Wakely
An HMA Company

State of Maryland
Analysis of Potential Medicaid Buy-In Options

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Agenda

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- Key Results
  - Comparison of Options
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  - Targeted Buy-In
  - Buy-in for All
- Additional Considerations
- Appendix
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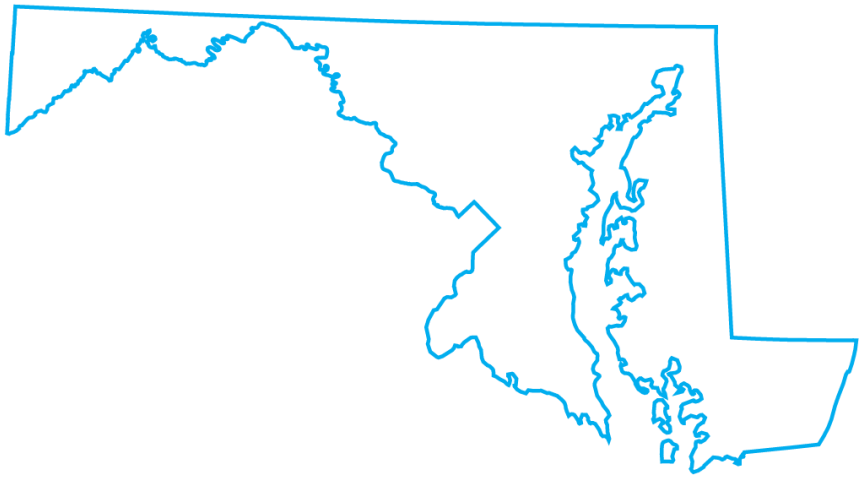
  - Disclosures and Limitations



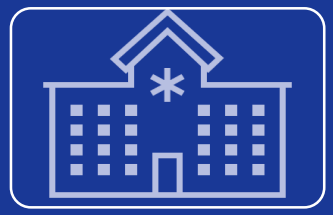
Background

Maryland Medicaid Buy-In: Background

- The Maryland Health Insurance Coverage Protection Commission requested the State of Maryland's Department of Legislative Services (DLS) analyze the potential effects of three separate Medicaid Buy-In options

Targeted Medicaid Buy-In

- Medicaid-like coverage to be offered outside the Marketplace to individuals not eligible for Medicaid, Medicare, or subsidized coverage through the Exchange



Qualified Health Plan Public Option

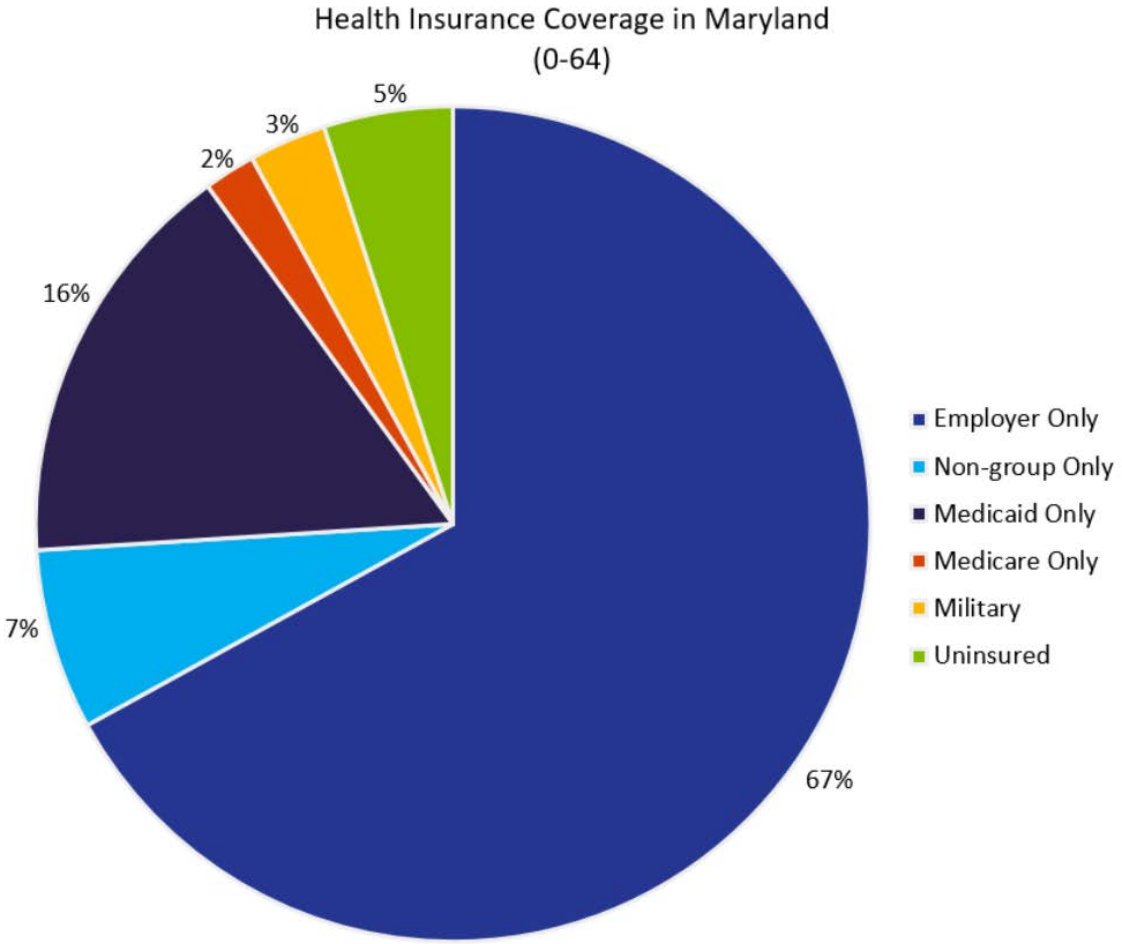
- Lower-cost plan offered through the Exchange, likely through an existing insurer or third-party administrator

Medicaid Buy-In for All

- State Medicaid coverage offered to all individuals, except those eligible for Medicare, as a lower-cost product outside of the Marketplace

