Standing Advisory Committee Meeting

September 9, 2021

MHBE Policy Department

MARYLAND HEALTHBENEFIT EXCHANGE

Agenda

2:00-2:15 | Welcome and Executive Update
Ken Brannen, SAC Chair, and Dana Weckesser, SAC Board Liaison
Michele Eberle, MHBE Executive Director

2:15-2:40 | Staff Updates: Open Enrollment Dates, Young Adult Subsidy Implementation, and Health Equity Workgroup
Johanna Fabian-Marks and Becca Lane, MHBE Policy

2:40-3:10 | 2023 Proposed Plan Certification Standards
Johanna Fabian-Marks, MHBE Policy

3:10-3:50 | Navigator Program Grants
Heather Forsyth, MHBE Director of Consumer Assistance, Eligibility and Business Integration

3:50-4:00 | Public Comment

4:00 | Adjournment

Welcome

MHBE Executive Update

Staff Updates:

Open Enrollment Dates,
Young Adult Subsidy Implementation,
Health Equity Workgroup

Open Enrollment Dates

- Open Enrollment is established in regulation to run from Nov. 1 – Dec. 15, but the Exchange may modify the open enrollment period (OEP) with the approval of the Board. (COMAR 14.35.07.11)
- On February 16, MHBE notified the Board that we planned to maintain 2022 OEP dates of Nov 1 – Dec 15, 2021.
- In July, CMS proposed in regulation to establish uniform open enrollment dates of Nov 1 – Jan 15 for all exchanges (federal and state-based).
  - We expect the OEP dates to be finalized as proposed this month
  - We plan to request that the Board modify the OEP dates accordingly at the Sept 20 Board meeting

Young Adult Subsidy Implementation

- **2022 eligibility and payment parameters**
  - April 19: 2022 proposed parameters adopted by the Board, followed by a public comment period on the proposal. All commenters supported the parameters as proposed.
  - May 17: Final parameters adopted by the Board.
- **Implementing regulations**
  - June 16: Draft proposed regulations shared with stakeholders for informal 30-day comment period
  - Sept. 10: Proposed regulations will be published in the Maryland Register
  - Oct. 12: 30-day comment period ends
  - November 15: Board vote to adopt final regulations
  - December 17: Final regulations published in Maryland Register
- **System updates**
  - Young adult premium assistance will be displayed on MHC during open enrollment
  - Premium assistance will be automatically applied for eligible renewing enrollees

MHBE Health Equity Workgroup

Goal: Develop recommendations for MHBE to advance health equity

Members: Providers, issuers, consumer advocates, navigators, academia, nonprofits, state agencies; representation from across the state

Meetings: Open to the public

- Tuesday 8/31, 3-4:30
- Friday 9/10, 1-2:30
- Every other Friday until 12/3 for 8 total sessions

Possible focus areas:

- Race, ethnicity & language (REL) data collection
- Outreach and enrollment
- Insurance design (e.g., cost sharing and coverage/benefits)
- Supporting the statewide vision for high-quality primary care
- Social determinants of health
- Quality improvement

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- https://www.marylandhbe.com/policy/work-groups/health-equity-work-group/

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Health Equity Workgroup Members

Member	Affiliation
Richard Amador	HealthCare Access MD
William Ashley	LifeBridge Health System
Noel Brathwaite	MDH Office of Minority Health & Health Disparities
Alyssa Brown	MDH Office of Health Care Financing
Shari Curtis	Prince George's Healthcare Action Coalition
Bryan Gere	University of Maryland Eastern Shore
Diana Hsu	Maryland Hospital Association
Kim Jones-Fearing	Kim Jones-Fearing MD LLC
Stephanie Klapper	Maryland Citizens' Health Initiative
Nicole Mallette	Maryland Insurance Administration
Theressa Lee	Maryland Health Care Commission
Allison Mangiaracino	Kaiser Permanente

Member	Affiliation
Jomy Mathew	United Healthcare
Joshua Morris	HealthCare Access MD
Marie-Therese Oyalowo	University of Maryland Eastern Shore
Dania Palanker*	Center on Health Insurance Reforms, Georgetown University
Ligia Peralta	Casa Ruben, Inc.
Megan Renfrew	Health Services Cost Review Commission
Patricia Swanson	CareFirst BlueCross BlueShield
Barbara Tighe	HealthCare Access MD
Nikki Highsmith Vernick	The Horizon Foundation
Sheila Woodhouse*	University of Maryland Medical Capital Region Health Medical Group

