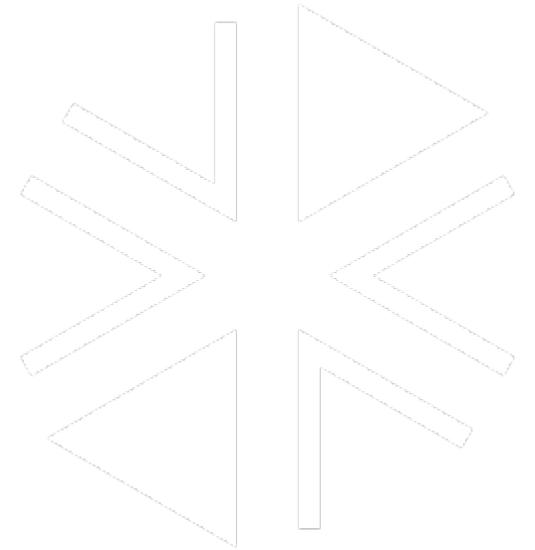




Cascade Care

Role of Agents And Brokers TAC

October 6th, 2020



Today's Objectives

- Cascade Care Background
 - Legislative Requirements
 - Standard Plans
 - Public Option
- Cascade Care Plans on Healthplanfinder
- Questions

Cascade Care Background



Legislative Requirements

1. Public Option: Requires WA Health Care Authority (HCA), in consultation with HBE, to contract with health carriers to offer state procured standard QHPs (public option plans) for 2021 plan year that have provider reimbursement rate caps and must include quality and value requirements
2. Standard Qualified Health Plans (QHPs): Requires HBE, in consultation with HCA, the WA Office of the Insurance Commissioner (OIC), an actuary, and other stakeholders, to design and implement standard QHP plans for 2021 plan year
3. Subsidy Study: Requires HBE, in consultation with HCA and OIC, to develop and submit a plan for implementing premium subsidies through Exchange for individuals up to 500% FPL (report due Nov. 15, 2020)

Three Different Types of Health Plans in the Exchange in 2021: Non-Standard Plans, Standard Plans, and Public Option Plans

	Non-Standard Plans	Standard Plans	Public Option Plans (Standard Plans Plus)
Offered through the Exchange and eligible for federal tax subsidies	✓	✓	✓
Subject to full regulatory review by OIC, including network adequacy and rate review requirements	✓	✓	✓
Adheres to 19 Exchange certification criteria for QHPs	✓	✓	✓
Meets federal actuarial value requirements for metal levels	✓	✓	✓
Includes Essential Health Benefits	✓	✓	✓
Uses plan design with deductibles, co-pays, and co-insurance amounts set by Exchange for each metal level (bronze, silver, gold)		✓	✓
Some services guaranteed to be available before the deductible		✓	✓
Allows consumers to easily compare plans based on premium, network, quality, and customer service		✓	✓
Procured by HCA (Could result in one or more plans per county)			✓
Required to incorporate Bree Collaborative and Health Technology Assessment program recommendations			✓
Caps aggregate provider reimbursement at 160% of Medicare			✓
Subject to a floor on reimbursement for primary care services (135% of Medicare) and reimbursement of rural hospitals (101% of cost)			✓
Requires carriers to offer a bronze plan (in addition to silver and gold)			✓
Carriers required to offer to participate in the Exchange		✓	

Standard Plans "Cascade"

- Standard Plans will be marketed and sold as "Cascade" plans on Healthplanfinder
- All 13 carriers are offering standard plans at each metal level (Bronze, Silver, & Gold)
- 51 total standard plans being offered statewide
 - Between 6 (*multiple*) and 27 (*Pierce*) standard plans available in each county
 - Average of 13 standard plans available in each county

Benefits	Standard Gold	Standard Silver	Standard Bronze
Integrated	Yes	Yes	Yes
Deductible (\$)	\$500	\$2,000	\$6,000
MOOP (\$)	\$5,250	\$7,800	\$8,550
Emergency Room Services	\$450	\$800	40%
Urgent Care	\$35	\$60	\$100
All Inpatient Hospital Services (<u>inc.</u> , MH/SUD, Maternity)	\$525 *	\$800 *	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$25	\$50
Specialist Visit	\$40	\$60	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$15	\$25	\$50
Advanced Imaging (CT/PET Scans, MRIs)	\$300	30%	40%
Speech Therapy	\$25	\$35	40%
Occupational and Physical Therapy	\$25	\$35	40%
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$20	\$35	40%
X-rays and Diagnostic Imaging	\$30	\$60	40%
Skilled Nursing Facility	\$350 **	\$800 **	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$200	40%
Generics	\$10	\$20	\$32
Preferred Brand Drugs	\$60	\$70	40%
Non-Preferred Brand Drugs	\$100	\$250	40%
Specialty Drugs (i.e. <u>high-cost</u>)	\$100	\$250	40%
Ambulance	\$375	\$375	40%
Routine Eye Exam for Children	\$0	\$0	\$0
All Other Benefits	20%	30%	40%
Federal AV from AVC	81.98%	72.06%	64.46%
Adjusted AV ***	81.28%	71.21%	64.30%

