750 EAST PRATT STREET, 16TH FLOOR
BALTIMORE, MD 21202
marylandhbe.com

MARYLAND HEALTH BENEFIT EXCHANGE

Maryland Health Benefit Exchange Board of Trustees

July 21, 2015
1:00pm – 3:00pm
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Members Present

Van Mitchell
Tony McCann
Kenneth Apfel, MPA
Michelle Gourdine, MD
Al Redmer
Ben Steffen, MA
Sam Malhotra
Thomas Saquella

Members Absent

Linda Sue Comer

Also in attendance: Carolyn Quattrocki, Executive Director at the Maryland Health Benefit Exchange (MHBE) and Sarah Rice, Assistant Attorney General and Interim Counsel for the MHBE

Opening

Commissioner Redmer welcomed everyone to the Board meeting.

Approval of Meeting Minutes

The Board reviewed the minutes for the meeting on June 16, 2015; no amendments were made. Mr. McCann motioned to approve the minutes; Dr. Gourdine seconded the motion. The Board voted unanimously to approve the June 16, 2015 minutes.

General Updates

Ms. Quattrocki announced that exchange enrollment passed the 500,000 mark. Enrollment has steadily grown, as the exchange approaches the third open enrollment period. She reported that the Standing Advisory Committee (SAC) has scheduled their meetings for the next year. The SAC will focus on a specific policy topic at each meeting. For the August meeting, the topic will be network adequacy. The Network Adequacy workgroup of the SAC has been working through the summer to describe the issues and gather input from stakeholders regarding potential standards that the Board could consider putting in place for the upcoming plan year. Mr. Apfel has agreed to serve as the Board liaison to the SAC. Over the next six months, the SAC meetings will address enhanced broker engagement and value-based insurance design (VBID). A separate workgroup may be formed to address VBID and active purchasing. The MHBE's enabling statue allows for them to switch to an active purchasing model and develop a plan for active purchasing, should it choose. The plan would need to be presented to the General Assembly for review and comment.

- Commissioner Redmer requested clarification on active purchasing. Ms. Quattrocki explained that the most notable example is from Covered California. Under Maryland's current model, any carriers and plans that meet a minimum set of requirements are allowed on the Maryland Health Connection (MHC). Under an active purchasing model, the Board would issue a request for proposal (RFP) and set the criteria for certain aspects of the plan. For example, the Board could concentrate on rates or different plan designs. Active purchasing can be a means to support care delivery reform. The Covered California plans have focused on rates and standard benefit design.

Ms. Quattrocki explained that rather than trying to have the SAC address active purchasing in one or two meetings, the plan is to give the Board an opportunity to hear from experts and be exposed to a variety of viewpoints over a longer period of time.

- Mr. Apfel commented that the issue of implementing active purchasing arrangements arose at the start of the MHBE. At the time, it was decided that additional experience was necessary before initiating an active purchasing system. Now that the MHBE has been operational for a few years, it may be a good time to revisit the issue.

Ms. Quattrocki stated that MHBE will be issuing a request for information (RFI) in the next week for the consumer assistance and Connector Entity program. As the program moves past the third open enrollment, they are exploring options for the next phase of the Connector Entity program. The goal is to investigate if there are new ideas or methods for leveraging private resources as state resources diminish to administer these programs. Ms. Quattrocki's discussions with stakeholders indicate that there is excitement to think creatively to develop new options for the Connecter Entity program. In addition, this aligns with the Board's request for developing a long-term plan for the Connector Entity program. The information from the RFI will be used to shape the recommendations that are presented to the Board about how the program will be structured in the future.

Ms. Quattrocki then explained that the MHBE is working to implement a pilot program to have licensed insurance brokers embedded in the Call Center prior to the start of this year's open enrollment. The goal of the program is to reduce pressure on the Call Center. The Call Center agent would help the consumer go through the application process to determine if they would enroll in a qualified health plan (QHP) or Medicaid. The consumer will be transferred directly to a broker if the consumer needs assistance selecting a QHP. The pilot project has started out on a small scale, as the group works on resolving implementation issues. Ms. Quattrocki reported that the pilot has been received positively by the broker community.

