

2016 Filing Requirements (for 2017 Plans)

| All required items are noted with a check mark (✓) and/or with specific notes/ guidance applicable to individual items. Items are separated by location in the filing or binder, which is identified under the bold, italicized headings. If not required, item is marked N/A. | | Major Medical | | | |
|---|---|--|---|--|---|
| | | On Exchange/On and Off Exchange <i>If the issuer is seeking QHP Certification in Market Segment</i> | | Off Exchange <i>If all plans are outside of Exchange in Market Segment</i> | |
| Item No. | Standard Requirements | Individual | Small Group | Individual | Small Group |
| SERFF FORM/ RATE FILING: | | | | | |
| 1 | Correct TOI/Sub-TOI used? | TOI should be H16I Individual Health - Major Medical or HOrg02I Individual Health Organizations - Health Maintenance (HMO); Sub-TOI should be based on product type | TOI should be H16G Group Health - Major Medical or HOrg02G Group Health Organizations - Health Maintenance (HMO); Sub-TOI should be based upon the product type, but should be a Sub-TOI that is "Small Group Only" | TOI should be H16I Individual Health - Major Medical or HOrg02I Individual Health Organizations - Health Maintenance (HMO); Sub-TOI should be based on product type | TOI should be H16G Group Health - Major Medical or HOrg02G Group Health Organizations - Health Maintenance (HMO); Sub-TOI should be based upon the product type, but should be a Sub-TOI that is "Small Group Only" |
| 2 | Filing Fees | Required on a retaliatory basis | | Required on a retaliatory basis | |
| 3 | Forms and Rates filed together? | Issuers should submit a single form/rate filing for all 2017 plans/ products in a market segment (QHPs and non-QHPs should be submitted together). | | Issuers should submit a single form/rate filing for all 2017 plans/ products in a market segment. | |
| General Information Tab | | | | | |
| 4 | PPACA | Non-Grandfathered Immediate Market Reforms | | Non-Grandfathered Immediate Market Reforms | |
| 5 | Exchange Intentions | Yes - in the text box provided, indicate if the filing includes any non-QHPs (i.e., plans that are strictly off Exchange) | | No | |
| 6 | Implementation Date Requested | 01/01/2017 | | 01/01/2017 | |
| 7 | Requested Filing Mode | Review & Approval | | Review & Approval | |
| 8 | Market Type | Individual | Market Type: Group Group Market Size: Small | Individual | Market Type: Group Group Market Size: Small |
| 9 | Filing Description | Utilize this field to replace the cover letter. | | Utilize this field to replace the cover letter. | |
| Policy Forms (Form Schedule Tab) | | | | | |
| Note: Not all forms may be applicable to all issuers. Issuers are permitted to utilize previously approved forms if they are compliant with all applicable state and federal requirements. If an issuer is utilizing previously approved forms, this should be noted in the filing description along with the form number and the associated SERFF tracking number. | | | | | |
| 10 | Policy Form | One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.). | | One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.). | |
| 11 | Master Policy/ Certificate | n/a | One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.). | n/a | One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.). |
| 12 | Application | ✓ | n/a | ✓ | n/a |
| 13 | Master Application/ Enrollment Form | n/a | ✓ | n/a | ✓ |
| 14 | Riders/Endorsements | ✓ | | ✓ | |
| 15 | Variable Schedule of Benefits (Boiler Plate Form) | ✓ | | ✓ | |
| 16 | Outline of Coverage | ✓ | n/a | ✓ | n/a |
| Rates (Rate/Rule Schedule Tab) | | | | | |
| 17 | Filing Method | Prior Approval | | Prior Approval | |
| 18 | Filing Method of Last Filing | Prior Approval | | Prior Approval | |
| 19 | Rate Data Template | MUST be submitted as an Excel file + as a PDF file. If the Excel file is too large for the filing, the company should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management. | | MUST be submitted as an Excel file + as a PDF file. If the Excel file is too large for the filing, the company should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management. | |
| Supporting Documents (Supporting Documentation Tab) | | | | | |
| 20 | Part I URRT | ✓ | | ✓ | |
| 21 | Part III Actuarial Memorandum and Certification | This should be the complete, un-redacted Actuarial Memorandum per the 2017 Unified Rate Review Instructions. Note: A company that utilizes a separate, state-required Actuarial Memorandum should also include this second attachment under this field. | | This should be the complete, un-redacted Actuarial Memorandum per the 2017 Unified Rate Review Instructions. Note: A company that utilizes a separate, state-required Actuarial Memorandum should also include this second attachment under this field. | |