Shaded items are not subject to the deductible

*Per day copay, limit of 5 copays per stay; ** Per day copay; *** Adjusted AV reflects unique plan design in which copays do not accumulate to deductible

Value of Standard Plans

- Ensure access to services before the deductible
 - Including preventive care, primary care, urgent care, mental/behavioral health services, and generic drugs
- Include co-pays to provide transparency and predictability of costs for consumers
- Provide bronze plans that include high-value services before the deductible, at a potentially lower price point
- Maximize federal premium tax credits (silver plan design)
- Establish a strong foundation for the public option
- Allows customers to compare plans by network and premium

2021 Cascade Care Plans – Adding Value

- Provide meaningful deductible decreases
- Provide more access to first dollar services and co-pays
- Priced only slightly higher than non-standard plans for the majority of carriers
- Lowest premium silver plan in 8 counties is a standard plan

	2021 STANDARD PLAN	2020 MEDIAN	2021 MEDIAN NON-STANDARD	RANGE NON-STANDARD
GOLD	\$500	\$1,200	\$1,450	\$0-\$2,925
SILVER	\$2,000	\$3,750	\$3,000	\$800-\$6,900
BRONZE	\$6,000	\$6,750	\$7,200	\$3,000-\$8,550

Example of Standard Plan Value

Customer Cost – Having a Baby



	2021 Nonstandard Plan - \$371/month	2021 Standard Plan - \$396/month
Deductible	\$1,150	\$500
Obstetrics Visits (15)	\$675 (15 copays)	\$600 (15 copays)
Ultrasounds (2)	\$343 (deductible)	\$60 (2 copays)
Bloodwork & Other Lab Tests	\$911 (deductible + coinsurance)	\$80 (4 copays)
Generic Drugs	\$10 (copay)	\$10 (copay)
Preventative Services & Vaccines	\$0	\$0
Inpatient Hospital Care (2 days)	\$2,538 (deductible)	\$1,050 (2 copays)
Customer Out-of-Pocket Cost	\$4,477	\$1,800

