



## LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

### BULLETIN 2019-02

**TO: ALL HEALTH INSURANCE ISSUERS AND HEALTH MAINTENANCE ORGANIZATIONS OF 2020 ESSENTIAL HEALTH BENEFITS (EHB) COMPLIANT HEALTH PLANS, TRANSITIONAL PLANS AND STUDENT HEALTH PLANS**

**FROM: JAMES J. DONELON, COMMISSIONER**

**RE: TRANSITIONAL RELIEF; DEADLINES FOR HEALTH INSURANCE ISSUER AND HMO SUBMISSIONS OF FORMS AND RATE FILINGS AND PLAN MANAGEMENT BINDERS**

**DATE: May 30, 2019**

The purpose of Bulletin No. 2019-02 is to inform all health insurance issuers and health maintenance organizations of 2020 EHB compliant health plans, transitional plans, and student health plans of the requirements relating to the time and manner of product form and rate filings.

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.

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

**A. Selection of Correct SERFF Filing Type**

All product forms and rates for products submitted for sale on and off the FFM or FF-SHOP are due on June 19, 2019, 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.

**B. Qualified Health Plan Certification & Recertification**

QHP certification and recertification will be conducted by CMS. Issuers that 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.

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 III 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 III 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 below. This requirement applies to non-grandfathered filings in the individual market, non-grandfathered filings in the small group market, and SADPs. Please note that the LDI does not accept filings of grandfathered and non-grandfathered products in the same filing. Examples of the types of filings that cannot be submitted with a non-grandfathered product filing are retiree, expatriate and any other products that are exempt from all or most of the requirements of the ACA.

(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	Deadline
Plans	A listing of every plan offered by the issuer.	June 19, 2019
Associated Schedule Items	All items from the product form filings associated with every plan offered by the issuer.	September 13, 2019
Templates	Plan and Benefits Template Rate Data Template Rating Business Rules Template	June 19, 2019
Supporting Documentation	Part I – Unified Rate Review Template Part III – Actuarial Memorandum	June 19, 2019

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

June 19, 2019                      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.

June 19, 2019                      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.

June 19, 2019	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.
November 1, 2019	Open Enrollment date for FFM.

Priority 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 after August 1, 2018, if possible.

### **III. Additional Guidance and Instructions**

#### **A. 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 June 19, 2019.

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.

#### **B. Transitional Policies**

On March 25, 2019, CMS extended the transitional policy for non-grandfathered coverage in the small group and individual health insurance markets to policy years beginning on or before October 1, 2020, provided that all transitional policies end by December 31, 2020. Issuers electing to utilize transitional relief must do so in accordance with the CMS guidance.

### C. Student Health Plans

Student Health Plans are exempt from Federal rate review requirements effective July 1, 2018 as finalized in the HHS Notice of Benefit and Payment Parameters for 2019. However, pursuant to La. R.S. 22:1091 et seq., initial rate filings and rate change filings continue to be required to be filed with the LDI.

### IV. Regulation and Review of Rates

The deadline for submission of proposed rate filings for all single risk pool coverage, regardless of whether or not the filing contains a QHP, is June 19, 2019. Pursuant to 45 CFR 154.215, in addition to rate increases, the deadline also applies to single risk pool coverage that experiences no rate changes, rate decreases, and rates for new single risk pool coverage. 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 2018 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. However, issuers with rate filings that do not meet the federal review threshold of 15% are exempt from the requirement to submit Part II of the Rate Filing Justification (Consumer Justification Narrative) for applicable rate filings below the threshold.

Additionally, the LDI mandates the use of a rating template in addition to the URRT. 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.

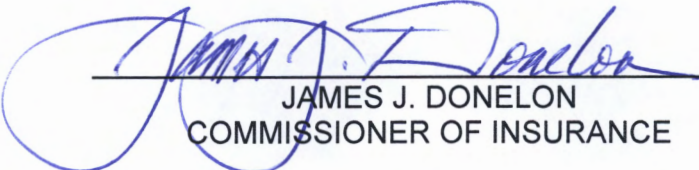
Due to federal time constraints, issuers are advised that responses to LDI inquiries and objections during the rate review process should be fulfilled within seven (7) days, which may be reduced further as final deadlines approach. All risk pools should be in final status by August 21, 2019.

Any permitted alterations and any changes necessitated by amendments to or new federal guidelines will be communicated to issuers through LDI staff.

**V. Effective Date**

All issuers are directed to conduct themselves accordingly, bringing business practices into compliance with the purpose and intent of Bulletin 2019-02.

Baton Rouge, Louisiana, this 30th day of May, 2019



JAMES J. DONELON  
COMMISSIONER OF INSURANCE