



October 15, 2020

The Honorable Guy Guzzone
Chairman
Senate Budget and Taxation Committee
Miller Senate Office Building, 3 West
11 Bladen Street
Annapolis, MD 21401

The Honorable Maggie McIntosh
Chairwoman
House Appropriations Committee
House Office Building, Room 121
6 Bladen Street
Annapolis, MD 21401

Re: Joint Chairman's Report – Impact of Maryland Easy Enrollment Health Insurance Program

Dear Chairman Guzzone and Chairwoman McIntosh:

On July 15, 2020, the Maryland Health Benefit Exchange (MHBE) submitted a report on the impact of the Maryland Easy Enrollment Health Insurance Program (Easy Enrollment Program) pursuant to page 48 of the Joint Chairman's Report for the 2020 Session. Specifically, the JCR required the MHBE to submit a report on Medicaid, Maryland Children's Health Program (MCHP), and enrollment in Qualified Health Plans with Advanced Premium Tax Credits (APTC) that resulted from the Easy Enrollment Program for tax year 2019 filings.

Although MHBE met the requirement to submit the specified report by July 15, 2020, MHBE is submitting this updated report as a courtesy. Enrollment resulting from the Easy Enrollment Program for tax year 2019 filings was not complete as of July 15, 2020. Enrollment has since completed, and we have updated the previously submitted report with final data.

If you have any questions regarding this report, please contact Johanna Fabian-Marks, Director of Policy and Plan Management at (443) 890-3518 or at johanna.fabian-marks@maryland.gov

Sincerely,

A handwritten signature in black ink that reads "Michele Eberle".

Michele Eberle
Executive Director

Cc: Robert Neall, Secretary, Maryland Department of Health
Chair, MHBE Board of Trustees



Joint Chairman's Report:

Maryland Easy Enrollment Health Insurance Program

Maryland Health Benefit Exchange

October 15, 2020

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I. Executive Summary

This is an updated final version of the preliminary report that MHBE submitted on July 15. In response to the current public health emergency, the Comptroller extended the 2019 personal income tax filing deadline to July 15, 2020, and MHBE extended the availability of the Easy Enrollment SEP in parallel. As a result, final enrollment data was not available until late September 2020.

Despite steady declines in the Maryland uninsured rate in recent years, approximately 247,000 individuals eligible to enroll in health care coverage through Maryland Health Connection continued to lack coverage, including approximately 188,000 eligible for Medicaid or Advanced Premium Tax Credits (APTCs).¹ In an effort to reach the remaining uninsured and streamline the process for enrolling in coverage, the Maryland General Assembly passed legislation establishing the Maryland Easy Enrollment Health Insurance Program (Easy Enrollment Program) during the 2019 Session. This legislation creates a first-in-the-nation voluntary enrollment pathway for uninsured tax-filers through a partnership between the Maryland Health Benefit Exchange (MHBE), the Comptroller's Office, and the Maryland Department of Health (MDH).

The Comptroller's office, MHBE, MDH, and other stakeholders collaborated to quickly operationalize the program for the 2019 tax filing season. For phase I of the program, limited data fields were added to the state tax return to allow tax filers to indicate whether any members of their household were uninsured and whether they authorized the Comptroller to share relevant information with the MHBE. The Comptroller's office sent data for applicable tax filers to the MHBE, and the MHBE notified eligible tax filers that they may enroll in coverage through a special enrollment period (SEP). MHBE, the Comptroller's office, and MDH are targeting launch of phase II of the program in early 2022, for tax year 2021, with the goal of simplifying the enrollment process for interested individuals.

The results to date demonstrate that the Easy Enrollment Program's simple intervention shows great promise in reaching the uninsured, particularly individuals who are eligible for Medicaid and young adults. More than 53,000 individuals used the Easy Enrollment Program to express interest in enrolling in health care coverage and were determined eligible for the SEP. Of that number, more than 9,000 (17.2 percent) applied for coverage, and more than 4,000 (7.6 percent) enrolled. About 76% of enrollees gained Medicaid coverage, and the remaining 24% enrolled in Qualified Health Plans (QHPs). About 40% of QHP enrollees are young adults ages 18-34.

¹ MHBE Methodology, February 2020, available at <https://www.marylandhbe.com/wp-content/uploads/2019/11/RemainingEligibleMemo.pdf>

II. Introduction

The *2020 Joint Chairmen's Report on the Fiscal 2021 State Operating Budget (SB 190) and the State Capital Budget (SB 191) and Related Recommendations*² requests that the Maryland Health Benefit Exchange (MHBE) provide a report on the impact of the Easy Enrollment Program on enrollment in health insurance affordability programs. Specifically, the MHBE must:

Submit a report on Medicaid, Maryland Children's Health Program (MCHP), and enrollment in Qualified Health Plans (QHPs) with an advanced premium tax credit (APTC) that result from MEEHP for tax year 2019 filings.

Chapters 423 and 424 of 2019 created the Easy Enrollment Program to allow sharing of information between the Comptroller and the MHBE for the purpose of determining eligibility for Medicaid, MCHP, and APTCs. For tax year 2019, individuals may authorize the sharing of information after indicating that they are interested in obtaining minimum essential health coverage. The MHBE will make a preliminary determination of eligibility and provide notice to the individual. Please note that a number of disruptions have occurred that impact the requested data, including the introduction of the novel coronavirus, COVID-19, the Coronavirus Emergency Special Enrollment Period opened by the MHBE for any uninsured Marylander from March 16 through December 15, 2020, and the extension of the 2019 tax filing season to July 15, 2020.

