# Standing Advisory Committee Meeting

May 11, 2023

MHBE Policy Department

MARYLAND HEALTHBENEFIT EXCHANGE

# Agenda

**2:00 - 2:30 | Welcome and Introductions**
*Jon Frank, SAC Co-Chair and Dana Weckesser, SAC Board Liaison*

**2:30 - 2:40 | Co-Chair Vote**
*Jon Frank*

**2:40 - 2:50 | Executive Update**
*Michele Eberle, MHBE Executive Director*

**2:50 - 3:15 | Legislative Update**
*Johanna Fabian-Marks, MHBE Director of Policy & Plan Management*

**3:15 - 3:35 | Medicaid to Private Plan Enrollment Presentation**
*Becca Lane, MHBE Senior Health Policy Analyst*

**3:35 - 3:55 | Medicaid Public Health Emergency Unwinding Presentation**
*Alyssa Brown, Director of Innovation, Research, and Development, MDH Office of Health Care Financing.*

**3:55 - 4:00 | Public Comment**

**4:00 | Adjournment**

# Welcome & Introductions

# SAC Members

Mukta Bain*
Marcquetta Carey*
Matthew Celentano
Jon Frank (Co-Chair)
Benjamin Fulgencio-Turner
Bryan Gere
Deb Rivkin
Emily Hodson
Diana-Lynne Hsu
Sophie Keen
Catherine Johannesen*
Evelyn Johnson*
Stephanie Klapper
Carmen Larsen*
Michelle LaRue
Scott London
Allison Mangiaracino
Jonathan McKinney
Mark Meiselbach*
Marie Therese Oyalowo
Ligia Peralta
Aryn Phillips*
Dylan Roby
Alyssa Sinagra
Douglas Spotts*
Dana Weckesser (MHBE Board Liaison)
Kathlyn Wee
Rick Weldon*



*** 2023 New Member**

# SAC Co-Chair Vote

# Co-Chair Nominations

**Standing Advisory Committee Bylaws**

ARTICLE IV Co-chairs Section 1. Election of Co-chairs. The Members shall elect from their membership two Co-chairs.

**Motion**

"I move to approve [Name] as co-chair of the Standing Advisory Committee for 2024."

# MHBE Executive Update

# Legislative Update

## 2023 Legislative Session

# Legislative Update: Bills sent to the Governor

| Bill | Summary | Status |
|---|---|---|
| HB 814 | - **Extends Young Adult Subsidy Program through 2025**<br>- No other changes<br>- Requires MHBE, in consultation with MIA, to submit a study by December 1, 2024 | Signed by Governor |
| SB 806 | - Requires MDH and MHBE to submit a **report to the legislature** comparing options for offering affordable coverage to residents who are ineligible for coverage through MHC due to immigration status | Signed by Governor |
| HB 111 | - Subject to the limitations of the State budget and as permitted by federal law, directs MDH to **use SNAP eligibility findings to expedite Medicaid eligibility** determinations on or before January 1, 2025<br>- Prioritizes using SNAP for Medicaid renewals, then for initial enrollment | Signed by Governor |

# Legislative Update: Bills that did not move forward

| Bill | Summary | Status |
|---|---|---|
| SB59 / HB107 | - Allocated **$5M/year to MHBE** for FY 2025 - 2029 **for marketing**, **outreach, and programs for small businesses** and nonprofits<br>- Recommendation of the 2022 Small Business and Nonprofit Health Insurance Subsidies Program Workgroup<br>- As originally proposed, established an on-exchange individual market special enrollment period for small businesses' new hires | Did not move forward |
| SB843 / HB915 | - Created a Climate Change Adaptation and Mitigation Fund using "cost recovery" from fossil fuel companies<br>- Earmarked 20% of revenues for MHBE to provide financial assistance to populations with high rates of uninsurance and individuals ineligible for federal financial assistance | Did not move forward |
| SB365 / HB588 | - Directed MHBE to submit a **1332 waiver amendment** to allow Maryland residents to enroll in QHPs regardless of immigration status, and, based on availability of funds, to administer a state subsidy program to reduce their costs | Did not move forward |

# Legislative Update: HB 413 State Reinsurance Workgroup

- In 2022, the Maryland General Assembly passed **HB0413**, requiring the Maryland Insurance Administration (MIA), in consultation with the Maryland Health Benefit Exchange (MHBE) and the Maryland Health Care Commission (MHCC), to report by **December 1, 2023** on the funding and design of State Reinsurance Program and market reforms to provide affordable coverage in the individual market.
- **Public stakeholder meeting schedule:**
  - Thursday, May 11, 2023, 10:30am – 1:30pm
  - Thursday, May 25, 2023, 3:00pm – 6:00pm
  - Thursday, June 29, 2023, 3:00pm – 6:00pm

# Medicaid to Private Plan Enrollment Program

# Background

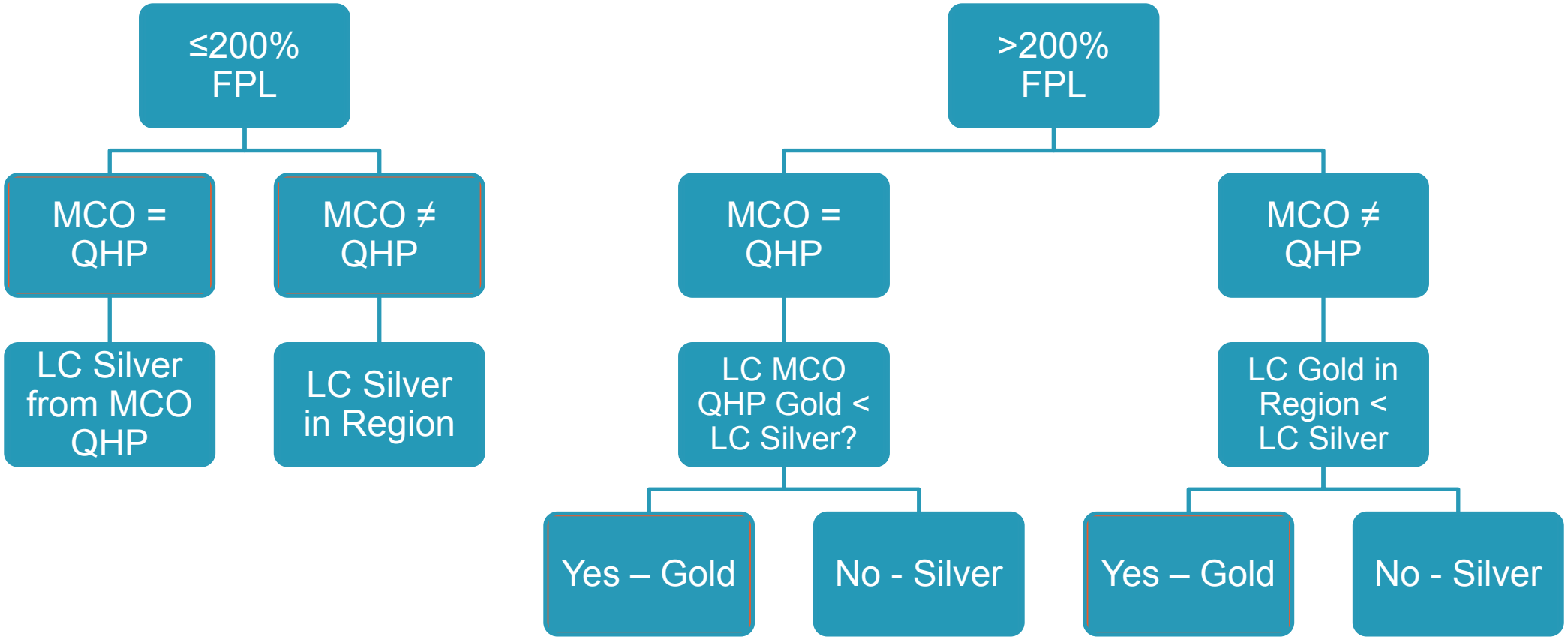
- Medicaid terminations have been suspended during the Public Health Emergency. Terminations will resume this spring, with the first notices going out in April for coverage ending May 31.

