

IMPLEMENTATION AND PERFORMANCE OF PLAN MANAGEMENT FUNCTIONS

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
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Executive Summary

- In 2013, the Virginia General Assembly passed legislation codified at § 38.2-326 of the Code of Virginia (Code). This law directs the State Corporation Commission (SCC), with the assistance of the Virginia Department of Health, to perform plan management functions required to certify health benefit plans and stand-alone dental plans for participation in the federal health benefit exchange (HBE), provided certain conditions are met, including the receipt of federal funds to pay operating expenses.
- The SCC accessed its federal grant funding to pay for expenses related to plan management functions and returned all money appropriated from the general fund through December 31, 2015.
- The SCC is not aware of funding opportunities through federal exchange grants to pay for plan management functions beyond the end of calendar year 2015. Accordingly, the SCC continues to conduct plan management functions based on the funding provided by Chapter 2 of the 2018 Special Session 1 Acts of Assembly. Should any budget bills passed by the General Assembly remove funding for plan management activities or reduce such funding below necessary requirements, then, in accordance with § 38.2-326 C of the Code, the SCC shall cease performing plan management functions.
- In carrying out its plan management activities as part of the HBE, the SCC's Bureau of Insurance (Bureau) transmitted to the U.S. Department of Health & Human Services (US HHS) its recommendations of qualified health benefit plans for the 2019 HBE in September 2018. These included plans from 8 health insurance carriers for the individual market and plans from 3 health insurance carriers for the small group market. In addition, the Bureau recommended that numerous stand-alone dental plans be federal exchange-certified for 2018, including plans from 10 dental insurance carriers for the individual market and plans from 5 dental insurance carriers for the small group market.

Introduction and Legislative Overview

In 2013, the Virginia General Assembly enacted House Bill 1769 and Senate Bill 922, creating § 38.2-326 of the Code of Virginia (Code). This provision directs the SCC, with the assistance of the Virginia Department of Health, to perform plan management functions required to certify health benefit plans and stand-alone dental plans for participation in the federal health benefit exchange (HBE) established by the U.S. Secretary of Health & Human Services (US HHS) pursuant to § 1321 of the Patient Protection and Affordable Care Act (ACA), provided certain funding, technology, and other conditions are met. Subsection F of § 38.2-326 of the Code directs the SCC to make available to the public on its website a written report on the implementation and performance of its plan management functions during the preceding fiscal year, including, at a minimum, the manner in which all funds utilized for its plan management functions were expended.

As specifically identified in § 38.2-326 of the Code, the term “plan management functions” includes the analyses and reviews necessary to support the certification, recertification and decertification of qualified health plans (QHPs) and stand-alone dental plans for the federal health benefit exchange, including all form and rate reviews and market analyses of such plans.

Budget bills passed by the General Assembly have and continue to provide for the funding and reimbursement of expenses related to plan management functions. Most recently:

- Chapter 836 of the 2017 Acts of Assembly provided \$201,256 for fiscal year 2017 and \$201,292 for fiscal year 2018 from the general fund to the SCC for plan management activities. These amounts remained in Chapter 1 of the 2018 Special Session 1 Acts of Assembly. However, Chapter 2 of the 2018 Special Session 1 Acts of Assembly lowered the general fund amount to \$101,278 for Fiscal Years 2019 and 2020. The SCC continues to believe that these amounts are adequate to cover the cost of plan management functions, barring unforeseen changes at the state and/or federal level.

This is the sixth report on plan management activities produced by the SCC. Previous reports may be found by visiting <http://www.scc.virginia.gov/boi/index.aspx> and selecting “Plan Management Functions” on the left side of the webpage.

Plan Management Grant

As noted above, in accordance with § 38.2-326 of the Code, the SCC’s obligation to perform plan management functions was contingent upon receipt of federal funding sufficient to pay the operating expenses necessary to carry out these functions. In 2013, the SCC applied for and was ultimately awarded a federal grant in the amount of \$1,247,402 from the US HHS to cover operating expenses for plan management functions, including analyses, reviews and recommendations of plans for approval by US HHS to be included in the federal HBE.

Accordingly, the SCC reimbursed the general fund for monies expended on plan management functions from 2013 through the end of 2015, at which time federal exchange grants expired. Total expenses for the period beginning with the pre-award period of April 2013 through December 31, 2015, were \$785,953.50, for which the general fund received reimbursement.¹ These expenses may be broken down by year as follows:

- Expenses for calendar year 2014: \$268,399.34
- Expenses for calendar year 2015: \$58,790.66
- Expenses for fiscal year 2014 (July 1, 2013 through June 30, 2014): \$330,482.11
- Expenses for fiscal year 2015 (July 1, 2014 through June 30, 2015): \$246,081.44

As was expected, the highest costs were incurred during the initial year of plan management review. Overall plan management expenses declined beginning in 2014 as the processes became more streamlined during subsequent cycles of plan submission and reviews. This trend has continued until the present time.

