

MHBE Affordability Workgroup

Session 7 – August 31, 2022



Welcome

Agenda

1:00 - 1:15 | Welcome

David Stewart and JoAnn Volk, Co-Chairs

1:15 - 1:25 | Review of Feedback on Second Draft Plan Designs

Johanna Fabian-Marks, Director of Policy & Plan Management

1:25 - 1:50 | Updated Standard Plan Designs for Review

Johanna Fabian-Marks

1:50 - 2:50 | Discussion

2:50 - 3:00 | Public Comment

3:00 | Adjournment



Review of Second Draft Plan Designs

	Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded	
MHC Enrollment	82,919 (46%)	26,436 (15%)	17,215 (9%)	3,017 (2%)	4,221 (2%)	41,168 (23%)	
AV	81.7%	94.85%	87.88%	73.97%	71.58%	64.8%	64.9%
Medical Deductible	\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,100	\$9,100
Drug Deductible	\$150	\$0	\$150	\$750	\$750	n/a	n/a
Medical MOOP	\$6,750	\$1,350	\$2,500	\$5,750	\$7,600	\$9,100	\$9,100
Rx MOOP	\$600	\$150	\$500	\$1,500	\$1,500	n/a	n/a
Emergency Room Services	\$350	\$75	\$150	\$500	\$500	n/a	n/a
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$150	\$350	\$550	\$550	n/a	n/a
Primary Care Visit	\$10	\$2	\$10	\$35	\$35	\$35	\$20
Specialist Visit	\$30	\$15	\$30	\$80	\$80	\$80	n/a
MH/SUD Outpatient Services	\$10	\$2	\$10	\$35	\$35	\$35	\$20
Imaging (CT/PET Scans, MRIs)	\$500	\$125	\$500	\$600	\$600	n/a	n/a
Speech Therapy	\$10	\$2	\$10	\$35	\$35	\$35	\$20
Occupational and Physical Therapy	\$10	\$2	\$10	\$35	\$35	\$35	\$20
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$5	\$25	\$80	\$80	\$80	n/a
X-rays and Diagnostic Imaging	\$50	\$20	\$50	\$150	\$150	\$150	\$150
Skilled Nursing Facility	\$75	\$30	\$75	\$150	\$150	n/a	n/a
Outpatient Facility Fee	\$250	\$50	\$75	\$600	\$600	n/a	n/a
Outpatient Surgery Physician/Surgical Services	\$125	\$60	\$125	\$250	\$250	n/a	n/a
Generics	\$10	\$0	\$5	\$20	\$20	\$20	\$15
Preferred Brand Drugs	\$30	\$5	\$25	\$75	\$75	n/a	n/a
Non-Preferred Brand Drugs	\$60	\$15	\$50	\$80	\$80	n/a	n/a
Specialty Drugs (i.e. high-cost)	\$75	\$25	\$60	\$100	\$100	n/a	n/a

Summary of Feedback

- Make preferred brand drugs pre-deductible
- Make outpatient facility + outpatient surgery physician copays less than inpatient copay
- Increase difference between copays for preferred and non-preferred brand drugs for Base Silver and CSR 73% (without increasing copay for non-preferred)
- Allow carriers to cover telehealth with lower copays



Third Draft Plans for Review

Updated AV Calculator Services

	Gold	CSR 94%	CSR 87%	CSR 73%	Base Silver	Bronze - Expanded
Actuarial Value	81.8%	94.85%	87.88%	73.97%	71.58%	64.8%
Medical Deductible	\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,100
Drug Deductible	\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP	\$6,750	\$1,350	\$2,500	\$5,750	\$7,600	\$9,100
Rx MOOP	\$600	\$150	\$500	\$1,500	\$1,500	n/a
Emergency Room Services	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit	\$30	\$15	\$30	\$80	\$80	\$80
MH/SUD	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$500	\$125	\$500	\$600	\$600	n/a
Speech Therapy	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	\$10	\$0	\$5	\$20	\$20	\$20
Preferred Brand Drugs	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	\$75	\$25	\$60	\$100	\$100	n/a

