

MHBE 2024 Value Plan Workgroup

Session 4 – August 6, 2024



This meeting will be recorded

Vote on Minutes

“I move to approve the minutes of the July 23, 2024 Value Plan Workgroup [as presented / as amended].”

Agenda

12:00 - 12:05 | Welcome

Becca Lane, Senior Health Policy Analyst

12:05 - 12:10 | Vote on minutes

All members

12:10 - 12:30 | Presentation from the Office of Minority Health & Health Disparities

Camille Blake Fall, Director, Office of Minority Health and Health Disparities

David Mann, Epidemiologist, Office of Minority Health and Health Disparities

12:30 - 1:25 | Discussion

All

1:25 - 1:30 | Public Comment

1:30 | Adjournment

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 goals:**
 - **Discuss how future Value Plans (2027 and beyond) can promote health equity, informed by presentation from MDH Office of Minority Health & Health Disparities**

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Guest Presentation



***Maryland Health Benefit Exchange
Value Plan Workgroup Meeting***

Health Equity in Maryland and MHBE's Role

Camille Blake Fall, Director

David A. Mann, MD, PhD, Epidemiologist

Office of Minority Health and Health Disparities

Maryland Department of Health

August 6, 2024

Outline of Presentation

- Definitions of Health Equity and Health Disparity
 - Health status, health care, and social factor disparities
- Examples of Racial/Ethnic Disparities in Maryland
 - Determinants; Disease Frequency/Severity/Utilization/Deaths
- Six Targets for Healthcare Disparity Reduction
 - **In which of these can MHBE play a role?**

Definition of Health Equity

Healthy People 2030

Healthy People 2030 defines **health equity** as “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Definition of Health Disparity

Healthy People 2030

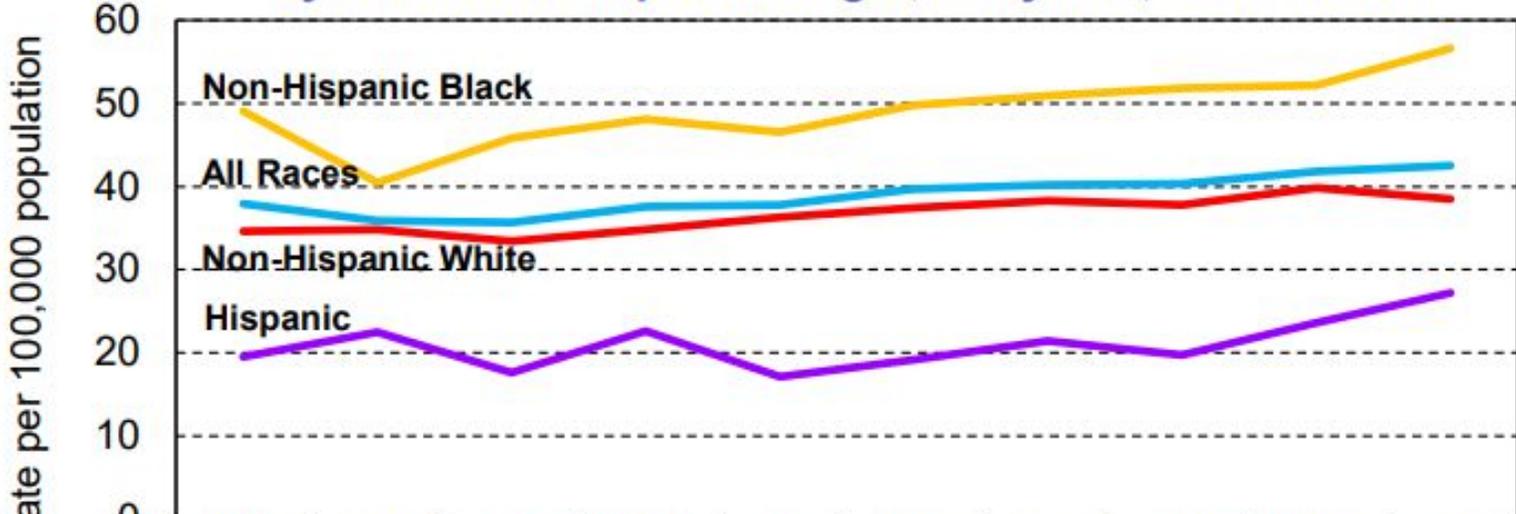
- Healthy People 2030 defines a **health disparity** as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health **based on** their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or **other characteristics historically linked to discrimination or exclusion.**”

Death Rate Disparities for Stroke

Maryland Vital Statistics Annual Report

CEREBROVASCULAR DISEASES

Age-Adjusted Death Rate* for Cerebrovascular Diseases by Race and Hispanic Origin, Maryland, 2011-2020.

