

MISSISSIPPI HEALTH INSURANCE EXCHANGE

Mississippi Insurance Department

1001 Woolfolk State Office Building

501 North West Street

Jackson, Mississippi · 39201

What is an Exchange?

- Essentially, an Exchange is a marketplace for major medical insurance.
- A one-stop shop for health insurance -- similar to Travelocity, Expedia, and Priceline.
- This is perhaps an underestimate in that the Exchange:
 - Will be a massive undertaking;
 - Will provide many services beyond simply offering different insurance products for sale;
 - The web portal comparison piece is just the “tip of the iceberg.”

Minimum Requirements for the Exchange

- By **January 1, 2014**, each state shall establish an American Health Benefit Exchange to sell individual and small group major medical policies.
- By **January 1, 2013**, the Secretary of Health & Human Services (HHS) will determine whether each state will have an effective mechanism in place to run an Exchange by January 1, 2014, and if not, then the Federal government will step in to run the Exchange for the state.
- Only qualified health plans certified by the Exchange may be offered through the Exchange.
 - HHS issued guidance on Essential Health Benefits on December 16, 2011.

Essential Health Benefits

- HHS issued guidance on Essential Health Benefits on December 16, 2011.
- The guidance sets forth the intended regulatory approach of HHS, which allows states to select an existing health plan to set the “benchmark” for the items & services to be included in the Essential Health Benefits package.
- The four benchmark plans are:
 - One of the three largest small group plans in the state;
 - One of the three largest state employee health plans;
 - One of the three largest Federal employee health plan options;
 - The largest HMO plan offered in the state’s commercial market.
- HHS intends to require that a health plan offer benefits that are “substantially equal” to the benchmark plan selected by the state and modified as necessary to reflect the 10 categories of coverage listed by PPACA.

EHB: Ten Categories of Coverage

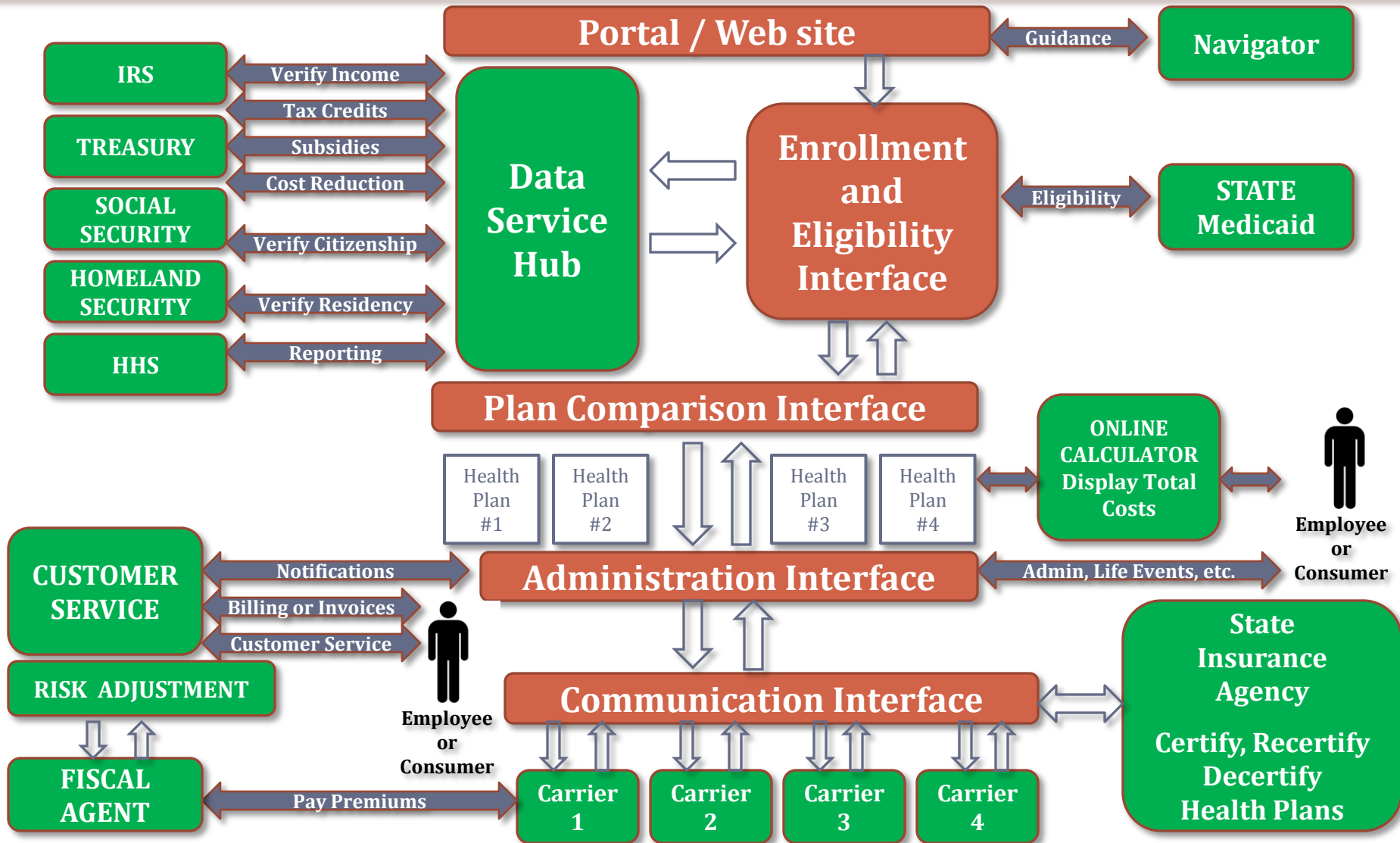
PPACA Section 1302 sets out ten categories of coverage that must be included in the Essential Health Benefits package:

- 1) Ambulatory patient services;
- 2) Emergency Services;
- 3) Hospitalization;
- 4) Maternity and newborn care;
- 5) Mental health and substance use disorder services, including behavioral health treatment;
- 6) Prescription drugs;
- 7) Rehabilitative and habilitative services and devices;
- 8) Laboratory services;
- 9) Preventive and wellness services & chronic disease management;
- 10) Pediatric services, including oral & vision care.

