

Notes from Standard Plans Advisory Working Group Meeting

February 5, 2019

Attendees

Dania Palanker, Chair

Howard Liebers, DISB

Rob Metz, Dave Scheinfeld, Jennifer Storm, CareFirst

Renee Vis, Kaiser

Cheryl Finch Parcham, Families USA

Kris Hathaway, AHIP

Ryan Mueller, OliverWyman

Mary Beth Senkewicz, HBX

Data

- Mary Beth got some info on standard plan enrollment.
- As of 2/5/19, there are 16,673 paid enrollees in the individual market
- 80% are in standard plans
- Platinum has 20%
- Gold has 19%
- Silver has 30%
- Bronze HSA has 15%
- Bronze Copay has 16%

Recap

- We thought a better alternative for silver might be to raise the medical deductible to \$4000 so we could have hab and rehab services at \$65 (Alt 4)
- For bronze, we wanted to see a new alternative to raise the MOOP to \$8200 and see how much we could then reduce the Rx deductible (turned out to be a \$200 reduction)

Silver Plan Discussion

- Ryan's email with the new Alt 4 noted that, if we reduced the medical deductible to \$3,900, the metal AV would be around 71.95%, instead of 71.84% with a \$4,000 medical deductible
- Renee wondered if rather than going down to \$3900 for the medical deductible, if it remained at \$4000, would that enable the Rx deductible to stay at \$250
- Ryan needed to run that option

- Cheryl appreciated keeping the services copays down. On \$3900 medical deductible with a \$300 Rx deductible, she was not sure she saw a huge difference
- Rob said CF favored Alts 4, new 5 and 6 depending on the AV
- Dania asked if anyone had a sense if having a round number for the dollar amount was somehow easier for people to comprehend
- Rob thought \$4000 and \$250 would be easier to remember and understand
- Dania said she was conflicted over the higher deductibles versus the higher hab and rehab services copays. Some people get hit hard on the hab and rehab services, so she was leaning on keeping those lower. We do not want to disincentivize people from getting those services
- Mary Beth reviewed the options: Alt 5 would be \$3900 medical deductible and \$300 Rx deductible, with a 71.95% AV. Alt 6 is \$4000 medical deductible, the Rx deductible \$250, unknown AV
- Ryan will get us a new grid

Bronze Plan Discussion

- Alt 4 raised the MOOP to \$8200, which allows for a \$650 Rx deductible, AV at 64.96%
- Cheryl did not know how many people reach the MOOP to know how much better or worse \$8000 is versus \$8200. She thought the lower Rx deductible was preferable
- Dania thought that many people with health issues would wind up in the HSA plan, with a lower MOOP. Many people with health issues and a bronze plan are probably going into medical debt. A lower Rx deductible would probably be beneficial to most
- Cheryl thought that if a person was in the plan last year, the lower Rx deductible would be less of a shock
- Rob noted that if the specialist visit was made subject to the deductible, then other parameter could remain as is. He acknowledged that doing that was contrary to some of the principles the group had discussed. He said it was just an alternative way to think about the issue
- Dania preferred keeping the specialist visits pre-deductible. Changing that could have a significant impact on consumers
- Cheryl thought quite a few people needed specialist visits and agreed it should remain pre-deductible
- Consistency from year to year on that particular issue was noted
- Renee preferred not subjecting the specialist visits to the deductible for access to care concerns
- The group reached a preliminary consensus on Bronze Alt 4, which raised the Rx deductible by only \$50

- The group discussed having a backup in case the MOOP in the final rule came out at \$8000. The group decided to coalesce around one plan; if the final rule changed the proposed MOOP, the working group could have another call to pick a backup
- Dania asked if anyone had anything to discuss that had not come up. No one did