

Standing Advisory Committee Meeting

October 13, 2022

MHBE Policy Department

Agenda

2:00 - 2:05 | Welcome

Ken Brannan and Jon Frank, SAC Co-Chairs

2:05 - 2:10 | Vote on Meeting Minutes

2:10 - 2:20 | Executive Update & Acknowledgements

Michele Eberle, MHBE Executive Director

2:20 - 2:40 | No Surprises Act Overview, Continued

Kimberly Cammarata, Attorney General's Office, Health Education & Advocacy Unit

2:40 - 3:00 | Proposed 2024 Plan Certification Standards

Johanna Fabian-Marks, MHBE Director of Policy & Plan Management

3:00 - 3:20 | Affordability Workgroup Update

David Stewart and JoAnn Volk, Co-Chairs

3:20 - 3:30 | Small Business & Nonprofit Subsidy Workgroup Update

Jon Frank, Co-Chair

3:30 - 3:50 | Outreach & Marketing for Open Enrollment 2023

Betsy Plunkett, MHBE Director of Marketing & Web Strategies

3:50 - 4:00 | Public Comment

4:00 | Adjournment



Welcome



Vote on Meeting Minutes

Vote on Meeting Minutes

“I move to [approve/approve with amendments] the Standing Advisory Committee meeting minutes from June 9, 2022.”

“I move to [approve/approve with amendments] the Standing Advisory Committee meeting minutes from September 8, 2022.”



Executive Update

Acknowledgements

- Ken Brannan
- Evalyne Bryant Ward
- Yolanda Carter
- Karen Nelson
- Jacqueline Roche

Thank you for your service to the SAC and to MHBE!

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a starburst shape, composed of several overlapping, rounded, petal-like shapes in a lighter shade of teal. The text is centered horizontally and positioned in the upper half of the image.

No Surprises Act Presentation, Part II

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a starburst shape, composed of several overlapping, semi-transparent teal circles of varying shades, creating a layered, petal-like effect.

Proposed 2024 Plan Certification Standards

2024 Plan Certification Standards Timeline

Plan Certification Standards

- Oct 13, 2022: Present proposed 2024 plan certification standards to MHBE Standing Advisory Committee
- Nov. 21, 2022: Present proposed 2024 plan certification standards to MHBE Board
- Nov. 28 - Dec. 30, 2022: Public comment period
- Jan. 16, 2023: Present recommended final 2024 plan certification standards to MHBE Board*

Issuer Letter

- Jan. 20, 2023: Publish draft 2024 Letter to Issuers
- Jan. 20-Feb. 17, 2023: Public comment period on Letter to Issuers
- Feb. 28, 2023: Publish final 2024 Letter to Issuers

**If 2024 Actuarial Value Calculator is not available sufficiently in advance of Jan. 16, will present recommended final 2024 standard plan designs at February 20, 2022 Board Meeting*


Implement Standard Plans

- Require each licensed carrier to:
 - Offer one standard plan at the bronze, silver, and gold metal levels
 - Identify standard plans by using “Value Plan” in the plan name, and only in standard plan names
- Retire value plan requirements

Include Link to Actual Plan Contract in Summary of Benefits & Coverage

- Include direct link to actual plan contract in the plan's Summary of Benefits & Coverage in the section shown below

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Coverage Period: [\[See Instructions\]](#)
_____ : _____ Coverage for: _____ | Plan Type: _____

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall	\$	

Plan Certification Standards for Vision Plans

Visions plans must:

- Offer one high and one low plan
- Have vision plans licensed for sale in the Maryland individual market as of plan year 2023
- Either the licensed issuer or its parent company must have offered plans on an Exchange as of plan year 2023
- Provide a Maryland-specific account manager to work with MHBE Plan Management
- Offer the following services:
 - Co-branded website that includes a provider directory
 - Call center
 - Ability for member to pay bill electronically
 - Ability to generate member enrollment materials and notices
 - Ability to provide reporting to MHBE on plan selection, enrollment, and member demographics

