State Level Exchanges – An Update

31st Annual Reproductive Health Update 2014
April 25, 2014

Carolyn A. Quattrocki
Interim Executive Director
Maryland Health Benefit Exchange

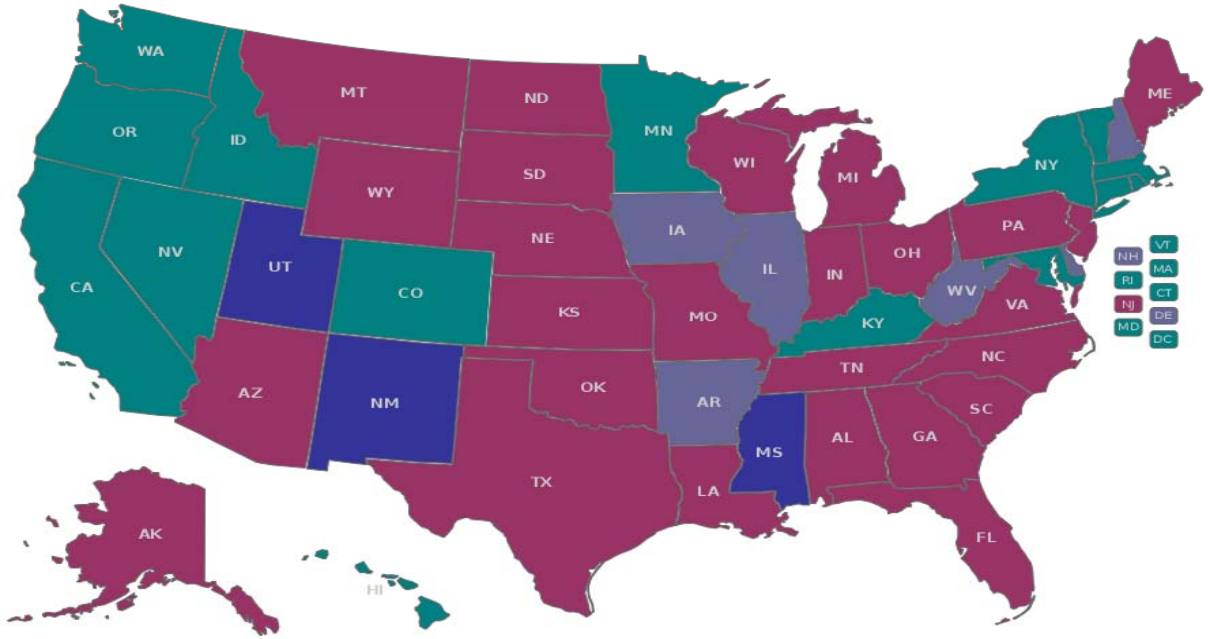
A service of Maryland Health Benefit Exchange

General Overview

maryland health connection

Where States Stand on Exchanges

*Map updated March 11, 2014



Produced by: statereforum

Key:
- 16 State-based exchanges
- 6 Partnership exchanges
- 26 Federally facilitated marketplaces
- 3 State-based SHOPs with federally facilitated individual marketplaces

