



Bureau of Life, Accident & Health Insurance

Plan Year 2017 Form and Binder Webinar

Rate Filing Guidance

Rate filing guidance for 2017 ACA filings has been presented separately and is posted on the Department's website at:

<http://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/>

NOTE: URR Parts I, II, and III must also be filed directly in HIOS

Agenda

- Purpose and goals
- 2017 ACA Timeline for PID
- Form Filing Submission Process and PA Specific Requirements
- Essential Health Benefits, PA Benchmark and State Mandated Requirements
- Binder Submission Process
- QHP Application and Certification

Purpose and Goals

- To provide instructions for submission of forms and binders for On and Off-Exchange Only Affordable Care Act (ACA)-compliant individual and small group major medical and stand-alone dental plans (SADPs)
- The Pennsylvania Insurance Department (PID), in addition to reviewing and approving rates and forms, will be performing plan management functions required for insurers participating in the federally facilitated marketplace (FFM) for Plan Year 2017
- PID's 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.

2017 ACA Timelines

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 QHO issuers)		Dates
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 April 27, 2016. Late filings will not be accepted.	4/11/2016 - 4/27/2016
1st review of Forms, Rates and Binders	PID reviews form and binder submissions for completeness and provides feedback to issuers	4/11/2016 - 5/4/2016
Form and Rate 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, <i>ONLY</i> 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

2017 ACA Timelines

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 QHO issuers)		Dates
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 QHP Application Data 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
PID Final Approval	PID Disposition of Approval – forms, rates and binder filings must be fully and finally approved. No exceptions will be permitted	10/14/2016
Open Enrollment		11/1/2016 - 1/31/2017

Form Filing Submission Process

CMS Requirements

Form Filings: CMS Requirements

- Review the 2017 Letter to Issuers in the Federally-facilitated Marketplaces posted on the CMS website for guidance regarding QHP certification, including details in the following areas:
 - the process for meeting FFM expectations regarding QHP accreditation
 - benefit design
 - review for non-discrimination and meaningful differences
 - annual maximum out-of-pocket
 - other topics

Form Filings: CMS Requirements

- PID will review qualified health plans (QHPs) against State and FFM standards and make a certification recommendation to the FFM
- Center for Consumer Information & Insurance Oversight (CCIIO) will send all substantive corrections to PID before sending those requested corrections to the issuer

Form Filing Submission Process

Pennsylvania State Specific

Requirements

Form Filings: Submission Requirements

- One complete filing per product per market type (On Exchange, Off Exchange Only)
- All Forms must be submitted in SERFF by 4/27/16

Form Filings: Submission Requirements

- A complete filing is required even if a policy form that will be issued in 2017 has no changes from the approved form issued in 2016. When submitting previously approved forms, modify the form by adding a revision date to indicate the form is for PY 2017. Also, provide a signed letter certifying that this is the only change to the form
- Individual and small group health plans must be submitted in separate SERFF filings
- Every submission must include a 2017 ACA-Compliance Checklist, Certification and Worksheet; all must be completed in their entirety

Form Filings: Submission Requirements

- Variable language in the forms must be clearly identified and defined completely in a Statement of Variability
- Variability within a product filing is limited to cost-sharing; benefits cannot be variable
- Describe cost-sharing for each plan design by use of a Benefit Matrix submitted in Excel format
- Submit these items as supporting documentation

Form Filings: TOIs and Sub-TOIs

TOI and Sub-TOI must be consistent with the forms that are submitted

- Individual Health - Major Medical
- Individual Health - Dental
- Individual Health – Vision
- Group Health – Major Medical
- Group Health – Dental
- Group Health – Vision
- Health Maintenance Organizations (Individual & Group)

Form Filings: TOIs and Sub-TOIs

- TOI: PPO is reserved for PPO Network Applications only
- Use the following Sub-TOIs with H16I Individual Health – Major Medical
 - H16I.005A Individual – Preferred Provider (PPO)
 - H16I.005B Individual – Point of Service (POS)
 - Exclusive Provider (EPO)

Form Filings:

2017 ACA Compliance Checklist

- The ACA-Compliance Checklist contains a list of Statutory Requirements including Market Reforms, QHP Requirements, and Pennsylvania Mandates
- Compliance Checklist, Certification, Compliance Worksheet, and filing guidance are on PID Website:
<http://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/>
- Separate checklists for Major Medical and Dental (SADP)*

*Checklist for Student Health is being prepared and will be released shortly

Form Filings: What's New

- Re-regulation of small major medical and limited benefit accident and health forms (Notice 2016-01)
- Revised ACA-Compliance Worksheet for PY 2017
- Exchange Intentions – Must be On Exchange or Off Exchange Only
- SBC submission requirement
- Family Plan – indicate whether deductible is embedded or non-embedded
- Benefits offered by plan must be embedded in the plan (no riders)
- Preventive Services Schedule – 3D Mammogram (new requirement)

