



ODI

Ohio Department
of Insurance

John R. Kasich, Governor

Mary Taylor, Lt. Governor/Director

Industry Training Webinar

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2015 Plan Year QHP Applications

Presenters

- Laura Vulpio – Life & Health Chief, Product Regulation & Actuarial Services
- Chris Wright – Life & Health Regulatory Process Mgr., Product Regulation & Actuarial Services

2015 Plan Year QHP Applications

Agenda for Today's Webinar

- Overview of 2015 Qualified Health Plan (QHP) Application Process
- Qualified Health Plan Application Components
 - Issuer
 - Benefit and Service Area
 - Rating
- Stand-Alone Dental Plans (SADPs)
- Industry Access to CMS State Review Tools
- Q&A
- Closing Remarks



Overview of 2015 Qualified Health Plan (QHP) Application Process

- General Information & Requirements
- Review Process
- Timelines



QHP Application Submissions General Information & Requirements

- Who must submit QHP Applications?
 - All issuers planning to offer health plans on the federal Health Insurance Exchange (“Exchange”) in 2015
 - and
 - All issuers planning to offer Exchange-certified Stand-Alone Dental Plans (“SADPs”) in 2015

QHP Application Submissions

General Information & Requirements (cont'd.)

- Only one QHP Application submission
 - Per Market for medical and/or for stand-alone dental per issuer
 - Market
 - Individual
 - Small Group
 - Per Issuer
 - Identified by a unique NAIC and a corresponding HIOS Issuer ID number
 - Combine indemnity and HMO plans in same QHP Application

QHP Application Submissions

General Information & Requirements (cont'd.)

- Therefore one issuer can have a maximum of 4 QHP Application submissions
 - 1 Individual Medical
 - 1 Individual Dental
 - 1 Small Group Medical
 - 1 Small Group Dental

QHP Application Submissions

General Information & Requirements (cont'd.)

- All Ohio QHP Applications must be filed in SERFF (*State Electronic Rate and Form Filing System*) as Plan Management “Binders”
 - Access to Plan Management features in SERFF is governed by specific User Roles
 - Contact your company’s SERFF User Administrator or the SERFF Help Desk (816-783-8990 or serffhelp@naic.org) for assistance in setting up Plan Management Roles

QHP Application Submissions General Requirements (cont'd.)

- Steps to complete before Binder submission in SERFF
 - Include all plans in the Binder intended to be offered in that market
 - Plans can't be added after Binder submission
 - Plans can be withdrawn as needed
 - Associate correct form and rate SERFF filing number(s) in the Binder for all plans, even if forms and/or rates are still under review by ODI
 - Templates, even if not in final form, have been validated

QHP Application Submissions General Requirements (cont'd.)

- Additional requirements
 - Ensure Benefits Package data in the Plans and Benefits Template matches the EHB worksheet data submitted in the applicable form filing(s)
 - The Uniform Rate Review Template (“URRT”) submitted in the binder must exactly match the URRT submitted in the associated rate filing

ODI QHP Application Review Process

- ODI will review Binder filing components that are required by CMS for State Plan Management (“SPM”) QHP Applications in accordance with applicable standards and instructions published by CMS, including, but not limited to:
 - Final Letter to Issuers
 - CMS QHP Application Instructions
 - State QHP Review Tools

ODI QHP Application Review Process (cont'd.)

- Once approved by ODI, form and rate filings will be the standard for ODI to verify accuracy and completeness of Binder data and required supporting documentation

QHP Application Submissions Timelines

State Plan Management QHP Application Timeline

Activity	Due Date
Rate Filings Due	5/23/2014
Binder Functionality available in SERFF	5/23/2014
Template Validation Functionality available in SERFF	5/27/2014
Binder Submission	6/30/2014
State deadline for 1 st SERFF Data Transfer to FFM	8/8/2014
FFM Review of Plan Data	8/11/2014-8/25/2014
FFM Notifies States of any needed corrections to QHP Data	8/26/2014
Period for 2 nd SERFF Data Transfer process to FFM	9/5/2014-9/10/2014
FFM Completes Re-Review of Plan Data and State recommendations	9/22/2014
Limited Data Correction Window	9/24/2014-10/6/2014
Certification Notices and QHP Agreements sent to Issuers, Agreements Signed, QHP Data Finalized	10/14/2014-11/3/2014
Open Enrollment	11/15/2014



QHP Application Submission Timelines (cont'd.)

