



# Maryland Health Benefit Exchange Board of Trustees

October 21, 2019  
2 p.m. – 4 p.m.  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

**Members Present:**

Robert R. Neall, Chair  
S. Anthony (Tony) McCann, Vice Chair  
Mary Jean Herron  
Ben Steffen, MA  
Dana Weckesser  
K. Singh Taneja  
Alfred W. Redmer, Jr.

**Members Excused:**

Dr. Rondall Allen

**Also in Attendance:**

Michele Eberle, Executive Director, Maryland Health Benefit Exchange (MHBE)  
Andrew Ratner, Chief of Staff, MHBE  
Venkat Koshanam, Chief Information Officer, MHBE  
Sharon Stanley Street, Principal Counsel, Office of the Attorney General  
John-Pierre Cardenas, Director, Policy & Plan Management, MHBE  
Betsy Plunkett, Director, Marketing & Web Strategies  
Lee Ann Sapp, Program Manager, MHBE

**Welcome and Introductions:**

Secretary Neall opened the meeting and welcomed all participants.

**Approval of Meeting Minutes**

The Board reviewed the minutes of the September 16, 2019 open meeting. Ms. Herron moved to approve the minutes, and Mr. McCann seconded the motion. The Board voted unanimously to approve the minutes of the September 16, 2019 open meeting.

## Public Comment

Secretary Neall invited members of the public to offer comment. No members of the public offered comment.

## Executive Update

*Michele Eberle, Executive Director, MHBE*

Ms. Eberle explained that there are numerous activities underway in preparation for open enrollment.

She noted a news story indicating that the MHBE is not compliant with requirements around language access in multiple languages; she clarified that the MHBE is in fact compliant.

She stated that a security feature requiring that individuals provide email addresses has been removed due to concerns raised by stakeholders that certain populations will not be able to meet the requirement. Additionally, staff will work with stakeholders to find an appropriate identifier. She then explained that two-factor authentication will be implemented in the spring.

She explained that she has been meeting with local health departments across the state. One issue that has been raised is a desire to search for doctors who are in managed care organization (MCO) networks by phone number. She further explained that staff have been engaging in outreach events and community forums, with a dual purpose of highlighting the Diabetes Action Plan from the Maryland Department of Health (MDH).

She stated that the MHBE currently has one vacant Board member position. She explained that they are looking to fill the vacancy with someone from western Maryland; additionally, small business experience is a priority.

She then thanked John-Pierre Cardenas, MHBE's Director, Policy & Plan Management, for his years of hard work on behalf of the MHBE and noted that this will be his final board meeting as he pursues other opportunities.

## CMMI Certification

*Manov Saypuri, CMMI Institute*

Ms. Eberle introduced Manov Saypuri of the CMMI Institute, and explained that the Office of Information Technology (OIT) within the MHBE has recently undergone the CMMI certification process. She explained that the purpose was to analyze business processes and policies in order to become more mature as an agency. Additionally, she explained that the model allows organizations to build, improve, and measure their capabilities and improve performance.

Venkat Koshanam, Chief Information Officer, MHBE thanked members of his team for their work in the six-month effort to achieve certification. He then explained that the MHBE is the first state agency in Maryland to receive this certification.

He explained that the certification ensures processes are rigorous and added that there is a need to follow through and excel beyond current levels. He stated that the benefit to the state stems from

having reliability in processes related to how requirements and products are developed. Further, when gaps are identified, they are addressed and corrective processes are put into place.

Mr. Saypuri explained that, in addition to the core software development processes, there are a number of additional support functions. He explained that his team assessed all functions, and that there are about 150 specific practice areas for which OIT had to provide evidence of compliance. He explained that at this significant level of effort, this is typically a model used in the federal sector. He then stated that, to the best of his knowledge, this is the first state agency to receive this certification.

Ms. Herron asked whether the MHBE is the first state agency in Maryland to receive this certification, or the first in the nation. Mr. Saypuri responded that his research shows that this is the first state agency nationwide to obtain certification. Ms. Herron noted the significance of this milestone.

Mr. Steffen asked Mr. Koshanam how many subcontractors that the MHBE works with have the CMMMI designation. Mr. Koshanam responded that he would estimate the number to be around ten, and that typically they are firms that also contract with the federal government.

