

MHBE Health Equity Workgroup

Session 4 – October 8, 2021

Agenda

1:00 - 1:10 | Welcome
Dania Palanker, co-chair
Sheila Woodhouse, co-chair

1:10 – 1:15 | Vote on Session 3 Minutes
All members

1:15 - 1:30 | Insurer Presentation: Health Equity at Kaiser Permanente
Stacey Shapiro, MPH, RD, CPHQ, Director of Population Care Management, Mid-Atlantic Permanente Medical Group

1:30 - 1:45 | Discussion
All members

1:45 - 1:55 | Overview of Health Insurance Literacy Research and HIL Efforts at MHBE
Johanna Fabian-Marks, Director of Policy and Plan Management

1:55 - 2:25 | Discussion
All members

2:25 - 2:30 | Public Comment

2:30 | Adjournment

The background is a solid teal color. In the center, there is a stylized flower graphic composed of four overlapping, rounded petals. The petals are a lighter shade of teal than the background, creating a subtle, layered effect. The text "Session 3 Minutes" is centered horizontally and vertically over the flower graphic.

Session 3 Minutes

Kaiser Permanente of the Mid-Atlantic States Health Equity

Stacey Shapiro, MPH, RD, CPHQ
Senior Director, Population Care Management
Mid-Atlantic Permanente Medical Group

KPMAS Strategy for Health Equity

1 Equity, inclusion, and diversity

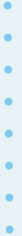
2 Clinical quality improvement

3 Community health

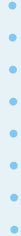
4 Workforce

Health Equity is incorporated into all facets of Kaiser Permanente of the Mid-Atlantic States

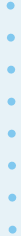
Equity, Inclusion, and Diversity
Mission
Leadership



Care Delivery Clinical quality
Data collection
Disparity reduction
Quality improvement



Community Health
National
Local



Workforce
Physicians
Staff

Accolades



Dedication to Health Equity



Members of racial, ethnic, and cultural minorities

67% of workforce



Joint investments and grant funding to address systemic racism

\$100 million



Named best place to work for LGBTQ equality

15 years



DiversityInc Top 50 Companies for Diversity

15 years

Health Insurance Literacy (HIL) Research

- About half of adults in the U.S. report that their HIL is inadequate and confidence in using their insurance to access health care is low (Edward et al, 2019)
- There are disparities in HIL: racial/ethnic, socioeconomic, insured vs. uninsured (Edward et al, 2019; Villagra et al, 2019)
 - Black and Hispanic enrollees answered 53% and 50% correct on HIL knowledge test; white enrollees answered 74% correct (Villagra et al, 2019)
- Studies show:
 - Higher HIL is associated with greater primary care and preventive services utilization
 - Lower HIL is associated with higher likelihood of delaying or avoiding care (Yagi et al, 2021)

Villagra, Victor, et al., Health Insurance Literacy: Disparities by Race, Ethnicity, and Language Preference, *American Journal of Managed Care* Volume 25, Issue 3, March 2019, <https://www.ajmc.com/view/health-insurance-literacy-disparities-by-race-ethnicity-and-language-preference>.

Yagi, Brian, et al., Association of Health Insurance Literacy with Health Care Utilization: a Systematic Review, *Journal of General Internal Medicine*, May 2021 <https://link.springer.com/article/10.1007/s11606-021-06819-0>.

Edward, Jean, et al., Significant Disparities Exist in Consumer Health Insurance Literacy: Implications for Health Care Reform, *Health Literacy Research and Practice* Volume 3, Issue 4, November 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6831506/>.

MHBE Health Insurance Literacy Efforts

- Preventive service email reminders (sample on next slide)
 - Age 40: ask your doctor about a mammogram
 - Age 50: mammogram, colonoscopy, shingles vaccine
 - Sent in preferred language (English/Spanish)
- Decision support tools on MHC website
 - Provider directory search
 - Drug search
 - Flora (MHC chatbot)
 - Cost calculator



Dear [[FirstName]] [[LastName]] ,

Happy Birthday! If you or someone in your household is turning 50, remember to schedule your mammogram today.

What is a mammogram?

A mammogram is an X-ray picture of the breast to test for cancer.

How much does a mammogram cost?

It's free! Maryland Health Connection plans cover [preventive screenings for free](#). It is available at no extra cost, even if you haven't met your yearly deductible.

How often should I get a mammogram?

