



maryland  health
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ANNUAL REPORT 2018

MARYLAND HEALTH BENEFIT EXCHANGE

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The Maryland Health Benefit Exchange (MHBE), a public corporation and independent unit of the state government, was established in 2011. It administers Maryland Health Connection (MHC), the state-based marketplace for Marylanders to shop and enroll in health insurance. It is also the state source to determine eligibility for financial assistance programs such as premium tax credits, Medicaid and the Maryland Children's Health Program (MCHP). It is the only place where Marylanders can access premium tax credits to make coverage more affordable.

The purpose of the Maryland Health Benefit Exchange is to:

1. Reduce the number of uninsured in the state.
2. Facilitate the purchase and sale of qualified health plans in the individual market in the state by providing a transparent marketplace.
3. Assist qualified employers in the state in facilitating the enrollment of their employees in qualified health plans in the small group market in the state and in accessing small business tax credits.
4. Assist individuals in accessing public programs, premium tax credits and cost-sharing reductions.
5. Supplement the individual and small group insurance markets outside of the exchange.

A nine-member Board of Trustees oversees MHBE. It includes the secretary of the Maryland Department of Health, the Maryland Insurance Commissioner and the Executive Director of the Maryland Health Care Commission. The Governor appoints three members representing employer and individual consumer interests, with the advice and consent of the Senate, and three additional board members.

MHBE BOARD MEMBERS

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Michele Eberle

Executive Director, Maryland Health Benefit Exchange

IN § 31-119(d)

HB 228/Ch. 159, 2013

MSAR # 9717



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EXECUTIVE DIRECTOR'S MESSAGE



We received many uplifting comments of support from Marylanders since Governor Hogan announced federal approval for a reinsurance program to help lower rates on the individual insurance market, but one voicemail in particular stood out for me. It was from a woman who said she interrupted her pursuit of a career in real estate because of concerns about whether she would be able to afford her own health insurance. The governor's announcement, she said, enabled her to move forward with her career plans to be an independent business woman.

We're grateful to be working in an area that is vital to so many people. Through the commitment of the board of trustees and the passion of the staff, the Maryland Health Benefit Exchange (MHBE) worked tirelessly this year to make health insurance more affordable and accessible for Marylanders. Throughout the first half of 2018, we worked with the Maryland Insurance Administration, Governor Hogan's office and the Maryland General Assembly on legislation to request an innovation waiver under the Affordable Care Act. The legislation passed, the governor signed it, and two federal agencies reviewed and approved our proposal in a record 42 days. On Nov. 1, 2018, the launch of the sixth open enrollment for Maryland Health Connection featured lower monthly premiums — a first for consumers in the individual market in 20 years.

MHBE continues to focus on improvement efforts to customer service, technology and training as well as information privacy and security. Our mobile app, the most advanced of its kind in the country, doubled in use last year. Our online system processed 70 percent more daily enrollments during last year's open enrollment compared to the previous year. Visits to the website grew more than 20 percent. Based on in-depth interviews with consumers, we revamped our online application to make it easier to use. Our 3-year-old "BATphone" (for Broker Assistance Transfer), which routes certain calls to brokers to help consumers, had a record year of enrollments. It has been expanded for open enrollment for the 2019 plan year.

The percentage of households lacking health insurance in Maryland has been driven to historic low levels. We've made inroads with young adults, minority populations and rural residents, who traditionally have lacked coverage to a greater degree than the population at large. We know there is always room to improve. We are focused on that. Informed by Maryland residents, we continually work on ways to improve the online experience and to make it faster and easier to find our hundreds of trained, certified experts who offer free help with enrollment. We've made changes to streamline the Small Business Health Options Program (SHOP) to make it a more appealing option for small businesses seeking to cover their employees. Working with stakeholders and sister state agencies, we want to improve the individual market as an option for Marylanders seeking to start businesses on their own. Like that real estate professional, we do not want concerns about health care coverage to get in the way of plans for someone's livelihood or of bringing more business to Maryland.

A handwritten signature in black ink that reads "Michele Eberle".

Michele Eberle

Executive Director

Maryland Health Benefit Exchange



SUMMING UP THE MISSION, 94 WORDS AT A TIME

The percentage of people with health insurance in Maryland was estimated at 94% of state residents in the latest count by the U.S. Census Bureau — the highest ever.

(Prior to that, the percentage of Maryland residents with health insurance hovered around 85%, give or take, for most of the past two generations.) Although we are working every day to cover even more people, we asked co-workers what 94% of Marylanders having coverage meant to them ... in 94 words.

Their responses appear throughout this report.



Greg Yaculak

Deputy Chief Information Officer and Chief Information Security Officer

I read an article in my local morning paper about a health care rally at Bowie State University. The article featured a photograph of a woman who was able to sign up for health insurance. She held up a sign that said without it, "I would now be dead." This woman had suffered from breast cancer and was fortunate enough to get health insurance from Maryland Health Connection. I found the article deeply moving. I cut out the picture of the article and I keep it to remind me of what I work for.



WHAT IS MARYLAND ACCOMPLISHING?

Halved the number of people without health coverage

1

- In its most recent data, the U.S. Census Bureau estimated that 6.1%¹ of the state's population in 2016 lacked health coverage — an **all-time low** — compared to 11.3% in 2010.
- In 2017, **366,000 Marylanders lack** health coverage. That is down from an estimated **749,340 in 2010**.²
- Today, **more than 400,000 Marylanders are covered** due to the ACA — 100,000+ in private health plans with help from federal tax credits and an additional 300,000+ due to the ACA-enabled expansion of Medicaid.
- The **Baltimore metro area was among the top 5** in lowest uninsured population in the country in 2016.³
- Total of uncompensated care dropped 36% in Maryland hospitals, from \$1.1 billion in 2013 (7.25% of total hospital revenue) to \$700 million in 2017 (4.19% of total revenue).⁴

Improving access to health care

2

- The percent of Maryland adults who **could not get medical care when needed due to cost fell** from 12.9% in 2013 to 10.8% in 2016.⁵
- The percentage of Marylanders who **last visited a doctor for a routine checkup two or more years ago dropped** from 10.5% in 2010 to 9.1% in 2014.
- Marylanders have greater access to essential health benefits such as substance use disorder treatment. About 16% of Marylanders covered as a result of

the expansion of Medicaid in Maryland under the Affordable Care Act have a Substance Use Disorder (SUD) diagnosis — more than half of those individuals have received Medication Assisted Treatment.⁶

Improving the ease of shopping for health plans

3

- Hundreds of health care navigators, insurance brokers and others have provided free, expert assistance to help hundreds of thousands of Marylanders get enrolled in coverage.
- The addition of GPS-enabled tools on the website to help consumers find in-person help and other improvements in “user experience,” driven by consumer research, aim to make it even easier to shop and compare options online.

Narrowing the uninsured gap among minority communities

4

- Prior to the ACA's implementation, the uninsured rate was 50% greater among African-Americans and 300% greater among Hispanics compared to the general population in 2013, according to the State Health Access Data Assistance Center (SHADAC).
- For 2018, **African-American enrollment** in private plans through Maryland's health insurance marketplace was **up 12%** year over year. **Hispanic enrollment was up 10%** year over year.
- The percentage of African-American residents in Maryland with health insurance **grew from 89.4% in 2012 to 94.28% in 2016**.⁷

- The percentage of Hispanic residents in Maryland with health insurance **grew from 66.8% in 2012 to 78.8% in 2016.**⁸

Narrowing the uninsured gap among young adults

5

- Prior to the ACA, young adults lacked coverage at a rate nearly 60% higher than the general population.⁹
- The percentage of residents aged 19 to 25 who lacked health insurance dropped from **9.7 in 2016 to 8.8 in 2017.**¹⁰
- **Young adults (18-34) made up 30% of enrollments** through Maryland Health Connection for 2018, which was **6th highest** in the nation.
- Maryland had the **2nd highest percentage of new enrollees** in the 26-34 age range in the nation, exceeded only by D.C. (26% of Maryland's 45,575 new enrollments were in that 26-34 year-old age range.)
- Maryland's mobile app (280,000 downloads to date and counting) and digital advertising with young adult recreation and start-up entrepreneurial organizations have propelled the outreach.

Helping coverage gains in rural Maryland

6

- In 2018, the largest enrollment gains on Maryland Health Connection were in rural regions, led by an **11% increase in the Far Western** counties of Garrett, Allegany and Washington and a **9% increase in the Lower Eastern Shore** counties of Wicomico, Somerset and Worcester.
- The 14 counties where enrollments increased in 2018 for private health plans on the state's health insurance marketplace were Allegany, Caroline, Cecil,

Dorchester, Garrett, Howard, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico and Worcester.

- Rural communities also have benefited from the ACA expansion of Medicaid. In Maryland, **the highest percentage of ACA expansion** as part of total **Medicaid** enrollments have largely been in **rural counties**. In 2016, most recent figures available, the ACA expansion was largest in Worcester, Kent, Calvert, St. Mary's, Carroll and Cecil and Talbot. (In those counties and in Baltimore City, 21-25% of all Medicaid enrollments were due to ACA expansion.)
- Marketing and outreach specifically to rural regions have included traditional and digital advertising, trailer ads in movie theaters and ads on floor decals and on hand-sanitizer stations at dozens of shopping centers and supermarkets.
- Between 2013 and 2015, the **largest improvement in coverage among the eight Congressional districts** in Maryland was a nearly 54% decrease in uninsured in the **1st Congressional District**, which covers all of the state's Eastern Shore as well as parts of Baltimore, Harford and Carroll counties.¹¹

Working to make coverage more affordable for many

7

- In 2018, about **120,000 Marylanders** will receive a total of **\$744 million in federal tax credits to lower their monthly health insurance premiums**. That is up from \$363 million in tax credits to nearly 95,000 people in 2017.

¹ U.S. Census Bureau, **Population Without Health Insurance Coverage by State: 2008 to 2017**, Sept. 12, 2018

² The Hilltop Institute, University of Maryland Baltimore County, **Impact of Medicaid Expansion on a State's Economy: The Hilltop Health Care Reform Simulation Model**, Oct. 17, 2012

³ U.S. Census Bureau, **Population Without Health Insurance Coverage: The 25 Most Populous Metro Areas**

⁴ Maryland Health Services Cost Review Commission Report, June 13, 2018

⁵ State Health Access Data Assistance Center (SHADAC), **STATE HEALTH COMPARE**, September 2018

⁶ Joint Committee on Behavioral Health and Opioid Use Disorders, **Medicaid Data Request**, October 2017

⁷ State Health Access Data Assistance Center (SHADAC), **STATE HEALTH COMPARE**, September 2018

⁸ State Health Access Data Assistance Center (SHADAC), **STATE HEALTH COMPARE**, September 2018

⁹ Maryland Health Care Commission, 2011

¹⁰ SHADAC, **2017 ACS Tables: State & County Uninsured Rates, with Comparison Year 2016**, September 2018

¹¹ SHADAC, **Maryland: Affordable Care Act (ACA) Impacts on Insurance Coverage by Congressional District**



2018 ENROLLMENT HIGHLIGHTS

✘ Demand remains solid, marketplace overcame challenges:

153,571 Marylanders enrolled in private Qualified Health Plan coverage during open enrollment for 2018, -2.6% from 157,637 enrolled during OE for 2017. Dental enrollments: 39,334.



✘ Two factors had major impacts on federal tax credits:

Federal administration cut in cost-sharing reductions propelled additional rate increases that drove Advance Premium Tax Credit (APTC) levels higher.

2018: \$744 million total received
2017: \$363 million received

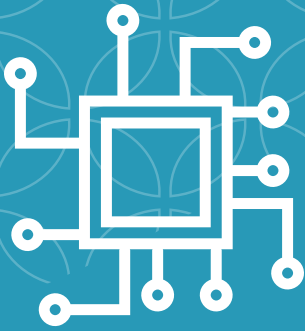
✘ With additional tax credits, more consumers chose Gold plans:

20% chose Gold plans, four times the rate a year earlier.

Platinum: 26,747
Gold: 30,238
Silver: 31,276

Bronze: 7,362
Catastrophic: 15,341





✕ Technology changes aided user experience:

Mobile app visitors totaled 287,378, nearly doubling 144,367 app users a year earlier. 280,000+ people have downloaded “Enroll MHC” app since it launched in fall 2016.

Overall, visitors of MarylandHealthConnection.gov website totaled 976,649 during OE, up 22% from 803,151 during longer open enrollment period the previous year.

✕ A more efficient pipeline for consumer assistance:

The Maryland Health Connection system — the website, call center and consumer assisters — processed an average of 2,953 enrollments per day — up 69% from 1,752 enrollments per day a year earlier.

Connector Entities assisted with 37,280 enrollments (20,690 Qualified Health Plans and 16,590 Medicaid) — up 46% despite a shorter open enrollment period.

A busier Broker Assistance Transfer (BATPhone) program transferred 9,354 QHP plan selection calls to brokers, compared to 7,263 in OE4.



✕ Gain in employer-sponsored insurance:

This may explain some of the drop in private individual market coverage. Private, direct coverage in Maryland declined 0.8% while employer-sponsored coverage gained 0.7%¹²

¹²SHADAC, 2017 Health insurance coverage estimates presentation, slide 44, Sept. 18, 2018



2018 LEGISLATIVE RECAP

Short-term protections to stabilize the individual market

House Bill 1795 & Senate Bill 387:

Together these bills established and funded a State Reinsurance Program with the grant of a State Innovation Waiver from the federal government.

Premiums for 2019 are being reduced by roughly 30% from where they may have been without the reinsurance program.

Senate Bill 387:

Added required studies to the Health Insurance Coverage Protection Commission to assist the Maryland General Assembly with determining a long-term solution for market stabilization including:

- An individual mandate
- An individual mandate with a health insurance premium down payment
- A Medicaid buy-in
- A basic health plan
- Standardized benefit designs
- Pharmaceutical affordability measures



Heather L. Forsyth

Director of Consumer Assistance, Eligibility and Business Integration

Before coming to work at MHBE, I was a legal aid lawyer and a public defender. Client after client told of the terrible choices they were making — between heart medicine for their spouse or paying their mortgage; or staying home instead of seeking health care because they already owed money to every doctor in their small town; or committing petty crime to support a drug habit developed to self-medicate against pain. Health care coverage changes lives for individuals, families, and whole communities. This is why I look forward to coming to work every day.

