

Standing Advisory Committee Meeting

November 14, 2024

MHBE Policy Department

Agenda

2:00 - 2:10 | Welcome and Approve November Minutes

Mark Meiselbach, SAC Co-Chair

2:10 - 2:15 | Report on MHBE Board of Trustees Activities

Aika Aluc, MHBE Board SAC Liaison

2:15 - 2:25 | Executive Update

Michele Eberle, MHBE Executive Director

2:25 - 2:45 | MHC Open Enrollment Readiness

Maggie Church, MHBE Deputy Director of Marketing

2:45 - 2:55 | MHBE Consumer Decision Support Workgroup - Report on Recommendations

Amelia Marcus, MHBE Health Policy Analyst

2:55 - 3:20 | Young Adult Subsidy Program Evaluation, Discussion, and Legislative Update

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

3:20 - 3:40 | Discussion - Future Plan Certification Standards

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

3:40 - 3:55 | SAC Discussion - 2025 Agenda Items

3:55 - 4:00 | Public Comment

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



Vote on Meeting Minutes

Vote on Meeting Minutes

“I move to [approve/approve with amendments] the Standing Advisory Committee meeting minutes from September 12, 2024.”

Report on MHBE Board of Trustees Activities

MHBE Executive Update

MHC Open Enrollment Readiness

Maggie Church, Deputy Director of Marketing

Maryland Health Connection OE12 Media Plan



Campaign Approach

Goals: Increase awareness of Maryland Health Connection and drive enrollment in Qualified Health Plans (QHP) among remaining eligible populations

Target Audience: Uninsured Marylanders, with emphasis on:

- Young adults (19-37 years old)
- Hispanic/Latino Marylanders
- Black Marylanders
- Meta Areas (High Uninsured Zip Codes)

Timing: October 16, 2024 – January 15, 2025

Traditional Media Overview

Television

- Baltimore, Hagerstown, & Salisbury – Full DMA Broadcast and Cable
- Washington, DC - Cable only in MD counties
- Spanish language TV on Telemundo and Univision

Radio

- Baltimore, DC, Salisbury - African American radio
- Baltimore, DC - Spanish language radio
- Regular schedules as well as integrations & live remotes using station talent ("halo effect")
- Digital and Social Media promotions

Print

- Baltimore and DC - African-American print
- Baltimore and DC - Spanish Language print
- Special editions where available

Out of Home

- Gig workers - Billboards around Amazon/Walmart warehouses
- Lower income - Dollar General/Family Dollar; Transit Media (bus shelters, bus interiors)
- Older/ethnic - Church bulletins around holidays

Digital Media Overview

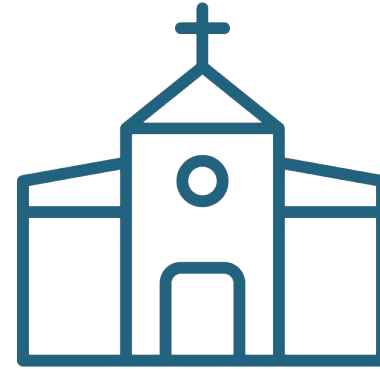
- Digital video (YouTube, Hulu, Roku, ESPN, Match Media Group)
- Digital audio (Spotify, SXM Media, iHeart)
- Traditional & Native Display ads (The Trade Desk, Zeta, Taboola, Urban One and Match Media Group)
- Paid Social including influencers (Meta, LinkedIn, Snapchat, Reddit) and Google paid search.



What's New?



