



Maryland Health Connection
Maryland's Official Health Insurance Marketplace

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Nominating Category: Cross-Boundary Collaboration and Partnerships

Project Initiation and Implementation Date: 4/1/2014 to 11/15/2014



Executive Summary

“If there was a most-improved public HIX award, Maryland Health Connection certainly would be in the running for such an honor.”

-- Employee Benefit Advisor, March 25, 2015

“The second year of Maryland’s health insurance marketplace was much more successful than its first.”

-- The Washington Post, February 18, 2015

“The turnaround in Maryland since the last time may be even more striking than the improvements to HealthCare.gov.”

-- Huffington Post, February 12, 2015

Maryland was among the first states to accept Early Innovator grants in 2011 to implement state-based exchanges in support of the Affordable Care Act (ACA). And three years later, Maryland was the first and only state to date to implement proven technology and meet CMS’ objective of reusing proven healthcare reform technology. Driven significantly by manual processes, the Maryland Health Benefit Exchange (MHBE) worked tirelessly during the first open enrollment period to enroll consumers and evaluate a path forward.

In its second year of operation, Maryland Health Connection (MHC) had a brand-new look and feel. As a result, nearly twice as many Marylanders used MHC to enroll in health care compared to the previous year – and they did so in half the time. The system easily hosted more than 2,000 concurrent users, and enrollment numbers grew at an astonishing rate. Positive feedback flooded in, and comparisons to the previous year’s struggles and failures declared MHC a success. FierceHealthPayer said Maryland “redeemed itself” and gave the Maryland Health Connection its “Comeback Kid Award.”

As of May 17, 2015, a **total of 407,077 Maryland residents** now have access to health coverage through MHC. The collaboration between Connecticut and Maryland to transfer the Connecticut system for use in Maryland is the first cross-state partnership in support of CMS’ tenet of reusing ACA / state-based exchange technology. As such, Maryland’s success story exemplifies the spirit of the Cross-Boundary Collaboration and Partnerships.



The Business Plan

The Maryland Health Benefit Exchange, MHBE, was established as a public corporation and independent unit of state government in 2011. Working with the Department of Health and Mental Hygiene (DHMH), Department of Human Resources (DHR) and the Maryland Insurance Administration (MIA), MHBE created Maryland Health Connection where Maryland residents explore health insurance plans, compare rates, and determine their eligibility for tax credits, cost sharing reductions (CSR) and public assistance programs such as Medicaid and the Maryland Children’s Health Insurance Program (MCHP). MHBE is a “quasi-government agency,” and it has been established with a clear and accountable governance structure. The established governance structure assures the Exchange acts in accordance with defined and published governing principles. In addition, the Exchange has implemented and adheres to ethical policies and procedures to also include the disclosure of financial interests of Exchange board or governance body members.

Following the high-profile system failures experienced during OE 2014, MHBE committed to abandoning its initial marketplace technology and accept a transfer of functioning, successful code from another state. Following extensive analysis, research, and evaluations, on April 1, 2014 the MHBE Board voted to implement Connecticut’s solution, Access Health CT¹ in Maryland. While a new partnership between MHBE and AHCT was forged, MHBE remained under intense scrutiny from stakeholders, CMS, CCIIO, and its citizens. A solid business plan and strategy was needed to assure the new system furnished the required exchange functionality for OE 2015.

Solution

The decision to transfer a copy of AHCT to adapt and replace the existing technology of MHC was made just seven short months before the start of the OE 2015. This short time frame did not allow for lengthy requirements elaboration, detailed re-design, or extensive customization of the CT solution. To achieve success and meet the deadlines necessary to support OE 2015, Maryland:

1. Assigned leadership from the Department of Information Technology to manage the initiative, thereby clearing the path to quickly address decisions, remove obstacles, and assure ongoing technology oversight;
2. Established set parameters regarding changes, such as:
 - a. Deviations from Maryland policy – anything Connecticut chose to do that deviated dramatically from Maryland policy required evaluation and disposition. Could it be deferred? Could a waiver be requested? If it must be modified, determine the most effective manner and plan accordingly;
 - b. Legal requirements – anything required to assure legal compliance and sufficiency; and

¹ <https://www.accesshealthct.com/AHCT/LandingPageCTHIX>

c. Branding – rebrand AHCT to MHC.

The result was that the AHCT technology was minimally modified for MHC. Figure 1 below is a high-level functional architectural diagram of Maryland’s system. Modules highlighted in blue were used with no modification to the AHCT platform while modules highlighted in green were modified to meet Maryland specific requirements.