- SERFF plans to make Plan Management Binder functionality available for issuers to start drafting QHP Application submissions on May 23rd.
- Template validation functionality will be available starting May 27th.
- Binders should be submitted in SERFF to ODI by June 30, 2014.

Qualified Health Plan Application Components

- Issuer Components
- Benefit and Service Area Components
- Rating and Rate Review Components

Issuer Components

- Administrative Template & Business Rules Template
- Licensure and Good Standing
- Accreditation Template & Attestation
- FFM Attestations Document
- Compliance Plan & Organizational Chart
- Corresponding Justifications and Documentation

Issuer Components (cont'd.)

- General – Correct Issuer name, NAIC Code and HIOS ID's (as registered in HIOS)
- Administrative Template and Business Rules Template
 - Only one per issuer
 - Exact copy of same template must be used for each Binder submission for one issuer
- Licensure and Good Standing
 - No documentation required

Issuer Components (cont'd.)

- Accreditation Template & Attestation
 - 2nd year Exchange Issuers – must be accredited
 - Issuers new to Exchange in 2015
 - Accredited or must schedule (or plan to schedule) review with recognized accrediting entity
 - Provide information as a supporting document
 - No Accreditation template required
 - New Accreditation Attestation required

Issuer Components (cont'd.)

- FFM Attestations Document
 - All issuers must complete the entire FFM Issuer Attestation Document
 - Must answer “Yes,” unless shown with “*”
 - See Chapter 2 of the CMS instruction
 - Explanations for all “No” answers on one Justification form

Issuer Components (cont'd.)

- Compliance Plan & Organizational Chart
 - 3 attachments to Supporting Documents tab
 - Cover Sheet Questionnaire
 - Compliance Plan
 - Organizational Chart
- Corresponding Justifications and Documentation
 - Provide additional explanatory justifications and/or documents on the Supporting Documents tab, as required

Benefit and Service Area Components

- Service Area Template
- Network Template and Attestation
- Network Adequacy Template
- ECP Template
- Prescription Drug Template
- Plan/Benefit Template and Add-In file
- Corresponding Justifications and Documentation

Benefit and Service Area Components (cont'd.)

- General
 - Complete Network, Service Area and Formulary/Drug Templates before Plans & Benefits Template
- Service Area Template
 - One template per issuer
 - Multiple tabs to define multiple service areas
 - Not product specific
 - May be used with Medical and/or Dental plans
 - Zip code entry - only for partial county Service Area
 - Partial County - justification required demonstrating non-discriminatory

Benefit and Service Area Components (cont'd.)

- Network Template
 - Defines issuer network(s) for Plans & Benefits Template
 - Same network can be associated with multiple plans
 - Same as last year
- Network Adequacy Template
 - New template added for 2015
 - Individual provider data
 - Required Supporting Document in SERFF
 - URLs – correct and plan specific



Benefit and Service Area Components (cont'd.)

- ECP Template
 - New ECP participation standard - 30%
 - Enter multiple location ECPs by adding a unique, 3 digit number after the provider name for each location (i.e. 001)
 - HHS Non-Exhaustive ECP List*
 - Enter ECP information as it currently appears on the Non-Exhaustive list – DO NOT make corrections (e.g., update address)
- Prescription Drug Template
 - Justification document
 - Select from pre-defined reason or provide other explanation
 - Include specific drug name(s) in justification

*Revised instruction announced by CMS during issuer training webinar on 5/20/2014.



