

Meeting 12: June 26, 2024



for small business

Agenda

1:00 - 1:15	Welcome, Agenda, Meeting Minutes Jon Frank, Co-chair
1:15 - 1:30	Small Group Tobacco Rating Mimi Hailegeberel, Small Business Program Manager
1:30 - 2:00	Enhanced Enrollment Portal Design Dinesh Ganesan, Sr. IT Technologist
2:00 - 2:50 2:50 - 3:00	Discussion Public Comment



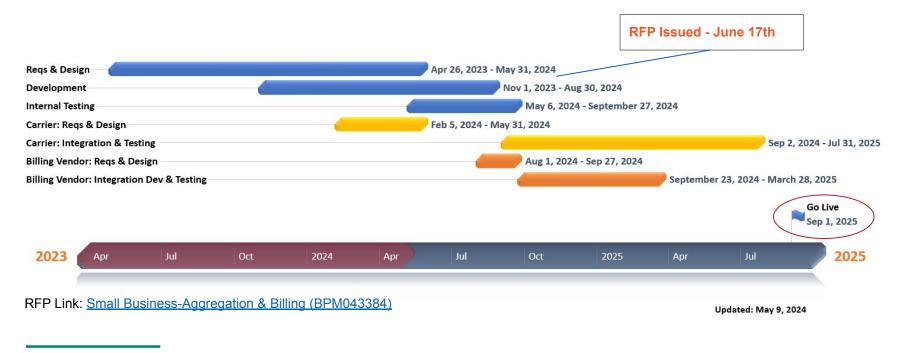
Approve Meeting Minutes

May meeting minutes were emailed to members on 6/21/2024.



SBP Updates

Enhanced Enrollment Platform Status



Small Group-Tobacco Rating

Tobacco Rating 101

- The tobacco rating factor applies to legal users of tobacco products, generally those 18 and older, and includes all tobacco products
- The maximum surcharge allowed, under the ACA, is 50%.
 - At his age, John's premiums would be \$600/month. But he smokes. He can be charged: \$600 + \$300 tobacco surcharge= \$900
- As of 2024, eleven states and the District of Columbia have restricted or eliminated tobacco surcharges, with Virginia recently joining this list.
- Maximum limit on tobacco rate-ups in the individual and small group markets – 1.5/1.
- Small group- avoid rate-up if you participate in smoking cessation through wellness program.



Stats

- Tobacco use is the largest cause of preventable illness in the United States.
- Smokers living in states with high tobacco surcharges are less likely to have health insurance.
- In 2022, 9.6% of adults in Maryland smoked cigarettes, which is lower than the national average of 14%.
- Smoking rates also vary by gender, with 3.7% of women and 19.4% of men reporting that they were current smokers.
- State tobacco surcharge policy may have a substantial impact on whether tobacco users choose to remain insured and consequently their ability to receive care critical for preventing and treating tobacco-related disease.



ACA Implementation Guidance

The ACA requires that health insurance plans cover:

- Screening: Screening of all patients for tobacco use.
- Counseling: Four tobacco cessation counseling sessions of at least 10 minutes each, including telephone, group, and individual counseling.
- Medications: All FDA-approved tobacco cessation medications, including both prescription and over-the-counter medications, for a 90-day treatment regimen.
- Attempts: At least two tobacco cessation attempts per year.
- No prior authorization or cost-sharing for treatments.



Requirements

- Rating would apply to people who use tobacco products four or more times a week within the previous six months.
- Includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco.
- Users would be expected to self-identify when they enroll in their health insurance plan.
- Under the Affordable Care Act (ACA), insurance companies are required to provide tobacco users with the opportunity to avoid the tobacco surcharge by participating in a tobacco cessation program or meeting certain alternative standards during a 12-month period of benefits coverage



Source: 45 CFR 146.121(f) & Insurance §15-509

What are other states doing?

