



MHBE

Standing Advisory Committee

September 12, 2024

2:00PM – 4:00PM

Via Google Meets

Members:

Aika Aluc, MHBE Board Liaison
Mark Meiselbach, Co-Chair
Diana-Lynne Hsu, Co-Chair
Matthew Celentano
Emily Hodson
Evelyn Johnson
Carmen Larsen
Scott London
Allison Mangiaracino
Yvette Oquendo-Berruz
Marie-Therese Oyalowo
Zach Peters
Aryn Phillips
Mark Romaninsky
Douglas Spotts

JoAnn Volk

MHBE Staff

Michele Eberle
Andrew Ratner
Betsy Plunkett
Amelia Marcus
Becca Lane
Pooja Singh

Members of the Public

Brad Boban
Maya Greifer
Chinwe Nwosu
Katie Shebesta
Adam Zimmerman

Welcome, Agenda, and Minutes

Co-Chair Mark Meiselbach welcomed everyone to the meeting and briefed the Standing Advisory Committee (SAC) on the agenda. He moved to approve the July 18, 2024, meeting minutes. Carmen Larsen seconded, and the July meeting minutes were approved.

Report on MHBE Board of Trustees Activities

Aika Aluc, MHBE Board Liaison to the SAC, shared a summary of the Board's recent work. In the past few months, the Board approved two amendments to regulations governing small business health coverage as well as the parameters of the Young Adult Subsidy (YAS) for plan year 2025. She explained that the MHBE staff presented two options for YAS parameters, of which the Board selected the option that maintains the maximum subsidy for ages 18 through 33 years, with decreasing amounts for ages 34 through 37. The Board discussed but ultimately did not approve a proposal to allow the MHBE to mirror federal policy by allowing flexibility in re-enrollments. Finally, the Board approved an application for an amendment to the 1332 waiver to allow Maryland residents to enroll in coverage regardless of their immigration status.

Carmen Larsen asked which bill passed by the Maryland General Assembly authorized the 1332 waiver amendment. Ms. Aluc replied that the bills were Senate Bill 705, and the companion bill House Bill 728.

Ms. Larsen asked whether the Board would find public comment in support of the waiver amendment helpful. Ms. Aluc replied in the affirmative.

JoAnn Volk asked for more information on the small business coverage regulations. Ms. Aluc explained that one change concerned the minimum participation rate for small businesses to qualify for coverage while the other would reduce the maximum waiting period before coverage for newly qualified employees can become active.

Ms. Volk asked that the SAC be kept informed on any regulatory or policy activity regarding individual coverage health retirement accounts (ICHRAs). Ms. Aluc agreed.

Executive Update

Michele Eberle, Executive Director of the MHBE, began her remarks by announcing two new Board members. Marie Grant was recently named Commissioner of the Maryland Insurance Administration (MIA) and will take the ex officio Board seat that accompanies the position. Catherine Rogers of Tidal Health fills the seat recently vacated by Dr. Rondall Allen. Ms. Eberle explained that both new members bring a wealth of experience and knowledge about the Affordable Care Act, having been involved with the MHBE since its inception.

Next, Ms. Eberle pointed out that the MIA approved the rates for the upcoming plan year, resulting in an average increase of six percent for the individual market—a figure that is lower than in many other states. She explained that the next steps leading up to open enrollment include loading the approved rates to the MHBE data systems and production and distribution of renewal notices beginning in October.

Ms. Eberle then discussed the YAS, noting that the MHBE is working closely with Senator Feldman and Delegate Kerr on a bill for the upcoming legislative session to extend the program until the end of the State Reinsurance Program (SRP) authorization period.

Next, Ms. Eberle announced that the Office of Legislative Audits' triennial audit recently concluded and is expected to include only a few minor findings. Preparations are underway for the fiscal year (FY) 2026 budget, which is likely to be tight.