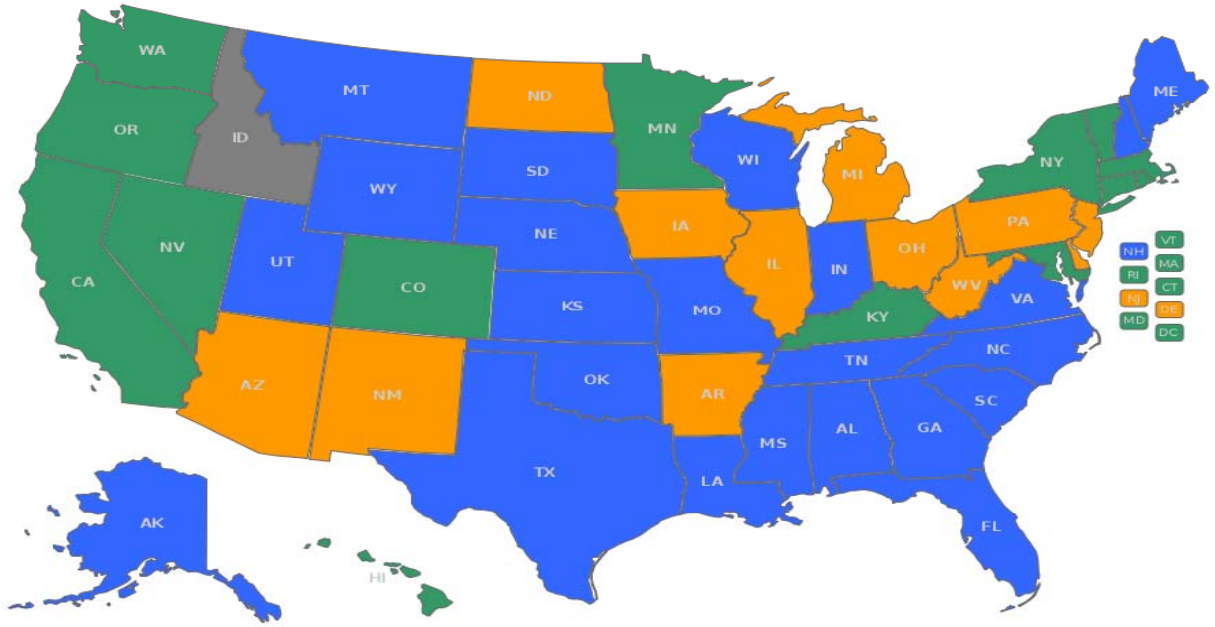
Topics:
Exchange Federal-State Partnership Exchange Governance Federal Exchange

General Overview

maryland health connection

Tracking Marketplace and Medicaid/CHIP Enrollment by State

*Map updated April 7, 2014



Produced by:
statereforum

Key:
- 15 State-based marketplace states expanding Medicaid for 2014
- 1 State-based marketplace state not expanding Medicaid for 2014
- 12 Federal/partnership marketplace states expanding Medicaid for 2014
- 23 Federal/partnership marketplace states not expanding Medicaid for 2014

Topics:
Open Enrollment Exchange Medicaid

3

General Overview

maryland health connection

- According to March report by University of Pennsylvania, as of end of February, on average state-based marketplaces had higher enrollment rates (20.3% of eligibles) than the federally facilitated ones (12.4%) or the partnership states (13.9%).

Maryland's Experience

maryland health connection

ENROLLMENT – October 1, 2013 through April 18, 2014

- 66,203 qualified health plan (QHP) enrollments;
- 95,889 Medicaid enrollments through Primary Adult Care program conversion;
- 262,219 additional individuals newly enrolled in Medicaid
- **TOTAL:** 329,000 enrolled into coverage through MHC

