2022 Plan Certification Standards

November 16, 2020

Johanna Fabian-Marks

Director, Policy & Plan Management

MARYLAND HEALTH BENEFIT EXCHANGE

2022 Plan Certification Standards Timeline

- August 13, 2020: Present proposed standards to the Standing Advisory Committee
- Sept. 21, 2020: Present proposed standards to the Board
- Following September Board meeting: 30-day public comment period on proposed standards
- November 16, 2020: Present to the Board on comments received and any proposed revisions to standards; Board votes on final standards

2022 Plan Certification Standard Goals

The proposed 2022 plan certification standards seek to:

1. Build on 2021 and earlier improvements
2. Align consumer incentives for health care utilization with state population health goals
3. Strengthen the value proposition of bronze value plans
4. Improve consumer understanding of telehealth benefits
5. Enable easier enrollee access to their electronic health information
6. Enhance information on dental plans available to consumers

2021 Value Plan 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.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	$2,500 or less.	$1,000 or less.
Services Before Deductible	Issuer may allocate a total of no less than three office visits across one or more of the following settings: • Primary Care Visit • Urgent Care Visit • Specialist Visit	• Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Generic Drugs • Laboratory Tests • X-rays and Diagnostics*+	• Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Generic Drugs • Laboratory Tests* • X-rays and Diagnostics*

*May be subject to limitation.

+May be excluded from before deductible services

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2022 Bronze Value Plan Modifications

Proposal:

- Modify before deductible services to include all primary care visits, mental health/substance use disorder outpatient visits, and generic drugs pre-deductible
- Limit cost-sharing for primary care, mental/substance use disorder outpatient visits, and generic drugs to co-pays to be determined after release of the 2022 AV calculator
- Goal: Align with Maryland focus on primary care and opioid use disorder treatment and prevention; strengthen the value proposition of bronze value plans

Public Comment

- MIA, CareFirst, and Kaiser Permanente recommended delaying finalization of additional standards for bronze value plans until after the 2022 AV calculator is released, likely in early 2021. Maryland Hospital Association commented in favor of expanding pre-deductible services to align consumer incentives for health care with state population health goals

Recommendation

- Revisit additional standards for bronze value plans after 2022 AV calculator is released
- Due to the need to rapidly finalize standards to accommodate plan filing deadlines, authorize MHBE to consult with the MIA and publish proposed bronze value plan modifications and collect public comment on them without presenting them at a Board meeting first, if necessary due to timing considerations. The Board would still be required to vote on final bronze value plan modifications.

2022 Silver and Gold Value Plan Modifications (1/2)

Proposal

- Modify before deductible services to include mental/substance use disorder outpatient visits (all 2021 silver & gold value plans already meet this standard)
- Goal: Align with Maryland focus on opioid use disorder treatment and prevention; clarify implicit requirement

Public comment

- No comments received opposing this proposal.

Recommendation

- Finalize as proposed

2022 Silver and Gold Value Plan Modifications (2/2)

Proposal: Modify before deductible services to include coverage of diabetic supplies (insulin, test strips, and glucometers) with no cost sharing, with permitted limitation of items covered with no cost sharing to preferred brands

- Goal**:** Align with Maryland focus on treatment and prevention of diabetes

Public comment: No comments received opposing this proposal. MIA noted that, due to the requirements of the benchmark plan and §15-822(d)(3) of the Insurance Article, test strips are already required without cost sharing unless the plan is a high-deductible plan. MIA also noted the following:

Carrier	Current Coverage	Insulin – Possible Premium Impact*
CareFirst	Preferred brand name insulin is covered without cost-sharing; glucometers are subject to deductible and a 30% coinsurance	N/A
Kaiser	Insulin and glucometers are covered pre-deductible with a 35% coinsurance. Glucometers provided at KP pharmacies are covered with no cost-sharing.	Silver: Could increase premiums by .75-1% Gold: Could increase premiums by .5-.75%
United	Insulin is covered pre-deductible as either a Tier 1 or Tier 2 drug (silver copays of $10 or $25; gold copays of $5 or $15) glucometers are subject to deductible and a 30% coinsurance	Silver: Could increase premiums by .25-.5% Gold: Could increase premiums by .1-.25%

*Glucometers estimated to increase premiums by <.1% across all carriers. Insulin premium impacts may be at least partially offset by improved morbidity for diabetic patients resulting from increased drug adherence.

