Maryland Easy Enrollment Health Insurance Program Advisory Workgroup

October 23, 2019

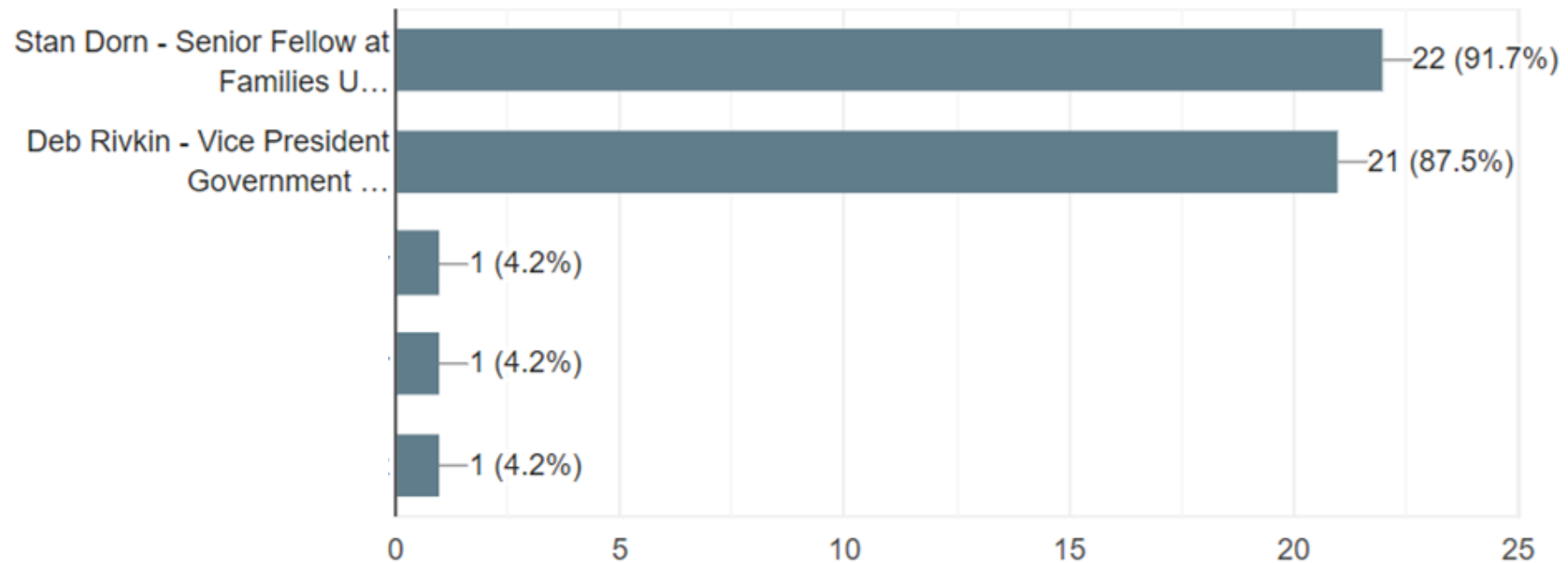MARYLAND
HEALTHBENEFIT
EXCHANGE

Agenda

- Welcome

- Poll Results Discussion/Charter Ratification/Chair Introductions

- MEEHP Legislative Background

- Consumer Notice Discussion

- Metrics for Measure

- Task Group Discussion

- Future Meeting Planning

- Public Comment

- Adjournment

MARYLAND
HEALTH BENEFIT
EXCHANGE

Charter Modifications

Charter Comments
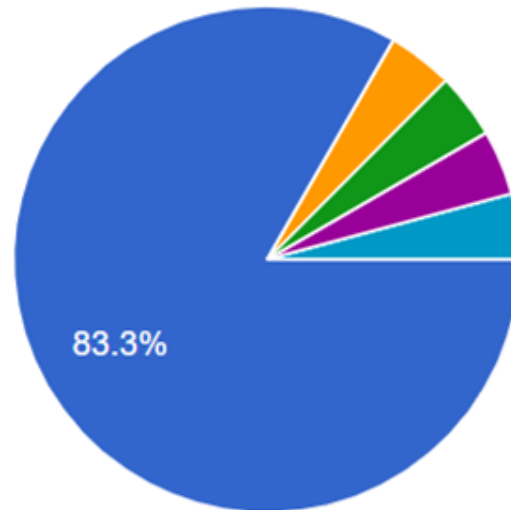
Comment	MHBE Response
It might be helpful to clarify the terms "of no more than 3 years." Is MBHE going to tell members who has a 2-year term vs. a 3-year term? I understand you want continuity so you don't want the membership all overturning at once. But it may help to clarify the plan.	_Term_ _Workgroup members shall be selected by MHBE for a term of no more than 3 years. Member start and end dates will be tracked by MHBE staff, and members will be notified when their terms are concluding. If the work group's existence is required past the 3 year term limit of the original members, MHBE will begin seeking new members prior to the termination of the original member's involvement to provide continuity._
Under "Amendment of Charter" bylaws should be charter.	Incorporated
I think under the Participation in Meetings - it should clearly state the organization's substitute representative will have not voting power.	Voting guidelines are outlined in the "Voting" section of the charter, which states that "There shall be no voting by proxy"

Charter Talk-through

MEEHP Advisory
Workgroup Charte

Vote to Ratify Charter

MEEHP Legislative Background

MEEHP Legislative Background
October 23, 2019

*Dedicated to creating a nation where the best health and
health care are equally accessible and affordable to all*

Presentation overview

- **Impetus for action**
- Legislative evolution
- Enacted legislation

Motivations

- Numerous uninsured, many who qualify for insurance affordability programs (IAPs)
  - Medicaid
  - Children's Health Insurance Program (CHIP)
  - Premium tax credits (PTCs) to buy qualified health plans (QHPs) in the exchange
- Individual-market enrollment disproportionately includes people with health problems
  - Premiums reflect average costs, market-wide
  - Relatively few low-cost consumers = higher sticker-price premiums
  - Such "adverse selection" is a key root cause of high premiums in individual market
