

Delaware's Health Insurance Marketplace: Update on Activity



Delaware Health Care Commission, September 4, 2014

Secretary Rita Landgraf, Department of Health and Social Services



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Agenda

- Medicaid update
- Consumer update: Identity Verification
- SHOP Early Access
- Marketplace Guide deployment
- Outreach activities
- Marketing update
- Refresher: Essential Health Benefits vs. Qualified Health Plan Standards
- QHP Standards for Plan Year 2016

Medicaid Newly-Eligible Enrollment Update

- As of August 31, 2014, 7,943 individuals have enrolled in Medicaid through the expansion.
- This is an 8% increase since July 31st.

22,340 Delawareans have enrolled in health care coverage through expanded Medicaid and the Marketplace since October 1, 2013.

Consumer Update: ID Verification

- In August, approximately 700 Delawareans with Marketplace coverage received a letter from the Federal government asking them to verify information submitted about citizenship or immigration status.
- **Consumers must send the requested documents by Sept. 5 or Marketplace coverage will end Sept. 30.**
- Documents should be sent in one of two ways:
 - Upload them using your Marketplace account on Healthcare.gov, or
 - Mail them to: Health Insurance Marketplace, Attn: Supporting Documentation, 465 Industrial Blvd., London, KY 40750
- Consumers whose coverage ends Sept. 30th will receive information from the Federal Government regarding any discrepancy in tax credits received. Some consumers may have to repay credits received.

SHOP Early Access

- Delaware is one of five states gaining early access to the online SHOP portal, which will go live nationally on Nov. 15
- This early access will allow employers and agents/brokers to access some key portions of the portal starting in late October
- Employers will be able to:
 - Create an account
 - Assign an agent/broker, if they wish
 - Complete an application and get an eligibility determination
 - Upload employee roster
- Agents/brokers will be able to:
 - Establish a searchable online profile
 - Establish authorization to allow them to manage their clients' accounts
- CMS will be conducting outreach and information sessions in all five states prior to the early access launch

Marketplace Guide Update

In October, Marketplace Guides will be ramping up their outreach and education efforts at fixed locations throughout Delaware. Key locations include:

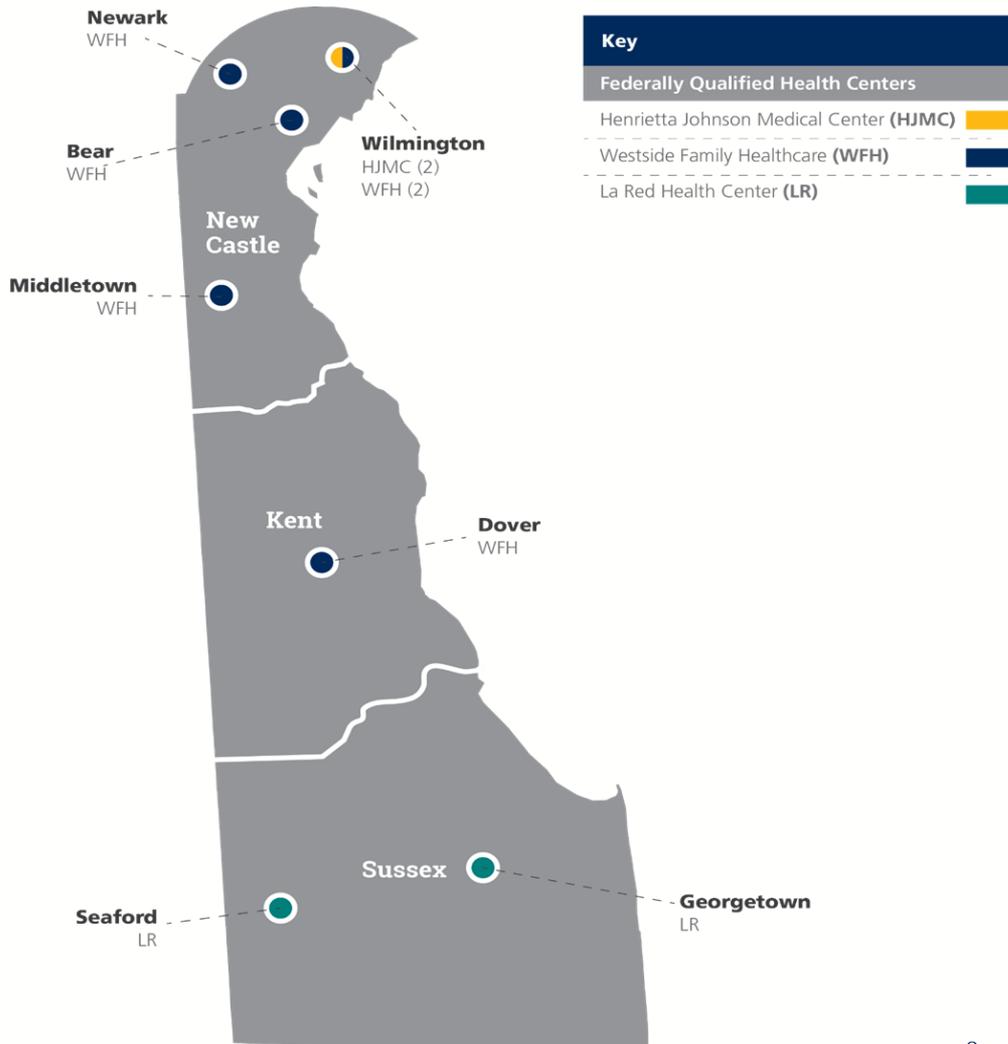
- Hospitals and other healthcare facilities
- Libraries
- State Service Centers
- Schools and college campuses
- Community agencies
- Churches

