PLAN MANAGEMENT ADVISORY GROUP
January 10, 2019
WELCOME AND AGENDA REVIEW

ROB SPECTOR, CHAIR
PLAN MANAGEMENT ADVISORY GROUP
AGENDA
Plan Management and Delivery System Reform Advisory Group
Meeting and Webinar
Thursday, January 10, 2019, 10:30 a.m. to 12:30 p.m.

Webinar link: https://attendee.gotowebinar.com/rt/4171897155750816770

I. Welcome and Agenda Review 10:30 - 10:35 (5 min.)
II. 2019 Plan Advisory Membership 10:35 - 10:50 (15 min.)
III. Certification Update 10:50 - 11:15 (25 min.)
IV. 2020 Benefit Design 11:15 - 12:15 (60 min.)
V. Open Forum 12:15 – 12:30 (15 min.)
2019 PLAN ADVISORY MEMBERSHIP

JAMES DEBENEDETTI, DIRECTOR
PLAN MANAGEMENT DIVISION
PLAN MANAGEMENT ADVISORY GROUP
2019 MEMBERSHIP

David Brabender
Independent Health Insurance Agent
Legislative Chair, Sacramento Association of Health Underwriters

Douglas Brosnan
Emergency Room Physician
Sutter Roseville Medical Center
Director of Provider Relations, CEP America

Mary June Flores
Senior Policy and Legislative Advocate
Health Access California

Jen Flory
Policy Advocate
Western Center on Law & Poverty

Amy Frith
Manager, Strategic Clients, Account Management
Health Net of California

John Newman
Executive Director, California Exchange Operations
Kaiser Permanente

April Martin
Director, Managed Care
Dignity Health

Robert Oreilly
Vice President, Government Contracts
Molina Health Plan

Cary Sanders
Senior Director, Federal Policy
California Pan-Ethnic Health Network

Robert Spector
Area Vice President, Covered California Health Insurance Exchanges
Blue Shield of California
2020 QUALIFIED HEALTH PLAN CERTIFICATION POLICY

MEILING HUNTER, LEAD CERTIFICATION PROGRAM SPECIALIST
PLAN MANAGEMENT DIVISION
QUALIFIED HEALTH PLAN AND QUALIFIED DENTAL PLAN CERTIFICATION

Plan Year 2020 Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) Certification Applications open to:
• All licensed health plan carriers.

Currently Contracted Applicants
• For Sections 1-17, QHP and QDP Carriers contracted for Plan Year 2019 will continue to complete a simplified Certification Application for Plan Year 2020.
• For Sections 18-19, there are five new Quality and QIS questions. These questions will better align the application process with Attachment 7.
PUBLIC COMMENT

• We received 91 public comments for all four applications.

• Approximately one-third of the comments were technical in nature: question numbering issues, word count, formatting, and updates to section instructions.

• We received numerous positive comments throughout the Quality and QIS sections regarding the newly added questions.

• Please see the accompanied attachment “Public Comment Summary” which represents comments concerning or resulting in Application content changes.
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>Release draft 2020 QHP &amp; QDP Certification Applications</td>
<td>December 2018</td>
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<tr>
<td>Draft application comment period</td>
<td>December 14 – 28, 2018</td>
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<tr>
<td>Plan Management Advisory: Benefit Design &amp; Certification Policy recommendation</td>
<td>January 2019</td>
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<tr>
<td>January Board Meeting: Discussion of Benefit Design &amp; Certification Policy recommendation</td>
<td>January 17, 2019</td>
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<td>Letters of Intent Accepted</td>
<td>February 1 -15, 2019</td>
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<td>February Board Meeting: Approval of 2020 Patient-Centered Benefit Plan Designs &amp; Certification Policy</td>
<td>February 21, 2019</td>
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<td>Final AV Calculator Released*</td>
<td>February 2019</td>
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<td>Applicant Trainings (electronic submission software, SERFF submission and templates*)</td>
<td>February 20-28, 2019</td>
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<td>QHP &amp; QDP Applications Open</td>
<td>March 1, 2019</td>
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<tr>
<td>March Board Meeting: Approval of 2020 Patient-Centered Benefit Plan Designs &amp; Certification Policy (if February meeting is cancelled)</td>
<td>March 14, 2019</td>
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<td>QHP Application Responses (Individual and CCSB) Due</td>
<td>May 1, 2019</td>
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<td>Evaluation of QHP Responses &amp; Negotiation Prep</td>
<td>May - June 2019</td>
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<td>QHP Negotiations</td>
<td>June 2019</td>
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<td>QHP Preliminary Rates Announcement</td>
<td>July 2019</td>
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<td>Regulatory Rate Review Begins (QHP Individual Marketplace**)</td>
<td>July 2019/TBD</td>
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<tr>
<td>QDP Application Responses (Individual and CCSB) Due</td>
<td>June 1, 2019</td>
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<tr>
<td>Evaluation of QDP Responses &amp; Negotiation Prep</td>
<td>June – July 2019</td>
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<tr>
<td>QDP Negotiations</td>
<td>July 2019</td>
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<tr>
<td>CCSB QHP Rates Due</td>
<td>July 24, 2019</td>
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<tr>
<td>QDP Rates Announcement (no regulatory rate review)</td>
<td>August 2019</td>
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<tr>
<td>Public posting of proposed rates</td>
<td>July 2019</td>
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<tr>
<td>Public posting of final rates (per CCIIO’s proposed rate filing timeline)</td>
<td>September – October 2019</td>
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* Final SERFF template dependent on CMS release
** TBD = dependent on CCIIO rate filing timeline requirements
2020 BENEFIT DESIGN

