



Maryland Health Benefit Exchange Standing Advisory Committee Meeting

August 8, 2019
2 p.m. – 4 p.m.
100 Community Place
Crownsville MD 21032

Members Present:

Sheebani Patel
Ken Brannan
Jacqueline Roche
Sandy Walters
Lisa Skipper
David Stewart
Robyn Elliott
Al Helfenbein
Kim Cammarata
Anna Davis
Shirley Blair

Members Dialing In:

Karen Nelson
Virginia Alinsao
Evalyne Bryant Ward
Christopher Keen

Public Dialing In

Stephanie Klapper

Members Absent:

Yolanda Carter
Karl Cooper
Mark Haraway
Laurence Polsky
Leni Preston
Deborah Rivkin

Also in Attendance:

Michele Eberle, Executive Director, Maryland Health Benefit Exchange (MHBE)
John-Pierre Cardenas, Director, Policy & Plan Management, MHBE
Jessica Grau, Health Policy Analyst, MHBE
Taylor Kasky, Health Policy Analyst, MHBE

Members of the Public:

Matt Centenano
Tyler Hoblitzell
Cathy Grayson

Welcome and Executive Update

MD Think

- Switch to MD Think on Friday at 2PM
 - Call Center, MHC, and worker and consumer portal will shut down Friday at 2PM
 - Reopen on Monday at 7AM

New Training Materials

- Trainings for consumer assistant workers

Affordability Work Group Report

- Comment period will end on August 30th

- Report has been finalized
- Figure 1.
 - Uninsured population as they migrate into the risk pool and interface with health system
 - Varying enrollment and utilization factors that influence the health care system
 - Other intersectionality to consider
 - Subsidies vs unsubsidized
 - Health system factors (unit costs, integration, provider capacity...etc.)
 - Applied frame work to collected data
- Chart 1.
 - Profile of the remaining uninsured in the State
 - Bucketed into age categories
 - Question: Sandy
 - How can you make this assuming if they aren't in the system
 - Based on the American Community Survey. Applied statistics to Maryland
 - MEEHP program will shed more light on the data
 - Question: Jacqueline
 - How does the ACS apply varying immigration status
 - Graph is only for people who would be eligible
 - The best population to target appears to be the 19-34 category
 - Question: Sandy
 - Does this take into account the uninsured who are eligible for Medicaid
 - Just QHP eligible
 - Question: Evalyne
 - Children who are allowed to stay on their parents insurance up to 26
 - Incorporated the extension up to 26, factoring them out of the analysis
 - Takeaways
 - There are individuals who are eligible for financial assistance, but not participating in the market
 - Generational attitudes for purchasing coverage
 - Goal of the work group was to get an accurate analysis of who we needed to target
 - Intersectionalities of other policies that will affect these populations
- Chart 2.
 - Prevalence of chronic disease in the individual market by age groups
 - Likelihood of chronic diseases increases across age groups
 - Co-morbidities also increases across ages
- Table 3:
 - Intervention populations
 - Women, young adults with substance use disorder/behavioral health
 - Question: Robyn
 - Medicaid Family Planning Program
 - Question: Sandy: Male vs Female demographics?
 - Question: Kim
 - Network adequacy in these areas where you are going to target these populations
 - Question: Evalyne

- Urgent care has helped remove barriers to care
 - The need to educate individuals between urgent care and primary care (health literacy)
 - Sheebani: We do need to educate consumers on where to appropriately access care
 - Michelle: We do try and do that through our social media channels
 - Question: David
 - Treatment centers are not obligated to contract with insurance companies
 - Structural issue with capacity
 - 139%-400% FPL eligible for financial assistance
 - Supplemental premium subsidy for young adults
 - Could stabilize the market by incentivizing young health adults to enter the market at low costs
 - Would happen in concurrence with the reinsurance program
 - Question: Sandy
 - Would the experience be better even if you lower the cost
 - When you have health insurance coverage, you're more likely to keep it
 - Statement: David:
 - Looking at the rural areas to see if they are doing better
 - Jacqueline: would rather see the pass through funds for the 1332 waiver, rather than state initiatives
 - 400% FPL and above
 - Continuation of SRP
- Table 4: Individuals with Chronic diseases
 - Value plans
 - Separate medical and drug deductibles and/or generic drugs before deductible
 - Chronic disease management programs
 - Consumer decision support tools
 - Out of pocket cost calculator and prescription drug search
 - Provider networks
 - Care coordination for those with chronic diseases

Out-of-Pocket Cost Calculator Initiative

- Question: Sandy
 - Is the cost of the premium added into that?
 - Yes
- History
 - Implemented in 2014, but removed based on comments from carriers and stakeholders
- Actions Taken towards implementation
 - SBM discussion
 - Varying degrees of approaches, display differences and utilization between consumers
 - Discussion with Colorado
 - Obtained formulary to calculate out of pocket costs

