



## **COVERED CALIFORNIA POLICY AND ACTION ITEMS**

November 20, 2014

# 2016 BENEFIT REDESIGN WORKGROUP UPDATE

Anne Price, Director of Plan Management

# BENEFIT DESIGN WORKGROUP: SCOPE AND GOALS

## Organizational Goal:

Covered California should have benefit designs that are standardized, promote access to care, and are easy for consumers to understand.



## Work Group Goal:

To provide a recommendation of benefit design changes to Covered California staff and board that will be considered as part of a multi year strategy beginning with plan year 2016

## Covered California Principles

- Maintain philosophy of having standardized benefit designs to enable informed consumer choice between products, metal tiers and carriers
- Multi year progressive strategy with consideration to market dynamics: Changes in benefits should be considered annually based on consumers' experience related to access and cost
- Data driven approach to inform recommendations
- Any changes to benefit designs should promote improvement for consumers' understanding of their benefits and their obtaining care at the right place, right cost and right time
- Simplify training for all enrollment channels

# WORKGROUP ROSTER

Name	Representation
<b><u>Work group Members</u></b>	
Beth Capell	Health Access California
Betsy Imholz	Consumers Union
Marge Ginsburg	Center for Healthcare Decisions
Jerry Fleming	Kaiser
Athena Chapman	CAHP
Don Hufford, MD	Medical Director
Ted Von Glahn	Consultant
<b><u>Covered California Staff</u></b>	
David Greene*	Covered California
John Bertko	Covered California
Anne Price *	Covered California
Allison Mangiaracino	Covered California
Taylor Priestley	Covered California
<i>* co-facilitators</i>	
<b><u>Additional Resources</u></b>	
Andrea Rosen	Covered California
Jeff Rideout, MD	Covered California
Diane Falls	Covered California

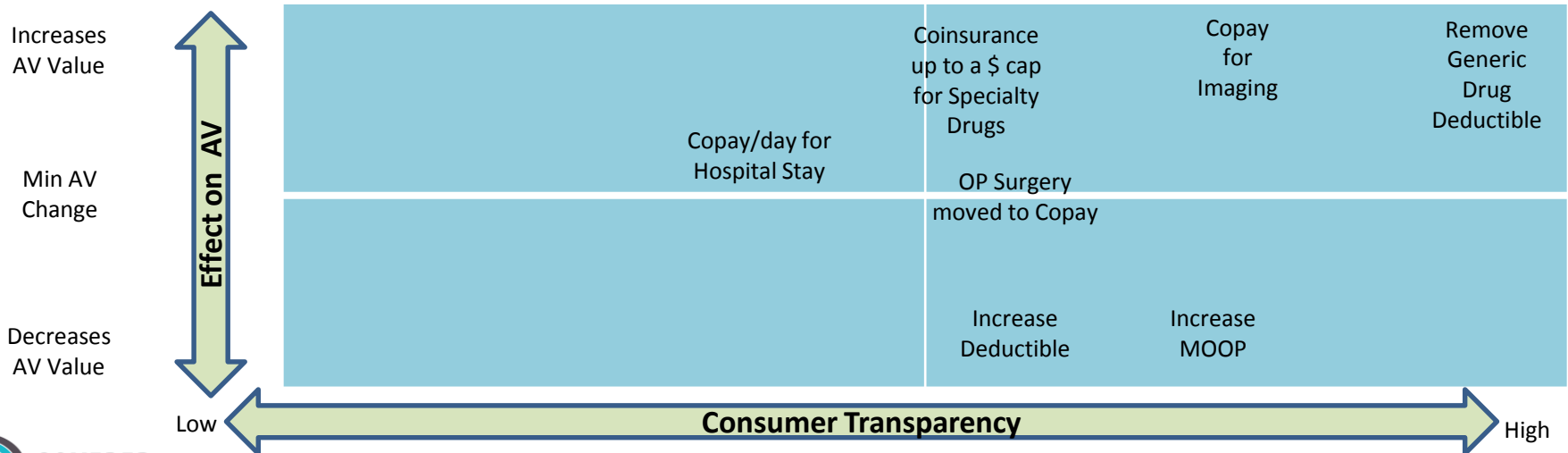
# AD-HOC TEAM MEETING MILESTONES AND PUBLIC REVIEW

