In The Matter Of:

Georgia Department of Coummunity Health

Hearing, PM Session November 21, 2019

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GEORGIA 1332 WAIVER

BY MR. MATTHEW KRULL:

Good morning. I'm Matthew Krull, Health Policy Counsel at The Department of Community Health, in the office of General Counsel.

Today is November 21, 2019 and it is now 1:00 p.m.

This is a public hearing on reinsurance and Georgia Access, Section 1332 State Relief Waiver.

This public notice was issued by Governor Brian

Kemp on November 4th of 2019. This notice is incorporated into these proceedings.

Pursuant to 31 CFR Section 33.112 and 45 CFR Section 155.1312, the State will provide a public notice and comment period prior to submitting the application for a new Section 1332 Waiver.

On November 4, 2019, the governor issued a press release opening the 30-day public comment period of this notice.

The public comment period will expire on December 3, 2019. Individuals wishing to provide written comments on or before December 3, 2019, may submit comments through an online web form located at medicaid.georgia.gov/patientsfirst, or mailed to the office of the governor, care of

1 Ryan Loke, 206 Washington Street, Suite 115, 2 State Capitol, Atlanta, Georgia 30334. Comment letters must be postmarked by December 3, 2019, to 3 be accepted. 4 5 At the conclusion of the comment period, all oral comments presented today will be transcribed 6 7 and included in the final waiver application. 8 you wish to make oral comments, please sign the 9 appropriate roster on the blue table in the back. At this time, does anyone needs the services 10 11 of the sign language interpreter? 12 You may be at ease. 13 At this time, I'd like to introduce Mr. Blake Fullenwider, Chief Health Policy Officer, 14 from The Department of Community Health, to give 15 an overview of the 1332 Waiver application. 16 BY MR. FULLENWIDER: 17 18 Great. Thanks Matt. 19 Good afternoon, ladies and gentlemen. 20 to reiterate, if you would like to make comments

I want to thank all of you for being with us today. I first want to start by providing some background information on the Georgia Access

today, please see Kirsten in the back of the room

and she will get you added to the roster.

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Waiver, what led up to this draft waiver that is before you today and what's gone into it.

As you may know, Senate Bill 106 was passed by the Georgia General Assembly and signed by Governor Kemp back on March 27, 2019. And this legislation, among other things, grants the governor authority to submit one more Section 1332 innovation waivers to The Department of Health and Human Services and United States Treasury.

The 1332 Waiver or waivers must be submitted on or before December 31, 2021. And approval of one or more 1332 Waivers, Senate Bill 106 authorizes the state to implement the waivers.

1332 Waivers waive provisions of the Patient Protection and Affordable Care Act otherwise known as ACA, to pursue innovative strategies that promote access to high-quality, affordable healthcare insurance. The legislation or, excuse me, the waivers themselves lay out four statutory guardrails, within which all waiver applications must meet, they must fulfill.

And the first is comprehensiveness, meaning that the 1332 waiver application must provide coverage to citizens at least as comprehensive as

would be provided absent the waiver.

Affordability: The waiver must provide cost sharing protections against excessive out-of-pocket spending and be just as affordable absent the waiver. Coverage must be comparable -- must include a comparable number of residents. And in terms of the federal spending, it must be deficit-neutral for the federal government.

So those are the four statutory guardrails within which we are seeking to operate.

The waiver process began in June of this year with the completion of two environmental scans, both of which are located on the DCH website and you can find those located under The Patients First Act tab. We looked at both the Georgia healthcare landscape, as well as the national healthcare landscape, to make sure that we have a comprehensive understanding of the individual health insurance marketplace in the state.

We then convened a workgroup of approximately 55 key stakeholders in July to review those environmental scans and begin the waiver development process.

Throughout the summer and into the fall, we, working with our consulting team, developed this Draft 1332 Waiver which we're calling Georgia Access and was issued for public notice on November 4, 2019, by Governor Kemp's office.

We have, along the way, consulted with The Centers for Medicaid and Medicaid Services at the Federal level and have appreciated their guidance as we have worked to develop these draft options for public comment.

