



Maryland Health Benefit Exchange Board of Trustees

May 15, 2023

2 p.m. – 4 p.m.

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

Members Present:

Laura Herrera Scott, Chair

S. Anthony (Tony) McCann, Vice Chair

Ben Steffen, MA

Kathleen A. Birrane

Mary Jean Herron

Dana Weckesser

Also in Attendance:

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

Venkat R. Koshanam, Chief Information Officer, MHBE

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

Shirelle Green, Procurement Officer, MHBE

Nicole Quigley, Assistant Attorney General, MHBE

Sharon Merriweather, Principal Counsel, MHBE

Cynthia Wilson, Executive Office Administrator, MHBE

Rafael J. Lopez, Secretary, Maryland Department of Human Services

Scott Brennan, Director of Compliance and Privacy, MHBE

Tamara Cannida-Gunter, Director of Consumer Assistance & Eligibility, MHBE

Tony Armiger, Chief Financial Officer, MHBE

Meeting Call to Order

Secretary Herrera Scott called the meeting to order.

Approval of Minutes

Secretary Herrera Scott asked for a motion to approve the minutes of the April 17, 2023, open meeting. Ms. Weckesser explained that there is a correction: the minutes currently note Ms. Weckesser as having recommended seven proposed members of the Standing Advisory Committee (SAC) at the Board's February 21, 2023, open meeting, whereas Jon Frank, Co-Chair of the SAC, made the recommendation. The Board voted unanimously to approve the meeting minutes as amended.

Public Comment

None offered.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her update by stating that the MHBE's §1332 waiver extension application was accepted as complete by the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of the Treasury. A 30-day federal public comment period will follow, lasting from April 26 to May 25, and the final decision must be made by August 24. In similar situations in the past, the MHBE has received approvals sooner than the cutoff date.

Next, Ms. Eberle explained that CMS released two proposed rules, *Ensuring Access to Medicaid Services* and *Managed Care Access, Finance, and Quality*, that would reshape the federal regulatory landscape for Medicaid and the Children's Health Insurance Program (CHIP). She indicated that the MHBE will work closely with the Maryland Department of Health (MDH) to understand whether these proposed rules will impact Maryland Health Connection's (MHC)'s operations. She noted that they will similarly analyze an expected new federal regulation on short-term limited-duration health plans, adding that Maryland already has protections for these types of plans built into its statute.

Ms. Eberle then described two ongoing consumer information campaigns. The first relates to the recovery of stolen electronic benefit transfer benefits. She explained that the MHBE is notifying consumers through its social media platforms and encouraged attendees to direct consumers to the sites for the Maryland Department of Human Services or for local social services departments. The second campaign is the Maryland Medicaid Check-In, which encourages consumers to check and update their information on MHC; Ms. Eberle asked attendees to help notify consumers that they should log in to update their information.

Ms. Eberle continued her update, stating that the MHC Call Center is now open on Saturdays from 8:00 AM to 2:00 PM. She noted that the first round of Medicaid redetermination notices went out in mid-April, meaning that the first consumers will be rolled off at the end of May; the MHBE hopes to help these individuals find other coverage. She added that the Call Center has seen a slight uptick in utilization.

Ms. Eberle summarized Maryland's first annual Broker Achievement Award ceremony, which took place virtually last week. The top producers in the individual and small business markets, respectively, were recognized, along with the top producer in the Broker-Assisted Transfer program. Governor Moore appeared over video to personally recognize the awardees.

Ms. Eberle then recognized Mr. McCann and Ms. Herron, for whom this is their last Board meeting. She expressed gratitude on behalf of the MHBE for their years of counsel through challenges and changes. She noted that two new members will be joining the Board next month: Laura Crandon and Aika Aluc.

She continued by sharing staff updates: Scott Brennan, the MHBE's new Director of Compliance and Privacy, was in attendance. Additionally, she shared that the MHBE has been named to the Executive

Alliance’s 2023 Honor Roll, a distinction that signifies a proven commitment to women in leadership by having 30% of an organization’s executive leadership and board seats held by women.

Ms. Eberle concluded her update by noting that the MHBE’s “The Unexpected” marketing campaign that was run during the Fall 2022 Open Enrollment Period won a Platinum Award from Hermes Creative Awards for strategic campaigns; marketing; and electronic, social, and interactive media. The campaign is also a finalist in the multi-channel campaign category for the PR Daily Social Media Digital Awards. She praised the MHBE marketing team and GMMB, the MHBE’s marketing provider, for their work on the campaign.

