

From: DMHC Licensing eFiling
Subject: Individual and Small Group Rates
Date: Friday, May 7, 2015 4:33:00 PM
Attachments: 2015 Deadlines – April 2015.pdf
Off-Exchange Guidance – April 2015.pdf

Hi,

Please be reminded that May 15, 2015 is the initial submission deadline for issuers to submit QHPs and non-QHPs rate filings via SERF. Please see attached documents for your review. Please contact Simon Lo (213) 271-1081 in the Office of Financial Review with any questions regarding this deadline. For any other questions, please feel free to contact your Office of Plan Licensing reviewer.

Key Dates in 2015
QHP Certification in the Federally Facilitated Market places; Rate Review
Risk Adjustment Reinsurance and Risk Corridors

QHP Certification¹

Activity		Dates
QHP Application Submission and Review Process	Initial FFM QHP Application Submission Window ²	4/15/2015 – 5/15/2015
	First SERFF Data Transfer Deadlines for States Performing Plan Management	5/15/2015
	FFM Review of Initial QHP Application Submissions Received as of May 15	5/18/2015 – 6/26/2015
	First Correction Notices Sent to Issuers and States	6/25/2015 – 6/30/2015
	Deadlines for Submission of Revised QHP Data for Re-review; Second SERFF Data Transfer Deadline for States Performing Plan Management	7/10/2015
	FFM Review of Corrected QHP Application Submissions Received as of July 10	7/13/2015 – 8/12/2015
	Second Correction Notices Sent to Issuers and States	8/13/2015 – 8/14/2015
	Final Deadline for Submission of QHP Data; Final Deadline for State Plan Approval; Deadline for All Risk Pools with QHPs to be in a final status in the URR System ^{3,4} . Final SERFF Transfer Deadline for States Performing Plan Management for Submission of QHP Data and Certification Recommendations; Data Locked Down	8/25/2015
	Final FFM Review of Corrected QHP Application Submissions Received as of August 25	8/26/2015 – 9/16/2015
QHP Agreement/Final Certification	Certification Notices and QHP Agreements Sent to Issuers	9/17/2015 – 9/18/2015
	Agreement Signed by Issuers and Returned to CMS with Final Plan List	9/21/2015 – 9/25/2015
	Validation Notice Confirming Final Plan List and Countersigned Agreements Sent to Issuers	10/8/2015 – 19/9/2015
Open Enrollment		11/1/2015 – 1/31/2016

¹ QHP certification information from the *Final 2016 Letter to Issuers in the Federally-Facilitated Marketplace* (2/20/15), available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-toInsurers-2-20-2015-R.pdf>

² URRT and Form Filing submissions to CMS in States in which CMS is either the Effective Rate Reviewer or direct enforcer of Federal law follow the same Initial Submission Window and Deadline as the QHP Initial FFM Application Submission Window. This submission deadline applies to URRT and Form Filing submissions for QHPs and non-QHPs.

³ There are three final submission statuses in HIOS. All submissions that do not have any rate increases subject to review (rate increase less than 10 percent) must be in a status of “Rate Filing Accepted.” For submissions with rate increases that are subject to review (rate increase 10 percent or greater), the submission must be in a status of “Review Complete” if the rate increase received a determination of “new reasonable,” or in a status of “Final Justification Submitted” if the rate increase received a determination of “unreasonable” and the issuer has submitted the final justification.

⁴ All risk pools with no QHPs must be in a final status in the URR system by October 9, 2015

Rate Review for Single Risk Pool Compliant Plans⁵

Activity	Dates
Initial Submission Deadline for Issuers to Submit QHP and Non-QHP Rate Filings into URR Module (unless a state sets an earlier deadline)	5/15/2015
Target Date to Post Initial Proposed Rate Increases of 10 Percent or Greater for Consumers to Review on https://ratereview.healthcare.gov	6/1/2015
Deadline for all QHP Rate Filings to be in a Final Status in the URR System (Note: final rate information in each state must be made public at the same time for both QHPs and non-QHPs)	8/25/2015
Deadline for all Non-QHP Rate Filings to be in a Final Status in the URR System (Note: final rate information in each state must be made public at the same time for both QHPs and non-QHPs)	10/09/2015
Target Date to Post Public Use File with Final Rate Data for QHPs and non-QHPs	10/30/2015

