

## Catastrophic Health Plans

### ACA Provision

The ACA stipulates in §1302(d) that health plans covering the essential health benefits (which qualified health plans must do) may offer plans in the Bronze, Silver, Gold, and Platinum levels of coverage. In addition to these four levels of coverage, the law indicates in §1302(e) that a Catastrophic Health Plan, “a health plan not providing a bronze, silver, gold, or platinum level of coverage shall be treated as meeting the requirements of subsection (d), if”

1. Eligibility is restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate;<sup>1</sup>
2. The plan provides the essential health benefits defined under §1302(a) after the insured has met a deductible which must be equal to the maximum annual out-of-pocket limit for High-Deductible Health Plans (HDHP) as defined by the IRS for the given plan year;<sup>2</sup>
3. The deductible does not apply to at least three primary care visits.<sup>3</sup>

Subsection (d) in the excerpted text above refers back to the levels of coverage in which plans offering the essential health benefits will be offered.

### Current Massachusetts Law/Regulations

The Health Insurance Market Reform Workgroup has identified concerns related to offering a Catastrophic Health Plan under existing state insurance laws. For instance, Health Maintenance Organizations (HMOs) are not permitted to offer a plan in which the deductible exceeds the allowable contribution to a health savings account (per IRS regulations). As such, health plans with HMO licenses are prevented from offering catastrophic plans as defined by the ACA.

In addition, the Massachusetts General Laws (M.G.L. c. 176J, §4(a)(1)) requires that every carrier make available to every individual or small business every benefit plan that is provided to other individuals or small businesses. This would preclude the state from imposing the eligibility restrictions for this plan that are envisioned in the ACA (i.e., only non-group shoppers who are under 30 or with a "hardship" exemption from the mandate are able to purchase this plan).

In addition, the Massachusetts General Laws (M.G.L. c. 176J, §4(a)(3)) requires that eligible individuals who do not meet the eligibility criteria described in M.G.L. c. 176J are only permitted to enroll for coverage during annual open enrollment periods. Open enrollment periods for catastrophic health plans are not specifically addressed in the federal law and it is not clear whether these products will be subject to the same open enrollment periods that would apply to all other products offered to eligible individuals.

In addition, the Massachusetts General Laws (M.G.L. c. 176J, §3) requires that every carrier offering products to eligible individuals and eligible small groups comply with the use of permissible rating factors and rate band. Rate restrictions are not specifically addressed in the federal law for catastrophic health plans and it is not clear whether these products will be subject to the same rating restrictions that would apply to all other products offered to eligible individuals and eligible small employers.

Based on our analysis, existing state laws would need to be modified to allow these types of plans to be offered to the eligible population as defined by the ACA, in the absence of additional Federal

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<sup>1</sup> §1302(e)(2)

<sup>2</sup> §1302(e)(1)(B)(i)

<sup>3</sup> §1302(e)(1)(A)(ii)

guidance, to define the periods that eligible persons can enroll in these products, to define the rating rules that would apply to these products and to enable HMO-licensed carriers to offer this type of plan.

**Questions for Stakeholder Feedback**

1. What would be the operational lead time necessary for carriers to develop and price catastrophic plans?
2. What, if any, are the financial or rating implications associated with the development and offering of catastrophic plans?
3. What, if any, concerns exist with respect to offering catastrophic plans?
4. What, if any, benefits are there associated with offering catastrophic plans?
5. Any other questions/comments with respect to child only health plans?

## Child Only Plans

### Affordable Care Act (ACA) Provision

Section 1302(f) of ACA requires health insurance issuers to offer a child-only plan. Specifically, the ACA stipulates that, "If a health insurance issuer offers health insurance coverage in any level of coverage specified under section 1302(d)...the issuer shall also offer such coverage in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not attained the age of 21."

### Current Massachusetts Law/Regulations

Under Massachusetts' state law (M.G.L. c. 176 J, §4(a)(1)), any individual/small group plan must be available to every eligible individual and small group and cannot be exclusive to any one group, including a particular age group (such as a child only plan). In practice the Division of Insurance has taken the position that a carrier cannot exclude an otherwise eligible child(ren) from being enrolled in an individual health plan just because there was no adult enrolled along with the child(ren). However, in order to comply with federal law, the state may need to modify existing statutory language which precludes the offering of child only plans.

