



Maryland Health Benefit Exchange Board of Trustees

October 17, 2022

2 p.m. – 4 p.m.

Meeting Held at the Maryland Health Care Commission and via Video Conference

Members Present During Open Session:

Dennis Schrader, Chair

S. Anthony (Tony) McCann, Vice Chair

Ben Steffen, MA

Dana Weckesser

Maria Pilar Rodriguez

Kathleen A. Birrane

K. Singh Taneja

Mary Jean Herron

Dr. Rondall Allen

Also in Attendance:

Lourdes Padilla, Secretary, Maryland Department of Human Services

Michele Eberle, Executive Director, Maryland Health Benefit Exchange (MHBE)

Andrew Ratner, Chief of Staff, MHBE

Tony Armiger, Chief Financial Officer, MHBE

Venkat Koshanam, Chief Information Officer, MHBE

Maggie Church, Deputy Director, Marketing, MHBE

Tracey Gamble, Procurement Manager, MHBE

Anna Yankova, Project Management Specialist, MHBE

Meeting Call to Order

Mr. McCann called the meeting to order.

Approval of Meeting Minutes

The Board reviewed the minutes from the Board's September 19, 2022, public meeting. Ms. Herron moved to approve the minutes. The Board voted unanimously to approve the minutes.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her executive update by sharing that the next open enrollment (OE) will begin in one week. She noted that, despite earlier concerns over potential readiness issues in the call center,

the agency is well-prepared for the task. She added that consumers have begun receiving notices related to their renewals and that the preview shopping period on Maryland Health Connection (MHC) has already begun.

Next, Ms. Eberle announced that federal authorities have issued the final rule addressing the “family glitch,” whereby the spouse and dependents of an employee may be ineligible for subsidies on MHC if the employee is offered employer-sponsored coverage for their family, regardless of whether that coverage is affordable. The new rule makes dependents eligible for subsidies on the exchange if the employer-sponsored coverage is not affordable and will take effect on January 1, 2023. She added that the rule is likely to be challenged in court but that the MHBE’s systems have been updated to accommodate the rule and can be reverted if the rule is revoked.

Ms. Eberle concluded her remarks by introducing the newly appointed MHBE Procurement Manager, Shirelle Green.

Standing Advisory Committee Update

Dana Weckesser, Board Liaison

Ms. Weckesser gave a brief overview of the October 13 meeting of the Standing Advisory Committee (SAC). The meeting began with an update by Ms. Eberle, followed by a presentation on the No Surprises Act from Kimberly Cammarata of the Maryland Office of the Attorney General’s Health Education and Advocacy Unit. The SAC was given a briefing by Johanna Fabian-Marks, Director of Policy & Plan Management at the MHBE, on the proposed standard plans for 2024 and the plan to limit carriers to three plans per metal level beginning in 2025. The SAC received an update from the Small Business and Nonprofit Health Insurance Subsidy Workgroup regarding their report to the Maryland General Assembly, which recommends that efforts to introduce subsidies to support small employers’ offering coverage to their employees be postponed until after the enhanced individual premium tax credits expire. The report also recommends that funds be allocated to the MHBE to significantly expand outreach to small business employers and employees. Finally, the SAC was presented with the outreach plan for the 2023 open enrollment.

MD THINK Update

Subramanian Muniyasamy, Executive Director, MD THINK & Chief Information Officer, Maryland Department of Health (MDH)

Mr. Muniyasamy gave the Board an update on the progress and future of Maryland Total Human-services Integrated Network (MD THINK). He began by explaining the history of MD THINK since 2017, when Governor Hogan established it with the objective of employing data and technology in service to Marylanders. Mr. Muniyasamy described the governance structure of MD THINK as well as the technology platform and the “airport model” of service delivery, and he listed the major accomplishments of MD THINK in hosting statewide data systems. He laid out the timeline on which MD THINK and MDH will work to modernize and integrate additional systems in the coming years.

