Preparation for Open Enrollment

3

MHBE Board Meeting
September 15, 2015
Open Enrollment Readiness Checklist

IT
• Required infrastructure upgrades completed
• 1095, Renewals, and Dental enhancements completed
• Command Center and communications in place with MHBE partners
• Maintenance schedule planned and communicated

Consumer Assistance
• Call center, assistance workers, and MHBE personnel training completed
• Target call center and assistor metrics defined
• All MHBE brokers certified and trained on Broker Portal and Worker Portal
• Website updated with 2016 consumer assistance materials

Carrier Management
• New MIA rates approved and benchmark plans identified
• 2016 carrier plans tested, loaded, and verified
• Enrollment transaction batches coordinated
• Carrier communication plan and checkpoint schedule in place

Marketing and Communications
• Marketing and outreach campaign defined
• Focus on increased outreach to areas identified as hard-to-reach; enroll ages 18-34
• Utilize digital and social media platforms
• Create and continue relationships with community and faith-based organizations
IT Updates
Tuesday, September 15, 2015

Presented by:
Subramanian Muniasamy CIO, MHBE
Agenda

• Highlights – MD HBX Activities
• Maintenance & Operations (M&O) Releases
• Open Enrollment Readiness Checklist
• 2016 Open Enrollment IT Readiness
• QHP and MA Auto Renewal Statistics
• Temporary Medicaid Statistics
• Contract Modification Request
• Q and A
Highlights - MD HBX Activities

M&O Releases

- **February**
  - Planning
  - Requirements
  - Design / Development
  - Testing
  - Implementation

- **April**
  - Planning
  - Requirements
  - Design / Development
  - Testing
  - Implementation

- **June**
  - Planning
  - Requirements
  - Design / Development
  - Testing
  - Implementation

- **August**
  - Planning
  - Requirements
  - Design / Development
  - Testing
  - Implementation

- **October**
  - Planning
  - Requirements
  - Design / Development
  - Testing
  - Implementation

**Enhancements**

- **1095-A/B & Renewals**
  - Reduces the burden of manual renewals; allows consumers to choose to extend existing coverage, change coverage, or be auto-assigned a new program/coverage group
  - 1095-A/B reporting functionality reduces the burden of manual processing

- **Dental**
  - Develop new Health Benefit Exchange screens to support side-by-side comparison of stand-alone dental plans for consumers during open enrollment
  - Load 2016 Dental Plans
  - Send 834 to dental carriers

- **MHBE Network Upgrade**
  - Enhancement to the MHBE VPN, active directory, telephone etc., will be completed prior to open enrollment for 2016

- **MABS Integration**
  - Scheduling batch to ping file to eliminate outstanding income verifications

**Special Projects**

- **1095 Reissues**
  - Supporting ad hoc change / reissue requests submitted through the MHBE appeals unit or other consumer support channels

**Enrollment Overview**

Total Enrollments as of 9/8/15:

- APTC: 84,603 (12%)
- QHP: 38,663 (6%)
- MA: 548,159 (82%)

- MA: 548,159 (93%)
- QHP: 38,663 (7%)
- APTC: 84,603 (8%)

- Total: 671,485

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- QHP: 38,663 (7%)
- APTC: 84,603 (8%)

- Total: 671,485

- MA: 548,159 (93%)
- QHP: 38,663 (7%)
- APTC: 84,603 (8%)

- Total: 671,485
## Maintenance & Operations (M&O) Releases

<table>
<thead>
<tr>
<th>Category</th>
<th>August 2015</th>
<th>October 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regulatory</strong></td>
<td>• Carrier template updates (2016) based on CCIIO regulations</td>
<td>• Addition of voter registration link to consumer application</td>
</tr>
<tr>
<td></td>
<td>• Updating business rules for immigrants (5 year bar rules)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Eligibility changes/updates related to Pending Medicaid (30 days) due to lack of verification</td>
<td></td>
</tr>
<tr>
<td><strong>Operational Improvements</strong></td>
<td>• Addition of filters on plan shopping page (Example. Plan Type – PPO, HMO)</td>
<td>• Adding brokers to Worker Portal</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of <strong>Taxpayer Identification Number</strong> field on immigrant applications</td>
<td>• Ability for consumers to update certain demographic data elements through the consumer portal</td>
</tr>
<tr>
<td></td>
<td>• Auto verification of income VCL when self-attested income and MABS income are both below Medicaid thresholds</td>
<td>• Allow workers to view case history, FPL%, and APTC/CSR values to assist consumers with issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Include MD residents who have zip codes of neighboring states</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ability for consumers during open enrollment to reassess APTC and/or shop for plans that were applied during auto renewal</td>
</tr>
<tr>
<td><strong>Cost Efficiency</strong></td>
<td></td>
<td>• Default applications to paperless so that notices are sent electronically instead of mailed</td>
</tr>
</tbody>
</table>
2016 Open Enrollment IT Readiness