Analysis Buy-In: Comparison of Options

Each Buy-In option targets a different segment of the population



Source: KFF analysis of 2020 Census Data. Accessed 10/23/2021

Analysis Buy-In: Comparison of Options

	Targeted Buy-In	QHP Option	Medicaid for All
Market	Separate Program	Individual Market	Separate Program
Targeted Population	Unsubsidized	On-Marketplace Population / Uninsured	Under 65 Population
Premium Reduction for Eligible Population	Yes	Yes	Yes
CMS Waiver Needed	No	No	Likely
Operational Complexity	Medium	Low	Very High
Application of Reinsurance Program	Multiple scenarios, ranging from Included to Excluded	Included	Not applicable
State-based Premium Subsidies	Similar to ACA	Not applicable	Depends on Scenario
Provider Network	Medicaid providers at Medicaid payment rates		
Benefit Level	EHB	EHB	Average Commercial Market Benefit

Analysis Buy-In: Comparison of Options

	Targeted Buy-In	QHP Option	Medicaid for All
Change in Number Of Uninsured	-5,900 to -25,900	+3,600 to -3,600	-18,600 to -210,800
Total State Costs (in millions)	$46.6 to $175.9	$0	$9,000 to $15,800
Subsidy Costs (in millions)	$46.6 to $175.9	N/A	$9,000 to $15,800
Additional Reinsurance Costs	$0.0 to $117.3	N/A	N/A

Notes:
-Costs may not add up to total.
-Operation Costs not Included.

Key Results

Analysis Targeted Buy-In: Definition

- Under the Targeted Medicaid Buy-in option, the state offers Medicaid-like coverage off the Marketplace to those not eligible for Medicaid, Medicare, or subsidized Marketplace coverage. The analysis assumes Maryland will subsidize coverage for those who need financial assistance similarly to subsidies provided for those on-exchange prior to the American Rescue Plan Act (ARP).
- Targeted populations:
  - Family Glitch
  - Undocumented - includes both those uninsured and those who currently have coverage in the nongroup market (Uninsured/Ineligible for Subsidies)/ Undocumented (Insured Off Exchange/Ineligible for Subsidies)
  - Others ineligible for subsidies (400%+ FPL)
- Cost-Sharing: Wakely modeled two scenarios: low (60% actuarial value) and average market (73% actuarial value)
- Reinsurance: Wakely considered three possible reinsurance scenarios with varying impacts to state costs

Analysis Targeted Buy-In: Key Findings

- Estimates are for 2023 (initial year)
- Enrollment in Medicaid-like Program is estimated to be between 36,000 and 66,000

	Enrollees	
	Minimum	**Maximum**
Family Glitch	32,650	42,696
From Employer sponsored insurance	*27,752*	*36,291*
From Exchange direct purchase	*1,959*	*2,562*
From Uninsured	*2,939*	*3,843*
Undocumented (Uninsured)	2,953	12,040
Undocumented (Insured Off Exchange)	420	1,304
Citizens making above 400% FPL, Uninsured	0	9,983
Total	**36,023**	**66,024**

Analysis Targeted Buy-In: Key Findings

- State costs are between $47 and $228 million depending on the metal level offered, reinsurance approach, and take-up rates

	Total (millions)	
	Minimum	Maximum
Subsidy Costs		
Family Glitch	$38.4	$71.4
Undocumented (Uninsured)	$7.2	$35.6
Undocumented (Insured Off Exchange)	$1.0	$3.7
Citizens making above 400% FPL, Uninsured	$0.0	$0.0
Subsidy State Costs in total	$46.6	$110.8
Additional State Reinsurance Costs	$0.0	$117.3
Total State Costs	**$46.6**	**$228.0**

Analysis Targeted Buy-In: Reinsurance

- Reinsurance: Wakely considered three possible reinsurance scenarios with varying impacts to state costs
- The key question is if reinsurance program (and consequently lower premiums) is extended to the targeted buy-in program

- **Options Include**
  - Include target buy-in program in reinsurance program
    - Does not require additional state funds but reduces effectiveness of program
  - Include target buy-in program in reinsurance and include additional state funds to offset additional enrollees
    - Requires additional state funds but does not reduce effectiveness of program
  - Exclude targeted buy-in from reinsurance program
    - Does not reduce effectiveness of the program for the individual market but does increase subsidy costs for state and premiums for the public option are significantly higher

Analysis QHP Public Option: Definition

- Under the QHP Public Option, the state offers a lower cost product on the Marketplace to individuals. This would be offered as a QHP, likely in partnership with an existing insurer.
  - This analysis estimates the premiums for this product will be 6% lower than the lowest Silver and Gold offerings currently available on exchange.
- Targeted Populations:
  - Uninsured
  - Individual Market Unsubsidized
- Cost-Sharing/Metal Level: Wakely modeled a Silver & Gold public option
- Reinsurance: Wakely assumed new members (unsubsidized) would need to be funded by the state

Analysis QHP Public Option: Key Findings

- Estimates are for 2023 (initial year)
- Cost Impact to Targeted Population: The uninsured and unsubsidized individual market enrollees would have lower premiums. However, subsidized individual market enrollees could see premium increases.
- Enrollment in Public Option:
  - The Public Option enrollment is estimated to be approximately 12,300 to 20,700 in year one, with most of the enrollment being migration from other plans
  - The change in market size is estimated to be from a 1.7% increase (3,600 enrollees) to a decrease of 1.7% (3,600 enrollees)
  - The low impact to premiums and potential negative impact to those with subsidies limits market enrollment increases
- Cost to State: No direct costs (only implementation and changes in expenses due to the current 1332 reinsurance waiver)

Analysis Medicaid Buy-In for All: Definition

- Under the Medicaid Buy-In for All, the state would offer a product for all non-Medicare enrollees
- There is considerable uncertainty for this option and additional modeling is recommended if this option is pursued further
- Two options modeled: 1) enrollees would pay premiums comparable to current levels, and 2) enrollees would not pay premiums for coverage
- Given the complexity of the modeling, several simplifying assumptions were made
  - Wakely did not include any changes to Medicaid-eligible population or changes in cost (i.e., those are not included in the calculations)
  - Wakely assumed all employers would migrate. In actuality, some employers, especially those with healthy populations and self-insured, would likely not migrate. Consequently, estimates included could be considered maximum estimates.
  - Wakely also included potential supply constraints in provision of health care
  - Wakely did not evaluate if the option met 1332 or 1115 waiver requirements

Analysis Medicaid Buy-In for All: Key Findings

- Enrollment
  - Current Premium Scenario: Enrollment would be approximately 3.4 million (or a decrease in the number of uninsured of approximately 19,000)
  - No Premium Scenario: Enrollment would be approximately 3.7 million (or a decrease of uninsured of approximately 210,000)
- Cost to State: The cost of the program is estimated to be $16.0 billion to $16.7 billion in premium equivalents. Costs to the state could be offset by employee contributions and, assuming an approved 1332 waiver, foregone Advanced Premium Tax Credits.
- Supply constraints could reduce the cost as well as reduce access.
- Consequently, state costs that would require funding are estimated to be between $9.0 billion and $15.8 billion.

