

Affordable Care Act - 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 _____ 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.
 - Bookmark the provisions in the forms that satisfy the requirements in the Compliance Checklist – OR –
 - 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).
- 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).²

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

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

² 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.