Maryland

Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022

Medicare

In Maryland, **806,200** residents are enrolled in Medicare, 13% of the state’s population (2022 data). Of those, **24%** are enrolled in a Medicare Advantage plan. For Marylanders in the traditional Medicare program, the Maryland Insurance Administration regulates Medicare supplemental plans and provides consumer-facing information about plan benefits and enrollee rights. Information about insurers authorized to sell Medicare supplemental policies and plan premiums is available [here](#).

Medicaid and the Children’s Health Insurance Program (CHIP)

In Maryland, **1.2 million people** are enrolled in Medicaid or CHIP, 20% of the population (2022 data). In 2013, Maryland adopted Medicaid expansion under the Affordable Care Act, which covers **451,000 low-income adults**. Medicaid covers adults under 65 and children over the age of one up to 138% of the federal poverty level (FPL).

In Maryland, the CHIP program is called Maryland Children's Health Program (MCHP). For infants up to 1 year of age, Medicaid provides coverage for families with incomes up to **194% FPL** and MCHP provides coverage up to 322% FPL. Approximately **38%** of all births in Maryland are covered by Medicaid.
In Maryland, most Medicaid and MCHP enrollees receive benefits via private managed care organizations. These insurers have contracts with HealthChoice, Maryland’s Medicaid managed care program, within the Maryland Department of Health.

**Employer-sponsored Insurance**

In Maryland, **3.24 million** people are covered by employer-sponsored insurance (ESI), or 54% of the total state population (2022 data). Approximately **54%** of Maryland employers offer ESI. However, offer rates vary significantly by size of firm. In Maryland, 98.6% of large firms (50 or more employees) offer ESI, while only 39.5% of small employers offer ESI.

In Maryland, approximately **37.4%** of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 66.5% self-fund at least one health plan.

**Individual Market Insurance**

Approximately **5%** of Maryland residents are enrolled in the individual market (2022 data). In 2023, **182,166** Marylanders selected a plan through the Affordable Care Act Marketplace, which in Maryland is run by the state and called Maryland Health Connection. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated by the Maryland Insurance Administration.

**Military Coverage**

Some Marylanders are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers **1.5%**, or 91,800 residents.

**The Uninsured**

Approximately **6%**, or 358,900 Maryland residents are uninsured (2022 data). Maryland has the **18th lowest** uninsured rate in the country. Among the non-elderly, people of color are significantly more likely to be uninsured in Maryland than White people. Hispanic Marylanders had the **highest uninsured** rates (24.4%), followed by Black and Asian/Pacific Islander residents (5.4% each). White Marylanders had the lowest uninsured rate at 3.4%. Lack of insurance is also highly correlated with income. Approximately **14.5%** of people under 100% FPL and 13.8% of people between 100-199% FPL are uninsured in Maryland, while just 2.8% of people over 400% FPL are uninsured.
State Regulators: Maryland

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Maryland is based in Philadelphia. Contact information is available here.

Maryland Insurance Administration (MIA)

The Maryland Insurance Administration regulates the business of insurance in the state of Maryland. The MIA is responsible for:

- **Licensure**: Insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial certification, companies must file financial information with MIA annually.

- **Form review**: MIA reviews health insurers’ contracts and covered benefits to ensure that they comport with state and federal law, including the Affordable Care Act (ACA), Mental Health Parity and Addiction Equity Act (MHPAEA), Health Insurance Portability & Accountability Act (HIPAA), No Surprises Act, as well as state benefit mandates and network adequacy standards.

- **Rate review**: Health insurers offering plans to individuals and small employers (with fewer than 50 employees) must submit proposed premium rates to MIA, and the agency has the authority to review and require adjustments before rates can be used. Information about insurers’ proposed rates is available here.

- **Marketing**: MIA is responsible for oversight of insurers’ marketing practices and discouraging unfair or deceptive tactics. The agency also licenses insurance agents and brokers. A searchable database of Maryland-licensed agents and brokers is available here.

- **Enforcement**: MIA has authority to enforce state and federal insurance laws. Enforcement tools can range from requesting a corrective action, issuing a cease-and-desist order, imposing fines, or seeking an injunction. MIA reports the results of company market conduct examinations here. Consumers can find information about enforcement actions against insurance companies and agents or brokers here.

- **Appeals**: Under the Affordable Care Act, health insurers must provide enrollees with an internal review of adverse benefit determinations, and enrollees have the right to an external and independent appeal. MIA operates the state’s external review system and provides information to consumers seeking external review here.

Maryland Department of Health

Maryland’s Department of Health (DOH) runs the state’s Medicaid and CHIP programs, and manages the contracts with the managed care organizations (MCOs) that deliver Medicaid and CHIP benefits. A list of participating MCOs is available here and enrollment reports by county are available here.

The DOH conducts quality reviews of MCOs, including assessments of quality, timeliness, and access to care. The results of these reviews are provided in annual reports published here.
DOH can conduct an enforcement action against an MCO if it fails to meet its contract obligations. Enforcement actions can include requiring the MCO to pay damages or to implement a corrective action plan. The agency can also suspend all or part of new member enrollments or suspend or terminate the MCO’s contract.

DOH has also published several reports evaluating plans under the HealthChoice program, including the results of enrollee surveys and assessments of the program’s impact on access to services, uncompensated care costs, and health outcomes. These reports can be found here.

**Maryland State Attorney General**
The Maryland Department of Attorney General represents the state in court when there is an action against an insurance company, entity, or individuals engaged in potentially fraudulent activity. In addition, the Attorney General’s Health Education and Advocacy Unit is responsible for investigating consumer complaints about provider billing practices, as well as providing free mediation services to consumers who:

- need help resolving a billing dispute with a healthcare provider
- need help obtaining copies of their medical records
- have medical equipment disputes
- have been denied coverage of all or part of their care by their private health plan
- need help navigating a hospital's financial assistance program
- were denied financial assistance or a reasonable payment plan by a state hospital
- were denied enrollment in a Qualified Health Plan or denied Advanced Premium Tax Credits or Cost-Sharing Reductions by Maryland Health Connection
- were terminated by their private health plan
- receive a surprise medical bill from an out-of-network emergency care facility or from an out-of-network provider at an in-network hospital or ambulatory surgical center
- receive bills that are higher than the good faith estimate given to them before their planned medical treatment
- are billed an outpatient facility fee by a Maryland hospital but didn’t receive a facility fee disclosure notice prior to their medical appointment

The Health Education and Advocacy Unit also releases annual reports on the Health Insurance Carrier Appeals and Grievances Process. Those reports can be found here.

**Other Sources of Information**
**Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”)**
Maryland’s health insurance Marketplace (Maryland Health Connection) provides grants to local organizations called “Navigators” that are tasked with assisting consumers determine eligibility for subsidized coverage programs and helping them with post-enrollment questions. Maryland-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be
helpful sources of information about health insurance and the challenges consumers face. They can be located through the “Find Help” page on the Maryland Health Connection website.