

# Georgia Access PY 2025 QHP Application Instructions for Issuers

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## 1 Introduction

Georgia Access is a division within the Office of Commissioner of Insurance and Safety Fire (OCI). The Georgia Access Division is responsible for operating and managing the State’s State-based Exchange (SBE). Georgia Access operated as a State-based Exchange on the Federal Platform (SBE-FP) for plan year (PY) 2024 and is transitioning to a full SBE for PY 2025. More about Georgia Access can be found at [www.GeorgiaAccess.gov](http://www.GeorgiaAccess.gov).

Georgia Access is providing these instructions for issuers intending to sell Affordable Care Act (ACA)-compliant plans on Georgia Access for PY 2025. This includes:

1. Individual market health plans and stand-alone dental plans (SADPs) seeking on-Exchange qualified health plan (QHP) certification.
2. Small group plans seeking on-Exchange QHP certification, known as Small Business Health Options Program (SHOP) plans.
3. Off-Exchange SADPs seeking QHP certification.

Georgia Access coordinates with OCI’s Product Review Division and examiners to review and confirm compliance of all plans offered on Georgia Access. Examiners are external parties appointed by OCI’s Product Review Division according to Georgia Insurance Code (Sections 33-2-11 to 33-2-15). Issuers should submit questions regarding on-Exchange plans or Georgia Access QHP certification through the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)).

Please note that not all federal guidance for PY 2025 has been finalized. As it becomes final, the standards set forth in this document may be revised as necessary to ensure compliance. Any updates to this document will be communicated to issuers via email and the System for Electronic Rates & Forms Filing (SERFF); the revised document will be posted on the Georgia Access website and SERFF.

## 2 PY 2025 QHP Application & Certification Timeline

This section provides the PY 2025 QHP application submission and certification timeline, which spans from the Notice of Intent submission in April 2024 through the beginning of Open Enrollment (OE) 2025 on November 1, 2024.<sup>1</sup>

The Center for Consumer Information and Insurance Oversight (CCIIO) requires that Georgia continue to operate as an SBE-FP and meet their initial and secondary deadlines until plan management is decommissioned from CCIIO’s systems in early August 2024. Issuers seeking QHP certification must adhere to this timeline to meet QHP application data submission requirements for certification. This timeline also includes the submission deadlines for off-Exchange plans and reinsurance-related materials, for easy reference.

*Issuer actions are emphasized in **bold green** font. Click on the section link in the second column to navigate to the section(s) within this document that contain more information on each timeline element.*

Activity	Section(s) with Additional Information	Date(s)
<b><i>New for PY 2025!</i></b> Issuers submit a Notice of Intent to participate to the State, indicating their intent to offer plans on Georgia Access for PY 2025.	<a href="#">Section 3: Georgia Access Participation Readiness</a>	Present – 4/17/2024

<sup>1</sup> All dates outlined in this timeline are subject to change. Issuers will be notified via email if changes are made.

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Activity	Section(s) with Additional Information	Date(s)
<b>Issuers complete</b> QHP/SADP application materials and <b>submit</b> materials in the Health Insurance Oversight System (HIOS) Marketplace Plan Management System (MPMS) Plan Validation Workspace, <b>validate</b> templates, and <b>submit</b> all application materials in SERFF.	<a href="#">Section 4: QHP Certification Criteria</a> <a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a>	4/17/2024 – 5/10/2024
<b>Georgia Initial Application Deadline:</b> Initial deadline for <b>issuers to submit</b> MPMS-validated QHP Applications, QHP rates, and QHP form filings in SERFF (includes individual QHPs and rates with reinsurance, on- and off-Exchange SADPs seeking certification with rates, SHOP QHPs & SADPs with rates, and all related form filings). This is also the deadline to submit any off-Exchange-only individual market medical plans. Issuers <b>notify Georgia Access</b> via the Plan Management Inbox ( <a href="mailto:PlanManagement@GeorgiaAccess.ga.gov">PlanManagement@GeorgiaAccess.ga.gov</a> ) that their binders have been completed in SERFF and submitted for QHP certification.	<a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a> <a href="#">Section 11: Small Business Health Options Program (SHOP)</a>	5/10/2024
State and examiners review initial applications and work with <b>issuers to make corrections</b> .	<a href="#">Section 6: Application Reviews &amp; Corrections</a>	5/13/2024 – 6/7/2024
State transfers authorized binders from SERFF to HIOS for the CCIIO’s initial deadline of 6/12/2024.	<a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a>	6/10/2024 – 6/12/2024
<b>Georgia Non-SHOP Small Group Plan Filing Date:</b> Initial date for <b>issuers to submit</b> non-SHOP small group plan filing information to the State (excluding rates); these plans are not considered for QHP certification.	<a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a>	6/12/2024
State and examiners continue reviewing applications and working with <b>issuers to make corrections</b> .	<a href="#">Section 6: Application Reviews &amp; Corrections</a>	6/13/2024 – 7/12/2024
State transfers authorized binders with rate data templates from SERFF to HIOS for CCIIO’s secondary deadline of 7/17/2024.	<a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a>	7/15/2024 – 7/17/2024
<b>Georgia Rate Filing Deadline for Individual Rates without Reinsurance and Non-SHOP Small Group Rates:</b> Deadline for <b>issuers to submit</b> individual rates without reinsurance to the State with any supplemental information, and non-SHOP small group rates.	N/A	7/17/2024
<b>Georgia Final Application Deadline:</b> Deadline for <b>issuers to submit</b> final QHP/SADP application materials in SERFF; including crosswalk templates.	<a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a>	7/26/2024

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Activity	Section(s) with Additional Information	Date(s)
State and examiners review final QHP/SADP application materials and work with issuers to make corrections.	<a href="#">Section 6: Application Reviews &amp; Corrections</a>	7/29/2024 – 8/8/2024
Plan management is likely decommissioned from CCIIO systems (i.e., PY 2025 issuer data is no longer submitted/transferred to CCIIO).	N/A	8/2/2024
<b>Marketing URL Submission Deadline:</b> Deadline for <b>issuers to submit</b> marketing URLs to the State.	<a href="#">Section 4: QHP Certification Criteria</a> <a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a> <a href="#">Section 6: Application Reviews &amp; Corrections</a>	8/9/2024
<b>Machine-Readable &amp; JSON Deadline:</b> Deadline for issuers to submit their machine-readable URLs and points of contacts (POCs) and JavaScript Object Notation (JSON) files.	<a href="#">Section 4: QHP Certification Criteria</a>	8/16/2024
State and <b>issuers conduct</b> initial plan validation in the Georgia Access Plan Management Module.	<a href="#">Section 8: Plan Validation &amp; Certification</a>	8/19/2024 – 8/27/2024
<b>Marketing URL Live &amp; Active Deadline:</b> Deadline for marketing URLs to be live and lead to active webpages.	<a href="#">Section 4: QHP Certification Criteria</a> <a href="#">Section 5: QHP Application Material Requirements &amp; Submission</a> <a href="#">Section 6: Application Reviews &amp; Corrections</a>	8/30/2024
State and <b>issuers conduct</b> URL plan validation in the Georgia Access Plan Management Module.	<a href="#">Section 8: Plan Validation &amp; Certification</a>	9/3/2024 – 9/11/2024
State sends Certification Notices to issuers via email from the Plan Management Inbox ( <a href="mailto:PlanManagement@GeorgiaAccess.ga.gov">PlanManagement@GeorgiaAccess.ga.gov</a> ).	<a href="#">Section 8: Plan Validation &amp; Certification</a>	9/19/2024 – 9/20/2024
Open Enrollment begins	N/A	11/1/2024

### 3 Georgia Access Participation Readiness

All issuers that intend to participate in Georgia Access for PY 2025 must complete the activities and follow the instructions outlined within this document. If an issuer seeking to participate does not meet all deadlines and obtain all required approvals in a timely manner, the issuer may not be permitted to participate in Georgia Access for PY 2025.

1. **Submitting a Notice of Intent:** Georgia Access requests that issuers submit a Notice of Intent to participate in Georgia Access by 4/17/2024. This notice is intended to provide the State with information on each issuer participating for PY 2025 across Georgia’s individual and SHOP markets and to confirm the issuer is included on all relevant communications. Issuers should submit a Notice of Intent by sending an email with the information below to the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)):
  - a. Issuer name and HIOS Issuer ID.
  - b. Confirmation of issuer’s intention to participate for PY 2025.

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- c. Issuer's intended market type(s) (individual/SHOP) and product type(s) (QHP/on-Exchange SADP/off-Exchange SADP).
- d. Issuer's intended service area(s).
  - If a returning issuer, issuers should confirm whether their intended service area is expanding or contracting compared to PY 2024.
  - New issuers should provide the service area(s) in which they intend to offer plans.
- e. Updated contact information, if needed.

Please note that the information submitted as a part of the Notice of Intent is non-binding; submission of a PY 2025 Notice of Intent does not require the issuer to file a PY 2025 QHP application. The Notice of Intent also does not guarantee issuer approval or plan certification. Issuers that do not submit a Notice of Intent by the deadline but wish to offer plans in Georgia Access for PY 2025 should contact the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)).

