

Washington State SERFF Health and Disability Form Filing General Instructions

These instructions apply to filing of forms for all health plans, stand-alone dental plans, stand-alone vision plans, short-term limited duration medical plans, and provider agreements.

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, disability income insurance, and higher education student health plans.

OPTIONAL Speed-to-Market Tools and Processes

Several optional "Speed-to-Market" Tools and Processes are available to assist carriers in preparing a form filing. There are Speed-to-Market Tools that expedite the review of your filing by avoiding common objections that extend the reviewing process. There are also Speed-to-Market processes that allow you to file fewer forms and that facilitate review of your filings as a group. Each of these Tools and Processes is explained in the "*Form Filings Speed-to-Market Guide*."

When there is a tool or process available that will help to expedite some aspect of the filing process, you will be directed to the appropriate section of the Speed-to Market Guide that explains the available optional tool or process. The "*Form Filings Speed-to Market Guide*" may be found at www.insurance.wa.gov/health-care-and-disability-filings.

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I. Filing Requirements for ALL Health and Disability Filers

A. All health and disability policy forms must be filed in SERFF:

1. Please see the NAIC Uniform Life, Accident & Health, Annuity and Credit Coding Matrix for the list of these products.
 - a. The matrix can be found at www.insurance.wa.gov/filing-instructions. Choose

“SERFF Filing Guidelines” under Filing Instructions.

2. If you are a new carrier in Washington or are filing a product that uses a provider network you have not previously used, you must file all required provider network materials and provider contracting materials prior to or concurrent with filing rates and forms.
3. Network Access reports may not be filed in SERFF. For instructions on filing these reports, please see "Network Access Report Submission Instructions" located at www.insurance.wa.gov/network-access.

B. Instructions for filing all forms, except Provider and Facility Agreements:

1. It is very important to check your message center in SERFF for Notes to Filer and Objection Letters, as our Intake Unit uses this method to communicate on requests for corrections and our Compliance Analysts use this to communicate issues during the review process.

2. All forms that are part of the health plan contract must be filed.

See the following sections of the *Form Filings Speed-to-Market Guide*:

- Section I, pg. 4 – Associating Previously Approved Forms.
- Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
- Section V.A., pg. 10 – Certifying Grandfathered Status.

- a. If both a form and rate filing are required, the applicable filings must be filed separately, but concurrently. This does not apply to negotiated large group health, dental-only or vision-only plans.
 - b. You may attach supporting documentation for a specific form under the Supporting Documentation tab.
 - c. You may not encrypt or otherwise electronically protect any document filed with OIC for review. We must be able to make a PDF copy of each of your forms.
 - d. Forms translated from English to another language must be filed according to the requirements of WAC 284-44A-120 (HCSCs), WAC 284-46A-120 (HMOs), or WAC 284-58-066 (Disability companies).
3. Use of bracketing and variability:

See *Form Filings Speed-to-Market Guide* Section III, pg. 6 – Administrative and Non-Administrative Variability

- a. “Administrative Variability” vs. Non-Administrative Variability”
 - i. “Administrative Variability” means variability for administrative purposes

- only, such as signature blocks and contact information. Administrative Variability does not require a formal variability statement.
- ii. “Non-Administrative Variability” means bracketing of benefits or benefit language, exclusions or exclusion language, cost sharing amounts (including deductibles, copays, or coinsurance percentages), networks, benefit-specific waiting periods, or any provision that would affect the rates. Non-Administrative Variability requires a formal Variability Statement.
 - b. Individual and small group filings, including health plans, dental-only and vision-only filings, may use Administrative Variability, but must contain no Non-Administrative Variability. Large Group plans are permitted to use both Administrative and Non-Administrative Variability as described in Section II.C.
4. If a plan uses a provider network, the network name must be clearly identified in the certificate of coverage/benefit booklet and match the network name filed with the OIC exactly (for example: “Your Provider Network is: _____.”).
 5. In your initial submission, all forms that comprise your filing must be in final format and attached on the Form Schedule tab.
 - a. With the exception of Standard Master filings and ACA individual and small group filings, previously approved forms may be “associated.” For information on how to associate previously approved forms. See *Form Filings Speed-To-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms.
 - b. You must list all filed forms in separate lines on the Form Schedule tab, and enter form numbers correctly. Each form listed on the Form Schedule tab must have only one form number.
 - c. Each form filed must contain a unique form number in the lower left hand corner of the document.
 - i. A form retains the same form number throughout the review process.
 - ii. A form which has undergone any revision outside the review process is a new form. This means you may not file a revised version of a previously-approved form using the same form number.
 - iii. Forms that will be used for multiple lines of coverage (health, dental, vision, etc.) need to be filed under each applicable TOI. For example, an enrollment form that will be used for both health and vision plans will need to be filed separately using a health TOI (i.e. H16G) on one filing and a vision TOI (H20G) on the second filing. The form can, however, have the same form number under each TOI as long as the form is identical under each TOI.
 6. “Corresponding Filing Tracking Number” Field:
 - a. You must complete the “Corresponding Filing Tracking Number” field if there is a required corresponding filing (for example, for-public/not-for-public rate,

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etc.). Note that this field can be changed via post-submission update if necessary.

- i. A "Corresponding Filing Tracking Number" is the number for a rate filing that is required to be filed in relation to the current form filing. There is no need to list filings other than rate filings (for example, it's unnecessary to list all form filings sold to the same group, etc.).
- ii. A corresponding filing tracking number must be a SERFF tracking number. It cannot be a state tracking number, company tracking number, or form number.
- iii. If there are too many corresponding filing tracking numbers to be placed in the "Corresponding Filing Tracking Number" field you may list the corresponding filing tracking numbers in a separate document attached on the Supporting Documentation tab, and indicate this in the "Corresponding Filing Tracking Number" field.

