



COVERED
CALIFORNIA

COVERED CALIFORNIA POLICY AND ACTION ITEMS

January 23, 2014

RECOMMENDATION FOR PEDIATRIC DENTAL BENEFIT

Leesa Tori, Senior Advisor, Plan Management

Q4 2013 PEDIATRIC DENTAL RE-START

Pediatric Dental Policy Development Proposed Timeline

Date	Milestone
✓ August 22	Scope of work developed and shared at scheduled Board meeting
✓ October 15	Draft analysis completed
✓ October – November	Draft analysis shared with stakeholders for comment
✓ November 21	Recommendations presented to the Board for discussion and public comment
→ December 19 January 23	Recommendations presented to the Board for action

BOARD OF DIRECTORS' CHARGE FROM AUGUST 2013 MEETING

“The Board fully recognizes the value of preventive oral health for California’s children, and embraces a policy that includes pediatric dental services embedded into contracted health plans. It is the Board’s intention to make pediatric dental health available to families as an embedded benefit through the Exchange no later than the 2015 plan year, recognizing the technical and rating complexities involved with doing so...therefore....the Board hereby directs the staff to ...draft a recommendation for embedded pediatric dental benefits in consultation with stakeholders for Board approval before the end of this year.”

POLICY OBJECTIVES FROM NOVEMBER 2013 BOARD MEETING

Primary:

1. Maximize the availability of the advanced premium tax credit for the pediatric dental benefit
2. Ensure the enrollment of all eligible children (≤ 18) in the pediatric dental benefit

Additional:

3. Fairly spread the cost of the dental benefit across populations with and without children
4. Equalize benefit design (coverage) on and off the Exchange
5. Structure cost sharing to ensure a meaningful dental benefit (OOPM, deductibles)

THE PATH FORWARD: NOVEMBER TO JANUARY

- Convened stakeholders to weigh alternative proposal by California Association of Dental Plans (December, 2013)
- Reviewed additional estimates of price effects of portfolio combinations by Wakely actuaries (Appendix 2)
- Researched states' strategies
- Held initial discussion with federal partners on waiver precedents
- Re-examined initial, alternative, & all Wakely recommendations in light of:
 - Tax credit maximum value
 - Price impacts on consumers
 - Feasibility
 - Enrollment effects

THE PATH FORWARD: RECOMMENDATION

- November 2013 recommendation remained best option
- Addition: clarification for “Medical-Only” (9.5) bid scenario
- Convened stakeholders around recommendation (January 2013)
- Strong support from current QHP’s and all consumer, health, children’s advocates
- Continued concerns by dental plans regarding implementation and enrollment
- Potential for portfolio development agreed

BOARD RECOMMENDATION

Covered California intends for every eligible child in the California Exchange to have pediatric dental health benefits, as part of all ten Essential health Benefits, consistent with the intent of the Patient Protection and Affordable Care Act.

In accordance with Government Code Sections 100500(i), 100502(a), 100503(c), 100503(s), and 100505, the Board hereby resolves to adopt the staff recommendation that the Exchange, for the individual market only, offer an embedded pediatric dental benefit side by side with a standalone benefit in plan year 2015, understanding that the Exchange must certify an otherwise qualified health plan without a pediatric dental benefit (“9.5”) if proposed by an issuer when a standalone pediatric dental plan is available through the Exchange. For the Small Business Health Options Program (SHOP) market, Covered California recommends that the Exchange allow embedded, 9.5, and standalone pediatric dental options in plan year 2015 and recommends for both the individual and SHOP markets that the Exchange offer a supplemental adult dental benefit no later than plan year 2016.

ENROLLMENT ASSISTANCE REGULATIONS

Sarah Soto-Taylor, Deputy Director Community Relations

ENROLLMENT ASSISTANCE PROGRAM REGULATIONS - ACTION

- Article 8 - Enrollment Assistance
 - Section 6650 - Definitions
 - Adding Navigator and Navigator Program meaning
 - Clarifying In-Person Assistance requirement for In-Person Assistance Program and not for the Navigator Program
 - Section 6652 - Certified Enrollment Entities
 - Adding eligible Certified Enrollment Entities under the Navigator Program
 - Section 6654 – In-Person Assistance Program Application
 - Removed automobile insurance requirement
 - Removed county demographic data requirement
 - Clarifying collection of organization operational data should be public-facing
 - Changed the requirement to complete management training for the from 90 days to 30 days
 - Adding requirement that a Counselor submit their CA Driver's license number (or equivalent Government issued ID)

