

# MHBE 2024 Value Plan Workgroup

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Session 2 – June 25, 2024



This meeting will be recorded

# Workgroup Objectives

- Recommend updates to Value Plan Standards for 2026 and beyond
  - Recommend changes to cost-sharing that promote affordability of commonly used services but do not exceed actuarial value constraints
  - Recommend whether and/or how to make changes to support health equity and align with statewide health goals
- Suggestions from proposed 2025 Value Plan standards comment period
  - Align pediatric dental coinsurance amounts between classes III and IV to align cost sharing amounts for similar services
  - Other outstanding feedback from 2025 comment period
- **Today's goal: Discuss & identify plan features for actuaries to test in first round of draft designs**

# Agenda

12:00 - 12:05 | Welcome  
*Becca Lane, Senior Health Policy Analyst*

12:05 - 12:10 | Business/Vote on minutes  
*All members*

12:10 - 12:20 | Equity-Focused Standardized Plan Features from Other States  
*Becca Lane*

12:20 - 12:35 | Comparing Value Plans to Most Popular Plans  
*Becca Lane*

12:35 - 1:25 | Discussion  
*All members*

1:25 - 1:30 | Public Comment

1:30 | Adjournment

# Survey Outcomes

- Charter approved
- Co-chairs: Evalyne Bryant-Ward and Emily Hodson

# Vote on Minutes

“I move to approve the minutes of the June 11, 2024 Value Plan Workgroup [as presented / as amended].”



# Equity-Focused Plan Features

# Statewide Integrated Health Improvement Strategy

- Part of MD's Total Cost of Care Model (effort to improve care and lower healthcare spending growth)
- Includes goals for population health
- SIHIS Goals
  - Hospital quality
  - Care transformation across the system

# Statewide Integrated Health Improvement Strategy

- Total population health:
  - Diabetes
  - Opioid use disorder - improve overdose mortality
    - Disproportionately impacts Black Marylanders
  - Maternal & child health
    - Reduce severe maternal morbidity rate
      - Severe maternal morbidity 2x higher for Black Marylanders than white; also higher for Hispanic/Latino and Asian Marylanders
    - Decrease asthma-related emergency department visit rates for ages 2-17

# Service-Specific Reduced Cost-Sharing (1/3)

- **\$1 copay for first two primary care visits and first two mental health office visits (4 visits total)**
- Implemented in Washington state Standard Plans
- MHC 2025 Value Plan PCP copays:
  - \$10 – Gold
  - \$35 – Silver (\$5, \$10, \$35 in CSR variants)
  - \$35 – Bronze

# Service-Specific Reduced Cost-Sharing (2/3)

- **Low, pre-deductible copays for labs**
- Implemented in Connecticut Standard Plans
- CT copays:
  - \$10 – Gold
  - \$25 – Silver (\$10, \$10, \$25 in CSR variants)
  - \$20 – Bronze
- MHC 2025 Value Plans lab copays (pre-deductible)
  - \$25 – Gold
  - \$80 – Silver (\$5, \$25, \$80 in CSR variants)
  - \$80 – Bronze

## Service-Specific Reduced Cost-Sharing (3/3)

- **\$0 copays for office visits commonly used to manage chronic conditions and high disparity conditions:**
  - Primary care
  - Mental/behavioral health
  - Pre and post-natal
  - Substance use disorder visits
- Implemented in Colorado Option (standard) plans

