Centers for Medicare & Medicaid Services
Federally-facilitated Marketplace

Contract HHSM-500-2015-00246C

FFM Plan Management Issuer Module User Guide

Version 2.0
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Approvals

Submitting Organization's Approving Authority:

Signature	Printed Name	Date Phone	Number

CMS's Approving Authority:

Signature	Printed Name	Date Phone	Number

Revision History

Version	Date	Organization/Point of Contact	Description of Changes
1.0	03/03/15	Accenture / Plan Management Team	Development for 2016 Plan Management Templates & System Functionality
2.0	03/09/2016	Accenture / Plan Management Team	Development for 2017 Plan Management Templates & System Functionality

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1 Introduction

This user guide provides the information necessary for the Centers for Medicare & Medicaid Services (CMS) users and issuers to effectively use the features and processes in the 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.

1.1 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.

1.2 Overview

The Issuer Module business area consists of business processes for certifying qualified health plans (QHPs) and the issuers that offer these plans for the 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 FFM.
- 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.

1.3 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.

2 Getting Started

This section provides information about setup and system access.

2.1 Setup Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 1024 x 768, based on the Department of Health & 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 11 (latest version available for Windows 7 and Windows 8 as of February, 2016)
   - Firefox 41.0.2
3. Recommended Excel Versions include 2007 and 2010.

2.2 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 QHP certification process.

2.3 Accessing the System

All FFM users require a CMS Enterprise Portal ID and Health Insurance Oversight System (HIOS) user role to access the system. Visit https://portal.cms.gov for new user registration.

2.4 System Organization and Navigation

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

2.4.1 Issuer Module

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

<u>NOTE</u>: Excel template file names must be all lowercase and cannot contain spaces. For example, "accreditation_data" is a valid template file name, but "Accreditation_data" or "accreditation data" are not valid template file names.

The web-based application collects 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:

- Accreditation Data
- Essential Community Provider (ECP)/Network Adequacy 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.

2.4.2 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.

2.4.3 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.

2.5 Exiting the System

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

3 Using the System

This section provides directions for using the system.

3.1 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.
- 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. The Accreditation page is also where you upload a completed Quality Indicator Survey (QIS).
- ECP/Network Adequacy: The ECP/Network Adequacy page is where you can provide a response to the ECP/Network adequacy questions provided by CMS and upload the ECP/Network Adequacy Template. You can also upload supporting documents, such as Issuer Network data documents, the ECP supplemental response form, the ECP write-in worksheet, and other files that are associated with your responses.
- 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.
- 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.
- ECP/Network Adequacy: The ECP/Network Adequacy page provides the responses to the ECP/Network Adequacy questions provided by the Issuer Submitter and allows you to download the completed ECP/Network Adequacy Template. The table has a hyperlink to view the supporting documentation associated with the ECP and network adequacy questions. You can 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.

3.1.1 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.

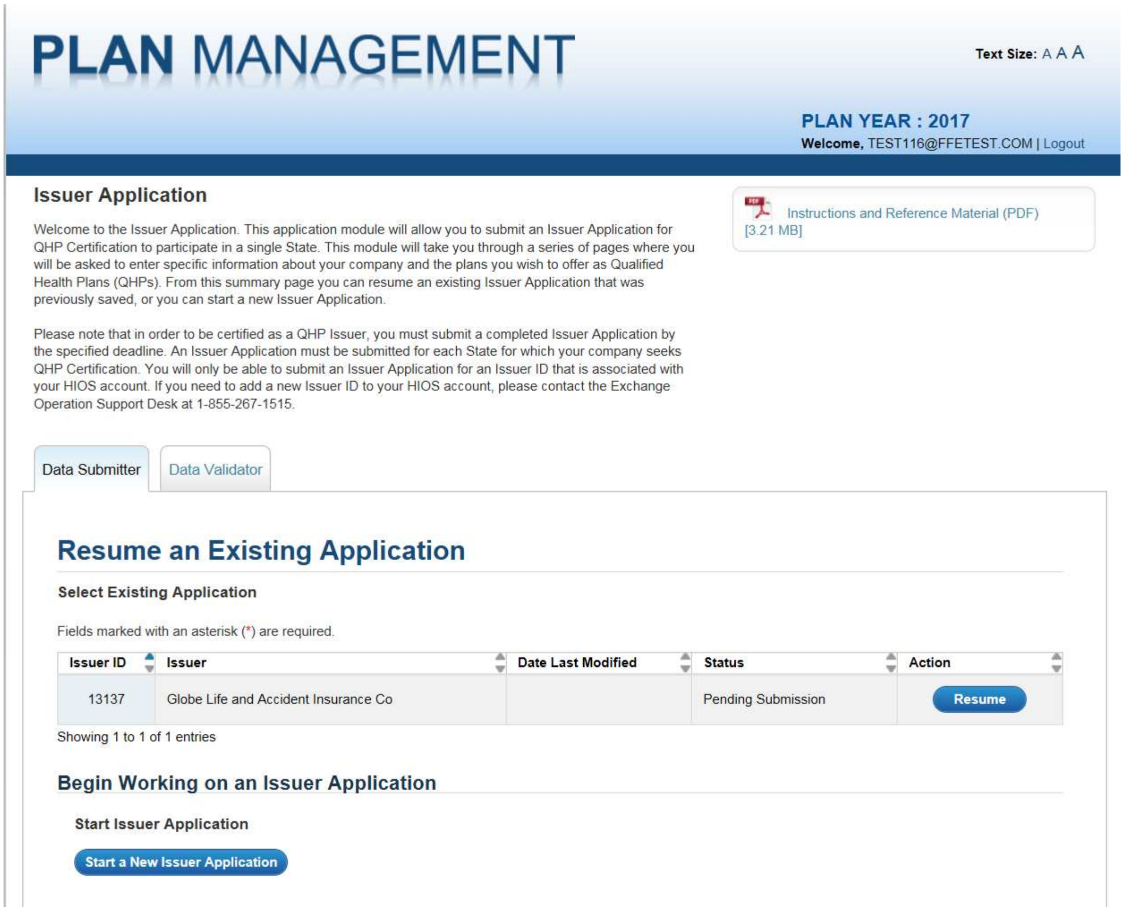


Figure 1 – Issuer Submitter Summary Page – Select Existing Application

To resume an existing application, click the ***Resume*** button that corresponds to the application ID. You will be directed to the Program Attestations 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.

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 Program Attestations section.

5.1.2 Issuer Submitter – Program Attestations

The Program Attestations page, shown in Figure 3, collects responses and supporting documents to attestations. The attestations have conditional supporting document requirements, depending on the response that you selected. If you select "no" for any grouping of attestations, you must upload a Statement of Detailed Attestation according to Chapter 2 Instructions for the Program Attestation Application Section.

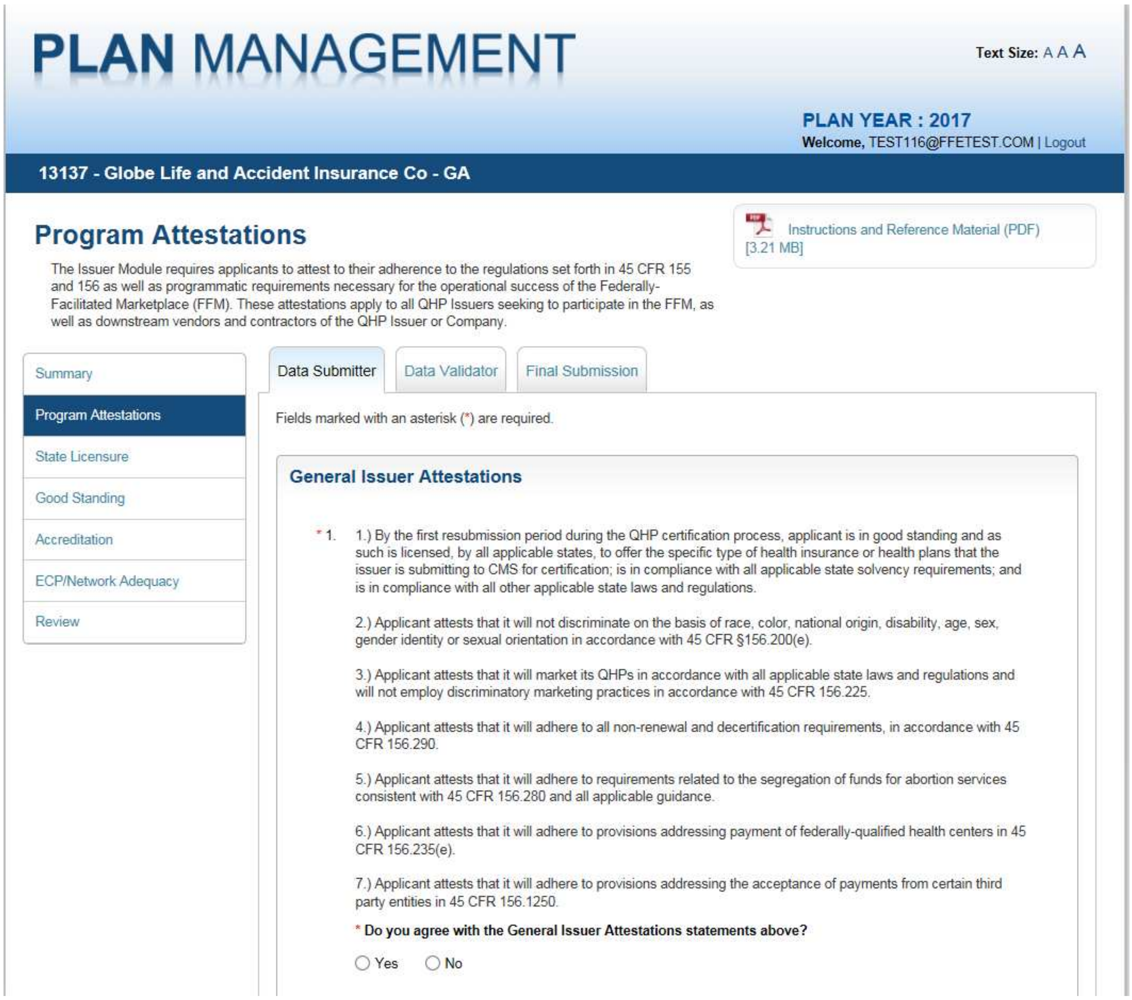


Figure 3 – Issuer Submitter -- Program Attestation Page (Part 1)

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 4. You can upload multiple supporting documents for each question. You can also delete a file from the upload table by clicking the ***Delete*** button.

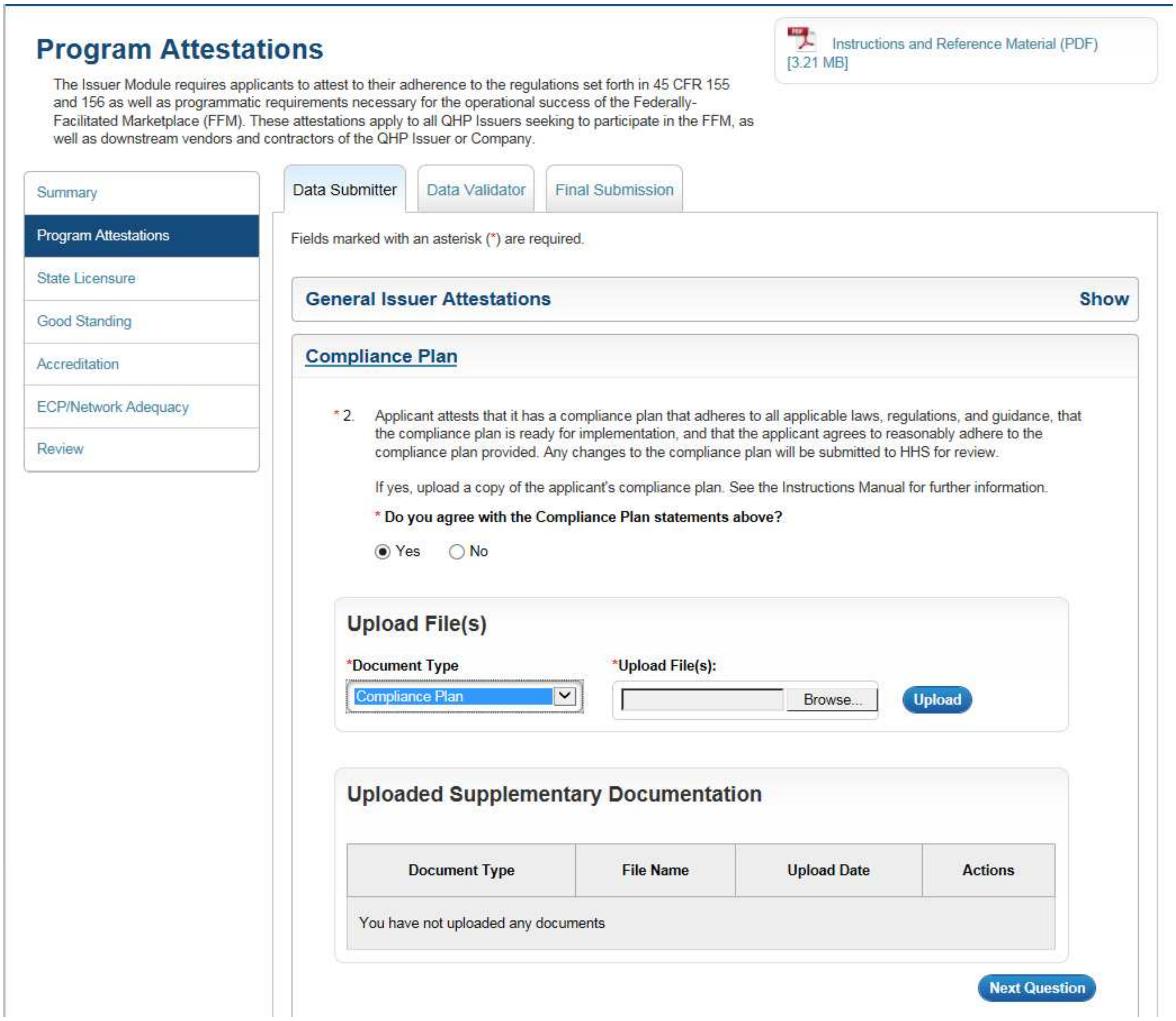


Figure 4 – Issuer Submitter – Program Attestations Page (Part 2)

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 5.

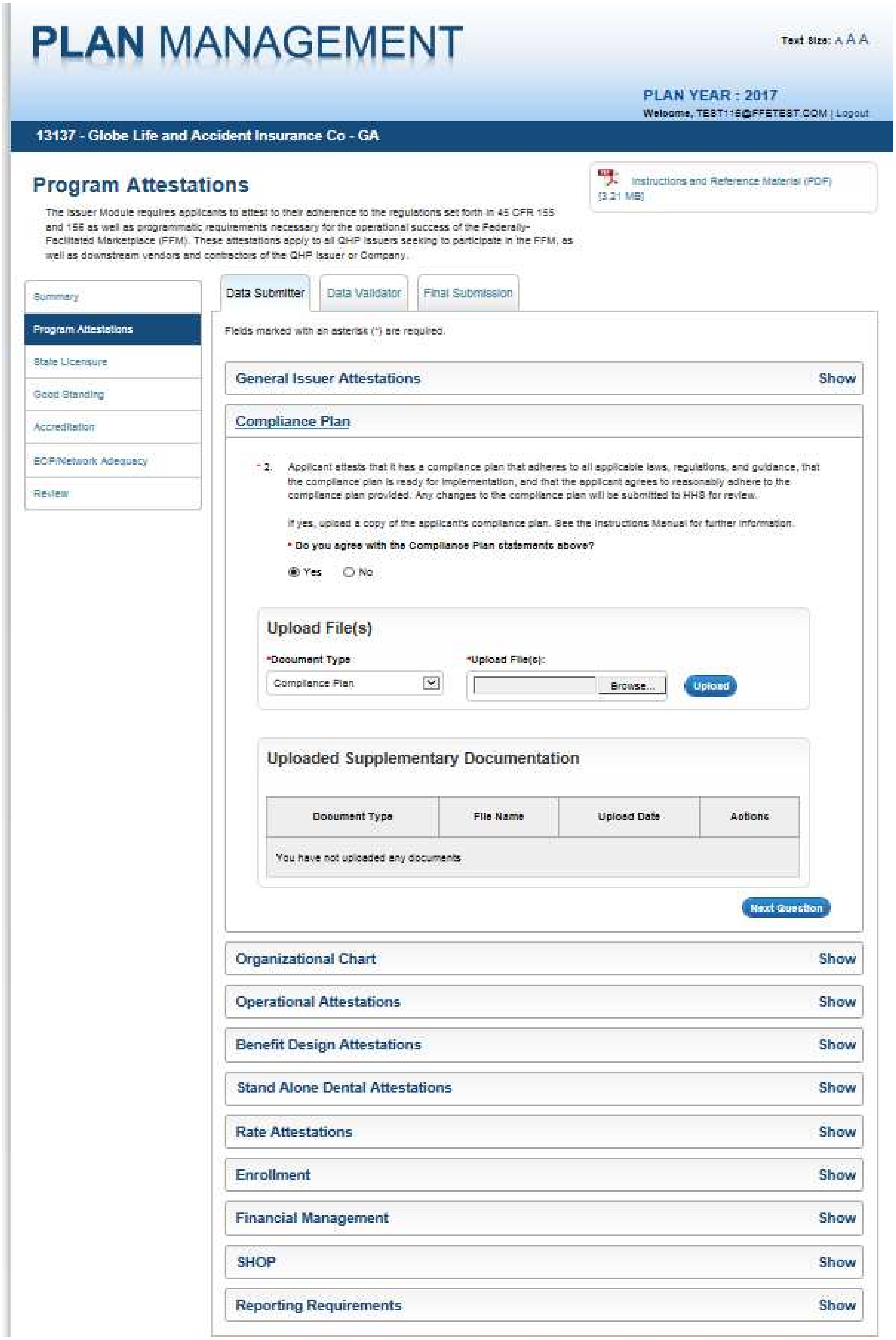


Figure 5 – Issuer Submitter – Program Attestation (Part 3)

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***.

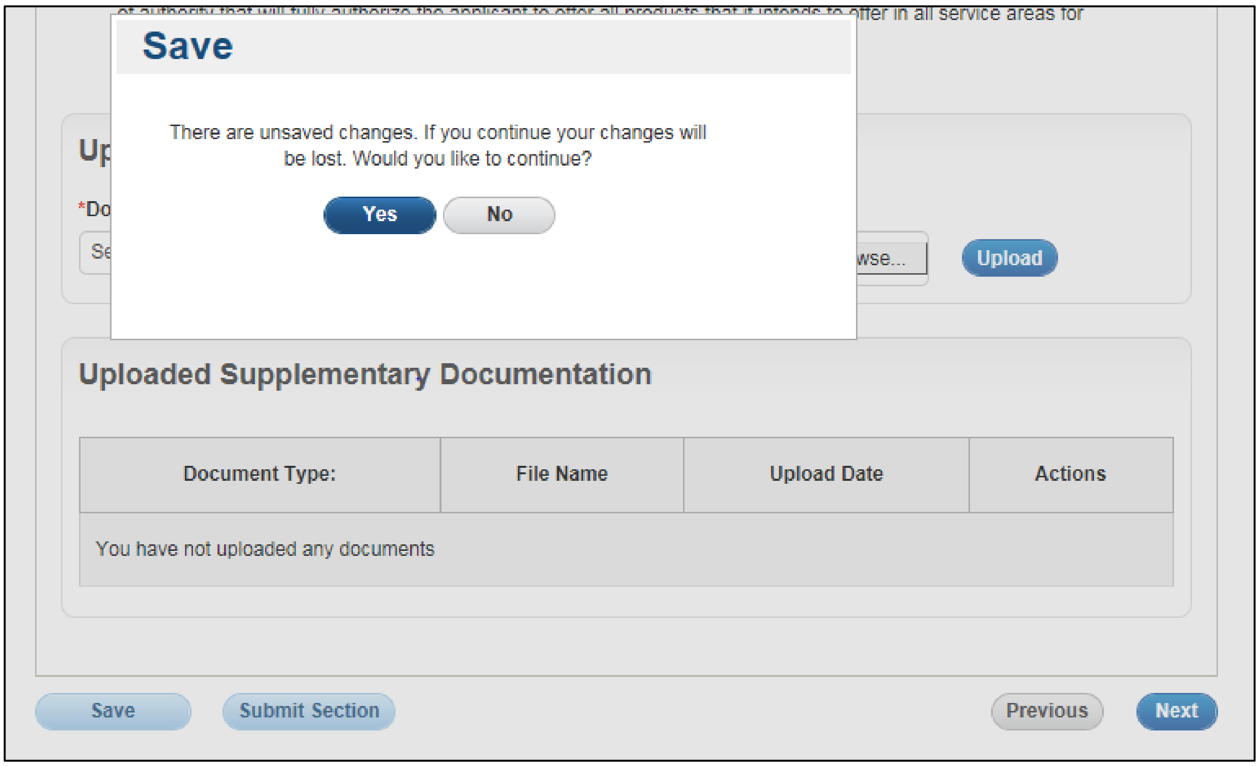


Figure 6 – Save Pop-up Warning Window

5.1.3 Issuer Submitter – State Licensure

The State Licensure page, shown in Figure 7, collects licensure data and the applicable supporting documents on the state level.

