



BUDGET HEARING

HOUSE APPROPRIATIONS COMMITTEE

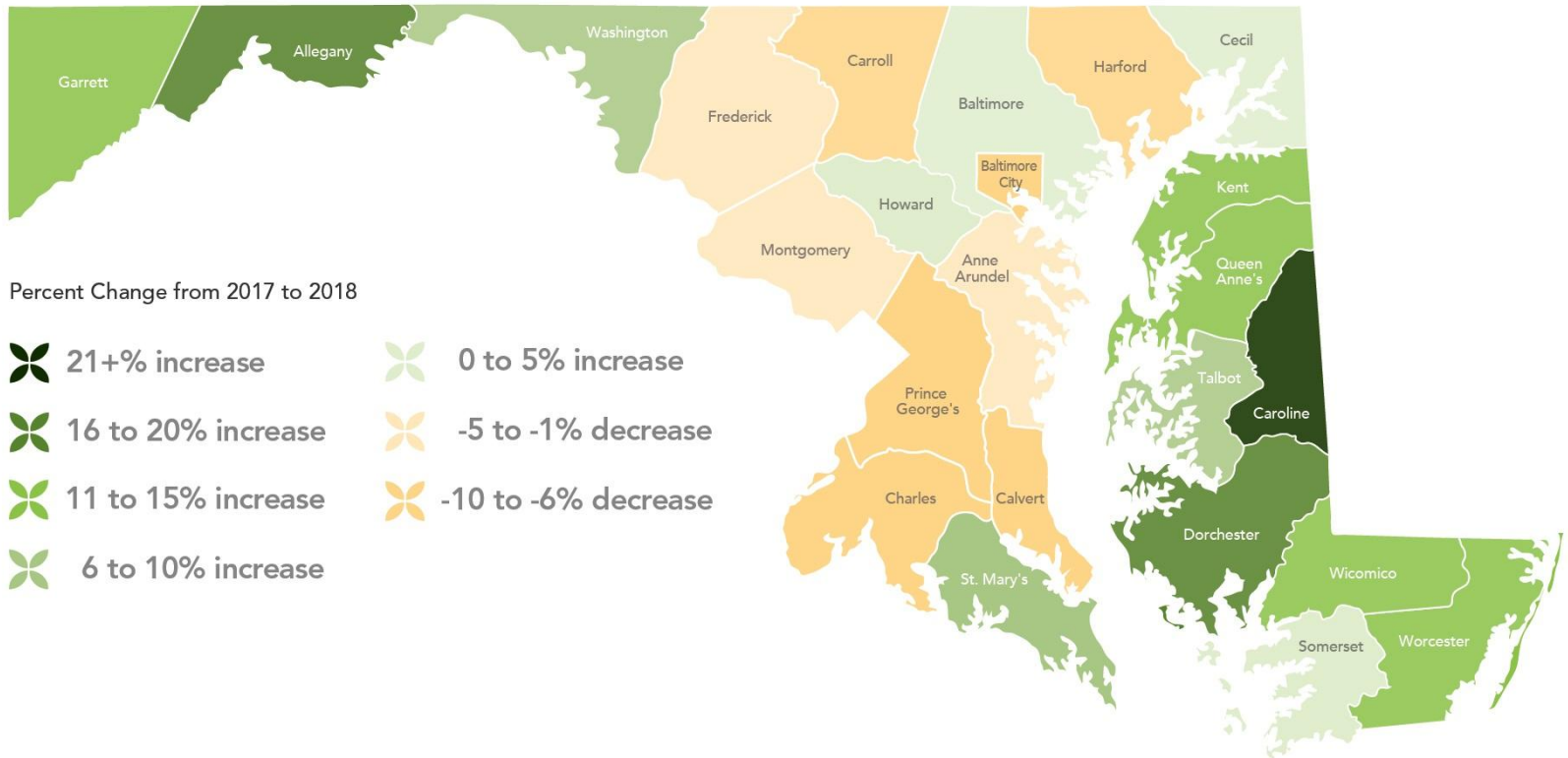
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HEALTH & SOCIAL SERVICES
SUBCOMMITTEE