Additional Considerations for All Options

- Federal Context: Federal policy in future years is uncertain
- Differences in Groups that Benefit: Different policy options benefit different groups
- Availability and Sustainability of State Funds
- Provider Considerations: Wakely did not directly model the effects of the programs on participation or financial solvency
- Federal Waivers : Options could be enhanced or require Federal approval of a 1332 and/or 1115 waiver
- Reinsurance: Each of the three options will have varying impacts on the existing reinsurance program

Appendix

Wakely Analysis Methodology

- Wakely used publicly available data
  - Further analysis (not in this scope of work) may be needed for more granular and specific estimates.
  - For example, prior research estimates that Medicaid provider payment rates are 88% of Commercial rates. Further analysis may be needed to verify this.
- Wakely assumed ARP expires. If Federal legislation (e.g., Build Back Better) changes, updated analyses would be necessary.
- Wakely did not estimate operational or implementation costs. Additional state costs would likely be needed to implement any of the options.
- Please reference the complete *Maryland Medicaid Buy-in* report provided by Wakely to the DLS for a full overview of methodology, assumptions, limitations, and caveats.

Wakely Analysis Limitations

- Wakely did not include specific estimates on the impact of the policy Maryland's current 1332 waiver or reinsurance program. Wakely also did not include specific analysis on the feasibility of a 1332/1115 waiver, which may be necessary for a Medicaid for All program.
- The exact impact of the ending of ARP produces uncertainty for the individual market and resulting estimates.
- The COVID pandemic and resulting economic impacts also produce uncertainty as the size of coverage (or lack thereof) in Maryland.
- There is large uncertainty as to federal policy in regards to undocumented immigrants in future years, which may impact the propensity for take-up (and resulting morbidity) for this population.

Disclosures and Limitations

Responsible Actuaries. Julie Peper and Lydia Tolman are the actuaries responsible for this communication. She is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. They meets the Qualification Standards of the American Academy of Actuaries to issue this report. Michael Cohen contributed significantly to the analysis and memo.

Intended Users. This information has been prepared for the sole use of the state of. Distribution to parties should be made in its entirety and should be evaluated only by qualified users. The parties receiving this report should retain their own actuarial experts in interpreting results.

Risks and Uncertainties. The assumptions and resulting estimates included in this report and produced by the modeling are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. It is the responsibility of those receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. Wakely provides actuarial services to a variety of clients throughout the health industry. Our clients include commercial, Medicare, and Medicaid health plans, the federal government and state governments, medical providers, and other entities that operate in the domestic and international health insurance markets. Wakely has implemented various internal practices to reduce or eliminate conflict of interest risk in serving our various clients. Except as noted here, the responsible actuary is financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent of MHA.

Data and Reliance. We have relied on others for data and assumptions used in the assignment. We have reviewed the data for reasonableness but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly. The information included in the 'Reliances and Caveats' section identifies the key data and reliances.

Subsequent Events. These analyses are based on historical data and as such, subsequent events should not impact the results of the analyses. There are no other known relevant events subsequent to the date of information received that would impact the results of this report.

Contents of Actuarial Report. This document constitutes the entirety of the actuarial report and supersedes any previous communications on the project.

Deviations from ASOPs. Wakely completed the analyses using sound actuarial practice. To the best of our knowledge, the report and methods used in the analyses are in compliance with the appropriate ASOPs with no known deviations. A summary of ASOP compliance is listed below:

ASOP No. 23, Data Quality
ASOP No. 41, Actuarial Communication
ASOP No. 56, Modeling

Health Insurance Coverage Protection Commission Briefing

Michele Eberle, Executive Director

December 16, 2021

MARYLAND HEALTHBENEFIT EXCHANGE

Agenda

- Maryland Easy Enrollment Health Insurance Programs
- High Deductible Health Plans
- Coverage Options for Individuals Ineligible for Existing Programs

Maryland Easy Enrollment Health Insurance Program: Tax Filing Year Two Results

2020 and 2021 Tax filing special enrollment comparison

Year	Individuals who "checked the box"	Individuals deemed eligible	Total enrolled during Tax Time SEP		Total enrolled during Tax Time SEP + Following OEP	
			Number	As % of Eligible Individuals	Number	As % of Eligible Individuals
2020	60,645	53,146	4,015	7.6%	4,901	9.2%
2021	33,151	27,223	2,962	10.9%	TBD	TBD

Lower number of Individuals who ‘checked the box but more eligible

Nearly 900 consumers subsequently enrolled during open enrollment period

MARYLAND HEALTHBENEFIT EXCHANGE

New for 2021 - Direct outreach by Navigator

- 15,477 calls completed; 8,766 emails sent
- Translated to roughly 1,000 enrollments out of 2,983 total (34%)
- Highest enrollment success in Montgomery and Central regions
- Direct contract revealed consumers
  - Did not intend to ‘check the box’
  - Were ineligible
  - Had already completed enrollment

Breakdown of 2020 and 2021 Enrollment Rates for Tax Filing Special Enrollment Period

Year	Eligibility Type	Total Eligible	Total Enrolled	Conversion Rate
2020	With APTC	7,439	841	11%
	Unassisted	25,915	126	<1%
	Medicaid/ MCHP	19,792	3,048	15%
2021	With APTC	9,418	665	7%
	Unassisted	6,411	107	2%
	Medicaid/ MCHP	11,394	2,190	19%

MARYLAND HEALTHBENEFIT EXCHANGE

Focus for next year

- Data driven analysis to understand who was most likely to start an application, select a plan, and enroll in coverage and who most likely to drop out of each step along the way, in order to identify potential interventions to increase enrollment rates.

