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COLORADO
Department of
Regulatory Agencies
Division of Insurance

Creating Colorado's Standardized Plan

Meeting #5: Plan Design & Cost-Sharing Part II

Colorado Division of Insurance

Michael Conway, Commissioner



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Opening Remarks and Introductions

- Introductions of Division staff
- Introductions from attendees
- Opening remarks from Commissioner Conway

Intended Outcomes for Today

- Learn about Colorado's *initial draft* standardized plan regulation
- Discuss whether and how the *initial draft* regulation meets the intent of HB21-1232 and needs of consumers

Agenda

- Review Standardized Plan goals
- Review key considerations
- Present draft Standardized Plan regulation
- Public Comments



Goal of Standardized Plan



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Statutory Goals

Create a standardized plan :

- With a “defined benefit design and cost-sharing that improves access and affordability”
- that is “designed to improve racial health equity and decrease racial health disparities” (10-16-1304(1)(d))”



Key Considerations



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Key Considerations

1. Stakeholder feedback
2. Plan design considerations
 - a. Preventive services
 - b. Essential Health Benefits (EHBs)
 - c. Actuarial value (AV) requirements
 - d. Mental health parity
 - e. Prescription drug cost-sharing requirements
 - f. Racial health equity & high value services



Stakeholder Feedback: Key themes

Zero cost sharing on primary care & behavioral health services

Copay-based cost-sharing structure

Lower out of pocket costs

Lower costs for chronic disease prevention & management

Lower cost sharing for perinatal services



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Plan Design Considerations

01	Essential Health Benefits	<ul style="list-style-type: none">The Standardized Plan must include all EHBs. Our goal is to standardize the cost-sharing within EHBs.
02	Actuarial Value (AV) Requirements	<ul style="list-style-type: none">We must comply with AV requirements for each metal tier (Bronze, Silver, Gold). Requires balancing cost-sharing across benefits and on premiums/OOP costs
03	Mental Health Parity (MHPAEA)	<ul style="list-style-type: none">We must be mindful of the mixture of copay and coinsurance cost-sharing to ensure that carriers are able to meet parity financial requirements
04	Prescription Cost-Sharing (4-2-58)	<ul style="list-style-type: none">25% of Carrier's plans must have a copay structure for Rx drug coverage
05	Racial Health Equity & High Value Services*	<ul style="list-style-type: none">Many high value services are already considered preventive (no cost sharing). Others are covered but may be incentivized through lower cost sharing.

*Additional slides to follow

Stakeholder feedback, racial health equity, and high value services

- Stakeholder meetings identified benefits and services that may help to address racial health equity, high value services
- Affordable Care Act (ACA): preventive services at no-cost sharing.
- Preventative services: A or B recommendations made by the United States Preventive Services Task Force (USPSTF).
- *Are those benefits/services identified by stakeholders preventive, non-preventive but part of the EHB, or not covered?*



Racial health equity and high value services(contd.)

Request	USPSTF - A	USPSTF - B	EHB	Non-EHB
Diabetes/Obesity				
Diabetes screening and referral to lifestyle management program (for adults over 35 that show the symptoms of diabetes (overweight/obesity))		X		
Nutritional counseling for diabetes management or obesity			X	
Diabetes Education			X	
Insulin, glucose monitoring supplies and test strips			X	

Racial health equity and high value services (contd.)

Request	USPSTF - A	USPSTF - B	EHB	Non-EHB
Hypertension/CVD				
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors		X		
Blood pressure checks	X			
Cholesterol lipid control medication (statin preventative medication for at risk individuals)		X		
Cardiac Rehabilitation			X	
Medication therapy management delivered by pharmacists for hypertension and cholesterol management				X

Racial health equity and high value services (contd.)

Request	USPSTF - A	USPSTF - B	EHB	Non-EHB
Tobacco/Perinatal Care				
Tobacco Cessation	X			
Breastfeeding Interventions (support, supplies and counseling)		X		
Perinatal depression: counseling and interventions		X		
Prenatal and postnatal care visits			X	
Postpartum home visits				X



Questions?



