Quality Improvement Strategy (QIS) Issuer Training

April 25, 2019

2019 Qualified Health Plan (QHP) Series

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Intended Audience

- The QIS Issuer Module presentation is applicable to QHPs in the Federally-facilitated Exchanges (FFEs), State-based Exchanges (SBEs), State-based Exchanges on the Federal Platform (SBEs-FP) and State Partnership Exchanges (SPEs)
- This presentation is not applicable to Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Key Dates
- Announcements
- QIS Issuer Training
- Question & Answer (Q&A) Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) PM Subject Matter Experts (SMEs) to provide an overview of the QIS Issuer Module.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to https://www.REGTAP.info.

Upcoming Key Dates for QHP Certification

Date	Category	Activity
April 10, 2019	Plan Data Change	Deadline for issuers to submit Data Change Requests for the Plan Year (PY)19 April Data Correction Window (DCW)
April 17 – April 18, 2019	Plan Data Change	April DCW (SHOP Rate Change Window) for Approved PY19 Plan Data Changes
April 17, 2019	QHP Issuer Conference	Registration Deadline for 2019 QHP Issuer Conference - In-Person Attendance
April 19, 2019	QHP Issuer Conference	Registration Deadline for 2019 QHP Issuer Conference - Remote Attendance
April 23 – April 24, 2019	QHP Issuer Conference	2019 QHP Issuer Conference
April 25, 2019	QHP Certification	*PY20 QHP Application Submission Window Opens

**Dates pending finalization of the PY20 Letter to Issuers*

Announcements

QIS Issuer Training Series Objectives

This training series is designed to familiarize issuers with how to comply with the Federally-facilitated Exchanges' (FFEs') QIS implementation and reporting requirements.* At the conclusion of this training series, issuers will:

- Understand the QIS requirements and timeline,
- Understand what is new about the QIS Implementation Plan and Progress Report form (QIS form),
- Understand how to avoid common errors, and
- Understand the evaluation process.

* State-based Exchanges (SBEs), including SBEs on the Federal Platform (SBE-FPs), are encouraged to follow the same approach for QIS implementation, but have flexibility to establish their own reporting and evaluation standards. Issuers participating or applying to participate in SBEs (including SBE-FPs) should contact the applicable Exchange for details on any State-specific requirements.

QIS Requirements and Timeline

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QIS Requirements

The Patient Protection and Affordable Care Act (PPACA) (section 1311(c)(1)(E)) directs Qualified Health Plan (QHP) issuers to implement a QIS (as described in section 1311(g)). A QIS is described as a payment structure that provides increased reimbursement or other market-based incentives for improving health outcomes of plan enrollees.

Issuers that meet the QIS participation criteria must:

- Implement and report on a QIS consistent with the standards described in the PPACA section 1311(g)(1) (45 CFR 156.200(b)(5)); and
- Adhere to guidelines, including the *QIS Technical Guidance and User Guide for the 2020 Plan Year* (QIS Guidance), established by the U.S. Department of Health & Human Services (HHS) in consultation with experts in health care quality and stakeholders (45 CFR 156.1130).

For the 2020 Plan Year, a QIS must address at least one of five topic areas identified in the PPACA and must include a market-based incentive, among other requirements. The five topic areas are:

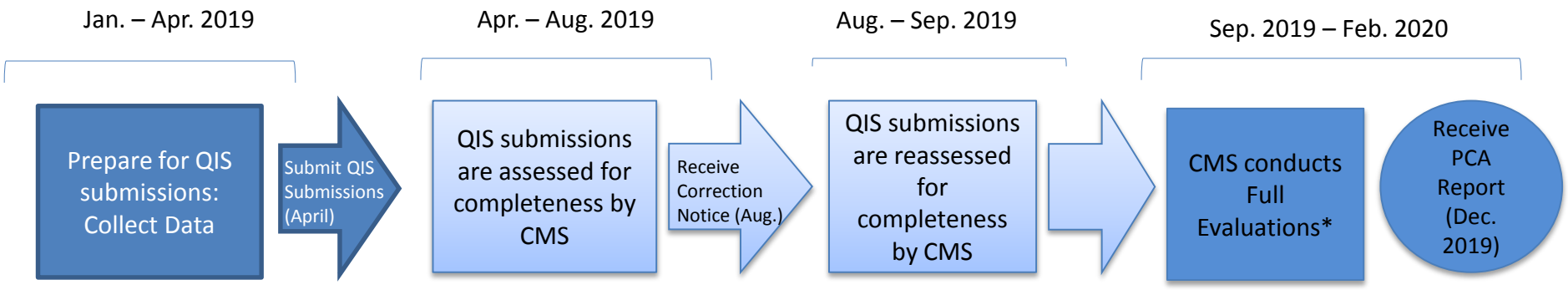
- Improve health outcomes
- Prevent hospital readmissions
- Improve patient safety and reduce medical errors
- Implement wellness and health promotion activities
- Reduce health and health care disparities

