Maryland’s Progress with Coverage Expansion Under the ACA

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Timeline

March 23, 2010
President Obama signs the Affordable Care Act into law, requiring states to either establish and operate a Health Benefit Exchange by 2014 or participate in a federal Exchange

March 24, 2010
Governor O’Malley establishes a planning process, to involve >20 public meetings. Studies show potential to cut rate of uninsured in half, bring >$500 million in subsidies for insurance, and be net positive for MD budget over next decade.

April 12, 2011
Governor O’Malley signs the Maryland Health Benefit Exchange Act, which establishes Maryland’s Exchange as a public corporation and requires submission of studies on key policy issues

June 3, 2011
Exchange Board holds its first meeting and begins to hire great staff

December 23, 2011
Based on extensive public input and four advisory committees, exchange delivers recommendations to General Assembly

April 2012
Legislature passes legislation defining and authorizing key exchange policies

January 1, 2013
Exchange to be certified for operation by the federal government

October 1, 2013
Individuals and groups to begin enrolling in the Exchange

January 1, 2014
The Maryland Health Benefit Exchange to be operational, Medicaid expansion in place
Joshua M. Sharfstein, M.D. – Chair  
*Secretary, Maryland Department of Health and Mental Hygiene*

Darrell Gaskin, Ph.D. – Vice-Chair  
*Associate Professor, Johns Hopkins Bloomberg School of Public Health*

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*Commissioner, Maryland Insurance Administration*

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*Acting Executive Director, Maryland Health Care Commission*

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Enrique-Martinez-Vidal, M.P.P.  
*Vice President, Academy Health and Director, State Coverage Initiatives*

Thomas S. Saquella, M.A.  
*Former President, Maryland Retailers Association*

Kenneth S. Apfel, M.P.A.  
*Professor of Practice, University of Maryland School of Public Policy*
Examples of Exchange Policy Decisions

SHOP:
• Keep existing make-up of small group and individual markets
• Offer federally-required choice model with existing choice model for employees

Operating Model:
• Enable flexibility to determine how best to contract with carriers

Risk Mitigation:
• Require carriers to participate in Exchange once at a certain threshold outside Exchange

Navigator:
• Separate individual and SHOP Exchange Navigator functions
• Enable producers to sell into both Exchanges without having to become navigators
• Create certification process for Navigators

Advertising, Marketing, Public Relations
• Robust, multi-faceted marketing campaign to support enrollment into Exchange

Funding (exchange)

• Planning grant: $1 million
• Early innovator grant: $6 million
• Level 1 grant: $27.2 million
• Level 2 grant: pending
Latest Estimates

**Newly covered by Medicaid expansion in Maryland:**
- 102,000 in 2014
- 135,000 in 2015
- **187,000** by 2020

**Health Benefit Exchange coverage in Maryland:**
- 145,000 in 2014
- 169,000 in 2015
- **274,000** by 2020

Next Steps

**IT infrastructure:**
- Build an integrated eligibility and enrollment solution
- Progress to date: Team in place and components procured

**Essential Health Benefits:**
- Choose an EHB plan
- Progress to date: Advisory committee meeting

**Develop a Sustainable Funding Strategy:**
- Committee gathering
With two years to go before the Affordable Care Act is fully implemented, the State of Maryland appears well poised to fulfill Governor O’Malley’s goal of being a health care reform leader among states. While much work remains, a combination of strong leadership, inclusive planning, and deliberate but aggressive action by committed state officials and system stakeholders has permitted Maryland to make strides in designing its reformed health care system.

--Urban Institute, February 2012
http://www.urban.org/publications/412507.html