2022 Standard Plans

Plan Certification Workgroup Meeting

November 17th, 2020

washington healthbenefitexchange
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Standard Plans 2022 – Agenda

- Introductions & Overview
- Standard Plan Timeline
- Review of Draft 2022 Standard Plan Design
- Review of Proposed Changes to Standard Plan Appendix
- Review of Draft AV Certifications
- Next Steps

2022 Plan Design – Draft Timeline

Date/Deadline	Event/Objective	Standard Plan Development
September 28th	**Plan Certification Workgroup Meeting**	Discussed high-level HBE approach to standard plans for 2022 (*minimal change*) and "lessons learned" from initial 2020 plan filing
October 20th	**Plan Certification Workgroup Meeting**	Sharing WAHBE Recommendation for 2022 standard plan adjustments
October - November 6th	Work w/ actuary on 2022 Draft Plan Design	
November 17th	**Plan Certification Workgroup Meeting**	Sharing initial 2022 Draft w/ Workgroup
November 20th	Plan Certification Workgroup – Written Stakeholder Feedback Due	Receiving stakeholder feedback to inform any adjustments to draft plans, in advance of Public Comment period
November 30th – December 29th	**PUBLIC COMMENT PERIOD**	
December 2nd	**Plan Certification Workgroup Meeting**	
December 10th	**WAHBE Board Meeting**	Share draft 2022 Standard Plans w/ Exchange Board
January 12th	**Plan Certification Workgroup Meeting**	
January, TBD	**WAHBE Board Meeting**	Board Approval of 2022 Standard Plan Designs

Draft 2022 Standard Plans

Approach to 2022 Plan Design Adjustments

HBE pursued minimal changes to standard plan designs for PY 2022

- Focus on technical changes to ease pain points around MHP and unique plan design
- Consider policy-driven changes to plan designs for 2023

Reasoning

- Initial success with lower deductibles and moderate copays with small premium impacts
- Will not have data on standard plan enrollment or utilization before finalizing 2022 standard plans; limited time for external research or analysis
- Desire for consistency between years 1 and 2 to better understand consumer experience
- Limited time for 2022 standard plan development
  - Board must approve final plans by January 2021

Draft 2022 Standard Plans

- Builds on 2021 Standard Plan Design
- MH/SUD outpatient service "–office visits" and "-other" are subcategorized in Gold, Silver and Bronze plans
- Only difference in cost-sharing type/amount for MH/SUD outpatient services is in Bronze plan
- Footnote clarifies that the Adjusted AVs factor in the different MH/SUD outpatient cost-shares for the Bronze plan
- *May require additional adjustments to reflect changes to the Federal AV Calculator for PY 2022*

Individual Market Gold, Silver, and Bronze Plans

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 (inc. 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 - Office Visits	$15	$25	$50
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	$15	$25	40%
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. high-cost)	$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%**
Adjustment Factor	0.9914	0.9882	0.9973
Adjusted AV ***	**81.28%**	**71.21%**	**64.29%**

Shaded items are not subject to 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. For the Standard Bronze plan, it also includes the different MH/SUD outpatient services cost sharing for office visits and other services.

Draft 2022 Standard Plan Appendix

2022 Standard Plan Appendix – Approach

Proposed Adjustments to Appendix Do Address:

- Built off existing 2021 Standard Plan Designs Appendix for continuity
- Responsive to questions that arose during plan filing process around:
  - The number of copays that apply for outpatient encounters; and
  - What is covered by the cost-share amount for Emergency Room Services
- Reflect changes to MH/SUD outpatient cost-share category in the plan design

Proposed Adjustments to Appendix Do Not Address:

- Additional direction on how to fill out the Plan and Benefits Template (PBT)
- Specific considerations for bundling of services (i.e. maternity care)

