2019 Application Legend
PY 2019 Individual QHP

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
2. Administration and Attestation				
2.1	X		Attestation information.	
2.2		X	Provide entity name used in consumer-facing materials or communications.	Already established for currently contracted Applicants.
2.3		X	Changes in key personnel with org chart.	
2.4	X		Material changes in 24 months.	
2.5		X	Entity tax status.	Already established for currently contracted Applicants.
2.6		X	Entity founding date.	
2.7		X	Insurance limits.	Included in requirements of issuer contract in section 8.1.
2.8		X	Number of years experience in exchanges or marketplace environments.	Already established for currently contracted Applicants.
3. Licensed & Good Standing				
3.1		X	DMHC or DOI license.	Already established for currently contracted Applicants in section 1.15 of contract.
3.2		X	Material fines related to good standing.	
3.3		X	Material fines in California.	
4. Applicant Health Plan Proposal				
4.1		X	Offer products in all four metal tiers.	Already established for currently contracted Applicants.
4.2		X	Adhere to Exchange naming conventions.	
4.3	X		Preliminary premium proposal.	
4.4	X		Geographic confirmation for preliminary proposal - whole or partial region coverage.	
4.5	X		Requesting change to licensed service area via Regulatory agencies.	

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4.6			New SERFF Template	To be completed by currently contracted Applicants only.
5. Benefit Design				
5.1	X		Upload SERFF template.	
5.2	X		Any operational barriers to 2019 plan design.	
5.3	X		Include 2019 plan design deviations.	
5.4		X	Offering all ten EHPs.	Already established for currently contracted Applicants.
5.5		X	Offering pediatric dental.	
5.6		X	Will QHPs include non-emergent OON services.	
5.7		X	Telehealth capabilities.	
5.8	X		Submit draft of EOC.	
5.9	X		Offer benefits with 4 drug tiers.	
5.10		X	How formulary will be compliant with CA Health and Safety code.	Already established with Currently contracted Applicants.
6. Operational Capacity				
6.1 Issuer Operations and Account Management Support				
6.1.1	X		Off exchange membership totals.	
6.1.2	X		Delivery initiatives over the next 24 months.	
6.1.3		X	Subcontractor information.	Already established with Currently contracted Applicants. Added to 6.1.3
6.1.4			REMVOE: Offshore services.	
6.1.5		X	Summary of Applicant's capabilities and how long have they been in business.	Already established with Currently contracted Applicants.

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6.2 Implementation Performance				
6.2.1		X	Submit detailed implementation plan.	No implementation activities required for currently contracted Applicants.
6.2.2			Remove and consolidate with 6.2.1.	
6.2.3		X	Submit Open Enrollment readiness plan.	
6.2.4		X	Process for managing new enrollees.	
6.2.5		X	% incoming membership that would require resource increases.	
7. Customer Service				
7.1		X	Conform with Health and Safety Code Section 1368.	Customer service requirements already established for currently contracted Applicants.
7.2		X	Service hours.	
7.3		X	80% of calls within 30 seconds agreement.	
7.4		X	Ratio of CSRs to Exchange members.	
7.5		X	Training modalities for CSRs.	
7.6		X	Training tools and resources used for CSRs.	
7.7		X	Length of training for CSRs.	
7.8		X	Refresher training frequency.	
7.9		X	Languages spoken.	
7.10		X	Language line support.	
7.11		X	Changes required to support Exchange membership.	
7.12		X	Tools used to monitor consumer experience.	
7.13		X	CSR quality service metrics and scorecard.	
7.14		X	How many calls per CSR are scored per week.	
7.15			REMOVE	
8. Financial Requirements				
8.1			System in place to invoice members. REMOVE and use 8.2 instead.	
8.2		X	Systems used to invoice and collect payments.	Financial requirements already established for currently contracted Applicants.