ENROLLMENT ASSISTANCE PROGRAM REGULATIONS - ACTION

- Article 8. Enrollment Assistance continued
 - Section 6656 - Application and Selection Criteria
 - Incorporation of the Navigator Program Request for Application by reference
 - Defining that at least one grant shall be awarded to a non-profit Community Based Organizations and any one of the other categories of eligible entities
 - Section 6657 – Certified Enrollment Counselor Application
 - Adding requirement for CA Driver’s License or ID Number
 - Adding requirement to complete training and fingerprinting requirements within in 30 days
 - Section 6664 - Roles and Responsibilities
 - Adding the requirement that Entities and Counselors registered in the Navigator Program must also conduct public education to raise awareness about Covered California
 - Section 6668 – Compensation
 - Defining that City, County, and Local Government Agencies in the In Person Assistance Program that receive compensation from the Department of Health Care Services for application assistance may not be compensated

ENROLLMENT ASSISTANCE PROGRAM STAKEHOLDER FEEDBACK

- Webinar - October 28 and December 4, 2013
 - 17 organizations responded with comments
 - Covered California incorporated feedback into the Navigator Application including:
 - Increasing the funding regions from 3 to 6 in the Regional funding pool
 - Targeted funding pool focus on hard-to-reach populations not being reached by other efforts
 - Applicants be able to submit an application to the Targeted funding pool and also appear as a partner (subcontractor) on Regional funding pool application
 - Covered California did not incorporate feedback which would have allowed an Applicant to submit a Navigator proposal that focused on support and health navigation for new enrollees and compensation for help with retention and utilization.
 - General support for the changes to the In Person Assistance Program Application requirements.

CERTIFIED APPLICATION COUNSELOR REGULATIONS

Sarah Soto-Taylor, Deputy Director Community Relations

CERTIFIED APPLICATION COUNSELOR PROGRAM REGULATIONS - DISCUSSION

- New Article 11 Certified Application Counselor Program
 - Section 6850 - Definitions
 - Certified Application Counselor and Certified Application Entity meaning
 - Section 6852 - Certified Application Entities
 - Defines entities not eligible to apply for the program
 - Section 6854 - Entity Application
 - No automobile insurance requirement
 - No county demographic data requirement
 - Section 6856 - Counselor Application
 - Same as Certified Enrollment Counselor
 - Must pass fingerprinting and criminal record checks
 - Required to complete training standards set by Covered California and certification exam
 - Section 6858 - Counselor Fingerprinting and Criminal Record Checks
 - Covered California will not pay the costs
 - Includes appeals process

CERTIFIED APPLICATION COUNSELOR PROGRAM REGULATIONS - DISCUSSION

- New Article 11 Certified Application Counselor Program - continued
 - Section 6860 and 6862 – Training and Appeals
 - Same process and standard as in Article 8 Enrollment Assistance
 - Section 6864 - Roles and Responsibilities
 - Defines the duties of a Counselor
 - Requires obtaining consumer authorization before performing enrollment assistance and maintaining those records
 - Section 6866 - Conflict of Interest Standards
 - Must disclose conflicts of interest to Covered California and consumers - may still participate
 - Section 6868 - Suspension and Revocation
 - Requires compliance with applicable federal or state law or regulation
 - Defines appeals process

CERTIFIED APPLICATION COUNSELOR PROGRAM TIMELINE

Application Counselor Program	Date
Regulations First Viewing – Public Discussion	January 23, 2014
Stakeholder Webinar	Week of January 27, 2014
Stakeholder Feedback Due	February 4, 2014
Regulations Presented to Board for Action	February 20, 2014
Office of Administrative Law Approval	March 2014
Accepting Applications and Training Begins	Late March, 2014

PROPOSED 2015 QHP RECERTIFICATION AND NEW ENTRANT POLICIES AND PROCESS

Leah Morris, Senior Clinical Consultant, Plan Management

Proposed Recertification/Certification Timeline for 2015 Benefit Year for SHOP and Individual Marketplaces