Three states have set a maximum tobacco surcharge of less than 50%:

Arkansas: 20%Colorado: 15%Kentucky: 40%

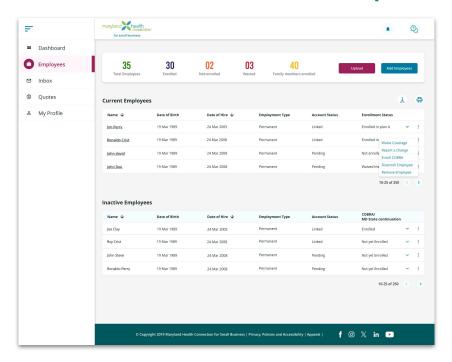
- States that banned or placed a limited ban on tobacco surcharges:
- California
- District of Columbia
- Massachusetts
- New Jersey
- New York
- Rhode Island

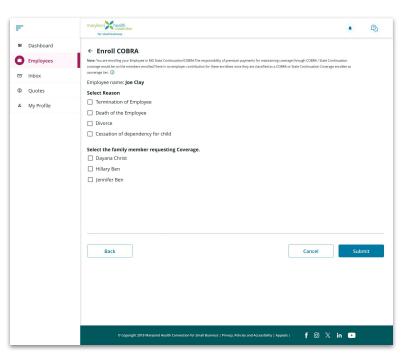
- New Mexico (new as of 2023; only for the individual market, but not small group)
- Virginia (Banned for 2024 and 2025)
- Connecticut: Banned for health plans sold in the state's health insurance exchange
- Vermont



Enrollment Portal Updates

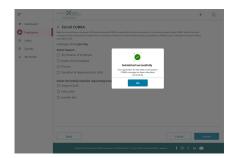
COBRA Enrollment Experience

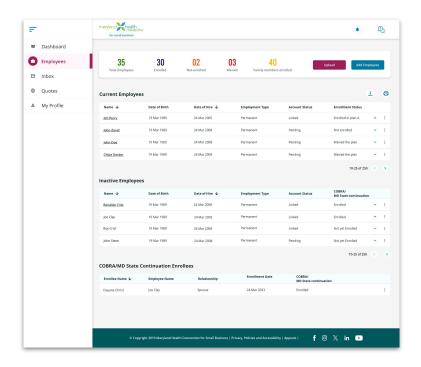






COBRA - Cont...







Discussion

Public Comment

Appendix

Broker Achievement Awards





2024 BROKER ACHIEVEMENT AWARDS

Monday, May 6, 2024

Casino & Hotel Maryland

Marylandhbe.com

#BrokerAwardsMHBE24



Maryland Health.mp4



Enrollment Portal Updates

MHC for Small Business Vision



- Mission: Reduce the Maryland uninsured rate to less than 5.5 percent.
- Target Audience: Small Businesses with less than 10 employees.
- **Enrollment Goal**: Enroll approx. 10,000-15,000 in the first 5 years, post-launch.
- Legal Obligation: Fulfill our statutory mandate to serve small businesses (Md. Code Ann. §31–102 (c)(3)).
- Action Plan: Implement a robust marketing strategy pre-launch.

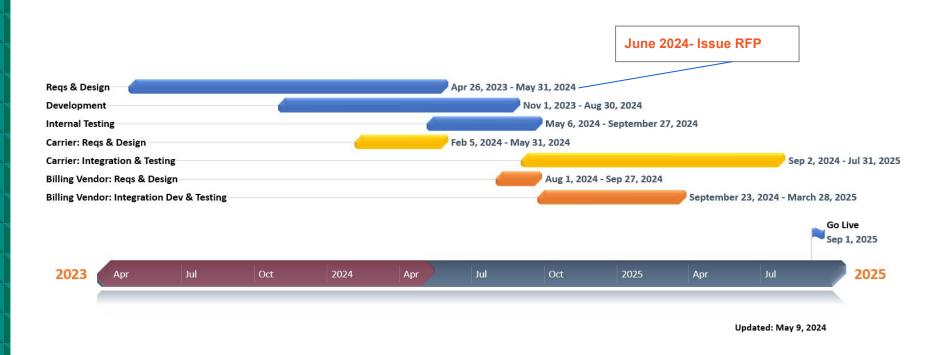


Carrier Integration Timeline





Enhanced Enrollment Platform Status





Plan Selection

Employer Plan Selection Options

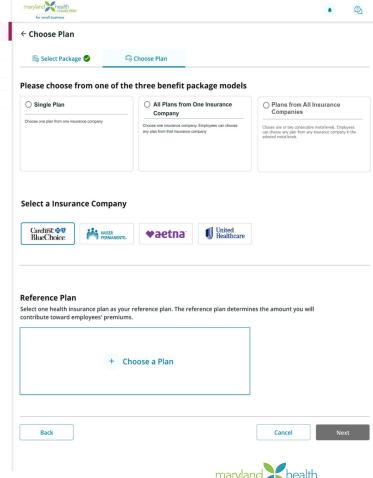
Dashboard

☑ Inbox

Quotes

≗ My Profile

- A Single Plan.
 - No reference plan.
- Employer Choice: All plans from one insurance company.
 - Employer chooses a reference plan.
- Employee Choice: Plans from all insurance companies.
 - Employer chooses a reference plan.

