



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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**HEALTH COVERAGE**  
**Filing Guidance Notice 2013-A**

**TO:** Insurance Carriers Offering or Renewing Insured Managed Care Plans in Massachusetts  
**FROM:** Nancy Schwartz, Director, Bureau of Managed Care  
**DATE:** February 19, 2013  
**RE:** Submission of Materials Necessary for the Review of Health Benefit Plans

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The federal Patient Protection and Affordable Care Act of 2010 (“ACA”) establishes important changes in the types of insured health benefit plans and rates that may be made available in the Massachusetts nongroup/small group market (“merged market”) in 2014. *The purpose of this Notice is to provide guidance on the method and filing of information with the Division of Insurance (Division) that will be necessary for reviewing plans for coverage effective as of January 1, 2014.*

Among other ACA requirements, insured health benefit plans offered in the merged market will need to include Essential Health Benefits (“EHB”) - defined by the Massachusetts Division in its federal filing of a benchmark plan - and will need to meet the actuarial value levels associated with “metallic tiers” established under rules developed by the federal Secretary of Health and Human Services. Carriers will need to make certain filings with the Division in the next few months in order to have plans available for offer by the federally required October 2013 open enrollment period.

The guidance provided in this Notice applies to all health benefit plans, including the Qualified Health Plans (“QHP”) that must be certified by the Commonwealth Health Insurance Connector Authority (“the Health Connector”) for offer through the health benefit Exchange. The Division has worked closely with the Health Connector to develop a coordinated submission process that utilizes existing and new DOI filing capabilities as key components in the QHP certification process.

**SERFF Changes**

The Division requires all carriers to submit form and rate filings via the System for Electronic Rate and Form Filing (SERFF). The Division is aware that SERFF has been developing new filing templates to facilitate the collection of information for review and approval. Under the revised systems, carriers will submit specific plan information in a “Binder,” and will also use templates for the submission of standardized provider network, formulary and rate information.

The Division understands that the new SERFF templates will be final within the next few weeks and are scheduled to be ready for use on March 28, 2013. The Division encourages carriers to become familiar with the new SERFF forms, drafts of which are available at <http://www.serff.com/hix.htm>.

### **Form Filing Requirements**

For those insured health benefit plans intended to be offered for coverage effective beginning in January 2014, carriers are to submit the following material to the Division via SERFF:

- Carriers are to submit revisions necessary to meet applicable ACA and state requirements for existing evidences of coverage, policies or certificates for health benefit plans and dental plans intended to be filed on April 1, 2013.

Carriers must use current SERFF form filing processes to submit these materials.

- Carriers are to submit plan provider network documents for each separate provider network intended to be used for a health benefit plan or dental plan intended to be filed on April 1, 2013

Carriers must use current SERFF form filing processes to submit these materials.

- Carriers are to complete the SERFF “Binder” that identifies each separate insured health benefit plan or dental plan intended to be offered during the October 2013 Open Enrollment Period, referencing any previously filed forms for the following for each plan, as appropriate:
  - the evidence of coverage, policy or certificate;
  - the provider network;
  - the formulary; and
  - any other information related to that insured health benefit plan or dental plan.

Carriers must use the new SERFF templates.

### **Form Filing Timelines**

For those insured health benefit plans, including dental plans, intended to be offered through the Connector, all evidence of coverage revisions, provider directories, and “Binders” are to be completed as early as possible, but no later than April 1, 2013.

For those insured health benefit plans, only intended to be offered outside the Connector, all evidence of coverages, provider directories, and “Binders” are to be completed, as early as possible, but no later than July 1, 2013.

### **Rate Filing Timelines**

By July 1, 2013, carriers are to submit the rate collection tool for health benefit plans, including dental plans, intended to be offered in the October 2013 Open Enrollment Period for individuals. Carriers must use the new SERFF templates.

If you have any questions about this guidance, please contact Nancy Schwartz at 617-521-7347.