- Special focus on
  - Geography
  - Household composition
  - Income
  - Age
  - Race / Ethnicity

Updates: Tax Filing Phase 2 and Department of Labor Implementation

Program Updates

- **Tax Easy Enrollment Phase 2**: MHBE continues to work with the Comptroller's Office towards implementing a phase 2 with the intent to pre-populate applications with data from the state income tax return as much as possible to simplify the enrollment process.
- **Unemployment Filing Easy Enrollment**: MHBE continues to work with the Department of Labor to launch an easy enrollment process for unemployment claimants. Targeting second quarter of 2022.

Joint Chairmen's Report: Coverage Options for Individuals Ineligible for Existing Programs

Ineligible Populations

- **Undocumented immigrants**
  - Ineligible for Medicaid and QHP
  - 244,700 total in Maryland, 115,900 uninsured

- **DACA recipients**
  - Ineligible for Medicaid and QHP
  - 7,560 in Maryland

- **Family glitch**
  - Self-only Employer Sponsored Insurance affordable; family coverage unaffordable
  - Currently not eligible for Exchange subsidies
  - 83,000 in Maryland, 7,470 uninsured

Eligible Immigration Statuses

Individual Marketplace coverage:

- Qualified immigrants under the “5-year bar” (also eligible for APTC)
  - 5-year bar: otherwise-qualified immigrants must be lawfully present for 5 years before they are eligible for Medicaid (with some exceptions)
- Immigrants exempt from 5-year bar
  - Children, pregnant women, asylees, refugees, etc.
- Lawfully residing non-qualified immigrants / individuals with valid nonimmigrant status
  - Student/work visas, temporary resident status, pending application for asylum, etc.

Financial assistance eligibility:

- Lawfully present immigrants with income between 138% and 400% FPL
- Qualified immigrants under the 5-year bar with income up to 400% FPL

Federal Regulations Affecting Coverage

- **Medicaid services for otherwise-qualified noncitizens**
  - Acute, severe emergency medical conditions
  - Prenatal care (at the option of each state)
  - Expanded coverage for COVID-19 testing/treatment (varies by state)

- **Public charge rule**
  - Allows immigration determinations to be influenced by an applicant's use of public benefits
  - Briefly included health, nutrition, housing, income factors (2019 - mid-2021)
  - Immigrant families still avoid public benefits (29%)

- **Family glitch**
  - Self-only "affordable"; family coverage "unaffordable"
    - "affordable" = employer-offered premium <9.83% of household income
  - Maryland Children's Health Program (MCHP) may mitigate effects
  - *Executive Order on Strengthening Medicaid and the ACA*

Current Resources in Maryland

- **Emergency Medicaid Coverage**
  - Emergency services only
  - Eligible except for immigration status
- **Emergency Medical Treatment and Active Labor Act (EMTALA)**
  - Emergency department treatment without regard to ability to pay
  - Legal requirement for Medicare-participating hospitals
- **Hospital Financial Assistance Policies**
  - Free or reduced cost care based on household income
  - Hospitals required to provide, regardless of patient immigration status
- **Federally Qualified Health Centers**
  - Sliding scale payments
  - Vulnerable populations

Options for Maryland

1. **Section 1332 waiver with state subsidy**
   a. California submitted and withdrew waiver application
   b. No other states have pursued
2. **State-only Medicaid program**
   a. Covering children: California, Connecticut, D.C., Illinois, Massachusetts, New York, Oregon, and Washington
   b. Covering adults: California (ages 10-25), Illinois (seniors), and Washington. D.C. (limited coverage for low-income)
3. **Public option**
   a. Washington, Colorado, Nevada: private plans subject to additional state requirements

1332 Waiver with State Subsidy

Section 1332 Waiver

- Waive provision barring undocumented individuals from QHP enrollment
- Recoup and reinvest federal savings
- Legislative approval required
- Implementation would be 18 months after legislation authorizing pursuit of the waiver (2024)

1332 Waiver with State Subsidy

State Subsidy Program

- Considerations
  - Tax credit or simple subsidy
  - Administration of cost-sharing subsidies
  - Cost impact of expanded Exchange coverage on emergency Medicaid services and federal funding

- Assumptions
  - Replication of federal subsidies currently available to existing enrollees
  - ARPA subsidy extension vs. no extension
  - Enrollment phase-in over 3 years:
    - 30% uptake among undocumented immigrants
    - Lower uptake among family glitch

Scenario 1: Full population eligible

Full population	2024	2025	2026	2027	2028
Enrollment	29,413	45,077	50,342	51,380	52,541
Gross cost	$105,061,731	$167,460,606	$192,601,978	$206,682,398	$222,253,490
Fed. pass-through	$14,812,663	$22,473,808	$27,188,740	$30,508,782	$32,731,635
Net cost to state	**$90,249,068**	**$144,986,797**	**$165,413,238**	**$176,173,616**	**$189,521,964**
Premium impact	-2.3%	-3.3%	-3.8%	-3.8%	-3.9%

The “full population” scenario results in a 0.6 p.p. reduction in the uninsured rate (6 to 5.4%)

Source: Lewis & Ellis analysis

MARYLAND HEALTHBENEFIT EXCHANGE

Scenario 2: Eligibility limited to young adults

Limited: young adults	2024	2025	2026	2027	2028
Enrollment	14,222	21,797	24,722	24,651	24,756
Gross cost	$39,278,304	$63,364,323	$75,724,575	$80,103,364	$86,161,230
Fed. pass-through	$15,393,297	$23,964,856	$29,429,203	$31,005,914	$32,809,905
Net cost to state	**$23,885,007**	**$39,399,467**	**$46,295,372**	**$49,097,450**	**$53,351,325**
Premium impact	-2.3%	-3.4%	-3.9%	-4.0%	-4.0%

MARYLAND HEALTHBENEFIT EXCHANGE

Source: Lewis & Ellis analysis

Scenario 3: Eligibility limited to incomes <200% FPL

Limited: <200% FPL	2024	2025	2026	2027	2028
Enrollment	20,050	30,640	33,910	34,572	35,250
Gross cost	$84,581,674	$134,033,759	$152,080,969	$162,384,112	$173,274,570
Fed. pass-through	$11,695,007	$18,168,344	$22,655,119	$24,256,221	$25,992,875
Net cost to state	**$72,886,667**	**$115,865,415**	**$129,425,850**	**$138,127,890**	**$147,281,694**
Premium impact	-1.7%	-2.6%	-3.0%	-3.1%	-3.1%

