



**SUBMISSION GUIDELINES
QUALIFIED DENTAL PLAN (QDP) CERTIFICATION
APPLICATION
PLAN YEAR 2021
INDIVIDUAL AND SMALL BUSINESS MARKETPLACES**

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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 “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 **May 1, 2020 at noon (12 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	CCSB
Rates Table Template	5/1/2020	5/1/2020
Rates Table Crosswalk	5/1/2020	5/1/2020
Service Area Template	5/1/2020	5/1/2020
Plans & Benefits Template	5/1/2020	5/1/2020
Network ID Template	5/1/2020	5/1/2020
Plan ID Crosswalk Template	5/1/2020	5/1/2020
EOC or Policy/Schedule of Benefits*	8/21/2020	9/11/2019

*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.

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 2021 Plans & Benefits Template from the cms.gov website. Complete and include this Plans & Benefits Template with your submission.

Applicants must follow the 2021 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 will 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 naming conventions will also be 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***

3. **Covered California Plan Year 2021 CCSB 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 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 2021 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 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.

In the Network URL field, Applicants must provide a direct link to their provider directory for the respective network. The link cannot be to the 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

2021 California ZIP Code Reference List contains a listing of 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 – Dental

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 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 should 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 2020.

Download the 2021 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 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 the Applicants 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***
2. ***Covered California Plan Year 2021 CCSB Health and Dental Plan Naming Conventions Memo***

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 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 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.