Carrier Request for Application (RFA)

1. INTRODUCTION

1.1. This is a Request for Application (RFA) from the Oregon Health Insurance Exchange Corporation (Cover Oregon) to health insurance carriers (Carriers) wishing to offer Cover Oregon-certified Qualified Health Plans (QHPs) and/or Stand Alone Dental Plans (SADPs) to Oregonians through the Federally Facilitated Marketplace (FFM) and/or Cover Oregon's Small Employer Program. Cover Oregon requests applications from two groups: Carriers currently participating in Cover Oregon and Carriers not currently participating.

1.2. Carrier approval occurs once every two years. This application will be the only opportunity that a Carrier will have to apply for participation in Cover Oregon until 2017 (for the plan year beginning in 2018). Cover Oregon reserves the right to change or amend this provision if there is a lack of participation.

1.3. Cover Oregon issues this RFA under the authority of ORS 741.001 to 741.540 and Enrolled House Bill 4164 (2012). The procedures for this RFA are governed by the Oregon Department of Justice Model Rules in OAR Chapter 137, Division 147, which may be found at http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_137/137_047.html. The Patient Protection and Affordable Care Act of 2010 (ACA) and Oregon Senate Bills 91 and 99 (2011) provide the regulatory framework for Cover Oregon certification requirements.

2. SUBMISSION INSTRUCTIONS & DEADLINES

2.1. Submission Document Requirements

2.1.1. Currently participating carriers

Carriers that are currently participating are asked to submit the Attestations in Attachment 1.

2.1.2. Incoming participants

Medical Carriers not currently participating are asked to submit the Attestations in Appendix 1 as well as the Questionnaire in Attachment 2. Dental Carriers are only required to submit the Attestations in Attachment 1.

2.1.3. All carriers will submit the Applicant Cover Sheet in Attachment 3.

2.1.4. Carriers must submit the required documents via email to kbutton@coveroregon.com no later than 5:00 p.m. PST on **February 13, 2015**. The subject line should be written as follows: [Carrier Name] RFA Submission. Fax, regular mail, and physical deliveries are not acceptable. You will receive an email confirming your submission.

2.1.5. **Important note:** Carriers who are selected to participate will be asked to submit the templates outlined in section 3.1.3.1. and follow the Oregon Insurance Division (OID) timelines related to plan and rate submissions. Those deadlines can be found in Attachment 4. Please be prepared to meet these deadlines if your application is approved.

2.2. Questions

2.2.1. All communications with Cover Oregon concerning this RFA must be directed only to the Sole Point of Contact (SPC), Katie Button, via email at kbutton@coveroregon.com. All communications shall be in writing, without

exception, to ensure fairness and for adequate record keeping of information. Cover Oregon will hold a conference call and/or publish materials to the website midway through the application period to answer any questions that have arisen.

2.2.2. Information regarding this RFA that applies to all Carriers will be posted here. Any additional information received in writing from the SPC is considered to be official. Any oral communications will be considered unofficial and non-binding.

2.2.3. Any communications, written or oral, that precede the official posting of this RFA are not official and binding unless reflected in this RFA or an addendum thereto.

2.3. Application Evaluation

2.3.1. Pass/Fail Approval of Carriers
After the Carrier submits an application, Cover Oregon will evaluate each application and confirm with OID that the Carrier meets state requirements for licensure and solvency, and is in good standing. Cover Oregon will then approve or disapprove the application.

2.3.2. The items listed below will be scored on a pass/fail basis.

2.3.2.1. Does the Carrier meet the federal minimum certification requirements?

2.3.2.2. Does the application comply with all application requirements?

2.3.3. Cover Oregon will award a Contract to any Carrier whose application is approved. The form of Contract will be a template that applies to all Carriers.

2.3.4. A Carrier must have a Contract with Cover Oregon in order to offer certified QHPs through the FFM.

2.3.5. All Carriers who submit an application in response to this RFA understand and agree that Cover Oregon is not obligated thereby to enter into a Contract with any Carrier and, further, has absolutely no financial obligation to any Carrier.

2.3.6. After a Carrier is approved to participate in the exchange, Cover Oregon will request a one page document from the Carrier in a format of the Carrier's choosing that provides consumers with an "introduction" to the Carrier. This document will be available on the Cover Oregon website for consumers searching for Carrier information.

2.4. Contract Award

2.4.1. General Information

2.4.1.1. Changes/Modification and Clarifications
When appropriate, Cover Oregon will issue revisions, substitutions, or clarifications as addenda to this RFA. Changes and modifications to the RFA shall be recognized *only* if in the form of written addenda issued by Cover Oregon and posted on the Cover Oregon website.

2.4.1.2. Reservation of Exchange Rights
Cover Oregon reserves all rights regarding this RFA, including, without limitation, the right to:

2.4.1.2.1. Amend or cancel this RFA without liability if it is in the best interest of Cover Oregon to do so;

2.4.1.2.2. Reject all applications received by reason of this RFA upon finding that it is in the best interest of Cover Oregon to do so;

2.4.1.2.3. Waive any minor informality;

2.4.1.2.4. Seek clarification of each application;

2.4.1.2.5. Amend or extend the term of any Contract that is issued as a result of this RFA; or

2.4.1.2.6. Reject any application upon finding that to accept the application may impair the integrity of the procurement process or that rejecting the application is in the best interest of Cover Oregon.

2.4.1.3. Protest of RFA

Subject to OAR 137-047-0730, any prospective Carrier may submit a written protest of the procurement process or this RFA no later than February 1, 2015. Any written protest to the procurement process or this RFA shall be sent to the SPC at kbutton@coveroregon.com and shall contain the following information:

2.4.1.3.1. Sufficient information to identify the solicitation that is the subject of the protest;

2.4.1.3.2. The grounds that demonstrate how the procurement process is contrary to law or how the solicitation document is unnecessarily restrictive, is legally flawed or improperly specifies a brand name;

2.4.1.3.3. Evidence or supporting documentation that supports the grounds on which the protest is based;

2.4.1.3.4. The relief sought; and

2.4.1.3.5. A statement of the desired changes to the procurement process or the RFA that the will remedy the conditions upon which the prospective Carrier based its protest.

2.4.1.4. Protest of Application Selection

Every Carrier shall be notified of its application selection status. A Carrier shall have 7 calendar days after the date of the notice of application selection status to submit a written protest to Cover Oregon. Award protests must meet the requirements of ORS 279B.410 to be considered. Cover Oregon will not consider any protests that are received after this deadline.

2.4.1.5. Modification or Withdrawal

2.4.1.5.1. Modifications: A Carrier may modify its application in writing prior to the date the applications are due. A Carrier must prepare and submit any modification to its application to the SPC at kbutton@coveroregon.com.

2.4.1.5.2. Withdrawals: A Carrier may withdraw its application by written notice, signed by an authorized representative of the Carrier, sent to the SPC at kbutton@coveroregon.com.

2.4.1.6. Release of Information

No information shall be given to any Carrier (or any other individual) relative to their standing during the RFA process. The information in the application may be shared with Cover Oregon, the Insurance Division, CMS, and those persons involved in the review and evaluation of the application information at the request of Cover Oregon.

2.4.1.7. Public Information

2.4.1.7.1. After the application has been evaluated and the Carrier notified of the outcome, Cover Oregon's RFA file is subject to public disclosure in accordance with OAR 137-047-0630, and the Oregon Public Records Law (ORS 192.410–192.505).

2.4.1.7.2. Any person may request copies of public information. However, copies of applications will not be provided until the evaluation process has been closed and the notice of intent to award has been issued. Requests for copies of public information shall be in writing. Requestors will be charged according to the current policies and rates for public records requests in effect at the time Cover Oregon receives the written request for public information. Fees, if applicable, must be received by Cover Oregon before the records are delivered to the requestor.

