

**2016 Plan Certification Guide, SERFF Submission, &
Plan Data Reconciliation Requirements
– Maryland Health Benefit Exchange**

Introduction

At the end of the 2015 Open Enrollment period over 120,000 Marylanders enrolled in private health coverage through Maryland Health Connection, a service of the Maryland Health Benefit Exchange (MHBE). These 120,000 Marylanders enrolled in over 50 different qualified health plans offered by five of MHBE’s partner insurance carriers.

The Maryland Health Benefit Exchange extends appreciation to participating carriers for their continued partnership in providing Marylanders with affordable, quality health plans and access to health care services.

Outlined in this guide are the specific submissions for 2016 Plan Certification. Also indicated are the specific submissions due in 2016 SERFF Binders. The 2016 SERFF Binder submission requirements overlap with the requirements for 2016 Carrier Reauthorization, where indicated. The requirements for 2016 Carrier Reauthorization will be outlined in detail in a separate document.

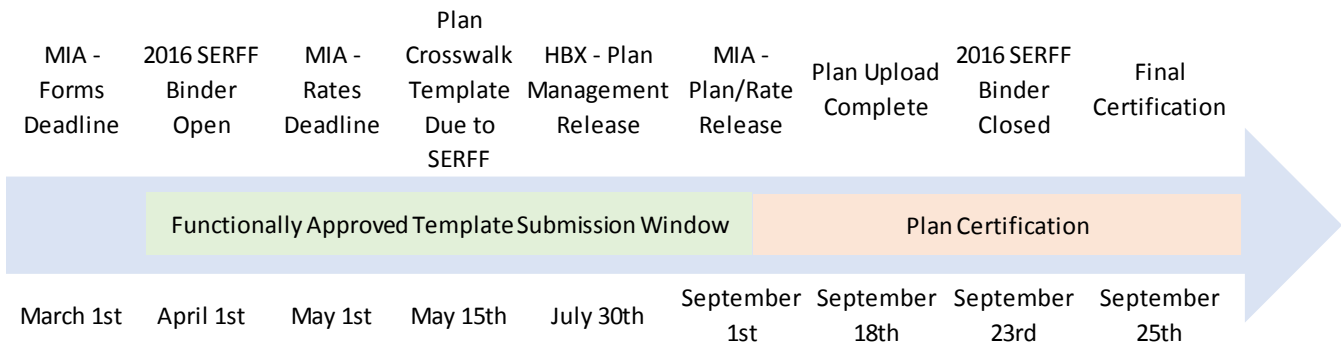
Plan Certification Standards

Every year the Maryland Health Benefit Exchange Board approves new standards for the plans that are offered on Maryland Health Connection. Several standards have changed from 2015 with new requirements. The 2016 Plan Certification Standards may be found in Appendix A of this guide.

