1332 State Innovation Task Force Meeting Agenda

September 26, 2016
Office of the Governor
2300 N. Lincoln Blvd., Large Conference Room
Oklahoma City, OK 73105

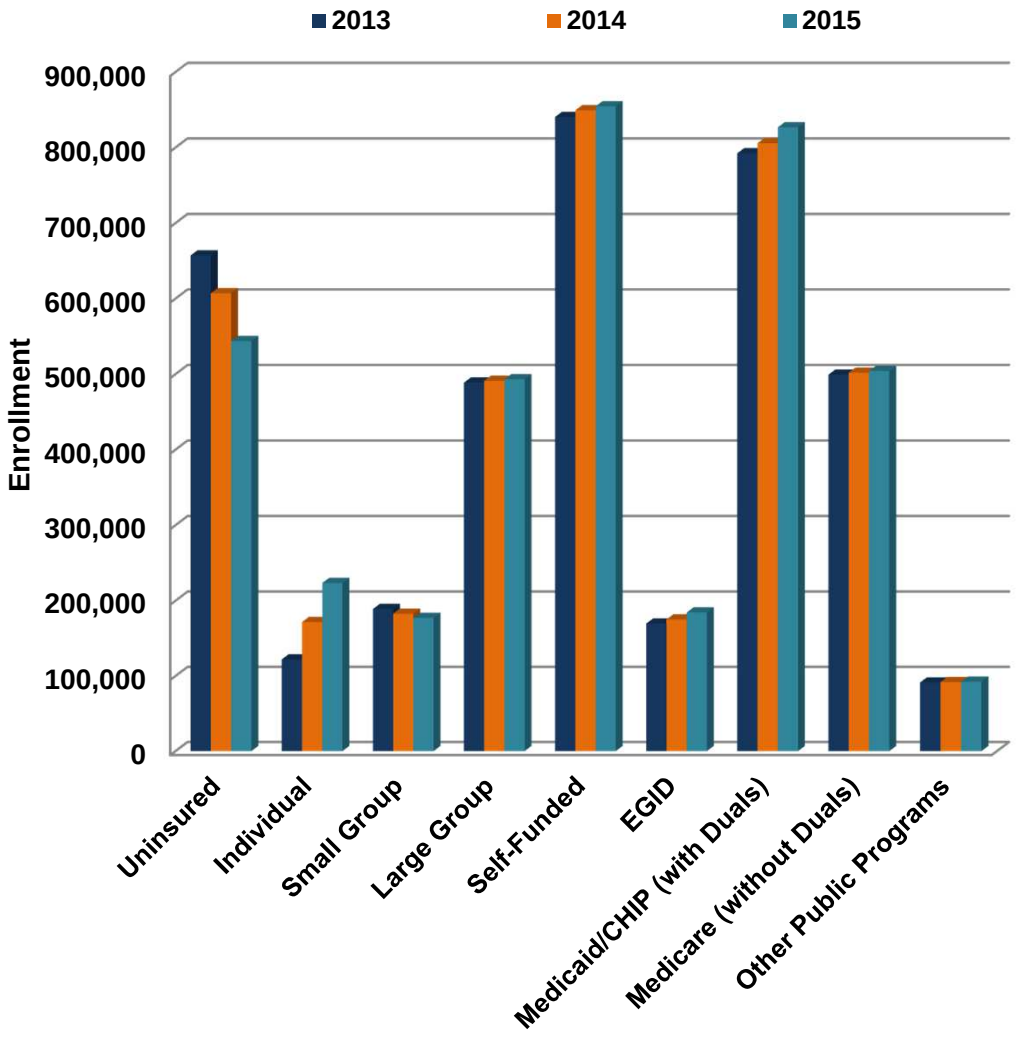
Section	Time		Presenter
Welcome and Introductions	1:30	5 min	Dr. Terry Cline
Oklahoma Marketplace Overview	1:35	5 min	Julie Cox-Kain
1332 Policy Levers	1:40	10 min	Isaac Lutz
Data Workgroup Discussions	1:50	40 min	Buffy Heater
FFM Problems, Data, and Policy Levers Discussion	2:30	25 min	Buffy Heater and Isaac Lutz
FFM Special Enrollment Guidance Update	2:55	2 min	Buffy Heater
Waiver Timeline & Next Steps	2:57	3 min	Buffy Heater

Oklahoma Estimated Enrollment by Insurance Source

	2013	2014	2015	Net Gain/Loss
Uninsured	657,200	607,100	543,800	-113,400
Individual	122,100	171,800	223,500	101,400
Small Group	189,000	182,800	177,300	-11,700
Large Group	488,800	491,300	493,200	4,400
Self-Funded	840,400	849,400	854,500	14,100
EGID	169,800	175,200	184,500	14,700
Medicaid/CHIP (with Duals)	792,500	805,800	826,700	34,200
Medicare (without Duals)	499,300	501,900	504,200	4,900
Other Public Programs	91,400	91,900	92,500	1,100
Total Population	**3,850,500**	**3,877,200**	**3,900,200**	49,700

Source: Milliman, Oklahoma Insurance Market Analysis:
https://www.ok.gov/health2/documents/Market%20Effects%20on%20Health%20Care%20Transformation.pdf

