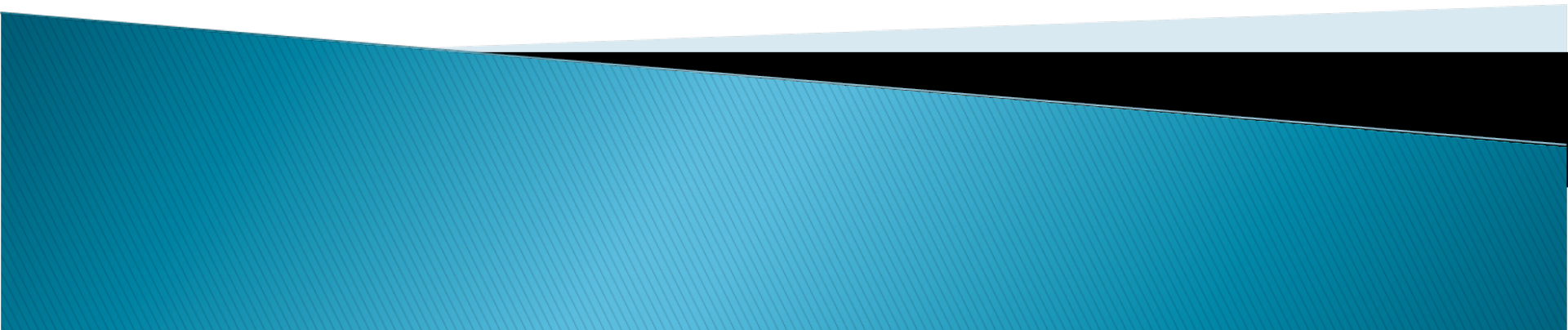


Alabama Essential Health Benefits

Alabama Department of Insurance
June 20, 2012



Today's goals

- ▶ Presentations and questions
 - Previously submitted questions
 - Questions during the webinar on-line
 - If time permits, open the phone line
- ▶ Purpose of today's call
 - Information sharing– no decision made today
 - Discuss the range of options to consider for EHB
 - Explain how the selection of the benchmark plan works
 - Develop recommendations for Governor
 - Process going forward

Selecting Essential Health Benefits Plan

- ▶ Federal Government has delegated authority to states to select benchmark plan that reflects the scope of service offered by a “typical employer plan”. This approach gives Alabama the flexibility to select a plan that best meets the needs of its citizens. The benefits and services included in the benchmark health insurance plan selected will be the essential health benefits (EHB) package.
- ▶ See <http://www.hhs.gov/news/press/2011pres/12/20111216c.html>
- ▶ State must select EHB benchmark from certain enumerated plans
- ▶ Written public comments being taken through July 6, 2012
- ▶ EHB benchmark selection deadline is September 2012 (date is unclear—could be as early as September 1)

Essential Health Benefits (EHB) Requirements–Affordable Care Act

- ▶ Benefit plans required to cover a minimum set of EHBs within the following broad categories:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services
 - Prescription drugs
 - Rehabilitative and habilitation services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease mgmt.
 - Pediatric services, including oral and vision care

Essential Health Benefits–Four Benchmark Plan Types

- ▶ Largest plan by enrollment in any of the 3 largest small group insurance products in the state's small group market;
- ▶ Any of the largest 3 State employee health benefit plans by enrollment;
- ▶ Any of the largest 3 national FEHBP plan options by enrollment; OR
- ▶ The largest insured commercial non–Medicaid HMO operating in the state.

Pediatric Dental and Vision Service

- ▶ Waiting for guidance from Dept. of Health and Human Services (HHS) on benchmark requirements for this mandate
- ▶ HHS is giving consideration to the Children's Health Insurance Program (CHIP) or the Federal Employees Dental and Vision Insurance Program (FED VIP) as a model for the *pediatric dental* services benchmark
- ▶ HHS is giving consideration to the FED VIP as a model for the *pediatric vision* services benchmark

Missing Categories in the Benchmark Plan

- ▶ State must supplement the benchmark plan to cover each of the 10 EHB categories
- ▶ Missing categories must be supplemented using:
 - The largest plan in the benchmark type (e.g. small group plan, SEIP or FEHBP) by enrollment offering the benefit
 - If none of the benchmark options in that benchmark type offer the benefit, must use the FEHBP with the largest enrollment

