New Hampshire Insurance Department
Presentation Overview

• Insurance Department role and resources
• How health insurance markets work
• 2014 health insurance changes
• New Hampshire Health Insurance Marketplace
• Decision points for businesses and individuals
• Resources for further questions
New Hampshire Insurance Department
Health Policy Resources

- NH Comprehensive Health Information System (NHCHIS)
  - Detailed claims data
- NH Supplemental Report - annual
- Rate review filings
- Special data requests (annual hearing report)
- National survey data
- Other financial filings
NH’s Health Insurance Markets

• About 55% of “insured” people covered by self-funded employers
• 76% of people covered by large employers
  • Of those people, 29% are regulated as insured (140,000)
• 24% of people in small employers or individual products
  • 110,000 small employer member
  • 40,000 individual members
Health Insurance Carrier/TPA  
Member Distribution by Funding

- Golden Rule  
- American Republic  
- Celtic  
- NovaSys_Health  
- United  
- HealthMarkets  
- Assurant  
- Usable  
- MVP  
- Aetna  
- Harvard Pilgrim  
- CIGNA  
- Anthem

- Fully-Insured Members  
- Self-Insured Members
Competition in Health Insurance Markets

Health insurance is different from other insurance or products - why?

• Too many companies can result in higher premiums
• Buyers plan to use their insurance
• Benefit design impacts use of coverage
• Concentrated bargaining power
  • Health care providers
  • Insurance companies
Factors in Insurance Company Competition

Main Factors:
• Medical claims costs
  • Provider contracts
• Insured population health status

• Other Factors:
  • Membership
  • Underwritten & self-funded
  • Organizational efficiency
  • Return on Investments
  • Customer service
Provider Discounts – What are they?

- Health care providers develop charges for medical services
  - Charges may be extremely specific or by procedure
    - Medication, surgical supplies, laboratory services
    - Incisions, excisions, endoscopies
- Health insurance companies and health care providers negotiate payment rates
  - Payment rates may be based on a discount from charges, procedure, or an alternative reimbursement method, such as per diems or per case
  - Patient cost sharing is dependent on the negotiated rate
The significance of discounts...

- Two carriers have similar insured populations, the same premiums, and a ninety percent loss ratios, but:
  - Carrier RED obtains an average provider discount equal to 31 percent
  - Carrier GREEN obtains a 34 percent discount
  - Result = the administrative cost portion of the premium would need to be forty percent less for carrier RED to be competitive with GREEN
Provider Discounts and Market Share for PPO Products in New Hampshire

Source: NHCHIS CY2011
Population Health Status

- Population health status has a dramatic impact on health insurance premiums
  - The reason for age/gender or population based risk adjustment
- Health status is influenced by many factors, including: environment, genetics, diet, demographics, educational background, access to medical care, and behaviors
- Health status is correlated with socioeconomic status
New Hampshire-specific Medical Care Cost Analysis

- Annual premium rate review hearings
- Supplemental report
- Analysis of delivery system costs
Health Insurance Premiums

- Recent Trends
  - 2011 increase = 4%
    - 2011 benefit reduction = 5%
  - 2010 increase = 3%
    - 2010 benefit reduction = 10%
Medical Costs Drive Premiums

- Medical cost trend includes price, utilization, and service mix changes
- Overall 2011 trend equal to 3%
  - Down from 9-11% in 2009
- Utilization decrease of 2% in 2010 and 2011
- Payments to providers increased 5% in 2010 and 2011
What About Cost Shifting?

• Research commissioned by the Department did not show an association between Medicaid patient volume and higher commercially insured rates at particular hospitals.

