

2021 Filing Requirements (for 2022 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	TOI: H16I Individual Health - Major Medical or HOrgo2I Individual Health Organizations - Health Maintenance (HMO); Sub-TOI should be based on product type	TOI: H16G Group Health - Major Medical or HOrgo2G 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: H16I Individual Health - Major Medical or HOrgo2I Individual Health Organizations - Health Maintenance (HMO); Sub-TOI should be based on product type	TOI: H16G Group Health - Major Medical or HOrgo2G 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 2022 plans/products in a market segment (QHPs and non-QHPs should be submitted together).		Issuers should submit a single form/rate filing for all 2022 plans/products in a market segment.	
4	Forms and Rates - Review Standard	Forms - Prior Approval Rates - Prior Approval		Forms - Prior Approval Rates - Prior Approval	
GENERAL INFORMATION TAB					
5	PPACA	Non-Grandfathered Immediate Market Reforms		Non-Grandfathered Immediate Market Reforms	
6	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	
7	Implementation Date Requested	01/01/2022		01/01/2022	
8	Requested Filing Mode	Review & Approval		Review & Approval	
9	Market Type	Individual	Market Type: Group Group Market Size: Small	Individual	Market Type: Group Group Market Size: Small
10	Filing Description	Utilize this field to replace the cover letter. <i>See Notes for Item 10 for required items.</i>		Utilize this field to replace the cover letter. <i>See Notes for Item 10 for required items.</i>	
FORM SCHEDULE TAB (Policy Forms)					
<i>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/cover letter along with the form number and the associated SERFF tracking number.</i>					
11	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.).	
12	Master Policy and 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.).
13	Application	✓	n/a	✓	n/a
14	Master Application/ Enrollment Form	n/a	✓	n/a	✓
15	Riders/Endorsements/ Amendments	✓		✓	
16	Variable Schedule of Benefits (Boiler Plate Form)	✓		✓	
17	Outline of Coverage	✓	n/a	✓	n/a
RATE/ RULE SCHEDULE TAB (Rates)					
18	Filing Method	Prior Approval		Prior Approval	
19	Filing Method of Last Filing	Prior Approval		Prior Approval	
20	Rates Table Template	MUST be submitted as an Excel file + as a PDF file. If the Excel file is too large for the filing, the issuer 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 issuer 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 DOCUMENTATION TAB (Supporting Documents)					
21	Part I URRT	✓		✓	
22	Part III Actuarial Memorandum and Certification	This should be the complete, un-redacted Actuarial Memorandum per the 2022 Unified Rate Review Instructions. <i>Note: An issuer that utilizes a separate, state-required Actuarial Memorandum should also include this as a second attachment under this field. See Notes for Item 22 for information on CSR & COVID-19 adjustments.</i>		This should be the complete, un-redacted Actuarial Memorandum per the 2022 Unified Rate Review Instructions. <i>Note: An issuer that utilizes a separate, state-required Actuarial Memorandum should also include this as a second attachment under this field. See Notes for Item 22 for information on COVID-19 adjustments.</i>	
23	Actuarial Memorandum Dataset Supplement **Updated for PY2022**	The issuer must complete the Actuarial Memorandum Dataset Supplement and submit it in Excel (not PDF) with the filing. Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum. This includes cells where the spreadsheet contains sample input.		The issuer must complete the Actuarial Memorandum Dataset Supplement and submit it in Excel (not PDF) with the filing. Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum. This includes cells where the spreadsheet contains sample input.	

