CERTIFICATION APPLICATION SUBMISSION GUIDELINES QUALIFIED HEALTH PLAN INDIVIDUAL MARKETPLACE PLAN YEAR 2025

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General Submission Guidelines:

- For all System for Electronic Rate and Form Filing (SERFF) templates submitted to Covered California, provide data for **on-Exchange** products only. **Do not submit off-Exchange data**.
- Ensure templates are submitted to the "CaliforniaCC" SERFF instance.
- Submit all SERFF Templates in **.xls (Excel) and .xml** formats. This includes the Plan ID Crosswalk template submitted to the Supporting Documentation tab of Applicant's SERFF binder.
- All binders will be closed on **the applicable date listed in Table1.1 SERFF Due Dates at noon (12:00 pm) PST**. Ensure submitted documents are accurate and complete, submissions will not be allowed after the binders have closed.
- For currently contracted Applicants, multiple rounds of template validation may be subject to penalties, see Liquidated Damages for details.

Table 1.1 SERFF Due Dates

	Individual
Rates Template	5/01/2024
Rates Table Crosswalk	5/01/2024
URRT	5/01/2024
SRRT	5/01/2024
Actuarial Memorandum (anticipate Q&A due between **6/7/23** and **6/14/23**).	5/01/2024
Service Area Template	5/01/2024
Plans & Benefits Template	5/01/2024
Network ID Template	5/01/2024
Prescription Drug Template	5/01/2024
Plan ID Crosswalk Template	5/01/2024
EOC or Policy and SBC[1]	8/16/2024

SERFF Templates

Applicants **must** download and use the new coverage year SERFF templates. The templates and supporting documentation are available from the following website: https://www.qhpcertification.cms.gov/s/QHP

[1] Final and regulator-approved**.** See Evidence of Coverage (EOC) or Policy and Summary of Benefits and Coverage (SBC) for additional instructions.

Rates Table Template

Download the Rates Table Template from the cms.gov website. Complete and include this Rates Table Template with your submission. Ensure data submitted in the Rates Table Template are consistent with data submitted in the Rates Table Crosswalk and Plans & Benefits Template (e.g. Plan IDs.)

Do not include off-exchange products. Once document is uploaded on SERFF, ensure file is properly converted to an **Excel file with extension .xls (Excel), and .xml.**

Plans & Benefits Template

Download the Plans & Benefits Template from the cms.gov website.
Complete and include this Plans & Benefits Template with your submission.

Applicants must follow the Patient-Centered Benefit Plan Designs approved by the Covered California Board for the benefit year for which they are applying. Covered California prepares standard instructions to complete the Plans and Benefits Template in accordance with the Patient-Centered Benefit Plan Designs.

Covered California's **Bronze and Bronze HDHP** plans meet the requirements for the Expanded Bronze AV Standard, which are outside of the federal de minimis range. Choose the "Expanded Bronze" Level of Coverage to allow for the extended AV range. This will permit the Plans and Benefits template to pass internal validation checks and be uploaded into SERFF.

For all plans, in the instance the AVC calculates outside the de minimis or outside the Expanded Bronze AV Standard range, Applicants will need to choose "Yes" for Unique Plan Design in the template. Covered California will provide guidance on which specific plans will require this additional step.

Covered California and the applicable regulator must approve deviations from the Patient-Centered Benefit Plan Designs. If deviations are proposed, applicant must submit these on Attachment C of the Certification Application. Deviations that are not proposed on Attachment C and have not been approved by the regulator and Covered California will not be accepted in the Plans and Benefits Template and will be returned for correction with a discrepancy report. Applicants may need to complete new templates if discrepancies are identified during validation.

Applicant training to complete the Plans and Benefits Template will be provided with Covered California specific requirements. Standard plan naming conventions and detailed instructions related to cost-sharing for benefits not specified in the coverage year Patient-Centered Benefit Plan Designs but listed in the templates are also provided. *See:*

1. ***Covered CA Plan Year 2025 SERFF Template Training***

After completing the Plans and Benefits template, Applicants must use the templates validate function and correct any identified errors. Once the template is free of errors, make a screenshot of the successful validation message and upload it to the Supporting Documentation Tab. Only templates that have successfully validated may be uploaded.
Do not include off-exchange products.

Prescription Drug Template

Download the Prescription Drug Template from the cms.gov website.
Complete and include this Prescription Drug Template with your submission. The plan's formulary tiers must adhere to the coverage year Patient-Centered Benefit Plan Designs. Applicants are not required to complete the supporting documents related to the Prescription Drug Template.
Do not include off-exchange products.