3. QHP/SADP SUBMISSION AND CERTIFICATION REQUIREMENTS

3.1. Benefit and Rate Submission Information

3.1.1. Benefit Approval

Carriers will submit plan and form filings with the Oregon Insurance Division (OID) for each plan they wish to have certified by Cover Oregon. OID will determine the following:

3.1.1.1. The plan provides the essential health benefits that are required by federal law and approved by the federal Department of Health and Human Services;

3.1.1.2. The plan meets the actuarial value of the tier ascribed to it; and

3.1.1.3. The plan meets all other insurance regulations as required by state and federal law.

3.1.2. Rate Approval

Carriers will submit their rate filings to OID for each plan they wish to have certified by Cover Oregon. OID will use its regular rate review process to evaluate and approve/disapprove rates and will provide Cover Over with the approved rates. Carriers wishing to certify small employer dental plans will submit rates to OID, but these rates will not be subject to OID review or approval. Rates filed for each QHP and SADP must include a single age band of 0-20 for child coverage.

3.1.3. Plan and Rate Data Submission Requirements

3.1.3.1. Carriers will submit plan data and rate data through SERFF. Carriers will submit the following documents:

3.1.3.1.1. Administrative Data Template

3.1.3.1.2. Plan and Benefits Template

3.1.3.1.3. Prescription Drug Template (QHP only)

3.1.3.1.4. Network Template

3.1.3.1.5. Service Area Template

3.1.3.1.6. Essential Community Provider Template

3.1.3.1.7. Rate Data Template

3.1.3.1.8. Unified Rate Review Template (URRT) (QHP only)

3.1.3.1.9. Actuarial Memorandum (QHP only)

3.1.3.1.10. Actuarial Value Supporting Documentation and Justification (SADP only)

3.1.3.1.11. Summary of Benefits and Coverage (SBC) (QHP only)

3.1.3.1.12. Program Attestations

3.1.3.1.13. This list may have additional items after CMS finalizes submission requirements in early 2015.

3.1.3.2. Carriers will adhere to filing deadlines set by OID (Attachment 4)

3.1.3.3. After rates and benefits have been approved by OID, Cover Oregon will transfer plan data to the FFM via the Health Insurance Oversight System (HIOS). Carrier will be responsible for reviewing data in HIOS's Plan Preview function prior to its display on the FFM.

3.2. QHP/SADP Certification Requirements

The Patient Protection and Affordable Care Act of 2010 (ACA) and Oregon Senate Bills 91 and 99 (2011) provide the regulatory framework for Cover Oregon certification requirements.

3.2.1. Licensure and Solvency

Carriers offering a qualified health plan will be licensed and in good standing to offer health insurance coverage in Oregon.

3.2.2. Market Participation

Carriers may participate in either the individual market, small employer market, or both.

3.2.3. Benefit Design Standards

Each plan will comply with the benefit design standards required by the ACA, including the cost sharing limits, actuarial value requirements, and federally approved Oregon-specific essential health benefits.

3.2.4. Plan Requirements and Limitations

3.2.4.1. Carriers offering QHPs will offer a standard plan (as required by Senate Bill 91 [2011]) in the bronze and silver tiers. Per OAR 945-020-0020, Cover Oregon requires each participating Carrier to offer a standard plan in those tiers, as well as in the gold tier, in each service area of each Exchange market – Individual or Small Employer – in which it participates. OID has established the benefit design of these standard plans, including the gold plan.

3.2.4.2. Each Carrier may offer four additional, non-standard QHPs per metal tier, per service area.

3.2.4.3. Each Carrier can design its platinum QHP offerings as long as the plans include the essential health benefits and meet the appropriate actuarial value. Carriers may offer no more than five platinum plans per service area.

3.2.4.4. Catastrophic QHPs may only be sold to specific populations stipulated in the ACA – people under age 30 at the start of the plan year, people for whom coverage is considered "unaffordable" under 5000A(e)(1) of the Internal Revenue Code (IRC), and people with a "hardship" under

5000A(e)(5) of the IRC. Each Carrier participating in the individual market may offer one catastrophic plan per service area.

3.2.4.5. Each carrier may offer three SADP plans per tier (high and low), per service area.

3.2.5. Cost-Sharing Reductions – Individual Market QHPs Only

3.2.5.1. Carriers will reduce the enrollee cost-sharing levels in silver-level qualified health plans sold to individuals with household income below 250 percent of the federal poverty level (FPL). These reductions are to be achieved primarily by reducing maximum out-of-pocket limits. Carriers will use the standard cost-sharing reductions created for the standard silver plan.

3.2.5.2. Carriers will also eliminate enrollee cost sharing for American Indians and Alaskan Natives with income up to 300 percent of the FPL. The federal government (IRS) will reimburse Carriers for costs associated with reduced or eliminated enrollee cost sharing. Cover Oregon will not participate in the Carrier's relationship with the IRS, but will provide information to the Carrier and IRS regarding an enrollee's eligibility for cost sharing reductions and federal premium tax credits.

3.2.6. Network Adequacy

3.2.6.1. A Carrier offering a qualified health plan will ensure that the provider network of each qualified health plan meets federal standards that include, but are not limited to the following:

3.2.6.2. Includes essential community providers (such as federally qualified health centers, tribal centers or Indian health centers and clinics, and other organizations that qualify for special pricing for prescription drug manufacturers),

3.2.6.3. Maintains a network large and diverse enough to provide all services without an unreasonable delay (and includes providers that specialize in mental health and substance abuse services),

3.2.6.4. Is consistent with the network adequacy provisions of section 2702(c) of the Public Health Services Act.

3.2.7. Accreditation

The Carrier will be accredited for Exchange participation by either NCQA or URAC by July 15, 2016, and will provide Cover Oregon a copy of its most recent accreditation survey, together with any survey-related information that the federal Department of Health and Human Services may require, such as corrective action plans and summaries of findings.

4. EXPECTED CARRIER ACTIVITIES

The statement of work contained in the contract between currently participating Carriers and Cover Oregon can be found in Attachment 5. At this time, the activities contained therein are expected to be similar to the work Carrier will perform in 2016.

LIST OF ATTACHMENTS

Attachment 1
Attestation Form

Attachment 2
Questionnaire Form

Attachment 3
Applicant Cover Sheet

Attachment 4
Oregon Insurance Division Plan Submission Timeline

Attachment 5
Statement of Work – Medical and Dental

QHP/SADP
Carrier Attestation Form

Instructions

For each attestation below, carrier will check ***"yes,"*** or ***"no."*** If you answer "no" an explanation must be provided. No explanation should be provided for a "yes" answer.

If desired, documents may be uploaded in lieu of a written explanation. Document title must be added in explanation text field. Documents must be clearly labeled to indicate the corresponding question.

Carrier must respond to all attestations.

Carrier Agrees to Work Collaboratively with the Exchange in Key Areas

1. Carrier will perform the following functions related to Cover Oregon and CMS:
   - Consumer dispute resolution
   - Plan data submission and display
   - System integration with the Federally Facilitated Marketplace
   - Member communications regarding exchange issues and instructions

   ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Federal Minimum Certification Requirements

As a condition of participation in Cover Oregon, health insurance carriers must agree to comply with the federal minimum certification requirements. These requirements are taken from the Patient Protection and Affordable Care Act and the related federal regulations promulgated by HHS in 45 CFR, Parts 155 and 156. This section highlights some the major requirements. ***It is not intended to be a complete list of federal certification requirements.***

Licensure and Solvency

2. The carrier will be licensed and in good standing to offer health and/or dental insurance coverage in the state of Oregon.

   ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Marketing

3. The carrier and its officials, employees, agents, and representatives will (a) comply with any applicable state laws and regulations regarding marketing by health insurance carriers; and (b) not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs or SADPs.
   ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Accreditation

4. The carrier will receive exchange accreditation by either URAC or NCQA by July 15, 2016. The carrier will authorize the accrediting entity to release to the Exchange and HHS a copy of its most recent accreditation survey, together with any survey-related information that HHS may require, such as corrective action plans and summaries of findings. **Dental carriers, select NA.**
   ❑ Yes ❑ No ❑ NA

If you checked ***"no,"*** explain below *(1,000 character limit):*

Quality Improvement Strategies, Quality Reporting, and Enrollee Satisfaction

5. The carrier will implement and report on a quality improvement strategy or strategies consistent with the standards of §1311(g) of the Affordable Care Act (ACA), disclose and report information on health care quality and outcomes described in §1311(c)(1)(H) and (I) of the ACA, and implement appropriate enrollee satisfaction survey consistent with §1311(c)(4) of the ACA. **Dental carriers, select NA.**
   ❑ Yes ❑ No ❑ NA

If you checked ***"no,"*** explain below *(1,000 character limit):*

Fees and Assessments

6. The carrier shall remit fees to the Exchange pursuant to an agreed upon schedule.
   ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Plan Offerings

7. The carrier will offer through the Exchange at least one standardized QHP in the **Bronze, Silver,** and **Gold** coverage levels. **Dental carriers, select NA.**
   ❑ Yes ❑ No ❑ NA

If you checked ***"no,"*** explain below *(1,000 character limit):*

8. ***Child-only plans.*** The Carrier will include a rate band for ages 0-20 to accommodate the ACA's child-only plan requirement.
   ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Cost-Sharing Reductions

9. The ACA (§1402) requires carriers to reduce the cost-sharing levels in Silver-level QHPs sold to individuals with household income below 250 percent of the Federal Poverty Level (FPL). These reductions are to be achieved primarily by reducing maximum out-of-pocket limits, and then by reductions in other forms of cost sharing. **Dental carriers, select NA.**

   ❑ Yes ❑ No ❑ NA

If you checked ***"no,"*** explain below *(1,000 character limit):*

Enrollment Management

The carrier will:

10. Enroll a qualified individual during the annual open enrollment periods described in §155.410(b) and (f), and abide by the effective dates of coverage established by Cover Oregon or the Federally Facilitated Marketplace.

    ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

11. Make available, at a minimum, special enrollment periods described in §155.420(d) and abide by the effective dates of coverage established by Cover Oregon or the Federally Facilitated Marketplace.

    ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Risk Adjustment

12. The carrier will comply with the requirements of the three risk management programs. **Dental carriers, select NA.**
❑ Yes ❑ No ❑ NA

If you checked ***"no,"*** explain below *(1,000 character limit):*

Small Employer Product Line Standards

Enrollment Timeline and Process

Carriers offering a small employer plan through the Cover Oregon will:

13. Provide new enrollees with an enrollment packet. ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

14. Report on SHOP enrollment monthly. ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

15. Enroll all qualified employees consistent with the plan year of the applicable employer. ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Network Adequacy

The Carrier will ensure that the provider network of each of its plans is available to all enrollees and meets the following standards:

16. Includes essential community providers in accordance with §156.235. ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

17. Maintains a network that is sufficient in number and types of providers to ensure that all services will be accessible without unreasonable delay.

❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

18. Is consistent with the network adequacy provisions of section 2702(c) of the Public Health Services Act. ❑ Yes ❑ No

If you checked ***"no,"*** explain below *(1,000 character limit):*

Submission Information

Carriers must submit the attestation and questionnaire responses via e-mail to kbutton@coveroregon.com no later than *5 p.m. PST on February 16, 2016.* Please make sure the e-mail subject line reads: **[CARRIER NAME] RFA Submission.** The attestation must be complete and include complete responses. ***Fax, regular mail, and physical deliveries are not acceptable.*** You will receive an e-mail confirming your submission.

By submitting this attestation, I certify that the information contained herein is true and correct to the best of my knowledge.

Name of person submitting attestation: _____Date: _____

Qualified Health Plan RFA
Carrier Questionnaire

Instructions

This questionnaire identifies the Patient Protection and Affordable Care Act (ACA) requirements that must be met by the carrier prior to the time a contract is finalized between the Exchange and the carrier. Please respond to each question stating what your current process is to meet the requirements.

If the space alloted does not allow you to completely answer the question, additional documentation may be uploaded. The document title must be added in the explanation text field. Documents must be clearly labeled to indicate the corresponding question.

Transparency

Transparency *— ORS §741.001(c): "Empower Oregonians by giving them the information and tools they need to make health insurance choices that meet their needs and values."*

The Exchange seeks to empower Oregonians by providing the information and tools customers need to make good choices, and be informed about their coverage.

1. Please describe in the space provided below how you provide enrollees with timely information on plan benefits and cost sharing, provider networks and changes, including the steps necessary for a member to locate this information on your website.

2. How do you communicate important information about your health benefit plans and company policies in a culturally and linguistically appropriate manner with members?

Quality

Quality *— ORS §741.001(d): "Improve health care quality and public health, mitigate health disparities linked to race, ethnicity, primary language and similar factors…"*

In order to participate in the Exchange, carriers are required to implement and report on a quality improvement strategy or strategies consistent with §1311(g) of the Affordable Care Act (ACA). Under §1311(g), a strategy is a payment structure that provides increased reimbursement or other incentives for:

- Improving health outcomes through the implementation of activities that shall include quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, including through the use of the medical home model, for treatment or services under the plan or coverage;
- Prevention of hospital readmissions through the implementation of activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;
- Implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage;
- Implementation of wellness and health promotional activities; and
- Implementation of activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings.

3. Please describe your experience with the quality improvement strategies outlined in the ACA §1311(g). Specifically, tell us about any strategies that are built into your existing plans. Additionally, please describe your company's current cost saving activities and how those will change with strategies around care coordination, as well as how those payment models will be represented.

4. Have you evaluated the impact and overall effectiveness of these quality improvement strategies? If so, please describe the methodology that was used to evaluate the efficacy of these strategies, and the evaluation findings.

5. Please describe the specific health quality improvement strategies you will include through the use of the Medical Home model and activities to reduce health and health disparities as part of the plans you want to offer through the Exchange.

Access

Access *– ORS §741.001(d): "…ensure access to affordable, equitable, and high-quality health care throughout the State.*

6. It is estimated that a large number of individuals will gain access to affordable health insurance through the exchange. Given the influx of a significant number of newly insured Oregonians, how does your company propose to ensure these newly insured have access to the type of health care providers they need?

7. Are there communities within your geographic service area that rely heavily on essential community providers and would benefit from expanded contracts with such providers? Do you currently include essential community providers in your health benefit plan networks? If not, how and when do you plan to contract with them in the future?

8. Please describe your referral process and prior authorization process when the Indian Health Services or Tribal 638 facility is not a participating panel provider.

Submission Information

Carriers must submit the attestation and questionnaire responses via e-mail to kbutton@coveroregon.com no later than *5 p.m. PST on February 16, 2015.* Please make sure the e-mail subject line reads: **[CARRIER NAME] RFA Submission.** The questionnaire must be complete and include complete responses. ***Fax, regular mail, and physical deliveries are not acceptable.*** You will receive an e-mail confirming your submission.

By submitting this questionnaire, I certify that the information contained herein is true and correct to the best of my knowledge.

Name of person submitting questionnaire:_____Date: _____

Attachment 3

Applicant Cover Sheet

Carrier Information

Carrier legal entity name (per Oregon Certificate of Authority): _____

Carrier Assumed Business Name in Oregon (if different): _____

Form of legal entity (business corporation, nonprofit corporation, etc.): _____

Certificate of Authority # ___ in Oregon as □ health care service contractor, or □ health insurance company

NAIC Company Code Number: _____

State of domicile: _____

Primary Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Name and title of the person(s) authorized to represent the Carrier and sign any Contract that may result:

Name: _____ Title: _____

By signing this page and submitting an Application, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Carrier to induce any other person or organization to submit or not submit an Application.
2. Carrier does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Carrier or will Carrier discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.
3. Information included in this Application shall remain valid until a Contract is approved.
4. Statements contained in this Application are true and, so far as is relevant to the Application, complete. Carrier accepts as a condition of the Contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations.
5. The undersigned recognizes that this is a public document and will become open to public inspection, except as described in Section 7.8.
6. Carrier confirms that it has followed the instructions provided and has identified any deviations from specifications within its response. Carrier confirms that any instructions or specifications that it felt were unclear have been questioned in advance of this Application.
7. Carrier acknowledges receipt of all addenda issued under this RFA.

