

Washington State SERFF Health and Disability Rate Filing General Instructions

These instructions apply to filing of rates for all major medical plans, stand alone dental, and stand alone vision plans.

Please see the Washington State SERFF Life and Disability Rate and Form Filing General Instructions for filing of any of the following: life insurance, annuities, Medicare supplement plans, long term care insurance, credit life insurance, life settlements, accidental death and dismemberment, and disability income insurance.

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INSTRUCTIONS

I. Individual and Small Group Rate Filings

A. Individual and Small Group Health Plans and Pediatric Dental Plans for HCSCs, HMOs and Disability Issuers

1. ***Per WAC 284-43-0200 (old citation WAC 284-170-870), all 2017 filings under Section I.A (individual health plans, small group health plans, and stand-alone dental plans that provide pediatric dental benefits as one of the essential health benefits) must be filed by May 6, 2016. Issuers will be permitted to amend filings only at the direction of the commissioner. Filings not timely submitted will be rejected without review.***
2. ***Health Plans for Nongrandfathered Individual and Small Groups offered, Issued, or renewed on or after January 1, 2017***
 - (a) Scope of Section by Type of Insurance (TOI) in SERFF: H16I, HOrg02I, H16G, or HOrg02G.
 - (b) Public Information
 - (i) Per RCW 48.02.120(4), all nongrandfathered individual and small group rate filings are subject to public inspection.
 - (c) Experience:
 - (i) Under 45 CFR §156.80, the experience of all nongrandfathered individual plans must be pooled together for rating purposes, and the experience of all nongrandfathered small group plans must be pooled together for rating purposes.
 - (d) Submission Requirements:
 - (i) Under the General Information tab:
 1. In the SERFF Product Name field – the product name must start with 2017 nongrandfathered [individual or small group] rate filing.
 2. In the Corresponding Filing Tracking Number field, list all the SERFF Tracking Numbers of the corresponding form filings.
 3. Properly complete the “Exchange Intentions” field.
 4. In the Filing Description section:
 - 4.1 List the metal level and actuarial value for each plan.

- 4.2 Breakout the overall percentage of rate impact by the percentage of rate impact due to the medical experience changes and the percentage of rate impact due to benefit changes. If there are no benefit changes or if benefit changes have no rate impacts, indicate 0% on the benefit changes. If you are a new issuer to the market or have only new plans, indicate that all plans are new plans.
 - 4.3 Provide a brief description of the benefit changes by plan and indicate whether the particular benefit change is required by state or federal regulations. If you are a new issuer to the market or have only new plans, indicate that all plans are new plans.
- (ii) Under the Rate/Rule Schedule tab:
1. Include a complete rate schedule in Excel file format and a PDF version of the Excel file; all other required supporting documentation and information should be attached under the Supporting Documentation tab.
 - 1.1 You must name the PDF file "Rate Schedule" and the Excel file "Rate Schedule Duplicate."
 - 1.2 You must use one of the following rate schedule formatting files to create your Excel rate schedule file:
 - 1.2.1 For Individual – "Format-Rates-2017 Individual Nongrandfathered Health Plan Rate Schedule."
 - 1.2.2 For Small Groups – "Format-Rates-2017 Small Group Nongrandfathered Health Plan Rate Schedule."
 2. List the affected form number for each plan.
 3. You must check the box "Add Rate Data" and populate all fields (including Product ID and HIOS Submission ID) with accurate data. For a new carrier, you may populate only the mandatory fields.
- (iii) Under the Supporting Documentation tab:
1. Attach in PDF and in Excel format, Part I Unified Rate Review Data Template (URRT).
 - 1.1 The PDF file must be the PDF version of the Excel file.
 - 1.2 You must name the Part I PDF file "Part I Unified Rate Review Data Template" and the Excel file "Part I Unified Rate Review Data Template Duplicate"
 2. Attach in PDF format, Part II Written Description Justifying Rate Increase.

- 2.1 You must name the Part II PDF file "Part II Written Description Justifying the Rate Increase"
3. Attach in PDF format, Part III Rate Filing Documentation and Actuarial Memorandum as set forth by the US Department of Health and Human Services regulations under 45 CFR Part 154.
 - 3.1 You must name the Part III PDF file "Part III Rate Filing Documentation and Actuarial Memorandum."
 - 3.2 Include rate development exhibits in both Excel and PDF formats. Excel files must have the formulas used to generate rates and rate change. The Excel file name must end with "Duplicate.xlsx."
4. Attach in both Excel and PDF formats, the individual and small group rate filing summary under WAC 284-43-6160 (old citation WAC 284-43-945).
 - 4.1 You must use the Excel formatting file: Format-Rates-WAC 284-43-6160 (Old citation WAC 284-43-945) Summary Duplicate.xls
 - 4.2 Name the files submitted "WAC 284-43-6160.pdf," and "WAC 284-43-6160 Duplicate.xlsx"
 - 4.3 HCSCs and HMOs are required to submit the individual and small group rate filing summary under WAC 284-43-6160. Although it is not required, we ask disability carriers to voluntarily submit WAC 284-43-6160 in the same manner as HCSCs and HMOs.
5. The following documents are required and are provided in the Filing Rules tab, General Instructions Section of SERFF.
 - 5.1 Checklist-R&F-2017 Individual and Small Group Uniform Product Modification Justification
 - 5.2 For individual filings:
 - 5.2.1 Checklist-Rates-2017 Individual Nongrandfathered Health Plans
 - 5.2.2 Certification-Rates-Individual Nongrandfathered Health Plan Mental Health Parity Financial Requirements
 - 5.3 For small group filings:
 - 5.3.1 Checklist-Rates-2017 Small Group Nongrandfathered Health Plans
 - 5.3.2 Certification-Rates-Small Group Nongrandfathered Health Plan Mental Health Parity Financial Requirements

