QHP Certification

Health Insurance Marketplace

About

The 2017 Qualified Health Plan (QHP) Certification Toolkit is a series of resources for issuers. This toolkit contains factsheets that consolidate important information about the 2017 QHP Application including changes to the application process, tips for completing and submitting templates, and important resources for new issuers. This toolkit is a supplemental resource, and is not intended to replace official guidance or instructions.

Contents

1 | QHP Certification Overview

HELPFUL HINTS

- See the HIOS Portal Quick Reference Guide for more instructions on creating an account, updating contact information and getting Standard Component IDS (Plan ID in HIOS.
- See the Additional Tips for Submitting the QHP Application section in this toolkit for hints on where to upload templates and documents, and instructions for making sure the application completes cross-validation.

Step 1

Read General Information

March

Before beginning the QHP Application, read:

- ❑ Guidance and Regulations.
- ❑ Plan Year 2017 Letter to Issuers.
- ❑ Plan Year 2017 Payment Notice.
- ❑ QHP Application Instructions.
- ❑ User guides for the submission system(s) required for the state(s) in which plans will be offered.
- ❑ Any additional state requirements or instructions.

Step 2

Prepare to Apply

March - April

- ❑ Create an account in REGTAP, register for and issuer webinars.
- ❑ Create an account in HIOS, SERFF, and/or OPM*.
- ❑ Update contact information in HIOS.
- ❑ Get Standard Component IDs, or "Plan IDs", in HIOS.
- ❑ Verify licensure and good standing with state regulator(s).
- ❑ Verify accreditation standards are met.
- ❑ Download QHP Application Templates.
- ❑ Watch template videos.

*Health Insurance Oversight System (HIOS)
*System for Electronic Rate and Form Filing (SERFF)
*Office of Personnel Management (OPM)

QHP Certification Overview (Continued)

Step 3
Complete Your Application
April – May 11

- ❑ Complete each template:
  - ❑ Accreditation
  - ❑ Network ID
  - ❑ Service Area
  - ❑ Prescription Drug
  - ❑ Plans and Benefits
  - ❑ Network Adequacy / ECP
  - ❑ Business Rules
  - ❑ Rates Table
  - ❑ Unified Rate Review Template (URRT)
  - ❑ Plan ID Crosswalk
- ❑ Answer questions in the HIOS Issuer Module related to:
  - ❑ Accreditation
  - ❑ Licensure and Good Standing
- ❑ Respond to program attestations and upload supporting documents.

Tips:

- ❑ Complete the Service Area Template, Network ID Template, and Prescription Drug Template first. These are needed to begin the Plans & Benefits Template.
- ❑ EHB percent of premium in the Plans & Benefits Template must **match exactly** the value in the URRT.
- ❑ Run the Data Integrity Tool and other review tools to check for compliance.

Step 4
Submit Your Application
April 11- May 11

- ❑ Do not wait until the last day to upload completed parts of the Application.
- ❑ Submit application templates and supporting documentation to the appropriate submission system (HIOS, SERFF, OPM).
- ❑ Make sure the application completes all cross-validations. CMS will not review applications that have not completed cross-validation.

Step 5
Review & Revise
June 30 – August 23

- ❑ CMS conducts two review rounds during the certification process, and issuers will have opportunities after those review rounds to make corrections.
- ❑ Round 1: CMS reviews data submitted as of 5/11/16.
  - 1st correction notice: 6/16/16
  - Deadline to resubmit: 6/30/16
- ❑ Round 2: CMS reviews data submitted as of 6/30/2016.
  - 2nd correction notice: 8/9/16
  - Deadline to resubmit: 8/23/16

Step 6
Certify & Offer Plans
September - November

- ❑ Issuers receive certification notices on 9/16/16.
- ❑ Issuers return QHP Agreement and Final Plan List to CMS on 9/23/16.
- ❑ Issuers receive validation notices on 10/4/16.
- ❑ Open enrollment begins 11/1/16.

