

Proposed 2024 Plan Certification Standards

November 21, 2022

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2024 Plan Certification Standards Timeline

- Oct 13, 2022: Present proposed 2024 plan certification standards to MHBE Standing Advisory Committee
- Nov. 21, 2022: Present proposed 2024 plan certification standards to MHBE Board
- Nov. 28 - Dec. 30, 2022: Public comment period
- Jan. 16, 2023: Present recommended final 2024 plan certification standards to MHBE Board*

**If 2024 Actuarial Value Calculator is not available sufficiently in advance of Jan. 16, will present recommended final 2024 standard plan designs at Feb. 21, 2023 Board Meeting*

1. Include Link to Actual Plan Contract in Summary of Benefits & Coverage

- Require carriers to include direct link to actual plan contract in the plan's Summary of Benefits & Coverage in the section shown below

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: [See Instructions]

Coverage for: _____ | Plan Type: _____



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall	\$	

2. Require NCQA Health Equity Accreditation

Require issuers to achieve NCQA Health Equity Accreditation

- Recommendation of MHBE Health Equity Workgroup (unanimous)
- Existing issuers
 - Require issuers offering through MHC to achieve accreditation by 12/31/2023
 - Recognize issuers that have received NCQA Multicultural Healthcare Distinction prior to PY2024 as provisionally meeting the certification requirement.
- New issuers: require new issuers to achieve accreditation within 18 months of offering coverage on MHC

3. Plan Certification Standards for Vision Plans in the Individual Market

Visions plans must:

- Offer one high and one low plan
- Have vision plans licensed for sale in the MD individual market as of plan year 2023
- Provide a Maryland-specific account manager to work with plan management team
- Offer the following services:
 - Co-branded website that includes a provider directory
 - Call center
 - Ability for member to pay bill electronically
 - Ability to generate member enrollment materials and notices
 - Ability to provide reporting on plan selection, enrollment, and member demographics
 - Other services determined necessary by MHBE

4. Implement Standard Plans

- Unanimous recommendation of the 2022 Affordability Workgroup
- Require each licensed carrier in the individual market to:
 - Offer one standard plan at the bronze, silver, and gold metal levels
 - Identify standard plans by using “Value Plan” in the plan name, and only in standard plan names
- Retire existing value plan requirements
- Proposed plan designs will likely need to be updated to adhere to 2024 AV calculator requirements. MHBE will work with MIA to propose plan adjustments for public comment following release of the 2024 AV calculator and will incorporate feedback into the final plan designs presented to the Board for approval in 2023.