Limits on Short-Term Health Plans and Association Health Plans

Senate Bill 387:

- Placed limits on short-term, limited-duration medical coverage.
- Because of the law, these policies may be no longer than three months and non-renewable.
- Protects the individual market by blocking channels where healthier enrollees would be drawn into less comprehensive and more exclusionary coverage (pre-existing conditions apply).
- Adds additional characteristics to association health plans that would expand state regulatory authority.

Improvements for network adequacy and accuracy in information about available medical providers

House Bill 1318:

This bill will take effect in 2019 and was passed in the 2017 session.

Carriers participating in the small group and individual markets will be subject to additional regulations on network adequacy and required to conduct additional efforts to improve provider directory accuracy.

The regulations require that health insurance companies meet minimum standards for the following categories:

- Provider-to-enrollee ratios
- Enrollee travel distance to a provider
- Enrollee waiting time to see a provider
- Essential community providers
- Network transparency rules

Senate Bill 858:

This bill will take effect in 2019 and was passed in the 2018 session:

- Certain issuers participating in the individual and small group market will be required to contract some health services with local health departments.
- Ensures that enrollees have access to local health departments and covered services provided through local health departments, including behavioral health care services.

Other changes to health benefits effective in 2019

Senate Bill 33:

Ensures no-cost services for fertility awareness-based methods.

House Bill 135:

Removes the mandate for required pre-deductible male sterilization services. Allows plans in Maryland to be HSA-eligible. This bill became effective when signed.

Senate Bill 271:

Requires coverage for certain fertility preservation services due to iatrogenic infertility.

Senate Bill 522:

Requires providers deliver additional counsel to patients on the risks and benefits of utilizing benzodiazepines and opioids.

House Bill 86:

Requires health insurers to provide coverage for the treatment of prediabetes and obesity. Also requires carriers provide coverage for services to address elevated blood glucose due to pregnancy and prediabetes.



Aaron A. Jacobs Sr.

Director of Organizational Effectiveness and Human Resources and Minority Business Enterprise Liaison

As a human resources professional, I feel very gratified to be supporting the staff of the Maryland Health Benefit Exchange.

Through our recruitment and staffing efforts, we have strengthened the capacity of the agency. We are now sought out as a “destination” employer by professionals. My time at MHBE has allowed me to see the growth and development of a talented workforce that has made a difference in the lives of Marylanders. I am excited for the future of our agency and its continuing mission to provide affordable health insurance coverage to uninsured Marylanders.

Changes to Medicaid Benefits

Senate Bill 284:

Requires Maryland Medicaid to apply for a waiver from the federal government to offer adult dental coverage.

Senate Bill 704:

Include psychiatrists as eligible for reimbursement of telemedicine and mobile services.

Senate Bill 774:

Requires an application to CMS to expand family services for a single dispensing of contraceptives from 6 months to 12 months.

Changes for information security

Senate Bill 1048:

Allows background checks on contractors to determine suitability to access federal tax information in accordance with federal laws and regulations.



PROCUREMENTS

FISCAL YEAR 2018 CONTRACT AWARDS

SOLICITATION NO.	CONTRACT NAME	VENDOR NAME	CONTRACT AMOUNT	PERIOD OF PERFORMANCE: START DATE	PERIOD OF PERFORMANCE: END DATE
MDM0031033348	Adobe Experience Manager Maintenance	vCloud Tech Inc.	\$149,944.26	7/10/2017	7/09/2018
MDM0031033764	Informatica Enterprise Support Renewal	IPI GrammTech Ltd	\$147,868.00	7/12/2017	07/11/2018
MDM0031033748	Fortinet Maintenance Renewal	ProSys Informations Systems, Inc	\$110,364.00	7/12/2017	07/11/2018
MDM0031034012	Symantec Maintenance Renewal	Seeds of Genius Corp.	\$69,002.43	8/09/2017	08/08/2018
MDM0031032279	MHBE Fulfillment Services	Arts & Negative Graphics, Inc	\$3,250,000.00	8/22/2017	06/30/2019
MDM0031027569	Security Controller Access System for Elkridge Office	Tyco Integrated Security, LLC	\$9,304.89	8/04/2017	0/03/2018
MDM0031034541	CA Technologies Maintenance Renewal	Presidio Networked Solutions, LLC	\$45,046.34	9/12/2017	09/11/2019
MDM0031034651	SailPoint IdentityIQ, CM and LCM Licenses, Software and Support Renewal	Sale, Infotech	\$175,180.00	9/14/2017	09/13/2018
MDM0031034687	ForgeRock Open AM All Modules, Open IG, OpenDJ Licenses, Software & Support - Renewal	Carahsoft Technology Corporation	\$144,904.76	9/26/2018	9/25/2018

SOLICITATION NO.	CONTRACT NAME	VENDOR NAME	CONTRACT AMOUNT	PERIOD OF PERFORMANCE -START DATE	PERIOD OF PERFORMANCE - END DATE
MDM0031034645	MongoDB Enterprise Advanced Subscription, Licenses, Support & Maintenance Renewal	Infosys Public Services, Inc.	\$41,545.35	9/26/2017	9/25/2018
MDM0031034672	Tenable SecurityCenter Software Renewal	NuHarbor Security Inc.	\$53,654.00	9/26/2018	9/25/2018
MDM0031034891	EDB Postgres Advanced Server Subscription Renewal & Consulting Services	Victory Global Solutions, Inc.	\$88,648.32	9/28/2018	9/27/2018
Sole Source	Compliance Hotline	NAVEX Global	\$4,252.50	9/27/2017	9/26/2018
MDM0031035114	SolarWinds Renewal and New Licenses	vCloud Tech Inc.	\$13,029.51	10/21/2017	10/20/2018
MDM0031034214	Compliance Sheriff Maintenance Renewal	Adaptive Cyber LLC	\$20,095.00	10/23/2017	10/22/2018
MDM0031035163	McAfee Renewal	vCloud Tech Inc.	\$10,080.00	10/23/2017	10/22/2018
MDM0031034022	Cisco Hardware & Software Maintenance Renewal	DISYS Solutions, Inc.	\$23,899.37	10/24/2017	10/23/2018
MDM0031033967	MHBE Office Space Lease Rental Agreement	750 East Pratt Street LLC	\$3,476,744.00	11/1/2017	10/31/2022
MDM0031035468	Security Controller Access Management System at 750 E. Pratt Street	Johnson Control Security Solutions, LLC	\$15,301.79	11/16/2017	11/15/2018
MDM0031036361	RedHat JBoss License Renewal	Femdel LLC	\$105,222.20	2/2/2018	2/1/2019
MDM0031036490	Veracode Subscription Renewal and Greenlight	NuHarbor Security Inc.	\$24,731.00	2/2/2018	2/1/2019
MDM0031037257	Appinium LearnTrac and ViewTrac License Renewal	Carahsoft Technology Corporation	\$51,159.33	3/28/2018	3/27/2019

SOLICITATION NO.	CONTRACT NAME	VENDOR NAME	CONTRACT AMOUNT	PERIOD OF PERFORMANCE - START DATE	PERIOD OF PERFORMANCE - END DATE
MDM0031038682	Informatica Renewal	IPI GrammTech Ltd	\$151,436.00	5/29/2018	05/28/2019
MDM0031037946	Moving Services	Hoffberger Moving Services, Inc.	\$47,675.00	6/18/2018	10/17/2018
MDM0031038322	Dell Hardware Purchase - 60 Laptops	ALPHAHILL, LLC	\$153,618.00	6/5/2018	6/4/2019
MDM0031038684	JIRA Software & Bamboo Renewal	vCloud Tech Inc.	\$13,710.93	6/12/2018	6/11/2019
MDM0031038972	Dell Hardware IFB - 25 Laptops	Steve Strickland Consulting	\$46,359.00	6/26/2018	6/25/2019
MDM0031039065	Akamai Software Renewal IFB	Carahsoft Technology Corporation	\$428,566.20	6/26/2018	6/28/2019
MDM0031033496	Tibco Maintenance Renewal	Analytica	\$293,275.79	6/23/2017	6/22/2018
MDM0031033465	Corticon Maintenance Renewal	Carahsoft Technology Corp.	\$295,842.11	6/23/2017	6/22/2018
MDM0031030513	Consolidated Service Center (CSC) (Multi-Year)	Maximus Health Services, Inc.	\$60,333,352.55	6/27/2017	6/26/2019
MDM0031033495	Atlassian JIRA Software and Bamboo Software	ASR Tech Group, Inc.	\$17,200.00	6/30/2017	5/31/2018
MDM0031033572	Red Hat JBoss Products IFB	Femdel LLC	\$136,447.22	6/29/2017	3/11/2018
GSA Contract No. GS-35F-0119Y	Salesforce Purchase - TORFQ#MD78 Salesforce CRM TORFQ0001	Carahsoft Technology Corp.	\$ 526,434.57	6/30/2017	3/1/2018



Jenny Mancha

Communications and Outreach Coordinator

Before coming to MHBE, I worked in Latino outreach to connect pregnant women and newborns to health care. I'll always remember sitting in a tiny, basement apartment with an anxious family who had just moved to the U.S. from Central America. They didn't understand how to get health care for their family. But the worry faded from their faces when we explained that their newborn baby had health coverage and could see a doctor for free. It's an invaluable service we provide to Marylanders, and I'm extremely proud to be part of it.



COMPLIANCE

MHBE's compliance and ethics program works diligently with internal and external stakeholders to detect and prevent improper conduct, promote adherence to MHBE's legal, regulatory and ethical obligations and ensure consistent application of privacy practices that protect consumers' personally identifiable information. Doing so fosters a culture of compliance, which requires transparency, promotes credibility and instills public trust in the services that MHBE and its partners provide. The program's FY 2018 strategic initiatives sought to increase internal controls across all departments, complete comprehensive internal audits to ensure programs met applicable 45 CFR 155 and 156 requirements as well as other state and federal regulations, continuously improve the privacy program and support IT security initiatives. These internal monitoring activities, coupled with comprehensive self-assessments, independent external audits and MHBE vendor audits promote a continuous improvement cycle and decrease risks associated with fraud, waste and abuse (FWA).

Multiple reporting channels, including MHBE's compliance hotline, a third-party hotline, and direct calls to the call center representatives, MHBE constituent services and the chief compliance officer, enable consumers, vendors, stakeholders and employees to report allegations of FWA anonymously, if requested. In FY18, of the 16 reported cases, MHBE referred five to MDH OIG Medicaid Fraud Unit for resolution. Five other allegations related to privacy concerns, none of which resulted from system failures or in breaches of personally identifiable information. MHBE redesigned its consultant timekeeping process to ensure accurate reporting and investigated two procurement complaints, neither of which were founded. Of the remaining three complaints, one was a misinterpretation of data; the other two were closed due to non-responsive complainants.

Program integrity is a core value throughout the organization. Finance, plan management, consumer support services, and IT eligibility and enrollment, security and reporting teams play integral roles to maintain an effective compliance program. Implementation of increased internal auditing, periodic data matching, Systematic Alien Verification for Entitlements Program (SAVE) Step 3, Death registry services, and creation of numerous reports to promote accurate eligibility determinations exemplify some of the integrity work the teams performed this year.

MHBE's Compliance Program facilitated and successfully completed a Center for Consumer Information and Insurance Oversight (CCIIO) Open Enrollment Readiness Review, an Independent External Programmatic and Financial audit, a year-long Maryland Office of Legislative Audit Services triennial Finance, Performance and IT Security audit, and a Recruitment and Examination Division (RED) audit of MHBE's human resources' hiring practices. Additionally, MHBE completed five comprehensive internal assessments focused on privacy, IT security and marketplace regulations: the CMS Information Security Risk Assessment, Minimum Acceptable Risk Standards for State-Based Exchanges (MARS-E 2.0), CCIIO Privacy Impact Assessment, State-Based Market Annual Reporting Tool (SMART) and Internal Revenue Services Safeguard Security Report. Such comprehensive assessments incorporated into an agile work environment feed iterative process improvement cycles and continually support MHBE's culture of compliance.



MINORITY BUSINESS ENTERPRISE REPORTING

Minority Business Enterprise (MBE) prime contractors received a total of \$13,798,814 in payments for FY 2018. This exceeded the payments received in this category for FY 2017 (Table 1). MHBE payments to MBE sub-contractors totaled \$3,658,065 for FY 2018. The prime and sub-contractors supported multiple programs within MHBE including Marketing, Information Technology, Administrative Services and the Consumer Assistance programs.

Nine prime contracts greater than \$15,000 were awarded to MBE firms during Fiscal Year 2018. Those prime contract awards totaled \$3,133,519 in value. The representative MBE categories were Female, Asian-American and African-American. This also exceeded the FY 2017 contract award amount of \$420,766 for MBE firms (Table 2).

PRIME CONTRACTOR PAYMENTS (TABLE 1)

FY 17	FY 18	DIFFERENCE
\$8,409,038	\$13,798,814	\$5,389,776

PRIME CONTRACT AWARDS (TABLE 2)

FY 17	FY 18	DIFFERENCE
\$420,766	\$3,133,519	\$2,712,753



Andrew Ratner
Chief of Staff

Many people I've met at our enrollment events express gratitude for the opportunity to get health insurance. I have also heard from folks who say they're healthy and can do without the expense. I get where they're coming from: Until a year ago, I'd spent little time in hospitals except to see my children born. But last summer, indigestion at a ballgame one evening became my first sign of a much more dire illness. Without coverage, my family would have been sunk. We're working to help more Marylanders gain the security of health coverage.



Jon Evans

Director, Carrier & Data Management

Ninety-four percent — that's an "A." That's acing an exam in school. That equates to success. Maryland Health Connection succeeds at helping others, in helping people who need help. Maryland Health Connection is making a positive contribution to the state, and it is beneficial to the people of Maryland. Health care for all is living up to a dream. Health care for all is important for society. We get an "A" for being a good example, and we do it through health care. It feels good to make a difference in the lives of Marylanders.

The agency held pre-proposal conferences for certain Request for Proposals. MBE-related questions regarding those open solicitations were addressed and posted on the agency's solicitation page as well as on eMaryland. The MBE Liaison continues to meet with the procurement officer, contract monitor and program subject matter experts to determine the likelihood of subcontracting opportunities based on the services requests. This assessment includes four factors for consideration:

1. Can the procurement be reasonably broken down into subcontracting opportunities?
2. Are there available MBEs for the required procurement category?
3. Are there local MBEs that can provide goods and services?
4. Can sole source or emergency contracts reasonably include MBE participation goals at any level?

