

NY State of Health 2015 Health Plan Invitation

Regional Advisory Committee Webinar

February 26, 2014

Agenda

- Purpose of the Meeting
- Discussion of Core Elements of Plan Invitation
- Invitation Timeline- Key Dates
- Policy Form and Rate Filings

Purpose of the Meeting

- To seek input and advice from Regional Advisory Committee members on the health plan invitation to be issued for participation in NY State of Health in calendar year 2015
- To review timeline leading up to 2015 open enrollment which begins for individuals and families on November 15, 2014

Health Plan Invitation

Core Elements of Plan Invitation

1. Insurer Participation Requirements
2. Applicant Qualifications
3. QHP Offerings
4. Provider Network Requirements
5. Stand-Alone Dental Offerings
6. SHOP
7. Health Savings Accounts/Health Accounts
8. In-Person Assistors
9. Quality and Enrollee Satisfaction

Format for Today's Discussion

- Review 2014 invitation requirements
- Seek input and advice on 2015 requirements

1. Insurer Participation Requirements

2014: Licensed NYS insurer in good standing and solvent

2015: No change

2014: Choice of Individual Marketplace, SHOP or both

2015: No change

2014: Apply for entire service area unless granted an exception by the Marketplace

2015: No change

2. Applicant Qualifications

2014: Licensed under Article 42 or 43 of NYS Insurance Law or Article 44 of Public Health Law

2015: Invitation open to licensed insurers that meet invitation requirements and:

- Participate in either the Individual or Small Business Marketplace in 2014
- Participate in Medicaid Managed Care and/or Child Health Plus in 2014
- Participation would help ensure continuity for persons enrolled in programs that are ending

3. QHP Offerings

2014: Essential Health Benefits based on largest small group plan

2015: No change

2014: Products must be offered at all metal tiers (platinum, gold, silver and bronze)

2015: No change

Enrollment by Metal Tier as of December 24, 2013

Metal Tier	Percent of Total Enrollment
Platinum	17%
Gold	12%
Silver	12%
Silver Cost Sharing Reduction 1 (73% AV)	10%
Silver Cost Sharing Reduction 2 (87% AV)	22%
Silver Cost Sharing Reduction 3 (94% AV)	7%
Bronze	18%
Catastrophic	2%
Total	100%

3. QHP Offerings (cont'd)

2014: Health plan must offer the Standard Product in each metal tier in each county

2015: No change, except to allow more flexibility for wellness programs

2014: Health plan must offer a child-only product

2015: No change

2014: Health plan must offer at least one catastrophic plan

2015: No change

3. QHP Offerings (cont'd)

2014: Health plan allowed to offer up to 3 non-standard products per county

2015: Continue to allow up to 3 non-standard products per county

- Narrow definition of what constitutes a permissible non-standard product
- Standard product naming convention for consumer ease

