MHBE STATE BENCHMARK PLAN WORK GROUP

October 23, 2019
10AM-12PM
Location: MHBE's Offices 750 East Pratt Street Baltimore MD 21202

Members Present:
Stephanie Klapper
Jeff Lawson
Jen Brock-Cancellieri
Tanya Schwartz
Stan Dorn
Evan Leiter-Mason
Jeananne Sciabarra
Debora Gorman
Benjamin Fulgencio-Turner
Melissa LaRue

Calling in:
Sandy Steinwedel
Meg Murray
Iana Capers
Melissa Hurtt
Betty McGarvie-Crowley
Anne Klase

Shaunteria Scott
Dan Mosbey

Others Present:
Diana Hsu
Rose Pritchett
Vinny DeMarco
Nancy Brown – Maryland Department of Health
Andrew Ratner, Chief of Staff – Maryland Health Benefit Exchange
John-Pierre Cardenas, Director of Policy and Plan Management – Maryland Health Benefit
Jess Grau, Health Policy Analyst – Maryland Health Benefit Exchange

Absent Members
Debbie Harrison
Wandra Ashley-Williams
Teresa Healey-Conway

Welcome and Introductions:
John-Pierre Cardenas welcomed everyone to the meeting at 10:05AM.

Agenda:

Poll Results Discussion/Charter Ratification/Chair Introductions
- Stan and Deb Rivikn were voted as chairs of the work group
- Modifications to the charter:
  - *Term* *Workgroup members shall be selected by MHBE for a term of no more than 3 years. Member start and end dates will be tracked by MHBE staff, and members will be notified when their terms are concluding. If the work group's existence is required past the 3 year term limit of the original members, MHBE will begin seeking new members prior to the termination of the original member's involvement to provide continuity.*

Vote to Ratify the Charter
- Kim Cammarata moved to ratify the charter, Jeff Lawson seconded. The group voted to ratify the charter

MEEHP Legislative Background
- Motivations
  - National problem of lack of knowledge about insurance options, including available financial assistance
  - Numerous Marylanders who qualified for essentially free coverage, but did not know
    - Lack of understanding of insurance in general
    - Procedural burdens deter people from seeking health coverage
- Legislative Evolution
  - Legislative champions, throughout the process: Senator Brian Feldman and Delegate Joseline Peña-Melnyk
  - Leadership from Maryland Citizens Health Initiative, Families USA
  - Incredible engagement from government agencies, legislators and staff, stakeholders
  - Result: legislation that breaks new ground nationally, already the subject of inquiry from other states and academics from Harvard, MIT, Princeton, Stanford
  - Phase 1: Down Payment Plan, Original Version
    - Use state income-tax filing as an on-ramp to enrollment
    - Automatic enrollment for people with access to zero-premium plans
    - Core "down payment" concept: whenever possible, let uninsured tax-filers avoid penalties by signing up for insurance.
      - Tax filer pays penalty to Comptroller
      - Comptroller sends penalty money to the Exchange
      - Exchange sends penalty payments to carriers, who combine them with PTCs and (when applicable) consumer premium payments
    - Problem: requires building new administrative capacity
      - Carriers do not take payment from three sources for a single member
      - Exchange does not directly handle premium dollars
  - Phase 2: Down Payment Plan, Modified Version
    - Still income-tax-based enrollment, individual responsibility requirement, allowing enrollment instead of penalty
    - Technical assistance from exchange staff identified an approach that would not require major new infrastructure
      - Let uninsured tax-filers waive the penalty by committing to enroll in health insurance and keep it all year
      - Enforceable through the federally-mandated coverage-reporting data system
    - Operational glitch: the Comptroller was upgrading its IT systems
      - The individual income-tax upgrade was not scheduled to come on line until tax-filing season 2021
      - The legislation thus delayed implementation of the individual-responsibility requirement until tax-filing season 2021
      - The proposal could begin for tax-filing season 2020, if the Comptroller found it administratively feasible
    - Legislative questions
      - Why impose an individual-responsibility requirement in 2019, when it can't

