

# Health Policy Roundup: Recent Trends in Coverage Enrollment and Affordability

January 21, 2022

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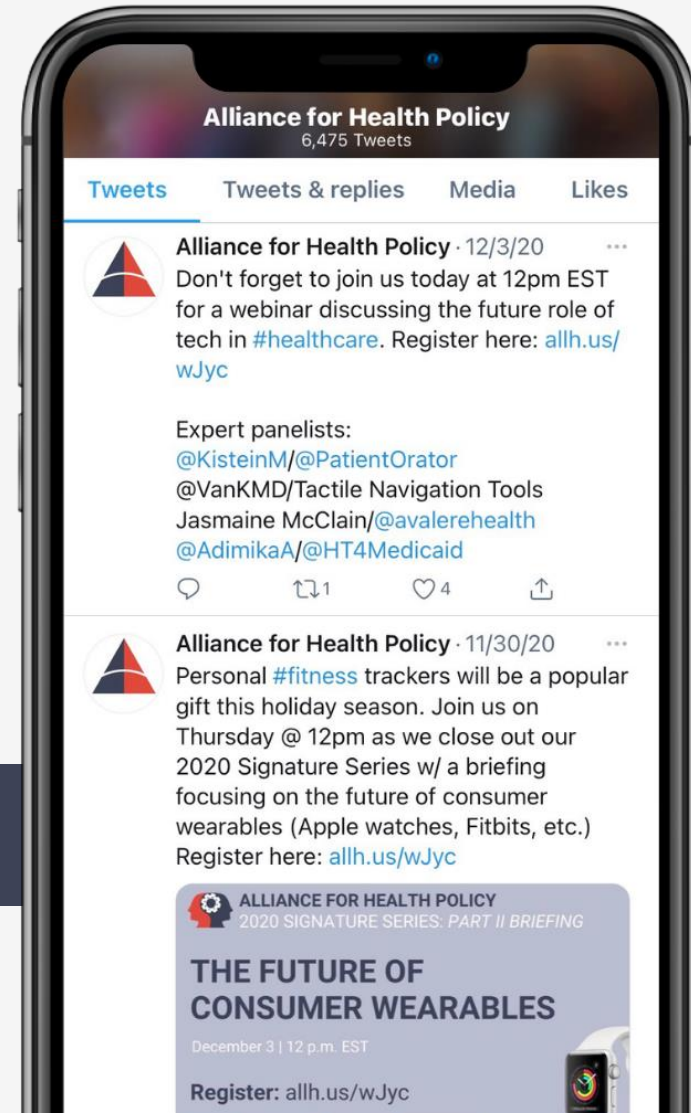


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# Learn More

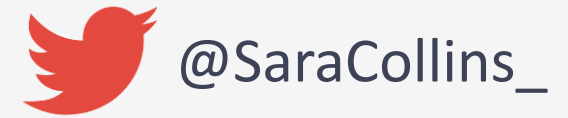
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Additional resources available online »

- Full speaker bios
- Resources list
- Expert list
- Presentation slides
- Recording

[www.allhealthpolicy.org](http://www.allhealthpolicy.org)





## **Sara Collins, Ph.D.**

Vice President for Health Care Coverage and Access  
The Commonwealth Fund



# Trends in the Affordability of Private Insurance

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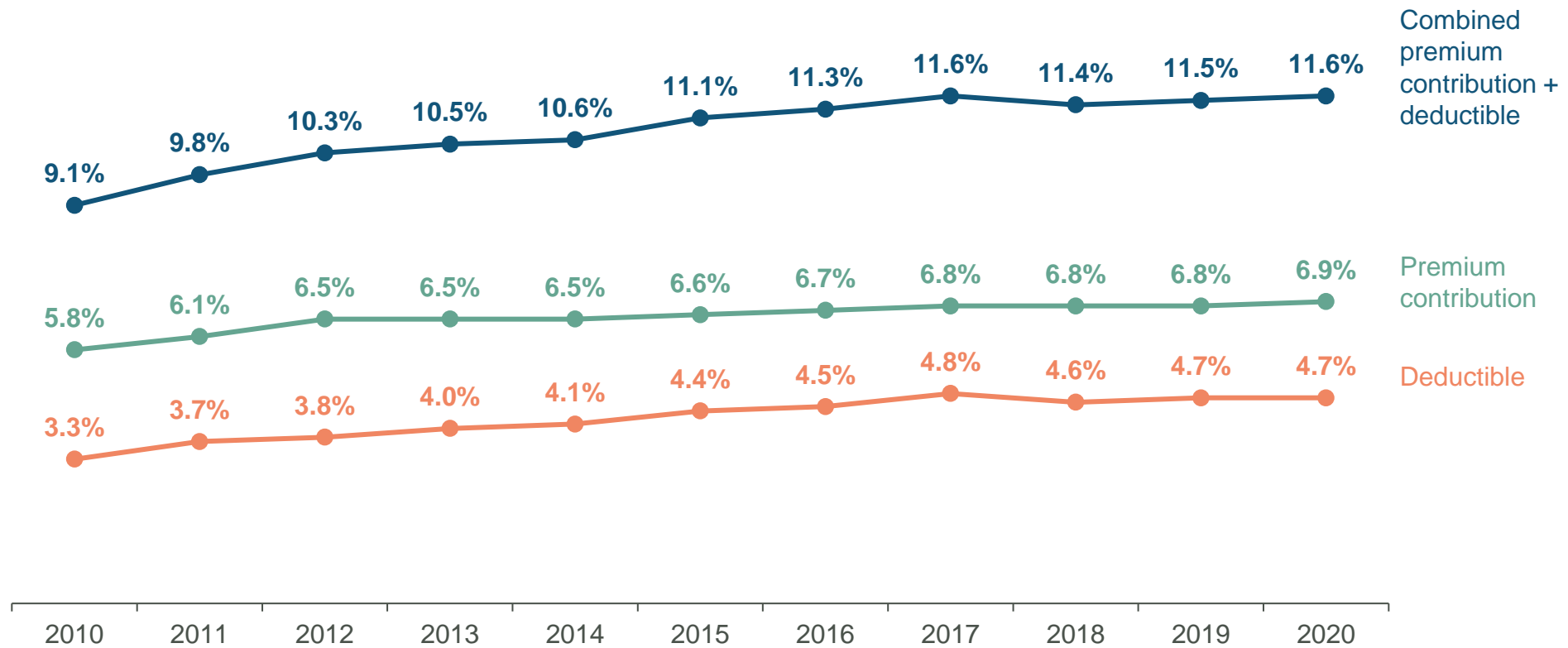
Sara R. Collins, Ph.D. *Vice President, Health Care Coverage, Access and Tracking*



The  
Commonwealth  
Fund

# Premium contributions and deductibles added up to more than 11 percent of U.S. median income in 2020.

Share of median income (%)

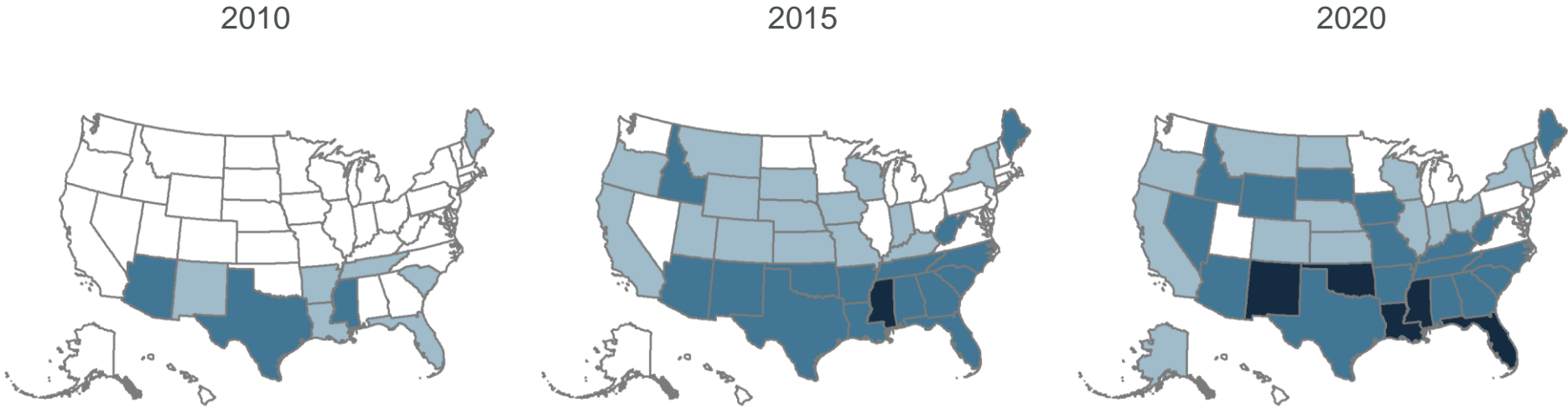


Note: Combined estimates of single and family premium contributions and deductibles are weighted for the distribution of single-person and family households in the state.

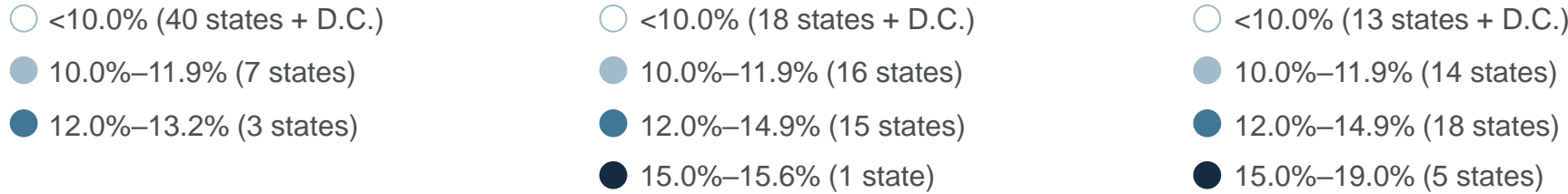
Data: Premium contributions and deductibles — Medical Expenditure Panel Survey—Insurance Component (MEPS-IC), 2010–2020; Median household income and household distribution type — analysis of Current Population Survey (CPS), 2010–2021, by Mikaela Springsteen and Sherry Glied of New York University for the Commonwealth Fund.



# In a growing number of states, worker insurance premium contributions and deductibles make up 10 percent or more of median income.



Average employee share of premium plus average deductible as percent of median state income

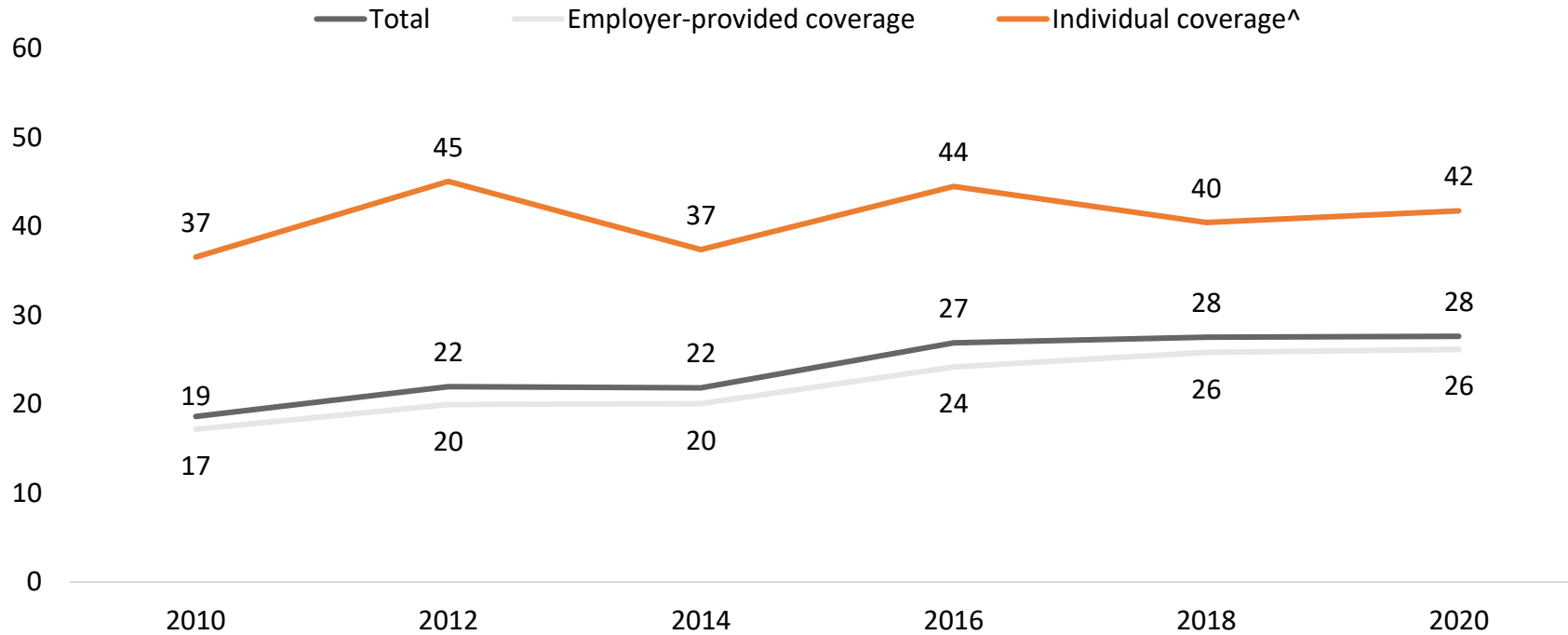


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# One-quarter of adults in employer plans are underinsured; individual market continues to be challenging

Percent of adults ages 19–64 insured all year who were underinsured



Notes: “Underinsured” refers to adults who were insured all year but experienced one of the following: out-of-pocket costs, excluding premiums, equaled 10% or more of income; out-of-pocket costs, excluding premiums, equaled 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Respondents may have had another type of coverage at some point during the year but had coverage for the entire previous 12 months. <sup>^</sup> For 2014–2020, individual coverage includes adults who got coverage in the individual market and the marketplaces.

Data: Commonwealth Fund Biennial Health Insurance Surveys (2010, 2012, 2014, 2016, 2018, 2020).

Source: Sara R. Collins, Munira Z. Gunja, and Gabriella N. Abouafia, *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2020* (Commonwealth Fund, Aug. 2020).

# Panelists



**JoAnn Volk, M.A.**

Research Professor  
Center on Health Insurance Reforms

 @GTownCHIR | @JCVolk



**Annette V. James, MAAA, FSA, FCA**

Principal  
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**Elizabeth Wroe, J.D.**

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**Sarah Dash, MPH**

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*Moderator*





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# Health Policy Roundup

**Annette V. James, MAAA, FSA, FCA**



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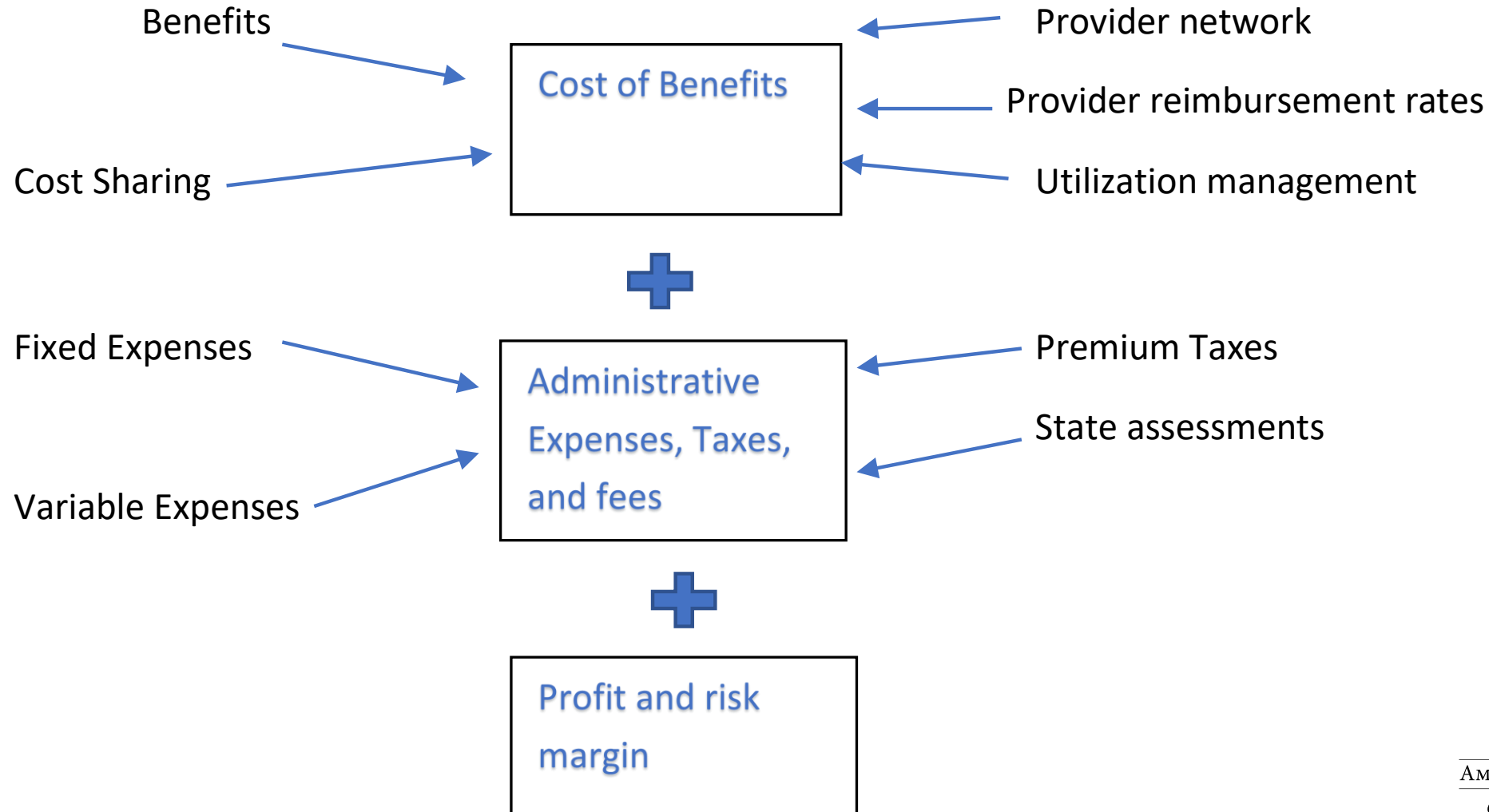
# What Do Actuaries Do?

- Quantify and manage risk
- Health actuaries—how do they fit into the health ecosystem?
  - ▣ Health plans
    - Set premiums
    - Set reserves
    - Design benefits, care management programs, provider contracting arrangements, provider networks, etc.
  - ▣ Governmental agencies and programs
  - ▣ Other





# How Are Premiums Determined?



# Trends

- Increased Focus on:
  - Health equity issues
  - Behavioral health
  - Access
  - Affordability
    - Premiums and cost sharing
  - Equitable benefit design
    - Standardized plans



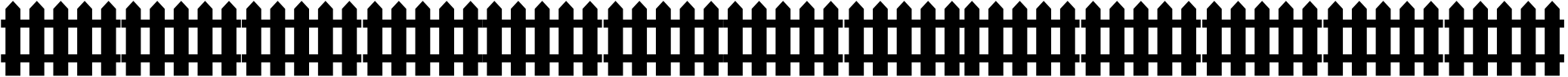
# American Academy of Actuaries

## Health Equity Work Group

- Focus on health equity from an actuarial perspective
  - Evaluate analytical practices in the context of health equity
    - Identify and monitor actuarial data sources and methodologies that may affect health disparities
    - Assess the extent to which these practices contribute to health disparities
    - Explore options for addressing identified actuarial drivers of health disparities
    - Identify areas in which actuarial methods can contribute to improving health equity
    - Recommend changes where appropriate



# Illustrative Benefit Design Example: Utilization Management Tools



Pre-  
Authorizations

Tiered  
Networks

High  
Deductibles



# To Learn More...

- Five discussion briefs—asking key questions
  - [\*Health Equity from an Actuarial Perspective—Questions to Explore\*](#)
  - [\*...—Health Plan Pricing\*](#)
  - [\*...—Health Plan Benefit Design\*](#)
  - [\*...—Provider Contracting and Network Development\*](#)
  - [\*...—Managing Population Health\*](#)
- [HEWG Request for Information](#) due February 15, 2022
- Questions: contact Matthew Williams [Williams@actuary.org](mailto:Williams@actuary.org)





## **Kevin Patterson, MPA, MURP**

Chief Executive Officer

Connect for Colorado Health





**Elizabeth Wroe, J.D.**

Principal

Leavitt Partners



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# Alliance for Health Policy Roundup:

## RECENT TRENDS IN COVERAGE ENROLLMENT AND AFFORDABILITY

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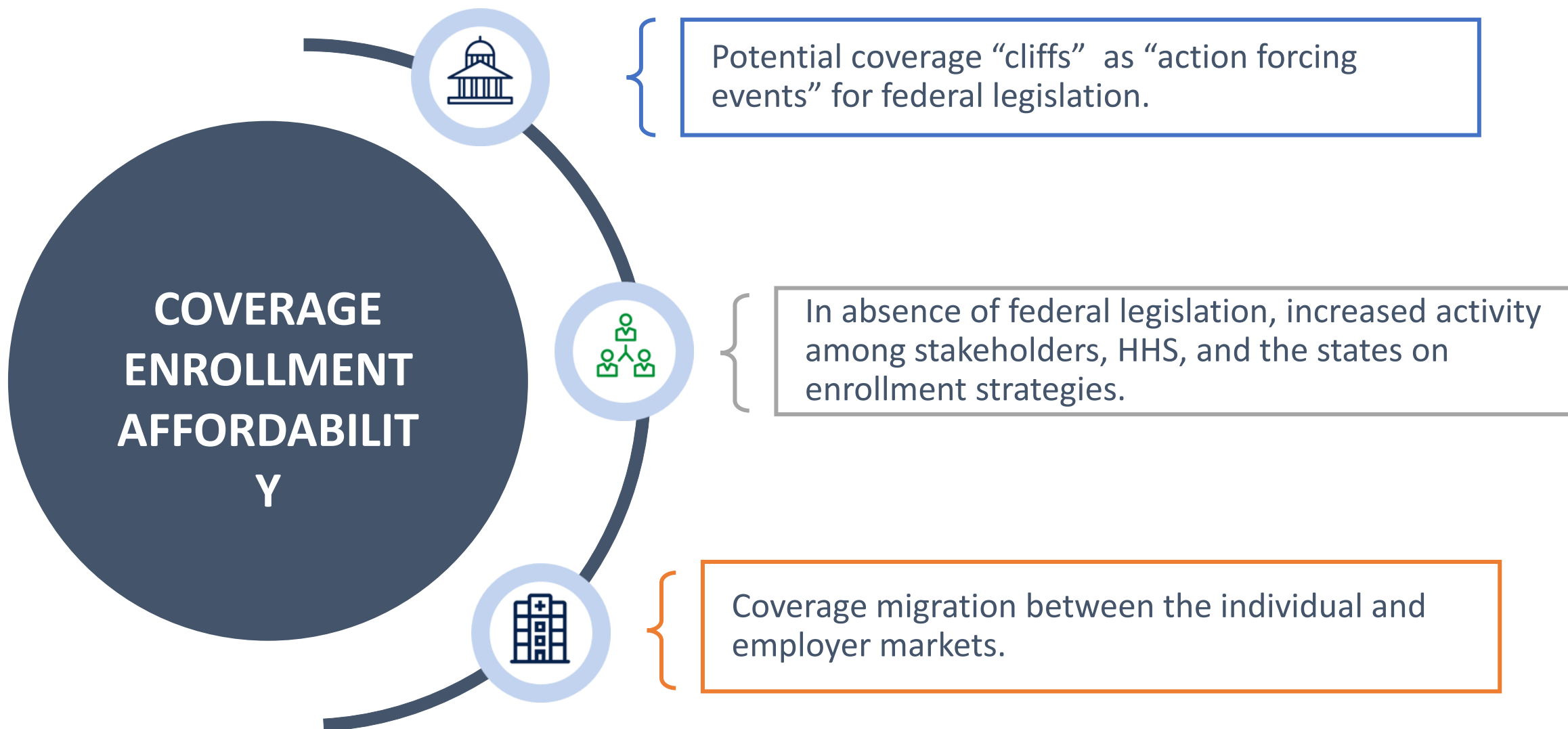
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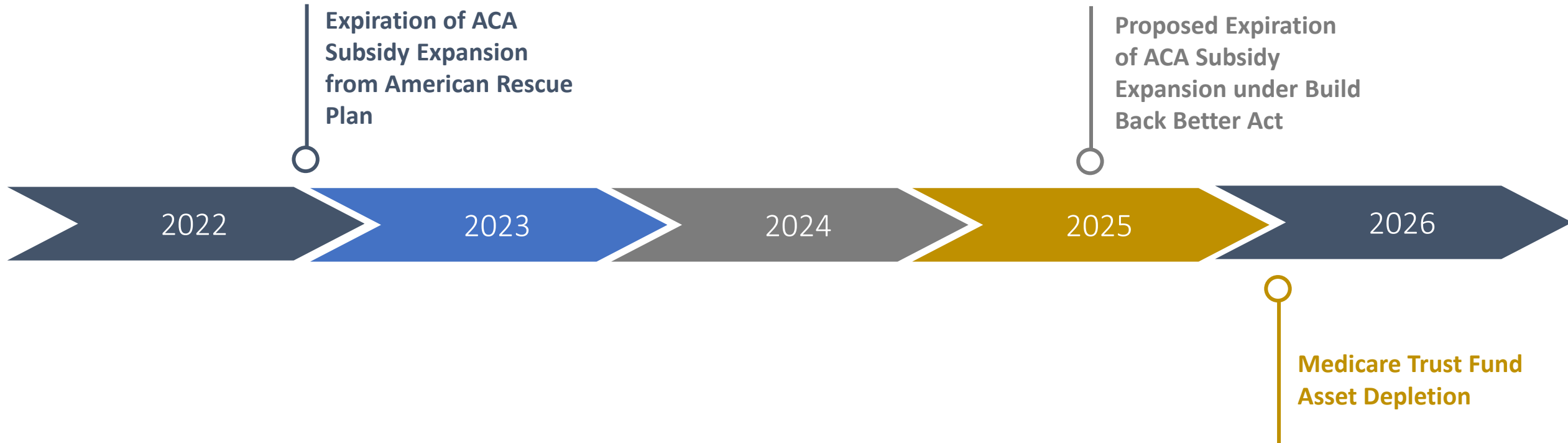


# 2022 Trends/ Issues To Watch





# Federal Health Coverage “Cliffs”





# Potential Areas of Consensus on Enrollment Strategies

Improving data and analysis to address health disparities

Agents and brokers

End of the PHE and Medicaid redeterminations

Leverage investments across multiple programs

Consumer communication

Auto enrollment



**American Academy of Family Physicians**

**Centene Corporation**

**Association for Community Affiliated Plans**

**Community Catalyst**

**Alliance of Community Health Plans**

**Families USA**

**American Heart Association**

**Health Care Service Corporation**

**Amputee Coalition**

**Healthcare Leadership Council**

**Benefits Data Trust**

**March of Dimes**



# Coverage Migration

- **Impact of COVID-19 on sources of health coverage.**
  - Job losses led to some shift in employer-sponsored coverage, but not clear how permanent these shifts will be in a post-pandemic world.
  - Many employers have increased their commitment to their employee's health and wellness in the pandemic.
- **Potential Legislation to weaken ACA/ESI “firewall”.**
  - Build Back Better Act and other proposals would make it easier for individuals with ESI to qualify for exchange subsidies or a new Medicaid benefit.
- **Large employers as leaders in health quality, affordability, and health equity.**
  - Many large employers looking at health benefit designs to address health equity and social determinants of health.
  - Some large employers stepping is as providers of health services to employees, not just providers of health coverage.



**For further information:**  
**Liz Wroe**  
**Principal**  
**Elizabeth.Wroe@LeavittPartners.com**



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# Q&A



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*Moderator*



# Upcoming Event

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JAN  
28

## State Policy Analysis and Priorities

12 pm – 1:30 pm ET

FEB  
4

## Background on FDA User Fee Programs

12 pm – 1:30 pm ET

<https://www.allhealthpolicy.org>



# We value your input!

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Please fill out the evaluation survey you will receive immediately after this presentation, or via email this afternoon!



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Thank you for attending.