



## MHBE

# Maryland Health Insurance Option Easy Enrollment Health Insurance Program Advisory Work Group

October 14, 2022  
12:00PM – 2:00PM  
Via Google Meets

### **Members**

Stan Dorn, Co-Chair  
Deb Rivkin, Co-Chair  
Tanya Schwartz  
Teresa Healey-Conway  
Michelle LaRue  
Debora Gorman  
Stephanie Klapper  
Betty Crowley  
Diana Hsu  
Kimberly Cammarata  
Giavante Hawkins  
Anne Klase  
Wandra Ashley-Williams  
Jeffrey Lawson

### **Staff**

Johanna Fabian-Marks – MHBE  
Becca Lane – MHBE  
Amelia Marcus – MHBE  
Debbie Ruppert – MDH

### **Welcome**

Co-Chairs Stan Dorn and Deb Rivkin welcomed attendees to the meeting.

### **Year 3 (2022) Results**

Johanna Fabian-Marks, Director of Policy and Plan Management at the Maryland Health Benefit Exchange (MHBE), presented on the Easy Enrollment program's results for 2022. She showed a table that is to be included in the Workgroup's report. The table displays the number of eligible individuals who "checked the box" indicating they would like MHBE to assess their eligibility for coverage, along with enrollment counts for the tax time special enrollment period (SEP) and the following open enrollment period, for 2020, 2021, and 2022, respectively.

Ms. Rivkin stated that having a column on the left of the chart that shows the total number of eligible individuals would be helpful.

Ms. Fabian-Marks noted that the higher numbers of eligible individuals who “checked the box” in 2020 may be due to several reasons. Among these was the fact that the MHBE undertook its most intensive broad public outreach efforts that year, including a marketing collaboration with Maryland Citizens Health Initiative, investments in digital marketing, and increased outreach to community groups and tax preparers.

Tanya Schwartz asked for the meaning of the phrase “eligible individuals” as used on the slide. Ms. Fabian-Marks responded that individuals are considered ineligible if they have an out-of-state or out-of-country residential address; she noted that this is a relatively small group. Teresa Healey-Conway added that residents who are not citizens are also ineligible.

Ms. Schwartz stated that it may be helpful to change the phrasing when presenting this information to instead indicate those ineligible groups that are not included in the data.

Mr. Dorn suggested that the phrase “eligible for either Medicaid or Qualified Health Plan (QHP) coverage” could be used.

Ms. Schwartz asked whether the individuals included in the “eligible individuals who checked the box” count on the slide are indeed eligible for Medicaid or QHP coverage. Ms. Healey-Conway responded that some are and some are not.

Mr. Dorn and Ms. Schwartz asked whether the count includes just individuals who checked the box, with no additional qualifiers. Ms. Fabian-Marks replied that the count includes those who checked the box, are citizens, and appear to be Maryland residents.

Ms. Schwartz stated that there is no condition for inclusion based on eligibility for a healthcare program.

Mr. Dorn disagreed, explaining that the count subtracts out those who checked the box and are not state residents or appear ineligible based on immigration status.

Ms. Schwartz noted that the eligibility of these individuals could depend on other factors.

Mr. Dorn stated that the count includes those who are ineligible for Advance Premium Tax Credits (APTC) but are eligible for QHPs. He asked for confirmation that the count is limited to those who are eligible for the Maryland Children’s Health Program (MCHP) or QHPs. Ms. Fabian-Marks responded that this is accurate, adding that these individuals may be ineligible for financial assistance but are eligible to enroll through Maryland Health Connection (MHC) to the best of the MHBE’s knowledge.

Ms. Schwartz noted that, if the “eligible individuals who checked the box” count includes all of those who are eligible for a health coverage program, the low percentages of individuals who are actually enrolling are very troubling.

Ms. Healey-Conway suggested that it may be possible that individuals who are already insured may have checked the box to compare the costs and benefits under MHC plans with their existing plan.

