



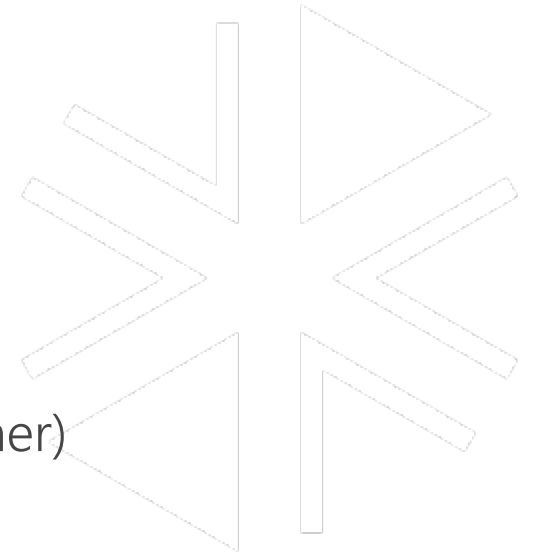
2024 Standard Plans Plan Design Options

Public Meeting

November 8, 2022

Kristin Villas, Senior Policy Analyst (she/her)

Kristy Piccinini, Acumen LLC (she/her)



Today's Agenda

- Background: Standard Plans in the Exchange
- Direction of Standard Plans: Value Based Insurance Design
- 2024 Standard Plans - Options for Public Comment
- Next steps

