



High-Risk Pool FAQs – April 5, 2011

What is the high-risk pool program?

The new federal health care reform law requires the U.S Department of Health and Human Services to set up a temporary health insurance program – or “high-risk pool” – in each state for uninsured people with preexisting health conditions. Each state can decide whether it wants to run the new high-risk pool or have the federal government run the program instead. Ohio has decided to establish an Ohio specific high risk pool. Applications will be available on August 1st and the program will last until 2014, when full federal reforms will take effect.

How has Ohio chosen to administer the high-risk pool program?

Ohio has designated Medical Mutual of Ohio as the non-profit entity to administer Ohio’s high risk pool program. Medical Mutual is a non-profit mutual insurance company headquartered in Ohio which provides coverage on an insured and self-insured basis to individuals and groups throughout Ohio.

When will high-risk pool coverage be available in Ohio?

Medical Mutual will begin to accept applications for high risk pool coverage on August 1, 2010 at www.ohiohighriskpool.com with coverage to be effective for the first enrollees on September 1, 2010. Consumers can also call 1-877-730-1117 beginning August 2 to learn about the program and to request a written application form and instructions. Although applications will be available on the web, applicants will be required to print off the application and send it to Medical Mutual with a signature and required documentation. Applicants must include a check in payment of the first month contribution rates – the monthly payment you will make for your coverage. This will ensure that coverage for approved applicants will begin as soon as possible. The amount of the first month payment can be obtained at www.ohiohighriskpool.com or by calling 1-877-730-1117 on or after August 2nd.

What is the difference between the federal high-risk pool program and the Ohio high-risk pool program?

Ohio has chosen to implement its own program rather than rely on the federal fallback program. Eligible Ohioans will secure coverage through Medical Mutual rather than the federal plan. The federal application will not work in Ohio. Ohio is developing its own application. Applications for high risk pool coverage will be available beginning August 1st at: www.ohiohighriskpool.com and by telephone on or after Monday, August 2nd by calling toll-free: 1-877-730-1117.

What are the benefits and how much will the coverage cost?

Medical Mutual will offer two PPO benefit plans to enrollees, one with a \$1,500 deductible and another with a \$2,500 deductible. The benefits plans and contribution rates—the monthly payment you will make for your coverage—for these plans are attached below. Coverage will have no pre-existing conditions exclusions or waiting periods. Medical Mutual will provide coverage through a statewide provider network that is one of the most extensive in Ohio.

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Consumer Hotline: 1-800-686-1526 Fraud Hotline: 1-800-686-1527 OSHIIP Hotline: 1-800-686-1578
TDD Line: (614) 644-3745 (Printed in house)

PAGE 2.....HIGH-RISK POOL FAQs

What is the criterion to determine if individuals are eligible to enroll in Ohio's high-risk pool program?

The individual must:

- Be a citizen or national of the United States or lawfully present in the United States;
- Be an Ohio resident at the time of application;
- Be uninsured for 6 months prior to the date the person applies for coverage;
- Have a qualifying preexisting condition as evidenced by a denial of coverage by two insurers, or documentation from a health professional of a qualifying preexisting condition

*Due to a recent clarification from HHS, on or after March 23, 2011: an individual may be eligible for coverage under Medicare, Medicaid, SCHIP, an employer-sponsored group health plan, or other creditable coverage, but cannot be enrolled in that coverage.

What information will be required from me during the application process?

The application process will include documentation requirements associated with the following:

- **Citizenship:** Proof that the individual is a citizen or national of the United States or is lawfully present in the United States (Include copy of one item: birth certificate, passport or visa).
- **Ohio Resident:** Provide proof of Ohio residency (Include copy of one item: current driver's license or state identification card; current utility bill; rental agreement; voter registration card; current payroll stub; 2009 Ohio income tax return)
- **Evidence of a Pre-Existing Condition:** Either (1) a copy of letter or document verifying two carriers have refused to issue creditable coverage to the individual within the previous 6 months or would issue coverage only with an exclusionary rider or (2) written certification by a licensed physician or nurse practitioner, issued within the past 6 months, that the individual has a history of or suffers from a qualifying medical or health condition.
- **A Check or Money Order for the payment of the first month's contribution:** Applicants must include a check or money order for the payment of the first month's contribution—the monthly payment required, like a premium, for coverage. This will ensure that coverage for approved applicants will begin as soon as possible. The amount of the first month's payment can be obtained at www.ohiohighriskpool.com or by calling 1-877-730-1117 on or after August 2nd.

If you are interested in high risk pool coverage, you should gather this documentation now so that you are ready to send in your application on August 1st.

