



Recommendations for Continuity of Care

**A Report to the Governor and Maryland General
Assembly**

**Maryland Health Benefit Exchange
January 4, 2013**

Table of Contents

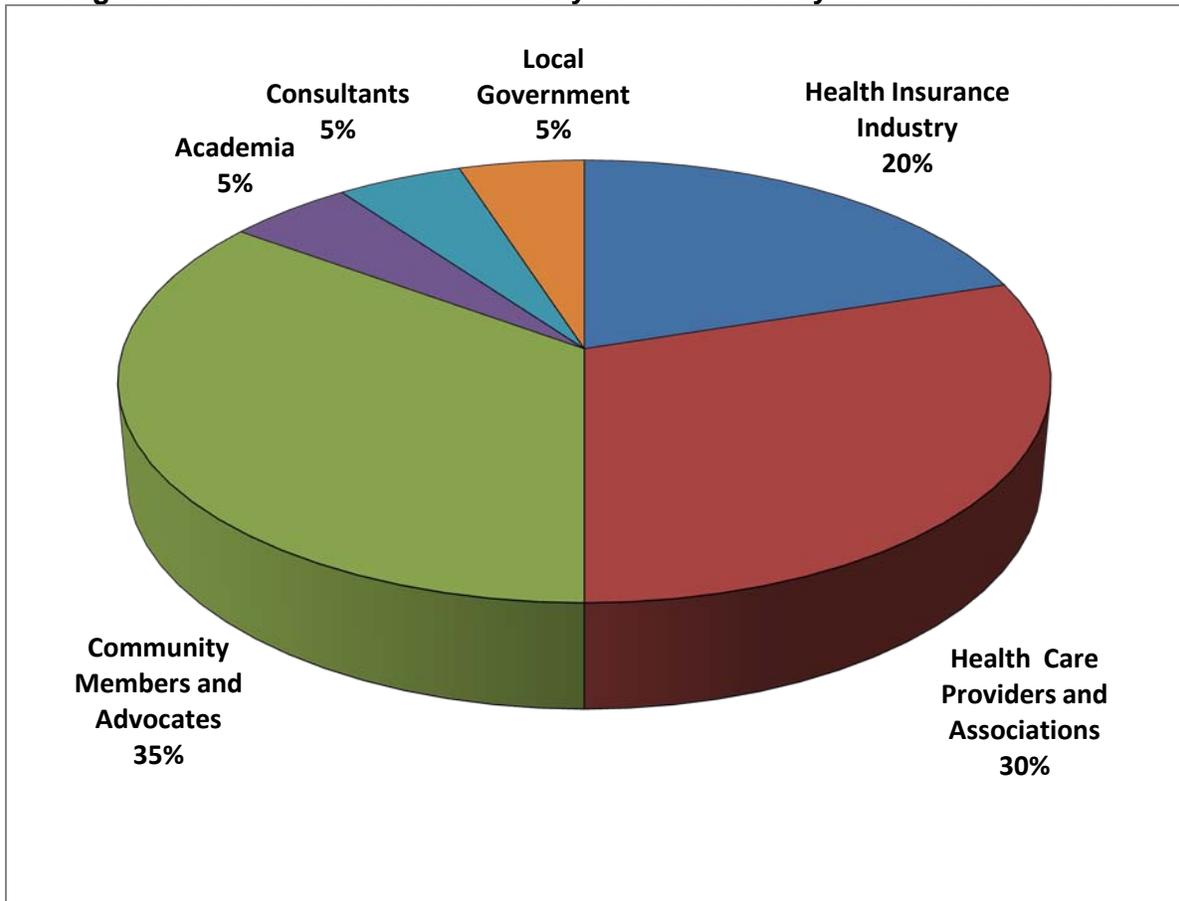
Introduction	2
Continuity of Care	3
Appendix 1. Legislative Text	7
Appendix 2. MHBE Board Members.....	7
Appendix 3. Advisory Committee Members.....	13
List of Attachments	14

