



VIA ELECTRONIC TRANSMISSION

MEMORANDUM

TO: Bradley Herring, Chair, Board of Directors, Maryland Health Insurance Plan
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FROM: Leni Preston, Chair, Maryland Women's Coalition for Health Care Reform

RE: Implementation of Maryland Health Insurance Plan (MHIP) – Access for Bridge Eligible Individuals

DATE: 25 January 2014

We very much appreciate the commitment of the O'Malley Administration and your agencies to addressing the needs of Marylanders who require health care coverage but have been unable to enroll through no fault of their own. We are also pleased that the insurance carriers have provided another avenue for consumers with the deadline extension for retroactive coverage for January. I am sure we would agree that the latter is the best option for consumers and should reduce the number entering the Maryland Health Insurance Plan (MHIP). However, for Marylanders with critical health needs who are unable to quickly and successfully access coverage through the online marketplace, the option to enroll in MHIP may be the only viable short-term solution. It is for the purpose of addressing their needs that we write to you.

We understand that the MHIP Board (Board) is under a very tight timeframe to put together the protocols for implementation. We hope that the Board will take into consideration our concerns and perspectives as advocates for Maryland consumers. Of particular concern is the fact that the MHIP benefits are less advantageous for consumers, particularly vulnerable populations. And, while we understand that the MHIP option is intended as a crisis management measure, effective outreach and enrollment for bridge eligible populations will augment the simultaneous efforts being made to identify and enroll uninsured Marylanders in affordable, comprehensive long-term coverage.

High Priority Areas Include:

- **Identification of Bridge Eligible Consumers:** In light of the demonstrated limits of Maryland Health Connection (MHC) to properly collect and retrieve data, as well as the volume of paper applications, we ask that the Board and Exchange work quickly to create an outreach plan that will effectively target Bridge Eligible consumers in time for these individuals and families to take advantage of the time-limited opportunity created by the proposed legislation. Although we understand that the Exchange has already begun calling certain consumers who may be bridge eligible, it is not clear that they have developed a coordinated outreach plan that will truly reach all consumers who could benefit from the MHIP option. For example, those consumers who created accounts but did not progress any further in the enrollment process would clearly meet the criteria for eligibility set forth in the bill. However, to date the Exchange has not demonstrated the capacity to identify or reach those populations. We hope that MHIP's resources will be dedicated to ensuring that everyone learns about and understands their options.
- **Simplifying Bridge Eligibility Determinations:** The amended MHIP standards require that a consumer must “provide evidence that the individual has attempted to obtain insurance through the Maryland Health Benefit Exchange” in order to be eligible for MHIP coverage as a bridge eligible individual. Given the range of problems consumers faced during the first three months of Open Enrollment, we urge the Board to use the discretion granted to it in the law to develop the broadest possible eligibility determination process permitted by the law. There were multiple ways in which consumers tried and failed to access coverage, not all of which will be evident in MHC's IT systems. Consumers who attempted to access the site early in the Open Enrollment period but were unable to create an account, will have limited options if they are

required to provide evidence that they did, in fact, attempt to obtain insurance through the MHC. In light of the data collection challenges that continue to affect the system, as well as the limited time and staff capacity at both the Exchange and on the Board, we recommend that a simple affidavit that will allow consumers to attest that they made attempts to obtain insurance be accepted as sufficient evidence of bridge eligibility.

- **MHIP Plan Termination:** MHIP Plans do not offer the same level of coverage, consumer protection, or financial assistance available through Qualified Health Plans (QHPs) purchased on the Exchange. Unlike QHPs, MHIP does not guarantee coverage of Essential Health Benefits, nor does it comply with the Mental Health Parity and Addiction Equity Act. Particularly for consumers with behavioral health needs, QHP plans will often be the better and far more affordable option. Therefore, we share the concerns of the Attorney General’s Health Education and Advocacy Unit¹ about the vagueness of section 14-502(c)(2)(II), which provides only that bridge access shall be on a “prospective basis.” While MHIP Plus plans are scheduled to terminate March 31, 2014, concurrent with the end of Open Enrollment, MHIP Standard will not terminate until December 31, 2014. Because the law does not specify how long bridge eligible individuals can remain in MHIP Standard bridge eligible consumers who are not able to enroll in a QHP during Open Enrollment would have to remain in MHIP Standard through the end of 2014, when a QHP may provide better coverage at a lower cost. In some cases, it will be better for the consumer to remain in MHIP, rather than reset her deductible, but in many cases, QHPs will provide better coverage. Therefore, we recommend that the Board consider allowing bridge eligible individuals to consult with consumer assistance personnel who have been fully trained to advise consumers about QHP and MHIP options, and terminate their MHIP plans after the end of Open Enrollment in order to enroll in a QHP if this will be the best option. This would then trigger a qualifying event, allowing an individual to enroll in a QHP after Open Enrollment ends.
- **Consumer Education** – Since October 1st, those consumers interested in purchasing coverage through the Exchange have been faced either with dysfunctional systems or negative press reports that have kept some from getting the coverage they need and others away altogether. For example, in an effort to maximize access, the Exchange