Source: Lewis & Ellis analysis

MARYLAND HEALTHBENEFIT EXCHANGE

State-Only Medicaid Program Considerations

Medicaid expansion to the currently ineligible population of interest would require state-only funds

- Eligibility
  - Full population, broad eligibility
  - Targeted population
- Coverage mechanism
  - Managed Care Organizations
  - Fee-for-service
- Benefits
  - Mirror full Medicaid package
  - Different benefits package
- Coordination with Medicaid's existing Emergency Medical Assistance program

Public Option Considerations

- HICPC already considering a study on Medicaid buy-in
- Type of public option
  - Private QHPs subject to additional regulation
    - Limited savings for Maryland
  - Private non-QHPs contracted by the state
  - Fully state-run plan
- Target population
- Insurer & provider participation
- Lead implementation agency
- Benefits
- Enrollment mechanism
- Coordination with other state programs

High Deductible Health Plans

Background

- **Deductible**: amount a consumer must pay for health services before the health plan pays
- **Preventive services**: ACA requires certain services covered with no cost-sharing
- **Out-of-pocket maximum (OOPM)**: The most an enrollee will have to pay for in-network covered services in a year
- **Value Plans**: MHBE requires carriers to offer a value plan at each metal level; silver and gold value plans have deductibles capped at $2,500 and $1,000
- **High deductible plans**: deductible exceeds IRS-designated threshold; may or may not be qualified to pair with a tax-free health savings account, depending on pre-deductible coverage

2021 minimum annual deductible, maximum annual deductible and other out-of-pocket (OOP) expenses		
	Self-only coverage	Family coverage
Minimum annual deductible	$1,400	$2,800
Maximum annual deductible and other OOP expenses	$7,000	$14,000

Source: IRS Publication 696 (2020)

Literature: Association between costs and utilization

- Higher cost-sharing associated with lower care utilization (RAND)
- Lower utilization/cost savings often due to avoidance of necessary/preventive care, not price shopping
- Consumers perceive deductibles too high and barrier to care
  - 40% w/ ESI and deductibles $1,500+ had difficulty affording care
  - 60% w/ ESI and deductibles $1,500+ skipped or delayed care because of cost
  - More than a third of U.S. adults unable to cover an unexpected $400 bill
- Uncertainty over benefits leads to care avoidance
  - Over half of U.S. adults report low confidence using their insurance, have inadequate knowledge of OOP costs and deductibles

Table 1. Number of People Enrolled in Individual High-Deductible Health Plans (HDHPs) and Non-HDHPs Purchased through the Maryland Health Connection, by Age Group, CY 2016 to CY 2019

Plan Type	Age Group	CY 2016		CY 2017		CY 2018		CY 2019	
		Total Enrolled	# Enrolled ≥ 320 Days	Total Enrolled	# Enrolled ≥ 320 Days	Total Enrolled	# Enrolled ≥ 320 Days	Total Enrolled	# Enrolled ≥ 320+ Days
Non-HDHP	0-17	3,159	1,316	2,677	1,064	3,276	1,436	1,342	444
	18 to 34	26,026	10,994	26,965	12,143	30,701	15,703	22,742	12,636
	35 to 54	35,276	18,239	35,421	19,404	41,151	25,088	29,328	19,498
	55+	24,002	13,646	25,787	15,467	33,010	22,108	23,503	16,746
Total		**88,463**	**44,195**	**90,850**	**48,078**	**108,138**	**64,335**	**76,915**	**49,324**
HDHP	0-17	5,941	2,506	7,271	3,220	4,352	1,832	6,267	3,141
	18 to 34	18,657	7,552	24,279	10,351	20,159	9,080	27,258	14,119
	35 to 54	23,865	11,729	30,728	15,403	23,705	12,810	33,262	20,751
	55+	21,309	12,013	27,803	15,591	21,005	12,767	31,162	20,399
Total		**69,772**	**33,800**	**90,081**	**44,565**	**69,221**	**36,489**	**97,949**	**58,410**
Plan Missing HIOS Number		**26,664**		**95**		**4**		**0**	

Appendix H. Number of HDHPs and Non-HDHPs by Plan Metal Type and Base or Variant Plan Type Offered through the Maryland Health Connection, CY 2016 to CY 2019

Plan Type	Metal Level	CY 2016		CY 2017		CY 2018		CY 2019	
		Base Plan	Variant Plan	Base Plan	Variant Plan	Base Plan	Variant Plan	Base Plan	Variant Plan
Non-HDHP	Catastrophic	0	0	0	0	0	0	0	0
	Bronze	0	15	0	9	0	5	0	5
	Expanded Bronze	0	0	0	0	0	1	0	0
	Silver	0	53	0	42	0	21	0	21
	Gold	11	24	9	18	5	11	2	8
	Platinum	3	6	1	2	1	2	1	2
HDHP	Catastrophic	4	0	3	0	2	0	2	0
	Bronze	15	15	9	9	5	5	5	5
	Expanded Bronze	0	0	0	0	1	1	0	0
	Silver	17	30	13	23	7	14	6	9
	Gold	2	2	0	0	1	1	4	4
	Platinum	0	0	0	0	0	0	0	0

Cost-Sharing

- Report details HDHP cost-sharing requirements for the 2016 – 2021 plan years
  - Primary care physician (PCP) visits
  - Specialist visits
  - Emergency room services
  - Inpatient hospital services
  - Generic drugs
  - Preferred brand drugs
- Bronze: Some pre-deductible cost-sharing for generic drugs and/or primary care
- Silver: More services available pre-deductible with cost-sharing
- Gold: More services available pre-deductible with lower cost-sharing than in silver plans
- Patterns unclear across service types and plan types - lots of variation based on year, plan, coinsurance vs copays, etc.