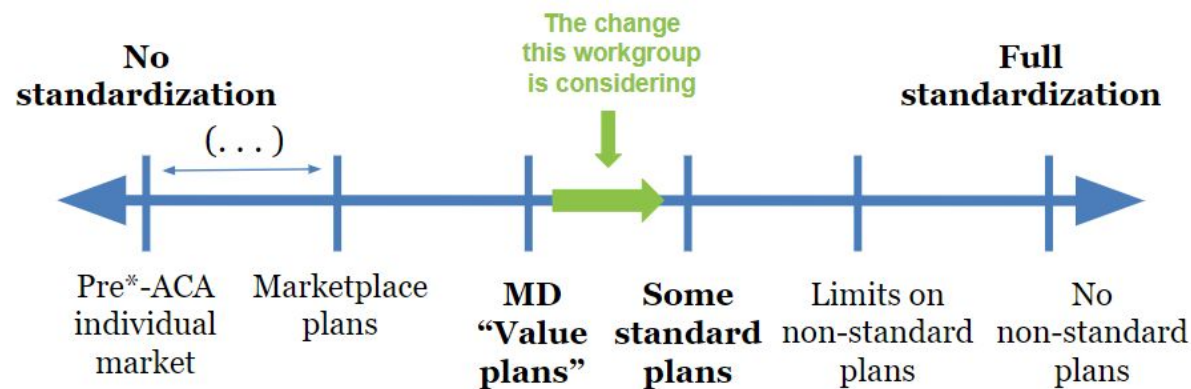


Affordability Workgroup Recommendations

Affordability Workgroup Content

Guiding questions:

1. How to make high-value coverage **more affordable**, especially for populations disproportionately impacted by high-cost health conditions like diabetes?
2. How to make plan shopping **more straightforward**, so that consumers can **more easily choose and use** affordable, high-value coverage?
3. How to use plan design and plan certification standards to promote these goals?
4. What should the future of the Young Adult subsidy program look like (i.e., what should the workgroup recommend to the General Assembly)?



Recommendations

- MHBE should implement Standardized Plans for 2024 that are designed to advance affordability, simplicity, alignment with state health goals, equity, and minimize market disruption.
 - If the plan designs recommended by the Workgroup need to be updated to adhere to the 2024 AV calculator requirements, adjustments should first be made to the out-of-pocket maximums to preserve the cost-sharing design approved by this Workgroup. If further changes are necessary, MHBE staff should propose changes that align with the priorities established by the Workgroup as described in the Workgroup report.
- MHBE should differentiate Standardized Plans with icons and branding to assist consumers with plan selection.
- MHBE should limit the number of plan offerings on MHC to 3 plans per metal level beginning in plan year 2025.

AV Calculator Services

	Subject to Deductible	Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded
Actuarial Value		81.8%	94.85%	87.89%	73.97%	71.58%	64.8%
Medical Deductible		\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,100
Drug Deductible		\$150	\$0	\$150	\$750	\$750	n/a
Medical MOOP		\$6,750	\$1,350	\$2,500	\$5,750	\$7,600	\$9,100
Rx MOOP		\$600	\$150	\$500	\$1,500	\$1,500	n/a
Emergency Room Services	Yes - No	\$350	\$75	\$150	\$500	\$500	n/a
All Inpatient Hospital Services (inc. MH/SUD)	Yes - No	\$450	\$150	\$350	\$550	\$550	n/a
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Specialist Visit	Yes - No	\$30	\$15	\$30	\$80	\$80	\$80
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Imaging (CT/PET Scans, MRIs)	Yes - No	\$400	\$125	\$350	\$600	\$600	n/a
Speech Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Occupational and Physical Therapy	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35
Preventive Care/Screening/Immunization	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	Yes - No	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostic Imaging	Yes - No	\$50	\$20	\$50	\$150	\$150	\$150
Skilled Nursing Facility	Yes - No	\$75	\$30	\$75	\$150	\$150	n/a
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes - No	\$250	\$50	\$75	\$150	\$150	n/a
Outpatient Surgery Physician/Surgical Services	Yes - No	\$125	\$60	\$125	\$150	\$150	n/a
Generic Drugs	Yes - No	\$10	\$0	\$5	\$20	\$20	\$20
Preferred Brand Drugs	Yes - No	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	Yes - No	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs (i.e. high-cost)	Yes - No	\$75	\$25	\$60	\$100	\$100	n/a

