

MHBE Health Equity Workgroup

Session 3 – September 24, 2021

Agenda

1:00 - 1:10 | Welcome

Dania Palanker, co-chair

Sheila Woodhouse, co-chair

1:10 – 1:15 | Vote on Session 2 Minutes

All members

1:15 - 1:30 | Presentation: MHBE's Current Marketing and Outreach Strategies

Betsy Plunkett, MHBE Director of Marketing & Web Strategies

1:30 - 1:40 | Immigration Eligibility Standards

Tamara Cannida-Gunter, MHBE Program Manager, Appeals & Grievances, Constituent Services and Consumer Resolutions

1:40 - 2:25 | Discussion

All members

2:25 - 2:30 | Public Comment

2:30 | Adjournment

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Session 2 Minutes

Marketing & Outreach Overview

September 24, 2021



Marketing and Outreach Objectives

- Increase enrollment in Qualified Health Plans.
- Retain new customers enrolled during the COVID-19 and Easy Enrollment special enrollment periods.
- Recommit efforts to address racial disparities in health care through messaging, partnerships, and outreach efforts.

Target Audiences

With the newly implemented young adult subsidy and increased benefits under the American Rescue Plan, young adult Marylanders have a unique opportunity to enroll in health insurance right now with increased financial help.

Priority Audiences

QHP-eligible uninsured (including newly eligible 400%+ FPL) 19–34-year-olds

- Black Marylanders
- Hispanic/Latino Marylanders
- Rural regions with high uninsured rates

Secondary Audience

QHP-eligible 35+

Insights from Survey Research

July 2021 statewide survey (n=1,179) with oversample of Black and Hispanic/Latino Marylanders, offered in English and Spanish, highlights include:

- Hispanic are at least 20-points more likely than either Black or white Marylanders to search for information or contact MHC (66% vs. 44% and 46%, respectively).
- About three-quarters of Hispanics (74%) are familiar with MHC, outpacing both Black (66%) and white Marylanders (65%).
- Black Marylanders have the highest favorability (78%) which is closely matched by white (72%) and Hispanic (71%) Marylanders.
- Conversely, Hispanics are the most likely to be familiar; however, among those who are familiar, they are slightly less favorable to MHC (76%) compared to their white and Black counterparts (87% and 89%).

Insights from Survey Research

July 2021 statewide survey (n=1,179) with oversample of Black and Hispanic/Latino Marylanders, offered in English and Spanish, highlights include:

- Black Marylanders are the least likely to know a lot about the American Rescue Plan (18%) compared to white (25%) and Hispanic (33%) Marylanders.
- Seven-in-ten or more among Whites (83%), Blacks (76%) and Hispanics (71%) say that they are very or somewhat satisfied with their MHC experience.
- One-quarter (24%) of Marylanders have difficulty with their health insurance and care expenses, including 15% of those 400%+ FPL. Additionally, Black and Hispanic Marylanders are more likely to have difficulty compared to white Marylanders (31% and 34% vs. 19%, respectively).
- Hispanic (84%) and Black (79%) Marylanders are more likely to be motivated by tested messages than are their white counterparts (73%). Findings are on par with a year ago.

Defining Health Equity

As the marketing and outreach team:

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.

Defining Health Equity

As we plan and execute on marketing and outreach strategies and tactics, we are driven by the following dimensions of health equity:

- **Access:** ensuring every Marylander has access to resources and support, regardless of language preference, internet access, disability, geography, or other circumstances.
- **Inclusion:** ensuring every Marylander sees themselves or their community reflected in our messaging and outreach.
- **Literacy:** ensuring every Marylander understands their options, regardless of their level of education, familiarity with health insurance, disability, and/or language preference.

