

**Ohio 2015 QHP Application Supporting Documentation Requirements**  
**Individual Medical Plan Binder**

Requirement Name	Type of Requirement	Description
Federally-facilitated SHOP Participation Provision Supporting Documentation and Justification for the Federally-facilitated Individual Marketplace	Mandatory	Identifies issuer's method of compliance with Marketplace-SHOP tying requirement
Network Adequacy Template	Mandatory	This is a federal data collection template designated to capture provider information for an issuer's network
Part I - Unified Rate Review (URR) Template	Mandatory	This is a federal data collection template designated to capture information at the market level, consistent with the requirement to set premium rates using a single risk pool
Part III - Actuarial Memorandum	Mandatory	Provides actuarial written narrative describing and supporting the information provided in the Part I (URR Template) and actuarial certifications
QHP Issuer Compliance Plan and Organizational Chart Cover Sheet Template	Mandatory	Attestations and questionnaire on the elements that must be included in the Compliance Plan submitted as part of the QHP Application
Discrimination- Formulary Clinical Appropriateness Supporting Documentation and Justification	Justification	Identifies reasons why a drug list fails a clinical appropriateness review but is not discriminatory
Discrimination-Cost Sharing Outlier Supporting Documentation and Justification	Justification	Identifies reasons why cost sharing values found to be outliers should be allowed and are not discriminatory
Discrimination-Formulary Outlier Review Supporting Documentation and Justification	Justification	Identifies reasons why a category or class may be an outlier in terms of number of drugs that require utilization management but is not discriminatory
Discrimination-Language Supporting Documentation and Justification	Justification	Identifies reasons why language identified as potentially discriminatory is not
EHB-Substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification	Justification	Identifies EHB benchmark benefits that have been substituted, the substituted benefits, and the associated values of each
Essential Community Provider Supplemental Response Form	Justification	Supplemental response form for issuers ECP template
Formulary-Inadequate Category/Class Count Supporting Documentation and Justification	Justification	Identifies reasons for an inadequate count in particular category or class
Meaningful Difference Supporting Documentation and Justification	Justification	Identifies justification for meaningful difference
Partial County Service Area justification	Justification	Justification required from any issuer who submits a partial county service area
Statement of Detailed Attestation Responses for SPE/FFE Issuers	Justification	Required attestations for all QHP issuers
Unique Plan Design Supporting Documentation and Justification	Justification	Describes the reasons for that a plan qualifies as unique and the methods used to calculate actuarial value

**Important Notes Regarding Accreditation Requirements for 2015:**

***-2nd Year Issuers (offered medical QHPs on the 2014 Exchange) must be accredited to offer products on the 2015 Exchange. Accreditation template data and documentation is not required to be submitted in 2015 QHP Binders to substantiate accreditation. Accreditation will be automatically verified by SERFF.***

***-1st Year Issuers (intend to offer medical QHPs on the Federal Exchange/Marketplace FOR THE FIRST TIME in 2015), that are not yet accredited, must documentation demonstrating their plan for obtaining accreditation on the Supporting Documentation tab of their 2015 QHP Binder submission(s).***

**Ohio 2015 QHP Application Supporting Documentation Requirements**  
**SHOP Medical Plan Binder**

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Network Adequacy Template	Mandatory	This is a federal data collection template designated to capture provider information for an issuer's network
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**Ohio 2015 QHP Application Supporting Documentation Requirements**  
**Individual Stand-Alone Dental Plan Binder**

Requirement Name	Type of Requirement	Description
Network Adequacy Template	Mandatory	This is a federal data collection template designated to capture provider information for an issuer's network
QHP Issuer Compliance Plan and Organizational Chart Cover Sheet Template	Mandatory	Attestations and questionnaire on the elements that must be included in the Compliance Plan submitted as part of the QHP Application
Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification	Mandatory	Describes the methods used to calculate actuarial value
Stand-Alone Dental Plans-Description of EHB Allocation	Mandatory	Detailed description of the methods and specific analysis used to determine the EHB apportionment for pediatric dental
Statement of Detailed Attestation Responses for SPE/FFE Issuers	Mandatory	Required attestations for all QHP issuers
Discrimination-Language Supporting Documentation and Justification	Justification	Identifies reasons why language identified as potentially discriminatory is not
EHB-Substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification	Justification	Identifies EHB benchmark benefits that have been substituted, the substituted benefits, and the associated values of each
Essential Community Provider Supplemental Response Form	Justification	Supplemental response form for issuers ECP template
Partial County Service Area justification	Justification	Justification required from any issuer who submits a partial county service area

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**SHOP Stand-Alone Dental Plan Binder**

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Stand-Alone Dental Plans-Description of EHB Allocation	Mandatory	Detailed description of the methods and specific analysis used to determine the EHB apportionment for pediatric dental
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Essential Community Provider Supplemental Response Form	Justification	Supplemental response form for issuers ECP template
Partial County Service Area justification	Justification	Justification required from any issuer who submits a partial county service area