Board of Trustees Bylaw Amendments

Sharon Merriweather, Principal Counsel, MHBE

Ms. Merriweather presented amendments that the Policy Committee proposed to the Board bylaws, which were last amended in 2011; her presentation builds on the information she shared at the Board’s April 17, 2023, open meeting. Detailed slides are available in the materials for this meeting. The Committee’s recommendations included deleting Article II, Section 4, which requires the designation of a treasurer; removing the portion of Article III, Section 4 that requires Board approval for the MHBE’s Executive Director to create or abolish MHBE staff positions; modifying Article III, Section V to clarify that the Executive Director’s authority to determine the classification, grade, and compensation is limited to positions unique to the MHBE, in accordance with current state law; and deleting Article IV, Section 3, which concerns the establishment of an Advisory Process Committee—this change will make the establishment of any such committee unnecessary.

Secretary Herrera Scott read the following resolution: *WHEREAS, the Maryland Health Benefit Exchange Act of 2011, creating the Maryland Health Benefit Exchange (hereinafter, “MHBE”), was enacted by the Maryland General Assembly on April 6, 2011, and signed into law by then-Governor Martin O’Malley on April 12, 2011; and WHEREAS, the Maryland Health Benefit Exchange Board of Trustees initially adopted Bylaws on June 11, 2011; and WHEREAS, the Policy Committee of the Board and MHBE staff conducted a review of the 2011 Bylaws for the purposes of providing the Board with options regarding potential amendments to said Bylaws; and WHEREAS, at the Board’s April 17, 2023, meeting, the Board’s Counsel presented options and recommendations regarding potential amendments to the 2011 Bylaws to the Board; and WHEREAS, following receipt of the Policy Committee’s recommendations, material prepared by MHBE staff pertaining to such recommendations and following discussion at the Board’s April 17, 2023, meeting, the Board’s Counsel prepared the amended and restated Bylaws of the Maryland Health Benefit Exchange; and WHEREAS, Maryland Insurance Code §31-106(c)(1)(iii) provides that the Board shall have the power to adopt bylaws, rules, and policies; and WHEREAS, Article IX of the 2011 Bylaws states that the Bylaws may be amended by the affirmative vote of five members of the Board at any annual or regular meeting, provided that the proposed amendments have been sent to each member of the Board at least seven days before the meeting; and WHEREAS, the proposed amendments to the 2011 Bylaws in blackline form were provided to the Board as part of the materials presented to it on April 17, 2023, and the Board has presented with proposed amended and restated Bylaws in the form*

attached hereto as Exhibit A; and WHEREAS, the members of the Board of Trustees acknowledged their responsibility to govern the Exchange in good faith, in the best interest of Marylanders, and in accordance with the Exchange Act and other law; NOW, THEREFORE, BE IT RESOLVED that the Board of Trustees hereby adopts the amended and restated Bylaws of the Health Benefit Exchange, attached hereto as Exhibit A, and the 2011 Bylaws are hereby rescinded and superseded in their entirety.

Ms. Herron moved to approve the resolution. Secretary Herrera Scott seconded, and the resolution was unanimously approved.

COMAR Chapter 20: Hearings by the MHBE Board of Trustees
Nicole Quigley, Assistant Attorney General, MHBE

Ms. Quigley presented on the MHBE's proposed addition of a chapter to the MHBE's Code of Maryland Regulations (COMAR) provisions. Detailed slides are available in the presentation for this meeting. The new chapter would be Chapter 20: Regulations for Hearings by the Board. The Policy Committee met a few weeks ago and voted to adopt this chapter.

Recently, the Board voted to delegate producer appeals hearings to the Office of Administrative Hearings (OAH). Chapter 10 of the MHBE's COMAR provisions was updated accordingly, including deleting the hearing procedures because OAH has their own hearing procedures. Now, hearing procedures must be reinserted into the MHBE's COMAR provisions to govern the hearings over which the Board retains authority, in accordance with the Administrative Procedures Act. These procedures will provide regulations for both the Board and parties requesting a hearing.