Changes to Gold Plan

	As of 8/24	V2 Gold
AV	81.8%	81.7%
Medical Deductible	\$1,000	\$1,000
Drug Deductible	\$150	\$150
Medical MOOP	\$6,750	\$6,750
Rx MOOP	\$600	\$600
Emergency Room Services	\$350	\$350
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$450
Primary Care Visit	\$10	\$10
Specialist Visit	\$30	\$30
MH/SUD Outpatient Services	\$10	\$10
Imaging (CT/PET Scans, MRIs)	\$500	\$500
Speech Therapy	\$10	\$10
Occupational and Physical Therapy	\$10	\$10
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$25
X-rays and Diagnostic Imaging	\$50	\$50
Skilled Nursing Facility	\$75	\$75
Outpatient Facility Fee	\$250	\$250
Outpatient Surgery Physician/Surgical Services	\$125	\$125
Generics	\$10	\$10
Preferred Brand Drugs	\$30	\$30
Non-Preferred Brand Drugs	\$60	\$60
Specialty Drugs (i.e. high-cost)	\$75	\$75

Changes to Silver Plans

- No change to CSR 94% or CSR 87%
- In CSR 73% and Base Silver, total copay for outpatient now lower than copay for inpatient (reduced from \$850 total to \$300 total, lower than \$550 for inpatient)

	NEW CSR 73%	CSR 73%	NEW Silver	V2 Silver
AV	73.97%	73.97%	71.58%	71.58%
Medical Deductible	\$4,500	\$4,500	\$4,500	\$4,500
Drug Deductible	\$750	\$750	\$750	\$750
Medical MOOP	\$5,750	\$5,750	\$7,600	\$7,600
Rx MOOP	\$1,500	\$1,500	\$1,500	\$1,500
Emergency Room Services	\$500	\$500	\$500	\$500
All Inpatient Hospital Services (inc. MH/SUD)	\$550	\$550	\$550	\$550
Primary Care Visit	\$35	\$35	\$35	\$35
Specialist Visit	\$80	\$80	\$80	\$80
MH/SUD Outpatient Services	\$35	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$600	\$600	\$600	\$600
Speech Therapy	\$35	\$35	\$35	\$35
Occupational and Physical Therapy	\$35	\$35	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Labs	\$80	\$80	\$80	\$80
X-rays and Diagnostic Imaging	\$150	\$150	\$150	\$150
Skilled Nursing Facility	\$150	\$150	\$150	\$150
Outpatient Facility Fee	\$150	\$600	\$150	\$600
Outpatient Surgery Physician/Surgical Services	\$150	\$250	\$150	\$250
Generics	\$20	\$20	\$20	\$20
Preferred Brand Drugs	\$75	\$75	\$75	\$75
Non-Preferred Brand Drugs	\$80	\$80	\$80	\$80
Specialty Drugs (i.e. high-cost)	\$100	\$100	\$100	\$100

Summary of Changes

Make preferred brand drugs pre-deductible

- Gold – **added this benefit with minimal change to AV (+0.02% to AV)**
- CSR 94% – **already included**
- CSR 87% – **brings AV too close to upper limit**
- CSR 73% – **no impact on AV, but didn't add it since CSR 87% doesn't have it (and linearity would be off)**

Change values of outpatient facility + outpatient surgery physician copays to be less than the inpatient copay → **Silver and CSR 73% – successfully changed the values to \$150 for both**

Increase difference between copays for preferred and non-preferred brand drugs for Base Silver and CSR 73% (without increasing copay for non-preferred) → **Unfortunately, decreasing preferred copays brings plans out of AV range**

New Standardized Services (Services Not Included in the Actuarial Value Calculator)

