

2018

Molina Marketplace Product Training

Kahassai Tafese

Broker Channel Manager – Eastern Region (Ohio, and Michigan)

Kasai.tafese@molinahealthcare.com

614-623-8267



Molina Marketplace Product Portfolio - 2018

On-Exchange - 2018 - Metal Plans, By State

State Benefit Marketplaces

State	Catastrophic	Bronze	Silver 100	Silver 150	Silver 200	Silver 250 +	Gold	Platinum
Covered California	CC Standard	CC Standard	CC Standard				CC Standard	CC Std
Washington HBE	Not Available	Discontinued	Molina Marketplace Choice				Molina Marketplace Choice	Not Available
New Mexico	Not Available	Molina Marketplace	Molina Marketplace				Molina Marketplace	Not Available

Federally Facilitated Markets

State	Catastrophic	Bronze	Silver 100	Silver 150	Silver 200	Silver 250 +	Gold	Platinum
Michigan	Not Available	1. Molina Marketplace 2. Molina Marketplace options - CMS	1. Molina Marketplace 2. Molina Marketplace Options - CMS				Molina Marketplace	Not Available
Ohio								
Florida								
Texas	Not Available	Molina Marketplace Consumer Choice	1. Molina Marketplace Consumer Choice 2. Molina Marketplace Options - CMS				Molina Marketplace Consumer Choice	Not Available
		Not Available	Molina State Mandated				Molina State Mandated	

Off-Exchange – 2018 Metal Plans By State

Federally Facilitated Markets

State	Catastrophic	Bronze	Silver	Gold	Platinum
Utah	Not Available	Not available	Not Available	Off-Exchange	Not Available
Wisconsin	Not Available	Off-Exchange, Non-Network	Not Available	Not available	Not Available

Molina Marketplace Product Portfolio - 2018

State	Service Area Action	Renewing Plans
CA	No changes	All 5 metal level plans: Minimum Coverage, Bronze, Silver, Gold and Platinum
TX	No changes	<ul style="list-style-type: none"> • State Mandated: Silver and Gold • Molina Consumer Choice Bronze, Silver, & Gold • CMS Options: Silver
NM	No Changes	Bronze, Silver, & Gold
OH	Retain existing counties; Expansion into three new counties - Holmes, Hancock, Coshocton	<ul style="list-style-type: none"> • Bronze, Silver, & Gold • CMS Options: Bronze and Silver • Expansion counties: Silver only
MI	Expansion to a full county in Oakland, with addition of additional hospital contracts	<ul style="list-style-type: none"> • Bronze, Silver, and Gold • CMS Options: Bronze and Silver
FL	No changes	<ul style="list-style-type: none"> • Bronze, Silver, and Gold • CMS Options: Bronze and Silver

Molina Marketplace Product Portfolio - 2018

State	Service Area Action	Plans
WA	Product Withdrawal: Rating area 5, impacting – Adams, Chelan, Douglas, Grant, Kittitas, Okanogan	Discontinue all Bronze, Silver, and Gold plans
WA	Retained service area: Clark, Ferry, King, Lincoln, Mason, Pend Oreille, Pierce, Skamania, Spokane, Stevens, Thurston; Service Area Expansion: Klickitat County	<ul style="list-style-type: none"> • Renewing Silver and Gold plans • Discontinuing Bronze plans in retained counties • Adding Silver & Gold Plans in Expansion Only
WI	Product Withdrawal from the following counties: Brown, Calumet, Dodge, Door, Florence, Fond Du Lac, Forest, Jefferson, Kenosha, Lincoln, Manitowac, Marathon, Marinette, Menominee, Millwaukee, Oconto, Oneida, Outagami, Ozaukee, Portage, Racine, Shawano, Sheboygan, Vilas, Walworth, Washington, Waukesha, Waupaca, Winnebago, Wood	<ul style="list-style-type: none"> • Discontinue all On-Exchange plans (Bronze, Silver, and Gold) • Off-Exchange: Bronze Indemnity Plan in Shawano County only
UT	Product Withdrawal from the following counties: Davis, Salt Lake, Utah, Weber, Box Elder, Summit, Tooele	<ul style="list-style-type: none"> • Discontinue all Bronze, Silver, and Gold plans • Off-Exchange: Gold Plan in Salt Lake and Weber Counties only

