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MARYLAND HEALTH BENEFIT EXCHANGE

Maryland Health Benefit Exchange Board of Trustees

October 19, 2015
1:00pm – 4:00pm
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Members Present

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

Members Absent

Linda Sue Comer

Also in attendance: Carolyn Quattrocki, Executive Director at the Maryland Health Benefit Exchange (MHBE).

Opening

Chairman Mitchell welcomed everyone to the Board meeting.

Approval of Meeting Minutes

The Board reviewed the minutes for the September 15, 2015 meeting; no amendments were made. Mr. Apfel motioned to approve the minutes; Mr. Saquella seconded the motion. The Board voted unanimously to approve the September 15, 2015 minutes.

Closed Session

Chairman Mitchell announced that the Board would be moving into closed session. The purpose for moving into closed session was to consult with counsel to discuss procurement strategy.[1] Mr. Steffen motioned to move into closed session, which was seconded by Mr. McCann. The Board voted unanimously to move into closed session. For topics discussed and actions taken, please see the Statement for Closing a Meeting dated October 19, 2015.[2]

Voting Session

Subramanian Muniasamy, the Chief Information Officer at the MHBE, presented two motions to the Board for approval. The first motion was a modification to the Deloitte contract to expand the not-to-exceed amount by $2.5 million to support HBX (IT system) enhancements and infrastructure improvements. The HBX enhancements will increase operational efficiency and ensure continuous improvement to support a broader population. The infrastructure improvements will improve overall sustainability and allow the infrastructure to be scalable to meet growth.

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[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] Statement for Closing a Meeting, 10/19/2015. Available at: http://www.marylandhbe.com/about-us/board/board-minutes/2015-board-minutes/.

Mr. Steffen motioned to approve the Deloitte contract modification, which was seconded by Mr. McCann. The Board voted unanimously to approve the contract modification.

The second motion was a modification to the Xerox contract to expand the not-to-exceed amount by $150,000 to implement new monitoring tools. This modification will result in savings of $40,000 in federal and state funds in the first year and $160,000 annually in subsequent years. Mr. Muniasamy noted that it will cost Maryland $37,500 to make this modification.

Dr. Gourdine motioned to approve the Xerox contract modification, which was seconded by Mr. Steffen. The Board voted unanimously to approve the contract modification.

Next Steps for Network Adequacy

Michelle Wojcicki, Director of Policy at the MHBE, provided an overview of the next steps in regards to the Network Adequacy and Essential Community Providers (NA-ECP) Workgroup's report. Ms. Wojcicki reported that the MHBE is currently reviewing and analyzing the policy options identified by the Workgroup. The MHBE is collaborating with the Maryland Health Care Commission (MHCC), the Maryland Department of Health and Mental Hygiene (DHMH), and other stakeholders to analyze the data they have available to assess network adequacy in qualified health plans (QHPs) and the number and types of active providers in the state. The MHBE is also collaborating with MHCC to review and analyze MHCC data and federal enrollee survey data for Maryland.

- Chairman Mitchell asked if there is a timeline for these policy options. Ms. Wojcicki responded that there is no timeline currently, but the MHBE can develop a timeline and present it to the Board.
    - Ms. Quattrocki added that the top priority is to develop the QHP certification standards for 2017, which may include standards related to network adequacy, because the Board must approve the standards by January. The MHBE staff will be able to develop a timeline after the plan certification standards are complete.
- Mr. Apfel asked if some network adequacy policy options will be implemented in 2016 and others in 2017. Ms. Quattrocki responded that the Board will approve the 2017 QHP certification standards in January, and some recommendations will go into 2017.

Ms. Wojcicki reported that the MHBE will collaborate with the Maryland Insurance Administration (MIA), carriers, providers, and consumer groups to improve the accuracy of provider directories. The MHBE will continue to collaborate with stakeholders to expand the types of providers that are included in provider directories because this policy option could require a multi-faceted approach involving legislation, carrier contracts, and carrier billing.

