



Maryland Easy Enrollment Health Insurance Program

Advisory Work Group Meeting

April 13, 2022
3PM-5PM
Via Google Meets

Members:

Meg Murray Fleming
Wandra Ashley-Williams
Betty Crowley
Vinny DeMarco
Stan Dorn
Ben Fulgencio-Turner
Deb Gorman
Diana Hsu
Stephanie Klapper
Anne Klase

Michelle LaRue
Deb Rivkin
Tanya Schwartz
Jeff Lawson
Kim Cammarata

MHBE Staff:

Heather Forsyth
Johanna Fabian-Marks
Becca Lane
Betsy Plunkett

Welcome

Stan Dorn opened the meeting.

Review of Years 1 & 2 (2020-2021) and Year 3 (2022) Progress

Johanna Fabian-Marks, MHBE Director of Policy and Plan Management, presented on the first three years of program progress.

Between years one and two, the percentage of eligible individuals who checked the box on their tax forms and then enrolled in health coverage increased (a conversion rate of 11% in year two compared to 7.6% in year one).

Year three is seeing the lowest conversion rate so far at 6%, although tax season had not yet ended as of the most recent cut of 2022 data and Maryland has extended the state tax filing deadline to July. Other reasons for the lower conversion rate include the extended open enrollment period and Covid-19 special enrollment periods. Additionally, years one and two of the program had a more proactive outreach campaign through the Maryland Citizens Health Initiative. In year two, navigators conducted outreach to individuals who had checked the box. In year three, navigators are attempting a more efficient approach of targeting their outreach to individuals who have checked the box and have also already started filling out an application.

Looking at conversion rates broken down by program, age, race, and ethnicity, Medicaid and MCHP have the highest enrollment rates. A large proportion of enrollees are in the 18-34 year old age range, even for QHP enrollment, which is beneficial for the individual market risk pool. Stan Dorn added that it's a "glass half full, glass half empty" situation because the numbers are low, especially this year. It's better than not having the program, but there are tens of thousands of uninsured filers who are still uninsured. He also noted how beneficial the program is for children and families.

Diana Hsu asked if MHBE knows why so many people check the box but still do not enroll, and Tanya Schwartz asked what we can do to increase the enrollment rate. We don't yet have an answer to why people won't enroll based on Maryland-specific data, but MHBE is working with the Hilltop Institute at UMBC to analyze when in the box-checking and enrollment process we are losing people. In general, research shows that any level of effort necessary to enroll (in insurance or other programs) is enough to lose people along the way.

Stan illustrated this by sharing that Louisiana and South Carolina made the most progress when they implemented auto enrollment in CHIP for all children who were on SNAP but not CHIP. They used the data from SNAP to send a coverage card to each child with a notice to the parent(s) that the use of the card would demonstrate consent to automatically enroll their child. Uptake of services and coverage was around 80%. When they implemented affirmative consent— requiring parents to check a box on the SNAP form to receive the card— and enrollment fell by more than 60%.

In response to what we can do to increase enrollment, Johanna noted that we will be discussing this more in future Easy Enrollment meetings to develop a plan for next year so we can include it in the report to the legislature.

Johanna then presented the easy enrollment numbers by age and race and by county.

Updates: Easy Enrollment Phase 2 implementation; CMS requirements for citizenship and income

Johanna presented on program updates. The current program model is that individuals who "check the box" (indicate interest) receive notices and outreach. The next step was meant to involve pre-populating Maryland Health Connection applications for these individuals with data from their tax forms, with a goal of increasing the enrollment conversion rate. The pre-population work is on hold because of operational challenges between MHBE and the Comptroller's office, including misalignment between the data needed for prepopulation and the data that is available from the tax form.