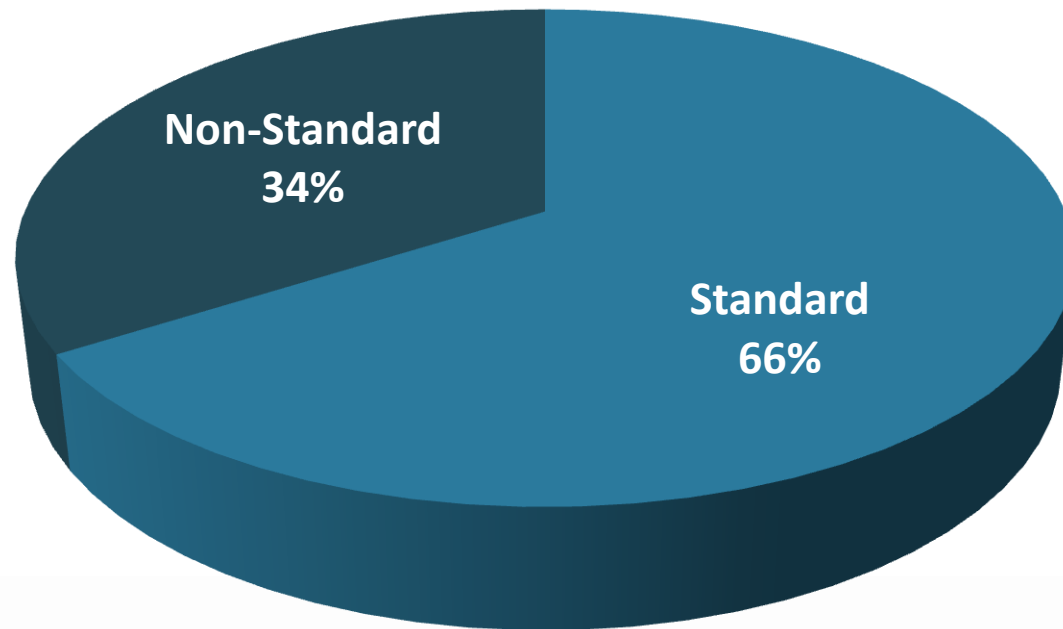
Total QHPs Offered in 2014

All Insurers, All Counties*

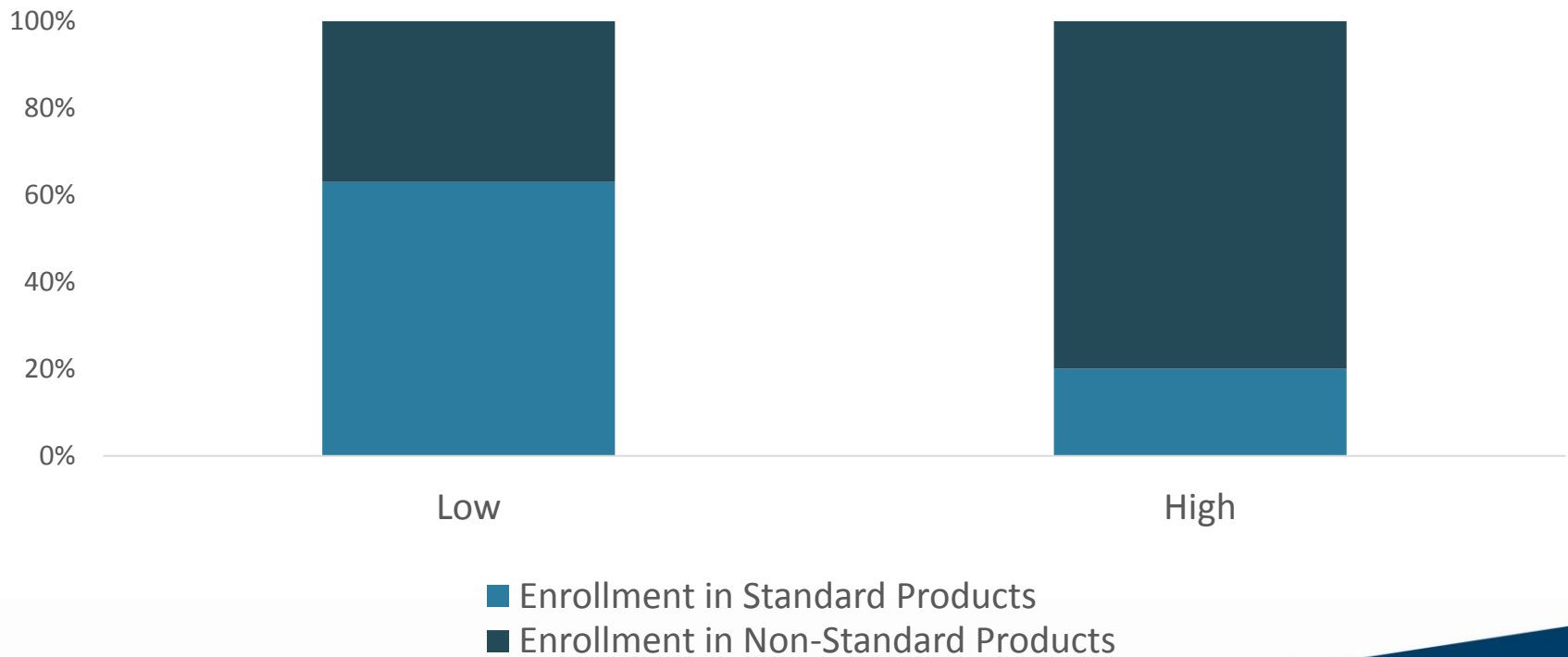
** Counts do not include child-only, catastrophic or stand-alone dental plans and options for dependent to age 29, domestic partner or religious exemptions*

