

Tucson Osteopathic Medical Foundation

Outline of Presentation

Practical Implications of Exchange products in Arizona

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- 1) Current status of Arizona and national enrollment
 - a. National statistics 7+ million enrolled
 - b. Arizona statistics 100K enrolled of 600K eligible
 - c. Arizona “exceeds” CMS targets for year 1 enrollment
- 2) Who enrolled?
 - a. Statistics by age
 - b. Health status?/ Pent up demand?
- 3) Status of the Marketplace
 - a. Enrollment officially closed – 3/31/14
 - b. Special enrollment period declared – through April 15
 - c. Life event implications
 - i. Loss of job
 - ii. Loss of Medicaid eligibility
 1. Do you know when this happens to your patients?
 - iii. Birth/ marriage etc
- 4) What plans are offered in Pima county
 - a. Over 100 plans offered
 - b. 70+ Silver level options
 - c. Carriers
 - i. Healthnet
 - ii. Aetna
 - iii. Meritus
 - iv. BCBS
 - v. Humana
 - vi. University
 - vii. Health Choice
- 5) What do the plans look like
 - a. Snap shot from the exchange
 - i. Silver level plans
 - ii. Gold level plans
 - iii. Bronze level plans
 - iv. Platinum level plans
- 6) Subsidy eligibility
 - a. Advance payment tax credits
 - i. Available for income levels below 400% FPL
 - ii. FPL chart with income levels
 - iii. Available in all metal levels
 - iv. Impact of Health net pricing on APTC
 - b. Cost sharing reductions

- i. Available only on silver plans
 - ii. Available for income levels below 250% FPL
 - iii. Reduces the out of pocket costs and deductibles for recipients
- 7) Premium levels across plans
 - a. Chart with all plans pricing and range
 - b. Health Net impact on marketplace
- 8) Pima county estimated market share
 - a. Chart with market share
 - b. Health net 80-85%
 - c. Rest – rest –
 - d. Meritus 3100 members mostly in Maricopa county
- 9) Practical impacts – What’s important to practices
- 10) Know who you are contracted with
 - a. There are many networks and many products
 - b. Your reimbursement rate may vary by product type
 - c. You may be contracted for products and you don’t realize it
- 11) Financial implications
 - a. Eligibility checks
 - b. Payments up front
 - c. Understand deductibles, coinsurance and copays
 - d. Up front collections will be key
- 12) What’s covered and what’s not covered
 - a. Essential Health Benefits
 - b. Detailed Data available on line
- 13) What’s subject to prior auth
 - a. Varies by plan
 - b. Don’t make assumptions
 - c. Resources at the plan level v. available on line
- 14) Beware the Grace Periods – Does you current contract protect you?
 - a. On Marketplace products
 - i. 30,60,90 day periods
 - ii. Notify providers
 - iii. 30 days - Pay claims
 - iv. 60- 90 days - Pend
 - v. Retro ineligibility – Deny claims – bill patient
 - b. Off Marketplace products
 - i. 30 day periods
 - ii. Notification
 - iii. Retro ineligibility –
 - c. Practical suggestions
 - i. Prior auth if applicable
 - ii. Recheck eligibility immediately before procedures
 - iii.
- 15) Other strategies

- a. Current uninsured patients?
- b. Employees of your practice
 - i. Could you benefit from an individual v. group policy strategy
- c. Open enrollment for 2015
 - i. Plans will change
 - ii. Membership will transition to other plans
 - iii. Statewide enrollment expected to increase
 - iv. Hispanic population

16) Questions?