



## QUESTIONS AND ANSWERS ON THE 2016 INVITATION (May 6, 2015)

### **I. QHP AND SADP QUESTIONS AND ANSWERS**

#### **(A) STANDARD PRODUCTS**

**Posted 4/27/2015**

Question: Are NYSOH-participating insurers required to offer both bronze plans (the HSA-compliant one and the non-HSA compliant one) in 2016, or only one or the other?

Answer: Only those insurers that offered a HSA eligible Standard Bronze QHP in 2015 will be permitted to offer an additional Bronze QHP, as set forth in Attachment B (labeled HSA Compliant Bronze), and not have it count towards the limit of 3 non-standard products. If an Applicant did not offer an HSA eligible Standard Bronze product in 2015, it can only offer an HSA Eligible Bronze as a non-standard and the non-standard product will count towards the limitation of 3 non-standard products.

**NEW Post 5/6/2015**

Question: How will the renewal process work for members currently enrolled in a standard, HSA eligible Bronze plan? Should the new HSA Compliant Bronze plan be assigned a new HIOS ID?

Answer: No, the new HSA compliant Bronze plan must use the same HIOS ID as the current plan. If a new HIOS ID is assigned current members will not be able to automatically renew their enrollment into the plan.

**NEW Post 5/6/2015**

Question: I am writing to follow up on one of the questions included in the Q&A document (dated 4/27). Can you please clarify whether plans that offered a HSA eligible Bronze standard plan in 2015 can choose to only offer a HSA compliant standard Bronze plan for 2016, per highlighted section below? If so, will the plans be required to discontinue the 2015 standard Bronze plan and allowed to migrate those individuals to another non-standard Bronze plan that is different from the additional standard Bronze QHP from the attachment B of the invitation (\$3,500 deductible with \$6850 OOPM)?

Answer: Applicants that currently have an HSA Standard Bronze Plan can choose to offer only the Alternative HSA Compliant Bronze Plan. Applicants will not be required to discontinue the

2015 standard Bronze plan, but instead can use the current HIOS ID for the HSA Standard Bronze plan. At renewal, eligible members will be automatically renewed into the new HSA Compliant Bronze Plan for 2016.

Current enrollees in a standard plan cannot be mapped to a non-standard plan.

### **(B) STAND ALONE DENTAL PLANS**

**Posted 4/27/2015**

Question: Do stand-alone dental plans filing outside the Marketplace need to submit a letter of interest by April 24, 2015? Or, is the letter of interest required only for plans on the Marketplace?

Answer: The letter of interest is required for those plans that participate on the Marketplace only. Questions related to outside the Marketplace, should be directed to the NYS Department of Financial Services (DFS).

### **(C) HEALTH INSURER APPLICANT PRODUCT OFFERINGS**

**Posted 4/27/2015**

Question: Will the formulary for the Individual Marketplace and the Small Business Marketplace be based upon Oxford benchmark as previous years?

Answer: Yes, the benchmark plan for the Essential Health Benefits has not changed for 2016.

## **II. BASIC HEALTH PROGRAM (BHP)**

### **(A) INVITATION SUBMISSION**

**NEW Post 5/6/2015**

Question: As a BHP ONLY Plan, are we required to submit a product benefit template by May 29<sup>th</sup>?

Answer: No, the BHP templates have not been released. We expect them to be available by mid-May with submissions due back to DOH no later than August 31, 2015.

**NEW Post 5/6/2015**

Question: Please confirm that the Stand-Alone Dental Plan (SADP) due dates are different than the due date for the BHPs Plus Vision/Dental. For example, if a health plan proposes to have an

available dental/vision program for the non-Aliessa population, the Stand-alone Dental Applicant Forms and Rates due to DFS on April 30 would not apply. If correct, any and all dental related information would be supplied based on BHP scheduled dates only.

Answer: That is correct. The BHP Plus Vision/Dental products are not related to the SADPs that are sold on the Marketplace. DFS Form and Rate submissions do not apply. The DOH will set the capitation rates paid to the insurers offering the BHPs Plus Vision/Dental.

#### **NEW Post 5/6/2015**

Question: Some responders to the BHP invitation will be new to the Marketplace and therefore will not have had the necessary time to develop the requested URLs (Attachment I – Question 5) prior to the response deadline of May 22<sup>nd</sup>. In this instance, please confirm plans can provide confirmation of our understanding of the requirements for each and assurance that these would be available prior to acceptance of final rates (August).

Answer: BHP participation proposals are due by May 22<sup>nd</sup>. The required templates which include URLs are not required at this time. We expect the templates to be submitted to DOH by August 31<sup>st</sup>. Prior to the submission date, as we are testing the system, DOH may request testing URLs and/or screen shots of web sites until final URLs are developed.

#### **NEW Post 5/6/2015**

Question: Can you please clarify what the Invitation means when referencing Basic Health Plan (BHP) “templates” that are to be submitted to DOH (see, for example, pages 2, 29, and 48)?