- Discussion with CMS
- Discussion with MHCC on data
- Question: Sheebani
 - When will this be implemented?
 - 2021
- Question: David
 - Will this be in the consumer portal, or the worker portal
 - Consumer portal
- Prescription Drug Search Tool
 - Value add to consumer decision support kit
 - People who utilized the search searched for more than one drug
 - Timeliness of formulary data
- Adverse Experiences
 - Data validation and auditing
 - Keep to consumers informed of how costs are calculated
- CMS Discussion
- MHCC Data needs
- Approaches and next steps

Prescription Drug Search

- Functionality of the tool
 - Consumers will be able to search for drugs while shopping
- Question: Sandy
 - Will generic versions come up when you search by brand name
 - Only brand names will appear
- Drug name, drug tier and copay will be listed
- Question: Michele
 - Could you have under tier, if generics are available
 - Would require an additional layer of functionality
- Question: variation between carrier descriptions and what the user will be searching for
- Question: Sandy
 - Issue of misleading people to plans just because specific search drug isn't listed even though generic
- Question: Tyler
 - Is the purpose of this to show what plans cover a drug, or the cost of those drugs?
 - Both
- Question: Kim
 - Concern with this misleading people if data is not updated as quickly as people are browsing

Draft 2021 Plan Certification Standards: Concepts and Discussion

Average Annual Health Insurance Costs

- Premiums have increased since 2014
 - Deductibles have also increased, serving as high barriers to coverage

2020 Plan Certification Standards

- Lower premiums and reduce consumer exposure to out of pocket costs
 - Value plans
 - Affordability work group
 - SBP work group
- Increase consumer choice
- Expand access to care
 - Essential community provider petition process

2020 Qualified Health Plan Landscape

- Value plans reduce consumer out-of-pocket costs and increase access to before deductible services
- Increased consumer choice of QHP options in 2020 (+3 from 2019)
- Cross-walking plan issues
 - Grace period vs renewal and confusion between being cross walked because a plan no longer exists and when it's time to renew

2021 Plan Certification Standards

- Build off improvements in 2020
- Establish reasonable consumer expectations for out-of-pocket costs
- Align consumer incentives for health care service utilization
- Increase enrollee effectuation rates in the individual market
- Align carrier incentives to manage members with high costs
- Increase access to standalone dental coverage through MHC

Value Plan Concepts

- MHCC data-prevalence of select conditions
 - Compare the risk across markets to assess risk within the individual market
- MHCC data-drivers of spending growth in the individual market
 - Utilization drivers vs unit cost increases
- MHCC data-prescription drug PMPM by drug type
 - Brand drug costs have increased
 - Question: Sandy
 - Specialty drug costs as well
 - Utilization increases among a small concentrated population

Expansion of Preventive Services for Certain Chronic Disease

- HDHP parity rule
 - Expanded the scope of preventive services to be covered before deductible by a high deductible health plan to include certain services for certain chronic diseases
 - MHBE will be applying notice to non-HDHP qualified health plans in the individual market
 - Apply to all non-HDHP
 - Apply to HDHP to value plans
- Out of pocket cost and deductible stability plan
 - Leverage value plans to incrementally implement value based insurance design concepts and promote medical adherence
 - Question: Jacqueline

- What is the true goal of value plans
 - Help consumers discern through prices the value of certain services
 - Deductibles are a true barrier to purchasing coverage, so placing services before the deductible increases the value of services to the consumer
 - Branding will also help consumers discern the differences
 - Costs will increase in near term, but reduced costs overtime
 - 2021 changes
 - No changes to bronze plans
 - No changes in deductible ceiling for silver and gold
 - Value silver changes
 - Deductible services will include generic drugs
 - Maintain or decrease cost sharing for primary care visit and urgent care visit
 - Modify before deductible services to excluding imaging
 - Flexibility to help issuers meet value silver requirements offset to increases AV
 - Question: Kim
 - Why do you need to provide flexibility, wouldn't the carriers be able to do this themselves
 - Because we dictated requirements, flexibility requirements were also included
 - Sandy: urgent care should only be independent facilities and not emergency care
 - Will help offset inpatient costs
 - Value Gold
 - Maintain cost sharing for primary care/urgent care and generic drugs
 - To reduce out of pocket costs
 - Implement a prescription drug deductible ceiling of no greater than \$250
 - Include preferred brand drugs as a before deductible service
 - 2022-Deductible increment rule based year and no change to before deductible services
 - A formulary to determine yearly allowable increases to the deductible ceiling for Value Silver and Value Gold Plans
 - Question: Sandy
 - Looking at the consumer price index
 - Maryland participants may be lower
 - Current index compromises all factors
 - 2023-Increment year for deductible ceiling
 - Two options, yearly or bi-yearly
- Concepts
 - PayNow
 - Co-pay accumulator program
 - Statement: Kim Cammarata
 - Not permissible for plans only offering generic drugs
 - Expand access to standalone dental plans
 - Increased premium rating options for small employers

- Administrative barriers for new marketplace entry
- Regulations
 - Accumulator transfer
 - Claims and utilization management incentive payments
- State innovation waiver concepts
 - Increase access to catastrophic plans

State Reinsurance Program

SHOP Update

Public Comment

- Stephanie-Senator Hester's small business work group
 - Small business tax credit
 - Marketing for the SHOP program

Adjournment:

The meeting was adjourned at 4:02PM.