

Delaware's Health Insurance Marketplace: Update on Activity



Delaware Health Care Commission, July 3, 2014

Secretary Rita Landgraf, Department of Health and Social Services



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Agenda

- Medicaid and total enrollment update
- Auto-renewal of QHPs
- Premium comparisons
- SHOP Employee Choice
- Rate review process
- QHP Standards PY 2016

Total Enrollment Update

- As of June 30, 2014, 6,626 individuals have enrolled in Medicaid through the expansion.
- This is a 14% increase since May 30th.

21,023 Delawareans have enrolled in health care coverage through expanded Medicaid and the Marketplace since October 1, 2013.

Premiums: Delaware vs. other FFM states

- Last month, the federal government released a report comparing premiums across the 36 states participating in the federally-facilitated Marketplace (FFM).
- The report analyzed average premiums before and after tax subsidies, and across various 'metal' levels (i.e., Silver Plans)

Delaware vs. other FFM States

	Delaware	Other FFM states
Average premium for Silver plans	\$378	\$345
Average premium for Silver plans after tax credits	\$103	\$69
Average premium for all metal levels	\$392	\$346
Average premium for all metal levels after tax credits	\$130	\$82
Average tax credit	\$263	\$264

The full report may be found at the following URL:

<http://aspe.hhs.gov/health/reports/2014/Premiums/2014MktPlacePremBrf.pdf>

Comparing Delaware to other states

Multiple factors influence a state's premium rates, and do not allow for an easy “apples to apples” comparison:

- ***Essential Health Benefits (EHB) benchmark***—some states, such as Delaware, have a robust set of benefits compared to other states
- ***Additional state mandated benefits***—such as coverage for Autism Spectrum Disorder (SB22)
- ***Number of insurance companies participating***—Delaware had only 3 in 2014
- ***Competition in the health care delivery system***
- ***Number of Rating and Service Areas***—Delaware enforces a single, statewide area for both

Medicaid Expansion and the Premium Tax Credit

- The report does not distinguish those FFM states who did and did not expand Medicaid.
- Delaware is a Medicaid expansion state, where individuals from 100-138% of the FPL who obtain health coverage do so through Medicaid.
- In non-expansion states, these same individuals are eligible for premium tax credits to purchase a Marketplace plan. These individuals towards the lower end of the tax credit eligibility threshold receive the highest credits available, thus giving those states lower average premium rates after tax credits are taken into consideration.

Auto-renewal of Marketplace QHPs

Last week, HHS announced plans for existing Marketplace consumers to automatically re-enroll in their plans.

- Consumers will receive notices from the Marketplace informing them how to update their information to report any income changes and make sure they are receiving the proper tax credit.
- Consumers will receive information from their health insurance company about the 2015 premium for their plan close to the beginning of the open enrollment period.
- Consumers are strongly encouraged to use the open enrollment period as an opportunity to update their information and reevaluate their health coverage needs for the coming year.

Key Dates for Consumers

Date	Milestone
November 15, 2014-February 15, 2015	Open enrollment for coverage in Plan Year 2015

Notes:

- **Medicaid enrollment can occur at anytime.**
- Employers may continue to enroll in SHOP on a rolling monthly basis. The deadline to enroll is always the 15th of the month for coverage to be effective the 1st of the following month.

Delaware chose to delay Employee Choice for 2015

- The federal government has approved a request by Delaware Insurance Commissioner Karen Weldin Stewart for a one-year delay in implementing Employee Choice in Delaware.
- The DOI consulted with various stakeholders prior to making the request, citing that the delay will:
 - Provide more time for small employers to become familiar with SHOP and investigate their health plan options;
 - Allow the Federal SHOP to institute operational procedures and automate all functions,
 - Avoid adverse selection among insurance companies, which will promote greater premium stabilization among small group plans.

QHP Rate Review Plan Year 2015

- The Delaware Insurance Commissioner maintains the authority to review and approve/disapprove all health insurance plan rates.
- Issuers have submitted the rates for Plan Year 2015 and are currently under the state's Effective Rate Review process.
- Information about the rate filings will be posted, in a consumer-friendly format, on the DOI's website (<http://de.gov/doiratefiling>) next week for a two-week Public Comment Period.
 - Links to this information will also be provided at <http://dhss.delaware.gov/dhss/dhcc/> and <http://www.choosehealthde.com/>

QHP Rate Review Process and Timeline: Plan Year 2015

Step	Activity	Timeline
1	Insurance companies submit rates and supporting documentation, including rate increase justifications	June 13, 2014
2	DOI conducts Effective Rate Review process	June 16 – August 6, 2014
3	Information on Rate requests posted to DOI website for Public Comment Period	Week of July 7, 2014 (2-week window)
4	DOI reviews the actuarial analysis, recommendations and stakeholder feedback and makes final decisions on rate requests.	July 14 - August 6, 2014
5	DOI submits state-approved rates to CMS for final review	August 8, 2014
6	Insurance Commissioner posts approved rates to DOI website (following CMS rate certification process)	Approximately late October 2014