Standardized Plan Details

Additional Standardized Service Categories								
			Gold	CSR 94%	CSR 87%	CSR 73%	Silver (Base)	Bronze - Expanded
Durable Medical Equipment	Yes - No	20%	10%	20%	30%	30%	40%	
Emergency Transportation/Ambulance	Yes - No	\$300	\$50	\$100	\$350	\$350	n/a	
Habilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35	
Home Health Care Services	Yes - No	\$30	\$10	\$25	\$45	\$45	\$50	
Hospice Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Inpatient Physician and Surgical Services	Yes - No	\$30	\$10	\$25	\$40	\$40	n/a	
Outpatient Rehabilitation Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35	
Substance Abuse Disorder Outpatient Services	Yes - No	\$10	\$2	\$10	\$35	\$35	\$35	
Urgent Care Centers or Facilities	Yes - No	\$40	\$15	\$30	\$75	\$75	\$75	
Pediatric Vision								
Routine Eye Exam for Children (optometrist)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Eye exam by an Ophthalmologist	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Basic Lenses	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Frames	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Contacts – elective (i.e. in lieu of lenses and frames)	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Contacts – medically necessary	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Low vision testing	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Low vision aid	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Pediatric Dental								
Class I Preventive & Diagnostic Services	Yes - No	\$0	\$0	\$0	\$0	\$0	\$0	
Class II Basic Services	Yes - No	20%	20%	20%	20%	20%	20%	
Class III Major Services	Yes - No	20%	20%	20%	20%	20%	20%	
Class IV Major Services – Restorative	Yes - No	50%	50%	50%	50%	50%	50%	
Class V Orthodontic Services	Yes - No	50%	50%	50%	50%	50%	50%	

Standardized Plan Details

- Enrollees with a primary diagnosis of Type 2 diabetes pay \$0 cost-sharing for:
 - PCP visits
 - Dilated retinal exam (1x per year)
 - Diabetic foot exam (1x per year)
 - Nutritional counseling visits (unlimited)
- Enrollees with a primary diagnosis of Type 2 diabetes pay \$0 cost-sharing for the following lab services:
 - Lipid panel test (1x per year)
 - Hemoglobin A1C (2x per year)
 - Microalbumin urine test or nephrology visit (1x per year)
 - Basic metabolic panel (1x per year)
 - Liver function test (1x per year)
- A select list of diabetes supplies and medications within the diabetic agents drug class, as defined by the insurer, are provided with no cost-sharing. An insurer is not required to change the drugs that are on the insurer's formulary.
- Insurers may charge less than the copays shown for services delivered via telehealth.
- Insurers may combine the two outpatient copays into a single copay if they choose.

Workgroup Status

- Members unanimously approved the recommendations
- Plan designs to be tested with the 2024 AV Calculator and altered if necessary
- Will reconvene to discuss Young Adult Subsidy performance

Small Business & Nonprofit Health Insurance Subsidies Program Workgroup Update

October 13, 2022

Members

Member	Affiliation
Glenn Arrington	Insurance Producer
Neil Bergsman	MD Nonprofits
David Brock	Aetna
Dana Davenport	Association of Community Services of Howard County
Janet Ennis	Maryland Insurance Administration (MIA)
Jon Frank*	Insurance Producer
Bruce Fulton	Neighbor Ride
Amber Hyde	All About Benefits, LLC
Stephanie Klapper	Maryland Citizens' Health Initiative
Mark Kleinschmidt	Anne Arundel County Chamber of Commerce
Jamal Lee	Breasia Productions