III. Background

The MHBE is responsible for operating the Maryland Health Connection (MHC) consumer portal, where individuals can apply for and obtain minimum essential health insurance coverage. The MHBE conducts eligibility verifications for the Maryland Medicaid program, as well as financial assistance and eligibility determinations for individuals enrolling in private QHPs, pursuant to the Affordable Care Act. Despite extensive outreach efforts and growing consumer familiarity with the enrollment process, approximately 247,000 individuals eligible to enroll in coverage through Maryland Health Connection continue to lack coverage, including approximately 188,000 eligible for Medicaid or APTCs.³

Legislation

The Easy Enrollment Program was signed into law during the 2019 Session of the Maryland General Assembly. House Bill 814/Senate Bill 802 originally was drafted as an "individual

² Available at <http://mgaleg.maryland.gov/Pubs/BudgetFiscal/2020rs-budget-docs-jcr.pdf>.

³ MHBE Methodology, February 2020, available at <https://www.marylandhbe.com/wp-content/uploads/2019/11/RemainingEligibleMemo.pdf>

mandate, down payment plan” where uninsured tax-filers could avoid paying a state penalty by signing up for insurance. The legislation ultimately evolved away from an individual-responsibility requirement and instead created a voluntary enrollment pathway for uninsured tax-filers through a partnership between the MHBE, the Comptroller’s Office, and the Maryland Department of Health. The legislation unanimously passed through the Senate, and through the House with a bipartisan vote (123-15).

Phase I Implementation

The program allows Maryland residents to indicate on their tax return whether any members of their household are uninsured and whether they authorize the Comptroller to share relevant information with the MHBE. Beginning with tax year 2019 forms, the Comptroller made modest additions to the Individual Resident Return (Form 502, Figure 1) and the Dependent’s Information (Form 502B, Figure 2). The additions allow the tax filer to indicate any individual included in the return who does not have health care coverage, provide the date of birth for each uninsured individual, provide an email address, and indicate if the filer authorizes the Comptroller of Maryland to share information from the return with the MHBE to determine preliminary eligibility for health coverage.

Figure 1. Maryland Form 502

Figure 2. Maryland Form 502B

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

1.	First Name	MI	Last Name	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
	Social Security Number	Relationship	Regular 65 or over		
2.		3.	4. 5.	DOB (MM/DD/YYYY)	

1.	First Name	MI	Last Name	Check here <input type="checkbox"/>	if this dependent does not have health care coverage
	Social Security Number	Relationship	Regular 65 or over		
2.		3.	4. 5.	DOB (MM/DD/YYYY)	

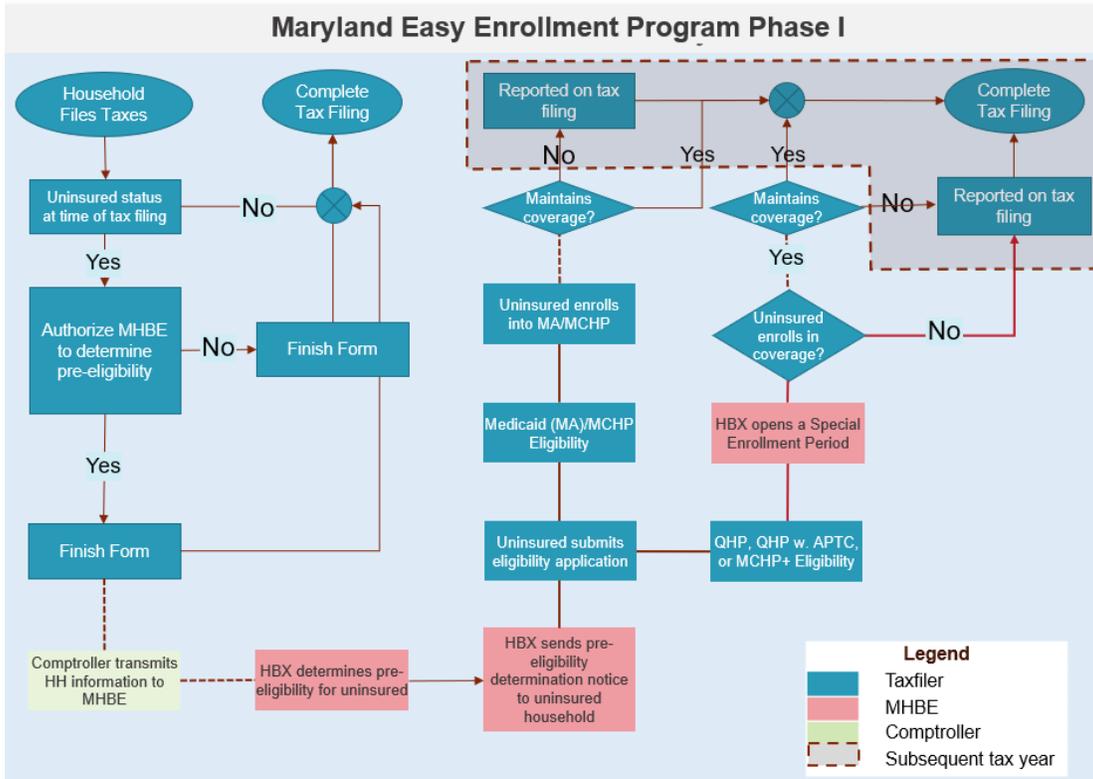
Daily data files are transferred from the Comptroller's office to the MHBE containing information for those filers who have checked the box to authorize the Comptroller to share their information (Figure 3). The MHBE then determines whether the filer has a Maryland address and whether the individuals in the household indicated as uninsured are already enrolled in Medicaid or a QHP. Households with Maryland addresses and whose uninsured individuals are not determined to be already enrolled in coverage are then sent a notice. The notice indicates that they can apply for coverage through a special enrollment period (SEP), if they are eligible for a QHP, and that Medicaid enrollment is available year round.⁴ Each tax filer's SEP begins on the date of their tax filing and continues through 35 days from the date of the notice mailed by the MHBE. Coverage under the SEP is effective on the first of the month after the date a plan is selected. If the individual enrolls in Medicaid, coverage is effective on the first day of the month that the individual applied.

