

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



Form Filing Instructions for System for Electronic Rates and Forms Filing (SERFF) for Plan Year 2027

Applicable to Health Insurance Issuers in Alabama, American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, Northern Mariana Islands, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, and Wyoming

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I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is responsible for enforcing provisions of title XXVII of the Public Health Service Act (PHS Act), as amended or extended by the Patient Protection and Affordable Care Act (ACA) and the Consolidated Appropriations Act, 2021 (CAA), among other laws, with respect to health insurance issuers in the individual and group markets when a state or territory informs CMS that it does not have authority to enforce or is not otherwise enforcing one or more of the applicable provisions of that title, or when CMS determines that a state or territory is not substantially enforcing one or more of the applicable provisions of that title.

The states and territories identified above have informed CMS that they are not enforcing certain provisions of the PHS Act, as added or amended by the ACA and the CAA.¹ In situations where CMS is responsible for enforcement, one of the ways CMS enforces these provisions is through the review of policy forms for compliance prior to the products being offered for sale. Within CMS, the Oversight Group in the Center for Consumer Information & Insurance Oversight (CCIIO) is primarily tasked with these duties.

II. Difference Between a Product and a Plan

All form filing submissions to CMS must be made at the “product” level. This means that there may be more than one filing per issuer per market. The terms “product” and “plan” are defined in regulations at 45 CFR 144.103. A product is a discrete package of health insurance coverage benefits that are offered using a particular product network type (e.g., HMO, PPO, EPO, POS or indemnity) within a service area.

A plan is the pairing of the health insurance coverage benefits under the product with a particular cost-sharing structure, provider network, and service area. Plans within a product may vary with respect to cost-sharing structure, provider network, and service area.² Plans within a product may not vary with respect to which benefits are offered, meaning the product’s covered items and services must be consistent, including any visit or other frequency limits on the same covered benefits.³

III. Changes to the Instructions

- Removed New Hampshire from the list of states where issuers are required to submit form filings to CMS.
- Removed Oklahoma from the list of states where issuers are required to submit to CMS the additional documentation in Table 2 for ACA compliance review.
- Explained how issuers of Student Health, Large Group, Grandfathered, and Grandmothered Plans without an assigned Product Iteration should enter the Product ID in the **State Specific Tab**.
- Clarified cloned filings will not be accepted in SERFF.
- Clarified the SERFF maximum file size is 10MB.

¹ See <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA> for letters from CCIIO to states, including those that are not enforcing certain provisions of the CAA, regarding CAA enforcement.

² The combination of the service areas for all plans offered within a product constitutes the total service area of the product.

³ See CMS Training Resources, Federal Definitions for Health Insurance Products and Plan, available at: <https://www.cms.gov/cciio/resources/training-resources/downloads/product-vs-plan-ppt.pdf>.

- Specified that student health plans must submit all required finalized forms and templates without bracketed text.
- Clarified extension requests, withdrawal requests, and re-open request must be submitted via the **Note to Reviewer Function** in SERFF.
- Defined Group Policy, Certificate of Insurance, and Individual Policy.
- Renamed section XII previously entitled, “Acknowledged/Closed Filings,” to “Filings Amendments and Requests to Re-Open Filings,” to better align with the section contents.

IV. Form Filing Instructions

A. General Submission Requirements

- Issuers must submit forms to the CMS Instance in the National Association of Insurance Commissioners’ (NAIC) System for Electronic Rates and Forms Filing (SERFF) at <https://login.serff.com/serff/>.
- Issuers must submit forms for each product in a separate submission in SERFF, which must include all plans to be offered for that product.⁴
- Issuers must submit a full and complete filing for each product. It is not sufficient to submit updated versions of only some required documents or portions of documents. Insert pages and matrix filings are also not acceptable.
- Issuers are not required to submit forms for excepted benefits, account-based plans, and short-term, limited-duration insurance.⁵

B. Qualified Health Plan (QHP) Filings

- Issuers are required to submit products that contain a plan or plans that will be submitted for certification as a QHP to be offered through a Federally-Facilitated Exchange or a State-Based Exchange.
- QHPs generally must be available off-Exchange, but issuers are not required to submit a separate form filing for the off-Exchange offering of the same plan.
- The information submitted in SERFF must be the same information submitted to CMS Plan Management in the Marketplace Plan Management System (MPMS). If the information is different, use the **Note to Reviewer** function in SERFF to request that CMS Form Filing reopen the filing. Once the filing is reopened, upload in SERFF the new documents that correspond to the documents submitted to MPMS.

C. Non-QHP Filings

- Issuers are not required to resubmit a product that contains only non-QHPs if the product was previously reviewed and acknowledged by CMS Form Filing in a prior filing year, unless there is a material change to any plan within the product.
 - A material change is any change to the coverage offered that independently or in conjunction with other contemporaneous changes would be considered by the typical enrollee to be an important change, including changes that enhance or reduce benefits, increase premiums or cost-sharing, or impose new referral requirements.

⁴ A single product submission may include QHPs and non-QHPs.

⁵ Excepted benefits are defined at 45 CFR 146.145 and 148.220. Short-term, limited duration insurance is defined at 45 CFR 144.103.

