



MARYLAND HEALTH BENEFIT EXCHANGE RESPONSES TO PUBLIC COMMENTS ON 2017 DRAFT LETTER TO ISSUERS

The following chart summarizes public comments submitted to Maryland Health Benefit Exchange (MHBE) regarding the 2019 Draft Letter to Issuers and MHBE's response to each comment. Comments are organized by chapter and topic, and the commenting organization is listed in parentheses after the comment in the second column (please refer to Commenter Key below for abbreviations guidance). Accepted comments are incorporated into the 2019 Final Letter to Issuers. MHBE will provide additional information and guidance to the public for any comments that MHBE has chosen not to incorporate into the Letter at this time but proposes to further review

Respondents: CareFirst BlueChoice, Inc.; Consumer Health First (representing Advocates for Children and Youth, League of Women Voters of Maryland, NAMI Anne Arundel County, NAMI Howard County, NAMI Harford, NAMI Maryland, NAMI Metropolitan Baltimore, NAMI Prince George's County, Primary Care Coalition, Public Justice Center, Unitarian Universalist Legislative Ministry of Maryland, & Voices for Quality Care (LTC), Inc.); Kaiser Foundation Health Plan of the Mid-Atlantic States

2018 ISSUER LETTER SUMMARY OF COMMENTS BY TOPIC

Draft Letter proposal	Commenter	Opposition/Support	Public comment to proposal	MHBE response to comment	MHBE reason for response	Incorporated into Letter?
Chapter 1: CARRIER ANNUAL CERTIFICATION PROCESS AND STANDARDS						
C. Carrier Certification Standards	CareFirst	Support	Supportive of MHBE's decision to remove the network access plan requirement as it is duplicative of existing MIA requirements.	Accepted	MHBE accepts the comment as it works to reduce issuer administrative burden where possible.	N/A
C. Carrier Certification Standards	CareFirst	N/A	CareFirst recommends that the MHBE align the submission dates of the integrated carrier application and the SERFF templates.	Will review further with stakeholders	MHBE will engage in an internal review to determine if alignment of issuer and plan certification submission dates adversely impacts MHBE resources.	Yes
C. Carrier Certification Standards	Consumer Health First	Support	Supportive of the attestation process for Network Adequacy and Network Access Plans, and Provider Directory Attestation. Urges that all non-confidential materials should be publicly available and there should be a link to this information for public review.	Accepted; Will review further with stakeholders	MHBE accepts the comment as it works to reduce issuer administrative burden where possible.	N/A
C. Carrier Certification Standards	Kaiser Permanente	Support	Appreciates removal of certain requirements to reduce issuer administrative burden around the Carrier Certification application for PY 2018. Requests that MHBE provide additional detail regarding the attestations for Provider Directory, Network Adequacy and Non-discriminatory benefit design in advance of attestation deadline.	Accepted; Will review further with stakeholders	MHBE accepts the comment as it works to reduce issuer administrative burden where possible.	N/A
CHAPTER 2: QUALIFIED HEALTH PLAN/STAND-ALONE DENTAL PLAN CERTIFICATION PROCESS						
A. Submission Requirements for QHP/SADP Certification	Kaiser Permanente	N/A	Commends MHBE on approach to testing but urges MHBE to follow the Plan Display Reconciliation timeline as detailed in the letter. Asks MHBE and the SHOP Administrator to work directly with issuers to share the scope of testing and timeline.	Accepted	MHBE accepts the comment and has amended the timeline accordingly to more accurately reflect MHBE resource availability, both policy and technical, required to complete this task.	Yes
Chapter 4: QUALIFIED PLAN CERTIFICATION STANDARDS						

