

HHS COMMITTEE #1  
February 5, 2015

**MEMORANDUM**

February 3, 2015

TO: Health and Human Services Committee  
FROM: Linda McMillan, Senior Legislative Analyst *LM*  
SUBJECT: **Update - Affordable Care Act (ACA) enrollment**

*Expected for this session:*

Uma Ahluwalia, Director, Department of Health and Human Services  
Dourakine Rosarian, Special Assistant, Department of Health and Human Services

The Committee will be provided with an update on enrollment in Medicaid and private insurance offered through the exchange. Enrollment continues through February 15<sup>th</sup> for coverage that will start March 1<sup>st</sup>.

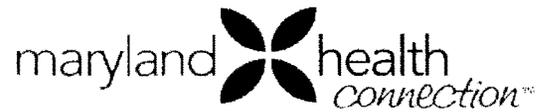
Attached at © 1-4 is the press release from Maryland Health Connection with information on enrollment through January 22, 2015. As of January 22<sup>nd</sup>:

- 195,199 Marylanders have enrolled for coverage for calendar year 2015.
- Montgomery County has the highest enrollment at 40,463, followed by Prince George's County at 29,922 and Baltimore County at 20,275.
- Statewide, 61% of people enrolling in private health plans selected a "Silver" plan followed by 23% who enrolled in a "Bronze" plan.

Attached at © 5-6 is an excerpt from the December 16<sup>th</sup> meeting minutes of the Maryland Health Benefit Exchange Board of Trustees that provides an update on the new IT system put in place for 2015 enrollments. The summary indicates that the reception of the new system was largely positive and there have been no major system or performance issues.

Lastly, attached at © 7-8 is the Executive Summary from the Kaiser Family Foundation Issue Brief, “Adults who Remained Uninsured at the End of 2014.” Kaiser surveyed 10,502 non-elderly low-income adults in the fall of 2014. Based on the findings of the survey, it is estimated that about 30 million people were uninsured at the time of the survey. More than half (54%) of the uninsured have family incomes at or below 138% of poverty. About 18% of uninsured adults may be eligible for Medicaid and 30% for tax credits to purchase through the exchanges. Kaiser estimates that about 14% of uninsured adults are not eligible because of their immigration status and 18% live in a state that did not expand Medicaid. Almost half (48%) of adults said they are uninsured because of cost. Most (63%) of the uninsured adults in Fall 2014 had not tried to get coverage from Medicaid or through the marketplace/exchanges. The full Issue Brief (not attached) includes four policy implication statements.

- Despite the availability of low-cost or free coverage, perceptions of cost or lack of awareness of assistance are barriers to reaching some eligible uninsured.
- While ACA application problems were not a leading reason why people went without coverage, many uninsured adults reported difficulty applying.
- Many who applied for ACA assistance still found coverage unaffordable.
- Gaps in eligibility and complex eligibility rules may prevent many uninsured adults from gaining coverage.



Enrollment Report (Through Jan. 22, 2015)

**More than 185,000 Marylanders have enrolled in health insurance  
through MarylandHealthConnection.gov for 2015**

**Overview**

As of Jan. 22, 185,199 Marylanders have enrolled in quality, affordable health coverage for calendar year 2015, since the 90-day open enrollment period began Nov. 15. That includes 93,806 people enrolled in private Qualified Health Plans (QHP) and 91,393 people enrolled in Medicaid.

Marylanders can enroll or re-enroll by Feb. 15 for coverage effective March 1 and, if eligible, for an Advanced Premium Tax Credit (APTC) to immediately lower their monthly insurance bills. Open enrollment for Maryland Health Connection ends Feb. 15.