Molina Marketplace Product 2018

Molina Product Revisions	
<ul style="list-style-type: none">➤ Adding specific language for covering Diabetic Eye Exams	
<ul style="list-style-type: none">➤ Adding language supporting Non-Emergency Transportation<ul style="list-style-type: none">▪ Applicability to Medically Necessary Non-routine transfers from a hospital▪ Has nothing to do with former Non-Emergency transportation benefit	
<ul style="list-style-type: none">➤ Add Balance Billing provision to Emergency Transportation (Ambulance) benefit<ul style="list-style-type: none">▪ Benefit was moved to Coinsurance for 2017. This strengthens Notification to Members accessing the Non-Participating Provider services	
<ul style="list-style-type: none">➤ Adding language supporting Mental Health / Substance Abuse<ul style="list-style-type: none">▪ Applicability to CMS Audit requirement for assuring we cover “Gender Dysphoria”▪ Includes all medically necessary services of transgender services	
<ul style="list-style-type: none">➤ Strengthened language for Non-Par Admission and Post Stabilization Transfer to a Participating Facility<ul style="list-style-type: none">▪ Notification of potential for Non-covered services without coordinated transfer to Participating Hospital	

Molina Marketplace Product 2018

Molina Product Revisions

➤ Add definition for “Transition of Care”, per Benefit Interpretation Committee (BIC) decision.

Transition of Care:

If **You are new to Molina**, We may allow You to continue receiving Covered Services for an ongoing course of treatment with a Non-Participating Provider until we arrange transition of care to a Participating Provider, under the following conditions:

1. Molina will only extend coverage for Covered Services to Non-Participating Providers, when it is determined to be Medically Necessary, through Our Prior Authorization review process. You may contact Molina to initiate Prior Authorization review.
2. Molina provides Covered Services on or after Your effective date of coverage with Molina, not prior. A prior insurer (if there was no break in coverage before enrolling with Molina), may be responsible for coverage until Your coverage is effective with Molina.
3. After Your effective date with Molina, We may coordinate the provision of Covered Services with any Non-Participating Provider (physician or hospital) on Your behalf for transition of medical records, case management and coordination of transfer to a Molina Participating Provider.
4. **For Inpatient Hospital Services:** With Your assistance, Molina may reach out to any prior Insurer (if applicable) to determine Your prior Insurer’s responsibility for payment of Inpatient Hospital Services through discharge of any Inpatient admission. If there is no transition of care provision through Your prior Insurer or You did not have coverage through an Insurer at the time of admission, Molina would assume responsibility for Covered Services upon the effective date of Your coverage with Molina, not prior.

Product/Pricing Impacts

- EOC updated to clarify coverage for medically necessary non-par provider services for members transitioning to a Molina plan

Molina Marketplace Product – 2018 California Revisions

Molina Product Revisions

- **“Age-Off” for Child reaching limiting age for dependents**
 - Dependent children will remain covered until the end of the plan year they turn 26 instead of the end of the month they turn 26
 - Children with disabilities are exempt from age off, subject to verification
 - This change aligns with other states, which already term age-offs at end of year
 - Molina must send an Age-Off Notice 90 days before end of year

- **Added “Surprise Billing” provision – No Balance Billing for a Non-Par Provider at a Par Facility**
 - AB 72 requirement, effective 7/2017 and already implemented
 - This applies for both emergency and non-emergency covered services
 - Member pays the same cost sharing as if the provider were in-network
 - The burden is on the non-par provider to refund overpayments
 - The plan reimburses the provider based on a standard calculation for the region
 - Plan pays the greater of the average contracted rate or 125 percent of the amount Medicare reimburses on a fee-for-service basis for the same or similar services in the general geographic region

Molina Marketplace Product – 2018 Florida Revisions

Molina Product Revisions	
<ul style="list-style-type: none">➤ Implementation of PCP Referral Requirement<ul style="list-style-type: none">▪ Will now require members to work with their PCP to gain access to Specialists (other than OBGYN)▪ Operational structure under development▪ Coordinate language with Second Opinion requirements under F.S. 641.51(5)	
<ul style="list-style-type: none">➤ Prior Authorization for Observation Stays at Hospital<ul style="list-style-type: none">▪ Individuals moving from Emergency to Observation status (Not as Inpatient admission) will require Prior Authorization for medical Necessity to remain covered▪ May be expanded to other Health Plans – Benefit Interpretation Committee to address	
<ul style="list-style-type: none">➤ Prior Authorization for DME (available at No Charge)<ul style="list-style-type: none">▪ Individuals moving from Emergency to Observation status (Not as Inpatient admission) will require Prior Authorization for medical necessity to remain covered▪ May be expanded to other Health Plans – Benefit Interpretation Committee to address	
<ul style="list-style-type: none">➤ Prior Authorization required for 9th Concurrent Prescription<ul style="list-style-type: none">▪ This can be managed at the pharmacy level▪ Safety measure for members	

