



**Maryland Health Benefit Exchange
Standing Advisory Committee**

Thursday November 12, 2015

2:00pm - 4:30 pm

Office of Health Care Quality at DHMH Spring Grove Hospital Center
Bland Bryant Building, Ground Floor
Catonsville, MD 21228

Members Present

Salliann Alborn
Ken Apfel
Robyn Elliott
Adrienne Ellis
Elizabeth Chung (phone)

Karl Cooper (phone)
Vinnie Demarco
Mark Haraway
Al Helfenbein
Leni Preston

Deb Rivkin
Kimberly Robinson
Tanya Robinson
Sanford Waters

Members Absent

Jennifer Broadus, Lori Buxton, Robin Elliott; Michael McClain

Also in attendance: Robert Axelrod; Juliana Bell; John Paul Cardenas; Matt Celentano; Lena Hershkovitz; Sandy Kick (phone); Jonathan Kromm; Robbyn Lewis; Dan Mosebach; Kaylee O'Connor; Carolyn Quattrocki; Eugene Simms; Laura Spicer; Brenna Tan; Michelle Wojcicki.

Welcome & Introductions

Ms. Alborn called the meeting to order with a quorum present.

Approval of minutes

Due to late dissemination, members were not able to review the October 2015 minutes in advance. Approval of those minutes will be postponed until the December meeting.

MHBE Staff Update

Carolyn Quattrocki, Executive Director of MHBE, provided the Staff Update. To address the high demand for in-person assistance, the number of Application Counselor Sponsoring Entities (ASCE) and Certified Application Counselors in OE3 is significantly increased, compared to OE2. Approximately 925 authorized

producers are able to assist Marylanders with health plan selection. In addition, the roll out of the Broker Assisted Telephone (“BAT Phone”) pilot project is going well, handling approximately 30 calls per day during the first week. Ms. Quattrocki mentioned that the Exchange is making efforts to increase the number of FQHC clinics that are prepared to function as ASCE.

Regarding Network Adequacy, staff are working on a draft issue letter. Public comment will be sought, and the input will be synthesized and be presented to the MHBE Board on November 23rd. Public comment should be submitted by Friday November 13th in order to be included. Comments can be addressed to Michelle Wojcicki, MHBE Policy Director.

SAC Member Reports from the Field

Leni Preston inquired about the rate of churn between QHP and Medicaid consumers. Jonathan Kromm, MHBE Deputy Executive Director stated that churn is something that can be assessed after OE2 has ended. Assessment will require a formal study; it is not something that is currently being tracked by our current system.

Salliann Alborn reported a brief summary about the November 5th NA/ECP workgroup meeting, stating that the key take away was that ensuring accuracy of provider information is still a challenge. Having worked with FQHCs for many years, Ms. Alborn stated that the challenge of securing accurate provider information is longstanding and complex. She stated that the NA/ECP workgroup concluded that a committed effort should be made to secure reliable, timely provider information, and that all stakeholders with a vested interest should advocate for more discussion. The challenge is that, other than credentialing, there is little incentive to ensure accuracy.

Ken Apfel, MHBE Board Liaison, asked the group to share perspectives on the current roll out of OE3. Vincent DeMarco stated that his organization has not received many complaints from their coalition partners, but that concerns about the impact of Medicaid redeterminations persist. Ms. Preston stated that although everyone understands that the pressure caused by the large volume of Medicaid redeterminations is essentially a short-term problem, it is a problem nevertheless, and highlights the critical need in-person assistance.

Adrienne Ellis stated that the Navigators at her organization seem satisfied with OE3 roll out, however, consumers who are being passively renewed express concern about drastic increases in their premiums. She also noted that consumers are not always aware that they should return to the MHC website to shop for plans that they are concerned that if they make any changes, they risk receiving erroneous bills, which is something that happened to some consumers last year. Ms. Preston added that her organization has also received calls from consumers who are upset about premium increases.