Risk Adjustment, Reinsurance, and Risk Corridors for PY2014⁶

Activity	Dates
First Bifurcated or Combined Reinsurance Contribution Amount for PY2014 Due	1/15/2015
Deadline for Submission for Transitional Plan Data for Risk Corridors	2/13/2015
Deadline for Submission of Final Risk Adjustment/Reinsurance data	4/30/2015
Deadline for Submission of Requests for Reinsurance Payments	4/30/2015
Risk Adjustment/Reinsurance Payment Report Sent to Issuers	6/30/2015
Deadline for Submission of Risk Corridors Data	7/31/2015
Preliminary Risk Corridors Transfers Calculation Sent to Issuers	8/14/2015
Remittance of Risk Adjustment/Reinsurance Issuer Payments and Charges	7/2015 – 9/2015
Sequestered FY2015 Risk Adjustment/reinsurance Payments Available for Payment	10/1/2015
Remittance of Risk Corridors Payment and Charges	9/2015 – 12/2015
Second Bifurcated Reinsurance Contribution Amount for PY2014 Due	11/15/2015
Remittance of Reinsurance Issuer Payments from Second Contribution	12/2015 – 1/2016

⁵ Rate review dates from the *Final 2016 Letter to Issuers in the Federally-Facilitated Marketplace* (2/20/2015), available at <http://www.cms.gov/CCIIO/resources/regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-P.pdf>; and from the *Insurance Bulletin Series – Information: Timing of Submission and Posting of Rate Increase Information* (4/14/2015), available at <http://cms.gov/CCIIO/Resouces/Regulations-amd-Guidance/index.html>

⁶ Risk Adjustment, Reinsurance, and Risk Corridors date from the final rule *HHS Notice of Benefit and Payment Parameters for 2014 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2014* (3/11/13), available at <http://www.gps.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and
Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



Date: April 14, 2015

From: Center for Consumer Information & Insurance Oversight (CCIIO), Centers for Medicare & Medicaid Services (CMS)

Title: Insurance Standards Bulletin Series -- INFORMATION

Subject: CCIIO Sub-Regulatory Guidance: Timing of Submission and Posting of Rate Filing Justifications for the 2015 Filing Year for Single Risk Pool Compliant Coverage Effective on or after January 1, 2016

I. Purpose

This Bulletin provides guidance on the timing of submission and posting of information about rate increases as required by section 2794 of the Public Health Service Act (PHS Act) and regulations at 45 CFR Part 154. Specifically, this Bulletin provides guidance on the timing for health insurance issuers to submit Rate Filing Justifications for proposed rate increases in the individual and small group markets. It also provides guidance on the timing for states with an effective rate review program to provide public access to information regarding proposed rate increases that are subject to review and final rate increases. The timelines specified in this Bulletin apply to rates filed in 2015 (2015 filing year) for single risk pool compliant coverage (including both qualified health plans (QHPs) and non-QHPs) effective on or after January 1, 2016.

II. Background

On February 27, 2015, the final rule, "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016," was published in the Federal Register (80 FR 10750). The final rule, in relevant part, amends the regulations regarding rate increase disclosure and review at 45 CFR Part 154.

Under the final rule, for rate increases for coverage effective on or after January 1, 2016, a health insurance issuer must submit to CMS and the applicable state a Rate Filing Justification for all rate increases by the earlier of the following: (1) the date by which the state requires that a proposed rate increase be filed with the state; or (2) the date specified by the Secretary of Health and Human Services (the Secretary) in guidance. See 45 CFR § 154.220(b). This submission deadline is a uniform deadline applicable to both QHPs and non-QHPs in the individual and small group markets for non-grandfathered single risk pool compliant coverage.¹

The final rule also requires a state with an effective rate review program to provide, for proposed rate increases subject to review, access from its website to at least the information contained in Parts I, II, and III of the Rate Filing Justification that CMS makes available on its website (or provide CMS's web address for such information), and have a mechanism for receiving public comments on those proposed rate increases. The state must post such information on its website (or provide CMS's web address for such information) no later than the date specified by the Secretary in guidance. See 45 CFR § 154.301(b)(1)(i).

Further, the final rule requires a state with an effective rate review program to provide, for all final rate increases (including those not subject to review), access from its website to at least the information contained in Parts I, II, and III of the Rate Filing Justification that CMS makes available on its website (or provide CMS's web address for such information). The state must post such information on its website (or provide CMS's web address for such information) no later than the first day of the annual open enrollment period in the individual market for the applicable plan year. See 45 CFR § 154.301(b)(1)(ii).

States must ensure that the information they release to the public is made available at a uniform time for all proposed and final rate increases for single risk pool compliant coverage, as applicable, in the relevant market segment (including QHPs and non-QHPs) and without regard to whether coverage is offered through or outside of an Exchange. See 45 CFR § 154.301(b)(3).

¹ Section 2794(b)(2)(A) of the PHS Act requires the Secretary, in conjunction with the states, to monitor premium increases of health insurance coverage offered through an Exchange and outside of an Exchange beginning with plan years beginning in 2014. To enable the Secretary to carry out this new monitoring function and streamline data collection for programs beginning in 2014, the rate review regulations at 45 CFR 154.215 were amended to require issuers to report information about all proposed rate increases, not just those above the review threshold. Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review, 78 FR 13406, 13420 (February 27, 2013). The uniform submission timeline established in the HHS Notice of Benefit and Payment Parameters for 2016 builds on this monitoring function, further standardizing the reporting process and assisting states and CMS in evaluating compliance with the single risk pool, actuarial value, essential health benefits, and other applicable market reforms.

