

# Company Compliance Industry Updates

Indiana Department of Insurance

Updated: May 18, 2015

**IDOI Generated Message**

May 18, 2015

## **SERFF Filing Access**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities who submitted Accident & Health major medical and dental filings and binders by the May 15, 2015 deadline.

All ACA compliant major medical and dental SERFF filings and binders are now available to the public. The public may view all SERFF filings and their submission contents including all templates. You may view/save/download all of this information on Indiana's SERFF Filing Access Page.

### **Filing Search**

1. Click this link <https://filingaccess.serff.com/sfa/home/IN>
2. Click "Begin Search"
3. Read and accept the terms and conditions
4. Choose Business Type "Life, Accident/Health, Annuity, Credit"
5. Type in a company name
6. Click "Search"

### **Binder Search**

1. Click this link <https://filingaccess.serff.com/sfa/home/IN>
2. Click "Begin Search"
3. Read and accept the terms and conditions
4. Click "Health Plan Binder Search"
5. Click "Plan Year" and choose 2016
6. Click "Search"

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**Process for Issuers Renewing or Reenrolling Consumers in a Catastrophic Plan**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities selling Accident & Health major medical **non-grandfathered catastrophic health insurance** in the **individual market on and/or off the Federally-facilitated Marketplace** (“FFM”).

CMS has issued the Guidance, [Hardship Exemptions, Age Offs, and Renewal of Catastrophic Coverage](#) which provides the process for issuers to follow for renewing or reenrolling consumers in a catastrophic, or non-catastrophic, plan as appropriate. In addition to hardship exemptions, CMS also provided information on the renewal or reenrollment process for those catastrophic plan enrollees who turned age 30 during the 2014 plan year. **This guidance applies to issuers offering catastrophic health insurance coverage in the individual market on or off of the Marketplace.** All carriers should be aware of and follow this Guidance.

**Background:** The Affordable Care Act (ACA) establishes statutory exemptions from the individual shared responsibility payment, including an exemption that is available where the Secretary determines the consumer experiences a “hardship” obtaining coverage through a qualified health plan (QHP). The ACA grants the Secretary discretion to define eligibility criteria for the hardship exemption, and HHS has subsequently issued regulations and guidance defining several circumstances under which consumers may qualify for a hardship exemption. Consumers who receive a hardship exemption may enroll in catastrophic coverage regardless of age. Consumers without a hardship exemption may also enroll or reenroll in catastrophic coverage if they are under age 30 before the first day of the plan year.

The majority of hardship exemptions that HHS granted to individuals in 2014 will expire on December 31, 2014, and consumers will not be able to use them to enroll or re-enroll in catastrophic coverage in 2015 with the exception of the hardship exemption for individuals who are eligible for services through the Indian Health Service. Each exemption had a unique Exemption Certificate Number (ECN).

**Effective Dates**

Upon renewal of 2014 plans.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**Notice Requirements for Renewals and/or Product Discontinuance**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health major medical **grandfathered and/or non-grandfathered** product filings in the **group and/or individual market on and/or off the Federally-facilitated Marketplace** (“FFM”) to the Indiana Department of Insurance (“IDOI”).

CMS has issued the Bulletin, “[Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market](#)” which provides guidance on the form and manner of the notices that are required to be provided when a health insurance issuer discontinues or renews a product in accordance with 45 CFR §§ 146.152, 147.106, and 148.122. **This guidance applies to issuers offering grandfathered and non-grandfathered health insurance coverage in the group or individual market.**

**Background**

The guaranteed renewability provisions of title XXVII of the Public Health Service Act (PHS Act), as added by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Affordable Care Act, generally provide that, if a health insurance issuer offers health insurance coverage in the group or individual market, including qualified health plans (QHPs), the issuer must renew or continue in force such coverage at the option of the plan sponsor or the individual, as applicable. The exception to guaranteed renewability includes product discontinuance.

Under 45 CFR §§ 146.152, 147.106, 148.122, an issuer that discontinues or renews a particular product (as defined in §144.103) in the group or individual market (including a renewal with modifications) must provide written notice of such discontinuation or renewal in a form and manner specified by the Secretary of Health and Human Services (the Secretary).

