



Small Business Insurance Group

Wednesday, December 11th, 2019

9:30 – 11:00am

United Way of Rhode Island

SYLLABUS: MEETING 5

RI Small Business Insurance Group (SBIG) Schedule

Topic(s) for Discussion	Meeting Date	Meeting Location
Meeting 1 Introductions + Setting the Stage	Wednesday, Sept 25	United Way of Rhode Island – 50 Valley St, Providence
Meeting 2 What has been accomplished + What is at risk in RI	Tuesday, Oct 8 1:00 – 2:30pm	United Way of Rhode Island – 50 Valley St, Providence
Meeting 3 Local carrier and national expert perspectives	Tuesday, Oct 29 9:30 – 11:00am	United Way of Rhode Island – 50 Valley St, Providence
Meeting 4 Policy Deep-Dive (Based on Meeting 2/3 material)	Wednesday, Nov 20 9:30 – 11:00am	United Way of Rhode Island – 50 Valley St, Providence
Meeting 5 Policy Deep-Dive Continued	Wednesday, Dec 11 9:30 – 11:00am	United Way of Rhode Island – 50 Valley St, Providence
Meeting 6 Developing Recommendations	Wednesday Jan 8 9:30 – 11:00am	United Way of Rhode Island – 50 Valley St, Providence
Meeting 7 Finalizing Recommendations	Wednesday, Jan 22 9:30 – 11:00am	United Way of Rhode Island – 50 Valley St, Providence

REMINDER: OUR CHARGE

Mission

As health care costs increase, the ability of Rhode Island small businesses (2-50 group size) to provide group coverage is impacted and fewer small groups participate in the small group risk pool.

Since 2010, the number of lives in the Small Group Market has decreased by 44%, and many small groups seek affordable insurance options.

The **Small Business Insurance Group (SBIG) on Market Stability** will investigate the origins and nature of these issues, reviewing Rhode Island's Small Group Market as well as market stabilizing strategies from other states.

Based off this analysis, the SBIG may consider **recommendations to improve Rhode Island's Small Group Market, whether legislatively or otherwise.**

Guiding Principles

1. Maintain market options that are attractive to small group market participants (businesses, carriers and employees);
2. Keep costs stable and affordable by addressing cost drivers and balanced risk pools;
3. Maximize the value of insurance coverage for all small businesses.

Goals

Identify and propose sensible, state-based policy options for RI that will be in service to those Principles.

TODAY'S AGENDA: Policy Option Deep Dive

Purpose of Today's Meeting

- Dive into the details of the targeted policy options
- Show implications for Rhode Island of each option
- Discuss which options would work best in Rhode Island.

Today, we ask that you:

- Consider which policy options make sense for RI.
- Share any concerns/considerations regarding the options as proposed
- Begin to discuss recommendations around these policy options.

Agenda for Today

1. Deep dive on targeted policy options
2. Discuss considerations for implementation of targeted options in RI
3. Explore national experience with each of the targeted options
- 4. Next Steps: Develop recommendations**

REMINDER: KEY CONCERN - SMALL GROUP MARKET



Employers

- Premiums/Costs
- Employee participation
- Benefits



Members

- Access and choice
- Affordability protections
- Cost-sharing
- Benefits



Carriers

- Carrier participation
- Financial stability

TARGETED POLICY OPTIONS – What we heard from you

Options Selected for deep dive

Category	Policy Option
Products	1. Alternative plan design (e.g., limited networks, reduced benefits)
	2. Micro-group (<5) targeted products, administration
	3. Alternative provider payment methods
	4. Encourage SHOP enrollment with full choice
Rates and Incentives	5. Reinsurance for small group market
	6. Enhanced Small Group rate regulation
	7. Cost sharing subsidies
	8. Targeted employer incentives for coverage
Employer/consumer protections	9. Regulatory protections re: stop loss/self insurance
	10. Regulatory protections re: PEOs
	11. Regulate allowable employee eligibility restrictions
Market Structure	12. Merge markets (Ind/Small Group) potentially with HRA
	13. Merge markets (Small Group up to 100)
	14. Alternative structures using AHPs, HRAs*

Excluded Options

#2 Micro-Groups

Data suggests that micro-groups are not a key driver of declining small group enrollment

#6 Enhanced Rate Regulation

RI already has in place an active rate regulation structure relative to national benchmarks

#7 Cost Sharing Subsidies

This is targeted to address declining employee take up -- Data suggests that this is not a key driver of declining small group enrollment

#11 Regulate Eligibility Restrictions

Data suggests that eligibility restrictions are not a key driver of declining small group enrollment

#12/13 Merge Markets

Targets instability of pool – preliminary carrier data does not support this as a problem

* Added based on member interest after meeting 4

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For Each Deep Dive:

- **Review available data**
RI/National, current/historical, What do we know/what don't we know?
- **Discuss implications for RI**
What can be done?
- **Consider implementation efforts**
What would this look like?

* Added based on member interest after meeting 4

POLICY OPTION DEEP DIVE

I. PRODUCTS

- a. Benefits and Cost Sharing
- b. Innovative Provider Partnerships
- c. Employer Contribution Strategies