Member	Affiliation
Lane Levine	A Friendly Bread
Allison Mangiaracino	Kaiser Permanente
Robert Morrow	UnitedHealthcare
Henry Nwokoma	MIA
Trina Palmore	Solomon's Financial Group
Deb Rivkin	CareFirst
Sandy Walters	Kelly Benefits
Rick Weldon*	Frederick County Chamber of Commerce

* Indicates co-chair

Workgroup Objectives

SB 632 - Small Business and Nonprofit Health Insurance Subsidies Program - Workgroup

1. “...**study and make recommendations** relating to the establishment of a Small Business and Nonprofit Health Insurance Subsidies Program to provide subsidies to small businesses and nonprofit employers and their employees for the purchase of health benefit plans.”
2. **Submit report** on findings & recommendations to the Governor, Senate Finance Committee, House Health & Government Operations Committee by **October 1, 2022**

Key Discussion Topics

- Objectives and target metrics for the program
- The scope and design features of a subsidy model program
 - Whether subsidies under the Program should be available for the purchase of qualified health plans on and off Exchange
 - Subsidy eligibility and payment parameters
 - The administrative structure and infrastructure investments required for implementation of the Program
 - Duration of the Program
- Cost to administer the Program, including sources and levels of funding needed to support the Program

Workgroup Findings

- Given the provisions of the Inflation Reduction Act extending enhanced tax credits, the workgroup recommends postponing any small business or nonprofit employer subsidy programs at this time.
- With enhanced tax credits and the State Reinsurance Program, individual market premiums are significantly discounted at present and will continue to be until 2026.
- It would be difficult to create an employer subsidy program that is cost effective in the current environment and in doing so could create adverse financial impact especially on low wage earners.

Final Report Recommendations

1. The legislature should ensure MHBE has sufficient funding to significantly expand marketing and outreach to small employers and their employees to provide education regarding, and facilitate enrollment in, existing coverage options.
2. MHBE should re-engage stakeholders to discuss the possibility of a small business & nonprofit premium subsidy in the future, if it appears likely that the enhanced premium tax credits in the individual market will expire.

Workgroup Status

- Workgroup voted unanimously to approve:
 - The recommendations
 - The final report
 - A recommendation that MHBE submit a follow-up letter to the Legislature regarding administrative and legal considerations on proposed ideas:
 - Financial incentives for employer hosting an enrollment event for employees
 - Branding that shows the public they support health care for their employees
- MHBE staff submitted the Workgroup's final report to the Legislature by the October 1 deadline



Questions

OE10 Marketing Research/Ads

Standing Advisory Committee Meeting
October 2022

Betsy Plunkett
Director, Marketing & Web Strategies



2022 Market Research

Project Overview and Methodology

Research Objectives

- Understand current **uninsured** population
- Conduct **in-depth interviews** (IDIs) to understand the following:
 - Psychographic characteristics
 - Awareness, perceptions, & understanding of health insurance
 - Main obstacles and motivators to coverage
 - How to best communicate messages
- Two main goals with IDI data:
 - (1) Produce a segmentation of different types of uninsured Marylanders.
 - (2) Aid in creating effective messaging.

Preparation for IDIs

- **Environmental Scan**
 - Common main barriers to insurance
 - Common strategies to increase enrollment
 - Importance of Navigators
- **9 Navigator Interviews**
 - All connector regions represented
 - No “average” customer but learned of common barriers and modes of communication to ask about during interviews

IDI Methods and Sample

- **30 IDIs conducted with uninsured** residents in English, up to 60 minutes
- Primarily conducted through Zoom, with a couple in-person
- \$75 incentive for time and effort
- Demographic focus:
 - Young (18-34)
 - Black
 - Hispanic
 - Rural
- Also looked for **mix of reason uninsured**
 - Temporarily uninsured
 - Chronic-situational constraints (e.g., can't afford)
 - Chronic-perception constraints (e.g., getting insurance is too difficult)

Messaging Insights

Top Message Out of 4 Tested

- **“Accidents happen. Health insurance through Maryland Health Connection can help protect you and your wallet from the unexpected.”**
- Positive about the sentiment and idea. Relatable concept they have thought about (how to pay for accident). Received fewest criticisms, and the few who did say it’s a bit generic with little information on actual plans.

