

In the Matter Of:

2018 ACA "COST-SHARING REDUCTIONS" (CSRs) AND AMENDED RATES

HEARING

October 23, 2017

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BEFORE THE
MARYLAND INSURANCE ADMINISTRATION

2018 ACA "COST-SHARING REDUCTIONS" (CSRs)
AND AMENDED RATES

MONDAY, OCTOBER 23, 2017
9:00 - 9:31 A.M.

MARYLAND INSURANCE ADMINISTRATION
200 ST. PAUL PLACE
24th FLOOR
BALTIMORE, MARYLAND 21202

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REPORTED BY: LINDA BAHUR, RPR

1 PANEL MEMBERS:

2 AL REDMER, MARYLAND INSURANCE COMMISSIONER

3 ROBERT MORROW, ASSOCIATE COMMISSIONER OF LIFE & HEALTH

4 LISA HALL, ESQUIRE, ATTORNEY GENERAL'S OFFICE

5 CATHY GRASON, CHIEF OF STAFF

6 BRAD BROBAN, SENIOR ACTUARY

7 TODD SWITZER, CHIEF ACTUARY

8

9

10 PUBLIC SPEAKERS:

11 SHEILA TROWER

12 CHET BURRELL, CEO CAREFIRST

13 ALAN MCCARTY

14 VINNY DEMARCO

15 ADRIENNE ELLIS

16 UNIDENTIFIED SPEAKER

17 ROBIN ELLIOTT

18 CHRIS HARRIS (via phone)

19

20

21

22

1 H E A R I N G

2 COMMISSIONER REDMER: All right. Good
3 morning. I have 9 o'clock, and welcome. Most of us
4 would probably not -- would prefer not to be here, but
5 I appreciate you joining us. And thank you to
6 everybody that is joining on the phone.

7 I would remind you that if you're on the
8 phone, unless you're speaking, if you can please keep
9 us on mute. That would be helpful.

10 Good morning. My name is Al Redmer. This
11 is yet another public hearing dealing with 2018 rates
12 for the Affordable Care Act. This hearing will be
13 limited to the individual market.

14 With me at the table to my right is Bob
15 Morrow. He's the Associate Commissioner of Life and
16 Health. To his right is Lisa Hall, an attorney with
17 our Attorney General's office. To my left, Chief of
18 Staff, Cathy Grason. To her left is Brad Boban, one
19 of our actuaries, senior actuary. And to his left is
20 our chief actuary, Todd Switzer.

21 We appreciate you being here and apologize
22 for the late notice. We are responding to statements

1 that have come from the White House indicating that
2 the cost sharing reduction reimbursements to carriers
3 will be eliminated. We expect that the loss to the
4 two carriers in that market would be approximately
5 \$100 million.

6 As a reminder, Maryland law requires us, as
7 regulators, to require that insurance rates are
8 actuarially justified. They must be adequate but not
9 excessive nor unfairly discriminatory. And we have
10 reached the conclusion that the elimination of these
11 reimbursements would result in our previously-approved
12 rates being out of compliance with Maryland law.

13 Just a review of the process that has taken
14 place. Last Monday afternoon we reopened our
15 electronic rate filing system which gave the carriers
16 the ability to refile amended rates. Since then, we
17 have been in constant communication with the carriers,
18 the Health Benefit Exchange, and the appropriate
19 federal agencies. We have received rate requests from
20 the carriers. That review is currently ongoing,
21 again, with constant communication between us and the
22 carriers.

1 questions about the process.

2 (No response)

3 COMMISSIONER REDMER: Okay. If not, Todd.

4 MR. SWITZER: Good morning. Thank you for
5 being here.

6 To focus on the cost-sharing reduction
7 population that is getting this impact, to clarify,
8 that that applies to people that are at 100 percent of
9 FPL up to 250 percent of federal poverty level.

10 To try to use an example to characterize
11 what that might mean to people tangibly, we expect
12 that the average deductible in Silver, and Silver next
13 year will be about \$3,800. And for the people in
14 these federal poverty level categories, if the only
15 variable were the deductible, the cost share that the
16 insured pays, that \$3,800 could come down to as low as
17 \$750. Again, if that were the only variable. So a
18 significant reduction in the out-of-pocket costs for
19 the CSR people.

