

OKLAHOMA TEMPORARY HIGH RISK POOL

What is it?

- A temporary insurance plan created and funded by Section 1101 of The Patient Protection & Affordable Care Act (ACA)
- A bridge until January 2014 when new laws are expected to take effect
- Also known as Pre-existing Condition Insurance Plan (PCIP)



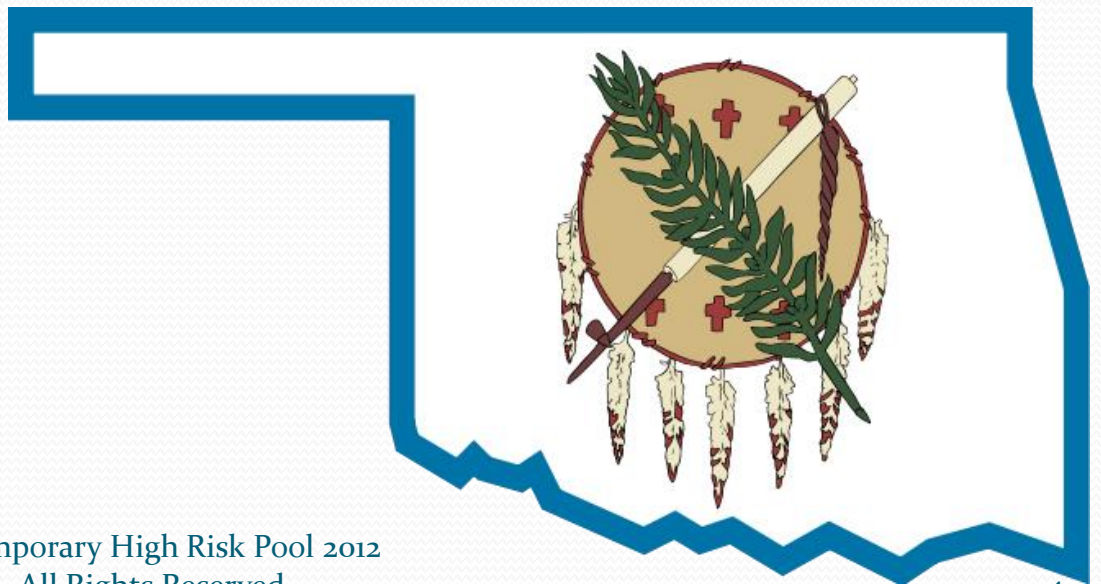
What was Oklahoma's allocation?

- \$60 million



What is the mission?

- To provide health insurance to Oklahoma citizens locked out of the commercial insurance market due to a pre-existing medical condition(s)





What are the expected outcomes?

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- Increases in Worker Productivity
- Decreases Cost Shifting of Uncompensated Care to the Privately Insured



What are the qualifications?

- U.S. citizen or reside in U.S. legally
- Currently reside in Oklahoma
- Pre-existing medical condition, and
- Uninsured for at least six months



What is considered creditable coverage?

- Health insurance coverage, including individual health insurance coverage or short-time limited-duration insurance
- Limited benefit plans, also known as “mini-medical” plans
- Job-based health insurance, including COBRA
- Medicare (Part A and/or Part B)
- Medicaid
- Children’s Health Insurance Program (or CHIP)
- A state high risk pool

What is considered creditable coverage?

- TRICARE
- Health coverage provided by a public health plan established by a state, the U.S. government, or a foreign country such as coverage provided to veterans enrolled in VA health care, or coverage provided by a foreign country
- FEHBP (health insurance for Federal employees or retirees), including Temporary Continuation of Coverage (TCC)
- Health benefit plan provided to Peace Corps workers
- Services provided by the Indian Health Service or by a Tribe or Tribal organization

What is needed to apply?

- Basic Personal Information
- Citizenship Status (typically this is birth certificate)
- Oklahoma Residency Status (Oklahoma tax return, copy of OK driver's license, or copy of current utility bill showing OK address)

What is needed to apply?

- Eligibility (denial letter from carrier, offer of coverage with a rider, or a letter from physician stating that individual has one of the conditions listed on pre-existing condition list)
- An understanding of no creditable coverage for previous six months

What are the important features?

- Guaranteed issue
- No waiting periods or riders
- BCBS of Oklahoma provider network: BluePreferred for in-network and Blue Traditional for out-of-network
- Rates comparable to other plans
- First-dollar coverage for preventive care



What are the plan benefits?

- Primary Care Services
- Emergency Services
- IP and OP Hospital Services
- IP and OP Mental Health & Substance Abuse Services
- Prescription Drugs
- Home Health Care & Hospice Services
- OP Lab & Diagnostic Services
- In-and-Out-of-Network Benefits

What are the deductibles?

- 2,000 Medical Deductible
- \$4,350 Annual Medical Coverage Out-of-Pocket Limit
- Physician services paid at 80 percent for in-network and 60 percent for out-of-network
- Hospital IP and OP services paid at 80 percent for in-network and 60 percent for out-of network



What are the pharmacy benefits?