- (iv) Special notes related to the documents required under Section I.A.2.(d).(iii).5: Although we will not reject your filing if you fail to submit a document or if any of these documents is incomplete, we recommend that issuers pay attention to these documents and make sure each one is complete and with good quality. Once we receive your filing, we will perform an initial quality review. If we find that your documents are incomplete or of poor quality, we will stop the review of your filings until you resubmit the documents.
- (e) Your individual or small group rate filing will be rejected if any of the following conditions exist:
 - (i) Your 2017 filing is submitted after May 6, 2016.
 - (ii) You do not attach Parts I, II, and III as required under Section I.A.2.(d).(iii).
 - (iii) You do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.A.2.(d).(i).
 - (iv) Any additional rejection criteria listed in Section III.
- (f) Rejected Filings will not be Re-Opened
 - (i) If the OIC Technical Support Unit rejects your filing, you must submit a new filing following the procedures in our Rejection Notice and the General Filing Instructions.

3. Pediatric Stand Alone Dental Plan for 2017 Plan Year

- (a) Scope of Section by TOI in SERFF: H10I.001 or H10G.001
- (b) The Washington Health Benefit Exchange (WAHBE) has provided the following guidance for individual and small group filings intended for certification as qualified health plans (QHPs) or qualified dental plans (QDPs) for plan year 2017:
 - (i) Individual market:
 1. The WAHBE Board will certify both QHPs and QDPs for plan year 2017. Major medical plans intended for QHP must not include the pediatric dental essential health benefit.

2. The pediatric dental essential health benefit must be offered in a stand-alone dental plan for QDP certification. A stand-alone QDP that offers the pediatric dental essential health benefit may be offered as a pediatric-only plan or as a family plan that includes adult dental benefits. The WAHBE Board may certify stand-alone family and pediatric-only QDPs to be offered in the outside market in 2017. The WAHBE Board may certify pediatric-only QDPs to be offered inside the Exchange in 2017, and may potentially certify family QDPs to be offered inside the Exchange in 2017, pending the passage of HB 2768 and a decision by the WAHBE Board regarding offering family dental plans in the Exchange.
- (ii) Small group (SHOP) market:
1. The WAHBE Board will only certify QHPs for availability in the SHOP market for plan year 2017. In the SHOP market, the pediatric dental essential health benefit must be embedded in the major medical plan.
 2. The WAHBE Board may certify stand-alone QDPs for plan year 2017 to be offered in the off-Exchange small group market. These plans must include the pediatric dental essential health benefit and must meet all certification criteria applicable to plans offered outside the Exchange.
 3. The SHOP will continue to support list billing for rates for plan year 2017. Composite rating will not be supported in the SHOP for plan year 2017.
- (iii) For stand-alone dental plan rate filings, issuers are required to submit only one for-public rate filing and one not-for-public rate filing (if applicable) per (individual or small group) market .
- (c) Submissions Requirements for all stand-alone dental plans that provide pediatric dental benefits as one of the essential health benefits (EHBs):
- (i) Under the General Information Tab:
1. The Product Name in SERFF must include one of the following naming conventions to describe your rate filing for the market:
 - 1.1 "Individual-EHB Dental-Both Inside and Outside Exchange – [public or not-for-public]
 - 1.2 "Individual-EHB Dental-Exchange Only– [public or not-for-public]
 - 1.3 "Individual-EHB Dental-Outside Exchange Only– [public or not-for-public]

- 1.4 "Small Group-EHB Dental-Both Inside and Outside Exchange– [public or not-for-public]
 - 1.5 "Small Group -EHB Dental-Exchange Only– [public or not-for-public]
 - 1.6 "Small Group -EHB Dental-Outside Exchange Only– [public or not-for-public]
2. In the Corresponding Filing Tracking Number field, list all the SERFF Tracking Numbers of the corresponding form filings and the corresponding rate filing (if you request a separate not-for-public rate filing).
- (ii) In the for-public rate filing,
1. Under the General Information tab:
 - 1.1 In the Filing Description section:
 - 1.1.1 If the company is requesting a separate not-for-public rate filing state "the company is requesting a separate not-for-public rate filing."
 - 1.1.2 For each dental plan:
 - 1.1.2.1 State the HIOS Plan ID and Plan Name.
 - 1.1.2.2 State the product name filed in the form filing and whether the plan provides "Stand-alone pediatric dental plan" only or "Stand-alone family dental plan."
 - 1.1.2.3 List the plan's exact actuarial value (to two decimal points).
 - 1.1.2.4 Indicate whether the plan is a "low level of coverage" or "high level of coverage" as defined in 45 CFR §156.150.
 - 1.1.2.5 Indicate whether this is a new plan or, for the 2016 QDP issuer, a renewal plan or a modification from the 2016 QDP plan.
 - 1.1.2.6 Breakout the overall percentage of rate impact by the percentage of rate impact due to the dental experience changes and the percentage of rate impact due to benefit changes. If you are a new issuer to the market or have only new plans, indicate that all plans are new plans.
 2. Under the Rate/Rule Schedule tab:
 - 2.1 List the affected form number for each plan.

