



Qualified Dental Plan Certification

Application Instructions

QDP Certification Submission

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2 Background

As a result of SB11-200 Qualified Dental Plan (QDP) Certification responsibilities are being shared between the Colorado Division of Insurance (DOI) and Connect for Health Colorado (C4HCO). The intent of this document is to provide a guideline of what needs to be submitted by carriers for their plans to be certified as Qualified Dental Plans (QDPs).

There are three main channels through which carrier must submit information to successfully be certified as a QDP. These key data submissions include:

- **DOI Filings via SERFF:** SERFF submissions will be completed via four separate filings and the PPACA SERFF Binder. Please see section three DOI Filing for additional requirements. C4HCO also requires incremental data submission through SERFF for QDP certification. These submission requirements are detailed in the “SERFF Filing Requirements for QDP Certification” section of this document.
- **Direct to C4HCO Submission:** Carriers are required to submit one completed word template directly to C4HCO. This template will cover the Company Overview Display. Marketing materials will also be reviewed by the C4HCO marketing team.
- **Provider Directory:** C4HCO will also require each carrier to submit detailed provider information to its vendor. This submission will enable a plan search capability by specific providers. This data must be consistent with the data submitted to the DOI for Network Adequacy review.

The remainder of this document will focus on the C4HCO specific requirements in the DOI Filings through SERFF. Detailed instructions for the Direct to C4HCO Submission are also available on the C4HCO website.

3 DOI Filings via SERFF

This document is *not* intended to cover all filing requirements and should be used in tandem with the filing instructions provided by the DOI. Those instruction manuals include:

- PPACA Rate Filing Procedures for Colorado – Due 6/14/13
- PPACA Form Filing Procedures for Colorado – Due 6/30/13
- PPACA Network Adequacy Filing Procedures for Colorado – Due 6/30/13
- PPACA Marketing Filing Procedures for Colorado – Due 6/30/13
 - Please refer to Section 8: C4HCO Marketing Review for additional submission requirements.
- PPACA Standalone Dental Procedures for Colorado – Due 6/14/13

Please visit the DOI website at <http://www.colorado.gov/cs/Satellite/DORA-DI/CBON/DORA/1251623065320> for additional information on these instruction manuals. For an overview of the filing and QDP certification process, please see the “Rate and Form Filing Timeline for the 2014 Plan Year” document on the DOI and C4HCO websites which also includes all timelines.

C4HCO requires that all plans go through the four filing procedures outlined above, as a required component of QDP certification. Any questions regarding those specific procedures should be directed to the DOI. If you are interested in offering your products through C4HCO and are not already collaborating with the C4HCO team, please contact the Health Plan Manager at seng@connectforhealthco.com as soon as possible.

4 C4HCO Standalone Dental Offering Requirements

All dental carriers that would like to sell QDPs via C4HCO must offer at least one pediatric only standalone dental plan through C4HCO. All additional standalone dental plans must include at least the pediatric essential health benefits pursuant with 45 CFR §155.1065. According to 45 CFR §155.1065,

- Exchanges must allow stand-alone dental plans.
- Stand-alone dental plans must offer at least the pediatric dental essential health benefits (EHB).
- Exchanges must consider collective capacity of stand-alone dental plans to ensure access (to be completed by the DOI).
- Exchanges may certify a Qualified Health Plan (QHP) that does not offer pediatric essential dental benefits, provided that a stand-alone dental plan is also offered in the Exchange.
- Stand-alone dental plans must comply with QHP certification standards (except those standards not applicable to dental).

Through coordination with its dental carrier partners, C4HCO is confident that it will be able to offer a sufficient collection of standalone dental products that include the pediatric EHB. Thus, C4HCO has allowed its major medical carriers to apply with QHPs that do not cover the pediatric dental essential health benefits. C4HCO expects to have a mix of QHPs that include the pediatric dental EHB and QHPs that do not cover the pediatric dental EHB.

