

2016 QHP and Essential Plan Line Up

Time:10:00am – 11:30amDial-In Number:1-855-897-5763Conference ID:7935198

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TODAY'S WEBINAR



- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.



Voter Registration

Here's what you said:

- More than 95% said it "increased my knowledge of the topic(s)".
- More than 91% said "the information will allow me to better assist consumers when answering the voter registration question".

"Another excellent presentation."

"Now I can explain why there are voter registration questions in an application for health care"





Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus Policy & Exchange Consumer Assistance

Today's Presenters

Danielle Holahan

Deputy Director, NY State of Health

Sara Rothstein

Director of Policy and Planning, NY State of Health

PJ Weiner

Assistant Director of Plan Management, NY State of Health

2016 QHP Insurers





2016 Dental Plans







QHP Updates

• Expanded Service Area:

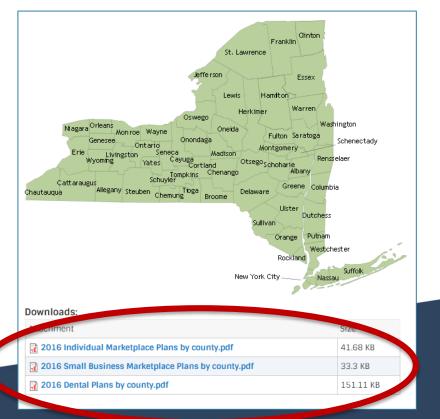
2016 QHPs

- MetroPlus Richmond County
- Care Connect (NSLIJ) New York County
- Leaving Market: Health Republic

Link to QHP Map:

http://info.nystateofhealth.ny.gov/PlansMap

 This link also includes access to the Plans by County chart.









Standard Plan Refresher

- Every insurer must offer a Standard Product at each metal level
- Standard products include the Essential Health Benefits except pediatric dental is optional
- Cost sharing (deductibles, copayments) are the same across insurers within a metal tier
- Differences between insurers are *provider network*, *formulary* and *quality rankings*





Changes to Standard Products in 2016

Metal Level	Deductible	Max Out of Pocket
Platinum	\$0	\$2,000
Gold	\$600	\$4,000
Silver	\$2,000	\$5,500
Silver (>200-≤250 FPL)	\$1,500	\$5,450
Silver (>150-≤200 FPL)*	\$250	\$2,000
Silver (>100-≤150 FPL)*	\$0	\$1,000
Bronze	\$3,500	\$6,850
Catastrophic	\$6,850	\$6,850





Non-Standard Plan Refresher

- Insurers can offer 3 Non-standard products at each metal level
- New non-standard product offerings must be meaningfully different from the standard product
 - Examples: adult dental, adult vision, acupuncture, limited network product





Side by Side Comparison

	Standard	Non-Standard
Offering	Offered by all insurers	Offered by most i nsurers
Provider Network	Marketplace Network	May be the Marketplace, Tiered or Limited Network
Covered Benefits	Essential Health Benefits (EHB)	EHB plus additional benefits
Cost-sharing	Standard across all insurers	Varies from insurer to insurer

2016 QHPs



Naming Format - Individual Market

Field Name	Values	Meaning
Product Name	To be assigned by Insurer	
Metal Tier	Bronze, Silver, Gold, Platinum, Child Only, Catastrophic	Identifies Metal Level and whether Child Only Product
Standard/Non-standard	ST or NS	Identifies Standard (ST) or Non- Standard (NS) Product
Network Coverage	INN or OON	Identifies in-network coverage (INN) or out-of-network coverage (OON)
Dental Coverage	Pediatric Dental, Adult/Family Dental	Identifies type of dental coverage included, if any, in QHP
Dependent Age Coverage	Dep25, Dep29	Identifies the maximum age of covered dependents
Non-Standard Details	Adult Vision, Family Dental, Family Vision, Wellness, Other	Identifies additional covered benefits





Naming Format – Small Business Market Same elements as Individual Market, PLUS the following:

Field Names	Values	Meaning
Domestic Partner	DP	Identifies that domestic partners are covered
Family Planning	FP	Identifies that family planning benefits are covered

