

Notes from Standard Plans Advisory Working Group Meeting
Feb. 27, 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

Attendees

Dave Chandrasekaran: DC Health Link consumer

Cheryl Parcham: Families USA

Colin Reusch, Children's Dental Health Project

CareFirst: Robert Metz, Jennifer Storm

Kaiser: Pia Sterling, Renee Vis

UnitedHealthcare: John Fleig

AHIP (America's Health Insurance Plans): Kris Hathaway

Discussion of silver plan

- Mary Beth stated that after the last meeting, she asked the actuaries to run three alternate models through the calculator (see "Standard Benefit Plan Possible Changes 2 27 2018" pdf). Dania reminded the group that it wanted to lower the AV slightly to make sure it would be within range when the carriers used the AV calculator, and also model the current copay for X-rays and diagnostic imaging since one of the carriers expressed concern with raising it to \$80. Dania said the Silver Alt 5 plan isn't an option because the AV is too high to be within range. Dania asked the group to look at Silver Alt 3 and Silver Alt 4 and asked if the carriers had run the proposed plans through the AV calculator. One carrier replied no, and another carrier reported that it had run the gold plan since it had been finalized, but it hadn't run any others.
- A carrier was supportive of Silver Alt 3 because it's estimated to be within the AV range and it doesn't change first dollar coverage. Dania said that one member who couldn't make it to the call said he's adamant that deductibles should not be raised, especially with respect to the silver plan, and would rather have the increased X-ray copay (\$80) to keep the deductible lower. She said she knows there's a split amongst members and asked if there's a way to keep the plan's AV within range without raising the deductible. Dania said that if that's possible, they'll need to increase the copay for X-rays. She asked for the group's thoughts on having a slightly higher deductible vs. a slightly higher X-ray copay. She said if the deductible stays the same, the maximum out-of-pocket (MOOP) may have to be slightly raised to \$7400. A member said she leans toward keeping the deductible lower, as increasing the X-ray copay would affect the least number of people and X-rays are used infrequently. A carrier was concerned about raising the X-ray copay and asked if there's

any research on if a \$250 increase in the deductible is enough to change consumer behavior and leave them with a sour experience. No members were able to answer her question.

- Dania said she wants to know for people shopping for coverage, what benefits are they most likely to look at (deductible, office visits, prescription drugs, etc.) and what might most discourage someone from enrolling at all or from enrolling in a more comprehensive plan. She said that the only outpatient services that are subject to the deductible are outpatient surgery and outpatient non-surgical clinical visits. She asked if the carriers or any other members know what percentage of people receive multiple X-rays versus the percentage of people who have outpatient surgery. A carrier replied that he did not have that data available, but that it seemed like the group was more comfortable with raising the MOOP than the deductible. Dania asked if the plan could be within the AV range if it kept the current deductible, kept the X-ray copay at \$70, and raised the MOOP. A carrier pointed out that that scenario is found in the Silver Alt 5 plan, which did not fall within range. Another carrier noted that they have \$500 in wiggle room in the MOOP in Silver Alt 5 (\$7400), so that could be one option. Mary Beth asked Ryan how much the MOOP would need to be raised in order to get Silver Alt 5 within a few hundredths of a point below 72%. Ryan estimated a \$100 to \$200 increase. Mary Beth suggested modeling a \$200 increase to the MOOP (to \$7600) and keeping the deductible and X-ray copay the same. A carrier said it was agnostic on increasing the deductible versus increasing the MOOP, but that since another member was very concerned with raising the deductible, it was open to a higher MOOP. Another carrier said it would be open to it as well. One member said she was agnostic and would need to see how the models looked when written down.
- Dania said it seemed like there was consensus on what changes to make, but asked if others had thoughts. Kate said she hated to raise the MOOP, since that would impact people with a lot of health conditions, but she recognized that there has to be a tradeoff. Dania said she also has concerns with raising the MOOP and wanted to see what the models look like on paper. She said she recognizes that they're helping people who get X-rays and diagnostic imaging at the expense of people who hit the MOOP. Mary Beth directed her to Silver Alt 2, which only raised the MOOP to \$7300 and raised the X-ray copay by \$10, but was determined to be unworkable because the carriers say it's too close to the AV limit. A member said she was unsure of the concern with raising the X-ray copay, since people use X-rays less than they have specialist visits. Mary Beth agreed with that statement and said that the member who couldn't attend the call had stated at the last meeting that he was comfortable with raising the X-ray copay. Dania asked for the carriers' thoughts on keeping the X-ray copay the same. One carrier said they worried the increase could impact people's access to services, as having multiple services that each cost \$80 could become burdensome for some members. The carrier preferred keeping the X-ray copay at the current level and adjusting other variables because it thinks that would result in a more member-friendly plan.
- Dania said it seems like the group is leaning toward adjusting Silver Alt 5 by increasing the MOOP. She asked if there would be enough time to vote on the silver plan on the next call. Mary Beth said she would ask Ryan to try to model the suggested changes as soon as possible, with the goal of sending the models to the group later that day. The group would have a few days to review it and give feedback, and then vote on it during the March 1st call.

Discussion of bronze plan

- Dania reminded the group that at the last meeting, they were struggling with getting the AV under 65%. Oliver Wyman modeled the group's suggested increases to the deductible and MOOP, reflected in Bronze Copay Plan Alt 2, which may be problematic for carriers since the AV is so close to the limit (64.99%).
- A carrier suggested increasing the deductible by another \$150 (to \$7250), stating that there may not be a big difference between \$7100 and \$7250 for consumers and that if they want a lower

deductible, they'll purchase the bronze HSA plan. The carrier suggested modeling the deductible increase with a \$7900 MOOP. Mary Beth said she would ask Ryan to run that scenario today to see if it's within range. Mary Beth asked the carrier if it could get its actuaries run the scenario in the calculator. The carrier said it would but that it wasn't sure it could be completed before the March 1st call.

- Mary Beth said she would get revised plans to the group members today, and they would try to reach consensus on the final recommended plans on the March 1st call.