take effect until 2021?
- Why not see if a voluntary approach can work, using the state-income-tax system as an on-ramp to enrollment?
  - ▪ Upshot:
    - Individual responsibility requirement removed from bill
    - Comptroller required to include, in its new IT system, infrastructure for an individual-responsibility requirement
- o Phase 3: The Maryland Easy Enrollment Health Insurance Program
  - ▪ Tax-based enrollment, without individual coverage responsibility requirement
  - ▪ Passed in 2019, with unanimous Senate vote and overwhelming, bipartisan House vote (123-15)
- Enacted Legislation
  - o Statutory Purposes
    - ▪ Use state tax returns to identify uninsured individuals and see whether they are interested in obtaining coverage
    - ▪ Determine whether uninsured individuals interested in obtaining coverage qualify for an IAP
    - ▪ Proactively contact uninsured individuals interested in obtaining coverage to help them enroll in an IAP and coverage
    - ▪ Maximize enrollment of eligible uninsured individuals in IAPs and coverage to improve access to care and lower insurance costs for all state residents
  - o General Provisions
    - ▪ Exchange, Department of Health (Department), Comptroller shall "develop and implement systems, policies, and practices that encourage, facilitate, and streamline determination of eligibility for [IAPs] and enrollment in … coverage to achieve [MEEHP's] purposes…"
    - ▪ Exchange, Comptroller, and Department authorized to take steps needed to accomplish MEEHP purposes
    - ▪ Advisory Workgroup
      - Meets at least once every six months
      - Advises Comptroller on tax return language
      - Makes a report to the Legislature no later than 12/31/22 about
        - o MEEHP effectiveness
        - o Feasibility and desirability of individual responsibility requirement and automatic enrollment
        - o If there is an individual responsibility requirement:
          - ▪ Amount of required payment
          - ▪ Desirability of letting consumers obtain insurance instead of making payment
      - Note: Other formal and informal working or advisory groups are allowed
    - ▪ Exchange develops data privacy and security safeguards that ensure compliance with federal and state law
    - ▪ Comptroller
      - Ensures that integrated tax system has the capability to collect individual responsibility amounts
      - Reports to the legislature, no later than 12/1/20, about cost and time needed to build that capability
- State Income Tax return
  - o Checkoff box indicating whether tax filer or others in the household are uninsured

- o Separate tax form, just for uninsured tax filer. Form includes:
    - Two checkoff boxes, one of which must be chosen for each uninsured person in tax household
        - **Box 1:** Have the exchange determine eligibility for IAPs, based on information in the tax return, and obtain additional data that may be relevant to IAP eligibility
        - **Box 2:** Do not have the exchange make that determination
    - Collect other information the exchange identifies as essential to determining IAP eligibility if
        - Not available from a reliable third-party data source
        - Not otherwise required to be provided on the tax return
        - Does not pertain to citizenship or immigration status
- o Uninsured person picking Box 1 given the option to describe their preferred contact method
- o Language
    - Checkoff boxes must as "simple, clear, and easy to understand as possible"
    - Tax instructions should describe the effects of checking the two boxes, including the purposes for which disclosed tax information may be used
    - Comptroller develops language of checkoff boxes and tax instructions
        - "In consultation with the Exchange"
        - "With the advice of the Advisory Workgroup"
- o If Box 1 is checked, Comptroller conveys to the Exchange all "insurance-relevant" information from the return, which is "information about an uninsured individual that is needed for the exchange to"
    - Identify the individual, including when matching data from third-party sources
    - Facilitate a determination of IAP eligibility
    - Facilitate enrollment into coverage

- Question: Jen
    - o If the Exchange needs more information they can collect it?
        - The process should be as streamlined as possible, so the Exchange should not have to seek additional information from the consumer.