II. ENCOURAGE SHOP ENROLLMENT

III. REGULATORY PROTECTIONS

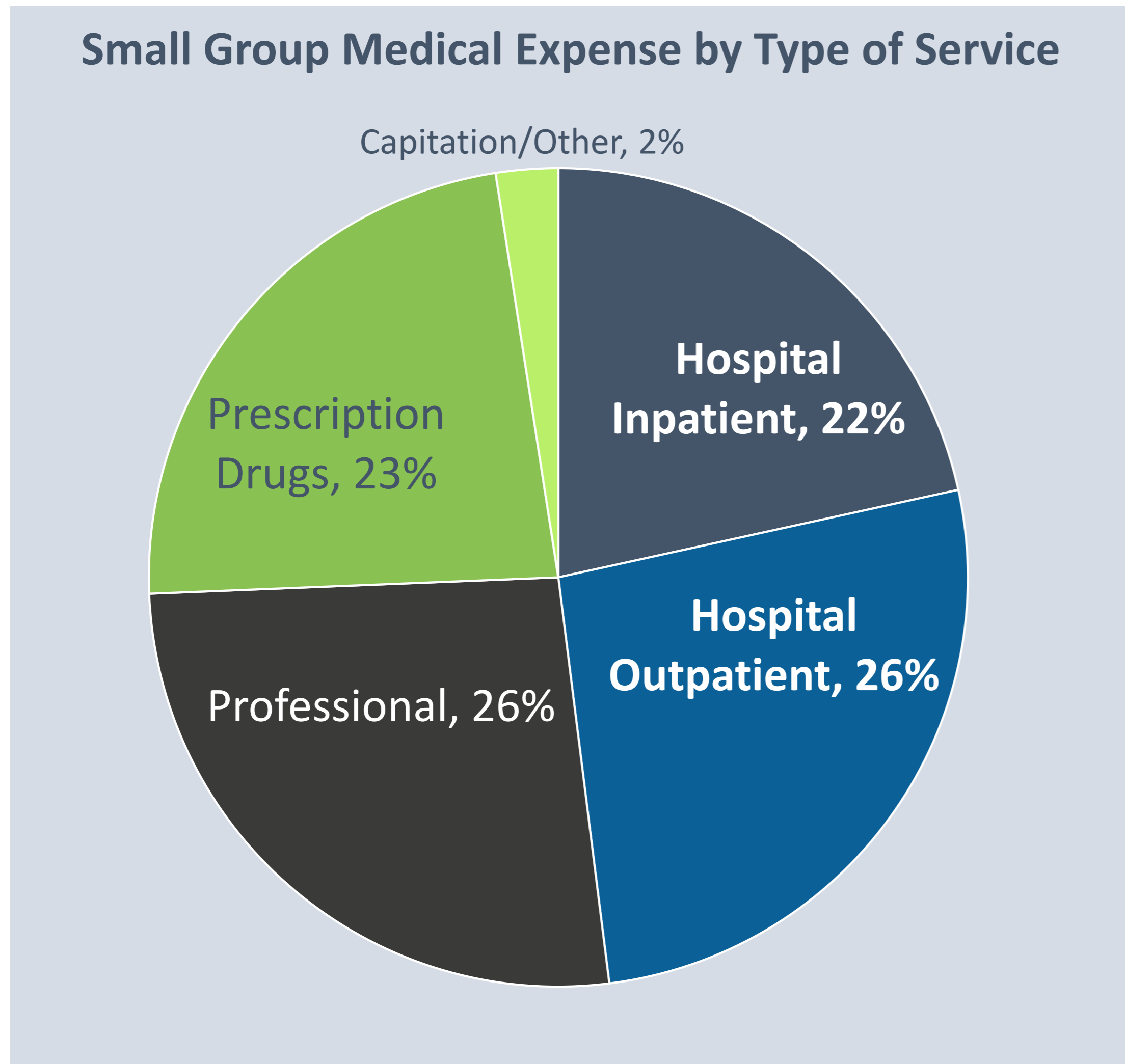
- a. Stop Loss
- b. PEOs

IV. REINSURANCE

V. TARGETED EMPLOYER INCENTIVES

POLICY OPTION I. PRODUCTS – ALTERNATIVE PLAN DESIGNS & APMS

Goal: Low cost plans to entice new/retain existing employers



Potential pathways to low cost plan designs

- Medical Expense (*range: 89%-93%, 2016-18*)
 - Benefits and cost sharing
 - Provider Network Partnerships
- Plan Administration (*range: 7%-11%, 2016-18*)
- RI Health Plan Margin (*range: -1% to 3%, 2016-18*)
- Employer Contribution Models (*SHOP, HRAs*)

POLICY OPTION I. PRODUCTS – ALTERNATIVE PLAN DESIGNS & APMS

a. Benefits and Cost Sharing

Considerations

Experience RI small employers have selected richer (higher cost) benefits

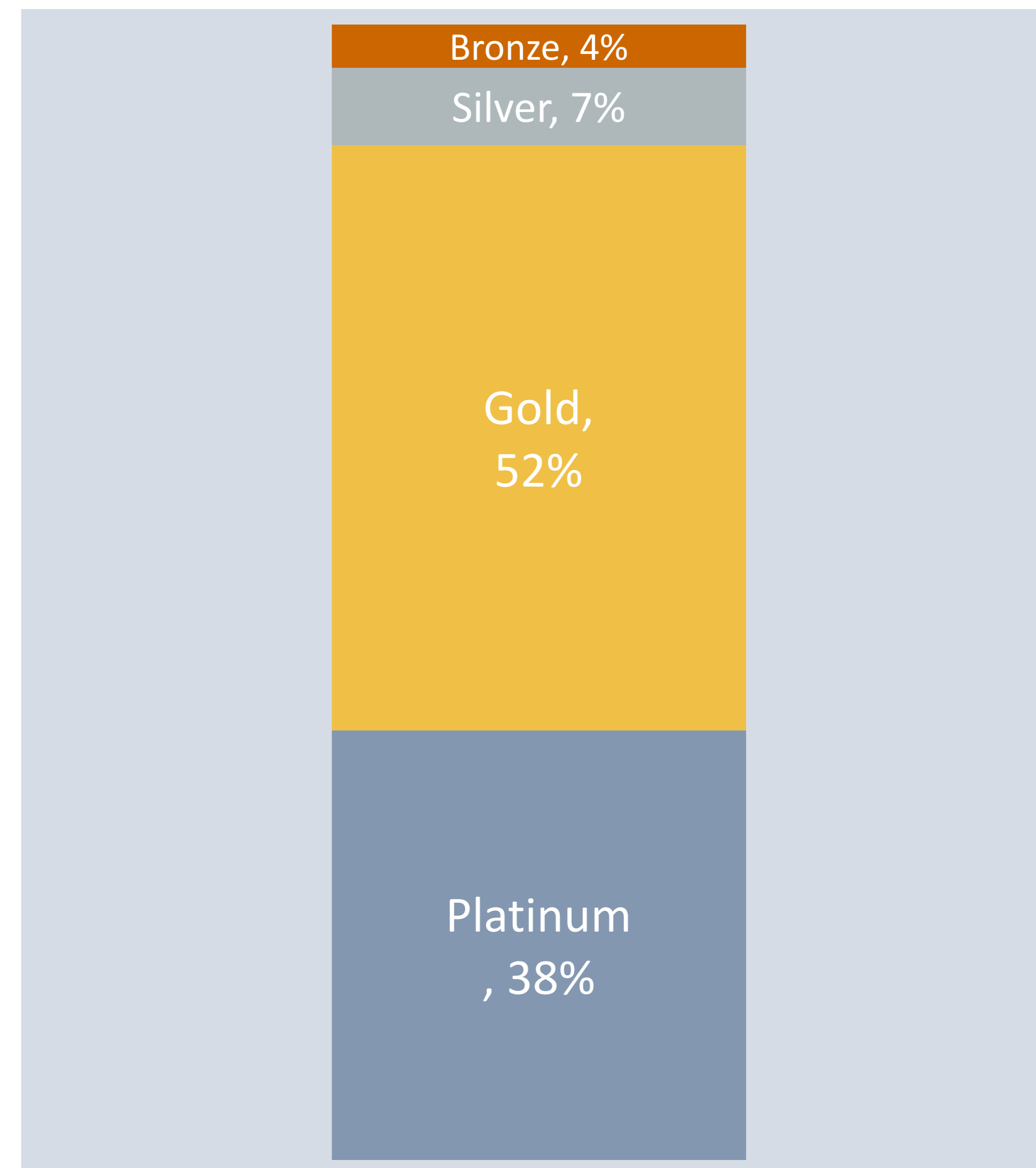
Opportunity Rhode Island Small Group average Actuarial Value (AV) is 6% higher than national average and is the 4th highest across all states.

For Discussion

How to encourage take up of lower cost plan designs

- SHOP/Employee Choice Model
- Leverage broker community
- Other?

Small Group Enrollment, 2019



POLICY OPTION I. PRODUCTS – ALTERNATIVE PLAN DESIGNS & APMS

b. Limited and Tiered Network Plans

Description

Limited (Narrow) Network Plans

- Offer limited choice of in-network providers based on price, quality, or other factors
- Generally do not cover costs of out-of-network care (i.e. HMO model)
- May be integrated or not

Tiered Network Plans

- Offer greater choice of in-network providers and often out-of-network benefits
- Adjust enrollee cost sharing based on providers’ costs and/or performance on quality metrics
 - Lower cost-sharing for providers on “high value” tier

Impact

- Analyses of cost impacts are limited
- **Narrow/tiered network plans can reduce costs in 2 ways**
 - Providers offer discounts to be in-network or on more favorable tier
 - Reduced utilization
- **Tiered networks could save 5-12 percent** (*Health Affairs study of BCBSMA plans*)
- **Narrow network plans can save more, depending on market**
 - 12-30 percent hospital price reductions (*CalPERS study*)
 - 40 percent reduction in spending per enrollee (*NBER/Mass GIC study*)
 - 26 percent reduction in cost of individual market plans (*McKinsey study*)



POLICY OPTION I: PRODUCTS – ALTERNATIVE PLAN DESIGNS & APMS

b. Limited and Tiered Network Plans

UNIT COSTS	X	# UNITS (Utilization)
Negotiated discounts (volume) Limited/tiered networks		Alternative Payment Models Wellness Incentives

Considerations

- Structure** RI market structure: W&I (deliveries); RIH (tertiary)
- Readiness** RI provider readiness for APMS: 44% of fully insured RI medical spending in APMS
- Interest** PPO product dominance: 78% of RI small group subscribers choose PPO plans
 Limited success of tiered network products to date

For Discussion

RI Carrier experience with limited/tiered networks to date?