- Retail Pharmacy--\$200 calendar year deductible with \$1,600 annual out-of-pocket limit
 - \$10 copay for generics
 - \$35 copay for formulary brand drugs, plus cost difference if generic available
 - \$60 copay for non-formulary brand drugs, plus cost difference if generic available
 - \$150 copay for specialty/biotech drugs



	Age	Tobacco	Non-Tobacco
•	0-18	\$157	\$121
•	19-34	\$178	\$137
•	35	\$240	\$178
•	36	\$252	\$187
•	37	\$261	\$194
•	38	\$271	\$201
•	39	\$282	\$209
•	40	\$293	\$218
•	41	\$304	\$226
•	42	\$316	\$235
•	43	\$330	\$245
•	44	\$344	\$256
•	45	\$359	\$267
•	46	\$375	\$279
•	47	\$391	\$291
•	48	\$406	\$302
•	49	\$422	\$314
•	50	\$439	\$327
•	51	\$457	\$340
•	52	\$475	\$354
•	53	\$493	\$367
•	54	\$512	\$381
•	55	\$531	\$395
•	56	\$551	\$410
•	57	\$573	\$426
•	58	\$596	\$443
•	59	\$620	\$461
•	60-65+	\$704	\$524



Monthly premium amounts?

Are third party payment of premiums allowed?

- Medical Providers and Employers cannot pay premiums



What are the top three ICD-9 diagnostic categories?

- Neoplasms
- Circulatory
- Health Services*

- * elective surgeries, other procedures & aftercare, rehab, dialysis, PT, chemotherapy



"On the up side, you're the healthiest patient on ICU."

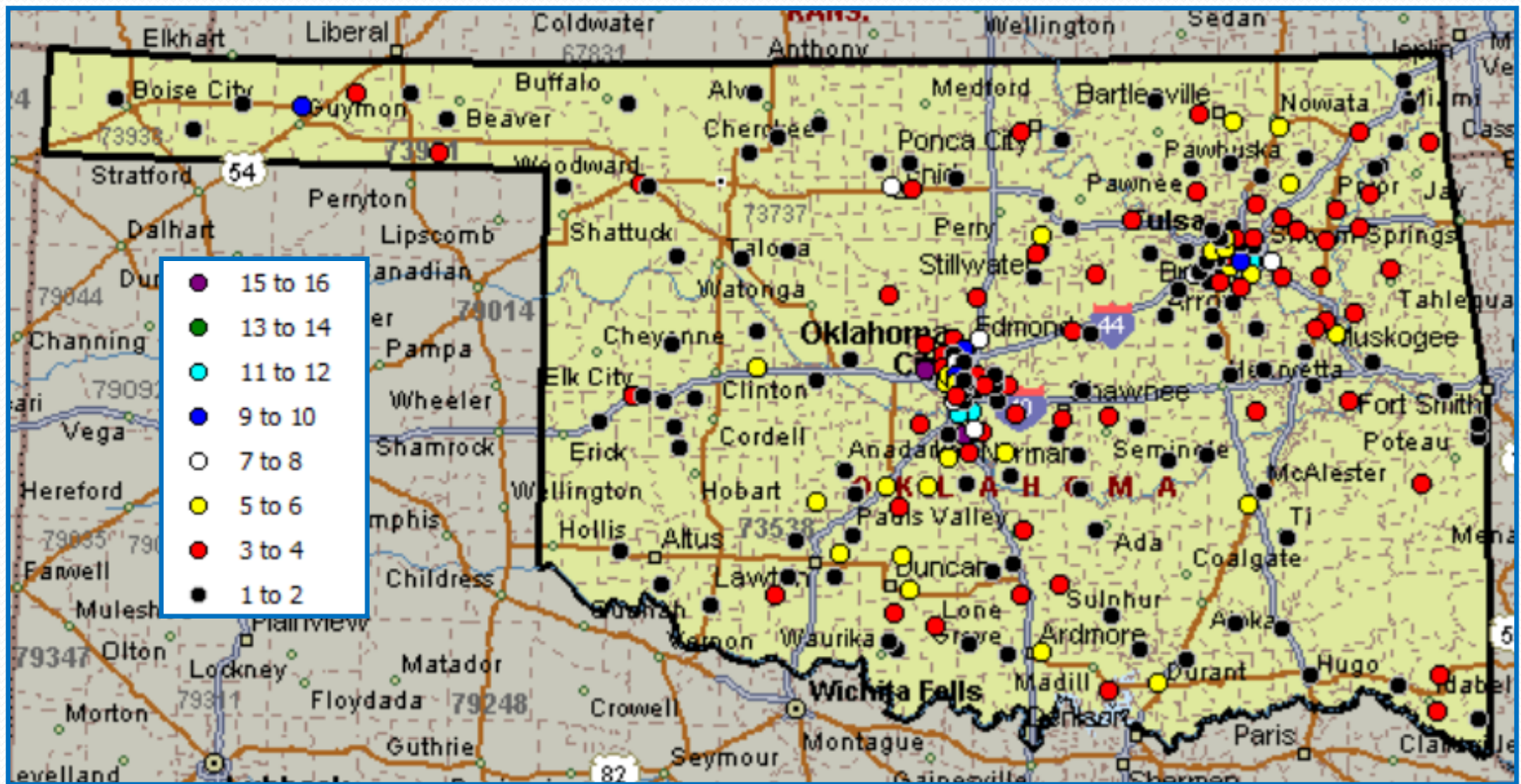
What are demographics of membership?

- Average age- 47.91
- Percentage of males-47
- Percentage of females-53



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What is our geographic distribution?



What about claims loss ratio?

- Claims Loss Ratio = Claims/Premiums
- OTHRP CLR as of 2/29/2012 was 686%
- Why is CLR important?

What are the membership projections?

- How many individuals can be covered over a three-year period by the \$60 million allocation?
- Where are we now?



What are we doing to control costs?

- Case Management
- Condition (Disease) Management
- Overall Design of Pharmacy Benefit
- Therapeutic Substitution Opportunity Generic Drugs

Are we making a difference?



Need more information?

- Call 1-877-885-3717
- www.bcbsok.com/ohrp
- Tanya Case at (580) 512-1488