OFFICE of the INSURANCE COMMISSIONER
WASHINGTON STATE

Form Filings Speed-to-Market Guide

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Introduction

Purpose: This Speed-to-Market (STM) Guide provides additional, optional, guidance outside the criteria listed in the ***Washington State SERFF Health and Disability Form Filing General Instructions*** (Health Forms GFIs) for preparing a form filing. It also includes a Student Health Plan Form Filing section, which provides additional, optional, guidance for information found in the *Washington State SERFF Life and Disability Rate and Form Filing General Instructions* (Life and Disability Forms GFIs).

Although using the STM Tools and Processes in this Guide does not guarantee that your form filing will be approved, it will help to expedite the review of your filing in four ways.

1. This Guide includes Speed-to-Market Processes that allow you to **make fewer filings**.
2. The Guide includes Speed-to-Market Tools that allows you to **avoid common objections** that extend the reviewing process.
3. When you use Speed-to-Market Tools and Processes, your **Analyst can review your filings much more quickly**. In some cases, the Analyst can skip review of certain forms entirely.
4. Most importantly, use of Speed-to-Market Tools and processes can **earn your filing priority over other filings** that do not, all other things being equal. For example, if two individual health plan filings are received on the same day, the filing that includes an Analyst Checklist will be placed in the queue ahead of the filing that does not. A filing with a Statement of Variability in OIC's preferred format will receive priority over a filing with a Statement of Variability in another format.

How Speed-to-Market Tools expedite review of your filing:

- **Checklists** are a valuable tool for both the carrier and the reviewing Analyst. Including a completed checklist will save valuable time by ensuring that filed documents meet all applicable state and federal laws and regulations. OIC publishes the actual checklists used by our Analysts to review your filings. If you complete the checklist to ensure that your filing contains everything the Analysts will be looking for, and meets the standards the Analysts will be applying, you can spot and correct issues before your forms are even filed. You are also pointing the Analyst directly to the location of information, which saves time the Analyst would otherwise spend searching for it. Plus, your filing that includes a completed checklist is prioritized over another similar filing that does not.
- **Certifications** allow you to attest that a form is compliant. This allows your Analyst to review your form at a much higher level – in some cases, skipping review entirely. Rather than spending time reviewing your form, OIC relies upon your certification. Form filings that are eligible for this option are detailed below.

- **Following OIC's guidelines for Non-Administrative Variability** allows you to eliminate steps from the extremely time-consuming process of reviewing forms with variability. The more difficult variability is to interpret, the more time it takes. When your Explanation of Variability is in OIC's preferred format, you immediately eliminate two steps: your Analyst having to figure out your format, and your Analyst having to shuffle between two sets of papers. (Having to flip between a form and a separate Statement of Variability, by definition, significantly increases both the review time and the chances of errors.)

  The variability guidelines recommended by OIC have been developed based on many years of reviewing forms with variability. They are the result of experience with countless methods of expressing options. When you express your variables using the criteria recommended by OIC, your Analyst knows what exactly you mean. When you use OIC's preferred format, your Analyst can see, at a glance, how each variable is intended to work.

  That saves time because your Analyst cannot guess what the information in your forms means. Something that seems obvious to you may not be obvious to others, or may be interpreted more than one way. In that case, the Analyst has to spend time trying to figure out what you meant, and then ends up writing an objection, to which you then have to respond (including, probably, amending your form and your Statement of Variability).

How to Use This Document

The *Washington State SERFF Health and Disability Form Filing General Instructions (Health Forms GFIs)* contain several instructions for which optional Speed-to-Market Tools or Processes are available. Notes within those instructions direct you to sections of this Speed-to-Market Guide where you will find information about Speed-to-Market Tools or Processes available to expedite preparation and review of your filings.

Section I – Associating Previously-Approved Forms

Applies to the following GFI sections: I.B.2., I.B.5.a., I.C.3., I.D.3.d., I.E.3., I.F.3., I.G.1.c.i., I.G.2.a.iv., I.G.2.b.iv., I.H.4., II.B.1.a.iv., II.B.2.d., and III.B.2.

