

MHBE Health Equity Workgroup

Session 6 – November 5, 2021

Agenda

1:00 - 1:05 | Welcome
Dania Palanker, co-chair

1:05 - 1:10 | Solicitation of volunteers for recommendations subgroup
Dania Palanker

1:10 – 1:15 | Vote on Session 5 Minutes
All members

1:15 - 1:30 | Insurer Presentation: UnitedHealthcare
Jomy Mathew, UnitedHealthcare

1:30 - 1:45 | Presentation: Cost-sharing to advance health equity
Jenny Libster, Health Equity Manager, DC Health Benefit Exchange

1:45 - 2:25 | Discussion
All members

2:25 - 2:30 | Public Comment

2:30 | Adjournment



Session 5 Minutes

Recommendations Subgroup

Final workgroup sessions:

- 11/19: Discuss draft recommendations
- 12/3: Finalize recommendations

Seeking 3-4 volunteers to:

- Attend 1-2 additional work sessions with co-chairs
- Build on past workgroup discussions to hone in on recommendations

Eligible volunteers must have attended at least five of the first six workgroup sessions.

Email becca.lane@maryland.gov with any questions.

The background features a dark teal color with four overlapping, lighter teal circles arranged in a cross pattern, creating a central white space where the text is located.

UnitedHealthcare Presentation

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a four-petaled star. Each petal is a light blue color and overlaps the center. The text is centered over this graphic.

DC Health Benefit Exchange Presentation



Discussion

Highest-Cost Conditions among Reinsurance Claims

- MHBE requires carriers to report on the most frequently occurring and highest-cost conditions and on care management efforts to improve certain conditions
- Highlighted conditions have a significant, disproportionate impact on Black Marylanders

| Highest Cost Conditions |
|---|
| Cancers, including breast, prostate, lung brain, colorectal, and metastatic |
| Congestive Heart Failure |
| Diabetes |
| Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| Respiratory Arrest, Failure, and Shock |
| Asthma and COPD |
| Specified Heart Arrhythmias |
| End Stage Renal Disease |
| Non-Traumatic Coma, Brain Compression/Anoxic Damage |
| Protein-Calorie Malnutrition |
| Coagulation Defects and Other Specified Hematological Disorders |
| Hemophilia |
| Inflammatory Bowel Disease |
| Autistic Disorder |
| Multiple Sclerosis |

Discussion Questions

- Questions?
- Should MHBE work with insurers to reduce cost sharing for services that prevent and manage conditions that disproportionately impact patients of color in Maryland?
- If yes, how should MHBE identify which **conditions** should be the highest priority for eliminating or reducing cost-sharing?
- How should MHBE identify which **services** should be covered with reduced cost-sharing?



Public Comment

Next Steps

Next meeting: Friday, November 19, 1 - 2:30 PM

[Workgroup Webpage](#)