Marketplace Guide Update



- Guides will offer application and enrollment assistance on a regular weekly/monthly basis at over 100 locations
- Guides will also participate in numerous community and special events to spread the word about the Marketplace
- For the full schedule of Guide activities, check out the event calendar on ChooseHealthDE.com

Federally Qualified Health Centers



- In addition to Marketplace Guide locations, consumers can access enrollment assistance at Delaware’s 3 FQHCs, with sites across the state (shown)
- FQHCs represent a “one stop shop” where consumers can access primary care and get covered

Outreach Update

- The Marketplace team has organized regional coalition meetings and invited community partners and other stakeholders
- The goals of these coalitions are to increase awareness of the Health Insurance Marketplace among Delawareans, improve referral streams for enrollment assistance, and provide consistent and accurate information throughout the state.
- RSVP to Lisa Moore at Lisa.D.Moore@state.de.us

Date	Time	Location	Address
Friday, Sept., 5 th	10:00am-12:00pm	Beebe Health Campus Rehoboth Beach, Medical Arts Center Conference Room	18947 John J. Williams Hwy, Rehoboth Beach
Monday, Sept. 8 th	1:00-3:00pm	Delaware Hospice	100 Patriot's Way, Milford
Tuesday, Sept. 9 th	10:00am-12:00pm	Delaware State University, MLK Student Center	1200 N. Dupont Hwy, Dover
Thursday, Sept. 11 th	2:00pm-4:00pm	Nanticoke Health Services, First Floor Medical Staff Conference Room	801 Middleford Road, Seaford
Thursday, Sept. 18 th	10:00am-12:00pm	DHHS Herman Holloway Campus, Debnam Building, 1 st Floor Training Room	1901 N. Dupont Highway, New Castle

Marketing update

- The Marketplace team is currently working to develop the marketing, media, and public relations plans for the open enrollment period.
- Tactics will include TV, radio, billboards, banner ads, and targeted print ads
- Messaging will focus on affordability/value, penalty, key dates, EHBs, and the availability of assistance
- Printed materials will use simple language
- Marketing will support PR efforts and more closely connect consumers with assistance
- We have engaged members of the DE Hispanic Commission to get feedback and insights on culturally-competent Spanish-language marketing and outreach

EHBs and QHPs: A Refresher

As we move into the QHP Standards review process, it is important to remember the difference between Essential Health Benefits and Qualified Health Plan Standards.

- QHP standards govern **how** the plans operate versus **what** the plans cover (EHBs).

Essential Health Benefits

Essential Health Benefits (EHB) Benchmark

- Beginning in 2014, the ACA requires each state to select a set of health care items and services (the EHB package) that must be covered by most plans.
- EHBs apply to those plans offered in the Individual and Small Group markets, ***both inside and outside the Marketplace.***

EHB Categories:

- Preventive and Wellness
- Hospitalization
- Emergency services
- Mental/Behavioral Health and Substance Abuse Disorder services
- Rehabilitative and Habilitative services
- Ambulatory patient services
- Maternity and Newborn
- Prescription Drugs
- Laboratory services
- Pediatric services (oral and vision)

Essential Health Benefits

The ACA does not allow plans to impose annual or lifetime dollar limits on EHB services.

- However, plans may impose dollar limits on those benefits that are outside the EHB, so long as the limits comply with state and federal laws and regulations.

How do state mandates apply to the EHB?

- Each state's EHB must also include any state mandates enacted prior to January 1, 2012.
- Those mandates enacted after the deadline must also be covered by the plan, but are NOT considered an EHB.

Can a state modify or change its EHB?

- Federal regulation provides guidance for state essential health benefits for 2014 and 2015 Plan Years only.
- CMS is currently working on additional guidance on what, if any, changes will be introduced for Plan Year 2016 and beyond, as well as state flexibility in modifying established benchmarks.

