Delaware's Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission,
November 6, 2014

Secretary Rita Landgraf,
Department of Health and Social Services

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Agenda

- Medicaid update
- Open Enrollment reporting
- Renewing Marketplace coverage
- Partner meetings
- Marketplace Guide deployment
- Plan Management update
- SHOP update
- QHP Standards for Plan Year 2016
- Key dates

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Medicaid Newly-Eligible Enrollment Update

- As of October 31, 2014, 9,001 individuals have enrolled in Medicaid through the expansion.
- This is an approximately 7.28% increase since September 30th.

23,298 Delawareans have enrolled in health care coverage through expanded Medicaid and the Marketplace since October 1, 2013.

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Open Enrollment Reporting

- Delaware utilizes healthcare.gov, the enrollment system of record, for enrollment data and reporting. Our Federal partners will provide this information, including some demographic data.
- We anticipate monthly reports on numbers of enrollees from Delaware and will report those to the Health Care Commission at each meeting following their release by the Federal government.

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Expectations for HealthCare.gov

- Streamlined application process
  - CMS estimates that up to 70% of new applicants will be able to use the shorter application
  - Reduced from 76 screens to 16
- Built to withstand peak loads
- Window-shopping is available without creating an account

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Renewing Marketplace Coverage

All plans purchased through the Marketplace at any time in 2014 expire on December 31, 2014. There are 5 steps consumers can take to stay covered:

1. **Review:** Every year, insurance companies can make changes to premiums, cost-sharing, or the benefits and services they provide. Review your plan's 2014 coverage to make sure it still meets your needs.
2. **Update:** Starting November 15, 2014, visit **HealthCare.gov** and update your 2015 application. Make sure your household income and other information is up-to-date for next year. Even if none of your information has changed, you might be eligible for lower costs than last year.
3. **Compare:** Log into your Marketplace account on HealthCare.gov to compare 2015 plan costs and benefits. New plans may be available.
4. **Choose:** Select a health plan for 2015. You can keep the same plan (as long as it's still offered) or a choose a new one that better fits your needs.
5. **Enroll:** The Marketplace opens on November 15. Make sure to review, update, compare and choose by December 15 to have any changes take effect on January 1.

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Outreach and Consumer Assistance Update

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Partner Meetings Across the State

- The Marketplace team is scheduling a second round of community and stakeholder meetings for early December.
- RSVP to Lisa Moore at Lisa.D.Moore@state.de.us

Date	Time	Location	Address
Thursday, December 4, 2014	1:00-3:00pm	Delaware State University, MLK Student Center, Glass Lounge	1200 N. Dupont Hwy, Dover
Tuesday, December 9, 2014	2:00-4:00pm	Nanticoke Health Services, First Floor Medical Staff Conference Room	801 Middleford Road, Seaford
Wednesday, December 10, 2014	9:00-11:00am	Beebe Health Campus Rehoboth Beach, Medical Arts Center Conference Room	18947 John J. Williams Hwy, Rehoboth Beach
Thursday, December 11, 2014	10:00am-12:00pm	Delaware Hospice	100 Patriot's Way, Milford
Friday, December 12, 2014	1:00-3:00pm	DHHS Herman Holloway Campus, Springer Building, Training Rooms 1&2	1901 N. Dupont Highway, New Castle

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Marketplace Guide Update

- Marketplace Guides will be available throughout 2015 open enrollment to assist consumers with new enrollments as well as renewals
- Guides will offer recurring enrollment support at over 70 locations throughout Delaware – some of these locations accept walk-ins and others require an appointment
- As always, visit www.ChooseHealthDE.com for a full, up-to-date list of enrollment locations and events at which Guides will be in attendance

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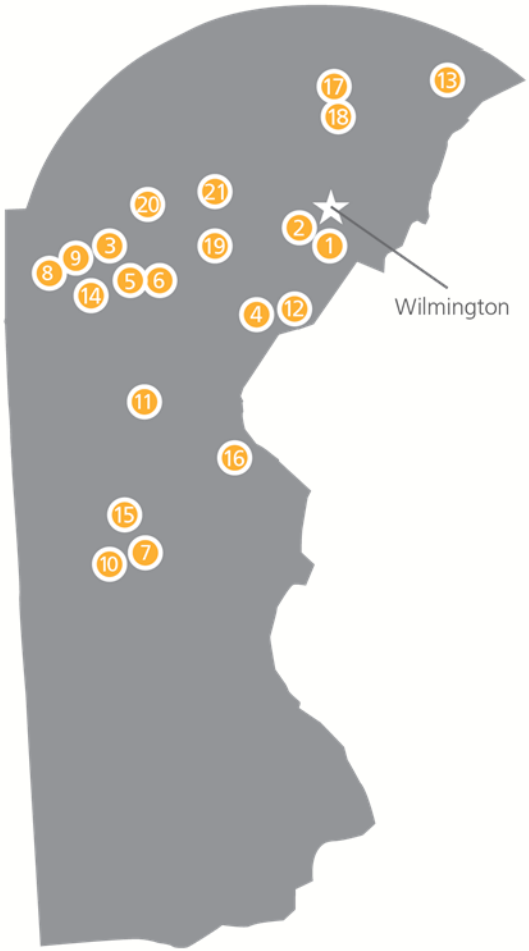
Marketplace Guide Locations

