



Maryland Health Benefit Exchange Board of Trustees Meeting Minutes

December 17, 2013

3:00 PM – 5:00 PM

Maryland Health Benefit Exchange
750 East Pratt Street, Sky Lobby Level
Conference Room B
Baltimore, MD 21202

The materials presented in the meeting are listed on the Maryland Health Benefit Exchange (MHBE) webpage: <http://marylandhbe.com/exchange-board/board-meetings/>

Members Present

Joshua M. Sharfstein, M.D.

Darrell Gaskin, Ph.D.

Thomas Saquella, M.A.

Georges Benjamin, M.D. (by phone)

Ben Steffen, M.A. (by phone)

Kenneth Apfel, M.P.A. (by phone)

Jennifer Goldberg, J.D., LL.M.

Therese Goldsmith, J.D., M.S.

Enrique Martinez-Vidal, M.P.P. (by phone)

Also present: Interim Executive Director, Carolyn Quattrocki, J.D.

Opening Comments and General Updates

Chairman Sharfstein welcomed everyone and discussed the ongoing challenges before introducing Carolyn Quattrocki, Interim Executive Director of the Maryland Health Benefit Exchange (MHBE). Ms. Quattrocki commended the work of Becca Pearce, former Executive Director of the MHBE. She thanked the Board for their support and MHBE staff for their continued work.

Meeting Minutes

Insurance Commissioner Goldsmith had comments on the four sets of minutes presented for Board review. The Board discussed and decided that MHBE staff will coordinate with Commissioner Goldsmith to review comments. The minutes will be reviewed at the next Board meeting.

Employer Tax Credits and Application of Small Group Rating Rules

Commissioner Goldsmith provided an overview of what Maryland is doing in absence of the SHOP Exchange beginning on January 1, 2014. The proposal, submitted to the Center for Consumer Information and Insurance Oversight (CCIIO), would permit Maryland to mirror the direct enrollment option and expand the employer tax credit up to 50 percent for eligible small employers.

- Chairman Sharfstein asked whether the tax credit can be claimed prior to purchasing an appropriate plan. Commissioner Goldsmith noted that the plan must be a qualified health plan (QHP) and can claim the credit through enrollment directly with the carrier or producer. She noted that Maryland Insurance Administration (MIA) is indicating to make it available on January 1st.

Medicaid Update

Chuck Milligan, Deputy Secretary for Health Care Financing at the Maryland Department of Health and Mental Hygiene (DHMH), provided an update on the Primary Adult Care (PAC) program enrollees who will shift into full-benefit Medicaid. Roughly 87,000 PAC enrollees will receive full Medicaid benefits on January 1, 2014. Mr. Milligan explained that Medicaid managed care organizations (MCOs) are being sent enrollment rosters. In addition, PAC enrollees would begin to receive their Medicaid identification cards.

Mr. Milligan discussed how DHMH will continue to accept PAC applications through December 31, 2013. These individuals would still be converted into full Medicaid. Individuals who applied, but were not able to select an MCO, would begin their Medicaid coverage in the fee-for-service (FFS) program. However, these individuals would have the opportunity to select an MCO.

Mr. Milligan explained Medicaid's data conversion. There is a cohort of individuals who will be determined eligible for Medicaid under old rules. Effective January 1, 2014, eligibility determinations will be done through the Health Insurance Exchange (HIX) based on the modified adjusted gross income (MAGI) re-determinations. Mr. Milligan emphasized how these changes in eligibility rules bring several information technology (IT) challenges. The completion date for the data conversion workplan is March 2014.

Mr. Milligan discussed individuals who would be newly eligible for Medicaid. He explained that tests are being conducted to ensure coverage is effective on January 1, 2014. Newly eligible enrollees will begin their Medicaid coverage in FFS. Within 90 days, enrollees will have the opportunity to select an MCO. Mr. Milligan discussed the total estimate of 100,000 individuals eligible for Medicaid (either newly eligible or previously in PAC).

