

Standard Plans - Stakeholder Feedback

- September 2nd Meeting -

At the September 2nd Cascade Care Workgroup meeting, WAHBE staff engaged with workgroup participants in continued conversation around adjusting standard plan designs for PY 2023 and walked through initial draft plan design options at each metal level. Stakeholders were asked to provide written feedback on:

1. The approach to adjusting plan designs to accommodate slight AV 'buffers' in the event the 2023 Federal AV Calculator trends AVs higher at each metal level.
2. The deductible levels of each plan design.
3. Whether any specific cost-sharing types (coinsurance vs copay) or levels (percentage or dollar amount) should be adjusted.
4. Whether to move forward with including Durable Medical Equipment, Home Health, or Hospice as standardized benefits for 2023 (even if you'd suggest a different type or level for the cost-share).
5. Thoughts on moving to a \$0 integrated deductible for the 94% AV CSR Silver plan.
6. Any other feedback that would be pertinent to the development of 2023 standard plans.

Below is a summary of the written feedback from stakeholders.

The approach to adjusting plan designs to accommodate slight AV 'buffers' in the event the 2023 Federal AV Calculator trends AVs higher at each metal level.

Molina expressed that each of the options being modelled seems reasonable. The Northwest Health Law Advocates (NoHLA) also expressed support for WAHB's approach, noting that it makes sense to allow for a reasonable AV buffer based on historical changes to the federal AV calculator (FAVC). NoHLA did as that WAHBE clarify how it will handle AV changes that may result from adjustments to the FAVC.

Coordinated Care expressed reservations about maintaining standard plans with relatively high AVs within each metal tier and suggested lowering the standard plan AV levels to provide consumers with potentially lower premiums.

Kaiser Permanente noted that maintaining consistent AV positions year-over-year enables carriers to offer consumers a logical portfolio, being able to know the standard plan AVs in advance and position other plans accordingly to maintain meaningful differences in plans.

The deductible levels of each plan design.

NoHLA expressed a desire to, where adjustments may be needed to accommodate changes to the FAVC, maintain a lower deductible and first adjust the maximum out-of-pocket limit (MOOP). NoHLA expressed a preference towards the standard plan options that were outlined at the September meeting that aligns with this preferred trade-off.

Kaiser supports integrated deductibles at each metal level, with generic prescription drugs and potentially also preferred prescription drugs before the deductible.

Coordinated Care expressed that consumers select plans first based on premiums and that current plan designs are very right, resulting in higher premiums. Believes that WAHBE should consider offering standard plans with higher deductibles and cost-sharing, but lower copayments.

Whether any specific cost-sharing types (coinsurance vs copay) or levels (percentage or dollar amount) should be adjusted.

The Equal Opportunity Institute (EOI) and NoHLA reiterated their feedback that WAHBE explore ways to expand copay options in the standard plan designs to increase plan transparency for consumers and help patients access needed care. NoHLA expressed specific disappointment that a copay-based Bronze plan design was not modelled by WAHBE.

Coordinated Care suggested that certain benefits (i.e. X-ray, Speech/Physical/Occupational Therapy) should have the deductible apply. Kaiser further noted that WAHBE should ensure any cost-sharing changes are designed for the whole market, expressing caution in making certain less utilized benefits very rich at the expense of more highly utilized benefits in the plan design.

Whether to move forward with including Durable Medical Equipment, Home Health, or Hospice as standardized benefits for 2023 (even if you'd suggest a different type or level for the cost-share).

Kaiser does not suggest standardizing these benefits, given administrative complexities between carriers and the lower prominence of these benefits in the plan comparison tools. Premera also asked that these benefits remain unstandardized for 2023, suggesting that customers desire consistency in their plan designs and may expect a certain cost-share that was applied in 2021 and have a different cost-share applied to the same plan in 2022.

Premera further noted that a \$0 home-health and/or hospice benefit is not worth the potential 0.5% to 1% increase in all of its standard plan premiums. Coordinated Care did not express concerns with standardizing these benefits but did suggest that home health and hospice benefits should be coinsurance based to avoid increasing premiums.

