

2022 Proposed Plan Certification Standards

September 21, 2020

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2022 Plan Certification Standards Timeline

- August 13, 2020: Present proposed standards to the Standing Advisory Committee
- Sept. 21, 2020: Present proposed standards to the Board
- Following September Board meeting: 30-day public comment period on proposed standards
- November 16, 2020: Present to the Board on comments received and any proposed revisions to standards; Board votes on final standards

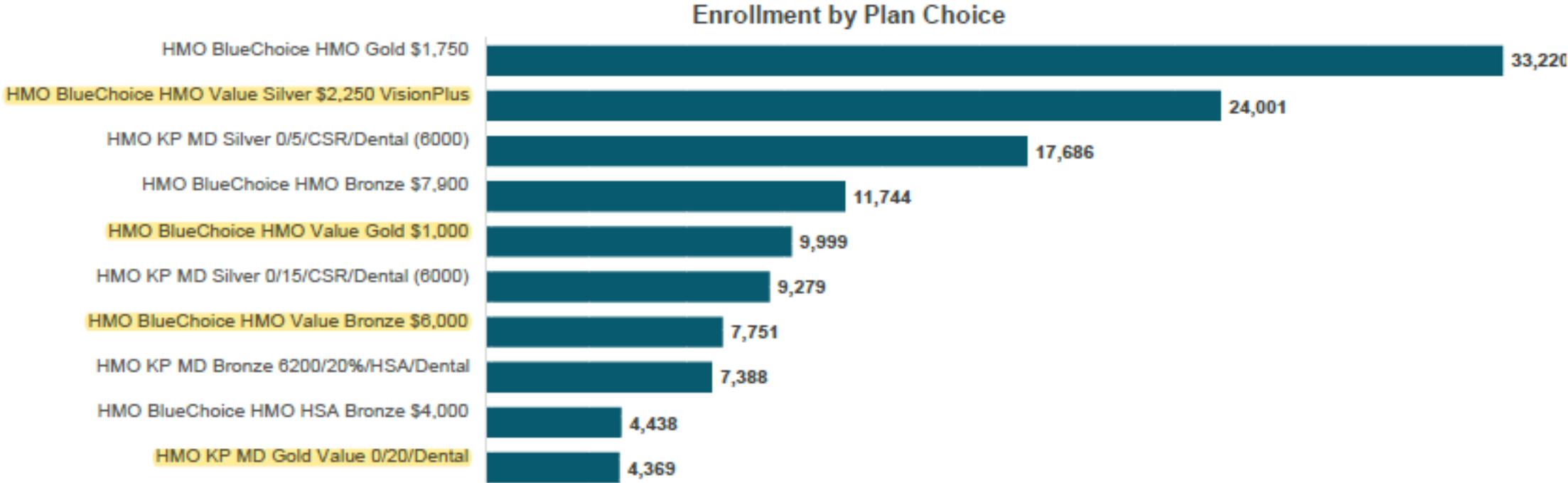
2022 Plan Certification Standard Goals

The proposed 2022 plan certification standards seek to:

1. Build on 2021 and earlier improvements
2. Align consumer incentives for health care utilization with state population health goals
3. Strengthen the value proposition of bronze value plans
4. Improve consumer understanding of telehealth benefits
5. Enable easier enrollee access to their electronic health information
6. Enhance information on dental plans available to consumers

2020 Value Plan Enrollment

- Value plans constitute 4 of the 10 plans with highest enrollment
- A total of 48,280 individuals are enrolled across 6 value plans, accounting for 31% of enrollees on Maryland Health Connection



Data as of June 30, 2020

2021 Value Plan Requirements

Requirements	Bronze	Silver	Gold
Minimum offering	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.
Branding	Required.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	\$2,500 or less.	\$1,000 or less.
Services Before Deductible	<p>Issuer may allocate a total of no less than three office visits across one or more of the following settings:</p> <ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Visit 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Generic Drugs • Laboratory Tests • X-rays and Diagnostics*+ 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Generic Drugs • Laboratory Tests* • X-rays and Diagnostics*

*May be subject to limitation.

