

# Affordability Work Group

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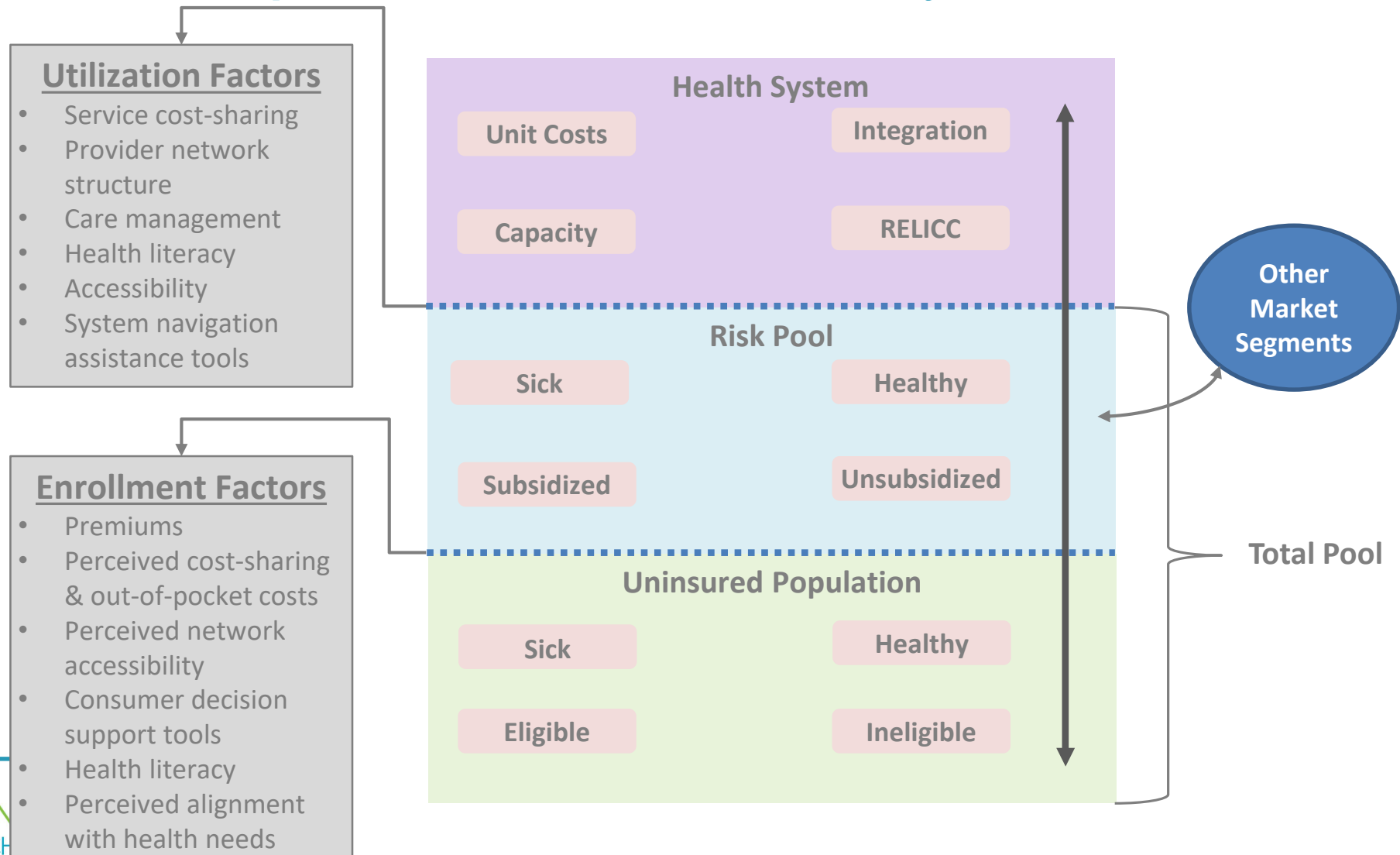
Meeting 6