Standard Plan Design Background

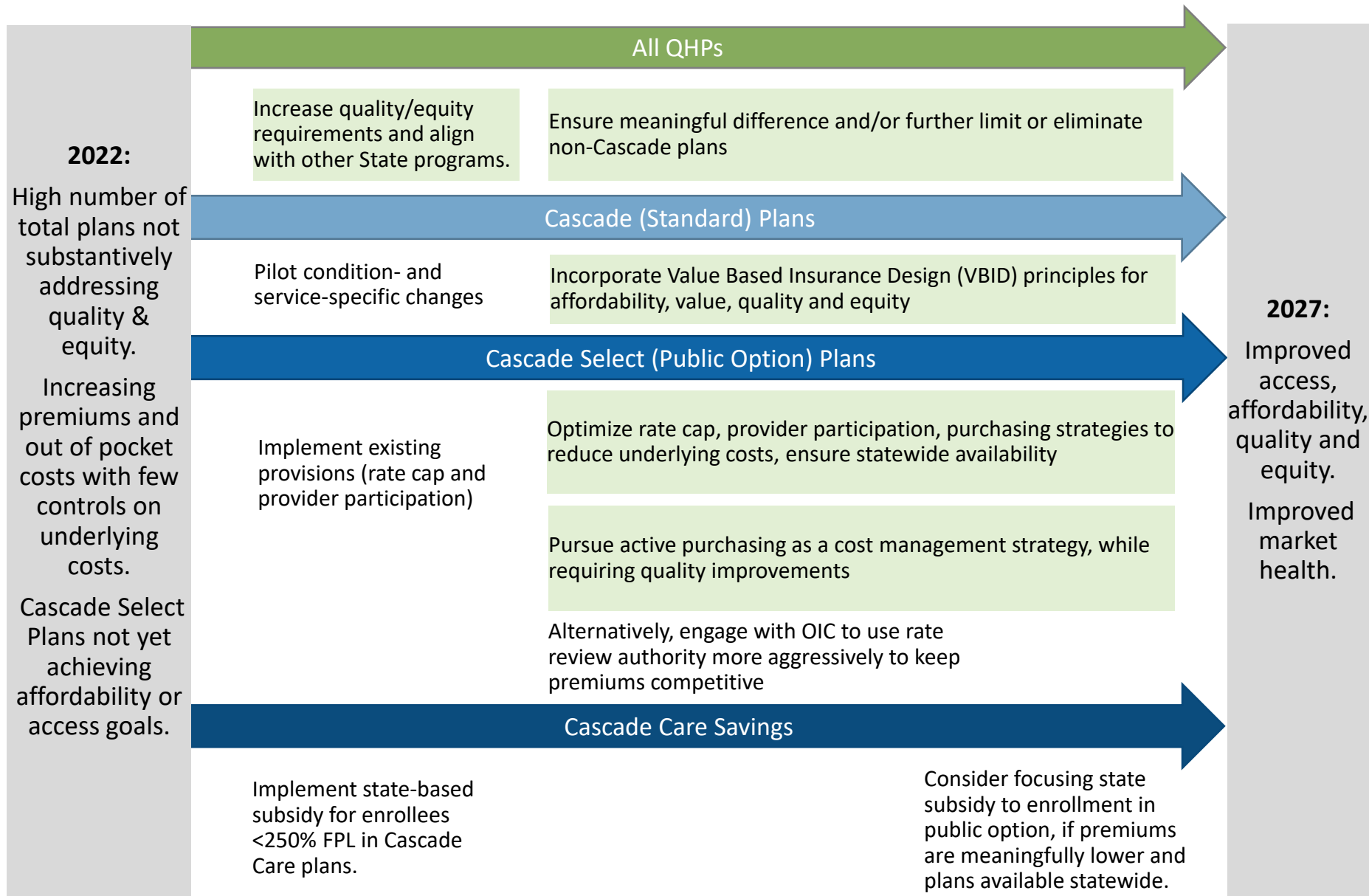
Standard Plan Guiding Principles

- Lower deductibles and access to services before the deductible.
- Prioritize copays where possible to provide predictability for consumers when seeking services.
- Limit premium impacts.
- Maximize tax credits with silver plan design.

WAHBE Standard Plan program

- Have designed three years of standard plans thus far.
 - Essential, high value services at co-pay before deductible in all metal levels (primary care, mental/behavioral health, urgent care, generic Rx)
 - Minimal changes to plan design from 2021-2023
- Have been meeting with stakeholders on the design of 2024 standard plans for several months.
- Opportunity to look at standard plan design with longer-term goals in mind.

A Layered Approach to Improve Access, Affordability, Quality and Equity



Standard Plan Design Direction

1. Move toward value-based insurance design to advance affordability, value, quality and equity.
 - Ensure Exchange customers have access to the highest quality plans that advance affordable, high-value, equitable care delivery.
 - Build upon nationally recognized models, while using data to inform initial and highest-impact areas of focus for Washington Exchange.
2. Set the path for value-based benefit design in 2024 plan design.
 - Considerations for 2024 standard plans: Applying access models such as virtual care and more effective options for pre-deductible services.

Foundational principle for 2024 and beyond: Preserve premium affordability.

Why Value-Based Insurance Design?

The direction of Cascade Care plans

Solutions to address health care costs should protect consumers, reward providers, and preserve innovation.

- Addressing the underlying costs of care is a top priority in Washington state.
- There is enough money in our health care system; we just spend it on the wrong services.
- Policy considerations focus primarily on alternative payment models, but moving to a value-based system also requires changes in how we engage consumers to seek care.

An alternative to “blunt” consumer cost sharing: Value-based insurance design (VBID).

- Sets consumer cost-sharing on clinical benefit—not price.
- Little or no out-of-pocket cost for high-value care; high cost share for low-value care.
- Successfully implemented by hundreds of public and private payers, including marketplaces.

Why Value-Based Insurance Design?

Clinically driven plan designs, like *V-BID X*,
reduce spending on **low-value care**



...creating headroom to reallocate spending
to **high-value services** without increasing
premiums or deductibles

2024 Standard Plan Design

Setting the path for VBID

Goals for investigating options for 2024 plan designs:

- Reduce barriers to accessing high-value services.
- Encourage the right care, at the right time, in the right setting.
- Mitigate premium impacts.

Considerations for 2024 standard plans have included **virtual care** and improved coverage of **pre-deductible services**.

