MEEHP Work Group Meeting

March 24, 2021

MARYLAND HEALTH BENEFIT EXCHANGE

Agenda

11AM-11:05AM

- **Welcome**

  Stan Dorn and Deb Rivkin, Co-chairs of MEEHP Work Group

11:05AM-11:35AM

- **Updates and Review of Year One Results**
  - Johanna Fabian-Marks, Director of Policy and Plan Management, MHBE

11:35AM-12PM

- **High Level Overview of Phase 2 Vision**
  - Johanna Fabian-Marks, MHBE
  - Elvina Morris, Director of IT Policy, Operations & Quality, MHBE

12PM-12:15PM

- **Roadblocks to Auto Enrollment in Coverage**
  - Johanna Fabian-Marks, MHBE
  - Alyssa Brown, Acting Director, Innovation, Research, and Development Office of Health Care Financing, MDH

12:15AM-12:50PM

- **Maryland Citizen's Health Initiative Presentation on Focus Group Findings**
  - Steve Raabe, Opinion Works
  - Betsy Plunkett, Director, Marketing & Web Strategies, MHBE

12:50AM-1PM

- **Public Comment**

Updates and Review of Year One Results

Updates

- State income tax filing deadline extended to July 15
- American Rescue Plan Act – expanded premium subsidies will be implemented April 1.
  - Increases premium tax credits for people under 400% FPL (about 50,000 for an individual and about $100,000 for a family of four) – for 2021 and 2022
  - Expands premium tax credit eligibility to individuals over 400% FPL – for 2021 and 2022
  - In households where the tax filer or spouse received unemployment for any length of time in 2021, the household is eligible for APTC and cost-sharing reductions as if their income were 139% FPL (for 2021 only)
- HB 1002/SB – would create an Easy Enrollment-like process between the Maryland Department of Labor and MHBE for unemployment recipients

Household Income (except AK & HI)*			Premium Cap (max % of income for benchmark Silver plan)	
% FPL	Single Adult	Family of Four	ACA (official)	Am Rescue Plan (HR 1319)
< 100%	< $12,760	< $26,200	*Medicaid* *n/a****	*Medicaid* *n/a****
100 - 133%**	$16,971	$34,846	*Medicaid* **2.07%**	*Medicaid* **0%**
133 - 150%	$19,140	$39,300	3.10 - 4.14%	0%
150 - 200%	$25,520	$52,400	4.14 - 6.52%	0 - 2%
200 - 250%	$31,900	$65,500	6.52 - 8.33%	2 - 4%
250 - 300%	$38,280	$78,600	8.33 - 9.83%	4 - 6%
300 - 400%	$51,040	$104,800	9.83%	6 - 8.5%
> 400%	> $51,040	> $104,800	*n/a*	8.5%

** for Hawaii, increase amounts by 15%; for Alaska, increase amounts by 25%*

*** Medicaid expansion technically cuts off at 133% FPL but in practice extends to 138% FPL via a 5% disregard*

**** Orange = States which haven't expanded Medicaid under the ACA (the Medicaid Gap)*

table by Charles Gaba / ACASignups.net

MARYLAND HEALTH BENEFIT EXCHANGE

Overview of 2020 Enrollment Rates

Individuals who "checked the box"	Individuals deemed eligible	Total applied during Tax Time SEP	Total enrolled during Tax Time SEP
60,645	53,146	9,131	4,015
		17.2% of eligible individuals	**7.6%** of eligible individuals

Total enrolled during 2022 OEP	Total enrolled: Tax Time SEP + 2022 OEP
886	4,901
1.7% of eligible individuals	**9.2% of eligible individuals**

MARYLAND HEALTH BENEFIT EXCHANGE

Breakdown of 2020 Enrollment Rates

Tax Time SEP Breakdown									
	Total Eligible	Total Enrolled	Conversion Rate	Under 18	18-34	Ethnicity Other	Ethnicity Black	Ethnicity White	Ethnicity Hispanic
With APTC	7,439	**841**	**11%**	<1%	**39%**	28%	24%	33%	8%
Unassisted	25,915	126	<1%	9%	**51%**	21%	17%	43%	8%
Medicaid/ MCHP	19,792	**3,048**	**15%**	15%	38%	32%	31%	25%	12%

Tax Time SEP + 2022 OEP Breakdown					
	Total Eligible	Total Enrolled: Tax Time SEP	Total Enrolled: 2022 OEP	Total enrolled: Tax Time SEP + 2022 OEP	Conversion Rate
With APTC	7,439	841	**352**	1,193	**16%**
Unassisted	25,915	126	**146**	272	<1%
Medicaid/ MCHP	19,792	3,048	388	3,436	**17%**

MARYLAND HEALTH BENEFIT EXCHANGE

2020 Enrollment by Age and Race (Tax Time SEP)

Enrollment by Age Group (Years)				
Age	QHP	Medicaid	Total	% of Total
<18	26	1,087	1,113	27.70%
18-25	124	506	630	15.70%
26-34	264	649	913	22.70%
35-44	195	350	545	13.60%
45-54	161	231	392	9.80%
55-64	162	213	375	9.30%
65+	35	12	47	1.20%

Enrollment by Race		
Asian/Pacific Islander	457	11.4%
Black	1,182	29.4%
White	1,106	27.5%
Native American	24	0.6%
Other	1,246	31.0%

