Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
1. Application Overview	**1. Application Overview**	
1.1	1.1	
1.2	1.2	
1.3	1.3	Updated language
1.4	1.4	
1.5	1.5	
1.6	1.6	
1.7	1.7	
1.8	1.8	
2. Administration and Attestation	**2. Administration and Attestation**	
2.1	2.1	Moved part of question 5.1.4 (how long Applicant has been a Health Issuer) to table.
2.2	2.2	
2.3	2.3	Edited question structure.
2.4	2.4	
2.5	2.5	
3. Licensed & Good Standing	**3. Licensed & Good Standing**	
3.1	3.1	Moved definition of Good Standing to Section 22 - Glossary.
3.2	3.2	
4. Applicant Health Plan Proposal	**17. Health Plan Proposal**	
4.1	17.1	
4.2	17.2	
4.3	17.3	Updated language
4.4	17.4	Updated language for Applicants to include why all metal tiers will not be offered for a proposed geographic region.
4.5	17.5	
4.6		Moved to Section 13 - SERFF, question 13.1.
4.7	17.6	
5. Benefit Design		Benefit Design has been moved to the new product specific subsections: Section 18 - HMO, Section 19 - PPO, Section 20 - EPO, and Section 21 - Other Network Type.
6. Operational Capacity	**5. Operational Capacity**	

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
6.1 Issuer Operations and Account Management Support	5.1 Issuer Operations and Account Management Support	
6.1.1	5.1.1	
6.1.2	5.1.2	
6.1.3	5.1.3	
6.1.4	5.1.4	Moved how long Applicant has been a licensed Health Issuer to Section 2 Administration and Attestation, question 2.1.
6.1.5	5.1.5	
6.2 Implementation Performance	5.2 Implementation Performance	
6.2.1	5.2.1	
6.2.2	5.2.2	
6.2.3	5.2.3	
6.2.4	5.2.4	
6.2.5	5.2.5	
7. Customer Service	**6. Customer Service**	
7.1	6.1	
7.2	6.2	
7.3	6.3	
7.4	6.4	
7.5	6.5	Combined into one question.
7.6		
7.7	6.6	Combined into one question.
7.8		
7.9	6.7	
7.10	6.8	
7.11	6.9	
7.12	6.10	
7.13	6.11	Combined into one question.
7.14		
8. Financial Requirements	**4. Financial Requirements**	
8.1	4.1	
8.2	4.2	
8.3	4.3	
8.4	4.4	
8.5	4.5	Combined into one question, 4.5.
8.6		
9. Fraud, Waste and Abuse Detection	**10. Fraud, Waste and Abuse Detection**	

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
9.1 Prevention/Detection/Response		
9.1.1	10.1	
9.1.2	10.2	
9.1.3	10.3	
9.1.4	10.4	
9.1.5	10.5	
9.1.6	10.6	
9.1.7	10.7	
9.1.8	10.8	
9.1.9	10.9	
9.1.10	10.10	
9.1.11	10.11	
9.1.12	10.12	
9.1.13	10.13	
9.2 Audits	11. Audits	
9.2.1	11.1	
9.2.2	11.2	
9.2.3	11.3	
9.2.4	11.4	
9.2.5	11.5	
9.2.6	11.6	
10. System for Electronic Rate and Form Filing (SERFF)	13. System for Electronic Rate and Form Filing (SERFF)	
10.1	13.1	Moved submission of template from questions; 4.6, 5.1, 5.11 from Plan Year 2022.
10.2	13.2	Updated to 5 business from 3 business days.
	13.3	New
	13.4	New
10.3	13.5	
11. Electronic Data Interface	12. Electronic Data Interface	
11.1	12.1	
11.2	12.2	