- Dr. Gourdine asked what types of providers are included in the directories. Ms. Wojcicki responded that all participating providers will be listed in a carrier's directory. She clarified that the issue is linking providers to programs in the directory so that consumers will be able to find providers by searching for a program. Currently, providers are just listed individually in directories.
- Mr. Steffen commented that Chesapeake Regional Information System for Our Patients (CRISP) will list organizations for home health, and all other providers are listed individually. He noted that it is difficult for consumers to look for substance use treatment programs such as Pathways because only individual providers are listed.
    - Ms. Quattrocki commented that carriers' directories have to follow the contracts so the information is accurate and clear. A potential problem with listing programs in a directory is that the program could be participating in a carrier's network but not all of the program's providers could be participating.
- Mr. McCann commented that he has heard anecdotal stories about provider directories containing inaccurate provider information. Ms. Wojcicki responded that one of the policy options that had Workgroup consensus and that the MHBE is currently working on is to improve the accuracy of provider directories. The MHBE is also exploring an option to allow consumers to notify the MHBE about inaccurate information in a provider directory, similar to the DC exchange.
- Mr. McCann asked how local health departments will be addressed because in some areas they are the only available providers for mental health and substance use treatment. Ms. Wojcicki

responded that the MHBE is considering expanding the definition of essential community providers (ECPs) to include local health departments in the 2017 plan certification standards, which will encourage carriers to contract with local health departments.

- Mr. Apfel commented that it seems that very few local health departments currently have contracts with carriers, and asked how many local health departments have carrier contracts. Ms. Wojcicki responded that she does not know the exact number but can look into it.
- Mr. Apfel commented that the Affordable Care Act (ACA) emphasized access to mental health treatment and asked why local health departments are not included in plan networks as they are an important source of mental health treatment.
    - Mr. Saquella agreed with this statement and commented that local health departments are a very important source of mental health treatment in rural areas.
    - Ms. Wojcicki responded that she can look into the number of local health departments with carrier contracts.

Ms. Wojcicki reported that the MHBE is working on improving the Center for Medicare & Medicaid Services (CMS) list of ECPs in Maryland because it is inaccurate. The MHBE is also considering adopting the federally-facilitated marketplace's threshold for ECP participation. The MHBE is working with the MIA to review the current unreasonable delay standards. The MHBE is also working with the MIA, DHMH, and other stakeholders to review the information currently reported by carriers and assess which reported information can be made public. Ms. Wojcicki noted that MHBE plans to immediately implement the policy option to develop messaging and a reasonable process to inform consumers on how to find a provider and obtain relief when they cannot find a provider. The MHBE is assessing what avenues should be used to accomplish this option, such as using the Maryland Health Connection (MHC) website.

Ms. Wojcicki provided an overview of potential 2017 plan certification standards related to network adequacy and ECPs. The MHBE will present draft plan certification standards at the November Board meeting. The MHBE is considering requiring carriers to address the accuracy of provider directories through a two-step process with carriers providing baseline data regarding provider directory accuracy during the first year and then improving the accuracy for year two. The MHBE is also considering expanding the definition for ECPs, adopting the federal standard for ECP participation, and requiring carriers to report certain network adequacy information that the MHBE will then publish. The MHBE will draft an issuer letter for public comment after the November Board meeting, present the final plan certification standards at the January Board meeting, and then publish the final issuer letter.

- Dr. Gourdine asked about the membership of the NA-ECP Workgroup and whether it included consumers and local health departments. Ms. Wojcicki responded that the Workgroup included consumer advocates, representatives from provider groups, and carriers. State agencies also participated informally. She can provide the Board the full membership list, which is in the appendix of the report.
- Mr. Apfel commented that workgroups such as the NA-ECP Workgroup are a great asset to the MHBE, and Workgroup members work very hard. He noted that at the last Standing Advisory Committee (SAC) meeting, it was apparent that the SAC will be addressing several issues that will be of interest to the Board. He recommended that the MHBE support the SAC to receive stakeholder input on a number of upcoming issues, and ensure that the SAC has a robust membership.
    - Ms. Quattrocki agreed with this statement that the MHBE needs to support the SAC. She thanked the Workgroup and the SAC for their dedication and hard work, as well as Robyn Lewis of the MHBE and MHBE staff who support the SAC.
- Mr. Steffen asked about the plan for how the MHBE staff will handle the work related to the network adequacy and ECP policy options. Ms. Quattrocki responded that the MHBE has hired a health policy analyst who will help with this work. Most of the work over the next few months will focus on the plan certification standards, and then the MHBE will focus on broader data collection and long-term work after the certification standards are finalized.
- Secretary Malhotra asked how the MHBE will collect data and what the MHBE intends to do with that data. Ms. Wojcicki responded that most of the data is already available through other agencies under existing memoranda of understanding.

