



MHBE Standing Advisory Committee Meeting

September 9, 2021

2PM – 4PM

Held via Google Meets

Members Present:

Ken Brannan
Evalyne Bryant Ward
Jon Frank
Bryan Gere
Al Helfenbein
Chris Keen
Stephanie Klapper
Michelle LaRue
Cathy Grason
Allison Mangiaracino
Dylan Roby
Ligia Peralta
Alyssa Sinagra
Lisa Skipper

David Stewart
Kathlyn Wee
Dana Weckesser – Board of Trustees Liaison

MHBE Staff

Michele Eberle
Johanna Fabian Marks
Heather Forsyth
Becca Lane

Members of the Public:

Diana Hsu
Laura Spicer
Matthew Celentano
Jasmin Shaw

Welcome and Executive Update:

Michele Eberle gave an executive update on the Exchange. Enrollment increased in 2021 compared to 2020, but this doesn't tell the full story. Between August 2019 and August 2021, total enrollments on Maryland Health Connection (including Medicaid and private plans) increased by 12%. On the private market alone, enrollment increased by 24% and the number of enrollments of people not receiving financial assistance increased by 74%, from 20,248 enrolled without financial assistance in 2019 to over 35,000 in 2021. This increase is a testament to the reinsurance program, the COVID special enrollment period, the increased marketing budget, and enhanced system functionality.

Rates were released this week for the individual and small-group marketplaces. We have come to the leveling off point of the reinsurance program: in years past we saw significant double digit reductions in premiums and this year we had, on average, a 2.1% increase in the individual market and a 5% increase in the small group market. Explanations include that carriers have factored in some unknowns for the cost of covid. MHBE will continue to monitor rates to ensure that we can keep plans affordable.

The National Academy for State Health Policy (NASHP) recently gathered data from the SBMs and released a report about the enhanced tax credits under ARPA. The report showed a significant

reduction in average household premiums post-ARPA. For those under 200% FPL, the premium reduction was over 50%. Of the 12 SBMs reporting, 9 had premiums of lower than \$50 per month. MHBE hopes that the enhanced tax credits will continue and will keep the SAC informed.

The Board of Trustees will meet on September 20 for its first in-person meeting. The meeting will be conducted in a hybrid format.

Other updates from the summer at MHBE:

- Preparations for open enrollment
- New dental provider directory
- Continued enhancements to robotic process automation, which helps with income verification
- All three carriers have the “pay now” feature, meaning that people can make their first payment as soon as they enroll. This increases the likelihood that they will stay enrolled. MHBE is also working with carriers to instate near real-time enrollment during the use of pay now.
- Live chat feature added to the MHC website
- Young Adult Subsidy program preparations are moving along (see below)
- Continued work with the Department of Labor to get the Easy Enrollment program up and running

Staff Updates

Cathy Grason -- Can MHBE share the NASHP report?

Answer -- Yes, we will share the report with the group.

Johanna Fabian-Marks shared with the group that Jessica Grau has left MHBE and moved on to a new position. We are working to fill her role.

Open Enrollment Dates Update

Johanna presented updates for open enrollment. CMS has proposed changing the open enrollment dates across all federal and state-based exchanges to be November 1 - January 15. MHBE had planned to maintain the original open enrollment period of November 1 - December 15, but if the CMS rule is finalized as proposed, MHBE will request that the Board modify the open enrollment period at the September 20 Board meeting.

Ken -- Will this change affect navigators and brokers?

Answer -- Yes. Navigators and brokers will be actively assisting consumers for a longer period. Also, those who enroll January 1 - 15 will have a February 1 effective date, which will be a change in how effectuation works during OE (no longer a January 1 effective date for everyone).

David -- The biggest difference is with advertising. His advertising and materials are prepared except for the dates because he has to wait until the rule is finalized. For navigators, it won't be much different than it's been for the past year.

Jon Frank -- Producers approve of the longer OEP because so much work falls on the holidays.

