



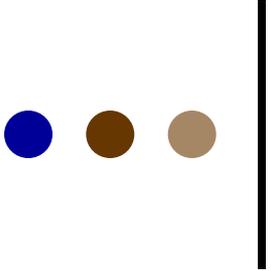
HBE Workgroup: Outstanding Discussion Questions

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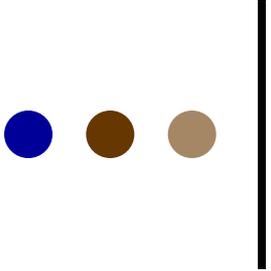
North Carolina Institute of Medicine





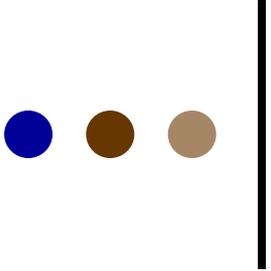
Agenda

- Review of outstanding questions in HBE chapter and navigator section
- Essential community provider



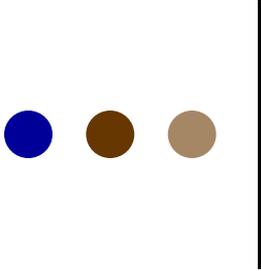
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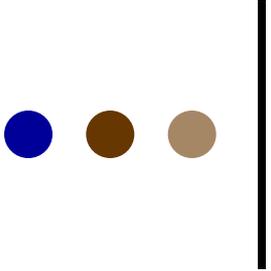
Review of HBE Chapter

- Should HBE Board have authority to limit number of plan offerings in the metal levels prior to 2016? (p. 15, 18)
 - New language on pp. 22-23 about authorizing HBE Board to charge additional user fees on health plans that offer more than specified level of plans per metal level.



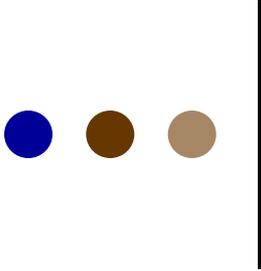
Review of Navigator/Agent Sections

- Navigator conflict of interest provisions
 - How to address need for strong conflict provisions while enabling safety net organizations to have navigators present (p. 6)
- Agent/broker conflict provisions
 - Need to review changes to pp. 7-10
 - Does the group want to recommend standardized agent/broker commissions? (p. 10)
 - Does the group want to recommend that insurers be required to appoint all licensed agents/brokers in good standing to offer products in the HBE? (p. 10)



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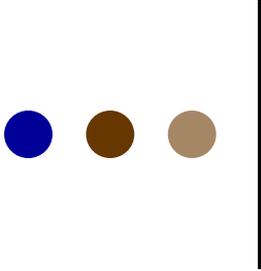


Essential Community Providers (45 CFR 156.235)

- “A QHP issuer must have a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the QHP’s service area, in accordance with the Exchange’s network adequacy standards.”
 - ECPs are providers that serve predominantly low-income, medically underserved individuals.
 - ECPs include, but are not limited to: FQHCs, family planning entities receiving federal funds, Ryan White grantees, black lung clinics, comprehensive hemophilia diagnostic treatment centers, public health entities receiving funding for STDs or TB, disproportionate share hospitals, children’s hospitals, critical access hospitals, free standing cancer hospitals, rural referral centers, sole community hospital, and other nonprofits that provide the same types of services to the same population.

ECPs (cont'd)

- Nothing in the ACA requires a QHP issuer to contract with an ECP if the provider refuses to accept the generally prevailing payment rate of the issuer
- However, if a service is provided by a FQHC to an enrollee of a QHP, the QHP must pay the FQHC an amount that is not less than the amount the provider would have been paid under Medicaid PPS rate.
 - FQHC and QHP can agree to another payment rate, as long as the mutually agreed upon rates are at least equal to the generally application payment rates of the issuer.
- HBE can establish more stringent standards for essential community providers (in preamble)
- Special contracting rules for Indian Health providers



Essential Community Providers

- Should the HBE have specific requirements for ECPs?
 - Expand the definition of ECPs?
 - Provide guidance, set requirements, or incentives for “sufficient numbers” and “geographic distribution” of ECPs?
 - Other?