MARYLAND HEALTH BENEFIT EXCHANGE

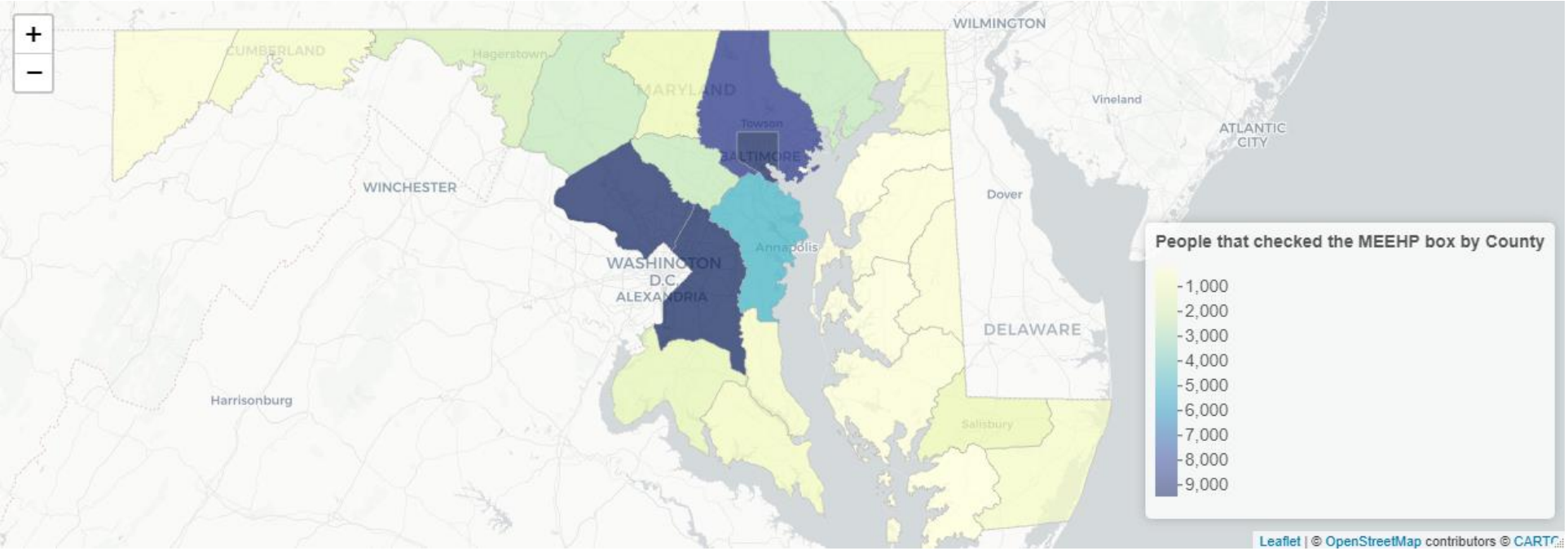
2020 Enrollment by County and Month (Tax Time SEP)

Enrollment by County		
Allegany	58	1.4%
Anne Arundel	301	7.5%
Baltimore	547	13.6%
Baltimore City	461	11.5%
Calvert	45	1.1%
Caroline	30	0.7%
Carroll	73	1.8%
Cecil	64	1.6%
Charles	109	2.7%
Dorchester	20	0.5%
Frederick	173	4.3%
Garrett	10	0.2%
Harford	133	3.3%
Howard	155	3.9%
Kent	12	0.3%
Montgomery	721	18.0%
Prince George's	715	17.8%
Queen Anne's	33	0.8%
Saint Mary's	55	1.4%
Somerset	19	0.5%
Talbot	25	0.6%
Washington	120	3.0%
Wicomico	109	2.7%
Worcester	27	0.7%

Enrollment by Month		
January	48	1.2%
February	115	2.9%
March	1,213	30.2%
April	933	23.2%
May	599	14.9%
June	359	8.9%
July	278	6.9%
August	338	8.4%
September	132	3.3%

MARYLAND HEALTH BENEFIT EXCHANGE

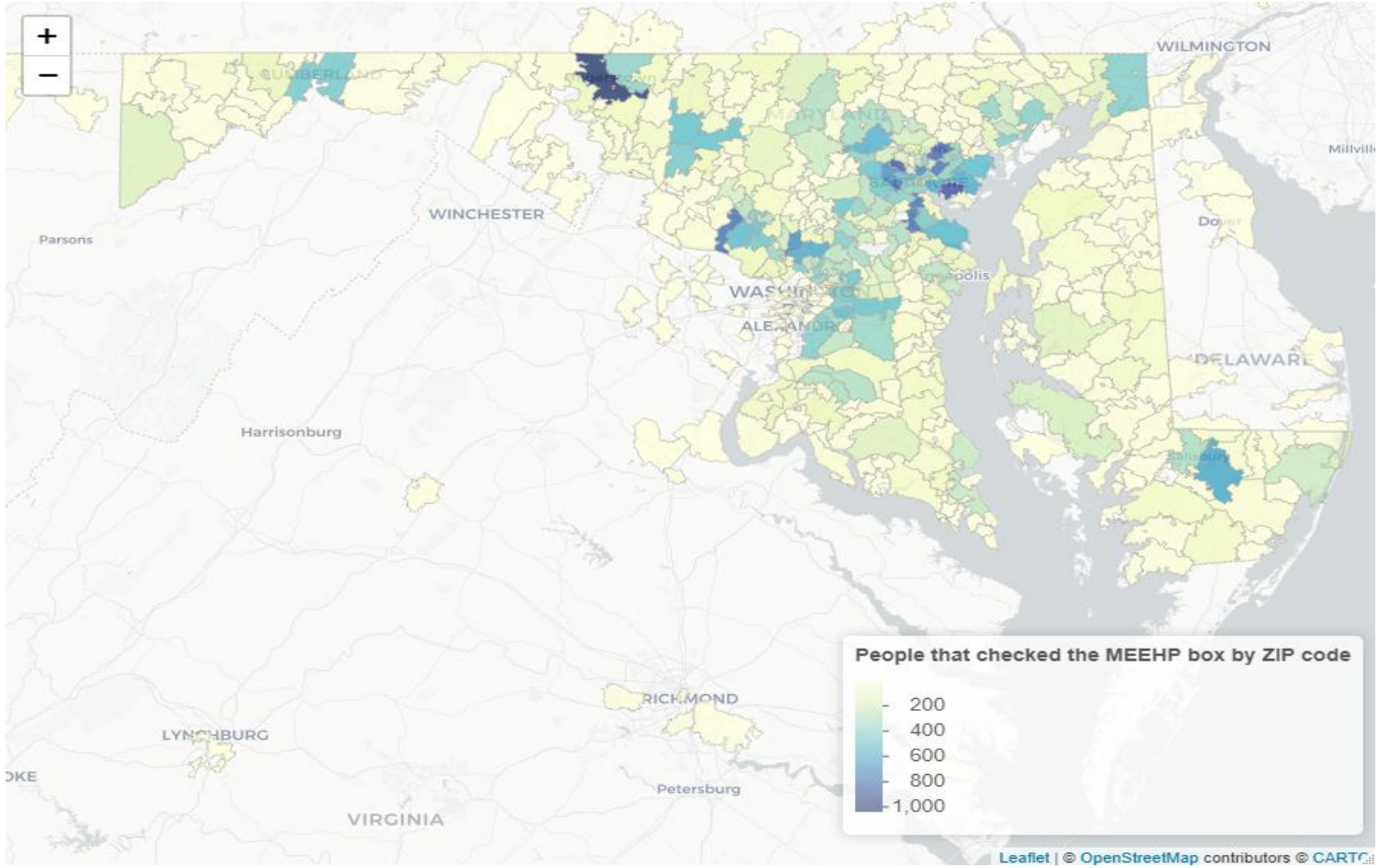
Number of Individuals Who Expressed Interest in Health Care Coverage (Checked the Box) on their Taxes, by County