**Billboards near
Amazon & Walmart
warehouses**



Church Bulletins

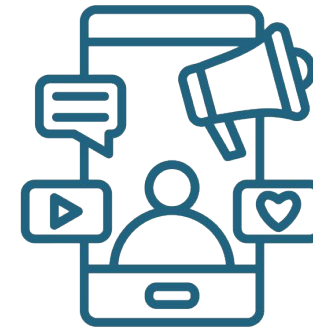


Reddit

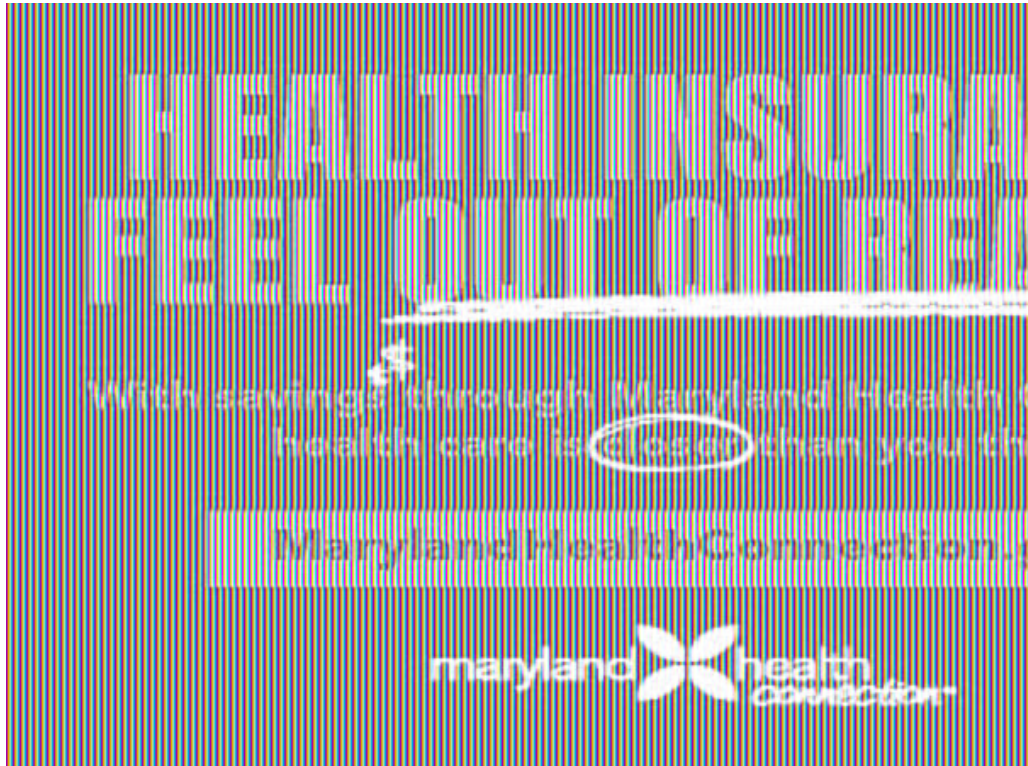


MatchMediaGroup

**Dating
App**



**Whitelisting
Micro-influencers**



HEALTH INSURANCE FEEL OUT OF

REACH?

IT'S CLOSER THAN YOU THINK.

With savings from Maryland Health Connection, the health benefits you need are within reach. In fact, 9 in 10 people who enroll get savings, and it's the only place where you can get tax credits to help pay for your plan. Every plan covers doctor visits, emergency care, mental health services, prescriptions, and more. So don't wait. Trained experts are ready to help you find the most savings and enroll.

Get a health plan at MarylandHealthConnection.gov



Amplify Outreach Efforts

- Host/participate in events across the state targeting young adults, Latino Marylanders, Black Marylanders, businesses and stakeholders.
- Prioritize digital storytelling: capturing video and photos of our consumers/stakeholders to tell our outreach story, and build content for digital channels.
- Consumer-focused webinar in October on mental and behavioral health coverage.



Paid Media Plan

Week of:	14-Oct	21-Oct	28-Oct	4-Nov	11-Nov	18-Nov	25-Nov	2-Dec	9-Dec	16-Dec	23-Dec	30-Dec	6-Jan	13-Jan
Television: Broadcast/Cable														
Billboards														
Dollar General/Family Dollar														
Transit media														
Church Bulletins														
Print														
Radio														
Digital Video														
Digital Audio														
Display Video														
Social														
Search														



MHBE Consumer Decision Support Workgroup - Report on Recommendations

Amelia Marcus, Health Policy Analyst

Consumer Decision Support: Purpose

- Discuss areas to improve consumer decision support during the plan shopping experience in the “Get an Estimate” plan shopping tool and within the MHC application.
- Develop a set of recommendations for more effective decision-making support on MHC to better assist consumers with health plan selections that best fit their health and financial conditions.
- Discussions and recommendations will focus specifically on health insurance plan shopping in the individual market.