Today is the fifth of six public hearings that we are holding across the state. We have been to Savannah, Macon, Bainbridge, Gainesville and today here in Rome, and then tomorrow will be in Kennesaw for public comment periods. And again, we will accept written comments either by mail or through a web link that will be provided later in the presentation. Again, through December 3rd of this year.

I want to touch on Georgia Access a little more specifically and identify core goals that we developed that we're seeking to address.

First was to reduce premiums, particularly in high-cost regions of the state. Georgia has 16 insurance rating regions, and the premiums

that are established in each region have a great deal of variation depending on where you're located.

We wanted to incentivize carriers to offer plans in more counties across the state. Today, approximately 3/4 of Georgia counties only have one insurance carrier offering coverage to its residents. We wanted to foster innovation to provide better access to coverage, expand choice and affordability for consumers, attract uninsured individuals to the market, who today have chosen to remain uninsured for one reason or the other.

We wanted to maintain access to qualified health plans and catastrophic plans, and very importantly, we have sought to maintain all protections for individuals with pre-existing conditions.

And so while we are expanding the array of plans that may be marketed and made available to consumers, we are requiring that in all regions that plans with pre-existing condition protections be available to those who seek that coverage.

Key features of the program include phase

one, which is the establishment of a state-based reinsurance program with the goal of stabilizing what is now a volatile market. And we also believe that in stabilizing the market, the reinsurance program will have the affect of reducing premiums on average 10 percent statewide, and attracting and retaining carriers to markets particularly those in rural areas of the State, where only one carrier is offering coverage today.

In phase two, which would begin in plan year 2022, we are seeking to waive Georgia's participation in the federally facilitated exchange or Healthcare.gov and transition Georgia's individual market to the Georgia Access Model, which would leverage commercial web-brokers and carriers who would assist with plan selection and enrollment process, and would make the state-based subsidy available to consumers who qualify.

Again, the reinsurance program would begin in 2021 under the terms of the draft waiver and the Georgia Access feature would begin in plan year 2022.

More specifically, as it relates to the

reinsurance program, we are seeking to establish a claims-based reinsurance model with the parameters as listed here.

The attachment point would be established at \$20,000. Meaning, once \$20,000 worth of claims for an individual have been accrued by a carrier control then the reinsurance program would then begin to take effect for subsequent claims.

There would be a cap of \$500,000 in incurred claims for the reinsurance program. And the tiered co-insurance rate is the amount of the payment from the reinsurance plan to the primary carrier, and it varies according to tier one through three rating region, from 15 percent, 45 percent, and 80 percent.

Again, with a strategy to address the highest-cost regions in the state.

We are seeking, through this design, to target an average 10 percent reduction in premiums statewide.

In terms of Phase two of the Georgia Access Model, we are leaning on the private sector to assist consumers with shopping and comparing and purchasing private health insurance plans, as well as providing education, outreach and

customer service. The state would be responsible for certain back-end operations such as plan certification, subsidy eligibility calculations, payment of subsidies, and program oversight and compliance.

A couple of things that will remain the same. First is access to qualified health plans and high-deductible health plan options, protections for individuals with pre-existing conditions, subsidies to support affordability that mirrors the federal subsidies structure, for, at a minimum, plan year 2022.

We believe that the benefits of Georgia

Access include the ability to have a wider array
of plans for consumers to select what works for
them, the ability to enroll and reenroll directly
with carriers if they're happy with their
coverage, expand consumer choice through
eligible, non-qualified health plans, if that is
what they choose to enroll in, and provide
flexibility for the state to ensure that the
program continues to meet the specific needs of
the citizens of the State of Georgia.

Again, comment period is open and you are invited to submit written comments through

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1	December 3, 2019 to:
2	Ryan Loke
3	Office of the Governor
4	State Capitol
5	206 Washington Street
6	Suite 115
7	Atlanta, Georgia 30334.
8	At this time, I'll turn it back over to Mr.
9	Krull, who will begin our public comment period.
10	And I want to thank everyone for taking time out
11	of your day to be with us today.
12	We look forward to your comments.
13	BY MR. KRULL:
14	Thank you, Blake.
15	At this time, I'll go down the roster and
16	give each person who has signed up an opportunity
17	to speak. Please limit your comments to 10
18	minutes and keep your comments limited to the
19	issues that directly relate to the proposed
20	notice.
21	At the end of your time and if you have not
22	completed your presentation, I may ask for a
23	brief closing statement. You'll be able to
24	submit remaining comments in writing.
25	When you do make your comments, please come

down to the microphone.

