



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Industry Training Webinar
April 7, 2014

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

Agenda

- Overview and Introductions
- **Submission Deadlines**
- General Filing Best Practices
- Rate Filings – Best Practices / Common Issues
- FAQs Contract Review
- Other Training Opportunities
- Q&A

Submission Deadlines

ACA Filings

- 3rd Quarter Small Group Rate Change: **On-Exchange**
 - Rates and QHP Application Binder – **ASAP**
- 3rd Quarter Small Group Rate Change: **Off-Exchange**
 - Rates - **Tomorrow - April 8th**
- 4th Quarter Small Group Rate Change: **On-Exchange**
 - Rates – **Tentatively May 23rd***
 - QHP Application Binder – **TBD**
- 4th Quarter Small Group Rate Change: **Off-Exchange**
 - Rates – **July 21st**

*CMS has not announced transfer dates for 4th quarter rate information. However, given the late notice for 3rd quarter rate transfers, companies are encouraged to submit ASAP.



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Submission Deadlines - Continued ACA Filings

- **On-Exchange**
 - **Individual and Small Group**
 - Forms – **April 14th**
 - Rates – **May 23rd**
 - QHP Application Binder – **June 30th**
- **Off-Exchange**
 - **Individual and Small Group**
 - Forms and Rates – **August 1st**
- **Large Group** (for 1/1/2015 effective date)
 - Forms and Rates – **September 12th**

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SERFF Filing Best Practice Tips

Use the top of the Filing Description field on the General Information tab in SERFF to notate the type of ACA filing you are submitting.

Filing Company: ACA Compliant Demo Company	SERFF Tr Num: OHLH-129473614						
TOI: H16G Group Health - Major Medical	SERFF Status: Closed-Test Filing						
Sub-TOI: H16G.003A Small Group Only - PPO	State Tr Num:						
Filing Type: Form/Rate	State Status: RECEIVED-AR						
Assigned To:	Co Tr Num:						
Date Submitted: 03/26/2014	Disposition Date: 03/30/2014						
State Filing Description: Training Demo Filing							
General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	Companies and Contact	Filing Fees	Filing Correspondence	Paper Information
Corresponding Filing							
Tracking Number:							
Filing Description: 3RD QTR 2014 SMALL GROUP EXCHANGE PLAN RATES [Additional Filing Description text....]							



SERFF Filing - Best Practice Tips

- Brief notation that helps us to quickly understand the intended purpose and scope of your filing
- Speeds up intake review and assignment
- Especially helpful for rate filings

SERFF Filing - Best Practice Tips

- Examples of some good “type of filing” notations :
 - “3rd Quarter 2014 Small Group Exchange plan rates”
 - “Form” (or “rate”) revisions to 2014 Exchange plans intended for Recertification as 2015 Exchange offerings”
 - “New stand-alone dental plans for 2015 Exchange Certification”
 - “Grandmothered plan rates” (or “forms”)

SERFF Filing - Best Practice Tips

- Select the appropriate PPACA indicator
 - Can be Grandfathered or Non-Grandfathered, but not both on the same filing.
 - Incorrect selection will require post-submission update.

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	Companies and Contact	Filing Fees	Filing Correspondence	Paper Information
View/Edit State Narrative							
PPACA: Non-Grandfathered Immed Mkt Reforms				Healthcare.gov ID:			
What is PPACA?							
PPACA Notes:							
<input checked="" type="checkbox"/> Exchange Intentions:	We intend to offer Plans A, B, and C that are included in this filing both On- and Off-Exchange for the 2015 plan year. All other plans (D, E, and F) will be offered Off-Exchange only.						
Product Name:	Training Session Demo Filing			Deemer Date:			
Project Name:	2015 ACA			Project Number:			
Additional Benefits:	No						
Implementation Date	01/01/2015						



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Rate Filings

- 3rd Quarter 2014 Small Group On Exchange
 - Must be transferred to Feds via SERFF by 4/17/14.
 - **ASAP**
 - Clearly identify filing in SERFF “Filing Description”
 - Rate Table template instructions
 - Only change worksheet with July 1st – September 30th rates
 - Must match URRT submission
 - Column E: Individual Rate and Column F: Individual Tobacco Rate

Rate Filings

- Basics
 - Ohio Checklist
 - EHB Data Worksheet
 - URRT and Part III Actuarial Memo (3/20/14)
 - URRT in Excel format and PDF format
 - Rate Data Template for Off Exchange

Rate Filings

- Actuarial Memo – Tips for efficient filing
 - May include Executive Summary highlighting items that are changing (trend, new plans)
 - Justification for items changing with support
 - Screen shots for AV calculator inputs
 - Discuss credibility measure and source
 - Support documenting Paid to Allowed Ratio

Rate Filings

- Actuarial Memo – Tips for efficient filing
 - Provide support for the Rate Development Steps – new requirement in Part III Actuarial Memorandum
 - Projected Index Rate to Market Adjusted Index Rate to Plan Adjusted Index Rate to Consumer Adjusted Premium Rates
 - See Part III Actuarial Memorandum instructions dated 3/20/14, pages 14-21
 - Satisfies ODI Rate Checklist, AV Pricing Values item, page 7

Rate Filing - Best Practice Tips

- Company Rate Data and Rate Review Detail data must both be completed to comply with HHS Rate Review reporting requirements
- SERFF facilitates the transfer to HIOS of required rate review information each quarter.
- Incorrect or incomplete data will require post-submission update.

