MARYLAND HEALTH BENEFIT EXCHANGE RESPONSES TO PUBLIC COMMENTS ON 2017 DRAFT LETTER TO ISSUERS

The following chart summarizes public comments submitted to Maryland Health Benefit Exchange (MHBE) regarding the 2017 Draft Letter to Issuers and MHBE's response to each comment. Comments are organized by chapter and topic, and the commenting organization is listed in parentheses after the comment in the second column (please refer to Commenter Key below for abbreviations guidance). Accepted comments are incorporated into the 2017 Final Letter to Issuers. MHBE will provide additional information and guidance to the public for any comments that MHBE has chosen not to incorporate into the Letter at this time but proposes to further review ith stakeholders.

2018 ISSUER LETTER SUMMARY OF COMMENTS BY TOPIC						
Draft Letter proposal	**Commenter**	**Opposition/ Support**	**Public comment to proposal**	**MHBE response to comment**	**MHBE reason for response**	**Incorporated into Letter?**
Chapter 1: CARRIER ANNUAL CERTIFICATION PROCESS AND STANDARDS						
C. Carrier Certification Standards - ii. Requirement for Accreditation	**CAREFIRST**	Opposition	We urge that this proposal be removed. CareFirst does not support submitting additional information to the MHBE about accreditation beyond what is required on a federal level	Not accepted at this time with clarification	MHBE does not seek any information greater than what is requested by the FFM. This process reduces administrative burden on issuers through submission of a single application instead of disparate submissions.	Not incorporated, clarification added to the letter
	CIGNA	Opposition	Cigna does not recommend any changes to the accreditation requirements since they comply with federal requirements	Not accepted at this time with clarification	MHBE does not seek any information greater than what is requested by the FFM. This process reduces administrative burden on issuers through submission of a single application instead of disparate submissions.	Not incorporated
v. Requirement for Network Access Plan	**CAREFIRST**	Opposition	We urge that the MHBE requirement of submission of a network access plan be removed from the draft letter as it is both duplicative of existing requirements of carriers and also prohibited under HB 1318.	Not accepted at this time, will review further with stakeholders	After receiving input from stakeholders on the administrative burden of submitting a network access plan, MHBE engaged with the MIA to develop an information sharing pathway. Counsel has determined this approach to be unviable. Under 45 CFR 155.1050 the Marketplace must review QHPs for network adequacy. MHBE returns to the earlier standard for submission of a network access plan and will work with the MIA to further streamline the process.	Not incorporated
	CHF	Support	We support the requirement to gather information on telehealth data. However, we suggest that a report be prepared that protects the confidentiality of plan specific information while providing public access to information on the current use of telehealth in Maryland	Not accepted at this time	MHBE has removed telemedicine information as a submission requirement for the network access plan.	Not incorporated
	KP	N/A	While Kaiser understands the importance of the Network Access Plan for review and certification we urge MHBE to provide carriers the requirements in March of 2017. Furthermore, when creating the updated requirements, we ask the MHBE align as much as possible with the broader Network Access Plan requirement that the MIA is creating as a future	Accepted with amendments to proposal	MHBE agrees to aligning the network access plan requirement with what the MIA may create as a future filing/benefits requirement. Further MHBE will provider issuer requirements in February of 2017.	Incorporated into letter
CHAPTER 2: QUALIFIED HEALTH PLAN/STAND-ALONE DENTAL PLAN CERTIFICATION PROCESS						
A. Submission Requirements for QHP Certification	**CIGNA**	N/A	Cigna would appreciate additional clarity as the current language is confusing, Does this mean that if the MIA releases the rate schedule late, the deadlines in the table would be extended?	Clarity provided	MHBE will change the listed date of the rate release by the MIA to TBD as this date has not yet been determined. Further, the deadlines in the table will be amended, as appropriate, pending the rate release	Incorporated into letter
D. Denial, Suspension and Revocation of Certification	**CIGNA**	N/A	What is an "appropriate" remedy? Redrafted sentence should read, "... and corrective action plans are subject to any and all remedies available under state and federal laws and regulations."	Accepted as proposed	MHBE accepts this comment.	Incorporated into letter

Chapter 4: QUALIFIED PLAN CERTIFICATION STANDARDS						
C. Discriminatory Benefit Design	**CIGNA**	Opposition	We respectfully recommend reconsideration of relying on "proposed regulations". If the state relies upon a proposed regulation in evaluating a carrier's Maryland plans and then the proposed regulation is modified or not finalized, this could lead to an inconsistency in application of Federal and state rules/interpretations.	Accepted as proposed	MHBE accepts this comment.	Incorporated into letter