2. **Gaining System Access:** Issuers must gain access to the necessary submission systems for PY 2025.
  - a. To gain access to SERFF, visit [SERFF Getting Started](#) and contact [serffhelp@naic.org](mailto:serffhelp@naic.org) with access questions.
  - b. To gain access to HIOS MPMS, refer to the [Centers for Medicare & Medicaid Services \(CMS\)'s HIOS User Quick Reference Guide](#) and contact [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) with access questions.
3. **Completing Issuer Testing:** On-Exchange issuers must complete issuer testing with Georgia Access's technology provider. Off-Exchange SADP issuers seeking QHP certification and SHOP-only issuers are not required to complete issuer testing. The Georgia Access Eligibility System vendor will provide issuers with more information on issuer testing in Spring 2024.
4. **Signing an Issuer Business Associate Agreement (BAA):** Issuers must sign a BAA to attest to the operational and technical standards, privacy requirements, and security protocols outlined by Georgia Access. Refer to [Section 13 Issuer Business Associate Agreement](#) for more information on issuer BAAs.

Issuers that are new to Georgia or considering moving into the on-Exchange individual or small group markets for the first time should contact Georgia Access via the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) as soon as possible to ensure a smooth onboarding process.

## 4 QHP Certification Criteria

This section provides an overview of the key application sections, Georgia-specific QHP certification requirements, and associated federal regulations. The criteria outlined below is the same for first-time and returning issuers. All criteria apply to SADPs unless noted otherwise.

### 4.1 State Licensure and Good Standing

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.200(B)(4)

Issuers must be licensed at least **90 days** prior to OE and be in good standing with the State.

1. Each issuer must be licensed in Georgia to offer QHPs/SADPs for the applicable market, product type, and service area.
2. Each issuer must be in good standing (having no outstanding sanctions imposed by the State) and in compliance with state laws (demonstrating compliance with all applicable state solvency and regulatory requirements) to offer health coverage.

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### 4.2 Accreditation

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.275; 45 CFR 155.1045

All QHP issuers must meet the standards for accreditation and authorize the release of their accreditation survey information to Georgia. Georgia Access follows the Federally-facilitated Exchange (FFE) accreditation standards and timeline. The recognized accrediting entities are Accreditation Association for Ambulatory Health Care (AAAHC), National Committee for Quality Assurance (NCQA), or Utilization Review Accreditation Commission (URAC).

Issuers must receive accreditation no less than **90 days** prior to OE; additional details are below.

1. For an issuer's first year of QHP certification, regardless of certifying entity<sup>2</sup>, the issuer must have a scheduled review, or a plan to schedule a review, of QHP policies and procedures with a recognized accrediting entity. Issuers do not need to be accredited in their initial year of QHP certification but must be accredited 90 days before the first day of OE when entering any subsequent year of QHP certification.
2. Issuers entering their second or third year of QHP certification, regardless of certifying entity<sup>3</sup>, must be accredited by a recognized accrediting entity 90 days prior to OE on the policies and procedures that are applicable to its Exchange products, or receive commercial or Medicaid health plan accreditation granted by one of the recognized accrediting entities.
  - a. Second- and third-year issuers that are pursuing Exchange certification after their initial year of certification and have an accreditation status of “scheduled” or “in process” should upload documentation to SERFF from their accrediting entity indicating that they have completed the policies and procedures review and are scheduled for or are in the process of completing additional review.
3. Issuers entering their fourth year (or later) of QHP certification must have Exchange health plan accreditation 90 days prior to OE with one of the following statuses:
  - a. AAAHC: Accredited
  - b. NCQA: Accredited or Provisional
  - c. URAC: Full or Conditional

Issuers that were previously QHP certified, but did not pursue certification in the preceding year and are pursuing certification in the current year, are considered second-year issuers and are held to the second-year accreditation standard.

Issuers moving consumers from one HIOS Issuer ID to another must ensure that the HIOS Issuer ID receiving enrollments meets at least the same accreditation standards as the previous HIOS Issuer ID. For example, an issuer cannot crosswalk consumers from Issuer A (a fourth-year issuer) to Issuer B (a first-year issuer), unless Issuer B meets the fourth-year accreditation standards outlined above.

This section regarding accreditation does not apply to SADPs.

### 4.3 Service Area

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1055; 45 CFR 156.200(c)(1)

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<sup>2</sup> The FFE was the certifying entity for Georgia's QHPs for plan years before PY 2024. Georgia Access is the certifying entity for PY 2024 and beyond.

<sup>3</sup> The FFE was the certifying entity for Georgia's QHPs for plan years before PY 2024. Georgia Access is the certifying entity for PY 2024 and beyond.

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Issuers must meet minimum geographic service area requirements for QHPs. Georgia Access, in coordination with OCI's Product Review Division, sets the service area requirements for the State of Georgia.

1. For a service area, a QHP must cover a minimum geographic area that is at least the size of the entire county. Issuers that wish to cover a partial county must provide sufficient justification for State approval that outlines why serving a smaller geographic area is necessary, nondiscriminatory, and in the best interest of the qualified individuals and employers.
2. Issuers that want to change a plan's service area after initial data submission but before the final application deadline must send an email to the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) detailing the change for the State's and examiners' awareness.
3. Issuers may not make changes to their service areas after the final application deadline.
4. QHPs must be offered through the Exchange at both the silver and gold coverage levels throughout each service area in which the issuer applying for certification offers coverage.

### 4.4 Essential Community Providers (ECPs)

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.235

ECPs are providers that serve predominantly low-income and medically underserved individuals. Issuers are required to include ECPs in their networks to help ensure reasonable and timely access to a broad range of ECPs for enrollees. Issuers must have a sufficient number and geographic distribution of ECPs, where available, to be evaluated with Network Adequacy. There are two ECP standards: the general ECP standard and the alternate ECP standard.

To satisfy the general ECP standard, QHP issuers must:

1. Contract with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network.
2. Offer contracts in good faith to all available Indian health care providers in the plan's service area for PY 2025.
3. Offer contracts in good faith to at least one ECP in each ECP category in each county in the service area for PY 2025, where an ECP in that category is available. The ECP categories are:
  - a. Federally Qualified Health Centers
  - b. Ryan White Program Providers
  - c. Family Planning Providers
  - d. Indian Health Care Providers
  - e. Inpatient Hospitals
  - f. Mental Health Facilities
  - g. Substance Use Disorder Treatment Centers
  - h. Other ECP Providers

To satisfy the alternate ECP standard, QHP issuers must:

1. Contract with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network.
2. Offer all categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the General ECP standard, or offer a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area for PY 2025.



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Issuers that exhaust all efforts to meet ECP standards but are unable to do so by the State's deadlines are required to submit a justification. At a minimum, such justification must include:

1. The number of contracts offered to ECPs for PY 2025.
2. The number of additional contracts an issuer expects to offer and the timeframe of those planned negotiations.
3. The names of the specific ECPs to which the issuer has offered contracts that are still pending.
4. Contingency plans for how the issuer's provider network, as currently designed, will provide adequate care to enrollees who might otherwise be cared for by relevant ECP types that are missing from the issuer's provider network.

Georgia Access understands CMS is making changes to the ECP and Network Adequacy data collection and review process for PY 2025. Georgia Access will provide additional instructions for ECP data collection and review after further CMS guidance is released.

Georgia Access anticipates that CMS's *PY 2025 ECP List* and *PY 2025 Low-income ZIP Code List* will be posted to the [ECP and Network Adequacy page](#) of the QHP certification website.

### 4.5 Network Adequacy

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1050; 45 CFR 156.230

ASSOCIATED STATE STATUTE: O.C.G.A. §33-20E-1 ET SEQ. AND RELATED RULES, AS AMENDED FROM TIME TO TIME

*Note: The Proposed 2025 Notice of Benefit & Payment Parameters (NBPP) included proposed changes requiring all Exchanges to impose quantitative time and distance QHP network adequacy standards that are at least as stringent as CMS's standards. OCI also published details on a new proposed rule for network adequacy standards on 3/14/2024. Information on the proposed rule and opportunities to provide comment can be found on [OCI's website](#). This section is subject to change after the 2025 NBPP and OCI rules and regulations are finalized and released, anticipated for Spring 2024.*

This section provides information on network adequacy standards for QHP issuers operating in Georgia. The Consumer Access to Contracted Healthcare (CATCH) Act (O.C.G.A. §33-20E-24), which took effect January 2024, grants OCI the authority to set and enforce network adequacy standards. For PY 2025, Georgia Access is requiring QHP issuers to adhere to CMS's network adequacy standards.

Issuers should meet a standard of "reasonable access" to providers of covered services and comply with the time and distance standards defined by CMS for a consumer to have reasonable access to a network. Issuers should maintain a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance use disorder services, to ensure that all services will be accessible to enrollees without unreasonable delay.

To evaluate network adequacy, Georgia Access will follow the time and distance standards outlined in the [2023 Final Letter to Issuers in the Federally-facilitated Exchanges](#) and [2024 Final Letter to Issuers in the Federally-facilitated Exchanges](#). In addition, Georgia will require issuers to adhere to the federal network adequacy standards detailed below.

1. General requirement (45 CFR 156.230(a))
  - a. Each QHP issuer that uses a provider network must ensure that the provider network consisting of in-network providers, as available to all enrollees, meets the following standards:
    - i. Includes ECPs in accordance with 45 CFR 156.235.



