



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

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HEALTH COVERAGE Filing Guidance Notice 2015-A

TO: Insurance Carriers Offering or Renewing Insured Health Plans in the Massachusetts Merged Small Group/Individual Market in 2016

FROM: *Kevin Patrick Beagan*, Deputy Commissioner, Massachusetts Division of Insurance

DATE: March 19, 2015

RE: Submission of Policy Form Materials Necessary for the Review of Health Benefit Plans

The purpose of this Notice is to provide initial guidance on filing policy forms with the Massachusetts Division of Insurance (“Division”) necessary for reviewing coverage intended to be issued or renewed in Massachusetts merged small group/individual market as of January 1, 2016.

The guidance provided in this Notice applies to all health benefit plans offered in the merged market, 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 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.

Among other ACA requirements, insured health benefit plans offered in the merged market must include Essential Health Benefits (“EHB”) as defined by the Division in its federal filing of a benchmark plan and must meet the actuarial value levels associated with “metallic tiers” established under rules developed by the federal Secretary of Health and Human Services, as calculated using the most recently available federal actuarial value calculator.

SERFF Changes

The Division requires all carriers to submit form and rate filings via the System for Electronic Rate and Form Filing (SERFF). Carriers will submit specific plan information in a "Binder," and include the required templates for the submission of standardized provider network, formulary and rate information.

Form Filing Requirements

For insured health benefit plans intended to be offered for coverage to be effective beginning in January 2016, carriers are to submit the following material to the Division via SERFF:

- Material changes necessary to evidences of coverage, policies or certificates, as well as updated provider directories, for health benefit plans and dental plans intended to be offered for 2016 in order to meet applicable ACA and state requirements as well as any changes required for the Health Connector.
Carriers must use current SERFF form filing processes to submit these materials.
- Carriers are to submit plan provider network documents¹ for each separate provider network intended to be used for a health benefit plan or dental plan intended to be offered for 2016.
Carriers must use current SERFF form filing processes to submit these materials.
- Carriers are to complete the SERFF Plan Management Binder that identifies each separate insured health benefit plan or dental plan - identified by the name used when marketing the product – that the carrier intends to be offered for the 2016 Open Enrollment period, referencing any previously filed forms, as appropriate. The Plan Management Binder is to include those plans that the carrier intends to continue to offer as well as all new plan designs it intends to offer in 2016. Carriers are to provide a statement to confirm whether a carrier currently has a cost-sharing template [including the appropriate SERRF number(s)] that includes proposed 2016 plan designs.
- Binders should include the following templates:
 - Administrative Template
 - Essential Community Providers Template
 - Network ID Template
 - Plans and Benefits Template
 - Prescription Drug Template
 - Service Area Template
 - Rate Data Template
- The SERFF Plan Management Binder should include the following supporting documentation as applicable:
 - Actuarial Value Calculation Explanation
Additional documentation of Actuarial Value calculation should be attached as supporting documentation for each plan in the binder. Please refer to

¹ Including, but not limited to geo-access maps of each network identified by name, along with separate geo-access maps of acute care facilities, of inpatient behavioral health facilities, of Primary Care Practitioners, and of the following five specialists: Gynecology, Orthopedics, Cardiology, Oncology and Mental Health/Substance Abuse.

Massachusetts Division of Insurance Filing Guidance Notice 2013-H for specific requirements.

- Attestations that all Issuers in a SBE must attest to and provide to the SBE
- Formulary-Inadequate Category/Class Count Justification
- Limited Cost Sharing Plan Variation-Estimated Advance Payment Supporting Documentation and Justification
- Unique Plan Design Supporting Documentation and Justification
- EHB-Substituted Benefit (Actuarial Equivalent) Justification
- URRT Actuarial Memorandum with Actuarial Values.

Carriers must submit the CCIIO templates and forms via SERFF

Form Filing Timelines

For those insured health benefit plans, including insured dental plans, intended to be offered through the Health Connector, all evidence of coverage revisions, current provider directories, and Plan Management Binders are to be completed as early as possible, but no later than May 15, 2015.

For those insured health benefit plans, only intended to be offered outside the Health Connector, all evidence of coverage revisions, provider directories, and Plan Management Binders are to be completed, as early as possible, but no later than July 1, 2015.

Rate Filing Timelines

The Division intends to distribute additional filing guidance notices within the immediate future to provide additional guidance, where necessary, about rate filing instructions applicable to coverage intended to be effective on or after January 1, 2016.

If you have any questions about this guidance, please contact Kevin Beagan at 617-521-7323.