Standard Plans Advisory Working Group February 15, 2022

Standard Plan WG Members and Attendees

Dania Palanker, Chair

Robert Metz**,** Nikki Blake, Cory Bream, Dwayne Lucado, Jenifer Storm, Greg Sucher – CareFirst BlueCross BlueShield (CF)

Allison Mangiaracino, Denise Barton, Stephen Chuang, Sam Ongwen – Kaiser Permanente (KP)

Keith Blecher - UnitedHealth Group

Cheryl Fish-Parcham, Families USA

Peter Scharl, Mary Adomshick – Oliver Wyman

Mary Beth Senkewicz, Jenny Libster, Katie Dzurec – HBX Staff

Howard Liebers -DISB

Meeting Notes

Mary Beth (MB): announcing retirement and welcoming Katie who will be replacing her

Dania: Congrats to MB on coming retirement. Will miss you next year. Welcome to Katie

Other good news, don't need to adjust all the plans. Don't need to adjust Bronze. We will need to adjust gold and silver

MB: yes that is correct. Peter will be sharing his screen with details, but this is significant for gold and silver.

Dania: Peter will walk through the options then will have a discussion about them.

Peter: (sharing chart that was emailed)

There is a separate tab for silver and gold, which were outside of the proposed AV.

Showing alternatives for both plans and impact on AV.

MB: the display is different than we have bee using in prior years. Some services we include are missing from the list. E.g. home health care.

Peter: only showing what is included in the AV calculator, not all covered benefits.

MB: ok that makes sense. Is this display in the order of the AV calculator?

Peter: yes.

MB: any other questions from the group?

Katie D: AV calculator doesn't look at MH other than the one bucket of SUD/MH?

Peter: yes, the calculator has a little more description, but yes that is correct.

Peter: input for the services - $33 for MH, since there is only one input for the bucket of services, had to make assumptions about what the cost sharing is for the services in AV.

There is no change to MH (not indicated in blue).

Dania: the MH benefit will be consistent with PCP office visits for parity considerations. No plans to modify MH benefits at this time.

MH: let's go through them one by one.

Peter: includes some options from CF as well as two options from us.

MB: thanks to CF for putting that together and taking the initiative on that.

Rob: Sure. Happy to share a little more.

This is a pretty significant impact in the silver range. So preference would be to impact fewer metrics, but harder here given the impact. One option would be to adjust the silver look more like the bronze HSA plan. So they focused on modifications that would touch fewer items. Drawn to options 2 and 4.

Keith: on RX dedictuble, does that apply to all tiers or just upper tiers.

Peter: Rx only applies to upper tiers, not generics.

Dania: CF options where coinsurance is recommendations as changing, the D/C (deductible/coinsurance) would be changing. If coinsurance changes, then that means that all services under coinsurance would be impacted.

Cheryl: one issue might be that deductible has gone up significantly for RX, if taking a RX without a generic, did you consider any modifications within RX?

Peter: if you take out deductible for higher tier RX, that would be a driver on AV, adjusting it back up.

Dania: to narrow discussion, does anyone thing we should consider HBX Alternative 1 or 2. Alternative 1 has significant impact to deductible.

Denise: on Alternative 2, attractive to consumers to have lower deductible, but other changes are not ideal.

Peter: changes to AV calculator had significant impact on silver plan. Any adjustment will be on the higher side to address the AV calculator adjustments.

Katie: Is copay waived if consumer is admitted for ER?

MB: yes.

Dania: always concerned about the cost, where it may be an emergency that does not require admission.

Peter: these are not the only options. There are a lot of options for adjustments. There are other options

Keith: most of the adjustments are to deductible or coinsurance, but is there a way to just adjust deductible and MOOP but avoid adjusting coinsurance?

Jennifer: might be easier to highlight where changes impact benefits. Might be easier to see where coinsurance is not changing. Option 2 is a preference.

Keith: other than alternative 2, would it be possible to get down to AV just by adjusting MOOP and deductible? Or is it too hard to meet silver doing that?

Peter: CF option 2 is something like that.

Jennifer: Option 2 is what you are describing.

Dania: we are talking about something between alternative 2 and option 2.

Keith: Open to the options presented, but this was on the combination I did not see.