Ms. Fabian-Marks noted that the people checking the box are indicating that they are uninsured but acknowledged that individuals who have existing insurance may be checking the box, either because they misunderstood or because their coverage status changes since they checked it.

Ms. Schwartz reviewed the form that consumers fill out and asked for confirmation that individuals who check the box are indicating that they or their spouse lack health coverage. Ms. Fabian-Marks responded in the affirmative, adding that consumers file an additional form for their dependents.

Michelle LaRue and Mr. Dorn asked about whether Individual Taxpayer Identification Number (ITIN) holders are included in these totals. Ms. Fabian-Marks responded that they are most likely included but that ITIN holders who access MHC for coverage would be subject to citizenship checks. Debora Gorman confirmed that the Maryland Comptroller’s Office is not stripping out anyone who checks the box and is instead sending all of that data to the MHBE.

Stephanie Klapper expressed excitement about the conversion rate to enrollment among eligible consumers who checked the box, noting that it is impressive given the scale and nature of the program so far. She acknowledged, however, that, in keeping with the original intent of the program, ideally the number would be much higher; she suggested that Medicaid auto-enrollment could accomplish this.

Ms. Rivkin stated that Medicaid auto-enrollment has not been discussed in detail but that there are sticking points involved.

To Ms. Rivkin’s point about the value of having a column showing the total number of eligible individuals each year, Mr. Dorn noted that it may be helpful but argued that it may not help the report be seen as good news. He shared the number of uninsured Marylanders who were eligible for coverage through MHC and the number eligible for financial assistance in 2019. He pointed out that the data highlight two major gaps, which are the people who check the box but do not complete the enrollment process and the eligible uninsured who are not checking the box. He underscored the importance of strategizing to fill these gaps.

Betty Crowley concurred with Ms. Schwartz that the phrase “eligible individuals” in the slide is confusing. She suggested renaming the column or using footnotes to make it clearer what the numbers in that column represent.

Mr. Dorn commented that the exact wording does not need to be discussed here but that the need for accuracy and clarity in communicating which individuals are included in the “checked the box” counts is heard loud and clear. He observed that Ms. Schwartz appeared to express interest in the report exploring strategies to fill the gaps that he identified.

Ms. Schwartz stated that the recommendations in the current draft of the report are good and acknowledged that the work with the Centers for Medicare and Medicaid Services is complex, but she wondered whether there are other recommendations that the Workgroup could make for increasing the enrollment conversion rates among those who checked the box. She stated that outreach efforts often focus on getting people to check the box rather than converting to enrollments.

Ms. Rivkin noted that the recommendation that the Workgroup continue to convene and work on the issue is meant to help account for the lack of definite answers available currently.

Ms. Schwartz explained that she is proposing the inclusion of more concrete recommendations in the report.

Ms. Fabian-Marks continued her presentation, moving onto a table that breaks down the group of individuals who checked the box for 2020 through 2022 by eligibility for three programs: APTC, enrollment in a QHP without financial assistance, and Medicaid/MCHP. The table listed the conversion rate to enrollments for each subgroup. Ms. Fabian-Marks pointed out that Medicaid/MCHP-eligible individuals had the highest conversion rate each year. The table also stratified enrollees by age group, race, and ethnicity. Consistent with prior years, in 2022 two thirds of Medicaid enrollees were in the child or young adult category, which indicates the program has been most successful among young families. The composition of enrollees by race and ethnicity is also similar to previous years, with roughly one third of enrollees who are eligible for financial assistance identifying themselves as Black and ten to fifteen percent of these enrollees identifying themselves as Hispanic.

### **Department of Labor Progress**

Next, Ms. Fabian-Marks presented on the progress for implementing a new easy enrollment pathway with the Department of Labor for people receiving unemployment benefits. The program was launched in late May 2022, with an additional question added onto the existing weekly claims certification that recipients must complete to maintain eligibility for unemployment benefits. The new question asks if they authorize the Department of Labor to share information from their unemployment claim with the MHBE so that the MHBE can help them enroll in coverage.

