjustment and reinsurance on a quarterly basis each year, Annually beginning in Fall, ending April 30 th of the year following the applicable benefit year (that is,	For risk adjustment and reinsurance, data is maintained on the issuer’s EDGE server; however, summary data is made public on June 30 th on the CCIIO website; for	For risk adjustment and reinsurance, summary data is made public on June 30 th on the CCIIO website; risk corridors data that is included on the annual MLR	NA	For risk adjustment and reinsurance, contact RARIPaymentoperations@cms.hhs.gov ; for risk corridors, contact ACARiskCorridors@cms.hhs.gov	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/index.html ; www.regtap.info

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	and small group QHPs on and off the Marketplaces	individual market; for risk corridors: claims, premiums, and administrative cost data for ACA-compliant business from all major-medical QHPs on and off the Marketplaces	reporting form and the risk corridors plan level data form	for 2015, data submission deadline is April 30, 2016); For risk corridors, beginning in July 1 st through July 31 st for the first filing deadline	risk corridors, the data is made public as it is included on the annual MLR reporting form	reporting form will be made public in the Fall of the year following the applicable benefit year.			
HIOS Medical Loss Ratio (MLR)	All issuers in individual, small group, and large group markets (including grandfathered products)	Enrollment, claims, premiums, and administrative cost data for all products on and off marketplace, including grandfathered products, aggregated at the company/ state/ market level	Issuers submit annual reporting form in the HIOS MLR Module	Annually in Summer	https://data.healthcare.gov/ ; and https://www.cms.gov/CCIIO/Resources/Data-Resources/mlr.html	Enrollment, claims, premiums, and administrative cost data, aggregated at the company/ state/ market level	NA	Contact MLRQuestions@cms.hhs.gov	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Medical-Loss-Ratio.html
Medical Loss Ratio Audit Program	Issuers in the individual, small group, and large group markets (including grandfathered products) that CMS selects for an MLR audit; in states that do not perform MLR exams approved by CMS	Information necessary to assess an issuer's compliance with MLR reporting and rebate requirements, as requested by CMS during an audit	Issuers submit data to CMS audit contractor via secure SFTP site	Upon request by CMS	TBD	Final examination report	NA	Contact MLRQuestions@cms.hhs.gov	http://www.naic.org/documents/committees_e_health_reform_exam_technical_group_procedures.doc

Plan Submissions and Displays to CMS for: Dental Issuers in private insurance market

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Health Insurance Oversight System (HIOS) Plan Finder	Stand-alone dental plans (SADPs) that offer plans on the marketplace for FFM, SPM, and SBM-FP must register products in HIOS Plan Finder	All products on marketplace	Plan and Benefits template, using the HIOS Plan Finder Module	Enrollment data is submitted in HIOS quarterly, Plan data is submitted into RBIS every 10 weeks with a three (3) week refresh period for system enhancements	https://finder.healthcare.gov/	Some plan information and estimated premiums	No	Contact helpdesk at cms_feps@cms.hhs.gov	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Content Requirements for Plan Finder
Rate and Benefits Information System (RBIS)	Not required as RBIS does not collect data for SADPs	NA	NA	NA	NA	NA	NA	NA	NA
CMS Form Filing	SADPs do not submit	NA	NA	NA	NA	NA	NA	NA	NA
CMS Market Conduct	SADPs do not submit	NA	NA	NA	NA	NA	NA	NA	NA
HIOS Unified Rate Review	SADPs do not submit	NA	NA	NA	NA	NA	NA	NA	NA
HIOS Rate Review Justification (RRJ)	SADPs do not submit	NA	NA	NA	NA	NA	NA	NA	NA
Healthcare.gov (Federally-facilitated Marketplaces (FFMs)) and State-based Marketplaces utilizing the federal platform (SBM-FPs)	Issuers that want to offer SADPs in the individual marketplace, or be a certified SADP off marketplace in FFM, SPMs, or SBM-FP states	All on marketplace products and any off marketplace products for certification	For issuers in FFM states: HIOS Issuer, Rates, and Benefits & Service area modules, using QHP application. For issuers in SPM and SBM-FP states: SERFF binder submissions using QHP application	Annually in Spring	https://www.healthcare.gov/ - by logging in and completing an application	Selected plan information and premiums (guaranteed and estimated)	Yes- on-marketplace plans only	Submit data change request to helpdesk at cms_feps@cms.hhs.gov	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/ghp.html
Healthcare.gov (Federally-facilitated Small	Issuers who want to offer SADPs in the SHOP marketplace,	All on marketplace products and any off marketplace	For issuers in FFM states: HIOS Issuer, Rates, and Benefits	Annually in Spring, rate updates allowed quarterly	https://www.healthcare.gov/ - by logging in and completing an	Plan information and premiums (guaranteed only)	Yes- on-marketplace plans only	Submit data change request to helpdesk at	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/ghp.html

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Business Health Options Programs (FF-SHOPs) and State-based Marketplaces utilizing the federal platform (SBM-FPs)	or be a certified SADP off marketplace in FFM, SPM, or SBM-FP states	products for certification	& Service area modules, using QHP application. For issuers in SPM and SBM-FP states: SERFF binder submissions using QHP application			application		cms_feps@cms.hhs.gov	Initiatives/Health-Insurance-Marketplaces/qhp.html
QHP – Anonymous Shopper/PET (available in FFM, SPM or SBM-FP states)	No separate data submission is required. This system pulls data from issuer submissions for SADP-Individual and SHOP marketplace	NA	NA	NA	https://www.healthcare.gov/ - through “see plans before I apply”	Limited set of plan information and estimated premiums	No	Submit data change request to helpdesk at cms_feps@cms.hhs.gov	
Marketplace Quality	SADPs do not currently submit	NA	NA	NA	NA	NA	NA	NA	NA
Financial Management	Some dental plans do receive APTC, but most do not. Enrollment and Payment Data is collected from all SADPs with enrollments through the Marketplaces, however, in order to collect FFM user fees.	For marketplace plans, an enrollment and payment data workbook containing premium, APTC, CSR, user fees, number of policies, number of members	Excel workbook called Enrollment and Payment Data Workbook via reply to marketplacepayments@cms.hhs.gov	Monthly	It is not displayed. The interim payment process team sends an empty workbook to all issuers each month.	NA	NA	Contact marketplacepayments@cms.hhs.gov	www.regtap.info
HIOS Medical Loss Ratio	SADPs do not submit	NA	NA	NA	NA	NA	NA	NA	NA
Medical Loss Ratio Audit Program	SADPs do not submit	NA	NA	NA	NA	NA	NA	NA	NA