Leveraging our Media Buy

Reaching Black Marylanders

- **Black radio** stations
- **Urban One**, a top digital publishing vendor
- **Baltimore Times, AFRO, Annapolis Times, Washington Informer** print ads
- **Tik Tok, Twitch, Facebook, Instagram**

Reaching Hispanic/Latino Marylanders

- **Univision and Telemundo TV**
- **El Zol** radio
- **H-Code**, a top digital publishing vendor
- **Youth sports leagues** with emphasis on soccer leagues
- **El Tiempo Latino, Washington Hispanic, Mundo Latino, Latin Opinion** print ads
- **Tik Tok, Twitch, Facebook, Instagram**

Advertising in English and Spanish

Reaching Underserved Communities

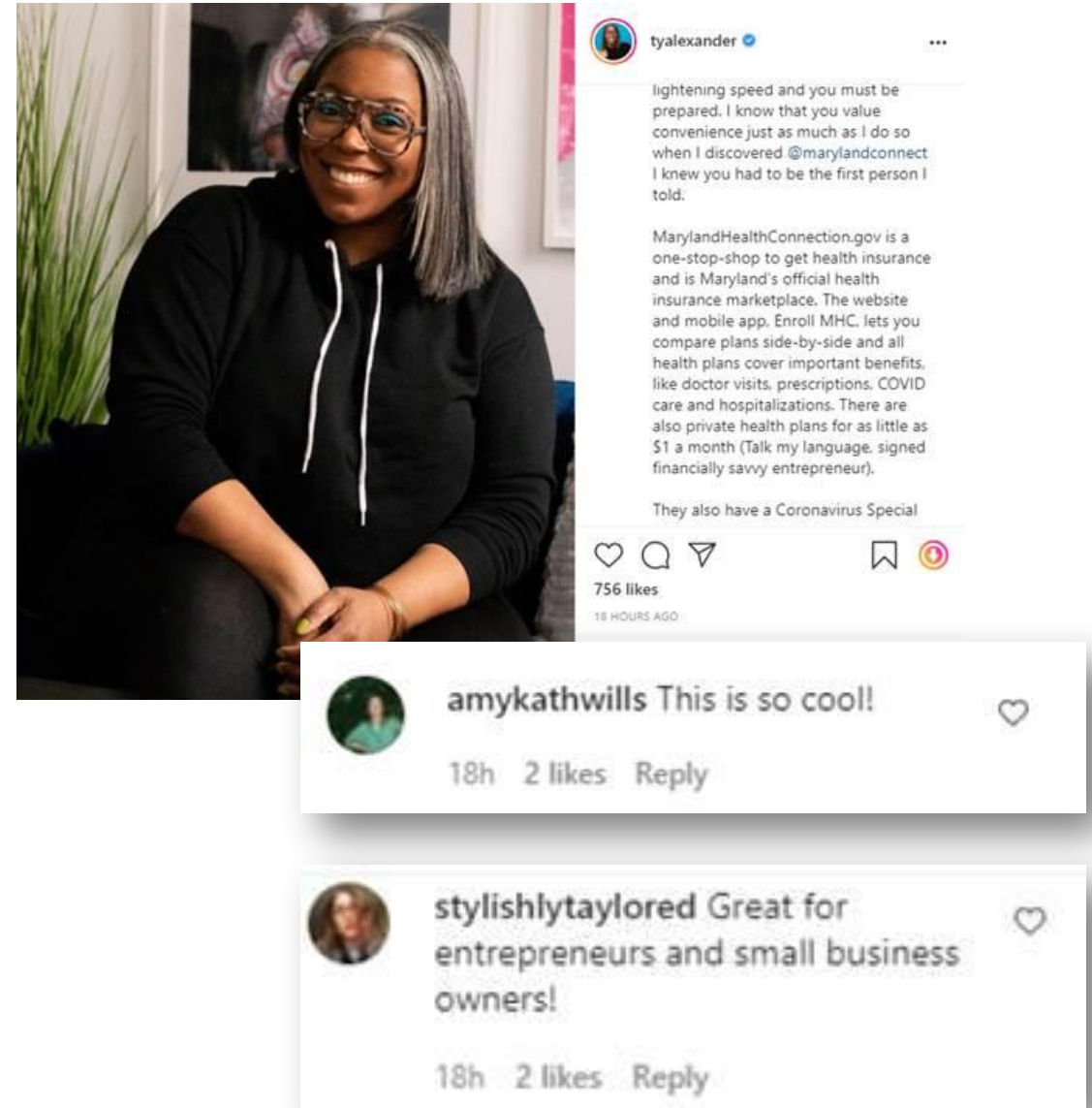


Festival Salvadoreñisimo in Gaithersburg, MD

- Attending community events, including major Hispanic festivals
- Producing all content in English and Spanish, and select content in top languages requested by consumer assistance organizations
- Hosting a virtual conversation: “The Health of Black Men” co-hosted by the AFRO, a Black newspaper, with a panel of male leaders across the state

Other Innovative Tactics

- Radio events on station Facebook Live
- Micro-influencer engagement
- Hosting Facebook Live virtual events and consumer Q&A hosted by influencer



2021 Partnerships

Our team is revisiting existing partnerships and exploring new partnerships among organizations with strong reach among currently uninsured, 19- to 34-year-olds, and those likely impacted by COVID-19.