- Program goals:
  - Simplify enrollment process/coverage transition for Medicaid enrollees becoming QHP eligible
  - Increase individuals who maintain coverage

# Eligible Populations

1. Medicaid enrollees who are determined QHP eligible during a redetermination (once redeterminations resume), do not currently have any household members with active QHP coverage, and do not select a QHP within 7 days
2. Medicaid enrollees who:
    - do not currently have any household members with active QHP coverage,
    - reported income exceeding the Medicaid eligibility threshold during the public health emergency,
    - did not return to MHC to update their information during their redetermination, and
    - MHC verifies their most recent attested income using electronic data sources.

# Plan Selection Hierarchy




*"LC" = lowest-cost*

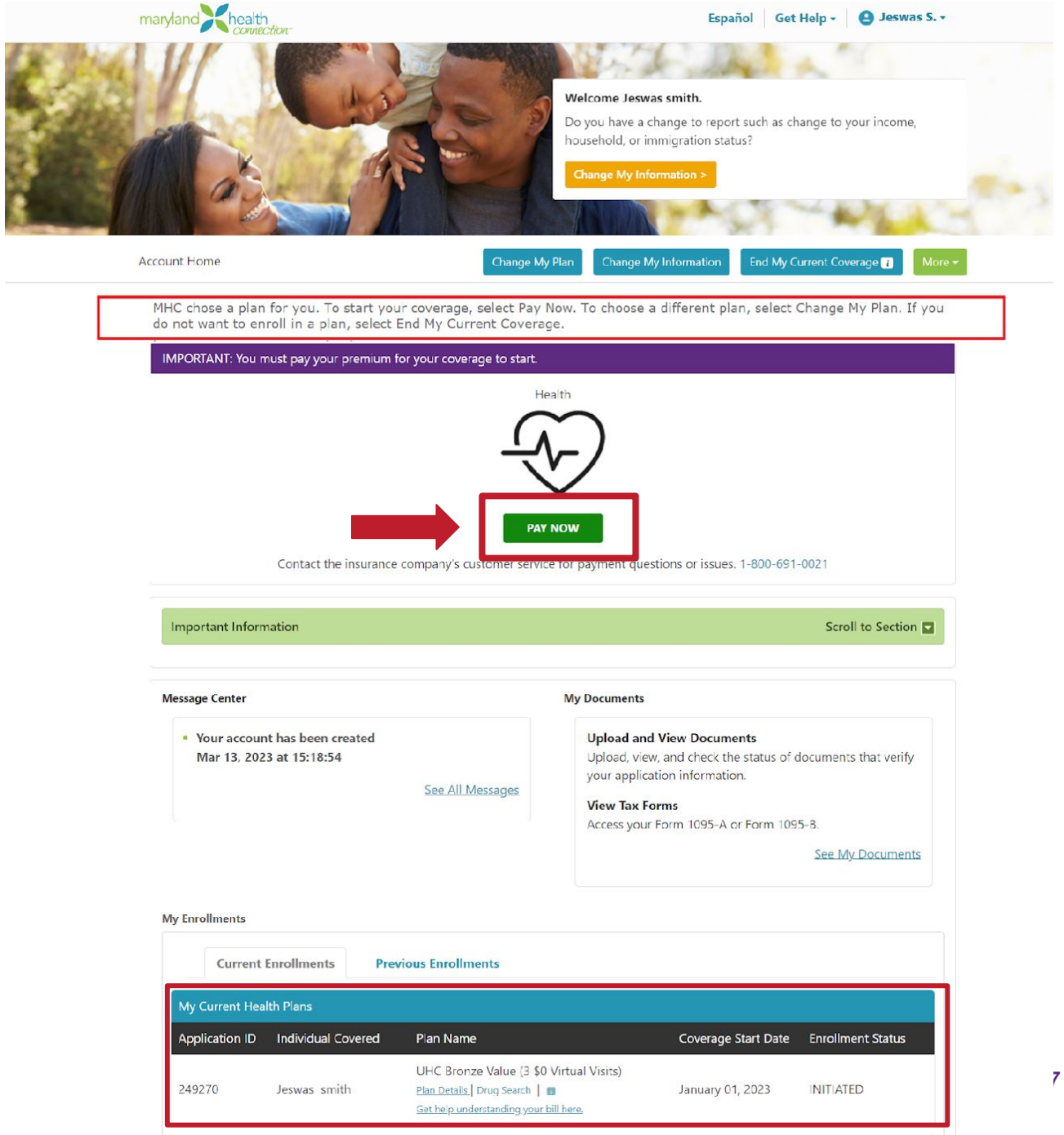
# Consumer Options: Confirm, Change, or Cancel

**Confirm:** To keep the health plan that MHC chose, consumers must take action as soon as possible.

- **If premium is more than $0**: Consumer must pay the bill for their first month of coverage within 30 days of the coverage effective date. They can pay by logging into MHC and selecting Pay Now, or by following instruction in the bill mailed from the insurer.
- **If premium is $0**: Consumer must log into their MHC account or call to confirm that they want coverage.

