



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Industry Training Webinar
March 13, 2014

Agenda

- **Overview and Introductions**
- Applicable Timeframes
- General Filing Guidance
- Review Frequent Concerns
- Q&A



Introductions

Presenters

- Carrie Haughawout, Assistant Director of Health Policy
- Matt Elston, Assistant Director of Product Regulation and Actuarial Services
- Marjorie Ellis, Regulatory Compliance and Training Chief
- Christine Wright, Regulatory Process Manager

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2014 ODI Filing Deadlines

Filing Submission Deadlines

- **April 14, 2014** – On Exchange Individual and Small Group Form Filings, including Stand Alone Dental Plans (SADPs) and Exchange certified dental plans sold off the exchange.
- **May 23, 2014** – On Exchange Individual and Small Group Rate Filings, including SADPs and Exchange certified dental plans sold off the exchange
- **June 30, 2014** – Qualified Health Plan Application Binders, including SADPs
- **August 1, 2014** - Off Exchange Individual and Small Group Form and Rate Filings
- **September 12, 2014** - Large Group Form and Rate Filings

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Form File Review Process

- Initial/Pre-Process Review
- Comprehensive Review
- Rate Confirmation Review

2015 Form Filing Guidance

- Provides comprehensive instructions for filing ***Individual, Non-Employer and Small Group*** ACA plans
- Available through the Plan Management Toolkit

2015 Form Filing Guidance

- Updated for changes in law/regulation
- Expanded Permitted Revisions and Variable Content options
- Detailed instructions on variable content and the proper use of the Statement of Variability
- Additional SERFF Coding Instructions
- Changes to checklist requirements

2015 Form Filing Guidance

CHANGES IN LAW/REGULATION

- Ohio SB 9 – Ohio Open Enrollment Suspension and HIC solicitation
- Federal – expanded Contraceptive Coverage exemptions



2015 Form Filing Guidance

OHIO OPEN ENROLLMENT SUSPENSION

- Open Enrollment and Conversion suspended through January 1, 2018
- Suspended privileges no longer need to be included in the policy/certificate
- Does NOT affect state continuation requirements of ORC §1751.53 or ORC §3923.38

2015 Form Filing Guidance

CONTRACEPTIVE COVERAGE EXEMPTION

- Available to group religious employers and eligible organizations
- At the issuer's discretion, can remove all or select contraceptive coverage benefits
- Please note the federal regulations do not exempt employers or organizations from applicable state law

2015 Form Filing Guidance

CONTRACEPTIVE COVERAGE EXEMPTION

- Form Filing Methods
 - Can be submitted as a Standard Plan Variation, Standard Plan Rider, Amendment or Endorsement
 - Coverage options can be [bracketed] in a single form
 - The Statement of Variability must clearly identify each coverage option and the conditions for use

2015 Form Filing Guidance

REVISIONS AND VARIABLE CONTENT

- Accommodations for Contraceptive Coverage Exemption
- Changes to existing forms must be accompanied by an updated Statement of Variability

2015 Form Filing Guidance

VARIABLE CONTENT ENHANCEMENTS

- Health Plan Issuer specific values no longer required in Statement of Variability
- Expanded Permitted Variable Content examples
- Specific instructions on the structure of the Statement of Variability

2015 Form Filing Guidance

REQUIRED SERFF FIELDS FOR COMPLETION

- Implementation Date Requested
- Submission Type
- Corresponding Filing Tracking Number

2015 Form Filing Guidance

CHECKLIST AND GUIDANCE ENHANCEMENTS

- Filings that meet established form design and organization standards will only need to submit the filing checklists ONCE.
- Added EHB Data Worksheet section
- Expanded instructions for completion
- Organized the checklists by product
- Compliance Confirmation checklists are no longer required, but available as reference

EHB Benchmark Plan

EHB Benchmark Plan

AVAILABLE GUIDANCE

- Ohio Essential Health Benefits Resource Document for 2015 Plan Year
- Essential Health Benefit Certificate of Coverage (Anthem Blue 6.0 - Blue Access PPO – Medical Option #D4/Rx Option G)
- Governor’s Habilitative Services Letter
- Prescription Drug EHB – Benchmark Plan Benefits by Category and Class

