Standing Advisory Committee Meeting

July 18, 2024

MHBE Policy Department

MARYLAND
HEALTHBENEFIT
EXCHANGE

SAC Members

Aika Aluc (MHBE Board Liaison)*

Mark Meiselbach (Co-Chair)

Diana-Lynne Hsu (Co-Chair)

Andrew Baum*

Mukta Bain

Marcquetta Carey

Matthew Celentano

Benjamin Fulgencio-Turner

Emily Hodson

Sophie Keen

Catherine Johannesen

Evelyn Johnson

Stephanie Klapper*

Carmen Larsen

Scott London

Allison Mangiaracino*

James Mullen*

Yvette Oquendo-Berruz*

Marie-Therese Oyalowo

Zach Peters*

Aryn Phillips

Mark Romaninsky*

Brooke Souders*

Douglas Spotts

Patricia Swanson*

JoAnn Volk*

Rick Weldon

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* 2024 new member/appointed for second term 2

Agenda

2:00 - 2:15 | Welcome and Approve May Minutes
Mark Meiselbach and Diana Hsu, SAC Co-Chairs

2:15 - 2:30 | Executive Update
Michele Eberle, MHBE Executive Director

2:30 - 3:00 | Updates from the Maryland Prescription Drug Affordability Board
Andrew York, Executive Director, Prescription Drug Affordability Board

3:00 - 3:30 | 2023 Open Enrollment Consumer User Experience Testing - Key Findings Report
Betsy Plunkett, MHBE Director of Marketing & Web Strategies

3:30 - 3:50 | SAC Discussion - Plan Certification Standards
Michele Eberle, MHBE Executive Director

3:50 - 4:00 | Public Comment

4:00 | Adjournment

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Vote on Meeting Minutes

Vote on Meeting Minutes

"I move to [approve/approve with amendments] the Standing Advisory Committee meeting minutes from May 9, 2024."

MHBE Executive Update

Prescription Drug Affordability Board

Prescription Drug Affordability Board Overview

MHBE
Standing Advisory Committee

Thursday, July 18, 2024

Andrew York

Executive Director

Maryland Prescription Drug Affordability Board

Agenda

- **PDAB Overview**
- **Cost Review Study Process**
- **Upper Payment Limit Action Plan**

MARYLAND
Prescription Drug Affordability Board

PDAB Overview

- **During the 2019 Session, the General Assembly enacted HB768/SB759 creating the Maryland Prescription Drug Affordability Board as an independent agency**

- **Structure:**
    - **5 Member Board**
    - **26 Member Stakeholder Council**

- **Purpose:**
    - **"…protect State residents, State and local governments, commercial health plans, health care providers, pharmacies licensed in the State, and other stakeholders within the health care system from the high costs of prescription drug products."**

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PDAB Overview

Priority Projects:

- **Cost Reviews**
  - **In-depth review of select drugs to determine if they cause affordability challenges**

- **Upper Payment Limits**
  - **Policy tool to address drugs that cause affordability challenges**

- **Recommend Additional Policies**
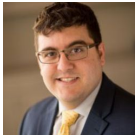 - **Annual report that summarizes price trends and recommends policies**

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PDAB Overview- Board Members

Van Mitchell, Chair (Appointed by the Senate President and Speaker)

Joe Levy, PhD (Appointed by the Governor)

Stephen Rockower, MD, FAAOS (Appointed by the Senate President)

Ebere Onukwugha, PhD (Appointed by the Speaker of the House of Delegates)

Jerry Anderson, PhD (Appointed by the Attorney General)

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Stakeholder Council Membership (1/3)

Name	Representation
Mandi Poplawski, Pharm.D.	Nonprofit Insurance Carriers
Glenn Schneider, MPH	Statewide Health Care Advocacy Coalition
Allison Ciborowski	Statewide Advocacy Organization for Seniors
VACANT	Statewide Organization for Diverse Communities
Shaun O'Brien	Labor Union
Sean Tunis, MD, MSc	Health Services Researcher Specializing in Prescription Drugs
Shawn Brown	Generic Drug Corporations
Thea Williams	Public Member

Council Current Membership (2/3)

Name	Representation
Deron Johnson	Brand Name Drug Corporations
Renee Bovelle, MD	Physicians
Lorraine Diana (Co-chair)	Nurses
Steven Chen	Hospitals
Eric Morse, DDS	Dentists
Hayley Park, Pharm. D.	Managed Care Organizations
Marc Nicole (Co-chair)	Department of Budget and Management
Sherita Hill Golden, MD, MHS	Clinical Researchers
James Gutman	Public Member

Council Current Membership (3/3)

Name	Representation
VACANT	Brand Name Drug Corporations
John Elliott	Generic Drug Corporations
Kelly Schulz	Biotechnology Companies
Joseph Winn	For-Profit Health Insurance Carriers
Greta E. Kessler	Employers
Kimberly Robinson	Pharmacy Benefit Managers
Angela Bryant, RPh	Pharmacies
Joey Mattingly, Pharm. D., MBA, PhD	Pharmacologists
Barry N. Lipsy	Public Member

Cost Review Study Process

- Board can Select Drugs to Undergo a Cost Review
  - Must select from a list of eligible drugs based on statutory metrics
    - Name Brand Drugs over $30,000 per year
    - Name Brand Drugs increase by $3,000 over a year
    - Biosimilars that are not at least 15% less than the reference biologic
    - Generic drugs that are more than $100 per month AND go up in price by 200% or more in a year
  - Other metrics as added by the Board
- Must select during an open meeting

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Cost Review Study Process

- Cost Review allows for an in-depth analysis based on additional collected data

- Board uses Cost Review to determine "…whether use of the prescription drug product that is fully consistent with the labeling approved by the United States Food and Drug Administration or standard medical practice has <u>led or will lead to affordability challenges for the State health care system or high out-of-pocket costs for patients</u>."

