SERFF Plan Management Instructions for Plan Year 2024

OVERVIEW

Both Binder submissions and Form/Rate Filing submissions are required by Indiana for all ACA compliant non-grandfathered plans (non-QHPs & QHPs) (Dental and Major Medical) (Small Group and Individual) (On and/or Off Exchange). **This is required even if there are no changes to the rates or forms.** If there are any changes to the forms approved during a previous filing season, carriers are required to submit redline version of the forms to adequately highlight such changes. Each Binder submission should be submitted at the same time as the associated Forms Filing(s) and Rate Filing.

Indiana is a Federally Facilitated State for Plan Management. QHP Applications (submissions) need to be submitted in HIOS, as CMS will be reviewing and approving for the federal Marketplace. Additionally, a duplicate QHP submission is required by Indiana and should be submitted through the SERFF Binder process. **Submissions must be submitted in both SERFF and HIOS simultaneously and must contain identical versions of each template at all times**.

STATE ESSENTIAL HEALTH BENEFITS AND MANDATES

To view Indiana's Essential Health Benefits (EHBs) please visit:
http://www.in.gov/idoi/2812.htm
To view Indiana's Insurance Code, Title 27 please visit:
http://iga.in.gov/legislative/laws/2017/ic/titles/027

SUBMISSION WINDOW AND DEADLINES

For Plan Year 2024, all Forms filings are due 5/12/2023 at 12:00 EST. All Plan Management submissions (as well as Rate Filings) for **individual QHP, small group filings, and stand alone dental plan (SADP) filings** need to be submitted by noon EST on June 13, 2023 including all related rates, documents, and templates. Note that this deadline is the day **before** the federal deadline. These filings and binders will have a preliminary posting date of June 14, 2023 and a final posting date of August 17, 2023. The last day for carriers to submit changes to the IDOI is August 9, 2023. The IDOI will begin approving/disapproving plans and closing Binders for both Major Medical and Dental plans on August 9, 2023. Additionally, responses to objections will be expected within:

1. 10 business days for objections submitted before June 30, 2023
2. 4 business days for objections submitted on July 1-July 14, 2023
3. 2 business days for objections submitted after July 15, 2023

STAND ALONE DENTAL PLANS (SADPs)

In addition to submitting a Binder and a Form/Rate filing through SERFF, carriers seeking SADP certification for use on or off Marketplace will also need to submit an SADP application through HIOS.

ACTUARIAL VALUE CALCULATIONS

You must provide the IDOI with an actuarial value calculator screen shot for every plan and plan variant. If you are submitting a plan with a unique benefit design, please remember that EHB requirements must be met, substitutions are not allowed, and a non-discriminatory benefit design is required.

SUBMISSION FEES

There is no fee in Indiana for Binder submissions. Normal fees apply for Form/Rate filings in SERFF.

CONTACTING THE MARKETPLACE

All inquiries regarding the QHP application, the QHP application process, the federal templates, the federal review tools should be addressed to the XOSC Help Desk via email at CMS_FEPS@cms.hhs.gov or via phone at 1-855-CMS-1515.

BENEFITS AND SERVICE AREAS

Indiana does not allow any EHB substitution of benefits or partial county service areas. Additionally, all carriers offering Small Group Major Medical plans must offer at least one product whose plans all cover morbid obesity surgery. **IC 27-8-14.1-4**

INDIANA SPECIFIC TEMPLATES

State specific templates can be found at http://www.in.gov/idoi/2813.htm or as requirements under Supporting Documentation when creating a Binder.

-IDOI Rate and Crosswalk Template

-IDOI EHB Verification Template: This template must be completed including any and all limits and exclusions on benefit coverage.

STATE SPECIFIC FORMULARY REVIEW

Major medical formularies must comply with all requirements reviewed using all of the federal review tools available at https://www.qhpcertification.cms.gov/s/Review%20Tools. Additionally, Indiana conducts the state specific IDOI Clinical Appropriateness Review. This tool is available to carriers on our website.

NETWORK ADEQUACY

The Essential Community Providers (ECP)/Network Adequacy Template is required for all Binder submissions. The ECP tabs only apply to carriers wishing to sell on the Marketplace. However, all carriers are expected to fully list and categorize their pharmacies, facilities, and providers using all applicable specialty types. If more than one specialty type applies to the pharmacy/facility/provider then multiple specialty types should be listed and separated by commas. The IDOI will conduct a variety of network adequacy checks at the network and specialty type level. Carriers can only receive credit for the coverage that is entered into the template and only plans that meet our standards will be certified. This template takes a significant amount of work to complete, and it is essential for it to be complete, accurate, and fully categorized. Please see the IDOI Network Adequacy Standards for Plan Year 2024 for further details.

