



**Commonwealth
Care &
Commonwealth
Choice**

**MTF Presentations
October 2012**

Agenda

- Commonwealth Care
 - Tobacco Cessation Benefits
 - FY13 Open Enrollment Results
- Commonwealth Choice
 - 2013 Seal of Approval
 - Decision Support Tools



Tobacco Cessation Benefits

Tobacco Cessation Benefits

- As of July 1, 2012, all Commonwealth Care members have access to tobacco cessation benefits offered through their health plan.
- **What do these benefits include?**

Members are eligible to receive tobacco cessation **counseling** services and **medications**, including nicotine replacement therapy. These benefits are consistent with the tobacco cessation services provided through the MassHealth program.

Tobacco Cessation Benefits

Counseling Services:

- Members are covered for a minimum of 16 group and individual counseling sessions without prior authorization per benefit year (July 1, 2012 – July 1, 2013).
- There are standards for the individual and group tobacco cessation counseling services. More counseling may be available with prior authorization from the health plan.
- To find an approved counselor or group, members should check with their local hospital, community health center, their Primary Care Provider, or contact their health plan directly.

Tobacco Cessation Benefits

- **Medications:**

Members are eligible for a 90-day supply of all FDA approved medications used for tobacco cessation each time they make an attempt, up to a maximum of twice per benefit year (July 1 – June 30).

Tobacco Cessation Benefits

- Some of the specific prescription medications covered through Commonwealth Care are:
 - Chantix (chemical name varenicline) is available with a prior authorization
 - Zyban (generic bupropion, also called Wellbutrin SR)
 - Nicotine inhaler
 - Nicotine nasal spray
- These over the counter Nicotine Replacement Therapy (NRT) medications are also covered:
 - Nicotine patch
 - Nicotine gum
 - Nicotine lozenges

To get tobacco cessation medications, members should contact their Primary Care Provider.

Tobacco Cessation Benefits

Co-pays for Tobacco Cessation Medications:

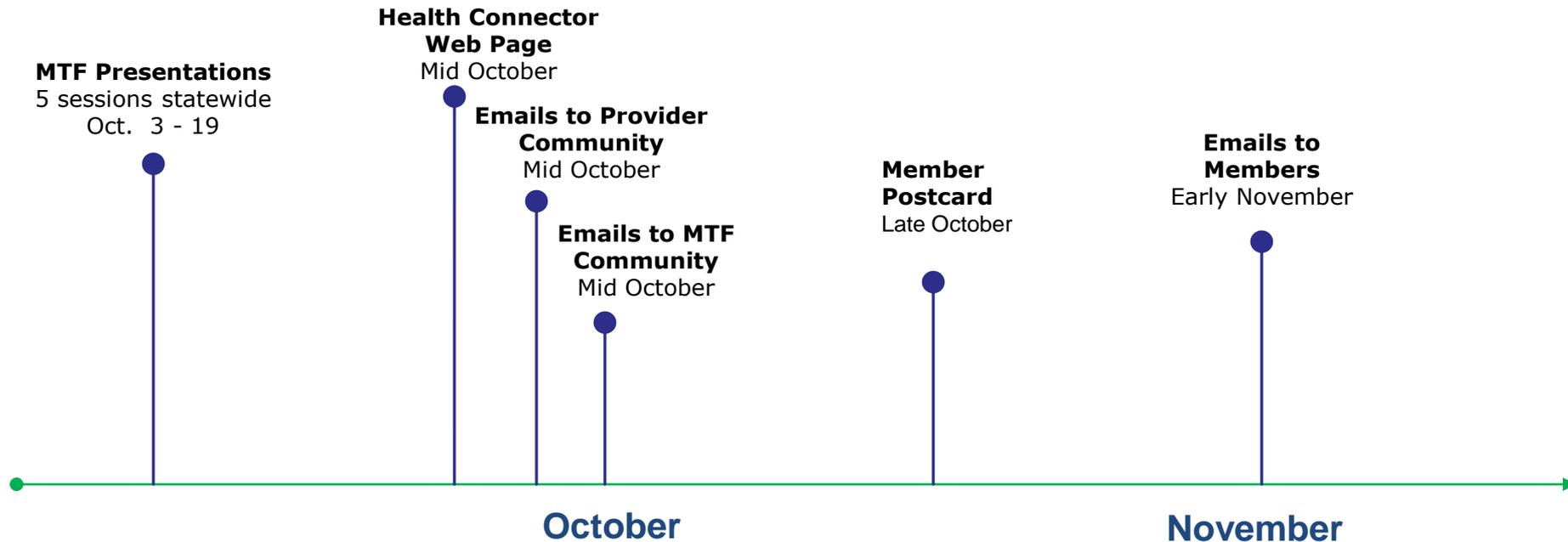
30 day supply from a pharmacy

- Generic drug \$3.65
- Drug on your plan's preferred list \$3.65
- Drug not on your plan's preferred list \$3.65

These co-pays are for all members, regardless of plan type.

Outreach Strategies and Timeline

- The Health Connector in partnership with the Department of Public Health has developed the following campaign to share information about the Commonwealth Care Tobacco Cessation Benefits.