MHBE will continue to post solicitations on its agency website and eMaryland that encourage MBEs to submit proposals.



STANDING ADVISORY COMMITTEE

The Standing Advisory Committee (SAC) was created by the MHBE Board of Trustees pursuant to § 31-106(g)(2) of the Insurance Article, Section 2. The committee considers issues and topics determined by the board and its liaison in consultation with the Standing Advisory Committee co-chairs and members. The committee meets monthly except for February, March and July.

Current Members

Virginia Alinsao	Philippine Nurses Association - MD Chapter
Shirley Blair	Advance Home HealthCare and Staffing
Ken Brannan	Special Olympics MD
Evalyne Bryant Ward	Charles County NAACP
Karl Cooper	American Association of Health & Disability
Anna Davis	Johns Hopkins Bloomberg School of Public Health
Vincent "Vinny" DeMarco	MD Health Care For All
Robyn Elliott	Public Policy Partners
Mark Haraway	Dominion Dental
Alvin "Al" Helfenbein	Helfenbein Insurance Agency
Christopher Keen	Keen Insurance Associates, LLC
Holly Mirabella	CASH Campaign of MD
Karen Nelson	Planned Parenthood of MD
Sheebani Patel	Kaiser Health Plan of the Mid-Atlantic
Laurence Polsky	Calvert County Health Department
Leni Preston	Consumer Health First
Deborah Rivkin	CareFirst BlueCross BlueShield
Jacqueline Roche	Johnson & Johnson
Lisa Skipper	Mt. Laurel Medical Center
David Stewart	AHEC West
Sanford "Sandy" Walters	Kelly & Associates Insurance Group
Yolanda Carter	Community Liaison



Betsy Plunkett

Director of Marketing and Web Strategies

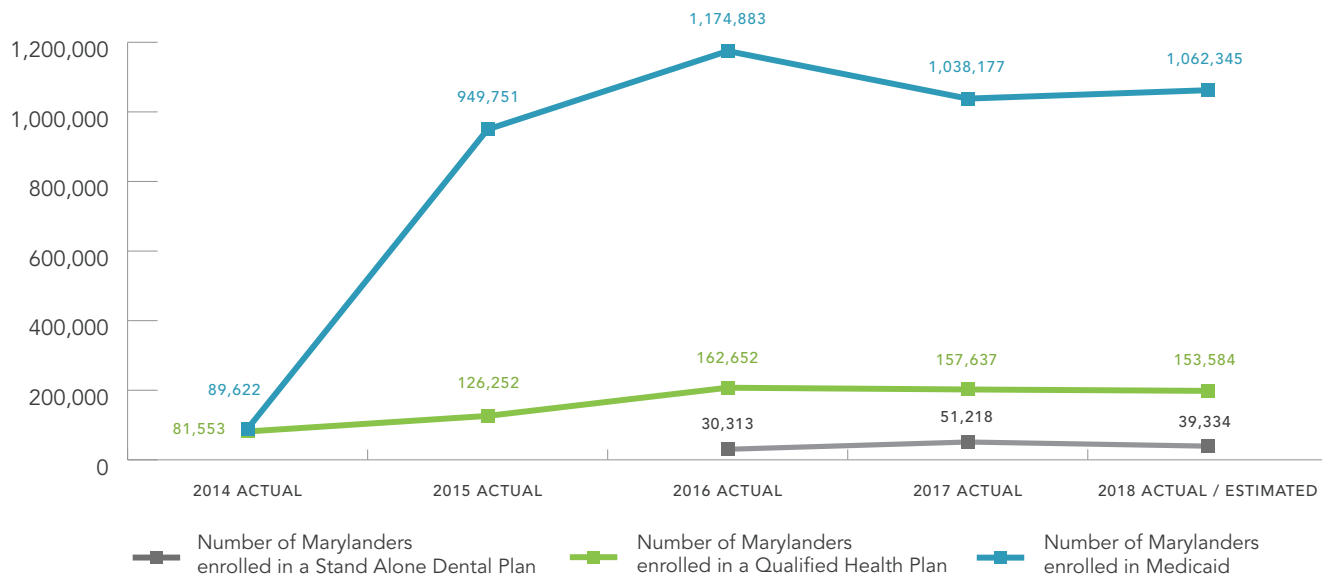
Every day, I connect with people who need help. The Vietnamese woman who polishes my nails needed health insurance, but did not know if she could afford it or where to go to talk to someone who speaks her language. I have friends, freelance writers and designers, who don't get coverage through their jobs. Recently, a friend was laid off, and needed help finding out what he was eligible for and how to get it. Now, all of them are covered through Maryland Health Connection. They are grateful and actively using their health benefits.



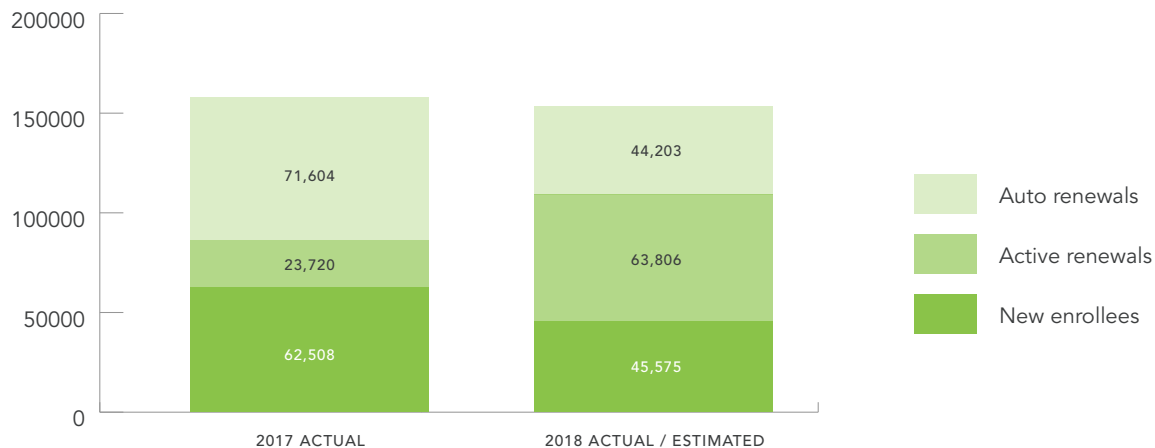
DATA

ENROLLMENTS

Total Enrollment by Calendar Year



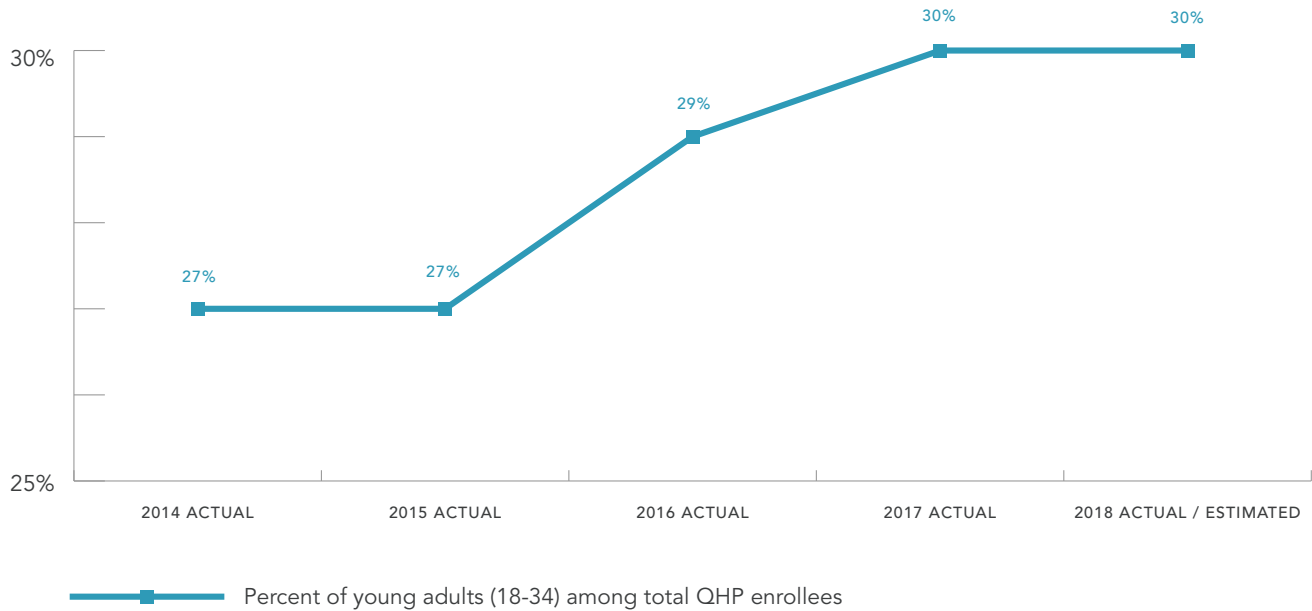
Total QHP Enrollment Breakdown by Calendar Year



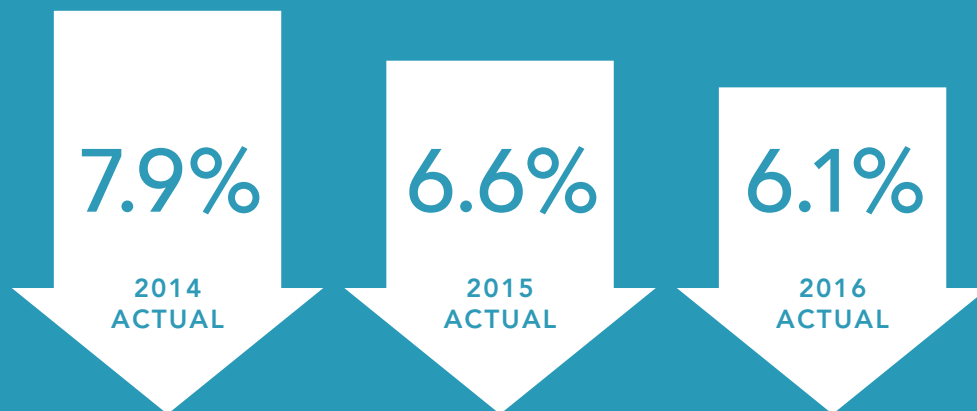
¹³ QHP data is from the Maryland Health Benefit Exchange and is from the period of Open Enrollment 2018 (Nov. 1, 2017 to Dec. 22, 2017) unless otherwise noted.

ENROLLMENTS

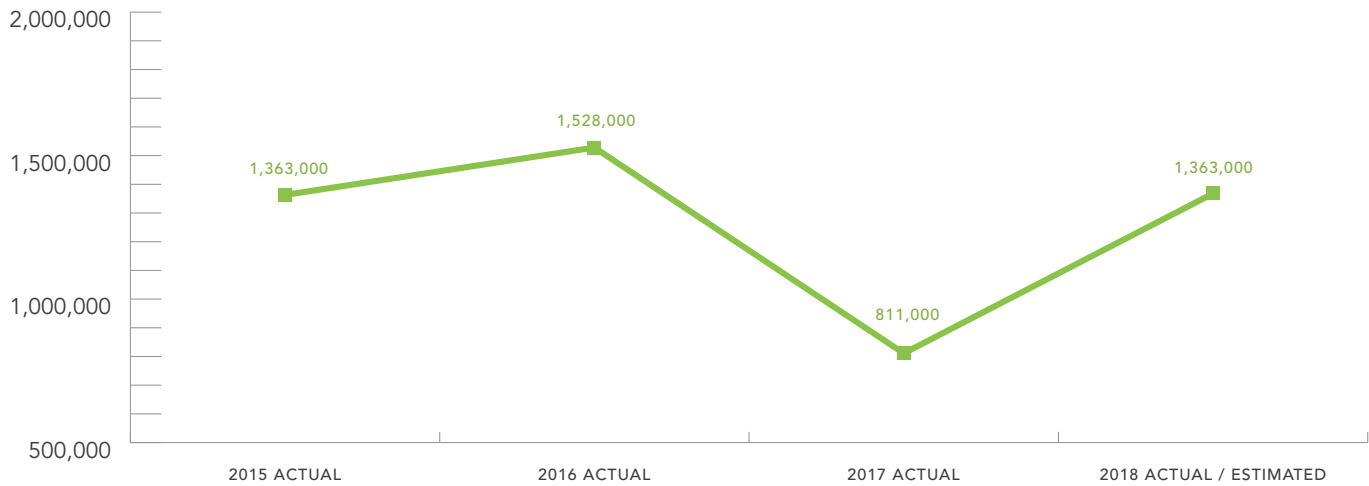
Percent of Young Adults (18-34) Among Total QHP Enrollees by Calendar Year



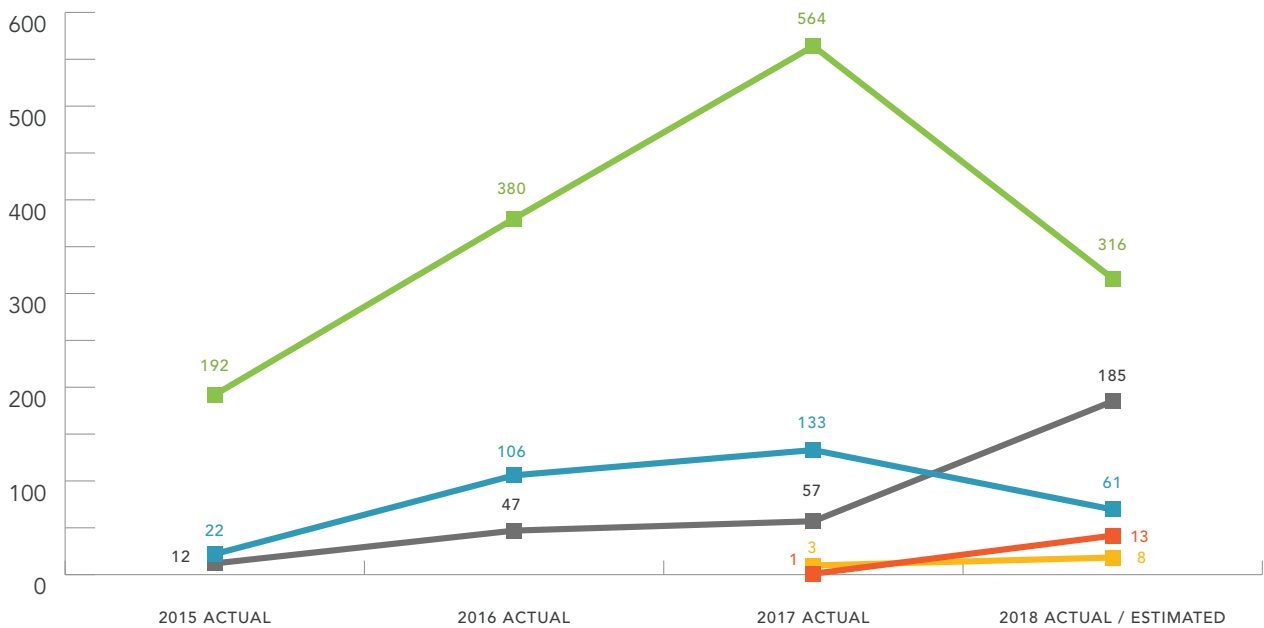
State of Maryland Uninsured Rate by Calendar Year



