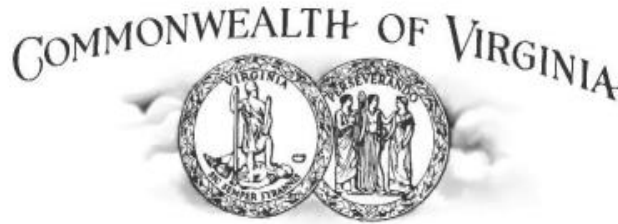


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March 21, 2022

To: All Carriers Licensed to Sell Accident and Sickness Insurance in Virginia; all Health Maintenance Organizations, Health Services Plans, Dental Services Plans, and Dental Plan Organizations Licensed in Virginia

Re: Product Form, Rate and Binder Filing Information

This letter notifies carriers of important filing information, including updated requirements, procedures, and deadlines, regarding the submission of insurance products and premium rates for approval by Bureau of Insurance (BOI).

This information applies to carriers¹ intending to offer the following products:

- Qualified Health Plans (QHPs) sold on and off the Virginia Health Benefit Exchange (Exchange)
- Health insurance plans sold off the Exchange
- Exchange-certified stand-alone dental plans (SADPs)

The BOI performs plan management functions for the Exchange. Generally, the BOI adopts the approaches set forth by the Centers for Medicare and Medicaid Services (CMS) in its annual letter to issuers in federally-facilitated exchanges. Carriers seeking to offer QHPs and Exchange-certified SADPs should therefore reference the information provided by CMS in the [2023](#) draft annual letter.

Please see the information below for further details regarding the submission of insurance products and premium rates for BOI approval.

¹The BOI uses the term "carrier" in this letter to include both (1) health carriers as defined in § 38.2-3438 of the Code of Virginia (Code) and (2) those carriers intending to offer Exchange-certified stand-alone dental plans (SADPs).

Filing Requirements

The following updated documents will be available in SERFF as a resource for carriers:

- SERFF General Instructions
- SERFF Plan Management General Instructions
 - Process for Submissions Outside the Exchange
 - EHB Market Rules and Requirements
 - Stand-alone Dental Plan Market Rules

The information listed below will be posted to the BOI website on the [ACA-Rate-Form-Filing-Information](#) page:

- Updated checklists for filing forms and rates with changes noted
- A timeline of BOI Plan Management filing deadlines
- General review activities for health insurance plans
- Additional guidance information

Any changes to this information will be communicated to carriers through SERFF messages or posts on the ACA Rate and Form Filing Information page.

Updating Previously Approved Forms

- New forms must be submitted to revise previously approved forms. The BOI will not accept amendments or endorsements to previously approved forms.
- If new forms are submitted that are substantially similar to previously approved forms, please include:
 - Form numbers and SERFF tracking numbers of the previously approved forms
 - Changes to the previously approved forms noted in redline and uploaded to the Supporting Documentation tab in SERFF
- Previously approved ACA compliant forms may be used for the next plan year provided that the forms remain in compliance with applicable laws and no changes have been made to the previously approved forms.

Mental and Substance Use Disorder Benefits Parity

Carriers should be aware of the following regarding the Mental Health Parity and Addiction Equity Act (MHPAEA):

- The BOI's [Mental Health and Substance Use Disorder Benefits Parity Self-Compliance Tool](#) continues to be available on the "Mental Health/Substance Use Disorder Benefits Parity" page of the BOI website.

Required steps for compliance in 2023 filings are provided in the [MHPAEA QTL & Financial Requirement Guidance](#) document, which is also available on the BOI website.

- Carriers should be prepared to provide the NQTL comparative analyses required under the Consolidated Appropriations Act (CAA) upon request. The BOI may request these analyses as part of actions including market conduct exams, consumer complaints, and form filings.
- The BOI intends to update the guidance in [Administrative Letter 2020-03](#) regarding coverage for autism spectrum disorder and will discuss this during the teleconference.

Important Information

Note: The below does not reflect initial filing deadlines. Carriers can view those deadlines in the full Plan Year Implementation Calendar. Dates and requirements are subject to change.

June 15	Initial transfer deadline.
After June 15	<ul style="list-style-type: none"> ○ Carriers may not add new plans ○ Carriers may not change plan type ○ QHP carriers may not change child-only value ○ Plan designated as off-Exchange may not be changed to on and off-exchange.
After June 15	BOI must approve any voluntary changes to information of any forms, rate, or binder filings. Carriers must make a request as a “Note to Reviewer” in SERFF and wait for the BOI response before submitting a change. This does not apply to BOI-requested changes.
July 15	<p>BOI final deadline for voluntary changes to:</p> <ul style="list-style-type: none"> ○ Service area ○ Rate filing ○ Prescription Drug template (New this year) <p>This does not apply to BOI-requested changes.</p>

Reminders:

March 15	Shared Savings Program: deadline for request for exemption for PY 2023
April 1	For health carriers who are not exempt, the Health Care Shared Savings Annual Report is due. The report can be found at: Virginia SCC - Life & Health . Refer to Administrative Letter 2020-01 for more information
TBD	Reinsurance rate adjustment due*

