

Washington State SERFF Health and Disability Rate Filing General Instructions

I. Individual Health Plan Rate Filing, Small Group Health Plan Rate Filing, and Stand Alone Dental Plan Rate Filing inside the Exchange for HCSCs, HMOs, and Disability Carriers

For Grandfathered Individual and Small Group Health Plans Renewed on or after January 1, 2014

- A. Starting 2014, all state community rating requirements under RCW 48.20.028, 48.21.045(3), 48.44.022, 48.44.023(3), 48.46.064, and 48.46.066(3) apply to grandfathered health plans only. Federal Community rating requirements under 45 CFR §147.102 apply to nongrandfathered health plans. Per RCW 48.02.120(4), except for the numeric values of the small group rating factors as authorized by RCW 48.21.045(3)(a), 48.44.023(3)(a), and 48.46.066(3)(a) and unique new products specifically approved by the Commissioner, all individual and small group rate filings are subject to public inspection..
- B. Under the state community rating requirements, the experience of all grandfathered individual plans must be pooled together for rating purposes, and the experience of all grandfathered small group plans must be pooled together for rating purposes. For all individual and small group rate filings, you must:
1. Attach to the Supporting Documentation Tab in PDF format and in Excel format Part I Unified Rate Review Data Template, in PDF format Part II Written Explanation of the Rate Increase, and in PDF format Part III Actuarial Memorandum as set forth by the US Department of Health and Human Services regulations under 45 CFR Part 154. For Part I Unified Rate Review Data Template, the PDF file must include the PDF version of the Excel file. You must name the Part I PDF file "Part I Unified Rate Review Data Template.pdf" and the Excel file "Part I Unified Rate Review Data Template Duplicate.xls." You must name the Part II PDF file "Part II Written Explanation of the Rate Increase.pdf" and Part III PDF file "Part III Rate Filing Documentation and Actuarial Memorandum.pdf."
 2. Include a complete rate schedule as a separate document on the Rate/Rule Schedule tab and all required supporting documentation and information on the Supporting Documentation tab. HCSCs and HMOs are required to submit the individual and small group rate filing summary under WAC 284-43-945. You must submit as a separate file under Supporting Documentation Tab and name the file with the file name ending "WAC 284-43-945.pdf." Although it is not required, we ask disability carriers to voluntarily submit WAC 284-43-945 in the same manner as HCSCs and HMOs do.
 3. In the Rate/Rule Schedule Tab, list the affected form number for each plan.
 4. In the Filing Description of the General Information Tab:
 - i. Breakout the overall percentage of rate impact by the percentage of rate impact due to the medical experience changes and the percentage of rate impact due to benefit changes. If there are no benefit changes or if benefit changes have no rate impacts, indicate 0% on the benefit changes.
 - ii. Provide a brief description of the benefit changes by product and indicate whether the particular benefit change is required by law (mandated benefits).
 5. If you choose to withhold the numeric values of small group rate factors from public inspection or if a specific unique new product is approved by the Commissioner to be withheld from public inspection, you must follow these rules:
 - i. You must submit two rate filings: One not-for-public rate filing and one for-public rate filing. You must clearly state whether the filing is for-public or not-for-public in both the Filing Description and the Product Name.
 - ii. You must submit a complete rate filing for review. The Filing Description must clearly state that this filing is proprietary and not subject to public disclosure.
 - iii. You must submit a complete filing for public disclosure, which is an exact duplicate of the proprietary filing described in subsection 5.ii. In this filing, you must attach on the Supporting Documentation Tab:

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- a. A separate document listing all of the data withheld. This list must identify each piece of information withheld, by description and location in the filing. If one single page includes both public information and proprietary information, only the proprietary information in the particular page can be redacted. Cite the statutory exemption under which you are seeking an exemption, and explain how that exemption applies to this piece of information.
 - b. A certification from an officer stating that the public rate filing is identical to the proprietary rate filing except for the withheld data and the list of exemptions.
6. Provide an Excel spreadsheet including all built-in formula used to generate the rate changes. The Excel spreadsheet must be identical to those PDF files that support and generate the rate changes. You must include the Excel file in the Supporting Documentation Tab with the file name ending with Duplicate.xls.

