SUBMISSION GUIDELINES
QUALIFIED HEALTH PLAN (QHP) CERTIFICATION APPLICATION
PLAN YEAR 2021
INDIVIDUAL MARKETPLACE

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General Submission Guidelines:

- For all 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 **May 1, 2020 at noon (12:00 pm) PST**. Ensure the 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.

SERFF Due Dates

	Individual
Rates Template	5/01/2020
Rates Table Crosswalk	5/01/2020
URRT	5/01/2020
SRRT	5/01/2020
Draft Actuarial Memorandum	5/01/2020
Final Actuarial Memorandum (anticipate Q&A between 5/29/20 and 6/5/20)	5/01/2020
Service Area Template	5/01/2020
Plans & Benefits Template	5/01/2020
Network ID Template	5/01/2020
Prescription Drug Template	5/01/2020
Plan ID Crosswalk Template	5/01/2020
EOC or Policy and SBC*	8/21/2020

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

SERFF Templates

The 2021 templates and supporting documentation are available from the following website: https://www.qhpcertification.cms.gov/s/QHP

Rates Table Template

Download the 2021 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.

Plans & Benefits Template

Download the 2021 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.

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.

An 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 2021 Patient-Centered Benefit Plan Designs but listed in the templates are also provided. *See:*

1. ***Covered CA Plan Year 2021 SERFF Template Training***
2. ***Covered California Plan Year 2021 Individual Health and Dental Plan Naming Conventions Memo***

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 2021 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 2021 Patient-Centered Benefit Plan Designs. A URL to Applicant's formulary is also required within the template. 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 2021 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 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.

In the Network URL field, 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.

Service Area Template

Download the 2021 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 2021 California ZIP Codes Reference List.
Do not include off-exchange products.

California ZIP Codes

The 2021 California ZIP Code Reference List contains all ZIP codes by county and pricing region for 2021. All ZIP codes listed in the Service Area Template must match the ZIP codes on this list.

Note the following ZIP code changes for Plan Year 2021.

ZIP Code	County	Region	Comments
90134	Los Angeles	16	For 2021, this ZIP Code is being added for Los Angeles County.
94128	San Francisco	4	For 2021, this ZIP Code is being added for San Francisco County.
94128	San Mateo	8	For 2021, this ZIP Code is being added for San Mateo County.
94209	Sacramento	3	For 2021, this ZIP Code is being added for Sacramento County.
94236	Sacramento	3	For 2021, this ZIP Code is being added for Sacramento County.

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 2020-05-01 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: 2020-05-01 Network_V1

Plan & Benefits: 2020-05-01 Benefits_V1

Service Area: 2020-05-01 Service Area_V1

Rates: 2020-05-01 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.

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 should follow the following convention:

HIOS # YYYY-MM-DD QHP Rates Crosswalk

Do not include off-exchange products.

Unified Rate Review Template (URRT)

Download the 2021 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 should 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 should 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 2020.

Download the 2021 Plan ID Crosswalk Template from the cms.gov website.
The Plan Crosswalk Template will assist in enrollment for changed Plan IDs from 2020 to 2021. All Applicants must complete the Plan ID Crosswalk, regardless of whether the Plan ID has changed. Ensure all counties offered in 2020 are cross-walked to valid 2021 plans and all reasons selected are consistent with the 2021 plan offerings. For example, Applicant will provide all 2020 offerings cross-walked to a 2021 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.

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 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 2021 Individual 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 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 in 2021.

Liquidated Damages

As a reminder, following Contractor's certification of the QHPs 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. Liquidated damages will not apply to additional uploads resulting from errors in the instructions provided by the Exchange, or changes required by Covered California or Contractor's regulator.*