In addition to the SEP notice, a postcard is sent to filers shortly after they check the box letting them know they should visit Maryland Health Connection if they are still seeking coverage. An email is also sent to people who provided their email address on the tax form, and chase campaign emails are sent every three days once the consumer begins their application asking them if they need assistance or encouraging them to continue their application.

A complex joint technological endeavor such as this one is not easily accomplished. Initially, the agencies had challenges in establishing a mutually agreeable secure protocol for exchanging sensitive consumer data. After analyzing multiple options and industry standards, MHBE agreed to utilize the existing standards practiced by the Comptroller's office and ensure that the consumer data was received and processed securely. Also, the agencies encountered several data quality, formatting and integrity issues related to missing date of birth information, inconsistent household size, invalid addresses and missing mandatory information. The agencies worked together to successfully surmount these challenges by reevaluating data requirements, establishing daily working sessions to review and resolve issues, and ensuring both the agency systems were in sync to facilitate the Easy Enrollment process for consumers. MHBE, the Comptroller's Office, and MDH look forward to meeting the challenges in phase II implementation to further the goals of the legislation.

⁴ Filers who do not have a Maryland address or for whom MHBE determined that those individuals marked as uninsured have already obtained coverage are sent a notice tailored to their situation.

Figure 3. Maryland Easy Enrollment Phase I Process Flow



Outreach Efforts

The program was introduced to the public on January 27, 2020, with a press conference hosted by the Maryland Citizens’ Health Initiative (MCHI), featuring former Baltimore Oriole Eddie Murray, who also participated in radio, Facebook, and Instagram ads for the program. MCHI spent \$30,000 on the radio ads with sponsorships from 1199 SEIU, United Healthcare Workers Easy, Amerigroup, CareFirst, Kaiser Permanente, Maryland Hospital Association, Maryland Physicians Care, MedChi, and UnitedHealthcare. The radio ads were heard 780,500 times and resulted in earned media coverage.⁵ MCHI contributed \$5,000 towards Facebook and Instagram ads that ran from February through March, which are projected to have reached over 60,000 people.⁶ MCHI ran a second round of digital ads of \$10,000 on Facebook/Instagram running from June 16 through July 15, and spent \$1,000 for an ad in the Afro from June 22-29. This second round of ads is projected to have reached over 45,000 people. MCHI also reached out to faith communities, affordable housing groups, tax

⁵ Maryland Easy Enrollment Health Insurance Program Radio Ads Report, prepared by Strategic Campaign Initiatives for Maryland Citizens’ Health Initiative

⁶ Maryland Easy Enrollment Health Insurance Program Digital Ads Report, prepared by the Hatcher Group for Maryland Citizens’ Health Initiative

preparers, elected officials, social workers, and nonprofits in the State to discuss the program.⁷

From February 17 through April 15, 2020, the MHBE spent approximately \$80,000 on digital advertising, including banner ads, Facebook and Instagram ads, and search advertising. The MHBE marketing department also hosted a webinar to discuss the program with community partners, which was attended by more than 100 tax preparers, brokers, consumer assistance organizations, and other partners. In addition, stakeholders were emailed a social press kit that included various resources in English and Spanish for them to share with their audiences.

Representatives from the Comptroller's Office spoke about the program at 14 tax practitioner events between October 2019 and January 2020 throughout Maryland, Delaware, the District of Columbia, Pennsylvania, and Virginia. Approximately 2,100 tax practitioners were reached throughout these events, and feedback was solicited to determine additional means of delivering guidance, such as Tax Alerts, online FAQs, or pamphlets. The Comptroller's Office also worked with tax preparation software providers to include information about the program in popular tax software products.

Phase II Implementation

In order to fully realize the vision of the Easy Enrollment program, the Comptroller's Office, the MHBE, and the Department of Health intend to further develop the Easy Enrollment program to streamline enrollment in Medicaid for eligible individuals, as well as QHP eligibility determinations for those not eligible for Medicaid.

