

Notice to All Carriers Writing Affordable Care Act (“ACA”) Individual and Small Group Major Medical and Stand Alone Dental Plans (“SADP”) for Plan Year 2021

In preparing for the upcoming ACA filing season, the IDOI will have two separate deadlines for forms and rates submissions and allow the forms and rates to be filed following the timeline below. This will allow issuers to have more time to adequately develop the rates. In addition, public access to ACA SERFF filings will be delayed to the date of the final rate change allowed by the federal government.

ACA FILINGS TIMELINE

June 17 – Initial QHP Application Deadline

Qualified Health Plans (“QHP”), including SADPs, and non-QHP issuers must file forms and Table 1 templates by June 17.

- Templates are outlined in Table 1.
- For more information, see SERFF Plan Management Instructions shown on Page 2.

Table 1. Templates	
Plan and Benefit Template	Detailed Attestation Response
Prescription Drug Template	Unique Plan Design
Network Template	Formulary – Inadequate Category/Class Count Supporting Documentation and Justification as Needed
Service Area Template	Consumer Justification
Essential Community Provider Template	Cost Sharing Outlier Justification
Essential Community Provider Supplemental Response Form	Network Adequacy – Access Plan
Business Rule Template	Plan ID Crosswalk Template
QHP Compliance and Org. Chart	IDOI Essential Health Benefit Verification Template
Quality Implementation Plan and Progress	Network ID Template
Discrimination – Cost Sharing Outlier Supporting Documentation and Justification s Needed	Discrimination – Language Supporting Documentation and Justification as Needed
Discrimination – Formulary Outlier Review Supporting Documentation and Justification as Needed	Discrimination – Formulary Clinical Appropriateness Supporting Documentation and Justification as Needed

July 22 – Submission of Proposed Rate Filing Justification

QHP, including SADP, and non-QHP issuers must add their rates and rate-review templates by July 22.

- Rate-review templates are outlined in Table 2.
- For more information, see plan management instructions shown on Page 2.

Table 2. Rate-review Templates	
Rate Data Template	Unified Rate Review Template Parts I, II, and III
QHP Compliance Plan and Org. Chart	Actuarial Memorandum

August 19 – Public Access to ACA SERFF Filings

The IDOI will limit any public access to ACA SERFF filings to this date

- ACA SERFF filings are typically made public in SERFF within 1-2 days of the initial submission
- However, forms and rates were filed together in previous filing years
- Allowing the filings to be public before the final rate deadline is not prudent with the level of uncertainty in the rate filing process this year

IDOI Specific Deadlines

- All updates to rates and forms must be submitted to the IDOI by September 4
- the IDOI will complete its review of single risk pool filings by September 5
- Issuers must abide by the SERFF Response Submission Deadlines outlined in Table 3

Table 3. SERFF Response Submission Deadlines	
Issue Date of Objection	SERFF Response Deadline
Before July 22	10 days from the date of objection
Between July 23 to August 11	4 days from the date of objection
After August 11	2 days from the date of objection

Other Pertinent Information

Essential Health Benefits 2021

- Indiana will be retaining the current 2012 essential health benefit benchmark plan for the 2021 calendar year:
 - Anthem BCBS Blue 5 Blue Access PPO Medical Option 6 Rx Option G
 - Pediatric Oral (FEDVIP)
 - Pediatric Vision (FEDVIP)
- Additional information is available via <https://www.in.gov/doi/2812.htm>.

SERFF Plan Management Instructions

- Binder submissions, form filing submissions, and rate filing submissions are required by Indiana for all ACA-compliant, non-grandfathered plans that are part of the single risk pool as well as SADPs.
- For a list of which templates are required for Off Exchange only QHPs and SADPs see the General Plan Management Instructions in SERFF.
- Additional information on submission requirements is available via <https://www.in.gov/doi/2813.htm> .

Maximum Annual Limitation on Cost Sharing for Plan Year 2021

- The proposed maximum annual limitation on cost sharing for 2021 is \$8,500 for self-only coverage and \$17,100 for other than self-only coverage.
- This represents an approximately 4.9% increase above the 2020 parameters of \$8,150 for self-only coverage and \$16,300 for other than self-only coverage.