**Effective Dates**

The final regulations implementing the standard notice requirements became effective on July 28, 2014. Therefore, issuers subject to the final regulations must provide notices of product discontinuations and renewals according to the timeframes contained within the bulletin. However, in order to provide reasonable time for issuers to implement the Federal standard notices, CMS will provide a transition period during which individual market issuers may use any form and manner otherwise permitted by applicable laws and regulations for notices required to be provided for non-calendar year renewals and discontinuations in 2014.

The form and manner of the notices described in the bulletin will apply only in connection with policy years ending on or after December 31, 2014. After the transition period, CMS will consider issuers that, through September 30, 2015, use either the final Federal standard notices in this bulletin, or the draft Federal standard notices in the June 26, 2014 bulletin, to have met the Secretary’s specification under 45 CFR §§ 146.152, 147.106 and 148.122 regarding the form and manner of the required discontinuance and renewal notices. After that time, the draft Federal standard notices in the June 26, 2014 bulletin may no longer be used to satisfy this requirement.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**REQUEST FOR CROSSWALK TEMPLATE**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health **MAJOR MEDICAL** non-grandfathered product filings **subject to the Patient Protection and Affordable Care Act (“ACA”) on the Federally-facilitated Marketplace (“FFM”)** to the Indiana Department of Insurance (“IDOI”).

The Plan ID Crosswalk Template is an Excel template for identifying the 2015 Plan IDs associated with 2014 Plan IDs and associated service areas, and applies to all issuers that offered *individual* market QHPs through the FFM in 2014 – including issuers in states performing plan management functions in an FFM.

For plan year 2015, the Federally-facilitated Small Business Health Options Program (FF-SHOP) will not support auto-renewals. Therefore, there is **no need to submit** a Plan ID Crosswalk template **for FF-SHOP plans.**

Issuers should submit separate templates for the following markets:

- Individual market QHPs
- Individual market Multi-State Plans (MSPs)

1. *For Indiana:*

- a. Upload the completed [crosswalk template](#) as an Excel workbook to the Supporting Documents tab within the corresponding SERFF binder. Please upload the template itself and not the XML generated by the template. (The XML should go to CMS.)
- b. You are not required to complete the fields that are marked as optional.

2. *For CMS:*

- a. Please refer to the [Instructions for the Plan ID Crosswalk Template](#) regarding any required separate submission to the federal government.
- b. This email may be used as a confirmation to submit evidence from the state that the issuer is authorized to submit its Plan ID Crosswalk to CMS.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**UPDATE: DEADLINE FOR SUBMITTING QUALIFIED HEALTH PLAN (“QHP”) TEMPLATES AND BINDERS TO THE INDIANA DEPARTMENT OF INSURANCE (“IDOI”)**

As stated in the March 6, 2014 Industry Update, the QHP Major Medical Rate and Form Filing Deadline for the 2015 Benefit Year for Certification ON the Federally-facilitated Marketplace (“FFM”) **remains May 11, 2014** for the following: (1.) Policy Forms (2.) [EHB Crosswalk](#) and Certification Tool (3.) Actuarial Memorandum (4.) URRT (Email to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov) with URRT in subject line).

As stated in the April 9, 2014 Industry Update, QHP templates will be due with the QHP Major Medical Rate and Form Filings on May 11, 2014, **IF** the Centers for Medicare & Medicaid Services (“CMS”) finalizes the QHP templates **AND** validation tool **ON OR BEFORE** May 4, 2014.

As stated in the April 9, 2014 Industry Update, if CMS does **NOT** finalize the QHP templates **AND** validation tool on or before May 4, 2014, QHP templates will be due **7 days AFTER** CMS finalization of the validation tool.

The [data templates](#) released on 4/17/14 are NOT final and will NOT validate. Since QHP Template VALIDATION is not expected to be complete prior to May 27<sup>th</sup>, 2014, Validated Templates are now due on **June 3rd, 2014 by 11:59 PM Eastern**, 7 calendar days post May 27<sup>th</sup> validation.

SERFF will NOT accept new BINDER submissions until May 27, 2014. If an issuer submits a binder in SERFF prior to May 27, 2014, the binder will be rejected. Therefore, the IDOI asks issuers to **WAIT until May 27, 2014 to begin submitting binders**. The **deadline to submit binders in SERFF is June 3, 2014 at 11:59 PM Eastern**. Binders are not required for Dental Products.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**REQUEST FOR INFORMATION: 2015 INTENT TO FILE**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health **MAJOR MEDICAL AND DENTAL** non-grandfathered product filings **subject to the Patient Protection and Affordable Care Act (“ACA”) ON the Federally-facilitated Marketplace (“FFM”)** to the Indiana Department of Insurance (“IDOI”).

