Date: August 3, 2021

From: Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services (CMS)

Title: Supplemental Quality Rating Information Bulletin for Direct Enrollment (DE) Entities

Subject: Quality Rating Information Website Display Requirements for DE Entities Beginning with the Plan Year (PY) 2022 Open Enrollment Period (OEP)

I. Purpose

CMS is releasing this bulletin to provide a minimum of 90 days’ advance notice to DE entities of its intent to cease its use of enforcement discretion with respect to the display requirements contained in 45 C.F.R. §§ 155.220(c)(3)(i)(A), (c)(3)(ii)(A), and 156.1230(a)(1)(ii). Beginning with the PY 2022 OEP, DE entities will be required to comply with the display requirements contained in 45 C.F.R. §§ 155.220(c)(3)(i)(A), (c)(3)(ii)(A), and 156.1230(a)(1)(ii) and display quality rating information consistent with the Quality Rating Information Bulletin for PY 2022.

II. Background

In August 2020, CMS published the Quality Rating Information Bulletin for PY 2021, which announced (among other things) that CMS was exercising enforcement discretion to adopt a temporary policy of relaxed enforcement of the display requirements contained in 45 C.F.R. §§ 155.220(c)(3)(i)(A), (c)(3)(ii)(A), and 156.1230(a)(1)(ii) due to challenges DE entities may have encountered in light of the public health emergency posed by COVID-19. The Bulletin also indicated that for future benefit years, CMS would provide a minimum of 90 days’ advance notice to DE entities in future guidance before enforcing these requirements consistent with

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1 Please note, the contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This guidance relies on authority from 45 C.F.R. §§ 155.220(c)(3)(i)(A), (c)(3)(ii)(A), and 156.1230(a)(1)(ii).
2 DE entity is defined at 45 CFR 155.20 as “an entity that an Exchange permits to assist consumers with direct enrollment in qualified health plans offered through the Exchange in a manner considered to be through the Exchange as authorized by [45 C.F.R.] § 155.220(c)(3), § 155.221, or § 156.1230….” Also see 45 CFR 155.221(a).
3 The PY 2022 OEP is from November 1, 2021 to December 15, 2021. See 45 C.F.R. § 155.410(e)(3).
Qualified Health Plan (QHP) issuer and web-broker DE entities that use direct enrollment to facilitate enrollments in QHPs through the Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal Platform (SBE-FPs) are required to comply with CMS requirements for the display of QHP information consistent with 45 C.F.R. § 155.205(b)(1). This includes the display of quality rating information.

CMS will make the quality rating information available to DE entities through the Marketplace Application Programming Interface (MAPI), which will allow DE entities to integrate the quality rating information for each eligible QHP for display on their non-Exchange websites. DE entities will also be able to access quality rating information through the PY 2022 Quality public use files (PUFs). Additional details governing the display of quality rating information by DE entities will be provided in the updated version of the Quality Rating Information Bulletin for PY 2022 that CMS intends to release prior to start of the PY 2022 OEP.