https://www.marylandhbe.com/wp-content/uploads/2020/10/MEEHP_Chkd_Box_Dashboard.html

MARYLAND HEALTH BENEFIT EXCHANGE

Number of Individuals Who Expressed Interest in Health Care Coverage (Checked the Box) on their Taxes, by Zip Code



https://www.marylandhbe.com/wp-content/uploads/2020/10/MEEHP_Chkd_Box_Dashboard.html

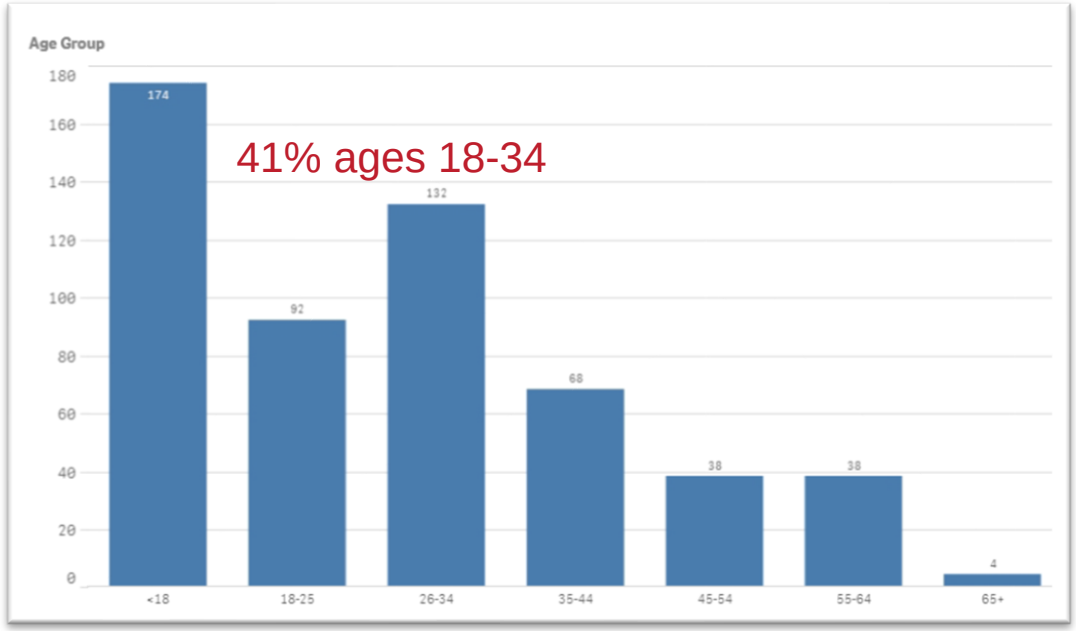
MARYLAND HEALTH BENEFIT EXCHANGE

Early 2021 Results as of March 15, 2021

Individuals who "checked the box"	Total applied	Total enrolled during Tax Time SEP
15,925	1,085	546

