

LIFE & HEALTH

Advisory Memorandum

March 29, 2016

TO: All Insurers of Health Benefit Plans¹ in the Individual and Small Group Markets and/or of Exchange-Certified Stand-alone Dental Plans

FROM: Life and Health Division

RE: 2017 Plan Year Form, Rate, and Plan Binder Filing Information

The purpose of this memorandum is to notify all interested insurers of important filing information that is or will soon be available to assist individuals in preparing and submitting various 2017 Plan Year - insurance forms, rates and plan binders to the North Carolina Department of Insurance (NCDOI) for review and approval. Insurers that will be seeking approval from NCDOI of forms and rates that are subject to the requirements of the Affordable Care Act and related state laws are encouraged to refer to this memo and the resources it identifies. Generally, this includes products intended to be sold and issued in North Carolina in 2017 in the individual or small group markets as described in one or more of the following categories:

- Health benefit plans (QHPs) to be sold in North Carolina on the Federally-facilitated Marketplace (FFM) and/or Federally-Facilitated SHOP (FF-SHOP);
- Health benefit plans to be sold in North Carolina outside the FFM (Non-QHPs) and/or FF-SHOP; and
- Exchange-certified stand-alone dental plans (SADPs) whether sold on or off the exchange.

While most of the filing requirements addressed in this letter and in related guidance information is unchanged from 2016 Plan Year, there are some changes, particularly in regard to medical plan single-risk pool rate filings. Therefore, NCDOI is providing updated information to facilitate the submission process and apprise insurers of important requirements and critical deadlines.

Carriers filing QHPs to be sold on the FFM, FF-SHOP, and/or SADPs to be exchange-certified should pay close attention to the information in the *FINAL 2017 Letter to Issuers in the Federally-facilitated Marketplaces* (CMS/CCIIO Letter), dated February 29, 2016, from the Center for Consumer Information and Insurance Oversight (CCIIO). That letter can be accessed at this link: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf> .

¹ Defined in G.S. 58-3-167

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I. **General Filing Requirements**

The following documents are intended to be a resource to assist insurers in making a 2017 plan year regulatory filing in North Carolina, and they will be updated and made available in SERFF and/or on NCDOL's website as noted below:

SERFF General Instructions
SERFF Plan Management General Instructions
Process for Submission for QHPs seeking certification from the FFM
Process for Submission of SADPs seeking certification from the FFM
Process for Submissions outside the FFM
NC EHB Crosswalk for 2017 Benchmark*
NC Required Attestations
NC Actuarial Memoranda
NC Rate Review Checklist
NC Rate Review Data Template

Updated checklists for filing forms and rates will be posted to:

<http://www.ncdoi.com/HealthCareReform/HCR.aspx>

Additional guidance information is posted at:

<http://www.ncdoi.com/HealthCareReform/HCR.aspx>

As the above information is updated, insurers will be notified of the updates through SERFF blasts, emails, or posts to the appropriate NCDOL webpage. Insurers should check back for updates regularly.

****- The Crosswalk will be released in the near future and will be updated to reflect 2017 Benchmark.***

II. Timelines

For Medical Insurer Form and Plan Binder Submissions

NCDOL will not set any specific due date for form filings or plan binder submissions, but asks insurers to give NCDOL 90 days to complete our reviews. Single-risk pool rate filings for medical insurers will be addressed in the next section.

NCDOL will take approval/acceptance action on all related form, rate and binder submissions applicable in the same market (individual vs small group) for a single insurer at the same time.

For insurers seeking QHP certification, recertification or SADP certification or recertification, NCDOL suggests that form and any required plan binder submissions be made by May 23, 2016, in order to give NCDOL 90 days to complete our reviews by the federal due date of August 23, 2016. NCDOL requests that insurers submit as early as possible to give NCDOL and the insurer the maximum amount of time possible for all reviews to be completed. ***Insurers in this category should also be mindful of the federal QHP application deadline.***

For insurers who do not participate on the FFM and/or FF-SHOP, you should be mindful of NCDOL's policy to approve all regulatory filings at the same time and note that according to CMS/CCIIO all single-risk pool rate filings reviews must be completed no later than October 7, 2016. Therefore these insurers should make their regulatory form and required plan binder submissions according to their own marketing and administrative needs, keeping in mind NCDOL's 90-day review period and that final date as specified by CMS/CCIIO. **Again, NCDOL requests that insurers submit as early as possible to give NCDOL and the insurer the maximum amount of time possible for all reviews to be completed.**

Any insurer who fails to receive the proper approvals from NCDOL before October 7, 2016 may have to provide open enrollment/guaranteed availability to all applicants in the respective market through the 2017 calendar year. Refer to 45 CFR §147.104.

