Maryland Health Benefit Exchange
State Benchmark Plan Work Group
Friday, April 26, 2019
10AM-1PM

MHBE Office's
750 East Pratt Street
Baltimore MD, 21202
6th Floor, Training Room

Staff: John-Pierre Cardenas, Jess Grau

Members: Leni Preston, Kim Cammarata, Stephanie Klapper, Jennifer Storm

Additional Support: Laura Spicer, Brad Boban, Laura Samuels

Renee Vis- phone

Welcome

- JP— Our work from the work groups will help provide context for the Health Insurance Coverage Protection Commission

State Benchmark Plan Work Group Comments 4.26.19

Statement	Change	Contributor
Comprehensive, high quality, non-discriminatory, and tailored to be responsive to the individual needs and unique morbidity profile of Marylanders, and encourages participation in the individual and small group market.	I don't think any of our bulleted comments address the 'responsive' point. That seems important given the time gap between our recommendations and the implementation of the benchmark plan. This point is mostly relevant to health issues that are changing over time - the rising rates of chronic conditions (i.e. HTN and DM) and evolving health needs related to the opioid epidemic. Should we add something about allowing the benchmark plan to be flexible to the evolving health status of the population?	Laura S
i. Improved health outcomes and near term affordability	ii. Improved health outcomes and near term affordability with consideration of	Stephanie Klapper

with consideration of long term cost savings to the health system: a. Included benefits should result in maximum improvements in health outcomes including quality, quality adjusted life years, and other health outcomes metrics.	long term cost savings to the health system: a. Included benefits should result in maximum improvements in health outcomes including quality, quality adjusted life years, patient-centered outcomes, and other health outcomes metrics.	
d. The evaluation in "c" should be considered for conditions that are chronic or otherwise have large health or cost burdens for the population.	e. The evaluation in "c" should be considered for conditions that are chronic or otherwise have large health or cost burdens for the individual/population.	CHF
e. The State should evaluate periodically whether the state benefit mandates and other benefits included in the State Benchmark Plan should be restricted or expanded based on additional analysis performed by the State.	e. The State should evaluate whether the benefits mandated by the state and/or included in the State Benchmark Plan should be restricted or expanded based on additional analysis performed by the State.	CHF
add a section g	Wouldn't it be great if the benchmark plan was tailored to some of the unique features of Maryland's health care payment and reimbursement landscape (total cost of care model, primary care, etc). Can we recommend that someone evaluate how to leverage those features to maximize benefits while containing cost. This seems particularly important for preventive services and/or care that addresses social determinants of health.	Laura S.
b. Populations receiving and not receiving financial assistance. i. With particular attention to avoid increasing financial burden due to increased out-of-pocket costs, premiums, or consumers forgoing	c. Populations receiving and not receiving financial assistance. ii. With particular attention to: I. avoid increasing financial burden due to increased out-of-pocket costs, premiums, or consumers forgoing recommended medical care; and	CHF

recommended medical care	II. promote preventive care.	
	b. Populations receiving and not receiving financial assistance. i. With particular attention to (1) avoid increasing financial burden due to increased out-of-pocket costs, premiums, or (2) consumers forgoing recommended medical care due to financial barriers.	Laura S.
additional comment	We refer to encouraging participation in the individual and small group markets, but we do not mention small businesses in any of the rest of our recommendations and we have no small business membership (that I am aware of) participating in the workgroup. Although I know the benchmark plan impacts small group, is it our intention to include small group in our recommendations? And if it is, do we need to make any changes to the language we've developed to consider employers?	Kaiser

- Cosmetic edits were accepted by the group
- "Restriction" was replace with "limit/limitations"
- A final section was then added to refocus the work on populations with/without health disparities

Statute Recommendations

- The group made suggestions for changes in the statute, specifically on when a new benchmark plan should be selected, and how the plan should be selected.

Study Recommendations

Study	Method	Research Question
Benefit Mandates Study (MHCC)		Performed • Performed as soon as possible, on schedule, and adequately funded. • Should be improved/expanded to be more comprehensive to include EHBs • Should provide unit cost & utilization trends

Consumer Experience: Benefits Study	Surveys, interviews, & focus groups	Not performed • Perceived value of insurance accounting for financial assistance, sub-groups of populations with health disparities • Benefits that should be included based off perceived value/consumer priorities • Perceived barriers to care including accessibility • Control for health literacy
Intersection Study: Social Determinants of Health & Benefits	Population data, claims data, etc.	How can existing benefits be structured/implemented to address social determinants of health if necessary? What are the exogenous factors that impact the consumer's experience when interacting with the health system outside of benefits? Has the EHB made a difference? For example, Pediatric Dental & Vision? Utilization?
Research area of further discussion – effectiveness/review of issuer chronic disease management/utilization review programs across markets with the intent to increase transparency and promote adoption of best practices and determine outcomes.		

Adjournment

The meeting was adjourned at 1PM by the chair, Leni Preston.