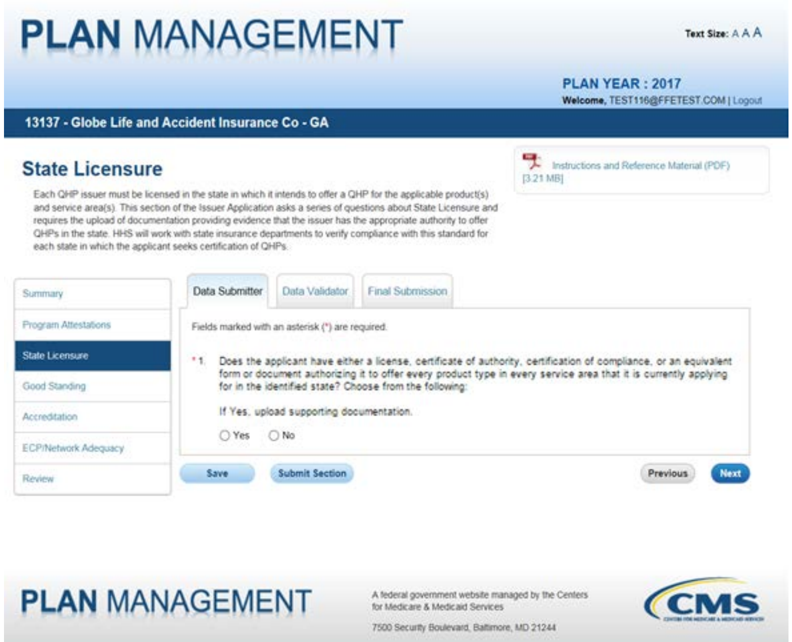


Figure 7 – Issuer Submitter-State Licensure Page (Part 1)

Answer the licensure 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."

<u>NOTE</u>**:** An Excel file cannot be uploaded, even if you choose the document type of "Other."

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 8. You can remove an uploaded file by clicking the ***Delete*** button under the Action column next to the file link.

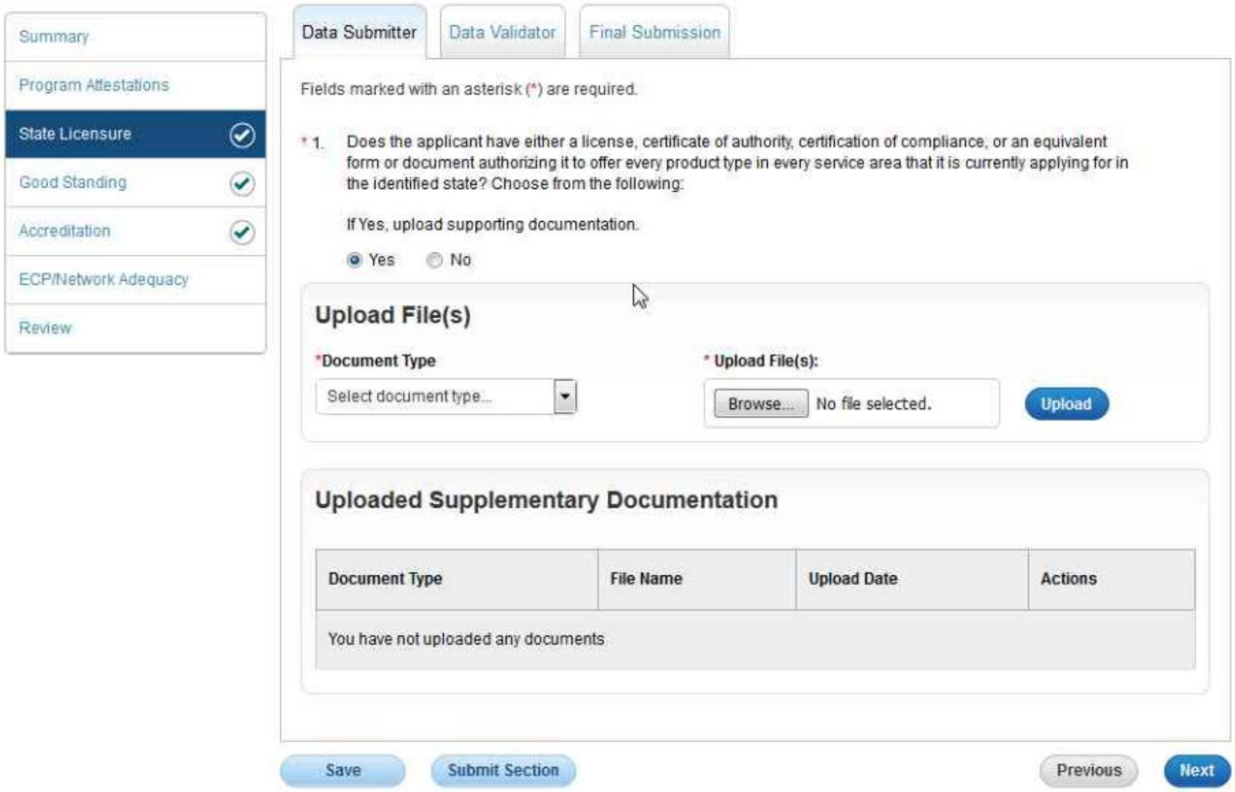


Figure 8 – Date Submitter – State Licensure Page (Part 2)

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 9.

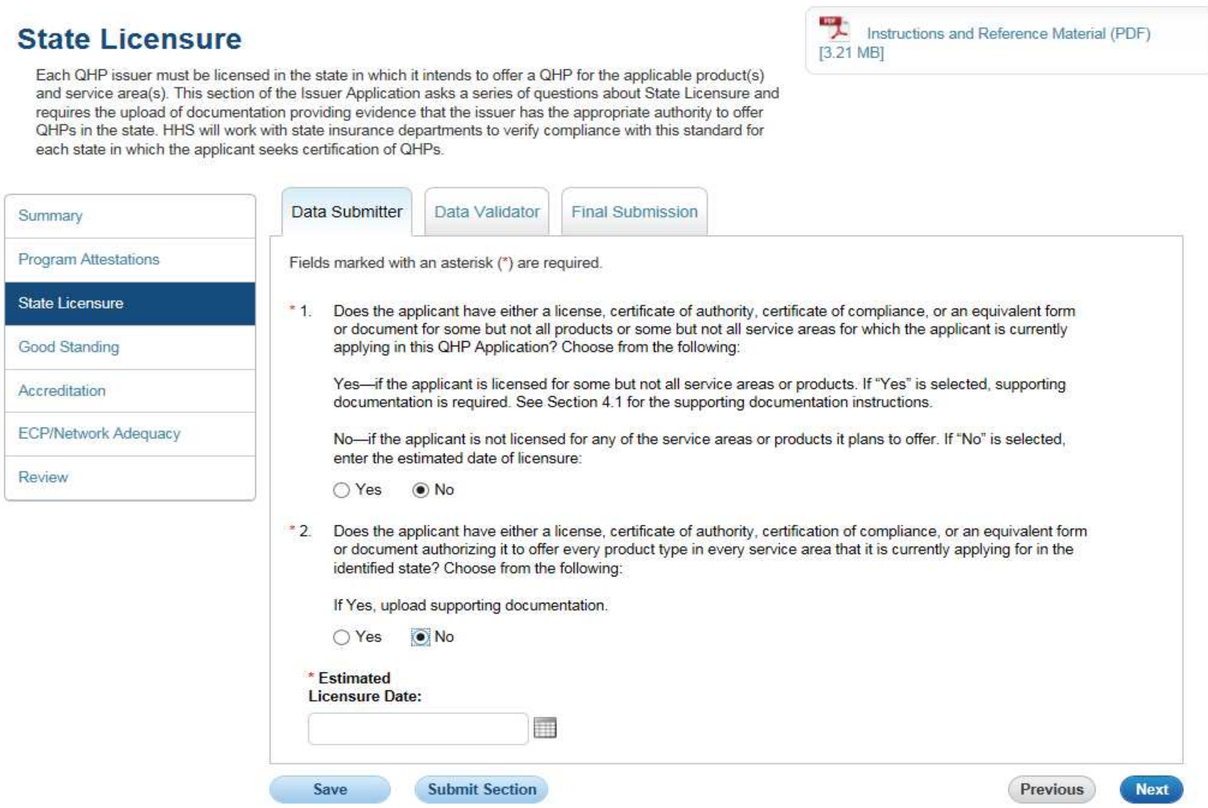


Figure 9 – Issuer Submitter-Licensure Page (Part 3)

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***.

3.1.4 Issuer Submitter - Good Standing

The Good Standing section collects Good Standing data and the applicable supporting documents at the state level. Figure 10 shows the Good Standing page.

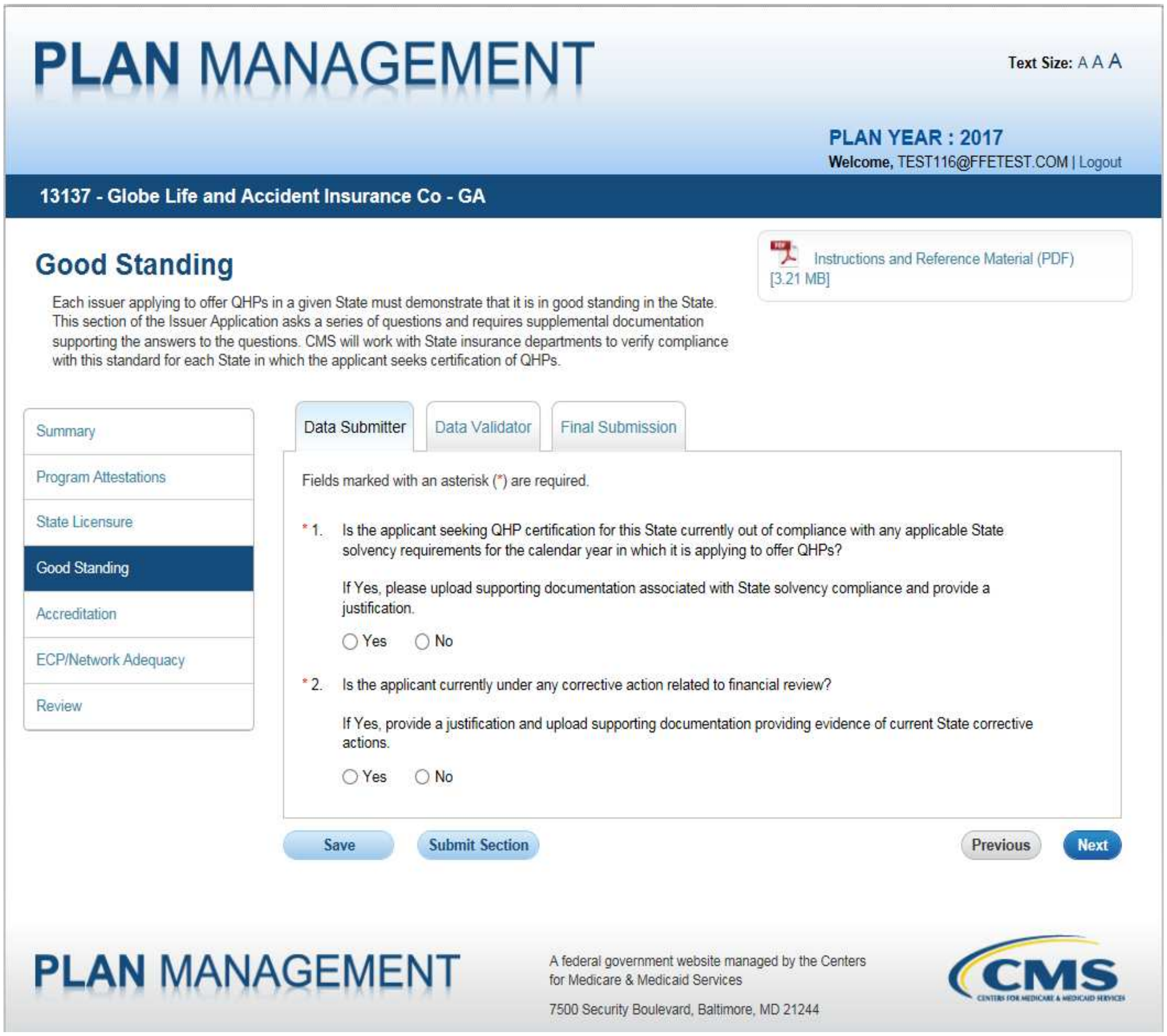


Figure 10 – Issuer Submitter – Good Standing Page (Part 1)

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 11.

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

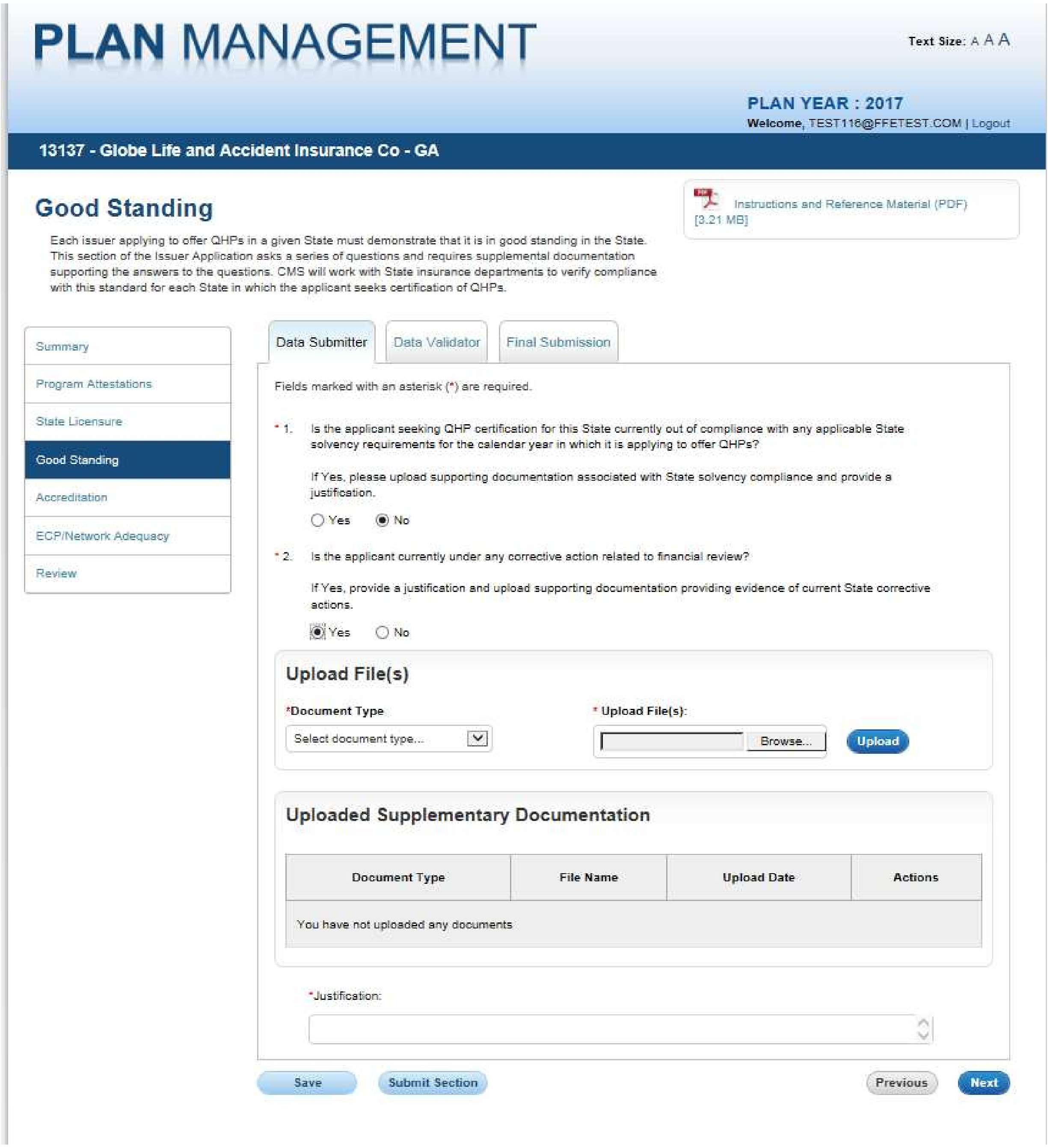


Figure 11 – Issuer Submitter – Good Standing Page (Part 2)

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***.

3.1.5 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 12, collects accreditation data for issuers accredited with NCQA or URAC. If you are accredited with the Accreditation Association for Ambulatory Health Care (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.

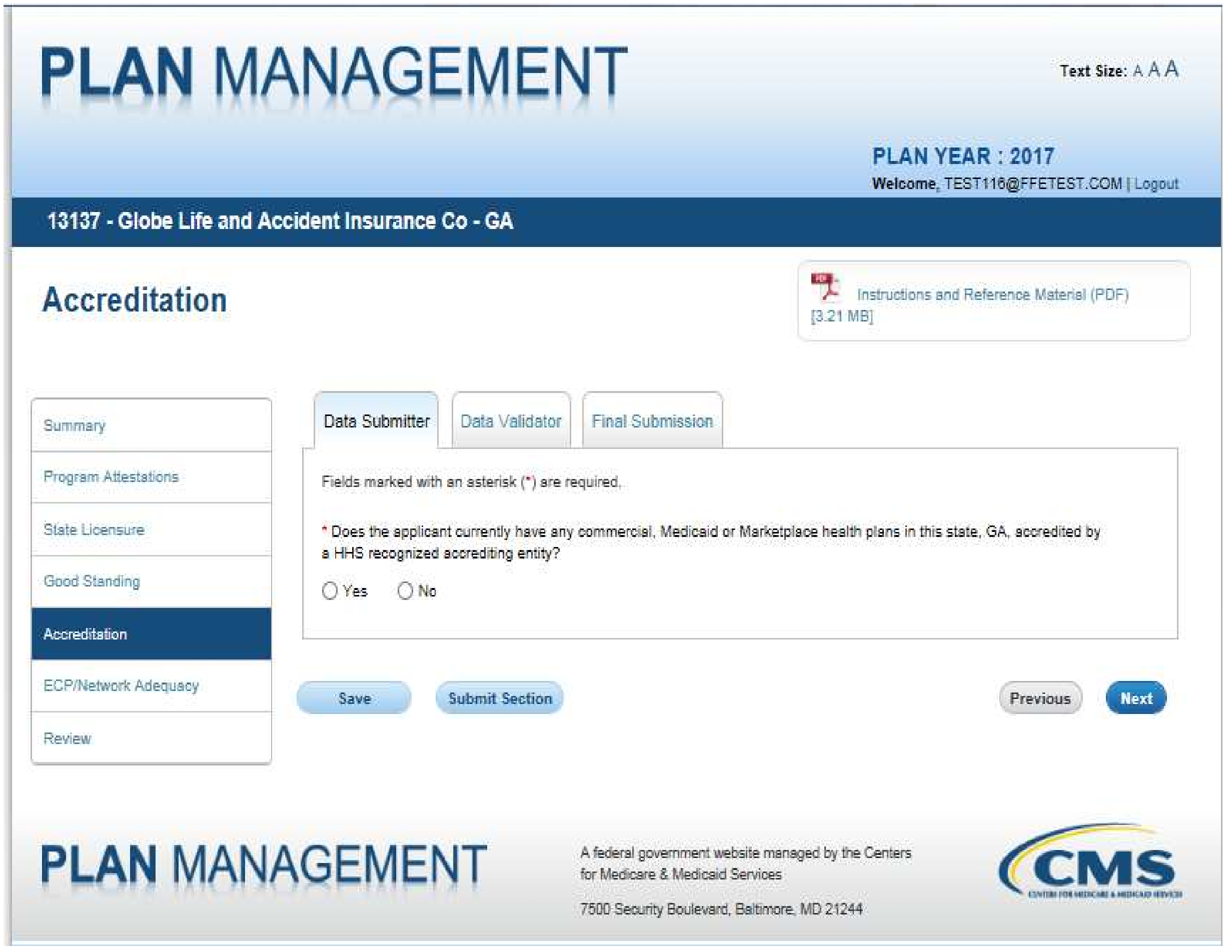


Figure 12 – Issuer Submitter – Accreditation Page (Part 1)

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 13.