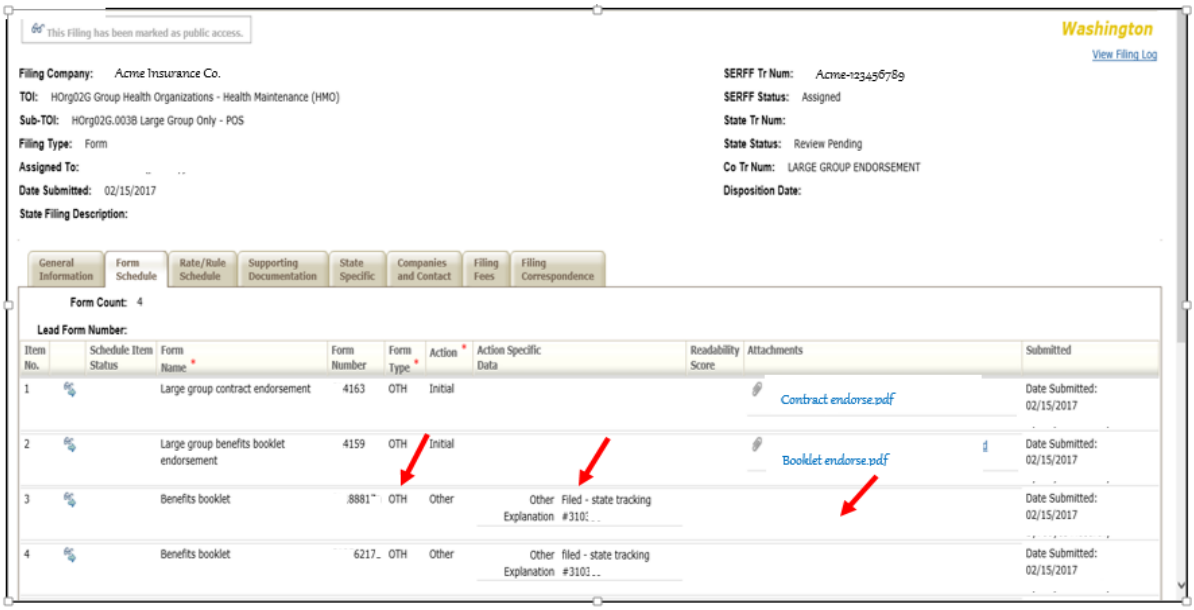
A. With the exception of Standard Master filings and Non-Grandfathered Individual and Small Group filings, you do not need to attach forms for review if they have been **previously approved under the same Type of Insurance (TOI)** as your filing. If your filing includes previously-approved forms, or the form you are filing (i.e., application, rider, endorsement, etc.) will be used in conjunction with previously approved forms, you can simply "associate" them instead. To associate a form:

1. Create a separate line item for the previously-approved form on the Form Schedule tab. Use the same form number and form name as the previously-approved form on the Form Schedule tab. **DO NOT** attach the previously-approved form;

i. On the Form Schedule tab, populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed - State Tracking #[XXXXXX]". Insert the state tracking number of the filing in which the form was approved. See the screenshot below.

ii. Associated forms must have received final action from the OIC within the *State Government General Records Retention Schedule* timeline (8 years). Otherwise, the form is no longer on file with OIC. You may not use this process to satisfy the statutory requirement to file all forms if the form is no longer on file with OIC.

Diagram: Associating previously-approved Forms



Section II - Expediting Review of Forms That Have a Table of Contents

Applies to the following GFI sections: I.B.2., I.G.1.c.i., I.G.2.a.iv., I.G.2.b.iv., I.H.4., II.B.1.a.iv., II.B.2.d., II.B.3.c., and III.B.2.

A. Include accurate page numbers in the Table of Contents for the form as attached on the SERFF Form Schedule tab. The page numbers may be bracketed as an administrative variable. Providing accurate page numbers in the Table of Contents saves review time by assisting the reviewing Analyst in locating specific provisions within the document.

