2027 Proposed Plan Certification Standards Preview

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Plan Certification Standards Background

- MHBE sets plan certification standards for individual market plans sold through Maryland Health Connection, which encompass plan design, operational, and other requirements. Past examples:
  - Require NCQA Health Equity Accreditation (2024)
  - Dental carriers must have PayNow functionality for Stand-Alone Dental Plans (2023)
  - **Value Plan standards (annually 2020-present)**
- Value Plan design as a policy tool
  - Support affordability/access; simplify plan choice; promote health equity

Timeline

- **January 20, 2026**: Board vote on proposed 2027 Plan Certification Standards, followed by formal public comment period
- **2026 (TBD)**: 2027 Federal Actuarial Value Calculator released; MHBE staff and Value Plan Workgroup adjust cost sharing if necessary
- **February 2026 (or later, depending on AVC**): Board votes to finalize 2027 Plan Certification Standards
- **January 1, 2027**: New plan certification standards in effect for plan year 2027 plans

Summary: Proposal for 2027 Value Plans

- Maintain 2026 cost-sharing for 2027 (subject to 2027 AVC)
- Add diabetes coverage requirement that at least one continuous glucose monitor (CGM) be available at $0 cost sharing
- Require carriers to host an “easy-to-understand, transparent, and searchable” document on their websites,* including:
  - Specific information on the $0 diabetes benefit
  - Instructions for how to access the $0 CGM
  - A link to the carrier’s medical policy for determining eligibility for a CGM

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*Specific MHBE guidance for this document is outlined on a subsequent slide

Additional Recommendations from the Value Plan Workgroup (Not Plan Certification Standards)

- Additionally, the Value Plan Workgroup recommended that MHBE:
  - Make information on the Value Plan diabetes benefit more accessible to consumers, for example by:
    - Adding information on diabetes coverage in Value Plans to the plan compare tool on MHC's plan shopping page
    - Adding a summary of carrier-specific CGM medical policies and links to carriers' new diabetes info documents to Value Plan pages on MHC
  - Conduct consumer testing on Value Plan name and alternatives
  - Have carriers submit utilization and prior authorization denials data specific to the diabetes Value Plan benefits to identify any consumer challenges accessing $0 diabetes benefits

Request for Approval of Proposed 2027 Plan Certification Standards

MOTION: I move to [approve/defer/reject] the proposed plan certification standards for plan year 2027 [as presented] *or* [as amended].

Appendix

Continuous Glucose Meters (CGMs)

- Wearable device that monitors blood sugar every few minutes 24/7 as opposed to fingerstick which is a snapshot limited to whenever the patient tests*
- A CGM can cost about $1200-3600/year or $100-300/month
- Improves blood sugar control for Type 1 diabetes (T1D)*
- Growing evidence suggests CGMs improve self-monitoring of blood glucose and glycemic control in patients with Type 2 diabetes (T2D)**
- Other entities expanding access to CGMs:
    - Medicare (2023) - Type 2 eligible for CGM even if not insulin-treated but patient has history of problematic hypoglycemia
    - Colorado Standard Plans (2025) - $0 CGMs in Standard Plans
- One carrier already has a CGM available for $0 on the formulary for all plans, so no AV impact. Two carriers estimate <0.1 impact.

*https://www.health.harvard.edu/diseases-and-conditions/continuous-glucose-monitors-cgms-for-type-2-diabetes-when-and-for-whom-are-they-useful

**https://pmc.ncbi.nlm.nih.gov/articles/PMC11739360/; https://pmc.ncbi.nlm.nih.gov/articles/PMC7957379/; https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-024-01459-2

Proposed 2027 Value Plan Designs (1/5)

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

	Proposed 2027 Gold	Proposed 2027 CSR 94%	Proposed 2027 CSR 87%	Proposed 2027 CSR 73%	Proposed 2027 Base Silver	Proposed 2027 Expanded Bronze
Actuarial Value	TBD	TBD	TBD	TBD	TBD	TBD
Medical Deductible	$1,000	$0	$1,000	$4,500	$4,500	$10,150
Drug Deductible	$150	$0	$150	$750	$750	n/a
Medical MOOP	$8,500	$1,950	$2,850	$6,800	$8,500	$10,150
Rx MOOP	$600	$250	$500	$1,300	$1,300	n/a
Combined MOOP	$9,100	$2,200	$3,350	$8,100	$9,800	$10,150
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 an Injury or Illness (exc. Preventive, and X-rays)	$10	$5	$10	$35	$35	$35
Specialist Visit	$35	$20	$35	$110	$110	$110
Mental/Behavioral Health and Substance Use Disorder Office Visits	$10	$5	$10	$35	$35	$35
Mental/Behavioral Health and Substance Use Disorder 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 2027 Value Plan Designs (2/5)

	Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
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	$10	$25	$45	$45	$55
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

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Proposed 2027 Value Plan Designs (3/5)

		Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Additional Standardized Service Categories							
Durable Medical Equipment		20%	10%	20%	30%	30%	n/a
Emergency Transportation/Ambulance		$300	$50	$100	$350	$350	n/a
Habilitation Services		$10	$5	$10	$35	$35	$35
Home Health Care Services		$30	$10	$25	$45	$45	n/a
Hospice Services		$0	$0	$0	$0	$0	$0
Inpatient Physician and Surgical Services		$30	$10	$25	$40	$40	n/a
Outpatient Rehabilitation Services		$10	$5	$10	$35	$35	$35
Urgent Care Centers or Facilities		$40	$15	$30	$75	$75	$75

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Proposed 2027 Value Plan Designs (4/5)

		Proposed 2026 Gold	Proposed 2026 CSR 94%	Proposed 2026 CSR 87%	Proposed 2026 CSR 73%	Proposed 2026 Base Silver	Proposed 2026 Expanded Bronze
Additional Standardized Service Categories							
Pediatric Vision							
	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 and 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
Pediatric Dental							
	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	50%	20%	30%	40%	50%	50%
	Class IV Major Services – Restorative	50%	20%	30%	40%	50%	50%
	Class V Orthodontic Services	50%	50%	50%	50%	50%	50%

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Proposed 2027 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.
    - All carriers must cover, at $0 cost sharing:
      - Test strips and glucometers
      - Preferred brands of insulin
      - At least one continuous glucose monitor (CGM) product for patients with a diabetes diagnosis.
        - → If the carrier covers CGMs on the formulary only, the $0 benefit must be on the formulary.
        - → If the carrier covers CGMs through the medical benefit (such as durable medical equipment (DME)) only, the $0 benefit must be through the medical benefit. If the carrier covers CGMs on both the formulary and through the medical benefit, MHBE encourages but does not require carriers to include the $0 benefit on both the formulary and through the medical benefit.
      - 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)
- Carriers must also maintain a searchable PDF or document on their websites publicizing the $0 diabetes benefits that adheres to the specifications established by MHBE (see separate guidance)
- 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.

$0 CGM Language

All carriers must cover, at $0 cost sharing: …

"At least one continuous glucose monitor (CGM) product for patients with a diabetes diagnosis.

→ If the carrier covers CGMs on the **formulary only**, the $0 benefit must be on the formulary.
→ If the carrier covers CGMs through the **medical benefit (such as durable medical equipment (DME)) only**, the $0 benefit must be through the medical benefit. If the carrier covers CGMs on both the formulary and through the medical benefit, MHBE encourages but does not require carriers to include the $0 benefit on both the formulary and through the medical benefit.

Carriers must also maintain a searchable PDF or document on their websites publicizing the $0 diabetes benefits that adheres to the specifications established by MHBE."

Website Requirement (adapted from Colorado)

- To ensure consumers are adequately aware of the availability of diabetic supplies offered with $0 cost-sharing, individual market carriers must develop an easy-to-understand, transparent, and searchable document on the carrier's website with a standard title to be specified by MHBE that includes the following information:
  - A clear statement that Value Plans provide coverage of diabetic supplies at $0 cost-sharing.
  - A complete list of all diabetic supplies, including the name of the item or supply and the category (e.g., continuous glucose monitors, lancets, test strips) that are covered at $0 cost-sharing under the Value Plans.
    - At all times, the list shall include all of the diabetic supplies that are covered for the current plan year.
    - During the annual Open Enrollment Period, the website shall also display the diabetic supplies covered for the upcoming plan year.
- Next to each item or supply, the carrier must clearly indicate whether it is covered under the medical benefit, including durable medical equipment (DME), or prescription drug benefit.
  - If an item or supply is covered as DME, the carrier must include clear instructions for how a consumer may obtain the diabetic supply through the covered DME supplier, including where to find the contact information for their plan's DME supplier.
  - If an item or supply is covered under the prescription drug benefit, the carrier must include clear instructions on how a consumer can access the most recent prescription drug formulary and the carrier's provider directory.
- On this page, the carrier must include a link to the company's policy on medical necessity criteria and prior authorization requirements for CGMs

- Adapted from https://doi.colorado.gov/sites/doi/files/documents/Bulletin-4.130-Colorado-Option-Plan-Coverage-of-Diabetic-Supplies.pdf