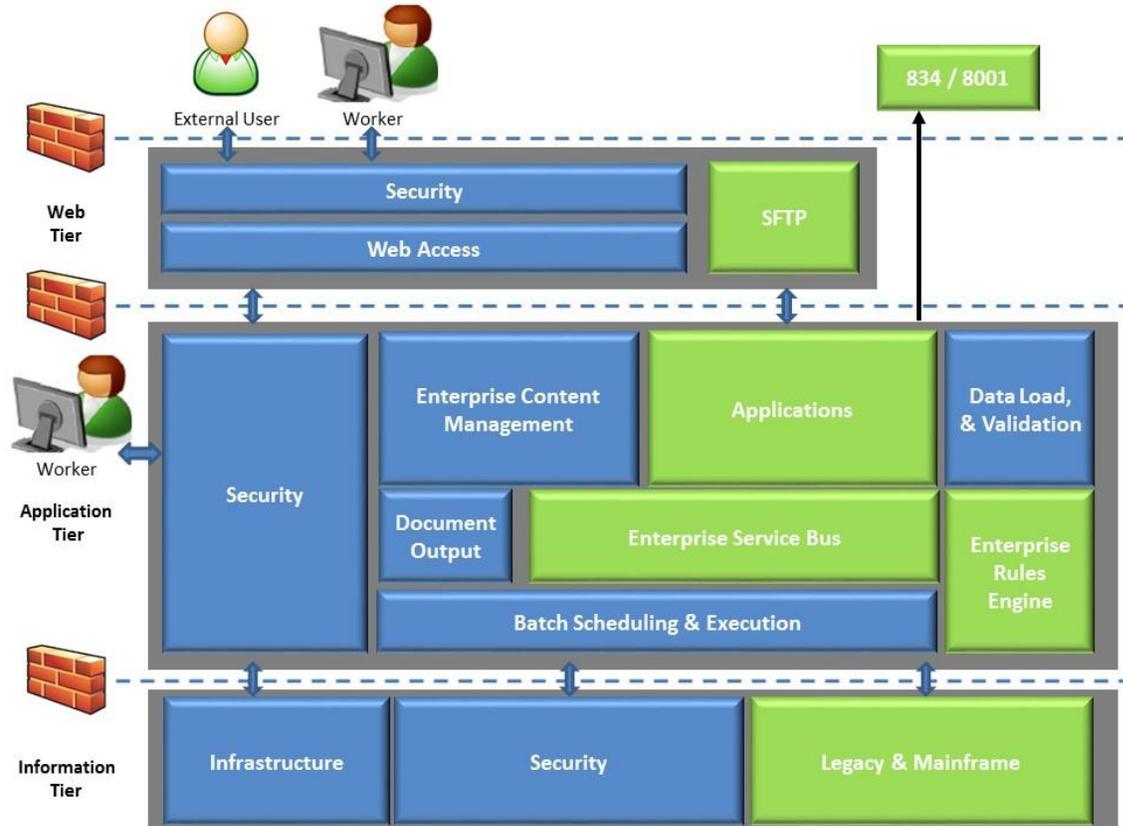


Figure 1: HIX Technical Architecture—CT and MD Leveraging a Proven Solution to serve the needs of their residents.

With the implementation of a new marketplace, MHBE capitalized on the opportunity to rebuild trust and rebrand its website. Launching an extensive marketing campaign many months prior to the kick-off of OE 2015, MHBE not only created substantial awareness but restored public trust. Leveraging multiple mediums, MHBE created a comprehensive marketing strategy to reach its citizens for OE 2015.

Measuring Results through Collaboration

Bring Everyone Along

- MHBE staff partnered with connector entities and held 23 enrollment events across the state with nearly 2,500 people attending and representatives from operations, IT, communications and other departments collaborated to offer support to consumers
- Leveraged local cable TV, radio broadcasts, and print media to brand and market the exchange and improved relationships with the media by providing detailed weekly



Measuring Results through Collaboration

enrollment reports including data breakdowns from the system during open enrollment

- Required staff from other agencies to participate in user acceptance testing in order to verify the functionality required for go-live
- Identified as a finalist for its 2015 marketing campaign in the 2015 SABRE Awards North America (for Superior Achievement in Branding, Reputation & Engagement)

Leverage the Power of Partnerships

- Executed a memorandum of understanding with Connecticut to transfer the Access Health CT solution to Maryland
- Conducted extensive interface testing with six QHP carriers and three State agencies
- Configured the 8001 Medicaid enrollment transaction file and coordinated testing efforts between MHBE and the Department of Health and Mental Hygiene (DHMH) to validate user enrollment and eligibility information
- Reviewed, updated, validated, and tested 2,500+ business rules, and 675K lines of code from CT for use in Maryland
- Attended and participated in meetings with State Health Exchange Leadership Network and solicited feedback from other State based exchanges on lessons learned and industry leading practices

Segment Audiences and Customize Communications

- Redesigned the MHBE content website to appeal to consumers aged 18 to 35 and to improve integration with expanding social media channels including Twitter and Facebook.
- Obtained, analyzed, and utilized feedback from a random phone survey of 800 Marylanders as well as six focus groups that helped shape communications efforts
- Launched a “Digital Retargeting” campaign based on consumers’ internet browsing history that resulted in 40,000 consumers who’d browsed the website returning to the application.
- Targeted the digital retargeting campaign to help drive key constituencies, such as females aged 35 to 65, Asians, Latinos, and uninsured African Americans, to click the “Enroll Now” button days or weeks after their initial visit to the exchange website.