- A national problem, not just a MD problem. National research identifies two key causes of low participation by many relatively young and healthy eligible consumers:
  - Unaffordability
  - Lack of knowledge about insurance options, including available financial assistance

FAMILIESUSA

Specific facts

- Roughly 360,000 uninsured Marylanders in 2016

- Approximately 130,000 were income-tax filers who qualified for essentially free coverage, including an estimated
  - 15,000 children eligible for Medicaid or CHIP
  - 35,000 adults eligible for Medicaid or CHIP
  - 70,000 people eligible for PTCs that cover the entire premium of one or more available QHPs
  - 10,000 uninsured adults offered QHPs that cost less than their PTC plus their tax penalty payment for lacking coverage

- Another 90,000 uninsured qualify for PTCs that do not cover the full cost of QHP premiums, even taking into account tax penalty payments

- In Maryland, an estimated 71% of the IAP-eligible uninsured filed federal income tax returns, based on data before the ACA's main coverage provisions took effect, including
  - 71% of Medicaid-eligible children
  - 62% of Medicaid-eligible adults
  - 89% of PTC-eligible people

Why do so many Marylanders remain uninsured rather than enroll in essentially free coverage?

- Many do not know that free coverage is available to them. Nationally, among the uninsured with incomes at or below 250% of the federal poverty level (FPL) in March-June 2017:
  - 44% did not know about health insurance exchanges
  - 55% did not know that financial assistance was available to help buy coverage
- Behavioral economics insight: small procedural requirements have enormous effects on participation levels in benefit programs
  - 401(k) retirement savings accounts
    - ❖ In firms that require form completion to enroll, 33% participation after 6 months
    - ❖ In firms that require form completion to opt out, 90% participation
  - Express lane eligibility, when parents learned their children qualified for Medicaid based on data from the Supplemental Nutrition Assistance Program (SNAP) or other programs
    - ❖ 5-12% take-up in states that required parents to make a call, return a post-card, go on-line to say they wanted coverage
    - ❖ 83% take-up in Louisiana, where parents could consent to enrollment by using a Medicaid card to access care
  - When information technology (IT) issues required Louisiana to change its approach and require parents to check a box on the SNAP form opting into Medicaid, enrollment into health coverage fell by 62%