Oklahoma Estimated Enrollment by Insurance Source

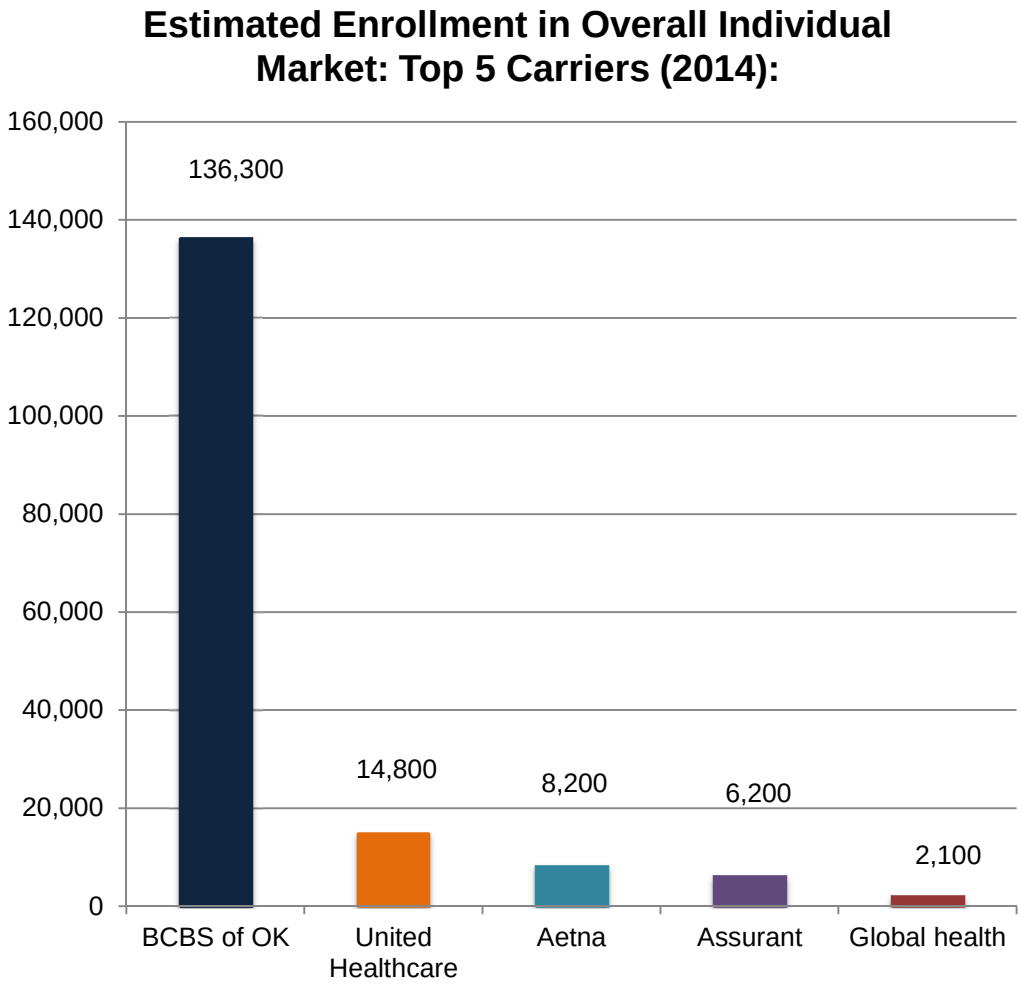


Considerations:

- The uninsured population has decreased by 6.12% since 2013
- While still a relatively small market sector, the individual market (on and off exchange) has grown by 22% since 2013 and has seen the largest growth across market sectors
- The majority of the decrease in uninsured individuals may be attributable to enrollment in the FFM
- Much of the other market sectors/plans have had limited growth/contraction since 2013

Source: Milliman, Oklahoma Insurance Market Analysis: https://www.ok.gov/health2/documents/Market%20Effects%20on%20Health%20Care%20Transformation.pdf