It is important for the IDOI to accurately gauge the amount of filings expected for the 2015 season in order to provide an expeditious review. Therefore, the IDOI requests ONLY those carriers with the intent to file in the ACA Market provide the following information via email to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov) by the **close of business on Wednesday, April 16, 2014**. Subject line requirement: “2015 Intent by ‘Company Name’”.

Which of the following does your company intend to file with the IDOI for sale in 2015?

1. Small Group Off Marketplace Non-Grandfathered
2. Small Group On Marketplace Non-Grandfathered
3. Individual On Marketplace Non-Grandfathered
4. Individual Off Marketplace Non-Grandfathered
5. Certified SADP On Marketplace
6. Certified SADP Off Marketplace
7. Certified SADP Both Marketplaces

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**CLARIFICATION TO THE DEADLINE FOR SUBMITTING QUALIFIED HEALTH PLAN (“QHP”) TEMPLATES TO THE INDIANA DEPARTMENT OF INSURANCE (“IDOI”)**

As stated in the March 6, 2014 Industry Update, the QHP Major Medical Rate and Form Filing Deadline for the 2015 Benefit Year for Certification ON the Federally-facilitated Marketplace (“FFM”) remains May 11, 2014.

QHP templates will be due with the QHP Major Medical Rate and Form Filings on May 11, 2014, **IF** the Centers for Medicare & Medicaid Services (“CMS”) finalizes the QHP templates **AND** validation tool **ON OR BEFORE** May 4, 2014.

If CMS does **NOT** finalize the QHP templates **AND** validation tool on or before May 4, 2014, QHP templates will be due **7 days AFTER** CMS finalization of the validation tool.

As stated in the March 6, 2014 Industry Update, the Non-QHP Major Medical Rate and Form Filing Deadline for OFF the Federally-facilitated Marketplace (“FFM”) remains at least 90 days prior to the November 15<sup>th</sup> open enrollment.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**DEADLINE FOR SUBMITTING QUALIFIED HEALTH PLAN (“QHP”) TEMPLATES TO THE INDIANA DEPARTMENT OF INSURANCE (“IDOI”)**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health **MAJOR MEDICAL AND DENTAL** non-grandfathered product filings **subject to the Patient Protection and Affordable Care Act (“ACA”) ON the Federally-facilitated Marketplace (“FFM”)** to the Indiana Department of Insurance (“IDOI”).

As stated in the March 6, 2014 Industry Update, the QHP Major Medical Rate and Form Filing Deadline for the 2015 Benefit Year for Certification ON the Federally-facilitated Marketplace (“FFM”) remains May 11, 2014.

This deadline does not apply to QHP Templates. **[\(Please refer to April 9, 2014 CLARIFICATION\)](#)**

At this time, the IDOI requests carriers to submit QHP templates for QHP Major Medical Rate and Form Filings **7 days AFTER** Centers for Medicare & Medicaid Services (“CMS”) finalization.

As stated in the March 6, 2014 Industry Update, the Non-QHP Major Medical Rate and Form Filing Deadline for OFF the Federally-facilitated Marketplace (“FFM”) remains at least 90 days prior to the November 15<sup>th</sup> open enrollment.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**INSTRUCTIONS FOR RENEWAL OF NON-ACA-COMPLIANT POLICIES**

This message is directed to all insurers issuing accident and sickness insurance policies, as defined at IC 27-8-5-1; all health maintenance organizations (“HMOs”), as defined at IC 27-13-1-19 (collectively, “insurers”); and all other entities making accident and sickness product filings in the individual and small group markets with the Indiana Department of Insurance (IDOI).

The purpose of the message is to comply with [IDOI Bulletin 205](#) and publish instructions for insurers filing rate changes for Transitional “Grandmothered” Policies.

