

Standing Advisory Committee Meeting

July 13, 2023

MHBE Policy Department

Agenda

2:00 - 2:15 | Welcome

Jon Frank and Mark Meiselbach, SAC Co-Chairs and Dana Weckesser, SAC Board Liaison

2:15 - 2:25 | Executive Update

Michele Eberle, MHBE Executive Director

2:25 - 2:45 | MHBE 2021 Health Equity Workgroup Updates - Race and Ethnicity Data

Becca Lane, MHBE Senior Policy Analyst

2:45 - 3:05 | MHBE Workgroup Recommendation - Consumer Decision Support

Amelia Marcus, MHBE Policy Analyst

3:05 - 3:25 | Medicaid Public Health Emergency Unwinding Update

Alyssa Brown, Director of Innovation, Research, and Development, MDH Office of Health Care Financing.

3:25 - 3:45 | Proposed Regulation Changes & 2024 Plan Certification Standards

Johanna Fabian Marks, MHBE Director of Policy and Plan Management

3:45 - 4:00 | Public Comment

4:00 | Adjournment



Welcome

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* (Co-Chair)

Marie Therese Oyalowo

Ligia Peralta

Aryn Phillips*

Dylan Roby

Alyssa Sinagra

Douglas Spotts*

Dana Weckesser (MHBE Board Liaison)

Kathlyn Wee

Rick Weldon*

MHBE Executive Update

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MHBE 2021 Health Equity Workgroup - Updates

Improving Race and Ethnicity Data

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Background & Process

Collecting Race & Ethnicity Data

- MHBE collects R/E data on MHC application
- R/E data transmitted to insurers at enrollment and used for:
 - Tracking enrollment trends
 - Setting targets
 - Informing outreach
- Important for tracking progress towards health equity goals
- OMB and HHS set data collection [standards](#)
 - How to report detailed data by “rolling up” to main race categories
 - Consumer must not be forced to disclose race/ethnicity data

Original State of Race & Ethnicity Data Collection

- Race and ethnicity questions were optional
- ~35% did not respond or selected “other,” meaning MHBE only had information on race and ethnicity for ~65% of consumers
- Low response rate limits ability to meaningfully analyze data
- Response rates vary by consumer assistance type (e.g. producer-assisted applicants had a rate of nonresponse and “other” of 78%)

Original Race & Ethnicity Questions

Ethnicity (Optional)

Is Tracy Adkins of Hispanic, Latino, or Spanish origin?

YES

NO

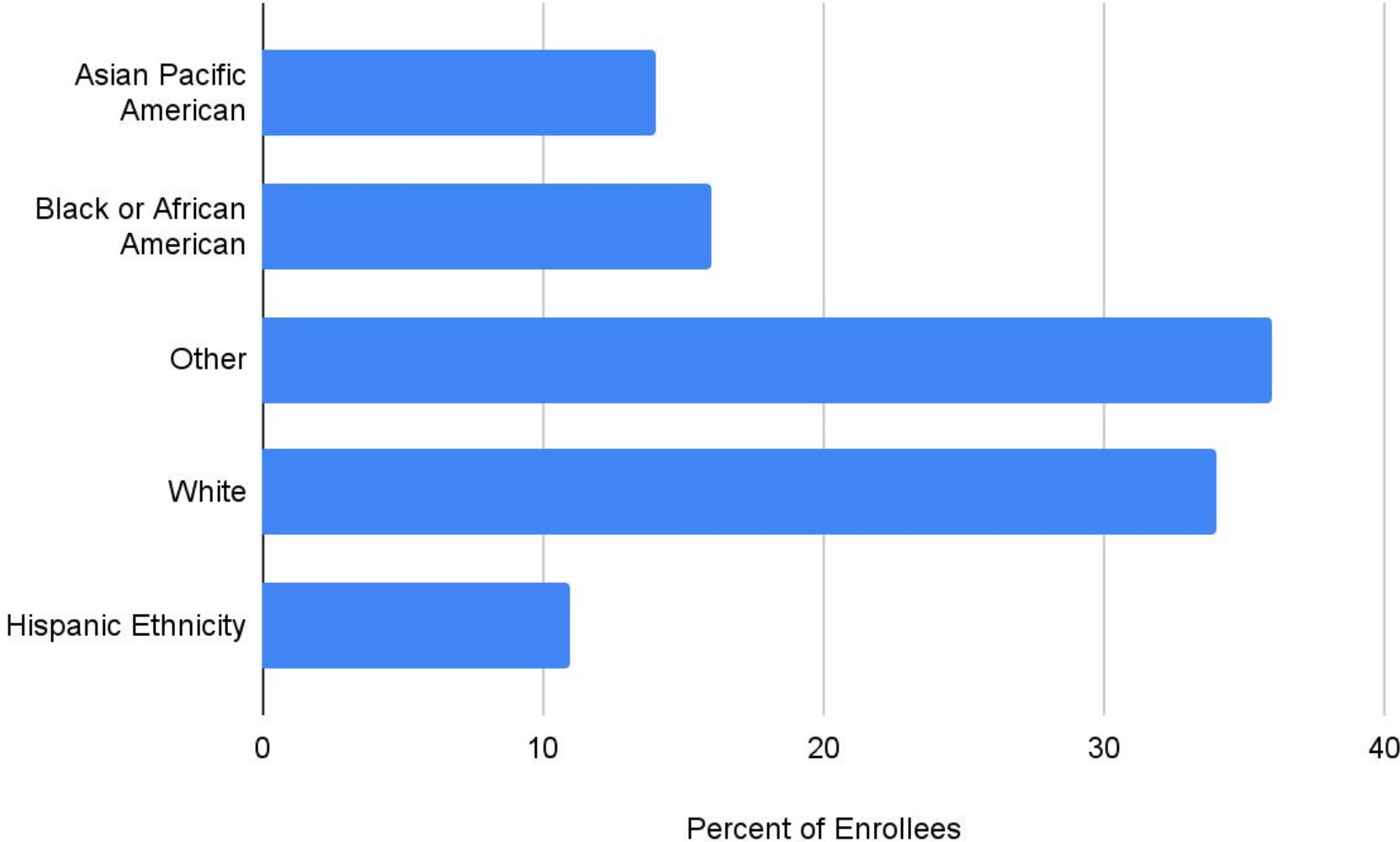
Race (Optional)

