



## Filing Process – Frequently Asked Questions 2013

Question	Answer
1. What are the applicable timelines for form filings?	ODI will not accept form filings for QHP/exchange products after May 31, 2013. <i>updated 5/13/13</i>
2. For a non-grandfathered small group filing with an entity solely operating off the exchange, can filings be done after 5/31/2013?	Yes, non-grandfathered small group forms and rate filings can be done after 5/31/13. However, issuers should follow federal guidance on the open enrollment period for small group which starts 11/15/13. <i>updated 5/13/13</i>
3. Can forms be approved and used prior to rate submission approvals?	Forms will be reviewed and contingently approved prior to rate submission approvals so long as the issuer indicates an expected submission date for the rate submission. However, forms may not be used until the rates have also been approved. <i>updated 5/30/13</i>
4. Are there any differences for the coordination of form and rate review for HICs?	The coordination of review will be the same for HICs and PPO/Indemnity Issuers. <i>updated 5/30/13</i>
5. Where are issuers required to file form and rate submissions for ODI review?	All forms and rates will continue to be filed through SERFF. <i>updated 4/05/13</i>
6. Will ODI continue to allow matrix filings?	No, ODI does not intend to permit matrix filings for the individual or small group market. Due to the level of validation that is required to review forms under the new market rules, matrix filings are no longer a feasible option. <i>updated 2/12/13</i>
7. Will issuers be permitted to bracket language within our contract documents?	Yes, within parameters that were released with the filing guidance and provided the reviewer can ensure compliance with applicable laws. <i>updated 3/22/13</i>
8. What process do you envision for receiving and reviewing product and rate filings beginning in 2014?	ODI will be using SERFF for receiving and reviewing all product and rate filings. <i>updated 1/25/13</i>

<p>9. Does the Department plan to use any type of standardized compliance forms for contract filings similar to what was used for ACA filings in 2010?</p>	<p>No, due to the extensive and substantive nature of the regulatory changes, standardized compliance forms are not feasible. <i>updated 1/25/13</i></p>
<p>10. Is there a plan to increase ODI staffing resources to accommodate increased filings?</p>	<p>ODI has allocated resources in order to mitigate the impact of the increase in volume of filings. However, we expect to see up to 90% of the existing product re-filed in addition to new filings. Since ODI typically sees 5-10% of the product re-filed annually, it will simply not be possible to mitigate the entire impact of the increase in volume. <i>updated 2/1/13</i></p>
<p>11. What other steps is ODI taking to mitigate the impact of the increase in volume of filings?</p>	<p>ODI has released checklists and filing guidelines for use by companies to ensure filings are complete and correct at submission. These efforts are meant to preserve the robust market during the shortened filing and review periods of 2013. <i>updated 5/13/13</i></p>
<p>12. Are there steps companies can take to shorten the review timeframe?</p>	<p>Yes. It is important to ensure that filings are complete and correct at the time of submission. ODI released checklists and filing guidelines for use by companies to assist you with these efforts. These documents can be found in the Resources section on this page. Additionally, you can shorten review times by promptly responding to requests or concerns raised by ODI. <i>updated 3/22/13</i></p>
<p>13. How do you expect the filing timeline to be impacted by the volume of filings?</p>	<p>By the end of 2012 the average review time by ODI of a Life and Health filing was 35 days. We expect this average time to increase to 60-90 days over the next few months. We will regularly update you via this webpage as to the current filing review time and any efforts that you can make to shorten your timeframe. In order to reduce your review time, it is important to ensure that filings are complete and correct at the time of submission. Additionally, you can shorten review times by promptly responding to requests or concerns raised by ODI. <i>updated 2/1/13</i></p>
<p>14. Have you considered separating rate review and product review in lieu of reviewing these items together?</p>	<p>Yes, ODI is considering eliminating the rate and form filing type ONLY for major medical filings that must be ACA compliant. Issuers are strongly encouraged to submit form filings separate from and before the corresponding rate filings. Separating the filings in this way will help make the process more efficient and facilitate timely responses for submitted filings. However, we are taking comments on this approach, please send comments to <a href="mailto:planmanagementquestions@insurance.ohio.gov">planmanagementquestions@insurance.ohio.gov</a>. <i>updated 2/1/13</i></p>