- 2.2 Include a complete rate schedule as a separate PDF document.
 - 2.2.1 The rate schedule must include all of the following information for each plan:
 - 2.2.1.1 Issuer Name
 - 2.2.1.2 "Individual" or "Small Group"
 - 2.2.1.3 HIOS Plan ID
 - 2.2.1.4 Plan Name
 - 2.2.1.5 "Stand-alone pediatric dental plan" only or "Stand-alone family dental plan."
 - 2.2.1.6 The plan's service area
 - 2.2.1.7 The plan's rates
 3. Under the Supporting Documentation tab:
 - 3.1 Attach Checklist-Rates-2017 EHB Dental Rate Filing
 - 3.2 Attach an actuarial certification as required by 45 CFR §156.150.
 - 3.3 Attach a description of benefit components used for pricing.
 - 3.4 Include all other supporting documentation and justification that is subject to public inspection.
- (iii) If you request a separate "not-for-public" rate filing,
1. You must provide one for-public rate filing, and one not-for-public rate filing. Both for-public and not-for-public rate filings must follow instructions.
 2. In the not-for-public filing
 - 2.1 State clearly in SERFF Product Name Field under General Information tab "not-for-public."
 - 2.2 Include only supporting documentation and justification in the for-public filing that is subject to public inspection.
 - 2.3 In the not-for-public rate filing only:
 - 2.3.1 Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120(3).
 - 2.3.2 Include all not-for-public documentation and justification in the Supporting Documentation tab.
- (d) Your stand-alone dental rate filing will be rejected if any of the following conditions exist:

- (i) Your 2017 filing is submitted after May 6, 2016.
- (ii) You do not follow the product naming requirements in Section I.A.3(c).
- (iii) You do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.A.3(c).
- (iv) Any additional rejection criteria listed in Section III.

4. Student Health Plans

- (a) Per 45 CFR §147.145, student health insurance coverage is a type of individual health insurance coverage (as defined in 45 CFR § 144.103) that is provided pursuant to a written agreement between an institution of higher education and a health insurance issuer, and provided to students enrolled in that institution of higher education and their dependents.
- (b) Student health plans can only be issued by disability issuers per RCW 48.21.040(1)(c).
- (c) Scope of Section by Type of Insurance (TOI) in SERFF: H22
- (d) Issuers are required to submit only one for-public rate filing and one not-for-public rate filing (if applicable) for all student health plans.
- (e) Submissions Requirements:
 - (i) Under the General Information Tab:
 - 1. The Product Name in SERFF must include one of the following naming conventions to describe your filing:
 - 1.1 "2016-2017 School Year Student Health Plan rate filing-[public or not-for-public].
 - 2. In the Corresponding Filing Tracking Number field, list all the SERFF Tracking Numbers of the corresponding form filings and the corresponding rate filing (if you request a separate not-for-public rate filing).
 - (ii) In the for-public rate filing,
 - 1. Under the General Information tab:
 - 1.1 In the Filing Description section:
 - 1.1.1 If the company is requesting a separate not-for-public rate filing state "the company is requesting a separate not-for-public rate filing."
 - 1.1.2 For each student health plan:

- 1.1.2.1 State whether the plan will be issued to a specific college, multiple colleges (list the names of the colleges), or any college.
 - 1.1.2.2 List the plan's exact actuarial value (to two decimal points).
 - 1.1.2.3 Indicate whether this is a new plan or a renewal plan
 - 1.1.2.4 Breakout the overall percentage of rate impact by the percentage of rate impact due to the experience changes and the percentage of rate impact due to benefit changes. If you are a new issuer to the market, indicate that all plans are new plans.
 2. Under the Rate/Rule Schedule tab:
 - 2.1 List the affected form number for each plan.
 - 2.2 Include a complete rate schedule as a separate PDF document.
 - 2.2.1 The rate schedule must include all of the following information for each plan:
 - 2.2.1.1 Issuer Name
 - 2.2.1.2 2016-2017 School Year
 - 2.2.1.3 School Name(s) if applicable.
 - 2.2.1.4 Plan Name
 - 2.2.1.5 The plan's service area
 - 2.2.1.6 The plan's rates
 3. Under the Supporting Documentation tab:
 - 3.1 Attach Checklist-Rates-2016-2017 School Year Higher Education Student Health.
 - 3.2 Attach a description of benefit components used for pricing.
 - 3.3 Include all other supporting documentation and justification that is subject to public inspection.
- (iii) If you request a separate "not-for-public" rate filing,
 1. You must provide one for-public rate filing, and one not-for-public rate filing. State clearly in SERFF Product Name Field under General Information tab: "for-public rate filing" or "not-for-public rate filing."
 2. Both for-public and not-for-public rate filings must follow instructions.

3. In the not-for-public filing
 - 3.1 Include only supporting documentation and justification in the for-public filing that is subject to public inspection.
 - 3.2 In the not-for-public rate filing only:
 - 3.2.1 Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120.
 - 3.2.2 Include all not-for-public documentation and justification in the Supporting Documentation tab.
- (f) Your student health plan rate filing will be rejected if any of the following conditions exist:
 - (i) Your 2016- 2017 school year filing is submitted after May 6, 2016.
 - (ii) You do not follow the product naming requirements in Section I.A.4 (e).
 - (iii) You do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.A.4 (e).
 - (iv) Any additional rejection criteria listed in Section III.

