

**Participation & Underwriting Guidelines Update  
New York (NY) & New Jersey (NJ) Renewing  
Small Groups (2-50)**

## Today's Goals

- Current Guidelines Review
- Plan Participation
- Underwriting Update
- Renewal Process Changes (IDEA)
- Frequently Asked Questions
- 30 - 45 Minutes

# Current Guidelines

## New York & New Jersey

### ➤ New York

- 51% participation
- Other carrier
- Rider rules
- 15+ enrolled to offer two OHI plans

### ➤ New Jersey

- 75% participation
- Dual or Triple Option offering
- Class carveouts allowed
- Employer must contribute 10% of premium

# Participation Guidelines

## New York and New Jersey Renewals



- IDEA will be updated May 10, 2013
  - July renewals will be available in IDEA on 5/10/13
  - Effective May 10th, you will be required to provide plan participation information and tax documentation for all July 1 renewals and upon future renewal dates
  - **Groups will no longer auto-renew**
    - Coverage will be terminated if documentation is not provided within the required time frame
    - June 1 renewals are not impacted
- Line of Business Transfers – New York Only
  - Groups with 51+ eligible employees may not remain on a small group product and will be offered enrollment on a large group product

# Participation Guidelines

## New York and New Jersey Renewals



### Minimum Participation Requirements (2-50)

- **New York:** 51% eligible employees enrolled in an Oxford OHI licensed product
  - Sole carrier requirement has changed
    - Other employer sponsored HMO coverage may be offered
      - Not considered a valid waiver
    - Other Insurance coverage may not be offered
- **New Jersey:** 75% eligible employees enrolled in an Oxford product
  - Exception: Groups in force prior to Sept. 1, 2010 that do not meet minimum participation requirements will be able to renew into their current policy only

### Required Documentation

- Tax Documents – Refer to tax instruction guides for details
- Minimum Participation Guidelines information (Plan Participation Screen)
- State Specific (New York or New Jersey) Small Group Annual Certification Form

**Please note: Documentation and Forms differ by State**

# Underwriting Changes New York

## Tax documents will be required for all new and renewing July 1, 2013 business

- **W-4 will no longer be an acceptable tax document**
  - For employees within the first two weeks of employment, a payroll report must be submitted
  - K1 document must show 100% ownership, or we must receive all the K1's that add up to 100% ownership
  - New York only: Next to each employee listed on the tax documents, groups must indicate the Status Code (from the list below)

STATUS CODES			
<b>A</b>	Employee is actively enrolled (plan subscriber).	<b>S</b>	Employee is covered under spouse's employer plan.
<b>M</b>	Employee is covered under Medicare.	<b>O</b>	Employee has other coverage. Specify nature of coverage (e.g., individual, group, military, parental, etc.).
<b>T</b>	Employee is terminated (no longer works for this employer).	<b>D</b>	Employee is declining coverage (i.e., due to cost or doesn't want). Only use this code if the employee is full-time with no other coverage or waiver reason.
<b>P</b>	Employee is part-time and works less than the required full-time hours (includes temporary and seasonal employees).	<b>L</b>	Employee is not actively working due to Leave of Absence or other reason. Please provide the last tax form or payroll the employee is listed on.
<b>W</b>	Employee is full-time but is in the policy's waiting period. Indicate date of hire and date the employee will be eligible for coverage.	<b>C</b>	Person is covered under state or federal (COBRA) continuation law. Indicate continuation start date and whether coverage is provided by a prior employer or by your company.

# Renewal Verification New York and New Jersey

## Risk Management Audits

- Validate group meets the definition of an employer group
- Confirm group's eligibility for small group coverage (based on state definition)
- Confirm group meets minimum participation and underwriting requirements based on the groups state situs
- 100% Ownership Verification

**To avoid any enrollment delays or group terms, please be sure to provide all necessary information in IDEA two weeks prior to the effective date**