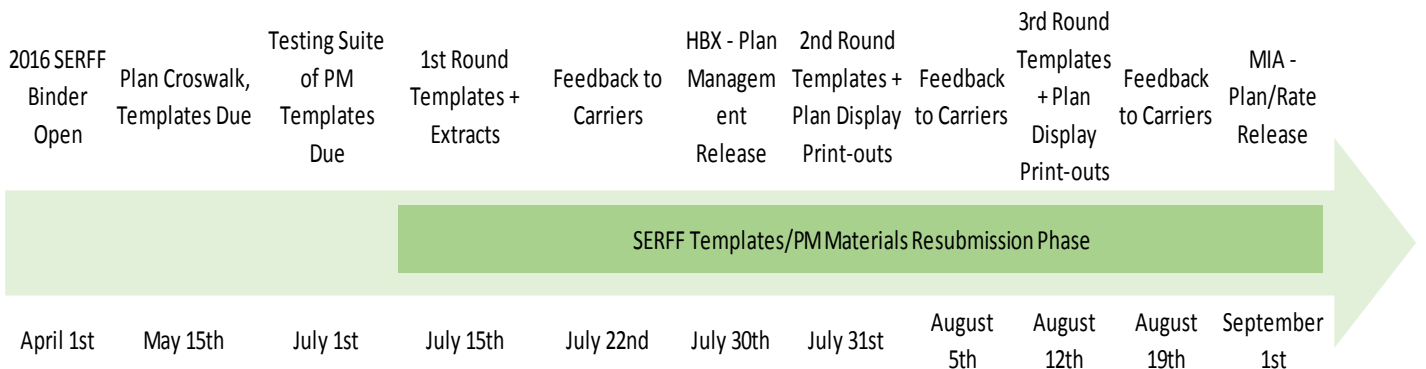
2016 Plan Certification Timeline

For the 2016 plan year the Maryland Health Benefit Exchange will set forth the following dates for health insurance carrier plan certification for the individual market. The Plan Certification process is delineated by two phases, the Functionally Approved Template Submission Window and the Plan Certification period. *Note: several dates have been included for context.*

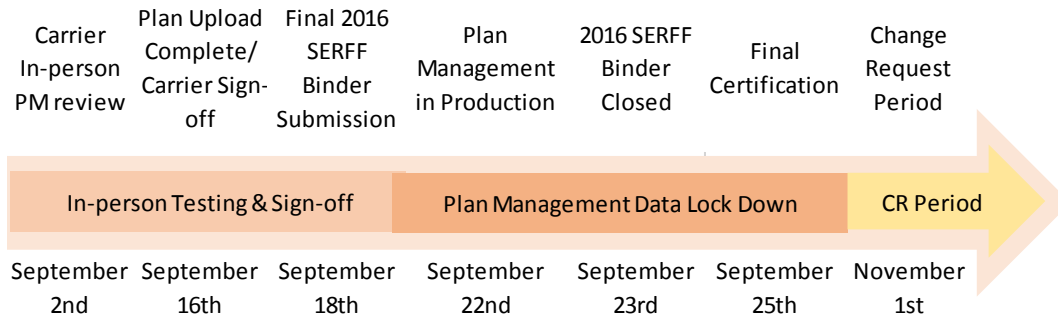
2016 Plan Certification Timeline



Functionally Approved Template Submission Window



Plan Certification



2016 Carrier SERFF Submission Requirements

For the 2016 plan year the following templates are required of participating health insurance carriers. The templates submitted should be the 2016 version and may be found [here](#)

- Plan and Benefits Template
- Unified Rate Review Template
- Prescription Drug Template
- Network Template
- Service Area Template
- Rate Data Template
- Rating Business Rules Template

For the 2016 plan year the following supporting documentation is required of participating carriers.

- 2016 Carrier Application
- 2015 Plan Crosswalk Template
- Carrier Logo
- List of Subcontractors
- Network Access Plan
- Program Attestations for SBM Issuers
- Part I: Unified Rate Review Template
- Part III: Actuarial Memorandum
- Partial County Service Area
- Summary of Benefits and Coverage

Starting April 1st the 2016 SERFF Binders will be available for use by carriers. Furthermore, carriers are encouraged to submit completed templates and supporting documentation, especially if no extensive benefit modifications are expected, earlier than the outlined dates.

The entire suite of templates and supporting documentation must be uploaded into carrier 2016 SERFF Binders by July 1st for preliminary validation. From the period between July 1st and September 1st, before plans are released by the Maryland Insurance Administration (MIA), MHBE will engage with carriers to begin the data/plan display reconciliation process, i.e. the Functionally Approved Template Submission Window. Carriers will be unable to view plan data in plan display, from a portal perspective, during this period. From September 2nd through September 16th carriers will participate in in-person plan display testing.

Carriers must have their final template suite and supporting documentation into their SERFF Binders by September 18th. Final certification in the SERFF portal will occur on September 25th. From September 22nd until Open Enrollment all plan data will be frozen in production until the change request phase begins on November 1st.

Appendix B is a checklist of deliverable due dates for 2016 Plan Certification and Carrier Authorization.

