

Appendix B

Arkansas Insurance Department QHP and SADP SERFF Filing Instructions

Please use the following guidelines for filing 2015 plan year plans. Also see the following addendums:

- A. Recertified plan changes template
- B. List of Arkansas Federally Qualified Health Centers (FQHCs)

- Last day to submit QHP Marketplace and SADP filings is June 15, 2014.
- File QHP "Individual" Forms and Rates in the same submission. (SADP filings do not have to include rates.)
- File QHP "Small Group" or "Any Size Group" Forms and Rates in the same submission. (SADP filings do not have to include rates.)
- Riders are not permissible in any filing. After conversations with CCIIO, Arkansas's Mandated Offerings enacted on or before December 31, 2011 are considered EHBs and must be included in every filing. (In vitro and hearing aids do not apply to HMO's. The rules of applicability have not changed.)
- Dollar/service limit variability must be placed in {Braces} and cannot be more restrictive than allowed by AR law. Service limits or dollar limits must be actuarially equivalent to the Benchmark Plan.
- At least one silver EHB-only plan must be submitted including all variations: standard silver, zero cost sharing, limited cost sharing, 74% A/V, 87% A/V, and 94% A/V.
- If additional plans are filed providing non-EHBs, the non-EHBs must be placed in [Brackets].
- Attach a list of form numbers and their corresponding form names, metal levels, AV, and HIOS ID Numbers to the Supporting Documentation tab. Please clearly identify the Silver EHB-only plans when attaching the list to the supporting documentation tab.
- Templates applicable to SADPs must be filed whether or not the products will be sold on or off the Marketplace.
- QHP filings sold on the Marketplace will also be available for purchase off the Marketplace. Plans sold only off the Marketplace do not have to be sold on the Marketplace.

1. *Individual* QHP Plan Submission Requirements – On Marketplace

- a. Silver Plans
 - i. 70% AV Standard Silver
 - ii. \$0 Cost Sharing (100% AV) variation
 - iii. Limited Cost Sharing (Removes Cost Sharing for EHB Services furnished by Indian Providers for Indians regardless of income)
 - iv. 73% AV Cost Sharing variation
 - v. 87% AV Cost Sharing Variation
 - vi. 94% AV Cost Sharing Variation

- b. Gold Plans
 - i. 80% Standard Gold
 - ii. \$0 Cost Sharing (100% AV) variation
 - iii. Limited Cost Sharing (Removes Cost Sharing for EHB Services furnished by Indian Providers for Indians regardless of income)
- c. Limited Cost Sharing and Zero Cost Sharing variations are also required for Bronze and Platinum plans (Bronze and Platinum are optional).

2. Group Plan Submission Requirements

If an issuer has a 20% or greater market share in the individual market, then that issuer and all members of the issuer group that already offer small group coverage (regardless of market share) must participate in the FF-SHOP in order to participate on the Individual Marketplace.

3. Filing Descriptions must contain the following:

a. Individual and Small Group Dental Plans

- i. Indicate whether or not the plan is intended to be a SADP sold on or off the Marketplace (or both) to supplement a QHP.
- ii. Indicate if the forms are new
- iii. If the forms have been previously approved, please include the SERFF Tracking # and date of approval of the original forms and include a redline version of the revisions to such previously approved forms on the Supporting Documentation tab.

b. Individual and Small Group QHP

- i. Please indicate whether the plans will be sold on and off the Marketplace, or off only.
- ii. Indicate if the forms are new.
- iii. If the forms have been previously approved, please include the SERFF Tracking #, date of approval, and a redline version of the revisions to such previously approved forms on the Supporting Documentation tab.
- iv. Individual Only - Acknowledge that each plan filed includes child coverage or that each plan can be purchased as a separate child-only plan.

4. Schedules of Benefits Requirements

- a. **Separate Schedules of Benefits must be filed for the following plans which will be used on Arkansas's Healthcare Independence Program (AKA "Private Option") Marketplace. Variability is not accepted in these forms. These Healthcare Independence Program Schedule of Benefits must be identical to non-private option plans except in how the form is named.**
 - i. \$0 Silver 100% AV variation;
 - ii. 94% AV variation;

- b. Schedules of Benefits must display the following identification in the lower right corner of the forms. (This naming convention is imperative as it will assure your company's Schedules' of Benefits display correctly on Arkansas's Healthcare Independence Program Web Portal, ARKNET).

- i. Place the SCH-[HIOS ID]- Variant in the lower right corner of the Schedules of Benefits, directly across from the form number.

- 1. Standard Plan SCH-[HIOS ID]-01

2. \$0 Cost Sharing Plan for Indians SCH-[HIOS ID]-**02**
 - a. \$0 Cost Sharing for Healthcare Independence Program SCH-[HIOS ID]-**32**
 3. Limited Cost Sharing SCH-[HIOS ID]-**03**
 4. 73% AV Silver Plan SCH-[HIOS ID]-**04**
 5. 87% AV Silver Plan SCH-[HIOS ID]-**05**
 6. 94% AV Silver Plan SCH-[HIOS ID]-**06**
 - a. 94% AV Plan for Healthcare Independence Program SCH-[HIOS ID]-**36**
- ii. The “Attachment” name on the Form Schedule tab (last column on the right) must contain the complete, matching SCH-[HIOS ID]-variant identification shown on the form
- iii. You may include your company’s identification name as part of the attachment name if you desire.
1. For example: With the addition of the name your company assigns to the attachment, the attachment name may read: SCH-[HIOS ID]-36 AR Silver 94 AV.pdf.