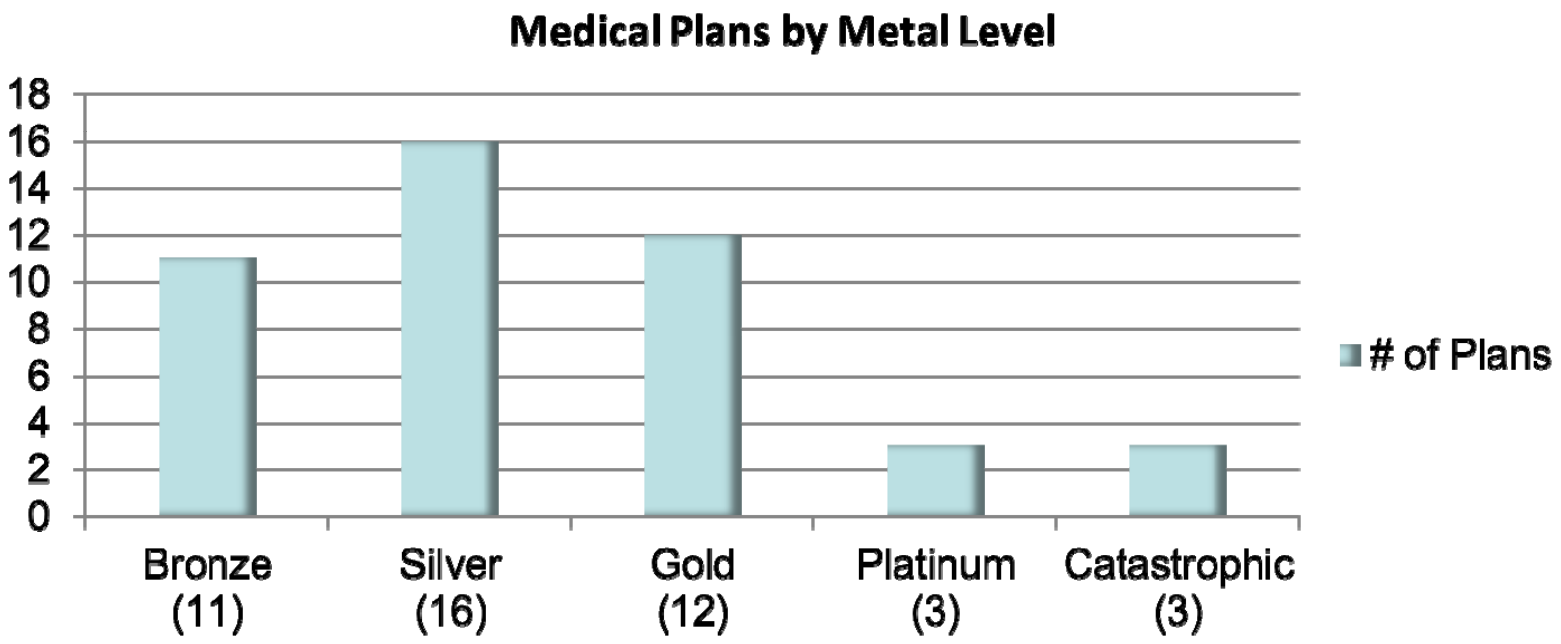
Maryland's Experience

maryland health connection

QUALIFIED HEALTH PLANS OFFERED ON MHC

Qualified Health Plans by Carrier			
Parent Company	**Licensed Entity**	**# of Plans**	**Metal Levels**
CareFirst	•CareFirst Blue Choice	11	1 platinum, 3 gold, 3 silver, 3 bronze, 1 catastrophic
	•CareFirst of Maryland Inc.	2	1 platinum, 1 bronze
	•Group Hosp. and Medical Services Inc.	2	1 platinum, 1 bronze
Evergreen	•Evergreen Health Cooperative	9	4 gold, 4 silver, 1 bronze
Kaiser Permanente	•Kaiser Foundation Health Plan	9	2 gold, 3 silver, 3 bronze, 1 cat.
UnitedHealthcare	•All Savers Insurance Co.	8	1 gold, 4 silver, 2 bronze, 1 cat.
CareFirst (Multi-State Plan)	•CareFirst of Maryland Inc.	2	1 gold, 1 silver
	•Group Hosp. and Medical Services, Inc.	2	1 gold, 1 silver
	Total	**45**	

Maryland's Experience



- 36 include embedded pediatric dental
- 24 plans offer statewide coverage
- Product types
  PPO 8; POS 9; HMO 20; EPO 8

Metal levels correspond to the plan actuarial value:
Bronze = 60% (+/- 2%) Silver = 70% (+/- 2%)
Gold = 80% (+/- 2%) Platinum = 90% (+/- 2%)

