

QHP CERTIFICATION REQUIREMENTS

Issue	Pros	Cons	Potential Consensus?
<p>Limit number or types of plan variations</p> <p><i>Suggested variation: plans can offer no more than 2 per level, or would have to pay the HBE more if they wanted to offer more.</i></p>	<p>Limiting the number or establishing similar criteria for plan designs could:</p> <ul style="list-style-type: none"> • Make consumer choice easier and could promote meaningful choice • The more choices, the more difficult to make informed choices. Limits could help individuals make more informed choices. • Too many choices can be overwhelming to the consumer. 	<p>Forcing strict plan designs or a limited number of plan options could:</p> <ul style="list-style-type: none"> • Reduce consumer choice • Eliminate flexibility of plan design and could limit the introduction of new models of care • Cause significant system and IT changes for certain carriers thereby reduce the number of carriers participating in the HBE • Eliminate or reduce innovation that could lead to cost reduction • Limit competition among carriers, and/or reduce the number of carriers willing to participate in the HBE <p>The Exchange should help organization information and provide tools to help people identify and compare their options, and select a plan appropriate to their needs and preferences.</p>	<p>Of the 11 people who submitted comments:</p> <ul style="list-style-type: none"> • 2 voted to limit choices up front • 8 voted to give the HBE the authority to limit choices or plan designs • 1 person said the HBE should not be able to limit choices under any circumstances
<p>Require health plans participating in the HBE to offer all 4 precious metal plans</p> <p><i>Suggested variation: require insurers to offer at least 3 of the levels. ACA requires all plans</i></p>		<p>Requiring health plans to offer all four precious metal plans might:</p> <ul style="list-style-type: none"> • Limit participation of insurers, thus limiting consumer choice (for example, some insurers may not currently offer the platinum level plan due to utilization concerns or weaknesses in their provider contracts. Others may not want to offer the lowest level plan because of MLR concerns). • May cause plans to offer uncompetitive plans to meet requirements, but would attract little participation. <p>Encouraging plans to offer all four levels would</p>	<p>Of the 11 people who submitted comments (2 voted for 2 options):</p> <ul style="list-style-type: none"> • 3 voted to limit choices up front • 3 voted to give the HBE the authority to limit choices or plan designs • 3 voted to allow the HBE to incentivize insurers to do, but not mandate • 4 person said the HBE

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<i>offer silver and gold.</i>		be fine, but wouldn't want to discourage plans from participating in the HBE because of this requirement.	should not be able to limit choices under any circumstances
<p>Require insurers participating in the HBE to offer standardized plan designs (either exclusively or in addition to non-standardized plans)</p> <p><i>Maybe broader support if standardized plans are offered "in addition to" other non-standardized plans.</i></p>		<ul style="list-style-type: none"> • Reliance upon standardized benefit design may lead to other important determinants of plan value such as formulary, network providers and service being overlooked or undermined. ACA's essential health benefits coupled with metal tiers, other coverage provisions (eg, annual out of pocket max) and minimum MLR requirements provide a basis for some comparison without overstating comparability. • To enhance consumer choice, innovation, and competition--non-standard plans should be allowed 	<p>Of the 11 people who submitted comments:</p> <ul style="list-style-type: none"> • 2 voted to limit choices up front • 2 voted to give the HBE the authority to limit choices or plan designs • 1 voted to allow the HBE to incentivize insurers to do, but not mandate • 4 person said the HBE should not be able to limit choices under any circumstances
<p>Additional quality standards beyond accreditation and implementing quality improvement strategies (including enrollee satisfaction, data reporting)</p>	<p>HBE should have the authority to offer additional quality standards sometime in the future, if conditions warrant it. "This should be an evolutionary process."</p>	<ul style="list-style-type: none"> • New federal quality and accreditation standards will largely ensure that HBE members have access to high quality health plans. • HBE needs to weigh all the administrative requirements put on QHPs. Administrative expenses will ultimately be based through in premium increases. • Open market will encourage new cost and quality innovations as QHPs encourage new members to choose plans. If state wants to encourage carriers to exceed the quality standards, it should be done through 	<p>Of the 11 people who submitted comments:</p> <ul style="list-style-type: none"> • 1 voted to limit choices up front • 4 voted to give the HBE the authority to limit choices or plan designs • 5 voted to allow the HBE to incentivize insurers to do, but not mandate • 2 person said the HBE should not be able to