# Condition-Specific Reduced Cost-Sharing (1/2)

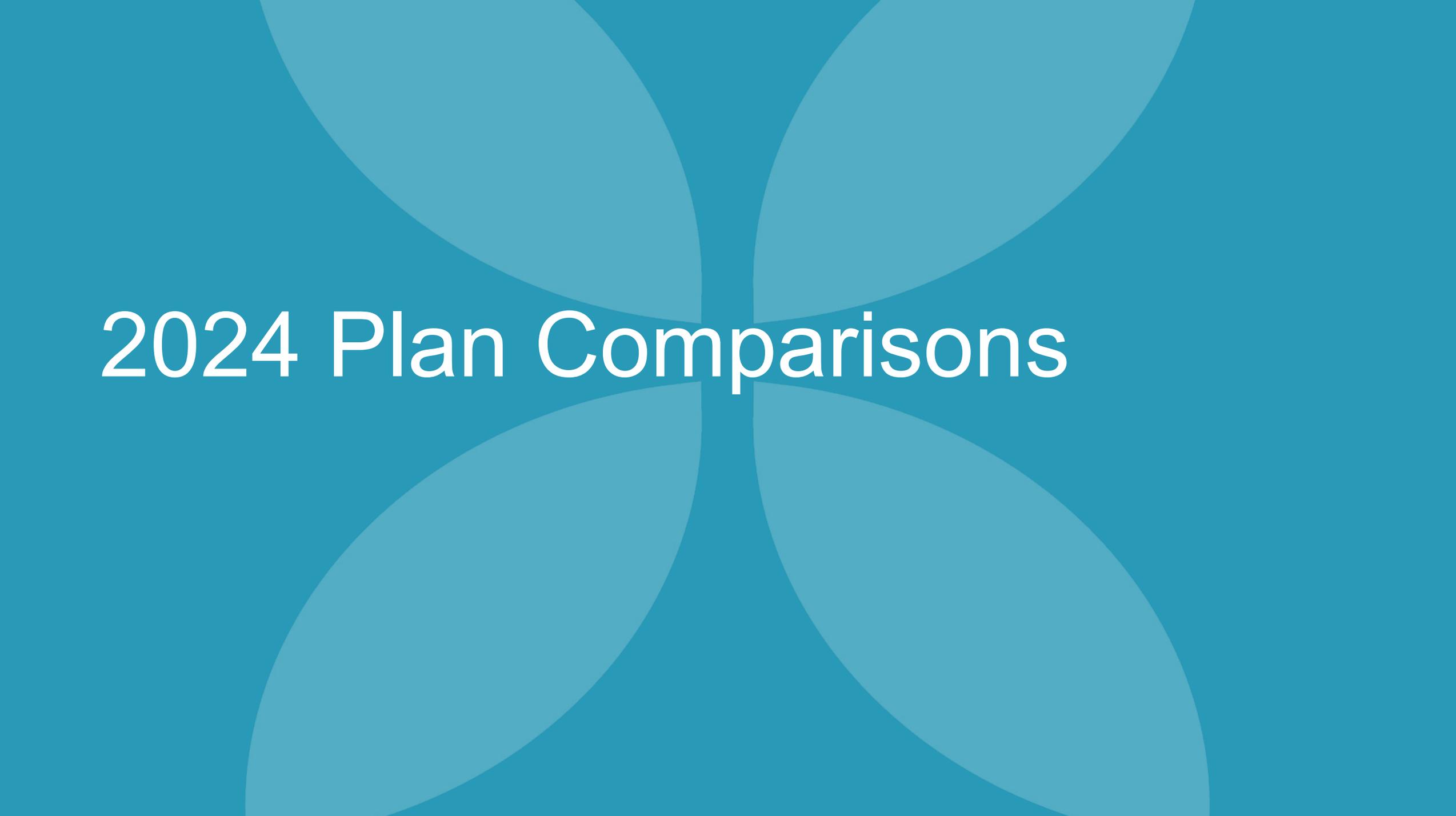
- **\$5 pre-deductible copay:**
  - **Pediatric mental health visits**
  - **Pediatric mental health prescriptions**
- **Implemented in Washington, DC Standard Plans**

# Condition-Specific Reduced Cost-Sharing (2/2)

- **Zero copays, coinsurance, or deductible for cardiovascular and cerebrovascular care, including:**
  - Primary care visits
  - Generic prescription drugs
  - Services related to the prevention and treatment
  - Laboratory tests and imaging including CT scans and electrocardiograms
- Implemented in Washington, DC

# Reduced Cost-Sharing for Drugs

- **\$0 copays in ConnectorCare plans (Massachusetts) for certain drugs for conditions with a disproportionately high impact on communities of color:**
  - Certain medications for diabetes, including insulin
  - Medications for hypertension
  - Medications for coronary artery disease
  - Medications for asthma
  - Medication-assisted substance use disorder treatment and associated services
  - Opioid antagonist medication approved for use in a take-home setting

The background features a solid teal color with a central graphic of four overlapping, semi-transparent teal circles that create a flower-like or star-like pattern. The text "2024 Plan Comparisons" is centered horizontally and vertically in a white, sans-serif font.

