2015 Plan Certification Standards Proposed for Public Comment

The Board of Maryland's Health Benefit Exchange is seeking public comment on proposed standards for certification for plans to be offered for CY 2015. The following ideas are based upon proposals developed by CMS for the federal exchange. Please refer to specific proposals by their number in comments. Commenters should feel free to propose other standards for consideration. Please bear in mind that MHBE may not, however, adopt any standards which would result in regulatory oversight duplicative of or overlapping that of the Maryland Insurance Administration.

QHP Certification Process

1. Issuers must submit a complete QHP Application, including for plans that were certified as QHPs for the 2014 benefit year.
2. Stand-alone dental plan application timeline is the same as that of medical plans.
3. Two rounds of correction notices to allow for plan adjustments.
4. Issuers must adhere to limitations set by the MHBE Board with respect to the number of plans an issuers may offer on MHC.

Qualified Health Plan and Stand-Alone Dental Plan Certification Standards

A) Service Area

5. Issuers may serve area smaller than one county if demonstrate boundaries not designed to discriminate against individuals excluded from service area.
6. Will permit service area changes after initial data submission by petition for limited reasons, *e.g.*, issuer's inability to secure enough providers; MHBE request to expand to serve an unmet need.
7. No service area changes permitted after final data submission.

B) Network Adequacy

8. Plans will be required to submit complete provider lists that include all in-network providers and facilities for all plans for which a QHP certification is submitted.
9. MHBE will evaluate whether the network will provide access to services for all enrollees without unreasonable delay.
10. "Reasonable access" particular areas of focus will be access to hospital systems, mental health providers, oncology and primary care providers.

C) Essential Community Providers (ECP)

11. Plans will be required to have 30% of ECPs in each plan's service area in their networks.
12. Plans will also be required to offer at least one contract to each type of ECP in each county in service area.
13. Plans not meeting standard may demonstrate how network provides adequate service for low income and medically underserved individuals, and how they intend to increase ECP participation.

Qualified Health Plan and Stand-alone Dental Plan Design

A) Discriminatory Benefit Design

14. MHBE will continue to use outlier analysis for determining whether benefit design discriminates against individuals with significant health needs.
15. Will focus particularly on plans with unusually large number of drugs subject to prior authorization and/or step therapy in a category or class.
16. Plan and benefit templates will be reviewed for discriminatory anomalies or wording.

B) Prescription Drugs (CMS may apply these standards to SBMs independent of states' adoption)

17. Drugs covered under plan's medical benefit must be identified in plan's filings.
18. Drug formulary Internet link provided by plans must link directly to list of covered drugs without requiring further navigation, and must include tiering and cost-sharing.
19. Issuers have the option of identifying a drug as a "preventive drug" covered at zero cost.
20. MHBE will require plans to cover non-formulary drugs, including drugs that are on formulary but require prior authorization or step therapy, for first 30 days of new coverage under a QHP to prevent disruptions in treatment.

C) Meaningful Difference between plans offered

21. MHBE will continue to evaluate whether multiple plans offered by same issuer are meaningfully different before certifying them.
22. Factors to be considered are plans' networks, formularies, deductibles, out- of-pocket limits, covered benefits, premiums, health savings account eligibility, and differences in child-only, adult-only, and family coverage.
23. Interpretation to be based on what would be required for a reasonable consumer to identify difference in the characteristics of a plan.
24. MHBE will not review stand-alone dental plans for meaningful difference.

D) Primary Care

25. MHBE will consider future requirement that all plans, or at least one at each metal level, cover three primary care office visits a year not subject to deductible.
26. Plans are encouraged to offer this benefit in 2015.

Qualified Health Plan Performance and Oversight

27. Plans must submit a compliance plan and organizational chart.
28. MHBE will conduct some compliance reviews during 2015 benefit year. The scope of this review will be limited to compliance with plan certification standards and will not extend to requirements enforced by the MIA.
29. Plans must also ensure compliance with plan certification standards by their brokers, agents, and web-brokers.
30. Information will be used from various sources to review compliance, including: complaint data, issuer self-reporting, customer service, health care quality and outcomes, QHP issuer operations and network adequacy.

Employee Choice and Premium Aggregation Services in SHOP

31. Qualified employers can offer employees a choice of all stand-alone dental plans offered or a single stand-alone dental plan.

Consumer Support and Related Issues

32. Meaningful Access for Individuals with Limited English Proficiency and by people with disabilities