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- ii. Maintains a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to ensure that all services will be accessible without unreasonable delay.
        - iii. Is consistent with the network adequacy provisions of section 2702(c) of the Public Health Service (PHS) Act.
2. Access to provider directory (45 CFR 156.230(b))
  - a. A QHP issuer must make its provider directory for a QHP available to OCI for publication online in accordance with guidance from the U.S. Department of Health and Human Services (HHS) and to potential enrollees in hard copy upon request. In the provider directory, a QHP issuer must identify providers that are not accepting new patients.
  - b. A QHP issuer must publish an up-to-date, accurate, and complete provider directory, including information on which providers are accepting new patients, the provider's location, contact information, specialty, medical group, and any institutional affiliations, in a manner that is easily accessible to plan enrollees, prospective enrollees, Georgia Access, and HHS. A provider directory is easily accessible when:
    - i. The general public is able to view all of the current plan providers in the provider directory on the issuer's public website through a clearly identifiable link or tab and without creating or accessing an account or entering a policy number; and
    - ii. If an issuer maintains multiple provider networks, the general public is able to easily distinguish each provider directory and discern which providers are associated with each plan.
  - c. QHP and SADP issuers submit provider JSON files to Georgia Access on a recurring basis. These files are used to populate the Provider Directory search in the Georgia Access Eligibility System. QHP and SADP issuers also submit the machine-readable URL inclusive of the provider JSON file, along with machine-readable POCs. This data is compiled into a public use file (PUF) and used to populate the Provider Directory for Enhanced Direct Enrollment (EDE) partners. The operational details of these submissions are provided during issuer onboarding with the Georgia Access Eligibility System vendor.
3. Provider transitions (45 CFR 156.230(d))
  - a. Issuers must make a good faith effort to provide written notice of termination of a discontinued provider 30 days prior to the effective date of the change or, otherwise as soon as it is practicable, to all enrollees who are seen on a regular basis by the provider or who receive primary care from the provider whose contract is being discontinued. This must be done irrespective of whether the contract is being discontinued due to a termination for cause or without cause, or due to a non-renewal.
  - b. To identify enrollees who are patients of a provider that is terminating, the issuer must work with the provider to obtain the list of affected patients, use its claims data system to identify enrollees who see the affected providers, or use another reasonable method.
  - c. In cases where the provider is terminated without cause, the issuer must allow an enrollee in an active course of treatment to continue treatment until the treatment is complete or for 90 days, whichever is shorter, at in-network cost-sharing rates.
4. Out-of-network cost sharing for in-network settings (45 CFR 156.230(e))
  - a. Issuers are required to count cost sharing paid by an enrollee for an essential health benefit (EHB) provided by an out-of-network ancillary provider at an in-network setting towards the in-network annual limitation on cost sharing in certain circumstances.

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- i. For example, if a QHP enrollee received an EHB in an in-network setting, such as an in-network hospital, but as part of the provision of the EHB the enrollee was charged out-of-network cost sharing for an EHB provided by an out-of-network ancillary provider, that cost sharing would apply towards the annual limitation on cost sharing.

Issuers that exhaust all efforts to meet network adequacy standards but are unable to do so by the State's deadlines are required to submit a justification. At a minimum, such justification must include:

1. The reasons that one or more standards were not met.
2. The mitigating measures the issuer is taking to ensure enrollee access to respective provider specialty types where standards were not met.
3. Information regarding enrollee complaints regarding network adequacy.
4. The issuer's efforts to recruit additional providers.

Georgia Access understands CMS is making changes to the ECP and Network Adequacy data collection and review process for PY 2025. Georgia Access will provide additional instructions for Network Adequacy data collection and review after further CMS guidance is released.

### 4.6 Plan Design

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1020; 45 CFR PART 156 SUBPART B

QHPs must provide similar benefits, provide cost sharing, and fit within a specified metal tier level. "Metal tier level" refers to the tier of coverage (bronze, silver, gold, platinum, or Catastrophic) that a QHP falls into based on its actuarial value. Issuers must also use Georgia's EHB benchmark plan when designing plans to ensure the provided coverage meets the EHB requirements. Issuers should refer to [CMS's Information on EHB Benchmark Plans](#) webpage to view Georgia's EHB benchmark plans.

#### 4.6.1 Non-Discrimination

Issuers must adhere to all non-discrimination requirements when designing their plans. Specifically:

1. Issuers must not design plan or benefit cost sharing structures that are discriminatory in nature.
2. Issuers must not design prescription drug formularies that are discriminatory in nature (e.g., requiring an unusually large number of drugs be subject to prior authorization or step therapy requirements, or not offering sufficient type and number of drugs associated with certain conditions as recommended in clinical guidelines).

#### 4.6.2 Plan Marketing Names

All issuers must offer plans and plan variations with marketing names that include correct information, without omission of material fact, and do not include content that is misleading. Issuers and their officials, employees, agents, and representatives must not misrepresent plans and their plan designs. Issuers should reference the *Plan Marketing Name Fact Sheet* that CMS provides on the [Plans & Benefits webpage](#) of the QHP certification website to appropriately name their plans prior to application submission. Issuers may also use this fact sheet to make corrections to their plan marketing names if errors are identified.

#### 4.6.3 Cost Sharing Reductions (CSRs) and Plan Variations

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1030; 45 CFR 156.130; 45 CFR 156 SUBPART E

QHP issuers are required to provide cost-sharing values and basic plan variation information for each plan submission, including the deductible, maximum out-of-pocket (MOOP), copay, and coinsurance values.

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QHP issuers must submit three plan variations with reduced cost sharing for each silver-level QHP offered, as well as zero and limited cost sharing plan variations for all metal tier-level QHPs offered.

Issuers are required to demonstrate the following for each plan:

1. It meets actuarial value (AV) requirements.
2. It does not have an annual limitation on cost sharing that exceeds the permissible threshold for the specified plan variation.
3. Cost sharing for enrollees under any silver plan variation for an EHB (or non-EHB, including grandfathered plans, under the non-EHB out-of-pocket policy) does not exceed the corresponding cost sharing in the standard silver plan or any other silver plan variation of the standard silver plan with a lower AV.
4. No individual member of an enrollment group is charged more cost sharing than the maximum annual limitation on cost sharing for individuals or, as applicable, the reduced maximum annual limitation on cost sharing for individuals, as established by HHS.
5. Zero cost sharing plan variations may not have positive cost sharing for any covered EHB, either in- or out-of-network. This includes any copay, coinsurance, deductible, or application of an annual limitation on cost sharing.
6. For limited cost sharing plan variations and zero cost sharing plan variations, the cost-sharing values for a non-EHB are the same or less than the values for the non-EHB under the associated standard plan.

While SADP issuers complete the relevant template for this section (the Plans & Benefits Template), the CSR-related content outlined in this section does not apply to SADPs as they are not eligible for CSRs.

### 4.6.4 Standardized Plans & Non-Standardized Plans

As an SBE for PY 2025, Georgia Access is not requiring issuers to offer standardized plans, or imposing a limit on the number of non-standardized plans an issuer may offer. Since Georgia operates as an SBE-FP in PY 2024 and will be treated as an SBE-FP until plan management is decommissioned from CCIIO's systems in early August 2024, issuers should follow the steps outlined below to accommodate CCIIO's contingency reviews.

1. Submit standardized plans with the initial PY 2025 QHP application by Georgia's initial application deadline of 5/10/2024, in accordance with CCIIO's guidance that SBE-FP issuers must offer standardized plans. These plans must adhere to all federal and state QHP certification requirements, and may not contain false, test, or dummy data.
  - a. Issuers will be given an opportunity to withdraw these plans from Georgia Access QHP certification consideration after plan management is decommissioned from CCIIO in early August 2024.
2. Submit all non-standardized plans the issuer intends to offer on Georgia Access with their initial PY 2025 QHP application by Georgia's initial application deadline of 5/10/2024, without regard to CCIIO's non-standardized plan limits. These plans must adhere to all federal and state QHP certification requirements, and may not contain false, test, or dummy data.
  - a. **Issuers will not be able to add new plans after Georgia's initial application deadline of 5/10/2024, so issuers must include all plans they intend to offer on Georgia Access as an SBE by this deadline.**
  - b. QHPs may ignore validation warnings and corrections from CCIIO pertaining to non-standardized plan limits. (***Do not ignore other CCIIO corrections—only those related to non-standardized plan limits.***)

## PY 2025 QHP Application Instructions for Issuers

This section regarding standardized and non-standardized plans does not apply to SADPs.

### 4.7 Rates

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1000

Georgia Access shares QHP review responsibility with OCI's Product Review Division, who conducts rate reviews and approves all rate-related application components and associated forms.

The Product Review Division and the examiners begin reviewing rates, underlying assumptions, and supporting data after the State's initial submission deadline, though preliminary reviews may begin as soon as issuers begin submitting data in SERFF, before the initial application deadline. The Product Review Division and the examiners are responsible for communication and coordination with issuers to address any rate-specific corrections or errors.

### 4.8 Prescription Drugs

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.122; 45 CFR 156.125; 45 CFR 156.225

Issuers must publish drug formulary lists for all QHPs. Issuers create cost-sharing values for each tier of drug benefits along with specific drugs included in the formulary. They also select the drugs that will be offered at each tier level. QHP issuers' prescription drug benefits must comply with non-discrimination standards.

