

The Hilltop Institute



analysis to advance the health of vulnerable populations

**Maryland Health Benefit Exchange
Memorandum of Understanding
Report of Activities and Accomplishments
January 1, 2012, through January 31, 2013**

May 2013

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Introduction

The Hilltop Institute at UMBC

The Hilltop Institute at UMBC is a nonpartisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

Hilltop’s Work for Maryland on Health Reform

In March 2010, Maryland Governor Martin O’Malley signed an Executive Order that created the Health Care Reform Coordinating Council (HCRCC) to make recommendations regarding Maryland’s implementation of the federal health care reform legislation. The HCRCC contracted with The Hilltop Institute to provide research, analysis, staff support, and technical assistance.

As part of its work for the HCRCC, Hilltop developed a financial model to estimate the fiscal impact of health care reform on Maryland through the year 2020. Any current and future projections about relative costs and savings necessarily will be fluid and dependent on the various choices and decisions the state makes in implementing reform. Other variables include the ways in which various components of the delivery system—from the insurance markets to providers and consumers—respond to the reforms as they evolve. The financial modeling tool was created to be dynamic in order to make projections that can be adapted and updated as data become available, as conditions and factors change over time, and as decisions are made by policymakers, employers, and consumers.

Hilltop also staffed the HCRCC and its six workgroups, and drafted the HCRCC’s interim and final reports. The HCRCC’s final report sets forth a blueprint for implementation of health care reform in Maryland and includes an overview of the Affordable Care Act (ACA). The staffing of the HCRCC was transitioned from Hilltop to Maryland’s new Office of Health Care Reform when it was created in May 2011.

Hilltop continued to provide support to Maryland’s health care reform initiative through grant writing. These efforts resulted in a \$6.2 million Early Innovator Grant award from the U.S. Department of Health and Human Services (HHS) to lay the foundation for the Maryland Health



Benefit Exchange (MHBE), and a \$27.2 million Level One Establishment Grant award from the HHS to fund the establishment of the Exchange.

The ACA requires states to either establish and operate a Health Insurance Exchange by 2014 or participate in the federal Exchange. On April 12, 2011, Governor O'Malley signed the Maryland Health Benefit Exchange Act of 2011, which established Maryland's Exchange as an independent unit of the state government. The Act also established a Board of Trustees to oversee the Exchange.

Hilltop was commissioned to develop a series of background papers to assist the Board and Advisory Committees in planning for the implementation of Maryland's Exchange. Hilltop produced four background papers for the MHBE: *Navigators, Market Rules and Adverse Selection, Health Benefit Plan Contracting, and Consumer Complaints, Grievances, and the Appeals Process in Maryland.*

Throughout 2011, Hilltop provided extensive support to the MHBE in the form of staff support, conducting financial and policy analyses, and drafting regulations to assist in the development and implementation of the MHBE.

Memorandum of Understanding

In 2012, with the establishment of the Exchange in Maryland law, the Memorandum of Understanding (MOU) that supported Hilltop's work on health care reform between the Maryland Department of Health and Mental Hygiene (DHMH) and Hilltop transitioned to one between the MHBE and Hilltop. This report presents the activities and accomplishments of that MOU, covering the period of time from January 1, 2012, through January 31, 2013. (This time period will be referred to as 2012 for brevity.) All deliverables referenced below were transmitted by e-mail unless otherwise specified and are available upon request.



Financial Modeling

In 2012, Hilltop continued to refine and adjust the *Hilltop Health Care Reform Simulation Model* to assist the MHBE with determining the costs and savings of implementing various provisions of the ACA. Throughout the year, Hilltop conducted numerous analyses on uninsured populations, unemployment rates, employer-sponsored coverage, and health care utilization and costs for the Medicaid population. Hilltop also adapted and adjusted the simulation model to reflect costs and savings of implementing various phases of health reform.

