*New York Health Benefit Exchange*

# Regional Advisory Committee Presentation

# January 24, 2013

## Agenda

- Updates on Exchange Implementation
- Invitation for Qualified Health Plans and Stand-alone Dental Plans
- In-Person Assistor/Navigator RFA
- Q&A

## Recent Developments

- Received HHS Conditional Certification to operate a state based exchange on 12/14/12

- Awarded $186 million Level 2 Establishment Grant on 1/17/13
  - Funds remaining establishment and year one operational activities, including Exchange IT, Call Center, advertising, outreach and marketing, In Person Assistors, and Exchange staff

# *New York Health Benefit Exchange*

| Completed Exchange Policy Studies | Consultant |
|---|---|
| Simulation Modeling | Urban Institute |
| Market Merger & Group Size | Urban Institute |
| Basic Health Plan | Urban Institute |
| Benefit Standardization | Wakely Consulting |
| Reinsurance/Risk Adjustment | Wakely Consulting |
| Third Party Assisters | Wakely Consulting |
| Essential Health Benefits | Milliman |

Completed studies available at: www.HealthBenefitExchange.ny.gov

# *New York Health Benefit Exchange*

| Forthcoming Exchange Policy Studies | Consultant |
|---|---|
| Insurance Markets | Health Management Associates |
| Medicaid Benchmark Benefits | Health Management Associates |
| Continuation of State Health Programs:<br>Healthy New York and Family Health Plus<br>Employer Buy-In | Deloitte Consulting |
| Health Savings Accounts | Deloitte Consulting |
| Small Business Health Options Program (SHOP) | KPMG<br>Wakely Consulting |
| Simulation Modeling: Coverage Impacts on a Sub-State Level | Urban Institute |
| Health Disparities | The Center for Popular Democracy |

# Invitation to Participate

## Qualified Health Plans
## Stand-Alone Dental Plans

September RAC Meeting:

**Should New York impose additional, state-specific criteria for QHPs? What should these be?**

**Highlights of the RAC responses:**

- Important to have both standard and non-standard plan options
- Balance the desire for a manageable number of plan choices with the desire for plan innovation
- Importance of data collection (e.g., disparities, quality)
- Support for an out-of-network benefit

## Goals Of Plan Certification Process

- Offer comprehensive affordable, coverage in all areas of the State
- Balance innovation with reasonable choice
- Make it easy for consumers to compare options
- Ensure health plans have adequate networks
- Monitor health plan quality, utilization of services, and consumer satisfaction
- Preserve consumer protections, as defined in federal and state law and regulation
- Ensure consistency with the outside market

## Insurer Requirements

- Invitation open to all licensed and certified insurers in the State in good standing and meeting State solvency requirements
- Insurer may choose to participate in the Individual Exchange, the SHOP Exchange or both
- Insurer must agree to participate in its entire approved Service Area, unless granted an exception by the Exchange

# QHP Standard Products

- Insurers Must Offer:
  - 1 standard product, at every metal level, in every county of their service area that includes the Essential Health Benefits
  - A standard Child only product, at every metal level
  - A standard Catastrophic product
    - If there is more than one catastrophic product offered in a county, the Exchange may allow QHPs the option of not offering this product
  - Pediatric dental benefits, as a separately priced benefit for each standard and non-standard product proposed
    - If sufficient Stand-alone Dental products are available, QHPs may elect not to offer pediatric dental
- Standard products must cover the Essential Health Benefits, however, Insurers may substitute benefits in the following EHB categories:
  - Preventive/Wellness/Chronic Disease Management
  - Rehabilitation/habilitation

# New York Health Benefit Exchange

## Illustration of Individual Coverage Standard Plan Designs

(Draft)

