QHP Certification – Topic Summary

Under the ACA, the Exchange (the Health Connector) is responsible for the Quality Health Plan (QHP) certification, recertification, and decertification processes. QHPs, starting in 2014, are an insurance plan that is certified and sold by an Exchange, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out of pocket maximums).

The Exchange has some flexibility in designing the certification process, which will include standards for licensure, solvency, marketing, benefit design, rate and benefit reporting, network adequacy, accreditation, essential community providers, service areas, and any additional processes and standards established by the Exchange. Many of these standards are already enforced by the Massachusetts DOI, and DOI and the Health Connector are currently working on how to leverage already in-place standards and processes so as not to create duplicative functions. Exchanges may enter into agreements with eligible entities in accordance with §155.110, including other State agencies, to perform Exchange functions such as QHP certification. The Exchange may choose to carry out these functions by contracting with the State department of insurance or another appropriate entity, but must retain ultimate accountability for the certification and review of QHPs in accordance with §155.110.

Questions for Discussion

- 1. What considerations should the Health Connector and DOI to keep in mind while designing the QHP certification process?
- 2. Are there additional standards beyond those included in the ACA that you think the Health Connector should include?
- 3. How can the Health Connector design a maximally effective process with minimal duplication or administrative burden for carriers?

Open Enrollment Periods and Timing of Rate Filing Submissions – Topic Summary

The Exchange final rule (§155.410) defines the following open enrollment periods for individual plans sold through the Exchange:

- For benefit years from Jan 1, 2014 Dec 31, 2014: October 1, 2013 - March 31, 2014
- <u>For benefit years on or after Jan 1, 2015</u>: October 15th - December 7th (8 weeks) of the preceding calendar year

Under Massachusetts law and regulation, the Division of Insurance (Division) currently requires rate filings for small group/individual plans to be submitted to the Division 90 days prior to the effective date of the rates.

The Division understands that brokers, intermediaries and the Connector look to receive rates at least 30 days prior to effective dates so the individuals and groups can be aware of the premiums when making their choices for coverage. It is likely that these marketing channels will want to obtain premium information at least a month prior to the noted open enrollment periods to make sure that rates are properly available in their systems as of the first day of the open enrollment period.

The Division is also aware that the Connector will need time in 2013 to go through its own review of products/rates offered through the Exchange and that this may impact the timing of rate filing submissions.

One carrier indicated that it may need to send in rate filings six months or more before rate effective dates in order to meet the Connector's, Division's and CCIIO's required time lines.

The Division is contemplating what types of timelines work best to satisfy the state's requirements and ACA's open enrollment requirements and what changes may be necessary to existing laws that will need to be proposed to the Legislature.

Questions for Discussion

- 1. What is the impact of providing rates so far in advance of the effective date?
- 2. If the rate filings submitted for rates effective on the following January 1st are submitted six months prior to the effective date, should this timeline apply to all rate filings?
- 3. Small group/individual merged market carriers currently make quarterly rate filings that apply to three months of rates. Should this be amended so that rate filings are for longer periods of time (e.g., 6 months or 12 months)? What are the benefits or problems with submitting rate filings that are for longer than a three month period.
- 4. Do you have any suggestions for the way to manage this change?