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
11.3	12.3	
11.4	12.4	
11.5	12.5	
11.6	12.6	
11.7	12.7	
11.8	12.8	
12. Healthcare Evidence Initiative (HEI)	**14. Healthcare Evidence Initiative (HEI)**	
12.1	14.1	
12.2	14.2	
12.3	14.3	
12.4	14.4	
12.5	14.5	Added "descriptive codes" in the directions for clarity. Added two codes: American Medical Health Care Provider Taxonomy Code and CMS Provider Type and Specialty Codes.
12.6	14.6	
12.7	14.7	
12.8	14.8	
12.9	14.9	
13. Privacy and Security Requirements for Personally Identifiable Data	**9. Privacy and Security Requirements for Personally Identifiable Data**	
13.1 HIPAA Privacy Rule	9.1 HIPAA Privacy Rule	
13.1.1	9.1.1	
13.1.2	9.1.2	
13.1.3	9.1.3	
13.1.4	9.1.4	
13.1.5	9.1.5	
13.1.6	9.1.6	
13.1.7	9.1.7	
13.2 Safeguards	9.2 Safeguards	
13.2.1	9.2.1	
13.2.2	9.2.2	

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
13.2.3	9.2.3	
13.2.4	9.2.4	
13.2.5	9.2.5	
13.2.6	9.2.6	
14. Sales	**7. Sales**	
14.1	7.1	Added Insurance Brokers and Procedures.
14.2	7.2	Added Applicant must describe Agent of Record policy and procedure and submit policy from question 14.2
14.3	7.3	Moved request to submit Agent of Record policy to question 7.2
14.4	7.4	Applicants must submit their AOR Commission policy.
14.5	7.5	Added specificity on AOR commission rates questions.
14.6	7.6	Edited to ask for Individual and Family Plans Sales Team organizational chart.
14.7	7.7	Added specificity on Agent and Broker Services.
15. Marketing and Outreach Activities	**8. Marketing and Outreach Activities**	
15.1	8.1	
15.2	8.2	
15.3	8.3	
15.4	8.4	
15.5	8.5	
15.6	8.6	
15.7	8.7	
15.8	8.8	
16. Network Provider		Network Provider has been moved to the new product specific subsections: Section 18 - HMO, Section 19 - PPO, Section 20 - EPO, and Section 21 - Other Network Type.
17. Essential Community Providers	**15. Essential Community Providers**	
17.1	15.1	
18. Quality	**16. Health Equity and Quality Transformation**	
18.1 Accreditation	16.1 Accreditation	

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
18.2 Focus on High Cost Providers	18.4 Delivery System and Payment Strategies to Drive Quality	Reduced questions and duplication, combined with questions on provider and hospital cost in product specific subsection "Provider Networks Based on Value".
18.3 Demonstrating Action on High Cost Pharmaceuticals	16.7 Affordability and Cost	Moved 19.X.7 Patient-Centered Information and Support and incorporated in new Affordability and Cost section, converted achieving value in delivery of pharmacy services questions to table format.
18.4 Participation in Quality Improvement Collaboratives	16.8 Participation in Quality Improvement Collaboratives	Engagement with collaboratives questions converted to table format with questions in drop down menu.
18.5 Data Sharing and Exchange	16.9 Data Sharing and Exchange	Focused questions on priority functions, combined in 16.9.
18.6 Data Aggregation		
18.7 Behavioral Health	16.3 Behavioral Health	Questions have been edited for clarity.
18.8 Health Technology		Telehealth questions converted to table format and moved to Benefit Administration.
18.8.1		Moved question to Benefit Administration.
18.8.2		Moved question to Benefit Administration.
18.8.3	16.9 Data Sharing and Exchange	Moved question to new section.
18.9 Health Promotion and Prevention	16.4 Health Promotion and Prevention	Removed 18.9.5-18.9.6 Obesity/Weight Management questions. Removed reporting requirement for non-Covered California members identified as tobacco dependent. Updated Diabetes Prevention Program outcomes of interest. Moved question 18.9.8 to 16.5.1.
18.10 Advancing Health Equity and Community Health	16.2.1 Organizational Commitment to Cultivating a Culture of Health Equity	
18.11 Population Health Management	16.5 Population Health Management	Added Population Health Management standard to PHM plan submission requirement. Added 16.5.4 Health-related Social Needs section. Added 16.5.5 Prevention of Algorithmic Bias in Healthcare section.
18.12 Complex Care	16.6 Complex Care	Moved 16.X.2 Volume-Outcome Relationship sub-section to questions 16.6.2-16.6.5.
19.X.2 Reducing Health Disparities and Ensuring Health Equity	16.2.2 Linking Quality and Equity	Previous questions revised and incorporated into new, expanded health equity section. 19.x.2.4 removed as reporting procedures for this requirement have been updated.
19. QIS		QIS has been moved to the new product specific subsections: Section 18 - HMO, Section 19 - PPO, Section 20 - EPO, and Section 21 - Other Network Type.