2016 QHPs



Naming Format – Dental Plans

Field Name	Values	Meaning
Product Name	To be assigned by Insurer	
Standard/Non-standard	ST or NS	Identifies Standard (ST) or Non- Standard (NS) Product
Network Coverage	INN or OON	Identifies in-network coverage (INN) or out-of-network coverage (OON)
Dental Coverage	Pediatric Dental, Adult/Family Dental	Identifies type of dental covered
Dependent Age Coverage	Dep25, Dep29	Identifies the maximum age of covered dependents

Essential Plan Options



Every health plan participating in the Essential Plan will offer the "regular" Essential Plan 1, 2, 3 and 4 (no dental and vision)

Essential Plan 1	Individuals with income greater than 150% of the FPL and less than or equal to 200% of the FPL.
Essential Plan 2	Individuals with income greater than 138% of the FPL and less than or equal to 150% of the FPL.
Essential Plan 3	Individuals with income greater than 100% of the FPL and less than or equal to 138% of the FPL and not eligible for Medicaid due to immigration status.
Essential Plan 4	Individuals with income at or below 100% of the FPL and not eligible for Medicaid due to immigration status.

Essential Plan Options



- Health plans can also choose to offer Essential Plans with vision and dental services included in the benefit package
- The plan names will display as follows on the Marketplace:

Health Plan Name	Product Name
Healthfirst	Essential Plan 1
Healthfirst	Essential Plan 1 Plus Vision and Dental
YourCare	Essential Plan 2
Yourcare	Essential Plan 2 Plus Vision and Dental

2016 Essential Plan Insurers





http://info.nystateofhealth.ny.gov/EssentialPlanMap

Essential Plan Options



- People eligible for Essential Plan 1 (150 200% FPL) will have a \$20 premium for Essential Plan and \$20 "plus" for Essential Plan 1 plus Vision and Dental
- People eligible for Essential Plan 2 (138 150% FPL) with have \$0 premium for Essential Plan and just the "plus" premium for Essential Plan 2 plus Vision and Dental
- People eligible for Essential Plan 3 and 4 have \$0 premium for Essential Plan 3 and Essential Plan 4 and have dental and vision already included in their plan



Questions?



Network Adequacy

- Every QHP and Essential Plan offered on the Marketplace must meet network adequacy standards, even if the networks are tiered or tailored
- Health Plans can use different networks for their different QHPs but must use one network for all of their Essential Plans
- If an insurer is lacking a particular type of physician or provider, the insurer must permit the consumer to access out-of-network providers at the in-network cost-share



Network Identification

- NY State of Health requires all insurer participants to clearly identify their Marketplace networks on their websites
- NY State of Health will post a resource listing each insurer's customer service number and provider network URL



Provider Network Search

- The provider search tool on the NY State of Health site is available as a filter option
- The data is updated quarterly OR when a network has a major change such as a hospital system or large provider group entering or leaving the network
- NY State of Health will post a resource listing each insurer's customer service number and provider network URL
- Applicants should always check with BOTH the health plan and their providers to confirm participation



Drug Formularies

- Every QHP and Essential Plan has a drug formulary (list of covered drugs)
- Each formulary must cover the same number of drugs in each category and class as the benchmark plan, or at least one drug in every USP category (whichever is greater)
- The links to the formulary URLs can be found on the plan details page under Plan Documents

