

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

Introduction

The Maryland Health Benefit Exchange extends appreciation to SHOP Administrators and participating carriers for their continued partnership in providing Maryland small businesses with access to quality health and dental plans.

Outlined in this guide are the specific submissions for 2016 SHOP 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 are 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 SHOP marketplace. 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 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 1<sup>st</sup> 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.

Carriers that are not renewing plans in 2016 are required to submit a memorandum relaying which of their 2015 plans will be exited. Aside from Carrier Reauthorization, carriers are not required to submit CCIIO templates into their binders until MIA Rate and Form release (September 1<sup>st</sup>). Plan Management has scheduled the completion of SHOP Plan Certification for September 7<sup>th</sup>. On September 8<sup>th</sup>, Plan Management will provide the certified CCIIO templates to the SHOP Administrators to begin the Plan Data Reconciliation process. The Plan Data Reconciliation period is set to end on October 1<sup>st</sup>. By October 1<sup>st</sup>, all SHOP Administrators must submit their SHOP Administrator Attestation Form.

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

Supporting Documentation Requirements

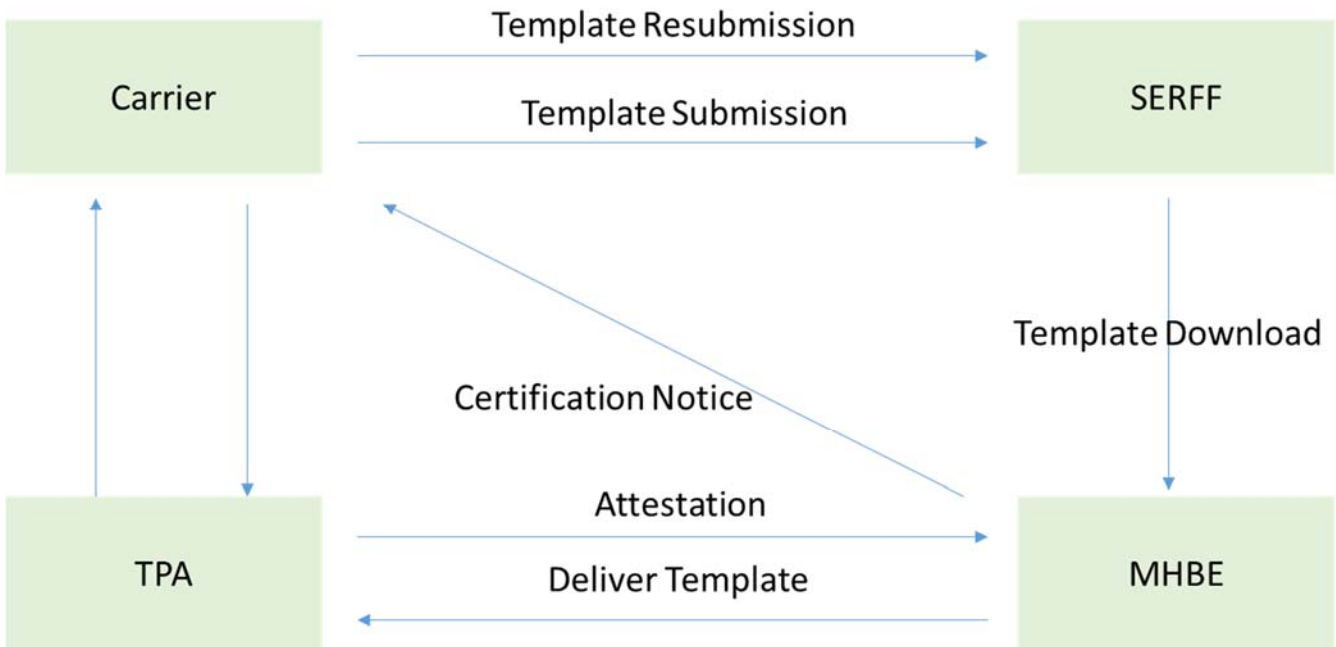
Document Name	Due Date	Description
2016 Carrier Application	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions were provided to carriers on June 1 <sup>st</sup> and were due to SERFF by July 1st
2015 Plan Crosswalk Template	May 15th	Part of 2016 Plan Certification, used in the auto-renewal 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 were provided to carriers on June 1 <sup>st</sup> and due to SERFF by July 1st
Network Access Plan	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions were provided to carriers by June 1 <sup>st</sup> and due to SERFF by July 1st
Program Attestation for SBM Issuers	July 1st	Part of the 2016 Carrier Reauthorization Packet, instructions were provided to carriers by June 1 <sup>st</sup> 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 <sup>st</sup> -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>&lt;HIOS Issuer ID&gt;&lt;State Abbreviation&gt;&lt;Plan ID&gt;-&lt;Variant ID&gt;_PlanDetails_&lt;Plan Year&gt;.&lt;Extension&gt;</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>

