



Centers for Medicare & Medicaid Services
Federally Facilitated Marketplace

Contract HHSM-500-2014-00191C

FFM Plan Management Issuer Module User Guide

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Approvals

Submitting Organization's Approving Authority:

Signature	Printed Name	Date	Phone Number
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CMS' Approving Authority:

Signature	Printed Name	Date	Phone Number
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1 Introduction

This user guide provides the information necessary for Centers for Medicare and Medicaid Services (CMS) users and issuers to effectively use the features and processes Issuer Module of the Federally-Facilitated Marketplace (FFM). Only users with appropriate permissions, as governed by the user management rules, may access the Issuer Module of the FFM.

2 Referenced Documents

The Center for Consumer Information and Insurance Oversight (CCIIO) has provided additional information detailing specific policy and submission criteria for each section of the Issuer Module on the CCIIO webpage. In addition, specific instructions are posted on the CMS zONE portal and CCIIO webpage to aid issuers in completing the templates. Please use the following link for more information: <http://cciio.cms.gov/programs/exchanges/qhp.html>.

3 Overview

The Issuer Module business area consists of business processes for certifying qualified health plans and the issuers that offer these plans for the Federally-Facilitated Marketplace (FFM). These areas are currently supported by:

- User interfaces and services for issuers to submit, review, and modify the information uploaded or provided directly via the user interface to support the QHP Application on the Federally-Facilitated Marketplace.
- Data submission templates (MS Excel-based) allowing issuers or their representatives to download, populate, validate, and upload data into the Plan Management system.

The Plan Management application design is supported by a scalable, n-Tiered environment running on the CMS cloud environment and leveraging a MarkLogic (XML) database. The user interface design is based on the CMS.gov web brand. It is Section 508 compliant.

3.1 Conventions

This document provides screen shots and corresponding narrative to describe how to use the Issuer Module system.

Fields or buttons to be acted upon are indicated in ***bold italics*** in the Action statement; links to be acted upon are indicated as links in underlined blue text in the Action statement.

NOTE: The term ‘user’ is used throughout this document to refer to a person who requires and/or has acquired access to the Rating module.

4 Getting Started

This section provides information about set-up and system access.

4.1 Set-Up Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 1024 x 768 based on Health and Human Services (HHS) standards. To optimize your access to the Plan Management (PM) system:

1. Please *disable pop-up blockers* prior to attempting access to the Plan Management system.
2. Use the following browser for optimum usability:
 - Internet Explorer, Versions 9 and 10
 - Firefox, Version 28
 - Chrome, Version 33
3. Recommended Excel Versions include 2007 and 2010.

4.2 User Access Considerations

Users of the Issuer Module are assigned one or both of the following user roles:

- **Issuer Submitter**

Users assigned the user access role of **Issuer Submitter** will submit the data necessary to complete the Issuer module. Submitters can also cross validate Final Submission data elements to ensure consistency throughout an application.

- **Issuer Validator**

Users assigned the user access role of **Issuer Validator** will validate the data necessary to complete the Issuer module. Validators can also cross validate Final Submission data elements to ensure consistency throughout an application and *Submit* the application after cross validation has passed. Upon successful submission, the application will move to the next step in the Qualified Health Plan (QHP) certification process.

4.3 Accessing the System

All Federally-Facilitated Marketplace (FFM) users require a CMS Enterprise Portal ID and Health Insurance Oversight System (HIOS) user role to access the system.

4.4 System Organization and Navigation

This section describes the module organization and provides directions for navigating the system.

4.4.1 Issuer Module

The Issuer Module allows issuers to submit all necessary information using a web-based user interface and Excel templates.

NOTE: Excel template file names must be all lower-case and cannot contain spaces. For example, “administrative_data” is a valid template file name, but “Administrative_data” or “administrative data” are not valid template file names.

The web-based application collects administrative information, attestations, licensure and good standing information, accreditation information, network adequacy information, essential community provider information and all supporting documents related to each of these.

Microsoft Excel templates are used to collect information that is related to:

- Administrative Data
- Accreditation Data
- Network Adequacy Data
- Essential Community Providers (ECP) Data

When Submitters upload templates, the system validates the data on the templates and lists any errors on the page when found. Submitters can also upload supporting documents which will **NOT** be validated by the Issuer Module.

Valid supporting documents must be in one of the following file formats:

- .doc
- .docx
- .jpg
- .ppt
- .pdf
- .rtf
- .jpeg
- .pptx
- .csv
- .txt

Once the Issuer Module has been submitted, it is available for validation. The Issuer Validator is responsible for validating that the data submitted for each section of the module is accurate.

4.4.2 Application Evaluation

The application reviewers will determine if the application meets the FFM standards, as defined by CMS. Reviewers are assigned for the overall application or for individual sections of the module. All the information submitted by the issuer is reviewed, and the reviewer determines a disposition status of “met” or “not met” for each section of the application, based on the information submitted.

4.4.3 Final Submission

The Final Submission page allows issuers to ensure data integrity across the templates and modules required for QHP submission. It also provides current submission statuses of the following modules: Issuer Module, Benefits and Service Area Module, and Rating Module.

4.5 Exiting the System

To exit the system, click the Logout link located at the bottom right corner of the page header.

5 Using the System

This section provides directions for using the system.

5.1 Issuer Module

The Issuer Module is divided into various sections, and the tabs to navigate through the sections of the module are listed on the left side of the page.

Issuer Submitter Pages

- **Summary:** This is the first page of the Issuer Module application, where you can create a new application or view a queue of the current application(s) to which you have access. It is also where you can continue working on a pending application or view an already submitted application.
- **Administrative Data:** This page is where you can download the Administrative Data template. The template provided for this section contains macros that validate the completeness of the data entered by the user. You can also upload the completed Administrative Data template.
- **Program Attestations:** This page is where you can reply to the list of attestations provided by CMS and upload any applicable supporting document(s) that go along with your attestations.
- **State Licensure:** The State Licensure page is where you can provide a response to the licensure questions provided by CMS and upload supporting document(s) that are associated with your responses.
- **Good Standing:** The Good Standing page is where you can provide a response to the good standing questions provided by CMS and upload supporting document(s) and provide justification text.
- **Accreditation:** The Accreditation page is where you can provide a response to the accreditation questions provided by CMS. It is also where you can download the URAC and/or National Association of Quality Assurance (NCQA) template. The templates provided in this section contain macros that validate the completeness of the data that you enter. The Accreditation page is also where you can upload the completed accreditation template(s). You must upload accreditation certificates associated with your accrediting entities and the signed accreditation attestation.
- **Network Adequacy:** The Network Adequacy is where you can provide a response to the network adequacy questions provided by CMS and upload the Network Adequacy template. You can also upload supporting documents, such as Issuer Network data documents, that are associated with your responses.
- **Essential Community Providers (ECP):** The Essential Community Providers page is where you can provide a response to an ECP question and upload a supporting document. It is also where you can download and upload a completed ECP template.
- **Review:** The Review page displays a table listing the sections of the module individually. The table displays the status, the date the section was last modified, and the user that last

modified the section. This page is where you can submit the whole application when all of the sections have been completed.

Issuer Validator Pages

- **Summary**: The Summary page is where you start the validation process for the Issuer Module application and view the status of the applications to which you have access. It is also where you can continue validating an application or view an already validated application.
- **Administrative Data**: The Administrative Data page provides a link to download the completed template for review. You can open the completed template to view the data submitted by the Issuer Submitter for accuracy and completeness and mark the section as validated using the Yes/No radio button.
- **Program Attestations**: The Program Attestations page provides the responses to the attestations provided by the Issuer Submitter. The attestations and the responses are followed by a table listing the supporting documentation uploaded by the Issuer Submitter. The table has a hyperlink to view the supporting documentation associated with the attestations. You can mark the section as validated using the Yes/No radio button.
- **State Licensure**: The State Licensure page provides the responses to the licensure questions provided by the Issuer Submitter. The licensure questions and the responses are followed by a table listing the supporting documentation uploaded by the Issuer Submitter. The table has a hyperlink to view the supporting documentation associated with the licensure questions. You can mark the section as validated using the Yes/No radio button.
- **Good Standing**: The Good Standing page provides the responses to the good standing questions provided by the Issuer Submitter. The good standing questions and responses are followed by a table listing the supporting documentation uploaded by the Issuer Submitter. The table has a hyperlink to view the supporting documentation associated with the good standing questions. You can also view the justification text submitted by the Issuer Submitter and mark the section as validated using the Yes/No radio button.
- **Accreditation**: The Accreditation page provides the responses to the accreditation questions provided by the Issuer Submitter. The accreditation page provides a link to download the completed template(s) and supporting documents for review. You can open the completed templates and supporting documents to view the data submitted by the Issuer Submitter for accuracy and completeness and mark the section as validated using the Yes/No radio button.
- **Network Adequacy**: The Network Adequacy page provides the responses to the Network Adequacy questions provided by the Issuer Submitter and allow you to download the completed Network Adequacy template. The table has a hyperlink to view the supporting documentation associated with the network adequacy questions. You can mark the section as validated using the Yes/No radio button.
- **Essential Community Providers (ECP)**: The ECP page provides a link to download the completed template and supporting document for review. You can view the completed template to validate the data submitted by the Issuer Submitter for accuracy and completeness and view responses submitted by the Issuer Submitter for the ECP questions. You can also mark the section as validated using the Yes/No radio button.

- **Review:** The Review page displays a table listing the sections of the application individually. The table provides the status, the date the section was last modified, and the user that last modified the section. On this page, you can validate the entire application if all of the sections have been completed or return sections of the module to the submitter that did not pass validation.

Final Submission Page

- This page is where Issuer Submitters and Issuer Validators can cross validate Final Submission data elements within a submission. Only the Validator has the rights to submit an application, which will trigger cross validations and submit an application for further evaluation to become a QHP.

The following sub-sections provide detailed, step-by-step instructions on how to use the various functions or features of the Issuer Module system.

5.1.1 Issuer Submitter – Summary Page

From the Summary page, shown in Figure 1, you can continue working on an existing application or view an already submitted application. You must be assigned the role of **Issuer Submitter** to access this page.

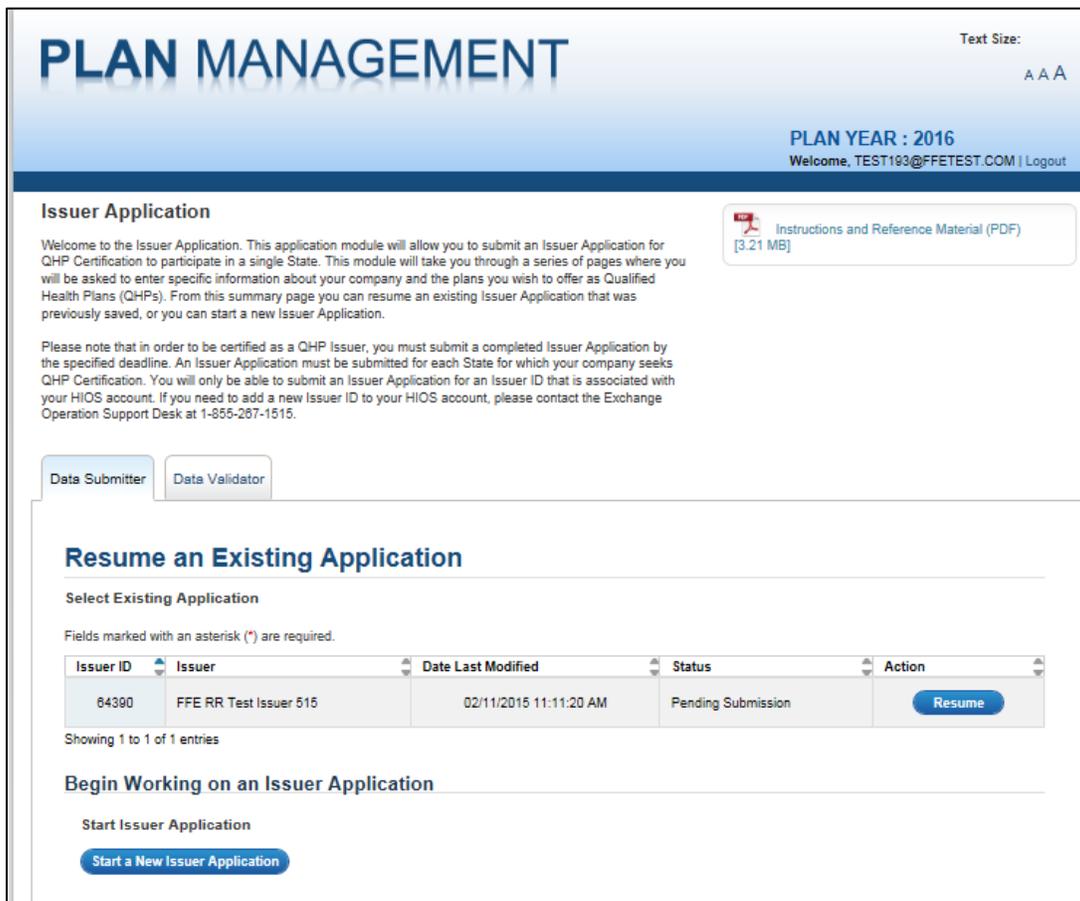
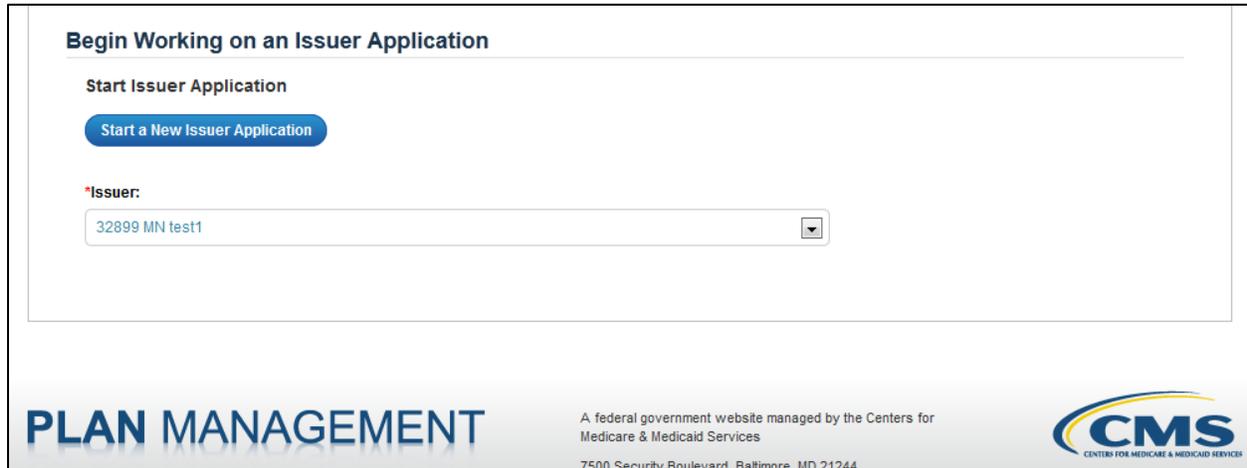


Figure 1 – Issuer Submitter Summary Page – Select Existing Application

To resume an existing application, click the **Resume** button that corresponds to the application ID. You will be directed to the Administrative Data section of the Issuer Module.

To start a new application, click the **Start a New Issuer Application** button. The *Begin Working on an Issuer Application* section is shown in Figure 2.