Number of Unique Visitors to MHC Website by Calendar Year






Enrollment Enhancement by Fiscal Year



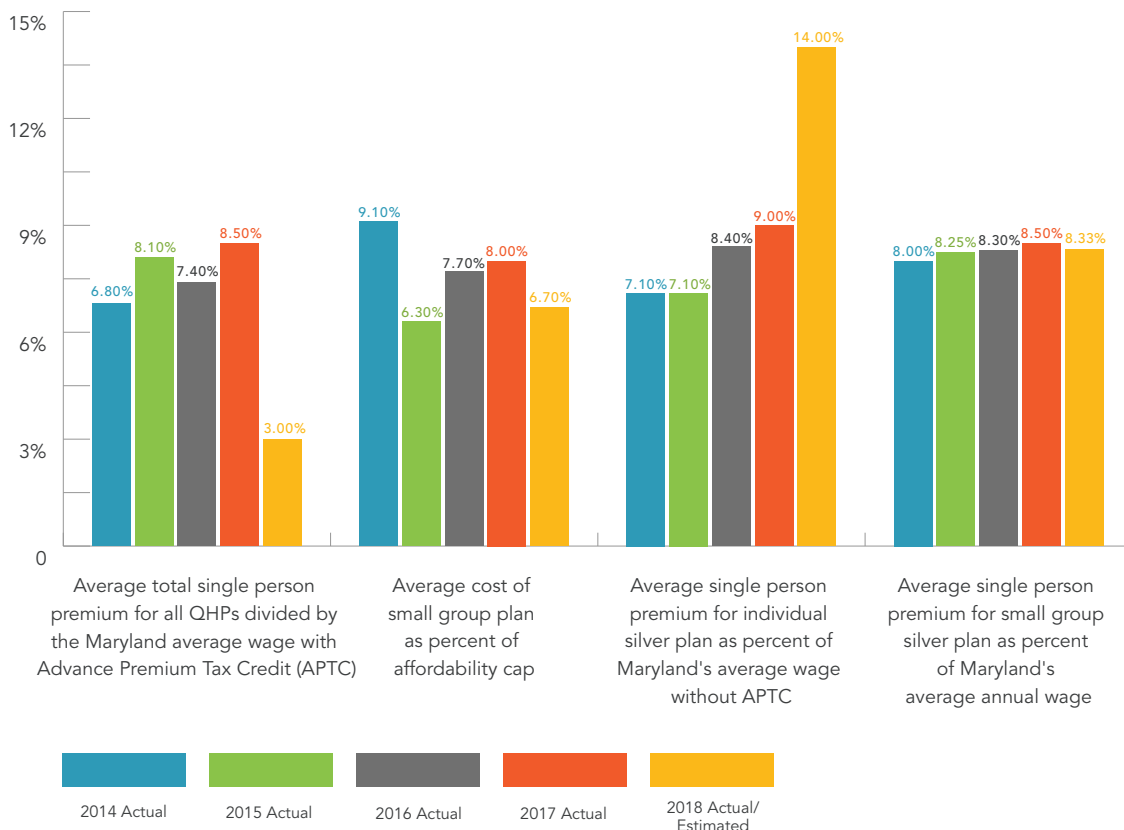
- Number of quality improvement items implemented
- Number of technical modernization projects executed
- Number of Maintenance & Operational items implemented
- Number of new enhancements made to the IT system
- Number of special projects implemented

TECHNOLOGY

	2017 ACTUAL	2018 ACTUAL/ESTIMATED
 Number of unique mobile application downloads	169,584	160,000
 Total number of enrollments completed by mobile application	22,994	22,068
 Percent of mobile application enrollment by young adults (18-34)	62%	63.27%

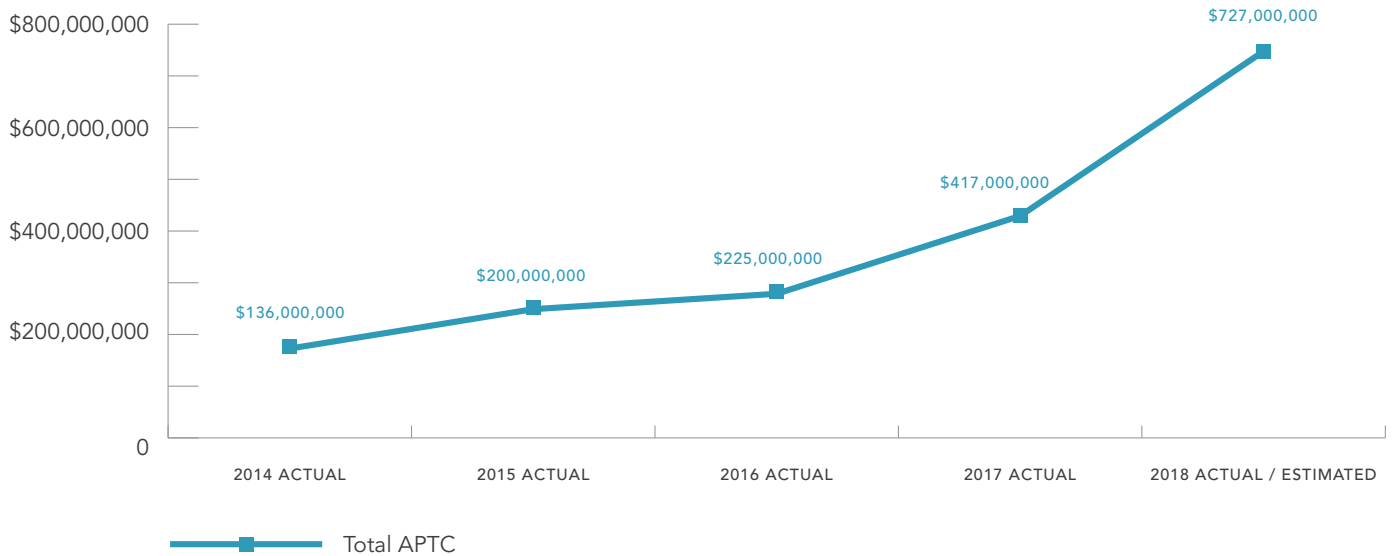
FINANCIAL HELP

Financial Help by Calendar Year

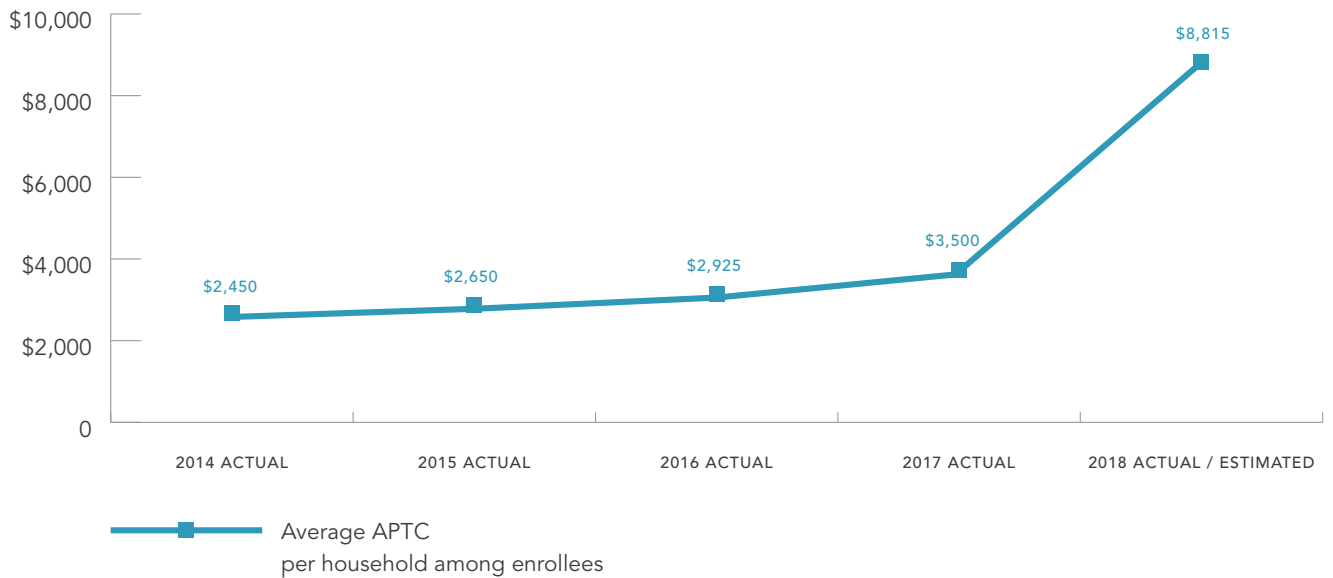


FINANCIAL HELP

Total Advanced Premium Tax Credits (APTC) by Calendar Year



Average Advanced Premium Tax Credits (APTC) per Household by Calendar Year



Percent of total enrollees who receive APTC

2017 ACTUAL

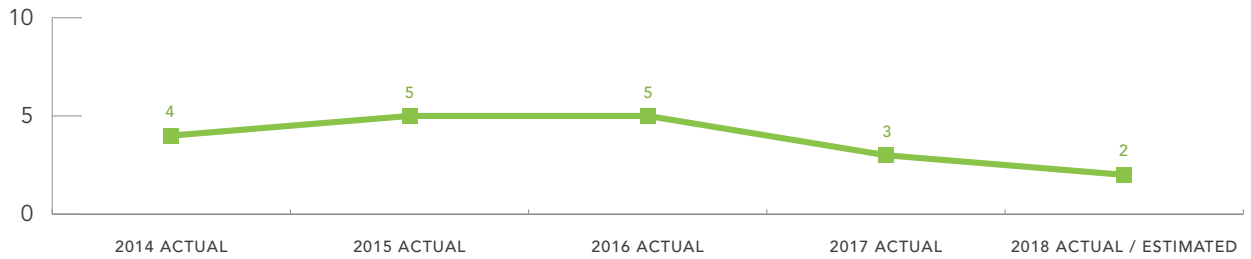
~75%

2018 ACTUAL/ESTIMATED

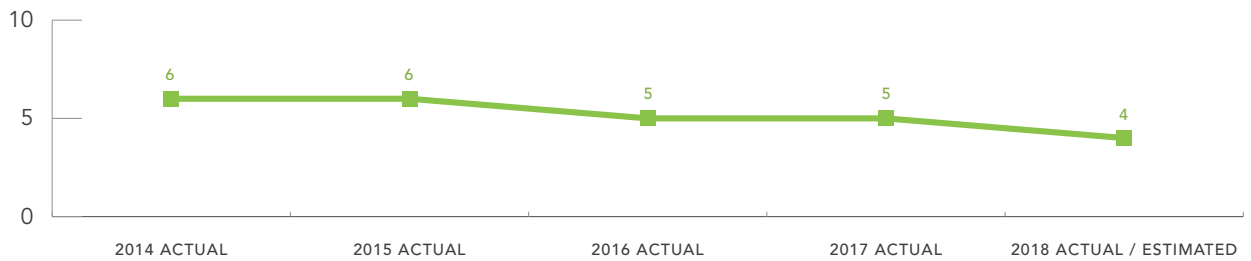
~78%

PROVIDERS

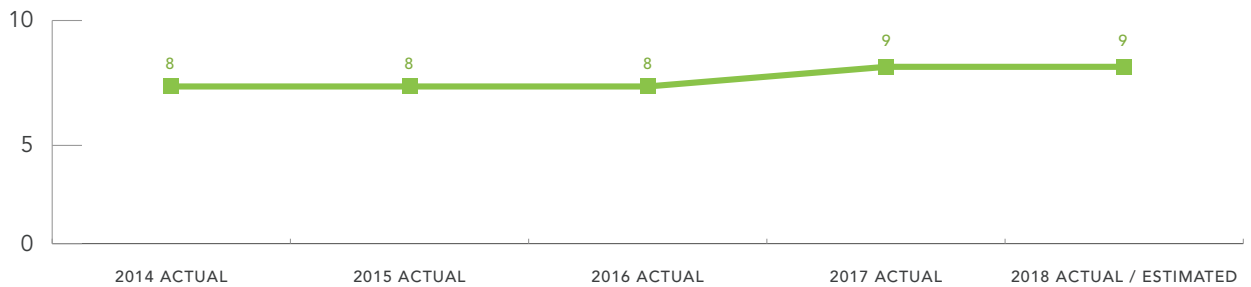
Number of Health Issuers in the Individual Market by Calendar Year



