

Chapter 16: Supporting Documentation and Justification

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1. Overview

This chapter provides an overview of the supporting documentation and justification documents that issuers can submit as part of the Qualified Health Plan (QHP) application process. Please note that not all of the QHP application sections require the submission of supporting documentation and justification documents.

2. Submission Requirements

Some supporting documentation and justification documents can be submitted as part of an issuer’s application, if the issuer is unable to meet FFM requirements and standards at the time of initial submission. Other documents must be submitted as part of the resubmission process if the issuer is found to be deficient during CMS’ review of the issuer’s application.

Table 16-1 lists the supporting documentation and justification documents referenced in the QHP Application Instruction chapters. The table includes a description of the supporting documents, the submission criteria that determine whether an issuer must submit a supporting document or justification, the QHP Application Instructions chapter to which the supporting document applies, and the file naming convention to be used by issuers when naming the supporting document or justification.

Supporting documentation and justification forms are located along with the QHP Application Instructions at <http://cciio.cms.gov/programs/exchanges/qhp.html>. If a CMS supporting document or justification form is available for download, a link to the document is included in the Title column of Table 16-1. If a CMS form is not available, issuers may use their preferred document format when submitting supporting documents and justifications.

Table 16-1. QHP Application Supporting Documents and Justification Forms

Title	Description	Submission Criteria	Chapter	Suggested File Naming Convention (Issuer-ID_State_document-description)
Statement of Detailed Attestations	Provides a justification to clarify why an issuer is not attesting to, or does not comply with, any attestation with an asterisk.	Required if an issuer provides a No response to one or more groupings of attestations.	2	12345_XY_statement_detailed_attestations
Compliance Plan and Organizational Chart Cover Sheet	Provides documentation that the issuer has a compliance plan that adheres to all applicable laws, regulations, and guidance; that the compliance plan is ready for implementation; and that the issuer agrees to reasonably adhere to the compliance plan provided.	Required if a Yes response is provided to the Compliance Plan Attestation (see Chapter 2, Section 4.1.2).	2	12345_XY_comp_plan_org_chart_cover_sheet
Organizational Chart*	Provides documentation that the issuer has an organizational chart.	Required if a Yes response is provided to the Organizational Chart Attestation (see Chapter 2, Section 4.1.3).	2	12345_XY_org_chart
Licensure Documentation*	Provides documentation that the issuer is licensed.	Required if a Yes response is provided to Questions 1 or 2 in Chapter 3.	3	12345_XY_licensure_documentation
Good Standing Supplemental Response*	Describes how the issuer intends to comply with state solvency standards, and provides a justification for noncompliance that explains the conditions that caused the issuer to become financially insolvent.	Required if a Yes response is provided to Question 1 in Chapter 4.	4	12345_XY_good_standing_SupplementalResponse

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Title	Description	Submission Criteria	Chapter	Suggested File Naming Convention (Issuer-ID_State_document-description)
Corrective Action Plan*	Describes how the issuer intends to respond to corrective actions, and provides a justification that explains how a corrective action plan or equivalent document will address the issues identified by the state.	Required if a Yes response is provided to Question 2 in Chapter 4.	4	12345_XY_corrective_action_plan
Accreditation Certificate*	Demonstrates the issuer is accredited.	Required for all accredited issuers.	5	12345_XY_accreditation_certificate
Network Adequacy Justification*	Supporting documents (.txt files) created by the network adequacy template during issuer submission periods allow for network adequacy analyses. If an issuer receives a correction notice, the issuer may choose to provide a justification that explains how the issuer will provide reasonable access to health care providers in the geographic areas identified and includes any other considerations and information the issuer believes pertinent.	Required for all issuers, except issuers offering indemnity plan designs (they are not required to submit network adequacy templates and supporting documents). However, issuers offering indemnity plans may need to submit justifications pending a review of their data.	6	12345_XY_network_adequacy Dual product issuers should submit two files with the following naming conventions: <ul style="list-style-type: none"> • 12345_XY_network_adequacy_QHP • 12345_XY_network_adequacy_SADP

