

New York Health Benefit Exchange

HEALTH PLAN CEO MEETING

August 29, 2012

Agenda

I. Background

- a. Organizational Structure of the Exchange
- b. Implementation Updates
- c. Timeline

II. Health Plan Meetings

- a. CEO Meetings
- b. Technical Advisory Group Meetings

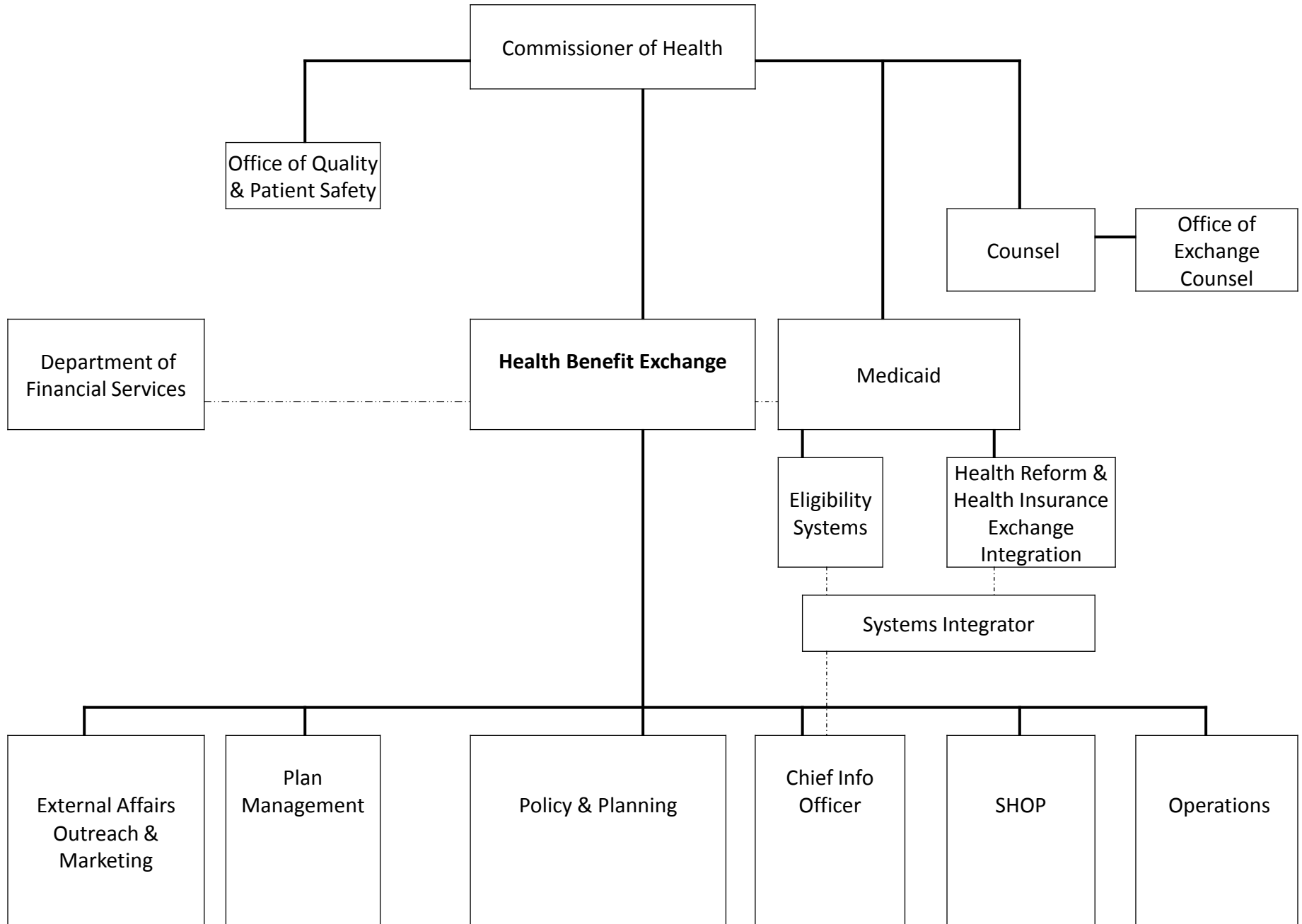
III. Essential Health Benefits

IV. Qualified Health Plan (QHP) Topics and Options

- a. Federal Requirements for QHPs
- b. New York State QHP Participation Parameters
 - 1. Market Participation
 - (i) Participation in Individual and SHOP Exchange
 - (ii) Metal Level Participation
 - (iii) Defining a Standard Option and Non-Standard Option
 - (iv) Ancillary Medical Products – Catastrophic plans, dental coverage
- c. Quality/Enrollee Satisfaction Ratings

V. Next Meeting

Health Benefit Exchange Organizational Chart



New York Health Benefit Exchange Implementation – QHP Milestones

August 2012

- Announce Regional Advisory Committees
- First Monthly Health Plan CEO Meeting

September 2012

- Regional Advisory Committees meetings begin
- Convene first meeting of Health Plan Technical Workgroup

October 2012

- Finalize QHP policy decisions reached

November 2012

- Submit HHS Certification Blueprint for State-based Exchange

January 2013

- Issue invitation for health plan participation in the Exchange

2012

2013

2014

Aug

Sept

Oct

Nov

Jan

Mar

Apr

Jun

July

Oct

Jan

March 2013

- Plan proposals for QHP certification due

April 2013

- Initial response back to plans regarding their participation in the Exchange
- Plan rate submissions due April 1

