



Oregon Essential Health Benefits Advisory Committee Meeting

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Objectives

- Review feedback from group
- Discuss preferences among sample options for 2017
- Discuss cost sharing for other benefits not included on grid
- Discuss pediatric dental

Summary of Feedback

Responses to discussion questions

- Should standard designs be the same in the individual and small group markets?
 - Yes from all
 - Easier to understand
 - Easier to administer
 - More portable, better for consumer transitions
- Should target AVs be at the lower or upper end of de minimis range?
 - Lower end from all but one responder
- How should the plan balance the needs of the many (generally healthy) vs. the few (generally sick)?
 - Most responded that plans should focus more on the most heavily utilized benefits (i.e., primary care)
 - Encourage healthy to purchase to improve risk pool
 - Less healthy can buy up and are protected by the MOOP

Responses to discussion questions

- **Should bronze option continue to be HSA-compliant?**
 - Mostly yes, it promotes consumer engagement and consumers want this option
 - Two no responses on the grounds that the carriers will offer HSA compliant plans and perhaps there should be an option with copays for primary care and Rx
- **Are there different considerations for medical vs. Rx cost sharing?**
 - Mixed
 - Some argued that cost sharing should be the same for Rx as medical treatment options
 - Others argued for different cost sharing for each drug tier to encourage use of lower cost drugs

Responses to discussion questions

- Which benefits should have the lowest cost sharing to incentivize use?
 - **General agreement on**
 - Primary/preventive care
 - Urgent care (should be between primary care and ER)
 - Mental health
 - Generic Rx
 - **Others included**
 - Outpatient procedures
 - Outpatient rehab/hab services
 - Maternity
 - Mental health

Responses to discussion questions

- **Background on family cost sharing options:**
 - Deductibles can be applied as aggregate, where only the family amount applies, or stacked, where the per individual amount applies in addition to the family amount
 - Similarly, MOOPs can be applied as aggregate or stacked, however, each individual enrolled in family coverage cannot be subject to a deductible of more than the federal maximum for self-only coverage
 - The stacked approach provides greater consumer protection, but increases premiums
- **How should deductibles and MOOPs be applied for family policies?**
 - Mixed response, but majority was in favor of stacked approach (with possible exception for HSA)

Responses to discussion questions

Service	Apply deductible	Copay or coinsurance
Primary care	No	Copay
Specialty care	Mixed	Copay
Emergency department	Yes (but not for urgent care)	Coinsurance
Lab	No for Gold; Yes for Silver/Bronze	Coinsurance
Imaging	Yes	Coinsurance
Rehab/hab services	No for Gold; Yes for Silver/Bronze	Coinsurance
Outpatient	Yes	Coinsurance
Inpatient	Yes	Coinsurance
Rx - Generic	No	Copay
Rx – Brand Preferred	Mixed	Copay
Rx – Brand Non-Preferred	Mixed	Mixed
Rx - Specialty	Mixed	Mixed

Responses to discussion questions

- Is there a preference for copayment or coinsurance after the deductible?
 - Coinsurance was majority response, some commented that copay after deductible is confusing to consumers
 - Copays requested for primary care, specialty care, mental health, generic Rx
- If coinsurance applies, do you want to cap amount for any benefits? E.g., specialty drugs
 - Responses were mixed
 - Some want to cap amount for specialty Rx
 - Some noted administrative confusion
 - Some suggested separate Rx deductible instead of cap

Review of Alternatives for 2017

Cost Sharing for Other Benefits

Discussion of other cost sharing provisions

- Maternity coverage, including prenatal, postnatal and delivery
 - Current standard options apply deductible and coinsurance
- Cost sharing for pediatric vision services
 - Current standard options apply \$0 copay for exams for certain codes but note that other cost shared apply to other codes
 - Contact lenses and frames – actuarial equivalent of \$150 / year
 - Lenses are \$0 copay for some codes
- Confirm that cost sharing for the following benefits should be consistent with outpatient rehab/hab services.
 - Biofeedback
 - Cardiac rehab
- Diabetic supplies / other chronic care management
 - Should these be called out separately
- Cost sharing for mental health / substance abuse services will be applied at parity with other medical services

Discussion of other cost sharing provisions

- **Confirm that deductible and coinsurance should apply to the following benefits**
 - Hospice
 - Home health
 - Emergency transportation
 - Cosmetic / reconstructive surgery
 - Skilled nursing facility
 - Prenatal and postnatal care
 - Delivery and all inpatient services for maternity care
 - Inpatient rehab / hab
 - Durable medical equipment
 - Hearing aids
 - Routine foot care
 - Dialysis
 - Organ transplants
 - Chemotherapy / radiation
 - Allergy testing / injections
 - Diabetes education
 - Prosthetic devices
 - Infusion therapy
 - Nutritional counseling
 - Clinical trials
 - Inherited metabolic disorder – PKU
 - Hospitalization for dental procedures
 - Sleep studies
 - Vasectomy

Pediatric Dental

Pediatric dental background

- Pediatric dental is a required Essential Health Benefit (EHB)
- Carriers can exclude from on-exchange plans only if a stand-alone dental plan (SADP) covering pediatric dental EHB is available on the exchange
- Carriers can exclude from off-exchange plans only if they have reasonable assurance that the individual purchasing the medical plan has enrolled in an exchange-certified SADP
- When covered under medical, the cost of pediatric dental benefits are spread across children and adults, whereas SADP premiums impose full cost of pediatric dental on families with covered children

Pediatric dental cost sharing

- **SADPs have cost sharing requirements**
 - **68 - 72% AV for low option**
 - **83 – 87% AV for high option**
 - **\$350 MOOP for single child / \$700 MOOP for more than one child**
- **There is no standardized AV calculator for SADPs**
- **SADP cost sharing requirements do not apply to pediatric dental benefits covered through medical plan**
- **Pediatric dental cost sharing is not an input in the AVC**

Pediatric dental discussion

- **Pediatric dental benefits are not included in the current standard plan designs**
- **The state may not be able to legally require coverage of pediatric dental EHB on the exchange**
- **Outside of the Marketplace, should pediatric dental benefits be embedded in the standard medical plan, or should issuers be able to offer the standard plan without pediatric dental when allowed?**
- **Are there other suggested approaches?**

Next steps

- **Provide detailed cost sharing provisions for confirmation**

Questions