FEBRUARY 14, 2018

ENROLLMENTS: MARKETPLACE OVERCAME CHALLENGES

- **Demand remains strong: 153,571** Marylanders enrolled in private Qualified Health Plan coverage during open enrollment for 2018, **-2.6%** from **157,637** enrolled during OE for 2017.
 - **Dental enrollments: 39,348** (w/ QHP: 19,801; w/ Medicaid, 11,165; Stand-alone, 8,382)
- **Contributing factors:**
 - Thousands of non-tax credit, silver-plan holders **encouraged to enroll off-exchange** after MIA amended rate increases for on-exchange silver plans in October due to unpaid federal Cost-Sharing Reductions.
 - **Rate increases** did sharply impact non-subsidy eligible population **above 400%** of Federal Poverty Level.
- **Nevertheless, enrollment results exceeded predictions** of double-digit percentage drop-offs and **exceeded MHBE's Managing For Results projection of 149,755**, despite an OE 38 days shorter than prior one.

2018 QUALIFIED HEALTH PLAN ENROLLMENTS BY COUNTY



FINANCIAL HELP IN 2018: 2 FACTORS HAD MAJOR IMPACTS

1. Federal administration cut in cost-sharing reductions propelled additional rate increases that drove Advanced Premium Tax Credit (APTC) levels higher.
2. With one provider in ½ counties with 20% of MD population, APTC was higher in those places based on how it is calculated.

APTC to Marylanders may double and serve nearly 30,000 more.

January 2018: **121,400 receive \$64 mil.** / \$525 per individual

January 2017: **94,858 received \$30 mil.** / \$315 per individual

With additional \$, more consumers chose Gold plans:

19% chose Gold plans, 4X rate a year ago.

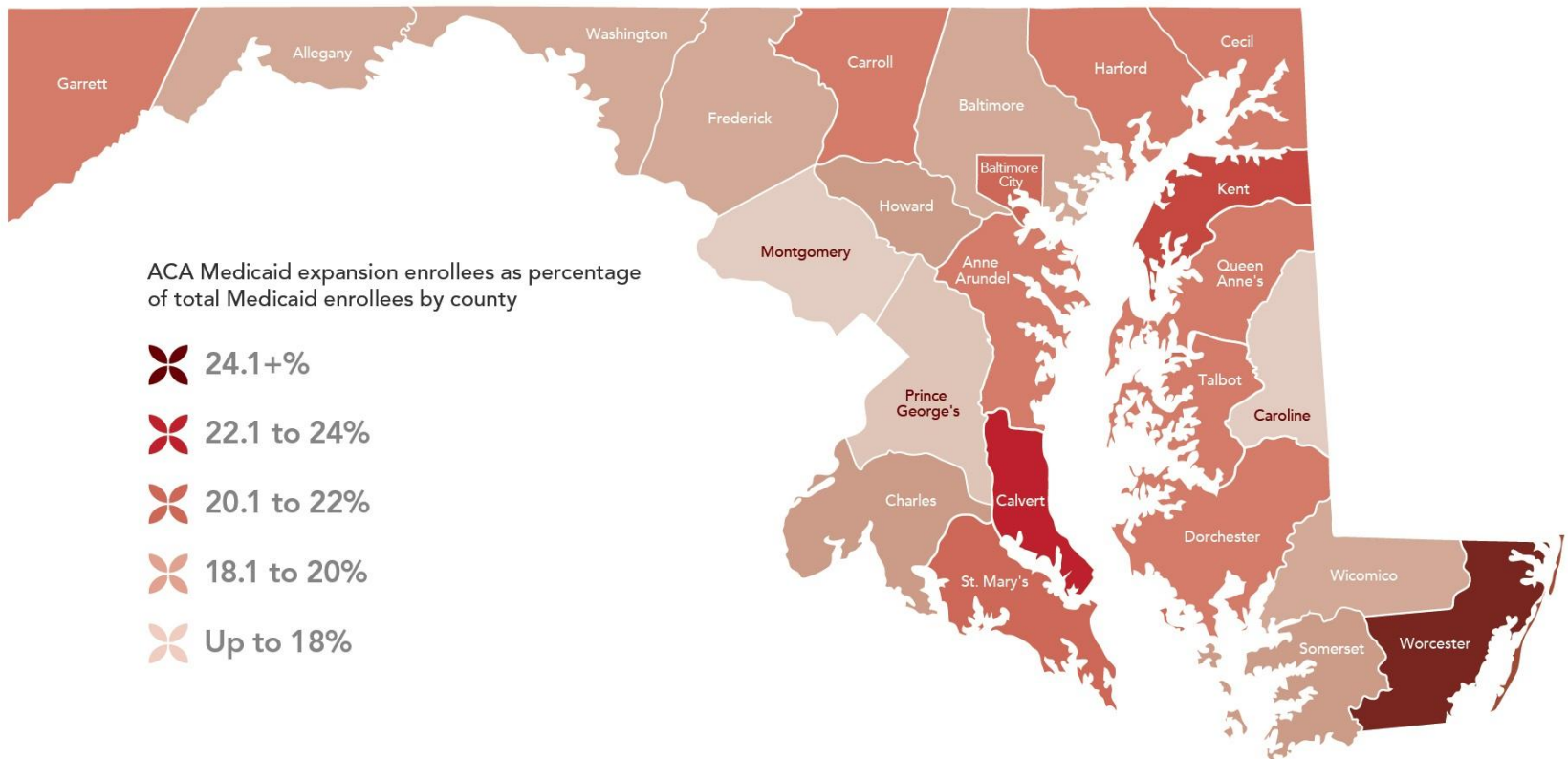
Platinum: 1,111; Gold, 29,325; Silver, 84,982; Bronze, 34,528;