Mr. Steffen then asked for the length of the renewal period of the certification. Mr. Saypuri responded that it is a three-year period; the certification is valid until October 2022.

Secretary Neall then invited members of the team forward for a photograph.

### 2020 Open Enrollment Readiness

*Andrew Ratner, Chief of Staff*

*Venkat Koshanam, Chief Information Officer*

*Betsy Plunkett, Director, Marketing & Web Strategies*

*Heather L. Forsyth, Director, Consumer Assistance, Eligibility & Business Integration*

Mr. Ratner provided the Board an overview of the upcoming open enrollment period.

Mr. Ratner stated that open enrollment will run from November 1 at 5:00 a.m. until December 15 at 11:59 p.m. and that the website and mobile app will be available daily between 5:00 a.m. and 1:00 a.m.

He explained that consumers will have cheaper options for plan year 2020, with premiums 23 percent lower than two years ago. Additionally, new “value plans” will grant consumers access to more services before the deductible. He explained that the reinsurance program has helped consumers on the exchange, as well as those off the exchange who do not qualify for financial assistance. He also stated that there will be a new special enrollment period available to pregnant women.

He further explained that, under the Maryland Easy Enrollment Health Plan (MEEHP), Maryland is the first state to alert households that they may qualify for tax credits, which could affect tens of thousands of individuals.

He noted that the MHBE faces a new challenge in the form of federal public charge regulations, which may affect enrollment in immigrant communities. He added that there is a lot of confusion and concern in the community around the impact of the regulations.

He stated that Maryland ranks in the top tier of states for rates of insurance coverage and noted that Maryland has seen improvement in both enrollment and the uninsured rate.

Mr. McCann asked whether, if the current continuing resolution funding the federal government expires and there is a federal government shutdown that affects both the U.S. Department of Health and Human Services (HHS) and the Treasury Department, if MHBE operations would be affected and if contingency plans exist. Mr. Ratner noted that Mr. Koshanam would speak to that issue shortly.

Ms. Plunkett explained that marketing efforts will be targeted to young adults, African Americans, and Hispanics. She further explained that messaging will emphasize rate stability and consumer privacy. Geographically, she explained that efforts would be targeted to the upper eastern shore and southern regions of the state.

She stated that another focus has been to encourage individuals completing Medicaid renewals to do so outside of open enrollment.

Ms. Plunkett then explained that, during tax season, the MHBE will be working with the Comptroller's Office on messaging.

She explained that the MHBE has held focus groups and undertaken a statewide survey to better understand young adults' perception of the exchange. Additionally, she explained that the MHBE has had discussions with Hispanic leaders regarding effective messaging to this audience.

She then explained that the MHBE will undergo more user experience research during open enrollment, while last year's findings were used to inform changes implemented in September.

Ms. Plunkett stated that the television advertisement developed for last year's open enrollment period will be airing again this year. She added that it will also be airing on Hulu. Additionally, advertisements will be airing at gas stations.

She explained that this year will be the first time the MHBE is running a Spanish language testimonial. Additionally, newspaper inserts will link individuals to local resources and are available in English and Spanish. Another first-time marketing effort will be Instagram story ads.

Ms. Plunkett then explained that a new electronic toolkit is available to stakeholders through social media. Ms. Herron asked if there is a number that an individual can text to receive more information. Ms. Plunkett responded that there is a box on the application that an individual can check to receive text messages; alternatively, there is an option on the website. Ms. Herron then asked if there is a specific number that an individual can text. Ms. Plunkett responded that such a number does not exist, but that once the initial phase of the texting efforts is successful it could be expanded.

She stated that MHBE recently met with faith leaders and facilitated a Hispanic forum in Rockville. Additionally, Ms. Eberle will be meeting with the editorial board of the Baltimore Sun and other media outlets. Ms. Eberle added that she has also met with local health officers. Ms. Plunkett then stated that local health officers will be able to tailor a letter-to-the editor from Ms. Eberle with their local information.