Stan asked for more information about the operational challenges from the Comptroller's office, since the bill about easy enrollment specified prepopulation beginning in 2021 and now it won't happen until 2024. Deb Gorman responded for the Comptroller's office, citing changes to their modernization project due to Covid-19, as well as legislative requirements last year that required a second set of tax forms to be issued mid-year to support Covid relief efforts. Aside from that, some of the information that needs to go on the application is not the information that is on the tax form, and they cannot provide what they do not have. They are sharing the data that is relevant to

the Easy Enrollment Program, including AGI, first and last name, and social security number. Household size is not collected for tax administration purposes; neither is date of birth. For some pieces of data there are different definitions for MHBE than for the Comptroller. If the data doesn't match, MHBE can't use it. For example, the tax form collects last year's AGI, but MHBE needs current AGI for the MHC application. The Comptroller's office understands why this is frustrating but the Comptroller is providing what they can to the extent that it's relevant.

The original Easy Enrollment legislation called for supplemental tax forms for those who check the box. Tanya Schwartz pointed out that 90% of people who have incomes low enough to qualify for medicaid have the same eligibility in the next year. If MHBE were able to implement a supplemental form, the form could ask for current monthly income and a couple other questions to determine eligibility. Stan has been talking with CMS about this.

Jon Frank relayed a concern from tax preparers about whether such a supplemental form is part of the submission of tax returns, which preparers sign under penalty of perjury. Tax preparers aren't verifying the supplemental form data and are concerned about perjuring themselves. liability under treasury circular 230, or under COMAR since it's a state return, issues with board of accountancy. Stan agrees that this isn't a reasonable expectation and something we need to solve. Jon says that there are many different hoops that will need to be jumped through (regulations, licensure boards, fed statute, blessing from all the right administrating bodies). Deb says we anticipate continuing these conversations.

Alternatively, the supplement form could come from MHBE, not a tax form, but tax software companies have previously said they won't include it unless it's an official tax form. There are also still the federal hurdles of citizenship and income attestation.

- Income– to enroll in Medicaid, the individual must current monthly income; for QHP, must report projected annual income.
- Citizenship– CMS' expectation is that we collect an attestation of citizenship from applicants and then verify it, but MHBE won't be able to get that attestation on a tax form.
 - Stan has had conversations with CMS about this. There was a statutory requirement in the Welfare Reform bill to ask about citizenship. Stan asked why MHBE can't ping the Social Security Administration's (SSA) citizenship database to verify citizenship. CMS agreed that requiring a separate attestation about citizenship is needless and harmful, but believes that it is legally required by the Welfare Reform statute. Stan disagreed, saying that the ACA made an exception for the requirement; he was slated to follow up with CMS on Friday 4/15/22.

Stan suggested that CMS might be open to an 1115 waiver to waive the citizenship and income requirements and asked for the group's reactions. Alyssa Brown (with Medicaid) was curious to hear about Stan's conversations with CMS because as of August 2020, they weren't willing to loosen the requirements on citizenship and income. She is interested in the 1115 waiver route, but noted that waivers have other implications, such as the budget neutrality requirement and a lot of evaluation and reporting requirements.

She would like to learn about the other implications and opportunities. Stan then suggested that a waiver under section 814 might not have the same budgetary and evaluation requirements, and said he would report back to the group once he learns more from CMS.

Ben Fulgencio-Turner asked to clarify whether the waiver would be to ping for pre-population or for autoenrollment. Stan said that autoenrollment would be ideal, if MHBE can ping the SSA, DMV, or vital records office to confirm citizenship, and then possibly waive attestation of current monthly income if the previous year income is under a certain amount. So, MHBE needs either a supplemental form or a waiver for autoenrollment.

Stan shared that a few years ago, Intuit signed people up for SNAP using their tax data. It was badly managed but did show there was some capacity for tax preparation software companies to interface with public benefits systems. It would be great to link tax prep software with the state's application system. Tax prep software companies were previously hesitant to do this but now that more states are implementing Easy Enrollment programs, they might reconsider.

