

2027 Colorado Option Premium Rate Reduction Filing Procedures

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COLORADO
Department of
Regulatory Agencies
Division of Insurance

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Introduction

The purpose of this document is to provide carriers with instructions on premium rate reduction filing requirements for the Colorado Option Plans for Benefit Year 2027 in Regulation 4-2-85, and to ensure that premium rate reduction compliance documentation for Colorado Option Plans are submitted correctly, efficiently, and in accordance with § 10-16-1305(2)(d), C.R.S., and Colorado Insurance Regulations 4-2-85 and 4-2-92.

Applicability

These instructions are intended for all carriers selling individual and small group health benefit plans on and off the exchange in Colorado that are required to comply with offering Colorado Option Plans pursuant to § Section 10-16-1305(1), C.R.S.

Filing Deadlines

Carriers offering individual and small group Colorado Option Plans with an effective date on or after January 1, 2027, are required to submit Colorado Option premium rate reduction notification filings to the Colorado Division of Insurance (“the Division”) **no later than 5 pm MST on Monday, March 2, 2026.**

Filing Procedures

If a carrier is unable to meet the required premium rate reductions, then the carrier must notify the Commissioner and submit the notifications required by [Regulation 4-2-92](#), Sections 9.A. and 9.B. These notifications are discussed in more detail throughout this document.

Follow the filing procedures for each document discussed below. Follow the requested “File Name” in the instructions section for each template/document. If the Division requests that a carrier update a document, resubmit using SERFF or SFTP and add the date of resubmission to the end of the document name. For example:

- Document submitted on March 2: “[Carrier Name] Plan Year 2027 Material Provider Premium Impact Template”
- Revised document submitted March 10: “[Carrier Name] Plan Year 2027 Material Provider Premium Impact Template_3-10-26”

It is the responsibility of the carrier to stay up to date with all current and new regulations and guidance related to the Colorado Option Program. Regulations and Guidance can be found at the Division’s website [here](#) as well on the Colorado Option

Program [webpage](#).

SFTP Access

Carriers are required to submit certain documents through the Division's SFTP. **Carriers will need to request access to SFTP no later than February 13, 2026**, by emailing Tim Churchill (tim.churchill@state.co.us) and copying Maddie Davis (maddie.davis@state.co.us) with the names and emails of anyone from your organization who will need to use SFTP for filing submissions. **Please note that even if you or someone from your organization has had SFTP access in prior years, a new request for access needs to be submitted for this year** as SFTP only allows temporary access and automatically deactivates user accounts after a period of time.

Applicable carrier representatives who have requested access to SFTP will receive an email with a link to access the website and their login information by February 20, 2026. For further instructions on setting up your SFTP account and the process for submitting documents through SFTP, please see Appendix F.

Confidentiality

Pursuant to [Regulation 4-2-92](#), Section 9.J., the Commissioner shall post on the Division's website the information provided by the carrier under Section 9 of Regulation 4-2-92, including the contract reimbursement rates, except as provided in Section 14 of Regulation 4-2-92. Section 14 of Regulation 4-2-92 sets forth the procedures for a Party to make a claim of confidentiality as to information or documents. For more information regarding making a claim of confidentiality, please see Section 14 of Regulation 4-2-92. Consistent with Section 14.A of Regulation 4-2-92, the Division will proactively treat certain documents as confidential when they are filed under a claim of confidentiality.

Some redacted information will be made public as part of the Premium Rate Reduction Filing process. The Division has outlined what information the Division will redact in the Premium Rate Reduction submission within the relevant section of the procedures for each required document. However, the Division will unredact some of this information after initial Plan Year (PY) 2027 rates are made public in Summer 2026. The specific items which the Division intends to make public are listed within the relevant section of the procedures for each document.

Filing a Complaint

Pursuant to Regulation 4-2-92, Section 9.K., upon the filing and service of a complaint, the carrier must provide the notifications required by Regulation 4-2-92, Sections 9.A. and 9.B. to all Parties, which are set forth in Regulation 4-2-92, Section 7. For example, if the carrier files a complaint naming hospitals or health-care providers, the carrier must then also serve the notifications required by Regulation 4-2-92, Sections 9.A and 9.B. to the Parties as provided in Regulation 4-2-92, Section 7. Similarly, if the Division files a complaint naming hospitals or health-care providers, then the carrier must also serve the notifications required by Regulation 4-2-92, Section 9.A. and 9.B. to the Parties as provided in Regulation 4-2-92, Section 7.

If a complaint has been filed, a Certificate of Service must also be filed in SERFF, under the Supporting Documentation tab. Contact information for the Parties is included in Appendix H.

Resources

Templates and other resources can be accessed on the Division's [ACA Annual Filing Information webpage](#) or on the [Colorado Option Public Hearings](#) website.

Carriers should use the following regulations, bulletins, and resources for the Plan Year 2027 PRR filing process:

- [Regulation 4-2-80](#) (Culturally Responsive Provider Network Requirements)
- [Regulation 4-2-91](#) (Hospital/Provider Reimbursement Rate Setting)
- [Regulation 4-2-92](#) (Colorado Option Public Hearings)
- [Bulletin B-4.121](#) (CPI-U Bulletin)
- [Bulletin B-4.123](#) (Pricing AV Bulletin)
- [2027 Colorado Option Hospital-Specific Reimbursement Floors](#)

Please note that the Division is still awaiting publication of the Plan Year 2027 federal Actuarial Value Calculator (AVC) and will update Regulations 4-2-81 and 4-2-85 for Plan Year 2027 when the AVC becomes available.

Submission Requirements for Colorado Option Premium Rate Reduction Filings

The table below provides an overview of the submission requirements for carriers offering Colorado Option Plans. The hyperlinked text will redirect to a section within this document that provides further detail.

Anything labeled with **NEW** is an item that is new from the previous year's Colorado Option premium rate reduction compliance filing. Anything labeled with **REVISED** is a document or template that has been updated or has a different filing requirement than the previous year's Colorado Option premium rate reduction filing.

Overview of Premium Rate Reduction Notification Filing Requirements

	All carriers must submit:	Any carrier who has one or more Colorado Option Plan that has not met their premium rate reduction target must also submit:	Optional or Upon request of the Division
Compliance Submission Documents	<ul style="list-style-type: none"> <input type="checkbox"/> Premium Rate Reduction Notification Template (via SERFF) <input type="checkbox"/> Attestation of compliance with network adequacy standards (via SERFF) <input type="checkbox"/> Good Faith Effort Statement (via SERFF) 	<ul style="list-style-type: none"> <input type="checkbox"/> Notice of Noncompliance (via SERFF) <input type="checkbox"/> Hospital/Healthcare Provider Negotiated Rate Template, (via SFTP) REVISED <input type="checkbox"/> Material Provider Premium Impact Template (via SERFF) REVISED <input type="checkbox"/> Unredacted Colorado Option Standardized Plan Rate Sheets (via SFTP) <input type="checkbox"/> Actuarial Analysis Documentation (via SERFF) 	<ul style="list-style-type: none"> <input type="checkbox"/> Cost of Care Data Template (via SFTP) <input type="checkbox"/> Joint Attestation (via SERFF) REVISED

Premium Rate Reduction Notification Template

All Carriers Must Submit

Template Name	<i>"[Carrier HIOS ID]- [Benefit Year] CO Option Rate Reduction Notice - [Market].xlsx"</i>
Description <p>Pursuant to § 10-16-1305.5, C.R.S., a carrier must file CO Option Plan premium rates with the Commissioner consistent with the premium rate reduction requirements in § 10-16-1305(2), C.R.S., and Colorado Insurance Regulation 4-2-85.</p> <p>All carriers must submit a Premium Rate Reduction Notification Template, even if a carrier indicates they are compliant with the premium rate reduction requirements. This template should be submitted as an Excel spreadsheet via SERFF.</p> <p>Please note that the Division is still awaiting publication of the Plan Year 2027 federal Actuarial Value Calculator (AVC) and will update the PY 2027 PRR Templates when the AVC becomes available. These instructions may be updated when the PRR Templates are published.</p> <p>Regulatory Citation(s):</p> <ul style="list-style-type: none">→ Insurance Regulation 4-2-85 Section 5 and 6→ Insurance Regulation 4-2-92 Sections 9.A.1 and 9.B.1	
Instructions <p>Template and filing instructions can be found in the "Instructions" tab of the Excel template. Each tab of this template must be completed by a carrier, even if a carrier indicates they are compliant with their premium rate reduction targets.</p> <p>SERFF Filing Instructions:</p> <p>The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the "SERFF Filing Instructions" section below for more information.</p> <ul style="list-style-type: none">• <u>Supporting Documentation Heading</u>: Colorado Option Premium Rate Reduction Notice• <u>File Name</u>: "[Carrier Name] [Carrier HIOS ID]- Plan Year 2027 CO Option Rate Reduction Notice - [Market].xlsx" <p>Confidentiality Instructions:</p> <p>Please provide an unredacted version of this Premium Rate Reduction Notification Template. The Division will redact certain information and make the redacted version of the template public during the public hearing process.</p>	