NCDOL may issue form filing/plan binder specific instructions and insurers should check NCDOL's website for updates on information relating to those submissions.

For Medical Insurer Single-Risk Pool Rate Filing Submissions

NCDOL will issue under separate cover rate filing specific instructions, and insurers should await that guidance and ONLY submit any single-risk pool rate filings in accordance with those instructions, including submitting your rate filing(s) ONLY on the required due date. The rate filing specific guidance is expected to be issued in the near future and we will be accessible at: http://www.ncdoi.com/HealthCareReform/HCR_Rate_Filing.aspx.

Insurers should note that any changes to the NC Rate Template, the actuarial memoranda, required supplemental information, and the checklists for the 2017 Plan Year will be published as soon as the documentation is finalized.

In order to meet federal requirements relating to uniform disclosure of initial rate filings subject to reporting, NCDOL will require the submission of ALL single-risk pool rate filings on May 23, 2016. On May 31, 2016, NCDOL will publish via the SERFF Filing Access portal the initial submissions of Parts II and III (redacted) of the federal Rate Filing Justifications for rate increases subject to review, i.e. a rate increase for single-risk pool coverage is subject to review if the average increase, including premium rating factors, for all enrollees weighted by premium volume for any plan within the product meets or exceeds the applicable threshold (10%).

Insurers should note that CMS/CCIIO will publish information from the initial submissions of Parts I, II and III of the federal Rate Filing Justification at <https://Ratereview.healthcare.gov> for **ALL** single-risk pool rate filings submitted, even those that do not meet the threshold calculation. Refer to the preamble to the HHS Notice of Benefit and Payment Parameters for 2017 (81 FR 12240) for details.

All insurers of health benefit plans must submit a 2017 Plan Year single-risk pool filing even if there are no changes from your 2016 rates. A filing must be made for each market – individual or small group – in which the insurer participates in North Carolina.

NCDOL will take approval/acceptance action on all related form, rate and binder submissions applicable in the same market (individual vs small group) for a single insurer at the same time.

Insurers should be aware that whenever the insurer is required to submit Part I, II and III of the Rate Filing Justification as outlined in 45 CFR §154.215 to the federal government and/or NCDOL, such information must be displayed publically as required by the Effective Rate Review requirements under 45 CFR §154.301. Therefore, NCDOL will not permit insurers to submit such information in SERFF as confidential (except as specifically instructed to meet uniform disclosure requirements) and should an insurer do so, the Department will set the documentation to be accessible publicly.

For SADP Insurer Form and Rate Submissions

NCDOI will follow the federal guidelines for submission of QHP and SADP certification applications, and insurers should time their submission of forms and rates to give NCDOI at least 90 days to complete our reviews. Please refer to the SADP information Section VIII for additional information.

III. **SERFF Plan Binders and Federal Templates**

SADPs: Insurers filing SADPs to be exchange-certified, whether or not the plans are intended to be offered on the FFM/SHOP, are NOT required to submit a binder or any of the federal templates to NCDOI.

All insurers of non-grandfathered health benefit plans (medical) **MUST** submit a 2017 Plan Year SERFF binder for each market (individual or small group) in which the insurer operates. This is true even if the insurer is not adding or deleting plans that were accepted in previous years. NCDOI must receive at least one binder for each market (as applicable) from every insurer in order to confirm compliance with EHB, AV, and cost-sharing limitations applicable for the 2017 plan year. Insurers may submit separate binders for on-exchange plans and off-exchange plans.

Insurers may now submit SERFF binders for 2017 until the federal templates are available for submission and the SERFF and federal related functionality is operational. ***NCDOI will issue an email when we are prepared to accept binders.*** Insurers may access the federal templates (and review tools) at: <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/ghp.html> . Insurers should regularly monitor this website and SERFF for changes to these templates and the operational date of the validation services.