| All required items are noted with a check mark (✓) and/or with specific notes/ guidance applicable to individual items. Items are separated by location in the filing or binder, which is identified under the bold, italicized headings. If not required, item is marked N/A. | | Major Medical | | | |
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| | | On Exchange/On and Off Exchange <i>If the issuer is seeking QHP Certification in Market Segment</i> | | Off Exchange <i>If all plans are outside of Exchange in Market Segment</i> | |
| Supporting Documents (Supporting Documentation Tab), con't | | | | | |
| 22 | Redacted Actuarial Memorandum | If the issuer has elected to redact any information that is exempt from disclosure, a redacted copy should be submitted as a user-added supporting document. The redacted AM (or the complete copy, if no redacted version is uploaded) will be set for public access when all filings are made public. Note: To avoid submitting multiple copies, please wait to add this item until you near the conclusion of the review process and only after all objections have been satisfied. The version attached should match the final version of the Redacted AM uploaded in the URR system. | | If the issuer has elected to redact any information that is exempt from disclosure, a redacted copy should be submitted as a user-added supporting document. The redacted AM (or the complete copy, if no redacted version is uploaded) will be set for public access when all filings are made public. Note: To avoid submitting multiple copies, please wait to add this item until you near the conclusion of the review process and only after all objections have been satisfied. The version attached should match the final version of the Redacted AM uploaded in the URR system. | |
| 23 | AV Certification by Actuary | The issuer must include an AV Certification by a credentialed actuary. This should be included in the Part III Actuarial Memorandum and Certification. | | The issuer must include an AV Certification by a credentialed actuary. This should be included in the Part III Actuarial Memorandum and Certification. | |
| 24 | Part II - Consumer Justification Narrative | Required for ALL rate modifications, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation. This summary will be set for public access to provide consumers with non-technical information regarding the rate modification. | | Required for ALL rate modifications, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation. This summary will be set for public access to provide consumers with non-technical information regarding the rate modification. | |
| 25 | High Level Summary Document | This document should be completed based upon the number of <u>standard plans</u> the issuer is seeking to offer in 2017. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the -00 through -06 suffix). | | This document should be completed based upon the number of <u>standard plans</u> the issuer is seeking to offer in 2017. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the -00 through -06 suffix). | |
| 26 | Consolidated ACA Certifications | ✓ | | ✓ Note: The company may strike through any items that are not applicable. | |
| 27 | Third Party Authorization (bypass if n/a) | ✓ | | ✓ | |
| 28 | AV Calculator Screenshots | One screenshot/ standard plan; each screenshot should be clearly labeled with the HIOS Plan ID and Plan Marketing Name | | One screenshot/ standard plan; each screenshot should be clearly labeled with the HIOS Plan ID and Plan Marketing Name | |
| 29 | Sample Schedules of Benefits | QHPs: 1 completed SOB/ metal level + 1 completed SOB/ Silver Plan CSR Variation & Non-QHPs: 1 completed SOB/ metal level | | 1 completed SOB/ metal level | |
| 30 | Unique Plan Design Supporting Documentation and Justification | If applicable, this document describes the reasons a plan qualifies as unique (e.g., not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value. | | If applicable, this document describes the reasons a plan qualifies as unique (e.g., not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value. | |
| 31 | Marked Up (Redlined) Version of Any Previously Approved Form(s) and/or Any Updated Versions Submitted During Filing Review Process | If the company is filing revisions to previously approved forms, then you should include a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form. If any changes are made to a proposed form during the review process, a redlined version comparing the updated version to the previously submitted version should be provided so that the Department may more readily identify the changes. | | If the company is filing revisions to previously approved forms, then you should include a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form. If any changes are made to a proposed form during the review process, a redlined version comparing the updated version to the previously submitted version should be provided so that the Department may more readily identify the changes. | |
| 32 | Statement of Variability | This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms. | | This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms. | |
| 33 | Example of Completed SBC | Each filing must include a sample SBC that is completed for one of the plans included in the filing in order to demonstrate compliance with this federal requirement. | | Each filing must include a sample SBC that is completed for one of the plans included in the filing in order to demonstrate compliance with this federal requirement. | |
| | | 2016 SBC Template | 2016 SBC Template + 2017 SBC Template (for Effective Dates on/after 4/1/17) | 2016 SBC Template | 2016 SBC Template + 2017 SBC Template (for Effective Dates on/after 4/1/17) |