**Commonwealth
Care
Open
Enrollment**

Open Enrollment

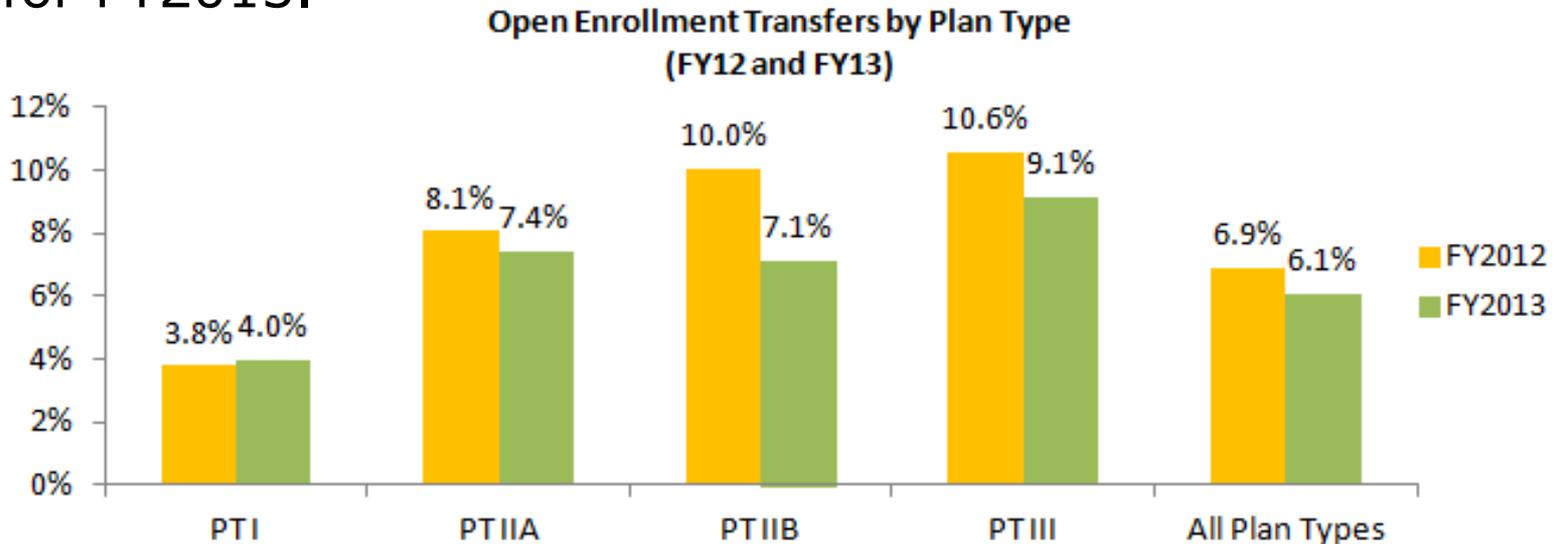
- Open enrollment refers to a particular time of year during which Commonwealth Care members can switch health plans for any reason.
- As of August 2012, there were 189,354 members (including 25,247 AWSS members) enrolled in Commonwealth Care.
- The Commonwealth Care team submitted a memo to the Board of Directors on Sept. 16th to provide an overview of this year's Commonwealth Care open enrollment results.
- The following slides are an excerpt. To view the full memo visit MAhealthconnector.org.

FY13 Enrollee Premiums

		<i>Base Enrollee Premium</i>	Network BMCHP	Health	CeltiCare	Neighbor- hood	Fallon
FY12	PT IIA	\$0	\$34	\$0	\$0	\$21	\$27
	PT IIB	\$39	\$91	\$39	\$39	\$72	\$80
	PT IIIA	\$77	\$152	\$77	\$77	\$125	\$137
	PT IIIB	\$116	\$197	\$116	\$116	\$167	\$181
FY13	PT IIA	\$0	\$0	\$3	\$12	\$28	\$28
	PT IIB	\$40	\$40	\$45	\$58	\$81	\$81
	PT IIIA	\$78	\$78	\$85	\$105	\$138	\$138
	PT IIIB	\$118	\$118	\$126	\$147	\$182	\$182
Change (From FY12 to FY13)	PT IIA	\$0	(\$34)	\$3	\$12	\$7	\$1
	PT IIB	\$1	(\$51)	\$6	\$19	\$9	\$1
	PT IIIA	\$1	(\$74)	\$8	\$28	\$13	\$1
	PT IIIB	\$2	(\$79)	\$10	\$31	\$15	\$1

CommCare Open Enrollment Results

- A total of **11,336** Commonwealth Care members switched health plans during this year's open enrollment. This represents 6.1% of the Commonwealth Care membership, compared with 6.9% last year.
- Note, the data illustrated below shows non-AWSS members only for FY2012 and both AWSS and non-AWSS members for FY2013.



Open Enrollment Results

Membership gains and losses by MCO

BMCHP, the lowest cost plan for this year, experienced the highest membership gain (7,231), compared with CeltiCare, the third lowest cost plan for this year, which experienced the largest drop in membership (5,579) and had the highest relative enrollee premium increase from last year to this year compared with the other MCOs.

Membership Gain/Loss by MCO During Open Enrollment						
		BMCHP	CeltiCare	FCHP	Network Health	NHP
Membership change	Gain	7,453	201	161	1,072	2,449
	Loss	(222)	(5,780)	(120)	(3,968)	(1,246)
	Net	7,231	(5,579)	41	(2,896)	1,203
June Enrollment		33,039	39,810	4,472	76,950	33,093
% Change	Gain	22.6%	0.5%	3.6%	1.4%	7.4%
	Loss	-0.7%	-14.5%	-2.7%	-5.2%	-3.8%
	Net	21.9%	-14.0%	0.9%	-3.8%	3.6%

Open Enrollment Results – AWSS Members

- A higher percentage of AWSS members (10.1%) changed plans during open enrollment compared to non-AWSS members (5.5%). This behavior is likely attributable to the fact that a greater percentage of total AWSS members experienced limited choice in during last year’s open enrollment compared with the non-AWSS population.