Section III – Administrative and Non-Administrative Variability

Applies to the following GFI sections: I.B.3., II.C., III.B.2., and VII.B.3.

A. Guidelines to assist in determining whether variability is "Administrative Variability":

1. May be bracketed:
    a. Policyholder/group name
    b. Member name
    c. Effective date(s) of plan
    d. Signature blocks
    e. Phone numbers
    f. Addresses
    g. Website addresses (URLs)
    h. Table of Content page numbers
    i. Group-specific policy numbers
2. May NOT be bracketed:
    a. Benefits or benefit language
    b. Exclusions or exclusion language
    c. Cost sharing
    d. Networks
    e. Benefit specific waiting periods
3. Limited variability allowed:
    a. Coordination of Benefits:
        1. Forms may bracket the plan's Coordination of Benefits language and offer optional bracketed language stating the plan does not coordinate benefits. One or the other bracketed provision is included.
    b. Dependent, employee-only and family coverage:
        1. Forms may include bracketed language stating the plan is employee-only (dependents are not covered), and optional bracketed language stating that dependents are covered. One or the other bracketed provision is included.
        2. Forms may include bracketed options for the definition of dependent (who qualifies as a dependent). These options may be, but are not required to be, included within the larger bracketed section stating that dependents are covered.
    c. Eligibility:
        1. ACA only:
            a. When a plan is both on and off the Exchange, language specific to on-Exchange plans and off-Exchange plans may be bracketed.
        2. Classes or types of employees:
            a. Eligible employee classes or types may be bracketed. Each bracketed class or type is either included or not included. For example: [full-time][part-time] [management][executive], [[Seasonal, temporary, on-call] employees are not eligible for coverage.]
            b. Definitions of eligible employee classes may be bracketed. Each bracketed definition would be included or excluded.
    d. Employer waiting period:

1. Forms may include bracketed language describing the employer waiting period. For example: Employees become eligible for coverage [on the date of hire.] [on the first day of the following month after hire.], [The probationary period is waived for an employee who was an on-call employee for a minimum of [1-6, in increments of 1] months immediately prior to becoming an eligible employee.].

e. Hours an employee must work to be eligible:
   1. Language, and the numbers within the language, may be bracketed. For example: [Employees must work a minimum of 32 hours per week.], [Employees must work a [minimum, average] of [12 – 160, in .25 increments] hours per [week, month] over a 12 month period to be eligible for coverage.].
f. Percentage of eligible enrollees required to participate:
   1. Forms may include two or more bracketed descriptions. Each description is either included or not included. For example: [If the Policyholder pays 100% of the premium, then 100% of the eligible employees must be enrolled.], [If the employee pays any portion of the premium, then at least [10-100, in increments of 1] % of the eligible employees must be enrolled.].
g. Grace period:
   1. Forms may include bracketed language describing the grace period. For example: [A 30-day grace period is granted for payment of the premium.], [A [10-90, in increments of 1]-day grace period is granted for payment of the premium.].
h. Leave of absence/sabbatical criteria:
   1. Forms may include two or more bracketed descriptions from which the group chooses (for example, different timelines based on employee status). Each description is either included or not included. Days, months, years may also be bracketed.
i. Premiums:
   1. Forms may include bracketed language describing when premiums are due. For example: [The premium is due the first day of each month.], [The premium is due on the Premium Due Date, which is the [15th, 25th] of each month.], [If additional premium is required, the additional premium must be paid no later than [60-90, in increments of 1] days after the eligible child's date of birth.].
   2. Forms may include bracketed language describing the premium contribution types (contributory, non-contributory, voluntary). Each bracketed provision is either included or not included.
   3. Modes (monthly, quarterly, annual) may be bracketed.
j. Reinstatement criteria:
   1. Forms may include two or more bracketed descriptions from which the group chooses (for example, how long a member has to submit a reinstatement application).
k. Termination of Coverage:
   1. Forms may include bracketed language describing when coverage terminates. For example: [Coverage terminates at the beginning of the month.] or [Coverage terminates at the end of the month.].
l. Type of Insurance options (Application/Enrollment forms only):