<p>E. Standardized Benefit Design Recommendations</p>	<p>CareFirst</p>	<p>Opposition</p>	<p>CareFirst is supportive of a single mandatory standard plan design in the context of a broader effort to address individual market stability. CareFirst is not supportive of the proposed mandatory requirement for offering standard plans without any stabilization initiatives:</p> <p>The requirement may inaccurately lead consumers to believe that the standardized plans are the same. The requirement does not provide a benefit with only 2 carriers.</p> <p>The requirement of offering standard plans creates additional administrative burden and complexity, without any accompanying market relief to address the ever-rising costs in Maryland's individual market.</p>	<p>Comment provided to MHBE Board for Adjudication</p>		<p>N/A</p>
<p>E. Standardized Benefit Design Recommendations</p>	<p>Consumer Health First</p>	<p>Support</p>	<p>We believe that a Standardized Benefit Plan offered through the MHBE is in the best interest of consumers and could serve as an asset in building a customer base for Maryland Health Connection. We emphasize the importance of providing consumers with the ability to compare plan options and cost-sharing levels on an apples to apples basis.</p>	<p>Comment provided to MHBE Board for Adjudication</p>		<p>N/A</p>
<p>E. Standardized Benefit Design Recommendations</p>	<p>Kaiser Permanente</p>	<p>Support</p>	<p>Kaiser Permanente is supportive of standardized benefit designs on the exchange. Does not support waiving this requirement for new market entrants, or having a participation trigger. Does not believe standardized benefits are a barrier to carrier participation. Maintaining the same benefit and participation rules for all carriers on the exchange is critically important and MHBE should not violate that policy in this case.</p>	<p>Comment provided to MHBE Board for Adjudication</p>		<p>N/A</p>
<p>G. Consumer Support and Service Transparency Requirements i. Increased Access to the QHP Policy Contract</p>	<p>CareFirst</p>	<p>Opposition</p>	<p>CareFirst strongly recommends the removal of the requirement to have a direct link to each Qualified Health Plans Schedule of Benefits on the Summary of Benefits and Coverage (SBC) or a direct link to a webpage that hosts the issuers Schedule of Benefits. To provide a separate URL is a tremendous administrative burden as well as duplicative with little to no perceived additional value add to consumers who already have access to the sample contract.</p>	<p>Not accepted at this time with clarification</p>	<p>MHBE has amended the recommended proposal to reflect federal requirements for the inclusion of a sample contract. MHBE understands that the sample contract included the schedule of benefits and has determined that this is sufficient to meet the policy goals of the standard.</p>	<p>No</p>

G. Consumer Support and Service Transparency Requirements i. Increased Access to the QHP Policy Contract	Consumer Health First	Support	We fully support the requirement that will result in consumers having ease of access to the carriers' Summary Plan Document. Adopting this standard provide consumers with the information they require to determine both the similarities and differences between plans. In that way they can select the right plan for themselves and their families. Again, this is the type of health literacy tool that we fully endorse.	Accepted	MHBE accepts this comment in support of the standard.	Yes
I. Expanded Primary Care Benefits	Consumer Health First	Support	We are in support of the formation of a workgroup to address this issue.	Accepted	MHBE accepts this comment in support of the standard.	N/A
I. Expanded Primary Care Benefits	Kaiser Permanente	N/A	Seeks to participate in the working groups and will reserve comments on proposed changes pending discussion in the working group.	Accepted	MHBE accepts this comment in support of the standard.	N/A
K. Prescription Drugs	Consumer Health First	Support	We are most appreciative of this new requirement to ensure that the formulary link must, not only go directly to the carriers' list of covered drugs with tier information, but also include the information that will allow a consumer to match the drug to a specific tier. Such a step can enhance consumers' health literacy levels and assist them in making more informed decisions as regards their specific needs and circumstances	Accepted	MHBE accepts this comment in support of the standard.	N/A
L. SHOP Specific QHP Standards	CareFirst	N/A	CareFirst requests clarification from the MHBE regarding employee choice model expansion on page 29. The draft Letter states "This will be optional for 2018, issuers electing this option must report election to MHBE." CareFirst recommends that the MHBE re-word to confirm that that the standard remains optional for the 2018 certification cycle or the 2019 plan year.	Accepted	MHBE accepts this comment and has amended the text of the recommended standard accordingly.	Yes
M. Post-Certification Standards vi. Prohibition on Ending Plan Contract When Primary Insured Terminates Coverage	Consumer Health First	Opposition	Supportive of the policy but is in opposition to a delay by creating a workgroup to study the issue.	Accepted	MHBE accepts this comment and has amended the text of the recommended standard accordingly. MHBE has recommended that issuer's transfer accumulators to the reminaing members of contracts where the primary has been removed to a data inconsistency.	Yes
M. Post-Certification Standards vi. Prohibition on Ending Plan Contract When Primary Insured Terminates Coverage	Kaiser Permanente	N/A	Seeks to participate in the working groups and will reserve comments on proposed changes pending discussion in the working group.	Accepted	MHBE accepts this comment.	N/A

