



MHBE

Standing Advisory Committee

July 13, 2023
2:00PM – 4:00PM
Via Google Meets

Members:

Jon Frank, Co-Chair
Dana Weckesser, Board of Trustees
Liaison
Mukta Bain
Marcquetta Carey
Matthew Celentano
Steven Chen (representing Diana-Lynne Hsu)
Bryan Gere
Catherine Johannesen
Stephanie Klapper
Michelle LaRue
Scott London
Allison Mangiaracino
Marie-Therese Oyalowo
Jessica Pappas (representing Kathlyn Wee)
Ligia Peralta
Aryn Phillips

Deborah Rivkin
Alyssa Sinagra
Douglas Spotts
Rick Weldon

MHBE Staff

Michele Eberle
Johanna Fabian-Marks
Becca Lane
Amelia Marcus

Members of the Public

Bradley Boban
Lynn Brown
Alyssa Brown
Philemon Kendzierski
Meredith Lawler
Hannah Markus
Suzanne Schlattman
Tricia Swanson

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 began by thanking SAC members for their efforts on behalf of the MHBE.

Ms. Eberle then discussed updates from federal agencies. She noted that federal authorities are focused on the public health emergency (PHE) ending and the subsequent Medicaid unwinding wherein those whose Medicaid eligibility was extended must undergo redetermination. She pointed out that Maryland is well prepared for the

task in comparison to other states, citing both the integrated Medicaid and qualified health plan (QHP) eligibility and enrollment system and the ongoing communication with consumers as difference-makers. She announced that Maryland's application to extend its Section 1332 State Innovation Waiver for an additional five-year period was approved by the Centers for Medicare & Medicaid Services (CMS).

Next, Ms. Eberle shared updates from activity at the state level. On June 9, the individual market proposed rates for the upcoming plan year were posted, showing an average increase of 5.7% in the individual market and 7.5% in the small group market. Noting that the proposed increase is lower than the previous year, Ms. Eberle called attention to the press release from Commissioner Birrane of the Maryland Insurance Administration (MIA) which stated that the change is largely due to lower than expected claims in 2022 leading to a reduced expected claim trend for 2023. She encouraged SAC members to attend a virtual public hearing hosted by the MIA on July 19, and to comment at the hearing or in writing.

Ms. Eberle then discussed legislation from the 2022 session of the Maryland General Assembly. House Bill 413 not only extended the 1% assessment funding for a further five years, it also required the MHBE, the MIA, and the Maryland Health Care Commission to collaborate on a report showing the impact of the State Reinsurance Program (SRP). Specifically, the report must address whether the level of funding is appropriate, whether the assessment is appropriately apportioned among carriers, whether the assessment should be broadened to include other business sectors, whether the assessment should be supplemented with other funds, and what market reforms may be needed to ensure affordable individual coverage is available. She explained that the report must address continuation of the SRP past 2026, provision of state-funded premium subsidies, and expansion of eligibility for the Maryland Medical Assistance Program; and include an evaluation of the program's design considering other efforts including the Maryland Easy Enrollment Program and young adult subsidies. She encouraged SAC members to attend a public meeting hosted by the MIA on August 4.

Next, Ms. Eberle described the June meeting between the MHBE leadership team and the Board of Trustees. She noted that the Board's meeting schedule has changed. The board will now meet eight times per year, alternating between in-person and virtual meetings. She explained that discussion topics included carriers achieving accreditation status for health equity from the National Committee for Quality Assurance.

Ms. Eberle then announced that the MHBE has published an interactive enrollment dashboard on its stakeholder website, marylandhbe.com.

Michelle LaRue asked for an update on the rollout of the Healthy Babies program. Ms. Eberle explained that the program to provide Medicaid coverage to undocumented pregnant people has been implemented and is now operating.

Ligia Peralta asked how many people have enrolled under Healthy Babies. Ms. Eberle replied that no data are available yet as the program is brand new, but that the MHBE will investigate reporting on this program.

Ms. Peralta asked for further explanation of the expected reduction in claim trend for 2022. Ms. Eberle replied that she did not have the information but would investigate the matter and report back to the SAC. Ms. Peralta urged that the issue be placed on the SAC agenda, citing claim rejections as a possible cause of the reduction in claims when considered alongside the dramatic increase in the number patients. Ms. Eberle explained that the MHBE does not have access to claims-level details, but that they would work with other state agencies to identify and present the information requested.

Mr. Frank asked whether any carrier representatives on the SAC could offer insights into the causes of the claim trend reduction. Deborah Rivkin replied that she did not have that information on hand and would find out more. She cautioned that SAC members should withhold judgement until evidence is available.

Ms. LaRue asked for an escalation contact for issues with Healthy Babies enrollment. Ms. Eberle replied that she would contact Ms. LaRue separately on that matter.

Board Update

Dana Weckesser, Board Liaison to the SAC, gave an overview of the recent leadership planning meeting. She explained that the topics discussed reflected the SAC's priorities, including the role of community health workers. She thanked the MHBE staff for their efforts in preparing the meeting where they heard from stakeholders including an outreach/advocacy specialist, a small business owner, a broker, and others.