Recommendation: Remove requirement to cover test strips as it is unnecessary. Otherwise finalize as proposed.

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Telehealth Transparency

- **Proposal**: Require issuers to describe their coverage of telehealth services in their "Important Information About This Plan" document
    - Goal: Provide additional information in response to increased consumer interest in telehealth services
- **Public comment**: No commenters opposed this proposal. Maryland Hospital Association and Kaiser Permanente commented in favor of it
- **Recommendation:** Finalize as proposed

Patient Data Availability

- **Proposal**: Require individual market QHP issuers to comply with 45 CFR 156.221(a)-(f)
- **Background (a-e)**: Effective July 1, 2021, CMS is requiring managed care entities participating in Medicare Advantage, Medicaid, and CHIP, as well as Medicaid and CHIP fee-for-service (FFS) programs and QHP issuers on the federal exchange, to make available an Application Programming Interface (API) that allows patients to easily access their claims and encounter information, including cost, as well as a defined set of clinical data, if maintained by the issuer, through third-party applications of their choice.
- **Background (f)**: Effective January 1, 2022, CMS is requiring all payers listed above except Medicaid and CHIP FFS programs to implement a process that allows electronic health data to be exchanged between payers
- **Goal**: Enrollees can easily access their electronic health information held by their insurer and expect that their claims, encounter, and other relevant health history information will follow them smoothly from plan to plan and provider to provider. Also, provide consistency in data availability for enrollees who move between Medicaid, MCHP, and QHP coverage or whose households have a mix of coverage.
- **Public comment**: No commenters opposed this proposal
- **Recommendation:** Finalize as proposed

Enhance Dental Plan Information

1. Provider Directory

- Proposal: Require dental carriers to provide information on in-network providers in a format and at a frequency specified by MHBE.
- Goal: Add a dental provider directory to Maryland Health Connection and allow consumers to search for in-network dental providers while shopping for coverage. This would align with functionalities available on the medical plan side.

2. Important Information about This Plan

- Proposal: Encourage dental carriers to create and provide a link to an "Important Information about This Plan" document to address unique benefits or features of their coverage, which MHC could add to the plan shopping tile. This feature is currently available for medical plans, so this would mirror the current medical plan shopping tile.
- Goal: Educate enrollees on the unique aspects and value of dental plans.

Public Comment on Proposals 1 and 2: No commenters opposed this proposal

Recommendation for Proposals 1 and 2: Finalize as proposed

Other Public Comments

- Maryland Citizens’ Health Initiative commented to support the proposed standards
- MIA observed that gold plans in the individual market have high out of pocket maximums (OOPMs; 6,650 to $8,550) compared to the small group market, where gold plans have OOPMs in the $3,000 - $4,000 range.
  - This creates a hole in the Gold portfolio, leaving high-utilizing consumers unable to pay more in premiums in exchange for a commensurate increase in protection against out-of-pocket medical expenses.
- MIA also observed that due to the silver value plan deductible limit of $2,500, carriers are forced to use high OOPMs in order to fit these plans into the permitted AV range. As a result, the average 2021 OOPM for silver plans ($8,160) is higher than for bronze plans ($7,852), which is not in line with expectations that the OOPM declines as the metal level increases.
- When developing the 2023 plan certification standards, MHBE recommends considering updates to silver and gold value plan deductible ceilings to restore the expected hierarchy in OOPMs, and considering options to reduce the OOPM for gold plans.