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8.3		X	System in place to accept payment effective October 1.	
8.4		X	If not in place, what vendors are used.	Financial requirements already established for currently contracted Applicants.
8.5		X	Serving "unbanked" population.	
8.6		X	Applicant can provide detailed information for reconciliation.	
8.7		X	Applicant agrees not to impose fees or charges on members asking for paper invoices.	
8.8			REMOVE	
9. Fraud, Waste and Abuse Detection				
9.1 Prevention				
9.1.1		X	Roles and responsibilities of fraud team.	Already established for currently contracted Applicants.
9.1.2		X	Fraud risk assessments.	
9.1.3		X	Anti-fraud strategies.	
9.1.4		X	Safeguarding SSNs.	
9.1.5		X	Provider contracting policies to address identity theft at point of service.	
9.1.6		X	Steps taken after identity theft.	
9.1.7		X	Steps taken to conduct UM review after identity theft.	

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9.2 Detection				
9.2.1		X	Data sets of tools to detect unusual patterns of care.	Already established for currently contracted Applicants.
9.2.2		X	Internal/External fraud awareness program.	
9.2.3		X	How to report fraud (consumer or provider).	
9.2.4		X	Describe employee integrity activities.	
9.2.5		X	SEP policies.	
9.2.6		X	Policies and procedures used to respond to fraud.	
9.2.7		X	Controls in place for evaluating enrollment/disenrollment activities.	
9.2.8		X	Describe UM processes to validate appropriate care.	
9.3 Response				
9.3.1		X	Evaluation method for fraud, waste or abuse.	Already established for currently contracted Applicants.
9.3.2		X	Fraud, waste and abuse follow-up corrective action.	
9.3.3		X	How investigations and adverse actions are used to enhance fraud prevention/detection.	
9.3.4		X	Revenue recovery process.	
9.3.5		X	Recovery rates by calendar year.	Already established in section 1.16 of current Issuer contract.
9.3.6		X	Trends attributing to total loss from fraud on Exchange business.	Already established for currently contracted Applicants.
9.3.7		X	Reporting fraud to law enforcement.	
9.4 Audits and Reviews				
9.4.1		X	Indicate frequency of reviews in functional areas.	Already established for currently contracted Applicants.
9.4.2		X	Indicate frequency of internal audits in functional areas.	
9.4.3		X	What percent of claims were audited prior fiscal year.	
9.4.4		X	Does the Applicant maintain an independent internal audit function.	
9.4.5		X	If yes, provide a copy of the annual audit plan.	

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9.4.6		X	Oversight authority over internal audit function.	Already established for currently contracted Applicants.	
9.4.7		X	Does Applicant conduct audit of network, non-network, and contractors.		
9.4.8	X		External audit conducted or not (report by year).		
9.4.9		X	Reviewing non-contracted claims. Remove all text after first revised sentence.	Already established for currently contracted Applicants.	
9.4.10		X	Using National Practitioner Data Bank for (re)credentialing.		
9.4.11		X	Verifying providers are legitimate.		
9.4.12		X	Controls in place for monitoring referrals to a facility that the provider has a financial interest in.		
9.4.13		X	Types of claims and provider typically reviewed for fraud.		
9.4.14		X	Describe approaches Issuer takes to monitor these providers.		
9.4.15		X	Process used to validate provider information prior to contracting.		
9.4.16		X	Validating information when a provider reports a change.		
9.4.17	X		Applicant agrees to subject itself to the Exchange for audits and reviews, etc.		
10. System for Electronic Rate and Form Filing (SERFF)					
10.1	X		Must be able to populate SERFF.		
10.2	X		Will submit corrections to SERFF within 3 business days.		
10.3	X		May not make any changes to SERFF once submitted to the Exchange without prior written notice.		
11. Electronic Data Interface					

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11.1	X		Provider an overview of system, data model, vendors and any changes.	
11.2	X		Submit a copy of system lifecycle and release schedule.	
11.3		X	Develop data interfaces.	Already established for currently contracted Applicants.
11.4		X	Process for resolving errors identified by a TA1 file or a 999 file.	
11.5		X	Must communicate any testing or production changes to system configuration in a timely fashion.	
11.6		X	Be prepared to conduct testing of data interfaces no later than June 1.	
11.7		X	Ability to produce financial, eligibility, and enrollment data monthly.	
11.8		X	Proactively monitor, measure and maintain applications and databases to maximize system response.	
12. Healthcare Evidence Initiative				
12.1	X		Making contract terms transparent.	
12.2		X	Supply FFS claims or encounter record extracts monthly.	Already established for currently contracted Applicants.
12.3		X	Supply financial extracts monthly.	
12.4		X	Supply member/subscriber ID on all records submitted.	
12.5		X	Supply PHI dates such as starting date of service, etc.	
12.6		X	Supply PIN.	
12.7		X	Supply detailed coding for diagnosis, procedures, etc. on all claims for all data sources.	
12.8		X	Submit all data directly to the HEI vendor.	
12.9		X	If data must be submitted to third party vendor, guarantee the same information as required in this section will be sent.	

