

MHBE Broker Advisory Committee

February 5, 2025

Maryland Open Meetings Act disclaimer: Meetings are recorded and posted on [MHBE's website](#) along with meeting minutes and presentation slides

Agenda

1:00

Welcome, Agenda & Members

Herbert Baumgarten and Eugene Poole, Co-chairs

1:10

MHC for Individuals

Rita Dyer, Producer Operations Manager

1:15

Policy & Legislative Updates

Becca Lane & Amelia Marcus

1:30

MHC for Small Business

Mimi Hailegeberel, Small Business Program Manager

2:00

Discussion

2:30

Public Comment

BAA Recommendations

Broker Advisory Recommendations

- Login credentials for agency support staff to complete administrative duties in consumer accounts.
- Highlight the benefits of using a "top" broker on landing page of MHC. Add pictures, background, and link to contact us. Emphasize "no cost"
- Enhance visibility of preferred brokers when clients search for brokers within their ZIP Code and broker connect searches
- Complicated process for adding dental coverage

Broker Advisory Recommendations, Cont...

- The current inability to report ICHRA and HRA on the Maryland Health Connection application presents challenges
- Add commissionable vision plans
- Potential for MHC to have dental business open all year round
- Email quote option: We should be CC'd so we can see which plans we sent
- Family Glitch: Clarify how the family glitch affects income calculations

Broker Advisory Recommendations

- Add escalation tab at the top to keep track of alerts and follow-ups
- Clear verbiage outlining acceptable consumer conduct on the site (due to unacceptable treatment incidents by consumers)
- Helpful to add specialist to the front page along with PCP copay description
- Billing TPAs
 - Add contribution on quoting site for one plan
 - Employers want to pay 50% of the lowest option and let employees buy up to a higher option

MHC for Individuals - Updates & Information


MHC for Individuals - Updates

- Open Enrollment concluded 1/15/2025
- Open Enrollment clean up & reconciliation efforts underway with the Escalations team, MHBE IT team & carriers.
- First Quarterly Broker Operations meeting held 1/22/2025 with a focus on post-OE
- Second Quarterly Broker Operations meeting scheduled for 4/23/2025 with an open forum planned (per Broker request).
- Broker Operations working on addition training sessions/material for brokers. A survey was distributed, seeking feedback on training needs/requests.
- Broker Operations will work with the Escalated Cases team to seek improvement opportunities with the current pathways.
- 1095-As have been released in consumer accounts & Job Aids have been distributed to Consumer Assistance Workers

Top Broker Display

Seon Won SELECT
Individual & Small Biz
(240)-744-0569
[Sw Insurance Partners, LLC](#)
8353 Silver Trumpet Dr, Columbia, Maryland 21045
Get Directions 6.38 mi

Bernard Williams SELECT
Top Broker 2024
Individual & Small Biz
(202)-441-5091
904 S. Paca St., Baltimore, Maryland 21230
Get Directions 6.39 mi

Bernard Williams ×

In State Broker
(202)-441-5091
bernardwilliams526@yahoo.com
904 S. Paca St., Baltimore, Maryland 21230
GET DIRECTIONS

VSP

<https://www.individualbrokervision.com/>

Independent Broker FAQs

Download

Policy Updates

Broker Advisory Committee
February 5, 2025

Agenda

- Program Updates
- Coverage for Immigrants
- Consumer Decision Support Workgroup
- Plan Certification Standards
- Legislative Update

Young Adult Subsidy Update

- Pilot program through 2025 to promote young adult enrollment and improve Individual market risk pool. Subsidy design phases out as age and income increase.
 - 2022-2023: 18-34, ≤400% FPL
 - 2024-2025: 18-37, ≤400% FPL
- \$20 million allocated per year of the program

Data as of:	Total Young Adults with Subsidy	Total Young Adults without Subsidy	Average Subsidy PMPM
Jan 1, 2023	30,070 (18-34)	16,854 (18-34)	\$35.70
Jan 1, 2024	42,105 (18-34) 7,507 (35-37)	20,352 (18-37)	\$36.59
Jan 1, 2025	61,633 (18-37)	24,822 (18-37)**	\$37.48