Molina Marketplace Product Strategy – 2018 WA Revisions

Molina Product Revisions

➤ **Contraceptive Drugs**

- Members may receive a twelve-month refill of contraceptive drugs obtained at one time. Member may request a smaller supply or their prescribing provider may determine that they require a smaller supply. Member may receive the contraceptive drugs on-site at a Participating Providers office, if available.

➤ **Emergency fill Medications**

- short term dispensed amount of medication
- In-network pharmacy (INP) may perform a one time over-ride for Rx's requiring a PA when certain criteria is met.
 - INP cannot reach the Molina's PA dept. phone because it is outside of business hours;
 - Molina cannot prescribing provider for consult
 - Urgent therapeutic need

➤ **Preventive care**

- Children/Adolescents - Fluoride application by a PCP
- Adults /Seniors - High Blood Pressure Screening, *Abdominal aortic aneurysm screening, & colorectal cancer screening for high risk less than 50 yrs of age.

Molina Marketplace Product – 2018 Texas Revisions

Molina Product Revisions	
<p>➤ Private Duty Nursing</p> <ul style="list-style-type: none">▪ State regulation requires coverage for Private Duty Nursing, if medically necessary.▪ This requirement applies to the Standard plan only. Options and Choice still exclude Private Duty Nursing from coverage.	
<p>➤ Balance Billing</p> <ul style="list-style-type: none">▪ Covered services provided by a non-network provider (ER, non-contracted facility based provider or non-contracted provider with Prior Authorization), must be paid up to Usual and Customary or an agreed amount.▪ Notice to the member regarding how to file a complaint in the event of being balance billed must be included in the EOC and on the EOB.	

Molina Marketplace Product – 2018 Ohio Revisions

Molina Product Revisions	
<ul style="list-style-type: none">➤ Grace Period<ul style="list-style-type: none">▪ Claims for Non-APTC members during the 10-day grace period will be pended.	
<ul style="list-style-type: none">➤ Balance Billing<ul style="list-style-type: none">▪ Covered services provided by a non-network provider (ER, COC, non-contracted facility based provider or non-contracted provider with Prior Authorization), must be paid up to Usual and Customary or an agreed amount.	
<ul style="list-style-type: none">➤ Maternity<ul style="list-style-type: none">▪ New 2018 State requirement<ul style="list-style-type: none">▪ Follow-up care can be directed by either a physician or an advanced practice registered nurse. Midwives should be certified.	

Molina Marketplace Product – Pharmacy Updates

Molina Product Revisions

➤ Adding Prescription Drug Limitation

- Drug Manufacturer's provide financial support for high cost drugs with discount coupons, but serve the point of expanding the use of those drugs, when lower cost alternatives are available.
- We have added EOC language, limiting the application prescription drug manufacturer discounts:
 - ✓ **“Please note, cost sharing for any prescription drugs obtained by You through the use of a discount card or coupon provided by a prescription drug manufacturer will not apply toward any Deductible, or the Annual Out-of-Pocket maximum under Your Plan.”**
- **Note** - Final provision may be slightly different by State based upon regulator position

➤ Insulin product, called LANTUS -- replaced (or replaced its Tier 2 position) with a “biosimilar” version called BASAGLAR

- Same drug, same dose -- But 20-30% lower in ingredient costs.
- Members continuing into 2018 will either need to move to the BASAGLAR version, or if in a state where LANTUS is still on formulary will need to pay the higher copay (tier) for LANTUS.
- In 2017 we already added BASAGLAR to the formulary so the change in 2018 is the status of LANTUS to Tier 3, only.