Attestation of Compliance with Network Adequacy Standards

All Carriers Must Submit

Template Name	<i>“March 1_CO Option Network Adequacy Attestation Form.xlsx”</i>
<p>Description</p> <p>A carrier must attest to the carrier’s ability to meet network adequacy standards for the upcoming plan year for Colorado Option Plan networks. All carriers must submit this template in two formats: 1) a signed PDF and 2) a completed Excel spreadsheet (without the signature is OK) via SERFF. See instructions in Appendix C of this document.</p> <p>Regulatory Citation(s): → Insurance Regulation 4-2-92 Section 9.B.3</p>	
<p>Instructions</p> <p>See Appendix D of this document.</p> <p>SERFF Filing:</p> <p>The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the “SERFF Filing Instructions” section below for more information.</p> <ul style="list-style-type: none"> • <u>Supporting Documentation Heading:</u> March 1 Network Adequacy Compliance Attestation • File Name: “[Carrier Name] Plan Year 2027 CO Option Network Adequacy Attestation Form.xlsx” • File Name: “[Carrier Name] Plan Year 2027 CO Option Network Adequacy Attestation Form.pdf <p>Confidentiality Instructions:</p> <p>This document will be made public unless a carrier makes a claim of confidentiality by including this document in the Confidentiality Index.</p>	

Good Faith Effort Statement

All Carriers Must Submit

Document Name	<i>Good Faith Effort Statement</i>
Description <p>Every carrier must submit a statement outlining the good faith efforts the carrier made with in-network hospitals and/or health-care providers to negotiate a reimbursement rate that would support the carrier in lowering Colorado Option Plan premiums. All carriers must submit this statement as a PDF document via SERFF.</p> Regulatory Citation(s): <ul style="list-style-type: none">→ Insurance Regulation 4-2-92 Section 9.B.2	
Instructions <p>The carrier must submit a statement outlining the good faith efforts the carrier made with the hospital and/or health-care provider to negotiate a reimbursement rate that would support the carrier in lowering premiums on Colorado Option Standardized Plans.</p> SERFF Filing: <p>The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the “SERFF Filing Instructions” section below for more information.</p> <ul style="list-style-type: none">• <u>Supporting Documentation Heading</u>: Good Faith Effort Statement• File Name: “[Carrier Name] Plan Year 2027 Good Faith Effort Statement” Confidentiality Instructions: <p>This document will be made public unless a carrier makes a claim of confidentiality by including this document in the Confidentiality Index.</p>	

Notices and Documents for Non-Compliance with the Premium Rate Reduction Requirements for Colorado Option Plans

Notice of Noncompliance

Non-Compliant Carriers
Must Submit

Document Names	<i>Notice of Noncompliance</i> <i>Non-binding Arbitration Statement</i>
<p>Description</p> <p>Any carrier whose Colorado Option Plan has <i>failed</i> to meet the premium rate reduction requirements must submit this notice of noncompliance. If a carrier notifies the Commissioner that the carrier is unable to meet the Premium Rate Reduction Requirements, the carrier shall also provide information as to whether or not the carrier and the hospital or health-care provider engaged in nonbinding arbitration as allowed under Section 10-16-1306(1)(b) or consent to participate in the opportunity for negotiations and settlement afforded by Section 12 of Insurance Regulation 4-2-92.</p> <p>These documents should be submitted by the carrier as PDF documents via SERFF.</p> <p>Regulatory Citation(s): → Insurance Regulation 4-2-92 Section 9.A</p>	
<p>Instructions</p> <p>See Appendix A of this document.</p> <p>SERFF Filing:</p> <p>The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the “SERFF Filing Instructions” section below for more information.</p> <ul style="list-style-type: none">• <u>Supporting Documentation Heading:</u> Notice of Noncompliance• File Names:<ul style="list-style-type: none">○ “[Carrier Name] Plan Year 2027 Notice of Noncompliance”○ “[Carrier Name] Plan Year 2027 Non-binding Arbitration Statement” <p>Confidentiality Instructions:</p> <p>These documents will be made public unless a carrier makes a claim of confidentiality by including this document in the Confidentiality Index.</p>	

Hospital/Health-care Provider Negotiated Rate Template

Non-Compliant Carriers
Must Submit

Template Name	"[Benefit Year] Negotiated Rate Template.xlsx"
<p>Description</p> <p>Any carrier whose Colorado Option Plan has failed to meet their premium rate reduction target must submit this template. Section 9.A.3 of Colorado Insurance Regulation 4-2-92 requires a carrier to provide negotiated reimbursement rate information as part of their notice requirements. The Division has provided a template to support carriers in submitting this data. This template should be submitted by the carrier as an Excel document via SFTP.</p> <p>Regulatory Citation(s):</p> <p>→ Insurance Regulation 4-2-92 Section 9.A.3</p>	
<p>Instructions</p> <p>See Appendix A, Section #2, of this document. Instructions to complete this template can also be found in the "Instructions" tab of the Excel template.</p> <p>Filing Instructions:</p> <p>Please note that this information will be submitted to the Division through the Division's SFTP (not through SERFF). Requests to access the SFTP should be made to tim.churchill@state.co.us (copying maddie.davis@state.co.us) no later than February 13, 2026. For further instructions and information about SFTP, see Appendix F.</p> <ul style="list-style-type: none">• File Name: "[Carrier Name] Plan Year 2027 Negotiated Rate Template.xlsx" <p>Confidentiality Instructions:</p> <p>The Negotiated Rate Template will be held confidential. A carrier should include the Negotiated Rate Template in its Confidentiality Index.</p>	

Material Provider Premium Impact Template

Non-Compliant Carriers
Must Submit

Document Name	<i>"[Benefit Year] Material Provider Premium Impact Template.xlsx"</i>
Description Any carrier whose Colorado Option Plan has <i>failed</i> to meet their premium rate reduction target must submit a table showing the list of Material Providers with their relative impact on the plan's premium in a Rating Area. The Division has developed guidance in Appendix B to support carriers in submitting this document. This document must be submitted as an Excel document via SERFF .	
Regulatory Citation(s): → Insurance Regulation 4-2-92 Section 9.A.2	
Instructions See Appendix B of this document. SERFF Filing: The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the "SERFF Filing Instructions" section below for more information. <ul style="list-style-type: none">• <u>Supporting Documentation Heading</u>: Material Provider Premium Impact Template-Confidential• File Name: "[Carrier Name] Plan Year 2027 Material Provider Premium Impact Template" Confidentiality Instructions: Please provide an unredacted version of this Material Provider Premium Impact Template. The Division will redact the following columns and make the redacted document public during the public hearing process: <ul style="list-style-type: none">• Inputs Tab<ul style="list-style-type: none">○ Columns I through Q ("Relative Rating Area Premium Impact" for Rating Areas 1 through 9)• Contact Information Tab<ul style="list-style-type: none">○ The entirety of this tab will be redacted in the redacted version of this template.	

