

Revision History

The following table outlines changes to the Instructions chapters.

Version	Chapter	Date	Revision description
2	Chapter 1: Instructions for the Administrative Application Section	5/23/14	Added SHOP information to Section 2 QHP Data Display and Section 5.2 Data Updates.
2	Chapter 2: Instructions for the Program Attestations Application Section	NA	NA
2	Chapter 3: Instructions for the State Licensure Application Section	NA	NA
2	Chapter 4: Instructions for the Good Standing Application Section	NA	NA
2	Chapter 5: Instructions for the Accreditation Application Section	5/23/14	Updated URLs for accessing the following: <ul style="list-style-type: none"> • AAAHC Accreditation Template. • Accreditation Attestation for Accredited Issuers.
2	Chapter 6: Instructions for the Network Adequacy Application Section	5/23/14	Instruction for dual product issuers: <ul style="list-style-type: none"> • Dual product issuers must create separate Network IDs for their medical and dental plans.
2	Chapter 7: Instructions for the Essential Community Providers Application Section	5/23/14	Instruction for dual product issuers: <ul style="list-style-type: none"> • Dual product issuers must create separate Network IDs for their medical and dental plans. Correction to instructions related to whether an ECP Supplemental Response form is required: <ul style="list-style-type: none"> • Issuers that do not meet all of the supplemental response parameters must provide a Supplemental Response. Clarified guidance on page 4 of the document: <ul style="list-style-type: none"> • Expanded information about using the HHS non-exhaustive ECP list when errors are found.
2	Chapter 8: Instructions for the Network Identification Application Section	5/23/14	Instruction for dual product issuers: <ul style="list-style-type: none"> • Dual product issuers offering QHPs and dental plans must use the word “dental” in the network name for their dental network to distinguish the QHP network from the dental network. • Dual product issuers offering QHPs and dental plans must create separate Network IDs for their QHP and dental networks using the Network Template.

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2	Chapter 9: Instructions for the Service Area Application Section	5/23/14	<p>Instruction for dual product issuers:</p> <ul style="list-style-type: none"> • Dual product issuers offering QHPs and dental plans must create two different Service Area IDs for use with the two plan types regardless of whether the service area is intended to serve both QHPs and dental plans. • Dual product issuers must use the word “dental” in the service area name for their dental service area to distinguish the QHP service area from the dental service area. <p>Deleted reference in the last bullet of the highlights box about the deadline for service area changes</p>
2	Chapter 10: Instructions for the Plans and Benefits Application Section	5/27/14	<p>General Information Section 4.2 change:</p> <ul style="list-style-type: none"> • Expanded information related to SHOP (Small Group). <p>Plan Attributes Section 4.4 change:</p> <ul style="list-style-type: none"> • For <i>Child-Only Offering</i>, added information relation to FF-SHOP and SP-SHOP. <p>General Information Section 4.11 changes:</p> <ul style="list-style-type: none"> • In the example for <i>Other Law/Regulation</i>, replaced “Not Covered” with “blank.” • In the example for EHB Benefit, replaced “Not Covered” with “not being covered.” <p>Table 10-7: Compliant and Noncompliant Successive Cost Sharing Data Entry Options for Inpatient Specific Copay Values:</p> <ul style="list-style-type: none"> • For \$X Copay for Day row, Compliant Second Plan (higher AV) Copay Values column, added “\$Y Copay per Stay (when \$Y ≤ \$X)”. • For \$X Copay for Day row, Noncompliant Second (higher AV) Copay Values column, changed the first bullet to “\$Y Copay per Stay (when \$Y > \$X)”. <p>Suggested Coordination of Drug Data Between Templates Section 5.8 changes:</p> <ul style="list-style-type: none"> • Specified that the section includes options. • Added final paragraph to the section about translating cost-sharing data from the Prescription Drug Template into the Plans & Benefits Template.
2	Chapter 11: Actuarial Value Calculator	5/23/14	<p>Default coinsurance example changes:</p> <ul style="list-style-type: none"> • If issuer enters 0% in the Default Coinsurance field in the Plans & Benefits Template, the AVC expects a copay-based plan. • If the plan is not a copay-based plan, but enrollees pay 0% coinsurance for services in the coinsurance range, issuer should enter 0.01% in the relevant Default Coinsurance field in the Plans & Benefits Template. • When using the stand-alone AVC, the issuer would either input 100% or 99.99%, respectively since the stand-alone AVC represents the percentage of costs the issuer pays while the Plans & Benefits Template represents the percentage of costs the enrollee pays for a given service. <p>Change to Table 11-2: Benefit Category Alignment between Plans & Benefits Template and AVC—added a footnote</p>

