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 Naviga-tor	Harvard Pilgrim Indepen-dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
I. Hospitalization										
Bariatric surgery	x	x	At center of excel-lence	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

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Inpatient services in a general hospital	X	x	x	x	x	x	x	x	x	x
Inpatient services in a skilled nursing facility	100 days pmpcy	100 days pmpcy	100 days pmppy	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 pmppy	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 transporta-tion for transplant]

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II. Emergency Room Services										
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	x	x	x	no	x	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 pmppy	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	no	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 pmppy	$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 IP & home health combine d	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	x	x	x	x	x

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					necessary in OP setting					
Removal of 7 or more permanent teeth	no	x	no	no	When medically necessary in OP setting	x	x	U	U	U
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 condi-tion	Routine with diabetes dx	Routine with diabetes dx	Routine with vascular condition	Routine with vascular condition	Routine with diabetes dx	Routine with diabetes dx	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

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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 conditions		

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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	x	Hospital or home	x	X	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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V. Behavioral Health										
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	x (through UBH)	x	x	x	x	x
Behavioral health intermediate care services	x	x	x	x	x (through 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	x (through UBH)	x	x	x	x	x
Neuropsych testing	x	x	x	x	x	x	x	U	U	x

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VI. Prescriptions Drugs										
Generic drugs	x	x	x	x	x	x	x	x	x	x
Preferred brand drugs	x	x	x	x	x	x	x	x	x	x
Non-preferred brand drugs	x	x	x	x	x	x	x	x	x	x
Specialty drugs	x	x	x	x	x	x	x	x	x	x
Contraceptive drugs and devices	x	x	x	x	x	x	x	x	x	x
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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VII. Rehabilitative and Habilitative Services and Devices										
Cardiac rehabilitation Services	x	x	x	x	x	x	x	x	x	x
Cognitive rehabilitation therapy	no	no	X, covered under medical not mental health	no	no	no	X, covered under medical, not under mental health	75 visits	50 visits	U
Coronary Artery Disease Program	Disease mgmt pro-gram	X (program covered through integrate health manage ment	Disease manag ement progra m	Disease mgmt program	x	x	x	U	U	U

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		vendor)								
Diabetic shoes	x	x	x	x	x	x	x			Charges in 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	Eyeglass lenses to replace to natural lens of the eye or following cataract	x	1 pair after eye surg (in place of implanted intraocular lenses)	x	First pair of lenses after cataract surgery	x	I pair per condition	1 pair per condition	First pair of contact lenses after surgery

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	lenses)	surgery)								
Foot orthotics	no	no	x, diabetic disease only	no	x	no	Diabetic disease only	x	x	no
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	30 visits	20 visits	60 visits pmpcy comb	x	30 visits pmpcy	90 consecutive	75 visit pmpcy,	50 visit pmpcy,	60 visits pmpcy,

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	pmpcy comb with OT	pmpcy	pmppy	with OT			days per illness/injury	PT, OT, ST com-bined	PT, OT, ST com-bined	PT, OT combined
Short-term occupational therapy	60 visits pmpcy comb with PT	30 visits pmpcy	20 visits pmppy	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 pmppy	$500 pmpcy	$350 pmpcy	$350 pmpcy	$350 pmpcy	$350 per lifetime	$350 per lifetime	no

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VIII. Laboratory Services										
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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IX. Preventive and Wellness Services and Chronic Disease Management										
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	$150 limit	$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

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Smoking cessation	Drugs and certain OTC (90-day cessation aid supply pmpcy)	X smoking cessation aids upon completion of program, discounted program	X, Rx	Drugs and certain OTC (90-day cessation aid supply pmpcy)	Thru PBM	X , Rx	no	x	x	2 attempts pmpcy
Weight loss program	$150 limit	Weight Watchers discount	Weight Watchers and Jenny Craig discount	$150 limit	morbidly obese only	Weight Watchers discount	Weight Watchers and Jenny Craig discount	U	U	no

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X. Pediatric Services, Including Oral and Vision Care										
Dental for children	no	x	2 visits pmppy, to age 12, preventive only	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	1 exam pm/24 months	x	x	1 exam pmpcy

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