Originally, this second phase was intended to begin in 2021 for tax year 2020. However, on May 27, 2020, the MHBE and the Comptroller's Office informed the Maryland General Assembly that phase II implementation would be postponed by one year, to 2022 for tax year 2021, in accordance with Md. Tax Code Ann. § 2-115(D)(2). Delay of phase II implementation will allow more time to engage stakeholders in the development of the program, discuss implementation with the Centers for Medicare and Medicaid Services, and develop and test technical systems.

MHBE, the Comptroller's Office, and MDH originally envisioned that phase II could include developing tax form changes to collect additional information on current income, household composition, and other areas, with the goal of making the information collection minimally burdensome while allowing the expedited enrollment of a majority of individuals. Staff within the three agencies worked to determine whether it would be possible to collect sufficient

⁷ Maryland Citizens' Health Initiative "Easy Enrollment" Outreach Strategy

information through the tax filing process to fully enroll individuals in Medicaid and complete QHP eligibility determinations. However, as we evaluated the federally-required information for enrollment in Medicaid or a QHP, we identified potential obstacles to this goal related to citizenship and income. Federal law requires that an individual attest to their citizenship status as part of the citizenship verification process required to enroll in Medicaid.⁸ Federal law also requires that Medicaid eligibility be based on current monthly income, and APTC eligibility on projected annual income.^{9,10} Over the summer, the Centers for Medicare & Medicaid Services (CMS) advised MDH that they would not be able to offer flexibility related to these standards for Medicaid enrollment.¹¹

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.¹² If verification is not possible, state law directs MHBE to follow up with the tax filer or uninsured individual.¹³ However, as mentioned above, an attestation of citizenship status is required by CMS in all circumstances. Therefore, it would not currently be possible to complete enrollment in Medicaid based on information collected on the state tax form. Furthermore, because the tax form supplies previous year's income, it is not possible to determine current monthly or projected annual income, as required for Medicaid or APTC eligibility determination. 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.

Given these constraints, which prevent a complete Medicaid or APTC eligibility determination from being made using the tax form, we are now exploring an alternative approach to facilitate enrollment: allowing individuals who “check the box” to prepopulate their Maryland Health Connection application using information from their tax filing. This could reduce the time and mental effort required to enroll by prepopulating demographic, household, and income information from the tax return, while allowing the individual to update information as needed and make required attestations, including those related to citizenship status. MHBE, the Comptroller's Office, and MDH are discussing how we might operationalize this approach

⁸ 42 CFR § 435.406(a)

⁹ 42 CFR § 435.603(h)

¹⁰ 45 CFR §155.320(c)(3)(ii)

¹¹ MHBE is currently in conversations with CMS regarding whether flexibility could be afforded to those enrolling in QHPs, but a similar response is expected. In addition, given the first year's data showing that 76% of people enrolled through the Easy Enrollment Program were enrolled in Medicaid, it is essential that we develop a process that accommodates Medicaid requirements, regardless of what may be possible for QHP enrollees.

¹² Tax-General Article, § 2-115(b)(2)(iii)(3), Annotated Code of Maryland

¹³ Insurance, § 31-204(c), Annotated Code of Maryland

using data provided by the Comptroller’s office, and we are also reaching out to tax filing software companies to discuss whether we may be able to make this option available to individuals filing their taxes online through third parties.

At this time, we envision that activities to implement phase II also will include development of updated consumer notices and design, development, and testing of changes to technical systems to facilitate prepopulating applications. We will continue to work with the Centers for Medicare & Medicaid Services to determine whether there are other opportunities to streamline enrollment. Throughout program development, we will engage the Easy Enrollment Work Group and the broader stakeholder community. As we approach the launch of phase II, we will focus on education and outreach activities targeted to tax preparers and the public.

Easy Enrollment Program Work Group

In accordance with Md. Insurance Code Ann. § 31-203, a work group was established to advise on state income tax changes, evaluate the effectiveness of the program and provide recommendations as to whether implementing an individual responsibility amount or implementing automatic enrollment of individuals in a qualified health benefit plan in the individual market is feasible and in the best interest of the state.

The work group has met three times over the last year and will continue to meet to perform its statutory duties and help to implement the phase II of the program. Table 1 presents Easy Enrollment Program Work Group membership.

Table 1. Maryland Easy Enrollment Health Insurance Program Workgroup Members

Name	Organization
Alverta “Sandy” Steinwedel	Maryland Society of Accounting and Tax Professionals
Benjamin Fulgencio-Turner	Primary Care Coalition of Montgomery County
Betty McGarvie-Crowley	Unitarian Universalist Legislative Ministry of Maryland
Debbie Harrison	National Business Group on Health
Deborah Rivkin*	CareFirst
Diana Hsu	Maryland Hospital Association
Evan Leiter-Mason	CASH Campaign of Maryland
Iana Capers	Centene
Jeananne Sciabarra	HealthCare Access Maryland
Jeffrey Lawson	Maryland Association of Certified Public Accountants
Jen Brock-Cancellieri	United Healthcare Workers
Kim Cammarata	Health Education and Advocacy Unit, Office of the Attorney