Presentation overview

- Impetus for action
- **Legislative evolution**
- Enacted legislation

Overview

- Legislative champions, throughout the process: Senator Brian Feldman and Delegate Joseline Peña-Melnyk

- Leadership from Maryland Citizens Health Initiative, Families USA

- Incredible engagement from government agencies, legislators and staff, stakeholders

- Result: legislation that breaks new ground nationally, already the subject of inquiry from other states and academics from Harvard, MIT, Princeton, Stanford

Phase 1: Down Payment Plan, Original Version

- 2018 legislative session

- The Affordable Care Acts (ACA's) requirement that individuals who can afford to buy coverage must do so ("individual mandate")
  - o Federal tax legislation ended enforcement through the federal income tax system, effective for taxable year 2019
  - o MA had an individual responsibility requirement in effect since 2006, enforced through the state income tax system
  - o Other states (CT, NJ, VT, WA) were considering state enforcement to replace the disappearing federal role.

- Use state income-tax filing as an on-ramp to enrollment

- Automatic enrollment for people with access to zero-premium plans

- Core "down payment" concept: whenever possible, let uninsured tax-filers avoid penalties by signing up for insurance.
  - o Tax filer pays penalty to Comptroller
  - o Comptroller sends penalty money to the Exchange
  - o Exchange sends penalty payments to carriers, who combine them with PTCs and (when applicable) consumer premium payments

- Problem: requires building new administrative capacity
  - o Carriers do not take payment from three sources for a single member
  - o Exchange does not directly handle premium dollars

FAMILIESUSA

16

Phase 2: Down Payment Plan, Modified Version

- 2019 legislative session

- Still income-tax-based enrollment, individual responsibility requirement, allowing enrollment instead of penalty

- Technical assistance from exchange staff identified an approach that would not require major new infrastructure
  - Let uninsured tax-filers waive the penalty by committing to enroll in health insurance and keep it all year
  - Enforceable through the federally-mandated coverage-reporting data system

- Operational glitch: the Comptroller was upgrading its IT systems
  - The individual income-tax upgrade was not scheduled to come on line until tax-filing season 2021
  - The legislation thus delayed implementation of the individual-responsibility requirement until tax-filing season 2021
  - The proposal could begin for tax-filing season 2020, if the Comptroller found it administratively feasible

- Legislative questions
  - Why impose an individual-responsibility requirement in 2019, when it can't take effect until 2021?
  - Why not see if a voluntary approach can work, using the state-income-tax system as an on-ramp to enrollment?

- Upshot:
  - Individual responsibility requirement removed from bill
  - Comptroller required to include, in its new IT system, infrastructure for an individual-responsibility requirement

Phase 3: The Maryland Easy Enrollment Health Insurance Program (MEEHP)

- Tax-based enrollment, without individual coverage responsibility requirement

- Passed in 2019, with unanimous Senate vote and overwhelming, bipartisan House vote (123-15)

Presentation overview

- Impetus for action
- Legislative evolution
- **Enacted legislation**

MEEHP's statutory purposes

- Use state tax returns to identify uninsured individuals and see whether they are interested in obtaining coverage

- Determine whether uninsured individuals interested in obtaining coverage qualify for an IAP

- Proactively contact uninsured individuals interested in obtaining coverage to help them enroll in an IAP and coverage

- Maximize enrollment of eligible uninsured individuals in IAPs and coverage to improve access to care and lower insurance costs for all state residents

