



**MHBE Plan Management Stakeholder Committee
July 19, 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
Kris Vallecillo
Nicole Edge
Kimberly Edwards
Elizabeth Leo
Shaunteria Scott
Natasha Murphy
Jackie Cahill
Tasha Woodberry
Sheebani Patel

Marylou Fox
Jon Evans
Rebecca Smith
LeeAnn Sapp
Sandy Walters (Phone)
Carol Ball (Phone)
Amanda Ballard (Phone)
Dave Brock (Phone)
John Fleig (Phone)
Linda Deitsch (Phone)

Welcome and Introductions

Nicole Edge, Manager-Plan Management, welcomed everyone and gave an opening introduction of her role.

There were opening introductions by all parties present.

John Pierre Cardenas welcomed everyone present and gave thanks to his team for organizing the meeting.

May 3, 2018 meeting minutes were approved.

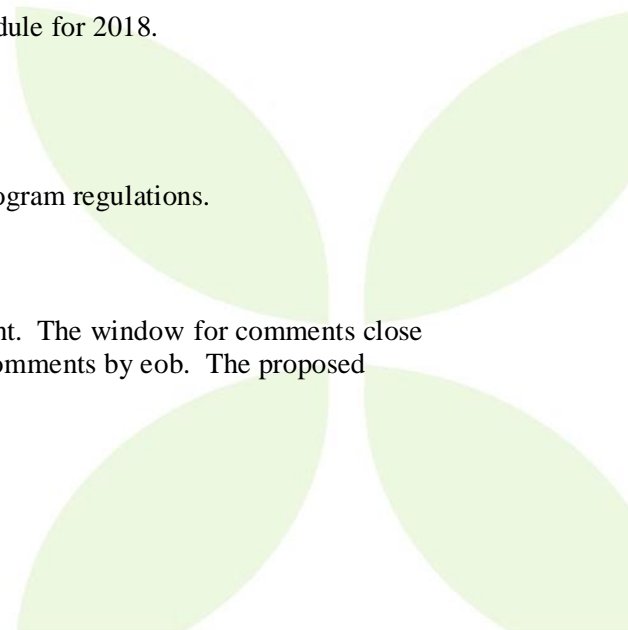
Nicole Edge provided an overview of the updates to the PMSC schedule for 2018.

REGULATIONS

Kris Vallecillo provided updates on chapter and state reinsurance program regulations.

Chapter Regulations

June 19, 2018 draft proposed regulations were posted on for comment. The window for comments close July 19, 2018. Several stakeholders announced that they will post comments by eob. The proposed chapter regulations are as follows:





- Chapter 1 – Definitions
- Chapter 7- Eligibility Standards for enrollment in QHP and Catastrophic Health Plans in individual market
- Chapter 14 – Termination, cancellation and rescission of qualified health plans
- Chapter 15 - Carrier certification standards

Chapter 16 – Plan certification standards

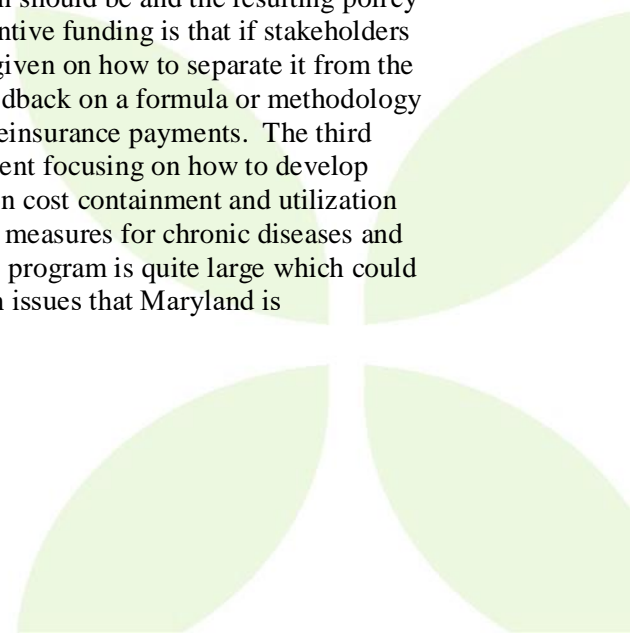
Next Steps: Review, consider and respond to all comments received. On August 27, 2018 a draft proposal comments will be released to stakeholders requesting feedback no later than September 10, 2018. Approximately one week later a compilation of all responses and considerations will be presented to MHBE’s Board of Trustees. The Board of Trustees will make the final vote on whether to publish the chapter regulations; a formal notice and comment will be given on the board’s decision.

