# HEALTH CARE ACCOUNTABILITY ORDINANCE (HCAO)

#### Minimum Standards Review & Revisions

Health Commission Meeting ■ July 19<sup>th</sup>, 2022





EFFECTIVE DATE

July 1, 2001



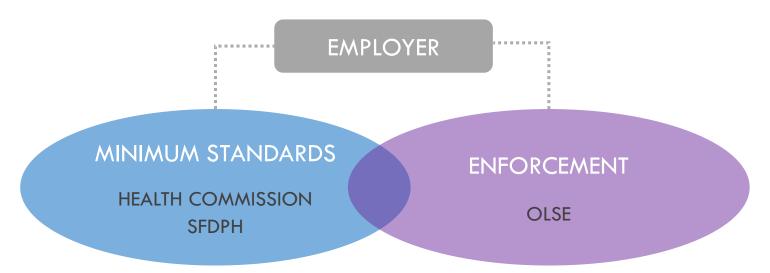
SF contractors & lease holders



Covered employers provide health insurance that meets the Minimum Standards or pay a fee



Compliant health plan must meet <u>all</u> the standards, and they are reviewed/updated at least every 2 years



- Updates Minimum Standards
- Reviews health plan compliance

- Audits employers
- Responds to worker complaints
- Negotiates settlements
- Coordinates payment plans

The Health Commission has sole **HEALTH** authority to revise the Minimum COMMISSION Standards OFFICE OF Advisory role, partners **HCAO POLICY &** with DPH to develop **PLANNING** WORKGROUP recommendations. (DPH)

Provides research, analysis, and works with stakeholders to develop recommendations.





### WORKGROUP

DPH convened to review& recommend MinimumStandard revisions



### **MEETINGS**

4 meetings May-June 2022



### **MEMBERS**

13 individuals representing: employers, labor unions, brokers, health plans, and city agencies.



### OUT-OF-POCKET MAX

The maximum amount a consumer will be required to pay out in a year.

# DEDUCTIBLE

The amount a consumer pays out in a year before the health plan begins to pay for covered services.

### COINSURANCE

Percentage of the charge for medical care that the consumer must pay.



A flat dollar amount the consumer pays for a covered service, each time it's used.

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Tax-exempt reimbursement account used for qualified health care expenses. Only employers may contribute to an HRA. Funds roll over from year to year, and ultimately belong to the employer.



# HEALTH SAVINGS ACCOUNT (HSA)

A tax-free savings account for health expenses, when coupled with a high deductible health plan. Employers & employees may contribute; funds belong to the employee.



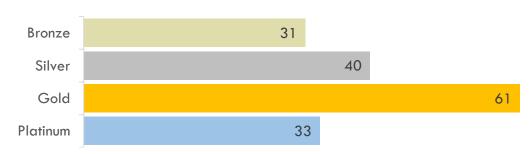
### HEALTH PLAN ANALYSIS

- Mostly gold- and platinum-level plans are compliant with the current Minimum Standards – only two silver and zero bronze plans were found to be compliant.
- Decreased availability in compliant silver plan driven by increases in coinsurance and copays.

165

TOTAL PLANS ANALYZED (SF SMALL GROUP HEALTH PLAN ANALYSIS: Q3 2022)

#### **PLANS REVIEWED BY TIER**





### WORKGROUP THEMES

Shared priority to continue supporting healthcare access and affordability

Increasing difficulty over the years to ensure reasonably affordable options for both employers and employees.

Need for framework that would expand available silver plans to employers, and decrease cost responsibility to employees

| STANDARD                | CURRENT  | RECOMMENDATION            |
|-------------------------|--|---------------------------|
| Type of plan            | Any type of plan that meets all the minimum standards. All gold and platinum plans are deemed automatically compliant. | Maintain current standard |
| 1. Premium Contribution | Employer pays 100%   | Maintain current standard |

**Rationale:** These recommendations will continue preserving the intent of the HCAO and best ensure employees access to affordable health coverage, while supporting employers with clear and simple pathways to comply with the law.



#### **RECOMMENDATION** STANDARD CURRENT 2. Out-of-Pocket Require employer cover OOP expenses up Synced to CA Patient-(OOP) Maximum Centered Benefit Design to 50% of the plan's out-of-pocket OOP limit for a silver maximum. These expenses must be covered on a first dollar basis. coinsurance or copay plan during the plan's Employers may use any health savings or effective date. reimbursement product that supports compliance with this standard. OOP Maximum will remain synced to PCBD