# 2024 Plan Comparisons

# Highest-Enrollment Gold Plan vs. Gold Value Plan

	<u>BlueChoice HMO Gold</u> \$1,750 (35,580 enrollees)	<u>Gold Value Plan</u>
Unsubsidized premium for 40-yr-old in Baltimore City	\$383.59	\$347.98 / \$398.79 / \$398.86 / \$410.19 / \$529.05
Deductible	\$1,750 (\$150 drug)	\$1,000 (\$150 drug)
OOP Max	\$6,650	\$6,750
PCP/MHSUD	\$0	\$10
Specialist	\$30	\$30
Drugs (generic   pref)	\$0   \$50 AD	\$10   \$30
Urgent care   ER	\$50   \$300 AD	\$40   \$350 AD

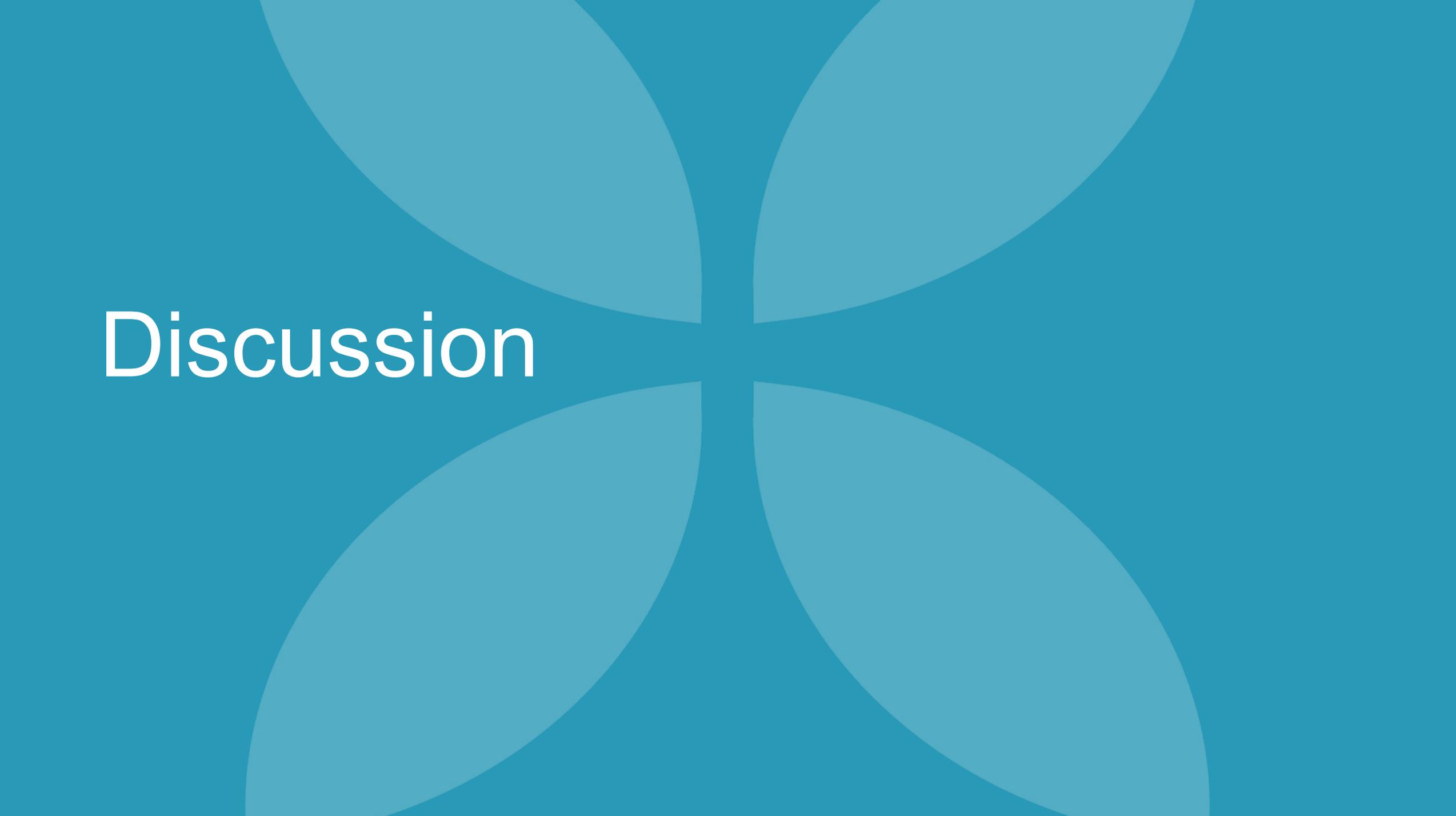
# Highest-Enrollment Bronze Plan vs. Bronze Value Plan

