



MHBE Plan Management Stakeholder Committee
March 1, 2018
Meeting Minutes
Maryland Health Benefit Exchange
750 East Pratt Street, 6th Floor, Baltimore, MD 21202
Call-in: 877-431-1883
ID: 6876841631

In Attendance

John-Pierre Cardenas (JP)	Natasha Murphy
Kimberly Edwards	Linda Deitsch
Amanda Ballard (via phone)	Mary Lou Fox (via phone)
Bill Wehrle	Jon Evans (via phone)
Denise Paparounis (via phone)	Nabila Rahman (via phone)
Josh Curtis (via phone)	Rebecca Smith
John Fleig	Bethany Clapper
Shaunteria Scott	Sandy Walters (via phone)

Welcome and Introductions

There were opening introductions by all present.

John Pierre Cardenas, Director of Policy and Plan Management, welcomed everyone and provided updates on legislative initiatives. The importance of the committee meetings in ensuring that MHBE is able to meet all of its legislative requirements was communicated to the committee.

Committee Charter Ratification

The committee charter was approved, and John Pierre announced that the meetings will be bimonthly and that the schedule had been distributed to all committee members.

Open Enrollment

John Pierre, announced that the May 3rd session will be comprehensive, in that several functional releases of the exchange will be reviewed - such as the Pay Now URL. The Pay Now URL will enable consumers to pay binder payments through the HBX interface.

Also there will be discussions about the special enrollment period verification for loss of minimum essential coverage. There will be a review of what MHBE processes will look like, and further insight will be sought from committee members.

Committee members will look at the proposed regulation review. Note: although no comments will be taken from a policy perspective, insights from committee members are encouraged. 2019 SHOP processes will also be reviewed during the May 3rd session as well as a 2018 legislative session impact review.

July 5th meeting will review plan certification processes.

September 6th meeting will review open enrollment readiness.

November 1st meeting will walk through the draft 2020 plan certification standards.

Personnel Announcements

John Pierre, announced that Elizabeth Leo has joined MHBE's Partner and Plan Management Unit as the new Partner and Data Specialist.

Additional job postings include: a Health Policy Analyst and Manager of Plan Management.

Plan Management

The Open Enrollment period for 2019 has been established. MHBE Board of Trustees voted for Open Enrollment to occur from November 1, 2018-December 15, 2018. John Pierre announced that additional options were presented to the Board, and they were 10/15-12/7 and 11/1-1/31.

Renewals Report Review & Walkthrough

John Pierre, reported that during the February 1, 2018, stakeholder meeting the Policy and Plan Management department met with issuer partners to review the 2017 renewals processes. The focus was on: improving efficiency of the process, improving and maximizing the customer experience and reducing the administrative burden between parties. Issuers discussed successes, challenges and opportunities for growth to improve current processes.

As an action item MHBE will release the draft report to the Plan Management and Stakeholder committee on March 5th. All committee members are welcome to submit comments. Other action items produced from the February 1st meeting were to release reenrollment instructions for 2019 renewals, and standard operating procedure. Second, expanding the scenarios testing period that issuers will have additional opportunities to ensure mechanisms are established. Third, determining a timeline to send out renewal notices. Suggestions were made that carriers send them to MHBE by September 1st to allow the exchange opportunities to send out notices to consumer assistance workers and navigators to ensure they have them in

ample time. MHBE will send out carrier renewal notices by the middle of March so issuers will have them.

There may be modifications for eligibility determinations and renewal notices for individuals that have failed to reconcile or file their taxes. MHBE will implement additional controls to ensure program integrity. Additional controls include conducting a look back at the end of April to determine if flags have been lifted for all consumers that have attested to filing taxes. If the flag still exist, an outreach notice will be mailed informing the consumer that they have 90 days to take corrective action before financial assistance is removed. The object is to prevent consumers from going through the entire year without providing proof of tax filing. A question was raised of whether this initiative was part of the periodic data match that will begin which includes Medicaid. John Pierre, answered that MHBE is leveraging periodically checking the HUB, and that it will be leveraged in functionality and futher explained that they are related but not the same. MaryLou Fox, asked how big of a population are the reenrolled, that did not file taxes. John Pierre, answered that it was determined that 10,000 members did not have access to tax credits because they had flags. The goal is to make it systematic to ensure that MHBE is doing its due diligence and that program integrity functions are in place.

Carrier Application Review & Walkthrough

John Pierre announced that the 2018 Carrier Application is now available on MHBE's website. Carriers must submit the application to be a part of the Exchange. Carrier applications must be submitted by July 1st. Changes have been made to the application to comply with 2019 Plan Certification Standards.