Briefings on Model for MHBE Executive Director: In early 2012, as part of its continuing support, Hilltop met with the MHBE executive director to present the *Hilltop Health Care Reform Simulation Model* that was developed for New Mexico. Subsequently, the model was implemented for Maryland. Hilltop prepared a table that summarized the assumptions that were used in the model for Maryland as well as a synopsis¹ of the methodology and assumptions used by the model to project different variables of interest for Maryland.

Summary of Economic Impact of ACA for Governor's Office: In 2012, on behalf of the MHBE, Hilltop provided a variety of information to the Governor's Office of Health Care Reform. Hilltop provided a summary of the economic impact of implementing the ACA in Maryland,² which was based on the number of new jobs and unemployment rates, as well as projections of the increase in total health care expenditures, additional state output generated, total additional state and local taxes generated, federal subsidies and cost sharing payments, and number and percentage of population remaining uninsured following implementation of the ACA. In addition, Hilltop provided an executive summary³ and complete description of the Hilltop Health Care Reform Simulation Model methodology. At the request of the deputy director of the Governor's Office of Health Care Reform, Hilltop made presentations⁴ to the HCRCC and the House and Senate Joint Committee on Federal Relations about the economic impact of implementing the ACA in the state of Maryland.

Briefing of Maryland Legislative Staff: Hilltop hosted a meeting with members of Maryland's Department of Legislative Services—the Medicaid budget analyst and health work group leader, the staff to the House Health and Government Operations Committee, and the principal policy analyst who writes Medicaid and health insurance fiscal and policy notes—to discuss some of the specific data and assumptions used in the *Hilltop Health Care Reform Simulation Model* adapted in the summer of 2012. Hilltop provided information about detailed assumptions used to project enrollment in the Exchange, total new health care expenditures, state employee/retiree

¹ *Maryland Health Care Reform Financial Model: Factors and Assumptions*, February 10, 2012.

² *Economic Impact of ACA*, Excel spreadsheet, email to Rebecca Pearce from Hamid Fakhraei, June 14, 2012.

³ *Maryland Health Care Reform Simulation Model: Executive Summary of Methodology*, report, June 2012.

⁴ *The Hilltop Health Care Reform Simulation Model*, synopsis, PowerPoint presentation, July 2012. *The Hilltop Health Care Reform Simulation Model*, PowerPoint presentation, July 2012.



health insurance, uncompensated hospital care, insurance premium estimates, and overall state budget saving. In addition, Hilltop provided information and answered questions about its forecasting of the Medicaid expansion.

Baseline Forecasting: Hilltop conducted a series of analyses to establish a baseline forecast. Hilltop forecasted insurance coverage status—enrollment in Medicaid, Medicare, commercial insurance, CHAMPUS, and the number of uninsured; enrollment in Medicaid; enrollment in the Exchange; and the Medicaid expansion and “woodwork effect”—and projected the economic impact to Maryland from 2014 (when enrollment begins) through 2020.⁵ The Hilltop Health Care Reform Simulation Model forecasted the percentage of the population that would remain uninsured, the number of new jobs that will be created in the state, the unemployment rate, and the additional economic activity that would result from the implementation of the ACA.⁶ In addition, Hilltop estimated the number of uninsured Maryland residents by age group and federal poverty level (FPL).⁷

Revisions to the Model: Throughout 2012, Hilltop revised and adjusted the model to reflect different assumptions and issues as well as to include the latest data available. In one revision, Hilltop broke down enrollment projections by three regions of the state—High-Cost: Baltimore City; Low-Cost Counties: Montgomery, Prince Georges, Garrett, Alleghany, Frederick, and Washington; and Mid-Cost Counties: the rest of the counties in the state—and revised the simulation model projections accordingly.⁸ Hilltop responded to many ad hoc requests about various aspects of the model. For example, Hilltop provided detailed information about the current number of uninsured individuals in Maryland, with breakdown by citizenship status, age group, and FPL. Hilltop also provided revised enrollment, cost/saving projections, and the final report⁹ for the Governor’s press release about implementing the ACA in Maryland.