Cost Review Study Process

Approved Final Regulations (effective December 25, 2023)

- COMAR 14.01.01 – General Provisions
- COMAR 14.01.04 – Cost Review Study Process

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Cost Review Study Process
COMAR 14.01.04

Identify

Select

Collect

Analyze

Results

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Prescription Drug Affordability Board

Cost Review Study Process Timeline

Identify	➞			Select

PDAB Meeting	PDAB Meeting	Stakeholder Council Meeting	Interim	PDAB Meeting
Public Reporting of Drug Affordability Issues	Identifying prescription drug products to consider for cost review- this is a subset from eligibility list	PDASC will review and discuss the referred prescription drug products at an open meeting	Public comment Listening sessions	Board selects prescription drug product(s) for cost review
Board has opportunity to add prescription drug products for inclusion on the list of eligible drugs for cost review	Refer prescription drug products to the Stakeholder Council for input			Next Steps: ➔ Collect ➔ Analyze ➔ Results

Timeline

| Collect | | | | Results |

Drug(s) in Cost Review	Data Collection	Analyze	PDAB Preliminary Determination of Affordability	Cost Review Study Report
Drug(s) selected for Cost Review Study will be posted on the Board's Website. - 60 day written comment period begins with posting	PDAB may request information from, and post request: 1. Manufacturers 2. Carrier, HMO and MCO 3. Pharmacy Benefits Managers 4. Wholesale Distributor	Board Staff may assemble a dossier of data and analyses for consideration in cost review study as outlined in COMAR 14.01.04.05.	Board may determine whether the prescription drug has led or will lead to: - Affordability challenges to the State health care system or - High out of pocket costs for patients	Board creates and adopts a report of the cost review study that summarizes the information considered by the Board in conducting the cost review study, and the Board's determination.

Drugs Selected for Cost Review Study Process

- **Farxiga (dapagliflozin)**
- **Jardiance (empagliflozin)**
- **Ozempic (semaglutide)**
- **Trulicity (dulaglutide)**
- **Dupixent (dupilumab)**
- **Skyrizi (risankizumab)**

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Upper Payment Limits

The Board may set upper payment limits for prescription drug products that are:

(1) Purchased or paid for by a unit of State or local government or an organization on behalf of a unit of State or local government, including:

      (i) State or county correctional facilities;

      (ii) State hospitals; and

      (iii) Health clinics at State institutions of higher education;

(2) Paid for through a health benefit plan on behalf of a unit of State or local government, including a county, bicounty, or municipal employee health benefit plan; or

(3) Purchased for or paid for by the Maryland State Medical Assistance Program.

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Upper Payment Limits

- **PDAB must draft Upper Payment Limit Action Plan to be approved by the General Assembly Legislative Policy Committee**

  - **What drugs would be subject to Upper Payment Limits?**

  - **How would the PDAB set the Upper Payment Limits?**

  - **How would the Upper Payment Limits be implemented (i.e., how with the UPLs flow through the supply chain)**

- **PDAB will also draft a report on whether or not to expand the scope of Upper Payment Limits to the entire state**

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Recommended Additional Policies

- **Insulin Affordability Program**

  - **Patient Navigator Program**

- **Transparency Program**

- **Annual Report that summarizes prices trends and recommends policies**

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Prescription Drug Affordability Board

Opportunities for Collaboration

- **Patient Support**

  - **Patient Navigator Program**

- **Coordination on Cost Reviews**

  - **Work with MHBE Plans and enrollees to identify drugs that may cause affordability challenges**

- **PDAB can serve as resource for drug access and pricing issues**

  - **Plan rules and design to make prescription drugs affordable**

MARYLAND
Prescription Drug Affordability Board

Contact Information

Support Team

- **Email: support.pdab@maryland.gov**

Andrew York, Executive Director

- **Email: andrew.york@maryland.gov**

Christina Shaklee, Health Policy Analyst Advanced

- **Email: christina.shaklee1@maryland.gov**

User Experience Testing with Maryland Health Connection

Betsy Plunkett

Director of Marketing and Web Strategies

UX Research Key Findings

Maryland Health Connection

Research conducted in Fall 2023 by GotoMedia

Goals & Objectives

gotoresearch conducted usability testing with Maryland Health Connection English and Spanish-speaking users to better understand usability and behavior during enrollment. Specifically, the goals were to:

❖ Understand real-time usage and behavior throughout the enrollment and renewal process for the front-end Maryland Health Connection website and application site.

❖ Identify areas that are difficult and result in incorrect or incomplete applications.

❖ Identify issues that may delay or prevent the enrollment/renewal process.

❖ Gauge the impact of the previous updates to the interface and the effects on the user experience for the desktop website and the mobile app.

