

Maryland Insurance Administration Consumer Education and Advocacy Unit: **Developing the Consumer Health Care Access Program**

NAIC SCRI Meeting, September 28, 2023



Need for this Statewide Program in Maryland

- From April through July, about 494,000 Marylanders were up for Medicaid coverage reevaluation. Through July, 100,435 people (about 1 in 5) have lost Medicaid coverage because they were no longer eligible or they did not complete paperwork. ¹
- Approximately 123,000 people living in Maryland are both undocumented and uninsured ²
- 39.1% of adults in Maryland reported experiencing symptoms of anxiety and/or depression, and 31.3% were unable to get needed counseling or therapy ³
- Of the 252,000 adults in Maryland who did not receive needed mental health care, 33.7% did not because of cost ³
- Barriers to health care are multifaceted: financial, procedural, lack of providers

1. Source: Maryland Department of Health, as reported in the *Baltimore Banner* 08/24/23

2. Source: Migration Policy Institute (MPI) 2019 data

3. Source: National Alliance on Mental Illness (NAMI), Maryland Fact Sheet 2021



Why Create this Program in the MIA?

- **True access to health care means it must be *affordable, available, and accessible to the consumer***
 - Physical health care and behavioral health services (mental health, substance use and addiction) are often provided through separate systems
 - The Maryland Public Behavioral Health System primarily serves low-income residents and is not designed to meet patients' physical health needs
 - Many Maryland agencies and programs help consumers access some aspect of health care, but no single agency or program is a “one-stop-shop” for consumers
 - With its expertise and relationships with insurance carriers and with public agencies, MIA is well positioned to connect and coordinate across both to help improve consumer access to affordable care

Why Create this Program in the MIA? (cont.)

- **MIA can help all consumers access, understand, and use their insurance coverage**
 - Such as: how to enroll in insurance, how to understand their policy and coverage, how to use their coverage, and how to follow carriers' processes such as complaints, appeals and grievances
- **MIA can help connect and coordinate across public agencies and programs**
 - Such as: connect consumers with public programs that provide financial assistance for health care, particularly for behavioral health and essential supports
- **MIA can work with resource and policy partners to address other access barriers**
 - Such as: finding health care providers that are accepting patients, accessible (geographically or virtually), and offer timely appointments

