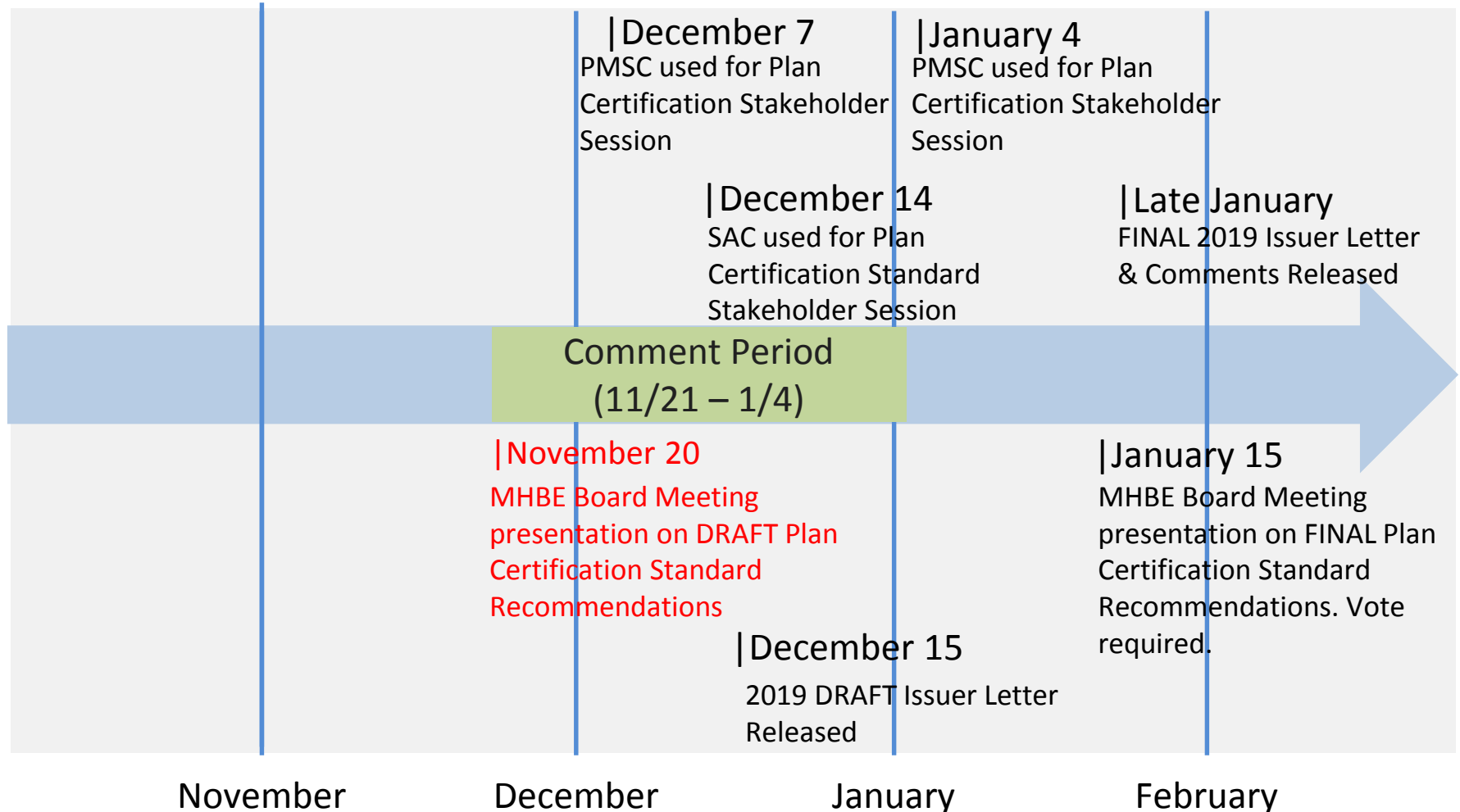


2019 Draft Plan Certification Standards

November 20, 2017



Plan Certification Standards - Timeline



MHBE Plan Management held a series of 2019 Plan Certification Standards “listening sessions” in October 2017

- Segmented by MHBE Stakeholder group to ensure candid responses and feedback

- Two week response timeline to provide MHBE with insights on:

2019 Plan Certification Standards
Perspective on the 2018 Plan Certification Standards

October 5, 2017

Session 1: Internal MHBE Partners

Session 2: Consumer Advocate Stakeholders

October 12, 2017

Session 1: Issuer Stakeholders

2018 Plan Certification Standard

Network Access Plans & Network Adequacy:

Carriers must submit their Network Access Plan template to MHBE, along with three new templates: quantitative standards network composition reporting, provider accessibility standards, and member services standard. These will not be shared publicly.