❖ Compare year-over-year findings and issues to gauge overall progress and improvement since UX testing began in 2015 /2016 - 2023 /2024.

gotomedia

UX Testing Structure

Testing Period	Testing took place between Nov. 1 - Nov. 15th, 2023
No. of Sessions	10 sessions were conducted in English 5 sessions were conducted in Spanish
Duration	Sessions were between 75 - 90 minutes
Session Task	Participants shared their screen while they explored health insurance plans and the enrollment process with Maryland Health Connection.
Recording	Participant screen and audio were recorded for all sessions.
Incentives	Participants were compensated between $125 and $200 for their time.

gotomedia

Who We Spoke With

Current Enrollees
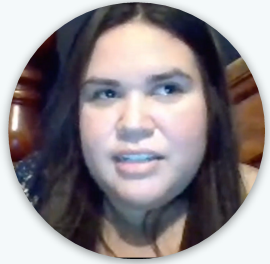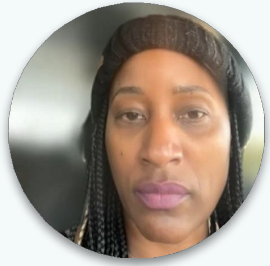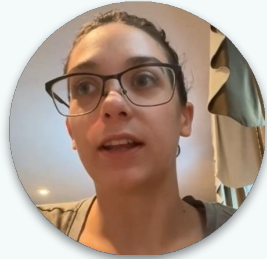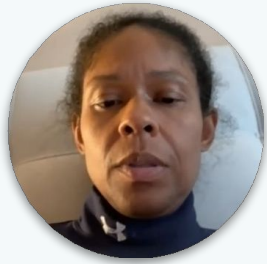
New Enrollees
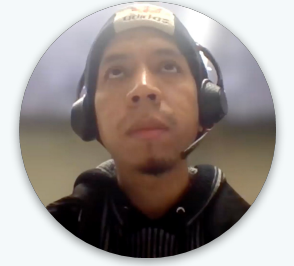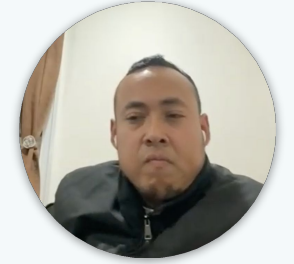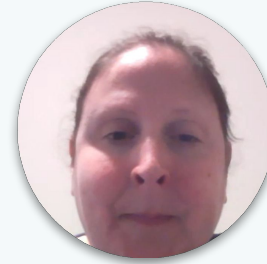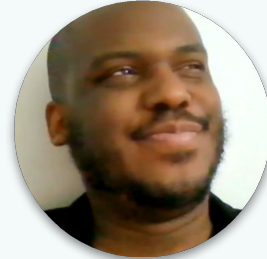
Participant Segmentation

We had an even split between suburban and urban counties and half as many rural counties.

