

Binders:

Question 1: For plan binders, issuers should submit one binder for Individual, one for Small Group, per legal entity? Or can multiple legal entities (HIOS IDs) be submitted in one binder?

Answer: Each entity must submit its own separate binders; multiple legal entities are not permitted in the same binder.

Data Validation

Question 1: On a recent call with CMS with multiple issuers, there was discussion regarding the importance of an Issuer using the QHP validation tools available in HIOS as part of the actual submission. There was discussion that failure to use the HIOS validation tools, at the point of submission, could result in the potential rejection of an issuer's filing. Given the new approach for Pennsylvania issuers to submit QHP filings via SERFF, an issuer will not have access to the HIOS validation tools, which seems to put us a risk. Will the PID, in some capacity, use the HIOS validation tools as part of their SERFF transmission to CMS of an issuer's QHP forms and plan binders? We understand issuers should use the DIT for individual template errors prior to submission, but our concern is specifically with cross-validation.

Answer: We strongly advise issuers to use the DIT prior to submission. Cross-validation will occur when PID conducts the file transfer from SERFF to HIOS. If QHP filings fail cross validation in the transfer process, PID will notify the issuer so that the filing can be revised and then PID will try transferring the QHP filings again. PID has moved its submission deadline to allow additional time for the transfer to HIOS to occur, and to address any validation errors that may arise.

Question 2: We understand the post-QHP submission data correction notification process; however can PID elaborate on the actual real-time QHP submission filing error correction process? Or will the errors not be available in real-time, as they previously have been with HIOS submissions?

Answer: Should PID encounter any errors during the SERFF to HIOS transfer (other than actual HIOS system issues), issuers will be promptly notified. It will not be 'real time' but we will strive to make those notifications as quickly as possible to allow sufficient time for revisions.

Question 3: What process will be in place to notify an issuer of real-time submission errors with the QHP filing so that an issuer can review and make corrections during the open submission window?

Answer: Should any submission errors occur, PID will reach out to the contact person on the binder immediately to provide information on the error and allow for revisions to be made. As we have built in additional time for corrections before the data lockdown on 5/11/16, we feel that issuers will have sufficient time to make any necessary adjustments.

Exchange Intentions

Question 1: It was stated that Exchange intentions should be On or Off only—if selling both On and Off Exchange, can issuers state this?

Answer: Exchange intentions should be stated as On Exchange or Off Exchange Only. Products that are sold On Exchange generally must be available Off Exchange as well, so by default, On Exchange means 'both.' To avoid confusion, we request that 'On Exchange' or 'Off Exchange Only' be used.

Form Requirements

Question 1: Will you require an Outline of Coverage this year and if so is this for Individual or Small Group and for which products?

Answer: Our position on the Outline of Coverage has not changed. An OOC is required for individual plans; for Small Group plans, a Certificate of Coverage is required.

Question 2: Should the benefit matrix be uploaded in PDF or Excel? Excel was mentioned on the call/slides but unless an enhancement has been made, Excel format could not be uploaded for 2016 submissions in *Supporting Documents*?

Answer: The benefit matrix should be provided in Excel. The SERFF Help Desk has confirmed that the only limitation for uploading excel formatted forms is that the file size cannot exceed 3MB.

Question 3: Will the Attestations document that previously was submitted in HIOS be submitted within SERFF? If yes, should it be uploaded into the *Supporting Documents* tab of the plan binder, or elsewhere?

Answer: Submit the SPM Issuer Attestations Statement of Detailed Attestation responses document on the Supporting Documentation tab of the plan binder under the heading 'Statement of Detailed Attestation Responses for SPM/FFM Issuers.' The SPM Issuer Attestations template is available with the other QHP templates on the CMS website: <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

Miscellaneous

Question 1: I have been informed that some of our online applications may not be available by the 4/27/16 date. Would we be able to file 'place holder forms' that can be replaced with the final versions once they are available? If no, can an amendment be done to the filing once the online applications are final?

Answer: We will allow an amendment to the filing to add the final online applications, but the company should make every effort to include these applications at the time of submission. A late filing of these applications could potentially mean insufficient time for review and approval of the forms, thereby jeopardizing use of these applications.

Question 2: For vision product filings, since there is not a separate 2017 Compliance Checklist for vision products, should issuers complete the Major Medical compliance checklist?

Answer: We suggest using the ACA-Compliance Checklist for Stand Alone Dental. If a requirement does not pertain to vision, mark that requirement as N/A

Optional Benefits

Question 1: The first bullet under the heading 'For all filings' states "All benefits offered in a plan are embedded in the plan (i.e., no riders)." The referenced CMS document addresses rate filings. Is this also a requirement on how policies are structured? Our current PPO and HMO policies use riders for prescription drug, pediatric dental and pediatric vision coverage. Can we continue this practice?

Answer: Refer to "Optional Benefits" on page 7 of the 2017 Unified Rate Review Instructions here: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Unified-Rate-Review-Instructions.pdf> Based on this guidance, which refers to benefits which are contract/form related, all benefits

must be included in the form itself. Therefore, riders to add EHBs are not permitted.

QHP Templates

Question 1: Are we required to file QHP data templates for off-marketplace individual and group health plans?

Answer: Yes, FFM QHP data templates must be completed for all individual and small group health plans, regardless of whether plans are being submitted for QHP Certification.

Question 2: Can you confirm that the Administrative Template should be uploaded into the *Supporting Documents* tab of the plan binder (as opposed to the Form Filings)?

Answer: Upon further discussion, we have decided to rescind this requirement. Issuers are not required to provide the Administration Template for PY17.

SBC

Question 1: The guidance indicates that Summary of Benefits and Coverage (SBC) forms must be filed at the same time as the policy forms. Is the SBC now a required form? If so, can we show benefit cost share ranges like we do in the Schedule of Benefits included in policies? How do we handle proposed template changes for 4/1/17?

Answer: For PY17, we are requiring that the SBC be submitted on the Supporting Documentation tab in SERFF.

Insurers must submit one SBC per issuer for each product type (PPO, POS, EPO and HMO). For products that include plans designed to comply with metal level actuarial value requirements, please submit an SBC for a silver metal level plan.

The company should submit the current template as part of its PY17 filing.

Question 2: Do the SBC's need to be filed with the form filings or can they be submitted separately as they have in the past?

Answer: The SBCs must be submitted as Supporting Documentation at the time of submission of the form filing. SBCs were requested during the review process previously.

Question 3: Does PID want issuers to submit every single SBC document, or only a subset (example: one sample SBC per filing/ one at each metallic/standard plans only)? The benefit matrix will cover the actual cost-shares associated with all plans so uploading hundreds of documents seems like a large amount for issuers to submit (there is a limit to uploading 5 documents at a time) and for PID to review?

Answer: Insurers must submit one SBC per issuer for each product type (PPO, POS, EPO and HMO). For products that include plans designed to comply with metal level actuarial value requirements, please submit an SBC for a silver metal level plan.

Question 4: Due to 4/1/2017 being new date that group plans will need to be on the new SBC template will issuers need to submit SBCs to the PID on the 2012 template for new/renewal groups eff 1/1 – 3/1/2017 and then will we need to file any new/renewing groups with eff dates of 4/1 – 12/1/2017 on the new template?

Answer: The Company should submit the current template as part of its PY17 filing.

Question 5: We would like to clarify that we are required to submit the existing SBC template since the revised template has not been finalized? Also, will it be necessary to submit the revised template prior to 4/1/2017?

Answer: The Company should submit the current template as part of its PY17 filing.