5. For Grandfathered Individual and Small Group Health Plans Renewed on or after January 1, 2014

- (a) Scope of Section by TOI in SERFF: H16I, HOrg02I, H16G, or HOrg02G.
- (b) Starting 2014, all state community rating requirements under RCW 48.20.028, 48.21.045(3), 48.44.022, 48.44.023(3), 48.46.064, and 48.46.066(3) apply to grandfathered health plans only. Federal Community rating requirements under 45 CFR §147.102 apply to nongrandfathered health plans. Per RCW 48.02.120(4), except for the numeric values of the small group rating factors as authorized by RCW 48.21.045(3)(a), 48.44.023(3)(a), and 48.46.066(3)(a) and unique new products specifically approved by the Commissioner, all individual and small group rate filings are subject to public inspection..
- (c) Experience:
 - (i) Under the state community rating requirements, the experience of all grandfathered individual plans must be pooled together for rating purposes, and the experience of all grandfathered small group plans must be pooled together for rating purposes.

- (d) Submission Requirements For all individual and small group rate filings, you must:
- (i) Under the General Information tab:
 - 1. In the Filing Description of the General Information tab:
 - 1.1 Breakout the overall percentage of rate impact by the percentage of rate impact due to the medical experience changes and the percentage of rate impact due to benefit changes. If there are no benefit changes or if benefit changes have no rate impacts, indicate 0% on the benefit changes.
 - 1.2 Provide a brief description of the benefit changes by product and indicate whether the particular benefit change is required by law (mandated benefits).
 - (ii) Under the Rate/Rule Schedule tab:
 - 1. Include a complete rate schedule in Excel file and in PDF version of the Excel file.
 - 1.1 All required supporting documentation and information should be attached to the Supporting Documentation tab.
 - 1.2 You must name the PDF file "Rate Schedule" and the Excel file "Rate Schedule Duplicate."
 - 2. List the affected form number for each plan.
 - 3. You must check the box to "Add Rate Data" and populate all fields with accurate data for the public filing. Do not check the box to "Add Rate Data" for the proprietary filing.
 - (iii) Under the Supporting Documentation tab:
 - 1. Attach in PDF format and in Excel format, the Part I Unified Rate Review Data Template.
 - 1.1 For Part I Unified Rate Review Data Template, the PDF file must include the PDF version of the Excel file. You must name the Part I PDF file "Part I Unified Rate Review Data Template" and the Excel file "Part I Unified Rate Review Data Template Duplicate"
 - 2. Attach in PDF format, the Part II Written Description Justifying Rate Increase.
 - 2.1 You must name the Part II PDF file "Part II Written Description Justifying Rate Increase."
 - 3. Attach in PDF format the Part III Actuarial Memorandum as set forth by the US Department of Health and Human Services regulations under 45 CFR Part 154.

- 3.1 You must name the Part III PDF file "Part III Rate Filing Documentation and Actuarial Memorandum."
 4. Attach in both Excel and PDF formats, the individual and small group rate filing summary under WAC 284-43-6160 (old citation 284-43-945).
 - 4.1 You must use the Excel formatting file: Format-Rates-WAC 284-43-6160 Summary.xls
 - 4.2 Name the file "WAC 284-43-6160.pdf," and "WAC 284-43-6160 Duplicate.xlsx."
 - 4.3 HCSCs and HMOs are required to submit the individual and small group rate filing summary under WAC 284-43-6160. Although it is not required, we ask disability carriers to voluntarily submit WAC 284-43-6160 in the same manner as HCSCs and HMOs do.
 5. Provide an Excel spreadsheet including all built-in formula used to generate the rate changes. The Excel spreadsheet must be identical to those PDF files that support and generate the rate changes. The Excel file name must end with "Duplicate.xls".
- (iv) If you choose to withhold the numeric values of small group rate factors from public inspection or if a specific unique new product is approved by the Commissioner to be withheld from public inspection, you must follow these rules:
1. You must submit two rate filings: One not-for-public rate filing and one for-public rate filing. You must clearly state whether the filing is or-public or not-for-public in both the Filing Description and the Product Name.
 2. You must submit a complete rate filing for review. The Filing Description must clearly state that this filing is proprietary and not subject to public disclosure.
 3. You must submit a complete filing for public disclosure, which is an exact duplicate of the proprietary filing described in subsection 5.ii. In this filing, you must attach on the Supporting Documentation tab:

- 3.1 A separate document listing all of the data withheld. This list must identify each piece of information withheld, by description and location in the filing. If one single page includes both public information and proprietary information, only the proprietary information in the particular page can be redacted. Cite the statutory exemption under which you are seeking an exemption, and explain how that exemption applies to this piece of information.
- 3.2 A certification from an officer stating that the public rate filing is identical to the proprietary rate filing except for the withheld data and the list of exemptions.

B. Individual and Small Group (Non-Pediatric) Dental Only and Vision Only Plans for HCSCs and Disability Issuers

1. ***Scope of Section by TOI in SERFF: H10I, H10G, H20I, or H20G.***
2. ***This section applies to plans which are not intended to provide the Pediatric Essential Health Benefits for oral care or vision.***
3. ***File-and-use: RCW 48.43.733, all rates and forms, and modifications of a contract form or rate, for individual and small group stand-alone dental and stand-alone vision plans issued or renewed on or after January 1, 2016 must be filed before the contract form is offered for sale and before the rate schedule is used.***
4. ***Applicability of Rule:***
 - (a) Per RCW 48.43.733, issuers must not negotiate individual and small group stand-alone dental and stand-alone vision plans.
 - (b) Individual and small group stand-alone dental and stand-alone vision plan rate filings submitted by HCSCs are subject to the applicable requirements in Subchapter I of WAC 284-43.
 - (c) Individual and small group stand-alone dental and stand-alone vision plan rate filings submitted by disability issuers are subject to the applicable requirements in WAC 284-60. Small groups of 50 employees and under are subject to the loss ratio and pooling requirements in WAC 284-60.