Begin Working on an Issuer Application

Start Issuer Application

Start a New Issuer Application

*Issuer:

32899 MN test1

PLAN MANAGEMENT

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Figure 2 – Issuer Submitter Summary Page – Begin Working on Application

Select a company from the Issuer drop-down that appears, and click the **Next** button to continue the Administrative Data page.

5.1.2 Issuer Submitter - Administrative Data

On the Administrative Data page, shown in Figure 3, you can download the Administrative Data template and complete it with your information. Click on the Administrative Data Template.xls link to save the template Excel file to your machine locally. It is suggested that you create a new folder on your desktop specifically for Plan Year 2016 templates and a separate folder specifically for .xml input files.

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2016

Welcome, TEST193@FFETEST.COM | Logout

64390 - FFE RR Test Issuer 515 - KS

Administrative Data

The Issuer Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS.

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter
Data Validator
Final Submission

Fields marked with an asterisk (*) are required.

Please note that uploading a second version of the template will replace the previously uploaded version.

Download Template

Administrative Data Template.xls
[188 KB]

Upload File(s)

*Upload file:

Uploaded File(s)

File Name	Upload Date
You have not uploaded a template	

Submit Section

Previous
Next

Figure 3 – Issuer Submitter – Administrative Data Page

To upload the completed Administrative Data template, as shown in Figure 4, click the **Browse** button, and select the completed template-generated **.xml** file. If uploading a second version of a **template .xml** file, the newest upload will replace the previously uploaded version; however, new versions of **supporting documentation** will not replace old versions.

The screenshot shows the 'Administrative Data' upload page in the PLAN MANAGEMENT system. The page header includes 'PLAN MANAGEMENT' and 'PLAN YEAR : 2016'. The user is identified as 'TEST123@FFETEST.COM'. The page is titled '64390 - FFE RR Test Issuer 515 - KS'. The main content area is titled 'Administrative Data' and includes a 'Download Template' section with a file 'Administrative Data Template.xls' and an 'Upload File(s)' section with a red circle around the 'Upload' button. A 'Submit Section' button is at the bottom left and 'Previous' and 'Next' buttons are at the bottom right.

Figure 4 – Issuer Submitter – Administrative Data Upload Page

Click **Upload**. After receiving a confirmation message, the template is displayed in the uploaded table. To complete the section, click the **Submit Section** button. To continue to the next section of the application, click the **Next** button, located at the bottom right of the page.

5.1.3 Issuer Submitter - Administrative Data Template

The Administrative Data template allows you to provide important administrative information regarding the company and points of contact. You must navigate to the Administrative Data page to download the Administrative Data template.

Click the link to download the Administrative Data template, and save a copy of the template on your local machine.

When first opening the Administrative Data template, you may see a screen that prompts you to enable macros before you are able to view the content of the template. See **Appendix A** for instructions on enabling macros. Complete the Administrative Data template, making sure to

complete all required fields, which are marked with an asterisk (*), and validate the workbook by clicking the **Validate** button at the top of the worksheet.

If the worksheet has any errors, they will be displayed in a text box with a list of cell locations and reasons for the errors. After correcting any errors, validate the workbook again. When the workbook has no errors, you will receive a message saying, **“This Template is Valid!”**

You may validate the workbook as many times as necessary until you receive the valid message. Once the template is valid, click the **Finalize** button to create an **.xml** extraction of the Administrative Data Template. The Finalize button will first check that the template is valid. If there are errors, they will be displayed in a text box with the cell location and reason. If the template is valid, the xml extract, named **“admin.xml,”** will be created in the same folder in which you saved the template. This is the file you will need to upload into the system.

Figure 5 shows the Issuer Submitter – Administrative Data template.

Figure 5 – Issuer Submitter – Administrative Data Template

Tables 1 through 11 show the fields on the Issuer Submitter – Data Administrative template and provide information for entering information in these fields.

Table 1 – Issuer Submitter – Administrative Data Template Fields (Header Section on Template)

Field Name	Description	Value
Issuer ID (pre-populated)	Allows the user to enter the 5-digit issuer ID for FFM.	Numeric
State (pre-populated)	Allows the user to enter the 2-letter abbreviation of the state for which this application is for.	Drop-Down

Field Name	Description	Value
Proposed Marketplace Market Coverage	Allows the user to choose the issuer's market coverage from drop-down box	Drop-Down Individual SHOP (Small Group) Both
Current Sales Market	Allows the user to choose the current sales market from drop-down box.	Drop-Down Individual SHOP (Small Group) Both

Table 2 – Administrative Data Section (Section 1 on Template)

Field Name	Description	Value
Company Legal Name (pre-populated)	Allows the user to enter the company's legal name, which may differ from the marketing name	Text
Issuer Legal Name	Allows the user to enter the issuer legal name, which may differ from the marketing name	Text
Issuer Marketing Name (pre-populated)	Allows the user to enter the issuer market name, which may differ from the legal name	Text
Associated Health Plan ID	Allows the user to enter the Health Plan Identifier for the Organization of the insurance product and insurance plans.	Numeric
TIN (pre-populated)	Allows the user to enter the company's 9-digit Employer Identification Number or Tax Identification Number	Numeric
NAIC Company Code	Allows the user to enter the 6-digit National Association of Insurance Commissioners (NAIC) company code	Numeric
NAIC Group Code	Allows the user to enter the 6-digit National Association of Insurance Commissioners (NAIC) group code	Numeric

Table 3 – Company Address (Section 2 on Template)

Field Name	Description	Value
Address	Allows the user to enter the corporate headquarters' street address	Alphanumeric
Address 2 (optional)	Allows the user to enter a two line street address if necessary	Alphanumeric
City	Allows the user to enter the corporate headquarters' city	Text
State	Allows the user to select the state from a drop-down list	Drop-Down
Zip Code	Allows the user to enter the corporate headquarters' 5- or 9-digit ZIP Code	Numeric

Table 4 – Issuer Address (Section 3 on Template)

Field Name	Description	Value
Address (pre-populated)	Allows the user to enter the issuer's address	Alphanumeric
Address 2 (pre-populated)	Allows the user to enter a two line address if necessary	Alphanumeric
City (pre-populated)	Allows the user to enter the issuer's city	Text
State (pre-populated)	Allows the user to enter the issuer's state	Drop-Down
ZIP Code (pre-populated)	Allows the user to enter the issuer's 5- or 9-digit ZIP Code	Numeric

Table 5 – Primary Contact (Section 4 on Template)

Field Name	Description	Value
Select your primary contact	Allows the user to select Individual or SHOP from the drop-down.	Dropdown

Table 6 – Issuer Individual Market Contact (Section 5 on Template)

Field Name	Description	Value
First Name	Allows the user to enter the individual market contact's first name	Text
Last Name	Allows the user to enter the individual market contact's last name	Text
E-mail Address	Allows the user to enter the individual market contact's e-mail address	Alphanumeric
Phone Number	Allows the user to enter the individual market contact's 10-digit phone number	Numeric
Phone Extension	Allows the user to enter the individual market contact's extension	Numeric

Table 7 – Issuer SHOP (Small Business Health Insurance Option Programs) Contact (Section 6 on Template)

Field Name	Description	Value
First Name	Allows the user to enter the Issuer SHOP contact's first name	Text
Last Name	Allows the user to enter the Issuer SHOP contact's last name	Text
E-mail Address	Allows the user to enter the Issuer SHOP contact's e-mail address	Alphanumeric
Phone Number	Allows the user to enter the Issuer SHOP contact's 10-digit phone number	Numeric
Phone Extension	Allows the user to enter the individual market contact's extension	Numeric

Table 8 – CEO (Section 7 on Template)

Field Name	Description	Value
First Name	Allows the user to enter the Chief Executive Officer (CEO's) first name	Text
Last Name	Allows the user to enter the CEO's last name	Text
E-mail Address	Allows the user to enter the CEO's e-mail address	Alphanumeric
Phone Number	Allows the user to enter the CEO's 10-digit phone number	Numeric
Phone Extension	Allows the user to enter the individual market contact's extension	Numeric

Table 9 – CFO (Section 8 on Template)

Field Name	Description	Value
First Name	Allows the user to enter the CFO's first name	Text
Last Name	Allows the user to enter the CFO's last name	Text
E-mail Address	Allows the user to enter the CFO's e-mail address	Alphanumeric
Phone Number	Allows the user to enter the CFO's 10-digit phone number	Numeric
Phone Extension	Allows the user to enter the individual market contact's extension	Numeric

Table 10 – Customer Service – Individual Market (Section 9 on Template)

Field Name	Description	Value
Customer Service Phone	Allows the user to enter the individual market's 10-digit customer service number	Numeric
Customer Service Phone Extension	Allows the user to enter the individual market's customer service extension	Numeric
Customer Service Toll Free	Allows the user to enter the individual market's customer service toll free number	Numeric
Customer Service TTY	Allows the user to enter the individual market's customer service TTY phone number	Numeric
Customer Service URL	Allows the user to enter the individual market's customer service web address	Alphanumeric

Table 11 – Customer Service – SHOP (Section 10 on Template)

Field Name	Description	Value
Customer Service Phone	Allows the user to enter the SHOP's 10-digit customer service number	Numeric
Customer Service Phone Extension	Allows the user to enter the SHOP's customer service extension	Numeric

Field Name	Description	Value
Customer Service Toll Free	Allows the user to enter the SHOP's customer service toll free number	Numeric
Customer Service TTY	Allows the user to enter the SHOP's customer service TTY phone number	Numeric
Customer Service URL	Allows the user to enter the SHOP's customer service web address	Alphanumeric

Figure 6 shows the Issuer Submitter – Administrative Data template.

2016 Administrative Data v5.04

The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS. All fields marked with an asterisk (*) are required. Depending on the Proposed Exchange Market Coverage selected, certain additional fields may be required. On validation, missing or incorrect data is highlighted. To validate the template, use the Validate button or press Ctrl + Shift + I. To finalize the template, press the finalize button or press Ctrl + Shift + F.

Buttons: Validate, Finalize

Fields: Issuer ID*, Proposed Exchange Market Coverage*, Issuer State*, Current Sales Market*

Contact Type	First Name	Last Name	Phone Number	Extension	E-mail Address
Enrollment Contact					
Online Enrollment Center Contact (Primary)					
Online Enrollment Center Contact (Backup)					
System Contact					
Appeals/Grievances Contact					
Customer Service Operations Contact					
User Access Contact					
Backup User Access Contact					
Marketing Contact					
Medical Director					
Chief Dental Director					
Pharmacy Benefit Manager					
Government Relations Contact					
HIPAA Security Officer					
Complaints Tracking Contact					
Quality Contact					
Compliance Officer					
Payment Contact					
APTC/CSR Contact					
Financial Reporting Contact					
Financial Transfers Contact					
Risk Corridors Contact					
Risk Adjustment Contact					
Reinsurance Contact					

Figure 6 – Issuer Submitter – Administrative Data Template

Table 12 shows the fields of the Issuer Submitter – Data Administrative template and provides information for entering information in these fields.

Table 12 – Issuer Submitter – Administrative Data Template Fields – Contacts (Section 11 on Template)

Field Name	Description	Value
Contact Type	List of alternate contacts. Company contacts are optional; Issuer contacts are required and marked with an asterisk.	N/A
First Name	Allows the user to enter the first name for the alternate contact	Text
Last Name	Allows the user to enter the last name for the alternate contact	Text
Phone Number	Allows the user to enter a 10-digit phone number for the alternate contact	Numeric
Extension	Allows the user to enter the phone extension for the alternate contact	Numeric
E-mail Address	Allows the user to enter the e-mail address for the alternate contact	Alphanumeric

Figure 7 shows the Issuer Submitter – Administrative Data template.

1	2016 Administrative Data v5.04	The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information.			
2	Validate	Some of this information will be pre-populated based on the information you have previously entered in HIOS.			
3	Finalize	All fields marked with an asterik (*) are required. Depending on the Proposed Exchange Market Coverage selected, certain additional fields may be required.			
4		On validation, missing or incorrect data is highlighted.			
5		To validate the template, use the Validate button or press Ctrl + Shift + I. To finalize the template, press the finalize button or press Ctrl + Shift + F.			
6	Issuer ID:		Proposed Exchange Market Coverage:		
7	Issuer State:		Current Sales Market:		
77	12. Third Party Administrator(s):				
78	Do you have a TPA for the following processes:				
79	Enrollment*				
80	Claims Processing*				
81	Edge Server Host*				
82					
83					
84					
85					
86					
87					
88					
89					

Figure 7 – Issuer Submitter -- Administrative Data Template

Table 13 shows the fields of the Issuer Submitter – Data Administrative template and provides information for entering information in these fields.

Table 13 – Issuer Submitter-Administrative Data Template Fields (Section 12 on Template)

Field Name	Description	Value
Enrollment	Allows the user to select yes or no from the dropdown	Dropdown
Claims Processing	Allows the user to select yes or no from the dropdown	Dropdown
Edge Server Host	Allows the user to select yes or no from the dropdown	Dropdown

5.1.4 Issuer Submitter – Program Attestations

The Program Attestations page, shown in Figure 8, collects responses and supporting documents to attestations. The attestations have conditional supporting document requirements, depending on the response that you selected.

Figure 8 – Issuer Submitter -- Program Attestation Page (Part 1)

If the specific Attestation requires a supporting document, after you select the **Yes** radio button, the upload fields are displayed on the screen. To upload a file, select the document type associated with the file that is being uploaded. Click the **Browse** button, select your file, and click the **Upload** button. There is a 47.68MB limit on uploads.

Once the file has been successfully uploaded, the file is added to the table, as shown in Figure 9. You can upload multiple supporting documents for each question. You can also delete a file from the upload table by clicking the **Delete** button.

Program Attestations

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

The Issuer Module requires applicants to attest to their adherence to the regulations set forth in 45 CFR 155 and 156 as well as programmatic requirements necessary for the operational success of the Federally-Facilitated Marketplace (FFM). These attestations apply to all QHP Issuers seeking to participate in the FFM, as well as downstream vendors and contractors of the QHP Issuer or Company.

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Fields marked with an asterisk (*) are required.

General Issuer Attestations Show

Compliance Plan

* 2. Applicant attests that it has a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. Any changes to the compliance plan will be submitted to HHS for review.

If yes, upload a copy of the applicant's compliance plan. See the Instructions Manual for further information.

* Do you agree with the Compliance Plan statements above?

Yes No

Upload File(s)

*Document Type: Compliance Plan v

*Upload File(s): Browse... Upload

Uploaded Supplementary Documentation

Document Type:	File Name	Upload Date	Actions
You have not uploaded any documents			

Next Question

Figure 9 – Issuer Submitter – Program Attestations Page (Part 2)

To view or answer another question, click *Show* on the respective accordion. The accordion selected will expand, and the previously selected question will be collapsed, as shown in Figure 10.

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Program Attestations

The Issuer Module requires applicants to attest to their adherence to the regulations set forth in 45 CFR 155 and 156 as well as programmatic requirements necessary for the operational success of the Federally-Facilitated Marketplace (FFM). These attestations apply to all QHP Issuers seeking to participate in the FFM, as well as downstream vendors and contractors of the QHP Issuer or Company.

Instructions and Reference Material (PDF)
[3.21 MB]

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Fields marked with an asterisk (*) are required.