Mr. Redmer asked about lessons learned from the focus groups with the Hispanic community. Ms. Plunkett responded that they have not yet finished with research results. Ms. Eberle added that one theme was the importance of working with trusted local partners. Additionally, she noted that people are hearing mixed messages from immigration attorneys and that education is important. She added that delegates have been present at several events. Ms. Plunkett also stated that a number of issues have been raised, particularly around transportation and documentation. Additionally, she highlighted one instance of a community leader believing that the individual mandate penalty is still in effect.

Mr. Koshanam then outlined IT readiness. He explained that the system transition to the MD THINK platform went live on August 12, and that, after initial operational issues, the system has rapidly improved. He stated that, since the last Board meeting, the total duration of system down time was 220 minutes—40 of which were on the consumer portal side. In all cases, the issue was related to firewall connections, and all root causes have been identified.

He explained that there are continuous software releases both planned and already implemented. He stated that one major release occurred on September 27 on the MD THINK platform, while another release will occur after open enrollment—which will contain a small piece of the Small Business Health Options Program (SHOP) platform.

He stated that Release 28 contained an integration with the state board of elections. He then stated that the Maryland Health Connection website will be appear similar across devices, with a release planned for the end of January.

He noted that over 99 percent of consumers have been automatically renewed, with notice provided that they should come back to shop for plans.

Mr. Steffen asked whether multi-factor authentication has been taken out of planned releases. Mr. Koshanam responded that it remains; however, it is an option for consumers to utilize or skip.

Mr. Koshanam then summarized the priority IT tasks related to open enrollment readiness. He explained that, within the IT command center, staff monitor system performance while a task force is available for rapid response.

He stated that staff from the MHBE work closely with carriers on tasks related to plan uploads and anonymous browsing. Next, for security readiness, he explained that focus areas include the recertification of credentials for users.

He explained that tasks related to operational readiness include a formalized communication and escalation plan with the MD THINK team. He added that, last year, there were issues related to workers being unable to access the Maryland.gov website. He explained that they are working closely with the Maryland Department of Information Technology (DoIT) on the issue.

He added that, within development readiness, user experience improvements have been implemented. He then noted that there is one more performance test which is on track to be completed.

He explained that they have received reporting requirements from the Centers for Medicare & Medicaid Services (CMS), which show what needs to be provided on day one of open enrollment.

Finally, he explained that the Project Management Office team is working closely both internally and externally to align resource availability.

Ms. Eberle noted that consumers who receive advanced premium tax credits (APTC) typically renew their plans and stay on throughout the year, but now even consumers who do not receive APTC are tending to stay in the market.

In response to an earlier question about a possible federal shutdown, Mr. Koshanam stated that they would reach out to the Federal Data Services Hub (the Hub) to validate a consumer's income. Mr. McCann asked whether the Hub would be unavailable if the federal government shuts down. Ms. Forsyth explained that the Hub was not down last year. Ms. Eberle added that a challenge last year was that individuals waiting to reconcile their federal tax return to get a flag lifted could not do so because offices were closed.

Ms. Forsyth then outlined the MHBE's consumer assistance readiness. She stated a priority for the MHBE has been to utilize bilingual navigators; she explained that more than one-third are bilingual. She added that navigators are dispersed across 89 locations during open enrollment.

She explained that the number of authorized producers is holding steady, with the current figure at 463. Of this number, 114 are bilingual, with 20 different languages spoken. Additionally, the broker-assisted transfer program (or BATPhone) will have 33 participants this year.

She stated that there are 127 certified application counselors (CACs) working in a variety of settings. She explained that CACs primarily work with Medicaid-eligible applicants, but that they also network with local navigators.

She noted that partner agencies have been working to triage more Medicaid consumers to caseworkers. Additionally, a number of partners have extended hours and offered Saturday hours to assist consumers. She also stated that the MHBE has worked with the Maryland Department of Human Services (DHS) to provide training for front desk workers at local departments of social services.

She noted that the consolidated services center vendor, Maximus, continues to maintain a collaborative partnership. She stated that the average call handling time is approximately 10 minutes. Additionally, she explained that internal escalations are at an all-time low.

She explained that the MHBE has been preparing by conducting in-person regional visits with navigators and local agency staff. Additionally, the MHBE has held forums for CACs, producers, and navigators. She noted that a large number of navigators have been assisting consumers since the very first open enrollment.