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| | | On Exchange/On and Off Exchange <i>If the issuer is seeking QHP Certification in Market Segment</i> | | Off Exchange <i>If all plans are outside of Exchange in Market Segment</i> | |
| Item No. | Standard Requirements | Individual | Small Group | Individual | Small Group |
| SERFF PLAN MANAGEMENT BINDER: | | | | | |
| A | Correct Plan Year, Market Type and Binder Type used? | Plan Year: 2017 Market Type: Individual Binder Type: Medical | Plan Year: 2017 Market Type: Small Group Binder Type: Medical | Plan Year: 2017 Market Type: Individual Binder Type: Medical | Plan Year: 2017 Market Type: Small Group Binder Type: Medical |
| B | Associated Schedule Items | The associated schedule items should link to the associated Form/Rate filing for 2017 Plans. If using previously approved forms, the schedule items should link to the applicable prior filing that includes those documents. | | The associated schedule items should link to the associated Form/Rate filing for 2017 Plans. If using previously approved forms, the schedule items should link to the applicable prior filing that includes those documents. | |
| SERFF Plan Management (Templates Tab) | | | | | |
| C | Essential Community Providers/ Network Adequacy Template | ✓ | | n/a | |
| D | Plan and Benefits Template | ✓ | | ✓ | |
| E | Prescription Drug Template | ✓ | | ✓ | |
| F | Network Template | ✓ | | ✓ | |
| G | Service Area Template | ✓ Note: SC does not accept partial county service areas. | | ✓ Note: SC does not accept partial county service areas. | |
| H | Rating Business Rules Template | ✓ | | n/a | |
| SERFF Plan Management (Supporting Documentation Tab) | | | | | |
| I | Data Integrity -- Data Integrity Tool Output Report | ✓ | | n/a | |
| J | Cost Sharing -- Cost Sharing Tool Output Report + Supporting Documentation/ Justification | ✓ | | ✓ | |
| K | Meaningful Difference -- Meaningful Difference Tool Output Report + Supporting Documentation/ Justification | ✓ | | n/a | |
| L | ECPs -- Essential Community Providers Tool Output Report + Supporting Documentation/ Justification | ✓ The tool is only applicable to On Exchange Plans. | | n/a | |
| M | Rx Drug Categories/ Classes -- Category Class Drug Count Tool Output Report + Supporting Documentation/ Justification | ✓ | | ✓ | |
| N | Rx Formulary -- Non-Discrimination Formulary Outlier Tool Output Report + Supporting Documentation/ Justification | ✓ | | ✓ | |
| O | Rx Clinical Appropriateness: Non-Discrimination Clinical Appropriateness Tool Output Report + Supporting Documentation/ Justification | ✓ | | ✓ | |
| P | Plan ID Crosswalk -- Plan ID Crosswalk Tool Output Report + Plan ID Crosswalk Template | ✓ The template and tool are only required for On Exchange Plans. (n/a for first-time QHP issuers) | n/a | n/a | |

Notes on Filing Items:

Item 9 - (Filing Description/Cover Letter) - Filing Descriptions must contain the following information, even if a cover letter is attached to the Supporting Documentation tab: (1)Please indicate whether the company is seeking QHP certification to sell some or all of the plans included in the filing on the Marketplace. (2)If an issuer is utilizing the Federal Marketplace application/ enrollment materials only, that should be noted in the filing description. (3)Indicate if the forms are new or revised. (4)If you plan to continue to utilize and/or amend any previously approved forms, include the form name along with the state tracking number for the filing in which it was approved. (5)If you plan to continue to utilize any previously approved forms, indicate whether any changes to the variability are being sought in this filing and, if so, include an updated Statement of Variability under the Supporting Documents tab. (6)Indicate which plans, if any, use Standardized Options. If none of the plans use the Standardized Options, please state that in the Filing Description. (8)Indicate which plans, if any, use a tiered network or a tiered pharmacy network. If a tiered network is not used, please state that in the Filing Description.