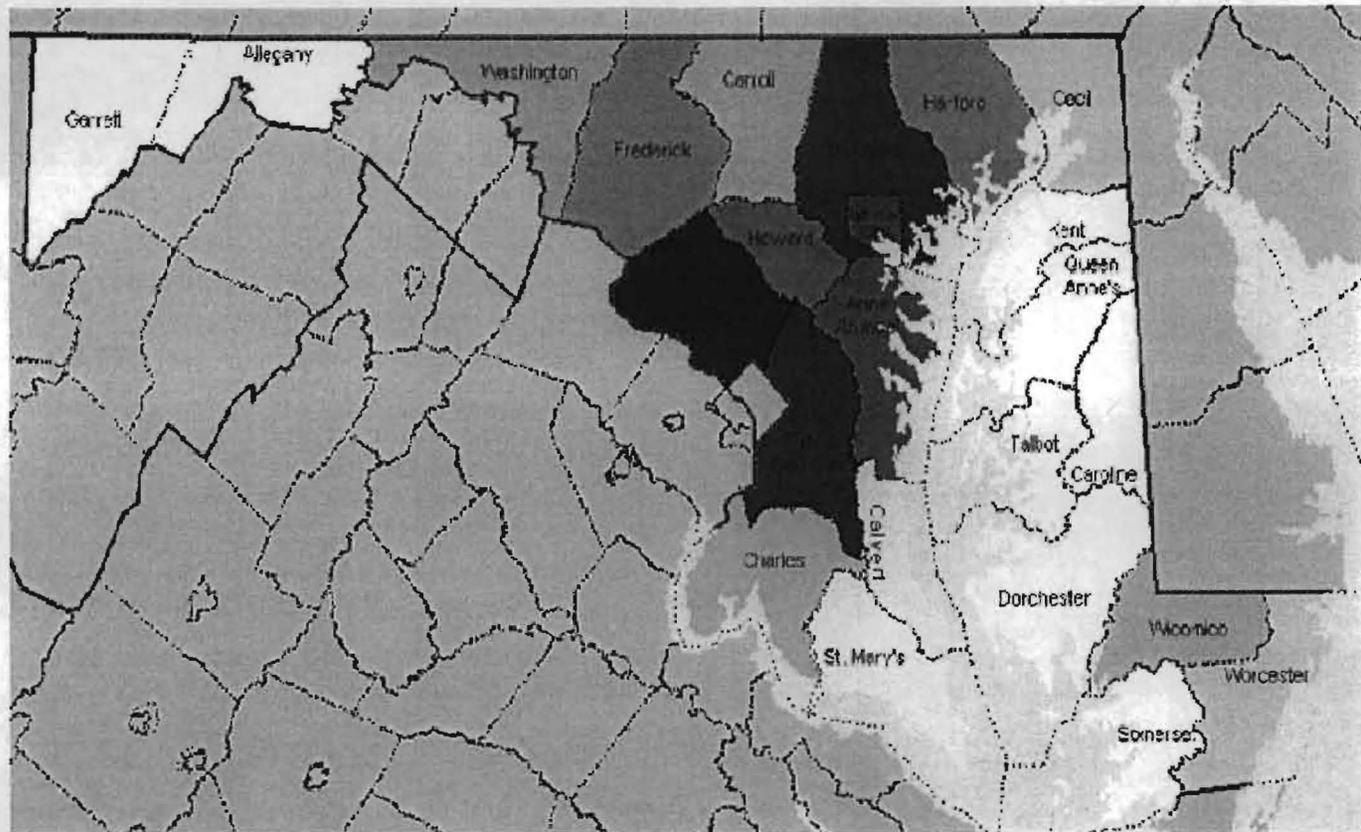
**Medicaid Enrollment**

As of Jan. 21, the total number of Medicaid and MCHP enrollment is 1,281,999. Compared to Dec. 31, 2013, the net change in Medicaid enrollment as of Jan. 21, 2015 is +241,337. This figure takes into account that individuals lose Medicaid coverage because of changes in household, age and income, as well as redeterminations.

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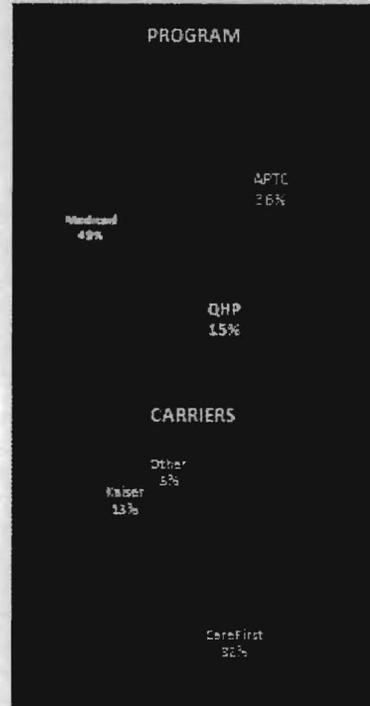
Total Enrollment by County

COUNTY	TOTAL
<b>Allegany</b>	<b>1,413</b>
<b>Anne Arundel</b>	<b>14,232</b>
<b>Baltimore</b>	<b>25,647</b>
<b>Baltimore City</b>	<b>20,275</b>
Calvert	1,804
Caroline	1,104
Carroll	3,962
Cecil	2,732
Charles	3,585
Dorchester	992
Frederick	6,309
Garrett	1,021
Harford	6,462
Howard	10,082
Kent	549
<b>Montgomery</b>	<b></b>
<b>Prince Georges</b>	<b></b>
Queen Annes	1,359
Saint Marys	1,835
Somerset	737
Talbot	1,219
Washington	3,895
Wicomico	3,139
Worcester	2,347
Out-of-State	114
<b>TOTAL</b>	<b>185,199</b>