General Issuer Attestations Show

Compliance Plan

* 2. Applicant attests that it has a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. Any changes to the compliance plan will be submitted to HHS for review.

If yes, upload a copy of the applicant's compliance plan. See the Instructions Manual for further information.

* Do you agree with the Compliance Plan statements above?

Yes No

Upload File(s)

*Document Type: Compliance Plan v

*Upload File(s): Browse... Upload

Uploaded Supplementary Documentation

Document Type:	File Name	Upload Date	Actions
You have not uploaded any documents			

Next Question

Organizational Chart

Operational Attestations

Benefit Design Attestations

Stand Alone Dental Attestations

Rate Attestations

Enrollment

Financial Management

SHOP

Reporting Requirements

Figure 10 – Issuer Submitter – Program Attestation (Part 3)

FFM_PM_User_Guide_Issuer_Module_03032015.docx
 HHSM-500-2014-00191C

18
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To view or answer another question, click **Show** on the respective accordion. The accordion selected will expand, and the previously selected question will be collapsed.

Click **Save** to save the changes that have been made to the page. Click **Submit Section** to submit the completed section of the application.

Click **Previous** to return to the Admin Data page, or click **Next** to go to the next section of the application, which is State Licensure.

If you click **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section** the system display a popup stating, “There are unsaved changes. If you continue your changes will be lost. Would you like to continue?” Please make sure to save your changes before proceeding by clicking “No” in the window and then clicking **Save** or **Submit Section**.

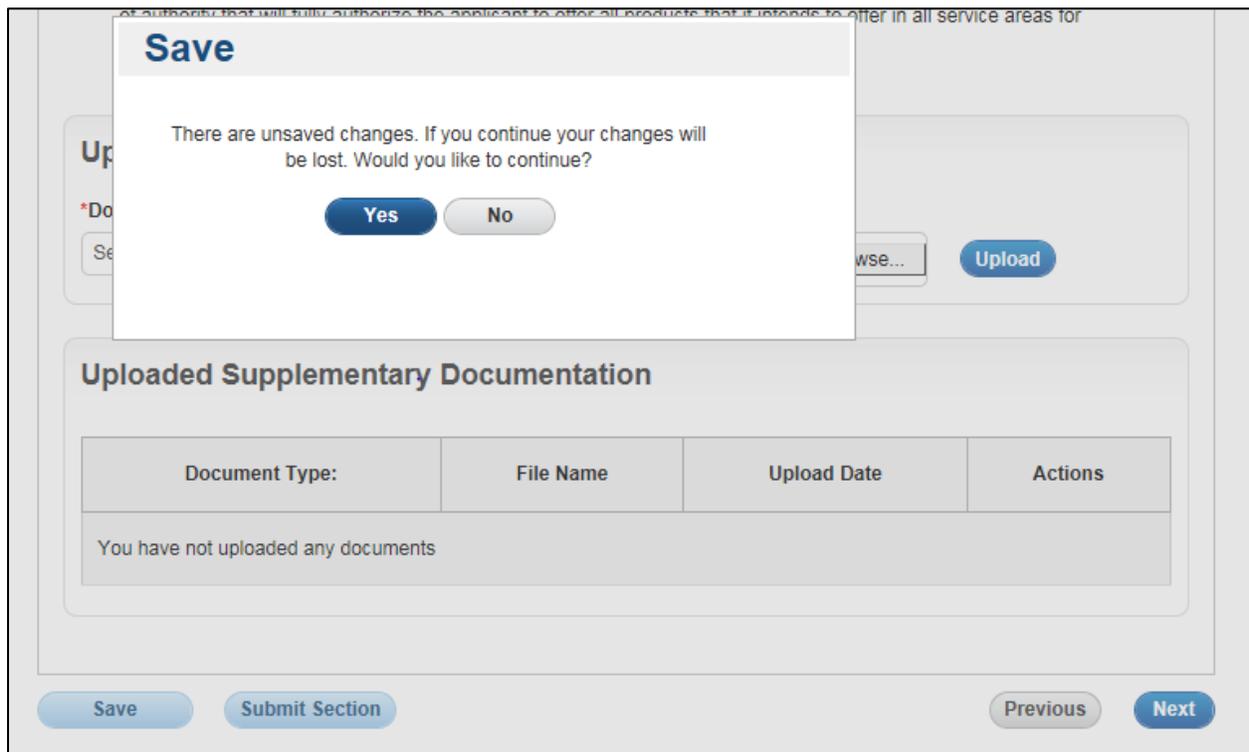


Figure 11: Save Popup Warning Window

5.1.5 Issuer Submitter – State Licensure

The State Licensure page, shown in Figure 12, collects licensure data and the applicable supporting documents on the State level.

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State Licensure

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

Instructions and Reference Material (PDF) [3.21 MB]

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Fields marked with an asterisk (*) are required.

* 1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

Yes No

Save Submit Section Previous Next

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Figure 12 – Issuer Submitter-State Licensure Page (Part 1)

Answer the question by using the radio buttons. The next step is either to upload supporting documents or proceed to the next licensure question. The state licensure questions have conditional requirements, depending on the response that you select.

If you select the “Yes” radio button, you are prompted to upload supporting documentation. You must upload an applicable state license, a certificate of authority, a certificate of compliance, or an equivalent document to one of the previous documents. You only need to upload one of these documents. Select the appropriate document type associated with the file that is being uploaded. If the document type is not listed in the dropdown, upload under the document, type “Other.”

NOTE: An Excel file cannot be uploaded, even if you choose the document type of “Other.” To upload a completed template, you must upload the .xml file created after you click *Finalize*.

Once the file has been successfully uploaded, the file links appear on the page. The process of uploading a supporting document is illustrated in Figure 13. You can remove an uploaded file by clicking the *Delete* button under the Action column next to the file link.

State Licensure

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

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Fields marked with an asterisk (*) are required.

* 1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

Yes No

Upload File(s)

* Document Type: * Upload File(s): No file chosen

Uploaded Supplementary Documentation

Document Type:	File Name	Upload Date	Actions
You have not uploaded any documents			

Save Submit Section Previous Next

Figure 13 – Date Submitter – State Licensure Page (Part 2)

If you click the “Yes” radio button to answer the first licensure question, you are prompted to upload supporting documentation. The second licensure question only displays if you selected “No” as the answer for Question 1.

You are prompted to upload supporting documentation if the response to question 2 is “Yes”. If you select “No” as the response for question 2, you are prompted to enter a date, as shown in Figure 14.

State Licensure

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

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Fields marked with an asterisk (*) are required.

* 1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

Yes No

* 2. Does the applicant have either a license, certificate of authority, certificate of compliance, or an equivalent form or document for some but not all products or some but not all service areas for which the applicant is currently applying in this QHP Application? Choose from the following:

Yes—if the applicant is licensed for some but not all service areas or products. If “Yes” is selected, supporting documentation is required. See Section 4.1 for the supporting documentation instructions.

No—if the applicant is not licensed for any of the service areas or products it plans to offer. If “No” is selected, enter the estimated date of licensure:

Yes No

* Estimated Licensure Date:

Save Submit Section Previous Next

Figure 14 – Issuer Submitter-Licensure Page (Part 3)

Click **Save** to save the date you entered. Click **Submit Section** to submit the complete section.

Click **Previous** to return to the Program Attestation page, or click **Next** to go to the next section of the application, which is Good Standing.

If you click **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section**, the system display a popup stating, “There are unsaved changes. If you continue, your changes will be lost. Would you like to continue?” Please make sure to save your changes before proceeding by clicking “**No**” in the window and then clicking **Save** or **Submit Section**.

5.1.6 Issuer Submitter - Good Standing

The Good Standing section collects Good Standing data and the applicable supporting documents at the State level. Figure 15 shows the Good Standing page.

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Good Standing

Each issuer applying to offer QHPs in a given State must demonstrate that it is in good standing in the State. This section of the Issuer Application asks a series of questions and requires supplemental documentation supporting the answers to the questions. CMS will work with State insurance departments to verify compliance with this standard for each State in which the applicant seeks certification of QHPs.

Instructions and Reference Material (PDF) [3.21 MB]

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Fields marked with an asterisk (*) are required.

* 1. Is the applicant seeking QHP certification for this State currently out of compliance with any applicable State solvency requirements for the calendar year in which it is applying to offer QHPs?
If Yes, please upload supporting documentation associated with State solvency compliance and provide a justification.
 Yes No

* 2. Is the applicant currently under any corrective action related to financial review?
If Yes, provide a justification and upload supporting documentation providing evidence of current State corrective actions.
 Yes No

Save Submit Section Previous Next

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Figure 15 – Issuer Submitter – Good Standing Page (Part 1)

Answer Question 1 using the radio buttons. If you respond “**Yes**” to the first question, you are prompted to upload supporting documentation and provide a justification. If you respond “**No**” to the first question, no additional information is required.

If you respond to the second question by clicking the “**Yes**” radio button, you are asked to upload supporting documents and provide a justification, as shown in Figure 16.

If you answer “**No**” to both questions, no additional information is required.

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Good Standing Instructions and Reference Material (PDF) [3.21 MB]

Each issuer applying to offer QHPs in a given State must demonstrate that it is in good standing in the State. This section of the Issuer Application asks a series of questions and requires supplemental documentation supporting the answers to the questions. CMS will work with State insurance departments to verify compliance with this standard for each State in which the applicant seeks certification of QHPs.

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Fields marked with an asterisk (*) are required.

* 1. Is the applicant seeking QHP certification for this State currently out of compliance with any applicable State solvency requirements for the calendar year in which it is applying to offer QHPs?
If Yes, please upload supporting documentation associated with State solvency compliance and provide a justification.
 Yes No

* 2. Is the applicant currently under any corrective action related to financial review?
If Yes, provide a justification and upload supporting documentation providing evidence of current State corrective actions.
 Yes No

Upload File(s)
*Document Type: * Upload File(s):

Uploaded Supplementary Documentation

Document Type:	File Name	Upload Date	Actions
You have not uploaded any documents			

*Justification:

Figure 16 – Issuer Submitter – Good Standing Page (Part 2)

Click **Save** to save the date you entered. Click **Submit Section** to submit the complete section.

Click **Previous** to return to the Summary page, or click **Next** to go to the next section of the application, which is Accreditation.

If you click **Previous** or **Next** to regress or proceed without clicking **Save** or **Submit Section**, the system display a popup stating, “There are unsaved changes. If you continue your changes will be lost. Would you like to continue?” Please make sure to save your changes before proceeding by clicking “No” in the window and then clicking **Save** or **Submit Section**.

5.1.7 Issuer Submitter - Accreditation

After clicking the *Next* button in the Good Standing page, the next section is the Accreditation page. The Accreditation section, shown in Figure 17, collects accreditation data for issuers accredited with NCQA or URAC. If you are accredited with AAAHC, you can complete the accreditation section by selecting “No” to the first question, then email your required documentation to Marketplace_Quality@cms.hhs.gov. Additional information about the AAAHC requirements can be found in the QHP Instructions.

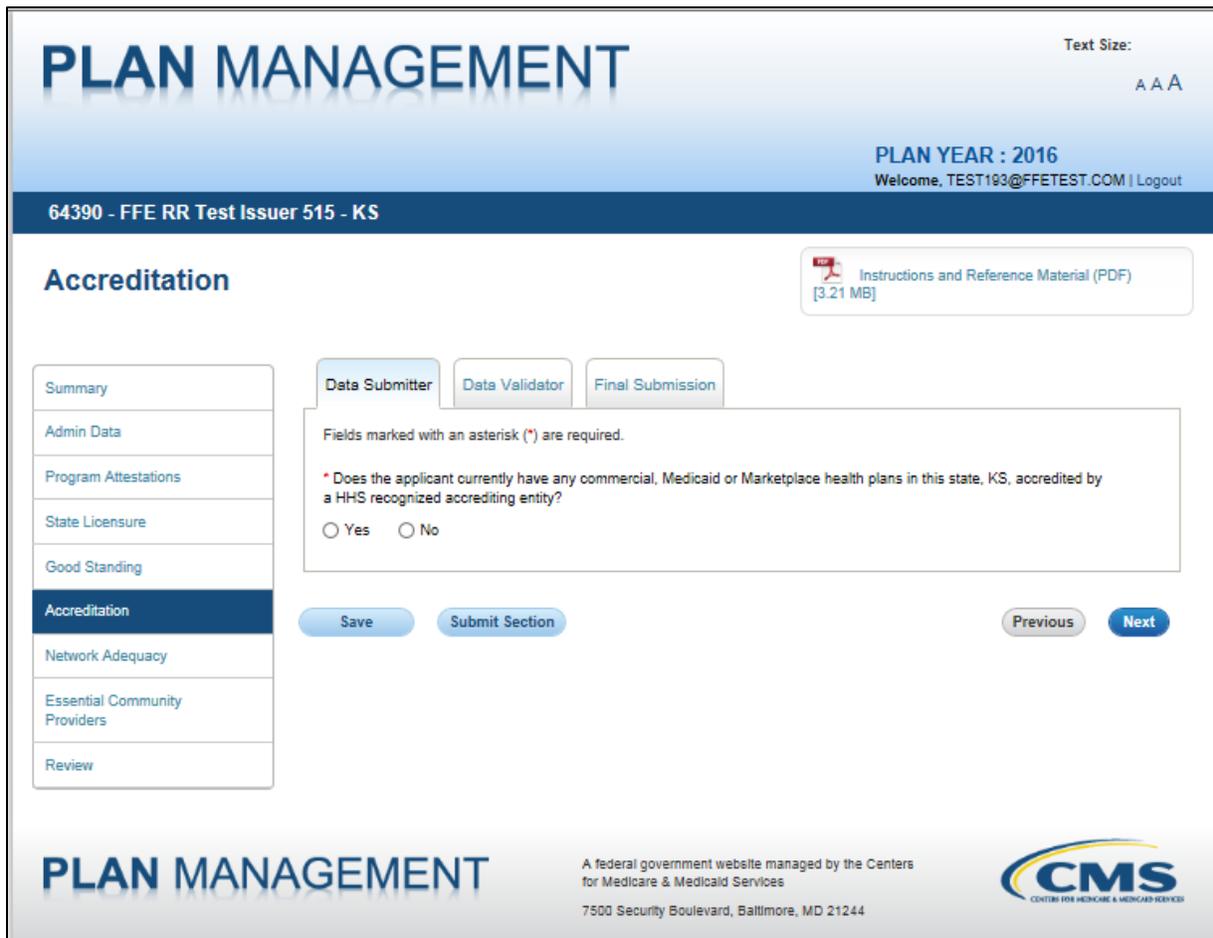


Figure 17 – Issuer Submitter – Accreditation Page (Part 1)

If you answer “Yes” to the first accreditation question, a section appears asking you to select an accrediting entity from the list. Select an option from the list, and the associated template(s) are displayed, as shown in Figure 18.

Figure 18 – Accreditation Page (Part 2)

Click the template link to open the file; then, complete it and save it to your machine locally. To upload the completed file, click **Browse**, select your file, and click **Upload**. To upload your accreditation certificates from NCQA and/or URAC or your Interactive Survey System (ISS) report from NCQA, select Accreditation Certificate from the document type dropdown, click **Choose File**, and click **Upload**, as shown in Figure 19.

You are expected to upload one accreditation certificate or ISS report (if NCQA accredited) per accredited product that you list on the NCQA and/or URAC template. You can upload multiple supporting documents for each accreditation document template uploaded. You can also delete a file from the upload table by clicking the **Delete** button.