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12.10		X	Supply DM or lab data if possible.	
13. Privacy and Security Requirements for Personally Identifiable Data				
13.1 HIPAA Privacy Rule				
13.1.1		X	Comply with HIPAA.	Already established for currently contracted Applicants.
13.1.2		X	Provides members with the right to amend inaccurate or incomplete PHI within the Designated Record Set.	
13.1.3		X	Provides members with the right to restrict use or disclosure of PHI.	
13.1.4		X	Provides members with any disclosure the member's PHI at the member's request.	
13.1.5		X	Permits members alternative means of receiving their PHI.	
13.1.6		X	Applicant only uses minimum necessary PHI.	
13.1.7		X	Applicant maintains a HIPAA compliant Notice of Privacy Practices.	
13.2 Safeguards				
13.2.1		X	Applicant must meet the NIST-53 industry standards to protect PHI and PII.	Already established for currently contracted Applicants.
13.2.2		X	PHI and PII are encrypted in rest or transit.	
13.2.3		X	Applicant confirms it operates in compliance with state and federal security laws and regulations.	
13.2.4		X	Applicant contingency plan to address system restoration.	
13.2.5		X	Applicant must meet the NIST Special Publication 800-88 for disposal of PHI or PII.	
14. Sales Channels				
14.1		X	Experience working with agents.	Already established for currently contracted Applicants.
14.2		X	Describe Applicant's Agent of record policy.	

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14.3	X		Commission schedules.	
14.4		X	Sales team organization.	Already established for currently contracted Applicants.
14.5		X	Applicant's ability to develop an agent program.	
15. Marketing and Outreach Activities				
15.1		X	Marketing organizational chart.	Already established for currently contracted Applicants.
15.2		X	Adhere to Exchange brand guidelines.	
15.3		X	Submit materials per deadlines established by the Exchange.	
15.4	X		Submit member communication calendar.	
15.5	X		Submit proposed marketing plan.	
16. Provider Network				
16.1 Network Offerings				
16.1.1	X		Indicate different network products.	
16.1.2	X		Submit provider network information.	
16.1.3	X		Upload SERFF template.	
16.2 HMO				
*16.2.1 Network Strategy				
16.2.1.1		X	HMO network owned or leased.	Already established for currently contracted Applicants.
16.2.1.2		X	Describe terms of lease.	
16.2.1.3		X	Applicant's influence over leased network.	
16.2.1.4		X	By rating region, %'s of capitated vs. non-capitated arrangements.	
16.2.1.5		X	Ensuring access.	
16.2.1.6		X	Border state(s) care.	
16.2.1.7		X	How border state care offered.	
*16.2.2 Volume - Outcome Relationship				

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16.2.2.1		X	Tracking procedure volume by facility.	Already established with currently contracted Applicants through Attachment 7.
16.2.2.2		X	Methodology for categorizing facilities according to volume outcome and volume thresholds.	Already established with currently contracted Applicants through Attachment 7.
16.2.2.3		X	Applying this information to enrollee procedure referral.	
16.2.2.4		X	Methodology for patient identification and selection (language proficiency), referral procedures and accommodations.	
*16.2.3 Network Stability				
16.2.3.1	X		Total number of contracted hospitals.	
16.2.3.2	X		Network hospital terminations.	
16.2.3.3	X		Participating provider terminations.	
16.2.3.4	X		Total number of contracted IPA/Medical Groups/Clinics by region.	
16.2.3.5	X		IPA/Medical Groups or Clinics that have had a break in contracting.	
16.2.3.6	X		Plans for network additions.	
16.2.3.7	X		Potential network disruptions.	
16.3 PPO *16.3.1 Network Strategy				
16.3.1.1		X	PPO network owned or leased.	Already established for currently contracted Applicants.
16.3.1.2		X	Describe terms of lease.	
16.3.1.3		X	Applicant's influence over leased network.	
16.3.1.4		X	By rating region, %'s of capitated vs. non-capitated arrangements.	
16.3.1.5		X	Ensuring access.	