Young Adult Subsidy Impact

- **~60,000 young adults currently benefiting** from the YAS
- **30% decrease in net premiums** on average (\$125 to \$87) for subsidy recipients
- **46% increase in enrollment** compared to an all-age enrollment increase of 30% since the start of the program
- **5% decrease in uninsured** among lawfully present young adults in Maryland: estimated additional 4,700 young adults (18-34) enrolled in or remained insured in the individual market in 2022 because of the program
- **-1.2% estimated morbidity impact** from additional enrollees in 2022, which ultimately reduces average premiums for all unsubsidized enrollees
- Supporting Health Equity:
 - **46%** year-over-year increase in enrollment among Black young adults (age 18-34)
 - **50%** year-over-year increase in enrollment among Hispanic young adults

Tax Time Easy Enrollment: Conversion rates to enrollment among eligible consumers who “checked the box”

Year	Eligible Individuals who “Checked the Box”	Total Enrolled During Tax Time SEP		Total Enrolled During Tax Time SEP and Following Open Enrollment Period	
		Number	As % of Eligible Individuals	Number	As % of Eligible Individuals
2020	53,146	4,015	7.6%	4,901	9.2%
2021	27,223	2,962	10.9%	3,111	11.4%
2022	19,916	1,481	7.4%	1,555	7.8%
2023	17,375	1,740	10%	1,927	11%
2024*	20,061	1,701	8.5%	TBD	TBD
Total 2020-2024	137,721	11,899	8.6%	11,494**	8.3%**

* Data as of 9/30/24.

** Does not include individuals who enrolled during open enrollment after checking the box in 2024.

Easy Enrollment: Unemployment Insurance

- **76,000** households have checked the box on the Unemployment Insurance form
- **39,820** enrolled in coverage (**52.4%** of those who checked the box)
 - **30,815** enrolled in Medicaid
 - **9,005** enrolled in private plans

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Coverage for Immigrants

- Federal Rule determining DACA recipients “lawfully present” for on-Exchange private plans and tax credit eligibility
 - Future of both the DACA program and the “lawfully present” interpretation are in question
- 2024 Access to Care Act - allow undocumented residents to enroll in private plans on-Exchange
 - Bill directed MHBE to apply for permission from the Federal government via 1332 Waiver amendment (approved on Jan 15, 2025)
 - Eligibility rules will go into effect in time for Open Enrollment for 2026 plans

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Consumer Decision Support

- MHBE convened a workgroup last Summer/Fall to discuss areas to improve consumer decision support during the plan shopping experience in the [“Get an Estimate”](#) plan shopping tool and within the Maryland Health Connection (MHC) application.
- **Provided recommendations for:**
 - Identifying areas in plan shopping experience where consumer may benefit from more information or guidance
 - Improving plan information display on the plan list page
 - Providing tailored plan recommendations to consumers
- More information and final workgroup report of recommendations available on the [MHBE Consumer Decision Support Workgroup page](#).

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2026 Plan Certification Standards

- Updates to 2026 Value Plan Standards
 - Lab copay reductions; technical updates; other updates to comply with 2026 Actuarial Value Calculator (see [Board materials](#) for details)
 - Other features unchanged from 2025 including diabetes requirements
- Mental Health and Substance Use Disorder Office Visit Cost-Sharing Standard: Require equivalence to primary care office visit; encourage copay structure (vs. coinsurance)
- Timeline for Board approval:
 - December 18 - January 10 – Informal public comment period
 - January 21, 2025 – Board vote on final proposed 2026 plan certification standards
 - **Jan 21 – Feb 7 – Public comment period**
 - February 18, 2025 – Board vote on final 2026 standards

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Legislative Reports

- SB 601 (2023) Report: Report on the Young Adult Subsidy Program (MHBE, MIA)
 - Required MHBE in consultation with MIA to study the overall impact of the Young Adult Subsidy program, and the number of individuals who signed up for health insurance through the Exchange because of the program.
 - The study demonstrated the program's success across multiple metrics: increased young adult enrollment, a reduction in young adult uninsured rates, improved morbidity in the individual market, and increased federal funding for the reinsurance program.

