

Final 2024 Plan Certification Standards

January 17, 2023
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2024 Plan Certification Standards Timeline

- Oct 13, 2022: Present proposed 2024 plan certification standards to MHBE Standing Advisory Committee
- Nov. 21, 2022: Present proposed 2024 plan certification standards to MHBE Board
- Nov. 28 - Dec. 30, 2022: Public comment period
- **Jan. 16, 2023: Present recommended final 2024 plan certification standards to MHBE Board (except for Value Plan standards)**
- Feb. 21, 2023: Present recommended final 2024 Value Plan standards to MHBE Board

1. Include Link to Actual Plan Contract in Summary of Benefits & Coverage

- Require carriers to include direct link to actual plan contract in the plan's Summary of Benefits & Coverage in the section shown below

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: [See Instructions]

Coverage for: _____ | Plan Type: _____



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall	\$	

2. Require NCQA Health Equity Accreditation

Require issuers to achieve NCQA Health Equity Accreditation

- Recommendation of MHBE Health Equity Workgroup (unanimous)
- Existing issuers
 - Require issuers offering through MHC to achieve accreditation by 12/31/2023
 - Recognize issuers that have received NCQA Multicultural Healthcare Distinction prior to PY2024 as provisionally meeting the certification requirement.
- New issuers: require new issuers to achieve accreditation within 18 months of offering coverage on MHC

3. Plan Certification Standards for Vision Plans in the Individual Market

Visions plans must:

- Offer one high and one low plan
- Have vision plans licensed for sale in the MD individual market as of plan year 2023
- Provide a Maryland-specific account manager to work with plan management team
- Offer the following services:
 - Co-branded website that includes a provider directory
 - Call center
 - Ability for member to pay bill electronically
 - Ability to generate member enrollment materials and notices
 - Ability to provide reporting on plan selection, enrollment, and member demographics
 - Other services determined necessary by MHBE

4. Implement Standard Plans (not seeking approval today)

Update

- **Following release of 2024 AV calculator, MHBE worked with MIA to update plan designs presented at Nov. Board meeting. Updates posted 12/22 for public comment through 1/27.**

Background

- Unanimous recommendation of the 2022 Affordability Workgroup
- Require each licensed carrier in the individual market to:
 - Offer one standard plan at the bronze, silver, and gold metal levels
 - Identify standard plans by using “Value Plan” in the plan name, and only in standard plan names
- Retire existing value plan requirements

4. Standard Plans: Proposed Updates to Comply with 2024 AV Calculator (Out-of-Pocket Max)

- 3 of 6 plan designs were over the AV limit when run through 2024 AV calculator (Bronze plan and two Silver plan variants, 73% CSR and 94% CSR plans).
- MHBE first increased the out-of-pocket maximum for affected plans by \$300-\$500. This brought the 94% Silver CSR plan into compliance.

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73%	Base Silver	Bronze - Expanded
Actuarial Value - Using 2023 AV Calculator		81.80%	94.85%	87.89%	73.97%	71.58%	64.8%
Actuarial Value - Using 2024 AV Calculator (out of range highlighted)		81.20%	95.14%	87.48%	74.71%	71.89%	66.0%
Actuarial Value - Using 2024 AV Calculator After Updated MOOPs (out of range highlighted)		81.20%	94.77%	87.48%	74.22%	71.89%	65.4%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,100
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP - Originally Proposed		\$6,750	\$1,350	\$2,500	\$5,750	\$7,600	\$9,100
Rx MOOP- Originally Proposed		\$600	\$150	\$500	\$1,500	\$1,500	n/a
Medical MOOP - Updates Highlighted		\$6,750	\$1,750	\$2,500	\$6,050	\$7,600	\$9,450
Rx MOOP- Updates Highlighted		\$600	\$250	\$500	\$1,500	\$1,500	n/a

4. Standard Plans: Proposed Updates to Comply with 2024 AV Calculator (Copays)

- Additional changes required to bring Bronze and 73% Silver CSR plans into compliance. (Base silver plan also affected.)
- MHBE worked with MIA to develop two options:
 - Increase **specialist copay from \$80 to \$90** and increase **generic drug copay from \$20 to \$25** (staff recommendation); or
 - Increase **specialist copay from \$80 to \$110** (Silver base and 73% CSR plans) **and from \$80 to \$125** (Bronze plan)

Proposed Updates to 2024 Value Plan Designs - Copays

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73% Option 1 Option 2	Base Silver Option 1 Option 2	Bronze - Expanded Option 1 Option 2
Maximum MOOP		\$9,450	\$3,150	\$3,150	\$7,550	\$9,450	\$9,450
Actuarial Value - Option 1 Option 2		81.20%	94.77%	87.48%	73.82% 73.84%	71.49% 71.49%	64.81% 64.81%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,450
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP		\$6,750	\$1,750	\$2,500	\$6,050	\$7,600	\$9,450
Rx MOOP		\$600	\$250	\$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
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit - Originally Proposed	Yes - No	\$30	\$15	\$30	\$80	\$80	\$80
Specialist Visit - Option 1 Option 2	Yes - No	\$30	\$15	\$30	\$90 \$110	\$90 \$110	\$90 \$125
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 - Originally Proposed	Yes - No	\$10	\$0	\$5	\$20	\$20	\$20
Generic Drugs - Option 1 Option 2	Yes - No	\$10	\$0	\$5	\$25 \$20	\$25 \$20	\$25 \$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

Request for Approval of 2024 Plan Certification

MOTION: I move to [approve/defer/reject] the new plan certification standards for plan year 2024 [as presented] *or* [as amended], with the exception of the proposed value plan designs, which are still pending public comment.