You must also complete and upload the accreditation attestation in the supporting documents section.

i Please note that uploading a second version of the template will replace the previously uploaded version.

Download Template

-  [NCQA.xlsx](#)
-  [URAC.xlsx](#)

Upload File(s)

*** Upload NCQA File:**

*** Upload URAC File:**

Figure 19 – Issuer Submitter- Accreditation Page (Part 3)

After you upload the supporting documents, the Terms and Conditions are displayed, as shown in Figure 20.

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Accreditation

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✔

You have successfully uploaded a file

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Marketplace health plans in this state, KS, accredited by a HHS recognized accrediting entity?

Yes No

* Which accrediting entity? Please select from the list below.

NCQA
 URAC
 NCQA & URAC

i

Please note that uploading a second version of the template will replace the previously uploaded version.

Download Template

NCQA.xlsx [320 KB]
 URAC.xlsx [151 KB]

Upload File(s)

* Upload NCQA

File: Browse... Upload

* Upload URAC

File: Browse... Upload

Uploaded File(s)

File Name	Upload Date
64390_KS_2016_NCQA.xls	02/16/2015 10:59:47 AM
64390_KS_2016_URAC.xls	02/16/2015 11:00:05 AM

Upload File(s)

*Document Type: Accreditation Certificate ▼

*Upload File(s): Browse... Upload

Uploaded Supplementary Documentation

Document Type:	File Name	Upload Date	Actions
The applicant has not uploaded any files.			

Term and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Marketplace (FFM) (if applicable).

* I attest to the terms and conditions.

Save
Submit Section
Previous
Next

Figure 20 – Issuer Submitter-Accreditation Page (Part 4)

If “No” is selected for Question 1, the Terms and Conditions are displayed, as shown in Figure 21.

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You have successfully uploaded a file

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Marketplace health plans in this state, KS, accredited by a HHS recognized accrediting entity?

Yes No

Term and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Marketplace (FFM) (if applicable).

* I attest to the terms and conditions.

Save
Submit Section
Previous
Next

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Figure 21 – Issuer Submitter- Accreditation Page (Part 5)

Attest to the terms and conditions by selecting the checkbox below the text. If you answered “No” to the first attestation question, no additional information is required, and the terms and conditions are displayed.

Click *Save* to save the date you entered. Click *Submit Section* to submit the complete section.

Click *Previous* to return to the Good Standing page, or click *Next* to go to the next section of the application, which is Network Adequacy.

If you click *Previous* or *Next* to regress or proceed without clicking *Save* or *Submit Section* the system display a popup stating, “There are unsaved changes. If you continue your changes will be lost. Would you like to continue?” Please make sure to save your changes before proceeding by clicking “No” in the window and then clicking *Save* or *Submit Section*.

5.1.8 Issuer Submitter - Accreditation - NCQA Template

The National Committee for Quality Assurance (NCQA) Accreditation template allows you to provide important accreditation information regarding your accredited products in the commercial/Medicaid or Marketplace markets. You must navigate to the Accreditation page to download the NCQA template. Click the link to download the NCQA template, and save a copy of the template to your machine locally.

When first opening the NCQA template, you may see a screen that prompts you to enable macros before you are able to view the content of the template. To enable Macros, see **Appendix A** for instructions.

Complete the NCQA Template, making sure to complete all required fields, which are marked with an asterisk (*), and validate the workbook by clicking the **Validate** button at the top of the worksheet.

If the worksheet has any errors, they will be displayed in a text box, with a list of cell locations and reasons for the errors. After correcting any errors, validate the workbook again. When the workbook has no errors, you will receive a message saying, **“This Template is Valid!”** You may validate the workbook as many times as necessary until you receive the valid message above.

Once the template is valid, click the **Finalize** button to create an **.xml** extraction of the NCQA template. The **Finalize** button first checks that the template is valid. If there are errors, they will be displayed in a text box with the cell location and reason. If the template is valid, the **.xml** extract, named **“ncqa.xml”** will be created in the same folder as the template. This is the file you need to upload into the system.

Figure 22 shows the Issuer Submitter – NCQA template.

1	2016 NCQA Template v5.0		All fields with an asterisk (*) are required. To validate the template, use the Validate button or Ctrl + Shift + I. To finalize the template, use the Finalize button or Ctrl + Shift + F.				
2	Validate		The information for the accredited products must be for the same legal entity as is submitting the QHP application.				
3	Finalize		Please follow the instructions provided in the Accreditation Chapter (Chapter 5) of the QHP Application Instructions Manual closely and carefully.				
4			The Department of Health and Human Services (HHS) will verify the information that you have provided about your existing accreditation with NCQA, URAC, or both.				
5			Only data that can be verified will be displayed on the website.				
6			It is only necessary to enter one accreditation entry per product/market type, using the product with the largest number of covered lives.				
7	HIOS Issuer ID*						
8	NCQA Org ID*	Market Type*	NCQA Sub ID	Product Type*	Product ID*	Accreditation Status*	Expiration Date*
9	Required: Enter the 2-5-digit NCQA Org ID number	Required: Select the Market Type from list	Required if Market is NOT Exchange: Enter the 2-5-digit NCQA Sub ID number	Required: Select the Product Type from list	Required: Enter the 10-character Product ID	Required: Select the Accreditation Status from list	Required: Enter a future date in mm/dd/yyyy format
10							
11							
12							
13							
14							
15							

Figure 22 – Issuer Submitter – NCQA Template

Table 14 shows the fields on the Issuer Submitter – NCQA template and provides information for entering information in these fields.

Table 14 – Issuer Submitter – NCQA Template Fields

Field Name	Field Description	Field Value
Issuer ID (pre-populated)	Allows the user to enter the 5-digit issuer ID for FFM.	Numeric
NCQA Org ID	Allows the user to enter the 2-5 digit NCQA Organization Identification number.	Numeric
Market Type	Allows the user to select the accredited market type.	Drop-Down Commercial Exchange Medicaid
NCQA Sub ID	Allows the user to enter the 2-5 digit NCQA Sub Identification number associated with the accredited product.	Numeric
Product Type	Allows the user to select the accredited product type.	Drop-Down PPO Only HMO Only POS Only HMO/POS Combined PPO/POS Combined HMO/POS/PPO Combined
Product ID	Allows the user to enter the 10-character HIOS Product Identification.	Alphanumeric
Accreditation Status	Allows the user to select the accreditation status of this accredited product.	Drop-down Excellent Commendable Accredited Interim
Expiration Date	Allows the user to enter the expiration date of this product's accreditation.	mm/dd/yyyy

5.1.9 Issuer Submitter - Accreditation - URAC Template

The URAC Accreditation template, shown in Figure 23, allows you to provide important accreditation information regarding your health plans. You must navigate to the Accreditation page to download the URAC template. Click the link to download the URAC template and save a copy of the template to your machine locally.

When first opening the URAC template, you may see a screen that prompts you to enable macros before you are able to view the content of the template. To enable Macros see Appendix A for instructions. Complete the URAC Template, making sure to complete all required fields, marked with an asterisk (*), and validate the workbook by clicking the **Validate** button at the top of the worksheet.

If the worksheet has any errors, they will be displayed in a text box, with a list of cell locations and reasons for the errors. After correcting any errors, validate the workbook again. When the

workbook has no errors, you will receive a message saying, “**This Template is Valid!**” Validate the workbook as many times as necessary until you receive the valid message.

Once the template is valid, click the **Finalize** button to create an **.xml** extraction of the URAC template. The **Finalize** button will first check that the template is valid. If there are errors, they will be displayed in a text box with the cell location and reason. If the template is valid, the **.xml** extract, named “**urac.xml**” will be created in the same folder as the template. This is the file you will upload into the system.

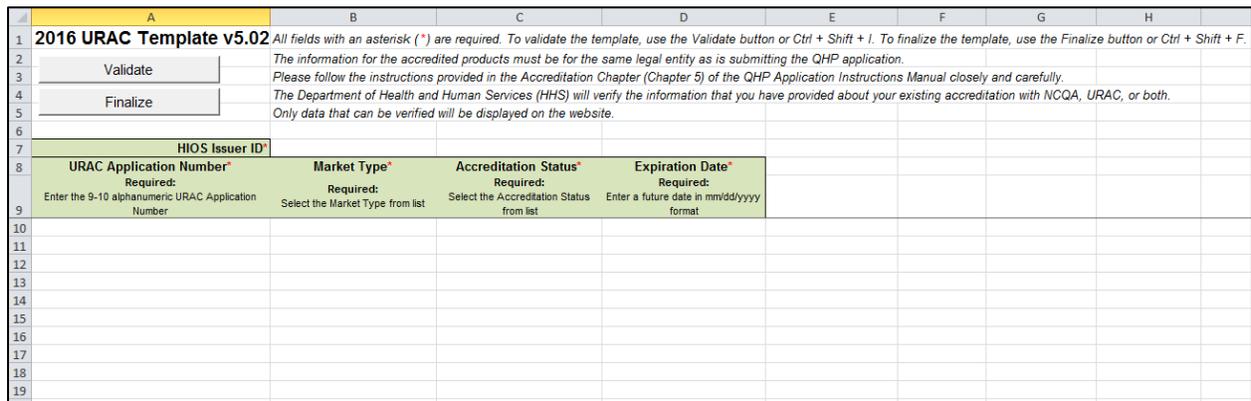


Figure 23 – Issuer Submitter – URAC Template

Table 15 shows the fields on the Issuer Submitter – URAC template and provides information for entering information in these fields.

Table 15 – Issuer Submitter – URAC Template Fields

Field Name	Field Description	Field Value
Issuer ID (pre-populated)	Allows the user to enter the 5-digit issuer ID for FFM.	Numeric
URAC Application Number	Allows the user to enter the 9 character URAC Application Number.	Alphanumeric
Market Type	Allows the user to select the accredited market type.	Drop-Down Commercial Marketplace Medicaid
Accreditation Status	Allows the user to select the accreditation status of this product.	Drop-down Full Conditional Provisional
Expiration Date	Allows the user to enter the expiration date of this product’s accreditation.	mm/dd/yyyy

5.1.10 Issuer Submitter – Network Adequacy Data

The Network Adequacy page, shown in Figure 24, collects information verifying that the issuer’s network meets adequacy standards.

Answer the questions by selecting the appropriate radio buttons, as seen below in Figure 24 (e.g. question 3, “Are you required to submit a Network Adequacy Template?”).

If you answer “**Yes**” to the question, you are **required** to upload a multiple **text** (.txt) file. The **Network Adequacy** template generates **.txt** files in the same way that other templates generate **.xml** files. However, instead of generating a single **.xml**, the template will generate multiple **.txt** files in the same location. It is very important to make sure that you upload all of the **.txt** files generated or you will get an error in the status bar. Below you can see two sample .txt files generated with the sequence section bolded. Use this section to make sure that you have uploaded all of the necessary files.

- ProvDirIND**01of02**64390KS133D20150204T120335
- ProvDirFAC**02of02**64390KS133D20150204T120335

After uploading your first **.txt** file, you will notice that the upload status bar above will change to *Pending*. This indicates that you are still in the process of uploading and need to upload missing **.txt** files.

Figure 24: Network Adequacy Section- Upload Status Pending

After uploading your final .txt file, you must select **Complete Upload** in order to finalize your Network Adequacy upload. The Status will change to *Complete* if successful.

The screenshot shows a web interface for the Network Adequacy section. On the left is a navigation menu with items: Summary, Admin Data, Program Attestations, State Licensure, Good Standing, Accreditation, **Network Adequacy**, Essential Community Providers, and Review. The main content area has tabs for 'Data Submitter', 'Data Validator', and 'Final Submission'. Below the tabs, there are instructions and three required questions with radio button options for 'Yes' and 'No'. The 'Network Adequacy Files Upload' section shows a status bar with 'Status' and 'Complete' buttons. Below this is an 'Upload File(s)' section with a 'Browse...' button and an 'Upload' button. An 'Uploaded File History' table lists two files with their names, upload dates, and 'Delete' buttons. At the bottom right of the upload section are 'Complete Upload' and 'Delete All' buttons.

Network Adequacy Files Upload

To upload the Network Adequacy template files, click on Browse and select the file you want to upload and click the Upload button. After all template generated TXT files have been uploaded, select Upload Complete to validate your submission.

Upload Network Adequacy Template Files Status Complete

* Upload File(s):

Uploaded File History Browse... Upload

Uploaded File(s)

File Name	Upload Date	Actions
ProvDirIND01of0264390KS133D20150204T120335.txt	02/16/2015 11:58:04 AM	Delete
ProvDirFAC02of0264390KS133D20150204T120335.txt	02/16/2015 11:58:12 AM	Delete

Complete Upload Delete All

Figure 35: Network Adequacy Section- Upload Status Complete

If the file upload is unsuccessful, the status bar will show “Failed.” If your upload has failed, you can click on **Failed** in the status bar to download an error log that will explain the cause of the failure for you to correct. The error log will come as .csv and can be viewed in text edit.

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Fields marked with an asterisk (*) are required.
Instructions: Respond YES or NO to each of the following statements.

- * 1. Does the applicant attest that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay? This includes providers that specialize in mental health and substance abuse services for all plans except stand-alone dental plans.
 Yes No
- * 2. Does the applicant attest that it will maintain a provider directory that is up-to-date, clear, and accessible in accordance with all of the requirements listed in 45 CFR 158.230(b)?
 Yes No
- * 3. Are you required to submit a Network Adequacy Template?
 Yes No

Network Adequacy Files Upload
To upload the Network Adequacy template files, click on Browse and select the file you want to upload and click the Upload button. After all template generated TXT files have been uploaded, select Upload Complete to validate your submission.

Upload Network Adequacy Template Files | Status: Failed

* Upload File(s):
Uploaded File History: Browse... Upload

Uploaded File(s)

File Name	Upload Date	Actions
ProvDirFAC02of0284390KS133D20150204T120335.txt	02/18/2015 11:28:11 AM	Delete

Complete Upload | Delete All

Figure 46: Network Adequacy Section- Upload Status Failed

```
File ProvDirIND01of0212345VA133D20150204T112444 indicates 2 files in set but received 1 file(s)
Issuer ID 12345 does not match expected 47629 in ProvDirIND01of0212345VA133D20150204T112444
State code VA does not match expected AK in ProvDirIND01of0212345VA133D20150204T112444
```

Figure 57: Upload Error Log

In order to fix any upload errors, you can now use the **Delete** button next to the corresponding file to delete that specific file. If necessary, you can select **Delete All** to delete all previously uploaded files.

After uploading necessary Network Adequacy .txt files, please upload **Supplementary Documentation** if needed. These documents must be classified by using the dropdown menu and designate if the document is a **Network Justification** or **Other**.

Valid **Supporting Documents** must be in one of the following file formats:

- .doc
- .docx
- .jpg
- .ppt

- .pdf
- .rtf
- .jpeg
- .pptx
- .csv
- .txt

If you answer “**No**” to question 3, you will move on without uploading a network adequacy file.

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64390 - FFE RR Test Issuer 515 - KS

Network Adequacy

Each QHP Issuer applying for QHP certification must meet network adequacy standards and submit detailed network data in the required network adequacy template.

Instructions and Reference Material (PDF)
[3.21 MB]

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Fields marked with an asterisk (*) are required.

