

Maryland Health Benefit Exchange Board Meeting Minutes

June 12, 2012
1:00 p.m. - 4:00 p.m.
Cecil County Department of Health
45 Bow Street
Elkton, MD 21921

The materials presented in the meeting are listed on the Maryland Health Benefit Exchange webpage: <http://dhmh.maryland.gov/exchange/SitePages/meetings.aspx>

Members Present

Joshua M. Sharfstein, M.D.	Kenneth Apfel, M.P.A
Georges Benjamin, M.D.	Thomas Saquella, M.A.
Jennifer Goldberg, J.D., LL.M.	Darrell Gaskin, Ph.D.
Enrique Martinez-Vidal, M.P.P.	Rebecca Pearce, M.B.A
Ben Steffen, M.A.	

Members Absent

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

Opening Comments and General Updates

Secretary Sharfstein welcomed the Exchange Board members and participants. He asked Stephanie Garrity, Cecil County Health Officer, to introduce herself to the members. Rebecca Pearce, Executive Director of the Exchange, noted that it was the one-year anniversary of the Maryland Health Benefit Exchange, in honor of which the Board would enjoy a birthday cake.

Ms. Pearce then provided the following general updates:

- The Board meeting scheduled for July 9, 2012, is cancelled. There may be a meeting scheduled later in July.
- The August meeting was originally planned to take place in Salisbury, MD during the week that the Maryland Association of Counties (MACO) is holding its annual conference in Ocean City. The Board is considering moving the meeting from Salisbury to Ocean City to coincide with the MACO meeting. No decision had yet been made at the time of the meeting.
- All Board members should have received the Level II grant submission narrative before the meeting. Any responses must be provided to the Exchange by June 18, 2012.
- The vacancy listing for the position of Policy Director of the Exchange closes Friday, June 15, 2012.
- The vacancy listing for the position of Fiscal Administrator of the Exchange closes Friday, June 22, 2012.

The Board approved the May 18th meeting minutes without revision.

Advisory Committee Update

Rebecca Pearce gave the Board an update on the three new advisory committees: the Plan Management, Continuity of Care, and Navigator Program Advisory Committees. She noted that chairs had been chosen for each, and that the committees' charters would choose the members by June 13, 2012.

The Plan Management Advisory Committee's Chair is Mary Jo Braid-Forbes. A Co-Chair may be added at a later date. This committee has already begun meeting. Since the work of this committee informs decisions around both information technology (IT) and the interim policy process, it must work quickly. Ms. Braid-Forbes has a background in economics and as a health policy analyst.

The Continuity of Care Advisory Committee's Co-Chairs are Uma Ahluwalia and Cynthia Demarest. Ms. Ahluwalia is the Director of the Montgomery County, Maryland Department of Health and Human Services. Ms. Demarest is the Director of Maryland Physicians Care.

The Navigator Program Advisory Committee will have three co-chairs: Leigh Cobb of Advocates for Children & Youth, Liddy Garcia-Bunuel of Healthy Howard, Inc., and Jon Frank of Jon S. Frank & Associates.

Appeals and Grievances Plan

Kristine Hoffman, Assistant Attorney General for the Exchange, presented an overview of the Appeals and Grievances processes currently under development. She began by listing the requirements under both federal and state law, including which categories of determinations are subject to contested case procedures. She noted that at both the federal and state levels, there is not much guidance yet on what the Exchange appeals process must accomplish.

Ms. Hoffman listed those determinations for which the Exchange must establish an appeals process, noting some appeals involving Navigators that are the responsibility of the Maryland Insurance Administration (MIA). She then outlined some appeals processes that currently exist in Maryland, and said that the Exchange intends to integrate with these existing procedures.

Ms. Hoffman then described to the Board one of the two different types of appeals: the contested case hearing. This type of appeal encompasses a full evidentiary hearing with the right to contest the basis for a decision and to present rebuttal evidence. The Board may conduct hearings under this type of appeal itself, or it may delegate hearing authority to another body. The Exchange recommends that the Board delegate this authority to the Office of Administrative Hearings (OAH). Ms. Hoffman, in response to questions from the Board, noted that any delegation of authority may be made on a case-by-case basis, or even on a categorical basis. Additionally, the delegation of authority is not permanent, and so may be reassigned at the discretion of the Board. Once a case has begun, however, the body hearing that case must take it to conclusion. Beyond the appeals hearing conducted by the Board or its delegated body, any further appeals would be conducted in the courts and handled by the Office of the Attorney General of Maryland (OAG).