    - Secretary Malhotra asked if the data will mostly be used for analytics and data visualization. Ms. Wojcicki confirmed that this is the intention, and she noted that some metrics have already been run by other agencies, which the MHBE will review.
- Chairman Mitchell asked the MHBE to prepare a brief timeline for 2016 and 2017.

Open Enrollment 3 and HBX Enhancement Update

Subramanian Muniasamy, the Chief Information Officer at the MHBE, provided an overview of the operational readiness of the IT system for the third open enrollment period. In October, the IT team developed side-by-side comparison of stand-alone dental plans for open enrollment, loaded the 2016 dental plans into the HBX, and sent 834 forms to the dental carriers. As of October 14, 751,582 people enrolled in Medicaid, 81,546 people enrolled in QHPs with tax credits, and 37,582 people enrolled in QHPs without tax credits. Mr. Muniasamy provided an overview of a timeline of the key events for 2016 and the command center for the next open enrollment. He explained that the IT command center consisting of himself, Xerox, and Deloitte will be located at Xerox's Elkridge location.

Mr. Muniasamy explained that the IT team ran a load test with 2,500 users. During the 2015 open enrollment, the peak volume of the HBX was 1,500 users. The IT team doubled the server's computing capacity to be ready for the next open enrollment. A waiting room strategy was developed in the event that more than 1,500 users are on the HBX; users will be put into waiting rooms to prevent system failure.

- Commissioner Redmer asked if the max capacity is 1,500 users, how many users were on the IT system during the first open enrollment when it crashed. Mr. Muniasamy responded that he did not have that data from the first open enrollment available. Ms. Quattrocki added that the problems during the first open enrollment stemmed from the application rather than inadequate capacity.
- Mr. Steffen asked about the time assumptions used during the load test regarding how long it takes a consumer to complete an application. Mr. Muniasamy responded that seven or eight different scenarios with a variety of times and difficulty were included in the load test. The test ramped up to 2,500 users for 15-20 minutes; the total test was 1 hour and 20 minutes.
- Secretary Malhotra commented that usually a load test is based on an IT system's hardware or software, and asked why the load test only included 2,500 users. Mr. Muniasamy responded that the load test with 2,500 users was developed based on the peak volume of 1,500 users during the 2015 open enrollment.
    - Chairman Mitchell added that funding was also a factor when developing the size of the load test. Ms. Quattrocki added that Mr. Muniasamy has carefully balanced the system needs and the funding, and has developed waiting rooms in the event that more than 1,500 users are on the HBX.

Mr. Muniasamy provided an overview of a chart showing a summary of activities being completed for the next open enrollment. Most of the activities have been completed, only three remain. The testing and training readiness are in progress and on target to be completed as scheduled. The open enrollment-related CMS reports and operational reports are on target to be completed on time for November 1. Mr. Muniasamy noted that, as of October 2015, 57 percent of Medicaid renewals were through auto-renewals.

- Mr. Apfel asked if the most common reason for manual renewals was due to failure to verify income. Mr. Muniasamy responded that 35-40 percent of manual renewals were due to a failure to verify income.
- Dr. Gourdine commented that she works at a clinic where 70 percent of patients are Medicaid recipients. Most patients are having difficulty renewing their Medicaid coverage and have been unable to auto-renew. Medicaid recipients are having problems due to a failure to verify income or citizenship. Based on the clinic's experience, Dr. Gourdine commented that it does not seem as though 57 percent of Medicaid redeterminations are through auto-renewals. She recommended that this issue needs to be resolved, as it is a problem for many clinics.
    - Ms. Quattrocki responded that there have been a lot of problems with Medicaid redeterminations. She explained that the 57 percent of auto-renewals includes Medicaid recipients who are already in the HBX and are renewing through that system for the

second year, so they generally encounter less problems. Medicaid recipients transferring from the legacy system into the HBX are encountering more challenges due to the transition.

- Dr Gourdine asked what percentage of the total Medicaid population is represented by that 57 percent figure. Mr. Muniasamy responded that roughly half of the Medicaid population is represented by that 57 percent figure.
- Secretary Malhotra commented that the Department of Human Resources has been working on Medicaid redeterminations and can discuss it with Dr. Gourdine.