For Nongrandfathered Individual and Small Group Health Plans offered, Issued, or Renewed on or after January 1, 2014

- C. Per RCW 48.02.120(4), all nongrandfathered individual and small group rate filings are subject to public inspection. Under 45 CFR §156.80, the experience of all nongrandfathered individual plans must be pooled together for rating purposes, and the experience of all nongrandfathered small group plans must be pooled together for rating purposes.
- D. For all individual and small group rate filings, you must:
 1. You must properly complete the "Include Exchange Intentions" field on the General Information tab.
 2. Attach to the Supporting Documentation Tab in PDF format and in Excel format Part I Unified Rate Review Data Template, in PDF format Part II Written Explanation of the Rate Increase, and in PDF format Part III Rate Filing Documentation and Actuarial Memorandum as set forth by the US Department of Health and Human Services regulations under 45 CFR Part 154. For Part I Unified Rate Review Data Template, the PDF file must include the PDF version of the Excel file. You must name the Part I PDF file "Part I Unified Rate Review Data Template.pdf" and the Excel file "Part I Unified Rate Review Data Template Duplicate.xls." You must name the Part II PDF file "Part II Written Explanation of the Rate Increase.pdf" and Part III PDF file "Part III Rate Filing Documentation and Actuarial Memorandum.pdf."
 3. Include a complete rate schedule as a separate document on the Rate/Rule Schedule tab and all required supporting documentation and information on the Supporting Documentation tab. HCSCs and HMOs are required to submit the individual and small group rate filing summary under WAC 284-43-945. You must submit as a separate file under Supporting Documentation Tab and name the file with the file name ending "WAC 284-43-945.pdf." Although it is not required, we ask disability carriers to voluntarily submit WAC 284-43-945 in the same manner as HCSCs and HMOs do.
 4. In the Rate/Rule Schedule Tab, list the affected form number for each plan.
 5. In the Filing Description of the General Information Tab:
 - i. List the metal level and actuarial value for each plan.
 - ii. Breakout the overall percentage of rate impact by the percentage of rate impact due to the medical experience changes and the percentage of rate impact due to benefit changes. If there are no benefit changes or if benefit changes have no rate impacts, indicate 0% on the benefit changes.
 - iii. Provide a brief description of the benefit changes by product and indicate whether the particular benefit change is required by law (mandated benefits).
 6. Provide an Excel spreadsheet including all built-in formula used to generate the rate changes. The Excel spreadsheet must be identical to those PDF files that support and generate the rate changes. You must include the Excel file in the Supporting Documentation Tab with the file name ending with Duplicate.xls.

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For Stand Alone Dental Plan Inside the Exchange

- E. In 2014, the Washington State Health Benefit Exchange (HBE) will not certify the Stand Alone Dental Plan in the small group market. The HBE will certify only the Stand Alone Dental Plan in the individual market as qualified dental plan.
- F. For all individual stand alone dental plans inside the Exchange:
 - 1. If you do not request a separate “not-for-public” rate filing:
 - i. State clearly in the Filing Description: for-public rate filing. The company is not requesting a separate not-for-public rate filing.
 - ii. In the Filing Description of the General Information Tab, for each dental plan, list the plan’s actuarial value and whether the plan is a “low level of coverage” or “high level of coverage” as defined in 45 CFR §156.150.
 - iii. In the Rate/Rule Schedule Tab, list the affected form number for each plan.
 - iv. Include a complete rate schedule as a separate document in the Rate/Rule Schedule tab.
 - v. Attach an actuarial certification as required by 45 CFR §156.150 in the Supporting Documentation tab.
 - vi. Attach a description of benefit components used for pricing in the Supporting Documentation Tab.
 - vii. Include all other supporting documentation and justification in the Supporting Documentation tab
 - 2. If you request a separate “not-for-public” rate filing:
 - i. You must provide 1 for-public rate filing, and 1 not-for-public rate filing .State clearly in the Filing Description: for-public rate filing or not-for-public rate filing.
 - ii. For both for-public and not-for-public rate filings, in the Filing Description of the General Information Tab, for each dental plan, list the plan’s actuarial value and whether the plan is a “low level of coverage” or “high level of coverage” as defined in 45 CFR §156.150.
 - iii. For both public and not-for-public rate filings, in the Rate/Rule Schedule Tab, list the affected form number for each plan.
 - iv. For both for-public and not-for-public rate filings, include a complete rate schedule as a separate document in the Rate/Rule Schedule tab.
 - v. For both for-public and not-for-public rate filings, attach an actuarial certification as required by 45 CFR §156.150 in the Supporting Documentation tab.
 - vi. For both for-public and not-for-public rate filings, attach a description of benefit components used for pricing in the Supporting Documentation Tab.
 - vii. For the not-for-public rate filing, provide a separate statement summarizes your justification of requesting certain documents to be not-for-public.
 - viii. For the not-for-public rate filing, include the not-for-public documentation and justification in the Supporting Documentation tab

