



# Annual Report 2016

MARYLAND HEALTH BENEFIT EXCHANGE



[MarylandHealthConnection.gov](http://MarylandHealthConnection.gov)

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Lt. Gov. Boyd K. Rutherford

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The Patient Protection and Affordable Care Act (ACA) gave states a choice to establish a state-based health insurance marketplace, join a partnership or participate in the federally facilitated marketplace by 2014. Maryland opted to establish a state-based health insurance marketplace, Maryland Health Connection (MHC).

The Maryland Health Benefit Exchange (MHBE) operates the marketplace. Maryland Health Connection is where individuals and small businesses explore, compare and enroll in private health insurance and public assistance programs. It is the only place for Marylanders to access federal tax credits and cost-sharing subsidies to defer the cost of insurance.

MHBE is a public corporation and independent unit of Maryland State government. It is overseen by a nine-member Board of Trustees that includes the Secretary of Health and Mental Hygiene, Maryland Insurance Commissioner and Executive Director of the Maryland Health Care Commission, as well as three members appointed by the Governor representing employer and individual consumer interests and three additional board members appointed by the Governor.

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# Making Progress

The Maryland Health Benefit Exchange in 2016 continued to make great progress toward providing accessible, affordable health coverage through the state marketplace, Maryland Health Connection. More than 162,000 Marylanders enrolled in private plans for health coverage during the three-month open enrollment period for 2016, a 33% increase over the prior year.<sup>1</sup> That was one of the fastest growth rates in the nation, according to ACASignups.net. The uninsured rate in Maryland has been cut in half—from 14.5% in 2010 to 6.6% in 2015, according to the U.S. Census Bureau.

## By the Numbers

More than 1 million Marylanders are now covered through Maryland Health Connection. Here are some highlights from 2016:

- **162,652** Marylanders enrolled in **Qualified Health Plans** for 2016 plans—a 33% increase from the previous year. Of the total enrollments, 51,195 were new customers and 111,457 were returning enrollees.
- **30,313** Marylanders enrolled in 2016 **dental plans**.
- **125** **licensed, trained Navigators** are available to help Marylanders through the enrollment process.
- **1,000** **licensed, trained Brokers** are available to help Marylanders through the enrollment process.
- **1.3 million** **unique visitors** to MarylandHealthConnection.gov.
- **Uninsured in Maryland** cut from **10.2%** (593,000\*) of state population in 2013 to 7.9% (463,000) in 2014 to 6.6% (389,000) in 2015. (Source: U.S. Census Bureau, \*civilian, non-institutionalized population)
- 745,000 Marylanders lacked health insurance pre-Affordable Care Act. (Source: Hilltop Institute, UMBC)
- As of September 2016, 142,872 covered in private insurance and 278,212 Medicaid expansion individuals = 421,084<sup>2</sup> covered as a result of the ACA in Maryland.
- Including Medicaid, 1,110,706 insured through Maryland Health Connection as of Sept. 30, 2016—**1 of every 6 people in Maryland.**

<sup>1</sup> More than 162,000 Marylanders enrolled in health coverage for 2016 through the state marketplace, Maryland Health Benefit Exchange press release, Feb. 10, 2016

<sup>2</sup> Data from Maryland Health Benefit Exchange and Maryland Department of Health and Mental Hygiene (DHMH)

## Percentage Change in Uninsured Rate by County, 2013-2015<sup>3</sup>

Region	County	2013	2014	2015	Change in % Uninsured
Western	Frederick County	7	6	5	-2
Western	Howard County	6	5	4	-2
Southern	Calvert County	7	6	4	-3
Western	Carroll County	7	5	4	-3
Upper	Harford County	8	6	5	-3
Central	Anne Arundel County	9	6	5	-4
Upper	Cecil County	11	7	7	-4
Southern	Charles County	9	6	5	-4
Capital	Montgomery County	9	7	5	-4
Upper	Queen Anne's County	9	6	5	-4
Southern	St. Mary's County	9	7	5	-4
Central	Baltimore County	12	8	7	-5
Upper	Talbot County	12	8	7	-5
Western	Washington County	13	9	8	-5
Western	Allegany County	16	10	10	-6
Upper	Caroline County	14	9	8	-6
Upper	Dorchester County	16	11	10	-6
Upper	Kent County	13	9	7	-6
Capital	Prince George's County	14	9	8	-6
Lower	Worcester County	14	9	8	-6
Central	Baltimore City	18	12	11	-7
Western	Garrett County	15	10	8	-7
Lower	Wicomico County	16	10	9	-7
Lower	Somerset County	18	11	10	-8

