Large Group Aggregate Rate Public Meeting

February 1, 2017

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Agenda

- 1. Introduction
- 2. Overview of the DMHC
- 3. Overview of the Requirements of SB 546
- 4. Summary of 2016 Large Group Rate Filing
- 5. Panel Discussion
- 6. Public Comment
- 7. Closing Remarks

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Overview of the DMHC

Mary Watanabe Deputy Director, Health Policy and Stakeholder Relations

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DMHC Mission Statement

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.



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What is the DMHC?

We protect the health care rights of more than





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DMHC Key Functions

- Consumer Protection / DMHC Help Center
- License Health Plans & Ensure Compliance with State laws
- Medical Surveys of Health Plan Operations
- Financial Exams to Ensure Financial Stability
- Review Proposed Premium Rate Changes (Individual & Small Group Products)
- Take Enforcement Action Against Plans that Violate the Law

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Overview of the Requirements of SB 546

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Requirements of SB 546

- Requires large group health plans to file aggregate rate information with the DMHC by October 1, 2016, and annually thereafter.
 - The information submitted on October 1, 2016, was for the period of January 1, 2016 December 31, 2016.
- Requires the DMHC to conduct a public meeting annually to permit a public discussion regarding changes in the rates, benefits and cost sharing in the large group market.



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Requirements of SB 546

 Requires health plans to include information in their notice of premium rate change indicating whether the rate change is greater than the average increase for CaIPERS and Covered California.

Year	Covered California	CalPERS
2016	4%	7.68%
2017	13.2%	3.92%



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Summary of 2016 Large Group Rate Filing

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Premium Rate

- Premium Rate is the amount you or your employer pay for health coverage.
- Factors that may impact large group premium rates include:
 - Age
 - Geography/Location
 - Family size
 - Occupation/Industry
 - Health Status Factors (experience and utilization)

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Summary of 2016 Filing

- 23 Health Care Service Plans were required to file, including:
 - Seven statewide plans
 - Nine regional plans
 - Two cross-border plans
 - Five In-Home Support Services (IHSS) Plans
- Nearly 7.6 million enrollees in over 13,000 renewing groups affected by the rate changes.

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Average Rate Increase

Category	Unadjusted Average Rate Increase	Adjusted Average Rate Increase	Number of Enrollees	Average Per Member Per Month Premium
All Plans	3.9%	4.3%	7,565,987	\$436.85
Kaiser	3.1%	3.5%	4,795,007	\$436.37
All Plans Minus Kaiser	5.2%	5.7%	2,770,980	\$437.69
Most Common Plan	3.8%	4.1%	N/A	N/A

Note: Excludes cross-border and IHSS plans

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Statewide Plans

Plan Name	Number of Enrollees	Number of Renewing Groups	Percentage of Large Group Total	Unadjusted Average Rate Increase	Adjusted Average Rate Increase	Average Per Member Per Month Premium
Kaiser	4,795,007	8,148	63.4%	3.1%	3.5%	\$436.37
Anthem Blue Cross	1,101,240	2,028	14.6%	5.4%	6.7%	\$392.01
Blue Shield	465,585	896	6.2%	5.9%	5.8%	\$473.94
United Health Group	366,319	435	4.8%	5.7%	5%	\$467.00
Health Net	316,629	460	4.2%	4.2%	5.7%	\$478.71
Cigna	173,019	336	2.3%	4.7%	3.1%	\$447.00
Aetna	137,436	612	1.8%	5.8%	6.1%	\$426.95
Total:	7,355,235	12,915	97.2%	3.9%	4.3%	\$435.53

Note: Excludes cross-border and IHSS plans

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Regional Plans

Plan Name	Number of Enrollees	Number of Renewing Groups	Percentage of Large Group Total	Unadjusted Average Rate Increase	Adjusted Average Rate Increase	Average Per Member Per Month Premium
Western Health Advantage	86,832	174	1.1%	3.2%	6.0%	\$502.00
Sharp Health Plan	58,887	112	0.8%	3.5%	2.1%	\$448.00
Ventura County Health Care Plan	15,529	6	0.2%	5.8%	5.8%	\$342.00
Valley Health	15,407	2	0.2%	3.4%	3.4%	\$710.90
Sutter	15,333	92	0.2%	2.2%	-0.7%	\$457.00
Contra Costa	10,758	4	0.1%	8.4%	8.4%	\$517.35
Community Care	4,853	2	0.1%	7.4%	7.4%	\$364.05
Chinese Community	3,018	27	0.04%	7.3%	8.0%	\$389.00
Seaside	135	1	0.002%	6.0%	6.0%	\$526.00
Total:	210,752	420	2.8%	3.8%	4.4%	\$483.12