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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
SUPPORTING DOCUMENTATION TAB (Supporting Documents), con't					
24	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. <i>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.</i>		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. <i>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.</i>	
25	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.	
26	Part II – Consumer Justification Narrative	Required for ALL rate increases, 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 increase.		Required for ALL rate increases, 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 increase.	
27	Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA)	The issuer should complete the Self-Compliance Tool for the Mental Health Parity and Addition Equity Act (MHPAEA) and attach a copy under the Supporting Documentation Tab. <i>The latest version (released in 2020) should be used. See link in Notes below.</i>		The issuer should complete the Self-Compliance Tool for the Mental Health Parity and Addition Equity Act (MHPAEA) and attach a copy under the Supporting Documentation Tab. <i>The latest version (released in 2020) should be used. See link in Notes below.</i>	
28	High Level Summary Document	This document should be completed based upon the number of standard plans the issuer is seeking to offer in 2022. 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 standard plans the issuer is seeking to offer in 2022. 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).	
29	Consolidated ACA Certifications	✓		✓ <i>Note: The issuer may strike through any items that are not applicable.</i>	
30	Third Party Authorization (<i>bypass if n/a</i>)	✓		✓	
31	AV Calculator Screenshots	QHPs: 1 screenshot/ standard plan + 1 screenshot/ each Silver Plan CSR Variation & Non-QHPs: 1 screenshot/ standard plan QHP/Non-QHP: Expanded Bronze – 1 screenshot/ each plan <i>Each screenshot should be clearly labeled with the HIOS Plan ID & Plan Marketing Name</i>		One screenshot/ standard plan <i>Each screenshot should be clearly labeled with the HIOS Plan ID and Plan Marketing Name</i>	
32	Sample Schedules of Benefits	QHPs: 1 completed SOB/ metal level + 1 completed SOB/ Silver Plan CSR Variation & Non-QHPs: 1 completed SOB/ metal level QHP/Non-QHP: Expanded Bronze – 1 completed SOB/ each plan <i>SOB's should be for the plan with the largest enrollment per metal level</i>		1 completed SOB/ metal level Expanded Bronze – 1 completed SOB/ each plan <i>SOB's should be for the plan with the largest enrollment per metal level</i>	
33	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.	
34	Marked Up (Redlined) Version of Any Previously Approved Form(s) and/or Any Updated Versions Submitted During Filing Review Process	If the issuer is filing revisions to previously approved forms, a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form should be provided. 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 issuer is filing revisions to previously approved forms, a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form should be provided. 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.	
35	Statement(s) 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.	
36	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. <i>The latest version should be used (2021 SBC Template).</i>		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. <i>The latest version should be used (2021 SBC Template).</i>	
37	Network Adequacy (Access Plan and Annual Certification)	An access plan must be filed with the initial filing and a certification by February 1st each year thereafter. See Bulletin 2013-04, Appendix C, Item 8 Provider Network Adequacy Guidelines, specifically #9 – #15.		An access plan must be filed with the initial filing and a certification by February 1st each year thereafter. See Bulletin 2013-04, Appendix C, Item 8 Provider Network Adequacy Guidelines, specifically #9 – #15.	

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Item No.	Standard Requirements	Individual	Small Group	Individual	Small Group
SUPPORTING DOCUMENTATION TAB (Supporting Documents), con't					
38	Network Adequacy – Provider Types and Access Standards Spreadsheet **New for PY2022**	This worksheet should be completed by each QHP issuer and submitted with the Form/Rate filing.		n/a	
SERFF PLAN MANAGEMENT BINDER					
A	Correct Plan Year, Market Type and Binder Type	Plan Year: 2022 Market Type: Individual Binder Type: Medical	Plan Year: 2022 Market Type: Small Group Binder Type: Medical	Plan Year: 2022 Market Type: Individual Binder Type: Medical	Plan Year: 2022 Market Type: Small Group Binder Type: Medical
B	Associated Schedule Items	The associated schedule items should link to the associated Form/Rate filing for 2022 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 2022 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 (ECP)/Network Adequacy Template	✓		n/a	
D	Plan and Benefits Template	✓		✓	
E	Prescription Drug Template	✓		✓	
F	Network ID Template	✓		✓	
G	Service Area Template	✓ <i>Note: SC does not accept partial county service areas.</i>		✓ <i>Note: SC does not accept partial county service areas.</i>	
H	Business Rules Template	✓		n/a	
I	Transparency In Coverage Template	✓ If a QHP is available both on and off the Exchange, issuers are required to report claims data <u>only for the on-Exchange enrollees.</u>		n/a	
SERFF PLAN MANAGEMENT (SUPPORTING DOCUMENTATION TAB)					
J	Data Integrity -- Data Integrity Tool Output Report	✓		✓	
K	Cost Sharing -- Cost Sharing Tool Output Report + Supporting Documentation/ Justification	✓		✓	
L	ECPs -- Essential Community Providers Tool Output Report + Supporting Documentation/ Justification	✓		n/a	
M	Non-Discrimination -- Non-Discrimination Tool Output Report + Supporting Documentation/ Justification	✓		n/a	
N	Category & Class Drug Count Tool -- Output Report + Supporting Documentation/ Justification	✓		✓	
O	Formulary Review Suite -- Formulary Review Suite Tool Output Report + Supporting Documentation/ Justification	✓		✓	
P	Plan Crosswalk -- Plan Crosswalk Validation 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	
Q	QHP Issuer Compliance Plan and Organizational Chart Interoperability Attestation and Justification Form **New for PY2022**	✓ Required for On Exchange Plans Only (first-time QHP issuers have extended implementation date)	n/a	n/a	

Notes on Filing Items:

- **Item 10 - (Filing Description/Cover Letter)** - Filing Descriptions must contain the following information, even if a Cover Letter is attached to the Supporting Documentation tab: (1) Indicate whether the issuer 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 an issuer plans 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 an issuer plans 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 Documentation tab. (6) Indicate which plans, if any, are "Expanded Bronze" plans. If none of the plans are "Expanded Bronze" plans, please state that in the Filing Description. (7) 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 - (Part III Actuarial Memorandum and Certification) - Guidance on how cost of CSR subsidies should be applied (Silver Loading).** Cost-sharing reduction subsidies (CSRs) are no longer funded by the federal government; however, CSR variant plans must still be offered to certain low income members under the same enhanced AV requirements. To offset the cost of the CSR subsidies, a QHP issuer may include an adjustment to the On Exchange Silver plans. This adjustment may not be spread across all QHPs - only plans that offer the cost-sharing reduction subsidies. QHP issuers must provide a separate analysis or documentation of the impact of the lack of CSR funding on these Silver plans in their Actuarial Memorandum or supporting documents. QHP issuers may, further, develop "mirrored Off Exchange Silver Plans" that do not include this adjustment; however, such plans must include some variation in benefits in order to charge different (lower) premiums.
- **Item 22 - (Part III Actuarial Memorandum and Certification) - Guidance on reporting the impact of COVID-19 on rates.** All issuers must include a separate analysis or documentation in the Actuarial Memorandum or supporting documents that outlines all support and adjustments made as a result of COVID-19; including an analysis of all assumptions and internal and external data sources relied upon for the development of these adjustments.
- **Item 23 - (Actuarial Memorandum Dataset Supplement)** - The issuer must complete the Actuarial Memorandum Dataset Supplement - Plan Year 2022 and submit it in Excel (not PDF) with the filing. Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum. This includes cells where the spreadsheet contains sample input. The Department has published this document on its website ([click here](#)). Please utilize the latest version (Revised 3/17/2021) and submit it in Excel format under the Supporting Documentation Tab in the Form/Rate filing.
- **Item 24 - (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 in a separate item group, then SCDOI must set public access for all versions. Note: CMS intends to post information on proposed rate filings for consumers to review on July 31, 2021 at <https://ratereview.healthcare.gov/>. CMS Instructions for the Redacted Actuarial Memorandum are available online ([click here](#)).
- **Item 25 - (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 27 - (Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA))** The issuer should complete the DOL/HHS/Treasury Self-Compliance Tool for the Mental Health Parity and Addition Equity Act (MHPAEA) and submit with the filing under the Supporting Documentation Tab. Issuers should use the comment boxes to provide an overview of how they are in compliance with each provision. Yes/No/N/A answers are not sufficient responses. The Department has posted this document on its website and can be found by [clicking here](#) or on the DOL's EBSA website by [clicking here](#).
- **Item 28 - (High Level Summary)** - The Department has published a new High Level Summary on its website ([click here](#)). Please utilize the latest version (Revised 3/3/2021) and submit it in Excel format in the Form/Rate filing.
- **Item 29 - (Consolidated ACA Certifications)** - The Consolidated ACA Certification is on the SCDOI website ([click here](#)). Please utilize the latest version (Revised 4/20) and submit it in the Form/Rate filing.
- **Item 32 (Sample Schedules of Benefits)** - Sample SOB's should be submitted for each plan per metal level with the largest enrollment as of March 1, 2021. Issuers new to the market must submit sample SOB's for the lowest cost plan per metal level.
- **Item 33 (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 replicate the work. This should also be outlined in detail in the Part III Actuarial Memorandum.
- **Item 35 - (Statement(s) of Variability)** - A Statement of Variability should be provided for each variable form that is uploaded to the Form Schedule tab, including the Variable Schedule of Benefits Boiler Plate Form. Any changes to variability for previously approved forms that are noted in the Filing Description also require a new Statement of Variability.
- **Item 38 - (Network Adequacy - Provider Types and Access Standards Spreadsheet) - New for PY2022** - This worksheet should be completed by each QHP issuer and submitted with the Form/Rate filing. Network Adequacy - Provider Types and Access Standards Spreadsheet is on the SCDOI website ([click here](#)).

Notes on Binder Items:

- **Item Q - (Interoperability Attestation and Justification Form: Compliance with Health Data and Plan Information Interoperability Requirements) - New for PY2022** - Include a copy of completed forms submitted to HIOS.
- 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 Documentation 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. Submit as a Note to Reviewer in Form/Rate filing.
- Additional items may be required in response to state and/or federal reviews.

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 and include the SC state and/ or SERFF tracking number of the filing(s) that include the previously approved forms. This will serve to speed up the review process.
- **In advance of any filing, the issuer 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/ 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 06.04.2021 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 Form Schedule tab and Rate/Rule Schedule tab, but should also be utilized for any documents under the Supporting Documentation 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 (As a reminder, 45 CFR 154.220(b) requires issuers to submit rate information by the earlier of: (a) the State's deadline or (b) the date specified by the Secretary of HHS.).
- Association filings must comply with [SCDOI Bulletin 2011-11](#). Associations will be treated as they are marketed.

To Access 2021 (PY2022) Filing Requirements for SADP Issuers, [Click Here](#).

Questions? Email lahmail@doi.sc.gov or contact Shari Miles at (803) 737-6096 or smiles@doi.sc.gov