-MORE-

PAGE 3.....HIGH-RISK POOL FAQs

What constitutes a complete application?

A complete application will include the following:

- **Completed and signed application**
- **Required documents:**
 - **Citizenship:** Proof that the individual is a citizen or national of the United States or is lawfully present in the United States (Include copy of one item: birth certificate, passport or visa).
 - **Ohio Resident:** Provide proof of Ohio residency (Include copy of one item: current driver's license or state identification card; current utility bill; rental agreement; voter registration card; current payroll stub; 2009 Ohio income tax return)
 - **Evidence of a Pre-Existing Condition:** Either (1) a copy of letter or document verifying two carriers have refused to issue creditable coverage to the individual within the previous 6 months or would issue coverage only with an exclusionary rider or (2) written certification by a licensed physician or nurse practitioner, issued within the past 6 months, that the individual has a history of or suffers from a qualifying medical or health condition.
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If you are interested in high risk pool coverage, you should gather all the necessary documentation now so you are ready to send in your application as soon as the applications are available on the Web site, August 1st, or by requesting one through Customer Service at 1-877-730-1117 beginning August 2. Funding for the program is limited so it is important to act quickly.

What types of pre-existing conditions are eligible for coverage?

A variety of pre-existing conditions will qualify a person for high risk pool coverage, including but not limited to the following:

- Asthma (children and adults)
- Chronic obstructive pulmonary disease
- Chronic pain conditions
- Coronary artery disease
- Depression
- Diabetes (children and adults)
- Heart failure
- Pregnancy

-MORE-

PAGE 4.....HIGH-RISK POOL FAQs

Is COBRA considered creditable coverage?

Yes. COBRA is creditable coverage. Therefore, an applicant must wait for 6 months after their COBRA benefits have been exhausted to be eligible.

What is the enrollment process once I have submitted an application?

When an application is received from an individual, the enrollment process will proceed as follows:

- It is important that applications are complete and all required documentation is provided because an application will not be considered until it is complete. The date a complete application is submitted is the date that will determine when coverage will become effective and the order in which the application will be processed for approval.
- If an application is not complete or if the required documentation is not included, the applicant will be contacted and additional information will be requested.
- If the application and documentation is complete, the application will be processed within 5 to 7 days. Applicants will be notified by mail if the application has been approved or not.
- For approved applicants, if a complete application was received on or before the 15th of the month, coverage will begin on the first day of the next month. For those applicants whose complete application was received after the 15th of the month, coverage will begin on the first day of the following month (second month). For example, if an application is received between September 1st and 15th (including 15th), coverage will begin October 1st. If an application is received between September 16th and 30th, coverage will begin November 1st.
- Medical Mutual will send a letter to approved applicants with a member Identification Card and other coverage materials in accordance with the appropriate effective date as described above.

Under which circumstances would my coverage be terminated from the program?

An enrolled member would have their coverage terminated in the Ohio High Risk Pool if the following were to occur:

- Termination for non-payment of contributions
- Member becomes eligible for other creditable coverage
- Member becomes eligible for coverage under Medicare, Medicaid or Ohio's Children's Insurance Health Program
- Member moves or resides outside the state of Ohio
- Death of the member
- Acts of fraud

-MORE-

PAGE 5.....HIGH-RISK POOL FAQs

For non-payment, individuals who are more than 10 days in arrears on their contribution payment will be provided a written notice of potential cancellation if payment is not received in 31 days of the due date. Termination letters will be sent to any individual who is more than 31 days past due on contributions. Any individual, who is cancelled for non-payment, would not be able to reapply for the pool for a period of 6 months from their cancellation date.

An annual re-certification letter will be mailed to enrolled members to verify that there have been no changes in their status that would affect their coverage.

What happens to the checks and money orders of those applicants who are wait listed?

Medical Mutual of Ohio will return the checks and money orders to all applicants who have been put on the waiting list. They will retain all applications in a secured location. As openings for coverage become available, individuals will be contacted by phone, email and mail, so that they may begin to move forward in the process.

Who can I contact with questions about this program?

Members using the toll free telephone number located on the back of their identification card can access a Customer Service representative (CSR) during the following hours:

- 7:30 a.m. to 7:30 p.m. EST Monday through Thursday
- 7:30 a.m. to 6:00 p.m. EST Friday
- 9:00 a.m. to 1:00 p.m. EST Saturday

Before August 1, 2010, interested parties should check the Ohio Department of Insurance website for updates: www.insurance.ohio.gov. You can also visit www.ohiohighriskpool.com, which is where the application will be available beginning August 1, or call 1-877-730-1117 on or after August 2

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