Additional Standardized Service Categories	Gold	CSR 94%	CSR 87%	CSR 73%	Base Silver	Bronze - Expanded
	Durable Medical Equipment	20%	10%	20%	30%	30%
Emergency Transportation/Ambulance	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	\$10	\$2	\$10	\$35	\$35	\$35
Home Health Care Services	\$30	\$10	\$25	\$45	\$45	\$50
Hospice Services	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	\$10	\$2	\$10	\$35	\$35	\$35
Substance Abuse Disorder Outpatient Services	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	\$40	\$15	\$30	\$75	\$75	\$75
Routine Eye Exam for Children	\$5	\$0	\$5	\$10	\$10	\$15
Pediatric Vision						
Pediatric Dental						

- Are these non-AVC services the right mix of pre-deductible and post-deductible?

Pediatric Vision Coverage

Additional Standardized Service Categories

		Gold	CSR 94%	CSR 87%	CSR 73%	Silver - NEW	Bronze - Expanded
Pediatric Vision							
Routine Eye Exam for Children (optometrist)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Eye exam by an Ophthalmologist	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Basic Lenses	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Frames	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – elective (i.e. in lieu of lenses and frames)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – medically necessary	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Low vision testing	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Low vision aid	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0

- \$0 cost sharing for specified pediatric vision services
- Should there be a dollar cap on frames?
- Should there be quantity limits, e.g. one pair of glasses or 12 month supply of elective contacts per year?

Pediatric Dental Coverage

→ Are these the right service categories?

→ Is it feasible to apply a single copay per category, which would apply to all services in that category?

Proposed Pediatric Dental Categories:

- Class I Preventive & Diagnostic Services
- Class II Basic Services
- Class III Major Services
- Class IV Major Services – Restorative
- Class V Orthodontic Services

California 2023 Standard Pediatric Dental

- *Deductible does not apply in any metal level*
- *Silver variants all have same cost-sharing*

		Gold	Silver	Bronze
Diagnostic & Preventive		No Charge	No Charge	No Charge
	Oral Exam			
	Preventive - Cleaning			
	Preventive - X-ray			
	Sealants per tooth			
	Topical Fluoride Application			
	Space Maintainers - Fixed			
Basic Services		See Dental Copay Schedule;	20%	20%
	Restorative Procedures	Copays range from \$25-\$300		
	Periodontal Maintenance Services	to not covered		
Major Services			50%	50%
	Crowns & Casts			
	Endodontics	See Dental Copay Schedule;		
	Periodontics (other than maintenance)	Copays range from \$25-\$300		
	Prosthodontics	to not covered		
	Oral Surgery			
Orthodontics (Medically Necessary)		\$1,000	50%	50%

[Link to Dental Copay Schedule](#)

[Link to 2023 Standard Plan Designs](#)

California 2023 Standard Pediatric Dental

Sample of Detailed Copay Schedule for Gold Plan

[Link to Dental Copay Schedule](#)

[Link to 2023 Standard Plan Designs](#)

Procedure Category	CDT Code	Updated CDT-23 Nomenclature	Dental EHB	
			Up to Age 19 In-Network Member Cost Share	19 and Older In-Network Member Cost Share
	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60	\$60
	D2390	Resin-based composite crown, anterior	\$50	\$50
	D2391	Resin-based composite - one surface, posterior	\$30	\$30
	D2392	Resin-based composite - two surfaces, posterior	\$40	\$40
	D2393	Resin-based composite - three surfaces, posterior	\$50	\$50
	D2394	Resin-based composite - four or more surfaces, posterior	\$70	\$70
	D2542	Onlay - metallic - two surfaces	Not Covered	\$185
	D2543	Onlay - metallic - three surfaces	Not Covered	\$200
	D2544	Onlay - metallic - four or more surfaces	Not Covered	\$215
	D2642	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$250
	D2643	Onlay - porcelain/ceramic - three surfaces	Not Covered	\$275
	D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Covered	\$300
	D2662	Onlay - resin-based composite - two surfaces	Not Covered	\$160
	D2663	Onlay - resin-based composite - three surfaces	Not Covered	\$180
	D2664	Onlay - resin-based composite - four or more surfaces	Not Covered	\$200
	D2710	Crown - resin-based composite (indirect)	\$140	\$140
	D2712	Crown - 3/4 resin-based composite (indirect)	\$190	\$200
	D2720	Crown - resin with high noble metal	Not Covered	\$300
	D2721	Crown - resin with predominantly base metal	\$300	\$300
	D2722	Crown - resin with noble metal	Not Covered	\$300
	D2740	Crown - porcelain/ceramic substrate	\$300	\$300
	D2750	Crown - porcelain fused to high noble metal	Not Covered	\$300
	D2751	Crown - porcelain fused to predominantly base metal	\$300	\$300
	D2752	Crown - porcelain fused to noble metal	Not Covered	\$300
	D2753	Crown - porcelain fused to titanium and titanium alloys	Not Covered	\$300

