

SERFF PLAN MANAGEMENT INSTRUCTIONS FOR PLAN YEAR 2027

Overview

Both Binder submissions and Form/Rate or Form and Rate Filing submissions are required by Indiana for all ACA compliant non-grandfathered plans (Individual and Small Group non-QHP and QHP, Dental and Major Medical). **This is required even if there are no changes to the rates or forms.** If there are any changes to the forms approved during a previous filing season, issuers are required to submit a redline version of the forms to adequately highlight such changes.

Indiana is a Federally Facilitated State for Plan Management. QHP Applications (submissions) need to be submitted in HIOS, as CMS will be reviewing and approving for the federal Marketplace. Additionally, a duplicate QHP submission is required by Indiana and should be submitted through the SERFF Binder process. **Submissions must be submitted in both SERFF and HIOS simultaneously and must contain identical versions of each template at all times.**

Rate Submission Guidance for Individual Marketplace Issuers

The Indiana Department of Insurance (IDOI) will require the submission of just one set of rates and associated material (URRT, Actuarial Memorandum, Consumer Justification, Rates Table Template, etc.) from Individual Marketplace issuers for Plan Year 2027.

Indiana Essential Health Benefits and Mandates

Information about Indiana's essential health benefits (EHBs) and state mandates are available at the links below.

- [Indiana's EHBs](#)
- [Title 27 of the Indiana Code](#)

Submission Window and Deadlines

For Plan Year 2027, all Forms filings are due by 12:00 p.m. EST on May 14, 2026. All Plan Management submissions (as well as Rate Filings and binders) for **individual QHP, small group filings, and stand-alone dental plan (SADP) filings** need to be submitted by 12:00 p.m. EST on June 9, 2026 including all related rates, documents, and templates. Note that this deadline is the day **before** the federal deadline. These filings and binders will have a preliminary posting date of June 11, 2026 and a final posting date of August 14, 2026. The last day for issuers to submit changes to the IDOI is August 5, 2026, by 5:00 p.m. EST. The IDOI anticipates approving/disapproving Major Medical and Dental Form and Rate filings, including the transmission of URRT items to CMS, by August 12, 2026. The IDOI anticipates approving/disapproving plans and closing Binders for both Major Medical and Dental plans by September 15, 2026. Additionally, responses to objections will be expected within:

- 10 business days for objections submitted on or before June 26, 2026
- 4 business days for objections submitted on June 29 – July 10, 2026
- 2 business days for objections submitted on or after July 13, 2026

SADPs

In addition to submitting a Binder and a Form/Rate filing through SERFF, issuers seeking SADP certification for use on or off Marketplace will also need to submit an SADP application through HIOS.

Actuarial Value Calculations

Issuers must provide the IDOI with an actuarial value calculator screen shot for every plan and plan variant. If issuers are submitting a plan with a unique benefit design, please remember that EHB requirements must be met, substitutions are not allowed, and a non-discriminatory benefit design is required.

CSR Loading

For Plan Year 2027, loading for CSRs will continue to be required to be applied to all metal levels for on exchange plans. **For off exchange plans, issuers have the option of not applying a load for CSRs. For off exchange plans where a load is applied, the load should be the same as the load used with on exchange plans.** This topic may be addressed again for future policy years.

As indicated in the [2027 Final Letter to Issuers in the Federally-facilitated Exchanges](#), “The 2027 Payment Notice requires issuers to report certain information on adjustments to the index rate to account for unreimbursed cost-sharing reductions (CSRs) via their rate filing justification starting with rate filings for the 2027 plan year. Specifically, issuers are required to report the following information on the Unified Rate Review Template (URRT): 1) actual CSR amounts paid on behalf of eligible enrollees and additional revenue collected from the previously applied CSR load (using the most recent annual data that is available prior to the applicable filing year, generally two years prior, using the standard methodology set forth in 45 CFR 156.430(c)(2)); 2) projected CSR amounts expected to be paid on behalf of enrollees in the upcoming plan year and the additional revenue expected to be collected from the applied CSR load factor for the upcoming plan year; and 3) the CSR load factor for the upcoming plan year. Additionally, in the actuarial memorandum, issuers must explain the methodology used to determine the CSR load factor for the upcoming plan year and how the expected amount of additional revenue that will be collected through such CSR load compares to the expected amount of CSRs that will be paid on behalf of eligible enrollees for the same period. Please refer to the 2027 Payment Notice and the Unified Rate Review Instructions for more information.” This was released on May 28, 2026.

Submission Fees

There is no fee in Indiana for Binder submissions. Normal fees apply for Form/Rate filings in SERFF.

Contacting the Marketplace

All inquiries regarding the QHP application, the QHP application process, the federal templates, the federal review tools should be addressed to the XOSC Help Desk via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515.

Benefits and Service Areas

Indiana does not allow any EHB substitution of benefits or partial county service areas. Additionally, pursuant to Ind. Code § 27-8-14.1-4, all issuers offering Small Group Major Medical plans must offer at least one product whose plans all cover morbid obesity surgery.

Indiana Specific Templates

The IDOI requires the following [state specific templates](#) when creating a Binder.