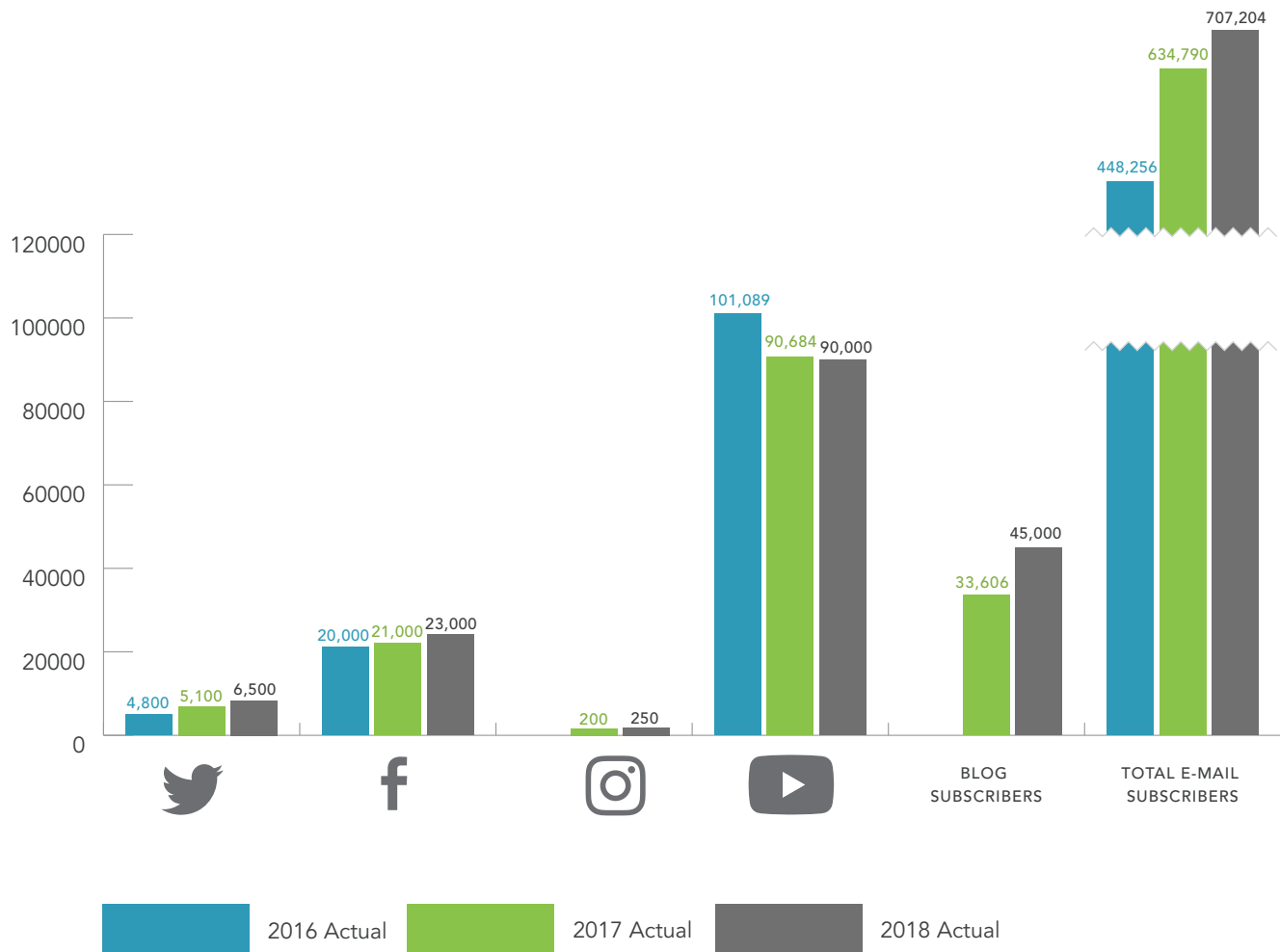
Number of Health Issuers in the Small Group Market by Calendar Year



Number of Managed Care Organization Issuers in the Medicaid Market by Calendar Year



Social Network Growth by Calendar Year

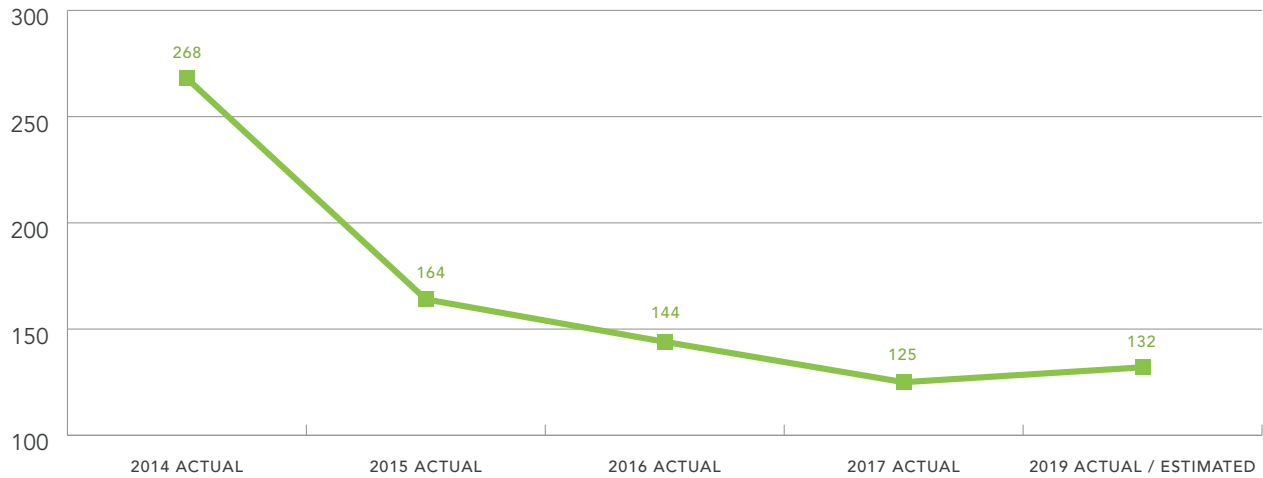


Barbara Elliott Presley
Manager, Case and Carrier Resolution

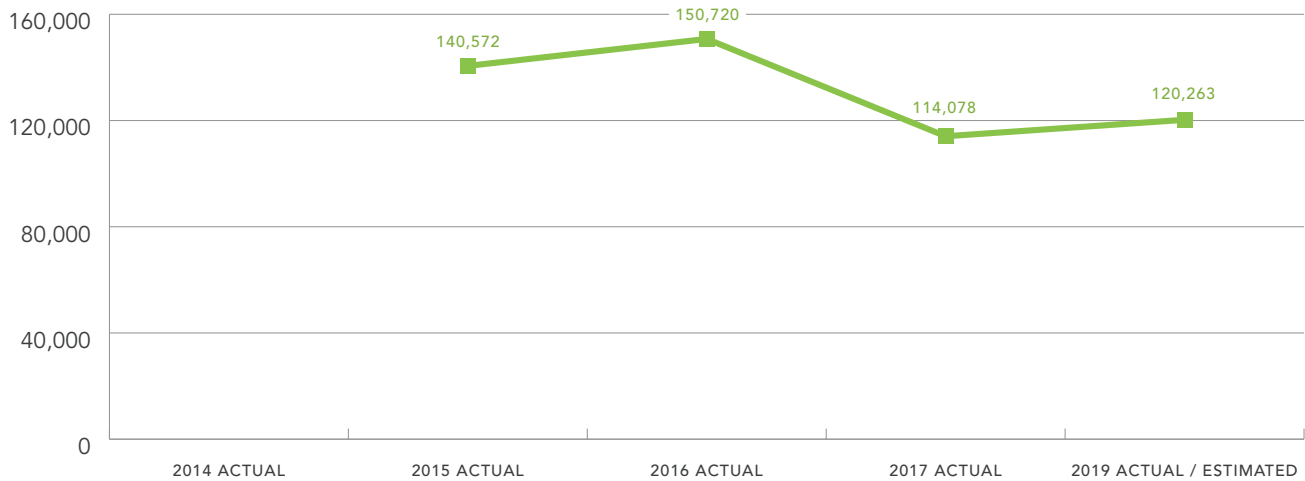
I have several friends who are lawful immigrants and not offered health insurance through their employer. English is their second language, and they do not always understand how health care works in the United States. As someone they trust, they ask me about costs, enrollment, and what documents are required. One friend chose to enroll for the first time in 2018. This year, he was hospitalized for an urgent surgery. I visited him as he was checking out and picking up prescriptions. I was deeply glad to see he had access to proper care.

CONSUMER ASSISTANCE

Number of In-Person Navigators by Fiscal Year

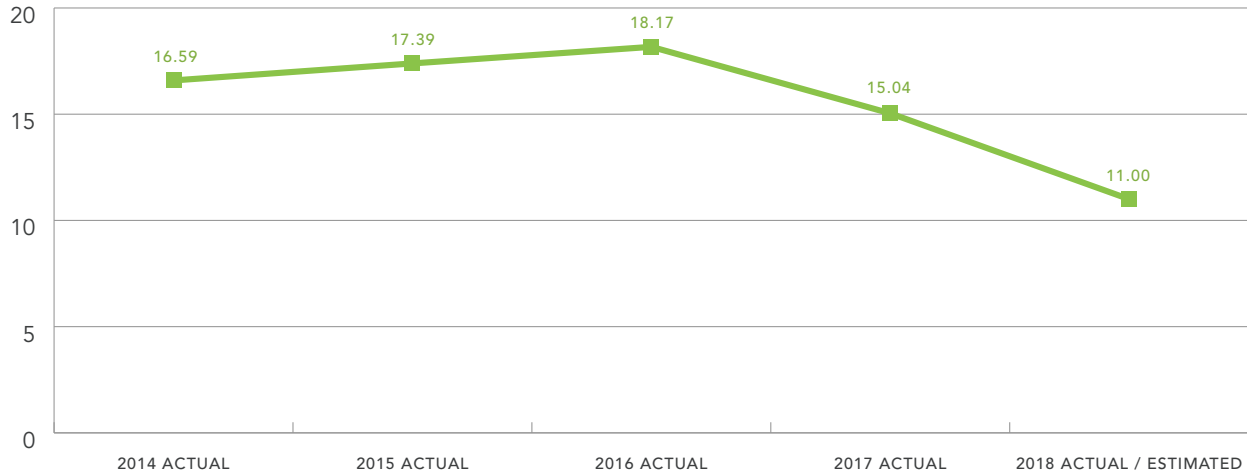


Number of Consumer Encounters with Connector Entity Staff by Fiscal Year



CONSUMER ASSISTANCE

Average Call Handle Time (minutes) by Fiscal Year



Percent
of first call
resolution

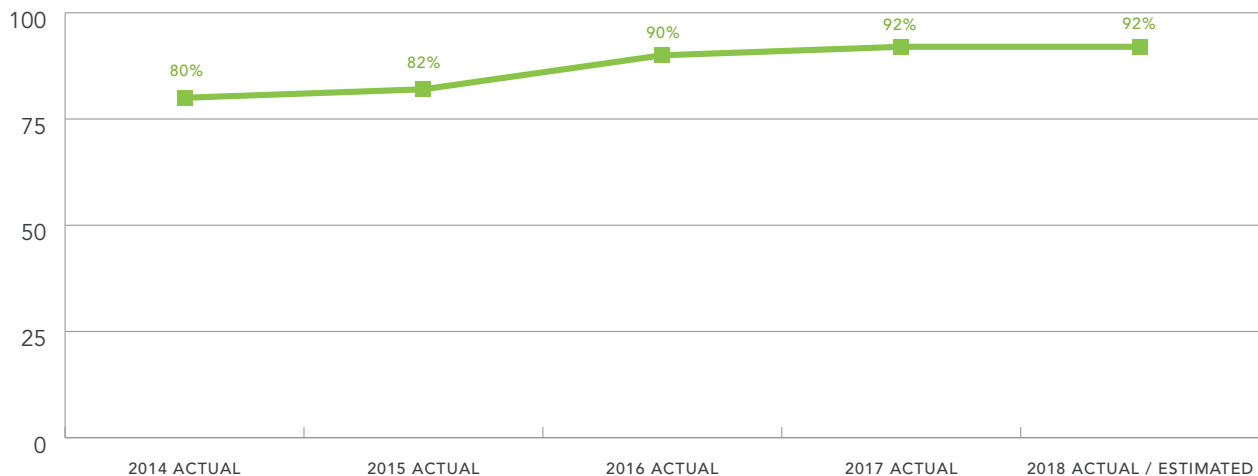
2017 ACTUAL

90%

2018 ACTUAL/ESTIMATED

98%

Average Quality Percent Rating by Fiscal Year



CONSUMER ASSISTANCE ORGANIZATIONS

REGION	COUNTIES SERVED	ENTITY NAME	PHONE AND WEBSITE
Far West	Garrett, Allegany, Washington	Western Maryland Health Insurance Connector	Call 1-888-202-0212 or visit www.wmdhealthconnect.org
Central	Baltimore City, Baltimore County, Anne Arundel	HealthCare Access Maryland	Call 410-500-4710 or visit www.healthcareaccessmaryland.org
Midwest	Frederick, Carroll, Howard	HealthCare Access Maryland	Call 410-500-4710 or visit www.healthcareaccessmaryland.org
Lower Shore	Wicomico, Somerset, Worcester	Lower Shore Health Insurance Assistance Program	Call 1-855-445-5540 or visit lowershorehealth.org
Montgomery	Montgomery	Montgomery County Health Connection	Call 240-777-1815 or visit www.montgomeryhealthconnection.org
Prince George's	Prince George's	Prince George's County Health Connect	Call 301-927-4500 or visit www.pgchealthconnect.org
Upper Shore	Harford, Cecil, Kent, Queen Anne's, Talbot, Caroline, and Dorchester	Seedco	Call 1-866-492-6057 or visit www.SEEDCO.org/affordable-health-care-maryland
Southern	Calvert, Charles, and St. Mary's	Seedco	Call 1-855-339-3007 or visit www.SEEDCO.org/affordable-health-care-maryland