The regulations on how the Board may conduct hearings are largely the same as the procedures removed from Chapter 10 but have been moved to their own chapter. Ms. Quigley reviewed the process for hearings that the Board presides over, showing a diagram that is included in full in the materials for this meeting. The Board's Secretary will receive hearing requests and schedule a hearing, appointing one of the Board members as the presiding officer, who oversees the hearing itself and relevant administrative matters. The presiding officer can be a different Board member for each hearing. Once the hearing is scheduled, the MHBE and the opposing party will conduct discovery and obtain records and other relevant materials. A quorum of the Board will convene on the day of the hearing, obtain any pre-hearing motions, and then proceed with hearing, after which they will determine the outcome and issue a final order. A final order may be issued immediately after the hearing or at a later date if the Board determines more time is needed. Once the final order is issued, the party affected by the Board's decision may request judicial review by the courts. If no review is requested, the Board's final order is the final outcome.

Ms. Herron asked for confirmation that these procedures would address issues the MHBE had with vendors earlier in the year. Ms. Eberle replied in the affirmative. Ms. Quigley agreed.

Mr. McCann asked if Ms. Merriweather could provide background information on the situation in question and how it led to this change. Ms. Merriweather responded that it did not lead directly to

these revisions but that the revisions would apply to the situation. The changes will make it clearer to all parties how appeals in the procurement process will be handled.

Ms. Quigley continued her presentation, highlighting additional minor changes. First, the distinct rules applying to appeals of procurement bid protests have been added to the procedures: these follow a different timeline than other appeals, and a hearing for these matters is not guaranteed. One will only be granted if the Board determines it is necessary, in contrast with any other matter, where a hearing must occur when one is requested. Another change was the addition of a provision requiring hearings to be audio-recorded to assist with transcript requests for any judicial review. The other change that was made throughout clarifies that correspondence should be addressed to the Board Secretary rather than to OAH or the Board more generally.

Ms. Quigley stated that the MHBE does not anticipate an increase in the frequency of appeals hearing requests. Then, she shared a diagram showing the timeline for the regulations. The proposed changes were sent to the relevant committee chairs and stakeholders, and then there was a public comment period during which no comments were submitted. If the MHBE votes to approve the proposed regulations, the proposed COMAR chapter will be submitted to the Joint Committee on Administrative, Executive, and Legislative Review and published in the next issue of the Maryland Register for review. The MHBE will review any comments received, after which a final version of the regulations will be presented to the Board at the September 18, 2023, open meeting for final approval, publication, and adoption.

Ms. Herron moved to approve the proposed addition of Chapter 20 to the Exchange's regulations to COMAR, as presented, to be codified as COMAR 14.35.20, and authorize the MHBE to submit the proposed regulations to the Administrative, Executive and Legislative Review Committee and for publication in the Maryland Register. Secretary Herrera Scott seconded.

Mr. Steffen asked if the Board would act as a jury or a judge. Ms. Quigley responded that the Board would act as a judge.

Mr. Steffen asked whether the MHBE's attorneys general (AGs) or other staff members are allowed to provide the Board with guidance. Ms. Quigley replied that the procedures allow for one of the AGs to represent the MHBE to assist with the trial portion, and another AG would assist the Board.

Secretary Herrera Scott asked for confirmation that the Board would operate similarly to Maryland's other boards in that the Board would maintain oversight. Ms. Quigley replied in the affirmative.

The motion passed unanimously.

[Medicaid to Private Plan Enrollment Program](#)

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

Ms. Fabian-Marks presented proposed regulations for the Medicaid to Private Plan Enrollment Program. Detailed slides are available in the presentation for this meeting. She explained that Medicaid redeterminations had been suspended for the public health emergency (PHE) but are now

resuming. She described the Medicaid to Private Plan Enrollment Program as an attempt to ease the transition for consumers who are no longer eligible for Medicaid but could receive coverage through a private plan.

Ms. Fabian-Marks explained that she had previously presented these regulations to the Board at its February 21, 2023, open meeting. The Board had approved similar emergency regulations in February, and it was recently approved by the relevant legislative committees. However, Maryland law only allows emergency regulations to remain in place for 180 days, so for the program to persist, regulations must undergo the normal rule-making process. Therefore, she is asking the Board for approval to move forward with proposed regulations. The proposed regulations are nearly identical to the previously approved emergency regulations, but one change is to rename the program “Medicaid to Private Plan Enrollment Program” to avoid confusion about the previous name’s similarity to the MHBE’s other Easy Enrollment marketing.

Ms. Fabian-Marks reviewed the proposed eligible populations for the program, which include Medicaid enrollees found during redeterminations to be eligible for a private plan but who do not select one within a certain period of time and Medicaid enrollees whose reported income exceeds Medicaid eligibility thresholds during the PHE who do not return to MHC to complete their redetermination but for whom the MHBE can verify their most recent reported income using electronic data sources.