STATE REINSURANCE PROGRAM

On July 16, 2018 an announcement was made the MHBE will hold four public hearings regarding regulations for the State Reinsurance Program. There will be a notice posted in the Maryland Register on the morning of July 20, 2018. A public release was sent out on July 16, 2018 and meeting schedule and agenda will be posted July 19, 2018. The meeting schedule and agenda will include topics. The four topics will be administration and priorities, risk adjustment and reinsurance interaction and incentive funding, incentives with regards to utilization management and quality improvement and incentives relevant to value base performance measures regarding chronic diseases and population health. The agenda and schedule will be posted MHBE’s partner website. Kris provided a scheduled dates for the public hearings as follows:

- July 26th MHBE Training Room 2pm – 4pm
- August 2nd MHBE Training Room 2pm – 4pm
- August 9th MDOT 1pm – 3pm (will take the place of SAC meeting)
- August 16th MHBE Training Room 2pm – 4pm

John Pierre Cardenas added that the public hearing meetings were structured to ensure that stakeholders has sufficient time to respond substantively. Further explaining that the first meeting is to reduce administrative burden. The second hearing contemplates risk adjustment and reinsurance interaction (HOT TOPIC). MHBE has dedicated an entire hearing for stakeholders to opine on their specifics sides on what they believe is the magnitude of resolution for the interaction should be and the resulting policy outcomes that will result from that. Another important issue on incentive funding is that if stakeholders are contemplating the inclusion of incentives there must be thought given on how to separate it from the allocation provided. Stakeholders are asked to help by providing feedback on a formula or methodology on what amount to allocate to incentives and what amount for state reinsurance payments. The third meeting contemplates utilization management and quality improvement focusing on how to develop indicators or measurements to evaluate how issuers are performing on cost containment and utilization management. Finally, the fourth meeting contemplates performance measures for chronic diseases and population health. While it is understand that the size of reinsurance program is quite large which could possibly make it a vehicle to address some of the state’s larger health issues that Maryland is experiencing.





Kris announced that the period for public comment will run from July 23rd – August 23rd, 2018. Additionally, MHBE will provide a dial in conference phone number for parties that wish to be present by cannot physically attend. The conference dial in will be posted on the MHBE partner website.

Next Steps: All comments received by EOB July 19, 2018 will be reviewed, considered and responded to all comments received either during stakeholder meetings or submitted to the website. A release of draft proposal comments will be posted by August 27th, feedback required no later than September 10th and on September 17th it will be presented to MHBE's Board of Trustees to act on the proposal.

Question: Are the public hearings completely open to the public?
Kris Vallecillo Answered: Yes, completely opened to the public.

PLAN MANAGEMENT UPDATES

Nicole Edge provided updates on Partner and Plan Management initiatives. She provided an overview of the schedule to implement and execute the initiatives. The Pay Now URL is currently in the early stages of implementation. HPS requirements documents was reviewed and approved by MHBE leadership. MHBE requirements were reviewed and added as an addendum to the HPS requirements. A sole single sign on hand shake test was completed. Simple integrated testing is slated to begin prior to July 20th. The Pay Now URL will not be available for mobile enrollments. However, currently there are discussions are ongoing.

Question: Is there a way to direct consumers to open the Pay Now URL in their browser or to pay?
Answer: Nicole answered that there was not.

