Health Equity Workgroup Recommendations

April 21, 2022

MARYLAND HEALTHBENEFIT EXCHANGE

Background

- August - December 2021
- 20 members (consumer advocates, navigators, physicians, insurers, state agencies, hospitals, and universities; geographic diversity)
- Eight meetings
  - Topics prioritized by members
  - Expert guest speakers on most topics
  - Presentations from each QHP issuer
  - Examples from other states
  - Member expertise and feedback
- **Recommendations unanimously approved** by responding members

Race & Ethnicity Data Collection

- **Redesign race and ethnicity questions on MHC application**
  - Current response rate: <70%
  - Best practices:
    - Adding a “prefer not to say” response option
    - Requiring a selection
    - Adding more specific race & ethnicity response options
- Follow-up recommendations:
  - Convene data-focused workgroup
  - Support targeted marketing/outreach strategy
  - Collaborate with insurers on race/ethnicity enrollment goals
  - Redesign sex and gender MHC application questions

NCQA Multicultural Health Care Distinction

- **Plan certification standard for PY2024: Carriers achieve distinction in Multicultural Health Care from the National Committee for Quality Assurance**
  - DC and CA have this requirement (MD & DC individual markets share carriers)
  - Note: NCQA shifting from Multicultural Health Care Distinction to Health Equity Accreditation

  "NCQA evaluates how well an organization complies with standards for:
  - *Collecting race/ethnicity and language data.*
  - *Providing language assistance.*
  - *Cultural responsiveness.*
  - *Quality improvement of culturally and linguistically appropriate services (CLAS).*
  - *Reduction of health care disparities."*

Health Insurance Literacy

- **Partner with community organizations to develop or offer health insurance literacy curriculum**
- **Enhance MHBE website to assist with plan choice and use of benefits**
  - Program chatbot and add tooltips to explain key insurance terms, plan shopping considerations
  - Add pages on how to use benefits to MHC
  - Conduct focus groups with consumers to test accessibility of materials/resources
- **Audit MHC and MHBE websites for accessibility by consumers whose primary language is not English (particularly Spanish-speakers)**
  - Website copy translation
  - Search engine optimization

Support Financing of Community Health Workers

- **MHBE and insurers should continue discussing alternative payment models (APMs) that support community health workers (CHWs)**
  - Support navigators and CHWs to share resources and refer clients to each other
  - MHBE challenge– limited authority at the point of care

Reduce Cost-Sharing for High-Disparity Conditions

- **Apply 2022 value plan standards for diabetes supplies to all private plans on MHC starting in PY2024 (eliminate insulin and glucometer cost-sharing)**
  - Diabetes disproportionately impacts Black Marylanders
  - Follow DC's model
- **Continue exploring the feasibility of reducing cost-sharing for high-disparity conditions**
  - Start with small changes that minimize impact to actuarial value and do not increase patient cost-sharing
  - Affordability Workgroup to discuss this spring

Implicit Bias

- **Establish regular implicit bias training for MHBE staff**
  - Demonstrates commitment
  - Important at all levels of care and in daily life
- **Support other state implicit bias work**
  - MHHD: developing list of approved implicit bias training
  - MIA: incorporating implicit bias into network adequacy regulations
- **Continue to explore the extent of QHP carriers' efforts around implicit bias**

Partnership & Collaboration

- **Hold listening sessions with connector entities, other community partners that work directly with consumers, consumers themselves. Use insights to inform strategy.**
  - Compensate participants
- **Continue coordinating with MIA and other state agencies**
- **Form new partnerships with community organizations**

Support coverage for immigrants

Continue exploration and discussion of coverage options for individuals who are currently ineligible for existing programs—specifically undocumented immigrants.