Ms. Fabian-Marks then presented a diagram showing the proposed hierarchy by which plans would be chosen for consumers eligible for the program. She explained that the other change in these regulations besides renaming the program was to remove the first step that was present in the emergency regulation, which would have had the MHBE first check whether a participant had other household members who were enrolled in a private plan and place a participant in the same plan. Instead, eligible consumers who have family members enrolled in a private plan will not be assigned a plan based on the program’s hierarchy at all and will instead enter the standard process wherein consumers are notified that their coverage is ending and that they are eligible for a special enrollment period but will have to return to MHC manually.

Referring to the plan selection diagram, Ms. Herron asked for the value of 200% of the federal poverty level (FPL) in dollars. Ms. Fabian-Marks answered that, for an individual, 200% of the FPL would be just below \$30,000, roughly. She explained that this value was chosen as a cutoff for whether a Gold plan or only Silver plans would be considered because consumers below that threshold are eligible for significant federal financial assistance if they are enrolled in a Silver plan, making it the most financially advantageous option for them.

Ms. Fabian-Marks continued, explaining that the step of checking whether a participant has a household member enrolled in a private plan was removed to preserve these consumers’ agency by allowing them to opt in: were this component of the program not removed, these consumers would be automatically assigned to a household member’s plan, and it would be difficult to remove them if they decided they do not want the plan.

Ms. Fabian-Marks showed a chart summarizing the public comments the MHBE received from stakeholders. Among them were concerns from a broker that the program could cause confusion and cut brokers out of the process; to this, the MHBE responded that they are working to minimize

confusion by sending out notices to consumers eligible for the program and working with insurers to help with outreach, as well as reiterating that the program is opt-in, with no consequences for choosing not to do so. The other two comments were supportive of the program.

Ms. Fabian-Marks closed by sharing a diagram showing the timeline for these regulations, with an effective date of October 16, 2023.

Mr. Steffen asked if the MHBE has estimates on the uptake the program is likely to have. Ms. Fabian-Marks replied by noting the difficulty in gauging the likely uptake now, adding that they should be able to give a better estimate in around six weeks. She stated that the highest possible ceiling would be 100,000 participants but that reaching that number is unlikely.

Mr. Steffen asked if there is an appeal process for consumers who do not approve of the plan to which they have been assigned. Ms. Fabian-Marks answered that consumers may change their plan when they opt in.

Mr. McCann moved to approve adoption of the Medicaid to Private Plan Enrollment Program proposed regulations as presented and authorize MHBE to submit them to the Joint Committee on Administrative, Executive, and Legislative Review for review and to the Division of State Documents for publication in the Maryland Register as presented. Mr. Steffen seconded. The motion was unanimously approved.

2024 Young Adult Subsidy Proposed Parameters

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

Ms. Fabian-Marks presented on the proposed 2024 parameters for the Young Adult Subsidy Program. Detailed slides are available in the presentation for this meeting. She explained that House Bill (HB) 814 recently passed, which continued the Young Adult Subsidy Pilot Program for 2024 and 2025. HB814 made no other changes beyond extending the program: the eligibility parameters remain. These include being aged 18 to 40 years, having income under 400% of the FPL, and being ineligible for Medicaid, and the MHBE may still distribute up to \$20 million in subsidies annually. The MHBE must submit a study on the program in consultation with the Maryland Insurance Administration (MIA) by December 1, 2024.

Next, Ms. Fabian-Marks showed a table providing a status update on the program: there are about 42,000 enrollees, with an average per-member-per-month subsidy of nearly \$40; total spending on the program is projected to be around \$13 million this year.

Mr. Steffen asked what percentage of enrollees would have applied for other subsidies were the program not in place. Ms. Fabian-Marks replied that all enrollees would at least technically be eligible for federal subsidies in that case given that they make less than 400% of the FPL but that some may be in situations making it so that they do not receive subsidies.

Ms. Fabian-Marks continued, providing data points from the MHBE's preliminary analysis on the program's impact. The MHBE was pleased to see an 11% increase in young adult enrollment year-over-year, outpacing all-ages enrollment growth and representing the largest such increase in young adult enrollment in four years. Households receiving the subsidies were more likely to effectuate and

continue coverage, and average household premiums were reduced by about one third. Enrollees in the program were disproportionately Hispanic, Black, and female. Ms. Fabian-Marks shared the caveat that enhanced federal subsidies went into effect the same year, confounding the analysis. She noted that the MHBE is conducting a deeper analysis of the program's impact.

