



Maryland Health Benefit Exchange Board of Trustees

April 17, 2023

2 p.m. – 4 p.m.

Meeting Held at the Maryland Health Care Commission and via Video Conference

Members Present During Open Session:

Laura Herrera Scott, Chair

S. Anthony (Tony) McCann, Vice Chair

Ben Steffen, MA

Maria Pilar Rodriguez

Kathleen A. Birrane

K. Singh Taneja

Mary Jean Herron

Dr. Rondall Allen

Dana Weckesser

Also in Attendance:

Michele Eberle, Executive Director, Maryland Health Benefit Exchange (MHBE)

Venkat Koshanam, Chief Information Officer, MHBE

Johanna Fabian-Marks, Director of Policy and Plan Management, MHBE

Tracey Gamble, Procurement Manager, MHBE

Nicole Quigley, Assistant Attorney General, MHBE

Sharon Merriweather, Principal Counsel, MHBE

Meeting Call to Order

Mr. McCann called the meeting to order.

Approval of Minutes

Mr. McCann asked for a motion to approve the minutes of the February 21, 2023, open meeting.

Commissioner Birrane moved to approve the minutes without amendment, seconded by Mr. Taneja.

The minutes were approved.

Public Comment

Two people were registered to provide public comments.

Delegate Joseline Peña-Melynk, Chair of the Health and Government Operations Committee, thanked the MHBE for their partnership over the years. She commented that she has been part of the General

Assembly for 16 years and has been a member of the Health and Government Operations Committee for that time and is now the chair. She thanked the MHBE for their collaboration and implementing initiatives such as the reinsurance program and the young adult subsidy. Delegate Peña-Melynk noted that health care access and affordability remains a challenge for many Marylanders including undocumented immigrants who are barred from purchasing health insurance through the state exchange. The uninsured rate in Maryland has been cut in half but nearly a third of those who remain uninsured are taxpaying immigrants. Delegate Peña-Melynk expressed that a 1332 waiver is the right thing to do. She asked the Board to submit an amendment for the 1332 waiver to allow undocumented immigrants to buy qualified health plans (QHP) through the exchange. She explained that not seeking this waiver costs the state money. Last year, the hospitals spent \$150 million on care for undocumented immigrants, providing the most expensive care through emergency departments. The prior year, hospitals spent over \$300 million on care to undocumented immigrants or 22% of all statewide uncompensated care. She noted that the MHBE is preparing to negotiate the 1332 waiver and this issue is very important. Delegate Peña-Melynk explained that the Maryland General Assembly was unable to pass a bill, HB 588, which would have opened up the exchange to undocumented immigrants; it passed the House but did not pass the Senate. She commented that it does not mean they were not committed to this bill and that she knows the MHBE can still submit a 1332 waiver amendment without legislation. Delegate Peña-Melynk noted that both the Senate President and Speaker of the House are supportive of the MHBE submitting a waiver amendment and she is requesting letters of support from them that can be submitted with the waiver application. The Governor is also very supportive of this plan.

Delegate Peña-Melynk explained that the need to extend health care options for the uninsured in Maryland is very important and there have been many studies on this issue. The Joint Chairmen's report by the Senate Budget and Taxation Committee and House Appropriations Committee shows the interest in increasing affordable health care options for uninsured Marylanders. Delegate Peña-Melynk commented that last summer she requested that the Maryland Insurance Administration (MIA) and the MHBE conduct a study on options for insurance coverage of undocumented immigrants, and a 1332 waiver to allow the purchase of QHPs was one of the identified options. She requested that the MHBE submit a 1332 waiver application to allow undocumented immigrants to purchase insurance through the exchange as soon as possible. She commented that President Biden is opening the exchange for Dreamers and Maryland missed an opportunity, but she knows the MHBE can get Maryland there. She thanked the MHBE for their consideration and the work they do.

