# MHBE STANDING ADVISORY COMMITTEE MEETING

August 13, 2020
1PM – 3PM
Location: meet.google.com/hvp-wtqk-ivq

**Members Present:**
Alvin Helfenbein
Christopher Keen
Allison Mangiaracino
David Stewart
Jeananne Sciabarra
Jon Frank
Karen Nelson
Ken Brannan
Lisa Skipper
Catherine Grason
Anna Davis
Michelle LaRue
Stephanie Klapper
Jacqueline Roche
Christopher Keen
Bryan Gere
Sandy Walters
Kim Cammarata
Bradley Boban
Dana Weckesser

**MHBE Staff**
Michele Eberle
Johanna Fabian-Marks
Andrew Ratner
Venkat Koshanam
Siju Varghese
Senthil Annamalai
Snigdha Hota
Jessica Grau

**Members of the Public:**
Allison Taylor
Brenna Tan
Laura Spicer
Matthew Celentano

## Welcome and Executive Update:

Michele Eberle kicked off the meeting at 1:03PM. Michele introduced the new Board liaison, Dana Weckesser. Dana has been with the Board since 2017. Michele also introduced the new Director of Policy and Plan Management, Johanna Fabian-Marks, and then introduced the new members of the Standing Advisory Committee (SAC).

The COVID-19 Special Enrollment Period (SEP) was opened on March 16th, and ran in tandem with the Maryland Easy Enrollment Health Insurance Program (MEEHP) SEP. It was extended twice, and then was extended again through December 15, 2020. Michele thanked the carriers for all their help, and noted that there had been 58,000 enrollments with the SEP. The enrollment numbers have generally mirrored where the bulk of cases have been, with five counties making up 73 percent of enrollments. In terms of race/ethnicity, 29% Black, 25% White,12% Hispanic enrolled during the SEP. A lot of younger people also enrolled. The next challenge is to ensure that people stayed enrolled during Open Enrollment (OE). MHBE is also hoping to eliminate any barriers to autoenrollment for next year.

The proposed rates for next year have decreased for the third year in row. Proposed rates for all plans average at 6.8 percent. The final rates will be announced end of August or beginning of September. An additional carrier has also entered the marketplace. MHBE will also be actively pursuing other carriers.

Administrative note: Please email Jessica if you would like to be considered for a co-chair.

Member Introductions:
Member present for the meeting introduced themselves.

Maryland Easy Enrollment Health Insurance Program (MEEHP) Update:
The MEEHP is a check box system utilizing the Maryland tax form passed by the Maryland General Assembly as a facilitated enrollment pathway program. Uninsured individuals can indicate if they were interested in sending their information over the Exchange to assess their eligibility status. The Comptrollers Office sends information collected on the tax form over to the Exchange to determine preliminary eligibility for enrollment. Individuals are then sent a notice that an SEP is open for 35 days for them to come to the Exchange and apply for coverage. This Tax SEP began in January and ran in conjunction with the COVID-19 SEP. The tax deadline was then extended to July 15th. The first year of the program was slightly odd, because of all the double SEPs and tax filing deadline, but the program did help make people aware of coverage options. Data included in the presentation is from July, and also included in a report submitted to the legislature on the progress of the program.

As of June, more than 56,000 individuals have used the MEEHP to express interest in coverage with 7,745 applying for coverage, and 3,500 completing enrollment. About 75 percent of enrollees gained Medicaid coverage, and the remaining 25 percent enrolled in QHPs. About 40% of enrollees are young adults ages 18-34. Phase 2 of implementing the program would attempt to streamline the enrollment process but has been delayed for tax year 2021.

*Question: Sandy Walters*
Did the COVID-SEP affect the Tax SEP? And can you see who enrolled for what SEP?
*Answer:* If you checked the box, and checked the COVID SEP, you were marked as Tax SEP. And the COVID SEP most likely did affect the Tax SEP.

*Comment: Stephanie Klapper*
Wanted to thank the Exchange and the Comptroller’s Office for their work. Also provided an update about the Focus Groups planned for the MEEHP.
*Question:* For those who did not enroll in the MEEHP or complete their enrollment, are there plans to reach back out to people who didn’t enroll to let them know about the COVID-SEP?
*Answer:* MHBE will be considering if the should reach back out to individuals who indicated if are seeking more information on coverage options.

*Question:* Jeananne Sciabarra
Are there plans to reach out to those who checked the box, and did not end up enrolling?
*Answer:* Will be doing some data analysis to see what their demographics and may consider reaching back out.

*Comment: David Stewart*

There may be issues comparing year 1 to year 2. The people preparing taxes did not really highlight the program as much as they could. But next year more of the tax preparing community may be on board next year.