Category	Members (enrolled as of June 1, 2012)	Members that Changed MCO during O/E	%
Non-AWSS Members	164,509	9,020	5.48%
AWSS - Fmr Bridge Members	11,745	1,254	10.68%
AWSS - Fmr Waitlisted Members	9,258	897	9.69%
AWSS - New	1,865	165	8.85%
TOTAL	187,377	11,336	6.05%

“AWSS – New” refers to members of the AWSS population that applied for coverage after the waitlist was no longer in use (i.e., members of the AWSS population were no longer placed on a waiting list for enrollment, they were just eligible to enroll if otherwise eligible for the program).



**Commonwealth
Choice**

Seal of Approval - Background

- The Seal of Approval is the process by which all carriers submit proposed plans to be included in the Commonwealth Choice product offering.
- Since January 2010 the Commonwealth Choice has had a standardized shopping experience.
 - Standardization presents a choice of benefit packages within a format that facilitates easy comparison shopping.

Seal of Approval – 2013 Goals

- Retain standardization as the core of Commonwealth Choice product offering
- Ensure a product portfolio that keeps pace with the market, including evolving market preferences in plan design, by incorporating some non-standardized products in our shelf

2013 Seal of Approval: Requirements

- Consistent with current Commonwealth Choice program rules, the 2013 SoA continues to require carriers to:
 - Participate in all Commonwealth Choice programs
 - Provide plans that meet the current standardized plan design specifications on all benefit packages on the broadest commercial provider network offered by the carrier
- Additionally, we invited carriers to propose:
 - One or more standardized plans on narrower networks (as previously permitted); and
 - One or more non-standardized products that add value to consumers and meaningful diversity to the Health Connector shelf
- All products proposed by carriers are subject to review by the Health Connector and ultimately approval by the Board

2013 Seal of Approval: Carrier Responses

- All eight existing Commonwealth Choice carriers agreed to comply with the Health Connector's requirement to:
 - Participate in all Commonwealth Choice programs (e.g., Individual/Family, Young Adult Plans, Voluntary Plan and Business Express); and
 - Offer all standardized benefit packages on their broadest commercial provider networks

2013 Seal of Approval: Carrier Responses

- The Health Connector received a response from a new entrant, Network Health (NWH), which agreed to:
 - Participate in all Commonwealth Choice programs for which NWH is eligible* and
 - Offer all six standardized benefit packages on its broadest commercial provider network, effective April 1, 2013

* Network Health has less than 5,000 commercial members and is therefore ineligible to offer a Young Adult Plan

2013 Seal of Approval: Carrier Responses (cont'd)

- The Health Connector also received proposals from four of the existing Commonwealth Choice carriers to offer non-standardized plans:
 - Fallon Community Health Plan
 - Harvard Pilgrim
 - Health New England
 - Neighborhood Health Plan
- As a result, the Health Connector received a total of 22 new products
 - 11 standardized plans and 11 non-standardized plans
 - The 11 non-standardized plans include seven unique benefit designs, two of which (offered by Fallon) are offered on three different networks
- Many proposed non-standardized plans have demonstrated market appeal

2013 Seal of Approval: Web Shopping Considerations

- The core concept and key advantage of our web shopping model is the organization of plans by benefit tiers: Gold, Silver and Bronze
- With the introduction of new, non-standardized plans, our goal is to maintain a web shopping experience that is comprehensible and easy-to-navigate
- We propose to display non-standardized plans within their corresponding metallic tiers as suggested by the actuarial review, alongside the standardized products
 - For example, the HPHC Core Coverage 1750 HMO is closest to the Bronze Medium benefit package. This product will be included in a new “Bronze Other” category