+May be excluded from before deductible services

Maryland Population Health Initiatives

- **Total Cost of Care Model Population Health Priority Area 1: Diabetes**
 - Identified as a statewide priority by Maryland Secretary of Health
 - Maryland's statewide *Diabetes Action Plan* is now available on MDH website
 - Initiative being led by the Maryland Department of Health
- **Total Cost of Care Model Population Health Priority Area 2: Opioids**
 - Identified as a statewide priority by Lieutenant Governor through the Maryland Heroin and Opioid Emergency Task Force (2015-2018) and the Commission to Study Mental and Behavioral Health (2019)
 - State of Emergency declared by Governor Hogan in 2017
 - Initiative being led by the Opioid Operational Command Center
- **Maryland Primary Care Program (MDPCP)**
 - MDPCP provides funding and support to allow primary care providers to play an increased role in prevention, management of chronic disease, and preventing unnecessary hospital utilization.
 - Initiative being led by the Maryland Department of Health

Proposed 2022 Value Plan Modifications

- **Bronze:**
 - Modify before deductible services to include all primary care visits, mental health/substance use disorder outpatient visits, and generic drugs pre-deductible
 - Limit cost-sharing for primary care, mental/substance use disorder outpatient visits, and generic drugs to co-pays to be determined after release of the 2022 AV calculator
 - Goal: Align with Maryland focus on primary care and opioid use disorder treatment and prevention; strengthen the value proposition of bronze value plans
- **Silver and Gold**
 - Modify before deductible services to include mental/substance use disorder outpatient visits (all 2021 silver & gold value plans already meet this standard)
 - Modify before deductible services to include coverage of diabetic supplies (insulin, test strips, and glucometers) with no cost sharing, with permitted limitation of items covered with no cost sharing to preferred brands
 - Goal: Align with Maryland focus on treatment and prevention of opioid use disorder and diabetes

Telehealth Transparency

- **CONCEPT:** Require issuers to describe their coverage of telehealth services in their “Important Information About This Plan” document
- **GOAL:** Provide additional information in response to increased consumer interest in telehealth services.

Patient Data Availability

- CONCEPT: Require individual market QHP issuers to comply with 45 CFR 156.221(a)-(f)
- BACKGROUND (a-e): Effective July 1, 2021, CMS is requiring managed care entities participating in Medicare Advantage, Medicaid, and CHIP, as well as Medicaid and CHIP fee-for-service (FFS) programs and QHP issuers on the federal exchange, to make available an Application Programming Interface (API) that allows patients to easily access their claims and encounter information, including cost, as well as a defined set of clinical data, if maintained by the issuer, through third-party applications of their choice.
- BACKGROUND (f): Effective January 1, 2022, CMS is requiring all payers listed above except Medicaid and CHIP FFS programs to implement a process that allows electronic health data to be exchanged between payers
- GOAL: Enrollees can easily access their electronic health information held by their insurer and expect that their claims, encounter, and other relevant health history information will follow them smoothly from plan to plan and provider to provider. Also, provide consistency in data availability for enrollees who move between Medicaid, MCHIP, and QHP coverage or whose households have a mix of coverage.

Enhance Dental Plan Information

Provider Directory

- **CONCEPT:** Require dental carriers to provide information on in-network providers in a format and at a frequency specified by MHBE.
- **GOAL:** Add a dental provider directory to Maryland Health Connection and allow consumers to search for in-network dental providers while shopping for coverage, making it easier for them to determine which plans include their preferred dental providers before enrolling. This would align with functionalities available on the medical plan side.

Important Information about This Plan

- **CONCEPT:** Encourage dental carriers to create and provide a link to an “Important Information about This Plan” document to address unique benefits or features of their coverage, which MHC could add to the plan shopping tile. This feature is currently available for medical plans, so this would mirror the current medical plan shopping tile.
- **GOAL:** Educate enrollees on the unique aspects and value of dental plans.