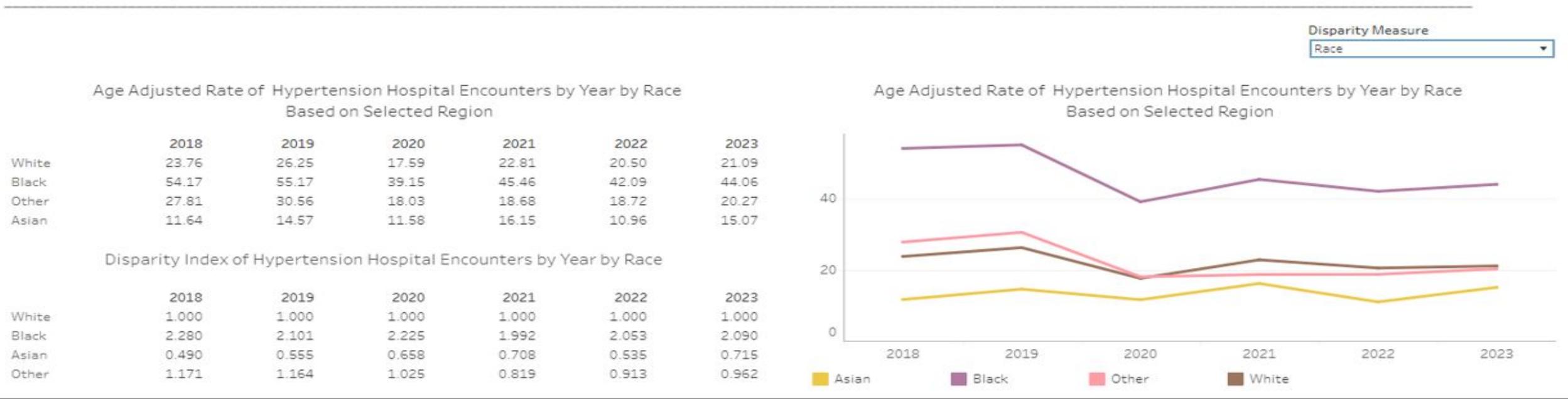


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
All Races	37.9	35.9	35.7	37.6	37.8	39.7	40.2	40.3	41.8	42.5
NH White	34.6	34.8	33.4	34.8	36.3	37.4	38.3	37.8	39.8	38.5
NH Black	49.1	40.5	45.8	48.1	46.5	49.8	50.9	51.8	52.2	56.6
Hispanic	19.5	22.5	17.6	22.6	17.1	19.2	21.4	19.7	23.6	27.2

Hospital Utilization Disparity (High BP)

CRISP Health Equity Explorer: Equity Index Tool

Selected location for this Chart is Baltimore City

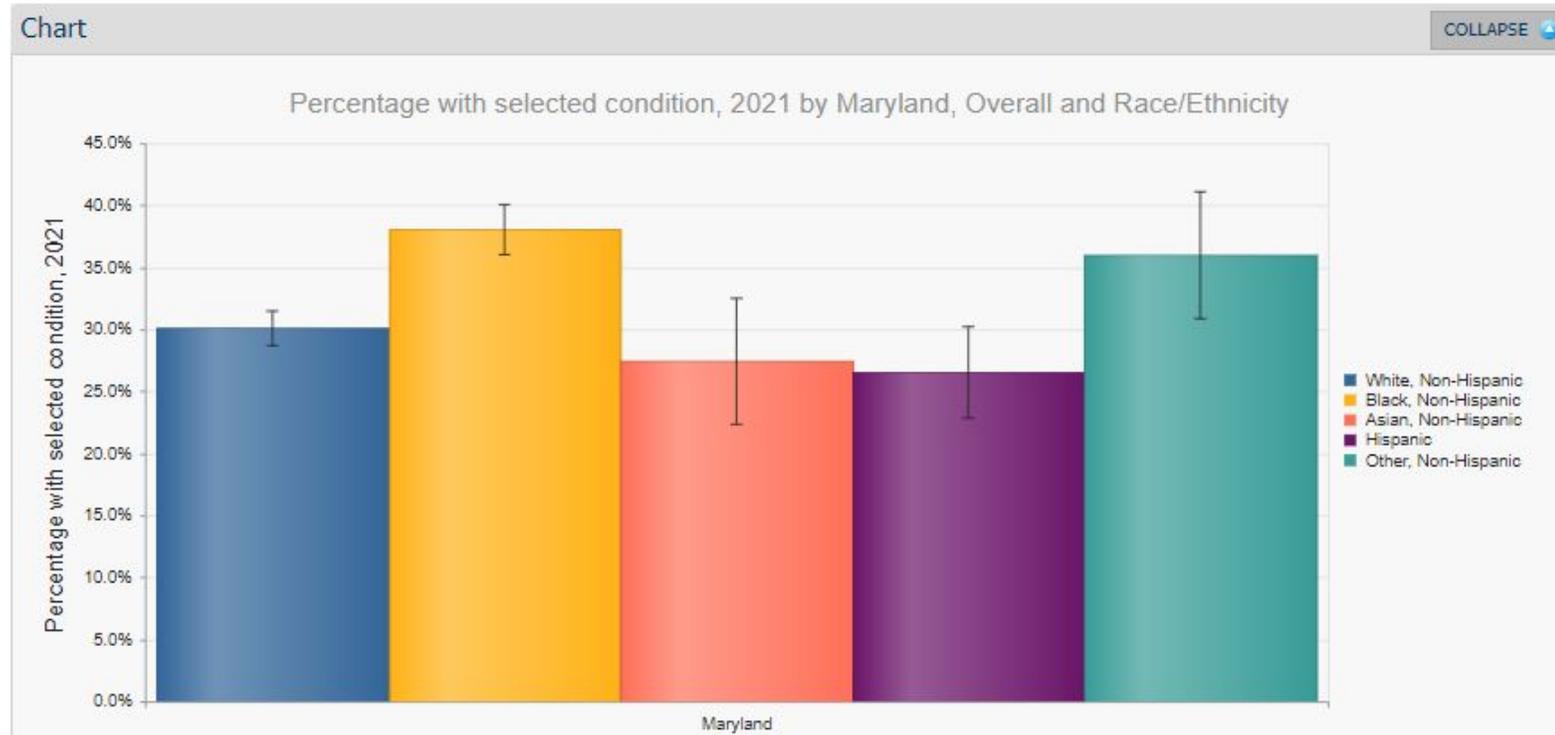


Disease Frequency Disparity (Diagnosed High BP)

Maryland Behavioral Risk Factor Surveillance System (BRFSS) IBIS online data tool

