

# Standing Advisory Committee Meeting

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May 13, 2021

MHBE Policy Department

# Agenda

**2:00-2:15 | Welcome and Introductions**

Ken Brannen, SAC Chair, and Dana Weckesser, SAC Board Liaison

**2:15-2:25 | Executive Update**

Michele Eberle, MHBE Executive Director

**2:25-2:40 | Discussion of 2021 SAC Areas of Focus**

Ken Brannen, SAC Chair, and Dana Weckesser, SAC Board Liaison

**2:40-2:50 | 2021 Legislative Update**

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

**2:50-3:20 | Presentation from the Maryland Office of Minority Health and Health Disparities**

Dr. Noel Braithwaite, Director of the Maryland Office of Minority Health and Health Disparities, MDH

**3:20-3:50 | Overview of MHBE Activities that Support Health Equity, Examples of Other State-Based Marketplaces' Health Equity Activities, and Discussion of Potential Future Health Equity Efforts**

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management  
Ken Brannen, SAC Chair, and Dana Weckesser, SAC Board Liaison

**3:50-4:00 | Public comment**

**4:00 | Adjournment**

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# Welcome and Introductions

# Members

Member	Affiliation
Virginia Alinsao	Philippine Nurses Association – MD Chapter
Shirley Blair	Advance Home HealthCare and Staffing
Ken Brannan	Special Olympics MD
Evalyne Bryant Ward	Charles County NAACP
Yolanda Carter	Community Liaison
Anna Davis	Johns Hopkins Bloomberg School of Public Health
Jon Frank	Insurance Solutions
Bryan Gere	University of Maryland Eastern Shore
Alvin Helfenbein	Helfenbein Insurance Agency
Christopher Keen	Keen Insurance Associates, LLC
Stephanie Klapper	MD Citizens' Health Initiative

Member	Affiliation
Michelle LaRue	CASA of Maryland
Allison Mangiaracino	Kaiser Permanente
Karen Nelson	Planned Parenthood of MD
Cathy Grason	CareFirst BlueCross BlueShield
Jacqueline Roche	Johnson & Johnson
Jeananne Sciabarra	HealthCare Access Maryland
Lisa Skipper	FQHC
David Stewart	AHEC West
Dana Weckesser	MHBE Board of Trustees Liaison
*Ex-officio: Kim Camarata	Office of the Attorney General HEAU
*Ex-officio: Brad Boban	Maryland Insurance Administration

\*Non-voting

# 2021 Applicants

Name	Affiliation
Alyssa Hall	Avery Hall Benefit Solutions
Jonathan McKinney	NAACP
Maansi Raswant	Maryland Hospital Association
Dylan Roby	University of Maryland School of Public Health, Department of Health Policy and Management
Kathlyn Wee	UnitedHealthcare



# MHBE Executive Update

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# Discussion of 2021 SAC Areas of Focus

The background features a stylized graphic of four green leaves arranged in a cross-like pattern, centered on the left side of the page. The leaves are semi-transparent and overlap each other. The text "Legislative Update" is written in a white, sans-serif font across the middle of the image, overlapping the leaves and the green background.

# Legislative Update



# HB780/SB729 MHBE – State Based Young Adult Health Insurance Subsidies Pilot Program

- Requires MHBE to establish a pilot program in 2022 and 2023 to reduce young adult premiums
- Funding: \$20M/year from Reinsurance Fund
- MHBE Board approved proposed program parameters on April 19, followed by a public comment period from April 19-30. Final parameters to be approved at May 17 Board meeting.

# Proposed 2022 Young Adult Subsidy Program Parameters

## Eligibility

- Age: 18-34 (18 or older; younger than 35)
- Income: 138% to 400% FPL
- Eligible to enroll through MHC
- Enrolled through MHC
- Enrollment cap if projections indicate that budget may be exceeded

## Subsidy Design

- Reduce the maximum expected contribution by 2.5% between ages 18 and 30
- For ages 31 to 35, reduce the 2.5% reduction by 0.5% each year
- Projected 2022 cost: \$17M

**Expected Contribution (EC) for Benchmark Plan**

% FPL	Federal EC	Proposed MD Young Adult EC					
		18-30	31	32	33	34	35
		-2.5%	-2.0%	-1.5%	-1.0%	-0.5%	-0.0%
≤150	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
200	2.00%	0.00%	0.00%	0.50%	1.00%	1.50%	2.00%
250	4.00%	1.50%	2.00%	2.50%	3.00%	3.50%	4.00%
300	6.00%	3.50%	4.00%	4.50%	5.00%	5.50%	6.00%
400	8.50%	6.00%	6.50%	7.00%	7.50%	8.00%	8.50%