- HB 937 (2022) Report: Report on Extending Last Dollar Coverage
 - Required MHBE to study extending last dollar coverage to other enrollees in addition to the enrollees receiving last dollar coverage through Young Adult Subsidy program.
 - Last dollar coverage policy has significantly improved enrollment uptake and retention for eligible young adults, and extending the policy to all eligible enrollees could be a cost-effective affordability measure to improve enrollment and retention Marketplace-wide.



Legislative Update

MHC for Small Business



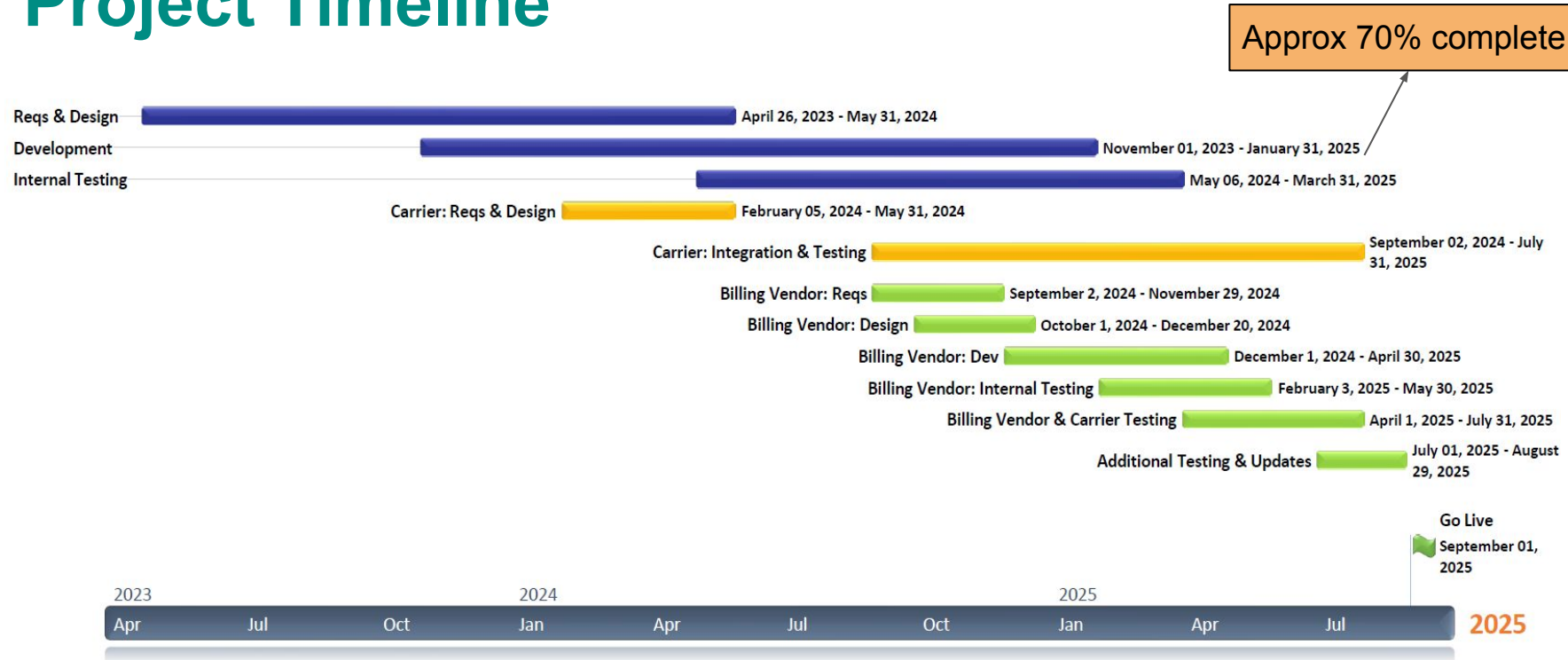
maryland  health
connectionSM

for small business

Small Biz Updates

- MHC for Small Business Enrollment Platform
- Direct Enrollment Process Phase Out
- Aetna (on and off) Exchange SG Market Exit
- MHBE ICHRA Program
- ICHRA and APTC