Questions & Discussion

Appendix

Plan Certification and Affordability Initiatives

Value Plan Standards

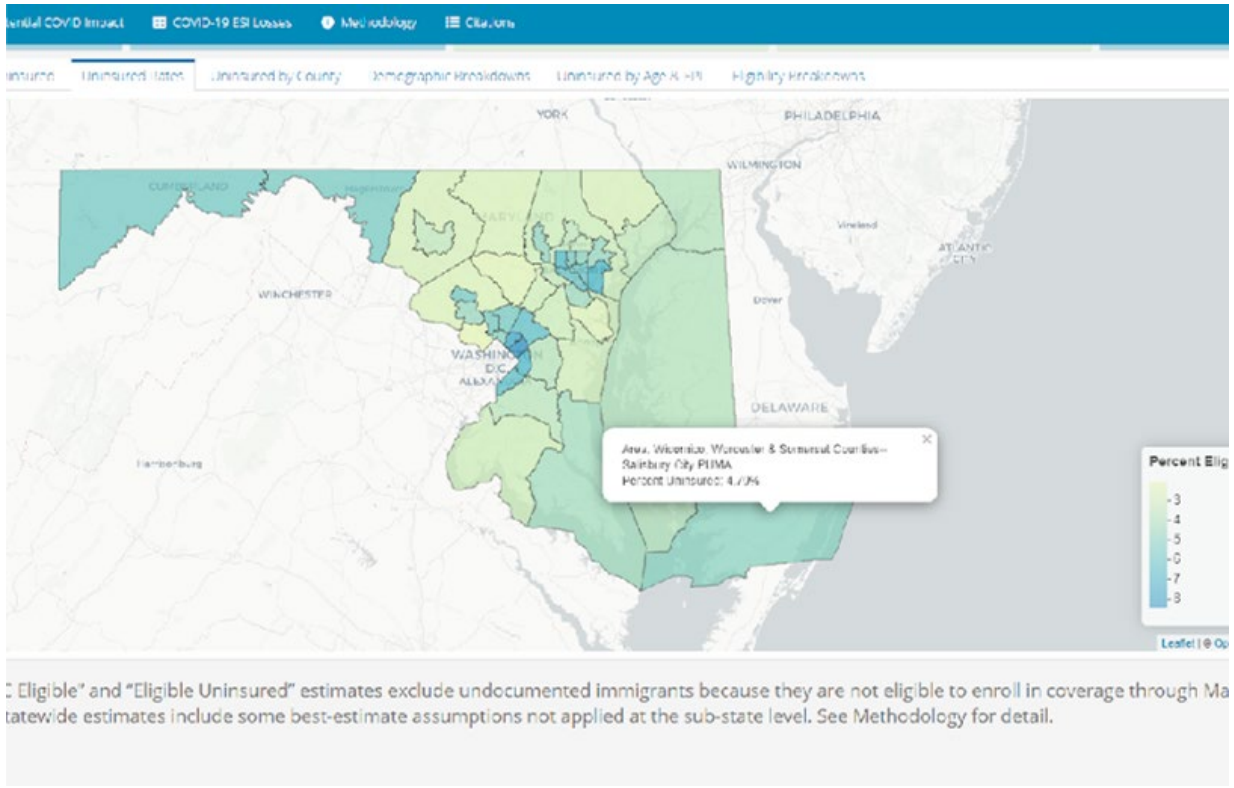
- Diabetes disproportionately affects people of color in Maryland. For PY 2022, MHBE worked to better support Maryland's diabetes initiatives by requiring silver and gold value plans to offer diabetes supplies without cost sharing