- Professor Apfel asked about individuals who would seek/apply for coverage after January 1. Mr. Milligan noted that those individuals will have their eligibility determinations made with the new MAGI rules.
- Mr. Martinez-Vidal asked about a sense of the population. Mr. Milligan explained that 90,000 individuals are entering Medicaid as former PAC enrollees, compared to 10,000 through the current Medicaid system.
- Mr. Steffen asked about the ability for applicants to make MCO choices through the HIX. Mr. Milligan noted that it is scheduled to be completed by Noridian after January 1.
- Dr. Gaskin asked about scenarios where individuals thought they made a choice, but received a message from the HIX stating that future contact is required. Mr. Milligan noted that if an individual does not choose a plan on the day of application, the enrollment broker will receive the information and assist the individual at a later time. He emphasized the goal is to have plan selection occur on the same episode.

Optum Contract and IT Update

Isabel Fitzgerald, Secretary of the Maryland Department of Information Technology, and Kevin Yang, Chief Information Officer at the MHBE, provided an overview of the Optum contract and an IT update. Ms. Fitzgerald thanked the Board for its continued support.

Ms. Fitzgerald reviewed key online enrollment statistics. She noted that the number of applications has substantially increased. All of the online portal metrics, such as counts of online account registrations and enrollments into QHPs, are experiencing upward trends. Ms. Fitzgerald noted that 30 percent of enrollments for the open enrollment period were completed last week.

Ms. Fitzgerald discussed how the MHBE has entered into a contract with Optum/QSSI, which will focus on enhancing the consumer experience by providing end-to-end project management and operational support, as well as technological assessments and recommendations. She noted that additional support will accelerate the pace of improvements. Optum/QSSI began their work with the MHBE on December 16. Ms. Fitzgerald explained that the IT and operations teams have made progress on key tasks to facilitate Marylanders gaining coverage. All nine of the critical fixes identified have been resolved. She explained how the website is functioning, but improvements and fixes are ongoing.

Mr. Yang discussed specific features and improvements to the user experience for the external and internal portals. Account self service functionality has improved with features to reset forgotten passwords and retrieve forgotten user names. The IT team is continuing to address issues with account lock-outs and system access. Mr. Yang explained how the system was updated with 26 notices, which include:

- Notices of Eligibility Determination (approvals and denials for Medicaid and QHP)

- Notices of More Information Required (Medicaid and QHP)
- Notices of Preferred Methods of Contact (all applications)

Mr. Yang discussed the improvements to the stability of plan shopping and selection. He explained how the 834 enrollment files are being sent to carriers. In addition, carriers have successfully billed, and received payment from, consumers. The MHBE will be sending a report of advance payment of the premium tax credit (APTC) enrollments to the Center for Medicare and Medicaid Services (CMS) on December 20. Mr. Yang explained how the MHBE has updated the Curam software to address issues with the Medicaid eligibility rules. He emphasized that the MHBE will continuously work to eliminate all errors in the file transfer.

Mr. Yang discussed the internal and external portal experience. He explained how roughly 90 percent of internal users have activated their accounts. With regard to connector entities, Mr. Yang explained how the MHBE is continuing to work on solutions for Navigators to access the HIX from their field offices through a virtual private network (VPN). Other noted improvements include:

- New users can be provisioned on a daily basis
- Several “blockers” that impacted application completion through the internal portal are no longer an issue
- Users can locate internally created applications and complete the plan shopping experience
- Updated job aids have been created and delivered for key internal portal workarounds
- A solution has been implemented to address user account conflicts between the external and internal portal

In terms of online applications, Mr. Yang discussed how workers are processing eligibility for roughly 8,000 individuals. He noted how a process has been established in local health department offices, connector entities, and the customer service center (CSC) for entering paper applications, conducting outreach to consumers, and processing eligibility determinations. He noted how these procedures will mitigate the paper application backlog. Ms. Fitzgerald noted that the MHBE wants to emphasize incident management. That includes a focus on improving problem reporting, and triaging activities and feedback mechanisms to maximize service and reduce wait times for resolution. She discussed how “super-users” would be deployed to address any first-contact issues with applicants. Ms. Fitzgerald noted that the MHBE is considering expanding both the Noridian help desk and MAXIMUS call center.