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16.3.1.6		X	Border state(s) care.	
16.3.1.7		X	How border state care offered.	
*16.3.2 Volume - Outcome Relationship				
16.3.2.1		X	Tracking procedure volume by facility.	Already established with currently contracted Applicants through Attachment 7.
16.3.2.2		X	Methodology for categorizing facilities according to volume outcome and volume thresholds.	
16.3.2.3		X	Applying this information to enrollee procedure referral.	
16.3.2.4		X	Methodology for patient identification and selection (language proficiency), referral procedures and accommodations.	
*16.3.3 Network Stability				
16.3.3.1	X		Total number of contracted hospitals.	
16.3.3.2	X		Network hospital terminations.	
16.3.3.3	X		Participating provider terminations.	
16.3.3.4	X		Total number of contracted IPA/Medical Groups/Clinics by region.	
16.3.3.5	X		IPA/Medical Groups or Clinics that have had a break in contracting.	
16.3.3.6	X		Plans for network additions.	
16.3.3.7	X		Potential network disruptions that would impact 2019.	
16.4 EPO *16.4.1 Network Strategy				
16.4.1.1		X	EPO network owned or leased.	Already established for currently contracted Applicants.
16.4.1.2		X	Describe terms of lease.	
16.4.1.3		X	Applicant's influence over leased network.	

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16.4.1.4		X	By rating region, %'s of capitated vs. non-capitated arrangements.	Already established for currently contracted Applicants.
16.4.1.5		X	Ensuring access.	
16.4.1.6		X	Border state(s) care.	
16.4.1.7		X	How border state care offered.	
*16.4.2 Volume - Outcome Relationship				
16.4.2.1		X	Tracking procedure volume by facility.	Already established with currently contracted Applicants through Attachment 7.
16.4.2.2		X	Methodology for categorizing facilities according to volume outcome and volume thresholds.	
16.4.2.3		X	Applying this information to enrollee procedure referral.	
16.4.2.4		X	Methodology for patient identification and selection (language proficiency), referral procedures and accommodations.	
*16.4.3 Network Stability				
16.4.3.1	X		Total number of contracted hospitals.	
16.4.3.2	X		Network hospital terminations.	
16.4.3.3	X		Participating provider terminations.	
16.4.3.4	X		Total number of contracted IPA/Medical Groups/Clinics by region.	
16.4.3.5	X		IPA/Medical Groups or Clinics that have had a break in contracting.	
16.4.3.6	X		Plans for network additions.	
16.4.3.7	X		Potential network disruptions.	
16.5 Other (for newly proposed networks only) *16.5.1 Network Strategy				
16.5.1.1		X	Network owned or leased.	

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16.5.1.2		X	Describe terms of lease.	
16.5.1.3		X	Applicant's influence over leased network.	
16.5.1.4		X	By rating region, %'s of capitated vs. non-capitated arrangements.	
16.5.1.5		X	Ensuring access.	
16.5.1.6		X	Border state(s) care.	
16.5.1.7		X	How border state care offered.	
*16.5.2 Volume - Outcome Relationship				
16.5.2.1		X	Tracking procedure volume by facility.	
16.5.2.2		X	Methodology for categorizing facilities according to volume outcome and volume thresholds.	
16.5.2.3		X	Applying this information to enrollee procedure referral.	
16.5.2.4		X	Methodology for patient identification and selection (language proficiency), referral procedures and accommodations.	

Application Section	All Issuers	New Entrants Only	Question Brief	Currently Contracted Issuer Commentary
*16.5.3 Network Stability				
16.5.3.1	X		Total number of contracted hospitals.	
16.5.3.2	X		Network hospital terminations.	
16.5.3.3	X		Participating provider terminations.	
16.5.3.4	X		Total number of contracted IPA/Medical Groups/Clinics by region.	
16.5.3.5	X		IPA/Medical Groups or Clinics that have had a break in contracting.	
16.5.3.6	X		Plans for network additions.	
16.5.3.7	X		Potential network disruptions.	
17. Essential Community Providers				
17.1		X	ECP requirements.	Already established with currently contracted Applicants through section 3.3 of contract.
18. Quality				
18.1 Accreditation				
18.1.1		X	Products offered for reporting accreditation.	Already established with currently contracted Applicants through section 3.1.3 of contract.
18.1.2		X	NCQA or URAC for HMO product.	
18.1.3		X	Copy of accrediting agency's certificate.	
18.1.4		X	NCQA and URAC for PPO product.	
18.1.5		X	Copy of accrediting agency's certificate.	
18.1.6		X	NCQA and URAC for EPO product.	
18.1.7		X	Copy of accrediting agency's certificate.	
18.2 Focus on High Cost Providers				
18.2.1	X		Understanding price variation and strategies re: unduly high costs.	