Introduction

The Maryland Health Benefit Exchange (MHBE) is making significant strides to build a new marketplace for individuals, families, and small businesses to learn about their insurance options, compare different plans, and enroll for health coverage. This new marketplace, Maryland Health Connection, is scheduled to open in October 2013. In building this marketplace, MHBE has developed an inclusive, data-driven process for making policy and implementation decisions on a variety of topics. One important topic is continuity of care. The Maryland Health Benefit Exchange Act of 2012 directed MHBE to study and make recommendations on requirements for continuity of care in Maryland's health insurance markets.¹

In developing these recommendations, the MHBE Board worked with a broad range of Maryland stakeholders and established the Continuity of Care Advisory Committee. The advisory committee consisted of representatives from the health insurance industry, health care providers and associations, community members and advocates, academia, consultants, and local government officials. In total, 20 Marylanders served on this Committee (Figure 1).

Figure 1. Affiliations of the Continuity of Care Advisory Committee Members



¹ See Appendix 1 for the relevant text of the Maryland Health Benefit Exchange Act of 2012.

MHBE also issued a request for proposal and awarded a contract to a consultant, The Hilltop Institute at the University of Maryland, Baltimore County (UMBC), to conduct a study and assist the advisory committee in developing options on continuity of care. The consultant was responsible for presenting the advisory committee and Board with the findings of their analysis and options for moving forward. The advisory committee, designed as a non-voting body to facilitate a collaborative process, was responsible for critically examining the options and analyses provided by the consultant, offering stakeholder perspectives, and providing the Board with Maryland-specific implications of these options.

The advisory committee met five times in October and November 2012. All meetings were open to the public and provided opportunities for public comments. MHBE, Maryland Insurance Administration (MIA), and Department of Health and Mental Hygiene (DHMH) staff also participated in the meetings. See Appendices 2 and 3 for the full lists of the Board and advisory committee members, respectively. The advisory committee provided the Board with a report summarizing the consultant study findings and its comments on the study. This report is included as Attachments A and B and is published on MHBE's website.

The Board considered all of this input in assessing the continuity of care policy options. The purpose of this report is to present the Board's recommendations for continuity of care requirements in the state's health insurance markets.

Continuity of Care

Several hundred thousand individuals are expected to enroll in health benefit plans through Maryland Health Connection. At the same time, Maryland is proceeding with the Medicaid expansion option in the Affordable Care Act, which allows states to expand Medicaid coverage to households with income up to 138 percent of the federal poverty level. With these new coverage options, individuals may transition between Medicaid/the Maryland Children's Health Program (MCHP), health plans offered in Maryland Health Connection, and health plans in the outside commercial market.

Estimates using current Maryland Medicaid data suggest that approximately 33 percent of Medicaid/MCHP enrollees will experience a transition in a 12-month time period, with 20 percent newly gaining coverage, 12 percent losing coverage, and 1 percent gaining and then losing coverage (Continuity of Care Advisory Committee Report, 2012).² In the 2014 market, the population losing Medicaid/MCHP eligibility may seek coverage in Maryland Health Connection or the outside commercial market, and the population newly gaining Medicaid/MCHP coverage may be transitioning from a Maryland Health Connection or outside commercial plan. These transitions can cause disruptions in coverage that may affect access to care and add to administrative costs (Hwang et al., 2012).³ This can pose problems to continuity of care, especially for individuals with serious acute or chronic medical and mental health conditions (Continuity of Care Advisory Committee Report, 2012). To address this issue, the Board

² Continuity of Care Advisory Committee and The Hilltop Institute. (2012, December 6). *Analysis of Options to Ensure Continuity of Care: A Report to the Maryland Health Benefit Exchange Board of Trustees*. Baltimore, MD: Maryland Health Benefit Exchange. Retrieved from <http://marylandhbe.com/wp-content/uploads/2012/12/Continuity-of-Care-Advisory-Committee-Report-Final.pdf>