Please check all that apply

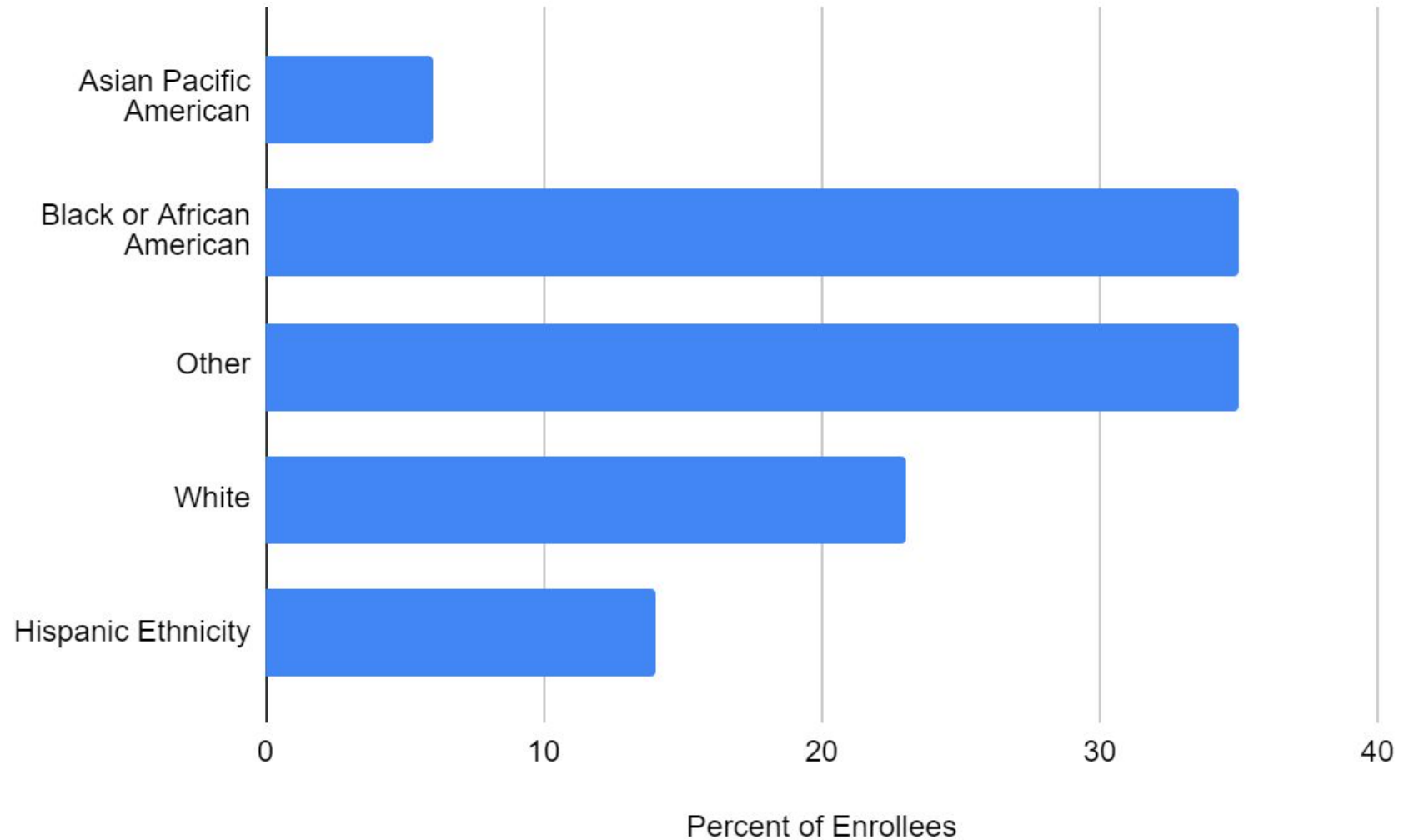
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|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> Other |

NEXT

QHP Enrollment, July 2021



Medicaid Enrollment, July 2021



Question Revision Process

- The MHBE Health Equity Workgroup:
 - Discussed race & ethnicity data collection
 - Heard a presentation on best practices from an equity expert at America's Health Insurance Plans (AHIP)
 - Recommended revising the race & ethnicity questions on the MHC application
- MHBE consulted with the New York SBM (NY State of Health) which had recently revised its race & ethnicity questions
- MHBE received technical assistance from the State Health Access Data Assistance Center (SHADAC)

Revisions

- The new questions align with the following best practices:
 - All applicants now must answer the questions, but they may answer with “prefer not to say.”
 - “Read more” text explains why consumers are being asked to provide race and ethnicity information.
 - More answer subcategories are listed so consumers are more likely to find an option with which they identify. The subcategories are informed by Maryland Census data.
 - Consumer assistance workers and call center staff were briefed on the goal for the new question and instructed on how to ask it.
- New questions launched at the end of April 2022

New Questions - Implemented End of April 2022

[Read more](#) ▾

Hispanic/Latino Origin

Is Mary Doe of Hispanic/Latino or Spanish origin? *

Yes No Do not know Prefer not to say

Race *

I only identify as Hispanic or Latino Do not know Prefer not to say

Please check all that apply

<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Other		

Select all that apply ▾

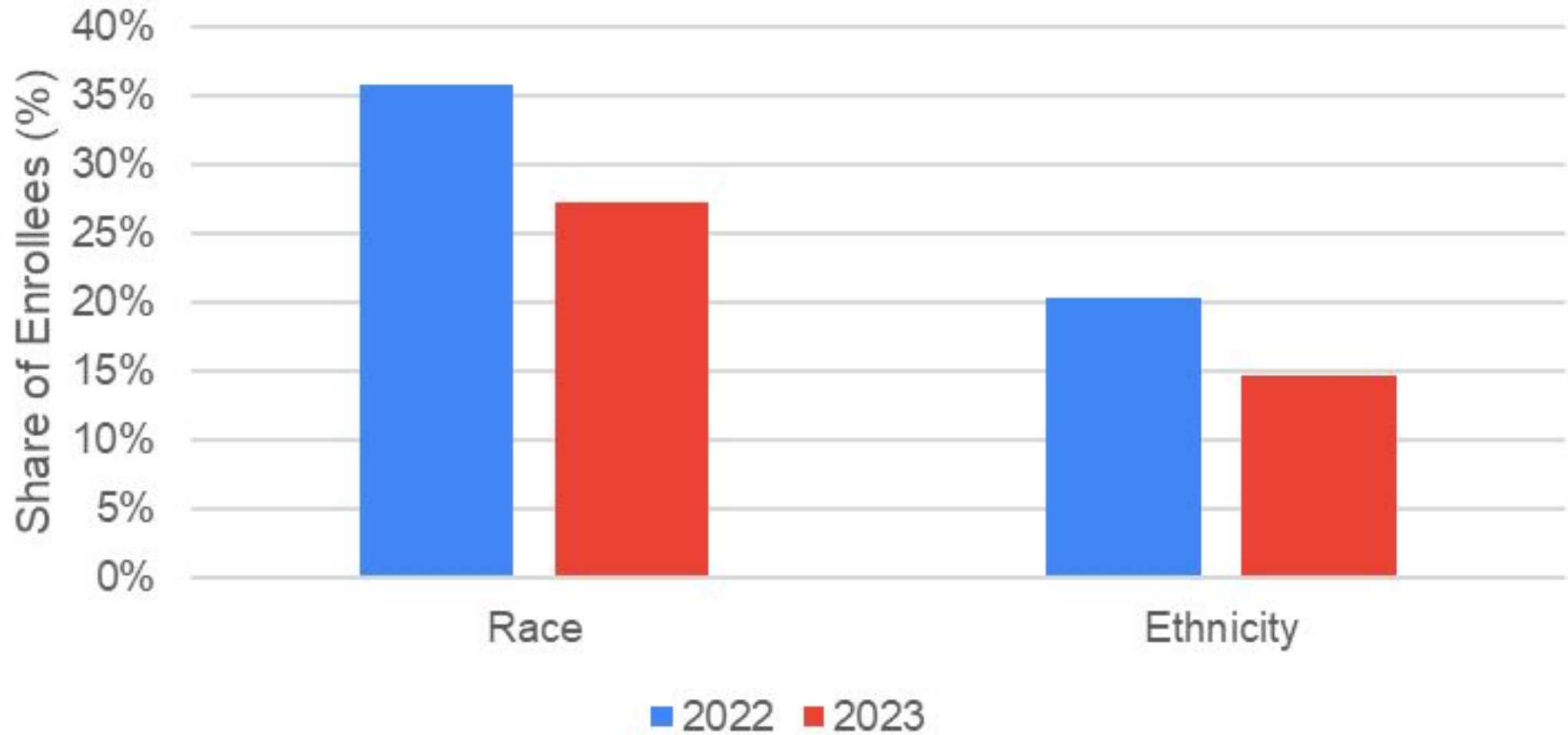


New Question Performance

Response Rate Improved

Change in Uninformative* Share of Race and Ethnicity Data Since Question Revision				
	April 30, 2022	March 31, 2023	Change (p.p.)	Change (%)
Race				
QHP	36.37%	27.12%	-9.25	-25%
Medicaid	35.69%	27.29%	-8.40	-24%
Ethnicity				
QHP	23.72%	15.74%	-7.98	-34%
Medicaid	19.90%	14.56%	-5.34	-27%
*Uninformative data includes no response (no longer an option after April 2022); “other,” “do not know,” and “prefer not to say.”				