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
N/A	**18. Health Maintenance Organization (HMO)**	
5. Benefit Design	18.1 Benefit Design	
5.1	18.1.1	Moved upload template to Section 13 - SERFF, question 13.1.
	18.1.2	New
5.2	18.1.3	
5.3	18.1.4	
5.5		Moved to Section 16.3 - Behavioral Health.
5.7	18.1.5	
5.9		Removed
5.10	18.16	Language has been updated for Applicant to confirm documents will be submitted by due dates in the Submission Guidelines.
5.11		Moved upload SERFF templates to Section 13 SERFF, question 13.1.
5.12		Removed
N/A	18.2 Benefit Administration	
5.4	18.2.1	
5.6	18.2.2	
	18.2.3	Question from PY2022 has been edited to request additional information and submit the template separately.
5.8	18.2.4	
	18.2.5	New
16.2.1 Network Strategy	18.3 Network	
16.2.1.1	18.3.2	
16.2.1.2	18.3.3	
16.2.1.3	18.3.4	
16.2.1.4	18.3.5	
16.2.1.5	18.3.6	Removed questions from table format (question 16.2.15) and into their own question.
	18.3.7	
	18.3.8	
	18.3.9	
	18.3.10	New
	18.3.11	New
16.2.1.6	18.3.12	
16.2.1.7		

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
	18.3.13	New
	18.3.14	New
	18.3.15	New
	18.3.16	New
16.2.2 Volume - Outcome Relationship	N/A	Moved to Section 16. Health Equity and Quality Transformation
16.2.3 Network Stability	N/A	
16.2.3.1	18.3.17	
16.2.3.2	18.3.18	
N/A	18.4 Delivery System and Payment Strategies to Drive Quality	
19.X.1 Provider Networks Based on Value	18.4.1 Delivery System and Payment Strategies to Drive Quality, Provider Networks Based on Value	Section moved; questions edited for clarity. Added introductory language. Questions focus on provider and hospital cost and quality. Combined with previous Focus on High Cost Providers section.
19.X.3 Promoting Development and Use of Care Models – Primary Care	18.4.2 Delivery System and Payment Strategies to Drive Quality, Effective Primary Care	Section moved; added introductory language, questions edited for clarity.
19.X.4 Promoting Development and Use of Care Models – Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs)	18.4.3 Delivery System and Payment Strategies to Drive Quality, Integrated Delivery Systems and Accountable Care Organizations	Section moved; added introductory language, questions edited for clarity.
19.X.5 Appropriate Use of Cesarean Sections	18.4.4 Delivery System and Payment Strategies to Drive Quality, Appropriate Use of Cesarean Sections	Section moved; questions edited for clarity.
19.X.6 Hospital Patient Safety	18.4.5 Delivery System and Payment Strategies to Drive Quality, Hospital Patient Safety	Section moved; questions edited for clarity.