8. If Carrier is awarded a Contract as a result of this RFA, the Carrier will be required to complete, and will be bound by, a Contract described in this RFA. Carrier will agree to the RFA sample contract terms and conditions, except to the extent Carrier has timely requested a change or clarification or filed a protest in accordance with the RFA.

9. Carrier and its Affiliates complied with the Code of Conduct in Section 7.15 of the RFA in connection with the RFA.

Signature: _____ Title: _____ Date: _____

Oregon Insurance Division
P.O. Box 14480
Salem, Oregon 97309-0405
503-947-7980

Date: December 19, 2014
To: All Issuers selling health benefit and pediatric dental plans
Re: 2016 filing deadlines

In order to meet Center for Medicaid and Medicare Services' (CMS's) deadlines for final plan data submission, the Oregon Insurance Division (OID) has prepared the following timeline for submission of form, rate, and binder filings. The filing deadlines apply to health benefit plans and exchange certified pediatric dental offered on-exchange and off-exchange. Dental products that will not be exchange certified are not required to follow this timeline.

OID doesn't anticipate any major changes to the timeline, however, we will respond accordingly to changes in federal due dates. The timeline anticipates a CMS deadline of July 20, 2015 for submission of revised plan data. The OID also assumes that the templates, out-of-pocket maximums, and AV calculator will be available by the end of March.

	Feb. 13	Feb. 16	Mar. 6	Mar. 16	Apr. 15	May 4	July 10 8:00 A.M.	July 20	Oct. 1
OID Filing Deadlines	2016 Small group medical forms due	2016 Dental forms due • Individual • Small Group	2016 Individual medical forms due	2016 Individual dental rates due	2016 Medical rates due • Individual • Small Group	2016 Medical binders due • Individual • Small Group 2016 Dental binders Due • Individual • Small Group	Carriers submit revised rate and plan templates and documents in binder filings by 8:00 A.M. Binders Closed	CMS binder lock	Open Enrollment Begins

EXHIBIT A
Statement of Work

1. BACKGROUND

1.1 Mission

The mission of Cover Oregon™ is to improve the health of all Oregonians by providing health coverage options, increasing access to information, and fostering quality and value in the health care system. Cover Oregon is a Supported State-Based Marketplace (SSBM) that will certify Stand Alone Dental Plans (SADPs) and coordinate with Carriers and the Federally Facilitated Marketplace (FFM) to facilitate the offering of those plans to Oregonians.

1.2 Cover Oregon Customer Groups – Cover Oregon will coordinate with Carriers and the FFM to offer SADPs to two customer groups.

1.2.1 *Qualified Individuals*

Qualified Individuals will use FFM technology to apply for, and enroll in, Cover Oregon-certified SADPs and receive tax credits, if applicable.

1.2.2 *Small Employers*

Small Employers who purchase a Cover Oregon-certified SADP directly from a Carrier are eligible for federal tax credits.

2. STATE AND FEDERAL REQUIREMENTS

2.1 Carrier will comply with the applicable provisions of:

2.1.1 The Affordable Care Act (ACA);

2.1.2 Oregon Exchange Laws and Regulations;

2.1.3 Oregon Insurance Laws and Regulations; and

2.1.4 Any other state and federal laws and regulations that govern Carrier's participation in the Oregon Health Insurance Exchange and the FFM, including but not limited to those laws mentioned in Exhibit B: Standard Terms and Conditions.

2.2 Carrier will not, with respect to its SADPs, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation. Carrier will not have marketing practices or benefit designs that will discourage the enrollment of Individuals with significant health needs in its SADPs.

3. DEFINITIONS

The following are definitions as they apply to this Contract:

3.1 "Affordable Care Act" or "ACA" means the provisions of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), applying to Cover Oregon and/or Carrier, together with any interim or final federal regulations implementing these ACA provisions.

3.2 "American Indian/Alaska Native" means an Indian as defined in section 4(d) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(d)).

3.3 "Benefit Design Standards" means coverage that provides for all of the following:

3.3.1 The Essential Health Benefits (EHBs) adopted by the State of Oregon pursuant to 45 CFR part 156 and section 1302(b) of the ACA;

3.3.2 Cost-Sharing as described in 45 CFR 156.130; and

3.3.3 A bronze, silver, gold, or platinum Level of Coverage as described in section 1302(d) of the Affordable Care Act, and (except for platinum coverage) in ORS 743.822 and Exhibit 1 to OAR 836-100-0200;

3.4 "Carrier" means an insurer as defined in ORS 731.106 that offers health insurance, or a health care service contractor as defined in ORS 750.005, that has a certificate of authority from the Oregon Insurance Division (OID) to engage in the business of health insurance in Oregon and that is subject to Oregon law that regulates health insurance.

3.5 "Certification" means the certification of a Health Plan by Cover Oregon, authorizing Carrier to sell the Health Plan through Cover Oregon as a SADP.

3.6 "CMS" means the federal Center for Medicare and Medicaid Services.

3.7 "Cost-Sharing" means any expenditure required by, or on behalf of, an Individual with respect to EHBs; Cost-Sharing includes deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and non-covered services.

3.8 "Cover Oregon" means the health insurance exchange administered by the Oregon Health Insurance Exchange Corporation in accordance with ORS 741.310.

3.9 "Decertification" means the removal of a SADP's Certification, making it ineligible for sale through Cover Oregon.

3.10 "Dental Plan" means a Health Plan offered in Oregon that offers a limited scope of dental benefits.

3.11 "Employee" has the meaning given to the term in ORS 652.310.

3.12 "Essential Health Benefits (EHBs)" the Essential Health Benefits, under 42

U.S.C. 18022 or pursuant to a waiver granted under 42 U.S.C. 18052 that have been adopted by the State of Oregon pursuant to 45 CFR part 156 and approved by CMS. EHBs must include items and services within at least the following ten categories:

3.13.1 Ambulatory Patient Services;

3.13.2 Emergency Services;

3.13.3 Hospitalization;

3.13.4 Maternity and Newborn Care;

3.13.5 Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment;

3.13.6 Prescription Drugs;

3.13.7 Rehabilitative and Habilitative Services and Devices;

3.13.8 Laboratory Services;

3.13.9 Preventive and Wellness Services, and Chronic Disease Management; and Pediatric Services, including Oral and Vision Care.

3.14 "Federally Facilitated Marketplace" or "FFM" means the exchange operated by the federal government that determines eligibility and enrolls individuals in SADPs via healthcare.gov.

3.15 "Health Plan" means health insurance coverage subject to regulation by the Oregon Insurance Division.

3.16 "Individual Plan" means a SADP for Qualified Individuals and their families.

3.17 "Individual Product Line" means SADPs sold to Qualified Individuals and their families.

3.18 "Insurance Producer" or "Producer" means a person required to be licensed under the laws of the state to sell, solicit or negotiate insurance per ORS 731.104. Cover Oregon may use the more common term "Agent".

3.19 "Open Enrollment" means the period when Individuals and Employees may choose to enroll in SADPs for the upcoming Plan or Policy Year.

3.20 "Oregon Exchange Laws" refers to laws of the state of Oregon pertaining to the establishment and operation of the Oregon Health Insurance Exchange Corporation. The term includes, but is not limited to:

3.20.1 Oregon Senate Bill 99 enrolled (2011), Chapter 415 of 2011 Oregon Laws;

3.20.2 Oregon House Bill 4164 enrolled (2012), Chapter 38 of 2012 Oregon Laws;

3.20.3 ORS chapter 741; and

3.20.4 Any administrative rules of the Oregon Health Insurance Exchange Corporation or the Oregon Health Authority applying to Cover Oregon;

3.21 "Oregon Health Insurance Exchange Corporation" means the public corporation established by ORS 741.001.

