MARYLAND HEALTHBENEFIT EXCHANGE

2017 Final Plan Certification Standards

January 25, 2015

Timeline - 2017 Certification Standards

- In December, MHBE presented to the Board and publicly released a draft letter to issuers with the proposed 2017 Carrier and Plan Certification Standards for comment
  - Public comments were due in early January
  - MHBE received comments from 13 groups, including carriers, consumer advocates, MIA and other industry stakeholders
  - MHBE staff reviewed all comments and provided staff responses and recommendations to the Board
  - MHBE incorporated comments into final proposed letter

- MHBE will update Carrier Reference Manual as needed with new/amended standards

- MHBE will present proposed carrier and plan certification regulation chapters this Spring

Overview - Responses to Comments

- Staff reviewed each comment to determine whether it would be:
  - Accepted (in whole, in part or with amendment)
  - Not incorporated at this time; Will work further with stakeholders to address comment

- MHBE seeks to ensure that certification process and standards are clear
  - As requested in comments, MHBE has provided additional clarification regarding standards and operational requirements

- MHBE received suggestions for new or expanded standards
  - New or expanded standards were not incorporated in order to ensure that we provided appropriate notice and comment
  - As noted in MHBE's responses, MHBE looks forward to working with stakeholders on any suggestions not incorporated into this year's standards

Summary of Benefits & Coverage

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Draft Standard	Final Proposed Standard	Reason
16. SBC Forms: Include coverage examples for Outpatient/Inpatient SUD and MH Treatment Costs	Removed from SBC. Instead, MHBE will work with stakeholders to find appropriate location for this material and a template for carriers to provide this information.	MHBE believes the information is important to consumers but agrees that the SBC is not the appropriate venue for the information. By providing a template, MHBE believes the information will be provided in a uniform format for consumers and will not be operationally burdensome to provide for carriers.
19. Network Adequacy Metrics: Carriers to provide certain quantitative metrics of network information (ex. PCP driving distance)	Removed from SBC. Instead, 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.	

Network Adequacy

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Draft Standard	Final Proposed Standard	Reason
28. Standards of Network Management: Carriers must make public and share with MHBE their Standards for Network Management reported for 2016 NCQA Accreditation	• 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.	MHBE believes information is useful to consumers but recognizes need to provide template to gather and share information in uniform manner. MHBE will continue to work with stakeholders to evaluate which metrics are most useful for consumers.
4. Network Access Plans: Carriers must submit their Network Access Plan template to MHBE, along with three new templates: quantitative standards network adequacy reporting, provider accessibility standards, and member services standards	• Carriers must provide the 4 templates as proposed. • MHBE clarifies that these templates will not be shared publicly.	These templates are intended to assist MHBE with a more complete picture of the current state of network adequacy to determine whether quantitative standards are appropriate in future plan years.

Provider Directory

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Proposed Standard	Final Proposed Standard	Reason
18. Provider Directories: Must be current, accurate and complete. Defined as submitting file to CRISP 2x/monthly 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 require that carriers update CRISP data 1x/15 days and ensure its directory is updated within 15 days as well. • Amended to allow carriers to include 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.	MHBE believes this approach ensures carriers update their directories timely while obtaining baseline information to assess whether additional standards are necessary in the future. MHBE will work with stakeholders to consider other suggestions provided, such as a consumer complaint link within CRISP, consumer hold harmless provisions for relying on inaccurate directory information and penalties for inaccurate directory information. MHBE will continue to review federal requirements for FFM and MA for best practices and uniformity among markets.

Essential Community Providers

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Draft Standard	Final Proposed Standard	Reason
20. 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 meet 30% standard and offer contract to all available IHCPs	• No changes to proposal. • MHBE adds operational information: will provide list of expanded-ECPs by end of January with instructions to complete MHBE ECP template. • MHBE adds that carriers are encouraged to use objective, transparent and Parity Act-compliant credentialing standards that do not effectively exclude a particular ECP type. • MHBE clarifies that 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.	After two rounds of notice/comment with stakeholders, MHBE believes that this is an incremental step approach that incorporates diverse feedback. MHBE will evaluate whether future amendments are necessary, such as a separate percentage threshold for certain ECPs, expansion of dental plan standards and the necessity of the credentialing requirement.

Discriminatory Benefit Design

Proposed Standard	Final Proposed Standard	Reason
32. 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.	• Carriers must provided attestation and MHBE will review plans as proposed. • MHBE adds that it will review new federal proposed requirements and follow the FFM approach for reviewing discriminatory effect.	MHBE has authority (ACA § 1557; 45 C.F.R. § 156.200) to review QHP benefit plans for discriminatory effect as part of certification. Additionally, under State law, fair marketing standards are developed jointly by the Exchange and the MIA Commissioner. See Ins. § 31-115(k)(2)(x).

Prescription Drugs

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Draft Standard	Final Proposed Standard	Reason
26. Prescription Drug Certification Standards: • MHBE will develop timeline to evaluate efficacy of MHPA's continuity of care policies	Clarify that MHBE will work stakeholders to evaluate issue, which isn't specific to prescription drugs	MHBE will further explore its continuity of care policies with stakeholders, including a review of the appropriate vehicle for development and implementation of any policies.
• Link must link directly to list of covered drugs and include tiering and cost-sharing information.	Amended to clarify that plans should indicate the tier and may include a legend to allow the consumer to match the tier to the drug category	Multiple plans may use same formulary but the cost-sharing for a particular tier is different across plans. A legend within the formulary will assist consumers in better understanding list.
• Issuers must create drug exception process.	MHBE will clarify that the MIA process and carrier internal and IRO processes satisfies this requirement.	MHBE did not intend to supersede or add to the already-required MIA process.
• Issuers must track drug exceptions and provide information to MHBE	Clarifies that carriers would provide only if requested by MHBE	Carriers track records now and MHBE will work with stakeholders to discuss usefulness of information.

Dental Plans

Draft Standard	Final Proposed Standard	Reason
31. SADP Rating Cap: Stand-Alone Dental Plans must cap rating at 3 minor dependents.	No changes to proposed standard.	This standard reflects MHBE's current operational process and IT system capabilities that were accepted by carriers in 2016 plan templates and testing. MHBE will assess the time and resources necessary to alter it system and processes to allow for SADP rating in future years.
34. Optional Embedded Pediatric Dental Benefits: Embedded-Pediatric Dental Benefits in QHPs is optional	No changes to proposed standard.	The Board previously considered and voted on this issue when both dental options were available in IT system and allowed insurers to not embed pediatric dental. Further, legislation has been passed since the Board considered the issue that sets up a process for non-embedded benefits off-Exchange. Pediatric benefits were embedded due to system constraints in 2015.

Primary Care

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Draft Standard	Final Proposed Standard	Reason
28. 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 2018 plans. - Seek input from Standing Advisory Committee and stakeholder groups. - Develop recommendations for Board's consideration	Clarification added that MHBE will review, in consultation with MIA, whether it can address the number of primary care visits required without cost per year, and if so, whether the number should be increased.	MHBE clarifies that it does not intend to supersede federal requirements for EHBs.

Primary Disenroll

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Draft Standard	Final Proposed Standard	Reason
25. Prohibition on Ending Plan Contract When Primary Insured Terminates Coverage: When primary subscriber is terminated, 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	Clarification added that MHBE will require this result only when primary is terminated for outstanding cit/imm status verifications; 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.	MHBE believes that when the primary is terminated for failing to provide appropriate documentation, other enrollees of the household should not lose already accrued accumulators because of the contract configuration. This policy is consistent with most other Exchanges as it matches the FFM approach.

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Questions?