Ms. Eberle then described the upcoming annual planning session for the MHBE's Board and leadership team, noting that the group uses the opportunity to strategize the marshalling of resources in the agency's limited sphere to meaningfully address affordability. She recounted previous successes, like the SRP and the focus on diabetes coverage and stated that the Board and leadership intend to focus on infant mortality and maternal health in its next group of initiatives.

Next, Ms. Eberle returned to the topic of small business programs, noting that the MHBE is currently updating the small business shopping portal and has secured a contract with a vendor to do back-end aggregation and premium billing, set to launch in September. She added that the agency is looking into how to integrate ICHRAs on the platform, which would allow employers to simply make funds available to employees who then purchase coverage on Maryland Health Connection (MHC).

Mr. Meiselbach asked how the MHBE markets the small business offerings. Ms. Eberle replied that the primary marketing effort resides in the long and fruitful relationship between the MHBE and its Authorized Producers, the brokers who are registered to help MHC consumers with their coverage. In addition, the MHBE hired two new staff members to support the small business program, one of whom is dedicated to outreach to the small business community.

Ms. Larsen shared some challenges her organization experienced with securing coverage and asked whether the MHBE intends to reach out to the small businesses directly to make them aware of the offerings even if their broker is not. Ms. Eberle replied in the affirmative but cautioned that the new features are still being built.

2026 Value Plan Preview

Becca Lane, Senior Health Policy Analyst with the MHBE, shared a presentation on the 2026 Value Plan designs, noting that no other plan certification standards are changing for that plan year. She cautioned that the 2026 designs are not final and still must be run through the federal actuarial value calculator which may necessitate modifications.

Next, Ms. Lane discussed the Value Plan Workgroup, a body that recurs annually, and consists of 18 members from a range of stakeholders. The current workgroup builds on the work of the Affordability Workgroups that met from 2019 through 2022.

Ms. Lane then summarized the history of Value Plans at the MHBE, beginning with the establishment of the first Value Plans in 2019 as a result of the Affordability Workgroup's recommendations. Those plan designs mandated pre-deductible coverage for certain services, capped cost-sharing for some services, and introduced requirements around diabetes coverage. She explained that slight changes were made to the plan designs in 2020 and 2021 before the Affordability Workgroup recommended that the MHBE issue standardized Value Plans wherein all cost-sharing is specified. After first becoming available for the 2024 plan year, the standardized Value Plans underwent expected adjustments to comply with actuarial value requirements for the 2025 plan year.

Next, Ms. Lane shared the 2026 draft Value Plans, demonstrating that they largely maintained the same features as 2025 apart from two changes. One change is a reduction in the copays for lab services for Bronze, Silver 73, and Base Silver plans since this category of services is heavily used by people with chronic conditions and/or multiple comorbidities. The other change modifies the coinsurance percentages for the

Class III and Class IV Major Services categories of pediatric dental to be equal, as is standard industry practice.

Ms. Lane concluded her remarks by sharing the timeline for implementation of the 2026 Value Plan standards leading to the final vote by the Board in February 2025. She noted that the Workgroup may be asked to reconvene during the fall or winter should the actuarial value calculator require plan modifications.

Matthew Celentano, noting that he served on the Value Plan Workgroup, emphasized that the recommendations were approved unanimously and thanked the MHBE staff.

JoAnn Volk asked whether the Workgroup compared the dental utilization of adults and children to help inform changes in the pediatric dental coverage in the Value Plans. Ms. Lane replied in the negative.

Maternal Health and Coverage for Pregnancy and Postpartum Care

Michele Eberle, Aika Aluc, and Diana Hsu gave a presentation on maternal health and coverage for pregnancy and postpartum care. Ms. Eberle began the discussion with background, placing the MHBE's efforts on this topic in context of the broader focus on healthcare costs, population health, and health disparities in the Statewide Integrated Health Improvement Strategy (SIHIS). She noted that pregnancy and childbirth figure prominently in both the SRP and the annual Carrier Accountability Reports and shared figures showing that "ongoing pregnancy without delivery with no or minor complications" was among the top 5 most frequent conditions whose treatment resulted in SRP claims in 2021 and 2022 along with being in the top 5 most expensive SRP conditions in 2022.

