Maryland Health Benefit Exchange
Board of Trustees

November 21, 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. Secretary Schrader presented Mr. McCann with a Governor's Citation for his work as Vice Chair for the MHBE Board and acting as chairman for MHBE Board meetings when Secretary Schrader was absent. Ms. Eberle also thanked Mr. McCann for his hard work.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her executive update by sharing that the public health emergency (PHE) was extended through January 11, 2023. This means Medicaid terminations would be effective starting on May 1, 2023 with notices going out 60 days before. She noted that some consumers' coverage status

will be unclear, but that MHBE will ensure that they get what they need. MHBE is working closely with the Department of Health and evaluating consumer assistance, communications, and technology options to ensure a smooth transition. Ms. Eberle will provide more information on this topic after the new year.

Ms. Eberle reported that, now that the Republicans have control of the House of Representatives, there is uncertainty over the future of the expanded tax credits. She noted that a new Governor is taking office and MHBE is preparing for possible inquiries regarding operations and strategic planning.

Ms. Eberle reported that open enrollment is underway and is going smoothly in Maryland as well as nationwide. Mobile application utilization is up 33% and is the most common mode of use. Total enrollments are up 5% and renewals have increased by 5.5%. However, new enrollments are down which is attributed to the lack of a media blitz on November 1, because the MHBE waited until after the elections to begin the media campaign. More people are enrolling through the exchange without financial assistance—a sign that people know MHC is an accessible way to enroll in health coverage. Enrollment with financial assistance is up 1%.

Ms. Eberle announced a new employee, Marietta Braxton, a consumer assistance expert. The annual report will be submitted to the legislature by December 1 and has been shared with the Board. Ms. Eberle thanked Andy Ratner and the team for their work on the report. She noted that this is the last meeting of 2022, and the next meeting is in January 2023 before the administration transition begins.

Mr. Taneja asked about the Board's annual retreat which is usually held in January. Ms. Eberle responded that the annual retreat will be pushed back to May and the policy committee has been discussing bringing in an expert on the landscape of health insurance and exchanges. The retreat will include the Board, MHBE staff, and co-chairs of the Standing Advisory Committee.

Commissioner Birrane thanked Ms. Eberle for the Medicaid summary and added that individuals who kept Medicaid even though they enrolled in Medicare will have a shorter period of 63 days, as established by the General Assembly, to obtain supplemental Medicare coverage without underwriting. She noted that these individuals should be addressed separately as they have a different set of needs and timeframe. Ms. Eberle agreed, noting that the marketing portal allows for direct communications to this subset of people. Commissioner Birrane added that MHC does not sell supplemental Medicare plans so these individuals will need a different set of resources to help them determine the appropriate coverage.

Tricia Roddy, Deputy Director of Medicaid, added that they can do targeted outreach for this group as they can identify individuals over 65 years old who would be eligible for Medicare.

Policy Committee Update

Dana Weckesser, Board Liaison

Ms. Weckesser noted that, to Commissioner Birrane's point, previously there had been discussion about adding Medicare supplemental insurance to MHC. She then began her report. The Policy Committee met on November 7, 2022 and discussed COMAR 14.35.10, which are regulations regarding appeals from determinations regarding producer authorization or individual Exchange

navigator certification. The regulation as written does not specify the appeal process for a contested determination and does not include the Board's delegation of authority. During the committee meeting Sharon Merriweather, principal counsel for MHBE, provided the regulation options for an appeal process and Board delegation of authority. The committee asked for additional documentation which has been provided and will be reviewed during the next policy committee meeting today. Once finalized, the Policy Committee will bring a recommendation to the Board on any suggested updates to the process and regulation.

Medicaid Modular Transformation

Subramanian Muniasamy, Executive Director & Chief Information Officer, MDH
Feyella Toney, Chief Portfolio Officer, MDH

Secretary Schrader remarked that he put this item on the agenda because he wanted to hear more about Medicaid and their transformation, especially given that 80% of the MHC's business is for Medicaid. He asked for a short presentation on the scope and scale of projects that are going on within Medicaid and the work that has been done on the Maryland Total Human-Services Integrated Network (MD THINK) platform.

