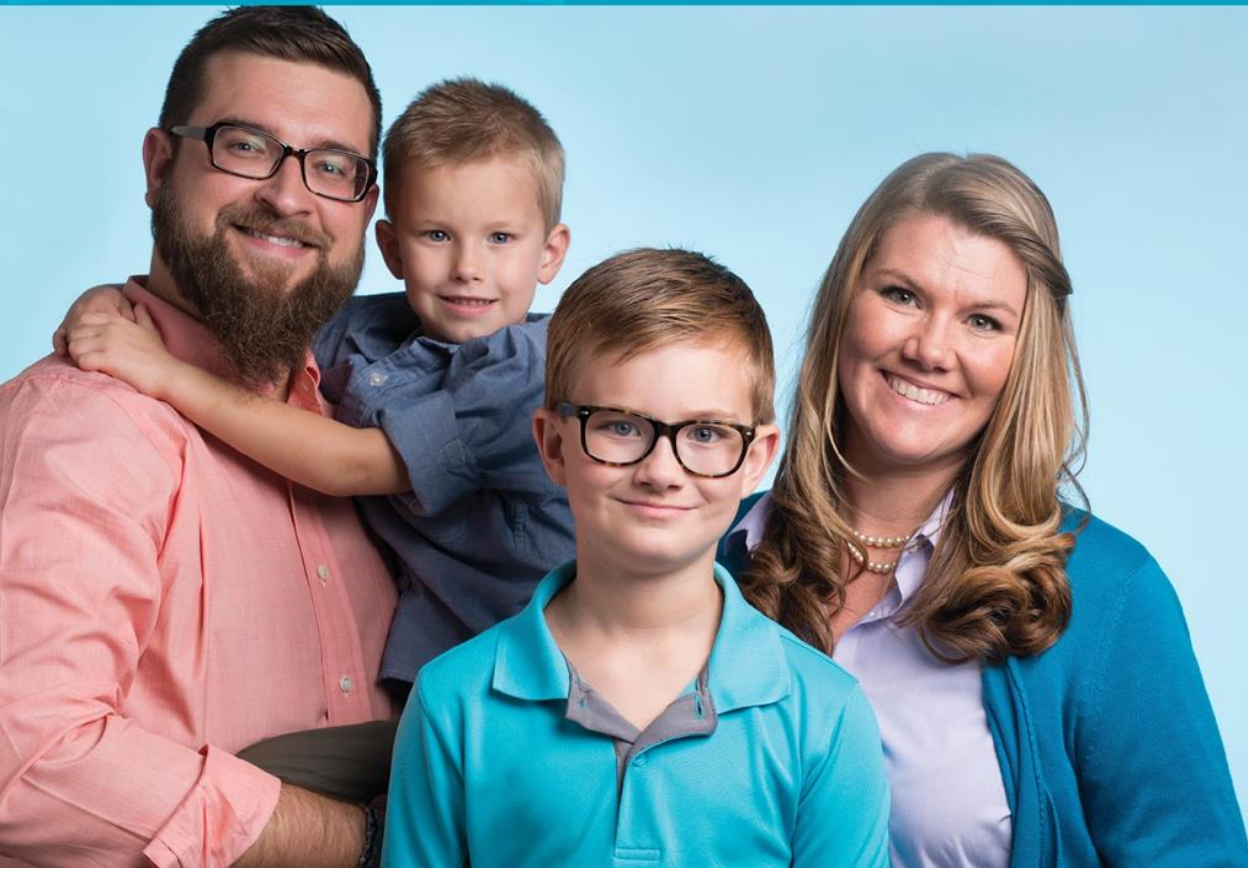


# 2019 Plan Certification Standards

## MHBE Staff Recommendations



## 2018 Plan Certification Standard

### **Network Access Plans & Network Adequacy:**

Carriers must submit their Network Access Plan template to MHBE, along with three new templates: quantitative standards network composition reporting, provider accessibility standards, and member services standard. These will not be shared publicly.

## Proposed 2019 Plan Certification Standard

MHBE proposes to add an attestation to the 2019 Carrier Application. Applying issuers must attest to meeting their respective requirements under the final network adequacy regulation promulgated in COMAR 31.10.44 Network Adequacy.

2018 Plan Certification Standard

Proposed 2019 Plan Certification Standard

Issuers must submit a provider directory file to MHBE every two weeks.