Query Results for Maryland Behavioral Risk Factor Surveillance System (BRFSS) Data - Doctor-Diagnosed Hypertension (excl. women told only during pregnancy and borderline hypertension), Age-Adjusted, 2021

Query Criteria		COLLAPSE
Doctor Diagnosed Hypertension (excl. women told only during pregnancy and borderline hypertension) Filter:	Doctor Diagnosed Hypertension	
Data Grouped By:	Maryland, Overall, Race/Ethnicity	

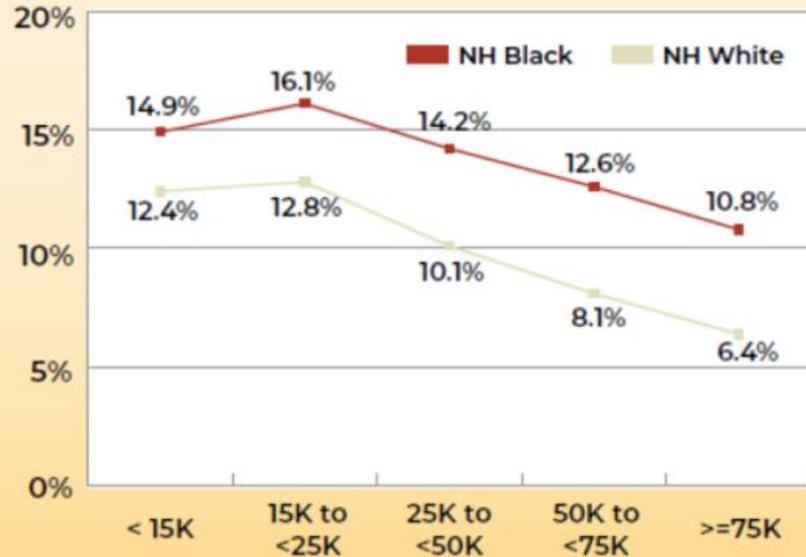


Role of Social Determinants: Diabetes Example

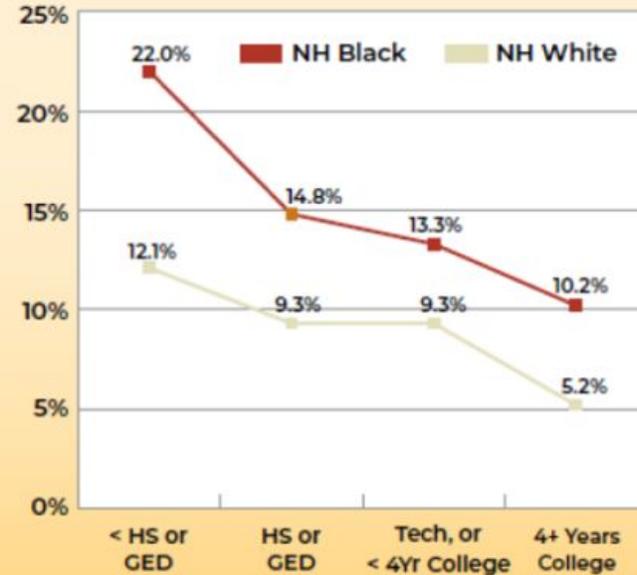
Maryland Diabetes Action Plan

<https://phpa.health.maryland.gov/ccdpc/Documents/Diabetes%20Action%20Plan%20documents/Diabetes%20Action%20Plan%20June%20201%202020.pdf>

Age-adjusted Adult Prevalence of Doctor Diagnosed Diabetes, by Income and Race, Maryland 2015-17 (BRFSS)



Age-adjusted Adult Prevalence of Diagnosed Diabetes, by Education and Black or White Race, Maryland 2015-17 (BRFSS)



**Income/Education matters regardless of race.
Race matters regardless of income/education.
Blacks do worse at every level of income/education.**