# HB1002 Unemployment Insurance – Revisions and Required Study

- Easy Enrollment-type program
- An individual who has filed a claim may consent to the sharing of information by the Department of Labor (DOL) to determine whether the individual qualifies for free or low-cost insurance
- Requires MHBE to open a special enrollment period for individuals who consent to share information through DOL
- Requires DOL to implement a system by September 1, 2021

# Telehealth and Health Equity

## **HB463/SB172 Maryland Health Equity Resource Act**

- Establishes a process for Health Equity Resource Communities (HERCs) to provide grants to reduce health disparities
- Authorizes the MHBE Reinsurance Fund to be used to provide \$15M for FY23-25 for the establishment and operation of the HERC Reserve Fund

## **SB3/HB123 Preserve Telehealth Access Act of 2021**

- Expands health insurance coverage and reimbursement requirements for health care services provided through telehealth

# HB0589 Budget Reconciliation and Financing Act and Legislative Studies

## **Budget Reconciliation and Financing Act**

- The MHBE Fund may be used to provide \$100M/year for the Medical Assistance Program in FY21 and FY22 and the Senior Prescription Drug Assistance Program in FY22
- The MHBE fund is permanently reduced from \$35M to \$32M per fiscal year

## **Legislative Studies**

- Sept 30: Reinsurance Program Costs and Forecast
- Nov 1: Options for Health Coverage and Cost Sharing for Individuals Not Eligible for Existing Programs
- Dec 1: High Deductible Plans



# Presentation from the Maryland Office of Minority Health and Health Disparities



Overview of MHBE Activities that Support Health Equity

Examples of Other State-Based Marketplaces' Health Equity Activities

Discussion of Potential Future Health Equity Efforts

# Health Equity Put into Action

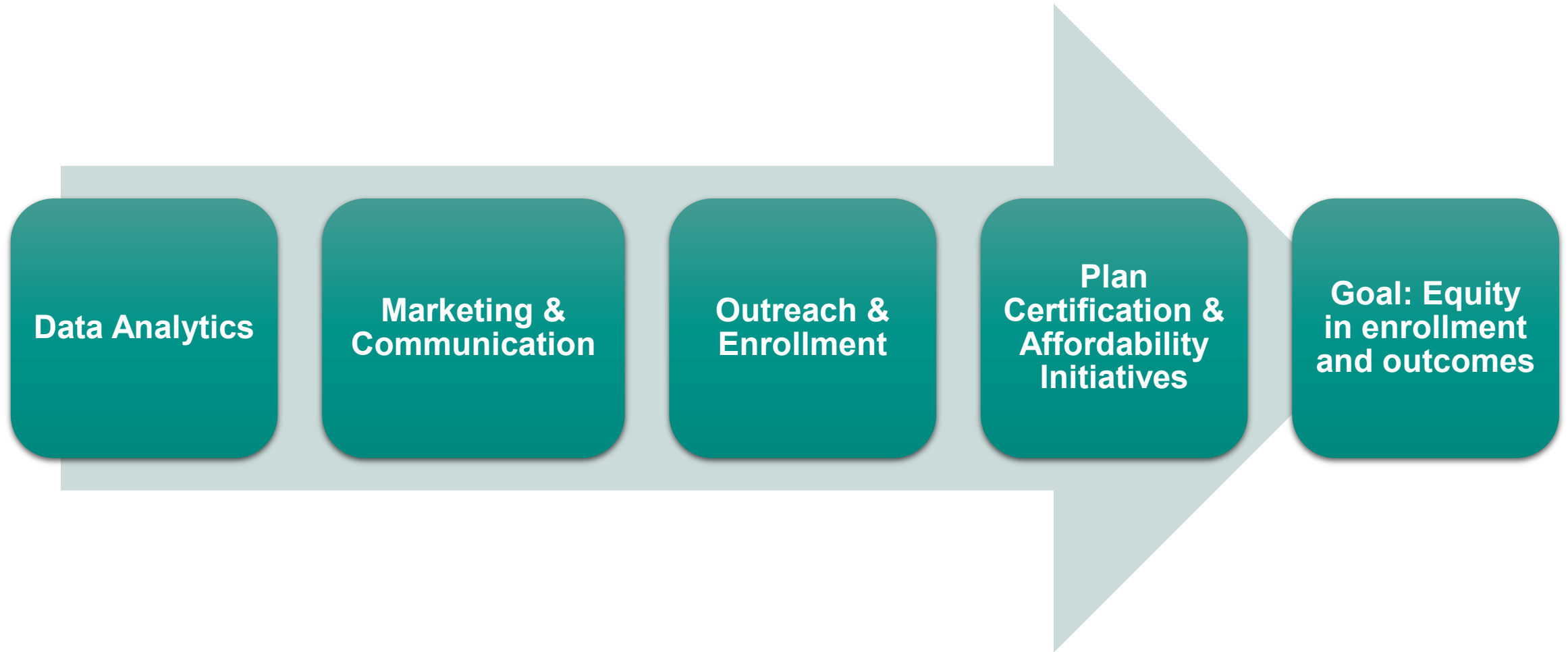
At Maryland Health Benefit Exchange, **we believe** access to quality health insurance is fundamental to Marylanders achieving and maintaining their best health.

