



COMMONWEALTH OF MASSACHUSETTS
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HEALTH
Filing Guidance Notice 2024-G
Dental Rate Filings

TO: Commercial Insurance Companies, Blue Cross and Blue Shield of Massachusetts, Inc., and Dental Service of Massachusetts, Inc. (collectively, "Dental Carriers")

FROM: Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau

DATE: May 3, 2024 *Kevin Beagan*

RE: Dental Rate Filings Required under M.G.L. c. 176X ("Dental Benefit Plans")

This notice provides guidance to Dental Carriers regarding the submission of dental rate filings for stand-alone insured dental plans to the Massachusetts Division of Insurance ("Division") as required under 211 CMR 156.06. Dental Carriers are expected under 211 CMR 156.06 to submit rate filing materials for all dental products offered in Massachusetts to individuals, group associations, and employment-based groups.

Submission Via SERFF

All stand-alone dental plan rate filings are to be submitted via SERFF (the System for Electronic Form and Rate Filings), using Filing Type = "Rate" and Type of Insurance (TOI) = "H21-Health Other". Rate filings are to be submitted with the required \$150.00 fee for each filing. For further information on SERFF filings, see Division Bulletin 2008-08 at <https://www.mass.gov/doc/2008-08-guidelines-for-the-submission-of-form-rate-and-rule-filing-materials-for-review-by-1/download>.

Content of Rate Filings

Dental Carriers are expected to submit detailed rate filing material in support of their filings. The Division expects that Dental Carriers will take special care to present all the information identified in 211 CMR 156.06(2) or a detailed explanation of why the information is not available.

Dental Carriers will be expected to submit the rate filing data collection tool ("DCT") within all rate filing submissions. The workbook is available in the Division's SERFF rate filing requirements. In addition to the DCT, carriers will be expected to submit required material that is

not in the DCT within an actuarial memorandum or other supplemental filing exhibits. Dental rate filings will not be considered complete and ready for review by the Division until all required information is in the SERFF record.

The DCT includes a page for any Quality Improvement Programs (QIP) that a Dental Carrier may wish to be considered for the purpose of incorporating the expenses of that QIP within the derivation of the rate filing's Dental Loss Ratio (DLR). Within this section, Dental Carriers should present a detailed and complete description of any such QIP so that the Division may review the program and expenses to determine whether they qualify for inclusion within the DLR calculation.

Review of Rate Filing Materials

The Division shall check all filings for completeness, but no filing shall be reviewed until it is deemed complete. The Division will contact a Dental Carrier if it requires additional information in order to deem the filing complete.

Once rate filings are found to be complete, the Division and its actuarial consultants will review rate filing materials and may contact Dental Carriers about materials included within the filing, including the actuarial memorandum. Dental Carriers should anticipate these questions and have dedicated staff ready to respond to questions submitted via SERFF within 10 business days or to participate in conference calls when requested by the Division. Any delays in responding to Division questions or participating in such calls will delay the final disposition of the rate filing.

In Case of Disapproval

As noted in 211 CMR 156.06(5)(e), Dental Carriers may not change a rate from a prior year if the filing is disapproved. For example, if dental coverage renews on April 1st, and the calendar year rate filing is disapproved, the prior April's rates must stay in effect unless and until the Dental Carrier's rate filing is deemed not disapproved. Dental Carriers must notify affected policyholders if a filing is disapproved by the Division.

If a Dental Carrier's rate filing is presumptively disapproved according to 211 CMR 156.06(4), there will be a mandatory hearing. If a Dental Carrier's rate filing is disapproved according to 211 CMR 156.06(5), there will be a rate hearing if the Carrier requests a hearing within 10 days of the receipt of the disapproval. In both of these circumstances, the Division will notify the Dental Carrier of the process that will be followed to conduct the disapproval hearing.

If a Dental Carrier's rate filing is disapproved according to 211 CMR 156.06(5) and the Dental Carrier does not request a rate hearing according to 211 CMR 156.06(5)(g)1., the Dental Carrier may immediately re-file, but the filing will be subject to at least another 30 days for review.

If you have any questions regarding this Filing Guidance Notice, please contact Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau at kevin.beagan@mass.gov or at 617-7521-7323.