Unredacted Colorado Option Standardized Plan Rate Sheets

Non-Compliant Carriers
Must Submit

Document Name	<i>“[Benefit Year] [Carrier] [Hospital or Health-Care Provider] Colorado Option Standardized Plan Rate Sheets”</i>
<p>Description</p> <p>Any carrier whose Colorado Option Plan has <i>failed</i> to meet their premium rate reduction target must submit an unredacted copy of all of the carrier’s Colorado Option Standardized Plan rate sheets, including addendums, <u>for the year preceding the applicable plan year and for the applicable plan year</u>. The rate sheets shall include the agreed-upon rates by code or payment methodology and any additional payment agreements (add-on, outlier, stop-loss, etc.). If non-Standardized Plan information is included in the same rate sheet as a Colorado Option Standardized Plan rate sheet, the carrier may redact the sections specific to non-Standardized Plans. The Division has developed guidance in Appendix A to support carriers in submitting this information. This information must be submitted as a PDF document or Excel spreadsheet via SFTP.</p> <p>Regulatory Citation(s):</p> <p>→ Insurance Regulation 4-2-92 Section 9.A.4</p>	
<p>Instructions</p> <p>Template and filing instructions can be found in the Appendix A of this document.</p> <p>Filing Instructions:</p> <p>Please note that this information will be submitted to the Division through the Division’s SFTP. Requests to access the SFTP should be made to tim.churchill@state.co.us and maddie.davis@state.co.us no later than February 13, 2026. For further instructions and information about SFTP, see Appendix F.</p> <ul style="list-style-type: none">• File names:<ul style="list-style-type: none">○ For rate sheets with one NPI: <i>“[Carrier] [Hospital or Health-Care Provider NPI] Plan Year 2027 Colorado Option Standardized Plan Rate Sheets”</i>○ For rate sheets with multiple NPIs: <i>“[Carrier] [Hospital or Health-Care Provider NPI 1] [Hospital or Health-Care Provider NPI 2] [add NPI's as needed] Plan Year 2027 Colorado Option Standardized Plan Rate Sheets”</i> <p>Confidentiality Instructions:</p> <p>These rate sheets will be held confidential. A carrier should include the “Colorado Option Standardized Plan Rate Sheets” in its Confidentiality Index.</p>	

Actuarial Analysis Documentation

Non-Compliant Carriers
Must Submit

Document Names	<p><i>“[Benefit Year] Actuarial Memorandum”</i></p> <p><i>“[Benefit Year] Maximum Allowable Reduction Template”</i></p>
<p>Description</p> <p>Any carrier whose Colorado Option Plan has <i>failed</i> to meet their premium rate reduction target must submit an actuarial memorandum that supports the reasons why the carrier has not met its premium rate reduction requirement. The Division has developed guidance in Appendix C to support carriers in submitting this document. This document must be submitted as a PDF document via SERFF.</p> <p>The Division has also developed a template (“Maximum Allowable Reduction Template”) that carriers shall submit to comply with the requirements of Colorado Insurance Regulation 4-2-92, Section 9.A.7.</p> <p>Regulatory Citation(s):</p> <p>→ Insurance Regulation 4-2-92 Section 9.A.7</p>	
<p>Instructions</p> <p>See Appendix C of this document for instructions for completing an actuarial memorandum and the required template. Template and filing instructions can also be found in the “Instructions” tab of the Excel template.</p> <p>SERFF Filing:</p> <p>The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the “SERFF Filing Instructions” section below for more information.</p> <ul style="list-style-type: none"> • <u>Supporting Documentation Heading</u>: Actuarial Analysis- Confidential • File Names: <ul style="list-style-type: none"> ○ Actuarial Memorandum File Name: “<i>[Carrier name] [Market] Plan Year 2027 Colorado Option Actuarial Memorandum</i>” ○ Template File Name: “<i>[Carrier name] [Market] Plan Year 2027 Maximum Allowable Reduction Template</i>” <p>Confidentiality Instructions:</p> <p>The actuarial memorandum will be made public after rates are made public in Summer 2026 unless a carrier makes a claim of confidentiality by including this document in the Confidentiality Index.</p> <p>The “Maximum Allowable Reduction Template” will be held confidential in perpetuity and a carrier should include this template in its Confidentiality Index.</p>	

Joint Attestation

Optional or Carriers Must
Submit Upon Request of DOI

Document Names	<p><i>“[Benefit Year] Carrier/Hospital Negotiated Rate Joint Attestation”</i></p> <p><i>“[Benefit Year] Carrier/Hospital Negotiated Rate Joint Attestation_Pediatric Hospitals”</i></p>
<p>Description</p> <p>If a carrier and a Material Provider that is a Hospital have agreed that the Hospital’s Plan Year 2027 Negotiated Rate reflects the Maximum Allowable Reduction (a 20% reduction from the the 2026 negotiated rate or a reduction to the Plan Year 2027 Hospital Specific Reimbursement Floor), <u>the carrier shall submit a joint attestation with the PRR Filing on March 2.</u></p> <p>If the carrier and a Material Provider did not agree to a Plan Year 2027 Negotiated Rate that reflects the Maximum Allowable Reduction, a carrier does not need to submit a joint attestation for that Hospital on March 2. <u>Upon request of the Division and after March 2, 2026,</u> the carrier shall submit any joint attestations that reflect reductions other than the Maximum Allowable Reduction.</p> <p>These documents should be submitted as a PDF document via SERFF.</p> <p>Regulatory Citation(s):</p> <p>→ Insurance Regulation 4-2-92 Sections 9.A.5 and 9.D</p>	
<p>Instructions</p> <p>See Appendix E of this document for instructions for submitting a joint attestation with a Material Provider that is a Hospital. Carriers shall submit this information as a PDF document that includes all of the information required in Appendix E.</p> <p>SERFF Filing:</p> <p>The Division is requiring all carriers to submit documents in the same format, using the same headings. Please see the “SERFF Filing Instructions” section below for more information.</p> <ul style="list-style-type: none"> • <u>Supporting Documentation Heading:</u> Joint Attestation- Confidential • File Name: <i>[Carrier name] [Hospital] Plan Year 2027 Joint Attestation</i> <p>Confidentiality Instructions:</p> <p>Any joint attestations between the carrier and hospital(s) will be held confidential in perpetuity, and a carrier should include any joint attestations in its Confidentiality Index.</p>	

Cost of Care Data Template

Optional or Carriers Must
Submit Upon Request of DOI

Template Name	<i>“[Benefit Year] CO Option Cost of Care Data Template.xlsm”</i>
Description <p>The Division has developed an Excel template that carriers must complete and submit through the Division’s secure file transfer protocol (SFTP). Carriers must submit this template upon request of the Division. If requested, this template should be submitted by the carrier as an Excel spreadsheet via SFTP.</p> Regulatory Citation(s): → Insurance Regulation 4-2-92 Section 9.C	
Instructions <p>Template and filing instructions can be found in the “Instructions” tab of the Excel template. This template must be submitted by a carrier <u>upon request of the Division</u> and therefore does not need to be submitted with other materials on March 2, 2026. If the Division requests the Cost of Care Template, we expect to only request data for a few providers/hospitals. The Division will provide carriers at least 7 days to provide the completed template.</p> Filing Instructions <p>Please note that this information will be submitted to the Division through the Division’s SFTP. Requests to access the SFTP should be made to tim.churchill@state.co.us (copying maddie.davis@state.co.us) no later than February 13, 2026. For further instructions and information about SFTP, see Appendix F.</p> <ul style="list-style-type: none">• File Name: “[Carrier name] [Hospital] Plan Year 2027 CO Option Cost of Care Data Template” Confidentiality Instructions <p>The Cost of Care Template will be held confidential. Carriers should include the Cost of Care Template in an updated Confidentiality Index if it is requested by the Division.</p>	

SERFF Filing Instructions

Initial Filing Questions in SERFF (when creating a filing)

SERFF Filing

If cloning a prior filing, please be sure to use the Plan Year 2026 “Colorado Option Premium Rate Reduction” filing as this filing includes the most updated SERFF headings. Carriers may also create a new filing for the Plan Year 2027 “Colorado Option Premium Rate Reduction” filing.

- **Filing Company** – Name entered under this field MUST match “Name of Entity” on all appropriate documentation submitted
- **TOI** – Please use ACA-eligible TOI codes. The TOI for this filing should be consistent with the carrier’s annual ACA rate, binder, form, and network adequacy filings.
- **Sub-TOI** – Please use ACA-eligible Sub-TOI codes. The TOI for this filing should be consistent with the carrier’s annual ACA rate, binder, form, and network adequacy filings. Please use the most specific Sub-TOI code available for the filing (i.e. please use the code that indicates whether the plan is a PPO, POS, or HMO, rather than using the “Other” code).
- **Filing Type** – Select “Colorado Option Premium Rate Reduction Notice”.