A QHP must cover the greater of either:

1. One drug in every United States Pharmacopeia (USP) category and class, or
2. The same number of prescription drugs in each category and class as the EHB-benchmark plan.

To be in compliance with non-discrimination standards, formulary lists must be reviewed for:

1. Formulary Outliers
  - a. QHPs' formulary drug lists must meet or exceed state-level and national-level threshold values.
  - b. QHPs should not have an unusually high number of drugs subject to prior authorization or step therapy requirements in a particular USP category and class.
    - i. The [2018 Final Letter to Issuers in the Federally-facilitated Exchanges](#) details the latest guidance on USP categories and classes.
2. Clinical Guideline-based Prescription Drug Coverage
  - a. Issuers must ensure availability of drugs recommended by nationally recognized clinical guidelines.
  - b. In some cases, issuers may be expected to make first-line therapies available without step therapy or prior authorization.
  - c. The medical conditions included in the review include bipolar disorder, breast cancer, diabetes, hepatitis C, HIV, multiple sclerosis, prostate cancer, rheumatoid arthritis, and schizophrenia.
3. Tier Placement of Prescription Drugs
  - a. Formulary benefit designs must not assign most or all drugs in the same therapeutic class needed to treat a specific chronic, high-cost medical condition in a high cost-sharing tier.
  - b. Evaluate plan coverage of drugs needed to treat medical conditions considered commonly diagnosed, chronic, and high cost.

This section regarding prescription drugs does not apply to SADPs.

## PY 2025 QHP Application Instructions for Issuers

### 4.9 Third Party Payment of Premiums and Cost Sharing

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.1250

Issuers offering individual market QHPs and their downstream entities must accept premium and cost-sharing payments made on behalf of QHP enrollees from the following third-party entities:

1. Ryan White HIV/AIDS Program under title XXVI of the PHS Act.
2. An Indian tribe, tribal organization, or urban Indian organization.
3. A local, state, or federal government program, including a grantee directed by a government program to make payments on its behalf.

Issuers must clearly specify for consumers whether a proposed plan accepts or refuses third-party payments.

### 4.10 Data Integrity

Data integrity reviews confirm that the data displayed to consumers on GeorgiaAccess.gov and EDE websites is complete and accurate and aligns with the QHP application data that was submitted by the issuer.

The State's data integrity review includes identifying critical data errors within and across templates, conducting validation checks beyond the standard HIOS and SERFF checks, and looking across templates for consistency in fields that are included in multiple templates.

### 4.11 Mental Health Parity

ASSOCIATED FEDERAL REGULATION: 45 CFR 146.136

The Mental Health Parity and Addiction Equity Act (MHPAEA) and Georgia Code Sections 33-24-28.1 and 33-24-29.1 impose requirements regarding mental health parity and coverage of treatment of mental disorders.

Every issuer authorized to issue accident and sickness insurance benefit plans, policies, or contracts are required to make available coverage for the treatment of mental disorders. This can be either as a part of or as an optional endorsement to all such policies providing major medical insurance coverage which are issued, delivered, issued for delivery, or renewed on or after 7/1/1998. The coverage must be at least as extensive and provide at least the same degree of coverage and the same annual and lifetime dollar limits as that provided by the respective plan, policy, or contract for the treatment of other types of physical illnesses. Additionally, the coverage cannot require more prior authorizations than for other covered benefits or create any barriers to coverage.

To demonstrate compliance with state and federal requirements, Georgia Access requires issuers to submit the Mental Health Parity Tool. This tool does not provide legal advice; rather, it gives a basic understanding of the MHPAEA to assist in evaluating compliance with its requirements. For more information on MHPAEA, visit the U.S. Department of Labor's webpage on [Mental Health and Substance Use Disorder Parity](#).

This section regarding mental health parity does not apply to SADPs.

### 4.12 Plan ID Crosswalk

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.410(g)

Issuers submit their Plan ID Crosswalk Templates to SERFF for Georgia Access to review during the QHP application submission process. This template maps PY 2024 plan IDs and service area combinations to PY 2025 plan IDs. This data is used to determine which 2025 plans the individual market enrollees are auto-renewed into based on their 2024 plans. Consumers have the opportunity to change the plan they

## PY 2025 QHP Application Instructions for Issuers

are auto-renewed into for 2025 during OE. If there are plans from the previous year that cannot be crosswalked to a plan offered by the same issuer, Georgia Access determines the appropriate crosswalk into a different issuer's plan (i.e., "alternate enrollment"), when possible.

Georgia Access generally follows the alternate enrollment hierarchy established by the FFE but has the authority to deviate from this approach to consider other factors such as cost sharing or premium amounts. The FFE's hierarchy is outlined below.

1. The enrollee's coverage will be matched to a QHP at the same metal level under the same product network type.
2. If there is no QHP available at the same metal level under the same product network type in the same service area, the enrollee will be matched to a QHP at the same metal level under a different, if possible similar, product network type.
3. If no QHP is available that is the same metal level under a different product network type in the same service area, the enrollee will be matched to a QHP that is one metal level lower than the enrollee's current QHP under the same product network type.
4. If no QHP is available that is one metal level lower than the enrollee's current QHP under the same product network type in the same service area, the enrollee will be matched to a QHP that is one metal level lower under a different, if possible similar, product network type.
5. If no QHP is available that is one metal level lower under a different product network type in the same service area, the enrollee will be matched to a QHP that is one metal level higher than the enrollee's current QHP under the same product network type. Cost is not considered a factor in alternative enrollment hierarchy.
6. If no QHP is available that is one metal level higher than the enrollee's current QHP under the same product network type in the same service area, the enrollee will be matched to a QHP that is one metal level higher under a different, if possible similar, product network type.
7. If no QHP is available that is one metal level higher under a different product network type in the same service area, the enrollee will be matched to a QHP at any metal level under the same product network type.
8. If no QHP is available for enrollment at any metal level under the same product network type in the same service area, the enrollee will be matched to a QHP at any metal level under a different, if possible similar, product network type.

This section regarding plan ID crosswalks does not apply to issuers that did not offer on-Exchange plans on HealthCare.gov for PY 2024.

### 4.13 Marketing URLs

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.225

Issuers submit marketing URLs (SBC, Plan Brochure, Payment, Formulary, and Network/Provider URLs) to the State in SERFF via the Issuer URL Template. This template is the same format that issuers use to submit URLs to the FFE in HIOS. Issuers can obtain a copy of this template from SERFF.

All URLs must follow the below requirements:

1. URLs lead to live, active webpages that contain accurate issuer marketing information for consumers by 8/30/2024.
  - a. URLs submitted to Georgia Access are not provided to consumers or other external parties until after Georgia Access confirms URLs are approved following the URL plan validation window.



## PY 2025 QHP Application Instructions for Issuers

2. URLs include no inaccuracies in issuer marketing material when compared to data within an issuer's submitted QHP application.
3. Issuers' network URLs meet provider directory accessibility standards.

### 4.14 Machine-Readable URL Data

Issuers must submit machine-readable URLs and technical points of contact to Georgia Access. This information is consolidated and provided to Georgia Access EDE partners for populating their enrollment portals. Issuers should follow the standard CMS machine-readable data requirements that include the Index, Plans, Provider, and Drugs/Formulary files. Machine-readable URLs and POCs are submitted through SERFF via objection response.

### 4.15 Transparency in Coverage Reporting

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1040; 45 CFR 156.220

Under section 1311(e)(3) of the ACA, all issuers seeking QHP certification must make accurate and timely disclosures of certain information to the Exchange (i.e., Georgia Access), the Secretary of HHS, and the Commissioner of Insurance, and make it available to the public. Section 2715A of the PHS Act, as added by the ACA, extends the transparency reporting provisions under section 1311(e)(3) to non-grandfathered group health plans and issuers offering group or individual coverage, except that a plan or coverage not offered through an Exchange shall only be required to submit such information to the Secretary of HHS and Commissioner of Insurance, and make the information public.

Georgia is required to collect information relating to coverage transparency from QHP issuers. The Transparency in Coverage Template collects claims data from the most recent complete calendar year. For example, issuers submit PY 2023-related claims during the PY 2025 QHP certification period, which occurs April–September 2024.

Issuers also must submit a Transparency in Coverage URL to Georgia Access to demonstrate compliance with public information requirements.

The following information must be submitted to Georgia Access in plain language:

1. Claims payment policies and practices.
2. Periodic financial disclosures.
3. Data on enrollment.
4. Data on disenrollment.
5. Data on the number of claims that are denied.
6. Data on rating practices.
7. Information on cost-sharing and payments with respect to any out-of-network coverage.
8. Information on enrollee rights under title 1 of the Affordable Care Act.

Additionally, a QHP issuer must make available the amount of enrollee cost sharing under the individual's plan or coverage with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. At a minimum, such information must be made available to the individual through an Internet website or other means for individuals without access to the Internet.

### 4.16 Meaningful Access

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.250

A QHP issuer must provide all information that is critical for obtaining health insurance coverage or access to health care services through the QHP, including applications, forms, and notices, to qualified individuals, applicants, qualified employers, qualified employees, and enrollees in accordance with the

## PY 2025 QHP Application Instructions for Issuers

standards described in 45 CFR 155.205(c). This includes taking reasonable steps to ensure meaningful access to offerings and programs for individuals with limited English proficiency (LEP), and individuals with disabilities. This may include alternate or additional forms of notices, including taglines.