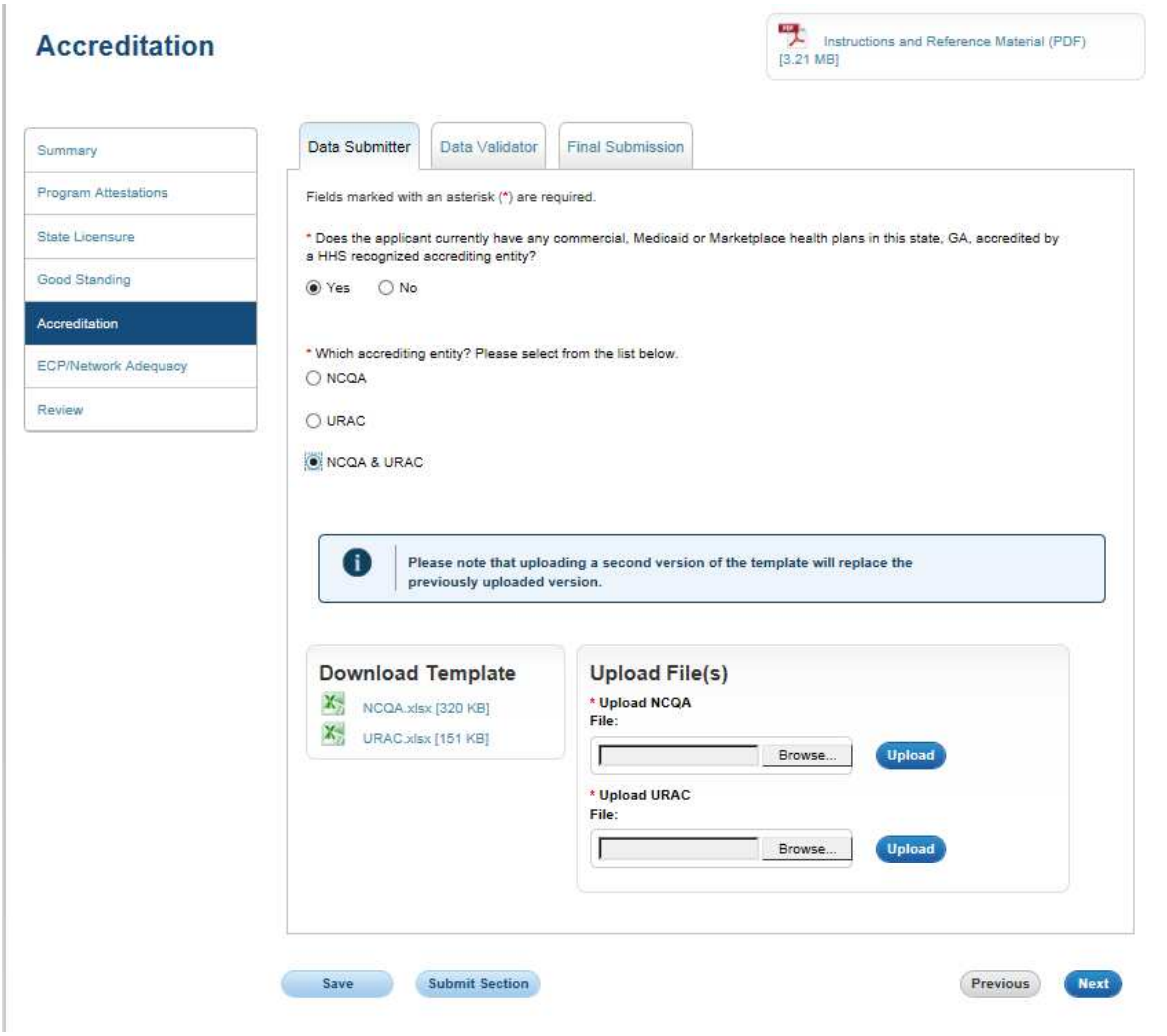


Figure 13 – Accreditation Page (Part 2)

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 14.

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 may upload a completed QIS by uploading a supporting document with type "Other".

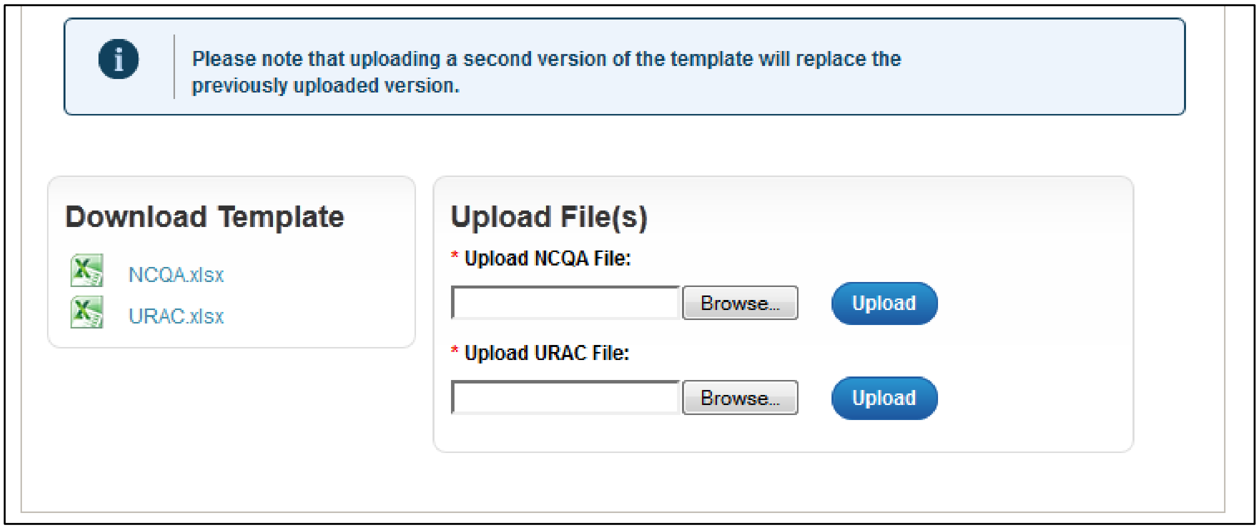


Figure 14 – Issuer Submitter- Accreditation Page (Part 3)

After you upload the supporting documents, the Terms and Conditions are displayed, as shown in Figure 15.

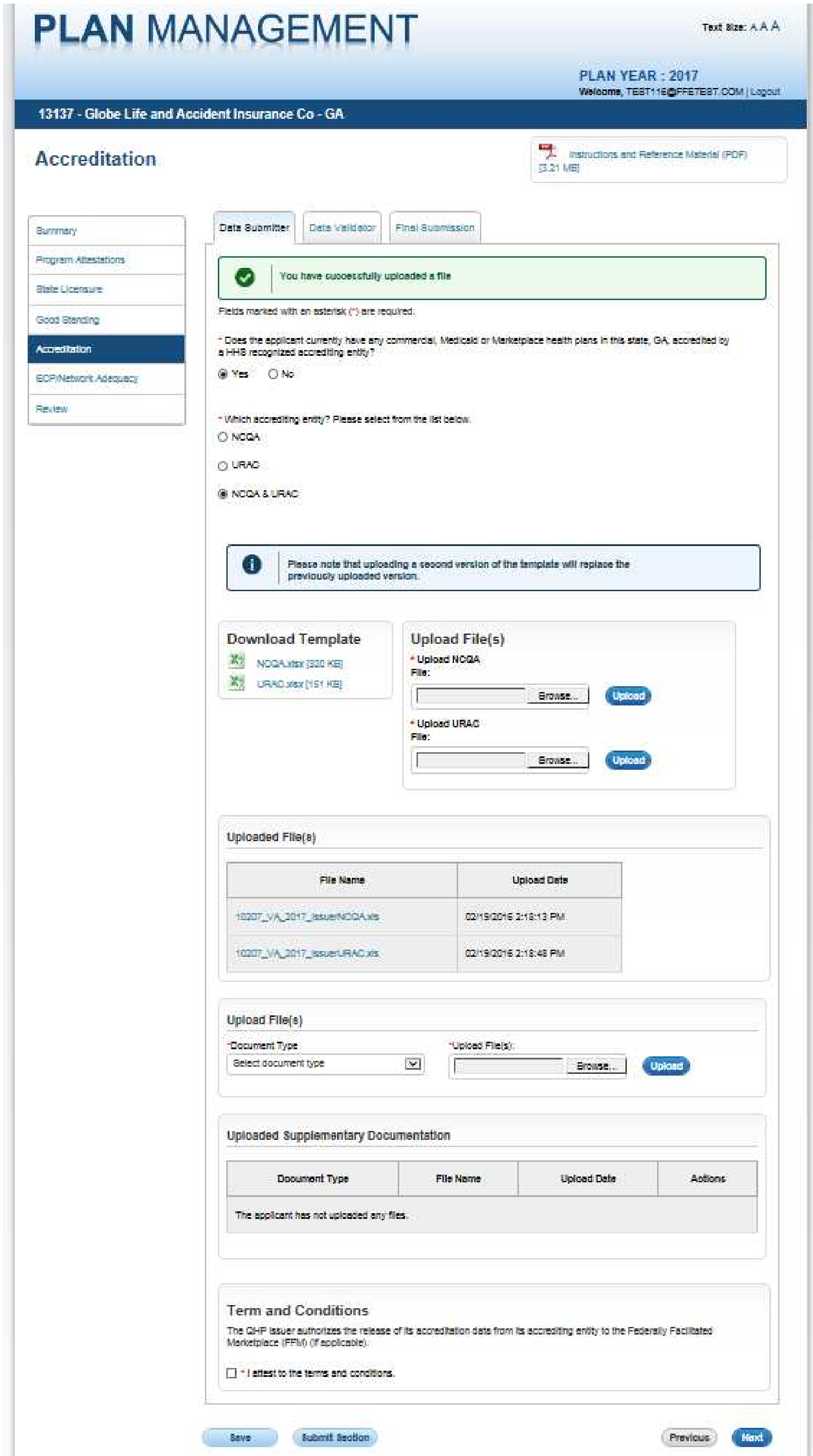


Figure 15 – Issuer Submitter-Accreditation Page (Part 4)

If "***No***" is selected for Question 1, the Terms and Conditions are displayed, as shown in Figure 16.

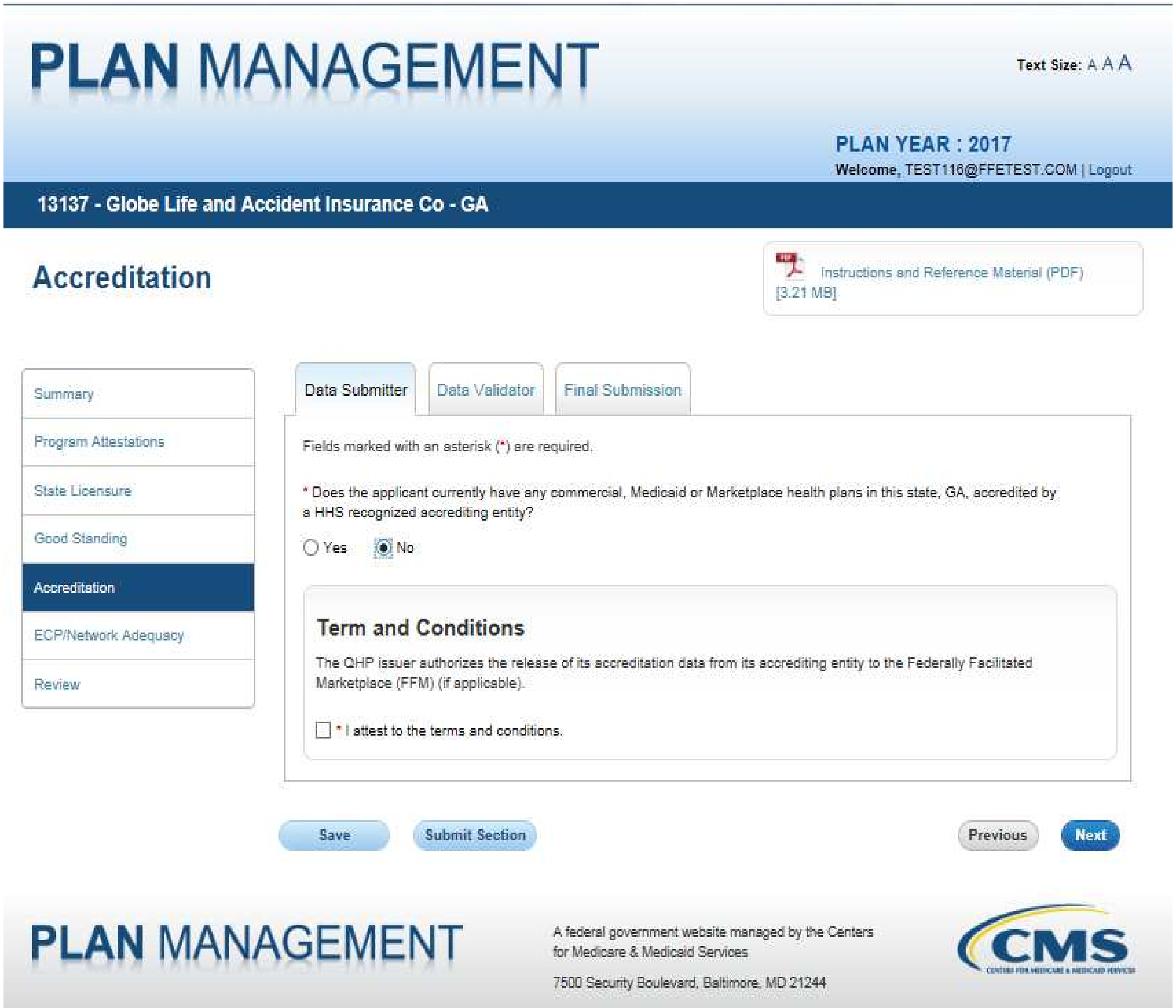


Figure 16 – Issuer Submitter- Accreditation Page (Part 5)

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***.

3.1.6 Issuer Submitter - Accreditation - NCQA Template

The 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.

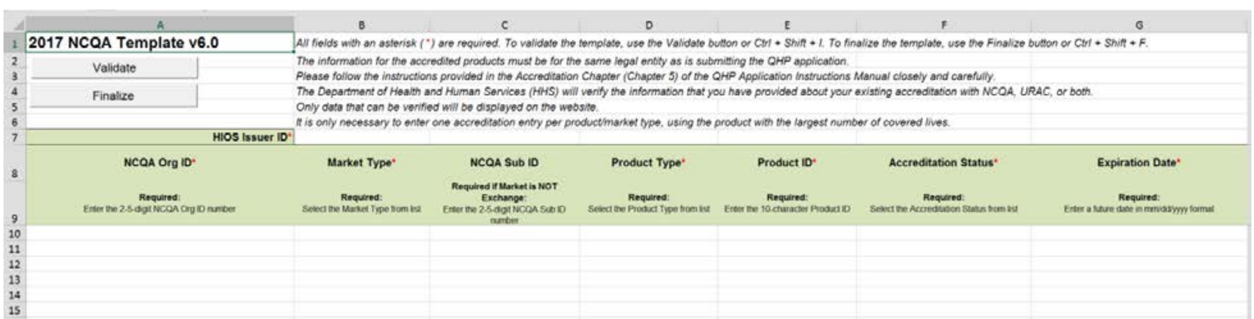
When first opening the NCQA Template, you may see a screen that prompts you to enable macros before you are able to view the content of the template. To enable Macros, see Appendix A for instructions.

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 17 shows the Issuer Submitter – NCQA template.



	A	B	C	D	E	F	G
1	2017 NCQA Template v6.0	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		Please follow the instructions provided in the Accreditation Chapter (Chapter 5) of the QHP Application Instructions Manual closely and carefully.					
4	Finalize	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 17 – Issuer Submitter – NCQA Template

Table 1 shows the fields on the Issuer Submitter – NCQA Template and provides information for entering information in these fields.

Table 1 – 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

3.1.7 Issuer Submitter - Accreditation - URAC Template

The URAC Accreditation Template, shown in Figure 18, 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.

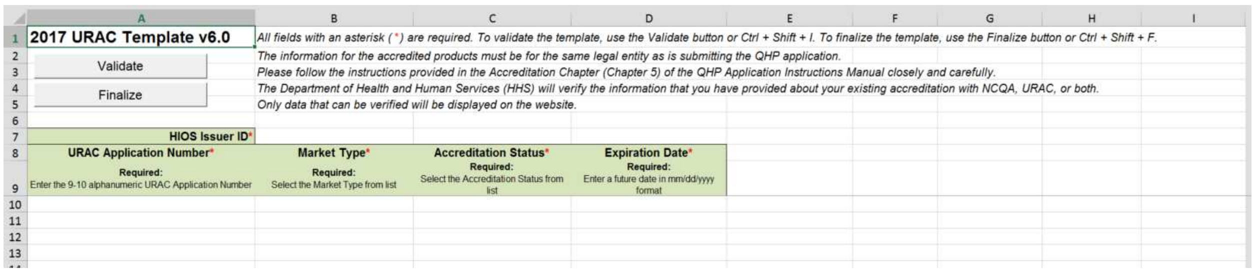


Figure 18 – Issuer Submitter – URAC Template

Table 2 shows the fields on the Issuer Submitter – URAC Template and provides information for entering information in these fields.

Table 2 – 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

3.1.8 Issuer Submitter – ECP/Network Adequacy

The ECP/Network Adequacy section, shown in Figure 19, collects information verifying that the issuer's provider network meets network adequacy standards. In addition, it collects information about the geographical distribution of providers with whom you have contracted or whom you employ.

Answer the questions by selecting the appropriate radio buttons, as seen below in Figure 19 (e.g. question 3, "Are you required to submit an ECP/Network Adequacy Template?").

Question 3 reads, "Are you required to submit an ECP/Network Adequacy Template?" If you answer "***Yes***" to this question, you are required to upload a single .zip file. The ECP/Network Adequacy Template generates the **.**zip files in the same way that other templates generate .xml files.

If you answer "***No*"** to question 3, you will be allowed to move on without uploading an ECP/Network Adequacy file.

After uploading your **.**zip file, you will notice that the upload status will change to ***Pending***. This indicates that you are still in the process of uploading.