DATE	Event	Description
24-Sep	✓ Project Start	Kick Off Communication
3-Oct	✓ AH meeting	Kick Off Meeting
17-Oct	✓ AH meeting	Workgroup meeting
26-Oct	✓ Plan Actuarial Meeting	Covered California Staff to Meet and Update QHP Actuaries
31-Oct	✓ AH meeting	Workgroup meeting
<b>6-Nov</b>	✓ <b>Plan Advisory Meeting</b>	Workgroup Status Provided to Advisory for Feedback (note Weds for board meeting flexibility)
14-Nov	✓ Plan Actuarial Meeting	Covered California Staff to Meet and Update QHP Actuaries
<b>20-Nov</b>	<b>Board Meeting</b>	Workgroup Update to Board (date subject to change)
25-Nov	AH meeting	Workgroup meeting
5-Dec	AH meeting	Workgroup meeting
<b>12-Dec</b>	<b>Plan Advisory Meeting</b>	Workgroup Status Provided to Advisory for Feedback
<b>18-Dec</b>	<b>Board - Recommendation</b>	Workgroup Recommendation to Board (date subject to change)
9-Jan	AH meeting	Workgroup meeting
<b>16-Jan</b>	<b>Plan Advisory Meeting</b>	Workgroup Recommendation Provided to Advisory for Feedback
<b>22-Jan</b>	<b>Board - Decision</b>	Workgroup Present Recommendation and Final Decision Ask of Board (Pending Final Actuarial Value Calculator)
30-Jan	AH meeting	Wrap Up (as needed)



# BENEFIT DESIGN ITERATIONS – KEY THEMES

- **Actuarial Value (AV) requirements are driving benefit trade-offs:** Workgroup members are becoming more sensitive to benefit line item impacts on AV calculations and are more aware of compromises required to meet AV metal tier requirements.
- **Move toward greater transparency (known cost to member):** Create more comparison points to clearly communicate Bronze as higher cost compared to Silver 70 Copay. Example concern raised: 30% coinsurance may be perceived as less than a \$250 copay because the number 30 is less than 250.
- **Lessen barriers to care:** Reduce number of Bronze services subject to deductible (e.g. PCP, Specialists, X-ray, etc.).
- **Aligned incentives:** Maintain motivation for members to seek best quality/cost on services which are prone to have a wide range of costs (eg. Imaging and Specialty Drugs).



# KEY WORKGROUP STEPS REMAINING

Topic	Deliverable	Notes
Workgroup Recommendation to Covered CA	Bronze and Silver 70 (copay and coinsurance)	Goal to have made by End of Nov
Workgroup Recommendation to Covered CA	Enhanced Silver Plans	Goal to have made by early Dec
Carrier Discussion	Actuarial and Operational Review	Further actuarial discussion after release of 2016 AV calculator
Regulatory	Mental Health Parity Discussion	Further discussion needed with DMHC and CDI
2016 AV Calculator / Milliman Review	Confirm Benefit Designs meet new AV Calculator percentages.	2016 AVC anticipated Late Nov/Early Dec

# COVERED CALIFORNIA REGULATIONS



# ENROLLMENT ASSISTANCE REGULATIONS RE- ADOPTION (ACTION)

Kirk Whelan, Individual and Small Business Sales Director

# ENROLLMENT ASSISTANCE PROGRAM REGULATIONS

## Article 8 - Enrollment Assistance

### Δ § 6657 – Certified Enrollment Counselor Application

- Clarifies by adding “have no substantially related administrative actions taken against them” to qualifications of applicants

