

# Standing Advisory Committee Meeting

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August 13, 2020

MHBE Policy Department

# Agenda

- **1PM – 1:15PM**  
Welcome and MHBE Executive Update
- **1:15PM – 1:30PM**  
Member Introductions
- **1:30PM – 1:45PM**  
Maryland Easy Enrollment Health Insurance Program (MEEHP) Update
- **1:45PM – 1:55PM**  
Out of Pocket Cost Calculator Update
- **1:55PM – 2:15PM**  
2022 Proposed Plan Certification Standards
- **2:15PM – 2:20PM**  
Public Comment
- **2:30PM**  
Adjournment

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# Welcome and MHBE Executive Update

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# Maryland Easy Enrollment Health Insurance Program Update

# Maryland Easy Enrollment Health Insurance Program (MEEHP) Update

- As of late June, more than 56,000 individuals have used the Easy Enrollment Program to express interest in enrolling in health care coverage.
  - 7,745 (13.7 percent) applied for coverage, and 3,560 (6.3 percent) completed enrollment.
  - About 75% of enrollees gained Medicaid coverage, and the remaining 25% enrolled in Qualified Health Plans (QHPs).
  - About 40% of enrollees are young adults ages 18-34.
- Tax filing deadline extended to July 15, 2020
  - SEP was also extended to mirror the new deadline
- Phase 2 implementation delayed to year 2022 for tax year 2021
- Preliminary Joint Chairman's Report released on July 15, 2020

# Table 1. Preliminary Easy Enrollment Summary through June 21, 2020

	Number	Percentage
<b>Number of Households Interested (checked the box)</b>	40,234	n/a
<b>Number of Individuals Interested (checked the box)</b>	56,432	n/a
<b>Number of Individuals Applied</b>	7,745	13.7% of individuals interested
<b>Total Individuals Enrolled</b>	3,560	6.3% of individuals interested
<b>Medicaid/MCHP</b>	2,658	74.7% of individuals enrolled
<b>QHP</b>	902	25.3% of individuals enrolled
<b>QHP with Financial Assistance</b>	772	85.6% of QHP enrollment
<b>QHP with No Financial Assistance</b>	130	14.4% of QHP enrollment

Table 2. Preliminary Easy Enrollment Summary through June 21,2020 by County

Enrollment by County		
<b>Alleghany + Garrett</b>	55	1.50%
<b>Anne Arundel</b>	266	7.50%
<b>Baltimore</b>	516	14.50%
<b>Baltimore City</b>	411	11.50%
<b>Calvert</b>	43	1.20%
<b>Caroline</b>	23	0.60%
<b>Carroll</b>	64	1.80%
<b>Cecil</b>	49	1.40%
<b>Charles</b>	93	2.60%
<b>Dorchester</b>	18	0.50%
<b>Frederick</b>	147	4.10%
<b>Harford</b>	120	3.40%
<b>Howard</b>	149	4.20%
<b>Kent + Queen Anne's</b>	33	0.90%
<b>Montgomery</b>	620	17.40%
<b>Prince George's</b>	628	17.60%
<b>Saint Mary's</b>	47	1.30%
<b>Somerset</b>	17	0.50%
<b>Talbot</b>	25	0.70%
<b>Washington</b>	122	3.40%
<b>Wicomico</b>	86	2.40%
<b>Worcester</b>	28	0.80%

Table 3. Preliminary Easy Enrollment Summary through June 21, 2020 by Demographic Characteristics

Enrollment by Age Group (Years )		
<18	961	27.00%
18-25	609	17.10%
26-34	847	23.80%
35-44	456	12.80%
45-54	312	8.80%
55-64	334	9.40%
65+	41	1.20%

Enrollment by Race		
Asian/Pacific Islander	431	12.10%
Black	1,048	29.40%
White	1,015	28.50%
Native American	21	0.60%
Other	1,045	29.40%