### 4.17 Patient Safety Standards for QHP Issuers

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.1110

Issuers that contract with a hospital with more than 50 beds must verify that the hospital utilizes a patient safety evaluation system and has implemented a comprehensive, person-centered discharge program to improve care coordination and health care quality for each patient. A patient safety evaluation system is defined as the collection, management, or analysis of information for reporting to or by a Patient Safety Organization (PSO).

A QHP issuer may only contract with a hospital with more than 50 beds if the hospital:

1. Works with a PSO, or
2. Meets the reasonable exception criteria by implementing an evidence-based initiative to improve health care quality through the collection, management, and analysis of patient safety events that reduce all cause preventable harm, prevent hospital readmission, or improve care coordination.

This section regarding the patient safety standards does not apply to SADPs.

### 4.18 Quality Reporting

ASSOCIATED FEDERAL REGULATION: 45 CFR 155 SUBPART O; 45 CFR 156.1125; 45 CFR 156.1120

Georgia Access issuers must comply with CMS's Quality Rating System (QRS) and QHP Enrollee Experience Survey requirements. The QRS is a rating system CMS uses to assign a rating to all QHPs regardless of Exchange model. The QRS is intended to provide information about the quality of health care services and the experience of enrollees. Under the QRS, QHPs are given an overall rating on a 5-star scale, with 5 stars representing highest quality. This rating is based on 3 categories: Member Experience, Medical Care, and Plan Administration.

Georgia Access QHP issuers are required to submit quality data to CMS. This data submission requirement applies to all QHPs with more than 500 enrollees in the previous year and has been offered in an Exchange for at least one year. Prior to OE, CMS will provide Georgia Access with the quality ratings to display during plan shopping.

Section 1311(c)(4) of the ACA requires the HHS Secretary to develop an enrollee satisfaction survey system that assesses consumer experience with QHPs offered through an Exchange. It also requires public display of information by each Exchange to allow individuals to assess enrollee experience among comparable plans.

The QHP Enrollee Survey does not apply to SADPs.

### 4.19 Quality Improvement Strategy (QIS)

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.200; 45 CFR 156.1130

A QHP issuer must submit a QIS Implementation Plan and Progress Report Form to Georgia Access. A QIS can include activities related to improving health outcomes, preventing hospital readmissions, improving patient safety, and reducing medical errors.

If Georgia Access determines that a QHP has failed to meet quality requirements, the issuer must implement one or more QIS activities that apply to all of its eligible QHPs on Georgia Access.

## PY 2025 QHP Application Instructions for Issuers

A QIS does not have to address the needs of all enrollees in an offered QHP. A QIS may address a subpopulation of a QHP’s enrollee population, based on the subpopulation’s identified needs.

This section regarding QIS does not apply to SADPs.

### 4.20 Stand-Alone Dental Plans

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1065

Dental coverage may be offered as an SADP or included as covered benefits within a QHP. SADPs are not required to meet the QHP certification requirements below:

1. Accreditation
2. Mental Health Parity
3. Patient Safety Standards
4. Quality Reporting Requirements
5. Prescription Drugs

SADPs are required to comply with the following certification requirements that differ from QHPs:

Criteria	SADP Requirements
Essential Health Benefits (EHBs)	SADP issuers have modified AV guidelines. Issuers may offer pediatric dental EHB at any AV and are not required to enter the high or low value of coverage into the template.
Cost Sharing	SADP issuers have annual limits on cost sharing with modified rates submission. Total cost sharing for EHBs should not be greater than the MOOP.
ECPs and Network Adequacy	SADP issuers have a separate list of ECPs to contract with and use the SADP Essential Community Provider Tool.

## 5 QHP Application Material Requirements & Submission

This section includes lists of the QHP application materials required for each plan type (e.g., market type [Individual, SHOP] and product type [QHP, SADP]), the relevant deadline, the required submission system(s) for PY 2025, and whether the material is included in data transfers from SERFF to CCIIO. It also outlines application submission instructions for PY 2025, including the process to accommodate CCIIO’s contingency reviews.

Issuers should refer to [CCIIO’s QHP Application Instructions](#) for technical guidance when completing templates and forms provided by CCIIO. If there are any discrepancies between state and federal policies, issuers should defer to state policy.

“QHP” in the “Plan Type” column refers to medical plans and is not inclusive of SADPs.

### 5.1 QHP Application Templates & Required Forms

The table below lists the QHP application templates and required forms for submission. Materials provided by CCIIO are linked to the webpage where the material can be downloaded.

QHP Template/Required Form	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
Accreditation Certificate	5/10/2024	Individual & SHOP QHPs	SERFF	No
Actuarial Value (AV) Screenshot (AV Calculator available <a href="#">here</a> )	5/10/2024	Individual & SHOP QHPs	SERFF	No

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QHP Template/Required Form	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
<a href="#">Business Rules Template</a>	5/10/2024	All	SERFF	Yes
<a href="#">Network Adequacy (NA) Template<sup>4</sup></a>	5/10/2024	All	SERFF	Yes
Georgia ACA Checklist (can be downloaded from SERFF)	5/10/2024	All	SERFF	No
<a href="#">Network ID Template</a>	5/10/2024	All	SERFF	Yes
<a href="#">Plan ID Crosswalk Template</a> (and <a href="#">State Authorization Form</a> to submit to CCIIO)	5/10/2024	PY 2024-Certified On-Exchange Individual QHPs & SADPs	HIOS MPMS Module & SERFF	No
<a href="#">Plans &amp; Benefits Template</a> (the Add-In is required to populate and save template)	5/10/2024	All	SERFF	Yes
<a href="#">Prescription Drug Template</a>	5/10/2024	Individual & SHOP QHPs	SERFF	Yes
<a href="#">QIS Form</a>	5/10/2024	Individual & SHOP QHPs	SERFF	No
<a href="#">Service Area Template</a>	5/10/2024	All	SERFF	Yes
<a href="#">State Partnership Exchange Issuer Program Attestation Response Form</a>	5/10/2024	All	SERFF	No
<a href="#">Transparency in Coverage Template</a>	5/10/2024	All	SERFF	Yes
Form Filings for QHPs	5/10/2024	All	SERFF	No

### 5.2 Supporting Documentation and Justification Forms

The supporting documentation and justification forms below are only submitted by issuers if needed.

Supporting Document/Justification Form	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
<a href="#">Discrimination—Cost-Sharing Outlier: Supporting Documentation and Justification</a>	5/10/2024	All	SERFF	No
<a href="#">EHB-Substituted Benefit Actuarial Equivalent Supporting Documentation and Justification</a>	5/10/2024	Individual & SHOP QHPs	SERFF	No
<a href="#">Unique Plan Design—Supporting Documentation and Justification</a>	7/17/2024	Individual & SHOP QHPs	SERFF	No

<sup>4</sup> Georgia Access understands CMS is changing the ECP and NA data collection and review process for PY 2025, including removing ECP data collection from the NA Template. Georgia Access will continue collecting and reviewing ECP and NA data for PY 2025, but the format/template may change depending on CMS guidance.

## PY 2025 QHP Application Instructions for Issuers

Supporting Document/Justification Form	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
<a href="#">Combined Prescription Drug Supporting Documentation and Justification</a>	5/10/2024	Individual & SHOP QHPs	SERFF	No
<a href="#">Discrimination—Treatment Protocol Supporting Documentation and Justification</a>	5/10/2024	Individual & SHOP QHPs	SERFF	No
<a href="#">Adverse Tiering Supporting Documentation and Justification</a>	5/10/2024	Individual & SHOP QHPs	SERFF	No
<a href="#">Service Area Partial County Supplemental Response</a>	5/10/2024	All	HIOS MPMS Module & SERFF	No
ECP Justification <sup>5</sup>	5/10/2024	All	HIOS MPMS Module & SERFF	No
NA Justification <sup>6</sup>	5/10/2024	All	HIOS MPMS Module & SERFF	No

### 5.3 Rate Information

The table below lists the required rate materials for submission.

Rate Material	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
<a href="#">Rates Table Template(s)</a> - Individual QHP Rates w/ Reinsurance, SADPs, and SHOP plans	5/10/2024	All	SERFF	Yes
<a href="#">Unified Rate Review Template (URRT), Actuarial Memo, and Narrative Justification</a> - Individual QHP Rates w/ Reinsurance	5/10/2024	Individual QHPs	SERFF	Yes (via URRT Tab)
<a href="#">Georgia LH-T1 Rate Increase Transmittal Form</a>	5/10/2024	Individual QHPs	SERFF	No
<a href="#">Rates Table Template(s)</a> – Individual QHP Rates w/out Reinsurance	7/17/2024	Individual QHPs	SERFF	No
<a href="#">URRT</a> – Individual QHP Rates w/out Reinsurance	7/17/2024	Individual QHPs	SERFF	No
Supplemental Summary Sheet for Rates w/out Reinsurance	7/17/2024	Individual QHPs	SERFF	No

<sup>5</sup> Since issuers submit ECP and NA justifications directly to CMS within the MPMS Module, any such justification should be provided to Georgia via a format of the issuer's choosing, containing the relevant information. These justifications should be uploaded to SERFF as additional supporting documentation.