# Consumer Options: Confirm - More Than $0 Premium

**Consumer Portal:** Select Pay Now
(or pay according to insurer invoice)

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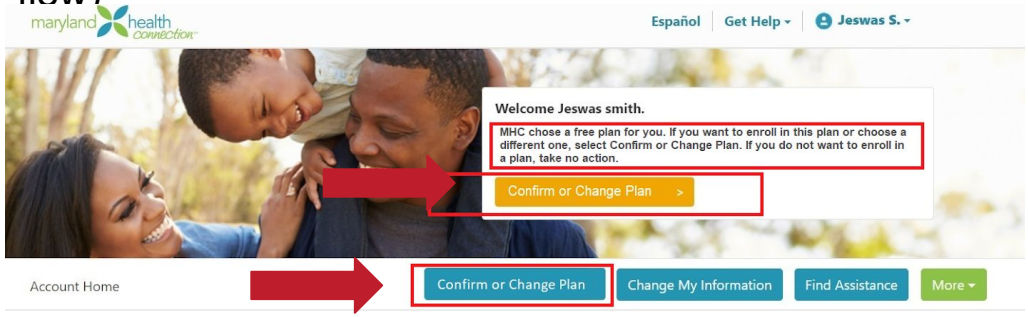
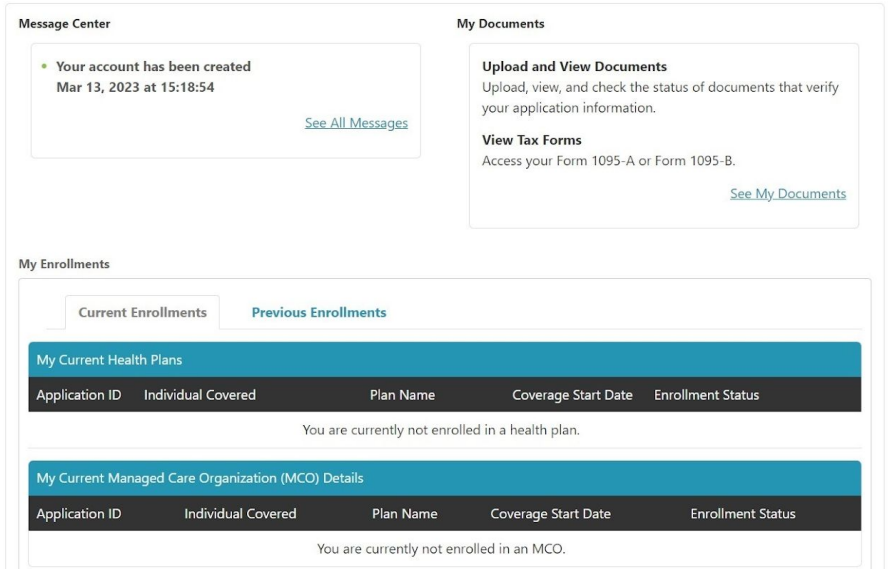
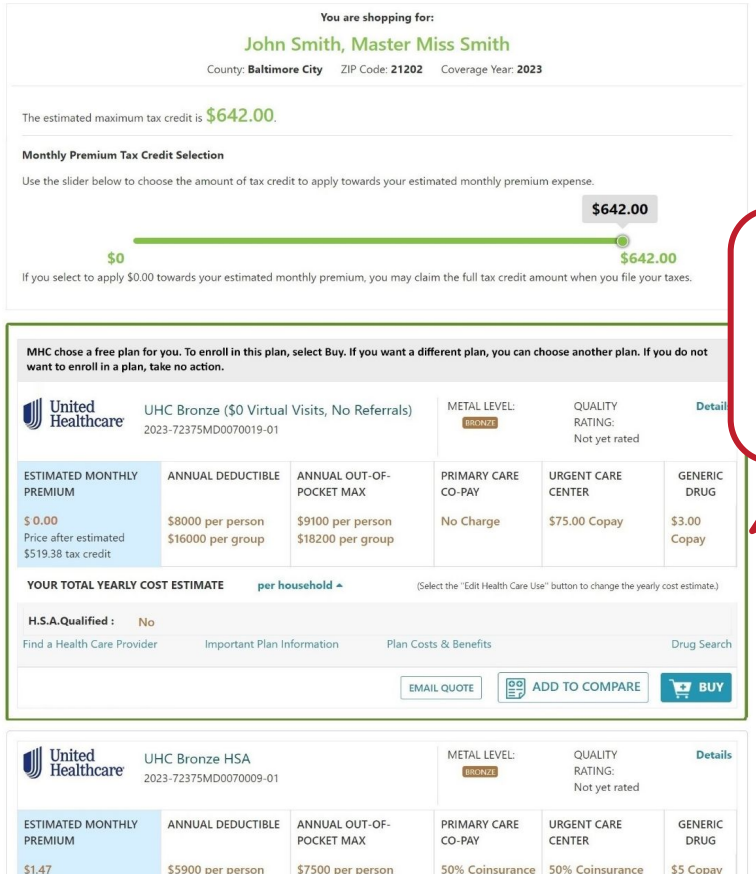
# Consumer Options: Confirm - $0 Premium

**Consumer Portal:** Select Confirm or Change Plan

➜ Eligibility Determination page ➜ Consumer selects program ➜ Proceed to plan shopping. (Similar to the Enroll in Coverage flow)




Default plan is highlighted at top of plan shopping page but consumer can select any plan

