

Standing Advisory Committee Meeting

November 4, 2021

MHBE Policy Department

Agenda

2:00-2:15 | Welcome and Executive Update

Ken Brannen, SAC Chair, and Dana Weckesser, SAC Board Liaison
Michele Eberle, MHBE Executive Director

2:15-2:30 | Navigator Program Follow-Up Discussion

Heather Forsyth, MHBE Director of Consumer Assistance, Eligibility and Business Integration

2:30-2:45 | Health Equity Workgroup Update

Becca Lane, MHBE Policy

2:45-3:15 | ≤ 150% FPL Special Enrollment Period

Johanna Fabian-Marks, MHBE Policy

3:15-3:50 | 2022 Open Enrollment Update

Andy Ratner, MHBE Chief of Staff

3:50-4:00 | Public Comment

4:00 | Adjournment



Welcome

A decorative graphic on the left side of the slide, consisting of four overlapping, rounded leaf-like shapes arranged in a cross pattern. The leaves are a lighter shade of green than the background.

MHBE Executive Update



Navigator Program Follow-Up Discussion

The background is a solid teal color. In the center, there is a stylized graphic of a flower or sunburst with eight petals or rays. Each petal is a lighter shade of teal and overlaps the others, creating a central point where all petals meet.

Health Equity Workgroup Update

Content Summary

- **Race & ethnicity data:** How can MHBE increase the response rate (currently <70%)?
- **Outreach & enrollment:** How can MHBE use specific county-level enrollment data to augment existing outreach efforts to disproportionately uninsured populations?
- **Insurance literacy:** What can MHBE do to ensure consumers understand, and can confidently use, their benefits?
- **Patient-centered primary care:** How can MHBE & insurers support care that allows for culturally responsive services that can assist in addressing social determinants of health, like community health workers?
- **Cost-sharing** (Nov. 5): How can MHBE & insurers reduce the patient cost burden for conditions that disproportionately impact patients of color, like asthma, diabetes, and maternal mortality?
- **Discuss and finalize recommendations:** Nov. 19 & Dec. 3

Next Steps

- Three meetings remaining
- Finalize recommendations on 12/3/21
- Follow through on recommendations in 2022 and beyond

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

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



<150% Special Enrollment
Period

≤150% SEP Summary

- On 9/17, HHS issued a final regulation creating a new low-income SEP to expand access to Exchange coverage
 - Available to those eligible for APTC and ≤150% FPL
 - Available year-round, as long as Congress continues enhanced tax credits for this population. This allows them to receive nearly \$0 premium coverage for a plan with a 94% actuarial value.
 - Only available through the Exchange, at the option of the Exchange
 - Federal Exchange will implement

SEP Considerations

- **Increase enrollment** among the uninsured
 - 1.5% of MHC-eligible uninsured are 138-150% FPL (3,500 of 236,000)
- **Help individuals who lose Medicaid** regain coverage (a particular concern with the end of the public health emergency)
- **Neighboring states:** DC will be implementing

- **Adverse selection:** CMS estimates potential 0.5-2.0% premium impact, though mitigating factors include:
 - Coverage is very low cost/high value
 - In MD, likely a relatively small number of uninsured in eligible FPL bracket
 - Massachusetts has year-round enrollment for individuals $\leq 300\%$ FPL who are newly eligible for state subsidies, and has not experienced adverse selection
 - Reinsurance

Projected Timeline

November 15: Board to discuss new SEP

Winter/Spring 2022: Informal 30-day stakeholder comment period

Spring 2022: Board vote on proposed regulations and proposed regulations published in Register, followed by 30-day public comment period

Summer 2022: Board vote on final regulations and final regulations published in the Register

2022 Plan Year Open Enrollment Readiness

MHBE Standing Advisory Committee
Nov. 4, 2021

Expectations for open enrollment for Plan Year 2022

- 1. Steady progress past 4 open enrollments since Reinsurance:**
154K for '18; 157K for '19 (+2%); 159K for '20 (+1%); 166K for '21 (+4%).
- 1. Even though rates rose slightly, we anticipate 4-5% growth for OE 2022.**
- 2. Potential impacts:**
 - Uninsured getting **coverage through employer or spouse's employer.** That reason was +4% Jan-Aug 2021 when consumers disenrolled.
 - UnitedHealthcare expanding statewide will change Advance Premium Tax Credit (APTC) formula. Will lower APTC, raise monthly cost for some in **rural counties.**

New policies/innovations for '22 Open Enrollment

- 1. American Rescue Plan Act** subsidies: Help attract +400% of Federal Poverty Level.
- 2. Youth Adult Subsidy** will lower prices for 18-34s
(In '21, 18-34s = 28% of MHC total; tied for 5th in U.S.)
- 1. Addition of “Pay Now” button** for CareFirst. Enrollees of all 3 carriers can make immediate 1st month payment; improves retention.
- 2. Live online chat** during business hours will augment 24-hour chatbot.
- 3. Improvements to “worker portal”:** More information to consumer assisters.
- 4. \$1.1 M grant from CMS** to be split between outreach/ IT/ consumer assistance training. Helps cover longer OE stretching from 45 days to 75.