Maryland's Experience

maryland health connection

STAND-ALONE DENTAL PLANS OFFERED ON MHC

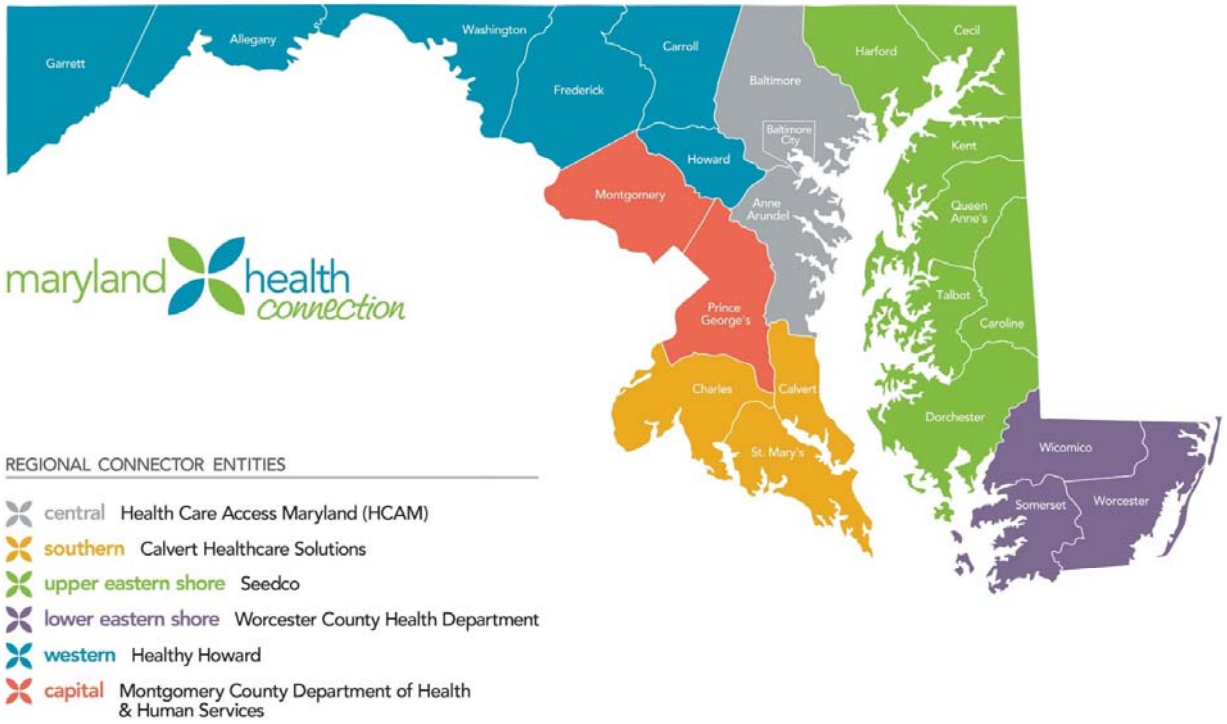
Dental Plans by Carrier			
Parent Company	**Licensed Entity**	**# of Plans**	**Tier**
Delta Dental	•Alpha Dental Programs	4	2 low (pediatric and family), 2 high (pediatric and family)
	•Delta Dental of PA	4	2 low (pediatric and family), 2 high (pediatric and family)
DentaQuest	•DentaQuest Mid-Atlantic	4	2 low (pediatric and family), 2 high (pediatric and family)
Dominion Dental	•Dominion Dental Services	4	2 low pediatric, 2 low family
United Concordia	•United Concordia Life and Health	4	2 low (pediatric and family), 2 high (pediatric and family)
	Total	**20**	

Consumer Assistance

maryland health connection

Connector Entity Program

- 6 connector entities with local community-based partners
- 183 navigators; 218 assisters



