

New Hampshire Health Protection Program: Premium Assistance Program Implementation

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NEW HAMPSHIRE
DEPARTMENT OF
HEALTH AND
HUMAN SERVICES



NEW
HAMPSHIRE
INSURANCE
DEPARTMENT

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Plan Selection Approach for Year 1

The State's waiver application states that individuals eligible for the Premium Assistance Program (PAP) will be able to enroll in Marketplace plans that “are **cost effective**, both in terms of their **premium levels** and in terms of their **management of care**.”

State's approach is informed by 3 key principles:

- offering PAP eligible consumers a broad choice of QHPs
- enrolling PAP eligible consumers in cost-effective plans, as required by statute
- adopting simple and straightforward approach to plan selection for this new program, with a plan to refine the approach in future years

The **ideal** outcome would be for **all silver-level plans with the standard 94% AV cost-sharing design** to be “cost-effective” and open to enrollment for PAP members.



Plan Selection Approach for Year 1 (continued)

1

Eliminate High Price Outliers

- The State will eliminate high price outliers, based on premiums for 94% AV silver-level QHPs with standard cost-sharing design
- The State will define a high premium price outlier as those plans with premiums that are a certain percentage above the median

2

Require Managed Care Features

- The State will only select plans with at least one managed care feature

To evaluate the potential impact of this approach, the State analyzed 2015 plan offerings. Using these selection criteria, only one plan would be eliminated as a high price outlier. All plans had at least three managed care features.



Auto-Assignment Methodology



Family affiliation to a QHP for those members where another family member is also enrolled in a QHP through the premium assistance program.



Family affiliation to a MCO for those members where another family member is enrolled in standard Medicaid through an MCO with a parent organization that has established a QHP.



Primary Care Provider affiliation to a QHP. This factor will only be used for current Bridge enrollees transitioning to a QHP for whom primary care provider history is available.



Premium costs. In cases where family and primary care provider affiliation are not applicable factors, the State will weight assignment toward lower cost plans available to Premium Assistance program participants in the individual's county.



Cost-Sharing Design for 94% AV Plan

High Value Silver Plan 94% Actuarial Value Plan				
Overall Deductible				\$325
Service Specific Deductibles				
			Medical	\$0
			Brand Drugs	\$0
			Dental	\$0
Member Out of Pocket Maximum (all services combined – does not include deductible)				\$600
General Service Description	Subject to Deductible	Unit of Service	Copays	Coinsurance
Behavioral Health - IP	Yes	Admission	\$125	100%
Behavioral Health - OP	Yes	Visit	\$0	100%
Behavioral Health - Professional	No	Visit	\$0	100%
Durable Medical Equipment	Yes	Service	\$0	100%
Emergency Room Services	Yes	Visit	\$0	100%
High Cost Imaging (CT/PET Scans, MRIs)	No	Visit	\$35	100%
Hospital Inpatient	Yes	Admission	\$125	100%
Lab and Radiology	No	Visit	\$0	100%
Skilled Nursing Facility	Yes	Admission	\$0	100%
Other	Yes	Visit	\$0	100%
Other Medical Professionals	No	Visit	\$8	100%
Hospital Outpatient Facility	Yes	Visit	\$0	100%
Primary Care Physician	No	Visit	\$0	100%
Specialty Physician	No	Visit	\$8	100%
Pharmacy - Generics	No	Prescription	\$4	100%
Pharmacy - Preferred Brand Drugs	No	Prescription	\$8	100%
Pharmacy - Non-Preferred Brand Drugs	No	Prescription	\$8	100%
Pharmacy - Specialty Drugs	No	Prescription	\$8	100%
Draft 2016 AV Calculator Result				95.0%



1

Use Standard Federal Process

- Process for calculating advance cost-sharing reduction payments mirror federal process in place for 2016 plan year
- Reconciliation process will also mirror federal process in place for 2016 plan year

2

Mid-Year Income Changes

- For individuals who have mid-year income changes above or below 100% FPL but who remain PAP eligible, the State will generate 834 transactions to move the enrollee to the correct AV plan with the same carrier
- Enrollees will not be permitted to change carriers due to change in income above or below 100% FPL



Next Steps

- Next carrier meeting to be scheduled for January

