

# Medicaid to Private Plan Enrollment Program

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Johanna Fabian-Marks, Director of Policy & Plan Management  
Board of Trustees, May 15, 2023

# Background

- Medicaid terminations have been suspended during the Public Health Emergency. Terminations will resume this spring, with the first notices going out in April for coverage ending May 31.
- Program goals:
  - Simplify enrollment process/coverage transition for Medicaid enrollees becoming QHP eligible
  - Increase individuals who maintain coverage

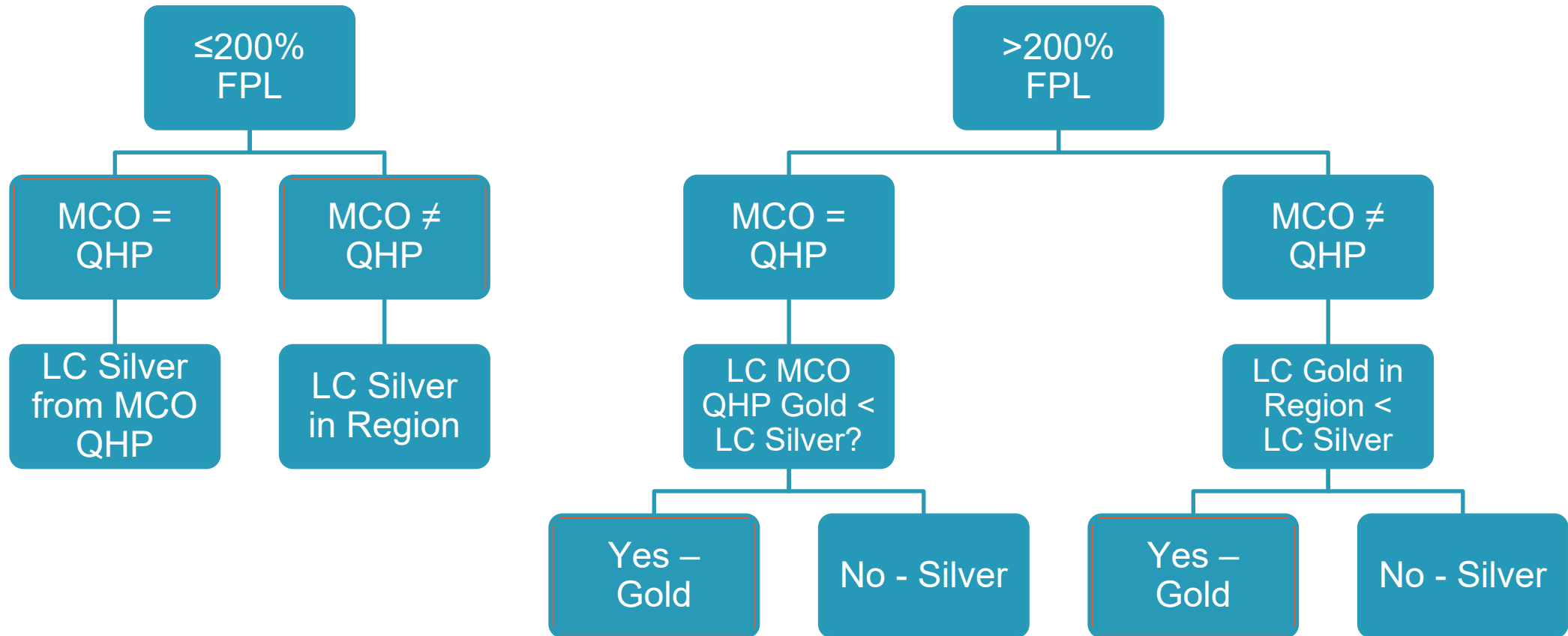
# Emergency vs. Proposed Action

- The Board approved a nearly identical emergency regulation in February
- Changes between the emergency and proposed regulations:
  - **Remove provision to default enrollment into existing household plans** due to concerns that this population would face billing complications if they prefer to opt out
  - **Program name** changed to “Medicaid to Private Plan Enrollment Program,” instead of “Medicaid Transition Easy Enrollment”

# Proposed Eligible Populations

1. Medicaid enrollees who are determined QHP eligible during a redetermination (once redeterminations resume) and do not select a QHP within a certain period of time
2. Medicaid enrollees who:
  - reported income exceeding the Medicaid eligibility threshold during the public health emergency,
  - did not return to MHC to update their information during their redetermination, and
  - MHC verifies their most recent attested income using electronic data sources.