What types of innovative Provider Partnership Models might we encourage in Rhode Island?

POLICY OPTION I. PRODUCTS - – ALTERNATIVE PLAN DESIGNS & APMS

State Role: How to get there



Encourage Culture Shift
Business Community communication plan to encourage alternative plan designs, less rich benefits

Require Options
Require carriers to offer at least one limited or preferred network product on SHOP

Specify Product
Design a specific product, provider partnership model that must be offered by all carriers

Considerations

RI Experience HealthPact
Other States MA Executive Order

For Discussion

How to encourage innovative provider partnerships?

POLICY OPTION I. PRODUCTS – ALTERNATIVE PLAN DESIGNS & APMS

c. EMPLOYER CONTRIBUTION STRATEGIES: HRAS - WHAT'S NEW

- **HRAs: tax-preferred, account-based health benefit funded by employers to pay for health care expenses**
- **HRAs do not meet ACA group plan standards b/c they violate annual limit and preventive services coverage requirements**
 - Obama-era IRS allowed HRAs that are “integrated” with the group health plan
 - In 2016, Congress created “Qualified Small Employer” HRAs, but limited take up
- **New Trump rule: Employers can fund HRA to help employees buy individual market coverage (or Medicare) (finalized June 2019, effective Jan. 2020)**
- **The “Individual Coverage HRA” (ICHRA)**
 - Worker must attest to purchasing ACA-compliant individual insurance
 - No cap on amount of contribution
 - Rules to prevent employers to shift sicker workers to the individual market
 - Special enrollment period (SEP) for new HRA recipients
- **Also new: “Excepted Benefit” HRAs**
 - Can be used to buy short-term plans or excepted benefit products (i.e., accident-only, disability income, fixed indemnity)
 - Capped at \$1,800 per employee per year



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POLICY OPTION I. PRODUCTS - – ALTERNATIVE PLAN DESIGNS & APMS

c. HRAS: IMPLEMENTATION ISSUES

- Employees may be offered traditional group plan *or* ICHRA, not both
- Employers must make the same offer to all employees within a defined class
 - i.e., full-time vs. part-time, salaried vs. non-salaried
 - Minimum class size is 10 employees for employers with fewer than 100 employees
- Employer contribution can vary only by age or # of dependents
- Employers must provide notice about HRA & interaction with ACA premium tax credits (PTCs)
 - If HRA deemed “unaffordable” under ACA, employee can decline HRA and qualify for PTCs via exchange
 - Employee must be given annual opportunity to opt out
- Employers may allow employees to cover their premium through a cafeteria plan, but employees must then buy the plan *off-exchange*.
- Employers may not select or endorse any particular plan for employees
- Employees must substantiate ACA-compliant individual market coverage



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POLICY OPTION I. PRODUCTS - ALTERNATIVE PLAN DESIGN + APMs

c. EMPLOYER CONTRIBUTION STRATEGIES: HRAS

Pros:

- Predictable (capped) employer contributions
- Employee choice of Ind. Mkt plan

Cons:

- Cost-shift to employee
- Less generous coverage
- Complex to administer
- Adverse selection?
- Employee confusion



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POLICY OPTION II. ENCOURAGE/LEVERAGE SHOP

Goal: Leverage SHOP as a pathway to lower cost plan designs

HSRI FOR EMPLOYERS 101

- **What is HealthSource RI for Employers?**

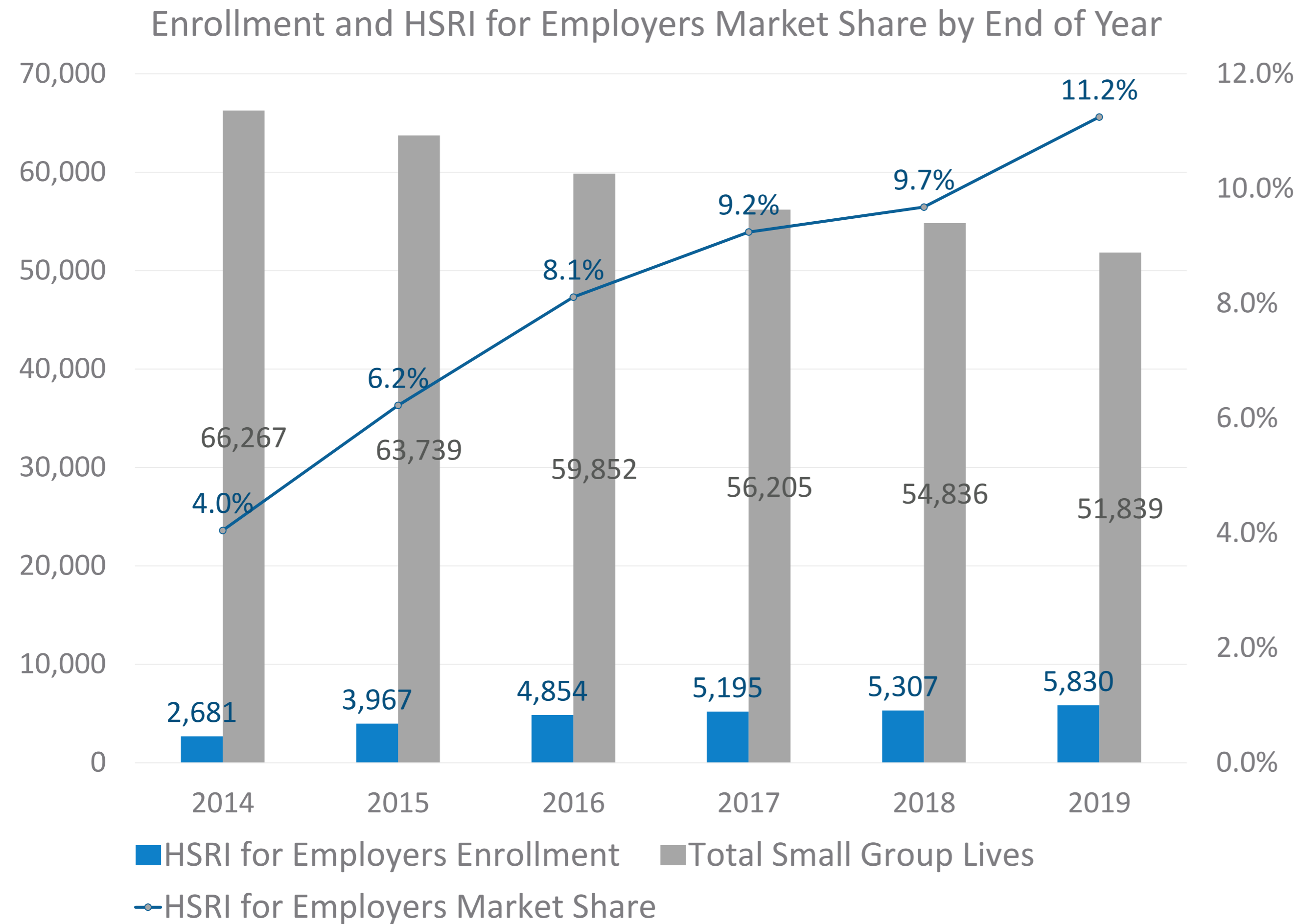
- ACA's Small Business Health Options Program (SHOP)
- A program of HealthSource RI, the state's health exchange, for small businesses to compare and buy insurance coverage
- Offer health and dental coverage; can connect businesses with ancillary products (e.g., vision, pet)
- Coverage is part of RI's small group market