*Co-chairs

Proposed 2023 Plan Certification Standards

2023 Proposed Plan Certification Standards and Initiatives

Proposed plan certification standard

- Add a Dental PayNow requirement for participating SADPs. This would:
  - Enable dental enrollees to pay their first months' premium to effectuate coverage immediately upon enrolling
  - Mirror the PayNow functionality we provide for medical plans

Proposed plan management initiative

- Add stand alone vision plans (adult benefit) to MHC for plan year 2023
  - Pediatric vision is covered by QHPs

MHBE Navigator Program

Deep Dive for MHBE's Special Advisory Committee September 2021

A service of Maryland Health Benefit Exchange

Discussion Topics for SAC

- MHBE is seeking input on the Navigator program in anticipation of a new RFA (Request for Applications) grant cycle for FY23
- This deck provides some history on the program, as well as some legislative requirements, current approach, and funding
- Some topics for consideration include
  - Program Goals
  - Navigator Roles
  - Regional Approach and Targets
  - Performance Metrics
  - Cost Mechanisms/Funding Approach
  - Other alternatives (e.g., MHBE-funded Walk-in Centers? Traveling Enrollment Assistance?)

MD Navigator Program History

- Navigator program formed in 2013 with stakeholder input and recommendations
- Regional approach, border to border; there is at least one navigator in every county
- Navigators are one part of CAW team – work with Call Center, CACs, Producers, Caseworkers
- In addition to required activities, over time MHBE has relied on Navigators to perform stakeholder testing; canary system problems; assist with escalated cases; provide information to elected reps in their regions; provide support for CACs and producers in their regions; partner with MHBE's ACP to identify and solicit additional ACP organizations; co-develop navigator quality requirements; and conduct and report on consumer satisfaction surveys
- Assistance with Special Projects, e.g., MEEHP Outreach
- Navigators have helped bring uninsured rate in Maryland from 12% to below 6%
- Early RFAs stressed outreach through non-Navigator personnel (Assisters) who were federally funded specifically for outreach and Medicaid application assistance.

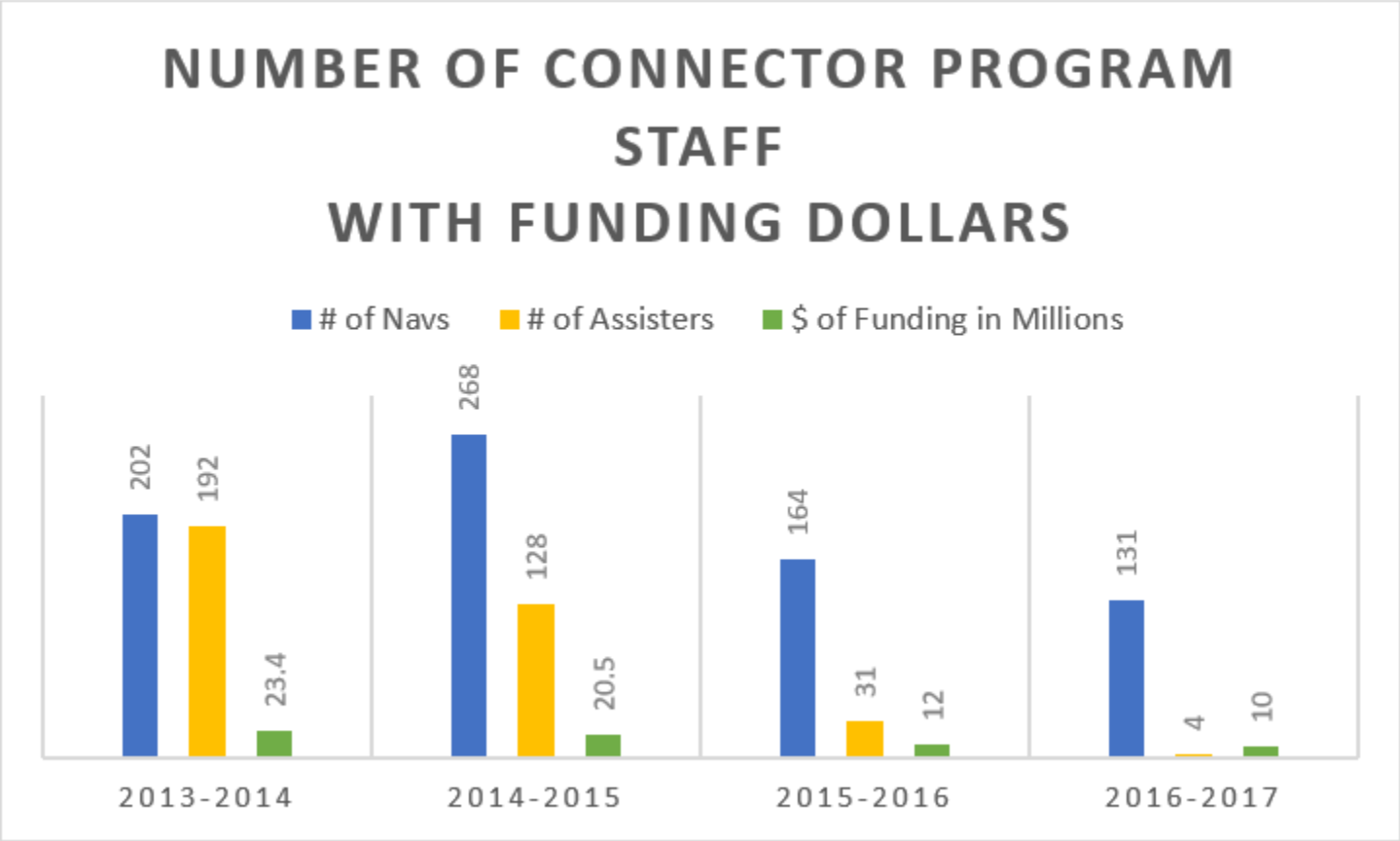
RFA Grant History (1 of 2)

