## California Health Benefits Review Program (CHBRP) & its Adoption of the CalSIM Model

Providing the State Legislature with Independent Analysis

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#### **Outline for CHBRP Section**

- Brief Overview of CHBRP and Our Role
- CalSIM is a key tool in our Toolkit
  - How we are adapting our Model to meet unprecedented changes for Jan 1, 2014 markets
  - How we are developing a baseline model for a marketplace not yet in existence
  - ACA = Actuarial Competency Act
  - CalSIM supports a new approach to CHBRP's Cost Methodology for Developing a Baseline Actuarial Model



#### What is CHBRP?

- ➤ A program administered by the University of California, but institutionally independent
- Created by law to provide timely, independent, evidence-based information to the Legislature to assist in decision-making
- Charged to analyze medical effectiveness, cost, and public health impacts of health insurance benefit mandates or repeals
- Requested to complete each analysis within 60 days without bias or policy recommendations



# CHBRP Reports Enhance Understanding

- Leverages broad areas of expertise of University of California faculty and researchers to perform evidence-based analysis
- ➤ Neutral without specific policy recommendations



#### What are Benefit Mandates?

- > A benefit mandate is:
  - A requirement imposed on health insurance (whether publicly financed or privately financed) to cover specific benefits
- > Specific Benefit requirements may be for:
  - Specific treatments, specific services, or conditions/diseases



#### What have we done?

- ➤ 85 Reports or Issue Analyses, 14 Letters
- > Two major implementation reports
- > Journal articles
- Briefings and workshops with legislative staff, public, associations
- > Created a national model and example



## **Cost Impact Analysis**

- ➤ Per our legislative charge, CHBRP's Cost Team addresses the following:
  - 1. Will more enrollees have coverage for benefit/treatment?
  - 2. How will utilization change now that the benefit/treatment is covered?
  - 3. What is the marginal/incremental change in cost as a result of the change in coverage and change in utilization of the benefit/treatment?



## Step 1: Establishing a Baseline

- ➤ Before estimating the marginal impacts, CHBRP develops a baseline
- > CHBRP's Baseline Actuarial Model estimates:
  - How many people in CA have state-regulated coverage?
  - What are total health expenditures?
    - Premiums
    - Cost-sharing (copayments, deductibles)

#### Use of CalSIM in CHBRP Baseline

- ➤ The California Simulation of Insurance Markets (CalSIM) is used to project health insurance status of Californians aged 64 and under in 2014
- ➤ The microsimulation model projects the *effects* of the ACA on firms and individuals
- ➤ Relies on many of the same underlying data sources that CHBRP's model has relied on



#### Use of CalSIM in CHBRP Baseline

- ➤ Projecting the Effects of the Affordable Care Act in 2014 and then the impacts of legislation in this new world
- ➤ CHBRP's analyses address the <u>marginal</u> effects of a proposed bill—specifically, how the proposed mandate would impact benefit coverage, utilization, costs, and public health...
  - Holding all other factors constant



## Life Cycle of CHBRP Cost Model

Fall 2012: Develop 2013 Cost Model

> Planning/ Data Updates occur in Sept - Dec 2012

Spring 2013: Analytical season

Legislation introduced by February 2013

Analysis completed by May 2013 Early 2014:
Proposed
mandates go into
effect

Relied on CHBRP 2013 analysis



We Are Here

ACA takes effect January 1, 2014

# Sources for CHBRP 2014 Baseline Estimates

Snapshot of state population

**CalSIM** 

California Health Interview Survey

Health coverage at CA firms

California Employer Health Benefits Survey

**ACA Impacts** 

What does health insurance cost?

- California Employer Health Benefits Survey
- Survey of 7 largest carriers (97% of market)

Who do public programs cover?

Administrative information from state agencies

## CHBRP's Premium Trend Estimates

- ➤ Normal two-step process to estimate premium:
  - Start with total cost of health care paid by everyone (Premiums, cost-sharing, claims)
  - Add health care inflation trend
- > With ACA, add an extra multiplier to account for:
  - Essential Health Benefits (EHBs)
  - Adjustments for Age Rating, Health Status rating
  - Minimum Actuarial Value requirements, among other provisions



### Recap

- ➤ CalSIM is helping CHBRP better simulate a post-1/1/2014 world...
- ➤ Allowing CHBRP to better estimate what impacts a piece of proposed legislation might have
- > Another tool and utility for policymakers



## Website: www.chbrp.org



