



Frequently Asked Questions - Plan Year 2016 Binder

Question	Answer
<p>1. If an issuer is recertifying 2015 plans (i.e., no forms/rates are changing), can the issuer associate plans in the 2016 plan year Binder with the previously approved form/rate filings?</p>	<p>Plans in a Binder submission should be associated with the versions of forms and rates that will be issued for the applicable plan year, even if they were previously approved.</p> <p>We do not require issuers to automatically refile their forms each new plan year if nothing has changed. However, form filings are expected for major medical health plans due to new requirements that take effect in 2016. A rate filing is also required for all plans, except for SADPs where there will be no change in the currently approved rates and those rates were filed without trend.</p>
<p>2. Should issuers add the following benefits to the P&B templates that are not auto-populating for the 2016 plan year, but were required for last year?</p> <ul style="list-style-type: none">+ Vision Correction after Surgery or Accident+ Inpatient Rehabilitation Facilities- Inpatient Services+ Inpatient Rehabilitation Facilities- Physician Fees+ Specified Non-Routine Dental Services	<p>Yes, issuers must add the missing EHB benefits. Detailed instructions are provided in the Binder Filing Guidance section of the Plan Management Toolkit on our website at the following link:</p> <p>Ohio 2016 Plans and Benefits Add-In Corrections</p>

<p>3. What is required to meet 2016 plan year accreditation requirements where a 2nd or 3rd year QHP issuer has not yet completed full "Marketplace" accreditation?</p>	<p>Our understanding is that commercial or Medicaid health plan accreditation by a recognized accrediting entity will satisfy 2016 plan year accreditation requirements for 2nd or 3rd year QHP issuers, as long as the underlying administrative policies and procedures are the same or comparable to those used with the QHP.</p> <p>Plan management compliance with these requirements is demonstrated in the Binder submission by:</p> <p>1) Completion of applicable responses in the "State Partnership Exchange Issuer Attestations: Statement of Detailed Attestation Responses" document ; and</p> <p>2) Data that is collected directly from the accrediting entity and populated in the Binder by NAIC/SERFF.</p>
<p>4. Where can issuers find the SPM specific attestation document?</p>	<p>The SPM specific attestation document can be downloaded from the CMS Qualified Health Plans webpage at the following link:</p> <p>State Partnership Exchange Issuer Attestations: Statement of Detailed Attestation Responses</p>
<p>5. The 2016 Plan Year Individual Market Medical Binder in SERFF does not include the SHOP Participation Provision Supporting Documentation and Justification Form as a Supporting Document Requirement. However, this item appears to be required based on guidance in Chapter 17: Small Business Health Options Program (SHOP) Participation ("Tying") Provision for all QHP Issuers in the Individual Market. Should Issuers manually add this form to the Supporting Documentation Tab?</p>	<p>This form was inadvertently left off of the Supporting Document Requirements by SERFF, and will be added in soon by SERFF as an additional requirement.</p> <p>If this requirement was/is still missing when an issuer started to draft an Individual Market Medical Binder submission, the issuer should manually add this form to the Supporting Documentation tab in the Binder.</p> <p>The form can be downloaded at the following link on the CMS Qualified Health Plans webpage:</p> <p>SHOP Participating Provision Supporting Documentation and Justification Form</p>

<p>6. Will a Plan ID Crosswalk be required for Individual Exchange plans?</p>	<p>The Plan ID Crosswalk template is required for all issuers that offered Individual Market plans on the Exchange for the 2015 plan year. The Plan ID Crosswalk must be submitted by May 1, in Ohio's Binder. It must also be sent to CMS directly by May 15, at the following email address:</p> <p>QHP_Applications@cms.hhs.gov</p>
<p>7. When will the Ohio Department provide state authorization for the Plan ID Crosswalk?</p>	<p>State authorization will be provided in time for issuers to email the authorization to CMS for the July 10 deadline.</p>