20 The \$100 million will not be provided to
21 carriers. To be assessed, the Silver level works out
22 this way: Carriers have projected for '18, a total of

1 about 210,000 members. So we start at the total
2 population. The number that's Silver is about
3 130,000. So that's about 63 percent. And the portion
4 that's just on-Exchange is about 96,000 members. So
5 that 96,000 member subset is where this cost is being
6 placed for pricing. There are 20 other states who
7 have taken this methodology, and that's what we have
8 been evaluating.

9 One aspect that I brought out about the
10 premium tax credit I'll get to after relaying exactly
11 for the Silver what kind of renewal has been put
12 forward. So it was approved on August 25th, prior to
13 this news from the White House. For CareFirst, HMO
14 was a 31 percent, 31.4, and that was about -- there
15 was about 51,000 members projected in that category.

16 The first submission has been iteration
17 since then, but the first submission was to bring that
18 up to 60.1. So a 27.8 percent.

19 The next category for the PPO for
20 CareFirst, 2,800 members, approved on August 25th, was
21 52.1 percent. Initial submission for 86.1, for a 34
22 percent increase. And for Kaiser with 41,000 members,

1 for the members of the media, if you have any followup
2 that you need information for, Tracy is the contact
3 person.

4 Also, we are communicating to the carriers,
5 and I should have mentioned this previously, that in
6 the event that CSRs start again, we will be looking
7 for a mechanism to make sure that any folks that have
8 been adversely affected by the increase will somehow
9 find a way to be made whole.

10 And with that, we will then go to the
11 carriers to see if they can provide a few comments.
12 I'll start with Kaiser.

13 MS. TROWER: I'm Sheila Trower with Kaiser.
14 We were disappointed that the federal administration
15 chose to go down the path of not funding CSRs and we
16 were very reluctant to make a change at this point in
17 the game, but it was necessary for us to make the
18 change that we could stay in the market.

19 COMMISSIONER REDMER: Understanding, I
20 know, that Todd and Bradley have been in constant
21 communication with your team. Anybody else have any
22 comment? Bob?

1 MR. MORROW: No.

2 COMMISSIONER REDMER: Lisa?

3 MS. HALL: No.

4 COMMISSIONER REDMER: Thank you.

5 CareFirst? Anybody from CareFirst here?

6 UNIDENTIFIED SPEAKER: Should be some folks
7 on the phone.

8 COMMISSIONER REDMER: Okay. Anybody from
9 CareFirst on the phone?

10 MR. BURRELL: Yes. This is Chet Burrell
11 from CareFirst.

12 COMMISSIONER REDMER: Hey, Chet.

13 MR. BURRELL: I'll just say only that we
14 are working closely with the MIA team and hope to come
15 to a quick resolution.

16 COMMISSIONER REDMER: All right. Thank
17 you, Chet.

18 Any questions? All right.

19 Thank you, Chet.

20 We will now take feedback from interested
21 parties. And first, we have -- is it Alan McCarty?

22 MR. MCCARTY: That will be me. My name is

1 Alan McCarty. I'm a resident in Monrovia, Maryland.

2 COMMISSIONER REDMER: Would you like to
3 take a seat here so we can see you?

4 MR. MCCARTY: Sure.

5 COMMISSIONER REDMER: Thank you.

6 MR. MCCARTY: My wife and I both work
7 together. We work through an LLC as husband and wife,
8 so that's why we're in the individual market. That's
9 where we get our insurance. And we've seen in the
10 last few years, of course, like everyone else, the
11 rate levels, the cost goes up and our practice has
12 been a tradedown in coverage.

13 So we started several years ago at a
14 Platinum level and then we came down to the Silver
15 level. And now it looks like we're going to be going
16 to the Bronze level next year. Of course, the price
17 that we'll pay for the Bronze is 10,000 more than we
18 paid for the Platinum level.

19 Being a small business, we bear all of our
20 expenses ourselves. We're also commission-based sales
21 representatives, so we don't make a dime until the
22 customer finally pays. So it's just the two of us out

1 there. And it's a hard business environment. And
2 also expense increases like this, especially as we get
3 up in years and we're trying to put away as much as we
4 can for retirement, grandchildren, et cetera, we don't
5 take it lightly. I know you all don't take it lightly
6 in your evaluation.

7 I appreciate the opportunity to be here and
8 also appreciate -- last night I reviewed all of this
9 information you had available on the website and I was
10 amazed at the detail that I could read through your
11 process and the facts and just had a better
12 understanding of the process. I'm sure I don't have a
13 full understanding, but I have a better awareness now
14 because of this process.