Risks and Challenges

- **Still largely virtual** outreach and assistance.
- **COVID-19's economic impact** parallels those more likely to be uninsured: young adults, Blacks and Hispanics, rural residents.

Technology Readiness

Open Enrollment (OE9) Readiness Timeline

Release 38 / SPR 13.0 (9/24)

- OE related system changes
- Performance Improvements



Open Enrollment Activities

Plan Validation & Upload	<input type="checkbox"/>	9/21-9/29
Anonymous Browsing	<input type="checkbox"/>	10/05
QHP Auto-renewals	<input type="checkbox"/>	10/05 – 10/10
SmallBiz 2021 plan Load	<input type="checkbox"/>	10/05 – 10/09
OE Readiness Tasks	<input type="checkbox"/>	9/1 – 10/18
Catch-up Renewals	<input type="checkbox"/>	10/30, 12/14
Post-OE Tasks	<input type="checkbox"/>	01/16/22-01/20/22

Open Enrollment (OE9) Readiness

1

Virtual/Hybrid Command Center

System Performance Monitoring, Task Force for Rapid Response, Coordination with MD THINK Team, Incident Management, Stakeholder Communications & Status Updates

2

Carrier Management

PY 2022 Plan Upload, Anonymous Browsing (Get Estimate), Renewals & Carrier Signoff

3

Security Readiness

Testing & Implementing Security Requirements, Recertification of Credentials

4

Operational Readiness

Communication & Escalation plan with MD THINK formalized, Capacity Plan and Operational Calendar for OE period finalized, Shopper Prioritization Active

Open Enrollment (OE9) Readiness

5

Development Readiness

OE related changes and UX improvements implemented

6

Testing & QA Readiness

OE Readiness Testing including manual, automatic, regression and performance testing

7

Reporting

CMS Reports and touch-point calls, Executive and Stakeholder Updates

8

Resource Readiness

PMO is working closely to align resource availability and hybrid work management

What's New in OE9?



Functional Enhancements

- Young Adult Subsidy Implementation (**YAS**)
- American Rescue Plan Act (**ARPA**) policy implementation
- Wages & Unemployment Insurance data integration with the Department of Labor
- Various system enhancements



What's New in OE9?



Consumer Engagement

- Live Agent Chat
- Revamped Consumer Notices
- User Experience Enhancements in Consumer Portal
- Stand Alone Dental Provider Directory