• Lower outpatient commercial prices were associated with a higher percent of:
  • Medicaid inpatient days
  • Medicaid inpatient discharges

• Higher inpatient commercial prices were associated with:
  • Occupancy rate
  • Hospital cost per commercial discharge
  • Medicare percent of inpatient charges
  • Casemix index for commercial discharges and for all discharges
Network Adequacy and Delivery System Capacity

- RSA 420-J:7 Network Adequacy (Ins 2700)
- What is happening in the delivery system?
  - Investment in Community Health Centers
  - Increased use of mid-level providers (NPs, PAs), health coaches, and community health workers
  - Telemedicine
  - Hospitalists
  - Urgent care centers and walk in clinics
  - Accountable Care Organizations and medical homes
  - Hospital services provided in non-traditional settings
  - Incentives exist for restructuring the delivery system with a lower cost structure
2014 Changes to Insurance
Health Reform Timeline (timeline slide courtesy of NAIC)

Implementation Timeline

---|---|---|---|---|---|---|---
Temporary High Risk Pool Program
Temporary Reinsurance Program For Early Retirees
Immediate Reforms:
• No Lifetime Limits
• Restricted Annual Limits
• Restrictions on Rescission
• First Dollar Coverage of Preventive Services
• Extended Dependent Coverage
• Internal/External Review
• No Pre-Existing Conditions for Children
• Disclosure of Justifications for Premium Increases
Medical Loss Ratios with Rebates
Market Reforms
• Guaranteed Issue
• No Pre-Existing Condition Exclusions for Adults
• Rating Rules
• Essential Benefits Plans
• No Annual Limits for Essential Benefits
Exchanges
Subsidies
Individual/Employer Mandates
Co-Op Plans & Multistate Plans
Risk Adjustment
Individual Market Reinsurance Program & Risk Corridors
What’s New in 2014?

• Individual mandate
• New rules for individual and small group market
  • Essential health benefits
  • New rating factors for calculating premiums
  • Metal levels
• “The Marketplace” and SHOP Exchange
• Subsidies for individuals
• Employer coverage in 2014 and after
The Individual Mandate

• As of 2014, every individual must have health insurance coverage or pay a penalty.
  • Coverage includes employer coverage, individual major medical coverage, Medicaid, Medicare.
  • Limited exemptions to penalty requirement (e.g., low income)
• Administered and enforced by IRS
• Penalty amount:
  • 2014: $95 per household member (up to $285) or 1% of income (whichever is higher).
  • 2015: $325 per household member (up to $975) or 2% of income (whichever is higher).
  • 2016: $695 per household member (up to $2095) or 2.5% of income (whichever is higher).
  • After 2016 – cost of living adjustments
• Goals:
  • Get everyone covered
  • Improve stability of insurance risk pool
Essential Health Benefits

The ACA requires coverage of services in 10 categories:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity & newborn care
5. Mental health and substance abuse disorder services, incl. behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services
8. Laboratory services
9. Preventative and wellness services and chronic disease management
10. Pediatric services, including oral and vision care
Essential Health Benefits

• All plans in the individual and small group markets must cover the Essential Health Benefits (EHBs).

• Matthew Thornton Blue chosen as NH’s EHB benchmark.

• Medicaid must cover the same ten services, but has a different benchmark.
Metal Levels

• Metal levels are a way to help consumers understand the relationship between premium levels and cost sharing.

• Plan levels of coverage vary depending on the metal level:

<table>
<thead>
<tr>
<th>Levels of Coverage</th>
<th>Plan pays on Average</th>
<th>Enrollees Pay on Average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Silver</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Gold</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Platinum</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

• All plans cover the same services (EHBs).

*amount based on average cost of an individual; may not be the same for every enrolled person.
New Rating Factors

• **Individual** market - pre-2014 allowable factors:
  • Age, Health Status, Tobacco Use
  • Membership Tier (e.g. family plan)

• **Small group** market - pre-2014 allowable factors:
  • Age, Group Size, Industry
  • Membership Tier (e.g. family plan)

• 2014 Allowable factors (**same for both**):
  • Age (specified scale) at 3:1
  • Tobacco Use at 1.5:1
  • Membership Tier
    • **Member Developed Rates**
  • Geographic Rating – single area for NH
Implications of Individual and Small Group Market Changes

- Individual market looks more like current small group market, and vice versa:
  - **Guaranteed issue**, no health underwriting
  - **No pre-existing condition** exclusions
  - "**Per member**" rates consider characteristics of all covered persons (up to three children)
- **High Risk Pool no longer needed**, because all individuals are guaranteed coverage in the individual market.
- **Sole proprietors** use individual market
- **Limited open enrollment period** in individual market
  - October 1, 2013-March 31, 2014
  - October 15-December 7, 2014 (and after)
What is the Health Marketplace?