MHBE proposes to supplement the 2019 Carrier Application with an attestation. Applying issuers attest to submitting provider directory data to MHBE every two weeks. Applying issuers attest that the submitted data is complete, accurate, and up-to-date *under 45 CFR 156.230 (b)*.

[UPDATE] Added language *italicized*.

2018 Plan Certification Standard	Proposed 2019 Plan Certification Standard
<p><b>Expanded ECP Definition:</b>            Add LHDs, OMHCs, SUD providers under COMAR 10.09.80.03.B(1) &amp; B(3) licensed, <b>certified</b>, or approved by DHMH as programs or facilities, and SBHCs</p> <ul style="list-style-type: none"> <li>• Providers must be able to meet carrier credentialing standards</li> <li>• Must contract with at least 30% of ECPs/service area (write in option and alternative allowed)</li> <li>• Must offer contracts in good faith for providers in service area to all available IHCPs, any willing LHD and at least 1 ECP in each ECP category in each county where available</li> <li>• Dental carriers must offer contract in good faith to 30% of all ECPs/service area and all available IHCPs. MHBE encourages SADPs to contract with at least 1 FQHC and any willing LHDs.</li> <li>• Annually MHBE will provide a list of expanded-ECPs by end of January with instructions to complete MHBE ECP Template</li> </ul>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard (including the Alternate ECP Standard) in the next update of the Carrier Reference Manual.</b></p> <p><b>[UPDATE] Addition of “certified” as an acceptable status.</b></p>
	<p><b>Reduction of Administrative Burden:</b>            MHBE will work with CMS to add MHBE ECP Expansion providers to the CMS template.</p>

## 2018 Plan Certification Standard

### **Marketing and Benefit Design of QHPs:**

Carrier must attest to no plan discrimination. MHBE will review plan benefits to determine if any additional standards are needed to address discriminatory benefit design. MHBE adds that it will review new federal proposed requirements and follow the FFM approach for reviewing discriminatory effect.

## Proposed 2019 Plan Certification Standard

This standard will remain unchanged from 2018. **MHBE proposes to include this standard in the next update of the Carrier Reference Manual**

## 2018 Plan Certification Standard

## Proposed 2019 Plan Certification Standard

**Prescription Drug Certification Standards:**  
 Formulary Link must link directly to list of covered drugs and include tiering and cost-sharing information. Plans should indicate the tier and may include a legend to allow the consumer to match the tier to the drug category.

MHBE proposes to refine the language of this standard.

The formulary link provided in “Prescription Drug Search” must link directly to the QHP’s list of covered drugs and include tier information. Plans must include a legend to allow the consumer to match the indicated tier with a drug category.

Issuers must track drug exceptions and provide information to MHBE upon request.

This standard will remain unchanged from 2018. MHBE proposes to include this standard in the next update of the Carrier Reference Manual

2018 Plan Certification Standard	Proposed 2019 Plan Certification Standard
<p><b>SADP* Rating Cap:</b> Stand Alone Dental Plans must cap rating at three minor dependents.</p>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard in the next update of the Carrier Reference Manual</b></p>
<p><b>Optional Embedded Pediatric Dental Benefits:</b> Embedded Pediatric Dental Benefits in QHPs are optional.</p>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard in the next update of the Carrier Reference Manual</b></p>

\*Stand-Alone Dental Plans

### 2018 Plan Certification Standard

### Proposed 2019 Plan Certification Standard

**Primary Care Above-EHB Benefits:**

Board should direct MHBE to:

- Determine if above State-EHB Primary Care benefits should be included in Plan Certification Standards for 2019 plans.
- Seek input from Standing Advisory Committee and stakeholder groups.
- Develop recommendations for Board’s consideration
- Consult with MIA on whether it can address the number of primary care visits required without cost per year

MHBE recommends the removal of this plan certification standard.

MHBE proposes that MHBE be directed to assemble a work group to address primary care above-EHB benefits.



## 2018 Plan Certification Standard

## Proposed 2019 Plan Certification Standard

### **Prohibition on Ending Plan Contract When Primary Insured Terminates Coverage:**

When primary subscriber is terminated, for outstanding citizenship/immigration status verifications, other enrollees should be allowed to continue on contract with amounts contributed to deductible and OOP costs under contract; if termination results in invalid enrollment group, eligible members have 60 day SEP.

MHBE will work with stakeholders to consider future applications such as certain terminations (i.e. new Medicare eligibility, **death, divorce, and court-orders**). Regardless of who accumulated the costs and the new contract type, such as if the household moves to a self-only plan, any amounts contributed to deductible and OOP costs under original contract should be transferred to new contract.

