



MHBE

Standing Advisory Committee

May 11, 2023

2:00PM – 4:00PM

Via Google Meets

Members:

Mark Meiselbach, Co-Chair

Jon Frank, Co-Chair

Matthew Celentano

Marcquetta Carey

Emily Hodson

Diana Hsu

Catherine Johannesen

Sophie Keen

Stephanie Klapper

Carmen Larsen

Michelle LaRue

Scott London

Allison Mangiaracino

Jonathan McKinney

Marie Therese-Oyalowo

Ligia Peralta

Aryn Phillips

Douglas Spotts

Rick Weldon

Jessica Pappas (representing Kathlyn Wee)

Dana Weckesser, Board of Trustees Liaison

MHBE Staff

Michele Eberle

Johanna Fabian-Marks

Becca Lane

Andrew Ratner

Makeda (Mimi) Hailegeberel

Members of the Public

Brad Broban

Brenna Tan

Alyssa Brown

Edouard Niyonshuti

Kimberley Cammarata

Lynn Brown

Meredith Lawler

Welcome

Co-Chair Jon Frank welcomed everyone to the meeting.

Executive Update

Michele Eberle, Executive Director of the Maryland Health Benefit Exchange (MHBE), started with the executive update. She reported that, last month, the Braidwood Management v. Becerra decision in Texas found that the federal government cannot enforce the preventive care requirements of the Affordable Care Act (ACA). Ms. Eberle noted that, in Maryland, the legislators had the foresight to codify the preventive care requirements, so all policies that are purchased through Maryland Health Connection (MHC) will not be affected.

Ms. Eberle reported that President Biden recently proposed expansion of health coverage for Deferred Action for Childhood Arrivals (DACA) recipients, also called

Dreamers, which would allow them to enroll in Medicaid and purchase insurance through the ACA marketplaces with tax credits. The regulations to implement this expansion were issued at the end of April, and there is a 30-day comment period. The MHBE and Governor Moore support these regulations.

Ms. Eberle noted that CMS gave notice on May 4 that the Department of Health and Human Services (HHS) and Department of the Treasury have deemed the MHBE's Section 1332 waiver extension application complete.

Ms. Eberle then provided state updates. She reported that the Maryland Department of Human Services (DHS) is currently running a large marketing campaign about the recovery of stolen EBT benefits. Maryland is using federal and state money to reimburse the stolen EBT benefits. The MHBE's marketing department has been able to swiftly move that campaign through the MHBE's social media channels.

The MHBE recently had the first broker achievement awards ceremony, and Ms. Eberle emphasized the importance of the broker community to the MHBE in helping people get the right coverage. The MHBE honored the three top performers, the top ten performers in the small business and individual market, and then the top hundred performers across all markets.

Ms. Eberle then provided updates regarding the Board. The Board meeting on May 15 will be the last Board meeting for Vice Chair Tony McCann, concluding his eight-year term, and for Mary Jean Herron, concluding her four-year term. Two new Board members appointed by the Governor will begin in June: Laura Crandon and Aika Aluc. Ms. Eberle reported that the new MHBE Director of Compliance and Privacy, Scott Brennan, started recently in April.

Ms. Eberle ended with an update regarding two awards the MHBE recently received. The MHBE was named on the Executive Alliance's 2023 honor roll, which is given to organizations that have a proven commitment to developing women in leadership roles by having at least 30% of their executive leadership and 30% of their Board membership held by women. The MHBE also won a platinum award from the Hermes Creative Awards for Strategic Campaigns/Marketing and Electronic Media/Social Media/Interactive Media for the last open enrollment campaign, which was called "The Unexpected." Ms. Eberle commended the marketing team and GMMB, who is contracted to perform marketing for the MHBE, for their successful and creative campaign. She also thanked all the new members for joining the SAC and bringing their expertise to the table.

Scott London thanked the MHBE for the warm welcome and for simplifying the Medicaid redetermination process.

Michelle LaRue thanked the MHBE for their support of the regulations expanding access to exchange plans to DACA recipients. She asked about the focus of the Section 1332 waiver application. Ms. Eberle responded that the waiver application is for

the continuation of the reinsurance program. She noted that the MHBE will likely submit amendments based on some workgroups that are currently ongoing.

Introductions

All of the members introduced themselves since there are several new members.