Table 4. Preliminary Easy Enrollment Summary through June 21,2020 by Month





<b>Enrollment by Month</b>		
<b>January</b>	53	1.50%
<b>February</b>	120	3.40%
<b>March</b>	1,293	36.30%
<b>April</b>	1,015	28.50%
<b>May</b>	694	19.50%
<b>June 1-21*</b>	385	10.8%

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# Out of Pocket Cost Calculator Update

# Agenda



-  Overview
-  OOP Calculation Overview
-  Schedule and Statistics
-  Demo

# Overview

## What is Out of Pocket Cost Calculator

- The Out of Pocket Cost Calculator(OOPCC) allows consumers to see estimates of total spending (to include premiums and cost-sharing) across various health insurance plans.
- This will help in plan selection to choose the best plan based on the estimated total cost rather than just premium or deductible.
- The total cost will be an estimate based on the age, gender and the expectation on the healthcare service utilization.

<b>ESTIMATED MONTHLY PREMIUM</b> \$3.73 Price after estimated \$506.66 tax credit	<b>ANNUAL DEDUCTIBLE</b> \$6000 per person \$12000 per group	<b>ANNUAL OUT-OF-POCKET MAX</b> \$8150 per person \$16300 per group	<b>PRIMARY CARE CO-PAY</b> \$40.00 Copay	<b>URGENT CARE CENTER</b> \$70.00 Copay	<b>H.S.A.Qualified</b> No
<b>YOUR TOTAL YEARLY COST ESTIMATE</b> \$894 per household (Select the "Edit Health Care Use" button to change the yearly cost estimate.)					
<a href="#">Find a Doctor</a>	<a href="#">Important Plan Information</a>	<a href="#">Plan Costs &amp; Benefits</a>	<a href="#">Drug Search</a>		

# Partners

MHCC

Provide health claims data  
Provide pharmacy data



Hilltop Institute

Analyse claims data and remove outliers  
Provide summarized utilization by gender, age range and location



MHBE

Collect health care usage from consumer  
Apply plan benefits and costs on usage  
Calculate the OOP cost for each plan



# Slice the Data



## AGE RANGE

The following are the age ranges  
0-5, 6-17, 18-34, 35-44, 45-54 and  
55-64, 65+