Catastrophic, 3,662

SCENARIOS OF DIFFERENT ENROLLEES IN URBAN AND RURAL RATING AREAS, 2018

Household	County of Residence	Monthly Insurance Premium	Monthly Tax Credit Received	Monthly Insurance Premium Due
 \$25,000	Baltimore	\$331.26	\$190	\$141.26
	Garrett	\$293.95	\$270	\$23.95
 \$50,000	Baltimore	\$331.26		\$331.36
	Garrett	\$293.95		\$293.95
 \$90,000	Baltimore	\$1,635.45	\$655	\$980.45
	Garrett	\$1,451.27	\$1,345	\$106.27
 \$100,000	Baltimore	\$1,635.45		\$1,635.45
	Garrett	\$1,451.27		\$1,451.27
 \$75,000	Baltimore	\$1,984.12		\$1,984.12
	Garrett	\$1,760.66		\$1,760.66

ACA EXPANSION AS A PERCENTAGE OF ALL MEDICAID ENROLLEES BY COUNTY (2016)



Source: Maryland Department of Health

INSURANCE CARRIERS: MARKET CONTINUED TO SHIFT



CareFirst BlueCross BlueShield has **55%** of 2018 marketplace enrollees (84,946). Down from 64% prior two years and down from 94% in first year of Maryland Health Connection in 2014.



Kaiser Permanente has **45%** of 2018 enrollees (68,625). Up from 36% of market share in 2017, 22% in 2016, 15% in 2015, 4% in 2014.

TOP 3 PLANS - CF	#
BlueChoice HMO Silver \$3,500 VisionPlus	35,101
HealthyBlue HMO Gold \$1,000	20,474
BlueChoice HMO HSA Bronze \$6,550	19,624

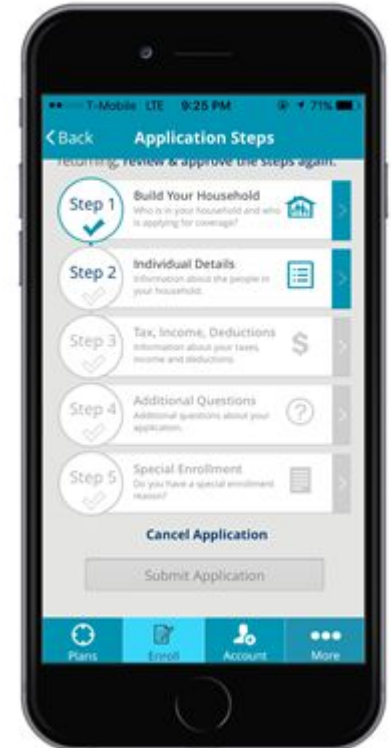
TOP 3 PLANS - KP	#
KP MD Silver 6000/35/Dental	34,942
KP MD Bronze 6200/20%/HSA/Dental	10,634
KP MD Silver 3000/30/Dental	6,407

INFORMATION TECHNOLOGY: IMPROVING 'USER EXPERIENCE'

- **Mobile app** visitors totaled **287,378**, nearly double 144,367 app users a year earlier.

