

Delaware's Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission
May 7, 2015

Secretary Rita Landgraf
Department of Health and Social Services



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Agenda

- Enrollment Update
- Limited Special Enrollment Period
- Qualifying Life Events
- ACA Grace Period
- Plan Management Update
- Essential Health Benefits for Plan Year 2017
- Key Dates

Enrollment Update

- We are awaiting updated enrollment numbers from the Federal government that will include enrollments from the tax-related Special Enrollment Period that ended April 30.
- We will also be looking at enrollments in both Medicaid and the Marketplace for demographic and other trends once this information is available.

Individuals eligible for Medicaid from April 1-30 with incomes between 100-138% FPL

9,317

Limited Special Enrollment Period

- HHS identified a system issue with HealthCare.gov in which some applicants who qualified for advanced premium tax credits did not receive them.
- The affected individuals have incomes under 100% of the Federal Poverty Level but are ineligible for Medicaid due to their immigration status.
- Consumers affected by this issue can now change their applications to receive an updated tax credit calculation and now qualify for a special enrollment period (SEP).
- Consumers can call the Federal call center (800-318-2596) or log into HealthCare.gov to see if they are eligible for this SEP which, if requested, can be retroactive with a coverage effective date as early as January 1, 2015.
- This SEP will be available until **July 31, 2015**, and consumers must report the event and enroll in coverage during that period.

Qualifying Life Events

- With the exception of the SEP noted previously, 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.
- 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.
- The next open enrollment period begins on November 1, 2015, for 2016 coverage.

ACA Grace Period - Background

- The ACA allows for consumers who receive APTCs and do not pay their premiums to receive a 90-day “grace period.”
- In the first 30 days of the grace period, claims will be paid by the issuer. After the 30 days, the issuer may put claims into a pend status.
- If the consumer pays the premiums in full by the end of the 90 days, the issuer will pay any pended claims and the consumer retains coverage.
- If the consumer fails to pay the premiums during the grace period, issuers can deny claims from the second and third months.

ACA Grace Period - Delaware

- While we have not heard widespread reports of the 90-day grace period presenting a problem for providers in Delaware, we are aware that this has affected at least one.
- DHSS has communicated the situation to the HHS Regional Director to ensure she is aware of the impact in Delaware.
- Delaware's Congressional Delegation is also involved and has elevated the concern with HHS headquarters in Washington, DC.

Plan Management Update



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Update on Issuer Applications for Plan Year 2016 QHP Certification

- All issuers who now offer medical and stand-alone dental plans (SADPs) on the Marketplace for Plan Year 2015 have submitted QHP Applications for participation in Plan Year 2016

Medical Issuers

- ✓ ***Aetna Health***
- ✓ ***Aetna Life***
- ✓ ***Highmark BCBSDE***

SADP Issuers

- ✓ ***Delta Dental***
- ✓ ***Dentegra***
- ✓ ***Dominion***
- ✓ ***Guardian***

- Similar to last year, several Issuers have submitted stand-alone dental plans for certification off-exchange in the small group market.
 - Issuers include: *Ameritas, Reliance, Companion, Standard and Met Life*
- The DOI continues to work with additional issuers to promote the Delaware market and will be holding discussions for 2017 plan year.

Medical QHP Submissions for PY2016

Three medical plan issuers have submitted plans for certification and offer on the Delaware Marketplace:

- Highmark BlueCross BlueShield Delaware, Inc.
- Aetna Health, Inc.
- Aetna Life Insurance Company

Metal Level	Individual* 2016	Individual** 2015	SHOP 2016	SHOP 2015
Bronze	7	6	5	5
Silver	7	7	5	5
Gold	11	10	5	6
Platinum	1	1	0	0
Catastrophic	1	1	0	0
Total	27	25	15	16

**Does not include Multi-State Plans*

*** Includes one Silver and one Gold Multi-State Plan*

Stand-Alone Dental (SADP) QHP Submissions

Four SADP Issuers have submitted plans for Plan Year 2016:

- Delta Dental of Delaware, Inc.
- Dentegra Insurance Company
- Dominion Dental Services, Inc.
- The Guardian Life Insurance Company of America

Actuarial Level	Individual 2016	Individual 2015	SHOP 2016	SHOP 2015
Low (70%)	6	8	3	10
High (85%)	6	3	6	5
Total	12	11	9	15

- Applications indicate that Plan Year 2016 will see a larger number of SADPs with a 'high' actuarial value (85%) versus 'low' actuarial value (70%)

QHP Review for Plan Year 2016 Underway

- CMS has finalized its process guidelines and published the tools to support the QHP review
- The DOI and Plan Management Team have begun reviewing Issuer QHP applications for compliance with federal and state regulations and standards.
 - The first push of information to CMS will occur on or before the May 15 deadline set by CMS.

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 <i>rates, actuarial value, benefit design, cost-sharing, network adequacy, among others</i>
September 2015	<ul style="list-style-type: none">• Federal government conducts final QHP reviews and certifies state-recommended plans• DOI releases 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

Rate Review for Plan Year 2016

- The DOI approves/disapproves all health insurance rates following a comprehensive review of all Issuer filings, including requests for rate increase.
 - **Reminder:** The **rate** is the base amount filed by the carrier. **Premiums** paid by an individual include the base rate plus whatever adjustments are permitted under the law—Age, Family Size and Tobacco Use
- Fulfilling a new requirement from CMS, at the end of May, the DOI will provide a link to the CMS website where premium rates will be posted.
 - **These will be the initial requests from Issuers and not the approved rates.**
- The DOI plans to conduct a Formal Public Comment Period between mid-June and mid-July.

The DOI will provide additional information at the June HCC meeting, including web links where rates may be viewed, as well as the process and email address for submitting public comment.

Essential Health Benefits for Plan Year 2017



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EHB 2017 Public Comment Period

- From April 6-24, 2015, the HCC conducted a public comment period on the selection of the Essential Health Benefits (EHB) benchmark plan that will be used for the 2017 plan year.
- Notice of the public comment period was given through announcement at the monthly public meeting of the HCC, posting on both the HCC and Choose Health Delaware websites, and electronic distribution to the HCC email list.
- During the comment period, five individuals from four organizations provided comments.
 - Some comments were not related to the selection of the EHB benchmark plan, but were more appropriate for QHP standards or were comments on the content of the stakeholder packet
 - Technical questions will be researched with assistance from the Department of Insurance and commenters will receive a response
 - One organization supported the selection of one of the largest small group health plans by enrollment in 2014 as the EHB benchmark plan. The other commenters were silent on this.

Selection of EHB Benchmark Plan

Following a review of the public comments, the recommendation is that the HCC vote to approve the **Highmark Shared Cost EPO** plan as the EHB Benchmark plan for 2017.

- This plan has the largest enrollment of Delaware's three largest Small Group plans by enrollment in 2014.



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 HHS for final approval	June 1, 2015
7	Publish Delaware EHB benchmark (<i>Dependent upon HHS approval timeline</i>)	Fall 2015



Key Dates

Date	Milestone
November 1, 2015	Beginning of Open Enrollment for PY 2016
January 31, 2016	End of Open Enrollment for PY 2016

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