Instructions for Offering Qualified Health Plans and Stand-alone Dental Plans in Plan Year 2026, including Certification to Offer through GetCoveredNJ

Contents

Introduction

The Department of Banking and Insurance operates New Jersey's State-Based Exchange (SBE), Get Covered New Jersey (GetCoveredNJ), which is the State's official Health Insurance Marketplace under the ACA. Get Covered New Jersey performs all plan management functions related to Qualified Health Plans (QHPs), and Stand-alone Dental Plans (SADPs) offered in New Jersey pursuant to the federal Affordable Care Act (ACA).

Only insurance companies, service corporations, and health maintenance organizations (carriers) licensed or authorized to offer health insurance/coverage in New Jersey may offer a QHP to individuals or small employers for delivery in New Jersey. Likewise, only insurance companies, dental service corporation and dental plan organizations may offer SADPs to individuals or small employers. This is true whether or not the QHP or SADP is to be offered through GetCoveredNJ. New Jersey law requires standardization of health benefits plans offered in New Jersey to individuals and small employers; standard health benefits plans are developed in accordance with the Individual Health Coverage (IHC) Program and the Small Employer Health Benefits (SEH) Program. New Jersey's benchmark plan and QHPs in New Jersey are standard health benefits plans. The requirements for participation in the IHC and SEH markets and the requirements for participation in GetCoveredNJ are the same or very similar at their core. While SADPs are not standard plans, they must comply with the benchmark plan with respect to the provision of pediatric dental services.

Carriers seeking to offer QHPs and/or SADPs to individuals and/or small employers in New Jersey must apply for certification annually. Carriers seeking to offer QHPs and/or SADPs through GetCoveredNJ must obtain certification, meet certain additional requirements specific to partnering with GetCoveredNJ **and** sign an agreement with the Department before being an active SBE participant.

Terminology

- **Qualified Health Plan (QHP)** refers to health benefits plans providing medical services and supplies (with or without a defined set of pediatric dental services embedded in the health benefits plan). All standard health benefit plans available in the individual and small employer markets (see below) are QHPs.
- **Stand-alone Dental Plan (SADP)** refers to dental only plans that include a specified set of pediatric dental services and that carriers intend to offer to individuals and/or employees of small employers that have enrolled in QHPs in which coverage of pediatric dental services have not been embedded.
- **Get Covered New Jersey (GetCoveredNJ)** is New Jersey's state-based Exchange (SBE) through which qualified individuals may purchase some QHPs and SADPs with financial help (premium tax credits, cost-sharing reductions, and/or the New Jersey premium state subsidy) depending upon a person's eligibility. All health benefits plans offered through GetCoveredNJ are also offered outside of GetCoveredNJ, but financial help is ONLY available through GetCoveredNJ. (Additional QHPs and SADPs may be available only outside of the SBE for both individuals and small employers.) *Throughout these instructions, GetCoveredNJ, SBE and Marketplace are used interchangeably.*
- **Plan Year** or **PY** refers to a calendar year, January 1 through December 31.

- **IHC** is the Individual Health Benefits Program.
- **SEH** is the Small Employer Health Benefits Program.
- **SHOP** is the Small Business Health Options Program, through which certain small employers may be eligible to claim the Small Business Health Care Tax Credit.

New Jersey's Individual and Small Employer Markets – General Information and Resources

Standard Health Benefits Plans, the Benchmark Plan, Qualified Health Plans, and Stand-alone Dental Plans:

New Jersey has standard health benefits plans for its individual and small employer markets, and carriers may offer only standard health benefits plans to individuals and small employers. All of New Jersey's standard health benefits plans provide coverage at least as favorable as New Jersey's Benchmark Plan required by the federal Affordable Care Act (ACA), including an option for embedded coverage of a defined set of pediatric dental services. However, carriers may satisfy the requirement to make the defined set of pediatric dental services available through SADPs as well. CCIIO provides a link to New Jersey's Benchmark Plan, and provides separate information about the defined set of pediatric dental benefits via https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html *(scroll to access information about each state individually).*

Locating Qualified Health Plan Services

Carriers that wish to offer a QHP, with or without pediatric dental services embedded in the plan, must issue the standard health benefits plans set forth in the Appendix Exhibits of N.J.A.C. 11:20 (IHC Program) and N.J.A.C. 11:21 (SEH Program), posted at:

- Individual Market - www.state.nj.us/dobi/division_insurance/ihcseh/ihcforms.html
- Small Employer Market - www.state.nj.us/dobi/division_insurance/ihcseh/sehforms.html

The standard health benefits plan forms include variable text for the pediatric dental services. Carriers also should refer to the "BMP Summary" at https://www.cms.gov/CCIIO/Resources/Data- Resources/ehb.html to obtain more specific information about the Prescription Drug Essential Health Benefit (EHB) - Benchmark Plan Benefits by Category and Class.

Locating Stand-alone Dental Plan Information

Because the standard health benefits plans contain the required benefits and language to comply with New Jersey's selected benchmark pediatric dental coverage, the Department directs carriers wishing to offer an SADP with the ACA-compliant pediatric dental coverage to the relevant pediatric dental text in the standard health benefits plans at:

- Individual Market - www.state.nj.us/dobi/division_insurance/ihcseh/ihcforms.html
- Small Employer Market - www.state.nj.us/dobi/division_insurance/ihcseh/sehforms.html

Alternatively, carriers may refer to https://www.cms.gov/CCIIO/Resources/Data-

Resources/ehb.html, paying particular attention to New Jersey's BMP Summary and NJ-CHIP files

General Offer Requirements

Carriers that offer a QHP through GetCoveredNJ must also offer the same standard health benefits plan outside of GetCoveredNJ. Carriers may offer a standard health benefits plan solely outside of GetCoveredNJ, but the standard health benefits plan still must meet the coverage requirements applicable to a QHP. This is true whether coverage is being offered to individuals or small employers.

