



Miscellaneous – Frequently Asked Questions 2014

Question	Answer
1. Will ODI keep form and/or rate filings confidential until after they are approved?	Filings will become public in accordance with current Ohio statutory requirements. <i>updated 2/13/14</i>
2. What is the definition of the small group market in Ohio?	The small group market in Ohio for coverage provided on or after January 1, 2014, is 1 to 50 employees. Federal law requires sole proprietors purchase insurance through the individual market. However, as long as there is an employer employing a non-spouse employee, that employer can purchase coverage in the small group market – even if there is only one covered individual. <i>updated 3/7/14</i>
3. Question #20 states the definition of small employer is 1-50. Was there an amendment made to Ohio Revised Code 3924.01 to change the definition of small group?	No, federal law defines the small group market as 1 to 100 but allows states to elect to keep the upper threshold at 50 until 2016, which Ohio elected to do. Therefore, in accordance with federal law, Ohio's definition of small group is 1 to 50 until 2016. <i>updated 2/26/14</i>
4. Is there a due date for fourth quarter data for Form INS7226, the HIC quarterly exhibit of open panel premium, enrollment and utilization for Q4 2013 data?	The due date is March 1, 2014 for the referenced Q4 2013 data submitted with Form INS7226. <i>updated 2/26/14</i>

<p>5. Will Ohio be allowing the extended transitional relief for plans that do not meet certain ACA requirements through 2016?</p>	<p>On March 5, 2014, CMS announced that insurers would be permitted to continue offering plans that are not fully ACA compliant through policy years beginning on or before October 1, 2016, at the state's option. Ohio issued Bulletin 2014-01 addressing the requirements for insurers who wish to renew non-ACA compliant individual and small group coverage in light of CMS' transitional policy. <i>updated 6/13/14</i></p>
<p>6. Will Ohio be choosing to allow employee choice/premium aggregation in the SHOP for 2015?</p>	<p>Ohio did not submit a recommendation to HHS requesting a one-year transition policy for employee choice. Therefore, pursuant to federal regulations, for plan years beginning on or after January 1, 2015, FF-SHOPs must provide qualified employers with a choice of two methods to make QHPs available to qualified employees: they can offer employees a choice of all QHPs at a single level of coverage, or they can offer a single QHP. In addition, related to premium aggregation, the SHOP in Ohio is required to send each participating employer a single monthly bill for plan years beginning on or after January 1, 2015. <i>updated 6/13/14</i></p>
<p>7. Federal law requires plans to extend coverage to dependents to age 26. Are we also required to comply with ORC Section 3923.24 (dependent coverage to age 28)?</p>	<p>Yes, in Ohio, certain eligible children may continue under their parents' coverage until they turn 28. For additional information, please click here. <i>updated 3/25/14</i></p>
<p>8. On March 14, 2-14, CMS issued an information bulletin that included draft standard notices required when discontinuing or renewing a product in the group or individual market and gives states the option of developing state required notices in lieu of the federal notices. Will Ohio be developing different notices?</p>	<p>The Department has reviewed the federal notices, which appear to comply with Ohio law. Therefore, the Department will not be issuing a state specific notice. <i>updated 6/26/14</i></p>

9. How will the Department of Insurance evaluate produce withdrawal and uniform modifications for purposes of the federal requirements?

The Department will review plan filings to ensure compliance with uniform modification and product withdrawal standards. This information will be requested via rate filings. Issuers must comply with standards related to uniform modifications and product withdrawal. Issuers will need to demonstrate compliance with uniform modification standards by providing justification describing compliance with the final rule. For requirements related to service area and cost-sharing structure, the Department intends to apply these standards broadly and will accept reasonable interpretations. Issuers must also ensure that any modifications comply with all applicable prohibitions on discriminatory benefit designs.

updated 6/26/14