Exchange Functions

- Certify and decertify plans to be sold on the Exchange
- Operate a toll-free customer service hotline
- Maintain a website to provide standardized information on plans
- Use a standardized format for presenting coverage options
- Inform individuals of eligibility for Medicaid, CHIP, etc.
- Make available a calculator to determine the actual cost of coverage
- Provide a rating system for plans available through the Exchange
- Collect premiums for plans sold through the Exchange and forward those premiums to the carrier
- Operate separate Exchanges for individuals and for small employers
- Manage the movement of individuals inside and outside the Exchange and between the individual and small employer Exchange
- Establish a “Navigator” program to assist consumers in enrollment
- Develop a risk adjustment program to appropriately distribute among carriers the costs associated with high-risk individuals

Mandated Exchange Functions



eHealthInsurance
Over 2 Million Customers Insured

- Individual & Family
- Small Business
- Short Term
- Medicare
- Dental
- Life



Health Insurance in 11 minutes!

Based on experience of actual customers using eApproval.

Live Quotes → Online Application → eApproval

Insurance Type: **Individual & Family** (dropdown menu open showing: Individual & Family, Small Business, Short-term, Medicare, Dental, Life)

Zip Code:

GO

What the press is saying about us

"Go to eHealthInsurance.com, the largest online resource for health insurance"

- SUZE ORMAN

"Shop at eHealthInsurance.com for an affordable policy"

- Newsweek

"On eHealthInsurance.com you can compare the basics of a variety of plans."

Health Insurance in MS



State: MS (not in MS?)

Health Plans: 271

Carriers: 19

From: \$56.8/mo

[Get Custom Quotes](#)

Did you Know?
 With individual health insurance you pay month to month - you can cancel any time - no annual commitment

0000





- Individual & Family
- Small Business
- Short Term
- Medicare
- Dental
- Life

Home > Individual & Family Health Insurance > Plans Found > Compare Plans

▶ **Insurance Plan Benefit Details and Comparison**

<< [Back to previous page](#)

[✉ Email this Quote](#) [🖨 Print](#)

<p>24 Hour Approval</p>  <p>Saver 80</p> <p>BEST SELLER</p> <p>APPLY</p> <p>Remove from comparison</p>	<p>e-Approval</p>  <p>CeltiCare Preferred Select PPO 80/20 Plan</p> <p>BEST SELLER</p> <p>APPLY</p> <p>Remove from comparison</p>	<p>24 Hour Approval</p>  <p>Copay Select 70 - 2500</p> <p>BEST SELLER</p> <p>APPLY</p> <p>Remove from comparison</p>	<p>e-Approval</p>  <p>CeltiCare Preferred Select PPO 80/20 Plan</p> <p>BEST SELLER</p> <p>APPLY</p> <p>Remove from comparison</p>
<p>Estimated Cost \$378.95 monthly</p>	<p>Estimated Cost \$608.79 monthly</p>	<p>Estimated Cost \$626.72 monthly</p>	<p>Estimated Cost \$946.42 monthly</p>
<p>Customer Ratings 4.6 of 5 Reviews</p>	<p>Customer Ratings 3.6 of 5 Reviews</p>	<p>Customer Ratings Not Yet Rated</p>	<p>Customer Ratings Not Yet Rated</p>
<p>Plan Type Network</p>	<p>Plan Type PPO</p>	<p>Plan Type Network</p>	<p>Plan Type PPO</p>
<p>Office Visit for Primary Doctor Not Covered</p>	<p>Office Visit for Primary Doctor \$15 copay (2 visits - primary and specialist combined). 3+ visits 20% Coinsurance after deductible</p>	<p>Office Visit for Primary Doctor History and Exam: \$35 Copay - no deductible (4-Dr. Office Visit Copay & \$25 Office Visit Copay optional benefits available)</p>	<p>Office Visit for Primary Doctor \$15 copay (2 visits - primary and specialist combined). 3+ visits 20% Coinsurance after deductible</p>
<p>Office Visit for Specialist Not Covered</p>	<p>Office Visit for Specialist \$15 copay (2 visits - primary and specialist combined). 3+ visits 20% Coinsurance after deductible</p>	<p>Office Visit for Specialist History and Exam: \$35 Copay - no deductible (4-Dr. Office Visit Copay & \$25 Office Visit Copay optional benefits</p>	<p>Office Visit for Specialist \$15 copay (2 visits - primary and specialist combined). 3+ visits 20% Coinsurance after deductible</p>



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Or call us
(800) 977-8860

Did you Know?

Only on eHealth - You can search Plans by Doctor across insurance companies.