Carriers offering a QHP through GetCoveredNJ must offer both a gold level and a silver level plan in accordance with 45 CFR 156.200 in all service areas, and consequently, must do so outside of GetCoveredNJ as well. In addition, N.J.A.C. 11:20-3.1 and N.J.A.C. 11:21-3.1 set forth standard health benefits plan offer requirements for the individual and small employer markets. Carriers must comply with these standards as well. However, carriers offering QHPs, whether through or outside of GetCoveredNJ, do not have to offer specific child-only plans, because the requirement at 45 CFR 156.200(c)(2) is satisfied because of the eligibility provisions of New Jersey's standard health benefits plans.

Carriers that offer a QHP through GetCoveredNJ must be actively working to offer a network that is statewide.

Carriers that offer a network-based QHP through GetCoveredNJ and the same network-based standard health benefits plan outside of GetCoveredNJ must issue coverage only to eligible persons who live in the approved service area for the network associated with the network based-plan. However, if the approved service area of a network-based plan is limited to fewer than 21 New Jersey counties, the issuer cannot limit access to providers to those limited counties if the issuer has an approved network with all 21 counties in the approved service area. The issuer must provide network coverage when a covered person uses the services of a network provider associated with that 21-county network.

Carriers that offer an SADP through GetCoveredNJ must also offer the same SADP outside of GetCoveredNJ; or carriers may offer an SADP solely outside of GetCoveredNJ. Importantly, carriers offering SADPs must structure their plans so that a child (or multiple children in a family) may be covered by the SADP with or without a parent or guardian also covered under the SADP. This is true whether coverage is being offered through GetCoveredNJ or not.

All carriers offering a QHP or SADP must allow multiple children to be covered under the same policy, whether a parent, guardian or other adult claiming the child as a dependent for tax purposes is covered. This requirement applies whether a QHP or SADP is being offered through or outside of GetCoveredNJ, including QHPs and SADPs offered solely outside of the Marketplace.

New Carriers - seeking to amend an existing authorization

An issuer that is not admitted in New Jersey, or carriers admitted but not authorized to offer health benefits plans, may apply for admission and/or authorization while also submitting information to offer QHPs and SADPs. The Department will perform required regulatory reviews concurrently when necessary. This is also the case for carriers authorized to operate in a limited-service area that want to expand it, or carriers that want to establish a new network, etc. However, carriers are cautioned that the Department cannot guarantee all required review processes will be completed in a timeframe that permits the offer of

plans during an open enrollment period beginning in the same calendar year in which an issuer seeks admission, or new or amended authorizations. Note the following limitations:

- If an issuer seeking to offer QHPs or SADPs through GetCoveredNJ does not obtain all required approvals in a timely manner, the issuer will not be permitted to participate in GetCoveredNJ. To participate in GetCoveredNJ:
    - The issuer must be able to participate fully in the open enrollment period immediately preceding the upcoming plan/policy year; and the issuer must be able to effectuate coverage as of January 1 of the calendar year immediately following the beginning of the open enrollment period; and
    - The issuer must commit to offering plans through GetCoveredNJ for a full calendar year.
- If an issuer is seeking to offer a QHP in the individual market outside of GetCoveredNJ, and is unable to do so during the annual open enrollment period for the upcoming plan year, the issuer may still offer its QHPs during the plan year on a guaranteed issue basis, but is permitted to enroll only those people who qualify for a special enrollment period (SEP) during that plan year, including individuals who may be applying as a result of an Individual Coverage HRA (ICHRA) or a Qualified Small Employer HRA (QSEHRA). (A few SEPs do not apply outside of the Marketplace.)
- If an issuer cannot offer its QHPs during the applicable small employer annual open enrollment period designated for the calendar year in which the issuer wants to offer its QHPs (e.g., November 15 through December 15 of the prior year), the issuer may still offer its QHPs, but must do so on a continuously guaranteed issue basis throughout the calendar year, waiving all participation and contribution requirements during the time period.
- If an issuer seeking to offer an SADP outside of GetCoveredNJ does not receive all approvals timely to participate in the requisite open enrollment period, the issuer may offer its SADPs subject to the same conditions applicable for QHPs. Dental plans are excepted benefits under the ACA, and not subject to the guaranteed issue requirements of the IHC or SEH Programs. However, a condition of certification is that the SADPs offered pursuant to the ACA be offered in compliance with the ACA's annual open enrollment periods and SEPs. An issuer could elect to forego the certification process, but if so, may not market their dental plans to individuals and small employers as ACA-compliant plans.

Service Areas

New Jersey defines service areas for network-based plans by counties. Currently, New Jersey has not determined that a service area for a QHP or SADP smaller than a county is necessary or is in the best interests of any individuals or small employers. The Department will take into consideration the requirements of 45 C.F.R. 155.1055 when considering network service areas.