QHP Standards

All issuers and plans participating in the Delaware Marketplace must meet federal certification standards for Qualified Health Plans (QHPs).

QHP standards cover a broad range of areas

- ✓ Licensure & solvency
- ✓ Rating area
- ✓ Actuarial value (metal level)
- ✓ Quality rating
- ✓ Marketing and benefit design
- ✓ Enrollment periods (open and SEP)
- ✓ Enrollee and issuer termination
- ✓ Service area
- ✓ Network adequacy
- ✓ Cost sharing
- ✓ Quality improvement strategy
- ✓ Plan withdrawal
- ✓ Enrollee notifications
- ✓ Grace periods and continuity of care

As a Federal Partnership State, Delaware is permitted to establish additional QHP standards for participation in the Delaware Marketplace.

➤ **Note: state-specific QHP standards may be updated each year.**

Current QHP Standards (2014 & 2015)

The HCC has approved a number of QHP Standards that ensure consumer protections and promote greater access to health care. Among others, they include:

- Time/distance standards for Primary Care Physicians that align with Medicaid standards
 - Statewide Rating and Service areas
 - Continuity of Care and Withdrawal Transition Plans to help address ‘churn’ between Medicaid and private coverage
 - Mandatory participating in the Delaware Health Information Network (DHIN) for medical Issuers
 - Mandatory participation in HCC quality improvement strategy workgroup for both medical and stand-alone dental Issuers
- **Reminder:** *The DOI/Plan Management team works with CMS to monitor compliance with all QHP Standards. However, state-specific standards do not necessarily reflect Delaware law (code). Therefore, enforcement authority on non-compliance with state standards is limited to decertification of plans that may be sold on the Marketplace.*

QHP Standards for Plan Year 2016

A workgroup was formed to make initial recommendations for additional QHP Standards for Plan Year 2016. In developing these additional standards, the Workgroup is focusing on areas that align to the goals and efforts of the state's healthcare innovation model, including:

- Increasing access to healthcare services,
 - Strengthening consumer protections,
 - Supporting the concept that integrating medical and behavioral services will produce better health outcomes while reducing costs associated with treating patients with complex and chronic illnesses.
- The Workgroup also recognizes the need to balance affordable private insurance while still adding value to Delaware consumers.

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<p>Plans must meet the GEO Access Standards for the practice areas listed below.</p> <p>If a plan's network does not have a geographically accessible provider with appropriate expertise to treat a patient's medical condition, the patient can obtain services from an out of network provider. The health plan will work with the patient to identify a provider. The plan will pay all medically necessary expenses directly related to the treatment of the patient's medical condition. The patient will be responsible for the plans copayments and cost-sharing based on in network benefits. The plan may apply any case management, preauthorization protocols that would be applied to an in network provider.</p> <p><i>Continued...</i></p>	<p>This standard matches the GEO Access (distance) Standards of the Delaware State Employee health plan and is intended to provide better access to a range of provider types for consumers, especially for those in Kent and Sussex counties. This also includes strong consumer protections for networks that do not meet patient needs by allowing them to go out-of-network under select circumstances.</p>

Proposed QHP Standards PY 2016

Practice Area	Miles from Resident Urban	Miles from Resident Suburban	Miles from Resident Rural
PCP	8	15	25
OB/GYN	8	15	25
Pediatrician	8	15	25
Specialty Care Providers*	30	35	45
Behavioral Health/Mental Health/Substance Abuse**	30	35	45
Acute Care Hospital	10	15	25
Psychiatric Hospital	30	35	45
Dental	30	35	45

*Including but not limited to Home Health Specialists, Cardiologists, Oncologists, Pulmonologists, Endocrinologists, Skilled Nursing Facilities, Rheumatologists, Ophthalmologists, Urologists, Neurologists, and telemedicine sites

**Including but not limited to advanced-degree behavioral health practitioners (MD or DO in General or Pediatric Psychiatry), mid-level professionals (Licensed Psychologists, Psychiatric Nurse Specialists, Licensed Clinical Social Workers, Licensed Professional Counselors of Mental Health, Licensed Marriage & Family Therapists), or certified peer counselors or certified alcohol and drug counselors (when supervised by an appropriately-related licensed provider or facility), in-patient and outpatient facilities, and telemedicine sites.

