COVERED CALIFORNIA

Plan Management and Delivery System Reform Advisory Group

October 29, 2013

AGENDA 1

Public comment will be taken after each agenda item

I. **Welcome and Agenda Review (Ellen Wu)** **12-12:10 (10 min.)**

II. **Staff Report** **12:10-1:00 (50 min.)**

A. **Go-Live: update, enrollment (Peter Lee -15 min.)**

B. **Implementation Issues (Tim Von Hermann – 10 min.)**

1. **Stakeholder – Plan Management Communications**
2. **Infrastructure Build**
3. **Provider Directory**

C. **Quality (Jeff Rideout, Leah Morris - 25 min.)**

1. **Report-back from October 15 forum**
2. **Future Forum topics**
3. **Quality Ratings – update**

AGENDA 2

Public comment will be taken after each agenda item

III. Calendar – 2013-14 (Casey Morrigan) 1:00-1:10 (10 min.)

- **Proposed Plan Management Advisory Committee meetings**

IV. 2015 Benefit Design Issues (Ellen Wu) 1:15-1:45 (30 min.)

1. **Update on multi-state plans**
2. **Applying DMHC network adequacy standards to CDI products**
3. **Member-level benefits (Split families) update**
4. **Deductibles in Exchange products**

V. Break 1:45-2:00 (15 min.)

VI. Pediatric Dental Policy Options (Casey Morrigan) 2:00-3:00 (60 min.)

- **(Note: Staff from Wakely Consulting will join us by phone)**

Send public comments to qhp@hbex.ca.gov

I. GO-LIVE UPDATE

Peter V. Lee, Executive Director

Covered California™ Launch Day — Oct. 1, 2013

Los Angeles

San Francisco

Rancho Cordova

Los Angeles

Ocean Beach

Fresno

COVERED CALIFORNIA SERVICE METRICS

	10/1-5	10/6-12	10/13-19	Cumulative
Unique Web Visits (.com)	1,142,874	602,539	486,678	2,232,091
Applications	n/a	n/a	n/a	125,929
Total Call Volume	65,884	45,785	45,110	156,779
Referred to County (Quick Sort)	5,094	6,618	6,348	18,060
Average Daily Call Volume	13,177	7,631	7,518	n/a
Average Wait Time	11.7 min	1.9 min	45 sec	4 min, 32 sec
Average Handle Time	17.4 min	14.6 min	15.2 min	n/a

II. STAFF REPORT

Tim von Herrmann, Consultant, Plan Management

Stakeholder Engagement

Goals

- Allow Covered California to develop early and frequent insights into issues and concerns of our public stakeholders
- Allow additional venues for our stakeholders to informally share perspectives

Approach

- Frequent 1:1 meetings
- Informal roundtable discussions on periodic basis (targeting every two weeks)
  - Rotating location most convenient to attendees
  - Variable agenda (general or targeted or a blend)
  - Voluntary attendance
- Input on discussion topics and meeting formats welcomed
  - *Dedicated email box will be established and communicated*

Plan Management Infrastructure Build

Goals

- Develop and document standardized Plan Management operating processes to enhance the efficiency and effectiveness of the organization

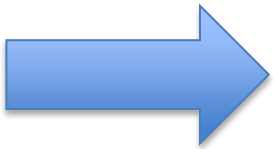
Process Build-out Categories

- Plan Compliance
  - Compliance with Model Contract
  - Recertification / Decertification
  - QRS Reporting
  - Rate Submission Management
- Reporting
  - Federal and California
  - Plan Performance
- Solicitation
- Communications
  - Internal Plan Management
  - CalHEERS / Plans
- Plan Support
  - Complaint and Issue Management
  - Technical assistance to Plans

Provider Information and Provider Directory Update

Working Now

- Doctor-only Search
  - First name
  - Last name
  - First and last name
  - Zip code



Returns doctor's address and associated health plan

(Similar for dentist search, but without the associated dental plan)