Benefit Design Description



ACCOUNT INFORMATION	Plan De	ətail						
V BUILD HOUSEHOLD	This serve as							
VINCOME INFORMATION	1 0 1		e monthly premium, the t for these benefits. Informa		, ,			
V OTHER INFORMATION	costs would b	be for visit to doctors of	r hospitals your plan cove	ers. Click on the	e benefit category b	elow to learn		
V ACCOUNT SUMMARY			efits and services. Click o			2		
🗸 FIND A PLAN	and Coverage. Click on Select This Plan to buy this plan. To return to the list of plans, click on the Return to Plan List button at the bottom of the page.							
Introduction								
Plan Selection Dashboard								
Select A Plan for : Kara El	CareCon	nect CareConnect EPO E	Bronze ST INN Pediatric Denta	al Dep 25				
Select A Plan for : Bib Jib								
Confirm Plan Selections	Price Per Month	\$313.00	Metal 💿	Bronze	Quality Rating O	New Plan Quality data not		
Confirmation Acknowledgment						yet available		
	Maximum Out of Pocket O	\$6,350 / \$12,700	Out-of-Network Coverage	No	Allows Health Savings Account	No		
	Plan Id	82483NY0190001	Persons Covered	Individual	Deductible O	\$3,000 / \$6,000		
	Design	the plans, including cop of carriers in each meta need to. The CareConr hospitals. See the com doctors in the North Sh	d Plans meet all the requiremen payments, deductibles, out of p al level. You do not need a refe nect network includes all the ho uplete list at www.nslijcareconne nore-LIJ Health System, as well	bocket maximums an erral to see a special ospitals in the North ect.com. The CareC I as providers who a	nd prescription drug cow list? You can go whenev Shore-LIJ Health System Connect network also inc are affiliated with our par	erage match those ver you think you m, plus partner cludes all the tner hospitals. You		

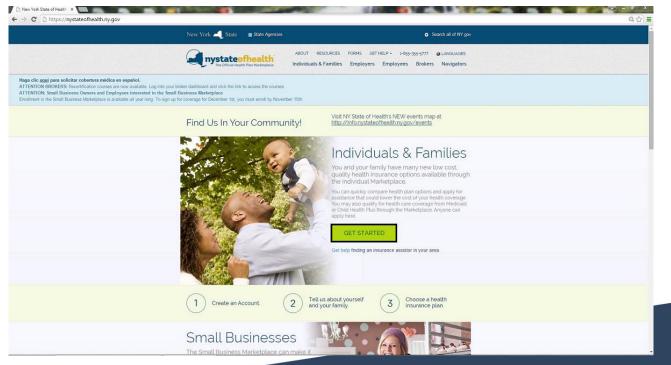
medical appointments for you!

can find our provider directory at www.nslijcareconnect.com. At CareConnect, we want to make it easy to get and stay healthy. No matter what you need, our customer service department is there to help. We can even make your

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You can preview QHP premiums, benefits and cost sharing on the NY State of Health site using the plan preview





Enter the zip code and captcha image to proceed to the preview

	New York 🚄 State 🔳 State Agencies		Search NY.GOV site	
	nystateofhealth The Official Health Plan Marketplace		NS GET HELP ▼ L 1-855-355-5777 @ LANGUAGES ▼ Iployers Employees Brokers Navigators	
Enrollment in Medicaid and Child	Health Plus is available all year long.			
ENTION: Small Business Owners and Employee	pañol. w available. Log into your broker dashboard and click the link to access s interested in the Small Business Marketplace le all year long. To sign up for coverage for December 1st, you must er			
	Find Us In Your Community	y! Visit NY State	of Health's NEW events map at tateofhealth ny.gov/events	
	Individuals & Familie Shop here to see what health insurance options a family in the individual Marketplace. You can quic options and apply for assistance that could lower individuals and families may also qualify for free Medicaid or Child Health Plus through the Market health coverage can apply.	are available to you and your skly compare health plan the cost of health coverage. or low-cost coverage from	Get Started Returning Users CLICK HERE TO LOGIN • With your NYS GOV ID New Users CLICK HERE TO REGISTER • Create a NYS GOV ID	
	View Plans Now Preview plans before applying.	Enter Zip Code	Privacy & Terms	
			View Plan Options	



Sedicit TOT Plans

This search tool lets you shop for health plans based on features important to you. Select from the features below. Only county is required.

Filter by county, year, coverage type metal level, plan etc...

Estimate 2016 Financial Help

Filter Options

To learn if you can get help paying for your insurance in 2016, and how much help you can get, follow these steps in order. First, select 2016 as the "Plan Year." Second, click the "Search" button. (This will set the 2016 plan year selection.) Third, select the "Estimate Financial Help" button. Enter the information about your County, Household Size, and Household Income. Fourth, click "Calculate". Finally, click the "Search" button a second time to view plans after applying your estimated monthly financial help.

