Qualified Health Plan Certification Requirement Recommendations (1/21/2015)

The following standards would apply to qualified health plans for 2016 unless otherwise noted.

NETWORK ADEQUACY

1. Under the Affordable Care Act, carriers are required to have a sufficient number and type of providers to ensure that all services are accessible without unreasonable delay in each of their health plans; that the plan networks have mental health and substance abuse service providers; and the networks include a sufficient number of essential community providers.

   Currently, carriers attest to meeting network adequacy requirements and submit the Center for Consumer Information and Insurance Oversight (CCIIO) Federal Network Template to the Department of Insurance Securities and Banking (DISB) for review.

   <u>Carrier:</u>

   - For plan year 2016, in addition to submitting the CCIIO Federal Network Template, carriers must also submit the CCIIO Network Adequacy Template to DISB.

   <u>DISB</u>

   - DISB will track complaints related to network adequacy and will update their tracking mechanism as necessary

2. Under the Affordable Care Act, carriers are required to make available health plan provider directories online and in print if requested, including information relating to providers not taking new patients.

   Currently, DISB reviews the carriers' website links.

   <u>Carriers: provider directory</u>

   For plan year 2016, in addition to the current requirements:

   - Carriers must submit provider data at intervals and in formats as determined by HBX for use to populate DC Health Link's provider directory search tool. Carriers participating in the individual market have already begun providing provider information to populate a DC Health Link individual market provider directory search tool, which is scheduled to "go live" in Spring 2015. Timing

of developing and implementing a DC Health Link provider directory for the small group marketplace will be determined based on experience and consumer use of individual marketplace provider directory tool.

- In time for the 2016 plan year open enrollment (beginning October 1, 2015), Carriers will be required to prominently post a phone number or email address on their on-line and print provider directories (not necessarily a dedicated phone number or email address) for consumers to report inaccurate provider directory information. Carriers will be required, within 30 days, to validate reports that directories are inaccurate or incomplete and, when appropriate, to correct the provider information. The carrier will be required to maintain a log of consumer reported provider directory complaints that would be accessible to DISB or HBX upon request.

- Carriers will be required to take steps to maintain a high level of accuracy in their provider directories. Beginning in calendar year 2015 and annually, a carrier is required to take at least one of the following steps and report such steps to DISB:
  1. Perform regular audits reviewing provider directory information.
  2. Validate provider information where a provider has not filed a claim with a carrier in 2 years (or a shorter period of time).
  3. Take other innovative and effective actions approved by DISB to maintain accurate provider directories. An example of an innovative and effective action could be validating provider information based on provider demographic factors such as an age where retirement is likely.

<u>HBX: access plan</u>

- As previously approved by the Executive Board, HBX will implement the requirement to submit an Access Plan by working through the Plan Management Advisory Committee. The Plan Management Advisory Committee will take into consideration exemptions available under DC open records laws.

REVIEW OF RATES

Under the Affordable Care Act, HBX is required to collect, review and consider information on premiums and increases in determining certification for a qualified health plan.

For plan year 2016:

- Similar to reviews that occurred in 2013 and 2014, HBX is clarifying that for 2015 (plan year 2016 rates): 1) HBX will have a carrier's rate and form filings as filed with DISB, 2) Carriers are required to respond to requests for additional information from consulting actuaries for HBX, and 3) Consulting actuarial review of the assumptions in carrier rate filings and the actuarial reports will be published on HBX webpage and submitted to DISB for consideration. Published reports will not contain confidential information provided by carriers.
- In this work, HBX will coordinate with DISB to minimize duplication of effort and maintain confidentiality of submissions consistent with current practice.
- In addition to these steps, HBX will develop an enhanced process under its legal authority. HBX will coordinate with DISB and will work with carriers, consumers, and other stakeholders to develop an enhanced process.

QUALITY OF HEALTH PLANS

Under the Affordable Care Act, the exchange is required to consider quality of health plans in certifying plans for the exchange. This consideration will include quality improvement strategies, data from consumer surveys, and work with patient safety organizations.

Currently, HHS is working on ways to measure quality of qualified health plans by: 1) Developing and testing a quality reporting system; 2) Developing a quality improvement strategy; 3) Implementing a consumer experience survey; and 4) and Requiring carriers to work with patient safety organizations.

<u>HBX</u>
For plan year 2016:

- HBX will use the federal standards and approach to make data on plan quality available to consumers.
- HBX will establish on DCHealthLink.com a web link to the 2015 NCQA public report cards for health plans.

NON-DISCRIMINATION PROVISIONS

Under the Affordable Care, carriers are prohibited from having a benefit design that has the effect of discouraging the enrollment of individuals with significant health needs or that discriminates on the basis of race, color, national origin, disability, age, sex, gender

identity or sexual orientation. In addition, carriers are required to make available to a consumer the individual coverage policy or group certificate of coverage.

Currently, DISB conducts a review of form filings and other plan documents using CCIIO tools through the plan year.

Carriers:

- For plan year 2016, carriers must submit to HBX a copy of the insurance contract also known as a certificate of coverage/evidence of coverage for each certified qualified health plan. Submission to HBX shall be at the health plan level and shall be made at the same time federal law requires disclosure to consumers.

HBX:

- HBX will make the insurance contract (certificate of coverage/evidence of coverage) publicly available on DCHealthLink.com.

DISB:

- DISB will review the need for promulgating guidance with examples of discriminatory benefit design.