

Maryland Insurance Administration

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 uninsured²
- 39.1% of adults in Maryland reported experiencing symptoms of anxiety and/or depression, and 31.3% were unable to get needed counseling or therapy³
- Of the 252,000 adults in Maryland who did not receive needed mental health care, 33.7% did not because³ of cost
- Barriers to health care are multifaceted: financial, procedural, lack of providers

1. Source: Maryland Department of Health, as reported in *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

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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 the 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

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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, (m)2.8 7 (e)9 (,14.6doSe)9e,14.6d2.1 (s)10.5 ()-11.9 (t) (o) to

Taking a Stepwise and Deliberate Approach

- Learn from others
- Assess existing resources

- Gather input on program design
- Define basic processes and decision trees
- ID data to collect for QI and evaluation
- Create consumer-friendly branding and rollout

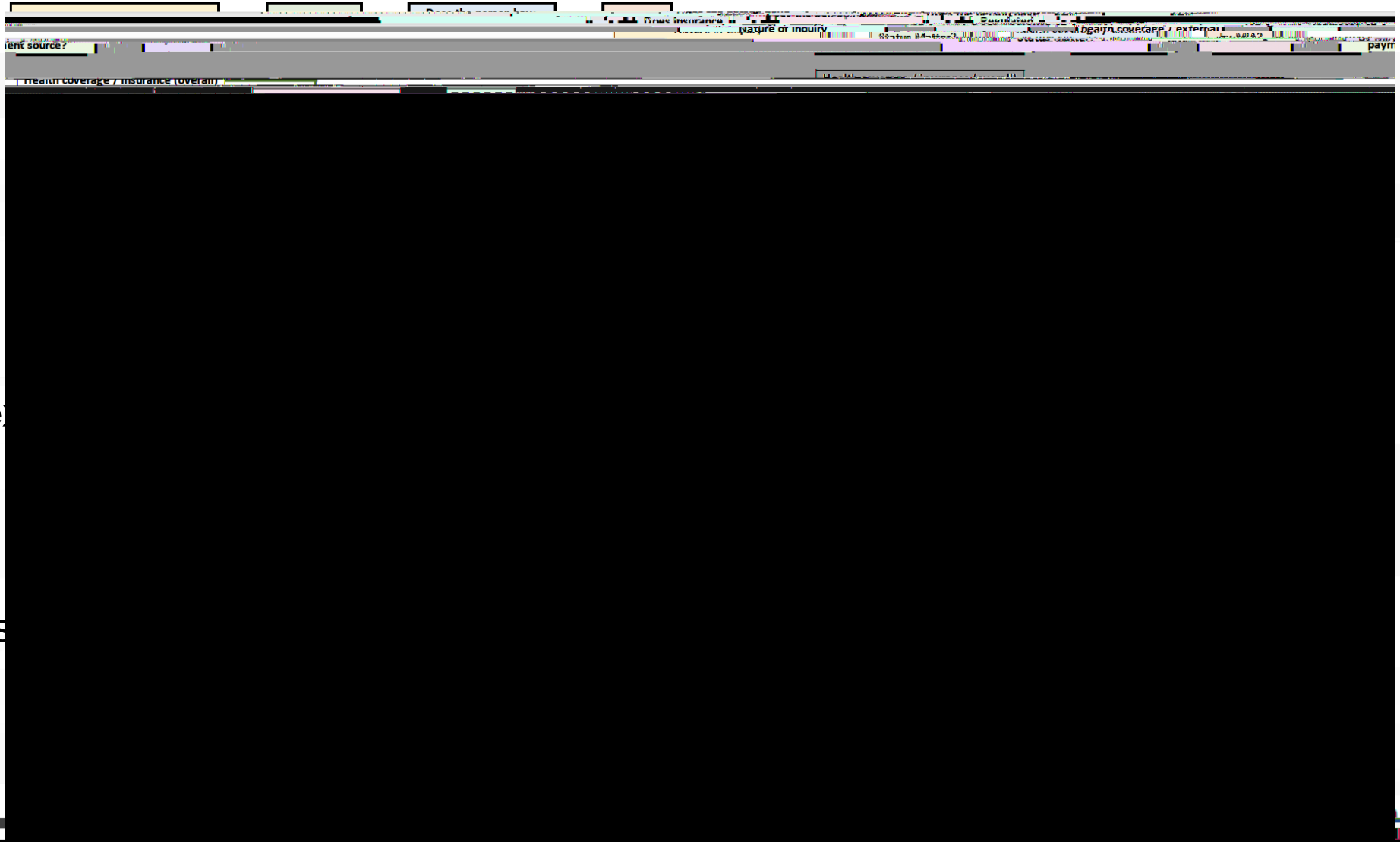
- Do not fully implement until major pieces in place
- Promote to consumers and resource partners

- Use individual consumer cases to test approach
- ID key questions
- Refine process steps
- Train staff

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)



- Drawing from team expertise and input from other agencies, create process flows
- Mapping out likely issues to identify key partners, create process flows

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 isfhe•to sre•reo2Tf /TT2 1 Th2 11. 15Cl7.Tm (•)1.4 (reo2Tf ())1.

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., ~~DoS~~ ^{DoS} StudyAct cycle)
 - Policy implications *what policy changes are needed to reduce systemic barriers?*