➤ Over the Counter – Preventive Drugs

- Clarified definition of these EHB in the EOC
- Clarified reimbursement processes: via pharmacy or “Direct Member Reimbursement”

Molina Marketplace Product Strategy – Pharmacy Updates

Molina Product Revisions

➤ State-level Rx Review and Discussions

- Cross-functional engagement addressing, how to attack increased prescription drug cost trend and utilization, identify prevalence and overlap of clinical or administrative issues
- Identify common Pharmacy management issues and opportunities across regions, seek clarity and attack common solutions leading to improved performances
- Engage CVS Caremark on administrative and cost containment opportunities
- Determining how to leverage best practice solutions to simplify admin, reduce cost and ease administration

Molina Marketplace Plan Design Changes for 2018 – OH, MI, FL, NM*, TX**

	Bronze	Options Bronze	Silver 100	Options Silver 100	Silver 150	Options Silver 150	Silver 200	Options Silver 200	Silver 250	Options Silver 250	Gold
ACCUMULATORS											
Medical Deductible, Ind / Fam	\$6,400 / \$12,800		\$525 / \$1,050			\$2,500 / \$5,000		\$4,950 / \$9,900			\$3,800 / \$7,600
Rx Deductible, Ind / Fam						\$400 / \$800 (Tiers 3 & 4 only)	\$200 / \$400 (Tier 4 only)	\$400 / \$800 (Tiers 3 & 4 only)	\$500 / \$1000 (Tier 4 only)		
OOPM, Ind / Fam	\$7,350 / \$14,700	\$7,350 / \$14,700	\$2,450 / \$4,900			\$2,450 / \$4,900	\$5,850 / \$11,700	\$5,850 / \$11,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
COST SHARING											
Emergency Room	\$400 (after ded)	40% (after ded)	\$175	5% (after ded)	\$250 (after ded)	20% (after ded)	\$400 (after ded)	20% (after ded)	\$400 (after ded)	20% (after ded)	
Urgent Care		\$75									
Office Visit — Primary Care	\$35 (after ded)	\$35							\$30		\$10
Office Visit — Specialty Care		\$75		\$10			\$60		\$75		
Hab Services / Rehab		40% (after ded)	\$10		\$30		\$60		\$75		\$35
Outpatient Hospital/Facility Services: Mental/Behavioral/SA		40% (after ded)					40% (after ded)		40% (after ded)		
Radiology Services (X-rays)		40% (after ded)					\$65		\$75		
Laboratory Tests	\$40 (after ded)	40% (after ded)					\$40		\$40		
Inpatient Hospital Services		40% (after ded)					40% (after ded)		40% (after ded)		
Rx Tier 1	\$20							\$15	\$20		\$10
Rx Tier 2	\$60 (after ded)						\$60		\$60		
Rx Tier 3							50% (after ded)		50% (after ded)		
Rx Tier 4							50% (after ded)	40% (after ded)	50% (after ded)	40% (after ded)	

* NM has no Options Plans

**TX plans: Choice plans are the same as the Molina plans above; no Bronze Options plan

Molina Marketplace Plan Design Changes for 2018 – TX State Mandated

	Silver 100	Silver 150	Silver 200	Silver 250	Gold
ACCUMULATORS					
Medical Deductible, Ind / Fam					
Rx Deductible, Ind / Fam					
OOPM, Ind / Fam		\$2,450 / \$4,900	\$5,850 / \$11,700	\$7,350 / \$14,700	\$7,350 / \$14,700
COST SHARING					
Emergency Room	\$200		\$750	\$800	\$450
Urgent Care					
Office Visit — Primary Care			\$30	\$40	
Office Visit — Specialty Care			\$80	\$85	\$70
Hab Services / Rehab					
Outpatient Hospital/Facility Services: Mental/Behavioral/SA					
Radiology Services (X-rays)		\$60	\$90	\$90	\$70
Laboratory Tests		\$40	\$50	\$50	
Inpatient Hospital Services					
Rx Tier 1	\$5				\$25
Rx Tier 2	\$15	\$35	\$85	\$85	\$70
Rx Tier 3					
Rx Tier 4					