Total downloads since 10/2016 app launch	220,357
Number of views of application info by mobile	2,665,339
Verification docs submitted via mobile camera	134,243
End-to-end enrollments completed on mobile app	46,093

- Overall, visitors of **MarylandHealthConnection.gov website** totaled **976,649** during OE. **Up 22%** despite shorter enrollment period.
- Continued improvements to application in 2018, informed by **user experience (UX)** research conducted in Nov. 2017.



OPERATIONS: MORE EFFICIENT PIPELINE

- MHC system (HBX, CSC, CAWs, etc.) processed **2,953 enrollments per day (avg), up 69%** from 1,752 enrollments per day a year earlier.
- Connector Entities assisted w/ **37,280 enrollments** (20,690 QHPs and 16,590 Medicaid) **Up 46%** despite shorter period.
- **Consolidated Service Center handled nearly as many calls (93%) in OE5** as in OE4 **despite shorter period**. Handle times reduced by 4 minutes. Avg. wait time 9 minutes.
- **A busier “BATphone”**: “Broker Assistance Transfer” phone program moved **9,354** QHP plan selection calls from call center directly to brokers, up from **7,263** in OE4.
- Added ability for Medicaid enrollees to **choose Managed Care Organization online**, cutting wait time by 67%.

MARKETING AND OUTREACH: FOCUS ON REMAINING UNINSURED

- **YOUNG ADULT ENROLLMENT:** Digital sponsorships with young adult recreation leagues in Baltimore and entrepreneurial organization.
- **MINORITY ENROLLMENT:** Advertising in African-American / Black and Hispanic / Latino publications totaling 200,000 circulation. Bilingual Outreach Coordinator conducted a dozen interviews with Hispanic broadcasters.
- **RURAL ENROLLMENT:** Doubled up on digital advertising on Facebook, etc. in Far Western, Eastern Shore and Southern Maryland. Movie trailer ads at rural theaters and at 50 shopping centers and supermarkets.
- **IN-PERSON ENROLLMENT EVENTS:** 1,350 enrolled in QHP and Medicaid at 37 events held at beginning and end of open enrollment.



Get Free Help at an Enrollment Event

Silver Spring Service Center
8118 Service Ave., 2nd Floor
Silver Spring, MD 20910
Dec. 9, 9:30 a.m. – 3 p.m.

Germanstown Regional Service Center
12900 Middlebrook Road, 2nd Floor
Germanstown, MD 20878
Dec. 9, 9:30 a.m. – 3 p.m.

Oakcrest Community Center
1183 Capital Heights Blvd.
Capitol Heights, MD 20743
Dec. 9, 10 a.m. – 2 p.m.

Find more events at: MarylandHealthConnection.gov/faq#chance

¡Obtenga ayuda financiera
con el plan de seguro médico
para toda su familia!

9 de cada 10 personas que se inscribieron a través de MarylandHealthConnection.gov el año pasado recibieron ayuda financiera y redujeron el costo de su plan.

Inscríbase antes del día 15 de diciembre, fecha límite de inscripción para tener cobertura en el 2018.



“PUMA” TARGETING WORKED

10 of the 14 counties where QHP enrollments rose -- **St. Mary’s, Queen Anne’s, Talbot, Caroline, Dorchester, Kent, Howard, Wicomico, Worcester, Somerset** -- were identified in April 2017 as Public Use Microdata Areas (PUMAs) with most remaining eligible uninsured in analysis MHBE requested by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota.