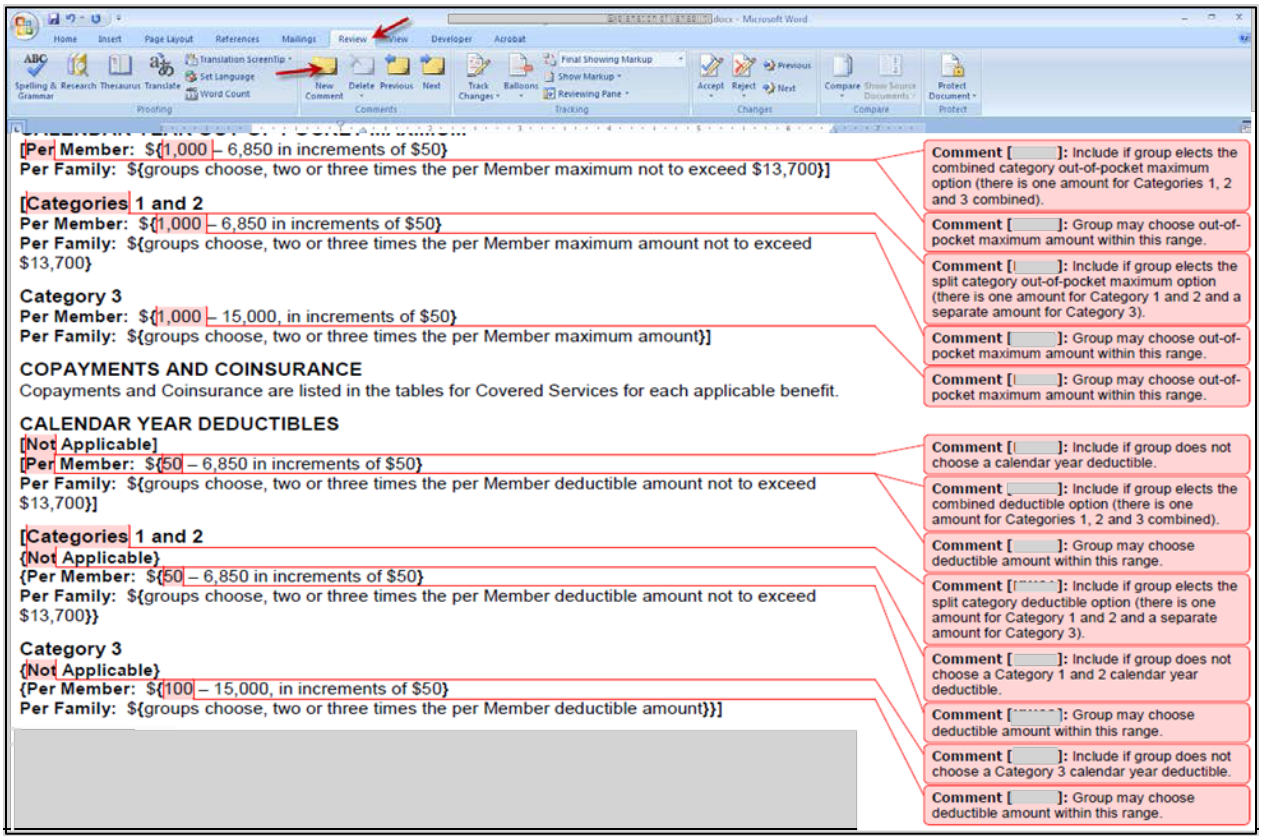
1. Forms may include bracketed language identifying criteria pertaining to a specific type of insurance. For example:
   a. [Dental Insurance
      Select level of coverage:
      Employee Only
      Employee + Spouse/Domestic Partner
      Employee + Child(ren)
      Employee + Spouse/Domestic Partner + Child(ren)]
   b. [Vision Insurance
      Select level of coverage:
      Employee Only
      Employee + Spouse/Domestic Partner
      Employee + Child(ren)
      Employee + Spouse/Domestic Partner + Child(ren)]
   c. Multiple-coverage applications and/or enrollment forms:
      [Life [& AD&D]]
      [Short Term Disability]
      [Long Term Disability]
      [Dental]
      [Accident]
      [Critical Illness]