- **Item 22 (Redacted Actuarial Memorandum)** - If the issuer has elected to redact any information that is exempt from disclosure, a redacted copy should be submitted as a user-added supporting document. Do NOT include the Redacted Actuarial Memorandum with the other documents as SERFF does not support selection of a single file within a grouping of files for setting public access. If the redacted version is not submitted separately, then SCDOI must set public access for all versions. Note: CMS will set public access for the preliminary justification in the URR system on August 1, 2016. CMS Instructions for the Redacted Actuarial Memorandum are available online ([click here](#)).

- **Item 23 (AV Certification by Actuary)** - The AV certification must be made by a credentialed actuary and must specifically reference that "the plan has been accurately entered into the AV Calculator and that the metal level assigned accurately reflects the results of the AV Calculator." See [SCDOI Bulletin 2013-04](#) (Section III (D)(5) on p.7).

- **Item 25 (High Level Summary)** - The Department has published a new High Level Summary on its website ([click here](#)). Please utilize the latest version and submit it in Excel format in the Form/Rate filing.

- **Item 30 (Unique Plan Design Supporting Documentation and Justification)** - Include examples of each adjustment made to input into the AV Calculator that varies from the benefit amounts shown in the Schedules of Benefits. Documentation should be submitted in an actuarial report format as well as in excel format and be clear enough so that an analyst reviewing the filing can follow. This should also be outlined in detail in the Part III Actuarial Memorandum.

- **Item 32 (Statement of Variability)** - A Statement of Variability should be provided for each variable form that is uploaded to the Forms tab, including the Variable Schedule of Benefits Boiler Plate Form.

Notes on Binder Items:

- Issuers bypassing a submission requirement must note the reason for the bypass in the comments field in order to avoid additional objections.
- Issuers should take note of the Plan Management general instructions and the instructions listed under each item in the Supporting Documents Tab when preparing their submissions.
- Once binder is submitted, a Note to Reviewer should be submitted in the corresponding Form/Rate filing with SERFF Binder Number and date submitted. If validation is not completed by target date listed, carrier should advise DOI when validation will be completed and reason for delay. This should be done as a Note to Reviewer in Form/Rate filing.
- The Rx drug tools (noted in Items M-O) have been combined into the Formulary Review Suite. As such, a single output report can be uploaded under one of the submission requirements; however, issuers should still upload supporting documentation/ justifications (if applicable) under the individual categories or note that there are no outliers if the item is bypassed.
- Additional items may be required in response to state and/or federal reviews. This includes, for example, the Discrimination - Cost Sharing Outlier Supporting Documentation and Justification.

General Notes:

- Not all of the items listed under the Policy Forms (Form Schedule Tab) heading may be applicable to all issuers. Issuers are permitted to utilize previously approved forms if they are compliant with all applicable state and federal requirements. If an issuer is utilizing any previously approved forms, the SCDOI asks that the issuer upload copies of the final versions of the forms (as previously approved) to the Supporting Documents tab. This will serve to speed up the review process.
- In advance of any filing, the company should review their last Form/Rate filing(s) and address any objections/ requests for additional information in said filings as a part of their submission. Note: this does not mean that you should simply attach copies of prior objection responses; you should incorporate the information/ support requested previously in the appropriate document(s) in order to reduce the number of objections and, thus, expedite the review process.
- Please refrain from labeling/item naming items as "final" and from re-submitting items that do no change in response to objections, etc. We encourage carriers to utilize a naming convention such as "Item Date v1" so, for example, "AV Screenshots 06.04.2016 v1" to reduce confusion and speed up the review process.
- When replacing a previously-submitted document/ file, issuers should grey out the prior version and replace it with the most updated version in the same location as the prior document. This is the standard process for items under the Forms tab and Rate/Rule tab, but should also be utilized for any documents under the Supporting Documents tab. There should not be multiple groups of attachments with the same or similar names; instead, the issuer should grey out old documents and replace them as necessary.
- Major medical issuers should submit a Note to Reviewer that includes the corresponding URR submission tracking number upon submission in the federal system (URR submissions must be made on or before July 15, 2016).
- Association filings must comply with [SCDOI Bulletin 2011-11](#). Associations will be treated as they are marketed.

To Access 2016 Filing Requirements for SADP Issuers, [Click Here](#).

Questions? Email lahmail@doi.sc.gov or contact Tina Brown at (803) 737-6162 or tbrown@doi.sc.gov