**Open Enrollment 2016 Key Events**

- **AUG**
  - 8/28: Renewal Enhancement Implementation and Temp Medicaid

- **SEP**
  - 9/2: MA Renewals – Monthly Process
  - 9/11 – 2016 MA Plan Load
  - 9/15 – 9/20: QHP Projected Eligibility Letters goes out

- **OCT**
  - 10/9 : Dental Enhancement Implementation and 2016 Dental Plan Load
  - 10/9: Code Freeze
  - 10/31: Complete Training on System Enhancements

- **NOV**
  - 11/1: Open Enrollment Starts
  - 11/16 – 11/20: QHP auto renewal and generation carrier file

- **DEC**
  - 12/15: Last Day to Apply for Jan 2016 Coverage

- **JAN**
  - 1/31: Open Enrollment Ends
  - 1/16 – 1/20: Printing of 2015 1095A

**Open Enrollment Command Center**

**IT Command Center**
- Subi Muniasamy
- Greg Yaculak
- Location: Xerox – Elkridge
- Deloitte – Camp Hill

**Communications and Social Media**
- MHBE Communications Team
- Location: MHBE - Pratt Street

**Incident Management Team**
- DHR/DMH
- Connectors/
- Navigators
- Brokers
- Call Center

**VIP Communications**
- Board Chair/Members
- Congressional Delegations / Legislative Leadership
- Carriers and Others

**Executive Leadership**
- Carolyn Quattrocki
- Jon Kromm

System to be available 24/7 except for scheduled maintenance

Twice daily check ins with Command Center
Auto-Enrollment Projections - 2016

2016 QHP Auto-Enrollment Projection

QHP Renewal Projections for 2016

- Total Enrolled: 122,527
- Auto Renew (APTC): 75,810
- Auto Renew (QHP): 34,465

Reasons for Manual Renewal:
- Income verification failed
- Minimum Essential Coverage
- Pregnancy
- Deceased

2016 MA Auto-Enrollment Statistics

- Apps Processed: 8613
- Auto Renew: 4740
- Manual Renew: 3744

Reasons for Manual Renewal:
- Aged out
- Deceased

~ 98% of QHP enrollments projected to auto renew

~ 55% of Medicaid enrollments auto renewed
Medicaid Pending Application Statistics

Pending Vs. Enrolled Status


- Total # Of Applications: 20,416
- Enrolled Applications: 16,204
- Pending Applications: 4,212

~ 80% of Applications successfully enrolled

Reasons for Pending:
- Income or Identify information not validated
## Contract Modification Request

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Scope of Work</th>
<th>Increase in NTE Request</th>
<th>Cost/Operational Benefit</th>
</tr>
</thead>
</table>
| Xerox  | • Implementation of LogRhythm in Staging and Production Environments  
• Configure the existing monitoring reports | • $150,000.00  
[ Implementation and license cost for four years ] | • Approximate savings of $40,000.00 in the first year  
• Subsequently 160,000 / year |
Questions
Operations
Open Enrollment Readiness

Michele Eberle, Chief Operating Officer
Functional Areas

- Carrier and Plan Management
- Call Center
- Connector Entities
- Application Counselor Sponsoring Entity
- Producer Operations
Carrier and Plan Management

<table>
<thead>
<tr>
<th>Plan Certification</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Carrier premium rates approved by MIA</td>
<td>8/30/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Carrier MHBE re-authorizations complete</td>
<td>9/4/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Plan benefits and rates loaded into HBX, tested, verified and signed off</td>
<td>9/18/15</td>
<td>On track</td>
</tr>
<tr>
<td>Final certification of plans</td>
<td>9/25/15</td>
<td>On track</td>
</tr>
</tbody>
</table>

In 2015 Marylanders were able to select from 53 unique health plans offered by five partner carriers. Of these plans, forty-one (77.4%) will continue into 2016. These plans provide coverage for 90% of current enrollees.
## 9/4 2016 Plan Rate Release