Network ID Template

Download the Network ID Template from the cms.gov website. Complete and include this Network ID Template with your submission.

The network IDs in the Network ID Template link to the dataset that supports the Covered California Provider Search tool. The network IDs are essential for the search tool to return accurate results. Applicants should review the document, Covered California Provider Data Submission Guide, for specific instructions on how to create network IDs.

Use the same network ID for the same product and associated network every year. For example, if Applicant offers a PPO product in the current plan year with network ID CAN001, the PPO product in the upcoming plan year must also have the network ID CAN001.

If Applicant offers the same product with the same network in both the Individual and CCSB markets, the network ID for this product will be the same in both markets.

Service Area Template

Download the Service Area Template from the cms.gov website.
Complete and include this Service Area Template with your submission. Ensure your Service Area Template only includes ZIP codes listed in the PY2025 Covered California Zip Code Reference List.
Do not include off-exchange products.

If an Applicant provides both health and dental under the same HIOS ID, the service areas for both health and dental should be on one Service Area template (ensuring that Service area IDs are not duplicated). The same copy of the service area template should be uploaded for the dental filing and the health filing.

Covered California ZIP Code Reference List

The coverage year Covered California ZIP Codes are updated every year. Reference the PY2025 Covered California Zip Code Reference List for all updated ZIP codes by county and pricing region for the coverage year. All ZIP codes listed in the Service Area Template must match the ZIP codes on this list.

SERFF File Naming Convention

All file names must include the date the file was loaded in SERFF, in the following format: YYYY-MM-DD. All binder names must follow the following naming convention:

HIOS # YYYY-MM-DD On-Exchange – Type

Binder Example:

98765 2023-04-28 On-Exchange – Medical

All Template names must include the date the template was loaded, the name of the template and version number.

Template Examples:

Network ID: 2024-05-01 Network_V1

Plan & Benefits: 2024-05-01 Benefits_V1

Service Area: 2024-05-01 Service Area_V1

Rates: 2024-05-01 Rates Table_V1

Amendment Descriptions

All Applicant binder amendments must begin with the appropriate description of the amendment. The first words should indicate the reason for the action.

Examples of Appropriate Amendment Description:

"Updated SBCs and EOCs per DMHC final review"

"Updated Rates per Covered California direction"

It is not necessary to add additional words such as "Amending binder with …" or "The Plan submits …." The correspondence tab has limited space to show the comments for a listing of amendment letters. The reason should be clear within the first 45 to 50 letters. **It is a mandatory requirement for any updated template submission to be specifically mentioned in the amendment.**

Objection Letter

Applicants may receive an Objection Letter in their SERFF binder if the Plans and Benefits Template contains errors that must be corrected. A discrepancy report outlining the errors will be attached to the Objection Letter. Applicants must respond to the Objection Letter with a corrected Plans and Benefits Template, an updated DIT workbook, and the following language:

"Corrected P&B Template per discrepancy report dated YYYY-MM-DD"

"Updated DIT workbook with revised P&B template dated YYYY-MM-DD"

Supporting Documentation

The following items are to be submitted to the Supporting Documentation tab in SERFF. Once documents are uploaded on SERFF, ensure files is properly converted to an Excel file with **extension .xls (Excel), and .xml.**

QHP Rates Table Crosswalk

The QHP Rates Table Crosswalk associates the Plan ID from the Rate Data Template to a Plan Name, Metal Level, Plan Design and Plan Type.
Rates Table Crosswalks are provided in this Submission Guidelines package.
Complete and include the applicable Rates Table Crosswalk(s) with your submission. The name of the file must follow the following convention:

HIOS # YYYY-MM-DD QHP Rates Crosswalk

Do not include off-exchange products.

Unified Rate Review Template (URRT)

Download the URRT from the CMS website.

Complete and include this URRT with your submission. Once document is uploaded on SERFF, ensure file is properly converted to **an Excel file with extension .xls (Excel), not .xml**. The name of the file must follow the following convention:

HIOS # YYYY-MM-DD URRT

Supplemental Rate Review Template (SRRT)

The SRRT and Instructions are provided in this Submission Guidelines package.
Complete and include this SRRT with your submission. Once document is uploaded on SERFF, ensure file is properly converted to an **Excel file with extension .xls (Excel), not .xml.**
The name of the file must follow the following convention:

HIOS # YYYY-MM-DD SRRT

Actuarial Memorandum

Download the Actuarial Memorandum from CMS website, via the Unified Rate Review Template Instructions link.
Complete and include this Actuarial Memorandum with your submission. Actuaries should be prepared to respond to questions from Covered California between May 29th and June 5th.
The name of the file should follow the following convention:

HIOS # YYYY-MM-DD Actuarial Memo

Plan ID Crosswalk Template

Applies only to Applicants whose QHPs were certified in 2024.