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

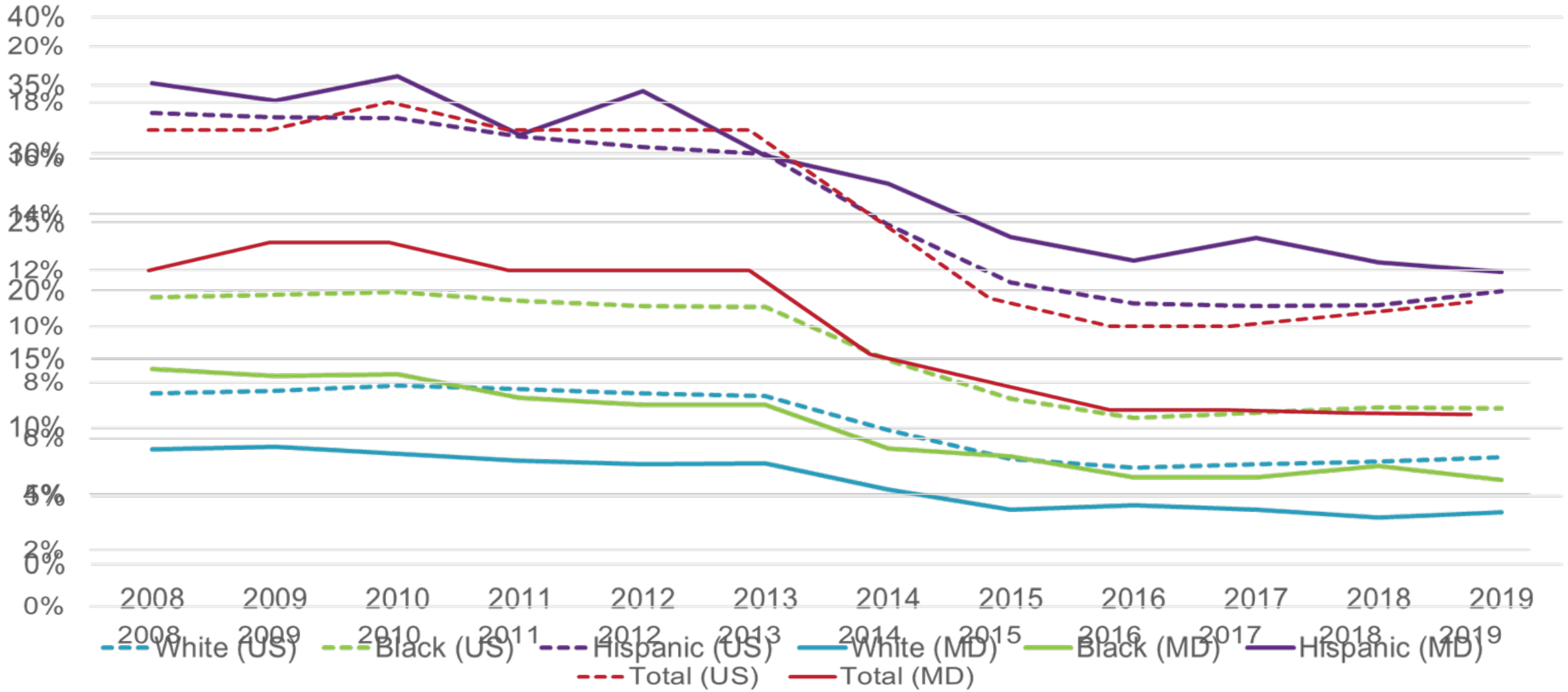
Interactive MHBE Uninsured Dashboard available at: https://www.marylandhbe.com/wp-content/docs/COVID_Uninsured_Analysis_Dashboard_April2021.html



