

CT Health Exchange Seeks Qualified Health Plans (QHP) From Insurance Carriers

QHP Requirements Reflect Strong "Active Purchasing" Model

HARTFORD, Conn., Jan. 2, 2013 /PRNewswire/ -- The Connecticut Health Exchange is one of the first exchanges to start soliciting Qualified Health Plans (QHP) from insurance carriers as it continues its momentum to offer a wide range of health insurance options to consumers and small businesses starting October 2013. Connecticut's state-based Exchange was one of the first to be approved by the U.S. Department of Health and Human Services in mid-December.

Carriers were contacted in December and were requested to notify the Exchange of its intent to participate by January 4, 2013. The Exchange will require all carriers to submit standard plan designs that define cost sharing parameters, including deductibles, out-of-pocket maximums, copayment schedules, and benefits of the plan. Carriers must offer one standard plan for each of the "metal" tiers—bronze, silver and gold. To encourage carriers to innovate and design products that will enhance benefits and potentially reduce cost, the Exchange is urging them to submit an additional plan for each metal tier. The Exchange will also support stand-alone dental carriers to allow consumers greater choice in selecting a dental plan that best suits the needs of their children or entire family.

Connecticut's QHP certification requirements reflect a strong 'active purchasing' approach on the part of the Exchange, meaning requirements and participation guidelines have been structured to make sure carriers offer products and services that align with the needs and interests of the State's residents and small business owners. Requirements reflect recommendations made by the Exchange's Advisory Committees which included representatives of providers, payers, consumers and business advocates. The overall result is to allow consumers the ability to easily compare similar products across carriers and make an informed decision based on quality of service and cost.

"Our primary objective is to offer an appropriate selection of quality plans for our customers to choose from, while supporting the Exchange's shopping experience which is anchored in true transparency regarding plan details and pricing," said Kevin Counihan, Chief Executive Officer of the Exchange. "We believe that creating an efficient and transparent market will encourage carriers to compete on price and value, and we look forward to working with the carriers to bring this type of marketplace to Connecticut."

Other QHPs considerations include:

- having comprehensive networks to guarantee a sufficient number and geographic distribution of providers experienced with serving previously uninsured and underinsured residents.
- submitting patient experience ratings on a standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) as well as use a standard template to explain benefit and cost sharing.
- being accredited by a nationally recognized accreditation entity that independently monitors the quality service delivered by the carriers.

To increase accountability, the Exchange will require the carriers to agree to comprehensive reporting requirements related to quality improvement strategies, quality reporting, and enrollee satisfaction.

Over time the Exchange will develop a quality rating and performance metric that will relate quality of health care to relative cost of coverage.

Once the carriers notify the Exchange of their intent to participate, carriers will begin filing and reviewing plans with the Connecticut Insurance Department (CID). The CID must approve all forms and rates before a plan may be certified by the Exchange. At the conclusion of the process, expected to be in the second quarter of 2013, carriers who meet or exceed all the requirements will be announced.

About the Connecticut Health Exchange

The Connecticut Health Exchange (the Exchange) was created by the Connecticut Legislature in 2011 and is a quasi-public agency to satisfy requirements of the federal Affordable Care Act. The mission of the Connecticut Health Insurance Exchange is to increase the number of insured residents in Connecticut, promote health, lower costs and eliminate health disparities. Its vision is to provide an on-line eligibility, shopping and enrollment experience for state residents and small businesses.

The Exchange will ensure that participating health plans available during October 2013 open enrollment meet certain standards and facilitate competition and choices by rating the quality of each plan. Individuals and families buying coverage through exchanges may qualify for premium tax credits. The exchanges also will coordinate eligibility and enrollment with state Medicaid and Children's Health Insurance Programs. More information is available by visiting www.ct.gov/hix

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