Supporting Documentation Requirements

Document Name	Due Date	Description
2016 Carrier Application	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions will be provided to carriers by June 1 st and due to SERFF by July 1st
2015 Plan Crosswalk Template	May 15th	Part of 2016 Plan Certification, used in the auto-renewal process to ensure appropriate transfer of enrollees in case of plan exit.
Carrier Logo	July 1st	Part of the 2016 Carrier Reauthorization Packet, usage is for display in Plan Shopping and for Marketing/Communications purposes. Additional Requirements: The logo file must be a jpg, gif., or bmp format. Logo file uploaded will be 140 x 50 pixels.
List of subcontractors	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions will be provided to carriers by June 1 st and due to SERFF by July 1st
Network Access Plan	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions will be provided to carriers by June 1 st and due to SERFF by July 1st
Program Attestation for SBM Issuers	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions will be provided to carriers by June 1 st and due to SERFF by July 1st
Part I: Unified Rate Review Template	May 1st	Part of 2016 Plan Certification, submitted when issuer files Rates with the Maryland Insurance Administration
Part III: Actuarial Memorandum	July 1st	Part of 2016 Plan Certification, provides actuarial written narrative describing and supporting the information provided in Part I.
Partial Country Service Area Justification	July 1st	Part of 2016 Plan Certification, justification from any issuer that submits a partial county service area.

Summary of Benefits and Coverage	July 1 st -September 18th	<p>Part of 2016 Plan Certification, provides a summary of benefits for each plan and each plan variant. The plan management module requires that an SBC be provided for each plan variant created in the Cost Share Variances tab of the Plan Benefit Template.</p> <p>Additional requirements: For proper load into the Plan Management template the SBCs must follow a specific naming convention and be formatted as a PDF.</p> <p><HIOS Issuer ID><State Abbreviation><Plan ID>-<Variant ID>_PlanDetails_<Plan Year>.<Extension></p> <p>Ex: 12345MD1234567-01_PlanDetails_2015.pdf</p> <p>Do not use the plan marketing name in place of 'Plan Details', in order to pass validation the SBC must have "Plan Details" in the name.</p>
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Plan Data/Plan Display Reconciliation

A major facet of plan certification is ensuring that the health plans displayed to consumers during Open Enrollment accurately display benefits and cost sharing. This requires an extensive reconciliation process between carrier inputs (templates, SBCs, logo, etc.) and the output in plan shopping.

The Plan Data/ Plan Display Reconciliation process occurs over the SERFF Template/PM Materials Resubmission Phase and the Plan Certification period.

Event/Period	Entity	Date	Action	Source/ Submission Format
Preliminary Template Submission	Carriers	July 1 st , 2015	Carriers submit full suite of Plan Management Templates	SERFF
Validation Analysis	MHBE	July 7 th , 2015	<p>MHBE will analyze submitted templates for Plan Management Application Validation – Validation Rules Enclosed in Appendix C</p> <p>MHBE will provide actionable and specific required changes to ensure validation</p>	SERFF Disposition
First Round Template Submission	Carriers	July 15 th , 2015	Carriers will submit full suite of Plan Management Templates with validation changes. Carriers will also submit a completed Plan Shopping Tile and Plan Compare Template for each of their plans and plan variants – Please see Appendix D	SERFF

