



**Maryland Health Benefit Exchange
Standing Advisory Committee**

Thursday April 14, 2016

2:00pm - 4:00 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 (Board Liaison)
Keisha Banks (phone)
Kimberly Connelly
Karl Cooper (phone)
Robyn Elliot
Adrienne Ellis

Larry Gross
Al Helfenbein
Lena Hershkovitz
Thomas Kunkel
David Mosier
Sam Mukherjee
Larry Polsky (phone)

Leni Preston
Deborah Rivkin
Sandy Walters

Members Absent

Vincent DeMarco

Also Present

Julie Bell; Kim Cammarata; Matt Celentano; Trevor Coe; Michele Eberle; Mary Gordon; Jon Kromm;
Robbyn Lewis; Rob Metz; Dan Mosebacher; Carolyn Quattrocki; Sarah Rice; Brenna Tan; Michelle Wojicki.

Welcome & Introductions

Ms. Allborn called the meeting to order with a quorum present. She made note of a change to the agenda, stating that Vincent DeMarco's presentation will be rescheduled, not delivered at today's meeting.

Approval of minutes

Minutes for January 14, 2016 were unanimously approved.

SAC Overview for New Members

Carolyn Quattrocki presented an overview of MHBE's for new members, including the history of stakeholder engagement and the role of the SAC. She explained that the SAC was created in statute, and under the Bylaws members served a 3-year term. Each new member was also provided with a copy of the MHBE 2015 Annual Report, as well as other materials.

The new SAC members are:

1. Keisha Banks
2. Kimberly Connelly
3. Larry Gross
4. Lena Hershkovitz
5. Christopher Keen
6. Thomas Kunkel
7. Craig Lippens
8. David Mosier
9. Sam Mukherjee
10. Laurence (Larry) Polsky, MD

Nomination of new Co-chairs was also discussed. Ms. Alborn stated that the term of the current SAC co-chairs, namely herself and Adrienne Ellis, will end June 30, 2016. A process to elect two new co-chairs will be undertaken. Per the SAC Bylaws, Co-chairs are selected from among current SAC members. Members can nominate themselves, as well as nominating other members. Information about nominees will be provided to all members. A vote will take place at a subsequent meeting, and the new Co-chairs will take office in July 2016, at the start of the new fiscal year.

MHBE Staff Report

Ms. Quattrocki provided the MHBE Staff report.

Open Enrollment

The Exchange had a successful enrollment period, success across the board in total enrollments as well as outreach to underinsured populations.

Consumer Assistance

Although funding to consumer assistance was reduced this year, all of the allies and partners were able to creatively respond, we creatively leveraged our resources. The broker community also helped a great deal to strengthen our in person assistance channels. In part to address underfunding in the call center, which has begun to perform better since March, we introduced the successful Broker Assisted (BAT) Phone Program; we hope to continue this in future. Call center wait and response times during most of open enrollment were unfortunately longer than we anticipated. They did their best, but the limitation was really staffing. In March, the Exchange received additional funding, and as a result, wait times are less than one minute. Staff and partners continue to work to improve efficiencies, reduce the number of escalated cases, whether they occur in the application itself, or in the connection between the HBX system and the carrier system, also called the "EDI system".

Renewals

Ms. Quattrocki reported that auto renewals are going well, more successfully than expected. She added that by June, the challenging process of converting individuals from CARES into HBX will get them started as new enrollees; this has been significantly time consuming. From June onward, the MAGI population will be automatically redetermined in the HBX. At this time, this process has about 68% success rate, meaning that nearly 7 out of 10 cases are redetermined automatically without any difficulty. This increased accuracy frees up consumer assisters, who can then focus on helping those who need it. Ms. Quattrocki confirmed that there are about 11,000 remaining in MAGI.

SHOP

Ms. Quattrocki stated that the Exchange has issued a new RFP for the SHOP. A decision will be made around May 12, and the award is expected to be made in early June.

Thomas Kunkel raised a question about the current SHOP program, saying that the June 1st tax penalty was a great concern to him as a business owner, and that this penalty had dramatically impacted on many people and many in the small business sector are still not aware of it. They don't know that it might be beneficial to reimburse the worker rather than pay a penalty. Ms. Quattrocki expressed appreciation for the perspectives brought to the SAC by small business owners and stated that these considerations will be taken into account.

Deborah Rivkin asked about the funding mechanism and other details about the new SHOP RFP. Juliana Bell stated that the proposal is posted publicly and available for review; adding that the mechanism is a per enrollee per capita payment for enrolled workers which is defined, with a bonus available according to a schedule. She also added that any questions about that should be directed to the MHBE Procurement Officer.

Marketing

We did more with marketing and advertising show anecdotally that some of the challenge is that many small employers don't know about the option, we tried harder to get the word out this past year. Kunkel asked if any carriers noticed a drop in group plans, this is a trend that I have talked to brokers about. They won't offer group plans anymore because its less expensive.

CQ replied that this was an issue subject to widespread speculation before the ACA went into effect in Jan 2013, thought it would be disruptive to market and employer sponsored especially, it has not actually has nearly as much of an impact as some thought it would, still looking at data as time goes on.

Legislative Wrap Up

Ms. Quattrocki continued with an overview of the 2016 legislative session in the Maryland General Assembly.

Budget

CQ most of the legislation was fine. We did not have any reductions in our budget.

Bills

Four bills were considered that had a direct impact on the Exchange.