# A



## LOCATION

- The first 3 digits of the zip code will be used to determine the location

# C



## GENDER

- Female
- Male
- Female and Male

# B



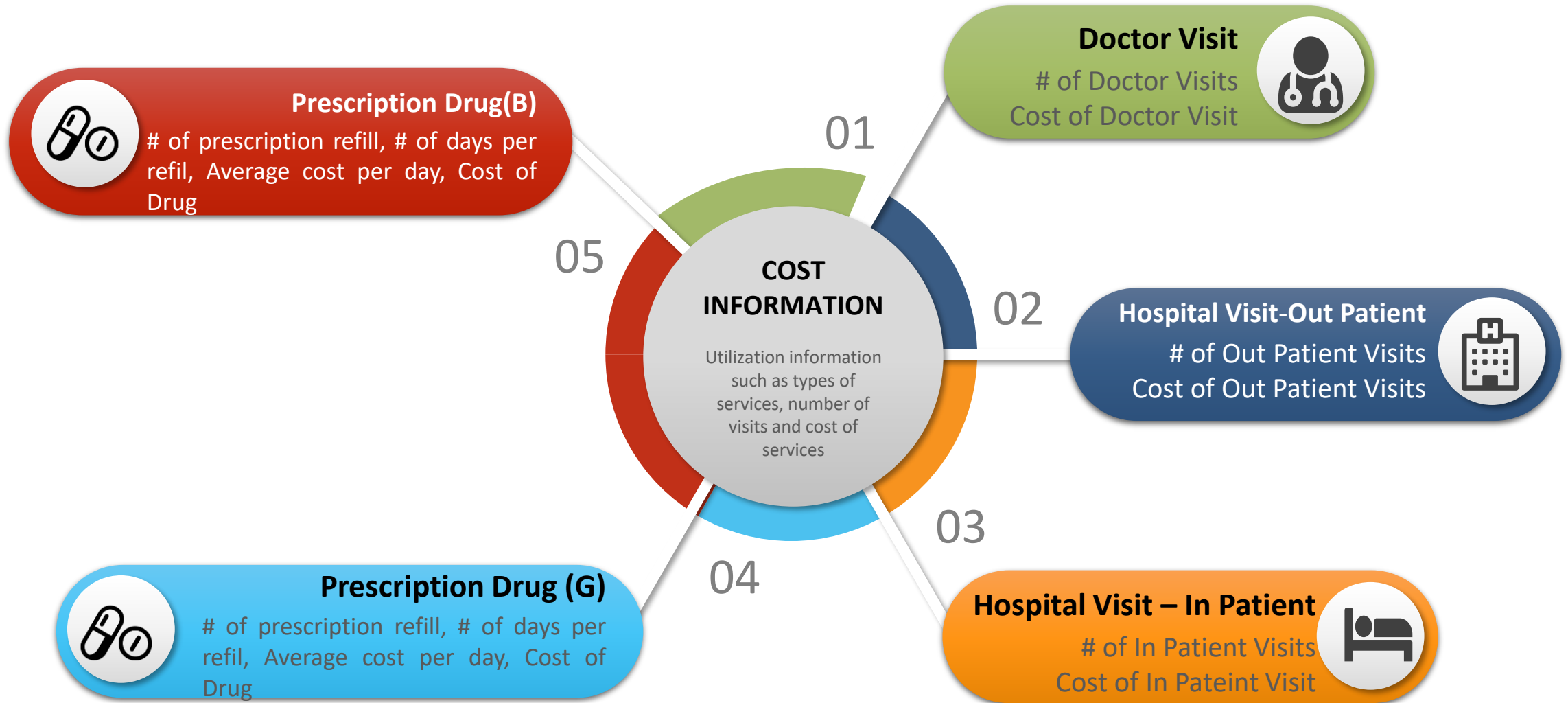
## UTILIZATION

- Low
- Moderate
- High

# D

The decile values are to be determined

# Utilization for each slices of the population




# Cost Calculation




## Utilization Data

- Number of doctor visit
- Cost of doctor visit
- Number of hospital visits (Inpatient / outpatient)
- Cost of hospital visits
- Pharmacy refills