Women ages 50-74 should usually get a mammogram every two years.

Take care of yourself and your loved ones by using your health coverage!

Sincerely,
Maryland Health Connection

Read more [information about mammograms](#) from the American Cancer Society.

[View All Details](#)

[Important Notices](#)

[Find a Doctor](#)

[Drug Search](#)

Sort By: Total Cost Estimat
Per Page: 10

We've located **30** matching health plans

Edit Health Care Use

Filters

The estimated maximum tax credit is **\$265.00**.

Monthly Premium Tax Credit Selection

Adjust the slider below to select the estimated monthly tax credit.

\$265.00



If you select to apply \$0.00 towards your estimated monthly premium, you may claim the full tax credit amount when you file your taxes.

		Balance Gold Free Primary Care		METAL LEVEL: GOLD	QUALITY RATING: Not yet rated	Details
ESTIMATED MONTHLY PREMIUM \$1.00 Price after estimated \$255.46 tax credit	ANNUAL DEDUCTIBLE \$3000 per person \$6000 per group	ANNUAL OUT-OF-POCKET MAX \$8550 per person \$17100 per group	PRIMARY CARE CO-PAY No Charge	URGENT CARE CENTER \$50.00 Copay	H.S.A. Qualified No	
YOUR TOTAL YEARLY COST ESTIMATE		\$15 per household		(Select the "Edit Health Care Use" button to change the yearly cost estimate.)		
Find a Doctor		Important Plan Information		Plan Costs & Benefits		Drug Search
				Add to Compare	APPLY	



Discussion

Discussion Questions

- Questions?
- About which benefits/coverage-related topics have you observed the most confusion among beneficiaries/patients in your work?
- What do you think MHBE or insurers could do to help reduce benefits/coverage-related confusion?
- Do MHBE and insurers engage in any practices that make benefits more complex for beneficiaries to understand?
 - If so, what?
 - Could those practices be changed?

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Public Comment

Next Steps

Next meeting: Friday, October 22, 1 - 2:30 PM

[Workgroup Webpage](#)

MHBE Staff Contacts

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

Appendix



Plan Certification and Affordability Initiatives

Value Plan Standards

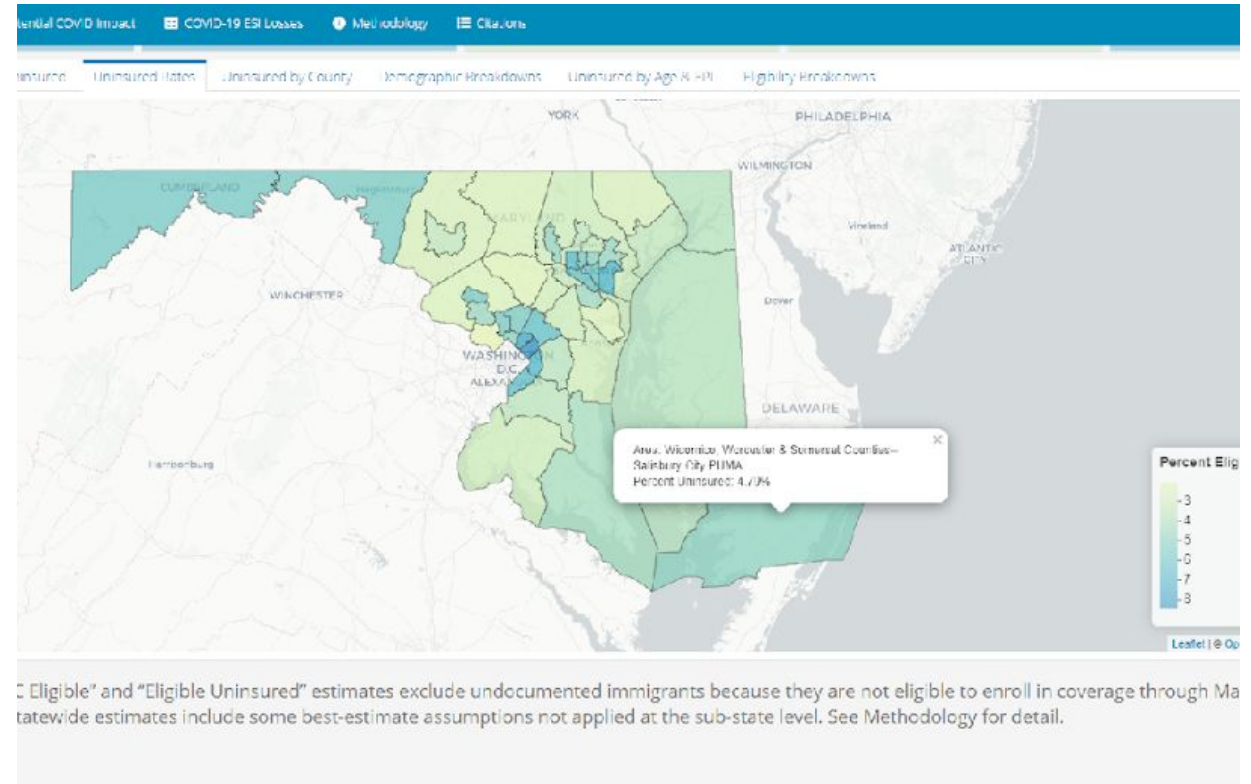
- Diabetes disproportionately affects people of color in Maryland. For PY 2022, MHBE worked to better support Maryland's diabetes initiatives by requiring silver and gold value plans to offer diabetes supplies without cost sharing