General Information Tab in SERFF Filing

- **PPACA** – Select “Non-grandfathered” – For filings submitted under an ACA-related TOI, “Not PPACA-Related” is not a valid selection for this field, and will result in an immediate objection
- **Product Name** – Carriers must follow the naming convention for Colorado Option plans in Section 5.A of Colorado Insurance Regulation 4-2-81.
- **Effective Date Requested** – For benefit year 2027 plans, the effective date must be 1/1/2027 for the annual filings.
- **Requested Filing Mode** – “Informational”
- **Market Type** – Select “Individual” OR “Group” - Individual and group filings must be submitted separately.
- **Group Market Size (if applicable)** – Select “Small”
- **Filing Description** – A detailed description must be provided and should include (if applicable) an explanation of any plan name changes and/or form number changes for 2026 Colorado Option Plans that will be offered in 2027.

Form Schedule Tab in SERFF Filing

- **Lead Form Number** – Carriers shall complete the SERFF Form Schedule tab to specify the forms to which this filing applies. Once the filing has been submitted, this field cannot be edited; please ensure that it is completed correctly prior to submission.

Rate/Rule Schedule Tab in SERFF Filing

This tab must be left blank.

Supporting Documentation Tab in SERFF Filing

The Division is requiring all carriers to submit documents in the same format, using the same headings, on the Supporting Documentation tab, so that consumers and interested parties may more easily compare carriers' filings. Carriers shall file the required documents under the following SERFF headings:

<u>SERFF Heading</u>	<u>Documents required</u>
Colorado Option Rate Reduction Notice-Confidential	Completed Premium Rate Reduction Notification Template
Notice of Noncompliance	Notice of Noncompliance Nonbinding Arbitration Statement
Material Provider Premium Impact Template- Confidential	Completed Material Provider Premium Impact Template
Actuarial Analysis	Actuarial Memorandum Completed Maximum Allowable Reduction Template
Good Faith Effort Statement	Good Faith Effort Statement
March 1 Network Adequacy Attestation	Completed March 1 Network Adequacy Attestation Form
Joint Attestation- Confidential	Carrier/Hospital Negotiated Rate Joint Attestation(s)
Confidentiality Index	Confidentiality Index
Certificate of Service	Certificate of Service, if a complaint has been filed

Appendix A – Notice of Noncompliance Instructions

SERFF Filing:

- **Supporting Documentation Heading:** Notice of Noncompliance

A carrier whose Colorado Option plan has failed to meet their premium rate reduction target(s), must complete each of the following sections and submit as a PDF unless otherwise specified below. In addition to filing the notice in SERFF, a carrier must also provide this document to all Parties when a complaint has been filed as outlined in Regulation 4-2-92.

NOTICE OF NONCOMPLIANCE TABLE OF CONTENTS

1. Introduction

This section should summarize the carrier's reasons for noncompliance and the carrier's proposals to come into compliance. This section must include the following:

- A. The number of Colorado Options plans, across each metal level and by county, that are noncompliant with the premium rate reduction requirements.
- B. Summary of the reasons the carrier failed to meet the premium rate reduction requirements on the Colorado Option Standardized Plans.
- C. Outline of the proposed steps that would allow the carrier to come into compliance with the requirements.

2. Hospital/Health-Care Provider Negotiated Rate Templates (submitted via SFTP)

A carrier must include the Hospital/Healthcare Provider Negotiated Rate Templates and the following details. To complete this section, the carrier must complete and submit the "Hospital/Healthcare Provider Negotiated Rate Template." In this template, the carrier will:

1. Follow the guidance on the Instructions Tab to provide details on the negotiated rates. Use the Inputs Tab to provide information on the hospital/healthcare provider level on the aggregated negotiated rate, as a percent of Medicare and the methodology used to aggregate the rates.
2. For each Material Provider that is a hospital, the carrier must provide information whether the aggregated negotiated rate is "Above" or "Equal or Below" the hospital floors set forth in Section 10-16-1306(5)(a) and (b), C.R.S. "Equal", in this case, should indicate that the aggregated negotiated rate and the hospital floor are equal after rounding each to the nearest one-tenth of one percent (0.1%).
3. Carriers must refer to the [2027 Colorado Option Hospital Specific Reimbursement Floors](#) published by the Division to determine if a hospital qualifies for a rate

higher than the rate set forth in Section 10-16-1306(5)(a), C.R.S. Carriers must indicate whether the hospital's rate is above, below, or consistent with the rate listed for the hospitals in the 2027 Colorado Option Hospital Specific Reimbursement Floors.

4. In the "PY2025 Claim Count" column, a carrier shall provide the actual number of insurance claims from PY2025 used to develop the Plan Year 2027 negotiated rates for each Material Provider.
5. In the "PY2025 Total Allowed Claims" column, a carrier shall provide the total allowed claims from PY2025 used to develop the Plan Year 2027 negotiated rates for each Material Provider.
6. For each Material Provider that is a health-care provider, the carrier must provide information whether the health-care provider's rate is above, below, or consistent with the reimbursement rate set forth in Section 10-16-1306(4)(b), C.R.S.
7. Please use the following fee schedules for the claim type and plan years listed below:

Plan Year	Claim Type	Fee Schedule
2024	IPPS	Medicare FY 2024 Fee Schedule
2024	OPPS	Medicare CY 2024 Fee Schedule
2024	All other	Medicare CY 2024 Fee Schedule
2025	IPPS	Medicare FY2025 Fee Schedule
2025	OPPS	Medicare CY 2025 Fee Schedule
2025	All other	Medicare CY 2025 Fee Schedule
2026	IPPS	Medicare FY2026 Fee Schedule
2026	OPPS	Medicare CY 2026 Fee Schedule
2026	All other	Medicare CY 2026 Fee Schedule
2027	IPPS	Medicare FY206 Fee Schedule
2027	OPPS	Medicare CY 2026 Fee Schedule
2027	All other	Medicare CY 2026 Fee Schedule

8. If the material providers listed in the Negotiated Rate Template do not match the material providers in the Material Provider Premium Impact Template, the carriers will be immediately asked to resubmit both templates with matching providers.
9. For pediatric hospitals that meet the requirement for an equivalent rate as defined in 10-16-303(3)(a), reprice claims following the definition outlined in Regulation 4-2-91 section 4.X.4, which requires using the Medicaid fee schedules (found [here](#), [here](#), and [here](#)) and applying a conversion factor of 1.52, meaning experience should be repriced

at the Medicaid fee schedules effective in October 2025. For example, if the Medicaid allowed amount is \$100, the Medicare allowed amount would be \$152, so the negotiated rate, as the equivalent rate, would be the carrier's allowed amount divided by 1.52.

10. This document should be completed using the template provided and submitted as an Excel spreadsheet.

3. Unredacted Colorado Option Standardized Plan Rate Sheets (submitted via SFTP)

- **To complete this section, a carrier must submit unredacted Colorado Option Standardized Plan rate sheets, including addendums, for the year preceding the applicable plan year (Plan Year 2026) and for the applicable plan year (Plan Year 2027) if available.**
- Submit rate sheets via SFTP in one submission with the hospital or health-care provider name and NPI in the document title. The NPI included in the title must match the NPI submitted in the NRT and MPPIT. If there are multiple NPIs included in one rate sheet, please include all applicable NPIs in the document title.
- Rate sheets must also make it clear, either in the title or in the information contained in the rate sheet, which network the rates apply to. Rate Sheets should be in PDF format, though any addendums in Excel will also be accepted.
- Rate sheets must include the agreed upon rates and any other payment agreements that might impact the amount reimbursed such as stop-loss agreements, outlier payments, etc..

4. Nonbinding Arbitration Statement

If a carrier notifies the Commissioner that the carrier is unable to meet the Premium Rate Reduction Requirements, the carrier shall provide information as to whether or not the carrier and the hospital or health-care provider engaged in nonbinding arbitration as allowed under Section 10-16-1306(1)(b) or consent to participate in the opportunity for negotiations and settlement afforded by Section 12 of Insurance Regulation 4-2-92. This statement should be submitted in PDF format.