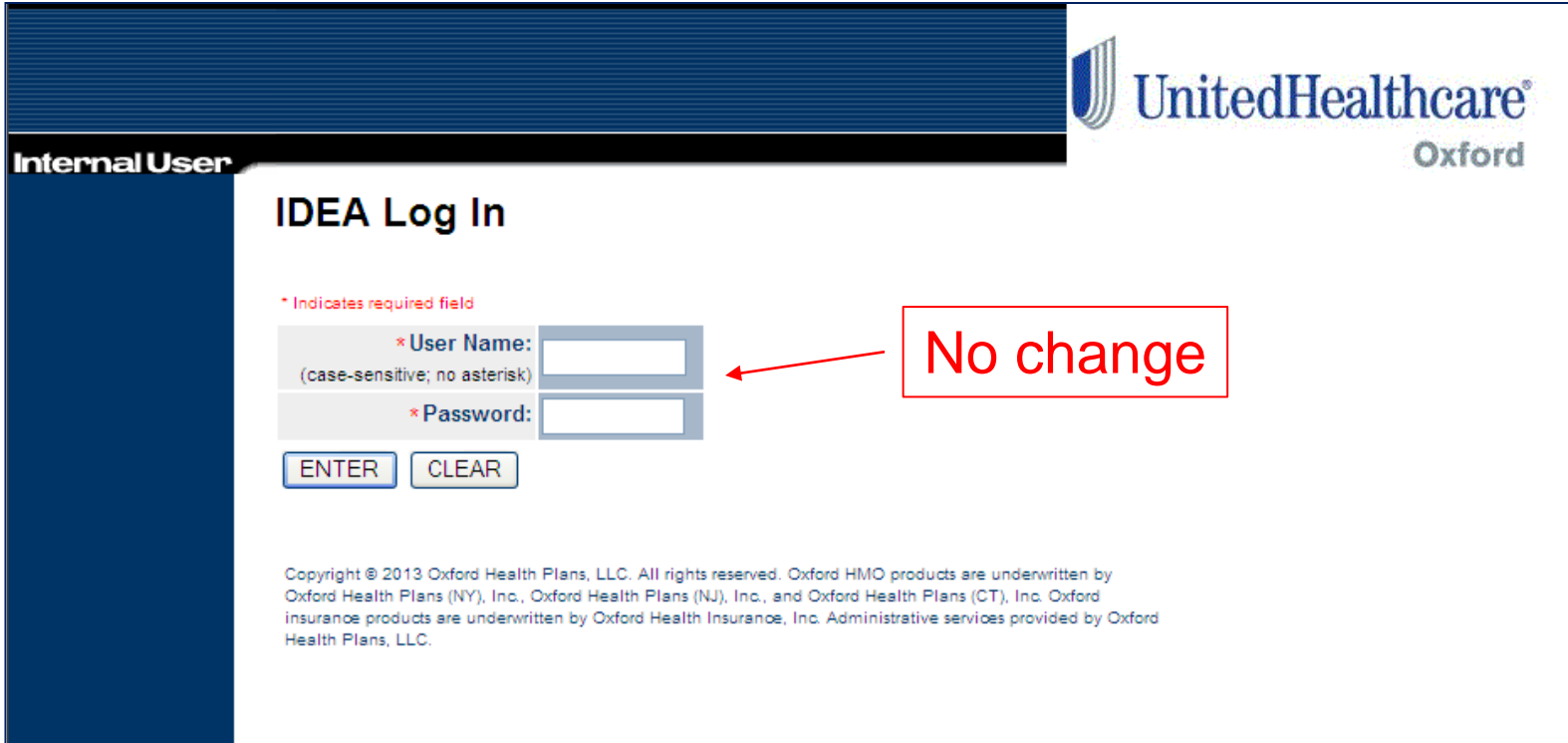
# Small Business Renewal Process Changes





# IDEA Workflow and Processes

Log into IDEA and search for a group using the current process



**Internal User**

## IDEA Log In

\* Indicates required field

\* User Name:   
(case-sensitive; no asterisk)

\* Password:

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**No change**

# Renewal Manager Screen New York and New Jersey

## Click Renewal Manager Link

Group ID #: <a href="#">AA1233</a>									
Group Name: A&H ARCHITECTURE									
CSP Description	Quote #	% Rate Change	Status of Renewal	Renewal Effective Date	State	GA Name	Broker ID #	Broker Name	Action
CSP05 - SENIOR MANAGEMENT	As-Is		<a href="#">Action Needed</a>	July 2013	NY				<ul style="list-style-type: none"><li><a href="#">View Renewal</a></li><li><a href="#">Run Quotes</a></li><li><a href="#">View/Send Proposal</a></li><li><a href="#">View Renewal Manager</a></li><li><a href="#">View Summary of Benefit Coverage</a></li></ul>

## ➤ Click View/Modify Plan Participation Link

Actions
<a href="#">View/Modify Plan Participation</a>

# Plan Participation Screen New York and New Jersey

All fields with an asterisk (\*) are required to be completed

- Compare the Current and Renewing fields and update according to the new renewal criteria
- Required fields not completed will receive an error message similar to the example below depending on what field is blank

**\* Number of eligible employee(s) is a required field and was left blank**

Group Size Eligibility		
Participation	Current	Renewing
*How many <u>eligible employees</u> does this group have? <input type="text"/>		
<a href="#">NY Small Group (2-50) Underwriting Guidelines - OHI</a> Please review the Underwriting Guidelines to determine participation and eligibility requirements pertinent to your renewal. If you submit plans for which you are not eligible, you may be subject to non-renewal or termination of plans selected.		
*1. How many <u>total employees</u> does this group have?	N/A	<input type="text"/>
*2. Total Number of <u>eligible employees being offered Oxford coverage?</u>	2	<input type="text" value="2"/>

# Plan Participation Screen New York

New York groups must complete the Coordination of Benefit (COB) questions 8-10

*8. Total number on payroll, regardless of eligibility, hours worked, work location or other coverage:	N/A	<input type="text"/>
*9. Has your group had 20 or more employees for each working day in each of 20 or more calendar weeks in the current calendar year?	N/A	Yes <input checked="" type="radio"/> No <input type="radio"/>
*9a. Or in the preceding year	N/A	Yes <input checked="" type="radio"/> No <input type="radio"/>
*10. Has your group had 100 or more employees on 50% or more of regular business days in the previous calendar year?	N/A	Yes <input checked="" type="radio"/> No <input type="radio"/>

# Small Employer Certification Screen New Jersey

Upon clicking Cancel Continue you will return to the New Jersey Small Employer Certification screen

## ➤ Complete Employee Census Information

Please use the following letters to indicate Status:

<b>F</b>	Full-Time Employee who works 25 or more hours per week
<b>P</b>	Part-Time employee who works less than 25 hours per week
<b>T</b>	Temporary Employee
<b>I</b>	Independent Contractor
<b>D</b>	Totally Disabled employee
<b>C</b>	Continue under state or federal law
<b>U</b>	Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement.

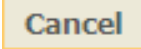
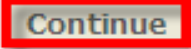
\* Total Number of Employees:

8

Delete	First Name	Last Name	Job Title	Date of Employment (mm/dd/yyyy)	Hours Worked Per Week	Status	Location of Work	Gender	DOB (mm/dd/yyyy)
<input type="checkbox"/>	Jimmie	Larson				F	NJ	Male	3/2/1979
<input type="checkbox"/>	Timothy	Mcclain				F	NJ	Male	9/2/1981
<input type="checkbox"/>	Brett	Frana				F	NJ	Male	6/16/1983
<input type="checkbox"/>	Jennifer	Davies				F	NJ	Female	8/20/1966

# Small Employer Certification Screen New Jersey



Upon clicking   you will be directed to the screen below

## Certificate of a Small Employer in the State of New Jersey in Accordance with New Jersey Ch.162

### All Questions Must Be Answered

An Eligible Employee is one who works on a full-time basis with a normal work week of 25 or more hours for pay. An employee who works less than 25 hours per week, on a temporary or substitute basis, or an employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement is not an eligible employee.

