

## Important Information for all Carriers Concerning Completion of Checklists Individual and Small Group Market Products

Insurers preparing submissions of health insurance products to be issued in Virginia in the individual and/or small group markets should review the following general filing instructions carefully. Your compliance with these instructions will facilitate review of your submissions to the Bureau of Insurance (Bureau), and failure to follow these instructions may result in a delay of the review of your filing or a rejection of the submission.

- All filings should be submitted via the NAIC's System for Electronic Rates and Forms Filing (SERFF) system. This includes the submission of applications and supporting data from insurers seeking certification of qualified health plans (QHPs) for the federally facilitated exchange ("exchange").
- Completed checklists for each type of coverage submitted must accompany each filing. Coverage-specific checklists are available via the Bureau's webpage at [give link]. All information provided in the checklist is required to be complete and accurate.
- A completed Essential Health Benefit (EHB) checklist must be included in each submission in addition to the appropriate checklist for each product filing.
- A form that is proposed to be offered in Virginia inside the exchange must contain the suffix "HIX" as part of its form number. This will distinguish the form as an Exchange product. The same form proposed to be offered outside the exchange must contain the same form number without the suffix. These will be considered to be the same form.
- Each SERFF filing must be complete, i.e., one filing per product. The Bureau will not accept multiple filings to create a single product.
- Carriers must submit one Binder for the individual market and one binder for the small group market, whether the plans will be used on or off the exchange.

Rates may be filed separately from the product filing, but the SERFF tracking number for the product filing must be identified with each plan filing.

- Language in the submitted forms should be clear and concise.
- Companies are encouraged to not change policy language that is based on existing laws and regulations when there has been no change to such laws and regulations.
- All filings should specify company contacts, including name, phone number and email address. The contacts provided should be able to answer specific questions regarding the filing.

- Given the extensive amount of state and federal law changes effective as of 2014, carriers will be expected to file new forms rather than amend existing policy forms. Exceptions to this requirement will be made sparingly, and only if it can be satisfactorily demonstrated to the Bureau that the amended product is readable and understandable.
- Carriers may use the single, streamlined standard Exchange enrollment application without filing it in Virginia, as long as no changes are made to it.
- The Bureau encourages carriers to submit filings no later than May 1, 2013 (based on current deadlines) in order to be approved by July 31, 2013. Off-Exchange non-grandfathered individual market plans must be filed by May 1, 2013, only if the carrier plans to offer any plans on the Exchange; off-Exchange non-grandfathered small group market plans must be filed by May 1, 2013, only if the carrier plans to offer any plans in the SHOP.
- Stand-alone Dental Plans (SADPs) may not be filed until after May 15, 2013, due to the unavailability of federal templates. The filing deadline for SADPs is May 31, 2013.
- The Bureau plans to review all individual and small group product filings from a carrier that will offer products inside or inside and outside the Exchange by July 31, 2013, on a first-in, first-out basis absent extenuating circumstances. For example, although actuarial equivalent substitutions are permitted, any filing containing such substitutions may result in significant delays beyond the July 31, 2013, deadline.
- Variability in policy provisions in product filings is permissible. Variable provisions must be clearly identified and defined, indicating usage. The Bureau suggests that initial filings be kept as simple as possible given the aggressive timeframes in which forms are expected to be reviewed.
- Variability in cost-sharing will not be permitted. Carriers will be required to file a separate schedule of benefits defining cost-sharing for each plan design.
- Carriers are encouraged to refer to the filing instructions provided in SERFF.
- Specific form filing questions can be directed to Mary Ann Mason at 804-371- 9348 ([maryann.mason@scc.virginia.gov](mailto:maryann.mason@scc.virginia.gov)).
- Specific rate filing questions can be directed to Bob Grissom at 804-371-9152 ([bob.grissom@scc.virginia.gov](mailto:bob.grissom@scc.virginia.gov)), or David Shea at 804-371-9340 ([david.shea@scc.virginia.gov](mailto:david.shea@scc.virginia.gov)).