

## Exchange Committee Report

Summer 2015

### A. Trusted Authority

*Position ACAP as an expert on publicly-sponsored coverage programs.*

#### A.1 – Ensure the needs and views of the SNHPs are addressed in federal policy debates and research on public health care programs and managed care.

##### (1) ACAP advocated in support of ACAP SNHPs in response to regulations and other guidance.

- a. ACAP Letter to CCIIO Requesting a Delay in Risk Adjustment and Reinsurance Data Submission Deadline, April 13, 2015
- b. Draft Summary of Benefits and Coverage regulation, March 2, 2015.
- c. NAIC Managed Care Plan Network Adequacy Model Act, which is likely to impact Marketplace plans, particularly in the FFM, March 2, 2015 and January 12, 2015.
- d. Draft 2016 Letter to Issuers in the FFM, January 12, 2015.
- e. Draft HHS Notice of Benefit & Payment Parameters, December 22, 2014.
- f. Quality Improvement Strategies for Exchange Plans, November 26, 2014.

##### (2) ACAP developed a list of policy reforms for the Affordable Care Act, dubbed ACA 2.0.

- a. Since 2013, ACAP staff have compiled a list of ACA reforms based on input from member health plans and research of other organizations' reform platforms. After the Exchange Committee reviewed this list, it was presented to the full Board at the fall 2014 and spring 2015 meetings.
- b. At the spring 2015 Board meeting, the Board considered a work plan based on policy around meaningful differences among QHPs offered by a single health insurance issuer, but opted to table the project.
- c. ACAP is releasing the ACA 2.0 summary as a public statement in concert with the 2015 CEO Summit.

##### (3) ACAP triaged health plan Marketplace problems from ACAP member plans to CCIIO leadership, promoting resolution in several cases.

- a. ACAP provided extensive support to ACAP Marketplace plans as they prepared to submit edge server data for risk adjustment and other programs. In the weeks leading up to the April 30 submission deadline, we spoke frequently with both ACAP member plans and CMS staff for status updates. We held four networking calls for our plans and their edge server vendors on March 24, March 25, April 8 (with CCIIO expert staff) and April 22 to allow plans to network about issues they were experiencing and share solutions. ACAP staff also worked one-on-one with those issuers having the most difficulty. Based on ACAP's advocacy efforts, CMS provided issuers a 2-week grace period for issuers to submit final data.
- b. During open enrollment 2015 (held from November 15, 2014 through February 15, 2015), ACAP intervened on behalf of ACAP plans to resolve technical issues that impeded plans' competitiveness on the Marketplace, including a glitch that prevented consumers from seeing premiums with APTC applied, another that mistakenly displayed an issuer offering plans in counties where it does not participate, and another in which [healthcare.gov](http://healthcare.gov) displayed incorrect PTC estimates.



**(4) ACAP Marketplace plans participated in February 2015 Fly-In.**

- a. ACAP invited Mandy Cohen, Principal Deputy Director at CCIIO, to present at Policy Face-to-Face, and used this opportunity to stress issues important to SNHPS in the Marketplaces, including *King v. Burwell*, simultaneous enrollments, and other issues.
- b. A special meeting was held for ACAP Marketplace plans with Mandy Cohen and Senior Advisor Lisa Wilson after Cohen's presentation for the purpose of acquainting CCIIO leadership with SNHP concerns. Agenda items included special needs and barriers for SNHPs entering the Marketplaces, the importance of CCIIO coordination with CMCS on Medicaid/Marketplace cross-over issues, the need to delay the QHP issuer certification timeline for the 2016 coverage year, and the need for CCIIO guidance in the case that the plaintiffs prevail in the *King vs Burwell* case.
- c. The *King v. Burwell* case was included as a top lobbying issue for the Fly-In, and will similarly be one of ACAP's top three asks at the June Fly-In following the CEO Summit.