Next, Ms. Fabian-Marks reviewed the 2023 Young Adult Subsidy parameters: adults ages 18-34 are eligible. The subsidy reduces an enrollee's expected contribution (EC) toward a benchmark premium. The most generous subsidies are available to ages 18-30, and the subsidy amount fades out through age 34. Ms. Fabian-Marks then shared options for the 2024 program parameters. Option 1 is to maintain the existing parameters; Option 2 is to extend the eligibility requirements for the maximum subsidy by two years, through age 32, and have the subsidy phase out through age 36; Option 3 is to extend the maximum subsidy by three years, through age 33, and have the subsidy phase out through age 37. She explained that Option 3 is the staff recommendation, sharing a slide detailing the potential cost and impact of each option. The two-year expansion would mean a cost increase of roughly \$2.1 million, while the three-year expansion would mean a total cost of around \$17.9 million; all options are within the \$20 million amount the MHBE is at liberty to spend on the program. The two- and three-year expansions are projected to result in increased enrollment from both existing MHC enrollees who are newly eligible for the subsidy and new young adult enrollees drawn in by the subsidy expansion.

Ms. Weckesser asked about the impact of the proposed expansion on the average subsidy amount per member per month. Ms. Fabian-Marks replied that it is projected to stay relatively steady but increase somewhat due to newly eligible older enrollees' higher premiums.

Ms. Herron asked about the outlook for the program in the long term, noting that it would be hard to walk back any expansions to the program but that it could be necessary if the cost approaches the \$20 million maximum. Ms. Fabian-Marks answered that the Board may cap enrollment in the program so that existing enrollees would continue to receive the subsidy but future individuals who would otherwise be eligible would no longer be. She also highlighted that the legislature may or may not choose to continue the program in 2026.

Ms. Herron asked if keeping more older participants enrolled would reduce the chance for younger people interested in enrolling to do so. Ms. Fabian-Marks replied that, due to the phase-out, those at older ages do not receive much subsidy money and noted that two-thirds of new enrollees are expected to be in the 18-to-33-year-old demographic because that group receives the most generous subsidies. She also noted that all participants in the program will be younger than the average enrollee's age, which is 47 years old in the individual market.

Secretary Herrera Scott asked how the age cutoff of 36 or 37 years old was determined. Ms. Fabian-Marks answered that the legislature gave the MHBE authority to allow people up to age 40 to enter the program. She also explained that the MHBE decided the age cutoff based on what number would allow them to make the fullest use of the \$20 million per year budget.

Mr. McCann asked about the long-term impact of the young adult group on premiums based on their improvement of risk in the overall individual market pool. Ms. Fabian-Marks replied that the MHBE has modeled that but would need to check with their actuaries given the results of the program.

Ms. Fabian-Marks continued her presentation, discussing considerations for the Board in their decision-making on this issue: while choosing not to expand the subsidy would keep the cost well under the \$20 million per year cap, the MHBE staff recommendation of expanding the subsidy both increases affordability in the individual market for those losing Medicaid eligibility and helps the MHBE to study the subsidy's impact more fully. She noted that the MHBE is working on the HB413 report due to the legislature in December, which, among other things, will discuss how to increase affordability in the individual market, including a consideration of the continued role of state subsidies, meaning today's decision will factor into a larger conversation among state agencies.

Ms. Fabian-Marks explained the next steps: after the Board votes on the proposed 2024 parameters today, a four-week public comment period would follow before the Board votes on the final parameters on June 20.

Mr. Steffen asked for confirmation that the \$20 million per year maximum that the MHBE is permitted to spend on the subsidy is a fixed amount. Ms. Fabian-Marks answered in the affirmative. Mr. Steffen asked if the MHBE has data on growth trends related to the subsidy. Ms. Fabian-Marks answered that the fact that the young adult enrollment growth rate has exceeded the all-ages enrollment growth rate suggests the subsidy has had a positive impact.