3.22 "Oregon Insurance Division" or "OID" means the Insurance Division of the Oregon Department of Consumer and Business Services (DCBS).

3.23 "Oregon Insurance Laws" means:

3.23.1 If Carrier is an insurance company, the Insurance Code as defined in ORS 731.004, or if Carrier is a health care service contractor within the meaning of ORS 750.005, the portions of the Insurance Code that ORS 750.055 applies to health care service contractors; and

3.23.2 All administrative rules and Bulletins of OID implementing or interpreting the laws described in the preceding paragraph.

3.24 "Plan Year" means a consecutive 12-month period during which a Small Employer Product Line SADP provides coverage for health benefits. A Plan Year may be a calendar year or otherwise.

3.25 "Policy Year" means a calendar year for which an Individual Product Line SADP provides coverage for health benefits.

3.26 "Qualified Employer" means a Small Employer that elects to make, at a minimum, all full-time employees eligible for one or more SADPs in the small group market offered through the Small Employer Product Line.

3.27 "Qualified Health Plan" or "SADP" means a Health Plan that has have been approved by OID as meeting the requirements of the Insurance Code, that complies with the Benefit Design Standards of Cover Oregon, and that is currently certified by Cover Oregon.

3.28 "Qualified Individual" or "Individual" means, with respect to an exchange, a person who has been determined eligible to enroll through Cover Oregon in a SADP in the individual market through the Individual Product Line.

3.29 "Recertification" means the process of submitting a certified SADP for certification for the upcoming calendar year.

3.30 "Small Employer" has the meaning given to the term under the ORS 743.730.

3.31 "Small Employer Plan" means a QHP issued to a Small Employer.

3.32 “Small Employer Product Line” means the Small Business Health Options Program (SHOP) operated by Cover Oregon through which small employers may request confirmation of their participation in a Cover Oregon-certified medical plan from a participating carrier that may make them eligible for a Small Business Health Care Tax Credit.

3.33 “Supported State-Based Marketplace” or “SSBM” means an exchange where QHPs are certified and monitored by the state and eligibility for Qualified Individuals is determined, and enrollment completed, through the FFM.

3.34 “Stand-Alone Dental Plan” or “SADP” means a Dental Plan that has been approved by OID as meeting the requirements of the Insurance Code, that complies with the Benefit Design Standards of Cover Oregon, and that is currently certified by Cover Oregon.

4. BENEFIT DESIGN STANDARDS AND SADPs

4.1 **Benefit Design** – Benefit Design – Carrier shall ensure that each of its SADPs complies with the Benefit Design Standards required by the ACA (Section 1302), including the actuarial value requirements and the dental component of federally approved EHBs.

4.2 All SADPs must offer, at minimum, the dental component of federally approved EHBs.

4.3 SADPs must meet an Actuarial Value of 70% or 85%, plus or minus 2%.

4.4 Pediatric Dental EHBs in an SADP will be held to a separate out of pocket maximum that does not cross-accumulate to an enrollee’s QHP.

4.5 Carrier may offer up to three SADPs in the Individual Product Line, and up to three SADPs in the Small Employer Product Line.

4.6 Carrier may submit up to ten additional Dental Plans for Certification by Cover Oregon to offer outside Cover Oregon.

5. SADP CERTIFICATION

5.1 SADP Submission Process

5.1.1 Carrier will submit form and plan and rate filings to OID for each proposed SADP it wishes to offer through Cover Oregon. SADP Certification by Cover Oregon is dependent upon forms, plans, and rates being approved for sale by OID.

5.1.2 Carrier shall submit its rate filings with OID for each SADP it wants to offer through Cover Oregon. OID will use its regular rate review process to evaluate and approve or disapprove rates for the Individual Product Line and will provide Cover Oregon with the approved rates for SADPs from Carrier.

5.1.3 General Rate Requirement – Carrier shall set rates for the Individual Product Line for an entire Policy Year. For the Small Employer Product Line, Carrier may adjust rates on a quarterly basis.

5.1.4 Rate and Benefit Submission – Carrier shall submit rate and benefit information to OID. Carrier shall submit a benefit summary in PDF form for each Dental Plan when Dental Plans are submitted to OID for review.

5.2 Cover Oregon Certification Requirements

If Carrier meets the following Certification requirements, Cover Oregon will issue SADP Certification:

- Dental Plan is approved by OID and includes ACA and EHB requirements;
- A corresponding benefit summary is submitted with each Dental Plan;
- A one-page company overview has been submitted;
- Carrier and Cover Oregon have executed this Contract.

6. SADP Recertification

6.1 Cover Oregon will provide Carrier with a timeline of the Recertification process. Carrier will notify Cover Oregon of any SADPs it does not wish to renew prior to the beginning of the Recertification process.

6.2 Carrier will follow SADP Submission Process as outlined in section 5.1 for all SADPs it wishes to recertify.

7. LOSS OF CERTIFICATION

7.1 Expiration of Certification, Per CFR 45 156.290

If Carrier elects not to seek Recertification with Cover Oregon, Carrier shall:

7.1.1 fulfill its obligation to cover benefits for each enrollee through the end of the Plan or Policy Year;

7.1.2 Fulfill data reporting obligations from the last Plan or Policy Year of the Certification;

7.1.3 Provide written notice to each subscriber; and

7.1.4 Provide Cover Oregon with information on similarities between discontinued SADPs and proposed SADPs at the time proposed SADPs are submitted to OID.

7.2 Cover Oregon Decertification of SADPs, Per CFR 45 155.1080 and CFR 45 156.290

7.2.1 Cover Oregon may at any time decertify an SADP if Cover Oregon determines that the SADP is no longer in compliance with Cover Oregon's Certification criteria.

7.2.2 Cover Oregon will establish a process for Carrier to appeal the Decertification of a SADP.

7.2.3 Upon Decertification of an SADP, Cover Oregon will provide notice of Decertification to all affected parties, including:

7.2.3.1 Carrier;

7.2.3.2 Cover Oregon enrollees in the SADP before the next enrollment opportunity occurs;

7.2.3.3 CMS; and

7.2.3.4 OID.

7.3 In the event a Decertification is the result of Carrier's inability to continue to offer coverage, Carrier shall not terminate coverage before giving notice to enrollees including information that displaced enrollees will be given a special enrollment period to allow them to enroll in new SADPs.

7.4 Cover Oregon may at any time decertify a SADP if Cover Oregon determines that the SADP is no longer in compliance with Cover Oregon's Certification criteria.

7.4.1 Cover Oregon will establish a process for Carrier to appeal the Decertification of a SADP.

7.4.2 Upon Decertification of a SADP, Cover Oregon will provide notice of Decertification to all affected parties, including:

7.4.2.1 Carrier;

7.4.2.2 Cover Oregon Enrollees in the SADP before the next enrollment opportunity occurs;

7.4.2.3 CMS; and

7.4.2.4 OID.

7.4.3 In the event a Decertification is the result of Carrier's inability to continue to offer coverage, Carrier will not terminate coverage before giving notice to enrollees, including information that displaced enrollees will be given a special enrollment period to allow them to enroll in new SADPs.

8 STAFFING

8.4 Carrier will identify key staff as primary Cover Oregon contact(s) responsible for oversight of Carrier's SADPs and will provide Cover Oregon with the name and contact information of relevant staff.