- Current standard plans do not explicitly address virtual care
 - Customers in standard plans experience varying access to virtual care depending on their carrier and providers
 - Expectation has generally been that customers would pay the same cost-share for a service, whether received virtually or in person
- Current standard plans do not offer any non-preventive services *at no cost* prior to the deductible
 - All metal level include primary care, mental/behavioral health office visits, urgent care, and generic drugs at a co-pay, before deductible
 - Copays for primary care/mental health visits range from \$15 (gold plan) to \$50 (bronze plan); generics range from \$10 (gold) to \$32 (bronze)



Washington Health Benefit Exchange

Cascade Care Workgroup

Standard Plan Design: Options for Understanding Virtual Care and
Expanding Coverage of Pre-deductible Services

Acumen, LLC
November 8, 2022

2024 Standard Plan Design

Considerations for virtual care

- Explored two options:
 - (1) Ensuring that a core set of high-value services are available in a virtual setting at the same cost-share as in-person in standard plans, regardless of carrier
 - E.g., all standard plans customers have access to virtual care for primary care or mental/behavioral health visits
 - (2) Providing reduced cost-sharing for virtual visits for high-value, telehealth-appropriate visits
- Stakeholder feedback suggests that implementing requirements on the delivery of virtual care may not be feasible at this time.
 - As provision of virtual care is primarily provider-driven, little can be done in plan design at this time to ensure that customers all have access to virtual services in any given service category
 - Network implications of lower cost-sharing for virtual visits; medical appropriateness of virtual care varies/difficult to incentivize best setting for care using tiered cost-sharing plan design structure
- Approach for 2024: continue to pursue information gathering from state sources (e.g., APCDs), carriers, and other stakeholders to develop potential standards for future plan years.

2024 Standard Plan Design

Considerations for expanding pre-deductible services

- Considered options that include:
 - Different models for pre-deductible services, e.g.:
 - “Pick 4” model – 4 total visits from a group of categories (e.g., primary care, behavioral health, urgent care, specialist) at low co-pay, then deductible applies
 - Three upfront no-cost office visits for primary care and behavioral health, followed by co-pay
 - Lowering generic prescription drug copays.
- Focused actuarial value (AV) trade-off in plan designs on out-of-pocket maximums.
- Stakeholder feedback encourages more discussion about who we’re designing these plans for. Ongoing considerations include:
 - Value of reducing barriers to accessing high-value primary care and mental/behavioral health services, especially in bronze.
 - Understanding and balancing AV limitations/premium impacts.
 - Incorporation of offsets that consider low-value services.
- Approach for 2024: Refining plans to improve access to high-value services while maintaining stability of copays and overall AV levels/premiums

Bronze Options

- 2023 Plan Design/2024 Option 1 is the 2023 plan design, shown with the 2023 certified AV and estimated 2024 AV.
- 2024 Option 2 is the 2023 plan design with three \$0 cost-share primary care visits and three \$0 cost-share behavioral health visits. MOOP has been increased to offset AV increase.

Shaded Items not subject to deductible.

*** Eligible for \$0 upfront visits

Difference from 2023 design in red.

2023 Federal AV (certified) in blue.

DME, home health, and hospice omitted for space; no change from 2023 design.

Benefits	Bronze	
	2023 Plan Design / 2024 Option 1	2024 Option 2
Medical/Pharmacy Integrated Deductible	Yes	Yes
Medical/Pharmacy or Integrated Deductible (\$)	\$6,000	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,550	\$9,400
Preventive Care/Screening/Immunization	\$0	\$0
No. of No-Cost Upfront Visits	0	3
Primary Care Visit	\$50	\$50***
Specialist Visit	\$100	\$100
M/B Health and SUD Outpatient Services – Office	\$50	\$50***
Emergency Care Services	40%	40%
Urgent Care	\$100	\$100
Ambulance	40%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%
M/B Health and SUD Outpatient Services – Other	40%	40%
Laboratory Outpatient and Professional Services	40%	40%
X-rays and Diagnostic Imaging	40%	40%
Advanced Imaging (CT/PET Scans, MRIs)	40%	40%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%
Skilled Nursing Facility	40%	40%
Generics	\$32	\$32
Preferred Brand Drugs	40%	40%
Non-Preferred Brand Drugs	40%	40%
Specialty Drugs (i.e., high-cost)	40%	40%
Speech Therapy	40%	40%
Occupational and Physical Therapy	40%	40%
All Other Benefits	40%	40%
Estimated 2024 AV	64.21% / 64.66%	64.62%