The Comparison Chart

- ▶ Health plan documents used to compile the comparison table
- ▶ Health plan insurers have reviewed these comparisons and have added clarification
- ▶ Alabama mandates noted on the chart
- ▶ Federal mandates also noted on the chart
- ▶ Benefit limitations will be integrated–Cost sharing not considered
- ▶ Not every benefit is listed–look at the plan certificate for detail

The Comparison Chart

Benefits provided by potential benchmark major medical plans in Alabama

Grouped in the 10 categories of Essential Health Benefits required by the ACA ⁽¹⁾

Terms:

AB - Alabama mandated benefit

AO - Alabama mandated offer (not for employers w/ 50 or fewer employees)

FB - Federally mandated benefit

NC - Service not covered per carrier benefit summaries

Benefits ⁽²⁾	BCBS 320 Plan - PPO (Largest Small Group)	VIVA Health VIVA 90 Wellness (Largest HMO)	The State Employees' Health Insurance Plan	FEHBP 1 - Blue Cross Blue Shield Plan Standard (Largest FEHBP)	Alabama Mandate	Federal Mandate
	Covered	Covered	Covered	Covered		
1. Ambulatory patient services						
a. Primary care to treat illness/injury	√	√	√	√		FB
b. Specialist visits	√	√	√	√		
c. Outpatient surgery	√	√	√	√		
d. Chiropractic (therapeutic, adjustive, manipulative)	√ \$600 calendar year max.	√ 25 visits per calendar year	√	√ Limit 12 visits/yr.	AB	
e. Chemotherapy services	√	√	√	√		
f. Radiation therapy	√	√	√	√		
g. Anesthesia by local infiltration	NC	NC	NC	√		
h. Walk-in center services	NC	NC	NC	√		

Full Chart Available for download at:

<http://www.aldoi.gov/Consumers/HealthInsReform.aspx>

Points to remember

- ▶ Data provided is for informational purposes only
- ▶ Based on 3/31/12 enrollment data submitted by insurance companies directly to HIOS
- ▶ Benefit design based on essential health benefits definition and categories
- ▶ Data provided is subject to change

What is on the website:

- ▶ The Comparison Table of the Four Possible Benchmark Plans for Alabama
- ▶ EHB Bulletin from CCIIO, 12-16-11
- ▶ Alabama Pediatric Dental and Vision Benefits Comparison, 6-1-12
- ▶ BCBSAL 320 Plan summary
- ▶ BCBSAL 320 Plan policy
- ▶ VIVA 90 Plan summary
- ▶ VIVA 90 Plan certificate
- ▶ SEHIP (State Employee's Health Insurance Plan) summary
- ▶ SEHIP (State Employee's Health Insurance Plan) handbook
- ▶ FEHBP (Federal Employees Health Benefit Plan) BCBS

Myth #1 of selecting the EHB

- ▶ Myth: All current mandated benefits have to be included in the EHB.
- ▶ False. All state mandated benefits included in plans as of December 31, 2011 are considered part of the EHB for the years 2014 and 2015.
- ▶ Anything after that date will not be part of the EHB and the state must defray the cost of those benefits in excess of the EHB.
- ▶ EHB will be re-evaluated in 2014 for plan year 2016.

Myth #2 of selecting the EHB

- ▶ Myth: If Plan B is to be the benchmark plan for the EHB and we like Plan A's coverage for cardiac care we can take that and replace Plan B's cardiac care coverage, correct?
- ▶ No. Benchmark plans can only supplement coverage (not replace) coverage if they are missing coverage in one or more of the 10 statutory categories. You cannot select from plans to "build" the EHB.

Myth #3 of selecting the EHB

- ▶ Myth: You consider cost sharing options when determining the benchmark plan.
- ▶ No. You look at the statutory categories and include services within the 10 benefit categories. Cost sharing is not a determining factor when setting the benchmark plan.

Written Comment Period

- ▶ Written public comments accepted until 5 p.m. Central, July 6, 2012
- ▶ Email: robert.turner@insurance.alabama.gov