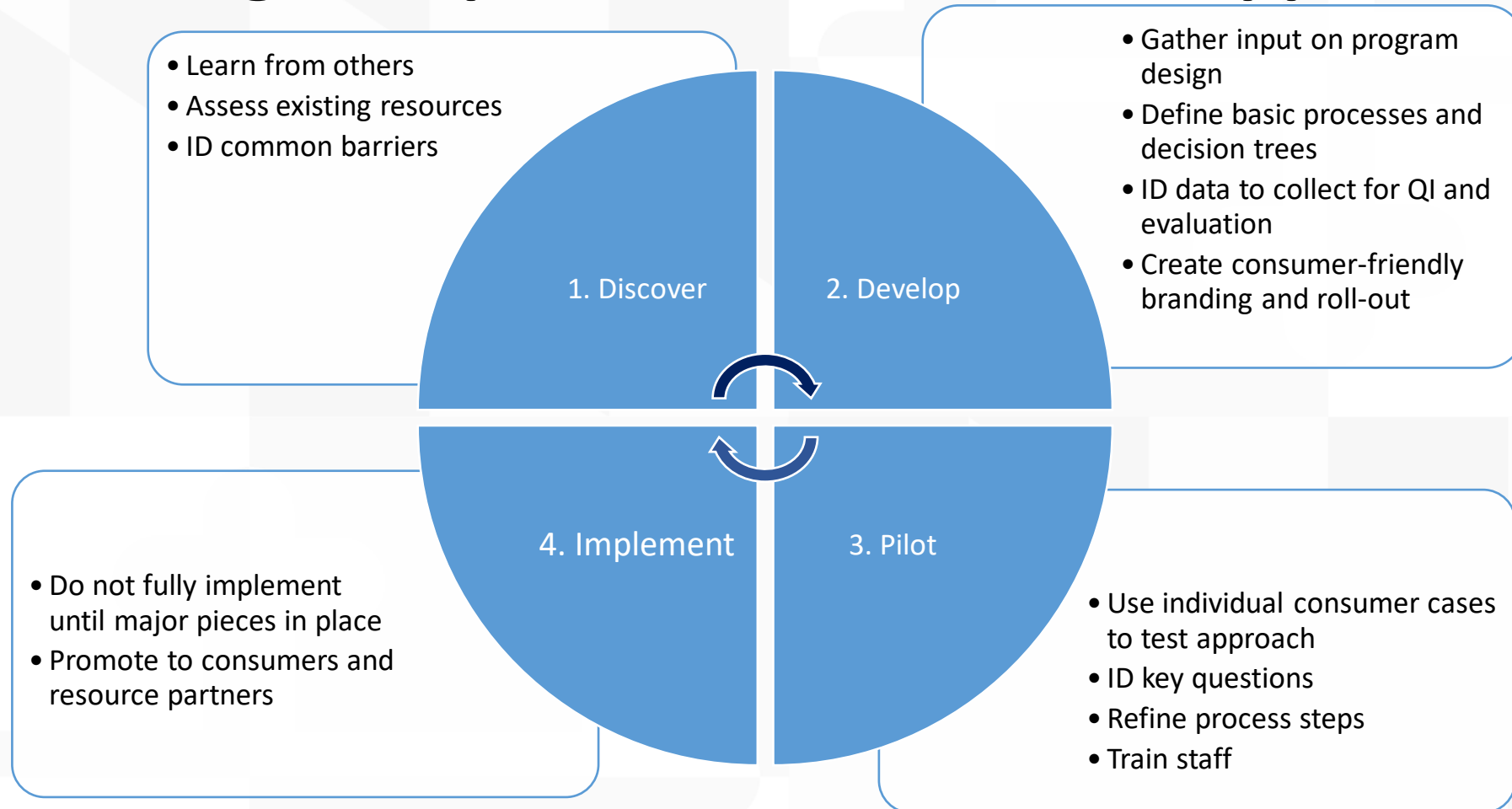
Purpose of this Program

- Help Marylanders overcome barriers to accessing health care services, whether covered by insurance, provided via public programs, or paid for by the consumer
- Focus on helping Marylanders who:
 - Were disenrolled from Medicaid, have transitioned to other health care coverage and need guidance understanding how to use it
 - Are immigrants who lack a legal status, but need health care services
 - Need help accessing behavioral health treatment or services
 - Are uninsured and need help finding health care and finding financial assistance to pay for it

Initial Guiding Principles

- Learn from other entities, including NY CHAMP
- Do not duplicate the effective efforts of other programs or agencies: tap into existing processes wherever possible
- Do not simply refer consumers to other programs or agencies; instead “walk with the consumer” throughout the process so they feel supported as their need is addressed
- Address practical barriers to care, such as explaining insurance processes and options in plain language
- Strengthen and build connections with program partners who can provide health care access resources to consumers
- Build awareness and trust with Marylanders, understanding that MIA has “one chance to make a good first impression” with this program