Delegate Bonnie Cullison, member of the Health and Government Operations Committee, echoed the passion and concerns Chair Peña-Melynk expressed. Delegate Cullison expressed appreciation for the partnership with the MHBE and commended their work over the years. She noted that during floor sessions regarding bills related to the work of the MHBE she will emphasize how well the MHBE works and how dedicated they are to the goal of 100% insurance coverage for Marylanders, and this is another step in that direction. Delegate Cullison explained that about a third of the remaining 6% uninsured Marylanders are undocumented immigrants and in many cases these individuals simply do not have access. She explained that the intent of the waiver request is to provide access to the QHPs for undocumented immigrants and she believes this would go a long way to decreasing the 6% uninsured rate. It is important to continue to whittle away at the uninsured rate. Delegate Cullison commented that the MHBE has done the actuarial reports and identified allowing undocumented immigrants access to QHPs as a clear option and other states are taking this step. She explained that this plan is a way forward with a very clear path, and she believes it will help undocumented

immigrant population get insured more quickly. The health resources available to undocumented immigrants are very limited. Delegate Cullison explained that during the legislative session many people came forward to share their stories about how they are very sick and are only able to get care through the emergency department for conditions that could have been prevented through regular care. Delegate Cullison echoed Delegate Peña-Melynk's comments that these undocumented immigrants are working and tax-paying people contributing to the economy but are not able to take advantage of these benefits. She noted that there is tremendous support for this plan. Over a hundred organizations including the Maryland Hospital Association support this plan and understand how important it is for all Marylanders to be insured. Delegate Cullison urged that, ultimately, it is simply the right thing to do to provide affordable health insurance to Maryland residents. It's a win-win situation. Families win when they can buy affordable healthcare, communities win because people can be more economically stable leading to more stable communities, and the state wins because the public safety nets are not stretched as thinly. Delegate Cullison requested that the MHBE please amend the 1332 waiver to allow undocumented immigrants to purchase QHPs through the exchange.

Secretary Herrera Scott thanked Delegates Peña-Melynk and Cullison for their thoughtful comments.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle started with federal updates. She reported that President Biden recently proposed expansion of health coverage for Deferred Action for Childhood Arrivals (DACA) recipients, also called Dreamers, which would allow them to enroll in Medicaid and purchase insurance through the Affordable Care Act (ACA) marketplaces with tax credits. The process would have to be completed through regulation and President Biden wants to fast track this with regulations being issued by the end of April. The MHBE will follow this issue closely and the group of state-based exchanges will be meeting later in April where this will be a topic of discussion. The MHBE is monitoring the impact of the recent *Braidwood Management v. Becerra* decision in Texas where the judge decided that the federal government cannot enforce the preventive care requirements of the ACA. Ms. Eberle noted that, thanks to the current and past administrations and the General Assembly, Maryland is moving legislation forward to ensure preventive care in the state is covered in all QHPs. The MHBE is still closely monitoring the national situation. Ms. Eberle noted that the other federal item of significant concern is the Medicaid public health emergency unwinding. She commented that Maryland has an integrated eligibility system for Medicaid and QHPs and that the MHBE and the Maryland Department of Health (MDH) have a strong partnership which puts Maryland in a good position to manage the Medicaid redeterminations.

Ms. Eberle then provided state updates. She reported that the MHBE met with Secretary Lopez of the Department of Human Services (DHS), which is currently running a large marketing campaign about the recovery of stolen EBT benefits. The MHBE's marketing department under Director Betsy Plunket has been able to swiftly move that campaign through the MHBE's social media channels. She asked everyone to inform the public through their channels that victims of EBT benefits theft can receive reimbursements through the DHS website. Ms. Eberle noted that the tax time easy enrollment program ends tomorrow, and the MHBE will continue to accept information from the Comptroller's office for individuals who filed an extension so anyone who files an extension and indicates they want to receive information on health insurance will receive outreach from the MHBE. Ms. Eberle noted that next month will be Mr. McCann's and Ms. Herron's last Board meeting. There will also be many

procurements during the May Board meeting in preparation for the new fiscal year which begins on July 1. Ms. Eberle reported that the new Director of Compliance and Privacy starts this week and Scott Brennan is the new privacy officer for the MHBE. Ms. Eberle noted that the MHBE was named on the Executive Alliance's 2023 honor roll, which is given to organizations that have a proven commitment to developing women in leadership roles by having at least 30% of their executive leadership and 30% of their Board membership held by women.