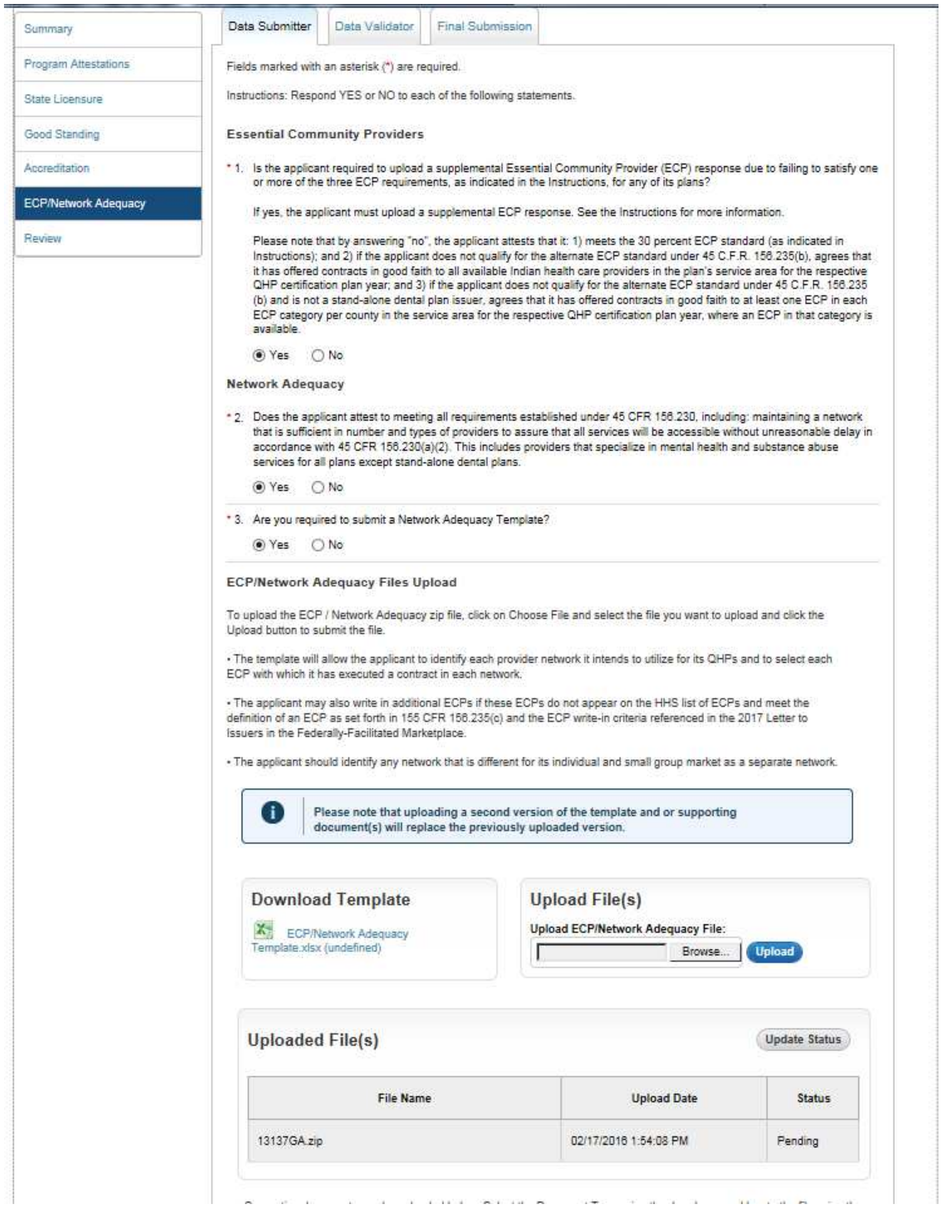


Figure 19 – ECP/Network Adequacy Section – Upload Status Pending

After uploading your final **.**zip file, you must select ***Upload*** in order to finalize your ECP/Network Adequacy upload. The Status will change to ***Compete*** if successful. As shown in

Figure 20, your regenerated ECP/Network Adequacy Template will be available for download as an Excel file.

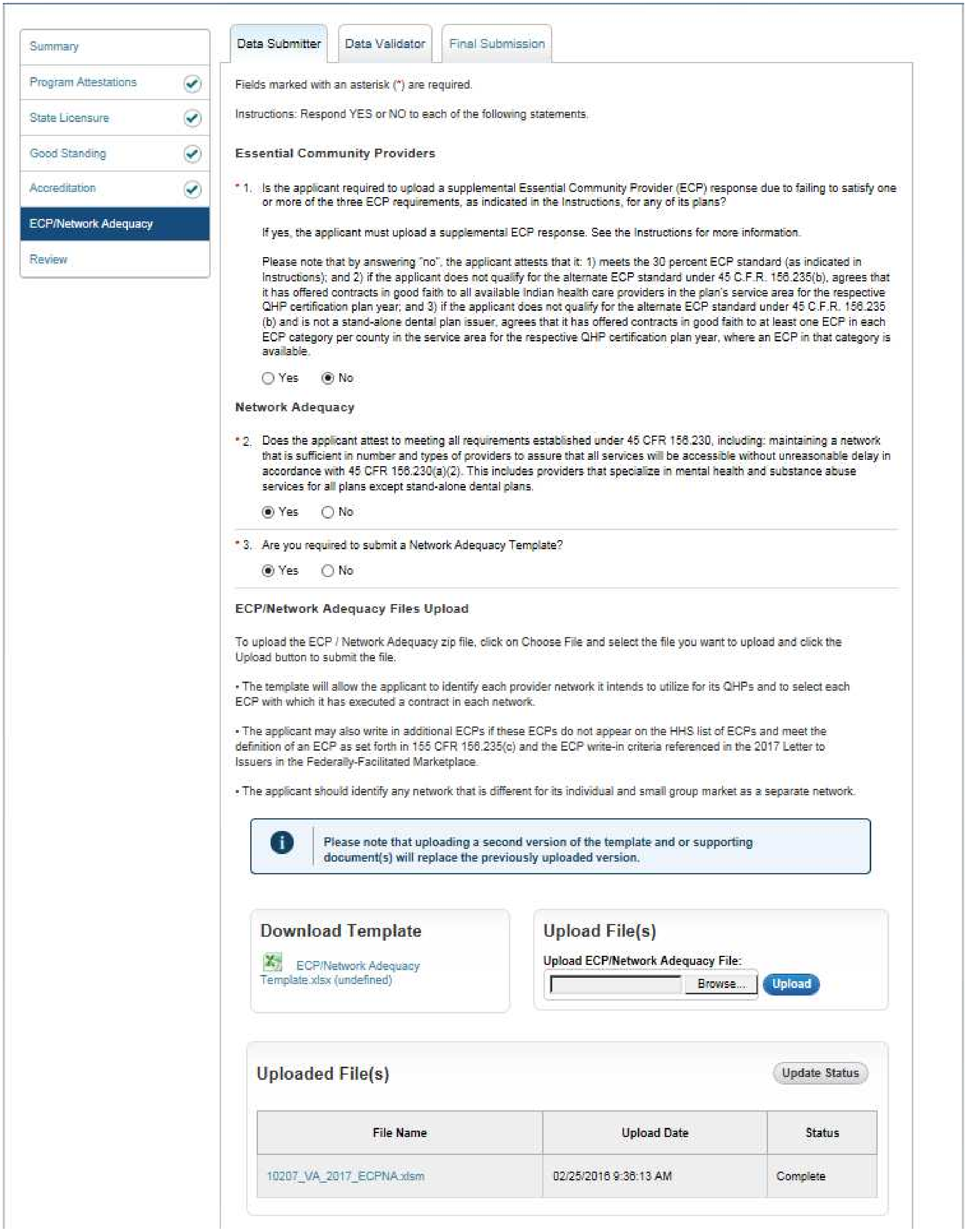


Figure 10 – ECP/Network Adequacy Section – Upload Status Complete

If the file upload is unsuccessful, the status will update to "Errors." If your upload has failed, you can click on ***Errors*** in the status column 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.

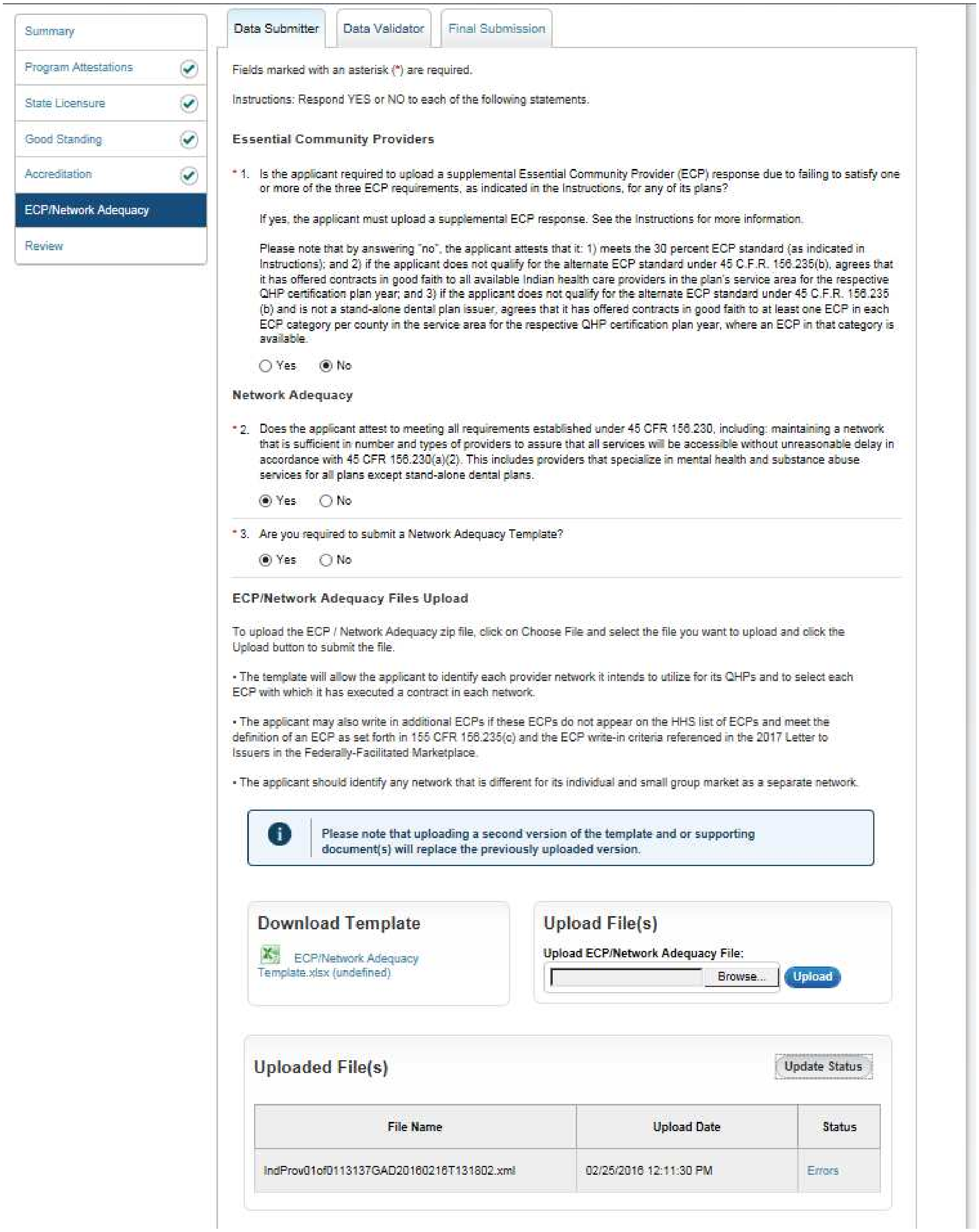


Figure 21 – ECP/Network Adequacy Section – Upload Status Errors

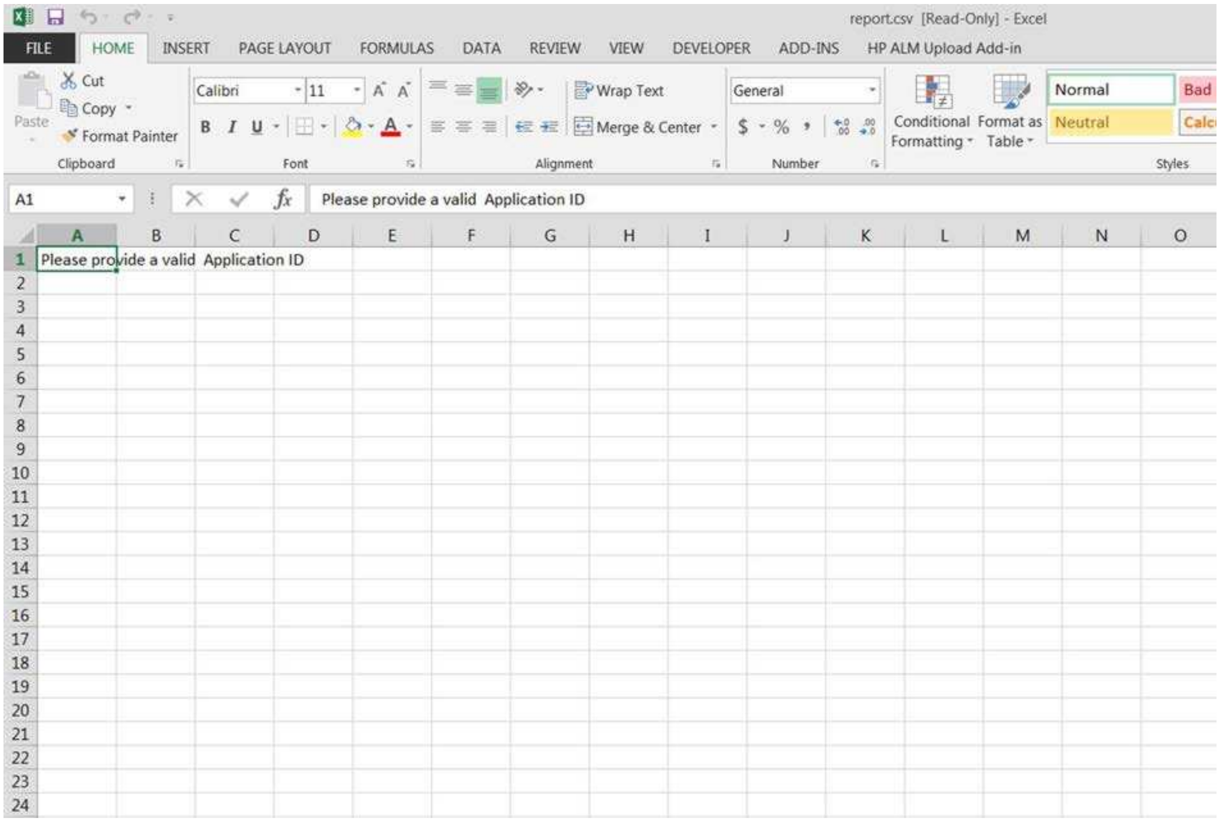


Figure 22 – Upload Error Log

After uploading the necessary ECP/Network Adequacy **.zip** file, please upload **Supplementary Documentation** if needed. These documents must be classified by using the drop-down menu and designate if the document is **Network Justification, Supplemental ECP Response – Health**, **Supplemental ECP Response – Dental**, or **Other.** Figure 23 shows the Supplementary Documentation section.

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

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

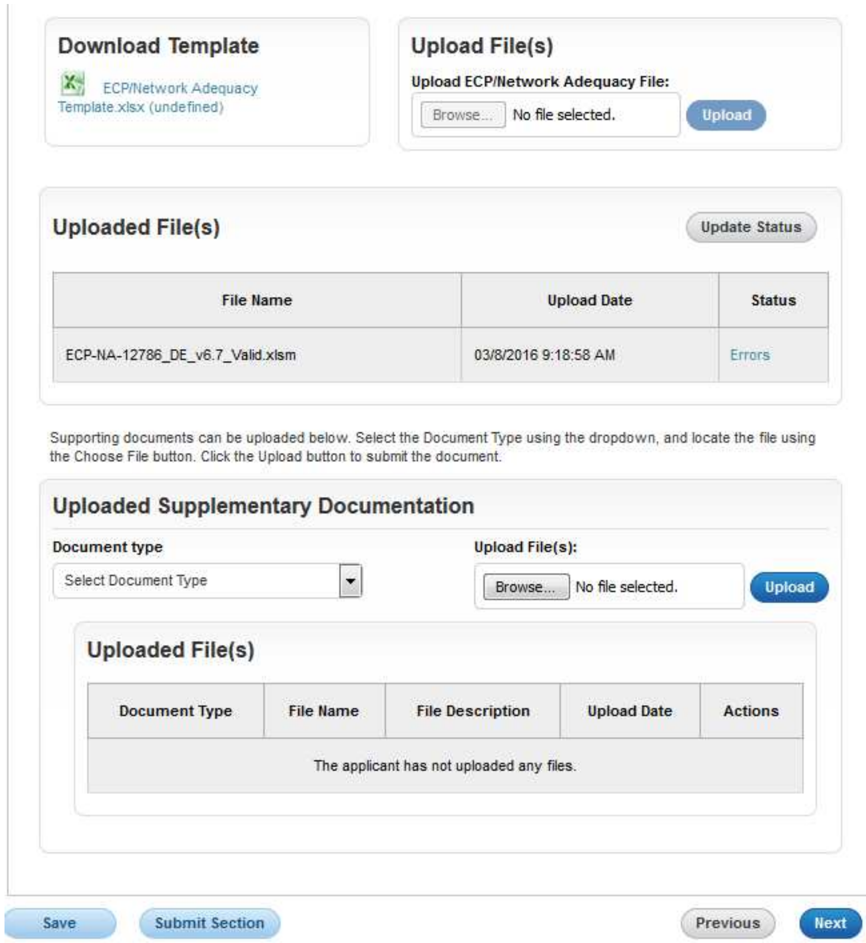


Figure 23 – Issuer Submitter – ECP/Network Adequacy Template

3.1.9 ECP/Network Adequacy Template

The ECP/Network Adequacy Template, shown in Figure 24, gives you the ability to link each provider (ECP or Network Adequacy) with the network with which they are associated. Click the link to download the ECP/Network Adequacy Template, and save a copy of the template to your machine locally.

Before opening the ECP/Network Adequacy 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.

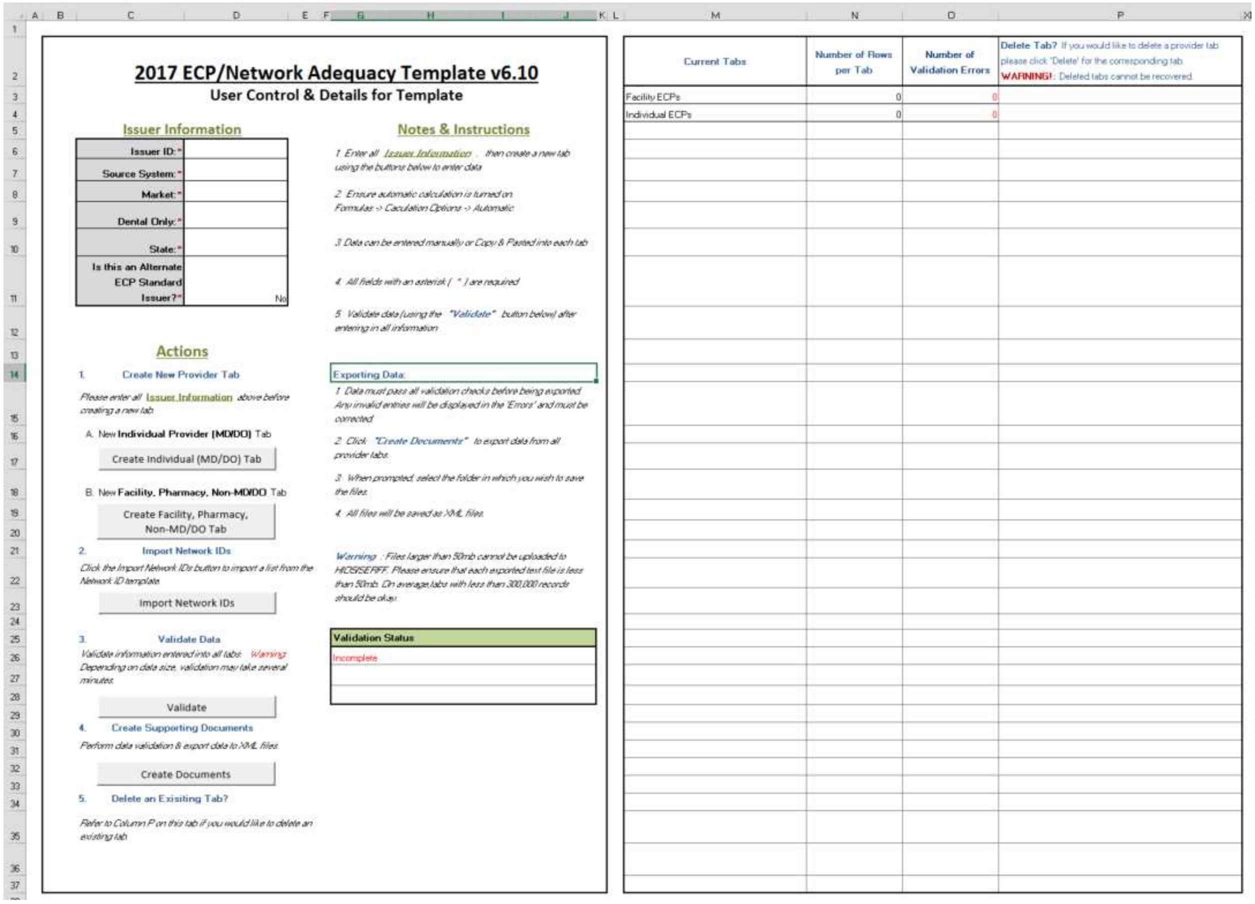


Figure 24 – Issuer Submitter – ECP/Network Adequacy Template

Table 3 describes the fields on the ECP/Network Adequacy Template and provides instructions about how to enter data in these fields.