Other Consumer Assistance

maryland health connection

CONSUMER ASSISTANCE

- **Caseworkers**
  - 1,500 in local DSS offices
- **Producers**
  - 1, 877 authorized producers, incl. 52 captive producers;
  - Broker Referral Program with 50 participants;
- **Application Counselors**
  - 33 Application Counselor Sponsoring Entity organizations
  - ACSEs will engage over 500 Certified Application Counselors (CACs)
- **Consolidation Services Center**
  - 120 consumer assistance representatives on 10/1; after December spike in volume, tripled staff and expanded space;
  - 363 consumer assistance representatives; additional 53 supervisory, quality control and support staff

Consumer Support Center

maryland health connection

	Calls Received	Average Daily Calls Rec'd	Calls Answered	Calls Abandoned	% Abandoned	Average Speed Answer	Service Level	Average Talk Time
October	44325	1430	42573	1327	3%	:22	85%	8:12
November	40939	1412	30247	6353	16%	3:03	48%	12:11
December	83620	2787	36407	40260	48%	37:54	8%	17:48
January	95627	3084	44230	51015	53%	28:30	15%	17:36
February	81,148	N/A	61,142	19,480	24%	7:10	36%	6:23
March	144, 732	N/A	106,588	37,306	26%	8:16	31%	20:11

What's Next for State-based Exchanges?

maryland health connection

Key Challenges

- **Finishing up open enrollment**
  - Consumers who experienced technical problems were able to enroll through 4/18/14.
- **Managing life events, special enrollment periods, and continuing Medicaid eligibility determinations and enrollments**
  - Consumers with changes in circumstances like marriage, divorce, birth of baby, change in immigration status can qualify for 60-day special enrollment period (SEP)
  - SEPs available also for consumers with faulty eligibility or enrollment attributable to technical problem or errors on part of Exchange or consumer assistance personnel.
- **Certification of 2015 plans**
  - Rate and form filings with insurance regulatory agency
  - New plan certification standards

Plan Certification Standards: Service Area

Proposed 2015 Certification Standard (Same as final federal standard except where noted)	MHBE Final Recommendation
5. Issuers may serve area smaller than one county if demonstrate boundaries not designed to discriminate against individuals excluded from service area.	**Issuers may serve area smaller than one county if demonstrate boundaries not designed to discriminate against individuals excluded from service area.**
6. Will permit service area changes after <u>initial</u> data submission by petition for limited reasons, *e.g.*, issuer's inability to secure enough providers or MHBE request to expand to serve an unmet need.	**Will permit service area changes after <u>initial</u> data submission by petition for limited reasons, *e.g.*, issuer's inability to secure enough providers or MHBE request to expand to serve an unmet need.**
7. No service area changes permitted after final data submission.	**No service area changes permitted after final data submission unless they constitute an expansion rather than contractions of service area.**

Network Adequacy

maryland health connection

Proposed 2015 Certification Standard (Same as final federal standard except where noted)	MHBE Final Recommendation
8. Plans must submit complete provider lists that include all in-network providers and facilities for all plans for which QHP certification submitted.	**MHBE should continue current requirements that plans submit provider lists to CRISP.**
9. MHBE will evaluate whether network will provide access to services for all enrollees without unreasonable delay.	**MHBE should:** - **work with Hilltop to conduct necessary analyses of 2014 experience;** - **seek input from Standing Advisory Committee; and** - **develop recommended metrics for network adequacy standards to be adopted for plans offered on MHC in 2016.**
10. "Reasonable access" particular areas of focus will be access to hospital systems, mental health providers, oncology and primary care providers.	

Essential Community Providers

maryland health connection

Proposed 2015 Certification Standard (Same as final federal standard except where noted)	MHBE Final Recommendation
11. Plans will be required to have 30% of ECPs in each plan's service area in their networks.	**MHBE should:** - **work with Hilltop to conduct necessary analyses of 2014 experience;** - **seek input from Standing Advisory Committee; and** - **develop recommended metrics for ECP engagement adequacy standards to be adopted for plans offered on MHC in 2016.**
12. Plans will also be required to offer at least one contract to each type of ECP in each county in service area.	
13. Plans not meeting standard may demonstrate how network provides adequate service for low income and medically underserved individuals, and how they intend to increase ECP participation.	

