#### **Green Mountain Care Board**

Blue Cross and Blue Shield of Vermont (BCBSVT)
Presentation of 2021 Non-Standard Qualified Health Plan Designs

Rebecca Heintz, General Counsel

Martine Lemieux, Manager Actuarial Services

Kathleen Clark, Senior Product Manager

Wednesday, April 22, 2020



# **2021 Non-Standard Qualified Health Plans**Presentation Objectives

- I. Overview
- **II. Present Proposed Plan Designs**
- III. Comments, Questions & Discussion
- IV. Potential Vote





#### **Overview of BCBSVT QHP Products for 2021**

#### BCBSVT intends to offers

- All standard plan designs (7 plans) and the Catastrophic plan
- Three "non-standard" high deductible health plan designs
  - These only have routine changes and are not reviewed today
- Three "new" non-standard plans to discuss today
  - These plans are largely identical to the previous offering, but due to three benefit enhancements have triggered GMCB review





### Why has BCBSVT Triggered GMCB Review?

- Under ACA regulations, issuers may not change a product year over year unless those changes are considered a "uniform modification"
  - The purpose of this rule is to protect buyers from being automatically enrolled during renewal in a product this is different from what they had the previous year
- 45 C.F.R. § 148.122(g), which governs what constitutes a uniform modification, is fairly prescriptive. In order to qualify as a uniform modification (thus not triggering GMCB review), changes must meet all of the following criteria:
  - ✓ Issuer remains the same
  - ✓ The network is the same
  - ✓ The product covers the majority of the same service area
  - ✓ The product has the same covered benefits
  - X Within the product, each plan has the same cost-sharing structure as before the modification, except for any variation in cost sharing solely related to changes in cost and utilization of medical care, or to maintain the same metal tier level described in sections 1302(d) and (e) of the Affordable Care Act
- BCBSVT is proposing enhanced benefits for members with a diabetes or heart disease diagnosis, thus the product is considered a new product – triggering GMCB review





#### **BCBSVT Non-Standard Plans**

January 2020 enrollment in Non-Standard Deductible plans is:

|        | Individual | Small Group |
|--------|------------|-------------|
| Gold   | 630        | 582         |
| Silver | 1,542      | 403         |
| Bronze | 338        | 172         |
| Total  | 2,510      | 1,157       |

- We are working to rename the non-standard plans and replace the current "Blue Rewards" name.
- The 2021 plans will include identical benefits as 2020, subject to routine cost share adjustments, but with new benefits for individuals diagnosed with diabetes and heart disease
- BCBSVT clinical teams worked with customer service and product to design benefits that would enhance support for chronic condition care management compliance and facilitate positive outcomes





## **BCBSVT Product and Benefit Design Principles**

- Value: Provide compliant, comprehensive coverage
- Affordability: Balance impact on premium vs. consumer costs
- Simplicity: Decrease complexity of plan benefit designs and create designs that address consumer medical needs
- Usability: Create/maintain access to no cost or low-cost for preventive care, primary & behavioral health care visits





## **Chronic Condition in BCBSVT QHP Population**

- Generally, QHP members are getting their preventive exams
  - 73% of women age 50 to 74 had their mammogram
  - 75% of women age 21 to 64 had their cervical cancer screening in the last three years
  - 70% of members age 50 to 75 had colorectal screening (when appropriate)
- However, over 10% of BCBSVT's QHP population has heart disease and 5% have diabetes

Source 2019 QRS Data





# Why make this change? Support Vermont's Priorities

- Healthy Vermonters 2020 is in its third decade of engaging policymakers, government, health and human services professionals, and the public in setting, measuring and working to achieve long term public health outcomes. Diabetes and heart disease are two areas that are included in the efforts and scorecards. These scorecards include key metrics focused on improvements in the prevention, care and outcomes for diabetes and heart disease
- 3-4-50 Initiative recognizes that 3 behaviors (smoking, physical inactivity and poor nutrition) cause four diseases (diabetes, cancer, heart disease and lung disease), resulting in more than 50% of deaths in Vermont
- All Payer Accountable Care Organization Model (APM) goals include reducing the prevalence and morbidity of chronic disease including Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Hypertension