- IDOI Rate and Crosswalk Template
- IDOI EHB Verification Template: this template must be completed including any and all limits and exclusions on benefit coverage.
- IDOI Active Individual Providers Template: **this template is required to be submitted by small group major medical insurance issuers.**

Indiana Specific Formulary Review

Major medical formularies must comply with all requirements reviewed using all of the federal review tools as required for [QHP Verification](#). **Indiana is not requiring the state specific IDOI Clinical Appropriateness Review document to be submitted for Plan Year 2027.**

Network Adequacy

The Network Adequacy Template is required for all Binder submissions (note that the SERFF Binder filing may still refer to this as the “Essential Community Providers/Network Adequacy Template”). All issuers are expected to fully list and categorize their facilities and providers using all applicable specialty types. If more than one specialty type applies to the facility/provider, then multiple specialty types should be listed and separated by commas. The IDOI will conduct a variety of network adequacy checks at the network and specialty type level. Issuers can only receive credit for the coverage that is entered into the template and only plans that meet our standards will be certified. This template takes a significant amount of work to complete, and it is essential for it to be complete, accurate, and fully categorized. Please see the IDOI Network Adequacy Standards for Plan Year 2027 for further details.

For Individual Marketplace issuers, please note that the ECP provider participation standard remains set at 35 percent of available ECPs based on the applicable PY HHS ECP list, including approved ECP write-ins that would also count toward a QHP issuer’s satisfaction of the 35 percent threshold. CMS had proposed reducing this requirement to 20% but did not do so.

Expanded Bronze Plan Review

Part of the Cost-Sharing Review Tool is a review is a check the cost-sharing requirements for expanded bronze plans. As shown below, the state is responsible for setting copay thresholds that will be considered roughly equivalent to 50% coinsurance for the purposes of this review. Below are the copay thresholds that have been chosen for Plan Year 2027.

| Expanded Bronze Plan Review | | |
|---|------------|-------------|
| <p>This review checks that each plan with an Expanded Bronze metal level meets the applicable requirements. The plan must either:</p> | | |
| <p>1. Meet the requirements to be a high-deductible health plan within the meaning of 26 U.S.C. 223(c)(2).</p> | | |
| <p>OR</p> | | |
| <p>2. Pay for at least one major service before the deductible with reasonable cost sharing.</p> <ul style="list-style-type: none"> -<i>Major services</i> are defined as the list of benefits below. -<i>Reasonable cost sharing</i> is defined as a coinsurance less than or equal to 50% or a copay less than or equal to a benefit-specific copay limit defined by the state. | | |
| <p>The IDOI will be using the maximum copays below for its review of PY 2027 submissions.</p> | | |
| | Copayments | Coinsurance |
| Primary Care Visits | \$60 | 50% |
| Specialist Visit | \$120 | 50% |
| Emergency Room Services | \$900 | 50% |
| Inpatient Hospital Services (e.g., Hospital Stay) | \$750 | 50% |
| Generic Drugs | \$35 | 50% |
| Preferred Brand Drugs | \$80 | 50% |
| Specialty Drugs | \$130 | 50% |

Table 1: Required Templates on “Templates” Tab in Binder

Table 1 contains templates found on the Templates tab of Plan Management Binders in SERFF. We expect a carrier to choose a column based on the total single risk pool submission. For example, if issuers write plans for sale both on and off the Marketplace, and write other plans offered exclusively off the Marketplace, then issuers would submit all templates shown in Column A for all plans in that single risk pool, including plans not sold on the Marketplace.

| | | A | B | C |
|--|--|--|---|---|
| Template Name | Template Description | Indiv/SG Both On/Off Marketplace Major Medical Submission | Indiv/SG Only Off Marketplace Major Medical Submission | Exchange Certified Indiv/SG Stand Alone Dental On/Off Marketplace Submission |
| <i>Network Adequacy Template</i> | Collects information on providers, hospitals, and pharmacies in the issuer’s networks. | Required | Required | Required |
| <i>Plans & Benefits Template</i> | Collects plan and benefit data for medical and dental. | Required | SERFF Plan and Benefits Light Template only | Required |
| <i>Prescription Drug Template</i> | Collects comprehensive formulary data for plans. | Required | Required | N/A |
| <i>Network ID Template</i> | Lists an issuer’s network IDs and network URLs. | Required | Required | Required |
| <i>Service Area Template</i> | Information identifying a plan’s geographic service area. | Required | Required | Required |
| <i>Rate Data Template</i> | Rating Tables | Required | N/A | Required |
| <i>Business Rule Template</i> | Supporting business rules | Required | N/A | Required |
| <i>Transparency in Coverage Template</i> | Collect data on the number of claims submitted and denied. | Required | N/A | Required |

Table 2: Required Templates on “Supporting Documentation” tab in Binder

Table 2 contains templates found on the Supporting Documents tab in SERFF.

| Template Name | Indiv/SG Both On/Off Marketplace Major Medical Submission | Indiv/SG Only Off Marketplace Major Medical Submission | Exchange Certified Indiv/SG Stand Alone Dental On/Off Marketplace Submission |
|---|---|--|--|
| <i>Formulary - Inadequate Category/Class Count Supporting Documentation and Justification as Needed</i> | Required | Required | N/A |
| <i>Discrimination - Cost Sharing Outlier Supporting Documentation and Justification as Needed</i> | Required | N/A | N/A |
| <i>Discrimination - Language Supporting Documentation and Justification as Needed</i> | Required | N/A | N/A |
| <i>Discrimination - Formulary Outlier Review Supporting Documentation and Justification as Needed</i> | Required | Required | N/A |
| <i>Discrimination - Formulary Clinical Appropriateness Supporting Documentation and Justification as Needed</i> | Not Required for PY 2027 | Not Required for PY 2027 | N/A |
| <i>Plan ID Crosswalk Template</i> | Required | N/A | Required (Marketplace plans only) |
| <i>IDOI Network Adequacy Documents</i> | N/A | Required | N/A |
| <i>IDOI Rate and Crosswalk Template</i> | Required | Required | N/A |
| <i>IDOI EHB Verification Template</i> | Required | Required | N/A |