

## Tips to Navigating the Program Description and Guidelines Document Online

- To view a specific section from the Summary or Detailed Table of Contents:
  - Move your cursor over the section you would like to view
  - Click on the section – Example “Demographics are a Leading Cause of Cost Growth”

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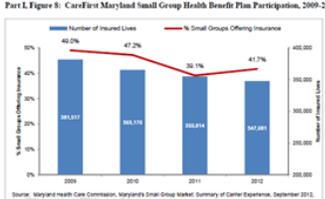
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Financial Incentives To PCPs And NPs Must Be Substantial.....

**Part I, Figure 8: CareFirst Maryland Small Group Health Benefit Plan Participation, 2009-2012**



Year	% Small Groups Offering Insurance	Number of Insured Lines
2009	40.2%	381,017
2010	41.2%	368,176
2011	39.1%	350,814
2012	41.7%	347,881

Source: Maryland Health Care Commission, Maryland's Small Group Market: Summary of Current Experience, September 2012, care 2012 (released June 2013) to provide offering insurance.

It is noteworthy that many plan designs required by ACA have very substantial cost-sharing provisions. For example, Bronze and Silver metal level plans to be offered on the health benefit exchanges contain 40 percent and 50 percent Member cost-sharing, respectively, which translates into \$1,000 to \$6,000 in deductibles and out-of-pocket expense limits of \$6,350 per year per person. Of all the people expected to enroll in Exchanges, over 80 percent are expected to enroll in plans on these metal levels. The consequences are likely to be dire in terms of discouraging access to needed primary care and other services when illness strikes, particularly for those members whose incomes are not low enough to receive subsidies.

All of this has been driven by a single factor – cost.

Our first trend about high deductible plans: Since a large percentage of total medical costs in any year are associated with a small number of people with acute or chronic illnesses who run up enormous health care bills, these costs typically far exceed even the higher deductible and other out-of-pocket cost limits that are included in high deductible plans. Therefore, a large share of the medical costs incurred by people covered by high deductible plans occurs after they have exceeded the out-of-pocket limits that are set by these plans. Further, this care involves complex tests, procedures and drug regimens that they are in no position to question or “shop” for the best prices.

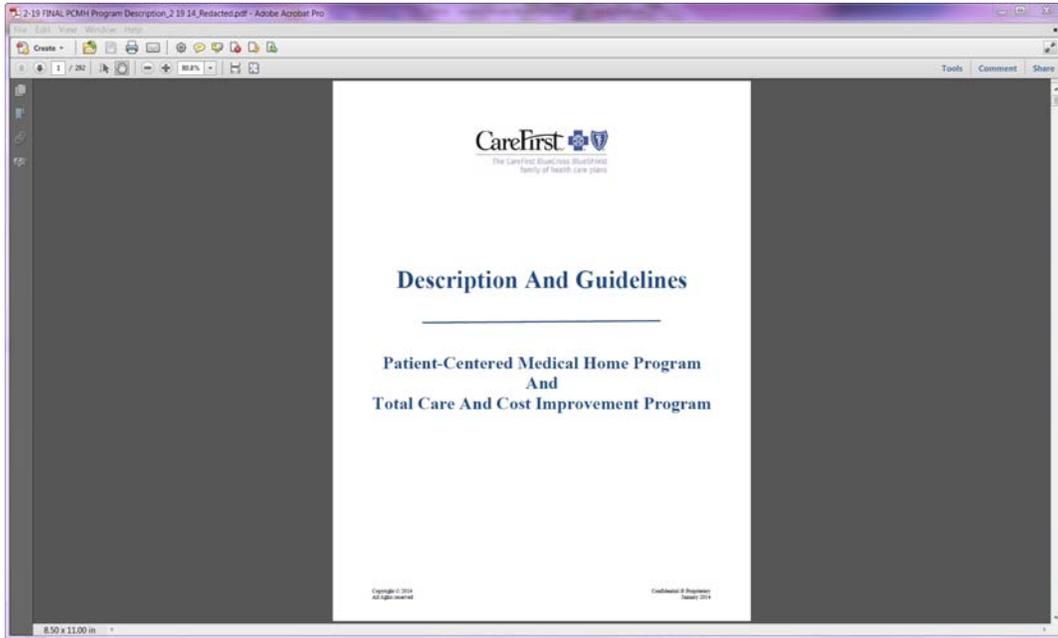
That is, even if those covered by these plans had an ongoing interest in their medical expenses, it is questionable whether persons who are generally ill have the ability to purchase care on a cost-effective basis for themselves. Hence, these plans are not likely to represent – by themselves – the path forward toward more effective cost control.