Board Policy Committee Report

Dana Weckesser, Policy Committee Member

Ms. Weckesser reported that the Policy Committee met twice since the last Board meeting, on March 6 and March 20. During the March 6 meeting, the Policy Committee members provided staff with feedback on the proposed agenda for the Board's June in-person meeting. The Policy Committee also proposed Board meeting dates for fiscal year 2024 and, as required by the Board bylaws, these dates will be presented to the Board for discussion and approval at the June meeting. During the March 20 meeting, MHBE staff summarized the proposed changes to the Board's bylaws and confirmed that the Policy Committee supported them. The Policy Committee has discussed updates to the bylaws over the last several months, and Sharon Merriweather will be presenting on the proposed changes today. Ms. Weckesser reported that MHBE legal staff also presented a new proposed regulation to establish procedures to guide the Board's conducting an administrative hearing; the Policy Committee was comfortable with the proposal and MHBE staff expect to present the proposed regulations at the May Board meeting.

Standing Advisory Committee (SAC) Appointments

Dana Weckesser, Board Liaison

Ms. Weckesser explained that the MHBE's policy ensures that the SAC's member makeup, to the extent practical, reflects the gender, racial, ethnic, and geographic diversity of Maryland and also provide a diverse cross section of stakeholders pursuant to Maryland law. She noted that SAC co-Chair Jon Frank recommended seven proposed SAC members at the February Board meeting who were approved. The SAC highlighted a critical lack in representation from far western Maryland and the MHBE worked to recruit an additional applicant from far western Maryland and received an additional application for consideration for the Capital North region. Ms. Weckesser provided an overview of the SAC application and recruitment procedures. Ms. Weckesser moved that the Board appoint the following applicants: Carmen Larsen and Dr. Douglas Spotts to the SAC. Secretary Herrera Scott seconded the motion. The motion was approved.

MHBE Board of Trustees Bylaws Proposed Modification

Sharon Merriweather, Principal Counsel, MHBE

Ms. Merriweather reported that the Board Policy Committee met on March 20 to discuss updates to the bylaws, which have not been updated since their adoption in 2011. The Policy Committee along with staff reviewed the bylaws to determine whether there were any provisions that did not reflect the current law or operations of the Board, and whether the bylaws should be amended to provide the Board with more flexibility for meeting frequency and virtual meetings.

After reviewing the bylaws, the Committee is recommending the removal of the treasurer provision because the treasurer position has not been filled and the duties of the treasurer have not been defined. The Committee is also recommending modifying Article III, Section 4 to be consistent with current state law because state law does not require the Board's approval for creating or abolishing staff positions that are unique to the Exchange and must be reported to and approved by the Department of Budget and Management (DBM). However, any such actions by the Executive Director are limited to the positions that are unique to exchange. If the positions are not unique to the exchange, the Executive Director would have to report them to DBM for approval.

Secretary Herrera Scott asked for examples of positions that must be approved by DBM. Ms. Merriweather responded that the positions unique to the exchange are limited to positions in the policy department. Ms. Eberle clarified that plan management positions are the only positions considered unique to the exchange because when the exchange was created, the plan management department interfaced with insurance carriers. That interface is unique to the MHBE.

Secretary Herrera Scott asked for clarification on whether any other actions such as eliminating positions need to go through DBM. Ms. Merriweather clarified that she misspoke a little, so the Board does not need to approve those changes. The way the bylaws were written previously required the Board's approval for all positions but now that has been limited to positions unique to the exchange such as plan management. Those still need to go through DBM.

Ms. Merriweather reported that the Policy Committee is also recommending modifying Article III, Section 5 to be consistent with current state law because, prior to 2014, the Executive Director could determine the classification, grade, and compensation of all employees (in consultation with the DBM Secretary and with the approval of the Board). The law changed in 2014, and now the Executive Director's authority to determine the classification, grade, and compensation is limited to positions unique to the Exchange. Ms. Merriweather reported that the Committee recommends removing Article IV, Section 3, the Advisory Process Committee, from the bylaws. The Advisory Process Committee is not currently in place nor in use, and its establishment is not a statutory requirement. The Standing Advisory Committee (SAC) is operating and is mandated by statute.

Ms. Merriweather reported that the Policy Committee also reviewed provisions that dealt with in-person meetings and frequency of meetings and determined that no changes were needed because they already allow flexibility for virtual attendance and require a minimum of six meetings. The Board currently meets nine times per year. Ms. Merriweather explained that the vote on the bylaw modifications will occur at the next Board meeting, giving the Board time to review the proposal.

