



Maryland Health Benefit Exchange Board of Trustees

April 15, 2024

2 p.m. – 4 p.m.

Meeting Held via Video Conference

Members Present:

Laura Herrera Scott, M.D., Chair

Ben Steffen, Vice Chair

Rondall Allen, Pharm.D.

Aika Aluc

Kathleen Birrane

Laura Crandon

Maria Pilar Rodriguez

K. Singh Taneja

Dana Weckesser

Also in Attendance:

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

Andrew Ratner, Chief of Staff, MHBE

Sharon Merriweather, Assistant Attorney General, MHBE

Anthony (Tony) Armiger, Chief Financial Officer, MHBE

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

Betsy Plunkett, Director, Marketing & Web Strategies, MHBE

Tamara Gunter, Director of Consumer Assistance & Eligibility, MHBE

Tracey Gamble, Procurement Manager, MHBE

Meeting Call to Order and Approval of Minutes

Chair Herrera Scott opened the meeting. Ms. Weckesser moved to approve the minutes of the February 20, 2024, meeting. Mr. Steffen seconded the motion. The motion was approved.

Executive Update

Ms. Eberle noted the recent conclusion of the Maryland General Assembly's session. The session resulted in the passage of two bills closely relevant to the MHBE: one regarding access to care and another concerning the Young Adult Subsidy. She noted that the fiscal year (FY) 2025 budget for the MHBE and the entire state government will be quite restricted.

Next, Ms. Eberle discussed the Marketplace 2024 Open Enrollment Period Report recently released by the Centers for Medicare & Medicaid Services (CMS), sharing that Maryland performed well for

plan year 2024. The state slightly exceeded the national average in overall enrollment growth for all state-based marketplaces with standout performance in new enrollee growth, affordability, and gold plan take-up.

Ms. Eberle then explained that the MHBE is currently operating its tax-season “check the box” program. Approximately 13,000 people checked the box as of the end of March, of whom roughly 10,000 were deemed eligible for a special enrollment period. Among those eligible, 8.8% applied and received coverage, with 65% enrolling in Medicaid and 35% into a qualified health plan (QHP).

Next, Ms. Eberle noted that the MHBE is working with other state agencies to provide relief to individuals and small businesses affected by the collapse of the Francis Scott Key Bridge.

Ms. Eberle then discussed developments in the federal government, noting that an increased level of activity is expected due to the ongoing election season and turnover among Maryland’s delegation in Congress. She explained that the MHBE and other interested parties are working to ensure the expanded tax credits remain available.

Next, Ms. Eberle announced that the network of 21 state-based marketplaces launched an official website to make data available to the public. She further noted that the MHBE won the CIO 100 award for the fifth year in a row for its information technology (IT) work.

Ms. Eberle concluded her remarks by congratulating Board member Laura Crandon on the recent feature in AFRO News on her work on breast cancer.

Mr. Taneja asked how the tightness of the FY 2025 budget compares with the FY 2024 budget. Ms. Eberle replied that the FY 2025 budget is larger than in FY 2024 and includes new state employee positions in IT, but that the agency will have to live within its means for the year.

Commissioner Birrane noted that the Maryland Insurance Administration (MIA) asked carriers to accommodate businesses and individuals affected by the bridge collapse. She encouraged the MHBE to check with MIA to avoid duplicating efforts.

Sec. Herrera Scott stressed the value of in-person meetings and encouraged all Board members to make every effort to attend in person when possible.

[Standing Advisory Committee New Member Appointment](#)

Aika Aluc, Board Liaison

Ms. Aluc noted that the Board approved nine new members of the Standing Advisory Committee (SAC) at its February meeting. She recalled that the Board discussed underrepresentation of the Capital region and explained that one additional application came in after that vote. Today, they will be asked to approve one additional new member from the Capital North region. JoAnn Volk is a researcher at the Georgetown University Center on Health Insurance Reforms.

Sec. Herrera Scott asked whether the applicant was one of those who spoke at the Board’s retreat in June of 2023. Ms. Aluc answered that she supervises those who attended the retreat.

Ms. Crandon asked whether this appointment would satisfy the geographic diversity requirements of the SAC. Ms. Aluc replied that, while it would not result in a perfectly balanced SAC, it is a step in the right direction.

Mr. Taneja moved to approve the appointment of the applicant to the 2024 Standing Advisory Committee as presented. Ms. Rodriguez seconded. The motion passed unanimously.

Proposed Re-Enrollment Regulations

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

Ms. Fabian-Marks began her remarks by noting that there are no current state regulations addressing the re-enrollment process and that the MHBE wants to establish regulations that mirror those governing the federally facilitated marketplace (healthcare.gov). Beginning with the 2024 plan year, healthcare.gov can transition eligible enrollees from Bronze plans to higher value Silver Cost Sharing Reduction (CSR) plans during the annual re-enrollment process, provided three requirements are met. The Silver CSR plan must have the same or lower premium, must be within the same product, and must have the same provider network as the Bronze plan. She explained that CMS based its policy on those in California and Massachusetts and made adoption of matching regulations optional for state-based marketplaces such as Maryland's.