<sup>3</sup> Enroll America, County-Level Data Table

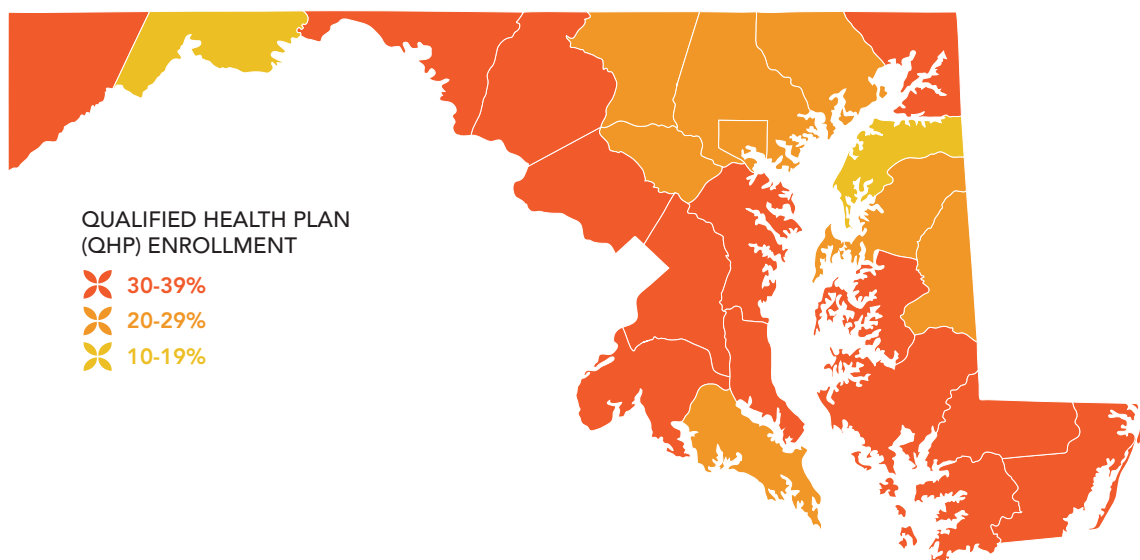
# Targeting the Uninsured

## Enrollment Gains by County

The 2016 open enrollment period saw significant enrollment increases in private Qualified Health Plans (QHPs) across the state and among target populations. The heat map below shows percent gains in enrollment by county.

### Qualified Health Plan Enrollment

Across the state, enrollment in Qualified Health Plans increased by 33%.



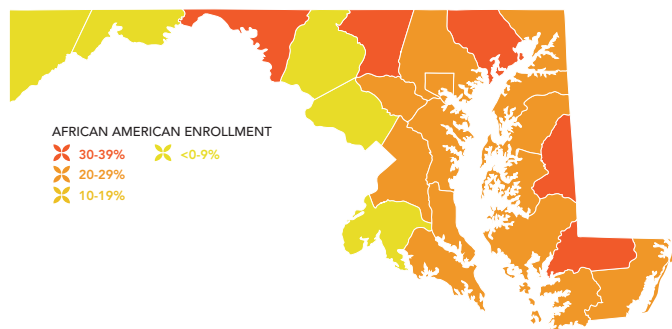
## Targeted Outreach

MHBE identified three populations for targeted outreach and marketing in an effort to further reduce the uninsured rate and ensure all Marylanders get covered. Specifically, the agency sought to increase enrollment among African Americans, Hispanics and young adults (ages 18-34). Gains were realized across the state, as illustrated by the heat maps below.

### African American Enrollment

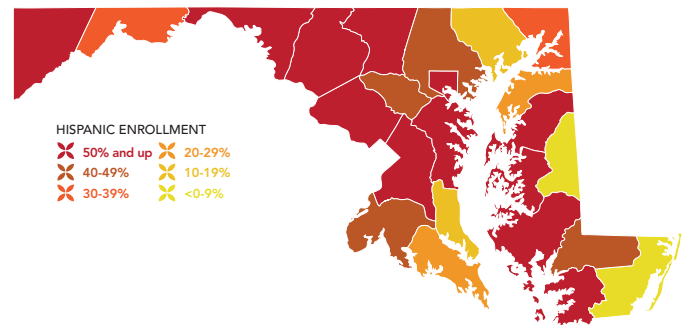
Across the state, enrollment among African Americans increased by 13%. High uninsured rates for African Americans and Hispanics have decreased twice as quickly as for whites during the past three years, according to researchers at the University of Maryland School of Public Health.<sup>4</sup>

Note: It is optional for consumers to identify their race or ethnicity when they apply.



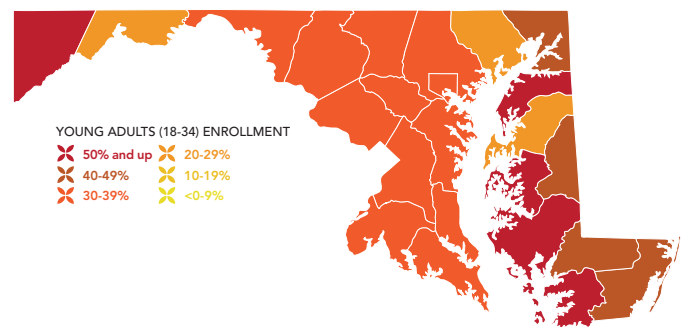
### Hispanic Enrollment

Across the state, enrollment among Hispanics increased by 59%.



### Young Adults (ages 18-34) Enrollment

30% of 2016 enrollments in Maryland were in the 18-34 year-old range, tied for ninth in the country.<sup>5</sup> That was greater than the national average of 27% and greater than Maryland's rate of 27% for young adults a year earlier.



<sup>4</sup> UMD Study Finds Affordable Care Act Has Reduced Racial & Ethnic Health Disparities, University of Maryland, Oct. 18, 2016

<sup>5</sup> Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, Assistant Secretary for Planning and Evaluation (ASPE), Feb. 1, 2016

# Financial Help

Nine in 10 Marylanders who enrolled through Maryland Health Connection got financial help to pay for their health plan. Maryland Health Connection is the only place Marylanders can get financial help to cover the cost of their coverage.