New Castle County



Key

1. DeLaWarr State Service Center
2. Greater Wilmington Department of Motor Vehicles
3. St. Francis Center of Hope
4. New Castle Farmer's Market
5. Christiana Hospital*
6. Helen F. Graham Cancer Center*
7. Middletown Emergency Department*
8. Newark Free Library
9. Hudson State Service Center
10. Appoquinimink State Service Center
11. Westside Family Healthcare-Bear Health Center
12. New Castle Public Library
13. Claymont Community Center
14. Westside Family Healthcare- Newark Health Center
15. Westside Family Healthcare- Middletown Health Center
16. Delmarva Foundation: Delaware City Office
17. Foulk Road Family Medicine Center*
18. Brandywine Hundred Library
19. Elsmere Library
20. Kirkwood Library*
21. Corpus Christi Social Hall

*This location is available by appointment only

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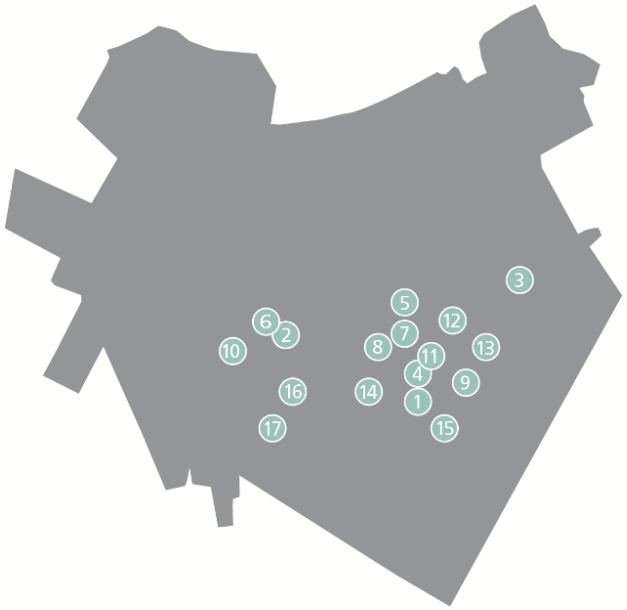
Marketplace Guide Locations

City of **Wilmington**



Key

1. Episcopal Church of Saints Andrew and Matthew
2. St. Francis Hospital- Main Lobby
3. Delaware Department of Labor
4. Wilmington Public Library
5. Brandywine Women's Health Association
6. St. Francis Hospital- Cafe
7. Christiana Care Family Medicine Center*
8. Wilmington Hospital Health Center*
9. Westside Family Healthcare- Northeast Health Center
10. Westside Family Healthcare- 4th Street Center
11. Rodney Square
12. Wilmington Job Corps Center*
13. Northeast State Service Center
14. Porter State Service Center
15. Sunday Breakfast Mission
16. Emmanuel Dining Room*
17. Delmarva Foundation- Wilmington Office

*This location is available by appointment only

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Marketplace Guide Locations

Kent County

Key

1. Smyrna Service Center
2. Westside Family Healthcare- Dover Center
3. Dover Public Library*
4. Dover Department of Labor
5. Dover Department of Motor Vehicles
6. Kent County Public Library
7. Delmarva Foundation- Dover Office
8. Delmarva Foundation- Smyrna Office

*This location is available by appointment only

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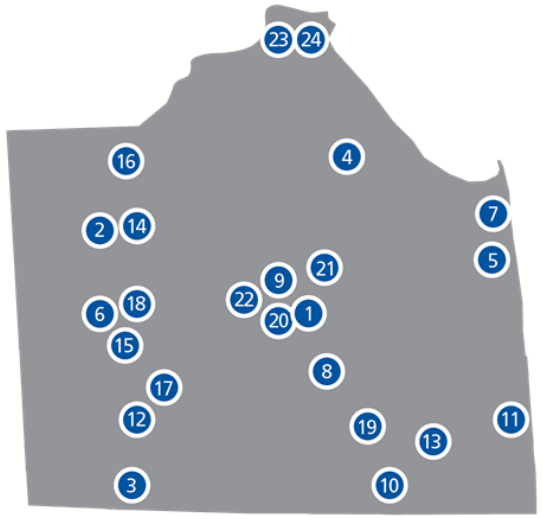
Marketplace Guide Locations