The Massachusetts General Laws (M.G.L. c. 176J, §4(a)(3)) requires that eligible individuals who do not meet the eligibility criteria described in M.G.L. c. 176J are only permitted to enroll for coverage during annual open enrollment periods. Open enrollment periods for child-only plans are not specifically addressed in the federal law and it is not clear whether these products will be subject to the same open enrollment periods that would apply to all other products offered to eligible individuals.

In addition, the Massachusetts General Laws (M.G.L. c. 176J, §3) requires that every carrier offering products to eligible individuals and eligible small groups comply with the use of permissible rating factors and rate band. Rate restrictions are not specifically addressed in the federal law for child-only health plans and it is not clear whether these products will be subject to the same rating restrictions that would apply to all other products offered to eligible individuals.

### Questions for Stakeholder Feedback

1. What would be the operational lead time necessary for carriers to develop and price child only plans?
2. What, if any, are the financial or rating implications associated with the development and offering of child only plans?
3. What, if any, concerns exist with respect to offering child only plans?
4. What, if any, benefits are there associated with offering child only plans?
5. Any other questions/comments with respect to child only health plans?

## **Essential Health Benefits Benchmark Plan**

### **ACA Provision**

The Department of Health and Human Services (HHS) bulletin released on December 16, 2011 provides guidance for the selection of benchmark plans to define Essential Health Benefits (EHB) as required by §1302 of the Affordable Care Act. EHB is the set of services required to be offered as part of a comprehensive package of items and services for small group plans and individual (non-group) plans, both inside and outside the Exchange.

§1302(b) establishes that EHB must include benefits for ten broad categories:

- Hospitalization
- Ambulatory patient services
- Emergency services
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management, and
- Pediatric services, including oral and vision care

To further define the Essential Health Benefits, the HHS bulletin directs each state to select a benchmark plan that reflects the scope of services offered by a typical employer plan in the state from one of the following options:

- The largest small group plan in one of the three largest small group products in the state, by enrollment;
- One of the three largest state employee health plans by enrollment;
- One of the three largest federal employee health plan options by enrollment;
- The largest HMO plan offered in the state's commercial market by enrollment.

### **Identification and Analysis of Potential Benchmark Plans**

The Division of Insurance (DOI) has identified the ten different plans that may be considered within the four options and charted out the benefits of the plans to show the comparison. The DOI is working with consultants to establish relative value and cost-impact of the plans. The plans are shown on the accompanying chart.

### **Questions for Stakeholder Feedback**

1. What would be the operational lead time necessary for carriers to meet the benchmark requirements for plan effective dates of January 1, 2014?
2. What, if any, are the financial or rating implications associated with the various options?
3. What, if any, concerns exist with the various options?
4. What, if any, benefits are there associated with the various options?
5. What benchmark plan would you favor and why?
6. Do you have any comment on the entity that should designate the benchmark plan?
7. Any other questions/comments with respect to the various options?

**ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS  
COMMONWEALTH OF MASSACHUSETTS**

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	OPTION 3 Three largest state employee plans in Massachusetts			OPTION 4 Three largest federal employee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Navigator	Harvard Pilgrim Independence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
<b>I. Hospitalization</b>										
Bariatric surgery	x	x	At center of excellence	x	x	x	At center of excellence	x	x	x
Bone marrow transplants for breast cancer	x	x	x	x	x	x	x	at cancer research facility	at cancer research facility	x
Christian Science facility	no	no	no	no	no	no	no	U	U	30 days pmpcy
Inpatient hospice	x	x	x	x	x	x	x	7 days per admit	7 days per admit	\$15000 limit, combined with outpatient hospice
Inpatient services in a	X	x	x	x	x	x	x	x	x	x