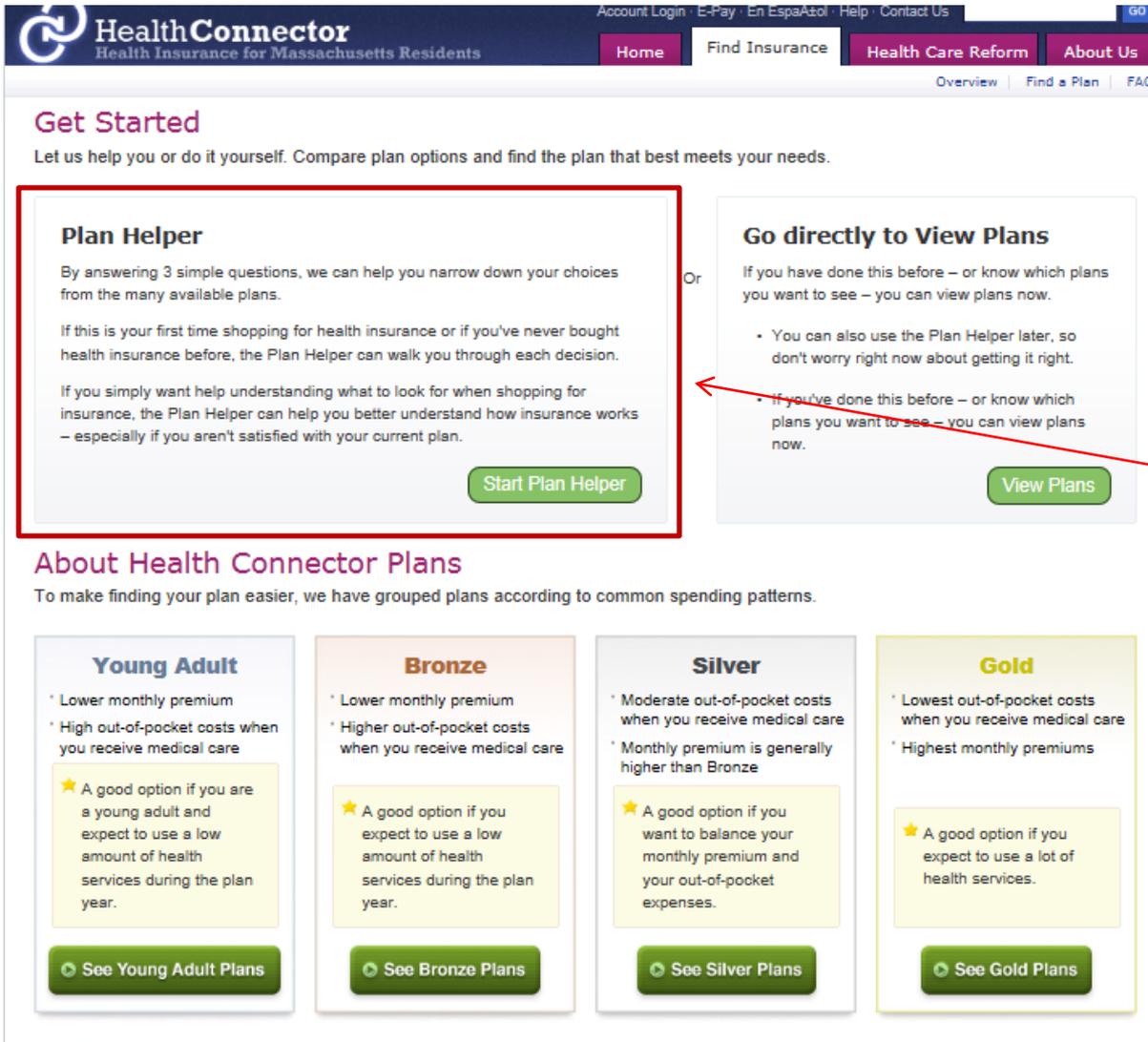


**Commonwealth
Choice
Decision
Support Tools**

Decision Support Tools

- To further enhance the ease of shopping through our website, new decision support tools will be implemented by November 1, 2012 (for plans effective January 1, 2013)
- The new tools will enable shoppers to rapidly narrow the number of available plans by:
 - Provider
 - Annual deductible; and/or
 - Cost-sharing design (co-insurance vs. co-pay)
- We are also in the process of exploring the possibility of offering a cost calculator decision support tool as early as June 2013 (in time for a non-group open enrollment in July of 2013, if applicable)

Decision Support Tools (cont'd)



The screenshot shows the HealthConnector website interface. At the top, there is a navigation bar with links for Account Login, E-Pay, En Español, Help, and Contact Us. Below this is a secondary navigation bar with Home, Find Insurance, Health Care Reform, and About Us. The main content area is titled "Get Started" and includes a sub-header "Plan Helper" which is highlighted with a red box. To the right of the Plan Helper box is a "Go directly to View Plans" section. Below these are four plan categories: Young Adult, Bronze, Silver, and Gold, each with a "See [Category] Plans" button.

HealthConnector
Health Insurance for Massachusetts Residents

Account Login | E-Pay | En Español | Help | Contact Us

Home | Find Insurance | Health Care Reform | About Us

Overview | Find a Plan | FAQ

Get Started

Let us help you or do it yourself. Compare plan options and find the plan that best meets your needs.

Plan Helper

By answering 3 simple questions, we can help you narrow down your choices from the many available plans.

If this is your first time shopping for health insurance or if you've never bought health insurance before, the Plan Helper can walk you through each decision.

If you simply want help understanding what to look for when shopping for insurance, the Plan Helper can help you better understand how insurance works – especially if you aren't satisfied with your current plan.

[Start Plan Helper](#)

Or

Go directly to View Plans

If you have done this before – or know which plans you want to see – you can view plans now.

- You can also use the Plan Helper later, so don't worry right now about getting it right.
- If you've done this before – or know which plans you want to see – you can view plans now.

[View Plans](#)

About Health Connector Plans

To make finding your plan easier, we have grouped plans according to common spending patterns.

Young Adult

- Lower monthly premium
- High out-of-pocket costs when you receive medical care

★ A good option if you are a young adult and expect to use a low amount of health services during the plan year.

[See Young Adult Plans](#)

Bronze

- Lower monthly premium
- Higher out-of-pocket costs when you receive medical care

★ A good option if you expect to use a low amount of health services during the plan year.

[See Bronze Plans](#)

Silver

- Moderate out-of-pocket costs when you receive medical care
- Monthly premium is generally higher than Bronze

★ A good option if you want to balance your monthly premium and your out-of-pocket expenses.

[See Silver Plans](#)