• The Health Benefit Marketplace, also known as the Exchange, is an online marketplace where individuals will be able to purchase health insurance.

• Low and moderate-income people using the Marketplace will be able to obtain payment assistance to help them buy health insurance.
  • Some may also get reductions on deductibles and other cost-sharing.
  • People can also use the Marketplace to enroll in Medicaid.
Small businesses will be able to use a separate marketplace called the **SHOP exchange** to provide health insurance to employees and to see if the business qualifies for a **small business tax credit**.

The Marketplace and SHOP will be open for enrollment in health plans beginning **October 1, 2013**.

- The coverage will take effect beginning **January 1, 2014**.
New Hampshire’s Marketplace Partnership

- New Hampshire’s Marketplace will be constructed and operated by the federal government (CMS/CCIIO) in accordance with federal standards.
- Under NH’s partnership model, the state will operate some specific functions that are related to traditional state roles.
- The individual and small group markets outside the Marketplace continue to exist.
Federal Marketplace Functions

The Marketplace set up by the federal government will perform the following tasks:

- **Maintain a website** to provide plan information and options in a standardized format.
- **Operate a toll-free hotline.**
- Administer the **tax credit** and transfer to the Treasury and employers a list of eligible employees.
- Make available a **calculator** to determine actual cost of coverage after subsidies.
- Administer the individual responsibility **mandate.**
- Establish a **Navigator** program that provides grants to entities that assist consumers.

The federal government will also set up the **SHOP** Exchange for small employers.

Plan Management

- **State role:**
  - Qualified Health Plan certification, including licensure and good standing, Essential Health Benefits, meaningful difference review
  - Collection and analysis of plan rate and benefit package information
  - Ongoing issuer oversight
  - Plan monitoring, oversight, data collection and analysis for quality
  - Assist consumers who have complaints about carriers or plans.

Consumer Assistance

- **Potential State roles include:**
  - State-specific outreach and education
  - Oversee conduct of Navigators
  - Possible supplemental in-person assistance program

- **Federal role:**
  - Call center operations
  - Website management
  - Written correspondence with consumers on eligibility/enrollment
  - Selection of Navigators

NH DHHS will continue to operate the state Medicaid program, including an interface with the Marketplace.
Plan Management

- The **plan management function** is well underway.
- NHID made recommendations to CCIIO on July 31, 2013 about which health plans qualify for sale on the Marketplace (QHPs).
  - Deadline for filing 2014 QHPs has passed; Multistate plans possible
  - Additional new carriers in 2015?
  - Rates and plans public: October 1
- NHID will regulate carriers and help consumers with plan issues.
Qualified Health Plans

• A Qualified Health Plan
  • Is offered by an issuer (insurance company) that is licensed by the state and in good standing
  • Covers Essential Health Benefits
  • Is offered by an issuer that offers at least one plan at the “silver” level and one at the “gold” level of cost sharing
  • Is offered by an issuer that charges the same premium rate whether the plan is offered on or off the Marketplace
  • Ensures access to an adequate range of clinicians
Key Questions for Individuals and Businesses

**Individuals**
- Am I required to have insurance in 2014?
- Is employer coverage available, sufficient and affordable to me?
- Do I qualify for financial assistance based on income?

**Businesses**
- Do I have 50 or more employees?
- Might I qualify for a small business tax credit?
- Might my employees qualify for financial assistance if I do not offer coverage?
- Does the coverage I offer provide minimum value and is it affordable to my employees?
Do I already have coverage?

