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MISSISSIPPI DEPARTMENT OF INSURANCE BULLETIN 2025-4

REFILING OF 2026 RATES DUE TO CITY OF COLUMBUS v. KENNEDY RULING

September 9, 2025

The Mississippi Insurance Department (MID) is issuing this bulletin to provide updated guidance regarding the federal court litigation in *City of Columbus v. Kennedy*. This litigation was filed by a group of cities and nonprofit organizations to challenge final regulations issued by the Department of Health and Human Services (HHS) in June 2025 that made certain changes to the Affordable Care Act (ACA) Exchanges (also known as Marketplaces). On August 22, 2025, the Maryland District Court issued an order granting in part and denying in part the plaintiffs' motion and entering a stay enjoining certain provisions of the HHS rule that were to take effect on August 25, 2025.

On September 4, 2025, the Maryland District Court extended the time for the federal government to respond to its motion for a stay of the preliminary injunction. This extension means the injunction is still in effect, and the provisions of the federal rule at issue in the case, particularly those concerning Actuarial Value (AV) policies, will not be implemented for Plan Year 2026 at this time. As a result, some previously filed health plans for Plan Year 2026 may be out of compliance with the AV policy as it stands following the injunction.

On September 5, 2025, the Centers for Medicare & Medicaid Services (CMS) issued an update (posted at https://www.cms.gov/files/document/QHP-certification-updates.pdf) stating that "If these plans are not revised to be compliant with the allowable ranges, CMS will be unable to certify them for Plan Year 2026."

MID is providing the following guidelines for re-filing rates to ensure continued compliance.

Re-Filing Guidelines for Qualified Health Plans:

To address the impact of the injunction, MID will allow a limited re-filing period for certain Qualified Health Plans (OHPs).

- Allowed Re-filings: Only plans that are out of compliance with the AV policy due to the court order will be allowed to re-file.
- Permissible Changes: Allowable data changes are only those required to bring the specified plans into compliance with the AV policy. Issuers must provide a clear summary of all changes made with their re-filing.
- Plan Withdrawal Option: Issuers have the option to withdraw non-compliant plans instead of re-filing, provided that they will still meet the required metal level offerings in each county within their service area after the withdrawal. This option ensures that consumers will still have a choice of plans while allowing issuers flexibility.
- Re-filing Deadline: MID requests that carriers submit their re-filings as soon as possible, but all re-filings must be received by MID no later than Tuesday, September 16, 2025. Filings should be made via the System for Electronic Rate and Form Filing (SERFF).

MID will continue to monitor the ongoing litigation and will provide further guidance as necessary. Any health insurance issuer that has questions or needs assistance with their re-filing may call the Life and Health Actuarial Division at 601-359-3657.

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