

State: Oregon **Filing Company:** Providence Health Plan
TOI/Sub-TOI: H06 Health - Conversion/H06.000 Health - Conversion
Product Name: 90-day Discontinuance Filing_Providence_Portability_123113
Project Name/Number: 90-day Discontinuance Filing_Providence_Portability_123113/90-day Discontinuance Filing_Providence_Portability_123113

Filing at a Glance

Company: Providence Health Plan
 Product Name: 90-day Discontinuance Filing_Providence_Portability_123113
 State: Oregon
 TOI: H06 Health - Conversion
 Sub-TOI: H06.000 Health - Conversion
 Filing Type: Form
 Date Submitted: 08/16/2013
 SERFF Tr Num: PROV-129121711
 SERFF Status: Closed-Filed as information
 State Tr Num: PROV-129121711
 State Status: Review completed
 Co Tr Num: 90-DAY DISCONTINUANCE FILING_PROVIDENCE_PORTABILITY_123113

 Implementation: 12/31/2013
 Date Requested:
 Author(s): Eda-Marie Johnson, Dave Nesseler-Cass, Penny Cadaret, Michelle Dodge
 Reviewer(s): Rhonda Saunders-Ricks (primary)
 Disposition Date: 08/28/2013
 Disposition Status: Filed as information
 Implementation Date: 08/28/2013

State Filing Description:

State: Oregon **Filing Company:** Providence Health Plan
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General Information

Project Name: 90-day Discontinuance Filing_Providence_Portability_123113	Status of Filing in Domicile:
Project Number: 90-day Discontinuance Filing_Providence_Portability_123113	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 08/28/2013
	State Status Changed: 08/28/2013
Deemer Date:	Created By: Penny Cadaret
Submitted By: Penny Cadaret	Corresponding Filing Tracking Number:
	PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:
90-day Discontinuance filing for Portability plans effective December 31, 2013.

Company and Contact

Filing Contact Information

Penny Cadaret, Compliance Specialist	penny.cadaret@providence.org
3601 SW Murray Blvd	503-574-5594 [Phone]
Beaverton, OR 97005	

Filing Company Information

Providence Health Plan	CoCode: 95005	State of Domicile: Oregon
3601 SW Murray Blvd., Ste. 10	Group Code:	Company Type: HCSC
Portland, OR 97005	Group Name:	State ID Number:
(503) 574-7500 ext. [Phone]	FEIN Number: 93-0863097	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State Specific

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Have you reviewed the General Instructions attached as a separate pdf at the bottom of the General Instructions page?: Yes
Did you read the instructions regarding how to enter the form number and edition date in the Forms Schedule tab?: Yes
Did you realize Oregon does not respond to Status Requests thru SERFF?: Yes
Please confirm that you have read the Fraud Bulletin 2010-3 located at:
<http://www.cbs.state.or.us/external/ins/bulletins/bulletin2010-03.pdf>: Yes
Have you attached under the Supporting Documentation tab any state specific Amendatory Endorsements that will be used to bring the submitted forms into compliance with our statutes?: Yes

SERFF Tracking #: PROV-129121711 **State Tracking #:** PROV-129121711 **Company Tracking #:** 90-DAY DISCONTINUANCE
FILING_PROVIDENCE_...

State: Oregon **Filing Company:** Providence Health Plan
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed as information	Rhonda Saunders-Ricks	08/28/2013	08/28/2013

SERFF Tracking #:

PROV-129121711

State Tracking #:

PROV-129121711

Company Tracking #:

90-DAY DISCONTINUANCE

FILING_PROVIDENCE_...

State:

Oregon

Filing Company:

Providence Health Plan

TOI/Sub-TOI:

H06 Health - Conversion/H06.000 Health - Conversion

Product Name:

90-day Discontinuance Filing_Providence_Portability_123113

Project Name/Number:

90-day Discontinuance Filing_Providence_Portability_123113/90-day Discontinuance Filing_Providence_Portability_123113

Disposition

Disposition Date: 08/28/2013

Implementation Date: 08/28/2013

Status: Filed as information

HHS Status: Not Reported

State Review:

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Third party filers letter of authorization	Reviewed-No Action	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	3049 Standards for Portability	Reviewed-No Action	Yes
Supporting Document	3899 Readability Certification	Reviewed-No Action	Yes
Supporting Document	2896 Benefit Modification & Discontinuance of Health Benefit Plans	Information only	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Reviewed-No Action	Yes
Supporting Document	Letter to policyholder	Information only	Yes

SERFF Tracking #:

PROV-129121711

State Tracking #:

PROV-129121711

Company Tracking #:

90-DAY DISCONTINUANCE

FILING_PROVIDENCE_...