7. Timing of changes to a Form Filing:

- a. You may make any changes to the forms in your filing that are required to be made in response to an objection in that filing. Those changes may be made at any time between receipt of the Objection Letter and the "respond-by" date in the Objection Letter.
- b. The timing of changes to your filing for any other reason must be coordinated with the Analyst assigned to that filing. Failure to coordinate with your Analyst may interrupt (and thus delay) review of the filing, or may require the Analyst to re-start review from the beginning. If you make a change that necessitates re-starting review from the beginning, that review will be prioritized according to the date of the change (not the date of the original filing). This will delay review of your filing.
- c. To coordinate timing of changes with your Analyst, you must send a Note to Reviewer in the form filing requesting to make the change. The Note to Reviewer must be sent in the filing you are requesting to change, and include specific details of the change requested.
 - i. If you are requesting to make a change to your form filing in response to an objection in the corresponding **rate** filing, your Note to Reviewer must also include the SERFF or State Tracker ID of that rate filing.
 - ii. Your Analyst will respond to your request in a Note to Filer. The Analyst may:
 1. Authorize you to make the change immediately; or

2. Request that you make the change at a later time during the review process; or
 3. Advise you of any specific compliance concerns about the change you have requested.
- d. Do not make any modifications other than as specifically authorized in the Note to Filer. Filings modified without coordination with the Analyst may be treated as un-reviewed filings and prioritized according to the date of the unauthorized change (not the date of your original filing). This will delay review of your filing.

C. Making Mid-Year Form Changes Intended to Take Effect on the Effective Date of a Filing:

1. If the filing is still in the review process, follow Section I.B.7. of these instructions regarding timing of changes to form filings.
2. If the filing has received a final disposition and is closed, contact your Analyst or the Rates and Forms Help Desk so that we can work together to determine the best way to accomplish your goal. Be sure to let us know if the change to the form(s) will affect the rates or if the documents have been issued to the Policyholder or members, because this will affect the way the change must be filed.
3. Forms that make a change to a plan must be linked to the forms they change. To do this:
 - a. Attach the forms on the Form Schedule tab. Provide the following information for each form: populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed - State Tracking #[XXXXXX] No Changes."

See *Form Filings Speed-To-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms.

D. Making Mid-Year Form Changes Intended to Take Effect After the Effective Date of a Filing:

1. If the filing is still in the review process, follow Section I.B.7. of these instructions regarding timing of changes to form filings. The following instructions pertain to a form filing that has received final disposition and is closed.
2. If you want to make a mid-plan year change to a plan on a form filing that was filed as **Fully Negotiated**, and the **change results in a change in rates**, you must submit a new Fully Negotiated form filing according to Section II.B.1. of these instructions.
3. If you want to make a mid-plan year change to a plan on a form filing that was filed as **Fully Negotiated** and the **change will not result in a change in rates**, you

must submit a separate filing of the form(s) (e.g., endorsement) to make this change to the plan.

- a. You must use the following naming convention in the Product Name field on the General Information tab: "END [Group Name]."
- b. The filing must be submitted under the same TOI as the plan it is changing.
- c. The form(s) that make the change must be filed for review by being listed and attached, in final format, on the Form Schedule tab.
- d. You must link these forms to the form(s) they change. To do that:

- i. Attach the forms on the Form Schedule tab. Provide the following information for each form: populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed - State Tracking #[XXXXXX] No Changes."

(See *Form Filings Speed-To-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms.)

4. To make a change to a **Standard Master** form filing that will take effect after the effective date of that Standard Master form filing, you must file a new Standard Master that includes the change. Follow Section II.B.3. of these instructions.
5. To make a change to a plan filed using the **Short Form** process, you must file the plan as a Fully Negotiated form filing. Follow Section II.B.4. of these instructions.
6. To make a mid-plan year change to **any other form filing**, contact your Analyst or the Rates and Forms Help Desk so that we can work together to determine the best way to accomplish your goal. Be sure to let us know if the change will affect the rates or if the documents have been issued to the Policyholder or members, because this will affect the way the change must be filed.
7. If you have a concern or are unsure which process to use, contact your Analyst for assistance.

E. Renewal, discontinuation, and termination notices:

1. Health plans must file these notices as a separate filing.
2. Notices filed for review must be listed and attached, in final form, on the Form Schedule tab.
3. These notices must be linked with the forms to which they apply. To do this:
 - a. Attach the forms on the Form Schedule tab. Provide the following information for each form: populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed - State Tracking #[XXXXXX]."

See *Form Filings Speed-To-Market Guide* Section I, pg. 4 – Associating

Previously-Approved Forms.

4. For plans in the individual market (both inside and outside the Exchange, including catastrophic plans), you must use the state-specific notices published by OIC. No deviations from these templates will be allowed, including the form number, except where indicated within the template by the bracketed text. For plans in the small group market, you may, but are not required to, use the state-specific notices published by OIC.
 - a. These notices may be found at www.insurance.wa.gov/health-care-and-disability-filings.
5. For notices in both the individual and small group markets, you must use the following naming conventions in the Product Name field on the General Information tab:
 - a. Renewal notices must use the following standard (as appropriate):
 - i. "Renewal Notice - Exchange Market"; or
 - ii. "Renewal Notice - Outside Market"; or
 - iii. "Renewal Notice – Both Inside and Outside Exchange".
 - b. Discontinuation notices must use the following standard (as appropriate):
 - i. "Discontinuation Notice - Exchange Market"; or
 - ii. "Discontinuation Notice - Outside Market"; or
 - iii. "Discontinuation Notice – Both Inside and Outside Exchange".
 - c. Aging off catastrophic plan notices must use the following standard (as appropriate):
 - i. "Aging Off Catastrophic Plan Notice - Exchange Market"; or
 - ii. "Aging Off Catastrophic Plan Notice - Outside Market"; or
 - iii. "Aging Off Catastrophic Plan Notice – Both Inside and Outside Exchange".
6. For Notices in the Large Group market:
 - a. 90-day replacement notices must use the standard: "90 Day Replacement Notice."
 - b. 180-day replacement notices must use the standard: "180 Day Replacement Notice."
 - c. 90-day discontinuation notices must use the standard: "90 Day Discontinuation Notice."
 - d. 180-day discontinuation notices must use the standard: "180 Day Discontinuation Notice."