Plan Data Reconciliation

A major facet of plan certification is ensuring that the health plans displayed to employees during Open Enrollment accurately display benefits and cost sharing.

The Plan Data Reconciliation process occurs over the SHOP Administrator/Carrier Reconciliation Phase.



For SHOP Plan Certification and SHOP Administrator/Carrier Reconciliation Phases, SERFF will serve as the repository of truth whereby all iteration of the templates, as brought about through discovered data errors, may only be submitted through SERFF and accessed by Plan Management. Carriers and SHOP Administrator teams will engage with each other to ensure that plans are displayed and quoted appropriately. To reduce confusion and to encourage a streamlined process, all parties are required to submit a “Carrier/Administrator Point of Contact for Template Error Resolution.”

The following information is required of this contact:

<<Legal Entity/Carrier>>

<<Name>>

<<Title>>

<<Phone Number>>

<<Email>>

This information is due to MHBE Plan Management by September 1, 2015. An email to [mhbe.carriers@maryland.gov](mailto:mhbe.carriers@maryland.gov) is sufficient.

Additionally, per the SHOP Plan Management II memorandum issued February 9<sup>th</sup>, 2015 the following rules apply:

- For the purposes of quoting and rate testing, partner carriers and SHOP Administrators must use the Standardized Quoting Scenario set. These scenarios may be found in Appendix C
- Carriers must notify MHBE Plan Management of any forthcoming rate changes that are different from the quarterly rates indicated in the submitted Rate Data Template. If no notice is given to MHBE Plan Management, the SHOP Administrators will leverage the data already provided to inform their quoting engines. These notices should be provided in a protected .pdf and submitted to [mhbe.carriers@maryland.gov](mailto:mhbe.carriers@maryland.gov)
- MHBE SHOP and MHBE Plan Management will allow carriers to submit documentation requesting an exemption from the SERFF Template Rule (i.e. source of truth) for specific benefit structures that cannot be accurately described in the CCIO Templates. Carriers and SHOP Administrators may then correct the displayed benefits using appropriate means. Exemption requests should be provided to MHBE Plan Management in a protected .pdf to [mhbe.carriers@maryland.gov](mailto:mhbe.carriers@maryland.gov)

After partner carriers have determined that their plans are displayed and quoted correctly on SHOP Administrator portals, the SHOP Administrator must submit the SHOP Administrator Attestation Form (Appendix D) to Plan Management to finalize reconciliation and approve the plans for sale.

All questions should be submitted to [mhbe.carriers@maryland.gov](mailto:mhbe.carriers@maryland.gov)

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 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.

# Maryland Health Benefit Exchange

## Carrier Reauthorization & Plan Certification

### Required Materials

Plan Year 3/19/201  
2016 5

Template Name	Template Source	Collecting Agency	Collecting System	Initial Date	Final Date	Purpose	QHP/QDP	Notes	Location
<b>Carrier Authorization</b>									
Administrative Data Template	<a href="#">CCIIO</a>	MHBE	SERFF		7/1/2015	To collect general carrier and contact information	QHP/QDP		Templates
Carrier Business Agreement	MHBE	MHBE	SERFF & 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	Supporting Documentation
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



