



DRAFT BARE COUNTY PREPAREDNESS PLAN

WSHIP BOARD OF DIRECTORS MEETING
MAY 9, 2018

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CURRENT RISK ASSESSMENT

- ▶ **Current Environmental Scan (2018 Individual Market)**
 - Individual health plans are available in all counties
 - There are 9 counties with only 1 insurer
 - 20,000+ individuals are enrolled in those 9 counties
 - Approximately 50% receive premium subsidies

- ▶ **Risk for Bare Counties in 2019 has been Significantly Reduced**
 - 2019
 - Premera announcement of intent to cover all bare counties in 2019
 - New geographic rating area rule
 - Possibility of additional carriers entering the market
 - 2020
 - ESHB 2408 requirement for SEBB & PEBB carriers to offer individual plans on Exchange
 - Potential new market stabilization initiatives or bills in 2019 legislative session

KEY OBJECTIVES

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- Ensure the readiness of all WSHIP vendors in the event that WSHIP is needed to cover bare counties in 2019.
- Conduct preliminary planning to identify opportunities to more closely align WSHIP coverage with current market offerings and consumer expectations if WSHIP bare county coverage is needed.
- Maintain fiscal responsibility (minimize impact to WSHIP assessments; hold off on detailed development work/costs until June when bare county needs will be known).
- Communicate with the OIC, HBE, and key participants in a meaningful and timely manner.

PLANNING AREAS

- ▶ Appropriateness of VWSHIP Benefit Plans for Bare Counties
- ▶ Application Form and Application Process
- ▶ Special Enrollment Determinations
- ▶ Income Verification for Premium Reductions (ESHB 2408)
- ▶ Communication
- ▶ Collaboration / Partnerships
- ▶ Assessment Projections / Fiscal Impacts

STRATEGIES & TIMING

1. May 2018 - Develop bare county preparedness plan with input from the OIC and HBE
2. June 2018 - Wait for OIC announcement of 2019 county coverage before proceeding

If there are 2019 bare counties (and Premera unexpectedly cannot cover them) proceed as follows:

3. Develop 3 new WSHIP “Bare County” plans

- Gold, Silver and Bronze - Potential Design Options
 - Gold Deductible: \$1,000 Medical, \$500 Drug (25% coinsurance for most services)
 - Silver Deductible: \$4,000 Medical, \$500 Drug (30% coinsurance for most services)
 - Bronze Deductible: \$6,000 Medical, \$500 Drug (30% coinsurance for most services)
- Why?
 - Different population (non-high risk): Better aligns with market & consumer expectations
 - Results in lower premiums for consumers and lower impact to assessments
- To minimize development costs and help support a smooth transition:
 - Retain as much current WSHIP plan policy language as possible (already approved by OIC)
 - Retain separate deductibles and out-of-pockets for Medical and Rx (system cannot combine)
 - Retain same PPO network
 - Partner with HBE or HCA for income verification
 - Do not proceed with development work or filings if no bare counties but stay shovel ready

STRATEGIES & TIMING

4. Close current WSHIP Non-Medicare plans to new enrollment (if bare counties)
 - Grandfather in current WSHIP enrollees
5. Proceed with development work (if bare counties)
 - New Bare County Plan Policies (June-July)
 - New Application and Forms (June-July)
 - Income information
 - Family plans (and family rates)
 - Special enrollment criteria
 - SERFF filing of new “Bare County” contracts and forms (July-August)
 - Procedures for Special Enrollment determinations (July-August)
 - Partnering with HBE or HCA for income verification (July-August)
 - Assessment projections (September)
 - Communication plans / partnerships / website enhancements (September)