2021 Plan Certification Standards & MHBE Regulations

John-Pierre Cardenas, Director of Policy and Plan Management

MARYLAND HEALTHBENEFIT EXCHANGE

2021 Plan Certification Standards & Policy Concepts

- 2021 Plan Certification Standards & Policy Concepts seek to:

1. Build off improvements in 2020.
2. Establish reasonable consumer expectations for out-of-pocket costs.
3. Align consumer incentives for health care service utilization.
4. Increase enrollee effectuation rates in the individual marketplace.
5. Increase access to stand-alone dental coverage through Maryland Health Connection.

2020 Value Plan Certification Standards

- GOAL: Provide consumers with reasonable expectations of deductibles and out-of-pocket costs while promoting cost-sharing structures that:
  1. Increase the use of high-value care.
  2. Decrease the use of low-value care.
  3. Limit premium increases attributable to increased actuarial value.
- EXTERNALITIES:
  1. Increase market participation with the availability of high value plans.
  2. Align products in the individual market with state-wide initiatives under the Total Cost of Care Waiver.
  3. Create incentives for value-based product innovation

2020 Value Plan Certification Standards

YEAR 2020: Implement “Value” plans with deductible and before deductible service requirements.

Requirements	Bronze	Silver	Gold
Minimum offering	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.
Branding	Required for 2020.	Optional.	Optional.
Deductible ceiling	No requirement. Lower deductibles are encouraged.	$2500 or less.	$1000 or less.
Services Before Deductible	Issuer may allocate no less than three office visits across the following settings: • Primary Care Visit (not including preventive care) • Urgent Care Visit • Specialist Visit	• Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Laboratory Tests • X-rays and Diagnostics • Imaging • Generic Drugs*	• Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Laboratory Tests • X-rays and Diagnostics • Imaging • Generic Drugs

*Encouraged.

2020 Qualified Health Plan Landscape

Table 7. 2019 – 2020 Deductible and Out-of-Pocket Costs Comparison

	Deductible		Actuarial Value		% Rate
Metal Level	2019	2020	2019	2020	2019 - 2020
Bronze					
CareFirst–HMO	$7900	$4000 - $7900	58.5%	59.9% – 64.9%	-15.1%
CareFirst – PPO	$7900	$7900	58.5%	59.9%	-1.0%
Kaiser Permanente	$6000 - $6200	$6000 - $6200	61% - 61.8%	62.1% - 63.1%	-3.1%
Silver					
CareFirst – HMO	$3000	$2250	66.3%	71.8%	-15.5%
CareFirst – PPO	$3000	$3000	66.3%	67.6%	-0.9%
Kaiser Permanente	$2500 - $6000	$2500 - $6000	67.5% - 71.8%	68.2% - 71.9%	-4.4%
Gold					
CareFirst – HMO	$1750	$1000 - $1750	77.9%	78.9% - 79%	-14.8%
CareFirst – PPO	$1750	$1750	77.9%	79%	-1.7%
Kaiser Permanente	$0 - $1500	$0 - $1500	77.2% - 81.4%	77.6% - 81.4%	-8.6%%
Platinum					
Kaiser Permanente	$0	$0	88.8%	88.7%	-6.3%

2020 Cost of Coverage without Financial Assistance

Table 8. 2020 Yearly Cost of Coverage (Premiums + Deductibles) for the Lowest Cost Plan and Lowest Deductible Plan across Metal Levels without Financial Assistance (29% of remaining QHP-eligible uninsured).*

Household	Before Tax Income	Lowest Cost Plan		Lowest Deductible Plan	
		% w/ Premium	*% w/ Premium + Deductible*	*% w/ Premium*	*% w/ Premium + Deductible*
21	$51,000+	4.9% - 6.8%	10.3% - 20.4%	5.3% - 7.2%	7.2% - 13.2%
64	$51,000+	14.7% - 20.6%	24.0% - 30.2%	16.0% - 21.6%	21.6% - 23.8%
60, 55, 24, 19	$104,000+	14.7% - 20.8%	26.5% - 31.7%	18.0% - 24.3%	24.3% - 25.6%
40, 38, 16, 14, 8	$121,000+	10.1% - 14.2%	17.1% - 23.2%	11.0% - 14.9%	14.9% - 17.6%
40, 38	$68,000+	9.3% - 13.0%	18.1% - 32.5%	10.1% - 13.6%	13.6% - 21.8%

