QHP Issuer 2015 Renewal Application Updated Draft

Released January 31, 2014

This updated draft includes the following changes:

2.1 Addition of pediatric dental provider network adequacy

2.3 Acronym defined

4.2 - 4.5 Addition of definitions and acronyms defined

5.2 & 5.3 changes to technical language

7.2 change to language

7.4 & 7.5 Addition of questions pertaining to the offering of the pediatric dental Essential Health Benefit in 2015

QHP Issuer 2015 Renewal Application

Please complete the following:

Issuer Name	
NAIC Company Code	
NAIC Group Code	
Regulator(s)	
Federal Employer ID	
HIOS/Issuer ID	
Corporate Office Address	
City	
State	
ZIP	
Primary Contact Name	
Contact Title	
Contact Phone Number	
Contact E-mail	
Check all applicable categories: ☐Individual Commercial; ☐SHOP~~;~~ ~~☐Individual Dental; ☐SHOP Dental~~	

On behalf of the QHP issuer stated above, I hereby attest that I meet the requirements in this Renewal Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate. I understand that Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer's Qualified Health Plans offered on the Exchange should the information provided is found to be inaccurate. I confirm that I have the capacity to bind the QHP issuer stated above to the terms of this renewal application.

Date: _____
Signature: _____
Printed Name: _____
Title: _____

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
I. Licensed and in Good Standing						
1.1	Confirm that QHP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. *Good standing means that the applicant has no material fines, no material penalties levied or material ongoing disputes with applicable licensing authorities in the last two years* (See Appendix A – Definition of Good Standing)	45 CFR §156.200(b)(4)			☐Yes ☐No	
1.2	Are you seeking any material modification of an existing license from the California Department of Managed Health Care for any commercial individual or small group products offered or proposed to be offered through Covered California? If yes, explain what modifications you are seeking and when those are anticipated to be approved?				☐Yes ☐No	
1.3	By submitting this application, QHP issuer agrees to negotiate a contract or contract amendment for 2015 in good faith with Covered California that will establish the terms and conditions of the business relationship.				☐Yes ☐No	
II. Provider Network Adequacy						
2.1	As a general requirement, QHP issuer must maintain continuing compliance with California provider network adequacy standards, laws & regulations established by the applicable regulatory agency. Applicant understands that provider network adequacy for its Covered California products will be determined by the applicable state regulatory agency and verified by Covered California.	45 CFR §156.230(a)(2)	Health and Safety Code §1300.67.2.1; 1300.67.2.2; 100,74.73 and Ins. Code§1		☐Yes ☐No	

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	QHP issuer agrees to maintain a legally compliant provider network for each product offering (PPO, HMO, EPO) which includes sufficient number and types of providers to ensure that all services are accessible in a timely fashion to its Covered California enrollees. For Plan Year 2015, network adequacy standards applicable to dental provider networks will apply to the embedded pediatric dental benefit.		0133.65			
2.2	QHP issuer agrees to maintain its provider network and continue to meets regulatory requirements based on QHP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that QHP issuer intends to propose for 2015 by completing Attachment A (QHP 2015 Enrollment Projections).				☐Yes ☐No	
2.3	QHP products proposed for 2015 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2015 by completing Attachment B1–SERFF[1] Service Area Template (use SERFF template current at the date of submission), Attachment B2 - Plan Type by Rating Region (Individual), and/or Attachment B3 – Plan Type by Rating Region (SHOP)					
III. Essential Community Provider (ECP) Network Requirements						
3.1	Describe how QHP issuer is continuing to meet or exceed Covered California's ECP network requirements as defined in Appendix B (Essential Community Provider Network Requirements).	45 CFR §156.230(a)(1) §156.235(a)				

[1] System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
3.2	If QHP asserts that it meets the ECP network requirement as defined in Appendix B through the alternate standard, explain the basis for this assertion and how the QHP issuer is continuing to meet the ECP network requirements under the alternate standard.	45 CFR §156.235(a)(2)				
IV. Quality and Delivery System Reform						
4.1	Describe QHP's process to ensure that QHP issuer can comply with QHP Contract Data Submission Requirements (as defined in Appendix C) to Covered California.					
4.2	QHP agrees to submit claims and encounter[2] data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.				☐Yes ☐No	
4.3	Confirm that QHP will submit eValue8™[3] modules as required by Covered California, upon request.				☐Yes ☐No	
4.4	Specify accrediting organization (National Committee on Quality Assurance, Utilization Review Accreditation Commission, Accreditation Association for Ambulatory Health Care), accreditation status, next scheduled survey date(s), current accreditation status and proposed timeline if full accreditation has not been achieved or maintained.	45 CFR §1045; 45 CFR §156.275				
4.5	Confirm that QHP will submit, upon request, to the Exchange Healthcare Effectiveness Data Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems				☐Yes ☐No	

[2] Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.
[3] eValue8™ is a tool developed by the National Business Coalition on Health used by health care purchasers to compare health plans.

