

## **Guidance – 2017 Filing Instructions for ACA-Compliant Individual and Small Group Products**

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This guidance provides instructions for on and off-exchange Affordable Care Act (ACA)-compliant individual and small group major medical health plans and stand-alone dental plans (SADPs).<sup>1</sup> The timeline for filing plans and rates for plan year 2017 is the same for qualified health plan issuers (QHP issuers) and issuers that have no QHPs (non-QHP issuers) because of requirements placed on all health insurers by new federal regulations that require QHP and non-QHP rate filings to follow the same deadlines.

The Pennsylvania Insurance Department is the primary regulator for all health insurance products sold in Pennsylvania. In addition to reviewing and approving rates and forms, the Pennsylvania Insurance Department (PID) will be performing plan management functions required for insurers' participation in the federally facilitated marketplace (FFM) for Plan Year 2017. These functions complement our traditional review and approval of forms and rates. By conducting these plan management functions, our goal is to make health plan regulation as efficient and streamlined as possible for health insurers, thereby reducing costs and complications and supporting a robust insurance market in Pennsylvania.

Additional PID form and rate filing guidance for student health plan filings will be forthcoming.

**\*\*For instructions for ACA-compliant individual and small group rate filings, see separate rate filing guidance at <http://www.insurance.pa.gov/Companies/ProductAndRateRequire/>.\*\***

### **Timeline for Form and Binder Filings**

All health insurers that wish to issue or renew ACA-compliant individual or small group health insurance coverage on or after January 1, 2017 must file their forms (including all required documents for policies, certificates, or membership contracts) and plan binders containing all required templates beginning April 11, 2017 but no later than **April 27, 2016**. **Late filings will not be accepted.**

A complete filing is required even if a policy form that will be used in 2017 has no changes from the approved form for 2016.

Forms, rates and binder filings must be fully and finally approved by August 23, 2016. No exceptions will be permitted.

### **Use of SERFF Required**

All filings must be submitted through the System for Electronic Rate and Form Filings (SERFF). Please check the SERFF website for information and instructions about how to use SERFF. New this year, issuers will work directly with PID to submit all QHP application data in accordance with federal and state guidelines. SERFF will be used by issuers to transmit information to PID, and PID will use SERFF to transmit information to the Centers for Medicare & Medicaid Services (CMS).

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<sup>1</sup> By “ACA-compliant individual and small group plans,” the Department means major medical (also known as comprehensive medical) plans that are fully compliant with the 2014 ACA market reforms. This excludes grandfathered and transitional (sometimes called grandmothers) plans.

All major medical health insurance forms must be filed through SERFF, even if those health plans are offered only in the market outside the FFM. General instructions to filers in Pennsylvania will be provided on Pennsylvania's state page in SERFF, including any updates to these instructions. Please check SERFF on a regular basis for important general information, as well as specific information about your company's filings.

DO NOT submit QHP application data through HIOS. Submitting QHP application data through HIOS will result in system malfunctions that could cause plan data to fail to display or to display incorrectly on healthcare.gov. NOTE: The one exception to this relates to Unified Rate Review (URR) submissions. Issuers should continue to file Parts I, II, and III of the URR submission in both the URR HIOS Module and in SERFF, as has been required in previous years. For more information, see the separate PID rate filing guidance.

### **Guidance in the FFM's Letter to Issuers**

All filers should carefully review the Final 2017 Letter to Issuers in the Federally-facilitated Marketplaces that is posted on the CMS website.<sup>2</sup> That document contains important guidance regarding QHP certification, including details on the process for meeting FFM expectations regarding QHP accreditation, benefit design, review for non-discrimination and meaningful difference, annual maximum out-of-pocket and other topics. The PID will review health plans that will be sold on the FFM (and outside the FFM, as applicable) according to the guidance issued in that letter and the requirements of Pennsylvania law and federal law. The PID seeks to promote a level playing field inside and outside the exchange to the greatest extent possible.

PID will conduct the preliminary review for qualified health plan (QHP) certification and make a recommendation to the FFM. CCIO will send all substantive corrections to PID before sending those requested corrections to the issuer. Please do not make corrections without first seeking permission and approval from PID to make those corrections through SERFF.

### **Content of Form Filings**

Small group and individual health plans must be submitted in separate SERFF filings. Every submission must include a Compliance Checklist, Worksheet, and Certification, all of which must be completed in their entirety. The filing may be rejected if these required documents are not provided in a timely manner. These documents can be found on SERFF as well as on the Department's website at <http://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/default.aspx#.VrD9HaMo6JA>. Please note that separate checklists are provided for major medical and stand-alone dental.

A separate submission letter (as required by 31 PA Code 89b.5) is required; reference to the filing description or General Information tab in SERFF does not satisfy this requirement and the submission may be rejected as incomplete if the submission letter is not included.

Variability within an ACA-compliant product filing is limited to cost sharing; benefits cannot be variable.

All Summary of Benefits and Coverage (SBC) and Outline of Coverage (OOC) documents must be filed at the same time as the policy forms.

