

MARYLAND HEALTHBENEFIT EXCHANGE

HOUSE APPROPRIATIONS SENATE BUDGET AND TAXATION

HEALTH AND
HUMAN
RESOURCES
SUBCOMMITTEE

SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

FEBRUARY 8, 2017

FEBRUARY 9, 2017



FISCAL YEAR 2017 HIGHLIGHTS

PRIVATE QUALIFIED HEALTH PLANS: 157,637 enrolled in private qualified health plans from 11/1/16-2/1/17
New, 62,979 / Returning, 94,658
With Tax Credits, 121,408 / Without, 36,229

MEDICAID: 343,548 enrolled in Medicaid through Maryland Health Connection during that period.

DENTAL: 51,218 individuals enrolled in dental plans, either standalone or as part of their medical coverage. Up 69% from a year ago when the state marketplace first offered dental coverage.

ONE OF EVERY SIX MARYLANDERS: Including total 1,002,685 Medicaid enrollments through HBX, more than 1.1 million are now insured through Maryland Health Connection.



FISCAL YEAR 2017 HIGHLIGHTS

\$285 MILLION IN FEDERAL TAX CREDITS IN 2016: Lowered monthly out-of-pocket costs to avg. household enrolled by \$325. Up from \$207 million in tax credit in 2015 due to more enrollees, rise in 2nd-lowest cost silver basis.

400K+ COVERED: Pre-ACA, 745,000 Marylanders lacked health insurance (*Hilltop Report*). As of January 2017, 400,000+ covered in Maryland due to ACA -- in private insurance and 274,159 Medicaid expansion population.

UNINSURED RATE DROPPING: Uninsured rate dropped to a low of 6.6% in FY15, down from 7.9% in fiscal 2014. The uninsured rate in Maryland continues to trend below the national rate of 9.4% in fiscal 2015.

CUSTOMER SERVICE IMPROVEMENTS IN FY17



IT SYSTEM ENHANCEMENTS: MHBE undertook a major technology replacement initiative to improve modularity, reduce vendor dependence, improve income verification in compliance with MAGI requirements; Added online tool in English and Spanish for consumers to calculate household income for tax purposes.

NEW MOBILE APP: English and Spanish versions; Since October 2016 launch, downloaded 75,000 times, 3X original estimate; 231,000+ inbox views of notifications; 37,000 documents submitted by mobile device camera for verification; 9,000+ enrollments completed on mobile; Enables both private plan and Medicaid estimates, enrollments.

CONSUMER ISSUE RESOLUTION: Refined processes, systems and reporting streamlining issue resolution resulting in significantly reduced resolution time and burden on call center. Improved consumer experience through implementation of a systematic notice to consumer when issue is resolved.



CUSTOMER SERVICE IMPROVEMENTS IN FY17



CALL CENTER: Consolidated Service Center (CSC) handled 61,000 more calls than during 2016 open enrollment, and answered within an average of 5 minutes compared to 30 minute average answer rate a year ago. CSC reduced avg. call handled time by 1 minute and 23 seconds compared to a year ago.

THE "BAT-PHONE": Expanded "Broker Assistance Transfer" program in 2016. Consumers channeled to brokers. Resulted in more than 6,500 enrollments in Open Enrollment for 2017, 3X enrollments a year earlier.

1,000 POINTS OF CUSTOMER ASSISTANCE:

- -- 131 Navigators: Regions expanded from six to eight to help focus support in areas such as far Western Maryland, Prince George's, Montgomery counties.
- -- 71 Application Counselor Sponsoring Entities, 307 Certified Application Counselors
- -- 853 Authorized Brokers (Producers)

CUSTOMER SERVICE IMPROVEMENTS IN FY17



SOCIAL MEDIA RESPONSE UNIT: Call-center staff dedicated to quickly respond to consumer queries on social, earning rare recognition from Facebook typically accorded to rapidly responding businesses. Have assisted 4,100+ social media requests by consumers on MHBE's Facebook and Twitter pages.