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18.3 Demonstrating Action on High Cost Pharmaceuticals				
18.3.1		X	Approach to achieving value for Rx.	Already established with currently contracted Applicants as work required in Attachment 7 - 1.04
18.4 Participation in Collaborative Quality Initiatives				
18.4.1		X	Measuring overuse/abuse (c-sections, opioids, low back pain).	Already established with currently contracted Applicants as work required in Attachment 7 - 1.06
18.4.2		X	Identify key collaboratives and organizations Plan is working with currently.	
18.5 Data Exchange with Providers				
18.5.1		X	Improve exchange of clinical data across specialties and institutional boundaries.	Already established with currently contracted Applicants as work required in Attachment 7 - 1.07
18.6 Data Aggregation Across Health Plans Remove the word "the in last sentence."				
18.6.1		X	Support aggregation of claims across payers.	Already established with currently contracted Applicants as work required in Attachment 7 - 1.08

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18.7 Mental and Behavioral Health Management				
18.7.1	X		Improve accessibility. Expand this section past 500 words. Not enough to adequately address all (4) bullets.	
18.8 Health Technology (Telehealth and Remote Monitoring)				
18.8.1	X		Telehealth capabilities.	
18.9 Health and Wellness				
18.9.1		X	HMO: Colorectal, breast, cervical cancer screening %'s.	Already addressed with currently contracted Applicants through QIS work required in Issuer contract.
18.9.2		X	PPO: Colorectal, breast, cervical cancer screening %'s.	
18.9.3		X	EPO: Colorectal, breast, cervical cancer screening %'s.	
18.9.4		X	Describe member interventions used.	
18.9.5		X	HMO: HEDIS/CAHPS immunizations (child/adult) and flu shots.	
18.9.6		X	PPO: HEDIS/CAHPS immunizations (child/adult) and flu shots.	
18.9.7		X	EPO: HEDIS/CAHPS immunizations (child/adult) and flu shots.	
18.9.8		X	Describe member interventions used.	
18.9.9		X	Participation in California Immunization Registry.	Already established with currently contracted Applicants as work required in Attachment 7 - Partnership for Patients section.

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18.9.10	X		Participation in tobacco cessation.	
18.9.11	X		Participation in obesity programs.	
18.9.12	X		How do plans actively engage members.	
18.9.13		X	Health risk assessment tools.	Already established for currently contracted Applicants.
18.9.14		X	HRA participation metrics.	
18.9.15		X	How Plans collect information at individual and aggregate levels.	
18.10 Community Health and Wellness Promotion				
18.10.1	X		Description of external facing initiatives to promote better community health.	
18.11 At-Risk Enrollees				
18.11.1		X	How do Plans identify at-risk enrollees.	Already established with currently contracted Applicants as work required in Attachment 7 - 6.06.
18.11.2		X	Number under/over 18 considered at risk.	
18.11.3		X	Describe outreach/intervention.	
18.11.4		X	Plans' process for keeping and updating medical history.	
18.11.5		X	Does Plan share registries with appropriate providers.	
18.11.6		X	Evaluate network access for proactive intervention/care management.	
18.11.7	X		Describe how to facilitate smooth transition of at risk enrollees during plan transfer.	
19. Covered California Quality Improvement Strategy				
19.1 Applicant Information				
19.1.1		X	New entrant Applicant review of Attachment 7	

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19.1.2		X	Concerns or limitations with quality improvement initiatives	
19.1.3	X		Medical and network management contacts	
19.2			Implementation Plans and Progress Reports for the Quality Improvement Strategy (QIS) for Covered California Quality and Delivery System Reform.	To be completed by currently contracted Applicants only.