2023 Value Plan Standards

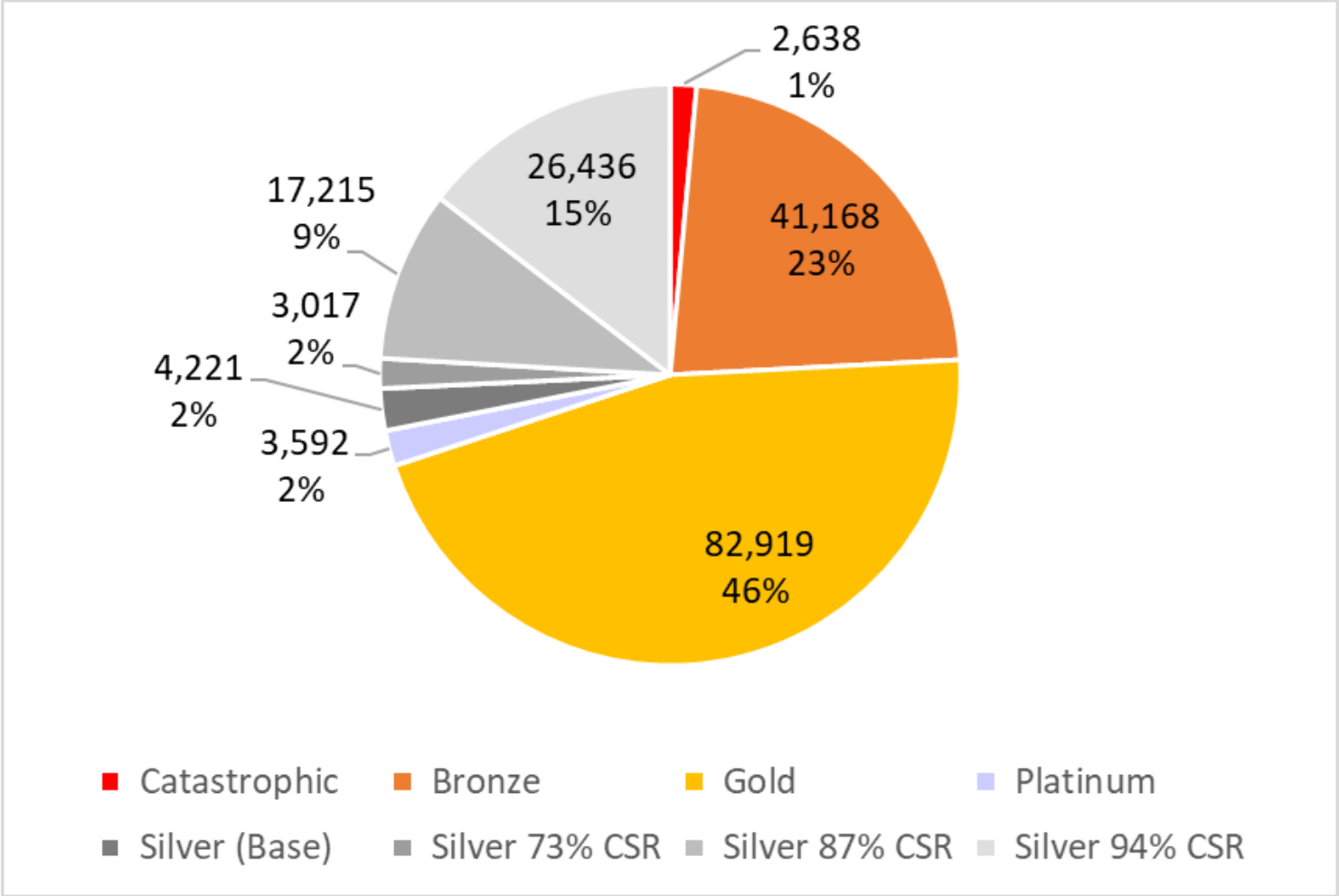
Requirements	Bronze	Silver	Gold
Minimum offering	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.
Branding	Required.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	\$3,000 or less.	\$1,000 or less.
Services Covered with Copay Before Deductible	<ul style="list-style-type: none"> • Primary Care Visits with copay of not more than \$40 • Mental Health and Substance Use Disorder Outpatient Visits with copay ≤\$40 • Generic Drugs with copay ≤\$20 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder Outpatient Visits • Generic Drugs • Laboratory Tests • \$0 Diabetic Supplies (insulin, glucometers, test strips) 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder Outpatient Visits • Generic Drugs • Laboratory Tests • X-rays and Diagnostics • \$0 Diabetic Supplies (insulin, glucometers, test strips)

2024 Value Plan Guiding Principles

- **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 expense¹
- **Simplicity** - plans should allow consumers to easily understand their cost-sharing and compare plans
- **Alignment with State health goals** – plan design should support Maryland's population health goals
- **Equity** - reduce cost-sharing for high-disparity conditions, starting with changes that minimize impact to actuarial value
- **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

[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>

Total MHC Enrollment by Metal Level, 2022



Enrollment data as of January 31, 2022.

Proposed 2024 Value Plan Designs (1/2)

	Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded
Actuarial Value	81.8%	94.85%	87.89%	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 to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit	\$30	\$15	\$30	\$80	\$80	\$80
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$400	\$125	\$350	\$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 (e.g., Ambulatory Surgery Center)	\$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

Proposed 2024 Value Plan Designs (2/2)

Additional Standardized Service Categories							
		Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded
Durable Medical Equipment		20%	10%	20%	30%	30%	40%
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
Pediatric Vision							
	Routine Eye Exam for Children (optometrist)	\$0	\$0	\$0	\$0	\$0	\$0
	Eye exam by an Ophthalmologist	\$0	\$0	\$0	\$0	\$0	\$0
	Basic Lenses	\$0	\$0	\$0	\$0	\$0	\$0
	Frames	\$0	\$0	\$0	\$0	\$0	\$0
	Contacts – elective (i.e. in lieu of lenses and frames)	\$0	\$0	\$0	\$0	\$0	\$0
	Contacts – medically necessary	\$0	\$0	\$0	\$0	\$0	\$0
	Low vision testing	\$0	\$0	\$0	\$0	\$0	\$0
	Low vision aid	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Dental							
	Class I Preventive & Diagnostic Services	\$0	\$0	\$0	\$0	\$0	\$0
	Class II Basic Services	20%	20%	20%	20%	20%	20%
	Class III Major Services	20%	20%	20%	20%	20%	20%
	Class IV Major Services – Restorative	50%	50%	50%	50%	50%	50%
	Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

Additional Proposed 2024 Value Plan Details

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
 - PCP visits
 - Dilated retinal exam (1x per year)
 - Diabetic foot exam (1x per year)
 - Nutritional counseling visits
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)
 - A select list of diabetes supplies and medications within the diabetic agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient surgery copays into a single copay if they choose.

Request for Approval to Post Proposed 2024 Plan Certification Standards for Public Comment

MOTION: I move to [approve/defer/reject] the proposed new plan certification standards for plan year 2024 for public comment [as presented] *or* [as amended].