¹ Letter submitted to Chairman Thomas M. Middleton, January 14, 2014

often changed its deadlines with little notice to consumers: the initial deadline for January 1 coverage changed from December 15th to the 23rd and then the 27th; Kaiser and Evergreen then extended through the 31st, breaking from two other carriers and the official deadline of the 27th. We are concerned that any further confusion could dissuade individuals from taking advantage of this option. The areas which we think deserve the greatest consideration are:

- **Clear and Accurate Information About The MHIP Benefit Package:** As described above, consumers will find that MHIP premiums are higher and benefits are slimmer than those for a QHP. This is of particular importance for vulnerable populations, such as those with behavioral health issues. Therefore, it is imperative that consumers have accurate information on their full range of options. Many of these consumers have already lost the benefit of the federal subsidies available to them under the Affordable Care Act through no fault of their own. They must be fully informed of the timeline, benefits, and consequences of MHIP plan enrollment pursuant to this legislation; for example, bridge eligible individuals are likely to be subject to a deductible reset once they enroll in a qualified health plan through the Maryland Health Benefit Exchange.
- **Effective Outreach Strategies:** It is imperative that the Exchange and the Board work together on a diverse outreach strategy to reach all bridge eligible individuals. Based upon information we have received there are those who were not contacted in December about the extended deadline. The Exchange has identified telephone calls, social media, and text messages among their outreach efforts, and all are good avenues. However, we recommend that the Exchange and the Board are considering additional options, including PSAs, aggressive media coverage and partnerships with community-based organizations that work directly with consumers.
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- **Educational Materials and Tools:** In addition to employing a diverse outreach strategy to inform consumers of their options, we recommend that the Board and Exchange provide specific programmatic information about deadlines, costs, and benefits. For many consumers the first stop will remain the website. For both MHIP and MHC, we assume that they will be updated immediately with

complete, accurate, and consumer-friendly information. While we are certain that a good faith effort is made to regularly update content on the website, even today, some of the information is inaccurate. For example, the MHIP FAQ that is currently available on the website contains inaccurate dates that will only increase consumer confusion.

- **Consumer Assistance:** Although consumers will rely heavily on the website, the full array of consumer assistance options and personnel must be informed about the new options for consumers to get coverage through MHIP. Staff at the call center, connector entities, and producers must be prepared to inform consumers of their options and choices. It is critical that everyone who interfaces with consumers on this issue have standard, clear, messaging and information for consumers and can either answer the questions accurately or be immediately able to hand them off to someone who can. This must include informing all those who provide health care services to consumers, such as doctors, clinics, and hospitals.
- **Enrollment:** Once a consumer is fully educated about his/her options and the benefits and drawbacks of MHIP coverage, it is critical that he/she can enroll as seamlessly as possible. We ask that the Board and the Exchange clearly identify the actual enrollment personnel and ensure that there is a truly warm handoff if consumers access MHIP enrollment from any of the Exchange consumer assistance personnel options.

We have raised these issues knowing that the MHIP bridge program is a short-term “fix” that will impact a relatively limited number of Marylanders. However, that should not diminish the importance and value of getting this right. Important because of the impact this may have on individuals and families and value because Marylanders need to have confidence in our state’s health care reform efforts. We share with you a commitment to succeed in both of these areas and would welcome the opportunity to assist you in any way that would be most helpful.

Please feel free to contact us:

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