8.5 Carrier will provide and maintain direct communication with Cover Oregon staff in performing this Statement of Work.

8.6 Cover Oregon will identify and provide contact information for key staff who will work with Carrier.

9 AMERICAN INDIAN AND ALASKA NATIVE REQUIREMENT

9.1 Carrier will comply with all federal laws and regulations applicable to Carrier specific to American Indians and Alaska Natives (AI/AN) in the ACA and other federal laws and regulations, including but not limited to:

9.1.1 Monthly enrollment periods for AI/AN enrolled through Cover Oregon;

9.1.2 Health programs operated by the Indian Health Services, Indian tribes, tribal organizations, and Urban Indian organizations will be the payer of last resort for services provided by such programs, notwithstanding any federal, state, or local law to the contrary; and

9.1.3 Compliance with Indian Health Care Improvement Act Sections 206 [25 U.S.C. §1621e] and 408 [25 USC § 1647a].

9.2 Carrier is encouraged to offer to contract with all Indian health providers in Carrier's service areas as in-network providers.

9.3 If Carrier contracts with a Federally Recognized Tribe or Indian health provider, Carrier will notify Cover Oregon of this relationship.

10 ADMINISTRATIVE CHARGE

10.1 Carrier will remit an Administrative Charge.

10.2 Cover Oregon will assess Carrier on a monthly basis for the Administrative Charge. Carrier will be assessed based on enrollment numbers provided to Cover Oregon by the FFM. The Charge will be assessed on the 10th business day of each month following receipt of enrollment numbers. The assessment shall be calculated as set forth in OAR 945-030-0030. Carrier will submit payment as billed via EFT to Cover Oregon no later than the last business day of the billed month. Cover Oregon will adjust any discrepancies identified by either party in the following month's assessment.

10.3 Per OID, if Carrier offers Plans both inside and outside Cover Oregon, the Administrative Charge is considered part of the total administrative expense that is used to set premium rates which will be the same inside and outside Cover Oregon (OAR 863-053-0471(3)(a)). Therefore, Carrier may not allocate the Cover Oregon Administrative Charge only to those policyholders who purchase through Cover Oregon.

EXHIBIT A
Statement of Work

1. BACKGROUND

1.1 Mission

The mission of Cover Oregon™ is to improve the health of all Oregonians by providing health coverage options, increasing access to information, and fostering quality and value in the health care system. Cover Oregon is a Supported State-Based Marketplace (SSBM) that will certify Qualified Health Plans (QHPs) and coordinate with Carriers and the Federally Facilitated Marketplace (FFM) to facilitate the offering of those plans to Oregonians.

1.2 Cover Oregon Customer Groups – Cover Oregon will coordinate with Carriers and the FFM to offer QHPs to two customer groups.

1.2.1 *Qualified Individuals*

Qualified Individuals will use FFM technology to apply for, and enroll in, Cover Oregon-certified QHPs and receive tax credits, if applicable.

1.2.2 *Small Employers*

Small Employers who purchase a Cover Oregon-certified QHP directly from a Carrier are eligible for federal tax credits.

2. STATE AND FEDERAL REQUIREMENTS

2.1 Carrier will comply with the applicable provisions of:

2.1.1 The Affordable Care Act (ACA);

2.1.2 Oregon Exchange Laws and Regulations;

2.1.3 Oregon Insurance Laws and Regulations; and

2.1.4 Any other state and federal laws and regulations that govern Carrier's participation in the Oregon Health Insurance Exchange and the FFM, including but not limited to those laws mentioned in Exhibit B: Standard Terms and Conditions.

2.2 Carrier will not, with respect to its QHPs, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation. Carrier will not have marketing practices or benefit designs that will discourage the enrollment of Individuals with significant health needs in its QHPs.

3. DEFINITIONS

The following are definitions as they apply to this Contract:

3.1 "Affordable Care Act" or "ACA" means the provisions of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), applying to Cover Oregon and/or Carrier, together with any interim or final federal regulations implementing these ACA provisions.

3.2 “American Indian/Alaska Native” means an Indian as defined in section 4(d) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(d)).

3.3 “Benefit Design Standards” means coverage that provides for all of the following:

3.3.1 The Essential Health Benefits (EHBs) adopted by the State of Oregon pursuant to 45 CFR part 156 and section 1302(b) of the ACA;

3.3.2 Cost-Sharing as described in 45 CFR 156.130; and

3.3.3 A bronze, silver, gold, or platinum Level of Coverage as described in section 1302(d) of the Affordable Care Act, and (except for platinum coverage) in ORS 743.822 and Exhibit 1 to OAR 836-100-0200;

3.4 “Carrier” means an insurer as defined in ORS 731.106 that offers health insurance, or a health care service contractor as defined in ORS 750.005, that has a certificate of authority from the Oregon Insurance Division (OID) to engage in the business of health insurance in Oregon and that is subject to Oregon law that regulates health insurance.

3.5 “Catastrophic QHP” means a Health Plan as described in section 1302(e) of ACA.

3.6 “Certification” means the certification of a Health Plan by Cover Oregon, authorizing Carrier to sell the Health Plan through Cover Oregon as a QHP.

3.7 “CMS” means the federal Center for Medicare and Medicaid Services.

3.8 “Cost-Sharing” means any expenditure required by, or on behalf of, an Individual with respect to EHBs; Cost-Sharing includes deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and non-covered services.

3.9 “Cost-Sharing Reductions” means reductions in Cost-Sharing for an eligible Individual enrolled in a silver level QHP through Cover Oregon or for an Individual who is an American Indian/Alaska Native enrolled in a QHP through Cover Oregon.

3.10 “Cover Oregon” means the health insurance exchange administered by the Oregon Health Insurance Exchange Corporation in accordance with ORS 741.310.

3.11 “Decertification” means the removal of a QHP’s Certification, making it ineligible for sale through Cover Oregon.

3.12 “Employee” has the meaning given to the term in ORS 652.310.

3.13 “Essential Health Benefits (EHBs)” the Essential Health Benefits, under 42

U.S.C. 18022 or pursuant to a waiver granted under 42 U.S.C. 18052 that have been adopted by the State of Oregon pursuant to 45 CFR part 156 and approved by CMS. EHBs must include items and services within at least the following ten categories:

3.13.1 Ambulatory Patient Services;

3.13.2 Emergency Services;

3.13.3 Hospitalization;

3.13.4 Maternity and Newborn Care;

3.13.5 Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment;

3.13.6 Prescription Drugs;

3.13.7 Rehabilitative and Habilitative Services and Devices;

3.13.8 Laboratory Services;

3.13.9 Preventive and Wellness Services, and Chronic Disease Management; and Pediatric Services, including Oral and Vision Care.

3.14 "Federally Facilitated Marketplace" or "FFM" means the exchange operated by the federal government that determines eligibility and enrolls individuals in QHPs via healthcare.gov.

3.15 "Health Plan" means health insurance coverage subject to regulation by the Oregon Insurance Division.

3.16 "Individual Plan" means a QHP for Qualified Individuals and their families.

3.17 "Individual Product Line" means QHPs sold to Qualified Individuals and their families.

3.18 "Insurance Producer" or "Producer" means a person required to be licensed under the laws of the state to sell, solicit or negotiate insurance per ORS 731.104. Cover Oregon may use the more common term "Agent".

3.19 "Level of Coverage" or "Metal Tier" means one of four standardized actuarial values of Plan coverage (bronze, silver, gold, or platinum), as defined by section 1302(d) (1) of the ACA.

3.20 "Open Enrollment" means the period when Individuals and Employees may choose to enroll in QHPs for the upcoming Plan or Policy Year.

3.21 "Oregon Exchange Laws" refers to laws of the state of Oregon pertaining to the establishment and operation of the Oregon Health Insurance Exchange Corporation. The term includes, but is not limited to:

3.21.1 Oregon Senate Bill 99 enrolled (2011), Chapter 415 of 2011 Oregon Laws;

3.21.2 Oregon House Bill 4164 enrolled (2012), Chapter 38 of 2012 Oregon Laws;

3.21.3 ORS chapter 741; and

3.21.4 Any administrative rules of the Oregon Health Insurance Exchange Corporation or the Oregon Health Authority applying to Cover Oregon;

3.22 "Oregon Health Insurance Exchange Corporation" means the public corporation established by ORS 741.001.