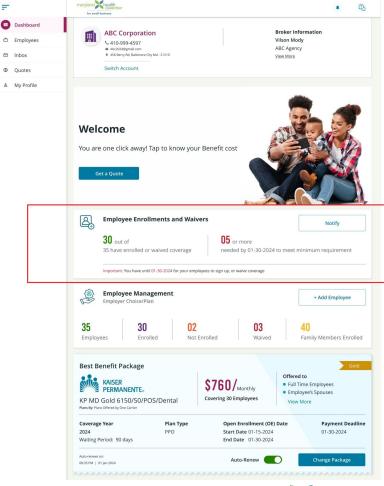




Minimum Participation Requirement

- **Employee Enrollments & Waivers** section displayed until OE end date.
- Employers send OE reminders to employees via "Notify" button.
- Access Employee Management from dashboard to add or upload employees anytime before or after creating benefit package.
- Dashboard displays total Employees, Enrolled, Not Enrolled, Waived, and Total Dependents.







Crosswalked Plans & Auto-Renewals

- Crosswalked plans are plans that are identified as similar or comparable to an individual's existing plan.
- Currently, individuals are given the option to choose a new plan from the crosswalked options provided by the carrier.
- When the previous plan is no longer offered, MHC-SB will send a notice to the Employer's inbox that will detail the renewal package along with the crosswalked plan.





Notices

Go paperless!

Visit Maryland Health Connection for Small Business to select paperless delivery. It's a fast, easy, and secure way to view and keep your important plan documents.

Important Notice: Employee Plan Renewal

Employee Application ID: <<Application ID>>

Employer: << Employer/Group Name>>

MHC for Small Business Employer ID# «Entry_Id»

Notice Date: «Month Date, Year»

Dear << Employee FN MN LN Suffix>>

Good News! << Employer Name>> has chosen to renew the offer of health insurance coverage to employees through MHC for Small Business. Your open enrollment period begins on << Renewal OE Start Date>>.



Since you already enrolled in employer-sponsored coverage through MHC for Small Business, your current plan, if available, will automatically be renewed. If your current plan is no longer available, you will be automatically enrolled in the most similar plan. You can choose a different plan during your open enrollment period between <<Renewal OE Start Date>> and <<Renewal O/E End Date>>. Coverage will begin on <<Coverage Start Date>>.

Decide if you want to stay in this plan or choose another one by <<Renewal O/E End Date>>.

Your New Plan and Cost Information

Your Medical Coverage	Current Plan Coverage Dates: (< <current date="" effective="" plan="">> - <<current date)<="" end="" plan="" th=""><th>New Plan Coverage Dates: (<<renewal date="" effective="" plan="">> - <<renewal date="" end="" plan="">>)</renewal></renewal></th></current></current>	New Plan Coverage Dates: (< <renewal date="" effective="" plan="">> - <<renewal date="" end="" plan="">>)</renewal></renewal>
Covered Individual(s)	< <employee name="">> <dependent 1="">> <dependent 2="">> <dependent 3="" etc="">></dependent></dependent></dependent></employee>	< <employee name="">> > > ></employee>

	Plan Information	
Plan	<current carrier="" name="">> <<current name="" plan="">></current></current>	<renewal carrier="" name="">> <<renewal name="" plan="">></renewal></renewal>
Coverage Date	Coverage ends: <current coverage<br="">End Date>></current>	Coverage begins: < <renewal plan<br="">Effective Date>></renewal>
	Cost Information	
Total Monthly Premium	Employee Pays: < <employee premium="">> Employer Pays: <<employer employee="" for="" household="" premium="">></employer></employee>	Employee Pays: < <employee premium="">> Employer Pays: <<employer employee="" fo="" household="" premium="">></employer></employee>

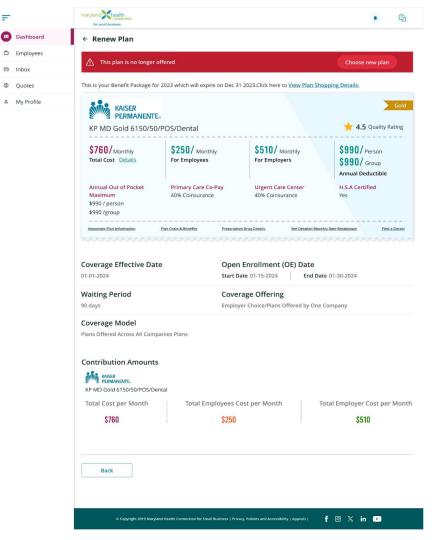
You Can Change Your Plan Selection during Open Enrollment

You must make any changes to your employer-sponsored coverage through MHC for Small Business by <<renewal O/E end date>>. If you no longer want coverage through <<Employer Name>> you must go into your MHC for Small Business employee account and "waive" coverage for the upcoming plan year.