Jennifer: trying to adjust in a way that impacts fewer members. Even by increasing coinsurance, trying to focus on services that impact fewer consumers.

Allison: can we start with MOOP first. We can look at an option where we set at the maximum allowed, so we can reduce other cost sharing.

MB: MOOP cap is $9100.

Keith: It's $7450 for HSA plans under IRS rules.

Dania: but that only impacts one bronze. If we want to go in that direction, raising MOOP on bronze, would be ok looking at lowering cost sharing on office visits. If we do end up we want to focus on MOOP in bronze, would suggest then making that up by lowering office visit costs. Can people share what they see as some important goals or plan design elements given what we have to do. For example, if anyone thinks the MOOP should not be raised. May be better to go service by service to see where people are for each service.

MB: let's take a look at gold and see where we want to go next.

Peter: less impact on gold than on silver.

MB: so alternative 2 would apply the deductible to the services indicated in blue.

Peter: yes.

Dania: for gold currently deducible only applies to inpatient services?

Peter: yes that is generally correct.

Dania: alternative 2 does not meet the goals that HBX has laid out, the goal being to keep as many services as predeductible as possible.

Peter: Ok.

Keith: Alterative 3 and CF option seem like reasonable adjustments. Alternative 2 has significant changes to deductible; wary to make that significant a change.

For people on gold, there is a chance people are using services, so more likely they would hit that MOOP than maybe someone on a bronze plans.

Dania: people may have other options they want to consider, but think we have good options to consider.

Can carriers find out what % of members are meeting their MOOP in gold plans, would be helpful to know. If it's a small % that's something to keep in mind when considering adjusting MOOP or copay increases.

MB: alternative 1 and CF option are essentially the same, CF has a lower AV.

Rob: we made that slightly higher to give carriers a little room on the diabetes services. Have done this in another jurisdiction. It's different for self only vs. family coverage where more likely to hit MOOP in family coverage.

Dania: other options that people are considering.

Keith: hearing that not a lot of people are meeting MOOP, but will check when they go back.

Denise: KP would support CF option 1 as well. Estimating that around 5% of population meets MOOP but will see if they can get data on DC gold.

MB: will see what carriers come back with next week on gold.

Dania: ok, will go back to silver, as we may need Peter to do some other calculations.

My guess is no one we want to consider alternative 1, give the significant increase to deductible. Policy considerations – raising medical deductible; raising RX deductible, copays and coinsurance.

I do not think it makes sense to raise both deductible and coinsurance. Deducible only applies to services that coinsurance applies to, making this a double hit. That may not be an option, but it will hit the same services twice.

Katie: do we know about utilization for the higher tier RXx. Is there claims data we could use to think though this.

Dania: HBX doesn't have this. Could the carriers do this?

Rob: claims data pulls would be time consuming.

Katie: for populations that need more specialty RX or non preferred brand. If we double deductible, that is a hard hit. Do we know RX claims to see if high utilizers are in one metal level vs. another? That might be a big lift, so not trying to create a lot of work, but are there trends carriers could identify that could help estimate where people are.

Dania: given it's all the non generic, it's going to be a lot of people impacted. Raising RX deductible will impact more people compared to medical deductible because of our plan designs.

MB: can we see about limiting RX deductible to $300 so only raising by $50 and seeing what other impacts are.

Cheryl: could we look at common patients in DC and running against some sample patients?

Rob: open to looking at option 2 and seeing if they could adjust some other copays and limiting RX deductible increase.

MB: under alternative 2 could we raise MOOP to $8350 and see.

Dania: do we want to see an option that just spreads the pain across everything?

Allison: wants to see the option with the maximum MOOP.

Dania: you want to see an option with 9100,

MB: that would raise the MOOP over bronze.

Allison: would want to raise MOOP for both bronze and silver.

MB: need to wrap up.

We want to see silver MOOP at $9100 and then see other impacts.

Want to see alternative 2, raising everything slightly - deductible, RX deductible, etc.

Dania: yes spread the pain to see how limited the impact might be for anyone service. Raise everything as little as possible.

Peter: that sounds good.

Anything on the gold?

MB: we need to think about gold and see how many people hit the MOOP.

Dania: do we want to run the bronze with max MOOP?

MB: yes.

Dania: if we do that, can we lower office visits?

Peter: I will run that.