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	(CAHPS) scores to include the measure numerator, denominator, and rate for the required measures set that is reported to NCQA Quality Compass[4] and/or DHCS, per each product type for which it collects data in California.					
V. Operational Readiness and Capacity						
5.1	QHP issuer confirms that it can and will accurately, appropriately and timely populate and submit SERFF templates at the request of Covered California for: (1) Rates (Attachment D1 & D2) (2) Service Area (Attachment B1) (3) Plan/Benefit Designs (Attachment F) (4) Network (Attachment G)				☐Yes ☐No	
5.2	Demonstrate through existing QHP contract compliance or systems testing that QHP issuer operates systems which can accurately and timely report electronic data to Covered California using ~~standard electronic formats~~ national standards for electronic transactions.					
5.3	Demonstrate, through submission of a March 2014 audit report or systems testing, as applicable, that QHP issuer can accept 834, 820 and other standard ~~format~~ transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachment C1 & C2)					
5.4	QHP agrees to submit contracting or participating provider lists and related information in a format as	45 CFR §156.230(b)			☐Yes ☐No	

[4] NCQA Quality Compass is a tool for comparing health plans based on quality improvement and other measures using a benchmark approach.

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	required by Covered California and at intervals requested by Covered California for the purposes of populating the centralized provider directory and to permit Covered California to perform network analytics.					
5.5	Describe how QHP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS. Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014. QHP must maintain computer systems for testing any future modifications to the interface design and data interchange. QHP must maintain the service levels agreed to in the Trading Partner Agreement, as applicable. Covered California requires QHPs to sign a Trading Partner Agreement in order to participate in the required systems testing.					
5.6	Describe the QHP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 15, 2014.					
5.7	Describe QHP issuer's systems which must accept premium payments from members no later than October 15, 2014 made using paper checks, cashier's checks, money orders, EFT and all general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including any potential vendors, if applicable, and an implementation work plan with timeline.					
5.8	Describe how QHP issuer will maintain sufficient					

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	staffing in the customer service center to meet contractual performance goals.					
5.9	Describe QHP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.					
5.10	Describe any education efforts QHP issuer provides to members to help them identify and report possible fraud scams. Describe QHP's procedures to report fraud scams to law enforcement.					
5.11	Describe QHP issuer's safeguards against Social Security/ identity fraud.					
5.12	QHP must comply with applicable federal and state privacy laws and regulations, and has appropriate procedures in place to detect and respond to privacy and security incidents.				☐Yes ☐No	
VI. Rates for 2015						
6.1	Submit premium rates for every proposed QHP by rating region for 2015 completing Attachment D1 and D2 - SERFF Rates Template for Individual and/or SHOP (use SERFF template current at the date of submission)					
6.2	Provide information requested about documents required to be filed with the applicable regulator as outlined in Attachment E for 2015 products proposed to be offered through Covered California. Complete Attachment E and provide updates to this information as additional documents are submitted to the applicable regulator.					
VII. 2015 Standard Benefit Plan Design						
7.1	QHP issuer must adhere to 2015 standard benefit				☐Yes	

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	plan designs and requirements for every metal level and catastrophic offering.				☐No	
7.2	QHP issuer agrees to submit its proposed 2015 plans for each metal level and for catastrophic coverage for its licensed geographic service area(s). QHP issuer can satisfy this requirement through either its life and health insurance company offerings or its Knox Keene health care service plans ~~or a combination thereof~~.				☐Yes ☐No	
7.3	Comply with California state benefit plan laws in effect for 2015.				☐Yes ☐No	
7.4	The Exchange is encouraging the offering of plan products which include all ten Essential Health Benefits including the pediatric dental essential health benefit. QHP issuer must confirm if it is prepared to adhere to the 2015 all ten Essential Health Benefit standard plan design.				☐Yes ☐No	
7.5	QHP issuer must describe how it intends to meet the plan design feature in 7.4. Provide information describing any intended subcontractor relationship, if applicable, to offer the pediatric dental Essential Health Benefit. Include a description of how QHP issuer will ensure subcontractor adheres to pediatric dental quality measures as determined by Covered California.					
VIII. Naming Convention Requirement						
8.1	QHP issuer must adhere to standard naming conventions adopted by Covered California for 2015.				☐Yes ☐No	