Silver Options

- 2024 Option 1 is the 2023 plan design with MOOP increased to keep estimated 2024 AV within federal statutory limits.
- 2024 Option 2 is the 2023 plan design with three \$0 cost-share primary care visits and three \$0 cost-share behavioral health visits. MOOP has been increased to offset AV increase.

Benefits	Silver		
	2023 Plan Design	2024 Option 1	2024 Option 2
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical/Pharmacy or Integrated Deductible (\$)	\$2,500	\$2,500	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$8,500	\$8,600	\$9,400
Preventive Care/Screening/Immunization	\$0	\$0	\$0
No. of No-Cost Upfront Visits	0	0	3
Primary Care Visit	\$30	\$30	\$30***
Specialist Visit	\$65	\$65	\$65
M/B Health and SUD Outpatient Services – Office	\$30	\$30	\$30***
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65
Ambulance	\$375	\$375	\$375
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200
M/B Health and SUD Outpatient Services – Other	\$30	\$30	\$30
Laboratory Outpatient and Professional Services	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800 **	\$800 **	\$800 **
Generics	\$25	\$25	\$25
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250
Specialty Drugs (i.e., high-cost)	\$250	\$250	\$250
Speech Therapy	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40
All Other Benefits	30%	30%	30%
Estimated 2024 AV	71.53% / 72.04%	71.94%	71.80%

Shaded Items not subject to deductible.

* Per day copay, maximum five per stay

** Per day copay

*** Eligible for \$0 upfront visits

Difference from 2023 design in red.

2023 Federal AV (certified) in blue.

DME, home health, and hospice omitted for space; no change from 2023 design.

Gold Options

- 2024 Option 1 is the 2023 plan design with MOOP increased to keep estimated 2024 AV within federal statutory limits.
- 2024 Option 2 is the 2023 plan design with three \$0 cost-share primary care visits and three \$0 cost-share behavioral health visits. MOOP has been increased to offset AV increase.

Benefits	Gold		
	2023 Plan Design	2024 Option 1	2042 Option 2
Medical/Pharmacy Integrated Deductible	No	No	No
Medical/Pharmacy or Integrated Deductible (\$)	\$600 / \$0	\$600 / \$0	\$600 / \$0
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$5,900	\$6,100	\$6,600
Preventive Care/Screening/Immunization	\$0	\$0	\$0
No. of No-Cost Upfront Visits	0	0	3
Primary Care Visit	\$15	\$15	\$15***
Specialist Visit	\$40	\$40	\$40
M/B Health and SUD Outpatient Services – Office	\$15	\$15	\$15***
Emergency Care Services	\$450	\$450	\$450
Urgent Care	\$35	\$35	\$35
Ambulance	\$375	\$375	\$375
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$350	\$350
Outpatient Surgery Physician/Surgical Services	\$75	\$75	\$75
M/B Health and SUD Outpatient Services – Other	\$15	\$15	\$15
Laboratory Outpatient and Professional Services	\$20	\$20	\$20
X-rays and Diagnostic Imaging	\$30	\$30	\$30
Advanced Imaging (CT/PET Scans, MRIs)	\$300	\$300	\$300
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525 *	\$525 *	\$525 *
Skilled Nursing Facility	\$350 **	\$350 **	\$350 **
Generics	\$10	\$10	\$10
Preferred Brand Drugs	\$60	\$60	\$60
Non-Preferred Brand Drugs	\$100	\$100	\$100
Specialty Drugs (i.e., high-cost)	\$100	\$100	\$100
Speech Therapy	\$25	\$25	\$25
Occupational and Physical Therapy	\$25	\$25	\$25
All Other Benefits	20%	20%	20%
Estimated 2024 AV	81.88% / 82.19%	81.97%	81.80%

Shaded Items not subject to deductible.
 * Per day copay, maximum five per stay

** Per day copay

*** Eligible for \$0 upfront visits

Difference from 2023 design in red.

