



DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

INSURANCE BULLETIN 25-08

Health Insurance – Revised Rate and Form Filings for Plan Year 2026

Issued: September 11, 2025

The following Bulletin is issued by the Missouri Department of Commerce and Insurance (“Department”) to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, shall not be considered a statement of general applicability and is not binding on the Department. See § 374.015, RSMo (2016).

To: Insurance companies writing health insurance or health benefit plan coverage in Missouri

From: Angela L. Nelson, Director

Re: Revisions to Rate and Form Filings for Plan Year 2026 in response to the United States District Court for the District of Maryland in *City of Columbus v. Kennedy*, No. 25-cv-2114-BAH (D. Md.) decision and expanded eligibility for Catastrophic Plans

BACKGROUND

The Department received notification from the Center for Consumer Information and Insurance Oversight at the Centers for Medicare and Medicaid Services (“CMS”) on the evening of Friday September 5, 2025, regarding CMS’s expectations for plan year 2026 rate and form filings in light of the United States District Court for the District of Maryland’s decision in *City of*

*Columbus v. Kennedy*¹. This bulletin describes actions, including changes to rate and form filings, that insurers and states must take in light of recent decisions and pending motions in the Federal District Court for the District of Maryland and the United States Court of Appeals for the Fourth Circuit. The Department acknowledges that recent guidance and court orders have created a fluid and uncertain regulatory environment for Plan Year 2026. We understand the challenges posed by these late-stage changes, but recognize their importance for consumer protection and market stability. We will continue to monitor developments and support insurers throughout this process to facilitate and accommodate their need to comply with federal requirements.

Pursuant to an order of the United States District Court for the District of Maryland in *City of Columbus v. Kennedy*, No. 25-cv-2114-BAH (D. Md.), the implementation of certain provisions of the recently promulgated Marketplace Integrity and Affordability Final Rule, 90 Fed. Reg. 27074 (June 25, 2025), has been stayed while the litigation remains pending.² These provisions were scheduled to go into effect on August 25, 2025.

As a result of the court's order, several provisions of the final rule did not go into effect, including but not limited to the changes to the de minimis ranges for actuarial value calculations (45 C.F.R. §§ 156.140(c), 156.200(b)(3), and 156.400). As noted in CMS's guidance, unless the court takes additional action prior to September 19, 2025, insurers must comply with the pre-rule standards, particularly the narrower actuarial value ranges. See the [September 5, 2025, Centers for Medicare & Medicaid Services \(CMS\) guidance](#) regarding updated timelines and necessary actions in response to the order of the United States District Court for the District of Maryland in *City of Columbus v. Kennedy* for information on the other affected provisions.

In the absence of any additional developments in the *City of Columbus v. Kennedy* litigation, insurers seeking certification of QHPs on the FFE may need to revise one or more of their plan designs for the 2026 Plan Year and submit updated rate and form filings for review. In particular, insurers that filed plans with actuarial values that used the expanded de minimis ranges under the Marketplace Integrity and Affordability Final Rule **must** submit revised rate and form filings and to reflect the allowable de minimis ranges under the court's order.

CMS also issued guidance on September 4, 2025, outlining additional hardship exemptions that will allow additional individuals to enroll in catastrophic plans.³ The Department strongly encourages insurance companies to review that guidance for additional information, and acknowledges that some insurers will need to make changes to their catastrophic plan rates as a result.