2020 Cost of Coverage with Financial Assistance

Table 9. 2020 Yearly Cost of Coverage (Premiums + Deductibles) for the Lowest Cost Plan and Lowest Deductible Plan across Metal Levels with Financial Assistance (KP & CF regions, 56% of remaining QHP-eligible uninsured).*

Household	Before Tax Income	Lowest Cost Plan		Lowest Deductible Plan	
		w/ Premium	*% w/ Premium + Deductible*	*% w/ Premium*	*% w/ Premium + Deductible*
21	$25,000	1.6% - 6.4%	6.4% - 33.2%	2.6% - 6.4%	6.4% - 18.6%
64	$36,000	0.2% - 9.1%	12.8% - 25.8%	1.3% - 10.1%	9.3% - 16.4%
60, 55, 24, 19	$53,000	0.2% - 6.3%	10.9% - 30.1%	0.2% - 7.3%	6.5% - 15.3%
40, 38, 16, 14, 8	$60,000	1.5% - 6.3%	6.3% - 27.8%	2.4% - 6.4%	6.3% - 15.7%
40, 38	$32,000	0.1% - 5.7%	5.7% - 49.5%	0.1% - 5.8%	5.7% - 25.1%

2020 Cost of Coverage with Financial Assistance

Table 10. 2020 Yearly Cost of Coverage (Premiums + Deductibles) for the Lowest Cost Plan and Lowest Deductible Plan across Metal Levels with Financial Assistance (CF-only region, 15% of remaining QHP-eligible uninsured).*

Household	Before Tax Income	Lowest Cost Plan		Lowest Deductible Plan	
		% w/ Premium	*% w/ Premium + Deductible*	*% w/ Premium*	*% w/ Premium + Deductible*
21	$25,000	< 1.0%	0.1% - 31.7%	< 1.0%	0.1% - 16.1%
64	$36,000	< 1.0%	5.0% - 22.1%	< 1.0%	2.9% - 11.3%
60, 55, 24, 19	$53,000	< 1.0%	6.9% - 30.0%	< 1.0%	4.0% - 15.3%
40, 38, 16, 14, 8	$60,000	< 1.0%	0.1% - 26.4%	< 1.0%	0.1% - 13.4%
40, 38	$32,000	< 1.0%	0.2% - 49.5%	< 1.0%	0.2% - 25.1%

- Many of the remaining approximately 31,000 FA-eligible, uninsured in this region could enroll in coverage for less than $250 a year.

2021 Value Plan Certification Standards

YEAR 2021: No changes for the Value Bronze Plan or Value Gold Plan. Limited modifications to the Value Silver.

- Both Value Silver and Value Gold Plans: No change in deductible ceiling.
- Value Silver only:
  - Requirement #1 – Modify before deductible services to include Generic Drugs.
  - Requirement #2 – Modify before deductible services to exclude Imaging.
  - Flexibility – Issuers have the flexibility to modify plan design within the Value Plan requirements. MHBE shall provide additional flexibility to issuers contingent upon limitations that may arise with the release of the 2021 Actuarial Value Calculator.

2020 Value Plan Certification Standards

YEAR 2021: No changes for the Value Bronze Plan or Value Gold Plan. Limited modifications to the Value Silver.

- Value Gold only:
  - Flexibility – Options to help issuers meet Value Gold requirements offsets to increases in AV may, but are not limited to, include:
    1. Changes in cost sharing for Specialist Care Visit, Laboratory Services, X-rays and Diagnostics, and Imaging.
    2. Limitations for Laboratory Services, X-rays and Diagnostics, and Imaging.
    3. Exclusion of Imaging from Before Deductible Services.
    4. Issuers have the flexibility to modify plan design within the Value Plan requirements. MHBE shall provide additional flexibility to issuers contingent upon limitations that may arise with the release of the 2021 Actuarial Value Calculator.

2021 Value Plan Certification Standards

- YEAR 2021: No changes for the Value Bronze Plan or Value Gold Plan. Limited modifications to the Value Silver.