She explained that the MHBE has been undergoing certifications and re-certifications and online training in compliance, voter registration, and the qualified health plan (QHP) renewal processes for

all workers. This year, the MHBE has re-aligned the escalated cases team with the appeals and constituent services team.

Finally, she stated that the MHBE has been updating its consumer-facing website to address policy and eligibility updates, such as the public charge rule, email requirements, and other tax considerations.

Mr. McCann asked how often it occurs that the BATPhone does not have an available producer to take a call. Ms. Plunkett noted that it could happen if not all producers are logged in. Mr. McCann then asked if that is a frequent occurrence. Lee Ann Sapp, Program Manager, MHBE, responded that it occurs infrequently.

Eric Rubin, President, Health South, Maximus gave an update on the call center forecast for open enrollment.

He explained that the process of forecasting open enrollment begins in May, with the goal of understanding any relevant changes. He explained that a number of drivers inform the model, including Medicaid and QHP population volume and system changes. He then explained that they update their forecast quarterly.

He stated that they had forecasted significantly more volume than actually occurred during last year's open enrollment. He explained that, since premiums were falling, they assumed consumers would want to find the best deal. Outside of open enrollment, there was a two percent deviation between forecasted and actual call volume.

He explained that consumer wait time is fairly short in November, but does increase in December as the number of calls increase. He stated that, during last year's open enrollment, their peak volume was 20,000 calls in one day. He then explained that consumers, when waiting, are prompted to take advantage of a courtesy call back within the same day.

He then explained that they make the brokers part of the phone system via the BATPhone and that Maximus agents are able to see which brokers are online. In response to an earlier question, he stated that there are nearly always brokers available.

He explained that Maximus operates two call centers—one in Maryland and one in Colorado—to ensure continuity of operations in the event of emergencies.

He stated that hiring and training of call center staff begins in August. He then explained that they focus on two key success metrics: that there are no complaints sent to the Governor's office and that they give a high level of customer service.

Ms. Weckesser asked if there is a reason why there is no call-back feature available in Spanish or other languages. Mr. Rubin explained that it is a system limitation, but that they will address the issue next year. He added that the system next year will be able to identify individuals by voice biometrics.

Ms. Eberle added that the MHBE frequently hires talent from the call center.

Mr. Steffen asked what products or changes would be most interesting to consumers during this year's open enrollment. John-Pierre Cardenas, Director, Policy & Plan Management, explained that the addition of "value plans" are the most exciting new feature. Additionally, during plan year 2020, the MHBE will deploy consumer decision support tools such as a prescription drug search tool and an out-of-pocket cost calculator.

Mr. Steffen asked what special capabilities or services are available that can support individuals with behavioral health limitations or challenges. Ms. Forsyth explained that it varies from county to county, depending on the extent of the partnership between the Connector Entity and the local health department or department of social services. She added that in Prince George's County, services are more wrapped together via community health workers. In some other counties, she added, support occurs more by word of mouth. Mr. McCann added that it should be on her list of things to think over.

Secretary Neall asked whether the bottom line is that all systems are ready for open enrollment. Ms. Forsyth responded in the affirmative.

### 2021 Plan Certification Standards

*John-Pierre Cardenas, Director, Policy & Plan Management, MHBE*

Mr. Cardenas explained that the goals of the 2021 plan certification standards are to establish reasonable consumer expectations for out-of-pocket costs, align consumer incentives for health care service utilization, increase enrollee effectuation rates in the individual marketplace, and increase access to stand-alone dental coverage through Maryland Health Connection.

He then explained that the goal of the 2020 plan certification standards was to provide consumers with reasonable expectations of deductibles and out-of-pocket costs while promoting cost-sharing structures that increase the use of high-value care, decrease the use of low-value care, and limit premium increases attributable to increased actuarial value. These changes would work in turn to increase market participation with the availability of high value plans, align products in the individual market with state-wide initiatives under the Total Cost of Care Model, and create incentives for value-based product innovation.

He stated that carriers have implemented the 2020 value plan certification standards beyond expectations. For example, CareFirst BlueCross BlueShield added generic drugs to the list of services available before the deductible in its value bronze plan. He added that deductible ceilings were put in place for the value silver and gold plans. Additionally, value silver and gold plans are required to cover primary care visits, urgent care visits, specialist care visits, laboratory tests, x-rays and diagnostics, imaging, and generic drugs (gold only) before the deductible.