Appendix B — Material Provider Premium Impact Template Instructions

SERFF Filing:

- **Supporting Documentation Heading:** Material Provider Premium Impact Template

A carrier whose Colorado Option plan has failed to meet their premium rate reduction target(s), must submit a completed Material Provider Premium Impact Template (MPPIT). In addition to filing this document in SERFF, a carrier must also provide this document to all Parties when a complaint has been filed as outlined in Regulation 4-2-92.

In this template, the carrier must submit a list of all Material Providers, the provider's contribution to premiums in that Rating Area or Network, and the name and contact information for the listed material providers (including email addresses). The calculation for "contribution to premium" is defined within Regulation 4-2-92 Section 4.U.

Please only submit one MPPIT per applicable market (individual and/or small group).

- **Each network should have its own copy of the "Detail" and "Contact Information" tabs. Please duplicate the template tabs for each network and insert the requested information.**
- This document should be completed using the template provided and submitted as an Excel spreadsheet.

If the material providers listed in this template do not match the providers listed in the Negotiated Rate Template, the carriers will be immediately asked to resubmit both templates with matching providers.

Appendix C – Actuarial Analysis Instructions

SERFF Filing:

- **Supporting Documentation Heading:** Actuarial Analysis

Colorado Regulation 4-2-92 Section 9.A.7 requires a carrier to provide:

“...an actuarial analysis, including trends and assumptions that includes the following information:

- a. For Material Providers with reimbursement rates that are above the reimbursement rates set forth in § 10-16-1306(4)(a) and (b), C.R.S., or § 10-16-1306(5)(a) and (b), C.R.S., the reimbursement rates for the year preceding the applicable plan year and the reimbursement rates for the applicable plan year.
- b. The impact on further reducing premiums on Colorado Option Standardized Plans, by plan, network, and Rating Area, if the carrier set the reimbursement rates for all of the Material Providers referenced in subsection (a) reimbursement rates were set at to the reimbursement rates in § 10-16-1306(4)(a) or (b), C.R.S. or § 10-16-1306(5)(a) or (b), C.R.S.”

Actuarial Memorandum

The carrier shall provide an actuarial memorandum detailing trends and assumptions for the development of their Colorado Option premiums using the carrier’s existing negotiated reimbursement rates with Material Providers, i.e. the negotiated reimbursement rates that lead to the carrier being unable to meet the Premium Rate Reduction (PRR) targets.

The directions included in this document outline the minimum elements required to be included in the actuarial analysis submission for Colorado Option Standardized Plans that did not meet the premium rate reduction requirements. Carriers are encouraged to provide as much detail and supporting documentation as possible to avoid delaying the actuarial review process. Providing only the carrier’s factors to support the below guidelines will not be sufficient. Rather, the Division expects the carrier to provide full development and discussion to support the rationale for carrier’s rate development for Colorado Option Standardized Plans.

The actuarial memorandum should include:

1. Projection Factors.
 - a. Support for any factor used to project the Experience Period to the Projection Period and supporting information related to the development of those factors. For each factor, the actuary should include a description of the source data or assumptions used, why they are appropriate, and any applicable adjustments made to the data, such as considerations for carrier-specific experience, industry or internal studies, benefit design, and credibility of the source data.

2. Trend Factors, from the experience period (two years prior to the benefit year) to the projection period.
 - a. Provide the trend factors broken out for year 1 and year 2, as well as for cost and utilization.
 - b. Demonstrate and describe the trend calculation, including source claims data used and methodology used for developing the cost and utilization projection factors, including all adjustments made to the data. Explain why the adjusted source data is applicable.
3. Trended Allowed Claims, broken out into the following benefit categories:
 - a. Inpatient Hospital
 - b. Outpatient Hospital
 - c. Professional
 - d. Other Medical
 - e. Capitation
 - f. Prescription Drug
4. Adjustments to Trended EHB Allowed Claims PMPM. As in the Trend Factors above, please include the source data and methodology used for developing these adjustments, explaining why the adjusted source data is applicable for this purpose.
 - a. Morbidity Adjustment
 - b. Demographic Shifts
 - c. Plan Design Changes
 - d. Other Adjustments, including those used if the Colorado Option plans were not being offered; i.e., insofar as the market would be different without these Option plans (similar to Trend Factors above)
5. Risk Adjustment Payment/Charge. Please include the source data and methodology used for calculating this Payment/Charge.
6. Premium, Claims, and Enrollment
 - a. Plan Year 2025 allowed and incurred claims, including the use of completion factors or other IBNR assumptions to make them complete for the plan year.
 - b. If applicable, explain what is causing the IBNR assumptions for PY2025 to be unusually high or low relative to the historical claims paid.
 - c. PY2025 total member months.
 - d. PY2026 enrollment as of 2/1/2026.
7. Development of Colorado Option Template Calculations
 - a. Material Provider Premium Impact Template: A detailed description of the carrier's calculations to arrive at the "contribution to premium" in the MPPIT, and why this calculation is reasonable.
 - b. Negotiated Rate Template: A description of the carrier's calculations to arrive at the relevant reimbursement rates in the NRT, and why this calculation is reasonable and in line with Regulation 4-2-92. Include a description of:
 - i. The data and methodology used for utilization-weighting of the reimbursement rate repricing to a percent of Medicare;
 - ii. The source of the contracted rates;

- iii. Any other relevant data sets, adjustments, or caveats not already captured within the NRT itself.
- 8. All applicable disclosures as required by Actuarial Standard of Practice 41, “Actuarial Communications”, including (but not limited to) identification and qualification of the responsible actuary, reliance statements, any deviations from ASOPs, and any limitations of the analysis.

Maximum Allowable Reduction Template

In addition to providing the actuarial memorandum required above, the carrier shall complete the Maximum Allowable Reduction Template. The goal of this template is to understand the potential premium reductions if a carrier were to reduce all of their Material Providers to the reimbursement rate that reflects the maximum allowable amount: the hospital or provider specific reimbursement rate floor or the rate that reflects a 20 percent reduction from the Plan Year 2026 reimbursement rate. This requirement serves as the “hypothetical/alternate scenario” that the Division asked for in prior years. However, the Division is not asking carriers to complete an actuarial memorandum outlining the development of Colorado Option premium rates under this alternate scenario. A carrier only needs to complete the Maximum Allowable Reduction Template. Instructions for completing this template are included within the first tab of the template.

Appendix D — Network Adequacy Attestation Template

SERFF Filing:

- **Supporting Documentation Heading:** March 1 Network Adequacy Attestation

Carriers must attest to each section within this template. If a carrier believes that it may not have an adequate network for its Colorado Options plans for the upcoming plan year, then the carrier must describe its anticipated deficiencies in the “Network Deficiency Explanation” section. This template DOES NOT replace the medical network adequacy attestation form that is submitted during the network adequacy filing due to the Division in summer 2026. All carriers must submit this template in two formats: 1) a signed PDF and 2) a completed Excel spreadsheet (without the signature is OK).

Does the carrier EXPECT to file with the Division that it has met the Network Adequacy Standards set forth in Colorado Insurance Regulation 4-2-53 for the upcoming plan year for Colorado Option Plan Networks?	<input type="button" value="v"/>
<i>If No, does the carrier EXPECT to prepare and file the appropriate attachments within the Medical Network Adequacy Attestation Form with the specific reasons for not meeting the standard(s) for Colorado Option Plan Networks?</i>	<input type="button" value="v"/>

Does the carrier EXPECT to file with the Division that it has met the Network Access Plan and Continuity of Care requirements set forth in Colorado Insurance Regulation 4-2-54 and 4-2-56 for Colorado Option Plan Networks?	<input type="button" value="v"/>
<i>If No, does the carrier EXPECT to prepare and file the appropriate attachment within the Medical Network Adequacy Attestation Form with the specific reasons for a negative answer for Colorado Option Plan Networks?</i>	<input type="button" value="v"/>

Does the carrier EXPECT that the networks for all of the carrier's Colorado Option Standardized Plan are no more narrow than the most restrictive network the carrier is offering for non-Standardized plans in the individual or small group market for the metal tier for that Rating Area?	<input type="button" value="v"/>
<i>If No, does the carrier EXPECT to prepare and file the appropriate attachment within the Medical Network Adequacy Attestation Form with the specific reasons for a negative answer for Colorado Option Plan Networks?</i>	<input type="button" value="v"/>

Network Deficiency Explanation
If applicable, please describe any deficiencies or issues you are currently having or are anticipating between now and the network adequacy filing deadline. You may submit your explanation as a separate PDF.