Operations Readiness Update

Michele Eberle, Chief Operating Officer of the MHBE provided an overview of operations readiness for the third open enrollment. She reported that projected eligibility notices were mailed on October 1 to QHP enrollees. If the information in the notice is inaccurate, enrollees are directed to contact the Call Center to update their information. Automatic batch renewals are on track to be sent to carriers on November 8, a week earlier than originally expected, to give carriers more time to generate accurate invoices. Anonymous browsing of the plans has been made available, and the IT team completed the dental shopping enhancement on October 9. Ms. Eberle reported that the IT team fixed an error that caused some consumers to lose their advanced premium tax credits (APTCs) on the 834 forms, which resulted in a large number of escalated cases for carriers and the MHBE. Since the error has been fixed, the number of escalated case has decreased dramatically.

Ms. Eberle reported that the hold time at the Call Center has decreased by two minutes since representatives were given access to the Medicaid system on September 15, allowing them to immediately look up a caller's Medicaid status. The upgrade to the CISCO system, which helps with call rerouting, was completed on September 25. Originally, callers would not listen to the entire message so the system was changed to force consumers to listen to the entire message before selecting an option. The first option was changed to Medicaid redeterminations as it is currently the most common issue. The message system is continuously updated in response to caller demand. The additional customer service representatives hired for the open enrollment have been trained. Ms. Eberle reported that the average call handle time has decreased from 21 minutes to 18 minutes, which is a testament to better training and call handling. The max hold time decreased from two hours to roughly one hour. She noted that the max hold time will vary by queue.

- Mr. Steffen commented that he tests the Call Center every week and asked if there is a way to put an estimate of the current hold time on the MHC website to provider consumers more information and transparency. Ms. Eberle responded that the new CISCO system has greater capability, and she will check to see if this is possible.

Ms. Eberle noted that an analysis of all received calls and the distribution of calls found that during open enrollment, there were 25 percent fewer calls on Sundays. In response, the MHBE decided to eliminate Sundays and add more Call Center staff during the week. During open enrollment, the Call Center will be open Monday through Friday from 8 am to 6 pm and from 8am to 4 pm on Saturdays. The Call Center will be open on two Sundays, December 15 and January 31, when a high volume of calls is expected before important deadlines.

Ms. Eberle reported that Connector Entity training is ongoing, and the enrollment events are being finalized. The MHBE has certified 20 new navigators in addition to 130 previously certified navigators. Training for application counselor sponsoring entities is ongoing, and over 200 application counselors have been certified.

Ms. Eberle reported that there are 1,155 active producers, with 406 new producers in training. The Broker Assistance Transfer (BATPhone) pilot has been tested by 2 producers and worked well; 25 producers have been selected for the project and are currently preparing for the start of open enrollment in November. Producers will have VPN access to the Call Center system. The new CISCO system allows remote access to the system, which will cost $156 per unit per month. The MHBE is exploring how remote access to the Call Center system can be used to connect sister agencies without having to increase Call Center staff. She noted that, in total, there are over 1,000 assistors across the state.

- Commissioner Redmer asked about the minimum time commitment for producers. Ms. Quattrocki responded that most producers selected were able to commit almost all of the business week to the BATPhone project.

Marketing Plan Update

Andrew Ratner, Director of Marketing and Strategic Initiatives at the MHBE, provided an update on the marketing and outreach plan for 2016. He reported that the marketing campaign goal is to increase enrollment among the remaining eligible populations. The campaign is divided into two flights; flight one is from November 1 through December 15, and flight two is from January 4 through January 31. The target audiences are consumers eligible for APTCs, young invincible, Hispanics, and African Americans. The budget for the campaign is one million dollars, including paid partnerships.

Mr. Ratner provided an overview of a map developed by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota showing the remaining uninsured who are eligible for coverage through the exchange. He also provided an overview of a table showing the first tier and second tier targets based on areas with the highest number of remaining uninsured. The media plan for the campaign includes digital media to drive traffic to enrollment in MHC, and traditional media such as television, radio, and print.

The 2016 outreach plan has a greater focus on African Americans utilizing churches, radio DJ influencers, and social media influences. The corporate outreach will also be more aggressive, targeting community and business organizations, as well as exploring partnerships with Wal-Mart, CVS, and tax preparers. Outreach to the Hispanic community will also be increased, focusing on education-based outreach, Casa de Maryland, and the Maryland Hispanic Chamber of Commerce. There are currently 280,000 email subscribers to MHC, and consumers also have the option to sign up for SMS updates.