V. SERFF Data Entry Requirements

A. General Information Tab - Filing Description Section

- If you are submitting more than one filing for a single product network type (e.g., PPO, POS, EPO, or HMO), provide a high-level explanation of the benefit differences between the filings.
- For non-grandfathered and non-grandmothered⁶ product submissions in Missouri, Tennessee, Texas, and Wyoming:
 - Specify the coverage level for each plan within the product (i.e., bronze, silver, gold, platinum, or catastrophic), if applicable;
 - Include the activation date of Summary of Benefits and Coverage (SBC) weblinks; and
 - If utilizing a single document, such as the Plans & Benefits Template or the CMS Prescription Drug Template, for multiple products, include the corresponding SERFF tracking numbers for the other products listed.

B. State Specific Tab

- Enter the associated Health Insurance and Oversight System (HIOS) number and Product ID. Ensure 'Product IDs' are structured as follows: [HIOS ID] [State] [Product Iteration]
 - [HIOS ID] = Five (5) digit HIOS ID
 - [STATE] = Two (2) digit state code, such as AL, AR, FL, MA, TX, etc.
 - [Product Iteration] = Three (3) digit number to indicate a unique product designation.
 - Issuers offering products in the territories do not need HIOS Issuer or Product IDs.
 - Issuers of Student Health, Large Group, Grandfathered, and Grandmothered Plans without an assigned Product Iteration must use digits 8-10 of the ID generated for purposes of the Prescription Drug Data Collection for the three (3) digit Product Iteration.⁷
- State whether the product will be offered in the individual, small group, large group, or student health market.
- State whether the product is grandfathered, grandmothered, or neither.
- State whether the product includes a plan(s) that will be submitted for certification as a QHP (regardless of whether the plan will be offered on a Federally-Facilitated Exchange or a State-Based Exchange).

C. Companies and Contact Tab

- Provide the phone number and email address of company contacts who can timely respond to inquiries and objection letters regarding the filing, and ensure such contact information is complete, correct, and current.

Ensure the Filing Description Section in the General Information Tab, the State Specific Tab, and the Companies and Contacts Tab are accurate, complete, and current before

⁶ “Grandmothered” plans refers to coverage that has been renewed under CMS’s non-enforcement policy continually since 2014. Under CMS’s non-enforcement policy, CMS will not take enforcement action against certain non-grandfathered health insurance coverage in the individual and small group market that is out of compliance with certain specified market reforms. See <https://www.cms.gov/files/document/extension-limited-non-enforcement-policy-through-calendar-year-2023-and-later-benefit-years.pdf>.

⁷ See “HIOS Plan ID” under section 4.1 *PI Individual and Student Market Plan List* of the Prescription Drug Data Collection (RxDC) Reporting Instructions, available at: https://regtap.cms.gov/reg_librarye.php?i=3860.

submission. These sections cannot be updated post-submission. Incorrect, incomplete, or outdated submissions may result in withdrawal and require re-filing.

D. SERFF Form Submission Requirements

- Issuers may not use SERFF cloned filings when creating a form filing submission. All data entry fields must be applicable to the current plan year.
- Submit all forms and plan documents in the **Form Schedule Tab** or **Supporting Documentation Tab**, as applicable. Failure to submit the applicable forms and plan documents in the correct tab as directed in Table 1 and Table 2 may cause delays in processing.
- Do not use the **Note to Reviewer** function to submit forms or plan documents.
- Only file ONE form or plan document per line item.
- Forms must be submitted in SERFF in final form. Plan documents must be submitted as they will be offered to enrollees. A drafted document or a redlined document submitted under the **Form Schedule Tab**, will not be accepted. Redline documents are used only to reference changes from previous versions submitted during the current filing season and must be submitted in the **Supporting Documentation Tab**. The associated clean version of the revised document must be submitted under the **Form Schedule Tab**.

E. Technical Requirements

- Microsoft Word documents cannot be uploaded to SERFF. All text files must be in Adobe Acrobat PDF format. Spreadsheets must be attached in Excel format. BMP, PNG, and JPG are acceptable formats for screenshots. File names cannot include a comma(s).
- The maximum file size limit for uploads to SERFF is 10MB.
- Scanned documents must be converted to a readable format using the optical character recognition (OCR) feature in Adobe Acrobat prior to uploading in SERFF.
- Do not submit locked or password protected PDFs. The locking of documents slows down the review process.

F. Extension and Withdrawal Requests

- If you require an extension, use the **Note to Reviewer** function in SERFF to submit a request stating the reason you need the extension and the requested extension length (1 to 3 business days), at least 24 hours prior to the given deadline. Requests will be considered on a case-by-case basis. You will be notified that the request has been approved or denied, and the length of the extension, via a **Note to Filer** under the **Filing Correspondence Tab** in SERFF. CMS will not grant an extension beyond 3 business days.
- If you need to withdraw a plan, notify CMS immediately via the **Note to Reviewer** function in SERFF, stating your intention to withdraw. Include the reason for the withdrawal and clearly identify what is being withdrawn (e.g., a plan within the product or the entire product filing). If the filing is still open, CMS will send its disposition that the filing has been withdrawn. If the filing is closed, CMS will reopen the filing and then send the withdrawn disposition.
- Extension requests, withdrawal requests, and re-open requests must be submitted using the **Note to Reviewer** function, not FormFiling@cms.hhs.gov.

For additional information about SERFF, including participation details and how to sign up, call (816) 783-8990 or email serffhelp@naic.org.

VI. CAA Submission Instructions

The CAA imposed requirements related to surprise medical bills and transparency in health care for health insurance issuers, generally for plan years beginning on or after January 1, 2022.⁸ In order to ensure compliance with certain provisions of the CAA, CMS is requiring health insurance issuers in Alabama, American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, Northern Mariana Islands, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, and Wyoming (CAA enforcement states) to submit form filings for all health insurance products in the individual and group markets, including fully insured small group and large group market plans, student health insurance coverage, grandfathered plans, and grandmothers plans, to the CMS instance in SERFF at <https://login.serff.com/serff/>.