Ms. Fabian-Marks noted that the early results have been exciting, with about 24,000 people “checking the box” to agree to this authorization between the end of May and early October, of which 22,000 were eligible to proceed with enrollment. This resulted in

around 1,300 new enrollments and around 4,000 already enrolled consumers who reported a change after checking the box, meaning around 20% of consumers who checked the box took additional action after doing so.

Ms. Klapper asked about the numbers highlighted on the slide depicting enrollment during the tax time SEP. Ms. Fabian-Marks responded that these numbers were highlighted to emphasize that the conversion rate of Medicaid-eligible consumers going on to enroll is high. These Medicaid enrollees are largely composed of children and young adults, and high enrollment rates have been observed in young adults across the board.

### **2022 Report to the General Assembly**

Mr. Dorn reviewed the language from the Workgroup Charter instructing that the Workgroup report on the effectiveness of easy enrollment and make recommendations on individual responsibility amounts and automatic enrollment into QHPs.

Ms. Fabian-Marks shared three proposed recommendations that MHBE staff formulated based on the Workgroup's conversations in its previous meetings. The first recommendation is to implement Easy Enrollment fully as envisioned in statute. Ms. Fabian-Marks noted that Maryland has not yet fully implemented it due to the pandemic and challenges involving federal law and citizenship status. Full implementation would mean making eligibility determinations for Medicaid and MCHP before enrolling consumers based on the information contained in tax documents. For QHPs, MHBE would make eligibility determinations for APTC and would reach out to consumers deemed eligible with an invitation to enroll; MHBE would not auto-enroll them. She explained that full implementation would likely result in a significantly higher percentage of consumers gaining coverage because it would reduce the barriers involved, which research suggests is conducive to a greater likelihood of enrollment.

Ms. Fabian-Marks continued, noting that the Workgroup's specific recommendation would be that MHBE, the Maryland Department of Health (MDH), and the Comptroller's office take the following actions in 2023 in order to launch a process that fulfills the statutory direction in 2024. First, work with CMS to explore opportunities to overcome federal challenges, including applying for any necessary waivers from the federal government. She remarked that Mr. Dorn has had promising conversations with CMS, adding that the next step is for MHBE to reopen ongoing conversations with CMS. The second step of this recommendation is for MHBE, MDH, and the Comptroller's office to work together to update the tax instructions, tax forms, and data transmission as necessary to reach full implementation.

Ms. Fabian-Marks acknowledged that the Workgroup has previously discussed pre-populating enrollment applications as an interim step until full implementation can be achieved. She stated that MHBE worked with the Comptroller's office to look into the possibility. She noted, however, that the data they were receiving suggested that they would not be able to pre-populate enough of the application to provide a meaningful benefit to the consumer. As such, MHBE decided to focus its efforts overall on

overcoming the federal challenges in order to fully implement Easy Enrollment. She noted that pre-population may still be a helpful step for QHP enrollment, as full implementation of Easy Enrollment as envisioned would not include auto-enrollment for QHPs.

The second proposed recommendation is to reinvigorate Easy Enrollment outreach. Ms. Fabian-Marks stated that, depending on the availability of funds, MHBE hopes to put funds towards marketing in collaboration with stakeholders in order to raise awareness of the program and resume concerted outreach to tax preparers.

The third proposed recommendation is to reconvene the Workgroup in 2024 for additional evaluation and recommendations. Ms. Fabian-Marks explained that the unique circumstances of the pandemic have made the data collected thus far rife with anomalies and variability and that it would be helpful to reconvene to analyze 2023 results, which will represent a full year of data without these influences. In addition to analyzing 2023 results for the state's progress on implementing Easy Enrollment as envisioned in statute, reconvening in 2024 will allow the Workgroup to assess results from similar programs in other states as well as additional affordability and coverage programs that other states are using. Furthermore, when reconvening in 2024, the Workgroup can offer a recommendation on whether implementing an individual responsibility payment or automatic enrollment in QHPs is feasible and in Maryland's best interest, as requested by the legislature.