¹ <https://www.cms.gov/files/document/QHP-certification-updates.pdf>

² https://www.govinfo.gov/content/pkg/USCOURTS-mdd-1_25-cv-02114/pdf/USCOURTS-mdd-1_25-cv-02114-0.pdf

³ <https://www.cms.gov/files/document/guidance-hardship-exemptions.pdf>

RATE REVISIONS:

To expedite the Department's review, the Department offers the following guidance to those insurance companies needing to modify their 2026 rates as a result of the federal guidance on de minimis ranges:

1. Insurers should first submit a request to withdraw the previous rate filing by sending a Note to Reviewer in the System for Electronic Rates and Forms Filing (SERFF); then
2. The insurer should submit a new filing with updated rates via SERFF; and
3. These new rate filings must be received by September 24, 2025

Please note that the only changes that can be accommodated under this expedited review process are for the required revisions of plan actuarial values, necessary plan design changes that insurers must make to comply with the court's order, changes to the existing catastrophic plan rates due to the revised guidance, and any immediate downstream impacts resulting from those changes.

In addition to the most recent version of all of the required documents submitted with the original rate filings for Plan Year 2026, revised rate filings must also include the following materials in the Supporting Documentation tab of the revised rate filing in SERFF, unless otherwise noted:

- A redline version of the actuarial memorandum reflecting any updates;
- A cover letter that includes the SERFF Tracking Number of the original rate filing and a concise overview of the actuarial memorandum changes and the rationale for such changes as they relate to the above-listed provisions;
- An attestation that the only changes being made are for the required revisions of plan actuarial values, necessary plan design changes that insurers must make to comply with the court's order, changes to the existing catastrophic plan rates due to the revised guidance, and any immediate downstream impacts resulting from those changes.
- A copy of the Rate Table Template in an Excel format, filed in the Rate/Rule Schedule tab; and
- A screenshot of the results of the Actuarial Value Calculator

If an insurer decides not to offer a plan impacted by the change in the allowable de minimis range in Plan Year 2026, the insurer should include that information in the supporting documentation tab, and the revised filing should reflect any additional impacts of the decision not to offer a plan in 2026.

FORM REVISIONS:

Insurers must ensure that all forms and templates comply with the court order and remain in compliance with the Public Health Service Act (PHS Act) provisions added by the CAA, 2021. See the [September 5, 2025, Centers for Medicare & Medicaid Services \(CMS\) guidance](#) regarding updated timelines and necessary actions that must be taken in response to the order of the United States District Court for the District of Maryland in *City of Columbus v. Kennedy*.

For forms needing revisions, pursuant to § 376.1186, RSMo, the Department defers to CMS to complete the Change Analysis Report or State Authorization Form. As such, insurers should continue to submit their state authorization forms to CMS Form Filings. This instruction differs from the September 5, 2025, CMS guidance; however, the Department has confirmed with CMS that Change Analysis Reports and State Authorization Forms for insurers in Missouri should continue to go to CMS Form Filings, rather than to the Department.

The action needed to update forms filed with the Department varies depending on whether the filing has been closed or is currently open. The following steps should be completed by September 16, 2025.

If the form filing has been closed:

- Email productfilings@insurance.mo.gov to request that a specific filing be reopened. Please include the SERFF tracking number, contact information, including name, telephone number, and extension number, if necessary, as well as the email address for priority filing inquiries from the Department.
- When you are notified that the filing has been reopened, promptly attach the revised forms under the Form Schedule tab. Please include redline versions under the Supporting Documentation tab, along with all other documents that require changes, including but not limited to the Statement of Variability and an attestation that no other changes have been made, except those required revisions necessary to comply with the court's order.

If the form filing is currently open:

- Send a Note to Reviewer from within your SERFF form filing to let the reviewer know you will be revising the forms submitted in this filing. Please include contact information, including name, telephone number, and extension number, if necessary, as well as the email address for priority filing inquiries from the Department.
- Replace the necessary forms under the Form Schedule tab, attach redline versions under the Supporting Documentation tab and all other documents that require changes, including but not limited to the Statement of Variability and an attestation that no other changes have been made, except those required revisions necessary to comply with the court's order.

If the Department requires any additional information or clarification regarding the changes, you will be contacted through SERFF or by phone.

Any questions or comments regarding this Bulletin should be directed to Camille Anderson-Weddle at 573-522-3311 or productfilings@insurance.mo.gov.

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