State: Oregon
TOI/Sub-TOI: H06 Health - Conversion/H06.000 Health - Conversion
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Supporting Document Schedules

Satisfied - Item:	Cover Letter or Explanatory Memorandum
Comments:	Please see filing description
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/28/2013

Bypassed - Item:	Third party filers letter of authorization
Bypass Reason:	NA
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/28/2013

Satisfied - Item:	3894 Certification of Compliance
Comments:	Please see attached
Attachment(s):	Certificate of Compliance.pdf
Item Status:	Reviewed-No Action
Status Date:	08/28/2013

Bypassed - Item:	3049 Standards for Portability
Bypass Reason:	NA Portability Product is being discontinued
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/28/2013

Bypassed - Item:	3899 Readability Certification
Bypass Reason:	NA
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/28/2013

Satisfied - Item:	2896 Benefit Modification & Discontinuance of Health Benefit Plans
Comments:	Please see attached
Attachment(s):	Portability Form 2896.pdf
Item Status:	Information only

State:	Oregon	Filing Company:	Providence Health Plan
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Status Date:	08/28/2013
Bypassed - Item:	Highlighted/Redline form version if a replaced, amended or similar forms
Bypass Reason:	NA
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/28/2013
Satisfied - Item:	Letter to policyholder
Comments:	Please see attached
Attachment(s):	Portability Discontinuation letter_FINAL.pdf
Item Status:	Information only
Status Date:	08/28/2013

Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

Providence Health Plan

Name of Company

95005

Company's filing number or the primary form number for the filing


Signature of authorized filer

8/16/2013

Date

Penny Cadaret

Print name of authorized filer

PO Box 4327

Address of Company or authorized filer

Commercial Compliance Specialist

Title

Portland OR 97208

City State ZIP

503-574-5594

Direct telephone number of authorized filer

penny.cadaret@providence.org

E-mail address of authorized filer

1-800-878-4445

Toll free or collect phone number

503-574-6543

Fax number of authorized filer


Signature of authorized officer and title

8/16/2013

Date

Carrie Smith, Chief Compliance

Officer

Print name of authorized officer and title

8/16/2013

Date

Department of Consumer & Business Services
Oregon Insurance Division
350 Winter St., NE
Salem, Oregon 97301-3883
Phone: (503) 947-7983

**TRANSMITTAL AND REQUIREMENTS FOR
MODIFICATION AND DISCONTINUANCE OF HEALTH BENEFIT PLANS
as defined in ORS 743.730(19)(a)**

Date: 8/16/2013

NAIC No: 95005

Insurer name: Providence Health Plan

Filing entity name (if not insurer): _____

If not the insurer, a letter of authorization must be included in the filing.

Contact person's name: Penny Cadaret

Title: Commercial Compliance Specialist

Mailing address: PO Box 4327 Portland OR 97208-4237

Toll-free/collect phone no.: 800-878-4445

Email address: penny.cadaret@providence.org

Effective date: 12/31/2013

This filing is submitted for:

MODIFICATION – OAR 836-053-0001 (complete Section I, III, and IV)

DISCONTINUANCE – ORS 743.737; 743.754; 743.766 (complete Section II, III, and IV)

Patient Protection Affordability Care Act (PPACA)

Plan(s) are:

Non-Grandfathered

Grandfathered

If grandfathered the plans are:

Losing Grandfathered status

Maintaining Grandfathered status

The following is a checklist of standards to help carriers make a complete filing in compliance with relevant statutes and rules. In some cases, the statements contained in this form are summaries and it may be necessary to refer to the entire statute or rule. The filer's signature on the certification form is confirmation that diligent consideration has been given each item. In the case of modification, replacement rates and forms must be submitted with this transmittal document.