II. General Requirements for Disability Rate Filings

- A. If a rate filing is required, it must be submitted separate from but concurrent with any corresponding new form filing. If new forms are being introduced the rate filing must be submitted concurrently with the form filing.
- B. Any proprietary information contained in a rate filing must be filed as a separate rate filing. You would then provide: 1 for-public rate filing, and 1 not-for-public rate filing.
 - 1. State clearly in the Filing Description: for-public rate filing, or not-for-public rate filing.
 - 2. For-public rate filing, include the public rate and any other items for public inspection.

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3. Not-for-public rate filing, include information you want withheld from public inspection [RCW 48.02.120(3)].
- C. Health Plan Rate Filings Defined by ACA (the Affordable Care Act)
1. If you do not request a separate “not-for-public” rate filing, include a public rate schedule and any other information that is subject to public inspection.
 2. If you request any data or information to be proprietary under RCW 48.02.120(3), you must follow these instructions for preparing “for-public” and “not-for-public” rate filings.
 - i. For-public rate filing, include a public rate schedule and any other information that is subject to public inspection.
 - ii. Not-for-public rate filing, include all other information you want withheld from public inspection under RCW 48.02.120(3).
- D. Out-of-State Groups Other than Health Plans [WAC 284-30-600].
1. Must file as a new submission. You may not request to re-open a previously approved form or rate filing to modify its contents or to have it apply to new groups.
 2. Must file in compliance with II.A and II.B.
 3. Must disclose in the Filing Description field this is an Out-of-State Group Filing and follow the prescribed Product Name convention in the Submission Requirements.
- E. Association or Trust Group Health Plans domiciled in Washington State and Out-of-State Group Health Plans.
1. Must file as a new submission. You may not request to re-open a previously approved form or rate filing to modify its contents or to have it apply to new groups.
 2. Must file in compliance with either II.F or II.G.
 3. Must disclose in the Filing Description field this is an In-State or Out-of-State Group Filing and follow the prescribed Product Name convention in the Submission Requirements.
- F. Grandfathered Association or Member-Governed Group Closed Pool Health Plans (WAC 284-170-958 (3), (4) and (5)).
1. Must file a single case closed pool large group rate filing which includes rates and rate filing information only for the closed pool enrollees.
 2. Must include the wording “Grandfathered Association or Member-Governed Group Closed Pool Rate Filing – Name of the Association” in the Product Name field on the General Information Tab.
 3. If you do not request a separate “not-for-public” rate filing, include a public rate schedule under the Rate/Rule Schedule Tab. For each grandfathered plan issued to an association or member-governed group, at a minimum, the following items must be included in the Supporting Documentation Tab.
 - i. Plan Number;
 - ii. Identification number assigned to each employer group, including employer group of less than two;
 - iii. Initial contract or certificate date;
 - iv. Number of employees for each employer group, pursuant to RCW 48.43.005(11);
 - v. Number of enrolled employees for each employer group for the prior calendar year;
 - vi. Current and proposed rate schedule for each employer group;
 - vii. Description of the rate methodology and rate change for each employer group; and
 - viii. The requirement under WAC 284-170-958(5) which is the summary for group contract filing other than small group contract filings under WAC 284-43-950.
 4. If you request some rate filing information to be proprietary, you must file in compliance with II.B. For the public rate filing, at a minimum, you must include items in II.F(3)(i) through II.F(3)(vii)

