



MHBE

2024 Value Plan Workgroup

December 17, 2024

12:30PM – 1:30PM

Online Via Google Meets

Members Present:

Richard Amador
Nikki Blake
Brad Boban
Ken Brannan
Evalyne Bryant-Ward
Matthew Celentano
Brian Espindola
Justin Giovannelli
Stephanie Klapper
Kevin Lawrence
Allison Mangiaracino
Kathleen McGuire
Tim Ross

Lisa Solomon
Jake Whitaker
Adam Zimmerman

Staff

Amy Barley
Johanna Fabian-Marks
Becca Lane
Amelia Marcus
Andrew York

Members of the Public

Jason Neimiller

Welcome

Becca Lane, Senior Health Policy Analyst at the Maryland Health Benefit Exchange (MHBE), welcomed attendees to the meeting.

Vote on Minutes

Ms. Lane called for a motion to approve the minutes of the Workgroup's September 3 meeting. Evalyne Bryant-Ward moved to approve the minutes of the September 3, 2024, Value Plan Workgroup meeting as presented. The Workgroup voted unanimously to approve the minutes.

Proposed Changes to 2026 Value Plans to Meet Federal AV Restrictions

Ms. Lane noted that the federal government, each year, sets an upper limit on the maximum out-of-pocket (MOOP) costs plans may have at each metal level. She explained that raising the MOOP on value plans would reduce their actuarial value (AV) while limiting the negative impact of the change to the small number of enrollees who reach their MOOP during the year. She contrasted this with raising cost-sharing on commonly used services, which would similarly reduce the plans' AV but impact many more people.

Next, Ms. Lane shared the proposed change to the Bronze value plan, noting that three options are available for discussion. Under all three options, the MOOP would be set at the federal limit of \$10,150. The first option would raise the copay for specialist services from \$100 to \$110. The second option would raise the copays for primary care, mental/behavioral health and substance use disorder office visits, and speech, occupational, and physical therapy from \$35 to \$40. The third option, put forward by CareFirst, would raise the copay for specialist visits from \$100 to \$105 and for laboratory outpatient and professional services from \$55 to \$60. Workgroup members generally supported the first option.

Ms. Lane then shared the proposed changes to the silver plans, beginning with the Base Silver plan, where she presented two options: to raise the medical MOOP from \$7,600 to \$8,500, lower the pharmacy MOOP from \$1,500 to \$1,300, and raise the specialist copay from \$100 to \$110 as option one, or to raise the medical MOOP from \$7,600 to \$8,200, leave the pharmacy MOOP at \$1,500, and raise the copays for specialists and labs from \$100 to \$105 and \$45 to \$50, respectively. Workgroup members generally supported the first option.

Next, Ms. Lane turned to the Silver 73 plan proposed changes, where the first option would raise the medical MOOP from \$5,850 to \$6,800, reduce the pharmacy MOOP from \$1,500 to \$1,300, and raise the copay for specialists from \$100 to \$110. The second option would raise the medical MOOP from \$5,850 to \$6,600, leave the pharmacy MOOP unchanged at \$1,500, and raise the copays for specialists and labs from \$100 to \$105 and \$45 to \$50, respectively. Workgroup members supported the first option.

For the Silver 87 plan, Ms. Lane presented only one option: to raise the medical MOOP from \$2,550 to \$2,850.

Ms. Lane then presented two options for the Silver 94 plan. Under the first option, the medical MOOP would rise from \$1,850 to \$2,700. The second option would raise the medical MOOP from \$1,850 to \$ 1,950 and increase the copay for lab services from \$5 to \$10. Workgroup members generally supported the second option.

Next, Ms. Lane presented two options for the Gold plan. The first option would raise the medical MOOP from \$6,750 to \$8,500 while the second option would raise the medical MOOP from \$6,750 to \$7,300, the pharmacy MOOP from \$600 to \$750, and the copay for generic drugs from \$10 to \$15. Workgroup members generally supported the first option.

At Ms. Lane's invitation, Allison Mangiaracino discussed a proposed change in plan design for the Silver 94 plan that would not be included in AV calculations. Ms. Mangiaracino explained that carriers would prefer to have the same copay apply to habilitation and rehabilitation services as applies to physical, speech, and occupational therapy (PT/ST/OT) since these categories of service have extensive overlap. Ms. Lane added that the proposed Silver 94 plan design includes aligning those copays, meaning

copays for habilitation and rehabilitation services would increase from \$2 to \$5. She characterized this change as correcting an oversight in the 2025 plan designs.

Vote

Evalyne Bryant-Ward moved to approve the draft plan designs as presented, including option 1 in the Bronze plan, option 1 in the Silver base and Silver 84 plans, option 2 in the Silver 94 plan, option 1 in the Gold plan, and with the alignment of copays between PT/ST/OT and habilitation/rehabilitation services. Lisa Solomon seconded. The motion passed unanimously.

Brainstorming for 2027

Ms. Lane invited Workgroup members to share ideas on areas of focus for the 2027 value plan designs, noting that stakeholders have already expressed interest in prescription and mental health visit costs. Ms. Bryant-Ward asked whether the ideas around mental health visit costs center on the visit only or if they address counseling services also. Ms. Lane replied that consumers expressed that, overall, mental health care is prohibitively expensive and were not specific to the visit cost nor the counseling services cost.

Jason Neimiller asked whether the MHBE intends to use value-based insurance design in the future and whether outcomes from the diabetes cost sharing changes are available. Ms. Lane replied that the MHBE opted not to pursue additional condition-based cost sharing reductions but that it would be worthwhile to discuss it further. Johanna Fabian-Marks, Director of Policy & Plan Management for the MHBE, added that more time is needed to gather the data necessary to evaluate the impact of the diabetes changes. Ms. Mangiaracino agreed that it is better to focus on broader cost sharing reductions, citing her organization's not finding any evidence supporting condition-based approaches from their experience with the Washington, D.C. Exchange.

Public Comment

No comments offered.

Next Steps

Ms. Lane reported that the Workgroup recommendations will be released for an informal comment period on December 18, 2024, and presented to the MHBE Board of Trustees for their approval on January 21, 2025. Should the Board choose to approve, the proposal would be released at that time for a formal public comment period before the Board votes to finalize them on February 18, 2025. She noted that the Workgroup will reconvene in June 2025 to design plans for the 2027 plan year.

Adjournment

The meeting adjourned at 1:30 PM.