Appendix A: Definition of Good Standing

Definition of Good Standing	Agency
Verification that issuer holds a state health care service plan license or insurance certificate of authority.	
• Approved for lines of business sought in the Exchange (e.g. commercial, small group, individual)	DMHC
• Approved to operate in what geographic service areas	DMHC
• Most recent financial exam and medical survey report reviewed	DMHC
•Most recent market conduct exam reviewed	CDI
Affirmation of no material[5] statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:	
• Financial solvency and reserves reviewed	DMHC and CDI
• Administrative and organizational capacity acceptable	DMHC
• Benefit Design	
• State mandates (to cover and to offer)	DMHC and CDI
• Essential health benefits (State required)	DMHC and CDI
• Basic health care services	CDI
• Copayments, deductibles, out-of-pocket maximums	DMHC and CDI
• Actuarial value confirmation (using 2015 Federal Actuarial Value Calculator)	DMHC and CDI
• Network adequacy and accessibility standards are met	DMHC and CDI
• Provider contracts	DMHC and CDI
• Language Access	DMHC and CDI
• Uniform disclosure (summary of benefits and coverage)	DMHC and CDI
• Claims payment policies and practices	DMHC and CDI
• Provider complaints	DMHC and CDI
• Utilization review policies and practices	DMHC and CDI
• Quality assurance/management policies and practices	DMHC
• Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI
• Independent medical review	DMHC and CDI
• Marketing and advertising	DMHC and CDI
• Guaranteed issue individual and small group	DMHC and CDI
• Rating Factors	DMHC and CDI
• Medical Loss Ratio	DMHC and CDI
• Premium rate review	DMHC and CDI
• Geographic rating regions	
• Rate development and justification is consistent with ACA requirements	DMHC and CDI

[5] ~~Material violations are those that represent a relevant and significant departure from normal business standards that a health plan issuer is expected to adhere to~~. Covered California will, at its sole discretion, determine what constitutes a material violation for this purpose.

Appendix B: Essential Community Provider Network Requirement

Except if Contractor has qualified under the alternate standard for essential community providers provided by the Affordable Care Act as has been determined by the Exchange, Contractor shall maintain a network that includes a sufficient geographic distribution of essential community providers ("ECP") that are available through Contractor to provide reasonable and timely access to Covered Services to low-income populations in each geographic region where Contractor's QHPs provide services to Enrollees.

(a) For purposes of this Section, "sufficient geographic distribution" of ECP shall be determined by the Exchange in its reasonable discretion in accordance with the conditions set forth in the Solicitation and based on a consideration of various factors, including, (i) the nature, type and distribution of Contractor's ECP contracting arrangements in each geographic region in which Contractor's QHPs provides Covered Services to Enrollees, (ii) the balance of hospital and non-hospital ECPs in each geographic region, (iii) the inclusion in Contractor's provider contracting network of at least 15% of entities in each applicable geographic region that participate in the program for limitation on prices of drugs purchased by covered entities under Section 340B of the Public Health Service Act (42 U.S.C. § 256B) ("340B Entity"), (iv) the inclusion of at least one ECP hospital in each region, (v) the inclusion of Federally Qualified Health Centers, school-based health centers and county hospitals, and (vi) other factors as mutually agreed upon by the Exchange and the Contractor regarding Contractor's ability to serve the low income population.

(b) "Low-income populations" shall be defined as families living at or below 200% of Federal poverty level. ECPs shall consist of participating entities in the following programs: (i) 340B, per the providers list as of November 9, 2012, (ii) California Disproportionate Share Hospital Program, per the Final DSH Eligibility List FY (CA DHCS 2011-12), (iii) Federally designated 638 Tribal Health Programs and Title V Urban Indian Health Programs, (iv) Community Clinic or health centers licensed as either a "community clinic" or "free clinic", by the State under Health and Safety Code section 1204(a), or is a community clinic or free clinic exempt from licensure under Health and Safety Code Section 1206, and (v) Providers with approved applications for the HI-TECH Medi-Cal Electronic Health Record Incentive Program.

(c) Contractor shall notify the Exchange with respect to any material changes as of and throughout the term of this Agreement to its contracting arrangements, geographic distribution, percentage coverage, ECP classification type (e.g., 340B), and other information relating to ECPs from prior disclosures made by Contractor in its Proposal to Section II.B.3 of Solicitation and related attachments.

(d) Contractor shall comply with other laws, rules and regulations relating to arrangements with ECPs, as applicable, including, those rules set forth at 45 C.F.R. § 156.235.

Appendix C: QHP Contract Data Submission Requirements

Contractor shall provide to the Exchange information regarding Contractor's membership through the Exchange in a consistent manner to that which Contractor currently provides to its major purchasers. Contractor and the Exchange shall work together in good faith to further define mutually agreeable information and formats for Contractor to provide to the Exchange, in all cases to remain generally consistent with the information shared by Contractor with its major purchasers.