Reflections of a CO-OP as a New Market Entrant



Creation of Consumer Operated and Oriented Plans (CO-OPs)

CO-OP program created by ACA, s. 1322, to introduce greater competition and choice within Marketplaces

- Alternative to public payer
- Member-directed: Majority of Board Directors must be Members; all Directors elected by Members
- Enhanced competition and transparency within the health insurance marketplace ("exchanges")
- 2/3 of all contracts must be in individual and small group markets
- ACA requires CO-OPs to offer silver and gold products on Exchange
- Currently 22 CO-OPs operating in 23 states
- Made possible through start-up and solvency the ACA (administered by CMS)

Early Impact of CO-OPs

Summary Results

- In several markets, e.g. Maine, CO-OPs provided the only other carrier choice in 2014
- In 23 states with CO-OPs, overall health insurance premiums are roughly 8% lower than in states without them
- In CO-OPs states, CO-OPs offer 37% of the lowestpriced plans
- CO-OP plans are the most likely of all insurers to be within 10 percent of the lowest-priced plan
- From 2014 to 2015, premiums for the second lowest cost silver plan dropped by 1.9%, but had risen by 1.5% in non-CO-OP states.
- Enrollment at end of 2014 topped half a million expectation of significant gains through 2015 open

Maine Community Health Options

Mission

To partner locally with Members, businesses and health professionals to provide affordable, high quality benefits that promote health and well-being.

Vision

To be a leader in transforming and improving individual and community health and positively affecting local economies.

MCHO Purpose

To deliver meaningful health insurance benefits designed to improve consumer health and well-being by:

- Integrating and coordinating care
- Paying for what matters by engaging in market reform and payment incentives to improve efficiency and quality
- Working collaboratively with Providers and Members towards Triple
 Aim Achievement
 - Value Based Insurance Design
 - Chronic Illness Support Program
 - Behavioral Health Integration
 - PCMH Support & Care Mgmt Coordination w/ providers
 - Broad PPO Network e.g., All Hospitals in both Maine and NH included, plus access to national network
- IFP Products: 10 total: Gold, Silver, Bronze, Catastrophic
- Small Group: 8 total: Platinum, Gold, Silver, Bronze



Challenges

- New entrants lack comparative leverage given starting enrollment of zero, and therefore suffer on pricing
- Gaining brand name recognition, especially given that CO-OPs have been prohibited from using federal start-up loans for marketing
- Establishing consumer awareness of coverage opportunity through the Marketplace
- Balancing enrollment growth with solvency requirements and sufficiency of capital, especially in light of shifting parameters and timeframes
 - CO-OPs held to higher RBC standard (500% RBC)
 - CO-OP business model aligned closely with Marketplace, and therefore 3Rs and Cost Share Reductions



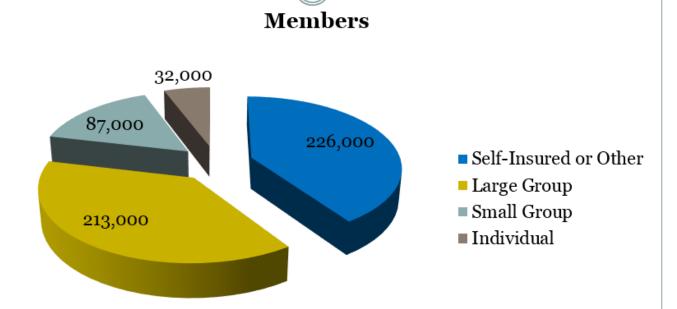
Results

- Enrollment in 2014, two and a half times greater than enrollment projections, and 83% marketshare of Maine FFM
- At end of Open Enrollment 2.0, MCHO enrollment now stands at over 73,000 and 81% marketshare of Maine FFM
- From 2014 to 2015, MCHO decreased premium pricing
 - By 0.8% for IFP
 - By 10% for small group
- MCHO expanded to all of New Hampshire, all 10 counties, and all hospitals in network



Coverage Profile on Eve of ACA's Open Enrollment

MAINE'S 2013 HEALTH INSURANCE MARKET



Source: 2013 Financial Results for Health Insurance Companies in Maine. Self-Insured estimated from most recent US Census Data.

Source: Bureau PowerPoint Presentation

on ACA and Maine,

http://www.maine.gov/pfr/insurance/



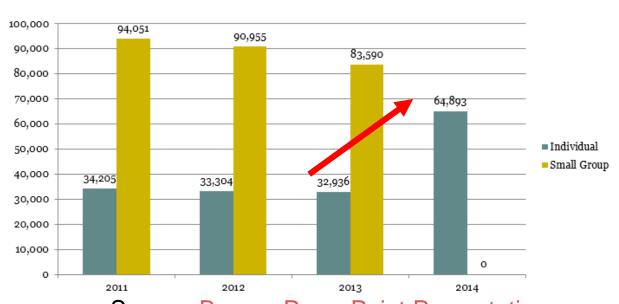
Jump in Coverage via ACA

Health Insurance Market Insured Lives

Small group enrollment for 2014 has not been reported yet.



Doubling of Non-group coverage from 2013 to 2014 (Increase by 31,957)



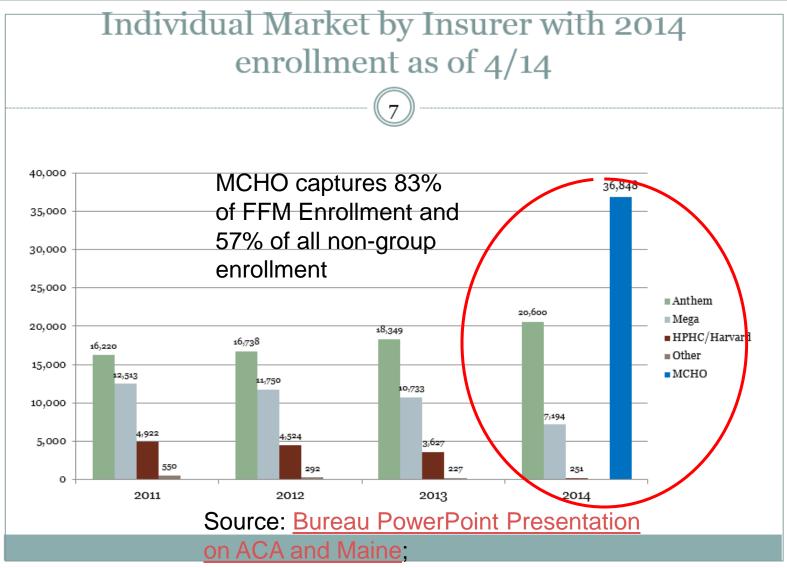
Source: Bureau PowerPoint Presentation

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MCHO Gains Strong I&FP Enrollment





Future Goals

- Payment reform
 - ACO work
- Ongoing consumer & provider engagement
 - Enhanced portals
 - Improved prior auth process (including selfservice)
 - Easier use of accumulators and evidence based guidelines
 - Appropriate data sharing to enhance improved utilization and delivery of care



Questions?



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