Requirements	Bronze	Silver	Gold
Minimum offering	Issuer must offer at least 1 "Value" plan.	Issuer must offer at least 1 "Value" plan.	Issuer must offer at least 1 "Value" plan.
Branding	Required.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	$2500 or less.	$1000 or less.
Services Before Deductible	Issuer may allocate no less than three office visits across the following settings: • Primary Care Visit • Urgent Care Visit • Specialist Visit	• Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Laboratory Tests*+ • X-rays and Diagnostics*+ • Generic Drugs	• Primary Care Visit • Urgent Care Visit • Generic Drugs • Specialist Care Visit • Laboratory Tests* • X-rays and Diagnostics*

Recommended to maintain, or decrease, cost sharing from 2020.

*May be subject to limitation.

+May be excluded from before deductible services.

PayNow URL Requirement

- STANDARD: Within calendar year 2021, issuers participating on Maryland Health Connection shall implement a PayNow URL to allow consumers to pay their first month's premium at the point of enrollment. MHBE shall provide additional flexibility to issuers contingent upon technological/timeline limitations should they arise.
- GOAL: Increase coverage effectuation in the individual market.
    1. Promote market stability through increased member months.
    2. Lowers the administrative barriers to access coverage for consumers.
- EXTERNALITIES:
    1. When coupled with other enrollment initiatives (the Maryland Easy Enrollment Health Insurance Program) this requirement may increase coverage up-take for target populations.
    2. Creates a uniform customer service experience on Maryland Health Connection.
- UTILIZATION: The PayNow URL was utilized 11,000+ in Open Enrollment 2018.

Co-pay Accumulator Program Transparency

- STANDARD: Issuers shall disclose in their “Important Information About This Plan” document if they utilize a Co-pay Accumulator Program for prescription drugs covered in their formulary and provide information on how the program may impact their out-of-pocket costs.
- GOAL: Increase coverage transparency for enrollees with who utilize coupons to reduce the cost their prescription drug.

Expand Access to Stand-Alone Dental Coverage

- STANDARD: Stand-Alone Dental Plans shall accept enrollments under special enrollment periods for coverage offered on Maryland Health Connection for the following trigger events:
  1. Determination of eligibility for Medical Assistance Programs.
  2. Determination of eligibility for a Qualified Health Plan.
  3. New enrollment in the Small Business Health Options Program.
  4. Access to an excepted benefits HRA.
- GOAL: Expand access to dental coverage and increase enrollment in Stand-Alone Dental Plans offered on Maryland Health Connection.

Increased Premium Rating Options for Small Employers

- STANDARD: SHOP issuers shall offer at least one QHP at the bronze, silver, and gold metal levels that allows for Composite Rating for employers seeking to offer a single plan to their employees.
- GOAL: Expand access to alternative premium options for small employers participating on the SHOP.

Lower Administrative Barriers for New Market Entrants

- STANDARD: Offer optional sample plan designs at the bronze, silver, and gold metal levels.
- GOAL: Lower administrative barriers for potential new market entrants with limited experience with plan design development.

Regulations

Grant Application and Award Regulations

- Requested by the MHBE Board of Trustees.
- Presented to the MHBE Board Policy Sub-Committee
- Will be made available as proposed regulation to receive public comment.
- Modeled after the existing Procurement, Grant Application, and Award process.

Affordable Care Act: Impact Study Proposals

John-Pierre Cardenas, Director Policy and Plan Management

MARYLAND HEALTHBENEFIT EXCHANGE

ACA Impact Study Design

- MHBE Board of Trustees tasked MHBE Staff to provide recommendations for study designs that would evaluate the impact of the ACA in Maryland from 2014.
- MHBE Staff tasked the Hilltop Institute to develop a logic model and a set of hypotheses/study designs to meet the Board's task.
- The Hilltop Institute provided a set of 14 hypotheses that evaluate short, intermediate, and long-term ACA outcomes.
- MHBE Staff recommend four of the hypotheses/study designs for the Board to commission be completed by MHBE

ACA Impact Study Design

- MHBE Staff selection criteria:

1. Selected hypotheses/studies should be in alignment with MHBE's statutory purpose, core values, and purview.
2. Selected hypotheses/studies should yield information that support state-wide policy initiatives, e.g. population health under the Maryland Model.
3. Selected hypotheses/studies should utilize readily available/accessible data sources and be quantitative in approach.
4. Selected hypotheses/studies should not be duplicative of existing studies performed by other State agencies.