	<u>BlueChoice HMO Bronze (13,923 enrollees)</u>	<u>Bronze Value Plan</u>
Unsubsidized premium for 40-yr-old in Baltimore City	\$278.59	\$255.50 / \$269.27 / \$292.51 / \$299.98 / \$419.52
Deductible	<b>\$6,100</b>	<b>\$9,450</b>
OOP Max	\$9,400	\$9,450
PCP/MHSUD	\$40	\$35
Specialist	<b>\$50</b>	<b>\$90</b>
Drugs (generic   pref)	\$20   \$50 AD	\$25   no copay AD
Urgent care   ER	\$70   40% AD	\$75   no copay AD

# \$0 Deductible Bronze Plan vs. Bronze Value Plan

	<u>UHC Bronze Copay Focus</u> <u>\$0 Med Ded - 2375</u>	<u>Bronze Value Plan</u>
Unsubsidized premium for 40-yr-old in Baltimore City	\$262.12	\$255.50 / \$269.27 / \$292.51 / \$299.98 / \$419.52
Deductible	<b>\$0</b>	<b>\$9,450</b>
OOP Max	\$9,450	\$9,450
PCP/MHSUD	\$50	\$35
Specialist	\$150	\$90
Drugs (generic   pref)	\$25   50%	\$25   no copay AD
Urgent care   ER	\$100   \$2,000	\$75   no copay AD

# Discussion



# Discussion Questions

- Questions?
- Which of the ideas from other states, if any, would you like to see reflected in the draft designs? Which services, conditions, or drugs (if any) should be prioritized if we adopt one of the cost-sharing reduction approaches from other states?
- What are your impressions of the Value Plan vs. popular plan comparisons?
  - Are there any other factors we should consider that may explain the popularity?
  - Would it be worthwhile to try to adopt any of the popular plans' features in the Value Plans?
- What changes, if any, would you like to see prioritized in draft designs for PY2026?
- Other ideas for improving Value Plans in 2026 and beyond?



# Public Comment

# Next Steps

- **Next meeting: Tuesday, July 23, 12 - 1:30 PM (cancelling July 9 meeting)**
- June - August: Regular meetings
  - Mid-July: First draft of plan designs for review and discussion
  - Late July / August: Workshop plan designs
- September 3: Vote to finalize recommendations
- December 2024, date TBD: Meet to make adjustments post-publication of Actuarial Value Calculator

# Appendix

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The background features a solid teal color with four large, overlapping circles of a lighter shade of teal. These circles are arranged in a cross-like pattern, with each circle overlapping the center of the other three. The text "2025 Value Plan Designs" is centered horizontally and vertically in a white, sans-serif font.

# 2025 Value Plan Designs

# Proposed 2025 Value Plan Designs (1/5)

\*Blue text indicates service is not subject to the deductible.