**We acknowledge** that some Marylanders face unnecessary barriers to understanding, enrolling in, and using health insurance, which contribute to disparities in health outcomes.

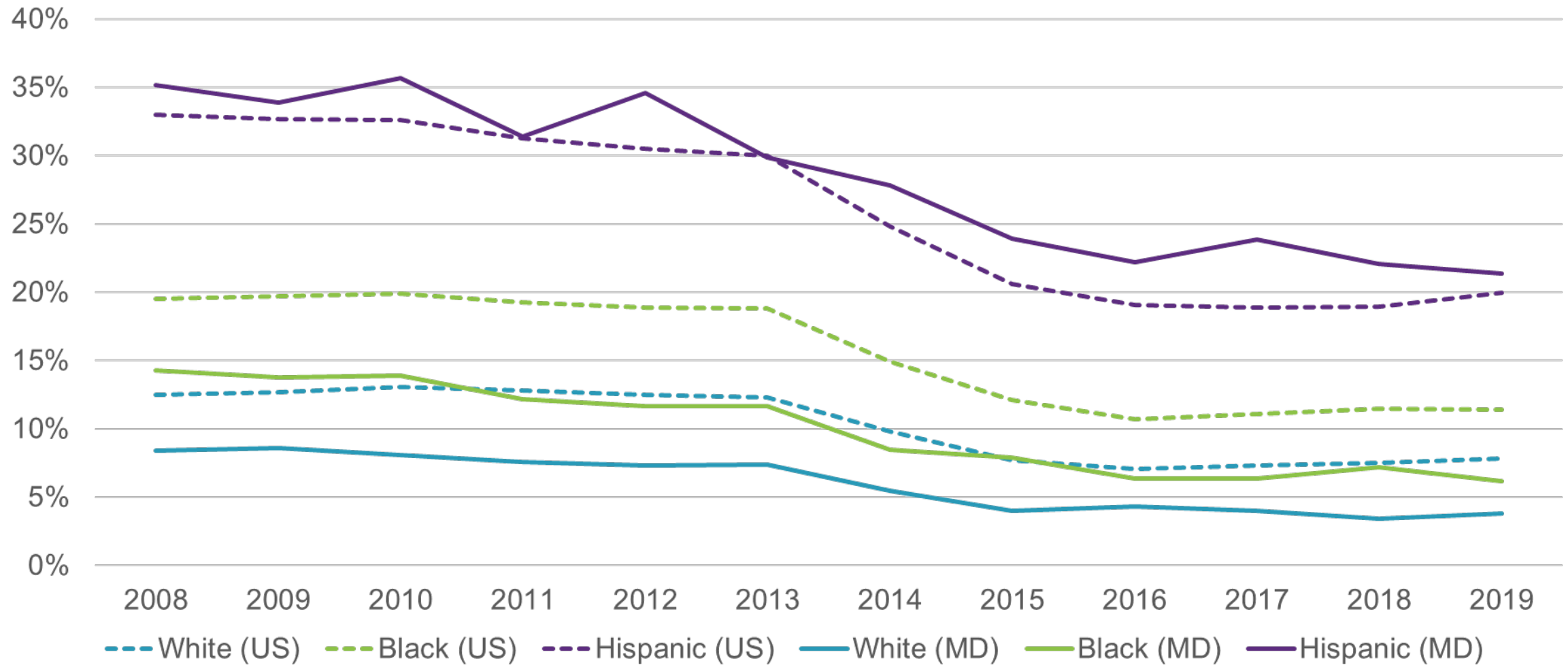
**We are committed** to addressing disparities by identifying racism and inequities built into the systems that intersect with our work and populations, creating more spaces for diverse voices to inform our work, meaningfully engaging with the communities we serve, and allocating resources to extend efforts in communities and among populations facing the greatest barriers.