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- G. Association or member-governed group to whom the health plan is issued constitutes a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974. (WAC 284-170-958(1) and (2)).
1. Must be a small group plan under Section I if the number of participants is fifty or less.
 2. If the number of participants is more than fifty, must file a single case large group rate filing which includes rates and rate filing information only for this employer group.
 3. Must include the wording “Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA – Name of the Association” in the Product Name field on the General Information Tab.
 4. Must include a certification under the Supporting Documentation Tab of the public rate filing from an officer of the company certifying that the group health insurance coverage in connection with this large group health plan meets the requirements of Health Insurance Portability and Accountability Act (HIPPA) (29 CFR Chapter XXV, Section 2590.702) which prohibits discrimination against participants and beneficiaries based on a health status-related factor. The certification must include statements that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group health plan are not based on any of the following health status-related factors (prescribed in HIPPA) in relation to the individual or a dependent of the individual:
 - i. Health status.
 - ii. Medical condition (including both physical and mental illnesses).
 - iii. Claims experience.
 - iv. Receipt of health care.
 - v. Medical history.
 - vi. Genetic information.
 - vii. Evidence of insurability (including conditions arising out of acts of domestic violence).
 - viii. Disability.
 5. Must submit one pdf document “Evidence as an Employer” and file it under the Supporting Documentation Tab of the public rate filing. The document must include, at a minimum, the following information:
 - i. A copy of the association bylaws on the Supporting documentation tab;
 - ii. A copy of the trust agreement or other organizational document which shows the purpose of the association and who governs the association;
 - iii. A statement of the association’s history;
 - iv. A copy of the occupational categories/ industry classifications comprising the employers in the association;
 - v. An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.
 - vi. In absence of a Federal Department of Labor opinion, an opinion from an attorney explaining how and why the association qualifies as a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974
 6. If you request some rate filing information to be proprietary, you must file in compliance with II.B.

III. General Requirements for Health Care Service Contractors Rate Filings

- A. Form and rate filings for new plans must be filed separately, but concurrently, RCW 48.44.040.
- B. Health Plan Rate Filings Defined by ACA (the Affordable Care Act)
 1. If you do not request a separate “not-for-public” rate filing, include a public rate schedule and any other information that is subject to public inspection.

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2. If you request any data or information to be proprietary under RCW 48.02.120(3), you must follow these instructions for preparing “for-public” and “not-for-public” rate filings.
 - i. For-public rate filing, include a public rate schedule and any other information that is subject to public inspection.
 - ii. Not-for-public rate filing, include all other information you want withheld from public inspection under RCW 48.02.120(3).
- C. Rate filings, other than short forms and fully negotiated filings, being submitted per the 18-month filing requirement or due to rate change under WAC 284-43-920 do not need to be filed concurrently with the form.
- D. Short Form filings:
 1. For-Public rate schedule:
 - i. Must be filed in form filing if there are form deviations.
 - ii. Must be filed as a rate filing if rate schedule is the only deviation.
 - a. Must be filed with a properly completed “Short Form Rate Schedule Item” as set forth in form RATESCHEDULEITEM ED1, or as updated from time to time.
 - b. Must include RATESCHEDULEITEM ED1 under the Rate/Rule Schedule tab.
 2. Do not need to include proprietary information (WAC 284-43-950 form) as a separate filing if:
 - iii. This is a new group filing, or
 - iv. The group’s rating formula has been filed and the date that rating formula was last filed is included in the filing description.
- E. Fully Negotiated filings:
 1. For-Public rate schedule must be filed in the form filing.
 2. Do not need to include proprietary information (WAC 284-43-950 form) as a separate filing if:
 - i. This is a new group filing, or
 - ii. The group’s rating formula has been filed and the date that rating formula was last filed is included in the filing description.
- F. Pooled Negotiated Filings:
 1. A carrier must file one proprietary rate submission for a group if the group has multiple plans. The filing must meet the requirements set forth in the Submission requirements.

The Filing Description must identify the form numbers listed on the WAC 284-43-950 form attachment.
 2. A carrier may file multiple similar groups on one proprietary rate submission. The filing must meet the requirements set forth in the Submission Requirements.

The Filing Description must list all groups filed on the WAC 284-43-950 form attachment.
 3. Do not need to include proprietary information (WAC 284-43-950) as a separate filing if:
 - i. This is a new group filing, or
 - ii. The group’s rating formula has been filed in Washington State and the date that rating formula was last filed is included in the filing description.
- G. Any proprietary information contained in a rate filing must be a separate rate filing. You would then provide: 1 for-public rate filing, and 1 not-for-public rate filing.
 1. State clearly in the Filing Description: for-public rate filing, or not-for-public rate filing.
 2. For-public rate filing, include the public rate and any other items for public inspection.
 3. Not-for-public rate filing, include information you want withheld from public inspection [RCW 48.02.120(3)].

