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BULLETIN NO. 2013-05

TO: Insurers writing health insurance in Alabama

FROM: Jim L. Ridling
Commissioner of Insurance

DATE: April 17, 2013

RE: Affordable Care Act form filing requirements

EFFECTIVE: Immediate

All health insurance issuers offering individual and small group health coverage in Alabama are reminded that they must file all policy forms and related materials with the Department of Insurance through the System for Electronic Rate & Form Filing (SERFF) whether or not the forms and related materials are to be offered inside or outside of the Federal Health Insurance Marketplace (HIM). These filings are in addition to the Federal Centers for Medicare & Medicaid Services (CMS) Health Insurance Oversight System (HIOS) filing requirements applicable to Alabama as prescribed on April 1, 2013 [attached].

Forms submitted for a qualified health plan that will be offered on the HIM must be submitted into SERFF by May 30, 2013, and all non-qualified health plan forms for use outside the HIM must be submitted into SERFF at least 30 days prior to use in Alabama. Please check with CMS for HIOS filing date deadlines as these Federal deadlines could change.

Questions concerning form filings may be directed to:

Jennifer Haskell 334-240-7586 - jennifer.haskell@insurance.alabama.gov
Robert Turner 334-241-4190 - robert.turner@insurance.alabama.gov

JLR/JFM/bc

attachment

Date: April 1, 2013

To: Health Insurance Issuers in Alabama, Arizona, Missouri, Oklahoma, Texas, and
        Wyoming

RE: Form Filing Instructions and Health Insurance Oversight System (HIOS) Training
        Webinar

The Centers for Medicare & Medicaid Services (CMS) has the responsibility to enforce
provisions of title XXVII of the Public Health Service Act (PHS Act) with respect to health
insurance issuers in the group and individual markets when a State informs CMS that it does not
have authority to enforce or is not otherwise enforcing one or more of the provisions. Health
insurance issuers providing health insurance coverage in Alabama, Missouri, Oklahoma, Texas,
and Wyoming, that are subject to the market reform provisions of the Affordable Care Act, will
need to submit form filings to the Center for Consumer Information & Insurance Oversight
(CCIIO). Additionally, health insurance issuers providing coverage in Arizona's Group PPO
market will also need to submit form filings to CCIIO.

1. What documents need to be submitted in the Form Filing Module?

The Health Insurance Oversight System (HIOS) is the federal document collection repository for
form filing submissions.

Health insurance issuers in Alabama, Missouri, Oklahoma, Texas, and Wyoming will need to use
HIOS to submit all group and individual policy/contract forms; certificates; riders;
endorsements; amendments; Summary of Benefits and Coverage for benefit packages with the
highest and lowest enrollment (measured by life years) for each product sold in the individual
and group markets; and notices of appeals and external review rights. Health insurance issuers in
Arizona will need to use HIOS to submit the above referenced documents for the Group PPO
market only.

As part of your form filing, please identify how the product/plan will be sold (i.e., as a qualified
health plan [QHP] offered in a Health Insurance Marketplace or as a health plan that is not a
QHP [i.e., only outside the Health Insurance Marketplaces]); identify the coverage level for each
benefit design for a product/plan (i.e., bronze, silver, gold, or platinum); and provide separate
schedules for each plan design that is being offered.

- If a product/plan is filed as a potential QHP (i.e., for offering in a Health Insurance
  Marketplace), the issuer should file all appropriate templates, supporting documents, and

justifications as identified in the QHP application instructions.[1] For products/plans that are filed as potential QHPs, the information provided through the HIOS Plan Management and Market Wide Functions Module will be considered as part of the QHP application and reviewed by CMS for both compliance with the provisions of the PHS Act and QHP certification processes and requirements.

- If a product/plan is filed for use as a health plan other than a QHP (i.e., for sale only outside the Health Insurance Marketplaces), the issuer should submit the CMS Prescription Drug Template[2], results of the Actuarial Value Calculator, and if appropriate Unique Plan Design Supporting Documentation and Justification, Essential Health Benefit Substituted Benefit (Actuarial Equivalent) Justification, and Formulary—Inadequate Category/Class Count Justification.

  If the product/plan does not include pediatric dental and/or pediatric vision benefits, the issuer should include a description of how these benefits will be provided when the coverage is sold outside the Health Insurance Marketplaces.