Tax filers

Uninsured

Interested in coverage

Determine IAP eligibility, proactively contact uninsured, maximize enrollment
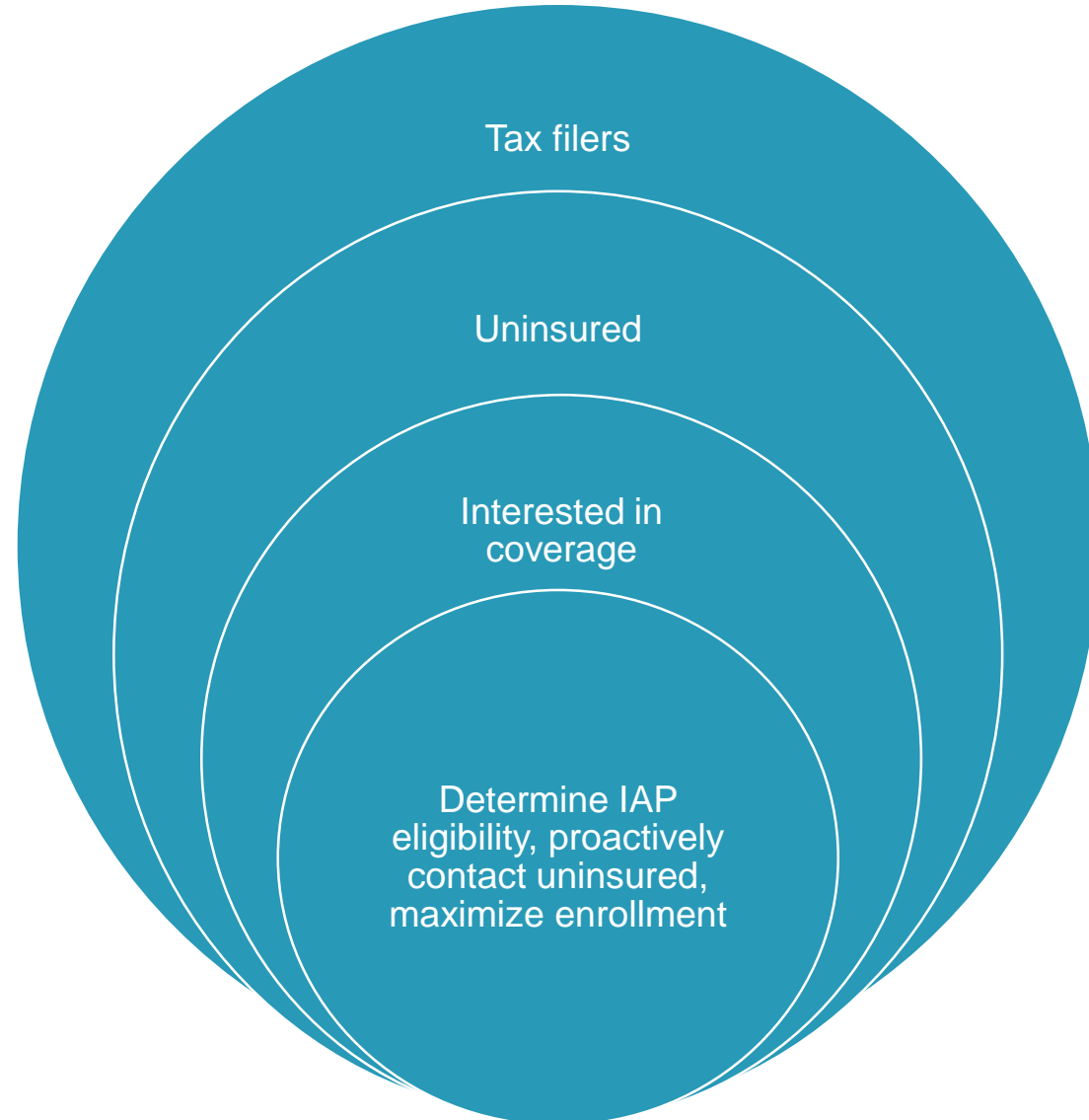
General provisions

- Exchange, Department of Health (Department), Comptroller shall "develop and implement systems, policies, and practices that encourage, facilitate, and streamline determination of eligibility for [IAPs] and enrollment in … coverage to achieve [MEEHP's] purposes…"

- Exchange, Comptroller, and Department authorized to take steps needed to accomplish MEEHP purposes

- Advisory Workgroup
  - Meets at least once every six months
  - Advises Comptroller on tax return language
  - Makes a report to the Legislature no later than 12/31/22 about
    - ❖ MEEHP effectiveness
    - ❖ Feasibility and desirability of individual responsibility requirement and automatic enrollment
    - ❖ If there is an individual responsibility requirement:
      - ➢ Amount of required payment
      - ➢ Desirability of letting consumers obtain insurance instead of making payment
  - Note: Other formal and informal working or advisory groups are allowed