F. Custom applications and enrollment forms (including web-based):

All web-based application and enrollment forms are considered "custom" and must follow the criteria listed under this section. See *Form Filings Speed-to-Market Guide* Section IV, pg. 9 – Expediting Review of Custom Applications and Enrollment Forms (Including Web-Based).

1. Custom applications and enrollment forms filed for review must be attached, in final form, on the Form Schedule tab.
2. You must use the following naming conventions in the Product Name field (when the custom application and enrollment form(s) is filed by itself) on the General Information tab, and under the Form Name field on the Form Schedule tab:
 - a. "Custom App/Enr [ABC Company]." "ABC Company" means the specific group, trust, association, etc.
 - b. "Custom App/Enr" for filings where no specific employer group, trust of association exists.
3. Custom application and enrollment forms must be linked to the plans to which they apply. To do this:
 - a. Attach the forms on the Form Schedule tab. Provide the following information for each form: populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed - State Tracking #[XXXXXX]."

See *Form Filings Speed-To-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms.

G. Health plan issued to an Association or Member-Governed Group:

1. **Grandfathered** Associations or Member-Governed Groups under WAC 284-43-0250 and WAC 284-43-0330. See *Form Filings Speed-to-Market Guide* Section V, pg. 10 – Expediting Review of Grandfathered Association Health Plans.
 - a. You must state in the Filing Description field on the General Information tab whether this is an in-state or out-of-state group filing. 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.
 - b. You must use the following naming convention in the Product Name field on the General Information tab: "Grandfathered Association or Member-Governed Group– [Name of the Association]."
 - c. Rates and forms for Grandfathered association or member-governed groups must be filed separately from rates and forms for Non-grandfathered association or member-governed groups. See Rate Filing General Instructions

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and WAC 284-43-0330.

- i. You must file all forms comprising the contract, including the group master application, enrollment form, policy, certificate of coverage(s), and other documents as appropriate. Each form submitted for review must be listed and attached on the Form Schedule tab. Each form must be in single case format. (Single case format means group-specific language with no bracketing or variability.) See *Form Filings Speed-to-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms, and Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
- ii. In instances when an Association health plan incorporates a previously-approved form with no changes, create a separate line item for each previously-approved form, attach the PDF and list the previous Filing Tracking Number under the “Action Specific Data” column, and note “No Changes.”
- d. 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.
 - i. You must use the following naming convention for the Form Name field on the Form Schedule tab: “Custom App/Enr [ABC Company]”.

2. **Non-Grandfathered** Association Health Plans:

See *Form Filings Speed-to-Market Guide* Section VI, pg. 11 – Expediting Review of Non-Grandfathered Association Health Plans.

- a. **Pathway 1 Association:** Bona fide group or association of employers to whom the health plan is issued constitutes an employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974 and Department of Labor (“DOL”) guidance issued prior to June 21, 2018 under WAC 284-43-0330(1) and (2).
 - i. The health plan must be filed as, and conform to the requirements for, a small group health plan if the group meets the definition of a small group under RCW 48.43.005(33).
 - ii. You must state in the Filing Description field on the General Information tab whether this is an in-state or out-of-state group filing. 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.
 - iii. Must use the following naming convention in the Product Name field on

the General Information tab: "Pathway 1 Association or group under 29 U.S.C. Section 1002(5) of ERISA – [Name of the Association]".

- iv. You must file all forms comprising the contract, including the group master application, enrollment form, policy, certificate of coverage(s), and other documents as appropriate. Each form submitted for review must be listed and attached on the Form Schedule tab. Each form must be in single case format. (Single case format means group-specific language with no bracketing or variability.) See *Form Filings Speed-to-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms, and Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
 1. In instances when an Association Health Plan incorporates a previously-approved form with no changes, create a separate line item for each previously-approved form, attach the PDF and list the previous Filing Tracking Number under the "Action Specific Data" column, and note "No Changes."
- v. 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. See *Form Filings Speed-to-Market Guide* Section IV, pg. 9 – Expediting Review of Custom Applications and Enrollment Forms (Including Web-Based).
 1. You must use the following naming convention for the Form Name field on the Form Schedule tab: "Custom App/Enr [ABC Company]".
- vi. Must attach a PDF document titled "Evidence as an Employer" on the Supporting Documentation tab.

H. Dental only or Vision only plans for Association or Member-Governed Groups:

1. Out-of-State group dental and vision plans, including association filings, filed by disability companies should follow Section III.A.
2. Dental-only and vision-only plans for Association or Member-Governed Groups must use the following naming convention in the Product Name field on the General Information tab:
 - a. "Association [[Dental Only] or [Vision Only]] – [Group name]";
 - i. Include either "Dental Only" or "Vision Only," but not both in the above naming convention.
 - 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.B.1.
3. If both a form and rate filing are required, the applicable filings must be filed separately, but concurrently. This does not apply to negotiated large group health, dental-only or vision-only plans.
4. You must file all forms comprising the contract, including the group master application, enrollment form, policy, certificate of coverage(s), and other documents as appropriate. Each form submitted for review must be listed and attached on the Form Schedule tab. Each form must be in single case format. (Single case format means group-specific language with no bracketing or variability.) See *Form Filings Speed-to-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms, and Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
 - a. In instances when an Association dental-only or vision-only plan incorporates a previously-approved form with no changes, create a separate line item for each previously-approved form, attach the PDF and list the previous Filing Tracking Number under the “Action Specific Data” column, and note “No Changes.”

I. Taft-Hartley Plans:

1. Taft-Hartley plans are filed as large group employer plans, following the instructions in Sections I.A and I.B., and Section II.B.1.
2. You must state on the General Information tab that the filing is a Taft-Hartley plan.

II. How to File Large Group Plans - ALL Carriers

See Form Filings Speed to market Guide Section VIII, pg. 14 – Expediting Review of Grandfathered Health Plans (Other Than Association Health Plans).