CMS will be reviewing form filings for compliance with the following provisions of the PHS Act, as added by the CAA, in states where CMS directly enforces such provisions:

- PHS Act sections 2799A-1(a)(1) and (a)(3) – Preventing Surprise Medical Bills – Emergency services;
- PHS Act section 2799A-1(b) – Preventing Surprise Medical Bills – Non-Emergency Services Performed by Nonparticipating Providers at Certain Participating Facilities;
- PHS Act section 2799A-1(e) – Transparency Regarding In-Network and Out-of-Network Deductibles and Out-of-Pocket Limitations;
- PHS Act section 2799A-2(a) – Ending Surprise Air Ambulance Bills; and
- PHS Act section 2799A-3 – Continuity of Care.

Table 1, below, lists the forms that issuers in the specified states and territories must submit in SERFF and indicates the appropriate tab for each form.

Table 1 – Required Forms and Documents for All Form Filing Submissions in Alabama, American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Missouri, Northern Mariana Islands, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, and Wyoming

Form Schedule Tab
Group policy ⁹
Certificate of Insurance ¹⁰

⁸ For more information see FAQs about ACA and CAA, 2021 Implementation Part 49 (August 20, 2021) at: <https://www.cms.gov/cciio/resources/fact-sheets-and-faqs/downloads/faqs-part-49.pdf>.

⁹ For group market product submissions only. “Group Policy” means the legal document or contract issued by an issuer to a plan sponsor with respect to a group health plan (including a plan that is a non-Federal governmental plan) that contains the conditions and terms of the insurance that covers the group.

¹⁰ “Certificate of Insurance” means the document issued to a person or entity covered under an insurance policy issued to a group health plan or an association or trust that summarizes the benefits and principal provisions of the policy. See 45 CFR 150.103. The “Certificate of Insurance” is sometimes referred to as the “Certificate,” “Certificate of Coverage,” or “Evidence of Coverage.” Including both the “Group Policy” provisions and the “Certificate of Insurance” in one document is permitted.

Individual policy ¹¹
Riders, endorsements, and amendments ¹²
Schedule of benefits for each plan within the product with a unique cost-sharing structure ¹³
Supporting Documentation Tab
Explanation of variability
Sample completed insurance identification (ID) card or Template ¹⁴
Grandfathered plans Excel spreadsheet
Grandfathered plans attestation

For issuers in CAA Enforcement states and territories:

- Under the **Form Schedule Tab** in SERFF:
 - Upload the following documents, as applicable: Group Master Policy (for group market product submissions only); Evidence of Coverage; Individual Policy (for individual market product submissions only); riders, endorsements, and amendments; and the Schedule of Benefits for each plan within the product with a unique cost-sharing structure.
 - Do not file optional benefit riders for plans that are subject to the single risk pool requirement.
- Under the **Supporting Documentation Tab** in SERFF:
 - Upload the following documents, as applicable: Explanation of Variability, Sample Completed Insurance ID Card or Template (if required to submit an ID card or template), Grandfathered Plans Excel Spreadsheet, and Grandfathered Plans Attestation.
 - Issuers may submit forms with bracketed text for all applicable benefit design options and cost sharing ranges to account for variability of student health and large group market product options. Issuers that submit forms with such text bracketed must also provide an accompanying Explanation of Variability. The Explanation of Variability must include the relevant page number, section number and header (as applicable), bracketed text, and an explanation of when specific text or cost sharing applies.
 - Issuers submitting bracketed text for all applicable benefit design options and cost sharing ranges to account for variability of student health plans must also submit finalized non-bracketed versions of all applicable required documents and templates

¹¹ For individual market product submissions only. “Individual Policy” means the legal document or contract issued by the issuer to an individual that contains the conditions and terms of the insurance. See 45 CFR 150.103. It is sometimes referred to as the “Certificate,” “Certificate of Coverage,” “Evidence of Coverage,” or the “Policy.”

¹² Optional benefit riders are not permitted for plans that are subject to the single risk pool requirements.

¹³ See *Section II* of these instructions for more information regarding the difference between a product and a plan.

¹⁴ CMS is not collecting sample completed insurance ID cards or templates from issuers in Connecticut, Florida, Illinois, and Virginia.

when available.

- If applicable, upload a sample completed insurance ID card or template that includes clearly identifiable details that comply with PHS Act section 2799A-1(e) – Transparency Regarding In-Network and Out-of-Network Deductibles and Out-of-Pocket Limitations. Every sample completed insurance ID card or template must provide the following or a clear placeholder for such information, respectively:
 - Any applicable deductible
 - Any applicable out-of-pocket maximum limitation
 - Telephone number and Internet website address that provides consumer assistance information, such as information related to in-network hospitals and urgent care facilities.
- If you submitted a sample SBC as instructed by *Section V* of these instructions for ACA form filing submissions, the sample completed insurance ID card or template must correspond to the submitted SBC.
 - Use the Comment function to enter the title of and form schedule line item for the document that contains the Schedule of Benefits for the plan that corresponds to the sample completed insurance ID card or template.
- Upload a Grandfathered Plans Excel Spreadsheet and Grandfathered Plans Attestation as directed in *Section VI Grandfathered Plans* of these instructions, if applicable.