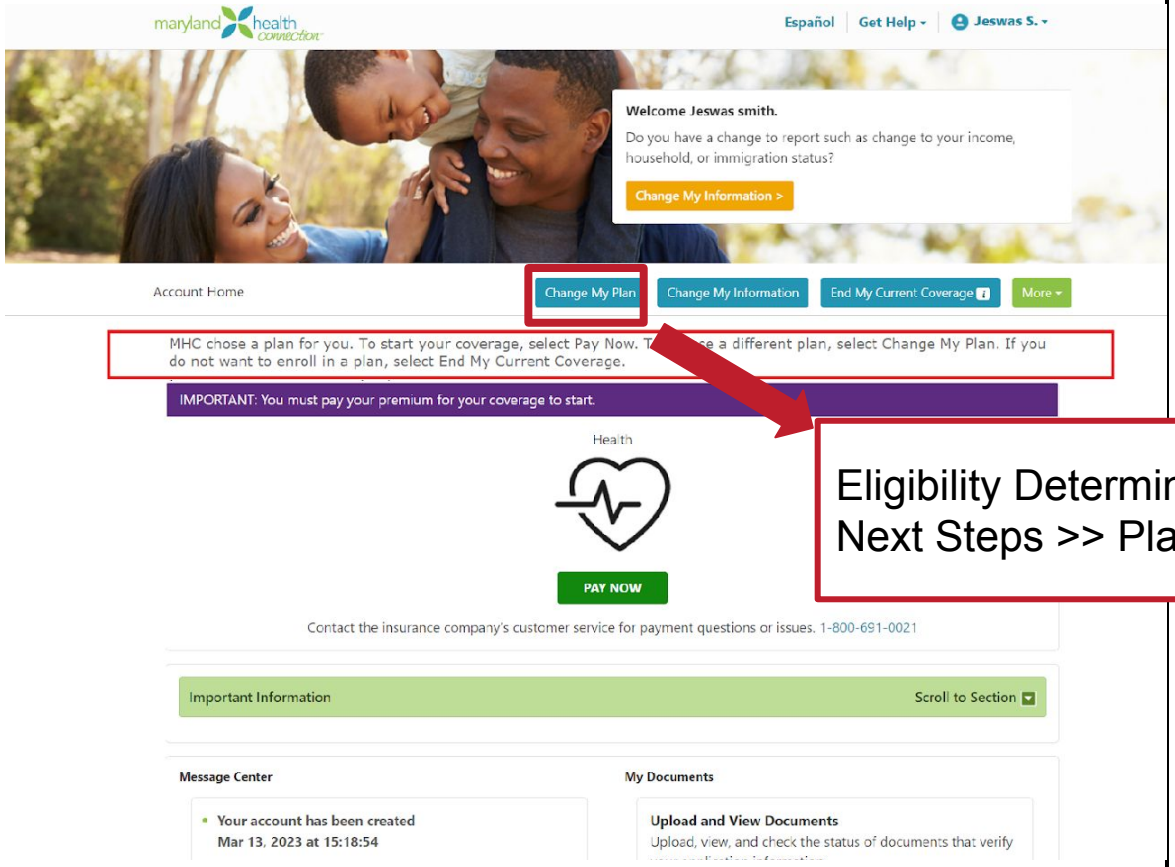
# Consumer Options: Confirm, Change, or Cancel

**Change:** Consumers may change the health plan by logging into their MHC account.

- **If premium is more than $0**: “Change My Plan” button will be shown for up to 60 days from the date of enrollment, or until the consumer's coverage is effectuated or terminated for nonpayment of premium, whichever is sooner.
    - If the consumer does not pay the first month’s premium, the plan will be terminated approximately 35 days after the coverage effective date and the “Change My Plan” button will be removed. The Consumer can still enroll in coverage for up to 60 days after Medicaid terminates by using the “Change My Information” button and selecting the “Loss of Minimum Essential Coverage” SEP.
- **If premium is $0**: “Confirm or Change Plan” button will be shown for 60 days after Medicaid coverage terminates. If the consumer effectuates coverage, the “Confirm or Change Plan” button will be removed from the consumer account page.

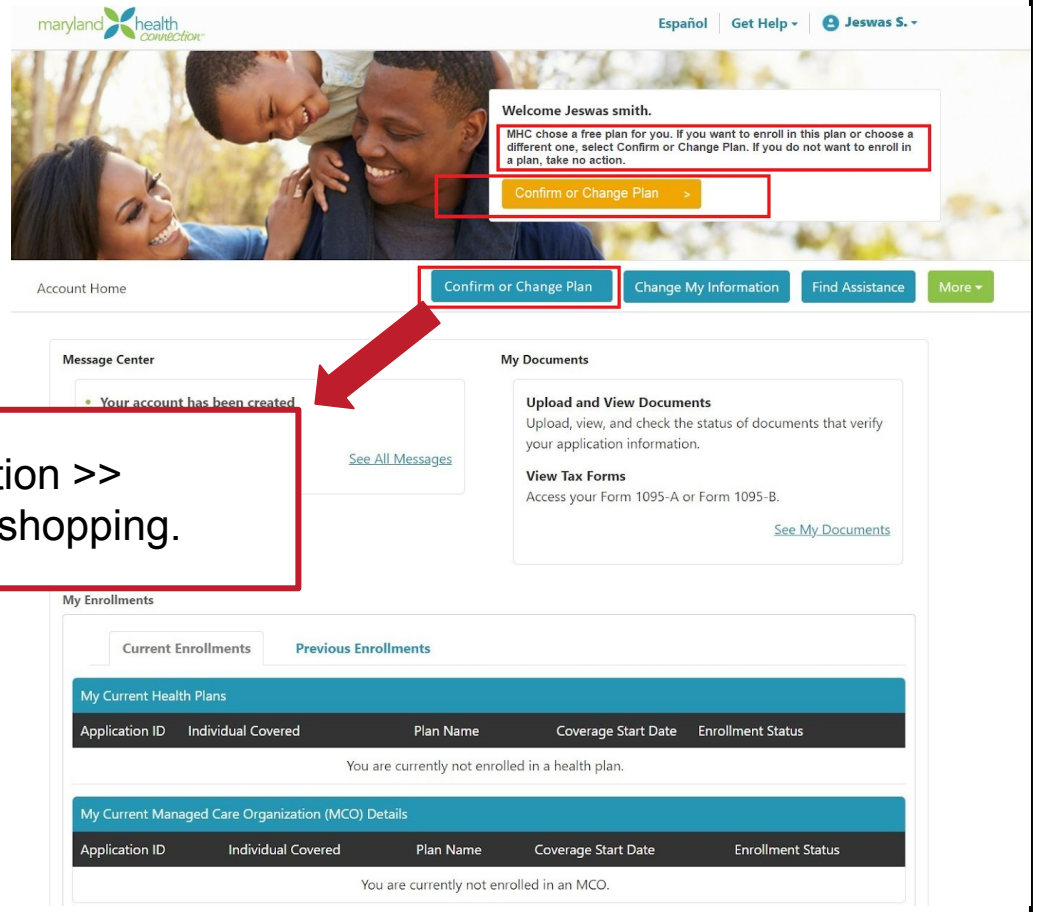
# **Consumer Options**: Confirm, Change, or Cancel

## Consumer Portal: More than $0 Premium




Eligibility Determination >>
Next Steps >> Plan shopping.

