

Health Equity Workgroup Recommendations: Executive Summary

At the request of the Standing Advisory Committee, MHBE convened a workgroup to explore how MHBE could use its authority to reduce inequities in healthcare coverage and health outcomes faced by people of color. Based on information from other states, presentations from experts, and the expertise of members, this Health Equity Workgroup identified the following recommendations and areas for further investigation for MHBE.

Capture Granular Race and Ethnicity Data

Redesigning the race and ethnicity questions on the Maryland Health Connection (MHC) application to reflect best practices will help MHBE identify and address racial and ethnic enrollment disparities. Only about 70 percent of consumers currently answer these questions. A higher response rate and more granular data will more clearly show which populations need targeted outreach; MHBE can set goals accordingly.

The workgroup also recommends establishing another workgroup dedicated to data collection. This future group would discuss how to use the data once it is collected, further changes to the race and ethnicity questions, and how to redesign the sex and gender questions on the MHC application to be inclusive of nonbinary consumers.

Require NCQA Distinction in Multicultural Health Care or Health Equity Accreditation

MHBE should include achievement of Distinction in Multicultural Health Care or Health Equity Accreditation from the National Committee for Quality Assurance (NCQA) as a plan certification standard for PY2024 in alignment with the efforts of the Washington DC Health Benefit Exchange.

MHBE Website and Resource Enhancements for Health Insurance Literacy

MHBE should provide additional consumer-focused resources on health insurance literacy on the MHC website through the website's chatbot, Flora; the use of tooltips on the plan shopping page to define key terms; enhancement of existing health insurance literacy resources; and the addition of resources on how to use benefits. Resources should be consumer-tested to ensure they are as clear and accessible as possible. MHBE should audit the consumer experience for Spanish-speaking consumers and make improvements accordingly. Lastly, MHBE should consider partnering with community organizations to provide a health insurance literacy curriculum.

Support Community Health Workers

MHBE and insurers should continue discussing alternative payment models (APMs) that support community health workers.

Reduce Cost-Sharing for High-Disparity Conditions

MHBE and insurers should explore the feasibility of applying the Plan Year 2022 Value Plan standard for diabetes supplies¹ to all private plans on MHC and explore other opportunities to reduce cost-sharing for high-disparity conditions, starting with small cost-sharing changes with minimal impact to actuarial value (AV) and consumer cost-sharing.

Lower health coverage barriers for immigrants

Documented and undocumented immigrants face barriers to obtaining health coverage. MHBE should continue exploration and discussion of coverage options for these individuals.

Mitigate implicit bias

Implicit bias affects every level of health care. MHBE should institute regular training to mitigate implicit bias for internal staff and contractors, and strengthen opportunities for vendors, call center staff, consumer assistance workers, connector entity staff, and other staff to take implicit bias training.

Collaboration and partnership

MHBE should collaborate with existing partners, and form new partnerships with relevant groups, especially community and local organizations, to move forward on these recommendations.

ⁱ By eliminating insulin and glucometer cost-sharing.