Below are guidelines for completion and submission of required SERFF templates and supporting documentation for the 2021 Plan Year.

General submission guidelines:

- For all SERFF templates submitted to Covered California, please provide data for **on-exchange** products only. **Do not submit off-exchange data**.
- Ensure templates are submitted to the correct SERFF instance. The SERFF instance for Covered California is labeled "CaliforniaCC".
- All SERFF Templates should be submitted in **.xls (Excel) and .xml** formats. This includes the Plan ID Crosswalk that is submitted to the Supporting Documentation tab of Applicant's SERFF binder.
- All binders will be closed on the applicable date listed in **Table 1.1 - What to Submit in SERFF & Due Dates, at 5pm PDT**. We encourage Applicants to ensure the documents submitted are accurate and complete, as no submissions will be allowed after the binders have closed. For currently contracted Applicants, multiple rounds of template validation may be subject to performance penalties.

Table 1.1 What to Submit in SERFF & Due Dates for Quarter 1. Refer to the *QHP Certification Application Plan Year 2021 Small Business Marketplace, Table 1.7 Key Action Dates* for Q2-4 submission dates.

	Date Due Q1
Rates Template	7/22/2020
Rates Table Crosswalk	7/22/2020
URRT	7/22/2020
Actuarial Memorandum	7/22/2020
Service Area Template	7/22/2020
Plans & Benefits Template – standard plans and approved Alternate Benefit Designs	7/22/2020
Network ID Template	7/22/2020
Prescription Drug Template	7/22/2020
Plan Crosswalk Template	7/22/2020
EOC or Policy and SBC*	9/11/2020

* Final and regulator-approved.

Alternate Benefit Design Proposals

Covered California will notify Applicants of approved Alternate Benefit Design proposals by the applicable date listed in the QHP Certification Application Plan Year 2021 Small Business Marketplace, Table 1.7 Key Action Dates. Applicants should include approved Alternate Benefit Designs in all SERFF templates due by the applicable date listed in **Table 1.1 - What to Submit in SERFF & Due Dates**.

Infertility
For 2021, all QHP Issuers participating in Covered California for Small Business must offer all QHPs with and without infertility coverage. Infertility riders will not be permitted. This means issuers will need to create two plans, with different Plan IDs, for each QHP offering: one that includes infertility coverage and one that does not include infertility coverage.

SERFF Templates
The 2021 templates and supporting documentation are available from the following website: https://www.qhpcertification.cms.gov/s/QHP

Rates Table Template
The Small Business Distribution Rate document will be distributed through Manage Documents in Proposal Tech, with a notification to Applicants when available. Download the 2021 Rates Table Template from the cms.gov website above. Complete and include this Rates Table Template with your submission. Please 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.

Contracted QHP issuers may choose to make quarterly rate updates for the second, third and fourth quarters by submitting rate updates at least 120 days prior to the quarter begin date. Following applicable regulator rate review, quarterly rate updates shall be in effect for the 12-month period subsequent to the initial effective dates for all employer groups.

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

Applicants must follow the Patient-Centered Benefit Plan Designs approved by the Covered California Board for the benefit year for which they are applying. Covered California prepares standard instructions to complete the Plans and Benefits Template in accordance with the Patient-Centered Benefit Plan Designs.

Covered California and the applicable regulator must approve deviations from the Patient-Centered Benefit Plan Designs. If deviations are proposed, Covered California requires submittal of Attachment B with the Certification Application. Deviations that are not proposed on an Attachment B and have not been approved by the regulator and

Covered California will not be accepted in the Plans and Benefits Template and will be returned with a discrepancy report. Applicants may need to complete new templates if discrepancies are identified during validation.

For Applicants proposing an Alternate Plan Design, Attachment G and Attachment H must be submitted by the applicable date listed in the QHP Certification Application Plan Year 2021 Small Business Marketplace, Table 1.7 Key Action Dates. The Alternate Plan Design data that is entered within the Plans and Benefits template must match what has been proposed on the Attachment G. If there are changes made to the Alternate Benefit Design after submittal, the Applicant will need to submit an updated Attachment G. Applicants will be subject to a discrepancy report if proposed Alternate Benefit Design does not match between the Attachment G and the Plans and Benefits template.

Covered California provided an Applicant training to complete the Plans and Benefits Template. Standard naming conventions and detailed instructions related to cost-sharing for benefits not specified in the 2021 Patient-Centered Benefit Plan Design but required in the templates are also provided.

> *See* ***Covered CA Plan Year 2021 SERFF Template Training*** *and* ***Covered California Plan Year 2021 CCSB Health and Dental Plan Naming Conventions Memo***

After completion of the template, Applicants must use the validate function and correct any identified errors. Once the Plans and Benefits Template is free of errors, a screenshot of successful validation must be provided to the Exchange in SERFF in the Correspondence Tab. Only templates that have successfully validated may be uploaded.
Do not include off-exchange products.