ACTIVITY	DATE
Covered California coverage begins for 2014 benefit year	JANUARY 1
January Board Meeting <ul style="list-style-type: none"> • Discussion: draft QHP recertification and new entrant applications • Action: pediatric dental recommendation 	JANUARY 23
Receive public comment on draft QHP recertification and new entrant applications and regulations	FEBRUARY 3
Staff revises draft documents based on Board and stakeholder input	FEBRUARY
February Board Meeting <ul style="list-style-type: none"> • Discussion: 2015 standard benefit plan designs • Action: QHP recertification and new entrant applications and regulations 	FEBRUARY 20
Release final Covered California QHP recertification and new entrant applications	MARCH 10
Letters of intent due for QHP recertification and new entrant certification	MARCH 17
March Board Meeting <ul style="list-style-type: none"> • Action: 2015 standard benefit plan designs 	MARCH 20

Proposed Recertification/Certification Timeline for 2015 Benefit Year for SHOP and Individual Marketplaces

ACTIVITY	DATE
Preliminary portfolio evaluation completed based on letters of intent	APRIL 30
QHP recertification new entrant applications due to Covered California – all to include 2015 Proposed Rates and Networks	MAY 1
Evaluation of QHP recertification and new entrant application including rates, networks, quality, contract compliance, reporting, etc.	MAY 1-MAY 31
Covered California negotiations with recertification and new entrant applicants	JUNE
Contingent QHP recertification and new entrant certification complete subject to regulatory rate review	JUNE 30
Regulatory rate review	JULY AND AUGUST
Final QHP recertification and new entrant certification complete	AUGUST 30
SERFF templates submitted by QHPs	SEPTEMBER 1
2015 QHP data loaded into CalHEERS and tested	SEPTEMBER TO OCTOBER 15
Open enrollment period for 2015 plan year*	OCTOBER 15 TO DECEMBER 7

*The proposed federal rule *HHS Notice of Benefit and Payment Parameters for 2015* would change the open enrollment period for all Exchanges to November 15, 2014 through January 15, 2015.

COVERED CALIFORNIA RECERTIFICATION AND NEW ENTRANT PRINCIPLES

1. Substantial QHP oversight in 2014 will occur through the contract monitoring process, reducing the need for undue burdens in applying to be recertified.
2. The 2014 recertification process should build on the rigorous 2013 selection process and be limited to validating key contract requirements and updating critical issuer/product information where necessary.
3. In developing plan contracting policies, Covered California recognizes key differences between the individual market and SHOP that are reflected in current product offerings and proposed eligibility criteria for new entrants in 2015.
4. Changes to standard benefit designs for the 2015 benefit year should be limited to those required to comply with federal and state law and regulation, as well as changes required by revising the pediatric dental benefit. Experience from the 2014 and 2015 benefit years should be used to evaluate the need for substantial changes in 2016 and beyond.
5. Alternate benefit designs should not be considered for the 2015 benefit year for the individual market but should be considered for the SHOP. To the extent alternate benefit designs are offered through SHOP in 2015, experience will be used to evaluate whether to offer alternate benefit designs in the individual market in 2016 and beyond.

PROPOSED ISSUER ELIGIBILITY FOR RECERTIFICATION AND NEW ENTRANT APPLICATION

	Individual Market	SHOP
New Entrant Application	Medi-Cal managed care plans and plans newly licensed since August 2012	Issuers not currently offered through the SHOP
Recertification Application	QHPs and issuers who received conditional certification for the 2014 plan year	SHOP QHPs

RECERTIFICATION APPLICATION: PROPOSED APPROACH

1. Covered California staff propose that existing QHP issuers and issuers that were certified for 2014 as QHPs, contingent on regulatory rate review, would be eligible to seek recertification for plan year 2015
2. Draft recertification renewal application recognizes that much of the data will be collected from QHPs during 2014 as required by the QHP contracts and will not be available in time for recertification
3. Require attestations of performance expectations across all domains of QHP model contract, supplemented by supporting documentation for Covered California staff review and evaluation

RECERTIFICATION APPLICATION: PROPOSED ELEMENTS

Proposed 2015 QHP Recertification Renewal Application includes key questions within the following domains