Estimated Enrollment in Overall Individual Market

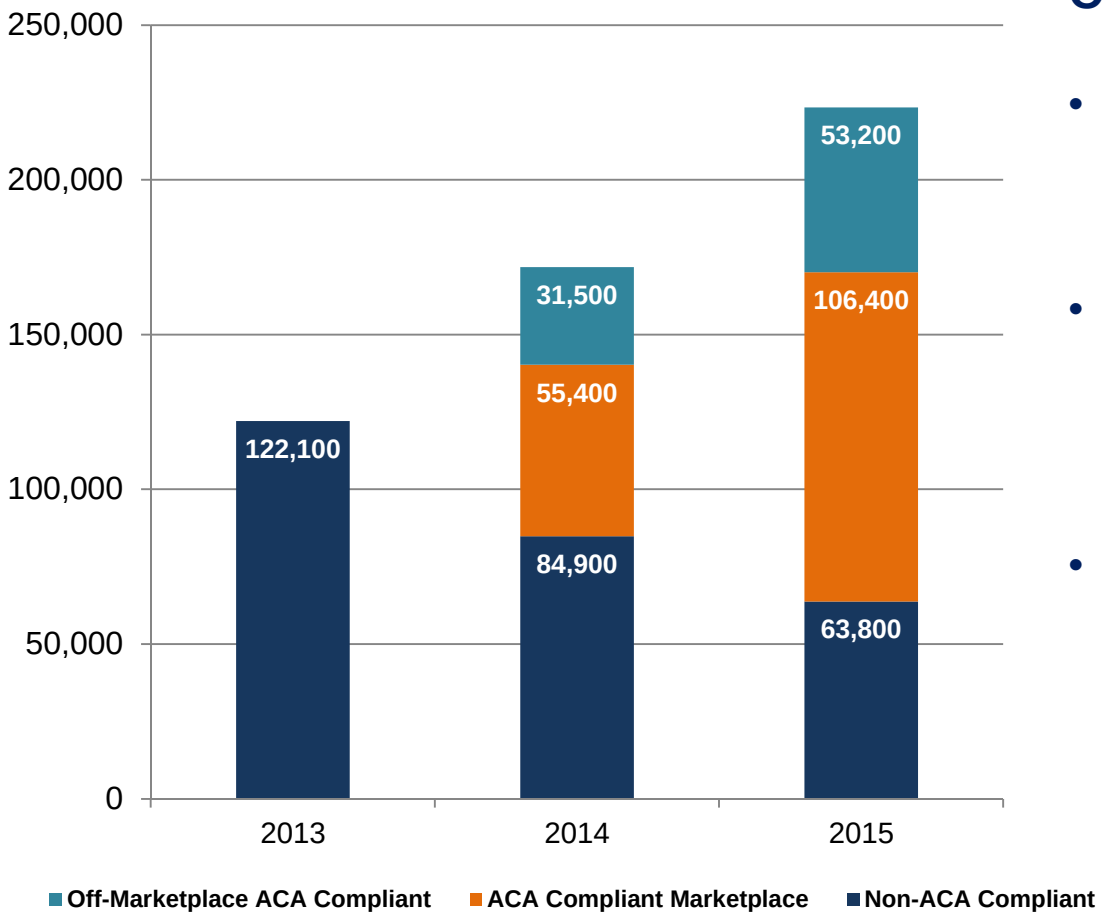


Considerations:

- Blue Cross Blue Shield had the largest share of the individual market
- In 2017, Blue Cross Blue Shield will be the only carrier offering plans on the FFM
- Although competition is limited in the individual market, new state policy options provide potential opportunities to encourage plans to enter the market:
  - HB1566
  - CHIP Maintenance Of Effort

Source: Milliman, Oklahoma Insurance Market Analysis: https://www.ok.gov/health2/documents/Market%20Effects%20on%20Health%20Care%20Transformation.pdf

Changes in the Individual Health Insurance Market



Considerations:

- Transitional/grandfathered plans, including coverage that is non-ACA compliant, is declining
- In 2015, FFM enrollment accounted for nearly 2/3 of total enrollment in the overall Individual Marketplace
- Off-Marketplace coverage also grew between 2014 and 2015

Source: Milliman, Oklahoma Insurance Market Analysis: https://www.ok.gov/health2/documents/Market%20Effects%20on%20Health%20Care%20Transformation.pdf

Oklahoma Percentage of Non-Elderly Adult (ages 18 to 64) Population Uninsured

Population	2013	2014	2015
Oklahoma	25.4%	23.7%	21.4%
States Not Expanding Medicaid	21.4%	20.0%	14.4%
National Composite	**17.1%**	**15.1%**	**10.1%**

Considerations:

- Relative to other states that have not expanded Medicaid, Oklahoma's decrease in the uninsured rate for non-elderly adults was smaller than other states
- In open enrollment 2015, only 27% of Oklahoma's FFM eligible population enrolled compared to an average of 39% in other states that have not expanded Medicaid
- Potential barriers include lack of health insurance literacy and inadequate consumer supports at the time of enrollment (e.g. individual financial counseling)

Source: Milliman, Oklahoma Insurance Market Analysis: https://www.ok.gov/health2/documents/Market%20Effects%20on%20Health%20Care%20Transformation.pdf

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1332 Waivers: Policy Levers

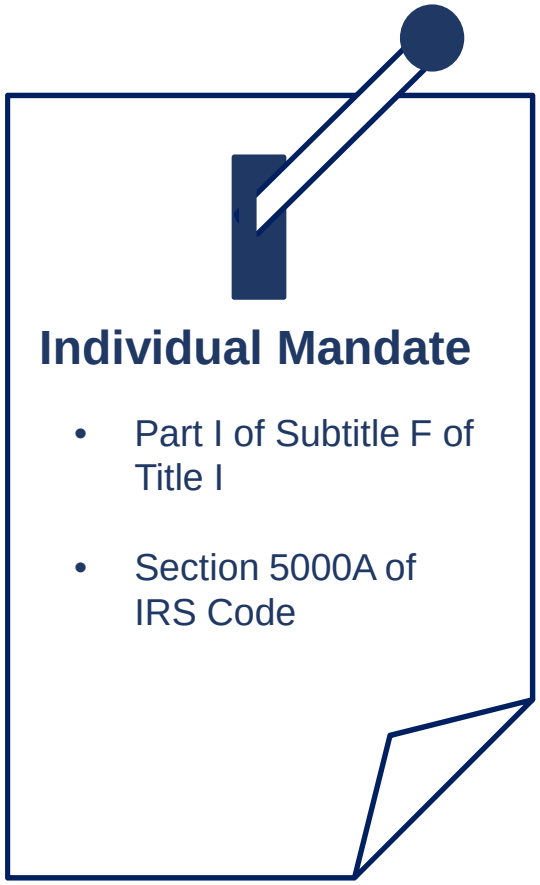
Individual Mandate: States can modify or eliminate the tax penalties that the ACA imposes on individuals who fail to maintain health coverage.

