



Plan Management Advisory Committee Meeting Summary August 9th, 2013

The Plan Management Advisory Committee met on August 8th, 2013 to hear updates on the QHP Certification process and discuss policy topics for making policy decisions in plan year 2014. QHPs were successfully submitted to CCIIO and are still under review; the state may receive one or more multistate plans and are waiting on further information. Insurance carriers and the Department are also participating in plan preview period that extends through August 23rd.

The timeline proposed for discussing policy decisions for plan year 2015 is September through December, 2013, to allow enough time for issuers to develop plans and QHP applications and implementation of QHP reviews. While claims experience will not be available to inform policy decisions in the coming year, the policies and templates for QHPs on the exchange for plan year 2014 will be available for review beginning in early September. This will allow the committee to see how issuers implemented the policies developed in the previous year, as well as to look at service area coverage, network access, and other plan information of interest.

Topics of immediate interest to the committee for discussion in the coming months include Network Adequacy, Habilitative Services, quality improvement initiatives, and integration with the Medicaid Private Option. The committee proposes that the topic for discussion in September is *Network Adequacy*, as well as a review of Habilitative Services submitted by plans and an informational session on the Arkansas Payment Improvement Initiative. The discussion of Network Adequacy will include the following objectives:

- Determine more clear guidelines for evaluating “reasonableness” of provider networks;
- Discuss possibilities for collection of standardized network information;
- Look at network issues in Arkansas and consider possible ways to address them;
- Discuss standards for Essential Community Providers (ECPs) and ways to determine Federally Qualified Health Center status; and
- Evaluate integration with Medicaid Network Adequacy standards and special Medicaid considerations such as primary care requirements and Medical Homes.

The committee heard an update from DHS and discussed ongoing integration with Exchange functions, particularly now that Medicaid enrollees will be eligible for enrollment in QHPs. Issuers suggested frequent technical meetings with applicable parties to have issues heard and resolved. A meeting is scheduled for the second week of August to discuss IT and system changes that will be required for Private Option implementation. The final Medicaid 1115 Waiver was submitted to CMS in the first week of August; DHS has been in frequent contact with CMS and anticipates timely approval.