Sussex County



Key

1. Georgetown Department of Motor Vehicles
2. Bridgeville Public Library
3. Delmar Public Library*
4. Milton Library*
5. Rehoboth Beach Public Library
6. Seaford Library + Cultural Center*
7. Lewes Public Library*
8. Millsboro Public Library*
9. Georgetown Public Library*
10. Selbyville Public Library*
11. South Coastal Library*
12. Laurel State Service Center
13. Pyle State Service Center
14. Goodwill: Bridgeville Location
15. Nanticoke Memorial Hospital
16. Greenwood Public Library
17. Laurel Public Library
18. Shipley State Service Center
19. Frankford Public Library
20. Adams State Service Center
21. Delmarva Foundation- Georgetown Office
22. Georgetown Department of Labor
23. Milford Library
24. Milford State Service Center

*This location is available by appointment only

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Open Enrollment Kick-Off Event

The Marketplace will hold a public event to kick-off the open enrollment period

- Friday, November 14th at 11:00am
- Delaware Technical Community College, Stanton Campus, Room A-116
- The agenda will include remarks from government and program leaders as well as Marketplace enrollees

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Key Dates for Consumers and Stakeholders

Date	Milestone
November 14, 2014	Open Enrollment Kick-off Event 11:00am Delaware Technical Community College, Stanton Campus
November 15, 2014	Open enrollment for coverage in 2015 begins
December 15, 2014	Deadline to enroll for coverage to begin on January 1, 2015
January 1, 2015	First date of coverage for those completing enrollment by December 15, 2014
February 15, 2015	Open Enrollment for coverage in 2015 ends

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Plan Management Update

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Medical QHPs for Plan Year 2015—more choice for Delawareans

Three Medical Issuers:

- Highmark BlueCross BlueShield Delaware, Inc.
  - Includes re-certification of all 2014 plans, plus additional, new plans
- Aetna Health, Inc. *(replaces Coventry Health Care of Delaware, Inc.)*
- Aetna Life Insurance Company (Individual only) *(replaces Coventry Health and Life Insurance Company)*

Metal Level	Individual* 2015	Individual* 2014	SHOP 2015	SHOP 2014
Bronze	6	4	5	4
Silver	6	4	5	4
Gold	9	8	6	3
Platinum	1	1	0	0
Catastrophic	1	2	0	0
Total	**23**	**19**	**16**	**11**

Does not include Multi-State Plans

Multi-State Plans (MSPs) – Individual Marketplace

- The State anticipates recertification of the one Silver and one Gold MSP offered by Blue Cross Blue Shield in 2014.
- The ACA directs MSP options to extend to all 50 States plus the District of Columbia within four years.
- In the coming years, this will result in more plan options for consumers and greater competition among Issuers within the Delaware Individual Marketplace.

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Stand-alone Dental (SADP) QHPs

Four SADP Issuers have certified plans for Plan Year 2015

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

Actuarial Level	Individual 2015	Individual 2014	SHOP 2015	SHOP 2014
Low (70%)	8	10	4	13
High (85%)	3	6	4	9
Total	**11**	**16**	**8**	**22**

- Due to the delay of Employee Choice, only Family SADPs will be available on the SHOP

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DOI Approves Rates for 2015 QHPs

- October 31st: Insurance Commissioner Karen Weldin Stewart announced approval of 2015 rates for Delaware's Qualified Health Plan (QHP) rates for Plan Year 2015.

- The rate charts have been posted to the Insurance Department's website, and include a comparison of 2015 rates with 2014 rates http://www.delawareinsurance.gov/health-reform/DEMarketplace.shtml

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2015 QHPs in the Individual Marketplace

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2015 Average Base Level Premium Rates* – Individual Market (All Issuers)

**non-tobacco rates*

Metal Level	2014 Plan Level Base Premium Rate (PMPM)	2015 Plan Level Base Premium Rate (PMPM)	Year-to-Year Change $	Year-to-Year Change %
Bronze	$201.31	**$197.38**	($3.93)	(1.95%)
Silver	$242.12	**$256.86**	$14.74	6.09%
Gold	$285.98	**$290.20**	$4.22	1.48%
Platinum	$329.97	**$343.12**	$13.15	3.99%
Catastrophic	$147.72	**$171.10**	$23.98	15.83%

An individual's or family's premium rate will continue to be determined by the following factors:

- Consumer's household income and eligibility for APTC
- Age, family composition, tobacco use

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2015 QHPs and Base Premium Rates: Individual Market – Highmark BCBSD

An individual's or family's premium rate will continue to be determined by household income, eligibility for APTC, age, family size, and tobacco use.