			Submissions that require no changes do not need to be resubmitted	
Extract Analysis + Feedback	MHBE	July 22 nd , 2015	MHBE will deliver to carriers Plan Management Module Extracts + Feedback MHBE will provide actionable and specific required changes to ensure an improved data extract	SERFF Disposition
Second Round Template Submission	Carriers	July 31 st , 2015	Carriers will submit full suite of Plan Management Templates with extract changes.	SERFF
Extract Analysis/Plan Display Print-outs	MHBE	August 5 th , 2015	MHBE will deliver to carriers Plan Management Module Extracts, Feedback, and Plan Display Print-outs MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Print-outs. MHBE will provide actionable and specific required changes to ensure an improved Plan Display	SERFF Disposition
Third Round Template Submission	Carriers	August 12 th , 2015	Carriers will submit full suite of Plan Management Template with plan display changes.	SERFF
Extract Analysis/ Plan Display Print-outs	MHBE	August 19 th , 2015	MHBE will deliver to carriers Plan Management Module Extracts, Feedback, and Plan Display Print-outs MHBE will provide gap analysis between submitted Plan Shopping Tile and Plan Compare Templates and Plan Display Print-outs. MHBE will provide actionable and specific required changes to ensure an improved Plan Display	SERFF Disposition
Live Module Data Review	Carriers/ MHBE	September 2 nd , 2015	Carriers will perform data review in the Maryland Health Connection Anonymous Browsing UAT environment + Template Fixes and Submissions MHBE will provide actionable and specific required changes to ensure an improved Plan Display.	MHC Anonymous Browsing + SERFF + SERFF Disposition
Carrier Sign-off	Carriers	September 16 th , 2015	Carriers will sign-off on plans displayed in UAT environment – Please see Appendix E	MHC Anonymous Browsing + SERFF Disposition
Final Binder Submission.	Carriers	September 18 th , 2015	Carriers will submit finalize Plan Management Template Suite into SERFF	SERFF

Plan Upload into Production	MHBE	September 22 nd , 2015	MHBE will upload the final templates into production by September 22 nd	MHC Plan Management Module – Production
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Changes to the Plan Shopping for 2016

In preparation for Open Enrollment 2016, enhancements have been made to the plan shopping module to improve the consumer shopping experience. These enhancements include:

- Additional filtering options: Plan Type (HMO, PPO, EPO, POS)
- Additional sorting functionality: maximum out-of-pocket
- HSA Plan Eligibility: a binary Yes/No indicator on the plan tiles during plan shopping will indicate whether a plan is HSA eligible or not. The 2016 Plan & Benefit template allows for dynamic HSA eligibility across plan variants (i.e. for silver level plans), usage of this additional template functionality will mitigate consumer confusion
- Enhanced Deductible Descriptors: the HBX will now be able to describe different family deductible types to the consumer via “per person” or “per group” distinctions
- Consumer assistance resources: after enrolling the HBX will create a pop-up with a PDF link communicating to the consumer important next steps after enrolling, i.e. the 2016 Payment Guide + other information. Social media buttons will also be embedded.
- Language enhancements: for consumers eligible for a cost sharing reduction

These enhancements will improve the overall consumer shopping experience on the HBX.

Plan Services Recommendations for Marketing Names

The plan marketing name is pulled from the benefits package tab of the Plan and Benefits Template. This marketing name is static and does not change – regardless of variant displayed to the consumer. Plan Services recommends that carriers use the plan marketing name displayed in the HBX when consumers contact your call centers.

Silver level plans with “deductible” and “HSA” in their marketing name are subject to the CSR variations that change the plan’s deductible and HSA eligibility. From a consumer’s perspective the plan name becomes inaccurate. The HBX will continue to display the deductible (dynamic) and now HSA eligibility (binary) for Open Enrollment 2016. Plan Services recommends that carriers remove “deductible” and “HSA” from silver level plan marketing names.

Plan Services Assistance Tools for Carriers

Attached in Appendix E is the Plan Display Crosswalk from 2015 to 2016, this crosswalk describes the relationship between plan data inputs via the templates and outputs in plan shopping. Additionally, the system logic for reading the templates for each benefit is described.

Appendix A – 2016 Plan Certification Standards

For the 2016 plan year the Maryland Health Benefit Exchange will only offer plans that meet the following Plan Certification Standards:

1. Issuers may serve an area smaller than one county if they demonstrate that boundaries are not designed to discriminate against individuals excluded from the service area.
2. Will permit service area changes after initial data submission by petition for limited reasons, e.g., issuer’s inability to secure enough providers or MHBE request to serve an unmet need.
3. No service area changes permitted after final data submission unless they constitute an expansion rather than contractions of service area.
4. MHBE should continue current requirements that plans submit provider lists to CRISP. The provider list should be current (produced at least twice a month), accurate, and complete. Issuers must also provide the directory information on their websites in a machine-readable file and format.
5. Plans will be required to attest to and describe how their networks will provide access to services for all enrollees without unreasonable delay.

