



MHBE

Standing Advisory Committee

November 9, 2023

2:00PM – 4:00PM

Via Google Meets

Members:

Jon Frank, Co-Chair
Mark Meiselbach, Co-Chair
Dana Weckesser, Board of Trustees
Liaison
Matthew Celentano
Diana-Lynne Hsu
Marie Therese Oyalowo
Bryan Gere
Evelyn Johnson
Sophie Keen
Stephanie Klapper
Michelle LaRue
Scott London
Allison Mangiaracino
Ligia Peralta
Douglas Spotts
Rick Weldon

MHBE Staff

Michele Eberle
Andrew Ratner
Johanna Fabian-Marks
Betsy Plunkett
Makeda Hailegeberel
Becca Lane
Amelia Marcus

Members of the Public

Brad Boban
Heather Forsyth
Philemon Kendzierski
Meredith Lawler
Lyla Martin
Laura Spicer
Brooke Souders

Welcome and Agenda

Co-Chair Jon Frank welcomed everyone to the meeting and briefed the Standing Advisory Committee (SAC) on the agenda. Co-Chair Mark Meiselbach thanked those members of the SAC whose terms will end in April 2024, noting that this would be their last meeting before that date. The departing members include Jon Frank, Bryan Gere, Stephanie Klapper, Michelle LaRue, Allison Mangiaracino, Jonathan McKinney, Ligia Peralta, Alyssa Sinagra, Dana Weckesser, and Kathlyn Wee.

Approval of Minutes

Mr. Meiselbach moved to approve the minutes of the July 13, 2023, meeting with a second from Mr. Gere. The minutes were approved.

Mr. Weldon moved to approve the minutes of the September 14, 2023, meeting with a second from Mr. London. The minutes were approved.

Medicaid PHE Unwinding Update

Meredith Lawler from the Maryland Department of Health's (MDH's) Office of Innovation, Research, and Development gave a presentation on the ongoing effort to return Medicaid to normal operations after the end of the public health emergency (PHE) related to COVID-19. She began by sharing the results of the recently completed September renewals where over 116,000 participants were processed, nearly 70% of whom were able to be automatically renewed through Maryland Health Connection (MHC). She noted that the entire redetermination effort through September has seen roughly 71% of participants renew, with approximately 10% of participants being procedurally disenrolled (i.e., the participant did not provide the necessary paperwork) and a further 10% being found ineligible for Medicaid and referred to a qualified health plan (QHP) through MHC. Ms. Lawler cautioned that Maryland paused all procedural disenrollments during August and September in accordance with federal guidance. This makes the percentage of participants undergoing procedural disenrollment appear smaller than it will likely be after the entire effort is complete.

Ms. Lawler then described the ongoing Medicaid Check-In campaign, an effort by MDH, the Maryland Health Benefit Exchange (MHBE), and other partners to reach out to the Medicaid population and prompt them to return to MHC to complete a renewal application.

Next, Ms. Lawler discussed the results of recent reviews of procedural disenrollments showing that the majority of disenrollments are concentrated in 60 ZIP codes in Maryland. The people affected by procedural disenrollment are being targeted with additional outreach, especially since each is eligible for a 120-day reconsideration period wherein they can secure retroactive coverage if they complete a successful application. She demonstrated that the highly affected ZIP codes are found throughout the state, with concentrations in and around Baltimore City, Allegany, Charles, Frederick, Harford, Prince George's, and Wicomico counties.

Ms. Lawler concluded her remarks by describing the MHBE's plan to reach more people with the Medicaid Check-In campaign via advertising in a range of venues including convenience stores, laundromats, Baltimore's light rail system, radio advertisements, bus shelters, billboards, and paid online search placement. She encouraged SAC members to use the resources available online to assist with getting the word out to Marylanders.

Medicaid to QHP Enrollment Update

Johanna Fabian-Marks, Director of Policy & Plan Management at the MHBE, shared an update on the status of the program to seamlessly transition those who are no longer eligible for Medicaid into a QHP from MHC. The Medicaid to Private Plan Enrollment Program has automatically enrolled nearly 21,000 individuals in a private plan as of October 11, 2023. Of those, nearly 6,300 effectuated their enrollment by paying their first month's premium and approximately 2,000 updated their application information and were re-enrolled in Medicaid.

Dr. Hsu asked how the results compare with other states. Ms. Fabian-Marks replied that the MHBE has not investigated other states' results but would do so going forward.

Executive Update

Michele Eberle, Executive Director of the MHBE, started with the executive update. She began by thanking the departing SAC members for their service to the MHBE.

Ms. Eberle then discussed updates from the federal government. She noted that Congress is expected to avert a government shutdown for some weeks, adding that the MHBE would not be negatively affected by such a shutdown. Once the new year begins, federal authorities are likely to discuss extending the availability of the Advanced Premium Tax Credits past 2025, when they are currently set to expire.

Next, Ms. Eberle described the status of the MHBE's enrollments, noting that total enrollment has increased year-over-year, with new enrollments up 30% and enrollments without financial assistance up 10%. She added that the State Reinsurance Workgroup will meet on November 20 to finalize its report. Finally, she encouraged SAC members to view the October Data Report on the MHBE's website where they can see great improvement in the enrollment of young adults, Hispanic/Latino Marylanders, and Black Marylanders.

