

Delaware's Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission
June 4, 2015

Secretary Rita Landgraf
Department of Health and Social Services



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Agenda

- Enrollment Update
- Enrollments by County
- Effectuated Enrollments
- Access to Preventive Services
- Out-of-Pocket Comparison Tool Comment Period
- Marketplace Options
- Plan Management Update
 - Requested Rates for PY 2016
 - Transitional Renewal of Large Group Policies
- PY 2017 EHB Benchmark Plan
- Key Dates

Enrollment Update

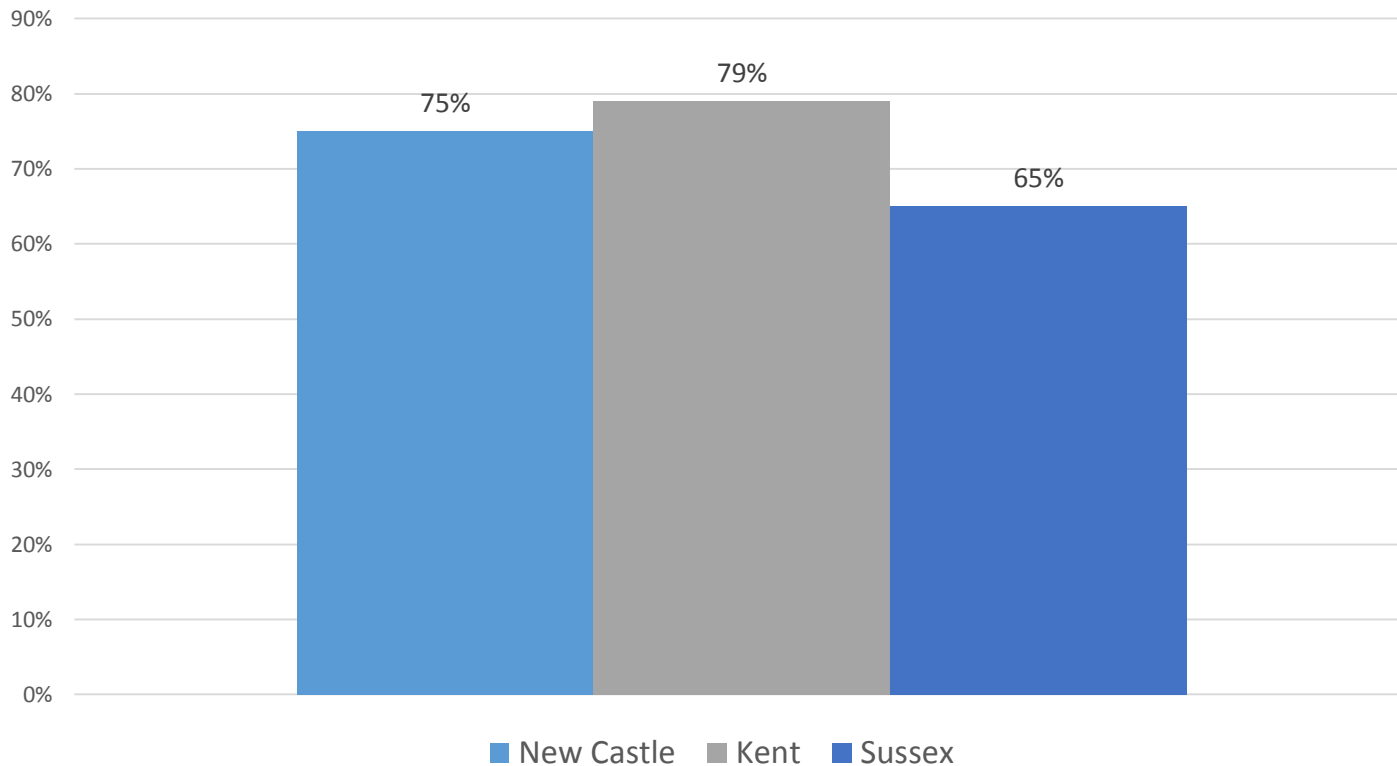
Individuals eligible for Medicaid from May 1-31 with incomes between 100-138% FPL	9,260
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Marketplace Enrollments:

- We await comprehensive information from the Federal government that will include enrollments from the tax-related Special Enrollment Period as well as demographic and geographic information about Delaware's enrollees

Percentage increase in enrollments by County

Percentage Increase from 2014 to 2015



2014 data is issuer-reported enrollments reported at May 2014 HCC meeting
2015 data is from ASPE Report "Plan Selections by ZIP Code in the Health Insurance Marketplace," April 2015

Effectuated Enrollments

On June 2, CMS released a report of “effectuated” enrollments – policies with paid premiums and active coverage.