Uninformative Race/Ethnicity Data, 2022 vs 2023



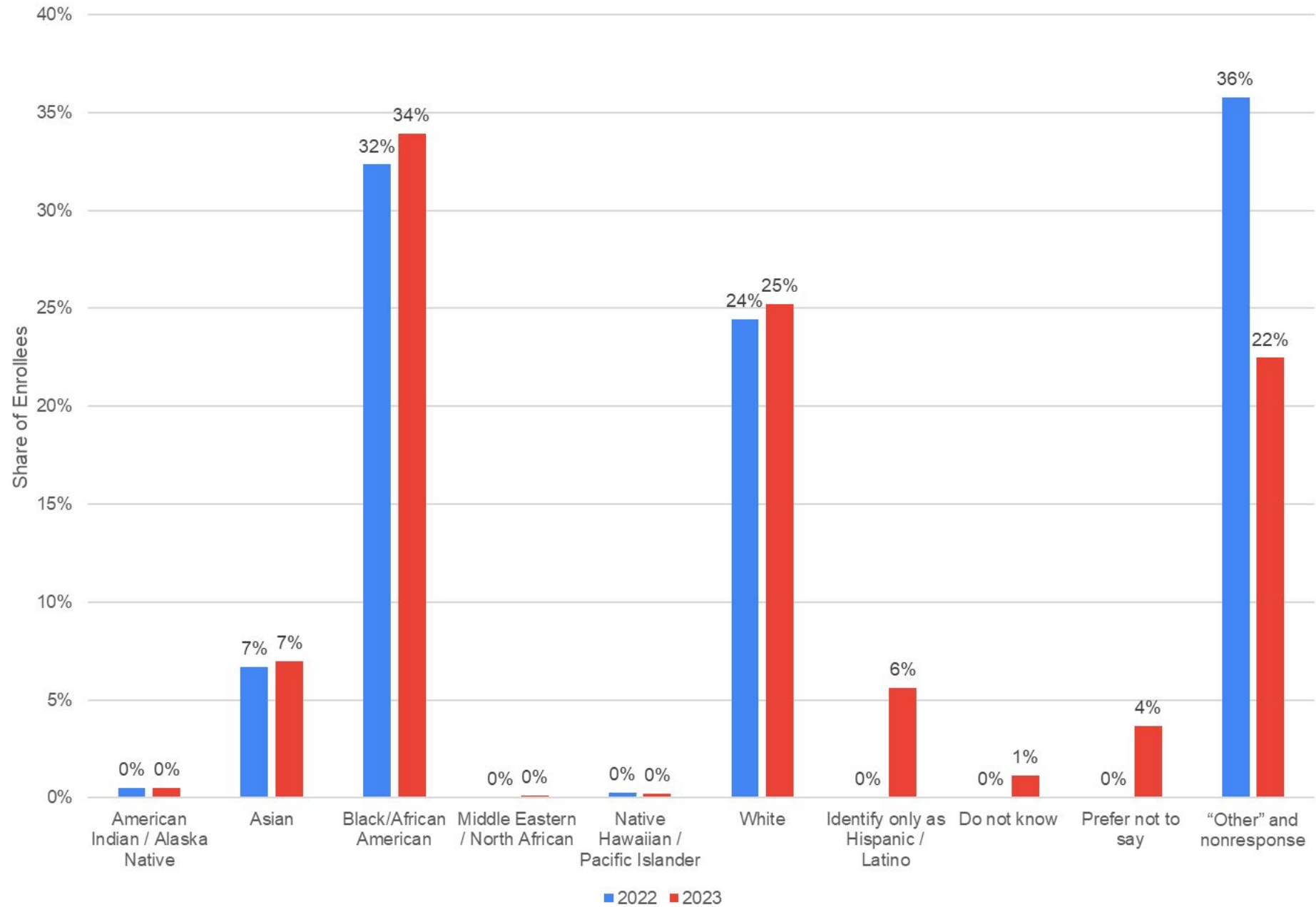
Race Responses by Category (1/2)

- 5-6% of consumers identify only as Hispanic/Latino, a larger share than the three smallest categories combined (AIAN, NHPI, MENA) and a worthwhile addition to the response options
- About 0.25% of QHP consumers and 0.12% of Medicaid consumers selected the new Middle Eastern/North African category
- Asian and White QHP consumer categories had the largest increases, with increases of 8.88% and 8.08%, respectively
- Asian and Black Medicaid categories increased by 4.15% and 4.73%, respectively
- American Indian/Alaska Native QHP consumers and Native Hawaiian/Pacific Islanders of both coverage groups were the only categories to see a decrease
 - Small population sizes make these changes complex to interpret

Race Responses by Category (2/2)

Race Answer Category	Coverage Type	Share of Enrollees (%)		Change (percentage points; rounded)	Change (%)
		April 30, 2022	March 31, 2023		
American Indian / Alaska Native	QHP	0.32	0.21	-0.11	-34.38%
	Medicaid	0.52	0.53	0.01	1.92%
Asian	QHP	12.95	14.10	1.15	8.88%
	Medicaid	5.78	6.02	0.23	4.15%
Black/African American	QHP	16.27	16.62	0.35	2.15%
	Medicaid	34.64	36.28	1.64	4.73%
Middle Eastern / North African	QHP	0.00	0.25	0.25	n/a
	Medicaid	0.00	0.12	0.12	n/a
Native Hawaiian / Pacific Islander	QHP	0.30	0.25	-0.05	-16.67%
	Medicaid	0.24	0.22	-0.01	-8.33%
White	QHP	33.78	36.51	2.73	8.08%
	Medicaid	23.13	23.69	0.56	2.42%
Identify only as Hispanic / Latino	QHP	0.00	4.93	4.93	n/a
	Medicaid	0.00	5.86	5.86	n/a

Race Responses by Category, 2022 vs 2023



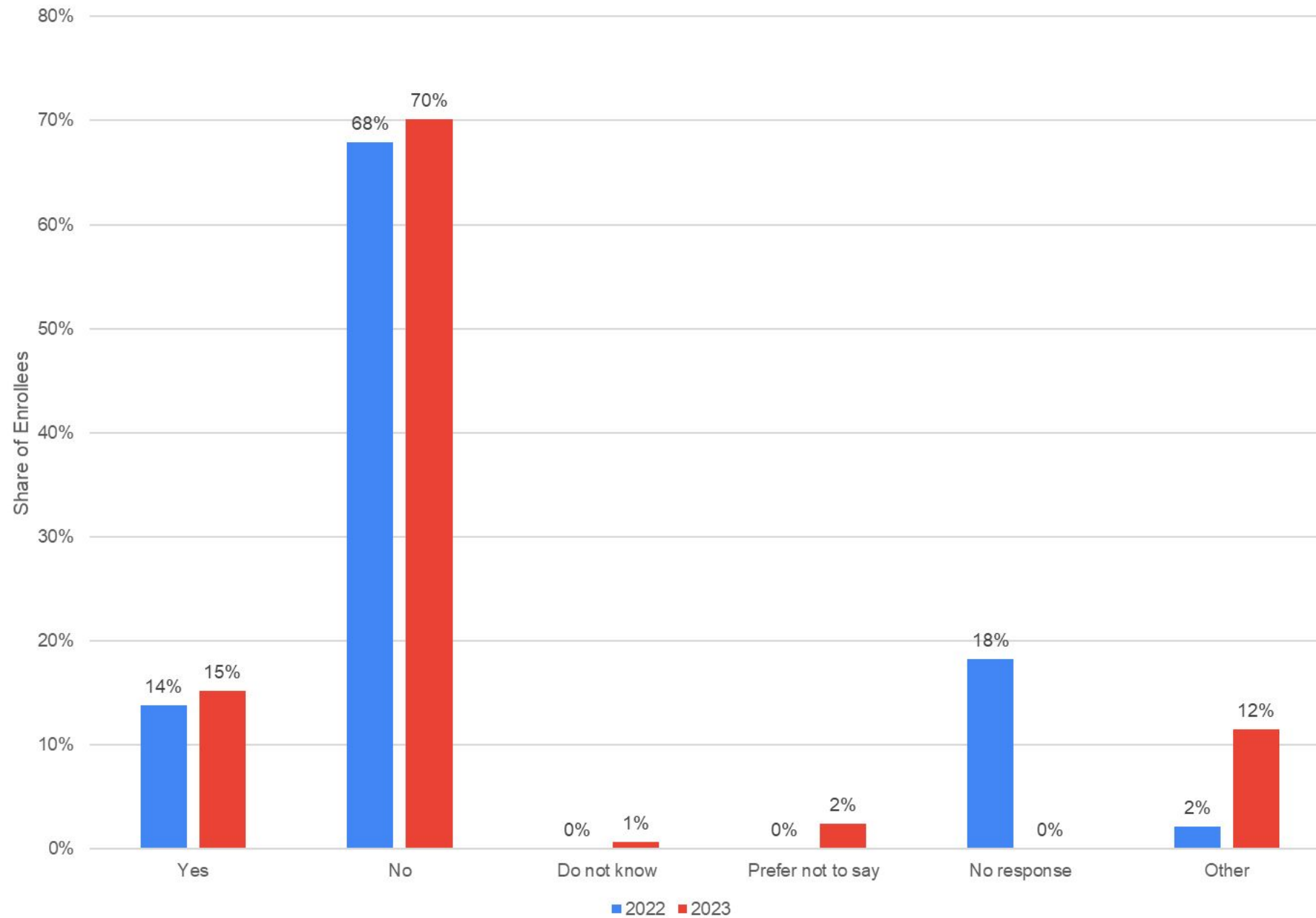
Ethnicity Responses by Category (1/2)