Plan ID	Plan Name	Metal Level	2014 Individual Base Rate	2015 Individual Base Rate	Individual Rate Change $	Individual Rate Change %
76168DE0400001	Major Events Blue EPO 6350	Catastrophic	$164.54	**$171.10**	$6.56	3.99%
76168DE0410010	Shared Cost Blue EPO 5250	Bronze	$194.29	**$202.03**	$7.74	3.98%
76168DE0420001	Health Savings Blue EPO 6300 Rewards	Bronze	N/A	**$186.98**	N/A	N/A
76168DE0410008	Shared Cost Blue EPO 3000	Silver	$226.29	**$235.31**	$9.02	3.99%
76168DE0420004	Health Savings Blue EPO 3000	Silver	$223.64	**$232.56**	$8.92	3.99%

2015 QHPs and Base Premium Rates: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	2014 Individual Base Rate	2015 Individual Base Rate	Individual Rate Change $	Individual Rate Change %
76168DE0410002	Shared Cost Blue EPO 0	Gold	$281.05	**$292.25**	$11.20	3.99%
76168DE0410012	Shared Cost Blue EPO 750	Gold	$280.36	**$291.53**	$11.17	3.98%
76168DE0410006	Shared Cost Blue EPO 1000	Gold	$271.67	**$282.50**	$10.83	3.99%
76168DE0410011	Shared Cost Blue EPO 1350	Gold	$284.18	**$295.50**	$11.32	3.98%
76168DE0560001	Shared Cost Blue PPO 1500	Gold	$275.84	**$286.83**	$10.99	3.98%
76168DE0560002	Shared Cost Blue PPO 1800 Rewards	Gold	N/A	**$288.28**	N/A	N/A
76168DE0410004	Shared Cost Blue EPO 300	Platinum	$329.97	**$343.12**	$13.15	3.99%

2015 QHPs and Base Premium Rates: Individual Market – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	2015 Individual Base Rate
67190DE0080001	Aetna Bronze $20 Copay HNOnly	Bronze	**$201.69**
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOnly	Bronze	**$189.91**
67190DE0080004	Aetna Silver $10 Copay HNOnly	Silver	**$255.79**
67190DE0080005	Aetna Silver $5 Copay 2750 HNOnly	Silver	**$272.72**
67190DE0080003	Aetna Gold $5 Copay HNOnly	Gold	**$292.96**

**Year-over-year rate comparison not available since Issuer did not participate in Delaware Marketplace in Plan Year 2014*

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2015 QHPs and Base Premium Rates: Individual Market – Aetna Life Insurance Company

Plan ID	Plan Name	Metal Level	2015 Individual Base Rate*
29497DE0090001	Aetna Bronze $20 Copay PPO	Bronze	**$207.89**
29497DE0090002	Aetna Bronze Deductible Only HSA Eligible PPO	Bronze	**$195.75**
29497DE0090004	Aetna Silver $10 Copay PPO	Silver	**$263.66**
29497DE0090005	Aetna Silver $5 Copay 2750 PPO	Silver	**$281.11**
29497DE0090003	Aetna Gold $5 Copay PPO	Gold	**$301.97**

**Year-over-year rate comparison not available since Issuer did not participate in Delaware Marketplace in Plan Year 2014*

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Marketplace Premium Subsidy Examples

Single Adult	Income	Unsubsidized Premium	Federal Tax Credit	Premium Paid Through Marketplace
28 Year Old Non-Smoker	$29,175 – 250% FPL	$255.78	$60.06	$195.72

Single Adult	Income	Unsubsidized Premium	Federal Tax Credit	Premium Paid Through Marketplace
53 Year Old Non-Smoker	$35,010 – 300% FPL	$480.03	$202.87	$277.16

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Marketplace Premium Subsidy Examples

Family	Income	Unsubsidized Premium	Federal Tax Credit	Premium Paid Through Marketplace
36 and 32 Year Old Non-Smoking Adults w/ 1 Child	$29,685 – 150% FPL	$717.22	$618.27	$98.95

Family	Income	Unsubsidized Premium	Federal Tax Credit	Premium Paid Through Marketplace
50 and 45 Year Old Non-Smoking Adults w/ 2 Children	$47,700 – 200% FPL	$1058.89	$808.47	$250.43

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Comparing Medical QHPs

Examples of Features Common to All Plans

- Coverage of Essential Health Benefits
- No cost sharing for preventive services
- Provider Networks that include essential community providers

Examples of Distinguishing Plan Features

- Actuarial value of plan (Bronze 60%/Silver 70%/Gold 80% /Platinum 90%)
- Mix of co-pays, co-insurance and deductibles
- Coverage of non-emergency benefits provided out of network

Consumer Considerations in Choosing a Plan

- Are my preferred doctors, clinics and hospitals is the plan's network?
- Willingness to trade lower premium for higher up front cost sharing
- Application of reduced cost sharing (based on second lowest cost silver plan) to other metal tiers.