Table 3 – Issuer Submitter – ECP/Network Adequacy Template Fields – User Control Tab

Field Name	Field Description	Field Value
Issuer ID	5-digit HIOS Issuer ID.	Numeric
Source System	The name of the system used in submitting the QHP Application.	Dropdown: HIOS SERFF
Market	Market coverage type for the entire Network.	Dropdown: Individual SHOP Both
Dental Only	Indicator showing whether the issuer plans offered are for stand-alone dental only (not medical).	Dropdown: Yes No Both
State	State of the provider's physical location where patients would receive care.	Dropdown: All States
Alternate ECP Standard Issuer	Indicator showing whether the issuer qualifies as Alternate ECP standard.	Dropdown: Yes No

Table 4 – Issuer Submitter – ECP/Network Adequacy Template Fields – Individual ECPs Tab

Field Name	Field Description	Field Value
Row Number	The row number of the provider on the Final 2017 ECP List.	Numeric
National Provider Identifier (NPI)*	A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by CMS.).	Numeric
Name of Provider	The name of provider (provider's site where patients would receive care).	Alphanumeric
Physician/Non Physician	The type of physician.	Dropdown: Physician Non-Physician
Specialty Type	All specialties offered at the identified provider location.	Multi-select dropdown
Provider Entity Name	The name of the provider's organization	Alphanumeric
ECP Category (General ECP Standard Issuers Only)	Categories based on provider types defined under section 340B (a) (4) of the Public Health Service Act, or providers described in section 1927(c) (1) (D) (i) (IV) of the Social Security Act.	Multi-select dropdown

Field Name	Field Description	Field Value
Street Address 1	Street address of the provider's physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the provider's physical location where patients would receive care.	Alphanumeric
City	City of the provider's physical location where patients would receive care.	Alphanumeric
State	State of the provider's physical location where patients would receive care.	Dropdown: All States
County	County of the provider's physical location where patients would receive care.	Alphanumeric
Zip	Zip code of the provider's physical location where patients would receive care.	Numeric
Network IDs	The Network ID associated with the Provider Network.	Alphanumeric / dropdown
Number of Contracted MDs, DOs, PAs, and NPs*	The number of contracted medical practitioners for a specific ECP.	Numeric
Number of Contracted DMDs and DDSs*	The number of contracted dental practitioners for a specific ECP.	Numeric

Table 5 – Issuer Submitter – ECP/Network Adequacy Template Fields – Facility ECPs Tab

Field Name	Field Description	Field Value
Row Number	The row number of the provider on the Final 2017 ECP List.	Numeric
National Provider Identifier (NPI)*	A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by CMS.).	Numeric
Facility Name	The name of the provider’s organization.	Alphanumeric
Facility Type	All the facility types that apply to the facility location.	Multi-select dropdown
Provider Name	The name of the provider’s site where patients would receive care.	Alphanumeric
ECP Category (General ECP Standard Issuers Only)	Categories based on provider types defined under section 340B (a) (4) of the Public Health Service Act, or providers described in section 1927(c) (1) (D) (i) (IV) of the Social Security Act.	Multi-select dropdown
Street Address 1	Street address of the facility’s physical location where patients would receive care.	Alphanumeric

Field Name	Field Description	Field Value
Street Address 2	Street address 2 of the facility's physical location where patients would receive care.	Alphanumeric
City	City of the facility's physical location where patients would receive care.	Alphanumeric
State	State of the facility's physical location where patients would receive care.	Dropdown: All States
County	County of the facility's physical location where patients would receive care.	Alphanumeric
Zip	Zip code of the facility's physical location where patients would receive care.	Numeric
Network IDs	The Network ID associated with the Provider Network.	Alphanumeric / dropdown
Number of Contracted MDs, DOs, PAs, and NPs	The number of contracted medical practitioners for a specific ECP.	Numeric
Number of Contracted DMDs and DDSs	The number of contracted dental practitioners for a specific ECP.	Numeric

Table 6 – Issuer Submitter – ECP/Network Adequacy Template Fields – Individual Providers Tab

Field Name	Field Description	Field Value
National Provider Identifier (NPI)*	A National Provider Identifier, or NPI, is a unique 10-digit identification number issued to health care providers in the United States by CMS.	Numeric
Provider Name Prefix	The prefix of the provider.	Numeric
First Name Of Provider	The first name of provider.	Alphanumeric
Middle Name of Provider	The middle initial of provider.	Alphanumeric
Last Name Of Provider	The last name of provider.	Alphanumeric
Suffix of Provider	Enter the provider suffix, as applicable, such as "Jr." or "Sr."	Alphanumeric
Physician / Non Physician	The type of physician.	Dropdown: Physician Non-Physician
Specialty Type	Specialties offered at the identified provider's location.	Multi-select dropdown
Street Address 1	Street address of the provider's physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the Provider's physical location where patients would receive care.	Alphanumeric
City	City of the provider's physical location where patients would receive care.	Alphanumeric

Field Name	Field Description	Field Value
State	State of the provider's physical location where patients would receive care.	Dropdown: All States
County	County of the provider's physical location where patients would receive care.	Alphanumeric / dropdown
Zip	Zip code of the provider's physical location where patients would receive care.	Numeric
Network IDs	The Network ID associated with the Provider Network.	Alphanumeric / dropdown

Table 7 – Issuer Submitter – ECP/Network Adequacy Template Fields – Facilities and Pharmacies Tab

Field Name	Field Description	Field Value
National Provider Identifier (NPI)*	A unique 10-digit identification number issued to health care providers in the United States by CMS.).	Numeric
Facility Name	The name of the facility location.	Alphanumeric
Facility Type	All the facility types that apply to the facility location.	Multi-select dropdown
Street Address 1	Street address of the facility's physical location where patients would receive care.	Alphanumeric
Street Address 2	Street address 2 of the facility's physical location, where patients would receive care.	Alphanumeric
City	City of the facility's physical location where patients would receive care.	Alphanumeric
State	State of the facility's physical location where patients would receive care.	Dropdown: All States
County	County of the facility's physical location where patients would receive care.	Alphanumeric
Zip	Zip code of the facility's physical location where patients would receive care.	Numeric
Network IDs	The Network ID associated with the Provider Network.	Alphanumeric / dropdown

Complete all required fields, which are marked with an (*) asterisk. After completing all required fields, validate the entire workbook by clicking ***Validate***. If the worksheet has any errors, they will be displayed in the Errors tab with the worksheet name, cell location, and the validation error message.

After fixing all errors, validate the workbook again. When the workbook has no errors, you will receive a message saying, "No validation errors were identified. Validation is complete."

Once all validations are met, click ***Create Documents*** to create a zip file that contains all data contained in the template. You will be prompted to save this zip file to your local computer so that you can then upload it to the user interface as described.

3.1.10 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 25, 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.

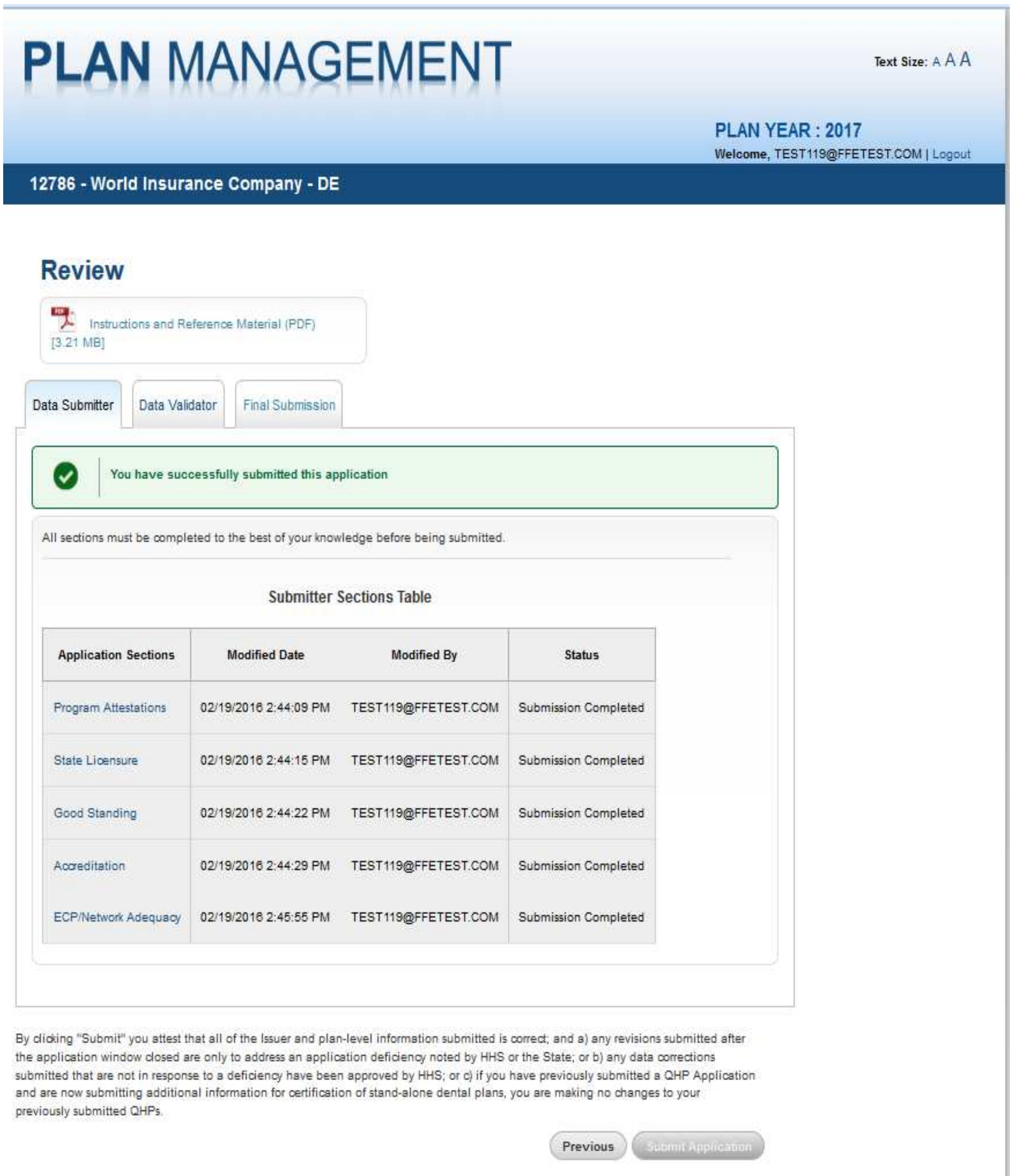


Figure 25 – Issuer Submitter – Review Page

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.

3.1.11 Issuer Validator - Summary

The Validator Summary page, shown in Figure 26, allows Validators to view a list of all the applications that have been submitted.

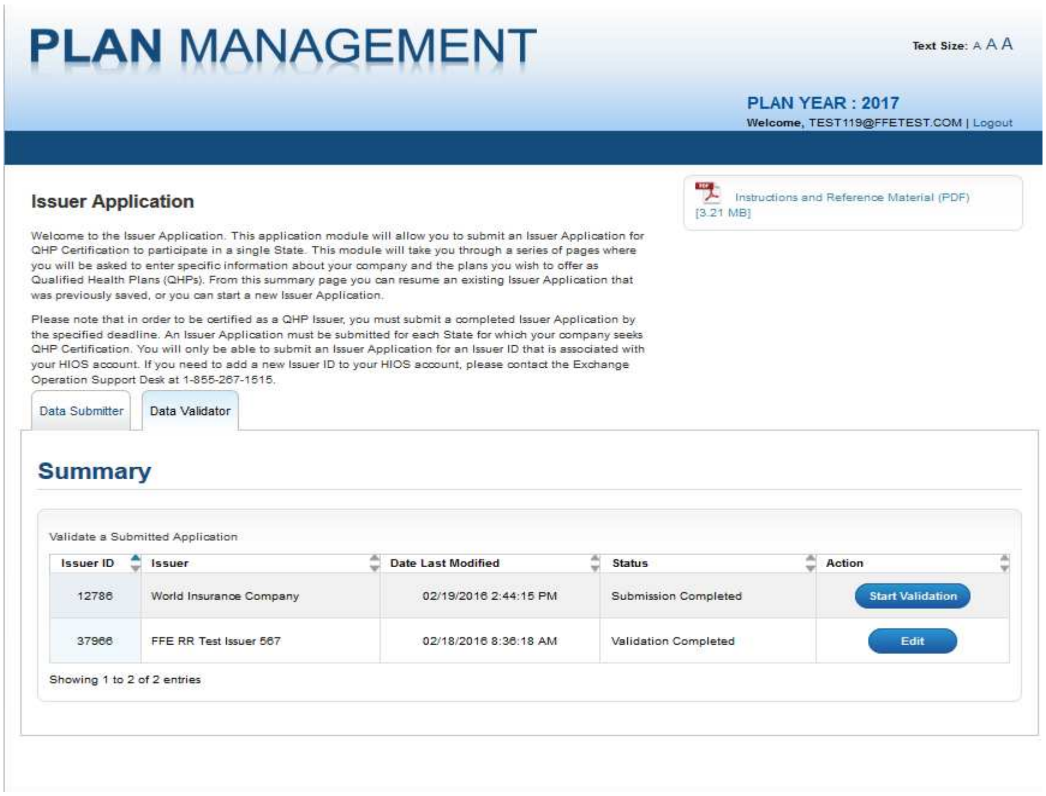


Figure 26 – Issuer Validator Summary Page (Part 1)

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

3.1.12 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 27.

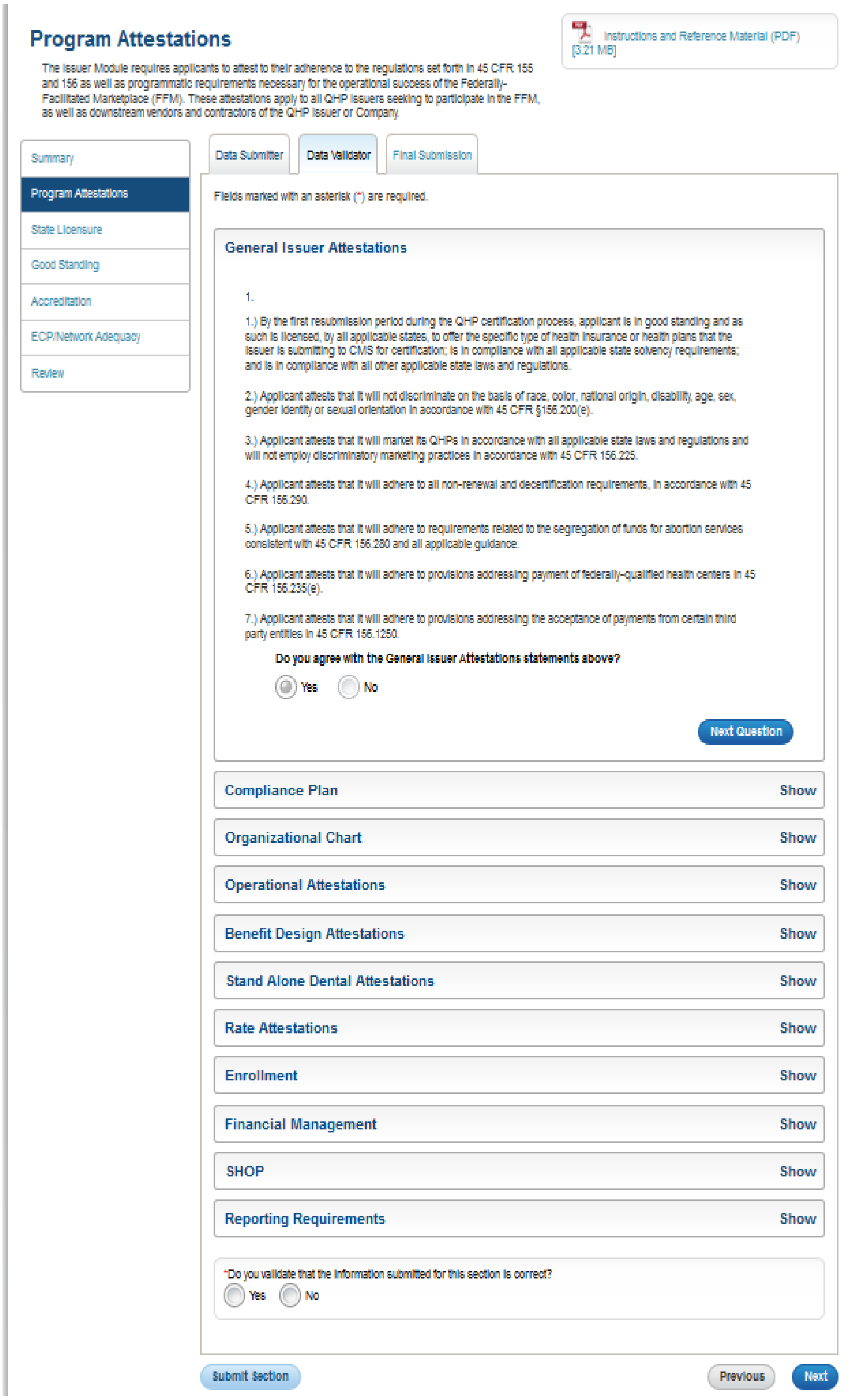


Figure 27 – Issuer Validator Program Attestations Page

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

3.1.13 Issuer Validator – State Licensure

The Issuer Validator State Licensure page, shown in Figure 28, allows you to review and download any supporting documentation that was submitted by the Issuer Submitter on the State Licensure page.