2. What documents need to be submitted for Market Rating Reform Compliance Review?

In Alabama, Missouri, Oklahoma, Texas, and Wyoming, issuers are required to submit all product/plan combinations for review for compliance with the market rules under the PHS Act, including rating rules for new or renewal rates effective on or after January 1, 2014 in either the individual or small group markets, using the Part I – Unified Rate Review template and Part III – Actuarial Memorandum into the HIOS Integrated Rate Review Module. Issuers in Arizona are required to submit the above referenced information for new or renewal rates on or after January 1, 2014 in the small group PPO and individual HMO markets.

3. How to Submit a Form Filing?

To begin this process, HIOS users will need to register for access to the HIOS system, request access for the Form Filing module, and choose the user role for their submission.

- New HIOS users:

  New HIOS users will need to use the Enterprise Portal to register in Enterprise Identity Management (EIDM) system at https://portal.cms.gov before they can become a HIOS user. Click on "New User Registration" in the right hand column of the web page under "Login to Secure Portal" and follow the instructions. Users will receive an email confirmation that registration has been completed, along with their EIDM User ID.

  Once the user has received an EIDM User ID, the user should log back into EIDM, https://portal.cms.gov, using their EIDM User ID and password. Click on the "Login to CMS Secure Portal" button in the right column of the webpage. Click on the

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[1] The QHP application and instructions can be found at http://zone.cms.gov.
[2] The CMS Prescription Drug Template can be found at http://zone.cms.gov.

"Request Access Now" link on the right column of the webpage. Select HIOS from the "Application Description" dropdown box. New users will need to register in HIOS by clicking the link at the bottom of the page and following the registration instructions. Once the HIOS registration has been approved, the user will receive an email with their HIOS information and an Authorization Code.

The user will need to log into EIDM at https://portal.cms.gov and click on the "Login to CMS Secure Portal" button in the right column. Click on the "My Access" button to "Request New Application Access" and choose "HIOS." Enter the HIOS Authorization Code provided in the confirmation email and follow the instructions. The user will need to logout of EIDM. Then log back in to EIDM https://portal.cms.gov and navigate to the HIOS tab. Once the user navigates to the HIOS tab they will click the "Access HIOS" link and follow the instructions.

- Existing HIOS users:

    Existing HIOS users should have received an email that contains EIDM account information needed to log into the CMS Enterprise Portal. Existing HIOS users are required to go to http://portal.cms.gov and log in to the portal using the EIDM account login in the email received. Click on the "Login to CMS Secure Portal" button in the right column of the web page to begin that process. Follow the instructions to update information and provide additional information as requested to complete the registration process.

    The user will need to logout of EIDM. Then log back in to EIDM https://portal.cms.gov and navigate to the HIOS tab. Once the user navigates to the HIOS tab they will click the "Access HIOS" link and follow the instructions.

Both types of HIOS users will be able to request access to the HIOS Form Filing Module by navigating to "Role Management" and completing the online request. Users will receive an email notification when access has been approved. If you have any questions regarding accessing HIOS, please contact the help desk at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515.

4. When is the Form Filing Due?

- April 1, 2013:   Form filing window opens

- April 30, 2013:   Deadline for filing forms for qualified health plans to be offered on one or more Federally Facilitated Exchange(s)

- 60-days Prior to Offering for Sale: Health insurance coverage that will be not be offered as a QHP (i.e., only outside the Health Insurance Marketplaces)

5. When are the Training Sessions?

CMS will host two free webinars to provide users an opportunity to learn how to use the HIOS Form Filing Module. No registration is required, but availability will be on a first-come, first-

served basis, for up to 500 participants per session. We encourage issuers with more than two participants to share a call-in line and webinar screen. We will present the same information at both webinars, so participants have the option of attending either of these webinars. Participants will have the opportunity to ask questions during the webinar. Users can submit questions in advance of the training to FormFiling@cms.hhs.gov.

Webinar 1:
Monday, April 1, 2013, from 2:30 PM to 4:30 PM Eastern Time
Webinar: Https://webinar.cms.hhs.gov/formfiling1/
Conference Call Number: 1-877-267-1577
Dial Meeting ID: 9382

Webinar 2:
Friday, April 5, 2013, from 11:30 AM to 1:30 PM Eastern Time
Webinar: Https://webinar.cms.hhs.gov/formfiling2/
Conference Call Number: 1-877-267-1577
Dial Meeting ID: 1789