

Mississippi Health Insurance Exchange Advisory Board

Final Recommendations Essential Health Benefits

Background

The Mississippi Health Insurance Exchange Advisory Board (“Advisory Board”) was formed in order to provide input and recommendations to the Mississippi Insurance Department (“MID”) on a number of issues regarding the design, development, and implementation of the state health insurance exchange, known as “One, Mississippi.” The issues to be taken up by the Advisory Board have been divided into six broad topic areas for discussion, the first of which was Essential Health Benefits. On that topic, the Advisory Board members were tasked with making recommendations, based on discussions with their respective subcommittees, for defining the State’s Essential Health Benefits (“EHB”) plan.

Beginning in 2014, all non-grandfathered health insurance plans offered on the individual and small group markets, whether inside or outside of an exchange, will be required to cover “Essential Health Benefits” as those are defined by the federal government. Under the intended approach prescribed by the United States Department of Health and Human Services (“HHS”), each state will select an existing health plan to set the “benchmark” for items and services to be included in that state’s EHB package (“the benchmark plan”). According to HHS, the selected benchmark plan will serve as a reference plan, reflecting both the scope of services and any limits offered by a “typical employer plan” in the state. Each state may choose a single benchmark plan from the following four potential benchmark plan types:

- (1) The largest plan by enrollment in any of the three largest small group insurance products in the State’s small group market;
- (2) any of the largest three State employee health benefit plans by enrollment;
- (3) any of the largest three national Federal Employees Health Benefit Program (“FEHBP”) plan options by enrollment; or
- (4) the largest insured commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State.

Summary of Process Followed By Advisory Board and Subcommittees

Under this approach, seven possible benchmark plans were analyzed by the Advisory Board and Advisory Board Subcommittees: the three largest (by enrollment) small group plans offered in the state, the state employee plan, and the three largest plans (by enrollment) under the FEHBP. By request of the Advisory Board, each plan was blinded and assigned an identifying letter “A” through “G,” thereby removing any possibility of bias in the Subcommittees’ evaluation process. While many different methodologies were used by the various Subcommittees in their analyses

of the different health plans, all Subcommittees ultimately gave consideration to the same two questions when finalizing their recommendations:

- What particular products and services should be considered essential to the benchmark plan?
- Which potential benchmark plan(s) will be “affordable” for Mississippians?

Final Advisory Board Recommendations

Plan A was the recommended choice of six (6) of the ten (10) Subcommittees. Plan E was recommended by three (3) Subcommittees and Plan B by one (1) Subcommittee. Three of the four (4) Subcommittees that did not choose Plan A as their primary recommendation designated it as their second choice. Based on the reports presented by the Advisory Board members of their respective subcommittees' conclusions, the recommended plan for the State's Essential Health Benefits benchmark plan is Plan A. Some selected details from the Subcommittees' discussions and considerations are provided below.

Selected Details From Subcommittee Recommendations:

Health Plan	Primary Recommendation	Secondary Recommendation
Plan A	6 Subcommittees	3 Subcommittees
Plan B	1 Subcommittee	1 Subcommittee
Plan C		
Plan D		
Plan E	3 Subcommittees	2 Subcommittees
Plan F		1 Subcommittee
Plan G		

Educated Health Care Consumers
Primary Recommendation: Plan A Secondary Recommendation: Plan E <u>Key Issues Raised:</u> Access to care was a major concern of members.
Experience in Enrollment
Primary Recommendation: Plan A Secondary Recommendation: Plan E <u>Key Issues Raised:</u> Among the services the Subcommittee felt should be included were prenatal

counseling, weight management, and hearing devices.

Hard to Reach Populations

Primary Recommendation: Plan E
Secondary Recommendation: Plan A

Key Issues Raised: Among the services the Subcommittee felt were important to include were family planning, hearing, vision, tobacco cessation, and durable medical equipment. This Subcommittee considered Plan B the least attractive of all the plans.

Health Care Providers

Primary Recommendation: Plan A
Secondary Recommendation: none

Key Issues Raised: This Subcommittee expressed concern that the EHB plan should not be so “bare bones” that it would not cover basic needed services. The Subcommittee members also expressed a desire that adult dental coverage should be included, and that telemedicine be considered further.

Health Insurance Issuers

Primary Recommendation: Plan B
Secondary Recommendation: Plan A

Key Issues Raised: This Subcommittee suggested that the CHIP dental plan in Mississippi should be considered as a supplement for pediatric dental services.

Health Insurance Agents and Brokers

Primary Recommendation: Plan A
Secondary Recommendation: none

Key Issues Raised: This subcommittee was strongly of the opinion that affordability is the most important factor to be considered in choosing the benchmark plan. The plan selected as the benchmark will set the minimum standard for all other health plans to be considered as Qualified Health Plans in this state. This includes the plans sold or administered outside of the exchange. If the “Minimum Essential Benefits” are set too high, the price point could be such that no one could afford the coverage on an individual basis and employers may find it financially feasible to drop their coverage and pay the penalty.

<p>Large Employers</p>
<p>Primary Recommendation: Plan E Secondary Recommendation: Plan A</p> <p><u>Key Issues Raised:</u> This Subcommittee’s members discussed that preventive services are of high importance, and that plan E best meets that concern. Affordability was also noted to be a very important factor. Particular services they believed were important to include were nutritional counseling, prenatal education, post-partum mental health treatment, tobacco cessation, well-child care, pediatric dental services, and eyeglasses and hearing aids for pediatric patients. This Subcommittee further agreed that adherence to AMA guidelines for medical professionals should be encouraged, thereby removing alternative medicine practices from covered services. The Subcommittee also felt that weight management and chiropractic services should be further considered before being included in the EHB.</p>
<p>Public Health Experts</p>
<p>Primary Recommendation: Plan E Secondary Recommendation: Plan F</p> <p><u>Key Issues Raised:</u> Although cost was deemed to be a large factor, this Subcommittee focused on ensuring that the benchmark plan includes services which are needed to address some of Mississippi’s unique health issues. Some of those included tobacco cessation, vaccinations, weight management/obesity treatments, nutritional counseling, prenatal counseling, and contraceptives.</p>
<p>Small Businesses and Self-Employed Individuals</p>
<p>Primary Recommendation: Plan A Secondary Recommendation: none</p> <p><u>Key Issues Raised:</u> This Subcommittee felt that affordability was the most important factor to consider. The members felt that the EHB benchmark plan, which will be the minimum standard, should cover basic treatments and services as opposed to comprehensive coverage.</p>
<p>State Government Agencies and Divisions</p>
<p>Primary Recommendation: Plan A Secondary Recommendation: Plan B</p> <p><u>Key Issues Raised:</u> This Subcommittee focused on affordability and elimination of nonessential alternative treatments from the EHB. According to the Subcommittee, nonessential services included nutritional counseling, clinical trials, and infertility treatments.</p>