# **Proposed Plan Design Changes Benefit Enhancements for 2021**

- In addition to public health initiatives, BCBSVT care management programs have been successful helping members that have diabetes and heart disease, so that helped inform the decision to focus on those conditions
- Based on feedback from customer service and clinical staff about what types of barriers challenged customers to manage their chronic conditions, BCBSVT designed the following benefit enhancement for all plans:
  - Three office visits per member with no cost share for important specialists
    - o cardiologist, endocrinologist, nephrologist, ophthalmologist, and podiatrist
  - Addition of wellness drugs that are not subject to the deductible to enhance medication compliance.
    - Examples of such drugs include: Insulins, oral diabetic medications to aid in controlling blood sugar levels, and blood pressure, angina and heart rhythm medications
  - Nutritional Counseling will have no visit limits for diabetes or heart disease





## **2021** Summary of Plan Design Changes

|         | Gold                                                                                                                                                                      | Silver                                                          | Bronze                                                  |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|
|         | Increase embedded single<br>OOPM from \$8,150 to \$8,550                                                                                                                  | Increase embedded single OOPM from \$8,150 to \$8,550           | Increase embedded single OOPM from \$8,150 to \$8,550   |
|         |                                                                                                                                                                           | Decrease chiropractic/PT copay costs decrease from \$45 to \$35 | Increase medical OOPM from<br>\$7,900 to \$8,550        |
| Changes | Adds 3 office visits per member for specified specialist visit at no cost share Specialists are: cardiologist, endocrinologist, nephrologist, ophthalmologist, podiatrist | Same as gold                                                    | Same as gold                                            |
|         | Addition of select wellness drugs for diabetes and heart disease not subject to deductible (copay for generic and preferred brand; coinsurance for non-preferred brand)   | Benefit the same as gold                                        | Benefit the same as gold, although cost share is higher |

Gray shaded changes are routine; bolded items trigger GMCB review





2021 QHP Gold Deductible Plan

| 2022 4.11 501                     | 2020                                                              | 2021                                                                                               |
|-----------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Deductible/OOP Max                | Deductible                                                        | Deductible                                                                                         |
| Medical Ded                       | \$1,550                                                           | \$1,550                                                                                            |
| Rx Ded                            | Combined                                                          | Combined                                                                                           |
| Integrated Ded                    | Yes                                                               | Yes                                                                                                |
| Medical OOPM                      | \$5,150                                                           | \$5,150                                                                                            |
| Rx OOPM                           | \$1,400                                                           | \$1,400                                                                                            |
| Integrated OOPM                   | Yes                                                               | Yes                                                                                                |
| Family Deductible / OOP           | Aggregate, 2x Family, Embedded Individual OOPM of \$8,150         | Aggregate, 2x Family, Embedded Individual OOPM of \$8,550                                          |
| Medical Deductible waived for:    | Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I | Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits   |
| Drug Deductible waived for:       | N/A                                                               | Wellness Scripts                                                                                   |
| Service Category                  |                                                                   |                                                                                                    |
| Preventive                        | \$0                                                               | \$0                                                                                                |
| PCP Office Visit                  | 3 visits per member combined PCP/MH at no cost share              | 3 visits per member combined PCP/MH at no cost share before                                        |
| MH/SA Office Visit                | before deductible then \$20 copay                                 | deductible then \$20 copay                                                                         |
| Chiropractic Office Visit         | \$30                                                              | \$30                                                                                               |
| Physical Therapy Visit            | \$30                                                              | \$30                                                                                               |
| Specialist Office Visit           | \$40                                                              | 3 visits per member at qualified specialists at no cost share<br>before deductible then \$40 copay |
| Urgent Care                       | \$40                                                              | \$40                                                                                               |
| Ambulance                         | \$40                                                              | \$40                                                                                               |
| DME                               | \$40                                                              | \$40                                                                                               |
| ER                                | \$250                                                             | \$250                                                                                              |
| Radiology (MRI, CT, PET)          | \$750                                                             | \$750                                                                                              |
| Outpatient                        | \$750                                                             | \$750                                                                                              |
| Inpatient                         | \$750                                                             | \$750                                                                                              |
| Wellness Rx - Generic             | \$5                                                               | \$5                                                                                                |
| Wellness Rx - Preferred Brand     | 40%                                                               | \$50                                                                                               |
| Wellness Rx - Non-Preferred Brand | 60%                                                               | 60%                                                                                                |
| Rx Generic                        | \$5                                                               | \$5                                                                                                |
| Rx Preferred Brand                | 40%                                                               | 40%                                                                                                |
| Rx Non-Preferred Brand            | 60%                                                               | 60%                                                                                                |