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0400001	Major Events Blue EPO 6600	Catastrophic	$171.10	$6,600	$13,200	$6,600	$13,200
76168DE0420001	Health Savings Blue EPO 6300 Rewards	Bronze	$186.98	$6,300	$12,600	$6,300	$12,600
76168DE0410010	Shared Cost Blue EPO 5250	Bronze	$202.03	$5,250	$10,500	$6,250	$12,500
76168DE0410008	Shared Cost Blue EPO 3000	Silver	$235.31	$3,000	$6,000	$5,000	$10,000
76168DE0420004	Health Savings Blue EPO 3000	Silver	$232.56	$3,000	$6,000	$3,000	$6,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In-Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0410002	Shared Cost Blue EPO 0	Gold	$292.25	$0	$0	$5,000	$10,000
76168DE0410012	Shared Cost Blue EPO 750	Gold	$291.53	$750 - medical $0 - drug	$1,500 - medical $0 - drug	$3,000	$6,000
76168DE0410006	Shared Cost Blue EPO 1000	Gold	$282.50	$1,000	$2,000	$3,000	$6,000
76168DE0410011	Shared Cost Blue EPO 1350	Gold	$295.50	$1,350 - medical $0 - drug	$2,700 - medical $0 - drug	$2,500	$5,000
76168DE0560001	Shared Cost Blue PPO 1500	Gold	$286.83	$1,500 - medical $0 - drug	$3,000 - medical $0 - drug	$3,500	$7,000
76168DE0410004	Shared Cost Blue EPO 300	Platinum	$343.12	$300 - medical $0 - drug	$600 - medical $0 - drug	$1,300	$2,600

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In- Network (for covered EHBs)	
				Individual	Family	Individual	Family
67190DE0080001	Aetna Bronze $20 Copay HNOnly	Bronze	$201.69	$5,750	$11,500	$6,600	$13,200
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOnly	Bronze	$189.91	$6,300	$12,600	$6,300	$12,600
67190DE0080004	Aetna Silver $10 Copay HNOnly	Silver	$255.79	$3,750 - medical $500 - drug	$7,500 - medical N/A - drug	$6,600	$13,200
67190DE0080005	Aetna Silver $5 Copay 2750 HNOnly	Silver	$272.72	$2,750	$5,500	$6,000	$12,000
67190DE0080003	Aetna Gold $5 Copay HNOnly	Gold	$292.96	$1,400 - medical $250 - drug	$2,800 - medical N/A - drug	$5,000	$10,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Aetna Life Insurance Company

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In- Network (for covered EHBs)	
				Individual	Family	Individual	Family
29497DE0090001	Aetna Bronze $20 Copay PPO	Bronze	$207.89	$5,750	$11,500	$6,600	$13,200
29497DE0090002	Aetna Bronze Deductible Only HSA Eligible PPO	Bronze	$195.75	$6,300	$12,600	$6,300	$12,600
29497DE0090003	Aetna Gold $5 Copay PPO	Gold	$301.97	$1,400 - medical $250 - drug	$2,800 - medical N/A - drug	$5,000	$10,000
29497DE0090004	Aetna Silver $10 Copay PPO	Silver	$263.66	$3,750 - medical $500 - drug	$7,500 - medical N/A - drug	$6,600	$13,200
29497DE0090005	Aetna Silver $5 Copay 2750 PPO	Silver	$281.11	$2,750	$5,500	$6,000	$12,000

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Income eligibility for federal subsidies

Number of People in the Household						
	1	**2**	**3**	**4**	**5**	**6**
You may qualify for **lower premiums** on a Marketplace plan if your yearly income is between… *(see next row if your income is at the lower end of this range)*	$11,670- $46,680	$15,730- $62,920	$19,790- $79,160	$23,850- $95,400	$27,910- $116,640	$31,970- $127,880
You may qualify for **lower premiums <u>AND</u> lower out-of-pocket costs** on a Marketplace plan if your yearly income is between…	$11,670- $29,175	$15,730- $39,325	$19,790- $49,475	$23,850- $59,625	$27,910- $69,775	$31,970- $79,925

Example of a Cost Share Variation in a Silver Plan

- Example of cost share reductions reflected in plan variations of a single Silver-level QHP

Plan Name (Variation)	Deductible (Single/Family)	Copays			MOOP Single/Family
		PCP Visit	Specialist Visit	Generic Drugs (Tier1)	
Aetna Silver $10 Copay HNOnly (Standard)	Medical: $3,750/$7,500 Drug: $500/Not applicable	$10	$75	$15	$6,600/$13,200
Aetna Silver $10 Copay HNOnly (73%)	Medical: $3,750/$7,500 Drug: $500/Not applicable	$5	$70	$10	$5,200/$10,400
Aetna Silver $10 Copay HNOnly (87%)	Medical: $1,000/$2,000 Drug: $0/Not applicable	$5	$40	$5	$2,100/$4,200
Aetna Silver $10 Copay HNOnly (94%)	Medical: $0/$0 Drug: $0/Not applicable	$0	$20	$5	$1,450/$2,900

Important distinctions across Plan Network types

Plan Types-Network

- **HMO and EPO** plans have restricted networks that typically only pay for covered services when using In-network providers.
- **PPO** plans also have a prescribed network, but also allow member to use Out-of-Network provides at a reduced coverage level.

Remember—All plans are required to cover

Out-of-Network providers for Emergency services!