## Plan Templates

- Deductible
- Co-pay
- Coinsurance
- Plan out of pocket max



## Consumer Input

- Age
- Gender
- Location (3-digit zip code)
- Health care use estimation



## Out of Pocket Cost



# Cost Aggregation

## Family OOP Cost

Member 1 - OOP Cost

Member 2 - OOP Cost

Member n - OOP Cost

+

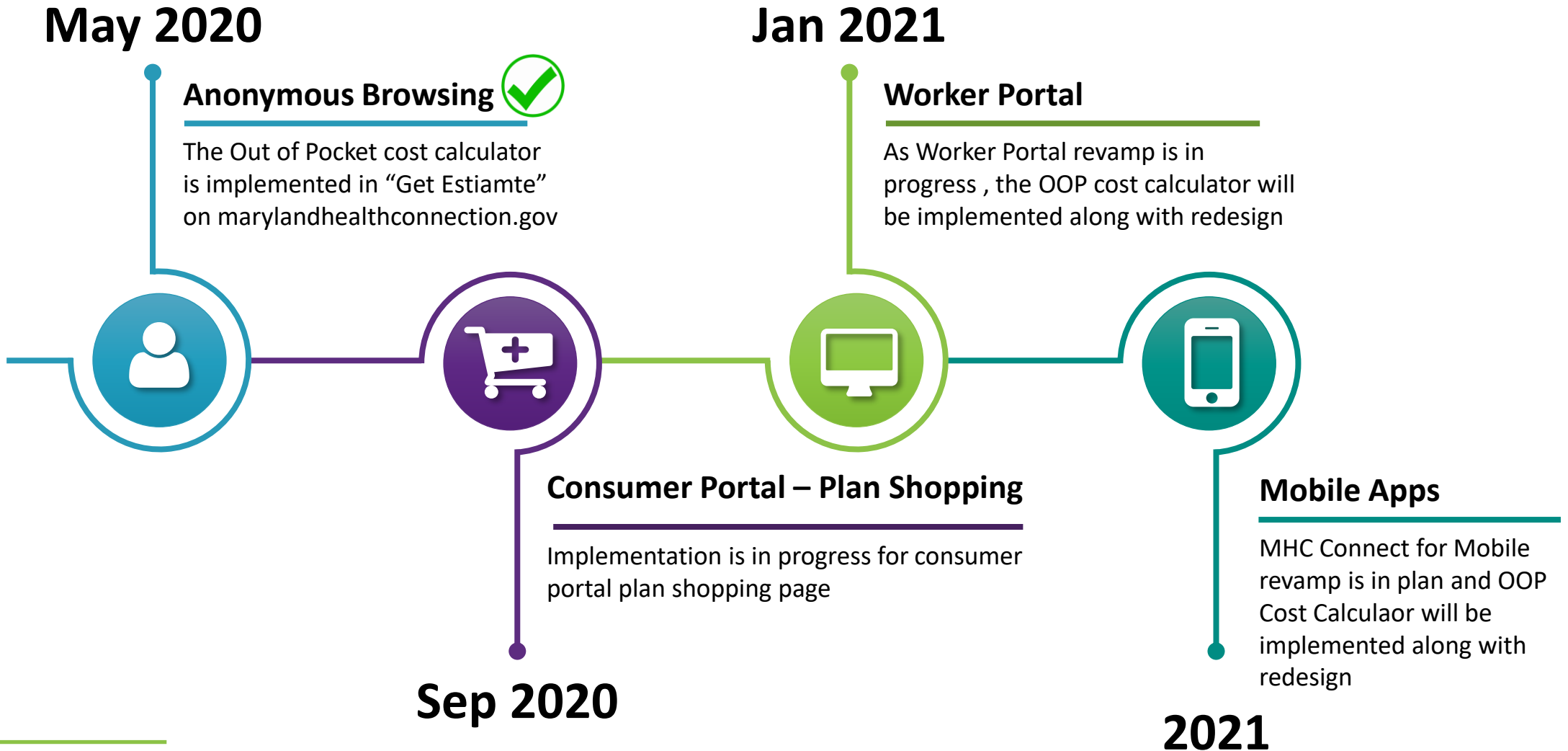
Yearly Premium  
(After APTC)