Plan Year 2016 QHP Standard Recommendations

A workgroup was formed to review Plan Year 2015 standards and propose recommendations for Plan Year 2016. Initial areas of consideration include:

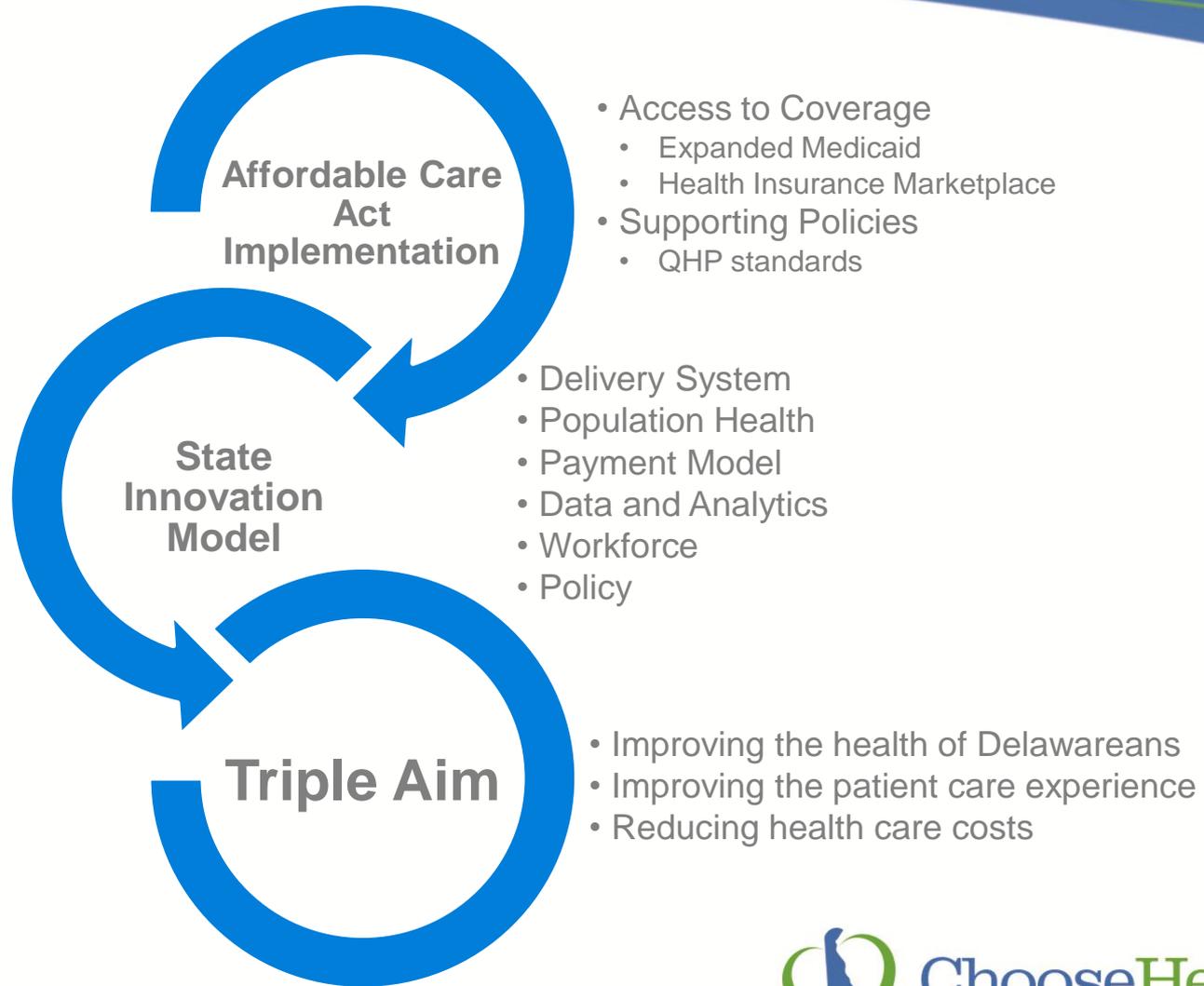
- Improving access to telemedicine
- Addressing network adequacy for behavioral health and substance abuse disorders
- Supporting aspects of the State Innovation Model, for example use of common provider scorecard

Delaware QHP Standards: Plan Year 2016

The Marketplace Program is working with the HCC to review current state-specific QHP Standards and develop recommendations for changes for implementation in Coverage 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

Achieving the Triple Aim



Thank you!



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