Department Action:

Approved;
Limitations _____

Processed as Information

Withdrawn

Disapproved;
Reason: _____

Action Date: _____

Effective Date: _____
If different from action date

Analyst: _____

State Filing No.: _____

I. MODIFICATION – OAR 836-053-0001

- A modification is a change or changes that alter the actuarial valuation of the health benefit plan less than 10% in the aggregate to the policyholder.
- Modifications can only be implemented at the time of renewal.
- A notice explaining all changes must be sent to all policyholders at least 30 days prior to their renewal date. OAR 836-053-0001(3)

1. Please select the type(s) of health plan involved

- Small employer group health benefit plan
- Large group health benefit plan
- Individual health benefit plan
- Portability health benefit plan

2. Please select the type of modification that applies:

- Eliminating or adding benefits or services payable in a health benefit plan
- Increasing or decreasing benefits payable or services under a plan, including a decrease or increase that occurs as a result of a change in formulas, methodologies or schedules that serve as the basis for making benefit determinations.
- Increasing or decreasing deductibles, copayments or other amounts to be paid by an enrollee.
- Establishing new conditions or requirements such as preauthorization requirements to obtain services or benefits under the plan or eliminating such conditions or requirements.

3. ORS 742.003(4) Prior to issuing notices:

- a) Include a copy of the notice that will be sent to policyholders at renewal advising them of the modification(s) to their plan.
- b) In the case of a group plan, if a carrier plans to notify subscribers, include a copy of the notice that advises them of the modification(s) to their plan at renewal.
- c) For Individual plan modifications, include a copy of the notice that will be sent to policyholders.

Continue to Section III.

II. DISCONTINUANCE – ORS 743.737; 743.754; 743.766

1. Please select the type of health plan involved:

- Small employer health benefit plan
- Large employer health benefit plan
- Individual health benefit plan
- Portability health benefit plan

If a carrier is discontinuing all of the group products in this state, a separate Portability discontinuance filing must be submitted. If there are no other group products and as a result, Portability plans cannot be continued, carriers may offer enrollees their Individual plans with no health status underwriting as well as the option to obtain coverage through the Oregon Medical Insurance Pool (OMIP).

2. Does the carrier have other “group” products in this state? Yes No

a) If yes, small large both large and small group

3. Corresponding portability plan(s) discontinuation filing is included under separate cover. If a Portability discontinuation filing is not included in this filing or under separate cover, please explain why:

4. Does the carrier have “individual” products in this state? Yes No

a.) If yes, will the carrier offer the portability members the individual plan

- without medical underwriting
- with medical underwriting

5. The carrier is discontinuing offering or renewing, or offering and renewing **all** health benefit plans in specified area(s) within Oregon. Which counties are affected?

6. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in Oregon.

7. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in specified area(s) within Oregon. Which counties are affected?(closed block)

8. ORS 742.003(4) Prior to issuing notices:

- Provide a copy of the notice to DCBS for review prior to issuing the notices to the policyholders. The notices must provide detailed information regarding the policyholder’s options.

III. REQUIRED SUPPORTING DOCUMENTATION

List all plans being discontinued or modified and provide the number of policyholders in each plan involved. (Attach an additional page if needed)

<u>Plan and Form Number</u>	<u>Grandfathered</u> Yes/No	<u>Name</u>	<u># of Insured Lives</u>
<u>PORT-OR 0113 LC EPO-COPAY</u>	No	<u>HMO 30/500/3000</u>	<u>36</u>
<u>PORT-OR 0113 PC EPO-COPAY</u>	No	<u>HMO 30/100/1500</u>	<u>250</u>
<u>PORT-OR 0113 PC POS</u>	No	<u>POS 20/40/15000 750d</u>	<u>762</u>
<u>PORT-OR 0113 LC POS</u>	No	<u>POS 30/50/20000 1500d</u>	<u>373</u>
<u>PORT-OR 0113 PC INDEMNITY</u>	No	<u>INDEM 20/15000 750d</u>	<u>1</u>
<u>PORT-OR 0113 LC INDEMNITY</u>	No	<u>INDEM 30/20000 1500d</u>	<u>0</u>
<u>PORT-OR 0113 RX PLAN PC</u>	No	<u>RX 20/40/60</u>	<u>1013</u>
<u>PORT-OR 0113 RX PLAN LC</u>	No	<u>RX 20/40/60 1000d</u>	<u>409</u>

