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AND FINANCIAL REGULATION
BUREAU OF INSURANCE
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Bulletin 421

Updated Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2018

(Supersedes Bulletin 416)

Shortly after the publication of Bulletin 416, the federal Centers for Medicare and Medicaid Services (CMS) announced a revised timetable for 2018 Qualified Health Plan (QHP) filings, which enables the extension of the corresponding state filing deadlines to the extent consistent with the Bureau's ability to conduct meaningful rate and form review. The schedule must, however, accommodate a reasonable time to evaluate and adjudicate final rates if a hearing is necessary. Also, so that a large volume of form filings is not submitted simultaneously, the May 2 deadline for stand-alone dental plan (SADP) form, binder, and rate filings has been retained. Accordingly, the schedule for 2018 filings has been revised as follows.

June 2, 2017 has been established as the uniform rate and form filing deadline for all non-grandfathered medical plans subject to the Affordable Care Act in the individual and small group markets in this state, offered with effective dates during 2018. May 2, 2017 has been established as the uniform rate and form filing deadline for all stand-alone dental plans (SADP). This will allow time for the Bureau of Insurance to schedule rate hearings, if necessary, and to transfer initial submissions to CMS within the timeframe required by the Final Notice of Benefit and Payment Parameters Regulation and Letter to Issuers, as modified by the bulletins and addendum issued by CMS. No new products or plans may be added by a carrier after the initial submission. If the plan is not available across the entire state, the available areas should be finalized and specified in the initial submission.

Revisions to rate submissions are acceptable up until July 17, 2017. No rate revisions may be made after that date unless the revision is required by the Bureau or is necessary due to updated information related to risk adjustment. Updates due to recent claims experience will only be accepted before the July 17 deadline.



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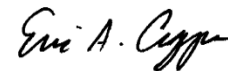
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The initial filing deadline of June 2, 2017 applies to all carriers that will be issuing health plans in the individual and small group markets, whether or not they participate in the Marketplace. It applies to QHP (Marketplace-qualified), non-QHP plans (except SADP (Stand-Alone Dental) plans which are due May 2), and to the “binders” that contain additional information for QHP products.

Form filings, both on and off the Marketplace, must include all supporting information related to the filing in one submission. That includes, but is not limited to: Policy/Certificate, Applications, Outline of Coverage, Notice of Coverage, Schedule of Benefits and Summary of Benefits and Coverage. Carriers should use the new age curve, including the new child age factors required by the Final Notice of Benefit and Payment Parameters Regulation. The Bureau anticipates a 5-business-day turnaround to requested additional information or filing modification. Rates will be treated as public documents when submitted. Forms will be public when they are approved by the Bureau. Rates and forms should be submitted separately and cross-referenced to each other on the corresponding filings. Carriers must follow the SERFF Form and Rate General Instructions page for further instructions and additional requirements. For plans to be offered on the Marketplace, carriers must follow the Plan Management General Instructions page.

The final transfer date is August 16, 2017 for QHP and SADP issuers. For carriers that participate in the Marketplace, the URRT must be finalized in HIOS by that date. For carriers that do not participate in the Marketplace, the URRT (Uniform Rate Review Template) must be finalized in HIOS by October 6, 2017.

April 5, 2017



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