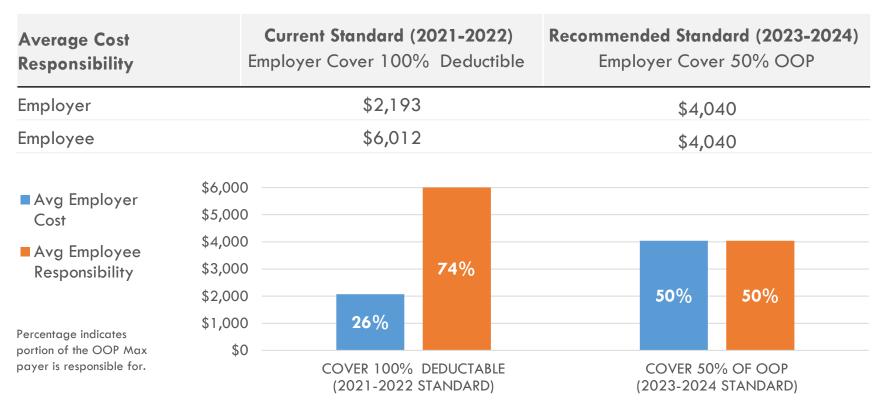
**Rationale:** Recommend change significantly increases the number of compliant silver plans while decreasing the OOP expenses to employees.

OOP Limit.



### EMPLOYEE/EMPLOYER COST RESPONSIBILITIES UNDER NEW OOP STANDARD

Cost Responsibility per Year for Silver Plans (excludes premium coverage by employer)





| STANDARD              | CURRENT   | RECOMMENDATION                       |
|-----------------------|---|--------------------------------------|
| 3. Medical Deductible | \$3,000 maximum   | Retain \$3,000 maximum               |
|                       | The employer must cover 100% of<br>the medical deductible and may do<br>so with any reimbursement product | Remove employer coverage requirement |

**Rationale:** Remove employer coverage requirement given recommendation to require employers cover OOP expenses up to 50% of the plan's OOP Maximum. On average, silver plan deductibles represent 28% of OOP costs, and therefore will still effectively be covered by the employer under the new OOP standard.



| STANDARD                   | CURRENT   | RECOMMENDATION                                 |  |
|----------------------------|-----------|--|--|
| 6. Coinsurance             | Max: 20%  | Max: 40% for in-network services               |  |
| 7. Copayment for PCP Visit | Max: \$50 | Max: \$60 per visit                            |  |
|                            |           | When coinsurance is applied see Requirement #6 |  |

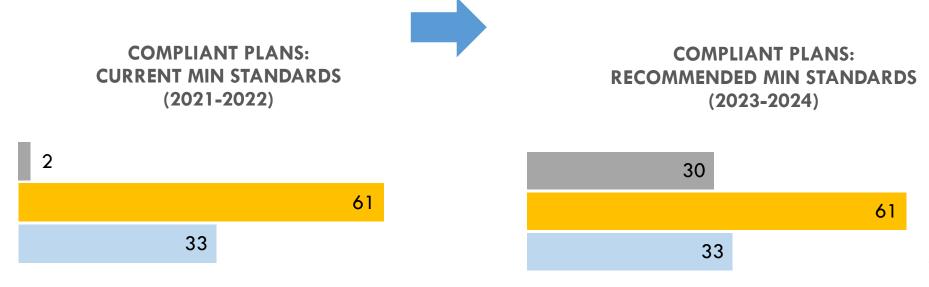
**Rationale:** Both coinsurance and copayments were adjusted to increase availability of silver plans. These costs are required to count towards out-of-pocket costs, and therefor the increase in employer coverage of OOP costs will defray the increases in these two standards.

| STANDARD                        | CURRENT   | RECOMMENDATION            |
|---------------------------------|---|---------------------------|
| 4. Prescription Drug Deductible | Max: \$300  | Maintain current standard |
| 5. Prescription Drug Coverage   | Plan must provide drug coverage, including coverage of brand-name drugs.                | Maintain current standard |
| 8, 11 – 16                      | These Essential Health Benefits are required; cost-sharing must comply with HCAO limits | Maintain current standard |
| 9 – 10                          | Preventive and Pre-/Post-natal care are required at no cost, per ACA rules.             | Maintain current standard |

Rationale: The workgroup recommends no changes to these Minimum Standards.



The recommended changes increase the share of silver plans that employers can choose, from 5% to 75%.



# THANK YOU MEMBERS OF THE WORKGROUP!

- Jane Bosio OPEIU 29
- Cynthia Gomez Unite Here, Local 2
- Felicia Houston Community Forward SF
- Lici Huang Self-Help for the Elderly
- Lynn Jones EPIC
- Tina de Joya and Kris Narahara RAMS, Inc.
- Karl Kramer SF Living Wage Coalition

- Debbi Lerman SF Human Services Network
- Larry Loo Chinese Community Health Plan
- Beverly Popek Office of Labor Standards and Enforcement
- Kim Tavaglione SF Labor Council
- Bill Wong SFO
- Wil Yu Chinese Community Health Plan