WEB REDESIGN: Website redesigned based on live user testing, feedback from carriers, brokers, assisters. Fewer clicks.

MORE TARGETED INFORMATION: New information resources focused on various needs / constituencies -- opioids, LGBT, veterans, pregnant women, incarcerated Marylanders. Created health literacy videos in American Sign Language, working with Gov's Office of the Deaf and Hard of Hearing to promote them on MHBE's YouTube channel.

CUSTOMER SERVICE IMPROVEMENTS PLANNED IN FY18



IMPROVE MEDICAID INTERFACE: Integrate MCO shopping and enrollment as part of Medicaid functionality. Increase operational efficiency by seamless integration of MCO plan selection and enrollment for MAGI Medicaid eligible population.

CUSTOMER RELATIONSHIP MANAGEMENT: Build a secure, automated single sign-on system for DHMH/MHBE and call center representatives. Enable DHMH/MHBE workers to create, assign, track, escalate and complete cases seamlessly. Integrate CRM with MMIS and HBX to build an Integrated Voice Recognition (IVR) system. Leverage trigger email notifications feature to email case status.

FOCUS GROUPS IN RURAL AND CENTRAL regions to assess consumer awareness, impediments to enrollment. Expand partnerships and outreach targeted to occupations that lack employer-provided coverage.

RESPONSE TO DLS RECOMMENDATION



DLS RECOMMENDATION: Given the current uncertainty surrounding the future of QHPs, it may not be appropriate to invest heavily in IT improvements and enhancements solely for the QHP population Therefore, the Department of Legislative Services recommends reducing the special fund appropriation for IT by \$250,000

MHBE RESPONSE: FY2018 planned technology enhancements (new functions) are Medicaid-related or beneficial for both QHP and Medicaid enrollment. FY2018 IT investments to support QHP enrollment fall under maintenance and operations (M&O) of existing system functions. Reducing the special fund appropriation by \$250,000 for these activities would result in a \$704,225.35 reduction in total funds because QHP and Medicaid M&O costs are combined.

QHP M&O funds are primarily used to 1) ensure MHC complies with federal regulations and guidance and done in response to audit findings or new requirements; and 2) improve and maintain the efficiency of the existing functions. A reduction in this work would increase MHBE operational costs and carrier administrative costs.

RESPONSE TO DLS QUESTIONS



1. The agency should comment on how it intends to plan for the next round of open enrollment given uncertainty at the federal level.

RESPONSE: The Affordable Care Act is current law and MHBE must prepare to implement the 2017/2018 open enrollment period. Planning for the next open enrollment period has already started with carrier plan development and development of training materials for certification of consumer assistance workers. MHBE will be tracking federal changes and will adjust plans accordingly.

MHBE will also plan to develop resources to help consumers understand the implications of any policy changes at the federal level. These planning efforts will include focus groups and other consumer research to better understand the informational needs of consumers.



RESPONSE TO DLS QUESTIONS

2. The agency should comment on future plans to provide health insurance options for those currently ineligible to purchase a QHP offered through MHBE.

RESPONSE: Federal Medicaid funds cannot be used to provide insurance options for those currently ineligible, and exchanges cannot allow ineligible consumers to purchase QHPs. Furthermore, MHBE cannot create alternative insurance options.

To further reduce rates of uninsured, our current focus is on working with partners to reach the remaining eligible population in Maryland of roughly 240,000 individuals, according to analysis conducted by the State Health Access Data Assistance Center (SHADAC) in spring 2016.



RESPONSE TO DLS QUESTIONS

3. Although there are currently at least two carriers statewide, the agency should comment on how it intends to increase carrier participation for fiscal 2018 to allow consumers more choice.

RESPONSE: We continue to support the work of the Maryland Insurance Administration to foster a desirable individual market for carriers in Maryland.