Mr. Ratner provided an overview of enrollment estimates. He explained that The Hilltop Institute prepared the initial enrollment projections for the planning of the MHBE. The MHBE recently contacted SHADAC to analyze enrollment data from the MHBE and MIA to provide a projection for 2016 enrollment. SHADAC estimates that 406,000 consumers are potentially eligible for QHP coverage, and based on enrollment during the second open enrollment, roughly 28 percent are currently enrolled. SHADAC estimates that 150,000 consumers will enroll in a QHP during the third open enrollment, as compared with 115,000 consumers with effectuated QHP coverage at the end of the second open enrollment. This is an estimated 33 percent increase. In comparison, from the first open enrollment to the second open enrollment, there was an 83 percent increase in QHP enrollment largely due to technical problems during the first open enrollment. Other states with Medicaid expansion reported a 60 percent increase in enrollment from the first to second open enrollment periods.

- Commissioner Redmer asked how the churn of 20,000 enrollees in the small group market switching to QHP coverage in the individual market affects the estimates. Mr. Ratner responded that SHADAC did address some churn and tried to factor it into the projections, as there will continue to be churn from the small group market to the individual market.
- Mr. Steffen commented that the 406,000 estimate of eligible consumers does not include only the uninsured but includes anyone who is QHP eligible, whether they currently have insurance or not. He noted that these individuals could have insurance through the small group or individual markets. Mr. Ratner confirmed that this is the case; he noted that SHDAC estimated that 308,000 consumers are currently uninsured and eligible for QHP coverage.
- Board members further discussed the estimates to determine which categories of consumers were included.
    - Mr. Ratner clarified that it is estimated that there are 308,000 consumers who are uninsured and QHP eligible.
    - Ms. Quattrocki clarified that the estimate of 406,000 QHP eligible consumers does not include the small group market, only the individual market.
- Mr. Apfel commented that the MHBE still has a long way to go in regards to enrollment. He commented that the MHBE needs recruitment, Connector Entities, and the infrastructure to increase enrollment. Mr. Ratner responded that the MHBE is creating a consistent, sustainable

model of measurement, so that the MHBE will be able to compare enrollment statistics from year to year.

- Mr. Steffen commented that it is better to focus on the 308,000 consumers who are estimated to be uninsured and QHP eligible.
- Chairman Mitchell commented that it would be helpful to have a chart showing the uninsured rate and the number of consumers in the small group market before the first open enrollment, and then track the uninsured rate and small group market enrollment through the following years to assess how many uninsured remain. If a large group of consumers migrate from the small group market to QHPs, then that will not decreased the number of uninsured consumers and it will be important to be able to track that. He commented that before the ACA, it was estimated that there were 750,000 uninsured consumers in Maryland and asked how many are uninsured currently.
    - Mr. Ratner responded that the number of uninsured consumers has decreased from 750,000 to 308,000 consumers, which is a 58 percent reduction in three years. Chairman Mitchell commented that those numbers may include Medicaid recipients, and small group churn.
    - Ms. Quattrocki noted that these numbers will change moving forward.
- Mr. Ratner commented that the changing uninsured rate makes marketing difficult, which is why the MHBE is trying to geo-target the areas with the highest number of uninsured and QHP-eligible consumers.
    - Commissioner Redmer asked about the targeted outreach using television. Mr. Ratner explained that the MHBE tried to find cable channels that best correlate with areas with a high number of uninsured and QHP-eligible consumers. The MHBE also uses radio and digital media to reach areas where television channels are unavailable.
- Mr. Apfel commented that marketing resources have declined, but there are still many uninsured consumers, so it is important to target outreach efforts as effectively as possible.

Results from Focus Groups sponsored by Maryland Citizens Health Initiatives

Steve Raabe, president of OpinionWorks, provided an overview of the results from the focus groups OpinionWorks convened to gain input from uninsured Marylanders who are eligible for APTCs. OpinionWorks performs the polling for the Baltimore Sun and has experience conducting focus groups and surveys for other organizations focused on health care issues.

OpinionWorks convened three focus groups in West Baltimore, Riverdale, and Cumberland over the summer. The focus group in Riverdale was conducted in Spanish. All participants were uninsured and APTC eligible. The focus groups met for two hours and were professionally facilitated to encourage informal and friendly conversation. The focus groups tested attitudes about health coverage, barriers to obtaining coverage, and messages/techniques to overcome barriers.