- 2013-2016 (Year 1 HIX, Year 1 HBX, 1st Renewal Year)
- 2016-2019 (Carriers Leave, Rates Increase, Reduced Funding to Current Levels, Trump Administration)
- 2019-2022 – (COVID) FY 22 last year of services under current RFA
- New RFA for services to start July 1, 2022
- RFA Timeline – Issue RFA March 1, Board Approval at May meeting, Sign agreements in June, begin in July

RFA Grant History (2 of 2)

- Last 3 years, $10 M each year, funding distributed primarily by overall population with some consideration for % uninsured and geography
- Level staffing at or near 135 Navigators
- 2016 RFA focused on application and enrollment assistance; outreach was an offshoot of other activities; no specific outreach or enrollment targets; grant philosophy – grant awards based on proposals, compliance and timeliness; block grants rather than reimbursed expenses (included budget reporting); quarterly performance reports captured application, enrollment, outreach, contact metrics
- 2019 RFA included (FY20) enrollment goals (New, MA and QHP combined) of 31,300. Per Executive report dated 12/31/19 Navigators assisted with 70,316 combined (QHP/MA, New/Renewal) enrollments

Funding and Personnel

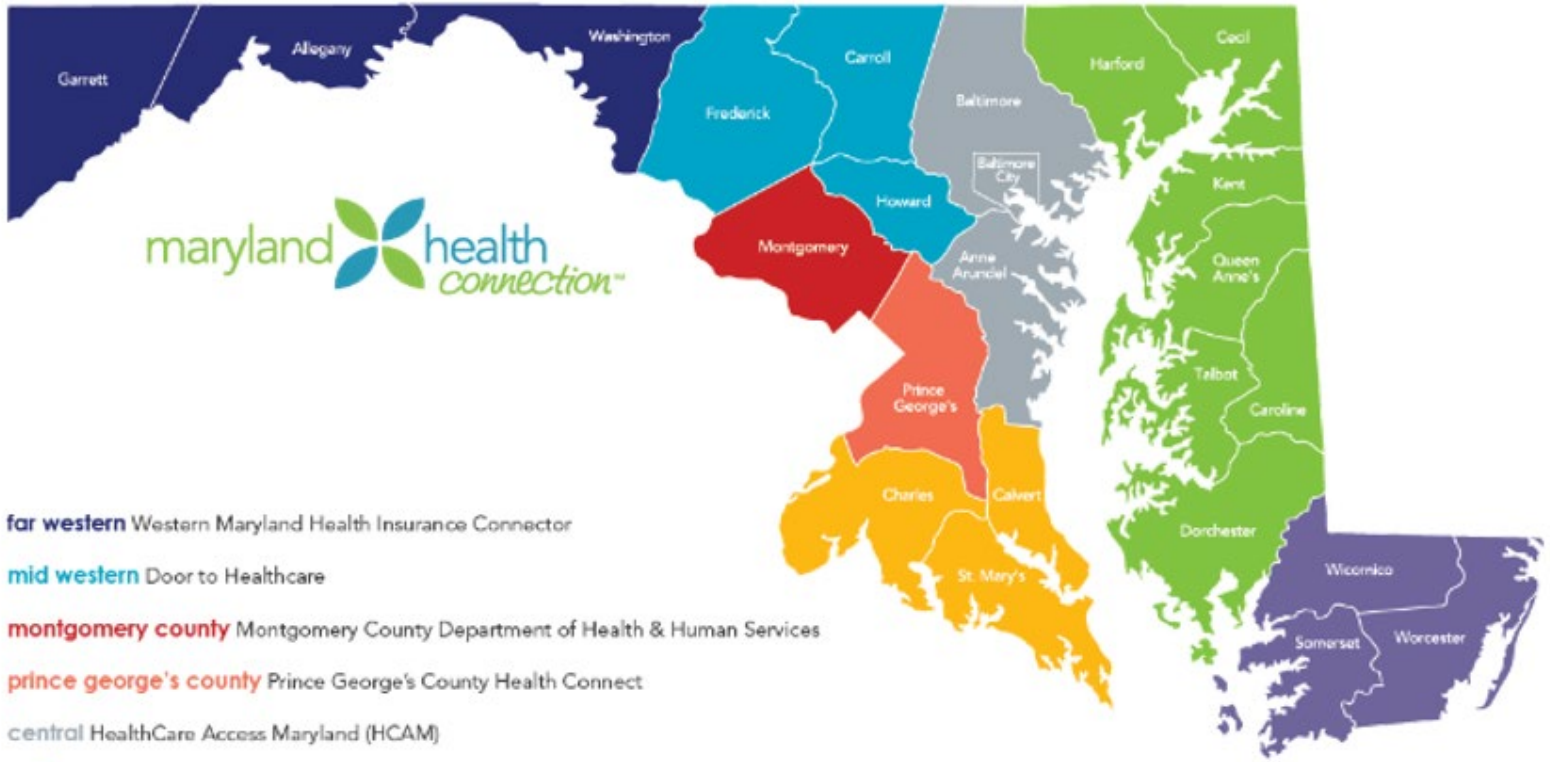


Funding and Number of Navigators has not changed since 2017 - $10M each year, down from high of $23M – and stable at 125-135 Navigators. Assisters have not been funded since 2016.

Current Regional Approach

maryland health connection

Consumer Assistance Regions



far western Western Maryland Health Insurance Connector

mid western Door to Healthcare

montgomery county Montgomery County Department of Health & Human Services

prince george's county Prince George's County Health Connect