SHOP Analyses: Hilltop reviewed the small employer exchanges of a number of states, Massachusetts’ Commonwealth Choice in particular. Hilltop concluded that the population and economic characteristics of Massachusetts were similar to Maryland and used these assumptions to forecast enrollment in Maryland’s Small Business Health Options Program (SHOP).¹⁰ Hilltop met with MHBE staff to discuss a number of issues related to the SHOP: different models of providing services to Exchange enrollees; issues related to projecting SHOP enrollment levels; issues relating to the small business industries where employers are more likely and less likely to

⁵ *Baseline Enrollment Projection*, Excel spreadsheet, June 8, 2012, *Baseline Enrollment Projections*, Excel spreadsheet, June 12, 2012.

⁶ *Economic Impact of the ACA*, Excel spreadsheet, June 14, 2012.

⁷ *Number of Uninsured by Age-FPL*, Excel spreadsheet, June 8, 2012.

⁸ *Maryland Health Care Reform Model Outputs Final*, Excel spreadsheet, October 24, 2012.

⁹ *Maryland Health Care Reform Simulation Model: Detailed Analysis and Methodology*, July 2012.

¹⁰ *Enrollment in SHOP Exchange*, email to Ben Steffen and Rebecca Pearce from Hamid Fakhraei, September 13, 2012.



provide health insurance to their employees; and a review of the literature that compared the possible take-up rates of small employers and individuals.¹¹

¹¹ *SHOP Take-up Meeting Summary*, memo to Kevin Yang from Hamid Fakhraei and Carl Mueller, April 5, 2012.



Regulations Development and Policy Analysis

In 2012, Hilltop provided extensive support to the MHBE as it began implementation. Hilltop continued to analyze the ACA and conducted analyses of various federal requirements and guidance that were issued pursuant to the ACA. In addition, Hilltop drafted state regulations for the MHBE.

Blueprint of Policy Decisions to Implement ACA: Hilltop analyzed the State Administrative Procedure Act to identify the standards and procedure by which regulations are adopted in the state; analyzed the Exchange's business requirements for the HIX system (the Exchange online eligibility and enrollment system) to ascertain which requirements would need regulations to implement; met with the MHBE, the Secretary, the MIA, and the Governor's Office of Health Reform to review the list; and developed a final list of Exchange functions that required regulation.¹²

Board Decision Responsibilities: Hilltop analyzed the Maryland Health Benefit Exchange Act of 2012 to determine the milestones/deadlines that were mandated for regulations development and laid them out with their respective deadlines to help the Board realize if and when they needed to consider and/or decide on each issue.¹³

Research on Maryland's Laws: In 2012, Hilltop conducted research on Maryland's then-current insurance laws and regulations. Hilltop researched Maryland's health insurance code on regulation of licensed insurance producers in preparation for the development of the producer certification process and to obtain information about the definitions of insurance issuer and insurance producer.¹⁴

Comparison of Maryland and Washington State Bills: In 2012, Hilltop compared the Maryland Health Benefit Exchange Act of 2012 (HB 443) with the Washington State Exchange Bill (E2SHB 2319) to determine what the differences and similarities were.¹⁵

Research on Other States: Hilltop researched the Exchange structure of other states and described their respective financing statutory language.¹⁶

Research on Premium Rates: Hilltop researched the ACA, the HHS final rule, and the Maryland Health Benefit Exchange Act of 2012 and compared each's language on premium rates for identical products sold on or off the Exchange.¹⁷

¹² *Exchange Functions for Policy Decisions*, tables, April 16, 2012.

¹³ *Thresholds Considerations and Decisions for Regulations Timeline*, April 5, 2012.

¹⁴ *Insurance producer and issuer*, email to Kristine Hoffman from Maansi Raswant, April 26, 2012.

¹⁵ *Comparison of Maryland and Washington State Exchange Bills*, May 1, 2012.