- Larger increase in response rate among those reporting “yes,” they are of Hispanic, Latino, or Spanish origin (nearly 10% in both Medicaid & QHP coverage groups)
- Respondents answering “no” also increased (~4% for QHP consumers and ~3% for Medicaid enrollees)

Ethnicity Responses by Category (2/2)

Ethnicity Answer Category (“Is [consumer] of Hispanic, Latino, or Spanish origin?”)	Coverage Type	Share of Enrollees (%)		Change (percentage points; rounded)	Change (%)
		April 30, 2022	March 31, 2023		
Yes	QHP	11.17	12.25	1.08	9.67%
	Medicaid	14.22	15.59	1.37	9.63%
No	QHP	69.23	72.01	2.78	4.02%
	Medicaid	67.76	69.85	2.09	3.08%

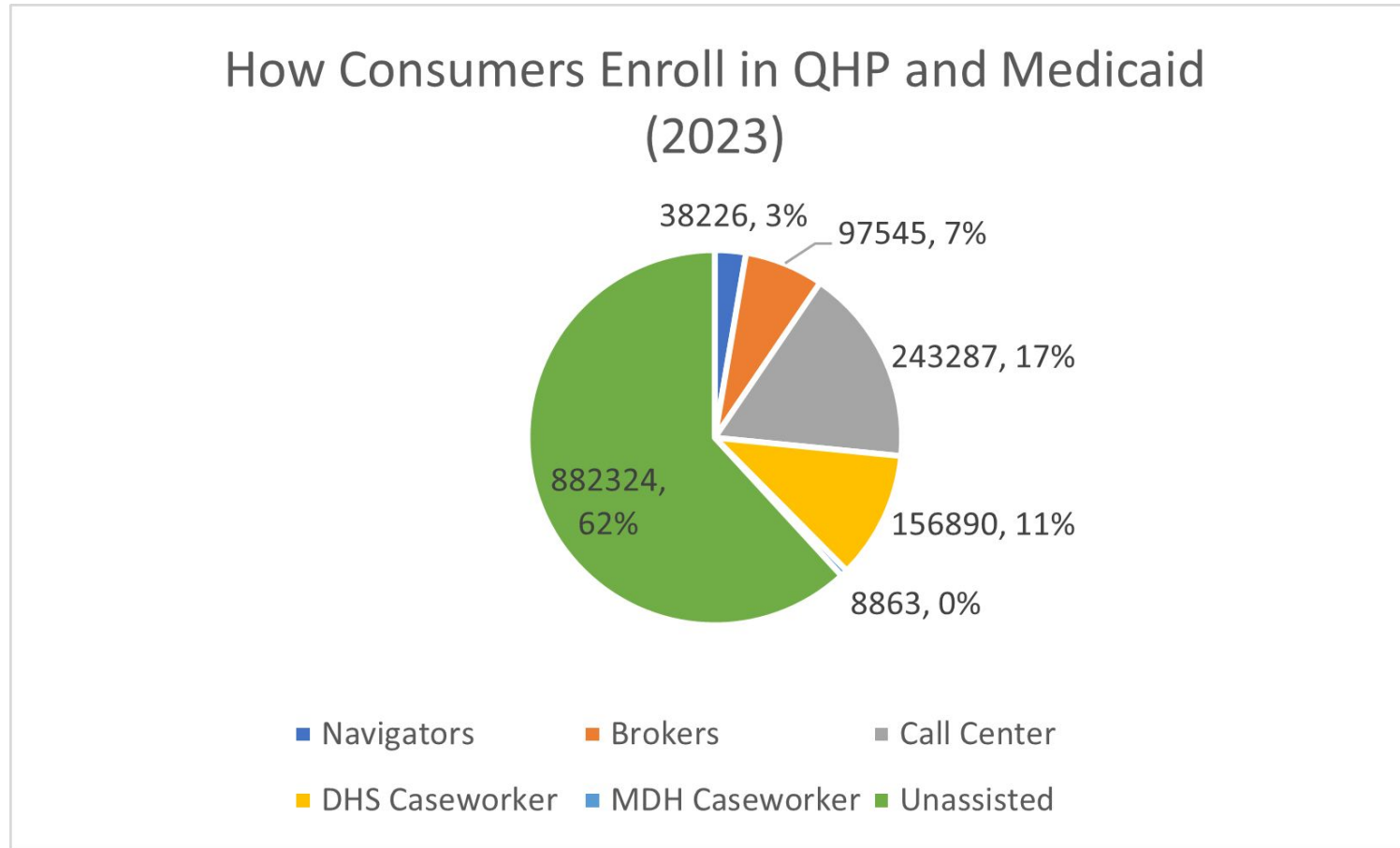
Ethnicity Responses: "Is [consumer] of Hispanic, Latino, or Spanish origin?"