MHBE Staff Contacts

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Appendix



Plan Certification and Affordability Initiatives

Value Plan Standards

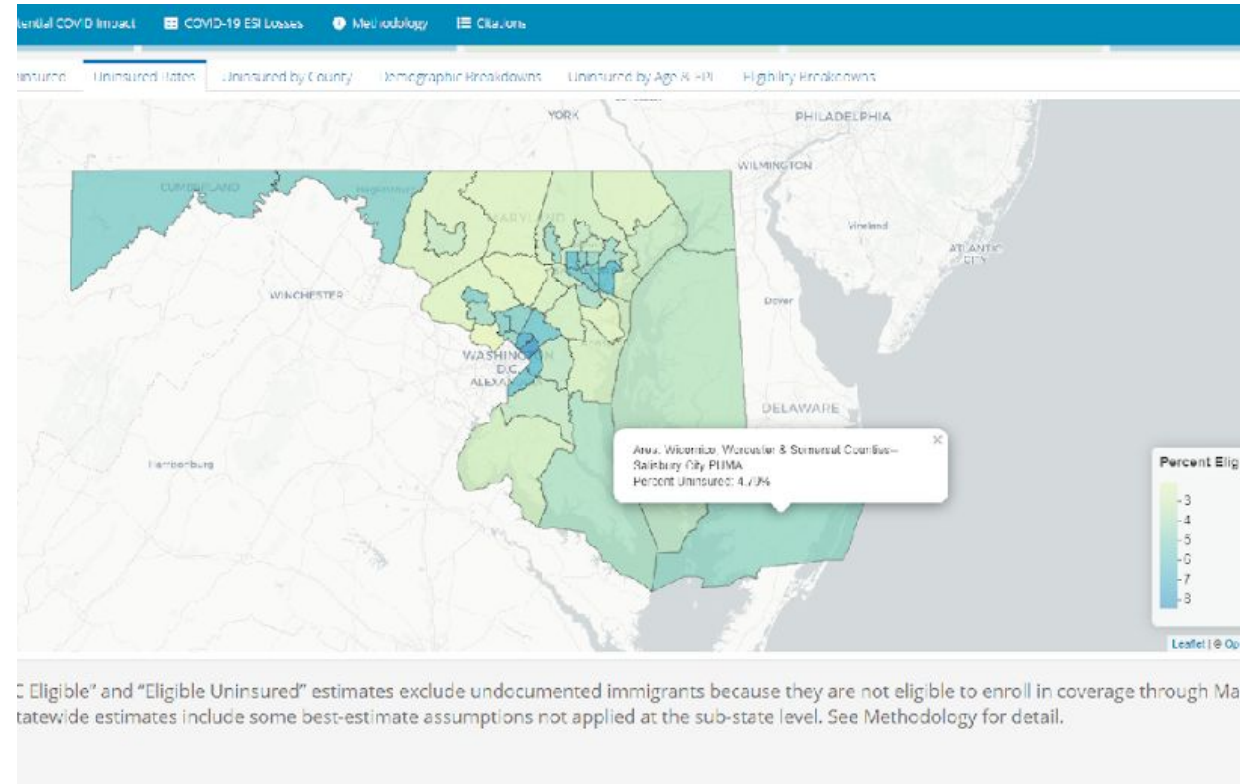
- Diabetes disproportionately affects people of color in Maryland. For PY 2022, MHBE worked to better support Maryland's diabetes initiatives by requiring silver and gold value plans to offer diabetes supplies without cost sharing

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

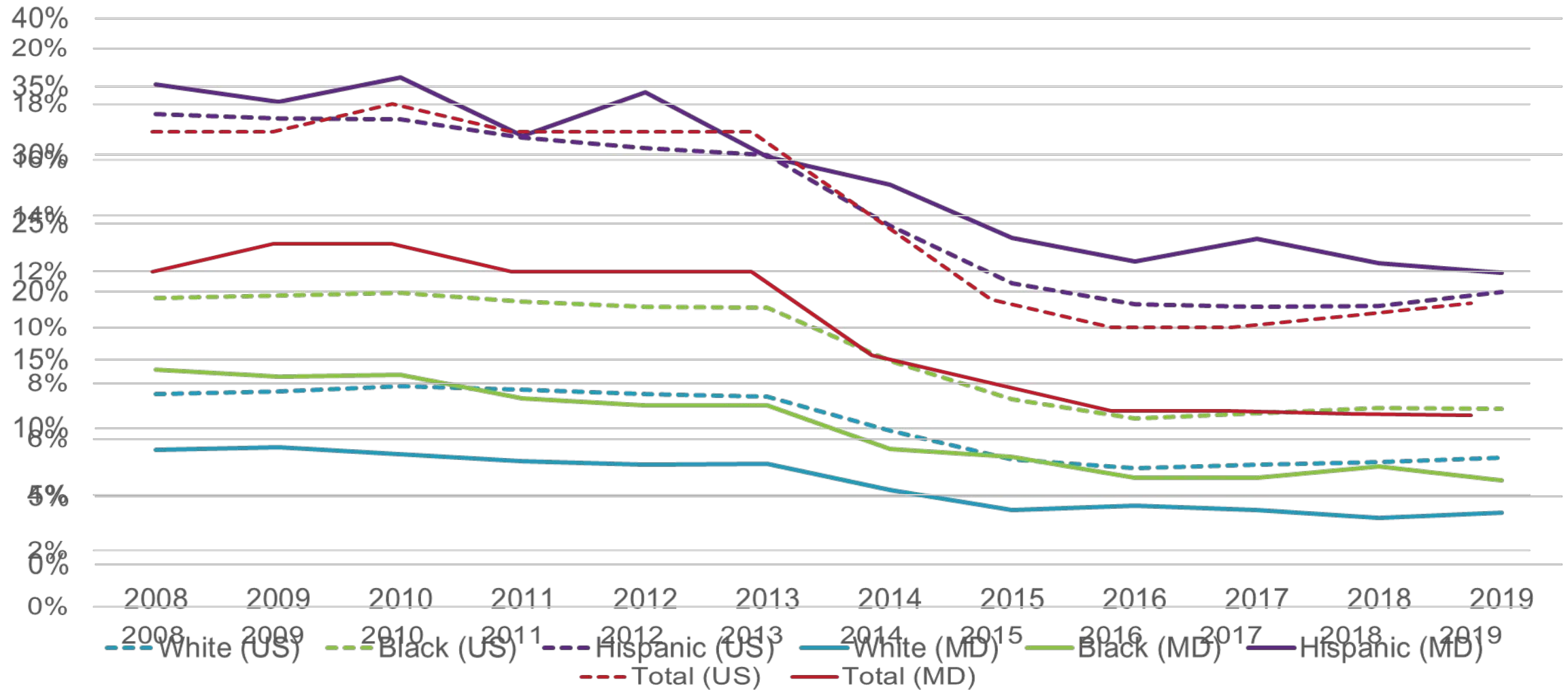
Interactive MHBE Uninsured Dashboard available at:
https://www.marylandhbe.com/wp-content/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html