- As of March 31, 2015, 89.5% of Delaware’s 25,036 enrollees effectuated their coverage

Delaware’s Effectuated Enrollments

As of	Total	APTC Enrollment	% with APTC	CSR Enrollment	% with CSR	Average APTC
3/31/15	22,397	19,128	85.4%	10,155	45.3%	\$265

APTC: Advance Premium Tax Credit

CSR: Cost Sharing Reduction

Full report available at

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>



Access to Preventive Services

- Under the Affordable Care Act most health insurance plans are required to provide coverage for recommended preventive health care services at no cost
- The Federal government released a report on May 15 estimating that about 137 million Americans now have private insurance coverage of preventive services without cost sharing
- This includes **417,265 non-elderly Delawareans** in *private, non-grandfathered* plans:
 - 84,080 children
 - 171,575 women
 - 161,610 men
- The full report is available at http://aspe.hhs.gov/health/reports/2015/Prevention/ib_Prevention.pdf

CMS Out-of-Pocket Comparison Tool

- Centers for Medicare & Medicaid Services (CMS) is seeking input on a proposed Out-of-Pocket Cost Comparison Tool for use on HealthCare.gov
- The Tool will:
 - Help consumers make more informed choices about their health insurance coverage
 - Help consumers pick a plan that will best meet their needs
 - Allow shoppers to see estimates of total spending (to include premiums and cost-sharing) across various health insurance plans.
- Input may be submitted to CMS by June 29, 2015, to: OutofPocketCostEstimator@cms.hhs.gov
- The bulletin is available at: http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/OOP-Cost-Comparison-Tool-Bulletin_05-29-2015.pdf

Maintaining Marketplace Options

- Delaware continues its due diligence to ensure a Marketplace model that provides:
 - The best continued benefit for Delawareans
 - Continued state oversight of consumer assistance and plan management
 - A cost-effective model for financial sustainability that provides economy of scale
- Under the current State Partnership model, of the 25,036 Delawareans who enrolled on the Marketplace, about 84%, or more than 21,000 were eligible for financial assistance.
- Delaware is maintaining the State's options pending a Supreme Court ruling that may impact eligibility for financial assistance.

One Option: Supported State-Based Marketplace (SSBM)

- One of the options available to Delaware is to operate as a Supported State-Based Marketplace (SSBM).
- Under the SSBM option, Delaware would maintain consumer assistance and plan management functions as well as final Medicaid eligibility determination, and would continue to use the federal technology platform (HealthCare.gov) and related services.
- This is similar to current SSBM models in Oregon, Nevada, and New Mexico.
- Delaware's approach to implementation of the State Partnership model supports a smooth transition to a SSBM.

Plan Management Update



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QHP Review Activities for Plan Year 2016

- Delaware's Plan Management team has completed its initial review of plan submissions
 - **Delaware met the first CMS deadline for initial data transfer to the federal team on May 15**
- The second part of the QHP Review is underway, with a focus on more detailed analysis of issuer/plan compliance

Proposed Timeline	QHP Review Activities
April - September 2015	<ul style="list-style-type: none">• DOI reviews plans for compliance with federal and state laws and standards• Areas for review include rates, actuarial value, benefit design, cost-sharing, network adequacy, among others
September 2015	<ul style="list-style-type: none">• Federal government conducts final QHP reviews and certifies state-recommended plans• DOI releases approved Premium Rate information
October 2015	<ul style="list-style-type: none">• Federal government releases list of certified QHPs for Plan Year 2016• Open Enrollment begins November 1 for Plan Year 2016

Requested Rates

On June 1, 2015, the Department of Insurance announced that rate requests had been received from Highmark BCBS and Aetna, Inc. for their 2016 Marketplace plans

Average Increase or Decrease Requested:

	Highmark BCBS	Aetna, Inc.
Individual	25.4%	16%
Small Group	12.7%	(6.1%)

Detailed rates and insurers' justifications may be viewed at <https://ratereview.healthcare.gov/>

- These rates are subject to review and approval by the Insurance Commissioner and are **not** the final rates.