MHBE has also focused on improving escalated case handling and interoperability with carriers. In addition to increasing the efficiency of MHBE operations and customer service, these improvements help reduce administrative costs for carriers and make Maryland Health Connection an attractive marketplace for existing and prospective carriers.



WHO IS COVERED NOW?

JURISDICTION	2017 QUALIFIED HEALTH PLAN ENROLLMENTS	MEDICAID EXPANSION (1/29/17)	JURISDICTION	2017 QUALIFIED HEALTH PLAN ENROLLMENTS	MEDICAID EXPANSION
ALLEGANY	966	4,440	HOWARD	9,403	8,618
ANNE ARUNDEL	12,792	17,952	KENT	457	1,243
BALTIMORE CITY	11,281	61,650	MONTGOMERY	41,983	33,391
BALTIMORE CO	21,487	34,805	PRINCE GEORGE'S	24,226	97,287
CALVERT	1,633	3,449	QUEEN ANNE'S	1,237	1,815
CAROLINE	652	2,135	SAINT MARY'S	1,426	4,954
CARROLL	3,813	5,692	SOMERSET	512	1,606
CECIL	2,102	5,752	TALBOT	1,125	1,782
CHARLES	2,769	6,390	WASHINGTON	2,822	8,038
DORCHESTER	647	2,650	WICOMICO	2,132	6,614
FREDERICK	6,096	7,251	WORCESTER	2,033	3,387
GARRETT	735	1,747	OUT OF STATE	0	349
HARFORD	5,308	8,937	TOTAL	157,637	274,159

COVERAGE GAINS ACROSS MARYLAND



Somerset had biggest drop in uninsured rate, -11 percentage pts.

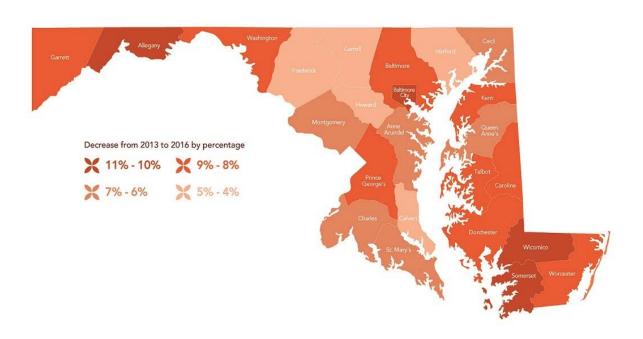
Other large decreases by percentage points:

10 -- Allegany, Wicomico, Baltimore city

9 -- Baltimore Co., Caroline, Dorchester, Garrett, Prince George's, Washington, Worcester

Health Coverage Gains Across Maryland

Drop in Uninsured Rates by Percentage from 2013 to 2016



Source: Enroll America/Civis Analytics

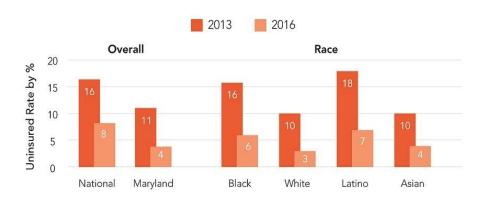
COVERAGE GAINS ACROSS MARYLAND

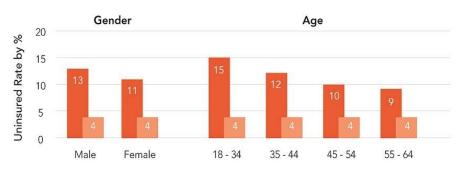


Disproportionately high uninsured rates for African - Americans and Hispanics have been rapidly reduced since 2013, according to researchers at the University of Maryland School of Public Health