# MHBE Strengths and Opportunities

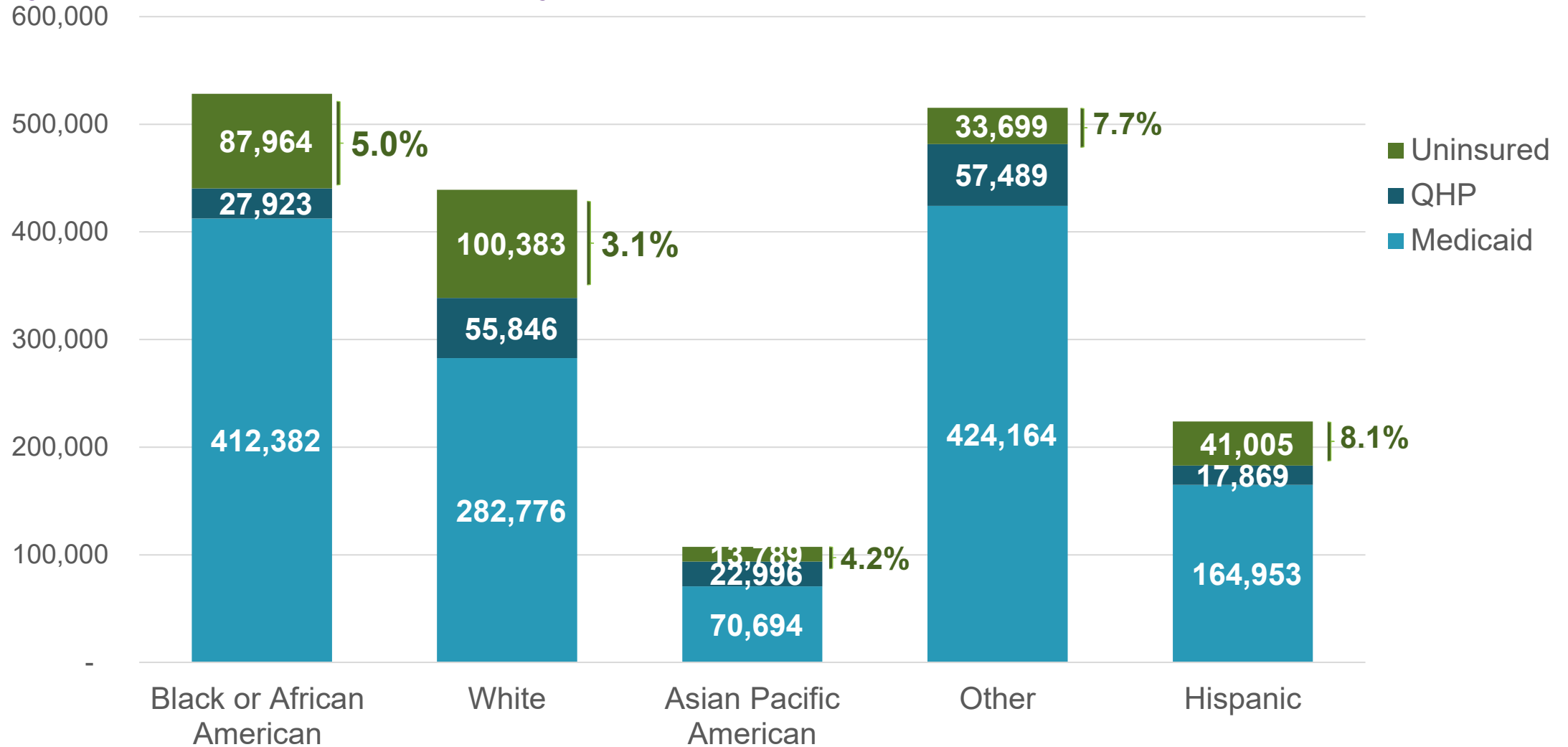


# Percent Uninsured by Race and Ethnicity, MD and US



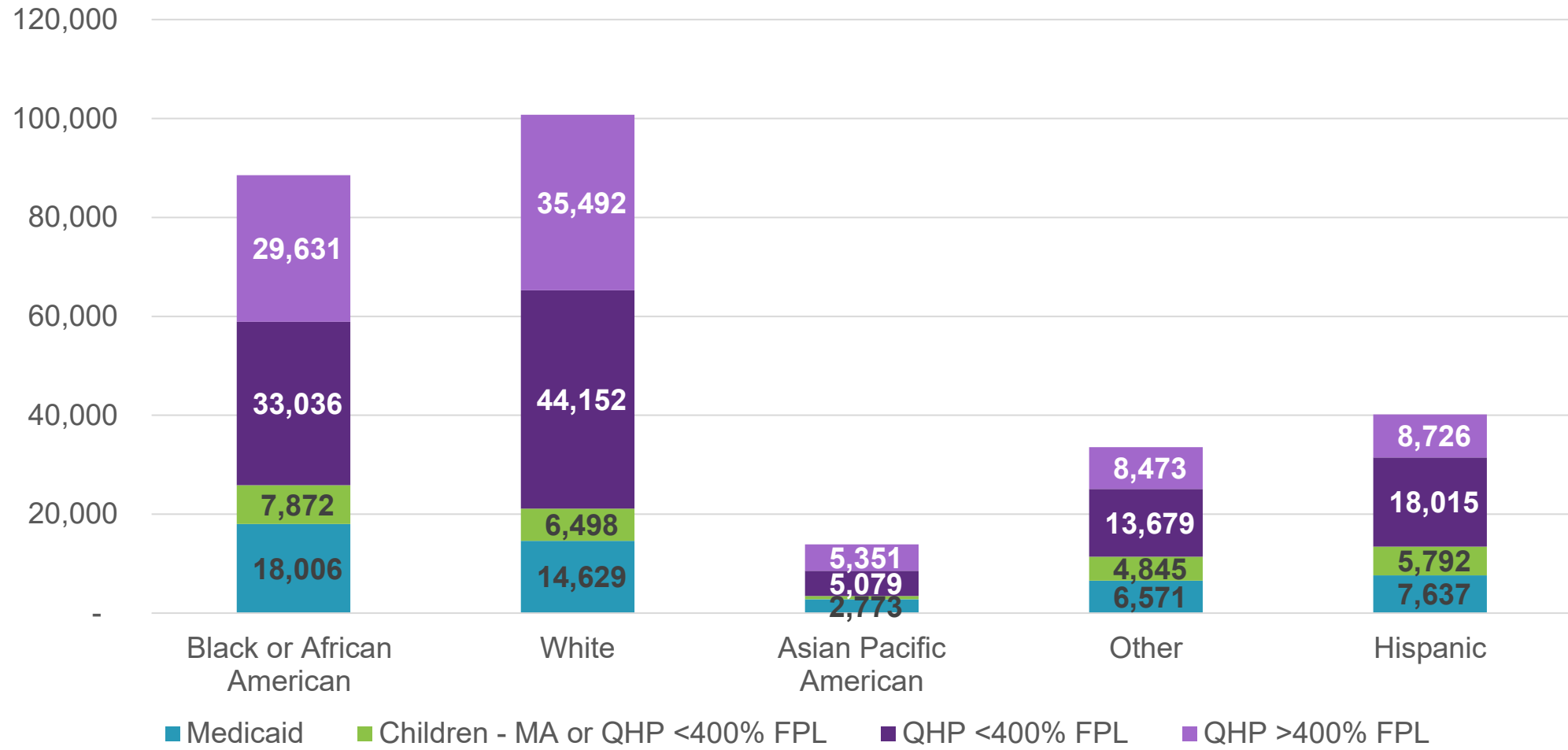
Data from Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity>

# MHBE Medicaid Enrollment, QHP Enrollment, and Uninsured by Race and Ethnicity



MHBE analysis of 2019 5-year American Community Survey Data File. Data excludes individuals ineligible to enroll in Medicaid or QHPs through MHBE.

# Uninsured by Eligibility for Financial Assistance, by Race and Ethnicity



MHBE analysis of 2019 5-year American Community Survey Data File. Data excludes individuals ineligible to enroll in Medicaid or QHPs through MHBE.

# Paid Media Approach

- **Video:** Statewide coverage, excluding the DC market where we targeted geographically dense/efficient portions of the market. **New: Top performing vendors targeting African American and Hispanic audiences (Blavity, Urban One, Sabio, Prisa, and Adsmovil) and Telemundo broadcast.**
- **Radio:** Top targeted markets and additional radio to include difficult-to-reach geographies in order to give us statewide reach, and Pandora, the leading streaming music platform. **New: Virtual radio remotes.**
- **Print:** Targeted publications to reach the African American and Hispanic communities. **New: COVID Heroes insert featuring navigators.**
- **Out of Home:** Placements across the state frequented during the pandemic, including gas stations, bodegas, and pharmacies. **New: Bodegas/convenience stores, Walmart kiosks, and local pharmacy screens.**
- **Digital:** Hyper-targeting uninsured audiences through Paid Search, Display, YouTube, Hulu, Facebook, Instagram and driving quality traffic to MarylandHealthConnection.gov. **New: Video gaming platform Twitch.**

# Virtual Partnerships Recap

“**Barbershop Conversations**” with LiveChair and African American radio station personalities

**Instagram live interviews** with micro-influencers, such as a Black mommy influencer @districtmotherhued (17k followers)

**Facebook live interviews** with media, such as Somos Baltimore Latino (50k followers)

**Virtual meetings with 25 Hispanic leaders** in Anne Arundel County

**Promotional content via Donnie Simpson**, prominent media personality with 550k Facebook followers



# Outreach and Enrollment

- **Boots on the ground:** Navigators participate in equity-oriented programs and events and provide targeted outreach to uninsured communities
- **Increasing access to coverage**
  - In 2020, Easy Enrollment proved particularly effective at reaching African-Americans
  - Easy Enrollment for unemployment claimants to launch September 2021; Simplified Easy Enrollment for tax filers to launch in 2022



