New Hampshire Insurance Department

Filing & Binder Requirements for Medical Plans PY22   **Revised 4/20/2021**

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

Loc.	Document Name	Note
	Filing	
Filing	**Required Form Schedule Documents in SERFF**	
	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 variaiblity 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 variaiblity 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
	Plan Description 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) and Submission Requirements Checklist	
	Rates 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) & Exhibits(pdf)
	Confidential Rate File	Rate Filing Exhibit Template(Xlsx) & Exhibits(pdf)
	Compliance Certification	
	Certificate of Readability (Flesch Score)	
	Complete Formulary w-NDC Codes	Both PDF and Excel version
	Patient Bill of Rights	Required in the policy/certificate or if it was previously approved.
	SummaryPlan Description 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
	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 issuance 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.
	Mental Health Parity Attestation	Signed by Company Officer
Filing	**Conditional Supporting Documentation in SERFF**	
	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 Partners and requires an affadavit
	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
	Notice of Privacy Practices	As applicable
	Discretionary Clause Endorsement	Group plans only - if plan sponsor designates the Company as a claims fiduciary under ERISA

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Loc.	Document Name	Note
	Binder	
Binder	**Required QHP Templates**	
	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	Federal Template
Binder	**Required Supporting Documents in SERFF**	
	State Licensure	Issuer-Level, must be for product type(s) offered
	Part I - Unified Rate Review Template(URRT)	
	Part III - Actuarial Memorandum	
	Certificate of Good Standing	Issuer-Level
	Plan ID Crosswalk template	Federal Template
	Compliance Plan and Organizational Chart	Federal Template
	Program Attestations for SPM Issuers	Federal Template
	NHID Network Adequacy Template	Both Excel Format and URL to Company website showing link for each NH Network
	Advertising Attestation	
	Interoperability Attestation and Justification Form	Individual Only
	Complete Formulary in Excel and PDF Format w-NDC Codes (no hyphens)	
Binder	**Conditional Supporting Documents in SERFF**	
	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 Outlier Justification	Conditional
	Discrimination-Formulary Outlier Review Justification	Conditional
	Discrimination-Language Justification	Conditional
	Quality Initiative Strategy	Conditional; required if issuer participated on the change during the prior two calendar years.
	TPA license(s)	If TPAs or other vendors 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
	Plan Crosswalk Review Tool	Federal Tool- individual market only
	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 Tools Attestation and Excel results tab with Justification	