



Maryland Health Benefit Exchange Board of Trustees

October 16, 2023

2 p.m. – 4 p.m.

Meeting Held via Video Conference

Members Present:

Laura Herrera Scott, Chair
Ben Steffen, MA, Vice Chair
Kathleen A. Birrane
Dana Weckesser
Maria Pilar Rodriguez
K. Singh Taneja
Laura Crandon
Rondall Allen
Aika Aluc

Also in Attendance:

Michele Eberle, Executive Director, Maryland Health Benefit Exchange (MHBE)
Sharon Merriweather, Assistant Attorney General, MHBE
Elvina Moras, Director of IT Policy, Operations & Quality, MHBE
Johanna Fabian-Marks, Director of Policy & Plan Management, MHBE
Tamara Gunter, Director of Consumer Assistance & Eligibility, MHBE
Betsy Plunkett, Director, Marketing and Web Strategies, MHBE

Meeting Call to Order

Secretary Herrera Scott called the meeting to order.

Approval of Minutes

Secretary Herrera Scott asked for a motion to approve the minutes from the Board's September 18, 2023, meeting. Mr. Taneja moved to approve the minutes as presented. Mr. Steffen seconded. The Board voted unanimously to approve the minutes.

Public Comment

None offered.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her executive update by noting that open enrollment has begun. She explained that the MHBE has prepared its systems, sent consumer notices, and performed automatic plan renewals for 99% of enrollees. Of those who were automatically renewed, 74% received financial assistance.

Next, Ms. Eberle explained that the leadership of the Maryland Senate Finance Committee has changed, and the MHBE looks forward to working with the new chair. She also noted that any potential shutdown of the federal government would not negatively affect the MHBE's operations.

Ms. Eberle then discussed the ongoing effort to return Medicaid to normal post-pandemic operations, noting that the MHBE had just completed its new batch of ex parte renewals. She added that the number of individuals who were automatically renewed increased significantly.

Ms. Eberle concluded her remarks by noting that former staff member Jenny Garrison has returned to the MHBE to work on individual outreach and that the agency is recruiting for a data analyst. She encouraged Board members to refer potential candidates to the job listing.

[Update on Medicaid Unwinding](#)

Dr. Ryan Moran, Medicaid Director, Maryland Department of Health (MDH)

Dr. Moran began by expressing his pleasure at the strength of the partnership between MDH and the MHBE on the unwinding effort. He noted that the effort is approximately halfway complete and that all interested parties have engaged in an unprecedented outreach campaign to prompt Medicaid members to complete an application. He explained that Maryland elected to use the entire 12-month allowable time to complete the unwinding.

Next, Dr. Moran discussed the new federal authorities to assist with the unwinding effort. Maryland has tied for third in the country for the number of authorities and disaster plans in place. He noted that the state is looking to make the authority allowing Medicaid eligibility to be determined based on a household's participation in the Supplemental Nutrition Assistance Program (SNAP) permanent.

Dr. Moran then explained that the Centers for Medicare & Medicaid Services (CMS) raised an issue with ex parte renewals (i.e., renewals that take place automatically or passively) in August. CMS identified some 30 states, including Maryland, that process ex parte renewals at the household level rather than at the individual level. Maryland paused all procedural terminations from August through October to implement the system changes necessary to comply with the CMS requirements.

Next, Dr. Moran shared an example of the publicly released redetermination data as of September. Over 116,000 Marylanders have been redetermined in September, 78% of whom have had their coverage extended. Across the entire unwinding period through September, just over 71% of participants had their coverage extended.

Dr. Moran then provided further insight into the outreach effort. He explained that location data for the participants undergoing procedural disenrollment showed a concentration of affected individuals in a small number of ZIP codes. These insights led the agency to better target media campaign efforts to those areas.

Dr. Moran concluded his remarks by sharing how Maryland compares with other states in this effort. He cautioned that each state is on a different timeline with different circumstances. Despite that, he noted that the Kaiser Family Foundation has ranked Maryland as 6th best in the nation on both renewal and disenrollment rates. When judged by the proportion of those disenrolled whose termination was procedural, Maryland is 12th best overall.

Secretary Herrera Scott thanked Dr. Moran and noted the scale of the undertaking has led to an “all hands on deck” approach for all involved parties, including the MHBE.

Proposed Board Communication Policy

Sharon Merriweather, Assistant Attorney General, MHBE

After a brief introduction by Commissioner Birrane, Ms. Merriweather presented the proposed Board communication policy, noting that it began as an effort by the Board’s Policy Committee. She explained that the policy is intended to foster open and effective communication between Board members, the constituent agencies, and other interested parties.

Ms. Merriweather described the policy’s approach to communication among Trustees (Board members). The policy states that the Board will operate in the spirit of open governance as embodied in the Open Meeting Act and lists several activities to that end, such as prior notice and agendas of meetings, notices of closed sessions, avoidance of secret ballots, and provision of time and space for public comment.

Ms. Merriweather then discussed the policy’s language regarding communication with consumers who use Maryland Health Connection (MHC). Trustees would refrain from giving any advice, counsel, or education regarding insurance programs and plans purchased through MHC and would refer questions to staff at the MHBE.