- (d) For dental only or vision only group rate filings, issuers may file one (standard rate manual) rate filing for all group sizes (i.e. a combination of large group and small group rate manual) as long as the applicable requirements for both small and large groups are met. See Guidance-Rate-Large Group Rate Manual in the Filing Rules tab, General Instructions Section of SERFF.

5. Submission Requirements:

- (a) Under the General Information tab:
 - (i) In the Filing Description of the General Information tab:
 - 1. Provide a description of the type of rate filing (individual, small group, or all group sizes).
 - 2. Indicate whether the rate filing includes rates for new plans only, existing plans only, or both new and existing plans. List the plan name for each new plan, and the plan name and average rate change for each of the renewal plans.
 - (ii) In the Corresponding Filing Tracking Number field, provide all applicable SERFF Tracking IDs for the corresponding concurrent form filings for new plans and for the most recent corresponding rate and form filings for existing plans.
- (b) If you request certain documents to be not-for-public per RCW 48.02.120(3):
 - (i) You must provide one for-public rate filing, and one not-for-public rate filing. State clearly in SERFF Product Name: "for-public rate filing" or "not-for-public rate filing."
 - (ii) Both for-public and not-for-public rate filings must include public rates and follow filing instructions. Include only supporting documentation and justification in the for-public filing that is subject to public inspection.
 - (iii) In the not-for-public rate filing only:
 - 1. Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120(3).
 - 2. Include all not-for-public documentation and justification under the Supporting Documentation tab.

II. Large Group: Health Plans, Dental Only, and Vision Only Plans for HCSCs, HMOs, and Disability Issuers.

A. General Requirements for Rate Filings:

1. **Scope of Section by TOI in SERFF: H16G, HOrg02G, H10G, or H20G.**
 2. **The filing must meet the requirements set forth in the Submission Requirements. The public rate schedule and the Filing Description in WAC 284-43-6540 (old citation WAC 284-43-950) must list all group names and group numbers.**
 3. **If a rate filing is required, it must be submitted separately from but concurrently with any corresponding new form filing.**
 4. **If you request some rate filing information to be proprietary:**
 - (a) You must provide one for-public rate filing, and one not-for-public rate filing.
 - (b) State clearly in SERFF Product Name Field under General Information tab: "for-public" rate filing or "not-for-public" rate filing.
 - (c) Both for-public and not-for-public rate filings must follow filing instructions. Include only supporting documentation in the for-public filing that is subject to public inspection.
 - (d) In the not-for-public rate filing only:
 - (i) Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120(3). List the document names that are not-for-public.
 - (ii) Include all not-for-public documentation and justification in the Supporting Documentation tab.
- B. Four paths to file non-association large group rates and forms:**
For each large group, Issuers are required to make sure that the group's rate and form filings are filed utilizing one of the following four procedures. Also see Appendix A: Large Group Form and Rate Filing Flowchart. Corresponding form and rate filings must follow the same filing path, you cannot mix and match filing paths when filing corresponding form and rate filings.
1. **Filing forms using the standard master contract filing process and filing rates using the standard rate manual filing process:**
 - (a) **Form Filing:** A "Standard Master Contract" is a health plan, dental only, or vision only contract that is intended to be sold to multiple large groups by HCSCs, HMOs, or disability issuers. See Washington State SERFF Health and Disability Form Filing General Instructions under "Filing Requirements for All Health and Disability Filers" for filing a standard master contract.

- (i) Standard Master form filings must populate the Product Name field using the naming convention: "Large Group Std. Master [Product Name]"
- (b) Rate Filing:
 - (i) A large group standard rate manual filing is a filing that provides a rate manual for the purpose of filing rates. A large group rate manual filing must include rate schedule and the description and methodology used to obtain the premium for a specific individual or group, if given the necessary information such as the demographic data and the plan design of the individual or group.
 - (ii) The rate manual must be filed before you use it to determine a group's rate.
 - (iii) Under the General Information tab:
 - 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Standard Rate Manual".
 - 1.2 If the filing is a for-public filing, include "for-public rate filing"; otherwise, state "not-for-public rate filing".
 - 2. In the Submission Type Field, indicate the type of submission.
 - 3. In the Filing Description, indicate whether the rate filing includes rates for new plans only, existing plans only, or both new and existing plans. List the plan name for each new plan, and the plan name and average rate change for each of the renewal plan.
 - 4. In the Corresponding Filing Tracking Number field, indicate all applicable SERFF Tracking IDs for the corresponding form filings for new plans and for the most recent corresponding rate and form filing for existing plans.
 - (iv) Under the Rate/Rule Schedule tab:
 - 1. Attach the rating manual in PDF file format.
 - 2. You may attach an Excel version of the rating manual; however, it must be a duplicate of the PDF version and include "Duplicate" at the end of the file name.
 - 3. List the rate action as "revised" for all renewal filings and "new" for all filings with no rate history.
 - 4. Attach an Exhibit as a separate file for the base rate of each plan.
 - (v) Under the Supporting Documentation tab:

1. Complete and attach Filing Summary under WAC 284-43-6540 (old citation WAC 284-43-950).
- (vi) See Guidance-Rate-Large Group Rate Manual in the Filing Rules tab, General Instructions Section of SERFF.
- (vii) If you request some rate information to be proprietary, you must follow the procedures in Section II.A.4

2. *Filing forms using the standard master contract filing process and filing rates without using the standard rate manual filing process:*