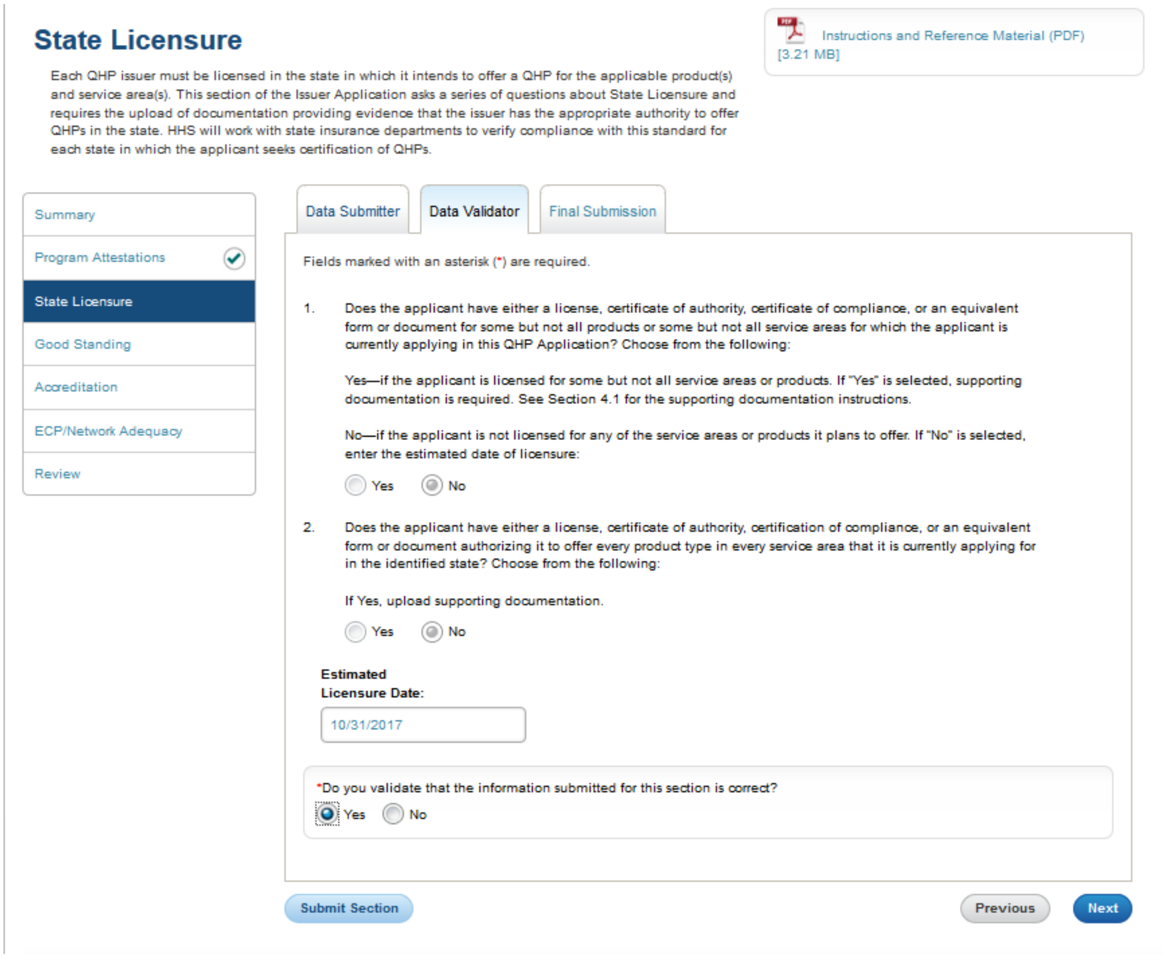


Figure 28 – Issuer Validator State Licensure Page

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

3.1.14 Issuer Validator – Good Standing

The Issuer Validator Good Standing page, shown in Figure 29, allows you to review and download any supporting documentation submitted by the Issuer Submitter on the Good Standing page.

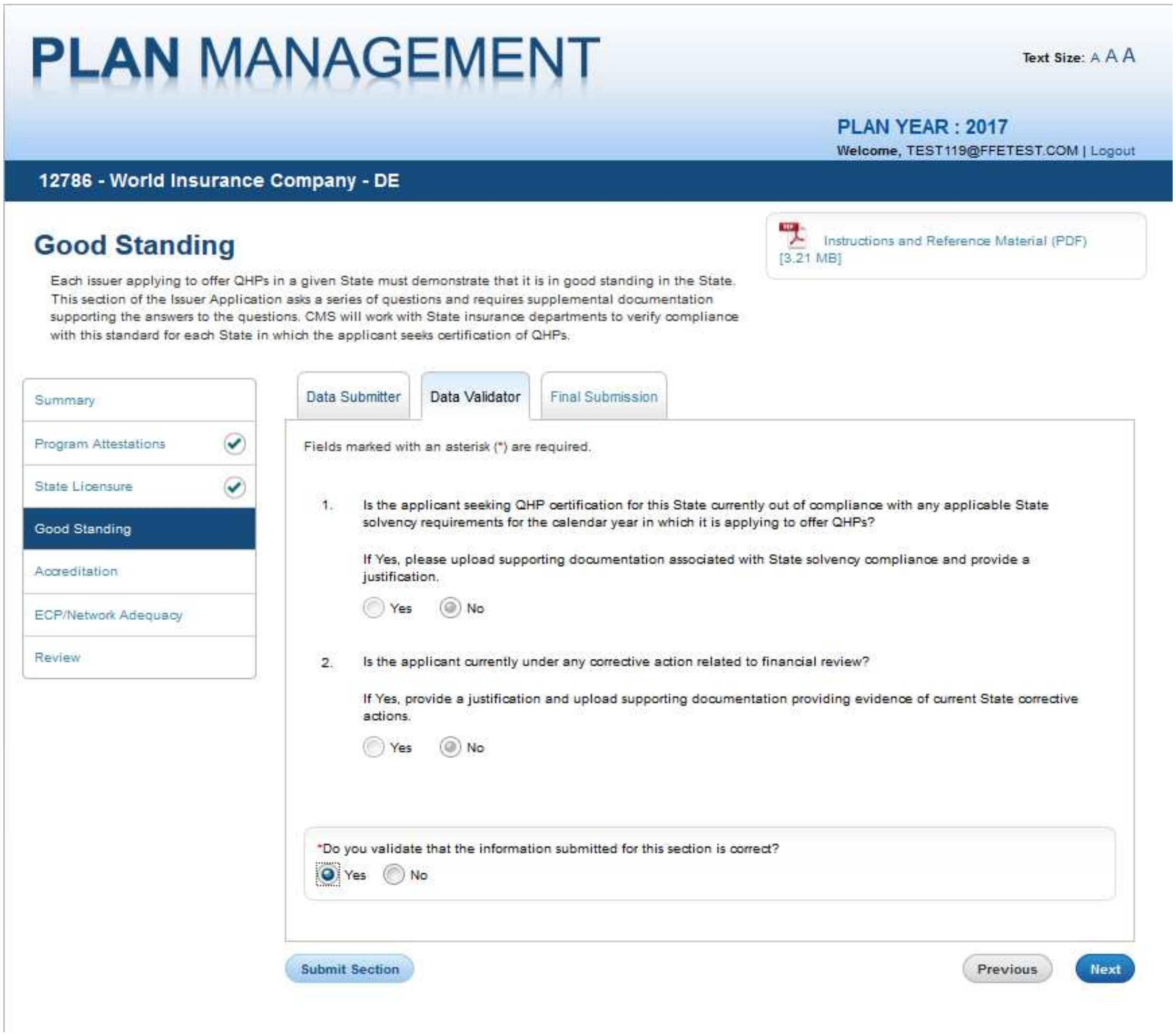


Figure 29 – Issuer Validator Good Standing Page

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.

3.1.15 Issuer Validator – Accreditation

The Issuer Validator Accreditation page, as illustrated in Figure 30, 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.

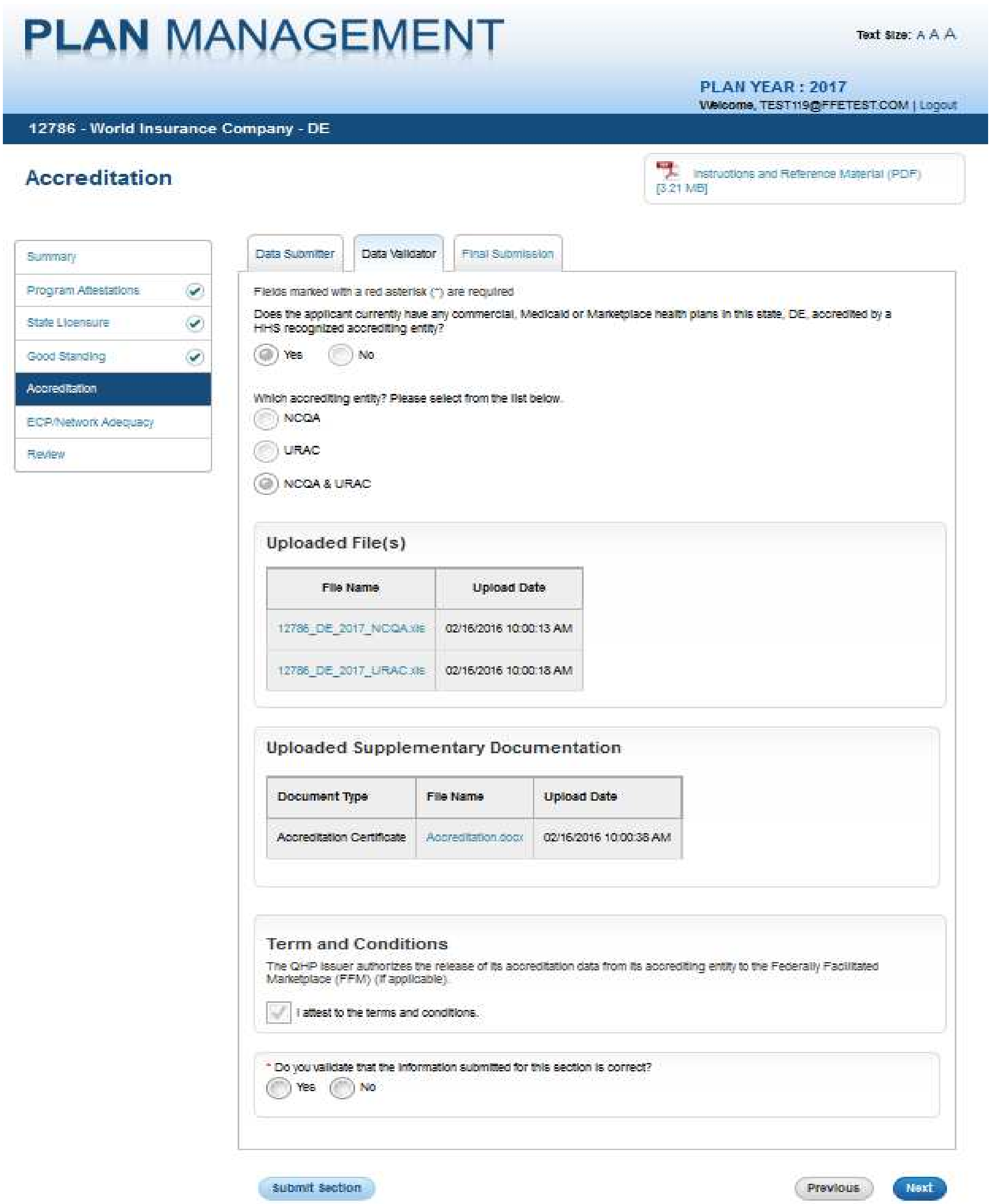


Figure 30 – Issuer Validator Accreditation Page- Part 1

The process of validating the Issuer Submitter's responses and the Terms and Conditions is illustrated in Figure 31.

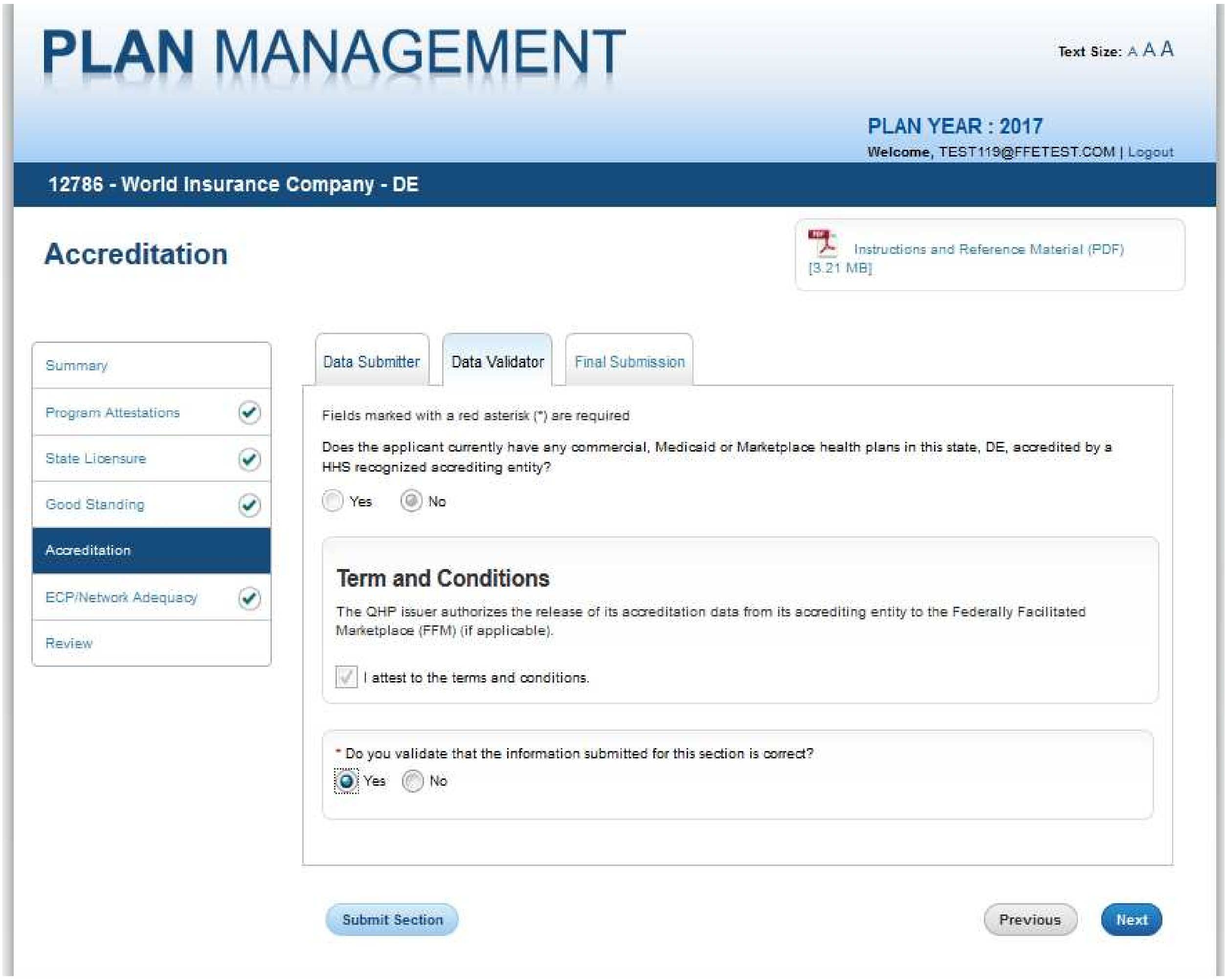


Figure 31 – Issuer Validator Accreditation Page – Part 2

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.

3.1.16 Issuer Validator – ECP/Network Adequacy

From the ECP/Network Adequacy page, shown in Figure 32, you can view the related questions 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 ECP/Network Adequacy Template submitted by the Issuer Submitter.

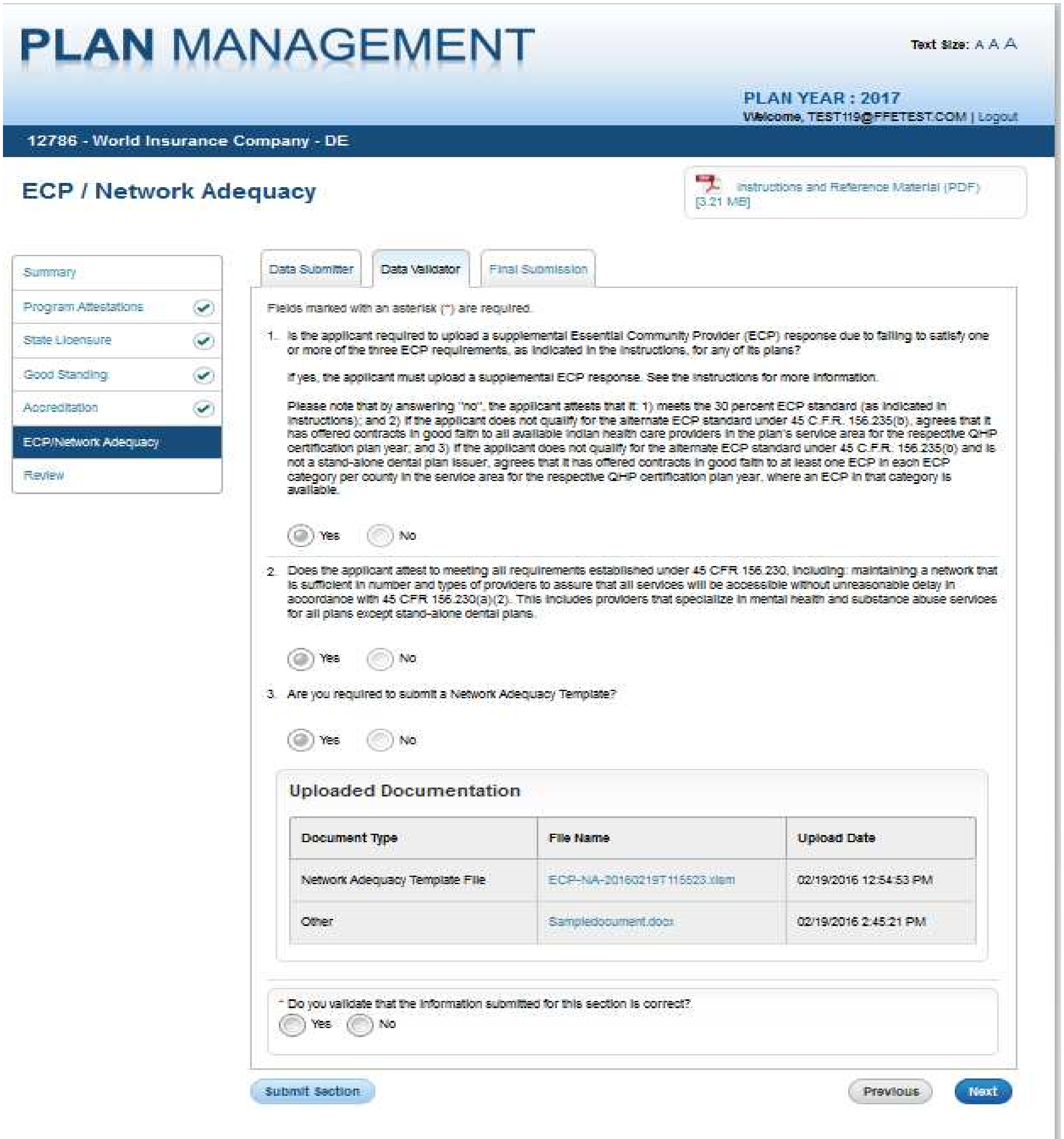


Figure 32 – Issuer Validator Network Adequacy Section

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 the Review page.

5.1.17 Issuer Validator – Review

The Review page, shown in Figure 33, 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.

