

Certification Application CCSB Marketplace
Plan Year 2023 - Legend

Certification Application Plan Year 2022	Certification Application Plan Year 2023	Brief 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 21 - Glossary.
3.2	3.2	
4. Applicant Health Plan Proposal 16. Health Plan Proposal		
4.1	16.1	
4.2	16.2	
4.3	16.3	Updated language
4.4	16.4	Updated language for Applicants to include why all metal tiers will not be offered for a proposed geographic region.
4.5	16.5	
4.6		Moved to Section 13 - SERFF, question 13.1.
4.7	16.6	
5. Benefit Design		Benefit Design has been moved to the new product specific subsections: Section 1 - HMO, Section 19 - PPO, Section 20 - EPO, and Section 21 - Other Network Type.
6. Operational Capacity 5. Operational Capacity		

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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	
7. Customer Service	6. Customer Service	
7.1	6.1	
7.2	6.2	
7.3	6.3	
7.4	6.4	Combined into one question.
7.5		
8. Financial Requirements	4. Financial Requirements	
8.1	4.1	
8.2	4.2	
9. Fraud, Waste and Abuse Detection	9. Fraud, Waste and Abuse Detection	
9.1 Prevention/Detection/Response	N/A	
9.1.1	9.1	
9.1.2	9.2	
9.1.3	9.3	
9.1.4	9.4	
9.1.5	9.5	
9.1.6	9.6	
9.1.7	9.7	
9.1.8	9.8	
9.1.9	9.9	

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Certification Application Plan Year 2022	Certification Application Plan Year 2023	Brief Summary of Change
9.1.10	9.10	
9.1.11	9.11	
9.1.12	9.12	
9.1.13	9.13	
9.2 Audits	10. Audits	
9.2.1	10.1	
9.2.2	10.2	
9.2.3	10.3	
9.2.4	10.4	
9.2.5	10.5	
9.2.6	10.6	
10. System for Electronic Rate and Form Filing (SERFF)	12. System for Electronic Rate and Form Filing (SERFF)	
10.1	12.1	Moved submission of template from questions; 4.6, 5.1, 5.11 from Plan Year 2022.
10.2	12.2	Updated to 5 business from 3 business days.
	12.3	New
10.3	12.4	
11. Electronic Data Interface	11. Electronic Data Interface	
11.1	11.1	
11.3	11.2	
11.4	11.3	
11.5	11.4	
11.6	11.5	
11.7	11.6	
12. Healthcare Evidence Initiative (HEI)	13. Healthcare Evidence Initiative (HEI)	
12.1	13.1	
12.2	13.2	
12.3	13.3	
12.4	13.4	
12.5	13.5	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	13.6	
12.7	13.7	
12.8	13.8	

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12.9	13.9	
13. Privacy and Security Requirements for Personally Identifiable Data	8. Privacy and Security Requirements for Personally Identifiable Data	
13.1 HIPAA Privacy Rule	8.1 HIPAA Privacy Rule	
13.1.1	8.1.1	
13.1.2	8.1.2	
13.1.3	8.1.3	
13.1.4	8.1.4	
13.1.5	8.1.5	
13.1.6	8.1.6	
13.1.7	8.1.7	
13.2 Safeguards	8.2 Safeguards	
13.2.1	8.2.1	
13.2.2	8.2.2	
13.2.3	8.2.3	
13.2.4	8.2.4	
13.2.5	8.2.5	
13.2.6	8.2.6	
14. Marketing and Outreach Activities	7. Marketing and Outreach Activities	
14.1	7.1	
14.2	7.2	
14.3	7.3	
14.4	7.4	
14.5	7.5	
15. Network Provider		Network Provider has been moved to the new product specific subsections: Section 17 - HMO, Section 18 - PPO, Section 19 - EPO, and Section 20 - Other Network Type.