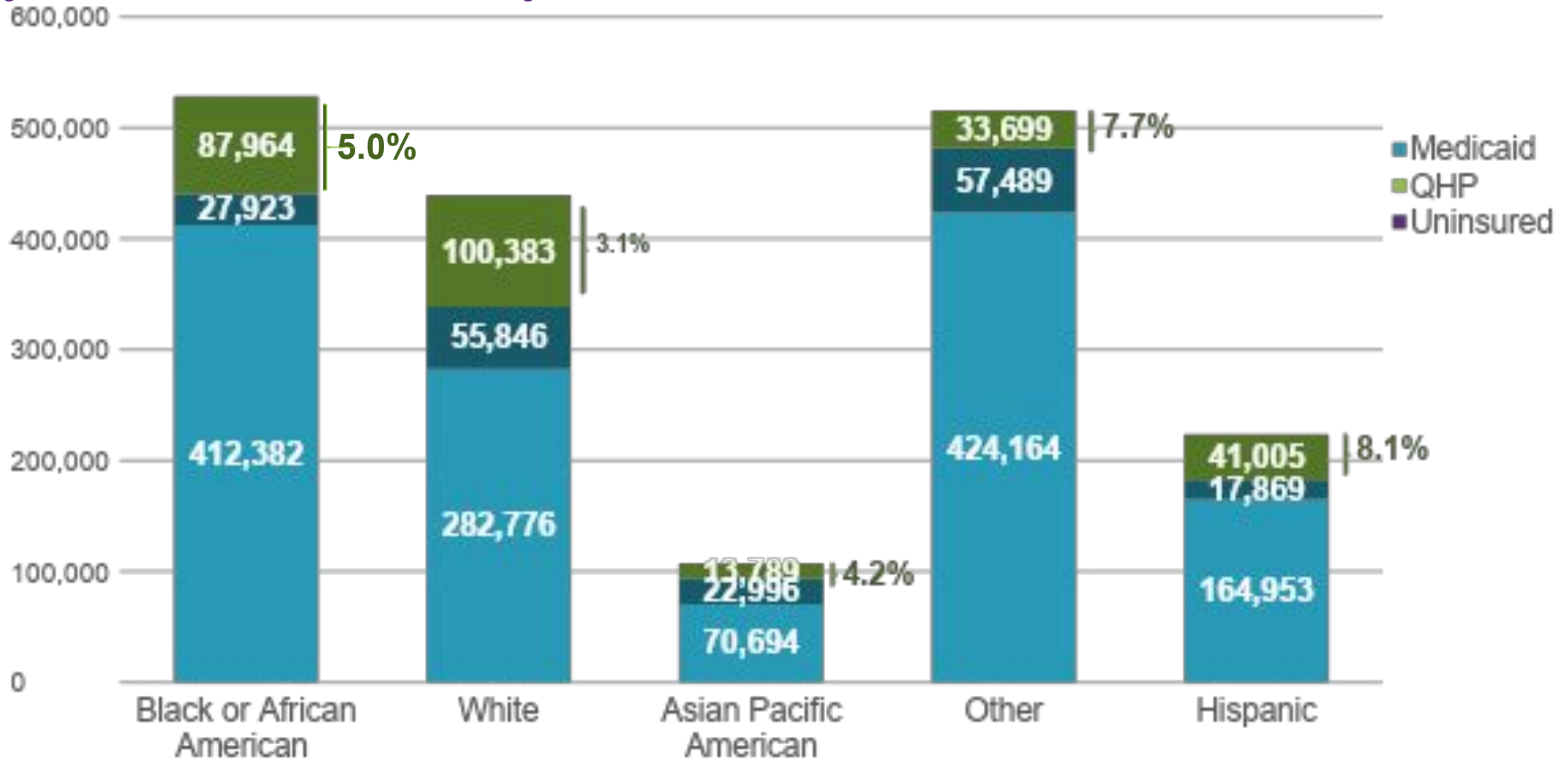
Enrollment by Race & Ethnicity

Percent Uninsured by Race and Ethnicity, MD and US



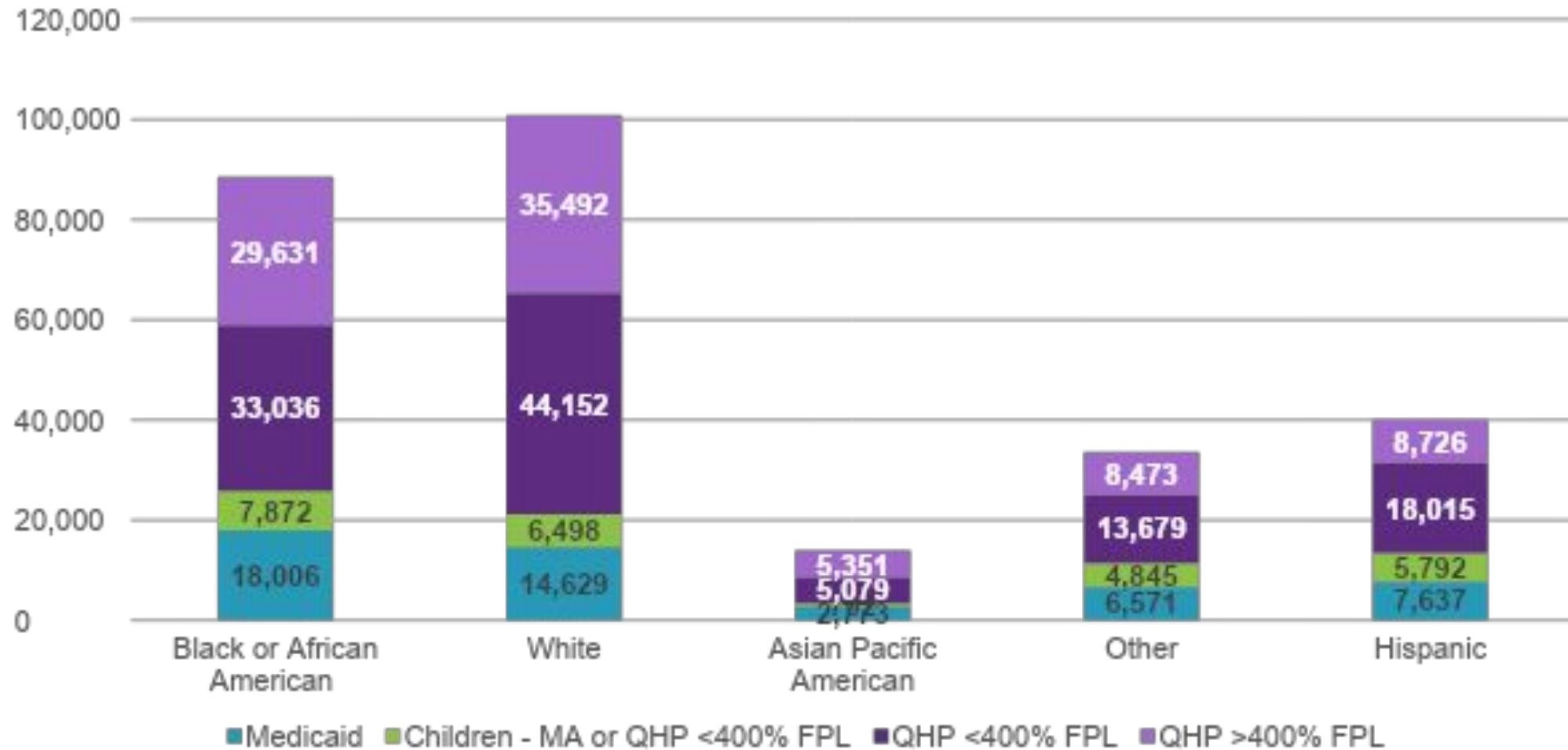
Data from Kaiser Family Foundation, Uninsured Rates for the Nonelderly by Race/Ethnicity, <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity>

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

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