¹⁶ *States' Exchange Statutory Financing Language*, January 11, 2013.



Regulations Development: Hilltop managed the regulation promulgation process on behalf of the MHBE for all MHBE regulations adopted in 2012. This process included gaining inter-agency and advisory committee input on policy decisions reflected in the regulations; presenting regulations to the MHBE Board for Board approval; submitting proposed regulations to the Joint Committee on Administrative, Executive and Legislative Review, and Senate Finance and House Health and Government Operations Committees; submitting proposed regulations to the Maryland Register; and submitting a Notice of Final Action adopting the regulations to the Maryland Register.

In 2012, Hilltop drafted, commented on, and conducted analysis on a number of insurance regulations that would enable the MHBE to operate. Hilltop created the process to develop, receive Board and legislative approval for, and adopt regulations.¹⁸ Hilltop then revised¹⁹ and finalized the process for Board approval.²⁰ Hilltop drafted regulations for training Navigators²¹ and analyzed the federal guidance—the ACA and the HHS final rule—and compared federal requirements for Navigators with what Maryland was proposing to assist the MHBE in ensuring that Maryland would be in compliance with the federal requirements.²² Hilltop drafted regulations to authorize producers to sell qualified insurance through the Exchange.²³ On behalf of the MHBE, Hilltop commented on Maryland Insurance Administration regulations to describe the requirements for the examination for the SHOP Exchange Navigator license²⁴ and for the renewal and reinstatement of these licenses.²⁵ Hilltop drafted the cover letter from the MHBE Board to the Maryland state legislature seeking review of these regulations.²⁶ Hilltop presented to the MHBE on the progress of the regulation promulgation process, and also drafted presentations to the MHBE Board, MHBE advisory committees, and Maryland state legislature;

¹⁷ *Statutory and Regulatory Language – Premium Rates for Identical Products Sold on or off of the Exchange*, July 23, 2012.

¹⁸ *Subject Areas Requiring Regulations and Regulation Promulgation Milestones*, regulations development timeline tables, April 9, 2012.

¹⁹ *Exchange Regulation Development Timeline, revised*, April 24, 2012.

²⁰ *Exchange Regulation Development Timeline, final for Board*, May 4, 2012.

²¹ *Title 31 MARYLAND INSURANCE ADMINISTRATION, Subtitle 03 Insurance Producers and Other Insurance Professionals, Chapter 20 Individual Exchange Navigator Certification Training*, May 14, 2012.

²² *Navigator Authority Chart*, Excel spreadsheet, May 14, 2012.

²³ *Title 31 MARYLAND INSURANCE ADMINISTRATION Subtitle 03 Insurance Producers and Other Insurance Professionals Chapter 18 Insurance Producer Authorization to sell Qualified Plans in the SHOP Exchange and Individual Exchange*, May 10, 2012.

²⁴ *Title 31 MARYLAND INSURANCE ADMINISTRATION Subtitle 03 Insurance Producers and Other Insurance Professionals Chapter 16 SHOP Exchange Navigator License-Examination Requirements*, April 30, 2012.

²⁵ *Title 31 MARYLAND INSURANCE ADMINISTRATION Subtitle 03 Insurance Producers and Other Insurance Professionals Chapter 17 SHOP Exchange Navigator License-Renewal; Reinstatement of Expired License*, May 1, 2012.

²⁶ *Cover Letter to House HGO and Senate Finance-MHBE Proposed Regulations*, December 19, 2012.



these presentations were used to update them on the progress of the development of these regulations.²⁷

Policies and Procedures Development: In 2012, Hilltop analyzed the federal guidance and drafted policies and interim procedures for the MHBE. In preparation for drafting interim appeals and grievance procedures, Hilltop analyzed the federal requirements and policy issues that would impact their development²⁸ and then drafted interim procedures for carrier appeals.²⁹