MHBE will:

- work with Hilltop to analyze any data that can help assess the network adequacy
 - obtain input from the Standing Advisory Committee and Medicaid
 - develop metrics for network adequacy standards for 2017 plans
6. Plans will be required to attest to and describe how they ensure adequate ECP participation.

MHBE should:

- work with Hilltop to analyze any data that can help assess the sufficiency of ECP engagement
 - seek input from Standing Advisory Committee and Medicaid
 - develop recommended metrics for ECP engagement adequacy standards for plans offered on MHC in 2017
7. MHBE should require plan attestation that it does not discriminate on the basis of any factors set forth above and prohibited by federal regulation.
 8. Drugs covered under plan’s medical benefit must be identified in plan’s filings.
 9. Drug formulary Internet link provided by plans must link directly to list of covered drugs without requiring further navigation, and must include tiering and cost-sharing information. The formulary drug link must be up-to-date, accurate, and complete. Issuers must make the formulary drug list available on their website in a standard machine readable format as specified by HHS.
 10. Issuers have the option of identifying a drug as a “preventive drug” covered at zero cost.
 11. Defer proposal regarding continuity of care to afford time to evaluate the efficacy of the Maryland Health Progress Act’s continuity of care policies.
 12. Issuers must create a drug exception process for standard situations (in contrast to exigent circumstances) by which an enrollee can request access to a drug not on the plan’s formulary. The issuer must notify the enrollee of its coverage decision no more than 72 hours after receipt of the exception request. Issuers must have an external review process by an independent review organization for denied requests. The external review organization must complete its review and provide a decision within 72 hours of receiving the review request.
 13. Board’s limitation on the number of permissible plans should remain in effect.

MHBE should examine going forward whether the Board’s limitation on the number of permissible plans continues to be effective or whether meaningful difference review should supplement or replace the limitation approach in 2017

14. Certain QHP issuers must comply with standards and requirements related to quality reporting through the implementation of the Quality Rating System (QRS) and the Enrollee Satisfaction Survey (ESS). Issuers are also required to continue to provide quality data and Race, Ethnicity, Language, Interpreter Need, and Cultural Competency (RELICC) data to the Maryland Health Care Commission (MHCC).
15. MHBE encourages QHP issuers that have offered plans on MHC for two (2) years to submit a quality improvement strategy (QIS) for 2016. This is a voluntary.
16. MHBE will move forward with conducting some compliance reviews in 2016. The scope of this review will be limited to compliance with plan certification standards and will not extend to requirements enforced by MIA.
17. Qualified employers can offer employees a choice of all stand-alone dental plans offered or a single stand-alone dental plan.
18. MHBE should require plans to explain their strategies to provide meaningful access, and MHBE should incorporate into compliance oversight its approach to reviewing meaningful access.

Appendix B

Maryland Health Benefit Exchange

Carrier Reauthorization & Plan Certification Required

Materials

Plan Year 2016 3/19/2015

Template Name	Template Source	Collecting Agency	Collecting System	Initial Submission Date	Final Submission Date	Purpose	QHP/QDP	Notes	Location
Carrier Authorization									
Administrative Data Template	CCIIO	MHBE	SERFF		7/1/2015	To collect general carrier and contact information	QHP/QDP		Templates
Carrier Business Agreement	MHBE	MHBE	Hard-copy mailed to MHBE		7/1/2015	The contract for participation in Maryland Health Connection	QHP/QDP	Please submit one Carrier Business Agreement per license	Hard-copy mailed to MHBE
Carrier Application	MHBE	MHBE	SERFF		7/1/2015	Provides a general overview of plans offered by a given carrier/license	QHP/QDP	Please submit one Carrier Application per license	Supporting Documentation
Carrier Logo	Carrier	MHBE	SERFF		7/1/2015	For display in Plan Shopping	QHP/QDP	1. The logo file must be a .jpg, .gif, or bmp format 2. Logo will be provided as an image file 3. Logo file uploaded will be 140 X 50 pixels	Supporting Documentation
List of Subcontractors	MHBE	MHBE	SERFF		7/1/2015	Requirement for Carrier Business Agreement	QHP/QDP		Supporting Documentation