EOI, NoHLA, and Molina expressed support in standardizing DME, hospice, and home health benefits. EOI and NoHLA noted that doing so aligns with aims of the standard plan program to improve transparency and consistency for consumers. Molina also expressed support for standardizing these benefits but noted that home health and hospice are different benefits and should be separated in the plan design. Molina also limits its hospice benefit to 14 days per lifetime and would be interested in understanding any limits that might be incorporated for this benefit in the standard plan design.

NoHLA expressed additional feedback that WAHBE should clarify that carriers can always reduce cost-sharing for any specific benefit categories if the carrier desires. NoHLA noted that this could allow carriers to incorporate value-based insurance design principles and would align with how some other state-based Exchanges, such as Massachusetts, permit downward variation in standard plans.

Regence noted that the addition of these benefits did not initially pose impacts to mental health parity (MHP) testing.

Thoughts on moving to a \$0 integrated deductible for the 94% AV CSR Silver plan.

We received general feedback from certain health carriers and consumer advocates that the proposed \$0 deductible for the 94% AV CSR Silver plan would make sense and be potentially beneficial for consumers.

Any other feedback that would be pertinent to the development of 2023 standard plans.

Premera expressed some concerns that we lack data and insights on customer experiences this early in the implementation of standard plans to make changes to the plan designs.

Regence provided feedback, consistent with feedback during previous rounds of stakeholder comment, that it appreciates the standard plan program's goal of lowering consumer costs but has concerns about narrowing the market to only standard plan options.

Coordinated Care reiterated its hope that WAHBE consider developing more than one standard plan design at each metal level.

Molina reiterated its feedback that there should be only 1 standard plan at each metal level.

Appendix

Stakeholder Comments

Kaiser Permanente

On behalf of Kaiser Permanente, thank you for the opportunity to provide feedback on the Draft 2023 Standard Plan Designs.

Our feedback on your questions is included here in **red font**:

1. Our approach to adjusting plan designs to accommodate slight AV ‘buffers’ in the event the 2023 Federal AV Calculator trends AVs higher at each metal level.
Kaiser response: Maintaining consistent AV positions year over year versus letting plans gradually creep up in the AV range enables carriers to offer consumers a logical portfolio. When carriers know that standard plans will always be around AV X, we can position other plans accordingly to maintain meaningful differences between plans.
2. The deductible levels of each plan design.
Kaiser response: To keep designs as simple as possible for consumers, we support an integrated deductible with at least generic Rx and potentially also preferred Rx before deductible.
3. Whether you would like to see changes to any specific cost-sharing types (coinsurance vs copay) or levels (percentage or dollar amount).
Kaiser response: In considering cost-share changes, design for the entire market. During the first round of standard plan development for PY2021, one stakeholder strongly advocated for a very rich specialty Rx benefit, which would have had to have been offset by making other more highly utilized benefits less rich.
4. Whether we should move forward with including Durable Medical Equipment, Home Health, or Hospice as standardized benefits for 2023 (even if you’d suggest a different type or level for the cost-share).
Kaiser response: Given administrative complexities between carriers and the lower prominence of these benefits in the plan comparison tool, we do not recommend standardizing these benefits.
5. Your thoughts about moving to a \$0 integrated deductible for the 94% AV CSR Silver plan.
Kaiser response: No comment

Katherine Wait

Senior Director, National Exchange Operations

Molina

Evan –

Sorry for our delay in sharing Molina's comments. Thank you for the opportunity to comment on the changes to the standardized plans under consideration for 2022. First, we would like to express our appreciation for the minimal amount of changes proposed for the 2023 standard plans. This gives us more time to analyze the performance of these plans over time, and appreciate the partnership.

We also appreciate that Wakely has modeled two options for each metal level, we think it will be important to remain flexible as the AV calculator is finalized. In general, each of the choices modeled look reasonable to Molina, and additional feedback can be provided as the AV calculator is updated, our priority will remain having a single plan at each metal level that best aligns with the +/- 2% de minimis value, and allows Molina to set reasonable AV's for our non-standard Silver plans.

In general, we are supportive of standardizing cost shares for DME, Home Health and Hospice. However, we do want to point out that Home Health is a separate benefit from Hospice, and they should probably be on separated to avoid confusion. Additionally, Molina has a hospice benefit limit of 14 days per lifetime, and would be interested in understanding if HBE intends to have or allow limits to the Hospice benefits.