Quality Rating O County (Required) Plan Year Persons Covered 2015 Albany ٠ ٠ --All--٠ --All--٠ Coverage Type Metal Level O Insurance Company HIOS Plan ID --All----All----All----All--• ٠ Click here Estimated Financial Help 回 Dependent Age 29 😡 to estimate Out Of Network O C Reset All Search Estimate Financial Help[®] financial assistance

Search plans for 2015

C	mpare Plans • R	eset Compare Plans					Page 1	of 53 4)>
	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	Details
	FIDELIS CARE"	Fidelis Care Bronze ST INN Pediatric Dental Dep25	Bronze	Medical Plus Child Dental	Albany	Individual	\$286.74	View Detaits
٥	FIDELIS CARE"	Fidelis Care Bronze ST INN Pediatric Dental Dep29	Bronze	Medical Plus Child Dental	Albany	Individual	\$301.07	View Details
	-	MVP Premier Plus HDHP	Bronze	Medical	Albany	Individual	\$329.19	View



Select		Estimate Financial He		ounty is required.	
your county	2016 Financial Help an en ot help pay utton a second time t Filter Options	County Albany Number of Members in Household Enter No of Adults needing coverage Children under Age 19	• 1 0	r select the "Estimate alculate". Finally, click the	Put in family info and Income and
	County (Required) Albany • Coverage Type Alt- •	Total Household Income per Year	0 \$ 30000 • Calculate R	Rating @	select calculate
	Estimate Financial Help ⁰ Search plans for 2 Compare Plans ⁰ Reset	2015 Compare Plans	Out Of Network •	Reset Al Search Page 1 of 53 (1)	

display with tax credit deducted

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County (Required)	Plan Yea	ar	P	ersons Cov	ered	Quality Rating			
Albany	2015	•		All	•	All	•]		
Coverage Type	Metal Le	evel O	In	isurance Co	ompany	HIOS Plan ID			
-All •	-All	•]. [All	•	All	•		
	Estimated Financ	ial Help		Depender	nt Age 29 O				
Estimate Financial Help	123.99			Out Of N	etwork O	C Reset All	Search		
Insurance Company	eset Compare Plans Plan Name	and the second second second second	Contraction Contraction of the	and and extended on the	Persons Covered	Contractor includes and the second	You Pay		
	Fidelis Care Bronze ST INN Pediatric Dental Dep25	Bronze	Medical Plus Child Dental	Albany	Individual	\$286.74	\$162.75	View Details	
FideLis Caret	Fidelis Care Bronze ST INN Pediatric Dental Dep29	Bronze	Medical Plus Child Dental	Albany	Individual	\$301.07	\$177.08	Vew Details	
	MVP Premier Plus HDHP Bronze 3 Bronze NS INN Dep25 Acupuncture Home Health Care Wellness Drugs Wellness		Medical	Albany	Individual	\$329.19	\$205.20	View Details	
	MVP Premier Plus Bronze 1 Bronze NS INN Dep25 Acupuncture Home Health Care	Bronze	Medical	Albany	Individual	\$332.36	\$208.37	View Details	



You can see information about premiums, co-pays, deductibles and covered services for each plan. To see more information, click on the p before the 'Benefit' in column one or click on 'Plan Documents' at the end of the list.

FIDELIS CARE								
You Pay	\$188.34							
Price Per Month	\$374.89	Metal	Silver	Quality Rating 🛛	****			
Maximum Out of Pocket 9	\$5,500 / \$5500 per person per group not applicable	Out-of-Network Coverage Q	No	Allows Health Savings Account	No			
Plan Id	25303NY0020001	Persons Covered	Individual	Deductible 9	\$2,000 / \$2000 per pe group not applicable			
me	lelis Care utilizes a non-gatekeeper mo mbers have access to a robust networ rketplace. Fidelis Care offers plans wit	k of providers who partic	ipate with Fi	delis Care plans offere				

Click on the benefit categories below to learn more about this plan's covered benefits and services. To see a full list of the benefits and services the "Summary of Benefits" link under "Plan Documents" at the bottom of this page.