Name	Organization
	General
Margaret Murray	Association for Community Affiliated Plans
Melissa Hurtt	Mother Earth Designs
Michelle LaRue	CASA of Maryland
Stephanie Klapper	Maryland Citizens' Health Initiative
Stan Dorn*	Families USA
Tanya Schwartz	Harbage Consulting
Teressa Healey-Conway	MedChi; AAHMCS PGCCMS
Wandra Ashley-Williams	NAACP
Debra Gorman	MD Comptroller's Office
Anne Klase	MD Comptroller's Office
Alyssa Brown	Maryland Department of Health

*Co-Chairs of the work group

IV. Data Report

Table 2 below summarizes 2020 Easy Enrollment Program enrollment data. Overall, of the 60,645 individuals on tax returns who expressed interest in health care coverage, 53,146 were determined eligible for the Easy Enrollment SEP (meaning they had a Maryland address and were not already enrolled in Medicaid or a QHP), 9,131 (17.2 percent of those eligible) applied for coverage, and 4,015 (7.6 percent of those eligible) enrolled. The majority (75.9 percent) of individuals who enrolled were eligible for Medicaid coverage. Of those enrolling in QHPs, the majority (87.0 percent) were eligible for financial assistance.

The September MHBE Easy Enrollment Data Dashboard is presented in Appendix 1. Data for previous months is available at <https://www.marylandhbe.com/news-and-resources/reportsdata/>. Maps depicting the geographic distribution of the individuals who expressed interest in health care coverage ("checked the box") are included in Appendices 2 and 3.

Table 2. Easy Enrollment Summary

	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
<i>QHP with Financial Assistance</i>	<i>841</i>	<i>87.0% of QHP enrollment</i>
<i>QHP with No Assistance</i>	<i>126</i>	<i>13.0% of QHP enrollment</i>

* Eligible households or individuals are those with a Maryland address and not already enrolled in Medicaid or a QHP

Table 3 presents overall Easy Enrollment Program enrollments by age and race. Table 4 presents enrollments by county and enrollment month. Individuals residing in Prince George’s, Montgomery, Baltimore, Baltimore City, and Anne Arundel counties accounted for almost 70 percent of all enrollments. Individuals ages 18-34 years old accounted for 38.4% percent of all enrollments.

Table 3. Easy Enrollment Summary by Age and Race

Enrollment by Age Group (Years)					Enrollment by Race		
Age	QHP	Medicaid	Total	% of Total			
<18	26	1,087	1,113	27.70%	Asian/Pacific Islander	457	11.4%
18-25	124	506	630	15.70%	Black	1,182	29.4%
26-34	264	649	913	22.70%	White	1,106	27.5%
35-44	195	350	545	13.60%	Native American	24	0.6%
45-54	161	231	392	9.80%	Other	1,246	31.0%
55-64	162	213	375	9.30%			
65+	35	12	47	1.20%			

Table 4. Easy Enrollment Summary by County and Month

Enrollment by County		
Allegany + Garrett	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%
Harford	10	0.2%
Howard	133	3.3%
Kent + Queen Anne's	155	3.9%
Montgomery	12	0.3%
Prince George's	721	18.0%
Saint Mary's	715	17.8%
Somerset	33	0.8%
Talbot	55	1.4%
Washington	19	0.5%
Wicomico	25	0.6%
Worcester	120	3.0%

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%

V. Conclusion

The bill establishing the innovative Easy Enrollment Program was signed by Gov. Larry Hogan on May 13, 2019. With a quick turnaround for the 2019 tax filing season, the MHBE, the Comptroller's office, and other stakeholders collaborated effectively to operationalize the program. The innovative nature of the Easy Enrollment Program quickly garnered attention from around the country. Colorado recently passed Easy Enrollment legislation modeled on Maryland's legislation, and several other states have reached out to the MHBE as they consider implementing similar programs.

Even at this early stage, the Easy Enrollment Program’s simple intervention of adding a check box to the state tax return and sending a letter and postcard to interested tax filers has proven to be effective at enrolling Marylanders in health coverage, with 7.6 percent of those expressing interest in gaining coverage on their tax forms and determined eligible for the SEP continuing on to enroll in coverage. That represents about 1.6 percent of total uninsured Marylanders eligible for coverage through Maryland Health Connection.

These results compare favorably to data from the most similar experiment available, in which the Internal Revenue Service (IRS) sent letters in 2016 to a random set of tax payers who had recently paid a tax penalty for not having maintained health insurance, encouraging them to enroll in coverage.¹⁴ Among those who received the IRS letter, about 1.2 percent more enrolled in coverage compared to a control group who did not receive the letter.¹⁵ Importantly, research suggests that the decision to enroll in coverage following receipt of the IRS letter also saved lives. For every 1,648 Americans between the ages of 45 and 64 who received a letter, an estimated one fewer death occurred in the subsequent two years compared to those who didn’t get a letter.¹⁶ The Easy Enrollment Program is not directly comparable to the IRS experiment, but like the IRS experiment, it indicates that a simple prompt in the form of a letter can make a positive difference in someone’s decision to enroll in health care coverage. As the IRS experiment demonstrates, enrolling in coverage may also result in better health outcomes.