Online Assistance

[View Tutorial on Insurance](#) 

Your Quote Profile

Coverage for:
Applicant (M/45), Spouse (F/43), Children (F/14/stu, M/11/stu)

CART SUMMARY

TOTAL: \$0.00

APPLY

[Email Cart](#)

LEAD ID: 76388

GA 30316

Jackie Williams Applicant

Gender F
Age 30 years
Height 4.11
Weight 110 lbs
Tobacco Use? Non Smoker
Medications No
Pre-X No
UHC Rate Class Preferred

John Williams Children_1

Gender M
Age 11 years
Height 4.3
Weight 77 lbs
Tobacco Use? Non Smoker
Medications Yes
Pre-X No
UHC Rate Class Standard I

Start Date

REQQUOTE

- Approval Very Likely
- Risk of Rate Up or Rider
- Declinable
- Not Quoted

MAJOR MEDICAL PLANS

GUARANTEED ISSUE PLANS

SHORT TERM INSURANCE

LIFE INSURANCE

It looks like we have **109** Major Medical plans available, starting at **\$124.10 per month**. Now let's find the right plan for you

Find Specific Benefits ▼

Doctor Visit Co-pay Prescription Drugs Emergency Room Visits Maternity

Select Carrier	Aetna	Anthem.	ASSURANT	CELTIC	CoventryOne.	UnitedHealthOne
Select Deductible						
\$0 - \$1000	\$332/month	\$312/month	\$369/month	\$324/month	\$269/month	\$198/month
\$1001 - \$2500	\$205/month	\$169/month	\$211/month	\$204/month	\$154/month	\$144/month
\$2501 - \$5000	\$145/month	\$124/month	\$138/month	\$158/month	\$134/month	\$124/month
Above \$5000	\$86/month	\$88/month	\$105/month	\$152/month	\$158/month	\$120/month

[Compare Benefits](#)

[Email Quotes](#)

Sort by [Price](#) [Deductible](#) [Coverage Risk](#)

[Show all plans](#)

Major Med: \$124.10 Total Rate: **\$124.10** per month

Smart Sense POS 5000 POS [View All Benefits](#)

Anthem.

DEDUCTIBLE	COINSURANCE	DR VISITS	OOP MAX	LIFETIME MAX	OTHER BENEFITS
\$5000	30%	You pay \$30(x3) then 30%	Individual: \$8,000 Family: \$16,000	\$5,000,000	✓ Emergency Room

AME Add-on (\$40.00) Life (\$13.35) Dental Add-on (\$31.98)

Major Med: \$124.13 Total Rate: **\$124.13** per month

Saver 80 \$5,000 Deductible PPO [View All Benefits](#)

UnitedHealthOne

DEDUCTIBLE	COINSURANCE	DR VISITS	OOP MAX	LIFETIME MAX	OTHER BENEFITS
\$5000	80/20	Not Covered	Individual: \$3,000 Family: \$6,000 (Deductible not Included)	\$3,000,000	✓ Prescription Drugs ✓ Emergency Room

Life (\$13.35) Doctor Visit Maternity Rx Drugs Card Preventive Care (\$24.76) Dental AME Add-on (\$40.00)

Major Med: \$133.80 Total Rate: **\$133.80** per month

QHDHP \$5,000/\$10,000 (HSA Compatible) HSA [View All Benefits](#)

CoventryOne.

DEDUCTIBLE	COINSURANCE	DR VISITS	OOP MAX	LIFETIME MAX	OTHER BENEFITS
\$5000	\$0	No Charge after Ded.	Individual: \$5,000 Family:	\$6,000,000	✓ Prescription Drugs ✓ Emergency Room



“For Mississippians, By Mississippians”

Mississippi Comprehensive Health Insurance Risk Pool Association

- The enabling legislation for the Risk Pool is found in Mississippi Code Annotated 83-9-203 *et. seq.*, 1972 as amended.
- Subsection 83-9-213(2)(p) specifically states:
 - *(2) The association may:*
 - *(p) Serve as a mechanism to provide health and accident insurance coverage to citizens of this state under any state or federal program designed to enable persons to obtain or maintain health insurance coverage.*
- Section 83-9-213(3) states:
 - *(3) The commissioner may, by rule, establish additional powers and duties of the board and may adopt such rules as are necessary and proper to implement Sections 83-9-201 through 83-9-222.*

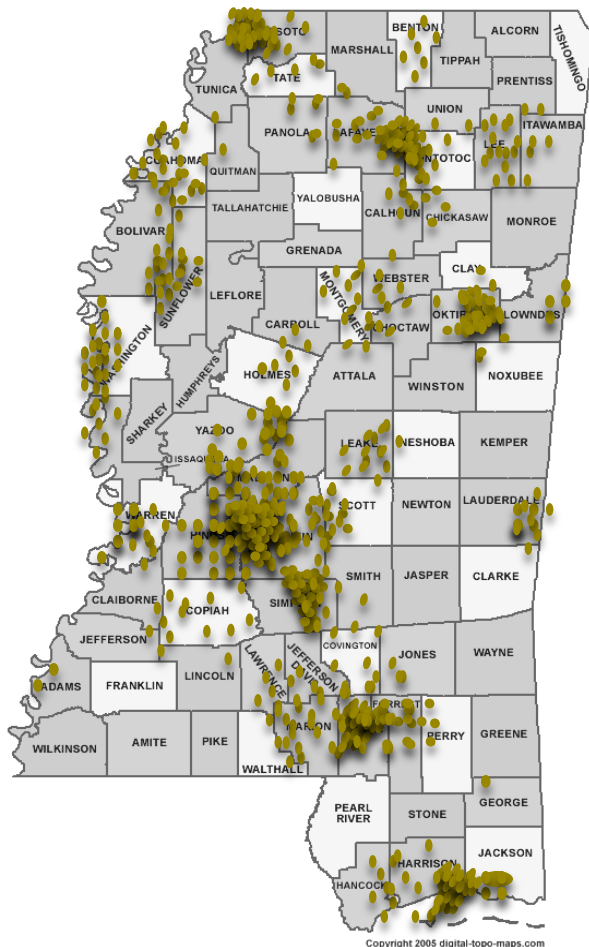
Mississippi Comprehensive Health Insurance Risk Pool Association