| | | | | Silver – CSR Versions | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Platinum** | **Gold** | **Silver** | **200-250% FPL** | **150-200% FPL** | **100-150% FPL** | **Bronze** | **Catastrophic** |
| Deductible | $0 | $700 | $2,000 | $1,500 | $200 | $0 | $3,300 | $6,350* |
| Max. out of pocket limit | $3,000 | $4,000 | $5,000 | $4,000 | $2,000 | $1,000 | $6,350 | $6,350* |
| **Cost Sharing – Medical Services** | | | | | | | | |
| Inpatient Facility/Skilled Nursing Facility | $750 | $1,000 | $1,500 | $1,500 | $500 | $200 | 50% | 0% |
| Outpatient Facility | $200 | $300 | $400 | $300 | $200 | $50 | 50% | 0% |
| ER | $200 | $250 | $250 | $250 | $150 | $75 | 50% | 0% |
| Ambulance | $150 | $200 | $250 | $200 | $100 | $75 | 50% | 0% |
| Primary Care Physician | $15 | $25 | $30 | $30 | $15 | $10 | 50% | 0% |
| Specialist | $35 | $40 | $50 | $50 | $35 | $25 | 50% | 0% |
| Surgeon, Anesthesiologist | $35 | $40 | $50 | $50 | $35 | $25 | 50% | 0% |
| Urgent Care | $40 | $50 | $60 | $60 | $40 | $30 | 50% | 0% |
| PT/OT/ST–rehab. & habilitative services | $25 | $30 | $30 | $30 | $25 | $15 | 50% | 0% |
| **Cost Sharing - Prescription Drug Benefits** | | | | | | | | |
| Generic | $10 | $10 | $10 | $10 | $10 | $8 | $10 | 0% |
| Formulary Brand | $30 | $35 | $35 | $35 | $25 | $20 | $35 | 0% |
| Non-Formulary Brand | $60 | $70 | $70 | $70 | $50 | $40 | $70 | 0% |

*The final deductible and maximum out of pocket limit depends on IRS/HHS announcement of these values for calendar year 2014.

## QHP Non-Standard Products

- Issuer May Elect to Offer:
  - Up to 2 non-standard plans, per metal level
  - Non-standard product means:
    - Additional benefits not included in the Essential Health Benefits
    - Standard product with a different provider network
    - Variations on standard cost sharing
  - Issuers may elect to offer Non-standard products in a portion of their Service Area

## Out-of-Network Benefits

- OON benefit will be required to ensure that consumers have the same choices in the Exchange as in the outside market
  - If an Insurer offers an OON product outside the Exchange in a county, Insurer is required to offer an OON product inside the Exchange in the same county
  - Must be offered in both the Individual and SHOP Exchange
  - Must be offered at the Silver and Platinum levels

## Stand-Alone Dental Carriers

- Must offer 1 standard pediatric dental product in each county of its Service Area
  - Must include, at a minimum, pediatric dental benefits as defined in New York's Essential Health Benefits
  - May chose to offer a high coverage product (85% AV) or a low coverage product (75% AV)
- May offer up to 2 non-standard products in each county of its Service Area
  - These may include adult dental, family dental, or a second pediatric product

## Network Adequacy

- All QHP and Stand-Alone Dental Products will be subject to network adequacy test
- Requirements will initially mirror those used by the SDOH for HMO products
- QHPs will be required to use "best efforts" to contract with Essential Community Providers and, at a minimum, must include one FQHC and one tribal operated health clinic in each county to the extent one is available
- All plans must submit provider networks
  - Required on a quarterly basis; over time, will be required on a monthly basis
- Network information will be available to consumers during the plan selection process

## Quality and Enrollee Satisfaction

- Develop and maintain a quality strategy:
  - –Patient safety
  - –Wellness
  - –Prevent readmissions
  - –Improve health outcomes
  - –Health Disparities
  - –Behavioral Health
- Participate in DOH's Quality Assurance Reporting Requirements (QARR)
- Conduct annual CAHPS survey of Exchange members

## Administrative Requirements

- Adhere to federally required open enrollment periods
- Accept electronic enrollment transactions from the Exchange
- Maintain relationships with brokers and agents
- Cooperate with In-Person Assisters and Navigators
- Operate a member services function
- Comply with Accessibility requirements
  - Americans with Disabilities Act
  - Languages – written and verbal interpretation
  - Alternative mechanisms for communicating
- Maintain Treatment Cost Calculators
  - Network Providers
  - Out-of-Network Providers

## Administrative Requirements
***(continued)***

- Adhere to Marketing Standards
- Comply with Reporting Requirements
  - Information system requirements to collect, analyze and report data
  - Encounter Data
  - Financial Reporting