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Title	Description	Submission Criteria	Chapter	Suggested File Naming Convention (Issuer-ID_State_document-description)
Essential Community Providers Supplemental Response	<p>Describes why the issuer cannot meet the Essential Community Provider (ECP) requirements. Justifications for medical ECPs and dental ECPs have different requirements.</p>	<p>For medical ECPs, issuers whose plan network does not include at least 30 percent of available ECPs in the service area; that do not offer a contract to all Indian health providers in the service area, and that do not offer a contract to at least one ECP in each available ECP category in each county in the service area.</p> <p>For dental ECPs, issuers whose plan network does not include at least 30 percent of available ECPs in the service area and that do not offer a contract to all Indian health providers in the service area.</p>	7	<p>12345_XY_ECP_supplemental_response</p> <p>Dual product issuers should submit two files with the following naming conventions:</p> <ul style="list-style-type: none"> • 12345_XY_ECP_supplemental_response_QHP • 12345_XY_ECP_supplemental_response_SADP
Service Area Partial County Supplemental Response	<p>Describes why the issuer cannot provide service to an entire county.</p>	<p>Required if issuer is requesting a partial county service area.</p>	9	<p>12345_XY_service_area_partial_county</p>
Discrimination—Cost Sharing Outlier Supporting Documentation and Justification	<p>Identifies reasons why cost-sharing values found to be outliers should be allowed and are not discriminatory.</p>	<p>Required if the cost-sharing values are identified as outliers at the national and state levels.</p>	10	<p>12345_XY_cost_sharing_outlier</p>
Discrimination—Language Supporting Documentation and Justification	<p>Identifies reasons why language identified as discriminatory is not.</p>	<p>Required if language is found to be discriminatory.</p>	10	<p>12345_XY_discrimination_language</p>

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Title	Description	Submission Criteria	Chapter	Suggested File Naming Convention (Issuer-ID_State_document-description)
Meaningful Difference Supporting Documentation and Justification	Identifies reasons why the plans are meaningfully different.	Required for issuers that fail meaningful difference review	10	12345_XY_meaningful_difference
Unique Plan Design Supporting Documentation and Justification	Describes the reasons that a plan qualifies as unique (it is not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value.	Required if <i>Unique Plan Design?</i> is Yes	10	12345_XY_unique_plan_design
EHB-Substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification	Identifies Essential Health Benefit (EHB) benchmark benefits that have been substituted, the substituted benefits, and the associated values of each.	Required if <i>EHB Variance Reason</i> is Substituted	10, 15	12345_XY_EHB_substituted_benefit.doc
Discrimination—Clinical Appropriateness Supporting Documentation and Justification	Identifies reasons why a drug list fails a clinical appropriateness review but is not discriminatory.	Required if a drug list fails clinical appropriateness review.	12	12345_XY_clinical_appropriateness
Discrimination—Formulary Outlier Review Supporting Documentation and Justification	Identifies reasons why a category or class may be an outlier in terms of number of drugs that require utilization management but is not discriminatory.	Required if a category or class is determined an outlier.	12	12345_XY_formulary_outlier_review
Discrimination—Treatment Protocol Supporting Documentation and Justification	Identifies reasons why a drug list may be an outlier in terms of out-of-pocket cost but is not discriminatory.	Required if out-of-pocket cost is determined to be an outlier.	12	12345_XY_treatment_protocol

Table 16-1. QHP Application Supporting Documents and Justification Forms

Title	Description	Submission Criteria	Chapter	Suggested File Naming Convention (Issuer-ID_State_document-description)
Formulary— Inadequate Category/ Class Count Supporting Documentation and Justification	Identifies reasons for an inadequate count in a particular category or class.	Required if a category or class does not cover the greater of (1) one drug in every U.S. Pharmacopeial Convention category and class, or (2) the same number of prescription drugs in each category and class as the EHB benchmark plan.	12	12345_XY_inadequate_category_class
Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification	Describes the methods used to calculate actuarial value.	Required for all stand-alone dental plan issuers.	15	12345_XY_SADP_actuarial_value
Stand-Alone Dental Plan—Description of EHB Allocation	Details the methods and specific analysis used to determine the EHB apportionment for pediatric dental.	Required for all stand-alone dental plan issuers.	15	12345_XY_description_EHB_allocation
Federally-facilitated SHOP Participation Provision Supporting Documentation and Justification for the Federally-facilitated Individual Marketplace	Identifies the issuer's method of compliance with Exchange-SHOP tying requirement.	Required for all QHP issuers.	17	12345_XY_SHOP_participation_provision

*This document is not available for download; please refer to the corresponding QHP Application Instructions chapter for additional information.

3. Saving Supporting Documentation and Justification Documents

Issuers should save supporting documentation and justifications using the file naming conventions in the last column of Table 16-1. When saving the file, no spaces should be included in the file name, and a period, a hyphen, and an underscore are the only special characters that can be used. The file name may include both lowercase and capital letters, and its full path length must not exceed 255 characters if it's to be uploaded to either the Issuer Module or the Benefits and Service Area Module of the Health Insurance Oversight System (HIOS). The following document formats should be used when uploading supporting documentation and justification documents: **.doc; docx; pdf.**

4. Uploading Supporting Documentation and Justification Documents in HIOS

Issuers are encouraged, when possible, to upload one version of the supporting documentation and justification documents. For example, when the supporting documentation or justification reasoning is the same for multiple products or plans for a particular application section, the products and plans can be listed in one document.

For additional information about uploading the supporting documentation and justification documents in HIOS, please refer to the specific QHP Application Instructions chapters or the *Plan Management Benefits and Service Area User Guide* and the *Plan Management Issuer Module User Guide* found in the Application modules or at <https://zone.cms.gov/>.