Renewals

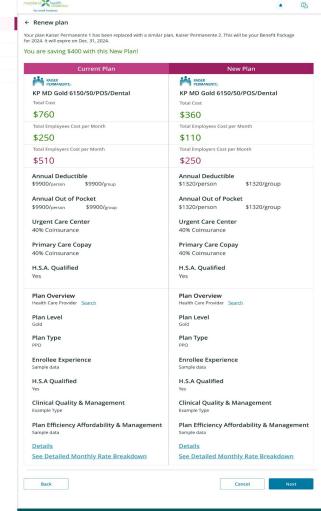
- When the previous plan is no longer offered, MHC-SB will send a notice to the Employer's inbox that will detail the renewal package along with the crosswalked plan.
- The Employer will be prompted to choose a new plan.





Auto-Renew (Crosswalk)

 If the group selects auto-renew and does not actively review and select a new plan, they will be crosswalked into a similar plan.



Dashboard

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& My Profile



Marketing Update

Communication Tools to Promote Small Biz Video Content

- 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





Testimonials



Pao Kao, Office Manager Germantown Allergy & Asthma



Tamar Eskin, Owner Conceptual Analytics



Shelly Eldridge, founder The Confidence Coach



Social Media & Testimonials Strategies to Target Small Businesses

Facebook, Instagram, LinkedIn & YouTube

Use social media to target small business owners









- May is National Small Business Month Provide posts to support Small Businesses
 - MHC for Small Business celebrates National Small Business Month, not just in May, but year round! Enroll your employees in a private health plan any time of the year. Keep celebrating and thriving!
 MHCSmallBiz@MarylandHealthConnection.gov
- MHC for Small Business Video English & Spanish YouTube, Webinars, Presentations



Read All About It!







- Develop news stories with statewide media recognizing small business success.
- Hold regional press events to promote MHC with Small Businesses and brokers (on-site) on their success, benefits of the tax incentive program and financial incentives, and employee retention.
- Partner with statewide newspapers and radio stations (schedule interviews called Small Biz Strong MD...Small and Healthy!).



Small Business Policy Update

MHC-SB Policy Update

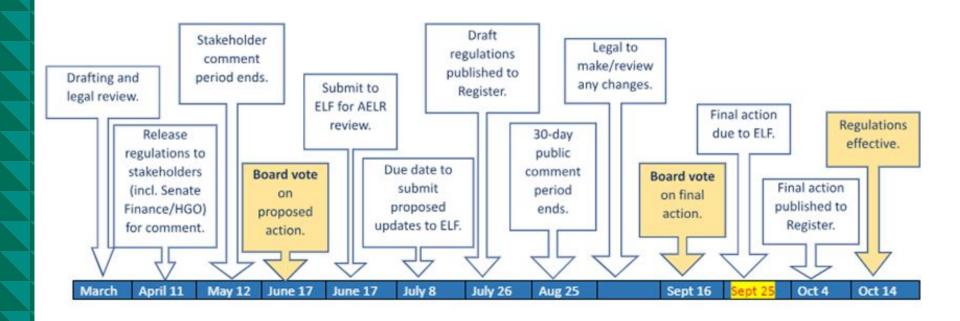
- Stakeholders review and feedback were due May 12th 2024.
- Comments from two issuers in support of the changes.

Changes to COMAR 14.35.18:

- 1. Change the employee minimum participation rate (MPR) for a qualified employer's SHOP eligibility to "at least 60%" uniformly.
- 2. Reduce the wait period a small employer may set for a qualified employee to no more than 60 days. Current regulation allows up to 90 days.