Subject to Family OOP Max

=

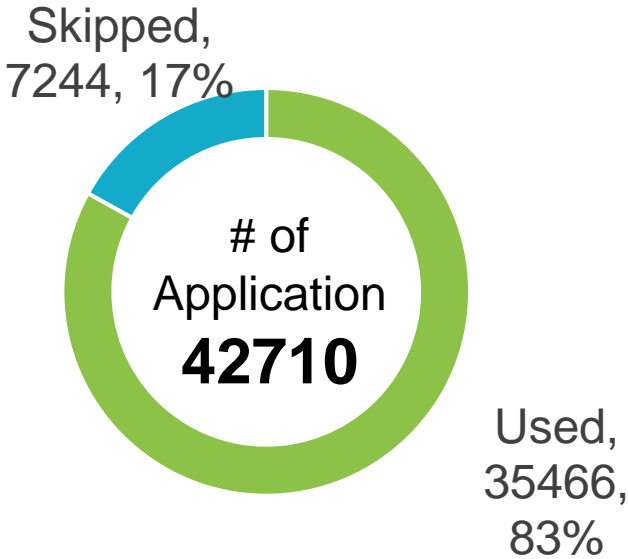
Total Yearly Cost  
Estimate

# Implementation Timeline

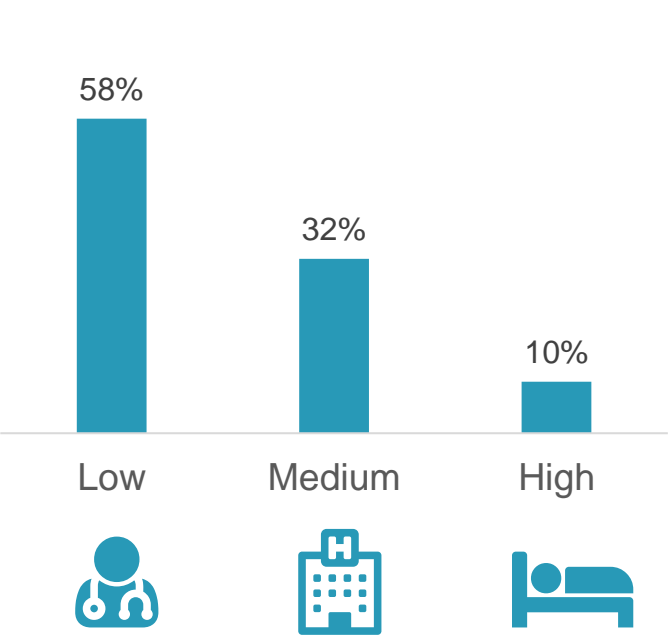


# Statistics

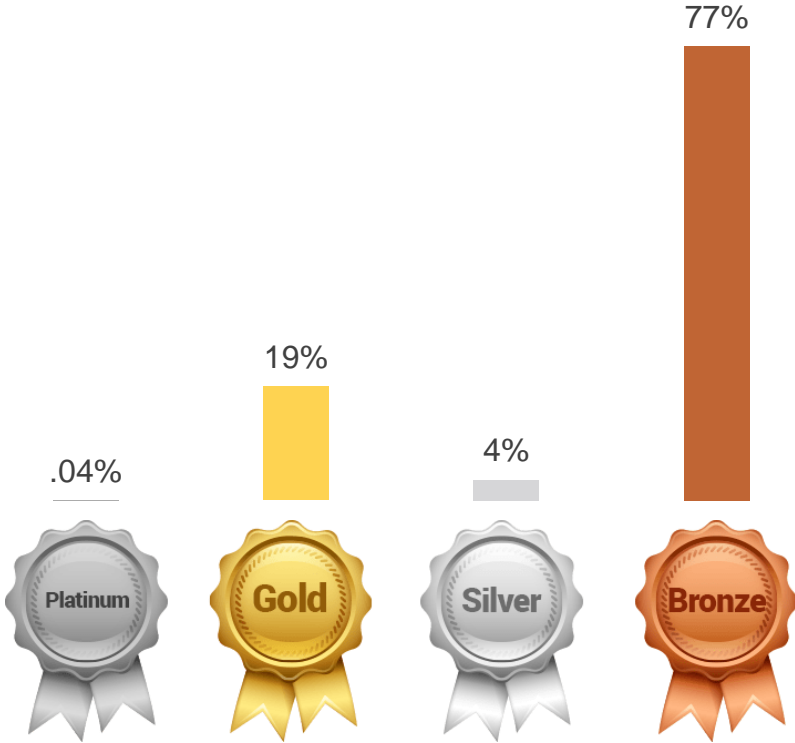
## Usage Pattern



## Health Care Use



## Metal Level



Demo



# Screens – Get an Estimate

## Get an Estimate



### Tell us about yourself

Zip Code\*

County\*

Coverage Year\*



### Build your household

#### Primary Applicant

Age\*

Is this person pregnant?\*

 No

Select the coverage you need\*

Add Spouse

Add Dependent

**Be sure to include these people, even if they don't need coverage:**

- Yourself
- Your spouse if you're married
- Anyone you'll claim as a tax dependent this year


[Learn more here](#) about who to

# Screens

## Estimate Health Care Cost



### Health Information for Cost Calculation

Estimate how much you expect each of your household members to use health care, so that we can estimate your total health care costs for the year (in addition to your monthly premium) and help you find a plan that works for you. Your needs may be more or less. Remember this is an estimate. Plans through Maryland Health Connection must cover preventive services & screenings  without charging copayment or coinsurance.