Next, Mr. Muniyasamy went into greater detail regarding how MD THINK works with the MHBE’s health benefit exchange (HBX) application, noting the success of three consecutive open enrollments on the platform, including extended time periods during the pandemic emergency. He emphasized that MD THINK operates on behalf of MHBE with 99.89% system uptime.

Mr. Muniasamy then discussed disaster recovery (DR) at MD THINK. He laid out the current configuration of DR systems and methods, including a two-zone seamless failover and backup restore process. Ms. Herron asked where the backup sites are located. Mr. Muniasamy replied that all backup sites are at least 60 miles apart from one another within the region.

Next, Mr. Muniasamy described the range of disaster recovery options available to agencies whose systems reside on MD THINK. Four options are offered. The “Backup & Restore” option is the least expensive, with hours of potential downtime in an emergency. The “Pilot Light” option costs more and would reduce downtime to tens of minutes, albeit for a reduced set of services. The next most expensive is the “Warm Standby” option where a smaller copy of the system is always kept running; this option offers only minutes of downtime. The most expensive option has zero downtime and always maintains multiple complete copies of the system.

Mr. Muniasamy concluded his remarks by discussing MD THINK’s certifications, including the Capability Maturity Model Integration (CMMI) Level 3 appraisals for Development and Services and the ISO 27001 certification for information security.

Ms. Herron expressed concern that some disasters, such as hurricanes, routinely exceed 60 miles in impact area. She asked how that distance was decided on. Mr. Muniasamy agreed with the concern, noting that each of the four options available to MD THINK agency partners addresses this issue. Gregory James, Deputy Secretary for Operations and MD THINK with the Maryland Department of Human Services (DHS), added that, while the initial DR system design for MD THINK has multiple zones within the same region, all four of the DR options described before are located in multiple regions.

Mr. McCann asked whether MD THINK overall must choose one of the four options, or whether each participating agency chooses which option to purchase. Mr. Muniasamy replied that the latter was correct.

Secretary Schrader noted that he asked for the MD THINK presentation since Board members have made recent inquiries about security. He underscored the multi-agency nature of the system and emphasized that the roughly \$1 billion investment was made in developing a system owned by the state rather than a third-party contractor. He noted that Mr. Muniasamy has been appointed to an additional post—Chief Information Officer at MDH.

[CIO 100 Award Presentation](#)

Anna Yankova, Project Management Specialist, MHBE

Ms. Yankova gave the Board an overview of the project that recently earned the MHBE the CIO 100 award: Automated Document Verification using AI, RPA, and OCR Technologies. She noted that it was the fourth year in a row that the agency received the award and that a large audience of interested people attended a breakout session describing the technology in greater detail during the award event.

Ms. Yankova then presented a video that showcased the award-winning technology. The video was only visible and audible to meeting attendees physically present.

Mr. McCann, having been physically present, asked how verification issues that cannot be solved by the bot are handled. Venkat Koshanam, Chief Information Officer, MHBE answered that any consumer whose verification cannot be processed automatically is transferred to a live person.

[New for 2023 Open Enrollment](#)

Venkat Koshanam, Chief Information Officer, MHBE

Greg Yaculak, Deputy Chief Information Officer & Chief Information Security Officer, MHBE

Maggie Church, Deputy Director, Marketing, MHBE

Mr. Koshanam gave an overview of technology enhancements newly in place for this open enrollment, including a “pay now” option, integration with the Maryland Department of Labor’s unemployment system for easy enrollment, and enhanced automation processes. He noted that there may soon be an effort toward a digital Medicaid ID for consumers but that today they will discuss the Broker Connect and mobile app efforts.

Mr. Yaculak then described the Broker Connect system – an online channel for consumers to connect to a qualified broker in near real-time. He explained that consumers can use the website or mobile app to signal that they want to work with a broker. The consumer provides a name, phone number, email address, zip code, and distance range within which they want to find a broker. The system then gives three different brokers who are near that consumer the opportunity to accept the referral within 15 minutes, with the goal of that consumer getting in contact with the broker within 30 minutes of indicating their preference. Consumers receive a text confirmation that the broker has received their information and are later asked to complete a survey providing feedback on the experience of using Broker Connect.