SHOP MPR and Wait Period Regulatory Updates Timeline

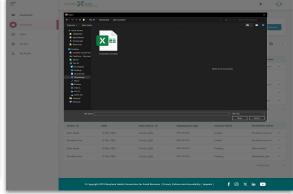


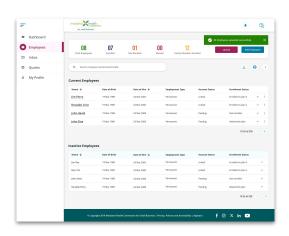


MHC-SB Portal Updates

Supports Upload employees details



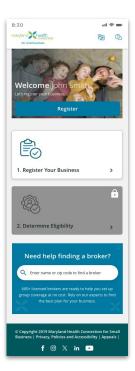






MHC-SB Portal Updates

Supports Mobile Experience





Professional Employer Organizations (PEOs)

PEOs

PEOs are co-employers.

The PEO relationship involves a contractual allocation and sharing of employer responsibilities between the PEO and the client. This shared employment relationship is called co-employment. As co-employers, PEOs contractually assume substantial employer rights, responsibilities and risk through their employer relationships with their clients' workers.

- Provides integrated services to manage critical human resource responsibilities and employer risks;
- Establishes and maintains an employer relationship with the employees at the client's work site (share employees);
- Contráctually assumes certain employer rights, responsibilities and risk.
- Different PEOs have different pricing structures, often charging per-employee per-month fees or a percentage of each payroll run.





MIA Study Bill - HB 827

- Maryland allows Professional Employer Organizations (PEOs) to operate within the state in certain capacities.
- MIA's statement:

"Currently, Maryland is one of three states in the country that effectively prevent a small employer that has engaged a PEO from participating in the PEO's large group health plan. A Maryland small employer may engage a PEO to perform human resource and payroll services and may take advantage of pension and retirement plans sponsored by the PEO. However, with respect to health insurance, Maryland law looks at the number of people at the workplace employer level in determining whether the health insurance issued to those individuals must meet small group vs large group requirements."



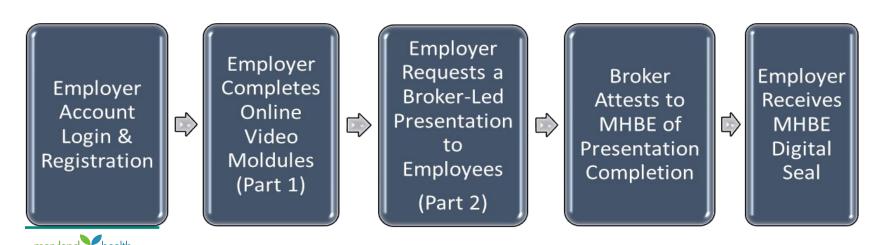
MIA Study Bill - HB 827 - Cont...

- If the bill passes, the Maryland Insurance Administration (MIA) will be mandated to conduct a study on professional employer organizations (PEOs) in the state, with a report due by December 31, 2024, to the House Health and Government Operations Committee and the Senate Finance Committee.
- Requirements include; (1) compare federal and state regulations on PEOs, (2) assess historical and industry changes, (3) examine PEO health plans, (4) review membership requirements for businesses in PEO arrangements, (5) analyze regulatory structures in other states for co-employed individuals in PEOs, and (6) evaluate the potential impact of proposed statutory changes on PEO health coverage in the small group market.



Outreach & Education Update

- Proposed process flow for and outreach and education program targeting employers and employees of small businesses.
- Do you recommend a different approach for the below outreach and education process flow?



Welcome New Members

Name	Organization		
Amber Hyde	All About Benefits, LLC		
Stephanie Klapper	Maryland Citizens' Health Initiative		
Dr. Armel Simo	Petro Health, LLC		



2024 Objectives

- 1. MHC for Small Business Enrollment Portal.
- 2. Small Business Policy/Regulation changes.
- 3. Marketing Initiatives.

Do you have any additional objectives to suggest for the upcoming year? Your input is welcomed and encouraged.



MHC-SB Enrollment Portal Status

Apr 2023 - Nov 2023

Nov 2023 - Mar 2024 \

Apr 2024 - Aug 2024 Jun 2024 - Aug 2024

Jul 2024 - Sept 2024

Oct 2024 - Feb 2025

Requirements & Design

During the requirements and design phase, project managers and subject matter experts collaboratively develop the specifications for the enhanced portal and design the features and functionalities for the enhanced enrollment portal.



Development & Carrier Participation

In the development and carrier participation phase, MHBE's IT team will construct the back-end applications. In parallel, the team will engage in meetings with each issuer, working collaboratively to define specific requirements. MHBE will provide issuers with the essential requirements and design specifications to facilitate seamless integration and participation in the process.

Internal Testing & Carrier Integration and Testing

During the internal testing and carrier integration phase, internal stakeholders will rigorously test the system, and the IT team will address any identified issues by making necessary corrections. Carrier integration activities will run in parallel with testing efforts.