## **2021 QHP Silver Deductible Plan**

|                                   | 2020                                                              | 2021                                                                                             |
|-----------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Deductible/OOP Max                | Deductible                                                        | Deductible                                                                                       |
| Medical Ded                       | \$3,000                                                           | \$3,000                                                                                          |
| Rx Ded                            | Combined                                                          | Combined                                                                                         |
| Integrated Ded                    | Yes                                                               | Yes                                                                                              |
| Medical OOPM                      | \$8,150                                                           | \$8,150                                                                                          |
| Rx OOPM                           | \$1,400                                                           | \$1,400                                                                                          |
| Integrated OOPM                   | Yes                                                               | Yes                                                                                              |
| Family Deductible / OOP           | Aggregate, 2x Family, Embedded Individual OOPM of \$8,150         | Aggregate, 2x Family, Embedded Individual OOPM of \$8,550                                        |
| Medical Deductible waived for:    | Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I | Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits |
| Drug Deductible waived for:       | N/A                                                               | Wellness Scripts                                                                                 |
| Service Category                  |                                                                   |                                                                                                  |
| Preventive                        | \$0                                                               | \$0                                                                                              |
| PCP Office Visit                  | 3 visits per member combined PCP/MH at no cost share              | 3 visits per member combined PCP/MH at no cost share before                                      |
| MH/SA Office Visit                | before deductible then \$30 copay                                 | deductible then \$30 copay                                                                       |
| Chiropractic Office Visit         | \$45                                                              | \$35                                                                                             |
| Physical Therapy Visit            | \$45                                                              | \$35                                                                                             |
| Specialist Office Visit           | \$50                                                              | 3 visits per member at qualified specialists at no cost share before deductible then \$50 copay  |
| Urgent Care                       | \$50                                                              | \$50                                                                                             |
| Ambulance                         | \$50                                                              | \$50                                                                                             |
| DME                               | \$50                                                              | \$50                                                                                             |
| ER                                | \$450                                                             | \$450                                                                                            |
| Radiology (MRI, CT, PET)          | \$1,750                                                           | \$1,750                                                                                          |
| Outpatient                        | \$1,750                                                           | \$1,750                                                                                          |
| Inpatient                         | \$1,750                                                           | \$1,750                                                                                          |
| Wellness Rx - Generic             | \$5                                                               | \$5                                                                                              |
| Wellness Rx - Preferred Brand     | 40%                                                               | \$50                                                                                             |
| Wellness Rx - Non-Preferred Brand | 60%                                                               | 60%                                                                                              |
| Rx Generic                        | \$5                                                               | \$5                                                                                              |
| Rx Preferred Brand                | 40%                                                               | 40%                                                                                              |
| Rx Non-Preferred Brand 60%        |                                                                   | 60%                                                                                              |