Mr. McCann asked whether the agency monitors the response time of brokers to the referrals. Mr. Yaculak replied that they do monitor response time, but not in real time. Mr. Koshanam added that the pilot as implemented has a 92% rapid response rate so far but acknowledged the need to automate the process.

Mr. McCann expressed concern that patterns of discrimination could emerge from broker response data. Mr. Koshanam agreed that the concern is valid, adding that Broker Connect currently works with 87 out of roughly 1,200 active brokers.

Ms. Herron asked during what hours Broker Connect operates. Mr. Yaculak answered that the system runs from 9:00 a.m. to 5:00 p.m. Monday through Friday normally, with extended hours during open enrollment. Mr. Koshanam added that, during open enrollment, brokers are available from 8:00 a.m. to 8:00 p.m. during the week and 8:00 a.m. to 2:00 p.m. on the weekend. Outside those hours, the system is deactivated.

Mr. Yaculak then shared views of the brokers’ dashboard showing their referral history. He laid out how the system has performed, having facilitated 281 enrollments out of 1,223 consumer requests, serving 92% on time, with 110 requests for help in Spanish in the first 4 months. He shared examples of positive feedback from both brokers and consumers, noting that 41 out of 42 survey respondents supported the system.

Ms. Eberle explained that the MHBE tries to add value for the broker community where possible, given that they provide such valuable services to consumers and are paid by carriers rather than by the MHBE.

Tamara Cannida-Gunter, Director of Consumer Assistance & Eligibility at the MHBE, noted that the broker community is responding well to the Broker Connect program and that her team is working to onboard more Spanish-speaking brokers.

Next, Mr. Koshanam discussed the EnrollMHC mobile app. He stated that, despite improvements in areas like biometrics, the app is six years old and is thus considered a “legacy” application. He explained that, since 65% of MHBE’s consumers use the mobile app, the agency must re-evaluate its technology and whether it is well-positioned for the next 5 to 10 years.

Mr. Yaculak described the existing mobile app, which was coded differently for Apple and Android platforms. The new system will be simpler to develop, with one code base in “React Native,” allowing the MHBE to have a single team perform the work. He shared views of the updated app while describing system enhancements like simplified account management, better biometric authentication, and document uploads.

Mr. McCann asked when consumers would be able to expect their information to be populated automatically within the app, assuming they are already known on the MD THINK platform. Mr. Koshanam replied that it is the MHBE’s goal to minimize duplication of data entry as part of the No Wrong Door initiative from the Centers for Medicare & Medicaid Services (CMS). He noted that consumers must provide consent for their data to be shared in that way.

Mr. McCann asked whether income information provided directly to Medicaid is shared with the MHBE for potential integration with the mobile app. Mr. Koshanam replied in the negative.

Ms. Eberle asked what information about consumers remains available in the system. Mr. Koshanam answered that household and identity information remains, along with supporting documentation, but that income information must be provided again.

Mr. McCann asked how much information consumers who are referred to MHC due to unemployment have to provide versus how much is loaded automatically from the unemployment system. Mr. Koshanam answered that demographic information such as name and address are loaded but that the consumer must come into MHBE’s systems to begin the process.

Secretary Schrader asked whether the new technology will help to ease the burden of the unwinding of the public health emergency (PHE) likely to take place in the new year. Mr. Koshanam replied that MHBE has been working closely with Medicaid to prepare for the unwinding and that both agencies stand ready for the effort. He noted that, with Medicaid approval, they could implement automated document verification for the transition. Ms. Eberle noted that, in addition to potentially using bots to process document verifications, another decision that Medicaid leadership could make is to boost the number of Medicaid renewals that process automatically.

