

# MHBE Affordability Workgroup

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Session 9 – September 28, 2022



Welcome

# Agenda

1:00 - 1:15 | Welcome

*David Stewart and JoAnn Volk, Co-Chairs*

1:15 - 1:25 | Vote on Meeting Minutes: 9/14

*Becca Lane, MHBE Senior Health Policy Analyst*

1:25 - 1:35 | Metal Level Enrollment by Age and Income

*Becca Lane*

1:35 - 1:45 | Review of Report Feedback

*Johanna Fabian-Marks, MHBE Director of Policy & Plan Management*

1:45 - 2:35 | Report Discussion

*Johanna Fabian-Marks*

2:35 - 2:50 | Vote

2:50 - 3:00 | Public Comment

3:00 | Adjournment

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**Vote on Minutes**

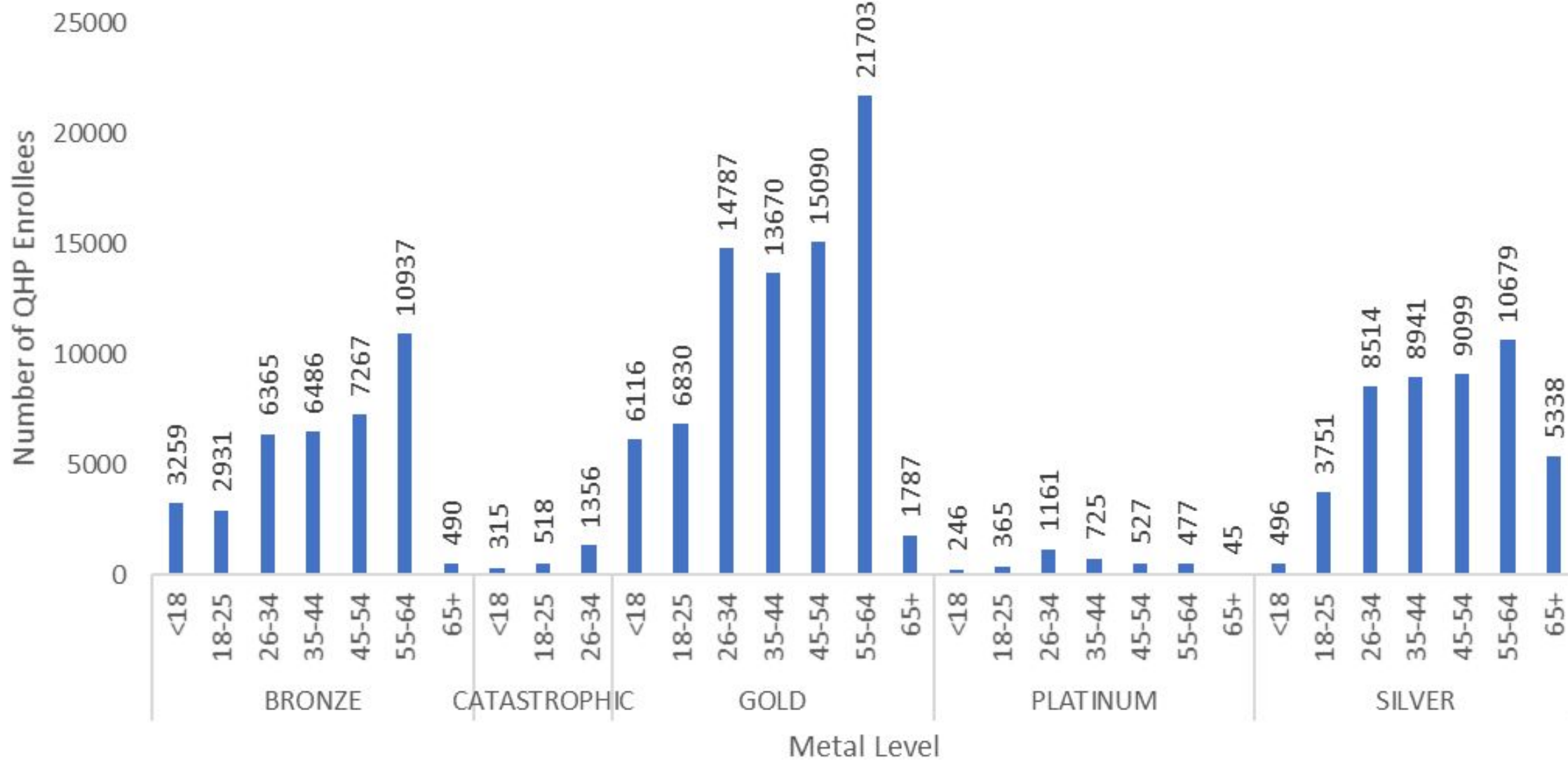
# Vote

- “I move to [approve/approve with amendments] the Affordability Workgroup meeting minutes from September 14, 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 several overlapping, rounded, petal-like shapes in a lighter shade of teal. The text "Enrollment by Age & Income" is centered horizontally and vertically over this graphic.

