Maryland Health Benefit Exchange
Board of Trustees

January 18, 2022
2 p.m. – 4 p.m.
Meeting Held at the Maryland Health Care Commission and via Video Conference

Members Present:
S. Anthony (Tony) McCann, Vice Chair
Ben Steffen, MA
Dana Weckesser
Robert D'Antonio, PhD
Mary Jean Herron
Kathleen A. Birrane

Members Excused:
Dennis Schrader, Chair
K. Singh Taneja
Dr. Rondall Allen

Also in Attendance:
Michele Eberle, Executive Director, MHBE
Andrew Ratner, Chief of Staff, MHBE
Anthony Armiger, Chief Financial Officer, MHBE
Venkat Koshanam, Chief Information Officer, MHBE
Sharon Merriweather, Principal Counsel, Office of the Attorney General
Betsy Plunkett, Marketing Director, MHBE
Raelene Glasgow, Procurement Manager, MHBE
Lourdes Padilla, Secretary, Maryland Department of Human Services

Welcome and Introductions:
Vice Chair McCann opened the meeting and welcomed all in attendance.

Approval of Meeting Minutes
The Board reviewed the minutes of the November 15, 2021 open meeting. The Board voted unanimously to approve the minutes.

Public Comment

Mr. McCann invited members of the public to offer comment. No comments were offered.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her remarks by noting that Governor Hogan announced an extension of the open enrollment (OE) period through February 28, 2022. She added that the extension seeks to enroll more uninsured individuals into coverage in response to recent surges in COVID-19 infections and hospitalizations.

Next, Ms. Eberle announced that the OE season for the 2022 plan year has been hugely successful, far exceeding enrollment expectations, adding that the Board will hear about OE activities in more detail later in the meeting.

Ms. Eberle then discussed the ongoing 2022 session of the Maryland General Assembly. She noted that legislators' deadline for introducing legislation for consideration is January 19, after which the MHBE will have a clear picture of the upcoming potential changes in the law.

Next, Ms. Eberle reminded the Board of the discussion they had at the September 2021 meeting regarding the actuarial value (a/v) calculator developed by the Centers for Medicare & Medicaid Services (CMS). CMS recently updated the a/v calculator, which would likely require the MHBE to modify the Value Plans to maintain the correct a/v values. The Board would be asked to consider such changes during its February 2022 meeting.

Ms. Eberle announced the imminent departures of Procurement Manager Raelene Glasgow who is moving to the Department of Natural Resources, and of Trevor Coe, counsel to the MHBE from the Office of the Attorney General. She thanked them both for their efforts.

Next, Ms. Eberle summarized a survey underway of vision care insurers to determine whether the recent success of offering dental coverage on Maryland Health Connection (MHC) can be replicated for vision coverage.

Ms. Eberle concluded her remarks by noting the availability of open procurements for a Clicksense subscription and for ITech support maintenance on the MHBE's website.

Maryland Primary Care Model Presentation

Steve Schuh, Deputy Secretary for Health Care Financing and Medicaid, Maryland Department of Health (MDH)
Chad Perman, MPP, Program Director, Maryland Primary Care Program (MDPCP), MDH

Deputy Secretary Schuh gave the Board an overview of the Maryland Total Cost of Care (TCOC) model, explaining that the TCOC effort is fundamental to understanding MDPCP. He noted that the TCOC is an agreement on transformative efforts between Maryland and the CMS Innovation Center. The TCOC model aims to coordinate care and broad-based health care delivery reform, extending beyond hospitals to all care locations.

Deputy Secretary Schuh then described the four major components of the TCOC model. First, it sets hospital budgets based on population and establishes annual revenue limits regardless of service utilization, removing incentives for increasing fee-for-service volume, instead incentivizing population health. He noted that the TCOC model performed well in stabilizing hospital finances during the COVID-19 emergency, when hospitals experienced erratic patient volumes. The second component, the Episode Quality Improvement Program (EQIP), focuses on medical specialists by offering incentives for reducing costs and improving quality for specific episodes of care. The third component is the Statewide Integrated Health Improvement Strategy (SIHIS), designed to foster collaboration between state agencies and private actors toward the TCOC goals. Finally, MDPCP is the fourth component, providing key tools to primary care providers (PCPs) for preventing and managing chronic diseases, addressing behavioral health social needs, and providing targeted case management during care transitions.