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<p>QHP Provider Directories are required to include a listing of the plan's providers including, but not limited to:</p> <ol style="list-style-type: none"> 1. Primary Care Providers (primary care physicians in pediatrics, family medicine, general internal medicine or advanced practice nurses working under Delaware's Collaborative Agreement requirement); 2. Specialty Care Providers (including, but not limited to: Hospitals, Home Health Specialists, Cardiologists, Oncologists, OB/GYN, Pulmonologists, Endocrinologists, Skilled Nursing Facilities, Rheumatologists, Ophthalmologists, Urologists, Neurologists, Psychiatric and State-licensed Psychologists,); 3. Behavioral Health, including mental health and substance abuse disorder providers and facilities, clearly identifying specialty areas; 4. Habilitative autism-related service providers, including applied behavioral analysis (ABA) services. <p>Issuer/Plans must update their online Provider Directory quarterly and notify members within 30 days if their PCP is no longer participating in the Plan's network.</p>	<p>This standard was developed to ensure that consumers have a more complete and up-to-date listing of providers available to them and to clarify the specialties in which providers practice. This will increase transparency for consumers and give them the ability to participate and be engaged in their own care.</p>

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<p>Each plan's network must have at least one (1) full time equivalent advanced-degree behavioral health practitioner (MD or DO in General or Pediatric Psychiatry), or mid-level professional (licensed psychologists, psychiatric nurse specialists, Licensed Clinical Social Workers, Licensed Professional Counselors of Mental Health, Licensed Marriage & Family Therapists) supervised by an advanced-degree behavioral health practitioner, for every 2,000 members. The QHP issuer must receive approval from the Insurance Commissioner for capacity changes that exceed 2,500 patients.</p>	<p>This standard was developed to support parity for behavioral health services by requiring the same network adequacy standards for behavioral health providers as established for PCPs.</p>

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<p>In order to meet provider-to-patient ratios, an issuer's QHP network must include ratios calculated on a count of all patients served by the provider across all of the health plans marketed by the issuer.</p>	<p>This standard provides important consumer protections and clarifies for issuers how to calculate appropriate ratios.</p>

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<ol style="list-style-type: none">1. Reimbursement for services provided through telemedicine must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient.2. In order for telemedicine services to be covered, healthcare practitioners must be:<ol style="list-style-type: none">a. acting within their scope of practice;b. licensed (in Delaware or the State in which the provider is located if exempted under Delaware State law to provide telemedicine services without a Delaware license) to provide the service for which they bill; and arec. located in the United States.	<p>This standard increases consumer choice and access, particularly to specialty providers. This standard is based in part on Medicaid standards for telemedicine.</p>

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<ol style="list-style-type: none"><li data-bbox="170 382 1116 862">1. Beginning January 2016, payers must make available to eligible PCPs at least one Pay for Value (P4V, with bonus payments tied to quality and utilization management for a panel of patients) and one Total Cost of Care (TCC, with shared savings linked to quality and total cost management for a panel of patients) payment with at least one model with some form of funding for care coordination for chronic disease management, whether in the form of per member per month fees or payments for non-visit based care management.<li data-bbox="170 868 1116 1130">2. Payers must indicate how payment is tied to the common scorecard for all models, with a minimum percentage (consistent with the levels recommended by the Delaware Center for Health Innovation) linked to common measures and the rest linked to performance on payer-specific measures.<li data-bbox="170 1136 1116 1302">3. Payers must support reporting for the common provider scorecard and overall scorecard consistent with the recommendations of the Delaware Center for Health Innovation.	<p data-bbox="1161 382 1715 548">This standard formalizes and promotes the payment model proposals of the State Innovation Model.</p>

Proposed QHP Standards PY 2016

Proposed Standard	Rationale
<p>Each health plan shall establish and implement policies and processes to support integration of medical health and behavioral health services. Policies and processes for integration of care must address integration of primary care and behavioral health services, including but not limited to substance abuse disorders.</p>	<p>This standard will further support the integration of behavioral health with medical health services.</p>

Next Steps for Plan Year 2016 QHP Standards

- A 14-day formal Public Comment Period for review of recommendations for new/modified QHP standards will be conducted September 4, 2014 and ends September 18, 2014.
- The proposed recommendations will be available online at www.ChooseHealthDE.com and at <http://dhss.delaware.gov/dhss/dhcc/>
- Comments can be sent to QHPstandards@choosehealthde.com
- Following the open comment period, the team will develop a final list of recommendations, based on stakeholder input for final review at the October HCC meeting and a planned vote at the November HCC meeting.

Delaware QHP Standards: Plan Year 2016

Step	Activity	Proposed Timeline
1	Review current QHP Standards to identify opportunities for modification/additions.	April - July 2014
2	Submit list of recommended changes to QHP Standards to HCC for review and comment	July –August 2014
3	Conduct Public Comment Period on proposed changes to QHP Standards	August - September 2014
4	Review stakeholder feedback on proposed changes and develop final recommendations for HCC review	September - October 2014
5	Review Final Recommendations with HCC	October 2, 2014
6	Solicit HCC decision (approval/denial) on recommended changes	November 6, 2014
7	Publish Delaware QHP Standards for Coverage Year 2016	December 1, 2014

Thank you!



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