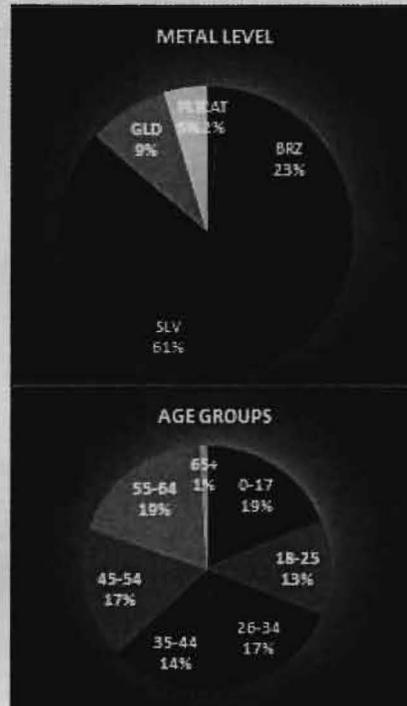
ENROLLMENT SUMMARY

PROGRAM



Enrollments by Program Type

METAL LEVEL



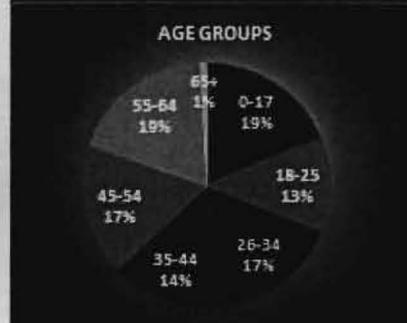
Metal Levels: PLT-Platinum,  
GLD-Gold, SLV-Silver, BRZ-Bronze,  
CAT-Catastrophic

CARRIERS

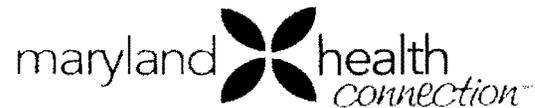


Enrollment by Carrier

AGE GROUPS



Enrollments by Age Group



Enrollment Report (Through Jan. 22, 2015)

## Enrollment Fairs Tomorrow

Two HealthConnectNow! Enrollment Fairs are scheduled for Saturday, Jan. 24. Visit [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov) for a full list of enrollment events throughout the state. (Check [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov) and media for weather-related announcements.)

Lower Shore	10 a.m. to 2 p.m.	McCready Hospital, 201 Hall Highway, Crisfield, MD 21817
Upper Eastern	11 a.m. to 4 p.m.	HEAT Center, 1201 Technology Drive, Aberdeen, MD 21001

**About the Maryland Health Benefit Exchange:** The Maryland Health Benefit Exchange (MHBE) is a public corporation and independent unit of the State government established in April 2011 in accordance with the Patient Protection and Affordable Care Act of 2010 (ACA). MHBE is responsible for the administration of Maryland Health Connection. [marylandhbe.com](http://marylandhbe.com)

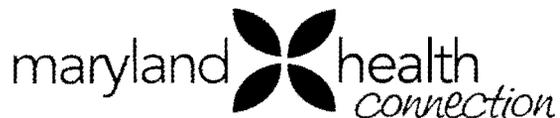
**About Maryland Health Connection:** Maryland Health Connection (MHC) is the state-based health insurance marketplace for individuals and families to compare and enroll in health insurance, as well as determine eligibility for Medicaid and other assistance programs, federal tax credits and cost-sharing reductions. [marylandhealthconnection.gov](http://marylandhealthconnection.gov)

## Media Contacts

Andrew Ratner, Director of Marketing and Outreach, 443-827-6558, [aratner@maryland.gov](mailto:aratner@maryland.gov)

Betsy Charlow, Communications Manager, 410-547-6324 W, 443-257-3293 C, [elizabeth.charlow@maryland.gov](mailto:elizabeth.charlow@maryland.gov)

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## Maryland Health Benefit Exchange Board of Trustees

December 16, 2014

1:00PM – 4:00PM

Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

### Members Present

Joshua M. Sharfstein, M.D.  
Kenneth Apfel, M.P.A.  
Georges Benjamin, M.D. (by phone)  
Darrell Gaskin, Ph.D.  
Jennifer Goldberg, J.D., LL.M.

Therese Goldsmith, J.D., M.S.  
Enrique Martinez-Vidal, M.P.P.  
Thomas Saquella, M.A.  
Ben Steffen, M.A.