Causal Chain of Health Disparities from Social Determinants to Ultimate Outcomes

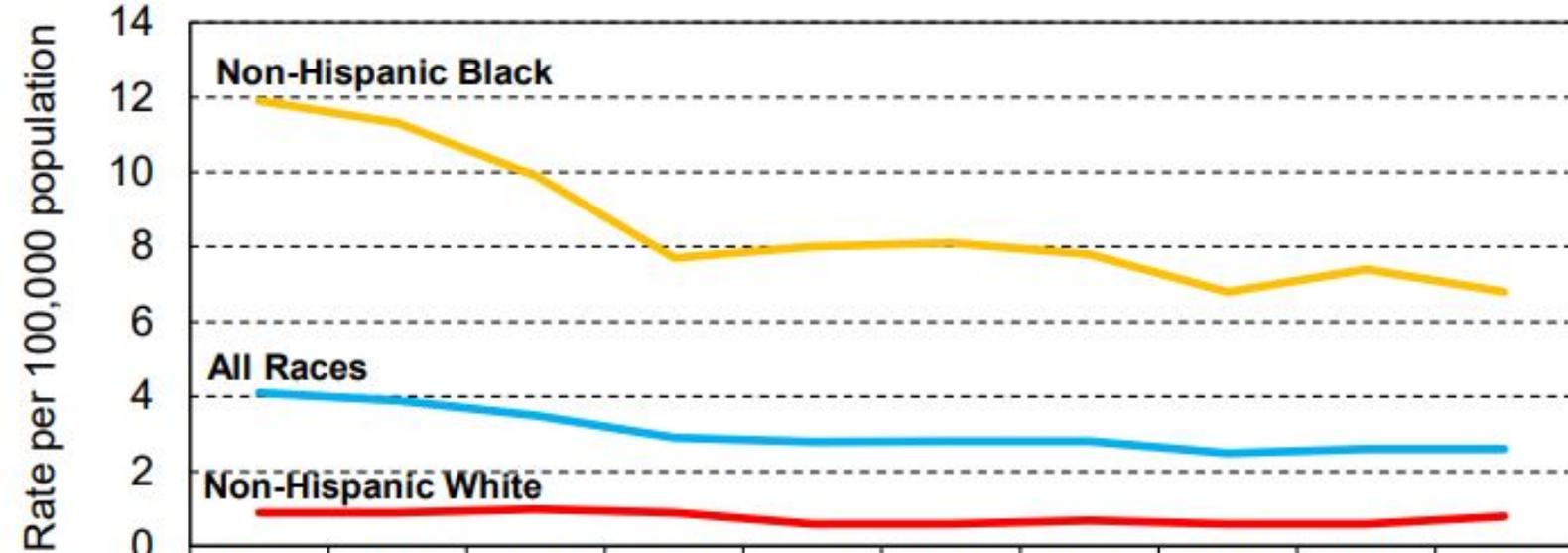
<p><u>Social Determinants of Health</u></p> <p><i>Education</i> <i>Employment</i> <i>Income</i> <i>Wealth</i> <i>Health Insurance</i> <i>Housing</i> <i>Transportation</i> <i>Food security</i> <i>Safety/Violence</i> <i>Environment</i> <i>Racism</i> <i>Etc.</i></p> <p>(Many of these vary by place)</p>	<p>Prevalence of Causes of Disease (“risk factors”)</p>	<p><u>Frequency of Disease:</u> Number of Cases New cases = incidence All cases = prevalence</p>	<p><u>Ultimate Outcomes:</u> such as</p> <p><i>Health Status-</i> <u>Morbidity</u> (Disability, Blindness, Depression, Amputations, etc.)</p> <p><u>Mortality</u> (Deaths)</p> <p><i>Healthcare Utilization-</i> ED Visits, Hospital Admits, Readmits, etc.</p> <p><i>Healthcare Costs</i></p>
	<p>Access to and quality of <u>prevention</u> services</p>		
	<p>Severity of Causes of Disease (“risk factors”)</p>	<p><u>Severity of Disease:</u> Rate of adverse events per case</p>	
	<p>Access to and quality of <u>treatment</u> services</p>		

HIV Mortality Rate Disparities

Maryland Vital Statistics Annual Report

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Age-Adjusted Death Rate* for Human Immunodeficiency Virus by Race and Hispanic Origin, Maryland, 2011-2020.



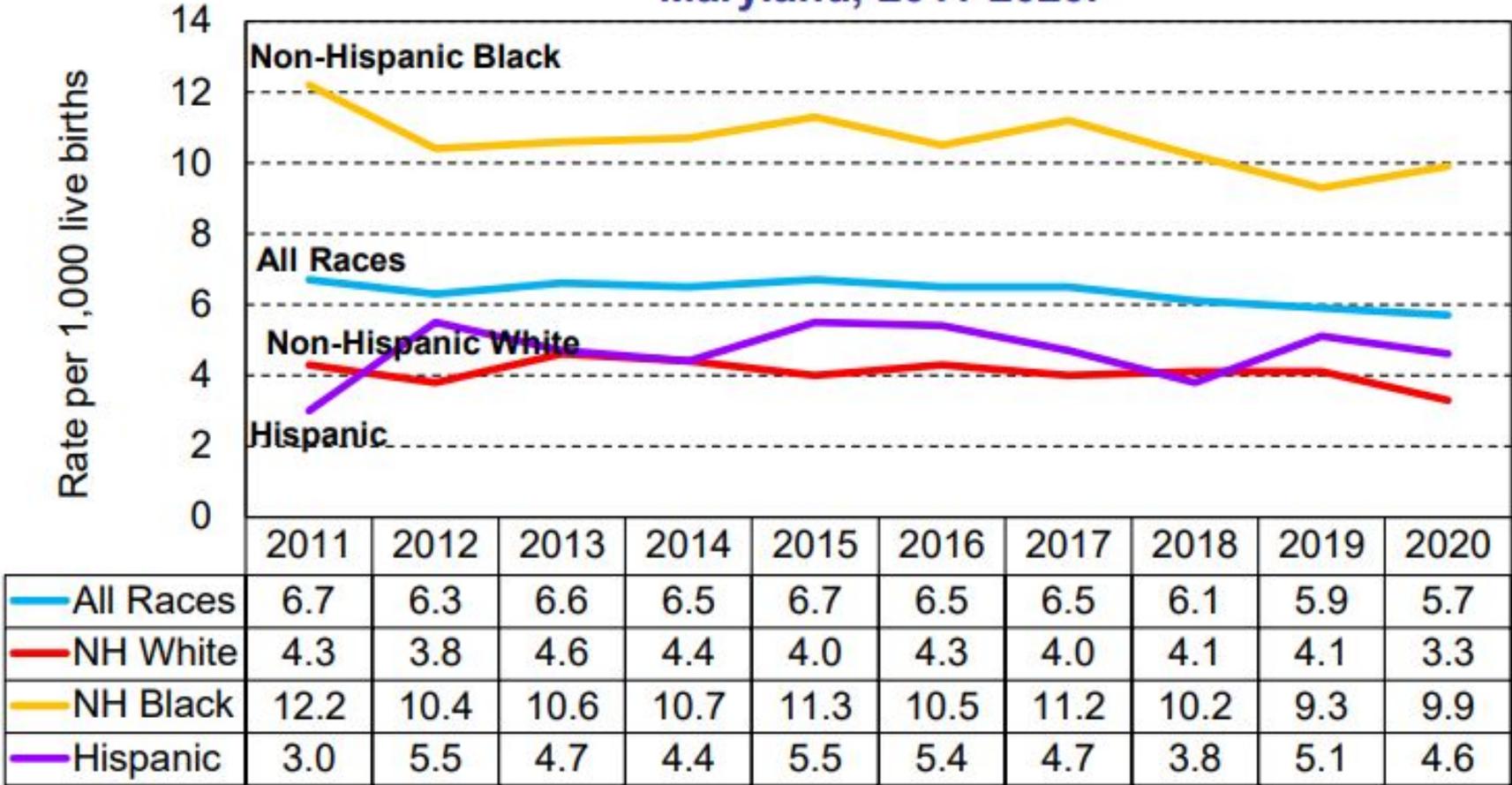
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
All Races	4.1	3.9	3.5	2.9	2.8	2.8	2.8	2.5	2.6	2.6
NH White	0.9	0.9	1.0	0.9	0.6	0.6	0.7	0.6	0.6	0.8
NH Black	11.9	11.3	9.9	7.7	8.0	8.1	7.8	6.8	7.4	6.8
Hispanic	**	**	**	**	**	**	**	**	**	**

