

Remaining QHP Policy Considerations

Arkansas Plan Management Advisory Committee
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Question #1

Should Arkansas require QHP provider network adequacy standards that exceed federal ACA requirements?

- ACA standards require QHP networks that are “sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay.”
- NAIC Network Adequacy Standards Model

Question #2

Should Arkansas require carriers to adopt specific delivery system reform initiatives as a condition of having their QHPs certified to be marketed and sold in the Exchange?

- ACA establishes quality improvement standards. QHPs must pursue initiatives that either reduce preventable hospital readmissions, reduce medical errors or reduce health care disparities, among other possible strategies.
- Are there Arkansas-specific multi-payer delivery system reform goals that QHP requirements would support?

Question #3

Should carriers be required to offer their QHPs statewide as a condition of Exchange certification?

- It could be argued that this requirement will incentivize carriers to offer QHPs statewide in order to compete in select markets.
- Alternatively, it could be argued that this requirement will prevent some carriers from participating in the Exchange at all, thereby reducing local competition.
- Establishing the requirement provides no guarantee it will generate results.
- Carrier survey indicated some carriers likely to offer statewide already.
- OPM plans still potentially forthcoming.

Question #4

Should carriers be limited in the number of plans or benefit designs they may offer in the Exchange?

- FFE will already assess for “meaningful difference.”
- Some promote limiting plans as way to promote simple and clear choices for consumers.
- Others say not imposing limits lets carriers be more responsive to the needs of consumers in the marketplace.

Question #5

- **Should the Arkansas Exchange take active steps to incentivize carriers to offer QHPs?**
- In their responses to Section II, Question 8 of the Carrier Survey, insurance companies cited legal provisions not likely to go away as factors that would positively impact their participation, including allowing limited provider networks, non-coverage of pre-existing conditions and the lifting of caps on medical loss ratios.
- Beyond these, carriers cite minimizing additional requirements as having the potential to most positively impact participation.

Question #6

Should accreditation standards be applied both inside and outside the Exchange?

- Potential for adverse selection if rules not evenly applied?

Plan Transparency Considerations

“Web based tools” that drive transparency of plan information to consumers will be handled by the federally facilitated Exchange.

Next Steps: QHP Business Requirements

- Two day business requirement gathering session next week.
- Report on identified business requirements and QHP management operational design at September meeting.



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