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16. Essential Community Providers	14. Essential Community Providers	
16.1	14.1	
17. Quality	15. Health Equity and Quality Transformation	
17.1 Accreditation	15.1 Accreditation	
17.2 Focus on High Cost Providers	15.4 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".
17.3 Demonstrating Action on High Cost Pharmaceuticals	15.7 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.
17.4 Participation in Quality Improvement Collaboratives	15.8 Participation in Quality Improvement Collaboratives	Engagement with collaboratives questions converted to table format with questions in drop down menu.
17.5 Data Sharing and Exchange	15.9 Data Sharing and Exchange	Focused questions on priority functions, combined in 15.9.
17.6 Data Aggregation		
17.7 Behavioral Health	15.3 Behavioral Health	Questions have been edited for clarity.
17.8 Health Technology		Telehealth questions converted to table format and moved to Benefit Administration.
17.8.1		Moved question to Benefit Administration.
17.8.2		Moved question to Benefit Administration.
17.8.3	15.9 Data Sharing and Exchange	Moved question to new section.
17.9 Health Promotion and Prevention	15.4 Health Promotion and Prevention	Removed 17.9.5-17.9.6 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 17.9.8 to 15.5.1.

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17.10 Advancing Health Equity and Community Health	15.2.1 Organizational Commitment to Cultivating a Culture of Health Equity	
17.11 Population Health Management	15.5 Population Health Management	Added Population Health Management standard to PHM plan submission requirement. Added 15.5.4 Health-related Social Needs section. Added 15.5.5 Prevention of Algorithmic Bias in Healthcare section.
17.12 Complex Care	15.6 Complex Care	Moved 15.X.2 Volume-Outcome Relationship subsection to questions 15.6.2-15.6.5.
18.X.2 Reducing Health Disparities and Ensuring Health Equity	15.2.2 Linking Quality and Equity	Previous questions revised and incorporated into new, expanded health equity section. 15.x.2.4 removed as reporting procedures for this requirement have been updated.
18. QIS		QIS has been moved to the new product specific subsections: Section 17 - HMO, Section 18 - PPO, Section 19 - EPO, and Section 20 - Other Network Type.
N/A	17. Health Maintenance Organization (HMO)	
5. Benefit Design	17.1 Benefit Design	
5.1	17.1.1	Moved upload template to Section 13 - SERFF, question 13.1.
	17.1.2	New
5.2	17.1.3	
5.3	17.1.4	
5.5		Moved to Section 15.3 - Behavioral Health.
5.7	17.1.5	
5.9		Removed
5.10	17.1.6	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
5.13	17.1.7	
5.14	17.1.8	
N/A	17.2 Benefit Administration	
5.4	17.2.1	
5.6	17.2.2	
	17.2.3	Question from PY2022 has been edited to request

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5.8	17.2.4	additional information and submit the template separately.
	17.2.5	New
15.2.1 Network Strategy	17.3 Network	
15.2.1.1	17.3.2	
15.2.1.2	17.3.3	
15.2.1.3	17.3.4	
15.2.1.4	17.3.5	
15.2.1.5	17.3.6	Removed questions from table format (question 15.2.15) and into their own question.
	17.3.7	
	17.3.8	
	17.3.9	
	17.3.10	New
	17.3.11	New
15.2.1.6	17.3.12	
15.2.1.7		
	17.3.13	New
	17.3.14	New
	17.3.15	New
	17.3.16	New
15.2.2 Volume - Outcome Relationship	N/A	Moved to Section 15. Health Equity and Quality Transformation
15.2.3 Network Stability	N/A	
15.2.3.1	17.3.17	
15.2.3.2	17.3.18	
N/A	17.4 Delivery System and Payment Strategies to Drive Quality	
18.X.1 Provider Networks Based on Value	17.4.1 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.

