



Illinois Department of Insurance

JB PRITZKER
Governor

DANA POPISH SEVERINGHAUS
Acting Director

COMPANY BULLETIN

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

FROM: DANA POPISH SEVERINGHAUS, ACTING DIRECTOR OF INSURANCE

DATE: MAY 3, 2021 *dps*

RE: COMPANY BULLETIN #2021-05 - ILLINOIS FILING REQUIREMENTS FOR INDIVIDUAL AND SMALL GROUP HEALTH PLANS, ON AND OFF-MARKETPLACE (ON AND OFF-EXCHANGE) AND STAND-ALONE DENTAL PLANS

The purpose of this Bulletin is to provide instructions to Issuers seeking certification or recertification of individual and small group plans and Stand-alone Dental Plans (SADP) offered on the Individual and Small Business Health Options Program (SHOP) Marketplace. This Bulletin also applies to those plans offered off the Marketplace (Off-Exchange) in the individual and small group markets for Plan Year 2022.

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 and Review Process	Deadline for Issuers to Submit Plan Data and Rate Filings to Illinois Through SERFF	5/24/2021
	Illinois DOI First SERFF Data Transfer Deadline, including Transparency in Coverage and Plan ID Crosswalk data	6/16/2021
	CMS Reviews Initial Qualified Health Plan (QHP) Applications	6/17/2021 – 7/16/2021
	Illinois DOI Second SERFF Transfer Deadline	7/21/2021
	Deadline for Issuers to Submit Service Area Petition Changes	8/10/2021
	Illinois DOI Deadline to Provide Issuer Service Area Petition Changes to CMS	8/10/2021
	CMS Deadline for Issuers to Submit Changes (including Transparency in Coverage data) to Plan Submissions	8/18/2021
	Illinois DOI Final SERFF Data Transfer Deadline	8/18/2021
	Illinois DOI Sends CMS Final Plan Recommendations	9/14/2021 – 9/22/2021
	Issuers Send Signed Agreements, Confirmed Plan Lists and Final Plan Crosswalks to CMS	9/14/2021 – 9/22/2021
QHP Agreement/	Limited Data Corrections Window (Outreach to Issuers with CMS or Illinois DOI Identified Data Errors; Issuers Submit Corrections; CMS Reviews and Finalizes Data for Open Enrollment)	9/16/2021 – 9/17/2021

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Final Correction	CMS Sends Certification Notices with Counter-Signed Agreements and Final Plan Lists to Issuers	10/4/2021 – 10/5/2021
Open Enrollment Begins		11/1/2021

Issuers are advised to consult federal regulations, 2022 Letter to Issuers (when published), 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 filing will only be reopened upon request from CMS. 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 checklist.
- For 2022 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 versions 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, external review, and network adequacy filings.
- Previously filed Network Adequacy filings may be associated in the binder if no substantive changes have been made to the network.
- **NEW:** Network Adequacy County Facilities Collection Template - This excel document must be accurately completed for each applicable network(s) that the plan intends to service. Data collected will identify specific contracted Hospital and Mental Health Facility information for each respective county the plan intends to service. This document must accompany the Network Adequacy filing. Visit the [Accident & Health Checklists](#) section of the Department’s website to access and complete the template.
- Remit the fee of \$3,000.00 for certification of each new QHP and \$1,500.00 for recertification for existing QHP plans via EFT in SERFF binder filings at the time of binder submission.
- Service Area Exemption: Issuers that fail to offer coverage to an entire rating area must obtain an exception from the Department. (See [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 to 215 ILCS 97/60.

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

Maximum Annual Limitation on Cost Sharing for Plan Year 2022

	Individual Coverage	Family Coverage
Health Plans	\$8,700	\$17,400
SADPs	\$375	\$750

Exhibit 1:

2022 Health Plans Filing Requirements – Form and Binder

	Required Submission Via SERFF		Location
	On/Off-Exchange	Off-Exchange	
Federal Required Templates			
All Applicable templates/documents listed on the CMS Certification Checklist	Yes	No	Binder
Illinois Required Documents			
ACA Individual, Small Group, and Catastrophic Checklist	Yes	Yes	Form filing
ACA Individual and Small Group SADP Checklist	Yes	Yes	Form filing
Network Adequacy and Transparency Checklist (not applicable to SADPs)	Yes	Yes	Network Adequacy Filing
Mental Health Parity Supporting Documentation Template (does not include SADP)	Yes	Yes	Form Filing
Proposed Enrollment Template	Yes	Yes	Binder
External Review Checklist (Not applicable to SADPs)	Yes	Yes	External Review Filing

QHP Rates Guidance:

- The Department will allow carriers to modify their individual and small group rate filings through **July 9, 2021** to reflect updated assumptions risk adjustment. Other types of changes after this date will be allowed at the discretion of the Department. All documents that change will need to be resubmitted in redline format to allow for a more efficient review.
- Since July 1, 2019, it has been illegal in Illinois to sell tobacco products to individuals under 21 years of age. Accordingly, premium rates for consumers in this age group should not include a tobacco load.

Induced Demand Guidance for the 2022 ACA Illinois Rate Filing Process:

One of the larger variations seen in the development of ACA rates in the Illinois market is the induced demand component that is attributed to plans. As such, the Illinois Department of Insurance is issuing guidance for the 2022 ACA Rate Filings. Below are the items that the Illinois Department of Insurance is asking carriers to provide with the development of the 2022 ACA Rates:

- Stand-alone Induced Demand Factors – The induced demand factors should be provided for each plan as a separate and stand-alone factor.
- Quantitative and Qualitative Support – Provide both quantitative support for the development of the induced demand factors as well as qualitative support to explain the process and the reasoning behind any quantitative assumptions. For any assumptions or calculations that are the result of internal/external models, plans should be prepared to demonstrate and explain both the methodology and the results behind each model output.
- Historical Induced Demand Factors – Provide a table listing the minimum, maximum and average (weighted by plan membership) induced demand factor by metal level for the most recent 3 years (2020, 2021 and 2022).

Other Rate Adjustment Factors:

- COVID-19 adjustments when using 2020 as the base year in the URRT
- American Rescue Plan (ARP)
- Extended Special Enrollment Period
- Risk Adjustment Data Validation (RADV)

If any of the above “Other Rate Adjustment Factors” apply, please provide narrative and quantitative support detailing all assumptions as well as explain where the adjustment is applied.

Exhibit 2:**2022 Health Plans Filing Requirements – Rates**

	Required Submission via SERFF		
Federal Required Templates	On-Exchange	Off-Exchange	Location
QHP Rating Module Documents <ul style="list-style-type: none"> • Rates Table Template • Business Rules Template 	Yes	Yes	Rate filing & Binder
Unified Rate Review Template	Yes	Yes	Rate Filing & Binder
Illinois Required Documents			
Health Premium Rate checklist	Yes	Yes	Rate Filing & Binder
Proposed Enrollment Template	Yes	No	Rate Filing & Binder