LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

BULLETIN 2016-02

TO: ALL HEALTH INSURANCE ISSUERS AND HEALTH MAINTENANCE ORGANIZATIONS

FROM: JAMES J. DONELON, COMMISSIONER OF INSURANCE

RE: DEADLINES FOR HEALTH INSURANCE ISSUER AND HMO SUBMISSIONS OF FORM AND RATE FILINGS & PLAN MANAGEMENT BINDERS

DATE: APRIL 13, 2016

The purpose of Bulletin No. 2016-02 is to inform all health insurance issuers and health maintenance organizations (issuers) of the requirements relating to the time and manner of product form and rate filings and ancillary matters.

No policy of health and accident insurance, nor any endorsements, riders or applications appertaining thereto, nor the rates used in connection therewith may be delivered or issued for delivery in this state unless they are filed with the Louisiana Department of Insurance (LDI) for approval pursuant to La. R.S. 22:861, 972, and 1092. Qualified Health Plans (QHPs) constitute policies of health and accident insurance that are delivered or issued for delivery in Louisiana. Consequently, all health and accident policies or plans submitted for certification as a QHP must also be filed with the LDI for approval and shall be reviewed for compliance with the Louisiana Insurance Code and with federal law, as explained herein.

Louisiana remains a Federally-Facilitated Exchange or Marketplace (FFM) or a Federally-Facilitated Small Business Health Options Programs (FF-SHOP) state. Therefore, the Centers for Medicare & Medicaid Services (CMS) will be responsible for certification of plans being offered via the FFM and FF-SHOP in Louisiana.

Notably, the LDI adopted the Plan Management functionality in SERFF and will again require health insurance issuers to use the Plan Management functionality in SERFF for submission of requisite data for plans offered on and off the FFM or FF-SHOP for plan/policy year 2017 using the binder process. The information required to be submitted via the Plan Management functionality in SERFF for the 2017 plan/policy year is substantially the same as that required for the 2016 plan/policy year.

In addition, the LDI continues to require the submission of health product form and rate filings using the Filings functionality in SERFF that allows the LDI to review product

form and rate filings that result in policies or plans that will be delivered or issued for delivery in Louisiana.

I. Product Form and Rate Filings via SERFF Filings Functionality

A. Product Form and Rate Filing Procedure

All products delivered or issued for delivery in Louisiana must be filed using the SERFF Filings functionality. These include the filing of grandfathered (GF) products and non-grandfathered (NGF) products for the large group market, small group market, individual market, limited benefit or excepted benefit products, and/or any other products permitted in Louisiana. These also include rate filings.

B. Amendments to Product Form Filings

The requirements of Regulation 78, LAC 37:XIII.Chapter 101, remain in effect for product form filings. Regulation 78 permits an amendatory filing if the insurance product to be altered was originally certified or granted affirmative approval not more than three years prior to the filing of the amendatory filing. If the amendatory filing will alter a product that was originally certified or approved more than three years before the date of the submission of the amendatory filing, then a complete filing is required, as is set forth in Regulation 78. Strict compliance with this requirement is required for all issuers. However, the LDI notes that for the 2017 plan/policy year, a different Essential Health Benefit Benchmark Plan (EHB BP) is applicable. Thus, health insurance issuers are to submit complete product filings for non-grandfathered plans offered on or off the Marketplace for the 2017 plan/policy year utilizing the EHB BP effective for 2017. Attempts to submit amended non-grandfathered product filings or form filings will be rejected.

C. Statements of Compliance

A statement of compliance for all product codes is required to be submitted by issuers with any product form filing submitted using the SERFF Filings functionality. The statements of compliance for the product codes for all health product types are located on the LDI Product Filing Matrix at http://ia.ldi.state.la.us/productmatrix/. The specific statement of compliance for each product type can be accessed by searching for the appropriate corresponding product code.

D. State-Specific Tab Instructions

All issuers should note that they are to submit the information sought in the State-Specific tab of the SERFF Filings functionality. Failure of an issuer to complete this portion of a product form filing, including, but not limited to, transitional plan submissions will

result in disapproval of the product form and/or rate filing. Updates to these instructions occur on an as-needed basis, so review of these requirements as of the time of submission of each product or rate filing is advised.

II. Qualified Health Plan Certifications and Plan Binder Filings via SERFF Plan Management Functionality

A. Selection of Correct SERFF Filing Type

(1) On FFM or FF-SHOP Product Form and Rate Filings

All product forms and rates for products submitted for sale on the FFM or FF-SHOP are due on May 11, 2016, and must be submitted in the same filing under the SERFF Filing Type: Form/Rate. Failure to submit the filing as a Form/Rate filing will result in the filing being disapproved.

