Cascade Care

provider webinar

Hosted by WA Health Care Authority and WA Health Benefit Exchange

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Washington State Health Care Authority

Introductions

- Pam MacEwan, Health Benefit Exchange (HBE), Chief Executive Officer
- Mich'l Needham, Health Care Authority (HCA), Chief Policy Officer
- Rachel Quinn, HCA, Special Assistant for Health Policy and Programs
- Penny Adler, HCA, Senior Project Manager
- Molly Voris, HBE, Chief Policy Officer
- Christine Gibert, HBE, Associate Policy Director
- Leah Hole-Marshall, HBE, General Counsel and Chief Strategist
- Samantha Pskowski, HBE, Senior Policy Analyst
- Ben Diederich, Milliman, Consulting Actuary
- Cheryle Wong, Milliman, Consulting Actuary

Agenda

- Glance at overall work plan and joint agency effort
- Standard plans update (presented by HBE)
- HCA contract and procurement role in Cascade Care
- Cascade Care purchasing standards and HCA approach
- Timeline and next steps
- Affordability requirements (presented by Milliman)
- Q&A

Cascade Care (Senate Bill 5526) three main parts

1. Standard Plans: Goal to make care more accessible by lowering deductibles, making cost-sharing more transparent, and providing more services before the deductible.

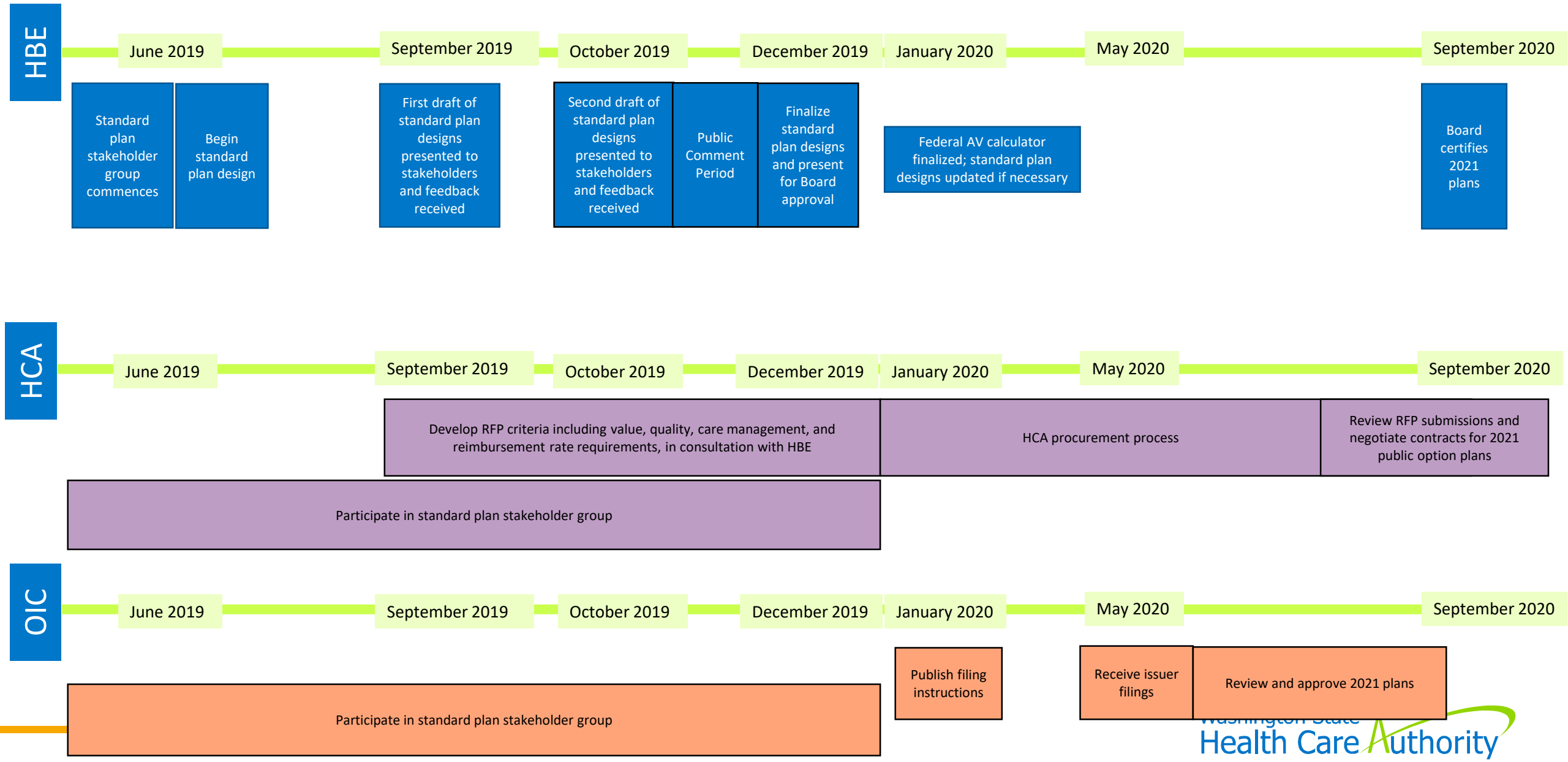
2. Public Option Plans: Goal to make more affordable (lower premium) options available across the state, that also include additional quality and value requirements