Co-Chair Vote

Co-Chair Frank moved to approve Mark Meiselbach as co-chair. Catherine Johannesen seconded the nomination. No other nominations were offered. The SAC voted unanimously to approve Mark Meiselbach as co-chair.

Legislative Update

Johanna Fabian-Marks, Director of Policy and Plan Management at MHBE, provided an overview of three bills that were passed during the most recent legislative session. House Bill (HB) 814 extends the Young Adult Subsidy Program through 2025 and authorizes the MHBE to spend up to \$20 million in state funds to provide additional premium subsidies to young adults. She noted that the extension will give the MHBE more time to evaluate the performance of the program. This bill also requires the MHBE, in consultation with the Maryland Insurance Administration (MIA), to submit a study on the program by December 1, 2024. Senate Bill (SB) 806 requires the Maryland Department of Health (MDH) and the MHBE to submit a report to the legislature comparing options for offering affordable coverage to residents who are ineligible for coverage through the MHC due to immigration status. This is a follow-on to a study the MHBE submitted a few years ago specifically examining the options to cover these individuals in private insurance through MHC and what the cost would be to subsidize that private coverage. The SB 806 report would focus more on options and costs to provide coverage through the state Medicaid program but will also update the previous report. The SB 806 report is due in the Fall of 2023. HB 111 would direct MDH to use Supplemental Nutrition Assistance Program (SNAP) eligibility findings to expedite Medicaid eligibility determinations on or before January 1, 2025.

Carmen Larsen asked about the bill expanding qualified health plan (QHP) access for undocumented immigrants, which was not passed. Ms. Fabian-Marks responded that SB 365, which was not passed, would have directed the MHBE to amend the Section 1332 waiver to allow Maryland residents to enroll in QHPs regardless of immigration status and subject to the availability of state funds, to administer a state subsidy program to reduce their costs. She explained that this bill did not make it out of the Senate Finance Committee because they wanted to see the report from SB 806 on Medicaid and private insurance coverage options. It is too early to say if the bill will be resubmitted next year, but there is significant interest in this issue. Ms. Fabian-Marks noted that Delegate Joseline Peña-Melynk, Chair of the Health and Government Operations Committee, requested that the MHBE move ahead with the Section 1332 waiver amendment on their own. This is an untested process: while it is technically possible under federal law, all states so far have submitted Section 1332 waiver applications pursuant to state legislation. The Board will discuss the issue this summer.

Ms. Fabian-Marks then provided an overview of the other two bills that did not move forward. SB 59 would have allocated \$5 million a year to the MHBE for fiscal years (FY) 2025 through 2029 for marketing, outreach, and programs for small businesses and nonprofits. She explained that, in the current landscape, there is a great deal of financial assistance available in the individual market, so it did not make sense to put more money into small business financial assistance. She noted that the MHBE hired a small business outreach programs manager and convenes the Small Business Advisory Committee, so, even without funding, the MHBE is still committed to the small business market. SB 843 would have created a Climate Change Adaptation and Mitigation Fund using cost recovery from fossil fuel companies, with 20% earmarked for the MHBE to provide financial assistance to populations with high rates of uninsurance and individuals ineligible for federal financial assistance.

Ms. Fabian-Marks provided an update on the State Reinsurance workgroup. In 2022, the Maryland General Assembly passed HB 413, requiring the MIA, in consultation with the MHBE and the Maryland Health Care Commission (MHCC), to report by December 1, 2023 on the funding and design of the State Reinsurance Program and market reforms to provide affordable coverage in the individual market. Three public stakeholder meetings are scheduled for May 11, May 25, and June 29.

Ligia Peralta asked whether the SAC will have the opportunity to review or provide input on the HB 413 report. She noted that the report is due December 1, 2023, but the insurance market is changing tremendously, and one of the issues is that care costs have increased dramatically, especially in primary care. It is becoming almost unaffordable for some individuals to get lab screenings, for example. Ms. Fabian-Marks responded that they will try to solicit feedback from the SAC and the public at large. She noted that there are public meetings scheduled, and the draft report will be sent to the SAC for review later this year.