Instructions: Respond YES or NO to each of the following statements.

- * 1. Does the applicant attest that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay? This includes providers that specialize in mental health and substance abuse services for all plans except stand-alone dental plans.
 Yes No
- * 2. Does the applicant attest that it will maintain a provider directory that is up-to-date, clear, and accessible in accordance with all of the requirements listed in 45 CFR 156.230(b)?
 Yes No
- * 3. Are you required to submit a Network Adequacy Template?
 Yes No

Network Adequacy Files Upload

To upload the Network Adequacy template files, click on Browse and select the file you want to upload and click the Upload button. After all template generated TXT files have been uploaded, select Upload Complete to validate your submission.

Upload Network Adequacy Template Files Status

* Upload File(s):

Uploaded File History Browse... Upload

Uploaded File(s)

File Name	Upload Date	Actions
The applicant has not uploaded any files.		

Complete Upload
Delete All

Upload Supplementary Documentation

* Document type: Select Document Type * Upload File(s):

Select Document Type
 Browse... Upload

Uploaded File(s)

Document Type:	File Name	File Description	Upload Date	Actions
The applicant has not uploaded any files.				

Save
Submit Section
Previous
Next

Figure 28 – Issuer Submitter – Network Adequacy Data Page

5.1.11 Issuer Submitter - Essential Community Providers

The Essential Community Providers (ECP) page, shown in Figure 29, collects information about the geographical distribution of providers that you employed.

If you answer “**Yes**” to question 1, you are prompted to upload a supporting document. Select the appropriate document type associated with the file that you are uploading. Once the files have been successfully uploaded, the files name links appear on the page.

Click the ***ECP Template.xls*** link to download the ECP template to your local machine. Complete and save the file.

Click **Browse**, locate the file on your computer, and click **Upload** to upload the template.

PLAN MANAGEMENT

Text Size: [A](#) [A](#) [A](#)

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64390 - FFE RR Test Issuer 515 - KS

Essential Community Providers

QHP provider networks must include a sufficient number and geographic distribution of essential community providers (ECPs), where such providers are available, to ensure reasonable and timely access to a broad range of ECPs for low-income and medically underserved individuals in the QHPs service area. This section of the Issuer Module collects basic information on contracted ECPs. HHS will evaluate these data to determine whether the applicants provider networks are adequate with respect to inclusion of ECPs. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the Instructions.

Instructions and Reference Material (PDF)
[3.21 MB]

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Fields marked with an asterisk (*) are required.

* 1. Is the applicant required to upload a supplemental Essential Community Provider (ECP) response, as indicated in Instructions, for any of its plans?

If yes, the applicant must upload a supplemental ECP response. See the Instructions for more information.

Please note that by answering "no", the applicant attests that it: 1) meets the 30 percent ECP standard (as indicated in Instructions); and 2) if the applicant does not qualify for the alternate ECP standard under 45 C.F.R. 156.235(b), agrees that it has offered contracts in good faith to all Indian health providers in the plan's service area and 3) if the applicant does not qualify for the alternate ECP standard under 45 C.F.R. 156.235(b) and is not a stand-alone dental plan issuer, agrees that it has offered contracts in good faith to at least one ECP in each ECP category per county in the service area.

Yes No

i

Please note that uploading a second version of the template will replace the previously uploaded version.

Please use the following guidance to complete the Essential Community Providers template:

- The template will allow the applicant to identify each provider network it intends to utilize for its QHPs and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if these ECPs do not appear on the non-exhaustive HHS list of ECP and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the 2016 Letter to Issuers in the Federally-facilitated Marketplace.
- The applicant should identify any network that is different for its individual and small group market as a separate network.

Download Template

ECP Template.xlsx [2.20 MB]

Upload File(s)

*Upload file:

Uploaded File(s)

File Name	Upload Date

Save
Submit Section
Previous
Next

PLAN MANAGEMENT

A federal government website managed by the Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Baltimore, MD 21244

CENTERS FOR MEDICARE & MEDICAID SERVICES

Figure 29 – Issuer Submitter – Essential Community Providers Page

The radio button “Yes” or “No” refers to the safe harbor 30 percent ECP inclusion standard. If you select “No,” no further action is required. If you **do not meet the 30 percent standard**, choose “Yes.” Supporting Document justification will be required in the section below.

Click **Submit Section** to submit this section of the application. Click **Next** to go to the **Review** page.

5.1.12 Essential Community Provider Template

The Essential Community Providers template, shown in Figure 30, gives you the ability to link each provider with the network with which they are associated. Open the Essential Community Providers page; see Section 5.1.11, to download the Essential Community Providers template.

Click the link to download the ECP Template, and save a copy of the template to your machine locally.

Before opening the Essential Community Provider template, make sure that macros have been enabled in Excel. See **Appendix A** for instructions on enabling macros.

Complete all required fields, which are marked with an (*) asterisk. Link the providers with the appropriate networks by entering “X” in the field. The list of providers will be provided by CMS during a later release.

The screenshot shows an Excel spreadsheet titled "2016 Essential Community Providers v5.06". It contains several rows of instructions and data entry fields. Row 12 is the header for the data table, with columns: National Provider Number (NPI), Provider Name, Provider Type, ECP Category, Street Address, Street Address 2, City, State, Zip, On ECP List, and Network IDs. Each header cell includes a "Required:" or "Optional:" label and a brief instruction. For example, "Provider Name" is required and the instruction is "Enter the Provider Name". "Street Address" is required and the instruction is "Enter the Street Address for the provider". "Network IDs" is required and the instruction is "Select the Network ID; the provider is a part of".

Figure 30 – Issuer Submitter – Essential Community Provider Template

Table 16 describes the fields on the Essential Community Provider template and provides instructions about how to enter data in these fields.

Table 16 – Issuer Submitter – Essential Community Provider Template Fields

Field Name	Field Description	Field Value
Company Legal Name	Required Issuer specific Company Legal Name	Alphanumeric
HIOS Issuer ID	Required Issuer specific HIOS ID	Numeric (5-digits)
Issuer State	Required field to specify Issuer State	Dropdown: All States

Field Name	Field Description	Field Value
National Provider Identifier (NPI)	Allows the user to enter a 10-digit provider ID. If the provider does not have an NPI, leave cell blank.	Numeric
Provider Name	Allows the user to enter a name	Alphanumeric
Provider Type (issuers qualifying for the regular ECP standard should mark NA for each entry in this column)	Allows user to select multiple types from the pop-up	Multi-select pop-up Primary Care Specialty Care Pharmacy Hospital Ancillary Services NA
ECP Category (issuers qualifying for the alternate ECP standard should mark NA for each entry in this column)	Allows user to select multiple types from the pop-up	Multi-select pop-up FQHC Hospital Ryan White HIV Provider Indian Provider Family Planning Provider Other ECP NA
Street Address	Allows the user to enter an address	Alphanumeric
Street Address 2	Allows the user to enter an additional address if applicable.	Alphanumeric
City	Allows the user to enter a City	Alphanumeric
State	Allows the user to select the State abbreviation from the dropdown	dropdown
Zip	Allows the user to enter a 5 or 9 digit zip code	Numeric
On ECP list	Allows the user to select from yes or no from dropdown	Dropdown Yes No
Network ID	Network IDs are system generated. Click on the Create Network ID to generate IDs. The generated IDs are populated under the Network ID column in the template.	Alphanumeric

Complete all required fields, which are marked with an (*) asterisk. After completing all required fields, validate the entire workbook by clicking **Validate Workbook** at the top of the worksheet. If the worksheet has any errors, they will be displayed in a textbox, with the worksheet name at the top and a list of cell locations and reasons for the error.

After fixing all errors, you must validate the workbook again. When the workbook has no errors, you will receive a message saying, **“Congratulations, This Workbook is Valid.”**

You can also validate each worksheet individually by clicking **Validate Sheet** at the top of the page. Any errors will be displayed in a textbox with the cell location and the reason for the error. Correct the errors and validate the sheet again.

When the worksheet has no errors, you will receive a message saying, **“Congratulations, This Sheet is Valid.”**

5.1.13 Issuer Submitter - Review

You can navigate to the Review page at any time using the left navigation links during the submission process. The Review page, shown in Figure 31, shows a table listing all of the sections of the application, last modified date, and the name of the user that last modified the section.

The screenshot shows the 'Review' page in the PLAN MANAGEMENT system. At the top, it displays 'PLAN MANAGEMENT' and 'PLAN YEAR : 2016'. Below this, a dark blue header contains the text '64390 - FFE RR Test Issuer 515 - KS'. The main content area is titled 'Review' and includes a link for 'Instructions and Reference Material (PDF) [3.21 MB]'. There are three navigation buttons: 'Data Submitter', 'Data Validator', and 'Final Submission'. A green success message states: 'You have successfully submitted this application'. Below this, a note reads: 'All sections must be completed to the best of your knowledge before being submitted.' The 'Submitter Sections Table' is as follows:

Application Sections	Modified Date	Modified By	Status
Admin Data	02/11/2015 11:10:51 AM	TEST193@FFETEST.COM	Submission Completed
Program Attestations	02/11/2015 11:10:35 AM	TEST193@FFETEST.COM	Submission Completed
State Licensure	02/11/2015 11:11:20 AM	TEST193@FFETEST.COM	Submission Completed
Good Standing	02/11/2015 11:26:20 AM	TEST193@FFETEST.COM	Submission Completed
Accreditation	02/11/2015 11:26:28 AM	TEST193@FFETEST.COM	Submission Completed
Network Adequacy	02/11/2015 11:26:34 AM	TEST193@FFETEST.COM	Submission Completed
Essential Community Providers	02/11/2015 11:26:54 AM	TEST193@FFETEST.COM	Submission Completed

At the bottom, there is a disclaimer: 'By clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.' Navigation buttons for 'Previous' and 'Submit Application' are located at the bottom right.

Figure 31 – Issuer Submitter – Review Page

The Review page provides the ability to submit the application as a whole. Clicking **Submit Application** submits the application and moves the application to the next step of the validation process. You can only submit the application if all sections have been completed. After the application has been submitted, you will receive a successful submission confirmation at the top of the review page.

5.1.14 Issuer Validator - Summary

The Validator Summary page, shown in Figure 32, allows Validators to view a list of all the applications that have been submitted.

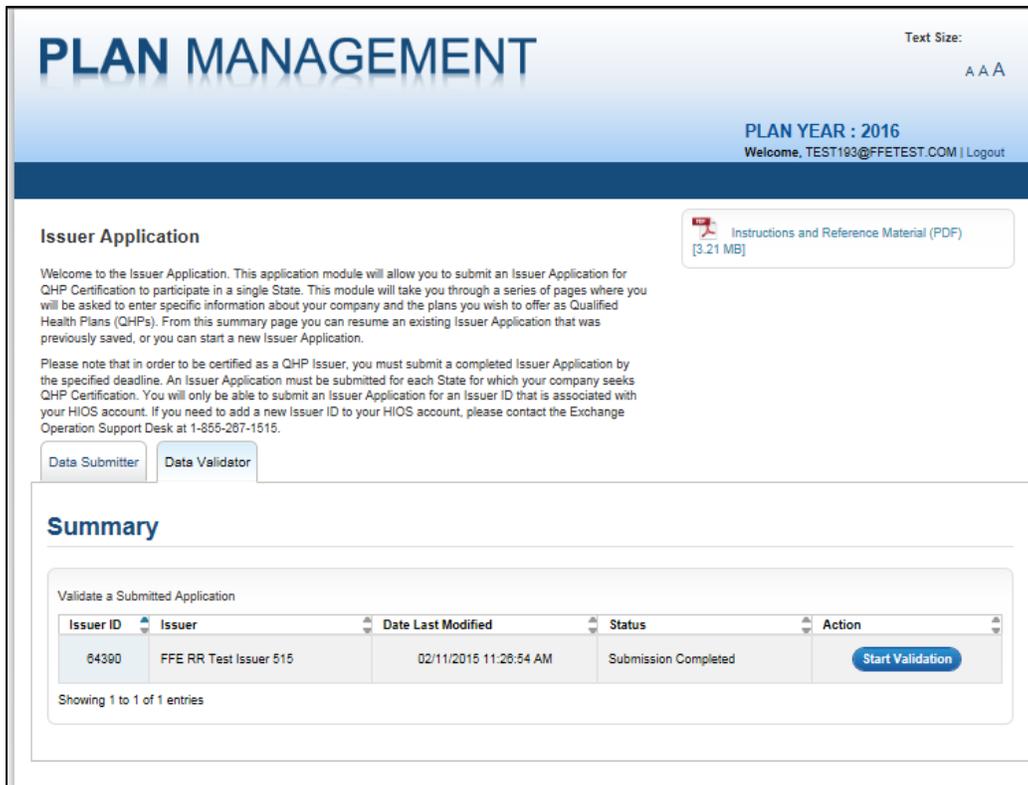


Figure 32 – Issuer Validator Summary Page (Part 1)

Click **Start Validation** to start validating a specific application. The Administrative Data page of the application selected is displayed on the next page.

5.1.15 Issuer Validator – Administrative Data

The Administrative Data page, shown in Figure 33, allows you to review and validate the information provided by the **Submitter**. Click the template file name hyperlink to download the submitted template.

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2016
Welcome, TEST193@FFETEST.COM | Logout

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Administrative Data

The Issuer Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS.

[Instructions and Reference Material \(PDF\) \[3.21 MB\]](#)

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Fields marked with an asterisk (*) are required.

Uploaded File(s)	
File Name	Upload Date
64390_KS_2016_AdministrativeData.xls	02/11/2015 11:10:52 AM

*Do you validate that the information submitted for this section is correct?
 Yes No

Submit Section Previous **Next**

Figure 33 – Issuer Validator Administrative Data Page

Review the information in the template, and indicate if the information is valid by selecting the “Yes” or “No” radio button. After the validation status is determined, click **Submit Section**. Click **Next** to go to the Program Attestations page.

5.1.16 Issuer Validator – Program Attestations

The Program Attestations page allows Validators to review and download any supporting documentation submitted by a Submitter. When you go to this page, the first accordion section is expanded, as shown in Figure 34.

PLAN MANAGEMENT

Text Size: A A A

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Program Attestations

The Issuer Module requires applicants to attest to their adherence to the regulations set forth in 45 CFR 155 and 156 as well as programmatic requirements necessary for the operational success of the Federally-Facilitated Marketplace (FFM). These attestations apply to all QHP Issuers seeking to participate in the FFM, as well as downstream vendors and contractors of the QHP Issuer or Company.

Instructions and Reference Material (PDF)
 [3.21 MB]

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Fields marked with an asterisk (*) are required.

General Issuer Attestations

- 1.) By the first resubmission period during the QHP certification process, applicant is in good standing and as such is licensed, by all applicable states, to offer the specific type of health insurance or health plans that the issuer is submitting to CMS for certification; is in compliance with all applicable state solvency requirements; and is in compliance with all other applicable state laws and regulations.
- 2.) Applicant attests that it will not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation in accordance with 45 CFR §156.200(e).
- 3.) Applicant attests that it will market its QHPs in accordance with all applicable state laws and regulations and will not employ discriminatory marketing practices in accordance with 45 CFR 156.225.
- 4.) Applicant attests that it will adhere to all non-renewal and decertification requirements, in accordance with 45 CFR 156.290.
- 5.) Applicant attests that it will adhere to requirements related to the segregation of funds for abortion services consistent with 45 CFR 156.280 and all applicable guidance.
- 6.) Applicant attests that it will adhere to provisions addressing payment of federally-qualified health centers in 45 CFR 156.235(a).