Discriminatory Benefit Design

maryland health connection

Proposed 2015 Certification Standard (Same as final federal standard except where noted)	MHBE Final Recommendation
14. MHBE will continue to use outlier analysis for determining whether benefit design discriminates against individuals with significant health needs.	**MHBE should require plan attestation that it does not discriminate on the basis of any factors set forth above and prohibited by federal regulation;** **MHBE should defer any further action pending engagement with MIA to determine respective roles in protecting against discriminatory plan design.**
15. Will focus particularly on plans with unusually large number of drugs subject to prior authorization and/or step therapy in a category or class. * Final federal standard also requires issuers to have procedures in place that allow enrollees to request and access clinically appropriate drugs not covered by the plan.	
16. Plan and benefit templates will be reviewed for discriminatory anomalies or wording.	

Prescription Drugs

maryland health connection

Proposed 2015 Certification Standard (Same as final federal standard except where noted)	MHBE Final Recommendation
17. Drugs covered under plan's medical benefit must be identified in plan's filings.	**Drugs covered under plan's medical benefit must be identified in plan's filings.**
18. Drug formulary Internet link provided by plans must link directly to list of covered drugs without requiring further navigation, and must include tiering and cost-sharing	**Drug formulary Internet link provided by plans must link directly to list of covered drugs without requiring further navigation, and must include tiering and cost-sharing.**
19. Issuers have option of identifying drug as a "preventive drug" covered at zero cost.	**Issuers have option of identifying drug as a "preventive drug" covered at zero cost.**
20. MHBE will require plans to cover non-formulary drugs, including drugs that are on formulary but require prior authorization or step therapy, for first 30 days of new coverage under a QHP to prevent disruptions in treatment.	**Defer proposal regarding continuity of care to afford time to evaluate efficacy of Maryland Health Progress Act's continuity of care policies.**

Primary Care

maryland health connection

Proposed 2015 Certification Standard (Same as final federal standard except where noted)	MHBE Final Recommendation
25. MHBE will consider future requirement that all plans, or at least one at each metal level, cover three primary care office visits a year not subject to deductible. . * Final federal standards do not include this requirement.	**MHBE should not impose this requirement at this time, although carriers should be encouraged to use innovation and flexibility in plan design to promote access to primary care.**
26. Plans are encouraged to offer this benefit in 2015.	

QHP Performance and Oversight

maryland health connection

Proposed 2015 Certification Standard (Same as fed. standard except as noted)	MHBE Final Recommendation
27. Plans must submit a compliance plan and organizational chart.	**Defer until later this year to assess appropriate scope, approach, and available resources for 2015 compliance review and oversight.**
28. MHBE will conduct some compliance reviews during 2015. The scope of this review will be limited to compliance with plan certification standards and will not extend to requirements enforced by MIA.	
29. Plans must also ensure compliance with plan certification standards by their brokers, agents, and web-brokers.	
30. Information will be used from various sources to review compliance, including: complaint data, issuer self-reporting, customer service, health care quality and outcomes, QHP issuer operations and network adequacy.	

2014-15 Open Enrollment

maryland health connection

Key Challenges

- **Readiness**
  - IT System
  - Consumer Assistance Programs
    - Lessons learned from initial open enrollment
    - New strategies for under-represented targeted populations, e.g. pop-up sites
  - Marketing and Outreach
    - In-person, social media, modes of paid advertising
- **Affordability**
  - Rates
  - State Reinsurance or Subsidy Wrap-Around Programs
  - Delivery system innovations
- **Continuity of Care**
  - Management of churn
- **Safety Net for Remaining Uninsured**

2015 and Beyond

maryland health connection

Key Challenges

- **Ongoing enrollment of target populations**
- **IT system upgrades**
- **Support of delivery system reform through market leverage**
  - Increased quality and reduced costs
  - Impact on population health
- **Safety net for remaining uninsured**