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
	19. Preferred Provider Organization	
5. Benefit Design	19.1 Benefit Design	
5.1	19.1.1	Moved upload template to Section 13 - SERFF, question 13.1.
	19.1.2	New
5.2	19.1.3	
5.3	19.1.4	
5.5		Moved to Section 16.3 - Behavioral Health.
5.7	19.1.5	
5.9		Removed
5.10	19.1.6	Language has been updated for Applicant to confirm documents will be submitted by due dates in the Submission Guidelines.
5.11		Moved upload SERFF templates to Section 13 - SERFF, question 13.1.
5.12		Removed
	19.2 Benefit Administration	
5.4	19.2.1	
5.6	19.2.2	
	19.2.3	Question from PY2022 has been edited to request additional information and submit the template separately.
5.8	19.2.4	
	19.2.5	New
16.3.1 Network Strategy	19.3 Network	
16.3.1.1	19.3.2	
16.3.1.2	19.3.3	
16.3.1.3	19.3.4	
16.3.1.4	19.3.5	
16.3.1.5	19.3.6	Removed questions from table format (question 16.3.15) and into their own question.
	19.3.7	
	19.3.8	
	19.3.9	
	19.3.10	New
	19.3.11	New
16.3.1.6		

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
16.3.1.7	19.3.12	
	19.3.13	New
	19.3.14	New
	19.3.15	New
	19.3.16	New
16.3.2 Volume - Outcome Relationship	N/A	Moved to Section 16. Health Equity and Quality Transformation
16.3.3 Network Stability	N/A	
16.3.3.1	19.3.17	
16.3.3.2	19.3.18	
N/A	19.4 Delivery System and Payment Strategies to Drive Quality	
19.X.1 Provider Networks Based on Value	19.4.1 Delivery System and Payment Strategies to Drive Quality, Provider Networks Based on Value	Section moved; questions edited for clarity. Added introductory language. Questions focus on provider and hospital cost and quality. Combined with previous Focus on High Cost Providers section.
19.X.3 Promoting Development and Use of Care Models – Primary Care	19.4.2 Delivery System and Payment Strategies to Drive Quality, Effective Primary Care	Section moved; added introductory language, questions edited for clarity.
19.X.4 Promoting Development and Use of Care Models – Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs)	19.4.3 Delivery System and Payment Strategies to Drive Quality, Integrated Delivery Systems and Accountable Care Organizations	Section moved; added introductory language, questions edited for clarity.
19.X.5 Appropriate Use of Cesarean Sections	19.4.4 Delivery System and Payment Strategies to Drive Quality, Appropriate Use of Cesarean Sections	Section moved; questions edited for clarity.
19.X.6 Hospital Patient Safety	19.4.5 Delivery System and Payment Strategies to Drive Quality, Hospital Patient Safety	Section moved; questions edited for clarity.

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
N/A	**20. Exclusive Provider Organization**	
5. Benefit Design	20.1 Benefit Design	
5.1	20.1.1	Moved upload template to Section 13. SERFF, question 13.1.
	20.1.2	New
5.2	20.1.3	
5.3	20.1.4	
5.5		Moved to Section 16.3 - Behavioral Health.
5.7	20.1.5	
5.9		Removed
5.10	20.1.6	Language has been updated for Applicant to confirm documents will be submitted by due dates in the Submission Guidelines.
5.11		Moved upload SERFF templates to Section 13 SERFF, question 13.1.
5.12		Removed
N/A	20.2 Benefit Administration	
5.4	20.2.1	
5.6	20.2.2	
	20.2.3	Question from PY2022 has been edited to request additional information and submit the template separately
5.8	20.2.4	
	20.2.5	New
16.4.1 Network Strategy	20.3 Network	
16.4.1.1	20.3.2	
16.4.1.2	20.3.3	
16.4.1.3	20.3.4	
16.4.1.4	20.3.5	
16.4.1.5	20.3.6	Removed questions from table format (question 16.4.15) and into their own question.
	20.3.7	
	20.3.8	
	20.3.9	
	20.3.10	New
	20.3.11	New
16.4.1.6		