The Basics of Submission and Marketplace Participation

Who Submits Information

All carriers that intend to offer a standard health benefits plan in the individual or small employer market during Plan Year 2026 must submit plan management information, whether or not the standard health benefits plan will be offered through GetCoveredNJ. Similarly, carriers that intend to offer an SADP in the individual or small employer market

during Plan Year 2026 must submit plan management information, whether the SADP will be offered through GetCoveredNJ, or not. Carriers offering standard health benefits plans solely outside of GetCoveredNJ must submit most, but not all, of the information required to be submitted by carriers that are seeking certified QHP status for plans to be offered through GetCoveredNJ. All carriers offering SADPs must submit specified documentation, regardless of whether the plan will be offered through GetCoveredNJ.

Note that the GetCoveredNJ website (www.getcovered.nj.gov) has a "Shop and Compare Tool" that includes information about all QHPs available in New Jersey, whether offered on and/or off the SBE, to make it easier for everyone to shop for health coverage information, including those who do not intend, or are not eligible to enroll through the SBE.

What Information is Submitted

Generally, carriers must complete and submit the templates developed by the Center for Consumer Information and Insurance Oversight (CCIIO) for the Federally Facilitated Exchange for Plan Year 2026, as well as supporting documentation forms when applicable, using the instructions prepared by CCIIO for its templates and supporting documentation. Carriers should see https://www.qhpcertification.cms.gov/s/QHP. However, there are special instructions for use of several of the CCIIO templates. In addition, there are some New Jersey-specific requirements, and some other documentation that carriers may need to submit to complete an application, depending upon whether the issuer will be offering through GetCoveredNJ or not, the type of plan involved, and in some instances, how long the issuer has been offering coverage and its total enrollment.

All carriers must submit rate filings for their plans. Separate instructions for submission of rates are available in SERFF and on the Department's website. State Specific Templates can be found within SERFF under 'New Jersey' Plan Management General Instructions.

All carriers must submit a screenshot of their Data Integrity Tool (DIT) results. Carriers must provide justification for each error shown in your DIT results.

When Information is Submitted

Documentation must be submitted by the deadlines set forth in the table below. Failure to meet the deadlines may result in rejection of an application.

Carriers will be permitted to submit issuer-initiated corrections to items submitted to the Department from **July 1 through July 22 (the corrections window)**, if an issuer has first notified the Department of the intent to make a correction and received acknowledgment from the Department that the correction can be submitted. Notice must include a statement specifying all templates or forms that will be revised to address the correction. The Department may require additional documentation if necessary. Note:

- New plans cannot be added after submission of the application.
- A change in a service area does not constitute a correction unless it is being made solely to update the submitted templates consistent with an existing or updated Department network review. Carriers are not permitted to alter their service areas without a review and disposition of the network. (QHPs that have no network component must be available in every county in which the issuer is licensed.)
- Withdrawal of one or more plans does not constitute a correction unless the

plan being withdrawn has never been offered by the issuer. More information about withdrawals is provided in a separate section below.

Other corrections are to be made and submitted as directed by the Department during the review and certification process.

Except for administrative changes and quarterly rate updates as permitted for small employer plans, carriers must notify and obtain approval from the Department to make data changes to QHPs and SADPs after certification, even to address inaccuracies in an application. Note there may be compliance consequences. Further, if the change affects consumers, the issuer's plans displayed on GetCoveredNJ may be suppressed until the data are corrected and refreshed for the consumer display.

Submission Deadlines Overview	Deadline	System
QHP Enrollee survey data	05/16/2025	Vendor/IDSS
2025 QRS Clinical Data	06/13/2025	NCQA IDSS
Initial Binder components deadline (not including **Rates Table Template** or **Rate Filing**)	06/11/2025	SERFF
Rates Table Templates	07/16/2025	SERFF
Issuer URL Template (Final)	08/06/2025	SERFF
Self-Generated Correction Window	08/06 – 08/27/2025	GetCoveredNJ
All GetCoveredNJ Plan Data review window	08/28 – 08/29/2025	GetCoveredNJ
Signed Exchange Certification Agreement	09/12 – 09/20/2024	GetCoveredNJ

Where/How Information is Submitted

Issuers must submit all documents through SERFF, except as noted otherwise. Most documents must be submitted through the Plan Binder section of SERFF. A few documents must be submitted through SERFF either as part of the process for rate filings (applicable to all QHPs and SADPs), or form filings (applicable only to SADPs). However, issuers must associate documents from the rate filings and/or the form filings with the relevant plan binders using the Associate Schedule Tab of the Plan Binder section of SERFF.

Issuers must submit QHP Enrollee Survey data to the issuer-selected HHS-approved survey vendor, which will submit the data to CMS. Issuers validated QRS clinical measure data, with attestation, must be submitted to the NCQA's Interactive Data Submission System (IDSS). For more information, see guidance and resources at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- Instruments/QualityInitiativesGenInfo/ACA-MQI/Consumer-Experience-Surveys/Surveys-page.

The Application

A chart is provided at the end of this section identifying which documents must be submitted

for which types of plans. Most of the templates and forms to be used are available through CCIIO, via https://www.qhpcertification.cms.gov/s/QHP (and/or RBIS), and issuers generally should follow the CCIIO instructions for use of the forms. However, some additional instructions may apply, as indicated below. Also, the Department requires some additional submissions, or some submissions in lieu of those that CCIIO uses. Additional/substitute forms are available as attachments in the SERFF Plan Management section. General instructions for these forms are provided below.

New Jersey Specific Requirements

Cover Letter to the Binder

Carriers must submit a cover letter for each binder, placing the Cover Letter on the Supporting Documents tab of the Plan Management domain in SERFF.