Key QIS Materials

QIS Documents

- **QIS form:** QIS data collection form that QHP issuers use to provide information on their quality improvement strategies. The form includes both the Implementation Plan section and the Progress Report section, and is available on the Marketplace Quality Initiatives (MQI) website.
- **QIS Guidance:** Resource that includes two parts: 1) the Technical Guidance, which provides background information about QIS as well as submission and timeline requirements; and 2) the User Guide, which provides directions to issuers offering coverage in an Exchange with step-by-step directions on how to access, complete, and submit a QIS Implementation Plan and Progress Report. Appendix D of the QIS Guidance also includes a checklist for completing the QIS form. The QIS Guidance is available on the MQI website.
- **QIS Issuer List:** Includes issuers that meet the QIS participation criteria and that are required to submit at least one QIS form as part of their QHP applications to either: (a) implement a new QIS beginning no later than January of the plan year, or (b) provide a progress update on an existing QIS. The QIS Issuer List includes issuers operating in FFEs and FFEs where States perform plan management. At this time, issuers operating in SBEs are not included on the list. The Issuer List is available on the Health Insurance Oversight System (HIOS)-Marketplace Quality Module (MQM) and the QHP Certification website.

QIS Timeline for the 2020 Plan Year



All dates are estimated based on the *2020 Draft Letter to Issuers in the Federally Facilitated Exchanges*, published January 17, 2019.

Distinction between Plan Year and Calendar Year: The 12-month period of benefits coverage starting on January 1 of each year is called a Plan Year. Issuers apply for QHP Certification in the calendar year prior to the start of the Plan Year. For example, the 2020 QHP Application Period occurs in the 2019 Calendar Year.

QIS Participation Criteria

Activities

- Issuers that offered their first two years of coverage through the Exchange in 2017 and 2018 are required to submit a QIS Implementation Plan for the 2020 Plan Year.
- Issuers that submitted a QIS form for the 2019 Plan Year are required to submit Progress Reports for the 2020 Plan Year.

Enrollment

- Issuers must submit at least one QIS if they had more than 500 enrollees within a product type per state as of July 1, 2018.
- **New for the 2020 Plan Year, CMS will assess if an issuer's product type enrollment meets the minimum enrollment threshold after two consecutive QIS Progress Report submissions.**

Plan Type

- Issuers offering family and/or adult-only medical coverage through an Individual Exchange or the Small Business Health Options Program (SHOP) are required to submit a QIS.
- Issuers offering stand-alone dental plans (SADPs) and child-only plans through the Exchange are not subject to the QIS reporting requirements for the 2020 Plan Year.

Issuers should refer to Section 5.1 of the QIS Guidance for more information regarding participation criteria.

QIS Submission Minimum Requirements for Progress Reporting

- Issuers should consult the 2020 QIS Issuer List to determine if they are required to submit a QIS.
- **NEW:** Issuers will not be required to continue progress reporting if their product type(s) no longer meet the minimum enrollment threshold prior to the third consecutive year of progress reporting.