Regarding this third recommendation, Ms. Fabian-Marks noted that, while the current wording recommends reconvening the Workgroup in 2024, it could be reworded to something like "meet in 2023 and 2024." This may respond to one Workgroup members feedback that they should not remove the possibility of the Workgroup meeting in 2023 because it may be helpful for the Workgroup to meet then and strategize about how to assist in the marketing and outreach of Easy Enrollment and discuss progress toward full implementation.

Mr. Dorn asked for the Workgroup's feedback on the question Ms. Fabian-Marks posed about the report's wording on when to reconvene the Workgroup, as well as asking for their thoughts more generally. He asked for the Workgroup's thoughts on whether to make specific recommendations now or wait until they have reviewed 2023 data.

Ms. Rivkin expressed support for the prospect of the Workgroup continuing to meet in 2023, noting that it would be good to maximize the opportunity for important insights to arise in the Workgroup's discussions. Several Workgroup members expressed their agreement.

Ms. Crowley stated that components should be added to the report in order to make it more user-friendly for legislators, including an appendix containing a glossary of acronyms used in the report. She argued that, in its current state, the report may confuse legislators in ways that hinder its goal of persuasion. She noted Ms. Schwartz's

confusion over the meaning of the term “eligible individuals” as used in the report as an example of jargon that may contribute to this issue.

Ms. Rivkin remarked that the report will be sent to legislative committee members who are steeped in health insurance. She acknowledged that new legislators who are unfamiliar with the report will be present but stated that Ms. Fabian-Marks will likely give a briefing in which she can provide committee members with context and in which committee members can respond and ask questions. Ms. Rivkin added that the report will be relatively simple to digest because the Workgroup’s primary ask is for more time to work on the Easy Enrollment issue.

Ms. Crowley asked whether the legislators will be asked to take legislative action in order to extend the Workgroup’s timeline. Ms. Rivkin replied in the negative.

Mr. Dorn asked whether it makes sense to focus on making the executive summary easily digestible, commenting that most legislators will read this portion of the report most thoroughly. Ms. Crowley responded in the affirmative, adding that it is important to have the recommendations included in the executive summary.

Ms. Gorman asked for confirmation that the gist of the document is that the Workgroup wants to extend its timeline because the pandemic’s effects and overlapping SEPs hindered the Workgroup’s ability to get clear data specific to the tax time SEP, in addition to the abnormality of extended tax deadlines; the Workgroup hopes to look at results from a more stable time. She recommended that a summary of this point be prominently included at the beginning of the report and at the end. Ms. Rivkin agreed.

Diana Hsu noted that the Medicaid redetermination process that will happen after the forthcoming expiration of the federal public health emergency will most likely have an impact on enrollment as well. She underscored the need to ensure that consumers do not fall through the cracks as many transition between Medicaid and coverage through MHC during this process.

### **Next Steps**

Ms. Fabian-Marks stated that the draft report will be revised based on the feedback shared in this meeting. She encouraged Workgroup members to share any further feedback by the following week.

Ms. Crowley remarked that the report’s recommendations for additional marketing will likely demand special funding. She asked whether there are plans to ask the legislature for funds for this purpose. Mr. Dorn responded with support for the idea, noting that the Workgroup could suggest the allocation of more funds toward marketing as an interim step to increase conversions to enrollment.

Ms. Healey-Conway stated that it will be important to discuss budget priorities with the incoming governor.

Mr. Dorn asked if other Workgroup members agree with adding Ms. Crowley's suggested call for more marketing funds to the report. Ms. Rivkin and Ms. Klapper responded with support for the idea.

Ms. Hsu asked if the Workgroup will be presented with another draft of the report before it is finalized. Ms. Fabian-Marks answered in the affirmative, adding that the next draft will have changes marked clearly in red.

Mr. Dorn expressed support for the report, lauding MHBE staff for incorporating feedback from previous meetings.

**Public Comment**

None offered.

**Adjournment**

The meeting adjourned.

**Chat record:**

None.