

HealthFlex Summit—October 2019

## Using Data to Drive Decisions: 201

## Agenda

- Personal Plan SelectionDetermining the "Right" Plan
- Lowest Cost Plan Analysis
- How Rational Is Plan Choice Behavior?
- Future and Next Steps

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## Use of Data to Inform HealthFlex Decisions



[^1]
## Plan Migration in HealthFlex Exchange



Traditional plan sponsors have 83\% enrollment in B1000 in 2019

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## Personalized Data—Choosing the "Right" Plan

- Explored a pilot with Evive
- Use actual claims data to determine most cost effective plan
- Unable to validate the data and feel comfortable with the results
- ALEX Benefits Counselor
- Participants enter estimated utilization to get a recommended plan
- Ability to track, on aggregate, recommended plans


## Historical Results from ALEX

## Does ALEX ${ }^{\oplus}$ always recommend the H3000?

Recommended Plans for 2018


Recommended Plans for 2019


[^3]
## Why the H3000?



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## Getting to a More Complete Picture

- How can we use data to determine the "right" plan
- Engaged Willis Towers Watson to complete some analysis at the aggregate level



## Participant Out of Pocket Cost Analysis—Overview

- Wespath and Willis Towers Watson conducted an analysis of HealthFlex participants' out-of-pocket costs from 2017 and 2018
- Determine whether participants enroll in the lowest cost plan
- Participant's claims were summarized across nine different medical and Rx categories
- Total cost assumption included
- Provisions for all 6 HealthFlex plans
- HRA and HSA and participant contributions
- Conference-specific premium credit amounts


## Participant Out-of-Pocket Cost Analysis—Assumptions

## Assumptions applied to analysis:

- Services are in-network
- Participants completed their HealthQuotient
- No preventive care services
- Average allowed cost per service used
- Standard order of services used
- Prescription drugs
- Medical services
- Non-covered costs not included
- No personal HSA contributions
- $80 \%$ subsidy rate for non-HealthFlex Exchange conferences


## Participant Out-of-Pocket Cost Analysis-Example

## Participant Only Coverage in Sample Conference

| Type of Service | 2018 \# of Units |  | 2018 Allowed Cost / Unit |  | 2018 Allowed Cost |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Generic Script | 14 |  | \$12 |  | \$163 |  |
| Brand Script | 4 |  | \$59 |  | \$238 |  |
| PCP Visit | 8 |  | \$279 |  | \$2,229 |  |
| Specialist Visit | 1 |  | \$57 |  | \$57 |  |
| BH Visit | 0 |  | \$0 |  | \$0 |  |
| Therapy Visit | 0 |  | \$0 |  | \$0 |  |
| ER Visit | 0 |  | \$0 |  | \$0 |  |
| IP Admit | 0 |  | \$0 |  | \$0 |  |
| OP Procedure | 13 |  | \$122 |  | \$1,580 |  |
| Total |  |  |  |  | \$4,267 |  |
| Type of Service | B1000 | C2000 with HRA | C3000 with HRA | H1500 with HSA | H2000 with HSA | H3000 |
| ut-of-Pocket Cost | \$1,649 | \$2,636 | \$3,696 | \$2,106 | \$2,742 | \$3,802 |
| ntribution | \$0 | $(\$ 1,000)$ | (\$250) | (\$750) | (\$500) | \$0 |
| ant Premium | \$1,368 | \$840 | (\$708) | \$564 | (\$264) | $(\$ 1,440)$ |
| tal Participant Cost | \$3,017 | \$2,476 | \$2,738 | \$1,920 | \$1,978 | \$2,362 |

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## Total Annual Cost Is Not the Only Consideration

## Other consideration include

- Avoid higher deductible plans with potential large out-of-pocket payments
- Prefer the certainty of a copay when they visit the doctor
- Some people find HSA to be more valuable


## This information helps you choose

## Mentimeter Questions

## Initial Insights—Lowest Cost Plan



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## Does Utilization Impact Results?



Lowest Total Cost Plan ( $<\$ 3,000$ in Total Claims)

■ C2000 with HRA $\square$ H1500 with HSA $\square \mathrm{H} 3000$

## Does the Coverage Tier Impact Results?



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## Additional Support for HealthFlex Exchange

Most traditional HealthFlex participants could save money with a plan that is not currently available to them


- H3000
- H2000 with HSA

■ H1500 with HSA

- C3000 with HRA
- C2000 with HRA
- B1000


## Mentimeter Questions

## Analysis of B1000 Enrollment by Plan Sponsor



## Mentimeter Questions

## How Logical Is Plan Choice?



## Next Steps and the Future

- Re-run analysis with 2017 and 2019 utilization data
- How does premium credit impact these results?
- Use analysis to test future plan designs
- Helping individuals make the right choice
- Identify specific circumstances that make plans "best"




## Appendix—Average Projected OOP Cost by Plan

|  |  |  | Average Projected OOP Cost by Plan |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Allowed Claims | \# of Participants | Average Allowed Cost | B1000 | C2000 <br> with HRA | C3000 <br> with HRA | H1500 <br> with HSA | $\begin{gathered} \text { H2000 } \\ \text { with HSA } \end{gathered}$ | H3000 |
| Less than \$1,000 | 1,541 | \$421 | \$268 | \$398 | \$399 | \$421 | \$421 | \$421 |
| \$1,000-\$3,000 | 1,531 | \$1,882 | \$1,141 | \$1,680 | \$1,743 | \$1,678 | \$1,812 | \$1,882 |
| \$3,000-\$5,000 | 958 | \$3,938 | \$1,916 | \$2,813 | \$3,395 | \$2,626 | \$3,222 | \$3,800 |
| \$5,000-\$10,000 | 1,443 | \$7,269 | \$2,778 | \$3,790 | \$5,352 | \$3,400 | \$4,438 | \$6,213 |
| \$10,000-\$50,000 | 2,741 | \$22,810 | \$5,177 | \$6,384 | \$8,523 | \$5,948 | \$7,408 | \$8,773 |
| Over \$50,000 | 902 | \$130,986 | \$7,025 | \$8,493 | \$9,646 | \$8,250 | \$9,204 | \$9,647 |
| Total Average OOP Expenses | 9,116 | \$21,771 | \$3,130 | \$4,005 | \$5,081 | \$3,772 | \$4,555 | \$5,362 |
| Total Average Participant Contributions |  |  | \$4,091 | \$3,231 | \$762 | \$2,803 | \$1,466 | (\$405) |
|  |  |  |  |  |  |  |  |  |

## - Average OOP cost difference of $\$ 2,200$ between B1000 and H3000

- Average annual contribution difference of $\$ 4,500$ between B1000 and H3000

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## Appendix—Lowest Cost Plan by Amount of Claims

|  | Lowest Cost Plan (by \# of Participants) |  |  |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Allowed Claims | \# of <br> Participants | B1000 | C2000 <br> with HRA | C3000 <br> with HRA | H1500 <br> with HSA | H2000 <br> with HSA | H3000 |
| Less than $\$ 1,000$ | 1,541 | 0 | 0 | 5 | 0 | 0 | 1,536 |
| $\$ 1,000-\$ 3,000$ | 1,531 | 0 | 0 | 93 | 32 | 4 | 1,402 |
| $\$ 3,000-\$ 5,000$ | 958 | 3 | 6 | 96 | 244 | 144 | 465 |
| $\$ 5,000-\$ 10,000$ | 1,443 | 6 | 110 | 123 | 762 | 176 | 266 |
| $\$ 10,000-\$ 50,000$ | 2,741 | 21 | 102 | 31 | 1,364 | 186 | 1,037 |
| Over $\$ 50,000$ | 902 | 5 | 54 | 16 | 69 | 49 | 709 |
| Total | $\mathbf{9 , 1 1 6}$ | $\mathbf{3 5}$ | $\mathbf{2 7 2}$ | $\mathbf{3 6 4}$ | $\mathbf{2 , 4 7 1}$ | $\mathbf{5 5 9}$ | $\mathbf{5 , 4 1 5}$ |

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## Appendix—Lowest Cost Plan by Amount of Claims

|  | Lowest Cost Plan (by \% of Participants) |  |  |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Allowed Claims | \# of <br> Participants | B1000 | C2000 <br> with HRA | C3000 <br> with HRA | H1500 <br> with HSA | H2000 <br> with HSA | H3000 |
| Less than $\$ 1,000$ | 1,541 | $0 \%$ | $0 \%$ | $0 \%$ | $0 \%$ | $0 \%$ | $100 \%$ |
| $\$ 1,000-\$ 3,000$ | 1,531 | $0 \%$ | $0 \%$ | $6 \%$ | $2 \%$ | $0 \%$ | $92 \%$ |
| $\$ 3,000-\$ 5,000$ | 958 | $0 \%$ | $1 \%$ | $10 \%$ | $25 \%$ | $15 \%$ | $49 \%$ |
| $\$ 5,000-\$ 10,000$ | 1,443 | $0 \%$ | $8 \%$ | $9 \%$ | $53 \%$ | $12 \%$ | $18 \%$ |
| $\$ 10,000-\$ 50,000$ | 2,741 | $1 \%$ | $4 \%$ | $1 \%$ | $50 \%$ | $7 \%$ | $38 \%$ |
| Over $\$ 50,000$ | 902 | $1 \%$ | $6 \%$ | $2 \%$ | $8 \%$ | $5 \%$ | $\mathbf{7 9 \%}$ |
| Total | $\mathbf{9 , 1 1 6}$ | $\mathbf{0 \%}$ | $\mathbf{3 \%}$ | $\mathbf{4 \%}$ | $\mathbf{2 7 \%}$ | $\mathbf{6 \%}$ | $\mathbf{5 9 \%}$ |

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