1. Provide the information requested below under the Supporting Documentation tab of the SERFF filing with clear headings unless otherwise specified
2. Provide justification for any medical trend as part of the actuarial memorandum
3. Download, complete and submit (as an Excel file) the IDOI created [Major Medical Experience Workbook](#)
  - a. Provide both IN and Nationwide experience from inception
4. Download, complete and submit the Preliminary Justification “Rate Summary Worksheet” which was used in 2012 filings
  - a. This is different from the Unified Rate Review Template (URRT)
  - b. Download from the Rate Review System (“RRJ”) in the Health Insurance Oversight System (“HIOS”)
    - i. [Login to “Old” HIOS](#)
    - ii. Click Rate Review System (RRJ)
    - iii. Click Rate Review Submission tab
    - iv. Click Download Rate Increase Summary Template
    - v. Click Rate Summary Template Excel file to download
5. Provide a count of covered member renewals for each month in which you plan to renew non-ACA-compliant policies as part of the actuarial memorandum
6. Follow up with IDOI at the end of the year of a count, by month, of those that renewed
  - a. Submit to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov)
7. Provide a copy of the letter being sent to policyholders prior to release under the Supporting Documentation tab
8. Inform IDOI by April 15, 2014 of your intent
  - a. Submit to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov)
  - b. Indicate the type(s) of transition
    - i. Individual
    - ii. Small Group
    - iii. Both
9. For 2015 filings, report lines of business that are not renewed as catastrophic plans on the URRT
10. Rates cannot be changed prior to filing and approval of such rates
  - a. Expect a minimum of 45-60 day review for transitional rate change

**MAY 11, 2014 11:59 PM EST FILING DEADLINE FOR THE 2015 BENEFIT YEAR FOR CERTIFICATION ON THE FEDERALLY-FACILITATED MARKETPLACE (“FFM”)**

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health **MAJOR MEDICAL AND DENTAL** non-grandfathered product filings **subject to the Patient Protection and Affordable Care Act (“ACA”) ON the Federally-facilitated Marketplace (“FFM”)** to the Indiana Department of Insurance (“IDOI”).

For certification of a plan as a Qualified Health Plan (“QHP”) for the 2015 benefit year, issuers will be required to submit a complete QHP Application, including plans that were certified as QHPs for the 2014 benefit year.

Issuers will work directly with IDOI to submit all QHP and Non-QHP filings in accordance with IDOI guidance utilizing the System for Electronic Rate and Form Filing (SERFF) system. **Deadline for issuers to submit QHP plan data to the IDOI is Sunday, May 11, 2014 at 11:59 PM EST.** IDOI will continue to review potential QHPs and Non-QHPs for compliance with all requirements under Indiana state law, as well as with market-wide standards established by the ACA such as Essential Health Benefits (“EHB”) and Actuarial Value (“AV”) standards and will provide a certification recommendation for each proposed plan to The Centers for Medicare & Medicaid Services (“CMS”). Issuers should comply with any state-specific guidelines for review and resubmission related to IDOI review standards including IDOI requests to submit data in addition to that required for QHP certification through the FFM. **(Please refer to April 9, 2014 CLARIFICATION)**

The Stand-alone dental plan QHP application timeline is synchronized with major medical submissions, therefore stand-alone and embedded dental plan data submission will follow the same timeline as that of major medical plans.

Plan data submissions for **OFF** the FFM must be filed a minimum of 90 days in advance of your desired implementation date. Keep in mind that open enrollment begins November 15, 2014.

Additional information will be provided during the IDOI ACA Related Rate/Form Filing Industry Webinar on March 18, 2014.

**REGISTER NOW**

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**INDIVIDUAL OPEN ENROLLMENT PERIOD CLARIFICATION**

August 16, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

According to [45 C.F.R. §155.410\(b\)](#), carriers in the individual market with policies that will renew or become effective for the 2014 plan year must have their plans filed with the IDOI and approved by October 1, 2013 to align with the Marketplace open enrollment period.

If an individual plan is not available for purchase during the full open enrollment period starting October 1, 2013 as stipulated by [45 C.F.R § 147.104\(b\)\(1\)\(ii\)](#), the carrier will not be able to limit enrollment outside of the open enrollment period. Instead, the carriers must enroll individuals who apply at any time during the calendar year to maintain compliance with the guaranteed availability provision.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**STAND-ALONE DENTAL PLANS (SADPs)**

**FILING GUIDANCE CLARIFICATION**

June 4, 2013

This clarification is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

Due to the delay in the CMS SADP application, including the data templates required for dental, **the IDOI SADP Filing Deadline for carriers on and off the FFM that desire CMS SADP certification has been moved to Friday, June 14, 2013.**

For SADP or other dental products, that **do not desire CMS certification for dental there is no filing deadline.** Please reference <http://www.in.gov/idoi/2771.htm> under individual grandfathered, small group grandfathered or other products filing instructions as applicable to complete traditional filing requirements.