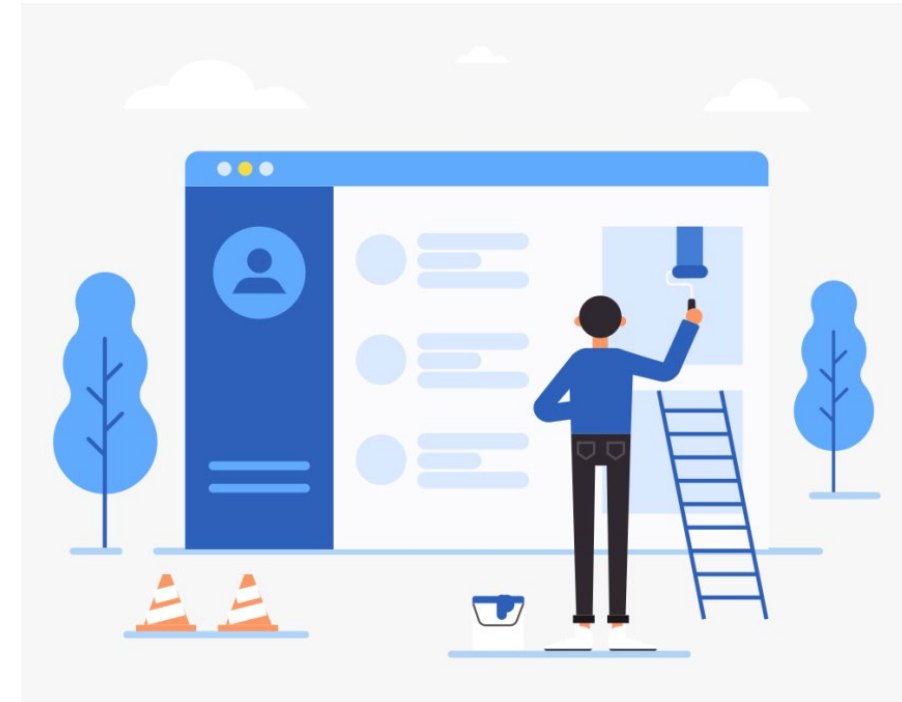


What's New in OE9?



Operational Excellence

- Revamped Worker Portal
- Revamped Broker Portal
- Dynamic Notices Management
- PayNow Integration & Real-time Enrollment



What's New in OE9?



Technology Modernization

- Robotic Process Automation (RPA)
- Chabot “Flora” Integrations
- Security Enhancements



Consumer Assistance Readiness

Open enrollment period for 2022 plan year

- Website opened for Open Enrollment at 5 a.m. on Nov. 1, 2021
- Closes 11:59 p.m. on Jan.15, 2022
- Enrollments through month of December effective Jan.1, 2022
- Enrollments Jan.1-15 effective Feb. 1, 2022
- 95% of QHP enrollees auto-renewed - 78% with financial assistance

Larger number than usual of annual income verification documents triggered, but these present no barrier to enrollment.



Regional assistance

- Extending open enrollment for an additional month may result in double peaks — before Dec. 15 and again before Jan. 15.
- Navigators, producers, and caseworkers will continue with hybrid assistance approach.
- Slightly smaller group of navigators (120); largest number of producers (691+) in some years.
- Navigators offering more virtual appointments after business hours and on weekends.



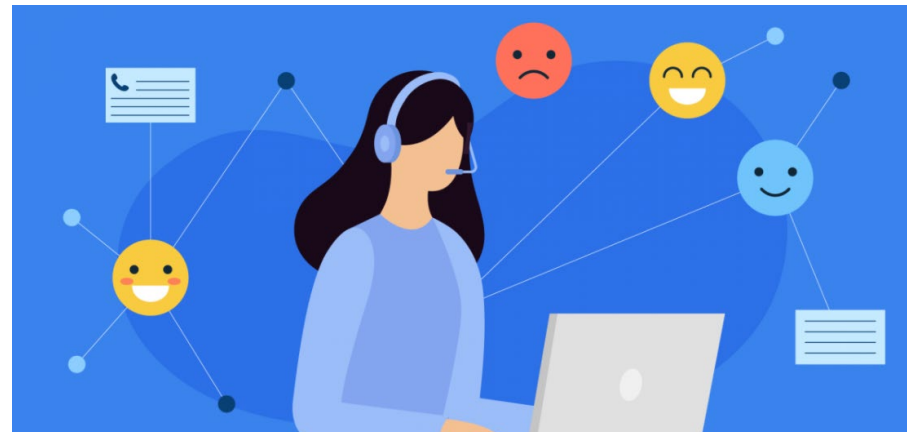
Readiness challenges



- Plan and premium changes in Lower Shore and Far West regions will increase premiums substantially for some consumers.
- Consumers who received unemployment insurance in 2021 will lose extra premium reduction in 2022.
- Rapid changes have challenged our training team's ability to keep up. Webinars for all navigators and producers throughout October will help.
- Medicaid monthly redeterminations are due to pick up again in January, dovetailing with the end of OE, if public health emergency ends Dec. 31.

Call Center

- Customer Service Representatives to work remotely until early next year
- Expected Average Speed to Answer (ASA) 1.5 to 7 mins during OE
- First-call resolution has been steady at 98%
- Call volume trending above forecast
- Quality of performance exceeding Service Level Agreement (SLA) of 92%
- Ramp up under way +100~ more staff for OE
- Extended weekday and weekend hours on critical business days
- BATPhone preparation underway
- LiveChat up 78% September over August



Marketing & Outreach Readiness

Marketing & Outreach Objectives

1. Increase enrollment in private health plans.
2. Retain new customers enrolled during the COVID-19 and Easy Enrollment special enrollment periods.
3. Recommit efforts to address racial disparities in health care through messaging, partnerships, and outreach efforts.
4. Focus on primary target audiences:
 - QHP-eligible uninsured (including newly eligible 400%+ FPL) ages 18-34
 - Black Marylanders
 - Hispanic/Latino Marylanders
 - Rural regions with high uninsured rates

Reaching Underserved Communities



Attending community events, including major Hispanic events:
(Above) *Festival Salvadoreñísimo in Gaithersburg*



Co-hosted a virtual conversation by the *AFRO* with a panel of prominent Black male leaders

Data Dashboard

GMMB has developed a dashboard with the goal of informing strategy development to reach uninsured Marylanders. It will help inform the navigators as well.