Step 7
Maintain Certification Standards
Post-Certification and During Plan Year

- ❑ Respond to any compliance inquiries from CMS or the state
- ❑ Comply with consumer complaint and quality reporting initiatives

Where to Submit Templates and Supporting Documents (FFM Issuers Only)

HIOS QHP Issuer Module

- ❑ Program Attestations
- ❑ Compliance Plan
- ❑ Organizational Chart
- ❑ State Licensure Questions
- ❑ State License, COA, or Certificate of Compliance
- ❑ Good Standing Questions
- ❑ Good Standing Documentation
- ❑ Accreditation Template*
- ❑ Accreditation Certificate*
- ❑ Network Adequacy/ ECP Template
- ❑ Network Adequacy Attestation
- ❑ ECP Attestation
- ❑ ECP Supplemental Response Form
- ❑ ECP Write-In Worksheet

HIOS QHP Benefits & Service Area Module

- ❑ Plans & Benefits Template
- ❑ Network ID Template
- ❑ Service Area Template
- ❑ Prescription Drug Template*
- ❑ Unique Plan Design Supporting Documentation
- ❑ Screenshot of Stand-alone AVC
- ❑ EHB-Substituted Benefit Supporting Documentation
- ❑ SADP AV Supporting Documentation**
- ❑ SADP Description of EHB Allocation**
- ❑ Statement of Detailed Attestation Responses
- ❑ Formulary Supporting Documentation*
- ❑ Partial County Justification

HIOS QHP Rating Module

- ❑ Rates Table
- ❑ Business Rules Template

HIOS Unified Rate Review System

- ❑ Unified Rate Review Template*

HIOS Administrative Section

- ❑ HIOS Administrative Data

Email to QHP_Applications@cms.hhs.gov

- ❑ Plan ID Crosswalk
- ❑ Plan ID Crosswalk State Approval Form

**QHP only*
*** SADP only*

Additional Tips for Submitting the QHP Application

Access the appropriate HIOS Plan Management module in the CMS Portal

- To access the QHP modules to submit the QHP Application in HIOS, issuers must select the link: "Plan Management and Market Wide Functions" at the bottom of the HIOS Portal page.

Double check file names and formats

- Ensure file names follow prescribed naming conventions as specified in each chapter of the QHP Application Instructions.
- Ensure template files are saved in the appropriate format as specified in each chapter of the QHP Application Instructions.

Check with the state regulatory body for additional requirements

- Some states require issuers to submit to SERFF in addition to HIOS, follow guidance from your state insurance regulator.

Ensure your application has a status of cross-validation complete before the submission deadline(s).

- **Step 1**: Validate all three QHP modules (Issuer, Benefits & Service Area, and Rating).
- **Step 2:** When validating the Issuer Module, select "Submit Section" at the bottom of each screen then click "Next." Repeat this step for the Benefits & Service Area Module and Rating Module.
- **Step 3:** On the final Issuer Module validation review page, click "Submit Application."
- **Step 4**: After validating the Issuer Module, return to the "Final Submission" page.
- **Step 5:** Click "Cross Validate" and then "Submit.".

2 | QHP Application Updates

Updates to Templates & Review Standards

Administrative

- Issuers' administrative information displayed on HealthCare.gov will be pulled from the Issuer General Information Fields in HIOS. There is no Administrative Template for plan year 2017.
- See updates in section 5.1 in the HIOS Plan Finder-Issuer User Manual.

Accreditation

- CMS is continuing a phased approach to review accreditation. Issuers entering their fourth year of Marketplace participation must have a Marketplace accreditation status of:
  - AAAHC: "Accredited".
  - NCQA: "Excellent," "Commendable," "Accredited," or "Provisional".
  - URAC: "Full" or "Conditional".

Network Adequacy and Essential Community Providers (ECP)

- The Network Adequacy and ECP Template are combined for plan year 2017.
- Please reference the 2017 Payment Notice Final Rule and 2017 Letter to Issuers for details on review standards for network adequacy.
- In 2017, HealthCare.gov will display an indicator of the breadth of each plan's network.
- CMS proposes to credit issuers for providers that the issuer selects from the final HHS ECP list and includes in their template toward satisfaction of the 30 percent ECP threshold requirement.
- In addition, CMS will allow issuers to count their qualified ECP write-ins submitted on the ECP Write-in Worksheet toward satisfaction of the 30 percent ECP standard for plan year 2017 as long as the written-in provider has submitted an ECP petition to CMS by no later than August 22, 2016.

Plans & Benefits

- The Standardized Plan Design Add-in file is now available; this file will help populate data for issuers using a standardized plan design.
- A new field: *Design Type* allows issuers to indicate whether the plan will follow a standardized plan design.
- *Minimum Stay* and *State Required Benefit* fields have been removed.
- Benchmark reference data are based on 2017 benchmark plans.

