

Maryland Health Benefit Exchange

MISSION

The Maryland Health Benefit Exchange (MHBE), an independent unit of state government, improves the health and well-being of Marylanders by connecting them with high-quality, affordable health coverage through innovative programs, technology, and consumer assistance.

VISION

High-quality, affordable health coverage for all Marylanders.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. Enroll eligible Marylanders in individual Qualified Health Plans (QHP) and Medicaid through Maryland Health Connection (MHC).

Obj. 1.1 Continue to enroll at least one million Marylanders annually in a Qualified Health, Stand Alone Dental Plan, or Medicaid plan through Maryland Health Connection, reducing the uninsured rate to less than 5.5 percent.

Performance Measures (Calendar Year)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
Number of Marylanders enrolled in Medicaid through Maryland Health Connection	1,062,345	1,076,175	1,080,666	1,171,471	1,237,742	1,180,453	1,100,00
Number of Marylanders enrolled in a Qualified Health Plan	153,584	156,963	158,600	166,038	181,603	185,000	189,000
Number of Marylanders enrolled in a Stand Alone Dental Plan	39,334	39,720	40,330	51,505	66,634	52,000	55,000
Percent of young adults (18-34) among total QHP enrollees	30%	30%	29%	28%	27%	29%	29%
¹ State of Maryland Uninsured Rate	6%	6%	6%	6%	6%	6%	6%

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Goal 2. Make enrollment as simple as possible.

Obj. 2.1 By fiscal year 2028, consumer assistance will be delivered to 85,000 consumers via connector entities, the Consumer Service Center and producers.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of consumer encounters with Connector Entity staff	120,263	114,846	90,555	87,022	62,481	90,000	90,000
Percent of first call resolution	98%	98%	93%	94%	95%	95%	95%
Average call handle time (minutes)	11.0	10.5	11.3	11.3	11.4	10.5	10.5
Average quality percent rating	92%	94%	94%	95%	93%	95%	95%
² Number of unique visitors to MHC website (thousands)	1,083	1,032	929	1,139	640	1,000	1,100
² Number of unique mobile application downloads (thousands)	121	102	128	116	83	100	110
² Total number of enrollments completed by mobile application (thousands)	27	20	32	25	21	25	26
Percent of mobile application enrollment by young adults (18-34)	55%	57%	56%	55%	56%	58%	58%
Enrollments through Tax Time Easy Enrollment	N/A	N/A	N/A	N/A	1,945	2,000	2,000
Enrollments through Unemployment Insurance Easy Enrollment	N/A	N/A	N/A	N/A	2,051	2,500	2,500

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Goal 3. Improve access to quality, affordable health insurance in Individual and Small Group Exchange markets.

Obj. 3.1 By fiscal year 2028, the average total single person premium for all QHPs without Advanced Premium Tax Credits (APTC) as a percent of the Maryland average wage will be less than 7.5 percent.

Performance Measures (Calendar Year)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
³ Plan quality rating	3.0	3.0	N/A	4.3	4.3	4.0	4.0
Average total single person premium for all QHPs divided by the Maryland average wage with the Advance Premium Tax Credit (APTC)	3.0%	2.0%	1.1%	0.8%	1.3%	1.4%	1.1%
Average total single person premium for all QHPs divided by the Maryland average wage without the APTC	13.1%	11.2%	9.5%	8.1%	8.0%	7.9%	7.9%
Average cost of small group plan as percent of affordability cap	7.8%	7.6%	6.9%	8.3%	7.8%	7.8%	7.8%
Average single person premium for individual silver plan as percent of Maryland's average wage without APTC	14.0%	11.0%	10.7%	9.5%	9.2%	9.6%	9.7%
Average single person premium for individual silver plan as percent of Maryland's average wage with APTC	2.1%	1.7%	1.2%	1.1%	1.2%	1.4%	1.0%
Average single person premium for small group silver plan as percent of Maryland's average annual wage	7.2%	6.9%	6.1%	7.3%	6.4%	6.4%	6.4%
Total APTC (millions)	\$705	\$690	\$678	\$619	\$602	\$630	\$630
Average APTC per household among enrollees	\$8,845	\$7,998	\$7,268	\$6,515	\$6,125	\$7,000	\$7,000
Number of Health issuers in the Individual Market	2	2	2	3	3	3	3
Number of Health issuers in the Small Group Market	4	4	4	4	4	4	4
Number of Managed Care Organization issuers in the Medicaid Market	9	9	9	9	9	9	9

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Goal 4. Provide flexible, stable and innovative systems to assist individuals in obtaining insurance, financial assistance and access to public programs.

Obj. 4.1 By fiscal year 2028, MHBE information technology (IT) system will reduce manual processes by 10 percent compared to FY22 and increase state-wide efficiencies through integration efforts.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of new enhancements made to the IT system	61	103	93	77	58	85	85
Number of quality improvement items implemented in the system	316	372	191	850	488	350	350
Number of Maintenance & Operational items implemented	185	219	150	277	201	275	275
Number of technical modernization projects executed	13	4	6	14	8	10	10
Number of special projects implemented	8	14	11	26	33	10	10

NOTES

¹ Fiscal year 2021 and 2022 data are estimated.

² Fiscal year 2022 data is estimated because it is reported on a calendar year basis.

³ The Centers for Medicare & Medicaid Services did not update the plan quality ratings for 2020 due to the pandemic.