Answer: Applicants that decide to participate in the BHP will be required to complete templates developed by DOH that are similar to the SERFF Binder templates. The DOH will be posting the templates and instructions to the NY State of Health website in mid-May.

#### **Posted 4/27/2015**

Question: If stand-alone dentals are interested in participating in the BHP, are they required to submit a separate Letter of Interest?

Answer: No, they are not required to submit a separate Letter of Interest. Individuals enrolled in a BHP will be permitted to purchase the same stand-alone dental products that QHP enrollees can purchase. There is no requirement to submit separate BHP Stand-alone dental products.

## **(B) BHP BENEFITS**

**NEW 5/6/2015**

Question: On Attachment F, the Emergency Copay section states that –the copay is waived if patient is admitted as an inpatient (including as an observation care unit) directly from the emergency room. Is the omission of “...observation stay” on the BHP Benefit Summary intentional?

Answer: The copayment is waived when the patient is admitted for observation regardless of whether it is to an observation care unit or considered an observation stay.

**NEW 5/6/2015**

Question: In Attachment F, the reference concerning the Maximum Out-of-Pocket (MOOP) mentions Pediatric Dental and Pediatric Vision, although those are not covered services on BHP. Is this intentional?

Answer: The above reference to pediatric dental and vision was an error. A revised Attachment F removing this reference has been posted.

**Posted 4/27/2015**

Question: The BHP standard benefits grid lists both “eyewear” and “vision care – lenses and frames.” Can you please clarify how these benefit categories differ? Would a Standard BHP Plus Vision/Dental enrollee receive both or only one of these benefit categories?

Answer: This was an error and a corrected Attachment F has been posted. The “eyewear” line with the corresponding cost-share was removed.

## **(C) SUBMISSION OF BHP INFORMATION**

**NEW 5/6/2015**

Question: Will the BHP Plus Adult Vision/Dental plan necessitate a new HIOS ID, or would insurers be allowed to add a 2-digit variation to the Standard BHP HIOS ID?

Answer: The BHP Plus Adult Vision/Dental will require a new HIOS ID. A 2-digit variation cannot be added to the Standard BHP HIOS ID.

## **(D) ENROLLMENT INTO THE BHP**

**Posted 4/27/2015**

Question: With respect to the Basic Health Program, for those that owe premium, will premium be due prior to the coverage start date?

Answer: Yes, premium will be due prior to the initial start date, and the same initial payment grace period of 10 days that applies to QHP will need to be applied to BHPs.

## **III. QUESTIONS AND ANSWERS APPLICABLE TO ALL APPLICANTS**

### **(A) PROVIDER NETWORK SUBMISSION**

**Posted 4/27/2015**

Question: Do existing issuers who are recertifying for plan year 2016, with no changes to their network, need to resubmit their Provider Network via HCS as part of the recertification, when we have regularly submitted and will continue to submit our Provider Network in HCS through the balance of the current plan year?

Answer: Applicants who are recertifying for plan year 2016 will continue to submit their network filings on a quarterly basis and network will be reviewed on a quarterly basis. The submission prior to the open enrollment period will be the network reviewed as part of the certification process, and will be the submission used for display on the Marketplace during open enrollment period, which begins on November 1, 2015. Per the Invitation, as changes in the network occur, the insurer is required to submit such changes to the NYSOH within 15 business days of the change.

### **(B) CONTRACTING**

**NEW Post 5/6/2015**

Question: According to the 2016 invitation on page 49, it reads as follows: "d. Vendor Responsibility. On or around the same time Applicants submit Forms and Rates, Applicants that are applying for the first time will be notified of their responsibility to complete the New York State "vendor responsibility" process through the New York State VendRep System." Since we are not first time applicants, do we still complete this for 2016?

Answer: Plans that currently participate in the Marketplace will need to complete and submit either an updated hard copy Vendor Responsibility Questionnaire (VRQ Form AC 3290-S or AC 3291-S) or, update and recertify their Online VRQ. Contracting rules require that Vendor Responsibility Questionnaires be submitted or recertified at least yearly.

## **(C) ENROLLMENT**

**NEW Post 5/6/2015**

Question: Will a member's outstanding premium balance apply to their BHP plan? For example, if a QHP enrolled member moves to a BHP 150-200 FPL plan and has a negative premium balance, can this apply on their BHP Standard plan premium balance?

Answer: No, the negative QHP premium balance cannot be applied to the BHP premium balance. Since enrollment into the BHP is enrollment into a new program, premium payments must be treated separately.

**NEW Post 5/6/2015**

Question: If a standard 150-200 FPL BHP member has a life changing event and elects a QHP plan with a premium balance, can the insurer apply it to their new QHP plan?

Answer: No, the negative BHP premium balance cannot be applied to the QHP premium balance. Since enrollment into the QHP is enrollment into a new program, premium payments must be treated separately.