# Enrollment by Age & Income

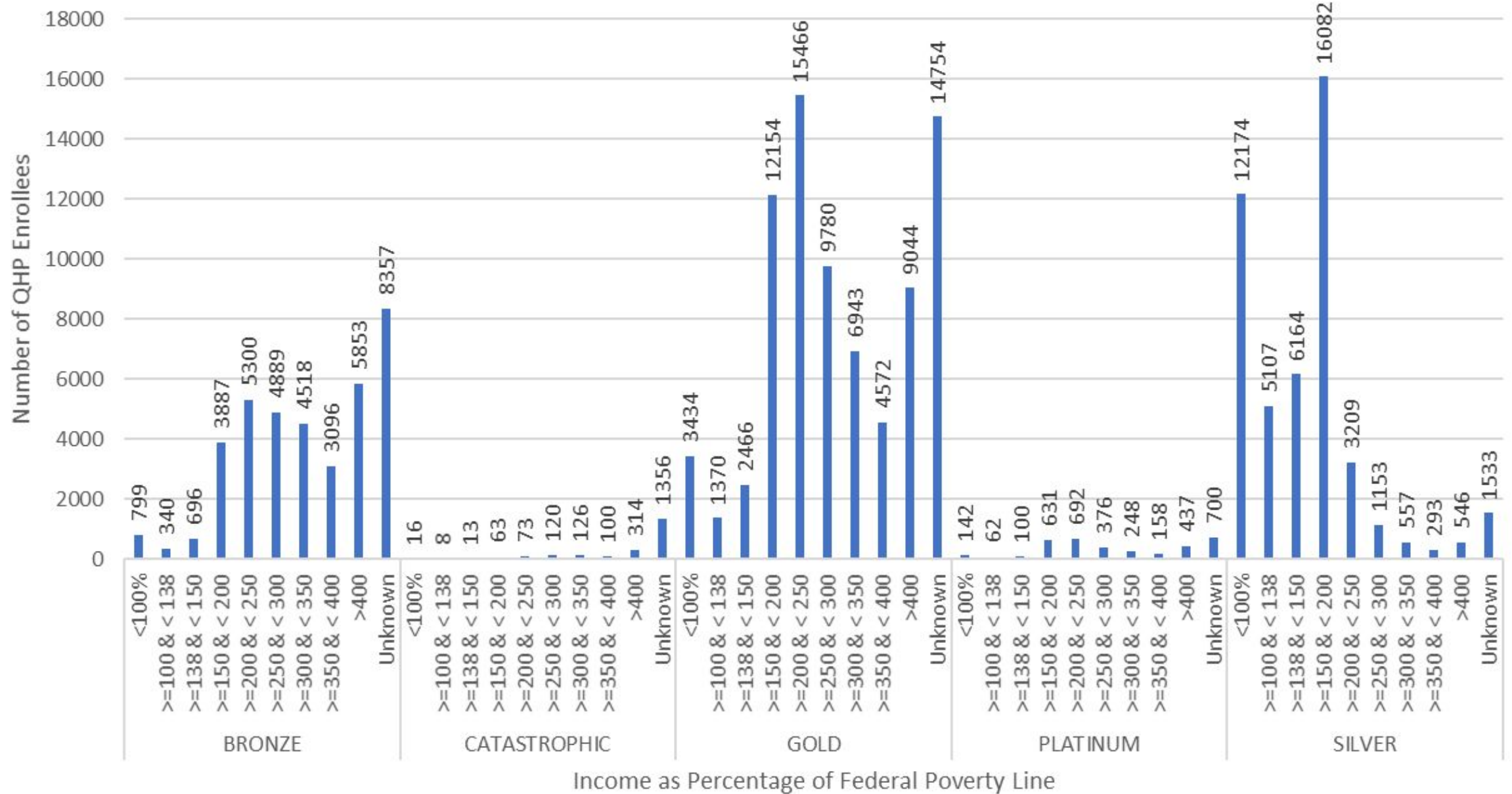
# QHP Enrollment by Age and Metal Level



metal ▾ agegroup ▾

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## QHP Enrollment by Income (% of FPL)