437 in Medicaid
80 in QHP w/APTC
29 in QHP w/o APTC

Enrollment by Age Group



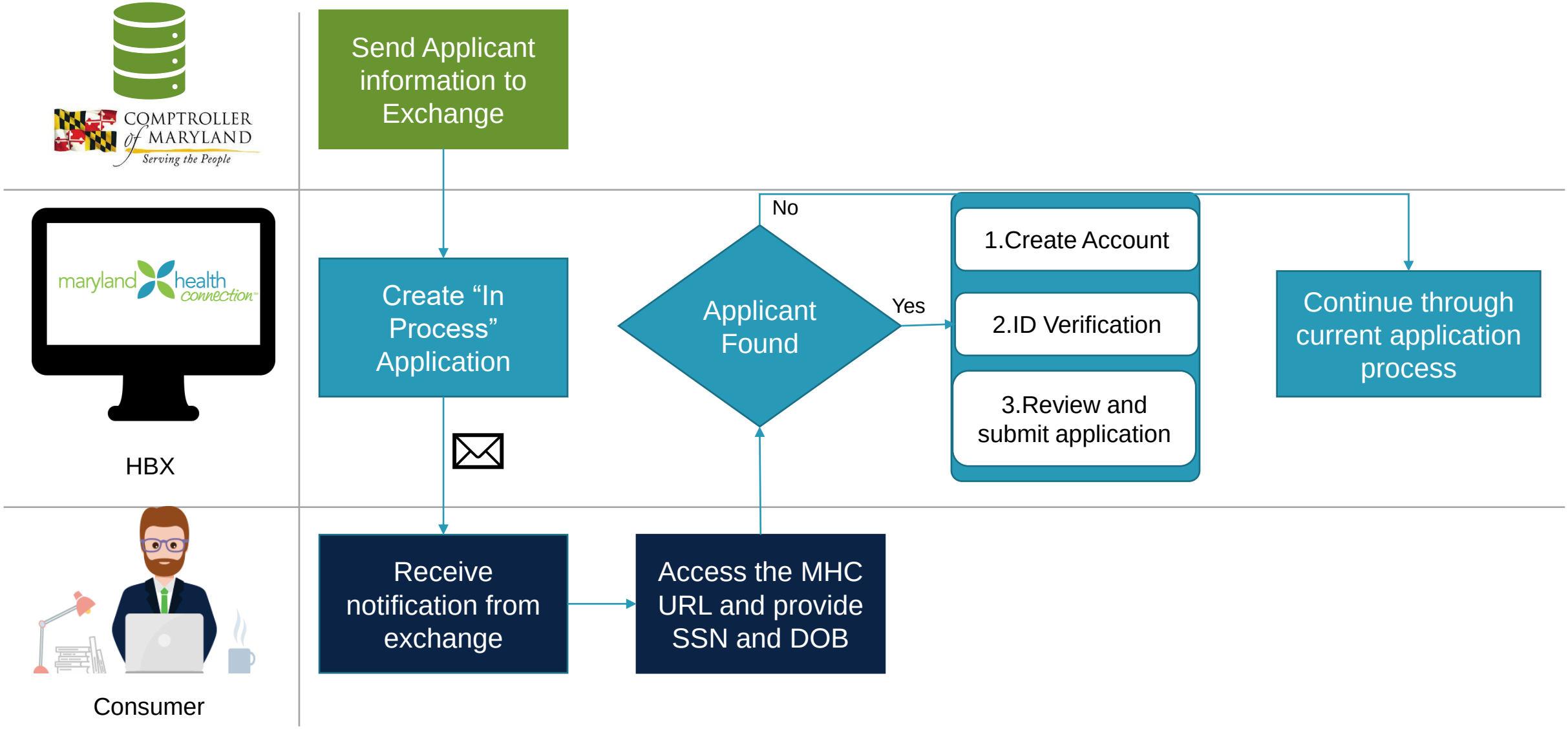
MARYLAND HEALTH BENEFIT EXCHANGE

Phase 2 Vision

Phase 2 Vision

- Much of the data collected through Maryland Health Connection mirrors the data provided on the state income tax return (e.g., address, household data, income, tax filing status)
- For individuals who receive the Tax Time SEP, we would pre-populate applications with data from the state income tax return as much as possible to simplify the enrollment process
- Individual would input any data not captured through the tax return and update any information that has changed since filing taxes
- We are aiming to implement this in early 2022, for 2021 tax filings.

MEEHP Phase 2



MARYLAND HEALTH BENEFIT EXCHANGE

Roadblocks to Auto Enrollment in Coverage

Citizenship Status

- Federal law requires that an individual attest to their citizenship status as part of the citizenship verification process required to enroll in Medicaid and QHPs.
- State law contemplates that MHBE will attempt to verify citizenship status using only the current data on the state tax form (e.g., Social Security Number, if provided) and reliable third-party sources of citizenship data and prohibits adding to the tax return information pertaining to citizenship or immigration status.
  - If verification is not possible, state law directs MHBE to follow up with the tax filer or uninsured individual.
  - However, as mentioned above, an attestation of citizenship status is required by CMS in all circumstances.

Income Verification

- Federal law requires that Medicaid eligibility be based on current month income, and APTC eligibility on projected annual income.
- Because the tax form supplies previous year's income, it is not possible to determine current monthly or projected annual income.
- Further complicating matters, under federal law, Medicaid and APTC eligibility is based on modified adjusted gross income, which is adjusted gross income plus, if any: untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.
  - These additional items are not currently collected on the state 502 or 502B forms.

MCHI Focus Group Findings

Maryland Easy Enrollment Health Insurance Program Focus Groups among Uninsured Marylanders

Fall 2020

Steve Raabe
President, OpinionWorks LLC

OpinionWorks Credentials

- Measure perceptions, behaviors
- Public polls, focus groups

Maryland Citizens' Health Initiative
- Healthcare access & messaging, public policy

The Baltimore Sun
- Polling elections and issues in Maryland since 2007

Community Catalyst
- Exploring social determinants of health among vulnerable populations (Nationally)

West Virginia Department of Health and Human Resources
- Barriers to cancer screening for low-income women

William Penn Foundation
- Exploring barriers to access to outdoor spaces in underserved communities (Greater Philadelphia)

Chesapeake Bay Trust
- Measuring environmental stewardship behaviors and intentions (Baywide)

The Recycling Partnership
- Testing messages, behavior prompts (Nationally)

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PUBLIC SPIRITED RESEARCH

Research Objective

Understand barriers to coverage for uninsured Marylanders,

and what that would encourage and enable them to secure coverage.

In that context, evaluate response to the Easy Enrollment Program,

its process, materials, and promotional outreach.

Focus Group Method: Listening for Consensus

Small group.

Cohesion within the group.

Trust. Affirmation.

Professional moderator.

120 minutes.

Encourage storytelling.

Probe feelings and intangibles.

