Affordable Care Act - 2018 ACA Compliance Form Filing Submission Worksheet

Attach this worksheet to the Compliance Checklist and Certification.

Provide the following information (all entries are required and must be populated):

1. Company name: _____
2. NAIC number: _____
3. SERFF Tracking Number(s): _____
4. Type of Insurance (TOI): _____
5. Binder number: _____
6. Product Category:

_____ Individual
_____ Grandfathered Individual
_____ Transitional Individual
_____ Group
_____ Grandfathered Group
_____ Transitional Group

7. Exchange intentions: ____FFM ____ Off Exchange Only
8. Identify the metal level(s) of coverage: ____ Platinum ____ Gold ____Silver ____Bronze

   ____Catastrophic ____Dental (High/Low) _____N/A (Grandfathered/Transitional)
9. For Family plan, identify ____embedded _____non-embedded deductible
10. PA DOH Network/Network Adequacy approval date(s) (list all that apply to this filing):

    _____
11. Date of Accreditation: _____ ❑ N/A – Standalone Dental

Ensure the following items are attached in the Supporting Documentation tab:

- ❑ A Letter of Submission that meets the requirements of 31 Pa. Code § 89b.5

- ❑ The completed Compliance Checklist, Certification and Worksheet.

    - o Bookmark the provisions in the forms that satisfy the requirements in the Compliance Checklist – OR –
    - o Identify the page/paragraph where the provision appears in the form by providing notation in the Compliance Checklist and Certification.

- ❑ A complete copy (redline) of the previously approved forms if the filing is a revision to a previously approved filing. Provide an attestation along with the redlines that all revisions have been marked

- ❑ A grid or matrix in excel spreadsheet format that clearly demonstrates the similarities/differences in the metal levels between the plan designs. Provide this information in the same chronological order as in the Schedule of Benefits.

- ❑ A copy of the Schedule of Benefits and Coverage (SBC) (refer to PID Guidance).

For Individual filings, ensure the following is provided as a Form Schedule Item:

- ❑ An Outline of Coverage for each policy form submitted.

For Dental filings with plans subject to EHB, ensure that there is no waiting period for pediatric orthodontia.[1]

For all filings, ensure that:

- ❑ All benefits offered in a plan are embedded in the plan (i.e., no riders).[2]

- ❑ Variability within a product filing is limited to cost sharing; benefits cannot be variable.

- ❑ A list/chart of preventive services is provided in one section of the form (e.g., as an addendum or as a separate form).[3]

List the form numbers of all forms that are being submitted with the filing:

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[1] https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Waiting-period-FAQ-05262016-Final-.pdf

[2] See page 6 of the CMS 2016 Unified Rate Review Instructions at https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2016-Unified-Rate-Review-Instructions-20150222-Final.pdf. This does not apply to grandfathered/transitional plans.

[3] Note that 3D mammograms must be covered at no cost in the same manner that traditional 2D mammograms are covered under current Pennsylvania law. See 40 P.S. §764c. See also https://www.governor.pa.gov/governor-and-first-lady-wolf-announce-3d-screening-mammograms-must-be-available-to-women-at-no-extra-cost/. Therefore, this coverage should be included in the preventive services list/chart.