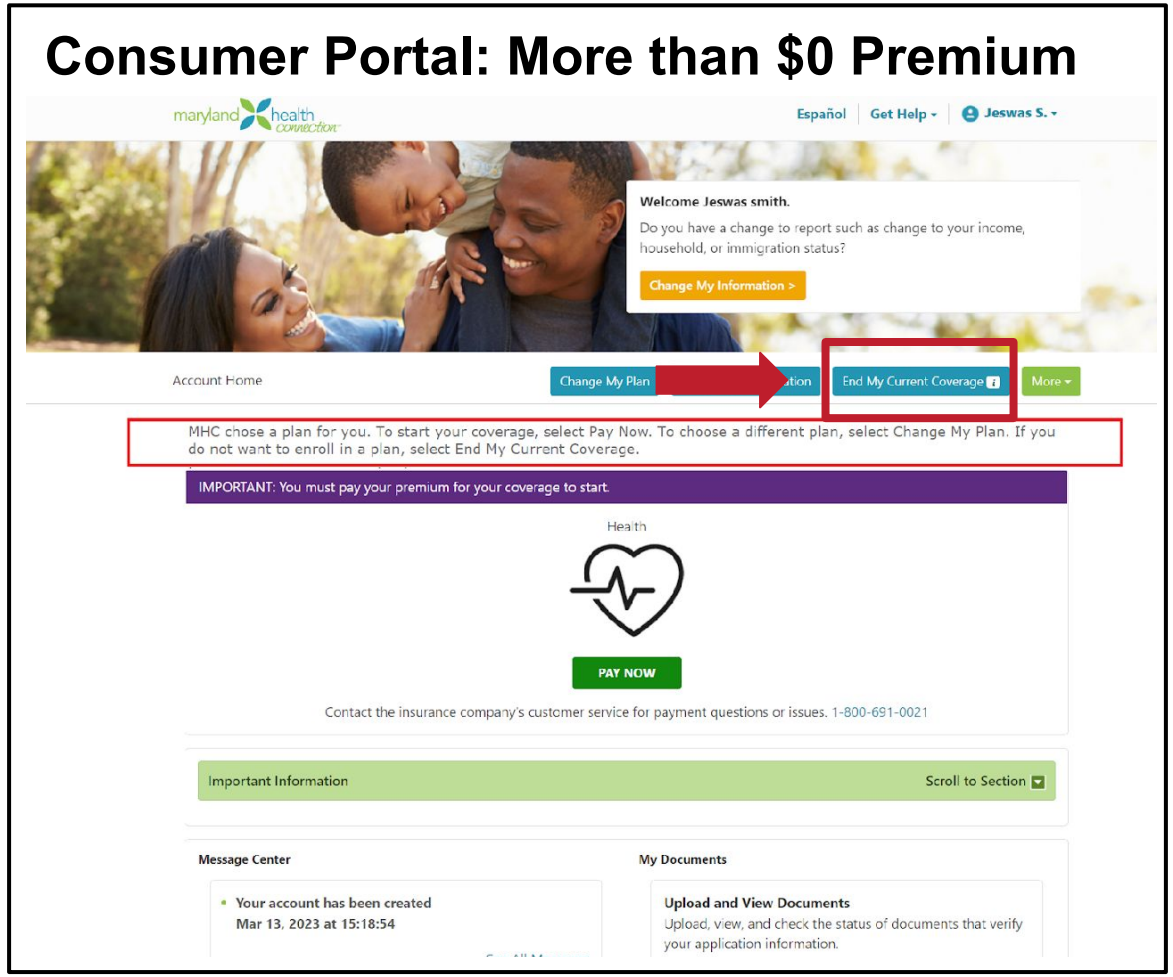
## Consumer Portal: $0 Premium



# Consumer Options: Confirm, Change, or Cancel

**Cancel**: Consumers may cancel the health plan and do not need to do anything to cancel it.

- **If premium is more than $0:**
  - They can ignore the bill from the insurer and MHC will cancel the plan.
  - The consumer can also select “End My Current Coverage” in their account.
- **If premium is $0**:
  - MHC will only enroll the consumer if they confirm enrollment through their account. If the consumer does not want to enroll, they should take no action.

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# Effective Dates

- **For plans with a more than $0 premium:**
  - The effective date is the first day of the month after **MHC auto enrolls the consumer**.
  - For example, if MHC auto enrolls the consumer on June 1st the policy effective date will be July 1st.
- **For plans with a $0 premium:**
  - The effective date is the first day of the month after the day the consumer **confirms enrollment**.
  - For example, if the consumer confirms enrollment on June 6th, the effective date will be July 1st.
- **For all new plans**: Consumer must pay first month's premium within 30 days of effective date to effectuate coverage.

