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Letter From the Editor

By JoAnn Bogolin

This is my last issue as the editor of *Health Watch*, and what an issue it is! The biggest news I have to share is that beginning with this issue, the newsletter is undergoing “digitization.” Digitization means more than having an electronic version of *Health Watch*; it means making the newsletter interactive. Each article from *Health Watch* will have its own webpage with active links to content; readers will be able to shape each page to fit the device with which they are viewing it; and every article will be voice enabled so our audience can listen to an article rather than reading it. These are just a few features intended for our newsletter, and more features will roll out over time.

The second treat within this issue is a soup-to-nuts examination of consumer-driven health plans in “Consumers to the Rescue? A Primer on HDHP and HSAs.” A team from Milliman produced a concise but comprehensive article on what every new FSA should know about these health plans. This article is considerably longer than a typical *Health Watch* article because it will become part of the SOA’s curriculum and an essential read for many members of our community.

Also in this issue, we have two articles covering Medicare Advantage. Michelle Angeloni and Shelby Weber discuss Medicare Advantage experience data and considerations around and beyond ASOP 23. Nick Johnson and Michael Polakowski discuss value-based insurance designs (VBIDs); clarify the definition of “primarily health-related” when it comes to supplemental benefits; reinterpret the benefit uniformity requirement; and cover chronic care programs, rewards and incentives, and nominal gifts. The timing of this issue of *Health Watch* is ideal for the information provided in these articles to be considered in the CY2020 MAPD bid development process.

You will also have a chance to get to know Olga Jacobs a bit better through the leadership interview. Then Sudha Shenoy and Gail Stone interview Medicaid and risk adjustment experts to provide the community with information about the emerging practice of risk adjustment in the Medicaid population; Tim van



Laarhoven and Michael Cohen provide an in-depth discussion around the defunding of the cost-sharing reduction subsidy and what carriers and regulators are doing or can do in the face of this regulation change; Joanne Buckle and team provide an update on a research paper presented last year on alternative payment models for high-cost curative therapies; and Greg Fann continues his examination of the evolution of the individual market.

Given the size of this issue, I do not want to use any more space on my ramblings, except to say it has been an honor and outright pleasure serving as the editor of *Health Watch* because it has given me the chance to meet so many interesting, diverse and clever members of our community. To all of the authors, thank you so much for volunteering your time and sharing your knowledge! The community is grateful for all of your efforts! ■



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