A. Scope of Section:

1. Scope of Section by TOI in SERFF: H16G, HOrg02G, H10G, H15G, or H20G.

B. Options for filing non-Association large group forms:

A custom large group plan, to be sold to only one group, is filed according to Section II.B.1. A large group plan to be sold to multiple groups is filed according to Section II.B.2. Carriers also have the alternative of expediting filing and review of plans to be sold to multiple large groups by using the optional Standard Master filing method under Section II.B.3. Carriers who use the Standard Master filing method may also choose to use the optional Short Form filing method to file large group plans with 12 or fewer deviations from a Standard Master, as describe under Section II.B.4. Health plans to be sold to

Associations are filed according to Section I.G.

1. Filing forms for one plan to be sold to only one large group:

See *Form Filings Speed-to-Market Guide* Section VII, pg. 13 - Expediting Review of Non-Grandfathered Large Group Health Plans (Other Than Association Health Plans)

- a. A "**Fully Negotiated Filing**" is a filing for a large group plan to be sold to one large group.
 - i. Fully Negotiated filings are filed according to Section I of these instructions.
 - ii. You must use the following naming convention in the Product Name field on the General Information tab: the product name must start with, "Full Neg – [Group's Name]."
 - iii. Fully Negotiated form filings do not have to be filed concurrently with the rate (which is filed via the monthly omnibus rate filing).
 - iv. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings. A carrier does not need to enter a number in the Corresponding Filing Tracking Number field if there is no rate filing at the time the form is filed.
 - v. The filing must be complete; all forms to be used with the Fully Negotiated contract must be listed on the Form Schedule tab. See *Form Filings Speed-to-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms, and Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
 1. 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. See *Form Filings Speed-to-Market Guide* Section IV, pg. 9 – Expediting Review of Custom Applications and Enrollment Forms (Including Web-Based).
 - a. You must use the following naming convention for the Form Name field on the Form Schedule tab: "Custom App/Enr [ABC Company]."

2. Filing forms for one large group plan for sale to multiple large groups:

See *Form Filings Speed-to-Market Guide* Section VII, pg. 13 – Expediting Review of Non-Grandfathered Large Group Health Plans (Other Than Association Health Plans).

- a. This subsection applies to a health plan, dental-only, or vision-only contract intended to be sold to multiple large groups and with no Non-Administrative Variability. Such plans may include Administrative Variability. These forms are

filed according to Section I of these instruction.

- b. The Product Name on the General Information tab must include "Large Group [Product Name]." The Product Name must not include "Standard Master." (To use the optional Standard Master filing process, see Section II.B.3.)
 - c. Your filing must include all forms that comprise the contract under RCW 48.18.100(1); 48.43.733(1); 48.44.040; 48.46.060(6); WAC 284-43-6560(1 and 2); 284-44A-010(4), and 284-46A-040(4).
 - d. All forms must be attached to the Form Schedule tab in final format. See *Form Filings Speed-to-Market Guide* Section I, pg. 4 – Associating Previously-Approved Forms, and Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
3. **Filing forms for more than one large group plan for sale to multiple large groups using the Optional Standard Master filing process:**

See Form Filings Speed-to-Market Guide Section VII, pg. 13 – Expediting Review of Non-Grandfathered Large Group Health Plans (Other Than Association Health Plans).

- a. A "**Standard Master**" is a filing that includes several health, or dental-only, or vision-only plans intended to be sold to multiple large groups by an HCSC, HMO, or Disability carrier. Standard Master forms are filed according to Section I of these instructions. Standard Master may include Non-Administrative Variability, as described in Section II.C.
- b. Standard Master form filings must use the following naming convention in the Product Name Field on the General Information tab "Large Group Std. Master [Product Name]."
- c. Standard Master filings must include all forms that comprise the plans. See *Form Filings Speed-to-Market Guide* Section II, pg. 5 – Expediting Review of Forms That Have a Table of Contents.
 - i. In instances when a Standard Master incorporates a previously-approved form with no changes, create a separate line item for each previously-approved form, attach the PDF and list the previous Filing Tracking Number under the "Action Specific Data" column, and note "No Changes."
- d. All Standard Master forms should be attached to the Form Schedule tab in final format.

4. Filing forms for one large group plan to be sold to only one large group using the Optional Short Form filing process:

- a. If you made a filing of one plan for sale to multiple large groups (See Section II.B.2.) or a Standard Master Contract (See Section II.B.3.), you can use the optional Short Form filing process to file a fully negotiated large group contract that has 12 or fewer deviations from that filing. Where a filing has more than 12 deviations from a filed Standard Master Contract, use the Fully Negotiated filing process in Section II.B.1.
 - i. A “deviation” is a change such as changing eligibility requirements, networks, the way a benefit is administered, cost sharing, or deleting a non-mandated benefit entirely. However, a deviation does not include adding a benefit.
 - ii. To add a benefit not already listed in the Standard Master, you must file a Fully Negotiated contract according to the instructions in Section II.B.1.
- b. 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.
- c. You must use the following naming convention in the Product Name field on the General Information tab: the product name must start with, “Short Form – [Group’s Name].”
- d. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings.
- e. Attach a properly completed “Short Form” as set forth in form SHORT FORM ED.6, and as revised from time to time.
 - i. SHORT FORM ED.6 is a form prescribed by and available from the Commissioner. It may be may be found at www.insurance.wa.gov/health-care-and-disability-filings.
 - ii. The form number may not be modified or removed from SHORT FORM ED.6.
- f. Provide the exact language or number(s) to be changed (for example, listing the exact language to be added and/or deleted on the SHORT FORM ED.6 form, or placing a redline showing the modified provision under the Supporting Documentation tab, etc.). A general description of the change is not acceptable. We must be able to tell what the language or number was in the Standard Master, and how it will be different in the forms as issued to the group.

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- i. Provide the form number and page or section number where each listed change will occur.
- g. 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.
 - i. You must use the following naming convention for the Form Name on the Form Schedule tab: "Custom App/Enr ([ABC Company])."
- h. You may not file an amendment or endorsement to a plan filed using the Short Form filing process.
- i. 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 carrier must make this change by submitting a Fully Negotiated contract according to the instructions set forth in Section II.B.1.