Total Number of Eligible Employees	48
Total Number of Eligible Employees applying/enrolling for health benefits	2
Total Number of Eligible Employees waiving health benefits coverage under the policy with coverage under their spouse's coverage, other than individual coverage, Medicare, Medicaid, or NJ Family Care, or any other	<input type="text"/>

**All questions must be answered**

# Renewal Manager Screen New York and New Jersey

Upon clicking Cancel Continue you will be directed to the Renewal Manager screen

- Click the View/Modify Quote button and enter your updates
- Save the quote, and return to the Renewal Manager screen

CSP Description	Plan	In-Network Copayment	Deductible Accumulation	Pharmacy Rider - Deductible	Optional Riders	Monthly Premium	Action
<input checked="" type="radio"/> CSP05 - SENIOR MANAGEMENT - As-Is	<a href="#">Oxford Exclusive Metro/Freedom/Non-Gated</a>	\$25/\$50	Calendar Year	10/30/60-\$100	Age 26 for Dependent or Student, \$300 Inpatient Copay, VISION, DENTAL - ENHC	\$683.27	<a href="#">View/Modify Quote</a> <a href="#">View Summary of Benefit Coverage</a>
CSP Description	Plan	In-Network Copayment	Deductible Accumulation	Pharmacy Rider - Deductible	Optional Riders	Monthly Premium	Action
<input checked="" type="radio"/> CSP06 - OFFICERS - As-Is	<a href="#">HMO/Liberty/Gated</a>	\$30/\$50 w/ \$150 OP; \$500/day IP Hosp	Calendar Year	15/35/75-\$100	Age 26 for Dependent or Student	\$0.00	<a href="#">View/Modify Quote</a> <a href="#">View Summary of Benefit Coverage</a>

Select Plans For Renewal

- Click the “Select Plans for Renewal’ button

# Renewal Manager Screen New York and New Jersey

The appropriate PDF forms will generate based on the license being renewed

**Step 3.** You may view the completed New York Small Group Annual Certification form(s) online upon submitting your renewal. You will be signing this form electronically as part of the overall renewal submission authorization.

Document	Status	Last Updated
<a href="#">NY Small Employer Certification Form OHP</a>	Generated	4/2/2013
<a href="#">NY Small Employer Certification Form OHI</a>	Generated	4/2/2013

Upload appropriate documents as required

**Step 4.** In order to complete your online renewal, you must upload the group's tax documentation. You **MUST** review the instructions by clicking on the Tax Form link to ensure you provide the correct tax documents and employee status. If you are unable to upload these documents, then they must be submitted with the [Renewal Cover Letter & Checklist](#). The group will not be renewed until the documents have been received and approved.

Document	Status	Upload	Last Updated	Select
<a href="#">Tax Forms</a>	Not received	<a href="#">View/Upload</a>	4/2/2013	<input type="checkbox"/>



# Renewal Manager Screen New York and New Jersey

Upload optional forms as applicable

**Step 5.** For your convenience, you may upload the following documents in lieu of mailing. If you are unable to upload these documents, then they must be submitted with the [Renewal Cover Letter & Checklist](#) in order to be effectively processed.

Document	Status	Upload	Last Updated	Select
<a href="#">Member Enrollment Form (Oxford Exclusive Metro/Freedom/Non-Gated)</a>	Not received	<a href="#">View/Upload</a>	4/3/2013	<input type="checkbox"/>
<a href="#">Member Enrollment Form (HMO/Liberty/Gated)</a>	Not received	<a href="#">View/Upload</a>	4/3/2013	<input type="checkbox"/>
<a href="#">Dental Form</a>	Not received	<a href="#">View/Upload</a>	4/2/2013	<input type="checkbox"/>
<a href="#">Religious Employer Exemption Certification</a>	Not received	<a href="#">View/Upload</a>	4/2/2013	<input type="checkbox"/>

**Final Step:** Click on the 'Submit Online Renewal' button to complete your group's renewal.

**SUBMIT ONLINE RENEWAL**

[Return to Your Group's Results](#)

No group is renewed until the "Submit online renewal" button has been clicked

# Specialty Quoting via IDEA

Internal User

Internal Users Can...