(2) Off FFM or FF-SHOP Product Form and Rate Filings

Where an issuer elects to submit product form filings for sale off the FFM or FF- SHOP on or before June 30, 2016, and separately from the corresponding rate filing that is due on May 11, 2016, the following SERFF Filing Types should be used:

Product Form SERFF Filing Type- Form

Rate SERFF Filing Type- Rate

If separate product form and rate filings are made, then in the General Information tab of the product form filing, the SERFF Tracking number or State Tracking Number for the corresponding rate filing previously submitted should be provided.

Separate product form and rate filings are not permitted for products submitted for sale on the FFM or FF-SHOP.

B. Qualified Health Plan Certification & Recertification

QHP certification and recertification will be conducted by CMS. Issuers who wish to have plans certified or recertified for sale on the FFM or FF-SHOP must submit a QHP application to CMS via the Health Insurance Oversight System (HIOS) in accordance with deadlines established by CMS.

The Initial FFM QHP Application Window to submit QHP applications to the Louisiana FFM or FF-SHOP is April 11, 2016 to May 11, 2016, and was set forth in a FINAL 2017 Letter to Issuers in the Federally-Facilitated Marketplaces ("2017 Letter to Issuers") that was released by CMS on February 29, 2016. A link to the 2017 Letter to Issuers is located at:

https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf .

C. Filing of Plans in Binders Using SERFF Plan Management Functionality

(1) On FFM or FF-SHOP Plan Filings

A duplication of portions of the filing of each QHP application submitted to the Louisiana FFM or FF-SHOP in HIOS must be made using the Plan Management functionality in SERFF and the binder process for every health insurance plan delivered or issued for delivery in Louisiana. The items that must be submitted using the SERFF Plan Management functionality and the deadlines for such submissions are set forth at Part (II)(C)(4) below.

Each submission of a plan using the binder process should include a reference or identifier to the plan submitted via HIOS to allow a reviewer to determine which plan submitted in SERFF is the corresponding plan submitted via HIOS. These filings should include all Stand-Alone Dental Plans (SADPs).

Where recertification of a previously-approved submission is sought, the LDI expects to receive the same items indicated at Part (II)(C)(4) below that were considered by CMS during the recertification of the QHP through the Plan Management functionality in SERFF.

The LDI expects updated templates to be attached to the binder as corrections and/or changes are made to a template after the initial submission.

The submission of any information to the LDI via SERFF's Plan Management functionality does not alter any federal requirement. Issuers should submit all necessary information to the federal authorities as required by applicable federal law.

(2) Off FFM or FF-SHOP Plan Filings

All submissions of non-grandfathered plans delivered or issued for delivery in Louisiana that will be offered off the FFM or FF-SHOP must also be made utilizing the binder process of the Plan Management functionality offered in SERFF and must include the same templates and other information and meet the same deadlines described at Part (II)(C)(4) below. This requirement applies to non-grandfathered filings in the individual market, non-grandfathered filings in the small group market, and SADPs.

(3) Other SERFF Plan Management Functionality Requirements

Each health insurance issuer should submit one binder for the individual market and one binder for the small group market, whether offered on or off the FFM or FF-SHOP.

(4) Content Requirements and Deadline for Submission of Plan Binders

The requirements for the contents of and the deadlines for filing the binders for plans offered on or off the FFM or FF-SHOP with the LDI via the SERFF Plan Management functionality are set forth below. Note that the deadlines for submission of the information to the LDI does not affect or alter any deadline for submission of QHP applications to CMS via HIOS.

SERFF Plan Management Tab	**Items Required to be Submitted**	**Deadline**
"Plans" Tab-	A listing of every plan offered by the issuer.	May 11, 2016
"Associated Schedule Items" Tab-	All items from the product form filings associated with every plan offered by the issuer.	September 2, 2016
"Templates" Tab-	Plan and Benefits Template	May 11, 2016
	Rate Data Template	
	Rating Business Rules Template	
"Supporting Documentation" Tab-	Part I- Unified Rate Review (URR) Template	May 11, 2016
	Part III- Actuarial Memorandum	

III. Louisiana Department of Insurance Product Form and Rate Filings Timeline

May 11, 2016	Deadline for issuers to submit rate filings for all NGF products and plans offered for sale on or off FFM or FF-SHOP in the individual and small group markets to LDI for review.
May 11, 2016	Deadline for issuers to submit product form filings for all NGF product filings offered for sale on the FFM or FF-SHOP in the individual and small group markets and for issuers of all SADPs to submit product form filings to LDI for review.
May 11, 2016	Deadline for submission of required "Plans", "Templates", and "Supporting Documentation" for QHPs, SADPs, and plan filings offered on or off the FFM or FF-SHOP to LDI via SERFF Plan Management functionality.
June 30, 2016	Deadline for issuers to submit product form filings for all NGF product filings offered for sale off the FFM or FF-SHOP in the individual and small group markets to LDI for review.
September 2, 2016	Deadline for issuers to submit "Associated Schedule Items" for QHPs, SADPs, and plan filings offered on or off the FFM or FF-SHOP to LDI via SERFF Plan Management functionality.
November 1, 2016	Open Enrollment date for FFM.