Employer Mandate: States can modify or eliminate the penalties that the ACA imposes on large employers who fail to offer affordable coverage to their full-time employees.

Benefits and Subsidies: States can modify the rules governing what benefits and subsidies must be provided within the constraints of section 1332's coverage requirements.

Exchanges and QHPS: States can modify or eliminate QHP certification and the Exchanges as the vehicle for determining eligibility for subsidies and enrolling consumers in coverage.

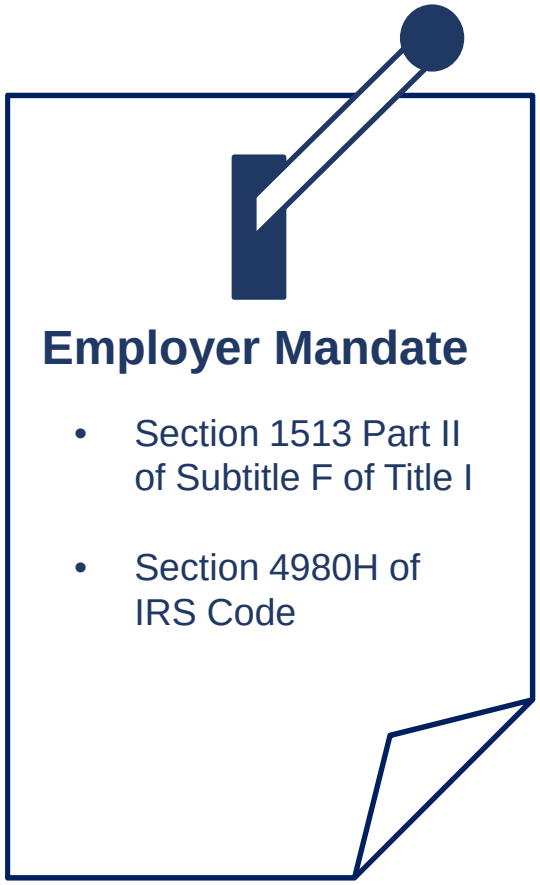
1332 Waivers: Individual Mandate



Includes:

- Individual Mandate for individuals and their dependents to maintain minimum essential coverage (MEC)
- Plan qualifications that meet MEC standards
- Individual Mandate Exemptions
- Penalties for failing to maintain MEC
- Reporting of MEC to the IRS

1332 Waivers: Employer Mandate



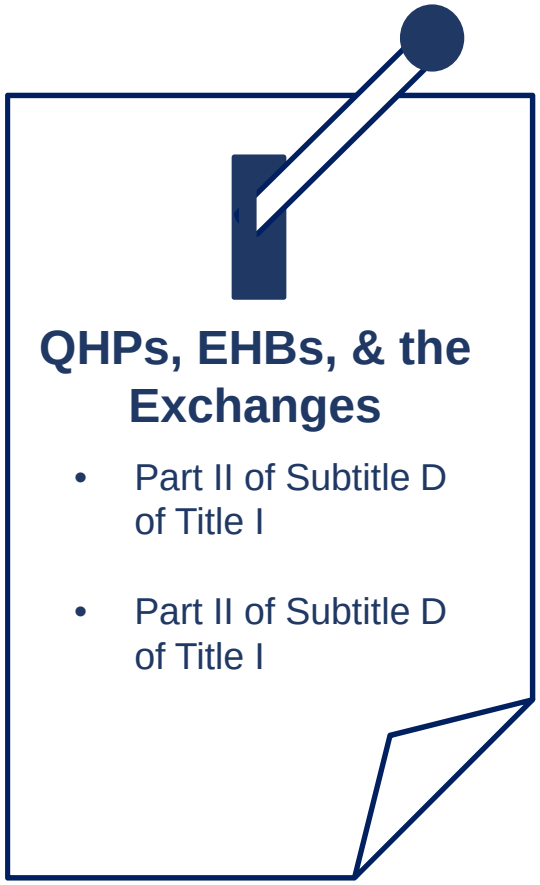
Employer Mandate

- Section 1513 Part II of Subtitle F of Title I
- Section 4980H of IRS Code

Includes:

- Shared employer responsibility to provide employees health coverage for employers with 50 or more full time employees to at least 95% and their children up to 26
- Calculation of penalties for employers who do not offer coverage
- Automatic enrollment for employers with more than 200 employees