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Make the most of *Healthcare.gov* Plan Comparison Features

- There are a number of plans available in Delaware's Individual Marketplace and SHOP, each one different from another.
- Costs for those plans can also vary depending on eligibility for federal subsidies such as advanced tax credits and cost share reduction.
- Healthcare.gov will have comprehensive plan compare features that will help consumers to look at all aspects of the plans to select the one that's right for them, including:
  - ✓ Links to plan details
  - ✓ Provider networks (doctors, dentists, hospitals, etc.)
  - ✓ Drug formulary lists—to ensure your medication is covered and at what cost share
  - ✓ Language assistance for non-English speakers

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SHOP Update

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Refresher on the SHOP

2015 SHOP	
What is it?	An online health insurance marketplace for Delaware small businesses and their employees.
Who is eligible?	Small businesses with fewer than 50 Full-Time Equivalent Employees (FTEs). (This will increase to 100 FTEs in 2016)
Why should businesses participate?	The Small Business Health Care Tax Credit is only available through the SHOP.
Who has to offer coverage?	In 2015, any Delaware business with fewer than 100 FTEs is not required to offer insurance to employees.
How do businesses enroll?	Through the SHOP's online enrollment portal on healthcare.gov.
When can businesses enroll?	Small employers and their employees can enroll in a SHOP qualified health plan (QHP) on a monthly basis throughout the year. Online enrollment will be in place on November 15, 2014.
Do businesses have other options?	• Private small group market • Individual Health Insurance Marketplace

SHOP Early Access

- On October 21, federal officials and contractors held an event in Dover to give a demonstration of how the SHOP online system will work for Delaware's small business owners and agents and brokers.
- Delaware business owners can get a head start by:
  - Setting up a Marketplace account;
  - Filling out a SHOP application;
  - Designating an agent or broker to help apply;
  - Receiving SHOP eligibility determination; and
  - Uploading an employee roster.
- More information is available at https://www.healthcare.gov/small-businesses/shop-early-access/

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Agents and Brokers in the SHOP

- Agents and Brokers will continue to be a critical resource for small employers looking to enroll in small group coverage.
- The SHOP online enrollment portal will have a separate Agent/Broker portal, with the following features:
  - Searchable database of all DE Agents/Brokers registered to participate in the SHOP;
  - Account management functions for the Agents and Brokers; and
  - Relationship management tools allowing employers to connect with an Agent/Broker.

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SHOP Reminders

- SHOP open enrollment begins on November 15 with full functionality.
- Employers can submit an application, finalize their 2015 coverage offer, and start the group's coverage as early as January 1, 2015.
- While the state does have a minimum participation rate of 70% for small group coverage, the SHOP waives that requirement during the first month of open enrollment (November 15 – December 15).

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2015 QHPs in the SHOP

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Average Base Level Premium Rates – SHOP

Metal Level	2014 Plan Level Base Premium Rate (PMPM)	2015 Plan Level Base Premium Rate (PMPM)	Year-to-Year Change $	Year-to-Year Change %
Bronze	$242.86	**$250.48**	$7.62	3.14%
Silver	$288.76	**$296.29**	$7.53	2.61%
Gold	$342.49	**$359.75**	$17.26	5.04%

Actual premium rates will depend on what benefit plan the group chooses, when the group's contract renews, the age and family size for enrolling employees, and which members use tobacco.

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Understanding rate increases in the Small Group market

- Changes in the premium that members pay will also depend on whether the current policy complies with ACA requirements that took effect on January 1, 2014.
- Greatest impact of rate increases will be for those who chose to purchase non ACA-compliant plans last Fall through an ‘early renewal’ option, but who now must purchase ACA-compliant plans.
- Multiple factors that influence premium rates that do not allow for an easy comparison between non ACA-compliant plans (purchased through early renewal last year) and ACA-complaint plans.
  - Essential Health Benefit (EHB) Benchmarks
  - Additional state mandates
  - Competition in the health care delivery system
  - Number of Rating and Service Areas
  - Number of Issuers

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2015 QHPs and Base Premium Rates: SHOP – Highmark BCBSD

Plan ID	Plan Name	Metal Level	2014 Individual Base Rate	2015 Individual Base Rate	Individual Rate Change $	Individual Rate Change %
76168DE0430003	Shared Cost EPO Basic $5250/90	Bronze	266.30	**$268.80**	$2.50	0.94%
76168DE0450001	Health Savings EPO HSA $3500/90	Bronze	257.37	**$259.78**	$2.41	0.94%
76168DE0450002	Health Savings EPO HSA $6000/100	Bronze	N/A	**$255.06**	N/A	N/A
76168DE0430002	Shared Cost EPO Basic $2000/75	Silver	303.22	**$306.05**	$2.83	0.93%
76168DE0440001	Health Savings PPO HSA $2000/80	Silver	294.90	**$297.66**	$2.76	0.94%

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2015 QHPs and Base Premium Rates: SHOP – Highmark BCBSD