June 14, 2019

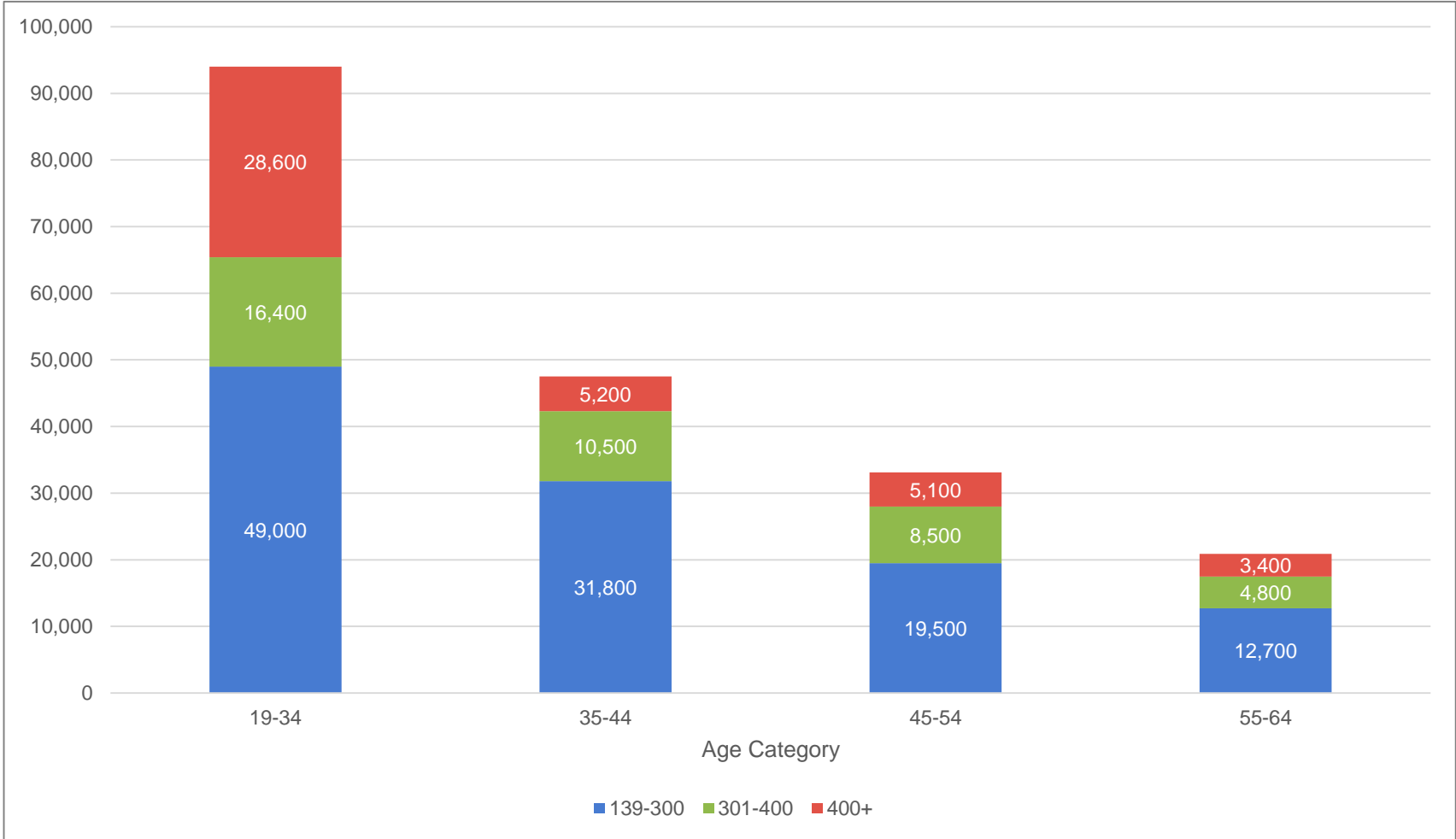
# Agenda

- Welcome
- Meeting 5 Recap
- Intervention Population #1: Young Adults (ages 18-34)
- Intervention Population #2: Individuals with Chronic Diseases
- Public Comment
- Adjournment