- **How does it work?**

- A business **requests a quote** and decides to enroll
- The business themselves, their broker, or our Business Engagement Team **fill out the online application**, picking a reference plan and a contribution per employee
- **Employees select their plan** to enroll in
- HSRI for Employers sends a **consolidated bill**
- After payment, HSRI for Employers transfers the enrollment information to carriers

POLICY OPTION II. ENCOURAGE/LEVERAGE SHOP

HSRI FOR EMPLOYERS BY THE NUMBERS



- Currently 824 covered employers, 3,606 employees; 5,830 lives
- Over 11% of the RI Small Group market, growth each year
- 96% of employers, comprising 98% of lives, use the full choice model
- About 70% of employers and employees choose Platinum or Gold plans
- Employers contribute about 70% on average towards single employee coverage
- 16 medical plans from BCBSRI and NHPRI, 5 dental plans from BCBSRI and Delta Dental
- **Among top performing state SHOP exchanges nationwide**

POLICY OPTION II. ENCOURAGE/LEVERAGE SHOP

Benefits of buying through HealthSource RI

- Full Choice model
Employers set a contribution and employees select from a range of plans across multiple carriers
- Flexible Customer Service
Can help the business, broker, or employees as much or as little as needed—including on-site visits
- 2-year small business tax credit for businesses under 25 employees and \$50,000 average wage
- Improved, smooth online service since 2019 system upgrade

Keys to Success for HealthSource RI for Employers

- RI emphasis on importance of small group coverage
- Partnerships with brokers and business groups
- Marketing and communications, including word of mouth

For Discussion

- *What role can HSRI for Employers play in protecting the small group market?*
- *What can this group recommend to enhance these efforts?*

POLICY OPTION III: REGULATORY PROTECTIONS

Goals: (1) To protect small businesses from unanticipated liability; and,
(2) to foster a level playing field, limit adverse selection

a. Stop Loss/Self Insurance: State Options

State regulation of self-funded employer plans generally preempted under ERISA
BUT: some combinations of self-funding + stop-loss are fully insured products “in disguise”

State Options include:

- Allow stop-loss for small employers only over a certain size (i.e., NY, NV, NC, DE)
- Minimum policy standards
- Required disclosures
- Increase attachment point (i.e., CA, DC, MD)
- Rate/form review & approval
- Assessment to support small group market (e.g., reinsurance, incentives)



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POLICY OPTION III: REGULATORY PROTECTIONS

Goals: (1) To protect small businesses from unanticipated liability; and,
(2) to foster a level playing field, limit adverse selection

b. PEO Regulation: State Options

PEOs are MEWAs under federal law and thus subject to state regulation

PEOs may “cherry pick” healthy small groups and/or charge low “teaser” rates that go up after taking over critical admin functions

State Options include

- Collect data to quantify PEO penetration in state
- Apply look through rules and/or ban underwriting of small employer clients (ME, NH)
- Assessment to support small group market (e.g., reinsurance, incentives)



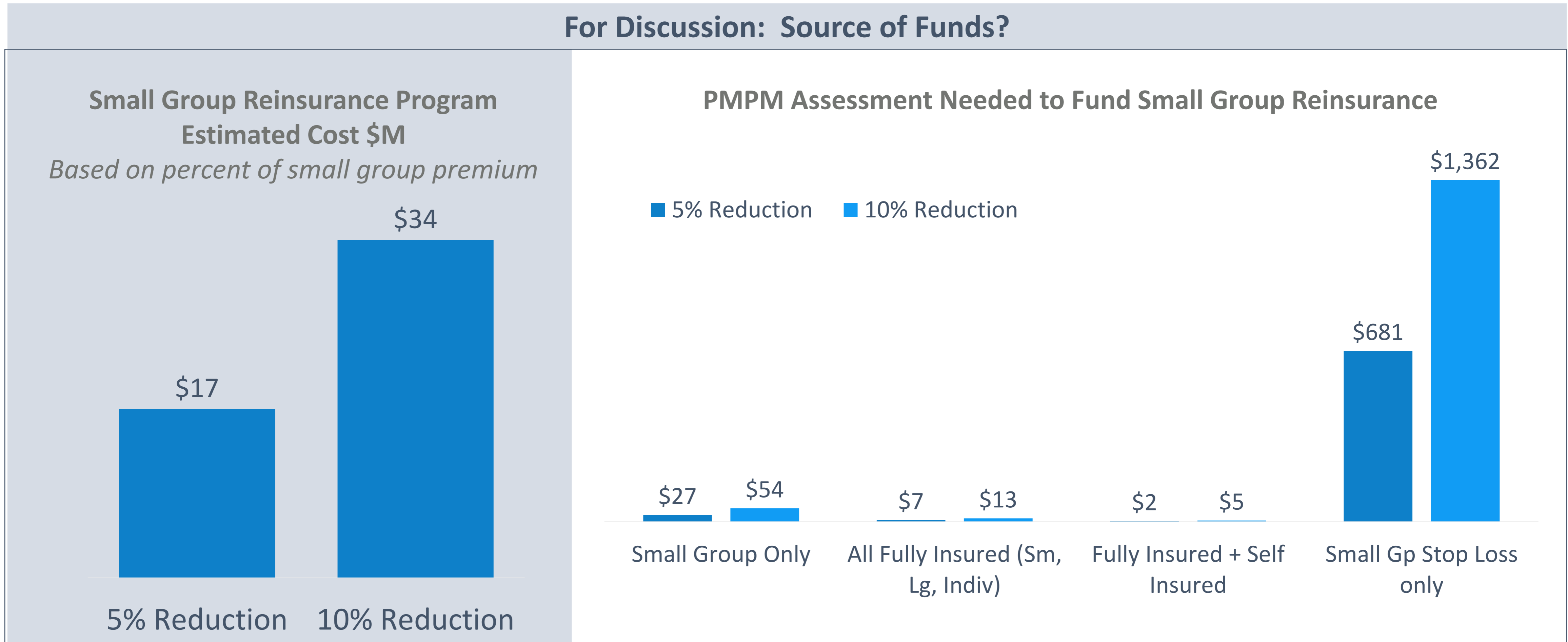
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POLICY OPTION IV: REINSURANCE

Goals: Reduce premiums, reduce rate volatility

Challenge: Requires investment, low/moderate administrative lift



Source: 2020 Rate Filing data from OHIC (premiums) and April 2019 OHIC Enrollment report.

POLICY OPTION V: TARGETED EMPLOYER INCENTIVES

Goal: Targeted employer support for specific industries, wage, size categories with low offer rates

Challenge: Requires investment, med/high administrative lift

For Discussion: Who to target?

Employer Size

Category	# Firms	# Emp'ees	Offer rate
< 10	15,435	53,928	34%
10-24	3,446	51,494	60%
25-99	1,880	68,336	77%
100-999	1,791	83,692	97%
1000 +	4,291	16,9394	100%
Total	26,843	426,844	82%
<50	20,069	137,766	54%
>50	6,773	289,078	96%

Employer Wage Quartile*

Category	# Firms	# Emp'ees	Offer rate
I	10,594	106,644	57%
II	7,678	106,337	88%
III	3,970	107,083	93%
IV	4,601	106,780	93%
Total	26,843	426,844	82%

Note: Because the sample frame is based in part on confidential IRS tax records, the average wage value cutoff for each quartile cannot be disclosed.