- Determining IAP Eligibility
    - o General provisions
        - Determine as soon as possible after tax filing
        - To the maximum extent practicable, verify IAP eligibility
            - With data from tax return and other sources
            - Without requesting information or attestations from consumer
        - If information needed from individual, limit burden through
            - Proactive outreach, using requested contact method
            - Recording information electronically or telephonically
            - Facilitating selection of authorized representative
    - o Attempt to confirm, via data match, that all household members are citizens
        - If not, consumer must provide affirmative consent
        - Can provide consent via System for Alien Verification of Eligibility (SAVE)
    - o If consumer qualifies for Medicaid and CHIP
        - Enrolled into managed care organization (MCO) chosen by default, if consumer

neither selects an MCO nor opts out
- o If consumer ineligible for Medicaid/CHIP, exchange determines PTC eligibility
- o Exchange outreach includes individualized notices and assistance
  - ▪ Can compensate enrollment entities based on number of enrollees

- Questions:
  - o Debora
    - ▪ What additional information needs to be on the tax form to determine eligibility
      - Phase 1 will not need any additional information from the form
      - Phase 2 will need to be determined
        - o CMS notified the Exchange will not need additional approvals
  - o Stephanie
    - ▪ Protecting immigrants privacy
  - o Michelle LaRue
    - ▪ Public charge is creating a lot of confusion. But from the public health stand point, people should still be encouraged to sign up for health insurance.
  - o Tanya
    - ▪ We do need a Medicaid State Plan amendment, but not until Phase 2?
      - Correct, and we will need additional conversations around this issue
  - o Andrew Ratner
    - ▪ Will everyone that checks the box, will they get a timely response?
      - Yes. There are two notices, a "yes" notice, and a "no" notice
        - o The Exchange has also built in an administrative timeline
    - ▪ If they have an offer of affordable health care from an employer, how will we work through that
      - Phase 1 will not be an issue, because it is only pre-eligibility
      - Phase 2 may be an issue
        - o There are policy solutions that could be implemented to increase data sharing
        - o Technical fixes to the legislation
  - o Benjamin
    - ▪ What does the "no" notice look like
      - Consumers will still have the ability to see if they are eligible
  - o Shaunteria
    - ▪ Will the SEP end by the tax filing deadline?
      - The last date will be April 15th, plus 35 days
    - ▪ Why is it the first day of the following month for access to coverage
      - Follows the SEP for loss of minimum essential coverage
  - o Debora
    - ▪ So people that file taxes outside tax filing timeline will not be eligible?
      - Correct
  - o Jeff
    - ▪ So will the Exchange not be receiving the data outside the filing deadline? And will they not receive a notice?
      - Notices do reference the filing deadline
  - o Jen
    - ▪ Has the comptroller confirmed with the Exchange that they will not be sending data? Why is it only through April 15th?

- Will still be receiving data year round, but limiting the timeline will help reduce adverse selection
  - Kim
    - Will the notice be updated for those checking the box outside of the SEP?
      - Correct
  - Tanya
    - Can you outreach to those people during Open Enrollment?
      - We will be quantifying that data to help with Open Enrollment
  - Kim
    - New opportunity for the Exchange to pay brokers/navigators/producers to help enroll people
      - To help engage the tax preparer community, there could be an incentive put in place to incentivize them to help sign people up

Consumer Notice Discussion

Source	Comments	Responses
Tanya Schwartz	The letter feels quite long and tries to pack a lot of information in that may feel overwhelming to consumers. Consumers may not look beyond the first page so the most important things should be there and should include the action that needs to be taken (Complete the Application) and where to get help applying.	MHBE agrees the balance between length and providing sufficient detail is challenging. We'll continue to modify the notice based on feedback from consumers in Phase I.
HealthCare Access Maryland	Concerned about the many factors that might cause the information in the notice to be incorrect and having consumers come in expecting to get exactly what the notice says they "might" be eligible for. We feel a prominent disclaimer is needed, such as: *There are many things that affect eligibility for health insurance programs and financial assistance that are not available from your Maryland tax return. How long you have been in the U.S., current income, and the most recent information about your household all help determine what you are eligible for. This notice provides an estimate, but you should visit a navigator, call Maryland Health Connection or see a broker for help with an application.*	Accepted. Added a sentence about why estimate is an estimate and what other factors could change the outcome.
Tanya Schwartz	Instead of using **"eligibility"** terminology throughout the document, I recommend talking about being **"qualified"** – e.g.	Accepted