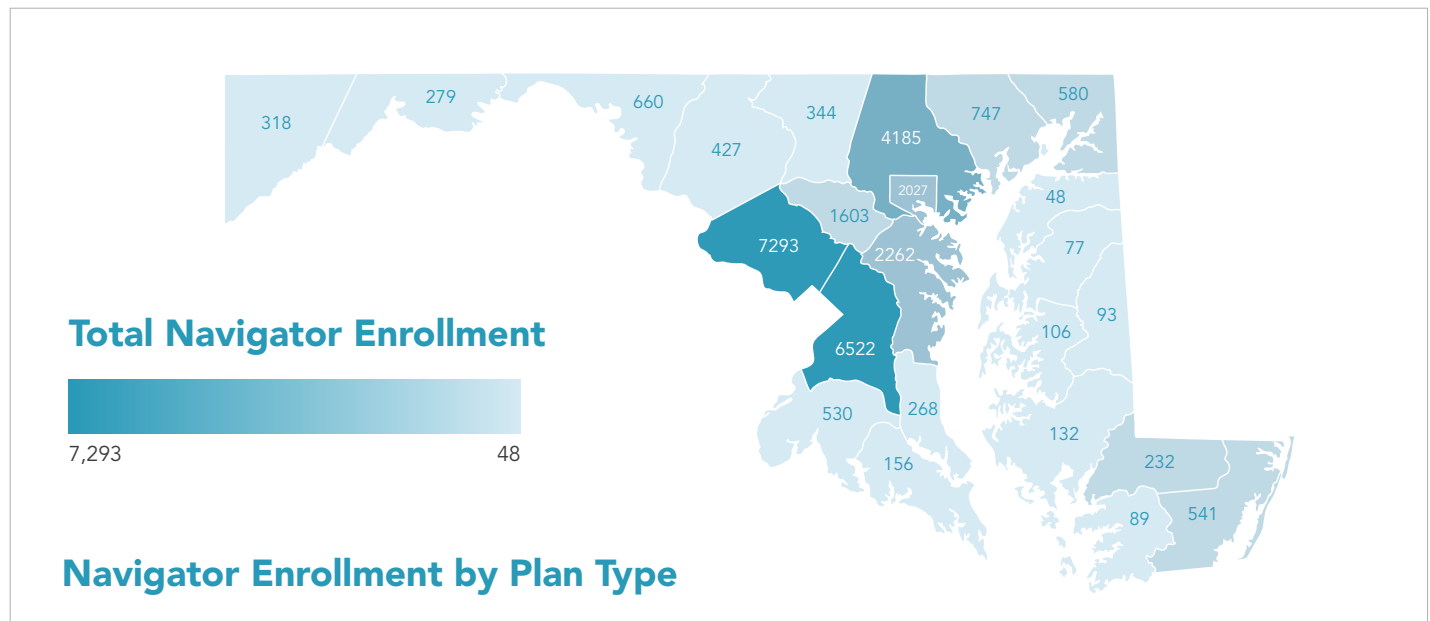


Raelene Glasgow

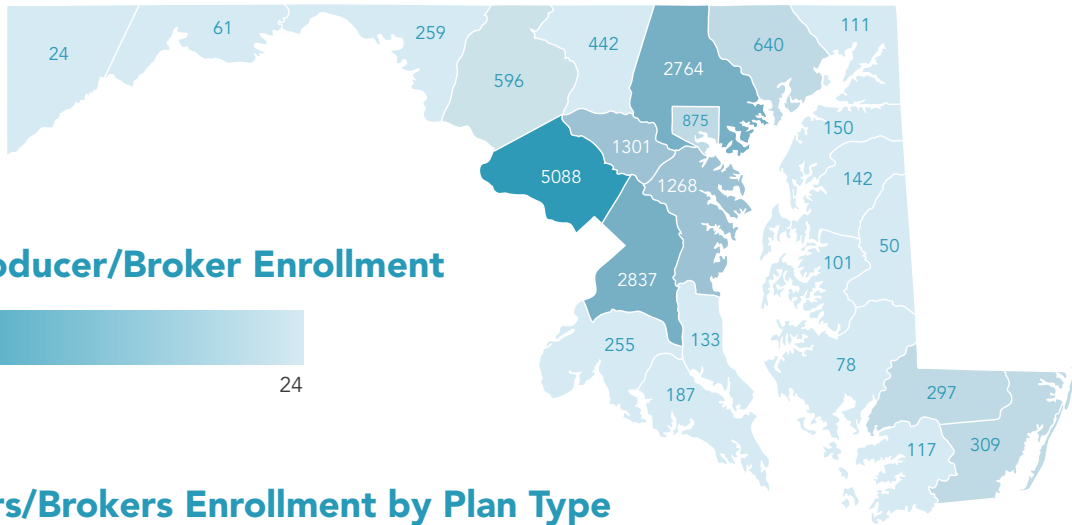
Procurement Manager

In the short time I have been a part of the Maryland Health Benefit Exchange, I have glimpsed the excitement many exude as they work diligently to help Marylanders who face health insurance hurdles. I knew I wanted to be here, and I am elated to be a part of such a vibrant agency. It is my belief that a life without service is one that is lacking and so while here, I intend to do whatever I can to ensure that the cohesiveness I encountered when I walked through the front doors, remains.

ENROLLMENTS BY CONSUMER ASSISTANCE TYPE¹⁴



COUNTY	MED	MCHP	QHP
Allegany	29	33	217
Anne Arundel	913	270	1079
Baltimore	1887	426	1872
Baltimore City	938	201	888
Calvert	57	40	171
Caroline	12	14	67
Carroll	62	40	242
Cecil	120	86	374
Charles	53	103	374
Dorchester	20	18	94
Frederick	93	66	268
Garrett	51	29	238
Harford	149	105	493
Howard	258	214	1131
Kent	6	5	37
Montgomery	2362	1016	3915
Prince George's	2962	839	2721
Queen Anne's	15	12	50
Saint Mary's	32	19	115
Somerset	16	7	66
Talbot	10	13	83
Washington	97	77	486
Wicomico	190	51	291
Worcester	104	80	357
GRAND TOTAL	10436	3764	15629

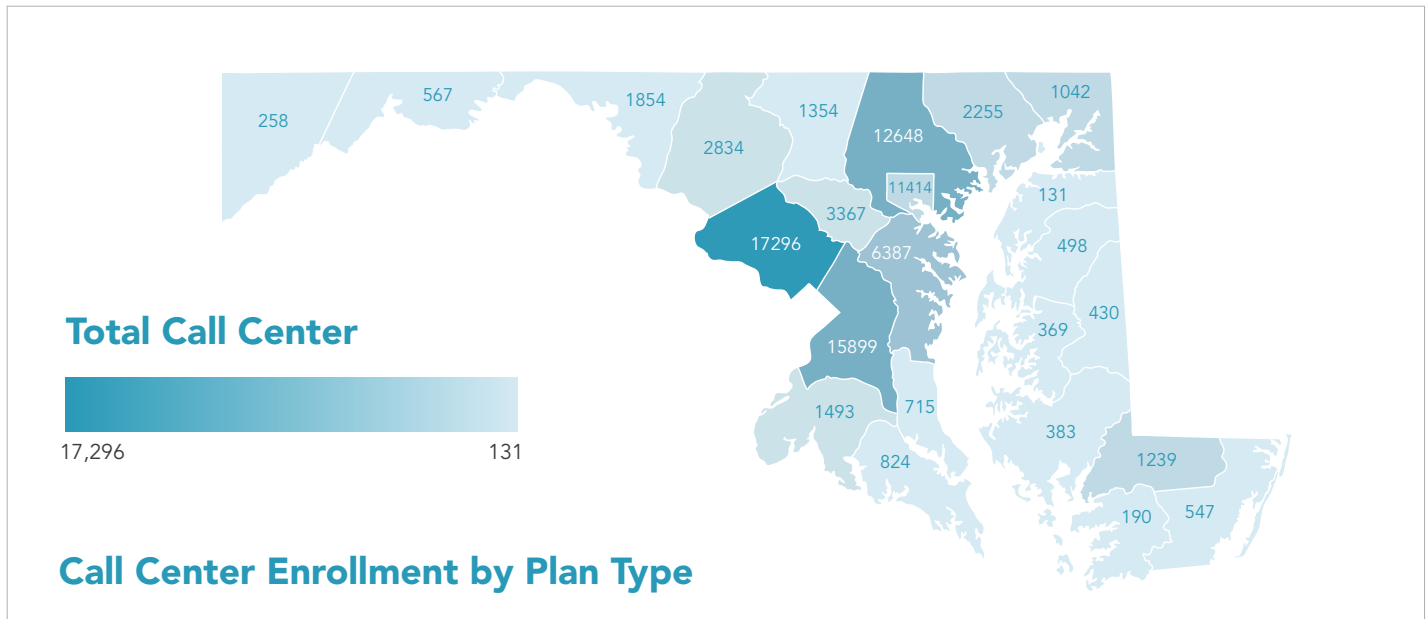


Producers/Brokers Enrollment by Plan Type

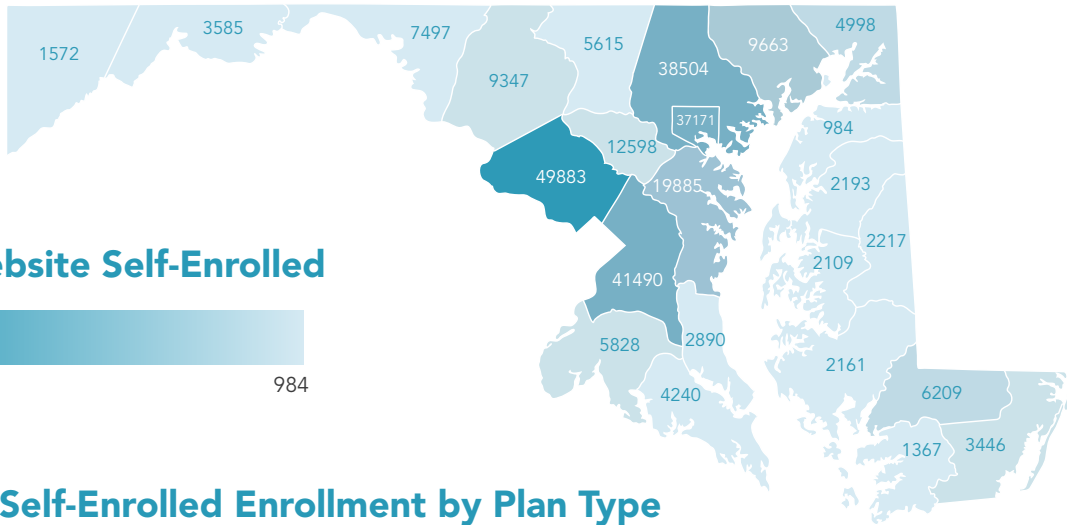
COUNTY	MED	MCHP	QHP
Allegany	0	0	61
Anne Arundel	29	68	1171
Baltimore	107	143	2424
Baltimore City	27	35	813
Calvert	4	4	125
Caroline	0	3	47
Carroll	10	19	413
Cecil	0	2	109
Charles	7	17	231
Dorchester	0	1	77
Frederick	13	28	555
Garrett	0	1	23
Harford	27	34	579
Howard	49	89	1163
Kent	4	10	136
Montgomery	241	286	4561
Prince George's	136	149	2552
Queen Anne's	7	9	126
Saint Mary's	3	5	179
Somerset	0	10	107
Talbot	1	11	89
Washington	2	17	240
Wicomico	9	14	274
Worcester	2	9	298
GRAND TOTAL	678	964	16353

¹⁴During 2018 open enrollment (11/01/2017 to 12/22/2017)

ENROLLMENTS BY CONSUMER ASSISTANCE TYPE¹⁴



COUNTY	MED	MCHP	QHP
Allegany	327	28	212
Anne Arundel	3563	592	2232
Baltimore	7372	1034	4242
Baltimore City	8788	635	1991
Calvert	369	68	278
Caroline	263	39	128
Carroll	565	131	658
Cecil	602	84	356
Charles	907	154	432
Dorchester	246	28	109
Frederick	1208	274	1352
Garrett	113	12	133
Harford	1254	206	795
Howard	1448	289	1630
Kent	67	9	55
Montgomery	6560	1538	9198
Prince George's	9430	1615	4854
Queen Anne's	264	37	197
Saint Mary's	519	77	228
Somerset	133	13	44
Talbot	168	32	169
Washington	1099	185	570
Wicomico	860	92	287
Worcester	306	28	213
GRAND TOTAL	46431	7200	30363



COUNTY	MED	MCHP	OHP
Allegany	2772	186	627
Anne Arundel	10982	1289	7614
Baltimore	23998	2384	12122
Baltimore City	29151	1429	6591
Calvert	1778	150	962
Caroline	1525	144	548
Carroll	2997	416	2202
Cecil	3391	315	1292
Charles	3952	361	1515
Dorchester	1586	106	469
Frederick	4800	799	3748
Garrett	1008	117	447
Harford	5899	691	3073
Howard	6106	949	5543
Kent	661	40	283
Montgomery	21953	3926	24004
Prince George's	25985	3154	12351
Queen Anne's	988	189	1016
Saint Mary's	2977	266	997
Somerset	997	66	304
Talbot	1094	139	876
Washington	5256	455	1786
Wicomico	4270	418	1521
Worcester	1887	211	1348
GRAND TOTAL	166013	18200	91239

¹⁴During 2018 open enrollment (11/01/2017 to 12/22/2017)