	Standard	Non-Standard	Total
Individual Marketplace	80	73	153
Small Business Marketplace	40	46	86

Total Enrollment Individual Marketplace by Standard and Non-Standard Plans



Enrollment in Standard and Non-Standard Products Varies by Plan



3. QHP Offerings (cont'd)

2014: Out-of-Network benefits required on Individual Marketplace at platinum and silver levels when offered to individuals outside Marketplace

2015: Invitation will include a requirement for out-of-network benefits, scope to be determined

4. Provider Network Requirements

2014: Networks must include all provider types necessary to deliver benefits

2015: No change

2014: Subject plan networks to HMO requirements

2015: No change

2014: Require network submissions from health plans quarterly

2015: Increase frequency of reporting of significant changes as soon as they occur, but at least monthly

- Include arrangements with specialty centers and centers of excellence in network submission

4. Provider Network Requirements (cont'd)

2014: Health plans required to provide link to their on-line provider directory

2015: Health plans required to clearly identify on their website the networks specific to the Marketplace

5. Stand-Alone Dental Applicants

2014: Essential Health Benefits

2015: No change

2014: Standard pediatric dental product offered at high (85% AV) and low (75% AV) levels, but not both

2015: Conform invitation requirements to federal regulations which eliminate high and low AVs

2014: Pediatric dental available to dependent children up to age 19.

2015: Align age limit with child only products (up to 21)

2014: Allow up to 2 non-standard dental products, such as adult or family dental, or a non-standard pediatric dental

2015: No change

6. Small Business Marketplace (SHOP)

2014: Small group defined as 50 or fewer employees with at least one common law employee

2015: No change

2014: Employer Choice Model allows employers to select by metal level, by carrier or combination of both

2015: No change

2014: No minimum participation standards

2015: No change

7. Health Savings Accounts and Health Reimbursement Accounts

2014: Applicants are permitted to offer high deductible health plans that meet the IRS requirements and may arrange for the administration if requested by consumer and/or employer

2015: No change

8. In-Person Assistors

As of February 24, 2014	
Certified Navigators	602
Certified Application Counselors	3309
Certified Brokers	4208

8. In-Person Assistors (con't)

Role of Agents and Brokers

2014: Permitted to assist both small businesses and individuals when certified

2015: No change

2014: Health plan compensation arrangements must be the same inside and outside the Marketplace

2015: No change

8. In-Person Assistors (con't)

Navigators and Certified Application Counselors

2014: DOH provides grants to qualified organizations to serve as navigators pursuant to federal law

2015: No change

2014: Certified application counselors trained by NY State of Health and available to assist individuals

2015: No change

9. Quality and Consumer Satisfaction

2014: Health plans must develop and maintain a quality strategy

2015: No change

2014: Health plans required to participate in QARR

2015: No change

2014: Health plans required to conduct annual CAHPS consumer satisfaction survey

2015: No change

2014: Health plans required to submit encounter data for QHPs

2015: No change

Invitation Timeline

2015 Invitation Timeline –Key Dates

- March 10:** Plan Invitation released
- April 30:** Plan Participation Proposals due to NYSOH
- May 1:** Policy forms and rates due to DFS
- May 30:** Public comment on rates due to DFS
- July 31:** DFS decision on rates
- Sept 15:** NYSOH Certifies Qualified Health Plans
- Oct 15:** QHP data loaded in NYSOH IT System
- Nov 1 – Nov 30:** Jan 1, 2015 enrollment for SHOP
- Nov 15 – Jan 15:** Open enrollment for Individual Marketplace

Policy Rates and Forms

Policy Forms

Model language revisions

- Residential treatment for mental health
- Clinical trials
- Wellness
- Dental

Premium Rates

Action	2014	2015
DFS rate approval	Yes	Yes
Consumer notices required	No	Yes <ul style="list-style-type: none"> •Proposed premium increase on or before submission •Approved premium increase 60 days prior to new rate
DFS posts rate applications on website	No	Yes Consumers have 30 days to submit comments
Statutory time limit on DFS review	No	Yes Within 80 days of submission (60 days + 20 day extension if necessary)

Submit comments by March 4, 2014 at 5pm
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