Ms. Herron asked whether the regulations or statute require the Board to have a treasurer. Ms. Merriweather responded that, in the enabling statute for the exchange, a treasurer is not required. Ms. Weckesser added that the Audit and Finance Committee was essentially acting as a treasurer, and the Board receives reports from that Committee.

Mr. Steffen asked about standing committees in the bylaws and whether the Board can establish additional standing committees that are not specifically defined in the bylaws. Ms. Merriweather responded that there is a provision in the statute and bylaws for the Board to establish additional committees.

Mr. McCann suggested that either the Policy Committee or the Audit and Finance Committee decide over the next several months if they need to clarify what the relationship is between the MHBE Compliance Officer and the Board and, if necessary, what that relationship needs to be. Mr. Taneja agreed with this suggestion. Ms. Weckesser also agreed and suggested a joint virtual meeting between the Policy Committee and Audit and Finance Committee to discuss this issue. Mr. McCann added that Ms. Eberle should be involved but he thinks it is important for the Compliance Officer to be able to interact with the Board in a protective fashion. Ms. Merriweather responded that this could be addressed in the bylaws and suggested that it be considered and implemented with other bylaw modifications rather than separately to minimize the number of times the bylaws are modified. Secretary Herrera Scott asked whether this needs to be codified in the bylaws or if it could be addressed through other means. Mr. McCann responded that there is an operational policy procedure document, and he will leave it up to the Committees to decide the best approach but recommends that the Board's relationship with the Compliance Officer be documented in some way. Ms. Eberle added that one of the first tasks for the new Compliance Officer is to review the compliance policies and make recommendations.

Mr. Taneja commented that Maryland has other similar commissions and asked if there is anything in the Board's bylaws that are not consistent with similar organizations. Ms. Merriweather has not reviewed other bylaws but clarified that the MHBE is an independent state agency not a commission. Generally, commissions and other independent agencies are enabled by statute and Ms. Merriweather has reviewed those enabling statutes which name the statutory personnel requirements with which the agency must comply. The MHBE falls in the middle in terms of autonomy regarding personnel law. Some agencies have more and some have less.

2023 Legislative Session Update

Johanna Fabian-Marks, Director of Policy and Plan Management, MHBE

Ms. Fabian-Marks provided an overview of three bills that were sent to the Governor. HB 111 would direct MDH to use Supplemental Nutrition Assistance Program (SNAP) eligibility findings to expedite Medicaid eligibility determinations on or before January 1, 2025. HB 814 extends the Young Adult Subsidy Program through 2025 and requires the MHBE in consultation with the MIA to submit a study by December 1, 2024. Mr. McCann asked if the funds for the extension of the Young Adult Subsidy Program would come from general funds. Ms. Fabian-Marks responded that funds for the extension would come from state funds, specifically the one percent carrier assessment that also funds the reinsurance program. SB 806 requires the MDH and the MHBE to submit a report to the legislature comparing options for offering affordable coverage to residents who are ineligible for coverage through the Maryland Health Connection due to immigration status.

Mr. Taneja asked why the bill authorizing the MHBE to apply for 1332 waiver to allow undocumented immigrants to purchase insurance coverage was not passed. Ms. Fabian-Marks responded that she would address this in more detail in the next slide, but she explained that another bill requiring a study on options for offering affordable coverage to undocumented immigrants was passed but the bill authorizing a 1332 waiver did not pass.

Ms. Fabian-Marks then provided an overview of three bills that did not move forward. SB 59 would have allocated \$5 million a year to the MHBE for fiscal years (FY) 2025 to 2029 for marketing, outreach, and programs for small businesses and nonprofits. SB 843 would have created a Climate

Change Adaption and Mitigation Fund with 20% earmarked for the MHBE to provide financial assistance to populations with high rates of uninsurance and individuals ineligible for federal financial assistance.