- (a) **Form Filing:** A "Standard Master Contract" is a health plan, dental only, or vision only contract that is intended to be sold to multiple large groups by HCSCs, HMOs, or disability issuers. See Washington State SERFF Health and Disability Form Filing General Instructions under "Filing Requirements for All Health and Disability Filers" for filing a standard master contract.
 - (i) Standard Master form filings must populate the Product Name field using the naming convention: "Large Group Std. Master [Product Name]"
- (b) Rate Filing:
 - (i) Under the General Information tab:
 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Single Case Rate without Form deviation – [Group's Name]"
 - (ii) Under the Rate/Rule Schedule tab:
 1. The "RATE SCHEDULE ITEM" must be submitted under a public rate filing.
 - 1.1 See the "RATE SCHEDULE ITEM" instructions to determine whether a separate Filing Summary under WAC 284-43-6540 (old citation WAC 284-43-950) is required to be filed concurrently. If a Filing Summary under WAC 284-43-6540 is required to be filed concurrently and you request it to be proprietary, you must follow the procedures in Section II.A.4.

3. *Filing Rate and Form filings using the Short Form Filing process:* *To use the Short Form filing process, the Short Form must be based upon a standard master contract on file with an effective date within 12 months of the Short Form filing effective date. Association health plans may not be filed using the Short Form process:*

- (a) Short Form Filing:

- (i) Definition: The Short Form filing process is used for filing a negotiated large group contract that has 12 or fewer deviations from a filed Standard Master Contract. The process may not be used where a filing has more than 12 deviations from a filed Standard Master Contract.
- (ii) Under the General Information tab:
 - 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Short Form – [Group's Name]".
- (iii) Under the Form Schedule tab:
 - 1. Attach a properly completed "Short Form" as set forth in form SHORT FORM ED.4, and as revised from time to time ("SHORT FORM"),
 - 1.1 SHORT FORM ED.4 is a form prescribed by and available from the Commissioner. It can be found on the OIC's website. Click on the "For Insurers" tab and choose "SERFF Filing Guidelines" under Filing Instructions.
 - 1.2 The form number may not be modified, deleted, or removed from SHORT FORM ED.4.
 - 1.3 A public rate schedule must be included in the SHORT FORM ED.4.
 - 2. The filing must include any applicable group-specific or unique application or enrollment forms. The forms must be listed and attached on the Form Schedule tab for review.
 - 2.1 The forms must use the prescribed form name requirements, e.g., "Custom App/Enr [ABC Company]."
 - 2.2 The filing must include a completed and signed "Custom Enrollment/Application Certification" for each unique application or group enrollment form submitted for review. The certification(s) must be attached on the Supporting Documentation tab.
- (iv) You may not file an endorsement to a plan that was filed using the Short Form filing process.
 - 1. If a group whose plan has been filed using the Short Form process negotiates a new contract provision during the contract or plan year, the issuer must make this change by submitting a fully negotiated contract according to the instructions set forth below.

- (b) **Rate Filing:** Under a short form filing process, the public rate schedule is filed in the form filing under the SHORT FORM ED.4 document. See the SHORT FORM ED.4 document to determine whether a separate rate filing to include the Filing Summary under WAC 284-43-6540 (old citation WAC 284-43-950) is required. If a Filing Summary under WAC 284-43-6540 is required to be filed concurrently and you request it to be proprietary, you must file the WAC 284-43-6540 separately in a proprietary rate filing and use the prescribed product name convention, e.g., must start with, "Short Form – [Group's Name]". You must also state "not-for-public" in the product name and filing description.

4. Filing Rate and Form filings using the Fully Negotiated Contract filing process:

- (a) Fully Negotiated Form Filing:
- (i) Definition: A "Fully Negotiated Contract" is a complete large group contract sold to one large group. Issuers can file a Fully Negotiated form filing if there are no Standard Master Contracts on file or if the contract has 13 or more deviations from any filed Standard Master Contract.
 - (ii) Fully Negotiated contracts are filed according to Section I of Washington State SERFF Health and Disability Form Filing General Instructions.
 - (iii) Under the General Information tab:
 - 1. In the SERFF Product Name Field, the product name must start with, "Full Neg – [Group's Name]".
 - (iv) Under the Form Schedule tab:
 - 1. The filing must be complete; all forms to be used with the Fully Negotiated contract must be listed on the Form Schedule tab.
 - 1.1 Any previously-approved forms which are to be used with the Fully Negotiated form filing must be associated with the filing by creating a separate line item for each associated form, but not attaching them.
 - 1.2 To do this, you must:
 - 1.2.1 Create a separate line item for each associated form that lists the previously-approved policy form number(s) and form name(s) to be used with the Fully Negotiated filing on the Form Schedule tab. DO NOT attach the policy forms;

- 1.2.2 Populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed – State Tracking #[XXXXXX]". See Washington State SERFF Health and Disability Form Filing General Instructions.
 - 1.3 Any form not previously approved must be listed and attached on the Form Schedule tab for review.
 2. The filing must include any applicable group-specific or unique application or enrollment forms. These forms must be listed and attached on the Form Schedule tab for review.
 - 2.1 The forms must use the prescribed form name requirements, e.g., "Custom App/Enr [ABC Company]."
- (v) Under the Supporting Documentation tab:
 1. The filing must include a completed and signed "Custom Enrollment/Application Certification" for each unique application or group enrollment form submitted for review. The certification(s) must be attached on the Supporting Documentation tab.
 2. The issuer must provide the following information in a separate document:
 - 2.1 Whether the group is a new group or a renewal group.
 - 2.2 The number of employees in the group (see RCW 48.43.005(15) for definition of "employee");
 - 2.3 The number of enrolled employees; and
 - 2.4 An explanation for any filing delay beyond the 30 day period in WAC 284-43-6560 (3) (old citation WAC 284-43-920(2)).
- (vi) A public rate schedule must be included in the Fully Negotiated form filing.
- (vii) Expediting review of forms in a Fully Negotiated filing
 1. Very similar filings may be reviewed as a group, which allows for quicker review and disposition on your filings, and prevents multiple objections with the same language in different filings. Your analyst may contact you to discuss whether a particular set of large group filings should be reviewed as a group. You are also encouraged to contact your analyst if you wish to suggest group review of a set of your large group filings.