Next, Ms. Fabian-Marks gave the Board a brief background of the issue this regulation is intended to solve. With the passage of the American Rescue Plan Act (ARPA), many consumers enrolled in Bronze plans became eligible for Silver CSR plans for the first time. Despite outreach efforts, some of those consumers remain unaware that they are eligible for a more generous plan with the same or lower premium. This regulation would allow the MHBE to automatically transition such consumers to richer plans at renewal.

Ms. Fabian-Marks then described the proposed Maryland regulation, noting that it differs from the federal policy in a few respects. Since it is possible for a Maryland enrollee to be eligible for a Gold plan at even lower premium than a Silver plan, the proposed regulation allows for re-enrollment into either a Silver CSR or Gold plan whereas healthcare.gov transitions into Silver CSR only. Maryland enrollees in a health savings account (HSA) eligible plan would be excluded, unlike on the federal marketplace. She added that approximately 4,300 people in Maryland are enrolled in Bronze plans and could be in a higher-value plan for the same or lower premium.

Next, Ms. Fabian-Marks explained two related proposed regulation changes. One would update the requirements on carriers to include a mandate to submit re-enrollment templates to transition enrollees from plans that the carrier is removing from the marketplace. Another would establish a definition of "provider network" for use throughout the MHBE's regulations.

Ms. Fabian-Marks then shared a timeline showing the typical schedule for regulation adoption. Should the Board vote to approve the proposed action, several rounds of review and public comment would culminate in a Board vote in July to approve the final action for an effective date in August.

Ms. Crandon asked why HSA-eligible plan enrollees are excluded. Ms. Fabian-Marks explained that, should such an enrollee be transitioned to a non-HSA plan, the MHBE would lock them out of their HSA for the plan year. Ms. Crandon asked how many people would be excluded by this clause. Ms.

Fabian-Marks replied that, since roughly 15% of Bronze enrollees are in HSA-eligible plans, it could number a few hundred. Ms. Crandon cautioned that, by excluding enrollees in HSA-eligible plans, the MHBE could be erroneously imputing their intentions. Ms. Fabian-Marks agreed, since the MHBE has no way to determine whether the HSA-eligible enrollee has an HSA. Ms. Crandon expressed discomfort with the exclusion of HSA-eligible enrollees.

Commissioner Birrane clarified that the policy would not preclude HSA-eligible enrollees from choosing to switch, just that the MHBE would not do it automatically on their behalf. Ms. Fabian-Marks agreed.

Commissioner Birrane moved to approve the proposed regulations as presented, and authorize MHBE to submit them to the Joint Committee on Administrative, Executive, and Legislative Review for review and to the Division of State Documents for publication in the Maryland Register as presented. Mr. Steffen seconded. Ms. Aluc abstained. Ms. Crandon opposed, citing the danger of deviating from federal regulations. The motion was carried.

[Letter of Intent to Amend 1332 Waiver](#)

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

Ms. Fabian-Marks gave an overview of the draft letter of intent to amend the 1332 waiver to allow all residents to enroll in a health plan through Maryland Health Connection (MHC), regardless of immigration status as required by the Access to Care Act passed by the Maryland General Assembly. She noted that roughly 30% of the uninsured population in Maryland are ineligible to enroll in a plan through MHC due to immigration status. While these people are currently able to enroll in private health plans purchased on the outside market, the waiver would allow them to purchase on MHC. She added that neither state nor federal subsidies would be available to this population, but access to MHC would allow for simplified plan shopping, access to customer support, and streamlined enrollment in the same plan for families with mixed immigration status.

Next, Ms. Fabian-Marks laid out the timeline of the waiver application and approval. Beginning with the letter of intent approved today, the process could take until late January 2025 before the waiver is approved. The MHBE intends to ask federal authorities to expedite the application process and approve the waiver by the end of November 2024. Ms. Eberle pointed out that the waiver will follow language already approved in other states, making it likely that CMS will not take the maximum review period.

Sec. Herrera-Scott asked whether it would be possible to obtain the waiver even sooner than the proposed end of November 2024. Ms. Eberle replied that it may be possible, and that the agency staff will try.

Mr. Steffen asked how many Marylanders are likely to make use of MHC under the new waiver. Ms. Fabian-Marks replied that the numbers are still being modeled, but that Washington state projected a few thousand enrollees in their waiver.

Mr. Taneja asked the precise definition of those covered under this waiver. Ms. Fabian-Marks answered that it would apply to any Maryland resident who does not meet the federal definition of “legally present.”