Health Coverage Gains Across Maryland

Maryland Uninsured Rates for 2013 vs. 2016 of Key Demographics

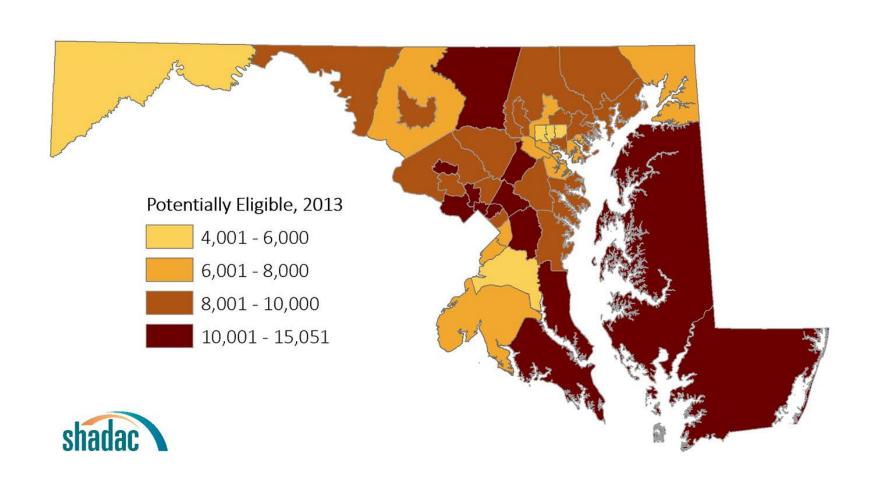




Source: Enroll America/Civis Analytics

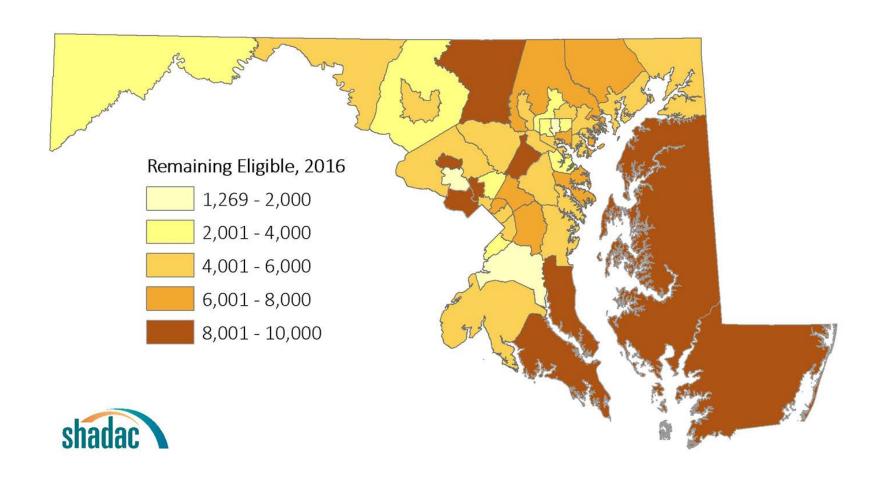


POTENTIALLY ELIGIBLE IN 2013



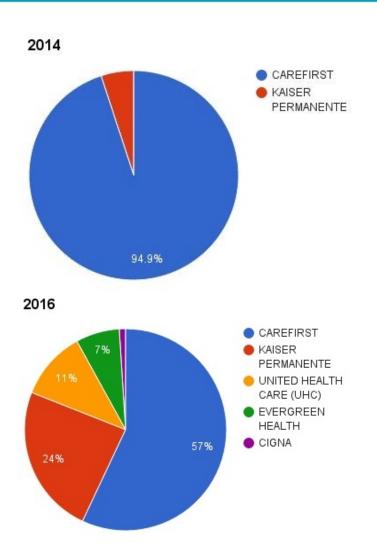


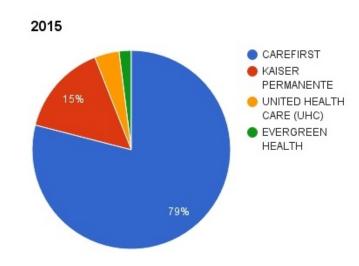


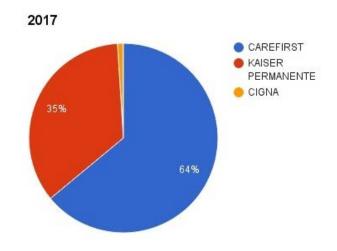




CHANGES IN MARKET SHARE







OUTREACH



Outreach centered on three large statewide events involving several dozen institutional partners that served hundreds of consumers -- largest such network assembled for enrollment events since ACA launched.