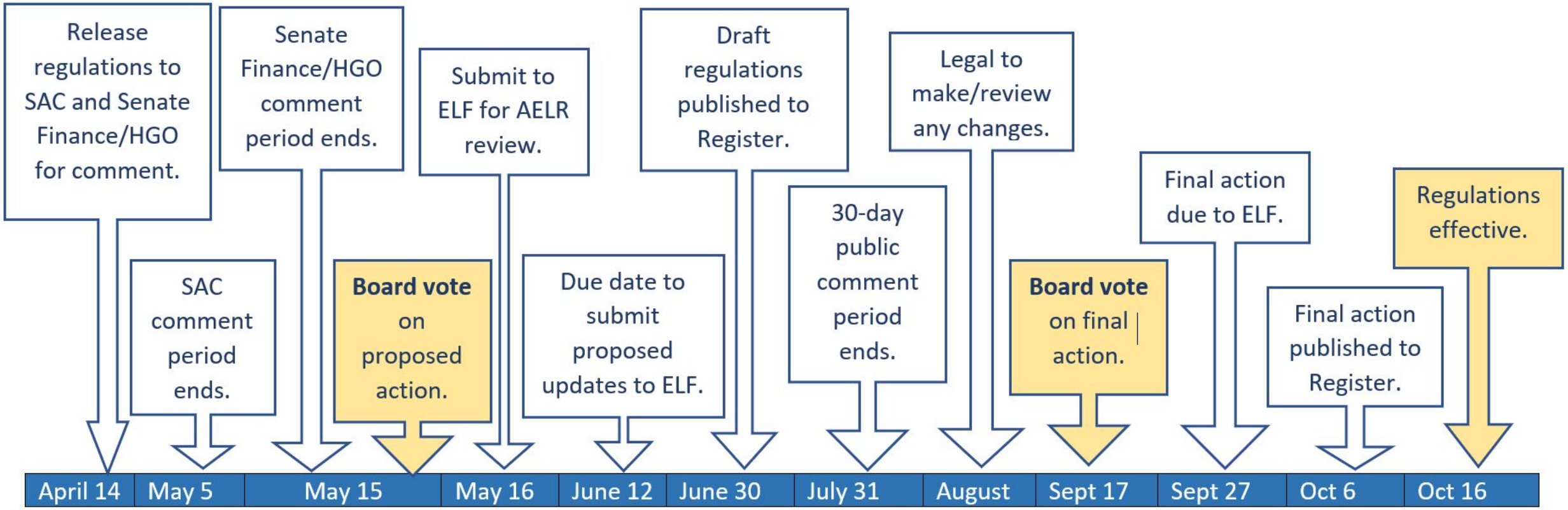
# Notices

- HBX will send a new notice to consumers who are easy enrolled through this program: “1413 - MAT Easy Enrollment”
- Other notices are being updated to inform consumers about the Medicaid Transition Easy Enrollment process

# Regulatory Action

- Emergency action was approved by the Board in February and is pending approval by the Joint Committee on Administrative, Executive, and Legislative Review
- Proposed action will be considered by the Board on 5/15
- If approved, proposed action will be **published in the Maryland Register on 6/30 with a 30-day public comment period ending 7/31**
- If no substantive changes are needed, final action will be considered by the Board on 9/17, published 10/6, and effective 10/16

# Timeline


Release regulations to SAC and Senate Finance/HGO for comment.
Senate Finance/HGO comment period ends.
Submit to ELF for AELR review.
Draft regulations published to Register.
Legal to make/review any changes.
Final action due to ELF.
Regulations effective.
SAC comment period ends.
Board vote on proposed action.
Due date to submit proposed updates to ELF.
30-day public comment period ends.
Board vote on final action.
Final action published to Register.
April 14
May 5
May 15
May 16
June 12
June 30
July 31
August
Sept 17
Sept 27
Oct 6
Oct 16

# PHE Unwinding SEP

# PHE Unwinding SEP

- New back-end SEP in HBX
- For MAGI or Non-MAGI Medicaid consumers who submit a new application or update an existing application, the back-end unwinding SEP will check if their Medicaid (MAGI or Non-MAGI) coverage end date falls on or in between **March 31, 2023 and July 31, 2024**.
- If the consumer lost their Medicaid coverage during this timeframe, then **the system will automatically open up a special enrollment period** for the consumer to enroll into a private health plan.
- The consumer will have 60 days to select a private health plan from the application submission date.
- Once the consumer has enrolled into a QHP, they are no longer eligible to receive the unwinding SEP.
- Unwinding SEP will no longer be available to anyone to use 60 days after 7/31/2024.
- Policy Effective Date: 1st of month after they lose MA coverage or 1st of the month after they plan shop if after the event end date.

# Overview of Medicaid Public Health Emergency (PHE) Unwinding

Maryland Department of Health

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# Medicaid Check-In 2023

## Maryland Department of Health, Office of Health Care Financing

# Overview

- The Families First Coronavirus Response Act (FFCRA) provided an enhanced Federal Medical Assistance Percentage (FMAP) of 6.2% to states that met Maintenance of Eligibility Requirements (MoE) during the PHE. FFCRA MoE provisions required states to extend continuous eligibility (CE) to all participants through the end of the PHE.
- **These requirements have now changed. The PHE and the CE requirement that was part of the MoE are no longer linked.**
- The *Consolidated Appropriations Act, 2023* became law on December 29, 2022. The legislation amended certain provisions of FFCRA and **decoupled** the CE requirement from the PHE.
- CE requirements that were part of the MoE sunset on **April 1, 2023**, at which time states could begin unwinding procedures.
    - Maryland continued standard redetermination mailings in April 2023, with the first disenrollments for participants who no longer qualify for coverage occurring at the end of May 2023.
- President Biden announced that the national PHE will end on May 11, 2023. Maryland's disaster SPAs, 1135 waivers, and Appendix K authorities remain tied to the PHE.

# Unwinding Redeterminations Overview

- Maryland Medical Assistance enrollment grew substantially during the national public health emergency (PHE):
  - During the COVID-19 public health emergency, Marylanders who were enrolled in Medicaid continued to be covered, even if they were no longer eligible.
    - 1,415,631 participants in February 2020 up to 1,781,191 participants in as of April 3, 2023
  - Starting in April 2023, Maryland began making Medicaid eligibility reviews again. Not everyone will be up for renewal at the same time. These renewals will take place over 12 months.
- Medicaid Check-In Campaign: Statewide outreach and communication strategy, March 2023-April 2024
  - Key partners: MDH, Managed Care Organizations (MCOs), Maryland Health Benefit Exchange (MHBE), Maryland Department of Human Services (DHS), and Chesapeake Regional Information System for our Patients (CRISP), providers, grassroots organizations.