Finally, we do have concerns with the Silver Cost Share Reduction (CSR) plans, and the deductible switching between a separate medical and pharmacy deductible and the integrated medical and pharmacy deductible. It is fairly common for members to change silver plans throughout the year, and we will know more about those challenges as we implement the 2022 Standard Plans, but would strongly suggest having one deductible approach for all silver plan variations in 2023 plan designs. -

If any additional information is needed, or it would be helpful to meet with Molina to discuss this feedback, please let us know. Thank you for your partnership!

Kristen Federici

Regional Director, State Affairs

[Molina Healthcare, Inc.](#)

Regence

We certainly appreciate the opportunity to review and provide feedback on the first draft of standard plans for 2023. Our team met early this week to review and has been considering any impacts.

Most of the changes amount to tweaks in the cost shares, it is fair to say, and certainly not unexpected. Regarding your question set, I wanted to provide just a few comments [inline](#):

1. Our approach to adjusting plan designs to accommodate slight AV 'buffers' in the event the 2023 Federal AV Calculator trends AVs higher at each metal level.
2. The deductible levels of each plan design.
3. Whether you would like to see changes to any specific cost-sharing types (coinsurance vs copay) or levels (percentage or dollar amount).
4. Whether we should move forward with including Durable Medical Equipment, Home Health, or Hospice as standardized benefits for 2023 (even if you'd suggest a different type or level for the cost-share).
 - a. *As you contemplate thoughts on these additional benefits, I encourage you to revisit slides 29-31 of our [July 20th meeting presentation](#) for a brief comparison of how these benefits are treated by carriers in their standard plans today.*

Our team has been reviewing for possible impacts to MHP testing. So far no impact detected but we have key resources OOO who will have to complete the testing.

5. Your thoughts about moving to a \$0 integrated deductible for the 94% AV CSR Silver plan.

This is fine and may prove to be attractive to consumers. Regarding deductible, we note the Bronze Option #1 has the split deductible for Medical/Pharmacy. This is okay with us so long as another option is always provided or allowed for. We would select Option #2 and hope that leverage is continued to be provided.
6. Any other feedback you'd like to provide.

While we appreciate the shared goal of lowering the costs for what remains the most expensive segment of healthcare, we have some concerns about the narrowing focus on offering only standard plans. This was only reinforced at the HBE board meeting this week to review & certify plans for 2022, where some board members openly expressed concern we were not limiting the marketplace to just standard plans soon enough. The Regence team would caution that while the current, benefit-rich structure of standard plans may indeed help flatten the line on benefits offered on exchange and reward consumers with consistency, the ability to innovate and respond to always-changing market factors for consumers remains a chief goal for our health plan. The spike in utilization of virtual care during the pandemic and the response to leaner, cheaper plans by consumers this past year has informed us consumers still value choice and we should continue to innovate and respond to new SDoH such as those created by the PHE. We maintain the market will continue to follow a dynamic path and that health plans should be allowed the leverage to accommodate. Limiting choice for consumers may not ultimately serve them as intended.

Please let me know if we can provide anything further, thank you again for the dialogue.

Zac Aulson

September 17, 2021

Washington State Health Benefit Exchange
810 Jefferson Street SE
Olympia, WA 98501

RE: 2023 Standard Plan Design Feedback

Thank you for the opportunity to provide feedback regarding Standard Plan design changes that the Washington Health Benefit Exchange (WAHBE) is considering for Plan Year 2023. In the September 2nd Cascade Care Workgroup meeting, feedback was requested on the below topics.

1) Our approach to adjusting plan designs to accommodate slight AV 'buffers' in the event the 2023 Federal AV Calculator trends AVs higher at each metal level.

We know that many consumers select their plan based on the monthly premium cost first, and deductible and cost-sharing considerations are secondary when evaluating the "cost" of a health plan. With this in mind, we encourage the HBE to consider designing all standard plan designs at the lower actuarial value (AV) level to give carriers the most opportunity to offer varied non-standard benefit options while still meeting federal AV requirements. In particular, the standard silver plan design has an AV that is at the high end of the range, which does not allow flexibility from carriers to design innovative plans. This is a missed opportunity to provide consumers with potentially lower premium prices when running those varied options through the carrier's final pricing AV.