15 And I guess I also want to say that. And I
16 support initially there were some reports that the
17 Silver plan was not going to be the only plan that
18 would be impacted by this additional rate, that you
19 were also looking at maybe having the Bronze, for
20 example, contribute to that. And I think it's fair in
21 what you're doing -- I believe CareFirst had requested
22 that -- that it be contained with the Silver, because

1 person, two people, how do they afford insurance if
2 they're in the same individual market or if they're
3 uninsured? That, I don't understand, and I don't
4 understand why that group couldn't be combined with
5 something else, especially when the numbers are so
6 small.

7 That was the other thing that was kind of
8 alarming. I think I read there were only 2,400 being
9 affected by the Silver PPO last year in the individual
10 market with 2,400. That's a tiny drop. But anyway, I
11 appreciate the time.

12 COMMISSIONER REDMER: Thank you. Thank you
13 for the comments. It's very helpful.

14 Regarding the small group-based plans,
15 sadly, when the Affordable Care Act was structured,
16 all of this stuff was laid out by the feds. So we
17 have very little wiggle room to change anything, and
18 that's one of the things we can't change.

19 But just curiously, have you worked with a
20 broker at all?

21 MR. MCCARTY: Yes.

22 COMMISSIONER REDMER: In an effort to find

1 --

2 MR. MCCARTY: Yes. In going back prior to
3 Affordable Care, this was another learning experience
4 for me, was that if we would hire an employee, it was
5 suggested that was in their 20s, that that would bring
6 our cost down for us to have. And, you know, we were
7 just kind of floored by that. So, you know, you
8 wonder, and being older you hear about how it's harder
9 for older folks to get a job, well, my goodness, who
10 would get hired?

11 COMMISSIONER REDMER: Right.

12 MR. MCCARTY: This was quite an experience.
13 But since then, I have talked to a broker in different
14 areas and I was told what you related, that we are
15 limited at this point to the individual market

16 COMMISSIONER REDMER: Until you hire that
17 initial employee?

18 MR. MCCARTY: Well, until we hire our next
19 employee. But economically for us, that doesn't work.
20 And also just the idea of bringing someone in a short
21 time or whatever to game the system --

22 COMMISSIONER REDMER: No. I understand.

1 MR. MCCARTY: -- is not really what we're
2 about too.

3 COMMISSIONER REDMER: Thanks again. I
4 appreciate that. Vinny DeMarco.

5 MR. DEMARCO: Thank you, Commissioner.
6 First of all, on behalf of the Maryland Healthcare
7 Coalition, we want to commend you and your staff and
8 Michelle and her staff for all you're doing to make
9 the Affordable Care Act work under these trying
10 circumstances. We certainly greatly appreciate
11 Governor Hogan's terrific letters opposing repealing
12 of the Affordable Care Act and his support for the
13 Alexander Murray bill to put the CSRs in place.

14 We thank you for saying that if that
15 happens, we'll go back and protect people. It's very,
16 very important that the CSRs happen. We commend the
17 attorney general, Brian Frosh, for going to court to
18 block that and hoping legislation will pass. But in
19 the meantime, as you are recognizing, we have to do
20 what we can under the present circumstances.

21 In addition, as you know, I, along with
22 your colleague, Joe Fitzpatrick, a member of Maryland

1 Health Insurance Protection Coverage Commission, and
2 that commission is going to look at ways to protect
3 Maryland from problems like this. We can't be
4 dependent on the vagaries of the federal government
5 these days. So we need to do what we can to do that.

6 And we heard great testimony, including
7 from Todd, about what's out there. And I believe that
8 we're going make recommendations to the legislature
9 which will protect Maryland from having hearings like
10 this. We don't want that to happen.

11 So finally, though --

12 COMMISSIONER REDMER: Thank you.

13 MR. DEMARCO: Yeah. Okay. Yeah. I'm
14 going to work hard to make sure that happens. I think
15 that's a goal of our commission.

16 But in addition, I think it's very
17 important for the public to understand that what we're
18 talking about here today are the insurance rates of
19 people in these ACA plans. We need to protect them.
20 Very important. But outside of the ACA, the vast
21 majority of Marylanders have not seen these tremendous
22 amounts. In fact, have seen decreases in insurance

1 rate hikes. That is a fact that is not out there
2 enough, and I believe that part of that is a result of
3 the Affordable Care Act. Huge drop in uncompensated
4 care, what we call a hidden healthcare tax.