- The Association is operated by a nine-member board of directors, as stated in Section 83-9-211(2)(a).
- The board of directors consists of:
 - Four (4) members appointed by the Insurance Commissioner. Two (2) of the commissioner's appointees shall be chosen from the general public and shall not be associated with the medical profession, a hospital, or an insurer. One (1) appointee shall be representative of medical providers. One (1) appointee shall be representative of health insurance agents.
 - Three (3) members appointed by the participating insurers, at least one (1) of whom is a domestic insurer.
 - The Chair of the Senate Insurance Committee and the Chair of the House Insurance Committee, or their designees, who shall be nonvoting, ex officio members of the board.

Exchange Advisory Board & Subcommittees

- The Commissioner of Insurance issued Bulletin 2011-9 on October 18, 2011, which established an Exchange Advisory Board & Advisory Subcommittees.
- The Advisory Board will assist the Department of Insurance as it develops rules, regulations, and policy governing the Exchange.
- The Advisory Board and Subcommittees consist of members representing the following stakeholder groups:
 - A) Educated health care consumers
 - B) Individuals & entities with enrollment experience
 - C) Advocates for hard-to-reach populations
 - D) Small businesses & self-employed individuals
 - E) State government agencies
 - F) Federally-recognized tribes within the State
 - G) Public health experts
 - H) Health care providers
 - I) Large employers
 - J) Health insurance issuers
 - K) Health insurance agents & brokers holding current licenses

The State of Mississippi proactively sought feedback to create health insurance solutions. Over one thousand small businesses and consumers across Mississippi have shared feedback in person, by mail, telephone, and online.



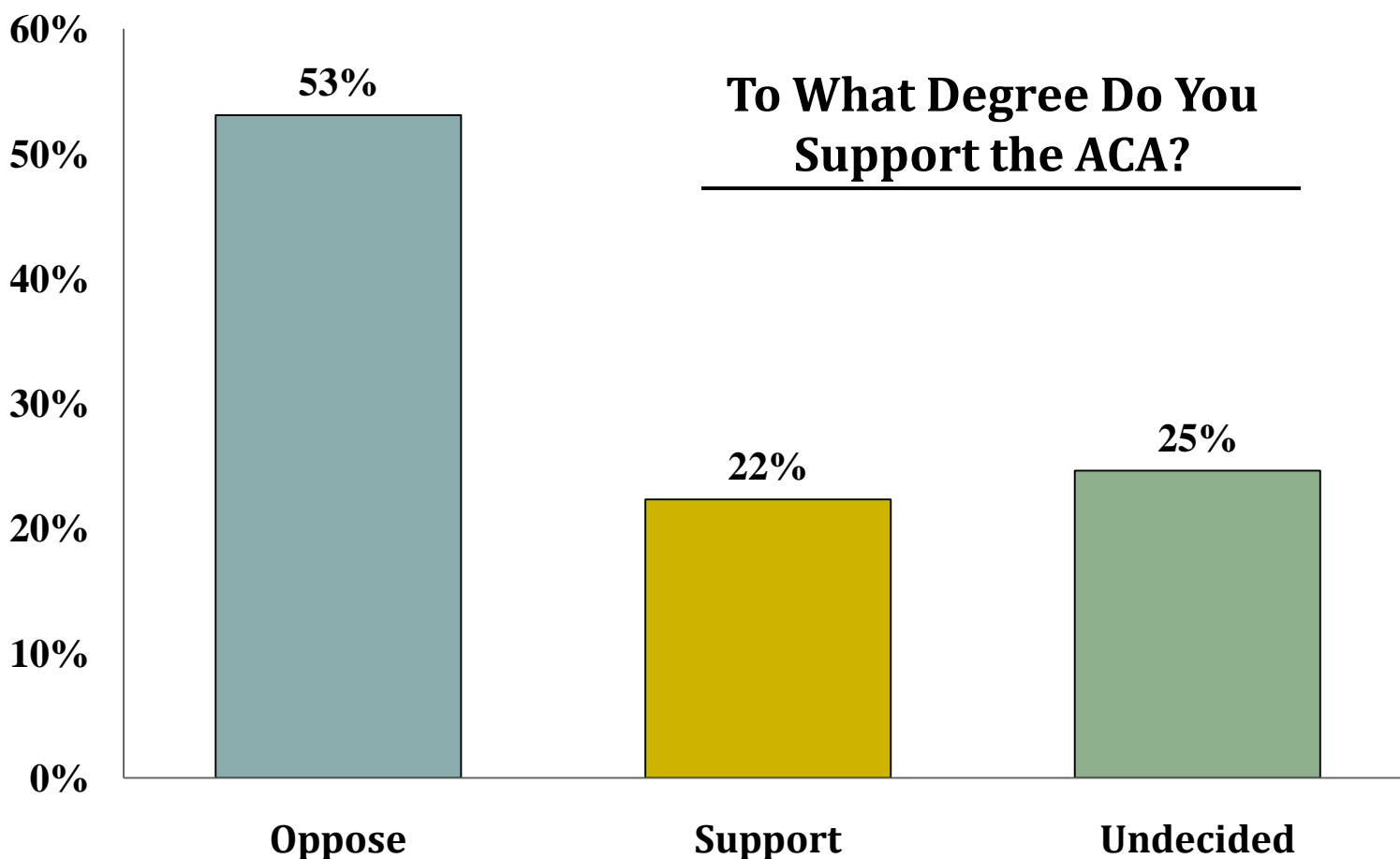
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Participants

