SESSION 1995

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SENATE BILL 652

Pensions and Retirement/Insurance/State Personnel Committee Substitute Adopted 4/27/95

Short Title: Small Employer Coverage Changes.

(Public)

Sponsors:

Referred to:

April 11, 1995

A BILL TO BE ENTITLED
AN ACT TO MAKE CHANGES TO THE GENERAL STATUTES PERTAINING TO
SMALL EMPLOYER HEALTH CARE COVERAGE.
The General Assembly of North Carolina enacts:
Section 1. G.S. 58-50-130(b) reads as rewritten:
"(b) For all small employer health benefit plans that are subject to this section and
are issued on or after January 1, 1995, section, premium rates for health benefit plans subject
to this section are subject to the following provisions:
(1) Small employer carriers shall use an adjusted-community rating
methodology in which the premium for each small employer can vary
only on the basis of the eligible employee's or dependent's age as
determined in accordance with subdivision (6) of this subsection, the
gender of the eligible employee or dependent, number of family
members covered, or geographic area as determined under subdivision
(7) of this subsection; subsection. Premium rates charged during a rating
period to small employers with similar case characteristics for same
coverage shall not vary from the adjusted community rate by more than

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1		twenty percent (20%) for any reason, including differences in
2		administrative costs and claims experience.
3	(2)	Rating factors related to age, gender, number of family members
4		covered, or geographic location may be developed by each carrier to
5		reflect the carrier's experience. The factors used by carriers are subject
6		to the Commissioner's review;
7	(3)	Small employer carriers shall not modify the rate for a small employer
8		for 12 months from the initial issue date or renewal date, unless the
9		group is composite rated and composition of the group changed by
10		twenty percent (20%) or more or benefits are ehanged; changed. The
11		percentage increase in the premium rate charged to a small employer for
12		a new rating period may not exceed the sum of the following:
13		a. The percentage change in the adjusted community rate as
14		measured from the first day of the prior rating period to the first
15		day of the new rating period, and
16		b. Any adjustment, not to exceed fifteen percent (15%) annually,
17		due to claim experience, health status, or duration of coverage of
18		the employees or dependents of the small employer, and
19		c. Any adjustment because of change in coverage or change in case
20		characteristics of the small employer group.
21	(4)	Carriers participating in an Alliance in accordance with the Health Care
22		Purchasing Alliance Act may apply a different community rate to
23		business written in that Alliance;
24	(5)	In the case of health benefit plans issued before January 1, 1995, a
25		premium rate for a rating period, adjusted pro rata for any rating period
26		of less than one year, may vary from the adjusted community rate, as
27		determined by the small employer carrier and in accordance with
28		subdivisions (1), (2), (3), and (4) of this subsection, for a period of two
29		years after January 1, 1995, as follows:
30		a. On January 1, 1995, the premium rates charged during a rating
31		period to small employers with similar case characteristics for the
32		same or similar coverage, or the rates that could be charged to
33		those employers under the rating system shall not vary from the
34		adjusted community rate by more than twenty percent (20%),
35		adjusted pro rata for any rating period of less than one year;
36		b. On January 1, 1996, the premium rates charged during a rating
37		period to small employers with similar case characteristics for the
38		same or similar coverage, or the rates that could be charged to
39		those employers under the rating system shall not vary from the
40		adjusted community rate by more than ten percent (10%),
41		adjusted pro rata for any rating period of less than one year; and
42		c. On January 1, 1997, all small employer benefit plans that are
43		subject to this section and are issued by small employer carriers