Even as the COVID-19 pandemic has underlined the importance of health care coverage, it presents some challenges to measuring the impact of the Easy Enrollment Program in its first year. In response to the public health emergency, the MHBE opened a Coronavirus Special Enrollment Period March 16 through December 15 for any uninsured Marylander to apply for coverage on Maryland Health Connection. This led more than 76,000 people to enroll in Medicaid and QHPs as of October 8. However, this SEP also overlapped with, and overshadowed, the availability of the SEP under the Easy Enrollment Program. As a result of the Coronavirus SEP combined with the extension of the tax filing deadline from April 15 to July 15, individuals who might have been uninsured, checked the box on their taxes, and enrolled through the Easy Enrollment SEP may have already received coverage through the Coronavirus SEP by the time they filed their taxes. The MHBE is pleased that uninsured individuals are enrolling in coverage regardless of which SEP they use, but caution that these circumstances may make it more difficult to draw conclusions about the Easy Enrollment Program this year.

¹⁴ Goldin, Jacob, Ithai Z. Lurie, and Janet McCubbin, “Health Insurance and Mortality: Experimental Evidence from Taxpayer Outreach,” NBER, working paper, 2019, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3496282

¹⁵ See Table 2 of Goldin, Lurie, and McCubbin (2019).

¹⁶ See Table 7 of Goldin, Lurie, and McCubbin (2019).

Despite these unusual circumstances, the data does reveal that the Easy Enrollment Program has proven to be effective at enrolling individuals who are traditionally more likely to be uninsured, including Black Marylanders (29.4 percent of Easy Enrollment enrollees) and low-income Marylanders (75.9 percent of Easy Enrollment participants are Medicaid-eligible). In addition, young people responded strongly, with more than 40 percent of QHP enrollments among those ages 18-34. Traditionally, the MHBE targets outreach to individuals ages 18-34 because they are more likely to be uninsured and healthier than average. Increasing QHP enrollment in this age bracket both reduces the uninsured population and benefits the entire individual market by improving the risk pool and thereby reducing premiums for everyone. The Easy Enrollment Program may prove to be a key to raising awareness of, and increasing enrollment in, health coverage across Maryland.

Appendix 1: MHBE September Easy Enrollment Dashboard

MARYLAND EASY ENROLLMENT HEALTH INSURANCE PROGRAM DASHBOARD

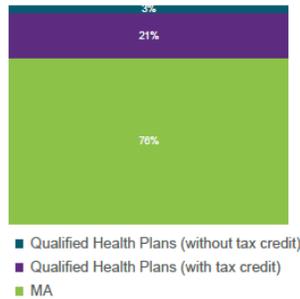
Period is from Feb 26, 2020 to the end date on report cover.