Shirley Marté, Moderator

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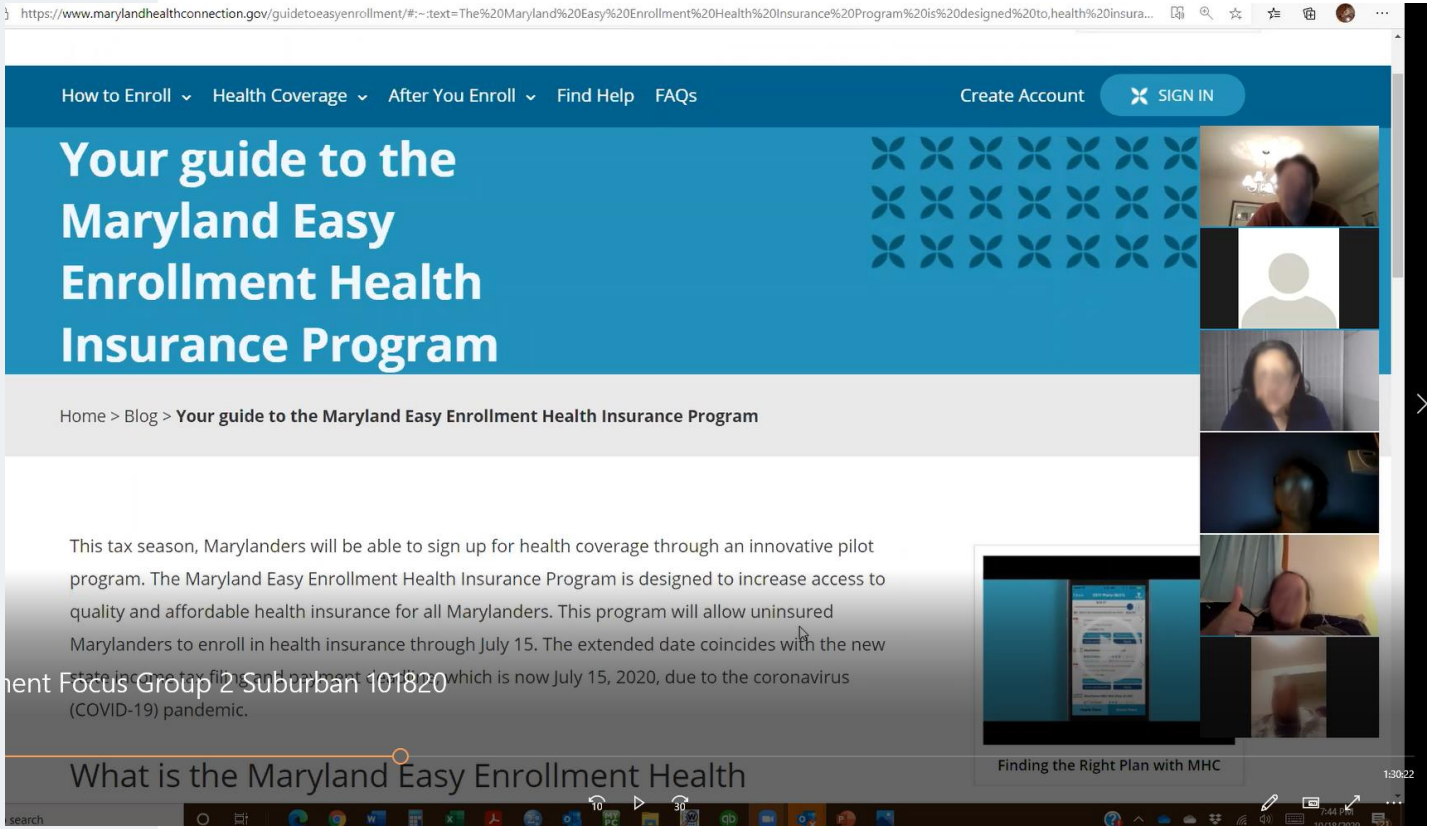
Virtual Focus Group Method: Authenticity

Four Segments:

1. African-American residents of Baltimore City
2. Suburban residents
3. Rural residents
4. Latinx residents, conducted in Spanish

October 18-November 1, 2020



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About the Uninsured Audience

A. Long-Term or Chronically Uninsured

Want the process to be easy

"Normally whenever I try to arrange (healthcare coverage) or try to shop around, sometimes I feel like I get overwhelmed and then I'm like, 'Hey, I'm not sick right now, anyway.' It's super stupid, super stupid. It's actually super stupid. But…I am definitely one of those people when something seems like it is taking a little bit too long, or I hit a speed bump…sometimes I get a little discouraged and I might just go into a totally different direction."

Can feel lucky or invincible with their health

Disappointing experiences with coverage in the past

"And I knew that with (my insurer), I had to make some copays and they would tell me, 'Oh, you're not covered for this, you're not covered for that.' And they were always charging me. That's when I decided not to have health insurance and pay for the fine instead."

Respond to an emphasis on "free or low-cost"

Often nervous about their health, and amply motivated to seek coverage

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About the Uninsured Audience

B. Newly Uninsured Due to COVID-Related Layoffs

Used to having employer-provided coverage

"With everything else going on in your life and not having a regular paycheck and doing some consulting projects, which don't pay anywhere near what you were used to making from my job, I just didn't want to spend the money. So I did briefly, kind of glanced at it, but I just wasn't ready because I've never paid out of pocket for healthcare. I've always had it provided by an employer, paid a small percentage like, I don't know, like 10%...payroll deduction. So I mean, as soon as I saw costs, I was like, 'No, I don't have that kind of money to spend.' I'd rather just take a chance."

Often shell-shocked, grieving, anxious

Not used to receiving help

May not know they qualify for assistance

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About the Uninsured Audience II

A. Want Coverage Immediately

Proactive

Want a streamlined process

Communicate electronically

Do it right now!