The ECP provider participation standard is set at 35 percent of available ECPs based on the applicable PY HHS ECP list, including approved ECP write-ins that would also count toward a QHP issuer's satisfaction of the 35 percent threshold.

For PY 2024, CMS has established two additional stand-alone ECP categories: Mental Health Facilities and SUD Treatment Centers, and the addition of Rural Emergency Hospitals (REHs) as a provider type in the Other ECP Providers category.

EXPANDED BRONZE PLAN REVIEW

Part of the Cost-Sharing Review Tool is a review is a check the cost-sharing requirements for expanded bronze plans. As shown below, the state is responsible for setting copay thresholds that will be considered roughly equivalent to 50% coinsurance for the purposes of this review. Below are the copay thresholds that have been chosen for Plan Year 2024.

4d.

Expanded Bronze Plan Review

This review checks that each plan with an Expanded Bronze metal level meets the applicable requirements. The plan must **either:**

1. Meet the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2).

OR

2. Pay for at least one major service before the deductible with reasonable cost sharing.
   -*Major services* are defined as the below list of benefits.
   -*Reasonable cost sharing* is defined as a coinsurance less than or equal to 50% or a copay less than or equal to a benefit-specific copay limit defined by the state. The values are set to default to $0 and states may update the values below.

BEFORE RUNNING THIS REVIEW: The Expanded Bronze review is **NOT** intended to be run with the default copay parameters below. As stated above, states are responsible for setting copay amounts that are roughly equivalent to 50% coinsurance. The tool will not produce meaningful results if run without updating the copay values.

	Copay	Coins
Primary Care Visits	$50	50%
Specialist Visit	$95	50%
Emergency Room Services	$705	50%
Inpatient Hospital Services (e.g., Hospital Stay)	$575	50%
Generic Drugs	$30	50%
Preferred Brand Drugs	$65	50%
Specialty Drugs	$100	50%

Table 1: Required Templates on "Templates" Tab in Binder

Table 1 contains templates found on the Templates tab of Plan Management Binders in SERFF. We expect a carrier to choose a column based on the total single risk pool submission. For example, if you write plans for sale both on and off the Marketplace, and write other plans offered exclusively off the Marketplace, then you would submit all templates shown in column A for all plans in that single risk pool, including plans not sold on the Marketplace.

		A	B	C
Template Name	Template Description	Indiv/SG Both On/Off Marketplace Major Medical Submission	Indiv/SG Only Off Marketplace Major Medical Submission	Exchange Certified Indiv/SG Stand Alone Dental On/Off Marketplace Submission
ECP/Network Adequacy Template	Collects information on providers, hospitals, and pharmacies in the carrier's networks.	Required (ECP tabs apply to Major Medical Marketplace plans only)	Required (ECP tabs may be left blank)	Required (ECP tabs may be left blank)
Plans & Benefits Template	Collects plan and benefit data for medical and dental.	Required	SERFF Plan and Benefits Light Template only	Required
Prescription Drug Template	Collects comprehensive formulary data for plans.	Required	Required	N/A
Network ID Template	Lists a carrier's network IDs and network URLs.	Required	Required	Required
Service Area Template	Information identifying a plan's geographic service area.	Required	Required	Required
Rate Data Template	Rating Tables	Required	N/A	Required
Business Rule Template	Supporting business rules	Required	N/A	Required
Transparency in Coverage Template	Collects data on the number of claims submitted and denied.	Required	N/A	Required

Table 2: Required Templates on "Supporting Documentation" tab in Binder

Table 2 contains templates found on the Supporting Documents tab in SERFF.

Template Name	Indiv/SG Both On/Off Marketplace Major Medical Submission	Indiv/SG Only Off Marketplace Major Medical Submission	Exchange Certified Indiv/SG Stand Alone Dental On/Off Marketplace Submission
Formulary - Inadequate Category/Class Count Supporting Documentation and Justification As Needed	Required	Required	N/A
Discrimination - Cost Sharing Outlier Supporting Documentation and Justification As Needed	Required	N/A	N/A
Discrimination - Language Supporting Documentation and Justification As Needed	Required	N/A	N/A
Discrimination - Formulary Outlier Review Supporting Documentation and Justification As Needed	Required	Required	N/A
Discrimination - Formulary Clinical Appropriateness Supporting Documentation and Justification As Needed	Required	Required	N/A
Plan ID Crosswalk Template	Required	N/A	Required (Marketplace plans only)
IDOI Network Adequacy Documents	N/A	Required	N/A
IDOI Rate and Crosswalk Template	Required	Required	N/A
IDOI EHB Verification Template	Required	Required	N/A