English
5 - Urban
2 - Rural
3 - Suburban

Spanish
1 - Urban
1 - Rural
3 - Suburban

■ Rural ■ Suburban ■ Urban
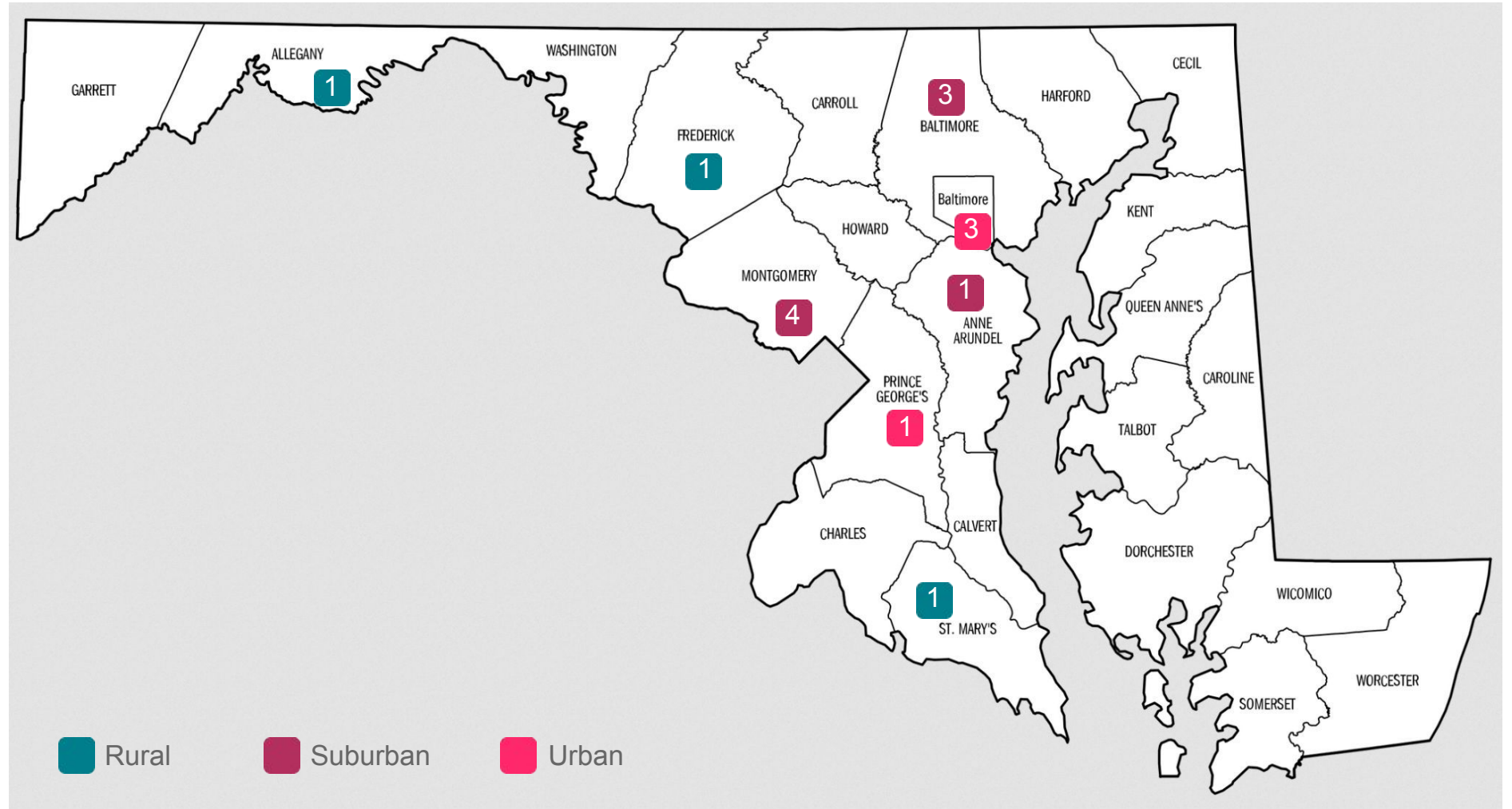
Positive

Improvements

Positive Improvements

The following findings represent areas where we have seen improvements compared to previous years.

Creating Account & Logging In

- Of the few users we had who created accounts, all successfully created their usernames and passwords with no issues on the desktop and mobile app.

- Most current enrollees could log in successfully with very few issues.

Application

- Users seem to understand the tax filing status and have fewer questions.

- The ability for users to edit the annual income for the current and future year, proved valuable and easy for users to correct the amounts.

- For those unsure if they had deductions, they were able to find the list of examples, which helped them determine if they had any deductions to enter.

- Although we had a limited number of users upload documents, we did have one user on mobile successfully upload.

- The reorganization of the information on the signature page seems to make it easier for users to skim through or read.

Shopping

- The healthcare usage levels seem to resonate with users.

- The disclaimer was short enough that some users took the time to read it. Those who read it felt it was helpful.

- The coverage examples were practical.

- The tooltips were helpful as well as the glossary (when found).

- The following features were useful: compare, filter, doctor search, drug search, and total yearly cost estimate.

- Explaining how to apply the financial tax credit on the shopping screen helps users understand that they can use it monthly or at the end of the year.

User

Mindset
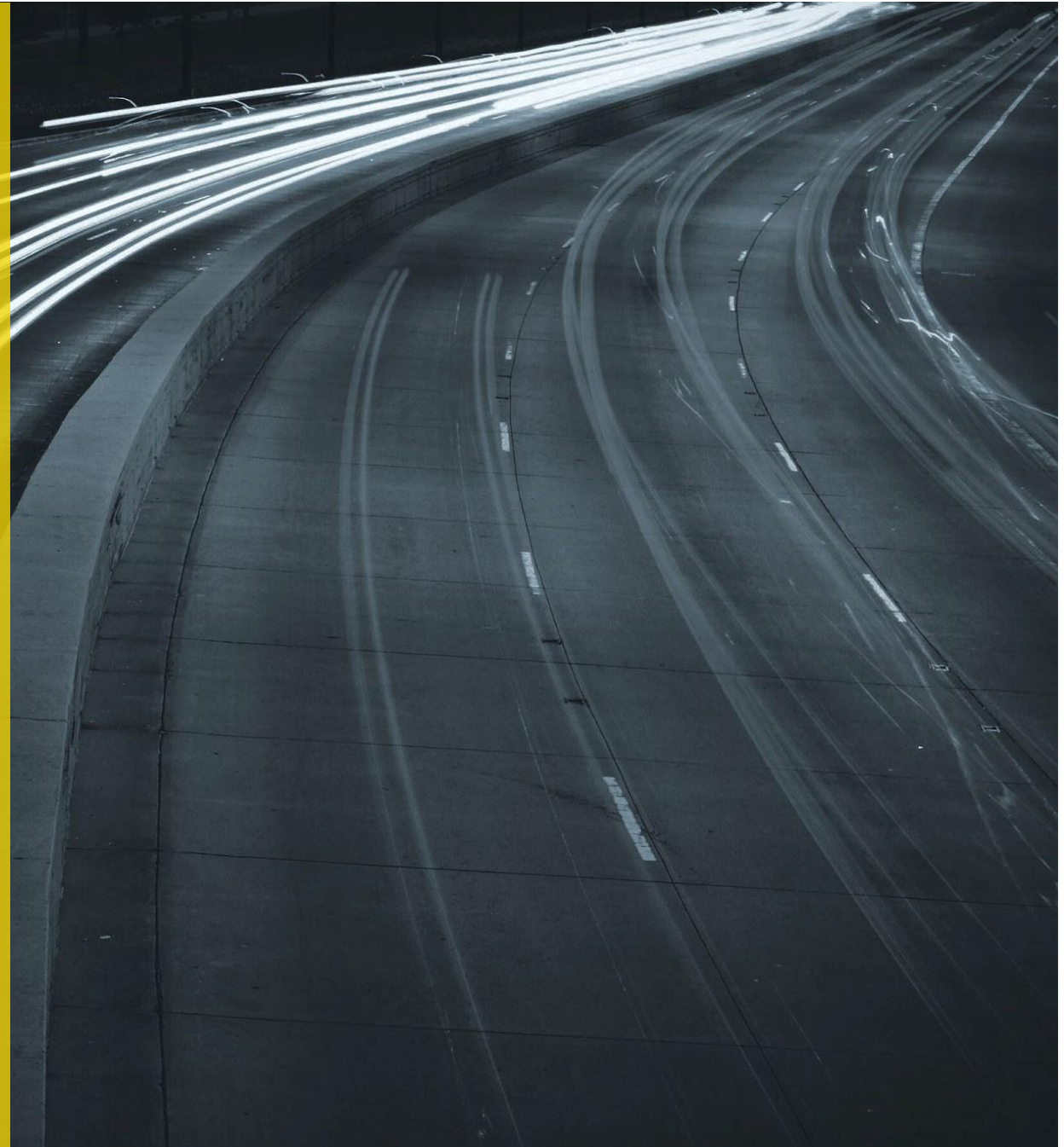
What Our Users Think

"It seems to be very smooth sailing when it comes to inputting info."
P2 - Renew - English

"It's pretty standard for what I deal with with Maryland Health Connection. Some are convenient and smooth, but you wind up having some issue or another. "
P1 - Renew - English

"It's better than last year. I feel like I might be able to do it myself."
P5 - Renew - English

"It's frustrating and made me not feel so intelligent. I feel I'm at a loss, and I'm usually able to navigate these things easily. I got to the end, and I feel like I might need to start over."
P7 - New - English

"It was informative to be hands-on. I always had insurance through HR and never had to do this hands-on. You really can't mess up. The computer tells you what you need to do. It's very simple."
P8 - New - English

*"It's not the best experience, it's very stress-inducing how overwhelming everything is.
It's not just because it's healthcare, the website has so much info, so many definitions."*
P4 - New - English

Key Findings &
Recommendations

Summary

Summary of Key Findings

The following findings represent areas with more significant concerns that had a more considerable impact on users.

ACCOUNT PAGE

Returning users still aren't sure how to get started

The main entry point call-to-action, "Change My Information," is not where returning users go to start the process of exploring and comparing plans. The account page is the first point of entry to the application, and because of this, it's necessary to consider changing this label.

HEALTH CARE SAVINGS

Some still answer "no" without realizing the impact

This question can make or break the option of seeing eligible programs with financial assistance. Rather than asking users if they want to know if they can save on healthcare costs, the savings should be automatically calculated and shown to them as part of the process.

INCOME CALCULATIONS

Income calculations seem to be inaccurate

The income questions have become more streamlined, but some questions that would allow for proper calculation of the applicant's current year income seem to be eliminated. Getting the income correct is essential to receiving accurate program eligibility.

MOBILE APP ELIGIBILITY

The layout of the eligibility selection causes confusion

On mobile the dropdown for Open and Special Enrollment seems to cause users confusion on what those mean and what they need to select from each section. This page could use some minor tweaks to the layout to help guide users a bit more.

EMPLOYER COVERAGE

Users rarely know the details of employer coverage

Those offered employer coverage and not enrolled are unsure if it's affordable and do not know the details of the costs of those plans. When they get to the question asking for the details of their employer coverage, they answer "no" to move through the step.

Detailed Findings &

Recommendations

Account Home Page

Returning users still don't know where to start the process.

Returning users (those with a current QHP and those not enrolled in a QHP the previous year but who had enrolled at one point) do not resonate with the call-to-action of "Change My Information." They intend to find a plan or compare plans and expect to see a call-to-action with those words. This finding applies to the mobile and desktop experiences. This was consistent for both English and Spanish-speaking users.

❖ Some current enrollees and returning users who were prompted to click on "Change My Information" felt they did not need to make a change and only realized after seeing the information saved they did need to make an update after all.

"Looking for where to find plans"
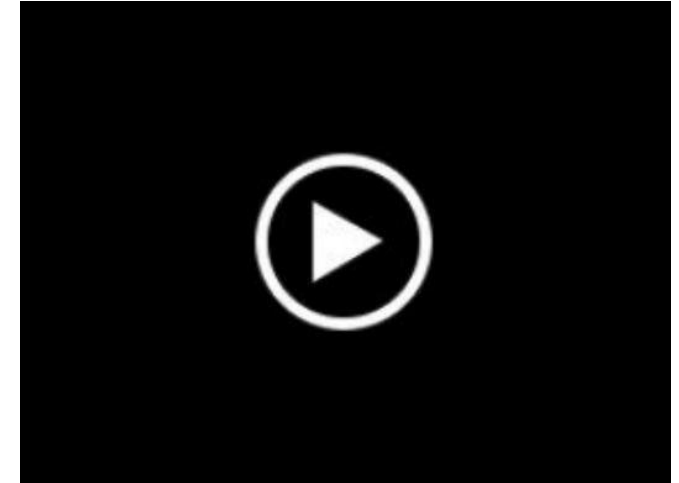
P4 - New Enrollee (Returning User)

"I don't think I need to change my information. I was expecting to see something that says, signing up for a plan or enrolling."