# Figure 1. Factors of Health Coverage that Affect Market Participation and Health System Interaction

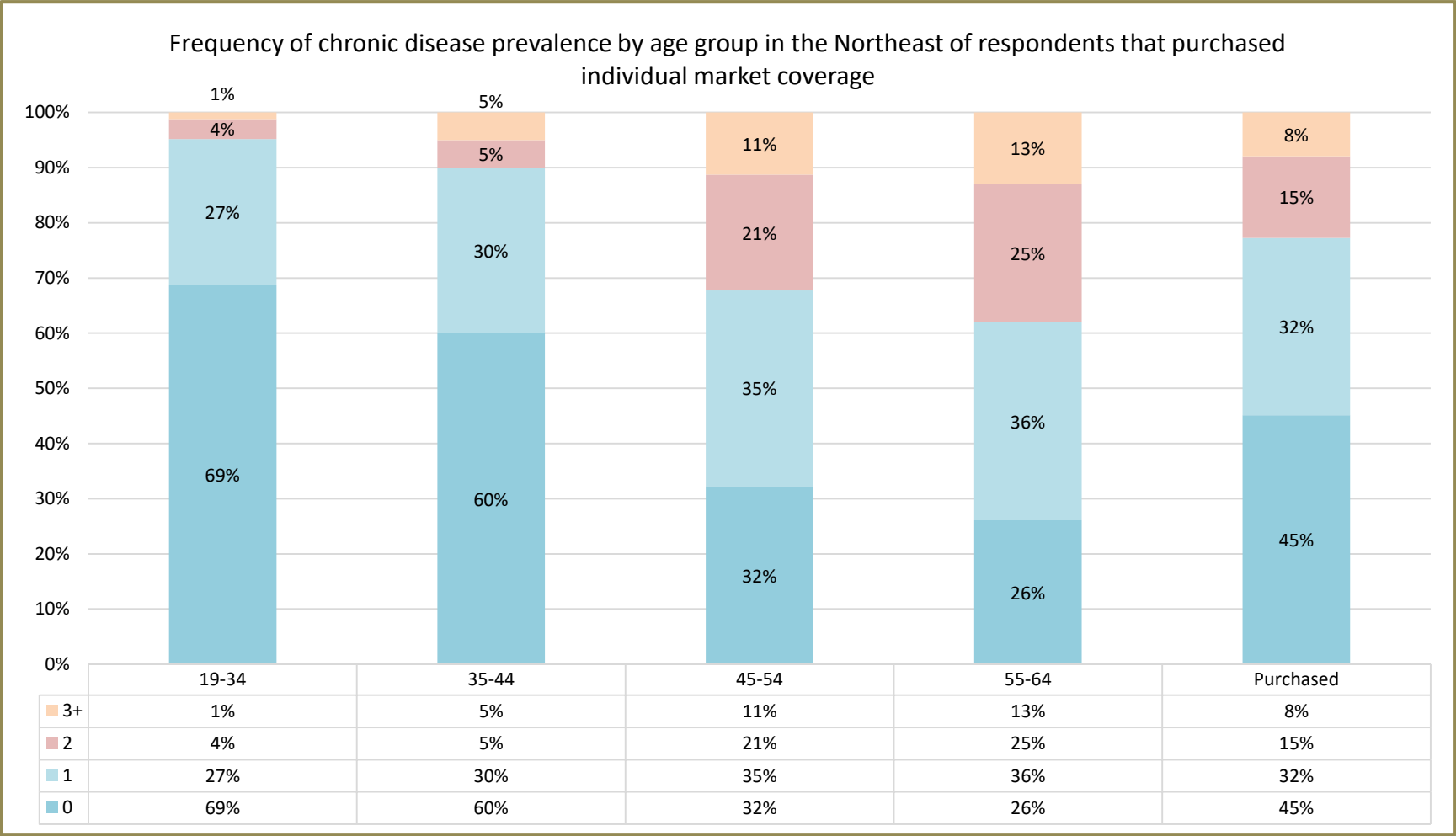


# Chart 1. Uninsured, non-elderly Maryland adults stratified by income category (by FPL) and age group



SOURCE: Families USA 2019

# Chart 2. The prevalence of chronic disease in the individual market by age groups



SOURCE: Prevalence of chronic disease across age groups (MHBE 2019)