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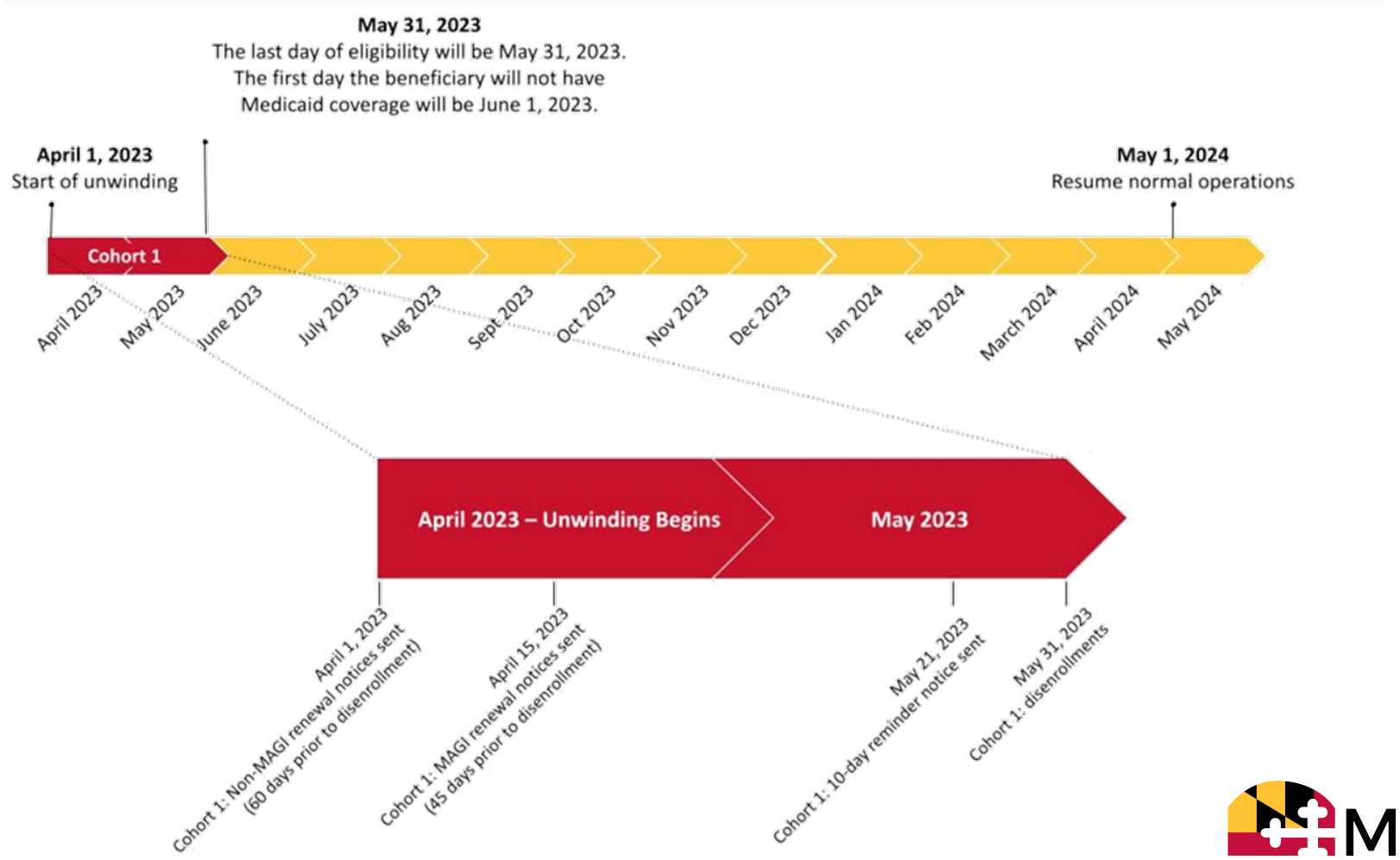
# Zoomed In Timeline



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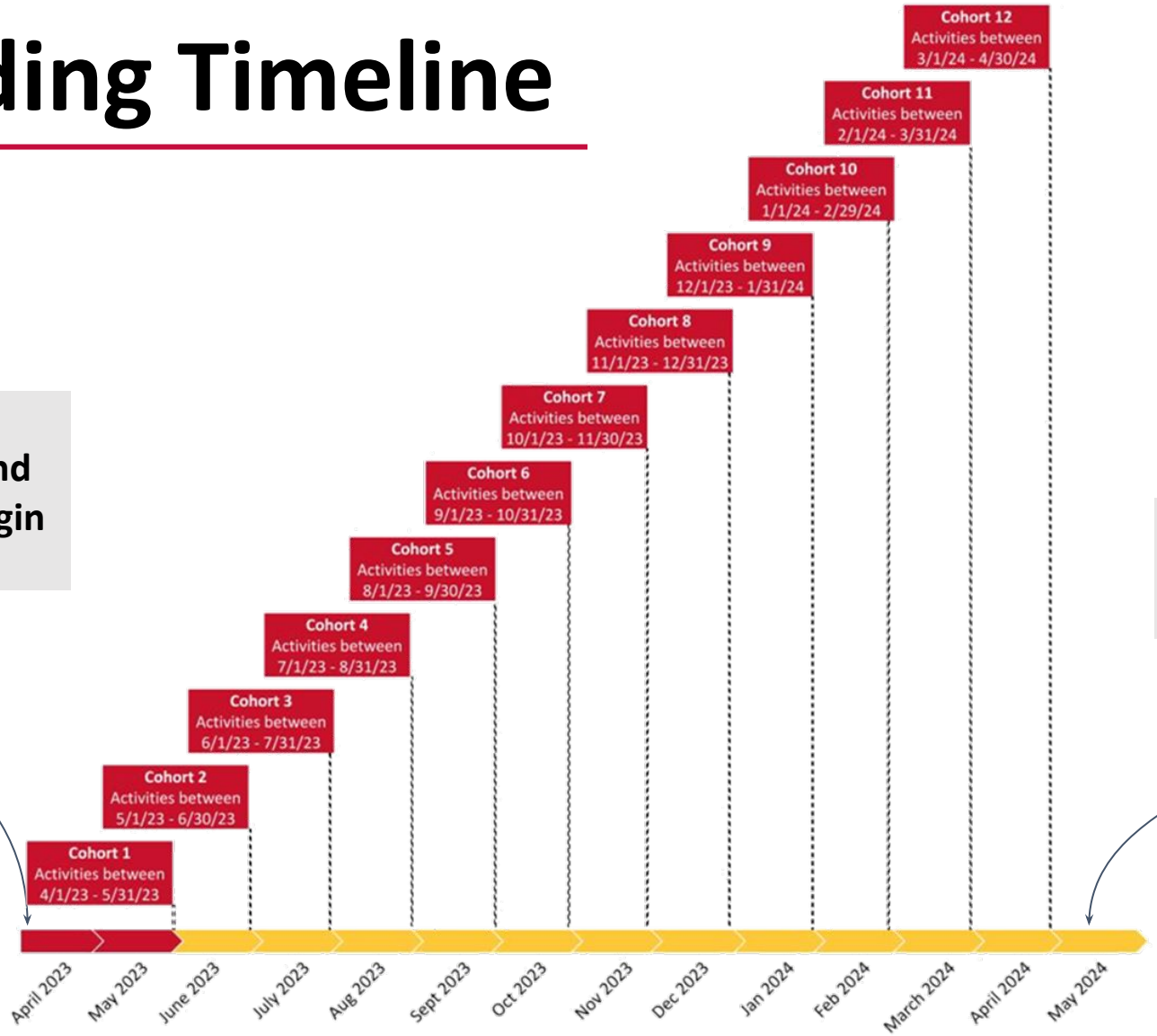
# Unwinding Timeline

**CE Requirements End Redeterminations Begin**




**Normal operations resume**

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# Checking Redetermination Dates

- Eligibility Verification System (EVS)
  - Redetermination dates are now included in the EVS system.
  - Information can either be access online (www.emdhealthchoice.org) or by phone (1-866-710-1447).
- MDH/CRISP partnership to provide redetermination information participating CRISP providers via a monthly managed file transfer (MFT) via CRISP. The file will include information for the current month + the next three cohorts at a given time. Tentative timelines:
  - Currently in a beta test phase with select FQHCs
  - End of May: expansion to all interested FQHCs
  - End of June: expansion to all interested CRISP participants
- Optum will begin including redetermination information in a new, weekly Patient Eligibility Report.
- Additional information will be included on the MDH Medicaid Check-In Provider Page once available.