Given the current options presented, we would prefer the following options for each metal level based on the lower federal AVs, which would allow more flexibility:

- Gold – Option 1
- Silver – 87% AV Option 1
- Bronze – Option 2

2) The deductible levels of each plan design.

As mentioned above, consumers select plans first based on premiums. The current standard plan designs are very rich, which results in high premiums due to the low deductibles and Maximum Out-of-Pockets (MOOPs). We think the HBE should consider offering standard plans with higher deductible, coinsurance, and MOOP, but lower copayment amounts (e.g., inpatient services) to balance this modification to meet federal AV requirements.

3) *Whether you would like to see changes to any specific cost-sharing types (coinsurance vs copay) or levels (percentage or dollar amount).*

We believe the HBE should consider having the deductible apply to the following benefits across all metal level, unless specifically noted below:

- X-ray
- Speech Therapy (ST)
- Physical Therapy (PT)/Occupational Therapy (OT)
- Inpatient – *Gold*
- Non-Preferred Rx – *Gold & Silver 87%/94% AV*
- Specialty Rx – *Gold & Silver 87%/94% AV*

4) *Whether we should move forward with including Durable Medical Equipment, Home Health, or Hospice as standardized benefits for 2023 (even if you'd suggest a different type or level for the cost-share).*

We appreciate the HBE's efforts to standardize the cost shares for the Durable Medical Equipment (DME), Home Health and Hospice benefits; however, we recommend changing the cost share to a coinsurance rather than a copayment amount because a copayment would negatively impact the member through an increase in premium. We understand that some consumers prefer a copayment rather than coinsurance for the predictability and budget planning it can offer; however, the downside of transitioning from a copayment to coinsurance is the impact to affordability. This change will drive up premium costs, thus negating any benefit gained by transitioning to a copayment. Given this unintended consequence, we do not support this change under consideration. Additionally, by applying a coinsurance, it would result in less disruption for carriers (and the members who have previously chosen those carriers) that implemented a coinsurance structure in the PY 2022 standard plans.

5) *Your thoughts about moving to a \$0 integrated deductible for the 94% AV CSR Silver plan.*

Other than the feedback shared above under topics one and two, we do not have additional input at this time.

6) *Any other feedback you'd like to provide.*

We have previously indicated our strong support for having more than one standard plan design at each metal level. Since nonstandard plans will be capped beginning in 2023, we think HBE should develop at least one more silver standard plan to allow carriers to offer more choices to consumers with a variety of different needs and circumstances. Previously HBE communicated this was still under consideration, however at the September 2nd meeting, HBE stated that the decision has been made that only one standard plan will be designed/mandated at each metal tier for 2023. We continue to have this position that more than one standard plan design in each metal tier for 2023 makes sense given the limitations to nonstandard plans taking effect this same year. It would be helpful to understand why HBE made this decision and the rationale behind it. We are frustrated that it appears these decisions are being made regardless of carrier input.

Thank you again for the opportunity to provide feedback as you begin this work to develop the 2023 Standard Plan designs. We look forward to more dialogue on this topic, and are happy to answer any questions and provide any additional information given our experience in Washington's Marketplace, as well as Centene's experience in other state-based exchanges that have standardized benefits/standard plans.

Sincerely,

A handwritten signature in black ink that reads "Andrea Tull Davis".

Andrea Tull Davis
Vice President, Government Relations & Communications
Marketplace (Exchange) Product Lead
Coordinated Care



September 17, 2021

Evan Klein, Leah Hole-Marshall, and HBE colleagues,

Thank you for the opportunity to provide feedback about the direction of the standard plan design process in partnership with the Washington Health Benefit Exchange.

The Economic Opportunity Institute is a nonprofit policy and research institute in Washington State that works to build an economy that works for everyone by supporting the passage of policies that advance affordable health insurance for all, access to high quality early learning and higher education, retirement security, and tax reform. We appreciate the ongoing opportunity to participate in the Cascade Care Workgroup in service to our shared goals to support the people of our state in accessing high quality, accessible, and affordable health insurance.