Secretary Schrader stated that the unwinding effort will be a customer service challenge given the 10-20% growth in enrolled individuals during the pandemic since many people will be found to be

ineligible for Medicaid. Ms. Eberle agreed and expressed confidence that the agencies are ready for the task.

Ms. Herron asked whether losing access to Medicaid due to the unwinding is a qualifying event for enrollment in a qualified health plan (QHP). Ms. Eberle answered in the affirmative, noting that it opens a 60-day special enrollment period (SEP). She added that there is discussion among policymakers across the country about extending that SEP.

Ms. Herron asked whether everyone will be dropped from Medicaid overnight or in stages, as well as asking when the 60-day period begins to elapse. Ms. Eberle replied that consumers ineligible for Medicaid will be disenrolled in stages over 12 months, with roughly 200,000 disenrollments per month. Commissioner Birrane added that each enrollee's 60-day SEP is separate and begins when their disenrollment takes effect.

Lourdes Padilla, Secretary of DHS, noted that there is room for improvement in the transition of consumers from Medicaid to QHP coverage and supported working toward easier and more seamless transitions.

Next, Ms. Church gave the Board an overview of the recent market research and advertising project undertaken by the MHBE. Over the summer, the agency conducted in-depth interviews with uninsured individuals, an environmental scan, and Navigator interviews to inform messaging for the open enrollment. Successful messages centered on protection from accidents, financial help, savings, and mental health.

Ms. Church then shared the paid media plan for the open enrollment, showing which weeks will have paid media by channel. She highlighted advertisements on Telemundo during the 2022 FIFA World Cup and placement on televisions in 12 fitness centers in Maryland. She listed a number of events that will be targeted and described the ongoing engagement with social media influencers. She then played a video of Maryland Health Connection television ads, audible only to those physically present.

IT Procurement – AWS Services

Venkat Koshanam, Chief Information Officer, MHBE

Tracey Gamble, Procurement Manager, MHBE

Mr. Koshanam gave the Board an overview of how the agency currently uses Amazon Web Services (AWS) and how it intends to expand usage in the future. Currently, AWS hosts the stakeholder website, the Small Business Health Options Program (SHOP) web and mobile apps, the Broker Connect system, the LiveAgent chat, and the internal WordPress site (the BeeHive). He explained that the MHBE wants to build disaster recovery capability on AWS, beginning with a lightweight consumer portal by the end of the year and extending to a robust disaster recovery implementation of all core applications by June 2023. To that end, the AWS infrastructure will expand to host at least half of the "lower environments," fostering greater agility and flexibility.

Ms. Gamble described the procurement process undertaken to secure bids for a two-year subscription with one one-year renewal option to AWS Infrastructure as a Service, Platform as a

Service, and Software as a Service. She noted that two qualified bids were received, out of which the MHBE selected the incumbent vendor, A&T Systems, Inc.

Next, Ms. Gamble shared the projected cost of the subscription: \$285,000, of which \$188,100 is federal funding, while \$96,900 would come from state funds.

Mr. Taneja asked for clarification of how the 75%/25% federal/state funding split is calculated. Tony Armiger, Chief Financial Officer at the MHBE, explained that, of the total cost, the first 12% is attributed to QHPs and thus is entirely state funded. The remaining 88% of costs are divided 75/25 into federal and state. This means roughly one third of costs are state funded, with two thirds being federally funded.

Ms. Gamble asked the Board to approve the procurement of Amazon Web Services (AWS) Subscription Licenses through the reseller A&T Systems for the contract base period of two years from November 1, 2022 to October 31, 2024, and an optional one year from November 1, 2024 to October 31, 2025. Ms. Herron moved to approve the procurement. The motion was approved.

Ms. Gamble asked the Board to approve an NTE Amount of \$285,000 for AWS Subscription License costs for Fiscal Year 2023. Ms. Herron moved to approve the NTE amount. The motion was approved.

Adjournment

Mr. Taneja moved to adjourn. The Board voted unanimously to adjourn.