Medicaid to Private Plan Enrollment Program Presentation

Becca Lane, Senior Health Policy Analyst with the MHBE, provided an overview of the Medicaid to Private Plan Enrollment Program for transitioning Medicaid participants who lose Medicaid coverage during a redetermination, to a QHP. Since Medicaid terminations will begin again at the end of May this program aims to simplify the enrollment process for Medicaid enrollees who become QHP eligible and increase the number of individuals who maintain coverage. Medicaid participants who are determined to be QHP-eligible during a redetermination, do not have any household members with active QHP coverage, and do not select a QHP within seven days are eligible for this program. Maryland Health Connection (MHC) will choose a QHP for these individuals based on a plan selection hierarchy based on income. Individuals with a lower household income will be placed in more generous plans. Please see the slides for this meeting's presentation for more details.

Ms. Lane explained that a consumer can confirm the plan selection by paying the first month's premium, selecting a different plan through MHC, or canceling the coverage. If the consumer has a \$0 premium, then they must log into MHC or call to confirm

coverage. If the consumer has a premium more than \$0, then the consumer must pay the bill for their first month of coverage within 30 days of the coverage effective date. Ms. Lane went through several slides illustrating how consumers would be able to confirm, change, or cancel the plan selection through MHC.

Ms. Lane reported that the MHBE has taken regulatory action to implement this program. Emergency action was approved by the Board in February and is pending approval by the Joint Committee on Administrative, Executive, and Legislative Review. The Board will consider the proposed action on May 15 and will consider final action on September 17, with final regulations published on October 6 and effective on October 16.

Diana Hsu asked about the timeline of the regulations: specifically, what happens to people who lose Medicaid before the regulations go into effect in October. Ms. Lane responded that the emergency regulations kick in at the end of May, when the operations team is ready to implement the program. The emergency regulations will bridge the gap from now until October, when the proposed regulations are finalized.

Kimberly Cammarata asked if actions are being taken to protect consumers from unexpected advanced premium tax credit (APTC) paybacks. The Health Education and Advocacy Unit receives complaints yearly from consumers who are surprised to learn they need to pay back APTCs when they file taxes if their income ends up exceeding the thresholds. Ms. Fabian-Marks responded that the MHBE is also concerned about this issue and that it is partly why consumers must actively opt into coverage by paying the bill or confirming enrollment in MHC. She offered to share the notice that will be given to Medicaid participants losing coverage, which includes language on APTC liability.

Mr. Frank asked if there are any estimates regarding the number of people who will lose Medicaid coverage because they don't do anything. Ms. Fabian-Marks responded that the Medicaid redeterminations are unprecedented, making the numbers difficult to estimate. The MHBE will know more in a few months.

Sophie Keen asked whether people who lose coverage will be enrolled in the same QHP as other people in their household. Ms. Lane responded that the MHBE considered that option, but there would have been complications regarding payment and cancelling coverage, so they decided against it. Individuals who lose Medicaid coverage and are in a household with people in a QHP will have to enroll in a QHP manually through MHC. Ms. Fabian-Marks added that people who lose Medicaid coverage qualify for a special enrollment period (SEP), so they can enroll in a QHP any time after loss of their coverage through the end of July 2024.

Young Adult Subsidy Program Parameters

Ms. Fabian-Marks provided an overview of the 2024 proposed parameters for the Young Adult Subsidy Program. She will be giving this presentation to the Board at the May 15 meeting. Ms. Fabian-Marks explained that HB 814 extended the Young Adult

Subsidy Pilot Program for an additional two years, through 2025. There were roughly 42,000 young adults enrolled in the program for plan year 2023 receiving an average of \$40 a month, and the estimated program cost is \$13.1 million, well below the \$20 million spending authority. Preliminary analysis for the 2022 impact found that young adult enrollment increased about 11% year over year compared to 8% for all ages. Households receiving the subsidy were more likely to effectuate coverage, and young adults were less likely to drop coverage.

Ms. Fabian-Marks noted that the Board can set the program eligibility up to age 40. The Board decided to set the eligibility cap for 2022 and 2023 at age 34, with individuals aged 18 to 30 eligible for the most generous subsidies, and the subsidies gradually fade out between ages 31 and 34. Ms. Fabian-Marks explained that the program reduces the maximum expected contribution (EC) by 2.5% for adults aged 18 to 30, and then the EC reduction phases out from ages 31 to 34.

Ms. Fabian-Marks reported that there are three options for the 2024 parameters. They could continue the 2023 parameters, extend the maximum subsidy to age 32 and phase out through age 36, or extend the maximum subsidy up to age 33 and phase out through age 37, which is the MHBE staff recommendation. She then provided an overview of the impact of the three options. All three options are estimated to be below the \$20 million spending cap. Ms. Fabian-Marks will present these options to the Board at the May meeting.

