Background

What is HIOS?

HIOS (the Health Insurance Oversight System) is the federal government’s primary data collection vehicle for health insurance “Exchanges” Marketplaces. One function of HIOS is to collect data from health plan issuers that want to become certified qualified health plan (QHP) issuers.

Why do we need to fill out the Accreditation section of the application?

As a condition of certification, QHPs must be accredited by an approved accrediting entity by their fourth year of operating in a Federally Facilitated “Exchange” Marketplace (FFE). There is a phase-in of the accreditation requirement, for example, during certification for an issuer’s initial year of QHP certification, a QHP issuer without existing commercial, Medicaid, or Exchange health plan accreditation granted by a recognized accrediting entity for the same State in which the issuer is applying to offer coverage must have scheduled or plan to schedule a review of QHP policies and procedures of the applying QHP issuer with a recognized accrediting entity. The Department of Health and Human Services (HHS) has recognized NCQA as one of the approved accrediting entities for the purposes of fulfilling this requirement.

When applying to be QHPs, issuers with existing accreditation must indicate whether they are currently accredited in the commercial, Medicaid or Exchange markets, and must submit supporting documentation. Issuers whose NCQA accreditation information is verified by HHS will be shown as “Accredited by NCQA” to consumers, along with certain CAHPS data, if these data were reviewed as part of accreditation.

The Accreditation section of the application

Select “yes” to the first question if you have existing health plan accreditation on any product in the Exchange, commercial or Medicaid market, and indicate whether your issuer is accredited by NCQA. Download and complete the NCQA template for the applicable accredited market type/product types.

Select “no” to the first question if your plan is going through accreditation and is not yet accredited, or has scheduled accreditation. Please answer “no, not accredited” to the accreditation question and do not fill out the template. If your plan receives an accreditation status (i.e., Interim, Accredited, Commendable, etc) before or during the QHP resubmission window, you will have an opportunity to update the accreditation status and submit an NCQA template.

What do I need to complete the NCQA downloaded template?

- Your NCQA Accreditation certificate for existing accredited health plans in the state where you are applying to offer coverage (if applicable). You will be asked to upload a copy of the certificate into the HIOs system.
- Your NCQA organization ID (org ID) and submission ID (sub ID) for existing NCQA-Accredited health plans (if applicable).

- The current accreditation status and expiration date for your NCQA-Accredited products (found on your accreditation certificate).
- The issuer ID (i.e., your HIOS issuer ID).
- The product ID (i.e., your HIOS product ID).

**Template Tips**

**What does the template look like?**

![Image of template]

**What do I need to know about the Issuer ID (column A, row 7)?**

The Issuer ID is your HIOS number supplied by the federal government.

Starting on March 1, issuers can register in HIOS and can obtain and confirm the HIOS issuer ID, the HIOS product ID (s) and HIOS plan ID (s).

If you need help identifying your HIOS ID, email the HHS Help Desk at CMS_FEPS@CMS.hhs.gov.

**What do I need to know about the NCQA Org ID (column A, row 8)?**

The NCQA Org ID is supplied by NCQA usually at the time an issuer first applies for accreditation. The Org ID included in the template should be tied to the HEDIS and CAHPS submission that will be attached to accreditation scoring in summer 2013.

Contact the HEDIS contact at your organization for the NCQA org ID number

**What do I need to know about Market Type (column B, row 8)?**

The market type is commercial, Medicaid or Exchange.

Use the drop-down box to select the market types for which you are accredited.
What do I need to know about the NCQA Sub ID (column C, row 8)?

The NCQA sub ID is tied to performance measure reporting. It is supplied by NCQA for organizations that submit HEDIS/CAHPS and is tied to the 2013 HEDIS/CAHPS submission.

For plans in the Commercial or Medicaid market, with an accreditation status of “Accredited” but no sub ID (because the plan hasn’t submitted HEDIS/CAHPS data to NCQA), you must enter 99999 into the sub ID field on the template. This field is required and the plan will not be able to validate their template without filling entering 99999.

For plans in the Exchange market, with an accreditation status, the sub ID field is not required. You can leave the cell blank.

**Note:** If you are a QHP that is coming through for Interim accreditation, you do not have an NCQA sub ID and should leave the cell blank.

- If you have multiple sub IDs, enter one org ID/sub ID combination for each product type for which you are accredited in the commercial market, and each product type for which you are accredited in the Medicaid market. There is a maximum of four entries for each market type.
- If you have more than one sub ID for any product type (e.g., two sub IDs for PPO products), enter the org ID/sub ID combination for the submission that includes the largest number of covered lives.
- If you have multiple sub IDs for the same product type and one or more of the sub IDs represents a child-only HEDIS/CAHPS submission to NCQA, enter two org ID/sub ID combinations for the product:
  - One for the largest covered lives adult/family plan HEDIS/CAHPS submission.
  - One for the largest covered lives child-only HEDIS/CAHPS submission.

*For example*, an organization that is accredited for:
- One Medicaid HMO (with two CAHPS submissions, one for child-only results and one for adult/family results)
- One commercial HMO
- Two commercial PPOs
- One Exchange HMO

...Submits a template with five entries:
- Two entries for the Medicaid HMO.
- One entry for the commercial HMO.
- One entry for the commercial PPO with the largest number of covered lives.
- One entry for the Exchange HMO (a sub ID is not required for this product).

**Contact the HEDIS contact at your organization for the NCQA Sub ID number**

What do I need to know about Product Type (column D, row 8)?

The product type is HMO, POS, PPO, HMO/POS, HMO/PPO or HMO/POS/PPO.

Use the drop-down box to select the product type for which you are accredited. Include all product types (i.e., populate multiple rows). For example:

- If you have HMO and PPO product types, you will have two rows of information.
• If you have multiple HMOs (not common), select the HMO with the largest number of enrollees. (The federal government is likely to report CAHPS data, which incorporates only the product type with the most covered lives.)

• If you have multiple HMOs and one or more represents a child-only HEDIS/CAHPS submission, you will have two HMO submissions (one for your largest adult/family HEDIS/CAHPS submission, one for your child-only HEDIS/CAHPS submission).

What do I need to know about Product ID (column E, row 8)?

The product ID is the HIOS product ID number and was supplied by the federal government as part of your issuer registration in HIOS.

If you need help identifying your HIOS product ID, contact the HHS Exchange Help Desk.

For each row of information, enter a valid HIOS product ID that corresponds to the product type for which you are accredited. The product ID does not need to match the market type.

The product ID must be associated with your HIOS issuer ID. For example:

• If you submit information about your accredited Medicaid HMO and you have a HIOS product ID for any HMO product type that you offer in the Exchange market, and the ID is associated with your HIOS issuer ID, enter that HIOS product ID.

• If you do not have a HIOS product ID that matches the accredited product type, fill in any valid HIOS product ID associated with your HIOS issuer ID.

What do I need to know about Accreditation Status (column F, row 8)?

The accreditation status is the status awarded to your organization by NCQA. Status options are Excellent, Commendable, Accredited and Interim.

Use the drop-down box to select your NCQA Accreditation status.

Plans with Exchange accreditation will only be able to select “Interim.” If you have an accredited Exchange plan, you must select “Interim” regardless of the actual accreditation status. (This will not negatively affect your application or your displayed accreditation information.)

What do I need to know about Accreditation Expiration Date (column G, row 8)?

The accreditation expiration date is the date when your current accreditation status expires.

Note: This field will only accept a future date.

Resources

• For questions about HIOS identifiers, email CMS_FEPS@CMS.hhs.gov.
• For questions about NCQA identifiers, e-mail healthexchanges@ncqa.org.