Industry

Industry	# Firms	# Emp'ees	Offer rate
Agri, fish., forestry and construction	2,653	25,197	73%
Mining and Manufacturing	761	37,377	96%
Retail/Other Services/Unknown	116,31	141,797	68%
Professional Services	6,972	157,532	90%
All Others	4,826	64,942	92%
Total	26,843	426,845	82%

POLICY OPTION V: TARGETED EMPLOYER INCENTIVES

Goal: Targeted employer support for specific industries, wage, size categories with low offer rates

Challenge: Requires investment, med/high administrative lift

For Discussion: Program Scope, Sources of Funds

Estimated Annual Program Cost, \$M

Incentive Amount: as a % of Premium

	5%	10%	20%	30%	40%	
Include Small Employers Capturing xx% of Employees	5%	\$1	\$2	\$3	\$5	\$7
	10%	\$2	\$3	\$7	\$10	\$13
	20%	\$3	\$7	\$13	\$20	\$27
	30%	\$5	\$10	\$20	\$30	\$40
	40%	\$7	\$13	\$27	\$40	\$54
	60%	\$10	\$20	\$40	\$60	\$81
	100%	\$17	\$34	\$67	\$101	\$134

POLICY OPTION V: TARGETED EMPLOYER INCENTIVES

Lessons Learned: ACA Small Business Health Care Tax Credits

Current Program

- Credit = up to 50% of SHOP plan premiums for 2 years
- Eligible employers
 - Pay at least 50% of self-only coverage
 - Have <25 FTEs
 - Average wages <\$54,000

Lesson Learned: very limited use (2016 GAO study)

- 181,000 employers out of potentially 4M eligible
- Credit amount not large enough incentive
- Two-year limit – not sustainable for employers
- Earnings threshold too low
- Cost and complexity of claiming the tax credit

Possible Enhancements

- Raise average earning level
- Increase maximum # of FTEs
- Make available for more than 2 consecutive years
- Increase amount of tax credit
- Provide support for application process

Challenge: Where will \$ come from?



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POLICY OPTION DEEP DIVE: DISCUSSION

Going forward, we will need to prioritize these options...

I. PRODUCTS

- a. Benefits and Cost Sharing
- b. Innovative Provider Partnerships
- c. Employer Contribution Strategies

II. ENCOURAGE SHOP ENROLLMENT

III. REGULATORY PROTECTIONS

- a. Stop Loss
- b. PEOs

IV. REINSURANCE

V. TARGETED EMPLOYER INCENTIVES

NEXT STEPS

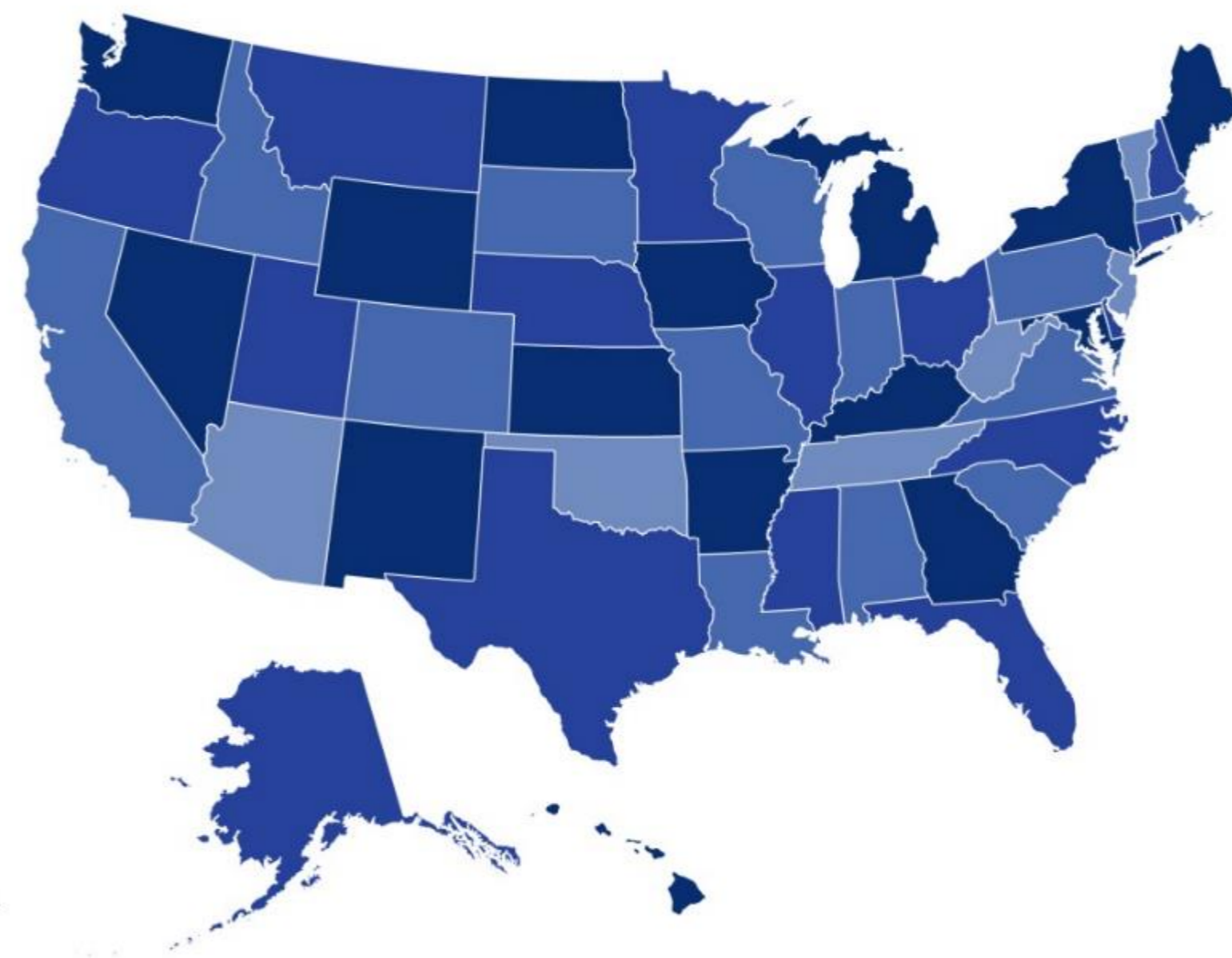
- Developing recommendations based on the targeted policy options
- Reaching consensus as a group for recommended actions

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PUBLIC COMMENT?

Thank You!