Proposed 2019 Plan Certification Standard

MHBE proposes to add an attestation to the 2019 Carrier Application. Applying issuers must attest to meeting their respective requirements under the final network adequacy regulation promulgated in COMAR 31.10.44 Network Adequacy.

2018 Plan Certification Standard

Issuers must submit a provider directory file to MHBE every two weeks.

Proposed 2019 Plan Certification Standard

MHBE proposes to supplement the 2019 Carrier Application with an attestation. Applying issuers attest to submitting provider directory data to MHBE every two weeks. Applying issuers attest that the submitted data is complete, accurate, and up-to-date to the extent feasible.

2018 Plan Certification Standard	Proposed 2019 Plan Certification Standard
<p>Expanded ECP Definition: Add LHDs, OMHCs, SUD providers under COMAR 10.09.80.03.B(1) & B(3) licensed or approved by DHMH as programs or facilities, and SBHCs</p> <ul style="list-style-type: none"> • Providers must be able to meet carrier credentialing standards • Must contract with at least 30% of ECPs/service area (write in option and alternative allowed) • Must offer contracts in good faith for providers in service area to all available IHCPs, any willing LHD and at least 1 ECP in each ECP category in each county where available • Dental carriers must offer contract in good faith to 30% of all ECPs/service area and all available IHCPs. MHBE encourages SADPs to contract with at least 1 FQHC and any willing LHDs. • Annually MHBE will provide a list of expanded-ECPs by end of January with instructions to complete MHBE ECP Template 	<p>This standard will remain unchanged from 2018. MHBE proposes to include this standard (including the Alternate ECP Standard) in the next update of the Carrier Reference Manual</p>
	<p>Reduction of Administrative Burden: MHBE will work with CMS to add MHBE ECP Expansion providers to the CMS template.</p>

2018 Plan Certification Standard

Proposed 2019 Plan Certification Standard

Marketing and Benefit Design of QHPs:

Carrier must attest to no plan discrimination. MHBE will review plan benefits to determine if any additional standards are needed to address discriminatory benefit design. MHBE adds that it will review new federal proposed requirements and follow the FFM approach for reviewing discriminatory effect.

This standard will remain unchanged from 2018. **MHBE proposes to include this standard in the next update of the Carrier Reference Manual**

2018 Plan Certification Standard

Proposed 2019 Plan Certification Standard

Prescription Drug Certification Standards:
 Formulary Link must link directly to list of covered drugs and include tiering and cost-sharing information. Plans should indicate the tier and may include a legend to allow the consumer to match the tier to the drug category.

MHBE proposes to refine the language of this standard.

The formulary link provided in “Prescription Drug Search” must link directly to the QHP’s list of covered drugs and include tier information. Plans must include a legend to allow the consumer to match the indicated tier with a drug category.

Issuers must track drug exceptions and provide information to MHBE upon request.

This standard will remain unchanged from 2018. MHBE proposes to include this standard in the next update of the Carrier Reference Manual

2018 Plan Certification Standard	Proposed 2019 Plan Certification Standard
<p>SADP* Rating Cap: Stand Alone Dental Plans must cap rating at three minor dependents.</p>	<p>This standard will remain unchanged from 2018. MHBE proposes to include this standard in the next update of the Carrier Reference Manual</p>
<p>Optional Embedded Pediatric Dental Benefits: Embedded Pediatric Dental Benefits in QHPs are optional.</p>	<p>This standard will remain unchanged from 2018. MHBE proposes to include this standard in the next update of the Carrier Reference Manual</p>

*Stand-Alone Dental Plans

2018 Plan Certification Standard

Proposed 2019 Plan Certification Standard

Primary Care Above-EHB Benefits:

Board should direct MHBE to:

- Determine if above State-EHB Primary Care benefits should be included in Plan Certification Standards for 2019 plans.
- Seek input from Standing Advisory Committee and stakeholder groups.
- Develop recommendations for Board's consideration
- Consult with MIA on whether it can address the number of primary care visits required without cost per year

MHBE recommends the removal of this plan certification standard.