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general hospital										
Inpatient services in a skilled nursing facility	100 days pmpcy	100 days pmpcy	100 days pmpcy	100 days pmpcy	45 days pmpcy	45 days pmpcy	45 days pmpcy	Only if member has Med Part A	no	\$700 per day for 14 days only
Inpatient services in a rehab. hospital	60 days pmpcy	100 days pmpcy	60 days pmpcy	60 days pmpcy	45 days pmpcy	45 days pmpcy	x	no	no	
Inpatient physician and surgical services	x	x	x	x	x	x	x	x	x	x
Transplants	x	x	x	x	x	x	x	x	x	X [\$1000 transportation for transplant]

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<b>II. Emergency Room Services</b>										
Emergency room services	x	x	x	x	x	x	x	x	x	x
Emergency transportation/ambulance (ground or air)	x	x	x	x	x	x	x	x	x	x

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### III. Ambulatory Services

Acupuncture	no	no	no	no	no	no	no	24 visits pmpcy	With MD only	20 procedures pmpcy
Allergy testing	x	x	x	x	x	x	x	x	x	\$500 pmpcy
Allergy injections	x	x	x	x	x	x	x	x	x	x
Chiropractor – lab and X-ray outpatient	x	x	Initial x-ray only	x	x	no	Initial x-ray only	1 x-ray pmpcy	1 x-ray pmpcy	\$25 pmpcy for x-rays
Chiropractor – medical care services including spinal manipulation	12 visits pmpcy (only age 16 & over)	12 visits pmpcy (only age 13 & over)	12 visits pmpcy	12 visits pmpcy (only age 16 & over)	20 visits pmpcy	20 visits pmpcy	20 visits pmpcy	1 visit pmpcy	1 visit pmpcy	12 visits pmpcy
Christian Science practitioners	no	no	no	no	no	no	no	U	U	50 visits pmpcy

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Clinical trials to treat cancer	x	x	x	x	x	x	x	x	x	x
Dental services, preventive and restorative	no	no	Children to age 12	no	no	no	no	Schedule	Schedule	Schedule
Enteral formulas	x	x	x	x	x	x	x	x	x	
Home health care services	x	x	x	x	x	x	x	25 visits pmpcy	25 visits pmpcy	50 visit pmpcy
Home visit – physician or other professional	x	x	x	x	x	x	x	x	x	
Hospice for terminally ill	x	x	x	x	x [bereavement counseling \$1500 per family]	x	x	7 days per episode	7 days per episode	\$15000 limit, combined with inpatient hospice
Hypodermic syringes or needles	x	x	x	x	Thru PBM	U	x	x	x	x
Low protein foods	\$5000 pmpcy	\$5000 pmpcy	\$5000 pmpcy	\$5000 pmpcy	Thru PBM	\$5000 pmpcy	\$5000 pmpcy	U	U	U
Non-emergency transportation/ambulance	x	x	x	x	no	x	x	x	x	U

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(ground or air)										
Other practitioner office visit (nurse practitioner, nurse midwife)	x	x	x	x	x	x	x	x	x	x
Outpatient dialysis and home dialysis	x	x	x	x	x	x	x	x	x	x
Outpatient surgery physician/surgical services	x	x	x	x	x	x	x	x	x	x
Oxygen	x	x	x	x	x	x	x	x	x	x
Primary care visit to treat an injury or illness	x	x	x	x	x	x	x	x	x	x
Private duty nursing	no	no	no	no	\$4000 pmpcy home only	\$8000 pmpcy	Acute IP –yes Home health - no	no	no	U
Radiation and chemotherapy	x	x	x	x	x	x	x	x	x	x
Removal of impacted teeth	x	x	x	x	When medically necessary in OP setting	x	x	x	x	x
Removal of 7 or more permanent teeth	no	x	no	no	When medically	x	x	U	U	U

