



Best Practices in Marketplace Design

Health Center and Public Housing Symposium

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About This Tool

How to Use This Tool

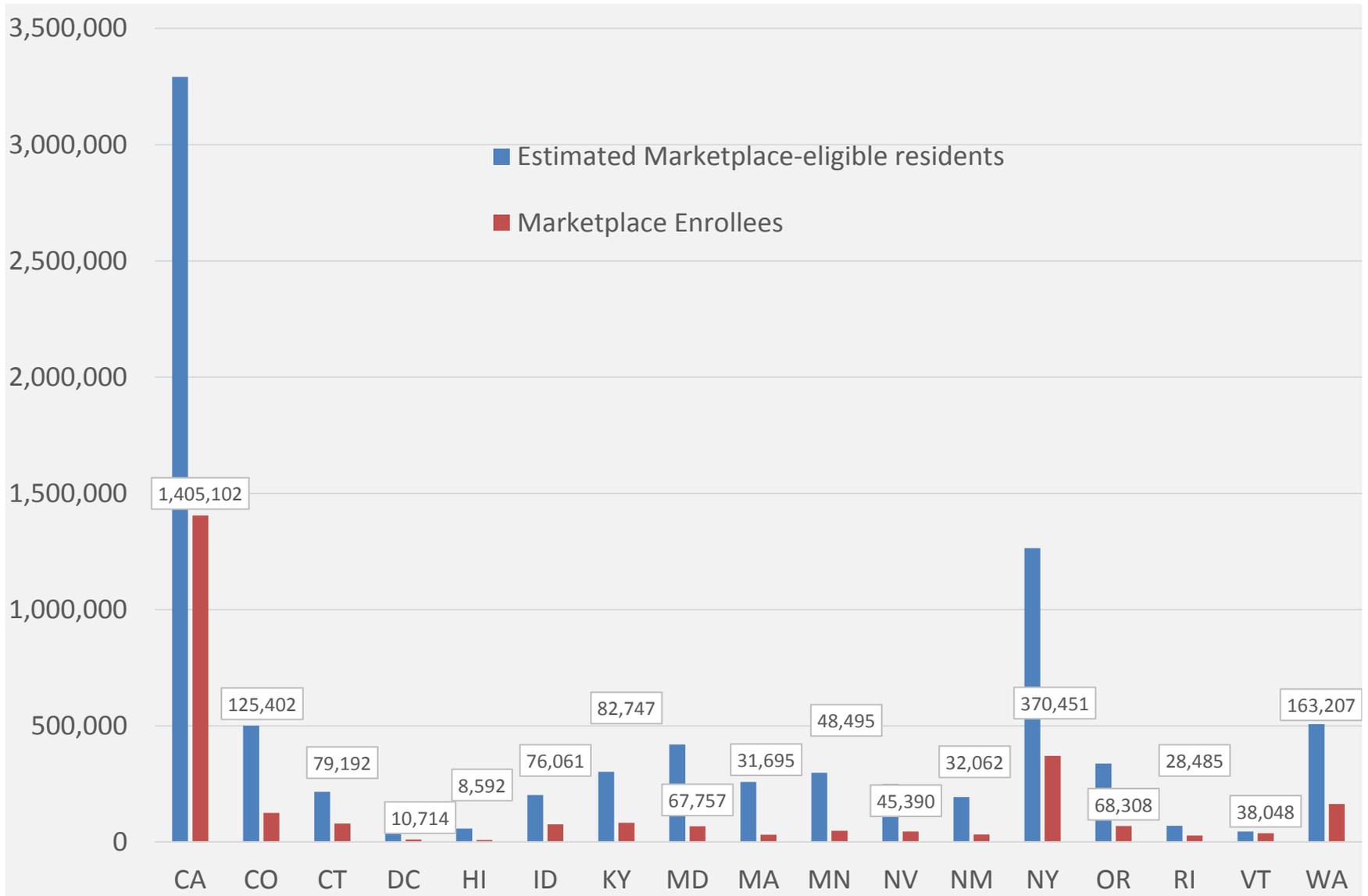
Previous State | Next state | Select State for Comparison: None | [Download Spreadsheet](#)