<table>
<thead>
<tr>
<th>License</th>
<th>Percent Change from 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Savers Insurance Company</td>
<td>-3%</td>
</tr>
<tr>
<td>CareFirst BlueChoice, Inc.</td>
<td>+20%</td>
</tr>
<tr>
<td>CareFirst of Maryland, Inc.</td>
<td>+26%</td>
</tr>
<tr>
<td>CIGNA Health and Life Insurance Company</td>
<td>-3%</td>
</tr>
<tr>
<td>Evergreen Health Cooperative</td>
<td>10%</td>
</tr>
<tr>
<td>Group Hospitalization and Medical Services, Inc.</td>
<td>+26%</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of the Mid-Atlantic States</td>
<td>-10%</td>
</tr>
<tr>
<td>UnitedHealthcare of the Mid-Atlantic</td>
<td>-1%</td>
</tr>
</tbody>
</table>
## Silver Level Plans 2014
### Rating Region 1

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Rate (30yr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueChoice HSA Silver $1,300</td>
<td>$203</td>
</tr>
<tr>
<td>BlueChoice Silver $2,000</td>
<td>$205</td>
</tr>
<tr>
<td>BlueChoice Plus Silver $2,500</td>
<td>$210</td>
</tr>
<tr>
<td>BlueCross BlueShield Preferred 1500, A Multi-State Plan</td>
<td>$213</td>
</tr>
<tr>
<td>Evergreen Health Care - Silver Plan</td>
<td>$224</td>
</tr>
<tr>
<td>KP MD Silver 1750/25%/HSA/Dental</td>
<td>$240</td>
</tr>
</tbody>
</table>
### Silver Level Plans 2015
#### Rating Region 1

<table>
<thead>
<tr>
<th>Plan Name:</th>
<th>Rate (30yr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP MD Silver 1750/25%/HSA/Dental/Ped Dental</td>
<td>$201.05</td>
</tr>
<tr>
<td>Evergreen Health HMO Silver HSA/HRA 1700</td>
<td>$208.66</td>
</tr>
<tr>
<td>KP MD Silver 2500/30/Dental/Ped Dental</td>
<td>$210.98</td>
</tr>
<tr>
<td>Evergreen Health HMO Silver 4500</td>
<td>$213.98</td>
</tr>
<tr>
<td>BlueChoice HSA Silver $1,300</td>
<td>$216.75</td>
</tr>
<tr>
<td>KP MD Silver 1500/30/Dental/Ped Dental</td>
<td>$219.55</td>
</tr>
</tbody>
</table>
### Silver Level Plans 2016
#### Rating Region 1

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Rate (30yr.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP MD Silver 2750/20%/HSA/Dental/Ped Dental</td>
<td>$216.15</td>
</tr>
<tr>
<td>Silver Compass 4500</td>
<td>$220.80</td>
</tr>
<tr>
<td>Silver Compass HSA 2000</td>
<td>$223.35</td>
</tr>
<tr>
<td>Evergreen Health Select Silver 4400</td>
<td>$223.94</td>
</tr>
<tr>
<td>KP MD Silver 2500/30/Dental Ped Dental</td>
<td>$229.02</td>
</tr>
<tr>
<td>Evergreen Health HMO Open-Access Silver 3000</td>
<td>$229.82</td>
</tr>
</tbody>
</table>
A state’s benchmark plan is defined as the second lowest cost silver plan within a given rating area. The benchmark plan’s rates are used to determine the amount of a consumer’s Advance Premium Tax Credit, the primary method through which the Affordable Care Act reduces the cost of health insurance.

<table>
<thead>
<tr>
<th>Rating Area</th>
<th>Counties</th>
<th>Benchmark Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baltimore City, Baltimore, Harford, Howard, and Anne Arundel</td>
<td>UnitedHealthcare of the Mid-Atlantic, Inc. – the Silver Compass 4500 plan</td>
</tr>
<tr>
<td>2</td>
<td>St. Mary’s, Charles, Calvert, Cecil, Kent, Queen Anne’s, Talbot, Caroline, Dorchester, Wicomico, Somerset, and Worcester</td>
<td>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – the KP MD Silver 2500/30/Dental/Ped Dental</td>
</tr>
<tr>
<td>3</td>
<td>Montgomery and Prince George’s</td>
<td>Evergreen Health Cooperative – the Evergreen Health HMO Open-Access Silver 3000</td>
</tr>
<tr>
<td>4</td>
<td>Garrett, Allegany, Washington, Carroll, and Frederick Counties</td>
<td>UnitedHealthcare of the Mid-Atlantic, Inc. – the Silver Compass 4500 plan</td>
</tr>
</tbody>
</table>
QHP Renewals – Timeline

