



## Maryland Health Benefit Exchange Board of Trustees

February 21, 2017

1:00 PM – 3:00 PM

Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

### **Board Members Present**

Dennis Schrader, Chair  
Tony McCann, Vice Chair  
Al Redmer  
Ken Apfel  
Linda Sue Comer

Michelle Gourdine, M.D.  
Sastry Dhara  
Tom Saquella  
Benjamin Steffen

### **Board Members Absent**

None

### **Also in Attendance**

Jonathan Kromm, MHBE Acting Executive Director; Michele Eberle, MHBE Chief Operating Officer; Subramanian Muniasamy, MHBE Chief Information Officer; Andrew Ratner, MHBE Director of Marketing and Strategic Initiatives; Anthony Armiger, MHBE Director of Finance; Sharon Street, Assistant Attorney General for MHBE; Lourdes Padilla, Secretary of Department of Human Resources

### **Opening & General Updates**

Vice Chair McCann welcomed everyone present and introduced Lourdes Padilla, the new Secretary of the Maryland Department of Human Resources (“DHR”).

### **Approval of Meeting Minutes**

January 17, 2017 Closed Session:

Motion by Mr. Redmer; Second by Mr. Dhara; None Opposed

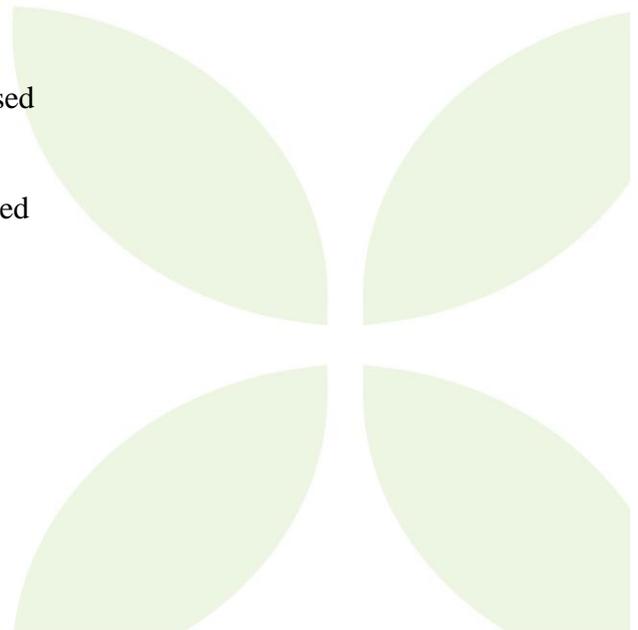
January 17, 2017 Open Session:

Motion by Mr. Apfel; Second by Mr. Redmer; None Opposed

### **Executive Update**

*Jonathan Kromm, MHBE Acting Executive Director*

### **OE4 Highlights**



Mr. Kromm gave an Open Enrollment (“OE”) wrap-up report for OE4. MHBE closed OE4 with 157,637 consumers enrolling in Qualified Health Plans (“QHPs”), down 3% from last year. In comparison, enrollment in the federally-facilitated marketplace (“FFM”) was down 4%. Dental enrollments grew more than 50% between OE3 and OE4.

MHBE has continued to integrate Medicaid functionality into its systems and work on QHPs. The IT system performed very well, easily handling peak volume of simultaneous consumers on the application. In addition, the mobile app usage beat projections: 7,300 enrollments, 11,000 eligibility determinations, and 15,000 document uploads.

The call center handled a significant increase in calls during OE4, but did so with a 1 minute 20 second reduction in handle time. The call abandonment rate was generally low and tracked closely with speed to answer. First call resolution held stable throughout OE, around 94%.

### Budget

Mr. Kromm reported that MHBE’s approved budget is the same as last year, with the exception of a cut of a few thousand dollars for administrative costs. During the State budget hearings the Department of Legislative Services (“DLS”) recommended a reduction of \$250,000 in IT development for new QHP functions. A \$250,000 reduction in State funds would equal a \$750,000 total reduction in management and operations when taking into account the federal funds match. MHBE will work with DLS to try to retain funds.

### Market Stabilization Proposed Rule

Mr. Kromm reported on the Patient Protection and Affordable Care Act (“ACA”) Market Stabilization Proposed Rule issued by the Department of Health and Human Services (“HHS”) on February 17, 2017. The rule is generally aimed at stabilizing the individual health insurance market on the FFM, but some provisions would apply to state-based marketplaces (“SBMs”) as well. The federal Centers for Medicare and Medicaid Services (“CMS”) is looking for feedback from SBMs.

The proposed rule would create shorter OE5 dates for plan year 2018: November 1 – December 15, 2017. The proposed rule would also change certain requirements related to Special Enrollment Periods (“SEPs”), requiring FFMs (and encouraging SBMs) to implement pre-enrollment verification of eligibility. Additionally, the proposed rule would make changes to guaranteed availability requirements, allowing health insurance carriers to apply premium payments to outstanding debt and deny re-enrollment for consumers who have not paid their debt in full.