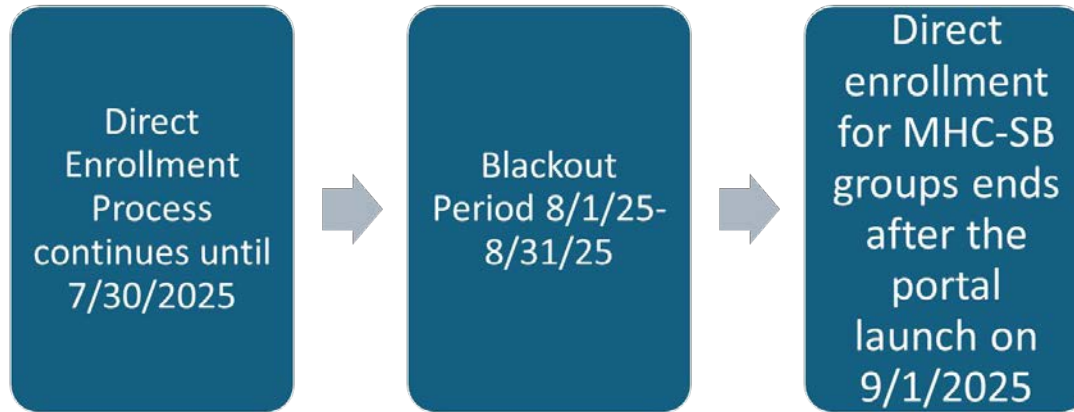
Project Timeline



Updated: Oct 21, 2024

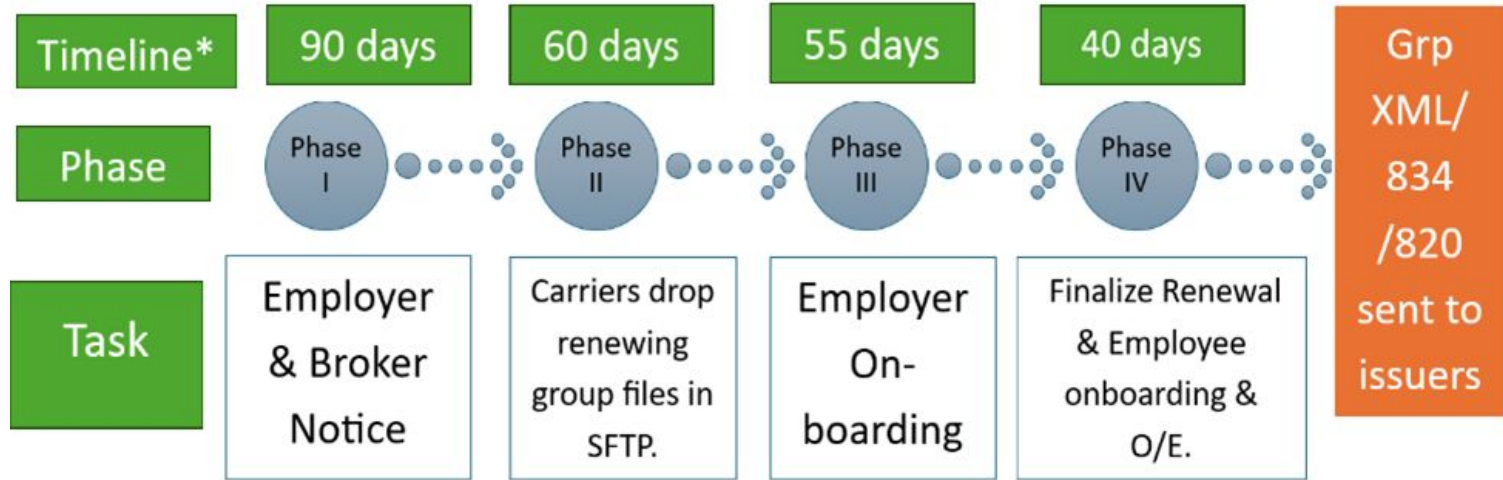
Direct Enrollment Phase-Out Process

URL: www.marylandhealthconnection.gov/smallbusiness



MHC Small Business Enrollment											
Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Employers	43	88	113	107	148	152	156	121	117	120	131
Covered Lives	263	604	735	588	853	821	878	649	645	669	738