C. Administrative and Non-Administrative Variability

See *Form Filings Speed-to-Market Guide* Section III, pg. 6 – Administrative and Non-Administrative Variability

1. Administrative Variability does not require a formal variability statement.
2. Non-Administrative Variability may be used in large group Standard Master filings and in short-term limited duration medical plan filings only and requires a formal Variability Statement.
 - a. Each Non-Administrative variable must be separately and completely explained in an Explanation of Variability attached on the Supporting Documentation tab.
3. Variables must be specific. For Non-Administrative variables, if the group has a choice of amounts within a range, the specific available amounts within that range must be stated. For example: [5% - 25%, in increments of 5%], [\$0 - \$50, in \$5 increments], or [\$0, \$20, \$40, or \$80]. Avoid variables within variables whenever possible.
4. Variability must be readily understandable. Every variable increases the time it takes to review your filing, even when it is understandable. If the Analyst is unable to understand how a variable in your filing works, the Analyst will have to send an Objection, to which you will have to respond, in order to have it explained. This will significantly delay review of your filing.

D. "PPACA" field:

1. For large group submissions, you will generally select "Not PPACA-Related". However, you must populate this field with the option that accurately describes the particular filing.
2. Do not check other boxes in this field.
3. More information on the PPACA field is available by clicking on the "What is PPACA?" link in SERFF directly below this field.

E. "Include Exchange Intentions" field:

1. For large group submissions, you will select "No" when the "PPACA" field is marked "Not PPACA-Related."

III. Requirements for Disability (Insurance) Company Form Filings for Discretionary Groups [RCW 48.21.010(2)]

A. Approval by Commissioner

1. You must attach on the Supporting Documentation tab a statement why the Commissioner should find that your filing meets the requirements of RCW 48.21.010(2)(a)(i through iii).
 - a. If your filing is for a previously-approved discretionary group, this statement must include the SERFF Tracker ID of the filing in which such approval was granted.

B. Complete filing required

1. All forms filed for approval must be listed and attached on the Form Schedule tab.
2. You must file all forms comprising the contract, including the group master application, enrollment form, policy, certificate of coverage(s), and other documents as appropriate. Each form submitted for review must be listed and attached on the Form Schedule tab. Each form must be in single case format. (Single case format means group-specific language with no bracketing or variability.)

See the following sections in the *Form Filings Speed-to-Market Guide*

- Section I, pg. 4 – Associating Previously-Approved Forms
 - Section II, pg. 5 – Expediting Review of Forms That Have A Table of Contents
 - Section III, pg. 6 – Administrative and Non-Administrative Variability.
- a. In instances when a Discretionary Group plan incorporates a previously-approved form with no changes, create a separate line item for each previously-

approved form, attach the PDF and list the previous Filing Tracking Number under the "Action Specific Data" column, and note "No Changes."

3. SERFF Requirements:
 - a. You must disclose in the Filing Description field on the General Information tab that this is a Discretionary Group filing.
 - b. You must use the following naming convention in the Product Name field on the General Information tab: the product name must start with, "Discretionary Group – [Group Name]."

IV. 2020 Individual and Small Group Non-Grandfathered Health and Pediatric Stand-Alone Dental Plan Filings by ALL Carriers

The Washington Health Benefit Exchange (WAHBE) has provided the following guidance for individual filings intended for certification as qualified health plans (QHPs) or qualified dental plans (QDPs) for plan year 2020:

1. Individual Market:
 - a. The WAHBE Board will certify both QHPs and QDPs for plan year 2020. Health plans intended to be certified as QHPs must **NOT** include the pediatric dental Essential Health Benefit.
 - b. 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 will certify stand-alone family and pediatric-only QDPs to be offered both on the Exchange and in the outside market for plan year 2020.

See *Form Filings Speed-to-Market Guide* Section IX, pg. 14 – Expediting Review of 2020 Individual and Small Group Non-Grandfathered Health and Pediatric Stand-Alone Dental Plan Filings By All Carriers.

A. Filing of rates, forms, and binders:

1. **Scope of Section** by Type of Insurance (TOI) in SERFF: H10I, H16I, HOrg02I, H10G, H16G, and HOrg02G.
 - a. Student Health Plans (TOI H22) should follow the instructions under the *Washington State SERFF Life and Disability Rate and Form Filing General*

Instructions.

2. Forms for Exchange and outside market products will be filed separately but concurrently with the rates and network access reports. For Plan Year 2020, binders are subject to the same **May 23, 2019** filing deadline as forms, rates, and network access reports.
 - a. You must use the following naming convention in the Product Name field on the General Information tab: The Product Name must start with: 2020 Non-grandfathered [[Individual] or [Small Group]].
 - i. Include either "Individual" or "Small Group," but not both in the above naming convention.
3. Forms must be filed according to Section I of these instructions.
4. For forms, you may not file multiple Products in one submission. You must submit one Product per filing.

B. "PPACA" field:

1. Individual and small group health plan submissions must populate the "PPACA" field on the General Instructions tab as: "Non-grandfathered Immed Mkt Reform".
2. Do not check other boxes in this field.
3. More information on the PPACA field is available by clicking on the "What is PPACA" link in SERFF directly below this field.

C. "Include Exchange Intentions" field:

1. Health plan submissions must properly complete the "Include Exchange Intentions" field on the General Information tab when the "PPACA" field is populated with "Non- grandfathered Immed Mkt Reform".
2. You must populate this field with "Exchange Only", "Outside Market Only", or "Exchange and Outside Market."

D. If you are filing revised versions of previous year's forms:

1. If you are filing forms that are revised versions of the previous year's approved forms:
 - a. You must file the revised forms on the Form Schedule tab with unique form numbers.
 - b. When you list the revised form on the Form Schedule tab, you must populate the "Action" field with "Revised". You will then be prompted to enter "Action Specific Data". In the Action Specific Data field, you must enter the form number of the previous year's form (the one you are replacing) and the SERFF Tracker ID under which the previous year's form was filed.

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(See "Diagram: Filing Revised Versions of Previous Year's Forms" on following page. See "Action" and "Action Specific Data" columns.)

- c. You must attach a strikeout/underline (redline) of the changes from the previous year's forms on the Supporting Documentation tab.

