

New Hampshire Insurance Department

Filing & Binder Requirements for Medical Plans

Updated 4/16/2015

Federal templates and supporting documents may be found through the CMSzONE portal or through the System for Electronic Rate and Form Filing (SERFF)

Loc.	Document Name	Note
Filing		
Filing	Required Form Schedule Documents in SERFF	
	Policy Document	Also listed as "Master Contract"
	Certificate	Group plans only
	Outline of Coverage	Individual plans only
	Sample ID Cards	Variability is allowed
	Schedule of Benefits	For each plan type/metal level, including all silver plan variations. No variability of cost-sharing ranges allowed, even for off exchange
	Application/Enrollment form	Off-exchange only
	Patient Bill of Rights	Required in the policy/certificate or it must be approved as a separate form.
	Summary Notice of Continuation of Coverage Rights	Group plans only. Required to be separate from the certificate and must be approved.
	Managed Care Consumer Guide to External Appeal	Required in the policy/certificate or it must be approved as a separate form.
	Employer Application	Group plans
Filing	Required Supporting Documentation in SERFF	
	NHID Issuer Checklist (for Applicable Filing Type)	
	Rates Submission including URRT	
	Rate Summary Worksheet	
	Actuarial Value Calculator	
	Actuarial Memorandum with Rates	
	Compliance Certification	
	Certificate of Readability (Flesch Score)	
	Patient Bill of Rights	Required in the policy/certificate or if it was previously approved.
	Summary Notice of Continuation of Coverage Rights	Group plans only. Required to be separate from the certificate and must have been previously approved.
	Application/Enrollment form for exchange plans	Only for exchange plans
	Managed Care Consumer Guide to External Appeal	Required in the policy/certificate or if it was previously approved.
Filing	Receive Conditional Supporting Documentation in SERFF	
	Consumer Disclosure Form (apply to HIOS)	If rate increase more than 10%
	Domestic Partner Affidavit	If plan covers Domestic Partners and requires an affidavit
	Prior Correspondence	If prior correspondence related to this filing is available
	Redlined Copies of Documents Previously Submitted	If prior correspondence related to this filing is available
	Statement of Variability	If variability is present
	Discretionary Clause Endorsement	Group plans only - if plan sponsor designates the Company as a claims fiduciary under ERISA
Binder		
Binder	Required QHP Templates	
	Administrative Data Template	Federal Template
	Plan and Benefits Template	Federal Template
	Prescription Drug Template	Federal Template
	Network Template	Federal Template
	Service Area Template	Federal Template
	Essential Community Providers Template	Federal Template
	Rate Data Template	Federal Template
	Rating Business Rules Template	Federal Template

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Loc.	Document Name	Note
Binder	Required Supporting Documents in SERFF	
	State Licensure	Issuer-Level; must be for product type(s) offered
	Part I - Unified Rate Review (URR) Template	
	Part III - Actuarial Memorandum	
	Certificate of Good Standing	Issuer-Level
	Plan ID Crosswalk template	Federal Template; Individual Market only
	Compliance Plan and Organizational Chart	Federal Template
	Program Attestations for FFM Issuers	Federal Template
	SHOP Tying Justification	Federal Template; Individual Market only
	Federal Network Adequacy Template	Federal Template
	NA Package - Network Data Template	State Template found here
	NA Package - Network Attestations	State Template found here
	NA Package - Network Summary Page	State Template found here
	Advertising Attestation	NHID attestation found here
Binder	Conditional Supporting Documents in SERFF	
	ECP Supplemental Response Form	Conditional
	Unique Plan Design Justification	Conditional
	EHB-Substituted Benefit (Actuarial Equivalent) Justification	Conditional
	Formulary-Inadequate Category/Class Count Justification	Conditional
	Discrimination- Formulary Clinical Appropriateness Justification	Conditional
	Discrimination-Cost Sharing Outlier Justification	Conditional
	Discrimination-Formulary Outlier Review Justification	Conditional
	Discrimination-Language Justification	Conditional
	TPA license(s)	If TPAs are utilized
	Meaningful Difference Justification	Conditional
	Self Evaluation of QHP Issuer Application	
Tool	Issuer used the following QHP Review Tools	
	Master Review Tool	Federal Tool
	Cost Sharing Tool	Federal Tool
	ECP Tool	Federal Tool
	Formulary Category/Class Count Tool	Federal Tool
	Formulary Clinical Appropriateness Tool	Federal Tool
	Formulary Outlier Tool	Federal Tool
	Meaningful Difference Tool	Federal Tool
	Data Integrity Tool	Federal Tool
	CMS Review Tools Attestation and screen shots	NHID attestation found here