Status of Exchange Plan Review

Office of the Insurance Commissioner
June 26, 2014
2015 Plan Year Exchange Filings Under Review

- Exchange individual market: 115 plans submitted by 12 issuers
  - 4 more issuers than plan year 2014

- SHOP market: 19 plans submitted by 2 issuers
  - 1 more issuer than plan year 2014

- Exchange stand-alone pediatric dental: 8 plans submitted by 6 issuers
  - 1 more issuer than plan year 2014
Regulatory Review Process

Issuers must meet state and federal requirements in the following areas:

1. **Benefits**: The essential health benefits and consumer protections
2. **Rates**: Must be actuarially justified
3. **Provider networks**: Access to benefits
   - Additional requirements have a “safe harbor” for plan year 2015

Benefits, rates and provider networks must match for the plan to be approved.
Regulatory Review Process

Issuer submits Filing to OIC → OIC reviews Filing, sends Objection → Issuer reviews Objection, sends Response to OIC

Plan Approval Or Plan Withdrawal → OIC reviews Response: follow-up Objection or move on
Good News for Year 2

- Technology is supporting review process
  - System for Electronic Rate and Form Filing (SERFF) and “Binder”: Faster, stable
  - CMS/CCIIO: Template validation is working

- Regulators and issuers have done this before
  - Essential health benefits, metal levels
Innovations in Plan Design for 2015

- Formulary tiering
- Partial–county service areas
  - Networks built around a large delivery system
What happens next

- The Objection/Response cycle is underway for all Exchange issuers
- Issuers are watching the WAHBE certification schedule – Issuers know when they need to be done
Questions?