### **Content of Binder Filings**

A binder is required for each market type (individual or small group). "On-exchange" plans and "off-exchange

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<sup>2</sup> <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf>

only” plans should appear within the same binder; do not file separate binders based on exchange intentions. Correspondence related to the binder must be attached to the binder filing.

As in past years, the FFM QHP data templates must be completed for all individual and small group health plans, regardless of whether plans are being submitted for QHP certification. New templates for 2017 must be filed even if no changes were made to the underlying policy forms. Issuers offering plans in both the individual and small group markets need complete only one Business Rules Template; the one template will include both individual and small group plans. However, the Business Rules Template must be submitted in both the individual and small group SERFF filings and binders.

All QHP issuers must run the CMS Data Integrity Tool.

NOTE: Binders, like form filings, must be submitted no later than April 27, 2016, as described in the timeline section of this document. However, because the PA rate filing deadline is May 11<sup>th</sup>, if the rate filing is not submitted with the form filing on April 27<sup>th</sup>, then binders must be updated on May 12<sup>th</sup> to link to the rate filing.

### **Multi-State Plans**

The PID will review plans offered by issuers through the Multi-State Plan Program, which is administered by the federal Office of Personnel Management, according to the same instructions and timelines outlined in this guidance.

### **Stand-Alone Dental Plans**

Qualified stand-alone dental plans (QDPs) must file their forms and plan binders according to the same timelines and instructions that apply to all QHP issuers. Pennsylvania's PPO network adequacy law also applies to dental and vision plans. The benefits template will be modified for dental plans as described in 2017 FFM Letter to Issuers. Each QDP issuer must specify whether or not the rates contained in the templates are guaranteed to consumers or will be subject to change (underwriting).

QDP forms and binders must be filed separately from QHP filings. Dental binders/filings should include all QDPs sold on and off the exchange.

### **CONCLUSION**

The Department reminds filing entities that all forms and rates used in Pennsylvania remain subject to, and must comply in all respects with, Pennsylvania's insurance laws and regulations. The Department retains its ability to take after-use enforcement action and seek any available remedy for non-compliant forms or rates. An insurer will be responsible for assuring that all of its insureds are provided the full benefits provided by the ACA.

Please send any questions on this guidance that cannot be answered through the SERFF process to Tracy Bixler at [tbixler@pa.gov](mailto:tbixler@pa.gov), and we will compile them and post responses as FAQs on the Department's website. There will be an all-filer webinar on Tuesday, March 15, 2017 at 1pm. For dial-in information and the webinar URL, please send an email request to Tracy Bixler at [tbixler@pa.gov](mailto:tbixler@pa.gov).

ACA-Compliant Form and Binder Filing Activities for the 2017 Plan Year (blue shading indicates dates that apply to QHP and non-QHP issuers; green shading indicates dates that apply only to QHP issuers)		Dates (approximate)
Form and Binder Submission to PID	All health insurers that wish to issue or renew ACA-compliant individual and small group health insurance coverage on or after January 1, 2017 must file their forms and plan binders containing all the required templates via SERFF beginning April 11, 2017, but no later than <b>April 27, 2016</b> . <b>Late filings will not be accepted. We encourage issuers to submit rate filings by April 27 as well.</b>	4/11/2016 - 4/27/2016
1st review of Forms and Binders	PID reviews form and binder submissions for completeness and provides feedback to issuers	4/11/2016 - 5/4/2016
Form and Binder Review Process	Ongoing form and binder review process in SERFF	4/11/2016 - 8/18/2016
1st SERFF Data Transfer	PID uses SERFF to transmit complete and accurate QHP Application Data to CMS	5/11/2016
Rate Filings Due	Rate filings due, if not previously submitted	5/11/2016
Binder Updates	If the rate filing is not submitted with the form filing by April 27, the binders must be updated on May 12 to link the rate filing	5/12/2016
CMS 1st Correction Notices	CMS sends 1st correction notice to PID and issuers	6/15/2016 - 6/16/2016
PID Deadline for Corrected QHP Application Data	Issuers submit revised QHP Application Data to PID via SERFF	6/27/2016
2nd SERFF Data Transfer	PID transfers revised QHP Application Data to CMS	6/30/2016
CMS 2nd Correction Notice	CMS sends 2nd correction notice to PID and issuers	8/8/2016 - 8/9/2016
PID Final Deadline for Corrected Application Data	Issuers submit final forms and binders to PID	8/18/2016
3rd SERFF Data Transfer	PID transfers final QHP Application Data to CMS	8/23/2016
PID Review of Final Forms and Binders	PID reviews final forms and binders received as of 8/18/2016	8/24/2016 – 9/09/2016
QHP Agreement, Plan Confirmation, and Final Certification	PID Sends CMS Final Plan Recommendation	9/8/2016
	CMS Sends Certification Notices to Issuers	9/15/2016 - 9/16/2016
	Issuers Send Agreements and Plan List to CMS	9/19/2016 - 9/23/2016
	CMS Sends Validation Notice to Issuers	10/3/2016 -10/4/2016
Open Enrollment		11/1/2016 - 1/31/2017