Next, Ms. Merriweather turned to the policy on communication with MHBE management and staff. Under the policy, Trustees would refer concerns to the MHBE Executive Director or other appropriate member of senior staff. Requests for information that are likely to require significant effort will be directed only to the Executive Director. All pertinent communications would be shared in a timely manner.

Ms. Merriweather then described the policy on communication with external parties, under which Trustees would execute any communications consistent with their fiduciary duty to the MHBE, respecting the decisions and policies of the agency. Trustees would be bound to disclose when their communication does not represent an approved MHBE position, and to maintain confidentiality where applicable. The Board would be empowered to delegate a Trustee to speak on a specific issue.

Next, Ms. Merriweather discussed communication with media. Under the proposed policy, Trustees would not speak on behalf of the Board. The Chair or a delegate would act as spokesperson and any press releases would be prepared by MHBE staff. Any articles written by Trustees for publication should be reviewed by MHBE management.

Ms. Merriweather then explained the policy's approach to protected information, noting that none would be disclosed by Trustees. Protected information includes, but is not limited to, consumer and personnel records.

Finally, Ms. Merriweather recommended that the Board adopt the proposed policy by resolution and review it at least every three years.

Mr. Taneja asked whether a conversation between two Trustees on related matters would violate the proposed policy. Ms. Merriweather replied that, while related conversation would not be precluded, the policy would stand against lobbying or vote counting behind the scenes.

Mr. Taneja suggested that the policy include a provision for the Board's subcommittees and that Trustees should have direct communication with the Director of Compliance & Privacy. Ms. Merriweather replied that both circumstances are covered in the proposed policy. Commissioner Birrane added that the proposed policy is intended to cover areas of communication not already governed by existing bylaws and committee structures, none of which would be altered.

Secretary Herrera Scott read out a resolution approving and adopting the communication policy. The resolution was approved and adopted by unanimous vote.

[Race & Ethnicity Data: Improving Response Rate](#)

Becca Lane, Senior Health Policy Analyst, MHBE

Ms. Lane gave the Board an overview of recent changes in the collection of race and ethnicity data through MHC. She began by explaining that these data are used to track enrollment trends, set targets, inform outreach, and track progress toward health equity goals. Federal authorities including the Office of Management and Budget and the Department of Health and Human Services set data collection standards. Two of these standards are a rule that consumers must not be forced to disclose the data and a prescribed method to group detailed data together into main race categories.

Next, Ms. Lane explained that the 2021 MHBE Health Equity Workgroup recommended that the MHC race and ethnicity questions be revised to improve their response rate and the quality of the resulting data. Since the questions were optional, roughly 35% of applicants either did not respond or selected "Other," limiting the usefulness of the data for analysis. The Workgroup consulted with the state-based marketplace in New York and received technical assistance from the State Health Access Data Assistance Center. Based on the Workgroup's recommendation, the MHBE revised the questions in accordance with best practices. Now, all applicants must answer the question, even if that answer is "prefer not to say." A link on the page explains to consumers why they are being asked for this information, and the list of subcategories has expanded to allow more people to find an option with which they identify. Prior to their implementation in April 2022, consumer assistance workers and call center staff were briefed on the goal of the questions and how to ask them.

Ms. Lane then shared statistics showing improvement in the response rate between 2022 and 2023 of nine percentage points for race and five percentage points for ethnicity. She noted that the change impacted the various categories of consumer assistance differently. Enrollees assisted by a Navigator, broker, and a call center worker were more likely to have provided useful answers, as did those who completed their application without assistance. Applications assisted by caseworkers with

the Maryland Department of Human Services (DHS) and MDH showed a decline in response rate year-over-year. The change was most pronounced among broker-assisted enrollees, whose response rate rose from 22% in 2022 to 65% in 2023.

Ms. Lane concluded by sharing next steps. The MHBE will investigate further consumer assistance worker training and establish a procedure to add or change response options. Also, the agency will continue to work toward an agreement with the Chesapeake Regional Information System for our Patients (CRISP), Maryland's Health Information Exchange, to further improve race and ethnicity data completeness. Finally, the MHBE will continue tracking enrollment progress over time by race and ethnicity and expand how they use the data to drive outreach and enrollment efforts.

Secretary Herrera Scott asked whether "prefer not to say" is included in the response rate. Ms. Lane replied in the negative, noting that "prefer not to say" is grouped with "other" and "do not know" in the nonresponsive category.

Secretary Herrera Scott asked whether we know more now due to these changes. Johanna Fabian-Marks answered in the affirmative, adding that the MHBE has useful new information on the population.

Ms. Crandon asked what response rate would indicate that the questions are tuned perfectly. Ms. Lane answered that New York reached an 80% response rate and the MHBE would love to exceed that.

Ms. Crandon asked whether consumers who opted out of the question in the past would be asked again. Ms. Lane replied that consumers are prompted on sign-in to provide the information if they previously withheld it.