June 2013

- Final certification of QHPs

July 2013

- Launch pre-opening marketing campaign

October 2013

- Exchange begins accepting insurance coverage applications

Jan 2014

- Exchange coverage becomes effective

Health Plan Engagement

1. Health Plan CEO Meetings
2. Technical Group Meetings

Exchange Studies Completed

Study	Consultant	Target date
Simulation Modeling	Urban Institute	Complete
Market Merger & Group Size	Urban Institute	Complete
Basic Health Plan	Urban Institute	Complete
Benefit Standardization	Wakely Consulting	Complete
Reinsurance/Risk Adjustment	Wakely Consulting	Complete
Third Party Assisters	Wakely Consulting	Complete

Exchange Studies Underway

Study	Consultant	Target date
Essential Health Benefits	Milliman Consulting	Sept 2012
Insurance Markets	HMA	Oct 2012
Plan Certification Requirements	Wakely Consulting	Nov 2012
Continuation of State Programs	Deloitte Consulting	Oct 2012
Medicaid Policy Studies	HMA	Oct 2012

Establishment Grant

- Awarded an additional \$95 million Establishment Grant (August 2012)
 - Exchange Staff
 - IT system development
 - Community Assistance Activities
 - Call Center
 - Outreach Campaign
- Earlier Exchange grants: \$88 million

Regional Advisory Committees

- Approximately 175 individuals invited to participate on one of 5 regional committees to provide advice in the planning and implementation of the Exchange
- Includes consumers, small businesses, health care providers, insurers, brokers, labor and others
- Five regions
 - NYC Metro
 - Long Island
 - Capital/Mid-Hudson/North
 - Central New York
 - Western

Essential Health Benefits

- Consultant analysis prepared by Milliman
 - Analyzed New York's 10 Benchmark Options
 - Compared options relative to ACA requirements, state mandates
 - Analyzed cost implications of these choices for consumers, small groups, State
- Stakeholder meeting August 2
- Invited Public Comments
- Benchmark plan selection due to HHS Sept 30, 2012

Minimum Federal Requirements for Qualified Health Plans

To participate in the Exchange, health plans must meet the following federal minimum requirements:

1. Be licensed and in good standing
2. Comply with Exchange procedures, processes and requirements
3. Offer products that are in the interest of qualified individuals and qualified employers
4. Adhere to Financial Management Standards (i.e., risk adjustment, reinsurance, etc.)
5. Adhere to Enrollment standards
6. Adhere to Network Adequacy Standards
7. Adhere to Essential Health Benefits Requirement
8. Meet Reporting requirements (i.e., quality improvement reporting, prescription drug reporting, enrollment reports, etc.)
9. Gain accreditation within the timeframes established by the Exchange
10. Meet Marketing Standards (i.e., notice requirements, plain language standards, etc.)
11. Meet the requirement on segregation of abortion funds
12. Meet Transparency Requirements

Federal Blueprint for Plan Management

- CClIO review of Plan Management Function scheduled for early October
- CClIO is looking for the following:
 - (1) Standard Operating Procedure Manuals
 - (2) Sample application/Invitation to participate
 - (3) Business Process Flows
 - (4) Technical Business Requirements
 - (5) Description of Roles and Responsibilities of the Exchange and other agencies

Participation Parameters

Market Participation

- 1. What are the most important goals and objectives the Exchange should consider in selecting qualified health plans?***
- 2. Should the Exchange require QHP participation in both individual and SHOP markets?***

Participation Parameters

Market Participation

- 3. Are health plans willing to participate at each metal level? If not, how can the Exchange ensure that adequate choice is available?*
- 4. The Exchange is considering requiring plans to offer a standard plan and to offer a fixed number of non-standard plans. How should the Exchange establish a standard plan?*

Participation Parameters

Market Participation

- 5. How many non-standard plans should be offered in the Exchange and should any limitations be placed on the products?*
- 6. How should the Exchange ensure that coverage is available in all regions of the State?*

Participation Parameters

Market Participation

7. Will plans be willing to offer catastrophic products?

8. Are plans interested in offering the required pediatric dental benefit within each product offering or will plans rely on the availability of stand-alone plans being offered through the Exchange?

Quality and Enrollee Satisfaction

Build upon measurement experience

- DOH has been collecting and reporting on quality of care, access and satisfaction since 1994
- The same team of researchers and analysts will be responsible for building a rating system for the QHPs in conjunction with Exchange staff and outside interested parties
- Prior to enrollment in the QHPs we will use historical data to rate plans
- Once a measurement set is established by CMS (2016) we will use those measures to report on QHP performance

Quality and Enrollee Satisfaction

Timeline

- Develop a methodology for plan rankings (8/12)
- Develop templates of web pages to share w/ interested parties (8/12)
- Gather stakeholder input (fall '12)
- Develop final set of rating recs (12/12)
- Produce initial data for QHP ratings using (6/13)
- Incorporate quality ratings in consumer portal (12/13)

Quality and Enrollee Satisfaction

Information tiers available through the consumer portal

- Allows for consumers interested going beyond the overall performance ranking to drill down:
 - Level 1 – single result for overall performance
 - Level 2 – Domains of Performance (e.g. pediatric care, diabetes care, satisfaction)
 - Level 3 – Data for individual measures within each domain will be available (e.g. well child visits, immunization rates, lead screening)

Quality and Enrollee Satisfaction

Consumer Testing

- Conduct focus groups this fall to gather information on:
 - Information needs (quality, access, satisfaction)
 - Formatting (Stars? Bars? Consumer Reports style? Other?)
 - Understandability
 - Language needs

Topics for Future Discussion

- Network Adequacy
- Definition of Essential Community Providers
- Definition of Habilitation Services
- Small Business Health Options Program (SHOP)