Insurers are encouraged to use the various review tool that the CMS/CCIIO has issued which analyze various aspects of the templates for data integrity and other compliance issues. In using the tools and addressing deficiencies in the templates and the related form filings (if necessary) before submitting the templates for validation in SERFF, an insurer is likely to facilitate NCDOI's review of your templates, and ultimately may expedite acceptance of plans. NCDOI understands that these federal tools will be available on CMS/CCIIO website noted above.

Insurers seeking QHP or SADP certifications are encouraged to also monitor the REGTAP website and training events which is where CCIIO/FFM issues information of interest to QHP and SADP certified insurers.

QHP Submissions: An insurer must submit one complete binder per market for its health benefit plans it intends to offer inside the FFM (using a separate binder for individual versus small group). That binder should include any new plans the insurer wishes to sell and all previously accepted/certified plans which the insurer intends to continue to provide through the FFM. ***If an insurer does not intend to continue to provide a previously certified plan in the FFM and the plan contains membership, the insurer should contact the Life & Health Division to discuss how the insurer will handle those plans, i.e. termination of plans. Insurers are reminded to refer to the guaranteed renewability and uniform modifications and when an amended plan can still be considered the same plan with the same Standard Component ID as found in 45 CFR §§144.103 and 147.106.***

All QHP binder submissions must include all of the federal templates noted below and marked as required for QHP submissions. Such templates should be submitted via the SERFF binder process. The templates MUST be added to the SERFF Binder through the binder builder process and must go through federal verification services in order for NCDOL to receive the QHP related binder.

Non-QHP Submissions: NCDOL will require a plan binder filing for health insurance plans outside the FFM for 2017 filings, even for carriers also operating inside the FFM who submit a separate QHP binder. An insurer must submit one binder per market for its health benefit plans it intends to offer outside the FFM (using a separate binder for individual versus small group). That binder should include any new plans the insurer wishes to sell in North Carolina and all previously accepted plans which the insurer intends to continue to provide in North Carolina. ***If an insurer does not intend to continue to provide a previously accepted plan and the plan contains membership, the insurer should contact the Life & Health Division to discuss how the insurer will handle those plans, i.e. termination of plans. Insurers are reminded to refer to the guaranteed renewability and uniform modifications and when an amended plan can still be considered the same plan with the same Standard Component ID as found in 45 CFR §§144.103 and 147.106.***

All binder submissions containing off-exchange plans only must include the federal templates noted below and marked as required for Non-QHP submissions. Such templates should be submitted via the SERFF binder process. The templates MUST be added to the SERFF Binder through the binder builder process and must go through federal verification services in order for NCDOL to receive the related binder.

URRT: Please be aware that data provided in the Unified Rate Review Template (URRT) continues to be required for all health benefit plans inside and outside the FFM in the individual and small group markets. Therefore, one URRT that includes all health insurance plans in the applicable market offered inside and outside the FFM/SHOP must be submitted to NCDOL **and should be submitted with the insurer's rate filing. DO NOT SUBMIT THE URRT AS PART OF THE BINDER.** Additionally, the insurer must submit the URRT to CCIIO via HIOS and pursuant to federal instructions, and must continue to submit updates to the URRT to CCIIO whenever the company submits an update to NCDOL. Final versions of the URRT and the Rate Templates reflective of NCDOL's final approval must be submitted to CCIIO pursuant to federal guidelines or within five business days following NCDOL's approval whichever is earlier.

The URRT should be included with the insurer's NC single risk pool rate filing, one per market (individual versus small group) submitted in SERFF via normal rate filing submission procedures and in accordance with separately issued guidance from NCDOL on the timing and content of the filing. Insurers should ONLY use the filing type "2017 Plan Year ACA Single-Risk Pool Rate Filing" for their 2017 plan year single-risk pool rate submissions. **Please note that the filing requirements for the binder may indicate the URRT, and Part III – Federal Actuarial Memorandum should be submitted with the binder. Insurers should bypass those requirements.**

IV. Federal Templates for Medical Insurers

All federal templates, and related instructions, may be accessed at the CMS/CCIIO QHP website: <https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