- **Small Businesses**
- **Employees**
- **Business Associations**
- **Economic Development Leaders**
- **Consumer Advocates**
- **Legislators**
- **Health Care Providers**
- **Insurance Carriers**
- **Broker Representatives**
- **Policy Analysts**

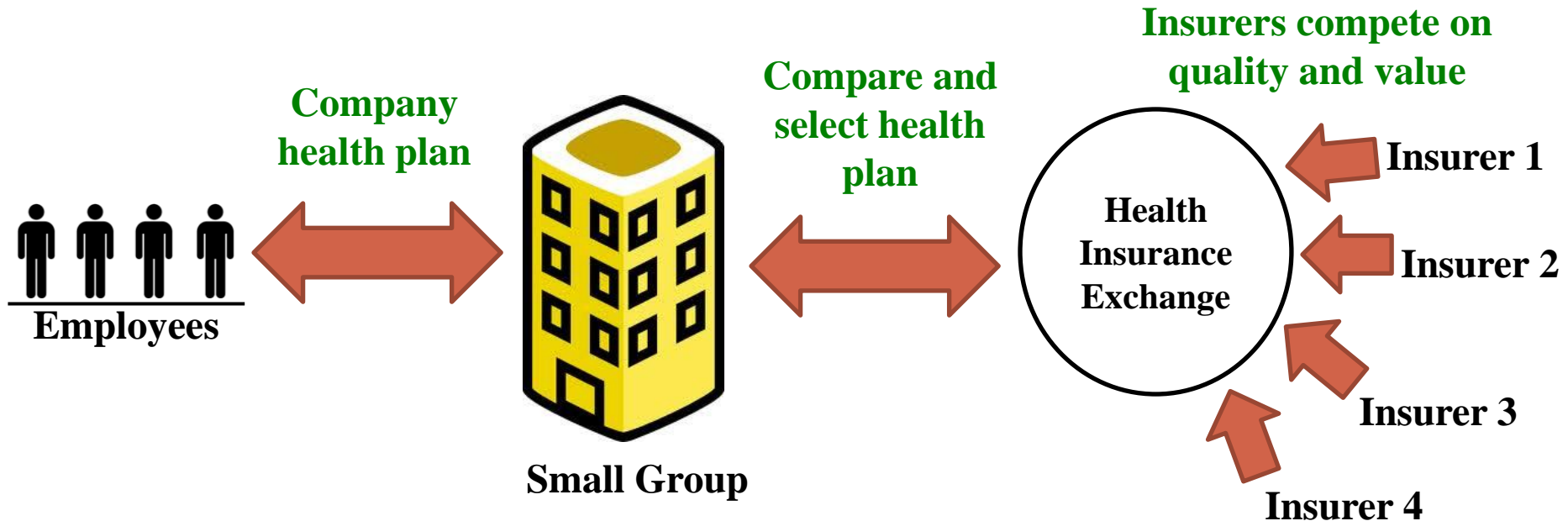
How do Mississippians feel about the ACA?

The vast majority of respondents oppose the Affordable Care Act.



A health benefit exchange is a marketplace where individuals and businesses can compare and shop for health insurance. Mississippi's health benefit exchange will be a competitive solution, not a government entitlement program.

How a Health Benefit Exchange Works



The health benefit exchange is not a silver-bullet for improving all health care challenges, but it is one critical component in expanding coverage and improving the health insurance markets.