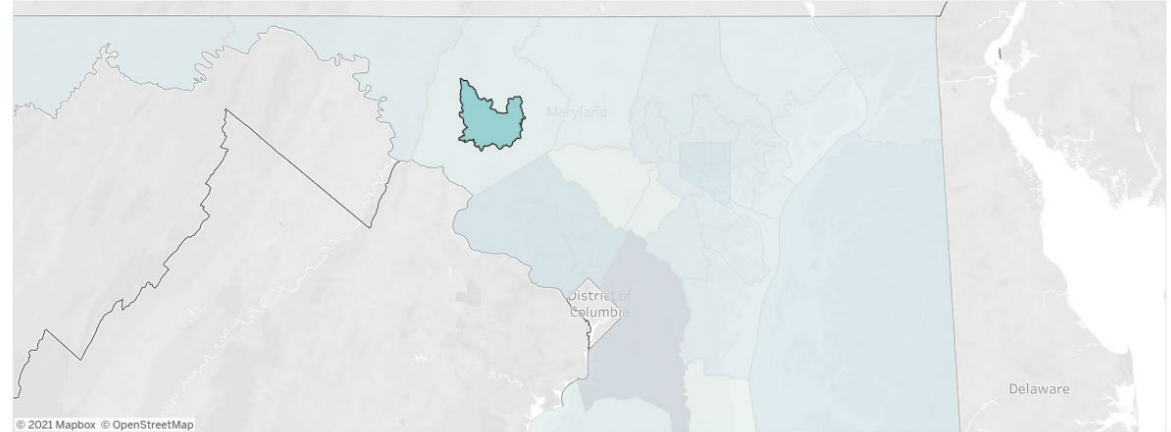
The dashboard, hosted on the Civis Platform, will layer publicly available data above the eligible uninsured population as defined by MHBE in their COVID Uninsured Analysis dashboard. Geographic visualizations in the dashboard will be set on the PUMA level.

Additional data layers include:

- Health Insurance Coverage Status - (American Community Survey, U.S. Census Bureau)
- Industry (Employment) Level Data - (American Community Survey, U.S. Census Bureau)
- Financial / Income Data - (American Community Survey, U.S. Census Bureau)
- Languages Spoken (Not English) – (U.S. Census Bureau)
- Broadband / Internet Access – (American Community Survey, U.S. Census Bureau)

General Demographics | Industry and Income by Popula... | Channel and Reach | County | Health Care Type and Covid

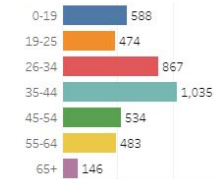
Puma Map



Citizenship



Age



2021 Strategic Messaging Survey of MHC-eligible Marylanders: Background/Research Objectives

Audience (N=1,179 respondents):

- Currently uninsured
- Insured but lacked coverage at some point since January 2020 (defined as recently uninsured)
- Oversampling to draw insights from young adults (19-34), Black, Hispanic, and 400%+ FPL Marylanders

Objectives and Scope:

- Message testing
- Environmental factors, including financial circumstances, health needs, impact of COVID-19
- Awareness, experience, familiarity and favorability
- Motivations and barriers to coverage

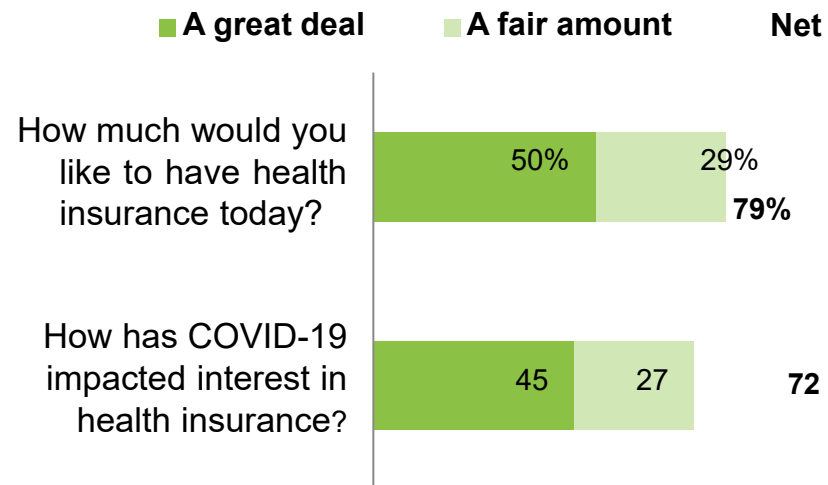
Reasons MHC-Eligible Marylanders Go Uninsured