VII. ACA Enforcement

In addition to reviewing form filings for CAA compliance, CMS will also review form filings in Missouri, Tennessee, Texas, and Wyoming (ACA enforcement states) for compliance with applicable ACA requirements that CMS is responsible for enforcing. Issuers in these four states must submit documents for all non-grandfathered health insurance products in the individual¹⁵ and group markets, to the CMS instance in SERFF at <https://login.serff.com/serff/>.

In addition to the required forms in Table 1, issuers in Missouri, Tennessee, Texas, and Wyoming must submit in SERFF the documents in Table 2 for all non-grandfathered products in the individual and group markets.¹⁶

As stated in the 2027 Draft Letter to Issuers in the Federally-Facilitated Exchanges, there are additional documents specific to QHP certification that CMS requires issuers to submit.¹⁷ For QHPs, completed templates and justifications must be uploaded into MPMS¹⁸ and must not be submitted through the SERFF **Supporting Documentation Tab**. The requirements specific to QHP certification in the 2027 Draft Letter to Issuers in the Federally-facilitated Exchanges are subject to change. Please refer to the 2027 Final Letter to Issuers in the Federally-Facilitated Exchanges for complete and final instructions for submitting QHP templates and justifications. Additionally, issuers in all states must submit rate

¹⁵ Student health insurance plans are defined as individual market plans and are generally subject to the individual market requirements under title XXVII of the PHS Act.

¹⁶ The additional documents listed in Table 2 are not required for grandmothers products.

¹⁷ The 2027 Draft Letter to Issuers in the Federally-Facilitated Exchanges is available at: <https://www.cms.gov/files/document/draft-2027-letter-issuers.pdf>.

¹⁸ Templates are available at: <https://www.qhpcertification.cms.gov/s/QHP>.

filing information to CMS.¹⁹ For questions regarding the submission of rate information, please email ratereview@cms.hhs.gov.

Table 2 – Additional Required Documents for Form Filing Submissions for Non-Grandfathered Products in Missouri, Tennessee, Texas, and Wyoming

Form Schedule Tab
Notice of appeals and external review rights
Supporting Documentation Tab
SBC ²⁰
One American Indian/Alaska Native (AI/AN) zero cost sharing SBC and one AI/AN limited cost sharing SBC for individual market QHPs only
Plans & Benefits Template, in .xlsx format, for non-QHPs only, except large group market
CMS Prescription Drug Template (one per product in Excel format) for non-QHPs only, except large group market
Formulary – Combined Prescription Drug Supporting Documentation and Justification for non-QHPs only, except large group market
Results of the Actuarial Value Calculator (screen shot or in Excel format) for non-QHPs only, except large group market
Unique Plan Design Supporting Documentation and Justification for non-QHPs only, except large group market
Essential Health Benefit (EHB) Substituted Benefit (Actuarial Equivalent) Justification for non-QHPs only, except large group market

For issuers submitting non-grandfathered coverage-only submissions in ACA Enforcement states:

- In the **Filing Description Section** under the **General Information Tab**:
 - Include the activation date of SBC weblinks for non-QHPs only. Weblink activation dates must be prior to open enrollment.
 - Issuers that utilize a single document, such as the Plans & Benefits Template or the CMS Prescription Drug Template, for multiple products must include the corresponding SERFF tracking numbers for the other products listed. For example, if an issuer lists products A, B, and C on the Plans & Benefits Template, the issuer must write “Plans & Benefits Template” and provide the SERFF tracking numbers for products B and C in the **Filing Description Section** under the **General Information Tab** for the product A filing. Additionally, the issuer must write “Plans & Benefits Template” and provide the

¹⁹ See Bulletin: Timing of Submission of Rate Filing Justifications for the 2026 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2027, available at: <https://www.cms.gov/files/document/2026-rate-review-timeline-bulletin.pdf>.

²⁰ One SBC is required per network type. For a product submission that includes plans designed to comply with metal level actuarial value requirements, issuers should submit a SBC for a silver level plan.

SERFF tracking numbers for products A and C in the **Filing Description Section** under the **General Information Tab** for the product B filing, and the issuer must write “Plans & Benefits Template” and provide the SERFF tracking numbers for products A and B in the **Filing Description Section** under the **General Information Tab** for the product C filing.

- Under the **Form Schedule Tab** in SERFF, upload the Notice of Appeals and External Review Rights.
- Under the **Supporting Documentation Tab** in SERFF:
 - Upload the following documents for non-QHPs only, except for products in the large group market: Plans & Benefits Template, in .xlsx format; CMS Prescription Drug Template (one per product in Excel format); Formulary—Combined Prescription Drug Supporting Documentation and Justification; Results of the Actuarial Value Calculator (screenshot or in Excel format); Unique Plan Design Supporting Documentation and Justification; and Essential Health Benefit (EHB) Substituted Benefit (Actuarial Equivalent) Justification.
 - Run your templates through the plan year 2027 RX Review Tools (Category & Class Drug Count Tool and Formulary Review Suite) to ensure there are no deficiencies. If corrections are identified, provide CMS with the Combined Prescription Drug Supporting Documentation and Justification. This will reduce the number of Prescription Drug Template review issues.
 - Upload one SBC for a QHP offered to individuals who are recognized as American Indian or Alaska Native (AI/ANs) for the zero cost sharing option and one SBC for the limited cost sharing option.
 - Use the Comment function to enter the title of and form schedule line item for the plan document(s) that correspond to the AI/AN zero cost sharing option SBC and the limited cost sharing option SBC.
 - Ensure the AI/AN limited cost sharing SBC:
 - Includes a box below the coverage examples with the following language: “Note: These numbers assume the patient received care from an IHCP^[21] provider or with IHCP referral at a non-IHCP. If you receive care from a non-IHCP provider without a referral from an IHCP your costs may be higher;”²² and
 - Indicates that cost sharing is waived at non-IHCPs with IHCP referrals in the Limitations, Exceptions, & Other Important Information column.
 - See the Sample Completed SBC: AI/AN Limited Cost Sharing, available at: <https://www.cms.gov/files/document/aian-limited-cost-sharing-060723.pdf>.
 - See the Sample Completed SBC: AI/AN Zero Cost Sharing, available at: <https://www.cms.gov/files/document/aian-zero-cost-sharing-060723.pdf>.
 - In addition, submit one SBC for each product network type. CMS encourages issuers to provide a silver-level plan SBC if possible.