Health Insurance Challenges

Lack of Transparency

Administrative Burden

Unpredictable Costs

Difficult Enrollment

One-Size-Fits-All Plans

Health Benefit Exchange

Health Benefit Exchange Solutions

Easily compare plan options among insurers

Easy to manage policies

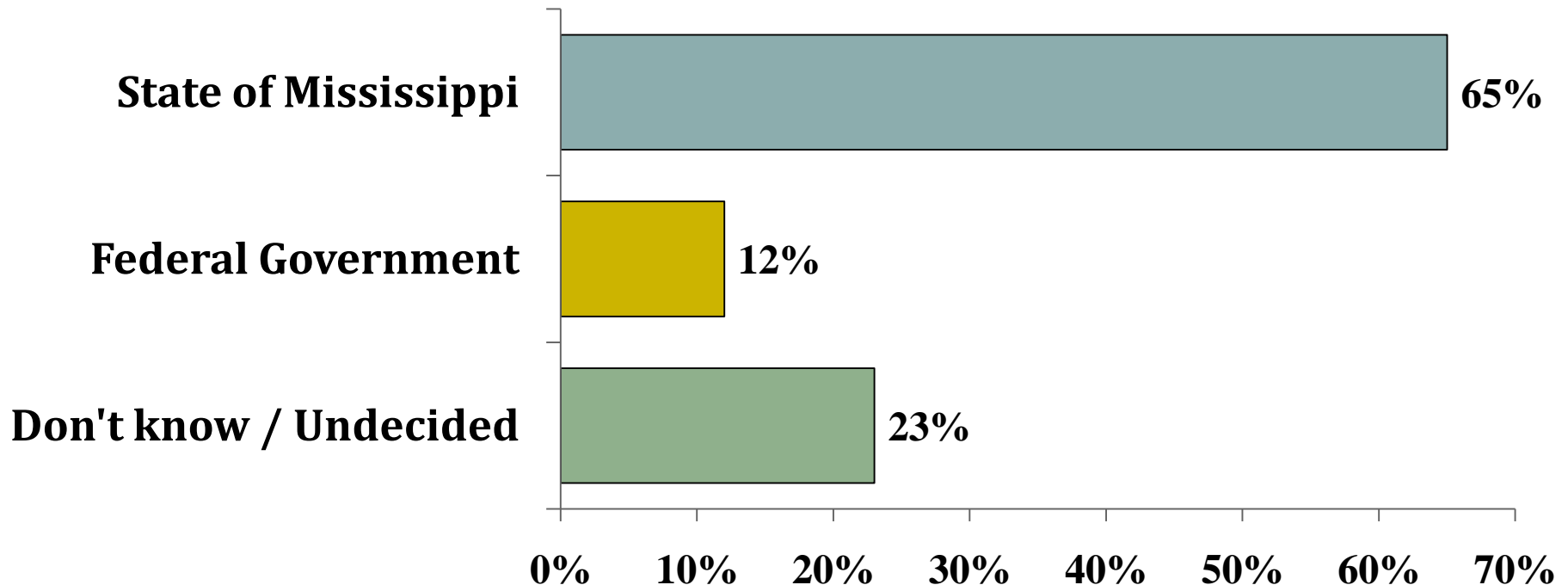
Tools for predicting and managing costs

Simple enrollment process

Employees can select customized plans

Who Should Build the Health Benefit Exchange?

The ACA requires that a health benefit exchange be in place by 2014. If the state does not create an exchange, Mississippi will be automatically enrolled and required to pay for using the federal health benefit exchange.



How do businesses and consumers feel about the health insurance market in Mississippi?

Statement

Percent of Mississippians Agreeing with Statement

“Improving access to health insurance is critical to economic growth in Mississippi.”

73%

“I support a solution sponsored by Mississippi to improve access to health insurance.”

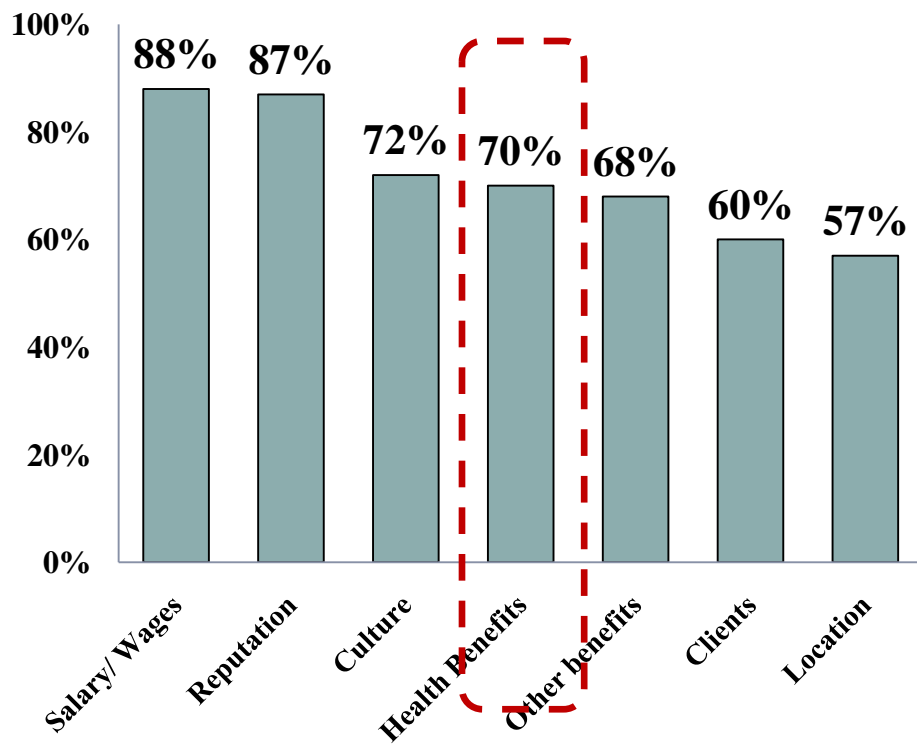
70%

“It is currently easy to compare the different health plan options available to Mississippians.”