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THANK YOU



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WE WORK FOR YOU







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HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND



POLICY OPTION I. ALTERNATIVE PLAN DESIGN + APMs

Backup: Provider Network Readiness

HCP-LAN Framework: Health Care Payment Learning & Action Network

			
<p>CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE</p>	<p>CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p>CATEGORY 4 POPULATION – BASED PAYMENT</p>
	<p>A</p>	<p>A</p>	<p>A</p>
	<p>Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)</p>	<p>APMs with Shared Savings (e.g., shared savings with upside risk only)</p>	<p>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p>B</p>	<p>B</p>	<p>B</p>
	<p>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</p>
	<p>C</p>		<p>C</p>
	<p>Pay-for-Performance (e.g., bonuses for quality performance)</p>		<p>Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)</p>

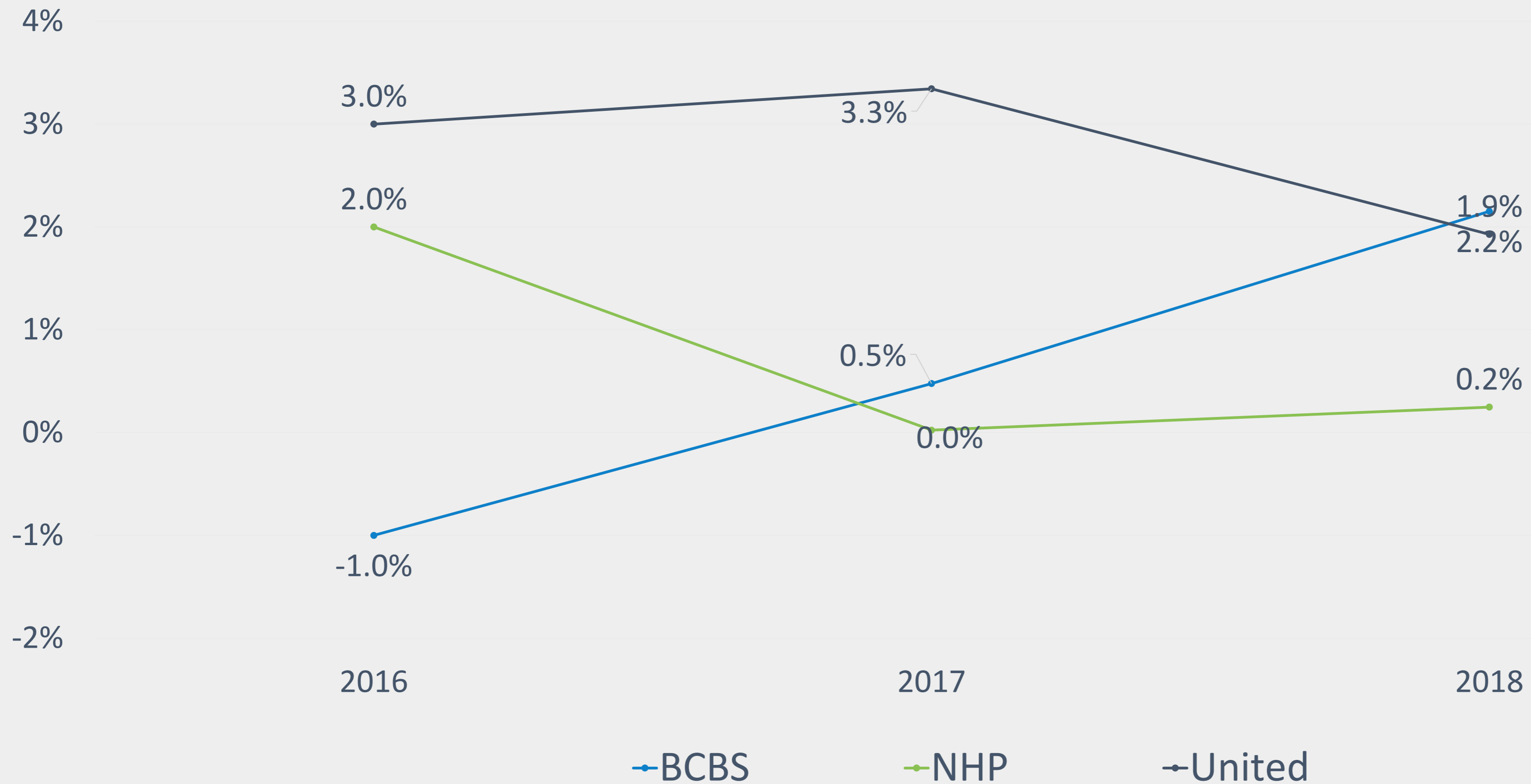
- 44% of fully insured RI medical spending is in APMs as of 2017
- Of that APM-based spending, 90% is in population-based contracts
 - Over 4/5 of population-based spending includes downside risk
 - The rest are upside risk only
- The remaining 10% of APM spending is in bundled payments, P4P, and supplemental payments to PCMHs

Source: HCP-LAN website. OHIC APM data.

POLICY OPTION I. ALTERNATIVE PLAN DESIGN + APMs

Backup: RI Health Plan Margins

Net Margins by Carrier*

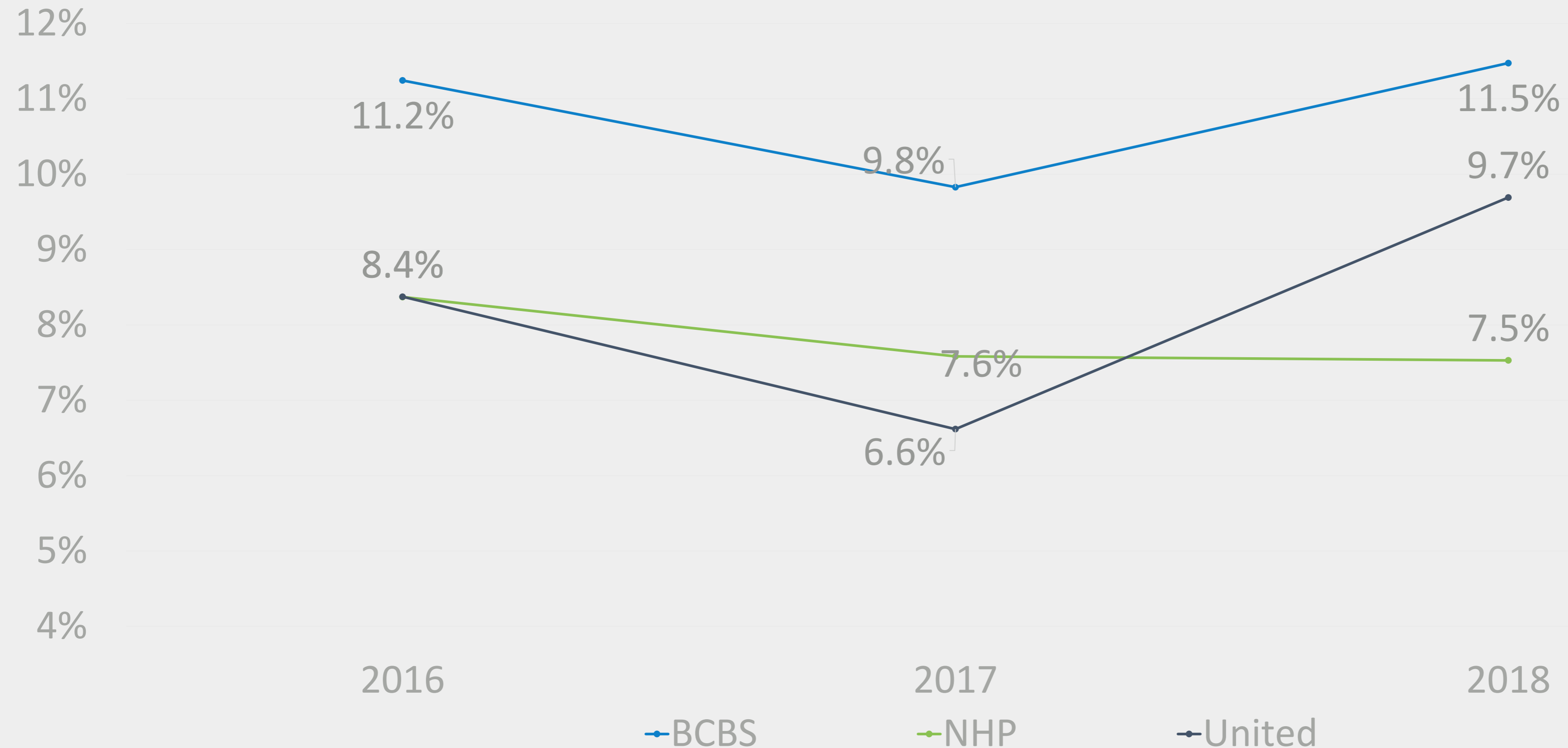


*Profit Margin calculated as net underwriting gain/loss over net premium income
Source: Annual Statements filed with RI Div of Insurance for NHP, BCBS, and United Healthcare, 2012 - 2018