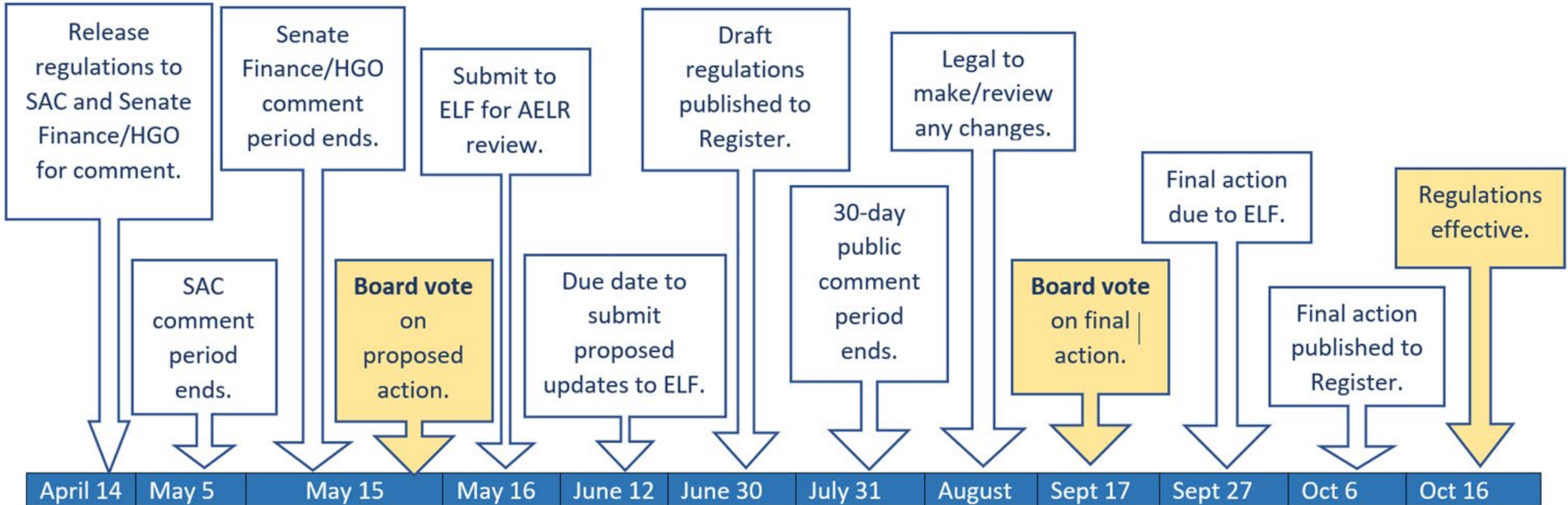
# Proposed Plan Selection Hierarchy



# Public Comments

Commenter	Comment	MHBE Response
<b>Alyssa Sinagra, Avery Hall Benefit Solutions (Producer, SAC member)</b>	Program “will cause confusion and more work for both MHC, producers, and the carrier (CareFirst/UHC) ... whenever there is a change and then days/weeks later we request another change, there are ... going to be problems with multiple files going over to the carrier.”	MHBE is doing its best to preempt this kind of confusion while planning for implementation.
<b>Alyssa Sinagra, Avery Hall Benefit Solutions (Producer, SAC member)</b>	Program “would cut out a lot of brokers, unless [their] name is already on the account.” MHBE needs to promote broker involvement in addition to the Broker Connect program.	MHBE is including a QR code for Broker Connect on notices sent to consumers who do not have a broker of record.  This program is intended to provide another resource to consumers, not to undermine the role of brokers.
<b>Maryland Citizens’ Health Initiative</b>	MCHI supports the program because it will promote continuity of coverage.	n/a
<b>UnitedHealthcare</b>	Support for the program; proposes removing the April 30, 2024 end date so the program can be implemented indefinitely.	MHBE will be monitoring the program’s performance and if continuing is determined to be appropriate, MHBE will propose a regulatory update.

# Timeline



# Request for Adoption of Proposed Regulations and Approval to Submit to AELR and DSD

MOTION: I move to [approve/defer/reject] adoption of the Medicaid to Private Plan Enrollment Program proposed regulations as presented, and authorize MHBE to submit them to the Joint Committee on Administrative, Executive, and Legislative Review for review and to the Division of State Documents for publication in the Maryland Register [as presented/as amended].



# Appendix



# Public Comments on Emergency Action (1/2)

Commenter	Comment	MHBE Response
Scott London, London Eligibility	Ensure that new enrollees receive information on premium payment expectations since they may not be familiar with non-Medicaid insurance	MHBE will do its best to provide this information.
Maryland Citizens' Health Initiative	General support for the initiative	N/A
Stan Dorn, Unidos US	Ensure all populations enrolling have a chance to select a plan themselves before MHBE selects one for them	Individuals going through the manual renewal process will have the opportunity to select a plan.
Stan Dorn	Prioritize plan cost over carrier continuity in the enrollment hierarchy	MHBE considered this but in conversation with MDH felt that it was important to maintain carrier continuity.
Stan Dorn	Enroll in a higher-cost plan (whether it's gold or silver 87) if it's within a few dollars of the alternative, lower-AV plan	MHBE will consider incorporating this suggestion during the permanent regulations submittal process

# Public Comments on Emergency Action (2/2)

Commenter	Comment	MHBE Response
United HealthCare	Consider overall affordability in enrollment hierarchy	Total costs were considered when designing enrollment hierarchy
United HealthCare	Provide enrollees with information to help them understand non-Medicaid insurance	MHBE will do its best to provide this information.
Kaiser Permanente	Consider possible gaps in coverage	MHBE will consider additional opportunities to minimize gaps in coverage during the permanent regulations submittal process
Kaiser Permanente	Address opt-in/opt-out requirements more thoroughly– by when do enrollees need to confirm the plan, decline the selection, select a different plan?	Enrollee options will be clearly specified in the notices they receive
Kaiser Permanente	What are issuer rights for cancellation and what if an enrollee calls the issuer with a request to change plans?	MHBE will work with issuers on these logistics.
Kaiser Permanente	Various technical details of implementation	MHBE will work to ensure these are resolved