

MARYLAND HEALTH BENEFIT EXCHANGE

Maryland Health Benefit Exchange State Benchmark Plan Work Group

Friday, February 22, 2019

10AM-12PM

100 Community Place, Crownsville MD 21032

Members Present

Leni Preston
Kim Cammarata
Brad Boban
Laura Pimentel

Those Calling In

Jennifer Storm
Renee Vis
Laura Samuel
David Cooney

Others Present

John Pierre Cardenas
Jessica Grau
Laura Spicer
Suzanne Schlattman

Welcome & Introductions

John Pierre-Cardenas (JP) welcomed all the members to the first meeting of the State Benchmark Plan work group. All the members introduced themselves and their organizations.

Charter Ratification

JP presented the charter to the members and went over each section before asking for volunteers to chair the work group. Leni Preston was appointed chair, and asked for a vote to ratify the charter. The charter was approved by a majority of the work group.

Discussion of State Flexibilities Allowed Under Federal Rule

JP then provided a background on the current statutory authorities governing the State's current essential health benefits (EHB) offerings. He also provided background on the previous EHB benchmark plan policies outlined by the Centers for Medicaid and Medicare Services (CMS).

The new EHB benchmark plan requirements that were recently featured in the Final 2019 HHS Notice of Benefits and Payment Parameters, which give states greater was summarized. JP also

covered the approved methodology for comparing benefits of a state's EHB-benchmark plan selection.

An example of how Illinois has utilized CMS's new flexibility was also provided, and a discussion around improving access to mental health and substance use disorders was held.

Discussion on Morbidity of the Individual Market Risk Pool

A presentation on the Maryland Health Care Commission's (MHCC) report to identify patterns in health care spending and utilization was given. Data from Maryland's Medical Care Database (MCDB) from 2014-2016 was utilized for the study. JP discussed some general highlights in relation to the work the work group would be focusing on. The group discussed choosing between focusing on utilization and per member per month spending, and focusing on providing as many benefits as possible for consumers.

Benchmark Plan Walkthrough/Establish Focus Areas

The work group then began a discussion of focus areas, including how the selected EHBs should be evaluated for "meeting the needs of the individual market", and should the group focus on utilization increases or increasing market efficiency. The group was then asked to think about how to improve health outcomes in relation to providing benefits at a reasonable cost to consumers.

Questions for consideration:

- **How the selected EHBs should be evaluated for "meeting the needs of the individual market?"**
 - Rising rates of diabetes-chronic disease management
 - Challenges with the TCC model
 - What drives the consumers
 - Limited understanding of how their decisions drive costs
 - Population trend in diabetes
 - Increased surveillance
 - Case management strategies-complex case management
 - Multi-disease prevalence
 - Increase of diabetes in the market
 - Increase in diabetes, or increase in care utilization
 - If costs are rising, are they rising because of increases or utilization of care
 - Better evaluation of public health data in Maryland
 - How the numbers compare with the marketplace in general
 - Underwritten to guarantee issue
 - State disease averages
 - Are the benefits responsive to new diseases entering the market
 - State run High-risk pool
 - Maryland health insurance plan

- **Benefits compared with best treatment practices? Current treatment practices? Encourage inefficient utilization? Access to treatment methods?**
 - Should we consider utilization increases
 - Or focus on increasing market efficiency
- **Improve health outcomes? Create incentives for positive health outcomes?**
 - Opioid crisis
 - Diabetes and hypertension
 - TCC waiver-shifting services into the primary care space
 - Rhode Island primary care spending increases
 - Leveraging the Medicare specific programs*
 - Health disparities in Maryland*
 - Social determinants of health
 - Consumer perspective
 - What are the incentives to address these social determinants of health
 - Payment models
 - Patient centered medical homes
 - Carrier drivers

Adjournment

The chair of the work group adjourned the meeting at 12:15PM. The next meeting will take place on March 15, 2019 at 750 East Pratt Street, Baltimore MD.