IDOI ACA Checklist and Attestations for Plan Year 2025

This document is a checklist of steps carriers need to take to avoid common mistakes. Please click on each checkbox to indicate that the appropriate verification has been done. Then, please type your name, title, and date. This list is not exhaustive.

Notation: Throughout this document PY will represent the Plan Year, which is the year the plans being filed will be used by policy holders. Also, PY-1 will represent the year preceding PY.

IDOI Rate and Crosswalk Template (IDOI RCT)

Template Changes: The name of the crosswalk tab has been changed to "Crosswalk".

Attestations:

☐ All plans that were approved in PY-1 are listed and crosswalked to plans being offered in PY.

    If applicable, we will no longer be offering plans in the following counties:

    _____

    _____

    _____

    _____

☐ All fields for the PY columns are completed.

☐ The Service Area IDs and Network IDs associated with each plan are consistent with the Plans tab of the IDOI EHB Verification Template.

☐ The counties associated with the Service Area IDs in the IDOI RCT are consistent with the counties associated with the Service Area IDs in the Service Area template.

☐ The HIOS Plan IDs listed in the IDOI RCT for PY match the Standard Component IDs listed on the Plans tab of the Binder.

☐ No previously terminated HIOS Plan IDs are being reused for PY.

IDOI EHB Verification Template (IDOI EHB VT)

Template Changes: The instructions on the Product Comparison tab were updated to make it clearer that different products are expected to display what differentiates them from all the carrier's other products on the Product Comparison tab.

The MHPAEA Instructions tab was updated to state that cost-sharing for Outpatient Office Visits must trivially pass parity review by requiring the cost-sharing type (copay/coinsurance) used for medical/surgical and mental health/substance use disorder outpatient office visits to be the same.

Attestations:

- *Benchmark Benefits Package*
  ☐ The Benchmark Benefits Package tab has been thoroughly reviewed. Any corrections, clarifications, exclusions, benefit explanations, or additions that apply to most of our products have been entered in red on this tab.
- *Product Comparison*
  ☐ (Small group only) All plans under at least one product cover morbid obesity. The forms for products that cover morbid obesity show the coverage without any bracketing. (Small group carriers that only have a single product are expected to cover morbid obesity on all their plans.)
  ☐ Each product is clearly differentiated from all other products by the benefits or plan type.
  ☐ Each product has its own Summary of Benefits in the filing.
- *Plans*
  ☐ All fields (except possibly the Issuer Actuarial Value field) are completed.
- *MHPAEA*
  ☐ All plans that do not have a financial requirement type that applies to substantially all medical/surgical benefits under a classification (sub-classification for office visits) do not charge any cost sharing for mental health/substance use disorder benefits in that (sub-) classification.

  ☐ We understand that Indiana requires carriers to sub-classify Outpatient Office Visits and requires that the cost-sharing requirement type (i.e., Copay/Coinsurance) is the same for medical/surgical outpatient office visits as for mental health/substance use disorder outpatient office visits. (This is required to make the demonstration of the parity of coverage for outpatient office visits straight-forward. Only plan designs that are clearly compliant with parity for outpatient office visits will be approved. [Example: A plan requires a $10 copay and 20% coinsurance for medical/surgical office visits. Then the maximum copay and coinsurance for mental health/substance use disorder office visits would be $10 and 20% respectively.])

Plans and Benefits Template (PBT)

Attestations:

☐ We will only include the following language on Benefits Package tabs if it is indicative of our plan design.
  o "No Copayment/Coinsurance will apply to orally administered cancer chemotherapy when obtained from a Network Pharmacy, Mail Service Program, or Specialty Pharmacy Network."

Federal Review Tools

Attestations:

☐ We have run the review tools available at
https://www.qhpcertification.cms.gov/s/Review%20Tools.

IDOI Clinical Appropriateness Tool

Attestations:

☐ Our formularies pass the IDOI Clinical Appropriateness Tool review. (This tool is
available at https://www.in.gov/idoi/compliance-rates-and-forms/accident-and-health-
rate-filing-and-plan-management-binder-information-and-instructions/).

ECP/Network Adequacy Template (NAT)

Attestations:

☐ The Counties listed on the "Facilities&Pharmacies" and "IndividualProviders" tabs have
been checked and are accurate. (Keep in mind that many zip codes overlap several
counties and so assigning a county based on the zip code rather than the address will lead
to inaccurate results.)

SERFF Filing and Binder Contact Info

Attestations:

☐ The contact information provided in the Filing and Binder sections of SERFF is up to date.

Attestation

I certify that the statements indicated above are correct and accurate.

Name:

Title:

Date: