



# ODI

Ohio Department  
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

# **Industry Training Webinar**

## **March 25, 2015**

# Agenda

- **Overview and Introductions**
- Applicable Timeframes
- Plan Management Toolkit
- General Form Filing Guidance
- General Rate Filing Guidance
- Q & A

# Overview

Please submit questions during this webinar  
to:

[planmanagementquestions@insurance.ohio.  
gov](mailto:planmanagementquestions@insurance.ohio.gov)



**ODI**  
Ohio Department  
of Insurance

# Introductions

## Presenters

- Carrie Haughawout, Assistant Director of Policy and Product Coordination
- Laura Miller, Assistant Director of Product Regulation and Actuarial Services
- Marjorie Ellis, Life & Health Chief
- Theresa Schaeffer, Life & Health Chief

# Agenda

- Overview and Introductions
- **Applicable Timeframes**
- Plan Management Toolkit
- General Form Filing Guidance
- General Rate Filing Guidance
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# 2016 ODI Filing Deadlines

## Filing Submission Deadlines

- **April 17, 2015** – All Individual and Small Group On and Off Exchange Form Filings. This includes all amendments, endorsements, riders and new forms that will be used in 2016.
- **April 29, 2015** – All Individual and Small Group On and Off Exchange Rate Filings.
- **May 1, 2015** – All Binder submissions for on-exchange major medical plans and SADPs that are on-exchange and off-exchange certified.
- **September 4, 2015** – Large Group Form and Rate Filings

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- **Plan Management Toolkit**
- General Form Filing Guidance
- General Rate Filing Guidance
- Q & A

# Plan Management Toolkit

- New Look
- Easy to Locate and Navigate
- Register for Email Notifications



# Plan Management Toolkit

- The revamped Toolkit provides a variety of access points from the home page and important notice information at a glance.

The screenshot shows the Ohio Department of Insurance website's Plan Management Toolkit page. At the top, there is a navigation bar with links for Home, About ODI, Contact, Secured Logon, Ohio.gov, State Agencies, and On Line Services. The ODI logo and name are prominently displayed. Below the navigation bar is a search bar and social media icons for Facebook, Twitter, YouTube, and RSS. A secondary navigation bar lists various services: Consumer Affairs, Medicare Services, Agent/Agency Services, ODI Services, Newsroom, and Policy & Legislation. The main content area is titled "ACA Health Plan Management Toolkit and Filing Guidance" and features a menu with options: Plan Management Home, ACA Form Filing Guidance, ACA Rate Filing Guidance, Resource Documents, and QHP Binder Filing Guidance. The "Important Notices!" section states that there are two training sessions for the 2016 plan year filing season: March 25, 2015, and April 7, 2015. It provides an email address, [planmanagementquestions@insurance.ohio.gov](mailto:planmanagementquestions@insurance.ohio.gov), for registration. Below this is a "Frequently Asked Questions" section with a link to the toolkit's FAQ. A "Questions?" section explains that the department responds to submitted questions and provides the same email address for inquiries. A registration box for a mailing list is located at the bottom, with an email input field and a "Submit" button. On the right side of the page, there are two columns of links: "Top Consumer Links" and "Quick Links".

Home | About ODI | Contact | Secured Logon

Ohio.gov State Agencies | On Line Services

Search this site...

Consumer Affairs | Medicare Services | Agent/Agency Services | ODI Services | Newsroom | Policy & Legislation

## ACA Health Plan Management Toolkit and Filing Guidance

Plan Management Home | ACA Form Filing Guidance | ACA Rate Filing Guidance | Resource Documents | QHP Binder Filing Guidance

### Important Notices!

There are two training sessions for the 2016 plan year filing season:

- March 25, 2015
- April 7, 2015

To register for these events, please send an email to [planmanagementquestions@insurance.ohio.gov](mailto:planmanagementquestions@insurance.ohio.gov) with your name, company name, and contact information.

### Frequently Asked Questions

Click here to see the Plan Management Toolkit's [Frequently Asked Questions](#).

### Questions?

The Ohio Department of Insurance welcomes your plan management questions. While we will not be responding to submitted questions one by one, we will post all questions and answers so all stakeholders will be able to see the information.

Please send appropriate questions to:  
[planmanagementquestions@insurance.ohio.gov](mailto:planmanagementquestions@insurance.ohio.gov)

Please note that this page will be updated regularly. If you would like to receive email notifications when an update is released, please add your email address in the registration box below.

Register for our mailing list.

Email

### Top Consumer Links

- [Federal Medical Loss Ratio Rebate FAQs](#)
- [Consumer Questions or Comments](#)
- [Military Personnel](#)
- [Insurance Company Information](#)
- [Public Records Information and Request](#)
- [Company Premiums/Complaint Rates](#)
- [Mark of Share Reports](#)

### Quick Links

- [Administrative Actions](#)
- [Agent/Agency Locator](#)
- [Authorized Companies](#)
- [Consumer Publications](#)
- [File a Complaint with ODI](#)
- [ODI Ombudsman](#)
- [ODI Forms](#)

# Plan Management Toolkit

- All Resource Documents can be quickly accessed through one tab selection.

The screenshot displays the Ohio Department of Insurance website. At the top, there is a navigation bar with links for Home, About ODI, Contact, and Secured Logon. The ODI logo is prominently displayed. A search bar and social media icons are also present. Below the navigation bar, a dark blue banner contains links for Consumer Affairs, Medicare Services, Agent/Agency Services, ODI Services, Newsroom, and Policy & Legislation. The main content area is titled "Resource Documents" and features a horizontal menu with tabs for Plan Management Home, ACA Form Filing Guidance, ACA Rate Filing Guidance, Resource Documents (which is highlighted), and QHP Binder Filing Guidance. The "Ohio Essential Health Benefits" section includes a link to the 2016 Plan Year document and a note about important clarifications. The "Benchmark Plans" section lists various insurance options like Anthem BCBS, Blue Access, PPO, Pediatric Dental, The WellLife Federal Dental Plan, Pediatric Vision, Governor's Habilitative Services, and Prescription Drug EHB. The "ACA Rating Areas" section includes a link to a Rating Areas Map. The "Essential Community Providers in Ohio" section provides links to Ohio ECP List and Ohio Dental ECP List. The "Industry Training PowerPoint Presentations" section lists presentations from March 25, 2015, and April 7, 2015. At the bottom, there are three links to frequently asked questions for the 2014, 2015, and 2016 Plan Years.

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# General Form Filing Guidance

- Changes in Ohio Laws and Regulations
- Changes in Federal Laws and Regulations
- 2016 Filing Requirements
  - Revised Guidance
  - Streamlined Checklists
  - 2016 Cost Sharing
  - Supporting Documentation

# Changes in Ohio Laws and Regulations

- Ohio SB 99 – Orally administered cancer medications
- Ohio HB 201 – Updates to existing Ohio law

# Changes in Ohio Laws and Regulations

- Orally administered cancer medications
  - If cancer chemotherapy treatment is provided
  - Then can provide no less favorable treatment or cost sharing for orally administered cancer medications than is provided for intravenously administered or injected cancer medication
  - Can use a \$100/prescription fill “safe harbor” and be in compliance

# Changes in Ohio Laws and Regulations

- Updates to Existing Law
  - Most provisions effective January 1, 2016
  - Reduced required dependent limiting age from age “28” to age “26”
  - Increased the minimum number of hours worked per week from “25” hours to “30” hours

# Changes in Federal Laws and Regulations

- Application of MOOP
- Pediatric Age
- Small Group Size
- Prescription Drug Exception Process
- Habilitative Services

# Changes in Federal Laws and Regulations

- Application of MOOP
  - Option to count the cost sharing for out-of-network services toward the annual MOOP
  - The self-only MOOP applies to all individuals regardless of coverage type
  - Does NOT apply to HSA deductible limit
- 2016 Medical and Dental values are included later in this presentation

# Changes in Federal Laws and Regulations

- Pediatric Age
  - Must provide coverage for pediatric services through the end of the month the enrollee turns age 19
- Small Group Size
  - Groups of 1 through 100 FTEs
  - Some transitional relief to groups of 51 – 100
  - Ohio Bulletin 2014-01

# Changes in Federal Laws and Regulations

- Prescription Drug Exception Process
  - To request access to clinically appropriate non-formulary drugs
  - The process must be described in the policy
  - Two types of requests –
    - Expedited Exception Request – exigent circumstances
      - May seriously jeopardize life, health or ability to regain maximum function, or
      - Undergoing current treatment using non-formulary drug
    - Standard Exception Request