- Ms. Goldberg asked whether the changes to notices have been operationalized. Ms. Fitzgerald explained that the notices will be generated by the system and mailed to consumers. The MHBE is beginning to roll out these notices.
- Commissioner Goldsmith asked about the provider search function. Ms. Fitzgerald explained how the provider search function is available. Additional work will continue on the geo-coding capability.
- Mr. Steffen asked about the VPN solution and the timeline to have this capability for navigators in the field. Ms. Fitzgerald noted how the timeline is an accelerated procurement function which will give Navigators access to internal and external portals from the field.

Mr. Yang discussed the 834 data transfer process, explaining that it is working very well. However, split families (parents on QHP, children on Medicaid) remain an ongoing data issue. Chairman Sharfstein commended the continued work and support of Ms. Fitzgerald and Mr. Yang.

Business Operations Update

Jonathan Kromm, Deputy Director of the Governor’s Office of Health Care Reform, provided a business operations update. He discussed the operational challenges that have occurred over the last few weeks. He outlined the operations project management office (PMO) structure. The Operations PMO will focus on initiatives that are key short-term areas of focus. These include:

- Coverage maximization – working with the IT team to identify access issues

- Paper applications – outreach to resolve applications requiring more information and QHP-eligible consumers to enroll in plans
- Special assistance – monitoring several short-term business process solutions that are already underway.

The Operations PMO will be tasked with identifying key barriers preventing consumers from advancing through the HIX, developing cross-agency business process “workarounds” for these barriers, and implementing business processes across agencies. The collaborating agencies will include the Maryland Department of Human Resources (DHR), DHMH, the MHBE, and Connector Entities.

- Dr. Gaskin asked about the timeline for processing Medicaid applications. Dr. Kromm noted how the goal is to have all Medicaid applications completed by December 29. He mentioned that some Medicaid applications are not completed. The MHBE is continuing to conduct outreach to those individuals to meet the condensed timeframe.

SHOP Interim Procedure

Frank Kolb, Director of Policy and Government Relations at the MHBE, provided an overview of the Small Business Health Options Program (SHOP) Exchange minimum participation waivers, as well as SHOP interim procedures for to the Board for review. He stated that the MHBE proposed an interim procedure that provided a waiver from the 75 percent SHOP minimum participation requirement for those with specific forms of coverage, to include group spousal coverage under a public or private plan and employees under the age of 26 years who are covered under their parent’s health plan.

Mr. Kolb discussed how, after working with MIA staff and Board members, the MHBE has determined the SHOP minimum participation interim procedure is unnecessary because such waiver is already in Maryland statute.

- Chairman Sharfstein asked whether this finding requires the MHBE to educate users. Mr. Kolb acknowledged the need for the MHBE to educate brokers, navigators, and agents.

Mr. Kolb discussed the SHOP eligibility appeals process and outlined the following interim procedure for Board review:

- Under federal law, an Exchange is required to provide notice of right to a desk review with a denial
- An employer/employee may request a desk review of the (1) denial of its application for SHOP Exchange qualified employer eligibility or (2) failure of the SHOP Exchange to make an eligibility determination in a timely manner.
- The reviewing Officer has 90 days from the receipt of hearing request to forward a written decision to the employer/employee.
- Appellants do not have the right to a contested case hearing.

Professor Apfel motioned to approve the SHOP eligibility appeals process interim procedure. Dr. Benjamin seconded the motion. The Board unanimously approved the interim procedure.

Mr. Kolb discussed that the interim procedures will be distributed to agencies for comments as his department works to finalize regulations covering several interim procedures. This includes CSC employee Individual Exchange enrollment permit standards, captive producer authorization standards, and individual eligibility appeals. Chairman Sharfstein commended the continued work of the MHBE staff.

Closed Session¹

A motion to move into a closed session was made by Chairman Sharfstein and was seconded by Dr. Gaskin and Ms. Goldberg. The Board voted unanimously to move into close session.

Adjournment

Immediately following the closed session, Chairman Sharfstein adjourned the meeting.

¹ State Government Article 10-508(a)(1) – to discuss the appointment , employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom it has jurisdiction and (7) to consult with counsel to obtain legal advice.