E. Plan Offering Limitation Standards - i. Standard Benefit Design	**CAREFIRST**	Opposition	We urge MHBE to postpone any consideration of standard plans for 2018, and further vet proposed standard plans before determining whether standard plans should be required in future plan years.	Accepted; Will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process. MHBE understands the process requires engagement and effort across numerous stakeholder groups with appropriate vetting.	Not incorporated
	CIGNA	Opposition	We recommend that issuers participating on the individual marketplace be given the option to offer standardized plans. This would be consistent with the approach CMS is taking with standardized plans offered on the FFM. We recommend In addition, standardized plans may limit customer choice if required by the state. In addition, this approach may just limit customer choice if required by the state. We recommend that the proposed standard plans be run through the 2018 AV Calculator and redistributed to issuers.	Will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process. The requirements of the standardized plans will be determined through the stakeholder workgroup, MHBE encourages all to participate.	Not incorporated
	HEAU	Support	The HEAU supports a standardized benefit plan option for consumers to simplify the consumer shopping experience by eliminating multiple variables, providing apples-to-apples comparisons, and to encourage plan designs with consumer-centric features such as pre-deductible services	Will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process. MHBE looks forward to hearing stakeholder priorities through these sessions.	Not incorporated
	CHF	Support	We strongly endorse the establishment of standardized benefit plans with the following recommendations: - Establish a workgroup to finalize the design of standardized plans with work to be completed no later than September 30, 2017 - Include Bronze level plans - Reject recommendations to phase in standardized	Will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process. MHBE looks forward to hearing stakeholder priorities through these sessions.	Not incorporated
	KP	Support	We urge MHBE to move forward with this requirement for PY 2018, and release final plan designs as soon as possible in mid-January so carriers can accommodate.	Not accepted at this time, will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process.	Not incorporated
iii. Plan Naming Convention	**HEAU**	Support	There should be a standard naming convention for the plans. The HEAU suggests adopting the federal model name "Simple Choice" coupled with clear consumer messaging in the plan display.	Will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process. MHBE looks forward to hearing stakeholder priorities through these sessions.	Not incorporated
	CHF	Support	Require a standardized naming convention across all carriers.	Will review further with stakeholders	MHBE will defer standard plans for 2018, a workgroup will be created to further this process. MHBE looks forward to hearing stakeholder priorities through these sessions.	Not incorporated
ii. Treatment Cost Examples	**CAREFIRST**	Opposition	We are very concerned about the administrative and operational impact of this proposal and urge MHBE to strike this from the draft issuer letter.	Accepted as proposed	MHBE seeks to relieve administrative/operational burden on issuers where possible. MHBE agrees to the removal of this standard due to issuer feedback.	Incorporated into letter

	CIGNA	Opposition	MH/SUD cost example should remain optional. We recommend that MHBE follow SBC requirements as set forth by CMS.	Accepted with clarification	MHBE seeks to relieve administrative/operational burden on issuers where possible. MHBE agrees to the removal of this standard due to issuer feedback.	Incorporated into letter
	CHF	Support	We support MHBE's proposed approach to develop a uniform template and criteria for determining and reporting treatment costs so that consumers receive accurate and sufficiently detailed information	Not accepted at this time	MHBE seeks to relieve administrative/operational burden on issuers where possible. MHBE agrees to the removal of this standard due to issuer feedback.	Not incorporated
	KP	Opposition	We believe members would be better served by seeing indicators that substance use disorder treatment and mental health are standard benefits, as costs can fluctuate by situation, need, and plan type.	Accepted with clarification; Will review further with stakeholders	MHBE seeks to relieve administrative/operational burden on issuers where possible. MHBE agrees to the removal of this standard due to issuer feedback. MHBE will work with stakeholders to see if issuers can provide information on how they provide services for mental health/substance use disorder patients	Incorporated into letter
iii. Additional Information within SBC Link	**HEAU**	Opposition	If the removal of these standards includes the removal of a requirement that QHP Issuers include a URL that provides a direct link to each QHP's complete benefits or terms through a policy contract, the HEAU objects to the removal of this requirement.	Not accepted at this time	MHBE seeks to relieve administrative/operational burden on issuers where possible. MHBE agrees to the removal of this standard due to issuer feedback.	Not incorporated