Board Action Required

Staff requests that the Board approve the 2022 plan certification standards as proposed, with the following exceptions:

- Defer finalization of bronze value plan modifications until after the 2022 AV calculator is released, and
- Remove the requirement to cover diabetes test strips with $0 cost-sharing in gold and silver value plans because it is unnecessary due to the requirements of the benchmark plan and §15-822(d)(3) of the Insurance Article.

Questions?

Appendix

Maryland Population Health Initiatives

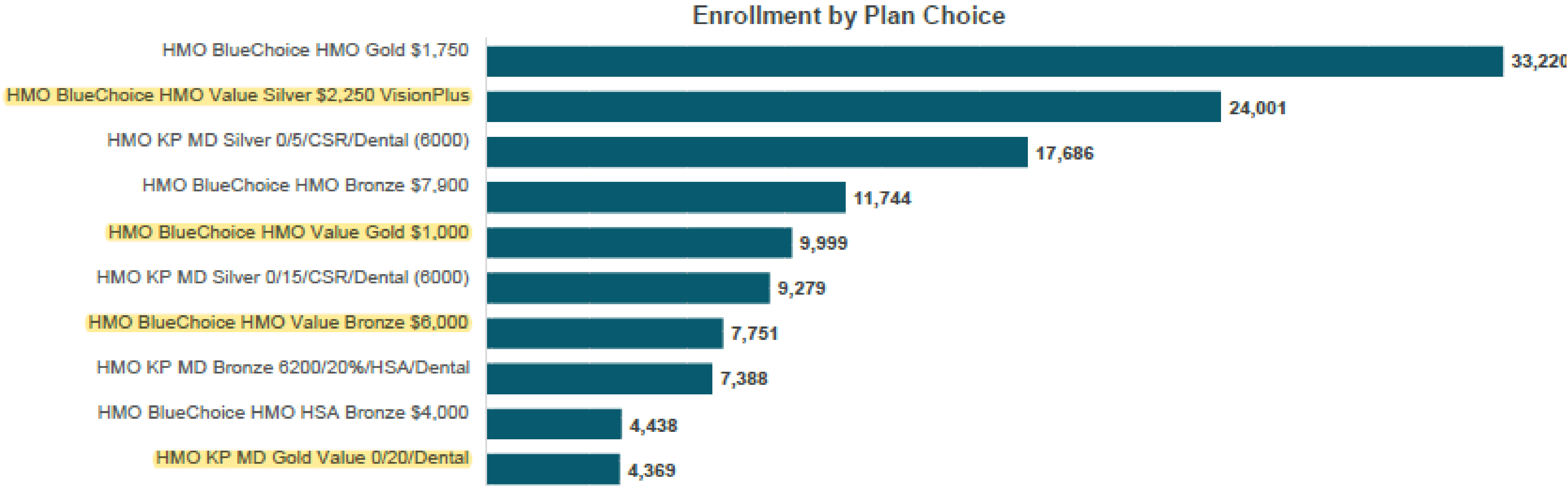
- **Total Cost of Care Model Population Health Priority Area 1: Diabetes**
  - Identified as a statewide priority by Maryland Secretary of Health
  - Maryland's statewide *Diabetes Action Plan* is now available on MDH website
  - Initiative being led by the Maryland Department of Health

- **Total Cost of Care Model Population Health Priority Area 2: Opioids**
  - Identified as a statewide priority by Lieutenant Governor through the Maryland Heroin and Opioid Emergency Task Force (2015-2018) and the Commission to Study Mental and Behavioral Health (2019)
  - State of Emergency declared by Governor Hogan in 2017
  - Initiative being led by the Opioid Operational Command Center

- **Maryland Primary Care Program (MDPCP)**
  - MDPCP provides funding and support to allow primary care providers to play an increased role in prevention, management of chronic disease, and preventing unnecessary hospital utilization.
  - Initiative being led by the Maryland Department of Health

2020 Value Plan Enrollment

- Value plans constitute 4 of the 10 plans with highest enrollment
- A total of 48,280 individuals are enrolled across 6 value plans, accounting for 31% of enrollees on Maryland Health Connection



Data as of June 30, 2020

MARYLAND HEALTH BENEFIT EXCHANGE

2021 Value Plan Out of Pocket Cost Comparison

In many scenarios, value plans are likely to have lower out of pocket costs.