Download the Plan ID Crosswalk Template from the cms.gov website.
The Plan Crosswalk Template will assist in enrollment for changed Plan IDs from 2024 to 2025. All Applicants must complete the Plan ID Crosswalk, regardless of whether the Plan ID has changed. Ensure all counties offered in 2024 are cross-walked to valid 2025 plans and all

reasons selected are consistent with the 2025 plan offerings. For example, Applicant will provide all 2024 offerings cross-walked to a 2025 Plan ID (new or same) and if discontinuing a product, the correct reason is selected on the template.
Note: Plan IDs do not have to change from year to year.

Supplemental URL Submission

URL's that originally were submitted through the SERFF Templates must now be submitted through a supplemental form and uploaded into SERFF:

Plans &Benefits Template Supplement Module

Use this form to submit a plan brochure URL for each plan being offered for the coverage year. A URL must be provided for each 16-digit HIOS Plan ID (this includes AI-AN plans). Ensure the URL provided does not lead to a document (e.g. pdf., docx). The link must lead consumers to the appropriate Plan Brochure for each specific plan or plan variation, without requiring the consumer to log on to a website, create an account or click through multiple web pages.

Network Template Supplement Module

Use this form to submit the Network URL for each Network ID. Applicants must provide a direct link to their provider directory for the respective network. The link cannot be to Applicant's website home page or other general website page.

Formulary Template Supplement Module

Use this form to submit the Formulary URL for each Formulary ID. The link must direct consumers to the plans pharmacy webpage and must not lead to the Applicants website home page or other general website page.

Data Integrity Tool (DIT)

The Data Integrity Tool is a review tool that is offered by CMS to cross validate between the Network, Rates, Service Area and Plans and Benefits templates. Applicants must use this tool after entering all plan data within each individual template and using the internal validation add-in. The DIT will then be used as a final validation for all required templates, and results must be uploaded to the Supporting Documentation tab in Applicant's SERFF binder. Include the full DIT workbook with validation results for all templates stated above.

Evidence of Coverage (EOC) or Policy and Summary of Benefits and Coverage (SBC)

Applicants must provide final, regulator-approved and marketing ready EOC or Policy document and SBC for **each** plan. Documents will be loaded into the pre-production environment for review before Renewal and Open Enrollment begins. Applicants will take all necessary steps and work with their regulator to meet all necessary deadlines for CalHEERS loading. If the EOCs or Policy Documents are pending regulatory approval, make a footnote stating, "Subject to Regulatory Approval." **EOCs and SBCs must be submitted in a single ZIP file.** The SBC must precede the EOC and be combined with the EOC or Policy into one document per plan, submitted as a pdf, with the following file naming convention:
16-Digit HIOS Plan ID_Plan Year.

Do not submit documents for plans that will not be made available for enrollment of the coverage year.

Plan Naming Conventions

SERFF Template Naming

Applicants must adhere to the Covered California's Plan Naming Conventions on all SERFF template submissions, marketing materials and enrollee materials.

Plan names must be the same for On-Exchange and mirrored Off-Exchange products.

CalHEERS Display – Individual Marketplace Plans
In CalHEERS, the plan name will display on three lines:

Line 1 - Issuer Logo
Line 2 - Plan name limited to 24 characters

Example:

When a specific plan is mentioned or promoted in marketing materials, it must include *Issuer name + plan name* at least once within that marketing material and ideally on the 1st mention (e.g. Covered California Bronze 60 HMO). Subsequent plan name mentions within the same marketing material can be the plan name without the Issuer name (e.g. Bronze 60 HMO).

Example: *[Issuer] Bronze 60 HMO offers you comprehensive health coverage at an affordable price. With the Bronze 60 HMO you can get the protection you need and have peace of mind.*

Note: Actuarial Value (AV) used in the plan name is the standard AV (e.g. 60, 70, 73, 80, 87, 90, and 94) for that metal tier, not the actual AV of the plan itself.