Secretary Schrader introduced Feyella Toney as the Medicaid Transformation Director and under the MD THINK platform as the Chief Portfolio Officer. Ms. Toney explained that her presentation will not focus solely on Medicaid but on the modernization of the Department of Health more broadly. She provided an overview of the number of initiatives in the pipeline, accomplishments, and upcoming milestones. Within the Medicaid space from the MD THINK perspective, there are over 10 active workstreams that includes application migration, development projects, and integrating MD THINK tools such as the enterprise content management system. Similarly, in the public health space from a modernization perspective, there are almost as many projects in the pipeline, many of which are focused on data modernization and workflow automation. In terms of accomplishments, Ms. Toney reported that all Medicaid finance files have been moved into MD THINK's document management system. The Electronic Data Interchange Transaction Processing System (EDITPS) was onboarded to MD THINK allowing for Electronic Data Interchange (EDI) claims to be processed in both-real time and in batch on the platform. The LTSS Maryland application was onboarded to MDTHINK platform and had a major milestone in transferring the first set of Transformed Medicaid Statistical Information System (T-MSIS) data files to MD THINK platform.

Ms. Herron asked for an explanation of the acronyms used in the presentation. Ms. Toney responded that MEDFIN stands for Medicaid finance, EDITPS stands for electronic data interchange transaction processing system, and LTSS stands for long-term services and supports.

Ms. Toney reported that, in the beginning of November, they published the National Association of Procurement Officers (NASPO) request for responses for the replacement of the Medicaid enterprise system known as MMIS. In January 2023, the National Electronic Disease Surveillance System (NEDSS) application, which is part of the Centers for Disease Control and Prevention (CDC) and manages infectious disease, will be migrated to MD THINK. Two Salesforce applications will be deployed in spring 2023 for the Medicaid finance team and HealthyKids team to automate workflows. On the public health side in May the breast and cervical cancer treatment program, kidney disease program, and the children medical services program will be released in the Saleforce application on

MD THINK. Finally in June they plan to migrate the surveillance and utilization review system to the MD THINK platform.

Secretary Schrader explained that the Center for Medicare & Medicaid Services (CMS) has a national program that asks states to develop modules for re-use, so Maryland will customize the claims engine built by other states. He noted that the Vital Statistics program was moved to MD THINK before the cyber attack last year, saving the Department enormous aggravation as they were able to continue to provide birth and death records. Secretary Schrader explained that CMS has decided that they want to get out of the systems business and get into the data analytics business. The Department sends data to CMS monthly and CMS measures the quality of the data and assigns a grade. The long-term goal is for all states to send their data to CMS and CMS will produce the reports. Since the Exchange provides so much data this will be very important.

Ms. Toney provided a timeline of all modernization projects and programs in the pipeline.

2024 Plan Certification Standards

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

Ms. Fabian-Marks began with an overview of the timeline for the proposed 2024 plan certification standards. The proposed standards were presented to the Standing Advisory Committee in October and after they are presented to the Board today, the public comment period will take place from November 28 through December 30, 2022. The final 2024 plan certification standards will be presented to the Board during the January Board meeting.

Ms. Fabian-Marks noted that there are four proposed changes for the 2024 plan certification standards. The first proposed change is to require carriers to include a direct link to the actual plan contract in the plan's Summary of Benefits & Coverage. The second proposed change is to require carriers to achieve National Committee for Quality Assurance (NCQA) Health Equity Accreditation by the end of 2023 which should be enough time as the process takes 12 months. This was a recommendation of the MHBE Health Equity Workgroup.

Ms. Fabian-Marks explained that the third proposal is to set certification standards for vision plans in the individual market. Proposed standards would require vision plans to offer one high and one low plan, have vision plans licensed for sale in Maryland, provide a Maryland-specific account manager, and offer certain services.