Identify the reasons you are currently uninsured		
% who say..	Can't afford it	41
	Healthy	23
	Too difficult or confusing to get	22
	Lost job-based HI	21
	Waiting on a job to offer it	16
	Thinks won't qualify	13
	Don't want gov't program	11
	Waiting until sick	5
	Don't want health insurance	4

Source: Q31. MHC Strategic Messaging Survey, July 29 – Aug 18, 2021. N= 91 Note: Percentages are from a select all that apply list and do not add to 100%.

Desire for Health Insurance Among Uninsured

Currently uninsured Marylander's interest in health insurance

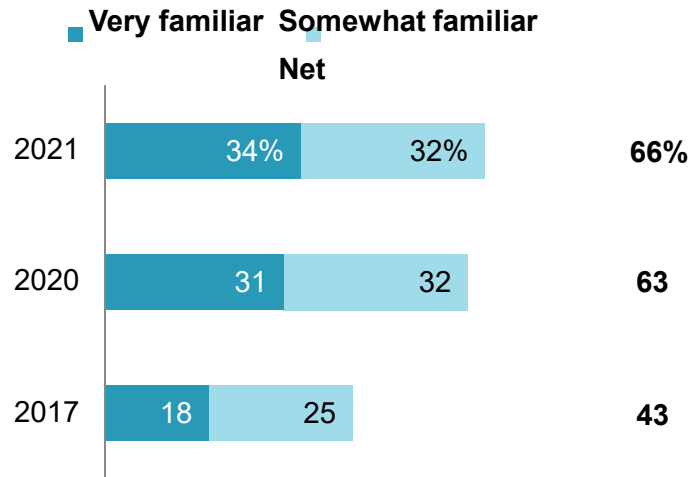


Source: Q32 & Q33. MHC Strategic Messaging Survey, July 29 – Aug 18, 2021. N= 89 and 88, respectively. Note: Percentages read across and may not sum due to rounding.

Awareness and Favorability of MHC

Two-thirds of 2021 MHC-eligible Marylanders are familiar with MHC, ticking up slightly from 2020

% who are familiar with Maryland Health Connection ...

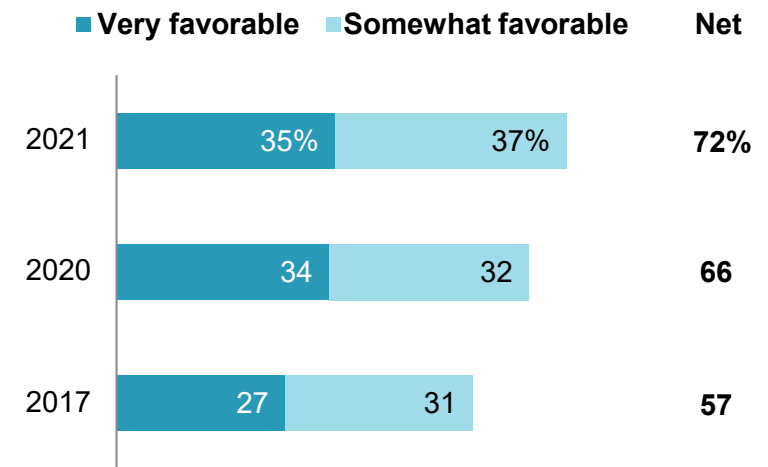


2021 Source: Q64. MHC Strategic Messaging Survey, July 29 – Aug 18, 2021. N= 1172.
 2020 Source: Q62. MHC Strategic Messaging Survey, July 21 – Aug 11, 2020. N= 1146.
 2017 Source: Q16. MHBE 2017 Communications Survey, Aug 14 – Sept 8, 2017. N=419.
 Note: Percentages read across.

Awareness of MHC up since '17 as familiarity grew among several demographics.