ENROLLMENT DEMOGRAPHICS

Household Composition

PERCENT IN "MIXED HOUSEHOLDS"*



11.7%

AVERAGE HOUSEHOLD SIZE



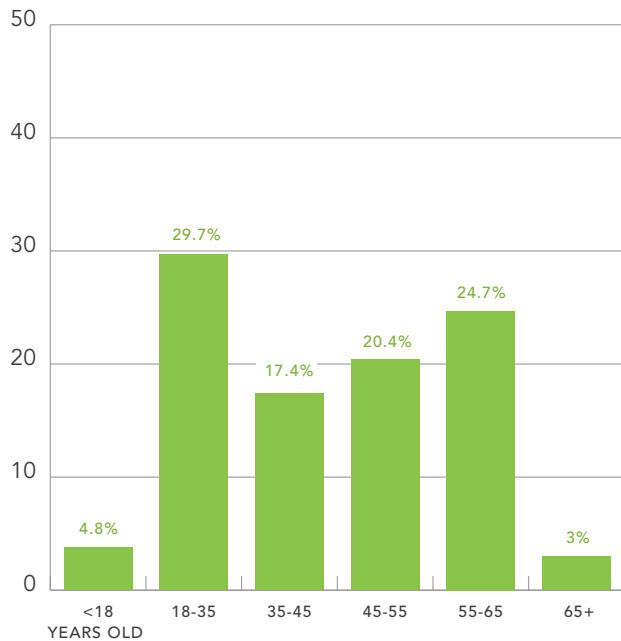
1.4 people

AVERAGE AGE

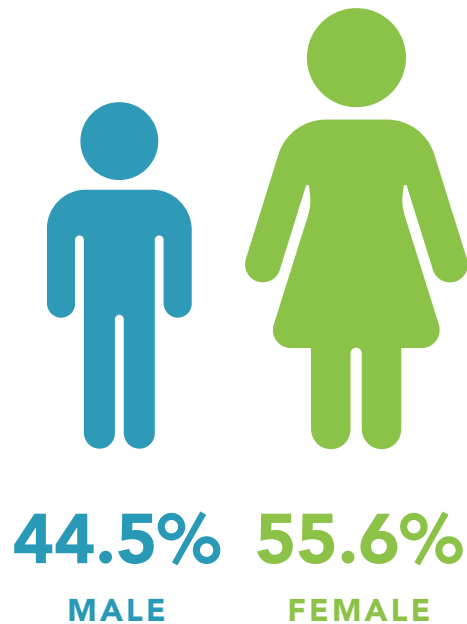


*Members of household qualify for different coverage programs

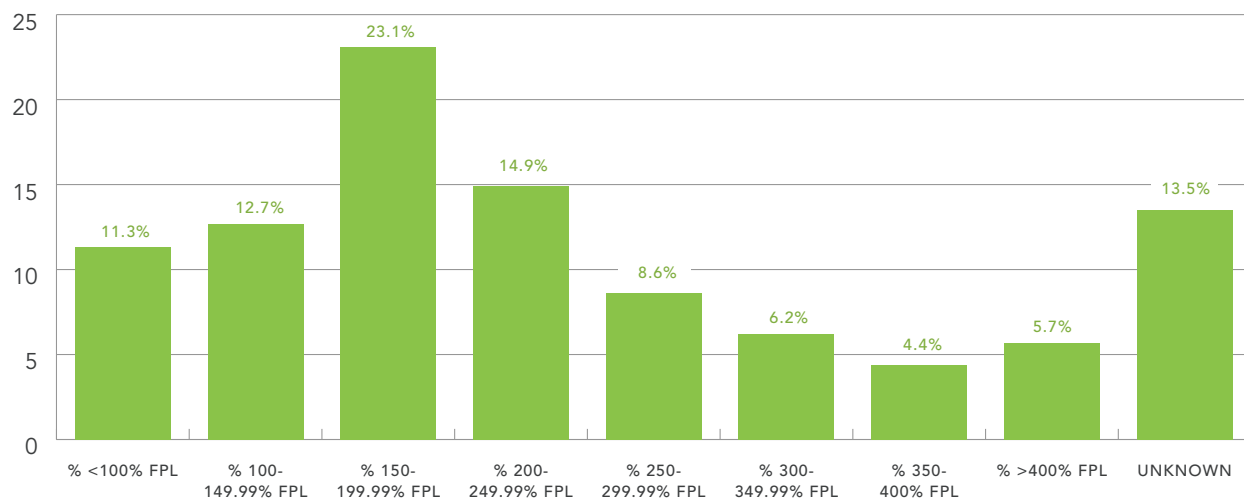
Enrollment by Age



Enrollment by Gender



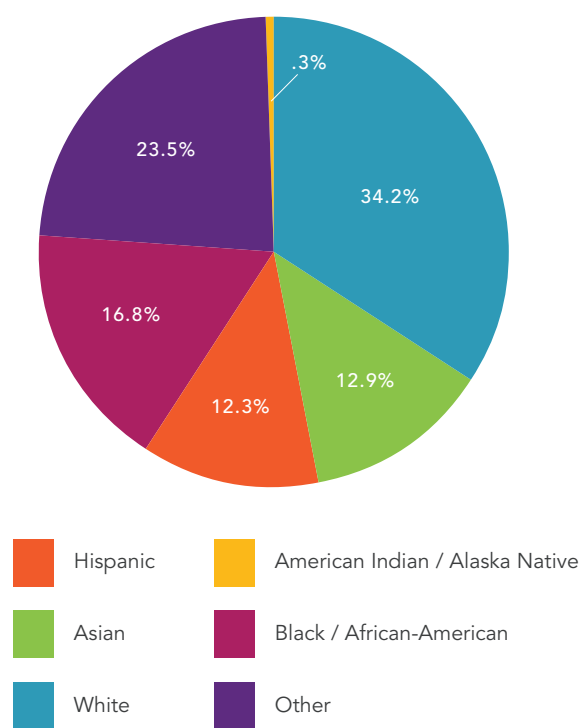
Enrollment by Income



Primary Language

Portuguese	~.04 %
French	~0.2 %
French Creole	~0.00%
Farsi	~0.00 %
Arabic	~0.01 %
Russian	~0.1 %
Vietnamese	~0.4 %
Tagalog	~0.01 %
Other	~29.4 %
English	~64%
Spanish	~5.1%
Chinese (Mandarin, Cantonese, etc.)	~0.3%

Enrollment by Race/Ethnicity



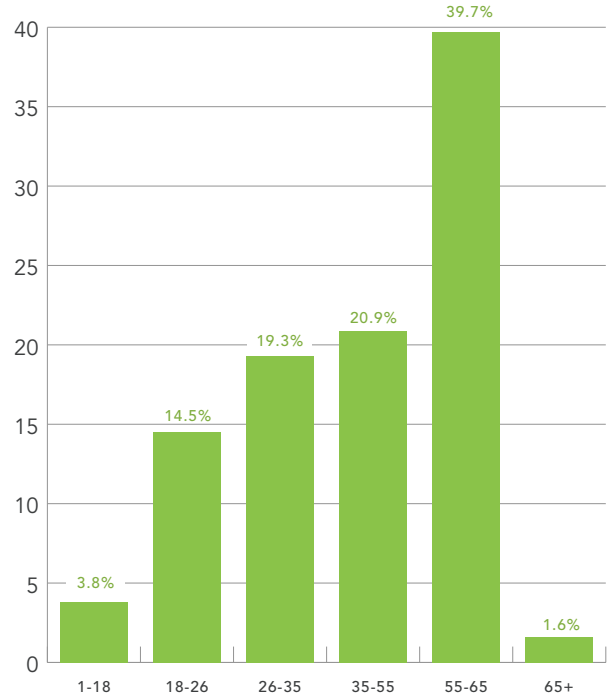


Chrystie Reif
Training Manager

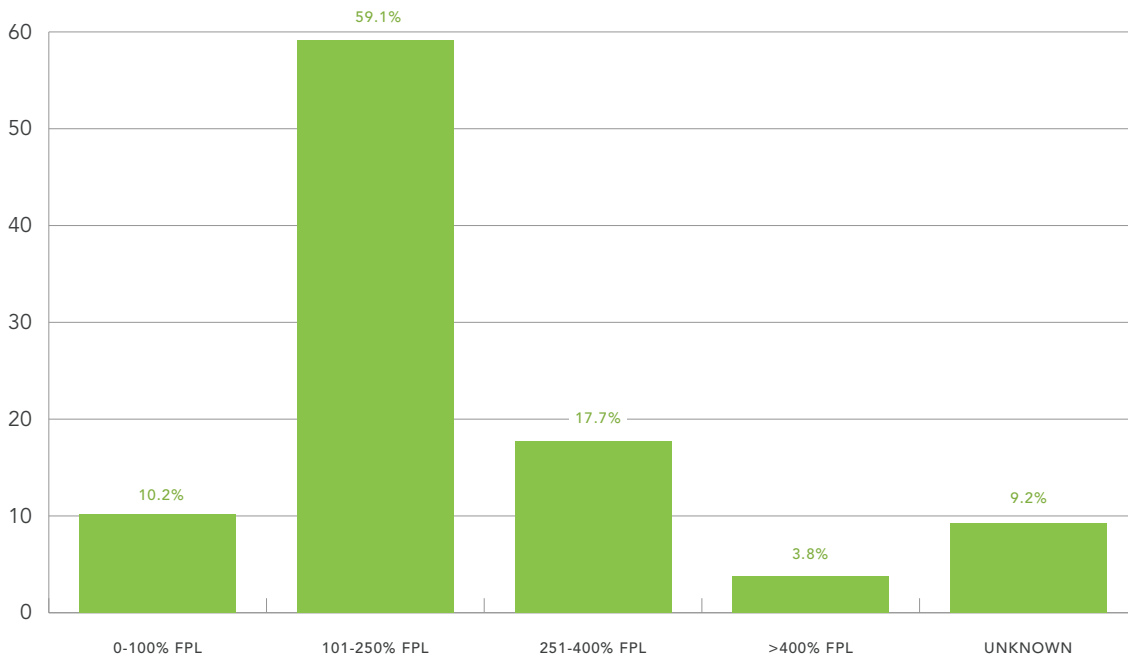
My position strikes a personal chord.

As a child, I was diagnosed with a chronic illness that required countless doctors, specialists, procedures, and surgeries. My parents told me we were fortunate to have health coverage through my father’s employer. A significant part of my 20s was spent without health coverage. I incurred crushing medical debt as a result. Working for MHBE allows me to help others facing the same fears and obstacles I once faced. We are able to help people who may not otherwise receive care. I’m beyond happy to serve this team.

Special Enrollment Period Enrollment by Age



Special Enrollment Period Enrollment by Income





Total enrollments triggered by an SEP¹⁵

PLAN YEAR 2017

31,980

PLAN YEAR 2018

33,124

Reasons for Special Enrollment Period



40.5%

Loss of minimum essential coverage



27.3%

Other



23.2%

Change in eligibility for APTC or CSR



4.3%

Permanent Move



2.4%

Gaining citizenship or lawful immigration status



2%

Marriage, birth, adoption, change in foster status, divorce



.3%

Loss of or change in employer coverage



.1%

Released from incarceration

Additional Reasons – 0%

Technical error caused from a plan or the marketplace

Death of someone in household

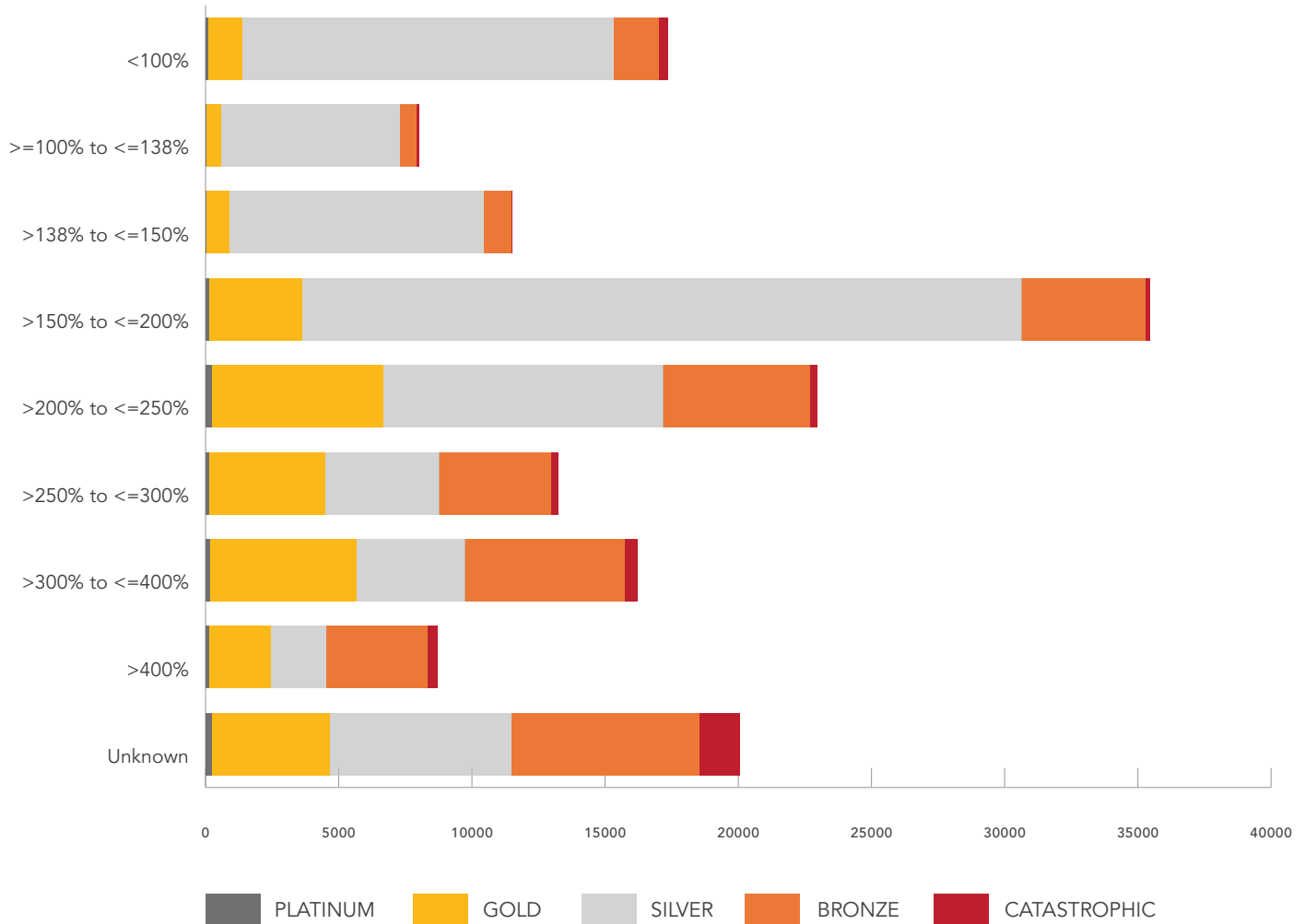
Loss of Medicaid (Medically Needy or pregnancy)

Survivor of domestic violence

¹⁵ Enrollments triggered by an SEP do not only represent new enrollees outside of open enrollment, but also efforts to correct or reinstate an open enrollment or renewal attempt.

