

MHBE Affordability Workgroup

Session 8 – September 14, 2022



Welcome

Agenda

1:00 - 1:15 | Welcome

David Stewart and JoAnn Volk, Co-Chairs

1:15 - 1:25 | Vote on Meeting Minutes: 7/6, 8/17, 8/31

Becca Lane, Senior Health Policy Analyst

1:25 - 1:35 | Review of Feedback from Previous Session

Johanna Fabian-Marks, Director of Policy & Plan Management

1:35 - 2:50 | Updated Non-AVC Benefit Design for Review

Johanna Fabian-Marks

1:50 - 2:50 | Discussion

2:50 - 3:00 | Public Comment

3:00 | Adjournment



Vote on Minutes

Vote

- “I move to [approve/approve with amendments] the Affordability Workgroup meeting minutes from July 6, 2022”
- “I move to [approve/approve with amendments] the Affordability Workgroup meeting minutes from August 17, 2022”
- “I move to [approve/approve with amendments] the Affordability Workgroup meeting minutes from August 31, 2022”

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a starburst shape, composed of four overlapping, rounded petals or segments. The segments are a lighter shade of teal than the background, creating a subtle, layered effect.

Review of Feedback from Last Session

Summary of Feedback

- Discussion of whether it makes sense to combine the copays for:
 - “inpatient hospital services and “inpatient physician and surgical services” into a single copay for inpatient stays
 - “outpatient facility fee” and “outpatient surgery physician/surgical services” into a single copay for outpatient surgery
- Recommendation: keep separate copays, but allow carrier option to combine*
 - consistent with current individual market plan designs
 - allows enrollees to incur lower inpatient costs if they need fewer physician/surgical services and lower outpatient costs if they have a surgery in an office setting that doesn’t charge a facility fee
 - change in copay structure could be difficult for insurer systems to accommodate
- Discussion of pediatric dental cost-sharing design
 - consensus that coinsurance for pediatric dental benefits would be reasonable

*Due to their integrated delivery system billing practices, Kaiser requested flexibility to combine outpatient facility fee and outpatient surgery physician/surgical services into a single copay



Updated Non-AVC Benefit Design for Review

For Reference: AV Calculator Services - No Change

	Gold	CSR 94%	CSR 87%	CSR 73%	Base Silver	Bronze - Expanded
Actuarial Value	81.8%	94.85%	87.88%	73.97%	71.58%	64.8%
Medical Deductible	\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,100
Drug Deductible	\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP	\$6,750	\$1,350	\$2,500	\$5,750	\$7,600	\$9,100
Rx MOOP	\$600	\$150	\$500	\$1,500	\$1,500	n/a
Emergency Room Services	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit	\$30	\$15	\$30	\$80	\$80	\$80
MH/SUD	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	\$500	\$125	\$500	\$600	\$600	n/a
Speech Therapy	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	\$10	\$0	\$5	\$20	\$20	\$20
Preferred Brand Drugs	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	\$75	\$25	\$60	\$100	\$100	n/a

Standardized Services (Services Not Included in the Actuarial Value Calculator) - No Change

Additional Standardized Service Categories						
	Gold	CSR 94%	CSR 87%	CSR 73%	Silver - NEW	Bronze - Expanded
Durable Medical Equipment	20%	10%	20%	30%	30%	40%
Emergency Transportation/Ambulance	\$300	\$50	\$100	\$350	\$350	n/a
Habilitation Services	\$10	\$2	\$10	\$35	\$35	\$35
Home Health Care Services	\$30	\$10	\$25	\$45	\$45	\$50
Hospice Services	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Physician and Surgical Services	\$30	\$10	\$25	\$40	\$40	n/a
Outpatient Rehabilitation Services	\$10	\$2	\$10	\$35	\$35	\$35
Substance Abuse Disorder Outpatient Services	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Centers or Facilities	\$40	\$15	\$30	\$75	\$75	\$75

Pediatric Vision Coverage - No Change

Additional Standardized Service Categories

			Gold	CSR 94%	CSR 87%	CSR 73%	Silver - NEW	Bronze - Expanded
Pediatric Vision								
	Routine Eye Exam for Children (optometrist)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Eye exam by an Ophthalmologist	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Basic Lenses	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Frames	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Contacts – elective (i.e. in lieu of lenses and frames)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Contacts – medically necessary	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Low vision testing	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
	Low vision aid	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0

- \$0 cost sharing for specified pediatric vision services
- No standardized dollar cap on frame price
- No standardized quantity limit on frames, contact lenses

New: Pediatric Dental Coverage

Pediatric Dental						
Class I Preventive & Diagnostic Services	\$0	\$0	\$0	\$0	\$0	\$0
Class II Basic Services	20%	20%	20%	20%	20%	20%
Class III Major Services	20%	20%	20%	20%	20%	20%
Class IV Major Services – Restorative	50%	50%	50%	50%	50%	50%
Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

- Coinsurance due to broad variation in the cost of services; coinsurance typical for dental insurance
- Cost-sharing based on benefits of existing plans on MHC
- Same cost-sharing in each metal level in alignment with other MHC plans and other states' standardized plans

Next steps

- Vote to approve plan designs
- MHBE staff to follow up with draft final report for workgroup review and feedback