Ms. Herron asked if the vision plan includes items that are not already included in the medical plan such as glasses, contacts, and eye exams. Ms. Fabian-Marks responded in the affirmative. She explained that the health plans cover pediatric vision so that is not included in the vision plans which specifically cover adult vision services. Two carriers cover eye exams for adults in certain plans and only one health plan covers glasses or contacts, so vision services are not a benefit available to adults. Ms. Herron asked whether health plans will cover medical conditions such as a detached retina or cataract surgery. Ms. Fabian-Marks responded in the affirmative; vision plans primarily cover eye exams, glasses, and contacts.

Secretary Schrader asked if it is clear when a member should call the call center or the health plan. Ms. Fabian-Marks responded that they try to make it clear, noting that vision plans differ from dental

or health plans due to federal restrictions. The federal government legally restricts exchanges from offering vision plan selection and enrollment on the exchange website, so individuals go directly to the carrier's website to plan shop and enroll. Since enrollment and billing is handled directly by the carriers, there is not much assistance the call center can provide. This will be clearly stated on the website and there will be a protocol in place to hand callers off to the carrier.

Mr. McCann asked if there have been any complaints about the first three proposed changes. Ms. Fabian-Marks responded that they have not received any complaints.

Ms. Fabian-Marks reported that the fourth proposed change is to implement standard plans, which are referred to as value plans. This was the unanimous recommendation of the 2022 Affordability Workgroup. Standard plans standardize cost sharing. The current existing value plan requirements will be retired and replaced with the proposed value plan requirements in 2024. Each licensed carrier in the individual market will be required to offer one standard plan each at the bronze, silver, and gold metal levels. Standard plans will be identified by using "Value Plan" in the plan name, and only standard plan names may include that phrase. She noted that the 2024 federal actuarial value calculator will be needed to finalize the plan designs because that will help determine the cost-sharing for benefits that will be compliant with federal standards. MHBE will work with the Maryland Insurance Administration (MIA) to propose plan adjustments for public comment following release of the 2024 actuarial value calculator and will incorporate feedback into the final plan designs presented to the Board for approval in 2023.

Ms. Fabian-Marks provided an overview of the 2023 value plan standards, which is a looser framework than the proposed 2024 standards. The guiding principles for the development of the 2024 value plans were: affordability, simplicity, alignment with state health goals, equity, and minimal market disruption. Ms. Fabian-Marks explained a pie chart displaying total MHC enrollment by metal level in 2022. Only 1% of enrollees are in catastrophic plans so MHBE is not proposing a catastrophic value plan. About a quarter of enrollees are in bronze plans, about half are in gold plans, and the remainder are mostly enrolled in a silver plan, which are offered in different levels of generosity based on household income. Most silver plan enrollees (25%) are in the two most generous variants of the silver plan. If an individual does not qualify for financial assistance, the gold plan is likely a better option than the silver plan.

Ms. Fabian-Marks then provided an overview of the proposed value plan designs, which includes standardized cost-sharing by metal level for many different services. She noted that enrollees with a primary diagnosis of diabetes will have no cost-sharing for certain provider visits and services.

Ms. Herron asked whether the microalbumin urine test or nephrology visit listed as a service available for enrollees with diabetes without cost-sharing is a screen for kidney problems, as that is often an outcome of diabetes. Ms. Fabian-Marks confirmed that these services are used to test kidney function.

Mr. Steffen asked about the metal level distribution pie chart, specifically whether it is by contract or enrolled individuals. Ms. Fabian-Marks responded that it displays individual enrollment. Mr. Steffen then asked whether a significant number of people enrolled in a gold plan would be in a better position in terms of financial obligations in a silver plan. Ms. Fabian-Marks responded that it goes both ways. Some people in a base silver plan would do better in a gold plan and some people

enrolled in a gold plan would do better with a silver plan. MHBE is working on identifying and reaching out to these individuals who are not enrolled in an optimal plan. A new design for MHC was instituted to list more generous silver plans at the top of the page.