Educate to Ensure Delivery of the Consumer Experience

- Facilitated four week train-the-trainer sessions and held **264** instructor led training sessions for **2,800** stakeholders.
- Identified 1.7 million unique visitors to the MHC website and nearly 500K enrollment applications.
- According to customer satisfaction and exit surveys (47,000 responses) on the application, 90% of users said it was extremely, very, or moderately likely that they would recommend Maryland Health Connection to a friend or colleague; 93%



Measuring Results through Collaboration

responded that they found application questions extremely, very, or moderately understandable, and 82% found utility of website help tools (e.g. question mark icons and FAQs) extremely, very, or moderately useful.

Evaluate and Adjust Campaign Strategies

- Required connector entities to submit quarterly reports regarding impact of entities on enrollment into insurance products, level of effort required to enroll individuals into products, Performance related to vulnerable and or hard to reach populations, "Steering" individuals to enroll into plans for reasons other than their best interests, and customer satisfaction
- Conducted a survey with Maryland residents to assess the implications for communications for Maryland Health Benefit Exchange and to test the effectiveness of communication strategies among a representative, statewide audience. Additionally, the survey served to measure movement on awareness and attitudes surrounding MHBE in August 2014 in anticipation of OE 2015
- Added testimonials and videos to the social media campaign that linked to the YouTube channel, and incorporated the use of Pandora radio after noting the growing success of these media. More than 65% of viewers watched Maryland Health Connection's testimonials videos to the end on YouTube, triple the industry norm rate.

Significance to the Improvement of the Operation of Government

Transferring the CT solution to Maryland provided some distinct and immediate advantages that propelled MHBE toward achieving its goal of having a fully functioning State-based Exchange marketplace for OE 2015. These advantages included:

Reusability

- Maryland leveraged a proven, working solution that addressed the requirements for a State-Based Marketplace and by transferring a proven solution from another state provided a sense of "comfort" to business stakeholders in knowing the solution was successful in Connecticut.

Immediate Knowledge Transfer

- Requirements, design documents, training materials and other artifacts were shared to provide a jump start on implementation, stakeholder awareness, and training.
- AHCT provided MHBE with an understanding of gaps in systematic behavior so that manual processes could be instituted and requisite temporary policy adjustments made, in parallel with development.

Sharing Lessons (Already) Learned

- Having weathered a rocky first Open Enrollment experience significant manual processes to enroll applicants, Maryland was no stranger to "lessons learned."
- Drawing from the previous year's experiences, MHBE combined AHCT's insights to

thoroughly plan the development life cycle and implementation.

Perhaps most interestingly, Maryland's adoption and modification of Connecticut's SBM technology now affords Connecticut the opportunity to leverage Maryland's system enhancements. Despite the fact that the systems are completely separate and share only a common base (as CT continues to develop its system to suit its needs and MD does the same, the paths diverge more dramatically each year), some work can be shared. As Maryland develops modules and components that CT has chosen to defer, the code can be utilized as a starting point, saving time and some up-front costs. It remains to be seen whether sharing code in this fashion will yield long-term cost benefits, and over time, MHBE and AHCT will track this to better understand how to drive system maintenance costs wherever possible.

Benefits of the Project

By the numbers, from OE 2014 to OE 2015, Maryland realized 95% increase in the number of qualified health plan (QHP) enrollments and greater competition in the marketplace. During OE 2014, nearly 94% of QHP enrollments went to CareFirst, the largest and most well-known insurance carrier in the marketplace. For OE 2015, CareFirst secured 78% of QHP enrollments, while Kaiser Foundation Health Plan increased consumer enrollments by 12% during the second open enrollment period. Moreover, MHBE realized a **35% increase in the number of plan offerings** for OE 2015, which provides Maryland consumers, an additional 16 plans to comparison shop when selecting a coverage plan for the 2015 benefit year. Moreover, as a result of having more people covered via a private plan as a result of the MHC, MHBE can anticipate additional revenue from existing insurance assessments from Medicaid managed care plans as well as from QHPs for calendar year 2015 as a result of the increase in the total enrollments.

But more than numbers, Maryland's success is rooted in serving its citizens. The true benefits of a fully functioning state-based exchange are:

1. As of May 17, 2015, a total of **407,077** Maryland residents now have access to health coverage through MHC;
2. Maryland residents can utilize a reliable marketplace to compare and shop for health insurance options, and the system works;
3. The successful, inclusive, and tireless marketing campaign rebuilt trust in MHBE, resulting in record numbers of Maryland residents attending enrollment events and using the website to shop for and receive health insurance – the goal of the system and the organization behind it;
4. The functioning system means a phase-down-and-out of manual processes to support the previous technology, alleviating the workload on critical statewide Human Services personnel and MHBE partner entities;
5. The “transfer system project” of 2014 created an opportunity for an unprecedented collaboration not only between MD and CT but within the state, across state agencies and the private sector, and with Federal partners / stakeholders.