

**2015 Filing Requirements (for 2016 Plans)**

All required items are noted with a check mark (✓) and/or with specific notes/ guidance applicable to individual items. Items are separated by location in the filing or binder, which is identified under the bold, italicized headings. If not required, item is marked N/A.		Major Medical		Major Medical		Stand Alone Dental Plans	
		On Exchange/On and Off Exchange <i>If the issuer is seeking QHP Certification in Market Segment</i>		Off Exchange <i>If all plans are outside of Exchange in Market Segment</i>		Exchange-Certified SADPs <i>If the issuer is seeking QHP Certification in Market Segment</i>	
Item No.	Standard Requirements	Individual	Small Group	Individual	Small Group	Individual	Small Group
<b>SERFF FORM/ RATE FILING:</b>							
1	Correct TOI/Sub-TOI used? <i>Note: Filing and Binder must agree.</i>	TOI should be H16I Individual Health - Major Medical; Sub-TOI should be based on product type	TOI should be H16G Group Health - Major Medical; Sub-TOI should be H16G.003(A-H) Small Group Only - (product type)	TOI should be H16I Individual Health - Major Medical; Sub-TOI should be based on product type	TOI should be H16G Group Health - Major Medical; Sub-TOI should be H16G.003(A-H) Small Group Only - (product type)	TOI should be H10I Individual Health - Dental	TOI should be H10G Group Health - Dental
2	Filing Fees	Required on a retaliatory basis		Required on a retaliatory basis		Required on a retaliatory basis	
<b>General Information Tab</b>							
3	PPACA	Non-Grandfathered Immediate Market Reforms		Non-Grandfathered Immediate Market Reforms		Non-Grandfathered Immediate Market Reforms	
4	Exchange Intentions	Yes - in the text box provided, indicate if the filing includes any non-QHPs (i.e., are strictly off Exchange)		No		Yes - in the text box provided, indicate if any plans are strictly off Exchange	
5	Implementation Date Requested	01/01/2016		01/01/2016		01/01/2016	
6	Filing Description	Utilize this field to replace the cover letter.		Utilize this field to replace the cover letter.		Utilize this field to replace the cover letter.	
<b>Policy Forms (Form Schedule Tab)</b>							
<i>Note: Not all forms may be applicable to all issuers. Issuers are permitted to utilize previously approved forms if they are compliant with all applicable state and federal requirements.</i>							
7	Policy Form	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).		One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).		One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).	
8	Master Policy/ Certificate	n/a	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).	n/a	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).	n/a	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).
9	Application	✓	n/a	✓	n/a	✓	n/a
10	Master Application/ Enrollment Form	n/a	✓	n/a	✓	n/a	✓
11	Riders/Endorsements		✓		✓		✓
12	Variable Schedule of Benefits Boiler Plate Form		✓		✓		✓
<b>Rates (Rate/Rule Schedule Tab)</b>							
13	Filing Method	Prior Approval		Prior Approval		Prior Approval	
14	Rate Data Template	MUST be submitted as an Excel file and a PDF file. If the Excel file is too large for the filing, the company should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management.		MUST be submitted as an Excel file and a PDF file. If the Excel file is too large for the filing, the company should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management.		MUST be submitted as an Excel file and a PDF file. If the Excel file is too large for the filing, the company should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management.	
<b>Supporting Documents (Supporting Documentation Tab)</b>							
15	Part I URRT	✓		✓		n/a	
16	Part III Actuarial Memorandum and Certification (Note: a company that utilizes a separate, state-required Actuarial Memorandum should also submit this second attachment under this field.)	This should be the complete, un-redacted Actuarial Memorandum. If applicable, a redacted copy should be submitted as a user-added supporting document toward the conclusion of the review process and only after all objections have been satisfied.		This should be the complete, un-redacted Actuarial Memorandum. If applicable, a redacted copy should be submitted as a user-added supporting document toward the conclusion of the review process and only after all objections have been satisfied.		The Part III Actuarial Memorandum is not applicable. SADP issuers should submit an actuarial memorandum.	
17	AV Certification by Actuary	The issuer must include an AV Certification by a credentialed actuary. This should be included in the Part III Actuarial Memorandum and Certification.		The issuer must include an AV Certification by a credentialed actuary. This should be included in the Part III Actuarial Memorandum and Certification.		n/a	
18	Part II - Consumer Justification Narrative	Required for ALL rate modifications, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation.		Required for ALL rate modifications, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation.		Required for ALL rate modifications, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation.	
19	High Level Summary Document	This document should be completed based upon the number of <u>standard plans</u> the issuer is seeking to offer in 2016. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the -00 through -06 suffix).		This document should be completed based upon the number of <u>standard plans</u> the issuer is seeking to offer in 2016. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the -00 through -06 suffix).		This document should be completed based upon the number of <u>standard plans</u> the issuer is seeking to offer in 2016. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the -00 through -06 suffix).	
20	Consolidated ACA Certifications	✓		✓		✓	
21	Third Party Authorization (bypass if n/a)	✓		✓		✓	
22	Statement of Variability	This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms.		This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms.		This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms.	
23	AV Calculator Screenshots	One screenshot/ standard plan; each screenshot should be clearly labeled with the HIOS Plan ID and Plan Marketing Name		One screenshot/ standard plan; each screenshot should be clearly labeled with the HIOS Plan ID and Plan Marketing Name		The AV Calculator does not apply to SADPs. Instead, SADP issuers should submit copies of the following: (1) Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification; and (2) Stand-Alone Dental Plans—Description of EHB Allocation .	
24	Sample Schedules of Benefits	QHPs: 1 completed SOB/ metal level + Non-QHPs: 1 completed SOB/ metal level		1 completed SOB/ metal level		n/a	
25	Unique Plan Design Supporting Documentation and Justification	If applicable, this document describes the reasons for that a plan qualifies as unique (e.g., not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value.		If applicable, this document describes the reasons for that a plan qualifies as unique (e.g., not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value.		n/a	
26	Example of Completed SBC	Each filing must include a sample SBC that is completed for one of the plans included in the filing in order to demonstrate compliance with this federal requirement.		Each filing must include a sample SBC that is completed for one of the plans included in the filing in order to demonstrate compliance with this federal requirement.		n/a	

