#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Consumer Information and Insurance Oversight 200 Independence Avenue SW Washington, DC 20201



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**Title:** Insurance Standards Bulletin Series—INFORMATION

**Subject:** CCIIO Guidance - Questions and Answers Regarding Rate Review Requirements

# I. Purpose

The purpose of this bulletin is to provide guidance regarding uniform rate review timelines in states that operate a State-based Marketplace.

## II. Questions and Answers

### Question #1:

The Centers for Medicare & Medicaid Services (CMS) has specified the following uniform rate review timeline with respect to 2015 rate filings for single risk pool compliant coverage effective on or after January 1, 2016: (i) issuers must submit initial rate filings by May 15, 2015 (ii) states with effective rate review programs must make publicly available proposed rate increases subject to review by June 1, 2015; and (iii) rates for plans in a single risk pool containing a Qualified Health Plan (QHP) must be finalized by August 25, 2015. Do these deadlines apply in states with a State-based Marketplace (SBM)?

#### Answer #1:

Yes. The new uniform rate filing deadlines for single risk pool compliant plans apply in all states. However, for 2015 rate filings for coverage effective on or after January 1, 2016 only, CMS will not consider a state with an effective rate review program that operates an SBM and does not utilize the Federally Facilitated Marketplace (FFM) platform (and issuers offering coverage in such state) to be out of compliance with the uniform rate submission, posting, and

<sup>&</sup>lt;sup>1</sup> See CMS Insurance Standards Bulletin Series, CCIIO Sub-Regulatory Guidance: Timing of Submission and Posting of Rate Filing Justifications for the 2015 Filing Year for Single Risk Pool Compliant Coverage Effective on or after January 1, 2016 (Apr. 14, 2015), available at <a href="http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-rate-review-timeline-final.pdf">http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-rate-review-timeline-final.pdf</a>. See also Key Dates in 2015: QHP Certification in the Federally-Facilitated Marketplaces; Rate Review; Risk Adjustment, Reinsurance, and Risk Corridors, available at <a href="http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-Key-Dates-QHP-Certification-in-the-FFM-Rate-Review-and-3Rs-final.pdf">http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf</a>.

finalization timeline for single risk pool compliant plans (including both QHPs and non-QHPs) offered in such state as long as the state meets all of the following conditions:

- Sets a uniform submission deadline for proposed rate increases for single risk pool compliant plans no later than June 5, 2015;
- Uniformly posts on the state's website at least the information contained in Parts I, II, and III of the Rate Filing Justification that CMS makes available on its website (or provides CMS's web address for such information) for all proposed rate increases for single risk pool compliant plans that are subject to review no later than June 19, 2015;
- Finalizes all single risk pool compliant submissions in the Health Insurance and Oversight System (HIOS) by October 9, 2015; and
- Uniformly posts on the state's website at least the information contained in Parts I, II, and III of the Rate Filing Justification that CMS makes available on its website (or provides CMS's web address for such information) for all final rate increases for single risk pool compliant plans no later than November 1, 2015.

States with effective rate review programs that operate an SBM and elect to exercise this flexibility must ensure that the information they release to the public is made available at a uniform time for <u>all</u> proposed and final rate increases for single risk pool compliant coverage (including QHPs and non-QHPs), as applicable, in the relevant market segment and without regard to whether coverage is offered through or outside of an Exchange.