	CHF	Opposition	We object to the removal of standards included in the 2017 Final Issuer Letter, namely the requirement that "issuers include a URL that links to each QHP's complete benefits or terms through a policy contract or an in-depth plan document on the Summary of Benefits and Coverage form."	Not accepted at this time	MHBE seeks to relieve administrative/operational burden on issuers where possible. MHBE agrees to the removal of this standard due to issuer feedback.	Not incorporated
v. CRISP Provider Data Submission	**CIGNA**	Support	We support the proposed standard for 2018	Accepted	MHBE accepts this comment.	Not incorporated
	HEAU	Support	The plan certification standards should include an affirmative statement requiring compliance with Md. Code Ann., Insurance 15-112	Accepted	MHBE accepts this comment.	Not incorporated
	CHF	N/A	We recommend that MHBE ask each carrier to disclose on its application the method it uses to ensure the accuracy of its provider directories and to certify that the carrier conducts this review on no less than an annual basis.	Not accepted at this time	At this time MHBE will delay additional requirements on issuers as they pertain to network adequacy and provider directories.	Not incorporated
viii. Network Breadth Categories	**CIGNA**	Opposition	In regard to network breadth rating, the methodology outlined by CMS is complex and issuers and AHIP have voiced concerns regarding whether accurate information would displayed in a way that would be easily understood by consumers. Consumers have consistently demonstrated whether or not their doctor is in a specific network is a key driver. Network rating does not appear to serve as a significant driver of consumer choice.	Not accepted at this time	MHBE will move forward with the plan certification standard. MHBE will work with stakeholders to insure that appropriate definitions and explanatory language will be utilized to inform the consumer of the correct interpretation of the indicator.	Not incorporated
	HEAU	Support	The HEAU supports providing consumers with network breadth information when plan shopping and further supports applying the FFM methodology, including the addition of integrated delivery system information for consumers. The HEAU suggests considering adopting a different naming convention than the FFM because the term "Broad" used by the FFM on its face suggests the network is broad, which can mislead consumers into believing that a network is broad when it may, in fact, be narrow, just not as narrow as other networks	Not accepted at this time; will review further with stakeholders	MHBE will move forward with the plan certification standard. MHBE will work with stakeholders to insure that appropriate definitions and explanatory language will be utilized to inform the consumer of the correct interpretation of the indicator.	Not incorporated

	CHF	Support	We strongly support the proposed methodology, which is based upon the FFM approach to assign Broad, Standard, Basic, or Integrated Delivery System (IDS) to the plans' network.	Accepted as proposed	MHBE accepts this comment.	Not Incorporated
	KP	Support	Kaiser appreciates MHBE's approach on indicating network coverage, and included "Integrated Delivery System" indicator along with the FFM's proposal.	Accepted as proposed	MHBE accepts this comment.	Not Incorporated
H. Essential Community Providers	**CAREFIRST**	Opposition	CareFirst urges MHBE to strike this requirement from the proposed certification standards. MHBE is not a party to private agreements between carriers and government providers. The MHBE cannot required specific contractual requirement in agreement to which it is not a party and reflects a dangerous precedent for the MHBE in engaging in potential tortious interference	Accepted with amendments to the proposal	MHBE understands the issuers perspective but also acknowledges that the state has an interest to ensure utilization of provider capacity. MHBE will work with relevant state agencies to determine if a regulatory approach is best suited to address local health department contracting.	Incorporated into letter
	CIGNA	Opposition	Cigna highly encourages the MHBE to move to the CMS ECP Template, including the use of the CMS ECP non-exhaustive list which is built into the ECP Template. While MHBE did use the actual CMS template as part of the PY 2017 filing, issuers had to use a custom MD ECP list vs. the CMS ECP non-exhaustive list. This presented significant administrative challenges in addition to an already burdensome process that was rolled out by CMS as part of PY 2017. The CMS template/Non Exhaustive List process is very complex and administratively challenging based on how the revised template works. The MD process steps on the already cumbersome process, presenting new challenges and also does not allow issuers to finalize the template (create xml), run the validation process to ensure no fall-out OR allow us to run the template through the CMS ECP tool to ensure thresholds are met. If MHBE prefers to continue with use of their own ECP listing, we recommend the MHBE to develop their own more streamlined template to simplify the template to reduce incremental burden to an already burdensome process.	Accepted with amendments to the proposal	MHBE will utilize a different process and MHBE-developed templates for the reporting of ECP network inclusion compliance. MHBE seeks to reduce issuer administrative burden	Incorporated into letter