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			related to the Preventive Care/Screening/Immunization benefit category.
2	Chapter 12: Instructions for the Prescription Drug Application Section	5/23/14	Updated URL for accessing the following: <ul style="list-style-type: none"> • SERVIS.
2	Chapter 13	5/23/14	<ul style="list-style-type: none"> • SHOP will support only age-banded rates • SHOP will support only Child-Only offerings of “Allows Adult-Only” and “Allows Adult and Child-only.” • SHOP dental enrollment groups must match SHOP medical enrollment groups • SHOP accommodates only a tobacco look-back period of 6 months • If tobacco-using SHOP enrollees agree to participate in a tobacco cessation program, non-smoker rates will be used • SHOP plans accommodate only Spouse, Adopted Child, Foster Child, Ward, Self, Child, Life Partner and Other Relationship dependent relationships. • SHOP plans do not differentiate whether or not the dependent lives with the primary subscriber.
2	Chapter 14	5/23/14	<ul style="list-style-type: none"> • SHOP will support only age-banded rates • SHOP will support only Child-Only offerings of “Allows Adult-Only” and “Allows Adult and Child-only.” • SHOP dental enrollment groups must match SHOP medical enrollment groups • SHOP accommodates only a tobacco look-back period of 6 months • If tobacco-using SHOP enrollees agree to participate in a tobacco cessation program, non-smoker rates will be used • SHOP plans accommodate only Spouse, Adopted Child, Foster Child, Ward, Self, Child, Life Partner and Other Relationship dependent relationships. • SHOP plans do not differentiate whether or not the dependent lives with the primary subscriber.
2	Chapter 15: Instructions for Stand-Alone Dental Plan Applications	5/27/14	<p>Section Highlights box changes:</p> <ul style="list-style-type: none"> • Deleted instruction for only uploading one supporting document for each of the State Licensure, Good Standing, Program Attestations, and Network Adequacy sections; and combining all into a single document. • Added instruction that medical and dental plans should have separate Network IDs. • Added instruction that medical and dental plans should have separate service areas. <p>Administrative Section 4.1 changes:</p> <ul style="list-style-type: none"> • Added information about the need to ensure data contained in HIOS is correct. • Specified that FF-SHOP plans <i>Issuer Marketing Name</i> should be updated in both HIOS and the Administrative Template.

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			<p>Good Standing Section 4.4 changes:</p> <ul style="list-style-type: none"> Deleted reference to supporting documentation. <p>Added Network Adequacy instructions to Section 4.6 Network Adequacy Section.</p> <p>ECP section 4.7 changes:</p> <ul style="list-style-type: none"> Removed reference about not needing to distinguish between medical and dental providers the ECP Template. Removed reference that the percentage thresholds apply at the network level. Specified that percentage thresholds apply at the network level for all networks in a given service area. <p>Created Network Identification Section 4.8.</p> <p>Service Area Section 5.1 changes:</p> <ul style="list-style-type: none"> Dual product issuers must create two different Service Area IDs for use with the two plan types regardless of whether the service area is intended to serve both QHPs and dental plans. Dual product issuers must use the word “dental” in the service area name for their dental service area to distinguish the QHP service area from the dental service area. Deleted reference about the deadline for service area changes. <p>Plans & Benefits Section 5.2 changes:</p> <ul style="list-style-type: none"> Made changes identified in Chapter 10 Sections 4.4 and 4.11 to appropriate SADP section. Noted that on-Exchange FF-SHOP and SP SHOP SADPs may not estimate rates and must have guaranteed rates. <p>Made changes to Allows Adult-Only and Allows Child-Only options.</p> <p>Changes made to Business Rules Section 8.1 and Rates Table Section 8.2 to clarify issues related to SHOP.</p>
2	Chapter 16: Supporting Documentation and Justification	NA	NA