<sup>6</sup> Since issuers submit ECP and NA justifications directly to CMS within the MPMS Module, any such justification should be provided to Georgia via a format of the issuer's choosing, containing the relevant information. These justifications should be uploaded to SERFF as additional supporting documentation.

## PY 2025 QHP Application Instructions for Issuers

### 5.4 Review Tools

The below table lists the required rate tools for submission. Issuers should use all applicable tools provided by CMS. All tools can be downloaded from CCIIO’s [QHP certification website](#) unless otherwise noted.

Review Tool	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
Data Integrity Tool	5/10/2024	All	SERFF	No
Data Consolidation Tool (formerly known as the Master Review Tool)	5/10/2024	All	SERFF	No
Cost Sharing Tool	5/10/2024	All	SERFF	No
Formulary Review Suite Tool	5/10/2024	Individual & SHOP QHPs	SERFF	No
Plan Crosswalk Tool	5/10/2024	PY 2024-Certified Plans	SERFF	No
Drug Count Tool	5/10/2024	Individual & SHOP QHPs	SERFF	No
Adverse Tiering Tool	5/10/2024	Individual & SHOP QHPs	SERFF	No
<a href="#">Mental Health Parity Tool</a> (provided by the U.S. Department of Labor)	5/10/2024	Individual & SHOP QHPs	SERFF	No

### 5.5 URLs

The below table lists the required URLs for submission. No data needs to be submitted in the MPMS Module after plan management is decommissioned from CCIIO in early August 2024. Since some of CCIIO’s URL deadlines may occur after plan management is decommissioned, issuers may not need to submit certain URLs to the MPMS Module.

The five marketing URLs—Summary of Benefits & Coverage (SBC), Plan Brochure, Network, Payment, and Formulary—are due 8/9/2024, though they are not required to lead to live and active webpages until 8/30/2024.

The Issuer URL Template may be downloaded from SERFF.

URL	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
Transparency in Coverage URL (via Georgia ACA Checklist)	5/10/2024	All	HIOS MPMS Module & SERFF	No
Machine-Readable Index URL and POC (via SERFF objection response)	8/9/2024	All	HIOS MPMS Module & SERFF	No
Summary of Benefits & Coverage (SBC) URL (Issuer URL Template)	8/9/2024	All	HIOS MPMS Module & SERFF	No



## PY 2025 QHP Application Instructions for Issuers

URL	State Deadline	Plan Type	Submission System	Transferred to CCIIO?
Plan Brochure URL (Issuer URL Template)	8/9/2024	All	HIOS MPMS Module & SERFF	No
Network URL (Issuer URL Template)	8/9/2024	All	HIOS MPMS Module & SERFF	No
Payment URL (Issuer URL Template)	8/9/2024	All	HIOS MPMS Module & SERFF	No
Formulary URL (Issuer URL Template)	8/9/2024	Individual & SHOP QHPs	HIOS MPMS Module & SERFF	No

### 5.6 Application Submission Instructions

Since Georgia Access is transitioning to an SBE for PY 2025, and calendar year 2024 is treated as a “transition year,” CCIIO requires that Georgia continue to operate as an SBE-FP until plan management is decommissioned from CCIIO in early August 2024. As an SBE-FP, Georgia is able to transfer data from SERFF to HIOS so that issuers no longer need to submit the majority of data in both places.

Until August 2024, CCIIO will review Georgia issuers’ data as though they are participating in an SBE-FP state. This review is referred to as a “contingency review.” This contingency review also necessitates that Georgia and its issuers comply with CCIIO deadlines until plan management is decommissioned.

The sub-sections below detail the application submission instructions for PY 2025.

#### 5.6.1 Application Submission

Issuers must submit their QHP applications via SERFF on the timeline outlined in [Section 2 PY 2025 QHP Application & Certification Timeline](#). Georgia Access coordinates with the National Association of Insurance Commissioners (NAIC) annually to configure SERFF to accommodate any state-specific requirements related to application material collection.

Issuers should refer to the “Filing Rules” tab of SERFF for instructions on Georgia forms filing. All related form and rate filings for each QHP must be linked to the Plan Management binder, so that the form filings and rate documents appear in the “Associate Schedule Items” tab of the binder in SERFF.

Georgia issuers will not participate in CCIIO’s Early Bird review round for PY 2025, in order to provide the State enough time to review plan data ahead of CCIIO’s initial deadline.

#### 5.6.2 MPMS Module Application Creation and Plan Validation Workspace

Issuers must create a QHP application within the HIOS MPMS Module before Georgia can transfer plans from SERFF to MPMS. Georgia issuers must also use the MPMS Plan Validation Workspace, as their templates are readied, to identify and resolve validation errors and warnings before submitting application data in SERFF. Issuers will be unable to submit application data in SERFF until all validation errors are resolved. While these validation errors are also present through SERFF Validate & Transform, issuers should leverage the Plan Validation Workspace to identify validation warnings, which are unexpected conditions in issuers’ data that Georgia strongly advises issuers review prior to submitting data in SERFF.

Issuers should refer to CCIIO’s [QHP Application Instructions](#) and other resources from CCIIO for comprehensive instructions on submitting QHP application materials to CMS as an SBE-FP state.

## PY 2025 QHP Application Instructions for Issuers

Georgia issuers are not required to adhere to CCIIO's non-standardized plan limits for PY 2025, since Georgia already has approval to transition to an SBE, with the plan management decommission occurring in August. Georgia confirmed with CCIIO that the system allows Georgia issuers to validate QHP applications in MPMS and submit QHP applications in SERFF that do not adhere to CCIIO's non-standardized plan limits.

### 5.6.3 SERFF Data Transfers and MPMS Cross Validation

As part of the contingency reviews, Georgia Access must continue meeting CCIIO's deadlines until plan management is decommissioned. Georgia will transfer data from SERFF to HIOS 2-3 business days before the following CCIIO deadlines:

1. CCIIO's Initial Application Deadline: 6/12/2024
2. CCIIO's Secondary Application Deadline: 7/17/2024

New for PY 2025, issuers will receive an email notification from SERFF after plans are transferred from SERFF to MPMS.

Also new for PY 2025, issuers must take action in MPMS after data is transferred from SERFF to MPMS, but before CCIIO's deadlines. Once data is transferred, issuers should log into MPMS, validate the correct number of plans have been transferred, and submit the applicable groupings for cross validation. All cross validation errors must be resolved before submitting a QHP application to CMS. If errors are found, issuers must correct their plan data and submit their updated data in SERFF for Georgia to re-transfer to MPMS.

The URRT and supporting documentation are automatically transferred to HIOS via the URRT tab in SERFF.

After plan management is decommissioned from CCIIO's systems, Georgia will no longer transfer issuer data from SERFF to HIOS.

Once all data is approved, Georgia will transfer QHP application data from SERFF to the Georgia Access Plan Management Module for issuers and the State to conduct plan validation and manage plan display.

## 6 Application Reviews & Corrections

This section includes the process for the State to conduct reviews and provide review results to issuers.

### 6.1 State Reviews and Issuer Corrections

Georgia Access conducts all QHP reviews based on the QHP certification criteria defined by state and federal regulations. Georgia Access coordinates with OCI's Product Review Division to conduct rate reviews and approve all rate-related application components and the associated forms.

Georgia Access works with examiners to conduct all QHP certification reviews. Examiners begin reviewing all QHP application data after the State's initial application deadline, though they may begin preliminary reviews as soon as issuers begin submitting data in SERFF, before the initial deadline. Georgia Access and the examiners are responsible for communication and coordination with issuers through SERFF to notify issuers of corrections needed or missing data in their application. Issuers may also receive emails from the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) with required corrections for their applications.

Issuers are expected to be communicative throughout the QHP application review period, and to promptly make changes to their application data based on Georgia Access and examiner feedback.

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Delayed responses to Georgia Access and examiners may result in missing State and CCIIO deadlines, which could impact certification decisions.

### 6.2 CCIIO Corrections Before Plan Management is Decommissioned from CCIIO Systems

As part of the contingency reviews, CCIIO will be reviewing Georgia issuers' QHP applications as if they are SBE-FP issuers and will release corrections to issuers and to Georgia accordingly. Issuers should review these corrections and make any necessary QHP application updates to correct application errors. If an issuer believes the CCIIO corrections contradict State guidance, the issuer should contact Georgia Access as soon as possible to determine next steps. Please note issuers may ignore validation warnings and corrections from CCIIO pertaining to non-standardized plan limits.

Issuers will not receive any corrections from CCIIO after plan management is decommissioned from CCIIO in early August 2024. After the decommissioning, issuers will be permitted to withdraw their standardized plans if they choose to do so.

### 6.3 CCIIO Plan Preview

Plan Preview is a tool in HIOS MPMS that enables issuers and states to preview their plans' benefits and confirm that accurate plan data will display to consumers on HealthCare.gov. Issuers are strongly encouraged to take advantage of using Plan Preview before plan management is decommissioned from CCIIO in early August 2024. Issuers can use Plan Preview to validate plan data, help identify display errors, and reduce the need for data corrections later in the plan year.