Certification
I, THE UNDERSIGNED OFFICER OF [NAME], AN KNOWLEDGEABLE OF HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THIS ATTESTATION WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE; AND CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT THIS ATTESTATION IS ACCURATE AND CORRECT BASED ON CURRENT KNOWLEDGE AND THE BEST AVAILABLE DATA AS OF THIS DATE.
Original Signature of Officer* _____ Date _____
Printed Name of Officer* _____ Title/Position of Officer* _____
<small>*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.</small>

Appendix E — Joint Attestation

SERFF Filing:

- Supporting Documentation Heading: Joint Attestation- Confidential

Joint Attestations Reflecting the Maximum Allowable Reductions

Consistent with Section 9.A.5. of Regulation 4-2-92, if a carrier has negotiated a reimbursement rate with a Material Provider that is a Hospital for the applicable plan year that reflects the Maximum Allowable Reduction (is consistent with the [2027 Hospital Specific Reimbursement Floor](#) or reflects a 20 percent reduction from the Plan Year 2026 reimbursement rate) then the carrier shall submit a joint attestation of the hospital's Plan Year 2026 and 2027 negotiated rates with the applicable Hospital to the Division as part of the PRR filing. If a Material Provider that is a Hospital has not agreed to a Plan Year 2027 negotiated rate that reflects the Maximum Allowable Reduction, a carrier does not need to submit a joint attestation for that Hospital with their PRR Filing on March 2, 2026.

Joint Attestations Reflecting Other Reductions

For any other agreements between a Material Provider that is a Hospital that reflect a reimbursement reduction less than the Maximum Allowable Reduction, a carrier must submit signed joint attestations reflecting these agreements upon request of the Division, not as part of the PRR filing on March 2, 2026.

Joint Attestations for Pediatric Hospitals

For a Material Provider that is a pediatric hospital, a carrier should follow the guidance above but use the pediatric-hospital joint attestation template.

Overall Guidance

The Division has created fillable Adobe Acrobat PDF joint attestation templates for carriers and hospitals to use. To use the template, download it and open it in Adobe Acrobat. Each fillable field has a “Tooltip” label for the information to input if you mouse over it.

This attestation must be signed by an Officer of both the carrier and the Hospital. An Officer is any individual with delegated contracting authority, including but not limited to the president, vice-president, assistant vice president, corporate secretary, chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), assistant corporate secretary, general counsel or actuary who is a corporate officer, or any Colorado-based business leader. The joint attestations must be submitted as PDF documents via SERFF.

The carrier must ensure consistency for this Hospital across the Premium Rate Reduction Filing:

1. The negotiated rates in the joint attestation should match the negotiated rates for that Hospital(s) in the Negotiated Rate Template and rate sheets.
2. The Hospital(s) shall be included in the carrier's Material Provider Premium Impact Template for the relevant network(s).

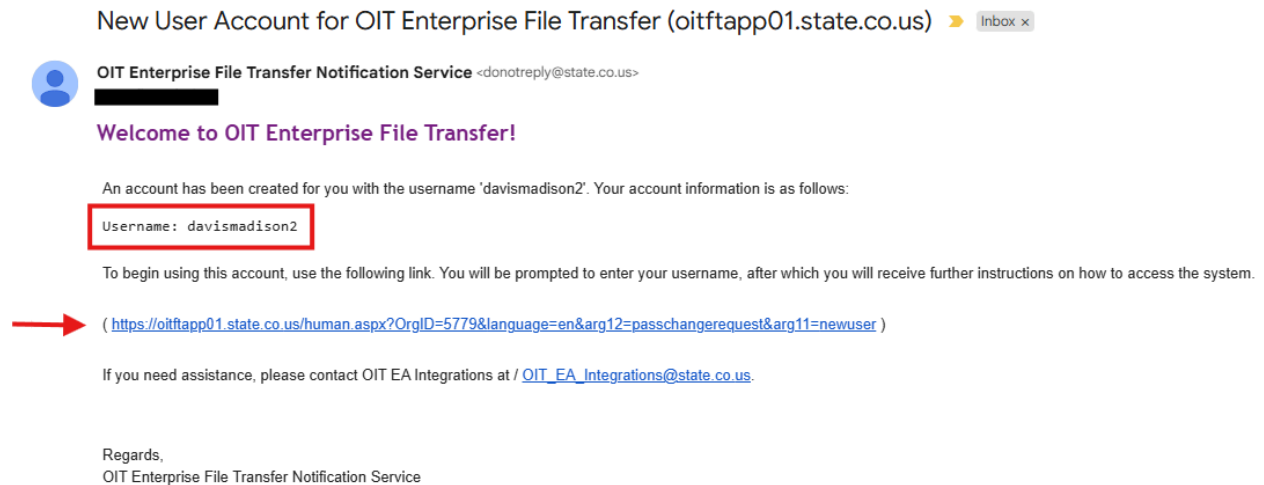
Appendix F — SFTP Access and Submission Procedures

As a reminder, carriers need to submit SFTP access request(s) for all applicable individuals to Tim Churchill (tim.churchill@state.co.us), copying Maddie Davis (maddie.davis@state.co.us), no later than February 13, 2026.

Instructions: Setting up your SFTP account

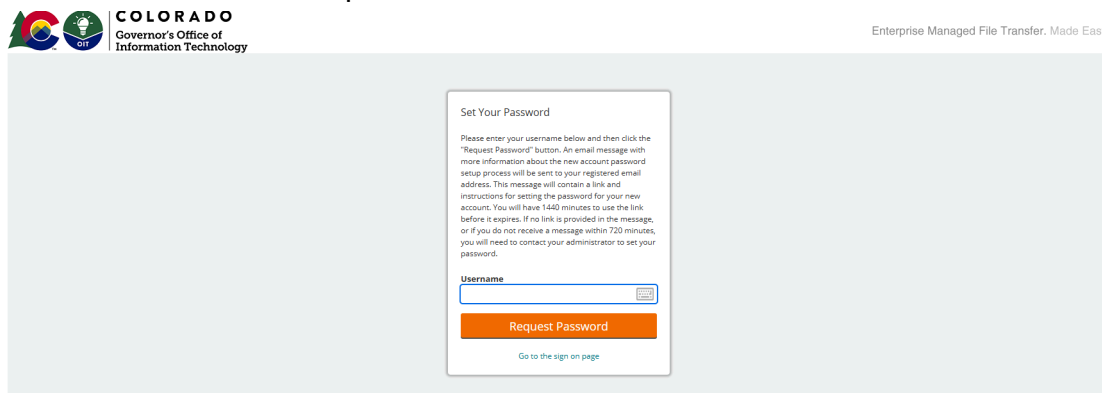
Step 1

No later than February 20, 2026, carrier representatives who have requested access to SFTP will receive an email from OIT Enterprise File Transfer Notification Service with your SFTP username. If you do not receive this email by February 20, 2026, please check your spam folder. If this email is not in your spam folder, please contact Tim Churchill and Maddie Davis immediately. To set up your account, click the link in the email.