2022~~1~~ Standard Plans Designs Appendix

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit category.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services with the exception of those services required under state or federal law to have the in-network cost-share amount. For example, out of network emergency services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a co-pay that are not subject to the deductible, the co-pay amount does not accumulate toward the deductible, but the full co-pay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a co-pay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per WAC 284-43-5602, designating the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
    a. Chiropractic: 10 visits
    b. Acupuncture: 12 visits
    c. Home Health Care Services: 130 days
    d. Hospice respite services: 14 days per lifetime
    e. Outpatient rehabilitation, combined physical, occupational, and speech therapy, services: 25 visits
    f. Outpatient habilitation services: 25 visits
    g. Inpatient rehabilitative services: 30 days
    h. Inpatient habilitative services: 30 days

~~6. Services with a co-pay should be charged with the following methodology: one co-pay per benefit, per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.~~

~~7.~~6. Co-payments charged to a consumer may never exceed the actual cost for the service. For instance, if a co-pay is $45 and the service is $30, the cost-share responsibility of the consumer would be $30.

~~8.~~7. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).

~~9.~~8. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.

~~10.~~ Office visits for the treatment of mental health, behavioral health, or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient - Office Visits ~~Services~~, regardless of provider type. ~~Outpatient services may be subclassified into office visits and all other outpatient items and services.~~

9. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, applied behavior analysis therapists, acupuncture practitioners, chiropractic practitioners, registered dieticians and other nutrition advisors. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and

Klein, Evan
For what drug classifications are exceptions provided?

What cost-share would be applied for a drug where an exception is granted?

Substance Use Disorder Outpatient Services - Office Visits or Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other.

~~11.~~10. Services with a co-pay should be charged with the following methodology: one co-pay per benefit category per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.

11. For outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.

12. For outpatient encounters that include multiple services, an issuer may apply the cost-sharing requirements for each service provided. -For instance, an outpatient encounter involving a surgeon, radiologist, and anesthesiologist would result in three cost-share payments for the consumer.

~~13. Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be different but not more than those listed in the standard plan design, if necessary, for compliance with MHPAEA.~~

~~14.~~13. For instances where there is a co-pay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day co-pay (with a limit of five co-pays for an inpatient stay). For instance, a two-day stay would result in two co-pays for the consumer.

14. The co-pay for All Inpatient Hospital Services ~~includes~~ covers the facility fee and professional services ~~charges~~. For instance, an individual with a one-day stay at a hospital in the Gold standard plan would pay only the $525 co-pay.

15. The cost share amount for Emergency Room Services covers facility fee and professional services.

16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.

Klein, Evan
Reorganized for continuity.

Klein, Evan
Included in response to an issue that arose during plan filing stemming from confusion in how to apply cost-shares to an outpatient encounter.

Klein, Evan
We are unsure if this serves a purpose w/ interpretations of AV certifications & new break-out of MH/SUD outpatient office and other services. We intend to discuss with the Workgroup.

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Draft 2022 Standard Plan AV Certification

2022 Standard Plan AV Certification

- Intend to permit carriers to utilize Wakely AV Certification for 2022 Standard Plans
- Updated certification was developed to reflect MH/SUD outpatient cost-share adjustments
- Adjustment factors based on copays not applying to deductible, plus
  - For Bronze Plans, factored differing cost-shares for MH/SUD outpatient services –office and –other
  - *Wakely assumed no modifications to the Silver or Gold Plan Adjusted AV specific to MH/SUD outpatient services*
- An updated draft is forthcoming, following discussions with OIC actuaries

Standard Plan	AV from AVC	Adjusted AV	Adjustment Factor
Standard Gold	81.98%	81.28%	0.9914
Standard Silver	72.06%	71.21%	0.9882
Standard Silver, 73% AV CSR Variation	74.17%	73.34%	0.9888
Standard Silver, 87% AV CSR Variation	87.57%	86.97%	0.9931
Standard Silver, 94% AV CSR Variation	94.67%	94.39%	0.9970
Standard Bronze	64.46%	64.29%	0.9973

Next Steps

Next Steps

- Written feedback due November 20th
- Revised Draft 2022 Standard Plan Design Published November 30th
- Public Comment Period: November 30th through December 29th

- Next Plan Certification Workgroup Meeting – December 1st

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