## Advanced Premium Tax Credits



**\$327**

Average Member Tax Credit per Month<sup>6</sup>



**59,499**

Average Number of Maryland Households  
Receiving Tax Credits per Month<sup>7</sup>



Since January 2015,<sup>8</sup> Marylanders have received

**\$444,107,381**

in Advanced Premium Tax Credits

<sup>6,7</sup> November 2015-October 2016

<sup>8</sup> January 2015-October 2016



## Average Advanced Premium Tax Credit by State

### 2015 Advanced Premium Tax Credit Totals by Month

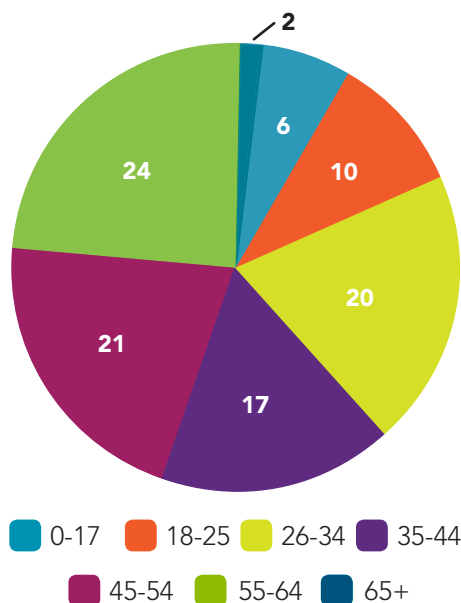
March 2016 (for individuals receiving APTC)<sup>9</sup>

State	Avg. APTC per Month (for all APTC enrollees)	State	Avg. APTC per Month (for all APTC enrollees)
National Average	\$291	Missouri	\$315
Alabama	\$310	Montana	\$306
Alaska	\$750	Nebraska	\$296
Arizona	\$230	Nevada	\$268
Arkansas	\$306	New Hampshire	\$261
California	\$309	New Jersey	\$322
Colorado	\$318	New Mexico	\$212
Connecticut	\$357	New York	\$178
Delaware	\$330	North Carolina	\$401
District of Columbia	\$183	North Dakota	\$262
Florida	\$305	Ohio	\$250
Georgia	\$291	Oklahoma	\$298
Hawaii	\$270	Oregon	\$253
Idaho	\$265	Pennsylvania	\$248
Illinois	\$237	Rhode Island	\$250
Indiana	\$259	South Carolina	\$312
Iowa	\$307	South Dakota	\$307
Kansas	\$247	Tennessee	\$299
Kentucky	\$258	Texas	\$271
Louisiana	\$362	Utah	\$187
Maine	\$342	Vermont	\$300
Maryland	\$243	Virginia	\$276
Massachusetts	\$190	Washington	\$238
Michigan	\$233	West Virginia	\$388
Minnesota	\$203	Wisconsin	\$332
Mississippi	\$306	Wyoming	\$459

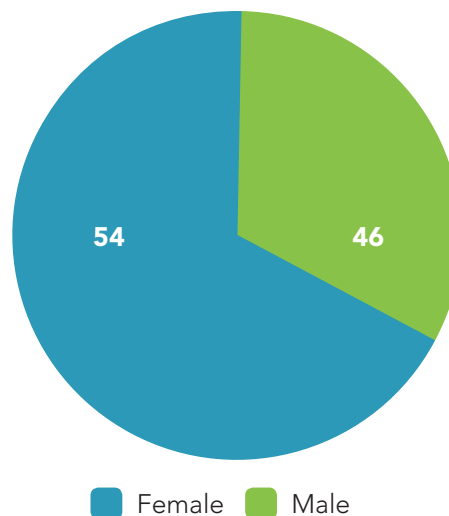
<sup>9</sup> Effectuated Enrollment Snapshot, Centers for Medicaid and Medicare Services (CMS), June 30, 2016

# Additional 2016 Enrollment Data

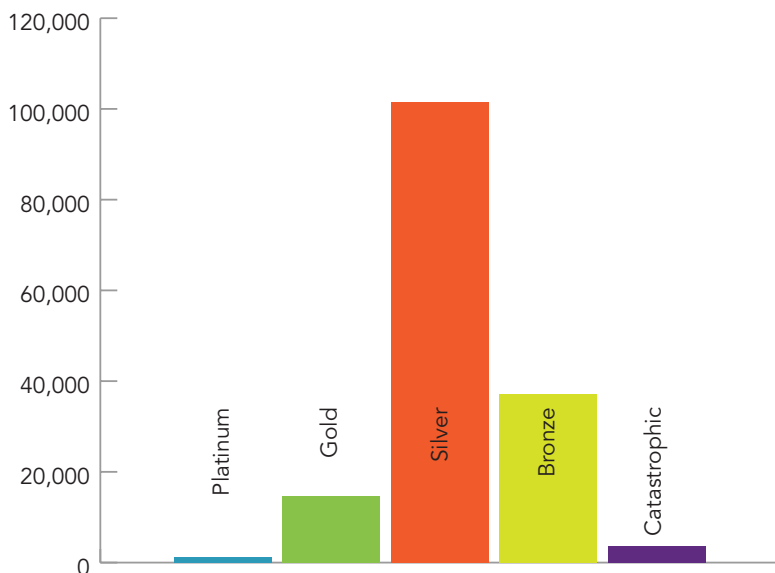
QHP Enrollments by Age (%)