Consumer Decision Support: Outcomes

- Recommendations for:
 - Identifying areas in plan shopping experience where consumer may benefit from more information or guidance
 - Improving plan information display on the plan list page
 - Providing tailored plan recommendations to consumers
- Final Workgroup Report of Recommendations will be available on the [MHBE Consumer Decision Support Workgroup page](#) soon

Highlights of Workgroup Recommendations

- Simplify the plan tile display



KP MD Silver Virtual Forward 2500/CSR

2024-90296MD0610016-04

More Savings: Cost Sharing Reductions Available i Tier-1

METAL LEVEL:

SILVER

QUALITY RATING:

★★★★★ i

ESTIMATED MONTHLY PREMIUM i	ANNUAL DEDUCTIBLE i	ANNUAL OUT-OF-POCKET MAX i	PRIMARY CARE i	URGENT CARE i	ER SERVICES i	GENERIC DRUG
<p>\$11.59</p> <p>Price after estimated \$327.90 tax credit and state premium assistance.</p>	<p>\$2500 per person</p> <p>\$5000 per group</p>	<p>\$7550 per person</p> <p>\$15100 per group</p>	<p>\$45.00 Copay</p> <p>after deductible</p>	<p>\$65.00</p> <p>Copay after deductible</p>	<p>20.00%</p> <p>Coinsurance after deductible</p>	<p>\$10.00</p> <p>Copay</p>

H.S.A. Qualified : No

Telehealth: Primary Care: No charge | Urgent Care: No charge | Mental health outpatient: No charge

[Find a Health Care Provider](#)

[Important Plan Information](#)

[Plan Costs & Benefits](#)

[Drug Search](#)

[Details](#)

Email Quote

Add to Compare







APPLY

Highlights Cont'd

- Simplify explanations of financial assistance

Begin your application and provide information to determine your eligibility for low cost or free insurance plans.