Category	Self-Only	Other Than Self-Only
100 – 150% of FPL	\$2,850	\$5,700
151 – 200% of FPL	\$2,850	\$5,700
201 – 250% of FPL	\$6,800	\$13,600

Medical Loss Ratio (“MLR”) – Individual Market Wellness Incentives

- CMS proposed to amend 45 C.F.R. § 158.150(b)(2)(iv)(A)(5) to clarify that issuers in the individual market may include the cost of certain wellness incentives as QIA expenses in the MLR calculation.
- The proposal clarified that issuers in the individual market are allowed to include wellness incentives in the same manner as is permitted for the group market, to the extent that such incentives are permitted by Section 2705 of the PHS Act, as QIA in the MLR calculation.
- Amendments would be applicable beginning with the 2021 MLR reporting year
- Reports are due by July 31, 2022.

Exchange User Fees

- 3% for Plan Year 2021

Risk Adjustment – Administrative Fee

- Estimate that the total cost for HHS to operate the risk adjustment program on behalf of states for Plan Year 2021 will be approximately \$50 million.
- The risk adjustment user fee would be \$0.19 per member per month.

Special Enrollment Periods (“SEPs”)

- *Newly Ineligible for Cost Sharing Reductions*
 - This proposal restricts the ability of enrollees to switch from a Marketplace QHP in one metal level tier to another metal level tier during certain SEPs.
 - The exception to this is when an enrollee and their dependents that are not enrolled in a silver QHP become newly eligible for cost sharing reductions.
- *Dependents*
 - This proposal is for individuals with dependents where the dependent is a current Marketplace enrollee, but the individual is not.
 - An example is a mother who is enrolled in a self-only, employer-sponsored coverage while her two children are enrolled in Marketplace coverage.
 - If she loses her employer-sponsored coverage, she would be eligible for an SEP.
 - She could be added to her children’s policy.

- *Effective Date of Coverage*
 - This proposal is that new effective dates for SEPs through the Marketplace will be on the first month following plan selection.
 - This will assist in alleviating existing delays of coverage.
- *Effective Date for Retroactive Coverage*
 - This proposal will eliminate the option for retroactive SEP effective date due to extended verification process.
 - Eliminating this provision would align retroactive effective dates and binder payment rules and create more efficiency.
- *Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) with Non-Calendar Plan Year*
 - This proposal clarifies that an SEP is available to individuals who are provided with a QSEHRA even when the QSEHRA is provided on a non-calendar year basis.
 - Individuals who are provide with a non-calendar year QSEHRA would be entitled to SEP to enroll in an on or off Marketplace plan.

Mental Health Parity and Addiction Equity Act (MHPAEA)

- The IDOI is implementing a more focused review of MHPAEA.
- Part of the review process will entail review of non-quantitative treatment limitations
- Additional information on MHPAEA is available via:
 - <https://www.govinfo.gov/content/pkg/FR-2013-11-13/pdf/2013-27086.pdf>
 - <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-39-final.pdf>.
- Issuers may not place limits on the coverage of Medication Assisted Treatment for opioid dependence and must be applied using the same factors limitations on treatments for physical health conditions.

Product Discontinuance

- Notification must be sent to policyholders at least 90 calendar days in advance before the date the coverage will be discontinued.
 - Issuers should also send written notice of the product discontinuance to the Commissioner.
 - Notification to policyholders should be approved by the IDOI prior to sending to policyholders.
- Notification requirements are applicable for both grandfathered and non-grandfathered coverage in the large group, small group, and individual market on and off Marketplace.
- Additional information regarding notice requirements is available via <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-Updated-Federal-Standard-Renewal-and-Product-Discontinuation-Notices-090216.pdf>

Reference Documents

The IDOI Rate and Form Review will encompass information contained within the following reference documents and rules:

- 2021 Notice of Benefit and Payment Parameters (available when final)
- 2021 Letter to Issuers (available when final)
- [2021 Plan Management/CMS Templates](#)
- [Updated SBC and Uniform Glossary Requirements](#)