Do you agree with the General Issuer Attestations statements above?

Yes No

Next Question

Compliance Plan Show

Organizational Chart Show

Operational Attestations Show

Benefit Design Attestations Show

Stand Alone Dental Attestations Show

Rate Attestations Show

Enrollment Show

Financial Management Show

SHOP Show

Reporting Requirements Show

*Do you validate that the information submitted for this section is correct?
 Yes No

Submit Section
Previous
Next

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A federal government website managed by the Centers for Medicare & Medicaid Services

Figure 34 – Issuer Validator Program Attestations Page

Determine if the information is valid by selecting the “Yes” or “No” radio buttons. After the validation status is determined, click **Submit Section**.

5.1.17 Issuer Validator – State Licensure

The Issuer Validator State Licensure page, shown in Figure 35, allows you to review and download any supporting documentation that was submitted by the Issuer Submitter on the State Licensure page.

State Licensure

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

Instructions and Reference Material (PDF) [3.21 MB]

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Fields marked with an asterisk (*) are required.

- Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:
If Yes, upload supporting documentation.
 Yes No
- Does the applicant have either a license, certificate of authority, certificate of compliance, or an equivalent form or document for some but not all products or some but not all service areas for which the applicant is currently applying in this QHP Application? Choose from the following:
Yes—if the applicant is licensed for some but not all service areas or products. If “Yes” is selected, supporting documentation is required. See Section 4.1 for the supporting documentation instructions.
No—if the applicant is not licensed for any of the service areas or products it plans to offer. If “No” is selected, enter the estimated date of licensure:
 Yes No

Estimated Licensure Date:
02/12/2015

*Do you validate that the information submitted for this section is correct?
 Yes No

Submit Section Previous Next

Figure 35 – Issuer Validator State Licensure Page

Determine if the information is valid by selecting the “Yes” or “No” radio buttons, and click **Submit Section**.

5.1.18 Issuer Validator - Good Standing

The Issuer Validator Good Standing page, shown in Figure 36, allows you to review and download any supporting documentation submitted by the Issuer Submitter on the Good Standing page.

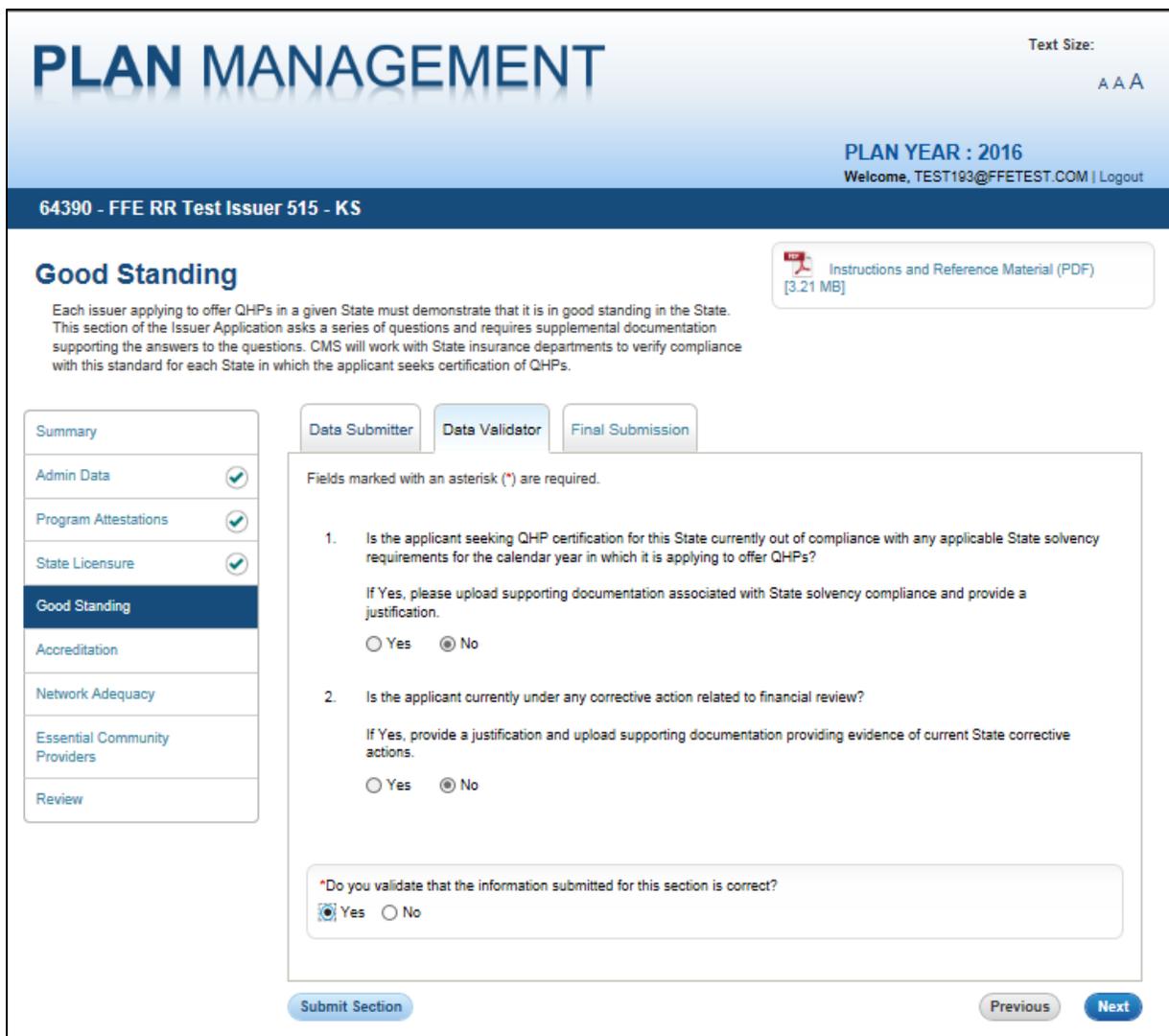


Figure 36 – Issuer Validator Good Standing Page

Determine if the information is valid by selecting the “Yes” or “No” radio button, and click *Submit Section* and click *Next* to move on to the Accreditation page.

5.1.19 Issuer Validator – Accreditation

The Issuer Validator Accreditation page, as illustrated in Figure 37, allows you to review and download any templates submitted by an Issuer Submitter on the Accreditation page. The page also allows you to review the responses from the Issuer Submitter.

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87296 - FFE Test Issuer 346 - NC

Accreditation

Instructions and Reference Material (PDF)
 [3.21 MB]

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All uploaded files must be of type .xml

Are any of the health plans you are currently offering in the commercial and/or Medicaid market in this State accredited by NCQA and/or URAC?

Yes No

Which accrediting entity? Please select from the list below.

NCQA
 URAC
 NCQA & URAC

Uploaded File(s)

File Name	Upload Date
87296_NC_2016_NCQA.xls	01/30/2015 4:07:43 PM
87296_NC_2016_URAC.xls	01/30/2015 4:07:51 PM

Uploaded Supplementary Documentation

Document Type:	File Name	Upload Date
Accreditation Certificate	AC.docx	01/30/2015 4:08:03 PM

Term and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Marketplace (FFM) (if applicable).

I attest to the terms and conditions.

Previous
Next

Figure 37 – Issuer Validator Accreditation Page- Part 1

The process of validating the Issuer Submitter’s responses and the Terms and Conditions is illustrated in Figure 38.

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2016
Welcome, TEST193@FFETEST.COM | Logout

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Accreditation

Instructions and Reference Material (PDF)
[3.21 MB]

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- Good Standing
- Accreditation**
- Network Adequacy
- Essential Community Providers
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Data Submitter
Data Validator
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Fields marked with a red asterisk (*) are required

Are any of the health plans you are currently offering in the commercial and/or Medicaid market in this State accredited by NCQA and/or URAC?

Yes No

Term and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Marketplace (FFM) (if applicable).

I attest to the terms and conditions.

* Do you validate that the information submitted for this section is correct?

Yes No

Submit Section
Previous
Next

Figure 38 – Issuer Validator Accreditation Page – Part 2

Determine if the information is valid by selecting the “**Yes**” or “**No**” radio buttons, and click **Submit Section**. Click **Next** to go to the Network Adequacy page.

5.1.20 Issuer Validator – Network Adequacy

From the Network Adequacy page, shown in Figure 39, you can view the questions related to network adequacy and the responses submitted by the Issuer Submitter. Depending on the Issuer Submitter’s responses, this page also provides the Issuer Validator the ability to download the completed Network Adequacy template submitted by an Issuer Submitter.

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Text Size: A A A

PLAN YEAR : 2016
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Network Adequacy

Instructions and Reference Material (PDF)
 [3.21 MB]

Summary

Admin Data ✔

Program Attestations

State Licensure

Good Standing

Accreditation

Network Adequacy

Essential Community Providers ✔

Review

Data Submitter
Data Validator
Final Submission

Fields marked with an asterisk (*) are required.

1. Does the applicant attest that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay? This includes providers that specialize in mental health and substance abuse services for all plans except stand-alone dental plans.

Yes No
2. Does the applicant attest that it is seeking QHP certification in a state determined to have sufficient and applicable network adequacy standards, and that it has met all applicable state network adequacy standards?

Yes No
3. Is the applicant required to submit a Network Access Plan?

If yes, please upload a Network Access Plan. If no, the applicant may move on to the next section.

 Yes No

Uploaded Documentation

Document Type:	File Name	Upload Date
Network Adequacy Template File	ProvDirIND01of0287298NC133D20150208T170438.txt	02/18/2015 1:15:28 PM
Network Adequacy Template File	ProvDirFAC02of0287298NC133D20150208T170438.txt	02/18/2015 1:15:34 PM

* Do you validate that the information submitted for this section is correct?

Yes No

Submit Section

Previous
Next

Figure 39 – Issuer Validator Network Adequacy Page

Choose to validate or not validate this section using the “Yes” or “No” radio buttons, and click **Submit Section**.

Marking the section as not valid allows the Issuer Submitter to revise the submitted information. Click **Next** to go to the next section of the application, which is Essential Community Providers.

5.1.21 Issuer Validator – Essential Community Providers

The Essential Community Providers (ECP) page, shown in Figure 40, allows you to download and review the template that was submitted by the Issuer Submitter on the Issuer Submitter - ECP page.

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Essential Community Providers

Instructions and Reference Material (PDF)
[3.21 MB]

- Summary
- Admin Data
- Program Attestations
- State Licensure
- Good Standing
- Accreditation
- Network Adequacy
- Essential Community Providers**
- Review

Data Submitter

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Final Submission

You have successfully validated this section

Fields marked with an asterisk (*) are required.

1. Is the applicant required to upload a supplemental Essential Community Provider (ECP) response, as indicated in Instructions, for any of its plans?

If yes, the applicant must upload a supplemental ECP response. See the Instructions for more information.

Please note that by answering "no", the applicant attests that it: 1) meets the 30 percent ECP standard (as indicated in Instructions); and 2) if the applicant does not qualify for the alternate ECP standard under 45 C.F.R. 156.235(b), agrees that it has offered contracts in good faith to all Indian health providers in the plan's service area and 3) if the applicant does not qualify for the alternate ECP standard under 45 C.F.R. 156.235(b) and is not a stand-alone dental plan issuer, agrees that it has offered contracts in good faith to at least one ECP in each ECP category per county in the service area.

Yes No

Uploaded File(s)

File Name	Upload Date
64390_KS_2016_EssentialCommunityProviders.xml	02/11/2015 11:28:52 AM

* Do you validate that the information submitted for this section is correct?
 Yes No

Submit Section

Previous

Next

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Figure 40 – Issuer Validator ECP Page

Validate or invalidate this section using the “Yes” or “No” radio buttons, and click **Submit Section**.

Marking the section as invalid allows the Issuer Submitter to submit a revised template.

Click **Next** to go to the next section of the application, which is the Review page.

5.1.22 Issuer Validator – Review

The Review page, shown in Figure 41, provides a Validator with a summary view of all the application sections and the validation status. The section names are hyperlinks that link to the selected section.

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Review

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter Data Validator Final Submission

All sections must be completed to the best of your knowledge before being submitted.

Validator Sections Table

Application Sections	Modified Date	Modified By	Status
Admin Data	02/11/2015 11:10:51 AM	TEST193@FFETEST.COM	Validation Passed
Program Attestations	02/11/2015 11:10:35 AM	TEST193@FFETEST.COM	Validation Passed
State Licensure	02/11/2015 11:11:20 AM	TEST193@FFETEST.COM	Validation Passed
Good Standing	02/11/2015 11:28:20 AM	TEST193@FFETEST.COM	Validation Passed
Accreditation	02/11/2015 11:28:28 AM	TEST193@FFETEST.COM	Validation Passed
Network Adequacy	02/11/2015 11:28:34 AM	TEST193@FFETEST.COM	Validation Passed
Essential Community Providers	02/11/2015 11:28:54 AM	TEST193@FFETEST.COM	Validation Passed

[Return to Submitter](#) [Previous](#) [Submit Application](#)

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Figure 41 – Issuer Validator Review Page

The ***Return to Submitter*** button is disabled until a section has been determined not valid by the Validator. If a section is determined not valid, click the ***Return to Submitter*** button to return the section(s) to the submitter. After all the sections have passed validation, the ***Submit Application*** button is enabled, and you can submit the application for evaluation.

5.2 Final Submission

This section describes Final Submission.

5.2.1 Access from the Modules

You can access the Final Submission page from the Final Submission tab that is integrated within the Issuer Module.

Example: From the Issuer Module, shown in Figure 42, click the Final Submission tab to access the Final Submission page and view the statuses of modules throughout an application.