5 We intend to work to figure that out
6 because I think it's important for the public to know
7 that the Affordable Care Act has helped everyone.

8 So again, Mr. Commissioner and Michelle,
9 thank you for all you're doing. We stand ready to
10 work with you to make sure that the Affordable Care
11 Act works. And I want to thank Kaiser and CareFirst
12 for all you're doing also to make sure the Affordable
13 Care Act works for the people in our community.

14 COMMISSIONER REDMER: Thank you. Any
15 questions? Thank you.

16 And is it Adrienne Ellis?

17 MS. ELLIS: Yes. Can I just speak from
18 here or do you want me to go up there?

19 COMMISSIONER REDMER: Sure

20 MS. ELLIS: I'll be very brief, because I
21 signed up to speak before you announced that the rate
22 increases were going to be only for the Silver

1 are going to increase," minimizing that to the fewest
2 number of people possible I think is going to be more
3 beneficial to the uninsured rate in Maryland.

4 So thank you for making the decision.

5 COMMISSIONER REDMER: Thank you, Adrienne.

6 Any questions for her? Thank you.

7 Burt?

8 UNIDENTIFIED SPEAKER: I've been on the
9 plan for the past years. I guess now I have a
10 question for you. I'm in a Blue Cross plan.
11 Unfortunately, I don't qualify for any help. So is
12 the increase going to be according to what Blue Cross
13 asked for? They only ask for people who were getting
14 the CSR, but your comment in the paper said that
15 everybody conceivably could get an increase.

16 COMMISSIONER REDMER: So what I said was we
17 were looking at all of our options. That was one of
18 the options. So the only folks that are going to be
19 affected is if you are purchasing through the Exchange
20 a Silver plan.

21 UNIDENTIFIED SPEAKER: Okay. So if I'm
22 purchasing off the --

1 COMMISSIONER REDMER: If you are purchasing
2 off the Exchange, you will not be affected.

3 UNIDENTIFIED SPEAKER: Okay. Good.

4 COMMISSIONER REDMER: You're good.

5 UNIDENTIFIED SPEAKER: I mean, it's keeping
6 it affordable. I'm not happy, but, you know, that's
7 the way it is.

8 COMMISSIONER REDMER: I love making people
9 happy. Robin Elliott?

10 MS. ELLIOTT: Robin Elliott. Thank you
11 very much. I'm here today representing Consumer
12 Healthfirst, and we have written testimony. In our
13 written testimony, we do ask that the focus be on the
14 Silver plans on the Exchange. So we thank you very
15 much for agreeing with us, and you've always been a
16 great partner.

17 We're really hopeful that there could be
18 some solution at the federal level and that we will be
19 back here. But in the meantime, we appreciate very
20 much mitigating the effect on the consumers.

21 I wanted to highlight something that
22 Adrienne said, which is we are concerned about

1 confusion on the market. And so this really limits it
2 and also touches face with what Mr. DeMarco said about
3 the perceptions of the public and looking at the real
4 cost of insurance increases across all segments.

5 So thank you very much.

6 COMMISSIONER REDMER: All right. Thank
7 you, Robin.

8 That's it for the folks that have signed
9 up. If anybody has a last-minute thought, I'll be
10 happy to hear it, but I'm going to pause right now and
11 go to the folks on the phone.

12 Is there anybody on the phone that would
13 like to make any comments? Anybody at all?

14 MR. HARRIS: Yes. Thanks for this, by the
15 way. And, you know, if I've been listening, I have no
16 doubt that everyone is working their hardest to try to
17 make the best of a tough situation. And I'm listening
18 to all the numbers and I don't have all of my
19 information in front of me. I wish I was more
20 prepared.

21 So from the consumer point of view, someone
22 who has family members on the individual market and

1 has seen their rates nearly double every year with not
2 only not a corresponding increase in coverage, but a
3 decrease in coverage and increase in deductible, this
4 process has been difficult. Our daughter has a
5 preexisting condition. One of the reasons why we
6 continue to purchase healthcare despite the pain is
7 that because without health insurance, we would not be
8 able to afford her medications. Without her
9 medications, she would go from being a scholarship
10 student to being probably a person dependent on
11 constant care, probably having seizures or even fatal
12 seizures.

13 So, you know, I'm trying to remain sort of
14 level-headed as I listen and consider all this being
15 said and I just -- I'm going to look over our
16 information.