Mr. Steffen commented that plan selection is a complicated choice and is glad to see MHBE is working to help people enroll in the best plan. He asked whether the additional proposed benefits for 2024 will fit within the federal actuarial value requirements. Ms. Fabian-Marks responded that MHBE needs the federal actuarial value calculator to determine this and expects to make modifications once it is released.

Mr. Steffen asked about the prevalence of diabetes in the exchange population. Ms. Fabian-Marks responded that this information was pulled for the Affordability Workgroup from the reinsurance report, and that she will follow up with the Board.

Ms. Eberle asked for more information on the Affordability Workgroup. Ms. Fabian-Marks responded that the workgroup was co-chaired by David Stewart, a navigator in western Maryland, and Joanne Volk, a professor of health policy at Georgetown University. The workgroup included representatives from carriers, providers, producers, and the Maryland Insurance Administration. The workgroup met regularly and provided feedback on possible recommendations. Ms. Eberle added that the workgroup membership was comprehensive.

Secretary Schrader commented that he was pleased that the plan design aligned with state health goals for population health and saw the focus on enrollees diagnosed with diabetes. He noted that one of the challenges in Maryland is figuring out strategies to address the pre-diabetic population and asked whether this population was considered. Ms. Fabian-Marks responded that the workgroup focused on individuals with diabetes, but she has discussed a possible partnership with the Diabetes Prevention Program. There will be opportunities to refine the plan designs in the future to add more services and programs.

Secretary Schrader added that, during the development of the diabetes state initiative, the Chief Medical Officer for the American Diabetes Association said that diabetes needs to be attacked through primary care. Secretary Schrader encouraged consideration of this idea.

Mr. McCann moved to approve the proposed new plan certification standards for plan year 2024 for public comment as presented. Mr. Steffen seconded. The Board voted unanimously to approve the proposed standards.

Young Adult Premium Subsidy Regulation Update

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

Ms. Fabian-Marks explained that HB 937 required MHBE to adopt regulations to provide a subsidy to cover 100% of the cost of the premium for young adults who have a 0% expected contribution by January 1, 2023. The Board voted to approve the proposed regulatory update to enact this change for publication in the Maryland Register at the June Board meeting. MHBE did not receive any comments on the proposed regulatory update and is recommending finalizing the regulatory update as proposed.

Mr. McCann asked if there were substantial objections or modifications in the comments. Ms. Fabian-Marks responded that they did not receive any comments.

Mr. McCann moved to adopt the Young Adult Premium Subsidy regulations as presented, and authorize MHBE to publish the Notice of Final Action in the Maryland Register with an effective date at least 10 days after publication. Ms. Weckesser seconded the motion. The Board voted unanimously to approve the motion.

1332 Waiver Letter of Intent Submission

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

Ms. Fabian-Marks reported that the MHBE's federal 1332 waiver for the state reinsurance program expires December 31, 2023. To extend the waiver application, MHBE must submit a letter of intent by December 31, 2022 informing the federal government that it plans to submit a waiver application, and the application must be submitted by March 31, 2023.

Mr. McCann asked if MHBE expects to exhaust federal funds in fiscal year 2023 for the reinsurance program and start drawing down state funds. Ms. Fabian-Marks responded in the affirmative. Mr. McCann asked if the state funding comes from the carrier fee. Ms. Fabian-Marks responded that the one percent health insurance provider fee was approved by the General Assembly through 2028 to fund the reinsurance program. Mr. McCann asked for a financial update to the Board in the spring or summer of 2023. Ms. Fabian-Marks agreed.

Mr. McCann moved to approve submission to the federal government of a letter of intent to extend Maryland's existing 1332 waiver for an additional five-year period from January 1, 2024 through December 31, 2028, as presented. Ms. Herron seconded the motion. The Board voted unanimously to approve the motion.

Adjournment

Mr. McCann adjourned the meeting.