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*Governor*

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Managed Health Care*

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**LETTER No. 3-K**

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### **ELECTRONIC RATE FILINGS UNDER THE SERFF SYSTEM**

The Department of Managed Health Care (DMHC) provides the following guidance to health care service plans (health plans) regarding electronic rate filings, as required by Senate Bill 1163 (Chapter 661, Statutes of 2010). A copy of SB 1163 may be obtained from the Legislative Counsel's webpage at [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

Further guidance will be forthcoming in the future, including the required contents of electronic rate filings, in accordance with Health and Safety Code Section (Section) 1385.08.

By way of background, SB 1163 adds Article 6.2 (commencing with Section 1385.01) to the Health and Safety Code relating to the review of premium rate increases of health plans. Among other requirements, health plans must submit their rate filings to the DMHC, as specified.

Section 1385.07(c) requires all rate filings of health plans to be submitted electronically in order to facilitate review by the DMHC and the public.

Accordingly, effective January 1, 2011, all rate filings under this article shall be submitted to the DMHC through the System for Electronic Rate and Form Filing (SERFF) system of the National Association of Insurance Commissioners. See Sections 1385.03(d) and 1385.04(d).

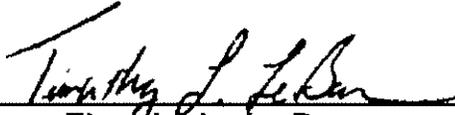
Information regarding the SERFF system is available at [www.serff.com](http://www.serff.com).

In general, these new provisions regarding electronic rate filings in Article 6.2 (commencing with Section 1385.01) apply to health care service plan contracts in the individual and group markets in California.

However, these rate filing provisions do not apply to specified contracts of health plans.<sup>1</sup>

For questions regarding electronic rate filings described in this letter, please contact Maureen McKennan at [mmckennan@dmhc.ca.gov](mailto:mmckennan@dmhc.ca.gov) or (916) 445-7976.

**Lucinda Ehnes, Director**

By   
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<sup>1</sup> Under Section 1385.02, this article shall not apply to a specialized health care service plan contract; a Medicare supplement contract subject to Article 3.5 (commencing with Section 1358.1); a health care service plan contract offered in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code); a health care service plan contract offered in the Healthy Families Program (Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code), the Access for Infants and Mothers Program (Part 6.3 (commencing with Section 12695) of Division 2 of the Insurance Code), the California Major Risk Medical Insurance Program (Part 6.5 (commencing with Section 12700) of Division 2 of the Insurance Code), or the Federal Temporary High Risk Pool (Part 6.6 (commencing with Section 12739.5) of Division 2 of the Insurance Code); a health care service plan conversion contract offered pursuant to Section 1373.6, or a health care service plan contract offered to a federally eligible defined individual under Article 4.6 (commencing with Section 1366.35) or Article 10.5 (commencing with Section 1399.801).