

Greenleaf, Brittnee L

From: Hooper, Mary M
Sent: Friday, August 28, 2020 5:02 PM
To: Rawlings-Sekunda, Joanne; Cioppa, Eric A; Wake, Robert A; Yardley, Benjamin
Cc: Greenleaf, Brittnee L
Subject: FW: Clear Choice comments

To post or email to stakeholders?

Marti

From: Whitmore, William <Bill_Whitmore@harvardpilgrim.org>
Sent: Friday, August 28, 2020 4:24 PM
To: Hooper, Mary M <Mary.M.Hooper@maine.gov>
Cc: Boles Welsh, Erin <Erin_Boles_Welsh@harvardpilgrim.org>; Regan, David <David_Regan@harvardpilgrim.org>
Subject: Clear Choice comments

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Marti, thank you for the opportunity to comment on the Clear Choice benefit design being worked for the individual and small group market sin 2022. Following are some comments and questions for consideration:

1. Currently, insurers can introduce new product options during the calendar year in the small group market. Will the ability to do so be maintained?
2. Tiered and narrow networks make up a significant portion of both the individual and small group markets. If possible benefit structures that retain the ability to offer these products is important.
3. Our understanding of the market is that copays are easier to understand for the consumer than coinsurance.
4. In the previous meeting with constituents there was some discussion of only applying the standardized benefits to a limited set of services. If this is the case and insurers then apply other cost sharing to other services this would create a more confusing set of benefits than currently exists.
5. Insurers will be allowed to file for approval an additional three benefit sets. Will that be three per year or just three in total that roll year to year? Also, will insurers be able to file additional products off Exchange?
6. The BOI might consider using the most popular (by membership) benefit designs in the market and modeling the standardized benefits off these designs.
7. Has the BOI considered a glide path into the full slate of Clear Choice designs? For example, possibly only introduce one standardized benefit per metal level in 2022, learn, and then go further in 2023.
8. There are some products offered by insurers currently that are available in different regions for individuals and small groups. Will that still be possible inside Clear Choice?
9. Will insurers be required to offer identical HMO and PPO options (with the difference being out of area benefits)?
10. Below is a table as a potential starting point. Note that this is HMO only, no HSA, PPO, or tiering contemplated (focus on medical benefits).

I recognize that this was the comment deadline but also that this will be a collaborative and iterative process. Please let me know of questions.

Bill

Clear Choice Benefit Suggestions

Non-HSA plan Type (HMO)

Benefit	Suggested Value	AV (weighted)	Notes
Ded	\$0 - maximum	Medium	Varies by metal level
OOPM	\$2000 - maximum	Medium	Varies by metal level
Coinsurance	0% - 50%	Medium	Varies by metal level
PCP*	Copay (\$20 - \$50)	Low	Varies by metal level
Specialist	Copay (30 - \$70)	Low	Varies by metal level.
ER	Ded then Coinsurance or Ded then Copay	High	Vaires by metal level. Individual ER has been high May want to consider ER at
Labs	Copay	Low	Is there opportunity for Site
Inpatient	Ded then Coinsurance	High	
Day Surgery	Ded then Coinsurance	High	
Urgent Care	Copay	Low	Non-Hospital owned
X Rays	Copay	High	
High End Radiology	Ded then Coinsurance	Low	Is there opportunity for Site
Mental Health Outpatient	Copay or Ded then CIF	Low	Must follow FMHP guidelin CIF. Typically follows OV co other benefits
PT/OT/ST	Copay	Medium	Will Visits limits have to be

*Free PCP, Copay (second & third visit), 4th can be at a Ded

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