Mr. Taneja cautioned that, due to lack of federal support, serving this population may result in additional overhead costs. Ms. Fabian-Marks replied by noting that the agency expects to be able to implement the program within its existing budget, partly by using infrastructure already in place for the Healthy Babies program.

Ms. Weckesser moved to approve the submission of the letter indicating MHBE's intent to submit a 1332 waiver amendment application to the U.S. Department of Health and Human Services and Department of the Treasury pursuant to Senate Bill 705/House Bill 728 of 2024 as presented. Ms. Rodriguez seconded. The motion was approved unanimously.

Proposed 2025 Young Adult Subsidy (YAS) Parameters

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

Ms. Fabian-Marks began by reminding the Board of their recent in-depth discussion of the YAS program and noted that the Maryland General Assembly approved the bill to authorize the MHBE to rollover unspent funds from prior years. She shared figures showing the status of the program with over 60,000 enrollees, and that young adults make up nearly 30% of all enrollments as of March 2024.

Next, Ms. Fabian-Marks shared the parameters of the 2024 YAS, when the age range was expanded to age 37. In the prior year, the maximum age was set at 34. Finally, she presented two options for the 2025 YAS parameters. The first option would continue the 2024 parameters for 2025 and is estimated to cost \$26 million and enroll nearly 55,000 people. The second option would revert to 2023 parameters for 2025 and is estimated to cost \$21.5 million and enroll over 46,000 people. She added that the change in eligibility rules in option 2 would result in approximately 400 fewer enrollments. She noted that the MHBE staff recommends option 2.

Commissioner Birrane asked why the staff recommend option 2. Ms. Fabian-Marks answered that their estimates show that option 1 would nearly exhaust the newly available rollover funding. The staff feel that more leeway is necessary due to the higher than anticipated enrollment.

Commissioner Birrane expressed concern that the estimate of individuals who would lose eligibility for YAS due to the change in age rules is too low given recent enrollment growth around the public health emergency (PHE). Ms. Fabian-Marks replied that the projections are based on the count of people currently enrolled in that age bracket.

Sec. Herrera Scott expressed a desire to avoid capping the program's enrollment due to budget concerns.

Mr. Taneja moved to approve option 2 as the proposed 2025 young adult premium subsidy parameters as presented. Mr. Steffen seconded. The motion was approved unanimously.

Consolidated Service Center Contract Report

Tamara Gunter, Director of Consumer Assistance & Eligibility, MHBE

Ms. Gunter shared an overview of the contract terms between the MHBE and its Consolidated Service Center (CSC) vendor. She noted that the Board approved a five-year award in 2022 that includes a base period of three years with two option years to follow. The price includes both a monthly fixed fee and a unit price per call split between roughly 60% federal and 40% state dollars, and that the incumbent vendor is Maximus. The contract with Maximus cost less than the not-to-exceed (NTE) amount in the first year and is on track to do so again for the second year.

Next, Ms. Gunter discussed the incumbent vendor's performance, sharing that Maximus has performed well in FY 2024 in the areas of MHBE program and mission comprehension, new initiative deployment, telephony technology, vendor responsiveness, and reduction of average time to answer. Challenges highlighted by Ms. Gunter for the same time frame included scaling to meet the PHE unwinding challenge, timely turnaround of contract modifications, staff absenteeism and retention, and training/case management by and for the Special Projects team.

Ms. Gunter then presented changes to the CSC contract for FY 2025. The MHBE will move the Special Projects team in-house rather than relying on the CSC vendor. Also, the agency will reclaim ownership of the toll-free phone numbers to support development of self-service interactive voice response (IVR) systems. Ms. Eberle pointed out that the Board is not being asked to take any action at this time—that the presentation is for their information since they already voted in favor of the contract.

Ms. Weckesser asked about the work of the Special Projects team. Ms. Gunter replied that the team includes CSC staff who have a higher level of expertise and access to resolve escalated cases in both Medicaid and QHPs.

Ms. Crandon recalled the Board's previous meeting where the use of artificial intelligence (AI) technology was discussed and asked whether the self-service IVR systems will employ AI. Ms. Eberle replied that, while AI could make up a portion of the IVR solution, that determination has not been made.

Sec. Herrera Scott asked whether the MHBE is coordinating with Sec. Savage of the Maryland Department of Information Technology on AI development and deployment. Ms. Eberle answered in the affirmative.