VIII. Grandfathered Plans

CMS is permitting issuers with more than 30 grandfathered plans in a market(s) (individual, small group,

²¹ "IHCP" refers to Indian Health Care Provider.

²² See Instructions for Completing the SBC – Individual Health Insurance Coverage, available at: <https://www.cms.gov/files/document/individual-instructions-060723.pdf>.

and/or large group) to submit form filings for only 20 percent of the grandfathered plans in that market(s) to CMS for review for compliance with the CAA. Issuers that use this accommodation to submit only 20 percent of the grandfathered plans for each respective market in which they have more than 30 grandfathered plans, must submit the plans with the highest enrollment, in the manner prescribed in these instructions. The plan filings that an issuer submits as part of its 20 percent sample of plans for plan year 2027 cannot be the same as the plans that were submitted as part of the 10 percent sample for plan year 2024, the 20 percent sample for plan year 2025, or the 20 percent sample for plan year 2026.

Notwithstanding this accommodation, if an issuer has made a material change that would not otherwise cause a loss of grandfather status to any of its grandfathered plans that were submitted to CMS for plan years 2024, 2025, or 2026, it must resubmit form filings for those plans with material changes for CMS review for plan year 2027. These filings will not count toward the 20 percent sample requirement for plans that are using the accommodation but will be in addition to the plan filings that are included in the 20 percent sample for plan year 2027.

If 20 percent of an issuer’s grandfathered plans, for each market type, does not equal a whole number, the issuer must round up and submit the next whole number of plans. For example, for an issuer that has 112 grandfathered plans in the individual market, 20 percent of 112 is 22.4, which is not a whole number. In this case, the issuer would round up and submit the 23 grandfathered plans with the highest enrollment in the individual market.

Issuers are responsible for ensuring all grandfathered plans are in compliance with the applicable CAA requirements, implementing regulations, and guidance. To verify CAA compliance, at any time, CMS may request and review the form filings for the grandfathered plans that issuers did not previously submit for review.

An issuer with 30 or fewer grandfathered plans, per market type, should have submitted form filings for all its grandfathered plans, for each market, for CMS’s review for compliance with CAA requirements during the 2023 and 2024 filing years.

A. Grandfathered Plans Excel Spreadsheet

All issuers of grandfathered plans must submit an Excel spreadsheet listing all the issuer’s grandfathered plans, including those submitted to CMS in a prior filing year, those submitted this filing year, and those not submitted to CMS for review, in addition to the documentation required in these instructions. The spreadsheet must have eight columns that indicate for each grandfathered plan the plan name; market type; number of enrollees; the earliest date on which the 2027 plan or policy year will start; whether the plan’s form filings have been or are being submitted to CMS for review; the plan year(s) for which the plan has been submitted to CMS, if applicable; whether there was a material change from a prior submission, if applicable; and the SERFF filing number for grandfathered plans that are now being submitted for review for plan year 2027. The plans must be listed in descending order based on the number of enrollees. The spreadsheet must also indicate whether the issuer is electing to submit only 20 percent of its grandfathered plans for CMS review.

For example:


Issuer X elects to submit only 20 percent of its grandfathered plans for CMS review.							
Plan Name	Market Type	Number of Enrollees	Earliest 2027 Plan or Policy	Submitted to CMS	Plan Year of	Material Change from a	SERFF Tracking Number

		Per Market Type	Year Start Date		Submission to CMS	Prior Submission	
Plan A	Small Group	134	06/01/2027	Yes	2024	No	N/A
Plan B	Individual	82	07/01/2027	Yes	2025	No	N/A
Plan C	Small Group	53	07/15/2027	Yes	2024, 2026, and 2027	Yes	X9876543
Plan D	Small Group	48	03/15/2027	Yes	2026 and 2027	Yes	X1234567
Plan E	Individual	27	02/01/2027	Yes	2027	N/A	X7654321
Plan F	Small Group	17	03/01/2027	No	N/A	N/A	N/A

The spreadsheet must be saved under the following naming convention:

IssuerName_State_GrandfatheredPlans.xlsx. The spreadsheet must be uploaded once under the **Supporting Documentation Tab** within the SERFF filing for the plan with the highest enrollment.

For all other grandfathered product submissions, use the Comment function in the Grandfathered Plans Excel Spreadsheet field under the **Supporting Documentation Tab** to enter the SERFF filing number for the submission that contains the Grandfathered Plans Excel Spreadsheet. See the below screenshot for an example of Bypass Reason text.

 **Grandfathered Plans Excel Spreadsheet**

Description

Bypass if the product is non-grandfathered. If the Grandfathered Plans Excel Spreadsheet is part of another SERFF submission for the Company, please include the corresponding SERFF filing number in the comments section under Bypass Reason.

