
DEPARTMENT OF INSURANCE

Suspension of open enrollment and other insurance programs

- Extends from January 1, 2018, to January 1, 2022, the suspension of Ohio's Open Enrollment Program, Ohio's Health Reinsurance Program, and conversion options under an existing health benefit plan.
- Requires that if sections of the federal Patient Protection and Affordable Care Act of 2010 (ACA) related to health insurance coverage become ineffective before the suspension expires on January 1, 2022, the suspended sections again become operational.

Prior authorization

- Exempts dental benefits offered as a part of a health benefit plan from prior authorization requirements imposed on health plan issuers.

Health insuring corporation quality assurance

- Enables a health insuring corporation to use an accreditation from the Accreditation Association for Ambulatory Health Care to meet quality assurance program requirements.

Education on mental health, addiction parity

- Requires the Superintendent of Insurance, in consultation with the Director of Mental Health and Addiction Services, to develop consumer education on mental health and addiction services insurance parity.
- Requires the Superintendent and Director to establish a consumer hotline to help consumers understand their insurance benefits as part of this consumer education.
- Requires the departments to jointly report to the General Assembly annually on their efforts under the program.

Notice of cancellation of automobile insurance

- Authorizes an insurer to send notice of cancellation along with a bill if the cancellation is for nonpayment of premiums.



Application for ACA waiver

- Requires the Superintendent to apply, by January 31, 2018, to the U.S. Secretary of Health and Human Services and the U.S. Secretary of the Treasury for an ACA innovative waiver regarding health insurance coverage in Ohio as mandated under continuing Insurance Law.

Suspension of open enrollment and other insurance programs

(Sections 610.53 and 610.54 (amending Section 3 of S.B. 9 of the 130th G.A.))

The act extends from January 1, 2018, to January 1, 2022, the suspension of certain programs and requirements under Ohio's Insurance Law. Section 3 of S.B. 9 of the 130th General Assembly suspends, beginning January 1, 2014, the operation of the following programs:

- Ohio's Open Enrollment Program;
- Ohio's Health Reinsurance Program;
- Option for conversion from a group to individual contract under an existing contract with a health insuring corporation (HIC);
- Option for conversion from a nongroup contract to a contract issued on a direct payment basis under an existing contract with a HIC;
- Option for conversion from a group policy to an individual policy under an existing policy with a sickness and accident insurer.

Under the federal Patient Protection and Affordable Care Act of 2010 (ACA), because of the guaranteed availability of coverage in the individual and group markets, the programs suspended by S.B. 9, and outlined above, appear to be duplicative of the federal programs.⁹³ If the guaranteed availability of coverage and the requirements related to health insurance coverage under the ACA become ineffective prior to the expiration of the suspension, the suspended programs outlined above, in either their present form or as they are later amended, again become operational.

⁹³ 42 U.S.C. 300gg-1 and 300gg-6.



Prior authorization requirements

(R.C. 1751.72 and 3923.041)

The act exempts dental benefits offered as a part of a health benefit plan from deadlines and standards imposed on health plan issuers in relation to prior authorization requirements. A health plan issuer includes HICs, sickness and accident insurers, public employee benefit plans, and multiple employee welfare arrangements.⁹⁴ A prior authorization requirement is any requirement that coverage of a health service, product, or procedure is dependent on a covered individual receiving approval from the health plan issuer prior to delivery of the service, product, or procedure. Continuing law, unchanged by the act, requires that if a health plan issuer implements a prior authorization requirement, that issuer must meet certain deadlines and other standards when implementing that requirement. Under the act, these deadlines and standards would not apply to any prior authorization requirement implemented in relation to a dental benefit.

Health insuring corporation quality assurance

(R.C. 1751.75)

The act enables an HIC to use an accreditation from the Accreditation Association for Ambulatory Health Care to meet quality assurance program requirements. Continuing law requires HICs to meet certain quality benchmarks, such as demonstrating that an HIC's network of providers is adequate to meet the needs of the HIC's covered individuals. The law authorizes HIC's to demonstrate compliance with these requirements via accreditation through various organizations. The act adds the Accreditation Association for Ambulatory Health Care to this list.

Education on mental health, addiction parity

(R.C. 3901.90 and 5119.89)

The act requires the Superintendent of Insurance, in consultation with the Director of Mental Health and Addiction Services, to develop consumer and payer education on mental health and addiction services insurance parity. As part of that requirement, the Superintendent and Director must establish and promote a consumer hotline to collect information and help consumers understand and access their insurance benefits.

⁹⁴ R.C. 1739.05, not in the act.



The act also requires the departments to jointly report annually on their efforts. The report must include information on the departments' consumer and payer outreach activities and identify trends and barriers to access and coverage in Ohio. The departments must submit the report to the General Assembly, the Joint Medicaid Oversight Committee, and the Governor by each January 30.

Notice of cancellation of automobile insurance

(R.C. 3937.25 and 3937.32)

The act authorizes an insurer to send a notice of cancellation of a policy of automobile insurance along with a bill if the cancellation is due to nonpayment of policy premiums. The cancellation date must be on or after the due date of the bill and must be not less than ten days from mailing the notice. Continuing law also requires a notice of cancellation of automobile insurance to include (1) the policy number, (2) the date of the notice, (3) the effective date of the cancellation, (4) an explanation of the reason for cancellation, and (5) a statement that the policy holder is entitled to review by the Superintendent of Insurance under certain circumstances.

Application for ACA waiver

(Section 305.20)

The act requires the Superintendent to apply, by January 1, 2018, to the U.S. Secretary of Health and Human Services and the U.S. Secretary of the Treasury for an ACA innovation waiver regarding health insurance coverage in Ohio as required under continuing Insurance Law. Continuing R.C. 3901.052 requires the Superintendent to apply for a waiver regarding health insurance coverage, in particular a waiver of the employer and individual insurance mandates. That section also stipulates that such an application must provide for an insurance system that provides access to affordable health insurance coverage for the residents of Ohio.