- **Hospitality industry** to reach the many employees impacted by COVID-19
- **Higher education** to reach young adults, particularly students at community colleges, trade schools, and HBCUs
- **Creative community** with an emphasis on Black creators; leveraging influencers and networks
- **Hispanic community organizations** to deepen trust in MHBE
- **State agencies** to ensure relevant messaging is reaching target audiences

Join Us!

Partnership with the AFRO

- Brian Olds (moderator)
- Dr. Dubin (Cardiologist)
- D. Watkins (Community Activist)
- Andrew Suggs (CEO Live Chair Health)
- Kevin Peck (The AFRO)

A FOCUS ON
**THE HEALTH OF
BLACK MEN**
A VIRTUAL CONVERSATION PRESENTED
BY MARYLAND HEALTH CONNECTION

SEPT. 28TH | 7PM
ON AFRO NEWS' FACEBOOK LIVE

MODERATOR
BRIAN J. OLDS
FOUNDER, BLACK
SPEAKERS NETWORK

maryland health connection™
AFRO NEWS
THE BLACK MEDIA AUTHORITY

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Immigration Eligibility Standards

Eligibility & Immigration Status

- Maryland is home to an estimated:
 - 244,693 total undocumented individuals
 - 115,856 **uninsured** undocumented individuals
- MHBE is working on a report on coverage options for undocumented immigrants, as requested by the legislature
 - Staff will notify workgroup members about upcoming briefings
- Resources:
 - [Enrollment and Eligibility Information for Immigrant Families](#) (MHC)
 - [UNDERSTANDING IMMIGRATION STATUS UNDER THE ACA](#) (MDH)
 - [Immigration Fast Facts](#) (CMS)

Eligibility & Immigration Status

Immigration statuses eligible for Individual Marketplace coverage:

- Qualified immigrants under the “5-year bar” (also eligible for APTC)
 - 5-year bar: otherwise-qualified immigrants must be lawfully present for 5 years before they are eligible for Medicaid (with some exceptions)
- Immigrants exempt from 5-year bar
 - Children, pregnant women, asylees, refugees, etc.
- Lawfully residing non-qualified immigrants / individuals with valid nonimmigrant status
 - Student/work visas, temporary resident status, pending application for asylum, etc.

Not eligible for Marketplace coverage:

- Undocumented immigrants
- DACA recipients ([7,560 in MD](#))

Financial assistance eligibility:

- Lawfully present immigrants with income between 138% and 400% FPL
- Qualified immigrants under the 5-year bar with income up to 400% FPL



Discussion

Discussion Questions

- Any questions?
- Which populations do you think need more targeted outreach?
- How can we best target outreach to eligible immigrant populations?
- How can we best target outreach to other target populations? What are barriers to enrollment for these populations we need to consider in targeting outreach?
- MHBE has an enrollment target for young adults. Should MHBE set enrollment targets for other populations? If so, how would you recommend that MHBE set those targets (e.g., based on analysis of who is uninsured and using an equity lens)?

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Public Comment

Next Steps

- TBD

Next meeting: Friday, October 8, 1 - 2:30 PM

[Workgroup Webpage](#)

