



QHP Issuer 2015 Renewal Application

Please complete the following:

Issuer Name	
NAIC Company Code	
NAIC Group Code	
Regulator(s)	
Federal Employer ID	
HIOS/Issuer ID	
Corporate Office Address	
City	
State	
ZIP	
Primary Contact Name	
Contact Title	
Contact Phone Number	
Contact E-mail	
Check all applicable categories: <input type="checkbox"/> Individual Commercial; <input type="checkbox"/> SHOP; <input type="checkbox"/> Individual Dental; <input type="checkbox"/> SHOP Dental	

On behalf of the QHP issuer stated above, I hereby attest that I meet the requirements in this Renewal Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate. I understand that Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer’s Qualified Health Plans offered on the Exchange should the information provided is found to be inaccurate. I confirm that I have the capacity to bind the QHP issuer stated above to the terms of this renewal application.

Date: _____
 Signature: _____
 Printed Name: _____
 Title: _____



QHP Issuer 2015 Renewal Application

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
I. Licensed and in Good Standing						
1.1	Confirm that QHP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. <i>Good standing means that the applicant has no material fines, no material penalties levied or material ongoing disputes with applicable licensing authorities in the last two years</i> (See Appendix A – Definition of Good Standing)	45 CFR §156.200(b)(4)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2	Are you seeking any material modification of an existing license from the California Department of Managed Health Care for any commercial individual or small group products offered or proposed to be offered through Covered California? If yes, explain what modifications you are seeking and when those are anticipated to be approved?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3	By submitting this application, QHP issuer agrees to negotiate a contract or contract amendment for 2015 in good faith with Covered California that will establish the terms and conditions of the business relationship.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
II. Provider Network Adequacy						
2.1	As a general requirement, QHP issuer must maintain continuing compliance with California provider network adequacy standards, laws & regulations established by the applicable regulatory agency. Applicant understands that provider network adequacy for its Covered California products will be determined by the applicable state regulatory agency and verified by Covered California.	45 CFR §156.230(a)(2)	Health and Safety Code §1300.67 .2.1; 1300.67. 2.2; 100,74.7 3 and Ins. Code§10 133.65		<input type="checkbox"/> Yes <input type="checkbox"/> No	



QHP Issuer 2015 Renewal Application

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	QHP issuer agrees to maintain a legally compliant provider network for each product offering (PPO, HMO, EPO) which includes sufficient number and types of providers to ensure that all services are accessible in a timely fashion to its Covered California enrollees.					
2.2	QHP issuer agrees to maintain its provider network and continue to meet regulatory requirements based on QHP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that QHP issuer intends to propose for 2015 by completing Attachment A (QHP 2015 Enrollment Projections).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	QHP products proposed for 2015 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2015 by completing Attachment B1–SERFF Service Area Template (use SERFF template current at the date of submission), Attachment B2 - Plan Type by Rating Region (Individual), and/or Attachment B3 – Plan Type by Rating Region (SHOP)					
III. Essential Community Provider (ECP) Network Requirements						
3.1	Describe how QHP issuer is continuing to meet or exceed Covered California's ECP network requirements as defined in Appendix B (Essential Community Provider Network Requirements).	45 CFR §156.230(a)(1)				
3.2	If QHP asserts that it meets the ECP network requirement as defined in Appendix B through the alternate standard, explain the basis for this assertion and how the QHP issuer is continuing to meet the ECP network requirements under the	45 CFR §156.235(a)(2)				



QHP Issuer 2015 Renewal Application

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	alternate standard.					
IV. Quality and Delivery System Reform						
4.1	Describe QHP's process to ensure that QHP issuer can comply with QHP Contract Data Submission Requirements (as defined in Appendix C) to Covered California.					
4.2	QHP agrees to submit claims and encounter data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3	Confirm that QHP will submit eValue8 modules as required by Covered California, upon request.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.4	Specify accrediting organization (NCQA, URAC, AAAHC), accreditation status, next scheduled survey date(s), current accreditation status and proposed timeline if full accreditation has not been achieved or maintained.	45 CFR §1045; 45 CFR §156.275				
4.5	Confirm that QHP will submit, upon request, to the Exchange HEDIS and CAHPS scores to include the measure numerator, denominator, and rate for the required measures set that is reported to NCQA Quality Compass and/or DHCS, per each product type for which it collects data in California.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Operational Readiness and Capacity						
5.1	QHP issuer confirms that it can and will accurately, appropriately and timely populate and submit SERFF templates at the request of Covered California for: <ul style="list-style-type: none"> (1) Rates (Attachment D1 & D2) (2) Service Area (Attachment B1) (3) Plan/Benefit Designs (Attachment F) (4) Network (Attachment G) 				<input type="checkbox"/> Yes <input type="checkbox"/> No	