Change a

- New Business Proposal

Create a

- Renewal Proposal
- New Business Proposal
- Customized Rate Table

Create a

- Renewal Proposal
- New Business Proposal
- Customized Rate Table

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- Renewal Proposal
- New Business Proposal
- Customized Rate Table

Date Test

- Set Date
- View Session
- ME RT Process
- BA Login

## Build Proposal

Group Name: HTM NJ ANCILLARY DEMO CHECKOUT  
 Proposal Number: 310228  
 Status of Enrollment: QUOTED  
 Effective Date: 03/01/2012

Below are the items you selected to be included in the proposal you will be sending to your client.

Quote Plan	In-Network Copayment	Pharmacy Rider-Deductible	Monthly Premium
Ease/Liberty/Gated	\$50/\$50	- N/A	\$7,275.72

Quote Plan	Ancillary Benefit 1/span>	>P Ancillary Benefit 2	Monthly Premium
OBM Preferred Specialty Option	\$50 / \$50	\$150 / \$150	\$175

Quote Plan	Ancillary Benefit 1/span>	>P Ancillary Benefit 2	Monthly Premium
VDLUNTARY	12 months	12 months	\$175

Quote Plan	Ancillary Benefit 1/span>	>P Ancillary Benefit 2	Monthly Premium
LTD Plan 1	60%	\$10,000	\$125

1. If you would like to include a cover letter and/or information about Oxford, please check the appropriate box(es) below. You will need to download [Adobe Acrobat Reader](#) to view the proposal.

In order to comply with the Patient Protection and Affordable Care Act (PPACA), we have modified all plans designs in the 2-99 market, applicable on renewal, as follows: removed all cost-sharing from preventive care; removed annual dollar limits as required by PPACA; removed all lifetime dollar limits; extended coverage to dependents up to age 26 (or older if required by state law), and even if they have coverage available through an employer; and eliminated pre-existing exclusions for children under the age of 19. We are in the process of updating our documentation to reflect these updates.

- About Oxford [View Sample](#)
- Summary of Coverage (3-4 pages per quote)
- Cover Letter [View Sample](#)

2. Enter contact information for the person presenting this proposal. Please modify the following as appropriate.

• Broker Name:

## Frequently Asked Questions

- 1) Will groups automatically renew as is beginning with July 1 renewals?
  - No, all groups must act and provide plan participation information, certification information and tax documentation
  - **Coverage will be terminated if no action is taken**
- 2) When will IDEA be available for July 1 renewals?
  - May 10, 2013
- 3) Will rider rules and multiple plan design rules apply effective July 1 (NY)?
  - No
- 4) When will W-4's no longer be acceptable in New York and New Jersey?
  - July 1, 2013 - impacts new and renewing business
    - New Group Exception: For employees within the first two weeks (or first pay cycle) of employment, a payroll report must be submitted
- 5) Will Sole Props be required to submit tax documentation?
  - Yes
- 6) When a New York group provides status codes for their employees, do they still need to provide waivers (at renewal)?
  - No, we will use status codes to determine valid waivers. Through the risk management process we may request additional documentation

# Frequently Asked Questions

## 7) Why are there three versions of the New York Certification Form?

- Certification forms are amendments to New York Group Application, therefore must be on correct licensed company version:
  - Oxford Health Plans (OHP)
    - Liberty HMO
  - Oxford Health Insurance (OHI)
    - Exclusive EPO, Ease EPO, Direct PPO, Metro/Metro Access PPO, Exclusive H S A, Direct H S A, Primary Advantage
  - Oxford Health Plans (OHP/OHI) Point of Service
    - Freedom Plan, Liberty Plan, Freedom Plan Select, Liberty Plan Select

## 8) When is an existing NY group required to submit a Group Application?

- If they are renewing into a plan on a different license (OHI or OHP)

## Summary

- Groups will no longer automatically renew
  - Required to provide plan participation, certification information and tax documentation
- IDEA will be updated on May 10, 2013 to support July 1, 2013 renewals
- July 1, 2013 Participation Guidelines for renewing business
- W-4s will no longer be acceptable
- Provide all required information and complete renewal process as early as possible

**PLEASE REMEMBER, GROUPS WILL NOT AUTO RENEW**

# Thank you

Thank you very much for your continued confidence in  
UnitedHealthcare and your local sales and account  
management teams

Please reach out to your account representative with any  
further questions