The cover letter must include:

- the issuer's name and HIOS ID
- the names, email addresses, and phone numbers for two contact people who are familiar with the filing and able to respond to questions

NJ Benefit Summary Table

Carriers offering QHPs must submit the NJ Benefit Summary Table, with a worksheet completed for each QHP (plan, not product) the issuer wants to offer. The NJ Benefit Summary Table is available as part of the SERFF Plan Management instructions. Note that the Department has developed a template for carriers to use to demonstrate compliance with the copayment requirements of N.J.A.C. 11:22-5.5. Carriers should place the NJ Benefit Summary Table and the completed demonstration of cost-sharing compliance on the Supporting Documents tab of the Plan Management domain in SERFF. Carriers do not need to submit this template for SADPs.

Issuer URLs

In general, issuers must follow CMS' standards for URLs and consumer access to information. (Only network URLs are required for SADPs, and the payment URL is only required for individual QHPs offered through the SBE.) Further, issuers should submit URLs that go to specific, live landing pages in the initial application. However, the Department understands this may not be possible when an applicant is new to the market, or when plans or products are new. In that situation, issuers are expected to submit a proposed timeline for when the issuer will be able to meet the requirements, and update information as necessary

The Department requests that URLs be included with the initial binder submission.

Issuers must submit certain sets of URLs that will allow consumers to access the following information:

- Claims requirements and claims payment practices, exceptions processes, cost-sharing out-of- network, EOBs, and enrollee rights under the ACA *(Transparency URL)*
- Summaries of Benefits and Coverage *(SBC URL)*

- Formularies *(Formulary URL)*
- Plan Brochures *(Plan Brochure URL)*
- Payment information, including a functional online payment site *(Payment URL)*

The Department requests that URLs be included with the initial binder submission. URLs are subject to the following:

- Transparency URLs are required to be submitted June 11, 2025, and be live and active upon submission
- SBC, Plan Brochure, Payment, Formulary, and Network URLs must be final and live for PY2026 no later than September 17, 2025

Templates and Forms Designed by CCIIO/CMS

Transparency in Coverage Template

All carriers are required to comply with transparency requirements established by the Affordable Care Act (42 USC 300gg-15a), as implemented by regulations at 45 CFR 155.1040(a) and 156.220. However, consistent with CMS requirements, the Department currently requires submission of the Transparency in Coverage template only from carriers that submit plans to be sold through GetCoveredNJ for PY2026, both QHPs and SADPs. Also consistent with CMS requirements, carriers are required to submit data only for plans offered in PY2025 that are also intended to be offered in PY2026. (Carriers that entered the market in PY2026 will not submit plan data.) Unlike CMS, the Department requires that carriers submit claims data for plans offered both on- and off-Marketplace (mirror plans) without regard to whether the plan was purchased on- or off-Marketplace. Department requires the Transparency in Coverage template from all carriers offering QHPs and SADPs in New Jersey for PY2026, collecting data for plans offered in PY2025.

Carriers must submit relevant claims data using CMS' Transparency in Coverage template in SERFF, generally following the instructions for completion of the template as set forth by CMS, except as noted above. To avoid overwrite issues, the templates submitted for each binder of each HIOS Issuer ID should be the same; that is, each template submitted should include all plan IDs intended to be offered by the issuer in PY2026. Note it is not necessary for carriers to include any additional actual or dummy plan data in the June template submission. Carriers must submit completed Transparency in Coverage templates in SERFF no later than June 11, 2025, including actual issuer level and plan level data for the August submission, or dummy data as specified in CMS' instructions, if one or more PY2026 plans were not offered in PY2025.

Essential Community Provider/Network Adequacy (ECP/NA)

As with the other templates, carriers should complete CMS' ECP/NA template in accordance with CMS' instructions generally with respect to the ECP data. Carriers are advised that the Department will apply the 35% ECP threshold (i.e., carriers should contract with 35% of the ECPs within the service area), consistent with CMS' standards for all QHPs and SADPs for PY2026. Following the CMS requirement, with respect to QHPs that include tiered networks, beginning with PY2025, the Department is requiring an issuer to meet the ECP threshold solely based on the inclusion of ECPs within the lowest cost-sharing obligation for enrollees.

Carriers that do not meet the ECP/NA requirements must either add more ECPs to their networks, or submit an ECP Justification Form, detailing why the ECP standards were not met, the mitigating measures the issuer is taking to ensure enrollee access to ECPs, complaints from enrollees regarding access to ECPs, and efforts to recruit ECPs. The Department will determine whether the mitigation efforts are acceptable. Contrary to CMS instructions, carriers will not be able to obtain pre-populated forms through CMS' PM Community or submit justifications through that process. Other resources at https://www.qhpcertification.cms.gov may be used.

With respect to the network adequacy component, please complete the ECP/NA template in its entirety. Carriers must make a good-faith effort and take the necessary steps to establish and impose quantitative time and distance network adequacy standards to their provider networks that are at least as stringent as standards for QHPs participating in the federally facilitated exchange under 45 CFR § 156.230. These requirements must be in place by the 2026 plan year or as soon as practicable. Carriers must conduct reviews of a plan's compliance with 45 CFR § 156.230 and the quantitative network adequacy standards before a plan can be certified as a QHP for PY2026 and beyond. Carrier must also submit information for each QHP network regarding whether each provider offers telehealth services or not consistent with 45 CFR 155.1050.

