



## MHBE

### Small Business Programs Advisory Committee

May 29, 2024

1:00PM – 3:00PM

Online Via Google Meets

#### **Members Present:**

Jon Frank, Co-Chair  
Glenn Arrington  
Ileana Gonzalez  
Eugene Poole  
Michael Rachesky  
Kathy Sweely  
Sandy Walters  
Judith Bradley  
Armel Simo  
Brandon Burbage  
Al Helfenbein

Johanna Fabian-Marks  
Dinesh Ganesan  
Makeda (Mimi) Hailegeberel  
Kimberly Edwards  
Rita Dyer  
Andrew Ratner

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

Chris McCartan  
Allison Mangiaracino

#### **Staff**

Amelia Marcus  
Theresa Battaglia

#### **Welcome, Agenda, and Meeting Minutes**

Jon Frank, Co-Chair, opened the meeting. He then asked Committee members if there are any corrections or changes that should be made to the March 27, 2024, meeting minutes. No one had corrections or changes. The minutes were approved by unanimous consent.

#### **New Member Introductions**

Mimi Hailegeberel, Small Business Programs Manager with the Maryland Health Benefit Exchange (MHBE), welcomed two new members of the Small Business Programs Advisory Committee (SBPAC). Armel Simo and Judith Bradley each briefly introduced themselves.

#### **Broker Achievement Awards**

Ms. Hailegeberel shared recollections of the 2024 Broker Achievement Awards, a recent event at which the MHBE honored brokers who performed especially well during the recent open enrollment period. Governor Moore recorded a video message for the honorees, who received recognition in a range of categories relating to enrollments, level of integration with MHBE systems, and a special award for the top performing new broker.

### **MHC for Small Business Portal Updates**

Ms. Hailegeberel gave the Committee an overview of the MHBE's small business enrollment portal, called MHC for Small Business (MCH-SB). She began by describing the purpose and vision of the portal, noting that the MHBE must fulfill its obligation under the law to serve small businesses as part of the agency's overarching mission to reduce the uninsured rate in Maryland below 5.5 percent. The MHBE intends to target small businesses with fewer than 10 employees, with a goal of enrolling 10,000 to 15,000 people within the first five years of MCH-SB's operation.

Next, Ms. Hailegeberel discussed the timeline of the project, beginning with the development of system requirements and design specifications in April 2023 and leading to the issuance of the request for proposals (RFP) for bidding in May 2024. Development, integration with carriers and the agency's billing vendor, and comprehensive testing will continue until the end of July 2025 in preparation for the launch of MCH-SB on September 1, 2025.

Ms. Hailegeberel then shared details of which plan selection options will be available for users of MCH-SB. Employers will have three options. They may choose to offer only a single plan to their employees. They may elect the Employer Choice model, wherein the employer selects one carrier and offers employees the choice of any plan from that carrier. Under Employer Choice, the employer also chooses a single reference plan from the carrier, whose rates will be used to determine the employer contribution to employee premiums, regardless of their chosen plan. Finally, employers may elect the Employee Choice model, where the employer selects two adjacent metal levels (Bronze and Silver, Silver and Gold, or Gold and Platinum), and employees select a plan of either of those metal levels from any carrier operating on MCH-SB. Similarly to Employer Choice, the employer selects a reference plan around which to base their contribution to premiums.

Mr. Poole expressed that MCH-SB should be designed to integrate existing small employer reimbursement programs, like those where each employee is given a set dollar amount toward their health care. He noted that this market segment tends to use health savings accounts (HSAs) for this purpose.

Mr. Walters asked which plan selection options the current small business users chose. Ms. Hailegeberel replied that she would gather those data in preparation for the next meeting. She added that the current enrollment of small business employees is quite low, and very few businesses selected the Employee Choice model.

Mr. Arrington cautioned that including individual coverage health reimbursement arrangements (ICHRA) and similar employer contribution methods in the initial decision for small businesses will unnecessarily complicate the process. He asked that employer contribution decisions be left for later, after the small business has decided between the single plan, Employer Choice, and Employee Choice options. Ms. Hailegeberel replied that MCH-SB does not currently support ICHRA, but integrating with an ICHRA administrator is possible in the future.

Mr. Poole noted that group coverage is generally not recommended for businesses with fewer than 10 employees and that ICHRA will be essential to MCH-SB's value proposition to this market segment. Ms. Hailegeberel replied that the initial value proposition is to make the enrollment process easier, with the potential to add features like ICHRA in the future.

Mr. Rachesky reported that, in the Washington, D.C. small business market, 12 percent of businesses selected Employee Choice, up from 8 percent the prior year.

Next, Ms. Hailegeberel discussed minimum participation requirements, sharing a screenshot of the MCH-SB dashboard where employers can manage their open enrollment by sending reminders to employees, adding or uploading employees, and tracking the status of employee and dependent enrollment.