5 Rating Considerations for Standalone Dental Plans on C4HCO

Rating for standalone dental QDPs on the C4HCO marketplace will be based on the rating methodology for QHPs. Rating requirements are generally based on system constraints for the 2014 plan year. For the 2014 plan year, C4HCO will be able to support the following for QDP rating:

- **Adjusted Community Rating Factors**
 - Member's Age
 - Subscriber's Address
 - Tobacco Usage
- **Family structure**
 - Each member of the household will be charged a separate rate. One exception is that only the three oldest dependents under the age of 21 will be charged a premium. Four tier rating structures will NOT be supported via C4HCO.

- **Example:** Adult (35) and dependent (9) seek coverage. Rate for 35 year old + Rate for 9 year old = rate for QDP.
- **Rating Areas**
 - Rating areas are the same for QDPs as they are for QHPs, <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/co-gra.html>
- **Service Areas**
 - Partial county service areas are allowed and should be specified via the Service Area Template.
- **Participation and Contribution Requirements**
 - On the SHOP marketplace, employers will NOT be required to have their employees meet a participation or contribution requirement in order to enroll in standalone dental products.
- **Guaranteed Rates Supported (No Estimated Rates)**
 - All rates submitted for QDP certification for C4HCO must have guaranteed rates. Technical interfaces and business processes have not been established for rate negotiation to occur between the C4HCO and carrier systems.
- **Age Banded Rates within the 0 – 20 Age Range**
 - C4HCO understands that CCIIO will be releasing an updated rate template to allow for more granular rates within the 0 – 20 year age band.
 - In the case that this template update is not completed within the required time frame, please contact C4HCO for additional information on alternatives for providing these more detailed rates.

In future years C4HCO may consider expanding functionality to support additional rating methodologies. Rating structures that may be considered for the future but will NOT be supported by C4HCO for the 2014 plan year include:

- **Alternate rating structures**
 - 4 Tier Family Rating
 - County based rates, separate from QHP rating areas
 - 3 digit zip code rating areas
- **Small Group Rating Factors**
 - Standard Industry Code(SIC)
 - Group size
 - Participation rate
 - Employer Contribution

Please contact C4HCO's Health Plan Manager for any additional rating questions.

6 SERFF Filing Requirements for QDP Certification

6.1 Introduction

With limited exceptions, carriers will submit most plan, rate, and display information to C4HCO via SERFF. The data in SERFF will *not* be sent to C4HCO until it has been approved by the DOI.

6.2 SERFF Binder: CCIIO Template Submission

Each carrier submitting plans for QDP certification must attach the following completed CCIIO Plan Management templates in the SERFF Binder. Carriers must submit one binder per market. For example, “Carrier XYZ” would submit a binder with plans for the small group market and a separate binder with plans for the Individual market. This is a required procedure for plans inside and outside the Exchange. The templates will be loaded into SERFF and are available here:

http://www.serff.com/plan_management_data_templates.htm

- Administrative Data Template – Due 6/30
- Essential Community Providers Template – Due 6/30
- Plan and Benefits Template – Due 6/14
- Network Template – Due 6/14
- Service Area Template – Due 6/14
- Rates Template – Due 6/14
- Business Rules Template – Due 6/14
 - Required by the DOI but optional for C4HCO.
 - Please refer to Section 9.4 for additional details.
- Prescription Drug Template – NOT required for submission
- Uniform Rate Review Template – NOT required for submission
- Issuers NCQA Template OR Issuers URAC Template – NOT required for submission

Detailed template instructions can be found at <https://www.regtap.info/> and in the SERFF application. Please direct all questions regarding the CCIIO plan management templates to the CMS Help Desk at 1 855-CMS-1515. This help desk is open Monday – Friday from 9 am – 5pm EST.