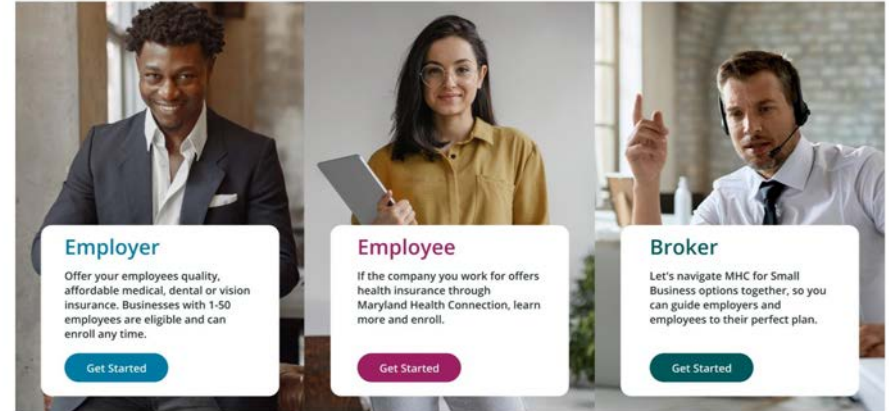
Group Migration Plan



*The timeline is set to count backward from each group's renewal date. For example, a group renewing on November 1st will begin receiving communication from MHC-SB and issuers on August 1st.

Tools to Promote Small Biz

- Employer, Employee and Broker Guides
- Outreach & Education Program
- What is MHC for Small Business? English and Spanish
- Small Business tax credits
- How to get help (promoting free authorized broker support)
- Testimonial broker and small business testimony - owner/employees



Aetna Off-boarding

 Important: Aetna plans will no longer be offered starting April 1st, 2025.

	Aetna Bronze HNOption 8000 70/50 INT 66516MD0070001-01	METAL LEVEL: BRONZE	Details
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- Aetna has announced that it will exit both on-exchange and off-exchange small group market by May 2025.
- The MHC-SB plan display will show that these plans are unavailable starting April 2025.
- All Aetna small group plans will be removed from MHC-SB by September 2025.
- After September 2025, MHC-SB Aetna groups will be directed to the carrier for adding and terming employees.

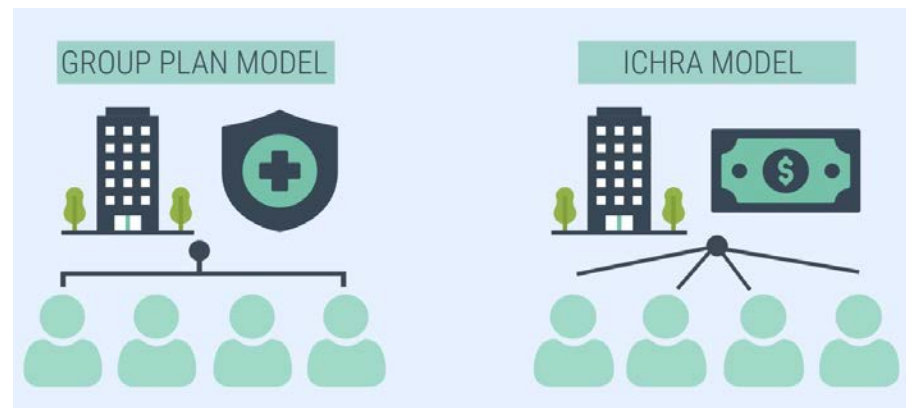
Aetna Off-boarding, Cont...