HELPFUL HINTS

- Each chapter of the QHP Application Instructions contains a blue box with important highlights.
- Many updates for plan year 2017 are described in 2017 Payment Notice Final Rule.

QHP Application Updates (Continued)

Updates to Policy and Regulations

Cost Sharing

- Annual limitation on cost sharing for self only coverage is $7,150.
- 2017 premium adjustment percentage is 13.25256291
- Established a formula by which the annual limitation on cost sharing for stand-alone dental plans certified by Marketplaces will be increased in future years.

Meaningful Difference

- Removed Health Savings Account eligibility and individual coverage or enrollment group coverage criteria as options for meeting the meaningful difference standard.

Patient Safety Standards for QHP Issuers

- QHP issuers must track hospital participation with Patient Safety Organizations (PSOs) or other evidence-based patient safety initiatives.

Review of Rates

- Enhanced transparency of Rate Review Program. CMS intends to disclose all proposed rate increases for single risk pool coverage at a uniform time on the CMS website.

Third-Party Payment of Premiums

- 156.1250 requires individual market QHPs and SADPs to accept premium payments made by certain third parties including Ryan White HIV/AIDS programs, state government programs, Indian tribes, tribal organizations, and urban Indian organizations.

Medical Loss Ratio:

- 153.530 requires issuers to true-up the claims liabilities and reserves used to determine the 2014 and 2015 allowable costs to reflect actual claims payments made.

Updates to Validation Tools

Data Integrity Tool

- CMS will conduct data integrity reviews on all on-Marketplace QHP and SADP Applications for plan years beginning in 2017.
- An updated version of the Data Integrity Tool will be released that will incorporate validations specific to the 2017 QHP Application Templates.

Plan Preview

- Plan Preview display has been updated to more closely resemble Plan Compare display.
- Plan Preview now includes additional relationships (ward, brother, or sister).
- Quality rating, standardized plan, and network breadth displays have been added to Plan Preview.
- Plan Preview now displays HIOS administrative data and rating scenario information.

3 | Managing Plan Data

Basic information about Plan IDs

- A Standard Component ID (SCID) or "Plan ID" is the base identification of a Marketplace plan.
- Issuers can view existing or request new component IDs in the Component IDs tab of the HIOS Plan Finder Product Data Collection Module in HIOS.
- More information is available on page 37 of the Health Insurance Oversight System (HIOS) Plan Finder – Issuer User Manual.

Naming Plans

- There is a 255 character limit for the Plan Marketing Name and Plan Variant Marketing Name.
- The following special characters may be included in your Plan Marketing Names: $ / - ' % ( ) : ; — – ℠ ® + á ! @ # ^ & * ? ".
- You do not need to indicate the standardized option in the name of the plan. When the plan displays on Plan Compare it will indicate the type of standardized option of that plan.

Adding and Deleting Plans

Adding Plans:

- Issuers cannot add plans after the initial application submission window closes (5/11/16).
- After the close of the initial submission window, issuers will receive a plan list that includes all plans that CMS has received. CMS will not review for QHP certification plans submitted after 5/11/16.

Deleting Plans:

- After the close of the initial submission window, issuers should not remove plans from their templates. Issuers must submit the Plan Withdrawal Notification Form in order to withdraw plans from QHP certification consideration.

Withdrawing Plans

- CMS expects to allow issuers to withdraw plans as needed prior to final application deadline (8/23/16) by completing and submitting the Plan Withdrawal Notification Form.
- Issuers changing the status of SADPs to off-Marketplace only should also complete the Plan Withdrawal Notification Form and select the appropriate option.
- Issuers that are no longer offering plans in a state where they have previously offered Marketplace plans should submit the Plan Withdrawal Notification Form and select the appropriate option.
- Issuers will have a final opportunity to withdraw plans during the plan confirmation process, as described in Chapter 1, Section 1, Subsection V of the Final 2017 Letter to Issuers in the Federally-facilitated Marketplaces: "Plan Confirmation and QHP/SADP Certification, Privacy and Security Agreement, and Senior Officer Acknowledgement"
- Issuers withdrawing plans should also notify their state regulatory body, and OPM (for MSPs).