6.3 Plan and Benefits Template: DOI EHB and C4HCO Display Requirements

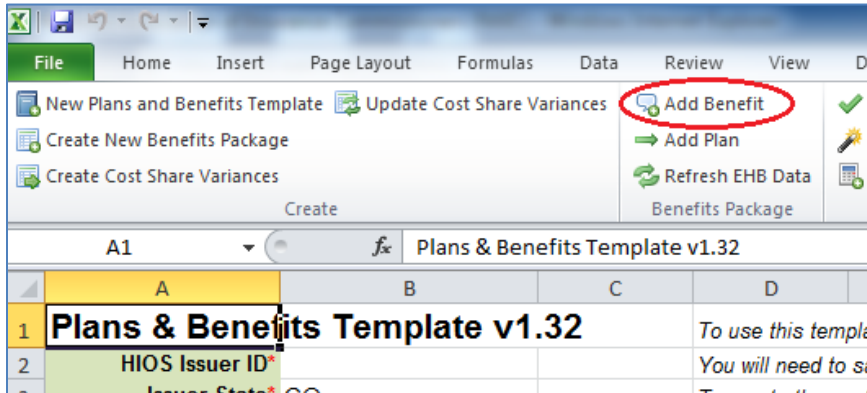
C4HCO has worked in partnership with the DOI to develop a more holistic list of benefits that should be included in the Plan and Benefits template that will be submitted via SERFF. These additional submission requirements have a twofold purpose: 1) Provide the DOI with additional granularity in being able to determine sufficient coverage of the required EHBs and 2) Provide more specific benefit descriptions to be utilized on the C4HCO user interface during the consumer shopping process.

The display of the benefits on the C4HCO website is still in the process of being finalized. However, the display will be based on the benefits in the Plan and Benefits template. It is critical that carrier follow the instructions outlined in the table below when completing the Plan and Benefits template. **Please**

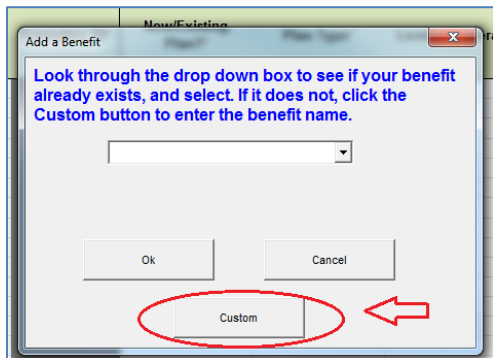
read and follow the instructions listed here. These are intentionally a direct duplication of the instructions provided by the DOI.

6.3.1 How to Add Custom Benefits in the Plan and Benefits Template

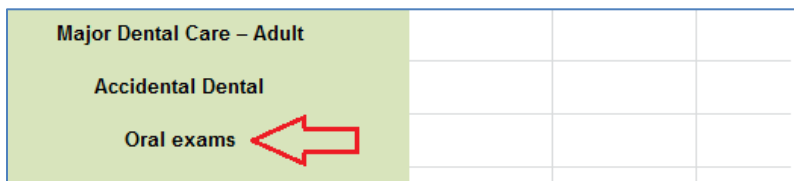
1.) At the top of the Plans and Benefits Template, you will find an “Add Benefits” button.



2.) Hit this button, and you will get the following pop-up box:



3.) Using the “Custom” option on this box, type in the name of the benefit, as it appears on the list below. The added benefit should now appear at the bottom of the list of benefits on the left-hand side of the template.



6.3.2 Complete the “General Information” columns on the template as follows:

DIVISION OF INSURANCE – REQUIRED PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFITS. The following benefits **are REQUIRED EHB BENEFITS, and MUST be added to the PBT as follows:**