2025 Covered California Individual Market QHP Naming Convention
[Issuer name] [metal tier name] [AV] [product type]

QHP Standard Plan Names

[Issuer] Minimum Coverage PPO	(or EPO or HMO)
[Issuer] Bronze 60 PPO	(or EPO or HMO)
[Issuer] Silver 70 PPO	(or EPO or HMO)
[Issuer] Silver 73 PPO	(or EPO or HMO)
[Issuer] Silver 87 PPO	(or EPO or HMO)
[Issuer] Silver 94 PPO	(or EPO or HMO)
[Issuer] Gold 80 PPO	(or EPO or HMO)
[Issuer] Platinum 90 PPO	(or EPO or HMO)

HDHP Plan Names

[Issuer] Bronze 60 HDHP PPO	(or EPO or HMO)

Applicants may choose to include the Network Marketing Name in all 2021 plan names:

[Issuer] Silver 70 [Network Marketing Name] PPO	(or EPO or HMO)

It is not required to include a network name in the plan name.

Alaska Native/American Indian Plan Names
Alaska Native/American Indian up to <300% FPL plans:

[Issuer] $0 Cost Share PPO AI-AN	(or EPO or HMO)

If the lowest cost plan to be certified is an HDHP, do not include HDHP in the marketing name.

Alaska Native/American Indian >300% FPL plans:

[Issuer] Bronze 60 PPO AI-AN	(or EPO or HMO)
[Issuer] Bronze HDHP PPO AI-AN	(or EPO or HMO)
[Issuer] Silver 70 PPO AI-AN	(or EPO or HMO)
[Issuer] Gold 80 PPO AI-AN	(or EPO or HMO)
[Issuer] Platinum 90 PPO AI-AN	(or EPO or HMO)

Multi State Plan Names

[Issuer] Silver 70 PPO, an MSP	(or EPO or HMO)
[Issuer] Gold 80 PPO, an MSP	(or EPO or HMO)

Single Plan Design with Two Different Provider Networks within the same Metal Tier

[Issuer] Silver 70 [Network Marketing Name] PPO	(or EPO or HMO)

[Issuer] Silver 70 [Network Marketing Name] PPO (or EPO or HMO)

Supplemental URL Templates Naming

Supplemental Templates	Template Naming Convention
Network Template_Supplement Module	[5-digit Issuer HIOS ID]_[IssuerName]_IndH_MMDDYYYYY_Network Template_Supplement Module.xlsx
Formulary Drug_Supplement Module	[5-digit Issuer HIOS ID]_[IssuerName]_IndH_MMDDYYYYY_Formulary Drug_Supplement Module.xlsx
Plan&Benefits Template_Supplement Module	[5-digit Issuer HIOS ID]_[IssuerName]_IndH_MMDDYYYYY_Plan&Benefits Template_Supplement Module.xlsx

- IndH/D – "H" for health and "D" for dental
- MMDDYYYY: Date of the template

Proposal Tech Attachment Naming

Applicants must adhere to the Covered California's Plan Naming Conventions on all Proposal Tech attachment submissions.

[Issuer]_[Question Number]_[Attachment Name]_[Date]

Example: ABCD Health Plan_18.1.3_Attachment C – Patient Centered Benefit Design Deviations_050124

Liquidated Damages

SERFF Templates:

Applicant must submit complete and accurate SERFF Templates to Covered California. Covered California will participate in two rounds of validation with the Applicant. Applicant agrees to pay liquidated damages in the amount of $5,000 for each additional round of validation beyond the first two rounds. Changes to any or all of Applicant's SERFF Templates counts as one round of validation. If instructions provided by Covered California include inaccurate information which necessitates an additional round of validation, or an additional round of validation is necessary due to required changes by Covered California or Applicant's State Regulators, those rounds of validation will not be counted in the two rounds of validations.

CalHEERS:

Applicants must participate in CalHEERS testing and provide certification of plan data and documents in the CalHEERS pre-production environment. The pre-production environment is the test environment where the parties can validate templates and documents prior to the Renewal and Open Enrollment Periods. Following Applicant's certification of the QHPs in the pre-production environment, any subsequent upload required to correct Applicant's errors in the production

environment will result in liquidated damages in the amount of $25,000. One upload, for purposes of this paragraph, includes all plan data and documents that must be resubmitted to correct Applicant's errors including Summary of Benefits and Coverage, Evidence of Coverage documents. Liquidated damages will not apply to additional uploads resulting from errors in the instructions provided by Covered California, or changes required by Covered California or Applicant's regulator.