COLLEGE ENROLLMENT WEEK



Garrett College

Hagerstown Community College Allegany College of Maryland

Howard Community College Mount St. Mary's Frederick Campus

Carroll Community College Frederick Community College

Anne Arundel Community College Johns Hopkins School of Public Health Baltimore City Community College

> Morgan State University Towson University University of Baltimore

Harford Community College

Chesapeake College

Bowie State University

Prince George's County Community College

Wor-Wic Community College

Salisbury University

Event

Information

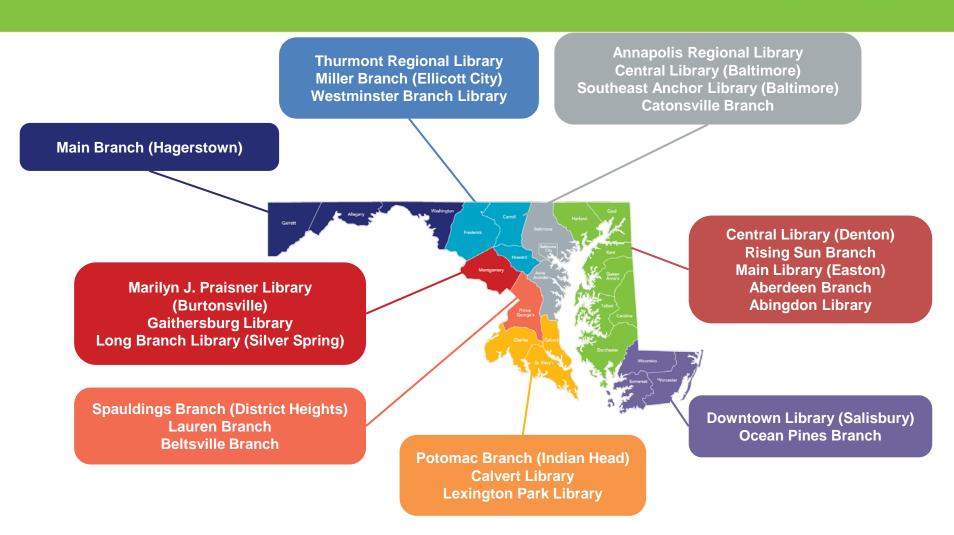
College of Southern Maryland
La Plata Campus
Leonardtown Campus

Prince Frederick Campus

St. Mary's College

LIBRARY ENROLLMENT DAY





MARYLAND: 94% COVERED

MARYLAND HEALTHBENEFIT EXCHANGE



viture act covered today with the help of @PGHealthi

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₩ 1

MD Health Connection (MarylandCornect Jan 14
Betina came to @Haloministry to get enrolled in health coverage!
#getcoveredmd @LSConnector



MD Health Connection (MarylandConnect - 12 Dec 2016
#CoverageMatters to John W., who enrolled with help from
@hcamaryland. He's "ecstatic" about his plan & pays less, thanks to a
tax credit



MD Health Connection @MarylandConnect - Jan 22.
Butler P. enrollled w/ @Door/2HealthCare & will use his new plan to access free preventive care like an upcoming colonoscopy.
#PrayPlayEnroll















MD Health Connection @MarylandConnect -8h
Monica helped her son, 26, enroll with
@Hcamaryland in just 25 minutes. Now he
pays \$1 for prescriptions. #healthyadulting
#getcoveredmd





