



Date: November 27, 2017
From: Samara Lorenz, Director, Oversight Group
Title: Insurance Standards Bulletin Series -- INFORMATION
Subject: DRAFT Bulletin: Proposed 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 draft bulletin for comment. This bulletin proposes guidance for purposes of establishing the submission deadline 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 proposes 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 Programs to post proposed rate increases subject to review. It also provides the CMS web address that States with an Effective Rate Review Program² can use if they elect to provide public access from their website through a link to the CMS website.

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

The proposed timelines specified below would 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.

Proposed submission deadlines

The proposed submission deadlines for a health insurance issuer to submit a Rate Filing Justification to

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.

CMS and the applicable State for single risk pool coverage are listed below.³ Pursuant to 45 CFR 154.215, in 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** would be required to 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** would be required to 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 Proposed Key Dates for Calendar Year 2018,⁵ issuers submitting QHP applications to participate in Exchanges served by the HealthCare.gov platform would be required to 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 Draft 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. The data will not be refreshed again until the final rate posting timeframe.

- Issuers would be required to 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.

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 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). If finalized as proposed, States with an Effective Rate Review Program would be 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 November 27, 2017 Proposed Key Dates for Calendar Year 2018: QHP Certification in the Federally-facilitated Exchanges; Rate Review and Risk Adjustment is available at:
[https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html# Affordable Care Act](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Affordable%20Care%20Act)

⁶ The Draft 2019 Letter to Issuers in the Federally-facilitated Exchanges is available at:
[https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Health Insurance Marketplaces](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Health%20Insurance%20Marketplaces)

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).

- CMS intends to post information on proposed rate filings for consumers to review on <https://ratereview.healthcare.gov> on August 1, 2018.⁸

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.

- Issuers would be required to finalize all rate filings that contain QHPs in the URR module of HIOS by 3:00 p.m. EDT by August 22, 2018.
- Issuers would be required to 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 would be required to notify CMS in writing at least 5 business days prior to making the information public.⁹ 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.

⁸ In the 2019 Payment Notice Proposed Rule, we propose eliminating the uniform posting requirement. If finalized as proposed, States with an Effective Rate Review Program would be permitted to post proposed rate increases subject to review on a rolling basis. See 82 FR at 51080. Consistent with 45 CFR 154.301(b)(1)(i), States with an Effective Rate Review Program would need to complete posting of proposed rate increases subject to review by August 1, 2018.

⁹ In the 2019 Payment Notice Proposed Rule, we propose to reduce the advance notice requirement from 30 days to 5 business days. See 82 FR at 51080.

Where to get more information and submit comments¹⁰

If you have questions about this Bulletin, or wish to submit comments on the proposed timelines outlined herein for single risk pool coverage, please contact CCIIO at RateReview@cms.hhs.gov on or before December 11, 2017.

¹⁰ We welcome comments on the proposed timeframes for the 2018 filing year outlined in this document, but note that to the extent this guidance merely summarizes policies proposed in rulemaking or other draft documents that have not yet been finalized, such as the 2019 Payment Notice or the Draft 2019 Letter to Issuers in the Federally-facilitated Exchanges, issuers and other interested parties have an opportunity to comment on those underlying policies through those processes. Therefore, CMS is not soliciting any additional comments on the substance of the underlying policies proposed in unfinalized rulemaking or guidance through the comment process for this draft bulletin.