Taking a Stepwise and Deliberate Approach



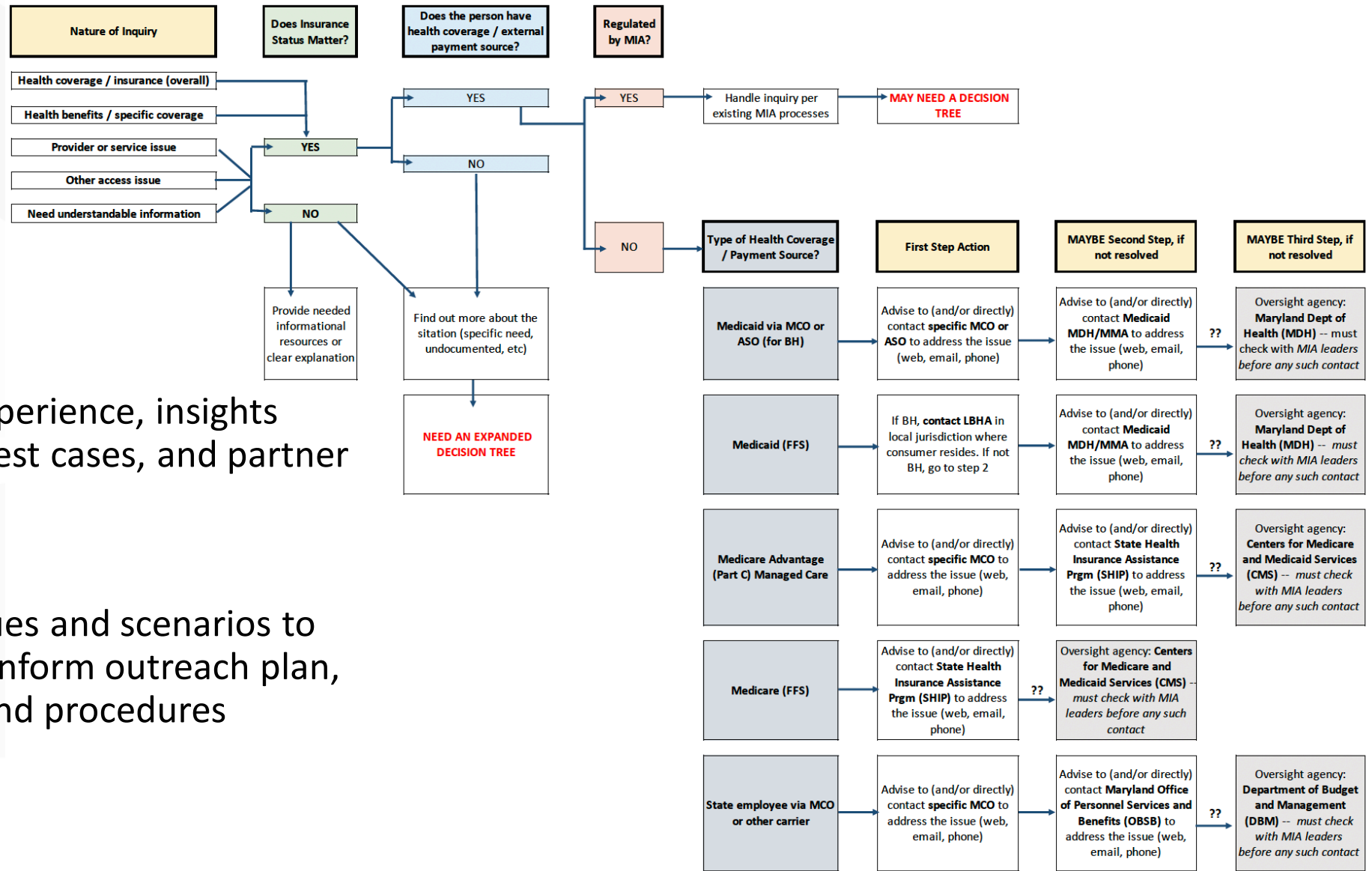
Stepwise and Deliberate Approach, cont.

1. Discovery

- Hired three new employees with expertise in the Maryland behavioral health system, including assisting consumers who need help accessing care that is affordable for them (e.g., via insurance and/or public programs)
- Assessing existing MIA resources (internal and external) for use with this program, and updating consumer information to explain in plain language ways to address common barriers to health care

2. Development

- Mapped out sources of insurance coverage, including those outside the MIA regulatory jurisdiction (helps to identify important partners)
- Created an outreach plan involving Maryland health policy leaders and other partners to share information and seek guidance about the program approach



- Drawing from team experience, insights from other agencies, test cases, and partner input
- Mapping out likely issues and scenarios to identify key partners, inform outreach plan, create process flows and procedures

Stepwise and Deliberate Approach, cont.

3. Pilot

- Test cases have helped highlight key process issues to address, such as:
 - Need to develop and secure releases when consumers want to share personal health information
 - Need to determine when an issue should be escalated above (or around) the normal organization or agency consumer assistance process
 - Need to have and share an internal triage process for all of the ways that consumers contact MIA to ensure that the inquiry gets to the program staff (even when beyond MIA's typical jurisdiction)

4. Implement

- Roll out to agency and organizational resource partners, consumers, and case managers
- Do not want to enter this phase until we are ready

Goal: Help Consumers Access Health Care

How will we know if we've done that?

- Collect data, assess process and progress, and report regularly (internal, external)
 - What data should be regularly collected?
 - What system or approach should we use to organize and maintain the data?
 - When will we need consumer permissions and/or releases (e.g., HIPAA)?
- What types of impact will we assess?
 - Improved access to covered health care treatment or services for consumers
 - Where is health care needed but coverage or public programs are not available?
 - Where is health care needed but providers are not available (e.g., behavioral health)?
 - What other barriers exist that prevent consumers from accessing needed care?
 - Improve the program: better effectiveness and efficiency (e.g., Plan-Do-Study-Act cycle)
 - Policy implications: *what policy changes are needed to reduce systemic barriers?*

Discussion and Further Comments

THANK YOU!

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