1. Regulatory Compliance
2. Provider Network Adequacy
3. Essential Community Provider Network Requirements
4. Quality and Delivery System Reform
5. Operational Readiness and Capacity
6. Health Plan Bid Requirements including Rates, Standard Benefits and Standard Naming Conventions

RECERTIFICATION APPLICATION: PROPOSED ELEMENTS

Domain	Summary of Recertification Requirement
Regulatory Compliance	Attestation of compliance with regulatory requirement for good standing and description of application for new license or material modification to existing license if applicable.
Provider Network Adequacy	Attestations related to maintaining network adequacy and reporting network information for Covered California provider directory and submission of updated enrollment projections and service areas.
Essential Community Provider Network Requirements	Attestation of continued compliance with existing ECP requirements and submission of updated ECP network information if applicable.

RECERTIFICATION APPLICATION: PROPOSED ELEMENTS

Domain	Summary of Recertification Requirement
Quality and Delivery System Reform	Attestation of compliance with related data submission requirements and submission of updated eValue8 modules as necessary.
Operational Readiness Capacity	Descriptions of approaches to key elements of operational readiness; demonstration of readiness through contract compliance and/or system testing; and requirement that issuer will submit accurate and timely SERFF templates for rates, service areas, benefit plan designs, and provider networks.
Health Plan Bid Requirements including Rates, Standard Benefits and Standard Naming Conventions	Submission of proposed premium rates for standard benefit plans for 2015 and attestation that issuer will adhere to standard plan naming conventions for 2015.

NEW ENTRANT APPLICATION: PROPOSED APPROACH

1. Individual market 2015 new entrant application would be open to newly-licensed health insurance issuers and Medi-Cal managed care plans
2. SHOP 2015 new entrant application will be open to issuers not currently offered through SHOP, applicants would be selected only on the basis of the plan adding to the competitiveness of the SHOP portfolio.
3. Covered California staff propose to define qualified new plans as any health insurance issuer that received a license after the Board adopted its policy in August 2012
4. Use initial solicitation as a base for 2015 new entrant application
5. Retain core elements needed to evaluate new entrant applications and clarify bid requirements where appropriate to reflect initial solicitation experience
6. Align solicitation with QHP Contract terms

NEW ENTRANT APPLICATION: PROPOSED ELEMENTS

Proposed 2015 QHP New Entrant Application contains:

- **Regulatory compliance** framework based on issuer being licensed and in good standing
- Health plan **bid requirements** including standard plan design, all metal tiers + catastrophic, full geographic service area
- **Essential Community Provider** adequacy standards unchanged from prior solicitation
- **Fraud, waste and abuse prevention** included in prior solicitation with new questions related to privacy and security
- **Operational readiness and capacity** submissions and questions
 - Robust technical interface requirements
 - Addition of financial capacity requirements
 - Addition of provider directory data submission requirements
 - More focused implementation questions
- **Quality and delivery system reform** submissions
 - Addition of requirement to submit data to network & clinical analytics vendor
 - Retains full original eValue8 submission

NEW ENTRANT APPLICATION: PROPOSED ELEMENTS

Proposed 2015 QHP New Entrant Application clarifies

- Remove option to bid partial geographic service area
- Issuer intent to contract for 2015 and 2016
- Member Services
- Provider network adequacy standards
- Agent relations requirements
- Marketing and Outreach Activities
- Quality & Delivery System Reform - Reduced, more focused questions in the following areas:
 - Quality Improvement Strategy
 - Medical Management Services
 - Health and Disease Management
 - Integrated Healthcare Model

RECERTIFICATION RENEWAL AND NEW ENTRANT OPPORTUNITIES FOR INPUT

- Solicit feedback on recertification and new entrant proposed policies and applications by **February 3rd** at QHP@covered.ca.gov
- Discuss recertification and new entrant proposed policies at Plan Management Advisory group on February 4th
- Request Board action to adopt regulations including the recertification and new entrant applications at the February 20th Board meeting
- Present draft 2015 standard benefit plan designs for discussion at February 20th Board meeting (contingent on final Federal AV calculator)
- Solicit feedback on draft 2015 standard benefit plan designs prior to March 20th Board meeting
- Release final recertification and new entrant application March 10th
- Request Board action to adopt 2015 standard benefit plan designs at March 20th Board meeting