

2014 FHIAB Legislative Discussion

Compilation of Member provided input for discussion.

Coverage:

- Employee incentive/penalty be raised from the current 20% to 40% or 50% in regards to wellness/health insurance premiums. Employees who take care of themselves deserve more of an incentive and those that do not, should be heavily penalized.
- ACA does not require that small groups offer spouse or “dependent” coverage at all. (Please confirm). (Large groups must, but “spouse” is not defined as dependent). The reality however is that in the small group market carriers have never given small groups a choice not to offer spouse and “dependent” coverage. In the new environment, it would be advantageous to not have to offer dependent coverage in small group, because the offer of minimum value affordable coverage to an employee would then not affect the availability of a subsidy in the exchange for the spouse or “dependents” if otherwise eligible for a subsidy.
- Dependent Coverage
 - Need to remove criteria for dependent coverage such as support, residency and student status up to age 26 from current statute.
 - Criteria for ages 26-30 may continue to apply
- Mental health
 - Mental health parity (MHP) applies to the NGF individual and small group markets
 - Mental health is an essential benefit
 - Need to replace current MH statutes for individual, small and large group to comply with MHP and essential benefits
- Preventive Services
 - All NGF plans must cover preventive services at no cost share.
 - Need statutory authority to enforce new ACA requirement
 - Amend current mandates to apply to GF plans only (e.g., mammograms, osteoporosis, OB/GYN visit)
- Prohibition on lifetime and Annual limits
 - Need statutory authority to enforce new ACA requirement
- Comprehensive health insurance coverage requirements
 - Need statutory authority to enforce new ACA requirement applicable to NGF plans
 - This requirement consists of: essential benefits, small group deductible limits, out of pocket maximums and actuarial value

- Coverage for Participation in Approved Clinical Trials
Need statutory authority to enforce new ACA requirement applicable to NGF plans
- Grace period on exchange
Need statutory authority to enforce new ACA requirement
90 day grace period for subsidy eligible individuals
- Standard and Basic
FL requirement for insurers to offer small group standard and basic health plan.
ACA requires all small group plans to include essential health benefits.

Rating:

- ACA requires table rating in small groups, “unless the state requires” composite rating. Is it possible that Florida could that allow for small groups (over a certain size perhaps) to have a choice, as one carrier does now? If you have a small group, (say 15+), it is much more cumbersome to administer table rating.
- Rating
Need new statutes and regulations implementing the new rating rules for the NGF Individual and Small group

In 2014, premiums may only vary for NGF individual and small group by: family size, geography, tobacco use and age. Gender is no longer a permissible rating factor

Providers/Networks:

- Emergency Care (HMO)
The reimbursement for non-participating providers of emergency and services conflicts with payment rules under FL law. Statute should be revised to apply to GF only and section applicable to NGF should be included Definitions for Emergency Medical Conditions and Emergency Services should be revised to align with ACA definitions for NGF plans
- Choice of Health Care Professional; Access to Pediatric and Obstetrical and Gynecological Care Requirements
Need statutory authority to enforce new ACA requirement applicable to NGF plans
- Network Adequacy
Need statutory authority to enforce network adequacy requirements for PPO products
FL currently regulates EPO/HMO only, network adequacy review is required for QHP certification

- Essential Community Providers
 - QHPs must include an adequate number of Essential community providers (ECPs)
 - During certification the Exchange must collect information on inclusion of ECPs in provider networks and review for sufficiency.

Sales & Underwriting:

- An issue of great concern that needs to be addressed is the need for carriers to recognize individual coverage as a valid waiver, so small groups can stay in-force when they lose the more modestly- paid employees to the Exchange.
- Adjustment of the “dependent to age 30” requirement and the 25 hour rule. Some concerns expressed to me are with the 25 hour rule in small group (suggest 30 hrs), the dependent to age 30 rule in both small and large group (suggest age 26), and with carriers not recognizing individual coverage as a valid waiver (due to the number of employees exiting groups to purchase coverage in the Exchange, this could be devastating to a group's ability to meet participation. This has been addressed to some extent by the regulations, but not sufficiently to avoid problems.
- Pre-existing Condition and Exclusions
 - Pre-existing condition exclusions are prohibited except for GF individual plans
 - All references to pre-existing conditions should be limited to GF individual plans only
- Rescissions
 - FL statute needs to be amended to comply with ACA prohibition of rescissions except in the case of fraud or material misrepresentation FL law currently allows rescissions up to 2 years after issuance of the policies and after 2 years for fraud
- EPO certification upon application
 - Prior to or at time of sale insurer must obtain insured signature stating they received certain required information On Exchange, there will be no mechanism to obtain signature prior to sale Need to revise statute to accommodate Exchange business
- Agents and Brokers
 - In order to engage in the solicitation of insurance and entity must be a licensed agent. Individuals that purchase directly through the Exchange may not engage an agent prior to purchase. Statute may need to be amended to account for this situation
- Guaranteed Availability in Individual Market
 - Guaranteed Availability applies to individual market. Need statute similar to the small group statute 627.6699(5) for individuals.

- Prohibition on Discrimination Based on Health Status; Genetic Testing
Need statutory authority to enforce new ACA requirement.
- Open Enrollment and Special Enrollment Periods
Guaranteed availability proposed regulations at 45 CFR 147.104 attempt to align the open enrollment and special enrollment periods with those applicable to the exchange.
Need statutory authority to enforce the open enrollment and special enrollment periods off-exchange to prevent adverse selection issues.
- Outline of Coverage
ACA requires a Summary of Benefits and Coverage to be provided to all individuals at time of application. FL requires a outline of coverage to be provided to all individual policyholders with their contract. Outline of coverage requirement is redundant of Summary of Benefits and Coverage requirement and should be revised or eliminated.
- Conversion
Conversion rights and guaranteed availability rules are redundant based on the new ACA individual guaranteed availability rules that generally make all individual policies guaranteed issue.

Customer Service:

Internal and External Appeals: Need statutory authority to enforce new ACA requirement