The below timeline highlights the process QHP renewals will follow:

- 9/15/2015 – 10/1/2015: Projected Eligibility is Determined by Batch Process
- 11/1/2015: Open Enrollment Starts
- 9/15/2015 – 10/1/2015: 1304 Renewal Notices Sent
- 11/1: Date Range for Final Eligibility Determination
- 11/15: Date Range for 834 Transactions for Auto-Renewals
- 1/31/2016: Open Enrollment Ends
QHP Renewals Notices

How to renew - MHC

- 9/1
- 9/15
- 10/1
- 10/31
- 11/1
- 11/15
- 12/1
- 12/15

1st PE +/or OE Notice

- 10/1
- 10/31

Final Redetermination

- 11/1

Correct Invoice Deadline

- 11/15
- 12/1
- 12/15

Carrier Messaging

- 10/1
- 10/31
- 12/1
- 12/15

Carrier renewal notice period

Email Messaging + Postcard

- 10/15
- 11/1
- 11/23
- 12/10

Postcard + Email Reminder

- Today's the day!

Last week to report changes for 1 invoice

- Five days left for 1/1 changes

Consumer may change plan

- 12/1

Invoice range

- 12/15
MA Renewals – Timeline

The below timeline highlights the process MA renewals will follow and assumes a coverage end date of 12/31/2015.
### Consolidated Service Center

<table>
<thead>
<tr>
<th>Call Center</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>New hire training for 37 new staff</td>
<td>9/10/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Secure MMIS access for all applicable CSRs</td>
<td>9/15/15</td>
<td>On track</td>
</tr>
<tr>
<td>CISCO enterprise upgrade / new integrated voiced response call distribution</td>
<td>9/25/15</td>
<td>On track</td>
</tr>
<tr>
<td>Revise CRM knowledge base content &amp; workflow</td>
<td>10/31/15</td>
<td>On track</td>
</tr>
<tr>
<td>Annual CSR training – HIPAA, Policy and System Training,</td>
<td>10/31/15</td>
<td>On track</td>
</tr>
<tr>
<td>Skill based routing performance efficiency</td>
<td>10/31/15</td>
<td>On track</td>
</tr>
<tr>
<td>Process improvement for reduction of calls directed to call center</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continued review of adequate staffing to meet desired service levels and funding to support same</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
# Connector Entities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE Leadership Training</td>
<td>9/1/15</td>
<td>Complete</td>
</tr>
<tr>
<td>CE Staff Training #1</td>
<td>9/11/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Train trainers for HBX system training</td>
<td>9/21 – 9/25/2015</td>
<td>On track</td>
</tr>
<tr>
<td>CE Staff Training #2</td>
<td>9/29/15</td>
<td>On track</td>
</tr>
<tr>
<td>Publish OE3 hours and locations</td>
<td>9/30/15</td>
<td>On track</td>
</tr>
<tr>
<td>Finalize ConnectNow! enrollment events</td>
<td>9/30/15</td>
<td>On track</td>
</tr>
<tr>
<td>CE Staff Training #3</td>
<td>10/27/15</td>
<td>On track</td>
</tr>
<tr>
<td>HBX system training to certified staff</td>
<td>10/1 – 10/30/2015</td>
<td>On track</td>
</tr>
<tr>
<td>Online annual training for certified staff</td>
<td>Aug – Nov 2015</td>
<td>On track</td>
</tr>
<tr>
<td>Certification of new navigators</td>
<td>Aug – Nov 2015</td>
<td>On track</td>
</tr>
</tbody>
</table>
Connector Entities

Required activities for Year 3:

• Address health literacy/ insurance literacy needs in communities
• Employ quality assurance techniques with certified staff
• Appoint designated staff for handling escalated cases and appeals
• Collaborate and share expertise with local insurance producers and Application Counselor Sponsoring Entities
• Address service needs to communities that bleed/ cross over county/ State lines (examples: Cumberland, White Marsh)
• Improve service and referrals for the senior population
## CE Enrollment & Outreach Events 2015-16