POLICY OPTION I. ALTERNATIVE PLAN DESIGN + APMs

Backup: Health Plan Administrative Costs

Administrative Cost Ratio by Carrier*



*Admin cost ratio calculated as admin cost over net premium income

Source: Annual Statements filed with RI Div of Insurance for NHP, BCBS, and United Healthcare, 2012 - 2018

POLICY OPTION I. ALTERNATIVE PLAN DESIGN + APMs

Backup: Drivers of Medical Cost Trend in RI Small Group Market

Includes NHP, BCBS, United, Tufts Small Group

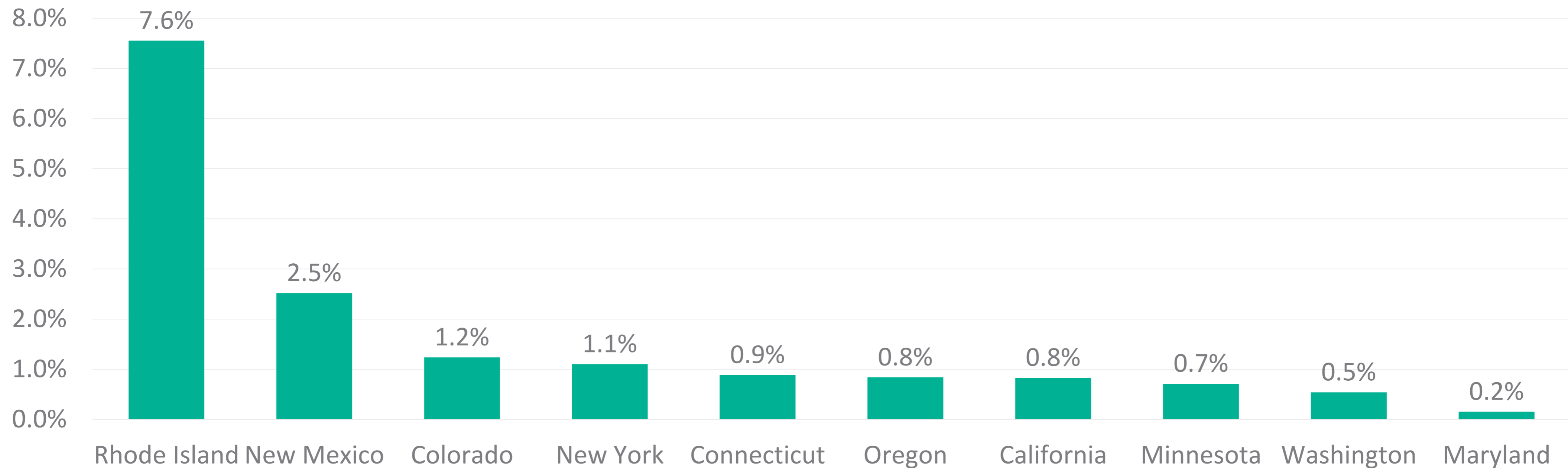
	CY 2016	CY 2017	CY 2018	Increase CY 2016-2018	
				\$ PMPM	Avg Ann %
Member Months	701,784	668,492	647,960		
Inpatient admits/1000	47.9	50.2	49.6		
PMPM Completed and Incurred Claims Costs					
Inpatient Hospital	\$79.16	\$95.64	\$90.45	\$11	7%
Outpatient Hospital	\$103.58	\$105.17	\$110.89	\$7	3%
Professional	\$101.11	\$105.01	\$110.51	\$9	5%
Other Medical	\$6.52	\$7.49	\$8.21	\$2	12%
Capitation	\$4.71	\$2.53	\$2.06	-\$3	-34%
Prescription Drug	\$91.35	\$95.32	\$97.23	\$6	3%
Total	\$386.42	\$411.15	\$419.36	\$33	4%
Primary Care	\$19.46	\$20.30	\$20.81	\$1	3%

7% average annual increase in claims costs 2016-2018, one-third driven by IP claims, but IP utilization relatively flat – what happened?