central HealthCare Access Maryland (HCAM)

southern Door to Healthcare

upper eastern shore Seedco

lower eastern shore Lower Shore Health Insurance Assistance Program

Current Pressures

- Over the past 8-9 years, MHBE has worked with organizations to build trusted sources of information and assistance in signing people up for health insurance.
- Many of these organizations have served their communities for decades, connecting residents to various services. They have developed close relationships with their clients and are well positioned to empower communities to make informed health decisions.
- The impact of the pandemic has put intense pressure on these organizations and the communities they serve.
- Many have growing concerns for how they will conduct their work in the future and how they can get to the people who need the most help.

Need for Navigator Assistance Ongoing

Kaiser Family Foundation

"Despite limited federal funding for Navigators, the need for outreach and in-person enrollment assistance has not diminished. A recent* KFF national survey on consumer assistance found that consumers highly value enrollment assistance and estimated that nationwide about seven million consumers received help shopping, applying for, and enrolling in coverage in the past year, while nearly five million more tried to find help but could not, The survey also found that most people seeking marketplace or Medicaid coverage experienced some difficulties with the process, and 40% of those who enrolled in coverage with help said it was unlikely they would have their coverage if not for consumer assistance. In addition, 60% of consumers who received no help said they would likely seek consumer assistance if it were available."