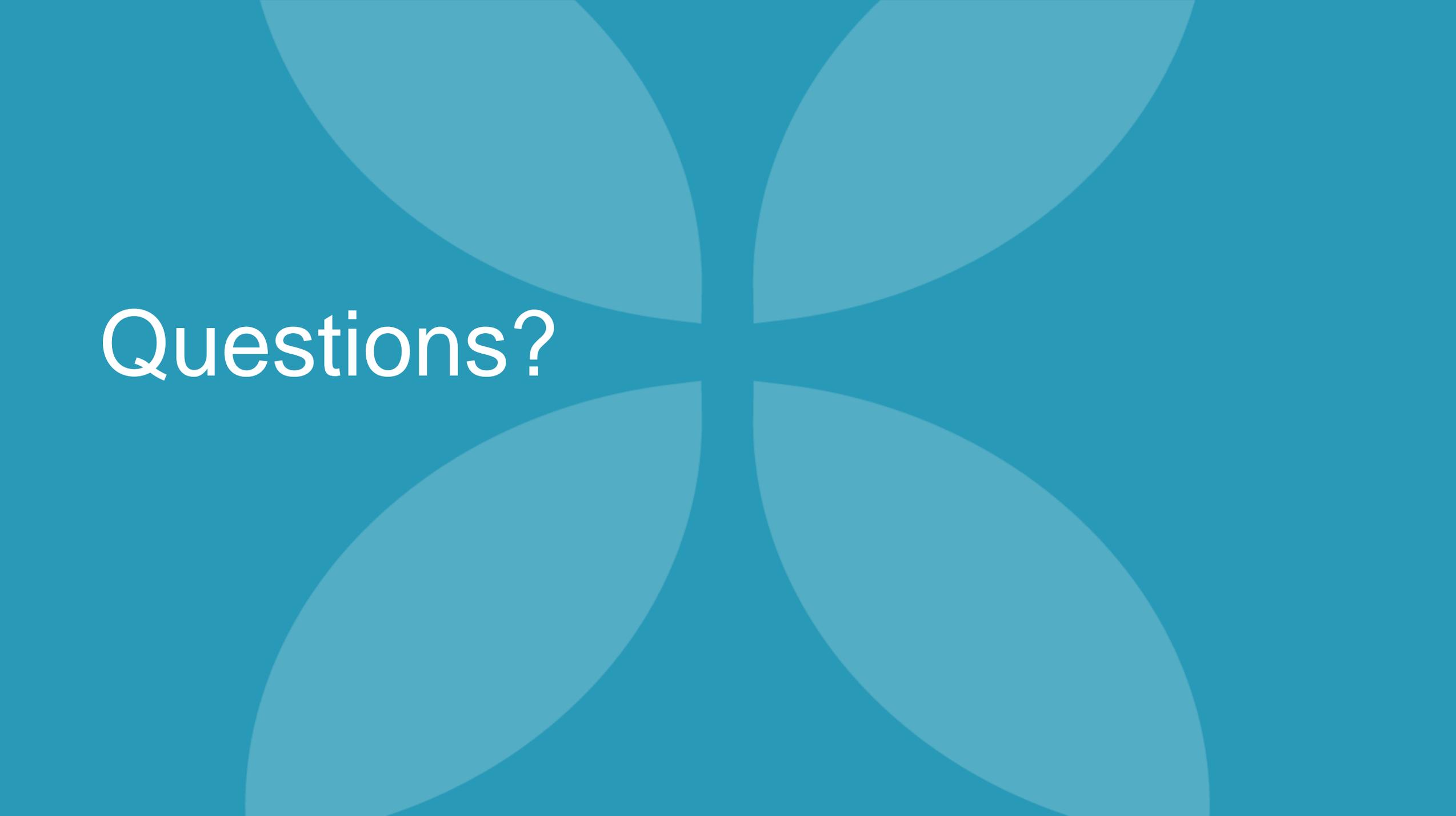
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Questions?