This standard remains unchanged from 2018. **MHBE proposes to develop a working group to determine an automated implementation pathway.**

**[UPDATE] MHBE clarifies consumers may access this right manually as established in current processes.**

2018 Plan Certification Standard	Proposed 2019 Plan Certification Standard
<p><b>Employee Choice Expansion (Optional):</b>                      MHBE proposes an expansion to the employee choice model. Employers may select up to two consecutive metal tiers (e.g. Bronze and Silver, or Silver and Gold) and employees will be able to select any plan between the chosen metal tiers across any issuer. Issuers electing this option must report election to MHBE.</p>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard in the next update of the Carrier Reference Manual</b></p> <p>[UPDATE] MHBE removes “2018” from standard.</p>
<p><b>Employer Choice Composite Rating (Optional):</b>                      Per MIA Bulletin 15-34, Employer groups in the Employer Choice model may elect to participate in composite rating for either a single QHP offering or multiple QHP from a single carrier. MHBE encourages issuers to offer at least one QHP that will offer composite rating/premium. Issuers must identify the plans to MHBE. Issuers electing this option must report election to MHBE.</p>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard in the next update of the Carrier Reference Manual</b></p> <p>[UPDATE] MHBE removes “2018” from standard.</p>

Established Standard	Proposed 2019 Plan Certification Standard
<p><b>Special Enrollment Period (SEP) Verification:</b> In 2018, MHBE will add verification requirements for SEPs due to loss of minimum essential coverage (MEC). MHBE will assess the results of the added verification to determine if verifications should be added to other SEPs.</p>	<p>This standard remains unchanged from 2018.</p>

# QHP/SADP Offering Limitations/Meaningful Difference\*

Established Standard	Proposed 2019 Plan Certification Standard
<p><b>SADP* Tier Limitation:</b> SADPs may not offer more than one dental plan per product per tier</p>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard in the next update of the Carrier Reference Manual</b></p>
<p><b>QHP Meaningful Difference Standard:</b> MHBE adopts the FFM Meaningful Difference Standard as they pertain standard plan variations</p>	<p>This standard will remain unchanged from 2018. <b>MHBE proposes to include this standard in the next update of the Carrier Reference Manual</b></p>

\*Stand-Alone Dental Plans

# Network Type Categories\*

Established Standard	Proposed 2019 Plan Certification Standard
<p><b>Network Category Expansion*:</b> MHBE proposes, in line with the FFM proposal, to add a network breadth indicator on Maryland Health Connection Plan Shopping to denote a QHPs relative network coverage.</p> <p>MHC is able to deploy the following indicators for network breadth:</p> <ul style="list-style-type: none"> <li>- Broad</li> <li>- Standard</li> <li>- Basic</li> <li>- IDS (Integrated Delivery System)</li> </ul>	<p>MHBE proposes the removal of this plan certification standard.</p>

## Proposed 2019 Plan Certification Standard

### **Increased Access to the QHP Policy Contract:**

MHBE proposes that issuers supply a URL that provides a direct link to each QHP's Sample Contract on the QHP's SBC. Issuers will reference the Sample Contract in the box at the top of the first page of the Summary of Benefits and Coverage.

[UPDATE] MHBE refines the standard to change it to "Sample Contract" instead of "Schedule of Benefits"

## Proposed 2019 Plan Certification Standard

### **De minimis payments and termination:**

MHBE proposes that issuers voluntarily develop a de minimis monthly premium under payments policy. MHBE understands that established mediation pathways may be an effective avenue for the amelioration of such issues. MHBE seeks insight on this plan certification standard to determine whether there is a value add for such a policy.

[UPDATE] MHBE has received feedback on this proposed voluntary policy. Given the size of the affected population, the established mediation pathways, and the impact on issuer cost MHBE will remove this plan certification standard from consideration. Instead MHBE will issue guidance on the matter and will include this guidance in the next Carrier Reference Manual.