He explained that, in comparing premiums from 2019 to 2020, rates have decreased due to the reinsurance program. He added that value plans allow deductibles to decrease as well, and that 2020 value plans are the lowest deductible plans in two of three metal levels.

He noted that, for both consumers with and without financial assistance, choosing the plan with the lowest deductible will likely lead to lower total out-of-pocket spending compared to choosing the plan with the lowest premium. He added that, for individuals with financial assistance in CareFirst-only regions, premiums are less than one percent of income.



He explained that, for 2021 value plan certification standards, there will be no major changes for the value bronze or gold plan. Value silver plans would be required to include generic drugs before the deductible and no longer required to include imaging before the deductible. Additionally, value silver plans would have the flexibility to modify plan design contingent upon limitations that may arise with the release of the 2021 actuarial value (AV) calculator from the federal government. Value gold plans would be granted similar flexibility. He noted that carriers have already decided to include generic drugs before the deductible in 2020 value silver plans.

He then explained that, within plan year 2021, issuers would be required to implement a PayNow URL to allow consumers to pay their first month's premium at the point of enrollment. He explained that Kaiser Permanente piloted this approach during open enrollment for plan year 2019 and that it was utilized more than 11,000 times. He noted that carriers asked for flexibility on the timeline in the event of technical issues or limitations. He added that this approach gets around the issue of the MHBE having to manage consumers' money.

Mr. Redmer asked how the MHBE would plan on accommodating flexibility around the timeline of requiring the PayNow URL. Mr. Cardenas responded that IT staff from the MHBE work with and negotiate with IT staff from the carriers to negotiate a responsible timeline.

Mr. Redmer then asked whether moving various services before the deductible would have any effect on mental health parity. Mr. Cardenas responded that for both value gold and value silver, carriers are required to cover mental health services before the deductible as well as substance use disorder treatment. He added that when CareFirst covers unlimited primary care in the value bronze plan that it also includes mental health.

Mr. Redmer then asked how to build in flexibility in the standards around changing actuarial value across years. Mr. Cardenas responded that the federal process is opaque and that once the AV calculator is released, the MHBE must assess how its standards affect the AV calculator. Then, the MHBE would have a conversation with carriers to determine areas to allow flexibility. Mr. Redmer asked how that would be put in a regulation. Mr. Cardenas responded that one option would be to do an analysis after the AV calculator is released and return to the Board with recommendations.

Mr. Cardenas then stated that issuers would be required to be transparent around whether they utilize a co-pay accumulator program.

The next standard he described is that stand-alone dental plans would be required to accept enrollments under special enrollment periods on Maryland Health Connection for the following events: determination of eligibility for Medicaid, determination of eligibility for a QHP, new enrollment in the SHOP, and access to an excepted benefits health reimbursement arrangement (HRA).

He then explained that, prior to the Affordable Care Act, composite rating was popular in the small group market. He stated that the MHBE is recommending a standard that all SHOP issuers would be required to offer at least one QHP at the bronze, silver, and gold metal levels that allows for composite rating for employers seeking to offer a single plan to their employees.

Mr. Redmer asked for clarification that this would be a mandate for all carriers in the small group market. Mr. Cardenas responded in the affirmative. Mr. Redmer asked why carriers have stopped offering composite rating. Mr. Cardenas responded that it fell out of practice.

Mr. Redmer then noted a concern that such a requirement could cause carriers to leave the market or inhibit others from entering by adding a mandate for something that the market has not corrected. Mr. Cardenas noted that this standard, among others, was a consensus option amongst stakeholders. Ms. Eberle also noted that the Board's vote on this matter would create an opportunity for public comment.

Secretary Neall asked whether this issue is related to rate stability, and that employers do not feel the need to search for plans since rates have been stable recently. Mr. Redmer responded that this does not have as much to do with benefits as much as with the premium. He added that employers prefer this option because it allows them to give a flat dollar amount or percentage for every employee. Mr. Cardenas added that the SHOP Policy subcommittee allows stakeholders, including carriers, to debate these issues.