Benefit	EHB	State Mandate	Is This Benefit Covered?	Quant Limit on Service	Limit Quantity	Limit Unit	Explanation (text field)	EHB Variance Reason
<i>Orthodontics – Child Care (already listed on template)</i>	Yes	Yes	Covered	Yes			EHB Benefit	Additional EHB Benefit
Prosthodontics – Child Care	Yes	Yes	Covered	Yes			EHB Benefit	Additional EHB Benefit
Oral Exams	Yes		Covered	Yes	1	Visit(s) per 6 months	EHB benefit	Additional EHB Benefit
X-rays	Yes		Covered	Yes			EHB Benefit	Additional EHB Benefit
Cleaning (Prophylaxis)	Yes		Covered	Yes	1	Procedure(s) per year	EHB benefit	Additional EHB Benefit
Fluoride Treatments	Yes		Covered	Yes	2	Procedure(s) per year	EHB benefit	Additional EHB Benefit
Sealants	Yes		Covered				EHB benefit	Additional EHB Benefit
Space maintainer	Yes		Covered				EHB benefit	Additional EHB Benefit
Palliative treatment (for pain relief)	Yes		Covered				EHB benefit	Additional EHB Benefit
Amalgam (steel) fillings	Yes		Covered				EHB benefit	Additional EHB Benefit
Resin (white plastic) fillings	Yes		Covered				EHB benefit	Additional EHB Benefit
Crowns	Yes		Covered				EHB benefit	Additional EHB Benefit
Recement Crown	Yes		Covered				EHB benefit	Additional EBH Benefit
Sedative Filling	Yes		Covered				EHB benefit	Additional EBH Benefit
Pin retention	Yes		Covered				EHB benefit	Additional EBH Benefit
Oral Surgery	Yes		Covered				EHB benefit	Additional EHB Benefit
Therapeutic pulpotomy	Yes		Covered				EHB benefit	Additional EHB Benefit
Root canal therapy	Yes		Covered				EHB benefit	Additional EHB Benefit

CONNECT FOR HEALTH COLORADO – ADDITIONAL BENEFITS FOR DISPLAY ON THE MARKETPLACE (EXCHANGE) WEBSITE

The following benefits are **NOT REQUIRED EHB benefits**; they are entirely optional, and carriers are free to choose whether they would like to include them as part a plan’s covered benefits. Connect for Health Colorado will have the capacity to display this specific set of benefits on its website, and therefore would like for carriers to add them to the PBT, as follows:

- Carriers should select “No” in the EHB column for all of the benefits listed below;
- Carriers should select “Covered” or “Not Covered,” depending on whether the benefit is covered, and complete the remainder of the spreadsheet line as appropriate.

Benefit	EHB	Is This Benefit Covered?	Quant Limit on Service	Limit Quantity	Limit Unit	Explanation (text field)	EHB Variance Reason
Implants	No						
Denture Repair and Realignment	No						
Dentures and Bridges	No						
Orthodontia – Other*	No						
Periodontics – Other**	No						

*The category “Orthodontia – Other” should be used for any orthodontia benefits other than those medically required for the treatment of cleft lip/palate.

**The category “Periodontics – Other” should be used for any periodontic benefits other than therapeutic pulpotomy.

6.4 Additional SERFF Binder Attachments

Carriers will also be required to attach additional documents which are separate from the CClIO templates. These attachments will be posted on two separate “tabs” within the SERFF binder:

- Associated Schedule Items Tab
- Supporting Documents Tab

The documents attached to the “Associated Schedule Items” tab should be specific to each Standard Component Plan ID. Documentation submitted on the “Supporting Documents” tab is usually applicable to all plans from a given carrier or specific to the market. All submissions on these two tabs are **due via the SERFF binder on June 30th, 2013.**

Since a standard form is not available for standalone dental plans like the Summary of Benefits of Coverage is available for medical plans, dental carriers will be required to submit marketing brochures in its place. Carriers are expected to submit all written documentation at a 10th grade reading comprehension level.

