Certification Requirements Policy (part 2)

August 17, 2012

What should Qualified Health Plan certification requirements be for Colorado?

Goals/Objectives of COHBE:

- Provide quality coverage options for Individuals and Small Employers using the Exchange.

- Support a stable risk pool.

- Increase affordability, access and choice for Individuals and Small Employers purchasing health insurance in the Exchange.

- Foster a competitive marketplace for health insurance.

- Not duplicate or replace the duties of the Division of Insurance.

- Promote procedural timeliness in all applicable areas of the certification process.

Colorado	SB11-200
	- Increase affordability, access and choice for Individuals and Small Employers purchasing health insurance in the Exchange - The Exchange shall not duplicate or replace the duties of the Commissioner established in Section 10-1-108, including rate approval, except as directed by the Federal act. - The Exchange shall foster a competitive marketplace for insurance and shall not solicit bids or engage in the active purchasing of insurance. Board duties: - Consider the affordability and cost in the context of quality care and increased access to purchasing health insurance. - Investigate requirements, develop options, and determine waivers, if appropriate, to ensure that the best interests of Coloradans are protected.

Federal	45 CFR §156 Outlines the general requirements of QHP certification. Additional certification requirements are included in 45 CFR §155 that impact QHPs exclusively. 45 CFR §156.225 outlines the required marketing for QHPs, including the obligation to comply with applicable state laws and to not use any practices that would discourage people with significant health needs from enrolling in a QHP. 45 CFR §156.235 lists the Essential Community Provider Requirements for certification of a Qualified Health Plan.

Background

Requirements Considered to Date

The Federal regulations include 19 requirements for plan certification that include

Accreditation	Marketing Requirements
Complaint Process	MLR Requirements
Claims Payment Data Disclosure	Network Adequacy
Discriminatory Benefit Review	Out-of-Network Payment Disclosures
Essential Community Providers	Plan Differentiation
Essential Health Benefit Validation	Provider Directory
Financial Disclosures	Quality Measures
Formulary Requirements	Rate Review
Licensure Requirements	Solvency Requirements
Additional Certification Requirements	

At the June 25th meeting the Board approved principles to guide the following requirements:

Accreditation	MLR Requirements
Complaint Process	Network Adequacy
Claims Payment Data Disclosure	Out-of-Network Payment Disclosures
Financial Disclosures	Provider Directory
Formulary Requirements	Rate Review
Licensure Requirements	Solvency Requirements

For the August 27th Board meeting, COHBE will address essential health benefits design, discriminatory benefit design, plan differentiation, marketing, and essential community providers.

The Advisory Groups will continue to consider the following issues to make a recommendation to the Board at a future date:

> Quality measures
> Required number of metal tiers
> Waiting periods
> Continuous enrollment requirements

Certification Requirements Considered for August 27, 2012 Board Meeting
Validation of Essential Health Benefits
The ACA requires all QHPs offer the 10 essential health benefits.

Discriminatory Benefit Design
The ACA requires that QHP's offer a selection of benefits that is not intended to discriminate against member's who have particular health conditions.

Plan differentiation
The ACA offers the ability of Exchanges to require QHPs to meet additional criteria such as requiring a meaningful difference in plan designs.

Marketing
The ACA stipulates that QHPs must comply with state marketing laws and they must not market in such a way that would discourage people with significant health needs to enter the market.

Essential Community Providers (ECPs)
Essential community providers are defined as providers that serve predominantly low-income, medically underserved individuals. 45 CFR §156.235 requires QHPs to be able to sufficiently provide reasonable and timely access to appropriate physicians and facilities for low-income or medically underserved individuals through one of two approaches: 1) Sufficient number and geographic distribution of essential community providers or 2) Sufficient number and geographic distribution of employed providers and hospital facilities, or providers of its contracted medical group and hospital facilities. COHBE is responsible for determining a process to validate that a QHP can meet one of these two requirements prior to certification.

Considerations

Marketing
COHBE must define an approach for validating marketing materials from QHPs are within the bounds of state and federal law. As a part of this proposal, COHBE must consider how it will restrict QHPs from utilizing the COHBE logo and name in any manner that might suggest inaccurate views or positions of COHBE.

Essential Community Providers (ECP)
The Exchange plans to utilize the existing DOI network adequacy framework for general network adequacy with an additional provision including the Colorado Department of Public Health and Environment's (CDPHE) oversight of HMOs. Any recommendation to validate the ECP requirement should not duplicate but rather leverage the evaluation and process completed by DOI and CDPHE.

The Health Plan Advisory Group discussed at length the issue of ECPs.

In terms of consensus items, the group agreed to use the network adequacy framework through the DOI for assessing whether a plan has contracted with a sufficient number of the ECPs. The Advisory Group also recommended using both the Federal Exchange definition and Colorado Medicaid definition of an ECP.

The Advisory Group discussed whether carriers should be required to offer a contract to all ECPs. The advisory group was evenly split on whether to include this requirement. Providers and other stakeholders felt this requirement was critical to ensure adequate inclusion of the ECPs.   Carriers shared the concern that requiring carriers to offer a contract to all of these providers (rather than a subset) could increase administrative costs and raises questions if a carrier does not have an ECP's coverage area in their coverage area. Carriers also pointed out that contract provisions include not only rates but general business practices such as minimum IT requirements to ensure efficient handling of claims and clinical quality measures. Another option was discussed whereby carriers would be required to offer contracts to ECPs who approach the issuer limiting some of the search costs for carriers who would not need to find new ECPs. This variation attracted slightly more approval but only one vote changed.

Recommendation

Validation of Essential Health Benefits
Discriminatory Benefit Design
Plan differentiation
DOI has indicated that there will be further guidance from HHS on all of these topics. Given the objective not to duplicate DOI activities, COHBE suggests leaving the implementation and definitions of these requirements to DOI. .

Marketing
COHBE suggests the following to validate QHP marketing materials and to protect the COHBE marks:
- Require that all QHP marketing materials that include any connection to COHBE, through written or verbal communications or through the use of the COHBE logo or other marks, must include verbiage to clarify that the information and views presented are those of the carrier and not COHBE (e.g., "The contents and views of this message are those of Carrier X and not those of the Colorado Health Benefit Exchange.").
- Appropriately protect all COHBE logos and marks before they can be utilized by carriers, including the "look and feel" of the Exchange to restrict counterfeit websites.

Essential Community Providers (ECP)
As a result of the existing network advocacy policy guidance, COHBE suggests the following for ECPs:
- Expand the federal provider list for Medicaid to include ECPs and provide this listing on the COHBE website.
- Include the evaluation of ECP coverage in the existing network advocacy requirements validation through the DOI.