[Plan Year 2024 Open Enrollment Readiness](#)

Andrew Ratner, Chief of Staff, MHBE

Elvina Moras, Director of IT Policy, Operations & Quality, MHBE

Tamara Gunter, Director of Consumer Assistance, MHBE

Betsy Plunkett, Director of Marketing and Outreach, MHBE

Mr. Ratner began the presentation by describing the MHBE's goals for the open enrollment period. The MHBE intends to grow enrollment, reach target audiences with higher uninsured rates, reach the Medicaid unwinding population, and focus on enrollment growth in particular regions of the state where uninsurance remains high. He noted three positive strengths during this open enrollment—more carriers are offering plans than in any year since 2016, the young adult subsidy eligibility expanded to age 37, and popular consumer assistance channels remain available such as live chat and Broker Connect. Among the challenges ahead during open enrollment, Mr. Ratner listed the Medicaid unwinding adding not only volume but complexity to the consumer assistance system and the fact that, while Maryland still offers among the least expensive plans in the nation, consumers without subsidies are likely to see an increase in their premium rates in 2024.

Ms. Moras gave an overview of technology readiness for open enrollment. She laid out the timeline of IT-related activities leading up to and through the open enrollment period and described the range of preparations. She listed several new IT features available this year, from live chat channels to

alternative password reset options and the addition of a new carrier to the MHC offerings. She concluded by sharing details of the new MHC mobile app for brokers.

Mr. Taneja asked how well the new password reset option resists malicious password reset attacks. Ms. Moras replied that the new method requires that the user's email address be previously verified and that their social security number (SSN) is validated within the MHC system before initiating the reset. Once the reset is begun, the user must provide the last four digits of their SSN along with their date of birth. Without all these elements, the password will not reset.

Ms. Gunter shared details of the open enrollment preparations by the community of consumer assistance workers. She noted that the number of authorized brokers available to assist consumers has increased since the prior open enrollment, with more than 150 participating in the Broker Connect program whereby they receive direct referrals to consumers needing assistance through MHC and over 40 brokers participating in the Broker Assisted Transfer (BATPhone) program, which connects consumers to brokers directly via the call center. She announced that the number of certified Application Counselors and their sponsoring organizations have also increased since the previous year, alongside over 300 staff from the Medicaid managed care organizations (MCOs) who received training as unauthorized Application Counselors to assist with the Medicaid unwinding effort. Regarding Connector Entities and Navigators, Ms. Gunter noted that the number of available Navigators has increased by 15% over last year and that this category of consumer assistance has engaged in intensive outreach in the high priority areas of the state where the uninsured rate remains high. She explained that Connector Entities have noticed a sharp increase in demand for Spanish-language assistance. Ms. Gunter concluded her remarks by discussing the Consolidated Service Center (the MHBE call center) and its preparations. The call center will recruit, hire, train, and retain at least 320 customer service reps throughout open enrollment, a level of staffing necessary to address the workload of not only open enrollment but also the ongoing Medicaid unwinding.

Ms. Plunkett described open enrollment preparations in the areas of marketing and outreach. She explained that the MHBE conducted a market research survey of adults in Maryland with a focus on those either without insurance or those who have experienced a change in insurance status within the past two years. The survey results showed that many respondents experienced a period of uninsurance related to their employment status, such as changing jobs or starting a business, with younger people being more willing to go without coverage for a time. Ms. Plunkett shared the results of message testing, where consumers were asked to react to four different statements about MHC, two of which were successful in making them more likely to visit the site. She noted that MHC is familiar to roughly half of the survey participants, with the majority having previously used the system to enroll in coverage. Next, Ms. Plunkett discussed the range of live, in-person events the MHBE is hosting along with co-sponsor organizations throughout the open enrollment period, including neighborhood and community festivals, conferences, and other public facing events. Ms. Plunkett concluded her remarks by describing the MHBE's planned media buy for open enrollment. With a budget of \$2.3 million, the campaign's goal is to target uninsured Marylanders with a special focus on three subpopulations of interest—young adults, Hispanic/Latino Marylanders, and Black Marylanders. New advertising efforts this year include a digital mobile billboard truck visiting key areas of the state, printed information on receipts from Family Dollar and Dollar General stores, partnerships with National Football League players from both the Baltimore Ravens and the Washington Commanders, and digital advertisements on Snapchat and LinkedIn. Finally, Ms. Plunkett played the new MHC tv ad spot in both English and Spanish.

Mr. Taneja, noting the preponderance of marketing and outreach efforts taking place in urban areas, asked how the agency will address the rural areas of Maryland. Ms. Plunkett replied that the plans for rural areas for the year include a greater number of ads on radio, cable, and using the mobile billboard. In addition, the media plan was shared with all categories of consumer assistance workers and organizations to help them coordinate their messaging in the areas of focus.

Mr. Taneja asked whether the MHBE conducts outreach to and through physicians, especially those operating in Federally Qualified Health Centers (FQHCs). Ms. Plunkett replied that the MHBE supplied brochures and other materials to all hospitals, libraries, FQHCs, and legal clinics in the courts.

Adjournment

Secretary Herrera Scott adjourned the meeting.