ENROLLMENT

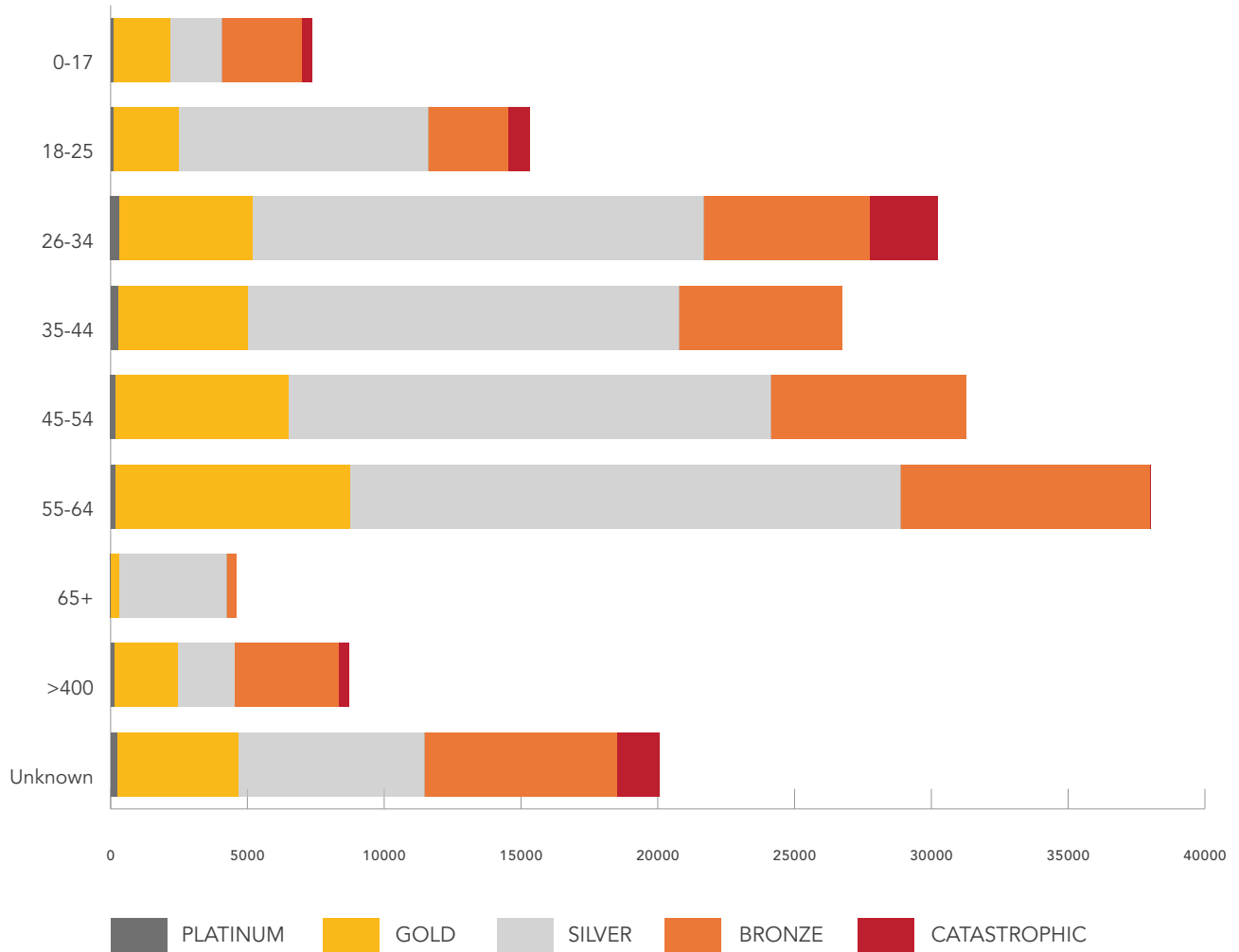
Enrollment by Metal Level and Household Income



Lee Ann Sapp
Manager, Consolidated Service Center

The Maryland Health Connection call center handles thousands of calls daily to assist those in need of health coverage. Many of the representatives themselves have received health insurance through Maryland Health Connection. They know, from their own experiences, how important affordable coverage is to maintain good health and to protect individuals when they are vulnerable. When Marylanders speak to our representatives to receive assistance in applying and enrolling, they routinely express their gratitude and relief once they know they are covered. Our thoughtful representatives assist Marylanders to get the health coverage that everyone deserves.

Enrollment by Metal Level and Age Group

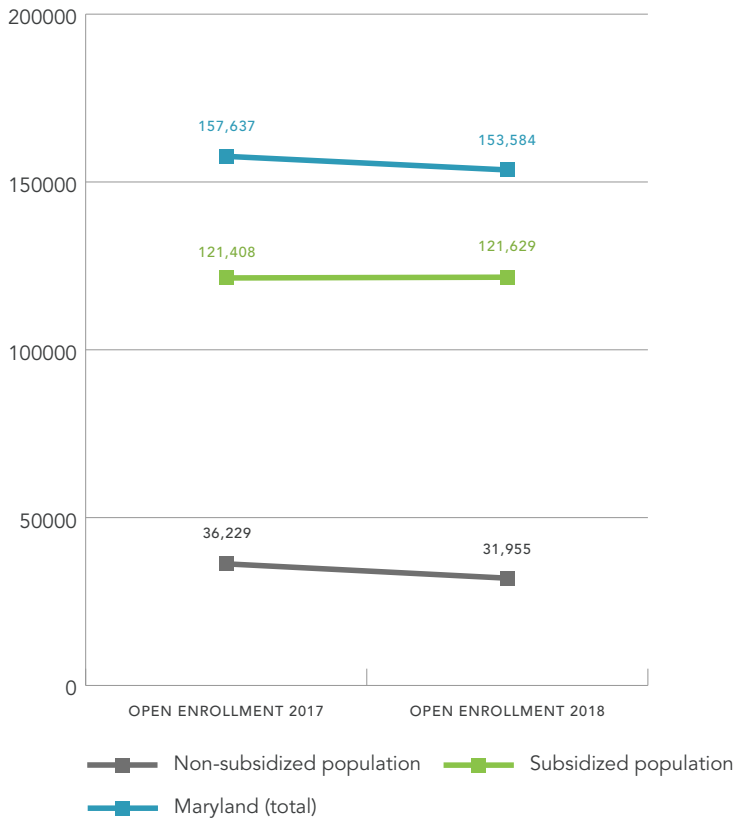


Harsha Nagalika
Reports Specialist, Operations

Maryland Health Connection is designed to increase access to health coverage and make investments in programs that reduce costs and improve the quality of health care. Many people are newly insured through this program after not having had health insurance for years. It is important for Marylanders to have access to routine health exams and to receive treatment and exams before they need expensive emergency room services. We are part of this great initiative. Due to these services, many Marylanders are finally able to receive the health care to which everyone should have access.

PROPORTION OF PLAN SELECTIONS BY METAL LEVEL IN 2017/18

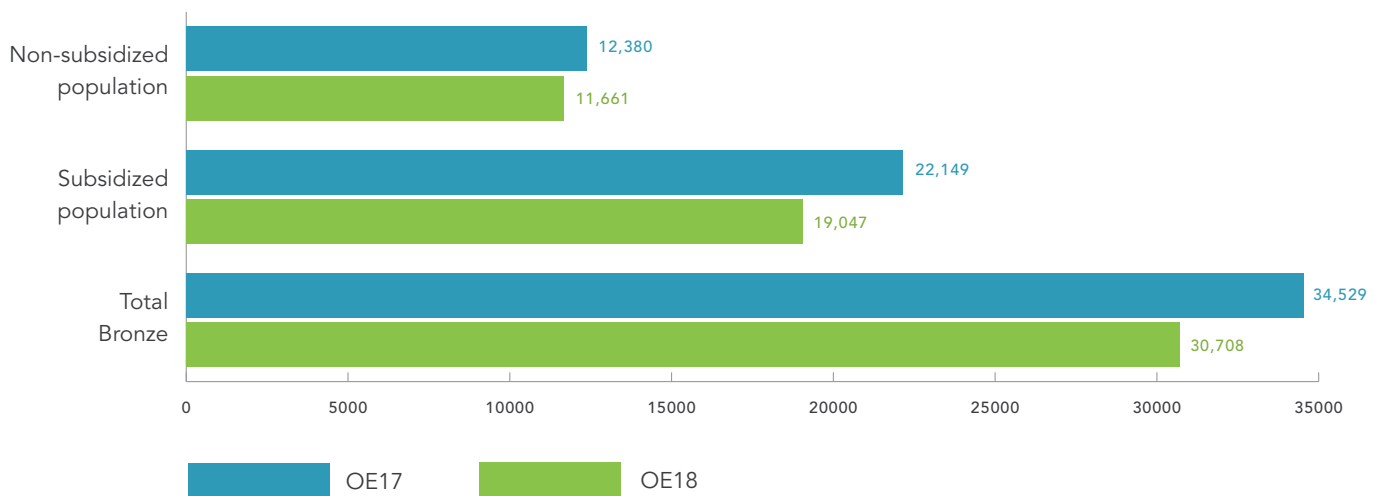
Total Selections



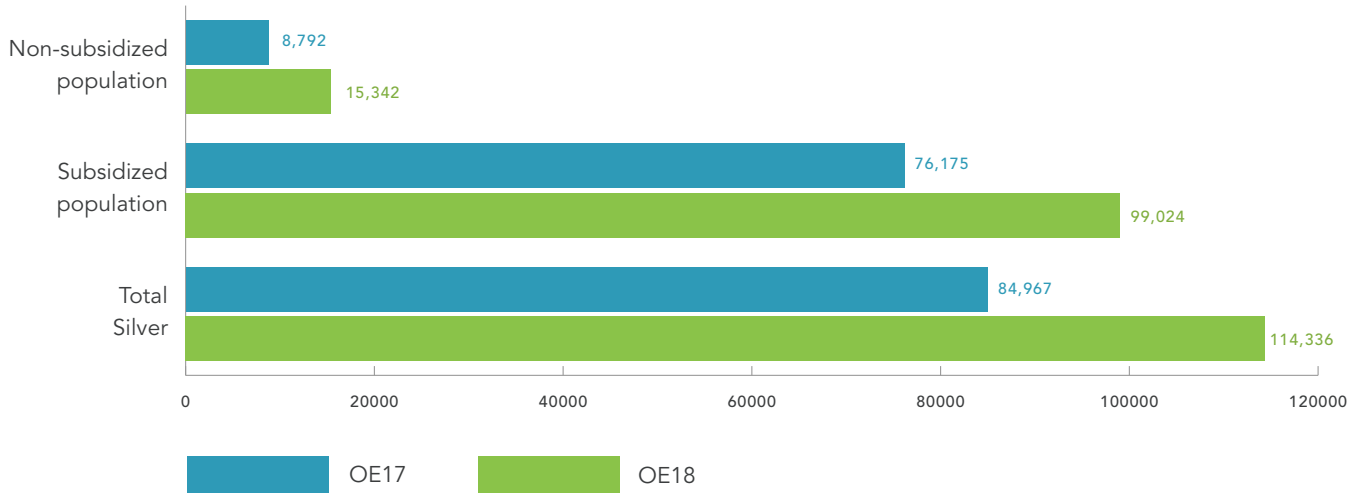
Cassandra Leach
*Application Counselor
 Sponsoring Entities Coordinator*

I am honored to assist consumers in obtaining affordable coverage, because I believe in the promise of everyone having health care. I have the privilege of witnessing how Maryland Health Connection improves access to that care. I enjoy educating and assisting consumers. In my job, I ferry Marylanders across an often hazy landscape of health insurance. The state's health insurance marketplace has evolved in many ways, but our duty remains the same: to serve Marylanders to better help themselves. I am fulfilled in my role ensuring residents of Maryland receive the care they need.

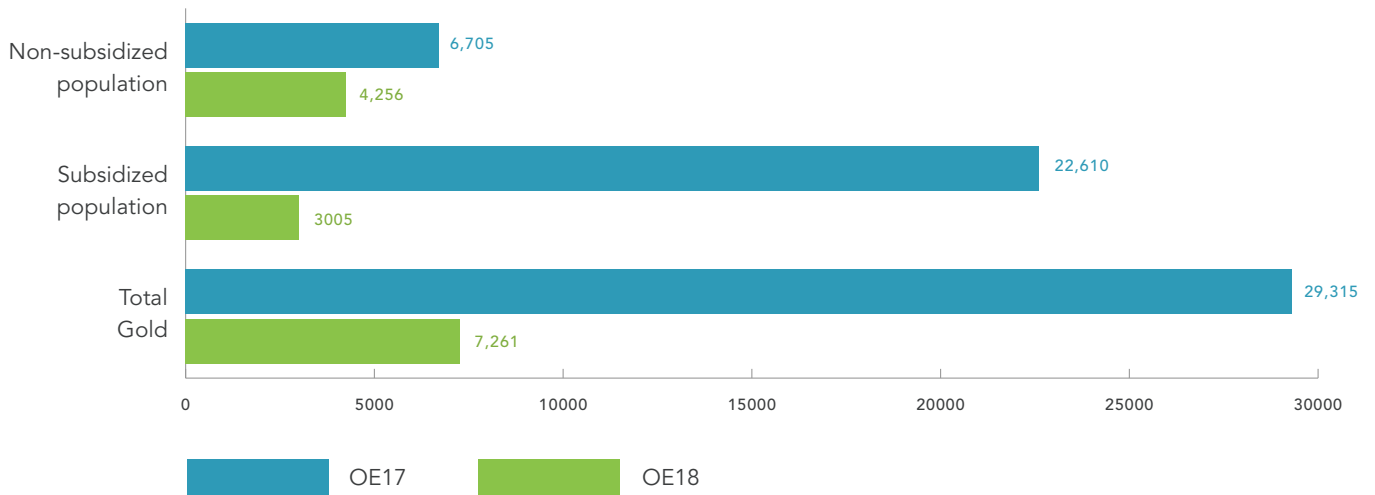
Bronze



Silver



Gold



Change in QHP Enrollment from 2017-2018



Qualified Health Plan Enrollments by County

JURISDICTION	OPEN ENROLLMENT 2017	OPEN ENROLLMENT 2018
Allegany	966	1,119³
Anne Arundel	12,792	12,140
Baltimore	21,487	20,603
Baltimore City	11,281	10,305
Calvert	1,633	1,543
Caroline	652	788
Carroll	3,813	3,521
Cecil	2,102	2,132
Charles	2,769	2,556
Dorchester	647	754
Frederick	6,096	5,948
Garrett	735	842
Harford	5,308	4,953
Howard	9,403	9,506
Kent	457	511
Montgomery	41,983	41,585
Prince George's	24,226	22,424
Queen Anne's	1,237	1,392
Saint Mary's	1,426	1,521
Somerset	512	524
Talbot	1,125	1,216
Washington	2,822	3,093
Wicomico	2,132	2,376
Worcester	2,033	2,219
TOTAL	157,637	153,584



Past annual reports of the Maryland Health Benefit Exchange are available online at: marylandhbe.com/news-and-resources/reports



MarylandHealthConnection.gov