- Categories**
- Marketplace Structure (MS) ▶
 - Eligibility and Enrollment (EE) ▼
 - EE 1 Outreach and education plans
 - EE 2 Call center
 - EE 3 Live chat?
 - EE 4 Browse before applying?
 - EE 5 Language Access
 - EE 6 Marketplace and Medicaid ...
 - EE 7 Marketplace Medicaid dete...
 - EE 8 Standardized application ...
 - EE 9 Programs in application
 - EE 10 Adjusting APTC
 - EE 11 Plan filtering and sorting
 - EE 12 Premium billing and coll...
 - EE 13 Premium payment methods
 - EE 14 Grace period for non-APT...
 - EE 15 Premium underpayment tol...
 - Consumer Assistance (CA) ▶
 - Brokers (BR) ▶
 - Plan Management (PM) ▶
 - Plan Offerings (PO) ▶
 - SHOP (SH) ▶

Question		California	Colorado	Connecticut
Marketplace Structure (MS)	MS 1 Marketplace type	State-based Marketplace	State-based Marketplace	State-based Marketplace
	MS 2 Marketplace name	Covered California	Connect for Health Colorado	Access Health CT
	MS 3 Marketplace website	www.coveredca.com	www.connectforhealthco.com	www.accesshealthct.com
	MS 4 What is the Marketplace governance model? a. New or existing government agency b. Quasi-governmental agency c. Non-profit organization	b. Quasi-governmental agency	c. Non-profit organization	b. Quasi-governmental agency
	MS 5 What is the Marketplace's standards for industries/entities with a conflict of interest (e.g. issuers, brokers, providers) serving on the Governing Board (if one exists)? a. Prohibits b. Permits c. Requires d. Other	a. Prohibits (issuers, brokers, providers)	b. Permits (issuers cannot comprise a majority)	a. Prohibits (issuers, brokers, providers)
	MS 6 What is the projected annual budget amount for ongoing Marketplace operations?	\$240 million - \$300 million	\$26 million	\$34 million

