## New Hampshire Insurance Department: Filing & Binder Requirements for Medical Plans PY24

Federal templates and supporting documents found on SERFF or CMS webpage: https://www.qhpcertification.cms.gov/s/Application%20Material

FORM FILING	
Required Form Schedule Document in SERFF Note	
Policy Document	Individual; Group – also listed as "Master Contract"
Certificate	Group plans only
Outline of Coverage	Individual plans only
ID Cards	Variability is allowed
Schedule of Benefits	For each plan type/metal level, including all silver plan variations. No variability of cost- sharing ranges allowed, even for off-exchange.
Summary of Benefits and Coverage	For each plan type/metal level, including all silver plan variations. No variability of cost- sharing ranges allowed, even for off-exchange.
Application/Enrollment Form	Off-Exchange only
Patients' Bill of Rights	Required in the policy/certificate or it must be approved as a separate form
Summary Plan Description of Continuation of Covered Rights	Group plans only. Required to be separate from the certificate and must be approved
Managed Care Consumer Guide to External Appeal	Required in the policy/certificate or it must be approved as a separate form
Employer Application	Group plans
Required Supporting Documentation in SERFF	Note
NHID Issuer Checklist (for Applicable Filing Type and Submission Requirement Checklist	
Rate Submission including URRT	Most current version of URRT per CMS
Rate Summary Worksheet	
Actuarial Value Calculator	
Actuarial Memorandum with Rates	
Public Rate File	Rate Filing Exhibit Template (xlsx) & Exhibit (pdf)
Confidential Rate File	Rate Filing Exhibit Template (xlsx) & Exhibit (pdf)
Compliance Certification	
Certificate of Readability (Flesch Score)	
Complete Formulary w/NDC Codes	Both PDF and Excel versions
Patients' Bill of Rights	Required in the policy/certificate or it must be approved as a separate form
Summary Plan Description of Continuation of Covered Rights	(If previously approved) Group Plans only. Required to be separate from the Certificate
Application/Enrollment Form for exchange plans	(If previously approved) Only for exchange plans
Annual Notice of Consumer Rights and Access to Out-of- Network Services	This annual notice must be sent to policyholders in the individual, small and large group at the time of a new policy or at the renewal of a policy
Out of Network Cost Sharing Statement	
Managed Care Consumer Guide to External Appeal	Required in the policy/certificate or if it was previously approved
Conditional Supporting Documentation in SERFF	Note
Consumer Disclosure Form (apply to HIOS)	If rate increase more than 10%
Rate Data Template	2 Templates based on Disposition of 1332 Waiver – Individual only
Domestic Partner Affidavit	If plan covers Domestic Partner and requires an affidavit
Prior Correspondence	If prior correspondence related to the filing is available
Redlined Copies of Documents Previously Submitted	If prior correspondence related to the filing is available
Statement of Variability	If variability is present
Notice of Privacy Practices	As applicable
Discretionary Clause Endorsement	Group plans only – if plan sponsor designates the Company as a claims fiduciary under ERISA

BINDER		
Required QHP Templates	Note	
Plan and Benefits Template	Federal Template	
Prescription Drug Template	Federal Template	
Network Template	Federal Template	
Service Area Template	Federal Template	
Network Adequacy/Essential Community Providers	Federal Template	
Rate Data Template	Federal Template	
Rating Business Rules Template	Federal Template	
Transparency In Coverage Template	Federal Template	
Required Supporting Documentation in SERFF	Note	
State Licensure	Issuer-Level; must be for product type(s)	
Part I – Unified Rate Review Template (URRT)		
Part III – Actuarial Memorandum		
Certificate of Good Standing	Issuer-Level	
Plan ID Crosswalk	Federal Template	
Program Attestation for SPM Issuers	Federal Template	
NHID Network Adequacy Template	Both Excel Format and URL to company website showing link for each NH Network	
Complete Formulary in Excel and PDF Format w/NDC Codes (no hyphens)		
Conditional Supporting Documentation in SERFF	Note	
Part II – Written Description Justifying Rate Increase	Conditional	
ECP Supplemental Response Form	Conditional	
Jnique Plan Design Justification	Conditional	
EHB-Substituted Benefit (Actuarial Equivalent) Justification	Conditional	
Formulary-Inadequate Category/Class Count Justification	Conditional	
Discrimination-Formulary Clinical Appropriateness Justification	Conditional	
Discrimination-Cost Sharing Justification	Conditional	
Discrimination-Formulary Outlier Review Justification	Conditional	
Discrimination-Language Justification	Conditional	
Quality Initiative Strategy	Conditional; Required if issuer participated on the Exchange during the past two calendar Form years	
TPA License(s)	If TPAs or other vendors are utilized	
Self-Evaluation of QHP Issuer Application (Tools)	Note	
Cost Sharing Tool	Federal Tool	
	Federal Tool	
Plan Crosswalk Review Tool	Federal Tool	
Formulary Category/Class Count Tool	Federal Tool	
Formulary Clinical Appropriateness Tool	Federal Tool	
Formulary Outlier Tool	Federal Tool	
Data Integrity Tool	Federal Tool	