# Scheduled Process and Timeline

- Release invitation by late January 2013
- Question & Answer period
- Letter of interest due February 11, 2013
- Application submissions:
  - Proposals due April 5, 2013
  - Provider Network Submission due April 12, 2013
  - Submission of Rates and Forms to Department of Financial Services due April 15, 2013

*These dates are estimates, subject to change by Dept. of Health.*

## Scheduled Process and Timeline
### *(continued)*

- Plans certified by July 12, 2013
  - Contracts effectuated with DOH
- Educational materials developed for brokers, navigators, Call Center
- Plans posted to website September 2013
- Open Enrollment October 1, 2013

*These dates are estimates, subject to change by Dept. of Health.*

# In-Person Assistor/Navigator Request For Applications

# Program Description

**The ACA requires Exchanges to operate an IPA/Navigator program to assist New Yorkers in enrolling in health insurance and require IPAs/Navigators to:**

- Maintain expertise in eligibility, enrollment, and program specifications.
- Provide information and services in a fair, accurate and impartial manner.
- Facilitate selection of a QHP in the Exchange or, when appropriate, a public insurance plan.
- Provide appropriate referrals for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population of NYS, including individuals with limited English proficiency, and ensure accessibility and usability of IPA/Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
- Not have a conflict of interest while serving as an IPA/Navigator

# Federal Eligibility Criteria

**At a minimum, an Exchange must select at least one community and consumer-focused nonprofit and one other type of organization from the list below:**

- Trade, industry, and professional associations
- Commercial fishing industry, ranching and farming organizations
- Chambers of commerce
- Unions
- Resource partners of the Small Business Administration
- Licensed agents and brokers that do not receive consideration from insurers for enrolling individuals, small businesses, or small business employees in health plans or supplementary plans
- Other public or private entities that meet the requirements of the RFA, including but not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies

# Federal Eligibility Criteria
*(continued)*

**Entities with conflicts of interest are ineligible to serve as IPAs/Navigators:**

- Health insurers and their subsidiaries
- An association that includes members of, or lobbies on behalf of, the insurance industry
- Other entities that receive direct or indirect consideration from health insurers in connection with enrollment in a QHP or non-QHP

## September 2012 RAC Meeting:

## How should New York design the IPA/Navigator program to best assist consumers?

**Highlights of the RAC Responses:**

- Build on successes of New York's Facilitated Enroller and Community Health Advocates models of consumers assistance
- Prepare to assist a high volume of consumers initially
- Use many and multiple types of organizations
- Ensure IPA/Navigators are culturally competent and language accessible
- Provide IPA/Navigators with appropriate training

## Goals of the IPA/Navigator Selection Process

- Ensure that all types of organizations permitted in federal rules are eligible to compete
- Provide grants to a diverse group of organizations that will provide high-quality enrollment assistance, in a manner that is linguistically and culturally appropriate to the populations being served
- "One-Stop" consumer assistance for Exchange, Medicaid and Child Health Plus coverage
- Ensure availability of assisters in all counties of the State
- Have IPA/Navigators ready to provide assistance at open enrollment, October 1, 2013

# Program Requirements

## IPA/Navigator entities will be required to:

- Serve individuals, small business employers and small business employees
  - Entities may not opt to only serve individuals or only serve small businesses and their employees
- Provide services in-person to residents of New York State
  - Call centers or web assistance are not funded under these programs
- Provide education to potential enrollees about the Exchange, Insurance Affordability Programs and Health Plans available to them
- Assist with health insurance applications and provide assistance at renewal

# Program Requirements

## IPA/Navigator entities must (continued):

- Submit applications online
- Participate in DOH Training for IPAs/Navigators
- Comply with certification requirements
- Comply with DOH monitoring requirements
- Monitor the productivity of IPAs/Navigators
- Follow the DOH Appeal/Complaint Process
- Maintain confidentiality, privacy and security requirements

# Timeline

| Activity | Date |
|---|---|
| RFA Release Date | February 2013 |
| Letters of Interest Due | March 2013 |
| Applications Due | April 2013 |
| Applicants Selected and Contracts Signed | Spring/Summer 2013 |
| IPA/Navigator Training | August/September 2013 |
| Open Enrollment Begins | October 1, 2013 |

# Questions?

Press *1 on your phone to be added to the queue