GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1995

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SENATE BILL 652

Short Title: Small Employer Coverage Changes.

(Public)

Sponsors: Senator Rand.

Referred to: Pensions and Retirement/Insurance/State Personnel

April 11, 1995

1	A BILL TO BE ENTITLED
2	AN ACT TO MAKE CHANGES TO THE GENERAL STATUTES PERTAINING TO
3	SMALL EMPLOYER HEALTH CARE COVERAGE.
4	The General Assembly of North Carolina enacts:
5	Section 1. G.S. 58-50-130(b) reads as rewritten:
6	"(b) For all small employer health benefit plans that are subject to this section and
7	are issued on or after January 1, 1995, section, premium rates for health benefit plans subject
8	to this section are subject to the following provisions:
9	(1) Small employer carriers shall use an adjusted-community rating
10	methodology in which the premium for each small employer can vary
11	only on the basis of the eligible employee's or dependent's age as
12	determined in accordance with subdivision (6) of this subsection, the
13	gender of the eligible employee or dependent, number of family
14	members covered, or geographic area as determined under subdivision
15	(7) of this subsection; subsection. Premium rates charged during a rating
16	period to small employers with similar case characteristics for same
17	coverage shall not vary from the adjusted community rate by more than
18	twenty percent (20%) for any reason, including differences in
19	administrative costs and claims experience.

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1	(2)	Rating factors related to age, gender, number of family members
2		covered, or geographic location may be developed by each carrier to
3		reflect the carrier's experience. The factors used by carriers are subject
4		to the Commissioner's review;
5	(3)	Small employer carriers shall not modify the rate for a small employer
6		for 12 months from the initial issue date or renewal date, unless the
7		group is composite rated and composition of the group changed by
8		twenty percent (20%) or more or benefits are changed ; <u>changed</u> . The
9		percentage increase in the premium rate charged to a small employer for
10		
		a new rating period may not exceed the sum of the following:
11		a. The percentage change in the adjusted community rate as
12		measured from the first day of the prior rating period to the first
13		day of the new rating period, and
14		b. Any adjustment, not to exceed fifteen percent (15%) annually,
15		due to claim experience, health status, or duration of coverage of
16		the employees or dependents of the small employer, and
17		<u>c.</u> <u>Any adjustment because of change in coverage or change in case</u>
18		characteristics of the small employer group.
19	(4)	Carriers participating in an Alliance in accordance with the Health Care
20		Purchasing Alliance Act may apply a different community rate to
21		business written in that Alliance;
22	(5)	In the case of health benefit plans issued before January 1, 1995, a
23	(0)	premium rate for a rating period, adjusted pro rata for any rating period
24		of less than one year, may vary from the adjusted community rate, as
25		determined by the small employer carrier and in accordance with
26		subdivisions (1), (2), (3), and (4) of this subsection, for a period of two
20 27		years after January 1, 1995, as follows:
28		a. On January 1, 1995, the premium rates charged during a rating
28		period to small employers with similar case characteristics for the
30		same or similar coverage, or the rates that could be charged to
31		those employers under the rating system shall not vary from the
32		adjusted community rate by more than twenty percent (20%),
33		adjusted pro rata for any rating period of less than one year;
34		b. On January 1, 1996, the premium rates charged during a rating
35		period to small employers with similar case characteristics for the
36		same or similar coverage, or the rates that could be charged to
37		those employers under the rating system shall not vary from the
38		adjusted community rate by more than ten percent (10%),
39		adjusted pro rata for any rating period of less than one year; and
40		c. On January 1, 1997, all small employer benefit plans that are
41		subject to this section and are issued by small employer carriers
42		before January 1, 1995, and that are renewed on or after January
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1		1, 1997, renewal rates shall be based on the same adjusted
2		community rating standard applied to new business.
3	(6)	For the purposes of subsection (b) of this section, a small employer
4		carrier shall not use shall, unless the employer uses composite rating, use
5		the following age brackets of less than five years; brackets:
6		<u>a.</u> Younger than 15 years;
7		$\underline{b.} \qquad \underline{15 \text{ to } 19 \text{ years;}}$
8		$\underline{c.}$ <u>20 to 24 years;</u>
9		$\underline{d.}$ <u>25 to 29 years;</u>
10		<u>e.</u> <u>30 to 34 years;</u>
11		b. 15 to 19 years; c. 20 to 24 years; d. 25 to 29 years; e. 30 to 34 years; f. 35 to 39 years; g. 40 to 44 years; h. 45 to 49 years; i. 50 to 54 years; j. 55 to 59 years; k. 60 to 64 years; l. 65 years.
12		\underline{g} . <u>40 to 44 years;</u>
13		<u>h. $45 \text{ to } 49 \text{ years};$</u>
14		<u>i. 50 to 54 years;</u>
15		\underline{j} . 55 to 59 years;
16		<u>k.</u> <u>60 to 64 years;</u>
17		<u>1. 65 years.</u>
18		Carriers may combine, but shall not split, complete age brackets for the
19		purposes of determining rates under subsection (b) of this section.
20		Small employer carriers shall be permitted to develop separate rates for
21		individuals aged 65 years and older for coverage for which Medicare is
22		the primary payor and coverage for which Medicare is not the primary
23		payor.
24	(7)	For the purposes of subsection (b) of this section, a carrier shall not
25		apply different geographic rating factors to the rates of small employers
26		located within the same county; and
27	(8)	The Department may adopt rules to administer this subsection and to
28		assure that rating practices used by small employer carriers are
29		consistent with the purposes of this subsection. Those rules shall include
30		consideration of differences based on the following:
31		a. Health benefit plans that use different provider network
32		arrangements may be considered separate plans for the purposes
33		of determining the rating in subdivision (1) of this subsection,
34		provided that the different arrangements are expected to result in
35		substantial differences in claims costs;
36		b. Except as provided for in sub-subdivision a. of this subdivision,
37		differences in premium-rates charged for different health benefit
38		plans shall be reasonable and reflect objective differences in plan
39		design, but shall not permit differences in premium rates because
40		of the demographics case characteristics of groups assumed to
41		select particular health benefit plans; and
42		c. Small employer carriers shall apply allowable rating factors
43		consistently with respect to all small employers. Adjustments in

