



Oregon Essential Health Benefits Advisory Committee Meeting

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Objectives

- Review feedback from group
- Discuss preferences among sample options for 2017
- Discuss pediatric dental

Summary of Feedback

Cost sharing for “other” benefits

- Maternity coverage, including prenatal, postnatal and delivery
 - Consensus was for deductible and coinsurance application (preventive services are no cost to consumer)
- Cost sharing for pediatric vision services
 - Use same as current standard plans
 - \$0 copay for exams for certain codes but note that other cost sharing applies to other codes
 - Contact lenses and frames – actuarial equivalent of \$150 / year
 - Lenses are \$0 copay for some codes
- Consensus that cost sharing for biofeedback and cardiac rehab should be consistent with outpatient rehab/hab services.
- Diabetic supplies / other chronic care management
 - Mixed feedback, generally wanted deductible waived for diabetic supplies and diabetes education

Discussion of other cost sharing provisions

- **Consensus to apply deductible and coinsurance to the following, but waive deductible for those noted with an ***
 - 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

Analysis of Standard Plan Alternatives

Methodology

- Wakely modeled the federal AV and estimated premium impact of various alternative standard designs for 2017 discussed in the last meeting
- Federal AV was calculated using the 2016 AV calculator; designs might need to change to meet AV requirements using the 2017 calculator which is not yet available
- Premium impact was estimated using Truven Health Benefit Modeler (Copyright 2014 Truven Health)
 - The modeler was developed based on Truven's MarketScan data which consists of detailed national claim and enrollment data for 2013 for a sample of over 42 million nationally representative and commercially insured lives.
 - Actuarial values are estimated based on projected 2016 allowed claims (from issuer URRTs) trended to 2017

Caveats

- Actual premium changes will vary based on the specific rating model / methodology used by each carrier, network/provider reimbursement structures, and other factors
- Estimated impact is developed based on national data calibrated to expected allowed claims costs for Oregon; if Oregon specific unit costs vary significantly differences may occur
- Premium impacts reflect estimated changes in actuarial value and do not account for differences in utilization resulting from changes in cost sharing
- Wakely does not warrant or guarantee that actual premiums will tie to the estimated premium changes presented

Results

- **See separate handout for results of analysis**

Pediatric Dental

Comparison of Pediatric Dental Options

	Embedded	Stand-alone (SADP)
Premium affordability for families	Embedded dental adds 1 – 2% to medical premium for all family members	Purchase of SADP is \$23+ per child per month
Cross subsidization	Unsubsidized adults pick-up more of the costs of pediatric dental (adds 1-2% to medical premium)	No
Consumer choice	Tied to medical plan	Mix and match with medical
Out-of-pocket (excluding premiums) for pediatric dental	Less protection, unless state requirements apply; falls under medical cost sharing requirements (higher deductible/MOOP)	More protection; pediatric dental MOOP of \$350 / child; dental AV requirement
Pediatric dental included in subsidy calculation	Only if included in second lowest cost silver	No
Assure dental coverage for children	Yes, though higher cost sharing may apply	No, unless purchase is mandated
Operational challenges	Some issuers may not have dental network or connection to dental plan; must administer combined MOOP and possibly deductible	Medical issuers must manage reasonable assurance off exchange

Questions