Prescription Drug Template
Download the 2021 Prescription Drug Template from the cms.gov website above. Complete and include this Prescription Drug Template with your submission. Please note that the plan's formulary tiers must adhere to the 2021 Patient-Centered Benefit Plan Designs. A URL to the Applicant's formulary is also required within the template. Applicants are not required to complete the supporting documents related to the Prescription Drug Template.
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 V1.9" at the link: https://hbex.coveredca.com/stakeholders/plan-management/library/Covered-California-Provider-Data-Submission-Guide-V1.9.pdf, for specific instructions on how to create network IDs.

Applicants should use the same network ID for the same product and associated network every year. For example, if Applicant offers a PPO product in the current plan year with network ID CAN001, the PPO product in the upcoming plan year should also have the network ID CAN001.

If Applicant offers the same product with the same network in both the Individual and CCSB markets, the network ID for this product should 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 Applicant's website home page or other general website page.

Service Area Template
Download the 2021 Service Area Template from the cms.gov website above. Complete and include this Service Area Template with your submission. Please ensure your Service Area Template only include ZIP codes listed in the 2021 California ZIP Codes List.
Do not include off-exchange products.

2021 California ZIP Codes List
The 2021 California ZIP Code Reference List contains a listing of all zip codes by county and pricing region for 2021.[1] All ZIP codes listed in the Service Area Template must match the ZIP codes on this list.
Note there were no ZIP code changes identified for 2021.

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

[1] The California ZIP Codes file is based on the following data source:
United States Postal Service ZIP+4 Product --
https://ribbs.usps.gov/addressing/documents/tech_guides/orderforms/AIS002.PDF

Binder Example:
98765 2021-05-01 On-Exchange – Medical

All Template names must include the date the template was loaded and the name of the template.

Template Examples:
Network ID: 2021-05-01 Network
Plan & Benefits: 2021-05-01 Benefits
Service Area: 2021-05-01 Service Area
Rates: 2021-05-01 Rates Table
Prescription: 2021-05-01Prescription Drug

Amendment Descriptions
All Applicant binder amendments should begin with the appropriate description of the amendment. The first words should 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 mandatory 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

CCSB QHP Rates Table Crosswalk
The CCSB QHP Rates Table Crosswalk will associate the Plan ID from the Rates Table Template to a Plan Name, Metal Level, Plan Design and Plan Type.
Rates Table Crosswalks are provided in this Submission Guidelines package.
Complete and include the applicable Rates Table Crosswalk(s) with your submission.
The name of the file should follow the following convention:

HIOS # YYYY-MM-DD CCSB QHP Rates Crosswalk

Do not include off-exchange products.

Unified Rate Review Template (URRT)

Download the 2021 URRT from the cms.gov website above.
Complete and include this URRT with your submission. Once document is uploaded on SERFF, ensure file is properly converted to **an Excel file with extension .xls (Excel), not .xml.** The name of the file should follow the following convention:

HIOS # YYYY-MM-DD CCSB URRT

Actuarial Memorandum

Download the Actuarial Memorandum from the cms.gov website above, via the Unified Rate Review Template Instructions link.
Complete and include this Actuarial Memorandum with your submission.
The name of the file should follow the following convention:

HIOS # YYYY-MM-DD CCSB Actuarial Memo

Plan ID Crosswalk Template

NOTE: Applies only to Applicants whose QHPs were certified in 2020.

Download the 2021 Plan ID Crosswalk Template from the cms.gov website above.
The Plan Crosswalk Template will assist in enrollment for changed Plan IDs from 2020 to 2021.
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 can 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 must be uploaded to the Supporting Documents tab in Applicant's SERFF binder. Include the full DIT workbook with validation results for all templates stated above.

2021 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* ***Covered California Plan Year 2021 CCSB Health and Dental Plan Naming Conventions Memo***

Evidence of Coverage (EOC) or Policy and Summary of Benefits and Coverage (SBC)

Applicants must provide final, regulator-approved and marketing ready EOC or Policy and SBC for **each** plan. Applicants will take all necessary steps and work with their regulator to meet all necessary deadlines for system loading and quoting. **EOCs and SBCs 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**:

[Issuer Name] [Network Marketing Name] [Metal Tier Name] [AV] [Product Type] [deductible-primary care office visit cost share] [+Child Dental if applicable] [ALT, if applicable] [INF, if applicable] [SPN, if applicable]

Do not submit documents for plans that will not be made available for enrollment in 2021.