



Comprehensive Health Rate Filing FAQs

Pursuant to ss. 625.13 and 601.42, Wis. Stat., all health insurers authorized to write comprehensive health insurance, including health benefit plans sold through associations, shall make initial and subsequent rate change filings to the Office of the Commissioner of Insurance (OCI).

Wisconsin is certified by the federal government as an Effective Rate Review Program (ERRP) in the individual and small group markets. As an ERRP, Wisconsin reviews rate filings for compliance with the federal rate review rules and notifies the federal Exchange (a.k.a. federally facilitated marketplace (FFM)) of its findings.

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For additional rate filing information: <https://oci.wi.gov/Pages/OCIForms/CompHealthRateFiling.aspx>

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Still have questions? E-mail OCI: OCIRateReview@wisconsin.gov

ACA-Compliant Single Risk Pool (SRP) Rate Filings

The Wisconsin Actuarial Memorandum and Certification Template has detailed instructions for how to submit ACA-Compliant SRP Rate Filings to OCI. The template is available on the OCI web site at: <https://oci.wi.gov/Pages/OCIForms/CompHealthRateFilingSRP.aspx>. Below is general guidance:

Q1: What are OCI submission deadlines for single risk pool (SRP) filings for Plan Year 2024?

A1:

Type of Filing	Filing Deadline
Annual filings with Qualified Health Plans (QHPs)	June 14, 2023
Annual filing with no QHPs	July 19, 2023
Quarterly small group filings, with or without QHPs	At least 105 days prior to the rate change effective date (By June 18 for October 1, by December 16 for April 1, by March 18 for July 1). We appreciate filings in advance of these deadlines. Note: Issuers offering SHOP QHPs must submit an updated Rates Table Template to the FFM during a data correction window. The FFM will not accept a revised template until the OCI review is complete.

Filings must be submitted in chronological order by the effective date (e.g., 10/1 before 1/1).

Q2: What must be included in an SRP rate filing to OCI?

A2: Filings to OCI involve submissions to three separate web-based applications: NAIC's System for Electronic Rate and Form Filing (SERFF), CMS' Health Insurance and Oversight System (HIOS), and OCI's Health Insurer Web Access system (HIWA). The table below details what must be submitted to each system and by what deadline. Also, the federal QHP certification process requires submission of additional templates to the FFM. These documents are not required by OCI and are not addressed below. **NEW for PY2024:** Validation in the Marketplace Plan Management System (MPMS) may be required prior to the filing being entered into SERFF. See <https://www.ghpcertification.cms.gov/s/Data%20Validation>

	Required Documentation	
By the applicable submission deadline shown in A1:	SERFF	HIOS (automatic via SERFF)
	<ul style="list-style-type: none">• URRT• Actuarial Memorandum• Redacted Actuarial Memorandum• Consumer Justification Narrative, if the applicable threshold is exceeded.• Confidentiality Request	<ul style="list-style-type: none">• URRT• Actuarial Memorandum• Redacted Actuarial Memorandum• Consumer Justification Narrative, if the applicable threshold is exceeded

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As directed by OCI <u>after</u> the initial submission deadline:	HIWA	SERFF/HIOS
	<ul style="list-style-type: none"> • Rate Module • Plan Mapping Module • Product Data Module 	<ul style="list-style-type: none"> • Updated URRT • Updated Actuarial Memorandum • Updated Redacted Actuarial Memorandum

Q3: What are Wisconsin’s geographic rating areas?

A3: Refer to the Geographic Rating Areas map on the OCI web site for more information:
<https://oci.wi.gov/Documents/OCIForms/CompHealthGeographicRating.pdf>

Q4: Can a company submit multiple geographic rating factors per rating area per SRP?

A4: No. Companies may submit only one set of geographic rating factors per single risk pool.

Q5: Can tobacco use be included as a rating factor?

A5: Yes, for individuals age 21 and older.

In the small group market, Federal market rules provide that companies that adjust plan level premium rates based on tobacco status shall offer a tobacco wellness program. This requirement does not apply to plans available in the individual market.

Q6: Will OCI accept multiple SRP rate filings with different scenarios?

A6: OCI will accept one Actuarial Memorandum and URRT per company, market, and effective date unless other guidance is specifically provided.

Q7: What types of changes can be made to SRP rate filings after they are submitted?

A7: OCI expects companies to submit complete and accurate initial rate filings by the dates provided in Q1. However, insurers may submit revised documents up until July 19th.

OCI recognizes that unforeseen changes may occur after July 19th and will remain as flexible as possible in accepting revisions. **If a company determines that a change to an SRP rate filing is necessary after the initial filing deadline, it must notify OCI of the potential change via e-mail as soon as practicable.** OCI will then review the proposal and respond as soon as practicable with its decision and a resubmission deadline, if applicable.

OCI considerations for accepting revisions include:

- (1) Significant regulatory changes,
- (2) Change in company circumstances, and
- (3) The rate review team’s ability to complete its review of the revised filing by the established deadlines.

Below is a non-exhaustive list of circumstances that may warrant revisions after the deadline:

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- Marketing status change of one or more plans from on-Exchange to off-Exchange only
- Revisions to plan base rates due to significant regulatory changes.
- Revisions to plan base rates due to public announcements of market or Exchange exits.
- Revisions to plan base rates due to changes in ACA taxes and fees.
- Revisions to plan base rates due to changes in network reimbursement arrangements.

Note: A company may not change its risk adjustment assumptions after the initial filing deadline.

Q8: Can revisions (including adding products or plans) be made to SRP rate filings after they are closed?