With that said, I will call Laura Colbert.

BY MS. LAURA COLBERT, REPRESENTING GEORGIANS FOR A

HEALTHY FUTURE:

Thank you. Good afternoon. My name is

Laura Colbert, I am the executive director of

Georgians for a Healthy Future.

As I mentioned this morning, our organization works for a day when all Georgians have access to the quality, affordable health care they need to live healthy lives and contribute to the health of their communities.

Our organization served as an enrollment assistor organization for three years at the beginning of the Affordable Care Act marketplace, as that was rolling out. We also publish, annually, the Getting Georgia Covered report, which compiles data from about consumer enrollment, plan availability and costs for marketplace plans and it combines interviews with enrollment assistors and marketplace enrollees to give, really a picture of what the consumer's experience is like within the ACA marketplace.

And that allows us to better understand what consumer experiences are, with respect to private

insurance and also, to help others understand what is happening in the marketplace, and how consumers can be better served by private insurance.

We've learned from these experiences and these conversations over a number of years and these are some of our biggest takeaways from consumers.

Number one is that the insurance is really to understand, it is, even with all of the improvements and progress that have been made over the last decade after the Affordable Care Act, insurance is complicated and often very difficult for the average consumer to to feel like they really comprehend how to use their coverage and what their coverage will cover.

Many are unaware that they, they or others in their community may be eligible for financial assistance through the affordable care act. We do hear from consumers outside the Atlanta area about the limited choice of insurance plans.

Almost all consumers expressed that they want their plans to cover more, not less. They are often very disappointed or angry if their plan doesn't cover all the services they expected.

And many can really manage premiums
especially those who are getting financial help
on the marketplace but people really struggle
with the combination of premiums and cost
sharing. So when they have to pay that full
deductible, especially if it's multiple years in
a row, that can be a real struggle for folks.

The Georgia Access Plan attempts to address consumer costs with it's proposed reinsurance program. GHF is supportive of this part of the proposal and it's a positive step forward for the state. Unfortunately, the rest of the proposal undermines many of the benefits of the reinsurance program and really exacerbates some of the current challenges of consumers.

We are concerned about the elimination of healthcare.gov. This is a really powerful tool for consumers despite its rocky rollout. It's had some significant improvements over the last number of years. It remains the only unbiased platform with no financial state in selling one plan versus another. It is also one of the few places on the web where there is a standard presentation of plans, comprehensive plans, that makes it easy for consumers to compare apples to

apples.

By moving consumers to web-brokers or private insurance company websites, they will have to be able to discern comprehensive coverage from other plans; and we already know that those health literacy skills are not sufficient to be able to do this. This task is very challenging.

So many will struggle to understand what their choices are. Some will enroll in a plan that doesn't meet their needs and they will do that knowingly. And some will fall through the cracks, entirely, and I think that the state's proposal does not necessarily count for a rise in insured amount of people who are in the transition from Healthcare.gov to a more decentralized enrollment process.

The waiver further purposes to allow financial assistance to be applied to substandard plans that don't have to meet the minimum standards of the Affordable Care Act. This is likely to push up the cost for comprehensive coverage, as healthy Georgians enroll in skinny plans, leaving sicker Georgians to cover the full cost of comprehensive plans.

Because financial assistance is based on

premiums for comprehensive coverage, and then comprehensive coverage prices will rise, providing all eligible Georgians will cost more than what's budgeted currently in the proposal.

The state's purposed financial cap, if hit for this reason or any other reason, for example, a higher than anticipated enrollment, will mean some eligible Georgians won't get any financial help.

