

Far Western Maryland Regional Forum

Preparing for 2020 Open Enrollment



Enrollment Success

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STRENGTHENING THE MARKET



ACA: The First Seven Years in Maryland at a Glance

	2013	2014	2015	2016	2017	2018	2019
QHPs on MHC	N/A	81,553	126,252	162,652	157,637	153,584	156,963
MD & (U.S.) Uninsured %	10.2 (14.5)	7.9 (11.7)	6.6 (9.4)	6.1 (8.6)	6.1 (8.7)	--	--
Marylanders without Insurance	745,000 est.	-----	-----	-----	-----	-----	365,000 est.
Carriers on MHC		4	5	5	3	2	
Uncompensated care	\$1.1 B	-----	-----	-----	\$700 M		

Maryland: Outperforming Much of the Nation

- Maryland's enrollment growth of 2.2% for 2019 was **8th best** in the nation. Only 14 states had enrollment growth year over year.
- That growth was propelled by a "reinsurance" program that helped lower consumer cost and balance carrier risk in a more-inclusive individual market.
- The average premium in Maryland dropped by **\$77 a month**. That was 17th least expensive in the nation, compared to 26th the year before.



THINK YOU COULD NEVER AFFORD A HEALTH PLAN?

THINK AGAIN.

9 out of 10 people who enrolled last year got savings on plans that include doctor visits, prescriptions and more. Rates have dropped for many plans this year, too. Find a plan that fits your needs and budget at MarylandHealthConnection.gov

ENROLLMENT RUNS
**NOVEMBER 1
TO
DECEMBER 15**
START EXPLORING
YOUR OPTIONS TODAY!

maryland health connection

Maryland: Outperforming Much of the Nation

- Not only did marketplace enrollment grow by 3,000, families felt they could afford platinum and gold level plans, which means they saved thousands on deductibles.
- 29% on MHC enrolled in platinum or gold plans – **2X** the avg. of the other 11 state-based marketplaces and **4X** the average of all states on the federal marketplace HealthCare.gov.



Working to Reach Uninsured Target Audiences

- **30% of enrollments were young adults** ages 18 to 34.
 - That compares to 26% on the federal marketplace + 22% among other state marketplaces.
- For 2019, African-American enrollments (27,709) grew **6%**.
- Hispanic enrollments (18,344) grew **2%**.
- Enrollment grew in 16 of the 24 jurisdictions in Maryland, primarily in rural counties.
 - **>20% growth** in Allegany, Caroline, Dorchester, Garrett, St. Mary's, Somerset, Washington & Wicomico counties.

The Challenges Ahead

- Affordability
 - Reinsurance \$ lasts for 2-3 years.
 - Premium increases felt mostly by those not qualifying for financial help.
- Deductibles
 - Some out-of-pocket costs are rising.
Different experiences depending on carrier and plan.
 - Plan standards may need revision to counter this.



The Challenges Ahead

- “Public charge” rules
 - Proposed changes could cause immigrants to choose between receiving federally funded health, food and housing assistance or being eligible to apply for green cards or visas.
 - May discourage many from applying for Medicaid or Advanced Premium Tax Credits – even if eligible.
- Political uncertainty



IMPROVED CUSTOMER SERVICE



In-Person Assistance

- Navigators assisted with 19,000 enrollments, including 4,500 during final week
- “Beat the Rush” in November: 22 events around the state enrolled 425+ individuals
- “Last Chance” in December: 18 events around the state enrolled 850+ individuals
- Live radio & Facebook broadcasts at Baltimore City, Howard, Prince George’s, Wicomico and Montgomery counties events increased turnout



Call Center Performance

	2018 Open Enrollment	2019 Open Enrollment	Change
Incoming Calls	343,468	259,837	-24%
Calls Handled	237,427	216,363	-9%
% of Incoming Calls Handled	69%	83%	+20%
Average Speed to Answer	10 minutes, 35 seconds	5 minutes, 15 seconds	-5:20
Average Call Handle Time	12:38	11:00	-1:38

