CERTIFICATION APPLICATION SUBMISSION GUIDELINES QUALIFIED DENTAL PLAN INDIVIDUAL AND SMALL BUSINESS MARKETPLACES 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 "CoveredCC" SERFF instance.
- Submit all SERFF Templates in **.xls (Excel) and .xml** formats. This includes the Plan ID Crosswalk Template that is submitted to the Supporting Documentation tab of Applicant's SERFF binder.
- All binders will be closed on **June 03, 2024, at noon (12 pm PST)**. Ensure the submitted documents are accurate and complete, submissions will not be allowed after the binders have closed.
- Multiple rounds of template validation may be subject to Liquidated Damages, see below for details.

Table 1.1 SERFF Due Dates

	Individual	CCSB
Rates Table Template	6/03/2024	6/03/2024
Rates Table Crosswalk	6/03/2024	6/03/2024
Service Area Template	6/03/2024	6/03/2024
Plans & Benefits Template	6/03/2024	6/03/2024
Network ID Template	6/03/2024	6/03/2024
Plan ID Crosswalk Template	6/03/2024	6/03/2024
EOC or Policy/Schedule of Benefits[1]	8/16/2023	9/6/2023

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

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.

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

Children's Dental Rates Table Template instructions:
In the Age column, enter the one child rate for ages 0-14, 15, 16, 17, 18. The same rate **must** be charged for children age 0-18.

Family Dental Rates Table Template instructions:
In the Age column, enter the one child rate for ages 0-14, 15, 16, 17, 18. The same rate **must** be charged for children age 0-18. Enter the rate for one adult in the cell for each age from 19 years through 64 years. The same rate **must** be charged for 19-64.

When completing the SERFF Rates Table Templates for Children's Dental Plans, Family Dental Plans rate submission, **do not** select the Family Option in the Age column.

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 coverage year Dental Benefit Plan Designs. Covered California prepares standard instructions to complete the Plans and Benefits Template in accordance with the Dental Benefit Plan Designs. Deviations from the Dental Benefit Plan Designs will not be accepted. Applicants must 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 naming conventions will also be 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 and upload it to the Supporting Documentation Tab. Only templates that have successfully validated may be uploaded. **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.

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 an 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 an 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 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 2024-06-03 On-Exchange – Dental

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

Template Examples:

Network ID: 2024-06-03 Network_V1
Plan & Benefits: 2024-06-03 Benefits_V1
Service Area: 2024-06-03 Service Area_V1

Rates: 2024-06-03 Rates Table_V1

Amendment Descriptions

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

Examples of Appropriate Amendment Description:

"Updated SBCs and EOCs per DMHC final review"

"Updated Rate Table 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.

QDP Rates Table Crosswalk

The QDP Rates Table Crosswalk associates the Plan ID from the Rates Table Template to a Plan Name, Plan Design and Plan Type.

QDP Rates Table Crosswalks are provided in this Submission Guidelines package. Complete and include the applicable QDP Rates Table Crosswalk(s) with your submission.

The name of the files must follow the following convention:

HIOS# YYYY-MM-DD QDP Rates Crosswalk

HIOS# YYYY-MM-DD QDP CCSB Rates Crosswalk

Do not include off-exchange products.

Plan ID Crosswalk Template

Applies only to Applicants whose QDPs were certified in 2024.

Download the Plan ID Crosswalk Template from the cms.gov website above.

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 an additional supplemental form and uploaded into SERFF:

Plans &Benefits Template_Supplement Module

Use the **Plans &Benefits Template_Supplement Module** 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 should 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.

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 will need to be uploaded to the Supporting Documentation tab in the Applicants SERFF binder. Include the full DIT workbook with validation results for all templates stated above.

Summary of Dental Benefits and Coverage Disclosure Matrix, Evidence of Coverage (EOC) or Policy and Schedule of Benefits

Applicants must provide final, regulator-approved and marketing-ready EOC or Policy and Schedule of Benefits (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 applicable system loading. If the EOCs or Policy Documents are pending regulatory approval, make a footnote stating, "Subject to Regulatory Approval." **Documents must be submitted in a single ZIP file.** The Summary of

Dental Benefits and Coverage Disclosure Matrix and SBC must 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 ID_Plan Year

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

The Summary of Dental Benefits and Coverage Disclosure Matrix must **precede** the SBCs/EOCs/Policy documents.

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.

Individual Marketplace Instructions:

Plan names must be the same for On-Exchange and the 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

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

2025 Covered California Individual Market QDP Naming Convention
[Issuer name] [plan name] [product type]

Children's Only Dental Plans
[Issuer] Children's Dental PPO
[Issuer] Children's Dental HMO

Family Dental Plans
[Issuer] Family Dental PPO
[Issuer] Family Dental HMO

Covered California for Small Business:

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

2025 Covered California for Small Business Dental Plan Naming Convention
[Issuer name] [plan name] [product type]

Children's Dental Plans
[Issuer] Children's Dental PPO
[Issuer] Children's Dental HMO

Family Dental Plans
[Issuer] Family Dental PPO
[Issuer] Family Dental HMO

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 Alphanumeric] [Optional Additional Naming]

> *Example:* ABCD Health Plan_18.1.3_Attachment C – Patient Centered Benefit Design Deviations

Liquidated Damages

Individual Market:

SERFF Templates:

Contractor must submit complete and accurate SERFF Templates to Covered California. Covered California will participate in two rounds of validation with the Contractor. Contractor 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 Contractor'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 Contractor's State Regulators, those rounds of validation will not be counted in the two rounds of validations.

CalHEERS:

Contractor 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 Contractor's certification of the QDPs in the pre-production environment, any subsequent upload required to correct Contractor'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 Contractor'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 Contractor's regulator.

CCSB Market:

SERFF Templates:

Contractor must submit complete and accurate SERFF Templates to Covered California. Covered California will participate in two rounds of validation with the Contractor. Contractor 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 Contractor'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 Contractor's State Regulators, those rounds of validation will not be counted in the two rounds of validations.