MARYLAND FORM 502 RESIDENT INCOME TAX RETURN

195020149

Name SSN 2019 Page 2

**MARYLAND HEALTH CARE COVERAGE**  
See Instruction 30.

Check here  if you do not have health care coverage DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  if your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ \_\_\_\_\_

Check here  I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ \_\_\_\_\_

1. Adjusted gross income from your federal return ..... ▶ 1. \_\_\_\_\_

# Plan Certification and Affordability Initiatives

## Value Plan Standards

- Diabetes disproportionately affects people of color in Maryland. For PY 2022, MHBE worked to better support Maryland's diabetes initiatives by requiring silver and gold value plans to offer diabetes supplies without cost sharing

## Young Adult Subsidy

- Black and Hispanic young adults in Maryland are 2x-3x more likely to be uninsured than White young adults



# Case Study: Washington State Exchange

- 2013: Health Equity Technical Advisory Committee created
- 2016: Equity benchmarks established
- 2017: Cultural competency staff training developed
- 2018: Board Equity Vision Statement adopted
- 2019/2020: Diversity, Equity, and Inclusion Director and support staff hired
- 2021: Vendor procured to develop Social Determinant of Health recommendations and action plan

# Case Study: DC Exchange

Working Group meeting in 2021 to develop recommendation on three focus areas for communities of color in the District:

1. Expand access to providers and health systems
2. Eliminate health outcome disparities
3. Ensure equitable treatment for in health care settings and delivery of health care services

They are now discussing potential recommendations, including that:

1. Carriers review provider race, ethnicity, and language to develop targets to improve network diversity
2. The exchange eliminate standard plan cost sharing for health conditions that disproportionately affect people of color in DC
3. Carriers collect comprehensive member-level racial, ethnic, and language data and identify disparities in care by stratifying quality measures by those elements

# Discussion of Potential Future Health Equity Efforts

1. Would the committee like to continue discussing health equity in future meetings, with the goal of developing recommendations to MHBE for future health equity efforts?
  - If yes, as a whole committee or as a working group?
2. What additional information would be helpful for the Committee?
3. Are there individuals or organizations that the Committee would like to hear from in future meetings?
4. Do committee members see any strengths or opportunities for the Exchange to advance health equity that have not yet been discussed?
5. Are there particular topics within health equity/health disparities/social determinants of health on which the Committee would like to focus?

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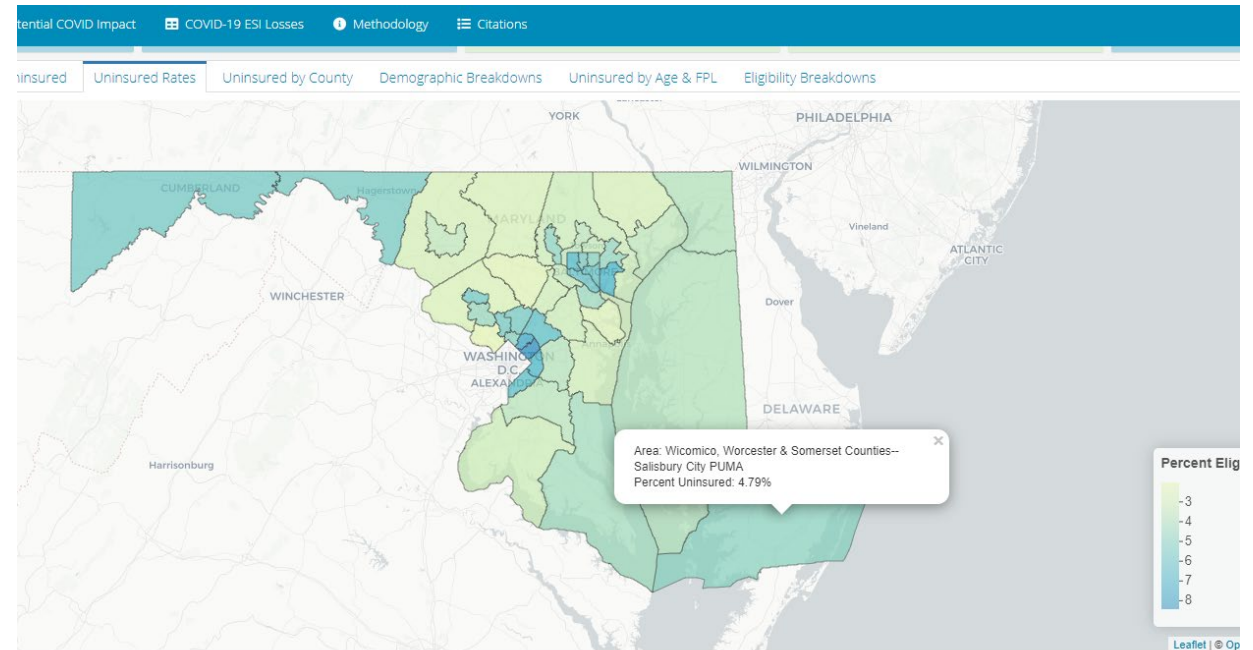
# Public Comment