17 One thing I will -- I would like to ask
18 before I stop is I've been in contact with our carrier
19 and I'm not really going to be able to know the full
20 impact of the rate increases until it sounds like the
21 first of November, which is when open enrollment, the
22 shortened open enrollment starts. And so I want to

1 (No response)

2 All right. Hearing none, I'll come back to
3 the folks that are here, see if there's anybody else
4 that has comments that they would like to make.

5 Okay. If not, again, I appreciate you
6 coming. I apologize for the short notice but, as
7 indicated, these are unusual circumstances, and we
8 will consider all of the information and feedback that
9 you received, including the written comments, and
10 we'll be making a final decision just as soon as we
11 can. So thanks again for coming.

12 Folks on the phone, thank you for joining
13 us. Have a great day.

14 (Hearing concluded at 9:31 a.m.)

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1 STATE OF MARYLAND)

2 COUNTY OF HARFORD)

3

4 I, Linda Bahur, a Notary Public of the State
5 of Maryland, do hereby certify that the
6 above-captioned proceeding took place before me at the
7 time and place herein set out.

8 I further certify that the proceeding was
9 recorded stenographically by me and this transcript is
10 a true record of the proceedings.

11 I further certify that I am not of counsel to
12 any of the parties, nor an employee of counsel, nor
13 related to any of the parties, nor in any way
14 interested in the outcome of this action.

15

16

17

18 _____
Linda M. Bahur

19 My commission expires 8/27/2019

20

21

22 Dated: October 24, 2017

<p>\$</p> <hr/> <p>\$100 4:5 7:20</p> <p>\$100M 9:13</p> <p>\$3,800 7:13,16</p> <p>\$360 21:16</p> <p>\$750 7:17</p> <hr/> <p>1</p> <hr/> <p>10,000 13:17</p> <p>10.6 9:2</p> <p>100 7:8</p> <p>130,000 8:3</p> <p>18 7:22</p> <hr/> <p>2</p> <hr/> <p>2 9:5</p> <p>2,400 16:8,10</p> <p>2,800 8:20</p> <p>20 8:6 10:8 21:5</p> <p>20,000 10:8</p> <p>2017 21:4,17</p> <p>2018</p>	<p>3:11</p> <p>20s 17:5</p> <p>210,000 8:1</p> <p>22.7 9:1</p> <p>250 7:9</p> <p>25th 8:12,20</p> <p>27.8 8:18</p> <p>29,000 10:5</p> <hr/> <p>3</p> <hr/> <p>30 10:5</p> <p>31 8:14</p> <p>31.4 8:14</p> <p>33.3 9:1</p> <p>34 8:21</p> <hr/> <p>4</p> <hr/> <p>41,000 8:22</p> <p>46,000 10:6</p> <p>480 21:18</p> <hr/> <p>5</p> <hr/> <p>51,000 8:15</p>	<p>52.1 8:21</p> <hr/> <p>6</p> <hr/> <p>60.1 8:18</p> <p>63 8:3</p> <hr/> <p>8</p> <hr/> <p>86.1 8:21</p> <hr/> <p>9</p> <hr/> <p>9 3:3</p> <p>9.6 9:5</p> <p>95 9:18</p> <p>96,000 8:4,5 9:18</p> <p>9:31 27:14</p> <hr/> <p>A</p> <hr/> <p>a.m. 27:14</p> <p>ability 4:16</p> <p>ACA 19:19,20</p> <p>accelerated 5:3</p> <p>Act 3:12 15:16 16:15 18:9,12 20:3,7,11,13</p> <p>actuarial 5:8</p>	<p>actuarially 4:8</p> <p>actuaries 3:19</p> <p>actuary 3:19,20 6:21</p> <p>addition 18:21 19:16</p> <p>additional 14:18 21:22</p> <p>adequate 4:8</p> <p>administration 11:14</p> <p>Adrienne 20:16 22:5 23:22</p> <p>advanced 21:3</p> <p>adversely 11:8</p> <p>advise 26:18</p> <p>advocate 21:14</p> <p>affected 5:15 9:12 11:8 21:9 22:19 23:2</p> <p>afford 16:1 25:8</p> <p>affordable 3:12 15:16 16:15 17:3 18:9,12 20:3,7, 10,12 23:6</p> <p>afternoon 4:14</p> <p>agencies 4:19</p> <p>agreeing 23:15</p> <p>Alan 12:21 13:1</p>
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