Infant Mortality Rate Disparities

Maryland Vital Statistics Annual Report

INFANT MORTALITY

Infant Mortality Rate by Race and Hispanic Origin, Maryland, 2011-2020.

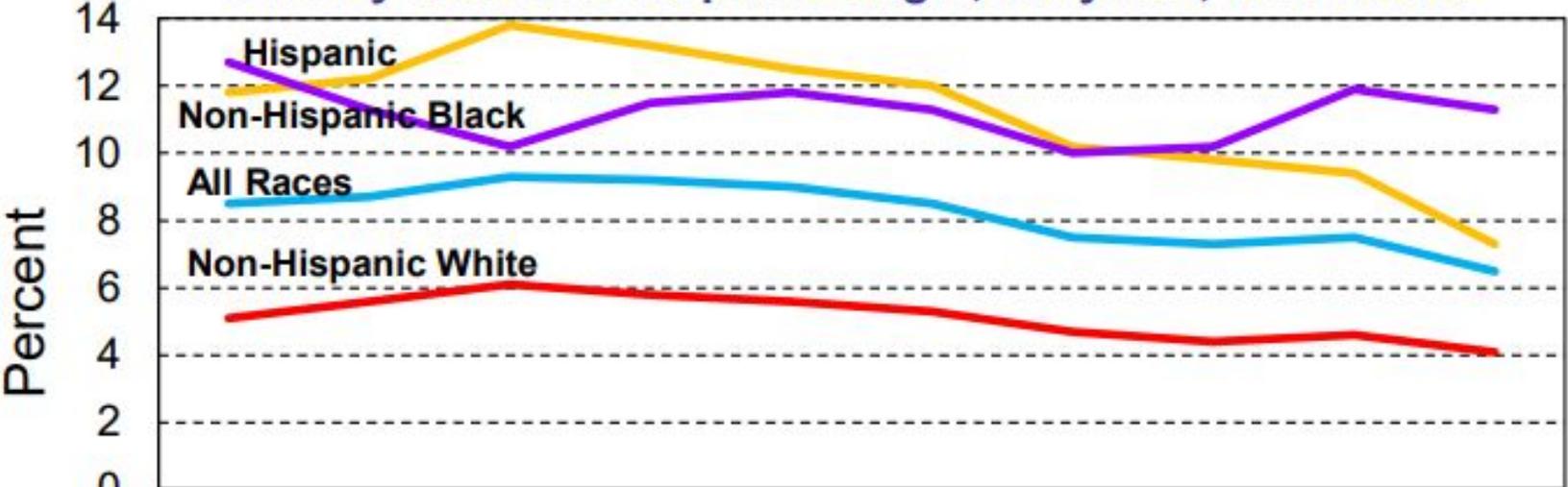


Prenatal Care Disparities

Maryland Vital Statistics Annual Report

PRENATAL CARE

Percentage* of Births to Women Receiving Late** or No Prenatal Care by Race and Hispanic Origin, Maryland, 2011-2020.**