Ppriority is given during the review period to NGF individual and small group filings in order to meet the federally-imposed timelines. Thus, it is suggested that product form filings for all GF products and NGF large group products be submitted before May 11, 2016 or after August 23, 2016 if possible.

IV. Additional Guidance and Instructions

A. Schedule of Benefits for Plans Submitted Using SERFF Plan Management Functionality

A plan-specific schedule of benefits for each plan offered on or off the Exchange (FFM) is not required to be submitted to the LDI using the SERFF Plan Management functionality for the 2017 plan/policy year. This does not affect any federal requirements regarding the submission of such documents.

B. Summary of Benefits Coverage Submitted Using SERFF Plan Management Functionality

A Summary of Benefits Coverage (SBC) for each plan filed using the SERFF Plan Management functionality is not required to be submitted to the LDI using the SERFF Plan Management functionality for the 2017 plan/policy year. This does not affect any federal requirements regarding the submission of such documents.

C. Stand-Alone Dental Plans

The deadlines for submission of SADPs are the same as the deadlines for QHPs, non-grandfathered products in the individual market, and non-grandfathered products in the small group market. All SADP product filings using the SERFF Filings functionality are due on May 11, 2016.

All SADP binder process submissions using the SERFF Plan Management functionality must follow the same deadlines for and content requirements for QHPs , except the submission of Unified Rate Review Templates (URRTs) as part of the binder process is not required for SADPs.

D. Multi-State Program Plans

The LDI will review Multi-State Program plan forms in the same manner it reviews forms for all other issuers. Thus, all timelines and instructions applicable to issuers shall apply to Multi-State Program health product form, rate, and/or plan filings. The LDI review of Multi-State Program product or plan forms will also be conducted in accordance with 45 C.F.R. 800, et seq., to the extent necessary and will coordinate with the U.S. Office of Personnel Management.

E. Smoking Cessation Preventive Services

Issuers should take note that the U.S. Preventive Services Task Force ("Task Force") has released an updated recommendation regarding tobacco cessation treatment, affirming that tobacco cessation treatment is an 'A'-rated preventive service. The Affordable Care Act (ACA) requires coverage, with no cost-shairing, for certain evidence-based preventive items and services with a rating of 'A' or 'B' by the Task Force. Guidance issued to date identified the following types of tobacco cesssation products as items that are appropriate for smoking cessation:

1. Nicotine gum,
2. Nicotine patch,
3. Nicotine lozenge,

4. Nicotine oral or nasal spray,
5. Nicotine inhaler,
6. Bupropion,
7. Varenicline.

A health plan is generally considered to be in compliance with the preventive care requirements of the ACA relative to tobacco cessation products if the health plan's drug benefit includes at least one product within each of the above types without cost-sharing. Issuers are permitted to employ reasonable managed care techniques to determine the frequency, method, treatment, or setting for the recommended item or service, provided that the covered persons have access to at least one of the tobacco cessation products without prior authorization and the managed care methods are consistent with state and federal law. Adverse determinations relative to tobacco cessation that deny or limit acces to a requesed product based on medical necessity are subject to the laws on internal and external appeals.

V. Regulation and Review of Rates

The deadline for submission of rate filings is set forth at Section III, supra. The requirements for rate filings are those promulgated and published by the LDI in Directive 206 and any revised versions issued thereafter. Issuers should be aware that the review of rates, pursuant to the HHS Notice of Benefit and Payment Parameters for 2017- Final Rule, will occur at the plan level, and that the use of the Unified Rate Review Template (URRT) has been mandated without regard to whether the federal threshold for review has been met. Additionally, the LDI mandates the use of a rating template in addition to the URRT. The contents of this additional rating template have changes for the 2017 plan/policy year. The additional rating template is available through SERFF.

Issuers are reminded that the use of family composite premiums in the small group market are governed pursuant to Bulletin No. 2015-02.

Due to federal time constraints, issuers are advised that responses to LDI inquiries and objections during the rate review process should be fulfilled within seven (7) days, which may be reduced further as final deadlines approach. All risk pools should be in final status by August 23, 2016.

VI. Effective Date

All health insurance issuers and HMOs are directed to conduct themselves accordingly, bringing business practices into compliance with the purpose and intent of Bulletin 2016-02.

For general questions or clarification with regard to Bulletin No. 2016-02 please contact Mr. Korey Harvey, Deputy Commissioner, Office of Health, Life and Annuities, by telephone at (225) 219-4770 or by electronic mail at HealthForms@ldi.la.gov. Specific questions regarding product form filings may be addressed to Ms. Alecia Johnson at (225) 342-4787 or by electronic mail at HealthForms@ldi.la.gov and specific questions regarding rate filings may be addressed to Ms. Dee Dee Mathews at (225) 342-0782 or by electronic mail at HealthRates@ldi.la.gov.

Baton Rouge, Louisiana, this 13thday of April 2016.

JAMES J. DONELON
COMMISSIONER OF INSURANCE