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Network Access Plan	CCIIO	MHBE	SERFF		7/1/2015	Provides details about Network Adequacy and inclusion of Essential Community Providers	QHP/ QDP	Must be submitted in a PDF format under "Supporting Documentation"	Supporting Documentation
Program Attestations for SBM Issuers	CCIIO	MHBE	SERFF		7/1/2015	Attestation that all issuers in the SBM must provide to the FFM	QHP/ QDP		Supporting Documentation
Trading Partner Agreement	MHBE	MHBE	Hard-copy mailed to MHBE		7/1/2015	A contract outline the responsibilities and duties of an entity interacting/interfacing with MHBE	QHP/ QDP	Please submit on Trading Partner Agreement per license	Hard-copy mailed to MHBE
Plan Certification						Purpose	-	-	Location
Plan & Benefits Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	Template used to collect plan and benefit details.	QHP		Templates
2015 Plan Crosswalk Template	CCIIO	MHBE	SERFF		5/15/2015	Template used to collect year-to-year plan offerings, used extensively in the autorenewal process.	QHP		
Stand-alone dental Plan/Benefit Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	Template used to collect plan and benefit data on Stand-Alone Dental Plans.	QDP		Templates

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Stand-alone dental Rates template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	Template used to collect rate information on Stand-alone dental plans	QDP		Templates
Unified Rate Review Template	CCIIO	MIA	SERFF		3/1/2015 & 5/1/2015	Provides information and data necessary for ERR Reasonableness Review, rate increase monitoring and Market Rating Rules Compliance Reviews by states and CMS	QHP		Supporting Documentation
Prescription Drug Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	Template to capture prescription drug tiers	QHP		Templates
Network Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	Template to capture network ID numbers	QHP/ QDP		Templates
Service Area Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	Information identifying a plan's geographic service area.	QHP/ QDP		Templates
Rate Data Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	A table for entering plan rates based on rating area, age, and tobacco use	QHP/ QDP		Templates

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Rating Business Rules Template	CCIIO	MHBE	SERFF	7/1/2015	9/18/2015	This is a federal data collection template for the issuer specific business rules to calculate rates based on various factors	QHP		Templates
Actuarial Memorandum	Carrier	MHBE	SERFF		7/1/2015	Provides actuarial written narrative describing and supporting the information provided in the Part I (URR Template) and actuarial certifications.	QHP		Supporting Documentation
Partial County Service Area	Carrier	MHBE	SERFF	7/1/2015	9/18/2015	Justification from any issuer who submits a partial county service area	QHP		Supporting Documentation
Provider Directory data	MHBE	MHBE (CRISP)	CRISP		Ongoing	Collects provider directory data for contracted providers including Essential Community Providers.	QHP & QDP	Carriers who are currently participating in the individual market should continue to submit their files to CRISP by 8am on the first and third Wednesdays of each month. We will work with SHOP carriers and any carriers new to	

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								the individual exchange to determine the first submission date of the file.	
Summary of Benefits and Coverage (SBC)	Carrier	MHBE	SERFF	7/1/2015	9/18/2015	Summary of benefits for each plan	QHP		Supporting Documentation

Appendix C – Validations Checklist



Validations
Checklist.xlsx

Appendix D – Plan Shopping Tile and Plan Compare Template



Plan Shopping Tile
and Plan Compare T

Appendix E – Plan Display Crosswalk 2015 to 2016



Plan Display
Crosswalk 2015 to 2