Favorability among MHC-eligible Marylanders continues to rise

% who have a favorable view of Maryland Health Connection



2021 Source: Q64. MHC Strategic Messaging Survey, July 29 – Aug 18, 2021. N= 1160
 2020 Source: Q62. MHC Strategic Messaging Survey, July 21 – Aug 11, 2020. N= 1146.
 2017 Source: Q16. MHBE 2017 Communications Survey, Aug 14 – Sept 8, 2017. N=419
 Note: Percentages read across and may not sum because of rounding.

MHC's favorable ratings continue to rise from slim majority in 2017 to nearly 3/4s today.

Media Buy: What's New

- To reach Hispanic audiences, we're adding **H-Code**, a top digital publishing vendor.
- We've explored new out-of-home opportunities at essential activity locations, including short videos that play at **Quest diagnostic locations** (some in grocery stores), and partnering with **youth sports leagues** to feature signage and digital communications to parents.
- To reach young adults, we're adding **Tik Tok** -- fast-growing social media platform.
- We are bolstering our partnership with **iHeart Media** to layer in podcasts and streaming radio. We are also adding **Spotify** as their targeting capabilities have improved.
- Continued presence on **WMATA Transit** in Montgomery and Prince George's counties, on buses and live boards at available metro stations, also promoting DC and VA marketplaces.

Transit Interior Cards

QR codes link directly to MarylandHealthConnection.gov



Insurance savings never looked **SO GOOD**.

See how 9 out of 10 who enrolled saved at **MarylandHealthConnection.gov**

Health insurance you can **LIVE** with.

D.C. residents visit dchealthlink.com | Virginia residents visit healthcare.gov

maryland health connection

Scan to explore!

The card features two young women taking a selfie. A QR code is in the top right, and a yellow arrow points to it. A yellow banner is in the middle, and the Maryland Health Connection logo is in the bottom right.



Spanish creative throughout the campaign



Featuring D.C. and Virginia marketplaces



Los descuentos en seguros de salud nunca se vieron **MEJOR**.

Vea como ahorran 9 de cada 10 personas inscritas en **MarylandHealthConnection.gov/es**

La cobertura de salud con la que puede **VIVIR**.

En D.C., visite DCHHealthLink.com | En Virginia, visite cuidadodesalud.gov/es/

maryland health connection

¡Escanee el código QR y descubra sus opciones!

The card features two young women taking a selfie. A QR code is in the top right, and a yellow arrow points to it. A yellow banner is in the middle, and the Maryland Health Connection logo is in the bottom right.

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


We're revisiting existing partnerships and exploring new partnerships among organizations with strong reach among currently uninsured, ages 18-34 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 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
 - **Maryland Dept. of Health: MHBE is including fliers re: vax in Medicaid redet notices; MDH is including MHC info at testing/vax sites, mobile units**

Social Media

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Our experts can help!
marylandhealthconnection.gov

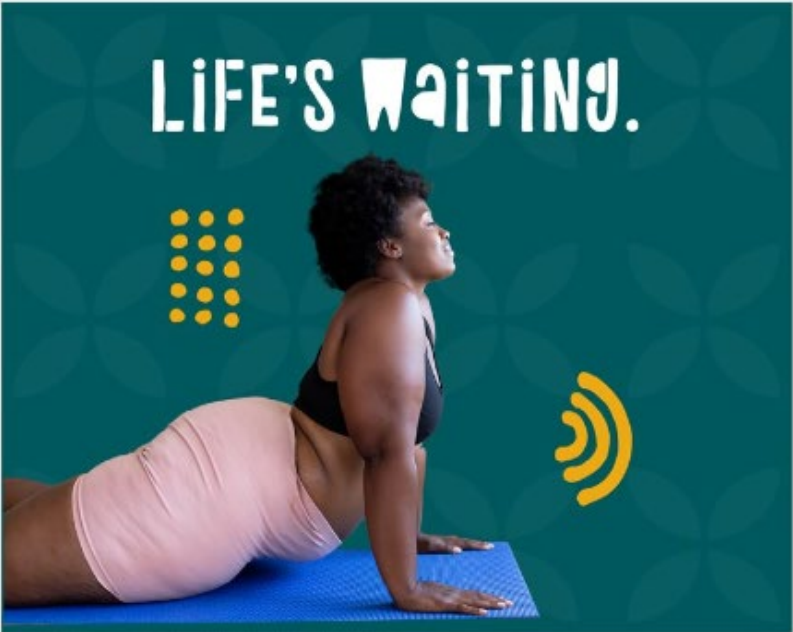
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Comments?



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