Household tax files sent from Comptroller

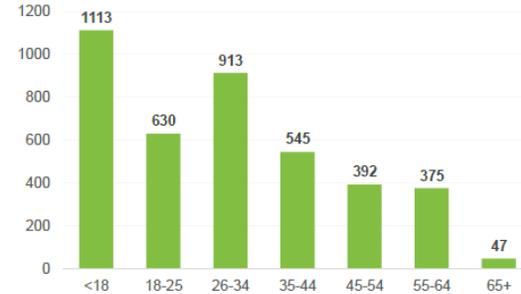
43,902

Total Enrollees

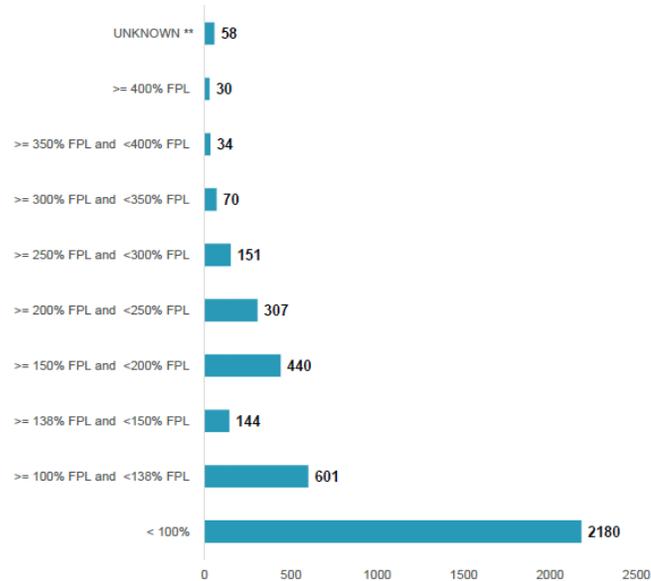
4,015



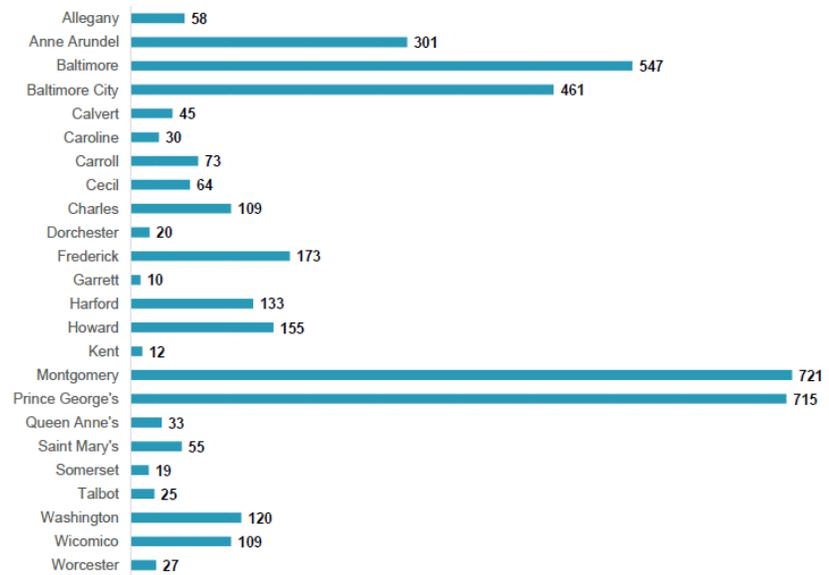
Consumers by Age Group



Enrollment by Household Income



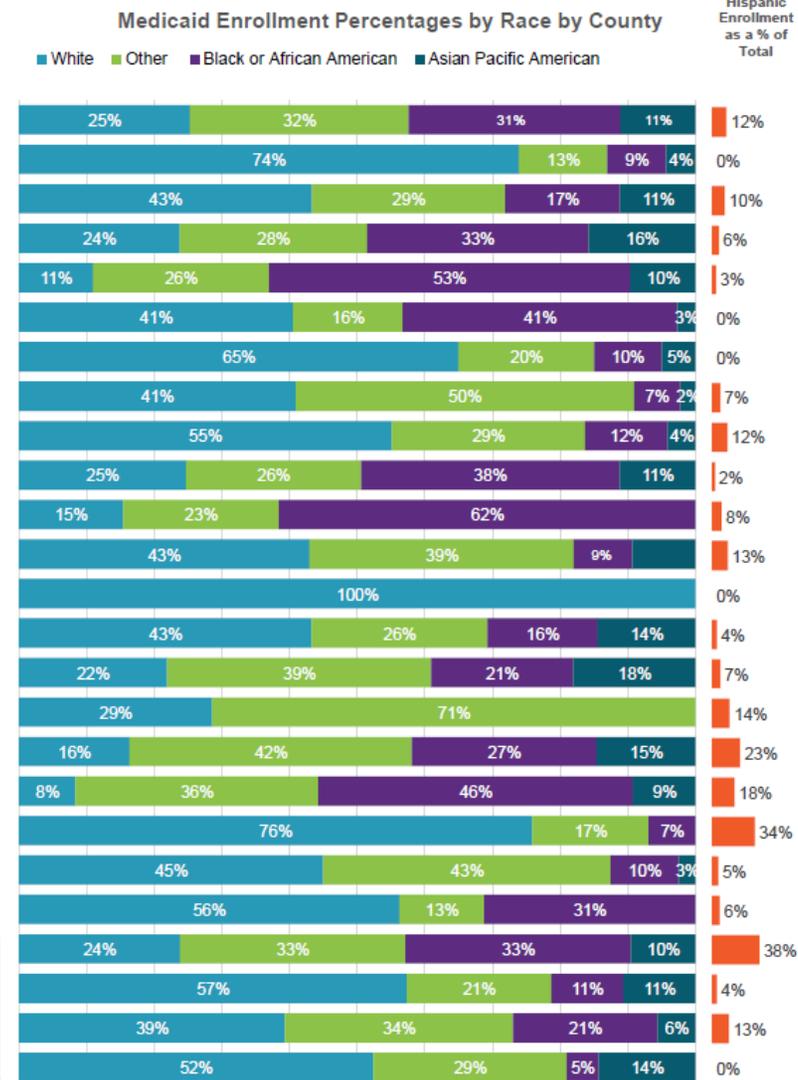
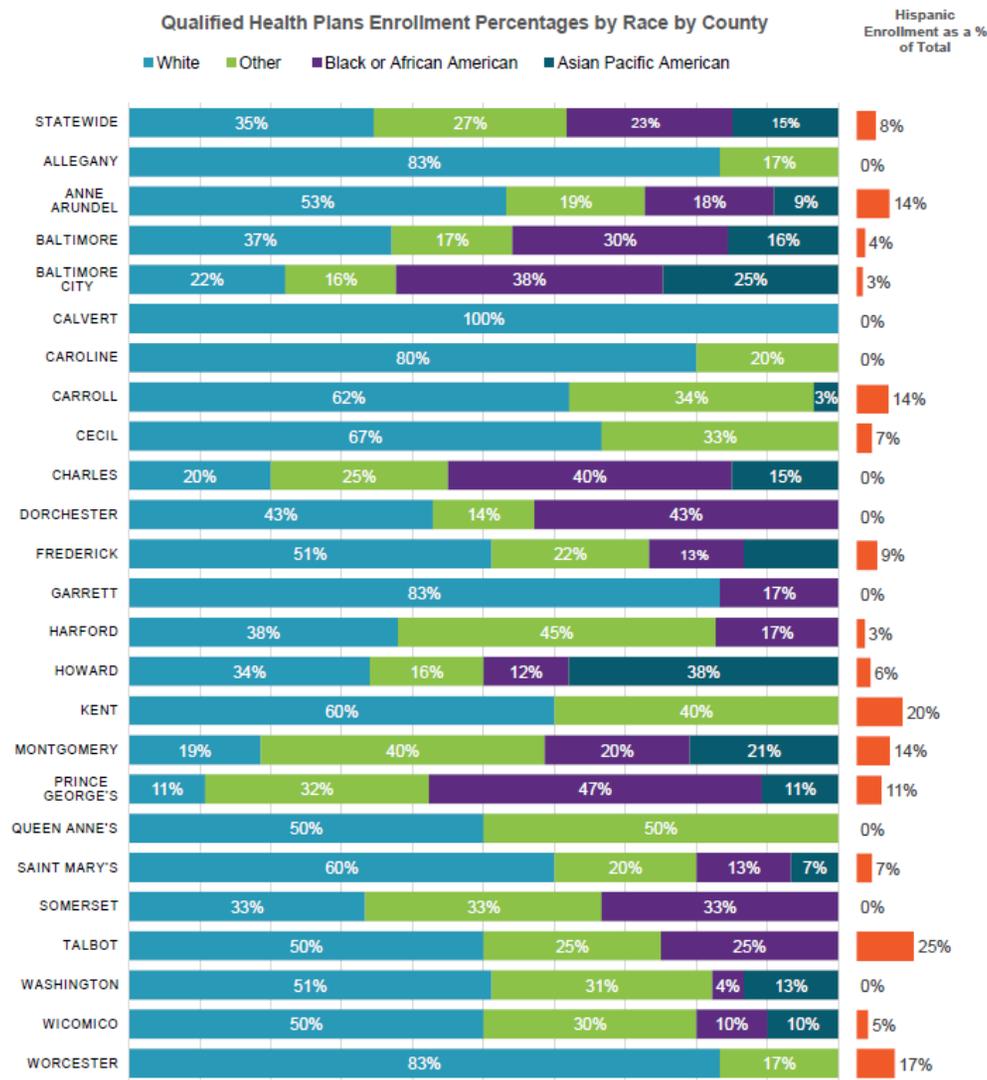
Enrollment by County