Business Rules/Rating Business Rules Template

In general, carriers should complete the Business Rules Template consistent with CMS instructions. However, when adding information about a product and/or plan to the business rules template, carriers should complete information for all columns in the row, not just the column(s) for which information deviates from the more general standard. In addition, some rules that are discretionary under the federal regulations are not permissible for New Jersey's standard health benefits plans in some instances. Please note the following:

- Carriers cannot consider tobacco use in rates.
- Carriers offering QHPs must not select "sponsored dependents", "collateral dependents", or "other relative" as a coverage category on the Business Rules/Rating Business Rules template because the terms, as used by CCIIO, are inconsistent with the definition of dependent in the standard health benefits plans.
- The standard individual health benefits plans assume a dependency status between children and adults who have the status of parent to, or guardian of, the child/ren by virtue of the child/ren being the adult's natural issue, or legal responsibility through adoption, legal fostering, court-appointed guardianship, or by virtue of the legal relationship (marriage, domestic partnership, civil union partnership) of the adult to the child/ren's parent, whether or not the child/ren reside(s) in the adult's household. A parent/guardian may purchase an individual health benefits plan to cover the child/ren without any adult being covered under the same policy, regardless of whether the child/ren live in the same household as the purchasing adult. Because the relationship question in the template appears to be asking about the relationship of the dependent covered person to the purchaser of the policy, carriers should select "No" for the household requirement for "Child," "Stepson or Stepdaughter," "Foster Child" and "Ward."
- In addition, the standard individual health benefits plans allow other adults with a blood relationship or legal relationship (e.g., kinship care, federal tax dependent) to purchase coverage for one or more children despite not being

the child/ren's parent/guardian if the child is dependent upon the adult and lives in the adult's household. Carriers must select "Yes" for the household requirement for the remaining relationship categories applicable for minors, even though it is understood that carriers will suspend/not enforce the household requirement for coverage when offered/purchased through GetCoveredNJ.

- A former spouse is never eligible for coverage under a primary insured's individual health benefits plan.
- Carriers offering SADPs should not select "Not Applicable" with respect to the question "what is the maximum number of rated underage dependents on this policy."

Plans and Benefits Table

All carriers must submit a completed Plans and Benefits Template, generally following the instructions provided by CMS, providing plan identifiers, plan attributes, covered benefits and limits, and cost-sharing information. However, carriers should not download the Standardized Option Add-in file, because New Jersey is not using the federal standard plan options.

Carriers must indicate whether essential health benefit (EHB) benchmark plan coverage requirements are being met. Carriers should use the Plans and Benefits Add- in file to populate state-specific and market-specific EHB benchmark data in the benefits package worksheet, following CMS' instructions. With respect to QHPs, please note:

- New Jersey has not altered its Benchmark Plan for PY2026.
- New Jersey's standard plans do not permit EHB-substituted benefits, and accordingly, the Department will not accept an EHB-substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification in lieu of compliance with the standard plans.
- New Jersey law requires an issuer to offer a minimum of three standard health benefits plan designs throughout the issuer's service area. The exception is that HMOs may offer the HMO Plan in lieu of any other standard plan design. Federal law requires that carriers offer at least one gold and one silver plan throughout an issuer's service area to participate in an Exchange (45 CFR 156.200(c)). Given the combined requirements, New Jersey will not accept a Silver/Gold Supporting Documentation and Justification Form for failure to offer both a silver and a gold plan when offering plans through GetCoveredNJ.
- With respect to the benefits package information for "Gender Affirming Care", Carriers should complete the benefits package worksheet(s) for this benefit as follows: (1) for cell D127 (Is this Benefit Covered?), select "Covered"; (2) for cell E127 (Quantitative Limit), select "No"; (3) for cell J127 (EHB Variance), select "Additional EHB Benefit"; (4) for K127 and L127 (Excluded from MOOP columns), select the same response as is applicable to other covered benefits; (5) leave the cells for the remaining columns blank for row 127. The Cost Share Variance worksheet generated for the benefits package will include Gender Affirming Care; carriers should complete information for this benefit based on inpatient surgery.
- The column labeled "Design Type" in the Plans and Benefits Template accommodates the federal standard plan option requirements. For purposes of using the template in

New Jersey, carriers should always select the “Nonapplicable” option for this column.

Plan ID Crosswalk

Carriers offering QHPs and/or SADPs through GetCoveredNJ must submit the Plan ID Crosswalk providing information for all the plans offered on/off the SBE; carriers are not required to submit this template for plans offered solely outside the SBE in PY2026. Carriers must crosswalk all prior year Plan IDs to a Plan Year 2026 Plan ID, taking into consideration the hierarchy set forth at 45 C.F.R. 155.335 to help expedite the auto-reenrollment process. An issuer intending to offer QHPs for the first time does not need to submit a Plan ID Crosswalk Template.

Prescription Drugs

New Jersey permits utilization management of drugs generally but does not permit the use of Step Therapy. Because CMS has no prohibition on step therapy, CMS’ templates and review tools will not prevent an issuer from indicating step therapy use in its drug list or formularies. However, the Department screens the drug lists and formulary/nondiscrimination templates for step therapy, among other things. If an issuer includes step therapy, the issuer will be required to revise and resubmit its information.