QHP Issuer 2015 Renewal Application

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
5.2	Demonstrate through existing QHP contract compliance or systems testing that QHP issuer operates systems which can accurately and timely report electronic data to Covered California using standard electronic formats.					
5.3	Demonstrate, through submission of a March 2014 audit report or systems testing, as applicable, that QHP issuer can accept 834, 820 and other standard format electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachment C1 & C2)					
5.4	QHP agrees to submit contracting or participating provider lists and related information in a format as required by Covered California and at intervals requested by Covered California for the purposes of populating the centralized provider directory and to permit Covered California to perform network analytics.	45 CFR §156.230(b)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.5	Describe how QHP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS. Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014. QHP must maintain computer systems for testing any future modifications to the interface design and data interchange. QHP must maintain the service levels agreed to in the Trading Partner Agreement, as applicable. Covered California requires QHPs to sign a Trading Partner Agreement in order to participate in the required					



QHP Issuer 2015 Renewal Application

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	systems testing.					
5.6	Describe the QHP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 15, 2014.					
5.7	Describe QHP issuer's systems which must accept premium payments from members no later than October 15, 2014 made using paper checks, cashier's checks, money orders, EFT and all general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including any potential vendors, if applicable, and an implementation work plan with timeline.					
5.8	Describe how QHP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.					
5.9	Describe QHP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.					
5.10	Describe any education efforts QHP issuer provides to members to help them identify and report possible fraud scams. Describe QHP's procedures to report fraud scams to law enforcement.					
5.11	Describe QHP issuer's safeguards against Social Security/ identity fraud.					
5.12	QHP must comply with applicable federal and state privacy laws and regulations, and has appropriate procedures in place to detect and respond to privacy and security incidents.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. Rates for 2015						



QHP Issuer 2015 Renewal Application

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
6.1	Submit premium rates for every proposed QHP by rating region for 2015 completing Attachment D1 and D2 - SERFF Rates Template for Individual and/or SHOP (use SERFF template current at the date of submission)					
6.2	Provide information requested about documents required to be filed with the applicable regulator as outlined in Attachment E for 2015 products proposed to be offered through Covered California. Complete Attachment E and provide updates to this information as additional documents are submitted to the applicable regulator.					
VII. 2015 Standard Benefit Plan Design						
7.1	QHP issuer must adhere to 2015 standard benefit plan designs and requirements for every metal level and catastrophic offering.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.2	QHP issuer agrees to submit its proposed 2015 plans for each metal level and for catastrophic coverage for its licensed geographic service area(s). QHP issuer can satisfy this requirement through either its life and health insurance company offerings or its Knox Keene health care service plans or a combination thereof.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.3	Comply with California state benefit plan laws in effect for 2015.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
VIII. Naming Convention Requirement						
8.1	QHP issuer must adhere to standard naming conventions adopted by Covered California for 2015.				<input type="checkbox"/> Yes <input type="checkbox"/> No	



QHP Issuer 2015 Renewal Application

Appendix A: Definition of Good Standing

Definition of Good Standing	Agency
<u>Verification that issuer holds a state health care service plan license or insurance certificate of authority.</u> <ul style="list-style-type: none"> • Approved for lines of business sought in the Exchange (e.g. commercial, small group, individual) • Approved to operate in what geographic service areas • Most recent financial exam and medical survey report reviewed • Most recent market conduct exam reviewed 	<p style="text-align: right;">DMHC</p> <p style="text-align: right;">DMHC</p> <p style="text-align: right;">DMHC</p> <p style="text-align: right;">CDI</p>
<u>Affirmation of no material¹ statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:</u> <ul style="list-style-type: none"> • Financial solvency and reserves reviewed • Administrative and organizational capacity acceptable • Benefit Design <ul style="list-style-type: none"> • State mandates (to cover and to offer) • Essential health benefits (State required) • Basic health care services • Copayments, deductibles, out-of-pocket maximums • Actuarial value confirmation (using 2015 Federal Actuarial Value Calculator) • Network adequacy and accessibility standards are met <ul style="list-style-type: none"> • Provider contracts • Language Access • Uniform disclosure (summary of benefits and coverage) • Claims payment policies and practices <ul style="list-style-type: none"> • Provider complaints • Utilization review policies and practices • Quality assurance/management policies and practices • Enrollee/Member grievances/complaints and appeals policies and practices • Independent medical review • Marketing and advertising • Guaranteed issue individual and small group • Rating Factors • Medical Loss Ratio • Premium rate review <ul style="list-style-type: none"> • Geographic rating regions • Rate development and justification is consistent with ACA requirements 	<p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p> <p style="text-align: right;">DMHC and CDI</p>