Molina Marketplace Plan Design Changes for 2018 – WA

	Silver Choice 100	Silver Choice 150	Silver Choice 200	Silver Choice 250	Gold Choice
ACCUMULATORS					
Medical Deductible, Ind / Fam		\$525 / \$1,050	\$2,500 / \$5,000	\$4,950 / \$9,900	\$3,800 / \$7,600
Rx Deductible, Ind / Fam			\$400 / \$800 (Tiers 3 & 4 only)	\$400 / \$800 (Tiers 3 & 4 only)	
OOPM, Ind / Fam	\$1,250 / \$2,500	\$2,450 / \$4,900	\$5,850 / \$11,700	\$7,350 / \$14,700	\$7,350 / \$14,700
COST SHARING					
Emergency Room	\$175	\$250 (after ded)	\$400 (after ded)	\$400 (after ded)	
Urgent Care					
Office Visit — Primary Care				\$30	\$10
Office Visit — Specialty Care			\$60	\$75	
Hab Services / Rehab	\$10	\$30	\$60	\$75	\$35
Outpatient Hospital/Facility Services: Mental/Behavioral/SA	10% ded waived		40% (after ded)	40% (after ded)	
Radiology Services (X-rays)			\$65	\$75	
Laboratory Tests			\$40	\$40	
Inpatient Hospital Services	10% ded waived		40% (after ded)	40% (after ded)	
Rx Tier 1				\$20	
Rx Tier 2			\$60	\$60	
Rx Tier 3		30%	50% (after ded)	50% (after ded)	30%
Rx Tier 4		30%	50% (after ded)	50% (after ded)	30%

Molina Marketplace Plan Design Changes for 2018 -- CA

	Catastrophic	Bronze	Silver 94	Silver 87	Silver 73	Silver 70	Gold	Platinum
Accumulators								
Med/Rx/Dental Deductible (indiv)	2017: \$7,150 2018: \$7,350							
Rx Deductible (indiv)					2017: \$250 2018: \$130	2017: \$250 2018: \$130		
Annual Out-of-Pocket Max (indiv)	2017: \$7,150 2018: \$7,350	2017: \$6,800 2018: \$7,000	2017: \$2,350 2018: \$1,000	2017: \$2,350 2018: \$2,450	2017: \$5,700 2018: \$5,850	2017: \$6,800 2018: \$7,000	2017: \$6,750 2018: \$6,000	2017: \$4,000 2018: \$3,350
Cost Sharing								
Office Visit: Urgent Care							2017: \$30 2018: \$25	
Office Visit: Primary Care, Other Practitioner, Habilitative Services, Rehabilitative Services, or Mental Health/Substance Use Disorder							2017: \$30 2018: \$25	
Office Visit: Specialty Care					2017: \$55 2018: \$75	2017: \$70 2018: \$75		2017: \$40 2018: \$30
Mental Health/Substance Abuse other outpatient items and services*	1st three visits: 2017: Ded waived 2018: Ded NOT waived	1st three visits: 2017: Ded waived 2018: Ded NOT waived					2017: \$30 2018: \$25	
Radiology Services (e.g., X-rays)					2017: \$65 2018: \$75	2017: \$70 2018: \$75		2017: \$40 2018: \$30
Lab Tests								2017: \$20 2018: \$15
Generic Drugs					2017: \$15 2018: \$15 after ded	2017: \$15 2018: \$15 after ded		

* Mental Health/Substance Use Disorder Other Outpatient Items and Services include, but are not limited to, partial hospitalization, multidisciplinary intensive outpatient psychiatric treatment, day treatment programs, intensive outpatient programs, behavioral health treatment for PDD/autism delivered at home, and other outpatient intermediate services that fall between inpatient care and regular outpatient office visits.

Appendices

Molina Marketplace Product Strategy – 2018 ACA Requirements

ACA Product Revisions

➤ Marketplace Stabilization –

- **Shortening the 2018 annual open enrollment period**
 - ✓ Starts on November 1, 2017 and goes through December 15, 2017
 - ✓ **State-based Marketplaces (SBMs) –**
 - ✓ May elect to supplement the OEP with a special enrollment period, as a transitional measure, to account for difficulties in operationalizing a shorter OEP.
 - ✓ May choose to identify their own OEP, and both WA & CA have chosen to do so
- **Special Enrollment Periods (SEP)**
 - ✓ **Requiring 100% pre-enrollment verification of all new consumers who seek to enroll in coverage during individual market special enrollment periods (SEPs) for all states served by the HealthCare.gov platform.**
 - ✓ **State-based Marketplaces (SBMs)** - CMS recommends that SBMs that currently do not conduct pre-enrollment verification of SEP eligibility do so
 - ✓ WA – In lieu of the WA Health Benefit Exchange doing verification, Molina has chosen to do this until or unless the Exchange does so. We are actively doing this in WA today.
- ✓ **Guaranteed Issue –**
 - ✓ Reinterpreted to **allow Issuers to require individuals to pay back past due premiums before enrolling into a plan with the same issuer the following year;**
 - ✓ Issuers could be prohibited from denying coverage for premiums owed under state law, but CMS encourages the states to follow the federal approach.
 - ✓ States or Issuers may also recognize exceptions from the requirement for hardships.