The proposed rule also expands the *de minimis* actuarial value range for Platinum, Gold, and Silver metal level plans to -4/+2%, and for Bronze plans to -4/+5%. MHBE is in the process of analyzing the impact of the expanded actuarial value ranges on premium cost.

Lastly, the proposed rule changes the Essential Community Provider (“ECP”) contracting standard for QHP certification and generally defers Network Adequacy reviews to the states. Comments are due on the rule by March 7, 2017. MHBE will work closely with the Maryland Insurance Administration (“MIA”) and the Department of Health and Mental Hygiene (“DHMH”) to determine if and how to respond.

The Board discussed whether the proposed changes would help preserve the ACA.

### **Marketing Update**

*Andrew Ratner, MHBE Director of Marketing and Strategic Initiatives*

#### **Review of Marketing Goals and Activities**

Mr. Ratner reiterated MHBE's key marketing objectives: (1) balance the risk pool; (2) broaden awareness of all coverage options; (3) lessen confusion; and (4) maximize system investments. Mr. Ratner reviewed MHBE's performance based on goals set last year.

Mr. Ratner highlighted areas of the 2016/2017 marketing program.

For FY18, MHBE plans to engage in further research to better understand the uninsured population, to increase participation of individuals receiving financial assistance, to broaden awareness messaging, and to build on outreach gains from this year.

#### **GMMB Contract NTE**

MHBE's contract with GMMB for marketing services expires at the end of this fiscal year. MHBE plans to seek a not-to-exceed ("NTE") amount of \$2,200,000 for FY2018 at a later date.

Mr. Ratner presented a slide show on coverage gains by MHBE across the State of Maryland between 2013 and 2016. In response to Board questions Mr. Rather stated that MHBE measures marketing success, ultimately, by the number of enrollments.

Mr. Ratner presented a breakdown of enrollments by jurisdiction, followed by a new 90-second marketing video about the mobile app. The Board discussed outreach to individuals who did not reenroll and whether to spread marketing dollars and effort out over the course of an OE.

### **Fulfillment/Operations**

*Michele Eberle, MHBE Chief Operating Officer*

Ms. Eberle discussed MHBE's fulfillment services request for proposal ("RFP") solicitation. The fulfillment services contract is being pulled out to be standalone contract. MHBE is having a call center RFP meeting tomorrow and will try to keep both RFPs on a similar time frame.

New to this RFP is the requirement that the bidder fulfill Medicaid enrollment packets. Additional requirements are found in the RFP and the presentation by Ms. Eberle.

Release of solicitation will occur March 20, 2017; Proposals Due to MHBE May 22, 2017; Board Approval will be requested by June 19, 2017; and the Award Date is expected to be July 1, 2017. The length of the contract will likely be 3 years with two 1-year options, but MHBE will work out the details over the course of the RFP process.

## **Finance**

*Anthony Armiger, MHBE Director of Finance*

Mr. Armiger reviewed the budget for FY17 through December 31. MHBE is under budget for federal funds. MHBE experienced some overage on administrative expenses due to expenses incurred late in the fiscal year and the audit coming at end of fiscal year as well. Mr. Armiger anticipates the MHBE will be under budget by a small amount.

## **IT Update**

*Subramanian Muniasamy, MHBE Chief Information Officer*

Mr. Muniasamy provided an update on IT to date and discussed initiatives planned for the next 6-8 months. Mr. Muniasamy presented the IT dashboard, including updates on anticipated releases for February, April, June, July, September and December. Form 1095-A corrections are underway. Mr. McCann suggested making 1095's available electronically an opt-out system for electronic mail may provide a cost savings.

Mr. Muniasamy reviewed the key functionalities for MHBE's scheduled IT activities, including those which would increase operational efficiency, ensure compliance, and save costs. Next, Mr. Muniasamy discussed MHBE's infrastructure utilization, stating that HBX servers performed well within the thresholds.

Mr. Muniasamy next presented on MHBE's Managed Care Organization ("MCO") shopping project timeline. The design has been completed, IT is working on development now, and the system functionality will allow integration from other agencies and into the mobile app.

Lastly, Mr. Muniasamy presented the CRM Salesforce integration project timeline, announcing that workers in the call center and other consumer assistance workers will finally be able to use the same system.

## **Adjournment**

Mr. McCann moved to meet in closed session for the purpose of discussing issues regarding the appointment of an Executive Director, pursuant to General Provisions Art., § 3-305(b)(1)(i). The motion was seconded by Mr. Redmer. All voted in favor of the motion to meet in closed session. The meeting moved into closed session at 2:39pm. The meeting adjourned in closed session.