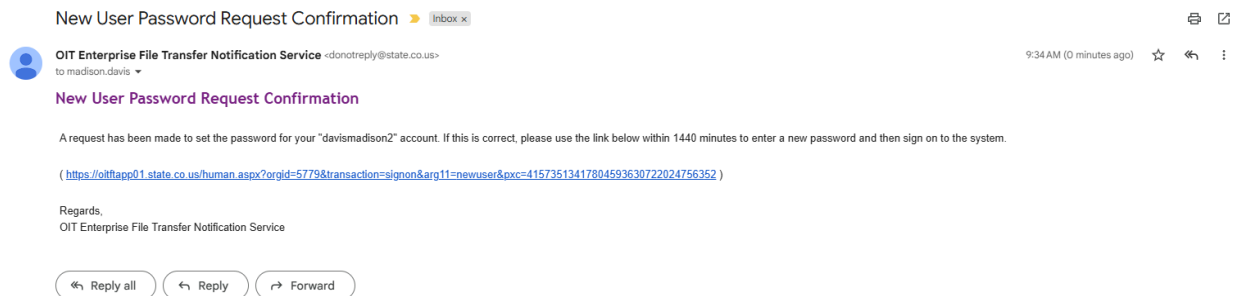
Step 2

After clicking the link in the email, you will be taken to the SFTP website where you will be prompted to set up your password. Input the username included in the previous email into the username box and select “Request Password.”



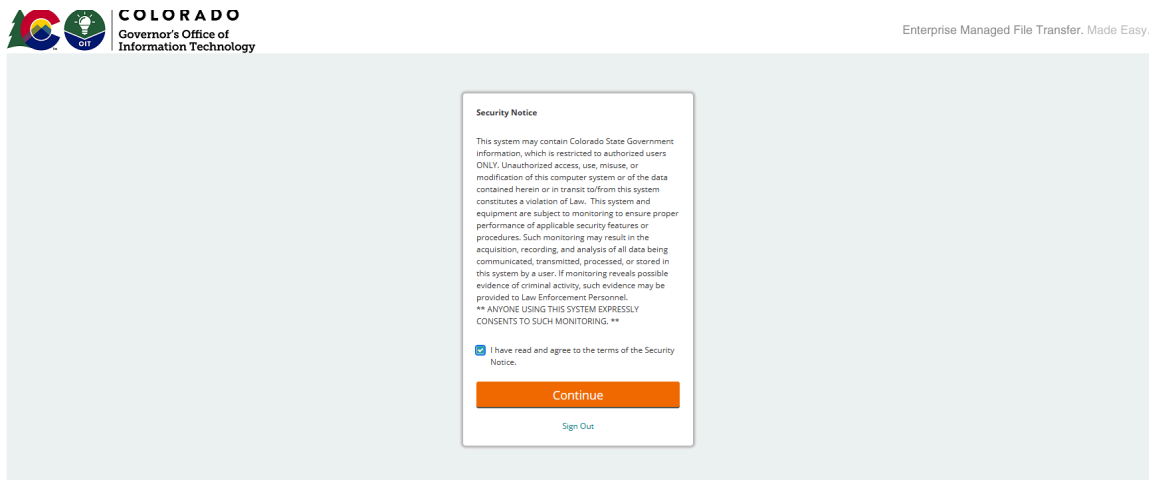
Step 3

You will receive another email from OIT Enterprise File Transfer Notification Service with a link to set the password for your account.



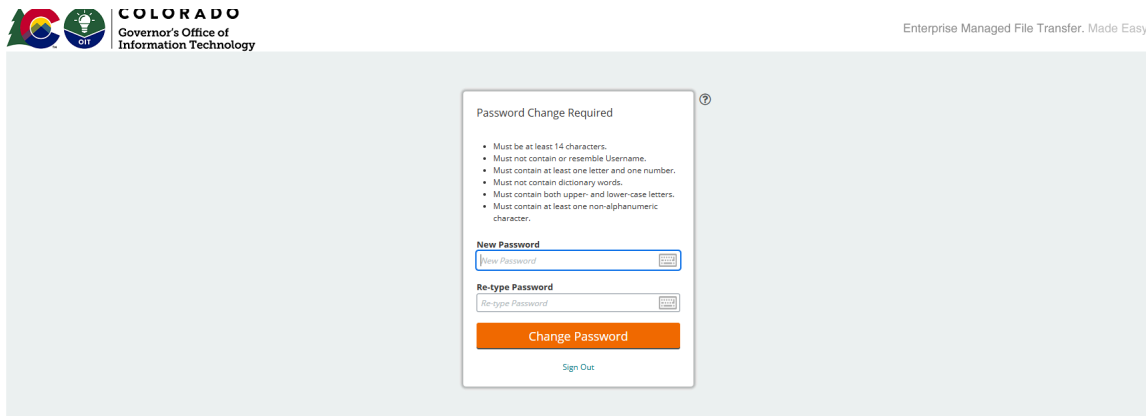
Step 4

You will be redirected to the SFTP website where you must agree to the Security Notice by selecting the checkbox next to "I have read and agree to the terms of the Security Notice." Then, click the "Continue" button.



Step 5

You will be prompted to set your password. After setting your password following the password requirements, select the “Change Password” button. **Please ensure you save this password somewhere secure and accessible so that you can log into your account in the future.** After your password change is accepted, click “Continue.”



The screenshot shows a web interface for the Colorado Governor's Office of Information Technology. At the top left is the logo and name. At the top right is the text "Enterprise Managed File Transfer. Made Easy." The main content area features a "Password Change Required" dialog box. This dialog box contains a list of password requirements: "Must be at least 14 characters," "Must not contain or resemble Username," "Must contain at least one letter and one number," "Must not contain dictionary words," "Must contain both upper- and lower-case letters," and "Must contain at least one non-alphanumeric character." Below these requirements are two input fields: "New Password" and "Re-type Password," each with a password strength indicator. At the bottom of the dialog is an orange "Change Password" button and a "Sign Out" link.

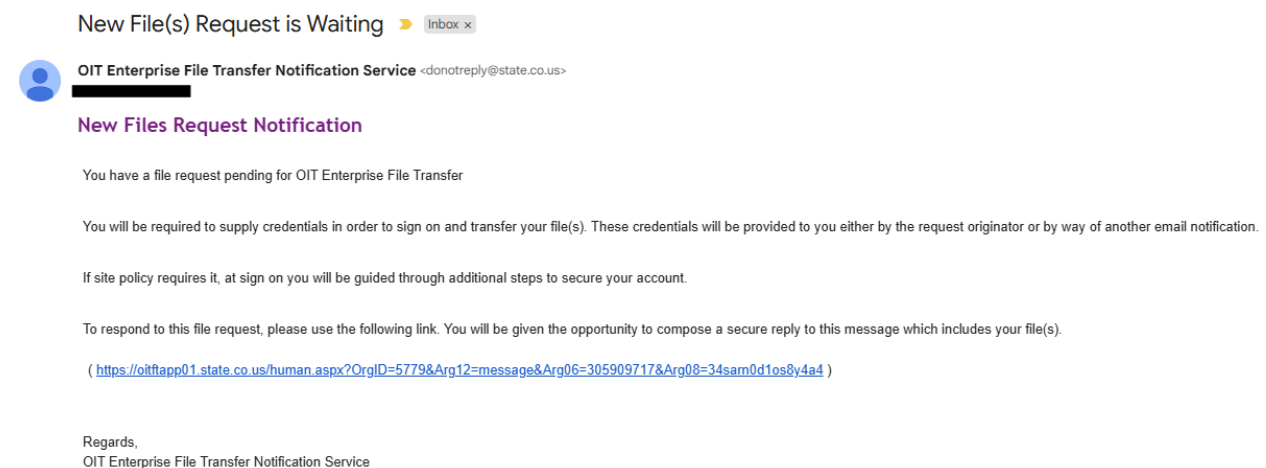
Step 6

You will be taken to the home page of your SFTP account. Your account is now successfully set up.