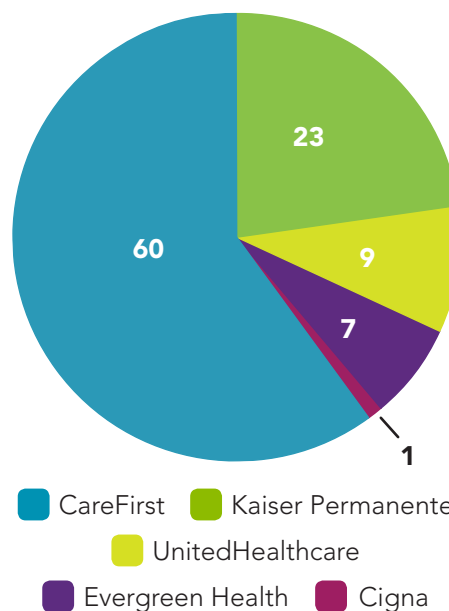
QHP Enrollments by Gender (%)



QHP Enrollments by Plan Type



Carrier Market Share (%)



## 2016 Enrollment Plan Selections

(Nov. 1, 2015–Sept. 30, 2016)

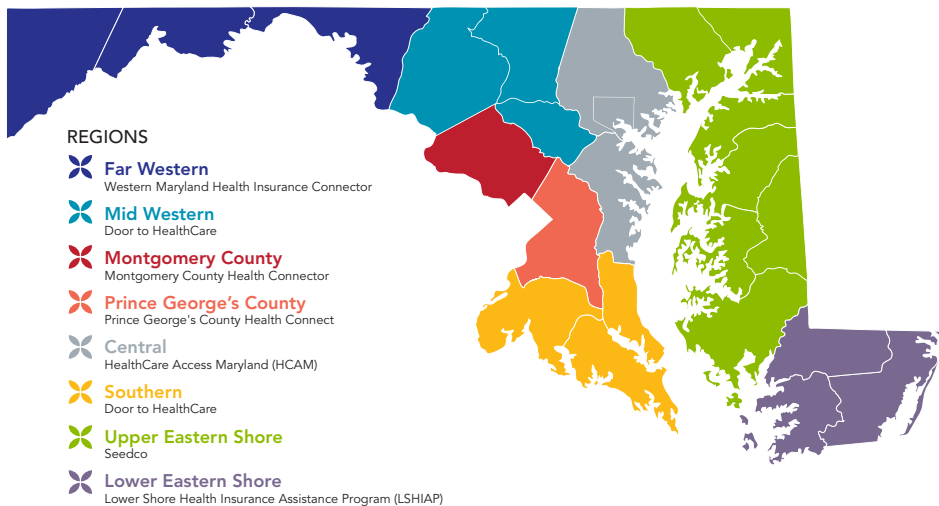
Plan Choice	Carrier	Type	Metal Level	Enrollment
BlueChoice HMO HSA Silver \$1,350	CareFirst	HMO	Silver	30,134
KP MD Silver 2500/30/Dental/Ped Dental	Kaiser	HMO	Silver	14,424
BlueChoice HMO HSA Bronx \$6,000	CareFirst	HMO	Bronze	11,741
KP MD Silver 2750/20%/HSA/Dental/Ped Dental	Kaiser	HMO	Silver	10,910
BlueChoice Plus Silver \$2,500	CareFirst	POS	Silver	8,004
BlueChoice HMO HSA Bronze \$6,550	CareFirst	HMO	Bronze	7,929
Silver Compass 4500	United	HMO	Silver	7,605
BlueCross BlueShield Preferred 1600, an MSP	CareFirst	PPO	Silver	6,181
BlueChoice Plus Bronze \$5,500	CareFirst	POS	Bronze	5,117
BlueChoice HMO Silver \$2,000	CareFirst	HMO	Silver	3,696
HealthyBlue Plus Gold \$750	CareFirst	POS	Gold	3,602
KP MD Silver 1500/30/Dental/Ped Dental	Kaiser	HMO	Silver	2,534
BluePreferred PPO HSA Bronze \$4,500	CareFirst	PPO	Bronze	2,502
BlueChoice HMO Young Adult \$6,850	CareFirst	HMO	Catastrophic	2,204
Evergreen Health POS Silver 4850	Evergreen	POS	Silver	2,162
Evergreen Health Select Silver 4400	Evergreen	POS	Silver	1,993
Evergreen Health HMO Open-Access Silver 3000	Evergreen	HMO	Silver	1,942
Evergreen Health HMO Open Access Silver HSA 2000	Evergreen	HMO	Silver	1,818
BlueCross BlueShield Preferred 500, an MSP	CareFirst	PPO	Silver	1,764
Gold Compass 0	United	HMO	Gold	1,630
HealthyBlue HMO Gold \$250	CareFirst	HMO	Gold	1,562
KP MD Bronze 4500/50/Dental/Ped Dental	Kaiser	HMO	Bronze	1,176
Silver Compass HSA 2000	United	HMO	Silver	1,164
HealthyBlue HMO Gold \$1,000	CareFirst	HMO	Gold	1,063
KP MD Bronze 6000/20%/HSA/Dental/Ped Dental	Kaiser	HMO	Bronze	1,016
KP MD Platinum 0/20/Dental/Ped Dental	Kaiser	HMO	Platinum	885
Gold Compass 1000	United	HMO	Gold	834
KP MD Gold 0/20/Dental/Ped Dental	Kaiser	HMO	Gold	777
KP MD Catastrophic 6850/0/Dental/Ped Dental	Kaiser	HMO	Catastrophic	633
KP MD Bronze 5000/50/HSA/Dental/Ped Dental	Kaiser	HMO	Bronze	622
KP MD Gold 1000/20/Dental/Ped Dental	Kaiser	HMO	Gold	532
Cigna Access HSA Silver 2750	Cigna	PPO	Silver	479

