

California Health Benefit Exchange
QHP New Entrant Certification Application for Plan Year 2016
Attachment B - Enrollment Projections

Issuer Name:
Product:
Market:

Please provide enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2016 through December 1, 2016

Rating Region	County	Product (HMO/EPO/PPO)	2016 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	Product (HMO/EPO/PPO)	2016 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 New Entrant Certification Application for Plan Year 2016
Attachment C1 - 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							

Attachment C1 - Plan Type by Rating Region (Individual)

California Health Benefit Exchange
QHP New Entrant Certification Application for Plan Year 2016
Attachment C2 - 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
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 Attachment D1 - Provider Data**

Please refer to the lookup table in the Excel Attachment for specific input values

PCP Tab

Row #	Last Name	Middle Name	NPI	CA License	Participating Product/Network	Tier	Provider Language	Practice Address	Practice Address 2	Practice City	Practice County	Practice State	Practice Zip Code	Accepting New Patients	Specialty
1															
2															
3															
...															

Specialist Tab

Row #	Last Name	Middle Name	NPI	CA License	Participating Product/Network	Tier	Provider Language	Practice Address	Practice Address 2	Practice City	Practice County	Practice State	Practice Zip Code	Accepting New Patients	Specialty
1															
2															
3															
...															

Hospital Tab

Row #	Hospital Name	Alternate Name	Address	Address 2	City	County	State	Zip Code	NPI	CA Facility ID	Hospital System	Participating Product/Network	Tier
1													
2													
3													
...													

Medical Groups/IP As Tab

Row #	Medical Group/IPAs	Alternative Name	Address	Address 2	City	County	State	Zip Code	DMHC ID	Federal Tax ID	Participating Product/Network	Tier	Capitated/Non-Capitated
1													
2													
3													
...													

California Health Benefit Exchange
QHP New Entrant Certification Application for Plan Year 2016
Attachment D2 - ECP Providers

This is an example of the ECP Pick List that will be made available from the link provided in the application. Applicants are requested to indicate which of the entities on the list are participating in their network by choosing "Yes" or "No" in the appropriate product column.

In Network PPO	In Network EPO	In Network HMO	Entity Name	Entity Sub-Division Name	Address 1	Address 2	City	County	Zip	Rating Region	340B Entity Type	CDPH Licensed Clinic Type
			A Woman'S Friend Preg Resource Ctr & Med Clinic	A Woman'S Friend Preg Resource Ctr & Med Clinic	616 E St		Marysville	YUBA	95901	1		Community Clinic
			Ampla Health	Ampla Health Arbuckle Medical & Dental	89 Putnam Way		Arbuckle	Colusa	95912	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Chico Dental	236 W East Ave		Chico	Butte	95926	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Chico Medical & Pediatrics	680 Cohasset Rd		Chico	Butte	95926	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Colusa Medical & Dental	555 Fremont St		Colusa	Colusa	95932	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Gridley Medical	520 Kentucky St		Gridley	Butte	95948	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Hamilton City Medical	278 Main St		Hamilton City	Glenn	95951	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Los Molinos Medical	7981 Hwy 99E		Los Molinos	TEHAMA	96055	1		Community Clinic
			Ampla Health	Ampla Health Lindhurst Medical & Dental	4941 Olivehurst Ave		Olivehurst	Yuba	95961	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Orland Medical & Dental	1211 Cortina Dr		Orland	Glenn	95963	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Oroville Medical & Dental	2800 Lincoln St		Oroville	Butte	95966	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Corporate Office	935 Market St	Ste A	Yuba City	Sutter	95991	1	Consolidated Health Center Program*	
			Ampla Health	Ampla Health Richland Medical	334 Samuel Dr		Yuba City	Sutter	95991	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Yuba City Medical	1000 Sutter St		Yuba City	Sutter	95991	1	Consolidated Health Center Program*	Community Clinic
			Ampla Health	Ampla Health Yuba City Pediatrics	931 Market St		Yuba City	Sutter	95991	1	Consolidated Health Center Program*	Community Clinic
			Anderson Valley Health Center	Anderson Valley Health Center	13500 Airport Rd		Boonville	Mendocino	95415	1	Consolidated Health Center Program*	Community Clinic
			Butte County Dept Of Public Health	Administrative Office	202 Mira Loma Dr		Oroville	Butte	95965	1	Family Planning	
			Butte County Public Health	Oleander Clinic	695 Oleander Ave		Chico	Butte	95926	1	Family Planning	
			Butte County Public Health	Table Mountain Clinic	78 Table Mountain Blvd		Oroville	Butte	95965	1	Family Planning	
			Butte Department Of Public	Butte Department Of Public	202 Mira Loma Dr		Oroville	Butte	95965	1	STD	
			Chapa-De Indian Health Program - Corporate Office	Chapa-De Indian Health Program - Grass Valley	1061 E Main St		Grass Valley	Nevada	95945	1		
			Chapa-De Indian Health Program Inc	Grass Valley Clinic	1350 E Main St		Grass Valley	Nevada	95945	1	Tribal Contract/Compact with IHS	Community Clinic
			Colusa Indian Health Clinic	Colusa Indian Health Clinic	3710 Highway 45	Suite A	Colusa	Colusa	95932	1	Tribal Contract/Compact with IHS	
			Consolidated Tribal Health Project	Consolidated Tribal Health Project	6991 N State St		Redwood Valley	Mendocino	95470	1	Tribal Contract/Compact with IHS	Community Clinic
			County Of Amador	Amador County Public Health	10877 Conductor Blvd	Suite 400	Sutter Creek	Amador	95685	1	STD	