B. How to show variability in your forms:

1. Remember that variability must be readily understandable. What seems obvious to you may not be obvious to everyone, and your Analyst cannot guess or assume they know what a variable means. Fully explain each variable separately and completely in an Explanation of Variability attached on the Supporting Documentation tab.
2. Use specific variables. If the group may choose benefit amounts within a range, state the specific available amounts within that range. For example: [5% - 25%, in increments of 5%], [10 – 20 visits, in increments of 1], [$0 - $50, in $5 increments], or [$0, $20, $40, or $80]. Avoid variables within variables whenever possible.
3. Use the following preferred format for Explanations of Variability:

   a. Begin with a clean copy of the form as filed, in Word format. On the Word toolbar, click the "Review" tab. Use the "New Comment" feature to provide a comment for each variable, indicating the exact variable provisions that may be included. See "Diagram: Format for Statement of Variability" below. Once the document is completed in WORD, convert to a PDF before loading to the SERFF Supporting Documentation tab. (See example below.)

Diagram: Preferred Format for Statement of Variability



Section IV – Expediting Review of Custom Applications and Enrollment Forms (Including Web-Based)

Applies to the following GFI sections: I.F., I.G.2.a.v., I.G.2.b.v., and II.B.1.a.iv.1.

A. Certifying Custom Enrollment / Application Forms

1. Attach a completed and signed "Custom Enrollment/Application Certification" to the Supporting Documentation tab.

    a. The certification form is available under the Filing Rules tab, General Instructions section, in SERFF or on our website at www.insurance.wa.gov/health-coverage-filing-instructions.

B. Linking Custom Enrollment / Application Forms to the Plans to Which They Apply

If you are filing a Custom Application/Enrollment form by itself, see Section I in this Speed-to-Market Guide for how to "associate" previously-approved forms.

Section V – Expediting Review of Grandfathered Association Health Plans

Applies to the following GFI section: I.G.1

A. Certifying Grandfathered Status

Attach a certification, signed by a person with authority to make a certification on behalf of the company, to the Supporting Documentation tab verifying that the Grandfathered plan(s) meets all the criteria under WAC 284-43-0250.

B. Certifying Compliance with Nondiscrimination Laws

1. Attach a certification, signed by a person with authority to make a certification on behalf of the company, to the Supporting Documentation tab stating that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group plan are not based on any of the following health status-related factors (prescribed in HIPAA at 29 CFR §2590.702) in relation to the individual or a dependent of the individual:

    a. Health status;
    b. Medical condition (including both physical and mental illnesses);
    c. Claims experience;
    d. Receipt of health care;
    e. Medical history;
    f. Genetic information;
    g. Evidence of insurability (including conditions arising out of acts of domestic violence); or
    h. Disability.

C. Facilitating Review With Other Filings

1. If your Grandfathered Association health plan is based on a filed Standard Master health plan, with no deviations, please indicate that in the Filing Description or in your cover letter. Once this is confirmed, the Analyst does not need to do further review of the forms.

2. If your Grandfathered Association health plan is based on a filed Standard Master health plan, but there are differences in the forms, you may expedite review of this filing by attaching strikeout/underline (redline) documents showing the changes from each previously-approved form. On the General Information tab (Filing Description field) or in a cover letter, indicate that you have attached such ~~a~~ strikeout/underlines (redlines), and provide the Form Number and Tracker ID for the filed Standard Master. This allows your

analyst to review only the parts of the form(s) that are different from the Standard Master forms and prevents multiple objections to the same language in different filings.