MHBE Staff Contacts

Becca Lane: becca.lane@maryland.gov

Johanna Fabian-Marks: johanna.fabian-marks@maryland.gov

Appendix



Plan Certification and Affordability Initiatives

Value Plan Standards

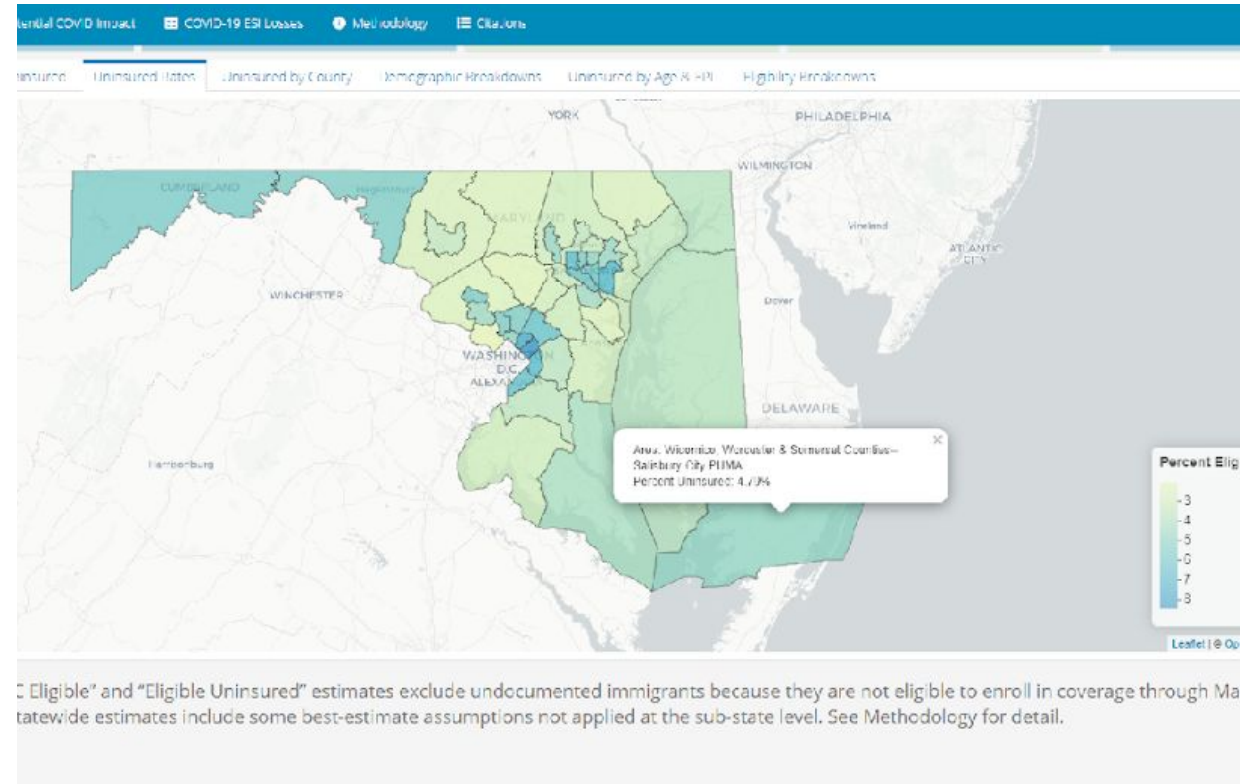
- Diabetes disproportionately affects people of color in Maryland. For PY 2022, MHBE worked to better support Maryland's diabetes initiatives by requiring silver and gold value plans to offer diabetes supplies without cost sharing

