

Major Medical Health Benefit Plans Standard Review Questions

1. What is the greatest financial loss and gain that the company believes is conceivable in 2020? 2021?
 - a. Please describe the nature, extent, and results of stress testing performed in developing the proposed rates.
 - b. How have these projections changed since last year's filing?
2. What was the average age factor for 2019 premiums? What are the initial age factors for 2020 premiums?
3. Describe the steps your company takes to ensure adequate access to care.
 - a. How do recent changes in networks affect current and near future profitability of this product? The company?
 - b. How do recent changes in networks affect anticipated enrollment in this product?
4. What impact, if any, has been included in the pricing assumptions in this rate filing?
5. Describe the steps your company takes to measure and improve quality of care.
6. How have members on discontinued plans been mapped to available plans?
7. Identify all products in the Supplemental Healthcare Exhibit subtotal appropriate for this Individual/Small Group filing. If you are using company historical data for your experience, please reconcile the premium and claim totals reported in the development of rate change with the corresponding totals in the Supplemental Health Care Exhibit, Part 1.
8. Identify which cost and quality measures are contributing to changes in reported costs on the Supplemental Healthcare Exhibit over the last 2 years.
9. Primary Care spending: As dictated in OAR 836-053-0473, identify the following information regarding the company's spending on primary care in the Primary Care Spending in Oregon Report (<http://www.oregon.gov/oha/HPA/CSI-PCPCH/Documents/SB-231-Report-2018-FINAL.PDF>):
 - a. Percentage of medical spending allocated to primary care. Identify if the company exceeds 12% in primary care spending.

- b. If (a) is less than 12%, please submit a plan to increase primary care spending by 1% per year.

10. What is the load to silver plan rates attributable to the non-payment of CSRs? How is this calculated?

Questions #11-14 refer to the impact of the coronavirus pandemic on the rate filings

11. Please provide any analysis the company has completed regarding the impact of coronavirus on this rate filing, separating the costs into the following categories:

- a. Screening (only for active cases as of 4/9/2020)
- b. Treatment and Hospitalizations
- c. Future medical breakthroughs (vaccination and screening for antibodies)

12. How do these costs impact 2020? What is the impact on 2021 premiums?

13. Has the company identified any long term effects of the pandemic, extending beyond the lifespan of the outbreak?

Questions #15-17 refer to the impact of “new Oregon mandates” on individual premiums. Note that these questions not due with the original filing, but will be due on 6/30/2020.

14. Please complete the following survey. For the following Oregon mandates, please identify which of the following were true:
- The benefit was not covered, and explicitly excluded from coverage for the majority of our company’s health plans prior to becoming a mandated benefit.
 - The benefit was not excluded, but the service or technology mandated were not readily available to members prior to becoming a mandated benefit.
 - The benefit was covered, but due to restrictions to access to care, or limitations in the total covered services, the benefit would be subject to denial prior to becoming a mandated benefit.
 - The benefit was covered, but due to cost sharing or network definitions, the benefit would have been unaffordable prior to becoming a mandated benefit.
 - The benefit was covered, but through a different service mechanism (for example: location of treatment)
 - The benefit was covered and affordable prior to becoming a mandated benefit. The mandate affects some other aspect besides coverage and affordability.
 - The benefit was covered. The mandate did not make any changes.

Benefit	Description	Eff Date
Applied Behavior Analysis (ABA)	Treatment for autism spectrum disorder	2014
Child Abuse Medical Assessments	Payment of assessments performed at community centers	2016
Colorectal Cancer Screenings	Specified screenings for insureds age 50+	2017
Craniofacial Anomalies	Services medically necessary to restore function	2013
Hearing Aids	One device per impaired ear	2017
Universal Home Visits	Coverage for home visits for well babies	2021
PreTelemedical Services	Must cover 2-way video services that would otherwise be covered through an office visit.	2016
Prosthetic and Orthotic Devices	Medically necessary devices	2017
Reproductive Health Services	Various coverage for services and procedures	2017
Proton Beam Therapy	New technology; cancer treatment	2020

15. For the benefits above, please provide total claims paid and covered members for the current experience period.
16. For the network mandate: “Disease Outbreak” Ch. 719, 2017 Oregon Laws (HB 3276) effective in 2017, please provide a detailed analysis of the potential Coronavirus costs anticipated by the company from out-of-network providers. (Note: as of 4/9/2020, this has not been invoked on coronavirus)