

2018 DRAFT Plan Certification Standards

November 21, 2016



Coverage Examples & Network Adequacy Metrics

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>Outpatient/Inpatient Substance Use Disorder (SUD) and Mental Health (MH) Treatment Cost Examples: MHBE will work with stakeholders to find appropriate location for this material and a template for carriers to provide this information.</p>	<p>MHBE will create a committee to help design the requirements for determining the coverage example methodology</p>
<p>Network Adequacy Quantitative Metrics of Network Information: MHBE will provide template by end of January that includes additional detail about PCP/MH subcategories and standard to determine average drive distance/time. MHBE clarifies that carrier may submit additional information about their metrics. MHBE will determine new location for information (either in separate link in plan shopping or outside of application). MHBE encourages carriers to include SUD information as well.</p>	<p>Removed due to HB1318</p>

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>Standards of Network Management: Carriers must provide information for publication as proposed. MHBE clarifies that carriers may provide after 2016 renewal surveys are conducted. MHBE will provide template for carriers to provide information to MHBE.</p>	<p>Removed due to HB1318</p>
<p>Network Access Plans: 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.</p>	<p>MHBE will continue to require this standard. Carriers will submit the information as requested by MHBE. Plan Management will work to streamline and standardize the submission process. Further, MHBE proposes to include additional information requirements as they pertain to telemedicine services. MHBE will provide an updated template.</p>

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>Provider Directories: Must be current, accurate and complete. Defined as submitting file to CRISP once every 15 days, update the file within each 15 day cycle, and carrier directory must be in reasonable degree of variance. In addition, conduct self-assessment of accuracy in 2016 and MHBE will determine standard assessment method, baseline target and req't for accuracy improvements. Amended to allow carriers to include additional information, such as programs and community health center names. MHBE will review resources required to share information and a requirement to include this information will be considered for 2018 plan year.</p>	<p>Additional requirements removed due to HB1318. This standard returns to the earlier standard (2014) where issuers must submit a provider directory file to CRISP every two weeks.</p>

2017 Plan Certification Standard

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

- 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

Proposed 2018 Plan Certification Standard

MHBE proposes additional issuer contracting requirements to expansion providers (ex. LHDs). Issuers must utilize the DHMH state-amendment for contracting with government providers when offering contracts. When contracting with any willing LHD issuers must contract for all services - including behavioral health services.

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>Marketing and Benefit Design of QHPs: Carrier must attest that 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</p>	<p>This standard will remain unchanged from 2017.</p>

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>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.</p>	<p>This standard will remain unchanged from 2017.</p>
<p>Issuers must track drug exceptions and provide information to MHBE upon request.</p>	<p>This standard will remain unchanged from 2017.</p>

Stand Alone Dental Plans/ Pediatric Dental EHB



2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
SADP Rating Cap: Stand Alone Dental Plans must cap rating minor dependents.	This standard will remain unchanged from 2017.
Optional Embedded Pediatric Dental Benefits: Embedded Pediatric Dental Benefits in QHPs are optional.	This standard will remain unchanged from 2017.

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>Primary Care Above-EHB Benefits: Board should direct MHBE to:</p> <ul style="list-style-type: none">- 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	<p>This standard will remain unchanged from 2017.</p>

Primary Disenrollment

2017 Plan Certification Standard	Proposed 2018 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 selfonly plan, any amounts contributed to deductible and OOP costs under original contract should be transferred to new contract.</p>	<p>MHBE proposes removal of this standard. A more comprehensive approach to contract terminations will be addressed specifically through regulatory processes.</p>

2017 Plan Certification Standard	Proposed 2018 Plan Certification Standard
<p>MHPA Continuity of Care Evaluation: MHBE will develop timeline to evaluate efficacy of MHPA’s continuity of care policies</p>	<p>MHBE recommends removal of this standard. MHBE will address Continuity of Care Evaluation through the Standing Advisory Committee.</p>

Established Standard	Proposed 2018 Plan Certification Standard
<p>Employee Choice: Employers may select one metal tier under the Employee Choice model. Employees are able to select any plan of the chosen metal tier across any issuer.</p>	<p>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.</p>
	<p>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 recommends that issuers must offer at least one QHP that will offer composite rating/premium. Issuers must identify the plans to MHBE.</p>

Special Enrollment Periods

Established Standard	Proposed 2018 Plan Certification Standard
<p>Current SEPs:</p> <ol style="list-style-type: none"> 1. Loss of minimum essential coverage as detailed in 155.420 (d)(1) within 60 days. 2. Gain or loss of a dependent within 60 days. 3. Gain eligible immigration status within 60 days. 4. Exchange error. 5. Violation of a material provision of the QHP contract 6. New or change in eligibility for financial assistance. 7. Access to new QHPs as a result of a permanent move. 8. Exceptional circumstances as determined by MHBE. 	<p>2018 SEPs:</p> <p>In addition to established SEPs MHBE proposes an expansion to include the following SEPs:</p> <ol style="list-style-type: none"> 1. Victim, or dependent of a victim, of abuse/abandonment seeks to enroll in coverage separate from the perpetrator. 2. Demonstration of a material plan data display error influenced the decision to purchase the/a QHP 3. Any qualified individual provides evidence that verifies eligibility for financial assistance/QHP enrollment following disenrollment due to data inconsistencies 4. A qualified individual who gains or maintains status as an Indian, or becomes a dependent of an Indian and is enrolled (or is enrolling in a QHP on the same application as the Indian), may change from one QHP to another one time per month with the contract holder (of Indian status)

Special Enrollment Periods

Established Standard	Proposed 2018 Plan Certification Standard
	<p>SEP Verification: For 2018, MHBE proposes to add verification requirements for SEPs due to loss of MEC. MHBE will assess the results of the added verification to determine if verifications should be added to other SEPs.</p>

Standardized Benefit Design*



Established Standard	Proposed 2018 Plan Certification Standard
	<p>Standardized Options: MHBE proposes to establish “standardized options” for the individual marketplace at the silver and gold levels. Issuers participating on the individual marketplace must include, within their annual QHP product offerings, at least one standardized option. These options will include three silver level cost-share reduction variations and one gold standard variation. MHBE will release guidance on the benefit structure, methodological framework, of these plans with release of the annual issuer letter. These options will apply toward metal level limitation standards.</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>

QHP/SADP Offering Limitations/Meaningful Difference*

Established Standard	Proposed 2018 Plan Certification Standard
SADP Tier Limitation: SADPs may not offer more than one dental plan per product per tier	Unchanged from 2017
QHP Meaningful Difference Standard: MHBE adopts the FFM Meaningful Difference Standard as they pertain standard plan variations	Unchanged from 2017

Established Standard	Proposed 2018 Plan Certification Standard
	<p>HMO 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 - Standards - Basic - IDS (Integrated Delivery System)