

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance
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Title: Insurance Standards Bulletin Series -- INFORMATION

Subject: Bulletin: Timing of Submission of Rate Filing Justifications for the 2018 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2019

I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is releasing this bulletin establishing the submission deadlines under 45 CFR 154.220 for health insurance issuers to submit Rate Filing Justifications for single risk pool coverage in the individual and small group markets.¹

This bulletin also provides the dates on which CMS will provide public access to information regarding proposed rate changes and final rate changes for single risk pool coverage, as well as the date for States with Effective Rate Review Programs² to post proposed rate increases subject to review. It also provides the CMS web address that States with an Effective Rate Review Program can use if they elect to provide public access from their website through a link to the CMS website.

II. Rate Review Timelines for the 2018 filing year for single risk pool coverage effective on or after January 1, 2019

The timelines specified below apply to the rate filings issuers will submit in 2018 (2018 filing year) for single risk pool coverage (including both qualified health plans (QHPs) and non-QHPs) for plan or policy years beginning on or after January 1, 2019.

Submission deadlines

The submission deadlines for a health insurance issuer to submit a Rate Filing Justification to CMS and the applicable State for single risk pool coverage are listed below.³ Pursuant to 45 CFR 154.215, in

¹ The term "single risk pool coverage" is used to describe non-grandfathered health insurance coverage in the individual or small group (or merged) market that is subject to the single risk pool provisions at 45 CFR 156.80 and is required to file rate information using the Unified Rate Review Template.

² See 45 CFR 154.301 for the list of criteria CMS considers when evaluating whether a State has an Effective Rate Review program.

³ 45 CFR 154.220(b) requires issuers to submit rate information for single risk pool coverage by the earlier of: (a) the State's deadline or (b) the date specified by the Secretary of the Department of Health and Human Services

addition to rate increases, these deadlines also apply to single risk pool coverage that experiences no rate changes, rate decreases, and rates for new single risk pool coverage.

- Issuers in a State **without an Effective Rate Review Program** must submit proposed rate filings for all single risk pool coverage, regardless of whether or not the filing contains a QHP, to CMS for review by June 1, 2018.
- Issuers in a State **with an Effective Rate Review Program** must submit proposed rate filings for all single risk pool coverage, regardless of whether or not the filing contains a QHP, to both CMS and the State by a date set by the State, as long as the date is not later than July 25, 2018.⁴

As outlined in Table 1 of the Key Dates for Calendar Year 2018 document,⁵ issuers submitting QHP applications to participate in Exchanges served by the HealthCare.gov platform must submit their QHP Rates Table Templates by July 25, 2018. The QHP Rates Table Template is required in order to comply with certification deadlines included in the 2019 Letter to Issuers.⁶ We note that there will be opportunities during the QHP certification process for the issuer to update, correct or change the QHP Rates Table Template (as may be necessary).

Proposed Rate Filings – Posting by CMS

CMS will post all applicable parts of the Rate Filing Justification for all single risk pool coverage (including both QHPs and non-QHPs), regardless of whether the product includes a plan with a rate increase that is subject to review under 45 CFR 154.210.⁷ CMS will conduct a data refresh prior to posting, in order to capture the most recent rate filing information, and then will post proposed rate information for all issuers at one time.⁸ The data will not be refreshed again until the final rate posting timeframe.

- Issuers must complete all changes to proposed rate filings in the Health Insurance Oversight System Unified Rate Review (HIOS URR) module by 3:00 p.m. EDT on July 25, 2018.

(HHS) in guidance.

⁴ CMS proposed eliminating the uniform submission requirement in the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Proposed Rule, 82 FR 51052 at 51080 (November 2, 2017) (2019 Payment Notice Proposed Rule). CMS finalized that policy in the Patient Protection and Affordable Care Act: HHS Notice of Benefit and Payment Parameters for 2019: Final Rule (April 9, 2018, <https://www.cms.gov/ccio>) (2019 Payment Notice Final Rule). Therefore, States with an Effective Rate Review Program are permitted to establish different submission deadlines for non-QHP only rate filings as long as that deadline is no later than July 25, 2018.

⁵ The Key Dates for Calendar Year 2018: QHP Certification in the Federally-facilitated Exchanges; Rate Review; and Risk Adjustment document is available at: <https://www.cms.gov/ccio>.

⁶ The 2019 Letter to Issuers in the Federally-facilitated Exchanges is available at: <https://www.cms.gov/ccio>.

⁷ CMS will not post information that is a trade secret or confidential commercial or financial information as defined in HHS' Freedom of Information Act regulations at 45 CFR 5.31(d).

⁸ CMS did not finalize the proposal to eliminate the uniform posting requirement in the 2019 Payment Notice Final Rule. See <https://www.cms.gov/ccio>. Therefore, States with an Effective Rate Review Program must post the required rate filing information at a uniform time and not on a rolling basis. This applies to rate information for all single risk pool coverage (including both QHP and non-QHPs) offered inside and outside of Exchanges. See 45 CFR 154.301(b)(3).

- CMS intends to post information on proposed rate filings for consumers to review on <https://ratereview.healthcare.gov> on August 1, 2018.⁹

Final Rate Filings – Posting by CMS

For all single risk pool coverage (including both QHP and non-QHPs), CMS will post all applicable parts of the Rate Filing Justification for all final rate filings, regardless of whether the product includes a plan with a rate increase that is subject to review under 45 CFR 154.210. CMS will conduct a data refresh prior to posting, in order to capture the most recent rate filing information, and then will post final rate filing information for all issuers at one time.¹⁰

- Issuers must finalize all rate filings that contain QHPs in the URR module of HIOS by 3:00 p.m. EDT by August 22, 2018.
- Issuers must finalize all rate filings that only contain non-QHPs in the URR module of HIOS by 3:00 p.m. EDT by October 15, 2018.
- CMS intends to post final rate information for single risk pool coverage (including both QHPs and non-QHPs) on November 1, 2018.

CMS Web Address:

States with an Effective Rate Review Program that elect to provide public access via a link to the rate information made available on the CMS website should use:
<https://ratereview.healthcare.gov>.

Notification to CMS:

Earlier Deadlines

Pursuant to 45 CFR 154.301(b)(2), if a State intends to release information about proposed rate increases subject to review or final rate increases (including those not subject to review) earlier than the date on which CMS will be posting information publically, the State must notify CMS in writing at least 5 business days prior to making the information public.¹¹ The State should notify CMS by sending an email to RateReview@cms.hhs.gov. The email must indicate the date that the State intends to make the information public.

Where to get more information

If you have questions about this bulletin, please contact CCIIO at RateReview@cms.hhs.gov.

⁹ Consistent with 45 CFR 154.301(b)(1)(i), States with an Effective Rate Review Program must post proposed rate increases subject to review by August 1, 2018.

¹⁰ States with an Effective Rate Review Program must post the required rate filing information at a uniform time and not on a rolling basis. This applies to rate information for all single risk pool coverage (including both QHP and non-QHPs) offered inside and outside of Exchanges. See 45 CFR 154.301(b)(3).

¹¹ In the 2019 Payment Notice Final Rule, we reduced the advance notice requirement from 30 days to 5 business days. See <https://www.cms.gov/ccio>.