Gold

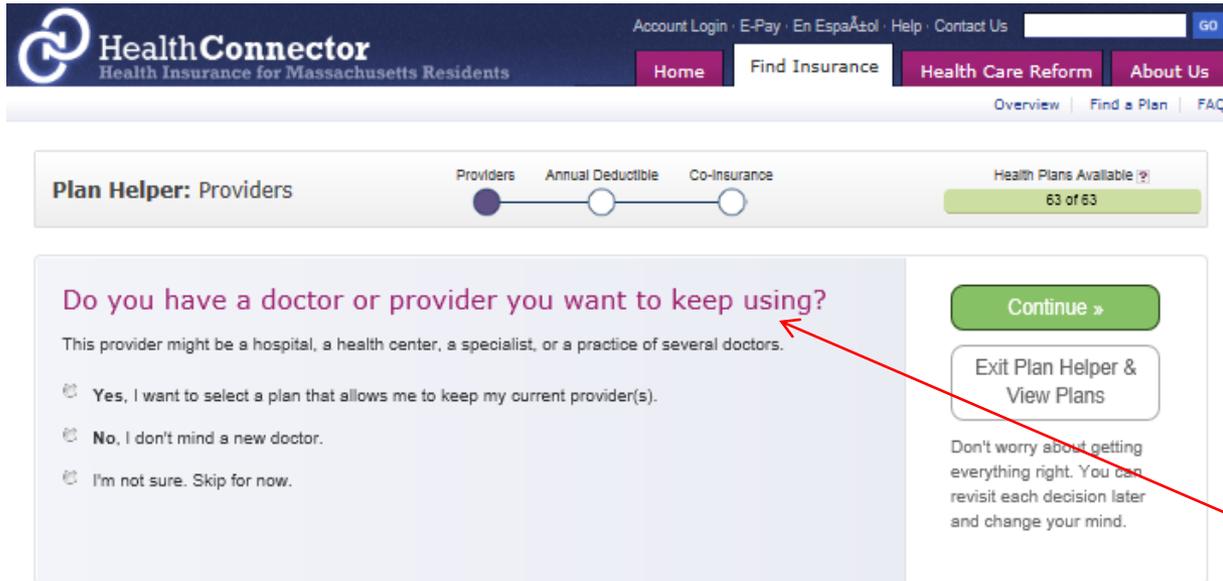
- Lowest out-of-pocket costs when you receive medical care
- Highest monthly premiums

★ A good option if you expect to use a lot of health services.

[See Gold Plans](#)

The new "Plan Helper" allows shoppers to filter plans by annual deductible, presence of co-insurance and certain providers.

Decision Support Tools (cont'd)



Account Login · E-Pay · En Español · Help · Contact Us

HealthConnector
Health Insurance for Massachusetts Residents

Home Find Insurance Health Care Reform About Us

Overview Find a Plan FAQ

Plan Helper: Providers

Providers Annual Deductible Co-Insurance

Health Plans Available 63 of 63

Do you have a doctor or provider you want to keep using?

This provider might be a hospital, a health center, a specialist, or a practice of several doctors.

Yes, I want to select a plan that allows me to keep my current provider(s).

No, I don't mind a new doctor.

I'm not sure. Skip for now.

Continue »

Exit Plan Helper & View Plans

Don't worry about getting everything right. You can revisit each decision later and change your mind.

- The "Plan Helper" will ask shoppers if **staying with the same provider** is important and direct shoppers to the provider lookup tool.

What is a Provider Network?

- Every health insurance plan has a group of doctors, nurse practitioners, hospitals and other health care providers that have agreed to provide certain covered benefits to its members. These groups are known as the "Provider Networks".
- A "General Provider Network" is the broadest network of health care providers offered by this insurance carrier.
- A "Limited Provider Network" has access to fewer providers, compared to this insurance carrier's "General Provider Network".



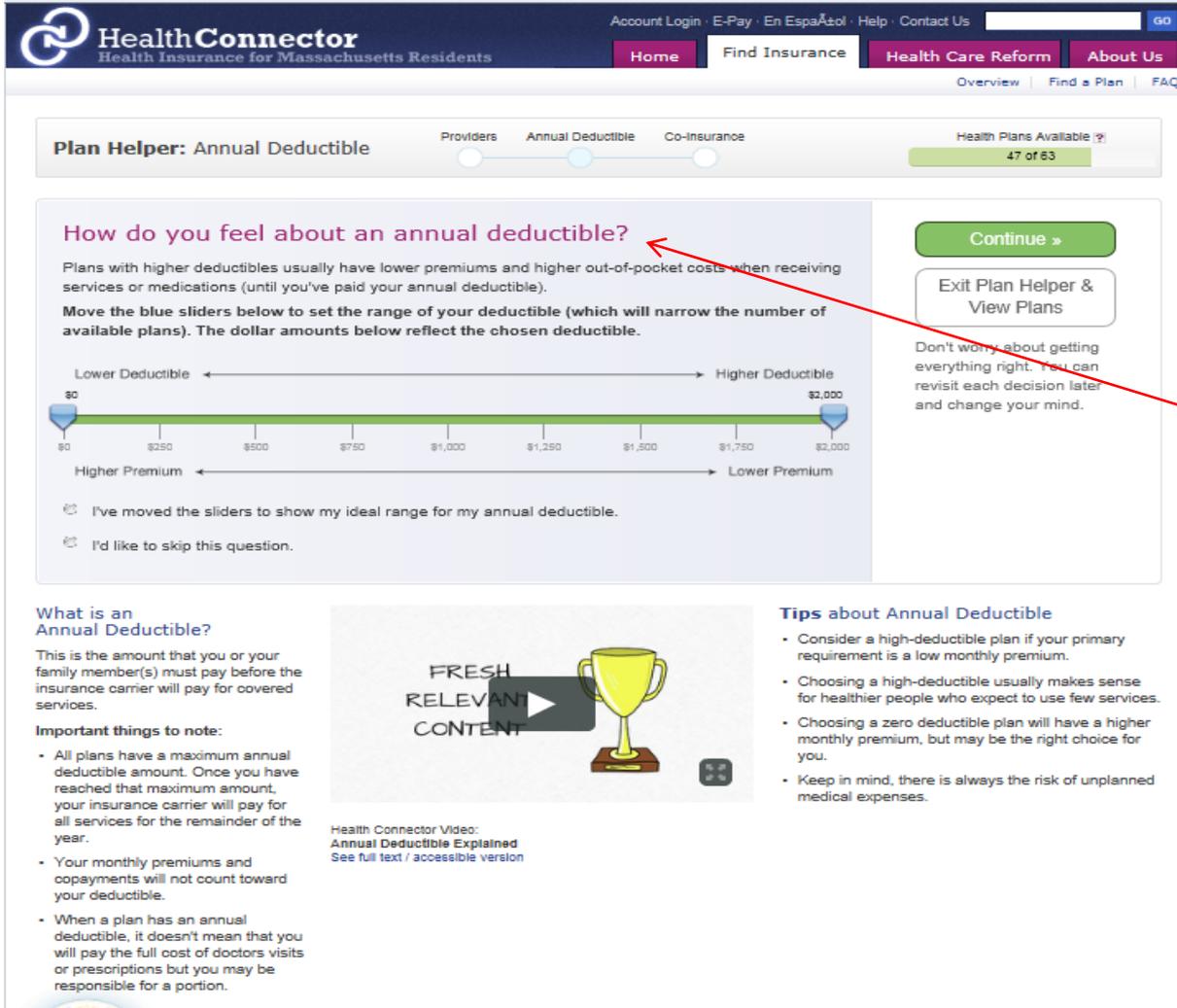
Health Connector Video:
Provider Networks Explained
[See full text / accessible version](#)