# Intervention Population #1: Young Adults (18-34)

Sub-Group	Near Term	Long Term
<p>General  <i>Women</i>  <i>Young Adults with Substance Use Disorder/Behavioral Health needs</i></p>	<ol style="list-style-type: none"> <li>1. Marketing investment focused on Young Adults</li> <li>2. Value Plans:               <ol style="list-style-type: none"> <li>a. Evaluate the outcomes of the Value Plans</li> <li>b. Marketing investment in Value Plans</li> </ol> </li> <li>3. Decision Support Tools:               <ol style="list-style-type: none"> <li>a. Development of an Out-of-Pocket Cost Calculator</li> <li>b. Development of a plan shopping experience optimized to display service categories customized by the user, or automatically, by age</li> </ol> </li> <li>4. Development of a health literacy program focused on Young Adults</li> <li>5. Successful implementation of the Maryland Easy Enrollment Health Insurance Program</li> </ol>	<ol style="list-style-type: none"> <li>1. Continued marketing investment focused on Young Adults</li> </ol>
<p>139% - 400 % FPL            Eligible for financial assistance</p>	<ol style="list-style-type: none"> <li>1. A marketing investment focused on Young Adults</li> <li>2. The State should commission a study on a supplemental premium subsidy for Young Adults that does not modify the existing federal tax credit structure. The study should:               <ol style="list-style-type: none"> <li>a. Analyze potential interaction with the State Reinsurance Program, and federal pass through, for the following scenarios:                   <ol style="list-style-type: none"> <li>i. Supplemental premium subsidy w/ an independent funding source</li> <li>ii. Supplemental premium subsidy w/ funding carved-out from the existing premium assessment under Md. INSURANCE Code Ann. § 6-102.1</li> <li>iii. Supplemental premium subsidy under i &amp; ii seeking federal pass through under a 1332 waiver</li> </ol> </li> <li>b. Estimate required funding amount &amp; identify potential funding sources</li> <li>c. Project impact of the subsidy on the individual market for a five- and ten-year time horizon</li> <li>d. Be updated at a later time to account for the implementation of other policies, i.e. the Maryland Easy Enrollment Health Insurance Program</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Establishment of a state-based supplemental premium subsidy for Young Adults:               <ol style="list-style-type: none"> <li>a. Utilizing only state funds or,</li> <li>b. Utilizing state &amp; federal pass-through funds under a 1332 waiver.</li> </ol> </li> </ol>

# Intervention Population #1: Young Adults (18-34)

Sub-Group	Near Term	Long Term
400+% FPL Ineligible for financial assistance	1. Continuation of the State Reinsurance Program	1. Continuation of the State Reinsurance Program

# Intervention Population #2: Individuals with Chronic Diseases

Sub-Group	Near Term	Long Term
General	<ol style="list-style-type: none"> <li>1. Value Plans               <ol style="list-style-type: none"> <li>a. Evaluate the outcomes of the Value Plans</li> <li>b. Study separate medical &amp; drug deductibles and/or generic drugs before deductible                   <ol style="list-style-type: none"> <li>i. Requirement within Actuarial Value ranges (+2/-4)</li> <li>ii. Impact on the utilization and cost-sharing of other benefit categories</li> </ol> </li> </ol> </li> <li>2. Chronic Disease Management Programs               <ol style="list-style-type: none"> <li>a. Increase participation in these programs through education/health literacy</li> <li>b. Analysis of State Reinsurance Program claims for conditions that are drivers of claims to the SRP and the prevalence of those conditions</li> <li>c. Promotion of those with diabetes, hypertension, and depression into Care Management Programs</li> <li>d. State-wide coordination of chronic disease management programs and measurements across markets &amp; programs (Medicare &amp; Medicaid) including diabetes prevention programs</li> </ol> </li> <li>3. Consumer Decision Support Tools               <ol style="list-style-type: none"> <li>a. Plan shopping experience that is responsive to consumer's unique service category needs</li> <li>b. Prescription Drug Search that relays cost sharing, limitations/exclusions, prior authorizations, and consumer protections for formulary changes</li> </ol> </li> <li>4. Provider Networks               <ol style="list-style-type: none"> <li>a. Expansion of care coordination for those with chronic diseases</li> <li>b. Expand capacity through telemedicine services</li> <li>c. Improve health literacy for the newly insured with provider selection</li> </ol> </li> </ol>	

# Regulatory/Administrative Authority

- Coordinate program manager staff at agencies that oversee delivery, cost, and coverage.
  - Establish a shared database of contacts across agencies
  - Sharing data, learnings, and how to leverage such learnings
  - Prevent of duplicative efforts
- MHBE host forum for agencies to coordinate on issues that pertain to affordability, population health, etc. including stakeholder participation and engagement
  - Example: Primary Care Program, coordination of agency action to address diabetes burden

# General Recommendations

- Revisit plan design periodically to determine whether modifications to Value Plans should be considered to promote coordination with other state-wide efforts to improve health.

# Public Comment