Co-Chair Frank asked about DACA enrollment in the young adult subsidy program. Ms. Fabian-Marks responded that there are an estimated 8,000 DACA recipients in Maryland, and, as some of these individuals may already have Medicaid or other insurance coverage, the impact may be minimal.

Medicaid Public Health Emergency Unwinding Presentation

Alyssa Brown, Director of Innovation, Research, and Development with the MDH Office of Health Care Financing, provided a presentation on how MDH is handling the Medicaid public health emergency (PHE) unwinding. She explained that the maintenance of eligibility requirements which required continuous Medicaid eligibility to all participants during the PHE ended on April 1, 2023, allowing states to begin Medicaid redeterminations. Maryland began sending out redetermination notices in April, and the first disenrollments for participants who no longer qualify will start at the end of May. Ms. Brown noted that some of Maryland's disaster state plan amendments and Section 1135 waivers will end when the national PHE ends on May 11, 2023, but others will remain.

Ms. Brown reported that, during the PHE, Maryland Medicaid enrollment grew from 1,415,631 participants in February 2020 to 1,781,191 participants as of April 3, 2023. Medicaid continued to send redetermination notices during the PHE to Medicaid participants, but if participants were ineligible or didn't respond, their coverage would still continue. Maryland is in a better position because of auto-renewals and the continuance of renewal notices during the PHE. Ms. Brown noted that the Medicaid

check-in campaign began in March 2023 and will continue through April 2024 to bring awareness to Medicaid participants about the importance of renewals and the fact that failure to renew will result in termination.

Ms. Brown provided an overview of the timeline for Medicaid redeterminations. Please see the presentation slides for this meeting for more details. Ms. Brown explained that Medicaid providers will be notified of Medicaid patients losing coverage.

Ms. Brown noted that individuals who come back into Medicaid within 120 days of losing coverage for failure to complete their redetermination will have Medicaid coverage retroactive back to the date they lost coverage. Coverage will be reinstated with the participant's previous managed care organization (MCO), and care received during the gap will be reimbursed through fee-for-service Medicaid. MCOs will do targeted outreach to participants for 120 days after they lose coverage due to failure to complete their redetermination. Ms. Brown explained that MHC is implementing "easy enrollment" into QHPs for individuals who lose Medicaid coverage. Individuals will receive information on how to opt-in to QHP coverage. Participants who lose Medicaid coverage due to income will have an SEP to enroll in a QHP through July 2024.

Ms. Brown provided an overview of the state-wide Medicaid check-in campaign, which will use a variety of strategies to perform outreach, such as printing information on the back of dollar store receipts. A provider toolkit was created to help providers perform outreach to their patients. The campaign materials have been translated into several languages. Please see the presentation slides for this meeting for more details. Ms. Brown noted that more updates will be forthcoming as the Medicaid redeterminations continue.

Public Comment

None offered.

Adjournment

The meeting adjourned at 4:00 PM.

Chat record:

00:07:06

Johanna Fabian-Marks -MHBE-: FYI, here is Governor Moore's video congratulating the MHC top brokers:

<https://twitter.com/MarylandConnect/status/1655664104164433932?cxt=HHwWmICxweHujPotAAAA>

00:10:01

Stephanie Klapper: Congratulations on these awards! Great job!

00:23:14

Jonathan McKinney: I am having issues with unmuting myself. I am happy to be here and welcome to the new members!

00:31:56

Doug: oh and proud Leadership Maryland grad- class of '22- Best class ever! :)

00:51:02

Johanna Fabian-Marks -MHBE-:

<https://insurance.maryland.gov/Consumer/Pages/workgroups.aspx>

01:32:45

Carmen Larsen: outreach in Spanish?

01:42:16

Meredith J. Lawler -MDH-: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>

01:42:21

Meredith J. Lawler -MDH-: April data is up!

01:49:58

Meredith J. Lawler -MDH-: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>

01:52:33

Meredith J. Lawler -MDH-: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Participants.aspx>

01:53:11

Meredith J. Lawler -MDH-: <https://www.marylandhealthconnection.gov/checkin/>

01:54:49

Catherine Johannesen: Thank you, Alyssa, lots of great info.

01:55:28

Mark Meiselbach: thank you, Alyssa! very informative.