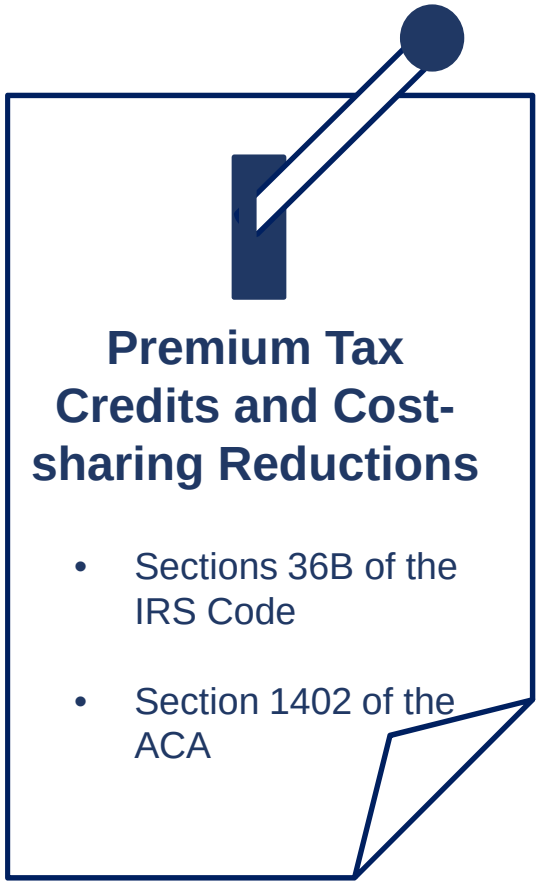
1332 Waivers: QHPs, EHBs, & the Exchanges



Includes:

- Certification of Qualified Health Plans (QHPs)
- Essential Health Benefits (EHBs) to include 10 essential health services
- Limits on cost sharing for QHPs
- Metal coverage based on actuarial value
- Coverage provided through exchanges, including SHOP
- Pooling of risk of all enrollees in all plans in each market

1332 Waivers: Premium Tax Credits and Cost-sharing Reductions



Premium Tax Credits and Cost-sharing Reductions

- Sections 36B of the IRS Code
- Section 1402 of the ACA

Includes:

- Amount of premium tax credits available to eligible families to purchase health coverage based on a sliding scale
- Essential Health Benefits (EHBs) to include 10 essential health services
- Premium Tax Credit Repayment limits (for advanced premium assistance overpayments)
- Cost-sharing reductions (CSRs) for silver plans for income levels between 100%-250% of the FPL
- Out-of-pocket limits based on income

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Data Workgroup Discussions

1332 Data Workgroups:

Purpose: To identify, gather, analyze, review and report on relevant data sources informing the State's 1332 waiver task force discussions. Workgroups will help shape a picture of the successes, challenges, and solutions from each group's perspective.

Workgroup Responsibilities: Identify data questions; identify data sources/resources; perform analysis; review and discuss findings; report findings to task force. Engage consultants for technical assistance.

Deliverables: List of data questions; supporting data tables/worksheets; findings and relevant conclusions to be drawn from the data; report to the task force in table/worksheet/powerpoint style; case study(ies) of business and consumer experiences. De-identified, summary data are made available through reporting at task force meetings.

Data Workgroup Discussions

Data Workgroup	Participating Organizations	Potential Data Points of Interest
Health Plans	• BCBS • UHC • CommunityCare • OID • OAHP • Insure Oklahoma • Global Health	• Eligibility and enrollment information • Premium payment persistency • Population management • Claims experience • Special Enrollment
Provider	• OHA • OSMA • OOA • Cherokee • Integris • St. John	• Discharge Information • Bad debt information • Case mix and panel size • Acuity differences across market sectors
Business	• Devon • State Chamber • OAHU • HealthSmart	• Business Survey • Case Studies on impact of healthcare coverage • ACA Penalty Assessments
Consumer	• HAU • CAA • CSC • State Agencies	• Case Studies on consumer experience accessing coverage • Barriers to affordable coverage • Exemptions for MEC

Data Workgroup Discussions

To help facilitate discussion around data, we have proposed the following questions to help you think about the various data and data sources you will be presenting and discussing:

1. What data have your organizations collected to date and from what sources?

2. What do these data tell us about Oklahoma's marketplace?

3. What data are unable to be collected, and are there other groups who could provide alternatives?

Data Workgroup Discussions

Please see the handouts that were attached in the email:

- GlobalHealth 1332 Data Responses
- Blue Cross Blue Shield 1332 Data Responses
- BCBS: The Health of America Report

Tribal Premium Sponsorship Programs – Data Summary

An informal email survey was sent to Oklahoma tribes in September of 2016. The following are their responses about programs currently operated in Oklahoma.

1) Are you assisting individuals with premium payment assistance for FFM plans?

ANSWER: There are 6 tribal nations in Oklahoma currently operating tribal premium sponsorship programs under the FFM.

2) What FFM plans are included in your premium assistance payment program?

ANSWER:

BCBS Blue Preferred, Blue Choice, and Blue Advantage plans (mostly bronze level plans, a few silver and gold); BCBS of TX HMO

3) How many individuals have benefitted from the tribal premium sponsorship program this year?

