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To: All health carriers writing health insurance or health benefit plan coverage in Missouri

From: Director Chlora Lindley-Myers

Re: Health Insurance Rate Filing Key Dates

This Bulletin provides notice to health carriers of key filing dates for health benefit plans that will be offered during 2019, as required by §376.465, RSMo (2016)¹, and 20 CSR 400-13.100.

**Applicability**
This Bulletin is intended to announce key rate filing dates for health benefit plans that are:
- “Health benefit plans” as defined in §376.465 (excluding plans sold in the large employer group market); and
- Individual and small employer group plans subject to the requirements of the single risk pool and transitional plan; and
- Subject to a determination of “reasonableness” pursuant to §376.465.7.

For ease, this Bulletin will hereinafter refer to such plans as “Subsection 7 Plans.” Section 376.465 specifies the timeframes applicable to rate filings for all other health benefit plans.

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¹ All statutory references herein are to RSMo (2016) unless otherwise noted.
File Rates for Subsection 7 Plans No Later than July 25, 2018
The Centers for Medicare and Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO) designated Missouri as an “Effective Rate Review” state in 2017. To retain that status, the Department must ensure rate filings meet federal guidelines.

Current federal guidelines require rates to be filed for single risk pool and transitional plans issued or renewed on or after January 1, 2019. Rates for Subsection 7 Plans must be submitted no later than July 25, 2018, with the exception of student health plans.

With regard to student health plans, federal law exempts such plans from the filing deadlines applicable to single risk pool and transitional plans. However, pursuant to Missouri law under §376.465, rates for student health plans should be filed at least 60 days prior to the proposed effective date.

File Rates for Subsection 7 Plans No Earlier than June 15, 2018
If a rate filing is submitted prior to June 15, 2018, the health carrier should include a request to extend the review timeframe to July 25, 2018. This extension of time is necessary for the Department to accommodate the review and posting of proposed rates and the public comment period required by 20 CSR 400-13.100 within the overall timeframes established by CCIIO.

Post Proposed Rates for Subsection 7 Plans - August 1, 2018
Current federal guidelines require “Effective Rate Review” states to post proposed rates for single risk pool and transitional plans no later than August 1, 2018. The Department does not intend to post proposed rates earlier than this date.

Optional Filing of Quarterly Rates for Subsection 7 Plans in the Small Group Market
Current federal law permits single risk pool and transitional plans in the small group market to adjust rates as often as quarterly. As Missouri law does not limit the frequency of rate filings, health carriers may submit quarterly rate filings for small group market plans.

- 2019 Plans: Health carriers should submit rate filings consistent with the filing deadlines determined by CCIIO, but at least 60 days prior to the proposed effective date, per §376.465.
  - Health carriers should remember the 30 day public comment period specified in 20 CSR 400-13.100. This requirement applies to small group quarterly rate filings. Health carriers should plan their filing and implementation accordingly.
  - The Department notes federal filing deadlines for quarterly filings in prior years have been approximately 105 days before the effective date of the quarterly rates.

Concurrent Filings with CMS
20 CSR 400-13.100(8) requires health carriers to submit rate filing materials to CMS concurrently with rate filings to the Department. However, current federal guidance for transitional health plans only requires rate submissions where the proposed rate increase exceeds the federally identified rate review threshold.

In order to alleviate unnecessary administrative burdens, health carriers do not need to submit rate filing materials to CMS for transitional health plans unless the filing proposes a rate increase that exceeds the federally identified rate review threshold. However, health carriers with transitional health plans are still expected to submit rate filings to the Department in accordance with the requirements of Missouri law.
For Additional Rate Filing Guidance
General Instructions available via the System for Electronic Rate and Form Filing (SERFF) for Missouri have been updated. Additional filing guidelines will be posted on the Department’s website and updated as necessary.

Rate Filings for other Health Benefit Plans
For filing requirements applicable to grandfathered and excepted benefit plans that are not Subsection 7 Plans, please see §376.465. For dental plans that a health carrier or licensed pre-paid dental plan intends to make available on the exchange, rates must be filed in accordance with §376.465, or thirty (30) days prior to the intended effective date.

Any questions or comments regarding this Bulletin should be directed to Molly White at 573-526-4106 or via email to Molly.White@insurance.mo.gov.