	instead of "You may be eligible" use "You may qualify"	
Tanya Schwartz	I would change the word **"assistance"** to **"help"** throughout the document.	Accepted
Tanya Schwartz	Instead of using "Medicaid managed care organization (MCO)" and "managed care plan" I would just use "health plan."	Considered but retained
HealthCare Access Maryland	Definitions of Medicaid, MCHP, MCHP Premium and private insurance would be helpful.	Considered but not adopted in view of the length/detail balance.
HealthCare Access Maryland	We recommend analyzing the reading level and making it as low as possible.	Comment: we have made the reading level as low as possible while retaining meaning of difficult concepts and mindful of length of notice.
HealthCare Access Maryland	The work group should discuss how to balance the level of detail against the need to keep it simple for consumers to understand.	This will be helpful for Notice development for Phase II.
	Opening Paragraph	
Tanya Schwartz	I'm concerned that **the "estimated eligibility determination"** language may be confusing. I recommend using the following language for the first paragraph: "Based on the information provided on your Maryland state tax return, you may qualify for health coverage through Maryland Health Connection. (leave current sentence "You or members of your household….") Complete an application to find out if you qualify for health coverage. To complete an application, take one of these steps: For #2, I recommend writing "Call ( ) **to apply over the phone**………" Instead of the "Estimated Eligibility Results Chart" title, what about "You or members of	Accepted and modified text.

	your household may qualify for the following types of health coverage"	
Estimated Eligibility Results Table		
HealthCare Access Maryland	Rather than having separate columns for cost and APTC, consider combining them into just Monthly Cost and, for Private Health Plan, say "as low as" and apply the APTC to the lowest cost plan.	Considered but not adopted
	Consider changing "financial assistance" to "financial help" or a "discount"	Accepted, changed assistance to help.
Tanya Schwartz	Then there could be a second page that has whatever other information you want to include (e.g. estimated eligibility results).	N/A
Conditional Section		
Tanya Schwartz	This paragraph seems inaccurate – people don't have to change their "application" because they are already enrolled. Instead of the bolded sentence, how about "If your household or income has changed, please log in to…… to update your account…….." (or whatever language Maryland Health Connection currently uses to ask people to update their account when their situation changes).	Accepted and modified text.
"Complete an Application" Section		
HealthCare Access Maryland	We suggest reordering the options. Those receiving this notice are likely to be people who have very little experience with health insurance and sitting with a navigator is the best way to get all of the information needed. Here is our suggested ordering: • Visit your regional consumer assistance organization for free help. Contact information is at the end of this notice. • Call Maryland Health Connection at <<{ExchgPhoneNo}>>. Deaf and hard of hearing use Relay service. • Visit an authorized producer (broker). Contact Maryland Health Connection at	Accepted and modified text.