Closed Session

Commissioner Redmer announced that the Board would be moving into closed session. The purpose for moving into closed session was to consult with counsel regarding potential litigation and to discuss the procurement for a marketing plan.[1]

CRISP Provider Directory

Jonathan Kromm, MHBE Deputy Executive Director, provided an overview of the provider search tool and work completed by the Chesapeake Regional Information System for our Patients (CRISP). The presentation was intended to provide a summary of the functionalities available. At the next Board meeting, there will be a vote on the extension of the CRISP contract for the provider search tool.

The provider search tool assists consumers with identifying which providers participate in a QHP. The tool was designed and is managed by CRISP. The tool has the functionality to search by provider, provider type, and QHP. The tool continues to be utilized by the public. Web statistics show that the tool is accessed outside of open enrollment, with approximately 500 visitors per day during June 2015. It was noted that the provider search tool does not reside on the MHC; rather the MHC links to an outside website.[2]

The most important aspect of the provider search tool is the data used to populate the database. The provider data are supplied by the carriers, who submit a directory of all providers participating in their QHPs. CRISP processes the data received by the carriers. The processing procedure includes removing

[1] General Provisions Article § 3-305(b)(7) allows a closed session to consult with counsel to obtain legal advice. Article § 3-305(b)(14) allows a closed session to discuss, before a contract is awarded or bids are opened, a matter directly related to a negotiating strategy or the contents of a bid or proposal, if public discussion or disclosure would adversely impact the ability of the public body to participate in the competitive bidding or proposal process.

[2] The Provider Tool is available at: http://providersearch.crisphealth.org/

duplicate entries and matching data. Once the data have been processed, they are added to the provider search tool. There is approximately a one week lag time between submissions from the carriers and the data being available to consumers via the provider search tool.

To continue the maintenance of the provider search tool from September 2015 through September 2016, CRISP has proposed a budget of $266,000. Most of the cost is allocated to the Optum data services. A more detailed breakdown of the cost will be provided to the Board during the next meeting. Mr. Kromm noted that this proposed budget is to maintain the provider search tool as it exists today. There are a few components of the search tool that could be improved upon.

During the 2015 legislative session, there were discussions about the quality of data available in the provider search tool. While all parties are striving to offer provider data that are high quality, there are opportunities for improvement. As part of the improvement efforts, the SAC is working to obtain stakeholder ideas to improve the quality of the data. One option for improving the quality of the data would be for the carriers to simplify the process that providers use to report any changes to their information or plan participation. CRISP could also complete a few additional steps at the processing level that would improve the data. For example, Optum data could be used to actively make corrections to the dataset. One disadvantage to using Optum data to correct provider data received from carriers is that the provider search tool may become out of synch with the provider directory on the carrier's website. Due to these potential complications, the strategy of obtaining correct data directly from the carriers may be the best method for correcting this issue.

A recommendation for the provider search tool will be presented to the Board for a vote during the August Board meeting. In addition, as the SAC identifies ideas from stakeholders, those will be presented to the Board as well. The proposed budget is to maintain the provider search tool in its current state. There is an option to use Optum files to make additional data corrections, which would require roughly $80,000 in additional funding.