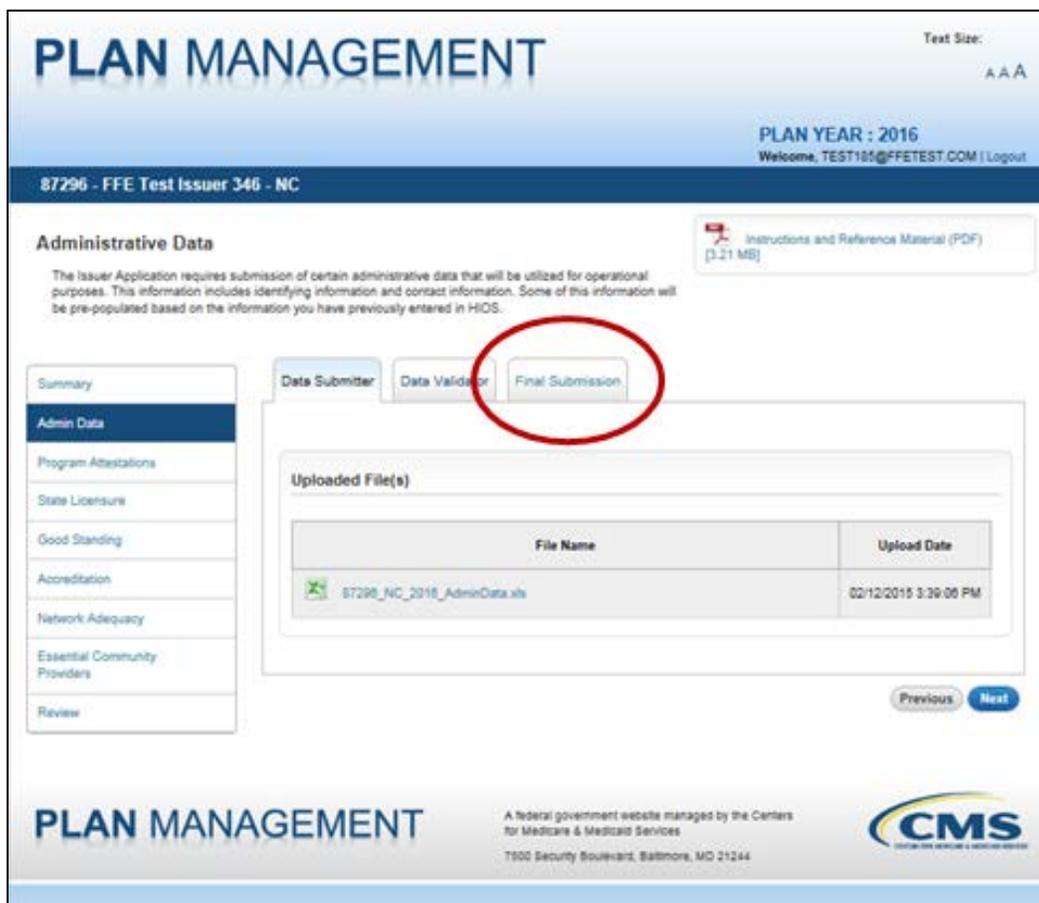


Figure 42 – Accessing the Final Submission Page from the Issuer Module

The Final Submission Page, as shown in Figure 43, allows you to perform two distinct functions, depending on your access level. Submitters and Validators can cross validate data among modules by clicking the ***Cross Validate*** button. Validators can submit the application by clicking the ***Submit*** button.

The **Back** button returns you to the last page accessed prior to navigating to the Final Submission page.

NOTE: Rate Review is required for cross-validation; however, the module status will not be displayed on the page.

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Final Submission

Instructions and Reference Material (PDF) [3.21 MB]

Data Submitter Data Validator Final Submission

✖ Please correct the following errors
1. There were errors identified during cross-validation between templates. Please download the error report below for details.

Download Final Submission Error Report

[ErrorReport.csv](#)

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/11/2015 4:16:07 PM	Validation Completed
Benefits and Service Area Module	02/11/2015 10:03:34 AM	Pending Submission
Rating Module	02/9/2015 3:00:41 PM	Pending Submission

Back Cross Validate Submit

Figure 43 – Final Submission Page

When inconsistencies are detected during cross validation, an error report is generated, and an error message appears on the screen (see Figure 44). The error message instructs you to download the Final Submission Error Report to view inconsistent data elements across the modules. You must download the Final Submission Error Report (see Figure 39), by clicking on the ErrorReport.csv link, and correct the listed errors.

NOTE: Error report generation will not trigger a status change for any module. You are responsible for coordinating with users from other modules to resolve discrepancies within the application. Once discrepancies are resolved, you must rerun cross validation to verify consistency across the Final Submission data elements.

NOTE: The Error report will be deleted once you refresh or leave the page.

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64390 - FFE RR Test Issuer 515 - KS

Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter

Data Validator

Final Submission

×

Please correct the following errors

1. There were errors identified during cross-validation between templates. Please download the error report below for details.

Download Final Submission Error Report

[ErrorReport.csv](#)

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/11/2015 4:16:07 PM	Validation Completed
Benefits and Service Area Module	02/11/2015 10:03:34 AM	Pending Submission
Rating Module	02/9/2015 3:00:41 PM	Pending Submission

Back

Cross Validate

Submit

Figure 44 – Final Submission Page - Errors

Figure 45 shows the Final Submission Error Report.

	A	B	C	D	E	F	G	H
1	URAC template has not been uploaded							
2	NCQA template has not been uploaded							
3	Rate Table template has not been uploaded							
4	Admin template has not been uploaded							
5	Prescription Drug template has not been uploaded							
6	PlanBenefit-Small Group template has not been uploaded							
7	PlanBenefit-Individual template has not been uploaded							
8	ECP template has not been uploaded							
9	Network template has not been uploaded							
10	Service Area template has not been uploaded							
11	Rate Business Rules template has not been uploaded							
12	The following NetworkId's exist in Benefit but not in Network templates []							
13	Not yet checking RateTable dates for PlanBenefit-Individual PlanId's							
14	Not currently checking URR planId's							
15	Issuer Module is not complete and validated							
16								

Figure 45 – Final Submission Error Report

Click **Cross Validate** after you have resolved all discrepancies. If cross validations pass, you will receive a successful cross validations message, as shown in Figure 46.

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Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

[Data Submitter](#) [Data Validator](#) [Final Submission](#)

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/18/2015 1:22:00 PM	Validation Completed
Benefits and Service Area Module	02/9/2015 10:53:37 AM	Validation Completed
Rating Module	02/18/2015 1:22:32 PM	Validation Completed

[Back](#) [Cross Validate](#) [Submit](#)

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Figure 46 – Final Submission Page – Cross Validations Successful

Once all module statuses show as “**Validation Completed**” a Validator can submit the application by clicking the **Submit** button.

After you successfully submit the application (see Figure 47), the Module statuses will read “Cross Validation Completed,” and the **Submit** button will become disabled. However, if there are modifications to a Module, you must repeat the Final Submission Cross Validation. If changes are made, the Module statuses will no longer read “Cross Validation Completed.”

NOTE: Final Submission must be completed prior to the end of the submission window for an application to be further evaluated for QHP certification.

The screenshot displays the 'Final Submission' page for Issuer ID 87296. At the top, the page title is 'PLAN MANAGEMENT' with a 'Text Size: A A A' option. Below the title, it shows 'PLAN YEAR : 2016' and a welcome message for 'TEST185@FFETEST.COM'. The main heading is 'Final Submission' for '87296 - FFE Test Issuer 346 - NC'. There are three tabs: 'Data Submitter', 'Data Validator', and 'Final Submission'. A green notification box states 'Issuer ID 87296 has been Submitted'. Below this, there is a table with columns 'Module', 'Submission Date', and 'Status'. The table shows three modules: 'Issuer Module', 'Benefits and Service Area Module', and 'Rating Module', all with a submission date of '02/16/2015 1:28:08 PM' and a status of 'Cross Validations Completed'. At the bottom, there are 'Back', 'Cross Validate', and 'Submit' buttons. The footer includes the 'PLAN MANAGEMENT' logo, CMS logo, and contact information for the Centers for Medicare & Medicaid Services.

PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2016
Welcome, TEST185@FFETEST.COM | Logout

87296 - FFE Test Issuer 346 - NC

Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter Data Validator Final Submission

Issuer ID 87296 has been Submitted

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/16/2015 1:28:08 PM	Cross Validations Completed
Benefits and Service Area Module	02/16/2015 1:28:08 PM	Cross Validations Completed
Rating Module	02/16/2015 1:28:08 PM	Cross Validations Completed

Back Cross Validate Submit

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Figure 47 – Final Submission Page – Submitted

5.3 Resubmission - Overview

The resubmission functionality can only be triggered by the Validator. The resubmission function provides the Validator with the ability to initiate the resubmission of the application to address deficiencies noted by HHS or the State; to correct data during the Plan Preview period; and/or submit additional information for stand-alone dental plans.

Triggering the resubmission process invalidates the previously submitted QHP application to allow information to be modified and resubmitted. You may only resubmit applications with a “**Cross Validation Completed**” status.

You can initiate the resubmission process from any of the three modules (Issuer, Benefits & Service Area, and Rating). The triggered module status will change to “**Return for Changes**” and the remaining modules to “**Validation Completed.**” To modify a module with the status of “**Validation Completed,**” refer to the instructions in the Validator sections 5.1.14 – 5.1.22.

Once the resubmission process has been successfully processed, you will follow the original submission process (Submission, Validation, Cross Validation) previously outlined within this guide.

5.3.1 Resubmission Issuer Validator Summary Page

The Issuer Validator Summary page allows you to select the application you wish to resubmit. You can select **Edit** for any submissions with the status of “Cross Validation Completed.” You must be assigned the role of Issuer Validator to access this page.

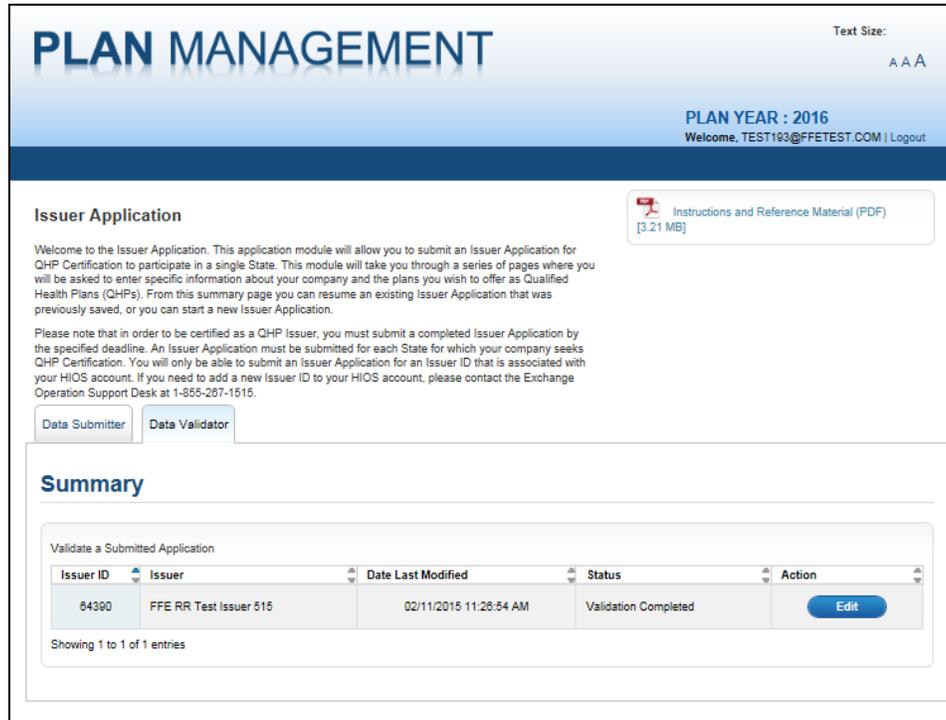


Figure 48 – Issuer Validator - Summary Page

5.3.2 Resubmission Issuer Validator Section

To resubmit a section, navigate to the section using the left navigation menu or the *Next* or *Previous* buttons. At the top of each section, a **Resubmission** button is displayed. To resubmit a section, click the **Resubmission** button (see Figure 49).

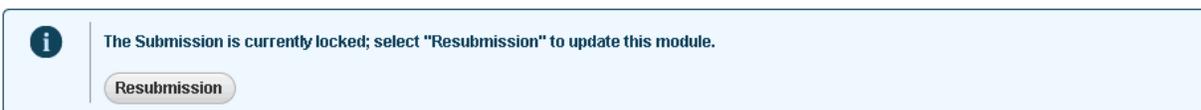


Figure 49 – Resubmission Alert box

A confirmation pop-up will appear to confirm that the resubmission is only triggered to address revisions approved by CMS (see Figure 50). Selecting “No” will simply close the pop-up screen with no changes made to the module/application; if you select “Yes,” the pop-up screen will close and a confirmation message will display.

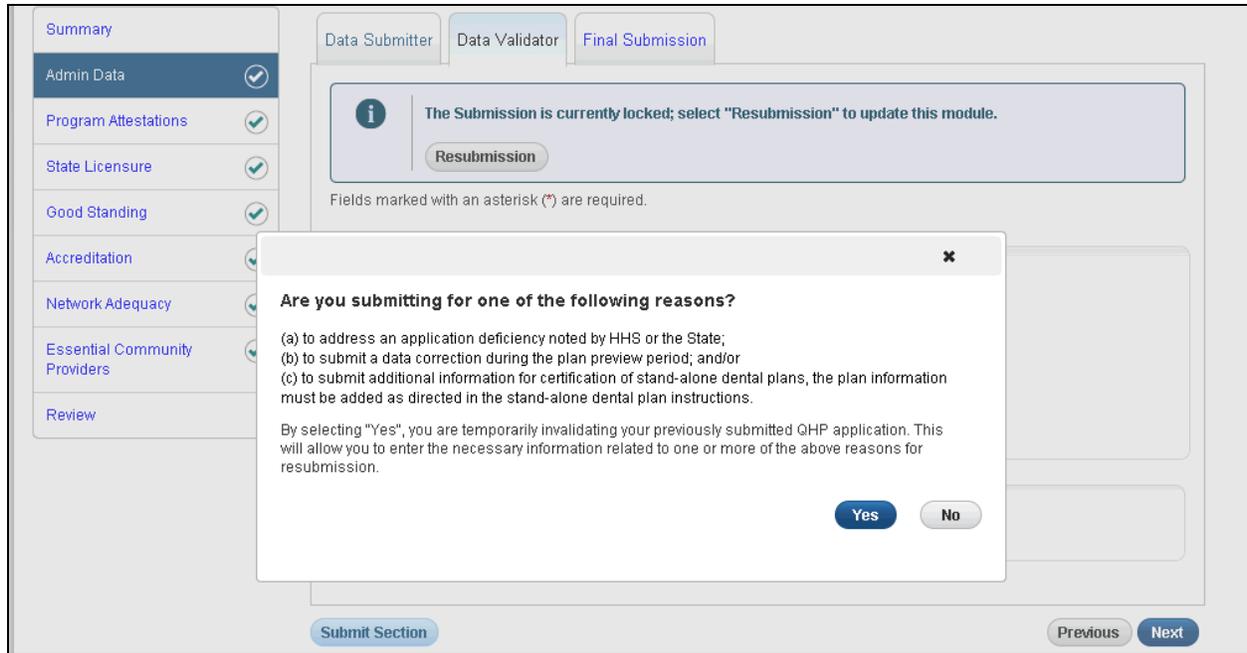


Figure 50 – Confirmation Pop-Up

The confirmation message (see Figure 51) will inform you that the section status has changed to **“Return to Submitter.”** To resubmit another section, repeat the steps above. To complete the resubmission process, proceed to the review page.

Administrative Data

The Issuer Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary

Admin Data ✓

Program Attestations ✓

State Licensure ✓

Good Standing ✓

Accreditation ✓

Network Adequacy ✓

Essential Community Providers ✓

Review

Data Submitter
Data Validator
Final Submission

Fields marked with an asterisk (*) are required.

i The section status has been changed to "Returned For Changes " proceed to the review page to trigger the resubmission process.

Uploaded File(s)

File Name	Upload Date
17569-Admin-cdm.XML	04/22/2013 11:38:33 AM

*Do you validate that the information submitted for this section is correct?

Yes
 No

Submit Section
Previous
Next

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Figure 51 – Resubmission Confirmation Message

From the Review page, verify that all sections intended for resubmission have a status of **“Return for Changes.”** Select the **Return to Submitter** button to initiate the resubmission (see Figure 52) for confirmation upon successful resubmission.

Data Submitter
Data Validator
Final Submission

You have successfully initiated the resubmission of the Issuer Module. The status has been changed to "Returned For Changes" and the module has been returned for changes to the Submitter.

All sections must be completed to the best of your knowledge before being submitted.