2. Filings that may be reviewed together include a group of Fully Negotiated filings or Standard Master filings which all use the same "base" forms so that they include much of the same language.
3. You may indicate in your filing that you believe the filing should be reviewed together with some of your other filings. You can do that by creating a list of Tracker IDs for filings that can be reviewed as a group, and attaching it on the Supporting Documents tab. Please indicate on the General Information tab or in your cover letter that the filing is part of a group that may be reviewed together.
4. Any time you are making a Fully Negotiated form filing, and one or more of the forms are substantially similar to a Standard Master contract or a previously-approved form, so that they include much of the same language, you may attach a line out / strikeout document showing the changes from that Standard Master or previously-approved form. On the General Information tab or in a cover letter, indicate that you have attached such a line out / strikeout, and provide the Form Number and Tracker ID for the Standard Master or previously-approved form. This allows your analyst to review only the parts of the form(s) that are different from the "base" form, and prevents multiple objections to the same language in different filings.

(b) Rate Filing:

- (i) If the fully negotiated group is a new group, no rate filing is required. If the fully negotiated group is a renewal group, you must file a separate rate filing. Both the "RATE SCHEDULE ITEM" and the Filing Summary under WAC 284-43-6540 (old citation WAC 284-43-950) must be filed concurrently in your rate filing(s). If you request the Filing Summary under WAC 284-43-6540 to be proprietary, you must follow the procedures in Washington State SERFF Health and Disability Rate Filing General Instructions, Section II.A.4.
- (ii) Under the General Information tab:
 1. If the rate filing is for a single group, in the SERFF Product Name Field,
 - 1.1 The product name must start with "Full Neg – [Group's Name]".
 2. If you negotiate or rate multiple groups together:
 - 2.1 The SERFF Product Name must start with "Full Neg – Multiple Groups".

- 2.2 In the Filing Description field, list the name of each group.
 - 2.3 In the Corresponding Filing Tracking Number field, list all tracking numbers for the corresponding form filings.
- (iii) Under the Rate/Rule Schedule tab:
1. One "RATE SCHEDULE ITEM" must be submitted for each group in the public rate filing. A single Filing Summary under WAC 284-43-6540 (old citation WAC 284-43-950) must be submitted for all groups rated together.

C. Association Rate Filings for HCSCs, HMOs and Disability Issuers

1. *Health Plans for Closed Pool Grandfathered Associations or Closed Pool Member-Governed Groups under WAC 284-43-0330 (3), (4) and (5) (old citations WAC 284-170-958 (3), (4) and (5)).*

- (a) Must include the wording "Grandfathered Association or Member-Governed Group Closed Pool Rate Filing– Name of the Association" in the Product Name field on the General Information tab.
- (b) Must file a single case closed pool large group rate filing which includes rates and rate filing information only for the closed pool enrollees.
- (c) On the Rate/Rule Schedule tab in SERFF, a public rate schedule.
- (d) On the Supporting Documentation tab in SERFF, for each grandfathered plan issued to an association or member-governed group, at a minimum, the following items must be provided:
 - (i) Plan Number;
 - (ii) Identification number assigned to each employer group, including employer group of less than two;
 - (iii) Initial contract or certificate date;
 - (iv) Number of employees for each employer group, pursuant to RCW 48.43.005;
 - (v) Number of enrolled employees for each employer group for the prior calendar year;
 - (vi) Current and proposed rate schedule for each employer group;
 - (vii) Description of the rate methodology and rate change for each employer group; and
 - (viii) The requirement under WAC 284-43-6540 (old citation WAC 284-43-950).

- (e) If you request some rate filing information to be proprietary, you must file in compliance with II.A.4. For the public rate filing, at a minimum, you must include items in Section II.C(d)(i) through Section II.C(d)(vii).

2. Association or member-governed group to whom the health plan is issued constitutes a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974 under WAC 284-43-0330(1), and (2) (old citations WAC 284-170-958(1), and (2)).

- (a) Must be a small group plan under Section I if the number of participants is fifty or less.
- (b) If the number of participants is more than fifty, must file a single case large group rate filing which includes rates and rate filing information only for this group.
- (c) Must include the wording "Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA– Name of the Association" in the Product Name field on the General Information tab.
- (d) Must submit filing summary under WAC 284-43-6540 (old citation WAC 284-43-950) with the experience only for this large group. Must submit a separate for-public rate filing for all new or renewing association groups and for revisions of previous association rate filings; the rate filing must be complete and include a rate schedule.
- (e) Under the Supporting Documentation tab:
 - (i) Must include a certification of the public rate filing from an officer of the company certifying that the group health insurance coverage in connection with this large group health plan meets the requirements of Health Insurance Portability and Accountability Act (HIPAA) (29 CFR Chapter XXV, Section 2590.702) which prohibits discrimination against participants and beneficiaries based on a health status-related factor. The certification must include statements that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group health plan are not based on any of the following health status-related factors (prescribed in HIPAA) in relation to the individual or a dependent of the individual:
 1. Health status.
 2. Medical condition (including both physical and mental illnesses).
 3. Claims experience.
 4. Receipt of health care.

