



Addressing Meaningful Difference in MHC Plan Offerings

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A service of Maryland Health Benefit Exchange

- ✦ 45 C.F.R. § 156.298(a): Starting with 2015 coverage, to be certified as a Qualified Health Plan (QHP) in a *Federally-facilitated marketplace (FFM)*, a plan must be considered meaningfully different from all other plans [in its subgroup].
- ✦ 45 C.F.R. § 156.298(b): To be meaningfully different, a reasonable consumer would be able to identify one or more material differences between the plan and other plans, within the service area and metal tier.

| | | |
|-------------------|------------------|--|
| Cost sharing | Plan type | Health Savings Account eligibility |
| Provider networks | Covered benefits | Self-only, non-self-only, or child-only plan offerings |

What other States are doing

*Commonwealth Fund Dec 2013



| | |
|------------|---|
| FFM States | <ul style="list-style-type: none">• \$50 or more difference in both individual and family in-network deductibles• \$100 or more difference in both individual and family in-network annual out-of-pocket maximum• Difference in network• Difference in formulary• Difference in covered essential health benefits |
| CA | <ul style="list-style-type: none">• Difference in network design• Difference in level of provider integration• Innovative delivery system features |
| CO | <ul style="list-style-type: none">• \$50 difference in deductible• \$100 difference in annual out-of-pocket maximum• Difference in formularies• Difference in networks and service areas• Difference in benefit design (essential health benefits, other benefits offered between plans) |

What other States are doing

| CT | <ul style="list-style-type: none">• \$50 difference in medical and drug deductible• \$100 difference in annual out-of-pocket maximum• Difference in payment structure (e.g., copayment versus coinsurance)• Difference in product type (e.g., HMO, PPO, etc.)• Difference in care management (e.g., gatekeeper model; patient-centered medical home; community health teams; wellness programs) |
|----|---|
| DC | <ul style="list-style-type: none">• \$50 or more difference in both individual and family in-network deductibles• \$100 or more difference in both individual and family in-network annual out-of-pocket maximum• Difference in network• Difference in formulary• Difference in covered essential health benefits |
| MA | <ul style="list-style-type: none">• Innovative plan designs that can help achieve premium cost savings for enrollees• Difference in network design (e.g., tiered or narrower networks)• Plan features intended to reduce costs through increasing transparency or efficiency (e.g., value-based insurance designs; patient-centered medical homes) |

What other States are doing

| NV | <ul style="list-style-type: none">•Difference in product type•Difference in premium and cost-sharing•Difference in network and formulary• Difference in covered benefits |
|----|---|
| UT | <ul style="list-style-type: none">•\$50 or more difference in both individual and family in-network deductibles•\$100 or more difference in both individual and family in-network annual OOP•Difference in network and formulary•Difference in covered essential health benefits |
| VT | <ul style="list-style-type: none">•Difference in medical deductible• \$50 difference in drug deductible•Greater than \$1,000 difference in annual out-of-pocket maximum•10 percent difference in cost-sharing for inpatient or outpatient care•\$10 or 10 percent difference in cost-sharing for primary care provider or specialist office visit•\$5 average difference in generic drugs•\$10 or 10 percent average difference in brand-name drugs•Different payment structure (e.g., copayment versus coinsurance) |

What do MHC plans look like

Individual Market



| Metal Level | Plan Type |
|----------------|-----------|
| 4 Catastrophic | 10 POS |
| 17 Bronze | 8 EPO |
| 18 Silver | 28 HMO |
| 13 Gold | 11 PPO |
| 5 Platinum | |

| Deductible Amounts – Some plans HSA eligible, some not | | | | | | | |
|--|------|------|------|------|------|------|------|
| 500 | 1250 | 1600 | 2500 | 3500 | 4900 | 5500 | 6300 |
| 1000 | 1400 | 1700 | 3000 | 3650 | 5000 | 5750 | 6350 |
| 1100 | 1500 | 1750 | 3400 | 4500 | 5350 | 6000 | 6600 |

What do MHC plans look like

Small Group Market



| Metal Level | Plan Type |
|-------------|-----------|
| 24 Bronze | 15 EPO |
| 32 Silver | 61 HMO |
| 32 Gold | 11 PPO |
| 22 Platinum | 30 POS |

| Deductible Amounts – Some plans HSA eligible, some not | | | | | |
|--|------|------|------|------|------|
| 250 | 1250 | 2000 | 2900 | 3550 | 5350 |
| 500 | 1300 | 2500 | 3150 | 3750 | |
| 1000 | 1500 | 2750 | 3500 | 4000 | |

- ✦ Review all of MHC plan offerings for meaningful difference
 - Cost sharing
 - Family vs. Individual Deductible
 - Out of pocket limit
 - Co-pay
 - Co-insurance
 - Provider Networks
 - Covered Benefits
 - Plan Types (including self-only, family and child only plans)

- ✦ Research preferred options

- ✦ Present to board in preparation for 2017 plan certification standards

Questions?