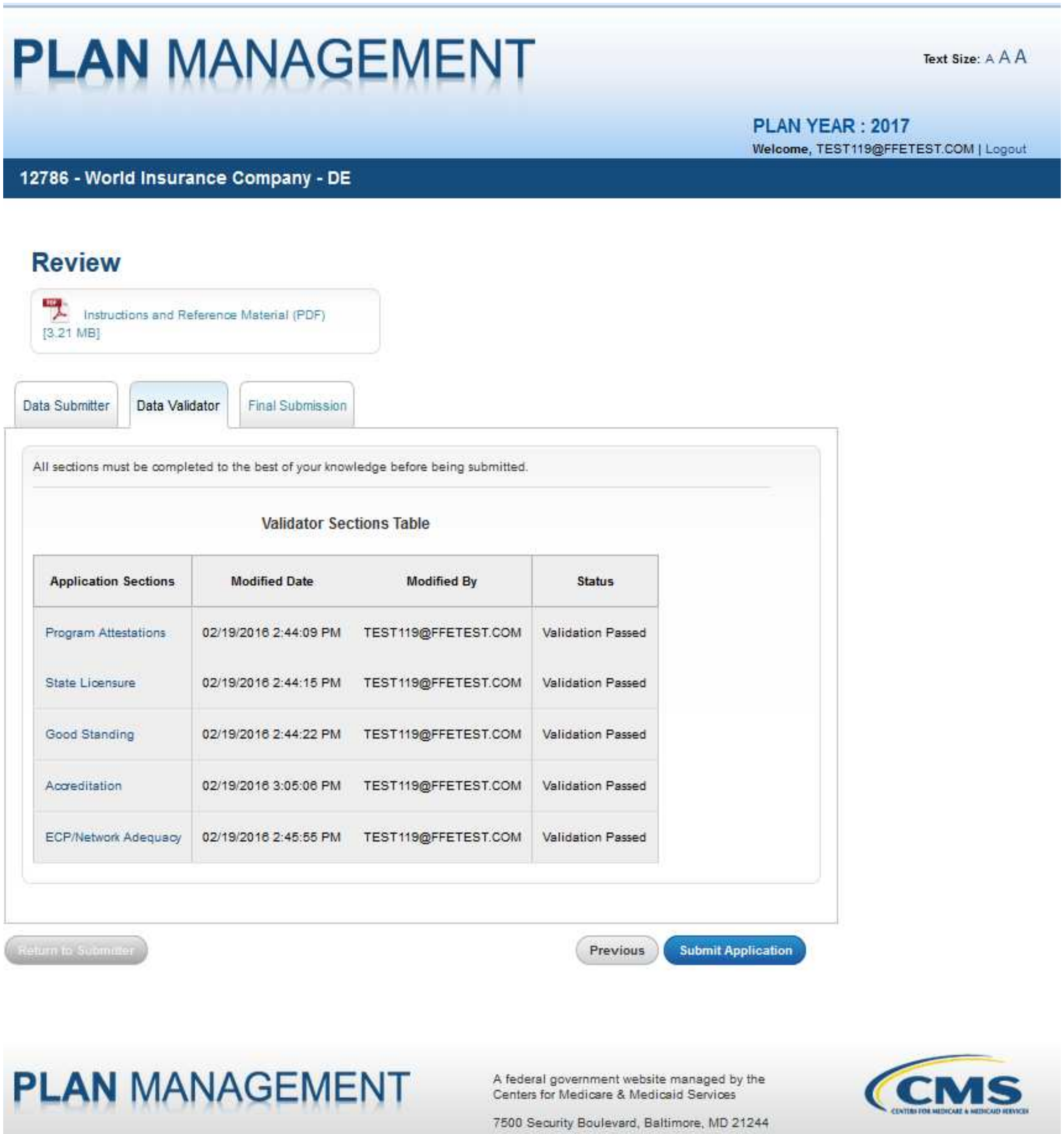


Figure 33 – Issuer Validator Review Page

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.

3.2 Final Submission

This section describes Final Submission.

3.2.1 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 34, click the Final Submission tab to access the Final Submission page and view the statuses of modules throughout an application.

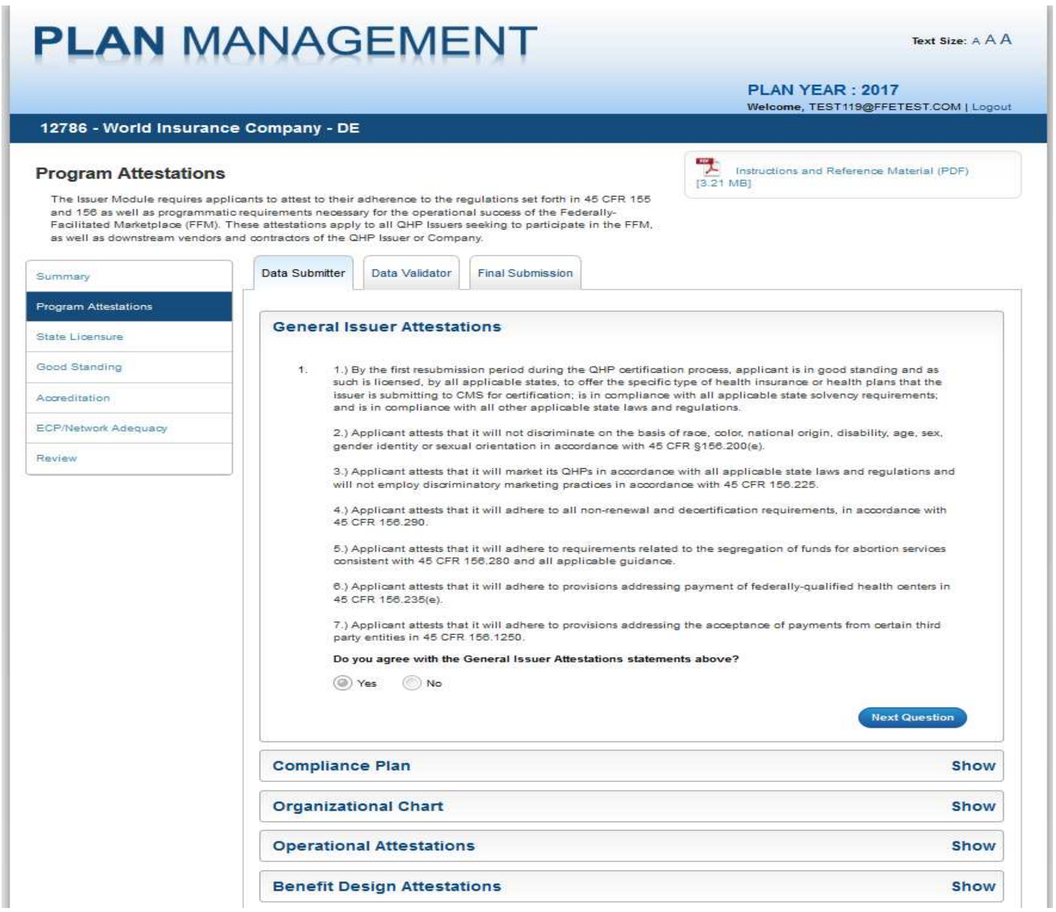


Figure 34 – Accessing the Final Submission Page from the Issuer Module

The Final Submission Page, as shown in Figure 35, 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.

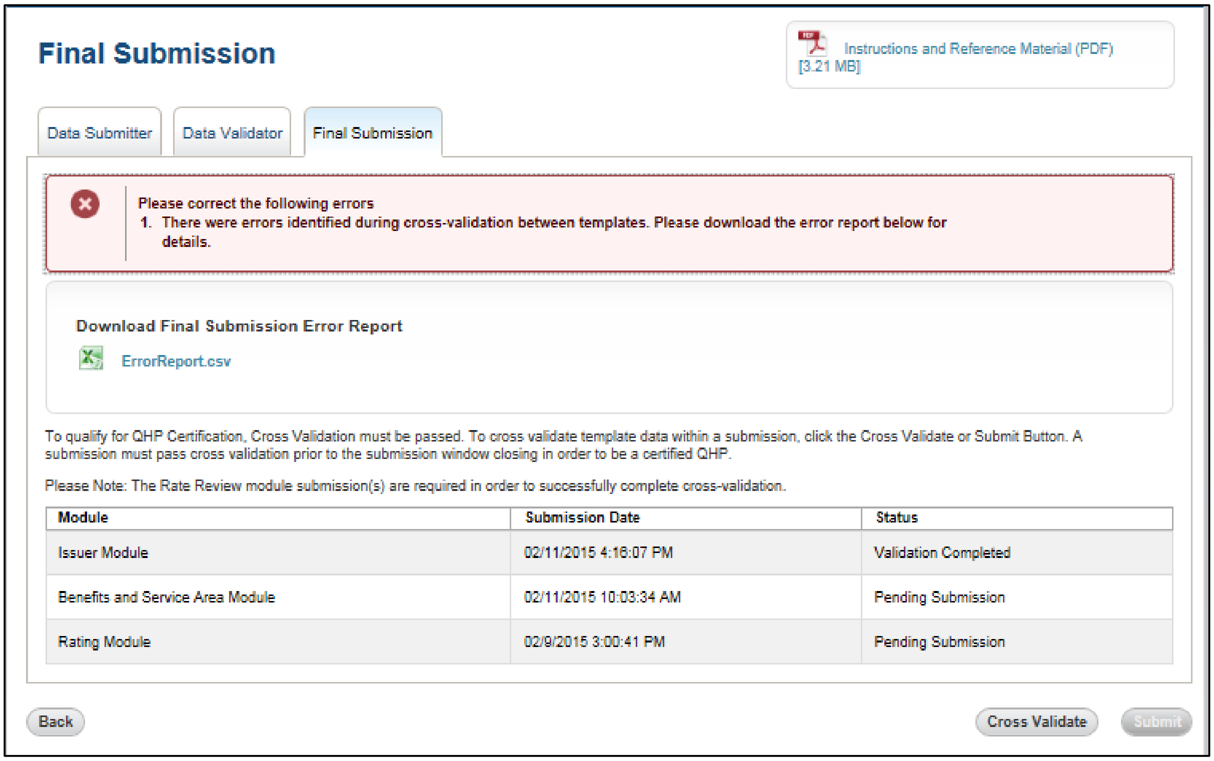


Figure 35 – Final Submission Page

When inconsistencies are detected during cross validation, an error report is generated, and an error message appears on the screen (see Figure 35). 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 37), 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.

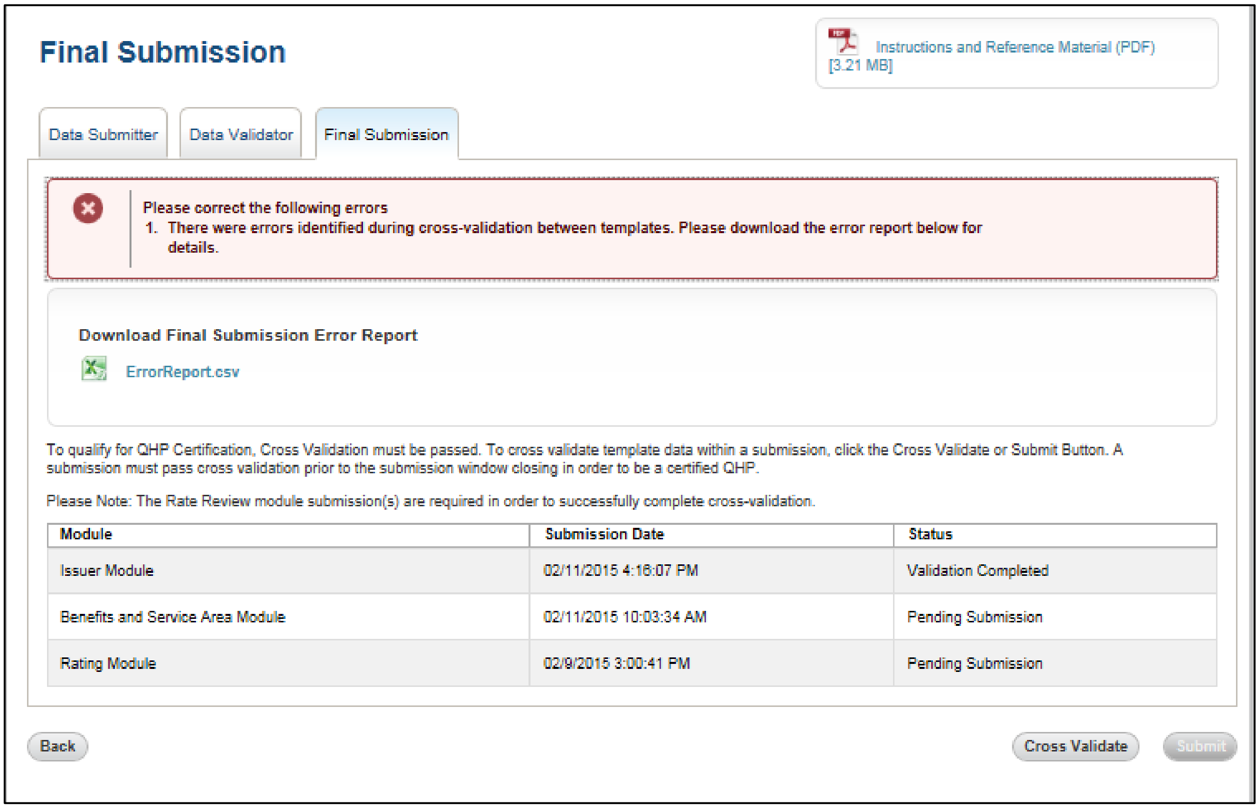
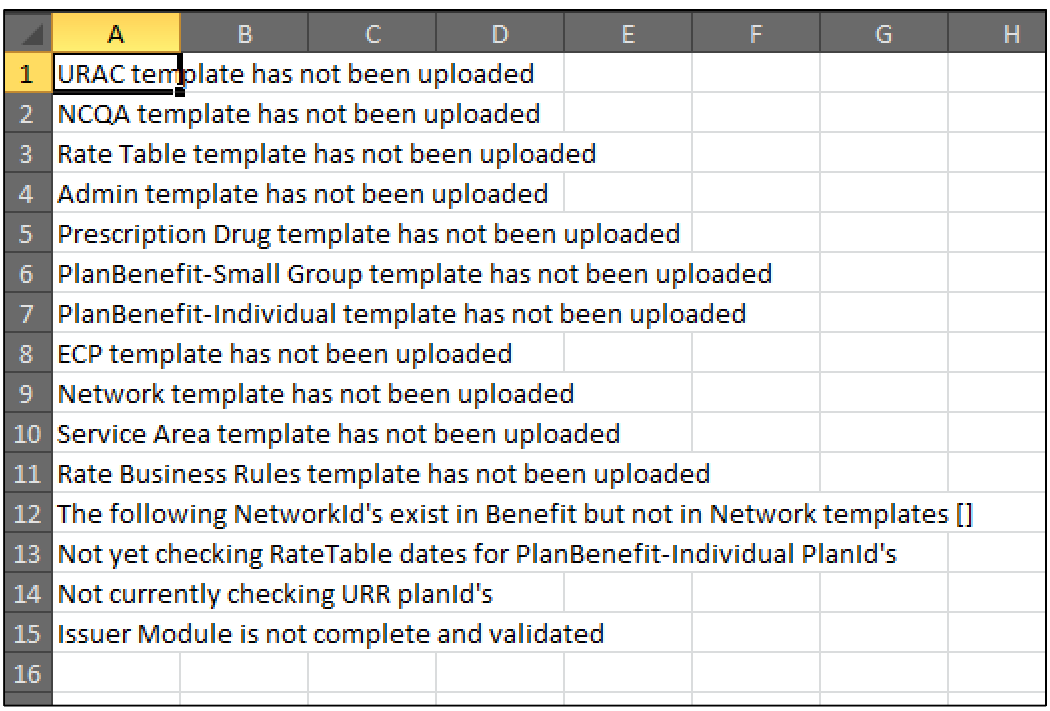


Figure 36 – Final Submission Page – Errors

Figure 37 shows the Final Submission Error Report.



	A
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 37 – 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 38.

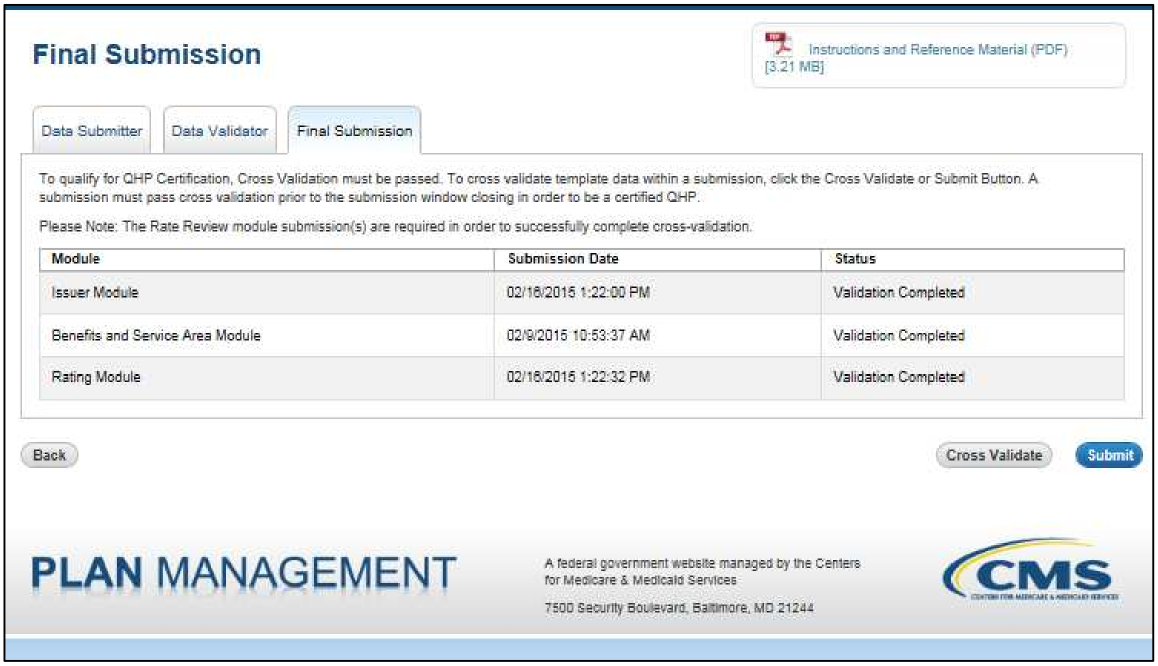


Figure 38 – Final Submission Page – Cross Validations Successful

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 39), 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.

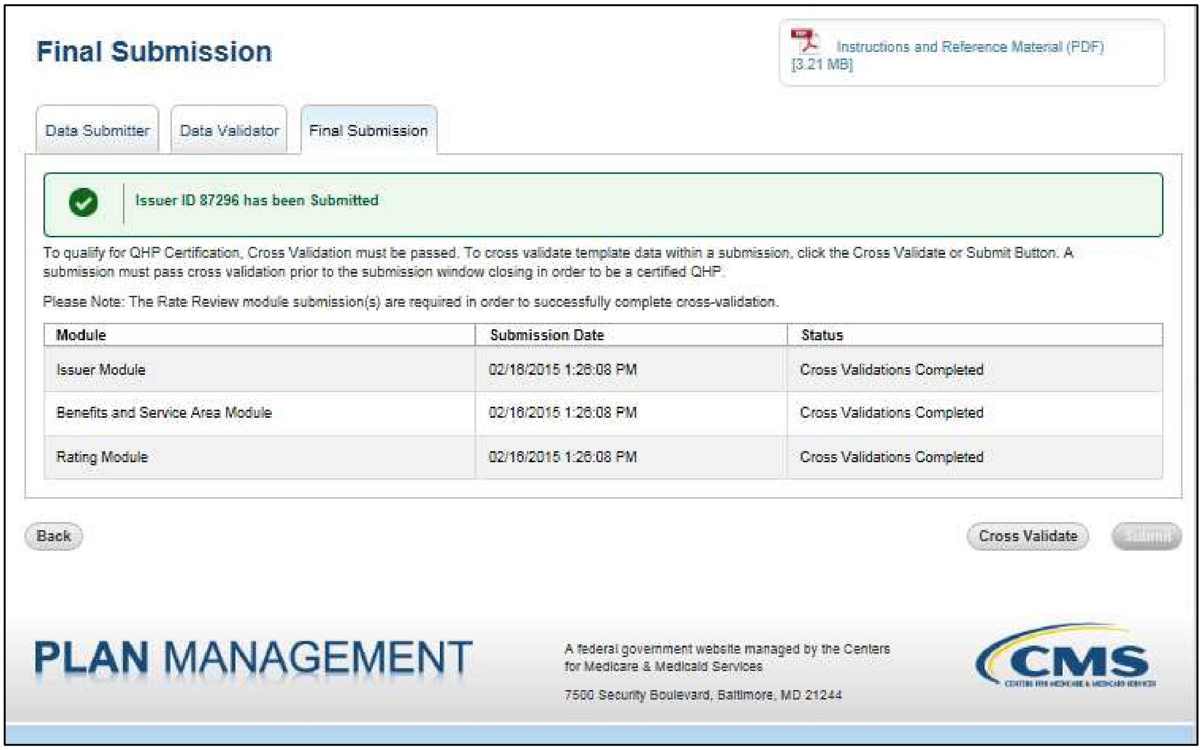


Figure 39 – Final Submission Page – Submitted

3.3 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 5.1.11 – 5.1.17.