¹ Material violations are those that represent a relevant and significant departure from normal business standards that a health plan issuer is expected to adhere to. Covered California will, at its sole discretion, determine what constitutes a material violation for this purpose.



QHP Issuer 2015 Renewal Application

Appendix B: Essential Community Provider Network Requirement

Except if Contractor has qualified under the alternate standard for essential community providers provided by the Affordable Care Act as has been determined by the Exchange, Contractor shall maintain a network that includes a sufficient geographic distribution of essential community providers (“ECP”) that are available through Contractor to provide reasonable and timely access to Covered Services to low-income populations in each geographic region where Contractor’s QHPs provide services to Enrollees.

- (a) For purposes of this Section, “sufficient geographic distribution” of ECP shall be determined by the Exchange in its reasonable discretion in accordance with the conditions set forth in the Solicitation and based on a consideration of various factors, including, (i) the nature, type and distribution of Contractor’s ECP contracting arrangements in each geographic region in which Contractor’s QHPs provides Covered Services to Enrollees, (ii) the balance of hospital and non-hospital ECPs in each geographic region, (iii) the inclusion in Contractor’s provider contracting network of at least 15% of entities in each applicable geographic region that participate in the program for limitation on prices of drugs purchased by covered entities under Section 340B of the Public Health Service Act (42 U.S.C. § 256B) (“340B Entity”), (iv) the inclusion of at least one ECP hospital in each region, (v) the inclusion of Federally Qualified Health Centers, school-based health centers and county hospitals, and (vi) other factors as mutually agreed upon by the Exchange and the Contractor regarding Contractor’s ability to serve the low income population.
- (b) “Low-income populations” shall be defined as families living at or below 200% of Federal poverty level. ECPs shall consist of participating entities in the following programs: (i) 340B, per the providers list as of November 9, 2012, (ii) California Disproportionate Share Hospital Program, per the Final DSH Eligibility List FY (CA DHCS 2011-12), (iii) Federally designated 638 Tribal Health Programs and Title V Urban Indian Health Programs, (iv) Community Clinic or health centers licensed as either a “community clinic” or “free clinic”, by the State under Health and Safety Code section 1204(a), or is a community clinic or free clinic exempt from licensure under Health and Safety Code Section 1206, and (v) Providers with approved applications for the HI-TECH Medi-Cal Electronic Health Record Incentive Program.
- (c) Contractor shall notify the Exchange with respect to any material changes as of and throughout the term of this Agreement to its contracting arrangements, geographic distribution, percentage coverage, ECP classification type (e.g., 340B), and other information relating to ECPs from prior disclosures made by Contractor in its Proposal to Section II.B.3 of Solicitation and related attachments.
- (d) Contractor shall comply with other laws, rules and regulations relating to arrangements with ECPs, as applicable, including, those rules set forth at 45 C.F.R. § 156.235.



QHP Issuer 2015 Renewal Application

Appendix C: QHP Contract Data Submission Requirements

Contractor shall provide to the Exchange information regarding Contractor's membership through the Exchange in a consistent manner to that which Contractor currently provides to its major purchasers. Contractor and the Exchange shall work together in good faith to further define mutually agreeable information and formats for Contractor to provide to the Exchange, in all cases to remain generally consistent with the information shared by Contractor with its major purchasers.

DRAFT

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment A - QHP 2015 Enrollment Projections

Issuer Name:
Product:
Market:

Please complete a separate enrollment projection for each product and market type.