Rehabilitative and Habilitative Services and Devices				
Benefit	In Network Cost Share Tier1 🛛	Description		
Inpatient Rehabilitation Services	\$1500 Copay after deductible	60 consecutive days per condition per lifetime		
Outpatient Rehabilitation Services	\$30 Copay after deductible	60 vists per condition per lifetime combined. Speech & physical therapy are only covered following a stay or surgery.		

Services				
Durable Medical Equipment	30% Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.			
Chiropractic Care	\$50 Copay after deductible	Care performed by a Doctor of Chiropractic (Chiropractor).		
Prosthetic Devices	30% Coinsurance after deductible	1 external prosthetic device per limb per lifetime with coverage for repairs and replacements (limit does no apply to internal devices)		
Other Services				
 Laboratory Out 	tpatient and Profe	ssional Services		
• Preventive and	I Wellness Service	s and Chronic Disease Management		
Pediatric Vision	ı			
 Hospitalization 				
• Pediatric Denta	al Care			
• Emergency Se	rvices			
O Prescription Dr	ugs			
Outpatient Ser	vices			
O Mental Health	and Substance Ab	puse Services		
Plan Documen	ts ²			
Company Website	www.f	fideliscare.org		
Summary of Benef Coverage	Penefits and http://www.fideliscare.org/products/nystateofhealth/metal-levelproducts.aspx			
Prescription Drug L	_ist http://	p://www.fideliscare.org/Portals/0/DocumentLibrary/Providers/Pharmacy%20Services/FidelisHBXFormularyFull.pd		
Provider Network	vider Network http://www.fideliscare.org/apps/providersearch/			
Plan Brochure				
Payment Information	on http://	www.fideliscare.org/payment/initialpayment.aspx		

I COLL DOCULO



Eligibility for the Essential Plan, Medicaid or Child Health Plus is indicated with this message below

Search for Plans

This search tool lets you shop for health plans based on features important to you. Select from the features below. Only county is required.

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Filter Options

County (Required)	Plan Year 2016 •	Persons Covered INDIVIDUAL	Quality Rating All
Coverage TypeAll	Metal Level Silver	Insurance CompanyAll	HIOS Plan ID
Estimate Financial Help ⁹ 0.	ated Financial Help	 Dependent Age 29 9 Out Of Network 9 	C Reset All Search

Based on your yearly household income, you and/or your children may qualify for low-to-no cost insurance. Contact Customer Service at 855-355-5777 to learn more.



Questions?



Reminder: Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- Please use the following link to report that you have viewed this webinar: https://www.surveymonkey.com/r/Assistor_Reporting_QHP_2016_Line-up_and_Dental
- If you are unable to access Survey Monkey, please have your supervisor contact <u>Assistor.Admin@health.ny.gov</u> and NYSDOH will send your supervisor the manual process for recertification reporting.

Previous NY State of Health Assistor Recertification Reporting Surveys



https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1 https://www.surveymonkey.com/r/Assistor Reporting Special Populations 2 https://www.surveymonkey.com/r/Assistor_Reporting_Household_Composition https://www.surveymonkey.com/r/Assistor Reporting Immigration https://www.surveymonkey.com/r/Assistor Reporting Understanding the Uninsured https://www.surveymonkey.com/r/Assistor Reporting How to Select a Health Plan https://www.surveymonkey.com/r/Assistor Reporting Self-Employment https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_1 https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_2_and_Renewals https://www.surveymonkey.com/r/Assistor Reporting Voter Registration https://www.surveymonkey.com/r/Assistor_Reporting_QHP_2016_Line-up_and_Dental





Thank you for joining us!

- Watch for surveys
 - Recertification Evaluation of Webinar: QHP 2016 Line-up and Dental
 - NY State of Health Assistor Recertification Reporting QHP 2016 Line –up and Dental
- Watch for the video to be posted to
 <u>http://info.nystateofhealth.ny.gov/SpringTraining</u>