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

3.3.1 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.

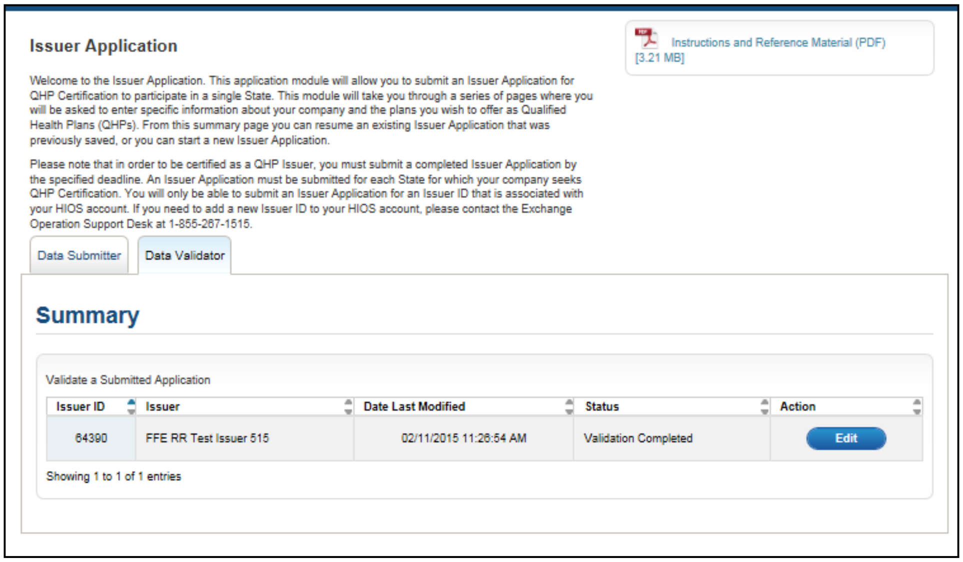


Figure 40 – Issuer Validator - Summary Page

3.3.2 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 41).

Figure 41 – 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 42). 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.

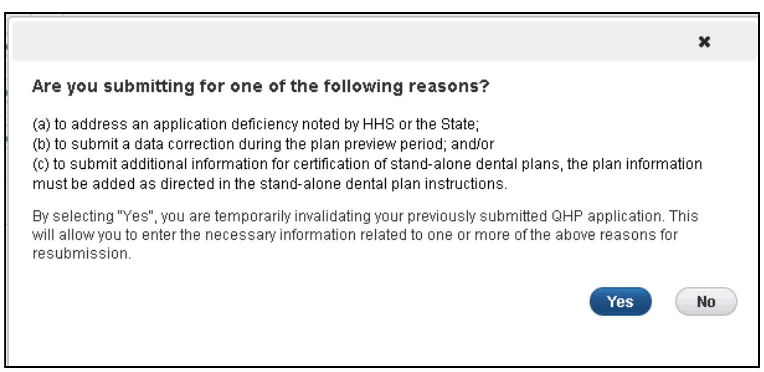


Figure 42 – Confirmation Pop-Up

The confirmation message (see Figure 43) 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.

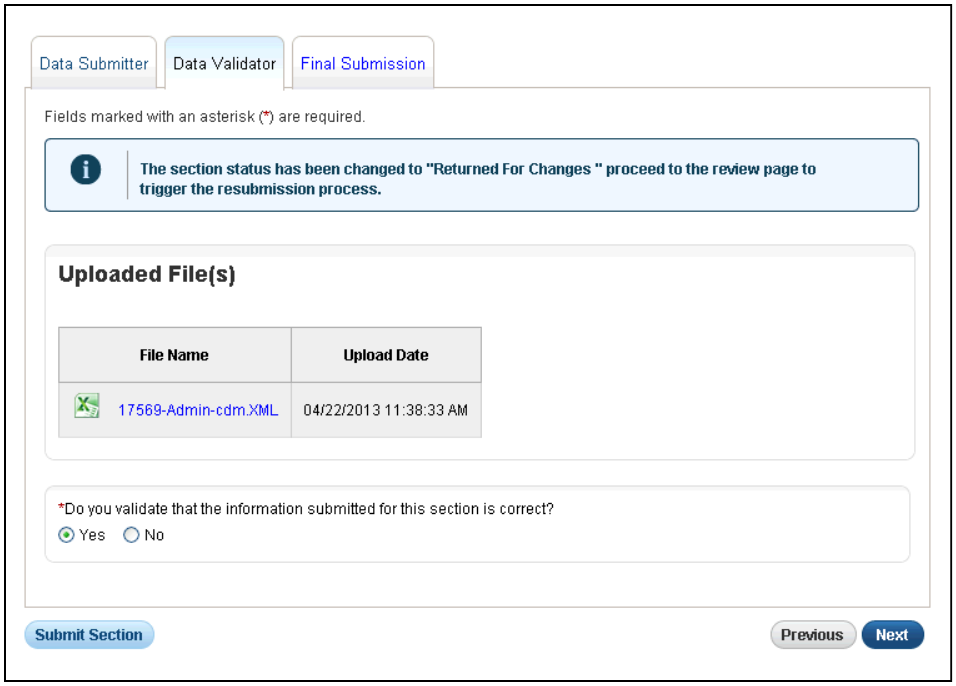


Figure 43 – Resubmission Confirmation Message

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 44) for confirmation upon successful resubmission.

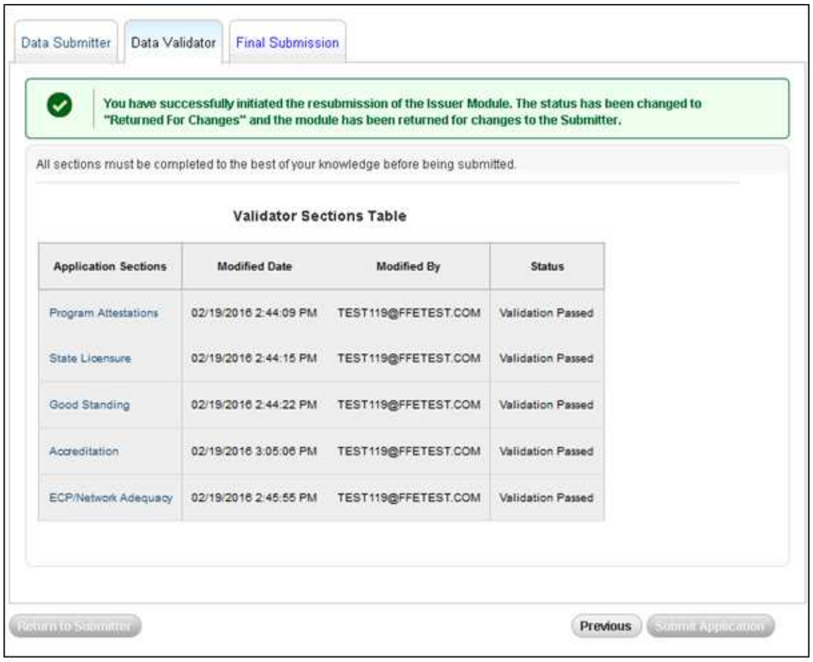


Figure 44 – Review Page Resubmission Confirmation Message

4 Troubleshooting and Support

4.1 Error Messages

Table 8 provides a list of error messages in the Plan Management system.

Table 8 – Plan Management System Error Messages

Error Message	Corrective Action
Incorrect File Format	The user will receive this error message when the document uploaded is in the incorrect format. The allowable formats for supporting documents are: • .doc • .docx • .jpg • .ppt • .pdf • .rtf • .jpeg • .pptx • .csv • .txt 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.
Select Document Type	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.
There were errors identified during cross-validation between the templates. Please download the error report below for details.	Validators are responsible for coordinating with users from other modules to resolve discrepancies within the application.
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.	The user will receive this error message when uploading an invalid template year version.

4.2 Support

Table 9 provides a list of contacts.

Table 9 – Points of Contact

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

5 Acronyms and Abbreviations

Table 10 provides a list of acronyms used in this document.

Table 10 – Acronyms and Abbreviations

Term	Literal Translation
AAAHC	Accreditation Association for Ambulatory Health Care
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
ECP	Essential Community Providers
HHS	Health and Human Services
HIOS	Health Insurance Oversight System
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
QIS	Quality Indicator Survey
SERFF	System for Electronic Rate and Form Filing
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 45, click ***Excel Options***.

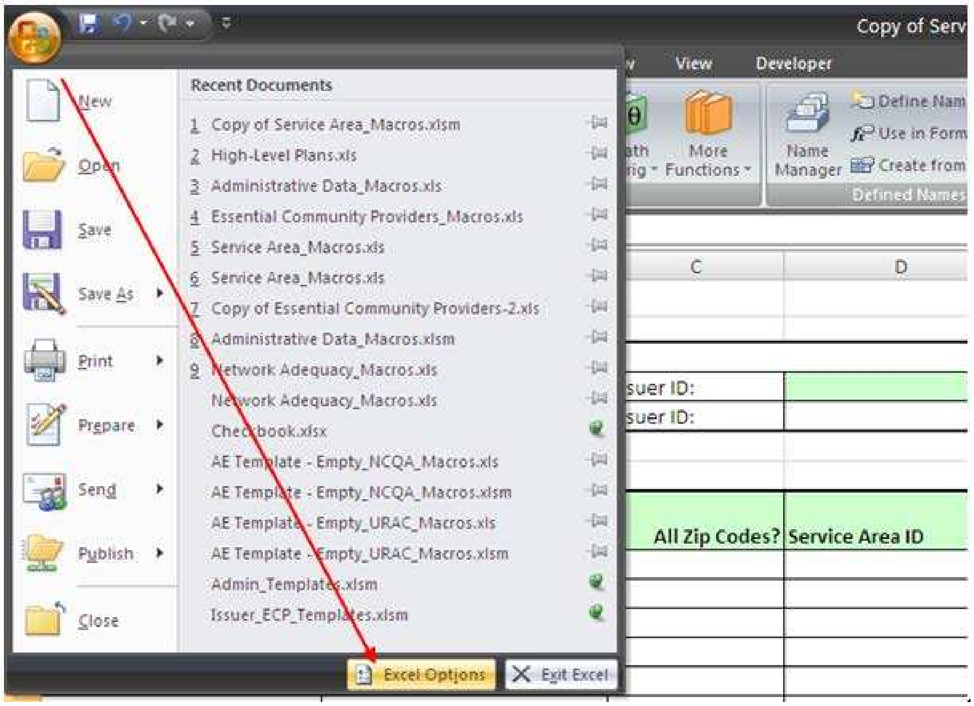


Figure 45 – Selecting Excel Options

2. Click Trust Center, shown in Figure 46.

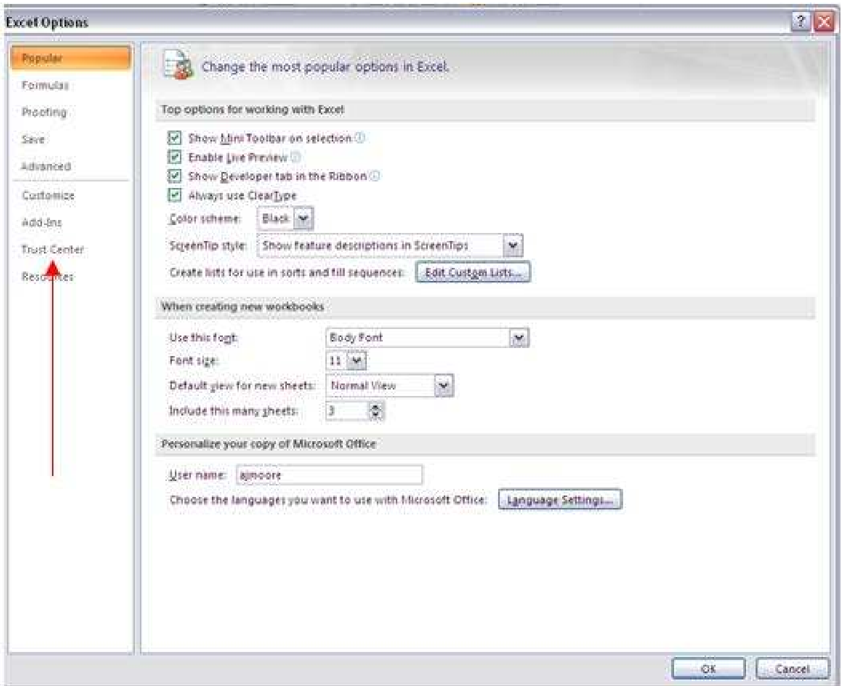


Figure 46 – Choosing Trust Center

3. Choose "Trust Center Settings" (refer to Figure 47).

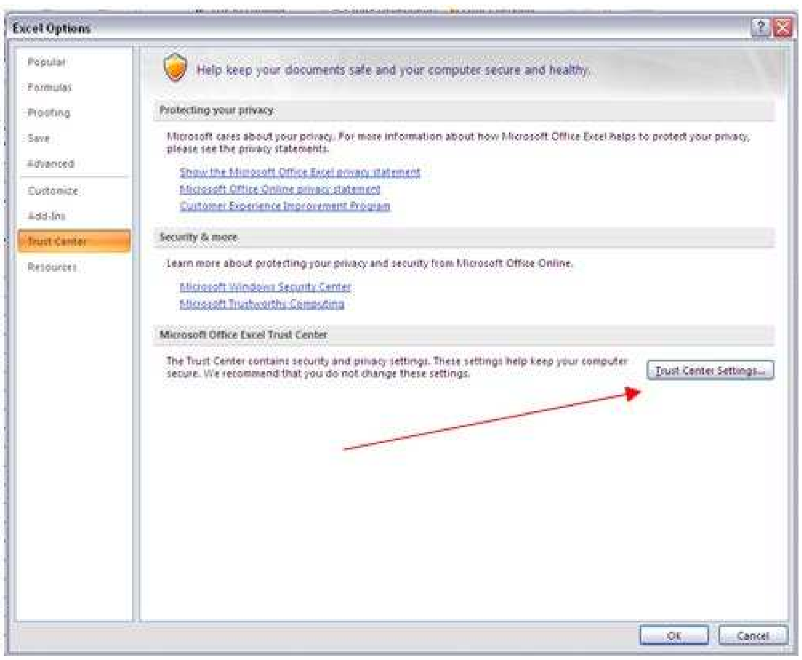


Figure 47 – Choosing Trust Center Settings

4. Choose “Macro Settings” (refer to Figure 48).

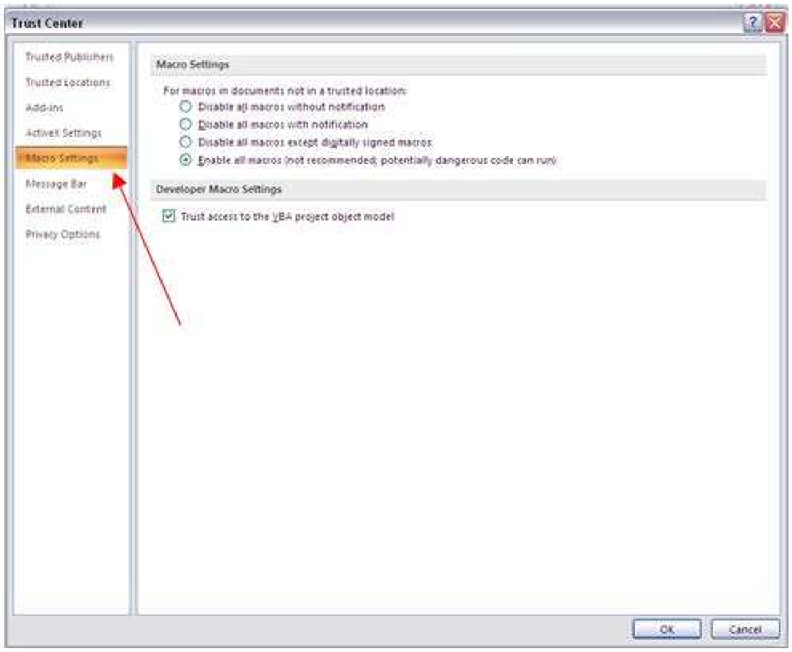


Figure 48 – Choosing Macro Settings

5. Choose “Disable all macros with notification” (refer to Figure 49).

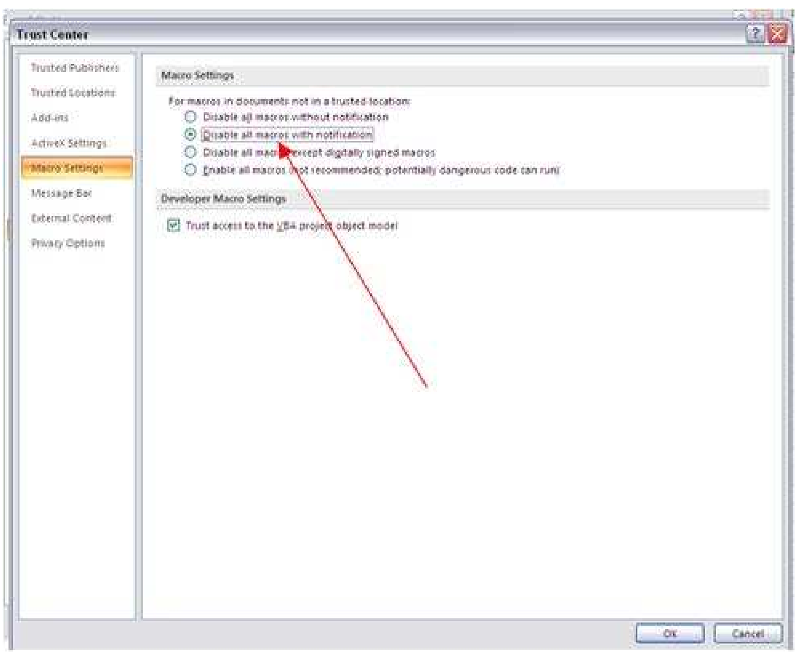


Figure 49 – Choosing Disable all macros with notification

6. When opening any of the templates downloaded from the QHP website, you will see the following prompt at the top of the spreadsheet (refer to Figure 50). Click “Options…”.

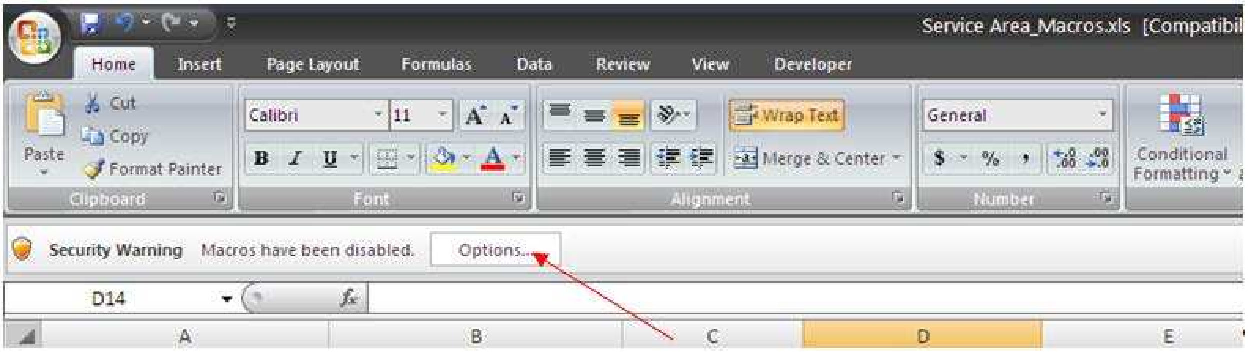


Figure 50 – Security Warning Prompt on Downloaded Templates

7. Choose “Enable this content” (refer to Figure 51).

Figure 51 – 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.