



Standardized Benefit Design Workgroup

June 29, 2017



MARYLAND
HEALTHBENEFIT
EXCHANGE

Welcome and Introductions

Roll Call

Meeting Minutes Approval – June 15

Workgroup Membership Updates & Application Period
Opening:

July 5 – July 12

July would be the effective month

✦ *April 27, 2017* – Decision Recap

Synopsis: Workgroup members will converse on the scope of the Standardized Benefit Design including:

- Requirement to vote on the requirement for issuers to offer a standardized benefit design held at next session
- Consensus, no value-add to the SHOP Marketplace if a standardized plan offering were required.
- Affirmative, offering of a standardized plan on the individual marketplace would be a value add to the consumer
- Consensus, no value-add to offering a platinum standardized benefit design
- Affirmative, the work group will continue to design a standard gold plan. Work group members would determine the value-add thereafter.
- Affirmative, offering a standard silver plan would be a value-add to the consumer. Member should explore the option of developing an HSA compatible silver plan
- Affirmative, the work group will continue to design a standard bronze plan. Members will explore development of two bronze options – one with first dollar coverage and another that is an HDHP

✘ April 27, 2017 – Recommendations for scope of the SBD Policy

Synopsis: Workgroup members will converse on the scope of the Standardized Benefit Design including. The following were determined:

- a. An issuer requirement to offer standardized benefit designs;
Will be voted on at the end of the SBD WG process
- ~~b. Standardized benefit design availability in the individual and SHOP Marketplaces;~~
- ~~c. Standardized benefit design availability across, a subset, or each metal level;~~
- ~~d. Standardized benefit designs and health savings account/high deductible health plan eligibility;~~
- ~~e. Standardized benefit designs and established QHP offering rules, i.e. limitation standards and meaningful difference~~
- ~~f. Standardized benefit designs and network type considerations, and copay/coinsurance cost-sharing considerations therein.~~

✦ June 15, 2017 – Decision Recap

Synopsis: Workgroup members will converse on determining the approach to development of the Standardized Benefit Design including:

- Vote on leaving established QHP rules in place (informal consensus)
- Vote to standardize only for in-network cost sharing
- Vote to use the SBC as the basis for benefits included in standardization
- Vote to include state mandated benefits in standardization
- Vote that issuers may add non-standard benefits to their plans

✦ *June 15, 2017* – Recommendations for determining the approach to Standardized Benefit Design development

Synopsis: Workgroup members will converse on determining the approach to development of the Standardized Benefit Design including:

- ~~a. Review of Standardized Benefit Design offerings in other Marketplaces~~
- b. Presentation of the enrollment-weighted proposed Maryland-specific plan compared against popular QHPs
- c. Determination of a plan to model the Maryland SBD off of or build unique Maryland-specific plans
- d. Conversation on Workgroup member policy/SBD philosophical goals
- ~~e. Discussion on MHBE/Workgroup member assistance with Actuarial Value Calculator modeling~~
- ~~f. Discussion on regulatory/statutory considerations with development of the SBD~~

- ✦ Presentation of the enrollment-weighted proposed Maryland-specific plan compared against popular QHPs



Standard Plan
and Comparison



DC Standard
Plans

- ✦ Determination of a plan to model the Maryland SBD off of or build unique Maryland-specific plans
- ✦ Conversation on Workgroup member policy/SBD philosophical goals

- ✦ *June 29, 2017* – Recommendations for determining the approach to Standardized Benefit Design development

Synopsis: Workgroup members will continue conversation on determining the approach to development of the Standardized Benefit Design including:

- Review of May SBD Workgroup Recommendations
- Discussion on SBD development approach for each metal level of recommended offering
- Discussion on unique benefit design consideration for each metal level of coverage

✦ *ACTION ITEMS:*

Issuer member should respond on the operational implications of using the SBC benefit categories and definitions as the foundation to develop standard plans. Specifically, for the limitations and exceptions column:

Does the issuer have any limitations and exceptions outside those required by the State?

Are there any benefit categories in the SBC that should be exempt from standardization and why? From a mapping perspective?

Issuer members are asked to provide insight on their experience participating on the DC marketplace with changing PPO cost-sharing to the standard plan cost-sharing. Did changing to standard plans have a material effect on premiums?

Issuer members are asked to provide insight on their off-Exchange enrollment distribution across each of the metal levels. This information will provide insight into the off-Exchange effects standardization would have.

Questions or Comments?

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