- Exchange develops data privacy and security safeguards that ensure compliance with federal and state law

- Comptroller
  - Ensures that integrated tax system has the capability to collect individual responsibility amounts
  - Reports to the legislature, no later than 12/1/20, about cost and time needed to build that capability

State income tax return

- Checkoff box indicating whether tax filer or others in the household are uninsured
- Separate tax form, just for uninsured tax filer. Form includes:
  - Two checkoff boxes, one of which must be chosen for each uninsured person in tax household
    - ❖ **Box 1:** Have the exchange determine eligibility for IAPs, based on information in the tax return, and obtain additional data that may be relevant to IAP eligibility
    - ❖ **Box 2:** Do not have the exchange make that determination
  - Collect other information the exchange identifies as essential to determining IAP eligibility if
    - ❖ Not available from a reliable third-party data source
    - ❖ Not otherwise required to be provided on the tax return
    - ❖ Does not pertain to citizenship or immigration status
- Uninsured person picking Box 1 given the option to describe their preferred contact method
- Language
  - Checkoff boxes must as "simple, clear, and easy to understand as possible"
  - Tax instructions should describe the effects of checking the two boxes, including the purposes for which disclosed tax information may be used
  - Comptroller develops language of checkoff boxes and tax instructions
    - ❖ "In consultation with the Exchange"
    - ❖ "With the advice of the Advisory Workgroup"
- If Box 1 is checked, Comptroller conveys to the Exchange all "insurance-relevant" information from the return, which is "information about an uninsured individual that is needed for the exchange to"
  - Identify the individual, including when matching data from third-party sources
  - Facilitate a determination of IAP eligibility
  - Facilitate enrollment into coverage

Determining IAP eligibility

- General provisions
  - Determine as soon as possible after tax filing
  - To the maximum extent practicable, verify IAP eligibility
    - ❖ With data from tax return and other sources
    - ❖ Without requesting information or attestations from consumer
  - If information needed from individual, limit burden through
    - ❖ Proactive outreach, using requested contact method
    - ❖ Recording information electronically or telephonically
    - ❖ Facilitating selection of authorized representative

- Attempt to confirm, via data match, that all household members are citizens
  - If not, consumer must provide affirmative consent
  - Can provide consent via System for Alien Verification of Eligibility (SAVE)

- If consumer qualifies for Medicaid and CHIP
  - Enrolled into managed care organization (MCO) chosen by default, if consumer neither selects an MCO nor opts out

- If consumer ineligible for Medicaid/CHIP, exchange determines PTC eligibility

- Exchange outreach includes individualized notices and assistance
  - Can compensate enrollment entities based on number of enrollees

Questions?

Contact

sdorn@familiesusa.org

www.familiesusa.org

@FamiliesUSA

Consumer Notice Discussion

General Comments

Source	Comments	Responses
Tanya Schwartz	The letter feels quite long and tries to pack a lot of information in that may feel overwhelming to consumers. Consumers may not look beyond the first page so the most important things should be there and should include the action that needs to be taken (Complete the Application) and where to get help applying.	MHBE agrees the balance between length and providing sufficient detail is challenging. We'll continue to modify the notice based on feedback from consumers in Phase I.
HealthCare Access Maryland	Concerned about the many factors that might cause the information in the notice to be incorrect and having consumers come in expecting to get exactly what the notice says they "might" be eligible for. We feel a prominent disclaimer is needed, such as: *There are many things that affect eligibility for health insurance programs and financial assistance that are not available from your Maryland tax return. How long you have been in the U.S., current income, and the most recent information about your household all help determine what you are eligible for. This notice provides an estimate, but you should visit a navigator, call Maryland Health Connection or see a broker for help with an application.*	Accepted. Added a sentence about why estimate is an estimate and what other factors could change the outcome.
Tanya Schwartz	Instead of using **"eligibility"** terminology throughout the document, I recommend talking about being **"qualified"** – e.g. instead of "You may be eligible" use "You may qualify"	Accepted
Tanya Schwartz	I would change the word **"assistance"** to **"help"** throughout the document.	Accepted
Tanya Schwartz	Instead of using "Medicaid managed care organization (MCO)" and "managed care plan" I would just use "health plan."	Considered but retained
HealthCare Access Maryland	Definitions of Medicaid, MCHP, MCHP Premium and private insurance would be helpful.	Considered but not adopted in view of the length/detail balance.
HealthCare Access Maryland	We recommend analyzing the reading level and making it as low as possible.	Comment: we have made the reading level as low as possible while retaining meaning of difficult concepts and mindful of length of notice.
HealthCare Access Maryland	The work group should discuss how to balance the level of detail against the need to keep it simple for consumers to understand.	This will be helpful for Notice development for Phase II.