Commissioner Birrane agreed with Ms. Fabian-Marks that there is complexity in the way the young adult subsidies interface with the subsidies offered under the American Rescue Plan Act (ARPA) and highlighted efforts to determine the young adult subsidies' distinct impact on enrollment and retention. She commented that, based on its own modeling, the MIA believes extending the program is crucial due to the PHE unwinding. She asked about the impact on enrollment and retention of extending the full subsidy for additional years and allowing subsidies to fade out to a later age. Ms. Fabian-Marks answered that the MHBE's modeling did not examine retention but did examine enrollment, noting that the models projected a 2-year expansion would bring in roughly 1,500 young adults, while a 3-year expansion would bring in 2,100 individuals.

Commissioner Birrane asked about the basis of the estimates. Ms. Fabian-Marks responded that they are based on modeling done through Lewis & Ellis and in consultation with contacts from the MIA's actuarial department, using MHBE enrollment data and uninsured data from the U.S. Census Bureau.

Commissioner Birrane stated that her major concern is that, should ARPA subsidies end, the young adult subsidy could be the only financial assistance available to the affected population. She noted the MIA's support for Option 3 given the fact that it means committing relatively little additional money to the program and given the unknowns about ARPA.

Ms. Weckesser asked if the modeling incorporated statistical significance, suggesting that it should. Ms. Fabian-Marks answered that she would have to check with Lewis & Ellis but that they would probably be happy to do so if they have not already.

Secretary Herrera Scott asked if the Board is supportive of Option 3. Board members responded with support, while Mr. Steffen noted that he is cautiously supportive.

Ms. Fabian-Marks stated that these parameters are proposed and that the Board will vote on another iteration of them after a public comment period has taken place.

Mr. McCann moved to approve Option 3 as the proposed 2024 Young Adult Premium Subsidy parameters as presented. Secretary Herrera Scott seconded. The motion passed unanimously.

Procurement Items – Policy

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

Ms. Fabian-Marks requested approval of the first option year in the MHBE's contract with their actuaries, Lewis & Ellis. Detailed slides are available in the materials for this meeting. Their services include modeling for various programs and miscellaneous support as requested. The contract is in its base year, and the first of two option years is approaching. The contract's not-to-exceed (NTE) amount is \$200,000 per year. In fiscal year (FY) 23, Lewis & Ellis provided analyses that were included in the MHBE's §1332 waiver extension application, informed parameters for the reinsurance program, supported the 2022 Affordability Workgroup in developing new 2024 Value Plan designs, and assessed the young adult subsidy's impact.

Ms. Green read the following request: *MHBE requests the Board's approval to exercise the first option year of the Actuarial Services Contract with Lewis & Ellis from July 1, 2023 to June 30, 2024, for a not-to-exceed amount of \$200,000.* Ms. Herron moved to approve the request. Mr. McCann seconded. The Board voted unanimously to approve the request.

Procurement Items – IT

Shirelle Green, Procurement Officer, MHBE

Venkat R. Koshanam, Chief Information Officer, MHBE

Ms. Green and Mr. Koshanam presented on items related to information technology (IT) procurements. Detailed slides are available in the materials for this meeting. The first item on which they presented was approval of Indefinite Delivery, Indefinite Quantity (IDIQ) Task Orders. Ms. Green explained that this discussion continues from the April 17, 2023, open meeting, when 115 Task Orders were approved; the MHBE is now asking for approval of the remaining 40.

Ms. Green reviewed information on the IDIQ Master Contract: it has a base period of three years, with two one-year options, and the FY24 IDIQ budget is \$34 million. She showed the functional areas for which the MHBE has procured services in the IDIQ contract and a timeline, explaining that the Task Orders are all signed as of the meeting. She shared details on the 40 positions for which they are currently asking the Board's approval. Then, she showed details about the vendors who were awarded IDIQ Task Orders, highlighting the fact that both incumbent and new vendors and consultants received Task Orders.

Secretary Herrera Scott moved to approve the 40 Task Orders issued under the IT IDIQ contracts as presented. Ms. Herron seconded. The motion passed unanimously.

Next, Ms. Green and Mr. Koshanam presented a preview of the Akamai license renewal. Mr. Koshanam gave background on the Akamai software, noting the product suite's security functions and ability to serve as a safety net in case of a surge in server usage.

Ms. Green gave a summary of the procurement, which will have a two-year base period. Invitation for Bid (IFB) will be the procurement method that is used, and the anticipated cost for the two years is \$916,000, just above the cost for the previous two years. She showed a chart describing the software products that the MHBE is purchasing, as well as the distribution of costs that the federal government will cover.