**Demographics Are A Leading Cause Of Cost Growth**

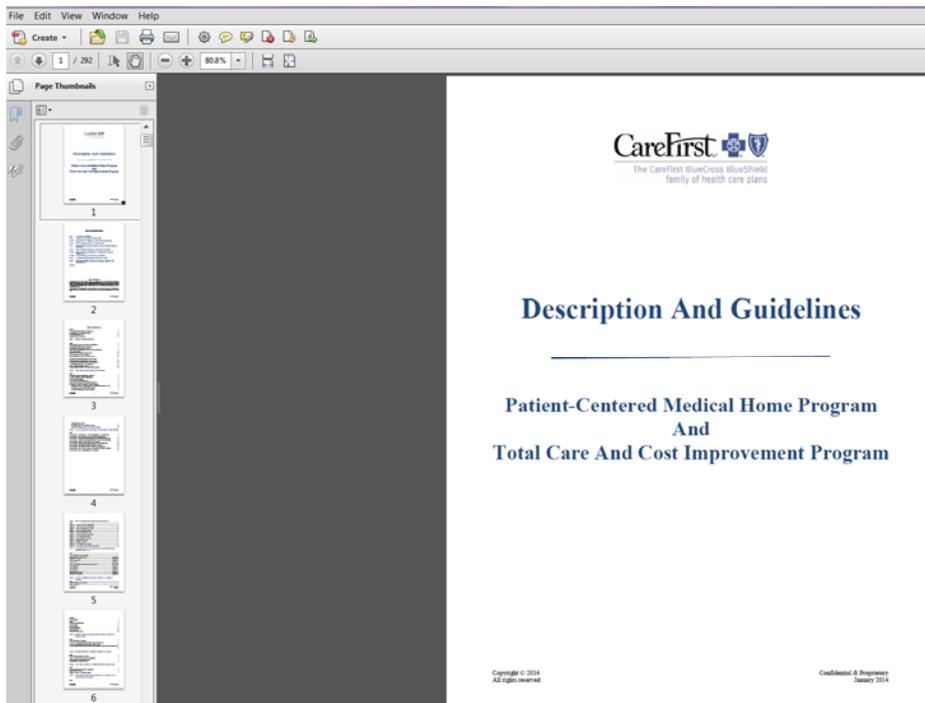
Meanwhile, demographics of an aging population are a leading cause of cost growth. As the population ages, higher health care costs are inevitable, as seen on Figure 9 on the following page. This is a virtual demographic certainty.

2. To view specific pages and set thumbnails:

- Select the Thumbnail image  on the left navigation of your screen

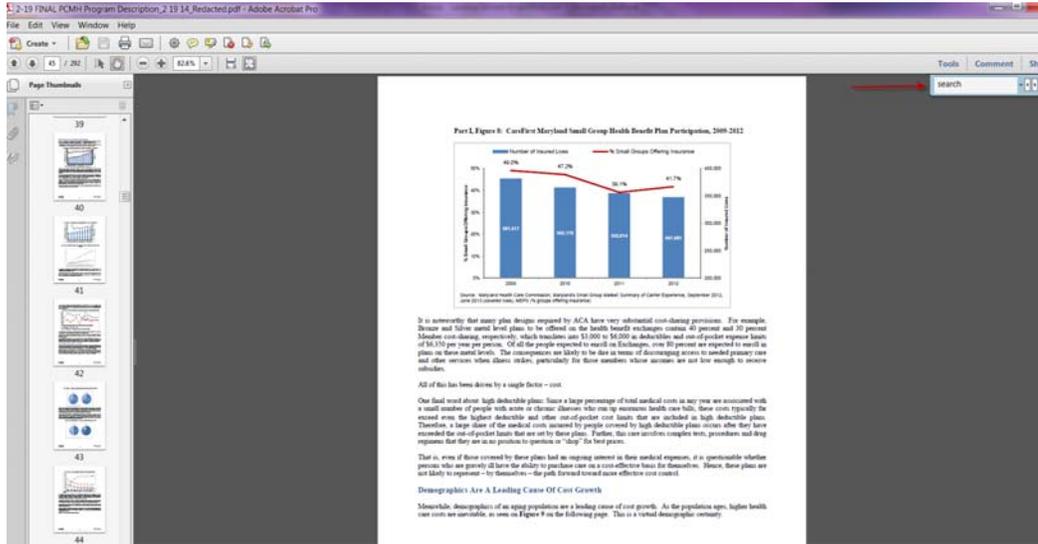


Pages will display in bookmark view:



3. To search for a specific topic:

- Hit “Ctrl” “F” and search bar will appear

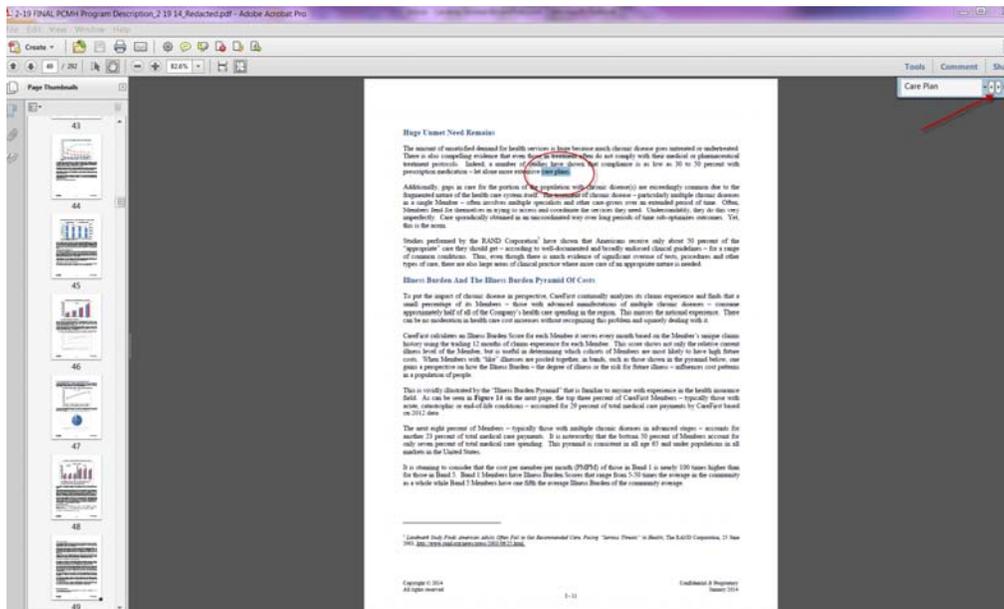


- Type the topic you would like to search the document for in the search tool

Example: “Care Plan”

“Care Plan” is highlighted throughout the Program Description and Guidelines document.

- To find the next location or a previous mention of the topic, use the arrows on the search tool.



4. To view the PDF in two pages with scrolling abilities:

- Click View
- Select Page Display
- Select Two Page Scrolling