California Health Benefit Exchange
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Attachment E1 - Delivery System Reform (Individual)

Indicate the geography and contracted providers engaged in delivery system initiatives, and expected availability for the Individual Exchange enrollees. The 19 regions are defined based on recent California legislation and shown in the linked attachment. For the columns indicating the number of members and physicians included, report data as of January 1, 2015; if current data are not available, report data as of September 30, 2014.

Rating Region	Type of Initiative *(see definitions below)	Geographic Availability	Product Availability	List partner organizations (medical groups and hospitals)	Number of members included in the program	Number of primary care physicians included in the program	Number of specialists included in the program
	<i>Multi, Choice</i> Accountable Care Organization Primary Care Medical Home	<i>Single, Pull-down list</i> Full Region Partial Region Not Offered	<i>Single, Pull-down list</i> Available to the Exchange in 2015 Not Available to the Exchange May be available to the Exchange after 2015	<i>Detail box 500 words</i>	<i>Numeric</i>	<i>Numeric</i>	<i>Numeric</i>
Region 1							
Region 2							
Region 3							
Region 4							
Region 5							
Region 6							
Region 7							
Region 8							
Region 9							
Region 10							
Region 11							
Region 12							
Region 13							
Region 14							
Region 15							
Region 16							
Region 17							
Region 18							
Region 19							

*Accountable Care Organizations means that there is both upside and downside risk for participants with gainsharing available to purchasers or consumers

*Primary Care Medical Home means a targeted effort to support practice transformation and steering of members to PCMH-designated providers

California Health Benefit Exchange
QHP New Entrant Certification Application for Plan Year 2016
Attachment E2 - Delivery System Reform (Individual)

Indicate the geography and contracted providers engaged in delivery system initiatives, and expected availability for the SHOP Exchange enrollees. The 19 regions are defined based on recent California legislation and shown in the linked attachment. For the columns indicating the number of members and physicians included, report data as of January 1, 2015; if current data are not available, report data as of September 30, 2014.