Ms. Hoffman then described the other type of appeal: the informal appeal. A less formal process designed to provide meaningful but expedient consideration, the informal appeal may be simply

a review of documents in a written appeal. The Board may delegate review of ministerial decisions. Non-ministerial decisions are subject to Board approval.

Ms. Hoffman laid out three proposed processes for handling various types of appeals:

Decision Under Appeal	Proposed Process	Note
<ul style="list-style-type: none"> • Qualified Health Plan Decertification 	<ol style="list-style-type: none"> 1. Informal Hearing by the Exchange 2. Exchange Board Review 	Additional analysis is required for this process.
<ul style="list-style-type: none"> • Individual Eligibility • Producer Authorization Suspensions 	<ol style="list-style-type: none"> 1. Internal Review by the Exchange 2. Hearing by OAH 	
<ul style="list-style-type: none"> • Employer Liability • Employer Eligibility • Employee Eligibility 	<ol style="list-style-type: none"> 1. Internal Review by the Exchange 2. Informal Hearing by the Exchange 	To be handled inside the Exchange.

One Board member asked about the workload of appeals on the Massachusetts exchange, to which Ms. Hoffman replied that she did not have firm numbers, but that she felt it was not insurmountable. Ms. Pearce pointed out that the Exchange’s Appeals and Grievances division has not only legal support, but also an administrator whose responsibility it will be to gather data and documents for a case.

Ms. Hoffman, in response to another question from the Board, clarified why the Exchange proposes two separate processes for handling appeals of eligibility decisions—one for individual eligibility and the other for employer and employee eligibility. She explained that individual determinations have a legal basis in Maryland law based on the deprivation of an entitlement, while the legal basis for the employer or employee decisions is still unclear. The federal regulations do not clarify whether these decisions will rise to the contested case level. While the recommendations represent the Exchange’s best effort to predict the regulations, Ms. Hoffman cautioned the Board to be prepared to change the procedures if and when new guidance becomes available.

Finally, Ms. Hoffman laid out the next steps in the Exchange’s efforts to establish the Appeals and Grievances process, including developing a memorandum of understanding (MOU) with OAG’s Health Education and Advocacy Unit (HEAU); drafting appeals regulations; and working with the Department of Health and Mental Hygiene (DHMH), MIA, and HEAU to integrate the appeals processes.

In the discussion that followed, two main points emerged:

- The Exchange will create a policy document that covers the entire Appeals and Grievances process; this document will be supplemented by regulation.
- Ben Steffen encouraged the Exchange to keep formal hearings to a minimum and to handle as many appeals as is practicable in an informal process. It has been his experience at the Maryland Health Care Commission that far too many resources are

spent on smaller issues, and he encourages the Exchange to keep that in mind while finalizing the policy.

Performance Measures

Leslie Lyles Smith, Director of Operations for the Exchange, presented an overview of the Exchange's efforts to create a plan for Exchange performance measurement. She noted that performance measures and metrics have been an important topic for the Exchange since its beginning, and listed a few metrics originally identified in the Exchange's Business Requirements Document from June 2011. She listed the key measures of success as outlined by Lieutenant Governor Anthony Brown's speech on Health Care Reform of April, 12, 2011. Ms. Lyles Smith then recounted the guiding principles for the Exchange as defined in the December 23, 2011, report, *Recommendations for a Successful Exchange*.

Ms. Lyles Smith then presented to the Board five core measurement categories against which all performance metrics will be compared, as well as examples of data that would be used to judge performance in that category. She listed several existing sources of data within the state that the Exchange plans to use in establishing performance metrics, noting that since Maryland has such a wealth of information, the Exchange would not have as difficult a job as it would otherwise.

Ms. Lyles Smith told the Board that the Exchange will soon engage a consultant to help craft the performance measurement plan in preparation for final recommendation to the Board in October 2012.