Georgia Access will open the Plan Management Module's plan validation period in August 2024. Please refer to [Section 8 Certification & Plan Validation](#) for more information.

## 7 Plan Withdrawals

Issuers can request to withdraw plans as needed for the upcoming plan year by notifying Georgia Access through SERFF or via the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) by Georgia's final deadline of 7/26/2024. This is also the deadline for issuers to notify Georgia Access of any standardized plan(s) that need to be withdrawn. Issuers can also change the status of SADPs to off-Exchange only by this deadline. The State will review and approve/deny withdrawal requests on a case-by-case basis and coordinate with issuers accordingly. Any plan withdrawals will be approved or denied by the State by 8/5/2024.

Issuers **should not** remove withdrawn plans from their QHP application templates. Georgia Access will not mark withdrawn plans as "Certified" in SERFF, preventing these plans from being transferred to the Georgia Access Plan Management Module or included in the PUFs.

If an issuer with PY 2024-certified plans discontinues all QHPs in Georgia's individual health insurance market for PY 2025, the issuer may not be permitted to return to offer plans for a period of five years beginning on the date of discontinuation of the last coverage not renewed.<sup>7</sup>

## 8 Plan Validation & Certification

This section details what issuers can expect for plan validation and plan certification.

### 8.1 Plan Validation

Both Georgia Access and issuers must conduct plan validation to review plan data in the Georgia Access Plan Management Module and confirm that the plan data is accurate and displayed correctly for

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<sup>7</sup> See <https://www.federalregister.gov/d/2016-30433/p-227> for more information.

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consumers. The planned timeline for the State and issuers to conduct initial plan validation is 8/19/2024 – 8/27/2024. The planned timeline for the State and issuers to conduct URL plan validation is 9/3/2024 – 9/11/2024.

Issuers will receive further instructions from the State on completing plan validation in August. This information will include the basic data elements to check and the process for completing required activities.

Georgia Access and issuers must coordinate to reconcile any data errors found during plan validation and reload data in the Georgia Access Plan Management Module. For any data errors, issuers should follow the data correction process described in [Section 9 Data Changes](#), unless directed otherwise.

### 8.2 Plan Certification Notices

Georgia Access will send final plan certification notices to issuers via email from the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) by 9/20/2024. Issuers will receive plan lists from Georgia Access containing a list of plans that achieved QHP certification. All issuers must respond to the State to confirm receipt of the email with their respective plan certification notice.

All plan certification decisions made by Georgia Access for the upcoming plan year are final and issuers may not appeal the certification determination. Georgia Access reserves the right to identify and communicate required plan data corrections prior to and after certification based on the original QHP application and any changes made to the application.

Georgia Access issuers are required to sign a BAA that includes QHP certification-related legal obligations. The BAA does not take effect unless at least one plan is certified as a QHP for the plan year.

## 9 Data Changes

The approach for issuers making QHP application data changes depends upon where issuers are in the application submission and review process. This section provides the guidelines for issuers to submit a data change, including the parameters under which issuers may change their submitted QHP data and the steps to submit a data change request.

### 9.1 Timeline for Acceptable QHP Data Changes

The below outlines the allowable data changes and change process for each stage of the QHP application process.

#### 1. Before State's Initial Application Deadline

- a. *Allowable Data Changes:* Issuers may make any changes to their data in SERFF without State authorization. Issuers may also remove or add plans and may change plan types without State authorization.
- b. *Data Change Process:* None.

#### 2. After State's Initial Application Deadline and before State's Final Application Deadline

- a. *Allowable Data Changes:* Issuers work closely with the State and examiners to make data corrections to applications if errors are identified by the issuer or if instructed by the State or the examiners. Issuers may not add new plans for QHP certification consideration. Issuers also may not change plan type(s) or market type and may not change QHPs, excluding SADPs, from a child-only plan to a non-child-only plan.
- b. *Data Change Process:* Issuers do not need to submit a *Georgia Access QHP Data Change Request Form*, but they must notify Georgia Access and their examiner in SERFF or via the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) of any changes

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made to QHP applications to ensure the State is reviewing the most updated version(s). Some examples may include, but are not limited to:

- i. A change in service area.
- ii. Any updates to cost-sharing information and benefit limit explanations.
- iii. A change in plan marketing names.

### 3. After State's Final Application Deadline and before Plan Certification Notices Are Sent

- a. *Allowable Data Changes:* Issuers may only make data changes if instructed to do so by the State. If issuers identify data errors—either through plan validation or otherwise—they must notify the State via the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) of the error. Issuers may not add new plans for QHP certification consideration. Issuers also may not change plan type(s) or market type and may not change QHPs, excluding SADPs, from a child-only plan to a non-child-only plan.
- b. *Data Change Process:* The State may direct issuers to make data changes as a result of plan validation findings—identified by either the issuer or State. The State may request that issuers submit a *Georgia Access QHP Data Change Request Form* or may instruct issuers to make the changes directly in SERFF. For approved data changes, issuers make changes in SERFF and notify the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) once changes are complete. The State reviews the changes and if approved, transfers the updated data to the Georgia Access Plan Management Module for the State and issuer to continue plan validation, if applicable.

### 4. After Plan Certification Notices Are Sent

- a. *Allowable Data Changes:* Issuers may not change QHP data without the explicit direction and authorization of Georgia Access. Issuers may only make data corrections to their QHP application as required by the State's final application review or with an approved data change request.
- b. *Data Change Process:* Data change requests are required for all data changes via the *Georgia Access QHP Data Change Request Form* unless otherwise directed by the State.

## 9.2 Data Change Request Process Post-Certification

After plan certification, there may be a limited, rare need for issuers to make changes to their plan data, primarily including requests to change data based on errors identified in the certified plan data. The process below outlines the steps to request, obtain approval for, and make data changes post-certification.

1. The issuer submits a data change request to Georgia Access via the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)) using the *Georgia Access QHP Data Change Request Form*. This form is posted in SERFF and provides guidance on the details that must be submitted to the State.
2. Georgia Access receives the change request, reviews the information provided, and decides whether the request is approved.
3. Georgia Access communicates the final decision to the issuer from the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)). If the request is denied, the issuer may resubmit the request addressing any issues identified by the State.
4. Georgia Access opens the issuer's binder in SERFF to allow the issuer to make changes.
5. The issuer makes the change in the relevant template(s) and/or supplemental documentation and submits the updated materials in SERFF.

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6. Georgia Access conducts a review of the changes that the issuer submitted to SERFF, and coordinates with the issuer to make additional changes, if needed.
7. Georgia Access closes the binder in SERFF.
8. If the changes impact plan display, Georgia Access transfers the updated plan(s) from SERFF to the Georgia Access Plan Management Module, reviews to confirm the data transferred appropriately, and marks the plan as “Certified” in the Georgia Access Plan Management Module. The issuer reviews and marks the plan(s) as “Verified,” as they did during the plan validation process.
9. If the changes require any updates to PUF data, Georgia Access regenerates the relevant PUF(s) and notifies Georgia Access EDE partners of the updates.

The table below provides examples of allowable/unallowable data changes post-certification.

Criteria for Allowable Changes	Criteria for Unallowable Changes
<p>Examples of changes that Georgia Access would consider approving are:</p> <ol style="list-style-type: none"> <li>1. Changes that do not alter the QHP's certification status or require extensive re-review of data previously approved by the State or CMS;</li> <li>2. Changes to plan or plan variant marketing names (only in cases that would reduce consumer confusion);</li> <li>3. Minor changes to cost-sharing information and benefit limits explanations; and</li> <li>4. Exchange-requested data corrections.</li> </ol>	<p>Examples of changes that Georgia Access would not consider approving are:</p> <ol style="list-style-type: none"> <li>1. Changes that may lead to inaccuracies and/or the incompleteness of a QHP application;</li> <li>2. Changes that do not remain in compliance with all certification standards, including non-discrimination and CSR requirements;</li> <li>3. Changes to individual market rates, service areas, or EHB percent of total premium unless the issuer can demonstrate specific critical issues resulting from data errors; and</li> <li>4. Changes that negatively impact a consumer and/or enrollees.<sup>8</sup></li> </ol>

## 10 Ongoing Monitoring & Compliance

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.1010; 45 CFR 155.1200, 45 CFR 155.1080

Georgia Access performs compliance reviews throughout the year to monitor issuer compliance with applicable Exchange-specific requirements and operational standards. These compliance reviews may be based on ad hoc topics selected by Georgia Access or complaints submitted to Georgia Access or OCI. Issuers may be notified of their selection for these compliance reviews at any time during the year.

Issuers participating in Georgia Access agree to adhere to all QHP certification regulations within the BAA, which also requires issuers to cooperate with any compliance reviews conducted by Georgia Access. Issuers should also reference the BAA for specific requirements related to complying with QHP standards. Please refer to [Section 14 Issuer Business Associate Agreement](#) for more information on issuer BAAs.

The following sub-sections provide guidance on issuer compliance monitoring, reviews, and participation throughout the plan year.

### 10.1 Ad Hoc Compliance Reviews

Georgia Access conducts ongoing ad hoc QHP compliance reviews on issuers participating in Georgia Access. These reviews may be focused on a specific area or set of federal regulations. They may also be conducted randomly or in response to an external auditor’s findings, Georgia Access Contact Center

<sup>8</sup> In extenuating circumstances, a change that negatively impacts consumers may be approved. In these cases, the issuer will be required to honor the benefit as it was originally displayed to existing consumers, or existing consumers will be offered an opportunity to change plans in a Special Enrollment Period (SEP).



