

# EHB Analysis Work Plan

Emily Brown  
Director of Insurance Regulation  
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# Legislative Mandate (Act 74)

- Analyze current and proposed Essential Health Benefits (EHB) to address unforeseen health needs and improve benefit design. Specifically:
  - hearing aids,
  - dentures,
  - vision care,
  - durable medical equipment,
  - fertility services, and
  - two primary care visits with no cost-share
- Assess whether the benchmark plan is appropriately aligned with Vermont's health care reform goals regarding population health and prevention, as set forth in the Vermont All-Payer Accountable Care Organization (ACO) Model agreement and the Department of Health's State Health Improvement Plan; and
- Determine whether to recommend requesting approval from the Centers for Medicare and Medicaid Services to modify the benchmark plan

# The State Flexibility to Stabilize the Market Grant Program

- **Project Scope:** *Assess EHB-Benchmark plan to inform whether issuers offering EHB in the State are meeting the needs of their respective individual and small group markets and are affordable for consumers.*
- **Primary Goal:** determine whether modification of the plan will increase affordability for consumers and provide an EHB-Benchmark plan that best reflects the needs of the State's health insurance market and population, in accordance with applicable EHB-Benchmark plan selection criteria.
- **Secondary Goals:** The assessment will also be used to:
  - Assess whether potential modifications to the set of benefits included in the State's EHB-Benchmark plan or modification of specific categories of benefits will increase affordability for consumers;
  - Analyze benefits to reflect medical advances and address gaps in services; and
  - Defray costs associated with providing public notice and opportunity for public comment on a State's selection of an EHB-benchmark plan;

# EHB Benchmark Plan Change Process Overview

In 2019, the federal government allowed States an opportunity to update benchmark plans for years 2020 and beyond.

Options for updates:

- Select a benchmark plan used by another state during the 2017 plan year;
- Replace one or more categories of essential health benefits (EHBs) with the same category or categories of EHB used in another state's benchmark plan for the 2017 plan year; or
- Otherwise select a set of benefits to constitute the State's benchmark plan.

The Green Mountain Care Board (GMCB) has jurisdiction to review and approve, with recommendations from the Department of Vermont Health Access (DVHA), the benefit packages for qualified health plans.

# EHB Benchmark Plan Analysis Timeline

Timeframe	Process Step Description	Process Owner
Year 1	Market study/Analyze desired change to EHB benchmark plan (e.g. adding a covered service)	AHS
Year 1	Secure budget funding for actuarial analysis and proposal submission to CMS	AHS
Fall Year 2	Conduct stakeholder meetings	AHS
Fall Year 2	Initiate actuarial analysis	AHS in consultation with DFR
Winter Year 2-3	Prepare EHB benchmark plan proposal	AHS/DVHA

# Agenda and Timeline

- **Meeting 1 – Overview of Current EHB Plan**
  - Grant and Work Plan – Emily Brown
  - Overview of current EHB Plan – Robin Lunge
  - Historical Context – Robin Lunge
- **Meeting 2 – EHB Benchmark Analysis and Process**
  - Federal Process – Justin Giovanelli
  - State Process and Experiences
    - Oregon - Cassie Soucy
    - New Mexico – Paige Duhamel
- **Meeting 3 – ACO and State Health Plan**
  - Overview of ACO and State Health Plan
  - Goals and Ideas for Alignment
- **Meeting 4/5 – Stakeholder Input on Selected Legislative Focus Areas**
  - Presentations
  - Group Discussion
- **Meeting 5/6 – Stakeholder Benefit Ideas**
  - Stakeholder Presentations
  - Group Discussion