Mr. Perman began his portion of the presentation by describing the scope and reach of MDPCP, noting that the program has grown in each year of operation, from 380 sites in 2018 to over 500 practice sites enrolled for 2022, with more than 5,000 staff at enrolled practices utilizing the tools. He explained that the payments to providers come from Medicare fee-for-service but that non-Medicare patients are served as well. During 2021, MDPCP enrolled federally qualified health centers (FQHCs), helping to fill in program gaps. He added that care transformation organizations (CTOs) supported the effort as well, by providing staff, technical expertise, and data analysis for the program.

Next, Mr. Perman shared details of MDPCP performance through mid-2021. The program offers an entry-level arrangement, called Track 1, alongside a more advanced Track 2 integration. MDPCP requires providers to transition from Track 1 to Track 2 within three years, and many providers have advanced to Track 2 ahead of schedule. In 2022, nearly 90% of MDPCP providers are in Track 2. The practices in MDPCP serve several hundred thousand Marylanders.

Mr. Perman then discussed further details of MDPCP performance, noting that per-member per-month (PMPM) costs for MDPCP practices were lower than both comparable non-MDPCP practices and the set of all practices statewide. He explained that the program cost $30 million in the first year, but saved $48 million in 2020, generating savings totaling $16 million overall. Mr. Perman noted the improved COVID-19 outcomes under MDPCP, as patients at MCPCP practices were less likely to be diagnosed with COVID-19, less likely to be hospitalized, and less likely to have died due to COVID-19.

Next, Mr. Perman described how different payers have been involved in MDPCP, beginning with Medicare in 2019 and expanding to include the commercial insurer CareFirst in 2020. During 2023, the MDPCP expects to roll out an integration with Medicaid.

Mr. Perman then provided further details of how MDPCP supports SIHIS, noting that MDPCP practices are the largest group of private sector partners. SIHIS established three domains (hospital quality, care transformation across the system, and total population health), each of which are supported by efforts by MDPCP, from chronic care management for diabetes, care coordination to prevent readmissions, and follow up care after inpatient and emergency department (ED) stays.

Next, Mr. Perman described the tools provided to MDPCP providers in more detail. Provided in partnership with the Chesapeake Regional Information System for our Patients (CRISP), the state's

official health information exchange, the CRISP e-Referral tool allows bidirectional electronic referrals and communication for social needs such as food insecurity, housing support, and transportation. MDPCP also provides data tools including the Prevent Avoidable Hospital Events (Pre-AH) tool and the COVID-19 Vulnerability Index, both of which score patients according to their risk of preventable admissions and COVID complications, respectively.

Mr. Perman concluded his remarks by noting that primary care practices administered over 650,000 doses of COVID-19 vaccines during the pandemic emergency.

Ms. Herron asked whether the MDPCP includes hospital-owned physician practices. Mr. Perman answered in the affirmative, adding that most physician practices in Maryland are hospital-owned.

Ms. Weckesser asked what distinguishes a Track 1 practice from a Track 2 practice. Mr. Perman replied that Track 1 practices apply for admission to Track 2 based on their adherence to requirements around care delivery, connectivity with CRISP, and payments. Practices that meet the requirements are elevated to Track 2 upon review.

Mr. McCann asked, given the fact that nearly all Medicaid enrollees in Maryland are in managed care, how integration of Medicaid into MDPCP in 2023 would add value. Mr. Perman replied that MDPCP intends to enhance what the Medicaid managed care organizations (MCOs) already do, adding that MDPCP's behavioral health integration requirements might be one such enhancement.
Mr. McCann expressed concern that MDPCP would be paying providers extra for services already paid for by Medicaid. Mr. Perman stated that MDPCP intends to avoid such outcomes.