D. Attaching a Completed Analyst Checklist

1. Attach a completed Analyst Checklist to the Supporting Documentation tab. For requirements that do not apply to the plan because it is a Grandfathered plan, note "Does not apply – Grandfathered Plan" in the "Section/Page #" column.
2. Use the appropriate Checklist for the applicable market (Large Group or Small Group) and carrier license (i.e. Disability, HCSC, or HMO).
3. Checklists are available under the Filing Rules tab, General Instructions section, in SERFF or on our website at www.insurance.wa.gov/health-coverage-filing-instructions.

Section VI – Expediting Review of Non-Grandfathered Association Health Plans

Applies to the following GFI section: I.G.2.

A. Filing Complete Evidence As An Employer Documents

1. Be sure your PDF document entitled "Evidence as an Employer," attached to the Supporting Documentation tab, includes, at minimum:
   a. A copy of the association bylaws; and
   b. A copy of the trust agreement or other organizational document which shows the purpose of the association and who governs the association; and
   c. A statement of the association's history; and
   d. A copy of the occupational categories/industry classifications comprising the employers in the association; and
   e. An advisory opinion from the Federal Department of Labor demonstrating that the group is qualified to purchase association coverage;
   f. In the 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.

B. Certifying Compliance with Nondiscrimination Laws

1. Attach a certification, signed by a person with authority to make a certification on behalf of the company, to the Supporting Documentation tab stating that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group plan are not based on any of the following health status-related factors (prescribed in HIPAA at 29 CFR §2590.702) in relation to the individual or a dependent of the individual:

a. Health status;
b. Medical condition (including both physical and mental illnesses);
c. Claims experience;
d. Receipt of health care;
e. Medical history;
f. Genetic information;
g. Evidence of insurability (including conditions arising out of acts of domestic violence); or
h. Disability.

C. Facilitating Review With Other Filings

1. If your Non-Grandfathered Association health plan is based on a filed Standard Master health plan, with no deviations, please indicate that in the Filing Description or in your cover letter. Once this is confirmed, the Analyst does not need to do further review of the forms.

2. If your Non-Grandfathered Association health plan is based on a filed Standard Master health plan, but there are differences in the forms, you may expedite review of this filing by attaching strikeout/underline (redline) documents showing the changes from each previously-approved form. On the General Information tab (Filing Description field) or in a cover letter, indicate that you have attached such strikeout/underlines (redlines), and provide the Form Number and Tracker ID for the filed Standard Master. This allows your analyst to review only the parts of the form(s) that are different from the Standard Master forms and prevents multiple objections to the same language in different filings.

D. Attaching a Completed Analyst Checklist

1. Attach a completed Analyst Checklist to the Supporting Documentation tab.

2. Use the appropriate Checklist for the applicable market (Large Group or Small Group) and carrier license (i.e. Disability, HCSC, or HMO).

3. Checklists are available under the Filing Rules tab, General Instructions section, in SERFF or on our website at www.insurance.wa.gov/health-coverage-filing-instructions.

Section VII – Expediting Review of Non-Grandfathered Large Group Health Plans (Other than Association Health Plans)

Applies to the following GFI sections: II.B.1., II.B.2., and II.B.3.

A. Associating Previously-Approved Forms

See Section I of this Speed-to-Market Guide for how to "associate" previously-approved forms.

B. Facilitating Review of Variability

See Section III of this Speed-to-Market Guide for guidelines to assist in determining whether variability is "Administrative Variability", and for OIC's recommended format for your Statement of Variability. Remember that Non-Administrative Variability is not allowed in Fully Negotiated filings.

C. Attaching a Completed Large Group Analyst Checklist

1. Attach a completed Large Group Analyst Checklist to the Supporting Documentation tab. Be sure to correctly populate the "Section/Page #" column.
2. Use the appropriate Checklist for carrier license (i.e. Disability, HCSC, or HMO).
3. Checklists are available under the Filing Rules tab, General Instructions section, in SERFF or on our website at www.insurance.wa.gov/health-coverage-filing-instructions.