Maryland Health Benefit Exchange – 2016 SHOP Plan Certification Guide

Network Access Plan	<a href="#">CCIIO</a>	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	<a href="#">CCIIO</a>	MHBE	SERFF		7/1/2015	Attestation that all issuers in the SBM must provide to the FFM	QHP/ QDP		Supporting Documentation
<b>Plan Certification</b>						<b>Purpose</b>			
Plan & Benefits Template	<a href="#">CCIIO</a>	MHBE	SERFF	7/1/2015	9/18/2015	Template used to collect plan and benefit details.	QHP		Templates
Stand-Alone Dental Plan/Benefit Template	<a href="#">CCIIO</a>	MHBE	SERFF	7/1/2015	9/18/2015	Template used to collect plan and benefit data on Stand-Alone Dental Plans.	QDP		Templates
Stand-Alone Dental Rates template	<a href="#">CCIIO</a>	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	<a href="#">CCIIO</a>	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	Submitted during Rate & Form filing with the MIA	Supporting Documentation
Prescription Drug Template	<a href="#">CCIIO</a>	MHBE	SERFF	7/1/2015	9/18/2015	Template to capture prescription drug tiers	QHP		Templates
Network Template	<a href="#">CCIIO</a>	MHBE	SERFF	7/1/2015	9/18/2015	Template to capture network ID numbers	QHP/ QDP		Templates
Service Area Template	<a href="#">CCIIO</a>	MHBE	SERFF	7/1/2015	9/18/2015	Information identifying a plan's geographic service area.	QHP/ QDP		Templates

Maryland Health Benefit Exchange – 2016 SHOP Plan Certification Guide

Rate Data Template	<a href="#">CCIIO</a>	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
Rating Business Rules Template	<a href="#">CCIIO</a>	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 the individual exchange to determine the first submission date of the file.	

Maryland Health Benefit Exchange – 2016 SHOP Plan Certification Guide

Summary of Benefits and Coverage (SBC)	Carrier	MHBE	SERFF	7/1/2015	9/18/2015	Summary of benefits for each plan	QHP		Supporting Documentation
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**Appendix C – Standardized Quoting Scenario Set**

**Standardized Quoting Scenarios**

The quoting scenarios described in this form shall be used for the purposes for plan certification/quarterly rate quoting for the Maryland Health Benefit Exchange SHOP Marketplace. SHOP Administrators and SHOP carriers will use these scenarios to facilitate this process.

SHOP

Administrator:

Date:

Carrier:

Quarter:

Group ID	Rating Area	Subscriber/ Contract	Relationship	Date of Birth	Tobacco Status
1-MD-SHOPGRP	1	1	Primary	2/9/1950	N
1-MD-SHOPGRP	1	1	Spouse	12/22/1959	N
1-MD-SHOPGRP	1	1	Child	11/17/1989	N
1-MD-SHOPGRP	1	1	Child	3/23/1993	N
1-MD-SHOPGRP	1	1	Child	5/11/1994	N
1-MD-SHOPGRP	1	2	Primary	7/7/1969	N
1-MD-SHOPGRP	1	2	Spouse	12/5/1967	N
1-MD-SHOPGRP	1	3	Primary	8/27/1962	Y
1-MD-SHOPGRP	1	3	Child	11/25/1989	N
1-MD-SHOPGRP	1	3	Child	7/16/1992	N
1-MD-SHOPGRP	1	3	Child	6/2/1995	N
1-MD-SHOPGRP	1	4	Primary	1/25/1988	Y
1-MD-SHOPGRP	1	5	Primary	6/26/1980	N
2-MD-SHOPGRP	2	1	Primary	3/19/1981	N
2-MD-SHOPGRP	2	2	Primary	12/14/1988	N
2-MD-SHOPGRP	2	3	Primary	11/11/1968	N
2-MD-SHOPGRP	2	3	Spouse	4/12/1971	Y
2-MD-SHOPGRP	2	3	Child	12/19/1996	N
3-MD-SHOPGRP	3	1	Primary	5/27/1970	N
3-MD-SHOPGRP	3	1	Child	7/3/2000	N
3-MD-SHOPGRP	3	2	Primary	1/5/1970	N
3-MD-SHOPGRP	3	2	Spouse	8/11/1972	N
3-MD-SHOPGRP	3	2	Child	7/20/2002	N
4-MD-SHOPGRP	4	1	Primary	1/30/1976	N
4-MD-SHOPGRP	4	1	Child	12/12/2003	N
4-MD-SHOPGRP	4	1	Child	11/4/2004	N
4-MD-SHOPGRP	4	1	Child	6/19/2006	N
4-MD-SHOPGRP	4	1	Child	2/26/2008	N