1		before Ionuary 1, 1005, and that are renewed on or ofter Ionuary
1		before January 1, 1995, and that are renewed on or after January
2		1, 1997, renewal rates shall be based on the same adjusted
3	$(\cap $	community rating standard applied to new business.
4	(6)	For the purposes of subsection (b) of this section, a small employer
5		carrier shall not use shall, unless the employer uses composite rating, use
6		the following age brackets of less than five years; brackets:
7		a. Younger than 15 years;
8		<u>b.</u> <u>15 to 19 years;</u>
9		$\underline{c.}$ <u>20 to 24 years;</u>
10		c. 20 to 24 years; d. 25 to 29 years;
11		
12		$\underline{f.}$ <u>35 to 39 years;</u>
13		\underline{g} . <u>40 to 44 years;</u>
14		<u>h. $45 \text{ to } 49 \text{ years};$</u>
15		<u>i. 50 to 54 years;</u>
16		e. $30 \text{ to } 34 \text{ years;}$ f. $35 \text{ to } 39 \text{ years;}$ g. $40 \text{ to } 44 \text{ years;}$ h. $45 \text{ to } 49 \text{ years;}$ i. $50 \text{ to } 54 \text{ years;}$ j. $55 \text{ to } 59 \text{ years;}$ k. $60 \text{ to } 64 \text{ years;}$
17		\underline{k} <u>60 to 64 years</u> ;
18		1. 65 years.
19		Carriers may combine, but shall not split, complete age brackets for the
20		purposes of determining rates under subsection (b) of this section.
21		Small employer carriers shall be permitted to develop separate rates for
22		individuals aged 65 years and older for coverage for which Medicare is
23		the primary payor and coverage for which Medicare is not the primary
24		payor.
25	(7)	For the purposes of subsection (b) of this section, a carrier shall not
26	(.)	apply different geographic rating factors to the rates of small employers
27		located within the same county; and
28	(8)	The Department may adopt rules to administer this subsection and to
29	(0)	assure that rating practices used by small employer carriers are
30		consistent with the purposes of this subsection. Those rules shall include
31		consideration of differences based on the following:
32		a. Health benefit plans that use different provider network
33		arrangements may be considered separate plans for the purposes
34		of determining the rating in subdivision (1) of this subsection,
35		provided that the different arrangements are expected to result in
33 36		substantial differences in claims costs;
36 37		
37		b. Except as provided for in sub-subdivision a. of this subdivision, differences in premium, rates charged for different health benefit
38 39		differences in premium rates charged for different health benefit
		plans shall be reasonable and reflect objective differences in plan
40		design, but shall not permit differences in premium rates because
41		of the <u>demographics</u> case characteristics of groups assumed to
42		select particular health benefit plans; and

1	c. Small employer carriers shall apply allowable rating factors
2	consistently with respect to all small employers. Adjustments in
3	rates for age, gender, and geography shall not be applied
4	individually. Any such adjustment shall be applied uniformly to
5	the rate charged for all employee enrollees of the small
6	employer."
7	Sec. 2. G.S. 143-622(21) reads as rewritten:
8	"(21) 'Qualified health care plans' means the basic or standard health care
9	plans offered by an Accountable Health Carrier to member small
10	employers and as authorized by the Small Employer Carrier
11	Committee pursuant to G.S. 58-50-120. 58-50-120 and one additional
12	plan. This additional plan shall be strictly limited to medical
13	benefits and shall not be instituted with any elements of dental
14	benefits. For the purposes of this section, 'medical' does not include
15	any elements of life, property and casualty, or workers'
16	compensation benefits."
17	Sec. 3. G.S. 143-626(2) reads as rewritten:
18	"(2) Accept applications by carriers to qualify as Accountable Health
19	Carriers, determine the eligibility of carriers to become Accountable
20	Health Carriers according to criteria described in G.S. 143-629, and
21	designate carriers as Accountable Health Carriers. Carriers, and
22	approve one additional qualified health care plan to be offered to
23	small employers beyond the basic and standard health care plans."
24	Sec. 4. G.S. 143-632(d) reads as rewritten:
25	"(d) Nothing in this section shall be construed to or explicitly prohibit an Alliance
26	or Accountable Health Carrier from using the services of an agent or broker in order to
27	assist in marketing. The Board shall require the use of agents or brokers licensed by the
28	North Carolina Department of Insurance to assist small employers in obtaining coverage
29	through an Alliance. All licensed agents or brokers shall be eligible to market and sell
30	coverage through an Alliance. An Accountable Health Carrier shall not vary
31	compensation or commissions to such agents or brokers based, directly or indirectly, on
32	the anticipated or actual claims experience or health status associated with particular
33	small employers to which each plan is sold."
34	Sec. 5. The Small Group Carrier Committee, the Department of Insurance, and
35	the State Health Plan Purchasing Alliance Board shall report no later than January 1,
36	1997, to the Joint Legislative Commission on Governmental Operations on the following:
37	(1) The market impact study of adjusted community rating on the small
38	group markets in other states, especially in Florida, California,
39	Kentucky, South Carolina, and Maryland;
40	(2) A market impact study to evaluate the short-term and long-term
41	effect of adjusted community rating on the small group market in
42	North Carolina; and

1	(3) If deemed necessary, a proposed timeline for a transition toward
2	adjusted community rating without experience and administrative
3	expense bands.
4	Sec. 6. This act is effective upon ratification.