Scenarios	Bronze		Silver		Gold	
	Value	Non-Value	**Value**	Non-Value	**Value**	Non-Value
CareFirst						
Having a baby	**$ 6,000**	$ 8,250	$ 2,250	-	**$ 1,000**	$ 1,750
Managing Type-2 Diabetes	$ 5,430	$ 5,430	$ 2,250	-	**$ 1,000**	$ 1,400
Simple Bone Fracture	$ 2,800	$ 2,800	$ 2,250	-	**$ 1,000**	$ 1,750
Kaiser						
Having a baby	**$ 6,000**	$ 6,900	**$ 2,500**	$ 3,200	**$ 1,000**	$ 1,750
Managing Type-2 Diabetes	**$ 4,500**	$ 4,800	**-**	$ 3,200	**-**	$ 250
Simple Bone Fracture	$ 2,800	$ 2,800	**$ 2,100**	$ 2,800	**$ 1,000**	$ 1,750
UnitedHealthcare						
Having a baby	$ 7,500	$ 5,900	**$ 2,500**	$ 3,500	**$ 1,000**	$ 3,000
Managing Type-2 Diabetes	**$ 4,500**	$ 5,300	**$ 2,500**	$ 3,500	**$ 1,000**	$ 3,000
Simple Bone Fracture	**$ 2,500**	$ 2,800	**$ 2,400**	$ 2,500	**$ 1,000**	$ 2,500

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2021 Plan Summary - Bronze

<table>
<tr><th>Carrier</th><th>Plan Marketing Name</th><th>Individual Deductible</th><th>Individual MOOP</th><th>PCP</th><th>Specialist</th><th>Urgent Care</th><th>Emergency Room</th><th>Inpatient Hospital Services</th><th>Generic Drugs</th><th>Preferred Brand</th></tr>
<tr><td>CF HMO</td><td>BlueChoice HMO HSA Bronze $6,150</td><td>$6,150</td><td>$6,900</td><td>$30 AD</td><td>$40 AD</td><td>$60 AD</td><td>$300 AD</td><td>$500/Day AD</td><td>$10 AD</td><td>$50 AD</td></tr>
<tr><td>CF HMO</td><td>BlueChoice HMO Bronze $8,250</td><td>$8,250</td><td>$8,250</td><td colspan="7">No Charge AD</td></tr>
<tr><td>CF HMO</td><td>BlueChoice HMO Value Bronze $6,000</td><td>$6,000</td><td>$8,300</td><td>$40</td><td>$50 AD</td><td>$70</td><td>40% AD</td><td>40% AD</td><td>$20 AD</td><td>$50 AD</td></tr>
<tr><td>CF PPO</td><td>BluePreferred PPO Bronze $8,250</td><td>$8,250</td><td>$8,250</td><td colspan="7">No Charge AD</td></tr>
<tr><td>KP</td><td>KP MD Bronze Value 6000/55/Vision</td><td>$6,000</td><td>$8,550</td><td>3 visits @ $55, then 40% AD</td><td colspan="4">40% AD</td><td>$25</td><td>40% AD</td></tr>
<tr><td>KP</td><td>KP MD Bronze 6900/0%/HSA/Vision</td><td>$6,900</td><td>$6,900</td><td colspan="7">No Charge AD</td></tr>
<tr><td>KP</td><td>KP MD Bronze 7500/40%/Vision</td><td>$7,500</td><td>$8,550</td><td colspan="7">40% AD</td></tr>
<tr><td>OCI</td><td>Value Bronze</td><td>$7,500</td><td>$8,550</td><td>$40</td><td>$120</td><td>$100</td><td>$500 AD</td><td>50% AD</td><td>$20</td><td>50% AD</td></tr>
<tr><td>OCI</td><td>Balance Bronze Saver (HSA)</td><td>$5,900</td><td>$7,000</td><td colspan="5">30% AD</td><td>$20</td><td>30% AD</td></tr>
</table>