First, Network adequacy was considered, made a number of changes in the requirements with respect to providers directories and then essentially added a regulatory process. Those will be adopted and effective as of December 2017. The way this has affected the exchange is that, there was a lot of feeling that these kinds of standards should be market wide and not only to plans offered on the exchange. This viewpoint was juxtaposed with feeling that the exchange board should be able to establish its own standards for plans it offers. The ACA intended the exchanges to use their market leverage to support various policy objectives, see what works well, what doesn't. A compromise between these two views, an amendment offered to give MIA director exclusive power. Compromise exchange board will defer action on these areas until regulations by MIA have had a year to work out. So effectively it will be January 2019 before exchange

board can make any changes to plans in those two areas. This had an immediate effect because we had drafted plan certification standards which were adopted by the board in January of this year. So we had to strip out those that were standards with respect to provider directories and network adequacy. The board's ability to impose standards was stripped out. We will have discussions about what might fall into those two buckets.

The other three bills that had a direct impact on the exchange, the requirement that state agencies use google translate. A free service so no fiscal note. Amended to say only those languages have to be translated are those are by 0.5% of population, included Spanish, Chinese mandarin. The other amendment if there is a loose google translation if it were applied in an application for benefits and resulted in errors then agencies would not have to comply with that. We will work on using google translate to into mandarin right away. But translating the application itself into other languages is on our horizon, but that will have a significant impact so we do that only as our resources permit.

Another bill requires certain agencies to help facilitate electronic voter registration. The bill was amended so not sure how it came out. We have to check that the federal government would allow us to make sure that they would let us transfer consumer information to the election board. We are looking at this and how it affects what we do. Does not take effect til July 2017.

MHIP goes away at the end of this fiscal year, and its funds will be transferred to exchange for purpose of reinsurance. Tony Armiger from MHIP will become the exchange new CFO.

Only other comment is on redeterminations. I am happy to report that we've had almost 370,000 redetermined in MAGI, 454,000 total in Medicaid. Only 11,500 not MAGI need to transfer out of CARES to our system. Additional funding to our call center was meant in large part to get these redeterminations done. DHMH is still providing data to MCOs DSS, etc to do proactive outreach to get people back in who are not yet in. doing text messaging and other efforts.

Elizabeth in terms of translation when would it happen. CQ Spanish is already there. The bill goes into effect in October 2016. We work with the state IT agency as are all agencies to install. we are required to translate our application itself. We were glad the amendment allowed us to assess the whether or not the accuracy of google translation, our app is complicated critical to ensure that people get the accurate determination. Elizabeth google translate will really likely be very inaccurate. I hope that there is a plan to do more, its not a good idea to use google translate bc it is not accurate. Its great to see increased enrollment in black and Hispanic.

Members asked for more detail about enrollment coverage by county, and also for more detail about enrollment for all ethnic and racial groups. Ms. Quattrochi stated that staff will provide as much such detail to the group as is available.

Ms. Alborn asked about progress on a mobile app. Ms. Quattrochi stated that a mobile application is one of the enhancements that the Exchange is hoping to undertake in the near future, and added that more information will be provided as it is available.

Regulations

Michelle Wojicki, MHBE Policy Director, delivered a presentation on regulations drafting and the stakeholder process.

Ms. Wojicki stated that the Exchange's original authority for interim procedures has expired. She further stated that an effort to convert remaining interim procedures into regulations, and to amend or add to existing regulations in the areas of eligibility, enrollment, carrier and plan certifications, dental and SHOP plans, is underway. She added that in general, the Exchange is striving to meet federal standards, while paying attention to areas where there might be more flexibility.

She described the anticipated timeline for this effort. Drafts of the regulations have been shared with the Board, partner agencies and stakeholders, including but not limited to members of the SAC.

A series of public meetings, in which SAC members can participate, are planned for late April and early May. The focus of these meetings will be to receive and process substantive, technical input, and then incorporate all appropriate input. Revised regulations will then be disseminated to stakeholders again, for further feedback. This iterative process will be repeated for each of the regulations.

The first round of review will address:

- 14.35.07 (repurposed) - Eligibility and Enrollment in QHP/APTC/CSR
- 14.35.14 (repurposed) - Termination, Cancellation and Rescission of QHP
- 14.35.15 (new) - Carrier Certification Standards
- 14.35.16 (new) - Plan Certification Requirements
- 14.35.17 (from interim procedure) – Carrier Appeals
- 14.35.01.02 (amended to incorporate add'l definitions for Chapters 7, 14-16)

Future rounds will address the following areas:

- Eligibility Redeterminations
- Verification of Eligibility for QHP/Financial Assistance
- SHOP
- Dental

- Misc. amendments to pre-existing rules (i.e. navigator, producer chapters)

Ms. Wojicki then presented a powerpoint, which summarized all of the comments received to date. The group discussed and raised questions about the process and about the particulars of the regulations under revision.

The group requested additional time to review and comment on the draft regulations. Ms. Wojicki stated that staff will work to ensure that sufficient time is provided.

Policy Topics for SAC in FY16

Ms. Quattrocki informed the group that staff have asked the Board for input to shape the SAC agenda for coming year. Topics that have been discussed with the SAC and were also presented to the Board include: health literacy, Value Based Insurance Design (VBID), stand-alone vision plans, pediatric and adult dental, standard benefit design, and selective contracting.

Public Comment

There were no public comments.

Adjourn

The next meeting of the Stakeholder Advisory Committee is scheduled on June 9, 2016.