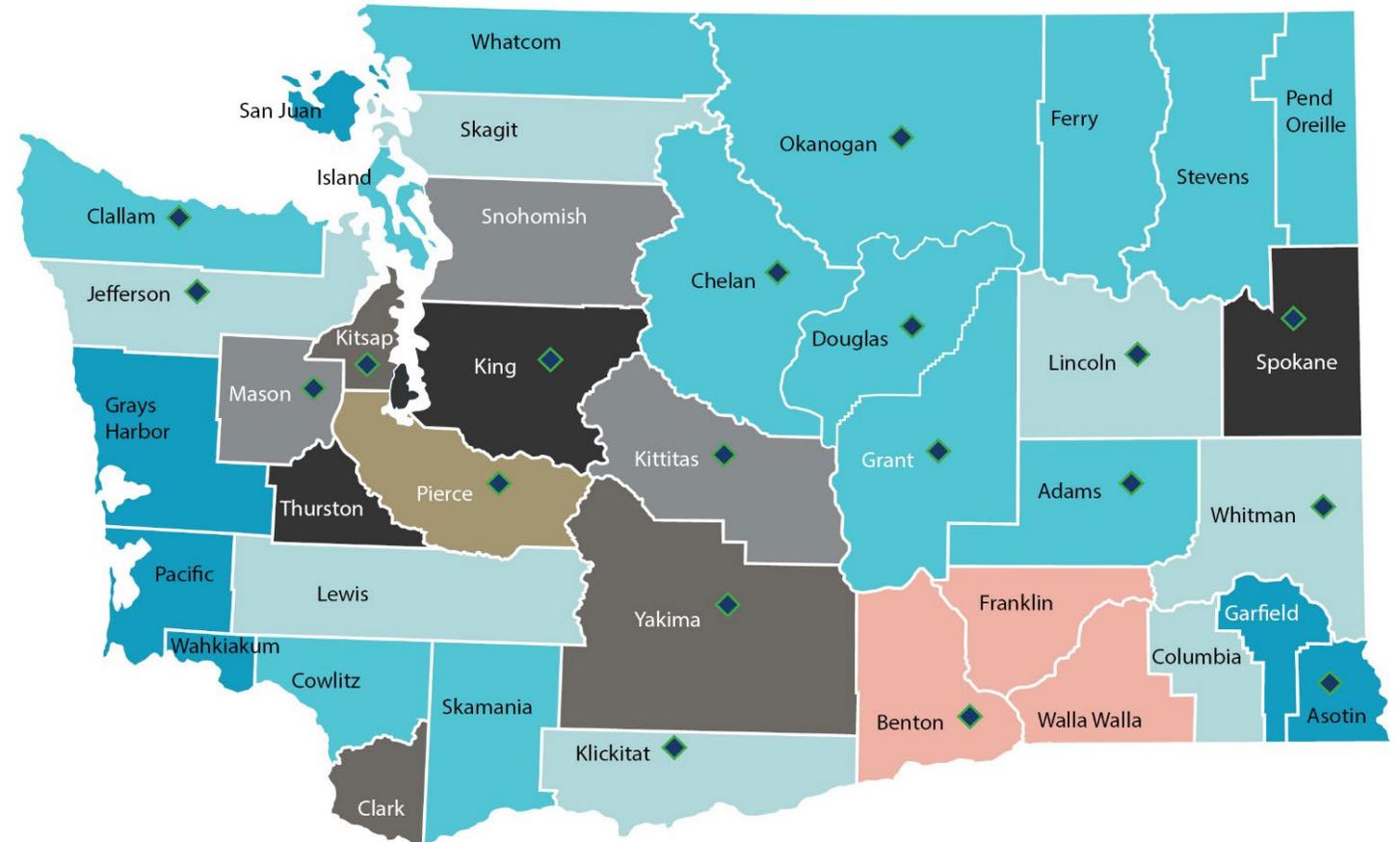
Public Option

“Cascade Select”

- Public option plans will be marketed and sold as “Cascade Select” plans
- Public option plans all utilize the standard benefit design
- Public option plans must meet all QHP requirements, in addition to quality requirements and provider reimbursement requirements
- Five carriers are offering a total of 15 public option plans on the Exchange in 2021, with plans available in 19 counties
 - Coordinated Care; BridgeSpan; Community Health Network of WA; United Healthcare; and LifeWise

Public Option Offerings

County	Carrier
Asotin	Coordinated Care Corporation
Kittitas	BridgeSpan
Kitsap	Community Health Network of WA
Spokane	Community Health Network of WA
Pierce	Community Health Network of WA
Kittitas	Community Health Network of WA
Yakima	Community Health Network of WA
Chelan	Community Health Network of WA
Douglas	Community Health Network of WA
Grant	Community Health Network of WA
Okanogan	Community Health Network of WA
Adams	United Healthcare
Clallam	United Healthcare
Jefferson	United Healthcare
King	United Healthcare
Kittitas	United Healthcare
Lincoln	United Healthcare
Mason	United Healthcare
Pierce	United Healthcare
Whitman	United Healthcare
Yakima	United Healthcare
Klickitat	LifeWise
Benton	LifeWise
Adams	LifeWise



Issuers Per County



◆ Cascade Care Select (Public Option) Plans Offered

Public Option Plan Pricing Varies by Carrier

- *CHNW* PO plans have lower premiums compared to 2020 averages
 - PO is lowest priced plan in several counties for 2021
- *LifeWise* PO plans are LifeWise's lowest-premium plan offering
 - PO is less expensive than non-standard plans, unlike other PO carriers
- *United* PO premiums vary; 6% higher on average than 2020 avg. premium
 - Only PO in King County
 - United's bronze and silver PO plans are ~25% more expensive than lowest cost bronze and silver in King County
 - Lowest-cost silver in Clallam County; lowest-cost standard silver in Whitman County
- *Coordinated Care* PO plans are their most expensive offering
 - 12% higher than their non-standard plans; 1.6% higher than their standard plans
- *BridgeSpan* PO plan premiums are 24% higher on average than 2020 average premium
 - 26% higher (\$125/month more for a 40-yr-old) than lowest premium option for 2021

Cascade Care on Healthplanfinder



Cascade Care Marketing

- All standard plans, including public option plans, will be marketed with the Cascade Care logo on HPF
- Standard plans will be marketed and sold as “Cascade” plans
- Public option plans will be marketed and sold as “Cascade Select” plans
- Cascade Care plans are only sold on the Exchange



Healthplanfinder Example



[Kaiser Permanente Cascade Silver](#)

Provider and facility ⓘ
[Edit](#)

Quality rating ⓘ
★★★★☆

Prescriptions ⓘ
[Edit](#)

Plan metal level ⓘ
Silver

Primary care visit ⓘ
You pay \$25

Generic drugs ⓘ
You pay \$20

Out-of-pocket max ⓘ
\$7,800 Individual / \$15,600 Family

Est. Premium ⓘ
\$315.92 /month
Price after \$92.84 tax credit

Deductible ⓘ
You pay \$2,000

Estimated total yearly cost ⓘ
[Edit](#)

Compare

[Add to Cart](#)

**This screenshot is intended to provide an example of the use of the Cascade Care logo only. The estimated premium and cost-sharing amounts may not be an accurate reflection of real plan rates for 2021.*

Cascade Care on Healthplanfinder

- More plans available and displayed in 2021
- Standard plans and public option plans will be offered alongside nonstandard plans
- Cascade Care plans will be showcased for consumers
 - Consumers can compare plans based on network & premium
- Consumers can still utilize the Smart Planfinder consumer decision support tool to see plans compared based on:
 - Total estimated out-of-pocket costs – *premium + co-pays & coinsurance*
 - Provider coverage
 - Prescription coverage

QUESTIONS?



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