ANSWER: 2014 – 62; 2015 – 221; 2016 – 414

Tribal Premium Sponsorship Programs – Data Summary

4) On average, how long (or for how many months) did you make premium assistance payments for them?

ANSWER:

- Don’t dis-enroll unless they become eligible for another program, i.e., Medicare, Medicaid
- Guaranteeing premium payments through 12-31-2016
- Full benefit year/12 months
- 6-7 months average
- 11 months

5) Of those who benefitted:

What was their income level (FPL)?

ANSWER:

- 0-400% FPL
- 100-300% FPL
- 100%-400% FPL
- Average is 250% FPL
- 0-1883% FPL

Tribal Premium Sponsorship Programs – Data Summary

5) Of those who benefitted:
How many were female?
ANSWER: 215
How many were male?
ANSWER: 216

6) What is the average amount of premium assistance per individual?
ANSWER (per month average):

- $330.00
- $462.33
- $394.00
- $113.00
- $122.82
- $344.67

7) What was their income level (FPL)?
ANSWER:

- 0-400% FPL
- 100-300% FPL
- 100%-400% FPL
- Average is 250% FPL
- 0-1883% FPL

Tribal Premium Sponsorship Programs – Data Summary

8) What portion of the premium do you cover?

ANSWER: 100%

9) Are you assisting individuals with FFM exemption requests?

ANSWER: Yes

10) On average, how many exemption requests have you completed this year?

ANSWER:

- Didn't keep the data, but did hand out a lot of IRS Form 8965 to patients
- Offer the exemption form at all registration areas, if the individual has no insurance they visit with a benefit coordinator to see about plans and prices for their individual situation.
- Education on IRS Form 8965
- 135

11) On average, how many exemption requests did you complete last year?

ANSWER:

- 374
- Didn't keep data

Tribal Premium Sponsorship Programs – Data Summary

12) What reason(s) are the exemptions requested?
ANSWER:

- They have Indian Health
- Uninsured non-native pregnant with a Native American baby
- Children and adults without insurance and cannot afford ACA plans due to income, etc.
- To receive permanent exemption number
- To avoid requirement to purchase health insurance
- To be exempt from paying the Individual Shared Responsibility Payment
- They can’t afford the premiums

13) Are you assisting individuals with FFM enrollment?
ANSWER: Yes

Tribal Premium Sponsorship Programs – Data Summary

14) How do you identify individuals to refer to the FFM?
ANSWER:

- If they are seeking a resource for health care and they do not qualify for SoonerCare
- For those looking for outside services and are needing coverage for some help
- If they are a tax filer we highly encourage them to see what is offered to them by doing an application on the Marketplace
- The benefit coordinators educate the patients that are uninsured and go over all insurance options from Medicaid, Insure Oklahoma to ACA. If they don't qualify for other insurance plans, and want aca they enroll the patient if they can afford the plan and if not they are referred to the tribal assistance program to be considered. Our PRC program also refers uninsured individuals to see if they can be covered through aca and/or the tribal assistance program. We try and catch those without insurance and offer them insurance options.
- FFM referrals are identified by Medicaid/Insure Oklahoma Denials and individuals over 100% FPL
- From PRC referrals
- High utilization rates

Total Effectuated Enrollment, Oklahoma

Total Effectuated Enrollment					
Oklahoma	Total Enrollment	APTC Enrollment	Percentage of Enrollment with APTC	CSR Enrollment	Percentage of Enrollment with CSR
31-Dec-14	55,407	46,460	83.90%	34,906	63.00%
31-Mar-15	106,392	87,136	81.90%	64,543	60.70%
30-Jun-15	108,614	86,904	80.00%	64,830	59.70%
30-Sep-15	101,333	81,823	80.70%	61,718	60.90%
31-Dec-15	95,902	77,942	81.30%	58,286	60.80%
31-Mar-16	130,178	113,209	87.00%	81,053	62.30%

This is not specific to BCBSOK. This is total effectuated enrollment for Oklahoma on the FFM

Oklahoma FFM Effectuated Enrollment by Metal Tier

Oklahoma	Total Enrollment	Catastrophic	Bronze	Silver	Gold	Platinum
31-Dec-14	55,407	158	11,857	38,343	4,607	442
31-Mar-15	106,392	426	27,457	71,054	7,396	59
30-Jun-15	108,614	384	27,712	73,049	7,415	54
30-Sep-15	101,333	334	25,743	68,204	7,009	43
31-Dec-15	95,902	275	24,622	64,269	6,701	35
31-Mar-16	130,178	144	37,657	86,434	5,943	0

This represents individuals who have effectuated on the FFM. This is not specific to BCBSOK.

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html

Considerations:

- In order to effectuate their enrollment, they must pay their first month's premium.
- This snapshot measures individuals who effectuated their enrollment and have an active policy on the date of the snapshot; it does not measure the rate at which consumers pay their first month's premium.
- Active policies include those who have paid for the current month and individuals who may be in a grace period for non-payment.