Reaction to Other Messages

- **Generally positive** reaction to other three messages:
 - Maryland Health Connection is the only place to get financial help to help pay for your health plan.
 - Every health plan available through Maryland Health Connection covers doctor visits, emergency care, prescriptions, and mental health services.
 - 9 out of 10 people who enrolled through Maryland Health Connection got savings.
- Favorability towards mentions of **savings, financial help**, and range of coverage provided, especially **mental health**.
- Other three messages received more skepticism. Marylanders were more likely to **question the promises made**, doubt some of the information and statistics provided, or have **follow-up questions** about the specifics.

Messaging Insights

Proof Points Needed

- Several participants disagreed with the statement that it's the “only place” to get financial help – stating there are alternative places to obtain health insurance, such as the carriers themselves, Planned Parenthood, churches, health savings account through Wells Fargo, etc.
- *“Am I saving 700 bucks? What is that savings look like? I guess any savings better than no savings, but it just sounds a little bland.”*

Modes of Outreach and Desired Ad Content

- **Web** was the most common place they searched for information for health insurance, followed by **social media** sites.
- Many have also talked to those they trust (friends/family). Many have also received or are interested in receiving flyers, brochures, email, or physical mail about health insurance options.
- All want more information about **true cost and savings** and most want to hear about **services** offered in advertisements.
 - Marylanders also value **honesty** (especially among men) and **empathy/cultural awareness** (especially among women).

Comparisons of Segments

Common among all segments	Segment 1: Fully Employed Young Adults	Segment 2: Underemployed Single Men	Segment 3: Fully Employed Adults who do not Prioritize Insurance	Segment 4: Underemployed Women with Dual-Barriers to Insurance	Segment 5: Temporarily Uninsured Older Minorities
<ul style="list-style-type: none"> • Affordability came up in all segments but to varying degrees of concern. • Health insurance was stated to be very important to them or their families. • General (but not complete) understanding of HI terms due to experience with previous HI plans • Turned to online sources for most HI information (web or social media) • Most have at least some familiarity with MHC. 	<ul style="list-style-type: none"> • Chronic-situational constraints (affordability top concern) • All full-time employment, but are not offered or opted out of job-based HI • Need greater coverage for family, but can't afford • Mostly young with dependents • Mix of African American and Hispanic • Mix of urban and rural counties 	<ul style="list-style-type: none"> • Chronic-situational constraints (affordability top concern) compounded by lack of success with enrollment • Other than full-time employment • Interest in insurance and MHC, but some lack motivation • Focus on honesty and transparency in ads • All men, mostly single • Mix of ages and races 	<ul style="list-style-type: none"> • Chronic-perception barrier only (believing they are healthy) • Full-time employment means cost did not come up as major concern • More interested in insurance for family if has dependents • More doubt about usefulness of HI • Least familiar with MHC • Mixed age and gender of African Americans 	<ul style="list-style-type: none"> • All have some type of chronic-perception barrier (too confusing to get, didn't want, etc.) • Lack of full-time employment compounds with common concern of affordability • Attracted to the empathy and attention to individual when looking for HI • All urban residents • All women 	<ul style="list-style-type: none"> • Temporarily uninsured and lacks full-time employment, making affordability an additional barrier • Want ads with empathetic and cultural competency • All very knowledgeable and familiar with MHC • Previous challenges with enrollment so they prefer to find job-based HI • Older women of color

Comparisons of Segments

Segment 1: Fully Employed Young Adults

Segment 2: Underemployed Single Men

Segment 3: Fully Employed Adults who do not Prioritize Insurance

Segment 4: Underemployed Women with Dual Barriers to Insurance

Segment 5: Temporarily Uninsured Older Minorities

Common Among All Segments:

- **Affordability** came up in all segments but to varying degrees of concern.
- Health insurance was stated to be **very important** to them or their families.
- General (but not complete) **understanding of health insurance terms** due to experience with previous health plans
- Turned to **online sources** for most health insurance information (web or social media)
- Most have at least **some familiarity** with Maryland Health Connection.