If your group's current effective date is...	Renewal <input type="checkbox"/>	New Group <input type="checkbox"/>
9/1/2024 10/1/2024 11/1/2024 12/1/2024	Renew as is or choose a different plan with Aetna until the next renewal in 2025, or select another issuer. Groups may add new employees until the plan year ends. Aetna groups will not renew at the group's annual renewal in 2025.	New groups may enroll with Aetna until February 15, 2025 with a March 1, 2025 effective date. The plan will be effective for one year.
1/1/2025 2/1/2025 3/1/2025	Renew as is or choose a different plan with Aetna until the next renewal in 2026, or select another issuer. Groups may add new employees until the plan year ends. Aetna plans will not renew at the group's annual renewal in 2026.	New groups may enroll with Aetna until March 15, 2025 with a March 15, 2025 effective date. The plan will be effective for one year.
4/1/2025 onward	Existing Aetna groups will not renew. Groups that have not renewed may add new employees until they cancel their policy or at the end of the plan year.	New group submissions will not be accepted.

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a four-petaled star. Each petal is a lighter shade of teal and overlaps the center and the other petals. The text "MHBE ICHRA Program" is centered horizontally and vertically over this graphic.

MHBE ICHRA Program

- What it is: An ICHRA is an account-based health plan that reimburses employees for qualified medical expenses, such as monthly premiums, deductibles, and copayments.



- How it works: Employees must have individual health insurance coverage to use the funds. Employers choose the amount of the monthly allowance they provide to employees, and then reimburse them up to that amount.
 - A. Employers can choose how much they're willing to reimburse.
 - B. There's no reimbursement maximum.
 - C. Employees can take their plan anywhere

Section 125 Cafeteria Plans

- Section 125 allows employers to provide benefits like health insurance on a pre-tax basis to the employee.
- Reduces taxable income for employees, which lowers their tax liabilities.
- Employers also benefit by reducing payroll taxes.
- As more employers adopt ICHRA, there could be an increased number of employees purchasing individual health insurance policies using their own pre-tax dollars.

Program Goals

ICHRA Administrators provide:

- Complete Employer solution for ICHRA and Cafeteria Plan (via Section 125) setup and management including reporting and compliance requirements.
- Seamless integration with HR and payroll systems.
- Employer and Employee communication/notices on ICHRA coverage, contributions, and deadlines.
- Dedicated support hotline for brokers, employers, and employees.
- Maintain platform security and compliance.
- Affordability calculation tool*

HRA Council Members

CURRENT MEMBERS



Program Considerations

Employee Circumstance		ICHRA Provider Exchange	MHC Exchange	Notes
1	Undocumented Employees	✓	✓	<ul style="list-style-type: none"> Starting in 2026, Access to Care Act allows undocumented Marylanders to enroll in private health plans.
2	Employee Family Eligible for Federal Subsidy/Medicaid	✗	✓	<ul style="list-style-type: none"> Subsidies are unavailable through ICHRA provider.
3	Medicare Eligible Employees (65+)	✗	✗	<ul style="list-style-type: none"> Medicare eligible non retirees are not eligible to enroll on or off exchange
4	Out of Area Employees	✓	✗	<ul style="list-style-type: none"> A Maryland-based Employee may enroll in either platforms. Employees outside of Maryland must enroll through ICHRA provider's exchange.

Tax Considerations

	Circumstance	ICHRA Provider Exchange	MHC Exchange	Notes
1	Pre-tax Employer contribution	✓	✓	<ul style="list-style-type: none"> Employees can use pre-tax dollars employer dollars to shop from MHC or off-exchange.
2	Pre-tax Employee contribution	✓	✗	<ul style="list-style-type: none"> Mirror exchange must be established to use pre-tax employee dollars on "MHC."
3	Employer coverage impact to APTC	✗	✓	<ul style="list-style-type: none"> Affordable offer of coverage from employer impacts employee APTC eligibility. Subsidies are unavailable through ICHRA provider.

Observe Developments

- Current administration regulations on Section 125 plans.
- Impact to new MHC enrollment through ICHRAs.
- MHBE budget.



Discussion



Public Comment