Template Name	Version*	Required for QHP Plan Binder?	Required for Non-QHP (only) Plan Binder?
Plan/Benefits	6.1	Yes	Yes
Prescription Drug	6.0	Yes	Yes
Network ID	6.0	Yes	Yes
Service Area	6.0	Yes	Yes
Rate Data	6.0	Yes	Yes
Business Rule Template	6.0	Yes	Yes
Unified Rate Review Template	3.3	Submit in the applicable single risk pool rate filing, not binder	Submit in the applicable single risk pool rate filing, not binder.
Plan Crosswalk	2.0.4	Yes (if a QHP insurer in 2016)	No

***Version numbers as of the issuance of this guidance. Insurers should visit the webpage above before submitting a binder to ensure you are using the most recent version of the templates.**

V. Form Filings for Medical Insurers

Insurers may submit new forms or amendments to previously approved forms at any time. The cover letter or General Information tab should clearly indicate the types of changes being made. Refer to the Timeline section above for information on suggested filing dates.

Any plans that are not approved prior to open enrollment are subject to a continual open enrollment period. Although priority may be provided for exchange filings to meet the required federal deadlines, filings will otherwise be reviewed in the order received.

All forms filings should be submitted using SERFF.

NCDOL will take approval/acceptance action on all related form, rate and binder submissions applicable in the same market (individual vs small group) for a single insurer at the same time.

If an insurer is submitting forms with changes to previously approved forms, NCDOL expects redline versions of the forms to be added to the Supporting Documentation Tab in SERFF as required by T11 NCAC 12.0329(3)(g). The filing should also identify the previously approved form by the SERFF Tracking Number and NC identifying form number.

Insurers who are NOT making any changes for their 2017 plan year in their previously approved forms must still submit a single risk pool rate filing per market (individual vs small group), which must include rates for all of the previously approved/accepted plans the insurer will continue to use, plus any new plans for which the insurer is seeking approval/acceptance for 2017. Insurers are reminded to review the guaranteed renewability and uniform modification provisions of the federal regulations in 45 CFR §§144.103 and 147.106 and to understand when a plan can be changed and still remain as the same plan with the same federal Standard Component ID. Additionally, insurers should review 45 CFR §147.106 in relation to uniform modifications to products, and note that in general an insurer may not discontinue all of its ACA compliant-products without making a market withdrawal as previously outlined in guidance issued by CMS/CCIIO². If an insurer is expecting to discontinue all of its ACA-compliant products, the insurer is encouraged to contact the Life and Health Division to discuss related issues.

² Uniform Modification and Plan/Product Withdrawal FAQ, June 15, 2015, <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/uniform-mod-and-plan-wd-FAQ-06-15-2015.pdf>

Insurers should also indicate in their single-risk pool rate filings that the rates will be used with previously approved forms and give the filing tracking numbers under which the forms were previously approved. Insurers will be expected to provide attestations as supporting documentation on the single-risk pool rate filing which will attest to the company's compliance with the guaranteed renewability and uniform modification regulations for all products and plans that were approved for 2016.

All insurers are expected to submit the NC EHB Crosswalk to assist the analyst in confirming that EHB compliance is achieved. The EHB Crosswalk template will be available in the filing requirements for Major Medical TOI coded submissions in SERFF. Please be certain to use the crosswalk for 2017 Plan Year ***which will be released in the near future***. Insurers should also assure that the EHB benefits listed in the crosswalk are properly reflected in their insurance forms. Analyst will check forms for information about the benefits, and will disapprove any forms which do not include appropriate descriptions of benefits. Please refer to Section VI below for information the 2017 EHB Benchmark.

Filings containing insurance forms for approval should be submitted as Filing Type "Form" and should NOT include any rate information. The insurer should include a cross reference to the company's applicable single-risk pool rate filing and note that filing's tracking number.

Insurers should include in the supporting documentation of the form filing a listing by the Standard Component IDs and Marketing Name of all plans contained in the related SERFF Plan Binder (all plans previously accepted that are still being used in 2017, as well as new plans for 2016) associated with the form filing.

VI. 2017 EHB Benchmark

The EHB Benchmark for NC for 2017 is a Blue Options Small Group plan issued by Blue Cross Blue Shield of North Carolina. Summary information as published by CMS/CCIIO and the EHB Benchmark plan document can be accessed at: https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/2017-BMP_NC.zip .

NCDOI will produce a summary outlining the major differences between the 2017 benchmark plan and the benchmark used for 2014 through 2016. That summary when released will be available here: http://www.ncdoi.com/HealthCareReform/HCR_EHBAV.aspx .