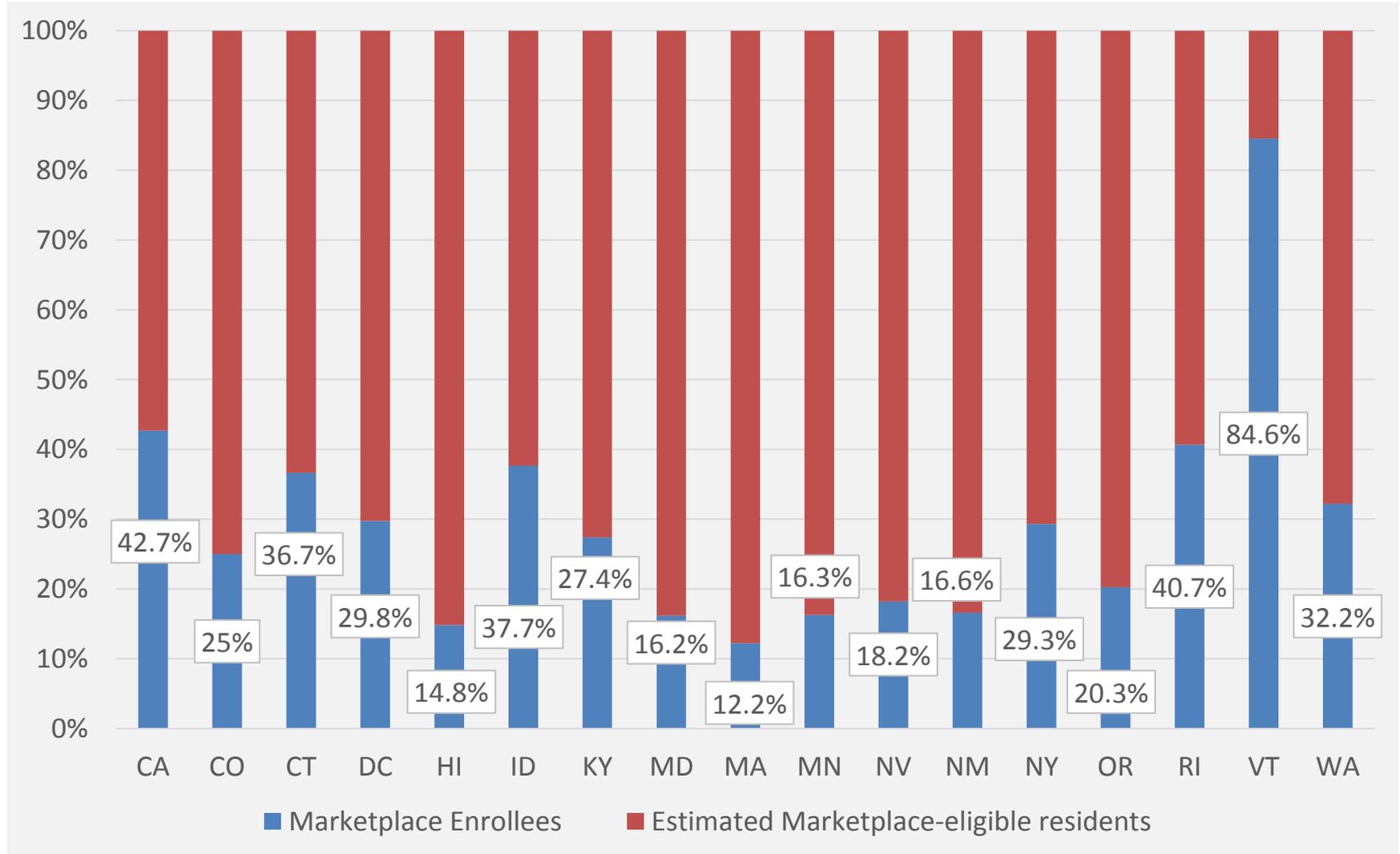


State-based Marketplace Enrollment



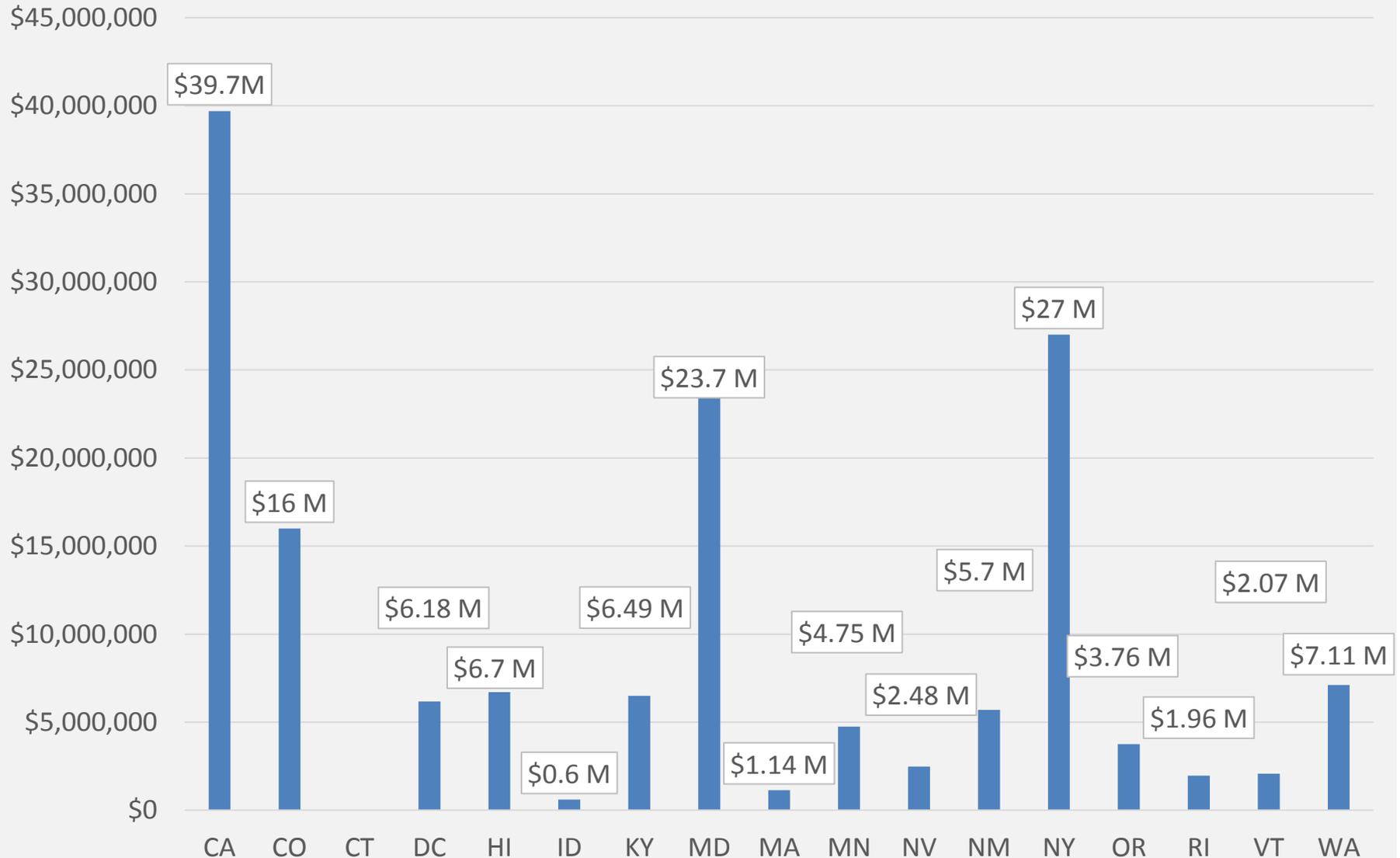


State-based Marketplace Enrollment (%)





State Consumer Assistance Funding





Plan Display (Connect for Health Colorado)



[Apply for Coverage](#)

[Find a Plan](#)

[My Account](#)

[Learn More](#)
[Get Assistance](#)

Individual and Family Plans

Quick Filters

Plan Quick Filters
Use the filters below to narrow your plan search results.

Reset All Apply Filter

Search by Providers
[Provider Look-up](#)

Only show plans that include:

MONTHLY PREMIUM
\$178⁰⁴ to \$510¹⁴

Annual Deductible (Per Person)
\$0⁰⁰ to \$6,300⁰⁰

Annual Deductible (Per Family)
\$0⁰⁰ to \$12,600⁰⁰

The rates shown below are based on the age, tobacco use status and zip code 80203 provided for the family members you identified. The start date for coverage under the plans below is 07/01/2014. The rates you pay may be significantly lower if you are eligible for financial assistance. [Make Changes](#)

Find a Health Plan

Sort By ▼

Rollover help is available for most of the terms below. Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as advance premium tax credits (APTC) or reduced copays and deductibles. [Start your application](#) to see if you are eligible for any of these assistance programs.

