



Consumer Participation Program

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Award Application Details: Health Access of California

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- Participant Details
- Participant's Eligibility Apps
- Participant's Petition Apps
- Participant's Award Apps**

Application Version:

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Please review and approve this Application for an Award and Witness Fees if applicable.

- Approvals & Comments**
- DMHC Attachments
- Send Email

Entity Name:	Health Access of California
Submitted By:	Tam Ma
Date Submitted:	12/3/2016 12:38:10 PM
Status:	<input type="text" value="Pending"/>
Date of Decision:	<input type="text"/>
DMHC Comment:	(8000 characters remaining) <div style="border: 1px solid gray; height: 40px;"></div>
Updated By:	
Updated Date:	

Decisions & Comment History [\(Hide Details...\)](#)

There are currently no decisions or comment history.

Award Application [\(Hide Details...\)](#)

[Printer Format](#)

- For which proceeding are you seeking compensation?
- What is the amount requested?
- Proceeding Contribution:
Provide a description of the ways in which your involvement made a substantial contribution to the proceeding as defined in California Code of Regulations, Title 28, Section 1010(b)(14), supported by

specific citations to the record, your testimony, cross-examination, arguments, briefs, letters, motions, discovery, or any other appropriate evidence.

(8000 characters remaining)

Health Access California submits this request for reasonable advocacy fees for our substantial contribution to the decision of the Department of Managed Health Care (DMHC) regarding Kaiser's individual market rate filing for 2017. Health Access substantially contributed to DMHC's review of Anthem's proposed rates by submitting written comments on September 22, 2016. Our letter raised questions and concerns about Kaiser's rate filing and its justification for its proposed rates. In particular: Kaiser Permanent: • Enrollee cost sharing: Kaiser asserted differences in rates due to differences in enrollee cost sharing but failed to describe those differences in cost sharing. Kaiser also failed to describe cost sharing for non-mirrored off-exchange products. • Cost/quality improvements: Kaiser included several pages of prose praising its own efforts at cost and quality improvements but failed to note those contractually required by Covered California. • Geographic differences in rates, and the reasons for such differences, not detailed or described despite manifest regional differences in costs. In our letter, we asked DMHC to seek additional information from Kaiser to support the assertions made in Kaiser's rate filings. Our analysis and comments substantially contributed to DMHC's review of these rate filings.

- Please attach your time and billing record in the "Add Attachment" box below. In the time and billing record, include the hourly rate of compensation for each witness or advocate and a justification for each hourly rate, which may include copies of or citations to previously approved hourly rate; and each witness or advocate's resume or curriculum vitae. The time and billing record should show the date and exact amount of time spent on each specific task in thirty (30) minute increments, as defined in California Code of Regulations, Title 22, Section 1010(d)(3).

Document Name	Date Uploaded	Uploaded By	
Time Record	12/3/2016 12:35:54 PM	Tam Ma	View
Biography and Billing Classification	12/3/2016 12:36:40 PM	Tam Ma	View
Written comments: Kaiser individual market rate filing	12/3/2016 12:37:42 PM	Tam Ma	View

- Clear and concise statement of participants interest in the proceeding which explains why participation is needed to represent the interests of consumers

Health Access California sponsored the original legislation enabling rate review as well as the legislation on consumer participation program. California consumers have saved hundreds of millions of dollars in reduced premiums in the individual market as a result of rate review. Our participation in this proceeding helps DMHC to more effectively review proosed rates, which may result in even greater savings for consumers.

- The information contained in the Petition to Participate remains true and correct to the best of the knowledge of the person verifying the information.

Yes

I am authorized to certify this document on behalf of the applicant. By entering my name below, I certify under penalty of perjury under the laws of the State of California that the foregoing statements within all documents filed electronically are true and correct and that this declaration was executed at Sacramento (City), CA (State), on December 03, 2016 .

Enter Name: Tam M. Ma

Account Info at Time of Submission

(Hide Details...)

Account Information

Organization Legal Name: **Health Access of California**
 Organization Fictitious Name:
 Account Type: Organization

Email Address: tma@health-access.org
 Organization Phone Number: (916) 497 - 0923 ext. 201

Physical Address

Physical Address: 1127 - 11th Street
 Suite: 234
 City: Sacramento
 State: CA
 Zip/Postal Code: 95814

Organization Information

Organization Name: Health Access California
 Is this a nonprofit organization?: Yes
 Under what Statute is your Organization Incorporated?: Nonprofit Public Benefit Corporation Law for public and charitable purposes
 Organization's Size: \$125,000.00
 Organization's Structure: 501 c 4
 Description of the Organization's General Purposes: HEALTH ACCESS CALIFORNIA is the statewide health care consumer advocacy coalition, advocating for the goal of quality, affordable health care for all Californians.

Organization's Governing Body

- | | | | |
|-----|-----------------|-----------|--------------|
| 1. | Director | Aaron | Fox |
| 2. | Director | Art | Pulaski |
| 3. | Director | Betsy | Imholz |
| 4. | Director | Cary | Sanders |
| 5. | Director | Christina | Livingston |
| 6. | Director | Emily | Rusch |
| 7. | Director | Henry | Lacayo |
| 8. | Director | Horace | Williams |
| 9. | Director | Joan | Pirkle Smith |
| 10. | Director | Jon | Youngdahl |
| 11. | Director | Joshua | Pechthalt |
| 12. | Director | Kathy Ko | Chin |
| 13. | Director | Lori | Easterling |
| 14. | Director | Nancy | Brasmer |
| 15. | Director | Paul | Knepprath |
| 16. | Director | Reshma | Shamasundra |
| 17. | Director | Rick | Schlosser |
| 18. | Director | Roma | Guy |
| 19. | Director | Sonya | Young |
| 20. | Director | Stewart | Ferry |
| 21. | Director | Ted | Lempert |
| 22. | Director | Thomas | Saenz |
| 23. | Director | Vanessa | Aramayo |
| 24. | Director | Willie | Pelote |

Organization's Officers

1. Executive Director	Anthony Wright	^ v
Contact Info at Time of Submission (Hide Details...)		
First Name:	Tam	^ v
Last Name:	Ma	
Email Address:	tma@health-access.org	
Telephone Number:	(916) 497 - 0923 ext. 201	
Status:	Active	v

- Jose Tapia
- Silvia Flores
- Tam Ma
- Rick Pavich
- Robin Avant

Time Record

Proceeding: Kaiser individual market rate filing

Organization: Health Access California

Advocate: Beth Capell

Date	Work Performed	Hours	Hourly Rate	Total
9/22/16	Analysis of Kaiser individual market rate filing	1	\$425	\$425.00
9/22/16	Draft comments on Kaiser individual market rate filing	1	\$425	425.00
	TOTAL	2		\$850.00

September 22, 2016

Wayne Thomas, Chief Actuary
Division of Premium Rate Review
Department of Managed Health Care
980 9th St., Ste. 500
Sacramento, CA 95814

Re: Health Access California Comments on Kaiser Permanente Non-Grandfathered
2017 Rate Filing:KHPI-130516678

Dear Mr. Thomas,

Health Access California, the statewide health care consumer advocacy coalition, committed to quality, affordable health care for all Californians, offers these comments on the rate filing by Kaiser Permanente for the 2017 on-exchange and off-exchange individual market products.

We are not aware of comments on this rate filing submitted by any other organization at this time.

Changes in Enrollee Cost Sharing

Kaiser Permanente in the numerous documents and spreadsheets mentions the changes in enrollee cost sharing required as a result of changes in actuarial value but nowhere does Kaiser specify by product what those changes are. In contrast, Blue Shield has a table in a separate spreadsheet which describes the changes in cost sharing by benefit category for each product. This seems a modest standard to which all plans should be held.

In addition, Kaiser does not in any element of the filing that we could find actually describe the cost sharing for non-standard benefit designs. We appreciate that Kaiser clearly lists the three non-standard benefit designs but the actual cost sharing by benefit category (e.g. hospital, primary care visit, specialist, generic drugs, brand name drugs, etc.) should also be described.

We ask that Kaiser be required to provide this information.

Cost Containment and Quality Improvement

Kaiser is to be commended for including several pages of prose describing various elements of its efforts to contain costs and improve quality. In contrast, Anthem Blue Cross included a sentence or two while Blue Shield of California was lamentably silent.

Yet, Kaiser Permanente, like the other contracting Qualified Health Plans, has agreed to Attachments 7 and 14 of the Covered California model contract (or at least we think they did). These contract attachments require a long list of specific efforts to contain costs, improve quality and improve health equity. Some of these requirements overlap with those Kaiser listed but others are in addition to what Kaiser included in its rate filing.

We ask that the Department require Kaiser Permanente to file Attachments 7 and 14 of the Covered California QHP contract as public documents so that progress toward compliance may be monitored.

Comparison of Claims Costs and Rate Changes over Time: Question 20

Finally, we note that Kaiser's description of its risk mix is commendable in its relative clarity and specificity: in that description we can trace the impact of the changes in the market post-ACA as enrollment in the individual market expanded. Or perhaps it is only that the rate filings of its competitors are so utterly lacking in any justification, data, or explanation that Kaiser shines by comparison.

We are disappointed that even though Kaiser plainly has different costs in Northern California than Southern, it fails to distinguish costs trends at even this aggregate regional level. We also find it difficult to believe that Kaiser Foundation Health Plan is unable to distinguish the costs of the Permanente Medical Group from Kaiser hospitals, two entities which are separate from and yet integrated with the health plan. Certainly in materials provided to other purchasers, including large purchasers, more detail is provided about costs is provided.

We ask that the Department query Kaiser about whether it can produce more detail about hospital costs as compared to medical group costs and also provide some glimpse into the differences in costs between Northern and Southern California. Rates are certainly different in different regions for individuals of the same age: we assume this reflects differences in underlying cost structures, not some arbitrary application of rate methodology.

Sincerely,

Anthony Wright
Executive Director