Benefit and Service Area Components (cont'd.)

- Plans and Benefits Template *
- Carefully read Chapters 10 and 15 of CMS Instructions
- “QHP/Non-QHP” field
 - All Medical and/or Dental plans to be offered On-Exchange must select “Both”
 - Exchange Certified Stand-Alone Dental plans to be offered only Off-Exchange must select “Off-Exchange”
 - “On Exchange” selection is invalid for 2015 for all Medical and/or Dental plans

* Red text denotes clarification to information presented during training webinar.



Benefit and Service Area Components (cont'd.)

- Plans and Benefits Template (cont'd)
 - EHB Designation fields
 - See new definitions in CMS instructions, Chap. 10
 - EHB designation based on “EHB” and “EHB Variance Reason” fields:

EHB field	EHB Variance Reason field	Benefit evaluated as an EHB?
“Yes”	Anything other than “Above EHB”	Yes
Blank	“Additional EHB Benefit” or “Other Law/Regulation”	Yes
“Yes”	“Above EHB”	No
Blank	Anything other than “Additional EHB Benefit” or “Other Law/Regulation”	No



Benefit and Service Area Components (cont'd.)

- Plans and Benefits Template (cont'd)
 - Cost sharing amounts (“Copay” and “Coinsurance”) must reflect what the consumer pays
 - Tobacco Wellness Program Offered field
 - Only relevant to SHOP plans
 - “Yes” means issuer can rate for tobacco use
 - Individual plans – select “No”

Benefit and Service Area Components (cont'd.)

- Plans and Benefits Template (cont'd)
 - Plan marketing name must be the same for all cost-sharing plan variations for the same standard plan component id (both on and off exchange plans)
 - Add-In File Corrections
 - To implement state EHB corrections to last year's version
 - State-specific instructions
 - ODI will provide detailed information and instruction at next training session

Benefit and Service Area Components (cont'd.)

- Corresponding Justifications and Documentation
 - Provide additional explanatory justifications and/or documents on the Supporting Documents tab, as applicable - including, but not limited to:
 - Non-discrimination
 - Partial County Service Area
 - Meaningful Difference
 - Formulary Inadequate Class Count
 - Unique Plan Design
 - SHOP Provision Participation

Rating and Rate Review Components

- Rate Data Template
- Unified Rate Review Template (“URRT”)
- Will be discussed in the next training session



Stand-Alone Dental Plans (SADPs)

- Stand-alone Dental Plan (SADP) QHP application timeline will follow the same timeline as that of medical plans
- SADP issuers will not be reviewed for accreditation status
- CMS will not review SADPs for meaningful difference
- SADPs are allowed a separate out-of-pocket maximum of \$350 for one covered child and \$700 for two or more covered children
- Plans & Benefits template customized for SADPs

Industry Access to CMS State Review Tools

- Only available to issuers on CMS Zone*
 - <https://zone.cms.gov/>
 - Registration in the “Issuer Community” is required to access the review tools
- In-depth data validation for many QHP standards
 - Individual templates
 - Cross-validation

* Red text denotes correction to information presented during training webinar indicating that the review tools would also be available in SERFF.

Q & A



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Closing Remarks

- Issuer resources for further information:
 - ODI Website Plan Management Toolkit:
(<http://insurance.ohio.gov/Company/Pages/PlanManagementToolkit.aspx>)
 - Important Announcements
 - FAQs and resources updated regularly
 - Register to receive email notification of updates
 - NAIC/SERFF:
 - HIX Webpage (<http://www.serff.org/hix.htm>)
 - SERFF Application Online Help - Plan Management section



Closing Remarks

- Part II of ODI 2015 QHP Application Issuer Webinar Training scheduled for June 10, 2014
- Planned agenda items include:
 - Ohio-specific Plan & Benefit Add-In File corrections
 - State Review Tools
 - Rating Components