MHBE 2021 Health Equity Workgroup Updates – Race and Ethnicity Data

Becca Lane gave the SAC an update on race and ethnicity data work pursuant to the goals of the 2021 Health Equity Workgroup. She began by explaining that, in 2021, the Workgroup recommended that the MHBE modify the way it asks for consumers' race and ethnicity information on the application. The agency uses the data to track enrollment trends, set targets, and inform outreach efforts, all of which are vital to tracking progress toward the MHBE's health equity goals. Federal authorities including the Office of Management and Budget and the Department of Health and Human Services set standards for data collection, such as dictating how categories are grouped together and prohibiting states from requiring consumers to disclose race and ethnicity data.

Ms. Lane described the history of race and ethnicity data collection by the MHBE, noting that race and ethnicity questions were originally optional for consumers. Under that system, roughly 35% of consumers did not respond or selected "other," and the rate of nonresponse varied by which type of consumer assistance was used. She explained that such low response rates limit the MHBE's ability to meaningfully analyze the data. During July 2021, the largest race and ethnicity category was "other," which includes all those who skipped the question.

Next, Ms. Lane described the process of revising the race and ethnicity questions on the Maryland Health Connection (MHC) application. The Health Equity Workgroup convened, heard a presentation on best practices, and recommended revising the question. The MHBE received input and assistance from New York State of Health, New York's state-based marketplace, and the State Health Access Data Assistance Center. The new questions that launched in April 2022 require a response, one of which is "prefer not to say." In addition, consumers may select from a greater number of subcategories and read an explanation of why they are being asked for this information. Ms. Lane explained that consumer assistance workers and call center staff were instructed in how and why to ask the question.

Ms. Lane then discussed how the new question has performed, noting that the response rate has improved by 25% or more overall. She shared findings from the new question that show increases in nearly every race and ethnicity category and validate the inclusion of the "only identify as Hispanic or Latino" option. Only the American Indian/Alaska Native and Native Hawaiian/Pacific Islander categories decreased with the new question, but Ms. Lane cautioned that so few people selected those options that changes in the population size are complex to interpret.

Next, Ms. Lane presented the change in question performance broken down by consumer assistance type. Prior to the change, 78% of broker-assisted applications had uninformative race data while other consumer assistance types' rates ranged from 19% to 31%. After the change, the rate of uninformative data from brokers dropped to 35%. The rate decreased for all categories except Maryland Department of Human Services (DHS) and Maryland Department of Health (MDH) caseworkers.

Ms. Lane concluded her presentation with next steps. The MHBE will look into additional consumer assistance training, explore an agreement with Maryland's health information exchange, continue tracking enrollment progress over time, and expand how the data are used to drive outreach and enrollment efforts.

Mr. Frank underlined the importance of making the question mandatory and supported further consumer assistance training.

Stephanie Klapper commended the MHBE for the change.

MHBE Workgroup Recommendation – Consumer Decision Support

Amelia Marcus gave the SAC an overview of a proposed workgroup under discussion by the MHBE. A significant number of consumers choose to enroll in plans that offer less value than other options available to them. The MHBE intends to convene a workgroup to discuss consumer needs and challenges around shopping and plan selection. In preparation for the workgroup, the agency asked The Hilltop Institute to review the literature on the topic of consumer plan shopping and decision aids.

Next, Ms. Marcus shared the main findings of the literature review. The research documents several major difficulties consumers face in choosing plans that will minimize their costs. The review included evidence showing the efficacy of several decision aids that are not currently in use by the MHBE, areas of focus for health insurance literacy, and other practices that demonstrate improvement. In addition, the report highlighted evidence supporting decision aids that the MHBE currently uses.

Matthew Celentano expressed support for the effort, noting that it aligns well with other health literacy work undertaken by the MHBE. He urged the MHBE to leverage existing research to make rapid improvements.

Mr. Frank noted that consumer effort is required in preparing to make the most advantageous decision.

Ms. Marcus then gave an overview of the MHBE's recent review of the websites operated by other state-based marketplaces (SBMs). Staff tested the websites and plan shopping tools of more than a dozen states and found several that provide models of potential best practices, like more detailed consumer questions, pop ups and rollover guidance tips, default sorting, and plan display to highlight total cost.

Deborah Rivkin cautioned that, for many consumers, the most important consideration in plan selection is whether their health care providers are available in the plan's network. Ms. Marcus replied that she would re-examine the materials for evidence regarding provider availability and decision making.

Allison Mangiaracino asked for more information regarding user experience and the guiding principles of readability, useability, and information overload alongside the new tools.

Marcquetta Carey noted that she is both a nurse and a regular user of MHC and does not find the system itself confusing. Rather, even with her expertise in health care, Ms. Carey experienced challenges in choosing between plans, resulting in her calling the call center.

Mr. Frank asked how the MHBE can get consumers more engaged in preparing for this decision.