B. It's a Big Decision

Deliberative

Need time to see the options, think about it

Want to speak with someone, get help to make the best decision

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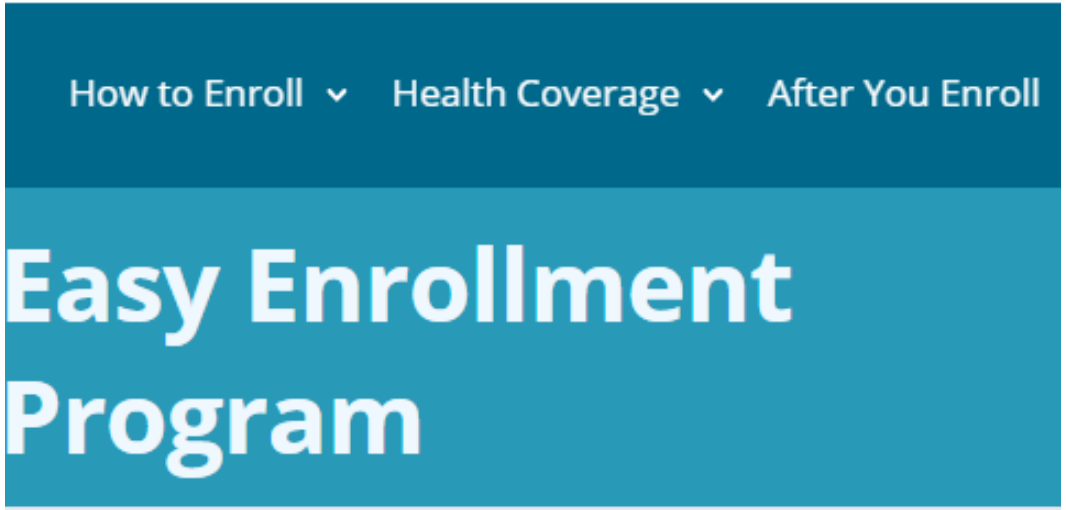
Finding 1: Thumbs up to Easy Enrollment

"I think it's brilliant, quite frankly. I like it. I wish I knew about this before. I had no idea it existed."
– Rural Participant

"It's very easy."
– Latina Participant

"I think it looks great. I mean, I would do it."
– Suburban Participant

"It's just right there, it's legit. No questions asked."
– Baltimore Participant



Finding 1A: A Natural Link to the State's Unemployment Insurance Program

It's a natural, people said.

"They have to go big with this, because people need this."

"…as soon as you walk in Unemployment, as you do paperwork… Have the flyers right there that you can take, or even like rip a piece off. And that to me is pretty powerful way to hit the people. I guess the State needs to look at where are people that need health insurance. Where are they hanging out? They're hanging out at the Unemployment office."

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Finding 2: The Audience wants to assert their personal agency & protect their privacy

MARYLAND FORM **502** RESIDENT INCOME TAX RETURN

195020149

2019
Page 2

NAME SSN

MARYLAND HEALTH CARE COVERAGE
See Instruction 30.

Check here ▶ ☐ if you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here ▶ ☐ if your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here ▶ ☐ I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ _____

People like the official tone and personal agency embodied in, "I authorize…"

Significant privacy concerns; participants suggest, "for the *sole* purpose…"

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Finding 3: The follow-up letter is well-received

Reasons for the Positive Response:

Official tone

Specificity

Urgency

Multiple response mechanisms

Many Immediate Questions, Though:

How much will it cost?

When will coverage begin?

What documents will I need?

Will my information be secure?

<<MHC Logo>>

April 1, 2021

JOHN SMITH
1600 PENNSYLVANIA AVE
BALTIMORE MD, 21202

Questions or need help?
Call us at 1-855-642-8572 (Deaf and hard of hearing use Relay service)

Based on your state tax return,
you may qualify for free or low-cost health insurance.
It's easy to enroll!

Visit MarylandHealthConnection.gov/EasyEnrollment
or call 1-855-642-8572
But you must do so by MAY 6, 2021

Dear JOHN SMITH,

As you requested when you filed your Maryland state income tax return, we have reviewed the information provided in your tax return and found you or members of your household may qualify for health insurance for free or at a low cost during this Tax Time Special Enrollment Period. **This special enrollment period ends MAY 6, 2021**

If you or members of your household are eligible for private insurance through Maryland Health Connection and/or financial help to pay for it, **you must apply and enroll within 35 days of the date of this letter**. If you or members of your household qualify for free or low-cost coverage through Medicaid or the Maryland Children's Health Program (MCHP), you may enroll at any time of the year.

Visit marylandhealthconnection.gov/easyenrollment or call 1-855-642-8572 for more information and for help applying. Maryland Health Connection can provide free help over the phone or refer you to free in-person help in your area. You can also download the "Enroll MHC" app to find assistance or apply and enroll on your phone.

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Finding 4: People appreciate the reminder but ask for changes in method and tone

Visually appealing, accessible

"Congratulations" welcoming, but too casual.

"…there'll be a segment of the population that once they see 'congratulations' they may instantly think that this is something like a raffle that I applied for, or possibly a scam or something like that."

Add an element of urgency

Many want electronic reminders

Text messages have unique reach

But keep a postcard in the mix

Congratulations! You recently received a letter from the Maryland Health Benefit Exchange confirming your eligibility for the special enrollment period.

You have 35 days from the date on your letter to enroll in a free or low-cost health plan that includes essential health benefits like doctor visits, preventative care, and prescription drugs.

Visit **MarylandHealthConnection.gov** or call **1-855-642-8572** for information or to enroll. Don't miss this opportunity to get covered and save in 2020!

Maryland Health Connection
P.O.Box 857
Lanham, MD 20703

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Finding 5: People want to see themselves reflected in the outreach

Not just race and ethnicity, but a diversity of ages should be represented

"…there was an older celebrity, and we don't know who that is. And it was directed to older generations. Maybe make it a younger thing or something like that.."

Facebook, Instagram have remarkable reach

The audience wanted a memorable phrase or tagline capturing the top selling point of the Easy Enrollment program

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Summary Recommendations

1. **Personal agency:** Ensure personal agency through tax form and follow-up language.
2. **Privacy:** Assure security and confidentiality of information.
3. **Credibility:** Build credibility through overt links to the State of Maryland.
4. **Urgency:** Speak directly. Convey a sense of urgency, reminding with a specific deadline.
5. **Clarity:** Ensure basic information is easy to find and questions are readily answered.
6. **Immediacy:** Employ electronic means of follow-up, including text messaging.
7. **Accessibility:** Ensure outreach reflects all the populations you are trying to reach. Provide materials in Spanish.
8. **New Reality:** Message for the newly uninsured, a distinct population.