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<b>SERFF Plan Management:</b>							
A	Correct TOI/Sub-TOI used? <i>Note: Filing and Binder must agree.</i>	TOI should be H16I Individual Health - Major Medical; Sub-TOI should be based on product type	TOI should be H16G Group Health - Major Medical; Sub-TOI should be H16G.003(A-H) Small Group Only - (product type)	TOI should be H16I Individual Health - Major Medical; Sub-TOI should be based on product type	TOI should be H16G Group Health - Major Medical; Sub-TOI should be H16G.003(A-H) Small Group Only - (product type)	TOI should be H10I Individual Health - Dental	TOI should be H10G Group Health - Dental
B	Associated Schedule Items	The associated schedule items should link to the associated Form/Rate filing for 2016 Plans. If using previously approved forms, the applicable schedule items should link to the applicable prior filing that includes those documents.		The associated schedule items should link to the associated Form/Rate filing for 2016 Plans. If using previously approved forms, the applicable schedule items should link to the applicable prior filing that includes those documents.		The associated schedule items should link to the associated Form/Rate filing for 2016 Plans. If using previously approved forms, the applicable schedule items should link to the applicable prior filing that includes those documents.	
<b>SERFF Plan Management (Templates Tab)</b>							
C	Essential Community Providers Template	✓		n/a		✓	
D	Plan and Benefits Template	✓		✓		✓	
E	Prescription Drug Template	✓		✓		n/a	
F	Network Template	✓		✓		✓	
G	Service Area Template	✓ <i>Note: SC does not accept partial county service areas.</i>		✓ <i>Note: SC does not accept partial county service areas.</i>		✓ <i>Note: SC does not accept partial county service areas.</i>	
H	Rating Business Rules Template	✓		n/a		✓	
<b>SERFF Plan Management (Supporting Documents Tab)</b>							
I	Data Integrity -- Data Integrity Tool Output Report	✓		n/a		✓	
J	Cost Sharing -- Cost Sharing Tool Output Report + Supporting Documentation/ Justification	✓		✓		✓	
K	Meaningful Difference -- Meaningful Difference Tool Output Report + Supporting Documentation/ Justification	✓		n/a		n/a	
L	ECPS -- Essential Community Providers Tool Output Report + Supporting Documentation/ Justification	✓ <i>The tool is only applicable to On Exchange Plans.</i>		n/a		✓ <i>The SADP ECP Tool is only applicable to On Exchange Plans.</i>	
M	Rx Drug Categories/ Classes -- Category Class Drug Count Tool Output Report + Supporting Documentation/ Justification	✓		n/a		n/a	
N	Rx Formulary -- Non-Discrimination Formulary Outlier Tool Output Report + Supporting Documentation/ Justification	✓		n/a		n/a	
O	Rx Clinical Appropriateness: Non-Discrimination Clinical Appropriateness Tool Output Report + Supporting Documentation/ Justification	✓		n/a		n/a	
P	Plan ID Crosswalk -- Plan ID Crosswalk Tool Output Report + Plan ID Crosswalk Template	✓ <i>The template and tool are only required for On Exchange Plans.</i>		n/a		✓ <i>The template and tool are only required for On Exchange Plans.</i>	