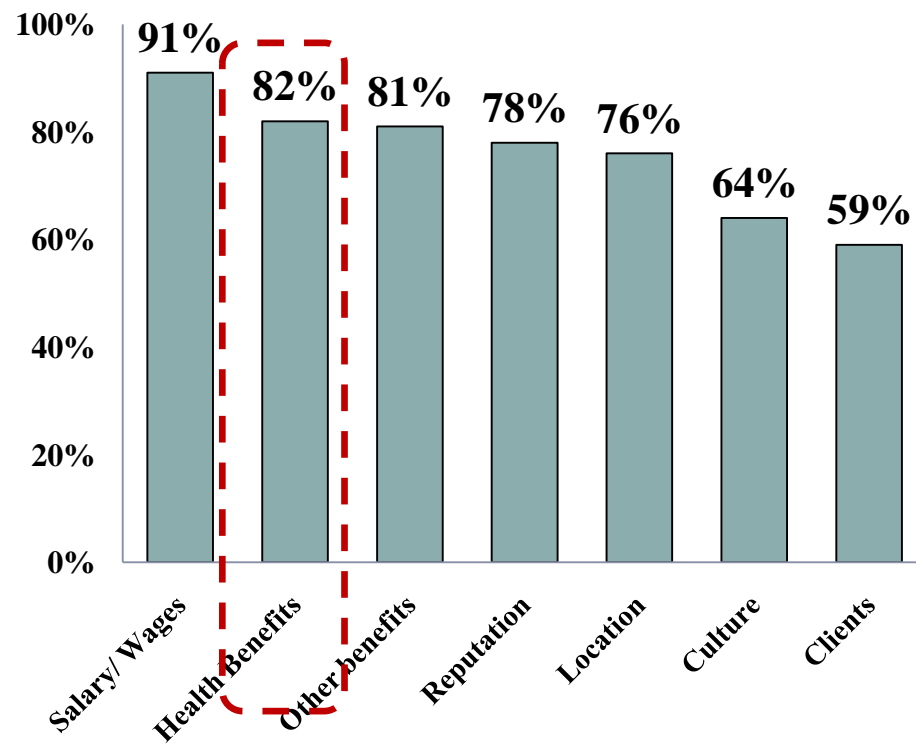
27%

Health insurance benefits are more important in attracting the best employees than most employer respondents realize.

**EMPLOYER REPOSSES:
How to Attract and Retain Employees**



**EMPLOYEE RESPONSES:
Most Important Factors When
Choosing An Employer**

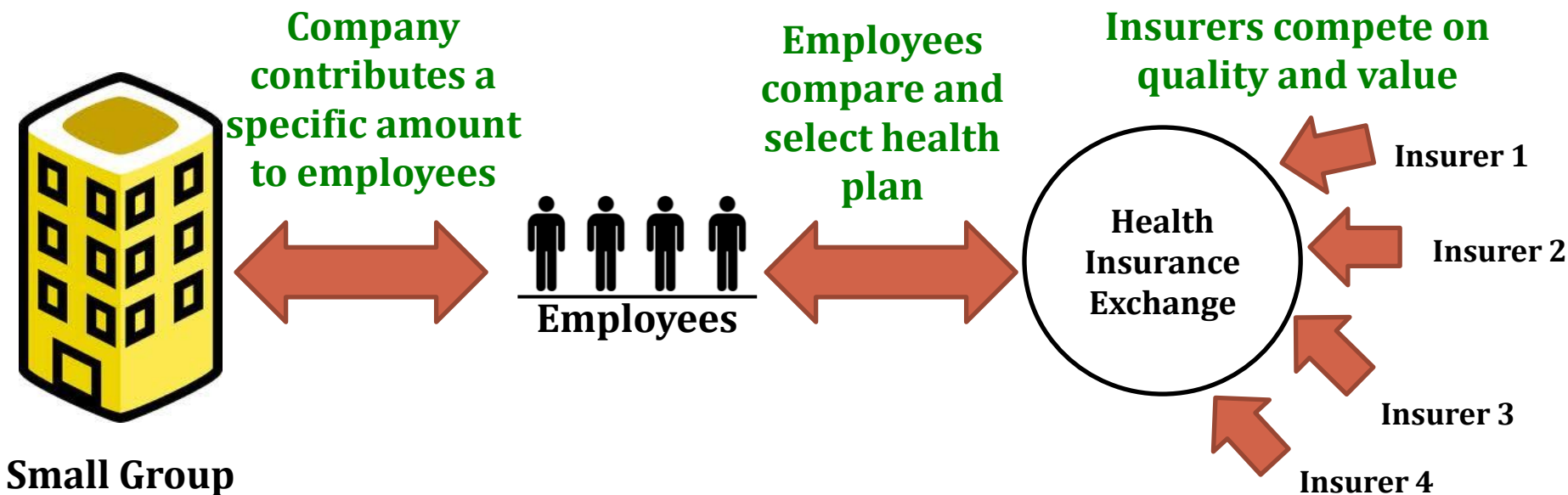




Defined Contribution Model for Small Employers

The health benefit exchange could allow for a Defined Contribution Model where employers select a specific amount they will contribute to employee plans. Employees can then take that money and select a plan for themselves.

How a Defined Contribution Model Works



Defined Contribution plans have several benefits for both employers and employees.

1

Costs are more predictable since the employer can choose the amount they will contribute each year to health plans.

2

Employers no longer have to select plans for employees thus reducing enrollment and administrative burdens.

3

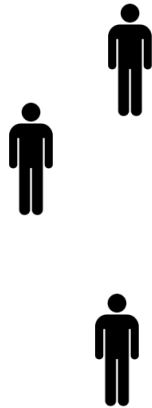
Employees can select plans that are customized to their needs.



Challenges

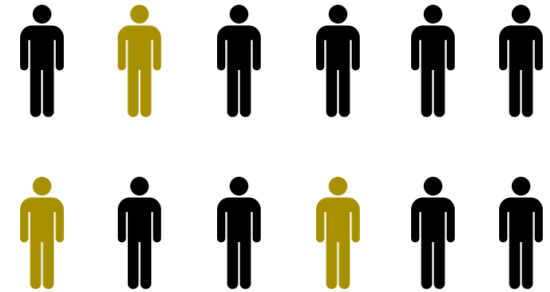
The success of any health benefit exchange hinges on high participation rates. How can the state ensure high participation rates and avoid adverse selection?

Health Plan #1: Low Participation





Healthy people leave to pursue other plans. Plan premiums rise because the plan must pay to serve unhealthy participants.