Rate Filing - Best Practice Tips

- The Company Rate Information section is located on the Rate/Rule Schedule tab.

Add Rate Data? - Rate Data is Required

[View Rate Justification](#)

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information								
Company Name:	Company Rate Change?	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policyholders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
ACA	<input type="text" value="Please Select"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Compliant:								
Demo:								
Company:								

[Edit Rate Review Detail](#)



Rate Filing - Best Practice Tips

- Rate Data Detail

To display the Rate Data Detail page, the filer must select the [View Rate Review Detail](#) link located on the Rate/Rule Schedule tab below the Company Rate Information data.

Company Rate Information								
Company Name:	Company Rate Change?	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
ACA								
Compliant	-Please Select-	<input type="text"/>	% <input type="text"/>	% \$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	% <input type="text"/>
Demo								
Company								
Edit Rate Review Detail								



Rate Filing - Best Practice Tips

- Rate Data Detail Page

Company Name: ACA Compliant Demo Company

HHS Issuer ID:

PRODUCTS:

Product Name	HHS Product ID	HHS Submission ID	Number of Covered Lives
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Trend Factors:

FORMS:

New Policy Forms: Test Form

Affected Forms for Closed Blocks: Test Closed Blocks

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period:

Member Months:

Benefit Change:

Percent Rate Change Requested: Min: 4% Max: 6% Weighted Avg.: 5.25%

PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annualized PMPM \$: Min: Max: Weighted Avg.:

REQUESTED RATE:

Projected Earned Premium:

Projected Incurred Claims:

Annualized PMPM \$: Min: Max: Weighted Avg.:



Rate Filings

- Small Group – Allowable Rating
 - 3924.06 Rating methods are compliant with accepted actuarial practices and are uniformly applied
 - Changes in rating area factors must be actuarially justified and supported

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Mental Health Parity – Final Rule

- Federal Register Vol. 78 No. 219
November 13, 2013
- Effective for plan years beginning on or
after July 1, 2014

Mental Health Parity – Final Rule

- Sub-classification allowances
 - Multiple Network Tiers
 - Preferred
 - Participating
 - Reasonable factors without regard for whether the provider offers medical services or mental health/substance use services
 - Allows only two sub-classifications for:
 - Office Visits
 - Includes all doctors, no sub-classification for generalists or specialists
 - All other outpatient items and services



Mental Health Parity – Final Rule

- Once sub-classification is set, cannot impose limits that is more restrictive than:
 - The predominant financial requirement or treatment limitation that applies to substantially all medical services in the classification
 - Predominant = more than half
 - Substantially all = at least two thirds

Mental Health Parity – Final Rule

- Non-quantitative Treatment Limitations Additions
 - Geographic location
 - Facility type
 - Provider specialty
 - Other criteria that limit the scope or duration of benefits or services
 - The exception for recognized clinically appropriate standard of care - ELIMINATED

Product Modification/Withdrawal

- General Rule: Products must be guaranteed available and renewable
- Exceptions:
 - Product Withdrawal
 - Permitted modifications to existing products
- If modifications do not qualify then:
 - Discontinuation of existing product (Product Withdrawal)
 - Creation of new product

Product Modification/Withdrawal

PPACA; Exchange and Insurance Market Standards for 2015 and Beyond Proposed Rule

- Sets out the proposed criteria for qualifying modifications to existing products
- Only at renewal
- Modifications must be effective uniformly for all plans/individuals with that product
- ODI will continue to monitor as this rule is finalized

Product Modification/Withdrawal

Exceptions in the proposed rule:

1. Changes required by federal/state law
2. Meets all of the following:
 - Offered by same issuer,
 - Offered as same product type,
 - Covers majority of same counties in its service area, _
 - Same cost-sharing structure, except
 - Variations solely related to medical care costs/utilization
 - To maintain same level of coverage (ACA 1302(d) & (e)), and
 - Same benefits, except benefit changes that cumulatively impact the plan-adjusted index rate by no more than 2%
 - Not including federal/state mandated changes

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CMS - QHP Certification Training

- Issuer training 04/22/2014 - 04/23/2014
- www.regtap.info
- Registration deadlines - 4/17 for onsite (Baltimore) and 4/18 for remote access
- Topics include updates on:
 - System for Electronic Rate and Form Filing (SERFF)
 - Health Insurance Oversight System (HIOS)
 - Certification Process
 - Rate Review and Business Rules
 - Market-wide Reforms
 - Essential Health Benefits
 - Actuarial Value
 - Cost-sharing

CMS – Additional Training

QHP Certification Training - Remote Access	04/22/2014 - 04/23/2014
Cost-sharing Reduction (CSR) Advance Payments for 2015	4/9/2014
2014 Qualified Health Plan (QHP) Series IV	04/03/2014 - 04/24/2014
Federally-facilitated Small Business Health Options Program (FF-SHOP) Webinar Series II	03/04/2014 - 05/27/2014
Enrollment Weekly Issuer Call Series I	01/06/2014 - 04/28/2014
Marketplace Payment Process User Group Series	12/16/2013 - 04/24/2014

www.regtap.info

Remember

- On exchange form filings are due one week from today- April 14
- Next scheduled training session will focus on Binder filings. ODI will announce the date once templates are finalized.
- Register for Q&A updates
- Email questions to Plan Management mail box –
planmanagementquestions@insurance.ohio.gov