Ms. Hailegeberel then described the MHC-SB approach to crosswalked plans and auto-renewals. When a carrier removes a plan from the market, they currently provide one or more replacement plans for enrollees to choose from for their replacement plan at renewal. MHC-SB will notify the employer of the crosswalk and send details regarding the crosswalked plan.

Mr. Arrington suggested that MHC-SB replace the term "crosswalk" with the one used by the carriers: "mapping-over." He further recommended that MHC-SB provide online tools to simplify the comparison of plans from year to year.

Next, Ms. Hailegeberel shared examples of the MHC-SB notices to employees regarding plan renewal. She explained that all MHC-SB elements, including the notices, were designed to match as closely as possible those present on the main Maryland Health Connection (MHC) site, including use of the term "crosswalk."

Ms. Hailegeberel concluded her remarks by discussing how MHC-SB will manage communication with employers regarding crosswalked plans. She shared screenshots of the employer dashboard, with the current plan displayed alongside the crosswalked plan, showing summary details of plan design elements like annual deductible, metal level, etc.

Mr. Rachesky referred to the "Details" link in the side-by-side plan comparison screen and asked that the contents of that link be shared with the Committee. Ms. Hailegeberel agreed, noting that she would gather the material and send it to the Committee after the meeting.

Mr. Rachesky asked that MHC-SB allow for carriers to include details regarding their value-add benefits in any presentation of plan choices. He added that the lack of such features on the Washington, D.C. small business exchange has resulted in decreased plan uptake compared with surrounding geographies. Ms. Hailegeberel replied that the

detailed plan breakdowns on MHC-SB will include a wellness link where carriers can include that information.

### **Marketing Update**

Theresa Battaglia, Small Business Outreach Manager at the MHBE, gave the Committee an overview of the marketing to support MHC-SB. She described a social media campaign of short videos in both English and Spanish discussing the importance of coverage for small businesses, tax credits, and testimonials from brokers and small businesses. She shared summaries of testimonials already received from owners and staff of three small businesses and noted that she looks forward to involving the broker community in future videos, events, and campaigns. Ms. Battaglia concluded with strategies to further promote MHC-SB using more traditional media organizations and strategies like newspapers, radio stations, and regional press events.

Mr. Frank asked what small businesses would find if they visited MHC-SB now. Ms. Battaglia replied that the site currently includes tools to set up an account and find assistance using a map showing brokers close to their ZIP code.

Mr. Arrington asked how the MHBE selects which broker will have the opportunity to work alongside the agency at an event. Ms. Hailegeberel replied that the broker selected to accompany Ms. Battaglia to an event is typically a top performer. Mr. Arrington suggested, given that MHC-SB has very few customers, that some other broker selection metric may yield better results. Ms. Hailegeberel welcomed suggestions to improve the selection process, provided the method is fair.

### **Policy Update**

Amelia Marcus, Policy Analyst with the MHBE, gave the Committee's policy update. The agency has published two proposed changes to regulations governing small business operations, both of which first arose as suggestions from this Committee. The first lowers the minimum participation rate (MPR) for all employers to 60 percent, down from the 75 percent MPR in current regulation. The second reduces the maximum waiting period before a new employee may enroll in a plan from the current 90 days to 60 days. She explained that the proposed regulations were published for feedback and two carriers submitted comments in support of the changes.

Ms. Marcus concluded with an overview of next steps and timeline. The MHBE Board will vote on the proposed action at their upcoming June meeting, after which MHBE will submit the proposed regulations for formal review and public comment, with the regulations taking effect by October of this year.

### **Committee Discussion**

Mr. Poole noted that a major challenge facing brokers working with small businesses is the lack of direct contacts with the carriers to address enrollment and plan setup issues. He noted a disparity between small firms like his and larger firms in access to assistance with topics like whether a provider is accepting new patients. Mr. Arrington agreed.

Ms. Mangiaracino asked for an estimate of when ICHRAs will be available on MHC-SB. Ms. Hailegeberel replied that it would be long after the portal launches.

### **Public Comment**

None offered.

### **Adjournment**

The meeting adjourned at 2:17 PM.

### **Chat Log**

00:22:49

Allison Mangiaracino: Is there a ballpark timeframe when the ICHRA enhancement would be implemented?

00:30:38

Judith A Bradley: Aetna refers to it as "mapping" as well

01:09:14

Michael Rachesky - UHC: michael\_j\_rachesky@uhc.com

01:10:06

Glenn: The carriers should have as suggested a dedicated rep for the shop market as stated

01:14:17

Makeda Hailegeberel -MHBE-: Glenn- I have asked the carriers if this a resource they can dedicate once the new portal launches and I will circle back to the group at the next meeting.