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**DIVISION OF INSURANCE**

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**HEALTH COVERAGE**  
**Filing Guidance Notice 2014-A**

**TO:** Insurance Carriers Offering or Renewing Health Benefit Plans and Stand-Alone Dental Plans in Massachusetts

**FROM:** Nancy Schwartz, Director, Bureau of Managed Care

**DATE:** April 9, 2014

**RE:** Materials Necessary for the Review of 2015 Health and Dental Benefit Plans and Rates

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The purpose of this Notice is to provide guidance on the method and filing of materials with the Division of Insurance (“Division”) necessary for review of health benefit plans for the merged market and stand-alone dental plans to be offered through the Commonwealth Health Insurance Connector Authority (“Health Connector”) for coverage effective January 1, 2015 or later.

The guidance provided in this Notice applies to insured health benefit plans intended to be offered in the merged market, including the Qualified Health Plans (“QHP”), and stand-alone dental plans intended to be offered through the Health Connector. The Division has worked with the Health Connector to coordinate submission of materials to the Division and the Health Connector.

**Filing Requirements**

For insured health benefit plans intended to be offered in the merged market and stand-alone dental plans to be offered through the Health Connector for coverage beginning in January 2015 and after, carriers are to submit material(s) to the Division via the System for Electronic Rate and Form Filing (“SERFF”) according to the following process:

1. Use the SERFF *form filing process* to submit any **new** health benefit plans or stand-alone dental plans.
2. Use the SERFF *form filing process* to submit any **material changes (uniform modifications)** to existing health benefit plans or stand-alone dental plans. A material

change includes any change to benefits or cost-sharing in a plan, a service area change or a significant change to a provider network.<sup>1</sup>

3. File the SERFF “*Binder*” for each **new** health or dental plan intended to be offered during the 2014-2015 Open Enrollment Period. File all appropriate templates, including the HIOS Plan Management template (for health benefit Carriers) and the Health Connector’s Plan and Benefit Data Template (for stand-alone dental Carriers). Reference each of the following previously filed forms for each plan: the evidence of coverage, policy or certificate; the provider network; the formulary, if applicable; and any other information related to that insured health benefit plan or dental plan.
4. File the appropriate SERFF *template* for any material change to an existing plan (e.g., the Plan and Benefits Template for a benefit or cost-sharing change, the Network Template for a network change, the Service Area Template for a service area change).
5. Use the SERFF *rate filing process* to submit rates for **all existing and new** insured health benefit plans intended to be offered in the merged market [including the Qualified Health Plans (“QHP”)] and stand-alone dental plans intended to be offered through the Health Connector.

### **Form Filing Timelines**

For new Carriers seeking initial certification with the Health Connector and existing QHP and Qualified Dental Plan (QDP) Carriers all insured health benefit plans for the merged market and stand-alone dental plans intended to be offered through the Health Connector for 2015, all evidence of coverage submissions, provider directories, and “Binders” are to be completed as early as possible, but no later than May 15, 2014.

For health and dental Carriers currently offering QHPs and QDPs through the Health Connector, all insured health benefit plans for the merged market and stand-alone dental plans intended to be offered through the Health Connector for 2015, all evidence of coverage revisions, changes to provider directories, and material change filings are to be completed as early as possible, but no later than June 1, 2014. For new insured health benefit plans intended to be offered only outside the Health Connector during the 2014-2015 Open Enrollment Period, evidences of coverage, provider directories, and “Binders” are to be completed, as early as possible, but no later than July 1, 2014.

### **Rate Filing Timelines**

By July 1, 2014, carriers are to submit a rate filing, including all required collection tools for all health benefit plans and stand-alone dental plans to be available on January 1, 2015.

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

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<sup>1</sup> The carrier may make the determination about whether to terminate a plan or make a uniform modification to the plan. However, a plan will be considered to be a new plan in the event that there are significant revisions to benefits or cost-sharing, such as those that change the Metallic Tier of the plan,