<table>
<thead>
<tr>
<th>Region</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>November</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central - Baltimore County</td>
<td>Saturday</td>
<td>11/7/2015</td>
<td>10am-3pm</td>
<td>Sheraton Baltimore North 903 Dulaney Valley Road, Towson, 21204</td>
</tr>
<tr>
<td>Western - Frederick County</td>
<td>Saturday</td>
<td>11/14/2015</td>
<td>10 am - 2 pm</td>
<td>Francis Scott Key Mall 5500 Buckeystown Pike Frederick, MD 21703</td>
</tr>
<tr>
<td>Capital - Prince George's</td>
<td>Saturday</td>
<td>11/21/2015</td>
<td>10 am - 3 pm</td>
<td>Wayne K. Curry Sports and Learning Center 8001 Sheriff Rd. Landover, MD 20785</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>December</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western - Allegany County</td>
<td>Saturday</td>
<td>12/5/2015</td>
<td>10 am - 2 pm</td>
<td>Western Maryland Health System 12500 Willowbrook Rd Cumberland, MD 21502</td>
</tr>
<tr>
<td>Central - Baltimore City</td>
<td>Sunday</td>
<td>12/13/2015</td>
<td>10 am - 3 pm</td>
<td>Hyatt Regency Baltimore 300 Light Street, Baltimore 21202</td>
</tr>
<tr>
<td><strong>January</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western - Carrol County</td>
<td>Saturday</td>
<td>1/9/2016</td>
<td>10 am - 2 pm</td>
<td>TownMall of Westminster 400 North Center Street Westminster, MD 21157</td>
</tr>
<tr>
<td>Central - Anne Arundel</td>
<td>Saturday</td>
<td>1/16/2016</td>
<td>10 am - 3 pm</td>
<td>Hampton Inn Glen Burnie 6617 Ritchie Highway, Glen Burnie 21060</td>
</tr>
<tr>
<td>Activity</td>
<td>Target Date</td>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of 23 new Application Counselor Sponsoring Entities (round one)</td>
<td>9/15/15</td>
<td>On track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Round one new ACSE’s approved</td>
<td>9/18/15</td>
<td>On track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete targeted campaign to add major hospitals as ASCE’s</td>
<td>9/25/15</td>
<td>On track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training, testing and certification of new CAC’s</td>
<td>10/31/15</td>
<td>On track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual policy and system training for all existing CAC’s</td>
<td>10/31/15</td>
<td>On track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAC Policy Assessment test for OE 15-16</td>
<td>10/31/15</td>
<td>On track</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 35 Active Application Counselor Sponsoring Entities as of 8/14/15
- Over 200 certified application counselors across the state
- Certified application counselors are paid by their sponsoring entity
### Producer Operations

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reauthorize Producers with less than one year remaining in their Authorization Period</td>
<td>8/11/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Policy Training finished and loaded to the Hub</td>
<td>8/19/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Training Self-Service instructions written</td>
<td>9/3/15</td>
<td>Complete</td>
</tr>
<tr>
<td>Reopen Producer Authorization applications</td>
<td>9/15/15</td>
<td>On track</td>
</tr>
<tr>
<td>System Training created and loaded to the Hub</td>
<td>9/15/15</td>
<td>On track</td>
</tr>
<tr>
<td>Non-Exchange Entity Agreement executed by every producer</td>
<td>11/1/15</td>
<td>On track</td>
</tr>
<tr>
<td>Update Authorized Producer Manual for OE3</td>
<td>11/1/15</td>
<td>On track</td>
</tr>
</tbody>
</table>

- 1097 producers (as of August 2015)
  - 779 in SHOP/individual market; 180 individual market only, 138 SHOP only
- 26,174 Jan to July raw enrollment number
  - Half of all enrollments by top 60 producers
  - 25% of all enrollments by top 20 Producers
Marketing and Outreach
Outreach

Goals/Objectives

• Focus on increased outreach efforts targeted to specific areas of the state that have been identified as hard-to-reach, as well as continuing our mission to enroll ages 18-34, African Americans and Hispanics.

• Creating and continuing relationships with community and faith-based organizations.

• Evaluating health insurance literacy materials to education consumers and encourage utilization of coverage.

Actions/Tactics

• MD State Conference of NAACP Branches working on outreach enrollment through partnership with Health Care for All.

