



**SUBMISSION GUIDELINES
QUALIFIED HEALTH PLAN(QHP) CERTIFICATION
APPLICATION
PLAN YEAR 2022
COVERED CALIFORNIA for SMALL BUSINESS
MARKETPLACE**

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General Submission Guidelines:

- For all SERFF templates submitted to Covered California, provide data for **on-exchange** products only.
- 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 submitted to the Supporting Documentation tab of Applicant’s SERFF binder.
- All binders will be closed on the applicable date listed in **Table 1.1 - What to Submit in SERFF & Due Dates, at noon (12 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 performance penalties.

What to Submit in SERFF and Due Dates – Quarter 1

Table 1.1 SERFF Due Dates for Quarter 1

	Date Due Q1
Rates Template	7/23/2021
Rates Table Crosswalk	7/23/2021
URRT	7/23/2021
Actuarial Memorandum	7/23/2021
Service Area Template	7/23/2021
Plans & Benefits Template – standard plans and approved Alternate Benefit Designs	7/23/2021
Network ID Template	7/23/2021
Prescription Drug Template	7/23/2021
Plan Crosswalk ID Template	7/23/2021
EOC or Policy and SBC*	9/10/2021

Refer to the *QHP Certification Application Plan Year 2022 Small Business Marketplace, Table 1.7 Key Action Dates* for Q2-Q4 submission dates.

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

Alternate Benefit Design Proposals

Covered California will notify Applicants of approved Alternate Benefit Design proposals by the applicable date listed in the QHP Certification Application Plan Year 2022 Small Business Marketplace, Table 1.7 Key Action Dates. Applicants must include approved Alternate Benefit Designs in all SERFF templates by the applicable date listed in **Table 1.1 - What to Submit in SERFF and Due Dates**.

Infertility

For 2022, all QHP Issuers participating in Covered California for Small Business must offer all QHPs with and without infertility coverage. Infertility riders will not be permitted. This means Issuers will need to create two plans, with different Plan IDs, for each QHP offering: one that includes infertility coverage and one that does not include infertility coverage. Infertility and Non-Infertility Plans need to be listed in separate tabs on the carrier's Plans & Benefits Template. Do not include Infertility and Non-Infertility Plans on the same tab.

SERFF Templates

The 2022 templates and supporting documentation are available from the following website:

<https://www.qhpcertification.cms.gov/s/QHP>

Rates Table Template

The Small Business Distribution Rate document will be distributed through Manage Documents in Proposal Tech, with a notification to Applicants when available. Download the 2022 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.)

Contracted QHP issuers may choose to make quarterly rate updates for the second, third and fourth quarters by submitting rate updates at least 120 days prior to the quarter begin date. Following applicable regulator rate review, quarterly rate updates shall be in effect for the 12-month period subsequent to the initial effective dates for all employer groups.

Do not include off-exchange products.

Plans & Benefits Template

Download the 2022 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.

The **Bronze and Bronze HDHP** plans meet the requirements for the Expanded Bronze AV Standard, which is outside of the standard -4/+2 percentage point range (56% - 62%). The

“Expanded Bronze” Level of Coverage option should be chosen 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 range of -4/+2% (Silver CSR plans de minimis is -1/+1%) or outside the Expanded Bronze AV Standard of -4/+5%, 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.

Note: The Plan Brochure URL field of the Plans & Benefits Template has been removed for PY 2022. URLs must now be provided on a supplemental form and uploaded into SERFF. Please see the Supplemental URL Submission section for further instructions.

Covered California and the applicable regulator must approve deviations from the Patient-Centered Benefit Plan Designs. If deviations are proposed, Covered California requires submittal of Attachment B with the Certification Application. Deviations that are not proposed on an Attachment B 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.

For Applicants proposing an Alternate Plan Design, Attachment G and Attachment H must be submitted by the applicable date listed in the QHP Certification Application Plan Year 2022 Small Business Marketplace, Table 1.7 Key Action Dates. The Alternate Plan Design data that is entered within the Plans and Benefits template must match what has been proposed on Attachment G. If there are changes made to the Alternate Benefit Design after submittal, the Applicant must submit an updated Attachment G. Applicants will be subject to a discrepancy report if proposed Alternate Benefit Design does not match between the Attachment G and the Plans and Benefits template.