Compare 0 Plans
Save and Continue to Checkout

[View More Plans Here](#) ↻

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT OF POCKET COSTS	1-10 of 78 ◀ ▶
\$178 ⁰⁴	 ★★★★★ <input type="checkbox"/> Select to compare	KP CO Bronze 5000/30%/HSA Preferred Drug List HMO/BRONZE	\$5,000 ⁰⁰ / Person \$10,000 ⁰⁰ / Family	Annual Max. Costs \$6,350 ⁰⁰ / Person \$12,700 ⁰⁰ / Family Est. Costs based on Use N/A	👁️ 🗨️ 📄 📥 Add To Cart
\$185 ⁴⁶	 ★★★★★ <input type="checkbox"/> Select to compare	KP CO Bronze 4500/50/HSA Preferred Drug List HMO/BRONZE	\$4,500 ⁰⁰ / Person \$9,000 ⁰⁰ / Family	Annual Max. Costs \$6,350 ⁰⁰ / Person \$12,700 ⁰⁰ / Family Est. Costs based on Use N/A	👁️ 🗨️ 📄 📥 Add To Cart
\$194 ⁵⁰	 Rating in progress	HealthOp Bear EPO Preferred Drug List	\$5,500 ⁰⁰ / Person \$11,000 ⁰⁰ / Family	Annual Max. Costs \$6,350 ⁰⁰ / Person	👁️ 🗨️ 📄 📥



Plan Display (healthcare.gov)

The screenshot shows the healthcare.gov interface for plan selection. The top navigation bar includes 'Application', 'Eligibility Results', and 'Enroll'. Below this, there are filters for 'Select a health plan for Group 0', 'Eligible Plans', 'Saved Plans 0', and 'Compare plans 0'. The main content area displays a plan for 'CareFirst BlueChoice, Inc. BlueChoice HSA Silver' with a premium of '\$1,300'. The plan is an HMO, Silver tier, with a National provider network. A 'Premium ranges' pop-up is open, showing options for monthly cost ranges: \$0 - \$100 (0), \$101 - \$200 (2), \$201 - \$300 (24), \$301 - \$400 (12), \$401 - \$500 (2), and \$501+ (0). The 'CHANGE' button for the premium range filter is highlighted with a red box. Other filters include 'Cost-sharing reduction plans', 'Yearly deductible', 'Out-of-pocket maximum', and 'Coverage details'. A 'SAVE' button is visible at the bottom of the pop-up.

Source: Health Insurance Marketplace, healthcare.gov



Plan Filtering and Search Terms

	CA	CO	CT	DC	KY	MD	MA	MN	NV	NY	OR	RI	VT	WA
Metal tier	X	X	X	X	X	X	X	X	X	X	X	X		X
Premium	X	X	X		X	X	X	X	X		X	X	X	X
Deductible		X	X	X	X	X	X	X	X			X		X
OOP Maximum		X			X									X
Cost-sharing						X			X			X		
Provider	X	X			X	X	X			X	X			
Carrier	X	X	X	X	X	X	X		X	X	X	X	X	X
Quality rating			X		X						X			X



Total Out-of-Pocket Calculator



The chart below provides an estimate of the out-of-pocket cost for each person, each month. If you are Very Healthy or Healthy, your out-of-pocket costs are expected to be much lower than if you are Managing Chronic Conditions or Managing Complex Health Conditions.

Estimates of your monthly Out-of-Pocket costs for Health Care Services

Your Health Status	Very Healthy	Healthy	Managing Chronic Condition	Managing Complex Chronic Condition
PERCENT OF POPULATION	Combined 65% - 70%		20% - 25%	5% - 10%
Average health care services used each year	1 illness or injury per year (office visit, lab test, plus medication)	Regular check-ups with lab tests or x-rays, 1 illness or injury each year, 1 routine medication	Monthly doctor visits, periodic lab and diagnostic tests, and 3 routine medications	2+ doctor visits per month, 4+ medications, outpatient services, services and 1 more hospitalizations
STANDARD PLANS				
Platinum ⁹⁰	\$8	\$33	\$83	\$333
Gold ⁸⁰	\$17	\$50	\$117	\$529
Silver ⁷⁰	\$25	\$67	\$150	\$529
Bronze ⁶⁰	\$50	\$150	\$375	\$529
Min. Coverage Plan	\$50	\$150	\$375	\$529



Premium Payment Methods

	CA	CO	DC	ID	KY	MD	MA	MN	NV	NM	NY	OR	RI	VT	WA	FFM
Check*	X	X	X	X	X	X	X	X	X	X	X	X		X		X
Cash	X								X							
ACH	X						X		X				X		X	
EFT*	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X
Credit Card	X		X					X	X						X	
Debit Card	X		X						X						X	
Money Order*	X	X		X	X	X	X	X	X	X	X	X	X	X		X
Pre-paid debit*	X	X		X	X	X		X	X	X	X	X				X

* Minimum federal requirements

Note: Information for Connecticut and Hawaii is not available.