Plan ID	Plan Name	Metal Level	2014 Individual Base Rate	2015 Individual Base Rate	Individual Rate Change	Individual Rate Change
76168DE0490012	Shared Cost EPO $2500/100	Silver	N/A	**$330.38**	N/A	N/A
76168DE0430001	Shared Cost EPO Basic $1000/75	Gold	365.72	**$369.14**	$3.42	0.94%
76168DE0510004	Health Savings EPO HSA $1800/100	Gold	N/A	**$359.87**	N/A	N/A
76168DE0490004	Shared Cost EPO $1500/100	Gold	N/A	**$370.53**	N/A	N/A
76168DE0490006	Shared Cost EPO $750/100	Gold	N/A	**$386.29**	N/A	N/A

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2015 QHPs and Base Premium Rates: SHOP – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	2015 Individual Base Rate
67190DE0060001	DE Bronze HNOption 5700 100/50 HSA	Bronze	**$236.75**
67190DE0060002	DE Gold HNOption 1000 80/50 $25	Gold	**$339.74**
67190DE0060003	DE Silver HNOption 2000 70/50 $30	Silver	**$276.45**
67190DE0070001	DE Bronze HNOnly 5700 100% HSA	Bronze	**$232.02**
67190DE0070002	DE Gold HNOnly 1000 80% $25	Gold	**$332.94**
67190DE0070003	DE Silver HNOnly 2000 70% $30	Silver	**$270.92**

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0430003	Shared Cost EPO Basic $5250/90	Bronze	$268.80	$5,250	$10,500	$6,250	$12,500
76168DE0450001	Health Savings EPO HSA $3500/90	Bronze	$259.78	$3,500	$7,000	$6,250	$12,500
76168DE0450002	Health Savings EPO HSA $6000/100	Bronze	$255.06	$6,000	$12,000	$6,000	$12,000
76168DE0430002	Shared Cost EPO Basic $2000/75	Silver	$306.05	$2,000	$4,000	$6,000	$12,000
76168DE0440001	Health Savings PPO HSA $2000/80	Silver	$297.66	$2,000	$4,000	$5,000	$10,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0490012	Shared Cost EPO $2500/100	Silver	$330.38	$2,500	$5,000	$6,000	$12,000
76168DE0430001	Shared Cost EPO Basic $1000/75	Gold	$369.14	$1,000 - medical $0 - drug	$2,000 - medical $0 - drug	$2,500	$5,000
76168DE0510004	Health Savings EPO HSA $1800/100	Gold	$359.87	$1,800	$3,600	$1,800	$3,600
76168DE0490004	Shared Cost EPO $1500/100	Gold	$370.53	$1,500	$3,000	$3,000	$6,000
76168DE0490006	Shared Cost EPO $750/100	Gold	$386.29	$750	$1,500	$3,500	$7,000

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2015 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
67190DE0060001	DE Bronze HNOption 5700 100/50 HSA	Bronze	$236.75	$5,700	$11,400	$5,700	$11,400
67190DE0060002	DE Gold HNOption 1000 80/50 $25	Gold	$339.74	$1,000 - medical $250 - drug	$2,000 - medical $500 - drug	$5,000	$10,000
67190DE0060003	DE Silver HNOption 2000 70/50 $30	Silver	$276.45	$2,000 - medical $1,000 - drug	$4,000 - medical $2,000 - drug	$6,600	$13,200
67190DE0070001	DE Bronze HNOnly 5700 100% HSA	Bronze	$232.02	$5,700	$11,400	$5,700	$11,400
67190DE0070002	DE Gold HNOnly 1000 80% $25	Gold	$332.94	$1,000 - medical $250 - drug	$2,000 - medical $500 - drug	$5,000	$10,000
67190DE0070003	DE Silver HNOnly 2000 70% $30	Silver	$270.92	$2,000 - medical $1,000 - drug	$4,000 - medical $2,000 - drug	$6,600	$13,200

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QHP Standards for Plan Year 2016

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QHP Standards for Plan Year 2016

- Following a formal Public Comment Period, the QHP Standards Workgroup has developed a final list of recommendations for Plan Year 2016.

  - **November 2014**: The Commission will review the recommendations and make any final modifications.

  - **December 6, 2014**: The Commission will vote to approve/not approve QHP Standards for PY2016.

  - **Late December 2014**: The DOI will notify the Issuers once the final standards are posted to the HCC website

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Proposed QHP Standards for PY2016—Network Adequacy

Standard #19-Geo Access

A. Plans must meet the GEO Access Standards for the practice areas listed below for all services covered by the plan.

- 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.
- In the event that the Issuer and the out-of-network provider cannot agree upon the appropriate rate, the provider shall be entitled to those charges and rates allowed by the Insurance Commissioner or the Commissioner's designee following an arbitration of the dispute.
- The Issuer will pay directly to the out-of-network provider the highest allowable charge for any in-network provider for each covered service allowed by the Issuer during the full 12-month period immediately prior to the date of each medical service performed by the out-of-network provider.