Covered California provided an Applicant training to complete the Plans and Benefits Template with Covered California specific requirements. Standard naming conventions and detailed instructions related to cost-sharing for benefits not specified in the 2022 Patient-Centered Benefit Plan Design but required in the templates are also provided. See:

1. ***Covered CA Plan Year 2022 SERFF Template Training***
2. ***Covered California Plan Year 2022 CCSB Health and Dental Plan Naming Conventions Memo***

After completing the Plans and Benefits template, Applicants must use the 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 2022 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 2022 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.

Note: The Formulary URL field of the Prescription Drug Template has been removed for PY 2022. URLs must now be provided on a supplemental form and uploaded into SERFF. Please see the Supplemental URL Submission section for further instructions

Network ID Template

Download the 2022 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 V1.10" at the link: <https://hbex.coveredca.com/stakeholders/plan-management/library/Covered-California-Provider-Data-Submission-Guide-V1.10.pdf>, 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.

Note: The Network URL field of the Network ID Template has been removed for PY 2022. URLs must be provided on a supplemental form and uploaded into SERFF. Please see the Supplemental URL Submission section for further instructions.

Service Area Template

Download the 2022 Service Area Template from the cms.gov website.

Complete and include this Service Area Template with your submission. Ensure your Service Area Template only include ZIP codes listed in the 2022 California ZIP Codes Reference List. **Do not include off-exchange products.**

California ZIP Codes List

The 2022 California ZIP Code Reference List contains a listing of all ZIP codes by county and pricing region for 2022. 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 2021-05-01 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: 2021-05-01 Network_V1

Plan & Benefits: 2021-05-01 Benefits_V1

Service Area: 2021-05-01 Service Area_V1

Rates: 2021-05-01 Rates Table_V1

Prescription: 2021-05-01 Prescription Drug_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 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 mandatory 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

CCSB QHP Rates Table Crosswalk

The CCSB QHP Rates Table Crosswalk associates the Plan ID from the Rates Table 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 should follow the following convention:

HIOS # YYYY-MM-DD CCSB QHP Rates Crosswalk

Do not include off-exchange products.

Unified Rate Review Template (URRT)

Download the 2022 URRT from the cms.gov 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 should follow the following convention:

HIOS # YYYY-MM-DD CCSB URRT

Actuarial Memorandum

Download the Actuarial Memorandum from the cms.gov website, via the Unified Rate Review Template Instructions link.

Complete and include this Actuarial Memorandum with your submission.

The name of the file should follow the following convention:

HIOS # YYYY-MM-DD CCSB Actuarial Memo

Plan ID Crosswalk Template

Applies only to Applicants whose QHPs were certified in 2021.

Download the 2022 Plan ID Crosswalk Template from the cms.gov website.

The Plan Crosswalk Template will assist in enrollment for changed Plan IDs from 2021 to 2022.

All Applicants must complete the Plan ID Crosswalk, regardless of whether the Plan ID has changed. Ensure all counties offered in 2021 are cross walked to valid 2022 plans and all

reasons selected are consistent with the 2022 plan offerings. For example, Applicant will provide all 2021 offerings cross-walked to a 2022 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

This form will be used to submit a plan brochure URL for each plan being offered for PY2022. 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

This form will be used 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 Drug Template_Supplement Module

This form will be used 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.

Plan Naming Conventions Memo

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

1. ***Covered California Plan Year 2022 CCSB Health and Dental Plan Naming Conventions Memo***

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 and SBC for **each** plan. Applicants will take all necessary steps and work with their regulator to meet all necessary deadlines for system loading and quoting. 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 be combined with the EOC or Policy into one document per plan, submitted as a pdf, CCSB recommends that carriers submit EOCs and SBCs with the following file naming convention:

**[Issuer Name] [Network Marketing Name] [Metal Tier Name] [AV] [Product Type]
[deductible-primary care office visit cost share] [+Child Dental if applicable] [ALT, if
applicable] [INF, if applicable] [SPN, if applicable]**

Do not submit documents for plans that will not be made available for enrollment in 2022.