P7 - New Enrollee

Users expect to see a list of only documents when clicking "View My Documents." Instead, they see other options that don't include documents.
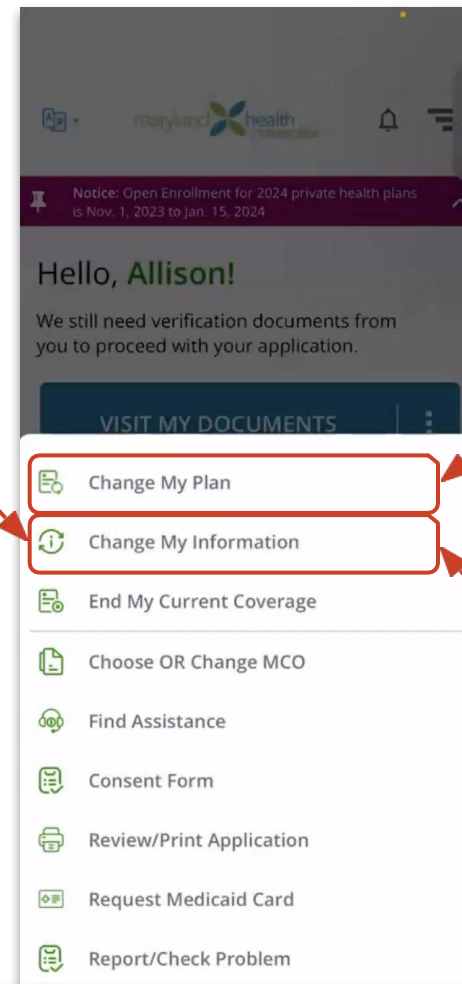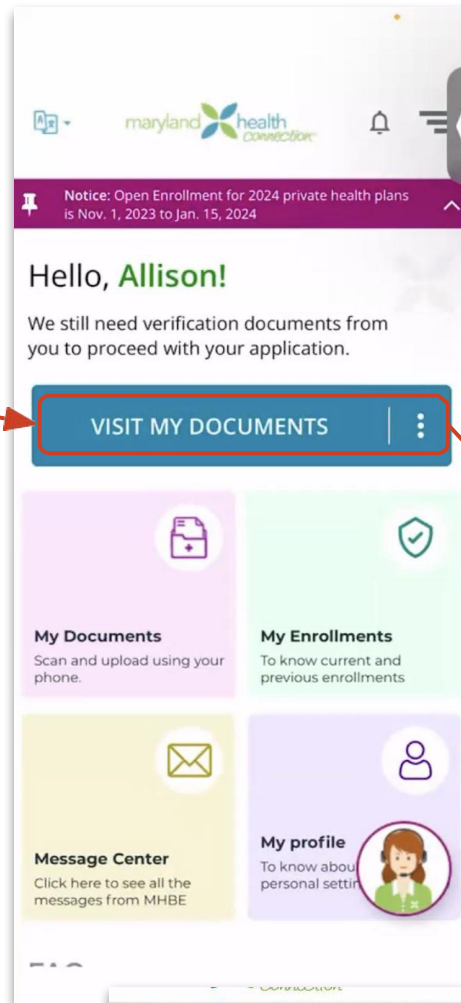
Users aren't ready to change their plans but want to explore the options before deciding.

Most users don't think they need to change their information and, therefore, don't think to click "Change My Information."
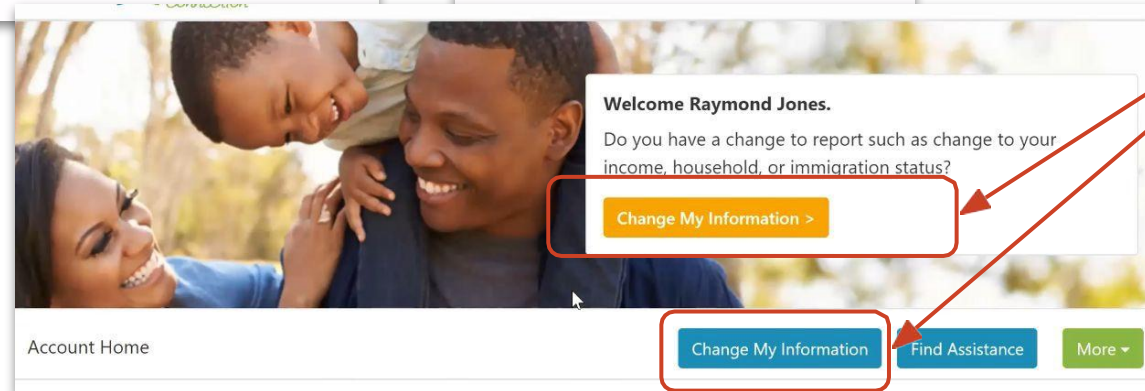
SAVE ON HEALTH CARE

**Some users still misinterpret financial assistance in the application & get estimate.**

English participants continue to misinterpret this question, negatively impacting their program eligibility. Although the misinterpretation appears to have been reduced in English sessions, some still select "No" for financial assistance in the application. Spanish participants also experienced issues with this question, mainly using the get estimate tool.

❖ A couple of English users misread the question in the application and assume it's regarding Medicaid or adding household members.

❖ A couple of English participants automatically disqualified themselves, believing their income was too high for assistance.

❖ Some did not understand the question and the ask.

❖ A few Spanish participants interpreted the get estimate savings question as inquiring about the presence of funds in a bank savings account. They had responded "no" to this question.