Next Steps: Technical sessions between MHBE and KP-HPS will continue on a weekly basis. Updates will be provided as needed. UAT to be completed by MHBE and KP-HPS. MHBE will add the Kaiser Permanente customer service number to the PAY NOW screen in the event consumers will have questions or concerns regarding their payments. Additionally, the information will be given to the call center and partner in the field to ensure consumers are supported once pay now payment has been made. MHBE's proposed deployment date is July 27th for Release 23. MHBE is currently working with Kaiser Permanente to marry release timelines to align with one another.

SPECIAL ENROLLMENT LOST OF MINIMALLY ESSENTIAL COVERAGE (MEC) VERIFICATIONS

Nicole Edge reported that MHBE Board of Trustees voted to include special enrollment period verifications for loss of minimally essential coverage (MEC). Applicants accessing Maryland Health Connection to enroll in coverage during a special enrollment period for loss of minimally essential coverage must provide verification documents to complete enrollment. This approach limits retroactivity and result in prospective coverage dates.

Question: Could you explain the problem that resulted in this policy?

John Pierre Cardenas answered that in 2017 the administration released the market stabilization rule as a tool to protect the risk pool of the market place. Past administrations had identified that there is a degree of gaming that was occurring in the federally facilitated marketplace. The administration began to institute some of the practices that the private sector has implemented, such as verifications. MHBE wanted to be sure the process was



measured and based solely on data. After the market stabilization rule was released MHBE asked issuers to opine on the rule and provide substantive data indicating the necessity for instituting such verifications. Loss of minimally essential coverage was specifically identified as the special enrollment period that should require verification. One of the findings was that there was a material difference between the coverage experiences with special enrollment period and release compared to open enrollment period release specific to loss of minimally essential coverage. Essentially, in the past there has been identified gaming during special enrollment periods for loss of minimally essential coverage, particularly on the non-exchange. Issuers identified that individuals applied on the off-exchange and were rejected for verification. Those same individuals applied again on-exchange and only needed to submit an attestation.

Nicole Edge continued by explaining the process for application. Application may apply for coverage no earlier than 60 days prior to end of coverage or no later than 60 after coverage ends. Applicants will have 30 days from the date of submission to supply MHC with verification documents. Enrollment is pended until all verification document is submitted and approved. Effective dates will be as of 1st day of the month following application approval. If verification documents is not provided within 30 days of applications, applicants will not be eligible for coverage. Applicants may submit a new application under loss of MEC and submission period will begin the day new application was submitted. All applications must be submitted within 60 days before or 60 days after coverage end. Verification documents must clearly identify person that has lost coverage and date of coverage loss. MHBE's documentation standards align with FFM guidelines. Nicole reviewed the steps and process flows for enrollment and notification of status for coverage.

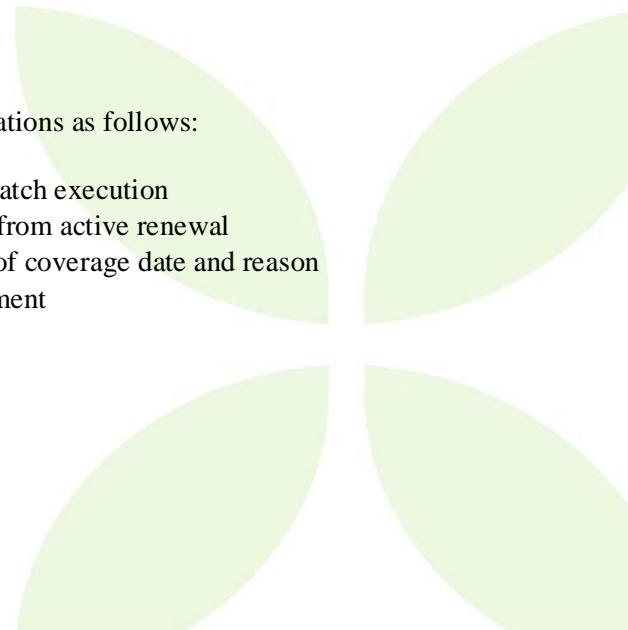
RECHECK FAILURE TO RECONCILE (FTR)