**Minimum Essential Coverage**

- Employer-sponsored coverage (including retiree and COBRA coverage)
- Coverage purchased in the individual market
- Medicare Part A coverage and Medicare Advantage
- Most Medicaid coverage
- Children’s health Insurance Program (CHIP)
- Certain types of veterans health coverage administered by the Veterans Administration
- TRICARE
- Coverage provided to Peace Corps volunteers
- Coverage under the Nonappropriated Fund Health Benefit Program
Who Doesn’t Have to Pay the Fee?

Uninsured people don’t have to pay a fee if they:

- Would have qualified under the new income limits for Medicaid, but their state has chosen not to expand Medicaid eligibility
- Are determined to have suffered a hardship
- Are a member of a federally recognized Indian Tribe
- Participate in a health care sharing ministry
- Are a member of a recognized religious sect with religious objections to health insurance
Who Doesn’t Have to Pay the Fee? (continued)

Uninsured people don’t have to pay a fee if they:

• Are uninsured for less than 3 months of the year
  • Transition relief for those pending new plan year through employer
• Are determined to have low income and coverage is considered unaffordable
  • The minimum premium is more than 8% of household income
• Are not required to file a tax return because their income is too low
• Are not lawfully present
• Individuals who are incarcerated
Subsidy Availability

• Substantial subsidies are available through the Marketplace for those at 100%-400% of federal poverty (FPL).
  • Individuals: $11,490 - $45,960
  • Family of 4: $23,550 - $94,200
• Those under 100% FPL are not eligible for subsidies; the ACA presumed they would be covered by Medicaid.
• **THE CHASM:** Without the Medicaid expansion, those who aren’t currently eligible for Medicaid will have no access to coverage or subsidies.
Employer Coverage May Mean No Subsidy

People with access to employer coverage cannot receive a subsidy on the Marketplace unless the employer coverage is unaffordable or insufficient.

- **Insufficient**: employer sponsored health insurance plan does not meet minimum value
  - *Minimum Value*: Plan pays for 60% of the services and benefits

- **Unaffordable**: employee’s share of the premium for an individual plan exceeds 9.5% of household income

Types of Subsidies

• Financial help for working families includes:
  • **Tax credits** to health plans to pay premiums for qualified individuals
    • Premium Tax Credits
    • Advanced Tax Credits
  • **Reduced cost sharing** to lower out-of-pocket spending for health care
## Sliding Scale for Eligible Individuals

<table>
<thead>
<tr>
<th>Percentage of poverty line</th>
<th>Annual dollar amount (2013)</th>
<th>Premium contribution as % of income</th>
<th>Monthly premium contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 – 133%</td>
<td>$11,490 - $15,282</td>
<td>2%</td>
<td>$19 - $25</td>
</tr>
<tr>
<td>133 – 150%</td>
<td>$15,282 - $17,235</td>
<td>3 – 4%</td>
<td>$38 - $57</td>
</tr>
<tr>
<td>150 – 200%</td>
<td>$17,235 - $22,980</td>
<td>4 – 6.3%</td>
<td>$57 - $121</td>
</tr>
<tr>
<td>200 – 250%</td>
<td>$22,980 - $28,725</td>
<td>6.3 – 8.05%</td>
<td>$121 - $193</td>
</tr>
<tr>
<td>250 – 300%</td>
<td>$28,725 - $34,470</td>
<td>8.05 – 9.5%</td>
<td>$193 - $272</td>
</tr>
<tr>
<td>300 – 350%</td>
<td>$34,470 - $40,215</td>
<td>9.5%</td>
<td>$272 - $318</td>
</tr>
<tr>
<td>350 – 400%</td>
<td>$40,215 - $45,960</td>
<td>9.5%</td>
<td>$318 - $364</td>
</tr>
</tbody>
</table>
When can I enroll?