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

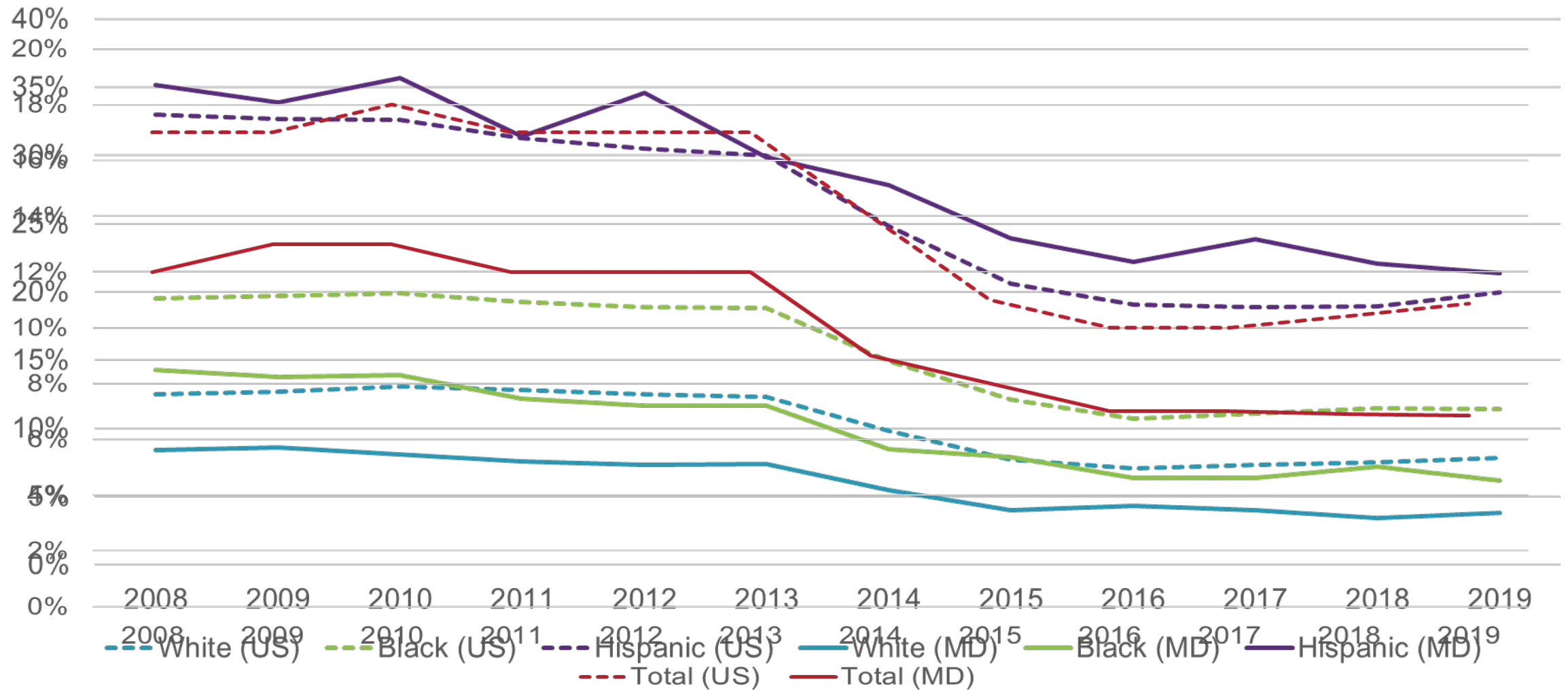
Interactive MHBE Uninsured Dashboard available at:
https://www.marylandhbe.com/wp-content/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html





