



Maryland  
Hospital Association

October 31, 2018

Secretary Robert Neall  
Chairman, Board of Trustees  
Maryland Health Benefit Exchange  
750 E. Pratt Street, 6th Floor  
Baltimore, Maryland 21201

Dear Secretary Neall:

On behalf of the Maryland's 64 hospitals and health systems, I write in support of the Maryland Health Benefit Exchange's proposed plan year 2020 plan certification standards, and the accompanying policy priorities contemplated by the Exchange.

### **Reducing Out-of-Pocket Costs**

Out-of-pocket costs for commercial plan enrollees continue to increase without reason. As we mentioned during the reinsurance program hearings, the program will not solve for these exorbitant consumer costs. We therefore appreciate the Exchange's efforts to address the underlying cost-sharing structures of qualified health plans and wholly back the proposal to implement a standardized benefit design with a series of "before deductible" services.

We applaud the vast range of services within the adopted benefit package for standardized plans, as reflected within the Standardized Benefit Design Work Group report. As the Exchange continues development of the standardized benefit design, we urge cost-sharing structures that foster and encourage use of appropriate ambulatory care, so as to prevent avoidable acute care utilization.

We ask that the Exchange consider the distinct populations served by qualified health plans, especially those who need active management of chronic conditions. For these individuals, benefits related to ambulatory care and maintenance medications should be made as affordable as possible to ensure adherence to plans of care and avoid illness progression.

Beyond these important impacts, we hope that reducing the cost-sharing burden for commercial enrollees will negate the effects that underinsurance and high-deductible health plans have had on uncompensated care in recent years. Reductions in the amount of uncompensated care built into hospital rates will increase cost savings to commercial carriers, the state, and federal government under the Total Cost of Care Model.

**Essential Community Providers Petition Process**

We support the concept of a petition process to add providers to the essential community providers list. We encourage thoughtful implementation to balance good access, high quality, and low cost. In particular, the Exchange's validation process and criteria should not be unduly restrictive to providers, but should also ensure that coverage remains affordable, and that quality of care is not jeopardized.

Separate but related, the Exchange should also consider how high-value telehealth services may be addressed and expanded in qualified health plans. We look forward to contributing provider perspectives on telehealth coverage in more detail in the future.

Better linking health care coverage and delivery is vital to providing high-value health care, which is pivotal to the state's success under the Total Cost of Care Model. Maryland's hospitals stand ready to continue to work with payers, other providers, and the state in this endeavor and to provide Marylanders with a high-performing health care system.

Thank you for the opportunity to comment. Please contact me should you need additional information.

Sincerely,



Maansi K. Raswant  
Vice President, Policy and Data Analytics