We did a little bit of secret shopper and for a consumer here in Rome, who makes 105 percent of PL, so about \$13,000 a year, they will currently pay \$48 per month in premiums and have an \$84 deductible. If Georgia were to hit that cap and that consumer enrolled and was unable to financial assistance, their premium will jump \$506 a month with a \$3,000 deductible; and that would add up to 71 percent of their annually income.

The proposal is also unclear about how the restructuring of financial assistance will affect cost sharing assistance for consumers in the 100 to 250 percent FPL income range, and if that cost sharing assistance is removed, many of those consumers will expect -- should expect to pay

much higher out-of-pocket costs.

In order to make these changes, of course the waiver proposes to waive a number of critical consumer protections, which we wanted to make sure to highlight in our comments. Some of those protections are a network adequacy. Georgia already has the narrowest provider networks in the country, and by eliminating the protections in the Affordable Care Act, the applied marketplace plans, consumers are at risk for even -- for reduced access to care, being more than they are already.

The waiver would also waive requirements around plan disclosure. Given that the state is proposing to move away from Healthcare.gov, we think it's very important to maintain strict requirements about what information is available to consumers in how that's presented, so that they can easily understand their choices.

Another protection waive is mental health parity, which of course, is the requirement that the mental health services are covered by insurers in the same way that physical health services are. Substandard plans already frequently leave out mental health services,

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along with prescription drugs and maternity care.

By waving parody, this would really compromise

even comprehensive plans and allow them to cut

corners in a way that would make accessing mental

health and substance use recovery services.

Treatment and recovery service is very difficult.

Further, by waiving the requirement for all plans to cover the 10 essential health benefits, we're really putting a certain category of Georgians at risk; those include those families with children, women, those who are and aren't pregnant and all people with pre-existing or chronic conditions. Despite the state's plan that it will maintain protections for pre-existing conditions, this really hinges on the waiver statement that QHPs will have to maintain those protections, and also, will be disallowed for medical underwriting, however this leaves a couple of unanswered questions, which are really important for answering in determining whether those pre-existing conditions -- or protections are really maintained.

One is, could plans have varied rates based on non-health factors, like gender or age?

Could plans omit entire benefit categories

like prescription drugs or mental healthcare and still be eligible for financial subsidies?

Will these substandard plans have to comply with nondiscrimination provisions of the Affordable Care Act, Section 1557?

Will insurers be required to maintain the comprehensive plan in all rating areas? And, will all comprehensive plans be available in all counties of the state?

These are all -- would be very important questions for people with pre-existing conditions and consumers in Georgia really deserve the answers to those questions before this waiver is approved.

I will also just note that the body seems to be in charge of deciding the answer to these questions, the office of health strategy and coordination does not yet exist and there's no guarantee that consumer representation or voice will be taken into account in this new office's activities or considerations.

Other than the few recommendations we, GHS as I mentioned, supports the proposed reinsurance plan. We recommend that the state move forward with that. We also recommend that the state

1 maintain the current financial assistance and not 2 allow financial help to apply to substandard or non-QHPs. We recommend removing the cap on 3 premium subsidies and maintaining a centralized 4 5 enrollment through healthcare.gov. And finally, we recommend investing in targeted in-person, 6 7 community based outreach and enrollment efforts. 8 We know that there are a lot of eligible and 9 uninsured Georgians who qualify for financial help, and qualify for ACA plans, who are not yet 10 enrolled and that is largely because they are 11 12 unaware. 13 And so an investment in outreach and enrollment assistance would be very valuable. 14 That's the end of my comments. I thank you, 15 very much for the opportunity and we will submit 16 17 in writing as well. BY MR. FULLENWIDER: 18 19 Thank you, Laura. 20 BY MR. KRULL: Thank you, Ms. Colbert, for your comments. 21 Next is Amanda Ptashkin. 22 23 BY MS. AMANDA PTASHKIN, REPRESENTING COMMUNITY 24 CATALYST: Good afternoon and thank you for allowing me 25

the chance to speak. My name is Amanda Ptashkin I am the project manager for The Southern Health Partner's Project by Community Catalyst and a 10 year resident of Georgia.