• Targeted sponsorships (MD Hispanic Business Conf., Sept. 8; MD Chamber of Commerce Conf., Oct. 13-14; Baltimore Running Festival, Oct. 17.

• MHBE held June webinar, “Bringing Coverage to Your Communities,” for 40-50 faith leaders.
Enrollment Events

Goals/Objectives
• OE3 calendar of enrollment events being planned. Details for 12 weekend enrollment events around the state with more to come.

Actions/Tactics
• Will promote these events. But based on discussions with the Connector Entities, advertising will also direct people to CE satellite offices which are open throughout the weeks and some evenings. That information wasn’t widely enough known in OE2.
Media

**Goals/Objectives**

- Using cost-efficient media such as radio, cable TV, SMS messaging.
- Using digital (online advertising), retargeting and social media platforms, such as Facebook, Twitter, LinkedIn.

**Actions/Tactics**

- Leverage social media community of 20K+ fans, followers and 90K who have signed up to receive email updates.
- Continued real-time customer support via social media channels.
SHOP

Goals/Objectives

• Increase the visibility of SHOP to eligible small businesses in Maryland. Recent coverage in The Daily Record, Baltimore Business Journal, IFAwebnews.com.

• Greater use of LinkedIn to promote / inform about SHOP.

Actions/Tactics

• Building partnerships with MD Dept. of Business and Economic Development, Governor’s Office of Minority Affairs, local chambers of commerce and other groups.

• Hosted June webinar for stakeholders.

• Presentation last week at MD Hispanic Business Conference, next month at MD Chamber of Commerce in Cambridge.
Consumer Website

- Enrollment website updated for OE3 as mobile responsive, more social linkages
- 4.3 million visits to the MHC.gov website since 11/1/2014
To determine remaining areas of need, the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota plotted MHBE 2015 enrollment data by ZIP code on PUMAs (Public Use Microdata Areas).

PUMAs, which contain Census populations of at least 100,000, are the smallest region publicly available from the American Community Survey of the U.S. Census Bureau that allows for creating custom income eligibility estimates specific to Maryland.
Using MHBE enrollment data and PUMA demographic files, SHADAC estimated 308,000 non-elderly adult eligible uninsured remaining in Maryland as of August 2015. (Some of the remaining eligible likely include individuals who had health insurance policies they purchased on their own prior to the ACA.)

The 308,000 estimate is a reduction of 58% since a 2011 estimate by the Maryland Health Care Commission of 730,000 uninsured individuals.*

*"Recommendations for a Successful Maryland Health Benefit Exchange," A Report to the Governor and Maryland General Assembly, Maryland Health Benefit Exchange, December 23, 2011
Enrollment by PUMA, 2015

Source: SHADAC analysis of enrollment data from the Maryland Health Benefit Exchange.
Remaining eligible by PUMA, July 2015

Source: SHADAC analysis of the 2013 American Community Survey and data from the Maryland Health Benefit Exchange.
Areas with most eligible QHP population remaining

<table>
<thead>
<tr>
<th>Jurisdiction</th>
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<tbody>
<tr>
<td>1. Prince George's County (Northwest) -- College Park City, Langley Park</td>
</tr>
<tr>
<td>2. Montgomery County (East Central) – Wheaton, Aspen Hill, Glenmont</td>
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<tr>
<td>3. Montgomery County (West Central) – Germantown, Montgomery Village</td>
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<tr>
<td>4. Howard County (East) – Columbia (East), Ellicott City (Southeast), Elkridge</td>
</tr>
<tr>
<td>5. Montgomery County (South) – Bethesda, Potomac &amp; North Bethesda</td>
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<tr>
<td>6. Queen Anne's, Talbot, Caroline, Dorchester, Kent Counties</td>
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<tr>
<td>7. Prince George’s (North) – Laurel, Greenbelt (North &amp; East), Beltsville</td>
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<tr>
<td>8. Prince George’s (Northwest) – New Carrollton, Hyattsville, (Southeast)</td>
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<tr>
<td>9. St. Mary’s &amp; Calvert Counties</td>
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<tr>
<td>10. Wicomico, Worcester, Somerset Counties &amp; Salisbury</td>
</tr>
<tr>
<td>11. Prince George’s (East) – Bowie, Kettering, Largo, Mitchellville, Lanham</td>
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</tbody>
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2015 (through July) total enrollment (QHP + Medicaid) by region aligns with 2012 market share analysis of total uninsured by Hilltop Institute