

## Greenleaf, Brittnee L

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**From:** Barbara Leonard <bleonard@mehaf.org>  
**Sent:** Monday, August 31, 2020 5:59 PM  
**To:** Greenleaf, Brittnee L; Hooper, Mary M  
**Subject:** Clear Choice Plan Comments

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Dear Brittnee and Marti,

My apologies again for being a bit late with these comments. We had a bunch of major deadlines at MeHAF last week that required my full focus.

My comments are noted below. As I've mentioned, I'm not a plan design expert, but I'm sharing some thoughts based on my knowledge of Maine demographics, our work on integrated care, and my role as leader of a small business that must purchase in the individual market. Please reach out if you have questions about what I've noted.

### General comments:

- Simplifying the plan design to the extent possible will help people understand their benefits and make decisions about purchasing and comparing among plans.
- A family max out-of-pocket is important, in addition to individual max out-of-pocket – especially for inpatient hospital services. (Note: MeHAF currently has a plan with up to \$13,000 family max out-of-pocket for out-of-network – a potentially catastrophic amount for many people in Maine.)
- Can imaging coverage be managed to encourage appropriate alternative therapies to avoid low-value care? And if so, is there a way to ensure access to those alternative therapies?

### Prescription benefits:

- See above comment about simplifying. If a three-tier Rx plan could be possible, I think it would help consumers understand what they're purchasing.
- It's not clear which state has the \$35 insulin limit noted by asterisk – or is this a design aspect of the Maine plan that will be included no matter what?
- Other critical chronic disease management pharmaceuticals may warrant limits on pricing or no/minimal copays: e.g., for high blood pressure; for depression, anxiety, SUD.

### Questions:

- To what extent will some of the plan design align with MaineCare's value-based purchasing design?
- How will behavioral health/SUD treatment be included in plan design? Meaningful coverage for these, and integration of behavioral health with primary care may reduce other costs.
- OT/PT coverage? Diabetes supplies? OT/PT coverage? Durable medical equipment?
- Is there a way to "harmonize" the four insurance regions in the state so that those in more rural areas don't experience such a disparity in coverage costs?

Kind regards,

Barbara

*MeHAF staff members are working remotely until further notice as we do our part to flatten the curve and slow the spread of COVID-19.*

Barbara A. Leonard, MPH | President and CEO | [MeHAF](#)

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