B. Restricted Broad Network (i.e., HMO and EPO) and Narrow Network Plans must comply with the following standard for adequate and timely access to Out-of-Network Providers

- If the Plan's network is unable to provide necessary services, covered under the contract, the Issuer must adequately and timely cover these services out of network for the member, for as long as the Issuer is unable to provide them.
- Requires Issuer to coordinate with the out-of-network providers with respect to payment and ensures that cost to the member is no greater than it would be if the services were furnished within the network.
- The Issuer is responsible for making timely payment, in accordance with state regulation, to out-of -network providers for medically necessary, covered services, up to their fee maximum for contracting providers. Some components of "B" were adapted from network standards under DE's MCO plans.

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Proposed QHP Standards for PY2016—Network Adequacy

Standard #19 continued

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

**"Urban / Suburban" is defined as those geographic areas with greater than 1,000 residents per square mile. "Rural" is defined as those geographic areas with less than 1,000 residents per square mile.*

***Examples of Specialty Care Providers include, but are not limited to, Home Health Specialists, Cardiologists, Oncologists, OB/GYN, Pulmonologists, Endocrinologists, Chiropractors, Skilled Nursing Facilities, Rheumatologists, Ophthalmologists, Urologists, Neurologists, and telemedicine sites*

****Examples of Behavioral Health/Mental Health/Substance Abuse Providers include, but are 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 Drug and Alcohol Counselors, Licensed Professional Counselors of Mental Health, Licensed Marriage & Family Therapists), 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.*

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Proposed QHP Standards for PY2016— Network Adequacy, continued

Standard # 20-Provider Directories

- QHP Provider Directories are required to include a listing of the plan's providers including, but not limited to:
  - Primary Care Providers (primary care physicians in pediatrics, family medicine, general internal medicine or advanced practice nurses working under Delaware's Collaborative Agreement requirement);
  - Specialty Care Providers (including, but not limited to: Hospitals, Home Health Specialists, Cardiologists, Oncologists, OB/GYN, Pulmonologists, Endocrinologists, Chiropractors, Skilled Nursing Facilities, Rheumatologists, Ophthalmologists, Urologists, Neurologists, Psychiatric and State-licensed Psychologists,);
  - Behavioral Health, including mental health and substance abuse disorder providers and facilities, clearly identifying specialty areas;
  - Habilitative autism-related service providers, including applied behavioral analysis (ABA) services.
- 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.

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Proposed QHP Standards for PY2016— Network Adequacy, continued

Standard # 21—Behavioral Health: Patient ratio

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.

Standard # 22—Overall Patient ratio

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 .

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Proposed QHP Standards for PY2016— Network Adequacy, continued

Standard # 23—Telehealth

For the purposes of the standard, “Telehealth” means the mode of delivering health care services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers .”

- Reimbursement for services provided through telehealth must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient .
- In order for telehealth services to be covered, healthcare practitioners must be:
  - Acting within their scope of practice;
  - 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
  - Located in the United States.

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Proposed QHP Standards for PY2016—Quality Improvement Strategies

Standard # 28—Payment Reform

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 .
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.
3. Payers must support reporting for the common provider scorecard and overall scorecard consistent with the recommendations of the Delaware Center for Health Innovation.

Standard # 29—Integration of Primary Care and Behavioral Health

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.

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Proposed QHP Standards for PY2016—Guidelines for Narrow Network Plan Offerings

Standard # 32—Guidelines for Narrow Network Plan Offerings

- In addition to existing standards, the Delaware Exchange requires Issuers offering Narrow Network Plans to meet the following additional State standards :
- Issuers who wish to offer Narrow Network Plans must also offer at least one broad network plan that meets the State's single Service Area in each of the following metal levels—Bronze, Silver and Gold.
- Issuers must make available a Narrow Network Plan in each of the three counties in Delaware (New Castle, Kent and Sussex).
- Issuers' marketing materials must provide consumers with clear and easy-to-understand language regarding the benefits covered and provider network restrictions and exceptions under the plans.
- Narrow Network Plans must meet current network adequacy and access standards, including the requirement that Plans that do not have a skilled and experienced in-network hospital or clinician to perform a medically-necessary service are required to provide coverage for that service out-of-network, at no additional cost to the member.
    - In the event that the Issuer and the out-of-network provider cannot agree upon the appropriate rate, the provider shall be entitled to those charges and rates allowed by the Insurance Commissioner or the Commissioner's designee following an arbitration of the dispute.
    - The Issuer will pay directly to the out-of-network provider the highest allowable charge for any in-network provider for each covered service allowed by the Issuer during the full 12-month period immediately prior to the date of each medical service performed by the out-of-network provider.
- Issuers of Narrow Network Plans are required to quarterly reports to the Insurance Commissioner regarding the number of consumer complaints and appeals related to network adequacy and access. These reports must provide sufficient detail to allow the Department of Insurance to perform timely monitoring of compliance with network standards.
- Issuers of Narrow Networks must have policies and processes in effect for monitoring provider quality, adequacy and access to ensure that the Issuer can effectively deliver on the benefits promised under the plan.
- If an Issuer offers broad network plans in both the individual and small group markets and chooses to offer narrow network plans, then that Issuer must offer narrow network plans in both markets.

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Thank you!

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