Tanya Schwartz used to work with intuit on ACA implementation and connected Stan with them a few years ago. She asked how that went. Stan said he would need to get back in touch with them.

Johanna Fabian-Marks shared that MHBE once talked to Intuit and H&R Block about autopopulating the MHC application while the tax form is being filled out. Their concern was that they wouldn't want to do one-off implementations for states, but as Stan said, they might reconsider now that more states are involved. The same data sharing infrastructure could even be used for multiple states. MHBE will meet with the other states that are planning to implement Easy Enrollment programs to talk about this.

Easy Enrollment for Unemployment Insurance with Department of Labor

Johanna shared that the UI EE program will be launching in the next few months. The UI weekly claims certification (what UI beneficiaries fill out while on UI to keep their benefits) will have a checkbox for those who are uninsured and want to share their data with MHC. The UI program will have less data than from the comptroller because the pool of people is smaller, but it will still operate like regular Easy Enrollment. The results may differ because people are more likely to have loss of health insurance on their minds as they lose a job and apply for UI.

2022 Report to the General Assembly - Requirements and Vision

Johanna reviewed the requirements for the report to the General Assembly. It should include information on the effectiveness of the EE program and a recommendation on whether an "individual responsibility amount" is a good idea for Maryland or if the EE/voluntary/autoenrollment approach is sufficient. The group will meet more regularly to work on the report.

Stan expressed that we have a challenge in that we don't have as much conclusive data as we thought we would have at this point in the program because of Covid-19 and other challenges. We will acknowledge that in the report and discuss how we plan to proceed.

Stephanie Klapper agreed that the legislature was envisioning that we'd have more programming in place by this time, which makes it tough to make recommendations. She hopes we'll have more information by the end of the year and be able to make more specific recommendations.

Stan then explained the "individual responsibility amount" (federal individual health insurance mandate and penalty for not maintaining coverage) and its history.

The group was generally in agreement that one solid year of program data will be needed to make conclusions. Betsy Plunkett, Wandra Ashley-Williams, and Deb Rivkin all spoke to this point.

Ben Fulgencio-Turner emphasized that the individual responsibility payment would be unnecessarily burdensome for individuals. The fact that states didn't see noticeable changes in consumer behavior after the federal mandate ended undermines the policy logic for implementing a mandate at all.

Wandra mentioned that MHC needs to revisit its race categories because many people aren't represented in the current options. There is a high percentage of people answering "other." She shared that she personally would check "other." Johanna responded that MHBE agrees and staff are working to improve that question on the MHC application. Staff will send around more info about the revised question; also, anyone is welcome to join the MHBE Standing Advisory Committee presentation and discussion of this topic at its April 14 meeting.

Tanya Schwartz asked about the process for drafting the report. MHBE staff and co-chairs will come up with discussion points to help the group come to consensus on recommendations. This document will be sent to the group for the next meeting. Stephanie suggested the report could even be helpful on a national level for the states who are working on EE, not just for the GA.

Tanya asked about who else will be attending Stan's upcoming meeting with CMS. She suggested there should be state people in attendance. Alyssa Brown requested to be added to future CMS meetings to learn about CMS' shift in perspective on the attestation issues. Stan suggested approaching CMS as a coalition of states, as well.

Betty Crowley suggested that the credibility of the report will be enhanced if the report includes a compelling plan for the next year of the program.

Alyssa pointed out that there is a complication with the Maintenance of Effort because a record number are enrolled in Medicaid right now. EE is one leg in a many-legged stool; enrollment includes a lot of moving pieces, so we may not be able to tell how effective

EE has been from our data. Perhaps the EE numbers are low because more people are already enrolled than ever before, not because the program is ineffective.

Tanya agreed and suggested that the report should be framed by the larger context of enrollment having increased in general.