Implementation Plan Submitted in Plan Year	First Two Plan Years of Progress Reporting	Minimum Enrollment Reassessed Prior to Plan Year	Progress Reporting Plan Years if Minimum Enrollment Threshold Met
2017	2018 and 2019	2020	2020 and 2021
2018	2019 and 2020	2021	2021 and 2022
2019	2020 and 2021	2022	2022 and 2023
2020	2021 and 2022	2023	2023 and 2024
2021	2022 and 2023	2024	2024 and 2025

Issuers should refer to Section 5.2.1 of the QIS Guidance for more information regarding the minimum enrollment threshold for progress reporting.

QIS Submission Requirements for the 2020 Plan Year

- Issuers submitting a QIS Implementation Plan or a Progress Report for the 2020 Plan Year as part of their QHP Application during the 2020 QHP Application Period must use the 2020 QIS form available on the Marketplace Quality Initiative (MQI) website.*
- At this time, issuers will not be penalized for failure to meet their performance targets. However, each issuer should strive to achieve progress toward meeting the goals and corresponding performance targets specified in its QIS.
- Additional details on the QIS submission requirements and timeline for the 2020 Plan Year can be found in the QIS Guidance, which is available on the MQI website.

*Issuers who reported progress for two years and no longer meet the minimum enrollment threshold are not required to continue progress reporting.

Understanding the QIS Form

QIS Form

- The QIS form includes sections for both the Implementation Plan and the Progress Report.
- Issuers that submitted an **Implementation Plan or Progress Report** for the 2019 Plan Year and are applying for QHP Certification in the FFEs for the 2020 Plan Year must submit all required sections of the QIS form as part of their 2020 QHP Applications.
  - Issuers submitting a Progress Report for the first or second time should transfer the **data from Parts A-E of their 2019 QIS form** to complete parts A-E of their 2020 QIS form. The form has been updated, so issuers should note changes between the 2019 QIS form and the 2020 QIS form.
  - Issuers submitting a Progress Report for the first or second time should also complete Parts F and G of the QIS form, as required, providing an update on their QIS **since their last QIS submission**.

Steps for Completing the QIS Form

Step 1: Review the *QIS Technical Guidance and User Guide for the 2020 Plan Year*	Step 2: Access and complete required sections of the QIS form	Step 3: Submit completed QIS form
The Technical Guidance section includes comprehensive background information about the QIS requirements.	The QIS form is a fillable PDF document that is only available electronically. Issuers may not request hard copies by mail.	FFE issuers will upload the form through the HIOS website, along with their other QHP Application materials, to transmit it to the applicable FFE(s) for evaluation.
The User Guide section includes step-by-step instructions for how to comply with the QIS requirements for the 2020 Plan Year.	Issuers should not include any identifying information in their responses to the elements and criteria other than in Part B, Issuer Information.	FFEs where States perform plan management will submit their QIS forms through the System for Electronic Rate and Form Filing (SERFF) for joint review by the State and FFE.
Issuers that meet the QIS participation criteria and are applying for QHP Certification in the FFEs for the 2020 Plan Year should consult the QIS Implementation Plan and Progress Report Form Pre-Submission Checklist (Appendix D) prior to submitting the QIS form.	To view and save the form, issuers need to download and install Adobe Acrobat Reader®, a free electronic file reader that is available online. Before completing the form, issuers must enable JavaScript®. No supplemental documentation will be accepted.	Issuers that operate in SBEs and SBE-FPs should consult their States for information on how to submit their QIS forms for evaluation by the SBE and any other State-specific requirements.
	Issuers required to address potential concerns with their 2019 QIS submissions, as identified in their 2019 PCA Reports, should do so in their 2020 QIS submissions.	Issuers offering MSP products in FFEs should contact the Office of Personnel Management (OPM) for additional details on its process for evaluating QIS submissions.

New for the 2020 Plan Year: Form Updates

Element/Criteria	2020 Plan Year Revision
Element #1: (Type of QIS Submission)	▪ Added option “Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period” to Part A.
Part A – QIS Submission Type	▪ Moved former Element #21 “Targets All Health Plans and Product Types Offered Through an Exchange" from former Part E to Part A.
Element #16: (Current Payment Model(s) Description)	▪ Added clarifying language, “Provide the percentage of payments in each payment model category used by the issuer across its Exchange product line,” to Element #16 (Current Payment Model(s) Description). ▪ Added boxes to capture percentage of each payment model type. ▪ Added footnote to clarify how to calculate the percentage of payments.
Part F – QIS Modification Summary	▪ Added Part F: QIS Modification Summary, which includes new Element #27: Modifying Goals, Measures, and Activities and new Element #28: Modifying Product Types
Throughout the QIS form	▪ Modified language for clarity. ▪ Increased character limits. ▪ Removed any criteria referencing the collection of Standard Component IDs (SCIDs).