Also in attendance: Carolyn Quattrocki, Executive Director at the Maryland Health Benefit Exchange (MHBE).

### Opening and General Updates

Chairman Sharfstein welcomed everyone to the meeting. He announced that it was his last meeting, and Dr. Gaskin will be interim Chairman of the Board until the new administration selects a Secretary of the Maryland Department of Health and Mental Hygiene (DHMH).

### Approval of Meeting Minutes

The Board reviewed the minutes for the November 12, 2014 Board meeting; no amendments were made. Mr. Apfel motioned to approve the minutes, and the Board voted unanimously to approve the November 12, 2014 minutes.

### IT Update

Isabel Fitzgerald, Secretary of the Department of Information Technology (DoIT), provided an update on the new IT system. Self-enrollment through the Maryland Health Connection (MHC) website began on November 17, two days earlier than scheduled. There was an increase in volume by 1,300 users. Enrollment for coverage effective on January 1, 2015, ends on December 18, and open enrollment will end on February 15, 2015.

Secretary Fitzgerald reported that all major IT milestones and development were completed on schedule. All testing was also completed on time, with over 3,500 scenarios tested, and 151 performance tests completed. No critical or high defects were found, and training was completed on schedule.

Secretary Fitzgerald reported that reception of the new system has been largely positive; there have been no major system or performance issues. The command center was able to stand down a week earlier than planned, and standard operating procedures were implemented. The IT team is able to generate daily reports to track enrollment. As of December 14, there were 93,908 total enrollments, with 40,214 Medicaid enrollees, 41,774 qualified health plan (QHP) enrollees with tax credits, and 11,920 QHP enrollees without tax credits.

Secretary Fitzgerald then provided an overview of the next steps. The focus will transition from implementation to ongoing operations. The IT team established a work management process to prioritize future system changes and a steady state release schedule that accommodates emergency fixes if needed. The IT team is evaluating and revamping the Project Management Office (PMO) to steady state staffing, and has implemented ongoing monitoring and incident management processes. Secretary

Fitzgerald's last day with the MHBE is December 18, so this is her last Board meeting. She will be available to answer questions and assist with the transition to new IT leadership.

In conclusion, Secretary Fitzgerald noted that the IT team accomplished the impossible by successfully implementing the new IT system in seven months. The success of this project was a result of the Board's and MHBE team's hard work. Secretary Fitzgerald thanked the Board and the MHBE, and named members of the IT team who were instrumental to the success of the launch.

Chairman Sharfstein and members of the Board thanked Secretary Fitzgerald for her leadership and tremendous work in implementing the new IT system in a short time period.

#### **Enrollment and Communications Update**

Andrew Ratner, Director of Marketing and Outreach at the MHBE, provided an update on enrollment and the outreach campaign. Mr. Ratner reported that as of December 16, 105,902 people enrolled in insurance coverage through the exchange with 61,031 enrolling in a QHP and 44,871 gaining Medicaid coverage. This year, the outreach campaign focused on enrollment fairs, as they were very successful last year. The Connector Entities and the IT team have made great efforts in setting up and operating the enrollment fairs, which have had high attendance. Navigators and assistants met with each consumer for 45 minutes, and, in some cases, demand was so high that follow-up meetings had to be scheduled. People from all backgrounds are able to gain coverage for the first time. Mr. Ratner reported that the television, radio, and newspaper advertisements effectively informed people about the enrollment fairs. Roughly, 1,000 people have enrolled in coverage through the fairs.

Self-enrollment through the website combined with in-person assistance has been very successful. The social media campaign has been effective in reaching out to consumers and providing individual consumer support. The Weber Shandwick digital advertising campaign is working well and meeting its goal of reaching out to minority communities. The affordability message has registered the highest online, and adjustments continue to be made to develop the most effective outreach methods. The website is operating well, with 7,000 consumers enrolling in coverage per day.

- Mr. Steffen asked for more information regarding the enrollment numbers through the enrollment fairs, specifically whether 1,000 people enrolled in coverage during each event or from all of the events. Mr. Ratner responded that there have been 1,000 total enrollees from the enrollment fairs. On average, a consumer using in-person assistance takes about 45 minutes to an hour to enroll compared to a consumer who self-enrolls through the website in 25 minutes, because the former may have more questions and less health insurance knowledge. Typically, 100 people are enrolled in coverage during an enrollment fair.

Chairman Sharfstein thanked Mr. Ratner for his work and noted that consumers have until December 18 to enroll in coverage that will be effective on January 1, 2015.

#### **Closed Session**<sup>1</sup>

Chairman Sharfstein announced that the Board would be moving into a closed session. He explained that the purpose of the closed session is to obtain legal advice regarding methods and scope of procurement, potential litigation, and potential contract claims.