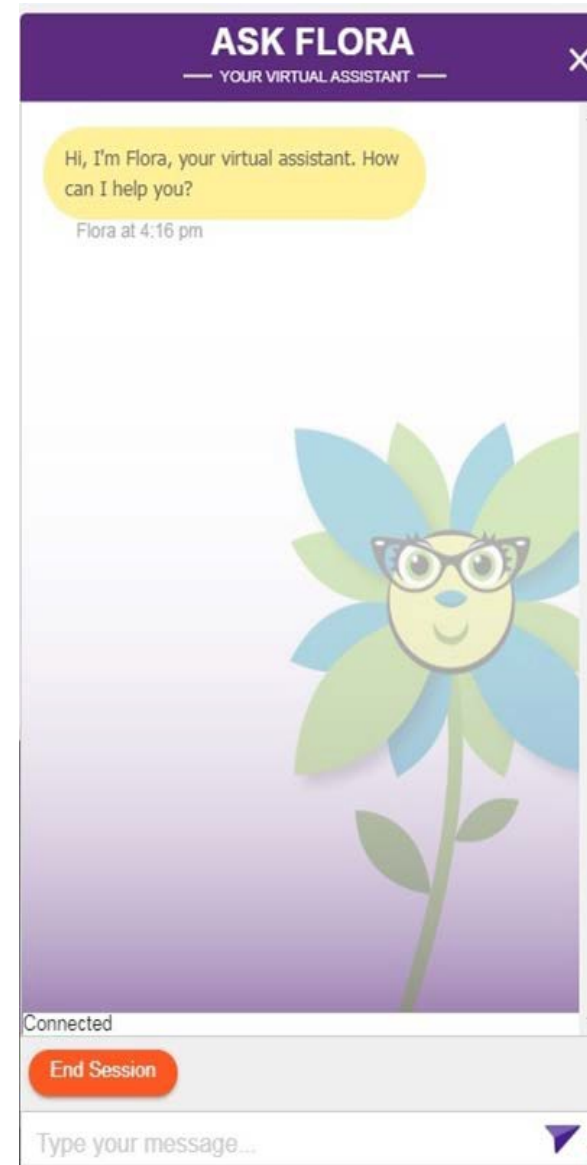
Mobile Technology Enhancements

- Visits to site on mobile devices – 438,500 – 107,000 more than desktop
- Visits to “Enroll MHC” mobile app hit an all-time high of 38,000+ users on Dec. 14-15
- Push notifications sent to app users six times during open enrollment
 - Increased traffic 10-fold on the website, from less than 100 concurrent users to greater than 2,000 users
- Implemented “pay now” feature, allowing 9,000+ consumers to effectuate coverage immediately



Technology Enhancements

- Chatbot named Flora: 125,000 queries from 49,000 consumers in its first year
 - Top questions: How to get coverage? How to upload documents? How to reset password?
- Marketing portal: Caused a shift in buying behavior after its first year
 - Unsubsidized silver enrollees were encouraged to browse gold plans or silver plans off the marketplace for better deals



MEDIA COVERAGE



Local Media Coverage

- “Consider Maryland, where the ACA has been embraced from the start. The republican governor and democratic legislative leaders worked together to avoid projected huge increases in premiums this year. While the Trump administration (was) greatly reducing the budget to advertise the 2019 enrollment period — Maryland increased its marketing effort. ...Maryland shows that fixing the ACA works.” –*The Baltimore Sun*
- “The reinsurance program allows insurers to be reimbursed for high-cost claims... Especially encouraging was that participation by younger people increased, indicating the premiums fell to a level acceptable for people without costly illnesses.” –*The Daily Record*



MOVERS & SHAKERS

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Andrew Winfield and Reese Caspard | MGH

David Weiskopf | St. Mary's County

DIGITAL EDITION



Stories of the year: Good news for insurance exchange, but opioid crisis worsens

Following a 2017 best described as tumultuous, 2018 was the year health care in Maryland, in some ways, got its groove back. A new reinsurance ...

National Media Coverage

- “Maryland Obamacare enrollment exceeds expectations ... It's a reminder that, while the enrollment has slowed in HealthCare.gov, not all states that run their own marketplaces are experiencing that same decline.” –*PoliticoPro*
- “Enrollments both on and off exchange exceeded estimates for how ‘reinsurance’ would stabilize Maryland's individual insurance market. Oooh...Now that's a treat for a data wonk like me...Official off-exchange data is difficult to come by in most states ... wow! VERY impressive (and a handy data point to have), Why can't every state provide that kind of off-exchange data every year?” –*ACA Signups.net*

POLITICOPRO



Future Goals

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REDUCE THE UNINSURED RATE
BELOW 6%