M. Post-Certification Standards vii. De minimis payments and termination	CareFirst	Opposition	Strongly opposes MHBE's proposal encouraging issuers to allow for a 2% de minimis range for monthly premium payments before a consumer is flagged for termination due to nonpayment. In addition to federal and state statutory compliance issues, this issue affects fewer than .1% of CareFirst's medical membership monthly. Further CareFirst engages in an intensive outreach campaign to secure full payment. Further CareFirst also creates automatic re-bills.	Accepted	MHBE has removed the proposal from the Letter. MHBE will instead release guidance to address the issuer and will include it in the Carrier Reference Manual.	Yes
M. Post-Certification Standards vii. De minimis payments and termination	Consumer Health First	Support	We believe this is an important consumer protection and appreciate its inclusion in the certification standards. We agree with HEAU that this provides additional protections that would prevent consumers from having plans terminated for insignificant underpayment of premiums and we should support.	Not accepted	MHBE has accepted this comment.	No
M. Post-Certification Standards vii. Special Enrollment Period Verification	CareFirst	Support	SEP verifications are necessary to support the health of the Marketplace, and as the source of truth, CareFirst supports the MHBE conducting all eligibility verifications for special enrollment periods.	Accepted; Will review further with stakeholders	MHBE has accepted this comment. MHBE will work with stakeholders on future positions with respect to SEP verifications.	Yes
M. Post-Certification Standards vii. Special Enrollment Period Verification	Consumer Health First	n/a	Understands the need to address this in light of Federal actions. However, we would encourage the MHBE to evaluate what, if any, impact this may have on consumers' ability to gain the coverage they require and are eligible for.	Accepted; Will review further with stakeholders	MHBE has accepted this comment. MHBE will work with stakeholders on future positions with respect to SEP verifications.	Yes
M. Post-Certification Standards vii. Special Enrollment Period Verification	Kaiser Permanente	Support	Encourages MHBE to implement pre-enrollment verification for all applicants in all SEP categories as soon as practicable. If necessary, supports prioritization of the loss of minimum essential coverage and other high-volume SEP categories. Verification requirements should be standardized across all carriers to ensure a level playing field. Encourages MHBE to implement SEP verification as soon as possible.	Accepted; Will review further with stakeholders	MHBE has accepted this comment. MHBE will work with stakeholders on future positions with respect to SEP verifications.	Yes
ADDITIONAL COMMENTS						
Update of Carrier Directory Information	Consumer Health First	Support	We believe that the MHBE proposal to include the following standards in the next update to the Carrier Reference Manual is a common-sense approach: (a) expanded ECP definition; Marketing and Benefit Design; Drug Exceptions; Stand Alone Dental Plan (SADP) Rating Cap; Optional Embedded Pediatric Dental Benefits; Employee Choice Expansion; Employee Choice Composite Rating; SADP tier limitations; and QHP Meaningful Difference.	Accepted	MHBE accepts this comment.	Yes

Network Category Expansion	Consumer Health First	Support	Given the two carriers currently selling through MHBE this is not as important as it would be with a more competitive market. Therefore, we would recommend that, at such time as new carriers enter the market, this standard be reevaluated.	Accepted	MHBE accepts this comment.	N/A
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