Bill Summaries: Hilltop summarized a number of bills that were being considered in the 2012 legislative session. Hilltop summarized House Bill (HB) 470, which required that the Maryland Health Care Commission (MHCC) work with payors and providers to meet certain benchmarks for standardizing and automating preauthorization of health care services with the intent to minimize administrative burden of achieving federal compliance. To do so, Hilltop summarized the section of the ACA pertaining to this, described the recommendations of the MHCC workgroup, and described the provisions of the bill.³⁰ Hilltop also summarized Senate Bill (SB) 234, the Maryland Health Improvement and Disparities Reduction Act of 2012, which would utilize state resources to reduce health disparities, improve health outcomes, and reduce health costs and hospital readmissions.³¹ Hilltop summarized a bill from the 2009 Legislative session, HB 1538, the Chesapeake Region pilot program for high-deductible plans and limited benefit plans for uninsured individuals, which would have allowed a nonprofit health service plan to limit the issuance of a high-deductible health plan or issue a limited benefit health insurance contract to qualifying individuals and their family members.³²

Ongoing Policy Consultation: Hilltop conducted a number of policy analyses, setting out policy and operational options, to assist the advisory committees and the Board in accomplishing their task of establishing the various programs for Maryland's Exchange. Hilltop provided consultation about which areas of plan management had exclusive Exchange oversight.³³ In addition, to assist the MHBE in responding to questions from the legislature, Hilltop provided a

²⁷ *Maryland Health Benefit Exchange: Individual Exchange Navigator Certification and Insurance Producer Authorization Proposed Regulations*, PowerPoint presentation, October 9, 2012.

²⁸ *Appeals Grievance Policies*, table, September 20, 2012.

²⁹ *Maryland Health Benefit Exchange Appeals Process, Interim Procedures for Carrier Appeals*, September 20, 2012.

³⁰ *House Bill (HB) 470 Summary, Maryland Health Care Commission – Preauthorization of Health Care Services – Benchmarks*, May 15, 2012.

³¹ *Senate Bill (SB) 234 Summary, “Maryland Health Improvement and Disparities Reduction Act of 2012”*, May 30, 2012.

³² *Summary of House Bill 1538: “High Deductible Plans and Limited Benefit Plans for Uninsured Individuals - Chesapeake Region Pilot Program”*, July 19, 2012.

³³ *Plan Management Areas with exclusive Exchange oversight*, December 18, 2012.



summary of the provisions and the actual ACA and regulatory language for women's health;³⁴ and provided a summary of the federal funding for Exchanges through the ACA, what it would take to change funding, and how the then-pending supreme court decision on the repeal of certain provisions of the ACA might or might not affect funding.³⁵

Agency Explanation of Impact: During the 2012 Legislative session, Hilltop assisted the MHBE in preparing responses to the Department of Legislative Services about the fiscal and operational impact on the MHBE of proposed legislation. Hilltop worked with the MHBE director of policy to prepare an agency explanation of impact for the Maryland Health Progress Act of 2013.³⁶

³⁴ *ACA Statute and Regulations Related to Women's Health and ACA Statute and Regulations Related to Women's Health*, February 9, 2012.

³⁵ *Exchange Federal Funding*, February 10, 2012.

³⁶ *Agency Explanation of Impact, Maryland Health Progress Act of 2013*, January 31, 2013.



Other Analyses and Support

Hilltop provided consultation and staff support to the MHBE, staffed the Continuity of Care Advisory Committee, conducted research and analysis for that committee, developed policy options, drafted the Continuity of Care report, and conducted a number of other analyses to support the work of the MHBE.

On-Site Staff Support: In 2012, Hilltop continued to augment its staff support for the MHBE and detailed one staff member to be on-site at the MHBE's office two days per week. This allowed for more rapid on-site and coordinated responses to the needs of the executive director, policy director, communications and outreach director, Board, and advisory committees. This on-site Hilltop staff member met the immediate needs of the MHBE office, represented MHBE staff at various meetings with other agencies, such as DHMH and the Maryland Insurance Administration (MIA), participated in weekly MHBE staff meetings, and acted as a liaison to the other members of Hilltop's health reform team, located at Hilltop. On-site staff communicated with staff at Hilltop frequently. Hilltop's health reform team, which included on-site and Hilltop-located staff, met weekly to discuss and prepare for meeting the needs of the MHBE.