Customer Service Features

	CA	CO	CT	DC	HI	ID*	KY	MD	MA	MN	NV	NM*	NY	OR	RI	VT	WA
Adjust the APTC amount	X	X	n/a	X	n/a	X	X	X		X							
Live chat feature	X				X		X						X				
Apply online in Spanish	X	X			X	X	X				X	X					X
Browse plans before applying	X	X	X			X	X		X	X	X	X		X	X		X
Quality rating displayed in 2014	n/a	X	n/a	X	n/a			X	X			n/a	X	X	X		
Navigator website portal			X	X			X				X		X	X	X	X	X

* Using healthcare.gov application site for 2014



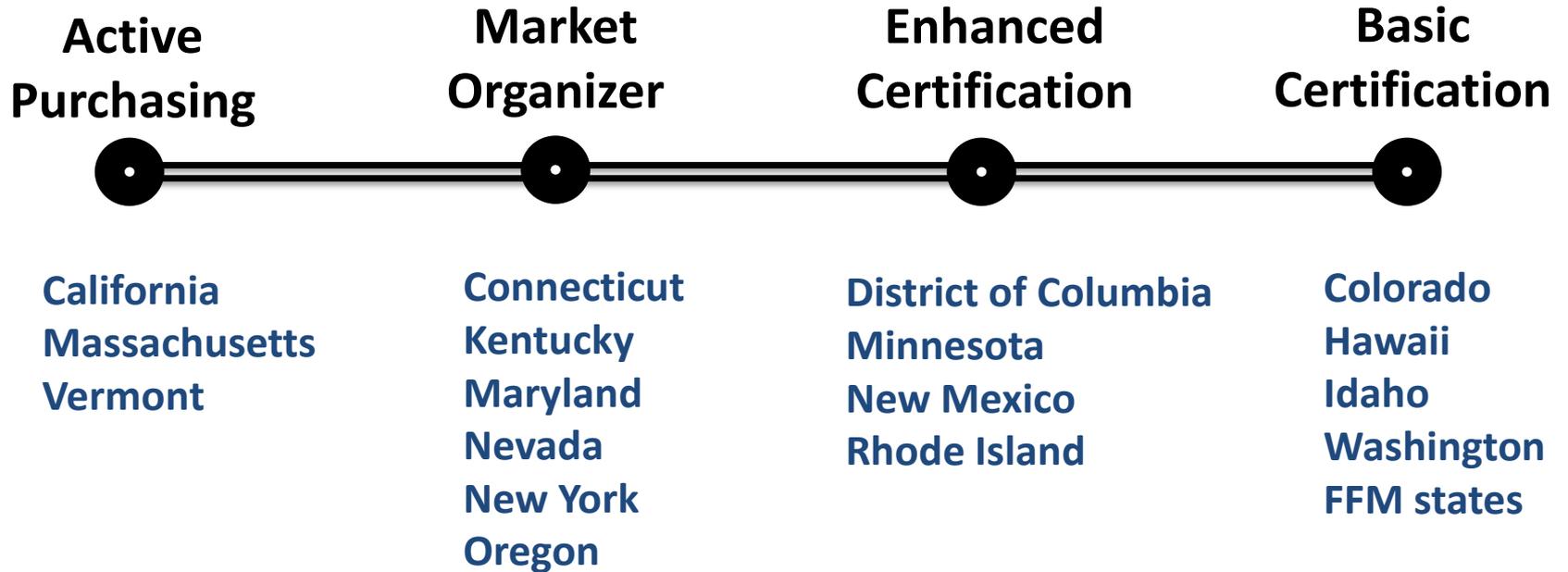
QHP Certification Process



QHP Certification Model	Certification Standards or Characteristics
Active Purchasing	Uses a competitive procurement process, limits which issuers and plans can be sold
Market Organizer	Requires standardized plan design, limits # of plans per tier per issuer
Enhanced Certification	Requires Bronze and/or Platinum to be sold, has state-developed standards for meaningful difference, network adequacy and/or ECPs beyond federal minimums
Basic Certification	Applies federal minimum requirements



QHP Certification Process





Comparing Qualified Health Plans

	Standard Silver Point of Service (POS)  Remove from comparison	Anthem Silver DirectAccess - cdne  Remove from comparison	Healthy Partner Max  Remove from comparison
Plan Overview			
Estimated Monthly Premium	\$302.31 Price after estimated \$0.00 tax credit	\$315.47 Price after estimated \$0.00 tax credit	\$347.02 Price after estimated \$0.00 tax credit
Plan Level	<input type="radio"/> Silver	<input type="radio"/> Silver	<input type="radio"/> Silver
Cost Sharing Overview: Member Pays			
Deductible	<u>Individual</u> In-Network: \$3000 Out-of-Network: \$6000 <u>Family</u> In-Network: \$6000 Out-of-Network: \$12000	<u>Individual</u> In-Network: \$2400 Out-of-Network: \$6500 <u>Family</u> In-Network: \$4800 Out-of-Network: \$13000	<u>Individual</u> In-Network: \$3000 Out-of-Network: \$6000 <u>Family</u> In-Network: \$6000 Out-of-Network: \$12000
