

New Hampshire Insurance Department

Filing & Binder Requirements for Certified Dental Plans PY22

FINAL: 2/24/2021

Federal templates and supporting documents may be found on SERFF or the CMS webpage: www.qhpcertification.cms.gov/s/QHP

| Loc. | Document Name | Note |
|---------------|--|---|
| Filing | | |
| Filing | Required Form Schedule Documents in SERFF | |
| | Policy Document | Individual policy, or for group also listed as "Master Contract" |
| | Certificate | Group plans only |
| | Outline of Coverage | |
| | Sample ID Cards | For each plan type |
| | Schedule of Benefits | For each plan type- no variability is permitted, even for off-exchange. |
| | Application/Enrollment form | Off-exchange only plans |
| | Employer Application | Group plans (on and off) |
| Filing | Required Supporting Documentation in SERFF | |
| | NHID Issuer Checklist (for Applicable Filing Type) and Submission Requirements Checklist | |
| | Compliance Certification | |
| | Certificate of Readability (Flesch Score) | |
| | Patient Bill of Rights | |
| | Summary Plan Description of Continuation of Coverage Rights | Group plans only |
| | Managed Care Consumer Guide to External Appeal | |
| Filing | Conditional Supporting Documentation in SERFF | |
| | 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 |

| Loc. | Document Name | Note |
|--------|--|---|
| | | Binder |
| Binder | Required QHP Templates | |
| | Plan and Benefits 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 |
| Binder | Required Supporting Documents in SERFF | |
| | State Licensure | Issuer-Level; must be for product type(s) offered |
| | 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 SPM Issuers | Federal Template |
| | Stand - Alone Dental Plan Actuarial Value Supporting Documentation and Justification | |
| | NHID Network Adequacy Template | |
| | Advertising Attestation | |
| Binder | Conditional Supporting Documents in SERFF | |
| | ECP Supplemental Response Form | Conditional |
| | Stand-Alone Dental Plan AV Supporting Documentation and Justification | Optional |
| | Stand - Alone Dental Plans - Description of EHB Allocation | |
| | Unique Plan Design Justification | Conditional |
| | EHB-Substituted Benefit (Actuarial Equivalent) Justification | Conditional |
| | Discrimination-Cost Sharing Outlier Justification | Conditional |
| | Discrimination-Language Justification | Conditional |
| | TPA license(s) | If TPAs are utilized |
| | Self Evaluation of QHP Issuer Application | |
| Tool | Issuer used the following QHP Review Tools | |
| | Cost Sharing Tool | Federal Tool |
| | ECP Tool | Federal Tool |
| | Data Integrity Tool | Federal Tool |
| | CMS Review Tools Attestation and Results Excel Tab with Explanation | |