



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Industry Training Webinar

March 26, 2014

Agenda

- **Overview and Introductions**
- EHB Data Worksheet
- EHB Rx Formulary Information
- SERFF Demo / Best Practices
- Frequent Filing Concerns
- Checklist Updates
- Q&A

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- Overview and Introductions
- **EHB Data Worksheet**
- EHB Rx Formulary Information
- SERFF Demo / Best Practices
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- Q&A

EHB Data Worksheet

Quick EHB Overview

- Use the Ohio Essential Health Benefits Resource Document for 2015 Plan Year for guidance
- Benefits must be substantially equal - Actuarial Equivalent substitutions require documentation
- Required benefits cannot be eliminated through plan exclusions or limitations
- Coverage of an EHB that exceeds benchmark levels must be disclosed

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

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EHB Rx Formulary Information

EHB Rx Requirements

- Ohio Prescription Drug EHB Benchmark Plan Benefits by Category and Class
- Where the Ohio Benchmark does not include coverage in a category/class, coverage minimum is 1 drug

EHB Rx Formulary Information

- EHB Rx Worksheet
 - MS Excel format / no large pdf of formulary required
- Only 1 worksheet required per distinct formulary
- Distinct formulary = covered list of drugs
 - No utilization management/cost sharing
- When to file?
 - Whenever EHB Data Worksheet is required
- Where to file in SERFF?
 - See Supporting Documentation tab Requirements

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SERFF Demo / Best Practices

- General Instructions
 - Review updated information
 - Subscribe to SERFF blasts for announcements/updates
- Supporting Documentation Requirements
 - Customized by TOI
 - Links to checklists and guidance included

SERFF Demo / Best Practices

- Utilize redline copies
 - Use for changes to previously approved forms
 - Use for changes to proposed forms
 - Attach to Supporting Documentation tab
 - Include certification that all changes are redlined
- Objection letter response
 - Provide response to each objection
 - Avoid use of separate response letter attached in Supporting Documentation

SERFF Demo / Best Practices

- File Grandmother plans separately
 - Transitional plans = Non-Grandfathered plans
 - Filings cannot be combined with Grandfathered plans
- Attachments should not be appended to a Note to Reviewer
 - Place attachments under the Form or Rate Schedule or under Supporting Documentation as applicable

SERFF Demo / Best Practices

- Reference documents in Supporting Documentation
 - Form only filings should not include actuarial information on the Rate/Rule Schedule
 - Rate only filings should not include forms on the Form Schedule
 - Any form or rate reference documents should be included under Supporting Documentation
 - When a filing includes both forms and rates, use the Form/Rate filing type

SERFF Demo / Best Practices

- Frequent review of ODI Plan Management Toolkit and SERFF General Information for updates is recommended
 - Register for mailing list to receive update notifications for ODI Plan Management Toolkit
 - Subscribe to receive State Messages (“blast messages”) in SERFF
- Contact OPRAS (614-644-2644), or your reviewer with any questions

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Frequent Filing Concerns

- Contraceptive Coverage Exemption
- Internal Appeals/External Review

Frequent Filing Concerns

CONTRACEPTIVE COVERAGE EXEMPTION

- Rules relaxed for ONLY Contraceptive Coverage Exemption
- Coverage options can be [bracketed] in a single form (Standard Plan Variation, Standard Plan Rider, Amendment or Endorsement)
- The Standard Benchmark Plan should include full contraceptive coverage

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- ORC Chapter 3922 originally effective December 26, 2011
- Revised under 129th General Assembly HB 341 effective September 6, 2012
- Affects all health benefit plans except those specifically mentioned in ORC 3922.01 (L)

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- HB 341 changes include:
 - Clarifying plans not considered to be a health benefit plan
 - Establishes electronic means as an appropriate mode for requests made in writing and allows an expedited review to be requested orally without written confirmation
 - Confirms that all deadlines are calculated from the date of “receipt by the health plan issuer”

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- Expanded the physician's certification for an expedited external review to include the possibility that a person may not regain maximum function
- Removes a carrier's ability to submit information to the IRO via telephone
- Minor clerical changes and coding cleanup

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- Ohio carriers must comply with federal internal appeal process and any applicable state laws
- Ohio HIC carriers must also comply with internal review procedures described in ORC 1751.83

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- Notable differences between state and federal External Review laws:
 - Ohio does not provide a filing fee option to carriers
 - Claimants must file a request for review within 180 days of the date of the final Adverse Benefit Determination
 - Standard reviews must be completed within 30 days of receipt of the request by the carrier

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- The claimant may appeal a carrier's denial of an external review directly to the Superintendent
- The Superintendent will perform the external review of any Adverse Benefits Determination based on a contractual issue that does not involve medical judgment or is not based on medical information

Frequent Filing Concerns

INTERNAL APPEALS/EXTERNAL REVIEW

- Carefully review all available information prior to preparing your documents
- Additional information is available on the ODI website:

<http://insurance.ohio.gov/Company/Pages/OhiolInternalAppealandExternalReviewModelNotices.aspx>

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Checklist Updates

- Federal Requirements Checklist
 - Included the Large Group market under the requirement for federal cost sharing limits
- Pediatric Dental and Vision Checklist
 - Added a section where the carrier can detail whether pediatric dental coverage will be bundled or the carrier will be provided reasonable assurance
 - Checklist NOT required for Large Group plans

Checklist Updates

- Stand-Alone Dental Checklist
 - Enhanced to clarify benefits required
- EHB Data Worksheet
 - New MS Excel format
- EHB Rx Worksheet
 - MS Excel format / replaces formulary PDF
- Rate Filing Checklist
 - Read carefully for updated information

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Remember

- More sessions to follow
- Next session is Monday, April 7, 2014
- Register for Q&A updates
- Email questions to Plan Management mail box –
planmanagementquestions@insurance.ohio.gov