Young Adult Subsidy

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

MHBE Uninsured Dashboard

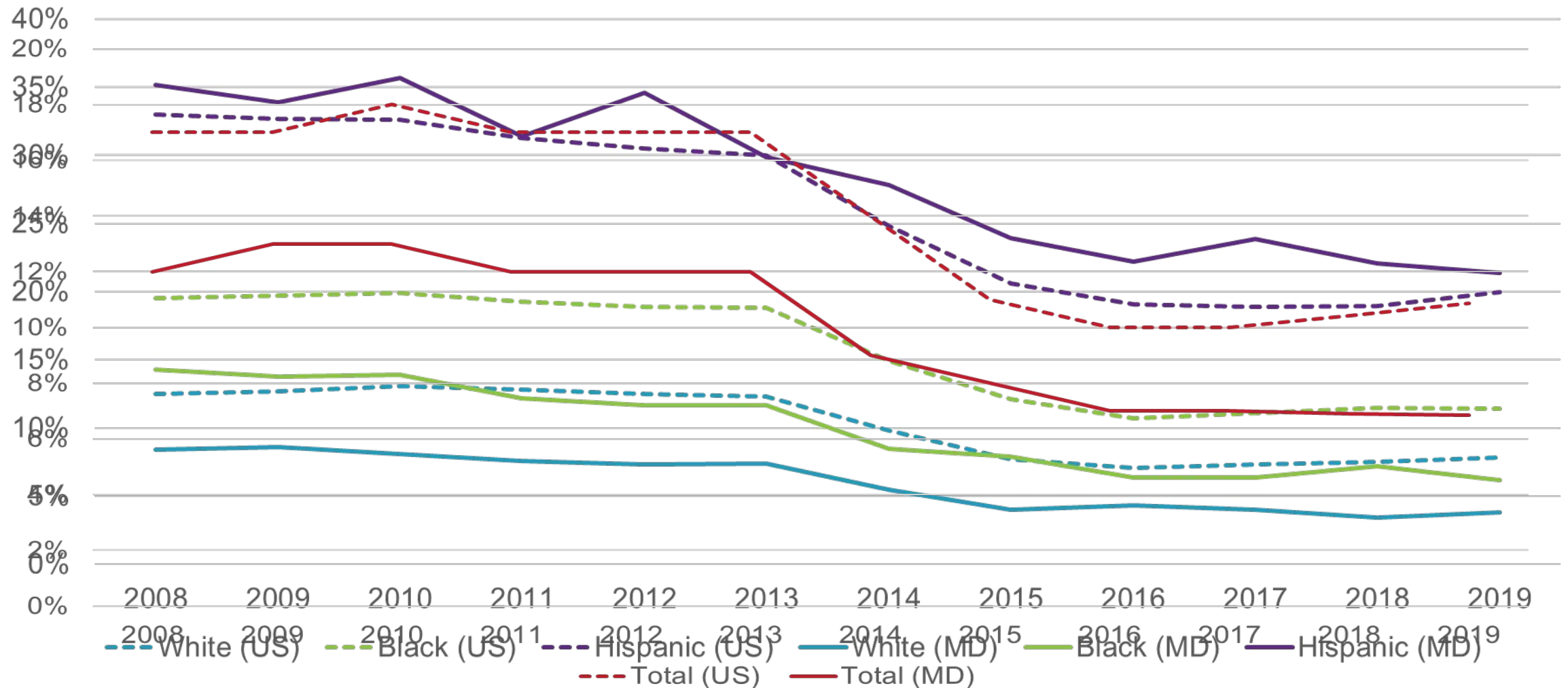
Interactive MHBE Uninsured Dashboard available at:
https://www.marylandhbe.com/wp-content/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html