Updated for the 2020 Plan Year: Element 1. Type of QIS Submission

Added the "Discontinuing a QIS…" option to improve the clarity of submission type.

1. Type of QIS Submission

Select the option that describes the type of QIS submission, and follow the instructions to complete the submission.

Type of QIS	Instructions
○ **New QIS[1] with No Previous QIS Submission**	Complete the Background Information Section (Parts A, B, and C) and the Implementation Plan Section (Parts D and E).
○ **New QIS after Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period [2]**	Complete a form to submit the new QIS, including the Background Information Section (Parts A, B and C) and the Implementation Plan Section (Parts D and E). (Must also submit a form to close out the discontinued QIS; see "Discontinuing a QIS").
○ **Discontinuing a QIS Submitted during a prior Qualified Health Plan (QHP) Application Period**	Complete a form to close out the discontinued QIS, including the Background Information Section (Parts A, B, and C) and the Implementation Plan Section (Parts D and E), with the discontinued QIS information. Include the Progress Report (Part G) to report on progress of the QIS up to the point it was discontinued. (Must submit at least one QIS to cover all eligible QHPs; see "New QIS after Discontinuing a QIS Submitted during a prior QHP Application Period").
○ **Continuing a QIS with No Modifications**	Complete the Background Information Section (Parts A, B, and C), Implementation Plan Section (Parts D and E), and the Progress Report Summary (Part G). Do not complete the QIS Modification Summary (Part F).
○ **Continuing a QIS with Modifications[3]**	Complete the Background Information Section (Parts A, B, and C), Implementation Plan Section (Parts D and E); Modification Section (Part F), and the Progress Report Section (Part G).

Changing a QIS?

If an issuer chooses to change its QIS, it must determine if the changes warrant "modifying" a QIS, "discontinuing" a QIS, or if they are changes that are considered minor. Use the resource below to determine which type of QIS submission is required.

Continuing a QIS with No Modifications	Continuing a QIS with Modifications	Implementing a New QIS after Discontinuing a QIS
▪ Update Issuer Information, ▪ Update Current Payment Model(s) Description, ▪ Update Data Sources, and/or ▪ Update other information not listed in the following columns.	▪ Change QIS goals, ▪ Change QIS activities, ▪ Change QIS measures, ▪ Change performance targets, and/or ▪ Change product types.	▪ Change QIS market-based incentive sub-type, ▪ Change QIS topic area, and/or ▪ The QIS results in negative outcomes or unintended consequences.

Issuers should refer to Section 5.3.2 of the QIS Guidance for more information regarding changing a QIS.

Updated for the 2020 Plan Year:
Part B. Element 15. Current Payment Model(s) Description

16. Current Payment Model(s) Description

Select the category(ies) of payment models that are used by the issuer across its Exchange product line. Provide the percentage of payments in each payment model category[5] used by the issuer across its Exchange product line. The total percentage of payments across all four payment model types should equal approximately 100 percent.[6]

Payment Model Type	Payment Model Description	Provide Percentage
☐ **Fee for Service – No Link to Quality and Value**	Payments are based on volume of services and not linked to quality or efficiency.	☐ %
☐ **Fee for Service – Linked to Quality and Value**	At least a portion of payments vary based on the quality or efficiency of health care delivery.	☐ %
☐ **Alternative Payment Models Built on Fee for Service Architecture**	Some payment is linked to the effective management of a segment of the population or an episode of care. Payments are still triggered by delivery of services, but there are opportunities for shared savings or two-sided risk.	☐ %
☐ **Population-based Payment**	Payment is not directly triggered by service delivery, so payment is not linked to volume. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., more than one year).	☐ %
Total	Please confirm the total percentage of payments across all four payment model type categories equals approximately 100%.	0 %

Added boxes to capture the percentage of each payment model type.