Items raised in the ensuing discussion included:

- It is desirable to focus on only a few measures, goals, and data sources.
- The performance metrics can be used both to measure the performance of the Exchange itself and to measure the impact of the Exchange on the broader health care landscape in Maryland. While taking a broader look at the Exchange's progress toward the overall goals, it should be made explicit which metrics are under the Exchange's control.
- It may be worthwhile to involve the State Health Access Data Assistance Center (SHADAC) from the Robert Wood Johnson Foundation (RWJF) and the University of Minnesota to assist in this effort.
- Most measures would be available on a monthly basis.

Marketing Plan and Brand Name Decision

Danielle Davis, Director of Communications and Outreach at the Exchange, presented an update on the communications and outreach plan. She outlined some guiding principles before drilling down into specific objectives for the marketing, communications, education, and training objectives.

Ms. Davis then spent some time looking at the target audiences of the various outreach efforts, specifically the uninsured in Maryland. She provided some demographic information and media consumption patterns of this population. She laid out an overall timeline of the communication and outreach effort, as well as some immediate next steps.

The Board then provided feedback to Ms. Davis, including:

- There should be a focus in the communication efforts on improving the health *insurance* literacy of the population of Maryland.
- Based on the Massachusetts experience, the Exchange can expect to become the center of information and education regarding the individual mandate.
- The Board wishes to view any messaging that has already been constructed by the Exchange.
- The terms used in the presentation to identify some of the market segments were insensitive and should be renamed.

Ms. Davis then asked the Board to choose a name for the consumer portal to be used to further develop the brand. She presented a list of the names under consideration:

- Health Plans Maryland
- Maryland Health Marketplace
- Insure Me Maryland
- Maryland Health Connection
- Get Covered Maryland

The Board then began a discussion of the relative merits of the options. Board members raised several questions and expressed their opinions, summarized here:

- Ms. Davis presented the proposed names to the members of the Exchange's advisory committees. A member of the Implementation Advisory Committee expressed concern that the list of names did not contain one that would compete well in future years.
- Board members disagreed over the relative importance of marketing to the low and moderate income population. One argument for such a marketing focus is that serving this population is a central mission of the Exchange. Another is that the population that falls between 100 and 400 percent of the federal poverty level may have to pay premiums now whereas they did not before. The argument against this is that the Exchange will be the only place for this population to obtain the subsidies to which they are entitled.
- The online survey conducted by the marketing and branding vendor, Weber Shandwick, did not include any small businesses.
- The Exchange and Weber Shandwick did not test any names without the word "Maryland" included.
- Provided that the name chosen does not have a built-in stigma, the name may, in the end, be unimportant. The content and functionality of the consumer portal may be the more important consideration for the brand.
- Some of the names may lead to consumers' confusing the Exchange with an insurance company.
- Research suggests that brand names with a "call to action" built in, such as Insure Me Maryland or Get Covered Maryland, can dilute the brand if the verb used doesn't accurately reflect the nature of the organization or offering.
- The online survey had a high number of respondents over the age of 65. Chuck Fitzgibbon of Weber Shandwick said that online surveys seem to always attract an over representative sample of this age group, and that they accounted for this in the weighting of the online survey against other measures.

Ultimately, the Board decided to proceed with the name Maryland Health Connection, with the stipulation that the Exchange will look into the possibility of rearranging the words to read Health Connection Maryland.

Individual Billing and Payment

Kevin Yang, Chief Information Officer of the Exchange, presented a recommendation to the Board on how to approach the issue of premium billing and collections on the Individual Exchange. The Exchange intends to proceed with developing the technology required to handle this function in-house, especially since it will have to develop that capability for the SHOP Exchange in any case. The Exchange will hire a consultant to make a recommendation by October 2012 as to whether to proceed with performing these functions. Among the issues this consultant is expected to address is the difference in cost between building this function in-house and having carriers do premium billing and payment.

Project Progress Report

Yohance Green, Project Manager at the Exchange, gave the Board an update on the Exchange's progress, noting that only one item is marked in yellow, denoting a challenging issue. The Exchange is behind schedule in finding an Independent Verification and Validation (IV&V) vendor. He acknowledged that securing this vendor is the biggest challenge facing the Exchange's project at this time.

Next Steps

The next Exchange Board meeting will be held on June 20, 2012, for a final review of the Level II grant application, which must be submitted to the Center for Consumer Information and Insurance Oversight (CCIIO) by June 29, 2012.