3. Subsidy Study: Goal to develop and submit a plan for implementing premium subsidies through Exchange for individuals up to 500% FPL (due to Legislature by Nov. 15, 2020)

Multi-agency effort

- Joint agency effort
  - Health Care Authority, Health Benefit Exchange, and the Office of the Insurance Commissioner
    - Interdependent parts of the development, different phases of work
    - Joint workgroup, multiple sub-groups and multiple stakeholder groups

At a glance: Interagency Cascade Care Implementation Timeline



Cascade Care – Standard Plans

- Starting in plan year 2021, Exchange carriers must offer at least one gold and one silver standard plan, and one standard bronze if carrier offers bronze
- Carriers may continue to offer non-standard plans on the Exchange
- Standard plan designs will be basis for state-procured public option plans
- Exchange will update standard plan designs annually

Three Different Types of Health Plans in the Exchange in 2021: Non-Standard Plans, Standard Plans, and Public Option Plans

	Non-Standard Plans	Standard Plans	Public Option Plans (Standard Plans Plus)
Offered through the Exchange and eligible for federal tax subsidies	✓	✓	✓
Subject to full regulatory review by OIC, including network adequacy and rate review requirements	✓	✓	✓
Adheres to 19 Exchange certification criteria for QHPs	✓	✓	✓
Meets federal actuarial value requirements for metal levels	✓	✓	✓
Includes Essential Health Benefits	✓	✓	✓
Uses plan design with deductibles, co-pays, and co-insurance amounts set by Exchange for each metal level (bronze, silver, gold)		✓	✓
Some services guaranteed to be available before the deductible		✓	✓
Allows consumers to easily compare plans based on premium, network, quality, and customer service		✓	✓
Procured by HCA (Could result in one or more plans per county)			✓
Required to incorporate Bree Collaborative and Health Technology Assessment program recommendations			✓
Caps aggregate provider reimbursement at 160% of Medicare			✓
Subject to a floor on reimbursement for primary care services (135% of Medicare) and reimbursement of rural hospitals (101% of cost)			✓
Requires carriers to offer a bronze plan (in addition to silver and gold)			✓
Carriers required to offer to participate in the Exchange		✓	

Standard Plan development process

- Ongoing close collaboration between Exchange, HCA, and OIC
- Exchange convened a workgroup including carriers, consumer advocates, providers, and business and labor representatives to inform plan design process
- Exchange consulted with carriers to solicit technical feedback
- Exchange contracted with Wakely Consulting to conduct actuarial analysis of plan designs
- Public comment period on standard plans was held from Oct. 18 – Nov. 18
- Standard plan designs unanimously approved by Exchange Board on Dec. 5
- Open and transparent process – all materials available at: https://www.wahbexchange.org/about-the-exchange/cascade-care-2021-implementation/