Ms. Quattrocki stated that it is important to make sure that consumers are aware that they can go back to the MHC system and shop for plans that meet their needs. They should also be made aware that they should also qualify for larger subsidies if their rates increase. It's important to shop because while some plan premiums have gone up, others have decreased. Regarding concerns about billing errors, the Exchange has improved synchronization of notices and billing. In addition, workflows for escalation of cases has also improved, so that when there are difficulties they can be resolved more quickly. She mentioned that MHBE is working hard to publicize the availability of subsidies.

Tanya Robinson stated that from her organization's point of view, "OE3 is the quietest open enrollment we've had so far."

Mark Haraway expressed appreciation to everyone on the MHBE staff who have worked hard to get stand-alone dental plans available to consumers. He added that there seem to be many adult Medicaid customers who have not had access to high level coverage thru Medicaid. Ms. Alborn added that oral pain is one of the "top 4 or 5 reasons that people go to the Emergency Room". She referred to the case of Deamonte Driver who died in 2007 due to a tooth abscess, and said that progress has definitely been made to get dental included as a comprehensive option.

Elizabeth Chung asked whether consumer organizations like hers can get access to information about re-enrollees—both QHP and Medicaid—in order to facilitate targeted outreach. Ms. Quattrocki stated that it would not be possible to provide consumers' names, however, MHBE does have maps that show, to a fairly granular level, where the highest geographic concentration of QHP eligible people are. However, she added, it would probably not be possible for MHBE to access information about people who are in the Medicaid redetermination pool. Ms. Alborn suggested that it might be possible for organizations to reach out to their local MCO's, and ask them what they are doing for outreach, and perhaps offer to be of assistance in their efforts. Ms. Chung remarked that, to her knowledge, MCO's do not seem to have asked local grassroots organizations like hers for more help with outreach. Ms. Alborn added that another group of trained workers are call center staff; one way to retain that talent could be to recruit call center workers into FQHCs.

Ms. Ellis mentioned that it is important to discuss Value Based Insurance Design (VBID). Ms. Alborn stated that VBID is a topic that will require extensive discussion, and that the group should allow sufficient time for the subject.

Ms. Ellis asked about the selection process for new SAC members. Ms. Quattrocki stated that staff have worked with the Board subcommittee – the Advisory Process Committee – to review applications and select candidates. She stated that staff expect to announce the names of new SAC members at the November Board meeting, and that those new members should begin to serve their terms in December or January.

Policy Topic: Meaningful Difference

Michelle Wojcicki, MHBE Policy Director, delivered a presentation on Meaningful Difference, a continuation of the discussion undertaken by the group at the October meeting. This presentation was designed to build on the previous one by providing detailed examples from other states. In addition, it also described MHBE staff's proposal regarding the inclusion of the FFM meaningful difference standard in the 2017 plan certification requirements.

After discussion, the group expressed support for inclusion of the federal standard. Ms. Preston asked if cost share could be considered for 2018 plans. Some members expressed concern about that, and Ms. Alborn suggested that it might be useful to continue looking at tools that FFM providers to state-based exchanges in the future. She clarified that for 2017, the SAC does indeed support inclusion of the federal standard. Ms. Ellis added that "as the Exchange continues to create a positive shopping experience for consumers, we can thinking about how best to meet their needs".

MHBE staff intend to present draft 2017 plan certification standards to the Board by the end of November, and then final standards in January 2016.

Policy Topic: Lessons from Connector Entities

Although this session was designed to provide a forum for specific feedback from Connector Entity (CE) representatives, unfortunately, none were able to attend. As a result, the discussion turned to more general concerns about consumer assistance.

Ms. Preston requested an update about the development of the RFP for CEs. M. Quattrocki stated that the results of the preliminary RFI have been reviewed and shared already. Those results are being used to form the basis of the RFP, which is on schedule to be issued sometime in January or February.