Remaining Uninsured

Breakdown	Central	Far Western	Lower Eastern Shore	Mid-Western	Montgomery County	Prince George's County	Southern	Upper Eastern Shore	Statewide
Uninsured Total	118,006	15,520	12,979	29,857	70,739	85,383	16,453	23,848	372,785
Percent of State Population	2.02%	0.27%	0.22%	0.51%	1.21%	1.46%	0.28%	0.41%	6.39%
Proportion of Statewide Uninsured	31.66%	4.16%	3.48%	8.01%	18.98%	22.90%	4.41%	6.40%	-
Uninsured - Medicaid Eligible	39,710	4,859.00	3,876	7,110	22,216	25,754	4,187	7,088	-
Uninsured – APTC Eligible	62,403	8,315	6,883	16,360	45,844	54,580	7,985	12,671	-

Expand the SHOP

- Expand the Small Business Health Options Program (SHOP) to get more small businesses covered.
- Employees without coverage is one demographic who may not have considered the individual market or viewed it as an option.



Lower Cost of Coverage

- Focus on improving & increasing the risk pool
- Bring in more carrier competition
- Expand and improve the Reinsurance Program
- Affordability Work Group
- Value Plans



Maryland Easy Enrollment Program

- New legislation from 2019 session
- Partnership with the State Comptroller's Office
- Program will help get thousands of Marylanders into Medicaid and low cost private plans

Health Literacy

- Educate consumers on preventive health measures.
- Encourage the right treatment at the right place & the right time.
- Remind consumers about the essential health benefits.



2019 Legislative Session

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CONSUMER IMPACT



MHBE Functions & Outreach

- Authorizes administrative, technical, and operational support for Maryland Department of Health & Medical Assistance Programs
- Permits outreach and education activities to increase health literacy and education
- House Bill 1421, effective July 1, 2019



Special Enrollment Period for Pregnancy

- Special Enrollment Period for pregnancy
- Pregnancies must be certified by health care practitioners
- 90-day special enrollment period
- Provides retroactive coverage
- House Bill 127 & Senate Bill 36, effective July 1, 2019, applies to health plans on Jan. 1, 2020



Consumer Protections

- Extends the Maryland Health Insurance Coverage Protection Commission for an additional three years through June 30, 2023
- Establishes a specified workgroup to monitor actions relating to the ACA & ensure Marylanders can obtain & keep quality health insurance, independent of federal government or federal laws
- House Bill 697 & Senate Bill 868, effective June 1, 2019



Maryland Easy Enrollment Program

- Aims to improve data collection on uninsured individuals & maximize enrollment of eligible uninsured individuals in affordable insurance programs
- Requires the Comptroller to include a certain check box on State income tax forms to indicate whether an individual is interested in obtaining minimum essential health coverage
- Requires the MHBE to establish an Advisory Workgroup
- House Bill 814 & Senate Bill 802, effective June 1, 2019



PREMIUM IMPACT



Individual Market Stabilization

- In 2020 through 2023, the amount of the health insurance provider fee assessment must be 1% on all amounts used to calculate the entity's premium tax liability for the immediately preceding calendar year.
- Aims to assist the stabilization of the individual health insurance market
- Applies only to products that are subject to the health insurer fee under the federal Patient Protection and Affordable Care Act (ACA) and may be subject to assessment by the State
- The Maryland Health Insurance Coverage Protection Commission must study and recommend whether the State reinsurance program should be extended after calendar 2023, and if so, how it will be funded.
- House Bill 258 & Senate Bill 239

Small Business Tax Credit Subsidy

- Authorizes MHBE to submit a State Innovation Waiver application for a federal Section 1332 waiver
- Waiver will allow the MHBE to administer the federal small business health care tax credit to small businesses for monthly premium payments
- House Bill 1098, effective July 1, 2019



Maryland Area Health Education Center West

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ENROLLMENT & OUTREACH IN FAR WESTERN MARYLAND



In-Person Enrollment in Allegany, Garrett & Washington Counties

- 9 enrollment locations in Hagerstown, Hancock, Cumberland, Oakland and Grantsville
- Call center: 888-202-0212
- Online: AHECWest.org



Enrollment Success

- Enrollments are up 20 percent from last year.
- Consumers are more aware of AHEC West:
 - 8889 calls as of March 2019
 - 8696 calls in FY 2018
 - 5003 calls in FY 2017
- The number of stakeholders and partners has increased.