POLICY OPTION II. ENCOURAGE SHOP ENROLLMENT

HSRI for Employers By the Numbers

2016 SHOP Market Share among Comparable* State Exchanges

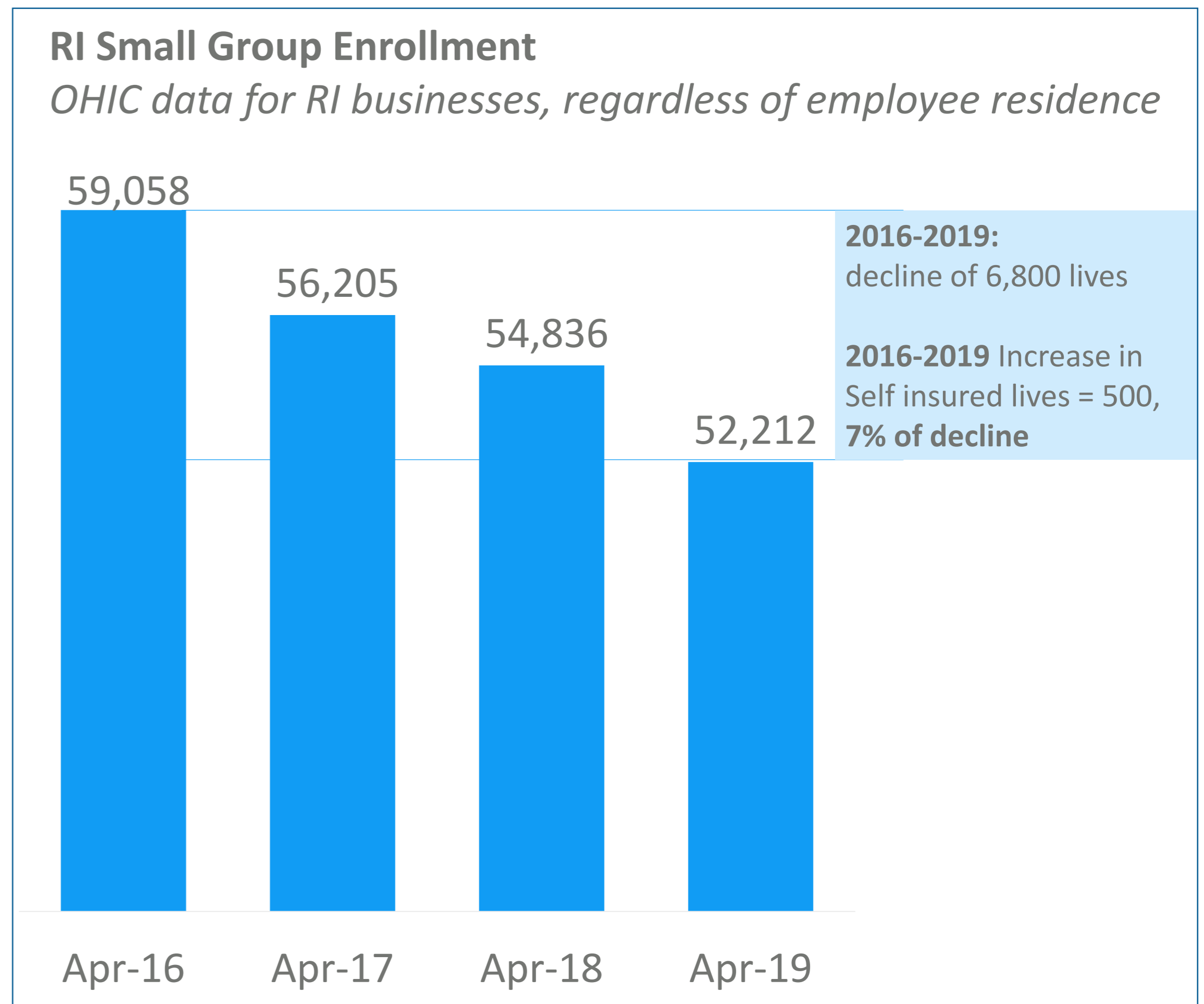
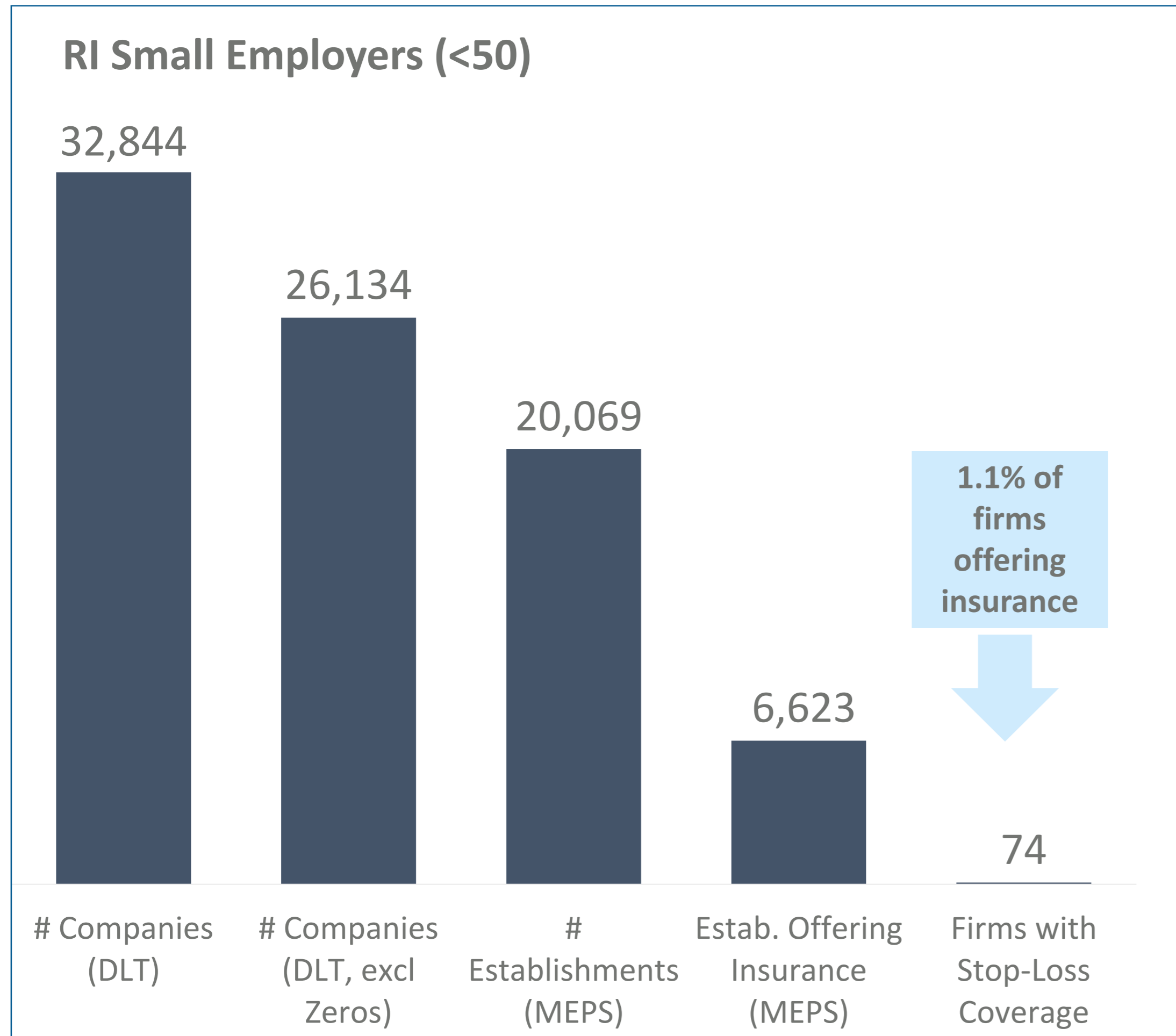


Data from [GAO-19-306](#) Health Insurance Market Concentration. UT, MA, ID, HI did not provide data to GAO

*DC and VT omitted as not comparable

POLICY OPTION V: REGULATORY PROTECTIONS

Stop Loss/Self Insured: State Options



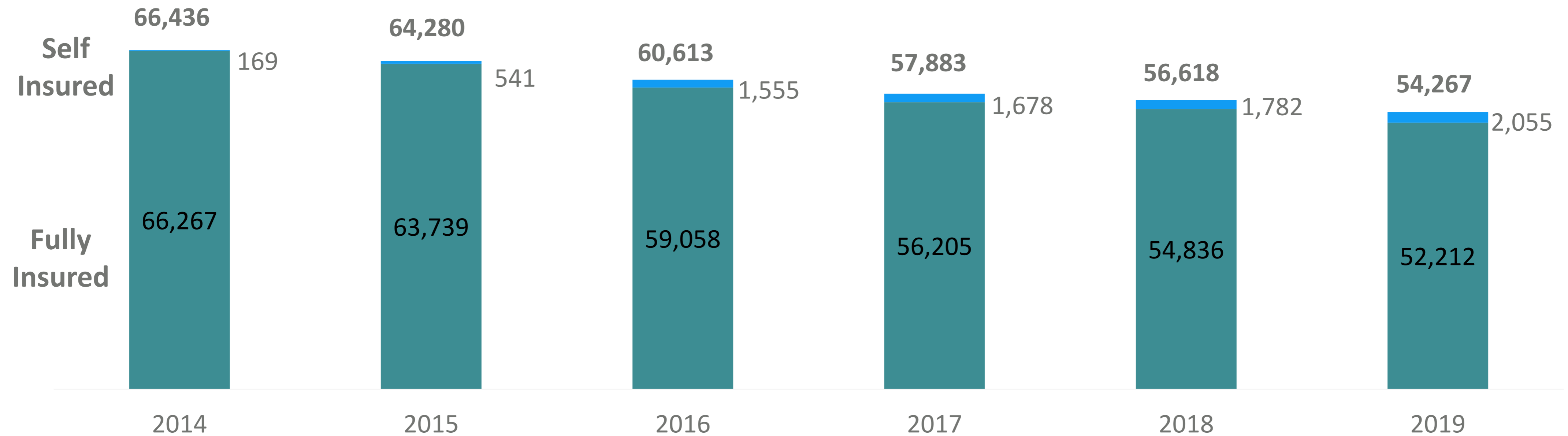
POLICY OPTION V: REGULATORY PROTECTIONS

Stop Loss/Self Insured: State Options

Enrollment of Small Group Individuals in Self Insured Plans: 2014-2019

OHIC data for RI businesses, regardless of employee residence

NOTE: Temporary regulatory restriction on medical underwriting in place beginning July, 2019



Net Gain	2015	2016	2017	2018	2019
Fully Insured	-2,528	-4,681	-2,853	-1,369	-2,624
Self-Insured	+372	+1,014	+123	+104	+273

Net gain in Self insured small group 2016-2019 = 500