New for the 2020 Plan Year: Resource for Determining Which Required Parts of the Form Must Be Completed

If "New QIS with No Previous QIS submission," STOP HERE.
If "New QIS after Discontinuing," STOP HERE.
If "Discontinuing a QIS," SKIP to page 22 (Part G. Progress Report Summary).
If "Continuing a QIS with Modifications," continue to page 21 (Part F. Modification Summary).
If "Continuing a QIS with No Modifications," SKIP to page 22 (Part G. Progress Report Summary).

Added clarifying language at the end of the Implementation Plan section to prevent user confusion and errors.

New for the 2020 Plan Year: Part F. QIS Modification Summary

Part F. QIS Modification Summary

27. Modifying Goals, Activities, and Measures or Associated Performance Targets (Must Pass)

If "Continuing a QIS with Modifications" was selected in Part A, Element 1, please indicate what type of modification(s) the issuer is making to its QIS and provide a rationale for the modification(s). Note that modifications only apply to elements in Parts D and E (Implementation Plan).

27a. **QIS Goals:** Which Goals, if any, are modified from the prior year's QIS submission? Select all that apply.

☐ Goal 1 ☐ Goal 2

Describe Modifications to Goals (*500 character limit)*

27b. **QIS Activities:** Are Activities modified from the prior year's QIS submission?

○ Yes ○ No

If yes, describe Modifications to Activities (*500 character limit)*

Added a "QIS Modification Summary" section to improve clarity and prevent user confusion and errors.

New for the 2020 Plan Year: Part F. QIS Modification Summary (continued)

Modification Summary section, continued.

27c. **QIS Measures or Associated Performance Targets:** Which Measures or Associated Performance Targets, if any, are modified from the prior year's QIS submission? Select all that apply.

☐ Measure 1a ☐ Measure 1b ☐ Measure 2a ☐ Measure 2b

Describe Modifications to Measures or Associated Performance Targets (*500 character limit*)

28. Modifying Product Types

Are the product types modified from the prior year's QIS submission? Indicate whether the issuer is adding and/or removing any product types to the QIS originally listed in Criterion 2b. Select all that apply.

Health Maintenance Organization (HMO)	☐ Add	☐ Remove
Point of Service (POS)	☐ Add	☐ Remove
Preferred Provider Organization (PPO)	☐ Add	☐ Remove
Exclusive Provider Organization (EPO)	☐ Add	☐ Remove
Indemnity	☐ Add	☐ Remove

Avoiding Common Errors

Tips to Avoid Common Errors: Completing the QIS Form

- If the goal(s) were modified, include the modified goals in Element 19 of the Implementation Plan and describe the modifications in Part F, QIS Modification Summary: Criterion 27a.

- Issuers submitting a continued QIS submission (with or without modifications) for the 2020 QHP Application Period must list the QIS initiation/start date as 01/2019 or earlier. Issuers submitting a new QIS Implementation Plan for the 2020 QHP Application Period must list the QIS initiation/start date as 01/2020 or earlier.

Tips to Avoid Common Errors: Baseline Data

24h. Baseline Assessment. Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

Baseline data is the initial collection of data that serves as a basis for comparison with the subsequently acquired data. For QIS, issuers should use the data from their initial QIS Implementation Plan if they have not modified their measures. Baseline assessment results should measure an issuer's performance before implementation of the QIS.

Tips to Avoid Common Errors: Baseline Data

29d. Restate the baseline results from Criterion 24c of Measure 1a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable.

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

If an issuer is continuing a QIS with no modifications, the baseline assessment results reported in Element 24 of the Implementation Plan (Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress) should remain constant from what the issuer reported in Element 24 of its prior year's QIS submission, and should match the baseline assessment results reported in Element 29 of the Progress Report (Analyze Progress Using Baseline Data, as Documented in the Implementation Plan) in the current QIS submission.

Tips to Avoid Common Errors: Baseline Data

27c. **QIS Measures or Associated Performance Targets:** Which Measures or Associated Performance Targets, if any, are modified from the prior year's QIS submission? Select all that apply.

