

NON-CONFIDENTIAL

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BUREAU OF INSURANCE

IN RE:)	
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AETNA HEALTH INC. (ME) 2017 “WHOLE)	PRE-FILED TESTIMONY
HEALTH” INDIVIDUAL RATE FILING)	OF BRIAN ST. HILAIRE
)	
Docket No. INS-16-1001)	JULY 15, 2016
)	

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1 **Q. Please state your name and your position.**

2

3 **A.** My name is Brian St. Hilaire and I am senior director of Product for Aetna's Consumer
4 Health and Services business. I have served in a variety of roles at Aetna for 14 years. Presently I
5 am responsible for developing and testing with consumers products sold on and off the
6 individual Marketplaces.

7

8 **Q. Please describe any relevant experience that qualifies you as a witness today.**

9

10 In my 14 years with Aetna I have held supervisory roles in client management, sales and
11 distribution, Policy and innovation. Prior to Aetna I held roles in customer services and claims
12 operations for Tampa-based Health Plan Services. In 2010, I was a business lead of Aetna's
13 Affordable Care Act implementation (ACA) team and developed an understanding of the
14 provisions of the ACA. As a product head I facilitate conjoint and maximum / difference
15 analyses with health care consumers across the United States to understand what consumers
16 value most in benefits plans, as well as consumer pain points. This experience allows me to lead
17 product development teams that create health plans that maximize consumer value within
18 permissible actuarial value ranges. I am responsible for ensuring plan evolution satisfies Uniform
19 Benefit Modification (UBM) criteria, as well as all state and federal mandates.

20

21 **Q. What is the scope of your testimony?**

22

1 A. My testimony will provide background regarding Aetna’s participation in the individual
2 market in Maine and will describe the changes being made in our current plans. In short, we
3 plan to discontinue our existing bronze plan that doesn’t meet Actuarial Value for 2017 and map
4 enrollees to our new bronze Leap plan, and also propose to discontinue our existing silver plan
5 and map enrollees to one of our new silver Leap plans, subject to the Bureau’s approval.

6

7 **Q. Please provide an overview of what Aetna is proposing with respect to its currently**
8 **approved 2016 Plans and changes sought to be implemented in 2017.**

9

10 A. Overall, the changes being made between the current 2016 plans and the new Leap 2017
11 plans focus on making Aetna’s plans easier to understand and use by eliminating complexities
12 such as multiple network tiers, separate deductibles for medical and pharmacy benefits, and
13 varied copays. We’ve also eliminated coinsurance on the silver and gold Leap plans and, as the
14 current 2016 bronze plan did not include coinsurance, we maintain that for the 2017 Leap plan.

15 We are transitioning existing bronze individual plan members enrolled in the Aetna
16 Whole Health Bronze \$35 Copay plan to the Aetna Leap Basic Whole Health Maine plan, and
17 are proposing to transition silver individual plan members enrolled in the Aetna Whole Health
18 Silver \$10 Copay plan to the Aetna Leap Everyday Whole Health Maine plan subject to the
19 Bureau’s approval.

20 We are transitioning members to new plans at the lower end of the actuarial value range
21 in order to keep premiums as low as possible, subject to the Bureau’s inputs and approval.

22

1 **Q. Let's first focus on where in Aetna's filings we find the various individual plan**
2 **options that Aetna is proposing for 2017. I show you now two exhibits—the first labeled**
3 **Aetna St. Hilaire Exhibit 1 and titled Section D, ME Individual Portfolio, Summary of**
4 **Benefits, and the second labeled Aetna St. Hilaire Exhibit 2 and titled Section D, ME**
5 **Individual Portfolio, Screen Shots, and ask you to further identify and describe these.**

6
7 **A.** These two exhibits are updated versions of the Summary of Benefits and Screen Shots for
8 the several referenced plans that were part of our original filings and were further updated and
9 clarified as part of our answer to Question 13 to the First Information request that Aetna filed on
10 June 9. We corrected an error in the metallic naming of the Catastrophic plan. These two
11 exhibits set forth key information regarding the benefits and coverage elements in each of the
12 plans in our 2017 portfolio.

13
14 **Q. I share with you now an exhibit, Aetna St. Hilaire Exhibit 3, could you identify it?**

15
16 **A.** This Aetna St. Hilaire Exhibit 3 is titled "AETNA'S MAPPING SUBMISSION" was
17 filed with the Bureau on June 22, 2016 and provides a narrative of the changes we are proposing
18 to make overall in our several plans. It also provides further detail in the changes in the
19 transition of members (1) from the 2016 Aetna Whole Health Bronze \$35 Copay to the 2017
20 Aetna Leap Basic Whole Health Maine; and (2) from the Aetna Whole Health Silver \$10 Copay
21 to the Aetna Leap Everyday Whole Health Maine. This Aetna St. Hilaire Exhibit 3 also attaches
22 a chart, titled "2016-2017 Aetna Individual Plans Comparison" that documents further the
23 specific plan differences in the two plans being transitioned.