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- i. For negotiated groups, you must include the following items as an attachment in the Supporting Documentation Tab:
 - a. Carrier name;
 - b. Group name;
 - c. Group number;
 - d. Negotiated contract number;
 - e. Negotiated contract effective date;
 - f. Submission date;
 - g. The number of employees per RCW 48.43.005(10);
 - h. The number of enrolled employees;
 - i. An explanation for any filing delay beyond the 30 day period in WAC 284-43-920(2).
 - H. Grandfathered Association or Member-Governed Group Closed Pool Health Plans (WAC 284-170-958 (3), (4) and (5)).
 1. Must file a single case closed pool large group rate filing which includes rates and rate filing information only for the closed pool enrollees.
 2. Must include the wording “Grandfathered Association or Member-Governed Group Closed Pool Rate Filing – Name of the Association” in the Product Name field on the General Information Tab.
 3. If you do not request a separate “not-for-public” rate filing, include a public rate schedule under the Rate/Rule Schedule Tab. For each grandfathered plan issued to an association or member-governed group, at a minimum, the following items must be included in the Supporting Documentation Tab.
 - i. Plan Number;
 - ii. Identification number assigned to each employer group, including employer group of less than two;
 - iii. Initial contract or certificate date;
 - iv. Number of employees for each employer group, pursuant to RCW 48.43.005(11);
 - v. Number of enrolled employees for each employer group for the prior calendar year;
 - vi. Current and proposed rate schedule for each employer group;
 - vii. Description of the rate methodology and rate change for each employer group; and
 - viii. The requirement under WAC 284-170-958(5) which is the summary for group contract filing other than small group contract filings under WAC 284-43-950.
 4. If you request some rate filing information to be proprietary, you must file in compliance with III.G.1 and III.G.2. For the public rate filing, at a minimum, you must include items in III.H(3)(i) through III.H(3)(vii). You must submit the filing summary of WAC 284-43-950 under either the public rate filing or not-for-public rate filing.
 - I. Association or member-governed group to whom the health plan is issued constitutes a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974. (WAC 284-170-958(1) and (2)).
 1. Must be a small group plan under Section I if the number of participants is fifty or less.
 2. If the number of participants is more than fifty, must file a single case large group rate filing which includes rates and rate filing information only for this group.
 3. Must include the wording “Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA– Name of the Association” in the Product Name field on the General Information Tab.

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4. Must include a certification under the Supporting Documentation Tab of the public rate filing from an officer of the company certifying that the group health insurance coverage in connection with this large group health plan meets the requirements of Health Insurance Portability and Accountability Act (HIPPA) (29 CFR Chapter XXV, Section 2590.702) which prohibits discrimination against participants and beneficiaries based on a health status-related factor. The certification must include statements that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group health plan are not based on any of the following health status-related factors (prescribed in HIPPA) in relation to the individual or a dependent of the individual:
 - i. Health status.
 - ii. Medical condition (including both physical and mental illnesses).
 - iii. Claims experience.
 - iv. Receipt of health care.
 - v. Medical history.
 - vi. Genetic information.
 - vii. Evidence of insurability (including conditions arising out of acts of domestic violence).
 - viii. Disability.
5. Must submit one pdf document "Evidence as an Employer" and file it under the Supporting Documentation Tab of the public rate filing. The document must include, at a minimum, the following information:
 - i. A copy of the association bylaws on the Supporting documentation tab;
 - ii. A copy of the trust agreement or other organizational document which shows the purpose of the association and who governs the association;
 - iii. A statement of the association's history;
 - iv. A copy of the occupational categories/ industry classifications comprising the employers in the association;
 - v. An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.
 - vi. In absence of a Federal Department of Labor opinion, an opinion from an attorney explaining how and why the association qualifies as a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974
6. Must submit filing summary under WAC 284-43-950 with the experience only for this large group.
7. If you request some rate filing information to be proprietary, you must file in compliance with III.G.1 and III.G.2.