Tips about Provider Network

- Some insurance carriers offer 2 or 3 different varieties of the same health plan where plan #1 is on the "Broad" network and plan #2 is on the "Smaller" network.
- If you're not looking for a specific provider, you may save some money by looking at "Limited Provider Network" plans.
- Even if you have providers you're interested in keeping, it may be worth looking at plans without them and considering the cost savings.

- The "Plan Helper" also offers educational information about provider networks (including a video).

Decision Support Tools (cont'd)



The screenshot shows the 'Plan Helper: Annual Deductible' interface. At the top, there are navigation links for 'Home', 'Find Insurance', 'Health Care Reform', and 'About Us'. Below this, a progress bar indicates 'Health Plans Available: 47 of 53'. The main section asks, 'How do you feel about an annual deductible?' and provides explanatory text: 'Plans with higher deductibles usually have lower premiums and higher out-of-pocket costs when receiving services or medications (until you've paid your annual deductible). Move the blue sliders below to set the range of your deductible (which will narrow the number of available plans). The dollar amounts below reflect the chosen deductible.' A horizontal slider is shown with 'Lower Deductible' on the left (at \$0) and 'Higher Deductible' on the right (at \$2,000). Below the slider, 'Higher Premium' is indicated on the left and 'Lower Premium' on the right. Two radio buttons are present: 'I've moved the sliders to show my ideal range for my annual deductible.' (selected) and 'I'd like to skip this question.' To the right of the slider, there are buttons for 'Continue »' and 'Exit Plan Helper & View Plans'. A red arrow points from the 'Continue »' button to the explanatory text.

The "Plan Helper" next asks shoppers if a low **annual deductible** is important, along with explaining how annual deductibles work.

What is an Annual Deductible?

This is the amount that you or your family member(s) must pay before the insurance carrier will pay for covered services.

Important things to note:

- All plans have a maximum annual deductible amount. Once you have reached that maximum amount, your insurance carrier will pay for all services for the remainder of the year.
- Your monthly premiums and copayments will not count toward your deductible.
- When a plan has an annual deductible, it doesn't mean that you will pay the full cost of doctors visits or prescriptions but you may be responsible for a portion.