CMS indicates that only drugs covered under the pharmacy benefit should be included on the Drug List worksheet in the Prescription Drug Template. However, carriers may cover some drugs under a plan’s medical benefits. When an issuer offers drugs under the medical benefit, but the drugs need to be identified to satisfy the benchmark drug count, the issuer must submit the Combined Prescription Drug Supporting Documentation and Justification form, including the RXCUIs associated with the medical drugs. The Department prefers that the Combined Prescription Drug Supporting Documentation and Justification form be submitted as part of the initial Application, but an issuer may add it later in the review process, if necessary.

SADP AV and Annual Limitation Cost-Sharing

The federal cost-sharing limits for SADPs increased to $450 for one child, and $900 for two or more children for Plan Year 2026. Carriers may offer SADPs at any actuarial value; however, carriers must certify the actuarial value of the SADP with respect to coverage of pediatric dental. This includes submission of the AV Supporting Documentation and Justification Form. The AV Supporting Documentation and Justification Form submission can be included as part of the Rate Filing rather than the initial application to Plan Management, if necessary; however, this document must either be appended to the Support Document tab in the Plan Management binder or otherwise associated to the appropriate binder in the Plan Management domain.

Other Templates and Supporting Documentation

Carriers must also complete and submit:

- Service Area Template
- Network ID Template
- Rate Table Template and Unified Rate Review Template, as part of the rate filing.

Additionally, carriers must submit related supporting documentation and/or justifications using the CMS-designed forms as necessary and appropriate.

Additional Application Documentation

Accreditation

If the issuer is offering QHPs in New Jersey for three or fewer consecutive years, the issuer may submit a certificate of accreditation, or evidence of a scheduled review with an HHS-recognized accrediting entity (URAC, NCQA, or possibly AAAHC). If the issuer is offering QHPs for the fourth consecutive year in New Jersey, whether through or outside of GetCoveredNJ, the issuer must submit a certificate of accreditation by one of the HHS-recognized accrediting entities in one of the following statuses:

- AAAHC: Accredited
- NCQA: Excellent, Commendable, Accredited, or Provisional
- URAC: Full, or Conditional

If an issuer is unable to locate the NCQA certificate, it can use the NCQA ISS to obtain a copy of the survey results and provide a print of the results screen.

Summary of Benefits and Coverage

All issuers offering a QHP must have a Summary of Benefits and Coverage (SBC) document available for each QHP and must submit an SBC for each QHP in SERFF, as part of the Supporting Documentation.

The Department will accept the URL for an SBC in lieu of an SBC submission in SERFF, if:

1. The URL directs to a live, complete SBC for the QHP proposed for offer in the upcoming plan year; or,
2. The URL directs to a live, complete SBC for a current plan year QHP that is included in the application for offer and renewal in the upcoming plan year, AND the issuer identifies (and meets) the deadline for updating the URL(s) and/or online information for the upcoming plan year.

In general, issuers should use SBC forms and instructions set forth by CCIIO and should evaluate whether to use the updated calculator for estimating out-of-pocket costs for the SBC coverage examples. CCIIO guidance for SBCs, as well as to the coverage examples calculator, guide and narratives, and the Uniform Glossary should continue to be used for PY2026.

Participation with GetCoveredNJ requires:

- In the last sentence on SBC's, of the section Your Right to Continue Coverage, issuers should insert www.getcovered.nj.gov instead of www.HealthCare.gov, and should use the following phone number: 833-677-1010.
- Issuers are reminded that all QHPs must comply with P.L. 2019, c. 361 (amendments to New Jersey's contraceptive coverage requirement), and at least 25% of the issuer's plans must comply with P.L. 2019, c. 472 (amendments limiting

cost-sharing for prescription drugs). These changes must be reflected appropriately in the SBC, for example, when providing information in the section *"If you need drugs to treat your illness or condition" or* explaining preventive services. Careful explanations will be important, particularly when/if combined with a High Deductible Health Plan (HDHP), because:

- Some contraceptive services required to be covered may be outside of the definition of preventive services as recommended by federal law
- Both P.L. 2019, c. 361 and P.L. 2019, c. 472 limit issuers to the application of the lowest HDHP deductible possible (for PY2022: $2,450 for self-only coverage; $4,950 for family) with respect to the provision of coverage for prescription drugs and/or contraceptives.
- In addition, note that P.L. 2019, c. 472 may have an impact on the SBC example for management of diabetes.

QHP Enrollee Survey Data and QRS Clinical Data

All carriers are subject to quality reporting requirements under federal law (42 USC 300gg-17) and state law (for example, N.J.A.C. 11:24A-4.13 with respect to network-based plans). However, the QHP Enrollee Survey and QRS Clinical Data requirement applies specifically to carriers offering QHPs through GetCoveredNJ, including those offering a plan for SHOP. The requirement does not apply to carriers offering SADPs only. CMS uses this data to calculate the quality performance ratings for QHPs offered through Marketplaces.

Carriers should follow the requirements at CCIIO's QHP Certification website (https://www.qhpcertification.cms.gov/s/Quality%20Rating), and Marketplace Quality Initiatives website (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page). Essentially, carriers that offer QHPs through GetCoveredNJ and meet participation criteria established by CMS must comply with the quality reporting requirements in accordance with 45 CFR 156.1120 and the QHP Enrollee Survey in accordance with 45 CFR 156.1125. For purposes of the Application, carriers must attest to their compliance with the collection and submission of validated clinical quality measure data and QHP Survey response, and attest that they will cooperate with CMS during any established preview period. In addition, carriers are required to provide the Department with the name of the HHS-approved QHP Enrollee Survey vendor with which the issuer has contracted to collect and submit response data to CMS on the issuer's behalf. (See also the Attestation Section.)

