

**12/20/2012 – Arkansas Federally-facilitated Exchange Partnership (FFE-P)
Open Marketplace/Active Purchaser Recommendations**

The Recommendations by the Plan Management Advisory Committee (PMAC), Steering Committee (SC) and Actions by Commissioner are presented as follows:

X.1 Plan Management Advisory Committee (PMAC) Recommendation to Steering Committee **12/14/2012**

X.2 Steering Committee (SC) Recommendation to Commissioner **12/20/2012**

X.3 Commissioner Action on Steering Committee Recommendation on **12/21/2012**

1. 1 PMAC recommends the adoption of the following definition of habilitative services: “Habilitative Services are services provided in order for a person to attain and maintain a skill or function never learned or acquired due to a disabling condition.”

- **This was decided by a voice vote with only 1 opposed.**

1. 2 The Steering Committee recommends the adoption of the following definition of habilitative services with the addition of the underlined language: “Habilitative Services are services provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition.”

- **This was passed unanimously.**

1. 3 Commissioner accepted SC recommendation.

2.1. PMAC recommends that the Coverage of Habilitative Service be defined as:

“Coverage of Habilitative Services

Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Policy, and subject to the Deductible, Copayment and Coinsurance amounts specified in the Schedule of Benefits, coverage is provided for the following services:

1. Physical, Occupational and Speech Therapy provided for developmental delay, developmental speech or language disorder, developmental disability, developmental coordination disorder and mixed developmental disorder. Therapy services must be performed by, or under the supervision or direction of, an appropriate therapist licensed by the appropriate state licensing board and must be furnished in accordance with a written treatment plan established or certified by the treating physician or advanced practice nurse.¹
2. Durable Medical Equipment when prescribed by a physician (doctor of medicine or doctor of osteopathy) or an advanced practice nurse according to the guidelines specified below.
 - a. Durable Medical Equipment (DME) is equipment which (1) can withstand

¹ It is understood that the issuer will determine the number of therapy sessions, but at a minimum therapy for habilitation will be on parity with therapy for rehabilitation.

repeated use; and (2) is primarily and customarily used to serve a medical purpose; and (3) generally is not useful to a person in the absence of an illness or injury; and (4) is appropriate for use in the home.

- b. DME delivery or set up charges are included in the Allowance or Allowable Charge for the Durable Medical Equipment.
- c. Replacement of DME is covered only when necessitated by normal growth or when it exceeds its useful life. Maintenance and repairs resulting from misuse or abuse of DME are the responsibility of the Covered Person.
- d. When it is more cost effective, the Issuer in its discretion will purchase rather than lease equipment. In making such purchase, the Issuer may deduct previous rental payments from its purchase Allowance.

- **This was decided by a voice vote in favor with 1 opposed.**

2.2 The Steering Committee recommends that the Health Benefits Exchange Partnership Division continue to develop criteria by which AID will evaluate the EHB habilitative services coverage. At a minimum, criteria will be at parity with EHB rehabilitative services coverage. The established Stakeholder Engagement Model process will be followed to assess and recommend habilitative services coverage, i.e., the Plan Management Advisory Committee will recommend to the Steering Committee criteria for consideration at the January 24, 2013 Steering Committee meeting and the Steering Committee will recommend evaluation criteria to the Commissioner. It is intended that, when approved by the Commissioner, these recommendations will become a part of the criteria to be used by AID in the assessment of Qualified Health Plans and that the establishment and publication of these criteria by January 31, 2013 will allow Issuers time needed to develop any products they intend to submit for the Exchange.

- **This was passed unanimously.**

2.2. Commissioner accepted SC recommendation.

3.2 The Steering Committee recommends that AID request HHS accept the additional modifications to the habilitative services coverage definition in the Arkansas EHB package beyond the current December 26, 2012 deadline for submission of comments to the "Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation; Proposed Rule" (published November 26, 2012), to allow inclusion of the criteria to be established in January in the final EHB package for Arkansas.

- **This was passed unanimously.**

3.3 Commissioner accepted SC recommendation.

4.1 PMAC recommends that the pediatric vision plan be changed to the AR Kids B Vision Plan.

- **This was passed unanimously.**

4.2 The Steering Committee recommends that the pediatric vision plan be changed to the AR Kids B Vision Plan.

- **This was passed unanimously.**

4.3 Commissioner accepted SC recommendation.

5.1 PMAC recommends that pediatric dental and vision plans extend until the child's 19th birthday to keep in line with current State practices.

- **This was passed unanimously.**

5.2 The Steering Committee recommends that pediatric dental and vision plans extend until the child's 19th birthday to keep in line with current State practices.

- **This was passed unanimously.**

5.3 Commissioner accepted SC recommendation.