1 **Q. Are the Aetna Whole Health plans and the Aetna Leap Whole Health plans the**
2 **same product? If so, why do they have different HIOS Product IDs?**

3
4 A. Yes, the Aetna Whole Health plans and the Aetna Leap Whole Health plans are
5 different plans within the same product. They have different HIOS product IDs in order to
6 effectuate renewal mapping, enrollment and billing across Aetna's brand engines. Members on
7 Leap products are serviced on a different platform than are members on existing individual
8 plans. Thus, members who renew into a Leap plan from an existing plan are transferred to a
9 different brand engine within Aetna's overall systems administration.

10

11 **Q. Focusing on the features of the several plans listed in Aetna St. Hilaire Exhibits 1**
12 **and 2, what key features of your several individual plans will stay the same?**

13

14 A. As we have laid out in the narrative provided in Aetna St. Hilaire Exhibit 3, the existing
15 2016 Aetna Whole Health individual plans are similar in many ways to the 2017 Aetna Leap
16 plans.

17 First, they are HMO in-network only plans with no primary care provider or referral
18 requirements.

19 Second, the Leap plans will use the same approved Aetna Whole Health network,
20 augmented with essential community providers. The Aetna Leap Pharmacy Network for Maine
21 has been submitted for review by the Bureau.

1 Third, the service area also remains the same. The 2017 Leap plans will be offered to
2 residents of nine counties: Cumberland, York, Oxford, Franklin, Androscoggin, Sagadahoc,
3 Lincoln, Knox, and Waldo.

4
5 **Q. Could you review generally the changes being made between the 2016 plans and the**
6 **new Leap 2017 plans?**

7
8 **A.** The changes between the 2016 plans and the new Leap 2017 plans focus on making
9 Aetna’s plans easier to understand and use by eliminating complexities, such as multiple network
10 tiers, separate deductibles for medical and pharmacy benefits, and varied copays. We’ve also
11 eliminated coinsurance in the silver plan, and, as the current 2016 bronze plan did not include
12 coinsurance, we maintain that for the 2017 Leap plan.

13
14 **Q. Please review the elements of the changes as they relate to in-network providers**
15 **with respect to your overall individual portfolio.**

16
17 **A.** The 2017 Individual Leap plans will use the same ‘Aetna Whole Health’ medical
18 network that is currently approved for the 2016 and 2017 Aetna Whole Health Individual plans,
19 but will eliminate the two tiers which exist in the 2016 plan design. We believe that a single
20 provider tier eliminates member confusion regarding cost-sharing responsibility. The Leap plans
21 will have a single tier network that will have no out of network benefits. The current 2016 Aetna
22 Whole Health Individual Plan does not include out-of-network benefits. We note too that our
23 2017 Leap pharmacy network is under review by the Bureau.

1 **Q. Please review the changes you are making to Out of Pocket Maximums and how**
2 **Aetna sees this affecting its members of its several individual plans.**

3
4 **A.** Aetna will remove coinsurance on the 2017 Leap silver and gold plans by making the
5 deductible equal to the maximum out-of-pocket amount. The existing 2016 Aetna Whole Health
6 Individual Bronze plan already does not include coinsurance so we've not changed that. While
7 this results in a higher deductible and slightly higher out-of-pocket maximum on these 2017
8 Leap plans, it's important to note that copayments apply before the deductible *only*, and can
9 apply to everyday care needs like PCP visits, laboratory, urgent care and generic drugs.

10 Aetna sees this as a positive change from some of the existing plan designs, which
11 sometimes require a member to meet a deductible and additional cost-share until the maximum
12 out-of-pocket is met. Aetna believes this feature creates stability and predictability and helps our
13 members better understand and use the new plans. The chart that is attached to Aetna St. Hilaire
14 Exhibit 3 provides further detail.

15
16 **Q. Could you explain further the changes that are being made to the deductible**
17 **features?**

18
19 **A.** For our several 2017 Individual Leap plans, each will have its own overall deductible that
20 will apply to all benefit elements. That means that medical and pharmacy will be subject to the
21 same 'Plan' deductible rather than separate deductibles for each.

22
23

1 **Q. What changes are being made to your Prescription Drug coverage elements?**

2

3 **A.** Subject to BOI approval, we are proposing to simplify the Pharmacy tier structure by
4 condensing the number of tiers from six to four.

5

6 **Q. What changes are being included in the 2017 Leap plans to enhance access to**
7 **telemedicine services?**

8

9 **A.** In our 2017 Individual Leap plans, Aetna will include access to certain telemedicine
10 services through a specific network of providers at no additional charge (and no copayment or
11 deductible). Services include typical after-hours care needs such as cold/flu (antibiotics
12 prescriptions), skin care and general triage. We appreciate the importance of telemedicine in
13 Maine and see this as promoting further reliance on this cost-effective manner to provide greater
14 access to specialized medical services to the significant portion Maine's population that resides
15 in rural areas.

16

17 **Q. Aetna is also mapping members in two 2016 Aetna Whole Health plans to particular**
18 **proposed 2017 Aetna Leap plans. Can you explain further?**

19

20 **A.** Members will be transitioned: (1) from the 2016 Aetna Whole Health Bronze \$35 Copay
21 to the 2017 Aetna Leap Basic Whole Health Maine; and (2) from the Aetna Whole Health Silver
22 \$10 Copay to the Aetna Leap Everyday Whole Health Maine.

23

24 **Q. How many members are affected by the mapping changes?**

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A. The affected plans and membership for each of the affected plans, as of February, 2016 are as follows:

Plan Mapping & Affected Membership

2016 Plan	2017 Plan	HIOS ID	Membership (approx. as of 2/16)
Aetna Whole Health Bronze \$35 Copay	Aetna Leap Basic Whole Health Maine	73250ME0070001	352
Aetna Whole Health Silver \$10 Copay	Aetna Leap Everyday Whole Health Maine	73250ME0070005	218

Q. Could you comment further on the benefit changes with respect to the plans being transitioned?

A. Page 2 of Aetna St. Hilaire Exhibit 3 provides a crosswalk with detail regarding the benefit changes and the value of these benefit changes. This Aetna St. Hilaire Exhibit 3 also attaches a chart, titled 2016-2017 Aetna Individual Plans Comparison that documents further the specific plan differences in the two plans.

In general, our goal was to simplify the benefit structure by eliminating coinsurance in the silver and gold offerings; the current 2016 Aetna Whole Health Individual bronze plan did not include coinsurance. In 2017, we are proposing that Aetna Leap plans have no coinsurance requirements -- charges apply to either a copayment (only) or deductible. Aetna Leap 2017 plans also reduce the number of prescription drug tiers to four.

1 **Q. Could you explain further Aetna’s business and marketing goals and objectives with**
2 **respect to this reconfiguration of plans for Maine and how this fits into Aetna’s overall**
3 **strategy for its health plans?**

4
5 **A.** In Maine and in the other markets it serves, Aetna continues to solicit feedback from
6 consumers regarding plan utility and their ability to understand plan features. Our principal focus
7 is to continue to make plans easier to understand and use and help consumers better predict out-
8 of-pocket costs. This is why the 2017 Aetna Leap plans do not include coinsurance. We
9 simplified the prescription drug tiers and focused on enhancing access to everyday care
10 consumers need most, such as access to urgent care, PCP, telemedicine and generic drugs. We
11 believe these modest changes will help reduce barriers to access to care and increase consumers’
12 ability to more accurately predict out-of-pocket costs.

13 Aetna also intends to be an active participant in the individual market. Aetna believes
14 that one important element to competing in the marketplace is to offer consumers other
15 advantages and conveniences. For example, as I mentioned above, simplifying prescription drug
16 tiers, focusing on enhanced access to every day care, eliminating co-insurance on some products
17 and the other changes built into the Aetna Leap plans all help to differentiate Aetna, provide
18 enhanced value to consumers, and help keep costs down.

19
20 **Q. Will Aetna’s 2017 plans be offered on the federal exchange?**

21
22 **A.** Yes – we do intend to sell the 2017 Aetna Leap plans in Maine through the federal Health
23 Insurance Marketplace.

1

2 **Q. Does this conclude your pre-filed testimony?**

3

4 A. Yes. I also welcome the opportunity to respond to questions at the July 22 hearing.

**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BUREAU OF INSURANCE**

IN RE:)	
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AETNA HEALTH, INC. 2017 “WHOLE HEALTH” INDIVIDUAL RATE FILING)	CERTIFICATE OF SERVICE
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Docket No. INS-16-1001)	
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The undersigned counsel hereby certifies that on this date, I caused to be mailed by electronic mail, copies of the Pre-Filed Testimony of Brian St. Hilaire on the persons and at the addresses indicated below.

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DATED: July 15, 2016

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