It is the understanding of the SCC that funding opportunities through federal exchange grants pursuant to the federal ACA expired at the end of 2015. At that point, the SCC's ability to receive federal funds and thereby reimburse the general fund for plan management related expenditures, as required by subsection C of § 38.2-326 of the Code, ceased to exist. General fund dollars spent on plan management activities, for which no reimbursement is possible, include the following:

- Expenses for calendar year 2016: \$53,967.22
- Expenses for calendar year 2017: \$58,106.78
- Expenses for calendar year 2018: \$51,277.74
- Expenses for fiscal year 2016 (July 1, 2015 through June 30, 2016): \$49,825.21²
- Expenses for fiscal year 2017 (July 1, 2016 through June 30, 2017): \$54,088.63
- Expenses for fiscal year 2017 (July 1, 2017 through June 30, 2018): \$41,059.14

The SCC continues to maintain monthly records of the costs associated with plan management activities and currently conducts such functions based on the funding provided by Chapter 2 of the 2018 Special Session I Acts of Assembly. The SCC believes that the allotted amounts of \$101,278 for each fiscal year (2019 and 2020) are adequate to cover the cost of plan management activities, barring unforeseen changes at the state and/or federal level.

¹ Details as to how these funds were spent may be found in the Plan Management Reports for 2014 and 2015.

² Funds for the first part of Fiscal Year 2016 (July 1, 2015 through December 31, 2015) were reimbursed pursuant to the previously discussed federal grant. Because the grant expired on December 31, 2015, expenses incurred during the second part of Fiscal Year 2016 (January 1, 2016, through June 30, 2016), were not reimbursed to the general fund.

Should any budget bills passed by the General Assembly remove funding for plan management activities or reduce such funding below necessary requirements, then in accordance with § 38.2-326 C of the Code the SCC shall cease performing plan management functions.

Qualified Health Plan Certification Activities

Upon completion of its reviews of the various QHP submissions made by carriers, the Bureau recommended QHP certification of health benefit plans from a number of carriers, in either or both the individual and small group market, the latter of which is known as the Small Business Health Options Program or “SHOP”. The following is an identification of the carriers and the associated markets for which their health plans were recommended and certified for 2019:

Company	Individual Market	Small Group Market(SHOP)
CareFirst BlueChoice, Inc.	X	X
Cigna Health and Life Insurance Company	X	
Group Hospitalization and Medical Services, Inc. (CareFirst Blue Cross Blue Shield)	X	X
HealthKeepers, Inc.	X	
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	X	X
Optima Health Plan	X	
Piedmont Community HealthCare HMO, Inc.	X	
Virginia Premier Health Plan, Inc.*	X	

*New QHP Applicant

Total Plans Offered by Exchange Carriers: 95

Total Individual Plans: 75

Total Small Group Plans: 20

All counties and cities in Virginia are served by one or more of the above-named carriers of individual market products. A list of the carriers and the areas covered by each may be found at: <http://www.scc.virginia.gov/boi/pubs/carrarea19.pdf>.

The following is an identification of the carriers and the associated markets for which **2019 Stand-alone Dental Plan applications for Exchange Certification** have been received and were certified:

Company	Exchange Participation	Individual Market	Small Group Market (SHOP)
Anthem Health Plans of Virginia, Inc.	On and Off Exchange	X	
Anthem Health Plans of Virginia, Inc.	Off Exchange Only		X
Cigna Health and Life Insurance Company	Off Exchange Only	X	
Delta Dental of Virginia	On Exchange Only	X	
Dental Care Plus, Inc.	On and Off Exchange	X	
Dental Care Plus, Inc.	Off Exchange Only		X
Dentegra Insurance Company	On Exchange Only	X	
Dominion Dental Services, Inc.	On and Off Exchange	X	
DSM USA Insurance Company, Inc.	On and Off Exchange	X	
Group Hospitalization and Medical Services, Inc. (CareFirst Blue Cross Blue Shield)	Off Exchange Only	X	X
Metropolitan Life Insurance Company	Off Exchange Only		X
Renaissance Life and Health Insurance Company of America	On and Off Exchange	X	
The Guardian Life Insurance Company of America	On and Off Exchange	X	
The Guardian Life Insurance Company of America	Off Exchange Only		X

Total Plans Offered by Carriers: 55

Total Plans Offered by Carriers On-Exchange: 34 (All Individual); 11 of those Only On-Exchange

Total Plans Offered by Carriers Off-Exchange Only: 21 (10 Individual/11 SHOP)

All counties and cities in Virginia are served by one or more of the above-named carriers of stand-alone dental plans. Further information may be found at <https://www.scc.virginia.gov/boi/pubs.aspx> (click on Health).

Conclusion

The SCC continues to perform plan management functions in accordance with the statutory directives of § 38.2-326 of the Code and budget bills passed by the General Assembly. The SCC made use of federal grant funding to reimburse the general fund for plan management expenses through December 31, 2015 and has relied on its general fund appropriation for plan management expenses since January 1, 2016. The SCC expects that submissions for QHPs and stand-alone dental plans for the 2020 health insurance plan year will be received in the spring of 2019, at which time the SCC will review these plans for certification to US HHS for use on the federal HBE for Virginia.