# Takeaways

- In each of the three most common metal levels (Bronze, Silver, Gold), the 55-64 age bracket has the highest enrollment
- In Bronze and Gold plans, a large share do not report their income
- Higher income enrollees tend to be in Gold plans; lower income (CSR-eligible) tend to be in Silver plans

# Review of Report Feedback

# Report Feedback

- Reduce copay for imaging
  - Silver 87: Reduced to \$350 from \$500
  - Gold: Reduced to \$400 from \$500
  - Not a significant AV impact
- Various clarifying edits

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded
Actuarial Value		81.8%	94.85%	87.89%	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	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$50	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$150	\$50	\$150	\$35	\$35	\$35
Specialist Visit	Yes - No	\$300	\$100	\$300	\$80	\$80	\$80
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	Yes - No	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes - No	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	Yes - No	\$10	\$0	\$5	\$20	\$20	\$20
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

Reduced from \$500

Reduced from \$500

# Discussion

The background features a dark blue field with four large, overlapping, light blue petal-like shapes arranged in a cross pattern, meeting at a central point. The petals have a soft, rounded edge and a subtle gradient.

# Next steps

- Vote to approve plan designs, recommendations, and final report
- Next meeting: TBD (Young Adult Subsidy)

# Recommendations

- MHBE should implement Standardized Plans for 2024 that are designed to advance affordability, simplicity, alignment with state health goals, equity, and minimize market disruption.
  - If the plan designs recommended by the Workgroup need to be updated to adhere to the 2024 AV calculator requirements, adjustments should first be made to the out-of-pocket maximums to preserve the cost-sharing design approved by this Workgroup. If further changes are necessary, MHBE staff should propose changes that align with the priorities established by the Workgroup as described in the Workgroup report.
- MHBE should differentiate Standardized Plans with icons and branding to assist consumers with plan selection.
- MHBE should limit the number of plan offerings on MHC to 3 plans per metal level beginning in plan year 2025.

# Standardized Plan Details

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze Expand
Actuarial Value		81.8%	94.85%	87.89%	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	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$150	\$350	\$550	\$550	n/a
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Specialist Visit	Yes - No	\$30	\$15	\$30	\$80	\$80	\$80
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
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Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	Yes - No	\$10	\$0	\$5	\$20	\$20	\$20
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

# Standardized Plan Details

Additional Standardized Service Categories								
			Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded
Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	40%	
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a	
Habilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35	
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	\$50	
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a	
Outpatient Rehabilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35	
Substance Abuse Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35	
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75	
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	
Pediatric Dental								
Class I Preventive & Diagnostic Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Class II Basic Services	Yes - No	20%	20%	20%	20%	20%	20%	
Class III Major Services	Yes - No	20%	20%	20%	20%	20%	20%	
Class IV Major Services – Restorative	Yes - No	50%	50%	50%	50%	50%	50%	
Class V Orthodontic Services	Yes - No	50%	50%	50%	50%	50%	50%	

# Standardized Plan Details

- Enrollees with a primary diagnosis of Type 2 diabetes pay \$0 cost-sharing for:
  - PCP visits
  - Dilated retinal exam (1x per year)
  - Diabetic foot exam (1x per year)
  - Nutritional counseling visits (unlimited)
- Enrollees with a primary diagnosis of Type 2 diabetes pay \$0 cost-sharing for the following lab services:
  - Lipid panel test (1x per year)
  - Hemoglobin A1C (2x per year)
  - Microalbumin urine test or nephrology visit (1x per year)
  - Basic metabolic panel (1x per year)
  - Liver function test (1x per year)
- A select list of diabetes supplies and medications within the diabetic agents drug class, as defined by the insurer, are provided with no cost-sharing. An insurer is not required to change the drugs that are on the insurer's formulary.
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient copays into a single copay if they choose.



Vote

The background features a solid teal color with four overlapping, semi-transparent teal circles arranged in a cross pattern, centered around the text. The text "Public Comment" is written in a white, sans-serif font, centered horizontally and vertically within the overlapping area of the circles.

# Public Comment