Discussion





Public Comment

Next Steps

Next meeting: Wednesday, September 28, 1 - 3PM

Appendix



MHBE Staff Proposal for Discussion

- **Implement Standard Plans for 2024 that are designed to advance the following goals:**
 - **Affordability** – plans should be designed to make commonly used services feasible for consumers to access, keeping in mind that 35% of adults don't have \$400 to cover an emergency expense.¹
 - Minimize deductibles and/or cover commonly used services pre-deductible
 - Separate drug and medical deductibles
 - **Simplicity** - plans should allow consumers to easily understand their cost-sharing and compare plans
 - Prioritize copays over coinsurance as feasible
 - Standardize cost sharing for common services
 - **Alignment with State health goals** – plan design should support Maryland's population health goals
 - Facilitate access to primary care, substance use disorder treatment, services to manage diabetes
 - **Equity** - reduce cost-sharing for high-disparity conditions, starting with changes that minimize impact to actuarial value
 - Start with targeted elimination of cost-sharing for services to manage diabetes
 - **Minimal market disruption** – standard plans should be designed with awareness of current value plan designs and endeavor to minimize disruptive changes to carriers' existing value plan cost sharing values/structures, particularly for the most used services
 - However, one time disruption may be necessary to achieve other goals, e.g. standardizing cost-sharing across plans and prioritizing use of copays
- **Expand \$0 cost-sharing for diabetes management (insulin, glucometers) in current Value Plan standards to all plans** (for HSA plans, to the extent permitted by federal law)

[1] <https://www.federalreserve.gov/publications/2021-economic-well-being-of-us-households-in-2020-dealing-with-unexpected-expenses.htm#:~:text=Consistent%20with%20results%20on%20how,time%20can%20have%20serious%20consequences>

California 2023 Standard Pediatric Dental

- *Deductible does not apply in any metal level*
- *Silver variants all have same cost-sharing*

		Gold	Silver	Bronze
Diagnostic & Preventive		No Charge	No Charge	No Charge
	Oral Exam			
	Preventive - Cleaning			
	Preventive - X-ray			
	Sealants per tooth			
	Topical Fluoride Application			
	Space Maintainers - Fixed			
Basic Services		See Dental Copay Schedule; Copays range from \$25-\$300 to not covered	20%	20%
	Restorative Procedures			
	Periodontal Maintenance Services			
Major Services			50%	50%
	Crowns & Casts			
	Endodontics	See Dental Copay Schedule; Copays range from \$25-\$300 to not covered		
	Periodontics (other than maintenance)			
	Prosthodontics			
	Oral Surgery			
Orthodontics (Medically Necessary)		\$1,000	50%	50%

[Link to Dental Copay Schedule](#)

[Link to 2023 Standard Plan Designs](#)

California 2023 Standard Pediatric Dental

Sample of Detailed Copay Schedule for Gold Plan

[Link to Dental Copay Schedule](#)

[Link to 2023 Standard Plan Designs](#)

Procedure Category	CDT Code	Updated CDT-23 Nomenclature	Dental EHB	
			Up to Age 19 In-Network Member Cost Share	19 and Older In-Network Member Cost Share
	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$60	\$60
	D2390	Resin-based composite crown, anterior	\$50	\$50
	D2391	Resin-based composite - one surface, posterior	\$30	\$30
	D2392	Resin-based composite - two surfaces, posterior	\$40	\$40
	D2393	Resin-based composite - three surfaces, posterior	\$50	\$50
	D2394	Resin-based composite - four or more surfaces, posterior	\$70	\$70
	D2542	Onlay - metallic - two surfaces	Not Covered	\$185
	D2543	Onlay - metallic - three surfaces	Not Covered	\$200
	D2544	Onlay - metallic - four or more surfaces	Not Covered	\$215
	D2642	Onlay - porcelain/ceramic - two surfaces	Not Covered	\$250
	D2643	Onlay - porcelain/ceramic - three surfaces	Not Covered	\$275
	D2644	Onlay - porcelain/ceramic - four or more surfaces	Not Covered	\$300
	D2662	Onlay - resin-based composite - two surfaces	Not Covered	\$160
	D2663	Onlay - resin-based composite - three surfaces	Not Covered	\$180
	D2664	Onlay - resin-based composite - four or more surfaces	Not Covered	\$200
	D2710	Crown - resin-based composite (indirect)	\$140	\$140
	D2712	Crown - 3/4 resin-based composite (indirect)	\$190	\$200
	D2720	Crown - resin with high noble metal	Not Covered	\$300
	D2721	Crown - resin with predominantly base metal	\$300	\$300
	D2722	Crown - resin with noble metal	Not Covered	\$300
	D2740	Crown - porcelain/ceramic substrate	\$300	\$300
	D2750	Crown - porcelain fused to high noble metal	Not Covered	\$300
	D2751	Crown - porcelain fused to predominantly base metal	\$300	\$300
	D2752	Crown - porcelain fused to noble metal	Not Covered	\$300
	D2753	Crown - porcelain fused to titanium and titanium alloys	Not Covered	\$300

Washington DC 2023 Standardized Pediatric Dental

- *Standard plans only establish copays for a limited number of dental services*
- *Deductible does not apply in any metal level*
- *Silver variants all have same cost-sharing*

		Gold	Silver	Bronze
	Diagnostic & Preventive	No charge	No charge	No charge
	Oral Exam			
	Preventive - Cleaning			
	Preventive - X-ray			
	Sealants per tooth			
	Topical Flouride Application			
	Space Maintainers - Fixed			
	Basic Services			
	Amalgam Fill - 1 surface	\$25	\$25	\$41
	Major Services			
	Root canal - molar	\$300	\$300	\$512
	Gingivectomy per Quad	\$150	\$150	\$279
	Extraction - single tooth exposed root	\$65	\$65	\$69
	Extraction - complete bony	\$160	\$160	\$241
	Porcelain with metal crown	\$300	\$300	\$523
	Orthodontics (Medically Necessary)	\$1,000	\$1,000	\$3,422

[Link to 2023 Standardized Benefit Designs](#)