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Additional requirements to foster broader NC state health policy goals (eg, support for patient-centered medical homes)	<p>HBE should have the authority to add additional requirements to meet broader health goals, such as ensuring health or health insurance literacy, helping bend the cost curve, or participating in a multipayer data base to ensure data available to monitor utilization and health care trends.</p>	<p>market-based incentives rather than through regulatory requirements.</p> <ul style="list-style-type: none"> • Not sure this is the role of the HBE. The HBE should be the clearinghouse to promote choice, simplicity, and assistance to consumers. It should not be the health policy driver for the state. 	<p>limit choices under any circumstances</p> <p>Of the 11 people who submitted comments:</p> <ul style="list-style-type: none"> • 1 voted to limit choices up front • 5 voted to give the HBE the authority to limit choices or plan designs • 2 voted to allow the HBE to incentivize insurers to do, but not mandate
Other?		<ul style="list-style-type: none"> • 	
Phasing in accreditation standards (if states have discretion).	<ul style="list-style-type: none"> • Currently, over half of the carriers operating in NC today are not accredited by any agency. The HBE should not require accreditation before 2016, thus allowing all carriers an opportunity to become accredited. • Short accreditation standards could serve to discourage entry and competition by new market players. • Should only delay if plans are actively pursuing accreditation. • Some standards may require a phase-in. • Need to balance need for accreditation (to meet minimum quality and operational standards) with competition, and not necessarily exclude issuers that could meet the requirements in a few 		<p>Of the 11 people who submitted comments:</p> <ul style="list-style-type: none"> • 8 said yes • 1 said no • 1 provided other comments

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	<p>years.</p> <ul style="list-style-type: none"> (Note: members recommended anywhere from 30-60 day delay to 2 year delay). 		
<p>Network Adequacy standards</p> <p><i>Alternative suggestion: Generally, network adequacy standards should be the same, but HBE/DOI should have some flexibility to test innovative models and allow some variation in network adequacy.</i></p>	<p><i>Pros of having DOI set standards:</i></p> <ul style="list-style-type: none"> NCDOI should set standards. The carriers currently file their networks with NCDOI, so this is an opportunity to reduce potential duplication. <p><i>Pros of having same standard:</i></p> <ul style="list-style-type: none"> More stringent network adequacy standards inside the HBE could discourage health plans from participating. To ensure more level playing field inside/outside HBE, network adequacy standards should be the same. Network adequacy and consumer hold harmless provisions should be the same inside/outside HBE. 	<p><i>DOI setting standards:</i></p> <ul style="list-style-type: none"> One person suggested both DOI and HBE set network adequacy standards <p><i>Cons of having same standard inside/outside HBE:</i></p> <ul style="list-style-type: none"> Allowing different network adequacy standards inside and outside the HBE allows more flexibility to develop innovative models. Some plans may experiment with offering models with more limited provider networks (to control costs and improve efficiency). We shouldn't limit new models outside the HBE (but should have strong consumer protections inside HBE). 	<p>Of the 11 people who submitted comments, most thought NCDOI should set standards:</p> <ul style="list-style-type: none"> 2 suggested HBE set standards 8 suggested NC DOI set standards <p>Also, most thought the network standards should be the same inside and outside the HBE:</p> <ul style="list-style-type: none"> 6 thought they should be the same inside/outside 3 said they should be different 1 said other
<p>Quality standards same inside/outside HBE</p>	<p>Comments generally the same as above</p>	<p>Comments generally the same as above</p>	<p>Of the 11 people who submitted comments, most thought NCDOI should set standards:</p> <ul style="list-style-type: none"> 7 suggested same standards 2 suggested different standards
<p>Limiting catastrophic plans to HBE</p>	<p>Some catastrophic plans should be available in the HBE. All eligible consumers should be able to choose a catastrophic</p>	<p>To maximize innovation, competition and choice for the consumer, the offering of catastrophic plans should not be restricted to</p>	<p>Of the 11 people who submitted comments:</p> <ul style="list-style-type: none"> 5 though catastrophic

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<p><i>Note: this question was not clear to the respondents.</i></p>	<p>plan and benefit from the subsidy (if eligible).</p>	<p>carriers participating in the exchange</p>	<p>plans should be limited to insurers offering in HBE</p> <ul style="list-style-type: none"> • 3 voted to allow any insurer (inside/outside HBE) to offer catastrophic plans
<p>Other?</p>			