### Δ § 6658 – Fingerprinting and Background Checks

- Adds a two year prohibition on reapplying for certification after receipt of a negative final determination

### § 6660 – Training Standards

- Clarifies that all entities are required to undergo training in voter registration assistance procedures, not only governmental entities

### § 6664 – Roles and Responsibilities

- Adds language to what type of information must be provided to consumers in a fair, accurate, and impartial manner to mirror recently effective federal regulations
- Adds record keeping requirement of a minimum of six (6) years for the Authorization for Enrollment Assistance Form
- Clarifies that all entities are required to provide voter registration assistance, not only governmental entities

Δ signifies change from September Board Meeting Discussion

# ENROLLMENT ASSISTANCE PROGRAM REGULATIONS

- Article 8 - Enrollment Assistance, cont.

- § 6664 – Roles and Responsibilities

- To mirror recently effective Federal Regulations:

- Adds requirement for Certified Enrollment Entities in the In-Person Assistance Program to maintain a physical presence in the Exchange Service area
    - Adds provision on prohibiting gifts, including cards or cash, to applicants or potential enrollees as an inducement for enrollment
    - Adds prohibition on using Exchange funds to purchase gifts, gift cards, or promotional items that would be provided to any applicant or potential enrollee
    - Adds prohibition on soliciting consumers for enrollment assistance by going door-to-door or through other unsolicited means of direct contact

# ENROLLMENT ASSISTANCE PROGRAM REGULATIONS

- Article 8 - Enrollment Assistance, cont.

- § 6664 – Roles and Responsibilities

- Adds prohibition against calling a consumer using an automatic telephone dialing system or prerecorded voice (robocalls)
    - Adds language to clarify existing policy on reporting subsequent arrests for which Certified Enrollment Counselors have been released on bail or personal recognizance

- Δ § 6670 – Suspension and Revocation

- Adds administrative action to the list of potentially disqualifying events for which certification could be suspended or revoked
    - Adds a two year prohibition on reapplying for certification following a final determination of revocation or suspension

Resolution 2014-XX

# ELIGIBILITY AND ENROLLMENT REGULATIONS RE-ADOPTION (ACTION)

Thien Lam, Director of Eligibility and Enrollment

# ELIGIBILITY AND ENROLLMENT REGULATIONS RE-ADOPTION

- **§ 6496. Eligibility Redetermination During a Benefit Year**
  - Covered California shall implement changes:
    - Resulting from an appeal decision, on the date specified in the appeal decision; or
    - Affecting enrollment or premiums only, on the first day of the month following the date on which the Exchange is notified of the change, with the following two exceptions:
      - the date of the notice of eligibility redetermination, or the date specified in the appeal decision, or the date on which the Exchange is notified is after the 15th of the month, on the first day of the second month following the month of the notice of eligibility redetermination, the month specified in the appeal decision, or the month during which Covered California is notified of the change.
      - a change associated with qualifying life events such as marriage, birth or adoption, Etc.

# ELIGIBILITY AND ENROLLMENT REGULATIONS RE-ADOPTION

- **§ 6504. Special Enrollment Periods**

- In the case where a qualified individual, or his or her dependent, loses coverage, through loss of MEC, Medi-Cal, Etc., the coverage and APTC and CSR, if applicable, shall be effective:

- (A) On the first day of the month following the loss of coverage if the plan selection is made on or before the date of the loss of coverage; or

- (B) On the first day of the month following plan selection if the plan selection is made after the date of the loss of coverage.

- **§ 6506. Termination of Coverage in QHP**

- If an enrollee who is newly eligible for Medi-Cal or CHIP, other than the restricted Medi-Cal coverage of pregnancy-related services, requests that his or her coverage in a QHP be terminated, the last day of his or her coverage shall be the last day of the month during which the enrollee is determined eligible for full-scope Medi-Cal.

- Resolution 2014-XX