Ms. Herron asked for confirmation that the IFB has not been sent. Ms. Green replied that, in fact, the IFB has been distributed and closes June 2, 2023. Ms. Herron asked if the MHBE is anticipating the current vendor to submit a bid. Mr. Koshanam responded that large companies like the one that produces Akamai generally choose the same reseller over time, meaning that the MBHE does not expect a different vendor to submit a bid, but he noted that the MHBE will accept multiple bids and is willing to buy from any reseller given that the main product is the license renewal rather than any support services.

Mr. Steffen asked how many resellers offer the Akamai product suite. Mr. Koshanam answered that four to seven resellers do, on average.

Secretary Herrera Scott asked why this license renewal is being presented to the Board now given that the first year of the current contract is not over. Ms. Green answered that the current contract will expire on June 30, 2023, and that the license renewal is for 2 years, from 2023 to 2025. Ms. Eberle agreed, noting that this is the second year. Mr. Koshanam explained that the MHBE is currently reviewing the process of giving the Board a preview a month before actually asking for their approval for procurement items, especially for products that remain the same year-over-year. He noted that it may not be an efficient use of the Board's time.

Secretary Herrera Scott asked why the Board is reviewing the contract each year of a two-year contract rather than when there is a renewable option year. Ms. Eberle explained that the Board has been doing so because the cost for a given year of the contract is over \$200,000 but that this process will be discussed at the June Board meeting.

Mr. McCann commented that this process was established in response to concerns from auditors at the Maryland Department of Legislative Services (DLS).

Secretary Herrera Scott remarked that auditing is important but that it is possible to over-correct and audit more than is necessary.

Finally, Ms. Green and Mr. Koshanam gave the Board a preview of the Corticon license renewal. Mr. Koshanam explained the product's utility as a business rules engine storing all policy decisions.

Ms. Green summarized the procurement, noting that the purchase period is two years, that the IFB is already on the market, and that the cost has decreased by almost \$60,000 because the MHBE's

Information Technology (IT) Department was able to cut some unnecessary software. The Board's approval of the contract will be requested in July 2023.

Ms. Eberle further explained the Board's process for previewing future contract approvals that will be asked of the Board, noting that two-year contracts are generally brought back before the Board annually because funds are expended on them annually. She noted that a proposal will be developed for how to handle procurement contract previews and discussed at the June Board meeting.

Mr. McCann asked for confirmation that the Board must follow a DLS process as well to change the operating procedure. Ms. Eberle answered in the affirmative.

Procurement Items – Operations

Tamara Cannida-Gunter, Director of Consumer Assistance & Eligibility, MHBE

Ms. Cannida-Gunter presented on procurement items related to consumer assistance. Detailed slides are available in the materials for this meeting. Ms. Cannida-Gunter began by describing the MHBE's use of the Maryland State contract with Language Line Services through the Board of Public Works (BPW). The BPW contract is for 5 years and will end in 2024. She explained that the MHBE is seeking the Board's approval to generate a purchase order (PO) through BPW's State contract for an NTE amount of \$450,000 for FY24. She gave background on the services offered through the language line: most language-assisted calls handled through the line are in Spanish, with French, Amharic, and Mandarin tied for the second most common language.

Ms. Green commented that the MHBE benefitted from the BPW contract rather than creating a separate one.

Secretary Herrera Scott asked what the MHBE spent on the contract last year. Tony Armiger, Chief Financial Officer for the MHBE, replied that the MHBE spent in excess of \$400,000 in FY23 and around \$250,000 in FY22. Secretary Herrera Scott asked for confirmation that the \$450,000 amount was chosen based on the peak spending from previous years. Mr. Armiger answered in the affirmative, adding that the amount was chosen to avoid having to come back to the Board and ask again.

Ms. Herron commented that the Language Line charges per minute, which may lead to variability in cost based on the complexity of calls.

Secretary Lopez asked about consumer satisfaction with the quality of Language Line services. Ms. Cannida-Gunter responded that the line administers a survey to consumers at the end of each call.

Secretary Lopez asked if the contract will be open to bids for another period of multiple years. Ms. Green replied that the Maryland Department of Budget and Management will most likely secure the services through a master contract, and the MHBE will tap into that contract.

Secretary Lopez asked for confirmation that the name of the firm is "Language Line." Ms. Green answered in the affirmative.

Secretary Herrera Scott noted that it would be helpful to gather the results of the survey administered during Language Line calls to gauge consumers' perceptions of the services and the extent to which their needs were met. Ms. Green stated that the MHBE can likely gather a summary.