Commissioner Goldsmith motioned to move into closed session, which was seconded by Mr. Saquella. The Board voted unanimously to move into closed session. For topics discussed and actions taken, please see the Statement for Closing a Meeting dated December 16, 2014.<sup>2</sup>

<sup>1</sup> General Provisions Article § 3-305(b)(7)-508(a)(7) allows a closed session to consult with counsel to obtain legal advice.

<sup>2</sup> Statement for Closing a Meeting, 12/16/2014. Available at: <http://marylandhbe.com/wp-content/uploads/2014/12/MHBE-Statement-for-closing-a-meeting-121614.pdf>.

January 2015 | Issue Brief

## Adults who Remained Uninsured at the End of 2014

Rachel Garfield and Katherine Young

### Executive Summary

In January 2014, the major coverage provisions of the Affordable Care Act (ACA)—including the expansion of Medicaid eligibility and the availability of subsidized coverage through Health Insurance Marketplaces— went into effect. As the first year of new coverage under the ACA comes to a close and the end of the second open enrollment period nears, there is great interest in understanding why some people continue to lack coverage and in reaching out to the eligible uninsured. This report, based on the 2014 Kaiser Survey of Low-Income Americans and the ACA, profiles the nonelderly adult population that remained uninsured as of Fall 2014. The survey of 10,502 non-elderly adults was fielded between September 2 and December 15, 2014, with the majority of interviews (70%) conducted prior to November 15, 2014 (the start of open enrollment for 2015 Marketplace coverage; Medicaid enrollment is open throughout the year). Additional detail on the survey methods is available in the methods appendix [available on line](#).

While millions have enrolled in coverage under the ACA, many remain uninsured. Though much attention was paid to difficulties with the application and enrollment process during the 2014 open enrollment period, logistical issues in applying for coverage do not appear to be a leading reason why people went without insurance in 2014. Rather, lack of awareness of new coverage options and financial assistance appear to be a major barrier. When asked in their own words, uninsured adults were most likely to name cost as the main reason they don't have coverage, and this pattern held even among those who appear to be currently eligible for low-cost or free coverage under the ACA. In addition, most uninsured adults (63%) say that they did not try to get health insurance from either their state Marketplace, healthcare.gov, or their state Medicaid agency in 2014. Some who did not seek coverage were ineligible for assistance, but the pattern of the majority not seeking coverage holds even among those who are now likely eligible for help. Thus, despite the availability of subsidies for Marketplace coverage and comprehensive Medicaid coverage, misperceptions about cost or lack of awareness are barriers to reaching some eligible uninsured.

Further, gaps in eligibility or confusion about eligibility are evident among uninsured adults. Among those who did try to get ACA coverage, the most common reason people gave for not obtaining that coverage was that they were told they were ineligible (41%). Notably, many people who appear to be eligible for some type of assistance say someone told them they were ineligible. While it is possible that they were ineligible at the time they applied, it is likely that these people received incorrect information or misinterpreted information they were given. For people who may be eligible but were told they were not, more accurate or easily understood information about the availability of coverage is particularly important. In addition, some who were told they were ineligible encountered difficulty with the application process or paperwork.

Lastly, costs—or perceptions of costs— continue to pose a barrier to coverage according to the survey. Nearly three in ten (29%) uninsured adults who applied for ACA coverage said they did not obtain that coverage because they believed it was too expensive. Many who cited cost barriers were ineligible for financial assistance under the ACA and would have faced the full cost of Marketplace coverage. However, more than four in ten who cited cost as a reason for not enrolling in coverage were eligible for financial assistance. Many appear to be eligible for tax subsidies, but they may have still found Marketplace coverage to be unaffordable even with subsidies.

Those who remained uninsured in Fall 2014 still have substantial health needs, as they were more likely than those who took up coverage to rate their health as fair or poor but less likely to have a diagnosed condition or take a prescription on a regular basis. Still, few uninsured indicated plans to seek ACA coverage in 2015. Even among those likely eligible, only about half of uninsured adults indicate that they plan to get health insurance from any source in 2015, and few who do plan to get coverage identified Medicaid or Marketplace coverage as their goal.

The survey results underscore the importance of reaching the eligible uninsured with information about their eligibility for coverage and the availability of affordable coverage, both comprehensive Medicaid coverage and subsidized marketplace coverage. While Marketplace enrollment closes on February 15, 2015 for most people, Medicaid coverage is available throughout the year. Thus, ongoing efforts to let the eligible uninsured know about the availability of Medicaid coverage will remain important.