As an example, Ms. Eberle described how the combined efforts of the MHBE and other state, local, and private partners worked to reduce the cost of SRP claims related to diabetes such that the condition no longer makes the top 5 expensive conditions under the SRP.

Ms. Aluc then discussed the cost to consumers of maternal health care, beginning with the features of traditional coverage. She noted that the services typically offered to consumers without cost-sharing focus on prenatal care and breastfeeding, while the services offered with cost-sharing usually concern the perinatal and postpartum periods. Cost-sharing can vary from person to person and plan to plan. She encouraged SAC members to help the Board think of approaches to maternal health care coverage that address concerns of health equity and focus on perinatal and postpartum services.

Diana Hsu shared lessons on maternal health care from her research. She noted that advocacy for the mother during childbirth supports positive outcomes for both mother and child, making doula services a potential area of focus. She cautioned that traditional plans may not cover or may place administrative barriers to services like non-invasive prenatal testing for chromosomal abnormalities and that such nuances may not be made clear to consumers when selecting a plan.

Mr. Celentano pointed out that the maternal health care services traditionally covered without cost-sharing are typically far less expensive than those covered with cost-sharing and that the cost-sharing features of these plans play a large role in keeping premiums affordable. Ms. Hsu agreed, adding that the category of services covered with cost-sharing was presented to help SAC members understand what policy levers are available for the MHBE to pull.

Next, Ms. Hsu explored a case study of a person's five-day stay in the hospital for a C-section delivery for preeclampsia, showing that the person had to pay \$1,355 out of pocket. She noted that such a figure presents a great difficulty for many Marylanders, even though it is such a small portion of the total cost of the care.

Ms. Hsu concluded her remarks by noting that the incidence of comorbidities like gestational hypertension and gestational diabetes is rising, making screenings and other services to address these conditions more frequently ordered and thus a potentially effective lever to address both cost and equity concerns.

SAC Discussion – Maternal, Pregnancy, and Postpartum Care

Ms. Eberle led the discussion, beginning with a request to focus on areas within the authority of the MHBE. She asked what carriers are doing to contain costs and what SAC members recommend as next steps.

Ms. Hsu asked whether any SAC members are aware of any states that have introduced cost sharing subsidies for birthing events, noting that childbirth may not be best placed in a hospital in many cases. Mr. Celentano replied that, while he is not aware of any state subsidizing out-of-pocket costs for childbirth, all carriers offer case management services for this population.

Maya Greifer shared insights gained from her position with a national carrier, particularly that no state where they operate has introduced cost-sharing subsidies on a condition-specific basis. She pointed out that both Colorado and New Mexico offer additional across-the-board subsidies for qualifying residents, but neither is tied to a specific condition like pregnancy.

Ms. Hsu wondered whether the apparent absence of a clear approach to this category of services is due to bureaucratic obstacles around nondiscrimination and the gender of patients. Ms. Eberle further wondered whether there would be equity concerns between gendered and non-gendered services, such as if pregnancy-related services have a different cost-sharing structure than, for instance, knee surgery.

Ms. Volk suggested that the SAC consider ways to support the use of Visiting Nurse services by pregnant people, given the emphasis on better health outcomes.

Ms. Hsu commented that the availability of doula services varies by plan, as carriers are not required to cover them. Medicaid reimburses doulas, albeit at an unsustainably low

rate. At the same time, however, the Biden administration supports the involvement on non-clinician providers in maternal health due to their demonstrated effectiveness.

Ms. Hsu asked the SAC to consider ways to ease the burden on the new parent or parents involved with getting the newborn into coverage. Emily Hodson pointed out that births taking place in the hospital typically have staff members to help with enrolling the baby and that all infants are automatically covered under their parent's plan for the first 90 days. In cases where the baby's enrollment is not accomplished by the hospital staff, bringing a hospital-issued certificate of life to any of the MHBE's enrollment partners like the Connector Entities will ensure the enrollment is done.