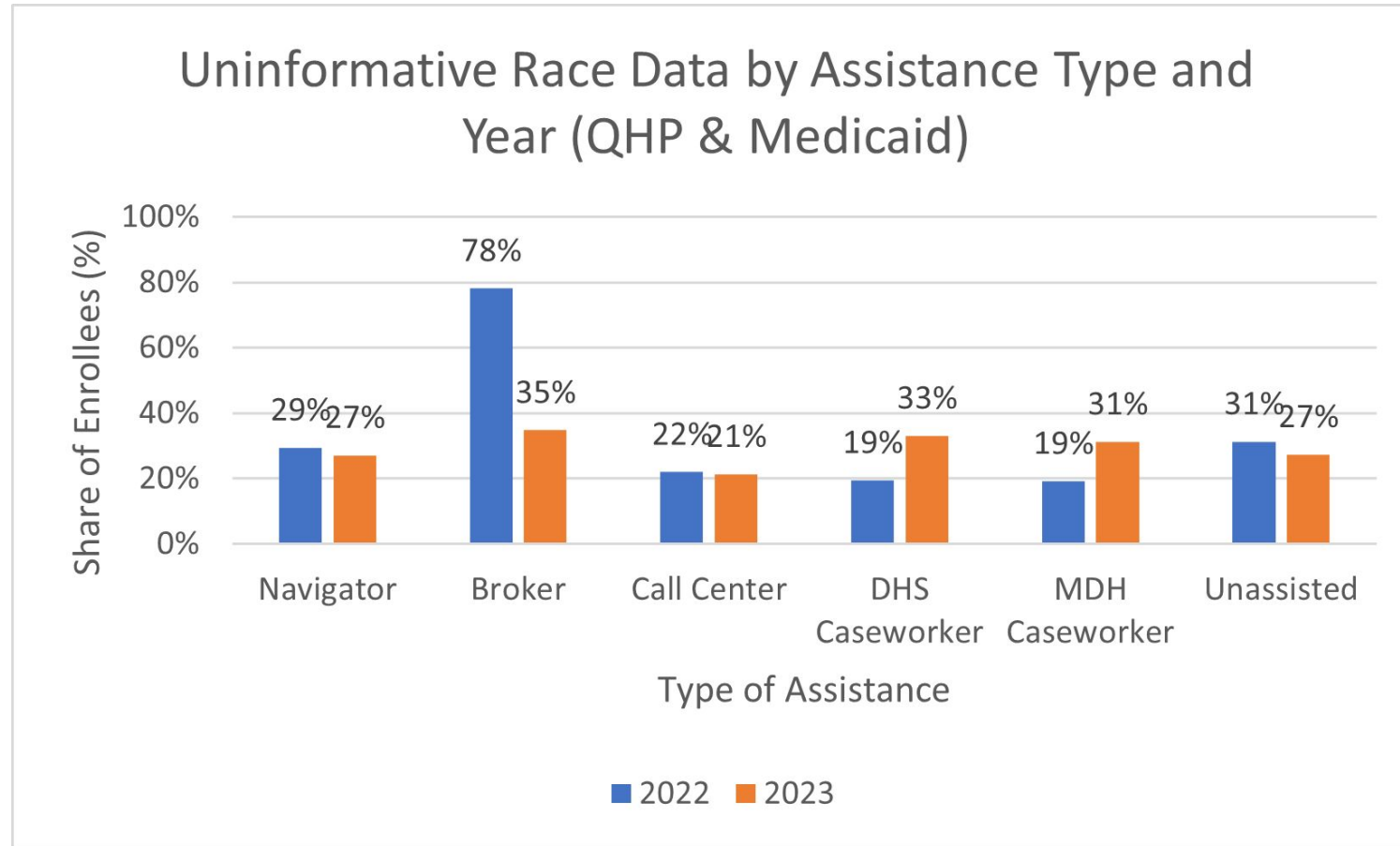


Race/Ethnicity Data by Consumer Assistance Type

Response rate by consumer assistance type (1/2)



Response rate by consumer assistance type (2/2)





Next Steps

Next Steps

- Evaluate opportunities for additional consumer assistance worker training
- Continue exploring establishing an agreement with CRISP, Maryland's Health Information Exchange, to further improve race and ethnicity data completeness
- Continue tracking enrollment progress over time by race and ethnicity
- Expand how we use this data to drive outreach and enrollment efforts



MHBE Workgroup Recommendation

Consumer Decision Support

Background

- Many consumers face challenges in choosing a plan, sometimes leading to plan choices that do not best fit their level of healthcare utilization.
 - May 2022 enrollment data showed that about 9,000 people were enrolled in Catastrophic, Bronze, or Gold plans despite being eligible for higher-value, free or nearly-free Silver CSR plans ([MHBE 2022 Affordability Workgroup: Final Recommendation Report](#))
- MHBE is interested in convening a workgroup to discuss current and continuing **consumer needs and challenges when shopping for and choosing a plan** through the Maryland Health Connection (MHC) platform.

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Hilltop Literature Review

Overview

- At the request of MHBE, Hilltop Institute conducted a literature review of articles that addressed topics related to **Marketplace plan shopping and consumer decision aids**.
- Lit review includes summaries of articles that:
 - surveyed the decision aids in use by state, federal, and private health insurance marketplace sites.
 - conducted experiments demonstrating the efficacy of certain decision aids.

Literature Review Findings

- **Consumers face several major difficulties in choosing plans that will minimize costs to them.**
- **Evidence for the efficacy of novel decision aids:**
 - “Smart default”: plan recommendations based on expected health care costs
 - Assessment and use of consumer preferences in sorting and filtering plans
 - Plan partitioning: highlighting certain plans by visually separating them from others
 - Innovations in the provision of network information
 - Network size indicators
 - Maps of in-network providers for a plan
 - Sorting & filtering based on coverage of providers

Literature Review Findings (cont'd)

- **Decision support tools: digital information tools to facilitate shopping experience**
- **Education**
 - Graphical depictions of probability, risk, and total cost estimates
 - More prominent information on ACA coverage mandate
 - Tools instructing consumers about how plan pricing works
- **Misc.**
 - Use of symbols rather than numbers to represent price and quality
 - Out-of-pocket cost calculations representing several possible outcomes
 - E.g., typical & worst-case
- **Nudges reminding consumers to use all information and tools at their disposal.**

Literature Review Findings (cont'd)

- **Evidence of decision aids already in use by the MHC**
 - Quality ratings
 - Sorting & filtering tools
 - Providing (& sorting by) total estimated cost
 - Side-by-side comparison of plans
 - Auto-applying subsidies to premium & CSR estimates
 - Rollover definitions
 - Drug and provider directories
 - Plan standardization
 - Filtering low-income consumers to Silver plans



Review of other SBM websites

Overview

- MHBE staff reviewed and tested over a dozen State-Based Marketplace (SBM) web platforms and their consumer plan shopping tools.
- The following states' plan shopping tools were reviewed: [California](#), [Colorado](#), [Connecticut](#), [DC](#), [Maine](#), [Massachusetts](#), [Minnesota](#), [Nevada](#), [New Jersey](#), [New Mexico](#), [New York](#), [Pennsylvania](#), [Rhode Island](#), [Vermont](#), and [Washington](#).

Findings

Highlights of decision aids used on other SBM platforms

- **Additional consumer questions and guiding information included in plan shopping tool**
 - Options to input preferred providers, hospitals, and prescription drugs before the plan list page
 - Some states ask even more detailed questions, including expected lab/imaging tests, surgeries/procedures, hospital overnights:

Medical Service	Anticipated Use
Expected Doctor Office Visits:	Preventative Care Only 1-2 3-4 5+
Expected Lab and Imaging Tests:	Preventative Care Only 1-2 3-4 5+
Expected Surgeries or Procedures:	0 1-2 3-4 5+
Expected Nights in Hospital:	0 1-2 3-4 5+
Expected Prescription Drugs Used Per Month:	Limited use for an acute illness 1-2 3-4 5+

*Connecticut

Findings (Cont'd)

- **Guiding pop ups and rollover information**
 - Pop ups to encourage consumers to input income to check for financial assistance
 - Pop ups and rollover information to encourage consumers to consider ALL healthcare expenses, not just premiums, with consumer friendly explanations of out-of-pocket costs
 - Initial plan comparison page starts with a video tutorial



*Colorado

Findings (Cont'd)

- **Default sorting and filter options**
 - Default to show reduced number of plans based on consumer information:
 - Default plan display filters out to only include certain metal levels, depending on the consumer's income.
 - Ex: Connecticut defaults to only display silver plans for qualifying incomes
 - Default to sorting by Total Estimated Cost/Expense Estimate (verses monthly premium)
 - Default to show reduced number of plans based on filters
 - Option to filter plans to only show CSR eligible plans

SORT BY

- Expense Estimate
- Monthly price
- Preferred Doctor or Provider
- Deductible
- Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

- PPO
- EPO

PLAN FEATURES

- CSR Eligible

*Pennsylvania

Findings (Cont'd)

- **Plan information display**

- Some states very prominently display total estimated cost at the top of each plan
 - Pennsylvania in particular - The top of each plan is categorized very clearly as “Lower Expense”, “Medium Expense”, or “Higher Expense” plan.
- Some states list plans with yearly cost estimate **and** an estimated cost in a bad year
- Includes the percentage of ‘nearby’ doctors covered in each plan