EHB Benchmark Plan

UPDATES TO 2015 DOCUMENT

- Benefit categories reorganized to correspond to federal template
- Coverage column corrected
- Dollar limits converted to actuarial equivalent quantitative limits as required
- Additional state required coverage included



EHB Benchmark Plan

HOW TO WRITE A BENCHMARK PLAN

- Plan should be substantially equal to the Ohio Benchmark plan in terms of:
 - Benefits covered
 - Benefit quantitative limits
 - Exclusions and limitations
- Plan must comply with federal ACA requirements for Essential Health Benefits including Mental Health Parity

EHB Benchmark Plan

PLAN DESIGN TIPS

- Use the Ohio Essential Health Benefits Resource Document for 2015 Plan Year for guidance
- Benefits must be substantially equal
- Required benefits cannot be eliminated through plan exclusions or limitations
- Additional benefits must be disclosed
- Actuarial equivalent substitutions require documentation



EHB Benchmark Plan

EXAMPLES:

- Physician Home Visits and Office Services
 - Office Visits
 - Home Visits
 - Diagnostic Services
 - Therapy Services
 - Online Clinic Visits



EHB Benchmark Plan

EXAMPLES:

- Orthotic Devices may include, but are not limited to:
 - Cervical collars
 - Ankle foot orthosis
 - Corsets
 - Splints
 - Trusses and supports
 - Slings

EHB Benchmark Plan

EXAMPLES:

- Human Organ and Tissue Transplant Services Coverage
 - Cornea and kidney transplant benefits are not subject to requirements
 - Any medically necessary human organ and stem cell/bone marrow transplants and transfusions



EHB Benchmark Plan

- EHB Data Worksheet
 - New MS Excel format
 - When required?
 - See Appendix E of the Filing Guidance
 - Supplemental documentation
 - See instructions provided with worksheet
 - How to file in SERFF
 - See Supporting Documentation tab Requirements

Rate Filing Guidance



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2015 Rate Filing Guidance

- Applies for comprehensive major medical type coverage
- Rate Filing Guidance Checklist
 - Plan Management Toolkit, Resources
 - Pages 4-8 do not apply to large employer coverage
- EHB Data Worksheet (*new requirement*)
 - Plan Management Toolkit, Resources
 - Not needed for large employer coverage

2015 Rate Filing Guidance

- Checklist Changes from May 2013
 - Details: reinsurance receivable assumptions; plan level adjustments; expense assumptions
 - Clarifications: large group; loss ratio; merged expense items
 - Federal requirements changes
 - SB 9 Impact (Ohio Conversion & Ohio Open Enrollment)
 - Experience on forms

Format of Supporting Documents

- Federal URRT
 - Only item submitted to CMS and ODI
 - ODI: Excel format and pdf format
- Federal Rate Data Template
 - Additional requirement
 - Submitted to ODI Off-Exchange
 - Individual and Small Group
 - Excel format

Changes in Rating Factors

- Must be justified
 - Focus on this year compared to last
 - Changes in pricing must be justified using sound actuarial principles
 - Must be actuarially sound: reference ASOPs, AAA Practice Notes

More Actuarial Soundness and Justification

- Trend and Rating Factors
 - ASOP 8; Section 3
- Risk Adjustment
 - Quantitative support
- Profit Margin
 - Non-negative

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Frequent Filing Concerns

- Filing Format
- Cost Sharing Values
- Habilitative Services
- HIC – Basic Health Care Services
- Clinical Trial Coverage

Filing Format

- Permitted Variability
 - Limited to cost sharing options and alternative language
- Matrix Filings
 - No longer permitted for non-grandfathered Individual, Non-Employer and Small Group
 - Limited acceptance for Non-Employer and Small Group grandfathered plans

Filing Format “What do I need to file?”