We share our feedback in response to the recent Workgroup meeting on 9/2/21 and the corresponding request for feedback. We know this is a particularly important time to stay engaged, particularly as we await federal decisions in the coming months that will impact affordability for consumers on the Exchange, such as the final 2023 Federal AV calculator, Notice of Benefit Payment and Parameters, and federal budget provisions such as the continuation of ARPA subsidies.

With regards to **adjusting plan designs to accommodate changes in the FAVC**, we understand the difficult timeline of designing plans prior to the release of the AV calculator and NBPP. One question we have is how the estimates will bear out if they are based on 2022 AV levels, given we didn't see any change from 2021-22 due to the pandemic, and therefore may see a larger increase for 2023. With the understanding that adjustments may need to be made following the release of the FAVC, we urge WAHBE to maintain plan designs at the higher end of the available AV range for each metal.

As in our previous comments, **we support lower deductibles** in all metal levels for consumers whenever possible, including a **\$0 deductible for the 94% AV CSR Silver plan**, and exploring additional plan options with **copay structures**, rather than co-insurance. We believe these measures will increase plan transparency for consumers and help ensure patients can access needed care without facing prohibitive financial barriers.

We support the standardization of DME, Hospice, and Home Health benefits, as removing these from the "other benefits" category will improve transparency and consistency for consumers. With regards to DME, the Wakely analysis revealed no premium price impact and very little existing cost-sharing variation among carriers, so while standardization won't require much collaboration on the part of the Workgroup, HBE, or carriers, it will provide consumers with the benefit of better understanding options across plans. Hospice, on the other hand, does

have significant cost-sharing variation, with some carriers charging nothing, others charging a \$50 copay, and still others charging up to 40% coinsurance (all on the Bronze level, for example). Home Health benefits have a similarly high level of cost-sharing variation, and for this reason, we also support standardizing this benefit to improve transparency.

In the months before the 2022 legislative session, it will be useful for our Workgroup to consider the impact of state and federal policy implementation and decision points, as they will all impact costs, premium changes, consumer decisions, enrollment, risk, and carrier participation. These include the \$50m Cascade Care subsidy program, the child care worker health insurance premium program, the process to determine pathways for undocumented immigrants to access insurance by 2024, the benefits of the federal ARPA subsidies remaining until the end of 2022, and the possibility of ARPA subsidies being made permanent through the current Congressional budget reconciliation process. **Ongoing HBE analysis and preliminary data reports on the above factors** will help inform our conversations about strengthening standard and public option plans on the Exchange.

We appreciate your partnership as we work together to ensure affordable access to high-quality and high-value plans in Washington State.

Respectfully,

Sam Hatzenbeler, Health Policy Associate
Economic Opportunity Institute

Evan Klein
810 Jefferson St SE
Olympia, WA 98501

Sep 17th, 2021

Subject: 2023 Proposed Standard Plan Designs – Feedback

Dear HBE Members,

Premera Blue Cross and LifeWise Health Plan of Washington (“LifeWise”) appreciates the opportunity to provide feedback on the proposed 2023 Standard Plan designs. LifeWise recognizes the impact Standard Plans have had on our business and on the overall market. We want to thank HBE for your hard work in researching, crafting, and implementing these plans. We look forward to partnering closely with HBE to innovate on behalf of the customers to make healthcare work better.

We present the following feedback, based on the proposals made in the “Wakely – WAHBE DRAFT 2023 Standardized Plan Designs” for your consideration.

General Feedback

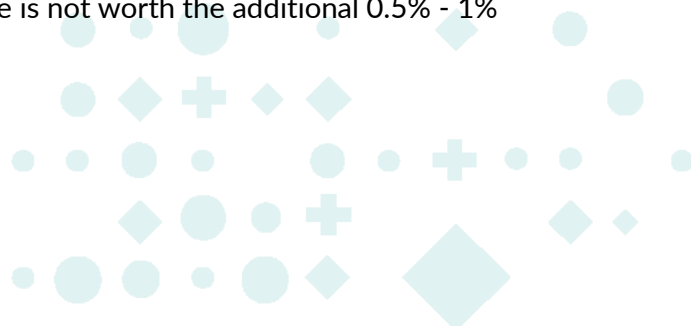
Currently, customers have only 9 months experience with the Standard Plan options. We are concerned that, at this point, we lack data and insight into the customer experience with these plans. Therefore, we recommend additional customer research before making changes to the plans; we recommend at least two full years of customer experience before making changes.