ALLIE MANGIARACINO, SR. MARKET INSIGHTS ANALYST
PLAN MANAGEMENT DIVISION
The 2019 Dental Copayment Schedule was presented in draft at the March 2018 Board Meeting. The final 2019 Dental Copayment Schedule will be presented to the Board this month with the updated 2019 CDT codes.

- D1354 - Interim caries arresting medicament application - per tooth (Pediatric and Adult - No Charge)
- D4275 - Non-autogenous connective tissue graft procedure (including recipient site and donor material) – first tooth, implant or edentulous tooth position in same graft site (Pediatric – Not Covered, Adult - $190)
- D6096 - Remove broken implant retaining screw (Pediatric – $60, Adult - Not Covered)
2020 BENEFIT DESIGN WORKGROUP UPDATE

• The workgroup convened for four meetings this fall/winter to discuss various policy items and proposals for the 2020 health and dental benefit designs.

• OMB has not released the 2020 Notice of Benefit and Payment Parameters (NBPP) and Draft AV Calculator (AVC).
  o The workgroup has deferred discussions on cost-sharing changes until the new AVC is available.
  o Timing of the NBPP/AVC release is uncertain and dependent on a budget agreement and end of the government shutdown.
  o The next workgroup meeting will be held on Monday, January 14th.
Health Benefit Designs

Copay-only plan

• Under discussion: Should Covered California include a new Silver plan in the Standard Benefit Plan Design (SBPD) that does not have a deductible and only copays, i.e. “Copay-only plan”?
  o Currently awaiting the Draft 2020 AVC to model cost shares and determine feasibility
  o Considering whether the copay-only plan would be:
    ▪ The single standard Silver
    ▪ A required additional plan offered with the current Silver
    ▪ An optional “add-on” plan
    ▪ An optional plan in lieu of the current standard Silver

Cost-sharing and impacts to MHPAEA testing

• Under discussion: To the extent possible, how can Covered California prevent cost-sharing deviations resulting from MHPAEA testing and the SBPD? Options discussed include:
  o Changing outpatient surgery cost-sharing to a copay (not recommended)
  o Changing mental health/substance use “other items and services” to coinsurance and moving some services in “other items” to “office visits”
  o Make no changes
Health Benefit Designs

Blue Shield’s Preferred Pharmacy Design Proposal for CCSB Trio Plans

- **Recommendation:** Grant exception to Blue Shield to include a preferred pharmacy network in its CCSB Trio plan, in alignment with the rest of Blue Shield’s small business plans.
Dental Benefit Designs Update

Pediatric AV Limit

- **Recommendation:** Expand the de minimis range of the pediatric AV to -2/+5%. Evaluate annual dental trend and premium impacts and update AV limits as necessary.

CDT Update Timing issue

- **Recommendation:** Finalize the copay schedule at the time of Board approval. Dental carriers will work with providers to reconcile new codes with the approved old codes for reimbursement and/or implement CDT mapping.

Inclusion of adult orthodontia benefit in the Family Dental Plan

- **Under discussion:** Currently considering dental carrier feedback related to projected premium impact, copay amounts, inclusion as a required or optional benefit.
  - Should the adult orthodontia benefit be a required benefit or optionally offered by carriers?
  - Should it be required for DHMOs only, or both DHMOs and DPPOs?
  - What would be the member cost share for adult orthodontia?
BENEFIT DESIGN CONTINGENCY PLANNING

The delayed release of the 2020 Payment Parameters and Draft AV Calculator raises the question of whether Covered California, issuers, and stakeholders should consider contingency plans for designing benefits now and in future years. Issues to consider include:

- What is the latest date possible to finalize benefits to allow Certification Applicants enough time to design products, set pricing, and apply to the Exchange?
- Should Covered California use the prior year’s AVC (assuming the same increase in AV by metal tier) to set the preliminary benefit designs and update as necessary when the new AVC is released?
- Legal and regulatory implications of a major delay
- Changes to the Board meeting schedule to account for delayed timeline
OPEN FORUM AND NEXT STEPS

ROB SPECTOR, CHAIR
PLAN MANAGEMENT ADVISORY GROUP