In addition, **for those dental filings that plan to apply to CMS for participation on the FFM, IDOI is not requiring SERFF Dental Binders for those dental plans with an effective date of January 1, 2014.**

Finally, **for carriers that plan to complete the CMS SADP application to become certified whether on or off the FFM, the IDOI requests all CMS data templates required for dental to be added under the Supporting Documentation tab in SERFF.**

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**EXCLUSIVELY OFF THE EXCHANGE  
FORM FILING REQUIREMENT**

May 30, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

Carriers that offer health products EXCLUSIVELY OFF THE EXCHANGE must complete the Essential Health Benefits (EHBs) Verification Template as part of the department review process for form filings. This is a new state (IDOI) form filing requirement that applies to major medical products for the non-grandfathered, individual and/or small group market(s). Submit the completed template under the Supporting Documentation tab in SERFF. It will also be added to the SERFF submission requirements and filing instructions. The template will act as a form review tool to ensure EHB requirements and compliance standards are satisfied as outlined in the Affordable Care Act (ACA).

If you have already submitted your form filing, you must amend the file to include this new requirement. This is not applicable to those carriers that completed the QHP application to participate on the exchange.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov)

## State Generated Message

### STAND-ALONE DENTAL PLANS (SADPs) FILING GUIDANCE

May 20, 2013

This clarification message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

Carriers offering SADPs **on** the Federal Facilitated Marketplace (FFM) must meet the Centers for Medicare and Medicaid Services (CMS) dental certification requirements as outlined in [https://www.regtap.info/uploads/library/PM\\_QHP\\_DentalFAQsV1\\_051313.pdf](https://www.regtap.info/uploads/library/PM_QHP_DentalFAQsV1_051313.pdf).

Carriers offering SADPs **off** the FFM must meet the same requirements **only if** “certification” from CMS is desired. A certified SADP on and off the FFM means the following:

- (1) The plan meets standards related to the pediatric dental essential health benefits (EHBs) state benchmark plan [http://www.in.gov/idoi/files/MetLife\\_Dental\\_Fedvip.pdf](http://www.in.gov/idoi/files/MetLife_Dental_Fedvip.pdf);
- (2) The carrier completed the CMS certification process which includes specific documentation, sections and data templates of the Qualified Health Plan (QHP) application for the SADPs; and
- (3) A carrier could offer a health plan without the pediatric dental EHB to an individual if the carrier is reasonably assured that the individual obtains pediatric dental EHB coverage through an Exchange-certified SADP. (The SADP may be purchased on or off the FFM providing it is designated as Exchange-certified.)

A stand alone family dental plan<sup>[1]</sup> offered on or off the FFM can be utilized to meet the CMS requirements for pediatric dental provided the pediatric benefit portion of the family plan meets all the requirements to become Exchange-certified through CMS.

For carriers that do not meet the CMS certification requirements for plans with pediatric dental coverage off the FFM, the following is a suggested consumer disclosure:

*This plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions.*

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<sup>[1]</sup> Family Dental Plan is a plan that provides coverage for both pediatric and adult benefits.

Plans affected by this disclosure may be 1.) Major medical plans with pediatric and/or family dental coverage embedded in the plan; 2.) SADPs for family coverage which includes pediatric; and 3.) Stand alone adult dental. Major medical plans renewing in 2013 may also be affected.

If you are a carrier that has already submitted your medical QHP application and need to add pediatric dental requirements, please review the following document

[https://www.regtap.info/uploads/library/QHP\\_Application\\_Summary\\_For\\_SADPs\\_041813.pdf](https://www.regtap.info/uploads/library/QHP_Application_Summary_For_SADPs_041813.pdf) which outlines how SADP information should be added to QHP applications.