Maryland Health Benefit Exchange – 2016 SHOP Plan Certification Guide

4-MD-SHOPGRP	4	2	Primary	8/1/1972	N
4-MD-SHOPGRP	4	2	Spouse	1/30/1976	Y
4-MD-SHOPGRP	4	2	Child	6/7/1998	N
4-MD-SHOPGRP	4	2	Child	2/16/1999	N
4-MD-SHOPGRP	4	3	Primary	7/28/1971	N
4-MD-SHOPGRP	4	3	Spouse	5/25/1972	N
4-MD-SHOPGRP	4	3	Child	2/4/1999	N
4-MD-SHOPGRP	4	3	Child	9/5/2000	N
4-MD-SHOPGRP	4	3	Child	4/19/2001	N
4-MD-SHOPGRP	4	3	Child	1/28/2003	N
4-MD-SHOPGRP	4	3	Child	4/9/2005	N
5-MD-SHOPGRP	3	1	Primary	2/24/1984	Y
5-MD-SHOPGRP	3	2	Primary	3/7/1986	Y
5-MD-SHOPGRP	3	3	Primary	7/15/1986	N
5-MD-SHOPGRP	3	3	Spouse	11/22/1988	N
5-MD-SHOPGRP	3	4	Primary	9/11/1989	N
6-MD-SHOPGRP	1	1	Primary	7/9/1981	N
6-MD-SHOPGRP	1	1	Child	4/1/2009	N
6-MD-SHOPGRP	1	2	Primary	10/14/1981	N
6-MD-SHOPGRP	1	3	Primary	8/21/1980	N
6-MD-SHOPGRP	1	3	Spouse	1/26/1982	N
6-MD-SHOPGRP	1	3	Child	6/29/2011	N

**Appendix D – Plan Shopping Tile and Plan Compare Template**

**Small Business Health Options Marketplace**

**Third Party Administrator**

Carrier Benefit & Rate Data Reconciliation Attestation

The Maryland Health Benefit Exchange (MHBE) has contracted with Third Party Administrators (SHOP Administrators) to administer the Small Business Health Options (SHOP) program for the State of Maryland. As part of the administrative services, the SHOP Administrator will receive Maryland Insurance Administration approved and MHBE certified Plan and Benefits Templates, Rate Data Templates, and Summaries of Benefits and Coverage for inclusion in their existing systems.

The MHBE requires each SHOP Administrator reconcile information contained in their systems to that provided by the MHBE and any carrier submissions of like data. The SHOP Administrator is required to:

- Notify partner carriers of the amendments required of the Plan and Benefits Templates, Rate Data Templates, and/or Summaries of Benefits and Coverage forms to ensure they accurately display the benefits and rates described within that carrier’s policy contracts.
- Notify the Plan Services staff of the MHBE if a partner carrier’s Plan and Benefits Template, Rate Data Template, and/or Summaries of Benefits and Coverage must be resubmitted, with the required amendments, by a partner carrier into their SERFF plan management binder.
- Leverage methods initiated by the SHOP Administrator organization to reconcile benefit and rate display/quoting errors to reconcile errors within a participating carrier’s Plan and Benefits Templates, Rate Date Templates, and/or Summaries of Benefits and Coverage.
- Attest to the accuracy of information collected and displayed.

I, \_\_\_\_\_, as the designated point-of-contact to the Maryland Health Benefit Exchange (MHBE) attest that my organization, \_\_\_\_\_, has worked with the 2016 authorized partner carriers participating in the Maryland SHOP Marketplace and attest that:

- The Benefit and Rate Data stored within a given participating health insurance carrier’s Plan and Benefits Template and Rate Data Template accurately displays the benefits and rates described within that carrier’s policy contracts.
- The carrier’s Summaries of Benefits and Coverage forms accurately display the benefits described within that participating carrier’s policy contracts in all sources being used to display benefit information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

The Plan Services staff of the MHBE will extend to the point-of-contact identified herein access to the full suite of templates and Summaries of Benefits and Coverage forms provided by carriers participating in the Maryland SHOP Marketplace.