Bypass Reason
The Grandfathered Plans Excel Spreadsheet is contained in SERFF filing ABCD-123456789.

Submitted
 Date Submitted: 05/13/2025
 By: Issuer name

B. Grandfathered Plans Attestation

CMS is collecting an attestation from issuers with more than 30 grandfathered plans that elect to use this accommodation. Such issuers must attest that:

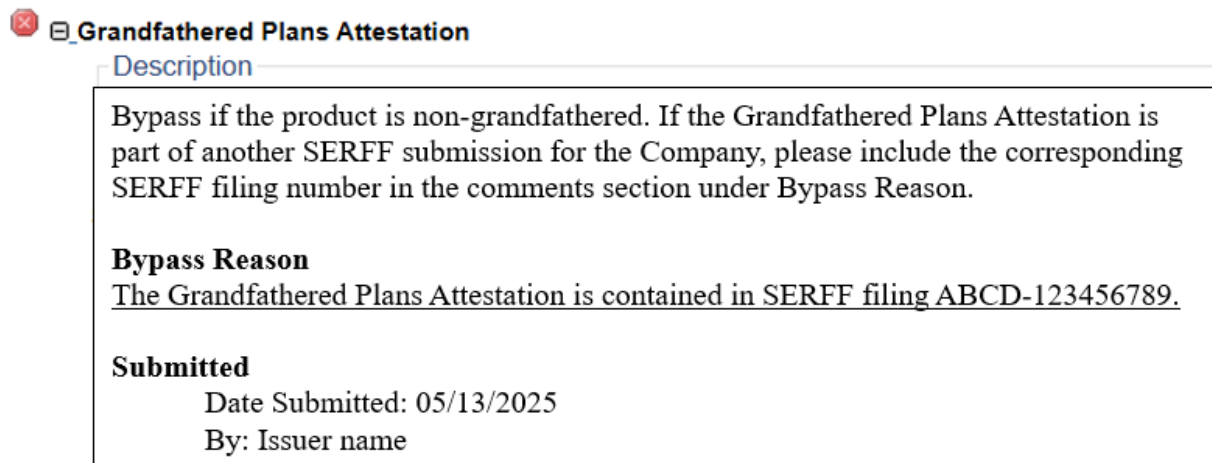
1. The Excel spreadsheet listing all the issuer’s grandfathered plans is complete and accurate;
2. All grandfathered plans listed in the Excel spreadsheet are in compliance or will be brought into compliance with the CAA requirements, implementing regulations, and guidance after CMS’s review of the submitted grandfathered plans is complete; and
3. The issuer will ensure all necessary conforming revisions are made to the non-submitted

grandfathered plans based on CMS’s review of and feedback on the submitted plans before the start of the 2027 plan or policy year.

An issuer may authorize any appropriate individual within the organization, such as the compliance officer, to attest on its behalf.

The attestation must be saved in Adobe Acrobat PDF format and under the following naming convention: IssuerName_State_Attestation_CAA_Compliance.pdf. The attestation must be uploaded once under the **Supporting Documentation Tab** within the SERFF filing for the plan with the highest enrollment.

For all other grandfathered product submissions, use the Comment function in the Grandfathered Plans Attestation field under the **Supporting Documentation Tab** to enter the SERFF filing number for the submission that contains the Grandfathered Plans Attestation. See the below screenshot for an example of Bypass Reason text.



Grandfathered Plans Attestation

Description

Bypass if the product is non-grandfathered. If the Grandfathered Plans Attestation is part of another SERFF submission for the Company, please include the corresponding SERFF filing number in the comments section under Bypass Reason.

Bypass Reason

The Grandfathered Plans Attestation is contained in SERFF filing ABCD-123456789.

Submitted

Date Submitted: 05/13/2025
By: Issuer name

IX. Deadlines

May 26, 2026, is the deadline for filing forms for all products subject to ACA and/or CAA compliance review by CMS, with the exception of forms for student health insurance products and products offered in the large group market, which are both due 60 days prior to the coverage effective or renewal date. Issuers must submit to CMS forms for student health insurance products with a policy year that begins in 2027 (e.g., the 2027-2028 school year). CMS reminds issuers subject to the *Form Filing Instructions for System for Electronic Rates and Forms Filing (SERFF) for Plan Year 2026*²³ to submit forms for student health insurance products with a policy year that begins in 2026 (e.g., the 2026 – 2027 school year).

All communication regarding form filing submissions will be conducted through the SERFF **Filing Correspondence Tab**. Issuers should frequently monitor the **Filing Correspondence Tab** for Objection Letters and Notes to Filers, to ensure that they are responding to any and all CMS communications or requests within the given deadlines.

²³ See Form Filing Instructions for System for Electronic Rates and Forms Filing (SERFF) for Plan Year 2026 available at: <https://www.cms.gov/files/document/py-2026-form-filing-instructions.pdf>.

Please note that failure to comply with deadlines may result in submitted forms not being reviewed on time and potential QHP plan suppression during Open Enrollment.²⁴ If an issuer sells a plan without submitting forms for review, or prior to the completion of form review, the issuer may be referred to the appropriate state or CMS market conduct team for further investigation.²⁵

X. QHPs

Prior to the QHP Final Application deadline, issuers may make changes to their PY 2027 QHP Application data without state or CMS authorization. After the Final Application deadline,²⁶ issuers may not add new plans to a QHP Application. CMS may allow issuers to make critical data corrections in order to correct data display errors on HealthCare.gov and align QHP data display with products and plans approved by the state. CMS will not allow substantive data changes that would alter the QHPs approved by CMS that would require re-review for QHP certification. QHP issuers in Missouri, Tennessee, Texas, and Wyoming that wish to make data change requests after the Final Application deadline must submit a State Authorization of QHP Data Change Request form to the CMS Form Filing team for authorization before completing a data change request in the Plan Management Community.²⁷ CMS will not be reviewing Data Change Requests in states where it is only reviewing form filings for CAA compliance.