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					necessary in OP setting					
Respiratory therapy	x	x	x	x	x	x	x	U	U	x
Routine eye care, adult	1 exam pm/24 months	1 exam pm/24 months	Annual exam	1 exam pm/24 months	Per member 1x every 24 months	Per member 1x every 24 months	Per member 1x every 24 months	no	no	no
Routine foot care	Routine with vascular condition	Routine with diabetes dx	no	Routine with vascular condition	Routine with vascular condition	Routine with diabetes dx	no	Routine with vascular condition	Routine with vascular condition	Routine with vascular condition
Second opinion	x	x	x	x	x	x	x	For surgery	For surgery	For surgery
Services to treat accidental injury to sound natural teeth	x	x	x	x	x	x	x	x	x	x
Specialist visit	x	x	x	x	x	x	x	x	x	x
Special medical formulas	x	x	x	x	Thru PBM	x	x	Medical foods for children with certain		

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								conditions		

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pmpcy = per member per calendar year  
x = covered  
no = not covered  
U = not shown in SOB/EOC as covered or excluded  

Massachusetts mandated benefit

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**IV. Maternity and Newborn Care**

Abortion	x	x	x	x	x	x	x	no	no	No, except if mother's life in danger
Certified nurse midwife	x	x	X, No home birth	x	Hospital or home	x	X, No home birth	x	x	x
Delivery and all inpatient services for maternity care	x	x	x	x	x	x	x	x	x	x
Hearing screening for newborns	x	x	x	x	x	x	x	x	x	
Infertility - assisted reproductive technology (ART)	x	x	x	x	5 attempts	5 attempts	5 attempts	no	no	no
Infertility services other than ART	x	x	x	x	x	x	x	x	x	\$3000 pmpcy
Prenatal and postpartum care	x	x	x	x	x	x	x	x	x	x

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<b>V. Behavioral Health</b>										
Behavioral health inpatient services in general hospital, mental health facility or substance abuse facility	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	UBH	x	x	x	x	x
Behavioral health intermediate care services	x	x	x	x	UBH	x	x	U	U	U
Behavioral health outpatient services*	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	UBH	x	x	x	x	x
Neuropsych testing	x	x	x	x	x	x	x	U	U	x

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<b>VI. Prescriptions Drugs</b>										
Generic drugs	x	x	X, as long as group has elected Rx coverage	x	x	x	x	x	x	x
Preferred brand drugs	x	x	X, as long as group has elected Rx coverage	x	x	x	x	x	x	x
Non-preferred brand drugs	x	x	x, as	x	x	x	x	x	x	x

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			long as group has elected Rx coverage							
Specialty drugs	x	x	x, as long as group has elected Rx coverage	x	x	x	x	x	x	x
Contraceptive drugs and devices	x	x	x, currently as long as group has elected	x	x	x	x	x	x	x

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			Rx coverage							
Diabetes-related supplies	x	x	x	x	x	x	x	x	x	x
Hormone replacement therapy	x	x	x	x	x	x	x	U	U	U

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x = covered  
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Massachusetts mandated benefit

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<b>VII. Rehabilitative and Habilitative Services and Devices</b>										
Cardiac rehabilitation Services	x	x	x	x	x	x	x	x	x	x
Cognitive rehabilitation therapy	no	no	X, coverage indications limited	no	no	no	Covered under medical, not under mental health	75 visits	50 visits	U
Coronary Artery Disease Program	Disease mgmt program	X (program covered through integrate health management vendor)	no	Disease mgmt program	x	x	x	U	U	U
Diabetic shoes	x	x	x	x	x	x	x			Charges in

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										excess of \$150
Durable medical equipment	x	x	x	x	x	x	x	x	x	x
Early intervention	x	x	x	x	\$5200 pmpcy up to \$15600 lifetime	\$5200 pmpcy up to \$15600 lifetime	\$5200 pmpcy up to \$15600 lifetime	U	U	U
Eyeglasses for specific conditions	1 pair after eye surg (in place of implanted intraocular lenses)	Eyeglass lenses to replace to natural lens of the eye or following cataract surgery)	x	1 pair after eye surg (in place of implanted intraocular lenses)	x	First pair of lenses after cataract surgery	x	1 pair per condition	1 pair per condition	First pair of contact lenses after surgery
Foot orthotics	no	no	x, coverag	no	x	no	Diabetic disease only	x	x	no