Rating Region	County	Partial County Yes/No	2015 Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		
Region 10	Merced		
Region 10	Mariposa		

Rating Region	County	Partial County Yes/No	2015 Enrollment Projections
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment B1 - SERFF Service Area Template

Service Area v2.91				
<i>All fields with an asterisk (*) are required</i>				
<input type="button" value="Validate"/>		<i>To validate, press the Validate button or Ctrl + Shift + V. To finalize, press the Finalize button or Ctrl + Shift + F</i>		
<input type="button" value="Finalize"/>		<i>Click Create Service Area IDs button (or Ctrl + Shift + S) to create service area ids based on your state</i>		
<input type="button" value="Create Service Area IDs"/>		<i>Service Area IDs will populate in the drop-down box in Service Area ID column</i>		
<i>For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)</i>				
HIOS Issuer ID:*				
Issuer State:*				
<input type="button" value="Create Service Area IDs"/>				
Service Area ID*	Service Area Name*	State*	County Name	Partial County
Required: Enter the Service Area ID	Required: Enter the Service Area Name	Required: Does this Service Area cover the entire state?	Required if State is "No": Select the County - FIPS this Service Area covers	Required if State is "No": Does this Service Area include a partial county?

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment B2 - Plan Type by Rating Region (Individual)

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

INDIVIDUAL								
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan
Region 1	Alpine							
Region 1	Del Norte							
Region 1	Siskiyou							
Region 1	Modoc							
Region 1	Lassen							
Region 1	Shasta							
Region 1	Trinity							
Region 1	Humboldt							
Region 1	Tehama							
Region 1	Plumas							
Region 1	Nevada							
Region 1	Sierra							
Region 1	Mendocino							
Region 1	Lake							
Region 1	Butte							
Region 1	Glenn							
Region 1	Sutter							
Region 1	Yuba							
Region 1	Colusa							
Region 1	Amador							
Region 1	Calaveras							
Region 1	Tuolumne							
Region 2	Napa							
Region 2	Sonoma							

Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan
Region 2	Solano							
Region 2	Marin							
Region 3	Sacramento							
Region 3	Placer							
Region 3	El Dorado							
Region 3	Yolo							
Region 4	San Francisco							
Region 5	Contra Costa							
Region 6	Alameda							
Region 7	Santa Clara							
Region 8	San Mateo							
Region 9	Santa Cruz							
Region 9	Monterey							
Region 9	San Benito							
Region 10	San Joaquin							
Region 10	Stanislaus							
Region 10	Merced							
Region 10	Mariposa							
Region 10	Tulare							
Region 11	Fresno							
Region 11	Kings							
Region 11	Madera							
Region 12	San Luis Obispo							
Region 12	Ventura							
Region 12	Santa Barbara							
Region 13	Mono							
Region 13	Inyo							
Region 13	Imperial							
Region 14	Kern							
Region 15	Los Angeles							
Region 16	Los Angeles							
Region 17	San Bernardino							
Region 17	Riverside							
Region 18	Orange							
Region 19	San Diego							

**California Health Benefit Exchange
 QHP Issuer 2015 Renewal Application
 Attachment B3 - Plan Type by Rating Region (SHOP)**

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan or propose an Alternate Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

SHOP										
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 1	Alpine									
Region 1	Del Norte									
Region 1	Siskiyou									
Region 1	Modoc									
Region 1	Lassen									
Region 1	Shasta									
Region 1	Trinity									
Region 1	Humboldt									
Region 1	Tehama									
Region 1	Plumas									
Region 1	Nevada									
Region 1	Sierra									
Region 1	Mendocino									
Region 1	Lake									
Region 1	Butte									
Region 1	Glenn									
Region 1	Sutter									
Region 1	Yuba									
Region 1	Colusa									
Region 1	Amador									
Region 1	Calaveras									
Region 1	Tuolumne									
Region 2	Napa									
Region 2	Sonoma									
Region 2	Solano									
Region 2	Marin									
Region 3	Sacramento									
Region 3	Placer									
Region 3	El Dorado									

Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 3	Yolo									
Region 4	San Francisco									
Region 5	Contra Costa									
Region 6	Alameda									
Region 7	Santa Clara									
Region 8	San Mateo									
Region 9	Santa Cruz									
Region 9	Monterey									
Region 9	San Benito									
Region 10	San Joaquin									
Region 10	Stanislaus									
Region 10	Merced									
Region 10	Mariposa									
Region 10	Tulare									
Region 11	Fresno									
Region 11	Kings									
Region 11	Madera									
Region 12	San Luis Obispo									
Region 12	Ventura									
Region 12	Santa Barbara									
Region 13	Mono									
Region 13	Inyo									
Region 13	Imperial									
Region 14	Kern									
Region 15	Los Angeles									
Region 16	Los Angeles									
Region 17	San Bernardino									
Region 17	Riverside									
Region 18	Orange									
Region 19	San Diego									

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment C1 - 834 Enrollment File Error Listing

March 2014 834 Enrollment File Error Listing				
834 Enrollment Files Sent to Carrier - File Names	Number of Members in File	Carrier 999 Response File Sent to CalHEERS	No. of Rejected Files in 999 Response Due to Carrier Issues	Error Rate
ex: TO_999999_IND_2014030515897.edi	500	ex: FROM_999999_IND_2014030565	4	0.8%

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment C2 - 834 Effectuation File Error Listing

March 2014 834 Effectuation File Error Listing				
834 Effectuation Files Sent from the Carrier - File Names	Number of Members in File	CalHEERS 999 Response File Sent to CalHEERS	No. of Rejected Files in 999 Response Due to Carrier Issues	Error Rate
ex: FROM_99999_IND_2014030515897.edi	500	ex:TO_99999_IND_201403056577899.edi	4	0.8%

California Health Benefit Exchange
 QHP Issuer 2015 Renewal Application
 Attachment D1 - SERFF Rates Template (Individual)

Rates Table Template v2.3				
<input type="button" value="Validate"/>		To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.		
<input type="button" value="Finalize"/>		If you are a community rating state, select Family Option under Age and fill in all columns. If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band. If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use. To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.		
<input type="button" value="Add Sheet"/>				
HIOS Issuer ID*				
Federal TIN*				
Rate Effective Date*				
Rate Expiration Date*				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non- Tobacco or No Preference enrollee on a plan

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment D2 - SERFF Rates Template (SHOP)

Rates Table Template v2.3		<i>To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
<input type="button" value="Validate"/>		<i>If you are a community rating state, select Family Option under Age and fill in all columns.</i>		
<input type="button" value="Finalize"/>		<i>If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.</i>		
<input type="button" value="Add Sheet"/>		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.</i>				
HIOS Issuer ID*				
Federal TIN*				
Rate Effective Date*				
Rate Expiration Date*				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan

**California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment E - Regulatory/Product Filings**

Issuer Name:

Instructions:

Please provide the requested details associated with any Regulatory and/or Product filings necessary to obtain approval of products/plans that are to be submitted in response to this application.

Type of Filing	Regulatory Agency	Regulatory Filing Number (if applicable)	Product Filing Number (if applicable)	Date of Submission	Expected Date for Review / Approval	Amendment Number (If applicable)	Initial Filing Date (If applicable)	Comments

California Health Benefit Exchange
 QHP Issuer 2015 Renewal Application
 Attachment F - SERFF Plan Benefit Template

Plans & Benefits Template v1.32				<i>To use this template, please review the user guide and instructions.</i>									
HIOS Issuer ID*				<i>You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.</i>									
Issuer State*				<i>To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.</i>									
Market Coverage*				<i>To create additional Benefits Package worksheets, use the Create New Benefits Package macro.</i>									
Dental Only Plan*				<i>To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.</i>									
TIN*													
Plan Identifiers													
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*		
Benefit Information				General Information									
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason			
Primary Care Visit to Treat an Injury or Illness													
Specialist Visit													
Other Practitioner Office Visit (Nurse, Physician Assistant)													
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)													
Outpatient Surgery Physician/Surgical Services													

California Health Benefit Exchange
QHP Issuer 2015 Renewal Application
Attachment G - SERFF Network Template

Network Template v1.71			<i>All fields with an asterisk (*) are required.</i>
Validate		<i>To validate the template, press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.</i>	
Finalize		<i>Click Create Network IDs button (or Ctrl + Shift + N) to create network ids based on your state.</i>	
		<i>Network IDs will populate in the drop-down box in Network ID column.</i>	
		<i>Use each Network ID only once.</i>	
HIOS Issuer ID*			
Issuer State*			
Create Network IDs			
Network Name* Required: Enter the Network Name		Network ID* Required: Select the Network ID	Network URL* Required: Enter the Network URL