Summary of Forms Review Process June 25, 2013

General:

- OHIC reviews and approves **forms**, the description of each product's benefits, network, and member cost sharing structure
    - OHIC reviews how the patient would access his or her benefits (cost structure, utilization review)
- New this year: OHIC must review a form for every plan, not just every carrier
    - Issuer (largest)
    - Product (several within issuers: HMO, PPO)
    - Plan (many; United Choice Plus, BCBSRI Vantage Blue)
- Same timeline as review of base rates

Key Criteria for Approval:

- Must include all Essential Health Benefits (EHBs)
    - Ten EHBs in check-list
    - Plus base benchmark plan standards (BCBSRI Vantage Blue)
- Must meet actuarial value requirements
    - Co-payment, co-insurance and deductible structures must meet AV as stated
    - How does patient cost sharing affect how the patient accesses his or her benefits?
- Must include other (non-EHB) state and federal mandates

Statistics:

- 134 total plans reviewed with a distinct rate (Individual, small group)
    - 10 On the Exchange only
    - 18 On and Off Exchange
    - 106 Off Exchange only
    - All issuers except Tufts have at least one plan submitted for sale on the Exchange; NHPRI has Exchange-only plans
    - Hoping to approve all as EHB-compliant plans
- Individual market: 13 total (12 on Exchange)
    - BCBSRI: 10 on and off, 1 off-only
    - NHPRI: 2 on-only
- Small Group market: 121 total (16 on Exchange)
    - BCBSRI: 8 on and off; 1 on-only; 17 off-only
    - NHPRI: 2 on-only
    - UHC: 5 on-only; 75 off-only
    - Tufts: 13 off-only