Mr. Raabe reported that all participants were very motivated to have insurance coverage, and many had tried to secure coverage but were unable to do so. Others were covered briefly but either ended their coverage or their insurance was terminated. Generally, participants were not familiar with managing and paying for insurance. While participants were aware of the penalty for being uninsured, many were unaware of subsides and confused by income charts. Many participants believed that the ACA is for somebody else and does not help them.

Mr. Raabe reported that participants were immobilized and confused by the complexity of plan options. Choosing an insurance plan is a big decision and caused feelings of stress and frustration. If the process of purchasing insurance coverage is too difficult, then people will give up. There was poor awareness among participants that the MHC website has improved. Many participants remember past frustrations with the Call Center and MHC website during the first open enrollment, and “war stories” about the exchange still circulate.

Mr. Raabe reported that the most important finding from the focus group was the message and techniques that the participants thought would encourage enrollment. The participants placed strong importance on in-person assistance, which is consistent with the results of a national survey of uninsured people conducted by PerryUndem. The uninsured in Maryland want in-person assistance, but participants

had little awareness that in-person assistance is available near their residences. The focus group in Cumberland stressed the importance of assistors in knowing the local environment and the providers available. Mr. Raabe provided an overview of the billboard messages recommended by participants such as “new and improved” and “come in and talk with someone, I’m here to help you.”

The recommendations from the focus groups are to make local in-person assistance widely known, and brand the assistance uniformly across the state since MHC is now more recognized. Also, the MHBE should let the uninsured know that they will likely qualify for low cost-coverage, and emphasize that the third open enrollment is “new and improved.”

- Chairman Mitchell asked if any of the participants had enrolled or tried to enroll in a QHP and if there was the impression that people would need help renewing their coverage every year. Mr. Raabe responded that this population is currently unfamiliar with health insurance and need assistance. As they become more familiar with it, they may require less assistance in the future. On the other hand, life can be very complicated, and people may still need assistance moving forward.
- Commissioner Redmer asked if there was anything consistently different from the Spanish focus group. Mr. Raabe responded that there was tremendous gratitude in the Spanish community that insurance coverage is available. These participants expressed a need for in-person assistance that can understand their language. There was also concern about discrimination. He noted that it is important to inform in-person assistors to treat all consumers fairly.
- Commissioner Redmer asked why a focus group was conducted in Cumberland, as western Maryland has the lowest number of eligible consumers. Mr. Raabe responded that they conducted a focus group in western Maryland to get a different perspective, but in retrospect he realizes they could have gone to the Eastern Shore. He noted that there are still uninsured consumers in western Maryland with specific barriers.
    - Mr. Ratner noted that the MHBE was working on developing a focus group for the eastern shore but that plan fell through.
- Mr. Saquella asked whether the confusion expressed by participants was based on news or public commentary. Mr. Raabe responded that the confusion was focused on QHP selection. “War stories” regarding the first open enrollment were a separate issue.
- Mr. Steffen asked if any organizations have conducted surveys or focus groups on the need of enrollees from the first two open enrollments for continual assistance. Mr. Raabe responded that they have not worked with that population, so he is unable to speak on that issue.
    - Mr. Ratner added that he will look into this issue and examine the PerryUndem survey results.
    - Mr. Steffen commented that it is important for those providing assistance to know the level of need of enrollees. Ms. Quattrocki responded that the MHBE can examine this issue going forward.
- Mr. Apfel commented that this was a great presentation, and it is humbling to think of the difficulties the uninsured are facing. He noted that there are still big challenges ahead, and the MHBE has a long way to go.
- Chairman Mitchell commented that when he first started examining this issue 20 years ago, there were 300,000 uninsured people in Maryland, and that number grew to 750,000 despite the expansion of the Children’s Health Insurance Program and Medicaid before the ACA.

Connector Entity Program Update

Ms. Eberle provided an overview of the results of the stakeholder survey regarding the Connector Entity program. The MHBE released a request for information (RFI) through an online survey to gain input from stakeholders on the future of the Connector Entity program. Stakeholders were also given the opportunity to submit written comments and additional materials. The survey ended in September. Using feedback from the survey, the MHBE will prepare a request for proposals (RFP) to be released in January 2016. Overall, the survey found that the demand for consumer assistance is large.