### Notes on Filing Items:

- If an issuer is utilizing any previously approved forms, the issuer should note this in the filing description. This should include the form name along with the state tracking number for the filing in which it was approved. If an issuer is utilizing the Federal Marketplace application/ enrollment materials only, that should be noted in the filing description. The issuer should also note whether any changes to the variability are being sought in this filing (which would require an updated Statement of Variability to be submitted under the Supporting Documents tab).
- If an issuer is utilizing any previously approved forms, the SCDOI asks that the issuer upload copies of the final versions of the forms (as previously approved) to the Supporting Documents tab. This will serve to speed up the review process.
- Item 16 (Part III Actuarial Memorandum and Certification) - Do NOT include the Redacted Actuarial Memorandum with the other documents as SERFF does not support selection of a single file within a grouping of files for setting public access. If the redacted version is not submitted separately, then SCDOI must set public access for all versions. CMS Instructions for the Redacted Actuarial Memorandum are available online [here](#).
- Item 17 (AV Certification by Actuary) - The AV certification must be made by a credentialed actuary and must specifically reference that "the plan has been accurately entered into the AV Calculator and that the metal level assigned accurately reflects the results of the AV Calculator." See [SCDOI Bulletin 2013-04](#) (Section III (D)(5) on p.7).
- Item 22 (Statement of Variability) - A Statement of Variability should be provided for each variable form that is uploaded to the Forms tab, including the Variable Schedule of Benefits Boiler Plate Form.

### Notes on Binder Items:

- Issuers should take note of the Plan Management general instructions and the instructions listed under each item in the Supporting Documents Tab when preparing their submissions.
- Additional items may be required in response to state and/or federal reviews. This includes, for example, the Discrimination - Cost Sharing Outlier Supporting Documentation and Justification.
- Once binder is submitted, a Note to Reviewer Note to Reviewer in Form/Rate filing should be submitted with Serff Binder Number and date submitted. If validation is not completed by target date listed, carrier should advise DOI when validation will be completed and reason for delay. This should be done as a Note to Reviewer in Form/Rate filing.

### General Notes:

- Association filings must comply with [SCDOI Bulletin 2011-11](#) - Associations will be treated as they are marketed.
- Please refrain from labeling/item naming items as "final" and from re-submitting items that do no change in response to objections, etc. We encourage carriers to utilize a naming convention such as "Item Date v1" so, for example, "AV Screenshots 06.04.2014 v1" to reduce confusion and speed up the review process.
- When replacing a previously-submitted document/ file, issuers should grey out the prior version and replace it with the most updated version in the same location as the prior document. This is the standard process for items under the Forms tab and Rate/Rule tab, but should also be utilized for any documents under the Supporting Documents tab. There should not be multiple groups of attachments with the same or similar names; instead, the issuer should grey out old documents and replace them as necessary.

Direct questions to Tina Brown at (803) 737-6162 or [tbrown@doi.sc.gov](mailto:tbrown@doi.sc.gov)