**Don't worry** - Your premium is NOT impacted by pre-existing conditions or how much you use care. This is just a tool to help you estimate your total health care costs for the year.

**Low**

I rarely use health care services.

**Medium**

I sometimes use health care services.

**High**

I frequently use health care services.

Estimate how much you expect 'Primary' member (age 35) to use health care services.

Select

(Your needs may be more or less. Remember this is an estimate.)

Estimate how much you expect 'Spouse' member (age 32) to use health care services.

Select

(Your needs may be more or less. Remember this is an estimate.)

# Screens

## Estimate Health Care Cost



### Health Information for Cost Calculation

Estimate how much you expect each of your household members to use health care, so that we can estimate your total health care costs for the year (in addition to your monthly premium) and help you find a plan that works for you. Your needs may be more or less. Remember this is an estimate. Plans through Maryland Health Connection must cover preventive services & screenings **i** without charging copayment or coinsurance.

**Don't worry** - Your premium is NOT impacted by pre-existing conditions or how much you use care. This is just a tool to help you estimate your total health care costs for the year.

### Low

### Medium

### High

**Low:** Individuals in your age group with "Low" health care needs typically use:

- Less than 5 visits with a doctor
- 0 outpatient visits
- 0 days in the hospital
- Less than 5 prescription drugs

**Medium:** Individuals in your age group with "Medium" health care needs typically use:

- 5 to 10 visits with a doctor
- 1 outpatient visits
- 1 days in the hospital
- 5 to 10 prescription drugs

**High:** Individuals in your age group with "High" health care needs typically use:

- More than 10 visits with a doctor
- 2 or more outpatient visits
- 2 or more days in the hospital
- More than 10 prescription drugs

Select

(Your needs may be more or less. Remember this is an estimate.)

# Screens

maryland health connection

Get Help | Create Account | Sign In

View All Details | Important Notices | Find a Doctor | Drug Search

Sort By: Total Cost Estimate | Per Page: 10

We've located 18 matching health plans

Edit Health Care Use | Filters

Monthly Tax Credit Selection

Adjust the slider below to select the estimated monthly tax credit.

\$602.73

\$0 | \$602.73

If you select to apply \$0 towards your estimated monthly premium, you may claim the full tax credit amount when you file your taxes.

CareFirst BlueChoice BlueChoice HMO Value Bronze \$6,000

METAL LEVEL: BRONZE | QUALITY RATING: ★★★★★

ESTIMATED MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	ANNUAL OUT-OF-POCKET MAX	PRIMARY CARE CO-PAY	URGENT CARE CENTER	H.S.A. Qualified CENTER
\$3.73 Price after estimated \$506.66 tax credit	\$6000 per person \$12000 per group	\$8150 per person \$16300 per group	\$40.00 Copay	\$70.00 Copay	No

**YOUR TOTAL YEARLY COST ESTIMATE** \$894 per household (Select the "Edit Health Care Use" button to change the yearly cost estimate.)

Find a Doctor | Important Plan Information | Plan Costs & Benefits | Drug Search

Add to Compare | APPLY

Plans are sorted by Total Cost Estimate to display the lowest cost plan on top

Option to edit the health care use

Total Yearly Cost Estimate



Thank you



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# 2022 Proposed Plan Certification Standards