Marketplace Initial Open Enrollment
October 1, 2013 through March 31, 2014

• Annual Open Enrollment Periods after that start October 15 and end December 7
• Special Enrollment Periods available in certain circumstances during the year
Large v. Small Employers

• To determine whether subject to employer penalty in 2015:
  • Large = 50 or more full-time employees and/or full-time equivalents (FTEs)
    • Step 1: Count full-time employees (30+ hours per week),
    • Step 2: Count part-time employees by adding their hours per week and dividing by 30.
    • Step 3: Add 1+2
  • Employers with 1-50 employees/FTEs using the test above may use the SHOP Exchange.
  • Employers with 1-50 employees who are actually eligible (regardless of FTEs) for the employer-sponsored health coverage may use the small group market outside the SHOP Exchange.
Small Employers

Small employer options in 2014:
• Offer a **fully insured** plan through either:
  - The **SHOP** exchange (only way to access tax credit)
  - The private (off-exchange) **small group market**

• Offer a **self-funded** plan (if allowed by state law) where essential health benefits and metal level requirements don’t apply

• **Stop offering coverage** - Let employees buy on
  - The Marketplace (where they can access subsidies), or
  - The individual market (no subsidies)

There is **no penalty** for employers with under 50 FTEs that do not offer coverage, even in 2015.
Large Employers

**Large employer options in 2015:**
(penalty delayed 1 year)

- Offer health insurance that meets **minimum coverage** definition and is **affordable** to all employees
  - Can be either fully insured or self-insured
  - No essential health benefit or metal level requirements
- Offer coverage that does not meet minimum requirements and **pay penalty** if employees receive subsidy
- **Stop offering coverage**, let employees buy through the individual market or Marketplace, and **pay penalty** based on total number of employees
Large Employer Penalties

Large employers (50 or more FTEs)

• Penalties starting in 2015 for
  • 1. Not offering coverage
    • $2K per employee, minus first 30 employees
  • 2. Offering unaffordable or insufficient coverage
    • $3K per employee receiving subsidy
    • Cap – no greater than penalty #1 amount
    • No penalty for employees who qualify for Medicaid.

• Penalties apply to for-profit, non-profit and government entity employers
Consumer Assistance – federal resources

- Federal website (HealthCare.gov)
- Toll free call center
- NH-specific federal resources
  - Navigators
  - Certified Application Counselors
  - Qualified Health Centers
- Small Business Administration
- IRS
- Department of Labor
Consumer Assistance – state resources

- NH DHHS – will continue to administer Medicaid program, including customer service and eligibility determination
- NHID – consumer services, regulation of carriers and producers, outreach forums
- NH Health Plan
- Agents and Brokers
- Carriers
- Other outreach efforts
Navigators

- Federally funded to:
  - Raise awareness about the Marketplace
  - Help consumers understand health plan differences
    - Help consumers submit selections to the Marketplace
  - Provide culturally/linguistically appropriate information
  - Must complete web-based training

Cannot recommend a particular plan
Certified Application Counselors

- Organization must apply
  - Applications available on marketplace.cms.gov/help-us/cac.html
  - Web-based training available in late-August
  - Employees /Volunteers will be certified
- Similar activities to navigators
  - Consumer education and enrollment assistance
  - Agree to keep personal information private
- Health care providers, hospitals, social service agencies
Agents and Brokers

Agents and brokers may help

• In providing information on QHPs
• In helping people enroll
• Agent and broker training is now available
  • Must register with the Marketplace
• Only assister licensed to recommend a particular plan
Federal Resources

U.S. Department of Health and Human Services
Health Reform Website/Marketplace
http://www.healthcare.gov
Help Center: 800-318-2596 (24/7)

Small Business Administration
(Employer information)
http://www.sba.gov/healthcare
http://business.usa.gov/healthcare
SBA Hotline: 800-706-7893 (M - F, 9-5)
New Hampshire Resources

NH Insurance Department
(603) 271-2261  Consumer Hotline: 800-852-3416
http://www.nh.gov/insurance

NH Department of Health and Human Services
http://www.dhhs.nh.gov
Medicaid – Client Services: (800) 852-3345. ext. 4344

NH Health Plan
http://www.nhhp.org/nhhp/consumerassistance.asp
Your Presenters

• Roger Sevigny – Commissioner
• Tyler Brannen – Health Policy Analyst
• Jennifer Patterson – Life and Health Legal Counsel