6.4.1 Associated Schedule Items Tab

Attachment Name	Description / Instructions
<p>Marketing Plan Brochure (English)</p> <p>REQUIRED <i>If a brochure is not submitted for every plan, a brochure that includes detail on all QDP plans by market must be submitted via the Supporting Documents tab.</i></p>	<p>Please attach any marketing brochure specific to each plan that will be accessed from the C4HCO plan details page. This brochure should be in English and content should be at the 10th grade reading level.</p> <p>IMPORTANT NOTE: If you would like to submit a marketing brochure that applies to all plans in a single market (e.g., individual or small group), please attach that brochure under the “supporting Documentation” tab. You must either submit a plan brochure for every plan individually OR submit a single plan brochure that applies to all plans in a single market.</p> <p>CONTENT REQUIREMENT: The content of the marketing brochure should include specific benefit information that is covered under the following categories at a minimum: Diagnostic and Preventative Services, Basic Services, and Major Services. Benefit detail provided should be in alignment with the EHBs stipulated by the DOI and C4HCO. Cost sharing requirements, limitations, and waiting periods should also be included on the brochure.</p> <p>Please note that there will be a limit of one plan marketing brochure per plan for display. Both the English and Spanish versions of this brochure will be made available to consumers.</p> <p>The naming convention for this attachment should be the following: MRKTG_ENG_CarrierName_PlanID_YYYYMMDD.pdf</p> <p>File Format: PDF</p>
<p>Marketing Plan Brochure (Spanish)</p> <p>REQUIRED <i>If a brochure is not submitted for every plan, a brochure that includes detail on all QDP plans by market must be submitted via the Supporting Documents tab.</i></p>	<p>Please attach any marketing brochure specific to each plan that will be accessed from the C4HCO plan details page. This brochure should be in Spanish and content should be at the 10th grade reading level.</p> <p>IMPORTANT NOTE: If you would like to submit a marketing brochure that applies to all plans in a single market (e.g., individual or small group), please attach that brochure under the “supporting Documentation” tab. You must either submit a plan brochure for every plan individually OR submit a single plan brochure that applies to all plans in a single market.</p> <p>CONTENT REQUIREMENT: The content of the marketing brochure should include specific benefit information that is covered under the following categories at a minimum: Diagnostic and Preventative Services, Basic Services, and Major Services.</p>

Attachment Name	Description / Instructions
	<p>Benefit detail provided should be in alignment with the EHBs stipulated by the DOI and C4HCO. Cost sharing requirements, limitations, and waiting periods should also be included on the brochure.</p> <p>Please note that there will be a limit of one plan marketing brochure per plan for display. Both the English and Spanish versions of this brochure will be made available to consumers.</p> <p>The naming convention for this attachment should be the following: MRKTG_SPNSH_CarrierName_PlanID_YYYYMMDD.pdf</p> <p>File Format: PDF</p>
<p>Evidence of Coverage / Policy Form (English)</p> <p>REQUIRED</p>	<p>Please attach the Evidence of Coverage / Policy Form, also known as the benefit booklet for each plan. This document will also be accessible from the C4HCO plan detail page and should be submitted in English.</p> <p>The EOC / Policy Form must be attached in this location in order for it to be displayed with the plan on C4HCO’s website. (See SERFF’s instructions on how to map back to the form filing to attach the approved form).</p> <p>The naming convention for this attachment should be the following: EOC_ENG_CarrierName_PlanID_YYYYMMDD.pdf</p> <p>File Format: PDF</p>
<p>Evidence of Coverage / Policy Form (Spanish)</p> <p>OPTIONAL</p>	<p>Please attach the Evidence of Coverage / Policy Form, also known as the benefit booklet for each plan. This document will also be accessible from the C4HCO plan detail page and may be submitted in Spanish.</p> <p>The EOC / Policy Form must be attached in this location in order for it to be displayed with the plan on C4HCO’s website. (See SERFF’s instructions on how to map back to the form filing to attach the approved form).</p> <p>The naming convention for this attachment should be the following: EOC_SPNSH_CarrierName_PlanID_YYYYMMDD.pdf</p> <p>File Format: PDF</p>

6.4.2 Supporting Documentation Tab

Attachments on the Supporting Documentation Tab in SERFF apply to all plans in a given market. Carriers must submit either a plan brochure for every Plan ID OR a single brochure that includes information on all plans in each market (e.g., SHOP or Individual). If your company has decided to submit a marketing brochure for every plan, you do not need to submit a marketing brochure for the entire market(s) in which your plans will be offered. The content requirements of the marketing plan

brochure are the same, regardless of whether or not you are submitting a brochure for every plan or one per market.