Failure to properly identify and make any necessary QHP application revisions may result in suppression, decertification, or a QHP compliance review.

XI. Coordination with State Reviewers

A. Open/Pending Filings

If a filing is open or pending review with CMS, and an issuer needs to revise a document in response to a state objection or a change in state law, the issuer must use the Amendment Filing Function within SERFF to upload the clean and redlined versions of the revised document. Issuers can find the Amendment Filing Function under the **Filing Correspondence Tab**. Issuers should refer to the [SERFF Industry Manual](#), PDF pgs. 174 - 178, for step-by-step instructions.

The issuer must provide the following information in the comment field of the Amendment Filing Function when they upload the revised document(s):

- (a) A description of the changes made, including the corresponding document names, impacted sections, and their respective page numbers;
- (b) Reason for the changes (e.g., state regulatory authority objection, or change in state law);

²⁴ See 45 CFR 156.815(b).

²⁵ See 45 CFR 150.313(b).

²⁶ See Final Key Dates for Calendar Year 2026: Qualified Health Plan (QHP) Data Submission and Certification; Rate Review; Form Review; and Risk Adjustment available at: <https://www.cms.gov/files/document/cy26-key-dates-tables.pdf>.

²⁷ Additional information and instructions on QHP Data Change Request is available at: <https://www.qhpcertification.cms.gov/s/Data%20Change%20Windows>.

- (c) If applicable, contact information of the State Reviewer who required the change(s) described under (a);
- (d) Citation of the applicable state law that supports the changes described under (a); and
- (e) A note as to whether the change affects other documents filed with CMS, such as rate filings or templates for QHP certification, and whether the applicable sections of CMS have been notified of the change.

If applicable, the issuer must also upload, in Adobe Acrobat Reader PDF format, a copy of the objection letter from the State Reviewer who required the change(s).

CMS will issue an Objection Letter and work directly with the State Reviewer and the issuer if any compliance issues are identified.

XII. Filing Amendments and Requests to Re-Open Filings

If an issuer received a Disposition from CMS for an acknowledged or closed filing, and the issuer needs to revise a document in response to a state objection or a change in state law, the issuer must send CMS a request to reopen the filing, via SERFF, using the **Note to Reviewer** function, under the **Filing Correspondence Tab**.

When an issuer submits such a request, the issuer must include the reason for the changes (e.g., state regulatory authority objection, or a change in state law).

CMS will review the issuer's request to reopen the filing, and will notify the issuer, via SERFF, using the Note to Filer Function, when the filing has been reopened.

The issuer will need to follow the same steps described above for open/pending filings and use the Amendment Filing Function to upload the clean and redlined revised document and, if applicable, a copy of the state Objection Letter, as well as use the comment field within the Amendment Filing Function, to provide the same information listed in (a) through (e).

At the conclusion of CMS's review of the revised document, CMS will notify the issuer of its determination by issuing, via SERFF, either an Objection Letter or a Disposition to confirm the previous Acknowledgement remains in effect. CMS will work directly with the State Reviewer and the issuer on any compliance issues identified.

Appendix 1 – CAA Form Filing Checklist

This form filing checklist serves as a tool to aid issuers in states where CMS is enforcing only CAA provisions to ensure they have satisfied all applicable requirements to submit a complete form filing. If a checkbox is included in a cell, the information listed under “Required Forms and Information in SERFF” must be uploaded in SERFF, if applicable. "N/A" means the information listed under “Required Forms and Information in SERFF” is not applicable to that particular product type, and the issuer is therefore not required to include it in that SERFF filing. Issuers should continue to carefully review these Form Filing Instructions for additional information and more detailed instructions.

Checklist Key

QHP = Qualified Health Plan

Non-QHP = Non-Qualified Health Plan

GF = Grandfathered

GM = Grandmothered

Alabama, American Samoa, Arizona, Arkansas, Connecticut, Delaware, Florida, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Northern Mariana Islands, Oklahoma, Rhode Island, and Virginia										
Required Forms and Information in SERFF	Individual Market				Small Group Market				Large Group Market	
	QHP	Non-QHP	GF	GM	QHP	Non-QHP	GF	GM	Non-QHP	GF
General Information Tab - Filing Description Section										
If submitting more than one filing for a single product network type (e.g., PPO, POS, EPO, or HMO), provide a high-level explanation of the benefit differences between the filings.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
State Specific Tab										
Enter the associated Health Insurance and Oversight System (HIOS) number and Product ID. (Not applicable in American Samoa, Guam, and Northern Mariana Islands).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
State whether the product will be offered in the individual, small group, large group, or student health market.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