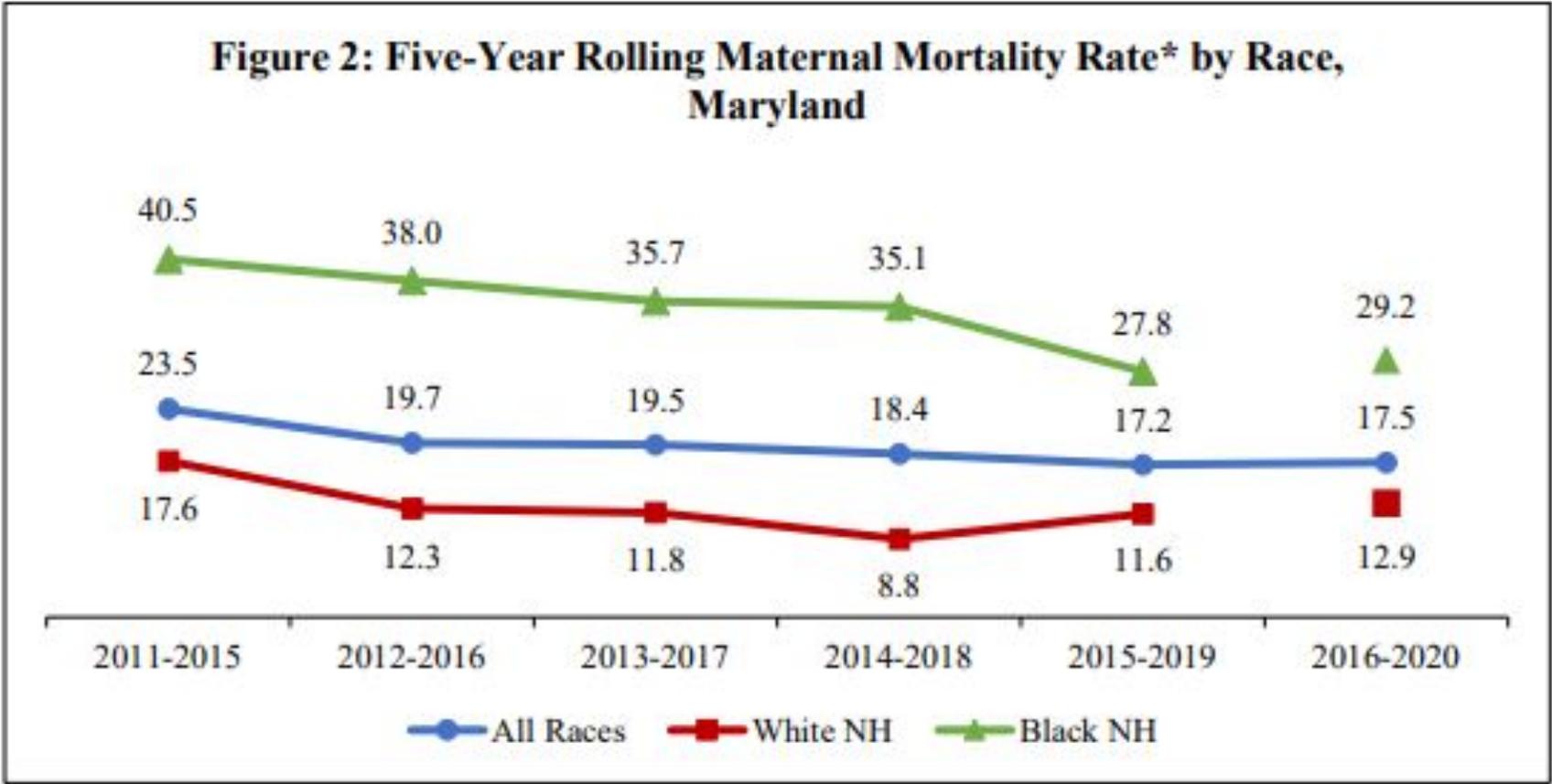


	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
All Races	8.5	8.7	9.3	9.2	9.0	8.5	7.5	7.3	7.5	6.5
NH White	5.1	5.6	6.1	5.8	5.6	5.3	4.7	4.4	4.6	4.1
NH Black	11.8	12.2	13.8	13.2	12.5	12.0	10.2	9.8	9.4	7.3
Hispanic	12.7	11.3	10.2	11.5	11.8	11.3	10.0	10.2	11.9	11.3