2021 Standard Plan Designs: Key Outcomes

- Lower deductibles
- Ensure access to services before the deductible
  - Including preventive care, primary care, urgent care, mental/behavioral health services and generic drugs
- Include co-pays to provide transparency and predictability of costs for consumers
- Provide bronze plans that include high-value services before the deductible, at a potentially lower price point
- Provide high-value options for consumers in every county
- Maximize federal premium tax credits (silver plan design)
- Establish a strong foundation for the public option

2021 Standard Plan Designs

Benefits	Standard Gold	Standard Silver	Standard Bronze
Deductible ($)	$500	$2,400	$5,700
MOOP ($)	$5,750	$7,900	$8,150
Emergency Room Services	$400	$800	40%
Urgent Care	$35	$65	$100
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	$500*	$800*	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	$15	$25	$45
Specialist Visit	$35	$65	$90
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	$15	$25	$45
Advanced Imaging (CT/PET Scans, MRIs)	$300	30%	40%
Speech Therapy	$20	$40	40%
Occupational and Physical Therapy	$20	$40	40%
Preventive Care/Screening/Immunization	$0	$0	$0
Laboratory Outpatient and Professional Services	$15	$35	40%
X-rays and Diagnostic Imaging	$25	$60	40%
Skilled Nursing Facility	$300**	$800**	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$300	$600	40%
Outpatient Surgery Physician/Surgical Services	$50	$200	40%
Generics	$10	$20	$30
Preferred Brand Drugs	$55	$70	40%
Non-Preferred Brand Drugs	$90	$200	40%
Specialty Drugs (i.e. high-cost)	$90	$200	40%
Ambulance	$375	$375	40%
Routine Eye Exam for Children	$0	$0	$0
All Other Benefits	20%	30%	40%
Federal AV	81.74%	71.29%	63.36%

***Per day copay, limit of 5 copays per stay; ** Per day copay**
Shaded items are not subject to the deductible

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Next steps

- 2021 standard plan designs will be used by HCA in their public option procurement
  - Plan designs will be adjusted slightly in 2020 to comply with federal regulations
- Exchange developing marketing and outreach materials for Cascade Care, informed by focus groups and consumer testing
  - Goal to develop tools and materials that will help consumers select a plan based on factors that are important to them – such as, cost, network, customer service, and quality

HCA procurement role in Cascade Care

- State Procured Standard Qualified Health Plans (QHPs):
  - Requires HCA, in consultation with HBE, to contract with health carriers to offer state procured standard QHPs (public option plans) for 2021 plan year
    - Plans to be available through the Health Benefit Exchange, maintain all federal and state requirements for QHPs
  - Carriers that choose to participate must offer gold, silver andbronze standard benefit designs approved by HBE Board
  - Plans must include provider reimbursement rate caps and certain quality and value requirements

Cascade Care purchasing standards

- Affordability opportunity - Legislation outlines reimbursement caps and floors for health carriers payments to providers:
  - Cap set at aggregate of 160% of Medicare
  - Floors set such that primary care physicians may not be paid less than 135% of Medicare, and rural critical access hospitals or sole community hospitals not less than 101% of Medicare (allowable costs)
- Quality and value participation requirements:
  - Must incorporate recommendations of the Robert Bree Collaborative and health technology assessment program
  - Additional requirements that align to state agency value based purchasing (VBP), focus on maintaining and improving health

HCA approach in developing Cascade Care purchasing standards

Guiding principles for program development:

- Strive to increase affordability and value, while aligning with state purchasing standards
- Success is dependent on carrier and provider participation; administrative barriers to participation should be minimized
- Program development and refinement will be a continual process; initial development will lay the groundwork for phasing in additional requirements/standards

Proposed Bree Collaborative standard approach

Legislative requirement:

- The qualified health plan must incorporate recommendations of the Robert Bree Collaborative

Proposed approach:

- Participating Cascade Care carriers required to implement a subset of Bree Collaborative recommendations and report on progress (note: Bree recommendations broken out by stakeholder; carriers would implement 'health plan' recommendations)
  - HCA selects recommendations/topics for all carriers to implement, and
  - Each carrier selects recommendations/topics to implement

Proposed Bree Collaborative recommendation requirements – all carriers

Elective Total Knee and Total Hip Replacement Bundle and Warranty (2013 and 2017)*

Hospital Readmissions (2014)*

Behavioral Health Integration (2017)*

Opioid Use Disorder Treatment (2017)

Low Back Pain (2013)*

* Link to Bree health plan implementation guidance

Additional Bree Collaborative topic areas


Obstetrics (2012)*


Cardiology (2012)*


Elective Lumbar Fusion Bundle and Warranty (2014 and 2018)*


Elective Coronary Artery Bypass Surgery Bundle and Warranty (2015)


Bariatric Surgical Bundled Payment Model and Warranty (2016)


Spine SCOAP (2013)*


End-of-Life Care (2014)*


Addiction and Dependence Treatment (2015)*


Prostate Cancer Screening (2016)*


Pediatric Psychotropic Drug Use (2016)*


Guidelines for Prescribing Opioids for Pain (2015-Present)*


Alzheimer's Disease and Other Dementias (2017)


Hysterectomy (2017)


LGBTQ Health Care (2018)


Collaborative Care for Chronic Pain (2018)


Suicide Care (2018)

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Areas in development for 2019 and beyond

Guidelines for Prescribing Opioids for Pain Ongoing

Maternity Bundled Payment Model

Palliative Care

Shared Decision Making

Harm to Self and Others

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Proposed Health Technology Assessment standard approach

Legislative requirement:

- The qualified health plan must incorporate recommendations of the health technology assessment program

Proposed approach:

- Participating Cascade Care carriers required to provide a baseline report on alignment of their coverage criteria to Health Technology Clinical Committee (HTCC) decisions and report progress made during the year

Health Technology Assessment review areas (1 of 2)

Vagal nerve stimulation for epilepsy and depression (2020)*	Pharmacogenomic testing for selected conditions: behavioral health treatments (2017)
Tinnitus: non-invasive, non-pharmaceutical treatments (2020)*	Fecal microbiota transplantation (2016)
Stem cell therapy for musculoskeletal pain (2019)*	Negative pressure wound therapy (2016)
Cell-free DNA prenatal screening for chromosomal aneuploidies (2020)*	Autologous blood or platelet-rich plasma injections (2016)
Femoroacetabular impingement syndrome - re-review (2019)*	Bronchial thermoplasty for asthma (2016)
Whole exome sequencing (2019)*	Spinal injections (2016)
Proton beam therapy - re-review (2019)	Extracorporeal membrane oxygenation (2016)
Sacroiliac joint fusion (2019)	Cardiac stents (2016)
Peripheral nerve ablation for limb pain (2019)	Tumor treating fields (Optune®) (2016)
Tumor treating fields (Optune®) - re-review (2018)	Lumbar fusion for degenerative disc disease (2015)
Positron emission tomography (PET) scans for lymphoma - re-review (2018)	Tympanostomy tubes in children (2015)
Pharmacogenomic testing for patients being treated with anticoagulants (2018)	Bariatric surgery (2015)
Surgery for symptomatic lumbar radiculopathy (2018)	Imaging for rhinosinusitis (2015)
Gene expression profile testing of cancer tissue (2018)	Testosterone testing (2015)
Genomic micro-array and whole exome sequencing (2018)	Appropriate imaging for breast cancer screening in special populations (2015)
Continuous glucose monitoring - re-review (2018)	Functional neuroimaging for primary degenerative dementia or mild cognitive impairment (2015)
Chronic migraine and chronic tension-type headache (2017)	Screening and monitoring tests for osteopenia/ osteoporosis (2014)
Varicose veins (2017)	Proton beam therapy (2014)
Extracorporeal shock wave therapy (2017)	Facet neurotomy (2014)