FFM Special Enrollment Period Reasons

Table 1: Distribution of SEP Reasons among 2015 Consumers with a Plan Selection Outside of the OE2 Baseline Population		
SEP Reason	**Count of Plan Selections**	**% of Plan Selections**
Minimum Essential Coverage (MEC) loss	959,714	59.50%
Applicant attested to being denied Medicaid	286,266	17.70%
2015 Tax SEP	152,251	9.40%
Moved to a new service area	57,836	3.60%
Exceptional Circumstance	54,641	3.40%
Other SEPs	54,469	3.40%
Baby born in household	30,973	1.90%
Granted for marriage in household	14,692	0.90%
Granted for adoption in household	3,268	0.20%
Total	**1,614,110**	**100.0%**

Considerations:

- For states on the HealthCare.gov platform during 2015, 1.6 million individuals who did not select a plan during open enrollment made a plan selection through a special enrollment period (SEP).
- The majority of these consumers (60 percent) received a special enrollment period for loss of minimum essential coverage.

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html

Cost Sharing Reductions

- Question: Who receives the CSR and where is it distributed to? Providers? Consumers?
  a. What happens at the point of sale? Who makes reimbursements? How are they verified?
  b. How long does the CSR process take? 30, 60, 90 days?

- **Answer**: The cost sharing reduction subsides are received by the providers to cover out of pocket expenses on behalf of the member. HCSC includes the subsidy payment with the corporate liability payment. The reimbursements come from CMS who provides monthly advanced payment based on a factor of the premium amount calculated by CMS. The verification is done by an annual reconciliation between the advanced payments and actual subsides.

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FFM Pain Points and Problems

At the last 1332 meeting, we discussed numerous problems and areas for concern related to coverage provided on the FFM and Oklahoma's overall insurance market.

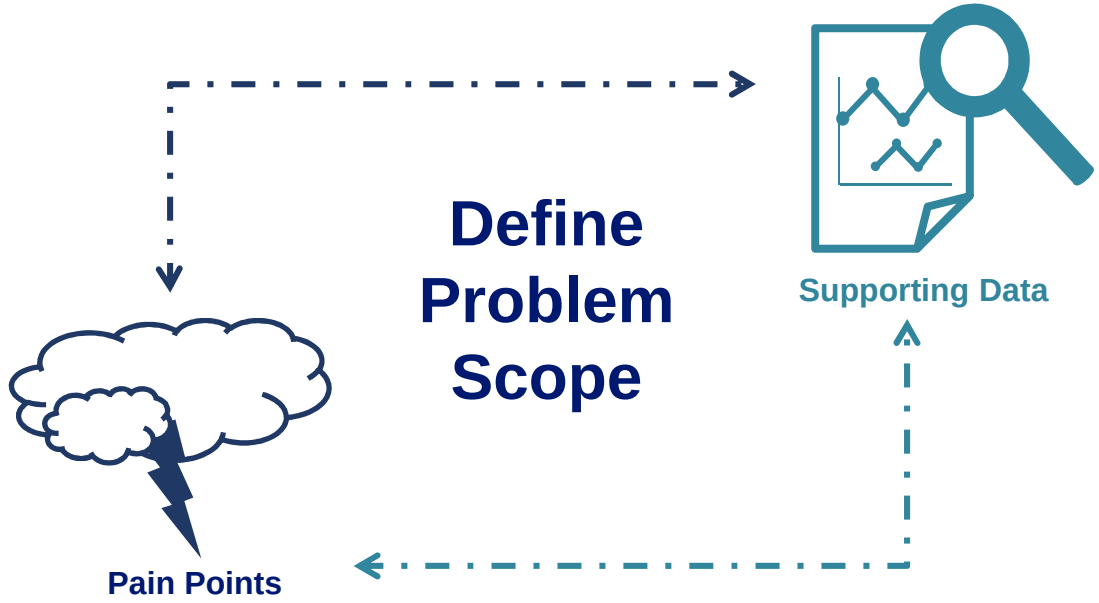
Some of those "pain points" included:

- Exemptions (too many consumer work-arounds for coverage)
- Too many Special Enrollment exceptions
- High uninsured rates
- Unhealthy population
- No competition in the marketplace (i.e. limited choices)
- Churn
- Limited plan design (e.g. too narrow a window across actuarial values)
- Few consumer support systems to access and purchase coverage (navigational assistance, checking accounts, etc.)

Scope of Pain Points and Problems

To ensure the 1332 Task Force has good understanding of the current FFM environment and its current issues, data workgroups have been convened to elaborate and quantify the scope of pain points in the FFM and Oklahoma's overall insurance market.

Data collection will be ongoing to help identify areas not previously addressed by the Task Force, creating a feedback loop to align data discussions with FFM and Oklahoma market problem areas.



Data-driven Policy Levers

As problems are identified and their scopes are defined and quantified, the 1332 Task Force will make linkages between those problem areas and available policy levers.

Data will also be used to justify, prioritize, and benchmark policy options to ensure the waiver is developed using data-driven solutions.