Note: Excludes cross-border and IHSS plans

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Product Type

Product Type	Average Rate Increase	Minimum	Maximum	Average Premium Per Member Per Month
PPO	6.5%	6.1%	7.3%	\$510.04
POS	5.5%	-4.5%	7.2%	\$463.68
EPO	4.1 %	N/A	N/A	\$168.16
НМО	3.7%	1.7%	8.4%	\$435.18
HDHP	3.4%	1.2%	8%	\$392.00

Note: Excludes cross-border and IHSS plans

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Rating Method

Category	Percentage of Renewing Groups	Number of Enrollees Affected	Unadjusted Average Rate Increase	Average Per Member Per Month Premium
Blended	65.4%	1,590,443	4.1%	\$439.21
Community	23.8%	635,647	7.4%	\$480.56
Experience	10.8%	5,339,896	3.4%	\$430.99

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Note: Excludes cross-border and IHSS plans

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Actuarial Value

Product	Number of Covered Lives by Actuarial Value							
Туре	0.9 – 1.00	0.8 – 0.899	0.7 – 0.799	0.6 - 0.699	< 0.60	All		
НМО	5,290,993	1,236,294	216,200	19,990	1,082	6,764,559		
PPO	215,606	234,806	14,950	451	0	465,813		
EPO	37,142	6,014	0	0	0	43,156		
POS	46,687	78,930	2,746	0	0	128,363		
HDHP	7,889	142,948	132,920	37,592	432	321,781		
Total:	5,598,317	1,698,992	366,816	58,033	1,514	7,723,672		

Note: Excludes cross-border and IHSS plans; However, number of covered lives includes enrollees that did not have a rate change

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Medical Allowed Trend

Plan Type	2016	2017
All Plans	5.5%	5.3%
Statewide Plans Minus Kaiser	7.5%	7.1%
Kaiser	4.4%	4.4%
Regional Plans	5.4%	5.6%



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Medical Allowed Trend Statewide Plans

Plan Name	2016	2017	Percentage Change
Aetna	7.0%	6.9%	-0.1%
Anthem Blue Cross	8.5%	7.5%	-1.0%
Blue Shield	6.1%	5.5%	-0.6%
Cigna	3.2%	8.0%	4.8%
Health Net	9.9%	9.4%	-0.5%
Kaiser	4.4%	4.4%	0.0%
United	6.6%	5.6%	-1.0%

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Pharmacy Allowed Trend

Plan Type	2016	2017
All Plans	10.3%	7.9%
Statewide Plans Minus Kaiser	13.3%	11.3%
Kaiser	8.9%	6.0%
Regional Plans	6.4%	7.7%



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Pharmacy Allowed Trend Statewide Plans

Plan Name	2016	2017	Percentage Change
Aetna	13.4%	12.6%	-0.8%
Anthem Blue Cross	18.1%	9.1%	-9.0%
Blue Shield	13.9%	12.4%	-1.5%
Health Net	12.3%	12.3%	0%
Cigna	8.1%	11.9%	3.8%
Kaiser	8.9%	6.0%	-2.9%
United	13.9%	9.6%	-4.3%



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Large Group Rate Information

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information deny rate in value for th Use the dat	reviews proposed health plan in to the public that support rate acreases, the DMHC's rate revi- eir premium dollar and saves C abase below to search premium information on understanding	increases. W ew efforts hol alifornians m n rate filings a	hile the Depa Id health plans oney. Ind submit put	rtment doe s accountai	es not have th ble, ensure co	e authority	to Stay in t DMH0	Informed on pren D by signing up f Email	nium rates file	tes.
Filter	Health Plan Name	•	Large G	roup		Filin	g Status 🔹	Filing Typ	æ •	Eliter Reset
Health Plan		Filing Type	Indiv Large Small	Group	-	Final Average Annual Rate Increase	Status 🕢	Effective Date	Total Members	Comments ①
Seaside Heal	th Plan	Annual/ Aggregate Filling		N	N/A	6.0%	Completed	2016	135	0
San Francisco	o Community Health Authority	Annual/ Aggregate Filing	*	N	N/A	9.6%	Completed	2016	11,345	0
Medi-Excel S	SA de CV (MediExcel Health Plan)	Annual/ Aggregate Filing	۰	Ν	N/A	1.7%	Completed	2016	2,165	0
<u>California Ph</u> California)	vysicians' Service (Blue Shield of	Annual/ Aggregate Filing	*	N	N/A	5.9%	Completed	2016	467,506	0
Health Net o	f California, Inc.	Annual/ Aggregate Filling		N	N/A	4.2%	Completed	2016	320,148	0

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Panel Discussion



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Panel Discussion

Wayne Thomas, Chief Actuary Department of Managed Health Care

Dena B. Mendelsohn, JD, MPH, Staff Attorney Consumers Union

Cabe Chadick, FSA, MAAA, Senior Vice President & Principal Lewis & Ellis, Inc.

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Public Comment

Public comment may be submitted to publiccomments@dmhc.ca.gov



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Closing Remarks

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