AD = After Deductible

Indicates Value Plan

Indicates coverage before deductible

2021 Plan Summary - Silver

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Value Silver $2,250 VisionPlus	$2,250	$8,050	$30	$40	$60	30% AD	30% AD	$15	$50 AD
CF PPO	BluePreferred PPO HSA Silver $3,000 VisionPlus	$3,000	$6,650	$30 AD	$40 AD	$60 AD	$300 AD	$500/day AD	$10 AD	$50 AD
KP	KP MD Silver Value 2500/35/Vision	$2,500*	$8,250	$35	$55	$55	35% AD	35% AD	$20	$60
KP	KP MD Silver 6000/40/Vision	$6,000	$8,500	$40	$60	$60	35% AD	35% AD	$30	$60
KP	KP MD Silver 3200/20%/HSA/Vision	$3,200	$6,650	20% AD	20% AD	20% AD	20% AD	20% AD	$20 AD	$55 AD
OCI	Value Silver	$2,500	$8,550	$30	$75	$75	$500 AD	30% AD	$10	$75 AD
OCI	Balance Silver	$3,500	$8,550	$25	$75	$75	$500 AD	30% AD	$10	$75 AD
OCI	Balance Silver Free Primary Care	$4,500	$8,550	30% AD	$75	$75	$500 AD	30% AD	$10	$75 AD
OCI	Balance Silver 3 Free Visits	$6,000	$8,550	30% AD	$75	$75	$500 AD	30% AD	$10	$75 AD

AD = After deductible

*Separate drug deductible

Indicates Value Plan (light blue)

Indicates coverage before deductible (green)

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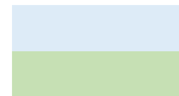
2021 Plan Summary - Gold

Carrier	Plan Marketing Name	Individual Deductible	Individual MOOP	PCP	Specialist	Urgent Care	Emergency Room	Inpatient Hospital Services	Generic Drugs	Preferred Brand
CF HMO	BlueChoice HMO Gold $1,750	$1,750*	$6,650	$0	$30	$50	$300 AD	$450/day AD	$0	$50 AD
CF HMO	BlueChoice HMO Value Gold $1,000	$1,000	$6,650	$0	$30	$50	30% AD	30% AD	$0	$50 AD
CF PPO	BluePreferred PPO Gold $1,750	$1,750*	$6,650	$0	$30	$50	$300 AD	$450/day AD	$0	$50 AD
KP	KP MD Gold Value 0/20/Vision	none*	$6,950	$20	$40	$40	$500	35% AD	$10	$55
KP	KP MD Gold Value 1000/20/Vision	$1,000*	$6,950	$20	$40	$40	$500	35% AD	$10	$55
KP	KP MD Gold 1750/20/Vision	$1,750*	$6,950	$20	$40	$40	35% AD	35% AD	$15	$55 AD
OCI	Value Gold	$1,000	$8,550	$20	$40	$50	$500 AD	30% AD	$5	$50 AD
OCI	Balance Gold 3 Free Visits	$1,500	$8,550	30% AD	30% AD	$50	$500 AD	30% AD	$5	$50 AD
OCI	Balance Gold Free Primary Care	$3,000	$8,550	$0	$35	$50	$500 AD	20% AD	$3	$50 AD

AD = After deductible

*Separate drug deductible



Indicates Value Plan

Indicates coverage before deductible

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