Identify Pain Points, Data, and Available Levers

 Pain Points	Define Problem Scope	 Supporting Data	Innovate w/ Data-Driven Solutions	 Available Policy Levers
Exemptions	• IRS Data • Tribal Data • Navigators		• IRS Data • Tribal Data • Navigators	• **1332 Waiver-** Modify Individual Mandate • **Non-Waiver**- Navigation supports to demonstrate value of healthcare coverage
Limited plan design	• Plan Data and Actuarial Analysis on impacts of limited plan design		• Plan Data and Actuarial Analysis on impacts of limited plan design	• **1332 Waiver-** Modify QHPs and Exchanges* • **Non-Waiver**- Request HHS to allow plan design flexibility across the FFM
Special Enrollment Exceptions	• Plan Data • Navigators • Brokers		• Plan Data • Navigators • Brokers	• **1332 Waiver-** Modify Exchanges* • **Non-Waiver**- Submit public comments to HHS to request tighter special enrollment exceptions and verification

*** Note:** Current HHS/CMS guidance indicates limited flexibility for FFM states to modify exchanges with 1332 waivers unless states consider adopting a state-based exchange and additional administrative responsibilities and oversight

Identify Pain Points, Data, and Available Levers

 **Pain Points**	**Define Problem Scope**	 **Supporting Data**	**Innovate w/ Data-Driven Solutions**	 **Available Policy Levers**
Few Consumer Supports				
• **No checking accounts/ financial methods to pay premiums**	• Navigators • Brokers • ?		• Navigators • Brokers • ?	• **1332 Waiver-** N/A • **Non-Waiver**- Assistance to help families access financial tools to pay premiums
• **FFM website consumer usability**	• Navigators • Brokers		• Navigators • Brokers • ?	• **1332 Waiver-** Waive exchange and use carriers to directly enroll members* • **Non-Waiver**- Work with HHS to increase FFM accessibility
• **Consumer understanding of coverage**	• Navigators • Brokers		• Navigators • Brokers • ?	• **1332 Waiver-** N/A • **Non-Waiver**- Assistance to help families understand coverage

*** Note:** Current HHS/CMS guidance indicates limited flexibility for FFM states to modify exchanges with 1332 waivers unless states consider adopting a state-based exchange and additional administrative responsibilities and oversight

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Comments to CMS Regarding Verification of Special Enrollment Periods

Centers for Medicare and Medicaid Services (CMS) issued a request for comments regarding policy changes and potential additional actions regarding special enrollment period outreach and policy.

Responses were due by September 20, 2016. Task Force members were asked to share their responses (if any) as an informational item. The responses received are as follows:

- AI/AN individuals can enroll anytime throughout the year and will not be affected by this rule, so we will not be submitting comments.

- The current ACA risk pool is out of balance. Immediate regulatory changes are needed in 3 key areas to stabilize the risk pool by promoting continuous coverage and affordability. Specifically, CMS must:

- **Require upfront verification of special enrollment eligibility prior to coverage**
- **Recommendation:** CMS should immediately issue guidance allowing health plans to check eligibility, prior to enrollment, based on criteria developed by CMS. At the same time, CMS should begin to build an automated system (which could take up to 18 months) to do upfront verification prior to enrollment.

Comments to CMS Regarding Verification of Special Enrollment Periods

- **Require payment of outstanding premiums before reenrolling on the exchange:**

  Recommendation: CMS should immediately issue guidance to require people who fall into a grace period to pay all outstanding premiums and become whole with an issuer before reenrolling with that same issuer. At the same time, Congress and the Administration should work on legislation to allow states to determine the length of the grace period.

- **Issue an interim final rule to stop the inappropriate steering of Medicare and Medicaid eligible individuals to private coverage**

  Recommendation: CMS should use responses to their recent RFI to immediately issue an Interim Final Rule to prevent third party payment by, or on behalf of, entities with a pecuniary interest in the payment of health insurance claims and take steps to prevent the selective shifting of Medicare and Medicaid beneficiaries into private coverage. CMS should also codify existing guidance encouraging plans to reject such third party payments for all ACA enrollees, not just those eligible for Medicare and Medicaid.

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1332 Task Force Timeline

◆ Milestone

Date	Milestone	Task
5/2016	◆	Legislative and Gubernatorial Approval to Research 1332 State Innovation Waiver and Form 1332 Task Force
8/1/2016		Form 1332 Task Force and Schedule Monthly Meetings; Regulatory Research Begins
8/30/2016		First 1332 Task Force Meeting, Identify Problems and Supporting Data Sources, Data Requests
9/2016		Second 1332 Task Force Meeting, Data Presented, Recommendation Development Begins
10/2016		Third 1332 Task Force Meeting, Recommendation Finalized
11/2016	◆	Fourth 1332 Task Force Meeting, Assess Recommendation Impacts
11/2016	◆	Public Review Period Begins, Draft of 1332 Policy Recommendations Concept Paper Available for Public Review
12/2016	◆	Fifth 1332 Task Force Meeting, Public Comments Incorporated
1/2017		Sixth 1332 Task Force Meeting, Federal and State Review of Concept Paper
2/2017	◆	Seventh 1332 Task Force Meeting, Concept Paper Finalized, Next Steps Determined

Next Steps

- Questions to research
- Data follow up
- One on one discussion opportunity
- Task Force member attendance at next meeting
- Date/time/location of next meeting
- Meeting materials posted online https://ok.gov/health/Organization/Center_for_Health_Innovation_and_Effectiveness/1332_State_Innovation_Waiver_/index.html