"What is it asking?"
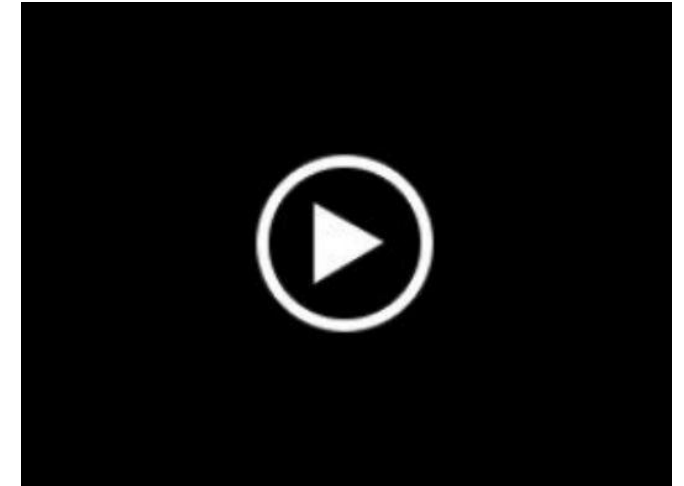
P3 - Current Enrollee

"Some Kind of Savings Account"
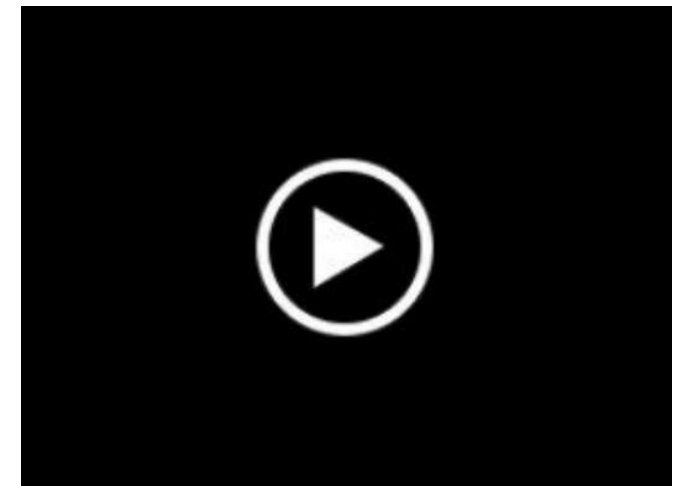
P1 - Current Enrollee - Spanish

Entering Income

The income questions and phrasing layout led to a miscalculation of the current year's income.

The automatically calculated income for the current year was mostly incorrect for English users. This calculation error is likely due to the layout of the current income screen and questions.

❖ One user with more than one job did not notice the "Other Income" option within the list of additional income types that she could select to add her second job. This user decided instead to combine her two employers into one entry for the current income question.

❖ The layout of the monthly income questions, in the mobile app and the desktop, led users to think that they were being asked about their current monthly income and any "Additional Income" they received for the current month rather than additional income received for the current year. The order of the questions could have possibly been the reason for the miscalculation of the total current-year income.

❖ A few users felt unsure about how the application calculated their income, and rather than correct it, they thought they should leave it.

The "additional income to report" provides one option the user could select to add "employment income" or "self-employment income." This option is listed under "Other income not listed here." The users did not see this option as it was at the bottom of the list. Instead, the user combined her two jobs into one entry.

This question, "Do you have other income to report (rental, investment income, social security benefit)," does not clearly state whether this is for the current year or month. In the mobile app, it appears under the monthly income step, but on the desktop, it could be interpreted as part of the monthly income or as a separate question. Most users thought this was for the current month and did not enter any other income earned for the current year.

On the desktop, if the user says "yes" to having current monthly income, the page expands, and the second question for additional income falls below the monthly income, making it seem to refer only to current income.

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The current year's total income calculation was often incorrect. This was likely due to:

❖ Users are not directly asked about other income they received during the year.

❖ The automated calculation assumes that the applicant has previously earned and will continue to earn the current monthly income amount for an entire year. In this example, the user had a previous job that he was not asked about in the current year step, so it was not calculated in the total current-year income.

Reviewing Income

The systems calculations and carry-over of current and future income seem incorrect.

The system automatically calculates the user's current year's income, but most feel the calculation seems slightly inaccurate.

❖   Many thought the inaccuracy was because it was calculating their income before taxes, although they were unsure.

❖   The system appeared to carry over the previously recorded current income as the applicant's future year income and was often incorrect.

❖   The input field for the future year income went unseen by a few participants. Had they not been prompted to review it, they would have left it as it was.

"Incorrect current year income"
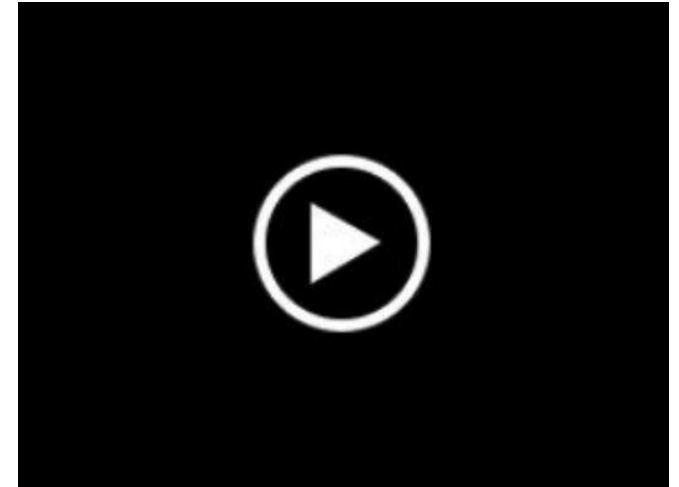
P8 - New Enrollee

The field for future
income was unseen
by some and, in
some cases,
inaccurate.