Legislative Liaison Meetings: Beginning in January 2013 and throughout the 2013 legislative session, Hilltop, on a weekly basis, analyzed bills to determine potential impact on the MHBE and attended DHMH legislative liaison meetings to provide the MHBE positions on certain bills.

Staff Support for MHBE Board Meetings: In 2012, Hilltop provided subject matter staff support to the MHBE Board by helping prepare presentations, attending the Board's monthly meetings, and making presentations to the Board. Hilltop prepared and gave a presentation to the Board to update them on the status of the regulations that were being developed;³⁷ prepared and gave a presentation that summarized recent federal regulations and MHBE legislative proposals;³⁸ prepared and made a presentation that gave an overview of January 14 proposed rules on Medicaid, the Children's Health Insurance Program (CHIP), and Exchanges;³⁹ prepared and gave a presentation on the final policy recommendations for the Navigator program;⁴⁰ prepared a presentation on the final recommendations of the plan management interim policies and procedures;⁴¹ prepared and gave a presentation on the proposed regulations for individual

³⁷ *Regulations Update, Exchange Board Meeting*, August 14, 2012.

³⁸ *Summary of Recent Federal Regulations & MHBE Legislative Proposals*, January 9, 2013.

³⁹ *Overview of January 14th Proposed Rules on Medicaid, CHIP, and Exchanges*, January 13, 2013.

⁴⁰ *Navigator Program: Policy Final Recommendations*, November 13, 2012.

⁴¹ *Plan Management: Interim Policies & Procedures – Final Recommendations*, September 25, 2012.



Exchange Navigator certification and insurance producer authorization;⁴² and prepared a presentation on the committee discussion and options for the Navigator program.⁴³

Support for Navigator Program Advisory Committee: For the Navigator Program Advisory Committee, Hilltop assisted the MHBE in developing the 2012 charter⁴⁴ and roles⁴⁵ and produced an information sheet on the regulations for Navigators.⁴⁶

MHBE/DHMH/MIA Task List: Hilltop categorized the tasks that the MHBE, DHMH, and MIA each had in implementing various aspects of health reform according to ACA requirements to facilitate work at weekly interagency planning meetings.⁴⁷

RFP for Navigator Training: In 2012, Hilltop developed a draft of a request for proposals (RFP) to provide training for Navigators for the MHBE.⁴⁸ Hilltop used the work it had done in 2011 on the Navigator background paper and analysis of ACA requirements as a basis for this work.⁴⁹

Connector Grant Solicitation: Hilltop reviewed and provided consultation on the draft of the MHBE solicitation to award grants to qualified applicants who would serve as entities in the MHBE's Connector Program,⁵⁰ including commenting on the glossary of terms.⁵¹

Level II Exchange Grant: In 2012, Hilltop assisted the MHBE in its efforts to continue receiving federal support for implementation activities. Hilltop wrote the regulations⁵² and fiscal sections of the MHBE Level II grant application, reviewed other sections of the application, and analyzed MIA data on covered lives in Maryland.

Small Business Tax Credit Fact Sheet: Hilltop revised the fact sheet titled *Small Business Tax Credit and Large Employer Responsibility Fact Sheet* that it originally produced in 2011.⁵³

⁴² *Maryland Health Benefit Exchange: Individual Exchange Navigator Certification and Insurance Producer Authorization Proposed Regulations*, October 9, 2012.

⁴³ *Navigator Program, Committee Discussions and Options*, October 23, 2012.

⁴⁴ *2012 Navigator Program Advisory Committee Charter*, June 18, 2012.

⁴⁵ *2012 Advisory Committee Roles & Responsibilities*, June 18, 2012.