State whether the product is grandmothers, grandfathered, or neither.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
State whether the product includes a plan(s) that will be submitted for certification as a QHP (regardless of whether the plan will be offered on a Federally-Facilitated Exchange or a State-Based Exchange).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Companies and Contact Tab											
Provide the phone number and email address of company contacts who can timely respond to inquiries and objection letters regarding the filing, and ensure such contact information is complete, correct, and current.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form Schedule Tab											
Group policy	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Certificate of Insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Individual policy	✓	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Riders, endorsements, and amendments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schedule of benefits for each plan within the product with a unique cost-sharing structure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Supporting Documentation Tab											
Explanation of variability that includes the relevant page number, section number, and header (as applicable), bracketed text, and an explanation of when specific text or cost sharing applies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sample completed insurance identification (ID) card or Template (Not applicable in Connecticut, Florida, Illinois, and Virginia)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Use the Comment function to enter the title of and form schedule line item for the document that contains the Schedule of Benefits for the plan that corresponds to the sample completed insurance ID card or template (if required).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Upload the Grandfathered Plans Excel Spreadsheet within the SERFF filing for the plan with the highest enrollment. For all other grandfathered product submissions, use the Comment function to enter the SERFF filing number for the submission that contains the Grandfathered Plans Excel Spreadsheet.	N/A	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	✓	✓

Upload the Grandfathered Plans Attestation within the SERFF filing for the plan with the highest enrollment. For all other grandfathered product submissions, use the Comment function to enter the SERFF filing number for the submission that contains the Grandfathered Plans Attestation.

N/A	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	✓
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Appendix 2 – ACA and CAA Form Filing Checklist

This form filing checklist serves as a tool to aid issuers in states where CMS is enforcing ACA and CAA provisions to ensure they have satisfied all applicable requirements to submit a complete form filing. If a checkbox is included in a cell, the information listed under “Required Forms and Information in SERFF” must be uploaded in SERFF, if applicable. "N/A" means the information listed under “Required Forms and Information in SERFF” is not applicable to that particular product type, and the issuer is therefore not required to include it in that SERFF filing. Issuers should continue to carefully review these Form Filing Instructions for additional information and more detailed instructions.

Checklist Key

QHP = Qualified Health Plan

Non-QHP = Non-Qualified Health Plan

GF = Grandfathered

GM = Grandmothered

Missouri, Tennessee, Texas, and Wyoming										
Required Forms and Information in SERFF	Individual Market				Small Group Market				Large Group Market	
	QHP	Non-QHP	GF	GM	QHP	Non-QHP	GF	GM	Non-QHP	GF
General Information Tab - Filing Description Section										
Specify the coverage level for each plan within the product (i.e., bronze, silver, gold, platinum, or catastrophic), if applicable.	✓	✓	N/A	N/A	✓	✓	N/A	N/A	N/A	N/A
If submitting more than one filing for a single product network type (e.g., PPO, POS, EPO, or HMO), provide a high-level explanation of the benefit differences between the filings.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Include the activation date of SBC weblinks.	✓	✓	N/A	N/A	✓	✓	N/A	N/A	✓	N/A
If utilizing a single document, such as the Plans & Benefits Template or the CMS Prescription Drug Template, for multiple products, include the corresponding SERFF tracking numbers for the other products listed.	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
State Specific Tab										

Enter the associated Health Insurance and Oversight System (HIOS) number and Product ID. (Not applicable in American Samoa, Guam, and Northern Mariana Islands).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
State whether the product will be offered in the individual, small group, large group, or student health market.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
State whether the product is grandmothers, grandfathered, or neither.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
State whether the product includes a plan(s) that will be submitted for certification as a QHP (regardless of whether the plan will be offered on a Federally-Facilitated Exchange or a State-Based Exchange).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Companies and Contact Tab											
Provide the phone number and email address of company contacts who can timely respond to inquiries and objection letters regarding the filing, and ensure such contact information is complete, correct, and current.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Form Schedule Tab											
Group policy	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Certificate of Insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Individual policy	✓	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Riders, endorsements, and amendments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schedule of benefits for each plan within the product with a unique cost-sharing structure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Notice of appeals and external review rights	✓	✓	N/A	N/A	✓	✓	N/A	N/A	✓	✓	N/A
Supporting Documentation Tab											
Explanation of variability that includes the relevant page number, section number, and header (as applicable), bracketed text, and an explanation of when specific text or cost sharing applies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sample completed insurance identification (ID) card or Template that corresponds to the submitted SBC (if applicable)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Use the Comment function to enter the title of and form schedule line item for the document that contains the Schedule of Benefits for the plan that corresponds to the sample completed insurance ID card or template.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Upload the Grandfathered Plans Excel Spreadsheet within the SERFF filing for the plan with the highest enrollment. For all other grandfathered product submissions, use the Comment function to enter the SERFF filing number for the submission that contains the Grandfathered Plans Excel Spreadsheet.	N/A	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	✓
Upload the Grandfathered Plans Attestation within the SERFF filing for the plan with the highest enrollment. For all other grandfathered product submissions, use the Comment function to enter the SERFF filing number for the submission that contains the Grandfathered Plans Attestation.	N/A	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	✓
One SBC for each product network type (a silver-level plan SBC if possible)	✓	✓	N/A	N/A	✓	✓	N/A	N/A	✓	N/A
One AI/AN zero cost sharing SBC	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
One AI/AN limited cost sharing SBC	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Use the Comment function to enter the title of and form schedule line item for the plan document(s) that correspond to the AI/AN zero cost sharing option SBC and the limited cost sharing option SBC.	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Plans & Benefits Template, in .xlsx format	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
CMS Prescription Drug Template (one per product in Excel format)	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
Formulary - Combined Prescription Drug Supporting Documentation and Justification for corrections identified from the plan year 2027 RX Review Tools	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
Results of the Actuarial Value Calculator (screen shot or in Excel format)	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
Unique Plan Design Supporting Documentation and Justification	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A
Essential Health Benefit (EHB) Substituted Benefit (Actuarial Equivalent) Justification	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A