☐ Measure 1a ☐ Measure 1b ☐ Measure 2a ☐ Measure 2b

Describe Modifications to Measures or Associated Performance Targets (*500 character limit*)

If an issuer is continuing a QIS with modifications and is modifying its measures, the baseline assessment results reported in Element 24 of the Implementation Plan should reflect the modified measures. The baseline assessment results reported in Element 29 of the Progress Report should match the results reported in Element 24 of the prior year's Implementation Plan. In this case, the baseline assessment results in Elements 24 and 29 of the current QIS submission will likely not match.

QIS Evaluation Process

Completeness Assessments

- QIS submissions that are received during the QHP Application Period will be assessed for completeness. Both the Implementation Plan and Progress Report sections (if applicable) of the form will be assessed for completeness.
  - Issuers whose submissions contain blank fields or are missing information will receive Correction Notices, and must correct and resubmit their QIS forms during the subsequent review period.
  - Issuers that did not submit at least one QIS form as required will also receive Correction Notices.
    - First, issuers should verify if they are required to make a QIS submission using the QIS Issuer List. If the issuer is included on the QIS Issuer List, it must submit a QIS during the submission window.
  - Issuers whose submissions are assessed as complete will not receive Correction Notices.

Correction Notices for Completeness Assessments

- Correction Notices will specify any QIS form elements and criteria that were left blank or are missing information.
- The issuer should address the identified deficiencies by providing additional information as directed by the Correction Notice.
- The issuer should not make any changes to its response(s) for elements and/or criteria that were not specifically identified in the Correction Notice.
- The issuer will resubmit its QIS submissions using the same system to which it submitted its original QHP Application.

Full Evaluations, Post-Certification Assessment Reports, and Issue Resolution

Evaluation Component	Description
Full Evaluations	▪ Full evaluations of QIS submissions by the FFEs will take place during the PCA Period, which takes place from September 2019 – February 2020. ▪ An overall outcome of "Meets," "Interim Meets," or "Does Not Meet" will be assigned to each issuer's QIS submission(s). ▪ Issuers will not receive actual numerical scores (e.g., point values, percentages). ▪ Issuers that are not required to submit Progress Reports for the 2020 Plan Year will not be scored on Parts F or G.
PCA Reports	▪ Issuers will be notified about potential concerns with their QIS submissions via PCA Reports, which are sent by email. ○ PCA Reports will only be sent to issuers about whom CMS has potential concerns. ○ Issuers that have an overall outcome of "Meets" will not receive a PCA Report email. ▪ State regulators will be notified in advance regarding potential concerns identified for issuers in each regulator's State.
Issue Resolution	▪ Issuers will be asked to investigate any concerns identified during the PCA review and respond per the instructions in their PCA Reports.

Resources

Resource	Link
Marketplace Service Desk (reference "Marketplace Quality Initiatives")	CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
CMS MQI website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ Health-Insurance-Marketplace-Quality-Initiatives.html
QHP Certification Website	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
Draft 2020 Letter to Issuers and Proposed Notice of Benefit and Payment Parameters for 2020	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/
REGTAP (keyword search "QIS")	https://REGTAP.info
Alternative Payment Model Framework Final White Paper	http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf
Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs	https://hcp-lan.org/groups/apm-fpt/apm-report/

Open Q&A Session

Questions?

- To submit or withdraw questions by phone:
  - *To submit a question, dial "star(*) pound(#)" on your phone's keypad.*
  - *To withdraw a question, dial "star(*) pound(#)" on your phone's keypad.*
- To submit questions by webinar:
  - *Type your question in the text box under the "Q&A" tab and click "Send."*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
  - **Call: 855-CMS-1515**
  - **Email:** CMS_FEPS@cms.hhs.gov
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
  - **Email:** serffplanmgmt@naic.org

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the SHOP or Individual Exchange.

HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)
- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

The QHP April Webinar sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
04/30/19	Tuesday	3:00 p.m. – 4:00 p.m.	Essential Community Providers (ECP) Tool Demo & Network Adequacy

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks