

BEFORE THE IOWA INSURANCE COMMISSIONER

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 IN RE: RATE INCREASE - :
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 GOLDEN RULE INSURANCE. :
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 IN RE: RATE INCREASE - :
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 MEDICA INSURANCE COMPANY.:
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 - - - - -X
 IN RE: RATE INCREASE - :
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 WELLMARK, INC.. :
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Mercy College of Medicine
 Sullivan Center
 Room 210
 Des Moines, Iowa
 Saturday August 26, 2017

The above-entitled matter came on for public hearing at 10:00 a.m.

BEFORE: DOUG OMMEN, Commissioner

For the OCA: ANGEL ROBINSON, ESQ.
 Office of Consumer Advocate
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 Fourth Floor
 Des Moines, Iowa 50309

ANN T. MOYNA - CERTIFIED SHORTHAND REPORTER

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P R O C E E D I N G S

1
2 COMMISSIONER OMMEN: All right. Good
3 morning. I am Commissioner Doug Ommen, and I'm here
4 to hear your comments today regarding the rate
5 filings that have been put before our office at the
6 Iowa Insurance Division. This was clearly made
7 public to you because you're here.

8 The purpose of this as a public hearing is
9 to gather input and information from individuals that
10 are going to be impacted by the rates that have been
11 submitted. And as part of that testimony I would
12 encourage you, as you're forming your comments, and I
13 know all of you are here because you're interested
14 and you want to hear, but also because you probably
15 likely have something that you would like to say.

16 In reviewing the rates, certainly the
17 reasonableness of those rates have a lot to do with
18 how those impact you. Primarily I'd like to hear
19 from individuals that are being impacted. In other
20 words, what it is that--whether you're in the market
21 currently and are looking at the rates as they are
22 filed by Golden Rule, or by Medica, or by Wellmark,
23 that those individuals that are being impacted by
24 those changes are the ones that I'd like to give
25 priority to.

1 Again, I'll hear comments from everybody in
2 the room, but, again, it's really along the lines of
3 what that means in terms of affordability for the
4 individuals that are impacted by those rates.

5 What we'll do is we'll be going in
6 alphabetical order. We'll start with Golden Rule,
7 then move to Medica, and then move to the Wellmark
8 filing. I think when you came in, if you're here in
9 Des Moines, you had the opportunity to get some
10 information. It's an actuarial summary for each of
11 those rates.

12 Under the law, what I do as the final
13 decision maker on these rates, I have staff,
14 actuarial individuals, that do the reviews of those
15 rates. They assess them in terms of what it is in
16 terms of what premium is needed to be collected in
17 order to cover the claims that are experienced in
18 that particular segment of the market. This is a
19 segmented market.

20 We have competition in each of those
21 segments generally. Although if you're aware of
22 what's happening in the ACA market, we're--we do have
23 one carrier.

24 Anyway, what we'll do is we'll go in
25 alphabetical order. We'll start here in Des Moines.

1 Every region, every location, will have the
2 opportunity to present comments. And so I look
3 forward to moving through those other locations as
4 well.

5 The other things that, I guess, to remind
6 you of, is that this is a transcribed hearing
7 process, which means we have a court reporter up here
8 to my right, to your left, and she's taking down what
9 is said here today.

10 Under our review process, I review the
11 rates, but then for those products that are being
12 sold under the Affordable Care Act, they go to the
13 federal government. And this hearing process is part
14 of that as well.

15 If you're speaking and giving comments, it's
16 really important that you identify yourself. We'll
17 make sure that that occurs in every case. And then
18 also that only one person speaks at a time. So when
19 I get into the comment section with individuals
20 coming forward, we'll call you to the microphone.

21 The individual within our office who is
22 responsible for consumer advocacy is seated up here
23 at the table already. Her name is Angel Robinson.
24 She'll be providing some comments regarding
25 individuals that have been impacted, or expected to

1 be impacted, by these rates and have gone online, or
2 they have called her office and provided their views
3 to her. She'll be covering that.

4 When I do get to that public comment period,
5 I'll call you forward and you can be seated next to
6 her so that the information is--can be taken down by
7 the reporter here to my right, as well as so people
8 at other locations can hear that.

9 I guess the last-- Just a couple of
10 technical things. Angel will be there with you. We
11 want to make sure the microphones are working.

12 I don't know, Angel, if there's anything
13 else to add at this time. I tried to go through and
14 cover those things that appeared to me. Is there
15 anything else that you would like to add just in
16 terms of structure and procedure?

17 MS. ROBINSON: No. The only thing I would
18 add to comments is that whenever you are taking your
19 opportunity to comment on the record, the ICN
20 requires, and the way that it's set up, is that you
21 must depress the mic at all times when you're
22 speaking. It's not a press once, but you must hold
23 it down the entire time.

24 That's a little bit different sometimes, but
25 that will insure that your comments are heard not

1 only in the room that you're in, but it's also for
2 over the video conferencing.

3 I don't have any other additional logistical
4 points at this time.

5 COMMISSIONER OMMEN: All right. Thank you,
6 Ms. Robinson.

7 All right. I will first call the proposed
8 Golden Rule rate increase. And with that, call upon
9 you, Ms. Robinson, for some of your comments.

10 MS. ROBINSON: Thank you, Commissioner.

11 For the record, my name is Angel Robinson,
12 and I'm the Consumer Advocate for insurance.

13 As this is the very first of our three
14 hearings I wanted to give a little bit more detailed
15 background than I probably will moving forward just
16 so you have a good basis as to why we are
17 participating in this process today.

18 Iowa Code Section 505.19 sets forth
19 procedures for health insurance rate requests
20 exceeding the average annual health spending growth
21 rate published by the Centers of Medicare and
22 Medicaid Services.

23 The procedures include a requirement that
24 the Consumer Advocate must elicit public comments on
25 the proposed rate increase, provide for those

1 comments received by the public on the Internet, and
2 to present the public testimony and comments received
3 to the Commissioner of Insurance for consideration
4 before the decision is made on the proposed rate
5 increase.

6 The Consumer Advocate was notified on June
7 13th, 2017, that Golden Rule Insurance, a United
8 Healthcare company, was seeking an average rate
9 increase of 27 percent on approximately 4,485 covered
10 lives. The proposed increase applies for all
11 enforced plans labeled Generation 1 through 27.

12 As the proposed rate increase amount exceeds
13 the most current average annual health spending
14 growth rate of 6.5 percent, the Consumer Advocate
15 solicited and gathered comments and testimonials from
16 the public regarding the proposed rate increase.

17 As a regular part of the rate review process
18 the proposed rate increase is actuarially reviewed
19 twice; once by the Iowa Insurance Division's
20 actuarial staff, and once again by an independent
21 third-party reviewer. The results of these two
22 reviews have been included in a summary document.
23 The actuarial summary document is available as a
24 handout during this public hearing and has also been
25 posted at the rate hearing website,

1 insuranceca.wordpress.com.

2 The actuaries found the following
3 information; Golden Rule Insurance has been operating
4 for the last two years with a medical loss ratio of
5 82.6 percent. A federal percentage that calculates
6 what percentage of every premium dollar goes toward
7 claims and allowable costs, is what the medical loss
8 ratio is. You are going to see and hear that term a
9 lot and I wanted to make sure that there was some
10 background to define that.

11 The federal government requires that all
12 individual health insurers have a medical loss ratio
13 of no less than 80 percent, or think of it as 80
14 cents to a dollar, on premium, or requires that the
15 medical loss ratio of no less than 80 percent be
16 applied or premium refunds must be paid to affected
17 policyholders.

18 Without an increase in rates Golden Rule was
19 projected to have a loss ratio of close to a hundred
20 percent. However, the actuarial reviews found that a
21 27 percent increase could not be proved as it would
22 cause Golden Rule to fall below the required 80
23 percent medical loss threshold.

24 The actuarial reviews found that a 22
25 percent increase would allow the medical loss ratio

1 to be just over 81 percent. This would leave the
2 average premiums at \$272 per-month.

3 The Consumer Advocate also reviewed the
4 actuarial memorandums from Golden Rule. The only
5 additional information worthy of note is that the
6 policies that were subject to the increase are now a
7 closed set of policies in business and they have not
8 been sold since 2013.

9 For public comments six comments were
10 received on this proposed rate increase. With such a
11 small sample of comments, no real consumer comment
12 trend can be identified. However, a couple of points
13 of interest were brought up more than once. Those
14 who chose to comment shared their experience over the
15 lack of affordable options in health insurance.

16 Comments also included individuals sharing
17 their displeasure of having their rates increase once
18 again. As these plans were sold as early as 1990
19 policyholders with longevity in their plan have
20 probably experienced a number of rate increases over
21 the years.

22 An excellent example comment summarizes
23 these points. A policyholder explained that they
24 were self-employed so options for individual coverage
25 for the policyholder and their family were limited.

1 The policyholder continued on to explain that rates
2 have increased to over a thousand dollars per month
3 and expressed concerns over the current health
4 insurance market. Though the public comments were
5 few, these individuals are representative of many in
6 similar situations who did not choose to comment.

7 In conclusion, the comments shared expressed
8 displeasure at the increase in rates due to cost.
9 The actuarial reviews show that the proposed rate
10 request came at a too high cost and needs to be
11 reduced to at least 22 percent in order to meet
12 federal medical loss ratio standards.

13 Though at 22 percent Golden Rule will be
14 just over 81 percent as Golden Rule is close to the
15 federal minimum for medical loss ratio, the Consumer
16 Advocate would encourage the Commissioner to review
17 and consider the affects of reducing the rate
18 increase even further.

19 Under Iowa Code Section 505.19(3), comments
20 may continue to be received until the Commissioner
21 makes the final decision on the proposed rate
22 increase. Any additional comments received prior to
23 the Commissioner's decision, but after the
24 presentation of the consumer testimony, will still be
25 recorded on the public rate hearing site.

1 That concludes my comments at this time.

2 COMMISSIONER OMMEN: Thank you,
3 Ms. Robinson.

4 As I've looked at this, the block--this is
5 one of those grandfathered closed blocks, for those
6 in attendance; is that accurate?

7 MS. ROBINSON: Yes, sir.

8 COMMISSIONER OMMEN: And I looked at, just,
9 again, for those that are preparing to comment,
10 currently in this block 2,017 policies are still in
11 place and there are approximately 4,485 currently
12 that we think are impacted by this. That's what I'm
13 seeing here on the review summary.

14 MS. ROBINSON: Yes, sir.

15 COMMISSIONER OMMEN: All right. All right.
16 Let's proceed with comments.

17 Again, I would encourage those of you that
18 came to this public hearing that you come forward one
19 at a time as I call. And so I'll go through this--
20 What I'll do is I'll call those that have indicated
21 that they wish to comment based on Golden Rule.

22 All right. It appears that there is an
23 individual here that's indicated that they are
24 currently impacted by Golden Rule.

25 Mr. Drevlow, would you wish to comment?

1 MR. DEAN DREVLLOW: Yes, I'll comment.

2 COMMISSIONER OMMEN: All right. Please come
3 forward. Thank you.

4 Mr. Drevlow, you just need to sit near the
5 mic. And if you could identify yourself, and, for
6 the benefit of the reporter, please spell your last
7 name.

8 MR. DEAN DREVLLOW: Sure. My name is Dean
9 Drevlow. My last name is spelled D-R-E-V-L-O-W. I'm
10 a long time Golden Rule subscriber.

11 COMMISSIONER OMMEN: And I see your hand is
12 on the button. I just want to make sure, does it
13 need to be held down?

14 All right. Thank you. Please continue.

15 MR. DEAN DREVLLOW: I appreciate that you
16 posted this hearing, public comment. We do find it
17 interesting that their average premium is \$222 since
18 ours is well over \$600, so a 22 or 27 percent rate
19 increase will have a much more significant impact
20 than just \$50 per-month.

21 COMMISSIONER OMMEN: Thank you.

22 All right. I don't have in front of me
23 anyone else with--that is impacted or indicated
24 impact by Golden Rule. But before I call forward
25 Golden Rule's representative, is there anyone else in

1 the audience that did not check that they would like
2 to make a comment, but are impacted by Golden Rule's
3 rate filing and would like to offer a comment?

4 All right. Let's move then to the other
5 remote locations. We'll move to Atlantic.

6 Chris Henkel is here with me. Did you offer
7 some help as to whether or not there is anyone there
8 that wishes to speak?

9 MR HENKEL: Is there anyone in Atlantic that
10 wants to comment?

11 COMMISSIONER OMMEN: On Golden Rule.

12 AN UNIDENTIFIED FEMALE: This is Atlantic,
13 and no, nobody would speak--wishes to speak regarding
14 Golden Rule.

15 MR. HENKEL: Thank you.

16 COMMISSIONER OMMEN: Thank you.

17 Cedar Rapids.

18 MS. ROBINSON: Is there anyone in Cedar
19 Rapids that wishes to speak and comment on Golden
20 Rule?

21 AN UNIDENTIFIED FEMALE: Yes.

22 MS. ROBINSON: Please proceed.

23 MS. JUDY SCHREUR: Yes, there is. My name
24 is Judy Schreur, S-C-H-R-E-U-R.

25 We have been a long time Golden Rule

1 subscriber also. And I agree with the person in
2 Des Moines, we pay much more than what they say the
3 average premium is. And our impact would be greatly
4 more than \$50-a-month.

5 It's interesting they've already decreased
6 it from the 27 percent that they asked for to 22
7 percent, which shows this rate hike is way too high.
8 Even the congressional budget office has said that
9 any increase, rate increase that's above 20 percent
10 makes it so that medical insurance is unaffordable.

11 Even if you do it to 22 percent, with how
12 much we have to pay per month, or per quarter, will
13 make it so that we will still have to pay over half
14 of our take home income to pay just for the premiums
15 for healthcare. That doesn't include any benefits
16 yet because we have to pay such a high deductible.
17 This seems like an exorbitant rate to have to pay.

18 COMMISSIONER OMMEN: Thank you for those
19 comments.

20 Is there anyone else in Cedar Rapids that
21 wishes to comment on the filing by Golden Rule?

22 AN UNIDENTIFIED MALE: No one else here.

23 COMMISSIONER OMMEN: All right. Thank you.

24 I'll turn now-- Is there anyone in Columbus
25 Junction who wishes to comment with regard to Golden

1 Rule?

2 Apparently we don't have video there, but we
3 do have audio. If you don't wish to comment, if you
4 could advise me of that, I would appreciate it.

5 Eldora, is there anyone in Eldora--excuse
6 me--who wishes to comment with regard to Golden Rule?

7 All right. Hearing no response, we'll move
8 to Spencer.

9 Is there anyone in Spencer who wishes to
10 comment with regard to Golden Rule's rate request?

11 AN UNIDENTIFIED FEMALE: No, there is not in
12 Spencer.

13 COMMISSIONER OMMEN: Thank you.

14 In West Union, is there anyone who wishes to
15 comment in West Union?

16 AN UNIDENTIFIED MALE: No, there is not.

17 COMMISSIONER OMMEN: Thank you again.

18 All right. All right. With that, that will
19 conclude the public comments concerning the Golden
20 Rule Insurance Company rate filing.

21 At this time I will call for any
22 representative from Golden Rule, if they wish to make
23 comments, you may do so at this time.

24 Carol, if you would come forward, and,
25 again, please spell your last name for the record.

1 MS. CAROL TROCINSKI: My name is Carol
2 Trocinski, T-R-O-C-I-N-S-K-I.

3 Good morning. I'm Carol Trocinski, director
4 of regulatory affairs from United Healthcare in the
5 State of Iowa. Thanks for the opportunity to be here
6 listening to comments and representing Golden Rule, a
7 United Healthcare Company.

8 As you are aware United Healthcare's Golden
9 Rule Insurance Company filed a request for a rate
10 adjustment of 27 percent for the effective date of
11 January 1st, 2018. This rate increase is projected
12 to affect approximately 4,400 lives in the State of
13 Iowa.

14 The increase we are requesting is because
15 medical costs for this population are expected to
16 increase, and we anticipate continued losses in this
17 area of the healthcare industry. There are obviously
18 many factors that impact healthcare cost trends and
19 continue to contribute to the cost increases that
20 have been experienced for this plan, as well as many
21 similar plans across the country.

22 Both healthcare cost trends that have
23 affected this year's rate increase include increases
24 in costs of medical services, increased utilization,
25 as well as higher costs from the deductible

1 leveraging.

2 At Golden Rule Insurance Company we work
3 directly to control administrative expenses by
4 adopting better processes and technology and
5 developing programs and innovations to make
6 healthcare costs more affordable.

7 At United Healthcare Golden Rule Insurance
8 Company we are proud to deliver on our mission to
9 help individuals live healthier lives and make
10 healthcare work better. We continue to look for ways
11 to restrain health increases and cost increases and
12 be able to provide affordable care in the State of
13 Iowa.

14 We are hopeful that the Iowa Division of
15 Insurance will approve our rate increase as it's
16 based on sound principals and methods and a direct
17 representation of expected medical costs for this
18 book of business. Doing so will help insure the
19 4,400 Iowans impacted by this request continue to
20 have the highest quality of care.

21 That would end my comments. Thank you.

22 COMMISSIONER OMMEN: Ma'am, I just have one
23 question for you. It really relates to the comments
24 that were received.

25 Both my consulting actuarial and our senior

1 actuarial within the Division agree that the average
2 increase is \$50-a-month. But you heard several
3 comments from individuals who suggest it's much
4 higher. How do you account for that?

5 MS. CAROL TROCINSKI: I will have to go back
6 and have that reviewed further. I'm thinking is it
7 per individual or per family.

8 COMMISSIONER OMMEN: I am certain it's in
9 the actuarial report, but I'll go back and consider
10 that and I will be in touch with you and see if I can
11 get an answer to those concerns.

12 MS. CAROL TROCINSKI: Sounds good. Thank
13 you.

14 COMMISSIONER OMMEN: Thank you very much.

15 All right. That, I believe, concludes the
16 reception of information regarding the Golden Rule
17 rate increase request.

18 Anything further from you, Angel--

19 Ms. Robinson?

20 MS. ROBINSON: No, Commissioner. Thank you.

21 COMMISSIONER OMMEN: Thank you.

22 Thanks, Carol.

23 All right. I will now call the matter
24 regarding Medica Insurance Company and its rate
25 increase request. This is, again, information that

1 has been compiled. I have had the opportunity to
2 look through the actuarial reports, as well as the
3 actuarial summary that's been provided to those in
4 attendance here, and it is also available on our
5 Division website.

6 With that, I will call, again, for a
7 presentation by our Consumer Advocate Angel Robinson.

8 Ms. Robinson, you may proceed.

9 MS. ROBINSON: Thank you, Commissioner.

10 The Consumer Advocate was notified on June
11 19, 2017, that Medica Insurance Company was seeking a
12 proposed average rate increase of over 6.5 percent.
13 Medica Insurance Company has requested an initial
14 average rate increase of 43.4 percent for its 14,002
15 plans.

16 Medica Insurance filed an August 4th, 2017,
17 addendum further increasing rates on their silver
18 level plans by 12.1 percent to reflect the
19 discontinuance of cost sharing reduction which helps
20 subsidize the funding of some health insurance costs.
21 The new average premium proposed will be 56.7
22 percent.

23 The proposed rate increase is scheduled to
24 become effective January 1st, 2018, if approved. As
25 amount proposed exceeds the most current average

1 annual health spending growth rate, the Consumer
2 Advocate solicited comments regarding the proposed
3 increase.

4 In a review of the actuary memorandums the
5 Iowa Insurance Division provided an actuarial review
6 of Medica's rate filing, as well as having an outside
7 independent actuarial consultant review the rates.
8 The combined analysis highlighted the following
9 observations;

10 Medica has asked for the highest individual
11 health insurance rate increase in Iowa's history.

12 Medica, as the only insurance company to
13 propose offering coverage to individual Iowans,
14 potentially will be responsible for 72,306
15 individuals. This is a large increase from their
16 current membership of 14,002 plans.

17 Medica is operating at a loss of 15 percent.
18 This means that for every premium dollar received the
19 company is paying out \$1.15. The medical
20 underwriting loss was at \$2 million for the 2016
21 calendar year. Actuaries expressed concerns that
22 Medica would be absorbing tens of millions of dollars
23 in medical losses for the next plan year as it would
24 be absorbing all individual health insurance market
25 losses except for grandfathered plans and

1 transitional business.

2 The actuaries find that the rate increase is
3 justified at the amount requested and has found that
4 it will meet the 80 percent medical loss ratio
5 requirements placed by federal law.

6 The projected average premiums will be
7 \$1,021, which is over three times as high as the
8 average premium in 2014. This is due to a change in
9 federal law and requirements for coverage. Those
10 changes include the loss of a mechanism to offset
11 high-cost individuals called reinsurance and risk
12 adjustment, and a market where no other insurance
13 companies are willing to offer individual health
14 coverage. However, premiums are projected to run
15 higher than \$1,600 for individuals over 60 years old,
16 or over 400 percent of the federal poverty level.

17 The population of individuals that will
18 most--that will be most affected by the increase in
19 2018 individual market premiums will be those
20 individuals who are 400 percent of the poverty level
21 and receive no assistance for paying those premiums.

22 Separately from the actuarial team, the
23 Consumer Advocate reviewed Medica's findings. While
24 no major differences were found or observed from what
25 the actuaries reported, there are some additional

1 thoughts, questions and observations on some of the
2 confidential filings that will be submitted to the
3 Commissioner directly for his consideration.

4 As for public comments, as of August 25th,
5 2017, Medica has received 63 consumer comments on the
6 proposed rate increase. The comments demonstrated
7 trends that were consistent amongst the many
8 concerns.

9 No one favored the rate increase as the
10 amount proposed. While some of the comments stated
11 an appreciation for some form of a rate increase,
12 none of the comments supported the rate increase and
13 the proposed amount over 43 percent and now 56
14 percent.

15 The main concerns about the high increase is
16 that it would cause premiums to increase above what
17 is considered affordable. Affordability was the most
18 commented topic regarding the proposed rate increase.

19 One person shared comments that documented
20 that the current high rates with amounts being as
21 high as over \$13,068 per year in premiums with a
22 nearly \$6,000 deductible. With a rate increase the
23 individual calculated that their rate would be nearly
24 \$30,000 per year with premiums and deductibles
25 combined.

1 There are additional compelling accounts.
2 One policyholder in the most expensive age bracket,
3 between the ages of 60 through 64, shared that they
4 were paying almost a thousand dollars per month.
5 They shared that they were glad that Medica decided
6 to stay in Iowa and avoided leaving Iowa with no
7 insurers for individual coverage.

8 However, the policyholder stated that the
9 current rates of almost a thousand dollars per month
10 right now were for a not top-of-the-line policy. The
11 proposed rate increase would price this individual
12 policyholder out of the market. As the policyholder
13 did not receive any government assistance paying for
14 premiums, and begged that something be done to help
15 individual policyholders, especially between the ages
16 of 55 to 64, because rates were unaffordable.

17 The comments also include a family that has
18 a bare bones medical family plan with no subsidies or
19 help from the government. For this family monthly
20 premiums felt like an extra mortgage payment every
21 month currently and couldn't imagine what it would be
22 like with the price increasing as much as proposed.
23 It would mean that one of the parents would have to
24 quit their current job as a small business owner and
25 find a job that offers insurance.

1 Another policyholder wrote that they would
2 no longer have healthcare premiums if the increase in
3 2018 went through. The policyholder could not afford
4 the increase unless the increase was covered by tax
5 credits. The policyholder shared that her chronic
6 health condition that is currently well managed would
7 no longer be taken care of if she had to discontinue
8 coverage.

9 As one astute commenter emphasized, the
10 ongoing problem with the current system, they pointed
11 out that the rising cost in premiums in health
12 insurance causing healthier individuals to cancel
13 their coverage and go without plans. This loss of
14 healthier individuals causes a single risk pool to
15 become sicker containing a higher propensity of
16 individuals who need treatment or ongoing care is
17 smaller, which reduces the number of individuals to
18 spread and share risks of the healthcare costs.

19 With Iowa's health insurance market
20 collapsing into one carrier offering coverage to all
21 private individuals, that carrier will be left to
22 insure all that need coverage and cannot afford to go
23 without it. This leaves individuals who want
24 coverage, but, perhaps, are healthy enough to risk
25 going without coverage, to make difficult decisions

1 of how to pay for their care and what sacrifices will
2 be made.

3 Oftentimes these individuals will decide to
4 cancel or go without coverage which intensifies the
5 problems and leaves people uninsured. While the rate
6 increases hit all policyholders, the portion of the
7 individual insurance market that receives no tax
8 credits will be detrimentally impacted.

9 Based upon the actuarial reports, this
10 group, depending on their age, could be seeing rate
11 increases well over a thousand dollars per month that
12 will be paid 100 percent out of pocket.

13 Medica has requested a historically high
14 rate increase amount. Most Iowans who are left with
15 only the choice of taking insurance from Medica or
16 going uninsured will face difficult decisions. Some
17 will choose to go without other needs and make
18 sacrifices to try and keep coverage as long as
19 possible, while some people will simply be uninsured
20 leaving their health completely vulnerable.

21 This is further substantiated by actuarial
22 reports that show average premium costs as high as
23 over a thousand dollars per month. However, the
24 actuarial analysis shows that Medica has demonstrated
25 the need for an increase. This leaves Iowa with a

1 tough position of high and mostly unfavorable rates
2 for the public for an insurer who is unable to afford
3 to offer coverage in the state.

4 It is key that Iowa have an individual
5 insurance option in this state and a rate increase
6 will be needed as the company cannot maintain a
7 deficit in its medical loss ratio.

8 On behalf of those who will be paying
9 premiums, the Consumer Advocate would request that
10 the increase be as small as needed to allow as many
11 people as possible to have insurance coverage options
12 that they are able to pay for.

13 I would like to remind the public that the
14 comments received and posted by today have been
15 included in this testimony report as required by Iowa
16 Code Section 505.19(3). However, comments may
17 continue to be received until the Commissioner makes
18 the final decision on the proposed rate increase.

19 Any additional comments received prior to
20 the Commissioner's decision, but after the
21 presentation of the consumer testimony, will be
22 recorded on the public rate hearing site at
23 insuranceca.wordpress.com, as required by law.

24 That concludes my comments. Thank you.

25 COMMISSIONER OMMEN: Thank you,

1 Ms. Robinson.

2 All right. We'll turn to those that wish to
3 offer public comments. I'm going to go through this
4 list in no particular order except as it was
5 presented to me.

6 I'll call first Renee Welk. If you are
7 here, please come forward and have a seat and you'll
8 need to hold down the button.

9 We also would ask that you speak as loudly
10 as you can, being as we are not mic'd throughout the
11 room.

12 Please have a seat.

13 MS. RENEE WELK: Do you want me to turn it
14 so we're facing that way? I was thinking that when
15 other people were talking.

16 COMMISSIONER OMMEN: Are we trying to
17 broadcast this?

18 MS. ROBINSON: Best way to do it as possible
19 is to--

20 MS. RENEE WELK: Talk loudly.

21 MS. ROBINSON: --speak loudly.

22 COMMISSIONER OMMEN: Actually, I can share
23 with you my mic.

24 MS. RENEE WELK: That's okay.

25 COMMISSIONER OMMEN: No, I think this is

1 important to people here.

2 MS. RENEE WELK: Okay. My name is Renee
3 Welk, W-E-L-K.

4 It's interesting because I didn't know what
5 box to check because I have choices. I have to make
6 a choice. I am currently with Aetna, and I really
7 appreciate their coverage. It's been fabulous.

8 My family is both--we are both
9 self-employed. My husband and I have three degrees
10 between us. I was a high school Spanish teacher,
11 went and got my master's. And he was a journalist.
12 And we had a sick child as an infant and just
13 thought, you know, the way we're going, who cares
14 what degrees you have or what you're doing if it's
15 not serving your family; right? We are both
16 self-employed. We both earn more now than we did as
17 a teacher and journalist.

18 So I'm gonna go through just a couple of
19 things if you don't mind because I feel that part of
20 the population-- It was interesting there are only
21 six comments on Golden Rule because people don't know
22 how to be an advocate. They don't know where to
23 speak. I'm just having to learn this myself. Plus,
24 they're what, 75 people in the ACA that may or may
25 not be a part of. I don't think Golden Rule is even

1 on there. So they may be affected by these
2 increases, but don't have a voice in the comments
3 because they're not currently with those companies.
4 That's just the first note.

5 The second thing is, just to kind of go
6 into, like, my situation. You can go on the ACA and
7 put your family in and put the ages in, and if you go
8 to Aetna, like our current plan is the silver Mercy
9 plan. So it's a silver plan, but limited to--I can't
10 go do Methodist or go to Mayo Clinic.

11 That current plan is--online even is
12 \$689.41. If I go to Medica-- And I don't want to
13 pick on Medica. I know there's a person here.
14 You're doing your job. I appreciate that.

15 But I went on-- When I heard that they
16 might be the only people left before they agreed to
17 stay on-- And I do say forge ahead with trying to do
18 the right thing. I appreciate that too. In the
19 silver co-pay, because I'm on the silver Mercy plan,
20 it's \$1,221.

21 Okay. Don't get mad at my math, but that's
22 almost double; right? That's without the price
23 increase.

24 Here's the reality. I can get a second home
25 in Minnesota, claim my residency there, pay them all

1 of my taxes, maybe I even move there and give them
2 all my time that I have as a self-employed person,
3 volunteering at the homeless shelter once every week,
4 volunteering at school twice a week, and probably pay
5 less for insurance in a small home if I just get,
6 like, a two bedroom home somewhere in the middle of
7 no where and claim it as my residence, than it will
8 cost me to provide for my family with health
9 insurance here in Iowa.

10 Is that my first choice? No. But is it a
11 choice that makes more sense than paying the price
12 increase? Yes. Do I appreciate insurance?
13 Absolutely. Do I appreciate healthcare? Even more.

14 I have been doing a lot of research. My mom
15 works at IME, Iowa Medicaid Enterprise. One of the
16 things that people think is that that is state run.
17 Well, it is governed by the State, but inside that
18 building there are seven, I believe, different
19 companies that all put in bids to run Iowa Medicaid.

20 So now they're MCOs put by former Governor
21 Branstad. The IME ran Medicaid for 3 to 5 percent
22 administrative costs, as far as I understand with the
23 research that I've done. If my math is wrong, please
24 let me know. I'd love to hear your numbers. But
25 I've been to Ernst's office, Grassley's office,

1 Democratic things everywhere.

2 The average for an insurance company is 10
3 to 30 percent. So as a former teacher and being on
4 the union, you may or may not like that, that's
5 irrelevant, but the thing is, if we could get, like,
6 a 1 percent increase, but the 1 percent increase in
7 pay from the state may not even have covered the
8 healthcare cost.

9 I quit that job when I had my child in 2006.
10 In 2006 a family was \$780. That's more than I'm
11 paying right now. This is nothing to do with the
12 ACA, it has nothing to do with the MCOs, it just has
13 to do with the price of insurance.

14 Sometimes we could get a pay decrease to
15 keep our benefits. I feel like people come and think
16 insurance is bad. I don't really know if we
17 understand how it all works.

18 I know that there are pools. That is what
19 they said at every office that I have been to, we
20 need a bigger pool of people together. What has
21 happened is we have forced what happened with the ACA
22 out of this state because we didn't put a big enough
23 pool in.

24 That's why insurance companies fail. That's
25 why you have to protect them. And if I'm right, if

1 you could let me know, your role is to make sure that
2 there is an insurance solvency. That the insurance
3 companies don't go bankrupt.

4 The role of your office right now is not to
5 protect my needs. I could be here and wasting my
6 time. I have a family reunion. Cry about, do I even
7 come and do this when it may not even matter because
8 we have to make sure that they don't go bankrupt.

9 Really? That's what this is all about?
10 It's not. This is about families who want to be in
11 this state that appreciate hard work and values that
12 can get health insurance for their kids. I don't
13 even have preexisting conditions you guys. I'm only
14 40 years old and my kids are 10 and 8, now 11 and 9.

15 I want this to work for everyone, but we
16 have to work together and you have a huge role right
17 now. You can make a huge difference in this state
18 and set an example that this is people over profits.
19 That we are looking for what's best for our whole
20 state. We need insurance companies in Iowa. That's
21 the primary income. But we also need to retain
22 people who are here working self-employed.

23 My friend, Erika, who works 45 hours a week
24 as a server, but didn't have insurance until this
25 year, and that's only because the state--the way Iowa

1 is. She couldn't have gotten it. But that is what
2 she does and she makes a good living. She makes
3 \$35,000-a-year and can do it around her kids schedule
4 with her husband.

5 My dad works 60 hours a week, and it was
6 cheaper for him to get the ACA coverage than it was
7 to go through his employer. So other comments you
8 don't have are people who pay that price through
9 their employer just to keep insurance. They keep a
10 job they don't like to keep insurance.

11 We're driven by insurance. We're driven not
12 by healthcare and peoples needs. I'm sorry to talk a
13 long time, but if I can get this out there for people
14 that understand that this is more than just insurance
15 costs going up, we have a major problem that's going
16 to affect all those things in the hallway that I saw.

17 Like having a vision. What kind of a vision
18 are people who are stuck in their job because they
19 have to have healthcare. What could they do if they
20 could leave that job and go make a difference and be
21 happy for heavens sake. It's more than just the
22 hike.

23 So last thing is really I do appreciate all
24 of your time. But for me, I don't want people to
25 move out of Iowa. I don't want elderly to move out

1 of Iowa because we say come work here your whole
2 life, and then when you get old enough you don't have
3 to work, I'm sorry, we're going to drive the costs so
4 that you are not even going to be able to afford to
5 live in this state.

6 We are in a position right now that you have
7 a chance to do something amazing and change that. I
8 hope that you don't take it lightly, and I hope that
9 you talk to everyone in both parties because it's
10 about math. Companies can run at a smaller margin if
11 they need to.

12 IME is set up. They have people in there
13 from all those companies. They could take all of us
14 as individuals and we could just hire and train, but
15 the people who know what they're doing are still
16 there. There's an office. I know Governor Branstad
17 says state employees won't lose their jobs, but they
18 weren't state employees. A lot of people lost their
19 jobs.

20 My mom can retire when this is over, but
21 hundreds and hundreds of people lost their jobs. We
22 have a vacant building there with people who know how
23 to run exactly what we need for less money and we can
24 keep people here or find another way.

25 I don't think that this is the main issue

1 with these hikes. I get that they have to run a
2 business, so do I. And I will have to run it
3 elsewhere if I can't run it here.

4 (Applause.)

5 COMMISSIONER OMMEN: Thank you very much for
6 those comments. Thank you.

7 Let's move to the next individual, David
8 Fairchild.

9 Do you wish to make a comment?

10 MR. FAIRCHILD: Sure.

11 My name is David Fairchild,
12 F-A-I-R-C-H-I-L-D. I'm also self-employed. We also
13 have our insurance through Aetna. They're,
14 obviously, leaving the system.

15 We're really concerned. We're a moderate
16 income. We're self-employed. We've been paying for
17 our own health insurance for 25 years, my wife and I.
18 We're 58 years old. We're being priced out of the
19 system. We have been for 10 years. It's just every
20 year is more and more money.

21 Right now I had one hospitalization this
22 year and our health insurance premiums, that ate up
23 33 percent of our incomes. That's the gross, not the
24 net. After paying taxes, insurance, and everything
25 else, there's just nothing left over.

1 Health increases over the-- We're paying
2 \$900-a-month. Our total premium is \$1,800-a-month
3 with the tax credit under Aetna, and if we see higher
4 premiums than that under Medica I don't think we're
5 gonna be able to have health insurance. If that's
6 the case we're in really big trouble.

7 I'm a cancer survivor. You know, I really
8 can't go without health insurance, but I don't think
9 we're gonna have any choice if we have to pay more
10 than, say, a thousand dollars a month. I don't know
11 where the money's gonna come from to do that.

12 I'd just ask you to do anything you can.
13 Part of the problem, I know, with our system is, you
14 know, people like me, I was a cancer survivor. I
15 mentioned that. The cost of my medications a year
16 was \$110,000, \$120,000-a-year. But the medications I
17 got cured the leukemia I had. It's kind of a rare
18 leukemia. I took the medications for four years.
19 I've been off them for two years. It worked. It
20 worked.

21 This system has to figure out a method to
22 pay for that kind of treatment. Because there's a
23 lot of that out there now. There's new treatments
24 for cystic fibrosis. There's new treatments for
25 Hepatitis C. \$80,000-a-year for the Hep C. I think

1 the cystic fibrosis medications are somewhere in the
2 tens of thousands of dollars. But they really
3 increase the peoples' ability to live.

4 Again, in my case, I had a rare form of
5 leukemia. I didn't have to go through chemotherapy.
6 I worked every single day. I was in the hospital
7 four days for the initial treatment, and I took four
8 pills a day and it cured it.

9 There's going to be new medications out
10 there. I'm thankful as heck for the opportunity to
11 get it. But we have to figure out a system to help
12 pay for those high cost treatments. Because if we go
13 just to the pooling system-- I've had insurance
14 through Wellmark, through Co-Opportunity, through
15 Aetna, and now probably through Medica. If we just
16 go through pool systems it's not going to work with
17 these new high cost treatments. It just--it just is
18 not possible.

19 I tell you, we need to-- If you have
20 somebody's ear in Washington, have maybe Congressman
21 King's ear, somebody's ear, let them know we're gonna
22 have to have some way to share the cost at least for
23 some of these high cost treatments. Because we're
24 gonna end up with a two-tier system where the poor or
25 the-- I'm not poor. I've worked every day of my

1 life. I'm moderate income. But I would not be able
2 to afford the cost of that treatment under the old
3 system. And in the future regime, I don't think I'm
4 gonna be able to pay for that treatment.

5 We're gonna end up with a two-tier system
6 where the moderate income and poor can afford one
7 level of healthcare, and the wealthy are gonna be
8 able to afford another level of healthcare. And
9 that's not my America.

10 Anyway, just my comments. Thanks and I
11 appreciate the opportunity to say something.

12 COMMISSIONER OMMEN: Thank you very much,
13 Mr. Fairchild, for being here.

14 (Applause.)

15 COMMISSIONER OMMEN: I have two individuals
16 Keith and Evelyn Dickinson.

17 MR. KEITH DICKINSON: My wife will--

18 MS. EVELYN DICKINSON: I can. Evelyn
19 Dickinson. My husband and I arrived in the United
20 States last summer. We have one grandchild and that
21 is the reason why we came here, we wanted to be part
22 of her life.

23 We're both retired. I'm a green card
24 holder, my husband is a US citizen. Currently I'm
25 with Aetna. That cost is roughly \$540-a-month. So

1 we don't get any government help, of course, as I'm
2 British. I don't get any Medicare, even though I'm
3 66 years old.

4 Our only thought at the moment is that we
5 would have to go with Medica, and if we do, and the
6 premium goes up to \$1,600-a-month, what do we do?
7 We're on a fixed income. It's absolutely ridiculous.

8 We feel we would have to sell up. We've
9 only been here a year. We'd have to sell our home
10 and go back to England and wait for our son and
11 daughter-in-law and granddaughter to come and visit
12 us. The reason we came here was to be part of her
13 life.

14 So please do something. You cannot go on
15 like this. These poor people here. I feel
16 dreadfully, dreadfully sorry for the people here who
17 are paying even higher premiums than we are at the
18 moment.

19 Please try and do something. It has to go
20 to Washington. Donald Trump has to, perhaps, put
21 some of his billions into this. Well, I'm being
22 ironic I know, but he has the wherewithal surely to
23 do something.

24 Thank you very much for listening to me.

25 COMMISSIONER OMMEN: Thank you.

1 (Applause.)

2 COMMISSIONER OMMEN: Cathleen Simpson.

3 MS. CATHLEEN SIMPSON: My name is Cathleen
4 Simpson. S-I-M-P-S-O-N is the last name.

5 I commented on the website and I want to
6 share today, because I appreciate your summary, what
7 you put together.

8 I'm also 63 years old. I was lucky enough
9 to plan properly and save properly for a retirement
10 to go a little bit earlier after my husband passed
11 away. I have two more years until Medicare comes
12 into effect.

13 My United Healthcare went from \$540-a-month
14 two years ago to this year, actually, turned into
15 \$900 with Medica because that was the only affordable
16 option that covered my doctor.

17 Included with that is a \$6,500 deductible.
18 So we keep talking about premiums right now. A 50
19 percent increase on the plan I have with Medica would
20 jump to \$1,200-a-month and I have no idea what the
21 deductible will be.

22 I shared in my comments on the website that
23 with that deductible and that premium, I'm pretty
24 much talking myself out of going to the doctor
25 because that's a huge expense. That's nearly--by the

1 time--it's \$11,000 in premiums and another \$6,500 on
2 top of that for anything that happens through the
3 year.

4 Looking forward, \$1,200, what's the
5 deductible to go with that? This is going to
6 increase at this rate every year from here on.
7 Because if that goes another 50 percent and I'm
8 looking at \$1,800-a-month, God knows what the
9 deductible will be to go with that.

10 I'm one of the lucky ones that I am healthy.
11 I have been covered my entire life. I have been
12 paying insurance my entire life. I have no health
13 issues, no preexisting conditions. I have no
14 alternative on these plans. I have one plan really
15 available to me that is somewhat, I will use air
16 quotes, affordable, which it's not.

17 I am looking at possibly going back to work.
18 I share with what the other gal had said regarding
19 I'm gonna find myself in something dead end that I
20 don't desire to do. Let's just say I don't desire to
21 do it, but it is for the need to get the cost down.

22 I ask if there is any way that the insurance
23 companies can be asked to spread this risk pool
24 across all of their employee-based programs as well
25 to help lower that risk number for them. I don't

1 know if that's an option, but I guess what are they
2 doing also to contain the cost or to help make this
3 more affordable in this state like spreading this
4 risk. I would just put that bug in your ear.

5 That's all I have to say. Thank you for
6 doing this.

7 COMMISSIONER OMMEN: Thank you, Ms. Simpson.

8 (Applause.)

9 COMMISSIONER OMMEN: Nancy Barnett.

10 MS. NANCY BARNETT: My name is Nancy
11 Barnett, B-A-R-N-E-T-T.

12 I started purchasing individual health
13 insurance in 2004. Rate increases are nothing new.
14 The rate-- I was with Wellmark and the rate
15 increased 10 to 15 percent every year so that the
16 end--by the time the ACA came along I was paying a
17 premium that was 300 percent of what I started out
18 paying. So rate increases are nothing new. This is
19 extraordinary due to a lot of different factors.

20 I am 61 years old. I have-- I'm a small
21 business owner, very small. I work directly with
22 clients who get services that are not covered by
23 insurance. A lot of my clients are in this same age
24 bracket that I am, so they're facing the same
25 situation with their health insurance.

1 So, you know, I'm really thinking what's
2 next year going to be like for me knowing that--that
3 my health insurance premium, plus deductible, plus
4 co-pays next year is likely to be 30 to 40 percent of
5 my income. And that's drastically going to change my
6 lifestyle. It's drastically going to change the
7 lifestyle for a lot of my clients who are already
8 talking about whether they will be able to afford my
9 services next year. It's going to have a huge impact
10 on my small business.

11 Knowing that, Commissioner, the 22,000
12 people that you've estimated who are going to decide
13 to go without health insurance because of premium
14 increases are also small business owners. Small
15 business is a big chunk of the economy.

16 It's-- Regardless of what it does to us
17 individually, you know, it's going to have a ripple
18 affect. It's gonna be a big thing. I always come
19 back to the thought that it's not--it shouldn't be
20 about insurance, it's been access--

21 (Applause.)

22 MS. NANCY BARNETT: --to healthcare. And
23 insurance is just one way to have access to
24 healthcare.

25 Healthcare does not fit the insurance model.

1 For profit insurance companies are working to make
2 profits for their investors, for their stockholders.
3 That's what motivates their business decisions. I
4 understand that. I get that.

5 But when you stop and think about it,
6 they're making their profits on the backs of people
7 who are sick, and on the backs of people who are, you
8 know, one broken arm away from bankruptcy if they
9 don't have health insurance.

10 It's like being held up with a-- Oh, it's
11 just not right. It doesn't-- Healthcare does not
12 fit the insurance mold. It's just feels amoral to me
13 that that's the way it is. We can't change that
14 today. And, Commissioner, I know you can't change
15 that. I know your hands are tied. There are a lot
16 of ifs about this hearing today.

17 We don't know--you don't know if Congress is
18 going to defund the subsidies. The insurance
19 companies don't know. That's a question I have. If
20 Congress decides not to defund the subsidies, if they
21 continue to keep paying the subsidies, does Medica
22 still need a 57 percent increase?

23 What happens-- If their 57 percent increase
24 gets approved and Congress still funds the subsidies,
25 are we still stuck with that premium?

1 Commissioner, you've submitted a plan that's
2 gonna--that would help people at the top and the
3 bottom who might be shut out of subsidies to get
4 that. I think that's a wonderful thing, but you
5 don't know if that's gonna be approved yet. You
6 can't really make any big decisions today.

7 I think the bottom line for me right now is
8 that every one of us in this room is hamstrung by
9 Congress. Whether it's the Commissioner doing his
10 job, the insurance company, who I have no love for,
11 and all of us trying to decide what next year is
12 gonna look like.

13 We're all hamstrung by a Congress divided
14 with the idea that it's--everybody thinking it's my
15 way or the highway. Congress, who has the majority
16 right now, who has had years to make something
17 better, who has had every opportunity to make the
18 Affordable Care Act better, the opportunity to make
19 it work, and they haven't done it and it's shameful.

20 We're just kind of powerless in that
21 situation. It's a terrible, terrible feeling.

22 Thank you.

23 (Applause.)

24 COMMISSIONER OMMEN: Thank you for those
25 comments.

1 Again, some of you checked undecided, so
2 it's hard for me to know at this time. But I'll just
3 open it up. Is there anyone else yet in the room who
4 may have signed up and I've overlooked? Just by a
5 show of hands, is there anyone else that would like
6 to come forward?

7 AN UNKNOWN FEMALE: We're still waiting for
8 Blue Cross; right?

9 COMMISSIONER OMMEN: Anyone with regard to
10 Medica?

11 MS. LAURA ANSPACH: I would end up on
12 Medica. Should I speak to that now then?

13 COMMISSIONER OMMEN: Certainly. Yeah.

14 And, again, with Medica being the single
15 provider in the ACA market, I think that there are a
16 number that may be impacted even if they're currently
17 on another plan, one of the grandfathered or
18 transitional plans.

19 Please identify yourself and thank you for
20 your comments.

21 MS. LAURA ANSPACH: I'm Laura Anspach.
22 That's A-N-S-P-A-C-H.

23 I've got notes because otherwise I'll not
24 cover everything I need to.

25 I've spent my career as a nurse and wellness

1 educator in public health and in school nursing. I
2 am grateful for the ACA as I have a health condition
3 now. I watched my brother go homeless because he had
4 to have a hip replacement at 29 and then was
5 uninsurable until he hit Medicare.

6 I can't be grandfathered in as I have had to
7 be on seven different policies in the last four years
8 due to different changes, layoffs, the other
9 insurance plans going bankrupt, et cetera.

10 I'm currently paying \$18,000 with my
11 deductible at Blue Cross. That's my entire IPERS
12 income basically. If I go to Medica I would start
13 with an \$18,700 cost, according to the estimates,
14 before deductible. So I'm looking at maybe \$27,000
15 next year.

16 I require a top-of-the-line policy because
17 of a virus that took me from excellent health to
18 requiring a pacemaker. I am well managed with the
19 pacemaker, but I'm considered a pariah by the
20 insurance companies. I too have considered moving
21 out of state after being a life long Iowan, or
22 returning to college to get student insurance, which
23 means a 45-minute commute each way a number of
24 days--probably up to three or four days a week, which
25 I didn't retire to do.

1 Healthy persons do not realize they could
2 have an accident or require hospitalization such as
3 an appendectomy. We require everyone to insure cars,
4 why don't we require everyone to insure their bodies
5 and families?

6 I would point out that had insurers embraced
7 prevention years ago their cost to cover health
8 issues now would be significantly less. We also do
9 not teach health and prevention significantly in our
10 schools because health is not on the tests.

11 Other nations take care of all of their
12 people. It is shameful that the US doesn't do the
13 same. I am disgusted with legislators who take care
14 of themselves, but block all progress just to wave
15 their party flags. I hope that they pay attention to
16 this issue instead of excusing a racist sheriff.

17 COMMISSIONER OMMEN: Thank you for your
18 comments.

19 Anyone else that has not--in the room here
20 in Des Moines that has not had the opportunity on the
21 Medica Insurance Company rate increase request?

22 All right. Let's turn to the other
23 locations. We'll begin alphabetically again in
24 Atlantic.

25 Is there anyone in Atlantic that wishes to

1 offer a comment in regard to the Medica Insurance
2 Company rate request?

3 MS. TANYA VANDEER: Yeah. I'd like to speak
4 up.

5 COMMISSIONER OMMEN: Please do so. Simply
6 identify yourself by name so the court reporter can
7 take that down.

8 MS. TANYA VANDEER: Tanya and Noel Vandeer,
9 V-A-N-D-E-E-R. And this has more to do with myself
10 than it does with Noel.

11 Everything that the Consumer Advocate talked
12 about and the Medica people that were speaking online
13 and that she read, you can put a face to all of that.
14 We did not write anything to the Consumer Advocate.
15 We knew that we were going to be coming here to speak
16 up.

17 Things like the insurance rate going as high
18 as 43 1/2 percent and being over our mortgage payment
19 applies to us. We don't get any help, as far as any
20 tax deduction when we signed up through the--when I
21 signed up through the marketplace. All those things
22 I was shaking my head yes to because it applied to
23 us.

24 The last thing that I want to say, though,
25 is we are--we're going to get to a point if this

1 happens in Medica that I will have no insurance. I
2 have no income. I take care of Noel 24/7 at our
3 house--at our home. We will either not be able to
4 afford insurance or you will break up a family unit.
5 I don't want to look at it negatively, but that's our
6 options. I hope that there's people out there that
7 will be able to help us, all of us, not just me.
8 Thank you.

9 COMMISSIONER OMMEN: Thank you.
10 Any additional consumers, individuals in
11 Atlantic that wish to comment?

12 All right. Thank you for those comments.

13 Let's move to Cedar Rapids. Are there any
14 individuals in Cedar Rapids that wish to offer a
15 comment with regard to the Medica rate request?

16 MS. MARY NEIERS: This is Mary Neiers,
17 N-E-I-E-R-S. I'd like to put some perspective on the
18 amount of your rate increase.

19 Your rate increase is at over a thousand
20 dollars a month. My husband pays me \$350-a-month
21 income, he also pays my insurance. Working on the
22 farm is not exactly the cushy job a lot of people
23 think it is.

24 To just pay one month we would probably have
25 to sell a fat critter or a fat steer per month. We

1 only get \$1.06-a-pound. We have about 70 head of
2 stock cows. The calves that they have are what we
3 raise for two years; feeding them, cleaning up after
4 them, making sure the vet comes to see them when we
5 need them. It's not just, you know, hey, we got to
6 pay this bill, let's sell a cow. We can't do that.
7 It's just not possible.

8 COMMISSIONER OMMEN: Thank you.

9 Any other comments from individuals in Cedar
10 Rapids?

11 MR. DAVID FAGEOL: Good morning. My name is
12 David Fageol, F-A-G-E-O-L. I am retired living on a
13 fixed income. If the rate goes up as high as the
14 full amount, I'm not sure that I'll be able to afford
15 insurance next year.

16 COMMISSIONER OMMEN: Thank you, sir.

17 Other individuals in Cedar Rapids that wish
18 to comment?

19 AN UNIDENTIFIED MALE: No, sir.

20 COMMISSIONER OMMEN: All right. Let's move
21 to Columbus Junction.

22 Are there individuals in Columbus Junction
23 that wish to comment regarding the Medica Insurance
24 Company rate request?

25 All right. Hearing none, we'll move to

1 Eldora. Doesn't appear anyone is still there.

2 Spencer, does anyone in Spencer wish to
3 provide public comments with regard to the Medica
4 rate increase?

5 All right. Thank you.

6 AN UNIDENTIFIED FEMALE: We have no comment.

7 COMMISSIONER OMMEN: Thank you.

8 We'll finish with West Union.

9 MR. KEVIN LOCKARD: Yes, I have a comment.

10 My name is Kevin L-O-C-K-A-R-D.

11 COMMISSIONER OMMEN: Please proceed.

12 MR. KEVIN LOCKARD: I currently subscribe
13 with Medica and my wife and one of my daughters. The
14 premium, if you're over the 400 percent, if you don't
15 qualify for ACA, for this year would have been
16 \$24,050 for the three of us. With the increase, the
17 premium increase would be approximately \$14,000 per
18 year, for a 2018 premium of almost \$38,000.

19 Now, based on what they said about the pools
20 being too small, obviously people aren't going to be
21 able to pay those premiums, including me, and the
22 pool will become smaller instantaneously, which will
23 lead to an even higher rate increase in 2018. It's
24 not sustainable with people dropping out of the pool.

25 I'm assuming that the only people that would

1 stay in the pool would be the people that have more
2 healthcare costs because they're in dire sickness and
3 will have to stay on the plan or face bankruptcy or
4 no way of paying for medical bills.

5 It's kind of an either/or, you pay \$40,000
6 worth of insurance or do you pay \$300,000 to a
7 hospital type of deal. It's unsustainable.

8 I appreciated the Iowa plan that was in
9 place before the ACA and felt that that was a good
10 way of cost sharing between the companies. I know
11 there's been some talk about doing something like
12 that again, and I would encourage you and other
13 people to look into reinstating that as a way of
14 sharing costs.

15 And so basically this is unsustainable
16 unless--if you can meet the ACA guidelines you may be
17 able to keep insurance for another year with the
18 credit. If you can't meet those guideline, there's
19 no way you can afford it. Because that doesn't even
20 include out-of-pocket or deductible. I'm guessing it
21 would be close to \$2,000-a-month for premiums, and
22 then co-pays and deductibles you're looking at over
23 \$40,000 per-year. It's just unsustainable.

24 I would-- You know, like the lady said
25 earlier from one of the other locations, that

1 Congress has to do something to fix this. And I also
2 agree that maybe there needs to be a larger pool
3 sharing. Maybe segregating us into a pool like this
4 is not sustainable under any type of insurance
5 program.

6 Thanks for letting me make this comment.

7 COMMISSIONER OMMEN: Thank you.

8 All right. At this time, I think that
9 concludes the public comments.

10 I would like to offer the opportunity for
11 representatives of Medica Insurance Company to come
12 forward to offer some comments.

13 Mr. Bartsh, I'm going to offer you my
14 microphone as well.

15 MR. JEFF BARTSH: Can people in the room
16 hear me?

17 Thank you Commissioner. Ms. Robinson.

18 For the record my name is Jeff Bartsh. My
19 last name is spelled B-A-R-T-S-H. I'm the
20 vice-president and general manager for Medica
21 Individual and Family Insurance.

22 Medica is still a relatively new company to
23 this state. So for those of you who don't know much
24 about us, we're a nonprofit health insurance company
25 based out of Minneapolis. We currently sell

1 individual policies in six midwestern states.

2 We entered the Iowa market in 2015. We were
3 very happy to do so. We had at that time expanded
4 into Iowa and Nebraska. And we did so with the
5 intention of being here for the long term. For being
6 a part of this community and being a part of this
7 market.

8 In early April of this year we found
9 ourselves as the only insurance company that had not
10 abandoned the ACA market. That was a surprise to us.
11 That was not expected, certainly not when we entered
12 the market in 2015. It put us in an interesting
13 position as the only carrier of giving an option to
14 consumers or for consumers not having any option at
15 all.

16 And we chose to stay. The rate increase
17 that we proposed is a reflection of that decision and
18 really an estimate of the Medica expenses that exist
19 in the ACA marketplace. And the increase was
20 developed given the information we had and the market
21 wide claims experience, our assumptions on medical
22 trends, assumptions on market morbidity, the changes
23 in the size and the sickness of the health pool. Our
24 risk as the lone carrier with relatively little
25 experience in this market. And also, as discussed

1 earlier, the recognition that to date the Iowa
2 marketplace has consistently failed to set premiums
3 at a level that would cover medical expenses. That
4 is the justification for the 43 1/2 percent rate
5 increase.

6 As has been commented, we amended that rate
7 for silver level plans, given the uncertainty around
8 funding of cost sharing reduction payments by federal
9 government heading into next year.

10 I'd like to say that we're very proud of the
11 decision that we made to stay in the marketplace and
12 provide an option for Iowa consumers, but it's not
13 lost on us, and I think it's certainly clear with
14 both written and public comments, that the situation
15 that this market finds itself in with one carrier and
16 a 43 1/2 or 56 proposed rate increase is not the
17 marketplace we want for Iowans.

18 So our commitment to continue to be in this
19 market will remain, and it's a commitment that means
20 we will be working with the Division, with consumers,
21 and with others not just on a rate increase for 2018,
22 but what we can all do to provide a more stable and
23 affordable marketplace for consumers in the future.

24 Thank you for the opportunity to be heard.

25 COMMISSIONER OMMEN: Thank you, Mr. Bartsh.

1 Ms. Robinson, do you have any questions for
2 Mr. Bartsh?

3 MS. ROBINSON: Just for clarification
4 purposes, I know that in Nebraska Medica is licensed
5 as a nonprofit. Is that also the case here in Iowa?

6 MR. BARTSH: Yes.

7 MS. ROBINSON: Thank you.

8 No additional questions.

9 MR. BARTSH: Can I clarify?

10 MS. ROBINSON: Yes, please.

11 MR. BARTSH: Clarification. So the Medica
12 holding company, a parent organization, is a not for
13 profit. The entity that underwrites our individual
14 health insurance in Nebraska, Iowa, Minnesota, and
15 Kansas and North Dakota, that entity is a for profit,
16 but our parent organization is not for profit.

17 COMMISSIONER OMMEN: Can you explain in
18 laypersons terms what exactly that means in terms of
19 this?

20 MR. BARTSH: Yeah. I'll try to explain it
21 in English. We're a not for profit organization.
22 The reason we use the for profit licensure is,
23 essentially, the rules around the insurance company
24 gives us more flexibility, and did particularly
25 pre-ACA, to offer more flexible products in the

1 marketplace.

2 But it's a parent organization. So our not
3 for profit work for consumers has a board of
4 directors.

5 COMMISSIONER OMMEN: And, Mr. Bartsh, I
6 don't really want to put you on the spot, but I am
7 going to ask you a little bit about the actuarial
8 summary. I don't know if you had a chance to review
9 what was posted online.

10 MR. BARTSH: I did, Commissioner.

11 COMMISSIONER OMMEN: One of the concerns I
12 think that I have had with regard to this rate is the
13 need to consider the overall, I guess I would
14 describe it, the overall position of the Iowa market.
15 And there is some concern over some of the losses
16 that are experienced in the historical plans that we
17 have, the grandfathered, grandmothereed plans.

18 Is that a consideration that you have to
19 take into consideration as you're setting the ACA
20 market, and why is that?

21 MR. BARTSH: Commissioner, I think you're
22 stating a very good question, one that we did
23 consider. Is while the markets right now are
24 separate we actually saw in 2017 more people enter
25 the ACA market and some people leave the pre-ACA

1 market.

2 And an assumption I have is they found out
3 with tax credits some of them could get a cheaper
4 policy. That's just an assumption.

5 We do have to consider what happens to the
6 pre-ACA market, not just some of them entering into
7 2018, but really, as you know, that marketplace and
8 those grandfathering rules end in 2019.

9 So to answer your question a different way,
10 as the only carrier in the state we really do have to
11 look at the potential risk, not just of some of the
12 membership we know we have, but are expected to get,
13 but what the unknown risks in the marketplace are
14 because we have to be willing and able to absorb
15 those.

16 COMMISSIONER OMMEN: Again, I think I
17 understand this. As the market continues to change
18 you have to be prepared to cover some of the losses
19 and bad experience that's also occurring in the other
20 parts of the market; is that fair?

21 MR. BARTSH: Correct.

22 COMMISSIONER OMMEN: Okay. Thank you.

23 MS. ROBINSON: Commissioner, can I ask one
24 more question?

25 COMMISSIONER OMMEN: Certainly, please.

1 MS. ROBINSON: For those who are not aware,
2 Medica is the only insurance company today that is,
3 under the rate hearing process, that is on the
4 healthcare.gov insurance exchange.

5 So reviewing your actuarial memorandums
6 there's some information under federal law that they
7 keep confidential until after the rates are filed.

8 But is there any information that you can
9 share today with the public in regards to efforts
10 that Medica has made to reduce or mitigate the costs
11 that they are potentially looking at for premiums
12 next year?

13 MR. BARTSH: So I can talk about some of the
14 efforts that we're undertaking to reduce medical
15 expenses. But the premium that we filed is the
16 premium that we needed to file based off of our
17 expectations of medical expenses at the time of
18 filing.

19 That said, as a new carrier in the market
20 we're actively working to help reduce overall medical
21 expenses through conversations with providers in
22 particular through work we're doing. A few people
23 here today commented on high costs of some
24 particularly very effective, but also very expensive
25 medications. So we're working with the pharmacy

1 benefit manager in reducing those costs.

2 Some of the product designs we hope to have
3 in the marketplace, particularly in partnership with
4 some of our providers, we're jointly working to
5 manage those medical costs together, not in
6 opposition to each other.

7 We hope those actually have a true benefit
8 in reducing medical expenses as we move forward. At
9 this time there isn't anything that would be certain
10 that could factor into what we've already filed in
11 our premiums.

12 COMMISSIONER OMMEN: Okay. I have one last
13 question, which you didn't specifically recognize,
14 but clearly is recognized in your actuarial reports.
15 That is this concern over what happens to people, as
16 you heard from the comments today, as they move
17 outside of those subsidized circumstances where the
18 tax credits absorb all of that shock. And you heard
19 from consumers today.

20 Have you considered that and what that means
21 for your market, for this market, assuming that you
22 are the only participant under the ACA?

23 MR. JEFF BARTSH: To answer your question,
24 Commissioner, yes. As you stated, the current tax
25 credit structure does shield--for most people who

1 receive a tax credit today, it does shield them from
2 the impact of the increase. The people who don't
3 receive a subsidy get the full impact of the
4 increase. And for many of them who discussed today,
5 it's not just our rate increase, if they're coming
6 from a plan if they're paying less than a Medica rate
7 today, they get that adjustment and increase.

8 That's gonna have an impact, as we've heard
9 today, about who will and will not be able to stay in
10 the marketplace. And as I discussed one of the
11 factors in our rate increase was morbidity, which
12 does take those things into account.

13 Unfortunately, we're bound under current law
14 by the subsidy structure that is in place, and that
15 cliff exists, and it's a very severe cliff for people
16 who don't get the APTC.

17 COMMISSIONER OMMEN: Thank you.

18 Any other questions, Ms. Robinson?

19 MS. ROBINSON: Just one. I was asked by a
20 member of the public to get information about the
21 types of plans, as far as you're able to share, that
22 Medica hopes to offer. Many Iowans traditionally
23 were very used to having PPO options, but it is the
24 trend in health insurance to move to more exclusive
25 provider coverage, which can be more difficult,

1 especially for some of our Iowans that live in more
2 rural areas, or have providers that go across
3 different healthcare systems.

4 Are you able to share with the public today
5 your hopes at Medica as to what type of coverage
6 options will be available generally?

7 MR. BARTSH: In a lot of situations where we
8 had a competitive market, I may not be willing to do
9 so, but...

10 MS. ROBINSON: And I respect that.

11 MR. BARTSH: As we look at the Iowa
12 marketplace for 2018 much of the state will have a,
13 what I would consider a broader network option.
14 Pretty consistent with the products that we have in
15 the marketplace today.

16 There will be some areas of the state that
17 have an additional option. That would be a narrow
18 network plan. There will be some areas of the state
19 where the product we have is a limited network option
20 where there's, potentially, a smaller number of
21 provider systems that are in network. All those
22 plans still do provide an out-of-network benefit with
23 a much larger group of provider options available to
24 them.

25 To your question earlier about what are some

1 of the things that we're doing to control costs.
2 While it's not always a popular option with
3 consumers, one of the ways that we've been able to
4 even minimize the rate request that we've brought
5 forward is by working with some of those care systems
6 and putting products in the market where our
7 reimbursement rates are smaller, but it's based upon
8 that narrow network product offer.

9 COMMISSIONER OMMEN: Thank you. Thank you
10 for being here today.

11 MS. ROBINSON: No other questions. Thank
12 you.

13 COMMISSIONER OMMEN: All right. That will
14 conclude the public hearing on the Medica Insurance
15 Company rate request.

16 I think I'm now prepared to open the
17 comments on Wellmark, Inc.'s, requested rate increase
18 with regard to their grandfathered plan.

19 MS. ROBINSON: Thank you.

20 The Consumer Advocate Bureau was notified on
21 June 21st, 2017, that the collective companies for
22 Wellmark, Inc., are seeking a proposed average
23 increase of 9.4 percent to 14.2 percent. The 9.4
24 percent increase applies to pools 3 through 5, and
25 the 14.2 percent increase applies to all Farm Bureau

1 and standard and basic plans. All the plans affected
2 are either grandfathered plans or transitional
3 business plans for a total of 73,013 covered lives.

4 The proposed rate increase would become
5 effective January 1st, 2018, if approved. As the
6 amount proposed exceeded the most current average
7 annual health spending growth rate, the Consumer
8 Advocate solicited comments regarding the proposed
9 increase.

10 In the actuarial review the proposed rate
11 increase has been reviewed by both Iowa Insurance
12 Division in-house actuaries and an independent
13 third-party actuarial firm. The combined summary of
14 the two reviews has been created and posted for the
15 public. A few of the brief comments included in the
16 summary are included in the following information.

17 The current medical loss ratio for Wellmark
18 is 86 percent, which is above the federal requirement
19 of 80 percent. Without the rate increase in 2018
20 Wellmark is projected to have a medical loss ratio
21 exceeding that of 94 percent.

22 If a 12 percent increase is granted the
23 actuaries project that Wellmark will still meet the
24 federal requirements of at least an 80 percent
25 medical loss ratio. The projected average premium

1 will be \$406.67 based upon an average increase of
2 \$44-a-month.

3 The Consumer Advocate also reviewed the
4 actuarial memorandums, and the data shows that the
5 pools are slowly trending and losing their members
6 each year. While the combined pools still total a
7 large number of combined covered lives, at this time
8 the perpetual loss of covered members over time will
9 cause the pools to become more expensive as there
10 will be less individuals to share the risk of the
11 combined membership in the rating pools.

12 Another worthy note is that these older
13 policies do not share the Affordable Care Act's
14 rating rules as they are grandfathered. This means
15 that the age ban increases can be quite significant
16 and are separate from the base rate increase that is
17 subject to prior approval by the Commissioner.

18 In fact, Wellmark's memorandum points out
19 that the five-year age bands may receive rate
20 increases based upon age only, which is not subject
21 to prior approval, and up to 37 percent between age
22 bands. Traditionally, the higher age bands suffer
23 from the stiffest increases. This is unfortunate as
24 it is usually those members who tend to have more
25 fixed incomes and may have difficulty adjusting to

1 the increases.

2 This also means that whatever base rate
3 increase is approved for Wellmark's policyholders
4 will be combined with the age increase to help form
5 the new premium amount.

6 In regard to public comments, the Consumer
7 Advocate has received 48 comments and concerns
8 directly from policyholders or members of the public.
9 Like most who are subject to the proposed rate
10 increase, the comments focus on affordability. Due
11 to the length of time Wellmark has offered individual
12 policies many of these policyholders have seen steady
13 increases from their Wellmark plans over the years.

14 These affected Wellmark pools have been
15 receiving rate increases every year to every other
16 year, which has led to some premiums ballooning from
17 their original rates, and an overall rate increase
18 fatigue by its members.

19 One policyholder commented, "I'm with the
20 other responders to the increase of the premiums
21 again. I'm pretty healthy. I have been with
22 Wellmark for years. I have to pay for my premiums
23 myself. My husband is retired and has Medicare and a
24 supplement. It's tough working part-time to pay for
25 the extreme amount now. Please don't increase the

1 premiums again."

2 Another comment had, "I am over 60. In the
3 last six years my premiums have doubled. I was
4 paying \$800-a-month for an individual policy and now
5 it's \$1,600-a-month. When do these increases stop?
6 They are based upon what? I'm paying almost \$20,000-
7 a-year for insurance. Now I'm retired and Wellmark
8 wants another 9.1 percent increase. I can't even
9 write this off my taxes."

10 These plans also include a book of business
11 with Farm Bureau, which marketed policies directly to
12 farmers and small business owners. Small business
13 owners often have no choice but to purchase coverage
14 privately as they do not have employers to provide
15 coverage and their operations may be too small to
16 include employees, which will allow them to purchase
17 a small group plan.

18 This means some business owners are left
19 with a choice of finding a way to pay for an increase
20 in rates, which may mean taking up additional
21 employment, leaving their small business or dropping
22 coverage.

23 One such policyholder stated, "I'm a farmer
24 and we have a family coverage. When we first got the
25 policy it was \$13,000-a-year for family coverage.

1 Now it costs \$21,400. A 14 percent increase would be
2 \$3,000 more per year than we currently pay. Farmers
3 can't afford this kind of increase. This is just a
4 bad deal."

5 Finally, the comments included concerns from
6 policyholders who feared that what coverage they
7 would have available to them if they didn't pay for
8 their grandfathered Wellmark plans. Some feared that
9 the coverage will be reduced and others were
10 concerned that the State of Iowa's health insurance
11 market may leave them uninsured if they don't find a
12 way to pay for the rate increase.

13 As shared by one policyholder, "My husband
14 and I are both tax accountants and are self-employed.
15 We have three teen to college age children. In 2008
16 our annual premium for the five of us was \$7,913.
17 The next year it was increased to \$8,335 and now our
18 annual premium is \$18,639. After a 14 percent
19 increase our annual premiums will be in the \$21,200
20 range. I'm afraid for my husband and me, too
21 because there's no going back after of you've left a
22 grandfathered plan."

23 The policyholder goes on to say that she and
24 her husband are considering pulling funds from their
25 retirement just to pay for health insurance.

1 None of the comments received endorse or
2 approve of the rate increase premiums. While some
3 understood that, perhaps, an increase would be
4 needed, all agreed that given the perpetual increases
5 the current proposed rate increase was not endorsed.

6 In summary, the actuarial summaries show
7 that Wellmark's request would likely place rates at a
8 federally approved threshold close to 80 percent.
9 Without the rate increase Wellmark is facing a
10 possible higher medical loss ratio of 94 percent,
11 which is still under 100 percent spending on the
12 medical loss ratio.

13 Given the need to avoid adding uninsured
14 Iowans to the current collapsing health insurance
15 market, perhaps a smaller increase would be warranted
16 for Wellmark policyholders as Wellmark's medical loss
17 ratio continues to operate under all scenarios
18 without a loss.

19 Again, for the record, comments received and
20 posted today--by today's date have been included in
21 this testimony reported as required by Iowa Code
22 505.19(3). However, comments will continue to be
23 received until the Commissioner makes the final
24 decision on the proposed rates.

25 Any additional comments received prior to

1 the Commissioner's decision, but after the
2 presentation of consumer testimony today, will be
3 recorded on the public rate hearing site.

4 Thank you.

5 COMMISSIONER OMMEN: Thank you, Ms. Robinson.

6 Let's move to those that wish to make public
7 comments with regard to the Wellmark rate increase
8 for the block of grandfathered and some transitional
9 plans.

10 Again, I'll go through this list and call
11 upon you as they appear.

12 Traci McMullen indicated no comment.

13 Laura Anspach.

14 MS. LAURA ANSPACH: I already spoke because
15 Blue Cross is offering nothing, so...

16 COMMISSIONER OMMEN: Okay. Bernie Saks.

17 MR. BERNIE SAKS: My name is Bernie Saks.

18 I'm a part-time physician and a small business owner,
19 a restaurateur, in Dubuque, Iowa. I quit my medical
20 practice full-time to open a restaurant, which will
21 probably qualify me as foolish. But I wanted to at
22 least offer some comments here because I have the
23 wonderful opportunity to see medicine from both sides
24 of the table.

25 I can see it as a consumer of medicine with

1 my wife and children, how much the costs are, and I
2 can see it as a physician seeing how costs get
3 generated.

4 Everything I say now I say now as a patient
5 advocate. I have taken off my physician's hat here
6 and will say everything in defense of everybody in
7 the room today.

8 Angel Robinson sent me a link that has
9 annual statements for Wellmark. This was from
10 December 31st of 2016, which is their most recent
11 statement. Wellmark generated about \$316 million in
12 premium income. They are requesting a rate increase
13 of 9.4 percent, which based on that number, would be
14 an increase of \$29.7 million.

15 They were gracious enough to break that down
16 in letters that were sent to everyone to attend this
17 meeting. In three specific requests, one, is for
18 medical trends of 3.1 percent, the other is
19 government fees at 3.8 percent. The last is
20 administrative expenses at a 2.5 percent increase.
21 Those three totaling 9.4 percent.

22 The administrative increase by itself will
23 generate for Wellmark \$7.9 million additional
24 dollars, at least according to the values I had,
25 which sound a little bit different from what Angel

1 mentioned just a second ago.

2 It had hospital and medical expenses at
3 about \$250 million, which I gave a gross calculation
4 of about 79 or 80 percent. Their general
5 administrative expenses were listed on their annual
6 statement at \$53.9 million general administrative
7 expenses. \$53.9 million, or about 17 percent of the
8 premiums that they generate. So of all the premiums
9 we pay to them, 77 percent gets chewed up for
10 providing no medical services at all.

11 With those numbers as background, I am
12 curious about a few things. One is the number of
13 claims they process each year, and, two, the cost
14 associated with each claim.

15 These are the observations that I see. That
16 what is happening to patients at this time is
17 insurance costs are going up, deductibles are going
18 up and out-of-pocket expenses are going up. Now, if
19 increased deductibles, the amount of money that is
20 paid by the patient goes up, the amount of money
21 taken to process each and every one of those claims
22 goes for very little.

23 If I were to visit my doctor today I would
24 get an Explanation of Benefits from Blue Cross and
25 Blue Shield that would probably say because of my

1 deductible it's all yours. And I wonder how much
2 costs that don't go to generate medicine are used to
3 churn through these administrative claims from the
4 insurance end.

5 I see it from the physician office end as
6 well. The amount of labor time and cost it takes to
7 generate a claim, to send it to the insurance
8 company, only to have them tell the patient you got
9 to pay your doctor.

10 With increasing deductibles going up, more
11 and more of the costs that we spend on premiums goes
12 less and less to the actual cost of healthcare
13 services.

14 Now, if we look at the two trends that they
15 mentioned, one is the medical trend. What I would
16 say is this: I do not know if you can or cannot help
17 as your position as the Insurance Commissioner, but
18 we as patients have to be savvy consumers.

19 The one way that we can be savvy consumers
20 is by having price transparency. I don't know if
21 there's anything that you can do through your office
22 to have price postings for costs of medicines,
23 medical procedures, hospitalizations, so that each
24 and every one of you individuals in this room can say
25 they want to do this, now I know how much it cost

1 before I get the bill from the doctor or the
2 insurance company. That is something I think that
3 would be easy and probably wouldn't require any
4 legislation.

5 The second control of medical trends has to
6 do with each and every one of us in this room. And
7 I'm saying this again as a patient advocate. We all
8 need to be involved with how we spend our money.
9 Health insurance is not healthcare. The insurance
10 increases that we see every year shouldn't be a shock
11 to us if we didn't consume and utilize appropriately
12 the year before. That's where the onus is on us as
13 patients.

14 Please do not assume that your doctor has
15 your medical economic interest in heart. They're
16 doing their job. As foolish as it was for me to quit
17 medicine full-time to open a restaurant, here's
18 another example I can give you to just show you how
19 foolish I am.

20 I'm a radiologist so I interpret images, CAT
21 scans, MRIs, things like that. They can cost a lot
22 of money really quickly. Oftentimes people show up
23 at the hospital I work at for a procedure. I see
24 actually no utility in doing it.

25 I have one or two options. One is I can go

1 into the room and speak to the patient before I do it
2 and spend 10 or 15 minutes of my time explaining why
3 it may or may not change management or decisions for
4 outcome. And if they believe me and listen to me,
5 they'll walk away without that procedure. I've spent
6 15 minutes of my time talking someone out of doing
7 something that generates no income for me. Foolish.
8 Or I could have just done it, had the bill submitted
9 to the insurance companies, and made money doing it.

10 I'm not saying that physicians are all
11 nefarious, all I'm saying is that you, as patients,
12 have to be your own best advocate. You need to ask
13 the right questions. What are we doing, why are we
14 doing it, what might we learn from it. What we learn
15 from it may or may not change management for what we
16 need to do.

17 Now, insurance is not healthcare. And
18 someone spoke about the models that we have. I'm not
19 fully convinced that health insurance is a viable
20 model myself. I believe life insurance is,
21 homeowners insurance, auto insurance are all viable
22 models. But I am not convinced that healthcare is a
23 viable model. All I know is that fragmentation in
24 health insurance is a problem.

25 Whether single payer is the answer, or not,

1 I don't know. But if we do single payer, where we
2 still have money being paid for procedures that
3 aren't worth while, we're still going to have
4 increased costs, but we may be able to save some of
5 those administrative fees.

6 If we were to go to a grocery store and we
7 went to the checkout stand and looked at our bill and
8 we thought it was too high, we'd be thinking one of
9 two things; one, maybe I bought too much food; two,
10 maybe the food that I bought wasn't a good value.

11 I think we need to start thinking about
12 healthcare in that way. Are we consuming too much.
13 I think that the answer is yes. The reason that we
14 have such high costs for healthcare in the United
15 States as opposed to other civilized countries is we
16 consume too much of it. A lot of it just doesn't go
17 to changing management.

18 Now, if we were to stratify people into four
19 groups, it would be this: People that are either
20 healthy, or people that are sick, people that are
21 savvy, or people that are non-savvy.

22 It's very easy to see that where the most
23 healthcare dollars are consumed are by people that
24 aren't savvy. If you're healthy and savvy, you take
25 care of yourself, your out-of-pocket expenses are low

1 but your premiums go up because you're pooled with
2 everyone else.

3 If you're healthy but not savvy, every once
4 in a while you go to the doctor for something that
5 probably doesn't matter too much and you waste a
6 little money, but it's not exorbitant.

7 Then there's the sick group. The sick group
8 basically could be broken down into two components.
9 One is people that have illnesses that are beyond
10 their control, and the others that have illnesses
11 that are within their control. Those are the people
12 that if we all change our behavior we can save money
13 on it.

14 Then, finally, there's the people that are
15 sick and non-savvy that say, I'll smoke, I'll drink,
16 I'll eat lots of sugar, you take care of me when I'm
17 done, and they do most of us no good.

18 What I'm saying here is that we need to do
19 two things. Health insurance being fragmented again
20 does not help us. Divided we fail, but united we
21 bargain.

22 I think that all patients in the State of
23 Iowa should get together and say enough is enough.
24 As long as they split us, we have no power. But my
25 feeling is that you could do a single payer system,

1 and it doesn't need to be the Government. It could
2 be put out to bid like building a bridge. Health
3 insurance is a utility, as far as I'm concerned. It
4 provides no healthcare, it's just a means to pay for
5 healthcare.

6 And it really does not require a lot of
7 infrastructure. It's no underground cables, or
8 things like that. It's number crunching. It can
9 easily be put out to bid if we as patients unify and
10 say here we are. We've got X million lives here in
11 Iowa, do you want the business, or not. And if you
12 want the business, this is what we expect.

13 COMMISSIONER OMMEN: Thank you for those
14 comments.

15 (Applause.)

16 COMMISSIONER OMMEN: Rachelle and Steve
17 Gray.

18 Good morning, sir.

19 MR. STEVE GRAY: Good morning. Steve Gray,
20 G-R-A-Y. Thank you for your time today and listening
21 to us as consumers of healthcare.

22 My family is a small family of four. I have
23 two young kids. We just cannot afford healthcare.
24 We just cannot afford what we're paying for
25 insurance.

1 I farm a small farm, family, and do ag sales
2 on the side to supplement the income. You know, to
3 pass the time in the back room on the phone I'm
4 looking at the ag markets. I don't know if it's
5 known in this room, we're in an ag crisis right now,
6 a serious ag crisis.

7 Looking at the local co-op \$2.90 for a
8 bushel of corn, \$8.92 for a bushel of beans today.
9 Five years ago when I started farming, I sold my
10 first bushel of corn for over \$5, sold my first
11 bushel of beans for over \$13.

12 That income is gone. What do I have to do
13 to stay alive to farm? I have to control my
14 spending. I have to control my income. Is this
15 happening with Wellmark Blue Cross and Blue Shield?
16 Are they controlling their spending, are they
17 controlling their income?

18 We're sitting in a room full of small
19 business owners. Can anyone in this room go to their
20 customer and say our service, our product we're
21 selling, we're going to increase the price next year
22 by 9.4 percent, maybe 14 percent? Can you retain
23 customers doing that? Anyone here, can you do that
24 with your small business? Absolutely not.

25 Listen to the people in this room,

1 Mr. Commissioner. These are real people. This
2 affects real lives. Our premium increase will be
3 \$1,350-a-year. Where does that money come from?

4 My daughter is in this room with me today.
5 Does that money come from her college education fund?
6 Sixteen years from now do I say to her, "I'm sorry.
7 We're going to saddle you with the cost of going to
8 college. You're gonna have to take out a loan to go
9 to college. Eighteen years of your life I couldn't
10 put money into a college fund because I'm paying for
11 healthcare."

12 These are real people, real lives, take that
13 into consideration. Tell them no, enough is enough.
14 Thank you.

15 (Applause.)

16 COMMISSIONER OMMEN: Thank you, Mr. Gray.

17 MS. LAURA ANSPACH: Sir?

18 COMMISSIONER OMMEN: Yes.

19 MS. LAURA ANSPACH: I have--

20 COMMISSIONER OMMEN: Okay. Hold on. Let me
21 come back to you.

22 I just want to make sure that I've covered
23 the others that have indicated that desire to
24 testify. Some of you marked undecided. Before we go
25 back to this consumer, are there any others who

1 expressed an interest here, or maybe were undecided
2 about whether or not they would like to comment
3 regarding the impact of the Wellmark rate increase
4 request?

5 All right. Ma'am, please come forward.

6 MS. JANELLE JACOBSEN: My name is Janelle
7 Jacobsen, J-O-C-O-B-S-E-N. I am a customer of
8 Wellmark that was one of those that's now being
9 dropped. I'm not sure I fall in this category, but
10 wanted to tell my story of a single member LLC in
11 Iowa.

12 I hear on the news where, you know, we can
13 change our corporation to be part of a bigger pool.
14 However, as a single member LLC, that's not an
15 option. So I'm looking at options. I'm trying to
16 really kind of learn can I go out of the ACA. It is
17 at a point where right now I'm at \$7,500-a-year. I'm
18 53, single, business owner. I have a \$6,500
19 deductible.

20 When I do the Medica calculations, I'm at
21 \$17,000, so my business needs to budget \$17,000
22 likely next year. It probably will go to my
23 customers. I will pass that through. But I was
24 hoping that we can get rid of the unpredictability.

25 I started my business the last two years.

1 That's what kicked me out of Wellmark. I have no
2 preexisting. It's to a point now where I'm better
3 off paying for my preventative out of my pocket, it's
4 just what risk do I want to carry. I'm 53 and have a
5 ways to go yet before I can let the Government take
6 me on, so I'm hoping something can be done.

7 I just want to say I appreciate your
8 leadership. When you come on the news with what
9 you're trying to do you get my ear. I appreciate
10 what you're trying to do. I did contact Grassley,
11 Ernst, Young. I hear from AARP. I'm a member of
12 AARP, and it was hard to hear how they were fighting
13 against everything because they were going to go up
14 to \$13,000 for individuals as senior citizens, and
15 I'm sitting here paying that already and I'm a member
16 of AARP, so they got my earful, too.

17 I do appreciate it. I hope it can be fixed
18 to where the predictability can now occur a little
19 better among all the people. I'm sad Wellmark
20 dropped me because I loved the insurance. I loved my
21 doctors. And you were making money off of me. It's
22 unfortunate. It's just a bummer deal.

23 I appreciate your leadership.

24 COMMISSIONER OMMEN: Thank you for those
25 comments.

1 All right. Let's, again, yes, you may offer
2 one more comment, please.

3 Again, if you would re-identify yourself.

4 MS. LAURA ANSPACH: Laura Anspach,
5 A-N-S-P-A-C-H.

6 A thought came to me as a healthcare
7 provider. When people are making choices we have a
8 lot of people that have diabetes. Many of the costs
9 of diabetes are not covered. But what the world
10 doesn't realize is that diabetes affects every single
11 organ in our bodies. By having to choose whether to
12 take care of it, then that brings up costs like
13 amputations, major infections, and things like that.

14 So just a point to be considering.

15 COMMISSIONER OMMEN: All right. Thank you.

16 Thank you very much for all the comments
17 that were offered. I greatly appreciate that.
18 There's a lot to think about.

19 Let's move to the remote locations that we
20 have. Again, I don't know if we were able to go to
21 Atlantic.

22 Do we have Atlantic? Any comments with
23 regard to the Wellmark rate increase request in
24 Atlantic?

25 All right. Thank you for being in

1 attendance.

2 Let's move to Cedar Rapids, are there any
3 public comments with regard to the rate increase in
4 Cedar Rapids?

5 MR. JOHN ZAKRASEK: My name is John
6 Zakrasek. My last name is spelled Z-A-K-R-A-S-E-K,
7 I'm self-employed. My current plan has a \$3,500
8 deductible, and preventative care is limited at \$500-
9 a-year. There are other significant limitations in
10 what's actually covered by the policy. It costs \$500
11 a year, and I pay for it myself.

12 The point I want to make is that billing
13 practices encouraged by insurance companies are
14 inflaming payouts and contributing to rate increases.
15 Let me give you an example. When we used to go for a
16 physical you could go in and you could talk about
17 anything that was affecting you and the doctor might
18 identify things, and that was all just a part of the
19 physical.

20 Now when you go for a physical, if you ask
21 any questions or they identify anything during that
22 physical, it's all billed in addition to the physical
23 as a separate office visit. So you can go in and
24 have a physical and also get billed for two, three,
25 four, five office visits at the same time. You might

1 be in that office with the doctor for only 15
2 minutes.

3 So when this happened the first time, and
4 this was just recently, we called the insurance
5 company because we couldn't see anything on the EOB
6 that explained why we were being charged. No
7 information. We called the central billing for the
8 doctors. They said call your insurance company.

9 We called the doctor's billing specialist.
10 She said that if you identified any issues, or the
11 doctor does during the visit, then they're all
12 separate office visits. She said the reason that
13 that's being done is because the insurance companies
14 require it. They don't want you to get anything for
15 free. That's a direct quote. This happened twice
16 over a period of about six months. We had the same
17 conversation.

18 Then the other thing that's happened is we
19 used to be able to call the doctor and make an
20 appointment and get in. Now, the only way you can
21 get in if you're sick is you have to go to urgent
22 care to see your doctor. Well, urgent care costs 75
23 percent more than a standard office visit.

24 Just think about it. If you have 73,000
25 people. That's the lives covered by these insurance

1 policies. They go have physicals and they get billed
2 for two additional office visits. And then in
3 addition, they go during the year because they're
4 sick and have two urgent care visits, I figure those
5 increases, based on the EOBs we get, would amount to
6 about \$262. For 73,000 people, that's well over half
7 the rate increase that's being requested here.

8 Commissioner, I ask you to give
9 consideration to the fact that there may be many
10 other billing practices that are being changed and
11 contributing to these increases. Please look into
12 them and deny all the rate increases that are related
13 to these changes in billing practices.

14 Thank you very much.

15 (Applause.)

16 COMMISSIONER OMMEN: Thank you, sir, for
17 those comments.

18 All right. Any other comments in Cedar
19 Rapids?

20 MR. RICK SMITH: My name is Rick Smith,
21 S-M-I-T-H. I'm here today attending this meeting,
22 and I missed the last one, but I figured I'd come and
23 speak my piece, if nothing else.

24 I recently received a notice that Wellmark
25 Blue Cross wanted to have these meetings for

1 increases. Well, my only question is I already
2 received and have been paying an increase starting
3 January 1st of this year.

4 Now, I realize things go up, but my only
5 question is the fact, why do they need to go up in
6 such a generic range. I mean, a range from 14.2 to
7 9.4. I think you may have to do a little checking,
8 or maybe have them check their books, or something.
9 Right now the way it works I have been at my current
10 job for 21 years and it takes me three-and-a-half
11 weeks to earn that premium, which at this stage is
12 double what my house payment is.

13 How many times are they going to raise the
14 increase to a point where you have to make the
15 decision between health insurance or a place to live.
16 I'm gonna have a house that I've worked so hard for
17 and lived in for 21--19 years go away, or do I live
18 in a box and have health insurance with no address.

19 I don't want to make that decision. Maybe
20 you need to do a hard look at everybody's figures and
21 say, well, do we really need an increase or do they
22 need to maybe trim their fat and tighten their belts
23 up a little themselves.

24 Well, that's enough of me. I'm finished.

25 COMMISSIONER OMMEN: I appreciate those

1 comments. There's information there with that
2 venting. Anyway, thank you very much.

3 In addition to that, is there anyone else in
4 Cedar Rapids?

5 MR. RICK SMITH: That's all for Cedar
6 Rapids.

7 COMMISSIONER OMMEN: All right. Thank you.

8 Let's move to Columbus Junction. Are there
9 any comments from individuals in Columbus Junction?
10 I think that was the room that may be empty.

11 MS. KIM ANDERSEN: Hello?

12 COMMISSIONER OMMEN: Yes. Hello.

13 MS. KIM ANDERSEN: This is Atlantic.

14 COMMISSIONER OMMEN: Oh, this is Atlantic?

15 MS. KIM ANDERSEN: Yeah. We kind of got cut
16 off the last time when you came through our city.

17 COMMISSIONER OMMEN: All right. I'll back
18 up. Let's take the comments, if there are comments,
19 from--with regards to the Wellmark rate increase.
20 We'll take those first. I hope you've been able to
21 hear what's been going on here.

22 MS. KIM ANDERSEN: Yeah, we have been.

23 COMMISSIONER OMMEN: All right. Let's begin
24 then with Wellmark. If there are those that wish to
25 comment on Medica, we can return.

1 MS. KIM ANDERSEN: We had the comments for
2 Medica, we just kinda got skipped over for Wellmark.

3 My name is Kim Andersen, A-N-D-E-R-S-E-N.
4 I've gotten a letter from Blue Cross and Blue Shield,
5 which everyone else did too, which split out the cost
6 increase that they're talking about.

7 When I went online I looked a little bit
8 about Blue Cross and Blue Shield. And they said it
9 was their goal to never have medical trends go above
10 the inflation rate. So they're proposing a 3.1
11 percent, which is above the inflation rate. It's now
12 at 2.7. Apparently, they are unable to meet their
13 goal.

14 Also, they're saying that a health insurance
15 fee is going to be reinstated by the federal
16 government in 2018. Did they collect this fee for
17 2017 since it was not paid into the federal
18 government? It was waived? What did they do with
19 this money? Also, it has not been decided that that
20 3 1/2 percent will actually have to be paid back to
21 the government.

22 And as for the pool, Blue Cross Blue Shield
23 is the one that is responsible for shrinking our pool
24 because they stopped selling insurance to individual
25 plans.

1 I'm not just real sure what the goal of Blue
2 Cross Blue Shield is. They increase our rates every
3 year and we can't afford this. I'm one of the
4 luckier ones that my rent isn't high, and my health
5 insurance isn't extremely high, but it is well above
6 many other things that I do have to pay.

7 I would just ask that you just look at their
8 fact sheets. And maybe they don't need a 16 percent
9 return on their money. Maybe they can come back to
10 what, you know, the average American is getting.
11 Maybe a bank savings account, try that kind of return
12 once and see how it goes.

13 I don't have anything else to say.

14 COMMISSIONER OMMEN: Thank you.

15 Any other comments in Atlantic?

16 MS. KIM ANDERSEN: That's all.

17 COMMISSIONER OMMEN: All right. Thank you.

18 Are there any comment in Eldora with regard
19 to Wellmark's request? That was the place that no
20 one is at now.

21 Spencer, any comments from individuals in
22 Spencer?

23 Any individuals in West Union?

24 MS. ROBINSON: They didn't lose video, they
25 turned it off. The gentleman left.

1 COMMISSIONER OMMEN: All right. That
2 appears to conclude the opportunity for public
3 remarks, public comments.

4 I'll call for anyone from Wellmark who
5 wishes to offer any comments.

6 All right. They did advise me ahead of time
7 that they did not intend to, but I wanted to make
8 sure they had an opportunity to do so.

9 All right. I do have on the agenda the
10 opportunity to make some closing comments.

11 I've been looking at these issues for quite
12 awhile now and I think I share a lot of the
13 sentiments that were expressed by the individuals in
14 this room.

15 You know, that individual market has really
16 been a challenge for every state. Not just beginning
17 this year, but dating back over a number of years.
18 Carriers do compete within segments of the market.
19 It's been said that the more segmented the market is,
20 the more difficult it is as regulators to manage that
21 risk.

22 You've heard my statements about where
23 we--how we got here. And I guess I would just leave
24 it as my responsibility. And, frankly, the only
25 authority that I have is to deal with the

1 circumstance that we find ourselves in. I can't fix
2 what was done before, and I really don't have a whole
3 lot of power to fix what's coming before us. My job
4 is to try to find a way to manage through where we
5 are. And I guess it's from listening to the rate
6 increase requests and reviewing what you have in
7 front of you, you can see the segments are making it
8 a challenge.

9 We did have a high-risk pool, and we still
10 have a high-risk pool. That's where a lot of
11 individuals that had circumstances that I would
12 describe as persistent high-cost experiences were
13 often able to go to.

14 People that go in and out of bad
15 circumstances can still be managed within an
16 appropriately sized pool of individuals. The
17 challenge is that if you view ratemaking as a way to
18 solve that problem, you're also destined to fail.
19 That's adverse selection.

20 Mandate or not, people will view it as the
21 rates go up it's not really something that they
22 consider appropriate. Certainly nobody in this room
23 is going to disagree with the concept that if over
24 half your income becomes something that's demanded
25 for an insurance payment, again, mandate or not,

1 you're going to view it probably as unaffordable.

2 Again, to return to my responsibility, it's
3 to look at the individual rate filings, it's to make
4 a decision under the law as to what is appropriate
5 and reasonable, is neither inadequate nor excessive,
6 that doesn't unfairly discriminate. And that's,
7 frankly, about all the authority that I do have.
8 I've said it before, but Congress has got to fix
9 this.

10 Anyway, I don't have anything further. We
11 can close with that.

12 Thank you very much for being here.

13 (Applause.)

14 (Hearing concluded at 12:20 p.m.)

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C E R T I F I C A T E

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I, the undersigned, a Certified Shorthand Reporter of the State of Iowa, do hereby certify that I acted as the official court reporter at the hearing in the above-entitled matter at the time and place indicated;

That I took in shorthand all of the proceedings had at the said time and place and that said shorthand notes were reduced to typewriting under my direction and supervision, and that the foregoing typewritten pages are a full and complete transcript of the shorthand notes so taken.

Dated at Des Moines, Iowa, this 11th day of September, 2017.


CERTIFIED SHORTHAND REPORTER

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1	2	4	6	A
1	2	4	6	A
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1	2	4	6	A
1	2	4	6	A
1				

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