Washington DC 2023 Standardized Pediatric Dental

- *Standard plans only establish copays for a limited number of dental services*
- *Deductible does not apply in any metal level*
- *Silver variants all have same cost-sharing*

		Gold	Silver	Bronze
	Diagnostic & Preventive	No charge	No charge	No charge
	Oral Exam			
	Preventive - Cleaning			
	Preventive - X-ray			
	Sealants per tooth			
	Topical Flouride Application			
	Space Maintainers - Fixed			
	Basic Services			
	Amalgam Fill - 1 surface	\$25	\$25	\$41
	Major Services			
	Root canal - molar	\$300	\$300	\$512
	Gingivectomy per Quad	\$150	\$150	\$279
	Extraction - single tooth exposed root	\$65	\$65	\$69
	Extraction - complete bony	\$160	\$160	\$241
	Porcelain with metal crown	\$300	\$300	\$523
	Orthodontics (Medically Necessary)	\$1,000	\$1,000	\$3,422

[Link to 2023 Standardized Benefit Designs](#)

Next steps

- Finalize pediatric dental coverage
- Vote to approve plan designs
- MHBE staff to follow up with draft final report for workgroup review and feedback



Discussion

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Public Comment

Next Steps

Next meeting: Wednesday, September 14, 1 - 3PM

Appendix



MHBE Staff Proposal for Discussion

- **Implement Standard Plans for 2024 that are designed to advance the following goals:**
 - **Affordability** – plans should be designed to make commonly used services feasible for consumers to access, keeping in mind that 35% of adults don't have \$400 to cover an emergency expense.¹
 - Minimize deductibles and/or cover commonly used services pre-deductible
 - Separate drug and medical deductibles
 - **Simplicity** - plans should allow consumers to easily understand their cost-sharing and compare plans
 - Prioritize copays over coinsurance as feasible
 - Standardize cost sharing for common services
 - **Alignment with State health goals** – plan design should support Maryland's population health goals
 - Facilitate access to primary care, substance use disorder treatment, services to manage diabetes
 - **Equity** - reduce cost-sharing for high-disparity conditions, starting with changes that minimize impact to actuarial value
 - Start with targeted elimination of cost-sharing for services to manage diabetes
 - **Minimal market disruption** – standard plans should be designed with awareness of current value plan designs and endeavor to minimize disruptive changes to carriers' existing value plan cost sharing values/structures, particularly for the most used services
 - However, one time disruption may be necessary to achieve other goals, e.g. standardizing cost-sharing across plans and prioritizing use of copays
- **Expand \$0 cost-sharing for diabetes management (insulin, glucometers) in current Value Plan standards to all plans** (for HSA plans, to the extent permitted by federal law)

[1] <https://www.federalreserve.gov/publications/2021-economic-well-being-of-us-households-in-2020-dealing-with-unexpected-expenses.htm#:~:text=Consistent%20with%20results%20on%20how,time%20can%20have%20serious%20consequences>