- Secretary Mitchell asked for clarification regarding whether the $266,000 proposed by CRISP for maintaining the tool for another year is already in the budget. Mr. Kromm confirmed that it is already in the proposed budget. However, the expenses for any supplemental improvements to data processing are not included in the budget.
- Dr. Gourdine asked about the quality concerns related to the provider data. Mr. Kromm responded that when stakeholders groups have done independent validation, they have raised concerns regarding the accuracy of which providers participate in a plan and are accepting new patients. Behavioral health advocates reported problems with locating providers when using the provider search tool. Mr. Kromm added that locating providers who have a particular subspecialty can be challenging depending on the type of services needed. For example, subspecialists like cardiologist are easier to locate in the directory. However, locating providers who specialize in drug treatment services can be challenging because the services are not offered by one provider but rather by a whole facility.
- Dr. Gourdine asked why the MHBE would need to be responsible for correcting the provider data, when carriers should be sending accurate data. Secretary Mitchell added that some carriers raise similar points regarding the accuracy of the MHBE's data.
    - Ms. Quattrocki responded that carriers were as concerned as the MHBE about the results of the above mentioned study by behavioral health advocates. The MHBE is working with a group of carriers to address this issue. The MHBE has also requested input from providers to gain insight on this issue and develop recommendations. The goal is to incorporate their findings and use them to improve the next iteration of the provider search tool.
- Mr. McCann commented that at the June Board meeting, the Board reviewed the contract for the Call Center; the limited budget prevented the Call Center from attaining the necessary level of staff to meet demand. Mr. McCann requested additional information regarding how increasing the budget for the provider search tool would influence other programs. Mr. Kromm responded that

the proposal for the next meeting will only include the $266,000 already in the proposed budget; any additional amounts for quality improvement will be presented to the Board at another time.

- Commissioner Redmer commented that the search tool contains information that is provided elsewhere at no cost to the MHBE. He noted that the MHBE will need to prioritize activities by identifying tasks that are necessary, the tasks that the MHBE should do, and the tasks that the MHBE wants to do. The MHBE will not be able to perform all desired activities due to limited resources. .
    - Mr. Kromm clarified that the search tool is the only location where the provider data are available in an aggregate format. Consumers would need to visit each carrier separately to confirm whether a provider was participating in a specific plan.
- Mr. Saquella asked whether a search for a specific provider would show all of the QHPs in which that provider participates. Mr. Kromm responded that if a consumer desires a specific provider or specialty, then the consumer will be able see which QHP networks include that provider or providers within that specialty.
    - Secretary Mitchell noted that consumers can also use the provider directories on carriers' websites to get this information or call individual providers about which QHPs they accept.
    - Ms. Quattrocki added that the MHBE staff is aware of the struggle between using resources to support the high demand for the Call Center and creating better decision making tools for consumers. If resources were available to develop or enhance decision making tools, it would likely reduce the burden on the call center. However many of the resources are used to directly support the Call Center and not the other tools. Mr. Kromm noted that the MHBE needs resources available for consumers experiencing problems with the provider directories.
- Mr. McCann asked if it was appropriate to request options that would reduce the cost of the CRISP contract to below the currently proposed budget amount. Mr. Kromm responded that the MHBE can ask CRISP about building options into the proposal to reduce the budget.
    - Commissioner Mitchell requested that the information is shared with the Board a week before the meeting.

Report from Closed Session

Commissioner Redmer reported that during closed session, the Board unanimously approved a $45 million settlement with Noridian Healthcare Solutions, LLC. An initial payment of $20 million dollars will be made, and the remaining $25 million dollars will be dispersed over five years. Noridian's parent company, Noridian Mutual Insurance Company, guarantees $40 million dollars of the settlement funds. The state and the Board are continuing to evaluate claims against other contractors.

The Board also discussed the marketing RFP, but took no action.

IT Update

Subramanian Muniasamy, MHBE Chief Information Officer, provided an update on the activities of the MHBE Information Technology (IT) team over the past six months. The update included maintenance and operation releases, the Maryland Automated Benefits System (MABS) integration, and a summary of the Indefinite Duration Indefinite Quantity (IDIQ) procurement.

In the past six months, there have been four releases to the system to support continuous improvement efforts. The next update scheduled to go into production in mid-August 2015 will include major enhancements. One of the functionality enhancements is to automate the creation and distribution of 1095 tax forms for consumers who have enrolled in a QHP or Medicaid. In addition, the system will support passive renewals for consumers who have enrolled in a QHP or Medicaid. This is a large enhancement to operational efficiency.

On September 1, 2015, the HBX (the IT system) is scheduled to begin generating Medicaid renewals for the first time. On September 15, there are plans to generate eligibility notices for the QHP population. This will allow consumers to know their eligibility ahead of the next open enrollment period, when they can preview the plans available. Mr. Muniasamy indicated that they are on target to achieve these

deadlines. In September 2015, the HBX application will begin to offer screens to support side-by-side comparison of the stand-alone dental plans for consumers during open enrollment.