* Review open | Link to Health Technology reviews

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Health Technology Assessment review areas (2 of 2)

Nonpharmacologic treatments for treatment-resistant depression (2014)	Positron emission tomography (PET) scans for lymphoma (2011)
Hip resurfacing (2013)	Applied behavioral analysis (ABA) therapy for autism (2011)
Hyaluronic acid/ viscosupplementation (2013)	Glucose monitoring (2011)
Cardiac nuclear imaging (2013)	Vertebroplasty, kyphoplasty and sacroplasty (2010)
Carotid artery stenting (2013)	Knee joint replacement or knee arthroplasty (2010)
Catheter ablation procedures for supraventricular tachyarrhythmia (SVTA) including atrial flutter, atrial fibrillation (2013)	Routine ultrasound for pregnancy (2010)
Cochlear implants: Bilateral versus unilateral (2013)	Breast MRI (2010)
Cervical spinal fusion for degenerative disc disease (2013)	Spinal cord stimulation (2010)
Hyperbaric oxygen (HBO2) treatment for tissue damage (2013)	Calcium scoring (2009)
Stereotactic radiation surgery and stereotactic body radiation therapy (2012)	Electrical neural stimulation (ENS) (2009)
Vitamin D screening and testing (2012)	Bone growth stimulators (2009)
Intensity modulated radiation therapy (2012)	Vagal nerve stimulation (2009)
Robotic assisted surgery (2012)	Artificial discs (2008)
Upper endoscopy for GERD and GI symptoms (2012)	Computed tomographic angiography (CTA) (2008)
Bone morphogenic proteins for use in spinal fusion (2012)	Arthroscopic knee surgery (2008)
Sleep apnea diagnosis and treatment in adults (2012)	Implantable infusion pumps (2008)
Microprocessor-controlled lower limb prosthetics (2011)	Discography (2008)
Osteochondral allograft and autograft transplantation (2011)	Virtual colonoscopy or computed tomographic colonography (CTC) (2008)
Femoroacetabular impingement (FAI) syndrome (2011)	Upright/ positional MRI (2007)

Link to Health Technology reviews

Primary Care definition

Legislatively mandated standard:

- Reimbursement for primary care services, as defined by HCA, provided by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine

Proposed approach:

- HCA has developed a primary care definition for a Medicaid/PEBB/SEBB primary care spend contract requirement, starting in 2020;
- Primary care definition includes provider type and service-base (e.g., ambulatory setting)
- HCA will provide codes and definitions in procurement

B&O tax exemption

Legislatively mandated exemption:

- Providers participating in all QHPs (including Cascade Plans) eligible to receive B&O tax credit
- B&O tax credit applies to amounts received by a health care provider for services performed on patients covered by state procured standard QHPs (public option plans), including reimbursement from the qualified health plan and any amounts collected from the patient as part of his or her cost-sharing obligation (SB 5526, Section 9)

Proposed approach:

- Require use of a plan identifier to uniquely identify public option plans and/or identify public option plan enrollees through the creation of an enrollee ID

Next steps – snap shot of procurement timeline

Tasks	Date
Procurement updates and presentations to stakeholder work groups	(June – December) October – December
Detailed rating methodology discussions, modeling	December - January
Public comment period on draft concepts	December - January
Procurement/Solicitation released	February 2020
HCA review of procurement	Spring 2020
OIC review and approval of plans	May 2020 filing; September 2020 approval
HBE board certification	September 2020

Appendix

- Dr. Robert Bree Collaborative- Health Plans Implementation:
  - www.breecollaborative.org/implementation/health-plans/
- Health Technology Assessment reviews:
  - www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews
- HCA Cascade Care site:
  - www.hca.wa.gov/about-hca/cascade-care

General Questions:

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