Attachment Name	Description / Instructions
<p>Marketing Plan Brochure (English)</p> <p>DEPENDENT <i>If a brochure is not submitted for every plan, a brochure that includes detail on all QDP plans in each market is required.</i></p>	<p>Only attach marketing brochures under this tab if the brochure applies to all plans in a specific market (e.g., applies to all Individual Exchange market plans). C4HCO expects carriers to following the same guidelines for marketing materials as outlined above. Carriers must submit either a plan brochure for every Plan ID OR a single brochure that includes information on all plans in each market (e.g., SHOP or Individual).</p> <p>For content requirements, please refer to the information outlined in Section 6.4.1 Associated Schedule Items Tab.</p> <p>The naming convention for this attachment should be the following: MRKTG_ENG_CarrierName_IND_YYYYMMDD.pdf AND / OR MRKTG_ENG_CarrierName_SHOP_YYYYMMDD.pdf</p> <p>File Format: PDF</p>
<p>Marketing Plan Brochure (Spanish)</p> <p>DEPENDENT <i>If a brochure is not submitted for every plan, a brochure that includes detail on all QDP plans in each market is required. .</i></p>	<p>Only attach marketing brochures under this tab if the brochure applies to all plans in a specific market (e.g., applies to all Individual Exchange market plans). C4HCO expects carriers to following the same guidelines for marketing materials as outlined above. Carriers must submit either a plan brochure for every Plan ID OR a single brochure that includes information on all plans in each market (e.g., SHOP or Individual).</p> <p>For content requirements, please refer to the information outlined in Section 6.4.1 Associated Schedule Items Tab.</p> <p>The naming convention for this attachment should be the following: MRKTG_SPNSH_CarrierName_IND_YYYYMMDD.pdf OR MRKTG_SPNSH_CarrierName_SHOP_YYYYMMDD.pdf OR</p> <p>File Format: PDF</p>
<p>Carrier Logo</p> <p>REQUIRED</p>	<p>Each carrier is required to upload their logo in two different sizes. The logo should be the same logo and only vary in size.</p> <p><u>Size 1: 154 * 60 Pixels</u> Naming Convention: Logo_CarrierName_154x60.jpg</p> <p><u>Size 2: 89*21 Pixels</u> Naming Convention: Logo_CarrierName_89x21.jpg</p> <p>File Format: JPG</p>

7 Direct to Connect for Health Colorado Submission (NOT in SERFF)

Dental carriers will be required to submit one word document directly to C4HCO. This page will be translated to Spanish and formatted by the C4HCO team for display on the website. The final word document templates for these submissions are available on the C4HCO website or can be requested via carriers@connectforhealthco.com.

Company Overview Page – This page will be accessed via the carrier’s logo on the website and will provide basic information on the company that is pertinent to consumers.

Please send the completed versions of this template to C4HCO at carriers@connectforhealthco.com by **May 31st, 2013**. These are both available on the C4HCO website.

8 Connect for Health Colorado Marketing Review

Carriers will be required to submit marketing compliance attestations to the DOI for approval. This is consistent with the DOI Marketing Filing Procedures located on the DOI website available at <http://www.colorado.gov/cs/Satellite/DORA-DI/CBON/DORA/1251623065320>. The requirement to include the Connect for Health Colorado logo on any carrier QDP marketing materials is still valid and will be monitored by the Connect for Health Colorado marketing team. The DOI procedures outline the requirement as follows:

However, to assist consumers in identifying plans that are to be sold on the Exchange, all marketing materials distributed to enrollees and to potential enrollees should contain the following disclaimer:

“[Insert plan’s legal or marketing name] is a Qualified Health Plan in the [insert name of Health Insurance Marketplace].”

