



## MHBE Affordability Workgroup

June 8, 2022

1PM – 3PM

*Held via Google Meets*

### **Members Present:**

Matt Celentano  
Steven Chen  
Emily Hodson  
Michelle Livshin  
Jonathan McKinney  
Howard Haft  
Lindsey Finne  
Brad Boban  
Kavita Patel  
Andrew York  
Lisa Solomon  
David Stewart  
Allison Taylor

JoAnn Volk  
Crystal Watkins  
Maya Greifer  
Stephanie Klapper  
Evalyne Bryant Ward  
Allison Mangiaracino  
Robert Metz

### **Staff:**

Johanna Fabian-Marks  
Pamela Williams (MDH)

### **Members of the Public:**

None

### **Welcome and Introductions**

All members introduced themselves.

### **Co-Chair Vote**

David Stewart and JoAnn Volk volunteered to be co-chairs. Johanna Fabian-Marks asked for a motion to approve them as co-chairs. Emily Hodson moved to approve them and Matt Celentano seconded. All members voted yes to approve David and JoAnn as co-chairs.

### **Background & Context**

Johanna presented on the Exchange's purpose and role, as well as background on the American Rescue Plan Act enhanced premium tax credits and the State Reinsurance Program. David Stewart explained that the Reinsurance Program pays insurers for the highest cost enrollees so that they can reduce premiums overall. Maryland's premiums are about 30% lower than US premiums overall.

Johanna also presented some enrollment data. Most consumers are enrolled in silver CSR or gold plans. JoAnn Volk added that some lower income consumers are enrolled in gold plans even though they are eligible for higher value silver CSR plans because they are unaware of the higher value option. David Stewart added that many consumers look at the premiums and generic drug copay rather than overall expenses. Lisa Solomon commented that this is especially true when there is a \$2 premium versus a \$25 premium. Kavita Patel added that many of these patients don't have English as a primary language and sometimes end up walking away at the point of care because they weren't expecting to be charged a copay. She mentioned that it can take several "touches" to get through to

someone about health insurance topics, especially when language is a barrier, and asked what Maryland is doing around language and health literacy. Johanna responded that the Health Equity Workgroup discussed this issue and recommended more focus on health insurance literacy and efforts to reach consumers whose primary language is not English. Johanna mentioned that the navigators may be able to speak to this because the navigator program is putting a new focus on partnering with community organizations. Johanna affirmed that simplifying plan choice is important for affordability.

Johanna then presented on current cost sharing dynamics in plans on the Exchange, the takeaways from the 2019 Affordability Workgroup, and MHBE's existing affordability initiatives including Value Plans. Silver and Gold Value Plans have \$0 cost sharing for diabetes supplies and insulin. Kavita Patel asked if the workgroup would consider extending this to all plans and what the actuarial impact would be. Johanna responded that yes, this is something the workgroup can consider and MHBE will commission the necessary actuarial analysis. Lisa Solomon added that the Bronze value plan was a game changer for people right above the Medicaid cutoff because it allowed them to access primary care and relatively low cost generic drugs. Michelle Livshin agreed, saying that the copays for mental health and SUD have been beneficial.

Johanna also shared information on the Young Adult Premium Assistance Program, about which the workgroup will need to make recommendations to the legislature about program continuation and funding.

### Statewide Integrated Health Improvement Strategy

Pamela Williams, Bureau Director of the Cancer and Chronic Disease Bureau at the Prevention and Health Promotion Administration at Maryland Department of Health, presented on the Statewide Integrated Health Improvement Strategy, which is an agreement between Maryland and CMS and is meant to maximize population health improvement under the Maryland Total Cost of Care Model. The statewide goals fall into three domains: hospital quality, care transformation across the system, and total population health. Diabetes is one of the priority areas in the population health domain, along with opioid use and maternal and child health. MDH is partnering with many other agencies and sectors in working towards these goals.

### Workgroup Objectives & Topics

Johanna presented on the workgroup objectives and future topics, which can be found on slides 21-22. Dr. Haft mentioned that the high cost of premiums is driven by the underlying high cost of health care. We should do our best to do what we can to keep costs down. David Stewart asked if MHBE staff could send around the final Health Equity Workgroup Report to provide context for the Affordability meetings.

### Charter

Johanna presented the draft charter for the group. Michelle Livshin asked how to suggest topics for the group to cover and whether members can miss a meeting. Topic ideas should be sent to Johanna, Becca, and the co-chairs, whose contact information will be sent in a follow up email. Members may miss meetings if necessary. Michelle emphasized the importance of health education/literacy about the affordable plans that may come out of the workgroup. Lisa Solomon mentioned that moderate income people who are not eligible for subsidies can't afford coverage. Brad added that the reinsurance program is intended to address this population; premiums are lower now than they were four years ago due to the reinsurance program. David Stewart added that it's fair to say that ARPA reduced the number of people who aren't eligible for subsidies but that it's still

unaffordable for some folks. Emily Hodson agreed that costs for middle income people should be a priority for the workgroup. Johanna suggested that staff can bring data on premiums for this population to a future meeting. Emily asked for projections of costs for certain conditions the way we do for diabetes, such as for HIV care. Johanna says we could do that with the help of the Hilltop Inst., but the challenge is that the conditions we do that for already are defined by the federal government so it's more straightforward to calculate based on the federally specified services for those health conditions. She also reminded the group of the MHC out of pocket cost calculator on the plan shopping page. For these two last points, Johanna suggests that these are good recommendations for MHBE to work on after the workgroup concludes due to the expected timelines.

### Adjournment

Meeting adjourned at 2:39pm.