

IDOI WEBINAR Q&A COMPILATION

Webinar 1 Questions and Answers

- 1. Q: With regards to student health insurance plans, what will be considered as the implementation date?**
We expect further guidance from CMS regarding this issue. We would expect to receive your submission at least 90 days prior to your expected implementation date.
- 2. Q: Has IN disclosed what the due date is for each of the filing types?**
May 11, 2016, is the deadline for Stand Alone Dental—on and off the Marketplace. May 11 is also the due date for all small group and individual that are subject to a single risk pool.
- 3. Q: For individual and small group form filings - both on and off Exchange - can we submit forms with variable material in them?**
Yes, the statement of variability will need to be included with the filing and all variations will need to be shown. There needs to be a specific plan ID for each plan variation.
- 4. Q: Does the May 11, 2016 due date for ACA filings include form, rate, AND binder filings?**
Yes, all federal templates, state templates, and forms including the URRT need to be submitted.
- 5. Q: For the implementation date on the filings, can carriers use "Upon Approval" as an option or are you looking for a specific date?**
“Upon Approval” can only be used for new submissions. We need a specific implementation date for any rate changes. The implementation date must be at least 60 days from the submission date, 90 days is preferred.
- 6. Q: I noted that the experience workbook via link on SERFF is readable only. Will this changed?’**
Yes, new versions will be uploaded by April 1, 2016.
- 7. Q: Can TOI H23I or H23G be used for excepted benefit indemnity plans? We are not sure what a wrap-around plan is?**
Yes, please read 45 CFR 146.145 for definitions on “limited wrap-around coverage.”
- 8. Q: Does "Statement of Variability" mean the same as "Explanation of Variability"?**
Yes.
- 9. Q: Are you expecting many mandated changes in the policy forms from what they were for 2016?**
The 2017 benchmark is based on a transitional plan this not ACA-compliant. We have been in discussion with CMS regarding discriminatory benefit design. There may be changes dependent on discrimination issues.

10. Q: Are large employer group form and rate filings due on May 11, 2016? Or just small employer group?

Just small group and individual single risk pool filings.

Webinar 2 Questions and Answers

1. Q: For notices required in the group market, must we follow exactly the format published by CMS?

Yes, the grace period from CMS regarding these notices has passed. See the linked bulletin from CMS for more information about the notices:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF>.

2. Q: Are student health plans required to meet the individual MLR standards by state or only on a nationwide basis?

In Indiana you must meet the MLR based on a statewide basis.

3. Q: Are different rates allowed for undergraduate, graduate, and international students? I thought you said no?

It is allowable to have different rates for undergrad, graduate, and international students and different rates by school.

Webinar 3 Questions and Answers

1. Q: For ACA-compliant filings, do we submit to only SERFF, or both SERFF and HIOS?

You must submit to both SERFF and HIOS and the submissions should be the same in both systems; if one system is updated the other system must be updated to reflect the changes.

2. Q: Does the 2017 out of network cost sharing apply to radiologists, pathologists, and anesthesiologists that are independent of a PPO.

Yes, as long as the policyholder has an out-of-network charge from an ancillary provider at an in-network facility and the insurance company did not provide written notice to the enrollee, as described in the Notice of Benefit and Payment Parameters for 2017. The 2017 notice can be found here: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf>.

3. Q: Will you be putting out a release for grandmother renewals?

Yes, the IDOI will issue guidance regarding transitional plans.

4. Q: Does the proposed OCR rule apply to off-exchange insurance plans, since they are not offered through the Exchange?

The rule applies if your company has ever accepted any federal money in any state under any subsidiary. We anticipate the final OCR rule will be released in the near future.

5. Q: If filing only rate changes, is a binder filing required?

For 2017, we have new benchmark and review standards. We expect rates and forms from all carriers writing new business in 2017, including individual, small group, and Stand Alone Dental plans.

Webinar 4 Questions and Answers

1. Q: Do benefits need to be added to the CMS Plans and Benefit Template?

If you are adding benefits in excess of EHB and state mandates, you should add them to both the PBT and the IDOI EHB verification template.

2. Q: Regarding plan mapping, only plans with exposure need to be mapped?

All plans need to be mapped regardless of whether there is exposure. All plans offered in 2016 will need to be mapped to a plan in 2017; this includes 2016 plans being terminated and those with no current enrollees.

3. Q: Since the URRT is going to be resubmitted. How is the IDOI going to ensure that carriers don't update their rate?

The final version of the URRT was released on 3/23/16. The URRT submitted into HIOS and the BINDER on May 11, 2016, will be considered the final version. The only changes would be if we request a new version. The rates are stored on the rates template which is also final on May 11, 2016.

4. Q: With regard to the ADA Codes indicated in the FEDVIP 2014 dental benchmark plan, must the policy forms indicate the ADA Codes in the specific Dental Classifications (e.g., Basic Dental Services, Major Dental Services) as shown in the benchmark plan or can insurers place ADA Codes in different classifications, such as indicating benchmark plan ADA Codes for Major Dental Services in the Basic Dental Services?

CMS has not defined what benefits need to be included in each of the different dental benefit categories (basic, major, etc.). We also do not believe that EHB requirements indicate categories where benefits must be placed. Dental issuers should use ADA codes and classifications that are either the same as the prior year or that are more beneficial to policyholders.

5. Q: Could you please confirm the action we need to take if we have off-Exchange SADP plans in 2016 but will not be offering them in 2017?

An off-Exchange SADP will need to send discontinuance notices pursuant to the bulletin from CMS regarding notices for discontinuation which can be found at:

<https://www.cms.gov/ccio/resources/regulations-and-guidance/downloads/renewal-notices-9-3-14-final.pdf>CMS

6. Given that Indiana will use the FEDVIP dental plan to supplement our base benchmark plan, is a two year waiting period still permissible for medically necessary pediatric orthodontia?

Issuers will need to meet the new EHB benchmark, including providing medically necessary pediatric orthodontia without a waiting period.

7. Q: Will the habilitative and rehabilitative contract language require any changes from what was acceptable in 2016?

No, last year Indiana required that habilitative and rehabilitative services be separated, as is required in 2017.

8. Q: For off Exchange plans in the small group market are the Network Template, Service Area Template, and ECP/Network Adequacy Templates required?

No.

9. Q: The slide for ECP/Network Adequacy Template indicates you “will rely on an issuer certification.” Is there a document for this or do we need to develop something to submit?

ECP/Network Adequacy Template is not required for off Exchange carriers and a formal certification will not be required, however, insurers need to be familiar with and comply § 1557 of the ACA, which is the nondiscrimination provision of the act.