**(5) ACAP worked with ACAP's allies and partners to promote guidance beneficial to SNHPs and low-income consumers.**

- a. ACAP staff provided input to Urban Institute staff as they develop a toolkit for states on market alignment between state Medicaid programs and Marketplaces. Topics included plan and state surveys on Medicaid health plan disenrollment, plan outreach to enrollees during the Marketplace 90-day grace period, ACAP plans accepting third-party premium payments for Marketplace enrollees, and Web-based education for individuals and families prone to churn between programs.
- b. ACAP staff were interviewed by CCIIO contractor AIR related to development of a QHP disenrollment survey to be employed by all Marketplaces (both FFM & SBM). ACAP stressed the importance of tracking disenrollment from the Marketplace to Medicaid, and gave information on what ACAP plans currently do and know regarding Medicaid health plan disenrollment.
- c. ACAP hosted Kevin Lucia and David Cusano from Georgetown University's Center on Health Insurance Reforms on a call for ACAP plans on levers for advocating with states to adopt a "supported state-based Marketplace" model for Exchanges. This call was a follow-on to an April call on *King v. Burwell* contingency planning, but also applied to plans in SBM states struggling to finance their Marketplaces.
- d. ACAP also invited Harvard legal expert Carmel Shachar to provide an overview of the *King v. Burwell* Supreme Court case to ACAP plans.
- e. In addition, ACAP invited CCIIO staff and contractors to provide content exclusively to ACAP plans on topics including edge server submissions, the quality rating system beta testing process, and more.
- f. ACAP signed a group amicus brief drafted by the Harvard Law School Center for Health Law and Policy Innovation (CHLPI) regarding the *Halbig v. Burwell* case.
- g. ACAP staff holds bimonthly calls with Enroll America to discuss regulations and general enrollment and eligibility issues. Shared comments on the draft Summary of Benefits & Coverage regulation.
- h. ACAP staff supported consultants at HMA working on a Robert Wood Johnson project to survey Medicaid and Marketplace health plans on provider networking monitoring and compliance activities.
- i. ACAP staff also supported allies at George Washington University School of Public Health in researching Medicaid and Marketplace market alignment by providing information on and introductions to ACAP member plans as study subjects. The paper was released in the *Journal of Health Politics, Policy and Law* in December 2014, and highlighted ACAP's 2014 QHP overlap brief and many anti-churn policies that ACAP espouses.



**(6) ACAP staff meet regularly with CCIIO staff to highlight issues of importance to ACAP Marketplace plans.**

- a. ACAP meets every two weeks with staff in the CCIIO Director's office and other association representatives for Director's updates on guidance, regulations, enrollment, and other developments.
- b. In 2014, ACAP requested that the CCIIO Director's office establish a single liaison for qualified health plan issuer associations to triage policy and operational issues. CCIIO created this office, and ACAP staff now hold monthly calls to air new issues and follow up on previously raised issues.
- c. CCIIO subject matter experts hold a monthly call with staff and member plans from ACAP, ACHP, MHPA, and NASHCO. Plan members set the agenda by submitting questions related to policy and operations, to which CCIIO staff provide written and oral answers.

**A.2 – Promote policy innovations supportive of Safety Net Health Plans through at least one research project per year.**

**(1) ACAP published the second annual “QHP Overlap Brief,” demonstrating that nearly 4 in 10 health insurance issuers offering coverage through qualified health plans in the Marketplaces also operate a Medicaid managed care plan in the same state.**

- a. The 2015 report analyzes this overlap at a county level in New York and Texas.
- b. The report was introduced by Meg Murray during a panel on Policy & Market Pressures on Safety Net Providers at Academy Health's National Health Policy conference February 10, 2015.
- c. The report was highlighted in Politico PULSE on February 10.
- d. The 2014 report inspired NASHP to create a similar analysis of overlap between CHIP health plans and QHP issuers.

**(2) ACAP is considering a study of how meaningful differences requirements on the Marketplace are met by actual issuer offerings, for the purpose of ensuring meaningful choice between qualified health plans by lower-income Marketplace consumers.**

- a. ACAP has presented the idea to the Committee and has discussed the issue with policy experts and researchers.
- b. The full Board opted to table this project at the spring board meeting.