Mr. Frank noted that enrollment growth has not been shown in the small business and nonprofit market. Since no reinsurance is available for that population, affordability remains challenging.

Open Enrollment Marketing and Outreach Campaign Plan

Betsy Plunkett, Director of Marketing & Web Strategies with the MHBE, presented the agency's marketing plan for the open enrollment season. The goal of the plan is to increase enrollment in QHPs, particularly among the target audiences. The agency will focus on people in transition (e.g., between jobs, between Medicaid and QHPs, aging out of parental coverage, etc.), new enrollees, and the Marylanders who are hardest to reach due to barriers like racial disparities, limited English proficiency, and low health literacy. The target audiences include young adults aged 19 to 37 years, Black Marylanders, Hispanic/Latino Marylanders, and people in rural areas of the state.

Next, Ms. Plunkett described the recent online survey the MHBE conducted to gain a greater understanding of how Marylanders make their health insurance decisions. She explained that user experience testing is currently underway, where MHBE is allowed to observe while a member of the public navigates MHC and attempts to enroll in coverage. This effort has often proven invaluable in identifying technical issues, points of confusion, and other barriers Marylanders encounter in completing their applications, leading to a range of improvements to MHC's systems and processes.

Ms. Plunkett then discussed the MHBE's approach to media planning and buying for the open enrollment period. With the same goals and target audiences previously

discussed, the media plan will use its budget of \$2.3 million during a period from mid-October 2023 through January 15, 2024.

Next, Ms. Plunkett talked about live, in-person events undertaken by the MHBE in support of the open enrollment. In addition, the agency will work to support events hosted by Connector Entities throughout the state with promotion, marketing, and the use of a mobile digital billboard in the area.

Ms. Plunkett concluded her remarks by playing a video of the MHC's tv commercial airing for open enrollment.

Dr. Hsu asked whether the MHBE continues to air commercials from previous years. Ms. Plunkett replied that the commercials are retired each year, since the expense of continuing to pay actors' residuals becomes too burdensome otherwise.

Mr. Meiselbach asked whether the MHBE has built any community partnerships with churches for outreach and marketing. Ms. Plunkett answered in the affirmative, adding that the MHBE employs two outreach managers who foster such partnerships throughout the state.

SAC Discussion

Ameila Marcus asked SAC members to suggest topics or issues for the group to discuss in the coming year. She repeated suggestions from prior meetings, including coverage of behavioral and mental healthcare services, social drivers of health, and challenges and disparities experienced by cancer patients. She asked SAC members to discuss any of these ideas or to propose new ones.

Mr. Meiselbach noted that consumers have clearly stated their interest in access to mental and behavioral health services and suggested that the SAC investigate issues surrounding them, like access to in-network providers, phantom networks, and consumer satisfaction.

Mr. Celentano shared a range of topics for future discussion, including non-quantitative treatment limitations and their impact on parity, carrier approaches to address behavioral healthcare shortages, reduction in the cost of prescription drugs, and insuring the undocumented.

Mr. Spotts recommended that the SAC investigate innovative models of expanding mental health access, possibly including the use of artificial intelligence.

Ms. Klapper asked that the SAC read and discuss the report of the Maryland Insurance Administration's (MIA's) Reinsurance Group.

Dr. Oyalowo suggested that the SAC investigate ways in which the MHBE could work to address the parity problems with oral chemotherapy for cancer patients, such as ways

to help patients with the high copays as a stopgap measure while legislation to address the parity problem is being developed.

Dr. Hsu asked that the SAC be given an opportunity to learn how the various avenues of consumer assistance, like Navigators, brokers, Certified Application Counselors, and others work together.

Dr. Hsu recommended that the SAC discuss ways the MHBE can encourage Marylanders to access more prenatal care.

Brad Boban of MIA suggested that issues of mental health parity, network adequacy, and oncology parity fall within the scope of MIA's work. He offered to have a colleague speak on these topics in the future.

Adjournment

The meeting adjourned at 4:00 PM.

Chat record:

00:29:27

Stephanie Klapper: Info about the Maryland Insurance Administration reinsurance workgroup meeting:

<https://insurance.maryland.gov/Consumer/Documents/agencyhearings/State-Reinsurance-Workgroup-HB413-Workgroup-Meetings-Announcement-11202023.pdf>

00:44:23

Johanna Fabian-Marks -MHBE-: CEs = Connector Entities (Navigators)

00:46:27

Mark Meiselbach: thank you!

00:57:22

Doug: related to mental health access, I'd be interested in innovative models utilizing embedded mental health resources into high-performing primary care teams- linking perhaps to the MDPCP example;

00:57:56

Doug: evolving value-based care models

00:58:59

Doug: use of AI in addressing health and health outcomes- improving quality and reducing risk

00:59:44

Doug: my apologies for having to leave for another meeting, but my comments are typed above Doug Spotts MD

01:08:51

Dana Weckesser: Marie-Therese, I'll connect you shortly with a breast cancer patient is working on this

01:16:24

Diana Hsu: Thank you for all your work in leading us, Jon!

01:16:27

Matthew Celentano: Thank you Jon for leading the way!

01:16:53

Mark Meiselbach: Thank you, Jon!

01:17:19

Mark Meiselbach: Thank you, Dana!

01:17:26

Amelia Marcus -MHBE-: Thank you Dana and Jon!

01:17:31

Bryan Gere: Have a great weekend everyone!