Form Filing Needs	Filing Type	Form To Be Filed	Form Review Requirements Checklists	EHB Data Worksheet	Rates Required?
I plan NO changes to my existing ACA compliant forms	N/A	NONE	NO	YES	YES
I want to make Cost Sharing (deductible, Out-of-Pocket Maximum) changes to my existing ACA compliant forms	Form	Amendment, Endorsement	NO	YES	YES
I want to make Plan (increase or change benefits) changes to my existing ACA compliant forms	Form	Various	NO	YES	YES
I want to create a Standard Plan Rider to sell with my existing ACA compliant forms	Form	Standard Plan Rider	NO	YES	YES
I want to create a new Standard Plan Variation of my existing ACA compliant forms	Form	Standard Plan Variation	YES	YES	YES
I want to create a new Standard Benchmark Plan	Form	Standard Benchmark Plan	YES	YES	YES



Cost Sharing Values - Medical

Maximum Out Of Pocket	2014 Benefit Year	2015 Benefit Year
<i>Federal Poverty Level (FPL) above 250%</i>		
Self Only	\$6,350	\$6,600
Family	\$12,700	\$13,200
<i>FPL 200% - 250% (Silver)</i>		
Self Only	\$5,200	\$5,200
Family	\$10,400	\$10,400
<i>FPL below 200% (Silver)</i>		
Self Only	\$2,250	\$2,250
Family	\$4,500	\$4,500



Cost Sharing Values – Medical

- Small Group Medical Deductible Maximums
 - *2014* values
 - \$2,000 – Self Only
 - \$4,000 – Family
 - *2015* values
 - \$2,050 – Self Only
 - \$4,100 – Family



Cost Sharing Values - Dental

- Stand Alone Pediatric Dental Out-of-Pocket Maximums
 - *2014* values
 - \$700 One child
 - \$1,400 Two or more children
 - *2015* values
 - \$350 One child
 - \$700 Two or more children

Habilitative Services

- Governor's Habilitative Services Letter
 - Requires coverage for habilitative services benefits
 - Important to note that EHB coverage category of habilitative services is broader than Autism

Habilitative Services

MINIMUM BENEFITS FOR AUTISM

- Outpatient Physical Habilitative Services including:
 - Speech and Language therapy and/or Occupational therapy by a licensed therapist
 - 20 visits per year of each service
 - Clinical Therapeutic Intervention performed by a licensed professional
 - 20 hours per week

Habilitative Services

- Mental/Behavioral Health Outpatient Services:
 - Performed by a licensed Psychologist, Psychiatrist or Physician
 - Provides consultation, assessment, development and oversight of treatment plans
 - 30 visits per year total

Habilitative Services

COMPLIANT FORM REQUIREMENTS

- Must include Autism benefit and any other habilitative services benefits to be covered
- Many used language right from the Governor's letter to define the benefit

HIC – Basic Health Care Services

- Health Insuring Corporations (HICS) that provide coverage for Basic Health Care Services as defined by ORC 1751.01 (A)(1), must offer coverage for all listed Basic Health Care Services
- Services must be medically necessary

HIC – Basic Health Care Services

SERVICES INCLUDE:

- Physician's services
- Inpatient hospital services
- Outpatient medical services
- Emergency health services
- Urgent care services
- Diagnostic laboratory and therapeutic radiologic services

HIC – Basic Health Care Services

SERVICES INCLUDE:

- Diagnostic and treatment services, other than RX, for biologically based mental illnesses
- Preventive health care, including but not limited to voluntary family planning, infertility, periodic physical exams, prenatal OB and well child care
- Routine patient care for eligible cancer clinical trials

HIC – Basic Health Care Services

ADDITIONAL INFORMATION

- Infertility services are covered in accordance with Ohio Bulletin 2009-07
- Complications of non-covered services must be covered when treatment is considered a Basic Health Care Service and is medically necessary

Clinical Trial Coverage

- Ohio requires coverage for Cancer Clinical Trials under ORC §3923.80 and ORC §1751.01 (A)(1)(i)
- Federal law requires coverage for “approved clinical trials” under PHSA §2709

Clinical Trial Coverage

KEY DIFFERENCES

- Ohio law is only applicable to cancer clinical trials
- Federal law is applicable to all approved clinical trials
- Ohio law applies to both grandfathered and non-grandfathered plans
- Federal law applies only to non-grandfathered plans



Clinical Trial Coverage

KEY DIFFERENCES

- Ohio law includes a more expansive list of exclusions
- Federal law may require coverage for drugs or devices not approved by the FDA
- State law allows participation without a reference or medical/scientific evidence
- Federal law requires a reference from a health professional or evidence to qualify

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Remember

- More sessions to follow
- Next session is Wednesday, March 26, 2014
- Register for Q&A updates
- Email questions to Plan Management mail box –
planmanagementquestions@insurance.ohio.gov