Ms. Eberle commented that the MHBE has had language services contracts independent of the BPW master contract before and that they also monitor the number of bilingual Spanish-speaking employees at the Call Center as a way of ensuring consumers can access language services.

Ms. Weckesser noted that she remembered there being considerable discussion around an issue with the Language Line contract the last time it came up. Mr. Armiger stated that the issue in FY22 was the cost, which increased significantly from the roughly \$20,000 per month that it had been previously.

Secretary Herrera Scott moved to approve the request to secure Language Line services through the State contract with the Board of Public Works in the not-to-exceed amount of \$450,000 for FY24. Ms. Herron seconded. The motion passed unanimously.

Ms. Cannida-Gunter presented on the Fulfillment Center contract next. The current vendor is Art & Negative Graphics, and they are responsible for printing a variety of forms, notices, and informational materials for the MHBE, as well as for processing incoming mail from consumers. FY24 is the second year of the base term of the contract, with a two-year option. She noted that the FY24 NTE amount of \$6,632,283 includes estimated postage.

Secretary Herrera Scott moved to approve to exercise the second year of the base two-year term with Art & Negative Graphics, with a not-to-exceed amount of \$6,632,283, as presented. Ms. Herron seconded. The motion passed unanimously.

Ms. Cannida-Gunter then presented on the Consolidated Services Center contract, also known as the Call Center. The current vendor is Maximus. The pricing for the contract includes a monthly operational fixed fee plus a fixed unit price per call fee. The total bid of the contract is \$79,472,068 for a five-year term, with an expected NTE amount of \$16,096,248 for FY24. The three-year base term runs from July 1, 2022, to June 30, 2025.

Ms. Cannida-Gunter listed the Call Center services the vendor will be contracted to provide.

Secretary Herrera Scott asked if this contract includes the additional support the MHBE will need for the first half of FY24 based on Medicaid eligibility redeterminations. Ms. Eberle and Ms. Cannida-Gunter replied in the negative. Secretary Herrera Scott asked for confirmation that this contract covers the base year and that more will be added on as necessary. Ms. Cannida-Gunter answered in the affirmative, and Ms. Eberle added that the situation she described will require a separate funding source.

Mr. McCann asked for confirmation that this contract is under protest. Ms. Eberle responded in the affirmative.

Mr. McCann asked whether the MHBE anticipates another protest on the contract extension and asked about the status of the bid protest. Ms. Eberle replied that CMS communicated that they are close to issuing guidance on the bid protest. She added that the Center for Medicaid and CHIP Services specifically is working with the Office of the Attorney General, noting that she expects to receive guidance within the month or shortly after. Ms. Merriweather added that the MHBE does not expect further protest since the contract is still the same, with no new contract to warrant protest.

Mr. McCann suggested Ms. Merriweather could check with Counsel to ensure there is no new protest. Ms. Merriweather answered that she has not been in touch with Counsel but understands that they know the status of CMS' final decision.

Secretary Herrera Scott moved to exercise the second year of the base three-year term with a not-to-exceed amount of \$16,096,248 for FY24 as presented. Ms. Herron seconded. The motion passed unanimously.

Ms. Cannida-Gunter closed by presenting on the Connector Entity Program grant for FY24. She reviewed the program guidance for FY24: Connector Entities are to conduct outreach to targeted groups, make adjustments to meet consumer demands, and increase signage with the MHC logo. She explained that redistributions added funding to the Mid-West region. Additional planned events are to be held in all eight regions, and Connector Entities must give the MHBE advance notice of those events. Ms. Cannida-Gunter presented a table showing the distribution of funding among grantees for FY22-24. The changes that occurred were made to restore border-to-border service. She reviewed several activities Connector Entities are undertaking to assist during the PHE unwinding.

Mr. McCann asked for confirmation that this is a grant, not a contract. Ms. Cannida-Gunter replied in the affirmative. He asked for confirmation that the correct set of rules for grants is being followed. Ms. Cannida-Gunter answered in the affirmative.

Ms. Eberle noted that both the Connector Entity program and the MHBE's Consumer Assistance operations have federal funds because these programs are managed partially on behalf of Medicaid.

Secretary Herrera Scott moved to exercise the grant renewal first year option for the Connector Entity Grantees with a not-to-exceed amount in the amount of \$10,000,000 for FY24. Ms. Herron seconded. The motion passed unanimously.

[Adjournment](#)

Secretary Herrera Scott adjourned the meeting.