MARYLAND HEALTHBENEFIT EXCHANGE

Enrollment by Race & Ethnicity

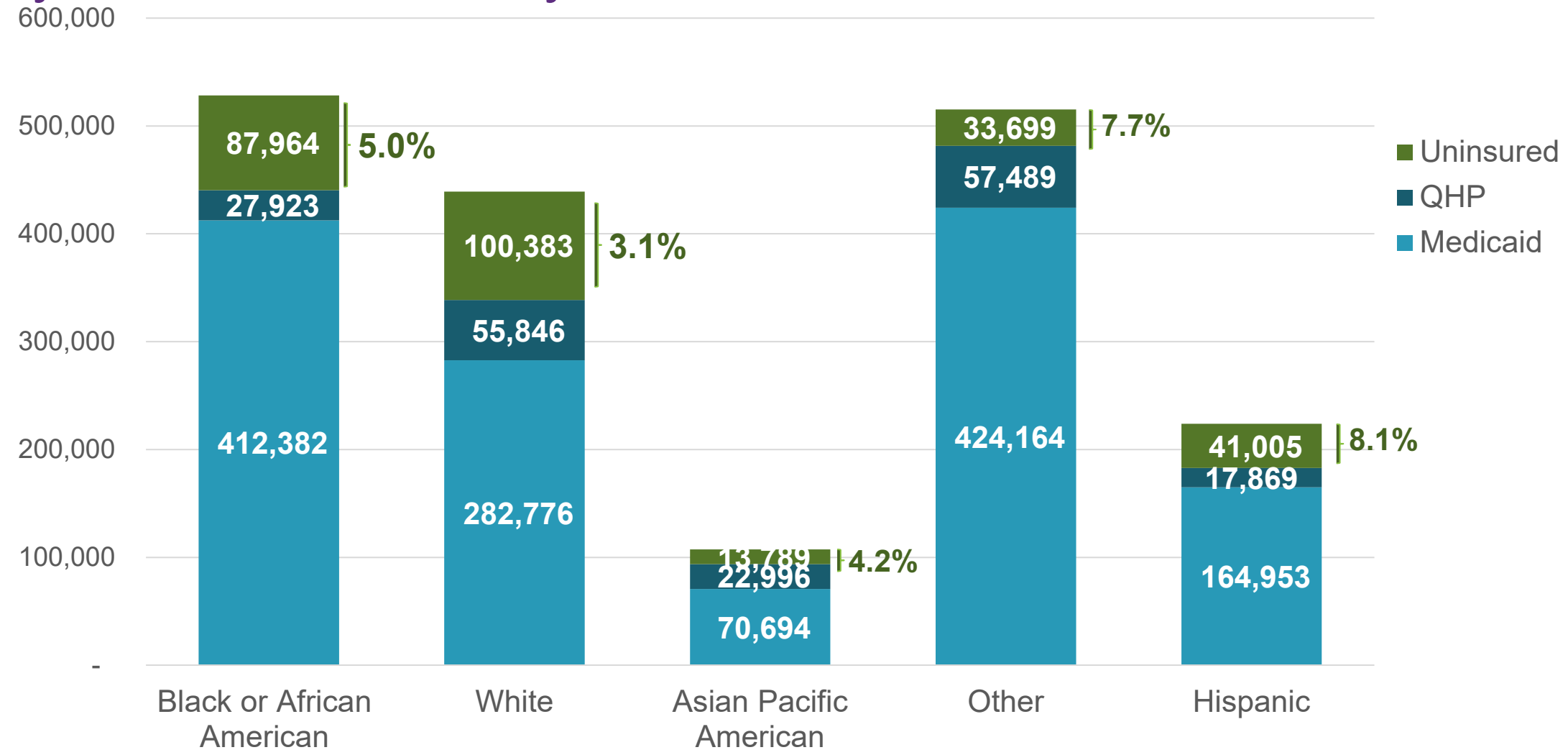
Percent Uninsured by Race and Ethnicity, MD and US