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# Post-Redetermination: *MCO Outreach and Reconsideration Period*

- An individual may be disenrolled from Medicaid coverage for failure to complete their redetermination.
    - MCOs will conduct targeted outreach to such individuals for 120 days following disenrollment.
    - If, during this time, an individual comes back into the system, and is found eligible for coverage, they will be re-enrolled automatically in the MCO plan they were last enrolled in. This coverage will begin 10 days from the date of the eligibility decision.
    - Any services rendered during the period after disenrollment and prior to re-enrollment in an MCO plan are eligible for fee-for-service reimbursement.
- Note: Maryland Health Connection (MHC) is implementing "easy enrollment" into qualified health plans (QHPs) for individuals who lose Medicaid coverage. Individuals will receive information on how to opt-in to QHP coverage.
- The 120 day reconsideration period is also available for non-MAGI participants.



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# Special Enrollment Periods (SEPs): *Overscale Income*

- Participants with overscale income
  - Low-cost health insurance options are available through Maryland Health Connection
  - SEP starts when they have been notified that Medicaid coverage is ending, and ends July 31, 2024



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# Special Enrollment Periods (SEPs): *Age 65+*

- 6 month SEP to enroll in Medicare Part A and Part B
  - Participants should visit the local Social Security office, or call Social Security at 1-800-772-1213
  - Benefits will start the month after Medicare enrollment

- To cover the costs of health care and drugs not covered under Medicare, individuals may also enroll in a Medicare Advantage or a Medicare Supplemental Plan (also known as Medigap Plans)
  - Medicare Advantage (Must be enrolled Medicare Part B)
    - 3 month enrollment period after losing Medicaid coverage
    - Participants should sign up at: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)
  - Medicare Supplemental Plans (Must be enrolled in Medicare Part B)
    - 6-month Guaranteed Issue Right to purchase a policy
    - Rates and plans can be viewed at: https://tinyurl.com/2s4fyvky
    - Note: Medicare Supplement policyholders may need a Medicare Part D plan. Participants should visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to sign up for Medicare Part D.

- Maryland's State Health Insurance Program (SHIP) can provide assistance with free Medicare counseling and education



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# Unwinding Data

- MDH is publicly posting Medicaid Check-In 2023 data on a new, designated webpage: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx
- This page will include statics related to resuming Medicaid renewals including:
  - Number disenrolled in the past 6 months and reason for disenrollment:
  - Failure to apply for recertification
  - Missing information or verification
  - Over income
  - Aging out of an eligibility category
  - Number re-enrolled in the past 6 months



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# Statewide Medicaid Check-In Campaign

- **General Timeline:**
  - Winter 2022-January 2023: Focus Groups to develop Medicaid Check-In Campaign themes and creative approach based on feedback from Medicaid participants representing a variety of ages, race/ethnicities, genders, and geographic distribution
  - March 2023: Pre-launch Campaign
  - April 12, 2023-April 30, 2024: Launch Campaign
- **Key Objectives:**
  - **Encourage Medicaid participants to update their information**
  - **Generate awareness of the redetermination process statewide using an integrated mix of vehicles that reflect the audience's media preferences**
- The campaign is presented in English and Spanish with statewide distribution plans allocated in accordance with enrollment. Hispanic media is also being leveraged to reach primarily Spanish-language portions of the audience.

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# Medicaid Check-In, Launch Campaign

- A 12-month integrated media plan aimed at encouraging enrollees to keep their contact information current and educating them on the process for renewing.
- Campaign strategies:
  - Paid Search;
  - Paid Social Media (Facebook and Instagram);
  - Digital Media (display banners, streaming TV/radio, apps);
  - TV;
  - Radio;
  - Outdoor of Home (OOH) – Outdoor boards and transit advertising;
  - Location-based media;
  - Prominent display of campaign information on MDH, MBHE, and DHS websites and dissemination of information through social media, public meetings and webinars, and other venues;
  - Providers serving the Medicaid population will be engaged through deployment of a dedicated MDH web page, provider toolkit, webinars, and other resources;
  - Other direct outreach strategies alongside the Medicaid Check-In Campaign to reach Medicaid participants.

# How Can I Help?

Get the word out to participants! The Medicaid Check-In Provider Toolkit has materials for you to use - you can…

- Make sure your case managers know about the upcoming changes and how they can assist participants;
- Alert participants and talk about what is going to happen;
- Post a Medicaid Check-In flyer in your clinic at the front desk and in each examination room;
- Post on social media directed to participants;
- Share the Participant Information website link with participants;
- Send an email to participants - it could include information about the Medicaid Check-In or an attachment/picture of one of the flyers;
- Highlight the Medicaid Check-In in participant or stakeholder newsletters;
- Let others you work with and stakeholders know about the Medicaid Check-In.



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# Additional Resources

Check out these webpages for more information and additional resources to get the word out to Medicaid participants:

- Campaign Landing Page: https://www.marylandhealthconnection.gov/checkin/
- Participant Information: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-participants.aspx
- Participant critical messages: English - 15 seconds; English - 30 seconds; Spanish - 15 seconds, Spanish - 30 seconds
- MDH Provider Transmittal: https://health.maryland.gov/mmcp/Documents/Provider%20Transmittals/PT%2051-23%20Medicaid%20Checkin%20Campaign%202023.pdf
- Provider Outreach Video: https://www.youtube.com/watch?v=CBHxYbxwlAE&list=PL8iXJWFynuRjUzqVrU19Va72QXP9MF9HP&index=4
- Provider Toolkit Information and Materials: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-providers.aspx
- How to Register a New Account - myMDTHINK video
- Medicaid Check-In Data: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx
- **Additional suggestions for FAQs** can be directed to the Medicaid Innovation, Research, and Development team for consideration in future updates. Please send to mdh.medicaidcheckin@maryland.gov.



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# Questions & Discussion

# Public Comment