⁴⁶ *Individual Navigator Certification Regs Recommendations*, July 24, 2012.

⁴⁷ *Exchange Medicaid Task List*, May 18, 2012.

⁴⁸ *RFP: Curriculum Development and Delivery of Training Services for Navigators and Others Supporting Health Insurance Enrollment in Maryland*, January 21, 2013.

⁴⁹ *Navigator Functions List*, September 19, 2012.

⁵⁰ *MARYLAND HEALTH BENEFIT EXCHANGE (MHBE) CONNECTOR PROGRAM DRAFT Grant Solicitation - Regional Connector Entities*, Hilltop comments on draft, December 28, 2012.

⁵¹ *Glossary for the Maryland Health Benefit Exchange Regional Connector Entity Grants, mkr additions*, December 11, 2012.

⁵² *Regulatory Actions for LII Grant "Proposal to Meet Program Requirements" section*, May 23, 2012.

⁵³ *Small Business Tax Credit and Large Employer Responsibility Fact Sheet, REVISED*, March 12, 2012.



Insurance Coverage Characteristics: Hilltop conducted an analysis of insurance coverage in Maryland and described the population demographically, geographically, by health status, and by availability of insurance.⁵⁴

Continuity of Care Report: The Maryland Health Benefit Exchange Act of 2012 required the MHBE to conduct a study and report findings and recommendations to the Governor and General Assembly on “the establishment of requirements for continuity of care in the State’s health insurance markets” (2012, Md. Laws, Ch. 152). To meet this legislative charge, the MHBE established the Continuity of Care Advisory Committee in the fall of 2012 and issued an RFP. The RFP sought a consultant to conduct a study evaluating options for continuity of care provisions to assist beneficiaries who may transition between coverage under Medicaid/the Maryland Children’s Health Program (MCHP) and qualified health plans (QHPs) offered through the MHBE. The MHBE contracted with Hilltop to conduct this study and provide staff support to the Committee. Hilltop, in collaboration with the MHBE, planned, facilitated, and made presentations^{55, 56, 57, 58} at the Committee meetings and public hearings; and distilled and synthesized information gleaned from these meetings. Hilltop facilitated a total of five Committee meetings and weekly Committee co-chair conference calls. Hilltop conducted research on the transition of individuals between Medicaid and other insurance—called “churn”—and policies in Maryland and other states that dealt with these transitions. Hilltop also conducted an analysis of the Medicaid population to estimate the size of this population that might transition between programs and estimated churn rates for this entire population—as well as for sub groups with serious chronic conditions or within a prescribed course of treatment (including pregnancy; hospitalization; individuals receiving treatment for chemotherapy, radiation therapy, and dialysis; individuals receiving organ transplants; individuals with ongoing care needs as identified by durable medical equipment, home health services, and prescription medications for management of chronic diseases; and individuals receiving mental health and substance abuse services). Hilltop engaged an actuarial firm to conduct an analysis of the health service costs for these particular conditions and services. Based on Committee discussions and suggestions and a review of continuity of care policies in Maryland and other states, Hilltop developed a range of policy options for the Committee to review. Hilltop collected and summarized public and Committee member comments on these policy options. Hilltop drafted a

⁵⁴ *Maryland Insurance Coverage Characteristics*, September 18, 2012. *Maryland Uninsured by County*, Excel spreadsheet, September 10, 2012.

⁵⁵ *Continuity of Care Analysis*, PowerPoint presentation to the Continuity of Care Advisory Committee by Laura Spicer, October 15, 2012.

⁵⁶ *Continuity of Care Report*, PowerPoint presentation to the Continuity of Care Advisory Committee by Laura Spicer and Charles Betley, November 29, 2012.

⁵⁷ *Continuity of Care Analysis*, PowerPoint presentation to the Continuity of Care Advisory Committee by Laura Spicer, November 5, 2012.