Managing Plan Data (Continued)

Changing Plan Data

- **During the initial application submission window (4/11/16 – 5/11/16)**
  Issuers can make all types of changes to their plan data, however, CMS only reviews information with a "Cross-Validation Complete" status. QHP Applications must have a status of "Cross-Validation Complete" by the submission deadline in order to be reviewed.

- **After the initial application submission window (5/12/16 – 8/23/16)**
  Issuers cannot make changes to their service area without CMS and state approval. Issuers cannot add plans after the initial application submission window. Issuers may not change plan type. Child-only value cannot be changed for QHPs. For all other changes made by 8/23/16, issuers are not required to submit data change requests or document state approval. CMS will monitor all data changes and contact the issuer if they have concerns.

- **After final application submission deadline (After 8/23/16)**
  Issuers should ensure that their QHP application is complete and accurate by the final application submission deadline of August 23, 2016. After August 23, 2016, all changes to plan data must be approved by CMS. CMS will only approve changes that are necessary to correct data display errors, align QHPs with products and plans as approved by the state, or are from a limited list of changes that do not impact certification, such as URLs and plan marketing names. Issuers may face compliance action if changes are necessary after 8/23/16.

Data Change Request Process After QHP Submission Deadline (8/23/16)

Gather Documentation

- Signed Data Change Request Form
- Email from CMS about needed data change (*if applicable)*
- Signed Data Change PDF Worksheet
- Signed Supplement A to Data Change Request Form
- Completed Supplement B to Data Change Request Workbook
- State Authorization of QHP Data Change Request (*FFM issuers)*
- Oversight Group (OG) Approval (*FFM non-enforcing QHP/Dual issuers)*

2 Send Documents to CMS_FEPS@cms.hhs.gov

- All data change requests must be submitted to CMS
- Certain states also require prior state approval

Wait for CMS Approval

- CMS reviews all data change requests
- Submitting all necessary documents speeds up review

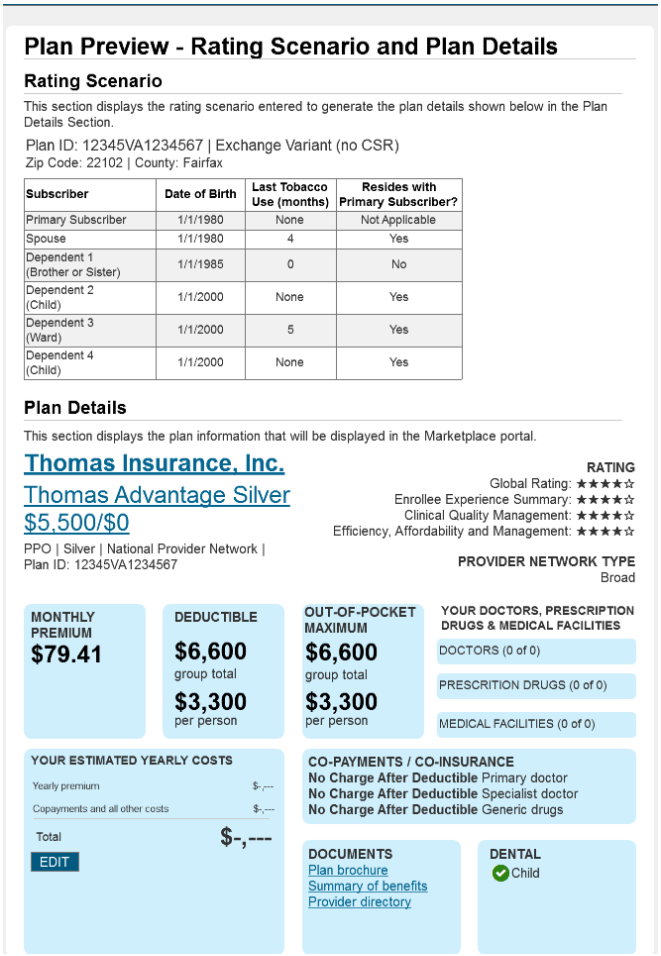
Make Changes During Approved Data Correction Window

- Upon approval, CMS will allow issuers to make approved changes during a specified time period
- Only approved data changes are permitted

Managing Plan Data (Continued)

Plan Preview and Identifying Display Errors

- Plan Preview is a module in HIOS that helps QHP and SADP issuers preview their plan benefit displays for HealthCare.gov.
- Issuers should use Plan Preview to identify data submission errors, and make corrections by following the data correction process.
- Issuers participating in the FFM, including in states performing plan management functions, may use Plan Preview, however, issuers that submit data to SERFF will only see data in Plan Preview that has been transferred to HIOS.
- Plan Preview displays plan data similar to how it is displayed in Plan Compare on HealthCare.gov.