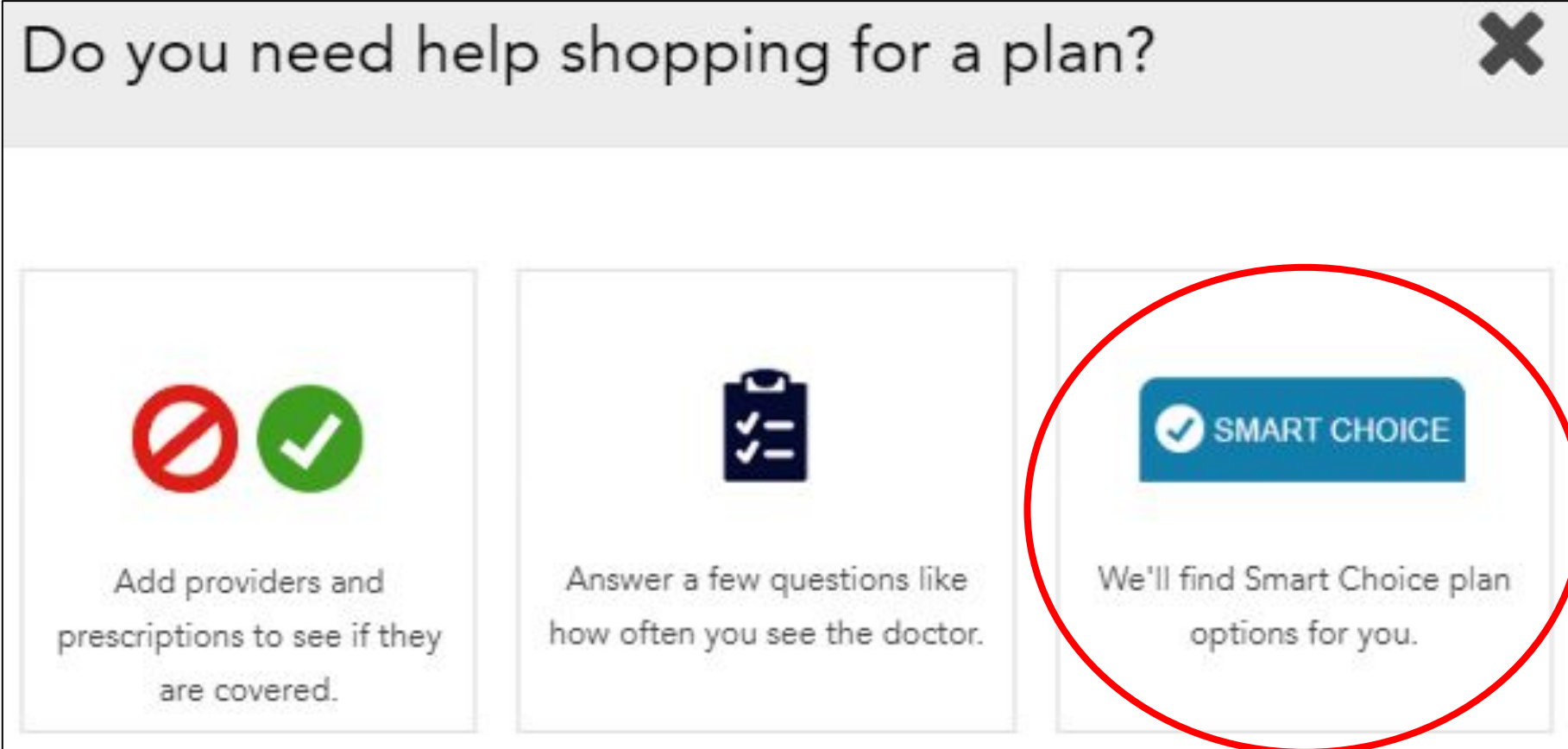
Applicant, Age 33

Cost Sharing Reductions: 		Based on the information provided, you and your household may qualify for financial help.
Premium Tax Credit: 		Based on the information you provided, you and your household may qualify for an estimated \$268.00 in federal tax credits per month.
State Premium Assistance: 		Based on the information you provided, you and your household may qualify for an estimated \$56.00 state premium assistance per month.


Highlights Cont'd


- Provide option to tailor plan recommendations to consumer preferences


- Example:
Washington
Health Benefit
Exchange



Do you need help shopping for a plan? ✕


Add providers and prescriptions to see if they are covered.


Answer a few questions like how often you see the doctor.


We'll find Smart Choice plan options for you.

Young Adult Subsidy Program Evaluation, Discussion, and Legislative Update

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

Background

- In 2022, pursuant to legislation, MHBE launched a two-year **pilot program** to provide a **state-funded premium subsidy** to reduce young adults' premiums.¹ In 2023, the program was extended two years, through the end of 2025.²
- The subsidy pairs with federal premium subsidies to reduce premiums costs on a sliding scale, with the **youngest and lowest income young adults paying the least**.
- Funded with **up to \$20M/year** from the state reinsurance fund.
 - MHBE authorized to “rollover” unspent funds from prior program years, for use in future years.³

Young Adult Subsidy Program Parameters

Eligibility

- Income: $\leq 400\%$ FPL, ineligible for Medicaid
- Enrolled through MHC
- Age:
 - 2022-2023: Age 18 to 34
 - **2024-2025: Expanded eligibility to adults up to age 37**

Subsidy Design

- Reduce the maximum expected contribution by 2.5% between ages 18 and 33
- For ages 34 to 37, the 2.5% reduction phases out by 0.5% each year

	18-30	31	32	33	34	35	36	37	38
2022-2023 Parameters	-2.5%	-2.0%	-1.5%	-1.0%	-0.5%	0.0%	0.0%	0.0%	0.0%
2024-2025 Parameters	-2.5%	-2.5%	-2.5%	-2.5%	-2.0%	-1.5%	-1.0%	-0.5%	0.0%

Data Snapshot: Recipients and Annual Spend

Data as of	Total Young Adults with Subsidy*	Total Young Adults without Subsidy*	Average Subsidy PMPM	Total Annual Subsidy Spend
Jan 31, 2021	N/A	45,152	N/A	N/A
Jan 31, 2022	32,212	17,309	\$37	\$13.9M
Jan 31, 2023	31,627	17,048	\$36	\$13.2M
Jan 31, 2024	52,584	21,274	\$38	\$24.5M [^]

*Enrollment data for 18-34-year-olds for 2021, 2022, and 2023; for 18-37-year olds for 2024.

[^]Estimated spend for plan year 2024, as of September 2024.

Program Evaluation - Legislative Reports

MHBE has two reports due to the Maryland General Assembly this year that evaluate the impact of the Young Adult Subsidy (YAS) Program:

1. **House Bill 937 (2022)** expanded the use of YAS funds in 2023 to cover the non-EHB portion of the premium that cannot be covered by federal APTC, for young adult subsidy recipients who would otherwise have a 0% expected contribution (EC).
 - a. **Report requirement:** MHBE to study the impact on consumers receiving last dollar coverage, and the impact of extending last dollar coverage to other enrollees in addition to eligible young adults.
2. **Senate Bill 601 (2023)** extended the YAS program an additional two years through 2025.
 - a. **Report requirement:** MHBE in consultation with the MIA to conduct a study on the number of individuals who signed up for health insurance through the Exchange because of the YAS program.

