

# New Hampshire Insurance Department

## Off Exchange 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
<b>Filing</b>		
<b>Filing</b>	<b>Required Form Schedule Documents in SERFF</b>	
	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
	Summary of Benefits and Coverage	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
<b>Filing</b>	<b>Required Supporting Documentation in SERFF</b>	
	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.
	Managed Care Consumer Guide to External Appeal	Required in the policy/certificate or if it was previously approved.
<b>Filing</b>	<b>Receive Conditional Supporting Documentation in SERFF</b>	
	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
<b>Binder</b>		
<b>Binder</b>	<b>Required QHP Templates</b>	
	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
	Rate Data Template	Federal Template
	Rating Business Rules Template	Federal Template

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<b>Binder</b>	<b>Required Supporting Documents in SERFF</b>	
	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
	Compliance Plan and Organizational Chart	Federal Template
	Federal Network Adequacy Template	Federal Template
	NA Package - Network Data Template	<a href="#">State Template</a>
	NA Package - Network Attestations	<a href="#">State Template</a>
	NA Package - Network Summary Page	<a href="#">State Template - plans with embedded dental must also fill out dental summary page</a>
	Advertising Attestation	<a href="#">NHID attestation</a>
<b>Binder</b>	<b>Conditional Supporting Documents in SERFF</b>	
	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
	<b>Self Evaluation of QHP Issuer Application</b>	
<b>Tool</b>	<b>Issuer used the following QHP Review Tools</b>	
	Cost Sharing Tool	Federal Tool
	Formulary Category/Class Count Tool	Federal Tool
	Formulary Clinical Appropriateness Tool	Federal Tool
	Formulary Outlier Tool	Federal Tool
	CMS Review Tools Attestation and screen shots	<a href="#">NHID attestation found here</a>