



TO: Joshua Sharfstein, M.D., Secretary, Department of Health and Mental Hygiene
Isabel Fitzgerald, Secretary, Department of Information Technology
Carolyn Quattrocki, Acting Executive Director, Maryland Health Benefit Exchange

FROM: Maryland Women's Coalition Steering Committee Members - Leni Preston, Chair,
Mary Lou Fox (Member, Exchange Implementation Advisory Committee), and
Leigh Cobb (Health Policy Director, Advocates for Children and Youth)

RE: Maryland Health Benefit Exchange IT "solution"

DATE: 5 March 2014

As you know, the Maryland Women's Coalition for Health Care Reform has been actively engaged in all areas of ACA implementation, including the development of the MHBE IT infrastructure. In that capacity we have not been shy about providing our consumer-focused recommendations and we have appreciated the multiple opportunities to do so. We also appreciate the challenges you now face to rectify the current dysfunctional system. As you deliberate the best approach going forward we, once again, hope that you will consider the following recommendations.

In making these we have taken into account the nine "key factors" as cited in the testimony you provided to the Joint Oversight Committee on February 24, 2014. We would first note that missing from those criteria is any suggestion that the interim solution meet the **needs of consumers**. While we understand that the consumer portal is much improved there are still considerable shortcomings. We were particularly struck by the fact that in an analysis done by Families USA¹ of 16 state-based exchange websites Maryland's came in last in eight "window shopping" features. (see attached report)

In only one area, language assistance, did Maryland Health Connection receive a partial positive grade and it "failed" entirely in all others. The features considered key to a successful consumer experience include: the ability to preview plan information, integrated provider directories, and the ability to compare plans by benefits, costs, and formularies. We trust that these are high on your internal evaluation criteria.

We would also note that "successful" states such as Kentucky and Connecticut both did **substantive consumer-testing** prior to going live. In each case, modifications were made to address issues that arose. In this next phase we would urge you to ensure that such testing is integral to the project timeline. In addition, **adequate resources and an**

¹ <http://familiesusa.org/product/evaluating-consumer-window-shopping-experience-health-insurance-marketplace-websites>

appropriate timeframe must be provided for training for all those providing consumer assistance.

In addition to the need to ensure that the system is ready for the 15 November 2014 second open enrollment period (key factor #8) we would like to stress two areas not specifically cited in the testimony:

- The need for **high-quality and verifiable data**. This is, of course, required for purposes of evaluating the success of outreach and enrollment efforts. In other words, ensuring that those who need an insurance card get one. But, data is also required to address the larger and more difficult task of determining whether consumers are getting the care they need and whether for example, the MHBE is achieving its goal of reducing health disparities. No system should be adopted that cannot accommodate Maryland's need for timely, accurate data.
- **Advancing the goal of a true “no wrong door.”** The alternative selected must be able to support the public's access to Exchange-certified Qualified Health Plans and public health programs through a single consumer portal to real-time integrated software on a single database. Elements of this are the transition of non-MAGI medical programs and other income eligibility programs into a single integrated IT system. This “no wrong door” approach has long been identified as one of the keys to enhancing the health and well being of our most vulnerable populations. No one expects such a portal to be operational in November 2014, but the need to provide this integrated IT system in the near future must be part of any analysis of alternatives.

The Coalition appreciates the commitment of the Administration and the MHBE Board and staff to address the IT challenges. With our members and partners we are committed to working with you to ensure that next November Maryland will have an exchange that fully meets the needs of our state's consumers. As always we are here to provide our expertise and support in any way that you might find most helpful.

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