D. Facilitating Review With Other Filings

1. **When your filing incorporates a form that is substantially similar to a previously-approved form:** You may expedite review of this form by attaching a strikeout/underline (redline) document showing the changes from that previously-approved form. On the General Information tab (Filing Description field) or in a cover letter, indicate that you have attached such a strikeout/underline (redline), and provide the Form Number and Tracker ID for the filing in which the substantially similar form was approved. This allows your analyst to review only the parts of the form(s) that are different from the previously-approved form and prevents multiple objections to the same language in different filings.

2. **When your filing is very similar to another filing:**

    a. Very similar filings can be reviewed as a group. This allows for quicker review and disposition on your filings, and prevents multiple objections to 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.

        i. You may indicate in your filing that you believe the filing should be reviewed together with some of your other filings. You can do this by creating a list of Tracker IDs for filings that can be reviewed as a group, and attaching it on the Supporting Documentation 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.

b. 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. Based on experience and work with carriers, the Health Forms Compliance Analysts try to group Standard Master filings with all Fully Negotiated filings that use the same "base" form (sometimes called a "chassis"). The Standard Master is reviewed as the "primary" filing, and the filings that use the same "base" are reviewed by comparison with the primary filing.

Section VIII. – Expediting Review of Grandfathered Health Plans (Other than Association Health Plans)

Applies to the following GFI section: II

Attach a certification, signed by a person with authority to make a certification on behalf of the company, to the Supporting Documentation tab verifying that the Grandfathered plan(s) meets all the criteria under WAC 284-43-0250.

Section IX – Expediting Review of 2020 Individual and Small Group Non-Grandfathered Health and Pediatric Stand-Alone Dental Plan Filings by All Carriers

Applies to the following GFI section: IV.

A. Attaching a completed Analyst Checklist

1. Attach a completed Individual Analyst Checklist for your recommended primary product* to the Supporting Documentation tab.

   a. Identify the product/plan upon which the checklist is based by including that information on the checklist itself.

   b. The checklists are available under the Filing Rules tab, General Instructions section, in SERFF or on our website at https://www.insurance.wa.gov/checklists-health-coverage-analysts. Use the appropriate Checklist for the applicable market (Individual or Small Group), line of business (i.e. medical, stand-alone dental with pediatrics, etc.) and applicable carrier license (i.e. Disability, HCSC, or HMO).

   *Primary Product is defined as the product with the most complex benefit design in the particular market. The OIC will consider using the carrier's recommended "primary product" for our primary form filing review.

B. Including only Administrative Variability

See Section III of this Speed-to-Market Guide for guidelines to assist in determining whether variability is "Administrative Variability".

C. Facilitating Review with Other Filings

1. Include a Snapshot document in the Binder associated with your filing. See Binder GFIs for instructions on the Snapshot Document.

Section X – Short-Term Limited Duration Medical Plans

Applies to the following GFI section: VII.

Attach a completed Short Term Plans Analyst Checklist under the Supporting Documentation tab for individual and group filings. The Checklist is available under the Filing Rules tab, General Instructions section, in SERFF or on our website at https://www.insurance.wa.gov/checklists-health-coverage-analysts.

Section XI – Student Health Plan Form Filings (located only in the *Washington State SERFF Life and Disability Rate and Form Filing General Instructions)*

Applies to the following LD GFI section: X

1. **To expedite review of Student Health Plans Formulary Filings:** Attach a certification, signed by a person with authority to make a certification on behalf of the company, to the Supporting Documentation tab, confirming that modifications (if any) to the formulary, as originally approved in the initial Student Health Plan(s) filing submission, continue to comply with the requirements of WAC 284-43-5642(6).
2. **Student Health Plans:** Attach a completed *2019-2020 School Year Higher Education Student Health Plan* checklist to the Supporting Documentation tab.
    a. The 2019-2020 School Year Higher Education Student Health Plan Checklist is available under the Filing Rules tab, General Instructions section, in SERFF or on our website at https://www.insurance.wa.gov/checklists-health-coverage-analysts.

For questions related to SERFF filing procedures, contact:

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