Survey respondents included navigators, government workers, leaders, the general public, health care workers, health insurance workers, advocates, and connector entity partners. Navigators made up the largest percentage of respondents, with 20 percent. Ms. Eberle provided an overview of slides showing the stakeholders' feedback on a variety of issues. Stakeholders overwhelmingly indicated that the in-person assistance provided by Connector Entities is very important. Stakeholders also indicated that consumers turn to Connector Entities for assistance due to common problems, such as lack of computer access or difficulty uploading Medicaid documents. Stakeholders reported that local visibility is important because consumers may not trust brokers and want to seek assistance from someone they trust. Stakeholders also indicated that in-person assistance is very important in rural areas and that it is necessary to have organizations that understand the local community and are available to consumers who may not have access to transportation.

- Chairman Mitchell asked if the lack of transportation is in relation to receiving enrollment assistance or accessing providers. Ms. Eberle responded that, in this case, transportation referred to enrollment activities.

Ms. Eberle provided an overview of charts showing stakeholders' feedback on infrastructure and activities. She reported that 41 percent of respondents believed the activities and general structure of the next phase of the Connector Entity program should remain the same, with 20 percent disagreeing and, and 29 percent neutral.

- Mr. Apfel commented that he did not understand what the disagreement categories indicated. Ms. Eberle responded that there were comments from stakeholder; she will go through the comments to pull out that information. She noted that the MHBE is also working on an assessment that focuses on the comments.

Ms. Eberle reported that most respondents (52 percent) believed that the six geographic regions for Connector Entities should remain the same. Eighteen percent disagreed with this, and 30 percent were neutral. The majority of respondents agreed that Connector Entities should be allowed to spilt, merge, or reconfigure in the future. An overwhelming majority of respondents believed that Connector Entities should continue to be allowed to establish formal partnerships with other organizations in the future. An overwhelming majority also believed that each local jurisdiction should have walk-in hours available for enrollment assistance.

- Mr. Apfel asked if this meant that Connector Entities currently do not provide walk-in hours. Ms. Eberle clarified that this is in regards to the future.

Respondents also reported that Connector Entities should provide education on health literacy and health wellness and allow Connector Entity staff to perform document verification in the HBX for their consumers in the future.

- Commissioner Redmer asked about the current percentage of Connector Entities' activities focused on health literacy and health wellness. Ms. Eberle responded that this percentage is currently unavailable. Connector Entities are expected to begin offering education on health literacy and wellness during the third open enrollment.
    - Commissioner Redmer asked what is stopping Connector Entities from focusing 50 percent of their activities on health literacy and wellness. Ms. Eberle responded that the MHBE receives regular progress reports from Connector Entities, which includes information on spending, and it could be possible to require Connector Entities to report the percentage breakdown of their activities in the future.
    - Commissioner Redmer commented that he understands the importance of wellness but is concerned that it will take aware from the core goal of enrollment. Ms. Eberle responded that it could be helpful to show Connector Entities' breakdown of costs in the future; she noted that the majority of funding goes to staffing and structure.
    - Commissioner Redmer commented that it could be problematic if staff are spending time on health wellness activities. Ms. Quattrocki responded that the core mission is enrollment, and other organizations do promote healthy lifestyles. However, there is a nexus between enrollment and educating consumers on health insurance so they can effectively use their insurance coverage.

- Mr. Apfel commented that, based on the feedback from the focus groups and Connector Entity RFI, there does not seem to be anything that requires a dramatic overhaul, but there is room for improvement. Ms. Eberle responded that the MHBE is constantly trying to improve efficiency using available funding and streamline operations.
- Chairman Mitchell commented that it would be helpful to have a one-pager with information regarding the Connector Entity RFP for the Board to review one month before the RFP is released.

General Updates

Ms. Quattrocki reported that the MHBE is required to submit three legislative studies to the General Assembly by December 1, 2015. The reports are on the MHBE's governance structure, the risk adjustment and reinsurance programs, and the captive producer program. She thanked The Hilltop Institute for their assistance with preparing the reports. Ms. Quattrocki will distribute the reports to the Board soon to receive feedback. She noted that the MHBE received stakeholder feedback on the governance structure report, as required by the legislature.

- Mr. Saquella asked if the reports require Board approval. Ms. Quattrocki responded that the reports are staff generated and do not require Board approval.

Adjournment

Mr. Apfel motioned to adjourn the meeting, Chairman Mitchell adjourned the meeting.