

2018 Benefit Design Workgroup  
**Covered California Proposals for Policy Discussion Items**  
12/8/2016

Benefit Category/Issue	Question	Discussion Date	Background material/data (see meeting slide deck)	Covered California Proposal
Actuarial Value of SBPDs	Should Covered California design the 2018 plans with an AV at less than or equal to the metal tier AV, i.e. not within 2% of the upper de minimis limit, in order to leave room for fewer changes to benefits in future years?	10/3/2016	Slide 14	Covered California is making as few changes as possible to consumer cost shares in the 2018 plan designs. As a result, some AVs will remain at the upper end of the de minimis range.
Inpatient Services Physician Fee	<p>Should Covered California remove the inpatient physician copay from Gold and Platinum copay plans?</p> <ul style="list-style-type: none"> <li>• Requires a manual process to administer benefit</li> <li>• HMO plans typically do not charge inpatient physician fees when there is a facility copay.</li> </ul>	10/3/2016	Slide 17	Yes, remove the physician fee copay from inpatient services in the Platinum and Gold copay plans.
Gold and Platinum copay plans	Should Covered California consolidate the Gold and Platinum designs using an approach similar to Silver?	10/3/2016	Slide 16	No, continue offering copay and coinsurance options in the Platinum and Gold plans.
Pharmacy tiering and cost shares	Should Covered CA allow issuers to tier pharmacies and apply a higher cost share on tier 2 pharmacies?	10/3/2016 and 11/14/2016	Slide 19	Covered California approves pharmacy tiering for the 2018 plan year and will review final tiering approach proposals to ensure adequate geographic access and consumer understanding. Issuers that wish to tier pharmacies shall submit their final proposals to Covered California by December 31, 2016.
Alternate benefit designs in CCSB	Should Covered California continue allowing alternate benefit designs in CCSB?	10/17/2016	Slide 7-8	Yes, issuers may continue proposing alternate benefit designs in CCSB.
Consolidate CCSB Silver plans	Should Covered California consolidate the CCSB Silver designs using an approach similar to IFP?	10/17/2016	Slide 9-10	No, continue offering copay and coinsurance options in the CCSB Silver plan.
Pharmacy benefit coverage of vaccines	Should vaccines be a required pharmacy benefit, in addition to the medical benefit?	10/17/2016	Slide 11-14	No, issuers may elect to cover vaccines under both medical and pharmacy benefits or medical benefit only.
Benefit category for office-based procedures and therapies	For purposes of consumer transparency and calculating member costs, can these services be clarified in the SBC/EOC?	10/17/2016	Slide 15-16	Covered California is currently researching this issue and will take no further action for the 2018 Standard Benefit Plan Designs.
Bronze plan 3-visit rule for MH other outpatient items and services	Clarify whether the 3-visit rule applies to this category if the service is not a visit (partial hospitalization for the day or an intensive outpatient program)	10/17/2016	Slide 17	Upon further clarification on MHPAEA requirements since the 11/28 workgroup meeting, Covered California proposes removing MH/SU other outpatient items and services from inclusion in the 3-visit rule since "other items" are not office visits.
Endnote #15	Endnote #15: Language referring to "other outpatient intermediate services that fall between inpatient care and regular outpatient office visits" triggers changes to federal mental health parity testing outpatient sub-classifications. Should this be clarified?	10/17/2016	Slide 17	It appears regulators are taking different approaches to the creation of sub-classifications for federal mental health parity testing on the basis of this endnote. Covered California encourages them to meet and confer on these differences and seek an aligned approach.
ED "waived if admitted" language	Does this language result in consumers paying more for inpatient services? Should it be removed?	10/17/2016	Slide 18	No, retain "waived if admitted" language
Prediabetes programs	Should issuers cover CDC-recognized diabetes prevention programs (DPPs) under the diabetes education/preventive services benefit?	11/14/2016	Slide 12-17	Yes. The 2018 QHP Contract will be amended to include this requirement (no changes to the 2018 SBPD).

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PCMH copay differential	Should Covered California set a lower copay amount for PCMH providers?	11/14/2016	Slide 18-19	No action for 2018 SBPD. Consider future discussion for 2019.
Services for pain management	Start the discussion on access/barriers to pain management services such as acupuncture and physical therapy, in alignment with other state efforts. (For example mitigation of opioid overuse/misuse.) Possible action for 2018	11/28/2016	Slide 18-22	No action for 2018 SBPD. Covered California will conduct further research <b>and</b> may consider future discussion for 2019.
Remove limitations/restrictions on tobacco cessation therapies	Covered California proposes all plans remove any day limit restrictions on FDA approved tobacco cessation medications for 2018 and sooner if possible.	11/28/2016	Slide 23	Yes, day limit restrictions should be removed from tobacco cessation medications.
Home Health Care	To ensure standard application of benefits, should we clarify in the endnotes how the cost share applies?	11/28/2016	Slide 24	Copay to be clarified as applying per visit
Telehealth visits	In keeping with the standardized benefit approach, should Covered California standardize the cost share for telehealth visits?	11/28/2016	Slide 25	No action for 2018 SBPD. Covered California will conduct further research <b>and</b> may consider future discussion for 2019.