When filing pediatric dental plans please consider the following:

1. Required Actuarial Values
  - 70% Low ; 85% High
2. Out of Pocket Max
  - ≤ \$700 for One Child Enrollee; ≤ \$1,400 for Two or More Child Enrollees
3. Dental is considered an excepted benefit.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**STAND-ALONE DENTAL PLAN (SADP) BINDERS**

May 20, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

**SERFF v6.1 which will be released on the evening of Thursday, May 30<sup>th</sup>, will allow for the creation and submission of Stand-Alone Dental Plan (SADP) Binders.**

**Please do not create Binders in SERFF through Plan Management for SADP until Friday, May 31, 2013.**

**Additional dental filing guidance is forthcoming from the Department.**

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**DENTAL ONLY PLANS ON AND OFF THE EXCHANGE FILING DEADLINE**

May 15, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

**Due to CMS moving the application start date for stand-alone dental plans (SADPs), the following are the updated filing deadlines for SADPs, as applicable:**

- CMS SADP Application/Template Submission- May 20, 2013 - June 5, 2013
- CMS SADP Application/Template Deadline- June 5, 2013
- IDOI SADP Filing Deadline (On & Off FFM)- June 5, 2013

**\*Filing Submission to Include SERFF Dental Binder(s)**

**Please review the following document issued by CMS on May 13, 2013 for additional guidance:**  
[https://www.regtap.info/uploads/library/PM\\_OHP\\_DentalFAQsV1\\_051313.pdf](https://www.regtap.info/uploads/library/PM_OHP_DentalFAQsV1_051313.pdf)

**Additional dental filing guidance is forthcoming from the Department.**

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**FILING DEADLINE CLARIFICATION**

April 30, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

Based on recent information regarding QHP application submissions deadlines sent by CMS, the IDOI **will continue to maintain its existing May 1, 2013 filing deadline, which includes the binders,** for those carriers participating on the Exchange.

However, due to CMS technical difficulties, the following actions will be accepted:

- (1) Remove the XML attachment from the data template for a complete binder submission, or
- (2) Submit the Federal Data Templates post binder submission.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

## State Generated Message

### ESSENTIAL HEALTH BENEFIT (EHB) CERTIFICATE

April 25, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

The Essential Health Benefit (EHB) certificate found at [http://www.in.gov/idoi/files/Policy\\_17575IN054\\_Cert\\_5BlueAccessPPO.pdf](http://www.in.gov/idoi/files/Policy_17575IN054_Cert_5BlueAccessPPO.pdf) will supersede any benefit information reported on the data templates. As a result, the IDOI would like to clarify the following three items from the template:

1. Rehabilitative Speech Therapy is covered as part of the EHB in Indiana. You can find this on page M-43 of the certificate above.
2. Rehabilitative Occupational and Rehabilitative Physical Therapy is also covered as part of the EHB in Indiana. This can be found on page M-42 and M-43 of the certificate above.
3. Well Baby Visits and Care are covered as part of the EHB as described on page M-40 of the certificate. Benefits are covered to the following extent, "Preventive care and screenings for infants, children and adolescents as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration."

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

**State Generated Message**

**ESSENTIAL HEALTH BENEFITS UPDATE**

April 19, 2013

This clarification message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

The Indiana Department of Insurance (IDOI) prohibits Essential Health Benefit (EHB) substitutions for plan years effective on or after January 1, 2014 in the non grandfathered individual and small group markets. This is not applicable to prescription drug benefits. 45 CFR §156.122 requires a plan to cover at least the **greater** of (i) One drug in every United States Pharmacopeia (USP) category and class; or (ii) The same number of prescription drugs in each category and class as the EHB-benchmark plan. By meeting one of the prescription drug benefit requirements, the health plan satisfies this EHB provision.

In addition to the EHB substitution guidance, the three benefits listed below, as part of the State’s EHB benchmark plan, will maintain their (\$) limit quantity. Health plans are permitted to maintain these limits as part of their plans benefit design to satisfy EHB requirements.

<b>Benefit</b>	<b>Limit Quantity</b>
Dental Services for Accidental Injury and Other Related Medical Services	\$3,000
Human Organ and Tissue Transplant Services-Transportation and Lodging	\$10,000
Human Organ and Tissue Transplant Services-Unrelated Donor Search	\$30,000

**State Generated Message**

**DENTAL ONLY PLANS ON THE EXCHANGE FILING DEADLINE**

April 19, 2013

This clarification message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

**Due to the extended submission deadline for the anticipated Federal Dental Data Templates, the IDOI extends the filing deadline for Dental Only Plans On the Exchange to May 31, 2013.**

Questions regarding this message should be directed to [compliance@doi.in.gov](mailto:compliance@doi.in.gov).