Utilization: HDHPs vs. Non-HDHPS

Figure 1: Inpatient Hospital Admissions Per Enrollee in Individual HDHPs vs Non-HDHPs Purchased through the Maryland Health Connection, CY 2016 to CY 2019

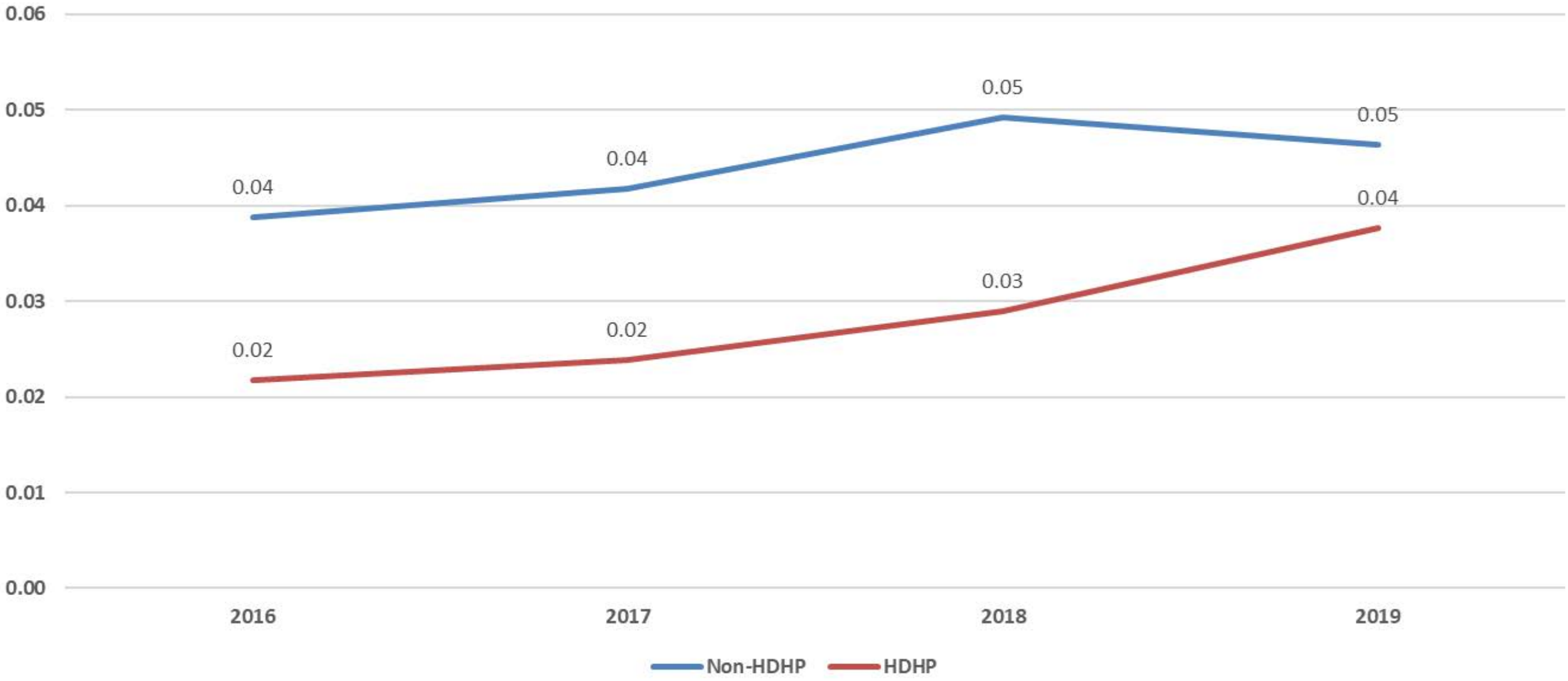


Figure 3: Hospital Outpatient Visits Per Enrollee in Individual HDHPs vs Non-HDHPs Purchased through the Maryland Health Connection, CY 2016 to CY 2019

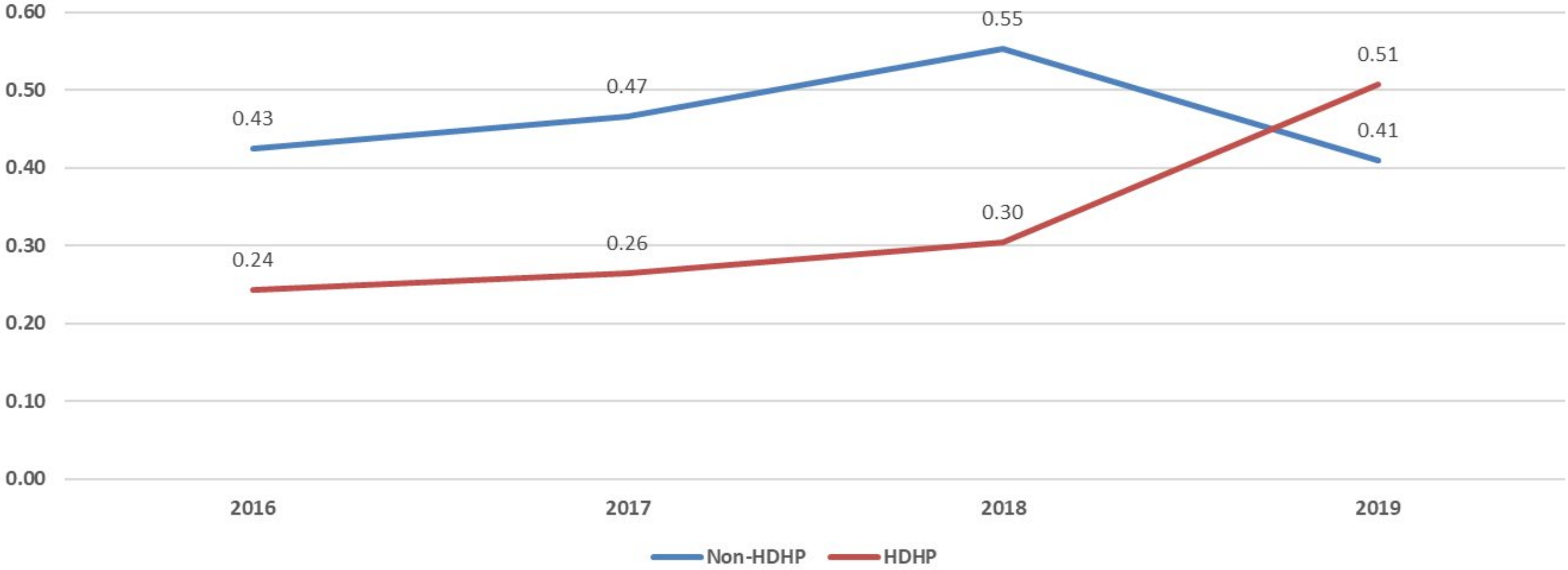


Figure 7: Primary Care Provider Visits Per Enrollee in Individual HDHPs vs Non-HDHPs Purchased through the Maryland Health Connection, CY 2016 to CY 2019