Billing Vendor Onboarding & Initial Integration

The selected TPA for the billing and aggregation services will undergo the onboarding process and commence initial integration activities.

Billing Vendor Development & Testing

The Third-Party
Administrator (TPA) will
collaborate with MHBE's
IT team during the
development and
testing phase of the
complete billing and
aggregation services.

Enhanced Enrollment Portal Design

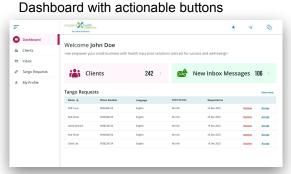




Self-Service Digital Portal

Contemporary Digital Self-Service Portal for Small Business Owners, Employees, and Insurance Brokers

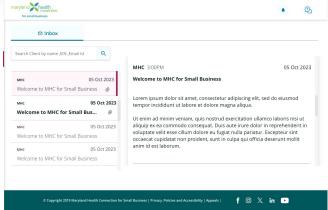
For Brokers



Search tool with Smart Grid capabilities



Integrated Inbox for communication





Dashboard



For Small Business Owners

Reference Plan & Cost



Broker Information

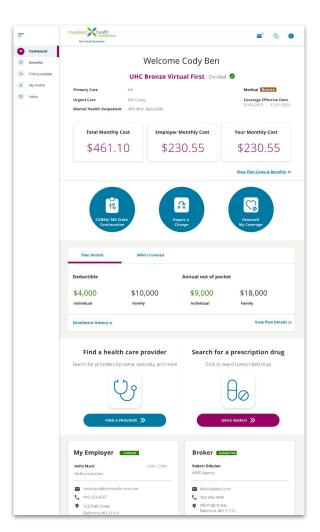




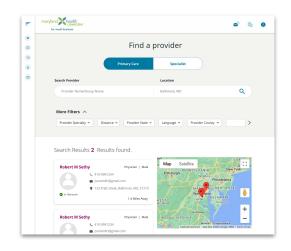
Employee Dashboard

For **Employees**

Quick Action Tools



Search Tools







Crosswalked Plans & Auto-Renewals

- Crosswalked plans are plans that are identified as similar or comparable to an individual's existing plan. The term "crosswalk" suggests a connection or mapping between the old and new plans.
- Currently, individuals are given the option to choose a new plan from the crosswalked options provided by the carrier. This allows them to maintain coverage while accommodating changes in cost-sharing.
- Would you support MHBE proposing that carriers offer the same plans for a minimum of two years to minimize disruptions to small businesses and to provide stability and continuity, particularly for their most popular plans?



2024 MHC Small Group Plans

Issuers	MHC Small Biz Medical Private Health Plans		
CareFirst/GHMSI	17		
United Healthcare/Optimum Choice/MAMSI	23		
Aetna Health CVS	6		
Kaiser Permanente	13		
Total	59		



2024 MHC Small Group Plans

	Kaiser Permanente	CareFirst BlueChoice	GHMSI	CareFirst of MD, Inc	Aetna CVS	UHC	MAMSI	Optimum Choice
Platinum	2	0	0	0	0	1	2	2
Gold	4	3	1	1	2	4	2	2
Silver	4	4	1	1	2	4	2	1
Bronze	3	4	1	1	2	1	1	1
Total	13	11	3	3	6	10	7	6



Regulatory Update: Amendment to COMAR 14.35.15.08C

- Pre-2025: Carriers allowed four plans in each bronze, silver, gold, and platinum metal levels for MHC Individuals and Small Business.
- Post-2025: Limitation to three plans per metal level.
- Rationale: Recommended by the 2022 Affordability Workgroup to address consumer choice overload during plan shopping.
- Result: MHBE has submitted comments to the AG: Limiting SHOP market plans to three per metal level is unnecessary because "choice overload" is not a problem in the SHOP market. This change back to the status quo is in alignment with federal regulations.



COMAR 14.35.18.06: Employee Choice Model

- The proposed change in the Employee Choice Model, from allowing employers to select two consecutive metal tiers to permitting all four metal tiers for employees, has prompted consideration and received public feedback.
- In response to recommendations, we are conducting additional market analysis and stakeholder discussions to carefully assess the implications of altering COMAR 14.35.18.06 - Employee Choice Model Requirements.
- Concerns about potential increased risk selection leading to higher premiums in the small group market, potentially reducing SHOP Exchange appeal to carriers.

