



# MHBE AFFORDABILITY WORK GROUP

June 14, 2019  
10 AM – 1 PM  
Location: MHBE Office's  
750 East Pratt Street  
Baltimore MD 2120

## **Members Present:**

Ken Brannan, Stephanie Klapper, Kim Rucker, Beth Sammis, Maansi Raswant

## **Calling in:**

Brad Boban

## **Others:**

Cathy Grason, Matt Celentano

## **Welcome and introductions:**

JP – recapped last meeting

- Target populations – 19-34 and those with chronic conditions
- Beth – reinsurance also helps those that are healthy, not just those that are older and sicker
- Maansi – asked for source of chronic disease data- Response – NCHIS – regional NE data

## **Agenda:**

### **Discussion / Draft Recommendations:**

#### Population 1: Young Adults 18-34

##### Subgroups to Consider:

- 139-400% FPL (eligible for financial assistance)
- 400+% FPL (ineligible for financial assistance)
- Women – higher service utilization than men
- SUD/BH

##### Phase 1: Marketing toward younger demographics

- Study of additional premium subsidy wrap (if allowable under federal law)
  - Consideration of interaction with SRP
    - Funding perspective (draw down from the existing assessment)
    - Pass-through perspective
    - Additional funding amount
    - Timing considerations to account for other policy implementation
    - Duration of the premium subsidy program
- Value Plans – let the policy outcomes manifest
  - Marketing investment in value plans

- Importance of decision support tools – development of an out-of-pocket cost calculator
  - Display in plan shopping informed by services likely to be utilized by age
- Health literacy program targeted to 18-34

Long-Term: 1332 Waiver (to access pass through) or state subsidy

- Beth – concern over age discrimination
  - Brad – disagrees on discrimination point – premiums are age banded, but subsidies are not – CMS has interest in this – we can ask CMS – subsidy dollars disproportionately going to older people. We would still want a 1332 for a state wrap-around program to tap into pass through.
  - Beth – Worth asking an actuary to look at the risk of who is coming in. highly fertile demographic.
  - Brad – strong, robust data that younger people are healthier and will be beneficial to risk pool
- Kim – funding source for any program needs to be considered/transparent
- Cathy – importance of keeping the existing reinsurance fund
- Beth – consider the timing of the study with the easy enrollment program
- Brad – we are going to get more money than we need for the reinsurance – will have money for all five years and still have money left over
- Cathy – think about the duration of the program
- Maansi – care management is important – look at claims for reinsurance to see what is preventable – how do we work to reduce reliance on the reinsurance program?
  - Beth – care management is never going to come close to 30% reduction in premiums
- Kim – CA and other states are looking at this
- JP – CA tied individual mandate to funding
- Shopping tool – Beth – highlight that birth control is free

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#### Intervention Population 2 : Individuals with Chronic Diseases

##### Value plans

1. Let the policy outcomes manifest
  2. Study on separate drug deductibles &/or generic before deductible
    - a. Study on whether requirement would increase AV above allowable range
    - b. Impact on utilization and cost sharing on other benefit categories
- Beth – study how many employers separate the deductible? Who makes decision to separate? R – issuers
  - JP – combining deductible decreases AV
  - Brad – problem of integrated deductible – drug deductible not fair from a service utilization perspective
  - Maansi – asked how MIA reviewed deductibles? R – looks at AV, but not cost share.

##### Chronic Disease management Programs

1. Increasing participation in these programs through education/health literacy
  2. Analysis of state reinsurance program claims for conditions that are drivers
  3. Promotion of those with diabetes, hypertension, and depression into care management programs
  4. Statewide coordination of chronic disease management programs and measurements across programs & markets (Medicare & Medicaid), including diabetes prevention programs
- Beth – interested in annual claims costs for conditions and consider that the chronic condition does not necessarily put someone into the reinsurance program (e.g., a cancer that is unrelated to the chronic condition).
  - Brad – 5-6% of people with claims eligible for reinsurance
  - Beth – skeptical of disease management programs – need to look at the ICD10 codes driving the reinsurance claims
  - Beth – asked what the hospitals are working on
    - Maansi – care redesign program, and how to share the smaller programs (e.g., diabetes care management), Safe Streets model
    - Beth – how much dialogues between carriers and hospitals on care management Maansi – response – Secretary's group and innovation group
  - Joe – consideration for OOP calculator – drop down for diseases
  - Maansi – the Medicaid Diabetes Prevention Program could be an example of a disease management benefit

##### Consumer Decision Support Tools

1. Responsive plan shopping to consumer's unique service category needs
  2. Prescription drug search – tier/cost sharing, limitations/exclusions, prior authorizations, and consumer protections for formulary changes
  3. Provider networks
    - Analysis of the primary care/specialist as the care coordinator for those with chronic disease (health home)
    - Opportunity to increase capacity through telehealth services
    - Improving health literacy for the newly insured with provider selection
- Maansi – treating specialist as the primary care provider for those with chronic conditions - ensuring access to these specialists like PCPs

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Regulatory/Administrative Authority

MHBE, MIA, MHCC, HSCRC, MDH, RX Drug Affordability Board, CRISP

- Coordination of contacts and which staff perform such activities
  - Between agencies that oversee delivery, cost, and coverage
  - Database of contacts
  - Sharing data, learning, and how to leverage learnings
  - Prevention if duplicative efforts
- MHBE host forum for agencies to coordinate on issues that pertain to affordability, population health response, including stakeholder participation and engagement
  - Example – primary care program, response to diabetes

General Recommendations

- Revisit plan design periodically to determine whether modification to value plans should be considered to promote coordination with other statewide efforts to improve health

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Next Steps

- Staff will develop discussions into a report, send for review, and compile into a final report to go to Board for the July meeting. Will also be provided to the HICPC
  - Members requested an extension. JP responded that it could be postponed to September if needed.
- Slides will go out today

Public Comments

- Matt – reinsurance program – Tax paid by MD small businesses . Health insurance is expensive b/c health care costs are expenses. Expressed concern that the reinsurance program is funded by taxing only 1/3 of the market.

Adjournment:

Beth Sammis adjourned the meeting at 1PM.