I would like to first, fully endorse the comments just submitted by Laura Colbert of Georgians for Healthy Future. Prior to my joining Community Catalyst, I was actually at Georgians for Healthy Future at the start of the Affordable Care Act of 2010. I was the first navigator for the organization in 2014, when the Healthcare.gov launched.

So that is to say that literally, on day one, I was helping consumers, when the website crashed, when the website worked, and helped to successfully bring people coverage that had not had it in the past. So this is a very personal issue for me and something I think is really important as we look towards making sure that people have access to affordable quality healthcare.

I would like to say, again, in relation to Laura's comments, I would applaud the state on the reinsurance plan. I definitely think that that is a step in the right direction, but also

to her point, the other, more concerning parts of the waiver can offset some of those benefits. And that's what I would like to discuss.

The changes really do turn back the clock for Georgia consumers. The plan undermines protections for people with pre-existing conditions, including those with mental health disorders, makes it harder for people to shop comprehensive coverage and limits the amount of financial assistance available to them, to help Georgians lower their costs; which I understand is a very important aim and goal of this waiver.

I would like to speak a little bit about the dismantling of Healthcare.gov and the move towards brokers and insurers as the (indiscernible) for people to get coverage. As I mentioned, as a navigator, I was an unbiased voice to help someone move through the process. I had no vested interest in one plan or another as to what they chose. I was not financially incentivized or otherwise paid because of their selection. And I really do think that that is valued by consumers and something that they didn't take for granted. I am very much concerned with moving away from Healthcare.gov,

into a place where people are financially incentivized to move someone from one plan or another. That is also to say that, in this new environment, new plans, skimpy plans, short-term plans, and other things are now available that have a very distinct look like a full comprehensive plan, but they aren't. And so my concern is that consumers are going to buy a product thinking it's one thing and then it is going to be too late when something happens in their life, car accident, a cancer diagnosis, et cetera. That would ultimately show them that they don't have care.

What we see is a lot, actually, pop-up in the news. There was an article last week that specifically spoke about a Pennsylvania woman that had a back injury and thought she had something covered that wasn't. So that is a great concern. And again, when someone is incentivized towards a plan, I worry about the bias there and worry about people being upfront with what they're actually purchasing. And again, they'll find out too late to actually have any positive impact or opportunity to change that.

As Laura also mentioned the elimination of mental health parity is definitely of great concern. We've worked very hard over the last several years to make sure that mental health is treated on par as physical health issues are. In removing that and taking a step back is definitely setting us further back as a state.

Also to the point that Laura made: outreach and enrollment. What we have seen over the last several years prior to the 2016 election was that the insured rate was going down drastically in Georgia we were seeing close to 4,000 people get coverage through the exchange.

As of yesterday, I think the federal government sent out the latest enrollment numbers and we are about 13 percent lower than we were at the same time last year for open enrollment. That means people in Georgia are not going and enrolling, they're confused and they're not taking advantage what's already available to them, and I worry that this waiver will further complicate that issue.

Also to the point, we saw a great reduction nationwide in the outrage and enrollment efforts that were funded by the federal government,

including the navigator program. That has seen an 80 percent reduction over the last two years. So again, people aren't out there talking about what is available, people are falling through the gaps and further confusion is allowed to reign free.

And my final comment, really again, is related to something I said this morning related to the process of these comment collection hearings. I, again, very much appreciate the opportunity to be here and that my work allows me to take the time to do this, but this is not very much minded towards the average consumer, a provider, someone in the community that really wants to engage in this process because of the timing and location of these events.

I appreciate that the state has done six of them, or will be doing six by the end of the week, but a 9:00 o'clock and 1:00 o'clock time doesn't take into account people's real lives.