Michelle LaRue -- Navigators also approve of the longer OEP. Many immigrant communities travel over the holidays and an even longer OEP would be appreciated, such as starting before November 1.

Young Adult Subsidy Implementation Update

Johanna presented updates for YA subsidy implementation. The Board approved the eligibility and payment parameters in the spring. Proposed regulations were published in the Maryland Register on September 10 and the public comment period ends on October 12. The regulations are also available on the public comment section of the MHBE website. The board will vote to approve the final regulations toward the end of the year.

The young adult premium assistance will be displayed on MHC during open enrollment and it will be automatically applied for eligible renewing enrollees.

David -- The subsidy will be there from day one?

Answer -- Yes.

Health Equity Workgroup Update

The Health Equity Workgroup launched in August and has a large, geographically diverse group of members which includes providers, issuers, consumer advocates, navigators, academics, nonprofits, and state agencies (the member list is included in the presentation for this SAC meeting). The meetings are open to the public and joining information is available on the MHBE website. The group is in the process of prioritizing focus areas but topics that may be explored include race and ethnicity data collection, outreach and enrollment, benefit design, alignment with statewide programs, and social determinants of health.

Ken expressed support for the workgroup and its progress so far.

2023 Proposed Plan Certification Standards

Johanna presented the 2023 proposed plan certification standards. We have fewer proposed standards for 2023 because we are continuing work on 2022 initiatives, including the young adult subsidy and easy enrollment program.

One proposed standard is a Dental PayNow requirement for participating stand-alone dental plans to mirror the PayNow feature available for medical plans. This would allow enrollees to effectuate coverage immediately upon enrolling.

The other proposal is to add stand-alone vision plans for adults to MHC in PY 2023. Pediatric vision is currently covered by QHPs.

David -- So plan structures are staying basically the same, pre-deductible services aren't changing?

Answer -- That's right, we aren't proposing changes to value plan structures, so deductible ceilings and pre-deductible services will be the same for PY 2023.

Navigator Program Deep Dive

Heather Forsyth presented on MHBE's navigator program because a new grant cycle begins in FY 2023. We are seeking input from the SAC in preparation for the new request for applications.

For more on the MD Navigator Program, please see the slides and recording from this SAC meeting.

Dylan -- California has a convoluted system of "certified enrollment entities," which are organizations that CoveredCA partners with but that do not receive grants. The entities are compensated a different

way, so the size of their navigator program isn't reflected in their navigator grants. The certified enrollment entities were targeted to underserved populations.

Cathy -- is there an opportunity to zero in on "meta regions" that have higher SDOH needs to connect the navigator program with the health equity workgroup and its recommendations?

Answer -- Good idea, MHBE staff will talk about this together.

David -- Agrees with Cathy. Also, has worked with the California application and is familiar with their assister program. Lastly, he noted that his region (Allegany County) has the highest rate of unemployment in the state and believes addressing social determinants of health is important. He noted that having a bus for mobile enrollment assistance would be helpful but is expensive. He hypothesized what would happen if the Montgomery County data was disaggregated by various demographic factors.

Heather -- Can we have our data analyst make a map with overlays to show populations that are uninsured along with SDOH needs?

Answer -- Yes, this may be feasible using census data.

Stephanie -- Agrees with Cathy and David that it would be valuable to consider health equity within the navigator program.

Heather encouraged the group to think about the navigator program some more and discuss it again at the November meeting.

Ken -- It appears that there are pockets of poverty in wealthy communities. So health disparities are really everywhere. Also, have there been discussions about permanent funding for the navigator program?

Answer -- The current grant budget (from state funding and Medicaid) is as permanent as it's going to be.

Ken -- Looking at workforce development, Congress and Labor might be interested in navigators and compensating them adequately.

Public Comment

Ken invited a member of the public to share her thoughts about the meeting; she said she has coverage through MHC and learned things she didn't previously know.

Adjournment

Ken concluded the meeting at 3:20PM.