⁵⁸ *Continuity of Care Analysis*, PowerPoint presentation to the Continuity of Care Advisory Committee by Laura Spicer and Charles Betley, November 13, 2012.



report to the MHBE Board of Trustees that summarized these analyses, policy options, and committee discussions.⁵⁹ Hilltop conducted an additional analysis of pediatric orthodontic services and produced an addendum to the report.⁶⁰ Hilltop's work informed the MHBE Board's policy recommendations to the Maryland General Assembly, which were incorporated into the Maryland Health Progress Act of 2013. Hilltop drafted the MHBE Board's recommendations report to the Maryland General Assembly; assisted the MHBE director of policy with presenting committee findings to the MHBE Board; and provided consultation to the MHBE director of policy, DHMH, and Governor's Office of Health Care Reform in drafting the continuity of care section of the Maryland Health Progress Act.

⁵⁹ *Analysis of Options to Ensure Continuity of Care: A Report to the Maryland Health Benefit Exchange Board of Trustees*, report, December 6, 2012.

⁶⁰ *Addendum Analysis of Options to Ensure Continuity of Care: A Report to the Maryland Health Benefit Exchange Board of Trustees*, December 17, 2012.



Administrative Support

Throughout 2012, Hilltop provided extensive administrative support to the MHBE, arranging logistics for advisory committee meetings and other public meetings; hosting the meetings at UMBC; and taking minutes at the meetings.

Logistical Support for Meetings: In 2012, Hilltop continued its logistical support to the MHBE. Hilltop hosted MHBE advisory committee and public meetings (as well as a few Board meetings) at the UMBC Technology Center and made all logistical arrangements for them. This consisted of coordinating with other departments at UMBC (facilities, catering, IT, etc.); scheduling and reserving the facility; setting up the furniture, projector, microphones, laptops, WebEx, and conference call lines; ordering food for some of the meetings; and attending the meetings to operate the equipment and troubleshoot any logistical issues that might occur.

MHBE Board Meeting Notes: Hilltop staff attended all meetings of the MHBE Board of Trustees, distilled the information presented, and drafted meeting minutes.⁶¹

Advisory Committee Meeting Notes: In 2012, Hilltop staff attended meetings of the MHBE Board advisory committees—the Navigator Program Advisory Committee, the Finance and Stability Advisory Committee, the Implementation Advisory Committee, the Plan Management Advisory Committee, and the Continuity of Care Advisory Committee—distilled the information presented, and drafted meeting notes for the 29 committee meetings held between January 2012 and January 2013.⁶²

⁶¹ *MHBE Board of Trustee Minutes*, February 14, 2012, March 13, 2012, April 10, 2012, May 8, 2012, May 18, 2012, June 12, 2012, June 20, 2012, July 26, 2012, August 14, 2012, September 11, 2012, September 25, 2012, October 9, 2012, October 23, 2012, November 13, 2012, December 11, 2012, and January 9, 2013.

⁶² *MHBE Implementation Advisory Committee Minutes*, March 8, 2012, March 22, 2012, April 5, 2012, April 19, 2012, May 3, 2012, May 17, 2012, May 31, 2012, July 19, 2012, August 9, 2012, August 23, 2012, September 6, 2012, September 20, 2012, October 4, 2012, October 18, 2012, November 1, 2012, November 15, 2012, December 13, 2012, January 10, 2013, and January 24, 2013.

Finance and Sustainability Advisory Committee Meeting Minutes, July 16, 2012.

Navigator Program Advisory Committee Meeting Minutes, July 18, 2012, July 30, 2012, August 6, 2012, August 28, 2012, September 20, 2012, and October 11, 2012.

Plan Management Advisory Committee Meeting Minutes, June 18, 2012, June 25, 2012, June 27, 2012, July 26, 2012, July 30, 2012, and September 20, 2012.

Continuity of Care Advisory Committee Meeting Minutes, October 3, 2012, October 15, 2012, , November 5, 2012, November 13, 2012, and November 29, 2012.





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