## **2021 QHP Bronze Deductible Plan**

|                                   | 2020                                                      | 2021                                                                                           |  |
|-----------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------|--|
| Deductible/OOP Max                | Deductible                                                | Deductible                                                                                     |  |
| Medical Ded                       | \$7,900                                                   | \$8,550                                                                                        |  |
| Rx Ded                            | Combined                                                  | Combined                                                                                       |  |
| Integrated Ded                    | Yes                                                       | Yes                                                                                            |  |
| Medical OOPM                      | \$7,900                                                   | \$8,550                                                                                        |  |
| Rx OOPM                           | Combined                                                  | Combined                                                                                       |  |
| Integrated OOPM                   | Yes                                                       | Yes                                                                                            |  |
| Family Deductible / OOP           | Aggregate, 2x Family, Embedded Individual OOPM of \$8,150 | Aggregate, 2x Family, Embedded Individual OOPM of \$8,550                                      |  |
| Medical Deductible waived for:    | Preventive Care, 3 PCP/MH Office Visits, Pediatric        | Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I,                             |  |
|                                   | Dental Class I                                            | 3 qualified Specialist Visits                                                                  |  |
| Drug Deductible waived for:       | N/A                                                       | Wellness Scripts                                                                               |  |
| Service Category                  | <b>60</b>                                                 | Ć0                                                                                             |  |
| Preventive                        | \$0                                                       | \$0                                                                                            |  |
| PCP Office Visit                  | 3 visits per member combined PCP/MH at no cost            | 3 visits per member combined PCP/MH at no cost share before                                    |  |
| MH/SA Office Visit                | share before deductible then \$0 copay                    | deductible then \$0 copay                                                                      |  |
| Chiropractic Office Visit         | \$0                                                       | \$0                                                                                            |  |
| Physical Therapy Visit            | \$0                                                       | \$0                                                                                            |  |
| Specialist Office Visit           | \$0                                                       | 3 visits per member at qualified specialists at no cost share before deductible then \$0 copay |  |
| Urgent Care                       | \$0                                                       | \$0                                                                                            |  |
| Ambulance                         | \$0                                                       | \$0                                                                                            |  |
| DME                               | \$0                                                       | \$0                                                                                            |  |
| ER                                | \$0                                                       | \$0                                                                                            |  |
| Radiology (MRI, CT, PET)          | \$0                                                       | \$0                                                                                            |  |
| Outpatient                        | \$0                                                       | \$0                                                                                            |  |
| Inpatient                         | \$0                                                       | \$0                                                                                            |  |
| Wellness Rx - Generic             | \$0                                                       | \$15                                                                                           |  |
| Wellness Rx - Preferred Brand     | 0%                                                        | \$50                                                                                           |  |
| Wellness Rx - Non-Preferred Brand | 0%                                                        | 60%                                                                                            |  |
| Rx Generic                        | \$0                                                       | \$0                                                                                            |  |
| Rx Preferred Brand                | 0%                                                        | 0%                                                                                             |  |
| Rx Non-Preferred Brand            | 0%                                                        | 0%                                                                                             |  |





### **GMCB Evaluation Criteria – Non-Standard QHPs**

|   | Criteria                                                                                                     | Example                                                                                                                                                              |
|---|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Substantial difference in deductible and/or maximum out of pocket compared to standard plans                 | Deductible and OOPM are similar to standard plans but<br>these plans offers some qualifying office visits at no cost<br>share and wellness drugs prior to deductible |
| 2 | Substantial cost share difference for one or more highly utilized services compared to standard plan designs | Plan includes enhanced benefits for individuals diagnosed with diabetes or a cardiac condition                                                                       |
| 3 | Plan structure difference compared to standard plan designs                                                  | Offers three PCP or MHSA visits at no cost share prior to the deductible and offers three qualifying specialist visits at not cost share before deductible           |
| 4 | Enhances innovation                                                                                          | Promotes chronic condition management for diabetes and cardiac conditions through targeted removal of financial barriers                                             |
| 5 | Adds value to the Vermont individual and small business health insurance                                     | Currently, no product is available in the QHP market with a focus on the conditions of diabetes and cardiac conditions                                               |





#### What are the success metrics?

#### The benefit enhancements for these plans will:

- Encourage members to consult with appropriate specialist to manage their diabetes or heart disease condition
- Increase medication adherence, including use of insulin, by removing the deductible

#### Members will also continue to have access to:

- BCBSVT care management programs via telephone and digitally
- Continued relationship with OneCare VT for attributed members
- Wellness activities and annual screening

#### Members will have:

- Appropriate specialist visits for their conditions
- A1C test results that demonstrate increased control
- Improved medication adherence
- Over the long term, reduced complications and severity of the disease





# QUESTIONS?