Elizabeth Leo is working on new MHBE ECP List slated to be released very soon. Both the federal and state (Maryland Department of Health) list will be combined and analyzed for accuracy. Issuers were made aware that possible data validation issues exist, and encouragement was given to issuers to notify MHBE of any discrepancies if they are noticed once the list is released. Guidance on how to meet the ECP standards has not changed and can be review at MarylandHBE.com.

SHOP Planning

John Pierre, discussed a new proposed rule, 2019 Notice of Benefit and Repayment perimeters relaxed requirements on Small Business Health Option Program. MHBE has plans to leverage added flexibility to determine a long term solution for SHOP. Also, MHBE must abide by statutory requirements to establish a SHOP marketplace. As of January 1, 2018, MHBE has 150 active groups and 923 individuals covered. The contract with the current vendor expires on June 30, 2018. A review of the goals of the SHOP plan are as follows:

1. To provide enrollment options to employers whose employees have experienced drastic rate increases. Note: there is a lot of stability in the small group marketplace, and MHBE's goal is to have SHOP serve as an alternative.
2. MHBE wants to facilitate small group enrollment through SHOP QHP.
3. Promote enrollment into QHPs so employers can access small business healthcare tax credits.
4. To educate small group producers on the advantages of SHOP and other options available.

Next Steps

1. Provide detail on what a direct enrollment model will look like by, April 9, 2018;
2. Share the proposed model with the committee by March 7, 2018, in time to receive comments;
3. Deadline to submit Stakeholder committee comments is, March 31, 2018;
4. Provide MHBE Board of Trustees with options of what a permanent solution would look like by September 30, 2018.

Questions:

Q: Is the final solution due in September? A: Yes final solution should be available no later than September.

Q: What is driving the desire for a permanent solution? A: First is cost, we want to make sure the limited resources are being utilized towards something that can expand coverage to individuals. Second, MHBE want to be able to take advantage of the flexibility that will be allowed for SHOP exchange to see what will be the best model for Maryland. The goal is coming up with permanent solutions to maintain stability for consumers and issuer partners.

Policy

PROPOSED BILLS

John Pierre, described the Health Care Access Bill SB-387. The bill was sponsored by Senator Middleton as an emergency measure effective 2018 with a policy goal of premium affordability. The bill will direct MHBE for a 1332 waiver. Second it directs MHBE to establish a healthcare access program under the waiver and promulgate regulation to implement the program. It will provide reinsurance to issuers and the Individual Marketplace may provide additional subsidy structures. Considerations need to be made as to what are the barriers between issuers and the exchange to administer a reinsurance program. The initiative will require data sharing between the Exchange and Issuers so emphasis on how to implement the program is priority.

Issuer insight is requested to think about what is the easiest route for implementing a state based reinsurance program.

The second bill discussed is the Protect Maryland Healthcare Act SB-1011. This bill was sponsored by Senator Feldman. Goal is reducing uninsured rate and expanding the Marketplace. The bill will direct MHBE to reconcile with the comptroller of Maryland. The main factor that is germane between Issuer and Exchange is that if implemented it deals with default enrollment processes, operation between the Exchange and Issuers and what does the default enrollment process look like. John Pierre requested that Issuers to look through reconciliation to understand if and how the state and Issuers can build upon existing reconciliation pathways.

Discussions of all bills will continue for each meeting to discuss possible solutions for implementation requirements of the proposed bills. Committee members need to send comments or thoughts prior to the May session.

PROPOSED REGULATION

John Pierre, discussed proposed regulation timeline. The results are as follows:

May, 2018 the Exchange will present proposed regulation to MHBE Board of Trustees. Leveraging the standing advisory committee to present to them as well as the stakeholder committee for feedback.

July, 2018 publish the proposed regulation in registration with a formal public comment process.

August, 2018 public comments due from stakeholder

October, 2018 MHBE staff to respond to public comments

January 2019 request approval of proposed regulation from the board of trustees

Regulations to be proposed

Chapter 7 consist of the rules that govern eligibility standards for enrollment in a qualified health plan.

Chapter 14 govern termination and cancellations.

Chapter 15 is the carrier certification standards to be authorized to carry QHPs through Maryland Health Connection

Chapter 16 is plan certification rules to detail standards a QHP should meet to be certified as a health insurer.

Closing Remarks

John Pierre, encouraged committee members to provide comments and feedback. All were made aware that comments and feedback can be submitted to: MHBE.carriers@maryland.gov.

Meeting adjourned at 3:05 p.m.