	1-855-642-8572 for help finding an authorized producer in your area. This help is available at no charge to you. • Visit MarylandHealthConnection.gov to create an account and complete an application.	
	For the same reason we recommended removing the sentence about those 65 and older from the tax form instructions, we would recommend removing it from the Complete an Application section of the notice.	Considered but not adopted. This sentence was added at the request of MDH.
	We also suggest including what consumers need to bring to complete an application, including the notice itself, so that the navigator or broker understands what information the consumer has been given.	Accepted in part – added text to suggest bringing the notice itself, but did not add the full list of what's needed in light of the length/detail balance.
"Enroll in Coverage" Section		
Tanya Schwartz	I don't think "Section 2. Enroll in Coverage" is needed as part of this notice since people aren't at that point in the process yet. I recommend just listing out the different types of health coverage that may be available and a little information on each of them – there should be high-level information on what they can expect next after they submit the application – e.g. how long will it take for them to hear back about whether they qualify, and then state that at that point they'll be given instructions on how to select a health plan.	Considered but not adopted as many will be able to apply and enroll in one sitting. Did amend text to add they will know what they qualify for immediately after submitting the application.
HealthCare Access Maryland	The MCO selection process may be too "in the weeds" for a notice. That's information they will receive when they apply and having it in the notice might cause confusion that would be a barrier to enrollment.	Considered but not adopted.
"Seek Help…" Section		
HealthCare Access Maryland	Here is our suggested ordering: • Visit your regional consumer assistance organization for free	Accepted and re-ordered.

	help. Contact information is at the end of this notice. • Call Maryland Health Connection at <<{ExchgPhoneNo}>>. Deaf and hard of hearing use Relay service. • Visit an authorized producer (broker). Contact Maryland Health Connection at 1-855-642-8572 for help finding an authorized producer in your area. This help is available at no charge to you. • Visit MarylandHealthConnection.gov to create an account and complete an application.	
	• Consider adding something before the table of Consumer Assistance Organizations that explains what they are and how they help.	Accepted in part, but added to the How to the Apply section.

Questions:
- Tanya
  - What is the call to action? There is a lot of information directing people to do various actions
    - The call to action should just be completing the application
  - There should just be a one page back and forth, or a website
    - There will be a MEEHP website
      - Because this isn't a final eligibility determination, can this be simpler
- Betty
  - People might not even know what an MCO is. There should be a step by step process.
- Diana
  - Have we checked for grade level and reading comprehension
    - We did share it with a Health literacy expert, but there wasn't time
- Evan
  - Is completing the application something that would need to be done for Medicaid/QHP?
    - Yes
- Kim
  - They don't need this initial notice, because they are going to get a 1303 anyway
- Stephanie
  - Could we do consumer testing with the notice
    - Yes we can try
- Michelle
  - The layout should be adjusted to just show that you only need one initial step to apply
- Nancy Brown-MD Medicaid
  - We've been trying to get people to apply through the website, so it was interesting that

the website was all the way at the bottom
- Tanya
  - Can you put the chart on the second page? And what does "$400 per month mean"
- Stephanie
  - What does the MCHP premium mean?
    - Per child, up to three children
- Benjamin
  - "You are eligible, and this is a special opportunity"
- John-Pierre
  - How do you prioritize highlighting people's eligibility, and letting them they know they should apply
- Michelle
  - For those with health literacy, digesting the difference between what the owe, and what discounts they may receive
  - You could be eligible for discounts, come and apply
  - Some people in the immigrant community may not also have access to technology
- Jeananne
  - Those who are just learning about health insurance by applying through taxes, they really need in person assistance, and just directing them to the website may not help
- Diana
  - Will this be offered in other languages
    - Yes
- Stan
  - "You and your family may be eligible for low cost health insurance, but you must act now"
  - But no matter what we do, the response will probably not be high
- Kim
  - The financial assistance should be a conditional statement
  - You need to show people who qualify for assistance that they qualify for assistance, because maybe they've shopped before
- Andrew Ratner
  - Will they recognize that there is a connection to the check box?
    - "Here's the information you requested" or "Here is the information you requested based upon their income tax form"
- Jeananne
  - Cost for Medicaid, change it to "free" instead of zero

Metrics for Measure
- Goal: Establish demographic profiles of each category to develop a better picture of the remaining uninsured in Maryland
- Data collection categories
  1. Uninsured individuals and households seeking a pre-eligibility determination
  2. Uninsured individuals that enroll in coverage after receiving pre-eligibility determination notice
  3. Uninsured individuals that do not enroll even after receiving their pre-eligibility determination
- Gaps
  1. Uninsured individuals that did not allow their information to be shared with MHBE.