In The Pipeline

- Multi-provider Directory
  - Simple, accurate, limited-functionality
- Deep-dive plan to identify and remedy underlying issues current Provider Directory problems
  - Data issues, functionality issues, process issues

Provider Information and Provider Directory Update- Short Term Fixes

Key Task	Goal	Target Date
Create single CCA PM point of contact for review of concerns with existing search	Ensure comprehensive cataloging and fix process for all identified issues regardless of source	October 31
Add Physician Specialty Codes	Improve Provider Search Information	November 15- post load from Oct
Multi plan directory	Physician and Hospital (only) composite information for external parties	November 15
Plan and Exchange product specific URLs from plan information	Allow consumers direct path from enrollment site to plan specific provider directory information	Deferred due to more pressing CalHEERs priorities and lack of specificity in plan submitted URLs
“Medical group” identification	Allow enrollees to search via key organizational names (clinician only)	Rolling out beginning in mid November through end of 2013

III. QUALITY

Jeff Rideout, Medical Director

V. BREAK

Send public comments to qhp@hbex.ca.gov

OPTIONS FOR COVERED CALIFORNIA TO OFFER PEDIATRIC DENTAL COVERAGE IN 2015

JON KINGSDALE, PH.D.& STEVE WESSLING, ASA, MAAA

OCTOBER 29, 2013

Problem Statement

- **Major Problems**
  - APTCs do not cover the cost of SADPs
  - Many children<19 may not enroll in SADPs

- **Other Issues**
  - SB 639 requires two OOPMs for SADP+9.5≤$6,350 {+ inflation] as of 2015
  - SADP+9.5 on-exchange differs from off-exchange options
  - ACA's consumer protections do not apply to SADP

Cost-Sharing Designs for Today's Discussion

- **OOPMs for 10.0 EHBs**
  - 2 "side-by-side" OOPMs
  - 1 OOPM (req. for HDHPs)
  - 2 integrated OOPMs

- **Value of separate dental deductible**

Impact of Two Separate OOPMs on Bronze/Silver Plans under SB 639

How does would a decrease of $1,000 in the OOPM change the AV for the Silver and Bronze Standard Plan CA plan designs?

	Actuarial Value			Plan design Δ required to get back to original AV
Standard CA Plan Design	Original	W / $1,000 ↓ in OOPM	Change	
Silver	68.7%	69.7%	+1.0%	$5 increase in Drug Copays
Bronze	60.4%	63.1%	+2.7%	Difficult to have Bronze

Results

For the Silver (coinsurance) plan, the change in the OOPM can be offset with increases in member cost sharing for other services.

Because the Bronze plan has an integrated medical & deductible of $5,000 that applies to all services, it's very difficult to have a Bronze plan with a $5,400 OOPM.

Side-by-side OOPMs really only work for Gold & Platinum Plans

Cost-Sharing Designs

Pediatric Dental Options - Actuarial Value Comparison				
	A	B	C	D
	Stand Alone Medical and Dental	Embedded - Single OOPM	Embedded - Single OOPM + $60 Dental Deductible	Embedded - Multiple OOPM + $60 Dental Deductible
Annual Costs				
Member Cost	$ 783	$ 905	$ 804	$ 792
Medical	$ 634	$ 609	$ 644	$ 644
Dental	$ 149	$ 295	$ 160	$ 148
Child AV	61.0%	54.9%	59.9%	60.5%

Inferences:

Elimination of dedicated dental deductible (B) represents a material increase in OOP costs for children

Addition of multiple OOPM (D) provides protection to high dental utilizers at relatively low cost

Assumptions:

Medical Plan is Silver with $900 Deductible, 30% coinsurance, and $6,350 OOPM

Stand alone dental plan is Standard California PPO Low Option

How to Assure 2nd Lowest QHP has 10.0 EHBs & Kids have Dental?

- **Change/waiver in CMS regulations**
- **Work with issuers to solicit 10.0 embedded EHBs only**
- **Solicit embedded 10.0 and 9.5 plans, except for the Silver level**
- **Screening for pedi-dental at "check-out"**

THANK YOU

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