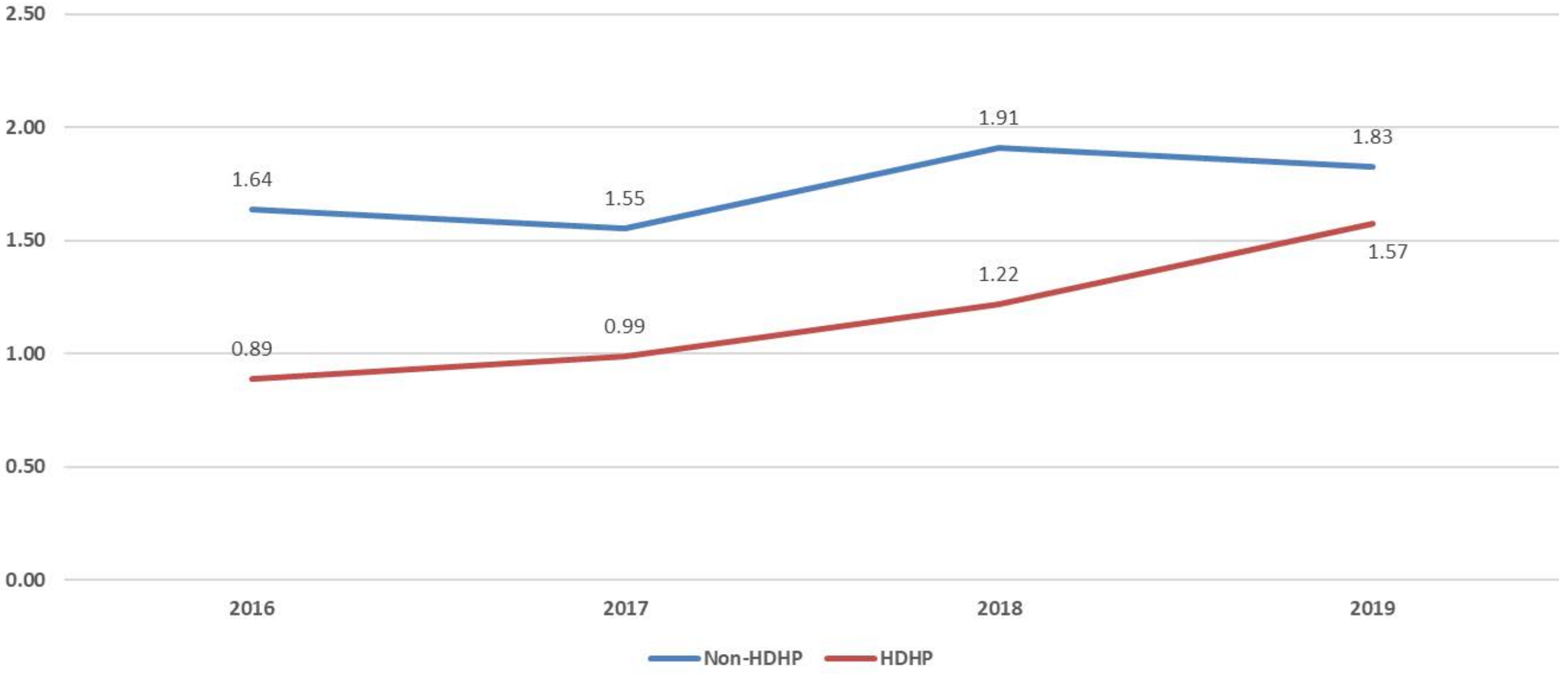
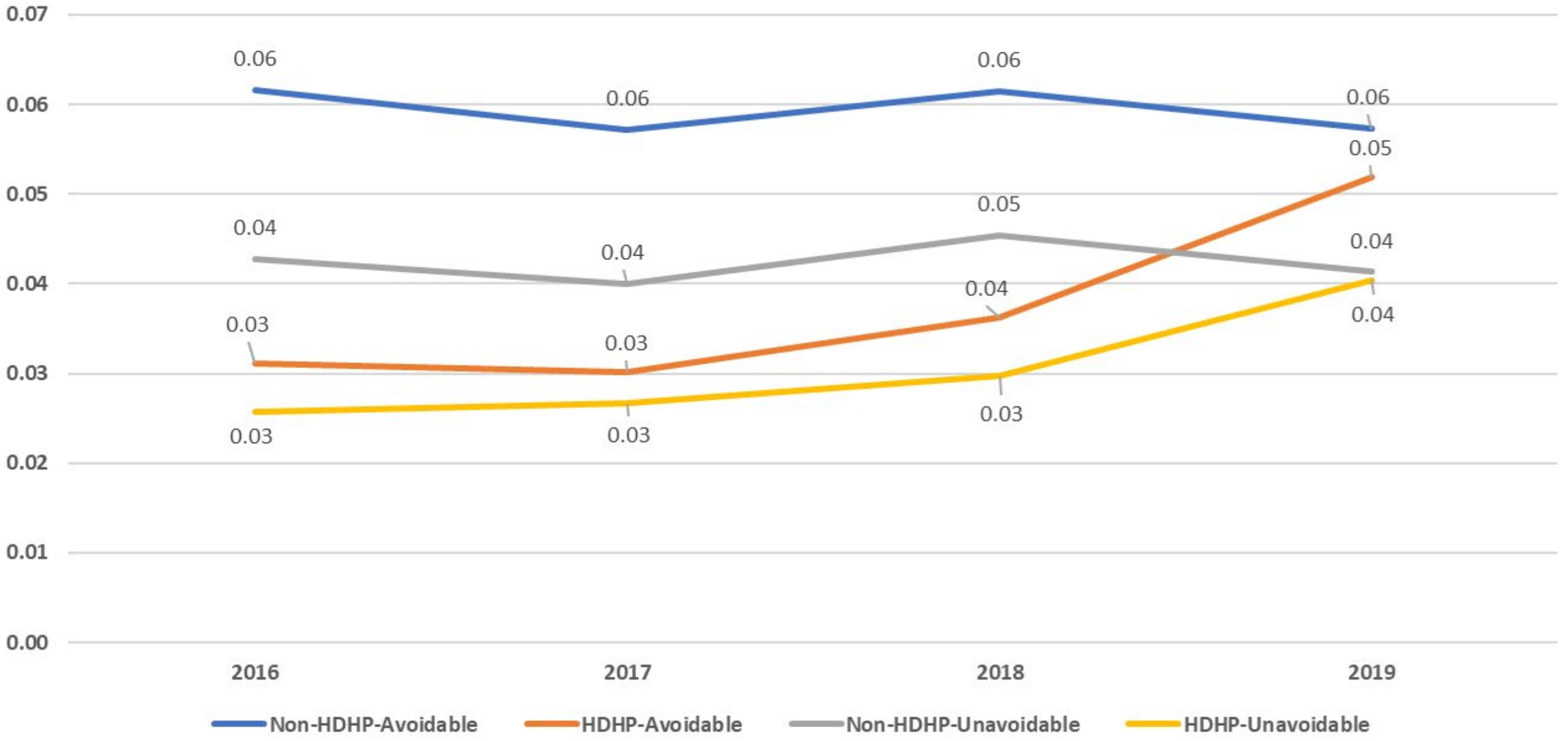