Hypothesis 1: Increases in utilization after implementation of ACA coverage expansions subside after initial surge in utilization

Research Question	Outcomes Used to Address the Research Question	Sample or Subgroups to be Compared	Data Sources	Analytic Methods
Hypothesis 1: Increases in utilization after implementation of ACA coverage expansions subside after initial surge in utilization				
How did statewide utilization of health services change after ACA?	Acute care (hospitalization, ED visits)	State population, and demographic and geographic subgroups	NHIS, NMES, HSCRC, Medicaid, Medicare, APCD	Interrupted time-series analysis of trends pre-and post- policy implementation
	Primary care utilization	State population, and demographic and geographic subgroups	NHIS, NMES, Medicaid, Medicare, APCD	Interrupted time-series analysis of trends pre-and post- policy implementation

Hypothesis 2: Increases in utilization after implementation of ACA coverage expansions subside after initial surge in utilization

Research Question	Outcomes Used to Address the Research Question	Sample or Subgroups to be Compared	Data Sources	Analytic Methods
Hypothesis 1: Increases in utilization after implementation of ACA coverage expansions subside after initial surge in utilization				
How did statewide utilization of health services change after ACA?	Acute care (hospitalization, ED visits)	State population, and demographic and geographic subgroups	NHIS, NMES, HSCRC, Medicaid, Medicare, APCD	Interrupted time-series analysis of trends pre-and post- policy implementation
	Primary care utilization	State population, and demographic and geographic subgroups	NHIS, NMES, Medicaid, Medicare, APCD	Interrupted time-series analysis of trends pre-and post- policy implementation

Hypothesis 2: ACA resulted in increased use of services by persons with identifiable health needs, such as chronic conditions, in particular among traditionally underserved ethnic and racial minorities.

Research Question	Outcomes Used to Address the Research Question	Sample or Subgroups to be Compared	Data Sources	Analytic Methods
Hypothesis 2: ACA resulted in increased use of services by persons with identifiable health needs, such as chronic conditions, in particular among traditionally underserved ethnic and racial minorities.				
Did the chronically ill increase access to services? Has cost of chronically ill to the health system leveled out? Chronic disease (under the waiver): • Diabetes • Hypertension • Depression • Asthma • Obesity	Rates of ambulatory care increasing with acute care utilization (ED and inpatient decreasing)	State population, and demographic, ethnic, and racial subgroups	NMES, NHIS, Medicare data, Medicaid data	Interrupted time-series analysis of trends pre-and post- policy implementation

Hypothesis 3: Population health measures proposed by the RFP improve.

Research Question	Outcomes Used to Address the Research Question	Sample or Subgroups to be Compared	Data Sources	Analytic Methods
Hypothesis 3: Population health measures proposed by the RFP improve.				
Did implementation of ACA result in population health improvements?	[Measures of importance to be defined, e.g. prevalence of disease, maternal and child health, disease specific mortality, smoking rates]	Statewide population, and demographic, ethnic, and racial subgroups	Public Health disease surveillance, vital statistics, BRFSS etc.	Interrupted time-series analysis of trends pre-and post- policy implementation

Hypothesis 4: Health disparities diminish.

Research Question	Outcomes Used to Address the Research Question	Sample or Subgroups to be Compared	Data Sources	Analytic Methods
Hypothesis 4: Health disparities diminish				
Did implementation of ACA result in reductions in population health disparities?	[Measures of importance to be defined, e.g. prevalence of disease, maternal and child health, disease specific mortality, smoking rates]	Demographic, geographic, ethnic, and racial subgroups	Public Health disease surveillance, vital statistics, BRFSS etc.	Interrupted time-series analysis of trends pre-and post- policy implementation

ACA Impact Study Design – Next Steps

- Determine whether to:

  1. Leverage existing Memorandum of Understanding with the Hilltop Institute to conduct the studies.

  2. Leverage the Hilltop Institute to provide technical support in development of the request for proposal to procure a vendor to conduct the studies.

Thank you!

MARYLAND HEALTH BENEFIT EXCHANGE

@MarylandConnect