Review of other states' efforts: autoenrollment, individual mandates

Johanna Fabian-Marks presented autoenrollment policies that California and Rhode Island plan to implement at the end of the public health emergency. These are not easy enrollment box checking programs like Maryland's— they will facilitate QHP enrollment for consumers who are newly ineligible for Medicaid coverage— but are the first steps towards automatic enrollment among the states.

Johanna then presented on a few states that have individual mandates in some form. None have conclusive data on the effectiveness of the mandates.

Next Steps

MHBE staff and the workgroup co-chairs will draft an outline for the report and schedule the next meeting.

Deb Rivkin suggested including a summary section in the report, explaining the program for legislators who may not be familiar with it.

Public Comment

Vinnie Demarco congratulated everyone for the work.

Adjournment

The meeting adjourned at 4:30.

Chat:

00:08:40.258,00:08:43.258

Ben Fulgencio-Turner: Just to confirm: the percentages in the demographic categories are the percent of those that enrolled? Not the conversion rate and not the percent of total population.

00:09:12.146,00:09:15.146

Tanya Schwartz: And in the previous slide, it said the 2021 data was as of April 2021. Is that correct?

00:09:52.835,00:09:55.835

Tanya Schwartz: Okay thanks

00:12:43.311,00:12:46.311

Diana Hsu: Apologies if I'm preempting a future topic, but do we have data insights into why people have not enrolled despite being eligible and filing income taxes?

00:13:16.754,00:13:19.754

Tanya Schwartz: And on top of Diane's question, what else can we be doing to increase the conversation rate?

00:13:23.954,00:13:26.954

Tanya Schwartz: ah conversion

00:14:20.323,00:14:23.323

Diana Hsu: Great! Looking forward to hearing about those results :)

00:19:01.937,00:19:04.937

Tanya Schwartz: That's great news

00:28:46.763,00:28:49.763

Tanya Schwartz: So that's true for Medicaid. But I thought last year's income helps predict income for this year for Exchange/APTC information.

00:33:24.864,00:33:27.864

Stephanie Klapper: It would be amazing if these operational challenges could be overcome-- sounds like there are obstacles, but hundreds of thousands more Marylanders stand to gain health coverage if we remove as much friction as possible and make pre-populating applications and auto-enrollment a reality

00:38:53.906,00:38:56.906

Tanya Schwartz: It feels like the MDH Medicaid side should be involved in any meetings with CMS?

00:50:24.703,00:50:27.703

Wandra Ashley-williams: Can you explain individual responsibility amount

00:52:55.909,00:52:58.909

Tanya Schwartz: I agree!

00:57:44.548,00:57:47.548

Becca Lane -MHBE-: I'd be happy to follow up after this meeting with the draft of the revised race and ethnicity question and answer options for the Maryland Health Connection application

00:59:16.817,00:59:19.817

Wandra Ashley-williams: Thank you Becca

00:59:25.555,00:59:28.555

Jeff Lawson: I agree with trying to get through one "normal" year.

00:59:52.635,00:59:55.635

Tanya Schwartz: What is the approach/process for developing this report? Will you bring a draft outline/items for us to discuss? What do you need from us as we plan to do this?

01:02:03.077,01:02:06.077

Tanya Schwartz: And perhaps highlight challenges we have come across and what we're trying to do to address them.

01:04:55.537,01:04:58.537

Tanya Schwartz: I completely agree with Alyssa!

01:12:46.622,01:12:49.622

Stephanie Klapper: That makes a lot of sense Betty

01:17:24.257,01:17:27.257

Alyssa L. Brown -MDH-: I have to drop off the line. Nancy Brown from Medicaid will stay on the line and can bring any further questions or concerns back as needed. Many thanks for the interesting discussion!

01:23:29.809,01:23:32.809

Stephanie Klapper: Thank you!

01:23:31.064,01:23:34.064

Tanya Schwartz: Thanks everyone!

01:23:32.581,01:23:35.581

Diana Hsu: Thank you!

01:23:36.808,01:23:39.808

Anne Klase: Thank you!