*Comment: Michele Eberle*
We have considered looking at the data and seeing what the pockets are of people who said they were interested in health insurance but did not enroll. And now that we have more solid data, itll be helpful during OE.

## Out of Pocket Cost Calculator Update:

Siju provided an update on the out of pocket cost calculator (OOPCC).

To implement the OOPCC, there were three major parties involved 1) MHCC 2) The Hilltop Institute 3) MHBE. The data was divided by age range, location (zip code), gender, and utilization (low, moderate, high). To determine cost information, several services were considered, including doctor visits, hospital visits (out-patient), hospital visits (in-patient), prescription drug costs, and the number of prescription refills. The calculator looks at utilization data, compares them to plan templates and consumer input of their demographic information to provide an estimate on out-of-pocket costs.

*Question: Cathy Grason*
Is the utilization data based on subjective data from the consumer, or is that based on trend?
*Answer:* All-payer claims data from MHCC was used to determine trend

*Question: Kim Cammarata*
Will utilization data for 2020 will be different from 2019, if so, how will that factor into the utilization trends?
*Answer:* The data will be aggregated each year to keep up with utilization trends, and we will have to make considerations for years with anomalies .

*Question: Kim Cammarata*
How will major changes in plans be highlighted in the calculator?
*Answer:* The methodology is based on estimates, so specific changes to an individual's specific drugs would not be included.

*Comment: Kim Cammarata*
There should be considerations to major plan changes
*Response:* We do compare it to the most recent plan template

*Comment: Sandy Walters*
Years should be weighted differently.

In terms of implementation timeline, the calculator was implemented in May 2020. Implementation is in progress for consumer portal plan shopping page in September 2020, and then in January 2021, the calculator will be redesigned, and then by 2021, the calculator will be available on the mobile app.

In terms of usage, 83% of applicants use the calculator, with most choosing "low" as their health care usage, and most selecting bronze plans, but there was a decent amount of gold plan selections.

Senthil then provided a demo of the calculator

*Question: Sandy Walters*
Why did we not end up using gender?
*Answer:* We initially sliced the data based on gender, but we also had a gender agnostic value, and we ended up going with the gender agnostic value.

*Question: Jeananne Sciabarra*
How clear is it to consumers that we've changes the way you should the plans based on total cost vs. premium cost?
*Answer:* Will make sure marketing knows that the plans are displayed like that

*Question: Kim Cammarata*
Are you using the CMS private insurance health expenditures projections or the all payer claims data base?
*Answer:* We are using the APCD and weighting using CMS information

## 2022 Proposed Plan Certification Standards

The proposed 2022 plan certification standards seek to:
1. Build on 2021 and earlier improvements
2. Align consumer incentives for health care utilization with state population health goals
3. Strengthen the value proposition of bronze value plans
4. Improve consumer understanding of telehealth benefits
5. Enable easier enrollee access to their electronic health information
6. Enhance information on dental plans available to consumers

The Value plans proved popular in their first year.

**2021 Value Plan Requirement**

| Requirements | Bronze | Silver | Gold |
|---|---|---|---|
| **Minimum offering** | Issuer must offer at least 1 "Value" plan. | Issuer must offer at least 1 "Value" plan. | Issuer must offer at least 1 "Value" plan. |
| **Branding** | Required. | Required. | Required. |
| **Medical Deductible Ceiling** | No requirement. Lower deductibles are encouraged. | $2,500 or less. | $1,000 or less. |
| **Services Before Deductible** | Issuer may allocate a total of no less than three office visits across one or more of the following settings:<br>• Primary Care Visit<br>• Urgent Care Visit<br>• Specialist Visit | • Primary Care Visit<br>• Urgent Care Visit<br>• Specialist Care Visit<br>• Generic Drugs<br>• Laboratory Tests<br>• X-rays and Diagnostics*+ | • Primary Care Visit<br>• Urgent Care Visit<br>• Specialist Care Visit<br>• Generic Drugs<br>• Laboratory Tests*<br>• X-rays and Diagnostics* |

Proposed 2022 Value Plan Modifications will be taken to the Board in September, and then be voted and finalized on in November.

