State Benchmark Plan Work Group Meeting

Meeting 7

April 26, 2019

A service of Maryland Health Benefit Exchange

State Benchmark Plan

MARYLAND HEALTHBENEFIT EXCHANGE

Agenda

- Welcome
- Draft Recommendation Comments
- Discussion on Final Recommendations
- Vote on Final Recommendations
- Public Comment
- Adjournment

Recommendations Draft

The State Benchmark Plan Work Group recommends that an ideal, State Benchmark Plan is:

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.

To meet this standard the following must be considered:

1. Improved health outcomes and near term affordability 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.
b. Benefits should also reflect medical advances and address gaps in services
c. The evaluation of benefits for inclusion or restriction should examine both utility (i.e. “a” above) and cost. The below framework prioritizes expansion of benefits that have anticipated high utility and low cost while prioritizing a restriction in benefits with anticipated low utility and high cost.

	Low Utility*	High Utility*
Low Cost	Consider for restriction	Prioritize for expansion
High Cost	Prioritize for restriction	Consider for either restriction or expansion

* Including quality, quality adjusted life years, and other health outcomes metrics.

Recommendations Draft continued

The State Benchmark Plan Work Group recommends that an ideal, State Benchmark Plan is:

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.

To meet this standard the following must be considered:

1.Improved health outcomes and near term affordability with consideration of long term cost savings to the health system :

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 State should periodically evaluate 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

i. An evaluation of the benefits should ideally be performed in alignment with the State benefit mandate study performed by the Maryland Health Care Commission (every five years).

f. To the extent reasonable, benefit modifications along the framework established in “c” should result in zero-net or de-minimus premium increases for the consumer. “Premium impact” in this framework should also include exogenous factors that do not consider benefits, i.e. State Reinsurance Program, or other policies/programs that impact premiums.

Recommendations Draft Continued

The State Benchmark Plan Work Group recommends that an ideal, State Benchmark Plan is:

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 .

To meet this standard the following must be considered:

2. The differential impact from a cost, utility, and discretionary perspective of:
    a. Populations with/without health disparities across all demographic factors, geographic areas , and abilities
        i. With particular attention to demographic factors that are primary drivers of health disparities, i.e. race, ethnicity, income status, etc.
    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 recommended medical care.

Member Comments

Member Comments

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?(add to statutory recommendations)	Laura S

Member Comments

Statement	Change	Contributor
1. Improved health outcomes and near term affordability 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.**	1. Improved health outcomes and near term affordability 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, patient-centered outcomes, and other health outcomes metrics.	Stephanie Klapper

Member Comments

Statement	Change	Contributor
d. The evaluation in "c" should be considered for conditions that are chronic or otherwise have large health or cost burdens for the population.	d. 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

Member Comments

Statement	Change	Contributor
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

Member Comments

Statement	Change	Contributor
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. **(include somehow in the preamble)**	Laura S.

Member Comments

Statement	Change	Contributor
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 recommended medical care**	b. Populations receiving and not receiving financial assistance. i. With particular attention to: I. avoid increasing financial burden due to increased out-of-pocket costs, premiums, or consumers forgoing recommended medical care; and II. promote preventive care. *Include in preamble (with the assumption that it is covered by cost sharing)	CHF
	a. 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.

Member Comments

Statement	Change	Contributor
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

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Draft Continuation

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Vote on Recommendations

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Public Comment

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Adjournment