## **B. Advocate for Lower-Income and Vulnerable Populations**

*Influence public policy to support continuation and improvement of publicly-sponsored health coverage programs and Safety Net Health Plans.*

### **B.1—Promote policies which expand health coverage and improve the well-being of lower-income and vulnerable populations.**

#### **(1) ACAP’s Marketplace work supports ACAP’s overarching work on churn, focusing particularly on churn of low-income health care consumers between Medicaid and the Marketplaces.**

- a. ACAP has promoted the study of churn and market alignment between Marketplaces and Medicaid with various policy organizations, including HMA, KFF, Urban Institute, AIR, and CCIIO.
- b. The 2015 QHP Overlap report, described earlier, focuses largely on the policy community on the importance of market alignment between the Marketplaces and Medicaid for the benefit low-income health care consumers.
- c. ACAP has worked with researchers at McKinsey & Co. to conduct and review additional analyses on whether QHP overlap issuers are accessible to low-income consumers, including Medicaid-eligible individuals, based on proximity and prices.
- d. Exchange and Medicaid Policy staff are in discussions with McKinsey & Co on various aspects of churning and its effects on utilization of health care in both the Exchange and Medicaid. We are continuing to determine to what extent ACAP plans may be able to provide data to assist this analysis.

#### **(2) ACAP responded to CCIIO draft regulations and other guidance to ensure attention to lower-income health care consumers.**

- a. ACAP submitted an unsolicited letter to the CCIIO Director requesting a two-week grace period for final data submissions to the edge server, related to risk adjustment, reinsurance, and other programs. CCIIO granted this request. ACAP was the sole association requesting this change.
- b. ACAP submitted a response to CCIIO regarding the draft Summary of Benefits & Coverage and Uniform Glossary regulation; our primary comment related to ensuring that these consumer documents be written at an appropriate reading level, such as documents in Medicaid, to ensure that consumers are able to use them.
- c. ACAP requested assurances from CCIIO that for recertification, a plan be allowed to make uniform modification at the plan level (rather than product level) to be considered the “same plan” for the next benefit year; this policy was adopted by CCIIO in the final Notice of Benefit and Payment Parameters.
- d. ACAP also submitted comments to CCIIO on the draft 2016 letter to issuers in the federally-facilitated Marketplace.

#### **(3) Advocated with the Administration and Congress regarding *King v. Burwell*.**

- a. ACAP has continuously asked CCIIO staff at all levels for guidance for issuers should the Supreme Court find for King. Unfortunately, CCIIO is unable to answer these questions currently.
- b. ACAP has also held several educational and networking calls for ACAP plans relating to *King v. Burwell*, including one on advocacy with states related to supported state-based Marketplaces, contingency planning around *King v. Burwell*, and an expert overview by Carmel Shachar.



- c. At the February Fly-In, ACAP Marketplace plans stressed to both the Administration and Congress the importance to millions of low-income health care consumers of a policy fix related to premium tax credits for FFM enrollees in the contingency that King prevails. ACAP plans will continue to advocate on this issue at the summer Fly-In connected to the CEO Summit.
- d. ACAP also signed a group amicus brief drafted by the Harvard Law School Center for Health Law and Policy Innovation (CHLPI) regarding the *Halbig v. Burwell* case.

## **B.2—Promote policies which improve enrollment, retention, and quality, and continuity of care across publicly-sponsored programs.**

**(1) Exchange and Medicaid Policy staff are in discussions with McKinsey & Co on various aspects of churning and its effects on utilization of health care in both the Exchange and Medicaid.** We are continuing to determine to what extent ACAP plans may be able to provide data which could assist this analysis.

**(2) Provide operational support to ACAP plans in the Marketplaces around enrollment periods, including reenrollment.** ACAP held a roundtable call on new subregulatory guidance on renewals and reenrollments for the 2016 coverage year.

**(3) ACAP is working on a series of policy briefs related to guaranteed availability.**

- a. ACAP has published a brief on Special Enrollment Periods to provide guidance to Marketplace plans on their special enrollment obligations both on- and off-Marketplace, related to HHS policy on guaranteed availability. CCIIO experts have provided input on the brief.
- b. ACAP also is currently working on a brief on grievances and appeals both on- and off-Marketplace.

## **C. Center of Excellence and Accountability**

*Strengthen ACAP members strategically and operationally to improve their quality, efficiency, competitiveness and sustainability and demonstrate this to our target audiences.*

### **C.1 –Support and enhance ACAP plans’ ability to achieve higher-than-average HEDIS and CAHPS scores.**

**(1) ACAP has provided support to ACAP Marketplace plans related to CCIIO quality policy, which is currently under development.**

- a. CCIIO is beta-testing the Marketplace Quality Rating Systems (QRS) in 2015. In preparation, ACAP distributed an educational email to all Marketplace plans, has held two dedicated roundtable calls for ACAP plans with CCIIO staff and contractors on the beta testing approach, and has in the past submitted comments to CMS on measures and methodology. QRS scores will be made public in during open enrollment 2016 for the 2017 coverage year.