One of the key accomplishments made during the past six months, was the integration of MABS into the HBX. Mr. Muniasamy estimates that this has contributed to a 15 percent increase in operational efficiency. In addition, they have completed the IDIQ procurement process. The lower environment consolidation has also been completed, which has contributed to cost-savings of $155,000 per month. Lastly, in the area of security, they have successfully implemented database encryption at rest. This activity has made the database compliant with mandates from the Centers for Medicare & Medicaid Services (CMS).

Another opportunity to increase operational efficiency is to consolidate the different electronic content management systems (ECMS) used by Maryland Department of Human Resources (DHR) and the MHBE into a single enterprise content management system. Currently, both DHR and the MHBE have their own content management system. Under the current systems, employees need to search for and approve documents in two different systems. DHR and the MHBE are in discussions to make this consolidation functional by the next open enrollment period.

- Secretary Mitchell asked if there was a scored savings value for integrating the content management system. Mr. Muniasamy responded that they plan to use efficiency software to evaluate the value of the savings. In addition, MHBE will no longer incur the expense of the licensing fee for FileNet. This has an estimated cost savings of $300,000 - $400,000 per year.
- Commissioner Redmer asked if this integration would allow DHR an increased opportunity to work on redeterminations or if these were different issues. Ms. Quattrocki and Mr. Muniasamy responded that these were separate issues and would not affect DHR's work on redeterminations. The current proposal addresses storage of the documents provided for evidence of income and identification.
- Secretary Mitchell requested clarification regarding the proposed savings from eliminating the licensing costs. Mr. Muniasamy responded that currently the MHBE is paying licensing fees for Filenet, which will be eliminated when the MHBE integrates its content management system with DHR.
    - Secretary Mitchell asked whether the savings will be shared between the MHBE and DHR. Mr. Muniasamy responded that the savings from removing the licensing fee will go to MHBE. As part of the planning process, MHBE and DHR are working to determine how costs would be incurred for the maintenance of equipment or any other modifications that are encountered during this change.
- Mr. Muniasamy reiterated that MHBE would save approximately $300,000 in direct licensing costs and then any maintenance on hardware that had been used by the software.

Mr. Muniasamy noted that total enrollment in the HBX was 511,185 as of July 14, 2015. There are approximately 3,000 new Medicaid enrollments every day, including redeterminations.

- Mr. McCann asked whether the daily Medicaid enrollment of 3,000 is net or gross. Mr. Muniasamy responded that there are approximately 3,000 net enrollments that have been fully processed. There are approximately 4,000 people who enter into the system every day and are waiting additional processing before their review is complete.

Mr. Muniasamy presented the Maintenance and Operations (M&O) system updates from May and June 2015. There were two modifications related to populating the coverage end date field in the system. If a consumer has passed away, the date of death will be entered as the coverage end date. The second change allowed for the coverage termination date to be the day prior to the initiation of new coverage. In addition, there was a security update to require password resets every 90 days. Lastly, there were updates to Maryland Children's Health Program (MCHP) premium amounts.

In August, the planned updates will focus on eligibility changes related to Medicaid applications that are pending due to lack of verification. In the current system, if the verification is not complete, applicants are

provided with 90 days of interim coverage. The applicant is given 90 days to return evidence that their income is correct. After the update, consumers will not be given eligibility at all unless they have proven that their income meets the eligibility requirements.

There have also been updates to the application to improve customer experience, including additional filters on the plan shopping page. In addition, on applications for individuals without a social security number, the Tax Identification Number (TIN) field is now included. The last M&O update was to incorporate stricter business rules associated with social security number validation. These updates are intended to reduce the influence of human error.

Mr. Muniasamy provided the Board with an update on the integration of MABS into the HBX application. Prior to the integration, the system used Internal Revenue Service (IRS) income data, which is more than 12 months old. The MHBE will now receive a quarterly income file, which will help expedite QHP and Medicaid enrollment applications by having updated income data. This has reduced the staff's queue of open income verifications by nearly 15 percent. It has also reduced the need to print verification checklist notices for future redeterminations and straight eligibility determinations, which will likely generate a cost savings.