	CHF	Support	We support a requirement for carriers to offer contracts in good faith to willing local health departments.	Not accepted at this time, with clarification	MHBE has removed this requirement from plan certification standards but will work with relevant state agencies to explore a regulatory approach on this issue.	Not incorporated
ii. ECP Network Inclusion Standards	**CAREFIRST**	Opposition	Under HB1318 the MHBE cannot impose network adequacy standards until after the MIA releases it regulations, or until 1/1/19. It is premature in 2017 for the MHBE to consider these and any consideration of this issuer by MHBE should be postponed until the MIA completes its work on the subject.	Not accepted at this time	MHBE's standard for Essential Community Providers remains unchanged from 2017. MHBE removes from consideration expansion of any existing network inclusion standard.	Not incorporated
	CHF	Support	We support MHBE to assess during 2017 whether separate threshold standards are needed for mental health or substance use disorder providers.	Not accepted at this time	MHBE's standard for Essential Community Providers remains unchanged from 2017. MHBE removes from consideration expansion of any existing network inclusion standard.	Not incorporated

	MDAC	Support	We support the clarification that the requirement to contract with any local health department includes all services offered by the health department. We recommend that the term "pediatric" be deleted, and instead just refer to the "dental service" as that terminology is inclusive of both adult and pediatric services.	Not accepted at this time	MHBE's standard for Essential Community Providers remains unchanged from 2017. MHBE removes from consideration expansion of any existing network inclusion standard. MHBE has encouraged issuers	Not incorporated
v. Alternative ECP Network I nclusion Standards	**KP**	Support	We urge MHBE to stay consistent with the PY 2017 certification requested metrics for PY 2018. We will continue to communicate our approach to fulfill this requirement, and any questions, to MHBE.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
vi. Dental ECP Inclusion Stan dard	**MDAC**	N/A	SADPs should be required to offer a contract to at least on ECP in each ECP category in a county service area. We urge MHBE to adopt this requirement in 2018	Not accepted at this time; will review further with	MHBE will engage with stakeholders to determine if addition SADP ECP standards are necessary.	Not incorporated
I. Expanded Primary Care Be nefits	**CIGNA**	N/A	Cigna respectfully recommends that MHBE follow CMS guidelines in regard to EHB Benefits	Accepted as proposed	MHBE accepts this comment.	Not incorporated
	KP	Opposition	This requirement should be tabled to PY 2019 after discussion and comment through the MIA, SAC, PMSC, and other stakeholder groups.	Not accepted at this time	MHBE clarifies that there is no requirement for Expanded Primary Care Benefits	Not incorporated
J. Optional Embedded Pedia tric Dental Benefit	**CIGNA**	Support	Cigna supports maintaining Pediatric Dental Benefits as optional.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
K. Prescription Drugs	**CHF**	Support	We support MHBE's proposal to work with stakeholders to determine if additional information about formularies would be helpful	Accepted as proposed	MHBE accepts this comment.	Not incorporated
L. SHOP Specific QHP Standa rds - i. Employee Choice Model Ex pansion	**CAREFIRST**	Opposition	We urge the MHBE to strike this proposed requirement from the draft certification requirements for 2018. The expanded option for employee choice would require us to use an administratively burdensome manual approach for implementation, which is prone to error. If we were to instead to automate the process as proposed, it would cost a considerable amount during an already significantly challenging financial time for health insurers.	Accepted with amendment to the proposal	MHBE understands the implications of the issuer burden that this process might add but continues to believe in expanding this benefit to SHOP groups. MHBE has moved to make this requirement optional.	Incorporated into letter
	CHF	Support	We are in full agreement that the employee choice model should be expanded. Not only is this in the best interests of consumers, but we believe that it is important to provide a strong incentive for employers to purchase through the SHOP.	Accepted with amendment to the proposal	MHBE has moved to make this requirement optional in response to issuer comment on burden.	Incorporated into letter
	KP	Support	We applaud MHBE's proposal to expand employee choice to continuous metal tiers and for employer choice composite rating. We believe this will only strengthen the SHOP and afford more options to employers and employees	Accepted with amendment to the proposal	MHBE has moved to make this requirement optional in response to issuer comment on burden.	Incorporated into letter
ii. Employer Choice Composit e Rating	**CAREFIRST**	N/A	Proposed standard regarding "composite rating" (or composite premium) is unnecessary.	Not accepted at this time	MHBE understand the commenter's perspective but continues to believe in expanding this optional benefit to SHOP groups.	Not incorporated
M. Post-Certification Standards - i. Enrollment Reconciliation St andards	**HEAU**	Support	The HEAU supports reconciliation and member level reports at frequencies needed to ensure that timely action is taken to correct enrollment and eligibility errors.	Accepted as proposed	MHBE accepts this comment.	Not incorporated