Medicaid Public Health Emergency: Unwinding Update

Alyssa Brown, Director, Innovation, Research, and Development at Maryland Medicaid gave the SAC an overview of the Medicaid Check-In 2023 effort. She began by sharing the link where MDH posts monthly data showing the progress of the redetermination effort. The June 2023 report shows that over 70 percent of those scheduled for a redetermination that month were determined eligible to have their coverage extended. Over half of people undergoing redetermination in June were automatically renewed through MHC. Ms. Brown explained that just over 12 percent of the cohort were disenrolled for a procedural reason, such as not updating eligibility information, and

mentioned specific efforts underway to target these individuals for outreach. Those disenrolled for a non-procedural reason (i.e., they were found ineligible based on information provided) make up over 8 percent of the June cohort.

Next, Ms. Brown explained that the proportion of each month's redetermination cohort associated with a particular outcome will likely change over the course of the year-long effort. MDH established "priority populations" whose renewals were scheduled during the first six months. These are the consumers most likely to be determined ineligible for renewal, such as those with Medicare coverage or whose income is over scale.

Ms. Brown then presented data showing the June 2023 redetermination data broken down into two groups. One group includes those whose eligibility for Medicaid is based on their modified adjusted gross income (MAGI), while the other is composed of individuals determined eligible based on age, disability, or other factors (non-MAGI). She noted that new authority recently granted by CMS has allowed MDH to automatically renew coverage for individuals actively enrolled in the Supplemental Nutrition Assistance Program (SNAP). This was used to renew over 9,000 individuals in June 2023.

Next, Ms. Brown described the directed outreach to people who were disenrolled for a procedural reason like failure to complete an application timely. A new policy allows these individuals a 120-day reconsideration period, during which they can reapply for Medicaid coverage retroactive to the day they were disenrolled. She explained that MDH is focused on this population but cautioned that not all of those disenrolled for procedural reasons will return to Medicaid. Some people in this category will have experienced a positive life change such as a new job that offers a health plan and will not complete an application for Medicaid.

Ms. Brown then discussed further federal authorities MDH is using to keep people in coverage, in addition to the SNAP eligibility previously mentioned. Noting that she had described most of these authorities to the SAC during a prior meeting, she focused on the newest authority granted. A consumer's managed care organization (MCO) can now directly assist them with their application for renewal on MHC.

Mr. Frank noted that it would be difficult to tell whether a disenrolled person had a positive life event as Ms. Brown described. Ms. Brown agreed, noting that MDH knows of no database containing such information but would be interested in hearing ideas from the SAC to address this gap.

Scott London asked whether MDH intends to present redetermination data in a cumulative or quarterly fashion. Ms. Brown replied that MDH is focused on improved reporting about the procedurally disenrolled population.

Mr. London asked whether the 120-day reconsideration period with retroactivity provides an opportunity for follow up with these consumers. Ms. Brown answered in the affirmative, noting that this is the purpose of the MCO outreach authority and effort.

Proposed Regulation Changes and 2024 Plan Certification Standards

Johanna Fabian-Marks, Director of Policy and Plan Management at the MHBE, gave an overview of proposed MHBE regulation changes and 2024 plan certification standards. She began by noting that all SAC members would be provided a copy of the proposed regulations and would be welcome to offer feedback. Ms. Fabian-Marks described a range of changes intended to bring state regulations into alignment with federal regulations, including modifications to special enrollment period rules. The MHBE also proposes to limit the number of plans carriers may offer at each metal level to three starting in plan year 2025 and to establish a minimum premium payment threshold policy to forestall plan cancellation for a de minimis amount of premium owed.

Mr. Frank asked whether the premium payment threshold would be uniform across all carriers. Ms. Fabian-Marks replied that the MHBE will propose a standard threshold for all carriers and welcomes input from stakeholders on the issue.

Next, Ms. Fabian-Marks discussed the 2025 plan certification standards. She explained that plan certification standards can be set by legislation or by the MHBE Board of Trustees and are adopted on a yearly basis. She encouraged SAC members to share any input regarding plan certification standards, but that the MHBE does not currently have any new standards to propose.

Mr. Frank, citing the three plans per metal level limit, urged the MHBE to ensure that health savings account (HSA) qualifying plans remain available on MHC. He noted that individuals losing employer-sponsored coverage may need to bring their HSA to their individual plan.

Public Comment

None offered.

Adjournment

The meeting adjourned at 4:00 PM.

Chat record:

00:00:18

Amelia Marcus -MHBE-: Reminder to all this meeting is being recorded

00:01:04

Johanna Fabian-Marks -MHBE-: Dana, can you hear us?

01:07:02

Alyssa Sinagra: Jon, agents can help with all of these item, are licensed, and their services are free.

01:17:53

Alyssa L. Brown -MDH-: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-CMS_Waivers_Flexibilites.aspx

01:22:59

Johanna Fabian-Marks -MHBE-: Medicaid check-in data page:

<https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>

01:24:36

Stephanie Klapper: Great to see the new SNAP re-enrollment program up and working.
Thanks Alyssa!

01:28:00

Doug: great updates and discussions today. sorry I have to go to another meeting...

01:28:21

Amelia Marcus -MHBE-: Thank you for joining Doug!