



Illinois Department of Insurance

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TO: ALL COMPANIES WRITING ACCIDENT AND HEALTH INSURANCE AND MANAGED CARE PLANS IN ILLINOIS

FROM: ROBERT MURIEL, ACTING DIRECTOR OF INSURANCE

DATE: APRIL 26, 2019

RE: COMPANY BULLETIN #2019-04. ILLINOIS FILING REQUIREMENTS FOR INDIVIDUAL AND SMALL GROUP HEALTH PLANS (ON AND OFF-MARKETPLACE)

The purpose of this Bulletin is to provide instructions to Issuers seeking certification or recertification of individual and small group health plans and Stand Alone Dental Plans (SADP) offered on the Individual and Small Business Health Options Program (SHOP) Marketplace and approval off the Marketplace for Plan Year 2020.

Note: The Issuer deadlines apply to all individual and small group health plans and dental plans offered on and off the Marketplace.		
Activity		Dates
Plan and Rate Application Submission and Review Process	Deadline for Issuers to Submit Plan Data and Rate Filings to Illinois DOI through SERFF	05/17/19
	Illinois DOI First SERFF Data Transfer Deadline	6/19/19
	CMS Reviews Initial QHP Applications	6/20/19-8/2/19
	Illinois DOI Second SERFF Transfer Deadline	7/24/19
	Deadline for Issuers to Submit Changes to Rates	8/1/19
	Deadline for Issuers to Submit Service Area Petition Changes	8/07/19
	CMS Sends First Correction Notice to Issuers	8/9/19
	Illinois DOI Deadline to Provide Issuer Service Area Petition Changes to CMS	8/12/19
	Deadline for Issuers to Submit Changes to Plan Submissions	8/15/19
	Illinois DOI Second SERFF Data Transfer Deadline for States	8/22/19
	CMS Reviews Final QHP Submissions	8/22/19-9/9/19
	CMS Sends Final Correction Notice to Issuers with Agreements for Signature and Plan Lists for Confirmation	9/16/19
	Illinois DOI sends CMS final Plan Recommendations	9/24/19
QHP Agreement/ Final Certification	Issuers Send Signed Agreements, Confirmed Plan Lists and Final Plan Crosswalks to CMS	9/16/19-9/24/19
	Limited Data Correction Window (Outreach to Issuers with CMS or Illinois DOI Identified Data Errors; Issuers Submit Corrections; CMS Reviews and Finalizes Data for Open Enrollment.)	9/19/19-9/20/19
	CMS sends Certification Notices with counter-signed agreements and final plan lists to Issuers	10/3/19-10/4/19
Open Enrollment begins		11/1/19

Issuers are advised to consult federal regulations, 2020 Letter to Issuers, and state law in conjunction with this Bulletin to ensure full compliance. Helpful documents can be found on the Illinois Department of Insurance's [ACA Issuer Homepage](#).

- All form filings must be submitted in the format of a complete insurance policy; **the Department will not accept matrix insert page filings, riders, amendments, variable language or brackets. Approved filings will only be reopened upon request from CMS. All other reopen requests will be denied.** Note: Summary of Benefits and Coverage may contain bracketed information per the federal template, and the cover page may include brackets for policyholder name, policy number, product name, effective date of policy and other identifying data.
- Visit the [CMS QHP Certification website](#) and complete the QHP application using the relevant templates and review tools.
 - For 2020 plans, Illinois will require the crosswalk template to be uploaded to the binders.
- Submit all **checklists, templates, and supporting documentation** in SERFF.
- Provide a red-lined version identifying the variations in plan benefit design from the plans submitted for the previous plan year for each form filing submitted for recertification. Red-lined version must be submitted under the supporting documentation tab in the form filing in SERFF.
- Associate all relevant filings in the SERFF binder including but not limited to form, rate, and network adequacy filings.
- Remit the fee of \$3,000.00 for certification of each new QHP. Remit the fee of \$1,500.00 for recertification of an existing QHP.
- Service Area Exemption: Issuers that fail to offer coverage to an entire rating area must obtain an exception from the Department. (See 2020 [QHP Service Area Exception Form](#)) The Issuer must provide service area maps to show compliance with the service area requirement.
- For Plans that will be discontinued or modified, Issuers must submit the appropriate letters or notifications pursuant 215 ILCS 97/60. Issuers should use the [notification template](#) for the Individual market.
- CMS Policy on Prescription Drug Manufacturer Coupons and Out-of-Pocket Limits: CMS explained in its Final Rule at 84 Fed. Reg. 17545 that “amounts paid toward cost sharing using any form of direct support offered by drug manufacturers [for brand drugs] must be counted toward the annual limitation on cost sharing” when either A) no generic equivalent is available or medically appropriate, or B) an appeals process in 45 C.F.R. § 147.136 or the drug exception process under 45 C.F.R. § 156.122(c) determines that an enrollee needs a brand drug because the generic or other alternative may not be available or medically appropriate. However, 45 C.F.R. § 156.130(h) clearly provides that plans are not required to count toward this annual limitation direct support from drug manufacturers for specific prescription brand drugs that have an available and medically appropriate generic equivalent. Issuers are encouraged to consult CMS guidance documents to verify that their plans conform to CMS benefit design standards for QHP certification. Issuers seeking further guidance on implementation of this policy should contact CMS directly.

Table 2: Maximum Annual Limitation on Cost Sharing for Plan Year 2020

	Individual Coverage	Family Coverage
Health Plans:	\$8,150	\$16,300

	Individual Coverage	Family Coverage
SADPs that provide pediatric dental EHB:	\$350	\$700

Issuers may be required to attach other checklists as indicated by the ACA Individual, Small Group, and Catastrophic Checklist and/or supporting document templates.

Exhibit 1:**2020 Health Plans Filing Requirements - Forms & Binder**

Federal Required Templates	Required Submission via SERFF		Location:
	On/Off-Exchange	Off-Exchange	
All applicable templates/documents listed on the <u>QHP Certification Checklist</u> shall be uploaded in SERFF binder <i>(Note that documentation must be submitted in SERFF binder for the state of Illinois)</i>	Yes	No	Binder
Illinois Required Documents			
<u>ACA Individual, Small Group, and Catastrophic Checklist</u>	Yes	Yes	Form Filing
<u>ACA Individual & Small Group SADP Review Requirements Checklist</u>	Yes	Yes	Form Filing
Network Adequacy and Transparency Checklist	Yes	Yes	Network Adequacy Filing
Mental Health Parity Supporting Documentation Template	Yes	Yes	Form Filing
Proposed Enrollment Template	Yes	No	Binder
External Review Checklist	Yes	Yes	External Review Filing

Exhibit 2:**2020 Health Plans Filing Requirements - Rates**

Federal Required Templates	Required Submission via SERFF		Location:
	On-Exchange	Off-Exchange	
QHP Rating Module documents			
- Rates Table Template	Yes	Yes	Rate Filing & Binder
- Business Rules Template			
Unified Rate Review Template	Yes	Yes	Rate Filing & Binder
Illinois Required Documents			
<u>Health Premium Rates Checklist</u>	Yes	Yes	Rate Filing & Binder
<u>Proposed Enrollment Template</u>	Yes	No	Rate Filing & Binder