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

\*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
<b>Diabetes/Obesity</b>				
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 <b>\$1,500</b>	Combined Medical and Drug <b>\$5,000</b>	Combined Medical and Drug <b>\$7,000</b>
Max out of pocket	Combined Medical and Drug <b>\$7,500</b>	Combined Medical and Drug <b>\$8,550</b>	Combined Medical and Drug <b>\$8,700</b>
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



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# 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"><li>• Lower cost sharing for perinatal services</li><li>• Lower out of pocket costs</li></ul>	<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"><li>• Zero cost sharing on primary care &amp; behavioral health services</li><li>• Lower out of pocket costs</li></ul>	<p>Three (3), free (\$0) visits for primary care &amp; behavioral health services</p>
<ul style="list-style-type: none"><li>• Copay-based cost-sharing structure</li></ul>	<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"><li>• Racial health equity</li></ul>	<ul style="list-style-type: none"><li>• Diabetes supplies and preferred brand insulin</li><li>• Prenatal and Postpartum mental health visits</li><li>• DME cost sharing</li></ul>
<ul style="list-style-type: none"><li>• Lower out of pocket costs</li></ul>	<ul style="list-style-type: none"><li>• Deductibles</li><li>• Out of pocket maximums</li></ul>



# 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



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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:

- Website
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- Meetings (public  
comment period)



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