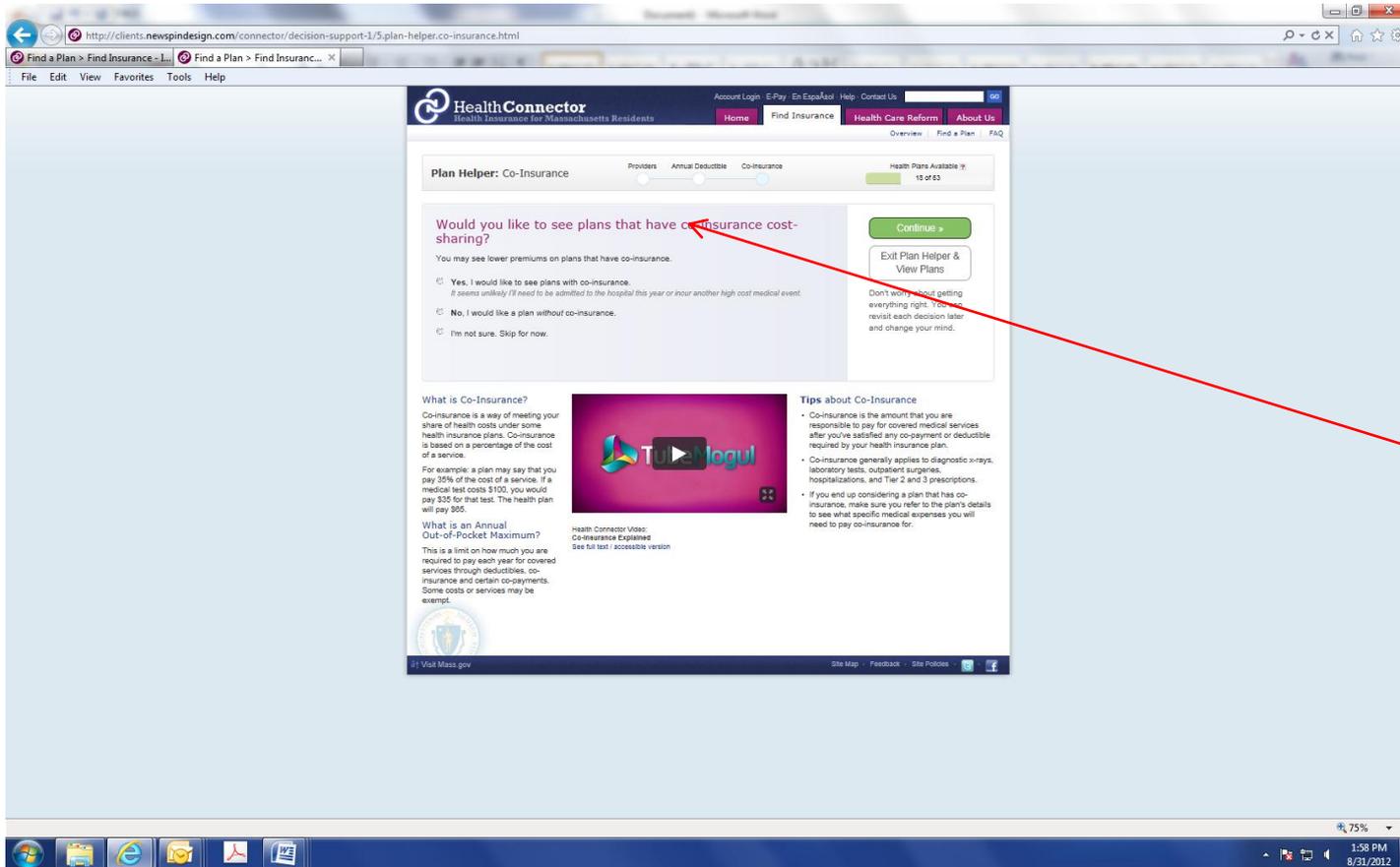


Health Connector Video:
Annual Deductible Explained
[See full text / accessible version](#)

Tips about Annual Deductible

- Consider a high-deductible plan if your primary requirement is a low monthly premium.
- Choosing a high-deductible usually makes sense for healthier people who expect to use few services.
- Choosing a zero deductible plan will have a higher monthly premium, but may be the right choice for you.
- Keep in mind, there is always the risk of unplanned medical expenses.

Decision Support Tools (cont'd)



HealthConnector
Health Insurance for Massachusetts Residents

Account Login | E-Pay | En Español | Help | Contact Us

Home | Find Insurance | Health Care Reform | About Us

Overview | Find a Plan | FAQ

Plan Helper: Co-Insurance

Providers | Annual Deductible | Co-Insurance

Health Plans Available: 15 of 83

Would you like to see plans that have co-insurance cost-sharing?

You may see lower premiums on plans that have co-insurance.

Yes, I would like to see plans with co-insurance.
It seems unlikely I'll need to be admitted to the hospital this year or incur another high cost medical event.

No, I would like a plan without co-insurance.

I'm not sure. Skip for now.

Continue

Exit Plan Helper & View Plans

Don't worry about getting everything right. You can revisit each decision later and change your mind.

What is Co-Insurance?

Co-insurance is a way of meeting your share of health costs under some health insurance plans. Co-insurance is based on a percentage of the cost of a service.

For example: a plan may say that you pay 35% of the cost of a service. If a medical test costs \$100, you would pay \$35 for that test. The health plan will pay \$65.

What is an Annual Out-of-Pocket Maximum?

This is a limit on how much you are required to pay each year for covered services through deductibles, co-insurance and certain co-payments. Some costs or services may be exempt.

Health Connector Video: Co-Insurance Explained
See full text: accessible version

Tips about Co-Insurance

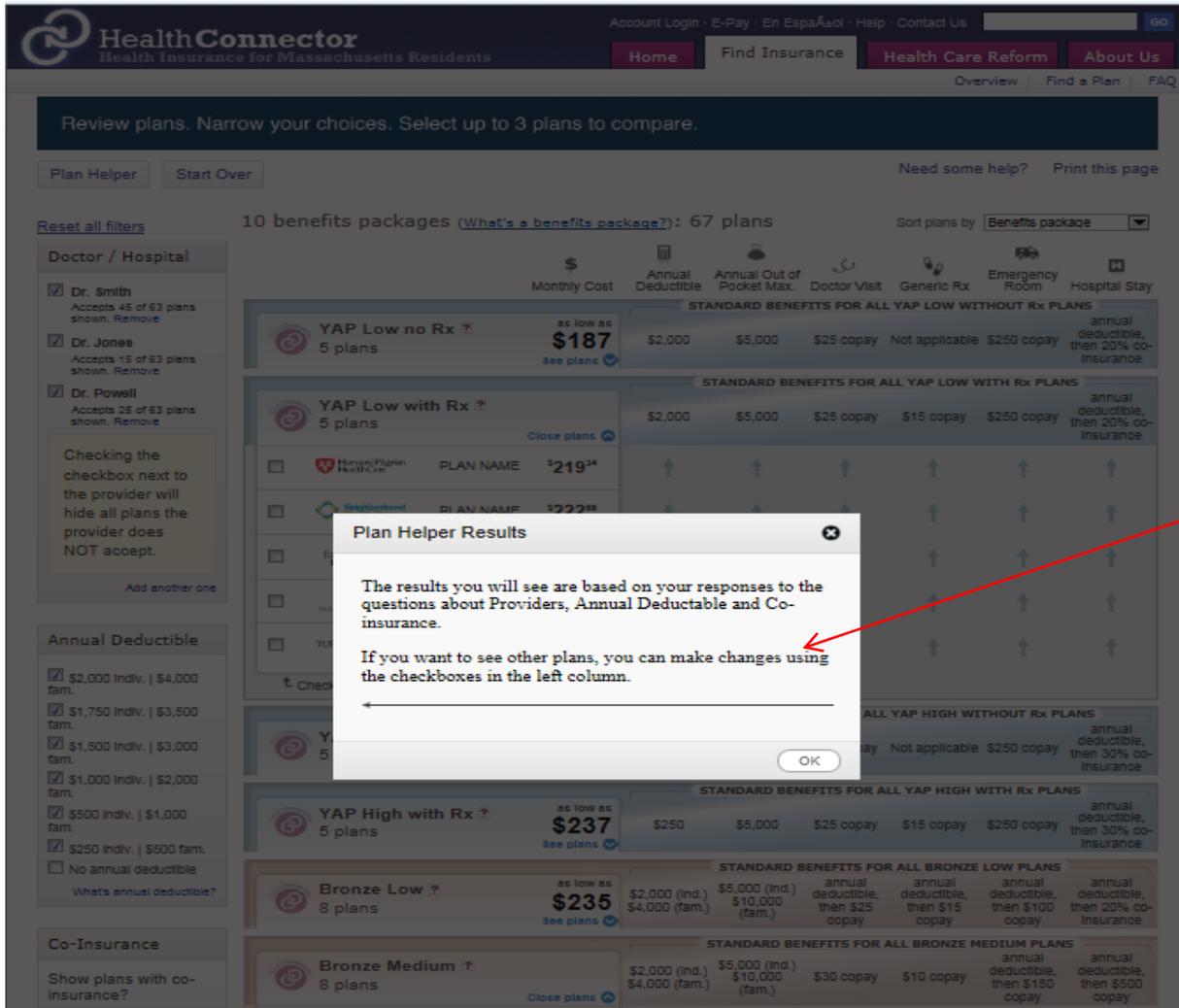
- Co-insurance is the amount that you are responsible to pay for covered medical services after you've satisfied any co-payment or deductible required by your health insurance plan.
- Co-insurance generally applies to diagnostic x-rays, laboratory tests, outpatient surgeries, hospitalizations, and Tier 2 and 3 prescriptions.
- If you end up considering a plan that has co-insurance, make sure you refer to the plan's details to see what specific medical expenses you will need to pay co-insurance for.

