

## **Notes from Standard Plans Advisory Working Group Meeting**

Jan. 24, 2018

### Workgroup leadership

Dania Palanker, Chair

Kate Sullivan Hare, Vice-Chair

### DC HBX staff

Mary Beth Senkewicz

Alexis Chappell

### DISB staff

Howard Liebers

### Actuarial consultants – Oliver Wyman

Ryan Mueller

Tammy Tomczyk

### Attendees

Dave Chandrasekaran: DC Health Link consumer

CareFirst: Cindy Otley, Robert Metz, Josh Phelps, Chris Barger

Kaiser: Marie Legowick, Renee Vis

UnitedHealthcare: John Fleig

### Discussion

- Dania welcomed the working group and thanked them for their participation. She stated that the purpose of the working group is to review the standard plans to see if they still meet the AV calculator, and if not, to recommend what changes need to be made.
- Mary Beth introduced Tammy Tomczyk from Oliver Wyman to discuss the standard plan document distributed to the group (“SP 2019 Plan Designs plan designs 2018 avc” pdf). Tammy stated that she added a row in the standard plan grid for outpatient substance use disorders for display purposes, but that this is not a new benefit.
- Tammy stated that of the five standard plans, two plans passed the AV calculator and three failed. She said this is to be expected because a plan’s AV will increase as costs go up if the plan’s cost-sharing remains the same. Each of the three plans that failed will need to be modified, which will be up to the working group.
- Mary Beth looked at the gold plan and suggested potentially increasing the copays for specific services. Tammy stated that in general, you will get more bang for your buck by changing the deductible as opposed to increasing cost-sharing for specific services. Tammy said that since the only service that’s subject to the deductible in the gold plan is inpatient care, increasing the inpatient copay wouldn’t have a big impact, as typically less than 10% of people have an inpatient stay. She said that making other services subject to the deductible could result in greater AV movement.
- A member stated that the main goal of the gold standard plan was to have most services not subject to the deductible. Tammy asked the group to keep in mind that as you increase cost-sharing, you lower the plan’s premium. Adding the deductible to a service would lower the premium.

- Mary Beth turned to the silver plan and suggested that Tammy create some plans that increase the deductible and increasing cost-sharing for certain services.
- Mary Beth turned to the bronze plans and stated that the standard bronze HDHP plan is fine, but the bronze copay plan needs changes. Tammy said that because so many services are subject to the deductible, changing copays has a very minimal impact on AV. She said the deductible would need to be increased or make more services subject to the deductible.
- A carrier member stated that it's important to remember that the 2019 rules haven't been finalized, and the group needs to ensure that the *de minimis* ranges are the same once the final rules have been published. The carrier member suggested changing the maximum out of pocket (MOOP) if the group decides to change the plan's deductible.
- Dania stated that the working group targeted the non-HSA bronze plan at around 65% AV since the HSA plan was so low. She said that when looking at changing the cost-sharing for a service, it's important to think about the population that might use those services; it could be a small number of people, but those people may use that service frequently (such as occupational or physical therapy). A small increase in cost-sharing applied to a service that's utilized more would have a larger impact on enrollees.
- Mary Beth told the group that HHS has proposed a MOOP of \$7,900 for self-only coverage for 2019 (\$15,800 for family). A carrier member stated that the IRS has yet to release the MOOP amount for HDHPs in 2019.
- Mary Beth said she'll have Tammy make some changes to show the group a variety of modifications and how much or little impact they have on AV. She said that while the filing deadlines haven't been set, she doesn't anticipate a big change from last year's deadline (which was May 1<sup>st</sup>). She said the working group needs to make its recommendations by the end of February for the HBX board to vote on at the March 14<sup>th</sup> meeting.