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18.X.3 Promoting Development and Use of Care Models – Primary Care	17.4.2 Delivery System and Payment Strategies to Drive Quality, Effective Primary Care	Section moved; added introductory language, questions edited for clarity.
18.X.4 Promoting Development and Use of Care Models – Accountable Care Organizations (ACOs) and Integrated Delivery Systems (IDSs)	17.4.3 Delivery System and Payment Strategies to Drive Quality, Integrated Delivery Systems and Accountable Care Organizations	Section moved; added introductory language, questions edited for clarity.
18.X.5 Appropriate Use of Cesarean Sections	17.4.4 Delivery System and Payment Strategies to Drive Quality, Appropriate Use of Cesarean Sections	Section moved; questions edited for clarity.
18.X.6 Hospital Patient Safety	17.4.5 Delivery System and Payment Strategies to Drive Quality, Hospital Patient Safety	Section moved; questions edited for clarity.
N/A	18. Preferred Provider Organization	
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 15.3 - Behavioral Health.
5.7	18.1.5	
5.9		Removed
5.10	18.1.6	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
5.13	17.1.7	
5.14	17.1.8	
N/A	18.2 Benefit Administration	
5.4	18.2.1	
5.6	18.2.2	

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	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	
15.3.1 Network Strategy	18.3 Network	
15.3.1.1	18.3.2	
15.3.1.2	18.3.3	
15.3.1.3	18.3.4	
15.3.1.4	18.3.5	
15.3.1.5		Removed questions from table format (question 15.3.15) and into their own question.
	18.3.6	
	18.3.7	
	18.3.8	
	18.3.9	
	18.3.10	New
	18.3.11	New
15.3.1.6	18.3.12	
15.3.1.7		
	18.3.13	New
	18.3.14	New
	18.3.15	New
	18.3.16	New
15.3.2 Volume - Outcome Relationship	N/A	Moved to Section 15. Health Equity and Quality Transformation
15.3.3 Network Stability	N/A	
15.3.3.1	18.3.17	
15.3.3.2	18.3.18	
N/A	18.4 Delivery System and Payment Strategies to Drive Quality	
18.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.

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18.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.
18.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.
18.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.
18.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.
N/A	19. Exclusive 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 15.3 - 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
5.13	17.1.7	
5.14	17.1.8	
N/A	19.2 Benefit Administration	

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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
15.4.1 Network Strategy	19.3 Network	
15.4.1.1	19.3.2	
15.4.1.2	19.3.3	
15.4.1.3	19.3.4	
15.4.1.4	19.3.5	
15.4.1.5	19.3.6	Removed questions from table format (question 15.4.15) and into their own question.
	19.3.7	
	19.3.8	
	19.3.9	
	19.3.10	New
	19.3.11	New
15.4.1.6	19.3.12	
15.4.1.7		
	19.3.13	New
	19.3.14	New
	19.3.15	New
	19.3.16	New
15.4.2 Volume - Outcome Relationship	N/A	Moved to Section 15. Health Equity and Quality Transformation
15.4.3 Network Stability	N/A	
15.4.3.1	19.3.17	
15.4.3.2	19.3.18	
N/A	19.4 Delivery System and Payment Strategies to Drive Quality	

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18.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.
18.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.
18.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.
18.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.
18.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.
N/A	20. Other Network Type	
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 15.3 - 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
5.13	17.1.7	
5.14	17.1.8	

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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
15.5.1 Network Strategy	20.3 Network	
15.5.1.1	20.3.2	
15.5.1.2	20.3.3	
15.5.1.3	20.3.4	
15.5.1.4	20.3.5	
15.5.1.5	20.3.6	Removed questions from table format (question 15.5.1.5) and into their own question.
	20.3.7	
	20.3.8	
	20.3.9	
	20.3.10	New
	20.3.11	New
15.5.1.6	20.3.12	
15.5.1.7		
	20.3.13	New
	20.3.14	New
	20.3.15	New
	20.3.16	New
15.5.2 Volume - Outcome Relationship	N/A	Moved to Section 16. Health Equity and Quality Transformation
15.5.3 Network Stability	N/A	
15.5.3.1	20.3.17	
15.5.3.2	20.3.18	
	20.4 Delivery System and Payment Strategies to Drive Quality	

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18.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.
18.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.
18.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.
18.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.
18.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. Glossary	