Out-Of-Pocket Maximum	<u>Individual</u> In-Network: \$6250 Out-of-Network: \$12500 <u>Family</u> In-Network: \$12500 Out-of-Network: \$25000	<u>Individual</u> In-Network: \$5000 Out-of-Network: \$9750 <u>Family</u> In-Network: \$10000 Out-of-Network: \$19500	<u>Individual</u> In-Network: \$6250 Out-of-Network: \$12500 <u>Family</u> In-Network: \$12500 Out-of-Network: \$25000
Primary Care Physician Copay	In-Network: \$30 copay Out-of-Network: 40% coinsurance after Deductible	In-Network: \$30 copay. See Detailed Plan Documents for Limits & Exclusions Out-of-Network: 30% coinsurance after Deductible	In-Network: \$30 copay Out-of-Network: 40% coinsurance after Deductible
Specialist Copay	In-Network: \$45 copay Out-of-Network: 40% coinsurance after Deductible	In-Network: 0% coinsurance after Deductible Out-of-Network: 30% coinsurance after Deductible	In-Network: \$45 copay Out-of-Network: 40% coinsurance after Deductible

Source: access health CT



Standardized Plan Design Example (California)

STANDARD BENEFITS FOR INDIVIDUALS				
Key benefits	Bronze 60	Silver 70	Gold 80	Platinum 90
	Benefits in Blue are Subject to Deductibles		Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Individual Deductible	\$5,000 deductible for medical & drugs	\$2,000 medical deductible \$250 brand drug deductible	no deductible	no deductible
Family Deductible	\$10,000 deductible	\$4,000 medical deductible \$500 brand drug deductible	no deductible	no deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit	no cost at least 1 yearly visit	no cost at least 1 yearly visit	no cost at least 1 yearly visit
Primary Care Visit Copay	\$60 ²	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120 ²	\$90	\$60	\$40
Generic Medication Copay	\$19	\$19	\$19	\$5
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
High cost and infrequent services (e.g. Hospital Stay)	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery - \$600 Hospital - \$600/day up to 5 days PPO - 20%	HMO Hospital - \$250/day up to 5 days PPO - 10%