5. Medical history.
 6. Genetic information.
 7. Evidence of insurability (including conditions arising out of acts of domestic violence).
 8. Disability.
- (ii) Must submit one PDF document "Evidence as an Employer" of the public rate filing. The document must include, at a minimum, the following information:
1. A copy of the association bylaws;
 2. A copy of the trust agreement or other organizational document which shows the purpose of the association and who governs the association;
 3. A statement of the association's history;
 4. A copy of the occupational categories/ industry classifications comprising the employers in the association;
 5. An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.
 6. In absence of a Federal Department of Labor opinion, an opinion from an attorney explaining how and why the association qualifies as a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974
- (iii) Must submit one PDF document "Monthly Enrollment Report" to include the monthly enrollment from the most recent 12 month experience. You must file this document in the public rate filing. If this is a new association, you may indicate in the "Monthly Enrollment Report" that the association is new and no enrollment to report.
- (f) If you request some rate filing information to be proprietary, you must file in compliance with II.A.4.

3. Dental Only or Vision Only Plans for Association or Member-Governed Groups

- (a) Product name must begin with the name of the group;
- (b) Product name must NOT include the phrase "Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA"; and
- (c) Must file in compliance with Section II.A.

4. For Disability Issuers: Association or Trust Group Health Plans domiciled in Washington State and Out-of-State Group Health Plans.

- (a) Issuers must file a new submission, previously approved form or rate filings cannot be re-opened to modify contents or to have it apply to new groups.
- (b) Must file in compliance with either Section II.C.1 or Section II.C.2.
- (c) Must disclose in the Filing Description field this is an In-State or Out-of-State Group Filing and follow the prescribed Product Name convention in the Submission Requirements. An out-of-state group filing is a filing of a group policy issued to a policyholder outside the state of Washington that provides coverage to residents of Washington.

5. For Disability Issuers: Out-of-State Groups Other than Health Plans [WAC 284-30-600].

- (a) Issuers must file a new submission, previously approved form or rate filings cannot be re-opened to modify contents or to have it apply to new groups.
- (b) Must file in compliance with Section II.A
- (c) The product name in SERFF must start with "Out of State Group".
- (d) Must disclose in the Filing Description field this is an Out-of-State Group Filing and follow the prescribed Product Name convention in the Submission Requirements.

D. Taft-Hartley Plans

- 1. You must state on the General Information tab that the filing is a Taft-Hartley plan.**

III. Your filing is incomplete and will be rejected if:

- A. Your filing does not comply with chapter's 284-44A, 284-46A, or 284-58 WAC.**
- B. You are filing an individual health plan rate filing and your filing has an implementation date less than 60 days from submitted date.**
- C. For individual or small group health plan rate filings, you do not attach Parts I, II, and III as required under Section I.**

- D. For individual, small group, or stand-alone dental rate filings, you do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.**
- E. Your Short Form Filing does not include the correct form for the type of submission.**
- 1. The RATESCHEDULEITEM ED4 is loaded on a tab other than Rate/Rule Schedule tab [See Section II.B].*
- F. We cannot download your filing into our back office system. There are a number of reasons why we cannot download filings into our back office system. The most common reasons include:**
- 1. Attachments are not formatted using a Distiller in PDF format.*
 - 2. An incorrect CoCode number is entered in the Filing Company Information, under the Companies and Contact tab. This CoCode number is the same number as your company's 5-digit NAIC number.*
 - 3. Health Care Service Contractors and Health Maintenance Organizations do not populate the company tracking number field.*
 - 4. You include an incorrect or incomplete Type of Insurance (TOI) or Sub-TOI as listed on the NAIC Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix.*
- G. Rejected Filings will not be Re-Opened**
- 1. If the OIC Technical Support Unit rejects your filing, you must submit a new filing following the procedures in our Rejection Notice and General Instructions.*

IV. SERFF Objection Letter Response Requirements for Rate Filings

- A. Unless instructed otherwise, all attachments to responses must be in PDF format.**

- B. When responding to an objection letter, you must use SERFF's Amend Filing function.**
- C. You must answer each objection individually.**
- D. Never use a General Update to change a filing after it has been reviewed by an OIC analyst.**
- E. Rates accepted for review generally cannot be changed, other than changes required to be made in response to objections.**
 - 1. *To request to make a change to a rate filing after it has been accepted for review:***
 - (a) You must send a Note to Reviewer requesting to replace, modify, add, or withdraw the rate filing after it has been accepted for review. The Note to Reviewer must be sent in the filing you are requesting to change.
 - (b) Your analyst will notify you in a Note to Filer whether your request is accepted or denied.
 - (c) If your request is denied you may not modify the filing. You may request that the filing be withdrawn.
 - (d) If your request is accepted you may update your filing as directed in the Note to Filer.
- F. Do not use "Note to Reviewer" to submit an objection response.**

V. After a Final Disposition by OIC Analyst

- A. After final disposition by an OIC Analyst you may not change or correct the filing. You must make a new filing in SERFF.**

VI. Appendix A: Large Group Rate and Form Filing Flowchart (see separate document)

Washington State Office of the Insurance Commissioner
SERFF Health and Disability Rate Filing General Instructions

For questions related to SERFF filing procedures, contact:

Rates & Forms Help Desk

(360) 725-7111

rfhelpdesk@oic.wa.gov