Nicole reported MHBE will require consumers who receive APTC to reconcile when they file their taxes with the IRS. If consumers fail to reconcile they will not be eligible to received APTC. Consumers who fail to reconcile will be placed into an unassisted QHP plan. Consumer will be able to self-attest during open enrollment period only. The self-attestation will no longer be available after open enrollment. Starting January, 2019 MHBE will run monthly rechecks to determine whether or not the population high and additional aid is required. March MHBE will remove financial assistance for population that provided self-attestations but failed to reconcile and IRS flag is still present. MHBE will send outstanding population redetermination notices. April through August MHBE will continue to perform rechecks individuals that did not attest. If the flag no longer exist those consumer will continue to receive financial assistance in current plan. Consumer must contact the call center to attest it cannot be done via the website.

MEDICARE AND QHP ELIGIBILITY

Nicole reviewed the process for handling Medicare and QHP terminations as follows:

- Issuer send MHBE termination notice prior to renewal batch execution
- MHBE remove enrollees from renewal batch and block from active renewal
- Issuer send letter notifying enrollee of termination, end of coverage date and reason
- Other enrollees must renew coverage to continue enrollment





John Pierre Cardenas explained to stakeholders that the amount of occurrences varies from one issuer to the next. Additionally he offered various scenarios of what causes individuals to be enrolled in QHP which are not eligible.

Nicole Edge further reviewed considerations for issuers when implementing terminations.

RENEWALS TIMELINE

Jon Evans reviewed and presentation a time line scope of the upcoming renewals timelines:

- QHP Automated Renewal 9/24
- MA renewals to run 10/1-10/8
- QHP Renewal Completion 10/12
- Carrier Orphan/Discrepancy Report 10/19
- Open Enrollment period to begin 11/1
- Open Enrollment period end 12/15
- Process fixes for Carriers and changes based on SEP 10/31, 11/15 & 12/15

John Pierre discussed that additional considerations should be given to the understanding that contingency planning for the 1332 waiver. He stated that MHBE may have to do re-rate and re-run renewal batches. He advised stakeholder that there is internal contingency planning in place to aid the agency in implementing efforts. Any and all intelligence will be relayed to stakeholders. Finally, he advised that the goal date for approval of the waiver is August 22, 2018.

Nicole announced that the Carrier Reference Manual will be release by the end of July, 2018.

CARRIER REAUTHORIZATION REQUIREMENT

Kimberly Edwards provided a summary of carrier reauthorization due dates as follows:

- Carrier Business Agreement due June 15, 2018 – MHBE has received a little over half from Carriers and expected to have all originals no later than due date.
- Carrier Application due July 2, 2018 – 100% are received by MHBE, although some components are missing. K. Edwards is reaching out to Carriers to complete.
- Carrier Logos due July 2, 2018 – New logos must be received each and every year. Logos must have a uniformed look which K. Edwards provided details.
- List of Subcontractors due July 2, 2018 – Very little response has been received from Carriers. K. Edwards advised that each year a list of subcontractors must be submitted regardless of change. Additionally it must be presented on letterhead with scope of work contractor does for carrier.
- Essential Community Provide Template due July 2, 2018 – New template has been designed to consolidate all information into one database.
- Carrier Contacts Template due July 2, 2018 - K. Edwards urged everyone to provide a specific contact list.

PLAN CERTIFICATION

K. Edwards announced that there will be a total of 106 plans being offered FY19; FY18 there were 118 plans offered. K. Edwards advised that there will be no dental plans in the SHOP market this year.



SHOP UPDATES

R. Smith introduced topics she will discuss during the upcoming all carrier meeting being held on July 20, 2018. She advised that she will send out an agenda for the all carrier meeting covering all topics. R. Smith introduced the topics she plans to cover are Schedule of upcoming meetings for carriers. There will be an outline of responsibilities between MHBE and issuers. The universal application is in draft and will be released the beginning of the August 20th week. Carriers are urged to provide feedback and suggestions on formatting and content. She advised that there will be continued reporting on direct enrollment relating to outstanding business with BenefitMall. Carriers will be required to provide an enrollment report on a monthly basis detailing new business added. She advised that it is necessary to receive those reports in order to maintain accuracy in group enrollment. The information will be used to meet federal reporting requirements and to track rates of enrollment. MHBE will send a list of eligibility applications received to issuers; issuer feedback is welcomed.