* 2019

Legislation

- MHBE Act of 2012:
  - Establishes a Navigator program in accordance with § 1311(i) 26 of the Affordable Care Act
  - Sets up Navigator program; defines oversight relationship between the MHBE, MIA and MDH
- ACA says – establish a program to award navigator grants; navigator duties include public education activities to raise awareness of the availability of qualified health plans; distribution of fair and impartial information about QHPs and the availability of premium tax credits and cost sharing reductions; facilitate enrolment in QHPs, provide applicable referrals for complaints or grievances; provide information in culturally and linguistically appropriate manner; sets forth who can (and cannot) be a navigator; grants to be made from operational funds of the Exchange (not establishment grants, though this was later modified)
- See also 45 CFR § 155.210 - Navigator program standards.

Federal Regulations

Navigators Must:

- Maintain expertise in insurance affordability programs
- Provide information in a fair, unbiased, and impartial manner
- Facilitate QHP selections
- Provide referrals
- Provide information in a culturally and linguistically appropriate manner
- Obtain consumer's authorization and consent to serve
- Provide targeted assistance to serve underserved or vulnerable populations as identified by the Exchange (but not exclusively, as all Navigators are required to assist any consumer seeking assistance)

Federal Regulations

Navigators Must Not:

- Be a health insurance issuer or subsidiary of issuer
- Be an association that lobbies on behalf of the insurance industry
- Receive consideration from issuer in connection with enrollment
- Charge any applicant for Navigator assistance
- Provide gifts as an inducement for enrollment, nor use Exchange funds to purchase such gifts
- Solicit for application or enrollment assistance by going door-to-door or other unsolicited means of direct contact including “cold-calling” - (outreach and education activities may be conducted) Note: It is against federal law to place outreach or educational materials directly into a consumer’s mailbox.
- On the FFM, *individual* Navigators may not be compensated on a per application, per individual assisted, or per enrollment basis.

State Legislation

MD Ins Code § 31-113 (2018)

Navigator Program to provide comprehensive consumer assistance services including:

- Conducting education and outreach
- Distributing information about the exchange, eligibility requirements and procedures for enrolling on the exchange
- Facilitating QHP plan selection, including application, enrollment, renewal and disenrollment processes
- *Facilitating eligibility determinations for Medicaid programs, including application, enrollment and disenrollment processes*
- Providing appropriate referrals
- Providing information in a culturally and linguistically appropriate manner
- *Providing ongoing support with respect to issues relating to eligibility, enrollment, renewal and disenrollment in insurance affordability programs*

Feedback from Current Grantees

- Continue to provide virtual assistance as an option
- Co-location with LHDs and LDSSs efficient use of funding and increased partnership
- Level funding means for some Navigators no salary increase for several years – provide regular, even if small, annual funding increases
- More Navigators, smaller call center
- Improved Training
- Less is More – Navs are often “cleaning up” after others
- Use telephone/IVR technology to provide direct connect from call center to CEs
- More data/analysis of uninsured to better target outreach
- Reporting dashboard so CEs can run their own reports
- Longer grant cycle

Other SBMs - *California*

- State Pop of 40 million
- 1.6M QHP and 5M Medicaid - 23% of QHP enrollments by “enrollment counselors” (368,000) – proportionate to population
- Grants $6.5M per year – funds 40 grantees, 60 subgrantees
- “Block” grants with quarterly disbursements
- Core region grants plus 4 meta regions (high density uninsured)
- Enrollment goals set with effectuation costs, e.g., $175 per effectuation so if $50,000 grant the goal is 286 (effectuated) enrollments
- +/-$30 for over/under enrollment goals
- Outreach goals set with points for outreach activities

Other SBMs - *New York*

- State Population 19.4M
- 276K QHP enrollees; 3.5M Medicaid
- $27M for Navigator Program – ½ for NYC and ½ for rest of state
- 5-year RFA began in 2018
- 905 “Navigator Agency Site Locations”/46 Orgs/510 Navigators
- No outreach requirements (3% of budget on materials distribution)
- 5% Admin Costs plus 10% Indirect Costs
- Expenditure reports every 30 days (reimburse for actuals)
- 2013-2017 Navigators submitted 9% of apps and handled 367,000 enrollments
- No enrollment quotas but monthly productivity reports