Health Plan #2: High Participation



High participation rates mean healthy people offset cost of serving unhealthy people.

 **Healthy person**
 **Unhealthy person**

Besides high participation rates, the health benefit exchange must overcome other challenges to succeed. Some of these challenges are informing rural populations, overcoming low rates of connectivity, and helping Mississippians understand health insurance and health benefit exchanges.



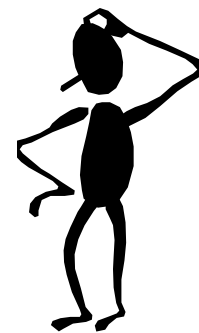
Rural Challenges

How do we reach Mississippi's mostly rural population?



Technological Challenges

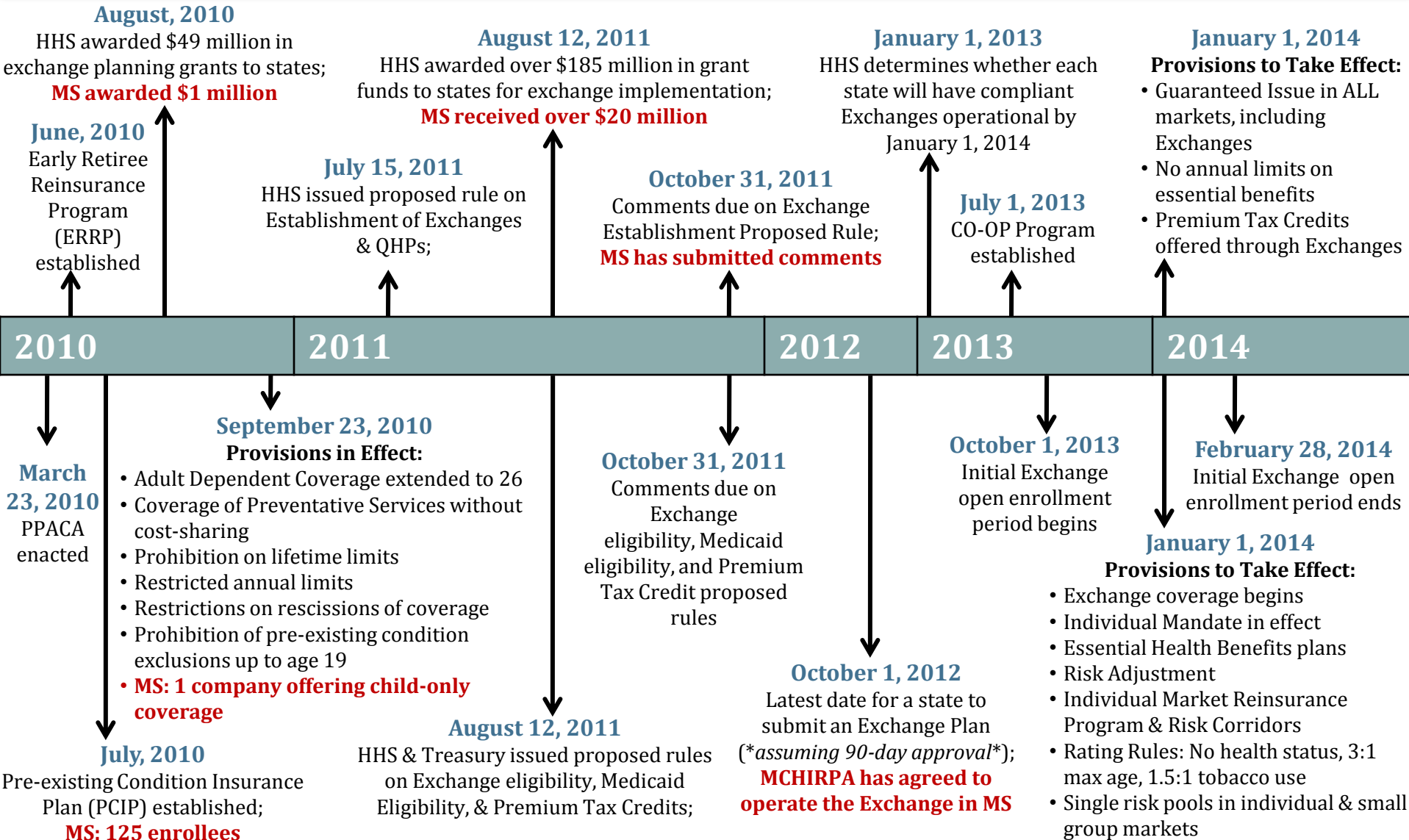
Mississippi is one of the least technologically connected states in the country; yet, most health benefit exchanges rely heavily on the Internet.



Complexity of Health Insurance

We must educate Mississippians of all education levels about health insurance.

PPACA Timeline



Summary

- 1** Federal law requires the creation of a health benefit exchange by 2014. Mississippians believe the state, and not the federal government, is best equipped to design that exchange and tailor it to the needs of Mississippians.
- 2** A health benefit exchange is a tool for improving access to health insurance by creating a marketplace where businesses and individuals can easily select and compare health plans.
- 3** A health benefit exchange will increase transparency, simplify enrollment, and reduce the administrative burden experienced by businesses offering health insurance. The exchange is just one of a combination of solutions needed to improve access to health care.
- 4** There are many challenges to implementing a health benefit exchange in Mississippi. But the state is committed to working collaboratively with businesses and consumers to create an exchange by Mississippians, for Mississippians.



Mississippi Insurance Department Commissioner Mike Chaney

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