Established Plan Certification Standard	Proposed 2019 Standard
<p><b>Standardized Options:</b> MHBE proposes to establish “standardized options” for the individual marketplace. Issuers participating on the individual marketplace must include, within their annual QHP product offerings, standardized options. These options will apply toward metal level limitation standards. This will be deferred for plan year 2018 but will be implemented on the Marketplace in plan year 2019. In 2017, MHBE created a workgroup to help determine the scope of the standard, whether it be mandatory or optional, develop draft plans, and provide additional insight.</p>	<p>This standard is removed for 2019. The MHBE will revisit this standard at the discretion of the Board Chair.</p>
<p><b>Prominent Display of Standardized Options:</b> MHBE will create an indicator and filtering mechanism for standardized plans on Maryland Health Connection Plan Shopping User Interface.</p>	



# 2019 Standardized Benefit Design Recommendations

2017 Standardized Benefit Design Work Group

# Standardized Benefit Design – Recommendations

Recommendation	Vote Record
<p><b>Plans should be standardized on the Individual Marketplace.</b></p>	<p><b>5 Support</b> (Consumer Health First, Kaiser Permanente, Public Policy Partners*, HEAU, Maryland Citizens’ Health Initiative)</p> <p><b>3 Opposition</b> (CareFirst, Helfenbein Insurance Agency, Keen Insurance Associates)</p>
<p><b>Additional recommendations to support rule:</b></p>	
<ul style="list-style-type: none"> <li>Existing QHP offering rules (three minimum and 16 maximum offerings per issuer) should not be amended. <i>Consensus</i></li> <li>The coverage categories in the Summary of Benefits and Coverage should be the standardized categories. <i>Consensus</i></li> <li>Non-standard benefits (ex. adult vision, adult dental, etc.) may be offered if such benefits have a de minimus impact on EHB% of Premium. <i>Consensus</i></li> <li>Only in-network cost-sharing should be standardized. <i>Consensus</i></li> </ul>	

\*Representing Maryland Nurses Association, The Maryland Affiliate of the American College of Nurse Midwives, the Maryland Occupational Therapy Association, the Licensed Clinical Professional Counselors of Maryland, Maryland Dental Action Coalition, Planned Parenthood of Maryland and the Maryland Assembly on School-Based Health Care

# Standardized Benefit Design (cont'd) – Public Comments

Commenter	Opposition / Support	Public comment to proposal
CareFirst	Opposition	<p>CareFirst is supportive of a single mandatory standard plan design in the context of a broader effort to address individual market stability. CareFirst is not supportive of the proposed mandatory requirement for offering standard plans without any stabilization initiatives.</p> <ul style="list-style-type: none"> <li>• The requirement may inaccurately lead consumers to believe that the standardized plans are the same.</li> <li>• The requirement does not provide a benefit with only 2 carriers.</li> <li>• The requirement of offering standard plans creates additional administrative burden and complexity, without any accompanying market relief to address the ever-rising costs in Maryland's individual market.</li> </ul>
Consumer Health First	Support	<p>A Standardized Benefit Plan offered through the MHBE is in the best interest of consumers and could serve as an asset in building a customer base for Maryland Health Connection. We <b>emphasize the importance of providing consumers with the ability to compare plan options and cost-sharing levels on an apples to apples basis.</b></p>
Kaiser Permanente	Support	<p>Kaiser Permanente is supportive of standardized benefit designs on the exchange. <b>Does not support waiving this requirement for new market entrants, or having a participation trigger. Does not believe standardized benefits are a barrier to carrier participation.</b> Maintaining the same benefit and participation rules for all carriers on the exchange is critically important and MHBE should not violate that policy in this case.</p>

# Standardized Benefit Design (cont'd) – MHBE Insights on Commentary

	Topic	MHBE Insights
1	Empower Consumers to Make Informed Choices	<p>A pervasive theme of the work group was the need to help consumers make informed decisions when comparing plans and enrolling in coverage on Maryland Health Connection.</p> <p>While standardized plans are an avenue to meet this Marketplace need, there are other options that may result in similar effect:</p> <ul style="list-style-type: none"> <li>• Improved assistive consumer decision making tools, i.e. out of pocket calculators, coverage examples for chronic conditions, chat functionality etc.,</li> <li>• Increased outreach with educational materials to improve health literacy,</li> <li>• Improved provider directory data,</li> <li>• Connection with information on providers and hospitals, e.g. leverage MHCC scores.</li> </ul>
2	Issuer Participation and New Market Entrants	<ul style="list-style-type: none"> <li>• Issuer participation in offering standardized plans is critical for consumer benefit.</li> <li>• While members differed on whether mandatory issuer participation would be a barrier to entry for new market entrants many want additional competition in the Marketplace.</li> </ul>
3	Market Stabilization Efforts	<ul style="list-style-type: none"> <li>• State-led market stabilization efforts may require MHBE/issuer resources for implementation.</li> </ul>