And as I believe you really do want to engage people, I think the state needs to think harder about how that's done. And to Laura's point, again, about the creation of a new administration piece, how are consumers going to be at the table

1 and how do we make sure that those voices are 2 heard. Again, I thank you very much for the time 3 and the opportunity to speak. 4 5 BY MR. FULLENWIDER: Thank you, Amanda. 6 7 BY MR. KRULL: 8 Thank you, Ms. Ptashkin, for your comments. 9 Last person is Jim Moore. BY MR. JIM MOORE, REPRESENTING NAMI: 10 Good afternoon. I want to read a -- well, 11 12 my name is Jim Moore, my wife and I are residents 13 of Rome. For the last 20 years we've been involved in an organization called NAMI, which 14 15 stands for the National Alliance of Mental Illness. And we've been involved with this 16 17 because of our youngest daughter having multiple mental illnesses. Thank God she has always been 18 19 cared for through my insurance, being retired 20 military. So I had insurance that she is able to hook that up with her Medicare. 21 I've been involved long enough to see that 22 23 we are lucky compared to so many others who don't 24 have access to any care. It kind of grieves my heart when I find out that one of our local 25

mental health providers that has programs recently declined accepting patients who had insurance because they are no longer able to do that. So when they're out looking for providers that accepted insurance, they have to look outside of our own community in the areas.

Let me give you an example of what happened personally to myself and my wife with our youngest daughter that picked up several mental disorders in the last few months, which was anorexia. Anorexia is very pervasive illness that is indeed a mental health diagnosis. She got down, and lost 20 pounds and we needed to do something.

We were unable to find any, anyone whatsoever, locally and then we started looking especially, when someone would accept Medicare and our secondary. We ended up going to Johns Hopkins in Baltimore to find help. There is no help around here.

So many of our providers refused to take any insurance, so they're paying out of pocket. So \$1900 a day and she was in a hospital for five weeks. We were a little bit beyond what my retirement check is.

So let me read you, if I can find it, a comment, because the last two presenters were right on target when they spoke about parity. You know, our nation probably went through 10 years of discussion at the national capital, trying to make mental illness on par with, believe it or not, other physical disabilities. And we all know that we're in the business of mental health, it is physical disability. But unfortunately, for years it was not treated as such. And it's not fixed by any stretch of the imagination now, but with this new proposed change that the governor is working on, we wish it all the world.

But let me just address this.

"It is critically important that mental health parity be a mandated component of any of these health insurance plans. We would like to see, in any waiver proposal, Georgia move much more decidedly and intentionally toward the enforcement of the federal parity legislation. Any loss of federal mandated protection for those with mental illnesses or families that are seeking mental

1 healthcare, make it harder for people to 2 shop for comprehensive coverage. And of course, it limits the amount of financial 3 assistance available to Georgians to help 4 5 lower their cost." "Implementation of parity here, in 6 7 this state, will insure that families with 8 mental health care needs access -- that 9 they have access to care, that's equal to those who have physical health needs." 10 11 That completes my statement and thank you 12 for your time. And we would love to be able to 13 flood this building here with people like us and of the same interest but unfortunately, you see 14 what we have here today. 15 Thank you. 16 BY MR. FULLENWIDER: 17 18 Thank you. BY MR. KRULL: 19 20 Thank you, Mr. Moore, for your comments and 21 being here. At this time we would like to thank each of 22 23 you for coming out today to provide oral comments. Let me reiterate that the public 24 25 comment period for these proposed changes will

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1
         expire on December 3, 2019.
 2
               As I indicated earlier, written comments
 3
         will be introduced into the official record, as
         well as the transcription of the oral comments
 4
 5
         that we've heard this afternoon.
 6
               Thank you, once again, for your attendance.
         There being no further person who wishes to make
 7
 8
         a comment, this public hearing is adjourned at
 9
         1:34 p.m.
10
               (Hearing adjourned at 1:34 p.m.)
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1 CERTIFICATE 2 STATE OF GEORGIA: 3 4 5 I hereby certify that the foregoing transcript was taken down, as stated in the 6 7 caption, and the questions and answers thereto were reduced to writing under my direction; 8 9 that the foregoing pages 1 through 31 represent a true and correct transcript of the evidence 10 given. 11 12 13 I further certify that I am not of kin or counsel to the parties in the case; am not in 14 15 the regular employ of counsel for any of said 16 parties; nor am I in anywise interested in the result of said case. 17 18 19 This, the 30th day of November , 2019. 20 21 22 23 24 Jane P. Day, CCR 5722-2335-0164-6848 25

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