Health Insurance Plan	Total Yearly Cost Estimate	Cost in a Bad Year	Quality Rating	My Doctors
<input type="checkbox"/> *Neighborhood ECONOMY NHPRI - HMO - <input checked="" type="radio"/> Bronze Monthly Premium: \$31 - after \$217 tax credit Annual Net Premium: \$372 Annual Deductible: \$6,675 Your Drugs: 0 out of 1 is in-plan (See List)	\$2,284	\$7,274	★★★★☆	94%

*Rhode Island

UPMC HEALTH PLAN	UPMC HEALTH PLAN	UPMC HEALTH PLAN
UPMC Advantage Silver \$0/\$5 - Select Network	UPMC Advantage Silver \$125/\$5 - Select Network	UPMC Advantage Silver \$125/\$5 - Select Network
\$5.85 /month after \$361.00 tax credit	\$0.83 /month after \$360.70 tax credit	\$7.02 /month after \$361.00 tax credit
PRIMARY CARE VISIT \$5 Copay	PRIMARY CARE VISIT \$5 Copay	PRIMARY CARE VISIT \$5 Copay
GENERIC DRUGS No Charge	GENERIC DRUGS No Charge	GENERIC DRUGS No Charge
DEDUCTIBLE \$0 / \$0	DEDUCTIBLE \$125 / \$0	DEDUCTIBLE \$125 / \$0
OOP MAX \$1500	OOP MAX \$1500	OOP MAX \$1000

*Pennsylvania



Discussion

Discussion Questions

- Does this group have any insights on some common difficulties faced by consumers when navigating the Maryland Health Connection Platform and “Get an Estimate” tool, that could be better addressed through this proposed workgroup?
- Thoughts on other recommendations to guide workgroup conversations towards a particular focus within the broader subject of improving consumer decision support aids?

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Medicaid Public Health Emergency: Unwinding Update

Maryland Department of Health



Medicaid Check-In 2023

Maryland Department of Health, Office of Health Care Financing



Redetermination Data

MDH is publicly posting Medicaid Check-In 2023 data on a new, designated webpage:
<https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>.

June 2023 Report:

- For the month of June, Maryland Medicaid processed 139,051 renewals. Of these 139,051 renewals:
 - 74,392 (53.5%) of the total participants auto-renewed in Maryland Health Connection.
 - 98,630 (70.9%) were determined eligible to have their coverage extended.
 - 17,075 (12.3%) were disenrolled for procedural reasons, such as not updating eligibility information.
 - 11,619 (8.4%) were determined to be not eligible based on information provided and were disenrolled
 - Of 11,619 that were determined to be not eligible, 11,256 were referred to sign up for low cost coverage through a qualified health plan at Maryland Health Connection.
- Please note that Maryland has prioritized those most likely to be ineligible for renewal in the first six months of unwinding. This includes people who have income overscale, people who have other coverage such as Medicare, or have aged out of their coverage group.

June 2023 Redetermination Data

	MAGI (Qualify for services on the basis of modified adjusted gross income through Maryland Health Connection)	Non-MAGI (Aged, blind, or disabled, or enrolled in a Home and Community-Based Services program).	Total (MAGI + non-MAGI)
Participants with coverage extended (non-SNAP reason)	87,054	2,444	89,498
Participants with auto-renewed with coverage extended due active enrollment in SNAP	9,132	-	9,132
TOTAL COVERAGE EXTENSIONS	96,186	2,444	98,630
Participants disenrolled because they are no longer eligible for coverage	11,256	363*	11,619
Participants disenrolled due to failure to submit application timely or renewal was incomplete	17,075	-	17,075
TOTAL DISENROLLMENTS	28,331	363*	28,694
Application pending review	7,623	4,271*	11,894
GRAND TOTAL (COVERAGE EXTENSIONS + PENDING APPLICATIONS + DISENROLLMENTS)	132,140	6,911*	139,051

Leveraging Federal Authorities to Ensure Individuals Retain Coverage

(e)(14)(A) Strategies:

- Renewal for Individuals Based on SNAP Eligibility: Maryland will renew eligibility for SNAP participants using gross income as determined by SNAP.
- Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe: Maryland will assume there has been no change in resources that are verified through AVS when no information is returned through the AVS within a reasonable timeframe and is permitted to complete an ex parte renewal without any further verification of assets.
- Ex Parte Renewal for Individuals with No Income and No Data Returned: Maryland will assume there has been no change in zero-income that was verified on or after March 2019 and there is no information received and is permitted to complete an ex parte renewal without requesting additional income information or documentation.
- Renew Medicaid Eligibility for Individuals with Income at or Below 100% FPL and No Data Returned on an Ex Parte Basis: Maryland will assume that there is no change in income verified on or after March 2019 that is at or below 100% FPL and there is no information received and is permitted to complete an ex parte renewal without requesting additional income information or documentation.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage

(e)(14)(A) Strategies:

- Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test: Temporary waiver of asset requirements for all non-MAGI beneficiaries subject to an asset test during the unwinding period.
- Permit Managed Care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms (pending): Temporarily permit Medicaid managed care plans to assist their enrollees in completing the Medicaid renewal process, including completing certain parts of renewal forms.
- Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support (pending): Temporary authority to suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to cooperate with medical support enforcement or establish good cause for not doing so.
- Partnering with enrollment brokers to update beneficiary contact information (pending): Temporarily permit the acceptance of updated enrollee contact information from enrollment brokers without additional confirmation from the individual.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage

(e)(14)(A) Strategies:

- Permitting the Designation of an Authorized Representative via the Telephone without a Signed Designation from the Applicant or Beneficiary: Permit applicants and beneficiaries to designate an authorized representative via the telephone without requiring a signed designation from the applicant or beneficiary.
- Waive the Recording of the Telephonic Signature from the Applicant or Beneficiary: Authority to waive the recording of a telephonic signature which will enable Medicaid caseworkers to collect consent verbally from participants without an audio recording by following a written protocol.
- Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests: Time limited authority to extend the timeframe permitted for the state to take final administrative action on fair hearing requests.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage (continued)

Disaster SPAs:

- Suspension of Premiums: Maryland will continue to suspend premiums for the Employed Individuals with Disabilities (EID) group and for the Maryland Children's Health Program (MCHP) Premium.
- Resource Disregard: Maryland will disregard as a resource income that would otherwise have been part of an individual's liability for his or her institutional or home- and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020.

Leveraging Federal Authorities to Ensure Individuals Retain Coverage (continued)

Additional 30 Days for Non-MAGI Cases: Non-MAGI cases will be granted an additional 30 days to return renewal applications to allow for additional time to coordinate with case managers as needed.

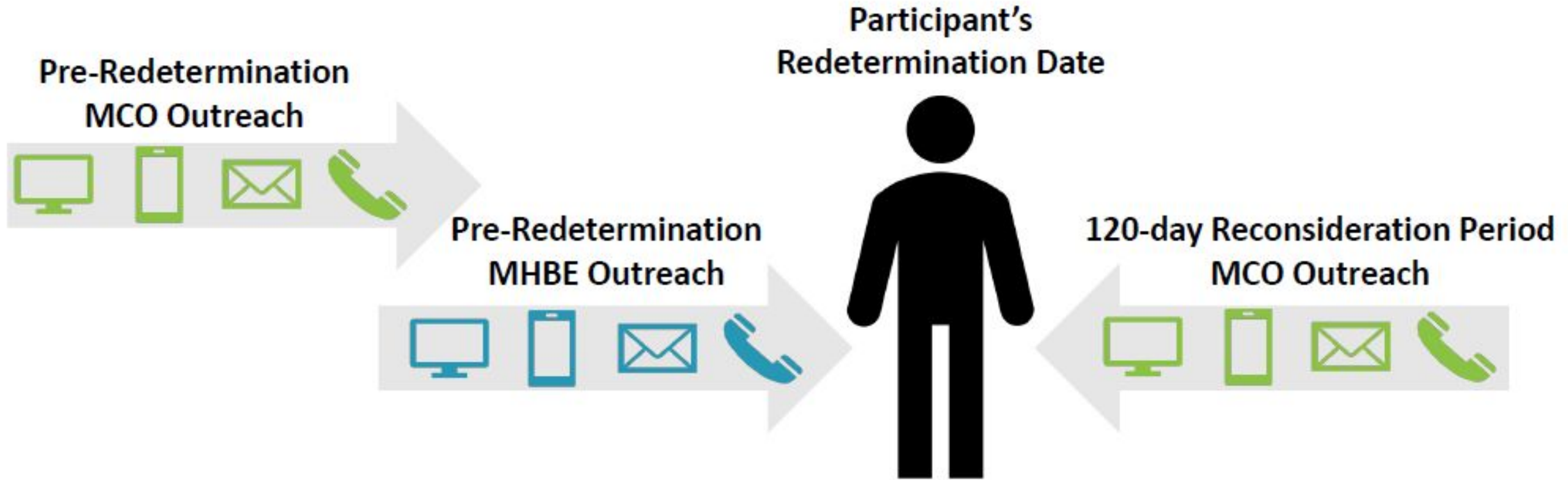
120-Day Reconsideration Period: Maryland extended the reconsideration period to 120 days to enable participants who were disenrolled based on procedural reasons to come back into the system and complete their renewal without needing to begin a new application.