[Consumer Assistance Grant and Contract Approval FY 2025](#)

Tamara Gunter, Director of Consumer Assistance & Eligibility, MHBE

Ms. Gunter presented the Board requests for approval of contracts and grants to support MHC consumer assistance programs in FY 2025. She began with the Connector Entity (CE) grant, noting that the Board in May 2022 approved grant awards to the CEs for Navigator services for one base year in FY 2023 with two one-year options in FY 2024 and 2025. The MHBE intends to maintain the same distribution of grant funds in FY 2025 as during FY 2024, for a total of \$10 million for the year. Ms. Gunter added that, during FY 2024, CEs were successful in meeting increased demand for their services, with an increased number of encounters in every region during the recent open enrollment period.

Sec. Herrera Scott asked whether the regions where CE grant dollars were reduced for FY 2024 had lower enrollment and what data the MHBE used to support its decisions. Ms. Gunter cautioned that rural and urban regions face different challenges. Ms. Eberle added that the original design of the CE grant distribution tied the grant amount to the region's uninsured rate. Later, the MHBE modified the grant distribution to support the differentiation of enrollment and outreach workers. For FY 2024, the agency decided to combine the enrollment and outreach roles once again into a single Navigator. She added that the MHBE uses the annual encounter figures to help decide on grant distribution.

Sec. Herrera Scott asked whether Navigators will be paid more now that they are doing both jobs. Ms. Gunter replied that, rather than doing two jobs, Navigators are returning to their original role.

Mr. Steffen asked what outcome measures are available to judge CE performance, noting that process measures such as encounters only tell part of the story. Ms. Eberle answered that CEs are judged against both enrollment and outreach targets and that she would share with the Board the range of data the MHBE requires the CEs to track.

Mr. Steffen asked whether the MHBE checks how much CEs pay their Navigators. Ms. Gunter replied in the affirmative, noting that Navigators have a contractual minimum income.

Mr. Taneja moved to approve the grant renewal second year option for the Connector Entity Grantees with a not-to-exceed amount of \$10 million for FY 2025—State Funds \$4,247,968 and Federal Funds \$5,752,032. Ms. Weckesser seconded. The motion was approved unanimously.

Next, Ms. Gunter discussed the contract for fulfillment services. Currently awarded to Art & Negative Graphics, the contract's two-year option term begins July 1, 2024, after the two-year base term concludes. Ms. Gunter reminded the Board that they recently discussed exceeding the NTE amount on the contract during FY 2024 due to the PHE unwinding effort.

Ms. Eberle added that the MHBE expressed concern over this contract several years prior when the agency's special fund was cut from \$35 million to \$32 million. The increased price of both paper and postage were unexpected, as was the mandate from the federal government to perform Medicaid redeterminations at the individual level rather than at the household level. Ms. Eberle noted that the amount requested for FY 2025 is based on the knowledge presently available and that the MHBE does not expect another spike in utilization due to the PHE unwinding effort.

Ms. Crandon moved to exercise the first option year of the two-year option term with Art & Negative for fulfillment services with a not-to-exceed amount of \$5,878,500 for FY 2025. Mr. Taneja seconded. The motion was approved unanimously. Mr. Steffen was not present for the vote.

Ms. Gunter concluded by presenting the contract renewal for language translation services, where the MHBE uses the Maryland Board of Public Works' (BPW's) statewide Language Line contract. She noted that Language Line offers over 290 languages and that roughly half of all MHBE calls involving Language Line are in Spanish. Other notable languages used by MHBE consumers include French, Amharic, and Mandarin. Ms. Gunter shared the history of the contract for Language Line, showing that costs exceeded the NTE in the first two years, but declined in the third year before dropping considerably in year four. She attributed the sharp decline to the greater availability of Spanish speakers among call center staff.

Ms. Weckesser asked whether Language Line offers translation services in real time. Ms. Gunter replied in the affirmative.

Ms. Aluc moved to secure Language Line services through the State contract with the Board of Public Works in the not-to-exceed amount of \$250,000 for FY 2025. Ms. Crandon seconded. The motion was approved unanimously.

Printing Services Procurement Award

Betsy Plunkett, Director, Marketing & Web Strategies, MHBE
Tracey Gamble, Procurement Manager, MHBE

Ms. Plunkett gave the Board an overview of the contract for printing services for marketing and outreach materials. She noted that the evaluation committee recommends the contract be awarded to Art & Negative Graphics due to its strong technical and financial proposals and confirmed that the contract's minority business enterprise (MBE) participation will be 20% as required. Ms. Gamble described the terms of the contract, including its budget, schedule, and breakdown of federal and state funds and asked the Board to approve the contract award.

Mr. Taneja moved to award the MHBE marketing printing contract to Art and Negative for a three-year not-to-exceed base amount of \$120,000 per year, with two one-year optional renewals for a total not-to-exceed amount of \$600,000. The base term runs from July 1, 2024 through June 30, 2027 with the two option years to follow. Mr. Steffen seconded. The motion was approved unanimously. Commissioner Birrane was not present for the vote.

Adjournment

Secretary Herrera Scott adjourned the meeting.