OE10 Marketing Strategies

Paid media plan

Week Of:	16-Oct	23-Oct	30-Oct	6-Nov	13-Nov	20-Nov	27-Nov	4-Dec	11-Dec	18-Dec	25-Dec	2-Jan	9-Jan
Television: Broadcast/Cable													
Television: Telemundo													
Television: Univision													
Radio: iHeart													
Radio: Top stations, Black													
Radio: El Zol													
Points of Care/Quest													
Gym TV													
Grocery/Convenience Stores													
Print													
Digital Video (Hulu, YouTube, etc.)													
Spotify/Pandora													
Display													
Urban One, H Code													
TikTok													
Facebook/Instagram													
Search													

What's new?



2022 World Cup Coverage



FIFA WORLD CUP
Qatar 2022



Gym TV (12 Locations)



Partner events

We have identified events across the state that present opportunities to engage with segments of our target audience in trusted and relevant settings. We will pursue statewide or larger-scale events to complement local events secured by Connector Entities. Events include:

- 13th Annual Festival Salvadoreño Americano
- Festival Salvadoreñísimo 2022
- Mid Atlantic Expo
- 2022 Maryland Hispanic Business Conference
- Maryland Nonprofits Annual Conference
- MD State Family Child Care Association
- Maryland Rural Health Conference
- African American Cultural Festival
- Maryland Association of CPA's Chesapeake Tax Conference and Workshops
- Fiesta Baltimore
- Secret Garden
- Latino Provider Network Resource Meeting Presentation
- NAMI Annual Virtual Conference

Influencers


We will continue to engage existing and new social media influencers with reach across our target audiences in Maryland. We'll ask influencers to create original content through stories, posts and new platforms.

- Fitness/health
- Lifestyle, including food and restaurant
- Parenting
- Civic leaders, particularly Hispanic
- Media personalities



Content ideas

- New **rack card** with QR code to eliminate changing dates (double-sided English/Spanish)
- **Broker Connect tool** call-out across collateral materials with QR code directing consumers to get help
- **Explainer video** (in English, Spanish, and ASL) breaking down costs of a treatment with and without insurance
- **Postcard** sent to customers (post OE) encouraging them to use their coverage
- **Birthday card for 26-year-olds to promote enrollment**




Life can be unexpected.

Get low-cost, quality health insurance you can count on.


Maryland Health Connection is the state's official health insurance marketplace. It's also the only place to get financial help to pay for your plan. From doctor visits to mental health services, get the care you need – no matter what life throws your way.

Trained experts are available to answer your questions and help you apply.

Call 1-855-642-8572 to connect with our call center. Help is available in more than 200 languages. Deaf and hard of hearing use Relay service.



Visit MarylandHealthConnection.gov to shop and compare plans, or to get connected with a broker in 30 minutes or less for free application assistance.

maryland  health
connection™

Advertising Preview

The background is a solid dark purple color. On the right side, there is a large, stylized floral or leaf-like pattern. This pattern consists of several overlapping, rounded shapes that resemble petals or leaves, arranged in a symmetrical, cross-like fashion. The color of these shapes is a lighter shade of purple, creating a subtle contrast with the darker background.

Sweet Pea



Go!





The background is a solid light green color. On the left side, there are four stylized, overlapping leaf shapes in a slightly darker shade of green, arranged in a cross-like pattern. The text "Public Comment" is centered horizontally and positioned in the upper half of the image.

Public Comment



Appendix