House Bill 937 (Last Dollar Coverage) Preliminary Analysis

- Providing last dollar coverage significantly improved enrollment uptake and retention for eligible young adult.
- Due to the program, MHBE estimates that in 2025, approximately:
 - 1,670 young adults will effectuate coverage
 - 800 young adults who otherwise would have dropped coverage will remain enrolled.
- If expanded to all ages in 2025, MHBE estimates that:
 - 1,400 individuals will effectuate coverage
 - 1,000 individuals who otherwise would have dropped coverage will remain enrolled.

Changes in Effectuation Rates Between 2022 and 2023

	2022	2023
Non-Young Adults	93%	85%
Young Adults not eligible for last dollar coverage	91%	81%
Young Adults eligible for last dollar coverage (or would have been in 2022)	94%	93%

Changes in Lapse Rates Between 2022 and 2023

	2022	2023
Non-Young Adults	24%	23%
Young Adults not eligible for last dollar coverage	22%	22%
Young Adults eligible for last dollar coverage (or would have been in 2022)	20%	13%

Senate Bill 601 (Young Adult Subsidy) Preliminary Analysis

- **Making Insurance More Affordable**

- Almost 60,000 young adults are currently benefiting from the subsidy

Average Monthly Savings	Average Premium After Subsidy	Average Premium Before Subsidy
\$38 30%	\$87	\$125

- **Driving Enrollment Growth and Reducing the Uninsured**

- Report estimates the YAS resulted in an **additional 4,700 young adults enrolling in or remaining insured in the individual market in 2022**, contributing to an overall 5% decrease in the number of uninsured young adults in Maryland (age 18-34)
- Since the start of the subsidy program, young adult enrollment is up 46% compared to an all-age enrollment increase of 30%

- **Supporting Health Equity**

- Enrollment by Black young adults (age 18-34) increased year over year by 46%, and enrollment by Hispanic young adults increased by 50% (as of January 2024)

Updates and Discussion

- **Legislative update**

- Currently the YAS program is set to expire at the end of PY 2025
 - MHBE anticipates legislation in the upcoming 2025 legislative session to enable the continuation of the program beyond 2025
- Additionally MHBE will be thinking through adjustments to the program under various future funding scenarios (i.e. ARPA expiring after 2025)

- **Discussion**

- Thoughts from the group on considerations for future program adjustments?



Discussion - Future Plan Certification Standards

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management

Plan Certification Standards Background

- MHBE sets plan certification standards for individual market plans sold through Maryland Health Connection, which encompass plan design, operational, and other requirements, such as:
 - Require NCQA Health Equity Accreditation (2024)
 - Value Plan standards (annually 2020-present)

Proposed 2026 Plan Certification Standard

- **Require equivalent cost-sharing for primary care and mental health/substance use disorder office visits**
 - Require equivalent cost-sharing between these service types
 - Encourage carriers to use copay structure for these service types
- **Background**
 - Federal and state parity laws generally provide that financial requirements (e.g., coinsurance and copays) and treatment limitations (e.g., visit limits) imposed on MH/SUD benefits cannot be more restrictive than the predominant financial requirements and treatment limitations that apply to substantially all medical/surgical benefits in a classification (e.g.inpatient/outpatient/emergency/Rx)
 - Plans sold through MHC must comply with parity laws, but it is possible for a plan to be compliant and still have less favorable cost sharing for MH/SUD office visits than for primary care
 - Of the 5 MHC insurers, 3 currently use the same cost sharing for these service types, 1 has voluntarily agreed to implement equivalent cost sharing in 2026, and 1 is evaluating our request to do so.
- **Other suggestions for future Plan Certification Standards?**



SAC Discussion - 2025

Agenda Items

Discussion

- Are there any topics or issues you would you be interested in the Standing Advisory Committee addressing in 2025?
- Other comments, questions, or suggestions?

The background is a solid light green color. On the left side, there is a decorative graphic consisting of four large, rounded, leaf-like shapes arranged in a cross pattern, meeting at a central vertical stem. The leaves are a slightly darker shade of green than the background. The text "Public Comment" is centered horizontally and positioned in the upper half of the image, overlapping the top two leaves.

Public Comment