Opening Paragraph		

Tanya Schwartz	I'm concerned that **the "estimated eligibility determination"** language may be confusing.
	    I recommend using the following language for the first paragraph: "Based on the information provided on your Maryland state tax return, you may qualify for health coverage through Maryland Health Connection. (leave current sentence "You or members of your household….") Complete an application to find out if you qualify for health coverage.
	
	        To complete an application, take one of these steps:
	        For #2, I recommend writing "Call ( ) **to apply over the phone**………"
	
	Instead of the "Estimated Eligibility Results Chart" title, what about "You or members of your household may qualify for the following types of health coverage"
		Accepted and modified text.

Estimated Eligibility Results Table		
HealthCare Access Maryland	Rather than having separate columns for cost and APTC, consider combining them into just Monthly Cost and, for Private Health Plan, say "as low as" and apply the APTC to the lowest cost plan.	Considered but not adopted
	Consider changing "financial assistance" to "financial help" or a "discount"	Accepted, changed assistance to help.
Tanya Schwartz	Then there could be a second page that has whatever other information you want to include (e.g. estimated eligibility results).	N/A
Conditional Section		
Tanya Schwartz	This paragraph seems inaccurate – people don't have to change their "application" because they are already enrolled. Instead of the bolded sentence, how about "If your household or income has changed, please log in to…… to update your account…….." (or whatever language Maryland Health Connection currently uses to ask people to update their account when their situation changes).	Accepted and modified text.

MARYLAND
HEALTHBENEFIT
EXCHANGE

"Complete an Application" Section		
HealthCare Access Maryland	We suggest reordering the options. Those receiving this notice are likely to be people who have very little experience with health insurance and sitting with a navigator is the best way to get all of the information needed. Here is our suggested ordering: • Visit your regional consumer assistance organization for free help. Contact information is at the end of this notice. • Call Maryland Health Connection at <<{ExchgPhoneNo}>>. Deaf and hard of hearing use Relay service. • Visit an authorized producer (broker). Contact Maryland Health Connection at 1-855-642-8572 for help finding an authorized producer in your area. This help is available at no charge to you. • Visit MarylandHealthConnection.gov to create an account and complete an application.	Accepted and modified text.
HealthCare Access Maryland	For the same reason we recommended removing the sentence about those 65 and older from the tax form instructions, we would recommend removing it from the Complete an Application section of the notice.	Considered but not adopted. This sentence was added at the request of MDH.
HealthCare Access Maryland	We also suggest including what consumers need to bring to complete an application, including the notice itself, so that the navigator or broker understands what information the consumer has been given.	Accepted in part – added text to suggest bringing the notice itself, but did not add the full list of what's needed in light of the length/detail balance.

MARYLAND
HEALTHBENEFIT
EXCHANGE

"Enroll in Coverage" Section		
Tanya Schwartz	I don't think "Section 2. Enroll in Coverage" is needed as part of this notice since people aren't at that point in the process yet. I recommend just listing out the different types of health coverage that may be available and a little information on each of them – there should be high-level information on what they can expect next after they submit the application – e.g. how long will it take for them to hear back about whether they qualify, and then state that at that point they'll be given instructions on how to select a health plan.	Considered but not adopted as many will be able to apply and enroll in one sitting. Did amend text to add they will know what they qualify for immediately after submitting the application.
HealthCare Access Maryland	The MCO selection process may be too "in the weeds" for a notice. That's information they will receive when they apply and having it in the notice might cause confusion that would be a barrier to enrollment.	Considered but not adopted.
"Seek Help…" Section		
HealthCare Access Maryland	Here is our suggested ordering: • Visit your regional consumer assistance organization for free help. Contact information is at the end of this notice. • Call Maryland Health Connection at <<{ExchgPhoneNo}>>. Deaf and hard of hearing use Relay service. • Visit an authorized producer (broker). Contact Maryland Health Connection at 1-855-642-8572 for help finding an authorized producer in your area. This help is available at no charge to you. • Visit MarylandHealthConnection.gov to create an account and complete an application.	Accepted and re-ordered.
	• Consider adding something before the table of Consumer Assistance Organizations that explains what they are and how they help.	Accepted in part, but added to the How to the Apply section.