Plan Preview - Rating Scenario and Plan Details

Rating Scenario

This section displays the rating scenario entered to generate the plan details shown below in the Plan Details Section.

Plan ID: 12345VA1234567 | Exchange Variant (no CSR)
Zip Code: 22102 | County: Fairfax

Subscriber	Date of Birth	Last Tobacco Use (months)	Resides with Primary Subscriber?
Primary Subscriber	1/1/1980	None	Not Applicable
Spouse	1/1/1980	4	Yes
Dependent 1 (Brother or Sister)	1/1/1985	0	No
Dependent 2 (Child)	1/1/2000	None	Yes
Dependent 3 (Ward)	1/1/2000	5	Yes
Dependent 4 (Child)	1/1/2000	None	Yes

Plan Details

This section displays the plan information that will be displayed in the Marketplace portal.

Thomas Insurance, Inc.
Thomas Advantage Silver $5,500/$0
PPO | Silver | National Provider Network |
Plan ID: 12345VA1234567

RATING
Global Rating: ★★★★☆
Enrollee Experience Summary: ★★★★☆
Clinical Quality Management: ★★★★☆
Efficiency, Affordability and Management: ★★★★☆

PROVIDER NETWORK TYPE
Broad

MONTHLY PREMIUM
$79.41

DEDUCTIBLE
$6,600 group total
$3,300 per person

OUT-OF-POCKET MAXIMUM
$6,600 group total
$3,300 per person

YOUR DOCTORS, PRESCRIPTION DRUGS & MEDICAL FACILITIES
DOCTORS (0 of 0)
PRESCRITION DRUGS (0 of 0)
MEDICAL FACILITIES (0 of 0)

YOUR ESTIMATED YEARLY COSTS
Yearly premium $-,---
Copayments and all other costs $-,---
Total $-,---
EDIT

CO-PAYMENTS / CO-INSURANCE
No Charge After Deductible Primary doctor
No Charge After Deductible Specialist doctor
No Charge After Deductible Generic drugs

DOCUMENTS
Plan brochure
Summary of benefits
Provider directory

DENTAL
Child

Plan Details

This section displays the plan information that will be displayed in the Marketplace portal.

Thomas Insurance, Inc.
Thomas Advantage Silver $5,500/$0
PPO | Silver | National Provider Network |
Plan ID: 12345VA1234567

RATING
Global Rating: ★★★★☆
Enrollee Experience Summary: ★★★★☆
Clinical Quality Management: ★★★★☆
Efficiency, Affordability and Management: ★★★★☆

PROVIDER NETWORK TYPE
Broad

4 | QHP Notices

CMS sends eight types of notices during the QHP Certification process

Issuers receive different notices based on their Marketplace Model, products offered, and previous participation in the Marketplace.

Notice	Outreach Date	FFM QHP/SADP	FFM Off-Marketplace SADP	SPM QHP/SADP	SPM Off-Marketplace SADP	SBM-FP QHP/SADP
Issuer Contact Confirmation	5/18/2016	√	√	√	√	√
Initial Issuer Plan Confirmation	5/20/2016	√	√	√	√	√
First Correction/DIT	6/16/2016	√	√**	√	√**	√***
First Plan ID Crosswalk	6/16/2016	√*		√*		√*
Second Correction/DIT	8/9/2016	√	√**	√	√**	√***
Second Plan ID Crosswalk	8/9/2016	√*		√*		√*
Plan ID Crosswalk Validation	9/13/2016	√*		√*		√*
On/Off Track	9/13/2016	√	√	√	√	√
Certification	9/16/2016	√	√	√	√	√
Validation	10/4/2016	√	√	√	√	√