Easy Enrollment into Qualified Health Plans (QHP):

- Maryland implemented an “Easy Enrollment” option for individuals who no longer qualify for Medicaid due to having too high an income into a QHP and can conduct advance premium tax credit (APTC)/cost sharing reduction (CRS) determinations using federal and state third-party data sources for individuals who are no longer eligible for Medicaid or are procedurally terminated when Medicaid has determined the individual is over the Medicaid MAGI income limits based on third-party data sources.
- Individuals will receive a notice about the QHP they are eligible for and may opt into coverage by revisiting the Maryland Health Connection portal or paying the premium stated in the letter, as applicable.

Continuous Eligibility for Children: Consolidated Appropriations Act 2023 requires states to implement continuous eligibility for children by January 1, 2024. Maryland plans to implement coverage as soon as August 2023.

Directed Outreach Strategy



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.
- The 120 day reconsideration period is also available for non-MAGI participants.

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.
- 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.

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.

Engaging Providers: 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 began including redetermination information in a new, weekly Patient Eligibility Report.
- Additional information is included on the MDH Medicaid Check-In [Provider Page](#).

Stakeholder Engagement

MDH, Office of Minority Health

- Faith-Based Organizations
- HCBUs
- Community-Based Organizations (e.g., NAACP chapters, Crossroads Community Food Network, Montgomery County Coalition for the Homeless)

Department of Disabilities

- Housing Policy and Programs
 - Distributed Medicaid Check-In flyers to DoD affordable housing developments
- Community-Based Organizations (e.g., The ARC of Maryland, Self Directed Advocacy Network)

Department of Labor

- American Job Centers
 - Used Medicaid Check-In slides in presentations and trainings, and posting flyers in their in-person locations
- Workforce Innovation and Opportunity Act (WIOA) monthly newsletter

MDH, Office of Long Term Services and Supports

- Presentations and trainings for case workers
- Newsletter, memorandums, and other communications to Medicaid participants and providers

Other organizations and offices MDH has partnered with or reached out to:

- Office of the Public Defender
- Pharmacy Associations (e.g., Association of Chain Drug Stores)
- Maryland Hospital Association
- Mid-Atlantic Association of Community Health Centers

Media

- 5/11 Press Conference
- News reporting (e.g., Associated Press, CBS Baltimore, The Washington Post, U.S. News & World Report, Maryland Reporter)

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](#)
- Provider Toolkit Information and Materials: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-providers.aspx>
- 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=CBHxYbxwIAE&list=PL8iXJWFvnuRiUzoVrU19Va72QXP9ME9HP&index=4>
- Medicaid Check-In Data: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>
- PSA from Governor Wes Moore:
https://www.youtube.com/watch?v=M9ReXXWuWDE&embeds_referring_euri=https%3A%2F%2Fhealth.maryland.gov%2F&source_ve_path=OTY3MTQ&feature=emb_imp_woyt
- [How to Register a New Account](#) - myMDTHINK video
- **Additional suggestions for FAQs** can be directed to the Medicaid Innovation, Research, and Development team for consideration in future updates. Please send to mdh.medicheckin@maryland.gov.

The background is a solid red color. In the center, there is a stylized graphic of a flower or a starburst shape, composed of several overlapping, rounded, petal-like shapes in a lighter shade of red. The text is centered over this graphic.

Proposed Regulation Changes and 2024 Plan Certification Standards

Proposed Regulatory Changes (1/3)

Federal Conformity Changes:

- Lift ban on door-to-door enrollment by certified application counselors
- Clarify: dependents remain in household plan until end of PY in which they turn 26
- Give consumers two year (up from one) to resolve failure to file and reconcile taxes
- Increase number of Essential Community Providers carriers must contract with to 35%
- Clarify that plan variant marketing names must be correct and not misleading
- Establish a timeliness standard for notices of payment delinquency
- Renewals - Consider plan network in crosswalked plans

Proposed Regulatory Changes (2/3) - SEP Updates

- **Loss of MEC**
 - Option to allow people to enroll 1st of the month in the month the coverage is lost
- **Loss of MA/CHIP coverage**
 - Increase to 90 day SEP (currently 60)
- **Plan Display Errors**
 - Remove the burden currently on consumers to demonstrate this error

Proposed Regulatory Changes (3/3)

MHBE Policy Proposals:

- Limit number of plans per metal level to 3 starting in PY 2025 (2022 Affordability Workgroup Recommendations)
- Establish a premium payment threshold policy

2025 Plan Certification Standards

Anticipated:

- Value plan adjustments as needed to remain within federal actuarial value ranges (pending release of the draft 2025 AV calculator)
- No other Value Plan changes contemplated at this time

Other?

- MHBE Policy & Plan Management does not have any proposed new 2024 plan certification standards at this time, but we want to solicit feedback from the SAC on any that we should consider.



Questions & Discussion

The background features a stylized green plant with four large, rounded leaves and a central stem, set against a solid green background. The text "Public Comment" is centered horizontally and partially overlaid by the leaves.

Public Comment

Appendix



Original Race & Ethnicity Questions (full screenshot)



Build Your Household

[← Back](#)

[DISCARD CHANGES X](#)



Ethnicity (Optional)

Is Tracy Adkins of Hispanic, Latino, or Spanish origin?

Race (Optional)

Please check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> Other |

[NEXT](#)

New Questions - Implemented End of April 2022 (full screenshot)

The screenshot shows the 'Build Your Household' section of the Maryland Health Benefit Exchange application. The navigation bar includes 'Español', 'Get Help', and 'Mary D.'. The main navigation menu has icons for 'Build Your Household', 'Individual Details', 'Tax Information', 'Income & Deductions', 'Other Health Coverage', 'Special Enrollment', and 'Eligibility Determination'. The 'Build Your Household' progress bar shows 'Member Info' as completed, 'Ethnicity' as the current step, and 'SSN' as the next step. A 'CANCEL APPLICATION X' button is in the top right.

Hispanic/Latino Origin

Is Mary Doe of Hispanic/Latino or Spanish origin? *

Yes No Do not know Prefer not to say

Race *

I only identify as Hispanic or Latino Do not know Prefer not to say

Please check all that apply

<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Other		

Each checkbox is followed by a 'Select all that apply' dropdown menu.

New York's Race and Ethnicity questions

Race & Ethnicity

You do not have to answer any questions about race or ethnicity, but answering them can help us serve your community better. Giving us this information will not affect your eligibility, plan choices, or access to programs.

Race (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input checked="" type="checkbox"/> Other |

Please Specify:

Is Jack Hispanic or Latino/a?

