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2021 IDAHO STANDARDS FOR AFFORDABLE CARE ACT COMPLIANT INDIVIDUAL AND SMALL GROUP HEALTH BENEFIT PLANS AND QUALIFIED DENTAL PLANS – **ADDENDUM 1**

1. Revised Timeline (Appendix A)

The timeline for the 2021 review and certification process has been slightly revised, as shown in Appendix A.

The deadline for proposed rate submissions to the Department and to CMS’s Unified Rate Review System is postponed from July 22 to August 7. Those proposed rates will be posted publicly on the Department’s website August 14.

The August 7 deadline is the latest the Department expects to postpone final rates, which will still allow review time prior to communicating the rates to the Department of Health and Welfare for their APTC determination process. Any carrier-initiated rate adjustment after August 7 may not be accepted by the Department.

2. Impact of SARS-CoV-2 Pandemic to 2021 Rate Submissions

The Department is requiring carriers to submit best-estimate rates for 2021, which must include any anticipated impact from the current pandemic. The Department is also requesting carriers provide an exhibit as part of the actuarial memorandum that shows the difference (by product) between the submitted rates and a “status-quo” rate submission. By “status-quo,” the Department is asking for rates without any impact from the current pandemic, based on 2019 claims experience. The requested exhibit should break out the difference into the components evaluated by the carrier in determining the impact of the pandemic.

Due to the high level of uncertainty regarding the impact of the pandemic to 2021 claims, the Department will accept an initial “status-quo” rate submission for review, as long as it is clearly indicated as such, and the carrier recognizes that the filing must be revised to best-estimate by August 7.

3. Filing Expectations

There were a few changes to the federal submission templates for 2021. Carriers should be aware YHI will not be utilizing the federal URL template submitted through SERFF, and the

Transparency in Coverage template is not required to be submitted. YHI will reach out during the plan preview period to collect URLs from carriers using their own templates. Please contact the Department or YHI with any additional questions about the binder submission requirements.

4. Quality Reporting and Quality Improvement Strategy (n/a to QDPs)

CMS and YHI are not requiring QHP carriers to complete the reports related to the Quality Reporting Standards (QRS) and the QHP Enrollee Survey. YHI will not be publicly displaying QHP quality rating information during the 2021 shopping experience. The QRS reporting and quality rating information will be implemented for plan year 2022.

Appendix A - Timeline

The dates are approximate, subject to change, and occur during 2020. Changes are highlighted.

Carriers to notify DOI of their intent to offer 2021 QHPs	March 20
QHP forms filings due in SERFF	May 29
QHP rates and binder filings due in SERFF and HIOS; YHI to provide 2021 carrier participation agreement	June 5
Carrier plan preview begins	July 6
Final day for carriers to submit corrections in SERFF and CMS's Unified Rate Review System for proposed rates (was July 22)	August 7
Proposed rate increases posted on DOI website (was August 3)	August 14
Signed carrier participation agreement due to YHI	August 7
DOI to provide final QHP recommendations to YHI	September 18
QHP certification notices provided	September 25
Anonymous plan browsing publicly available	October 1
All final rate increases posted on DOI website	October 1
Carrier filings in "final" status in CMS's Unified Rate Review System	October 9
Open enrollment begins	November 1
Open enrollment ends	December 15