ii. Broker and SHOP Administ rator Payments	KP	Support	Kaiser supports MHBE's proposal for broker parity for plans both on and off the Marketplace.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
iii. Quality Reporting	CIGNA	N/A	To implement a QIS to improve the quality and value of care delivered to our enrollees, Cigna recommends consideration of a minimum enrollment threshold requirement. Following the federal requirements allows the carrier to align with its' other quality initiatives and to minimize the burden of reporting.	Accepted as proposed	MHBE accepts this comment.	Incoporated into letter
	KP	N/A	For the Quality Improvement Strategy requirement, Kaiser asks that MHBE align with the FFM requirement and template.	Accepted as proposed	MHBE accepts this comment.	Incorporated into letter
iv. Member Level Reporting Requirement	HEAU	Support	The HEAU supports reconciliation and member level reports at frequencies needed to ensure that timely action is taken to correct enrollment and eligibility errors.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
vi. Requirement to Continue Accumulators When Primary Insured Is Ter minated for Outstanding Citizenship/Im migration Verifications	CIGNA	Support	Cigna supports the removal of this standard. The 2017 requirement would be very difficult to achieve as accumulators are tracked by the subscriber.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
	HEAU	Opposition	The HEAU objects to the removal of this standard pending regulation. Consumers are entitled to seamless continuation of coverage and application of accumulators when the primary enrollee is terminated from coverage. This protection should exist for other voluntary terminations as well, such as new Medicare eligibility. The HEAU is aware that these issuer are being addressed in the regulatory process but the consumer protections should not be removed until such time as the regulations become effective.	Not accepted at this time	MHBE understands the HEAU's perspective on this standard's removal, but also balances that such issues - as they pertain to issuer contracts - are best explored through the regulatory process	Not incorporated
vii Special Enrollment Period s (SEPs)	CIGNA	Opposition	Cigna is not supportive of #3 as consumers currently have 90 days to address inconsistencies. 90 days provides ample time to address data inconsistencies within the existing timeframe. The proposal also provides extreme challenges to verify the information. Furthermore, since a verification process for SEPs is not currently in place, this additional expansion item could potentially lead to an increase of SEP enrollments by non-qualified individuals. Also, Cigna does not recommend a post enrollment verification process be established. The FFM has done well in illustrating that post enrollment verification is not a good use of	Not accepted at this time	Generally, MHBE strives to work in concert with the FFM as it pertains to Special Enrollment Periods.	Not incorporated
	HEAU	Support	The HEAU supports the inclusion of the addition special enrollment periods contained in 45 CFR 155.420, including the addition of the option for later coverage effective dates due to prolonged eligibility verification.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
	CHF	Support	We fully endorse the expansion of SEPs and, in particular, an SEP which allows the victim, or dependent of a victim, of abuse or abandonment to access coverage separate from the perpetrator.	Accepted as proposed	MHBE accepts this comment.	Not incorporated

viii. Special Enrollment Perio d Verifications	CIGNA	N/A	We recommend the verification requirement extend across all SEP enrollments. A pre-enrollment verification process is highly recommended.	Not accepted at this time	MHBE believes that an incremental approach is best for SEP verifications.	Not accepted at this time
	HEAU	Support	However, the HEAU has concerns that verification processes in and of themselves could further deter healthy individuals from enrolling in coverage and that poorly implemented verification processes could delay access to care. The HEAU supports an incremental approach to increased verifications to ensure efficiency in the process prior to expansions of verifications	Accepted as proposed	MHBE accepts this comment and is very mindful to ensure that consumers are not deterred from enrolling in coverage through burdensome verification requirements.	Not incorporated
ADDITIONAL COMMENTS						
Continuity of Care through the Standing Advisory Committee	**CIGNA**	N/A	In response to MHBE's decision to address Continuity of Care through SAC in 2018, we respectfully offer the following for consideration: The requirement that carrier's use a paper form inhibits a carrier from using a more efficient electronic intake process for COC/TOC matters. Also, sending the form to all new customers, instead of a targeted group of impacted customer, will result in customer confusion about whether or not the form applies to them. This results in additional administrative burdens for the carriers, as the company must review and eliminate customer forms sent in error.	Accepted as proposed	MHBE accepts this comment.	Not incorporated
	CHF	Support	We believe this approach is adequate but would suggest that this process move forward in a timely manner.	Accepted as proposed	MHBE accepts this comment.	Not incorporated