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			e indications limited							
Hearing aids	no	no	no	no	Max of \$1700 every 2 cy	Max of \$1700 every 2 cy	Max of \$1700 every 2 cy	\$1250 limit	\$1250 limit	\$250 limit
Personal emergency response system	no	no	no	no	\$50 install/\$40 pmpm rental fee	\$50 install/\$40 pmpm rental fee	no	U	U	U
Prosthetic devices	x	x	x	x	x	x	x	x	x	x
Rehabilitation and habilitation services for autism, including ABA	x	x	x	x	x	x	x	no	no	
Short-term physical therapy	60 visits pmpcy comb with	30 visits pmpcy	60 days pm per condition	60 visits pmpcy comb with OT	x	30 visits pmpcy	90 consecutive days per illness/injury	75 visit pmpcy, PT, OT, ST combined	50 visit pmpcy, PT, OT, ST combined	60 visits pmpcy, PT, OT combined

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	OT									
Short-term occupational therapy	60 visits pmpcy comb with PT	30 visits pmpcy	60 days pm per condition	60 visits pmpcy comb with PT	x	30 visits pmpcy	90 consecutive days per illness/injury			
Short term speech therapy	x	x	x	x	\$2000 pmpcy	x	x	U	U	30 visits pmpcy
Speech generating or communication device	x	no	x	x	no	no	x	\$1250 pmpcy	\$1250 pmpcy	no
Wigs	\$500 pmpcy	\$350 pmpcy	\$350 pmpcy	\$500 pmpcy	\$350 pmpcy	\$350 pmpcy	\$350 pmpcy	\$350 per lifetime	\$350 per lifetime	no

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<b>VIII. Laboratory Services</b>										
Cytologic screening	x	x	x	x	x	x	x	x	x	x
Diagnostic test (X-ray and laboratory tests)	x	x	x	x	x	x	x	x	x	x
Imaging (CT and PET Scans, MRIs)	x	x	x	x	x	x	x	x	x	x
Human leukocyte antigen testing	x	x	x	x	x	x	x	U	U	U
Mammogram	x	x	x	x	x	x	x	x	x	x

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<b>IX. Preventive and Wellness Services and Chronic Disease Management</b>										
Diabetes education	x	x	x	x	x	x	x	x	x	\$250 pmpcy
Family planning	x	x	x	x	x	x	x	x	x	x
Fitness program	\$150 limit	\$150 annual rebate per sub/family	no	\$150 limit	no	\$150 annual rebate per sub/family	no	Specific programs	Specific programs	U
Nutritional counseling	x	x	x	x	x	x	3 visits per cy for non-diabetes or non-eating disorder	x	x	\$250 pmpcy
Preventive care/screening/immunization	x	x	x	x	x	x	x	x	x	x
Smoking cessation	Drugs	X	no	Drugs and	Thru PBM	X	no	x	x	2 attempts

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	OPTION 3 Three largest state employee plans in Massachusetts			OPTION 4 Three largest federal employee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Navigator	Harvard Pilgrim Independence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
	and certain OTC (90-day cessation aid supply pmpcy)	smoking cessation aids upon completion of program, discounted program		certain OTC (90-day cessation aid supply pmpcy)		smoking cessation aids upon completion of program, discounted program				pmpcy
Weight loss program	\$150 limit	Weight Watchers discount	no	\$150 limit	morbidly obese only	Weight Watchers discount	no	U	U	no

pmpcy = per member per calendar year  
x = covered  
no = not covered  
U = not shown in SOB/EOC as covered or excluded  
Massachusetts mandated benefit

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	OPTION 3 Three largest state employee plans in Massachusetts			OPTION 4 Three largest federal employee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Navigator	Harvard Pilgrim Independence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
<b>X. Pediatric Services, Including Oral and Vision Care</b>										
Dental for children	no	x	2 visits pmpcy, to age 12	no	no	no	no	x	x	no
Eye glasses for children	no	no	no	no	no	no	no	no	no	no
Lead poisoning screening	x	x	x	x	x		x			
Eye exam for children	1 exam pm/24 months	1 exam pm/24 months	Annual exam	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	x	x	x	1 exam pmpcy