*Only applies to issuers who participated in the Marketplace in 2016

** Issuers will only receive Correction Notice from CMS

***Issuers will only receive a DIT Notice from CMS

- **Issuer Contact Confirmation**: Provides issuers a list of contacts within their organization who are registered in HIOS to receive notices from CMS. Issuers can add or remove contacts as described in the next page of the Toolkit.
- **Initial Issuer Plan Confirmation**: Contains a list of all the QHPs, including SADPs, CMS received during the initial submission window. Only QHPs in this list will be considered for certification in Plan Year 2017.
- **Correction/Data Integrity Tool (DIT):** Includes required corrections to the QHP Application that were identified by CMS during their review of compliance with certification standards. For issuers applying to offer one or more QHPs on the Marketplace, this notice will also include critical data errors. In response to this notice, issuers should address all corrections by updating their QHP Application, or provide adequate justification to demonstrate that corrections are not required. Errors and corrections must be addressed before the affected QHPs may be certified and/or displayed on HealthCare.gov.
- **Plan ID Crosswalk**: Includes required corrections to the Plan ID Crosswalk template before CMS may process auto-enrollments for Plan Year 2017.
- **Plan ID Crosswalk Validation**: Contains the most recent version of an issuer's Plan ID Crosswalk Template that CMS has on file. Issuers should reply to CMS and indicate it is the file that should be used for auto-enrollment.
- **On/Off Track**: Informs "on-track" issuers that they have no barriers to certification. Provides "off-track" issuers instructions for making necessary corrections to their QHP Application before they may be certified and/or displayed on HealthCare.gov.
- **Certification**: Contains CMS's final determination for all active QHP/SADP plans submitted for certification along with instructions for signing the QHP Certification and Privacy and Security Agreement and Senior Officer Acknowledgement, if applicable. Issuers return their plan list to CMS indicating which of their plans that have been recommended for certification should make available through the Marketplace.
- **Validation**: Contains a final list of certified QHPs for this issuer for Plan Year 2017, as well as a copy of their CMS-countersigned QHP Certification and Privacy and Security Agreement, if applicable.

QHP Notices (Continued)

CMS also Sends Other Outreach

Throughout the certification period, CMS may send additional communications regarding your QHP Application. Please follow any instructions outlined in these communications and direct any questions to:

- XOSC Help Desk at 1-855-CMS-1515 (855-267-1515) or CMS_FEPS@cms.hhs.gov;
- SERFF Help Desk at 816-783-8990 or serffhelp@naic.org;
- State regulator regarding state-specific deadlines and additional requirements;
- Account Manager.

HELPFUL HINTS

- Open and review all notice attachments in their entirety upon receipt.
- CMS will note the cut-off date for the data reviewed for each notice.
- Direct any questions regarding your notice(s) to the XOSC Help Desk as soon as possible.

Ensure you Receive Communications from CMS Regarding your QHP Application

1. **Add New Contacts**
   In order for a contact to receive these notices, they must be assigned to the role of QHPValidator, QHPAttester, or QHPSubmitter in HIOS. For instructions on adding these roles, see section 5 of the Plan Management QHP Modules HIOS Quick Reference Guide.
2. **Remove Contacts**
   To remove contacts from the distribution list or from your organization, contact the XOSC Help Desk at CMS_FEPS@cms.hhs.gov and use the language specified below.
   1. Remove contacts from notice distribution list: Use the subject line "HIOS User Roles" and the following language: "Please remove contact: [Full Name], [Email Address], from the roles of QHPValidator, QHPAttester, and QHPSubmitter for issuer ID [XXXXX]."
   2. Remove contacts from issuer organization: Use the following language: "Please remove contact: [Full Name], [Email Address], from all HIOS user roles associated with issuer ID [XXXXX]."
3. **Verify your Email IT Settings**
   CMS uses a mass communications tool to distribute notices and general communications to issuers regarding topics such as submission deadlines, HIOS outages, and other important topics. To ensure you receive CMS QHP Application notices and continue to receive these and other important communications, please whitelist the IP address: 136.147.180.31, and Host: exacttarget.com. This process may involve contacting your organization's IT department to verify spam filter settings.

5 | Tips for New Issuers

Review the Timeline for Important Deadlines

- Know when important deadlines are approaching. Spring and Summer are the busiest periods. Key dates:
  - **May 11, 2016:** Deadline to submit initial QHP Application.
  - **June 30, 2016:** Deadline to re-submit QHP Application data for review.
  - **August 23, 2016:** Final application submission, after which issuers cannot update data.
  - **September 16, 2016:** CMS sends issuers certification notice.
  - **September 23, 2016:** Issuers return Agreement and final plan list to CMS.
  - **October 4, 2016:** CMS sends validation notice.
  - **November 1, 2016:** Open enrollment begins.
- Contact your state regulator for state-specific deadlines and additional requirements. Many states require application data prior to the federal deadline.