Ms. Fabian-Marks explained SB 365/HB 588 would have directed the MHBE to submit a 1332 waiver amendment to allow Maryland residents to enroll in QHPs regardless of immigration status and to administer a state subsidy program to reduce their costs. Roughly a third of uninsured individuals in Maryland are undocumented immigrants and federal law prohibits them from enrolling in Medicaid or QHPs. This is a waivable provision through the 1332 waiver, but undocumented immigrants would not be eligible for federal financial assistance and can only receive state financial assistance. In 2021, the legislature asked the MHBE to study the cost of providing state funding equivalent to federal funding. Proposed SB 365/HB 588 did not identify the source of funding for state financial assistance so MHBE staff's operating assumption that, if the bill passed, then the MHBE would apply for a waiver but would not implement a subsidy program until a later time when state funding was identified. Ms. Fabian-Marks reported that the House bill passed, and it was referred to the Senate Finance Committee, but the bill didn't move forward. The Senate Finance Committee wanted more time to understand the issue and wait for the MDH study on affordable coverage for undocumented immigrants that will be released later this year. Ms. Fabian-Marks explained that, because legislation did not pass, there is now interest in the MHBE applying for a 1332 waiver or waiver amendment to allow undocumented immigrants to purchase QHPs. Ms. Fabian-Marks explained that the MHBE needs to show authorization to apply for the 1332 waiver, which can be done through state legislation or existing authorizing legislation and regulation. So far, all states that have applied for a 1332 waiver used state legislation and have not used the regulation option. If MHBE were to use the regulation option, then they would have to start drafting regulations now for the 2025 plan year. Ms. Fabian-Marks recommended waiting until the end of the year after two studies have been completed so the MHBE can determine a more holistic approach, but the downside is that insurance coverage for undocumented immigrants would begin in 2026 instead of 2025.

Ms. Weckesser asked for a presentation at the next SAC meeting on submitting a 1332 waiver amendment to allow undocumented immigrants to purchase QHPs. She asked if anyone who gave testimony in favor of this bill shared the financial savings for providing access to QHPs. Ms. Fabian-Marks responded that the Maryland Hospital Association may have provided some estimates and that she would follow up and get back to the Board.

Mr. Steffen commented that no one opposed HB 588 during the hearing, but many advocates weighed in and asked whether the MHBE should have been more involved. He expressed that there may be opportunities to do more education for General Assembly members because, in the House, it appeared that the only people who were worried sat on the Senate Finance Committee. He stressed the importance of mustering all the information possible for the next step.

Mr. Taneja asked that if these undocumented immigrants are tax paying individuals, then why don't they have employer-sponsored insurance. He also asked how much it would cost the state if undocumented immigrants can purchase QHPs. He commented that it is good to have the Governor's support but asked about federal implications and complications of applying for a 1332 waiver without legislative authorization. Ms. Fabian-Marks responded that a large portion of undocumented immigrants do get insurance through their employer, but a significant portion do not. In regard to cost, it is estimated that roughly 30% of undocumented immigrants would take up coverage through the

exchange and the cost would be about \$150 million if financial assistance were available and \$1 million if financial assistance were not available. Currently, undocumented immigrants can enroll in insurance coverage off-exchange. Ms. Fabian-Marks added that, in terms of complications, it is possible that the Centers for Medicare & Medicaid Services (CMS) could deny the 1332 waiver application if the MHBE uses the regulation option. Mr. Taneja expressed concern about incurring an additional cost of \$150 million without General Assembly approval.

Ms. Herron asked about timing of the 1332 waiver and when the regulatory process would start. Ms. Fabian-Marks responded that the regulatory process would start right away but the waiver application must be submitted by March 30, 2024, for the 2025 plan year.

Ms. Herron asked whether Senator Ferguson supported the bill. Delegate Pena-Melynk noted that she requested a confidential letter from the Attorney General confirming that the MHBE can submit a 1332 waiver application without legislation. She explained that Senator Ferguson said that the Finance Committee Chair was new and did not feel comfortable passing SB 365 but did agree that the MHBE could submit an application without legislation so Delegate Peña-Melynk doesn't think that the Senate will be upset if the MHBE goes ahead with the waiver application. Senator Ferguson also supports the MHBE applying for a waiver.

Mr. McCann asked, if the MHBE starts preparing for the waiver application right away, does anything need to be submitted to CMS before April 2024. Ms. Fabian-Marks responded that the MHBE would need to submit a letter of support in September 2023, but it is not legally binding. Mr. McCann asked if it would be possible to submit a letter of intent in September on condition of state legislation passing during the legislative session. He stressed the importance of being very careful in regard to circumventing the will of the Senate.