Demo



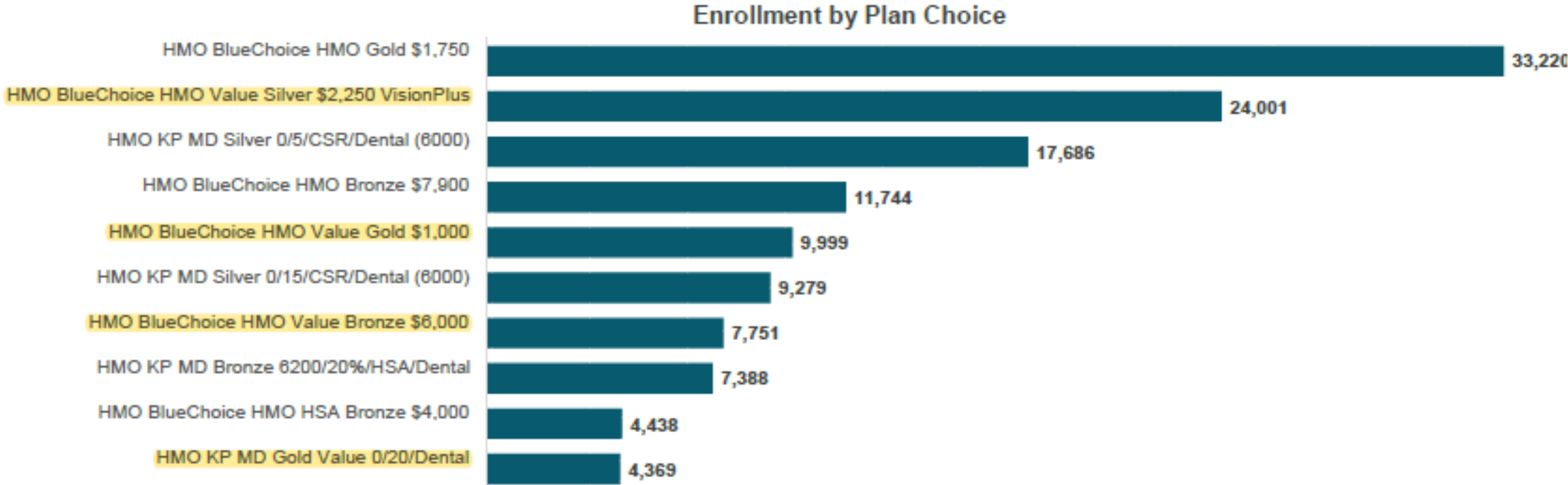
# 2022 Plan Certification Standard Goals

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

# 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

# 2021 Value Plan Requirements

Requirements	Bronze	Silver	Gold
<b>Minimum offering</b>	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.
<b>Branding</b>	Required.	Required.	Required.
<b>Medical Deductible Ceiling</b>	No requirement. Lower deductibles are encouraged.	\$2,500 or less.	\$1,000 or less.
<b>Services Before Deductible</b>	<p>Issuer may allocate a total of no less than three office visits across one or more of the following settings:</p> <ul style="list-style-type: none"> <li>• Primary Care Visit</li> <li>• Urgent Care Visit</li> <li>• Specialist Visit</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Visit</li> <li>• Urgent Care Visit</li> <li>• Specialist Care Visit</li> <li>• Generic Drugs</li> <li>• Laboratory Tests</li> <li>• X-rays and Diagnostics*+</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Visit</li> <li>• Urgent Care Visit</li> <li>• Specialist Care Visit</li> <li>• Generic Drugs</li> <li>• Laboratory Tests*</li> <li>• X-rays and Diagnostics*</li> </ul>

\*May be subject to limitation.

+May be excluded from before deductible services

# 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

# Proposed 2022 Value Plan Modifications

- **Bronze:**

- 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

- **Silver and Gold**

- 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 diabetes treatment and prevention



# Telehealth Transparency

- **CONCEPT:** 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.

# Patient Data Availability

- CONCEPT: 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, MCHIP, and QHP coverage or whose households have a mix of coverage.

# Enhance Dental Plan Information

## Provider Directory

- **CONCEPT:** 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, making it easier for them to determine which plans include their preferred dental providers before enrolling. This would align with functionalities available on the medical plan side.

## Important Information about This Plan

- **CONCEPT:** 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.

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# Public Comment



Adjournment