IV. General Requirements for Health Maintenance Organization Rate Filings

- A. Form and rate filings for new plans must be filed separately, but concurrently, RCW 48.46.060.
- B. Health Plan Rate Filings Defined by ACA (the Affordable Care Act)
 1. If you do not request a separate "not-for-public" rate filing, include public rate schedule and any other information that is subject to public inspection.
 2. If you request any data or information to be proprietary under RCW 48.02.120(3), you must follow these instructions for preparing "for-public" and "not-for-public" rate filings.
 - i. For-public rate filing, include a public rate schedule and any other information that is subject to public inspection.
- C. Rate filings, other than short forms and fully negotiated filings, being submitted per the 18-month filing requirements or due to rate change under WAC 284-43-920 do not need to be filed concurrently with the form.

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D. Short Form filings:

1. For-Public rate schedule:
 - ii. Must be filed in form filing if there are form deviations.
 - iii. Must be filed as a rate filing if rate schedule is the only deviation.
 - a. Must be filed with a properly completed “Short Form – Rate Schedule” as set forth in form RATESCHEDULEITEM ED1, or as updated from time to time.
 - b. Must include RATESCHEDULEITEM ED1 under the Rate/Rule Schedule tab.
2. Unless it is required in another section, do not need to include proprietary information (WAC 284-43-950 form) as a separate filing if:
 - i. This is a new group filing, or
 - ii. The group’s rating formula has been filed and the date that rating formula was last filed is included in the filing description.

E. Fully Negotiated filings:

1. For-Public rate schedule must be filed in the form filing.
2. Do not need to include proprietary information (WAC 284-43-950 form) as a separate filing if:
 - i. This is a new group filing, or
 - ii. The group’s rating formula has been filed and the date that rating formula was last filed is included in the filing description.

F. Pooled Negotiated Filings:

1. A carrier must file 1 proprietary rate submission for a group if the group has multiple plans. The filing must meet the requirements set forth in the Submission requirements.

The Filing Description must identify the form numbers listed on the WAC 284-43-950 form attachment.
2. A carrier may file multiple similar groups on 1 proprietary rate submission. The filing must meet the requirements set forth in the Submission Requirements.

The Filing Description must list all groups filed on the WAC 284-43-950 form attachment.
3. Unless it is required in another section, do not need to include proprietary information (WAC 284-43-950) as a separate filing if:
 - i. This is a new group filing, or
 - ii. The group’s rating formula has been filed and the date that rating formula was last filed is included in the filing description.

G. Any proprietary information contained in a rate filing must be a separate rate filing. You would then provide: 1 for-public rate filing, and 1 not-for-public rate filing.

1. State clearly in the Filing Description: for-public rate filing, or not-for-public rate filing.
2. For-public rate filing, include the public rate and any other items for public inspection.
3. Not-for-public rate filing, include information you want withheld from public inspection [RCW 48.02.120(3)].
 - i. For negotiated groups, you must include the following items as an attachment in the Supporting Documentation Tab:
 - a. Carrier name;
 - b. Group name;
 - c. Group number;
 - d. Negotiated contract number;

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- e. Negotiated contract effective date;
 - f. Submission date;
 - g. The number of employees per RCW 48.43.005(10);
 - h. The number of enrolled employees;
 - i. An explanation for any filing delay beyond the 30 day period in WAC 284-43-920(2).
- H. Grandfathered Association or Member-Governed Group Closed Pool Health Plans (WAC 284-170-958 (3), (4) and (5)).
1. Must file a single case closed pool large group rate filing which includes rates and rate filing information only for the closed pool enrollees.
 2. Must include the wording "Grandfathered Association or Member-Governed Group Closed Pool Rate Filing– Name of the Association" in the Product Name field on the General Information Tab.
 3. If you do not request a separate "not-for-public" rate filing include a public rate schedule under the Rate/Rule Schedule Tab. For each grandfathered plan issued to an association or member-governed group, at a minimum, the following items must be included in the Supporting Documentation Tab.
 - i. Plan Number;
 - ii. Identification number assigned to each employer group, including employer group of less than two;
 - iii. Initial contract or certificate date;
 - iv. Number of employees for each employer group, pursuant to RCW 48.43.005(11);
 - v. Number of enrolled employees for each employer group for the prior calendar year;
 - vi. Current and proposed rate schedule for each employer group;
 - vii. Description of the rate methodology and rate change for each employer group; and
 - viii. The requirement under WAC 284-170-958(6) which is the summary for group contract filing other than small group contract filings under WAC 284-43-950.
 4. If you request some rate filing information to be proprietary, you must file in compliance with IV.G.1 and IV.G.2. For the public rate filing, at a minimum, you must include items in IV.H (3)(i) through IV.H(3)(vii). You must submit the filing summary of WAC 284-43-950 under either the public rate filing or not-for-public rate filing.
- I. Association or member-governed group to whom the health plan is issued constitutes a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974. (WAC 284-170-958(1), and (2)).
1. Must be a small group plan under Section I if the number of participants is fifty or less.
 2. If the number of participants is more than fifty, must file a single case large group rate filing which includes rates and rate filing information only for this group.
 3. Must include the wording "Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA– Name of the Association" in the Product Name field on the General Information Tab.
 4. Must include a certification under the Supporting Documentation Tab of the public rate filing from an officer of the company certifying that the group health insurance coverage in connection with this large group health plan meets the requirements of Health Insurance Portability and Accountability Act (HIPPA) (29 CFR Chapter XXV, Section 2590.702) which prohibits discrimination against participants and beneficiaries based on a health status-related factor. The certification must include statements that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group health plan are not based on any of the following health status-related factors (prescribed in HIPPA) in relation to the individual or a dependent of the individual:

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- i. Health status.
 - ii. Medical condition (including both physical and mental illnesses).
 - iii. Claims experience.
 - iv. Receipt of health care.
 - v. Medical history.
 - vi. Genetic information.
 - vii. Evidence of insurability (including conditions arising out of acts of domestic violence).
 - viii. Disability.
5. Must submit one pdf document "Evidence as an Employer" and file it under the Supporting Documentation Tab of the public rate filing. The document must include, at a minimum, the following information:
- i. A copy of the association bylaws on the Supporting documentation tab;
 - ii. A copy of the trust agreement or other organizational document which shows the purpose of the association and who governs the association;
 - iii. A statement of the association's history;
 - iv. A copy of the occupational categories/ industry classifications comprising the employers in the association;
 - v. An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.
 - vi. In absence of a Federal Department of Labor opinion, an opinion from an attorney explaining how and why the association qualifies as a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974
6. Must submit filing summary under WAC 284-43-950 with the experience only for this large group.
7. If you request some rate filing information to be proprietary, you must file in compliance with IV.G.1 and IV.G.2.

V. Your Filing is Incomplete and will be rejected if:

- A. Your filing does not comply with chapter's 284-44A, 284-46A, or 284-58 WAC.
- B. You are filing an individual health plan rate filing and your filing has an implementation date less than 60 days from submitted date.
- C. For individual or small group health plan rate filings, you do not attach Parts I, II, and III as required under Section I.
- D. For individual, small group, or stand-alone dental rate filings, you do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.
- E. Your Short Form Filing does not include the correct form for the type of submission.
 1. The RATESCHEDULEITEM ED1 is loaded on a tab other than Rate/Rule Schedule tab [See V.C. and VII.C.].
- F. We cannot download your filing into our back office system. There are a number of reasons why we cannot download filings into our back office system. The most common reasons include:
 1. Attachments are not formatted using a Distiller in PDF format.
 2. An incorrect CoCode number is entered in the Filing Company Information, under the Companies and Contact Tab. This CoCode number is the same number as your company's 5-digit NAIC number.
 3. Health Care Service Contractors and Health Maintenance Organizations do not populate the company tracking number field.

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4. You include an incorrect or incomplete Type of Insurance (TOI) or Sub-TOI as listed on the NAIC Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix.

G. Rejected Filings will not be Re-Opened

1. If the OIC Technical Support Unit rejects your filing, you must submit a new filing following the procedures in our Rejection Notice and General Instructions.

VI. SERFF Objection Letter Response Requirements for Rate Filings

- A. Unless instructed otherwise, all attachments to responses must be in PDF format.
- B. When responding to an objection letter, you must use SERFF's Amend Filing function.
- C. You must answer each objection individually.
- D. Use General Update to change a filing only when the filing's State Status is Review Pending. Review Pending is the status OIC uses to indicate that the analyst has not yet completed the initial review of the filing. Never use a General Update to change a filing after it has been reviewed by an OIC analyst.

VII. After a Final Disposition by OIC Analyst

- A. After final disposition by an OIC Analyst you may not change or correct the filing. You must make a new filing in SERFF.

For questions related to SERFF filing procedures, contact:

Rates & Forms Help Desk
(360) 725-7111
rfhelpdesk@oic.wa.gov