IV. Items required in filing, whether modification or discontinuance:

- An actuarial demonstration describing the changes in benefits and/or rates.
- Include a chart showing claim cost percentages of premium for all the added or discontinued benefits and/or services and the sum of the changes. Note: the idea here is to prove a modification (less than 10%) or discontinuance (more than 10%). The same service can have different dollar values depending on other provisions such as deductibles. We need the overall effect, best stated as a percentage including the percentage for each item in the list that represents the items' portion of the total premium. **If this information is not included in the filing, please provide a written explanation.**
- Provide a description of the data (source and time period) used to develop the value for the benefits and/or services.
- A list of the changes in the modification including a side-by-side comparison showing the previous benefit structure compared to the new benefit structure.
- A side-by-side comparison showing the new plan that will be closest to the discontinued.
- Language changes that constitute a benefit or service change must be included in the side-by-side comparison.
- Provide a statement as to why the changes are needed. [All portability plans are being discontinued per HB 2240.](#)

Carriers are subject to a 5-year ban from the Oregon market product line they elect to discontinue.

Small Employer ORS 743.736(12)
Large Group ORS 743.752(2)

Individual ORS 743.769(6)

[PHP logo - b&w]

[date]

[subscriber name
subscriber address]

Re: Portability Plan Discontinuation

Dear [First name Last name]:

Thank you for choosing Providence Health Plan as your trusted partner. We're committed to doing right by you, and by your well-being. As the major changes of health care reform roll out, we want to make sure that you have all of the information you need to make the health plan choice that's right for you.

The first thing you need to know is that, due to changes related to the Affordable Care Act, or ACA, all portability plans, including your existing plan, will be discontinued after Dec. 31, 2013 and, therefore, you will need to choose new health plan coverage. The good news is that individuals no longer will be denied coverage due to pre-existing conditions. That means you'll be able to get individual health insurance coverage even if you were previously denied and you can't be charged more if you have significant health issues. Providence offers a wide variety of new individual plans that include richer benefits and new limits on out-of-pocket costs. New plans are available with coverage effective as early as Jan. 1, 2014.

We're still your partner

While the ACA does require a change from your current plan, it doesn't require you to change the way you go about getting coverage. You can still buy your plan from us, as you've done before. You will continue to receive the personal level of care that you've come to expect from Providence. And now, you'll also be able to select from new individual plans offering a wide variety of advantages to support your well-being, such as:

- A connected care experience delivered by an exclusive community of primary care providers and specialists who work together to support your health
- Hundreds of classes and seminars on topics such as brain health, stress management, weight control and quitting smoking, to promote mind and body health
- Exclusive discounts on recreation, cultural activities and travel, including savings on hotels, cruises and tickets to local events

Providence is repeatedly ranked one of the 10 most well-integrated health care systems in the nation. As a Providence Health Plan member, that means you can enjoy superior customer service and peace of mind knowing that your physicians, hospitals, pharmacies and health plan teams are all working together to keep you as healthy as possible. Providence is about more than technology and tools, numbers and claims. We're about ensuring *your* greater good. We've been serving Oregonians and the Pacific Northwest since 1856, and we're here for the long haul.

What you need to do next

Please review the enclosed plan information provided to help you choose a new Providence plan that best fits your health insurance needs. Plan and enrollment information is also available online at [URL]. Once you've chosen your new health plan, simply submit your completed application either online or by mail.

The timeframe during which you may purchase coverage for 2014, called open enrollment, will begin on October 1, 2013 and end on March 31, 2014. If you purchase a policy through Oregon's health insurance exchange, called Cover Oregon, you may be eligible for a subsidy and/or tax credits based on your income. Contact Cover Oregon at 855-COVEROR (855-268-3767) or your insurance producer for more information.

Questions? Give us a call

There's a lot of information here, and we know it can be pretty overwhelming. Rest assured that we are here to guide you through it. If you have any questions about the discontinuation of your current plan, your new plan options, health care reform changes, or anything in this packet, we will be more than happy to explain it.

To speak with a Sales representative, please call 800-988-0088 (TTY: 711), Monday through Friday between 8 a.m. and 8 p.m.

Sincerely,

Doug Dillon
Director, Individual and Medicare Sales

[Enclosure(s)]