Easy Enrollment:
Year Two

March 2021

Easy Enrollment Campaign

Digital marketing

- Organic social ads on Facebook, Twitter and Instagram
- Social press kit with easy-to-share graphics for partners in both English and Spanish
- Emails to consumers who sign up for updates driving them to information on our website
- New video for creating awareness about the program pushed via social and available on our website and YouTube in English and Spanish

Targeted marketing for those who checked the box

Research has told us:

Consumers respond to deadline-driven messaging.

Outreach materials need to be accessible to diverse audiences

Clarity is crucial

- Email as a follow up to the letter they receive about 35 days to enroll
- Postcard to mailboxes to remind those who checked the box to come in and shop for a plan
- Text message if they provided a cell number when they checked the box on their 502 form
- Navigators call consumers in their regions to offer help enrolling to those who checked the box

Appendix

Appendix 1: MHBE September Easy Enrollment Dashboard

MARYLAND EASY ENROLLMENT HEALTH INSURANCE PROGRAM DASHBOARD

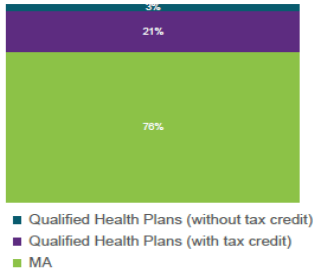
Period is from Feb 26, 2020 to the end date on report cover.