Validator Sections Table

Application Sections	Modified Date	Modified By	Status
Admin Data	01/11/1970 1:00:00 AM	allqhproles	Validation Failed
Program Attestations	04/22/2013 11:00:40 AM	allqhproles	Validation Passed
State Licensure	04/22/2013 11:00:55 AM	allqhproles	Validation Passed
Good Standing	04/22/2013 11:01:01 AM	allqhproles	Validation Passed
Accreditation	04/22/2013 11:01:20 AM	allqhproles	Validation Passed
Network Adequacy	04/22/2013 11:01:27 AM	allqhproles	Validation Passed
Essential Community Providers	04/22/2013 11:01:47 AM	allqhproles	Validation Passed

Return to Submitter
Previous
Submit Application

Figure 52 – Review Page Resubmission Confirmation Message

6 Troubleshooting and Support

6.1 Error Messages

Table 17 provides a list of error messages in the Plan Management system.

Table 17 – Plan Management System Error Messages

Error Message	Corrective Action
Incorrect File Format	<p>The user will receive this error message when the document uploaded is in the incorrect format. The allowable formats for supporting documents are:</p> <ul style="list-style-type: none"> doc docx jpg ppt pdf rtf jpeg pptx csv txt <p>The allowable formats for templates are .xls and .xlsx, which will be downloadable from the system and configured for users to convert to .xml after running validations.</p>
Select Document Type	<p>The user will receive this error message when a document type has not been selected for each document uploaded within the Program Attestation, Licensure, Essential Community Providers, Network Adequacy and Good Standing sections.</p>
There were errors identified during cross-validation between the templates. Please download the error report below for details.	<p>Validators are responsible for coordinating with users from other modules to resolve discrepancies within the application.</p>
Invalid Template version uploaded. Please upload the current template version. Check with the CMS helpdesk for directions on how to access the correct versions of the templates.	<p>The user will receive this error message when uploading an invalid template year version.</p>

6.2 Support

Table 18 provides a list of contacts.

Table 18 – Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
Marketplace Operation Support Desk (XOSC)	CMS	855-CMS-1515 (855-267-1515)	mailto:CMS_FEPS@cms.hhs.gov	Help desk support	1st level user support & problem reporting

7 Acronyms and Abbreviations

Table 19 provides a list of acronyms used in this document.

Table 19 – Acronyms and Abbreviations

Term	Literal Translation
AAHC	Accreditation Association for Ambulatory Health Care
CCIO	The Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
ECP	Essential Community Providers
HIOS	Health Insurance Oversight System
NAIC	National Association of Insurance Commission
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plans
SHOP	Small Business Health Options Program
URAC	Utilization Review Accreditation Commission

Appendix A: Enabling Macros in Microsoft Excel 2007-2010

To properly view and use the Excel templates for the QHP application, macros must be enabled. Follow these steps to enable macros:

1. From the Office button in the top left corner, shown in Figure 53, click *Excel Options*.

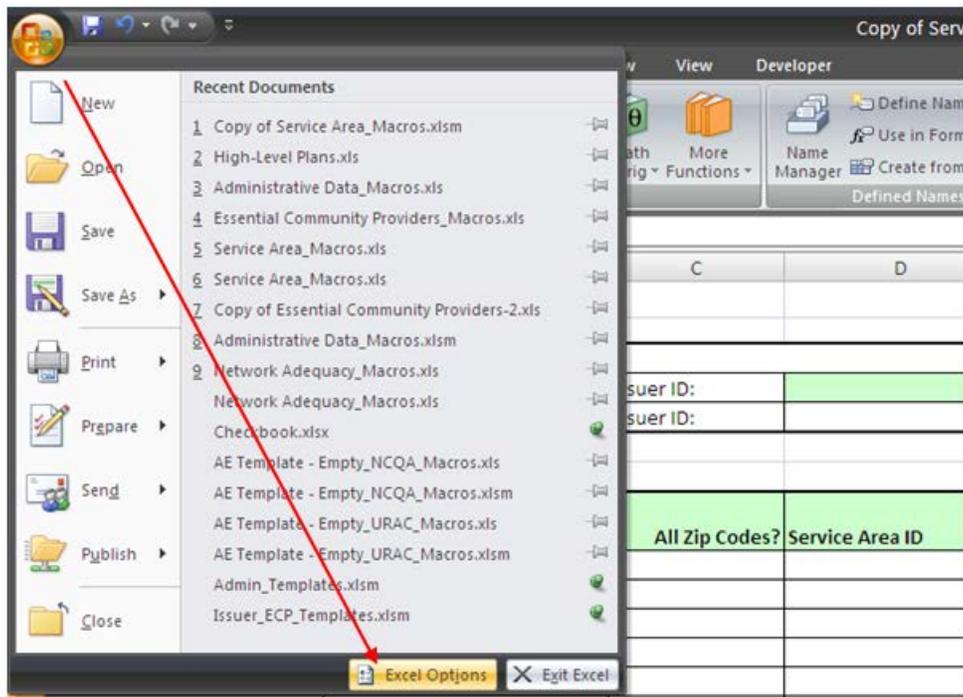


Figure 53 – Selecting Excel Options

2. Click Trust Center, shown in Figure 54.

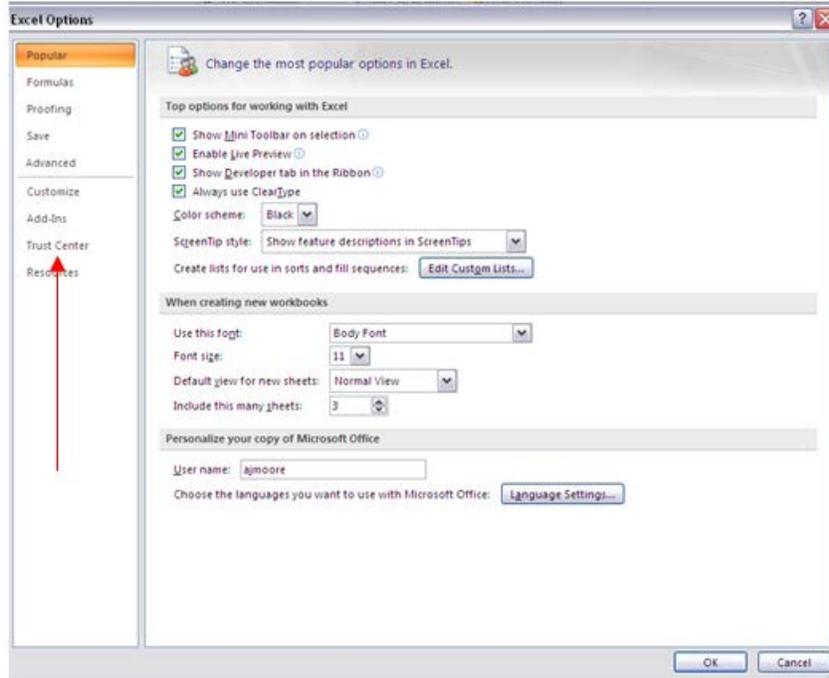


Figure 54 – Choosing Trust Center

3. Choose “Trust Center Settings” (refer to Figure 55).

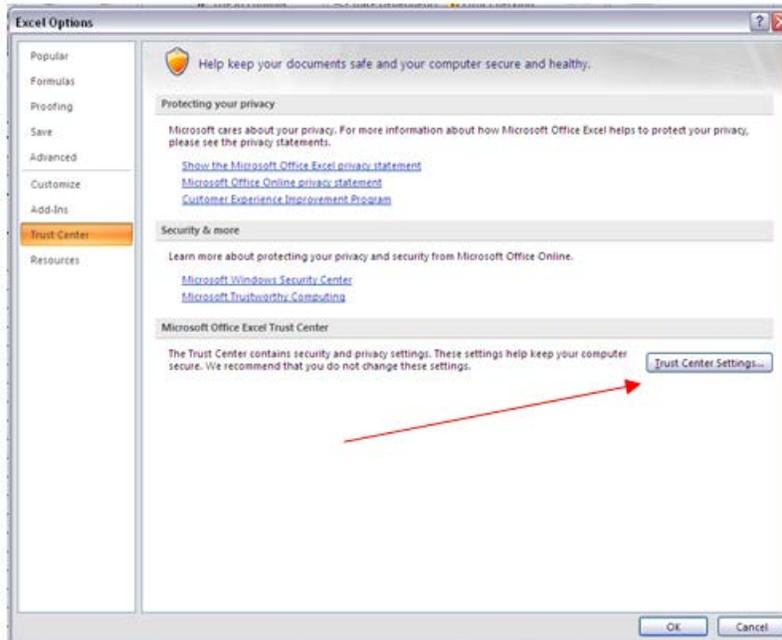


Figure 55 – Choosing Trust Center Settings

4. Choose “Macro Settings” (refer to Figure 56).

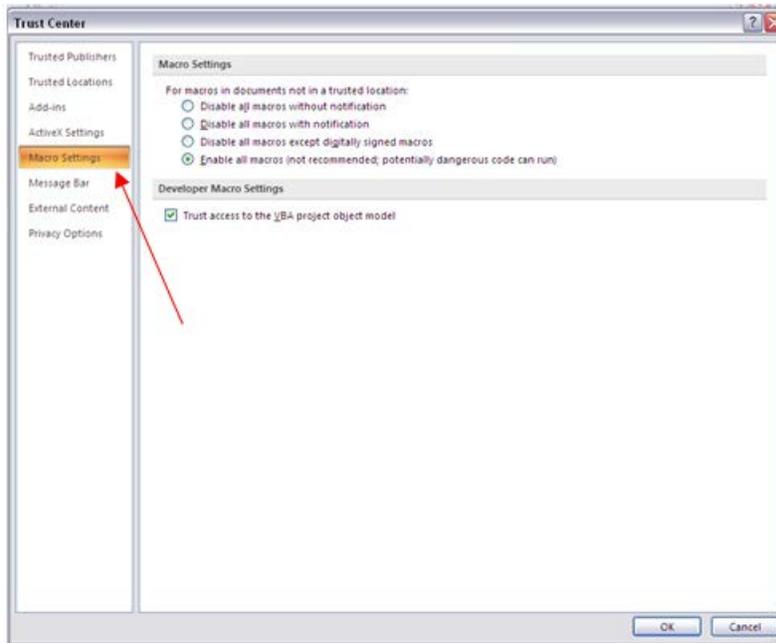


Figure 56 – Choosing Macro Settings

5. Choose “Disable all macros with notification” (refer to Figure 57)

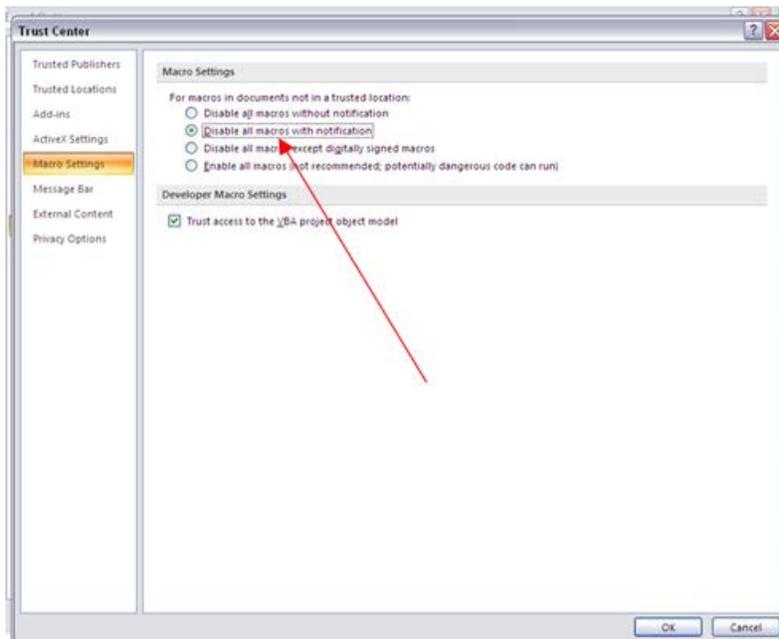


Figure 57 – Choosing Disable all macros with notification

- When opening any of the templates downloaded from the QHP web site, you will see the following prompt at the top of the spreadsheet (refer to Figure 58). Click “Options...”

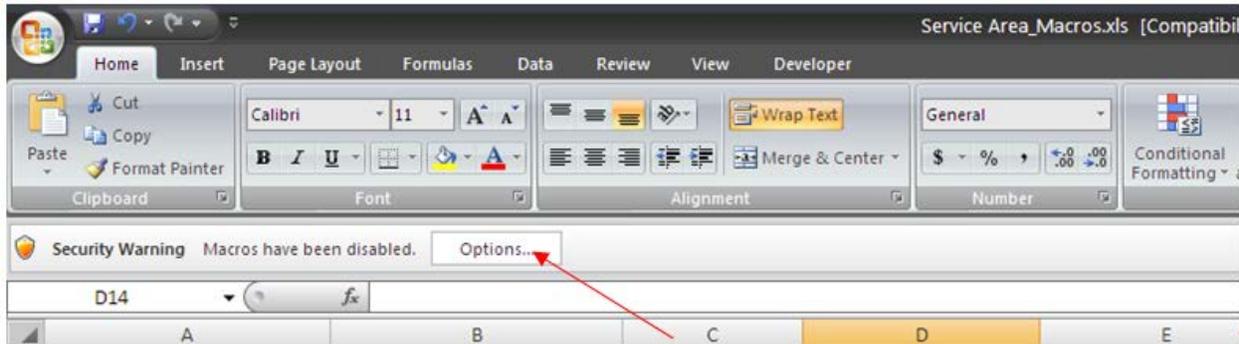


Figure 58 – Security Warning Prompt on Downloaded Templates

- Choose “Enable this content” (refer to Figure 59).

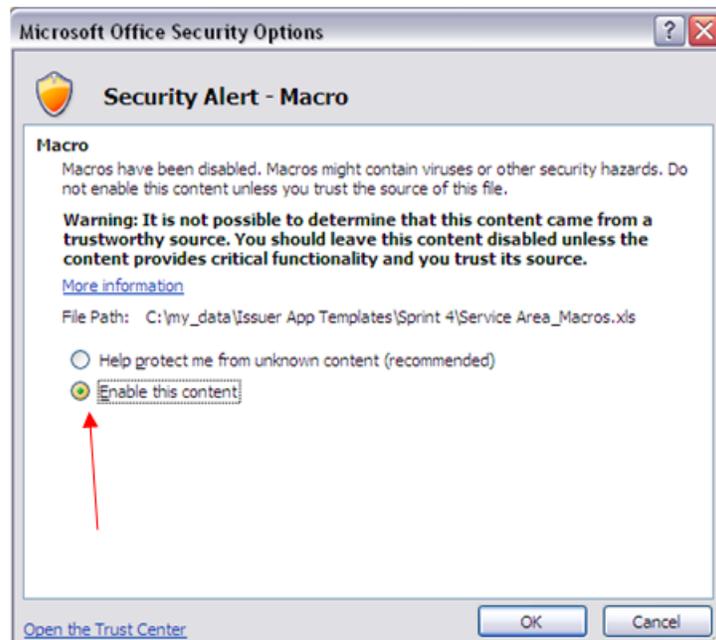


Figure 59 – Choosing Enable this content

Macros are now enabled for the open template. Remember that every time a new template is downloaded, steps 6 and 7 must be repeated.