	2025 Gold	2025 CSR 94%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
Actuarial Value	81.75%	94.90%	87.84%	73.80%	71.32%	64.73%
Medical Deductible	\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,200
Drug Deductible	\$150	\$0	\$150	\$750	\$750	n/a
Medical Max Out-of-Pocket (MOOP)	\$6,750	\$1,850	\$2,550	\$5,850	\$7,600	\$9,200
Rx MOOP	\$600	\$250	\$500	\$1,500	\$1,500	n/a
Combined MOOP	\$7,350	\$2,100	\$3,050	\$7,350	\$9,100	\$9,200
Maximum MOOP Allowed by Federal Government	\$9,200	\$3,050	\$3,050	\$7,350	\$9,200	\$9,200
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 to Treat Injury/Illness (exc. Preventive, X-rays)	\$10	\$5	\$10	\$35	\$35	\$35
Specialist Visit	\$35	\$20	\$35	\$100	\$100	\$100
Mental/Behav'l Health & Substance Use Disorder Office Visits	\$10	\$5	\$10	\$35	\$35	\$35
MH/SUD All Other Outpatient Services	\$10	\$5	\$10	\$35	\$35	\$0

**Deductibles & MOOPs shown are for a self-only plan.** For a family plan, each member has an individual medical and Rx deductible and MOOP of the amount shown. An individual family member cannot contribute more than the self-only deductible or MOOP toward meeting the family deductible or MOOP. The family has a total medical and Rx deductible and MOOP that is twice the amount shown for a self-only plan. Once the family deductible or MOOP has been met, this satisfies the deductible or MOOP for all family members.

# Proposed 2025 Value Plan Designs (2/5)

	2025 Gold	2025 CSR 94%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
Imaging (CT/PET Scans, MRIs)	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	\$10	\$5	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	\$10	\$5	\$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 (e.g., Ambulatory Surgery Center)	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	\$10	\$0	\$6	\$25	\$25	\$25
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

# Proposed 2025 Value Plan Designs (3/5)

	2025 Gold	2025 CSR 94%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
<b>Additional Standardized Service Categories</b>						
Durable Medical Equipment	20%	10%	20%	30%	30%	n/a
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
Urgent Care Centers or Facilities	\$40	\$15	\$30	\$75	\$75	\$75

# Proposed 2025 Value Plan Designs (4/5)

	2025 Gold	2025 CSR 87%	2025 CSR 87%	2025 CSR 73%	2025 Base Silver	2025 Bronze - Expanded
<b>Additional Standardized Service Categories</b>						
<b>Pediatric Vision</b>						
Routine Eye Exam for Children (optometrist)	\$0	\$0	\$0	\$0	\$0	\$0
Eye exam by an Ophthalmologist	\$0	\$0	\$0	\$0	\$0	\$0
Basic Lenses	\$0	\$0	\$0	\$0	\$0	\$0
Frames	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – elective (i.e. in lieu of lenses & frames)	\$0	\$0	\$0	\$0	\$0	\$0
Contacts – medically necessary	\$0	\$0	\$0	\$0	\$0	\$0
Low vision testing	\$0	\$0	\$0	\$0	\$0	\$0
Low vision aid	\$0	\$0	\$0	\$0	\$0	\$0
<b>Pediatric Dental</b>						
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%

# Proposed 2025 Value Plan Designs (5/5)

- Enrollees with a primary diagnosis of diabetes pay \$0 cost-sharing for:
  - PCP visits
  - Dilated retinal exam (1x per year)
  - Diabetic foot exam (1x per year)
  - Nutritional counseling visits
  - 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 agent's drug class, as defined by the insurer. An insurer is not required to change the drugs that are on the insurer's formulary.
    - Clarification for 2025: All carriers must cover, at \$0 cost sharing:
      - Test strips and glucometers
      - Preferred brands of insulin
      - At least one from each of the following classes of oral hypoglycemics:
        - Biguanides (such as metformin)
        - Thiazolidinediones (such as pioglitazone or rosiglitazone)
        - Sulfonylureas (such as glipizide, glyburide, gliclazide, or glimepiride)
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient surgery copays into a single copay.