Household tax files sent from Comptroller

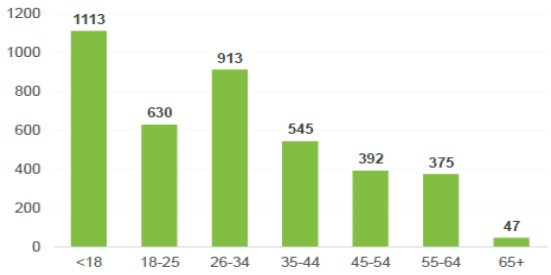
43,902

Total Enrollees

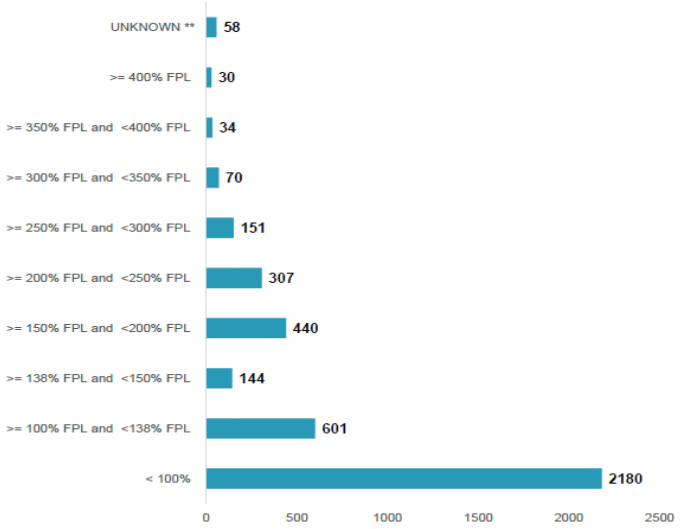
4,015



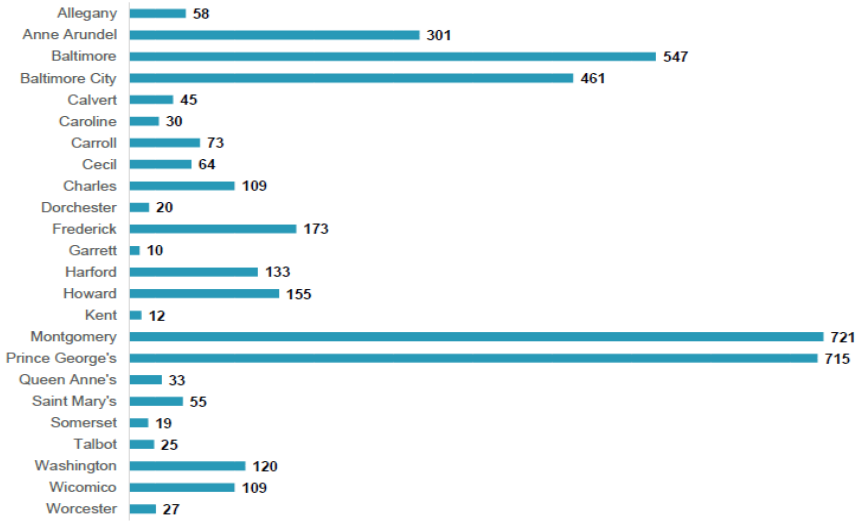
Consumers by Age Group



Enrollment by Household Income



Enrollment by County

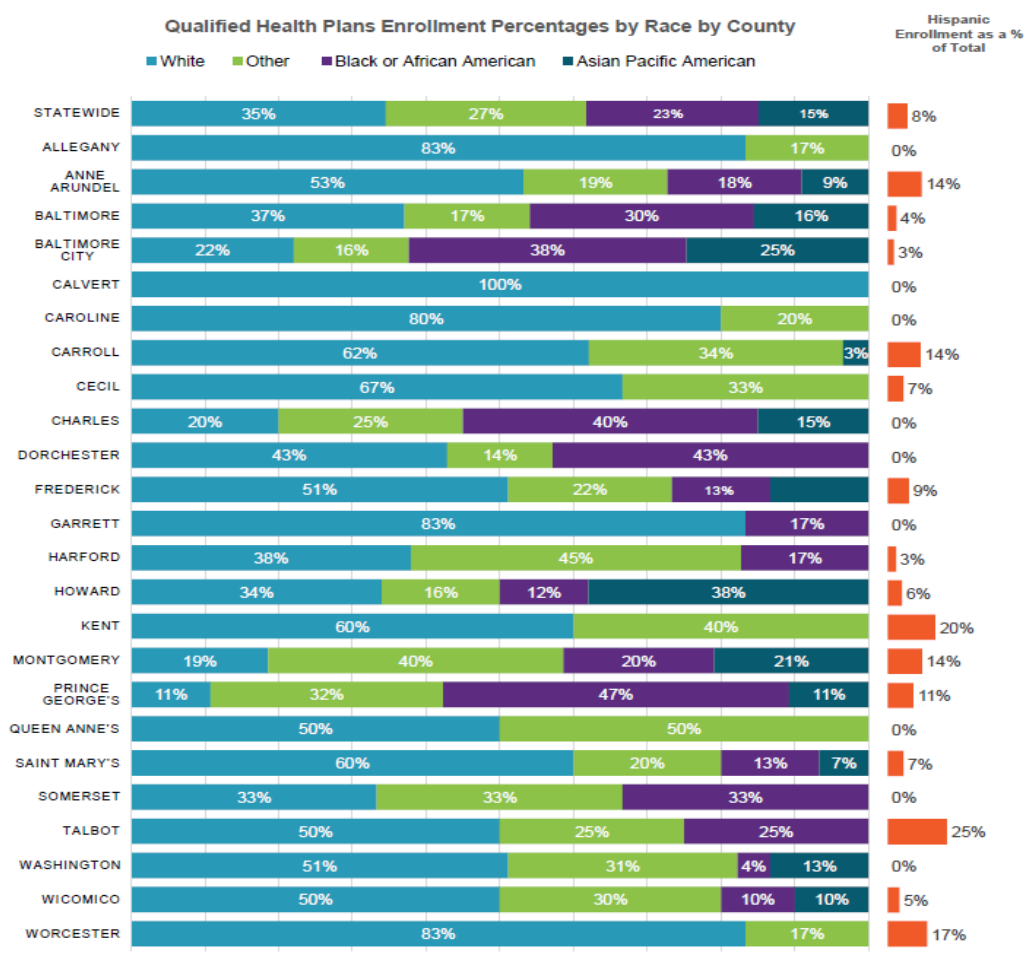


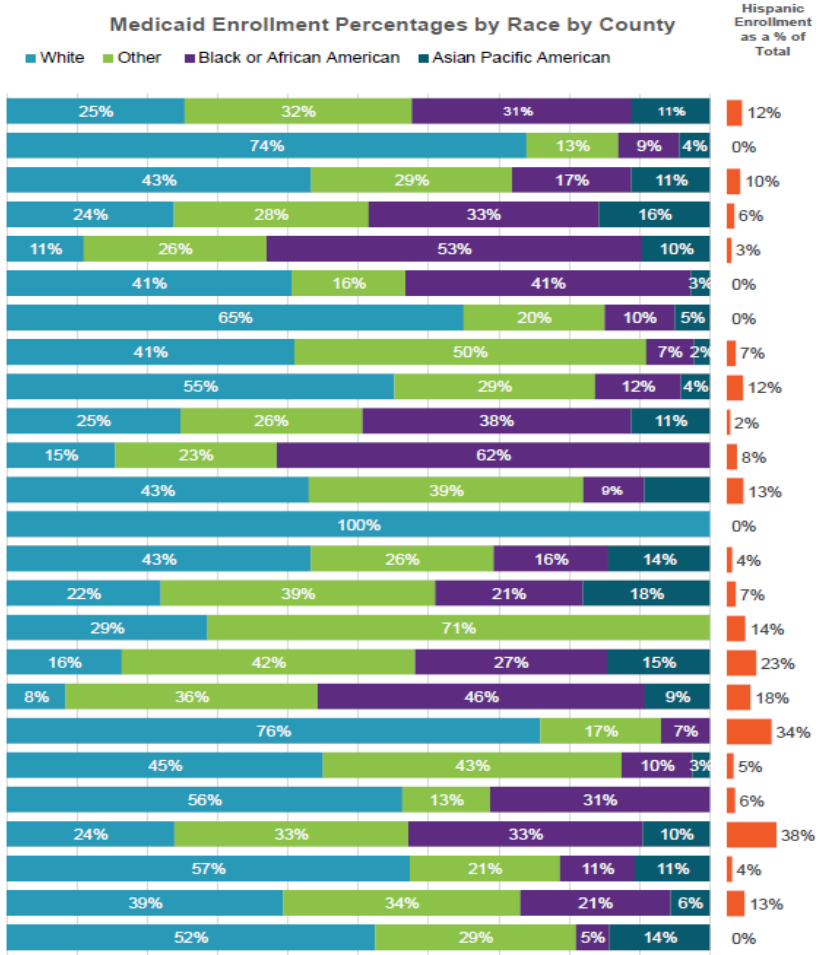
**Enrollees who did not submit household income information and thus were not eligible for financial help.
Household income eligibility based on percentages above the Federal Poverty Level, defined as $12,140 for an individual and $25,100 for a family of four.

Appendix 1: MHBE September Easy Enrollment Dashboard

MARYLAND EASY ENROLLMENT HEALTH INSURANCE PROGRAM RACE AND ETHNICITY

Period is from Feb 26, 2020 to the end date on report cover.





Race/ethnicity is reported voluntarily.

Individuals reporting voluntarily as Hispanic by ethnicity are also counted under race as they reported it.

2020 Enrollment Data – Additional Detail (Tax Time SEP)

	Number	Percentage
Number of Households Interested (checked the box)	43,902	n/a
Number of Eligible Households Interested*	40,003	91.1% of interested households
Number of Individuals Interested (checked the box)	60,645	n/a
Number of Eligible Individuals Interested*	53,146	87.6% of interested individuals
Number of Individuals Applied	9,131	17.2% of eligible individuals interested
Total Individuals Enrolled	4,015	7.6% of eligible individuals interested
Medicaid/MCHP	3,048	75.9% of individuals enrolled
QHP	967	24.1% of individuals enrolled
QHP with Financial Assistance	841	87.0% of QHP enrollment
QHP with No Assistance	126	13.0% of QHP enrollment

MARYLAND HEALTH BENEFIT EXCHANGE