Instructions: Submitting files through SFTP

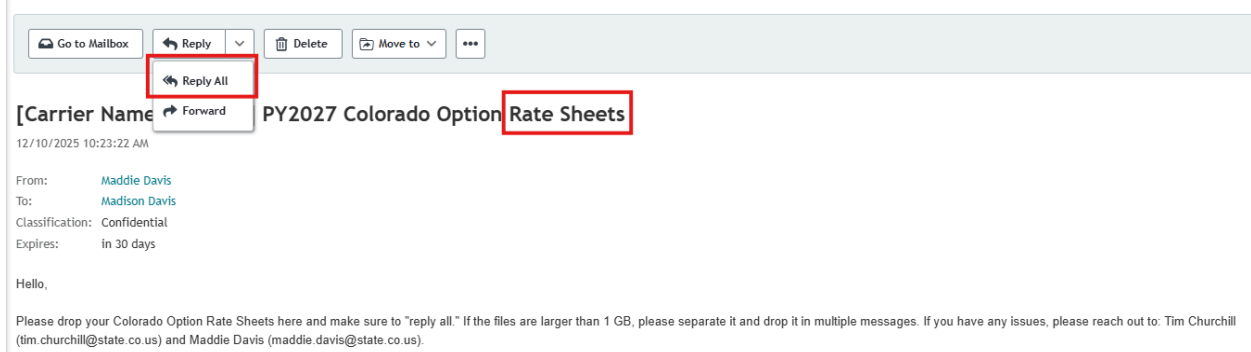
Step 1

No later than February 25, 2026, you will receive two emails from OIT Enterprise File Transfer Notification Service (one for Negotiated Rate Template submission, one for Rate Sheets submission) with the subject line: “New File(s) Request is Waiting.” If you do not see these emails by February 25, 2026, please check your spam folder. If these emails are not in your spam folder, please contact Tim Churchill and Maddie Davis immediately. When ready to submit your files, click the link in the body of the email to access SFTP.



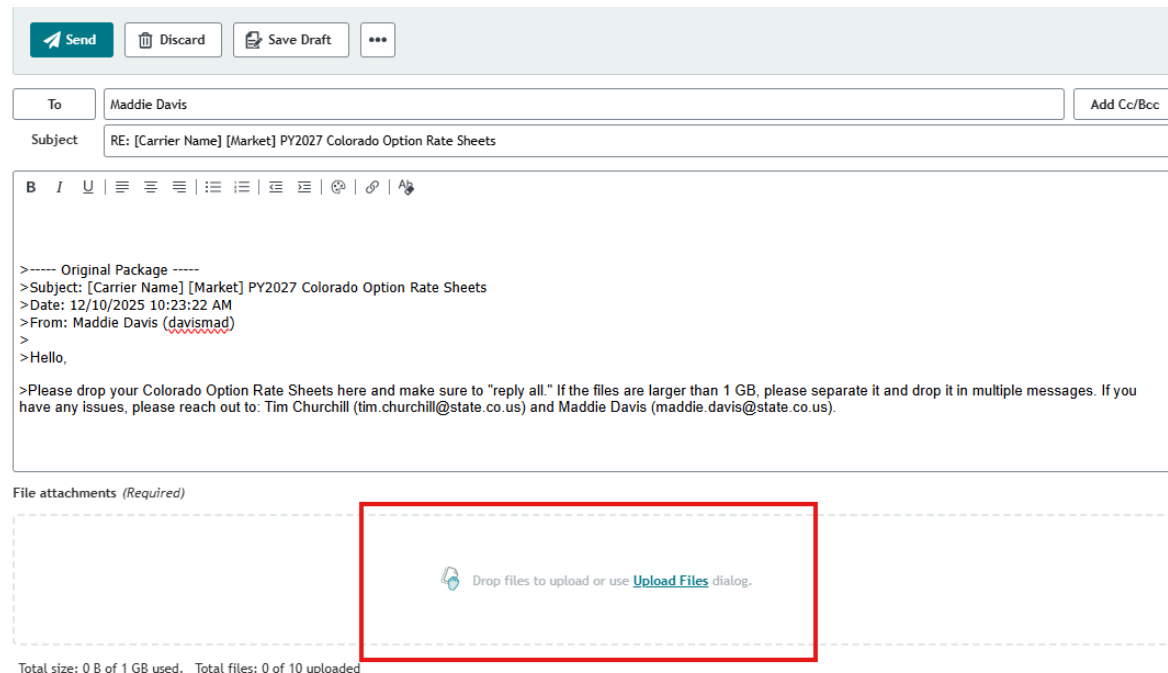
Step 2

Enter your username and password. You will then be taken directly to the file request message. To upload your files (be sure to reference which files you should be uploading – either the Negotiated Rate Template or Rate Sheets – based on the subject line), click the down arrow button next to “Reply,” and select “Reply All.”



Step 3

Drag and drop your files into the indicated box or click “Upload Files.” Please note that if your file(s) are larger than 1 GB, they must be sent in multiple messages. After uploading your files, click send.



Step 4

Repeat the above steps for the other file request email you received.

Appendix G – PRR Filing Checklist

By February 13, 2026:

- ☐ Request access to the Division's SFTP site by emailing Tim Churchill (tim.churchill@state.co.us) and copying Maddie Davis (maddie.davis@state.co.us) with the name and email address of up to two individuals who will be submitting for your organization. The SFTP will be used to submit a carrier's Negotiated Rate Template and Rate Sheets. These individuals will receive two emails from DoNotReply@state.co.us, one for each submission, by February 25, 2026. For further instructions and information about SFTP, see Appendix F.

By March 2, 2026, a carrier must complete and file with the Division:

- ☐ **Premium Rate Reduction Notification Template.** This template is submitted in SERFF.
- ☐ **March 1_CO Option Network Adequacy Attestation Form.** This form is submitted in SERFF.
- ☐ **Good Faith Effort Statement.** The carrier will provide a statement outlining the "good faith efforts" made with in-network health-care providers and hospitals to negotiate reimbursement rates. This statement is submitted as a PDF in SERFF.

By March 2, 2026, any carrier who has one or more Colorado Option Plan that has **NOT** met their premium rate reduction target must also complete and file with the Division:

- ☐ **Notice of Noncompliance.** This document is submitted as a PDF in SERFF. This notice will include the submission of:
 - ☐ **Hospital/Health-care Provider Negotiated Rate Template.** This template is submitted via SFTP. By submitting this template, the carrier has fulfilled Section 2 in the instructions provided in Appendix A.
 - ☐ **Material Provider Premium Impact Template.** This template is submitted as an Excel Spreadsheet via SERFF and lists the Material Providers with their relative impact on the plan's premium in a Rating Area.
 - ☐ **Unredacted Colorado Option Standardized Plan Rate Sheets.** This information is submitted to the Division's SFTP.
 - ☐ **Nonbinding Arbitration Statement.** The carrier will provide a statement as to whether the carrier and the hospital or health-care provider engaged in nonbinding arbitration as allowed under §

10-16-1306(1)(b), C.R.S., or consent to participate in the opportunity for settlement afforded by Section 12 of Colorado Insurance Regulation 4-2-92. This document is submitted as a PDF in SERFF.

- ☐ **Actuarial Analysis Documentation.** The memorandum and template are submitted in SERFF.
- ☐ **Joint Attestation.** Any joint attestations between a carrier and Hospital(s) that reflect the Maximum Allowable Reduction are submitted in SERFF.

Please note: When a complaint has been filed, a carrier must serve every other Party in the proceeding with copies of all documents included in the Premium Rate Reduction filing. In addition, carriers must also serve Complaints on all Parties in compliance with the requirements in Insurance Regulation 4-2-92 Sections 8, 9, and 10. Contact information for the Parties is included in Appendix H. A Certificate of Service for every other Party in the proceeding must also be filed in SERFF under the Supporting Documentation tab and served on the Commissioner.

Upon request of the Division, a carrier must submit to the Division:

- ☐ **Cost of Care Data Template.** This template, if requested, will be submitted to the Division's **SFTP**.
- ☐ **Joint Attestation(s).** Any joint attestations between a carrier and Hospital(s) that do not reflect the Maximum Allowable Reduction.

Appendix H – Contact Information when Filing a Complaint

Commissioner's filing information	Division's filing information	Insurance Ombudsman's filing information
<p>Commissioner of Insurance 1560 Broadway, Suite 850 Denver, Colorado 80202 dora_hearingscoloradooption@state.co.us Fax: (303) 894-7455</p>	<p>Division of Insurance % Colorado Attorney General's Office Revenue & Regulatory Law Section Insurance Unit 1300 Broadway 8th Floor Denver, CO 80203 blinsuranceunit@coag.gov</p>	<p>Kathryn Goldberg Colorado Department of Health Care Policy and Financing - Legal Division 303 17th Ave Denver, CO 80203 hcpf_insuranceombudsman@state.co.us</p> <p>Joan Smith Colorado Attorney General's Office State Services Section 1300 Broadway 10th Floor Denver, CO 80203 Joan.Smith@coag.gov</p>