Enrollment by Race & Ethnicity

Percent Uninsured by Race and Ethnicity, MD and US



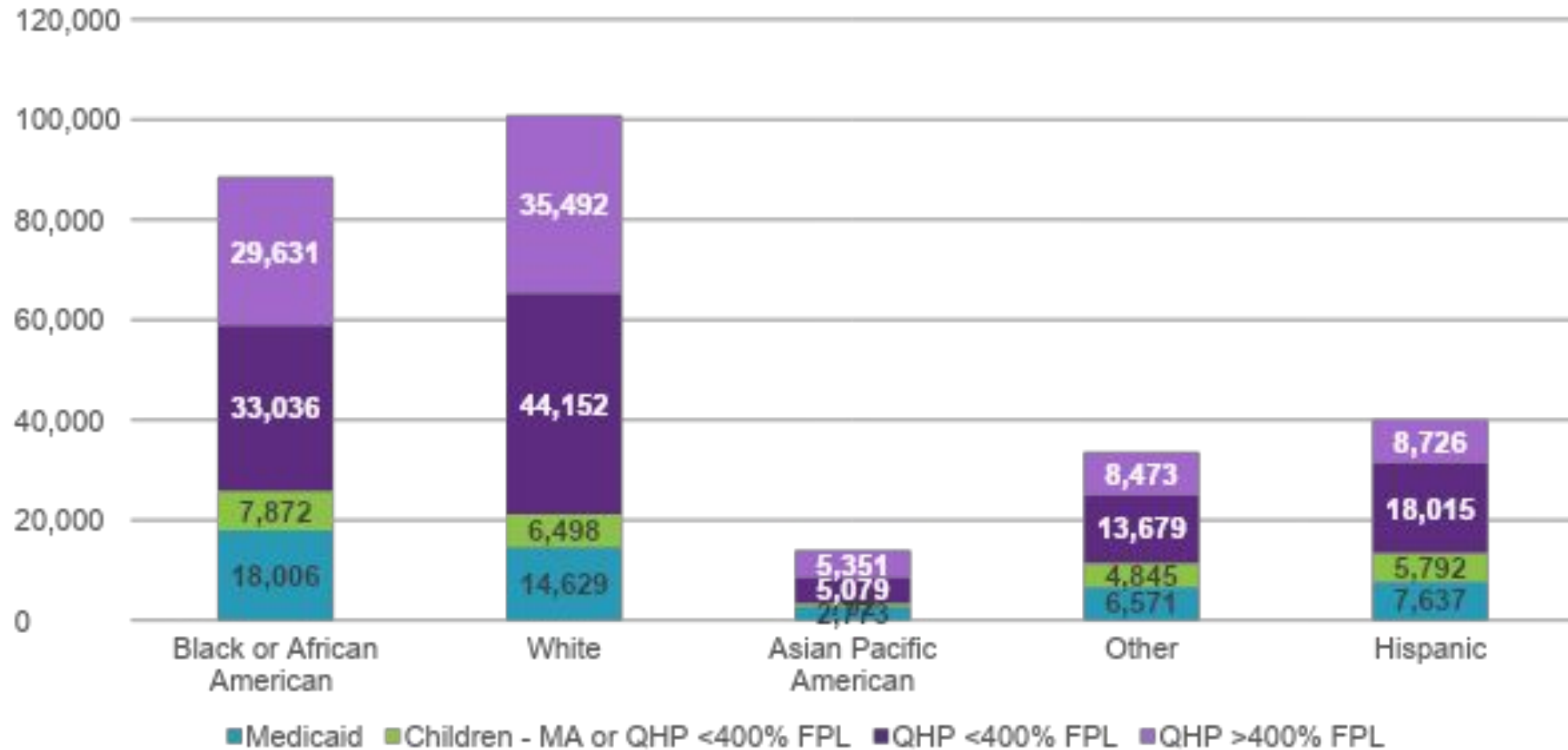
Data from Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity>

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.

MHBE 101 – Overview

- **MHBE is a state-based health insurance marketplace/exchange launched in 2014**
 - Operates the **Maryland Health Connection** enrollment platform (website, app, call center)
 - Serves most **Medicaid** enrollees (1.2M) and legally present people in the **individual market** (165,000 - no affordable employer coverage, ineligible for Medicaid/Medicare)
 - Only source of **financial assistance** for people in the individual market: federal subsidies to cap premiums at 0%-8.5% of income and reduce cost-sharing for low-income individuals, state premium assistance for young adults
- **MHBE authority/scope includes:**
 - Conducting **outreach and enrollment** activities, overseeing the Navigator program
 - **Enhancing MHC** to improve the enrollment experience
 - **Setting plan certification standards** for individual market plans sold through MHC. Plan certification standards can encompass features such as plan design (e.g. covering certain services pre-deductible) and information provided to consumers (e.g., giving MHBE provider network data so we can offer an integrated provider directory during plan shopping)
 - Administering the **reinsurance** program and **young adult subsidy** program

MHBE 101 - Purposes of the Exchange

(c) Purpose. -- The purposes of the Exchange are to:

(1) reduce the number of uninsured in the State;

(2) facilitate the purchase and sale of qualified health plans in the individual market in the State by providing a transparent marketplace;

(3) assist qualified employers in the State in facilitating the enrollment of their employees in qualified health plans in the small group market in the State and in accessing small business tax credits;

(4) assist individuals in accessing public programs, premium tax credits, and cost-sharing reductions; and

(5) supplement the individual and small group insurance markets outside of the Exchange.

Insurance Article 31-102 Annotated Code of Maryland, *Maryland Health Benefit Exchange*

MHBE 101 – General Powers of the Board/Guardrails

- The Board can take “any lawful action that the Board determines is necessary or convenient to carry out the functions authorized by the Affordable Care Act and consistent with the purposes of the Exchange.”
- The powers of the Board cannot supersede the “authority of the Commissioner to regulate business in the State” or the requirements of the ACA.

Insurance Article sections 31-102(d)(1); 31-106 (b) Annotated Code of Maryland