



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

BULLETIN

10-EX-2

TO: HEALTH INSURERS WRITING PPACA HEALTH PRODUCTS IN GEORGIA

FROM: JOHN W. OXENDINE
INSURANCE AND SAFETY FIRE COMMISSIONER

DATE: JULY 28, 2010

RE: GEORGIA POLICY FORM FILINGS TO IMPLEMENT 2010 FEDERAL
HEALTH CARE REFORM

The Office of Commissioner of Insurance has considered the implications of federal health care reform enacted under the provisions of the Patient Protection and Affordable Care Act required to be in effect by September 23, 2010 ("PPACA 2010 Requirements"). The staff has conducted meetings seeking input as to the potential volume of additional filings as insurers modify their policy contracts and administrative procedures to accomplish the PPACA 2010 Requirements.

This Office is aware that the NAIC has implemented some changes in its SERFF filing systems to address policy forms filings and to standardize some attachments to accompany PPACA filings. However, this Bulletin offers health insurance carriers a broader, more efficient way to document their federal health care reform compliance status and to communicate with this Office. Accordingly, this Office will allow certified assurances from each carrier about their respective activities to achieve policy forms and administrative compliance with the PPACA 2010 Requirements. This Bulletin is intended only for policy forms issues and **not** for any PPACA related rate filings. Acceptance of this method of insurer filing and insurer certification does not diminish the Commissioner's ability to examine insurers under market conduct or other powers of the Office of Commissioner of Insurance, if necessary.

This Office will rely upon the provisions of Life and Health Division Rule Chapter 120-2-25 relating to the "Exempt List and List of Forms in Use" submitted as a part of Annual

Report/Annual Certificate of Authority Renewal. This Bulletin communicates a streamlined set of standards for filings from the health insurance industry, acceptable to this Office, as the means to comply with the PPACA 2010 Requirements”.

Requirements:

1. Health insurers active in Georgia who issue or renew policies or certificates subject to the PPACA 2010 Requirements must prepare and transmit to this Office, via SERFF as a PDF attachment, an updated **Listing of Health Forms in Use in Georgia in 2010**, substantially in the form and substance of the attached “Certification of Compliance.”
2. Health insurers must complete a **Certification of Compliance**, signed and dated by the insurer’s President, Secretary or other Responsible Officer, identifying the insurer, its NAIC number, address, telephone number and email address of a policy forms compliance person.
 - a. The attached Certification Form must be submitted with the listing of health forms in use in Georgia through SERFF.
 - b. The listing of forms in use in Georgia in 2010 information communicated with the Certification of Compliance must be maintained by the insurer, must be updated annually beginning in 2011 until further notice or be updated more frequently by the insurer if the information changes in the interim before 2011, and will be subject to market conduct or other examination by the Commissioner.
3. Health insurers must transmit these documents, through SERFF, under a new Georgia SERFF Requirement within the Georgia Health instance. The new Georgia Health Filing Requirement within SERFF is named: **Federal Health Reform Certification and Listing of Applicable Health Forms in Use**. This new requirement has been created for this Bulletin’s purpose to transmit the above attachments which accomplish notice to us of the insurer’s compliance with federal health reforms applicable to affected health insurance coverage in Georgia in 2010. The SERFF Type of Insurance (TOI) coding applicable to filings under this bulletin’s new requirement is **H21-Other**.
4. Health insurers are required to complete this Certification of Compliance with an Attached Listing of Forms in Use in Georgia in 2010-including each respective form’s date of approval by this Office- by **August 23, 2010**. This date is one month before many of the 2010 federal health care reform changes become effective on September 23, 2010.

Further instructions regarding annual updates will be posted on the OCI Website under Life and Health Division – Form Filers area in 2011.

This Bulletin does not prohibit insurers from making individual filings of new health products, nor does it prohibit an insurer from making separate rider, endorsement or other filings intended to amend existing health forms which may be subject to the PPACA 2010 Requirements. However, regardless of whether an insurer has already made other federal health care reform filings in 2010, health insurers issuing or renewing health products in Georgia which are subject to federal health care reform must fulfill the requirements of this Bulletin, complete the Certification of Compliance, and attach a Listing of Forms in Use (including each respective

form's date of approval) in Georgia. It is our intent to post FAQs ("Frequently Asked Questions") on the OCI Website in the Life and Health – Form Filers area in the very near future. Email questions may be submitted to life@oci.ga.gov .

A handwritten signature in black ink, reading "John W. Oxendine". The signature is fluid and cursive, with a long, sweeping underline that extends to the left.

JOHN W. OXENDINE
INSURANCE AND SAFETY FIRE COMMISSIONER
STATE OF GEORGIA

**CERTIFICATION OF COMPLIANCE
PATIENT PROTECTION AND AFFORDABLE CARE ACT
2010 REQUIREMENTS**

I, _____ the undersigned
officer of _____ (“Entity”)
(Name of Legal Entity)

NAIC # _____ am a person knowledgeable of the health care coverages
offered by Entity in the State of Georgia, and do hereby certify that:

1. Attached hereto as Exhibit “A” is a listing of the specific requirements of the Patient Protection and Affordable Care Act (the “PPACA”) that will apply to certain health care plans that are issued or renewed on or after September 23, 2010 (the “2010 Requirements”).
2. Attached hereto as Exhibit “B” is a listing of those forms of Entity, including the date each respective form was previously filed with and approved by the Office of the Commissioner of Insurance for the State of Georgia, which will be affected by the 2010 Requirements (“the Affected Forms”).
3. Entity has determined what changes need to be made to the Affected Forms so as to cause them to comply with the 2010 Requirements.
4. Entity has prepared amendments or revisions to the Affected Forms so as to cause the Affected Forms to comply with the 2010 Requirements.
5. Beginning with plans issued or renewed on and after September 23, 2010, Entity will take the necessary steps so that the health care plans that are issued by Entity in the State of Georgia to which the 2010 Requirements apply will comply with the 2010 Requirements.

(Original Signature of Officer)

(Title of Officer)

(Printed Name of Officer)

(Date)

Please select the appropriate check box below to indicate which product is amended by this filing.

- INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)
- SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

[Please Click HERE for Exhibit B](#)