PUMA	PUMA Name	Remaining eligible	% Remaining eligible
1500	St. Marys & Calvert Counties	Top 10 9,701	Top 10 76%
1300	Queen Annes, Talbot, Caroline, Dorchester & Kent Counties	Top 10 9,255	Top 10 69%
400	Carroll County	Top 10 8,323	Top 10 68%
902	Howard County (East)--Columbia (East), Ellicott City (Southeast) & Elkrige	Top 10 9,633	Top 20 64%
1400	Wicomico, Worcester & Somerset Counties--Salisbury City	Top 10 9,009	Top 20 66%
1101	Prince Georges County (Northwest)--College Park City & Langley Park	Top 20 6,960	Top 20 64%
601	Harford County (North & West)--Bel Air Town, Fallston & Jarrettsville	Top 20 6,846	Top 10 69%
1203	Anne Arundel County (Central)--Severna Park, Arnold & Lake Shore	Top 20 6,834	Top 10 69%
804	Baltimore City--Inner Harbor, Canton & Bayview	Top 20 6,661	Top 10 73%
501	Baltimore County (Outer)	Top 20 6,369	Top 20 67%
602	Harford County (South & East)--Aberdeen & Havre de Grace Cities	Top 20 5,895	Top 10 72%
504	Baltimore County--Towson (East & Central), Parkville & Carney	Top 20 5,877	Top 20 67%
505	Baltimore County--Perry Hall, Middle River & Rosedale	Top 20 5,705	Top 20 65%

WERE 2018 GOALS MET?

(GOALS PRESENTED TO MHBE BOARD 10/16/17)

<p>1. Uninsured rate down to all-time low 6.1% -- MAINTAIN OR IMPROVE</p>	<p>—</p>	<p>Enrollment down 4,066, but still within the 6,000-range that would MAINTAIN uninsured rate at 6.1%</p>
<p>2. Young adult enrollment by % – IMPROVE (5th in U.S. last year)</p>	<p>—</p>	<p>MAINTAINED last year's rate of 30% of enrollments by 18- to 34-year-olds. Comparison to all states won't be known until CMS releases #s in spring</p>
<p>3. Rural health coverage by % – IMPROVE (4th in U.S. last year)</p>	<p>*</p>	<p>IMPROVED with largest enrollment gains in rural MD, led by +11% in Far Western, +9% on Lower Shore. QHP increases in 14 counties: Allegany, Caroline, Cecil, Dorchester, Garrett, Howard, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, Worcester.</p>
<p>4. Narrow gap in minority coverage. IMPROVE African American enrollment (down 7.8% in 2017) and Latino enrollment (flat in 2017).</p>	<p>*</p>	<p>IMPROVED enrollments among African-American / Black residents for 2018 +12% and Hispanic / Latino residents +10%.</p>

WHAT HAS MARYLAND ACCOMPLISHED SINCE 2013?

THEN	<ul style="list-style-type: none">● 10-16% of population without health insurance, 1994-2010● Uninsured rate 50% higher among African-Americans, 300% higher among Hispanics in 2013/14 (SHADAC)● Young adult uninsured rate 58% higher than general population (MHCC, 2011)● When underwriting was allowed in individual market pre-2013, carriers denied coverage to as many as 40% of applicants due to pre-existing conditions (MIA).
NOW	<ul style="list-style-type: none">● 6.1% of population without health coverage -- all-time low %● African-American / Black enrollment up 12% Year Over Year in 2018. Hispanic / Latino enrollment up 10% YOY in 2018● 4th in US in gains in rural health coverage 2013-2015 (Kaiser)● Uncompensated care at hospitals declined by \$311 million from 2013 to 2015. (Md. Center on Economic Policy)● Estimated 730,000 Marylanders without health insurance prior to ACA (MHCC). Today, 400,000 Marylanders covered through it – 100,000+ in private plans, 290,000 in Medicaid expansion.

FISCAL SUMMARY

OBJECT / FUND	FY17 ACTUAL	FY18 WORKING APPROPRIATION	FY19 ALLOWANCE	FY18-FY19 AMOUNT CHANGE	PERCENT CHANGE
POSITIONS*	67	67	67	0	0
OBJECTS	\$116,881,709	\$103,744,964	\$83,160,459**	-\$20,584,505	-19.8%
SPECIAL FUNDS	\$72,156,069	\$56,284,035	\$35,000,000	-\$21,284,035	-37.8%
FEDERAL FUNDS	\$44,725,640	\$47,460,929	\$48,160,459	\$699,530	1.5%
TOTAL FUNDS	\$116,881,709	\$103,744,964	\$83,160,459	-\$20,584,505	-19.8%

* Permanent Executive Director Hired 12/18/17, key vacant positions being filled

** Elimination of State transitional reinsurance program using MHIP surplus funds



QUESTIONS?