3.23 "Oregon Insurance Division" or "OID" means the Insurance Division of the Oregon Department of Consumer and Business Services (DCBS).

3.24 "Oregon Insurance Laws" means:

3.24.1 If Carrier is an insurance company, the Insurance Code as defined in ORS 731.004, or if Carrier is a health care service contractor within the meaning of ORS 750.005, the portions of the Insurance Code that ORS 750.055 applies to health care service contractors; and

3.24.2 All administrative rules and Bulletins of OID implementing or interpreting the laws described in the preceding paragraph.

3.25 "Plan Year" means a consecutive 12-month period during which a Small Employer Product Line QHP provides coverage for health benefits. A Plan Year may be a calendar year or otherwise.

3.26 "Policy Year" means a calendar year for which an Individual Product Line QHP provides coverage for health benefits.

3.27 "Qualified Employer" means a Small Employer that elects to make, at a minimum, all full-time employees eligible for one or more QHPs in the small group market offered through the Small Employer Product Line.

3.28 "Qualified Health Plan" or "QHP" means a Health Plan that has have been approved by OID as meeting the requirements of the Insurance Code, that complies with the Benefit Design Standards of Cover Oregon, and that is currently certified by Cover Oregon.

3.29 "Qualified Individual" or "Individual" means, with respect to an exchange, a person who has been determined eligible to enroll through Cover Oregon in a QHP in the individual market through the Individual Product Line.

3.30 "Recertification" means the process of submitting a certified QHP for certification for the upcoming calendar year.

3.31 "Small Employer" has the meaning given to the term under the ORS 743.730.

3.32 "Small Employer Plan" means a QHP issued to a Small Employer.

3.33 "Small Employer Product Line" means the Small Business Health Options Program (SHOP) operated by Cover Oregon through which small employers may request confirmation of their participation in a Cover Oregon-certified medical plan from a participating carrier that may make them eligible for a Small Business Health Care Tax Credit.

3.34 "Supported State-Based Marketplace" or "SSBM" means an exchange where QHPs are certified and monitored by the state and eligibility for Qualified Individuals is determined, and enrollment completed, through the FFM.

3.35 "Tier" or "Metal Tier" means the level of coverage, in relation to actuarial value, as defined by the ACA and the US Department of Health and Human Services (HHS).

3.36 "Tribal Premium Sponsorship Program" or "TPSP" means a program, pursuant to 45 CFR 155.240, by which Cover Oregon assists Indian tribes, tribal organizations and urban Indian organizations to remit QHP premiums on behalf of Qualified Individuals subject to the terms and conditions determined by Cover Oregon (see Appendix 2).

4. BENEFIT DESIGN STANDARDS AND QHPs

Carrier may offer up to five QHPs per Metal Tier, per service area, per Product Line. Carrier may offer one Catastrophic QHP per service area in the Individual Product Line.

4.1 **Benefit Design** – Carrier will ensure that each of its QHPs complies with the Benefit Design Standards required by the ACA (Section 1302), including the Cost-Sharing limits, actuarial value requirements, and EHBs. Carrier may offer Catastrophic QHPs, which are exempt from the actuarial Level of Coverage requirement, as long as they meet other statutory provisions related to QHP design.

4.2 **Standard Plans** – Carrier will offer one standard QHP in the bronze and silver Tiers (as required by Oregon Law: ORS 743.822), as well as in the gold Tier (as required by Oregon Administrative Rule 945-020-0020 Chapter 945, Division 20), in each service area of each Cover Oregon Product Line – Individual or Small Employer – in which it participates. OID will establish the benefit design of the bronze and silver standard QHPs. Cover Oregon will define the benefit design of the standard gold QHP.

4.3 **Non-Standard Plans** – Carrier may offer up to four additional, non-standard QHPs per Metal Tier (bronze, silver and gold), per service area of each Cover Oregon Product Line – Individual or Small Employer – in which it participates. Platinum QHPs are optional, and Carrier may offer up to five platinum QHPs per service area, per Product Line.

4.4 **Platinum Plans** – Carrier may design its platinum QHP offerings as long as the QHPs include the EHBs and meet the appropriate actuarial value.

4.5 **Catastrophic Plans** – Carrier may offer a catastrophic QHP only in Cover Oregon's Individual Product Line to specific populations as stipulated in the ACA. Carrier may offer only one catastrophic QHP per service area.

4.6 **Child-Only Plans** – For all QHPs sold through Cover Oregon, Carrier must offer identical coverage to children, as required under ACA.

4.7 **Product Line Participation** – Carrier will only be required to adhere to the sections of this Contract pursuant to the product line(s) in which it participates.

4.8 **Cost-Sharing Reductions** – Carrier will reduce the enrollee cost-sharing levels according to ACA. Carrier will use the standard Cost-Sharing Reductions created for the standard silver QHP. See Appendix 1: Cover Oregon Guidelines for Standard Plan Cost Sharing Reductions.

5. QHP CERTIFICATION

5.1 QHP Submission Process

5.1.1 Carrier will submit form and plan and rate filings to OID for each proposed QHP it wishes to offer through Cover Oregon. QHP Certification by Cover Oregon is dependent upon forms, plans, and rates being approved for sale by OID.

5.1.2 **General Rate Requirement** – Per 45 CFR § 156.210, Carrier will set rates for the Individual Product Line for the entire Policy Year. For the Small Employer Product Line, Carrier may adjust rates on a quarterly basis.

5.1.3 **Rate and Benefit Submission** – Per 45 CFR § 156.210, Carrier will submit rate and benefit information to OID.

5.1.4 **Rate justification –** Per 45 CFR § 156.210, Carrier will submit to OID a justification for a rate increase prior to the implementation of the increase. Carrier will prominently post the justification on its web site.

5.1.5 At a minimum, Carrier will offer one standard QHP in the bronze, silver, and gold Metal Tiers in each service area and Product Line in which the Carrier operates. If, after initial Certification, Carrier is not offering the maximum allowed number of QHPs, Carrier may submit additional Health Plans for certification as QHPs, so long as those Health Plans have received all applicable approvals from OID.

5.1.6 Carrier will file Cost-Sharing variations for each of the following:

5.1.6.1 Silver QHP variations as described in 45 CFR § 156.420;

5.1.6.2 No Cost-Sharing for AI/AN Individuals at or below 300% of the Federal Poverty Level; and

5.1.6.3 No Cost-Sharing for items or services furnished directly by the Indian Health Service, an Indian Tribe, Tribal organization, or Urban Indian organization or through

referral under contract health services for AI/AN Individuals above 300% of the Federal Poverty Level.

5.2 **Cover Oregon Certification Requirements**

If Carrier meets the following Certification requirements, Cover Oregon will issue QHP Certification:

5.2.1 Health Plan is approved by OID and includes ACA and EHB requirements;

5.2.2 Carrier and Cover Oregon have executed this Contract.

5.3 **QHP Recertification**

Carrier will follow QHP Submission Process as outlined in section 5.1 for all QHPs it wishes to recertify.

5.4 **Cover Oregon Decertification of QHP, Per CFR 45 155.1080 and CFR 45 156.290**

Cover Oregon may at any time decertify a QHP if Cover Oregon determines that the QHP is no longer in compliance with Cover Oregon's Certification criteria.

5.4.1 Cover Oregon will establish a process for Carrier to appeal the Decertification of a QHP.

5.4.2 Upon Decertification of a QHP, Cover Oregon will provide notice of Decertification to all affected parties, including:

5.4.2.1 Carrier;

5.4.2.2 Cover Oregon Enrollees in the QHP before the next enrollment opportunity occurs;

5.4.2.3 CMS; and

5.4.2.4 OID.

5.4.3 In the event a Decertification is the result of Carrier's inability to continue to offer coverage, Carrier will not terminate coverage before giving notice to enrollees, including information that displaced enrollees will be given a special enrollment period to allow them to enroll in new QHPs.