Ms. Herron asked whether it would be accurate to say that MDPCP is akin to the Patient-Centered Medical Home (PCMH) pilot expanded across the entire state. Mr. Perman replied that, while there are similarities to PCMH, MDPCP is distinct in that it uses upfront payments and performance bonuses, as opposed to the shared savings model under PCMH.

Ms. Herron asked whether the MDPCP has found enough behavioral health providers to meaningfully increase access to care. Mr. Perman answered that some practices have been able to hire a staff member to partner with outside organizations, but that many challenges remain.

Secretary Padilla asked that those involved with bringing Medicaid into MDPCP look for opportunities to support timely renewal of coverage for enrollees.

Mr. McCann asked for clarification regarding the authority and direction of the MDPCP, specifically who or what underlies efforts on behalf of the non-Medicare patient population. After some discussion of the relationships between players, Mr. Perman explained that hospital global budgeting remains in place, with MDPCP's Medicare authority resting on top of that existing structure.

Ms. Weckesser asked for details regarding how providers are paid under MDPCP for making referrals, expressing concern about paying for referrals without linking to patient outcomes. Mr. Perman replied that practices do not get paid for making referrals. Rather, practices get paid for making the investments in staff and systems necessary to make such referrals.

Report on Open enrollment for 2022 Plan Year

Andrew Ratner, Chief of Staff, MHBE

Mr. Ratner began by acknowledging that the MHBE held some significant advantages going into OE this year, including additional consumer assistance resources, wider marketing, more financial assistance availability, better technology, and historically low premium rates for consumers. Due to these and other factors, the 2022 OE enrolled more individuals in coverage than any previous effort. Total enrollments increased 9% over last year, with particularly notable increases in new enrollees (up 48%) and dental plans (up 29%).

Next, Mr. Ratner discussed the demographics of those enrolled during OE. He focused first on MHBE's target populations—young adults, black Marylanders, Hispanic Marylanders, and Marylanders in rural counties. Enrollment for the young adult, black, and Hispanic target populations increased from 5-13% since last year, while enrollment for rural Marylanders was mixed, with some counties increasing and others decreasing enrollment. Every age group experienced increased enrollment, ranging from an increase of 1% among those aged 18-25 years to 24% for children under 18.

Mr. Ratner then described how the enrollees interacted with subsidies, plan designs, and metal levels. More enrollees in 2022 have accessed subsidies than in 2021. Regarding income, every income category experienced increased enrollment, particularly at the top and the bottom of the income distribution. The number of enrollees with incomes above 400% of the federal poverty level (FPL) increased by 60%, while the number of enrollees in the less than 100% and the 100-138% categories increased by 54% and 50%, respectively. Enrollees chose more Platinum, Gold, and Bronze plans than last year, and fewer Silver and Catastrophic plans. Both plan structures available on MHC, health maintenance organization (HMO) and preferred provider organization (PPO), had increased enrollment, with HMOs increasing by 8% and PPOs by 42%. All three carriers (Kaiser Permanente, CareFirst, and United HealthCare) had increased enrollment.

Next, Mr. Ratner shared statistics regarding consumers' use of the advances in technology accomplished at MHBE in recent years, with visitors to every channel of enrollment and assistance increasing since last year, particularly with the mobile app.

Mr. Ratner then discussed the extension of OE through February 2022, explaining that those who enroll by January 31 will have coverage beginning February 1, while those who enroll during February will have March 1 coverage. He concluded by noting that several opportunities remain for uninsured individuals to seek coverage through MHC, including the special enrollment periods for Easy Enrollment for Tax Filers and Easy Enrollment of Unemployment Insurance Claimants.

Mr. Steffen asked how many of those enrolled through MHC are employed by small businesses. Mr. Ratner replied that the MHBE has no mechanism for finding out that information, adding that industries like daycare, education, culture and recreation, and hospitality were especially hard-hit by the pandemic emergency.

Ms. Herron asked whether the MHBE is aware of any legislative effort to transform all MHC plans into Section 125, pre-tax plans. Mr. Ratner replied in the negative.