Bronze Compass 6500	United	HMO	Bronze	449
Evergreen Health HMO Open-Access Bronze HSA 6200	Evergreen	HMO	Bronze	434
Silver Choice 2500	All Savers	EPO	Silver	381
Bronze Compass HSA 5500	United	HMO	Bronze	368
Evergreen Health POS Gold 900	Evergreen	POS	Gold	306
Evergreen Health POS Bronze 6200	Evergreen	POS	Bronze	289
Silver Choice HSA 3650	All Savers	EPO	Silver	252
Evergreen Health HMO Open-Access Platinum 350	Evergreen	HMO	Platinum	238
Gold Choice 1500	All Savers	EPO	Gold	214
Evergreen Health POS Gold HSA 1400	Evergreen	POS	Gold	191
Silver Choice 3000	All Savers	EPO	Silver	149
Cigna Access Flex Gold 1000	Cigna	PPO	Gold	145
Evergreen Health HMO Open-Access Gold 1100	Evergreen	HMO	Gold	122
Silver Choice 4400	All Savers	EPO	Silver	117
Evergreen Health Select Platinum 250	Evergreen	HMO	Platinum	114
Cigna Access HSA Bronze 6000	Cigna	PPO	Bronze	87
Evergreen Health Select Gold 1100	Evergreen	HMO	Gold	78
Bronze Choice HSA 6350	All Savers	EPO	Bronze	77
Bronze Choice 6350	All Savers	EPO	Bronze	62
Catastrophic Choice 6850	All Savers	EPO	Catastrophic	49
BlueChoice HSA Silver \$1,300	CareFirst	HMO	Silver	36
Evergreen Health HMO Open-Access The Basics 6850	Evergreen	HMO	Silver	25
BlueChoice HSA Bronze \$6,000	CareFirst	HMO	Bronze	11
HealthyBlue Platinum \$0	CareFirst	POS	Platinum	10
BlueCross BlueShield Preferred 1500, an MSP	CareFirst	PPO	Silver	8
Evergreen Health HMO Silver HSA/HRA 1700	Evergreen	HMO	Silver	6
Evergreen Health HMO Silver 4500	Evergreen	HMO	Silver	3
BlueChoice Silver \$2,000	CareFirst	HMO	Silver	1
Evergreen Health POS Silver 3000	Evergreen	POS	Silver	2
BluePreferred Platinum \$0	CareFirst	PPO	Platinum	2
BlueChoice HSA Bronze \$4,000	CareFirst	HMO	Bronze	2
BluePreferred HSA Bronze \$3,500	CareFirst	PPO	Bronze	2
KP MD SILVER 1750/25%/HSA/Dental/Ped Dental	Kaiser	HMO	Silver	1
Evergreen Health POS Platinum 0	Evergreen	POS	Platinum	1
Evergreen Health POS Gold HSA/HRA 1400	Evergreen	POS	Gold	1
myCigna Health Savings 3400	Cigna	PPO	Silver	1
<b>TOTAL</b>				<b>142,869</b>

# Free In-Person Help

Certified Navigators across the state provided in-person assistance to more than 150,000 Marylanders during the period of Oct. 1, 2015–June 30, 2016.

## Consumer Assistance Regions



Region	Consumer Assistance Organization	Jurisdiction
Far Western	Western Maryland Health Insurance Connector (NGO)*	Garrett, Allegany, Washington
Mid Western	Door to HealthCare (NGO)*	Howard, Carroll, Frederick
Montgomery	Montgomery County Health Connector	Montgomery
Prince George's	Prince George's County Health Connect	Prince George's
Central	HealthCare Access Maryland (NGO)*	Baltimore City, Baltimore County, Anne Arundel
Southern	Door to HealthCare (NGO)*	St. Mary's, Calvert, Charles
Upper Eastern Shore	Seedco (NGO)*	Harford, Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester
Lower Eastern Shore	Lower Shore Health Insurance Assistance Program	Worcester, Wicomico, Somerset

\*Non-governmental Organization

## Call Center

For the 2017 plan year, Maryland Health Connection (MHC) will operate Monday through Saturday during Open Enrollment (OE) Nov. 1, 2016–Jan. 31, 2017: Monday through Friday, 8 am–6 pm EST; Saturdays, 8 am–4 pm EST.

The MHC Call Center will have extended operating hours on:

- Sunday, Dec. 11, 2016 (Last Sunday prior to Dec. 15 deadline); 8 am–4 pm EST
- Thursday, Dec. 15, 2016 (Jan. 1 cutoff date); 8 am–Midnight EST
- Sunday, Jan. 29, 2017 (Last Sunday before close of OE); 8 am–4 pm EST
- Tuesday, Jan. 31, 2017 (Last day of OE); 8 am–Midnight EST

MHC Call Center will follow the State Holiday schedule outside of Open Enrollment (Feb. 1–Oct. 31).

## SHOP for Small Business

In July, MHBE chose BenefitMall<sup>10</sup> as the administrator for the Small Business Health Options Program (SHOP) offered through MHC. BenefitMall is responsible for reviewing applications, determining eligibility and other aspects of SHOP. For Maryland businesses with 50 or fewer employees, SHOP provides easy management of their health insurance and benefits program. BenefitMall is a national provider of employee benefits, payroll, human resources and employer services to more than 200,000 small and medium-sized businesses. It also operates HealthCareExchange.com, an online resource about the Patient Protection and Affordable Care Act. BenefitMall was selected to administer the Maryland SHOP through a competitive procurement process.