2023 Federal AV (certified) in blue.

DME, home health, and hospice omitted for space; no change from 2023 design.

CSR Silver 94% Variant Options

- The Silver 94 variant is for individuals up to 150% FPL.
- 2023 Plan Design/2024 Option 1 is the 2023 plan design with the 2023 certified actuarial value (AV) and the estimated 2024 AV.
- 2024 Option 2 is the 2023 plan design with three \$0 cost-share primary care visits and three \$0 cost-share behavioral health visits. MOOP has been increased to offset AV increase.

Shaded Items not subject to deductible.

* Per day copay, maximum five per stay

** Per day copay

*** Eligible for \$0 upfront visits

Difference from 2023 design in red.

2023 Federal AV (certified) in blue.

DME, home health, and hospice omitted for space; no change from 2023 design.

Benefits	Silver 94	
	2023 Plan Design / 2024 Option 1	2024 Option 2
Medical/Pharmacy Integrated Deductible	Yes	Yes
Medical/Pharmacy or Integrated Deductible (\$)	\$0	\$0
Medical/Pharmacy Integrated MOOP	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$1,200	\$1,200
Preventive Care/Screening/Immunization	\$0	\$0
No. of No-Cost Upfront Visits	0	3
Primary Care Visit	\$5	\$5***
Specialist Visit	\$15	\$15
M/B Health and SUD Outpatient Services – Office	\$5	\$5***
Emergency Care Services	\$150	\$150
Urgent Care	\$15	\$15
Ambulance	\$75	\$75
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$25	\$25
M/B Health and SUD Outpatient Services – Other	\$5	\$5
Laboratory Outpatient and Professional Services	\$5	\$5
X-rays and Diagnostic Imaging	\$15	\$15
Advanced Imaging (CT/PET Scans, MRIs)	15%	15%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$100*
Skilled Nursing Facility	\$100 **	\$100 **
Generics	\$5	\$5
Preferred Brand Drugs	\$12	\$12
Non-Preferred Brand Drugs	\$35	\$35
Specialty Drugs (i.e., high-cost)	\$35	\$35
Speech Therapy	\$5	\$5
Occupational and Physical Therapy	\$5	\$5
All Other Benefits	15%	15%
Estimated 2024 AV	94.48% / 94.77%	94.86%

CSR Silver 87% Variant Options

- The Silver 87 variant is for individuals from 150%-200% FPL.
- 2023 Plan Design/2024 Option 1 is the 2023 plan design with the 2023 certified actuarial value (AV) and the estimated 2024 AV.
- 2024 Option 2 is the 2023 plan design with three \$0 cost-share primary care visits and three \$0 cost-share behavioral health visits. MOOP has been increased to offset AV increase.

Shaded Items not subject to deductible.

* Per day copay, maximum five per stay

** Per day copay

*** Eligible for \$0 upfront visits

Difference from 2023 design in red.

2023 Federal AV (certified) in blue.

DME, home health, and hospice omitted for space; no change from 2023 design.

