



## 2016 Maryland Health Benefit Exchange - Proposed Plan Certification Standards COMMENTS Submitted 9 March, 2015

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The Maryland Women's Coalition for Health Care Reform (Coalition), and the twenty-six undersigned organizations, appreciate the opportunity to comment on the Maryland Health Benefit Exchange's (MHBE) proposed 2016 Plan Certification Standards. Many of these same organizations were signatories to our comments on the 2015 standards, submitted in March 2014. In those, we raised a number of issues, which have yet to be fully addressed. However, we understand the time constraints created by the Federal vs. State timeline and look forward to further dialogue on these in the Fall when we address the 2017 standards.

Before addressing a few specific issues in the 2016 proposed standards, we wish to commend the MHBE for its proposal to include a Quality Improvement Strategy. We see this as an important step in aligning the MHBE process with Maryland's delivery system reforms and in promoting incentives that will drive both improvements in quality while lowering costs in the long-term. Therefore, we endorse the following proposal:

***Quality Improvement Strategy** - To obtain QHP certification, each issuer must implement a QIS, which is a payment structure that provides increased reimbursement or other incentives to improve health outcomes, reduce hospital readmissions, improve patient safety and reduce medical errors, implement wellness and health promotion activities, and reduce health and health care disparities. A QHP issuer participating in the MHBE for at least two years will be required to implement and report information regarding a QIS. QHP issuers must also submit data annually for activities that are conducted in relation to implementation of its QIS.*

Included below are our specific comments, which reference the MHBE document provided to stakeholders:

### **#4 - Provider Lists**

- We strongly recommend that MHBE include, as called for in the Federal regulations, the following: "including information regarding which providers are accepting new patients..." Based upon the network adequacy report from the Mental Health Association of Maryland, and research done by the other organizations, we know that consumers' access to this information is critical.

Reducing the necessity for consumers to make numerous calls to providers who aren't taking new patients by employing this simple strategy removes a huge barrier for consumers to access timely care. It is our understanding that carriers are already doing this for their internal directories and, therefore, we see no reason why this information is not being shared with consumers.

- We also recommend that the carriers provide the MHBE with language regarding their out of network exemption processes, provided for by Title 15 of the Maryland Insurance Article, that can be posted on Maryland Health Connection to ensure that consumers are aware of their rights concerning access to out of network care at in network cost sharing due to unreasonable delay or travel times.

### **#6 - Reasonable Access**

- We appreciate the process to gain more data and to work with the Standing Advisory Committee on network adequacy standards. However, we believe that the language regarding reasonable access should include the following from the Federal rule - "particular areas of focus will be access to hospital systems, mental health providers (note we would change that to behavioral health providers) oncology and primary care providers." This language would direct the priority of data collection on network adequacy in these areas as the Standing Advisory Committee, and ultimately, the MHBE Board consider future network adequacy policies.

### **#10-12 - Benefit Design**

- We would suggest that "attestation" alone is not enough. We believe that the MHBE should work with the Maryland Insurance Administration to require carriers to provide information on the process they use to determine that there is compliance with non-discrimination. This would include compliance with discrimination requirements under the ACA and the Federal Mental Health Parity and Addiction Equity Act.

### **#13-17 - Drug Formularies**

- In this area we urge the MHBE to use its authority to do due diligence in ensuring that the carriers are providing appropriate and accurate information in a manner consistent with Federal requirements.

## #18-21 - Health Benefit Plans

- In this area we recommend the MHBE collect data on the meaningful difference in 2016 plans and take this into consideration as the MHBE Board determines what is in the best interests of consumers, including the option to create a "standard plan" as other states have done. While consumer choice is important, if plans offered by carriers at each metal are not meaningfully different, consumers are being presented with a false choice, thereby adding confusion and unnecessary complexity to an already complex process of choosing a plan that best meets their needs.

## #23 - Compliance

- We understand that there is a division of authority between the MHBE and the Maryland Insurance Administration over the oversight and regulatory authority over insurance carriers. In some cases this may work to the detriment of consumers. Therefore, it could be helpful to have greater clarity through a MOU or similar document that clearly lays out the authority that rests within each agency. This would allow for greater transparency and, hence greater confidence in the oversight aspects.

Again, we appreciate the opportunity to provide these comments and look forward to working with the MHBE as these are finalized and operationalized.

Advocates for Children and Youth  
Community Behavioral Health Association of Maryland  
Institute for Behavior Resources, Inc./REACH Health Services  
Maryland Dental Action Coalition  
Mental Health Association of Maryland  
Montgomery County Department of Health and Human Services  
National Alliance on Mental Illness (Maryland and 12 County Chapters)  
National Council on Alcoholism and Drug Dependence - Maryland Chapter  
Primary Care Coalition of Montgomery County  
Progressive Cheverly  
Public Justice Center  
Sisters Together and Reaching  
Unitarian Universalist Legislative Ministry of Maryland  
University of Maryland Carey School of Law, Drug Policy and Public  
Health Strategies Clinic