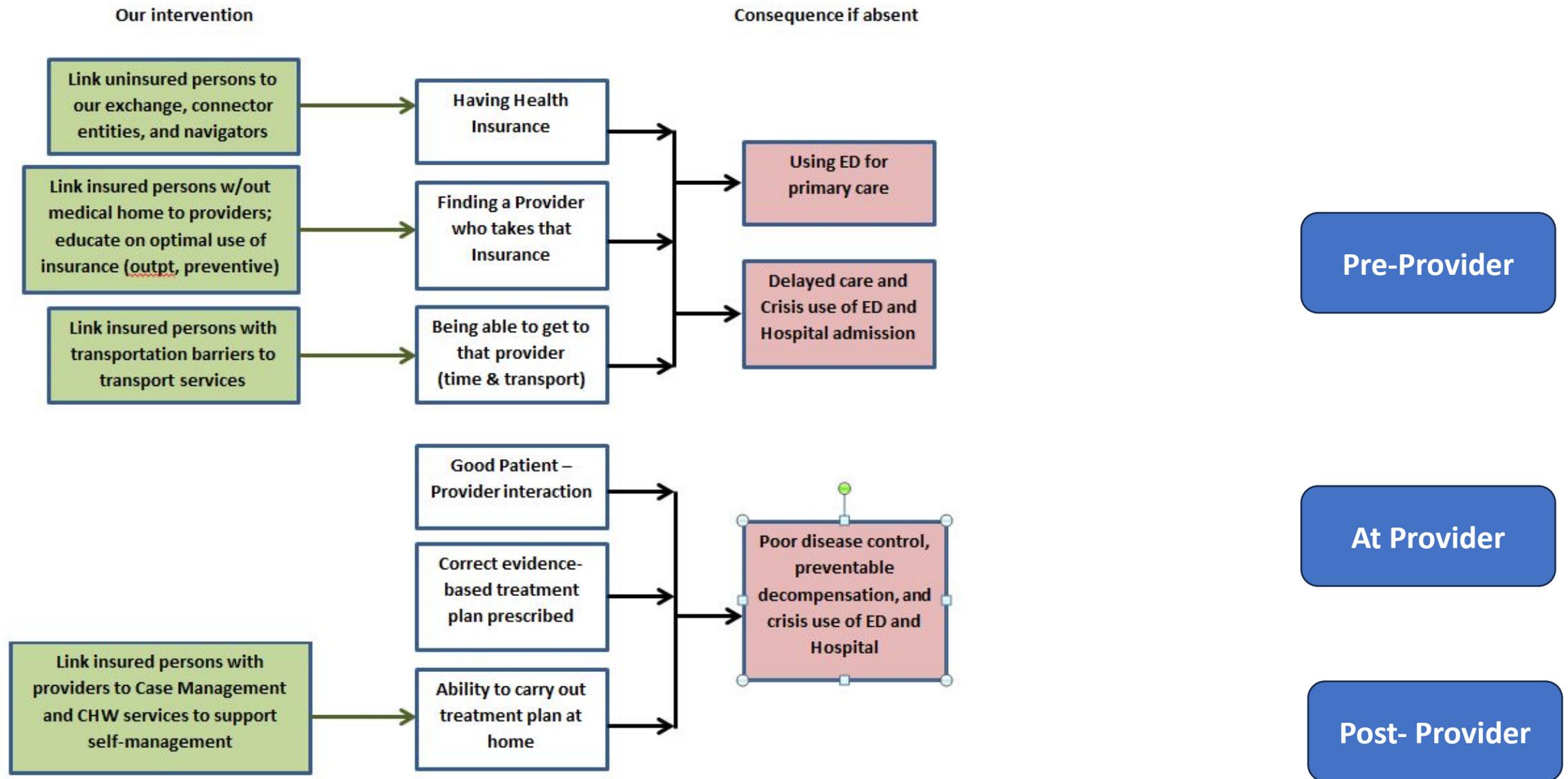
Maternal Mortality Rate Disparities

Maryland Maternal Mortality Review Annual Report

Rates are per 100,000 live births

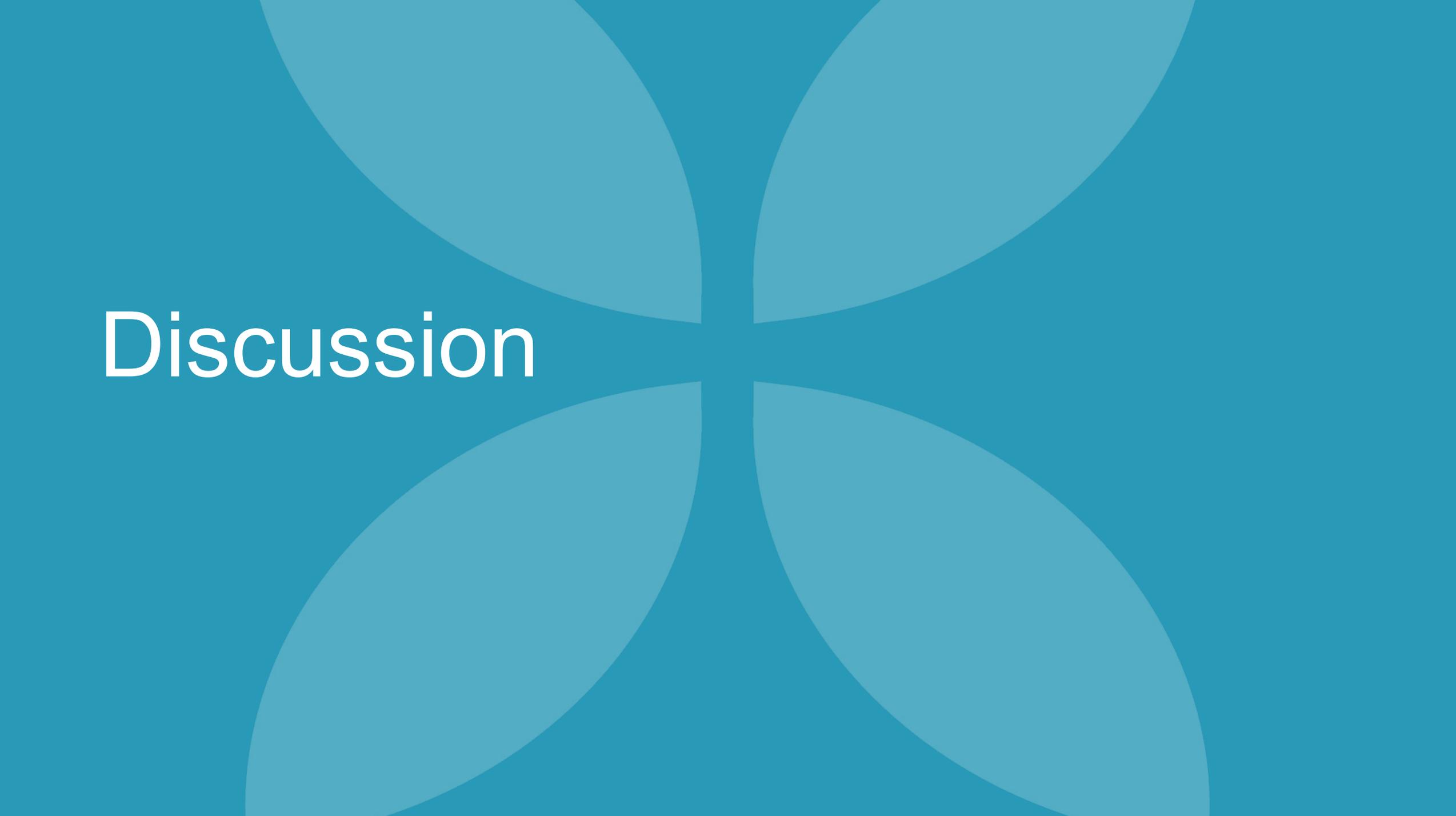


Steps to successful chronic disease management:



Where can the MHBE play a role?

Discussion

The background features a teal color with a central graphic of four overlapping, light blue, petal-like shapes arranged in a cross pattern, resembling a stylized flower or a four-leaf clover.

Discussion

- What changes would you like to see made to Value Plans in future plan years?

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Public Comment

Next Steps

- **Next meeting: Tuesday, August 20, 12 - 1:30 PM**
 - Presentation; workshop plan designs; possible vote
- **September 3:** Last opportunity to vote to finalize recommendation
- **September 12:** Present workgroup recommendation to Standing Advisory Committee
- **September 16:** Present recommendation to MHBE Board
- **December 2024, date TBD:** Meet to make adjustments post-publication of Actuarial Value Calculator
- **Spring 2025:** MHBE Board votes to finalize 2026 designs

Appendix



The background is a solid teal color. In the center, there is a stylized graphic of a flower or a four-petaled star. Each petal is a light blue color and is formed by two overlapping semi-circles. The petals are arranged symmetrically around the center.