1	rates for age, gender, and geography shall not be applied
2	individually. Any such adjustment shall be applied uniformly to
3	the rate charged for all employee enrollees of the small
4	employer."
5	Sec. 2. G.S. 143-622(21) reads as rewritten:
6	"(21) 'Qualified health care plans' means the basic or standard health care
7	plans offered by an Accountable Health Carrier to member small
8	employers and as authorized by the Small Employer Carrier
9	Committee pursuant to G.S. 58-50-120. 58-50-120 and other plans as
10	approved by the Board."
11	Sec. 3. G.S. 143-626(2) reads as rewritten:
12	"(2) Accept applications by carriers to qualify as Accountable Health
13	Carriers, determine the eligibility of carriers to become Accountable
14	Health Carriers according to criteria described in G.S. 143-629, and
15	designate carriers as Accountable Health Carriers. Carriers, and
16	approve qualified health care plans offered to small employers
17	beyond the basic and standard health care plans."
18	Sec. 4. G.S. 143-628(6) reads as rewritten:
19	"(6) Pay contracted rates to Accountable Health Carriers and other
20	<u>qualified third parties</u> on a monthly basis or as otherwise mutually
21	agreed pursuant to G.S. 143-631;".
22	Sec. 5. G.S. 143-628(9) reads as rewritten:
23	"(9) Contract, as authorized by the Alliance Board of Directors, with a
24	qualified third party for any service necessary to carry out the
25	powers and duties as defined in this section, section or as otherwise
26	determined by the Board, including contracts with agents to assist in
27	contracting with Accountable Health Carriers and small employers
28	and to assist the Alliance in undertaking activities necessary to
29	administer the Alliance, such as marketing and publicizing the
30	availability of the qualified health care plans;".
31	Sec. 6. The Small Group Carrier Committee, the Department of Insurance, and
32	the State Health Plan Purchasing Alliance Board shall report no later than January 1,
33	1997, to the Joint Legislative Commission on Governmental Operations on the following:
34	(1) The market impact study of adjusted community rating on the small
35	group markets in other states, especially in Florida, California,
36	Kentucky, South Carolina, and Maryland;
37	(2) A market impact study to evaluate the short-term and long-term
38	effect of adjusted community rating on the small group market in
39	North Carolina; and
40	(3) If deemed necessary, a proposed timeline for a transition toward
41	adjusted community rating without experience and administrative
42	expense bands.
43	Sec. 7. This act is effective upon ratification.

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