Standardizing Home Health and Hospice and Durable Medical Equipment

Customers crave consistency in plan design, as demonstrated by the lack of switching between plans YoY. We believe that standardizing these benefits will have the unintended, negative consequences because customers will expect one type of cost-share, but may now have a different experience. We therefore request that these benefits remain non-standardized for 2023.

Moving Home Health and Hospice benefit to \$0 cost-share

Cost is the prevailing factor when customers select a health plan. As such, we must be extremely sensitive to benefit changes that will increase premiums for members. In the instance of moving the Home Health and Hospice benefit to \$0, LifeWise believes the \$0 cost-share is not worth the additional 0.5% - 1% increase in premium.





LifeWise Health Plan of Washington
PO Box 327 – MS 000
Seattle, WA 98111-0327

Thank you for allowing us to provide feedback on this important endeavor. Please contact me if you have any questions about our comments.

Sincerely,

Kristin Meadows

A handwritten signature in black ink that reads "Kristin Meadows".

Vice President and GM of Individual Market

Kristin.Meadows@PREMERA.com





Sept. 17, 2021

Evan Klein, Senior Policy Analyst
Washington Health Benefit Exchange
Submitted via email to: evan.klein@wahbexchange.org

Re: Plan Year 2023 Cascade Care Standard Plans

Dear Mr. Klein and colleagues:

Thank you for the opportunity to provide comments about the Cascade Care Standard Standard plan designs the Washington Health Benefit Exchange (WAHBE) should adopt in Plan Year (PY) 2023.

Northwest Health Law Advocates (NoHLA) is a nonprofit legal advocacy organization that works to ensure all Washington State residents have access to affordable health care. Given this mission, we appreciate the chance to participate in the Cascade Care Workgroup stakeholder process.

You asked for feedback on the following topics about WAHBE's proposed PY 2023 designs. Please find our preliminary responses below.

1. Our approach to adjusting plan designs to accommodate slight AV 'buffers' in the event the 2023 Federal AV Calculator trends AVs higher at each metal level.

We support WAHBE's proposed approach. It is common sense to allow for a reasonable buffer in actuarial value (AV), based on historical changes in the federal actuarial value calculator (FAVC) over time. Since we do not have independent actuarial support to gauge the reasonableness of Wakely's buffer in the context of the PY 2022 FAVC and related underlying trends, we will trust that Wakely has made reasonable decisions about how much buffer may be warranted.

However, we ask that WAHBE clarify how it will handle differences between the proposed or final FAVC for PY 2023 and the estimated buffer. We strongly recommend that WAHBE clarify as a matter of policy that where the proposed or final FAVC yields more substantially more room at the top of the allowable range for a given metallic tier than Wakely initially estimated in proposing these designs, WAHBE will reduce enrollee cost-sharing to the maximum extent allowable to keep each standard plan design at the top of the allowable AV range for that particular metallic tier – for example, by reverting to the current standard plan cost-sharing rather than implementing the cost-sharing increases that are represented in the proposed options. This would align with our general preference for richer plan designs on the standard shelf, which we have articulated in previous comments.

2. The deductible levels of each plan design.

In general, we prefer a plan design with a lower deductible so that consumers can access first-dollar services more quickly, even where this leads to a higher MOOP. With this in mind, we prefer the

following plan designs among WAHBE's options if Wakely feels that it is prudent/necessary to increase cost-sharing in the plan designs to allow more buffer in the FAVC:

- Standard Gold – If changes are needed, prefer Option 1, with the higher MOOP and lower medical deductible.
- Standard Silver – If changes are needed, prefer Option 2, with the higher MOOP and lower medical deductible.
- Standard Silver 73% - If changes are needed, prefer Option 2, with the higher MOOP and lower medical deductible.
- Standard Silver 87% - If changed are needed, prefer Option 2, since it is unclear why Option 1 would be favorable to consumers, unless there are AV buffer considerations we don't understand.
- Standard Silver 94% - Agree with lowering the medical deductible to \$0, even if it means slightly higher copays at the point of service. We prefer Option 1 with the lower MOOP.
- Standard Bronze – We prefer Option 1 with the split deductible, as this will help enrollees access prescription drugs sooner in the plan year.