Comment Period for Requested Rates

- The Department of Insurance will conduct public information sessions on the proposed rates:
 - **Monday, June 15, 1:00pm**
Delaware Tech Owens Campus, 21179 College Dr.,
College Theater (Arts & Science Center), Georgetown
 - **Monday, June 15, 6:00pm**
Insurance Dept., 841 Silver Lake Blvd., Dover
 - **Tuesday, June 16, 6:00pm**
Carvel State Office Bldg., 820 N. French St.,
Auditorium/Mezzanine Level, Wilmington
- Written comments will also be accepted between June 15 and July 15, 2015, at ratedivision@state.de.us

Transitional Renewal of Large Group Policies

- Beginning Jan. 1, 2016, the ACA will redefine companies with 51-100 employees as small businesses
- On May 21, 2015, the DOI announced that Highmark BCBS and Aetna, Inc. would allow these businesses to renew their health insurance policies at “large group” rates for policy plan years beginning on or before Oct. 1, 2016
- Companies who take advantage of transitional renewal will be able to maintain large group coverage which is typically less expensive than small group coverage due to less stringent rating requirements

Transitional Renewal of Large Group Policies

What does this mean for Employers?

The transitional renewal means that businesses with 51 to 100 employees will not be subject to the ACA requirements that only apply to small employers. For example, large employers are not subject to:

- Application of a single risk pool
- Provisions that restrict the premium rating to age, family, geographic rating area, and tobacco use
- Compliance with the metal level actuarial values
- Requirement to include all of the essential health benefits in their benefit plans

In 2016, however, even if they take advantage of the transitional renewal, businesses with 51-100 employees:

- Must offer coverage to full-time employees
- Cannot offer different coverage based on salary
- Cannot impose waiting periods that exceed 90 days (for new hires)



Essential Health Benefits for Plan Year 2017



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Selection of EHB Benchmark Plan for PY2017

On May 28, Delaware submitted to CMS its selection for the State's Essential Health Benefits benchmark plan for 2017:

**Highmark Blue Cross Blue Shield of Delaware
Small Group
*Shared Cost EPO Plan***

- The benchmark plan was selected from the Small Group plan options available to the State and approved by the Health Care Commission during its May 7, 2015, meeting.
- As discussed previously, the new EHB benchmark list of benefits and services will very closely mirror Delaware's current EHB benchmark.

Delaware EHB Benchmark Update for Plan Year 2017

Proposed Schedule of Activities

Step	Activity	Proposed Timeline
1	Review changes to federal requirements and guidance regarding selection process, criteria, and 2014 plan options.	March 2015
2	Develop EHB materials for HCC and Stakeholder review	March 23 – April 4, 2015
3	Conduct Public Comment Period on recommended new state EHB Benchmark	April 6 – April 24, 2015
4	Review stakeholder feedback on EHB options and develop final recommendation for HCC decision (approval/denial)	April 27 – May 1, 2015
5	Review and vote on final recommendations with HCC	May 7, 2015
6	Submit Delaware's selection for EHB Benchmark for Plan Year 2017 to CMS for final approval	June 1, 2015
7	Publish Delaware EHB benchmark and QHP Standards for Plan Year 2017 (Dependent upon HHS approval timeline)	Fall 2015

Key Dates

Date	Milestone
June 15 to July 15, 2015	Public Comment Period on Requested Rates
November 1, 2015	Beginning of Open Enrollment for PY 2016
January 31, 2016	End of Open Enrollment for PY 2016

- Only those with qualifying life events, such as birth/adoption of a child, loss of minimum essential coverage, aging out of parents' insurance at age 26, etc., may enroll in the Marketplace outside of open enrollment. Visit www.HealthCare.gov for more information.
- Enrollment assisters and agents and brokers are available to assist with enrollments outside of an open enrollment period.
- Consumers can visit www.ChooseHealthDE.com to locate assistance near them.

Medicaid enrollment is open all year.
Small businesses can enroll in SHOP at anytime.