Revised Notice Talk-through

Adobe Acrobat
Document

Metrics for Measure

Data Collection & Reporting

- Goal: Establish demographic profiles of each category to develop a better picture of the remaining uninsured in Maryland

- Data collection categories

  1. Uninsured individuals and households seeking a pre-eligibility determination

  2. Uninsured individuals that enroll in coverage after receiving pre-eligibility determination notice

  3. Uninsured individuals that do not enroll even after receiving their pre-eligibility determination

- Gaps

  1. Uninsured individuals that did not allow their information to be shared with MHBE.

MARYLAND
HEALTH BENEFIT
EXCHANGE

Data Collection & Reporting

Factor	Parameters
Age	0-17, 18-25, 26-34,35-44, 45-54, 55-64, 65+
Income	<100%, >100%FPL and <=138% FPL, >=138% FPL and <150% FPL, >=150% FPL and <200% FPL, >= 200 and < 250% FPL, >= 250% FPL and 300% FPL, >= 300 FPL% and >=400% FPL
Family composition	Number of household members in tax filing household
Geography	Zip code, County, Region (Metro Baltimore, Eastern Shore, etc.)
Race	As available in the HBX

MARYLAND
HEALTHBENEFIT
EXCHANGE

Data Collection & Reporting

Category	Output
Uninsured individuals and households seeking a pre-eligibility determination	Shown in trend-over-time graph during filing season
Uninsured individuals that enroll in coverage after receiving pre-eligibility determination notice	QHP: Average APTC/CSR, Average Premium, Metal level distribution, Age distribution, Carrier distribution, Age and geography, Geographic map of enrollment (% w/ assistance/% w/o assistance), Plan information, broker /navigator assisted enrollment, or self-enrolled, average number of coverage months Medicaid: Geography
Uninsured individuals that do not enroll even after receiving their pre-eligibility determination	Estimated APTC "left on the table." See above.
Estimated number of uninsured remaining in each zip/county	

Task Group Discussion

MEEHP Phase II Implementation Task Group

- Will consider the implementation of the Phase II process to contemplate required changes to the tax form, including tax questions, to establish an eligibility determination for health coverage

- Will consider the information technology build to implement Phase II

MARYLAND
HEALTHBENEFIT
EXCHANGE

MEEHP FAQ, Outreach, and Education Bank Task Group

- Will consider the education needs of tax preparers and tax filers who use the MEEHP

- Will consider opportunities to leverage Work Group member networks to build awareness of the MEEHP

- Will consider modifications to the current notice to under Phase II

MARYLAND
HEALTHBENEFIT
EXCHANGE

MEEHP Data, Analysis, and Metric Task Group

- Will consider metrics for success in Phase I – 2020

- Will consider metrics for success in Phase II – 2021

- Will consider opportunities to contribute to the academic/research space on the success of the MEEHP

MARYLAND
HEALTHBENEFIT
EXCHANGE

Task Group Assignments

- A poll will be sent out to members, asking them to list which group they would like to be on and why:

  - Please include any relevant experience/reasoning why you believe you should serve on this task force

  - If you have multiple top choices, please include reasoning for both

- Co-chairs/MHBE staff will evaluate answers and sort participants based on their top choices, unless they believe members would be suited better elsewhere.

- Co-chairs/MHBE staff will collaborate on Task Group session planning/logistics.

MARYLAND
HEALTH BENEFIT
EXCHANGE

Future Meeting Discussion

Public Comment

Adjournment