Mr. McCann asked whether the Young Adult Subsidy program is in danger of exhausting its funds. Mr. Ratner replied in the negative.

SalesForce License Renewal Preview

Venkat Koshanam, Chief Information Officer, MHBE
Raelene Glasgow, Procurement Manager, MHBE

Mr. Koshanam gave the Board an overview of the upcoming procurement for licenses on the SalesForce platform. He began by describing how MHBE uses SalesForce, and how the agency intends to expand its use in the coming year to develop additional functionality such as an Asset Management System and a Privacy Incident Management System. He then presented the anticipated costs of the licenses, noting that the price has not changed from 2021 to 2022.

Ms. Glasgow then shared a summary of the proposed procurement, including the license renewal period, the procurement method, the reseller, and the cost. She concluded by noting that the Board is not being asked to vote on this procurement presently, but that it would come up for a vote in the February meeting.

Mr. McCann thanked Ms. Glasgow on behalf of the Board for her service to the agency.

2022 IT Roadmap

Venkat Koshanam, Chief Information Officer, MHBE

Mr. Koshanam presented an overview of the MHBE's technology projects and efforts for the coming year. He began by cataloging the agency's current stable of technologies, including web apps, mobile apps, the AI chatbot, live chat, consumer accounts and applications, consumer documentation, and a suite of enterprise automation and collaboration tools. He stated that the MHBE will focus on four major areas of technology in 2022: cybersecurity, innovation, collaboration, and operations with efforts across the board. Such efforts include 508 compliance, easy enrollment, automated document verification, AI bot integration, Medicaid 8001 integration, security enhancements, secure messaging, CMS "no wrong door" implementation, and a revamp of the MHC mobile app. He demonstrated the timeline on which the agency will incorporate the new technologies culminating in the final software release of the year in September 2022.

Ms. Weckesser expressed support for enhanced focus on cybersecurity, citing the recent troubles experienced by MDH.

Ms. Herron asked whether the MHBE has the appropriate staff mix to accomplish the tasks on the roadmap. Mr. Koshanam answered that the team has recently added new members and redirected funding toward security, but that the balance is ever evolving.

Ms. Herron expressed approval of the comprehensive approach laid out in the roadmap.

Marketing NTE Increase

Betsy Plunkett, Marketing Director, MHBE

Ms. Plunkett presented a request to increase the not-to-exceed (NTE) amount of the marketing services contract between MHBE and GMMB. She explained that the increase of $250,000 would allow the agency to maximize outreach regarding the extended OE period, specifically targeting those areas of the state where enrollment declined during OE. Ms. Plunkett underlined the importance of maintaining a high level of effort on outreach to continue the momentum of successful enrollments during OE.

Ms. Eberle added that the funds already exist in MHBE's budget and would be reallocated if the Board approves. Mr. Armiger clarified that, of the $250,000 under discussion, $140,000 would be state money and $110,000 would be federal money. Ms. Glasgow issued a formal request that the Board approve the increase.

Ms. Weckesser asked for clarification on the budget reallocation. Mr. Armiger answered that the MHBE undertakes a yearly budget projection, usually in January or February. This year, however, they did the projection earlier than usual, in October, finding that MHBE overestimated spending on technology hosting. These funds would be partially redirected to the NTE increase.

Ms. Herron asked that any other under-budget funds be used to hire IT staff rather than be paid back to the state.

Mr. Steffen expressed support for the increase and asked for details regarding the marketing plan for the counties where enrollment declined. Ms. Plunkett replied that the plan includes more cable and radio advertisements in rural areas and a large increase in spending on radio advertisements targeting the black and Hispanic populations.

Mr. McCann moved to approve a not-to-exceed increase of $250,000 in the marketing contract with GMMB to $4,293,000. Ms. Herron seconded the motion. The motion passed.

Closing

Mr. McCann asked whether the MHBE is aware of any additional insurance providers joining MHC. Ms. Eberle replied that at least one carrier appears to be considering coming on board.

Adjournment

The meeting was adjourned.