Enrollment by Race & Ethnicity

Percent Uninsured by Race and Ethnicity, MD and US

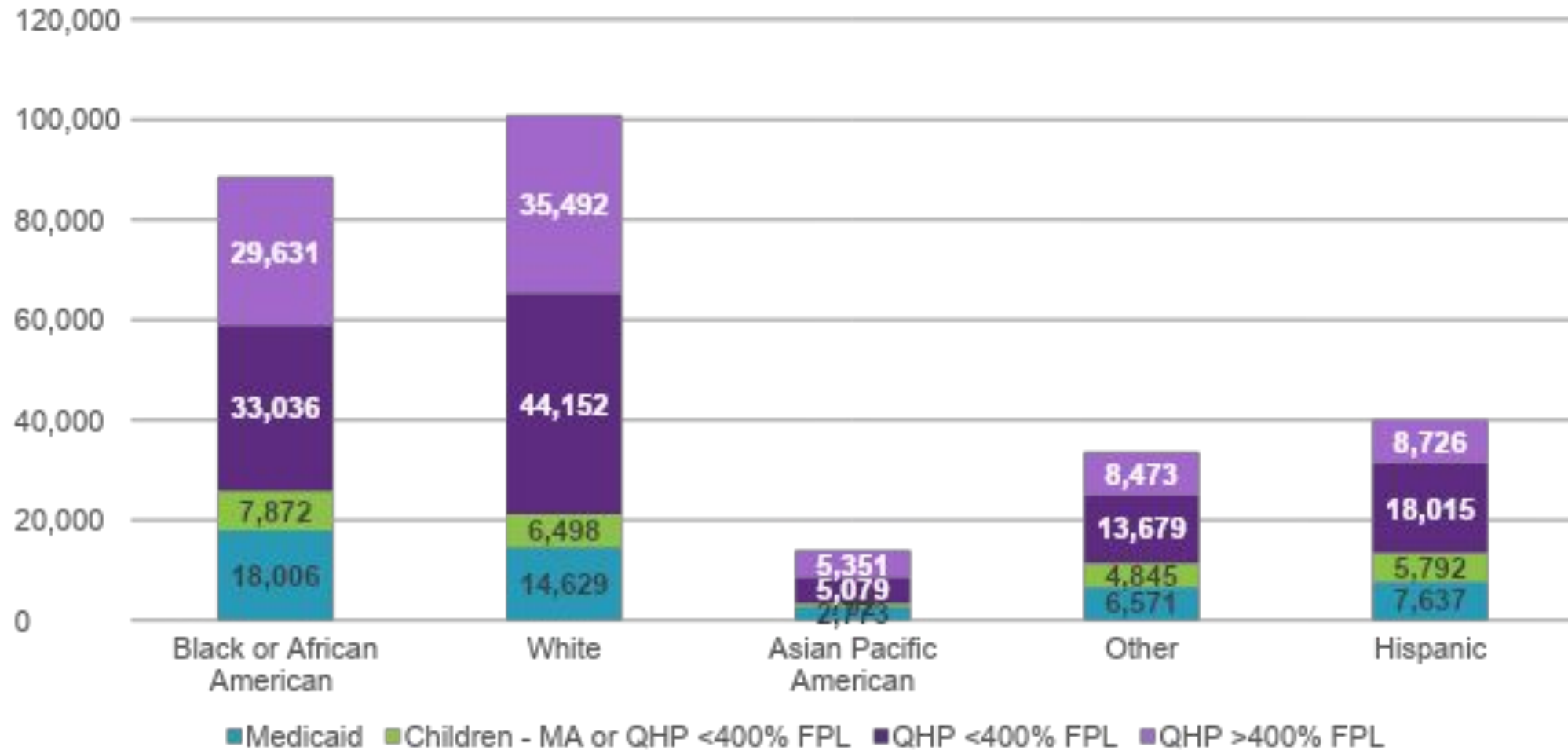


Data from Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity>

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



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

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