R. Smith reported on high level items focused on recently. MHBE open renewed eligibility application on June 15th. Since opening MHBE has received 85 applications to date which demonstrates a significant increase compared to prior reporting from SHOP Administrator. R. Smith attributes increased enrollment to group monitoring of MHBE website. The focus is to work with groups to assist in enrollment. She advised that all issuer comments presented will be addressed during all carrier call and a reply to submitted comments will be provided.

R. Smith provided a summary of timeline for transition activities between Carefirst, MHBE & BenefitMall. BenefitMall submitted questions regarding United Healthcare submitting renewals; want to know if SHOP is included and the process for other carriers. Carriers are asked to submit their input on what is needed during the transition period. Carriers will be advised of open receivable still outstanding. Carriers are further urged to provide extensive feedback on how reconciliation will happen and timeframes for that transition.

John Pierre noted the importance of maximizing the degree of engagement between MHBE and issuers while implementing the approach.

E. Leo provided an overview of the new ECP Template that will be released to carriers. She provided a demonstration on how to use template the template.

SBM OVERVIEW

Barbara Eliot presented on SBMI report development, metrics and benefits of SBMI reconciliation processes. She reported that since between January and March, 2017 MHBE and CMS has been collaborating to begin the process agreement. MHBE met with carriers between April and June, 2017. The trial run period for submission data pools ran between September and December, 2017. Parallel runs were conducted between January and May, 2018 measuring variance and conducting reconciliation comparisons. Finally, as of June, 2018 payments will be based on SBMI. The benefits of improving the reconciliation process are that it provides a rigorously structured cadence between MHBE, CMS and carriers. It provides conceptual alignment clearly detailing the types and amounts of discrepancies. It allows for interagency collaboration between MHBE, internal stakeholders and carriers. Finally it provides a very specific case flow for cases that are more complex and outreach support so that MHBE is more in line with what the consumer is expecting. She reviewed a comparison from a CMS report on APTC and CSR discrepancies. As of July, 2018 the discrepancies in matching data the carrier has have dropped to less than 1% variance. Additionally, enrollment discrepancies are down to less than 1%. She



advised that as MHBE transitions through the reconciliation process the first priority will be to ensure that data is consistent across systems. B. Eliot advised that the goal is to keep driving the number of discrepancies down. The benefits of SBMI reconciliation are reduced escalations, higher renewal success, accuracy in enrollment data, team collaboration, less errors on 1095A, increases scope for improvement and reducing consumer escalations.

MD Think

Jon Evans provided an overview on the status of MD Think project. He began with defining what MD Think is: An innovative design and project plan to modernize the State's human services technology infrastructure. The vision of MD Think is to develop a single version of truth, a highly secure home-base for data access, create a platform with a high level of integrity, and provide faster more accurate service for providing holistic care to constituents and to eliminate the possibility of individuals falling through the cracks when transitioning between services. Overall the goal is to provide consistent and accurate holistic care for constituents.

Jon Evans reported that the goal is to move to a cloud based platform with some web service applications. He advised that MHBE is looking to improve its enterprise level of security, improve security as a service and agency applications. In regards to infrastructure as a service, MHBE is aiming to provide a robust data layer for analytics and storage for data sharing and provide interfacing and API management for convenient access.

Jon Evans discussed the advantages of enhancing technology in that it provide ease of access for shared data across agencies. MHBE aim is to build a platform as well as revise applications to increase efficiencies as well as streamline business processes to create a better user experience for the consumer and case worker. He provided a spreadsheet that details how MHBE is aligned with MARS-E regulations. MD Think is schedule to roll out in September 2020. The E&E Long term care state wide rollout to begin August, 2018. CJAMS is scheduled for implementation between September, 2019 and January, 2020.

Nicole Edge informed all present that she will forward copies of the presentation to all members and advised of next meeting date of September 6, 2018.

Meeting adjourned at 3:05 p.m.