A logo for the Health Insurance Marketplace will also be made available and should be used on all marketing materials.

Before publishing any QDP marketing materials, please submit the materials with the appropriate Connect for Health Colorado logo to Caren Henderson at chenderson@connectforhealthco.com. This includes any marketing materials that reference the carrier’s QDPs or Connect for Health Colorado including but not limited to: brochures, radio scripts, TV commercials, billboards, transit advertisements, etc. This review will address the use of the Connect for Health Colorado logo. Compliance with state and federal regulations will continue to be under the authority of the DOI and is approved through their attestation process.

The use of the logo should be consistent with the Connect for Health Colorado Logo Style Guide. After referring to Connect for Health Colorado, carriers may continue on to explain Connect for Health Colorado as a marketplace, an online marketplace, or a health insurance marketplace.

Carriers will be required to submit all marketing materials that include the C4HCO logo throughout the plan year for approval, not just at the time of QDP certification. Connect for Health Colorado recommends sharing drafts or mock-ups for approvals before designs are finalized. Again, all marketing materials that include the C4HCO logo should be submitted directly to Caren Henderson before the C4HCO logo is used. Please note that any marketing brochures that you would like attached to the Connect for Health Colorado website will still be due via SERFF on June 30th, 2013 and will be subject to the same approval by C4HCO marketing.

For questions, please contact Caren Henderson, manager of marketing and communications, at 720-496-2541 or chenderson@connectforhealthco.com.

9 Additional Template Clarifications for Connect for Health Colorado

9.1 Administrative Template

- C4HCO will be including carrier URLs in specific notices being sent from C4HCO to consumers. The two notices that will include the URLs are:
 - Individual QDP Enrollment Confirmation – sent to the consumer after the carrier has confirmed the effectuated enrollment.
 - SHOP Welcome Message to Employees – sent to the employee after the carrier has confirmed the effectuated enrollment
- The URLs included in the notices listed below will be taken from the CCIIO Administrative Template in the Customer Service URL fields.
- In order for the correct carrier URLs to appear in the notices, please include the URL you would like consumers to receive in the following template cells:

3	9. Customer Service - Individual Market				
4	Customer Service Phone:	Customer Service Phone Extension:	Customer Service Toll Free:	Customer Service TTY:	Customer Service URL:
5	303-555-1000		1-800-555-1000	1-800-555-0999	www.acmeins.com/individual
6					
7	10. Customer Service - SHOP (Small Group)				
8	Customer Service Phone:	Customer Service Phone Extension:	Customer Service Toll Free:	Customer Service TTY:	Customer Service URL:
9	303-555-1000		1-800-555-1000	1-800-555-0999	www.acmeins.com/smallgroup
6					

9.2 Plan and Benefit Template

- C4HCO will be utilizing the “Plan Marketing Name” from the CCIIO Plan and Benefits template for display on the Exchange. Please recognize the following display requirements:
 - Maximum of 200 characters.
 - Special characters are allowed.
 - All plan names will be displayed in the same color.

Plans & Benefits Template v1.31			
HIOS Issuer ID*	10000		To use th
Issuer State*	CO		You will r.
Market Coverage*	Individual		To create
Dental Only Plan*	No		To popul
TIN*	000000001		
Plan Identifiers			
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPI
10000CO001-001	Gold Star	10000CO001	
10000CO001-002	Super Silver	10000CO001	
10000CO001-003	Better Bronze	10000CO001	

- C4HCO encourages carriers to utilize the “Explanation (text field)” in the Plan & Benefit template to explain the benefit in more detail. This text field will be built into the informational display on the C4HCO website.
 - For example, Air Ambulance will NOT be displayed as a standalone benefit on the C4HCO website. You could explain that this is covered in the Explanation column for the “Emergency Transportation/Ambulance” benefit.

