

Health Equity Recommendations

Maryland Commission on Health Equity - July 20, 2022

Becca Lane, MHBE Senior Health Policy Analyst

Workgroup Background

- Fall 2021
- 20 members (consumer advocates, navigators, physicians, insurers, state agencies, hospitals, and universities; geographic diversity)
- Eight meetings
 - Topics prioritized by members
 - Expert guest speakers on most topics
 - Presentations from each QHP issuer
 - Models from other states
 - Member expertise and feedback
- Recommendations unanimously approved by responding members

Health Equity Workgroup Members

Member	Affiliation
Richard Amador	HealthCare Access MD
William Ashley	LifeBridge Health System
Noel Brathwaite	MDH Office of Minority Health & Health Disparities
Alyssa Brown	MDH Office of Health Care Financing
Shari Curtis	Prince George's Healthcare Action Coalition
Bryan Gere	University of Maryland Eastern Shore
Diana Hsu	Maryland Hospital Association
Kim Jones-Fearing	Kim Jones-Fearing MD LLC
Stephanie Klapper	Maryland Citizens' Health Initiative
Nicole Mallette	Maryland Insurance Administration
Allison Mangiaracino	Kaiser Permanente

Member	Affiliation
Jomy Mathew	United Healthcare
Joshua Morris	HealthCare Access MD
Marie-Therese Oyalowo	University of Maryland Eastern Shore
Dania Palanker*	Center on Health Insurance Reforms, Georgetown University
Ligia Peralta	Casa Ruben, Inc.
Megan Renfrew	Health Services Cost Review Commission
Patricia Swanson	CareFirst BlueCross BlueShield
Barbara Tighe	HealthCare Access MD
Nikki Highsmith Vernick	The Horizon Foundation
Sheila Woodhouse*	University of Maryland Medical Capital Region Health Medical Group

*Co-chairs



Recommendations

Race & Ethnicity Data Collection

- **Redesign race and ethnicity questions on MHC application**
 - Response rate of <70% (as of late 2021)
 - Best practices:
 - Adding a “prefer not to say” response option
 - Requiring a selection
 - Adding more specific race & ethnicity response options
- Follow-up recommendations:
 - Convene data-focused workgroup
 - Support targeted marketing/outreach strategy
 - Collaborate with insurers on race/ethnicity enrollment goals
 - Redesign sex and gender MHC application questions

NCQA Multicultural Health Care Distinction

- **Plan certification standard for PY2024: Carriers achieve distinction in Multicultural Health Care from the National Committee for Quality Assurance**
 - DC and CA have this requirement (MD & DC individual markets share carriers)
 - Note: NCQA shifting from Multicultural Health Care Distinction to Health Equity Accreditation

“NCQA evaluates how well an organization complies with standards for:

- *Collecting race/ethnicity and language data.*
- *Providing language assistance.*
- *Cultural responsiveness.*
- *Quality improvement of culturally and linguistically appropriate services (CLAS).*
- *Reduction of health care disparities.”*

Health Insurance Literacy

- **Partner with community organizations to develop or offer health insurance literacy curriculum**
- **Enhance MHBE website to assist with plan choice and use of benefits**
 - Program chatbot and add tooltips to explain key insurance terms, plan shopping considerations
 - Add pages on how to use benefits to MHC
 - Conduct focus groups with consumers to test accessibility of materials/resources
- **Audit MHC and MHBE websites for accessibility by consumers whose primary language is not English (particularly Spanish-speakers)**
 - Website copy translation
 - Search engine optimization

Support Financing of Community Health Workers

- **MHBE and insurers should continue discussing alternative payment models (APMs) that support community health workers (CHWs)**
 - Support navigators and CHWs to share resources and refer clients to each other
 - MHBE limitation— no authority at the point of care

Reduce Cost-Sharing for High-Disparity Conditions

- **Apply 2022 value plan standards for diabetes supplies to all private plans on MHC starting in PY2024 (eliminate insulin and glucometer cost-sharing)**
 - Diabetes disproportionately impacts Black Marylanders
 - Follow DC's model
- **Continue exploring the feasibility of reducing cost-sharing for high-disparity conditions**
 - Start with small changes that minimize impact to actuarial value and do not increase patient cost-sharing
 - Affordability Workgroup to discuss this spring

Implicit Bias

- **Establish regular implicit bias training for MHBE staff**
- **Support other state implicit bias work**
 - MHHD: developing list of approved implicit bias training
 - MIA: incorporating implicit bias into network adequacy regulations
- **Continue to explore the extent of QHP carriers' efforts around implicit bias**

Partnership & Collaboration

- **Hold listening sessions with connector entities, other community partners that work directly with consumers, consumers themselves. Use insights to inform strategy.**
 - Compensate participants
- **Continue coordinating with MIA and other state agencies**
- **Form new partnerships with community organizations**

Support coverage for immigrants

Continue exploration and discussion of coverage options for individuals who are currently ineligible for existing programs—specifically undocumented immigrants.

Maryland is home to an estimated:

- 244,693 undocumented individuals
- 115,856 **uninsured** undocumented individuals
- 7,560 DACA recipients (not eligible for marketplace coverage)



Implementation

Implementation Status

Item	Status
Race & ethnicity data collection	Redesigned question implemented
NCQA Multicultural Health Care Distinction	Will include in proposed '24 plan cert. standards
Health insurance literacy	
Partner with community organizations to develop or offer health insurance literacy curriculum	FY24 strategic plan action item
Enhance MHBE website to assist with plan choice and use of benefits (enhance chatbot, update/add fact sheets on how to use benefits, conduct consumer research)	FY23 strategic plan action item
Audit MHC and MHBE websites for accessibility by Spanish speakers (including search engine optimization)	FY24 strategic plan action items

Implementation Status

Item	Status
Support financing of community health workers	FY24 strategic plan action item
Reduce cost-sharing for high-disparity conditions	Will include in proposed '24 plan certification standards for Board consideration in September
Implicit Bias - Establish regular implicit bias training for MHBE staff	FY23 strategic plan action item: Establish regular Diversity, Equity, & Inclusion training
Partnership & Collaboration - listening sessions, partnerships with community organizations	FY23 strategic plan action item

Questions?

Contact:

Becca Lane

becca.lane@maryland.gov