

SERFF Plan Management Instructions

OVERVIEW

Binder submissions are required by Indiana for all ACA compliant non-grandfathered plans (non-QHPs & QHPs)(Dental and Major Medical)(Small Group and Individual).

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. Also 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. Each time a template is revised, this revision must be entered into the IDOI Versions Log. See additional information on required template are shown in the tables below.

All insurers should refer to the IDOI's Company Compliance Webinar slides and FAQs for specifics relating to the Plan Management Processes in Indiana. These slides can be found on our website at: <http://www.in.gov/idoi/2812.htm>

STATE ESSENTIAL HEALTH BENEFITS AND MANDATES

To view Indiana's Essential Health Benefits (EHBs) please visit: <http://www.in.gov/idoi/2812.htm>

To view Indiana's Insurance Code, Title 27 please visit: <http://www.in.gov/legislative/ic/code/title27/>

SUBMISSION WINDOW AND DEADLINES

For **2017**, all Plan Management submissions need to be complete by **May 11, 2016**.

OUTSIDE MARKET

This year, Indiana is using SERFF Plan Management for inside and outside the Marketplace products. See Additional Information Section for SERFF Binder submission and requirements for use of the Federal Plan Management Templates. See the Company Compliance Webinar slides mentioned above to see the filing timelines required for non-grandfathered individual and small group major medical plans as well as individual and small group Marketplace certified stand-alone dental plans.

STAND ALONE DENTAL PLANS

Indiana will require submission of Plan Binders for Stand-alone dental plans (SADP) seeking certification for use on the Federally Facilitated Marketplaces (FFM/exchange) or who are seeking Marketplace certification for use outside the Marketplace. Insurers should follow guidance issued by the FFM to complete and submit an SADP application through HIOS in order to get plans certified for sale on the FFM or for sale off the Marketplace in Indiana. Insurers must still submit policy forms and rates through the normal SERFF filing submission processes to the Accident & Health Division for the Department's prior review/approval as required by state laws. Insurers should submit the form and rate filings in SERFF and HIOS concurrently. Insurers should clearly indicate in both the Filing Description and in the Actuarial Memorandum of their intent to be a stand-alone dental plan on the Marketplace and/or their intent to seek Marketplace certification for off the Marketplace business.

Actuarial Value Calculations

If you are submitting a plan that you consider to have a unique benefit design, please consider that EHB

requirements must be met, substitutions are not allowed, a non-discriminatory benefit design is required and plans must have a meaningful difference across plans to be offered on the Marketplace. In addition, the benefit design must meet and conform to our filing requirements as outlined at <http://www.in.gov/idoi/2813.htm>. We need to see the actuarial value for each unique plan design. Additionally, you must provide the IDOI with an actuarial value calculator print out for non-unique benefit designs.

Submission FEES

There is no fee in Indiana for binder submissions. Normal fees apply for form and 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. Any issues concerning specific templates or tools should be directed to the Marketplace at insuranceoversight@hhs.gov.

BENEFITS AND SERVICE AREAS

Indiana does not allow any EHB substitution of benefits. Please contact the IDOI prior to filing partial county service areas or reducing service area for Major Medical plans.

Templates for 2016:

All Non-Grandfathered major medical and dental plans must be submitted in a Binder. All carriers will need to complete a Plans and Benefits template to submit a Binder.

Table 1: Required Templates

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 you write plans for sale both on and off the Marketplace, and write other plans offered exclusively off the Marketplace, then you 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
ECP/Network Adequacy Template	Collects information on providers, hospitals, and pharmacies in the carrier’s networks.	x	N/A	x
Plans & Benefits Template	Collects plan and benefit data for medical and dental.	x	SERFF Plan and Benefits Light Template only	x
Prescription Drug Template	Collects comprehensive formulary data for plans.	x	x	N/A
Network ID Template	Lists a carrier’s network IDs and network URLs.	x	N/A	x
Service Area Template	Information identifying a plan’s geographic service area.	x	N/A	x
Rate Data Template	Rating Tables	x	N/A	x
Business Rule Template	Supporting business rules	x	N/A	x

Table 2: Supporting Documentation

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
Formulary - Inadequate Category/Class Count Supporting Documentation and Justification	x	x	N/A
Part I - Unified Rate Review (URR) Template	x	x	N/A
Part II - Consumer Justification Narrative	x	x	N/A
Part III - Actuarial Memorandum	x	x	N/A
Discrimination - Cost Sharing Outlier Supporting Documentation and Justification	x	N/A	N/A
Discrimination - Language Supporting Documentation and Justification	x	N/A	N/A
Discrimination - Formulary Outlier Review Supporting Documentation and Justification	x	x	N/A
Meaningful Difference Supporting Documentation and Justification	x	N/A	N/A
Discrimination - Formulary Clinical Appropriateness Supporting Documentation and Justification	x	x	N/A
Plan ID Crosswalk Template	x	N/A	x
IDOI Rate and Crosswalk Template	x	x	N/A
IDOI EHB Verification Template	x	x	N/A
IDOI Versions Log	x	x	x