

Date: January 26, 2016

To: Insurers offering Individual and Small Group Major Medical and Dental products for on and off the Oregon Health Insurance Marketplace (OHIM).

Re: 2017 Form Filing Guidance

The purpose of this guidance is to provide filing instructions for insurers offering 2017 Affordable Care Act products (ACA).

The Oregon Division of Financial Regulation (DFR)¹ is providing these filing instructions while rulemaking and tools for the 2017 benchmark plan are completed. The new benchmark plan is based on the same plan² as was selected in 2010. This should provide continuity for carriers with Oregon approved ACA plans and will also aid carriers filing ACA plans in Oregon for the first time. Because the new plan retains most of the cost-sharing, benefit designs and contract provisions from the original benchmark plan, we are instructing carriers to use existing tools and product standards when constructing and filing their 2017 products. Links to these tools and clarifying remarks are provided below. When modifications to the 2017 benchmark plan are finalized, DFR will provide additional guidance regarding required updates and modifications which carriers can implement post submission.

Note: The Oregon legislature has recently renumbered many core health insurance statutes. As part of this effort a new chapter has been added to Oregon law, ORS 743B. Many provisions related to Health Benefit Plans have been moved from ORS 743 to 743B. DFR has prepared a preliminary crosswalk (attached) and will update our product standards soon. The attached document will also be added to our website. Currently, published statutes reflect the existing statutory references and these can continue to be used. Please note: with the exception of changes due to recent legislation, only the numbering of statutes has changed; the text of the statutes has not been modified.

Instructions:

1. Continue to use the existing product standards. These are found on our website under Rates and Forms health products, subsection Affordable Care Act (ACA) products at: <http://www.oregon.gov/DCBS/Insurance/insurers/rates-forms/filing/Pages/Health/health.aspx>
2. The above product standards must be supplemented with new coverage requirements based on 2015 Oregon Legislative bills (see attachment).
3. For standard plans, please use the following tool developed for use with the 2010 benchmark plan:

ACA Standard Plan coinsurance Matrix:

<http://www.oregon.gov/dcbs/insurance/insurers/rates-forms/documents/training/standard-plan-cost-share-matrix.pdf>

¹ formerly the Oregon Insurance Division

² Both the 2010 and 2017 base benchmark plans were created from the PacificSource Preferred Codeduct Value 3000+35/70%. Both plans have been modified in order to comply with the ACA.

The following is a link to the temporary rules in effect for the 2017 benchmark plan. Also included is a memorandum clarifying the purpose of the temporary rule and providing a summary of the changes from the 2010 benchmark to the current plan.

Temporary Rules:

<http://www.oregon.gov/DCBS/insurance/legal/laws/Documents/Proposed/ehb-text.pdf>

Memorandum: Notice of Rulemaking with summary of 2017 Base Benchmark changes

<http://www.oregon.gov/DCBS/insurance/legal/laws/Documents/Proposed/ehb-memo.pdf>

Finally, the following link to the plan documents for the PacificSource Preferred Codeduct Value 3000+35/70%, the product upon which the Oregon benchmark is based.

Summary of benefits: <http://www.oregon.gov/DCBS/Insurance/legal/committees-workgroups/Documents/essential-health-benefits/pacificsource-cdv3k.pdf>

Certificate: <http://www.oregon.gov/DCBS/Insurance/legal/committees-workgroups/Documents/essential-health-benefits/pacificsource-cdv3k-policyform.pdf>

2017 Benchmark plan workgroup:

The Essential Health Benefits Rulemaking Advisory Committee

<http://www.oregon.gov/DCBS/Insurance/legal/committees-workgroups/Pages/essential-health-benefits/essential-health-benefits.aspx>

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Thank you,

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