6. STAFFING

6.1 Carrier will identify key staff as primary Cover Oregon contact(s) responsible for oversight of Carrier's QHPs and will provide Cover Oregon with the name and contact information of relevant staff.

6.2 Carrier will provide and maintain direct communication with Cover Oregon staff in performing this Statement of Work.

6.3 Cover Oregon will identify and provide contact information for key staff who will

work with Carrier.

7. SMALL EMPLOYER PRODUCT LINE OPERATION: SMALL EMPLOYER PRODUCT LINE

7.1 Cover Oregon and Carrier will coordinate to offer Small Employer QHPs to Qualified Employers through a manual process.

7.1.1 Rates will be valid for twelve (12) months from the effective date of coverage.

7.1.2 Carrier will quote and offer Small Employer QHPs available in the Small Employer's geographic area.

7.1.3 Carrier will incorporate Carrier's current underwriting guidelines and limitations within its quoting engine.

7.1.4 Carrier will accept requests from Small Employers who have purchased a Cover Oregon-certified QHP. Carrier will provide Cover Oregon with a copy of the group rates and applications or renewal templates via e-mail. Carrier will send e-mail to account.management@coveroregon.com.

7.1.5 Cover Oregon will confirm whether or not all criteria are met to be eligible to apply for a Small Business Health Care Tax Credit. The criteria are:

7.1.5.1 The small business has fewer than 25 full-time equivalent (FTE) employees

7.1.5.2 The employer pays, on average, wages of less that $50,000 per year for each employee

7.1.5.3 The employer pays at least 50% of the employee only premium for each enrolled employee 4) The employer has purchased a Cover Oregon-certified plan

7.1.6 If the employer meets the above criteria an Eligibility Notice is sent to the employer, agent of record and the carrier confirming the review and outcome. The employer will provide this notice to their tax professional when filing taxes to apply for the tax credit.

7.1.7 Carrier will provide new member information and SBC directly to subscribers.

7.1.8 Carrier will provide member materials, such as ID cards, member certificates, and Oregon State Continuation information directly to members.

7.1.9 Carrier will provide group-level materials, such as contracts and program collateral materials, directly to subscribers.

8. AMERICAN INDIAN AND ALASKA NATIVE REQUIREMENT

8.1 Carrier will comply with all federal laws and regulations applicable to Carrier

specific to American Indians and Alaska Natives (AI/AN) in the ACA and other federal laws and regulations, including but not limited to:

8.1.1 Monthly enrollment periods for AI/AN enrolled through Cover Oregon;

8.1.2 No Cost-Sharing for AI/AN at or below three hundred (300) percent of Federal Poverty Level;

8.1.3 No Cost-Sharing for items or services furnished through Indian health providers;

8.1.4 Health programs operated by the Indian Health Services, Indian tribes, tribal organizations, and Urban Indian organizations will be the payer of last resort for services provided by such programs, notwithstanding any federal, state, or local law to the contrary; and

8.1.5 Compliance with Indian Health Care Improvement Act Sections 206 [25 U.S.C. §1621e] and 408 [25 USC § 1647a].

8.2 Carrier is encouraged to offer to contract with all Indian health providers in Carrier's service areas as in-network providers.

8.3 If Carrier contracts with a Federally Recognized Tribe or Indian health provider, Carrier will notify Cover Oregon of this relationship.

8.4 Carrier will use the Indian Addendum (OAR 945-020-0040) when contracting with a specified Indian health provider.

8.5 Carrier will participate in Cover Oregon Tribal Premium Sponsorship Program (TPSP). Forms and guidance to assist the Carrier and Tribe in this process can be found in Appendix 2: Cover Oregon Tribal Premium Sponsorship Program.

9. MANDATORY REPORTING AND PERFORMANCE STANDARDS CARRIER WILL REPORT INFORMATION ABOUT QHPS's AS REQUIRED UNDER FEDERAL LAW.

9.1 Pursuant to CFR 45 CFR 156.220 (b), Carrier will provide the following information to OID, CMS, and Cover Oregon:

9.1.1 Claims payment policies and practices;

9.1.2 Periodic financial disclosures;

9.1.3 Data on enrollment;

9.1.4 Data on disenrollment;

9.1.5 Data on the number of claims that are denied;

9.1.6 Data on rating practices; and

9.1.7 Information on cost-sharing and payments with respect to any out-of-network coverage.

9.2 Carrier will make the information described in section 9.1 available to the public. Carrier will ensure that this information is provided in plain language as defined under 45 CFR § 155.220.

9.3 Cover Oregon will defer to CMS or OID to define the format, content, and timelines of information on enrollee rights required under Title I of the ACA and reproduced under section 9.1 above. Carrier will submit this information to Cover Oregon and OID simultaneously.

9.4 Carrier will submit reports to Cover Oregon detailing Carrier's activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional, per ACA 1311(g)(B). Carrier will submit these reports upon Certification and annually within ninety days after the calendar year end cutoff. These reports are not required to be submitted for each QHP unless Carrier's strategies and activities differ among the QHPs. These reports will include the key measures and results used by Carrier to evaluate the effectiveness of the programs, as well as Carrier's interpretation and evaluation of the results.

9.5 Carrier will submit reports to Cover Oregon detailing Carrier's activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional, per ACA 1311(g)(B). Carrier will submit these reports upon Certification and annually within ninety days after the calendar year end cutoff. These reports are not required to be submitted for each QHP unless Carrier's strategies and activities differ among the QHPs. These reports will include the key measures and results used by Carrier to evaluate the effectiveness of the programs, as well as Carrier's interpretation and evaluation of the results.

9.6 Carrier will submit reports to Cover Oregon detailing Carrier's activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the QHP or coverage, per ACA 1311(g)(C). Carrier will submit these reports upon Certification and annually within ninety days after the calendar year end cutoff. Carrier is not required to submit these reports for each QHP, unless Carrier's strategies and activities differ among the QHPs. These reports will include the key measures and results used by Carrier to evaluate the effectiveness of the programs, as well as Carrier's interpretation and evaluation of the results.

9.7 Carrier will submit reports to Cover Oregon detailing Carrier's wellness and health promotion activities, per ACA 1311(g)(D). Carrier will submit these reports upon Certification and annually within ninety days after the calendar

year end cutoff. Carrier is not required to submit these reports for each QHP, unless Carrier's strategies and activities differ among the QHPs. These reports will include the key measures and results used by Carrier to evaluate the effectiveness of the programs, as well as Carrier's interpretation and evaluation of the results.

9.8 Until CMS releases further guidance regarding enrollee satisfaction surveys, Carrier will submit to Cover Oregon the most recent final results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for each QHP within 30 days of receipt of the results.

9.9 Cover Oregon may request additional reporting as required and defined by CMS or OID. Cover Oregon will follow the format, content, and timelines defined by CMS or OID.

10. ADMINISTRATIVE CHARGE

10.1 Carrier will remit an Administrative Charge.

10.2 Cover Oregon will assess Carrier on a monthly basis for the Administrative Charge. Carrier will be assessed based on enrollment numbers provided to Cover Oregon by the FFM. The Charge will be assessed on the 10th business day of each month following receipt of enrollment numbers. The assessment shall be calculated as set forth in OAR 945-030-0030. Carrier will submit payment as billed via EFT to Cover Oregon no later than the last business day of the billed month. Cover Oregon will adjust any discrepancies identified by either party in the following month's assessment.

10.3 Per OID, if Carrier offers Plans both inside and outside Cover Oregon, the Administrative Charge is considered part of the total administrative expense that is used to set premium rates which will be the same inside and outside Cover Oregon (OAR 863-053-0471(3)(a)). Therefore, Carrier may not allocate the Cover Oregon Administrative Charge only to those policyholders who purchase through Cover Oregon.