- **Bronze**:

Modify before deductible services to include <u>all</u> primary care visits, mental health/substance use disorder outpatient visits, and generic drugs pre-deductible

Limit cost-sharing for primary care, mental/substance use disorder outpatient visits, and generic drugs to co-pays to be determined after release of the 2022 AV calculator

Goal: Align with Maryland focus on primary care and opioid use disorder treatment and prevention; strengthen the value proposition of bronze value plans

- **Silver and Gold**

Modify before deductible services to include coverage of diabetic supplies (insulin, test strips, and glucometers) with no cost sharing, with permitted limitation of items covered with no cost sharing to preferred brands

Goal: Align with Maryland focus on diabetes treatment and prevention

*Comment: David Stewart*

Methadone clinics do not accept health insurance. So, consumers that transition from Medicaid to QHP have issues. Consumers must prepay upfront, and then the reimbursement process is complicated. People will quit their jobs to go back to Medicaid to get treatment. It's the administration fees, and the cost of methadone, and the cost to have it administered that become an issue for people.

*Response:* Will talk to the department of health about it

**Telehealth Transparency**

- CONCEPT: Require issuers to describe their coverage of telehealth services in their "Important Information About This Plan" document
- GOAL: Provide additional information in response to increased consumer interest in telehealth services.

**Patient Data Availability**

- CONCEPT: Require individual market QHP issuers to comply with 45 CFR 156.221(a)-(f)
- BACKGROUND (a-e): Effective July 1, 2021, CMS is requiring managed care entities participating in Medicare Advantage, Medicaid, and CHIP, as well as Medicaid and CHIP fee-for-service (FFS) programs and QHP issuers on the federal exchange, to make available an Application Programming Interface (API) that allows patients to easily access their claims and encounter information, including cost, as well as a defined set of clinical data, if maintained by the issuer, through third-party applications of their choice.

BACKGROUND (f): Effective January 1, 2022, CMS is requiring all payers listed above except Medicaid and CHIP FFS programs to implement a process that allows electronic health data to be exchanged between payers

- GOAL: Enrollees can easily access their electronic health information held by their insurer and expect that their claims, encounter, and other relevant health history information will follow them smoothly from plan to plan and provider to provider. Also, provide consistency in data availability for enrollees who move between Medicaid, MCHP, and QHP coverage or whose households have a mix of coverage.

**Enhance Dental Plan Information**

**Provider Directory**

- CONCEPT: Require dental carriers to provide information on in-network providers in a format and at a frequency specified by MHBE.

- GOAL: Add a dental provider directory to Maryland Health Connection and allow consumers to search for in-network dental providers while shopping for coverage, making it easier for them to determine which plans include their preferred dental providers before enrolling. This would align with functionalities available on the medical plan side.

**Important Information about This Plan**

- CONCEPT: Encourage dental carriers to create and provide a link to an "Important Information about This Plan" document to address unique benefits or features of their coverage, which MHC could add to the plan shopping tile. This feature is currently available for medical plans, so this would mirror the current medical plan shopping tile.
- GOAL: Educate enrollees on the unique aspects and value of dental plans.

*Question: Cathy Grason*
While the Value Plan is modified, it limits the carrier's ability to innovate, and possibly raise deductible levels. Will need to finalize the AV calculator. And for the insulator coverage, can we stick to the cost sharing required already outlined?

*Question: Allison Mangiaracino*
We just want to ensure that there aren't barriers to care due to deductibles. The AV calculator has shown significant swings. May have to look at significant deductible increases. Can the November decision be delayed to wait for the AV calculator?
*Response*: Would not want to delay all the information, but may include qualifying language in the Letter to Issuers.

*Question: Brad Boban*
Is it possible to limit the out of pocket max to the individual marketplace?
*Response:* We will look into it

*Question: Christopher Keen*
Is the COVID-SEP for off exchange as well. Adverse selection related to long open enrollment period. MHBE did discuss the issue of adverse selection but claims data has shown that claims are actually down. The public health concern outweighs the adverse selection issues.
*Answer:* No, the COVID SEP is just for On-Exchange plans

*Question: Kim Cammarata*
How long will comments be open for the plan certification standards?
*Answer:* A month

*Comment: Kim Cammarata*
With regards to including telehealth information, some telehealth services have been included by the executive order, and we need to make sure any communications indicate that there are distinctions between the state of emergency.

*Comment: Kim Cammarata*
In terms of patients having access to claims data via third party platforms, there may be issues with confidentiality.

*Comment: Kim Cammarata*
Some providers can choose to have an agreement, based on accepted allowed amount. And information the Exchange wants to put forth should include all the information

*Question: David Stewart*
Is there going to uniformity on how plans are described? Issues with enrolling through the Exchange and dental plans.
*Answer:* We will make sure we work on uniform language

Plan certifications will be published in September. Comments will be accepted for 30 days.

## Public Comment

Leni Preston-Referenced the studies by the Affordability work group and asked for a status update. Also asked if the Plan certification slide will be up on the website?

Response: MHBE will provide a status update on the proposed studies soon. And the slides will be up on the website.

## Adjournment

The meeting was adjourned at 3PM.