Allison Mangiaracino shared highlights of her organization's programs for pregnant people. The carrier differentiates those at low risk of complications from those with high risk, targeting the latter group for additional services through the Perinatal Service Center, including weekly appointments with a perinatal nurse specialist as well as remote data monitoring. Pregnant people with substance use disorders have targeted interventions, as do those experiencing food insecurity and/or unstable housing. The Newborn Care Center offers lactation consultation to all new mothers and convenes small groups of pregnant people with similar due dates for group care, education, and peer group support. She concluded by noting that her organization continues to evaluate the role of doulas with a view to incorporating these providers into the care continuum.

Katie Shebesta gave a summary of her organization's pregnancy care approach. She noted that the broader case management program for all enrollees often enrolls pregnant people, where they receive education to support health literacy and condition self-management. In addition, pregnant members receive scheduled reminders to connect to postpartum care. The carrier is exploring offering gift card incentives for members who seek such care during the appropriate time window.

Zach Peters explained how his organization supports its pregnant members, noting that the carrier offers many of the same case management solutions already mentioned. He emphasized that pregnant members are welcome to refer themselves to this care, but that the organization uses internal data to identify and reach out to those members who are likely to benefit the most from case management.

Ms. Hsu, noting that the agency's ability to affect the overall cost of pregnancy care in Maryland may be limited, asked what share of births in Maryland are covered by plans through the MHBE. Ms. Eberle replied that she would research the question and report back.

Additional Announcement

Ms. Hsu announced that she has accepted a position with another organization and will no longer represent the Maryland Hospital Association on the SAC. She thanked the MHBE and the SAC for their hard work and dedication. The SAC expressed their gratitude to Ms. Hsu.

Public Comment

No comments offered.

Adjournment

The meeting adjourned at 3:31 PM.

Chat record:

00:06:08

Becca Lane -MHBE-: We encourage anyone who is interested to submit comments on the waiver amendment request by emailing stateinnovationwaivers@cms.hhs.gov through September 20, 2024

00:06:40

Stephanie Klapper: Maryland Health Care for All will be submitting comments!

00:07:55

Amelia Marcus -MHBE-: Always appreciate it Stephanie!

00:15:40

Betsy Plunkett -MHBE-: We'd be glad to do a presentation at a future meeting!

00:17:28

Betsy Plunkett -MHBE-: Theresa.battaglia@maryland.gov

00:20:45

JoAnn Volk: A presentation would be great. My understanding of the rules is that for individuals to get the full tax benefits of HRAs (pre-tax contributions from their employers) they must buy a plan off exchange, so I'd be interested to hear how you provide support to make those tax implications and choices clear. I think it can get complicated but the marketplace can be a key communicator.

00:40:48

Diana Hsu: I'm muted by teh system.

00:40:49

Diana Hsu: For some reason.

00:41:40

Diana Hsu: It sa ys now Amelia has muted me.

00:42:03

Diana Hsu: Let me sign out and sign back in.

00:42:09

Diana Hsu: Aika, please go ahead.

00:42:10

Diana Hsu: Thanks!

01:12:50

JoAnn Volk: I'd have to check to confirm, but for ERISA plans, child covered automatically for up to 30 days, then must use special enrollment period to formally add them to the plan.

01:23:54

Carmen Larsen: Just checked the ERISA requirements looks like legally required to cover only up to 48 hours and 96 hours in the case of a C Section - additional time is either regulated by the State or by the insurance provider.

01:25:36

JoAnn Volk: I think that refers to the coverage requirements - what plan must cover for enrollees.

01:26:02

Carmen Larsen: Okay.

01:26:31

Diana Hsu: dialynhp@gmail.com

01:27:59

JoAnn Volk: good luck in your new role

01:28:17

Yvette Oquendo: Good luck!

01:28:53

Diana Hsu: Thank you!

01:29:51

Yvette Oquendo: Thank You