Become Familiar with Important Resources

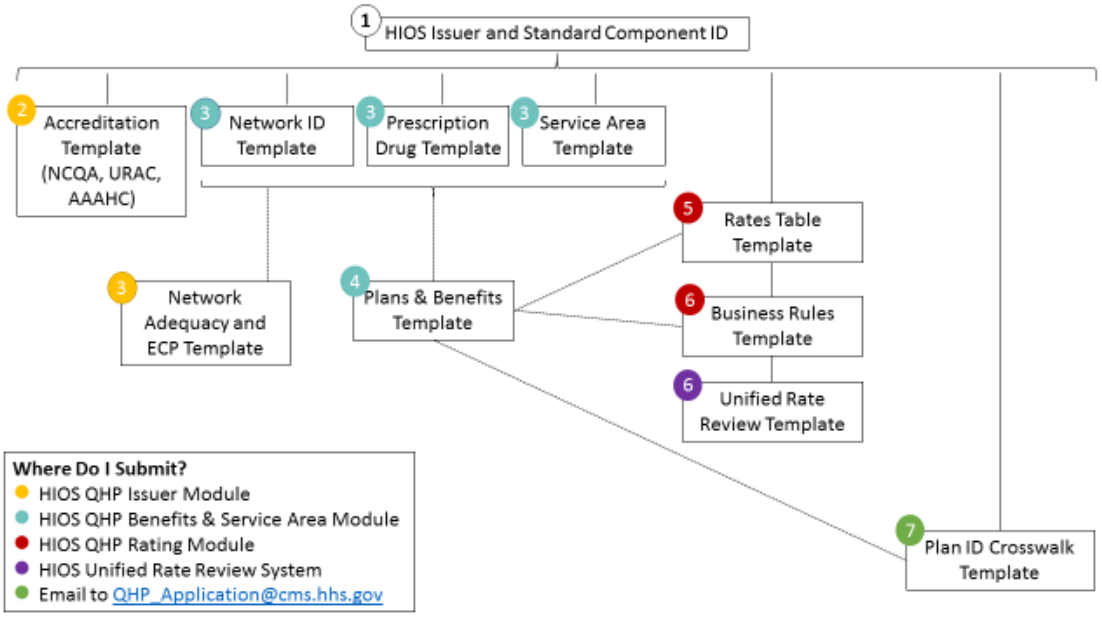
- **Read Guidance and Instructions:** Review the following key documents:
  - 2017 Letter to Issuers.
  - 2017 Payment Notice Final Rule.
  - QHP Application Instructions.
  - Plan Management QHP Modules HIOS Quick Reference Guide.
- **Register for Webinars:** Create an account in REGTAP (www.regtap.info) and sign up for QHP issuer webinars.
- **Receive *Issuer Insights:*** If you register in REGTAP, are affiliated with an issuer organization, and elect to receive notifications, you will automatically begin to receive *Issuer Insights*, a bi-weekly e-newsletter that highlights upcoming deadlines, new trainings and webinars, and updates on guidance.
- **Read FAQs:** Frequently asked questions are posted to the CCIIO QHP Website and updated regularly.

Know Where to Get Help

- **Contact Your Account Manager:** Account Managers are generally assigned after certification, but if an issuer desires to have one assigned earlier, they should submit a Help Desk ticket. The Account Manager is the primary point of contact for issuers regarding non-technical issues.
- **Email or Call the XOSC Help Desk:** Send technical and Marketplace questions to CMS_FEPS@CMS.HHS.gov or 1-855-CMS-1515 (855-267-1515).

Tips for New Issuers (Continued)

Understand How Template Data is Related



Know Where to Submit

Health Insurance Oversight System (HIOS)
FFM Issuers should submit QHP Application data to HIOS, note some states may require data to also be submitted to SERFF. To access the QHP modules in HIOS, issuers must select the link: "Plan Management and Market Wide Functions."

- Issuer Module User Guide
- Benefits and Service Area Module User Guide
- Rating Module User Guide
- Plan Management QHP Modules HIOS Quick Reference Guide.

System for Electronic Rate and Form Filing (SERFF)
Issuers in SPM or SPM-FP states should submit to SERFF.

- On demand training

Map of Marketplace Models