Questions:

- Ben:
  - Those who receive the letter but don't complete enrollment, will they be reached out to later?
    - We will be collecting that information to gain a better understanding of that population
- Michelle:
  - Who didn't check off the box, but due to lack of buy in from their tax preparer?
  - We still have a lot of work to do to educate the tax preparer community
  - Satisfaction survey to the preparers, did you participate, why or why not
- Sandy
  - Working closely with Stephanie to make sure that the information is getting out to the community, as well as a Facebook live event, and a quarterly journal notice
- Jeff
  - A lot of people who do have their taxes prepared, might be small independent contractors, who may not have access to those MACPA resources
  - What information in the next phase will tax preparers need to collect? Will HIPPA apply? Will tax preparers need to apply for additional regulations?
- Jen
  - Is there a registered list of tax preparers in the State
    - There are a number of lists
- Debora
  - Issue with people preparing taxes across State lines
- Stephanie
  - Draft letter to preparers, individual tax preparers news blast as well
- Kim
  - Can you access the IRS list that contains voluntary preparers
  - As well as the software industry

Profile of those who are uninsured

Category	Output
Uninsured individuals and households seeking a pre-eligibility determination	Shown in trend-over-time graph during filing season
Uninsured individuals that enroll in coverage after receiving pre-eligibility determination notice	QHP: Average APTC/CSR, Average Premium, Metal level distribution, Age distribution, Carrier distribution, Age and geography, Geographic map of enrollment (% w/ assistance/% w/o assistance), Plan information, broker /navigator assisted enrollment, or self-enrolled, average number of coverage month Medicaid: Geography

Uninsured individuals that do not enroll even after receiving their pre-eligibility determination	Estimated APTC "left on the table." See above.
Estimated number of uninsured remaining in each zip/county	

Question:

- Ben
    - Be careful how you communicate the uninsured numbers not as the totals, but also as why this information is being captured
- Stan
    - Is there de-identified tax data we can observe
- Jeff
    - Can we capture people who applied, but did not enroll
        - Our system identifies spots where people stop in the notification
- Debora
    - Can we get more individuals insured without a penalty, so getting information on who's not following through, and where the successes are will be important for future legislation

Task Group Discussion
MEEHP Phase II Implementation Task Group
- What does the cleanup legislation look like
- Will consider the implementation of the Phase II process to contemplate required changes to the tax form, including tax questions, to establish an eligibility determination for health coverage
- Will consider the information technology build to implement Phase II

MEEHP FAQ, Outreach, and Education Bank Task
- Will consider the education needs of tax preparers and tax filers who use the MEEHP
- Will consider opportunities to leverage Work Group member networks to build awareness of the MEEHP
- Will consider modifications to the current notice to under Phase II
- This task group will mostly be focused on phase I

MEEHP Data, Analysis, and Metric Task Group
- Will consider metrics for success in Phase I – 2020
- Will consider metrics for success in Phase II – 2021
- Will consider opportunities to contribute to the academic/research space on the success of the MEEHP

Questions
- Jeananne
    - This includes outreach to individuals and task preparers, but shouldn't it also include consumer assistance workers, as well as internal staff
    - Will this also include outside individuals
        - We can consider it
- Tanya
    - What will this time commitment look like

- We will evaluate based on what the task groups look like

Future Meeting Planning
This will probably be the last meeting of 2020, but MHBE staff will be planning with the co-chairs for future meetings. Possibly a meeting before January, and then a May or June session after the tax year. And then before finalization of the tax forms.

Public Comment

Kim: Messaging will have to include specific directions to prevent scam opportunities
Stephanie: Send feedback to Stephanie by Friday

Adjournment:

Meeting was adjourned at 11:55AM.