MHBE proposes that MHBE be directed to assemble a work group to address primary care above-EHB benefits.

2018 Plan Certification Standard	Proposed 2019 Plan Certification Standard
<p>Prohibition on Ending Plan Contract When Primary Insured Terminates Coverage: When primary subscriber is terminated, for outstanding citizenship/immigration status verifications, other enrollees should be allowed to continue on contract with amounts contributed to deductible and OOP costs under contract; if termination results in invalid enrollment group, eligible members have 60 day SEP.</p> <p>MHBE will work with stakeholders to consider future applications such as certain voluntary terminations (i.e. new Medicare eligibility). Regardless of who accumulated the costs and the new contract type, such as if the household moves to a self-only plan, any amounts contributed to deductible and OOP costs under original contract should be transferred to new contract.</p>	<p>This standard remains unchanged from 2018. MHBE proposes to develop a working group to determine an implementation pathway.</p>

2018 Plan Certification Standard

Proposed 2019 Plan Certification Standard

Employee Choice Expansion:

MHBE proposes an expansion to the employee choice model. Employers may select up to two consecutive metal tiers (e.g. Bronze and Silver, or Silver and Gold) and employees will be able to select any plan between the chosen metal tiers across any issuer. This will be optional for 2018, issuers electing this option must report election to MHBE.

This standard will remain unchanged from 2018. **MHBE proposes to include this standard in the next update of the Carrier Reference Manual**

Employer Choice Composite Rating:

Per MIA Bulletin 15-34, Employer groups in the Employer Choice model may elect to participate in composite rating for either a single QHP offering or multiple QHP from a single carrier. MHBE encourages issuers to offer at least one QHP that will offer composite rating/premium. Issuers must identify the plans to MHBE. This will be optional for 2018, issuers electing this option must report election to MHBE.

This standard will remain unchanged from 2018. **MHBE proposes to include this standard in the next update of the Carrier Reference Manual**

Established Standard	Proposed 2019 Plan Certification Standard
<p>Special Enrollment Period (SEP) Verification: In 2018, MHBE will add verification requirements for SEPs due to loss of minimum essential coverage (MEC). MHBE will assess the results of the added verification to determine if verifications should be added to other SEPs.</p>	<p>This standard remains unchanged from 2018.</p>

QHP/SADP Offering Limitations/Meaningful Difference*

Established Standard	Proposed 2019 Plan Certification Standard
<p>SADP* Tier Limitation: SADPs may not offer more than one dental plan per product per tier</p>	<p>This standard will remain unchanged from 2018. MHBE proposes to include this standard in the next update of the Carrier Reference Manual</p>
<p>QHP Meaningful Difference Standard: MHBE adopts the FFM Meaningful Difference Standard as they pertain standard plan variations</p>	<p>This standard will remain unchanged from 2018. MHBE proposes to include this standard in the next update of the Carrier Reference Manual</p>

*Stand-Alone Dental Plans

Network Type Categories*

Established Standard	Proposed 2019 Plan Certification Standard
<p>Network Category Expansion*: MHBE proposes, in line with the FFM proposal, to add a network breadth indicator on Maryland Health Connection Plan Shopping to denote a QHPs relative network coverage.</p> <p>MHC is able to deploy the following indicators for network breadth:</p> <ul style="list-style-type: none"> - Broad - Standard - Basic - IDS (Integrated Delivery System) 	<p>MHBE proposes the removal of this plan certification standard.</p>

Proposed 2019 Plan Certification Standard

Increased Access to the QHP Policy Contract:

MHBE proposes that issuers supply a URL that provides a direct link to each QHP's Summary Plan Document (SPD) on the QHP's SBC or a direct link to a webpage that hosts the issuer's SPDs. Issuers will reference the SPD in the box at the top of the first page of the Summary of Benefits and Coverage.