Users don't understand how the
total income amounts are
calculated for monthly or yearly
totals.

Flora & Expert Chat

The chatbot experience is nice to have but often unhelpful.

We had users who used the chatbot Flora and the Chat with an expert, but the results were mixed.

❖ In all cases, Flora was unhelpful and had difficulty interpreting the users' questions, often providing generic information that was not useful.

❖ Users like to have the option to chat with an expert. During testing, researchers prompted most users to use the expert option. The CTA did not stand out very well.

❖ Chatting with an expert was helpful for most. However, there was one user with an account, but she had never created a login on the desktop or mobile app. She did not realize this would be an issue, and the expert had advised her to use the website instead of the app to login and go through the application. After calling the MHBE representative, she received an explanation and helpful instructions. In this case, she had to create an account on the website before she was able to link her account to the mobile app.
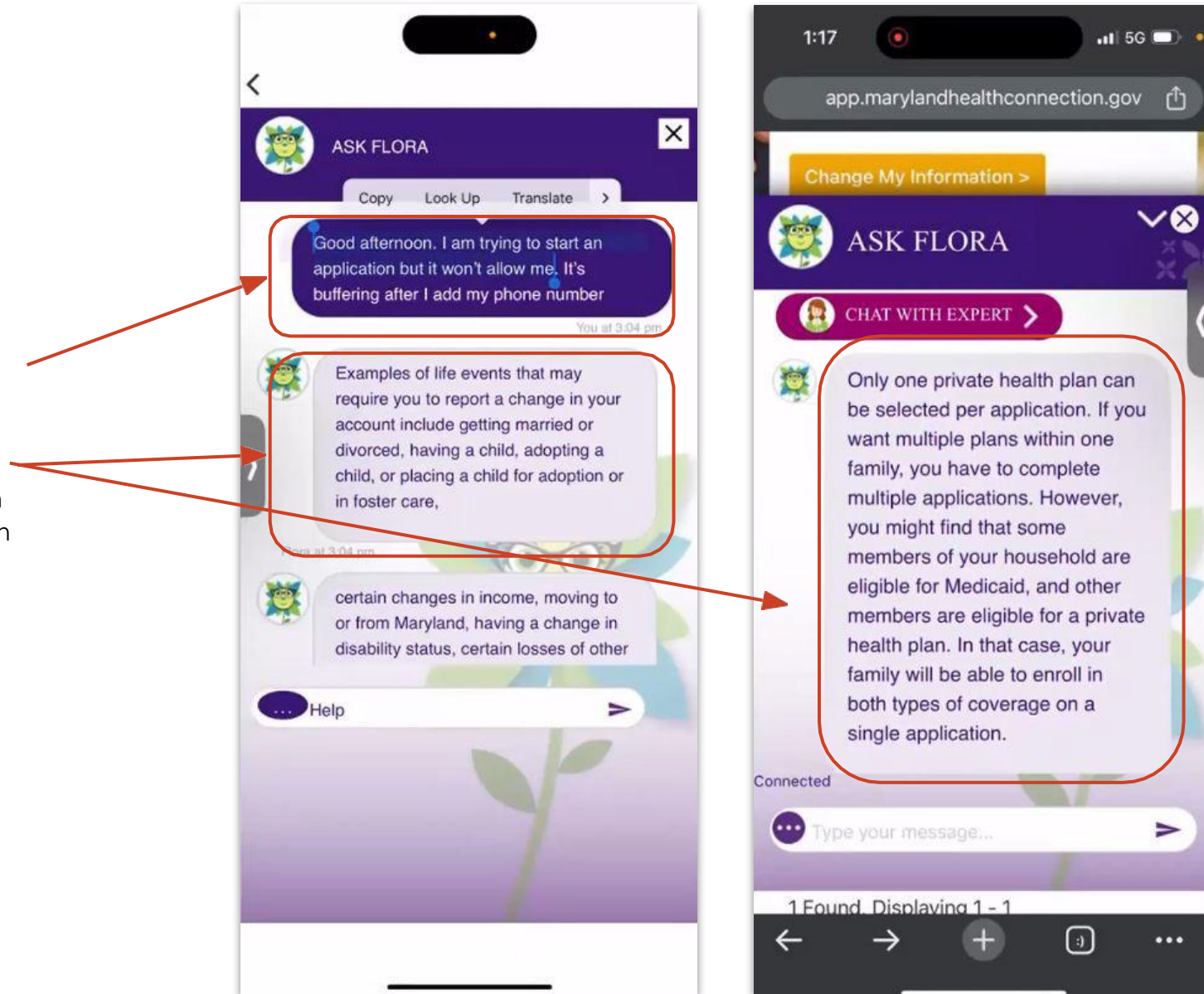
Flora the chatbot

Answers were often generic and unrelated to the questions.

Two users asked Flora how to get insurance from their account page.

Flora responded with genetic information and no instructions on looking for plans on the account page.

SAC Discussion

Plan Certification Standards

- Suggestions for consideration with respect to future MHBE updates to plan certification standards

Public Comment