Remaining Uninsured in Far Western Maryland

- About 15,970 remaining uninsured individuals in the region
- 62 percent in Washington County
- Almost 5,000 qualify for free health care.
- About 8,390 eligible for financial help to lower premiums.
- Of those, a little more than 3,000 can get plans with very low out-of-pocket expenses.

Local Challenges

- Ever-changing landscape around the Affordable Care Act (ACA)
- Many consumers still do not understand the basics of the ACA.
- We need more partners and stakeholders to help us reach the remaining uninsured who may be resistant to enroll.
- We need more brokers and Application Counselor Sponsoring Entities to participate.



Thankful for Our Partners

- Allegany County Health Department
- Beacon House
- Family Healthcare of Hagerstown
- Garrett County Department of Social Services
- Mountain Laurel Medical Center
- Tri-State Community Health Center
- Washington County Health Department



Tri-State Community Health Center



DISCUSSION



Discussion

- **Qualities:** What's unique about this region that may impact enrollment?
- **Visibility:** Where was Maryland Health Connection visible during the last open enrollment? Where do you want to see us this year?
- **Outreach:** Tell us about events, partnerships or activities where we can reach hard-to-reach populations in your region.
- **Materials:** How can we get information about Maryland Health Connection into the right hands, at the right time?
- **Feedback and Ideas:** Please share – we want to hear from you!

Thank you!



@MarylandConnect

APPENDIX: 2019 LEGISLATIVE SESSION



CONSUMER IMPACT



Prescription Drug Formulary Changes

- Requires members be notified when a drug is removed from a formulary or there is an increase in the deductible or other cost
- Applies to insurance companies, nonprofit health service plans & Health Maintenance Organizations (HMO)
- 30 days advance notification & explanation how to request an exemption
- House Bill 435 & Senate Bill 405, effective Oct. 1, 2019 and applies to health plans after Jan. 1, 2020



Health Insurance Prior Authorization Requirement

- Establishes requirements for prior authorization for a prescription for a chronic condition, and requires entities to:
 - Maintain a database of information relating to prior authorization requests
 - Provide a specific explanation when denying a prior authorization
 - Honor certain prior authorizations for a specified time period under certain circumstances
 - Provide notice of a new prior authorization requirement for a prescription drug
- House Bill 751, effective Jan. 1, 2020

Hospital Patients Bill of Rights

- Requires hospital administrators to provide each patient with a written copy of the hospital's patient's bill of rights
- Office of Health Care Quality will monitor the compliance of each hospital
- House Bill 145 & Senate Bill 301, effective Oct. 1, 2019



BENEFIT CHANGES



Medicaid Changes: Hepatitis C Drugs

- Requires Maryland Medical Assistance Program to provide coverage for any medically appropriate drugs that are approved by the Food & Drug Administration (FDA) for the treatment of hepatitis C
- Removes requirement that patients must meet a certain fibrosis score, as long as the drugs are determined to be medically necessary
- House Bill 962 & Senate Bill 598, effective Oct. 1, 2019



QHP Changes: Mental Health & Substance Use Disorder Benefits

- Requires insurance companies to use the criteria of the American Society of Addiction Medicine for all medical necessity and utilization management determinations for substance use disorder benefits
- Repeals the limitation on an insurance company charging a copayment for methadone maintenance treatment that is greater than 50% of the daily cost
- House Bill 599 & Senate Bill 631, effective Jan. 1, 2020



NETWORK ADEQUACY



Health Insurance Provider Panels

- Prohibits an insurance company from rejecting a provider for participation on the carrier's provider panel solely because the provider is a licensed graduate: social worker, alcohol and drug counselor, marriage and family therapist, professional art therapist or professional counselor
- Provider must offer community-based health services for an accredited program
- House Bill 829, effective Oct. 1, 2019

Outpatient Mental Health Centers & Telehealth

- Permits medical directors to provide their medical direction services via telehealth
- Relieves facilities of the requirement to have a medical director who is a psychiatrist on site at least 20 hours per week
- House Bill 570 & Senate Bill 178, effective Oct. 1, 2019



COST OF CARE



Prescription Drug Affordability Board

- Goal of the board is to protect residents from the high costs of prescription drugs
- Board will make specified determinations, collect data, and identify specified prescription drug products that may cause affordability issues
- Board may conduct a cost review of identified drug products & set payment limits for state and local government employee health plans
- Stakeholder council will be created to assist the board
- House Bill 570 & Senate Bill 178, effective July 1, 2019