Mr. DeMarco shared insights from the recent focus group survey by OpinionWorks that was sponsored by his organization. The results showed that, many people do not know about subsidies, and that the need for in-person assistance is critical. He recommended that the Exchange should provide the most robust in-person assistance program that it can afford.

Ms. Ellis asked for a motion to encourage MHBE to prioritize the most robust consumer assistance program that it can with the resources that are available. This was seconded by Ms. Chung. Ms. Chung added that grassroots advocacy organizations like hers had spent significant resources during OE1 and OE2 to train and deploy assisters, and then unfortunately, when funding was no longer available, those well trained workers had to be let go. As a result, the investment at the community level has been lost. She emphasized the importance of holding on to the investments that have already been made, so that capacity is not lost. Ms. Alborn added that it is also important to note that funding, or the lack thereof, is a challenge, as is the need for investment in consumers' health insurance literacy. Ms. Preston further added that provision of health insurance literacy services is a governmental obligation.

The SAC voted unanimously that MHBE should prioritize the most robust consumer assistance program that it can with the resources that are available.

Ms. Quattrocki reaffirmed the critical importance of the CE program, and also acknowledged the constraints faced by the Exchange. She urged the group to help promote expansion of the Application Counselor network.

Al Helfenbein asked about the role of the agent vis a vis consumer assistance. Ms. Quattrocki stated that the Exchange has worked hard to increase broker engagement since the beginning. Brokers are able to provide consumer assistance at no cost to the Exchange. The roll out of the "BAT Phone" pilot project is an example of an innovative approach that MHBE has taken to strengthen producer engagement, and MHBE continues to look at what other states are doing in this regard as well. For example, Minnesota has a storefront service model in which brokers and the state exchange work together. Maryland is unlike other states in that we have built a close partnership with producers and brokers.

Policy Topic: SHOP

A general overview of the SHOP program was provided by Ms. Quattrocki, with Michele Eberle's document as the reference. She stated that the program is at a crossroads. MHBE has tried to expand resources for marketing and outreach for SHOP, while TPA contracts will end in June 2016. She mentioned that a

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number of options are possible, including continuation of the TPA model. If continued, questions about compensation structure, and performance measures have to be considered. The possibility of partnership model is an option as well. She encouraged the group to think about the “value add”, whether or not the program is accessible to small employers, and to share ideas that staff could take to the Board for consideration.

Ms. Alborn asked whether the direct enrollment model can be continued. Ms. Quattrocki stated that that option was offered primarily during OE1. Michelle Wojcicki added that there are a legacy carrier (United) that are in fact continuing direct enrollment, but the Exchange is trying to move away from that model.

Mr. Helfenbein stated that TPA were essential to bring up the small group program, and suggested that moving this market elsewhere could be destabilizing.

Sanford Waters stated that Maryland is in a unique position in that our TPA was superior to what Massachusetts had even before the ACA. The advantage lay in tax credits and employee choice. For some reason, employee choice seems not to have caught on, perhaps because of the restricted availability of plans. He added that SHOP could have an advantage over private plans if a composite rating were allowed inside the Exchange—which would require legislation.

After a wide ranging discussion, Deborah Rivkin suggested that this topic merits time and attention, so that the group can have a more thorough conversation. Ms. Ellis suggested that more discussion on this topic should be continued at the December meeting. Ms. Alborn asked for a glossary of basic terms, which Ms. Wojcicki agreed to provide.

Public Comment

Kimberly Robinson stated that the federal standards should be adopted even if MHBE continues to explore and gather more information. She stated that consistency with FFM is the preference of League members.

Ms. Hershkovitz recommended reduction in the number of CEs, in order to consolidate costs. She added that two state delegates visited HCAM and were able to see the critical importance of the services offered there. HCAM intends to invite members of the state assembly’s Health & Government Operations Committee to visit as well.

Next Steps

The next meeting of the Stakeholder Advisory Committee will be on Thursday December 10th 2015.