FINAL

# Maryland Health Benefit Exchange
## Standing Advisory Committee

Thursday October 8, 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
Jen Broadus (phone)
Lori Buxton (phone)
Elizabeth Chung
Karl Cooper (phone)
Vinnie Demarco
Al Helfenbein
Deb Rivkin
Kimberly Robinson (phone)
Tanya Robinson
Sanford Waters

### Members Absent

Delores Countiss-Datcher; Michael Hall.

Also in attendance: Chelsea Beaupre; Leni Preston; Matt Celentano; Lena Hershkovitz; Robert Axelrod; Sandy Kick (phone); Carolyn Quattrocki; Robbyn Lewis; Michelle Wojcicki; Jonathan Kromm; John Paul Cardenas; Laura Spicer; Brenna Tan; and Dan Moskovitz.

### Welcome & Introductions

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

### Approval of minutes

Minutes for September 10, 2015 were unanimously approved.

### MHBE Staff Update

Carolyn Quattrocki, Executive Director of MHBE, provided the Staff Update. She stated that the agency is in full swing, preparing for OE3 on November 1st. Anonymous browsing launched on October 23rd, which was 10 days earlier than last year. Auto-renewal preliminary determination letters were sent to enrollees, informing them to come back to the Exchange if they want to shop for new plans, or if they have any

changes to their personal information. We also reminded them that if they received an APTC or cost share last year, but have no filed taxes, then they must do so now. Targeted emails were sent in order to minimize the number of people caught in a bind. The agency continues to streamline its escalated case process for both Medicaid and QHP customers. A high volume of Medicaid redeterminations continues; the Exchange is working with the call center to increase efficiencies by routing calls from front-line workers to more highly trained workers.

Ms. Quattrocki informed the group that on October 7th, President Obama enacted a bill that retracts the expansion of the small group market. The bill allows states to expand if they so choose. Maryland's statute conforms to the federal statute, so we will continue to follow the same approach as Healthcare.gov. She added that the Maryland Insurance Administration (MIA) has issued a bulletin highlighting this issue.

Leni Preston asked whether the notices are bilingual, in both Spanish and English. Michele Eberle replied that the QHP notices are bilingual, however, was not certain about the Medicaid notices and offered to find out and report back.

Ms. Quattrocki continued, stating that auto-renewals for QHP and Medicaid have a 50% success rate, which is higher than expected. The agency expects that this will reduce the number of challenges that customers experience. She also mentioned that most cases should be renewed before April 2016.

Ms. Quattrocki then informed the group that the Exchange is seeking feedback from stakeholders regarding the Exchange's governance structure. The reason for requesting feedback is because the general assembly must decide whether to maintain this structure or convert it to a non-profit. She asked for the group's informal feedback during this meeting, and added that there will be a public process as well. She reminded the group that the Maryland Exchange was established as an independent public body under statute. Among the other 15 State Based Exchanges, only two – Colorado and Hawaii – were formed as non-profits. At this time, Hawaii is preparing to switch to the federal exchange, which will leave Colorado as the only non-profit Exchange in the country.

Members agreed to provide informal feedback about the Exchange's structure. Vinnie DeMarco stated that his organization, Health Care For All, strongly supported that MHBE should be a public body, and further stated that since it is working well, it should continue with its current structure. Deborah Rivkin stated that she fully agrees, adding that it "makes no sense to change" because it would be "disruptive" while adding "almost no additional benefit". Leni Preston stated that she agreed that MHBE should not change its structure, adding that there would be many challenges involved in switching to a non-profit model. Sanford Waters stated, "I cannot see any advantage that a change in structure could really fix". Al Helfenbein stated that "change is extremely expensive…starting new would be disaster." Robyn Elliott added that she agrees that the Exchange should maintain its current structure, adding that "there is no reason to change midstream" and that being a public body "helps maintain the transparency for public policy". Mark McClain stated that "nothing is broken that needs to be fixed" but also asked "is there any reason that the change could not be made at a later time?" Ms. Quattrocki stated that there would have to be legislation that would change the structure, but there is no obstacle to taking it under consideration at a later time. Salliann Alborn stated that "the system had been broken in the past, but it has since been fixed, so why break it again now?" She added, "I've seen non-profits close in on themselves, which hurts everyone and would undermine transparency". She also stated that the Exchange recovered very quickly, adding, "we are very pleased with the way the Exchange is nor running, and we appreciate the progress we have made."

Laura Spicer stated that, should members wish to put their comments in writing, they may do so by submitting them to the following email address:

healthreform.hilltop@umbc.edu

Ms. Quattrocki stated that MHBE staff will compile SAC members' input into a PowerPoint for presentation to the Board. She summarized, stating that there appeared to be consensus among SAC members present that the Exchange should stay the course and maintain its current structure, in order to avoid disruption and maintain transparency of an independent public body. She added that a key component of the Exchange's recovery and current success is stakeholder input.