3. Whether you would like to see changes to any specific cost-sharing types (coinsurance vs copay) or levels (percentage or dollar amount).

As we have previously noted, we would like to see WAHBE move to a copay structure rather than a coinsurance structure in the standard bronze plan as a matter of transparency to consumers and consistency with the structure of other metallic tiers. We are disappointed to see that WAHBE did not at least model a copay structure for this stakeholder exercise.

We understand that there may be a premium impact if WAHBE shifts to a copay structure on bronze, but suggest that this is warranted in light of overall transparency and comparison-shopping policy goals for standard plans. We also note that if WAHBE is going to shift to a copay structure, it would be prudent to do so in PY 2023, when federal or state enhanced premium subsidies may be available to help consumers absorb any related premium shock, and there will be incentives for consumers to select standard plans in the Cascade Care program. If bronze enrollees react to a copay structure by switching to different plans, WAHBE will have gained important market insight about how consumers are experiencing bronze plans today that may lend itself to future policy discussions about whether bronze plans offer meaningful value to consumers.

4. Whether we should move forward with including Durable Medical Equipment, Home Health, or Hospice as standardized benefits for 2023 (even if you'd suggest a different type or level for the cost-share). *As you contemplate thoughts on these additional benefits, I encourage you to revisit slides 29-31 of our [July 20th meeting presentation](#) for a brief comparison of how these benefits are treated by carriers in their standard plans today.*

As we have previously noted, we generally support steady progress toward additional standardization of categories in the standard plans, rather than allowing carriers to deviate cost-sharing in the "other" category. We are supportive of additional standardization on Durable Medical Equipment, Home Health, and Hospice. Specifically:

- DME – It is reasonable to standardize because there is so little variation in how carriers are handling this benefit today. It makes sense to capture market consensus where such consensus exists.
- Home health and hospice – It makes sense to standardize these benefits because there is such significant variation in cost-sharing across plans today. That is a sign that additional guidance would be useful to understand that consumers have a similar experience in their standard plans.

In standardizing these and other benefits, we suggest that WAHBE clarify that is *always* allowable for carriers to reduce standardized benefit cost-sharing in favor of the enrollee. This allows carriers to incorporate value-based insurance design principles in standard plans in a way that does no harm to enrollees. Some other state-based Exchanges, such as Massachusetts, have allowed this kind of downward variation in their standard plan cost-sharing for a number of years. In that state, we saw carriers taking advantage of this flexibility to introduce targeted cost-sharing reductions for particularly important drugs (i.e., statins, insulin, medication assisted treatment for substance use) or supplies (i.e., diabetes test strips). We encourage WAHBE to consider adopting this policy if it is not already expressed to carriers that such consumer-friendly variation is permitted in standard plan designs.

5. Your thoughts about moving to a \$0 integrated deductible for the 94% AV CSR Silver plan.

We support this change. We expect that this change will allow very low-income enrollees to access medical and pharmaceutical services more readily, without the barrier of a deductible.

6. Any other feedback you'd like to provide

We suggest that WAHBE avoid providing public-facing pricing impacts for proposed benefit designs to the Cascade Care Workgroup in the future. We generally understand and appreciate WAHBE's transparency in the plan design process. However, we are concerned that WAHBE is inadvertently signaling that the estimated premium impacts are tolerable, which can lead to market-wide premium increases. In reality, we know that carriers price premiums in keeping with a host of business considerations beyond the FAVC, including competition with other carriers. For this reason, it would be best for WAHBE to avoid suggesting a premium impact publicly with carriers. If carrier participants wish to share out their own expected pricing strategies, that information could still be available to the group. If WAHBE feels it must share premium pricing impacts, it would be better to suggest a range rather than a mid-point.

Thank you again for the opportunity to provide preliminary feedback on this important issue. We look forward to continuing the discussion about how Cascade Care standard plan designs can best meet the the affordability needs of consumers.

Sincerely,

Emily Brice

Senior Attorney & Policy Advisor
Northwest Health Law Advocates