

MHBE 2025 Value Plan Workgroup

Session 4 – November 4, 2025



This meeting will be recorded

Agenda

1:00 - 1:05 | Welcome

Becca Lane, Senior Health Policy Analyst; All members

1:05 - 1:10 | Vote on Minutes from Meeting 3

All members

1:10 - 2:00 | Discuss revised draft recommendations

Becca; All

2:00 - 2:15 | Public Comment

2:15 | Adjournment

Vote: 10/21/25 Meeting 3 Minutes

“I move to approve the minutes from the October 21, 2025 meeting of the Value Plan Workgroup [as presented/as amended].”

Should MHBE Attempt to Standardize Coverage Criteria for CGMs?

- Barriers to coverage are a challenge across many conditions and services/devices/drugs, not just diabetes and CGMs
- Clinical expertise would be required to establish a standard set of coverage criteria, beyond what is available in this iteration of the workgroup
- Examples of agencies working on improving access to care:
 - MHCC [proposed regulations](#) on prior authorization
 - Payors list info on services that require preauthorization; justify evidence base for coverage criteria. Cannot issue adverse decisions if not in compliance
 - Informal comment ended 10/31/25; MHBE staff can inform this group when the formal public comment period opens (should be within the next month or so)
 - MIA annual report on adverse decisions
<https://insurance.maryland.gov/Consumer/Pages/AppealsAndGrievancesReports.aspx>
- Other action could include legislation

Summary: Proposal for 2027 Value Plans (1/2)

- Maintain 2026 cost-sharing for 2027 (subject to 2027 AVC)
- Add diabetes coverage requirement that at least one 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

Summary: Proposal for 2027 Value Plans (2/2)

- Additionally, we recommend 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

\$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

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
 - \$0 CGM - language TBD—this is where the language we are workshopping will be located
 - 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 must maintain a document on their websites detailing \$0 diabetes coverage that adheres to MHBE guidance (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.

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

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

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%

Vote on Draft Recommendations

“I move to approve the draft 2027 Value Plan designs, [as proposed or as amended], as the workgroup’s draft recommendation.”

Charter: “Support for each recommendation will be included in the meeting minutes at the member level” - please individually state your vote for the record when your name is called.

Looking Ahead to PY2028 Standardized Plans

- Consider addressing medical necessity criteria that vary by carrier to improve consumers' access to care
- Consider updating diabetes drug coverage standards
- Consider adding doula coverage
- Other ideas?



Public Comment

Next Steps

- Next meeting: TBD. After publication of AVC, or earlier if necessary

Appendix

The background of the slide features a dark blue field with four overlapping, lighter blue circles. These circles are arranged in a cross-like pattern, with each circle's center positioned at the midpoint of one of the slide's four edges. The overlapping areas create a central white space and four petal-like shapes pointing towards the corners.

Members

Member	Affiliation
~~Richard Amador-Resigned~~	~~HealthCare Access Maryland~~
Nikki Blake	CareFirst BlueCross BlueShield
Ken Brannan	Leadership Maryland
Evalyne L Bryant-Ward	University of Maryland Charles Regional
Matthew Celentano	League of Life & Health Insurers of Maryland, Inc.
Jake Whitaker	Maryland Hospital Association
Ashton Nicole DeLong	MedChi, The Maryland State Medical Society
Brian Espindola	UnitedHealthcare
Justin Giovannelli*	Georgetown University Center on Health Insurance Reforms
Brandy Guy	Avery Hall Benefit Solutions
Emily Hodson*	Chase Brexton Health Care

Member	Affiliation
Stephanie Klapper	Maryland Citizens' Health Initiative
Allison Mangiaracino	Kaiser Permanente
Kathleen McGuire	Maryland Department of Health
~~Molly O'Brien~~ -sending new rep	Wellpoint
Karen Pollitz	Consumer and Health Policy Professional (Retired)
Lisa Solomon	Senior Health Benefits Assistance
David Stewart	AHEC West
Adam Zimmerman	Maryland Insurance Administration

* 2025 co-chair

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>

CGM Medical Necessity Comparison

	Medicare	CareFirst	Kaiser Permanente	United Healthcare
Type 1	✓	✓	✓	✓
Type 2: Insulin-treated	✓	✓ 4+ daily injections	✓ 1+ daily injection or insulin pump use	✓ 3+ daily injections or insulin pump use
Type 2: History of hypoglycemic events	✓	✓ Short-term only (max. 14 days). Hypoglycemic events may not justify CGM if patient is not on an insulin regimen	✓	✓

All carriers have medical criteria for who is eligible for a CGM, and a process through which eligibility is verified or prior authorization.