Figure 10: Avoidable and Unavoidable ED Visits Per Enrollee in HDHPs vs Non-HDHPs, CY 2016 to CY 2019.



Consumer Complaints

- HEAU and MIA do not separately categorize complaints related to HDHPs

- From HEAU hotline and case handling insights, consumers report they:
  - Choose HDHPs mostly based on premium prices
  - Avoid routine medical care because of out of pocket costs
  - Use their HDHP only for a major health emergency
  - Afraid that there will be some unexpected out-of-pocket costs
  - Worried about how to pay a medical bill without any savings

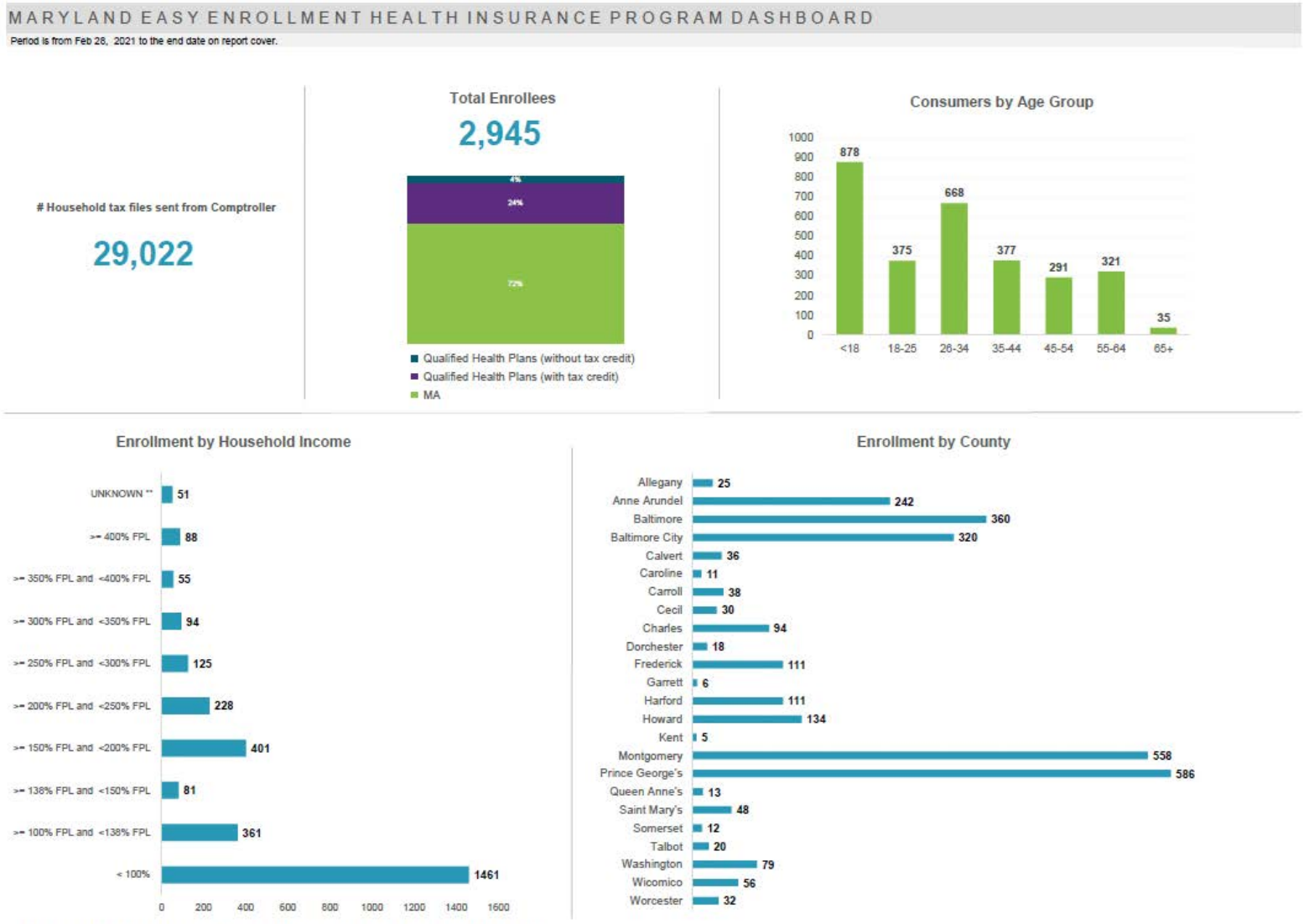
Appendix

2021 Enrollment by County (Tax Time SEP)

Enrollment by County		
Allegany	23	1%
Anne Arundel	246	8%
Baltimore	353	12%
Baltimore City	332	11%
Calvert	35	1%
Caroline	8	0%
Carroll	43	1%
Cecil	29	1%
Charles	96	3%
Dorchester	15	1%
Frederick	109	4%
Garrett	7	0%
Harford	107	4%
Howard	139	5%
Kent	3	0%
Montgomery	581	20%
Prince George's	579	20%
Queen Anne's	12	0%
Saint Mary's	46	2%
Somerset	12	0%
Talbot	18	1%
Washington	76	3%
Wicomico	61	2%
Worcester	32	1%

MARYLAND HEALTHBENEFIT EXCHANGE

Appendix 1: MHBE August Easy Enrollment Dashboard



**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 HEALTHBENEFIT EXCHANGE

Appendix 1: MHBE August Easy Enrollment Dashboard