Form Filings: Form Schedule Tab

Form Schedule Tab – forms to be approved

- Individual Contract or Policy
- Master Group Contract
- Certificate of Coverage
- Outline of Coverage (OOC)
- Schedule of Benefits (SB)
- Application/Enrollment Form
- Preventive Service Schedule

Form Filings: Supporting Documentation Tab

Supporting Documentation Tab – supporting documents

- Submission (Transmittal) Letter
- 2017 ACA Compliance Checklist (Major Medical or Dental*)
- 2017 ACA Compliance Worksheet
- Certification of Compliance
- Statement of Variability
- Benefit Matrix
- Redline of previously approved forms
- Schedule of Benefits and Coverages (SBC)*
- Other supporting documentation as required

*New for 2017

Form Filings: Multi-State Plans

PID will review multi-state plans (MSPs) for issuers under contract with the Office of Personnel Management (OPM) according to the same instructions and timelines outlined for ACA-Compliant form submissions

Form Filings: Keep in Mind

- General instructions to filers in Pennsylvania will be provided on Pennsylvania's state page in SERFF, including any updates to these instructions.
- Check SERFF on a regular basis for important general information, as well as specific information about your company's filings.
- A Letter of Submission that complies with 31 Pa. Code § 89b.5 is required to be submitted as part of the filing
- All sections of ACA Compliance Checklist must be completed
 - For On Exchange, all answers must be “Yes”
- State Mandated Benefits section must be completed for all Major Medical filings
- Forms and rates must be submitted in separate filings and linked using Corresponding Filing Tracking Number field in the General Information tab in SERFF.

Form Filings

Stand-Alone Dental Plans

Form Filings: Stand-Alone Dental Plans

- Qualified stand-alone dental plan (QDP) issuers must file their rates, 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 Plans and Benefits template is modified for dental plans as described in the 2017 FFM letter to issuers
- QDP forms, rates and binders must be filed separately from QHP Medical filings.
- Dental binders and form filings should include all QDPs sold On Exchange or Off Exchange Only

Form Filings: Reminder

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

Essential Health Benefits

Form Filings: Essential Health Benefits

The Center for Consumer Information &
Insurance Oversight (CCIIO)

Information on the 2017 Essential Health Benefits
(EHB) Benchmark Plan for PA

<https://www.cms.gov/cciio/resources/data-resources/ehb.html#Pennsylvania>

Form Filings:

PA Benchmark Plan Documents

- Summary of the plan's coverage of certain benefits
- Supporting plan documents that provide detail regarding all plan coverage, limits, and exclusions
- An updated list of state-required benefits

Note: The EHB benchmark plan benefits are based on plans sold in 2014. Some of the benchmark plan designs may not comply with current federal requirements. Therefore, when designing plans that are substantially equal to the EHB benchmark, issuers may need to conform plan benefits, including coverage and limitations, to comply with these requirements and limitations.

Form Filings: Essential Health Benefits

- Preventive Services Schedule– Provide a List or Chart of Preventive of Services in one section of the form (e.g., an addendum) or as a separate form on the Form Schedule
- Note: 3D mammograms must be covered at no cost to women in Pennsylvania the same as traditional, 2D mammograms under current Pennsylvania law
<https://www.governor.pa.gov/governor-and-first-lady-wolf-announce-3d-screening-mammograms-must-be-available-to-women-at-no-extra-cost/>

2017 Plan Year Binder Filing

Binder Submission Process

Binder Filing

- A binder is required for each market type (individual or small group)
- On Exchange plans and Off Exchange Only plans should appear in the same binder (do not file separate binders based on exchange intentions)
- Correspondence related to the binder must be attached to the binder filing
- A separate binder must be submitted for MSPs

Binder Filing

- 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 the individual and small group markets need only complete one Business Rules Template including both individual and small group plans
- The Business Rules Template must be submitted in both the individual binder and small group binder

Binder Filing

- We recommend that QHP issuers run the Data Integrity Tool prior to submitting binders.
- Binders, like form filings, must be submitted in SERFF no later than April 27, 2016
- QHP application data should NOT be submitted in HIOS.
 - *Exception: URR Parts I, II, and III should continue to be submitted in the HIOS module, and to the state in the SERFF rate filing*
- If the rate filing is not submitted with the form filing by April 27, then binders must be updated no later than May 12 to link to the rate filing on the Associate Schedule Item tab

QHP Certification

- The Bureau of Life, Accident & Health Insurance, in conjunction with Department of Health, Bureau of Managed Care (BMC) will review and process the QHP Application
- BMC will review and process information regarding Network Adequacy and Service Area
- Plans will be recommended for certification to the FFM by 9/8/2016

Questions??

- Please send your questions to RA_Rateform@pa.gov
- Questions and Answers will be posted on the Department website and updated regularly