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Draft Regulation



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DRAFT - Standardized Plan

Requirement	Gold (79.1%)	Silver (68.8%)	Bronze (64.3%)
Deductible	Combined Medical and Drug \$1,500	Combined Medical and Drug \$5,000	Combined Medical and Drug \$7,000
Max out of pocket	Combined Medical and Drug \$7,500	Combined Medical and Drug \$8,550	Combined Medical and Drug \$8,700
Services before deductible	Primary Care Behavioral Health Prenatal Visits Specialists Urgent Care Prescription Drugs	Primary Care Behavioral Health Prenatal Visits Specialists Urgent Care Prescription Drugs	Primary Care* Behavioral Health* Prenatal Visits* Prescription Drugs

*First three (3) visits at no charge and then copay applies after deductible



DRAFT - Standardized Plan

Requirement	Gold	Silver	Bronze
No-Cost Sharing (\$0)	Preventative Services First 3 PC/BH/Prenatal visits	Preventative Services First 3 PC/BH/Prenatal visits	Preventative Services First 3 PC/BH/Prenatal visits
Copay Applied	Primary Care/Prenatal (\$20) Behavioral Health (\$20) Specialists (\$50) Urgent Care (\$50) Generic Drugs (\$10) Preferred (\$50) Non-Preferred (\$200) Specialty (\$600)	Primary Care/Prenatal (\$30) Behavioral Health (\$30) Specialists (\$80) Urgent Care (\$80) Generic Drugs (\$20) Preferred (\$100), Non-Preferred (\$300) Specialty (\$650)	Primary Care/Prenatal (\$50) Behavioral Health (\$50) Generic Drugs (\$30) Preferred (\$125) Non-Preferred (\$350) Specialty (\$700)
Coinsurance Applied	Outpatient, Inpatient, ER, Imaging/X-Rays, Ambulance (30%)	Outpatient, Inpatient, ER, Imaging/X-Rays, Ambulance (40%)	Urgent Care, Outpatient, Inpatient, ER, Imaging/X-Rays, Ambulance (50%)

Addressing Stakeholder Feedback

Focus Area (Feedback)	DOI Recommendation
<ul style="list-style-type: none">• Lower cost sharing for perinatal services• Lower out of pocket costs	<p>Three (3), free (\$0) visits for prenatal care and preconception visits</p> <p>Primary care copay for subsequent prenatal visits</p>
<ul style="list-style-type: none">• Zero cost sharing on primary care & behavioral health services• Lower out of pocket costs	<p>Three (3), free (\$0) visits for primary care & behavioral health services</p>
<ul style="list-style-type: none">• Copay-based cost-sharing structure	<p>Standardizing prescription drug tiers and applying copay structures across each tier</p> <p>Apply copays to high value services such as primary care</p>

Ongoing work

Focus Area (Feedback)	On going work with Actuaries
<ul style="list-style-type: none">• Racial health equity	<ul style="list-style-type: none">• Diabetes supplies and preferred brand insulin• Prenatal and Postpartum mental health visits• DME cost sharing
<ul style="list-style-type: none">• Lower out of pocket costs	<ul style="list-style-type: none">• Deductibles• Out of pocket maximums



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Public Comment



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Upcoming Meetings

- Standardized Plan
 - **October 26:** Standardized Plan Discussion for *Physicians and Other Health Care Providers*
 - **October 27:** Standardized Plan Discussion for *Consumer Advocates and Community Members*
 - **October 28:** Standardized Plan Discussion for *Health Insurance Companies, Insurance Brokers & Employers*
 - **November 4:** Review of standardized plan design and final discussion
- Other Colorado Option Upcoming Meetings:
 - **October 13:** Culturally Responsive Network
 - **October 27:** Culturally Responsive Network
 - **November 9 & 10 :** Public Hearing on the 1332 Waiver

Contact Information:

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Next Meeting:

- Thursday,
November 4th
from 10:30 AM -
12:00 PM
- Review of
standardized plan
design and final
discussion
- Use the same
GoToWebinar
link to register

How to Engage:

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