# Appendix



# MHBE Uninsured Dashboard

Interactive MHBE Uninsured Dashboard available at:  
[https://www.marylandhbe.com/wp-content/docs/COVID\\_Uninsured\\_Analysis\\_Dashboard\\_April2021.html](https://www.marylandhbe.com/wp-content/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html)



"Eligible" and "Eligible Uninsured" estimates exclude undocumented immigrants because they are not eligible to enroll in coverage through Maryland. Statewide estimates include some best-estimate assumptions not applied at the sub-state level. See Methodology for detail.

# Washington State Board Equity Statement

*Equity is a fundamental pillar to the society we seek to build. The process of advancing toward equity will be disruptive and demands vigilance, dismantling deeply entrenched systems of privilege and oppression. We must focus our efforts on people and places where needs are greatest, especially communities of color, **and go beyond remedying a particular inequity to address all determinants of health.***

*Our goal is that all Washingtonians have full and equal access to opportunities, power and resources to achieve their full potential.*

Source: <https://www.wahbexchange.org/wp-content/uploads/2021/01/2.3.2021-HE-TAC-presentation.pdf>



# Washington State Exchange SDOH Project Summary

## SDOH: Making an Impact

### 1 Analyze Assets

**Taking a holistic view of the SDOH ecosystem**

The SDOH ecosystem comprises and evolves through:

- With various entities competing for or playing complementary roles in the ecosystem, no single entity can sufficiently address all SDOH needs. Current funding structures and efforts, while valuable, are not sufficient to address the full range of SDOH needs. A holistic view of the ecosystem is crucial in identifying opportunities and addressing needs.
- Conduct a thorough analysis of the ecosystem to identify:
  - Current state: Identify existing and emerging SDOH activities.
  - Interdependencies among entities.
  - Competing forces among entities.
  - Existing and emerging initiatives that influence the ecosystem.

**Point B's ecosystem analysis** is a "holistic framework" based on a structured collection of input from stakeholders across the ecosystem, designed to be the thinking around the engagement and collection of additional data points over time to help us address SDOH activities.

**Strategy:** The broad set of actions and initiatives designed to provide support and support to the institutions with the objective of raising student performance.

**Environment:** The external factors that influence the institution's success. This includes the broader ecosystem, including the state, the federal government, and the private sector.

**Internal Systems:** The processes and procedures used to manage an institution's operations, including the internal structure, performance evaluation, student and development, communication, financial management, organizational learning, and continuous improvement.

**Stakeholders:** The people and groups that have a "stake" in the success of the institution and the ability to influence its policies and practices.

**Infrastructure:** The organizational arrangements, financial and technical, and relationships that enable institutions to perform the SDOH work.

**Integrations:** The relationships required to implement the various steps and activities.

### 2 Conduct Industry/ Landscape Scan

**Health Care Innovation Landscape Report**

Washington has the opportunity to become a national leader in health care innovation.

**Key Metrics:** 14.7%, 22.3%, 96, 26, 3

**Empowering the Health Care Ecosystem:** The health care ecosystem is a complex and dynamic system. It is made up of many different actors, including patients, providers, payers, and regulators. Each actor has its own interests and goals, and they all interact with each other in various ways. This complexity makes it difficult to understand and manage the ecosystem as a whole.

**Supporting the Health Care Ecosystem:** The health care ecosystem is a complex and dynamic system. It is made up of many different actors, including patients, providers, payers, and regulators. Each actor has its own interests and goals, and they all interact with each other in various ways. This complexity makes it difficult to understand and manage the ecosystem as a whole.

### 3 Develop Opportunities

**We believe mapping can be more actionable than scoring**

An overall weighted landscape map, and component sub maps, will support the State's goal of accelerating health care innovation by identifying key gaps and opportunities.

**Overall Landscape:** A map showing the distribution of various SDOH activities across the state.

**Sub Maps:** Detailed maps for different categories:
 

- Structure & Governance:** Focuses on organizational structures and governance.
- Culture:** Focuses on organizational culture and values.
- Incentives & Rewards:** Focuses on financial and non-financial incentives.
- Structure & Resources:** Focuses on physical infrastructure and human resources.