Proposed 2019 Plan Certification Standard

De minimus payments and termination:

MHBE proposes that issuers allow for a 2% de minimus range for monthly premium under payments, after effectuation, before a consumer is flagged for termination due to non-payment.

Established Plan Certification Standard	Proposed 2019 Standard
<p>Standardized Options: MHBE proposes to establish “standardized options” for the individual marketplace. Issuers participating on the individual marketplace must include, within their annual QHP product offerings, standardized options. These options will apply toward metal level limitation standards. This will be deferred for plan year 2018 but will be implemented on the Marketplace in plan year 2019. In 2017, MHBE will create a workgroup to help determine the scope of the standard, whether it be mandatory or optional, develop draft plans, and provide additional insight.</p>	<p><i>Please see Standardized Benefit Design Work Group</i></p>
<p>Prominent Display of Standardized Options: MHBE will create an indicator and filtering mechanism for standardized plans on Maryland Health Connection Plan Shopping User Interface.</p>	

2017 Standardized Benefit Design
Work Group



2017 Standardized Benefit Design Work Group

Under 2018 Plan Certification Standards, MHBE was authorized by the Board of Trustees to assemble a work group to develop a set of recommendations on a standardized benefit design.

The table below lists work group members and details their representative organizations.

Member	Organization	Status
Alvin Helfenbein	Helfenbein Insurance	Active
Pia Sterling	Kaiser Permanente	Active
Chris Keen	Keen Insurance	Active
Elizabeth Sammis	Consumer Health First	Active
John Fleig	UnitedHealthcare	Inactive (as of June 2017)
Kathryn Hoffman*	MIA	Active
Kimberly Cammarata	HEAU	Active
Matthew Celentano	MD Healthcare for All	Active (as of August 2017)
Robert Metz	CareFirst	Active

**Served as SME and liaison from the Maryland Insurance Administration. Non-voting member.*

2017 Standardized Benefit Design Work Group



SBD-WG members met eight times from the initial meeting on March 30, 2017 to their final meeting on November 9, 2017.

Individuals Present	3/30/2017	4/27/2017	6/15/2017	6/29/2017	7/27/2017	8/24/2017	10/26/2017	11/9/2017
Alvin Helfenbein	√	√		√	√	√	√	√
Chris Keen	√		√	√		√		√
Elizabeth Sammis	√	√	√	√	√	√	√	√
Kimberly Cammarata	√	√	√		√	√	√	√
Pia Sterling	√	√	√	√	√	√	√	√
Robert Metz	√	√	√	√	√	√	√	√
Robyn Elliott				√	√	√	√	√
Kathryn Hoffman			√	√	√	√	√	√
Matthew Celentano	not yet a participating work group member					√		√
John Fleig	√	√	no longer a participating work group member					

A DRAFT 2017 MHBE Standardized Benefit Design Work Group Report is released with this presentation. A record of all votes has been included in the table on the next slide.

2017 Standardized Benefit Design Work Group



Policy	Recommendation	Vote Record	Date of Vote
Marketplace Scope	Plan should not be standardized on the SHOP Marketplace.	SHOP – Consensus	04/27/2017
	Plans should be standardized on the Individual (IVL) Marketplace.	IVL – 5 yeas, 3 nays	11/9/2017
Metal Level Inclusion	Plans should be standardized at bronze, silver, and gold metal levels.	Consensus	11/9/2017
Existing QHP Rules	Existing QHP Rules should not be amended.	Consensus	06/15/2017
Included Benefits	The coverage categories in the Summary of Benefits and Coverage should be the standardized categories.	Consensus	06/29/2017
Excluded Benefits	Non-standard benefits may be offered if such benefits have a de minimus impact on EHB% of Premium	Consensus	08/24/2017
Extent of Cost-Sharing Standardization	Only in-network cost-sharing should be standardized	Consensus	07/27/2017
New-Market Entrants	The MHBE Board should utilize existing waiver authority to support new market entrants.	Consensus	11/9/2017

1. Release DRAFT 2019 Letter to Issuers on December 15, 2017.
1. Develop a summary document incorporating issuer feedback with MHBE response.
- Due January 8, 2018.
1. MHBE Board meeting on January 15 to adopt final proposed 2019 Plan Certification Standards.
1. Late January - 2019 FINAL Issuer Letter Released with Comments/Response Document.