

8 V.S.A. § 4062

§ 4062. Filing and approval of policy forms and premiums

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(c)(1) The Board shall provide information to the public on the Board's website about the public availability of the filings and summaries required under this section.

(2)(A) The Board shall post the rate filings pursuant to subsection (a) of this section and summaries pursuant to subsection (b) of this section on the Board's website within five calendar days following filing. The Board shall also establish a mechanism by which members of the public may request to be notified automatically each time a proposed rate is filed with the Board.

(B) The Board shall provide an electronic mechanism for the public to comment on all rate filings. The Board shall accept public comment on each rate filing from the date on which the Board posts the rate filing on its website pursuant to subdivision (A) of this subdivision (2) until 15 calendar days after the Board posts on its website the analyses and opinions of the Department of Financial Regulation and of the Board's consulting actuary, if any, as required by subsection (d) of this section. The Board shall review and consider the public comments prior to issuing its decision.

(3)(A) In addition to the public comment provisions set forth in this subsection, the Office of the Health Care Advocate established in 18 V.S.A. chapter 229, acting on behalf of health insurance consumers in this State, may, within 30 calendar days after the Board receives an insurer's rate request pursuant to this section, submit to the Board, in writing, ~~suggested~~ questions regarding the filing for which the Board shall ask the insurer, either directly or through its provide-to-contracting actuary, if any.

(B) The Office of the Health Care Advocate may also submit to the Board written comments on an insurer's rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.

(d)(1) The Board shall contemporaneously post on its website or otherwise make available to the public via a filesharing platform, after redacting any confidential or proprietary information relating to the insurer or to the insurer's rate filing, all materials in the record of a rate review proceeding. The record shall consist of:

(A) the entire SERFF filing submitted by the insurer, including any amendments;

(B) all questions posed by the Board to its consulting actuary and the actuary's responses, if any;

(C) all questions posed by the Board, the Board's consulting actuary, or the Department to the insurer and the insurer's responses, if any;

(D) the Department's written analysis and opinion of the effect of the proposed rate on the insurer's solvency;

(E) the analysis and opinion of the Board's consulting actuary;

(F) any pleadings, motions, or written materials submitted by a Party to include the insurer and after entering an appearance, the Office of the Health Care Advocate;

(G) any intermediate rulings by the Board;

(H) evidence submitted by the Parties, including testimony;

(I) a statement of matters officially noticed;

(J) questions and offers of proof, objections, and rulings thereon;

(K) proposed findings and objections, if any; and

(L) the decision of the Board.

~~No later than 60 calendar days after receiving an insurer's rate request pursuant to this section, the Green Mountain Care Board shall make available to the public the insurer's rate filing, the Department's analysis and opinion of the effect of the proposed rate on the insurer's solvency, and the analysis and opinion of the rate filing by the Board's contracting actuary, if any.~~

(2) The public record shall exclude any information that is determined by the Board to be confidential or is otherwise subject to protection to disclosure by law.

~~The Board shall post on its website, after redacting any confidential or proprietary information relating to the insurer or to the insurer's rate filing:~~

~~(A) all questions the Board poses to its contracting actuary, if any, and the actuary's responses to the Board's questions; and~~

~~(B) all questions the Board, the Board's contracting actuary, if any, or the Department poses to the insurer and the insurer's responses to those questions.~~

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