States have flexibility to make additional information available to the public as permitted under applicable state law and regulation. States also have flexibility to establish earlier timeframes for public disclosure of information on rate increases and the justification or such increases, including establishing varying deadlines for the individual and small group markets, as long as the public disclosure for single risk pool compliant coverage occurs at a uniform time regardless of whether the coverage is offered through or outside of an Exchange for both QHPs and non-QHPs. If a state intends to make information about proposed or final rate increases available to the public prior to the date specified by the Secretary, the state must notify CMS in writing, no later than 30 days prior to the date it intends to make the information public, of its intent to do so and the date it intends to make the information public. See 45 CFR § 154.301(b)(2).

This Bulletin constitutes guidance specified by the Secretary for purposes of establishing the uniform submission deadline under 45 CFR § 154.220(b), and for purposes of establishing the uniform posting deadline under 45 CFR § 154.301(b)(1)(i). It also identifies the CMS web addresses to be used by states with an effective rate review program that elect to provide public access from their website via link to the rate information made available on the CMS website. The accompanying chart provides further information on key dates for issuers and states, including the timeline for submission and posting of proposed and final rates and relevant dates related to the premium stabilization programs.

III. Uniform Rate Review Timeline

For the 2015 filing year for coverage effective on or after January 1, 2016—

- **Uniform submission deadline:** The uniform submission deadline for a health insurance issuer to submit the Rate Filing Justification to CMS and the applicable state for single risk pool compliant coverage (including both QHPs and non-QHPs) is May 15, 2015, or an earlier date specified by the applicable state authority.
- **Uniform posting deadline:** The uniform posting deadline for a state with an effective rate review program to post on the state's website at least the information contained in Parts I, II, and III of the Rate Filing Justification that CMS makes available on its website (or provide CMS's web address for such information) for proposed rate increases that are subject to review for single risk pool compliant coverage (including both QHPs and non-QHPs) is no later than the 10th business day after the uniform submission deadline for all single risk pool rate filings in the relevant market segment.²
- **CMS's web address:** The web addresses that should be provided by states with an effective rate review program that elect to provide public access via link to the rate information made available on the CMS website are: <https://ratereview.healthcare.gov/> and www.cms.gov/CCIIO/Resources/Data-Resources/ratereview.html.

² The 10th business day after the uniform submission deadline of May 15, 2015 is June 1, 2015.

IV. How to Notify CMS of Earlier Posting Timeframes

Pursuant to 45 CFR § 154.301(b)(2), if a state intends to release information about proposed or final rate increases on a timeframe earlier than specified in this Bulletin, the state must notify CMS in writing at least 30 days prior to making the information public. The state should notify CMS by sending an e-mail to ratereview@cms.hhs.gov. The e-mail should indicate the state's intent to establish earlier posting timeframes and include the date(s) the state intends to make the information public for its individual and small group markets.

Where to get more information:

If you have questions about this Bulletin, please contact CCIO at ratereview@cms.hhs.gov.

From: DMHC Licensing eFiling
Subject: Individual and Small Group Rates
Date: Friday, May 29, 2015 1:27:00 PM

The purpose of this e-mail is to provide an update to the information previously provided regarding the initial rate submission deadline for both QHPs and non-QHPs in the individual and small group markets. The DMHC has received approval from the Center for Consumer Information & Insurance Oversight (CCIIO) to follow the rate submission filing dates in state law rather than the guidance provided by CCIIO in the guidance dated April 14, 2015 and May 13, 2015 for filing of rates to the DMHC only. Furthermore, CCIIO has agreed to delay the posting of initial proposed rate increases of 10 percent or greater until July 31 for plans operating in California. Plans that have no submitted rates to CCIIP are encouraged to do so immediately.

The revised dates are as follows:

Activity	Dates
Initial Submission Deadline for Issuers to Submit QHP and Non-QHP Rate Filings to CCIIO	May 15, 2015
CCIIO Posts Rate Increases of 10 Percent or Greater	July 31, 2015
Final Rate Submission Deadline for Issuers to Submit QHP and Non-QHP Rate Filings to DMHC	September 1, 2015
Begin DMHC Review of Rates and Public Comment Period (60 days)	September 2, 2015
Rates Effective	November 1, 2015

Please contact Debra Maus at (916) 324-8166 in the Office of Financial Review with any questions regarding this deadline. For any other questions, please feel free to contact your Office of Plan Licensing reviewer.