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

MARYLAND HEALTHBENEFIT EXCHANGE

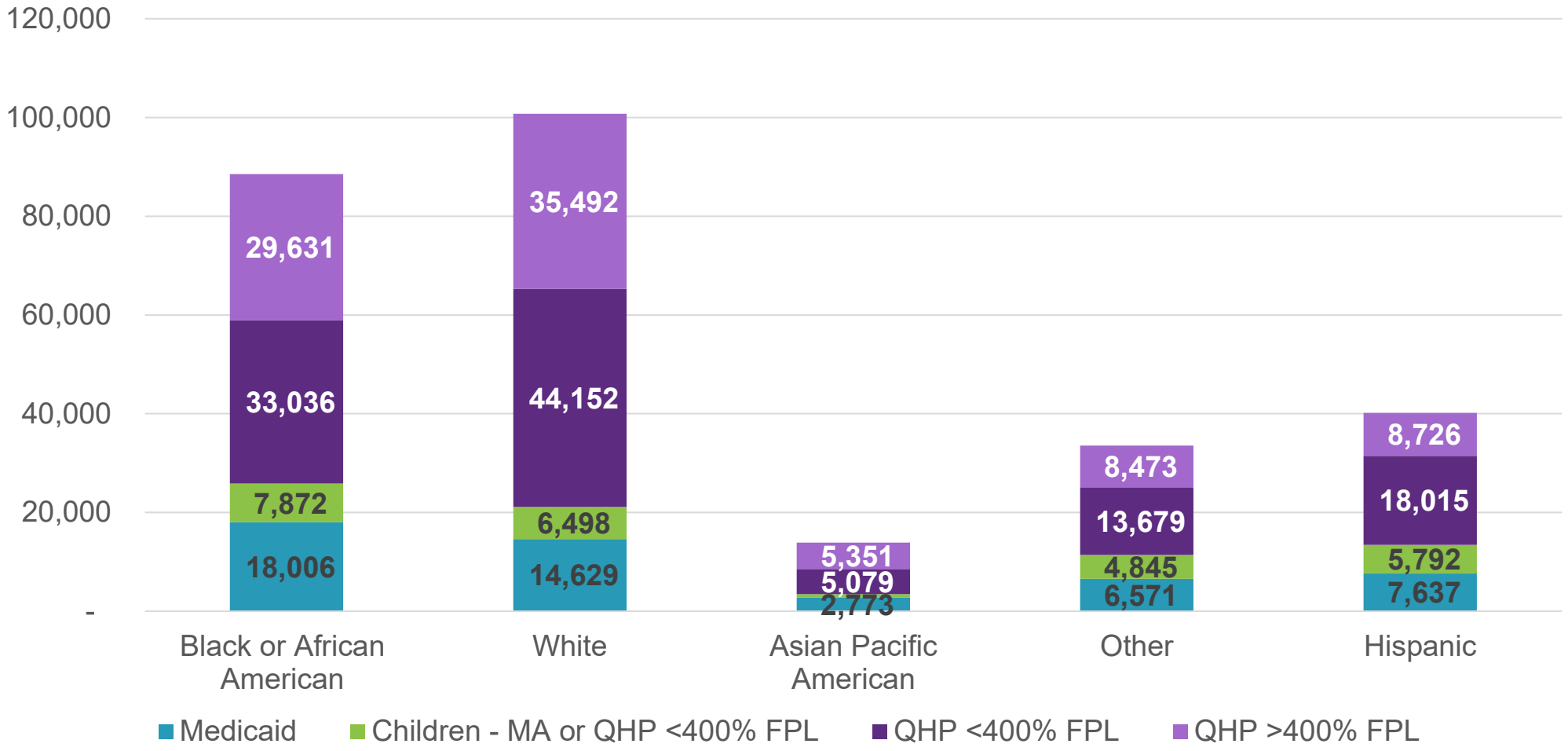
MHBE Medicaid Enrollment, QHP Enrollment, and Uninsured by Race and Ethnicity



MHBE analysis of 2019 5-year American Community Survey Data File. Data excludes individuals ineligible to enroll in Medicaid or QHPs through MHBE.

MARYLAND HEALTHBENEFIT EXCHANGE

Uninsured by Eligibility for Financial Assistance, by Race and Ethnicity



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MARYLAND HEALTHBENEFIT EXCHANGE

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

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 Arrythmias
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