Mr. Muniasamy provided a summary of the progress made on the IDIQ procurement. The IDIQ RFP was issued on May 12, 2015. A total of 52 responses were received. There were 48 master vendors awarded contracts, and 17 positions were filled with a start date of July 1, 2015.

- Mr. Saquella requested information regarding the reason behind the delay in MHBE receiving data from MABS. Mr. Muniasamy responded that due to timing last year, the integration between MABS and HBX was not completed as part of the system enhancements.
- Mr. Steffen requested an update regarding streamlining the Project Management Office (PMO) operations using IDIQ vendors. Mr. Munisamay responded that an independent testing team has been hired through the IDIQ. A portion of the technology operations will be supported through the IDIQ. This will allow for cost savings due to added operational efficiencies.
    - In addition, Mr. Muniasamy noted that there will be a separate business operations IDIQ that has not been made public yet. There is also the possibility of extending the contract of an existing vendor by another six months. The MHBE is working to develop a plan for how to efficiently utilize the IDIQ to support business operations.
- Mr. Steffen commented that there have been several recent security breaches at healthcare and insurance organizations, and asked if MHBE has completed any infrastructure updates to prevent these types of threats. Mr. Muniasamy responded that they implemented guardian software. In addition, new firewall security configurations are now in place, blocking connections from outside of the United States. The MHBE is compliant with all currently known recommendations.
- Secretary Malhotra commented that while these measures address an outside breach, work must be completed to address the risk of an inside breach. Mr. Muniasamy agreed that more discussion regarding the best way to address this risk is necessary.

Updates

In response to a question by Secretary Mitchell about whether the MHBE plans to take any legislative action this year, Ms Quattrocki reported that there are no current plans for any legislative proposals. She noted that there are some issues that the General Assembly can choose to address and actions the Board can take. One example would be addressing network adequacy standards. There will be a presentation in the early fall from the SAC on potential standards that the Board may want to implement in the coming year. She noted that there was a large amount of interest in the General Assembly in the past session regarding network adequacy standards, and believes that the interest will remain. Ms. Quattrocki reiterated that there are no plans to initiate changes to the MHBE's enabling statute.

- Mr. Steffen requested an update on any plans that MHBE has to address confusion that employers and third party administrators (TPAs) may have regarding expansion of the Small

Business Health Options Program's (SHOP) eligibility from 50 employees to 100 employees in 2016. Ms. Quattrocki responded that Michelle Eberle, Interim Director of Plan Management at the MHBE, has been working with the SHOP implementation group, carriers, and TPAs to prepare the community for this change. Ms. Eberle added that this has been included as part of the master marketing plan as well. Commissioner Redmer noted that the brokers are aware that this change will occur.

Secretary Mitchell requested an update on any plans for enhanced broker engagement with the exchange. Ms. Quattrocki responded that the broker services team has been working with the Call Center and brokers to develop a work plan for the pilot program to incorporate brokers into the Call Center. The MHBE hopes to have more details available to share with the Board soon. Ms. Quattrocki has met with brokers and received feedback and positive reactions about the project.

Ms. Quattrocki explained that currently, the project is in the pilot phase. Brokers are located within the Call center; after a call center representative assess a consumer's QHP eligibility, the consumer is transferred to a broker to assist with plan selection. The MHBE plans to quickly begin the next phase of the project, during which the brokers will be moved out of the Call Center and back to their own offices. The telephone system will able to transfers telephone calls directly from the Call Center to the broker's offices. The plan is to gradually increase the volume of consumers who receive this service as the program moves ahead.

In addition, Ms. Quattrocki added that in a few weeks, the MHBE will be meeting with a group of brokers to discuss their experience with the MHC and set priorities for improving the system.

Adjournment

Commissioner Redmer motioned to adjourn the meeting, which was seconded by Dr. Gourdine. Secretary Mitchell adjourned the meeting.