A8: No. Federal rules indicate that all closed SRP filings are considered final. No changes may be made to any of the information filed, including the plan information and future quarterly trend changes, until a new SRP filing can be made.

Q9: Can companies begin the renewal process using rates that are still under review by OCI?

A9: Yes. A company that does not have individual or small group rates marked “Filed” in SERFF by the time a discontinuation or renewal notice must be issued to a customer should use the rates as submitted to OCI. OCI assumes companies have developed rates compliant with all state and federal requirements and used appropriate actuarial methods, and premium rates will not materially change during the course of a rate filing review. If premium rates do materially change during the course of a rate filing review, the company will be required to issue corrected notices.

Q10: Can a company market products using rates that are still under review by OCI?

A10: Yes. OCI assumes companies have developed rates compliant with all state and federal requirements and used appropriate actuarial methods, and premium rates will not materially change during the course of a rate filing review. If premium rates do materially change during the course of a rate filing review, the company will be required to issue corrected quotes to potential customers.

To avoid correcting quotes, OCI recommends that a company (1) carefully review all federal rules, state rules, and rate filing requirements prior to submitting a filing, (2) ask clarifying questions of Rate Review staff at OCI, and (3) submit rate filings well in advance of the intended marketing date.

Transitional (a.k.a. “Non-Compliant, Non-Grandfathered”) Rate Filings

General guidance is below. Specific filing requirements and related templates are available on the OCI web site at: <https://oci.wi.gov/Pages/OCIForms/CompHealthRateFilingNGF.aspx>.

Q11: Can companies renew non-compliant, non-grandfathered (a.k.a. “Transitional”) plans?

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A11: Yes. Please reference the [April 15, 2022 OCI bulletin](#) for applicable timeframes.

Simplified filings for transitional plans will be permitted when an insurer requests to change rates by an annualized trend amount equal to or less than the amount indicated in their last full rate filing.

Grandfathered Rate Filings

General guidance is below. Specific filing requirements and related templates are available on the OCI web site at: <https://oci.wi.gov/Pages/OCIForms/CompHealthRateFilingGF.aspx>.

Q12: Do any of the federal rate review rules apply to grandfathered products?

A12: No. Grandfathered products are exempt from compliance with rate review rules applicable to non-grandfathered products. A company with both grandfathered and non-grandfathered products in Wisconsin must develop and file rates for its non-grandfathered products separately.

Q13: What are the Wisconsin rate filing requirements for grandfathered products?

A13: Rate changes for grandfathered products must be filed at least 30 days before the effective date. Rate filings for grandfathered products must include the following:

- Actuarial Memorandum (Grandfathered), in template format
- Product Data Template (Grandfathered) for the applicable market, one for each product in the filing

Grandfathered products with different Type of Insurance (TOI) or Sub-Type of Insurance (Sub-TOI) combinations can be rated together. However, a separate filing **must** be submitted for each TOI and Sub-TOI combination. Products with the same TOI and Sub-TOI combination **must** be submitted in the same filing.

Student Health Plans

Q14: Are companies required to file rates for student health plans issued in Wisconsin?

A14: No. According to the 2019 Notice of Benefit and Payment Parameters, the federal government considers student health insurance to be exempt from Federal rate review requirements. Even though not required, OCI would appreciate receiving informational rate filings for student health plans.

General Rate Filing Information

Q15: What is the difference between a product and a plan?

A15: OCI definitions are at: <https://oci.wi.gov/Documents/OCIForms/CompHealthProdDef.pdf>. A product can have many plans associated with it; however, a plan is assigned to only one product. All product characteristics are identical for all plans under a product.

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OCI collects/tracks data at the product and plan level. Product level is the level at which:

- OCI tracks regional enrollment, premium, and rate change data.
- the state determines whether a rate increase is “unreasonable,” and
- the discontinuation provisions provided for in the federal market rules apply.

The plan level is significant because that is the level at which:

- compliance with federal market reforms (e.g., AV requirements, EHB), is determined,
- the federal threshold calculation is performed to determine whether a rate increase is “subject to review,” and
- QHP certification occurs for plans intended for sale on the FFM.

Note: An off-exchange only plan design cannot be identical to an on-exchange plan design. In other words, plans with different HIOS IDs must not be identical.

Q16: Can companies request that portions of a rate filing be kept confidential?

A16: Yes. Companies may submit a written request that specific documents not be made publicly available through OCI’s web site if they specifically identify documentation as proprietary in nature or a trade secret as defined by statute. Note: The company’s request for confidentiality may or may not be consistent with OCI’s determination when applying state open records law.

In addition to making closed filings publicly available through OCI’s web site, OCI posts a list of annual and quarterly filings received. Posting is per the FFM’s posting schedule, typically two months prior to effective date: <https://oci.wi.gov/Pages/Consumers/HealthPremiumRates.aspx>. Consumers are directed to the federal rate review web page: <https://ratereview.healthcare.gov/>. Note: Documentation submitted to the federal government is subject to federal open records law.

Q17: I am a new comprehensive health insurance filer in Wisconsin. What else should I know?

A17: Besides form and rate filings, companies issuing or renewing comprehensive health insurance business may be required to submit the following information to OCI:

Report	Applicability	Submitted Via	Timeline
Health Insurer Market Survey	Individual, Small Group, Large Group Markets	Health Insurer Web Application (HIWA)	Annually, February-March
Health Insurer Market Survey – Grandfathered	Grandfathered Policies in the Individual and Small Group Markets	Fillable PDF, E-mail	Annually, February-March
Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates	Small Group Market	E-mail	Annually, October-November