Secretary Herrera Scott proposed keeping this item on the agenda for the meeting in June and coming back with additional information.

[Marketing Services Option Year Two](#)

[Marketing Print Services Option Year](#)

Betsy Plunkett, Director of Marketing, MHBE

Shirelle Green, Procurement Officer, MHBE

Ms. Green explained that the MHBE contracts with GMMB for full-service communications and marketing and the contract is in the second and final year. Ms. Plunkett provided an overview of the marketing campaign including its humorous and relatable approach and campaign highlights. The MHBE requests the Board's approval to exercise the second option-year renewal of the marketing communications contract with GMMB from July 1, 2023, to June 30, 2024 for an amount of \$4,060,000.

Secretary Herrera Scott moved to approve the procurement. Ms. Herron seconded. The motion was approved.

Ms. Green explained that MHBE contracts with Art & Negative for printing services to support MHBE's marketing efforts and the contract is in the second and final year. The MHBE requests the

Board's approval to exercise the second option-year renewal of the printing contract with Art & Negatives Graphics, Inc. from July 1, 2023 to June 30, 2024, for an amount of \$120,000.

Secretary Herrera Scott moved to approve the procurement. Ms. Herron seconded. The motion was approved.

IDIQ Task Order Approval

Venkat Koshanam, Chief Information Officer, MHBE
Shirelle Green, Procurement Officer, MHBE

Ms. Green explained that IT consulting and technical support services are procured through a competitive procurement process utilizing the Indefinite Delivery, Indefinite Quantity (IDIQ) master contract. The MHBE selected 100 master vendors to provide services under the IDIQ master contract for five years from July 1, 2023 through June 30, 2028. The master contract has a base period of five years with two one-year extensions. The FY 2024 budget for the IDIQ is \$34 million.

Mr. Koshanam provided an overview of the technology developed through the IDIQ. Roughly 65% of people access Maryland Health Connection (MHC) through the mobile app. This year and last year, there has been a greater focus on enterprise automation. MHC has a chatbot that provides basic information and reduces the number of calls to the call center. Mr. Koshanam went through the 11 IT functions, of which security is very important.

Mr. Koshanam explained the IT strategy for FY 2024 in four main areas. Regarding cybersecurity, the MHBE is planning to focus on enhanced security, disaster recovery, business continuity, and security awareness and training. They are also hoping to make more progress with the Maryland Total Human Services Integrated Network (MDTHINK) this year. In the area of innovation, the MHBE will focus on more robotic process automation, conversational AI integration, consumer engagement channels, and the data analytics platform. The MHBE continues to focus on operations excellence. Mr. Koshanam then provided an overview of the IT roadmap for FY 2024. Mr. Koshanam provided a comparison of the FY 2023 budget and FY 2024 estimated budget. The not-to-exceed amount for FY 2023 is slightly higher than the estimated budget for FY 2024.

Ms. Green explained the IDIQ procurement process. The MHBE requests the Board approve a total not-to-exceed amount of \$33,969,420 with the Federal Financial Participation amount of \$24,376,578 and State Participation amount of \$9,592,843 for the IT IDIQ contracts for the fiscal year 2024, subject to the availability of federal and state funds; and the Task Orders issued under the IT IDIQ contracts as submitted.

Secretary Herrera Scott moved to approve the procurement. Ms. Herron seconded.

Mr. Taneja asked, of the 110 selected vendors, how many are new and how many are incumbents. Ms. Green responded that she does not have numbers on how many of the selected vendors are new compared to incumbents.

Mr. Taneja asked how many of the current 115 vendors will continue working for the MHBE. Ms. Green responded that she does not have this number. Mr. Koshanam added that while some functional areas have changed since last time, he is very confident that the continuity will be good in

key areas. There will be a combination of new talent and incumbents. Once the process is complete then he can provide accurate numbers to the Board.

Mr. Taneja commented that the major tech companies have been laying off IT workers and asked if that had had a beneficial impact on the MHBE in terms of negotiations. Mr. Koshanam responded that the MHBE is careful not to overdo IT resources.