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
16.4.1.7	20.3.12	
	20.3.13	New
	20.3.14	New
	20.3.15	New
	20.3.16	New
16.4.2 Volume - Outcome Relationship	N/A	Moved to Section 16. Health Equity and Quality Transformation
16.4.3 Network Stability	N/A	
16.4.3.1	20.3.17	
16.4.3.2	20.3.18	
N/A	20.4 Delivery System and Payment Strategies to Drive Quality	
19.X.1 Provider Networks Based on Value	20.4.1 Delivery System and Payment Strategies to Drive Quality, Provider Networks Based on Value	Section moved; questions edited for clarity. Added introductory language. Questions focus on provider and hospital cost and quality. Combined with previous Focus on High Cost Providers section.
19.X.3 Promoting Development and Use of Care Models – Primary Care	20.4.2 Delivery System and Payment Strategies to Drive Quality, Effective Primary Care	Section moved; added introductory language, questions edited for clarity.
19.X.4 Promoting Development and Use of Care Models – Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs)	20.4.3 Delivery System and Payment Strategies to Drive Quality, Integrated Delivery Systems and Accountable Care Organizations	Section moved; added introductory language, questions edited for clarity.
19.X.5 Appropriate Use of Cesarean Sections	20.4.4 Delivery System and Payment Strategies to Drive Quality, Appropriate Use of Cesarean Sections	Section moved; questions edited for clarity.
19.X.6 Hospital Patient Safety	20.4.5 Delivery System and Payment Strategies to Drive Quality, Hospital Patient Safety	Section moved; questions edited for clarity.
N/A	21. Other Network Type	

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
5. Benefit Design	21.1 Benefit Design	
5.1	21.1.1	Moved upload template to Section 13. SERFF, question 13.1.
	21.1.2	New
5.2	21.1.3	
5.3	21.1.4	
5.5		Moved to Section 16.3 - Behavioral Health.
5.7	21.1.5	
5.9		Removed
5.10	21.1.6	Language has been updated for Applicant to confirm documents will be submitted by due dates in the Submission Guidelines.
5.11		Moved upload SERFF templates to Section 13 SERFF, question 13.1.
5.12		Removed
N/A	21.2 Benefit Administration	
5.4	21.2.1	
5.6	21.2.2	
	21.2.3	Question from PY2022 has been edited to request additional information and submit the template separately.
5.8	21.2.4	
	21.2.5	New
16.5.1 Network Strategy	21.3 Network	
16.5.1.1	21.3.2	
16.5.1.2	21.3.3	
16.5.1.3	21.3.4	
16.5.1.4	21.3.5	
16.5.1.5	21.3.6	Removed questions from table format (question 16.5.1.5) and into their own question.
	21.3.7	
	21.3.8	
	21.3.9	
	21.3.10	New
	21.3.11	New
16.5.1.6		

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Summary of Change
16.5.1.7	21.3.12	
	21.3.13	New
	21.3.14	New
	21.3.15	New
	21.3.16	New
16.5.2 Volume - Outcome Relationship	N/A	Moved to Section 16. Health Equity and Quality Transformation
16.5.3 Network Stability	N/A	
16.5.3.1	21.3.17	
16.5.3.2	21.3.18	
N/A	21.4 Delivery System and Payment Strategies to Drive Quality	
19.X.1 Provider Networks Based on Value	21.4.1 Delivery System and Payment Strategies to Drive Quality, Provider Networks Based on Value	Section moved; questions edited for clarity. Added introductory language. Questions focus on provider and hospital cost and quality. Combined with previous Focus on High Cost Providers section.
19.X.3 Promoting Development and Use of Care Models – Primary Care	21.4.2 Delivery System and Payment Strategies to Drive Quality, Effective Primary Care	Section moved; added introductory language, questions edited for clarity.
19.X.4 Promoting Development and Use of Care Models – Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs)	21.4.3 Delivery System and Payment Strategies to Drive Quality, Integrated Delivery Systems and Accountable Care Organizations	Section moved; added introductory language, questions edited for clarity.
19.X.5 Appropriate Use of Cesarean Sections	21.4.4 Delivery System and Payment Strategies to Drive Quality, Appropriate Use of Cesarean Sections	Section moved; questions edited for clarity.
19.X.6 Hospital Patient Safety	21.4.5 Delivery System and Payment Strategies to Drive Quality, Hospital Patient Safety	Section moved; questions edited for clarity.
N/A	**22. Glossary**	