Mr. Steffen noted that this option would likely be most attractive to the smallest segment of the small group market because they are purchasing insurance for a small pool of individuals, including the proprietor. He added that the question is whether it is fair or not and that incentives for proprietors are not a bad thing.

Mr. Cardenas then explained another standard related to removing administrative barriers for new entrants. He explained that the MHBE would offer optional sample plan designs at the bronze, silver, and gold metal levels.

Mr. Steffen noted a concern, related to the value plans, around adding more services below the deductible for 2021 without a clear analysis of the impact in 2020. Mr. Cardenas noted that carriers, on their own accord, added generic drugs before the deductible.

Mr. Cardenas then explained the proposed grant regulations, and noted that the policy subcommittee has reviewed them and provided feedback. He explained that they are proposed regulations that would receive public comment. He stated that the purpose is to turn internal processes into formal regulations.

Ms. Weckesser motioned to approve the 2021 Plan Certification Standards and Grant Award Regulations to receive public comment in the Maryland Register. The motion carried.

### [Affordable Care Act \(ACA\) Study](#)

*John-Pierre Cardenas, Director, Policy & Plan Management, MHBE*

Next, Mr. Cardenas explained that the Board tasked MHBE staff to provide recommendations for study designs that would evaluate the impact of the ACA in Maryland. He explained that MHBE staff requested The Hilltop Institute to develop a logic model and set of hypotheses and study designs. He then explained that the Hilltop Institute provided a set of 14 hypotheses to evaluate short, intermediate, and long-term outcomes. He stated that MHBE staff recommend four of the hypotheses/study designs for the Board to commission.

He then explained the selection criteria. These criteria were that selected studies should: be in alignment with the MHBE's statutory purpose, core values, and purview; yield information that support state-wide policy initiatives; utilize readily accessible data sources and be quantitative in approach; and not be duplicative of existing studies performed by other state agencies.

He explained that the first study design would be analyzing whether increases in utilization after implementation of ACA coverage expansions subsided after an initial surge in utilization. He explained that this question is related to the theory of pent-up demand in the uninsured market prior to the ACA. He stated that specific outcomes would include acute care and primary care measures.

The second question proposed for study is whether the ACA resulted in increased use of services by persons with identifiable health needs, such as chronic conditions, in particular among traditionally underserved ethnic and racial minorities. He explained that one related question is whether the cost of the chronically ill to the health system has leveled out.

Ms. Herron noted that during this time period Maryland had to re-negotiate its waiver with CMS. She also noted that hospitals adjusted their behavior in response to the new waiver, and asked how an analysis could control for such changes. Mr. Cardenas explained that the methodology would allow for an appropriate time trend analysis.

He then explained that the third question is whether the ACA led to population health improvements. Finally, the fourth question is whether health disparities diminished. Secretary Neall asked whether the expansion of Medicaid would be included in this study of the ACA. Mr. Cardenas responded that it would be included.

Mr. McCann asked whether the methodology includes any sort of interviews that would attempt to validate what the statistical analysis shows. Mr. Cardenas explained that none of the hypotheses utilize a qualitative approach, and that the funding necessary for interviews is much greater. Additionally, he noted that they plan to await results from the Maryland Insurance Administration's research.

Mr. Steffen asked whether the study would include all the privately insured, or just the individual market. He added that there are quite a few questions, and asked if there are any available cost estimates. Mr. Cardenas noted that these four questions are just those the Board would approve to study, and that there would then be a formal request for proposal process.

Ms. Weckesser asked for clarification on what the Board would be voting on regarding these four questions and the status of any qualitative research. Mr. Cardenas responded that they would be evaluating the impact of the ACA according to these four questions. He added that the MHBE would wait to get results on qualitative research from other state agencies before moving forward.

Ms. Weckesser stated that what Mr. Taneja and she had discussed was what impact the MHBE had specifically on the individuals who enrolled, which would require interviews and surveys.

Mr. Redmer suggested that the Board simply not go forward with the study. He noted that, anecdotally, everyone agree that the ACA has had a positive impact, and expressed concerns around potential costs and benefits of such a study.

After further discussion, the Board decided to re-visit the issue after open enrollment.

#### Adjournment

Ms. Eberle acknowledged the passing of Representative Elijah Cummings and noted his support for the MHBE. The meeting was adjourned in his memory.