**Goals to address:** Specific areas where the state aims to improve its SDOH ecosystem.

**Strengths to build upon:** Existing strengths and successful initiatives that can be leveraged.

#### Purpose

- Understand what assets WAHBE can leverage or build to address disparities contributed by social determinants of health
- Consider how WAHBE assets and actions taken by WAHBE may interact within a complex SDOH ecosystem
- Conduct a qualitative assessment of WA SDOH organizations and activities
- Use Point B's Insight Generator (as needed) to integrate external SDOH data and WAHBE data to better understand and visualize potential opportunities
- Document the specific opportunities WAHBE can take to address SDOH disparities
- Evaluate the potential impact each action may have on the broader SDOH ecosystem
- Prioritize opportunities based on multiple criteria



# Washington State Exchange Equity Metrics and Benchmarks



## Washington Health Benefit Exchange

### Health Equity Metrics and Benchmarks

Joan Altman, Director of Government Affairs and Strategic Partnerships  
Health Equity TAC Meeting  
July 29, 2020

## Current Equity TAC Metrics

- QHP (~200k) and Washington Apple Health/Medicaid (~1.45M) enrollment
  - By: Race, Ethnicity, Income/FPL, Age, Gender, Limited English Proficiency, Geography
- Disenrollment
  - By reason
- Cancellations (select and do not pay)
- Churn between QHP and Medicaid
- Consumer complaints, broken down by reason code (and reviewed to identify trends)
- Use of survey results from consumers, assisters, committees, and other stakeholders to improve effectiveness in reaching groups at risk for barriers



2

Source: <https://www.wahbexchange.org/event/health-equity-tac-meeting-21/>

# Washington State Exchange Equity Metrics and Benchmarks

## Data Sources for Metrics & Benchmarks

- Total QHP and WAH Enrollment from twice yearly enrollment reports
- Population data from OFM - using an ACS 1-year Public Use Microdata Sample
  - WA population
  - Non-elderly
  - Non-ESI & Non-elderly population
- Equity benchmarks established by TAC members

## Exchange Enrollment Reports

- Twice yearly
  - Fall/pre-open enrollment report
    - Coverage, demographics, language
  - Spring/post open-enrollment report
    - Coverage, demographics, cost, customer experience, language
- Includes QHP data from Exchange and WAH data from HCA
- Previous reports and data available at:  
<https://www.wahbexchange.org/about-the-exchange/reports-data/enrollment-reports-data/>



3



5

Source: <https://www.wahbexchange.org/event/health-equity-tac-meeting-21/>

# Washington State Exchange Equity Metrics and Benchmarks

Enrollment - QHP and Washington Apple Health - by Race										
Race	2017 Enrollment <sub>1</sub>	2017 Enrollment %	2018 Enrollment <sub>2</sub>	2018 Enrollment %	2017 vs. 2018	Population of WA <sub>3</sub>	Population of WA %	Non-ESI Population of WA <sub>3</sub>	Non-ESI Population of WA %	TAC Benchmarks
AI/AN	50,235	3%	57,706	3%	7,471	94,178	1%	52,740	2%	3%
Asian	91,235	5%	91,379	5%	144	593,176	8%	157,671	6%	7%
Black	122,142	7%	121,872	7%	(270)	269,280	4%	140,187	6%	7%
Pacific Islander/ Hawaiian	52,318	3%	52,222	3%	(96)	47,893	1%	23,743	1%	3%
Other	240,649	14%	230,925	13%	(9,724)	767,773	11%	410,058	16%	n/a
White	977,087	56%	954,840	55%	(22,247)	5,515,701	76%	1,733,576	69%	57%
Not Provided	204,344	12%	216,836	13%	12,492	N/A	N/A	N/A	N/A	n/a
<b>Total</b>	<b>1,738,010</b>		<b>1,725,780</b>			<b>7,288,001</b>		<b>2,517,975</b>		

Enrollment - QHP and Washington Apple Health (WAH) - by Ethnicity										
Ethnicity	2017 Enrollment <sub>1</sub>	2017 Enrollment%	2018 Enrollment <sub>2</sub>	2018 Enrollment %	2017 vs. 2018	Population of WA <sub>3</sub>	Population of WA %	Non-ESI Population of WA <sub>3</sub>	Non-ESI Population of WA %	TAC Benchmarks
Hispanic	353,306	38%	351,370	33%	(1,936)	905,443	12%	527,157	21%	15%
Not_Hispanic	182,232	20%	209,802	43%	27,570	6,382,557	88%	1,990,817	79%	19%
Not_Declared	396,783	43%	491,364	47%	94,581	N/A		N/A		
<b>Total</b>	<b>932,321</b>		<b>1,052,536</b>			<b>7,288,000</b>		<b>2,517,974</b>		

Source: <https://www.wahbexchange.org/event/health-equity-tac-meeting-21/>