# Changes in Federal Laws and Regulations

- Prescription Drug Exception Process
  - Enrollee and provider must be notified of the issuer's decision no later than:
    - 24 hours following receipt of request for Expedited
    - 72 hours following receipt of request for Standard
  - If initial request is denied, enrollee and provider may request an IRO review
  - Enrollee and provider must be notified of the IRO's decision no later than:
    - 24 hours following receipt of request for Expedited
    - 72 hours following receipt of request for Standard

# Changes in Federal Laws and Regulations

- Prescription Drug Exception Process
  - When an exception is approved:
    - The drug is treated as an EHB
    - Any cost sharing must apply toward annual limitations

# Changes in Federal Laws and Regulations

- Habilitative Services
  - Must define as health care services and devices that help a person keep, learn or improve skills and functioning for daily living
  - Must include coverage required through the Governor's letter dated December 26, 2012

# 2016 Filing Guidance

- ACA Compliant Form Filing Guidance
  - Rewritten and reorganized for 2016
  - Now includes:
    - Selected Benefit Issues
    - New Requirements
    - Filing Tips

# 2016 Filing Guidance

- Streamlined Checklists
  - Have eliminated most form checklists from previous years
  - Will only require:
    - ACA Form Filing Checklist
      - Title 17
      - Title 39
    - EHB Locator
    - Pediatric Stand-Alone Dental Plan Filing Checklist

# Cost Sharing Values - Medical

Maximum Out Of Pocket	2015 Benefit Year	2016 Benefit Year
<i>Federal Poverty Level (FPL) above 250%</i>		
Individual	\$6,600	\$6,850
Family	\$13,200	\$13,700
<i>FPL 200% - 250% (Silver)</i>		
Individual	\$5,200	\$5,450
Family	\$10,400	\$10,900
<i>FPL below 200% (Silver)</i>		
Individual	\$2,250	\$2,250
Family	\$4,500	\$4,500

# Cost Sharing Values - Dental

- Stand Alone Pediatric Dental Out-of-Pocket Maximums
  - *2015* values
    - \$350 One child
    - \$700 Two or more children
  - *2016* values
    - \$350 One child
    - \$700 Two or more children

# Major Medical – Supporting Documentation

Scenario	Form Filing Checklists	EHB Locator	Are Rates Required?
I plan NO changes to my existing ACA compliant forms (no form filing required)	N/A	Yes, with Rate Filing	YES
I want to use an Amendment, Endorsement or Standard Plan Rider to make changes to my existing Standard Benchmark Plan or Standard Plan Variation	NO	YES	YES
I want to make changes by creating a new Standard Benchmark Plan or Standard Plan Variation	YES	YES	YES

# Dental – Supporting Documentation

Scenario	Form Filing Checklist	Are Rates Required?
I plan NO changes to my existing ACA compliant forms (no form filing required)	N/A	YES*
I want to use an Amendment, Endorsement or Standard Plan Rider to make changes to my existing ACA compliant forms	NO	YES
I want to create a new ACA compliant form	YES	YES

\*A rate filing must be submitted only if rates will change or if trend was used when developing the currently approved rates.

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# 2016 Rate Filing Guidance

- ALL on and off exchange, individual and small group, major medical and SADP rate filings due 4/29/15
- Rate Filing Guidance Checklist
  - Plan Management Toolkit, ACA Rate Filing Guidance tab
  - Minimal Changes
    - Risk Adjustment Payments
    - Transitional Reinsurance
    - AV Pricing Values
    - Stand-Alone Dental Plan AV and EHB Apportionment Documentation
  - Pages 4-8 do not apply to Large Employer coverage



# 2016 Rate Filing Guidance

- Changes in Rating Factors
  - Must be justified
  - Must be actuarially sound
  
- Unified Rate Review Template (URRT)
  - Needs to be submitted to CMS via HIOS
  - As rate review is completed, changes to the URRT must be uploaded into the rate filing via SERFF and to CMS via HIOS
    - EHB apportionments must match to Plans & Benefits template (P&B) in Binder Submissions – may require updates to P&B during Binder review
  - ODI: Excel and PDF formats are needed

# 2016 Rate Filing Guidance

- EHB Locator – required in all major medical Form Filings
  - Required in Rate Filing ONLY if no Form Filing
  - Identify which EHBs are Above EHB and Actuarial Equivalent
    - Appropriate justifications needed in the Rate Filing
  
- SADP Rate Filings with no changes and no trend
  - Do not need to file
  - If intended to be on-exchange or exchange certified, Binder submission is still needed with an association to currently approved rate filing

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