

# **WellCare Advisory Committee Meeting**

**September 21, 2006**

## **Meeting Minutes**

### **1. Introduction**

**Chris Koller, commissioner of Health Insurance, welcomed the group to the 2nd meeting of the WellCare Advisory Committee.**

- Committee members went around the room, introduced themselves**
- A motion was made to elect John Gregory as co-chair of the WCAC.**
- Committee staff provided a handout, summarizing the cost of benefit mandates. Chris Koller made the point that these mandates, individually, cost very little, but in aggregate, can make a difference. Mental health is the only “big ticket” benefit on the list.**
- Committee member question: What is the cost of the uninsured? How much does the cost of the uninsured impact commercial premiums?**

### **2. Review of Kaiser Data on National Trends in Health Plan Design**

**John Brouder, from Boston Benefit Partners, reviewed some national trends in health plan design. (See handout)**

- There was a discussion of disease management programs. John Brouder explained that the numbers shown provided program offer rates by employers, not employee take up, and that employee take up of these programs tended to be very low. The group also discussed/considered reasons for the much lower offer rate of disease management programs by smaller firms vs. large firms.**

- There was a brief discussion of the difference between an HMO and a PPO. An HMO typically requires members to choose a primary care doctor, get a referral for specialty care, and visit only those providers that are in the HMO network. A PPO typically doesn't require a primary care doc/gatekeeper, and offers a broader network, with an out of network coverage option.

### **3. Plan Sponsor Questionnaire**

John Brouder, from Boston Benefit Partners, reviewed the Plan Sponsor Questionnaire results with the Committee (See powerpoint)

- There was a question about the legislative direction for the WellCare product, related to premium/cost. Committee staff responded that the legislation requires a target premium of 10% of average wages, which is approximately \$314 per month for individual coverage. It does NOT specify the combined out of pocket cost for members – including point of service cost-sharing.

- There was some discussion about pharmacy costs – The difference in cost between mail order and over the counter. How do rebates work?

### **4. Insurer Presentations**

- BCBSRI representative Tom Boyd presented the questionnaire results, and proposed “starting point” plan design to be considered by the WellCare committee.

- A committee member asked if there was any research that shed light on the maximum copay that can/should be offered, beyond which it acts as a deterrent that stops people from seeking care. BBP offered

**to provide this information at the next meeting.**

- There was a question about the premium designation program, and the timeline for translating that program into tiered network plan designs**
- There was a question about the cost of different services by facility, and whether United was providing that information.**

## **5. Next Steps**

**Carol Chandor, from Boston Benefit Partners, reviewed the next steps. See handout and powerpoint**

- Carol explained the Committee's "Homework" was to fill in the Tradeoff worksheet, and return this worksheet to Matt Stark by end of day Wednesday, September 27th.**
- Committee members asked for contact lists of committee members. Committee staff committed to providing this information via email asap.**

**Next meeting: Thursday, October 5th, 7:30-9:30 am, location TBD**

**Tradeoff Worksheets due back to Matt Stark by end of day Wednesday, September 27th**