



Insurance Department

TODD E. KISER
Insurance Commissioner

State of Utah
GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

BULLETIN 2018-2

TO: Health Insurers Offering Health Benefit Plans or Stand-Alone Dental Plans

FROM: Todd E. Kiser, Utah Insurance Commissioner

DATE: April 19, 2018

SUBJECT: **Health Benefit Plan and Stand-Alone Dental Plan Filing Requirements for 2019 Plan Year**

This Bulletin is intended to provide guidance to an insurer offering a health benefit plan or a certified stand-alone dental plan (SADP) in the individual or small employer market for the 2019 plan year, regardless of marketplace participation. This Bulletin serves as a summary and notice of the 2019 state and federal filing requirements, as currently published. Insurers must ensure compliance with applicable state and federal laws and regulations; and the Department of Health and Human Services (HHS) 2019 Letter to Issuers in the Federally-facilitated Marketplaces, Notice of Benefit and Payment Parameters for 2019, Market Stabilization Rules, Bulletins, and Addendums. Should deadlines, technological issues, or other circumstances necessitate a change, notification will be provided.

The Utah Insurance Department (Department) will be performing the plan management functions required for insurers' participation in the federally facilitated marketplace (FFM), along with its regular function of approving forms, templates, and reviewing rates for all health plans sold in Utah. The goal is to make health plan regulation as efficient and streamlined as possible for health insurers, including reducing costs, complications, and promoting a level playing field in Utah. The Department maintains all regulatory functions and oversight of plan management under these marketplace models.

Filing Deadlines – Regardless of Marketplace Status

Individual and Small Employer Health Benefit Plans:

Form and rate submissions must be submitted in separate filings.

- **June 14, 2018, 8:00 AM MDT:** Forms, binders, and associated documents
- **July 6, 2018, 11:59 PM MDT:** Rates, revised Rate Data Template, and Unified Rate Review Parts I, II and III
- **July 20, 2018, 11:59 PM MDT:** Initial rate submission in Health Insurance Oversight System (HIOS)

Individual and Small Employer Certified Stand-Alone Dental Plans:

Form and rate submissions must be submitted in one filing.

- **May 31, 2018, 8:00 AM MDT:** Forms, rates, binders, and associated documents

It is the insurer's responsibility to ensure that all filings are complete and compliant with all federal and state laws, regulations and standards. A submitted filing that does not comply with laws, regulations, or standards will be rejected and not considered filed with the Department, Utah Administrative Code (UAC) Rule R590-220-5.

Binder, Form, and Rate Filing Guidance

Filings must meet the requirements of UAC Rule R590-220. A product and plan must be compliant with the definition of a product and plan pursuant to 45 CFR 144.103. If a filing includes new or revised products and plans, supporting documentation and justification must be included. An insurer is required to file a 2019 binder filing with all applicable templates, even if no changes to plans are being made.

A binder and corresponding form filings must be submitted within five business days of each other but no later than the filing deadline listed above, and as instructed below:

Binder Filings:

- A separate binder is required for each single risk pool: individual health benefit plans; small employer health benefit plans; individual SADPs; and small employer SADPs.
- The binder must include all products and plans offered within a pool.
- A rate template is required to be submitted with all binders. The rate template for all health benefit plans must reflect a best estimate until the rate filing deadline of July 6th.

Health Benefit Plan Form Filings:

- Do NOT submit rate information in a health benefit plan form filing.
- An insurer must submit one form filing for each distinct **HIOS Product ID**.
 - If an insurer chooses to use a previously filed form, the form does not need to be re-filed. The insurer must attach under the Supporting Documentation tab a list of the previously submitted form number(s) and corresponding SERFF tracking number(s) with an attestation there are no changes to the form.
- Products must share the same set of benefits and limits. Plans may differ in cost sharing. Each filing must include all plans within the single product.
- Each form must be identified by a unique form number and the form number cannot be variable.
- Form filings must be referenced and linked in the binder.

Health Benefit Plan Rate Filings:

- Do NOT submit forms in a health benefit plan rate filing.
- Rate filings must be submitted under separate SERFF tracking numbers for each risk pool; individual or small employer.

- All direct costs associated with Cost Share Reductions should be loaded onto Silver on-exchange plans. Review the Notice associated with Bulletin 2017-1(a) for additional guidance.
- Pursuant to federal regulation, insurers must submit the Uniform Rate Review Parts I, II, and III to the Department and in HIOS no later than the filing deadlines listed above.
 - The SERFF filing must include documentation via a note to reviewer that confirms the HIOS filing.
 - The HIOS filing must include the *rate filing* SERFF tracking number in the field “Filing Tracking Number.”
- Rate filings must be referenced and linked in the binder.

Stand-Alone Dental Plan Form and Rate Filings:

- Dental form **AND** rate filings must be submitted as one filing for each market; individual and small employer.
- Each form must be identified by a unique form number and the form number cannot be variable.
- Form and rate filings must be referenced and linked in the binder.
- If an insurer chooses to use a previously filed form and/or rate, and not submit a new form or rate filing, the binder must include a note to reviewer attesting that there are no changes in the form or rate and must include the SERFF tracking number under which the form/rate filing was submitted, including any filed updates to the originally filed form and/or rate.
- If an insurer chooses to use a previously filed form or rate, the filing must provide the corresponding form and/or rate in the filing description.

