# New Hampshire Insurance Department: Filing & Binder Requirements for Medical Plans PY24

Federal templates and supporting documents found on SERFF or CMS webpage: https://www.qhpcertification.cms.gov/s/Application%20Material

| FORM FILING | |
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| **Required Form Schedule Document in SERFF** | **Note** |
| Policy Document | Individual; Group – also listed as "Master Contract" |
| Certificate | Group plans only |
| Outline of Coverage | Individual plans only |
| 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 |
| Patients' Bill of Rights | Required in the policy/certificate or it must be approved as a separate form |
| Summary Plan Description of Continuation of Covered 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 |
| **Required Supporting Documentation in SERFF** | **Note** |
| NHID Issuer Checklist (for Applicable Filing Type and Submission Requirement Checklist | |
| Rate Submission including URRT | Most current version of URRT per CMS |
| Rate Summary Worksheet | |
| Actuarial Value Calculator | |
| Actuarial Memorandum with Rates | |
| Public Rate File | Rate Filing Exhibit Template (xlsx) & Exhibit (pdf) |
| Confidential Rate File | Rate Filing Exhibit Template (xlsx) & Exhibit (pdf) |
| Compliance Certification | |
| Certificate of Readability (Flesch Score) | |
| Complete Formulary w/NDC Codes | Both PDF and Excel versions |
| Patients' Bill of Rights | Required in the policy/certificate or it must be approved as a separate form |
| Summary Plan Description of Continuation of Covered Rights | (If previously approved) Group Plans only. Required to be separate from the Certificate |
| Application/Enrollment Form for exchange plans | (If previously approved) Only for exchange plans |
| Annual Notice of Consumer Rights and Access to Out-of-Network Services | This annual notice must be sent to policyholders in the individual, small and large group at the time of a new policy or at the renewal of a policy |
| Out of Network Cost Sharing Statement | |
| Managed Care Consumer Guide to External Appeal | Required in the policy/certificate or if it was previously approved |
| **Conditional Supporting Documentation in SERFF** | **Note** |
| Consumer Disclosure Form (apply to HIOS) | If rate increase more than 10% |
| Rate Data Template | 2 Templates based on Disposition of 1332 Waiver – Individual only |
| Domestic Partner Affidavit | If plan covers Domestic Partner and requires an affidavit |
| Prior Correspondence | If prior correspondence related to the filing is available |
| Redlined Copies of Documents Previously Submitted | If prior correspondence related to the filing is available |
| Statement of Variability | If variability is present |
| Notice of Privacy Practices | As applicable |
| Discretionary Clause Endorsement | Group plans only – if plan sponsor designates the Company as a claims fiduciary under ERISA |

# BINDER

| Required QHP Templates | Note |
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| Plan and Benefits Template | Federal Template |
| Prescription Drug Template | Federal Template |
| Network Template | Federal Template |
| Service Area Template | Federal Template |
| Network Adequacy/Essential Community Providers Template | Federal Template |
| Rate Data Template | Federal Template |
| Rating Business Rules Template | Federal Template |
| Transparency In Coverage Template | Federal Template |
| **Required Supporting Documentation in SERFF** | **Note** |
| State Licensure | Issuer-Level; must be for product type(s) |
| Part I – Unified Rate Review Template (URRT) | |
| Part III –Actuarial Memorandum | |
| Certificate of Good Standing | Issuer-Level |
| Plan ID Crosswalk | Federal Template |
| Program Attestation for SPM Issuers | Federal Template |
| NHID Network Adequacy Template | Both Excel Format and URL to company website showing link for each NH Network |
| Complete Formulary in Excel and PDF Format w/NDC Codes (no hyphens) | |
| **Conditional Supporting Documentation in SERFF** | **Note** |
| Part II – Written Description Justifying Rate Increase | Conditional |
| 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 Justification | Conditional |
| Discrimination-Formulary Outlier Review Justification | Conditional |
| Discrimination-Language Justification | Conditional |
| Quality Initiative Strategy | Conditional; Required if issuer participated on the Exchange during the past two calendar Form years |
| TPA License(s) | If TPAs or other vendors are utilized |
| **Self-Evaluation of QHP Issuer Application (Tools)** | **Note** |
| Cost Sharing Tool | Federal Tool |
| ECP Tool | Federal Tool |
| Plan Crosswalk Review Tool | Federal Tool |
| Formulary Category/Class Count Tool | Federal Tool |
| Formulary Clinical Appropriateness Tool | Federal Tool |
| Formulary Outlier Tool | Federal Tool |
| Data Integrity Tool | Federal Tool |
| CMS Review Tool Excel results tab with Justification | |
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