**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.

MARYLAND EASY ENROLLMENT HEALTH INSURANCE PROGRAM RACE AND ETHNICITY

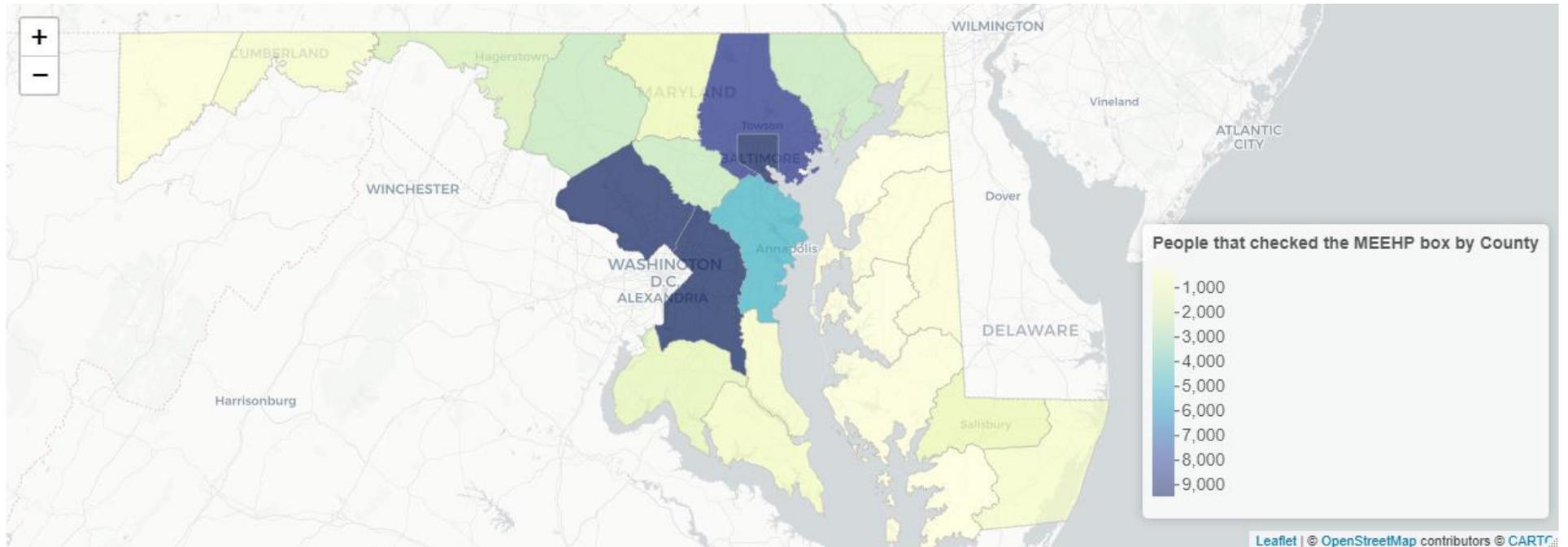
Period is from Feb 28, 2020 to the end date on report cover.



Race/ethnicity is reported voluntarily.

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

Appendix 2: Number of Individuals who Expressed Interest in Health Care Coverage (Checked the Box) on their Taxes, by County



Appendix 3: Number of Individuals who Expressed Interest in Health Care Coverage (Checked the Box) on their Taxes, by Zip Code