Diagram: Filing Revised Versions of Previous Year's Forms:

	Form Type *	Action *	Action Specific Data	Re Sc
-	POL	Revised	Previous Filing # Replaced Form #	ACME-012345678 ACME Contract 6789876
-	CER	Revised	Previous Filing # Replaced Form #	ACME - 012345678 Awesome 1000 Booklet (01-2015)
-	CERA	Revised	Previous Filing # Replaced Form #	ACME-012345678 Awesome 500 Booklet (01-2015)
	AEF	Revised	Previous Filing # Replaced Form #	ACME - 012345678 ACME MGA (01-2015)
	AEF	Revised	Previous Filing # Replaced Form #	ACME - 012345678 Awesome Booklet Insert (01-2015)
	AEF	Initial		

E. You may not use Non-Administrative Variability to define product or plan design:

1. Different products must be filed separately. Plans with different benefits are separate products. No benefits (such as adult dental or contraception) may be bracketed in Individual or Small Group plans.
2. Different plans within each product may not be filed using any form of Non-Administrative variability or bracketing.
 - a. Administrative Variability may be used in Individual or Small Group filings, including necessary Exchange and Off-Exchange eligibility language.

- b. Administrative Variability does not require a formal variability statement.

F. Pediatric stand-alone dental plan (with Pediatric Dental EHB) for 2020 plan year:

1. **Scope of Section** by TOI in SERFF: H10I.001 or H10G.001
2. Submission Requirements:
 - a. You must use one of the following naming conventions (as appropriate) in the SERFF Product Name field on the General Information tab:
 - i. Individual - EHB Dental - Both Inside and Outside Exchange.
 - ii. Individual - EHB Dental - Exchange Only.
 - iii. Individual - EHB Dental - Outside Exchange Only.
 - iv. Small Group - EHB Dental - Both Inside and Outside Exchange.
 - v. Small Group - EHB Dental - Exchange Only.
 - vi. Small Group - EHB Dental - Outside Exchange Only.
 - b. In the Corresponding Filing Tracking Number field, list the SERFF Tracking Number(s) of the corresponding rate filing(s) (public and separate not-for-public rate filing, if requested).
 - c. **DO NOT** file large and small group products combined.

V. Individual and Small Group (Non-Pediatric EHB) Dental-Only and Vision-Only Plans

A. Scope of Section by TOI in SERFF: H10I, H10G, H20I, and H20G:

1. This section applies to plans which are not intended to provide the Pediatric Essential Health Benefits for oral care or vision.
2. For dental-only and vision-only association plans, see Section I.H.

B. Filing Instructions:

See *Form Filings Speed-to-Market* Guide Section III.A., pg. 6 – Guidelines To Assist In Determining Whether Variability is “Administrative Variability”

1. These plans must be filed according to the instructions in Section I, subsections A-F of these Instructions.
2. Administrative Variability does not require a formal variability statement.
3. Plans with different benefits must be filed separately. Individual and small group dental-only and vision-only plans may not file different plans within a product using any form of variability or bracketing.

4. You must use the following naming convention in the Product Name field on the General Information tab: "Outside Market [Product Name]."

VI. Quarterly Formulary Filings [WAC 284-43-5642(6)(e)(i)]

- A. Non-grandfathered individual and small group plans: Carriers must file their formularies quarterly using the instructions found under Section IV of the *Washington State SERFF Health and Disability Binder Filing General Instructions*.**
- B. Student Health Plans: Use instructions under the *Washington State SERFF Life and Disability Rate and Form Filing General Instructions*.**

VII. Short-Term Limited Duration Medical Plans [WAC 284-43-8000], *et seq.*

See *Form Filings Speed-to-Market Guide* Section X, pg. 15 – Short-Term Limited Duration Medical Plans

A. Scope of Section:

1. Scope of Section by TOI in SERFF: H15I.002 and H15G.004.

B. General Instructions:

1. Short-term limited duration medical plans are filed according to Section I and Section II of these instructions.
2. You must use the following naming convention in the Product Name field on the General Information tab: the product name must start with "Short-term limited duration medical plan."
3. Short-term limited duration medical plans may include both Administrative and Non-Administrative Variability (see Section II.C.). See *Form Filings Speed-to-Market Guide*, Section III, pg. 6 – Administrative and Non-Administrative Variability

VIII. Provider and Facility Agreement Filings

Under RCW 48.43.730 and WAC 284-170-480 participating provider and facility contract forms must be in writing and filed for prior approval for Health Care Service Contractors, Health Maintenance Organizations, and Disability Issuers.

A. Provider and Facility Filings – General Provisions

1. The following provisions apply specifically to Provider and Facility Agreements filed under TOIs NA01.000 and NA01.003. These requirements are separate and distinct

from the requirements for submitting form filings in the preceding sections of this document. **Please note that this section is specific to the *submission of provider and facility agreements*. The *Rejection criteria (Section IX)* and *Responding to SERFF Objection Letters (Section X)* sections of these instructions still apply.**

2. You must properly identify the type of agreement being filed by following the Product Name field requirements for TOIs NA01.000 and NA01.003 in the SERFF Submission Requirements. **Please note that we have updated this requirement to allow more flexibility. You may review the SERFF Submission Requirements in the SERFF application under “WashingtonLDH.”**
3. Network Access reports may not be filed in SERFF. For instructions on filings these reports, please see “Network Access Report Submission Instructions” located at the OIC Website (www.insurance.wa.gov). Click on the “For Insurers and Regulated Entities” tab, then under “Filing Instructions” choose “Network Access”.
4. In your initial submission, all forms that comprise the provider or facility agreement must be in final format and attached on the Form Schedule tab.
 - a. You must list all filed forms in separate lines on the Form Schedule Tab, and enter form numbers correctly. Each form listed on the Form Schedule tab must have only one form number.
 - b. Each form filed must have a unique identifying number (in the lower left corner of the document) and a way to distinguish it from other versions of the same form.
 - i. A form retains the same form number throughout the review process.
 - ii. A form which has undergone any revision outside the review process is a new form. This means you may not file a revised version of a previously-approved form using the same form number.
 - c. You may attach supporting documentation for a specific form under the Supporting Documentation tab.
 - d. Revised provider agreements must have a unique form number and include a strikeout and/or underline version showing the changes to the

documents [WAC 284-170-480(2)(a)(ii)]. This document must be filed on the Supporting Documentation tab.