## SAC Member Reports from the Field

Mr. DeMarco provided a report about the Faith Connection Health Network pilot project that is being developed by his organization, Health Care for All (HCFA). He stated that faith-based institutions in Maryland have not heretofore served as application sponsoring entities. Under the Faith Connection pilot project, such organizations will take on this new function. The project is a partnership with Lifebridge Health, which includes three hospitals. Mr. DeMarco mentioned that HCFA has held 11 public forums across the state, and has observed a great deal of enthusiasm for this project. The approach is based on the Memphis Methodist Hospital model, which began in 2007. There, over 600 congregations signed a covenant with the hospital to provide volunteers who would serve as liaisons between the hospital and church members, with the goal of keeping people healthy after they are discharged from a hospital stay. In this project, when a church member is hospitalized, a Navigator contacts the member's congregation liaison, and helps them develop a "congregational care plan? The hospital spends about $600,000 per year, however, they also save about $4 million per year. HCFA decided to adapt the model being used in Memphis. A key difference is that Tennessee does not have Medicaid expansion, while Maryland does, so a project like this can help increase Medicaid enrollment. Mr. DeMarco stated that on January 18 2016, Martin Luther King Day, his group will train the first group of congregation liaisons on how to help people enroll in health care. Jamal Bryant of the Empowerment Temple has signed up as an application sponsoring entity, so they can also enroll people, and also enter the "covenant" with Lifebridge Health.

Ms. Allborn asked whether there is any relationship between the church liaison and the primary care provider, which is particularly important after hospital discharge. Mr. DeMarco stated that there will be monthly webinars for the liaisons, so that they can learn about what resources are available in their communities. He also added that these individuals are volunteers. Ms. Allborn added that it is important to think about the needs of the patient, who will be swamped after hospitalization with follow up from MCOs, primary care providers and others, and asked if this project can help to streamline follow up in any way. Ms. Elliott stated that there will be concerns about HIPPAA provisions. Mr. DeMarco stated that protection of patient privacy is critical, adding that to address this in Memphis they created a Congregational Health Network form that states, "I am ok with this hospital sharing my information with my congregation." And also, when the person is admitted to the participating hospital, the intake includes another form that again confirms in writing that the individual agrees to share some pre-defined medical information with their congregation. In this way, people can decide on a visit-by-visit basis whether they want to share information, and what that information would include.

Mr. DeMarco also added that some congregations receive a stipend that permits them to do outreach beyond their own congregation's membership. Ms. Allborn stated that hospitals might need help with

enrollment, because patients only have presumptive eligibility for 30 days of Medicaid after a given hospital stay; the problem is that the hospital will receive their payment for that patient's stay, however, the patient might not have their enrollment completed. Ms. Quattrocki stated that it might make sense to connect the application counselor to the patient. Mr. DeMarco stated that the care coordination plan should determine if the individual patient is under presumptive eligibility. Ms. Elliott added that they should make sure that plan selection is not steered by religion, and to do so it might be helpful to create a code of ethics for the counselors; in addition their training should include ethical training as well, to make sure that institutional opinions do not color the service they provide. Mr. DeMarco mentioned that the Urban Institute will conduct an evaluation of the project. He also added that a big difference between HCFA and the Memphis projects is that in Memphis, the hospital does everything. Here in Maryland, HCFA will do everything, which will enable more effective implementation.

## Meaningful Difference

Michelle Wojcicki, MHBE Policy Director, delivered a presentation on Meaningful Difference. John-Pierre Cardenas, MHBE Manager of Plan Services, provided additional detail on the analysis of the various plans.

Sanford Walters asked how this information can help consumers to make better-informed choices about their plans. Mr. Cardenas stated that an out-of-pocket cost calculator would be very helpful for consumers, however, at this time the Exchange does not offer that type of tool. Instead, it provides a list of plans sorted by cost. Ken Apfel stated that the ECP discussion came to consensus on some issues, but not others. He added that it would be helpful to move beyond data, and determine where the fault liens and opportunities are. Ms. Allborn added that it would be helpful to have more information, so that SAC members can have a better understanding of meaningful difference in order to provide useful feedback to the Board in time for their November 23rd meeting. Tanya Robinson stated that the carriers do have a system for determining meaningful difference. Ms. Rivkin added that from the carrier perspective, meaningful difference is within the carriers, but the MHBE analysis provided is different, so it is difficult to know what next steps would be based on. Mr. Apfel stated that it would be up to staff to provide more information on these issues, so that SAC members can respond. Jonathan Kromm stated that staff would send out more information on meaningful difference in advance of the next SAC meeting. He added that the goal is just for the SAC to articulate some general feedback that can be shared with the Board at their November meeting; there is no need for urgency or rush.

The group agreed that at the next SAC meeting, the topic of meaningful difference will be reviewed briefly, and that SHOP will be the main topic. In addition, time will be devoted to discussion of SHOP as well.

## Public Comment

There was no public comment.

## Next Steps

The next meeting of the Stakeholder Advisory Committee will be on Thursday November 12th, 2015.