Note: whether an issuer is or is not required to comply with reporting QHP Enrollee Survey Data and QRS Clinical Data currently has no impact on reporting of quality data required by New Jersey rules.

Quality Improvement Strategies (QIS) and Reporting

An issuer participating in the Exchange (including SHOP) for two or more consecutive years that intends to continue to offer plans through the Exchange in PY2026 must implement and/or report on a QIS if the issuer also had more than 500 enrollees within a product type as of July 1 of PY2023 (45 CFR 156.200(b) and 156.1130). Unlike CMS, New Jersey requires consideration of enrollment in a plan/product regardless of whether coverage is purchased through the Exchange or outside of it. Further, while CMS excludes child-only policies from the count, New Jersey counts all policies without regard to the age or status of

who is covered.

An issuer may implement one QIS that covers all eligible plans and product types or may implement multiple QIS, each one covering a segment of plans and product types, so long as all eligible plans and product types are subject to a QIS. Carriers must comply with the QIS Technical Guidance and the QIS User Guide established by HHS (https://www.cms.gov/Medicare/Quality-Initiatives-Patient- Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page), and all QIS activities must be linked to either a provider market-based incentive, an enrollee market-based incentive, or both. New Jersey also requires the use of CMS forms as updated, including the separate Modification Summary Supplement which may be used for 2026.

For purposes of the QHP Application for PY2026, an issuer subject to the QIS requirement must submit an Implementation Plan (to implement a new QIS for PY2026), or a Progress Report with respect to an existing QIS; an issuer may need to submit both. An issuer may submit a Progress Report Closeout Form or Modification Summary Supplement, depending upon what changes (if any) the issuer may elect to make to an existing QIS. However, the Department requests that carriers leave a QIS in place for at least two years before modifying or developing a new QIS.

The QIS requirement does not apply to SADPs.

The following carriers should submit a QIS plan and/or report(s), assuming the carriers apply to offer QHPs through GetCoveredNJ:

- AmeriHealth HMO
- AmeriHealth Insurance Company of NJ
- Horizon Healthcare Services, Inc.
- Oscar Garden State Insurance Corporation
- WellCare of New Jersey
- Aetna CVS Health
- United Healthcare Insurance Company

Compliance Plan and Organizational Chart

Carriers that are seeking to offer QHPs through GetCoveredNJ must submit a Compliance Plan and Organizational Chart as part of the QHP Application. While the Department strongly encourages submission of a Compliance Plan and Organizational Chart by all carriers, the Department does not require submission of either document from carriers offering only SADPs, whether or not through GetCoveredNJ, nor for carriers offering QHPs outside of the SBE only. The Compliance Plan and Organizational Chart must be accompanied by the Cover Sheet/Attestation, which is included in SERFF with the Plan Management Instructions.

Machine Readable Data

Carriers must submit provider and formulary data in a machine-readable format for GetCoveredNJ to use, and for posting information on the carriers' websites. This data supports the function of the consumer Decision Support Tools used by the SBE and allows

consumers to filter available QHPs based on the providers within the networks and the drugs covered by QHPs.

Carriers are required to create a set of four types of machine-readable data files using the JavaScript Object Notation (JSON) format, as specified by GetCoveredNJ (which follows CMS):

- Index files – used to organize and find the other file types
- Plans files – containing information about the QHPs offered by the issuer
- Provider files – containing information identifying each participating provider in the issuer's network(s)
- Drug or formulary files – containing information about the drugs covered by the QHPs the carriers are offering

Attestations

Carriers are required to submit attestations or certifications, some general, and some very specific. Some attestations or certifications are required to be submitted only when an issuer is seeking to offer a QHP and/or SADP through GetCoveredNJ, while some attestations or certifications are required to be submitted by all carriers. Attestations or certifications are appended to the Plan Management Instructions in SERFF.

Rate Filings

Carriers must submit rate filings. Additional instructions are provided on the Department of Banking and Insurance website and in SERFF, separate and apart from these instructions. The CCIIO-generated URRT must be included as part of the rate filing for QHPs. All three parts of the rate filing must be associated with the Plan Management binder to which the rate filing applies, using the Associate Schedule tab of the Plan Management domain of SERFF.

Policy Form Filings

Carriers offering SADPs must file forms with the Department or submit a letter indicating that a previously approved form remains in use without change in SERFF (but not the SERFF Plan Management domain). Carriers must associate both forms and letters with the SADP binders to which the form/letter applies, using the Associate Schedule tab of the Plan Management domain of SERFF.

Excluding the QHP Enrollee Survey and QRS Clinical Data submission, carriers must submit required documents to SERFF. Except for the rate filings and policy form filing (or certification of continued use of a policy form), carriers must submit documents to one of the tabs in the SERFF Plan Management domain. Tabs indicate the documents to be included in the tab. Generally, templates are placed on the templates tab, while most other documents are placed on the Supporting Documents tab. If a document is not explicitly listed on the Templates or Supporting Documents tab, carriers should upload it to the Supporting Documents tab. Carriers should submit rate filings – including the URRT – and policy form/letter filings using the required rate or form filing process. However, the Department requests that carriers associate the URRT, and in the case of an SADP AV Supporting Documentation/Justification form submitted with the rate filing, with the application binders.

