District of Columbia Progress Report

STATE ACTIONS PROTECTING PATIENTS IN THE EXCHANGE

OVERVIEW

States vary in terms of the patient-centeredness of their health insurance markets. While federal rules set minimum requirements for consumer protections, some states have acted to make their markets more patient-focused. This scorecard evaluates states based on five key areas that assess patient-friendliness of their insurance markets to promote policies that best protect patients.

FIVE PATIENT-FOCUSED PRINCIPLES

NON-DISCRIMINATION

To ensure cost sharing and other plan designs do not discriminate or impede access to care.

- ◑ No state action to limit discrimination.
- ◑ Three unique platinum offerings in the 2015 exchange.
- ◑ No action on provider network requirements.
- ● The premium for the 2nd lowest cost silver plan is less than 1% lower in 2015 than it was in 2014.[2]

For non-discrimination metrics, relative to other states, DC is an

▼ Average-Performing State

TRANSPARENCY

To promote better consumer access to information about covered services and costs in exchange plans.

- ◑ DC's website allows consumers to filter plan options and has links to plans' provider directories. However, the website lacks links to plans' formularies, formulary and provider search tools, and calculators to help estimate tax credit or out-of-pocket expense amounts.
- ◑ No action regarding contracting requirements for plan information transparency.

For transparency metrics, relative to other states, DC is a

▼ Low-Performing State

DC HIGHLIGHTS

DC established a state-based exchange, called DC Health Link.

In the 2014 plan year, 19,500 DC residents selected an exchange plan through DC Health Link. About 59% of DC residents who are eligible for exchange coverage enrolled in an exchange plan in 2014.[1]

DC expanded Medicaid, effective in 2014.

PROGRESS LEGEND

This report measures states using two methods of evaluation:

First, the report measures a state's performance on a series of metrics related to the five principles.

- ● Beneficial for Patients
- ◑ Neutral for Patients
- ● Negative for Patients

Second, the report compares a state's aggregate performance on all metrics within each principle to other states' performance on these same metrics.

▼ High-Performing

▼ Average-Performing

▼ Low-Performing

STATE OVERSIGHT

To ensure all health insurance exchange plans meet applicable requirements.

- ◗ Passive purchasing—the district does not actively negotiate with plans to participate in the exchange.
- ● DC requires plans to offer products in specific metal levels, including bronze plans, and ties participation outside and inside of the exchange.
- ● Its effective rate review program allows the state to manage premium increases.[3]
- ◗ Four carriers in the 2015 exchange.

For state-oversight metrics, relative to other states, DC is an

Average-Performing State

UNIFORMITY

To create standards to make it easier for patients to understand and compare exchange plans.

- ● DC will require standardized benefit designs beginning in 2016.
- ◗ DC expressed interest in developing quality reporting requirements for the 2016 plan year.
- ◗ No action on standardized display of plan information.

For uniformity metrics, relative to other states, DC is an

Average-Performing State

CONTINUITY OF CARE

To broaden sources of coverage and protect patients transitioning between plans.

- ◗ No action on continuity-of-care requirements.[4]
- ● DC expanded Medicaid, which now covers an estimated 20,000 people in the state.

For continuity-of-care metrics, relative to other states, DC is an

Average-Performing State

A MORE PATIENT-FOCUSED DC MARKETPLACE

DC has achieved some success in fostering a patient-focused market, as they have taken several state actions, beyond the federal requirements, that better protect patients.

However, DC has not exercised its full authority to regulate the exchange to promote patient protections. Through legislative or other action, DC could improve plan information transparency or standardize plan benefit materials. Patients would benefit from the development of quality rating measures to better inform plan selection and oversight activities that would screen exchange plans for discriminatory benefits. As a state-based exchange, DC could exert even more influence over the exchange by becoming an active purchaser. DC could also consider instituting continuity-of-care requirements to ensure that patients have stable access to care. Furthermore, DC's exchange website should include links to formularies, and tools such as formulary and provider search tools.

METHODOLOGY

Data by Avalere Health as of January 1, 2015. Avalere maintains a proprietary database of state policy developments for all 50 states and DC. Avalere also used key resources from publicly available websites, cited where applicable. Avalere conducted a focused review of state exchange insurance markets; this assessment is not intended to be a comprehensive review of state insurance markets. Avalere only included finalized actions established in the state, and did not include proposed measures or actions.

For definitions of key terms, see the National Health Council's Putting Patients First® glossary.

1 Kaiser Family Foundation, "Estimated Number of Individuals Eligible for Financial Assistance through the Marketplaces," November, 2014, accessed via: http://kff.org/other/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/
2 Kaiser Family Foundation, "Analysis of 2015 Premium Changes in the Affordable Care Act's Health Insurance Marketplaces," January 06, 2015, accessed via: http://kff.org/health-reform/issue-brief/analysis-of-2015-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces/
3 The Center for Consumer Information & Insurance Oversight, "State Effective Rate Review Programs," April 16, 2014, accessed via: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/rate_review_fact_sheet.html
4 Families USA, "Standards for Health Insurance Provider Networks: Examples from the States," November 2014, accessed via: http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_web.pdf

NATIONAL HEALTH COUNCIL