- e. You may not encrypt or otherwise electronically protect any document filed with OIC for review. We must be able to make a PDF copy of each of your forms.
5. "Corresponding Filing Tracking Number" field in SERFF:
- a. You must complete the "Corresponding Filing Tracking Number" field if there is a required corresponding filing. (Note that this field can be changed via post-submission update if necessary.)
 - i. "Corresponding Filing Tracking Number" is the number for a filing that is required to be filed in relation to the current filing.
 - ii. A corresponding filing tracking number must be a SERFF tracking number. It cannot be a state tracking number, company tracking number, or form number.
6. To expedite your filing, you may include a completed copy of the [Provider and Facility Checklist](#) on the Supporting Documentation tab. You can find the checklist on our website. If you choose to include a checklist, please note that you may only include it in "for public" filings.
7. You must make a separate submission for each provider and facility agreement type. You may not file multiple agreements [i.e. provider, facility, ancillary, etc.] in one SERFF submission [WAC 284-44A-020; WAC 284-46A-020; WAC 284-58-010].
8. You must populate the "Requested Filing Mode" field with "Review and Approval." Provider or facility agreements may not be filed as "informational" or "file and use" unless directed by OIC.
9. You must populate the "Implementation Date Requested" field with either "On Approval," or a specific date pursuant to RCW 48.43.730(2) or RCW 48.43.730(2)(b).

B. Contract Templates:

1. You must make a separate submission for each contract template [WAC 284-44A-020; WAC 284-46A-020; WAC 284-58-010].
2. Contract templates must be issued exactly as approved [WAC 284-170-480(2)(a)].
3. You must clearly state whether the filing is "for public" or "not for public" in both the Filing Description and the Product Name fields.

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4. "For public" Filings:
 - a. A Washington State specific template must include all forms, exhibits, and appendices (minus the provider compensation schedule) filed on the Form Schedule tab.
 - b. A national template with a Washington State Regulatory Appendix must include all forms, exhibits, regulatory appendix (minus the provider compensation schedule), etc., filed on the Form Schedule tab.
 - c. Revised contract template agreements must have a unique form number and include a strikeout and/or underline version showing the changes to the documents [WAC 284-170-480(2)(a)(i)]. This document must be filed on the Supporting Documentation tab.
 - d. If you are filing a "for public" document only, please provide a detailed explanation in the General Information section.
 - e. A contract addendum or amendment to the core agreement must be filed for approval and include a copy of the core agreement and all subsequent addenda or amendments filed on the Form Schedule tab.
5. "Not for public" Filings:
 - a. The compensation schedule(s) must be filed on the Form Schedule tab.
 - b. Changes to a previously filed and approved provider compensation agreement modifying the compensation amount or terms related to compensation must be filed and are deemed approved upon filing if there are no other changes to the previously approved provider contract or compensation agreement [WAC 284-170-480(2)(a)(iii)].
 - c. If you are filing to update contract template compensation per WAC 284-170-480(2)(a)(iii), you are not required to refile the "for public" submission concurrently if there are no changes to the "for public" contract template agreement. The Filing Description field must clearly state that no "for public" filing is required.

C. Negotiated Provider and Facility agreements:

1. You must make a separate submission for each negotiated agreement [WAC 284-44A-020; WAC 284-46A-020; WAC 284-58-010].

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2. All negotiated contracts and compensation agreements must be filed with the commissioner for approval thirty calendar days prior to use and include all contract documents between the parties [WAC 284-170-480(2)(b)(i)]. This means that if either a contract **or** a compensation agreement is negotiated (outside of approved variability), both the contract and compensation agreement must be filed.
3. You must clearly state whether the filing is “for public” or “not for public” in both the Filing Description and the Product Name fields.
4. “For public” Filings:
 - a. The filing must include the provider– or facility- specific agreement documents that will include, but may not be limited to: core agreement, exhibits, and any regulatory appendices filed on the Form Schedule.
 - b. A contract addendum or amendment to the core agreement must be filed for approval and include a copy of the core agreement and all subsequent addenda or amendments (minus provider compensation exhibits) filed on the Form Schedule tab [WAC 284-170-480(2)(b)(i)].
 - c. Revised negotiated agreements must have a unique form number and include a strikeout and/or underline version showing the changes to the documents [WAC 284-170-480(2)(a)(i)]. This document must be filed on the Supporting Documentation tab.
 - d. If you are filing a “for public” document only, please provide a detailed explanation in the General Information section.
5. “Not for public” Filings:
 - a. The compensation schedule(s) must be filed on the Form Schedule tab.
 - b. If the only negotiated change is to the compensation amount or terms related to compensation, it must be filed and is deemed approved upon filing [WAC 284-170-480(2)(b)(ii)].

Please note: WAC 284-170-480(2)(b)(i) requires that negotiated contract submissions must include all contract documents between the parties. If the provider or facility core agreement is a contract template, but you negotiate compensation outside of the compensation range in the contract template filing, you must submit both the “for public” and “not for public” documents as negotiated.

Once you have a full negotiated contract on file per WAC 284-170-480(2)(b)(i), you may then update compensation filings per WAC 284-170-480(2)(b)(ii) and you will not be required to refile the “for public” submission if there are no changes to the core agreement.

D. Intermediary Network Contracts (leased networks and administrative service arrangements):

1. You must make a separate submission for each Intermediary Network contract [WAC 284-44A-020; WAC 284-46A-020; WAC 284-58-010].
2. You must clearly state whether the filing is “for public” or “not for public” in both the Filing Description and Product Name fields.
3. “For public” Filings:
 - a. A Washington State specific template must include all forms, exhibits, and appendices (minus the provider compensation schedule) filed on the Form Schedule tab.
 - b. A national template with a Washington State Regulatory Appendix must include all forms, exhibits, regulatory appendix (minus the provider compensation schedule), etc., filed on the Form Schedule tab.
 - c. Negotiated contract filings must include the provider- or facility-specific agreement documents that will include, but may not be limited to: core agreement, exhibits, and regulatory appendices filed on the Form Schedule tab.
 - d. You must file a copy of the intermediary (network leasing or administrative service) agreement between the parties on the Supporting Documentation tab for review.
 - i. An intermediary agreement means all contracts between the Issuer and other parties that, together, form the contract between the Issuer and the intermediary.