Documentation to Submit – Check List

Documentation		Medical QHPs		SADPs	
Name/Identification	Obtain from:	SBE Offerings	No SBE Offerings	SBE Offerings	No SBE Offerings
Cover Letter	SERFF- PM[1]	✔	✔	✔	✔
NJ Benefit Summary Table	SERFF- PM[1]	✔	✔		
Administrative Template Issuer URLs Template	SERFF-PM1 or CCIIO*	✔	✔	✔	✔
Plan and Benefits Template	CCIIO*	✔	✔	✔	✔
Network Template	CCIIO*	✔	✔	✔	✔
Service Area Template	CCIIO*	✔	✔	✔	✔
Essential Community Provider/Network Adequacy	CCIIO*	✔	✔	✔	✔
Rates Tables and Data Template	CCIIO*	✔	✔	✔	✔
Rating Business Rules Template	CCIIO*	✔	✔	✔	✔
Prescription Drug Template	CCIIO*	✔	✔		
Plan Crosswalk Template	CCIIO*	✔		✔	
Transparency in Coverage Template	CCIIO*	✔		✔	
Accreditation Certification	Issuer generated	✔	✔	✔	✔
Compliance Plan Cover Sheet/Attestation	Issuer – generated	✔			
Summary of Benefits and Coverage (in lieu of live URLs)	Issuer – generated	✔	✔		
QHP Enrollee Survey/QRS Clinical Data	CCIIO*	✔			
Regulatory Compliance Attestation	SERFF- PM[1]	✔	✔	✔	✔
Machine-readable Index URL/Machine-readable URLs	SERFF- PM[1] or CCIIO	✔	✔	✔	✔
SADP Description of EHB Allocation	CCIIO*			✔	✔
SADP AV Supporting Docs/Justification Form	CCIIO*			✔	✔
Policy Form/Certification Letter	Issuer – generated			✔	✔
Rate Filing	Issuer – generated	✔	✔	✔	✔
Unified Rate Review Template	CCIIO*	✔	✔		
Justification explanatory forms such as: • Copay demonstration • ECP Justification (NJ) • Discrimination: Cost-sharing Outlier	SERFF- PM[1], or copay Demo and ECP Justification	✔ (as needed)	✔ (as needed)		

• Unique Plan Design Justification • Combined Prescription Drug Justification • Discrimination: Treatment Protocol Justification	CCIIO* for other forms				

*For more information, visit: https://www.qhpcertification.cms.gov/s/QHP

[1]SERFF PM refers to the Plan Management section of SERFF, used for submitting ACA-compliant plan binder information. Instructions are included in SERFF PM.

Additional Information

Small Employer Health Benefits (SEH)

Carriers that wish to offer a small employer health benefits plan for which small employers might be eligible for a Small Business Health Care Tax Credit must comply with the requirements set forth for the offer of a QHP through the SBE, except as specified otherwise.

Carriers should note that GetCoveredNJ does not display plan information for SEH, but rather, refers interested employers to the SEH Program website (which lists available small employer plans), to contact the SEH carrier, or to contact a SEH-registered agent or broker.

Meaningful Access and Taglines

Section 1557 of the ACA, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act require covered entities to take reasonable steps to ensure meaningful access to their offerings and programs by individuals with limited English proficiency (LEP), and individuals with disabilities.

This may include alternate or additional forms of notice, including taglines. Pursuant to 45 CFR 156.250, carriers are required to comply with 45 CFR 155.205(c) for information deemed critical for obtaining health insurance coverage or access to health care services to the extent the law requires the issuer to provide the document to a qualified individual, applicant, qualified employer, qualified employee, or enrollee. Consistent with CMS' 2023 Letter to Issuers, New Jersey encourages all carriers offering QHPs and SADPs to meet tagline standards as discussed in CMS' 2018 Letter to Issuers, which provides more guidance for 45 CFR 155.205(c)(2)(iii). Note that GetCoveredNJ provides taglines in the following languages in addition to English: Spanish, Chinese, Korean, Portuguese, Gujarati, Polish, Italian, Arabic, Russian, Tagalog, French Creole, Hindi, Vietnamese, French and Urdu.

Third Party Payments

All carriers offering individual QHPs and individual SADPs must comply with 45 CFR 156.1250, and accept premium and cost-sharing payments from the following third-party entities made on behalf of a plan enrollee:

- A Ryan White HIV/AIDS Program under Title XXVI of the Public Health Services Act
- An Indian tribe, tribal organization, or urban Indian organization
- A local, State, or Federal government program, including a grantee directed by a government program to make payments on behalf of the government program

Patient Safety Standards

All carriers offering QHPs that include a network component must comply with federal patient safety standards set forth at 45 CFR 156.1110. This includes collection by carriers of documentation demonstrating the hospitals with which they contract that have greater than 50 beds meet the requirements of 45 CFR 156.1110(a)(2), and submission of the required data upon request. The data is not required to be submitted with the annual application.

QHP Certification Agreement

Carriers intending to offer a QHP through GetCoveredNJ, or an SADP, must sign the QHP Certification form agreeing to adhere to the requirements contained in these instructions, operational and technical standards, privacy requirements, and security protocols outlined by GetCoveredNJ. The certification agreement will formalize the offering of an issuer's QHPs or SADPs through GetCoveredNJ for the plan year. This documentation is obtained from and returned to GetCoveredNJ directly.

Withdrawal of a Plan

Carriers may seek to withdraw a plan following the directions of N.J.A.C. 11:20-18.6 and 11:21-16.5.