The EHB Crosswalk for the 2017 EHB Benchmark will be released in the near future and insurers are expected to submit a completed crosswalk with their 2017 form filings. The NC EHB Crosswalk assists the analyst in confirming that EHB compliance is achieved. The EHB Crosswalk template will be available in the filing requirements for Major Medical TOI coded submissions in SERFF. Please be certain to use the crosswalk for 2017 Plan Year. Insurers should also assure that the EHB benefits listed in the crosswalk are properly reflected in their insurance forms. Analyst will check forms for information about the benefits, and will disapprove any forms which do not include appropriate descriptions of benefits.

VII. Rate Filings for Medical Insurers

Refer to Section II above for summary information and to separate guidance to be issued separately relating to single-risk pool rate filings. Insurers should ONLY submit any single-risk pool rate filing in accordance with NCDOL's instructions, including submitting your rate filing(s) ONLY on the required due date.

All insurers of health benefit plans must submit a 2017 Plan Year single-risk pool filing for each market even if there are no changes from your 2016 rates. A filing must be made for each market – individual or small group – in which the insurer participates in North Carolina.

NCDOL will take approval/acceptance action on all related form, rate and binder submissions applicable in the same market (individual vs small group) for a single insurer at the same time.

Insurers should be aware that whenever the insurer is required to submit Part I, II and III of the Rate Filing Justification as outlined in 45 CFR §154.215 to the federal government and/or NCDOL, such information must be displayed publically as required by the Effective Rate Review requirements under 45 CFR §154.301. Therefore, NCDOL will not permit insurers to submit such information in SERFF as confidential (except as specifically instructed to meet uniform disclosure requirements) and should an insurer do so, the Department will set the documentation to be accessible publicly.

Single risk pool rate filings should be submitted SEPARATELY from any form filing or binder submission,

Insurers must also submit the federal URRT per 45 CFR §154.220(a)(1) and an actuarial memorandum to the Insurance Oversight area of CCIIO through the HIOS system AT THE SAME TIME THAT THEY SUBMIT A URRT TO NCDOL. This includes the initial submission and any subsequent submissions during the review process. Insurers are expected to submit to CCIIO via HIOS the FINAL URRT and Rate Template reflective of NCDOL's final approval within federal time frames or within five business days following NCDOL approval, whichever is earlier.

Refer to the Timeline section above for information on filing dates.

All single-risk pool rate filings should be submitted using SERFF.

Updated information on data requirements, actuarial memoranda, checklists, etc., will be sent in a separate communication and published at:

http://www.ncdoi.com/HealthCareReform/HCR_Rate_Filing.aspx.

Note that the website above still has 2016 Plan Year information at this time, but should be updated in the near future. Please keep checking back for updated information.

There may be slight changes in the data we require to be submitted with single-risk pool filings from what was required for the 2016 plan year. The NC Rate Review Data Template is still required, as are the NC Actuarial Memorandum and checklists. Updated versions of each may be accessed on the website linked above and will be included in the separate communication mentioned above.

NCDOL expects to permit insurers to make unsolicited changes to their single-risk pool rate filings during the review process with some limitations. Additional guidance on this issue will be issued separately.

VIII. Stand Alone Dental Plans Seeking Exchange Certification

Insurers of SADPs do NOT have to submit a Plan Binder nor any federal templates to NCDOL.

NCDOL will not require submission of Plan Binders for SADPs seeking certification for use on the FFM or who are seeking exchange certification for use outside the exchange. Insurers should follow guidance issued by the FFM to complete and submit a SADP application through HIOS in order to get plans certified for sale on the FFM or for sale off the exchange in North Carolina.

Insurers must still submit policy forms and rates through the normal SERFF filing submission processes to the Life & Health Division for the Department's prior review/approval as required by state laws.

Insurers should submit the forms and rate filings in close conjunction to their submission to HIOS. Insurers should in their SERFF form and rate submission indicate their intent to be a stand-alone dental plan on the exchange and/or their intent to seek exchange certification for off the exchange business, and/or indicate that the plans contained in the filing are intended to provide the pediatric dental essential health benefit.