## State Generated Message

### FEDERAL DATA TEMPLATE CLARIFICATION

April 19, 2013

This clarification message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

**For products EXCLUSIVELY OFF THE EXCHANGE, the following Data Templates are required for rate filings:**

- **Rates Template**
- **Prescription Drug Template**
- **In addition, we need submitted, in a format of your choice, one of the following:**
  1. **(1) Sufficient data for every plan and cost sharing variations to determine the actuarial value or**
  2. **(2) A copy of the actuarial value calculator output page for each plan and cost sharing variation.**

**All rate filings must complete Unified Rate Review Template (URRT) to comply with the federal requirement whether on or off the exchange.**

**The Plans Benefits Template is not required as part of the Form Filing instructions for both Qualified and Non-Qualified Health Plans. IDOI filing instructions will be updated to reflect this change.**

**For questions specific to the HIOS system, or the Excel data templates,** please contact the Exchange Operations Support Center (XOSC) at (855) CMS-1515 or [CMS\\_FEPS@CMS.HHS.GOV](mailto:CMS_FEPS@CMS.HHS.GOV) .

Please ensure that the most current version of the template is being completed prior to finalizing the file and uploading to SERFF. The federal data templates can be found at:  
[http://www.serff.com/plan\\_management\\_data\\_templates.htm](http://www.serff.com/plan_management_data_templates.htm)

Template validation via SERFF must occur prior to submission of a SERFF binder. When validation is 'invoked', the templates are NOT submitted to the state. Templates are only submitted to the state when an industry user 'Submits' them via the SERFF binder.

SERFF expects issuers to group their plans into one SERFF binder per state per market. SERFF allows a maximum of 250 plans per binder.

**State Generated Message**

**IDOI MAJOR MEDICAL EXPERIENCE WORKBOOK**

April 19, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

**The major medical experience workbook must be saved as an EXCEL document and uploaded under Supporting Documents in SERFF in order for the IDOI to extract the data. Do not upload this document as a PDF.**

To avoid delays and objections within your filing, you must abide by IDOI's new filing instructions, checklists and requirements found at <http://www.in.gov/idoi/2771.htm>. The new submission requirements were finalized in SERFF on Friday, March 8<sup>th</sup> including those relevant to major medical plans participating on and/or off the exchange.

**If you have already submitted** your filing, please review the filing instructions, checklists and requirements to **determine any deficient information** within your filing and upload under the supporting documentation tab in SERFF. All major medical filings must be submitted **no later than May 1, 2013** via SERFF for those carriers participating on the exchange, as applicable.

Questions regarding this message should be directed to [compliance@idoi.in.gov](mailto:compliance@idoi.in.gov).

## State Generated Message

### FEDERAL DATA TEMPLATE INFORMATION

April 17, 2013

This message is directed to all insurers, health maintenance organizations, risk retention groups, reciprocals, rating organizations, associations and all other entities making Accident & Health product filings subject to the Patient Protection and Affordable Care Act with the Indiana Department of Insurance (IDOI).

**For questions specific to the HIOS system, or the Excel data templates**, please contact the Exchange Operations Support Center (XOSC) at (855) CMS-1515 or [CMS\\_FEPS@CMS.HHS.GOV](mailto:CMS_FEPS@CMS.HHS.GOV) .

If you are filing ON AND OFF EXCHANGE, all data templates are required.

If you are filing EXCLUSIVELY OFF EXCHANGE, the following templates are required: Plans Benefits Template, Prescription Drug Template, Rates Template and Unified Rate Review Template.

Please ensure that the most current version of the template is being completed prior to finalizing the file and uploading to SERFF. The federal data templates can be found at:  
[http://www.serff.com/plan\\_management\\_data\\_templates.htm](http://www.serff.com/plan_management_data_templates.htm)

Template validation via SERFF must occur prior to submission of a SERFF binder. When validation is 'invoked', the templates are NOT submitted to the state. Templates are only submitted to the state when an industry user 'Submits' them via the SERFF binder.

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