Appendix



2023 Value Plan Standards

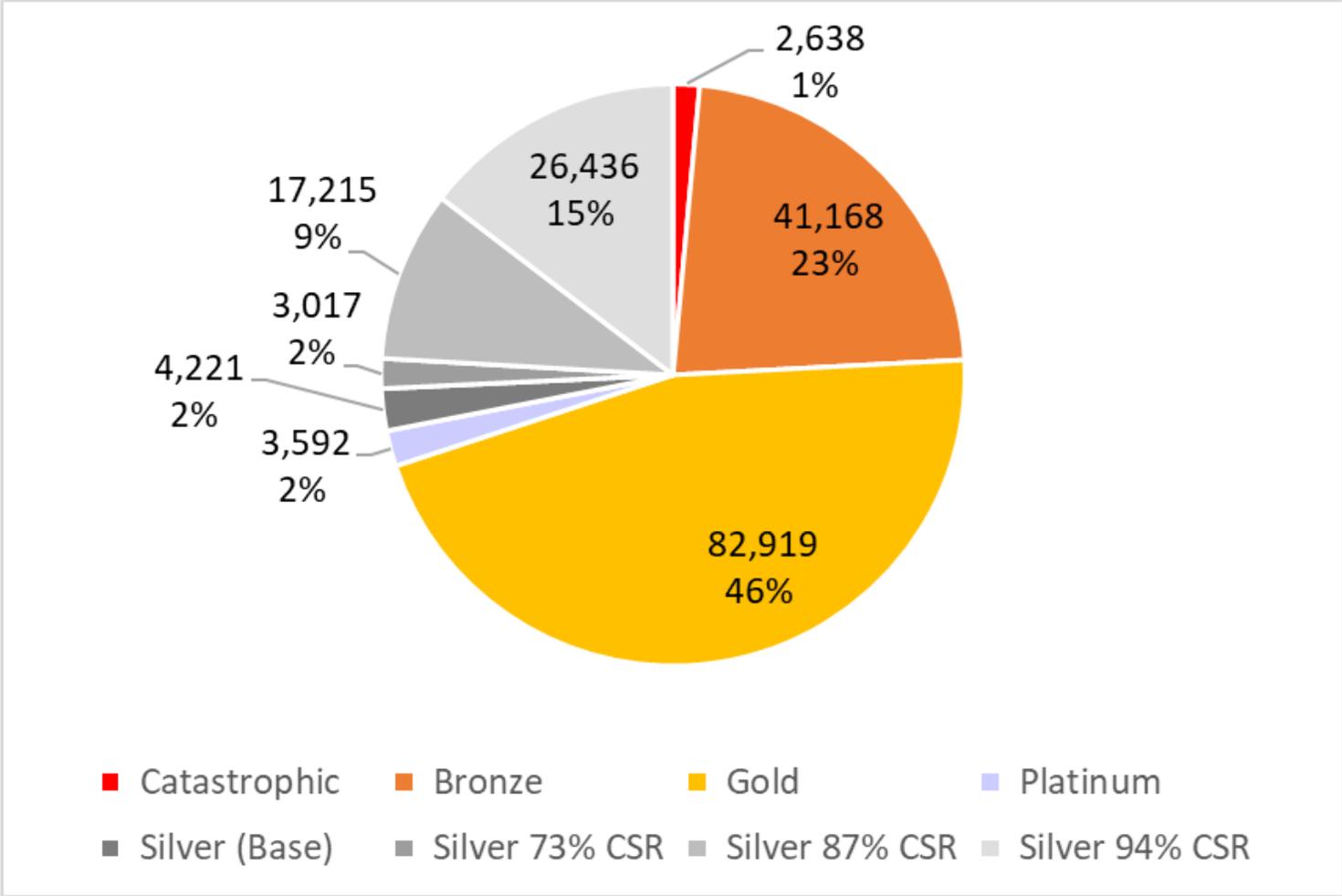
Requirements	Bronze	Silver	Gold
Minimum offering	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.	Issuer must offer at least 1 “Value” plan.
Branding	Required.	Required.	Required.
Medical Deductible Ceiling	No requirement. Lower deductibles are encouraged.	\$3,000 or less.	\$1,000 or less.
Services Covered with Copay Before Deductible	<ul style="list-style-type: none"> • Primary Care Visits with copay of not more than \$40 • Mental Health and Substance Use Disorder Outpatient Visits with copay ≤\$40 • Generic Drugs with copay ≤\$20 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder Outpatient Visits • Generic Drugs • Laboratory Tests • \$0 Diabetic Supplies (insulin, glucometers, test strips) 	<ul style="list-style-type: none"> • Primary Care Visit • Urgent Care Visit • Specialist Care Visit • Mental Health and Substance Use Disorder Outpatient Visits • Generic Drugs • Laboratory Tests • X-rays and Diagnostics • \$0 Diabetic Supplies (insulin, glucometers, test strips)

2024 Value Plan Guiding Principles

- **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 expense¹
- **Simplicity** - plans should allow consumers to easily understand their cost-sharing and compare plans
- **Alignment with State health goals** – plan design should support Maryland's population health goals
- **Equity** - reduce cost-sharing for high-disparity conditions, starting with changes that minimize impact to actuarial value
- **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

[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>

Total MHC Enrollment by Metal Level, 2022



Enrollment data as of January 31, 2022.