HEALTH COVERAGE
Filing Guidance Notice 2014-B
To Revise and Replace Filing Guidance Notice 2012-E

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc.
(BCBSMA), Health Maintenance Organizations (HMOs), Fraternal Benefit Societies

FROM: Nancy Schwartz, Director, Bureau of Managed Care

DATE: April 9, 2014

RE: Rate Filings for New Products and Significant Changes to Existing Products

The purpose of this Notice is to revise the previously issued guidance for health carriers related
to filings for new health benefit plans or significant changes to existing health benefit plans.
This guidance applies to all health benefit plans for which rates are currently filed on a quarterly
basis, including merged market (small group and individual) plans, HMO plans and Blue Cross
Blue Shield of Massachusetts plans. It does not apply to stand-alone dental or vision plans.

When a company submits a form filing for any new health benefit plan intended to be offered in
the merged market, any new HMO plan or any new BCBSMA plan, or for any change to such a
plan that significantly changes the previously filed rate assumptions, the Division will expect
the rates for the new or significantly changed health benefit plan to be filed with the next quarterly
rate filing¹. The Division will finalize the form review to coincide with the rate approval for that
quarter.

A significant change to an existing health benefit plan would include, but not be limited to, a
service area reduction or expansion, a significant reduction or expansion of a provider network,
or a change in the covered benefits or cost-sharing of the health benefit plan.

¹ Rates for January 1 merged market plans are due with the quarterly rate filing submitted on July 1.
The filing should be submitted via SERFF and accompanied by all materials as set forth in Filing Guidance Notice 2010-A.

If you have any questions, please call Nancy Schwartz at (617) 521-7347.