Other SBMs - *Washington State*

- State Pop 7.6M
- 193,572 QHP and 3 million Medicaid Enrollments
- 7 Lead Navigator Orgs, $2.2M funding
- Funding distributed by county in amounts ranging from $2,000 to $600,000
- Obviously not full time or working 50% or more on grant activities; ramp up during OE like CSC
- $65,000 for costs associated with operating one of three enrollment centers
- Lead Navigator Organizations establish partnerships with community organizations (network partners). LNOs are responsible for and coordinate outreach efforts and act as key POCs for program. Network partners hire and maintain navigators for application and enrollment assistance. Partners in network sense; legal relationship is contractor to sub-contractor.
- All performance metrics related to timeliness except 75% of QHP enrollees retain coverage and 85% renew; customer service surveys 90% or more rate good or excellent

Others SBMs - *Massachusetts*

- 6.8M Population (closest to MD)
- 1.17M in MA; 216,779 in Connector Care (subsidy up to 300% FPL); 19,025 aQHP and 57,652 uQHP
- 16/26 Nav Orgs with 94 Navs - $1.14M funding in 2015
- 157 CACs; 8 Walk in Centers (centers separately funded)
- Navs handled 6,298 apps for 11,155 people and enrolled 6,090; supported 28,184 existing members, attended 522 events, and hosted 13 enrollment events

Federal Marketplace

- 2021 NOFO for $80M per year for Navigator grants for FFM exchanges
- Performance will be measured by:
  - Awardee's ability to meet the self-imposed performance metrics (project goals) laid out in their original approved application;
  - Ensuring its target number of Navigators are trained and certified/re-certified each year by October 1; and
  - Achieving a completion rate of at least 50% for each of the remaining project goals in its approved application by the sixth month mark of each budget period.

County	QHP Enrollments Nov 1 '20 thru July 2021	Medicaid Enrollments Nov 1 '20 thru July 2021	Population 2021*	Total enrollments as % of total population	NUMBER MHC-eligible Uninsured**	PERCENT MHC-eligible Uninsured**	
Prince George's County	22,492	207,592	908,743	25%	47,753	5.76%	*
Baltimore City	21,756	177,640	575,584	35%	33,315	5.70%	*
Allegany County	1,612	17,313	69,366	27%	3,713	5.54%	*
Garrett County	1,176	6,870	28,776	28%	1,516	5.54%	*
Washington County	3,520	37,254	151,835	27%	7,657	5.44%	*
Wicomico County	2,917	29,417	104,739	31%	4,640	4.79%	*
Worcester County	3,045	11,383	52,908	27%	2,328	4.79%	*
Somerset County	734	7,188	25,636	31%	1,172	4.79%	
Calvert County	1,818	12,634	93,445	15%	3,823	4.25%	
St. Mary's County	1,845	19,441	115,090	18%	4,710	4.25%	
Baltimore County	10,053	199,647	826,392	25%	33,686	4.24%	
Montgomery County	42,912	159,486	1,055,110	19%	40,041	4.20%	
Caroline County	1,130	10,191	33,606	34%	1,238	3.87%	*
Dorchester County	1,150	10,588	31,867	37%	1,218	3.87%	*
Kent County	596	4,072	19,398	24%	741	3.87%	
Queen Anne's County	1,951	7,286	50,847	18%	1,844	3.87%	
Talbot County	1,390	6,941	37,395	22%	1,405	3.87%	
Cecil County	2,489	23,065	103,277	25%	3,884	3.87%	
Anne Arundel County	13,156	85,187	586,656	17%	17,984	3.26%	
Charles County	2,723	30,401	166,819	20%	5,007	3.20%	
Frederick County	7,177	37,881	268,755	17%	7,740	3.19%	*
Harford County	5,692	40,256	258,559	18%	7,823	3.13%	
Carroll County	4,017	19,686	168,807	14%	4,538	2.75%	
Howard County	10,259	41,046	331,828	15%	8,280	2.73%	

* Source: U.S. Census Bureau

** Source: MHBE, IPUMS USA 5-year ACS 2019

Possible Meta Regions?

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Public Comment