Insurers should ONLY use the following SERFF TOIs and sub-TOI for these submissions:

TOI	Sub-TOI
H10G Group Health – Dental	H10G.001 Health – Pediatric Dental
H10I Individual Health – Dental	H10I.001 Health – Pediatric Dental

NCDOL will not set any specific due date for SADPs regulatory filings, but asks insurers to give NCDOL 90 days to complete our reviews. NCDOL will follow the federal guidelines for the review timeline for certified SADPs and therefore expects to have exchange certified SADP reviews completed by August 23, 2016.

For Insurers with Previous Certified SADP Form Approvals: If the insurer has received previous approval of forms which were identified for use with certified SADPs, and the insurer does not intend to make any changes to the previously approved forms for the 2017 plan year, then the insurer only needs to submit the 2017 plan year rates as noted below.

2017 Rate Filings for INDIVIDUAL business for Insurers with Previous Certified SADP Rate Approvals: Per NCGS §58-51-95(h), all insurers of individual accident and health insurance must annually submit a rate filing which demonstrates compliance with the statute. Additionally, if an insurer is changing rates on individual accident and health business, the insurer must seek the Department’s prior approval per NCGS §58-51-95(f). Therefore, all individual dental SADP insurers who received DOI approval of individual certified SADPs for 2016, must submit a rate filing for the 2017 plan year that either demonstrates compliance with NCGS §58-51-95(h) or demonstrates the need for a change in the rates under NCGS §58-51-95(f). Such rate filings must follow the requirements of T11 NCAC 16.0205 and include an actuarial memorandum/certification and other specified data. The insurer should use the TOI noted above and indicate that the submission is related to SADPs seeking certification or recertification and should reference the form filing(s) under which the Department approved the forms associated with the rates and where the forms had been accepted for use with SADPs. ***The filing should also indicate if certification is being sought for on-exchange, off-exchange, or both.***

2017 Rate Filings for GROUP business for Insurers with Previous Certified SADP Rate Approvals:
In order to allow NCDOI to track insurers intending to participate on the FFM or FF-SHOP, and in order to be sure compliance with the pediatric dental EHB provision is met, NCDOI requests that group SADP insurers who received approval of Certified SADPs for 2016, and who are seeking new certifications or re-certifications for 2017, submit their 2017 rate filing for NCDOI's records. The submission should use the TOIs noted above, include the rates (whether changed from 2016 or not), and the actuarial memorandum with proper certifications. Insurers should indicate that the submission is related to SADPs seeking certification or recertification and should reference the form filing(s) under which the Department approved the forms associated with the rates and where the forms had been accepted for use with SADPs. ***The filing should also indicate if certification is being sought for on-exchange, off-exchange, or both.***

Insurers submitting SADPs for certification for use in the FF-SHOP should be aware that child-only policies are not accepted by the FF-SHOP.

Note that if the insurer of the group SADP is authorized under Article 67 of Chapter 58 of the North Carolina General Statutes, then the insurer must receive prior approval of its rates on an annual basis per NCGS §58-67-50.

If the insurer has a provider network associated with the SADP such that it intends to provide a Dental PPO plan, then the insurer must seek NCDOI approval of its PPO operations, including review of internal processes and provider contracts. Refer to http://www.ncdoi.com/lh/LH_Provider_Network.aspx for information on such filings.

IX. Updates on Related Issues

Vertical Choice in the SHOP: Per the preamble to the HHS Notice of Benefit and Payment Parameters for 2017, CMS/CCIIO provided States the opportunity to recommend that vertical choice for small employers utilizing the FF-SHOP NOT be implemented in the state for the 2017 plan year. After consideration, NCDOI recommended against implementation for the upcoming plan year.

Extension of Transitional Relief: NCDOI issued an announcement that it will permit issuers to offer an extension of the federal transitional relief to policyholders per the federal guidance issued on February 29, 2016. That announcement may be accessed here: http://www.ncdoi.com/lh/LH_Directives.aspx. Additional specific guidance on the extension will be issued by the Department in the near future.

Student Health Insurance: NCDOI will issue guidance to insurers of student health insurance guidance on submissions of forms, rates and other required information for use with student health insurance plans for the upcoming academic year (2016/2017). That guidance will be issued in the near future and will be available from the Life & Health Division's website at

http://www.ncdoi.com/lh/LH_Directives.aspx .

X. NCDOI Contact Information

Questions about this memo may be directed to Jean Holliday at (919) 807-6061 or by email to jean.holliday@ncdoi.gov .