- b. Following a dedicated call for ACAP member plans on the Quality Improvement System (QIS) in 2014, ACAP submitted an unsolicited letter to CCIIO with our QIS recommendations. These recommendations were reiterated in our response to the draft Notice of Benefit & Payment Parameters as well.

## **C.2 – Leverage combined resources of ACAP plans to provide better pricing and improved customer services.**

### **(1) ACAP has held networking Marketplace roundtable calls for ACAP members.**

- a. May 27, Georgetown Center for Health Care Reform experts Kevin Lucia and David Cusano presented on the supported state-based Marketplaces as a response to *King v. Burwell*.
- b. May 1, ACAP staff presented the OMB information request on the 2016 requirement that provider directories and formularies be machine readable, and also on new CCIIO guidance on 2016 renewals and reenrollments.
- c. April 22, ACAP staff led a discussion on *King v. Burwell* contingency planning.
- d. April 17, CCIIO and contractor Booz Allen led a call for ACAP, ACHP, and MHPA plans on the Marketplace Quality Rating System.
- e. March 30, ACAP staff presented on the NAIC draft Network Adequacy Model Act.
- f. March 27, a networking call on cost-sharing reduction methodology was led by representatives from ACAP plans CareSource, Community Health Choice and NHPRI.
- g. March 11, ACAP staff reviewed the Notice on Benefits and Payment Parameters and the FFM Issuer Annual Letter.
- h. February 26, Carmel Shachar, Staff Attorney with the Center for Health Law and Policy Innovation at Harvard Law School, discussed the Supreme Court case, *King v. Burwell* and its potential implications for the Affordable Care Act and consumer subsidies in FFM states.
- i. February 23, ACAP staff presented newly clarified guidance for Medicaid managed care and Marketplaces on marketing.
- j. January 29, ACAP discussed the draft Summary of Benefits & Coverage regulation.
- k. January 6, the Marketplace roundtable call focused on the draft 2016 Letter to FFM Issuers.

### **(2) ACAP has continued monthly calls for our health plan members as well as members of MHPA, ACHP, and NASHCO with CCIIO staff.** ACAP plans are encouraged to submit questions for CCIIO for these calls.

### **(3) ACAP has instituted a risk adjustment webinar series employing the expertise of ACAP Preferred Vendors and ACAP plan staff.**

- a. On May 28, ACAP Strategic Ally Verisk Health presented The Effect of the Medicare Advantage Risk Adjustment Model on Dual Eligibles.
- b. On March 10, ACAP Preferred Vendor PopHealthCare presented Ensuring an Accurate Risk Adjustment Score.
- c. On February 6, ACAP Preferred Vendor Altegra presented Selecting an Initial Validation Auditor for Your Qualified Health Plan.





- d. On January 22, Ross Winkelman and Syed Mehmud from Wakely presented Ensuring an Accurate Risk Adjustment Score.

**(4) ACAP has supported Marketplace plans in meeting Medical Loss Ratio (MLR) requirements.**

- a. ACAP posted a comparison of MLR requirements across Medicare, Medicaid and Marketplaces/other individual market coverage.
- b. On April 30, ACAP Preferred Vendor Milliman presented a Vendor Education Series webinar on 2014 Medical Loss Ratio and Risk Corridor Reporting Plan Requirements.

**(5) ACAP has encouraged Preferred Vendors to give webinars on Exchange related topics.** NFP Health provided a webinar called A Roadmap for Medicaid Plans to Enter the Commercial Market on April 2, 2015.

**(6) ACAP conducted our annual Exchange survey.**

- a. Between January and April, Marketplace plans and plans considering participating in the Marketplace – answered questions related to enrollment, accreditation, brokers and agents, general readiness, product offerings, provider networks, the 3Rs and additional issues.
- b. Blinded final survey results have been shared with policymakers, including representatives at Urban Institute.

**(7) In spring 2015 ACAP produced an additional brief called ACAP Guide to the Qualified Health Plan Application providing a detailed overview of the QHP certification process, with links to relevant tools and documents.**