<p>15. Where possible we are striving for consistent text and consistent formats/templates for our contracts. Would you be willing to review our revised contract templates before we actually file our products so that issues with the templates can be addressed even before benefits are finalized?</p>	<p>No, ODI cannot provide a cursory review of previously filed language or revised contract templates, prior to actual filing submissions. However, as usual, ODI staff is available to answer questions or discuss general concepts. <i>updated 1/25/13</i></p>
<p>16. Will ODI continue to allow the use of the "Hospital/Surgical/Medical Expense" Type of Insurance (TOI) codes in SERFF for indemnity major medical filings?</p>	<p>To ensure that insurers receive the appropriate filing guidance and checklists in SERFF, indemnity major medical filings that are required to be ACA compliant must use the "Major Medical" Type of Insurance (TOI) codes and will not be permitted to use other TOIs. Health Insuring Corporations (HICs), also known as Health Maintenance Organizations (HMOs), should continue to use appropriate "HOrg02" TOIs. <i>updated 4/05/13</i></p>
<p>17. How will ODI handle filing requirements for EHB compliant plans where there is another carrier involved with the pediatric dental component?</p>	<p>Generally speaking, ODI requires filings from which ever carrier is taking the insurance risk for the product. As ODI understands this issue currently, there are multiple ways that carriers can choose to handle the pediatric dental component:</p> <ul style="list-style-type: none"> <li>• A stand-alone plan where the dental plan is sold on its own in the market</li> <li>• An embedded plan where the major medical carrier underwrites the entire product, including the dental (though they may contract with a dental carrier via an ASO type arrangement to administer the dental component)</li> <li>• A bundled plan where the products are separate but sold together as one</li> <li>•</li> </ul> <p>For a stand-alone plan, the underwriting carrier would submit the form and rate filing. For an embedded plan, the major medical carrier would submit the rate and form filing. For the bundled plan, both carriers should submit their portions of the plan, and the major medical carrier would reference the other filing so ODI can determine that the filings taken together will be a complete EHB product. <i>updated 3/27/13</i></p>
<p>18. For grandfathered plans, will ODI allow matrix filings?</p>	<p>Yes, for grandfathered small group and individual plans ODI will continue to accept matrix filings for the time being. <i>updated 3/27/13</i></p>
<p>19. Are On Exchange and Off Exchange products required to be filed at the same time?</p>	<p>It is ODI's understanding that companies with the same plan being sold on and off the exchange or companies with plans that are being sold exclusively on the exchange must have plans filed and approved by July 31, 2013 in Ohio. Plans that are exclusively sold off the exchange can file at a later time, provided the rates are calculated based on the index rate that has already been filed and approved. The chart below demonstrates our understanding at this time:</p>

Please note: This chart is just a general representation. See questions 6, 7, 8, 44, & 45 for ODI specific deadlines.

2013 Filing Deadlines				
Fully Insured Health Coverage				
Grandfathered Status	Market	Entity	Deadline	Off HIX New Plan Extension
NonGF	Individual	Solely On & Both On and Off HIX	7/31/2013**	Yes*
NonGF	Individual	Solely Off HIX	None	Yes*
NonGF	Small Group	Solely On & Both On and Off HIX	7/31/2013**	Yes*
NonGF	Small Group	Solely Off HIX	None	Yes*
GF	Individual	All Entities	None	N/A
GF	Small Group	All Entities	None	N/A

\*New plan offered off HIX must comply with Index Rate and Single Risk Pool Requirement. Plan can be filed without any deadline.

\*\* 7/31/2013 is when all data must be sent to HIX. Filing deadline is up to individual states.

updated 3/27/13