For example, Issuer X delegates to an Interagency Arrangement Y to contract with ACME Network. The filing must include: (1) Issuer X’s agreement with Interagency Y, and (2) Interagency Y’s agreement with ACME Network.
 - e. Please see Section VIII.B – *Contract Templates*, or Section VIII.C – *Negotiated Provider and Facility Agreements* for the applicable requirements when updating or revising a provider or facility agreement.
 - f. If you are filing a “for public” document only, please provide a detailed explanation in the General Information section.
 - g. A contract addendum or amendment to the core provider agreement must be filed for approval and include a copy of the core provider agreement and all subsequent addenda or amendments filed on the Form Schedule tab.
4. “Not for public” Filings:
 - a. The compensation schedule(s) must be filed on the Form Schedule tab

- b. Changes to a previously filed and approved provider compensation agreement modifying the compensation amount or terms related to compensation must be filed and are deemed approved upon filing if there are no other changes to the previously approved provider contract or compensation agreement [WAC 284-170-480(2)(a)(iii)].
- c. If you are filing to update contract template compensation per WAC 284-170-480(2)(a)(iii), you are not required to refile the “for public” submission concurrently if there are no changes to the “for public” contract template agreement. The Filing Description field must clearly state that no “for public” filing is required.
- d. You must file a copy of the intermediary payment arrangement compensation agreement between the parties on the Supporting Documentation tab.

IX. Your Filing Will Be Rejected If

A. It is not timely filed:

1. All 2020 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 23, 2019.
2. Issuers will be permitted to amend filings only at the direction of the Commissioner.
3. Filings not timely submitted will be rejected without review.

B. Your Short Form filing does not include the correct form, submitted correctly:

1. **Forms are filed using the Short Form Filing Summary, “SHORT FORM ED.6.”**
2. Your filing will be rejected if the SHORT FORM ED.6 is attached on a tab other than the Form Schedule tab. You will be given an opportunity to correct the placement of the form, if needed. The filing will be rejected if not corrected.
3. Your filing will be rejected if a SHORT FORM ED.6 is filed for an Association or Trust group.

C. You have attempted to endorse a Short Form filing:

1. A Short Form filing may not be endorsed. See Section II.B.4.

D. You have attempted to use the Short Form process without a current filing of one large group plan for sale to multiple groups or Standard Master:

1. To use the Short Form filing process, the Short Form must be based upon a filing of one large group plan for sale to multiple groups or a Standard Master with an

effective date within 12 months of the Short Form filing effective date. See Section II.B.4.

E. Incorrect product name:

1. Your filing will be rejected if it does not use the correct Product Name format on the General Information tab as set forth in these Instructions.
2. You will be given an opportunity to correct this field if needed. The filing will be rejected if the field is not corrected.

F. You have failed to identify a required corresponding filing:

1. See Section I.B.6., above.
2. You will be given an opportunity to correct this field if needed. The filing will be rejected if the field is not corrected.

G. We cannot download your filing into our back office system:

1. There are a number of reasons why we cannot download filings into our back office system. The most common reasons include:
 - a. Attachments are not in PDF format.
 - b. 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.
 - c. You include an incorrect Type of Insurance (TOI) or Sub-TOI as listed on the NAIC Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix.
 - i. The matrix www.insurance.wa.gov/filing-instructions. Choose "SERFF Filing Guidelines" under Filing Instructions.
 - d. You filed multiple provider agreements in one submission.

H. Provider agreement:

1. You filed for public provider agreement documents in a not for public filing.
2. You filed using H21 or HOrg03 types of insurance.

I. 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.

X. Requirements for Responses to SERFF Objection Letters

A. All attachments to responses must be in PDF format.

B. When responding to an objection letter, you must:

1. Amend your filing as necessary to respond to an objection.
2. When making changes to an already submitted form, attach a revised document on the Form Schedule tab.
3. Add a Schedule Item on the Form Schedule tab to add additional forms not previously submitted.
4. Revise exhibits and supporting documentation as necessary on the Supporting Documentation tab.
5. Add exhibits and supporting documentation as necessary to the Supporting Documentation tab.
6. Respond to each objection using the SERFF response letter process.
7. If a form Schedule Item is no longer to be considered part of the filing, remove the PDF attachment from the Form Schedule tab.
8. If an objection letter indicates that your analyst has listed examples of an issue that exists throughout the filing, you must correct **ALL** instances where that issue occurs. Do not correct the issue only in the places listed in the examples. You must review the entire form(s), identify each place the issue occurs, and correct it in each place. Failure to do so delays review. Review of your filing may be stopped while another objection letter is sent asking you to complete the corrections.
9. The OIC will disapprove a filing if 30 days pass following the Objection Letter respond-by date with no word from the carrier. **This provision does not apply to filings made under TOI NA01.**

C. Strikeout / Underline (redline) versions required:

1. For any form which is amended in response to an objection, you must attach a strikeout / underline (redline) version on the Supporting Documentation tab, showing all changes in response to the objection letter.
2. Please ensure that the copy of the form attached on the Form Schedule tab is the final, clean form.
3. Please ensure that the copy attached on the Supporting Documentation tab is the strikeout / underline (redline) version and shows all changes made in response to the objection letter.
4. The review process can involve more than one set of objections and responses, so that a form may undergo more than one set of changes. This can result in

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difficulty showing, and viewing, strikeout/underline (redline) changes. If you are unsure how best to strikeout/underline (redline) the changes to your form, contact your analyst. The goal is to create a clear record of the changes made from the original version of your form to the final version. Together you can determine how best to achieve this.

XI. For Questions Related to SERFF Filing Procedures, Contact:

Rates & Forms Help Desk

(360) 725-7111

rfhelpdesk@oic.wa.gov