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statistic(s), or other reports. Issuers will generally be notified of any such reviews, and the parameters of the review, before the review is conducted by Georgia Access.

### 10.2 Complaint-Driven Compliance Reviews

Georgia Access conducts complaint-driven compliance reviews on issuers participating in Georgia Access. The review process is initiated in response to a formal or informal complaint filed by any individual, consumer, or employer who becomes aware of a compliance issue. Some data sources include, but are not limited to:

1. Complaint data.
2. Issuer self-reporting.
3. Issuer policies, procedures, and operations.
4. Indicators of customer service and satisfaction.

Georgia Access, in coordination with OCI's Product Review Division, compiles any relevant data sources, such as QHP application and consumer enrollment data, and performs the compliance review. OCI's Legal Division is involved in the process as needed to follow established protocols and procedures to maintain integrity of the review. Georgia Access coordinates with issuers throughout the review process to provide transparency and institutes a corrective action plan if needed. Georgia Access has the discretion to inform state offices including OCI's Criminal Investigations Division.

### 10.3 Decertification

If an issuer is no longer in compliance with Georgia Access QHP certification requirements, and the compliance issue cannot be corrected (as deemed by the State), Georgia Access may decertify one or more of the issuer's plans. Decertification can only occur after the plan has already been certified by Georgia Access for that plan year. If a plan with consumer enrollment is decertified, enrollees are granted an SEP to select a new plan. Decertification is generally a measure of last resort if all other corrective measures have been applied and have failed to resolve the compliance issue.

Georgia Access may decertify a plan for failure to comply with any QHP certification criteria, including, but not limited to, the following:

1. Loss of valid issuer license as issued by OCI.
2. Financial insolvency.
3. Loss of network providers so that the plan no longer meets the network adequacy standards for QHP certification.

In the event of decertification, Georgia Access updates PUFs and sends appropriate notices to affected issuers and web brokers to confirm next steps on decertifying the plan(s) and removing them from enrollment portals.

#### 10.3.1 Decertification Appeals Process

If a plan is decertified due to failure to comply with certification criteria, issuers may submit a written appeal within 15 calendar days to the Plan Management Inbox ([PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)). Georgia Access reviews the appeal and accompanying documentation to make a determination. Georgia Access notifies the issuer of the appeal decision. Issuers that disagree with an appeal decision have the right to escalate the decertification appeal to the Administrative Procedure Division (APD) within OCI.

### 10.4 Plan Suppression

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Georgia Access suppresses all decertified plans from display on the Georgia Access Portal, so that consumers do not have access to the plan during plan shopping and cannot select the plan for enrollment.

Georgia Access may also temporarily suppress a plan from display if the plan is found to have critical data errors that cause consumer confusion or harm and will only un-suppress these plans once the data errors have been corrected. Temporary suppressions are generally not used as a method of controlling, capping, or limiting enrollment in a certain plan, but are used to protect consumers from data errors.

Georgia Access notifies issuers of any plan suppressions and plan un-suppressions before they occur.

Georgia Access also communicates all plan suppressions and un-suppressions to web brokers to ensure the plans displayed across all Georgia Access enrollment platforms are aligned.

## 11 Small Business Health Options Program (SHOP)

ASSOCIATED FEDERAL REGULATION: 45 CFR 156.286

For PY 2025, Georgia Access will operate the State's SHOP to support qualified employers with providing health insurance coverage to their employees. SHOP plans must be filed as "on-Exchange" small group plans and must adhere to the individual market QHP certification standards. Issuers should note that Georgia Access does not transfer SHOP plans to the Georgia Access Eligibility System or display plan information for SHOP through the Georgia Access Portal or web broker sites. Georgia Access directs small employers to contact SHOP issuers and/or Georgia Access Certified Agents directly to assist with plan-specific and member-level matters, including renewal timelines, payments, and employee enrollment.

More information about SHOP will be publicly available on the Georgia Access website before OE 2025. Issuers may contact the SHOP inbox ([SHOP@GeorgiaAccess.ga.gov](mailto:SHOP@GeorgiaAccess.ga.gov)) with any SHOP-related inquiries. Employers and Georgia Access Certified Agents may also use this email address to contact Georgia Access SHOP.

## 12 Binder and Premium Payment Deadlines

ASSOCIATED FEDERAL REGULATION: 45 CFR 155.400; 45 CFR 155.410; 45 CFR 155.420; 45 CFR 155.430; 45 CFR 156.270(D); 45 CFR 156.270(G)

Issuers may set the deadline for consumers to pay their binder payments no earlier than the coverage effective date, and no later than 30 calendar days after the coverage effective date. Ongoing premium payments after the initial binder payment are due by the last day of the month prior to the month of coverage. Issuers may not grant grace periods for non-payment of the binder payment.

Issuers are permitted to implement a premium payment threshold policy. The typical threshold amount is a percentage equal to or greater than 95%. An issuer must maintain the premium payment threshold for the entirety of the plan year and must apply the threshold policy consistently across all Georgia Access plans and consumers.

Issuers may not effectuate a consumer's enrollment until the binder payment is paid in full or within the premium payment threshold policy. Consumers with effectuated coverage are granted a grace period before their coverage can be terminated for non-payment. The length of the grace period depends on whether the consumer is receiving financial assistance, in accordance with federal regulations as outlined in 45 CFR 156.270(d).

Issuers are required to provide Georgia Access with their binder payment timelines and any premium payment threshold they intend to implement for PY 2025. More information about enrollment

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effectuation and premium payments will be posted publicly on the Georgia Access website before OE 2025.

### 13 User Fee Information for PY 2025

Georgia finalized a user fee rate of 2.5% of premium for PY 2025. For questions about retrieving Georgia Access invoices and submitting payments:

1. Email: [intake@georgiaaccess.ga.gov](mailto:intake@georgiaaccess.ga.gov)
2. Call: 404-656-2070 or 1-800-656-2298

### 14 Issuer Business Associate Agreements

All new and existing issuers with plans displayed on Georgia Access must sign an Issuer BAA and submit it to the State to participate in Georgia Access for PY 2025. This occurs after an issuer submits their Notice of Intent.

This agreement sets forth the expectations of Georgia Access and issuers with respect to:

1. The delivery of services and benefits to customers.
2. The respective roles related to enrollment, eligibility, and customer service for customers.
3. Coordination and cooperation to promote quality, high value care for customers.
4. Administrative, financial, and reporting relationships and agreements.
5. Privacy and security standards.

Please note that off-Exchange SADPs and SHOP-only issuers do not sign the Issuer BAA. More information will be provided to issuers in Summer 2024 on when the agreement will be released, signatures will be collected, and the agreements will be returned with the State's countersignature.

### 15 Appendix: Resources

The sections below provide a consolidated list of resources that are noted within the document.

#### 15.1 Georgia Access Resources

The following lists the Georgia Access resources for reference:

1. Georgia Access Website: [www.GeorgiaAccess.gov](http://www.GeorgiaAccess.gov)
2. Georgia Access QHP Data Change Request Form (posted within SERFF): <https://www.serff.com/index.htm>

#### 15.2 Georgia Access Email Inboxes

The following lists the Georgia Access email inboxes for reference:

1. Georgia Access Plan Management Inbox: [PlanManagement@GeorgiaAccess.ga.gov](mailto:PlanManagement@GeorgiaAccess.ga.gov)
2. Georgia Access SHOP Inbox: [SHOP@GeorgiaAccess.ga.gov](mailto:SHOP@GeorgiaAccess.ga.gov)

#### 15.3 Federal Government Resources

The following lists the federal government resources for reference:

1. SERFF System: [SERFF Getting Started](#)
2. HIOS MPMS Access: [CMS's HIOS Portal Production Quick Guide](#)
3. 2023 Letter to Issuers in the FFE: [https://www.cms.gov/sites/default/files/2022-04/Final-2023-Letter-to-Issuers\\_0.pdf](https://www.cms.gov/sites/default/files/2022-04/Final-2023-Letter-to-Issuers_0.pdf)

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4. 2024 Letter to Issuers in the FFE: <https://www.cms.gov/files/document/2024-final-letter-issuers-508.pdf>
5. 2018 Letter to Issuers in the FFE: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-marketplaces-and-February-17-Addendum.pdf>
6. CMS Plan Marketing Name Fact Sheet: <https://www.qhpcertification.cms.gov/s/Plans%20and%20Benefits>
7. Mental Health Parity and Addiction Equity Act (MHPAEA): <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity>
8. Federal Regulation for Market Withdrawal Exception to Guaranteed Renewability Requirements: <https://www.federalregister.gov/d/2016-30433/p-227>
9. CCIIO QHP Website: <https://www.qhpcertification.cms.gov/s/QHP>
10. CCIIO QHP Application Materials: <https://www.qhpcertification.cms.gov/s/Application%20Materials>
11. CCIIO's QHP Application Instructions: <https://www.qhpcertification.cms.gov/s/Application%20Instructions>
12. CCIIO's Review Tools: <https://www.qhpcertification.cms.gov/s/Review%20Tools>