Mr. Taneja had two more questions. He asked about allegations regarding IDIQ irregularities and asked if people with multiple companies were eliminated from the IDIQ process. Ms. Green responded that the MHBE selected individuals with the best technical resumes. Mr. Taneja asked if it was possible to have one person with multiple companies. Ms. Eberle responded that the recommendation for any vendor that receives \$200k or more is to file with the state on key agents after the contracts are awarded then the MHBE requires vendors to submit these filings.

Mr. Taneja commented that it would still be possible to have a situation where multiple selected companies have the same owner. Ms. Green responded that if they saw duplicates then they asked for a letter of commitment from one company and disregarded the others.

Mr. Taneja asked if the MHBE has heard back from the Attorney General's Office regarding their investigation. Ms. Eberle responded that they have not heard anything yet.

Mr. Steffen asked how many people are employed through the IDIQ. Mr. Koshanam responded that 155 IT personnel are employed through the IDIQ contract and there are 13 state staff members.

The motion was approved.

[Medicaid Public Health Emergency Unwinding Update](#)

Debbie Ruppert, Executive Director of Office of Eligibility Services, MDH

Ms. Ruppert began with an overview of the maintenance of eligibility requirements created by the Families First Coronavirus Act that required states to extend continuous eligibility to all Medicaid participants through the end of the public health emergency. These requirements have now changed, and the continuous enrollment requirement has been decoupled from the public health emergency as of April 1, 2023. In Maryland, Medicaid enrollment increased from 1.4 million people in February 2020 to 1.7 million as of April 2023. Starting in April 2023, Maryland began making Medicaid eligibility reviews again. The renewals will be spread out over a 12-month period and will not occur all at once. The first enrollees may be terminated on May 31 if they are no longer eligible or do not complete the renewal forms.

Ms. Ruppert explained the Medicaid managed care organization (MCO) outreach and reconsideration period following an individual's disenrollment from Medicaid coverage for failure to complete their redetermination. After an individual's coverage is terminated, MCOs will conduct targeted outreach to that individual for 120 days. If during this time the individual comes back into the system and is determined to be eligible for coverage, they will be re-enrolled automatically in the MCO plan they were last enrolled in with coverage beginning 10 days from the date of the eligibility decision. Any services rendered after disenrollment and prior to re-enrollment in an MCO are eligible for fee-for-service reimbursement.

Secretary Herrera Scott asked how the mailings are done for homeless and transient individuals. Ms. Ruppert responded that several years ago MDH did outreach to the homeless population and found that the local health department was a good place to mail materials to this population.

Ms. Ruppert noted that MHC is implementing “easy enrollment” into QHPs for individuals who lost Medicaid coverage; individuals will receive information on how to opt-in to QHP coverage. The 120-day reconsideration period is also available to participants whose eligibility was not determined based on their modified adjusted gross income (non-MAGI).

Ms. Ruppert provided an overview of the statewide Medicaid check-in campaign. In the winter of 2022 and 2023 the MDH held focus groups to develop the campaign themes and approach based on feedback from Medicaid participants. The pre-launch campaign began in March 2023 and the launch campaign will begin in April 2023. The campaign’s objectives are to encourage Medicaid participants to update their information and to generate awareness of the redetermination process. The campaign is presented in English and Spanish and will launch for 12 months using a variety of strategies.

Ms. Ruppert reported that MDH is coordinating with the Department of Human Services (DHS) for redetermination of Medicaid fee-for-service participants. Aged, blind, and disabled redetermination may also be submitted through myMDTHINK. The Call Centers operated by DHS, MDH, and the MHBE are prepared to redirect individuals as appropriate, and protocols are in place to ensure warm hand-offs between systems. Ms. Ruppert reported that she met with the MHBE team this week and the auto-renewal rate for the month of May was 48%. The average is usually about 58%, but MDH knew the rate would decrease because there are a number of individuals who are no longer eligible for Medicaid but were carried through the pandemic.

Ms. Ruppert explained that myMDTHINK is the online portal waiver participants use to apply for Medicaid waiver programs. She explained that people can help in a variety of ways to spread awareness of Medicaid redeterminations. She provided a list of additional resources for more information and thanked the MHBE for their continued partnership.

Adjournment

Secretary Herrera Scott adjourned the meeting.