Carrier Accountability Reports

Reinsurance Program Carrier Accountability Reports

- MHBE regulations require carriers to submit an annual report that describes activities to manage the costs and utilization of the enrollees whose claims were reimbursed by the SRP and efforts to contain costs, so enrollees do not exceed the reinsurance threshold
- The initial annual reports cover plan years (PYs) 2019-2022
 - CareFirst
 - Kaiser Permanente
 - United (2021 and 2022 only)

Report Collects the Following

- Initiatives to manage costs and utilization of enrollees whose claims were reimbursed by the SRP
- The total population of enrollees whose claims were reimbursed by the SRP, the allocation of these enrollees across each of the initiatives described above, and the allocation of enrollees who do not participate in these initiatives and programs
- The effectiveness of the initiatives and programs, as measured by the estimated reduction of claims and utilization
- The actions the carrier will take to improve effectiveness
- The estimated savings to the SRP based on the effectiveness of these initiatives
- The estimated rate impact of the initiatives
- The methodology used to determine which programs to include, their estimated effectiveness, and estimated savings
- Population health initiatives and outcomes

Targeted Conditions in Carrier Accountability Reports

- MHBE collected specific information on carrier initiatives targeting state population health goals including:
 - Diabetes
 - Behavioral health
 - Asthma
 - Pregnancy/Childbirth
 - Heart Disease
- Reporting instructions and templates are available [here](#)

SRP Payments and Enrollment by Carrier

Adults aged 55-64 years accounted for the largest portion of both SRP enrollment and payments in all years (data not shown)

Carrier	# of Enrollees with Claims Reimbursed by the SRP	% of Enrollees with Claims Reimbursed by the SRP	Total SRP Payment	% of Total SRP Payment*	% of Total Market Enrollment
PY 2019					
CareFirst	9,095	79%	\$267,234,734	76%	53%
Kaiser	2,389	21%	\$85,563,864	24%	47%
Total	11,484	100%	\$352,798,597	100%	100%
PY 2020					
CareFirst	10,179	82%	\$317,104,612	79%	62%
Kaiser	2,225	18%	\$83,002,042	21%	38%
Total	12,404	100%	\$400,106,654	100%	100%
PY 2021					
CareFirst	12,192	83%	\$381,657,103	82%	67%
Kaiser	2,419	16%	\$81,956,875.77	18%	32%
United	96	1%	\$4,044,508.52	1%	1%
Total	14,707	100%	\$467,658,488	100%	100%
PY 2022					
CareFirst	12,297	81%	\$386,768,673	80%	64%
Kaiser	2,446	16%	\$82,396,335.82	17%	30%
United	392	3%	\$15,755,448.35	3%	6%
Total	15,135	100%	\$484,920,457	100%	100%

Summary of PY 2022 Care Management Initiatives

Asthma: None

Pregnancy: None

Heart Disease

- Kaiser Permanente: Hypertension Messaging, PY 2022

Behavioral Health

- CareFirst:
 - Behavioral Health & Substance Use Disorder Care Management Program, PYs 2019-2022
 - Behavioral Health Digital Solution, PY 2022
- Kaiser Permanente: Depression Care Management Program, PYs 2020-2022

Diabetes

- CareFirst:
 - Diabetes Care Management Program, PYs 2019-2022
 - Diabetes Virtual Care, PYs 2020-2022

- Kaiser Permanente:
 - Diabetes Care Management Program, PYs 2019-2020
 - Diabetes Educational Video, PY 2019
 - Diabetes Glucometer, PYs 2020-2022
 - Diabetes Messaging Program, PYs 2021-2022

Other

- CareFirst: High-Cost Claimant Unit, PY 2022

United had limited enrollment in 2022 and had no care management initiatives meeting the reporting threshold of 300 or more enrollees. However, United has a behavioral health program focused on opioid use disorder – the Retrospective Drug Utilization Review Program – and a broader Case Management Program that coordinates care for high-risk patients with chronic or acute health care needs.

Top 5 Most Frequent Hierarchical Condition Categories (HCCs) among SRP

2020	2021	2022
Diabetes with and without Complications	Diabetes with and without Complications	Diabetes with and without Complications
HIV/AIDS	HIV/AIDS	Ongoing Pregnancy without Delivery with No or Minor Complications
Cancers	Cancers	Major Depressive Disorder, Severe, and Bipolar Disorders
Heart Failure	Ongoing Pregnancy without Delivery with No or Minor Complications	Varicella Encephalitis and Encephalomyelitis
Asthma and Chronic Obstructive Pulmonary Disease	Heart Failure	Cancers

- Diabetes, one of the state’s public health priorities, was the most frequent HCC among SRP enrollees in all 3 years.
- Cancers were also in the top 3 in each year
- HIV/AIDS and Ongoing Pregnancy without Delivery with No/Minor Complications were among the most frequent HCCs in 2 of the 3 years

Top 5 HCCs among SRP Claims by Total Allowed Claims

2020	2021	2022
Cancers	Cancers	Cancers
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
Respiratory Arrest, Failure and Shock	Hemophilia	Ongoing Pregnancy without Delivery with No or Minor Complications
Diabetes with and without Complications	End Stage Renal Disease	Hemophilia
Heart Failure	Inflammatory Bowel Disease	Heart Failure

- Various cancers were the highest cost HCCs among SRP enrollees in all 3 years.
- Heart Failure was in the top 5 in 2 out of 3 years
- Septicemia, sepsis, and systemic inflammatory response syndrome/shock were also among the top 5 in each year.