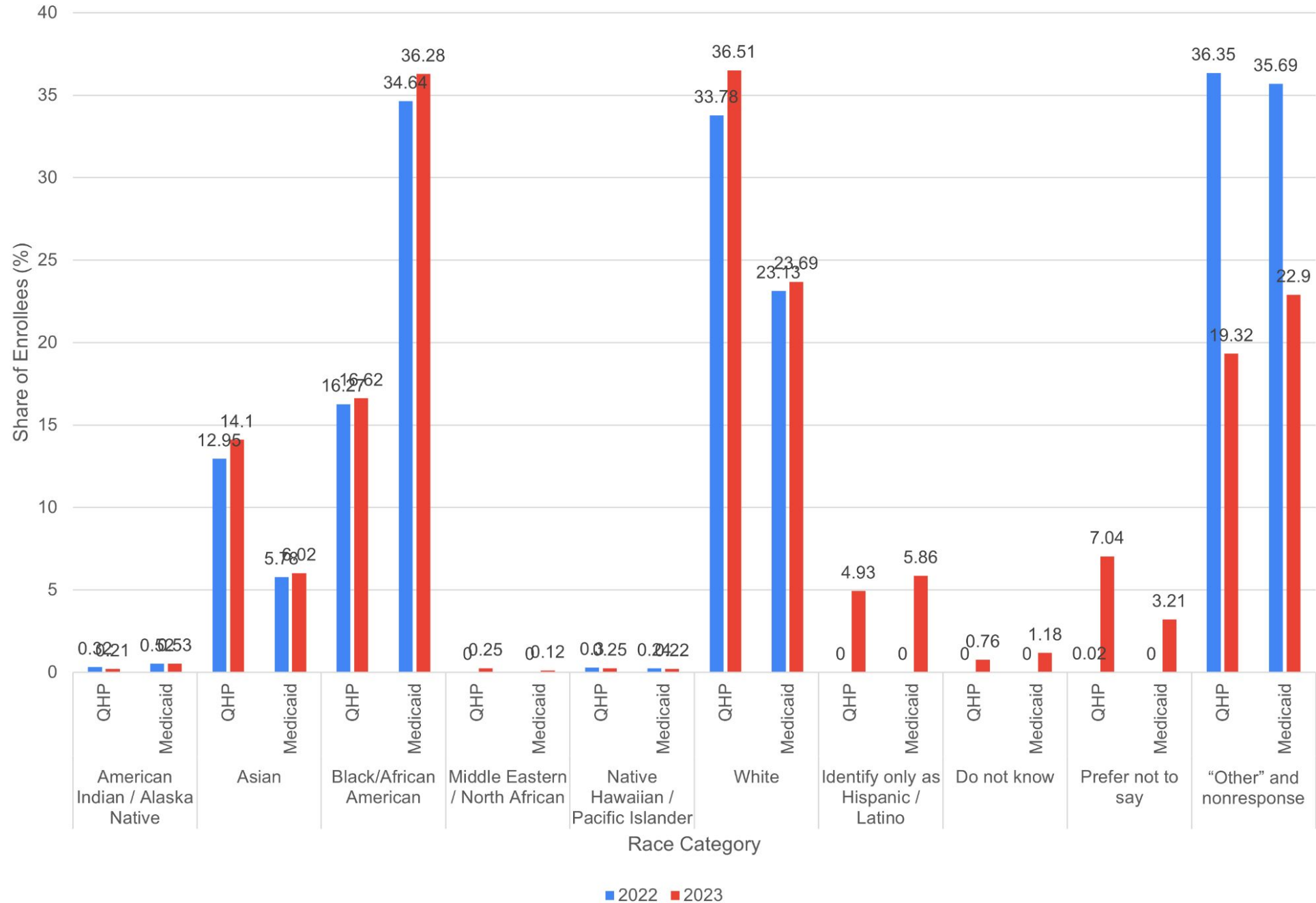
- Yes No

Ethnicity (Check all that apply):

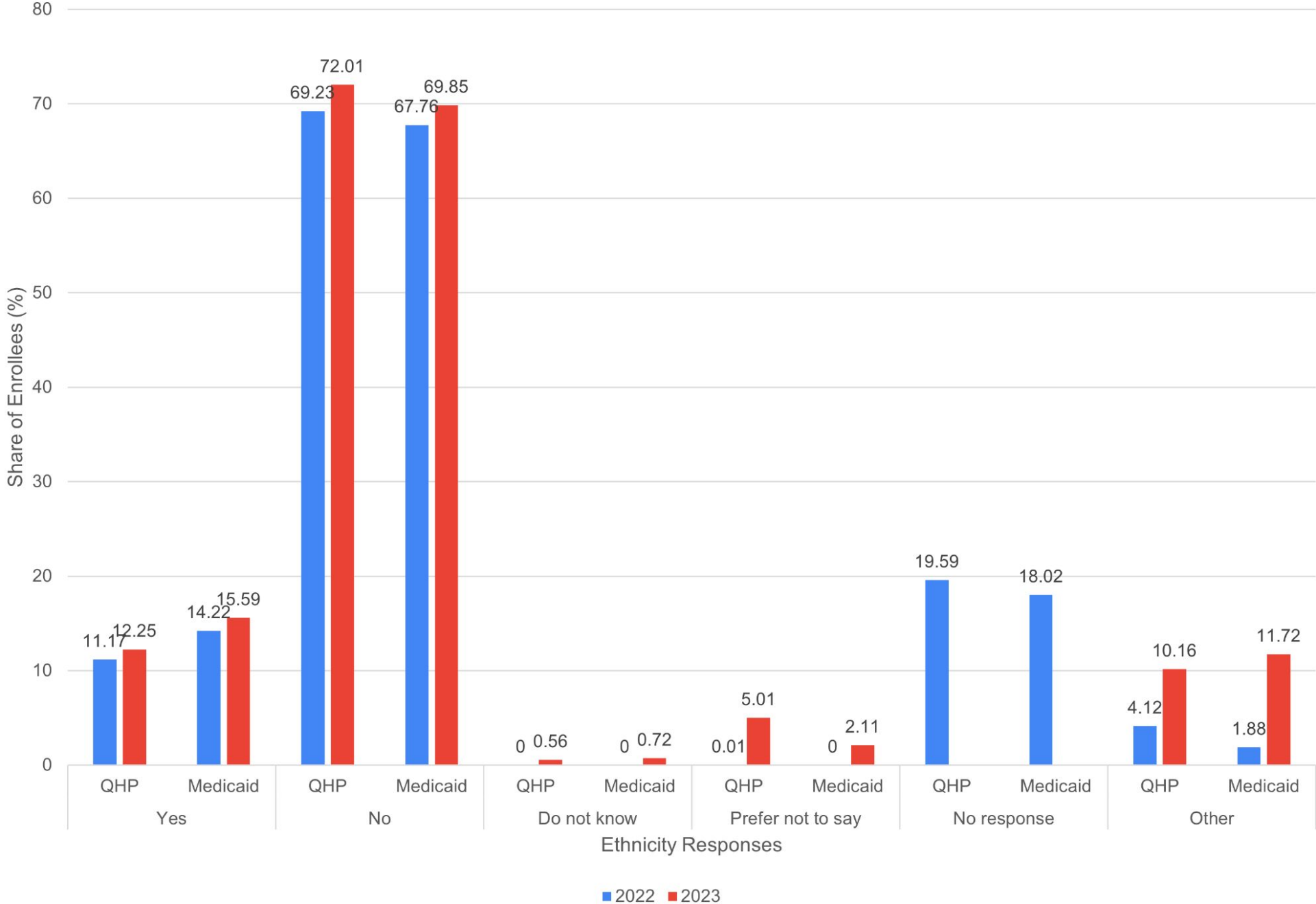
- Cuban Mexican, Mexican American or Chicano/a Puerto Rican Other

Please Specify:

Race Responses by Category



Ethnicity Responses: "Is [consumer] of Hispanic, Latino, or Spanish origin?"



Uninformative Race/Ethnicity Data, 2022 vs. 2023

