

Maryland Health Benefit Exchange

MISSION

The Maryland Health Benefit Exchange (MHBE), an independent unit of state government, provides accessible, affordable health coverage to Marylanders.

VISION

All Marylanders will have and use the health coverage that is best for them.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. Enroll eligible Marylanders in individual Qualified Health Plans (QHP) and Medicaid through Maryland Health Connection (MHC).

Obj. 1.1 By fiscal year 2021, more than 1 million Marylanders annually will be enrolled in a Qualified Health, Stand Alone Dental Plan, or Medicaid plan through Maryland Health Connection, reducing the uninsured rate to less than 6 percent.

Performance Measures (Calendar Year)	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 Est.
Number of Marylanders enrolled in Medicaid through Maryland Health Connection	1,174,883	1,038,177	1,062,345	1,076,175	1,080,666	1,085,157	1,089,648
Number of Marylanders enrolled in a Qualified Health Plan	162,652	157,637	153,584	156,963	158,934	159,000	159,000
Number of Marylanders enrolled in a Stand Alone Dental Plan	30,313	51,218	39,334	39,720	40,214	42,000	42,000
Percent of young adults (18-34) among total QHP enrollees	29%	30%	30%	30%	29%	30%	30%
State of Maryland Uninsured Rate	6%	6%	6%	6%	6%	6%	6%

Goal 2. Deliver effective consumer assistance.

Obj. 2.1 By fiscal year 2021, consumer assistance will be delivered to 140,000 consumers via Connector Entities and the Consumer Service Center.

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of in-person navigators	144	125	139	135	135	135	130
Number of consumer encounters with Connector Entity staff	150,720	114,078	120,263	114,846	90,555	120,000	120,000
Percent of first call resolution	N/A	90%	98%	98%	93%	94%	94%
Average call handle time (minutes)	18	15	11	10	11	11	11
Average quality percent rating	90%	92%	92%	94%	94%	94%	94%
¹ Number of unique visitors to MHC website (thousands)	1,528	811	1,083	1,032	804	1,100	1,100
¹ Number of unique mobile application downloads (thousands)	N/A	133	121	102	96	100	100
¹ Total number of enrollments completed by mobile application (thousands)	N/A	23	27	20	24	25	25
¹ Percent of mobile application enrollment by young adults (18-34)	N/A	62%	55%	57%	59%	58%	58%

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Goal 3. Improve access to quality, affordable health insurance in Individual and Small Group Exchange markets.

Obj. 3.1 By fiscal year 2021, the average silver plan premium expense as a percent of Maryland's average wage will be less than 10 percent.

Performance Measures (Calendar Year)	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 Est.
² Plan quality rating	4	3	3	3	N/A	3	3
Average total single person premium for all QHPs divided by the Maryland average wage with the Advance Premium Tax Credit (APTC)	7.4%	8.5%	3.0%	2.0%	1.2%	1.4%	1.4%
Average total single person premium for all QHPs divided by the Maryland average wage without the APTC	7.8%	9.3%	13.1%	11.2%	9.8%	8.1%	8.2%
Average cost of small group plan as percent of affordability cap	9.7%	8.3%	7.6%	7.6%	7.0%	7.0%	7.0%
Average single person premium for individual silver plan as percent of Maryland's average wage without APTC	8.4%	9.0%	14.0%	11.0%	11.0%	9.2%	9.4%
Average single person premium for individual silver plan as percent of Maryland's average wage with APTC	2.5%	2.9%	2.1%	1.7%	1.3%	1.6%	1.6%
Average single person premium for small group silver plan as percent of Maryland's average annual wage	8.3%	8.5%	8.3%	8.3%	6.0%	6.0%	6.0%
Total APTC (millions)	\$279	\$370	\$705	\$690	\$674	\$690	\$690
Average APTC per household among enrollees	\$4,104	\$5,332	\$8,845	\$7,998	\$7,262	\$7,900	\$7,900
Number of Health issuers in the Individual Market	5	3	2	2	2	3	3
Number of Health issuers in the Small Group Market	5	5	4	4	4	4	4
Number of Managed Care Organization issuers in the Medicaid Market	8	9	9	9	9	9	9

Goal 4. Provide flexible, stable and innovative systems to assist individuals in obtaining insurance, financial assistance and access to public programs.

Obj. 4.1 By fiscal year 2021, the MHBE information technology (IT) system will reduce manual processing by 10 percent and increase State-wide efficiencies through integration efforts.

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of new enhancements made to the IT system	106	133	61	103	93	80	85
Number of quality improvement items implemented in the system	380	564	316	372	191	200	200
Number of Maintenance & Operational items implemented	47	57	185	219	150	150	150
Number of technical modernization projects executed	N/A	1	13	4	6	5	5
Number of special projects implemented	N/A	3	8	14	11	10	10

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NOTES

¹ Fiscal year 2020 data is estimated because it is reported on a calendar year basis.

² The Centers for Medicare & Medicaid Services is not updating the plan quality ratings for 2020 due to the pandemic. Quality rating updates will resume in 2021.