As of June 1, a total of 119 small businesses were using SHOP to cover more than 1,000 individuals. Of those businesses, 83% have fewer than 10 employees and 12% have fewer than 20 employees. Businesses with less than 25 full-time (equivalent) employees may be eligible for a tax credit for plans purchased through the Maryland Health Connection SHOP marketplace for any two consecutive tax years beginning in 2014. Small businesses are able to deduct premium costs not covered by the tax credit.

## Key Investments in IT

MHBE has made important investments in enhanced IT system functionalities. It developed passive renewals and Form 1095-A and -B automation in time for the 2016 open enrollment. It also added the functionality necessary to offer stand-alone dental plans for the first time since implementation of the new system. Other website improvements included a more mobile-friendly application and a unique quality-rating star system produced exclusively for Marylanders in concert with the Maryland Health Care Commission. The IT team added functionality to enable consumers to reset their own passwords and cancel policies online, which not only enhanced consumers' experience but also reduced volume and operational burdens on the call center. Special attention was paid to application improvements for the 2017 open enrollment to improve usability for consumers and reduce frustration. These included refining the anonymous plan-browsing experience, and clarifying screen text at common trouble areas such as whether the applicant was seeking financial help and who to include as members of a household when applying. Instructions about how to verify information in the consumer's application and how to upload documents were clarified.

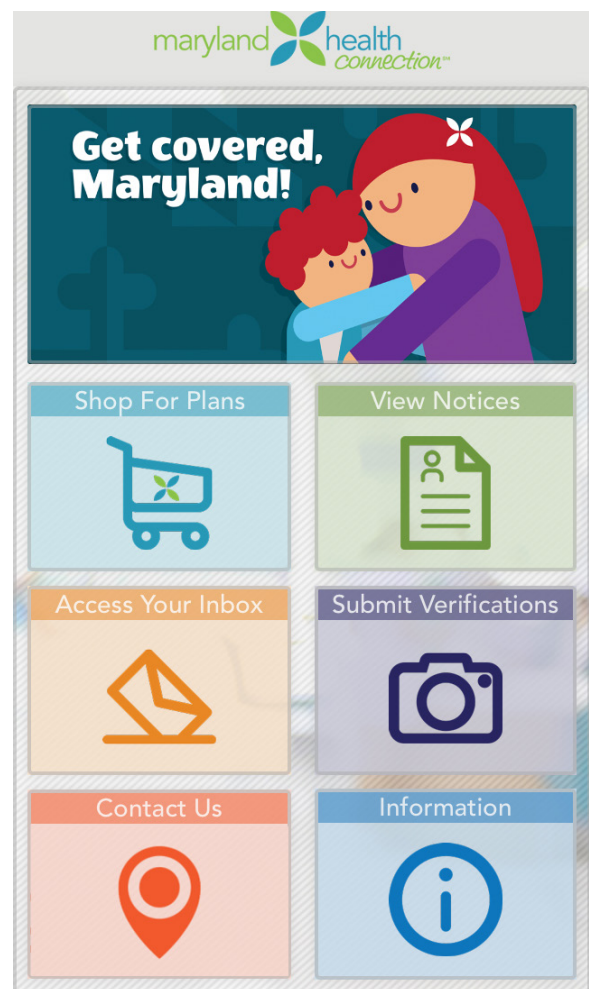
<sup>10</sup> BenefitMall Chosen to Administer Small Business Health Coverage Program for Maryland Exchange, MHBE Press Release, July 26, 2016

In addition, MHBE improved processes in its exchange of data with external entities such as the Federal Data Services Hub (FDSH), the Internal Revenue Service (IRS) and the Centers for Medicare & Medicaid Services (CMS), including greater functionality and compliance with federal and state requirements, an increase in demographic data elements, improved income verification in compliance with Medicaid Modified Adjusted Gross Income (MAGI) requirements and security enhancements. MHBE continues to develop process improvements to bridge the gap between the carriers and exchange.

Enhanced consumer support and user experience continue to be a major focus. MHBE introduced the BATPhone—more formally the Broker Assistance Transfer program—in which authorized brokers were integrated virtually into our call center. After call center agents determined consumers eligible for qualified health plan enrollment, a broker joined the call and took over assistance. Brokers spent a total of 1,000 hours advising and assisting consumers with plan selection. Consumers received expert assistance, brokers attained new clients and MHBE was able to increase efficiencies in the call center as agents' call handle times decreased. The BATphone pilot resulted in more than 2,000 enrollments.

In addition, MHBE established a Constituent Services unit in early 2015 to provide additional support for escalated cases. It also dedicated several call-center staff to help answer queries across social media, earning special recognition from Facebook for rapid response.

On Sept. 19,<sup>11</sup> MHBE introduced a new mobile app for the upcoming open enrollment that will allow Marylanders to enroll in coverage on Maryland Health Connection directly from their smartphone or tablet. The Enroll MHC app is available free in the App Store (iOS) and the Google Play Store (Android). The app allows consumers to apply,



**Enroll MHC Mobile App**

compare prices and ratings of various plans, log in to view their notices and even upload documents for verification through the camera on their device. The mobile application is fully secured by the infrastructure of the existing system. The Maryland Department of Health and Mental Hygiene (DHMH) is providing funding for maintenance of the mobile app in 2017, which will serve enrollees in both Medicaid and private health insurance plans.