Rating Region	Type of Initiative *(see definitions below)	Geographic Availability	Product Availability	List partner organizations (medical groups and hospitals)	Number of members included in the program	Number of primary care physicians included in the program	Number of specialists included in the program
	<i>Multi, Choice</i> Accountable Care Organization Primary Care Medical Home	<i>Single, Pull-down list</i> Full Region Partial Region Not Offered	<i>Single, Pull-down list</i> Available to the Exchange in 2015 Not Available to the Exchange May be available to the Exchange after 2015	<i>Detail box 500 words</i>	<i>Numeric</i>	<i>Numeric</i>	<i>Numeric</i>
Region 1							
Region 2							
Region 3							
Region 4							
Region 5							
Region 6							
Region 7							
Region 8							
Region 9							
Region 10							
Region 11							
Region 12							
Region 13							
Region 14							
Region 15							
Region 16							
Region 17							
Region 18							
Region 19							

*Accountable Care Organizations means that there is both upside and downside risk for participants with gainsharing available to purchasers or consumers

*Primary Care Medical Home means a targeted effort to support practice transformation and steering of members to PCMH-designated providers

California Health Benefit Exchange

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Attachment G - SHOP Alternate Benefit Design

Input the cost sharing amounts that describe the enrollee's out-of-pocket costs for each benefit category. List any exclusions in the column on the right.

Applicant is offering a Standard

Plan across all metal levels.

Yes

No

		Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Single pull-down list Offered Not Offered	Provide additional detail including any exclusions
		Silver Alternate Plan	Silver Alternate Plan	Platinum Alternate Plan (Optional)	Platinum Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	
		Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	
12/28/2012										
Estimated Actuarial Value		%	%	%	%	%	%	%	%	
Overall deductible		\$	\$	\$	\$	\$	\$	\$	\$	
Other deductibles for specific services										
Facility-related Services		\$	\$	\$	\$	\$	\$	\$	\$	
Brand Drugs		\$	\$	\$	\$	\$	\$	\$	\$	
Dental		\$	\$	\$	\$	\$	\$	\$	\$	
Out-of-pocket limit on expenses		\$	\$	\$	\$	\$	\$	\$	\$	
Service Type	Professional/Hospital	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Provide additional detail including any exclusions
Visit to a health care provider's office or clinic										
Primary care visit to treat an injury or illness (<i>deductible waived for first visit except Non-Par Providers or HSA plans-- see footnote</i>)		Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	Drop down - Value entered as ____% or \$ ____	<i>text box, 100 words - replicate below</i>
Specialist visit		Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	Repeat below	
Other practitioner office visit										
Preventive care/ screening/ immunization										
Tests										
Diagnostic test (x-ray, blood work)										
Imaging (CT/PET scans, MRIs)										
Drugs to treat illness or condition										
Generic drugs										
Preferred brand drugs										
Non-preferred brand drugs										
Specialty drugs										
Outpatient surgery										
Facility fee (e.g., ambulatory surgery center)										

		Silver Alternate Plan	Silver Alternate Plan	Platinum Alternate Plan (Optional)	Platinum Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Gold Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	Bronze Alternate Plan (Optional)	Provide additional detail including any exclusions
		Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	
Physician/surgeon fees										
Need immediate attention										
Emergency room services										
Emergency medical transportation										
Urgent care										
Hospital stay										
Facility fee (e.g., hospital room)										
Physician/surgeon fee										
Mental health, behavioral health, or substance abuse needs										
Mental/Behavioral health outpatient services										
Mental/Behavioral health inpatient services										
Substance use disorder outpatient services										
Substance use disorder inpatient services										
Pregnancy										
Prenatal and postnatal care										
Delivery and all inpatient services	Professional									
Delivery and all inpatient services	Hospital									
Help recovering or other special health needs										
Home health care										
Rehabilitation services										
Habilitation services										
Skilled nursing care										
Durable medical equipment										
Hospice service										
Child needs dental or eye care										
Eye exam (<i>deductible waived</i>)										
Glasses										
Dental check-up - Preventive and Diagnostic Services (<i>deductible waived</i>)										
Dental Basic Services										
Dental Restorative and Orthodontia Services										