Standardized Plan Design

Standardized Plan Policy	State (Tier)	# of States
Standardized Plan required	California* (P, G, S, B, C) Connecticut (P, G, S, B**) Massachusetts (2P, 3G, S, B) New York (P, G, S, B, C) Oregon (G, S, B) Vermont (P, G, 2S, 2B)	6
Standardized Plan possibly in development for future plan years	District of Columbia Minnesota	2
No Standardized Plan required	Colorado, Hawaii, Idaho, Kentucky, Maryland, Nevada, New Mexico, Rhode Island, Washington, FFM states	43

Note: P = Platinum, G = Gold, S = Silver, B = Bronze, C = Catastrophic

* The California Exchange allows insurers to only sell the standardized plan design for each metal tier

** Connecticut will be requiring 2 Bronze standardized plan designs in 2015



Standardized Plan Design (Connecticut Enrollment)

Silver Plans

Silver Plans:
36,253 = 60%
of Total QHP
Enrollment

Plan Type	Enrollment In Silver Plans	Percent of Silver Plan Enrollment
Silver Non-Standard (NS)	3,758	10%
Silver NS - 73% CSR	1,008	3%
Silver NS - 87% CSR	899	3%
Silver NS - 94% CSR	1,467	4%
Silver Standard	8,529	24%
Silver Standard - 73% CSR	4,429	12%
Silver Standard - 87% CSR	8,106	22%
Silver Standard - 94% CSR	8,057	22%
TOTAL	36,253	100%



Standardized Plan Design (Connecticut Enrollment)

Gold Plans

Gold Plans:
13,226 = 22%
of Total QHP
Enrollment

Plan Type	Enrollment In Gold Plans	Percent of Gold Plan Enrollment
Gold Non-Standard (NS)	2,734	21%
Gold Standard	10,492	79%
TOTAL	13,226	100%



Standardized Plan Design (Connecticut Enrollment)

Bronze Plans

Bronze Plans:
9,857 = 16%
of Total QHP
Enrollment

Plan Type	Enrollment In Bronze Plans	Percent of Bronze Plan Enrollment
Bronze Non-Standard (NS)	7,830	79%
Bronze Standard	2,027	21%
TOTAL	9,857	100%



Meaningful Choice

Plan Limits per Tier

Plan Limit Policy	State (Limit per Tier)	# of States
Limits number of plans each insurer can offer per tier	Connecticut (3)** Kentucky(4) Maryland (4) Massachusetts (7) Nevada (5) New York (4) Oregon (3-5)	7
No limit	California*, Colorado, District of Columbia, Hawaii, Idaho, Minnesota, New Mexico, Rhode Island, Vermont, Washington	10

* California employs an active purchasing/competitive purchasing model which allows the Marketplace to determine the number of plans that can be sold by each carrier in each tier.

** Connecticut will allow 4 plans per tier in 2015



Tobacco Rating

Tobacco Rating Policy	States	# of States
Prohibit (1:1)	California Connecticut District of Columbia Massachusetts New York Rhode Island Vermont	7
Narrowed	Arkansas (1.2:1) Colorado (1.15:1) Kentucky (1.4:1)	3
Permit (1.5:1)	Hawaii, Idaho, Maryland, Minnesota, Nevada, New Mexico, Oregon, Washington, FFM states	41



QHP Network Adequacy

- Network Adequacy Standards
 - Time and distance
 - Appointment wait times
 - Provider to enrollee ratios
- Essential Community Provider (ECP) Standards
 - % of ECPs in service area
 - Any willing provider requirement



QHP Network Adequacy

- QHP Network Transparency
 - Frequency of updates
 - Uniform online provider search tool across all carriers
 - Standardized template for provider counts by region
 - Labeling of network size
- Monitoring and Enforcement
 - Complaints to DOI
 - Geo mapping
 - Outlier analysis
 - Secret shopper



Health Reform: Designing a Marketplace

<http://www.cbpp.org/cms/index.cfm?fa=view&id=4123>

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