Unique visitors to MarylandHealthConnection.gov grew from 1,362,855 in FY 2015 to 1,626,715 in FY 2016.

<sup>11</sup> New mobile app, redesigned website to improve consumer experience on Maryland Health Connection, MHBE press release, Sept. 19, 2016



# Oversight and Monitoring

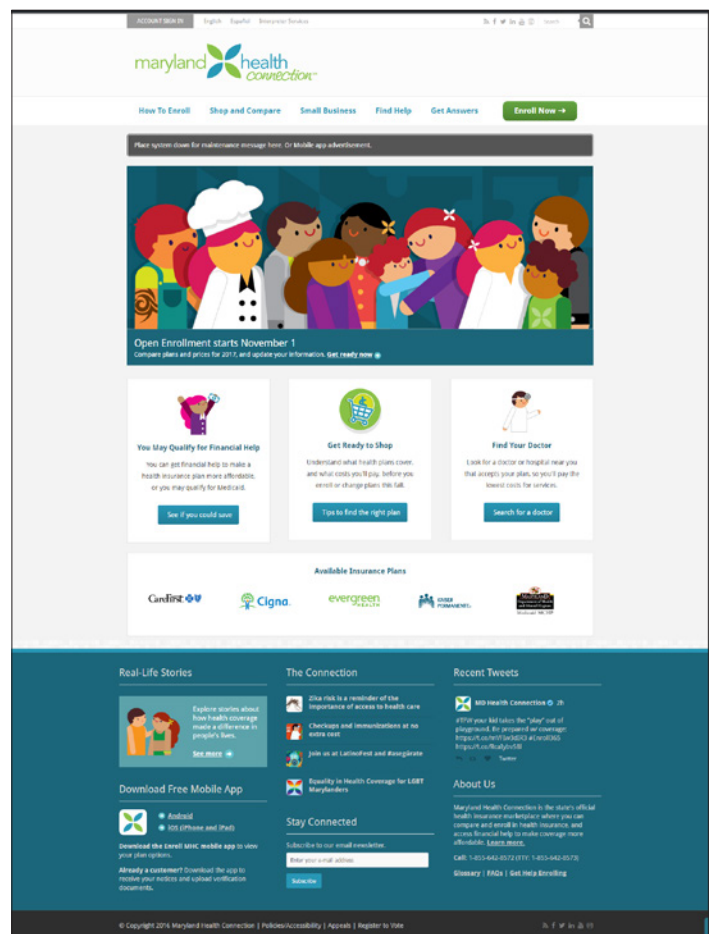
MHBE has numerous processes related to the identification, adjudication and reporting of fraud, waste and abuse activities. These include compliance training and attestations, MHBE Code of Conduct, inclusion of attestations of no convictions of fraudulent activities in all contracts, inclusion of how to report suspicion of or actual incidents of Fraud, Waste and Abuse (FWA) on MHBE's website, compliance hotlines for consumers, employees, contractors, consumer assistant workers, producers and navigators and ongoing contract monitoring.

MHBE seeks to improve program integrity through continued collaboration with the Center for Consumer Information and Insurance Oversight (CCIIO) and Maryland's DHMH Office of Inspector General to investigate, reduce and identify potential fraudulent activities. Strategic initiatives for FY17 included improvement of the privacy program to align with new Minimum Acceptable Risk Standards for Exchanges (MARS-E) v2.0 requirements, such as internal controls related to enhanced privacy risk assessments for service providers and contractors, monitoring and auditing, reporting and data quality, integrity and protection.

# Marketing

The goals of the marketing program for MHBE are threefold:

1. Increase enrollment, particularly among target audiences.
2. Cultivate and maintain positive public perception of Maryland Health Connection.
3. Implement targeted outreach to hard-to-reach uninsured populations in Maryland based on demographic data.



New Website Design



The approach to help accomplish those objectives are rooted in:

- Improving the user experience. The website MarylandHealthConnection.gov was redesigned for the 2017 plan year based on consumer testing, with fewer, clearer entry points, and easier-to-understand information on health coverage, costs and benefits. An app also was developed to make it easier to shop and apply for coverage on a mobile device.
- Simplifying the message. The look and content of the website, collateral and fact sheets have been redesigned with the intent of demystifying the process of choosing coverage and applying for financial assistance.
- Targeted outreach. Three statewide initiatives are planned to reach audiences with the greatest number of eligible, uninsured remaining, including young adults and African American, Hispanic and rural communities—College Enrollment Week from Nov. 14 to 20; Library Enrollment Day on Dec. 10; and an Interfaith Outreach weekend, “Extol and Enroll,” on Jan. 21 and Jan. 22, 2017.

MHBE’s outreach efforts with its marketing firm, GMMB, and its subcontractors to promote Maryland Health Connection to African American residents was recognized by the National Capital Chapter of the Public Relations Society of America. In September, it was named Multicultural Public Relations Campaign of the Year in the annual Thoth Awards by the National Capital Chapter of the Public Relations Society of America (PSRA). In August, Maryland’s “Health Yeah!” campaign was named Marketing Campaign of the Year by the Ragan Health Care PR and Marketing Awards. Past awards for the marketing campaigns in 2016 and 2015 include: 2016 Silver Anvil Award (Multicultural Public Relations); 2015 Gold SABRE Award Finalist,

Consumer Marketing (New Product); 2015 Platinum MarCom Award 2015 Public Relations Society of America (PRSA-MD) Best in Maryland, first place (tie), Integrated Marketing Communications; 2015 Second runner-up Campaign of the Year, American Marketing Association (Baltimore) Marketing Excellence Awards.