- **SERFF Public Access will be unavailable for most of the review process. Please refer to posted timelines for more information.**
- Due to the BOI's limited review timeline, submissions are expected to have minimal compliance concerns.
- Response deadlines for BOI objections generally will begin at ten business days and grow shorter as the CMS final transfer deadline nears.
- Please remember to update all related forms, rates, and binders if changes are made to **any one** of the above filings.
- *The BOI's application to CMS for the establishment of a reinsurance program is currently pending approval. A decision on Virginia's application is expected prior to July 28, 2022. At such time as Virginia's reinsurance program is approved, the BOI will promptly notify carriers to provide reinsurance rate adjustment information. Carriers are instructed not to provide reinsurance rate adjustment information until notified by the BOI. Further details regarding the reinsurance program may be found in the [1332 waiver application](#) and in [Chapter 66](#) of Title 38.2 of the Code.

Virginia ACA Rate Filing Template (RFT)

Health carriers are required to use the [RFT](#) for 2023 ACA rate filings (please reference the [RFT instructions](#)).

Health carriers are required to submit both the 2023 RFT and the final 2022 RFT.

- Label each RFT accordingly with the plan year first in the file name: Ex: **"2023xxxxx.xls"**
- The RFTs should be uploaded to the Supporting Documentation tab in SERFF.
- Under the Rate/Rule Schedule tab in SERFF, upload a PDF of the rate sheet (Tab 10) from the 2023 RFT as an attached document. Only one rate sheet should be included in each filing.

The RFT includes information from Form 130A/130B required by 14VAC5-130-10, *et seq.* and the [Virginia Plan Schedule Comparison](#). Individual and small group market health carriers do not need to file these forms separately with form, rate, and binder filings.

SADPs do not submit the RFT but should continue to file the Virginia Plan Schedule Comparison and Form 130A as they have in the past.

BOI Annual Teleconference

The BOI will host a teleconference on **March 29, 2022** to discuss:

- ACA filing procedures
- The 2023 RFT
- Mental Health Parity
- Relevant legislative updates
- Other information related to upcoming filings

Further information about the teleconference will be in a SERFF Message and on the [ACA-Rate-Form-Filing-Information](#) page.

Carriers are encouraged to submit questions in advance of the teleconference to ACAFilingInfo@scc.virginia.gov. The BOI will respond to questions during the teleconference.

CMS Review Tools

Carriers are encouraged to use CMS's [online review tools](#) before submitting a binder and any revised templates. The review tools help to prevent incorrect information from appearing on Healthcare.gov.

Carriers who routinely submit templates that include the following oversights may be determined to be in violation of § 38.2-503 of the Code, which could result in monetary penalties:

- The templates contain errors that are identifiable through the review tools.
- Carriers do not perform adequate reviews to identify inconsistencies between the information in the templates and the forms.

Essential Health Benefits

Form filings must be based on the 2017 Essential Health Benefits (EHB) [Benchmark Plan](#).

Submitting Health Plans

For QHPs, health carriers must submit a complete binder per market - individual or small group.

For plans offered solely off the Exchange, health carriers must submit an abbreviated binder per market - individual or small group. This applies even if the health carrier intends to operate on the Exchange.

Instructions on how to submit an abbreviated binder can be found in the attachment to the SERFF instructions.

- Health carriers should complete the SERFF Plan and Benefits Light Template in order to populate the Plans tab of the binder.
- The Plans and Benefits Light Template replaces the federal Plans and Benefits template for health insurance plans offered solely off the Exchange.

Health carriers offering plans on or off the Exchange must use the 2023 federal or SERFF templates and should access applicable federal websites to determine when templates are available or have been updated.

Submitting SADPs

Carriers filing SADPs to be Exchange-certified must submit one complete binder per market (individual and small group) and include information needed for Exchange certification.

Carriers offering Exchange-certified SADPs on or off the Exchange must use the 2023 federal templates. Carriers should access applicable federal websites to determine when templates are available or have been updated.

SADP Maximum Out of Pocket

Exchange-certified SADPs for two or more children that include an aggregate annual out-of-pocket maximum must clearly show that one child will not be responsible for paying more than the single child limit for pediatric dental EHB annually.

Unified Rate Review Template (URRT)

- The URRT is required for all individual and small group health insurance coverage on or off the Exchange.
- The URRT should be submitted under the Supporting Documentation tab of both on and off Exchange rate filings and binders.

Plan Name Consistency

Ensure consistency in plan names across all plan materials when developing the provider directory, formulary, and plan documents. Plan Marketing Names must not include any misleading information.

Legislation

Carriers should be aware that bills considered by the Virginia General Assembly during its recent session may impact their products in Virginia. Carriers are encouraged to review

the content and status of all insurance related bills using the [Virginia Legislative Information Services \(LIS\) website](#).

Please direct questions about this letter or other topics related to ACA to: ACAFilingInfo@scc.virginia.gov.

Sincerely,

Scott A. White
Commissioner of Insurance