The Department will utilize CCIIO’s standard templates, application review tools, 2019 Letter to Issuers, and may use other recommendations developed by CCIIO. Additional filing guidance may be found in SERFF’s Plan Management General Instructions.

Market Reform Rules, QHP & SADP Certification Requirements, and Items of Note

Market Reform Rules and QHP & SADP Certification Requirements of Bulletin 2017-1(a) is hereby incorporated by reference and available on the Department’s website, www.insurance.utah.gov, with the following summary of key changes:

- Network Adequacy — All insurers must make their access plan and criteria available, upon request, to the Department, that demonstrates the insurer has standards and procedures in place to maintain an adequate network, pursuant to Utah Code Annotated (UCA) § 31A-2-202.
- Actuarial Values — The AV de minimus range for metal levels is a variation of -4/+2 other than expanded bronze plans which have a de minimus of -4/+5.
- Expanded Bronze Plans — Justification and documentation must be disclosed in the actuarial memorandum on reasonableness and soundness.
- SADP Actuarial Value – The AV standard has been removed to provide an SADP insurer greater flexibility in determining cost-sharing on pediatric dental EHBs.
- Rate Justification - The default threshold for submission of the URRT Part II has increased from 10 percent to 15 percent.

Small Employer Redefined

House Bill 39 of Utah 2018 General Session has revised the definition of a small employer, UCA § 31A-1-301. A small employer is defined as an employer who, with respect to a calendar year and to a plan year, employed at least one employee but not more than an average of 50 eligible employees on business days during the preceding calendar year; or if the employer did not exist for the entirety of the preceding calendar year, reasonably expects to employ an average of at least one but not more than 50 eligible employees on business days during the current calendar year; employs at least one employee on the first day of the plan year; and for an employer who has common ownership with one or more other employers, is treated as a single employer under 26 U.S.C. Sec. 414(b), (c), (m), or (o).

Transitional/Grandmothered Plan Extension

Pursuant to UCA § 31A-30-117, an individual or small employer health insurer may continue non-grandfathered transitional health benefit plan coverage as permitted by guidance issued by the U.S. Department of Health and Human Services' Center for Consumer Information and Insurance Oversight (CCIIO). On April 9, 2018, CCIIO issued the Extension of Transitional Policy through 2019 Insurance Standards Bulletin. The Bulletin permits a health insurer, which has renewed policies under the transitional policy continually since 2014, to continue to renew such policies provided the transitional coverage does not extend past December 31, 2019. Refer to Bulletin 2016-2(a), for options concerning accumulation periods for deductible and out of pocket maximums.

Age Slope

The Health Insurance Market Rules; Rate Review Final Rule, 45 CFR 147.102(e), allows a state to establish a uniform age rating curve within the ratio of 3:1. The Utah defined age slope, outlined below, remains the same and is the only age slope to be utilized.

| Age Band | Slope Factor | Age Band | Slope Factor | Age Band | Slope Factor |
|----------|--------------|----------|--------------|----------|--------------|
| 0-20 | 0.793 | 35 | 1.390 | 50 | 2.127 |
| 21 | 1.000 | 36 | 1.390 | 51 | 2.212 |
| 22 | 1.050 | 37 | 1.404 | 52 | 2.300 |
| 23 | 1.113 | 38 | 1.425 | 53 | 2.392 |
| 24 | 1.191 | 39 | 1.450 | 54 | 2.488 |
| 25 | 1.298 | 40 | 1.479 | 55 | 2.588 |
| 26 | 1.363 | 41 | 1.516 | 56 | 2.691 |
| 27 | 1.390 | 42 | 1.562 | 57 | 2.799 |
| 28 | 1.390 | 43 | 1.616 | 58 | 2.911 |
| 29 | 1.390 | 44 | 1.681 | 59 | 3.000 |
| 30 | 1.390 | 45 | 1.748 | 60 | 3.000 |
| 31 | 1.390 | 46 | 1.818 | 61 | 3.000 |
| 32 | 1.390 | 47 | 1.891 | 62 | 3.000 |
| 33 | 1.390 | 48 | 1.966 | 63 | 3.000 |
| 34 | 1.390 | 49 | 2.045 | 64 | 3.000 |

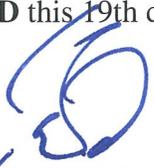
Geographic Rating Areas

Utah's geographic rating areas are based on counties. Counties are assigned to the following areas:

- Area 1: Cache and Rich
- Area 2: Box Elder, Morgan, and Weber
- Area 3: Davis, Salt Lake, Summit, Tooele, and Wasatch
- Area 4: Utah
- Area 5: Iron and Washington
- Area 6: Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, and Wayne

If you have any questions or comments, please call the Health and Life Division at 801-538-3077 or email us at health.uid@utah.gov.

DATED this 19th day of April 2018.



Todd E. Kiser
Insurance Commissioner