## Research

In 2015 and 2016, MHBE asked the State Health Access Data Assistance Center (SHADAC) to analyze the geographic distribution of Maryland’s remaining eligible population.<sup>12</sup> SHADAC is a program of the Robert Wood Johnson Foundation and part of the Health Policy and Management Division of the School of Public Health at the University of Minnesota.

The research center applied MHBE’s enrollment data to Census regions known as PUMAs (Public Use Microdata Areas) to assess how many eligible Marylanders remain. It excluded estimates of unauthorized immigrants and of uninsured workers who declined qualified health coverage from their employer—individuals who would not be eligible for financial assistance under the Affordable Care Act.

SHADAC estimated that in 2013 roughly 493,000 Marylanders were eligible for private insurance coverage through the state marketplace because they were uninsured or had individual coverage such as COBRA. After subtracting Marylanders with ineligible immigration statuses as well as workers who declined coverage available through their jobs, about 405,000 remained. As Maryland Health Connection enters its fourth year, an estimated 240,000 are eligible for private qualified health insurance through the marketplace. SHADAC notes that its analysis is a high-level indicator—not an absolute accounting—of the remaining eligible in a given area.

<sup>12</sup> Population eligible for Maryland Health Connection coverage trimmed by 40 percent in three years, MHBE Press Release, May 16, 2016

## Where Do the Most Eligible Remain?

PUMA Area	By # Population Remaining Eligible	PUMA Area	By % Remaining of Eligible Population
1. St. Mary's & Calvert counties	9,539	1. St. Mary's & Calvert counties	75%
2. Howard County (East) – Columbia (East), Ellicott City (Southeast) & Elkridge	9,456	2. Cecil County	72%
3. Queen Anne's, Talbot, Caroline, Dorchester & Kent counties	9,002	3. Harford County (South & East) – Aberdeen & Havre de Grace	71%
4. Montgomery County (South) – Bethesda, Potomac & North Bethesda	8,854	4. Carroll County	70%
5. Montgomery County (West Central) – Germantown & Montgomery Village	8,780	5. Baltimore City – Inner Harbor, Canton & Bayview	70%

## Where Do the Fewest Eligible Remain?

PUMA Area	By # Population Remaining Eligible	PUMA Area	By % Remaining of Eligible Population
1. Montgomery County (Central) – Rockville, Gaithersburg & North Potomac	1,269	1. Montgomery County (Central) – Rockville, Gaithersburg & North Potomac	14%
2. Baltimore City – Guilford, Roland Park & Druid Lake	1,681	2. Montgomery County (East) – Fairland, Calverton, White Oak & Burtonsville	39%
3. Prince George's County (South) – Clinton, Fort Washington (South), Rosaryville & Croom	1,868	3. Prince George's County (South) – Clinton, Fort Washington (South), Rosaryville & Croom	45%
4. Baltimore City – Sandtown -Winchester, Ashburton & Mount Washington	2,171	4. Montgomery County (Southeast) – Takoma Park City & Silver Spring	45%
5. Allegany & Garrett counties – Cumberland	2,688	5. Montgomery County (North & West) – Olney, Damascus, Clarksburg & Darnestown	47%

Additional research to analyze and improve the consumer experience on the MHC website was conducted by the firm gotoresarch during the end of 2016 open enrollment from Jan. 22 to Feb. 3, 2016.<sup>13</sup>

Eureka Facts<sup>14</sup> of Rockville, on behalf of MHBE, conducted the agency's first large-scale survey of Marylanders in two years to assess awareness and opinions about the health insurance marketplace and analyze challenges that remain to enrolling the uninsured. Results from the telephone and online survey of 908 Marylanders, conducted from July 18, 2016 to Aug. 28, 2016, helped guide marketing and outreach strategies for the 2017 open enrollment.

<sup>13</sup> Improving the Consumer Experience Online, Presentation to MHBE Board of Directors, Sept. 19, 2016

<sup>14</sup> 2016 Communications Survey Findings & Implications Report, Presentation to MHBE Board of Directors, Oct. 17, 2016

# Challenges and Priorities

New and existing challenges must be met and priorities set to achieve further gains.

## Affordability

As carriers seek equilibrium in this marketplace, proposed increases in rates create volatility and affordability challenges for the target audience. MHBE must address these issues through consumer education about financial assistance, the benefits of plan shopping and the importance of health insurance coverage. As it achieves steady and stable operations, the agency also intends to explore opportunities to utilize the marketplace's leverage to help maintain plan affordability and reduce costs through plan certification standards, standard benefit design and other mechanisms.

## Resource Constraints

MHBE's budget requires a reduction in grant funding available for the consumer assistance organizations tasked with helping people enroll in regions throughout the state. The agency's marketing budget is also smaller than in prior years. MHBE has therefore made it a priority to develop more targeted outreach to specific populations, to establish strategic partnerships with more community organizations and other state agencies, and to expand its engagement with unfunded partners, such as brokers and certified application counselors. It will also continue to use prominent community influencers, expanded digital marketing and other mechanisms to reach eligible Marylanders as efficiently and effectively as possible.

## Consumer Support

Gaps remain in consumer awareness about financial assistance, the individual responsibility mandate, free preventive services, how to select the best plan and other aspects of the opportunities made available under the Affordable Care Act. MHBE will continue to explore innovative ways to disseminate its message and to develop the right tools and consumer assistance channels to support consumer decision-making.



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