Benefit Information			General Information							
Benefits	EHB	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	HB Variance Reason
Primary Care Visit to Treat an Injury or Illness	Yes		Covered							
Specialist Visit	Yes		Covered							
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered							

- The Cost Share tab in the template does not allow \$0 to be entered as a valid co-pay amount. Carriers must select “No Charge” in order for the template to validate successfully. C4HCO is working on being able to override the “No Charge” with \$0 on the final display to the consumer to avoid any confusion when the co-pay is \$0 but co-insurance is still required. This is something C4HCO will work to implement as soon as possible but may occur after go-live.

				FR	FS	FT	FU	FV	FW
Emergency Room Services									
Cost Share				Copay			Coinsurance		
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
10000CO001-001-00	Gold Star	Gold	Standard Gold Off Exchange F	No Charge	No Charge	No Charge	20%	30%	60%
10000CO001-001-01		Gold	Standard Gold On Exchange F	No Charge	No Charge	No Charge	20%	30%	60%
10000CO001-001-02		Gold	Zero Cost Sharing Plan Variat	\$0	\$0	\$0	0%	0%	0%
10000CO001-001-03		Gold	Limited Cost Sharing Plan Vari	No Charge	No Charge	No Charge	20%	30%	60%

9.3 Network Template

Carrier must use the Network IDs in the Network Template during the separate Provider Directory Data submission process. For additional details on the Provider Directory Data submission process, please contact the Health Plan Manager at seng@connectforhealthco.com.

A	B	
Network Template v1.7		
<i>All fields with an asterisk (*) are required.</i>		
Validate	<i>To validate the template, press Validate button or Ctrl + Shift + V. To finalize, press F</i>	
Finalize	<i>Click Create Network IDs button (or Ctrl + Shift + N) to create network ids based on</i>	
	<i>Network IDs will populate in the drop-down box in Network ID column.</i>	
	<i>Use each Network ID only once.</i>	
HIOS Issuer ID*	11011	
Issuer State*	CO	
Create Network IDs		
Network Name* Required: Enter the Network Name	Network ID* Required: Select the Network ID	Net f Enter t
State-Wide Network	CON001	https://www.carrier.com/networkdirectory
Western Slopes Network	CON002	https://www.carrier.com/networkdirectory
National Network	CON003	https://www.carrier.com/networkdirectory

9.4 Business Rules Template

C4HCO assumes that carriers will be utilizing the business rules as captured in the two excel document samples below. If you were planning on a different rating methodology for your QDPs offered on the exchange, please contact the Health Plan Manager at seng@connectforhealthco.com as soon as possible.

June 4, 2013
Individual Business Rules



Business Rules Template v1.5		To validate the template, press Validate button or Ctrl + Shift + V. To finalize the template, press Finalize button or Ctrl + Shift + F.									
Validate		Enter the Issuer Rule on the first row (no Product ID or Plan ID).									
Finalize		For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.									
Finalize		For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule									
HIOS Issuer ID*	12345										
TIN*	12-3456789										
Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	Not Applicable	3 or more	Yes	Yes	Age on effective date	12	Spouse, No; Grandson or Granddaughter, Yes; Adopted Child, No; Foster Child, Yes; Stepson or Stepdaughter, No; Self, Yes; Child, No; Life Partner, No

SHOP Business Rules

Business Rules Template v1.5		To validate the template, press Validate button or Ctrl + Shift + V. To finalize the template, press Finalize button or Ctrl + Shift + F.									
Validate		Enter the Issuer Rule on the first row (no Product ID or Plan ID).									
Finalize		For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.									
Finalize		For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule									
HIOS Issuer ID*	12345										
TIN*	123456789										
Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	Not Applicable	3 or more	Yes	Yes	Age on effective date	12	Spouse, No; Grandson or Granddaughter, Yes; Adopted Child, No; Foster Child, Yes; Stepson or Stepdaughter, No; Self, Yes; Child, No; Life Partner, No