Benefits	Silver 87	
	2023 Plan Design / 2024 Option 1	2024 Option 2
Medical/Pharmacy Integrated Deductible	No	No
Medical/Pharmacy or Integrated Deductible (\$)	\$750 / \$0	\$750 / \$0
Medical/Pharmacy Integrated MOOP	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$2,400	\$2,500
Preventive Care/Screening/Immunization	\$0	\$0
No. of No-Cost Upfront Visits	0	3
Primary Care Visit	\$10	\$10***
Specialist Visit	\$30	\$30
M/B Health and SUD Outpatient Services – Office	\$10	\$10***
Emergency Care Services	\$425	\$425
Urgent Care	\$30	\$30
Ambulance	\$175	\$175
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$325	\$325
Outpatient Surgery Physician/Surgical Services	\$120	\$120
M/B Health and SUD Outpatient Services – Other	\$10	\$10
Laboratory Outpatient and Professional Services	\$20	\$20
X-rays and Diagnostic Imaging	\$40	\$40
Advanced Imaging (CT/PET Scans, MRIs)	20%	20%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$425*	\$425*
Skilled Nursing Facility	\$425 **	\$425 **
Generics	\$12	\$12
Preferred Brand Drugs	\$35	\$35
Non-Preferred Brand Drugs	\$160	\$160
Specialty Drugs (i.e., high-cost)	\$160	\$160
Speech Therapy	\$20	\$20
Occupational and Physical Therapy	\$20	\$20
All Other Benefits	20%	20%
Estimated 2024 AV	87.79% / 87.86%	87.76%

CSR Silver 73% Variant Options

- The Silver 73 variant is for individuals from 200% -250% FPL.
- 2024 Option 1 is the 2023 plan design with MOOP increased to keep the estimated 2024 AV within federal statutory limits
- 2024 Option 2 is the 2023 plan design with three \$0 cost-share primary care visits and three \$0 cost-share behavioral health visits. MOOP has been increased to offset AV increase.

Benefits	Silver 73		
	2023 Plan Design	2024 Option 1	2024 Option 2
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical/Pharmacy or Integrated Deductible (\$)	\$2,500	\$2,500	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$7,250	\$7,400	\$7,950
Preventive Care/Screening/Immunization	\$0	\$0	\$0
No. of No-Cost Upfront Visits	0	0	3
Primary Care Visit	\$30	\$30	\$30***
Specialist Visit	\$65	\$65	\$65
M/B Health and SUD Outpatient Services – Office	\$30	\$30	\$30***
Emergency Care Services	\$800	\$800	\$800
Urgent Care	\$65	\$65	\$65
Ambulance	\$325	\$325	\$325
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$600
Outpatient Surgery Physician/Surgical Services	\$200	\$200	\$200
M/B Health and SUD Outpatient Services – Other	\$30	\$30	\$30
Laboratory Outpatient and Professional Services	\$40	\$40	\$40
X-rays and Diagnostic Imaging	\$65	\$65	\$65
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	30%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$800*	\$800*
Skilled Nursing Facility	\$800 **	\$800 **	\$800 **
Generics	\$20	\$20	\$20
Preferred Brand Drugs	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$250	\$250	\$250
Specialty Drugs (i.e., high-cost)	\$250	\$250	\$250
Speech Therapy	\$40	\$40	\$40
Occupational and Physical Therapy	\$40	\$40	\$40
All Other Benefits	30%	30%	30%
Estimated 2024 AV	73.55% / 74.17%	73.96%	73.94%

Shaded Items not subject to deductible.

* Per day copay, maximum five per stay

** Per day copay

*** Eligible for \$0 upfront visits

Difference from 2023 design in red.

2023 Federal AV (certified) in blue.

DME, home health, and hospice omitted for space; no change from 2023 design.

2024 Standard Plan Design

Questions & Feedback

- Any questions about the virtual and pre-deductible approaches that we've discussed today?
- What feedback do you have about option 1 versus option 2?
 - How can this approach of upfront visits help remove barriers to individuals seeking high-value care?
 - What do you think about the tradeoff of some individuals having to pay a higher out-of-pocket maximum for all individuals to receive a limited number of no-cost share visits?



Next Steps

- Public comment period for draft 2024 plan designs: October 20-November 21
- Seeking feedback on two options:
 - (1) Keep plan designs stable for 2024, with adjustments needed for AV trend-up
 - (2) Incorporate 3 upfront, \$0 co-pay primary care and mental/behavioral health office visits into the standard plans
 - Option to include these \$0 co-pay visits in all plans or target certain metal levels
- Conversations with carriers about potential premium impacts
- Will bring 2024 Standard Plans to the Board for consideration and approval in December



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