Visit Mass.gov

Site Map | Feedback | Site Policies

The final question asks whether shoppers would like to view plans that have **co-insurance** (with explanation).

Decision Support Tools (cont'd)



The screenshot displays the HealthConnector website interface for plan selection. The top navigation bar includes 'Account Login', 'E-Pay', 'En Español', 'Help', and 'Contact Us'. The main header features 'Home', 'Find Insurance', 'Health Care Reform', and 'About Us'. A dark banner at the top of the content area reads 'Review plans. Narrow your choices. Select up to 3 plans to compare.' Below this, there are buttons for 'Plan Helper' and 'Start Over', and a link for 'Need some help? Print this page'.

The main content area shows '10 benefits packages (What's a benefits package?): 67 plans'. A 'Reset all filters' link is on the left. The filters are categorized as follows:

- Doctor / Hospital:** Includes checkboxes for Dr. Smith (45 plans), Dr. Jones (15 plans), and Dr. Powell (25 plans).
- Annual Deductible:** Includes checkboxes for various individual and family deductible amounts, such as '\$2,000 Indiv. | \$4,000 fam.', '\$1,750 Indiv. | \$3,500 fam.', '\$1,500 Indiv. | \$3,000 fam.', '\$1,000 Indiv. | \$2,000 fam.', '\$500 Indiv. | \$1,000 fam.', '\$250 Indiv. | \$500 fam.', and 'No annual deductible'.
- Co-Insurance:** Includes a checkbox for 'Show plans with co-insurance?'.

The plan selection table has columns for 'Monthly Cost', 'Annual Deductible', 'Annual Out of Pocket Max.', 'Doctor Visit', 'Generic Rx', 'Emergency Room', and 'Hospital Stay'. The table lists several plan categories, including 'YAP Low no Rx', 'YAP Low with Rx', 'YAP High with Rx', 'Bronze Low', and 'Bronze Medium'. A 'Plan Helper Results' pop-up window is overlaid on the table, containing the following text:

Plan Helper Results

The results you will see are based on your responses to the questions about Providers, Annual Deductible and Co-insurance.

If you want to see other plans, you can make changes using the checkboxes in the left column.

An 'OK' button is at the bottom of the pop-up. A red arrow points from the text in the callout box to the 'If you want to see other plans...' text in the pop-up.

The shopper will be automatically directed to a page that displays only those plans that meet the criteria identified by the "Plan Helper."

Decision Support Tools (cont'd)

Video Guides to Help You Compare Plan Options and Find the Plan that Best Meets Your Needs

These videos can help you understand what to look for when shopping for health insurance.

Provider Networks Explained



[See full text / accessible version](#)

Co-Insurance Explained



[See full text / accessible version](#)

New video guides will be added to the Health Connector website.

Annual Deductible Explained



[See full text / accessible version](#)

Annual Out-of-Pocket Maximum Explained



[See full text / accessible version](#)



Contact Information

Contact Info: Commonwealth Care

Commonwealth Care Member Service Center

Monday - Friday from 8:00 a.m. to 5:00 p.m. at
1-877-MA-ENROLL (1-877-623-6765).

TTY: 1-877-623-7773 for people with partial or total hearing
loss

or visit us online MAhealthconnector.org

Contact Info: CommChoice

Commonwealth Choice Member Service Center

Monday - Friday from 8:30 a.m. to 5:00 p.m. at

Phone: 1-866-636-4654

Fax: 508-770-0167

TTY: 1-888-213-8163 for people with partial or total hearing loss

or visit us online www.MAhealthconnector.org