³ Hwang, A., Rosenbaum, S., & Sommers, D. (2012, June). Creation of State Basic Health Programs would lead to 4 percent fewer people churning between Medicaid and Exchanges. *Health Affairs*, 31(6), 1314-1320.

examined the following non-exclusive options developed by the advisory committee and consultant to manage transitions between health plans:

- Maintain the current continuity of care policies in the Maryland market.
- Require the health plan receiving the new enrollee to accept the prior authorization determination from the relinquishing health plan for certain treatments for a specified time period.
- Require the health plan receiving the new enrollee to allow individuals within specified courses of treatment to receive care from out-of-network providers for a specified time period.
- Provide enrollees with formal notification of their transition options.
- Require the health plan receiving the new enrollee to conduct health risk assessments for new enrollees within a specified time frame.
- Require the health plan receiving the new enrollee to create transition plans for enrollees within specified courses of treatment.
- Collect data to evaluate continuity of care as MHBE progresses.

KEY INFORMATION

The Board identified the following key points in considering continuity of care:

- Both Medicaid and the commercial health insurance markets have policies in place to support continuity of care (Continuity of Care Advisory Committee Report, 2012).
- Maryland Medicaid has two policies that promote continuity of care:
 - Medicaid conducts health risk assessments for all new enrollees that ask questions about health service needs. This information is transferred to the managed care organization, which uses it to take appropriate action for new enrollees with special or immediate health care needs (COMAR 10.0963.03).
 - Managed care enrollees are also allowed to self-refer to receive care from out-of-network providers for certain services.⁴ Individuals are allowed to self-refer for these services at any time during their enrollment, and the out-of-network provider is reimbursed at the Medicaid rate (COMAR 10.09.65.20).
- The Maryland commercial market has several continuity of care policies:
 - The Maryland Insurance Code has requirements for instances in which certain health plans must extend certain benefits after termination of coverage (MD Insurance code Ann. §15-833).
 - Subject to certain exceptions, for at least 90 days after the issuance of a notice of termination (of a primary care provider from a carrier's provider panel), the

⁴ The following services are eligible for Medicaid self-referral: family planning services, school-based health center services, pregnancy-related services initiated prior to managed care enrollment, initial medical exams for children in state-supervised care, one annual diagnostic and evaluation visit for enrollees living with HIV/AIDS, renal dialysis in a Medicare-certified facility, an initial medical exam for a newborn in a hospital, substance abuse treatment services, and emergency services.

primary care provider must continue to furnish health care services to enrollees who were receiving them prior to the notice of termination and who request to continue receiving them from that provider. For such services, the carrier must reimburse the primary care provider in accordance with the provider's agreement with the carrier (MD Insurance code Ann. §15-112(i)).

- National Committee on Quality Assurance (NCQA) accreditation standards have continuity of care requirements. These include requiring health plans to collect data to improve care coordination and to develop action plans based on these data. These also include standards for continuing care with discontinued providers and helping enrollees transition to other care when benefits are exhausted.
- Health plans also initiate their own continuity of care policies. For example, CareFirst offers a transition of care program, which allows new enrollees and covered dependents within certain courses of treatment who are currently being treated by a non-participating provider to request care from this non-participating provider for up to 90 days following enrollment.⁵
- Transitioning between health plans mid-treatment may have health consequences for enrollees. Vulnerable populations in particular, such as racial/ethnic minorities, individuals with complex or ongoing care needs, and those with low health literacy may need extra protections (Advisory Committee Report, 2012).
- The extent to which market rules on continuity of care are different for health plans offered inside and outside of Maryland Health Connection may affect adverse selection against Maryland Health Connection.

DISCUSSION

The advisory committee report indicated support for the continuity of care policies currently in place in the Maryland market, but noted that these policies may be insufficient to provide enough protections for enrollees in the new 2014 marketplace. The Board concluded that the current policies should be expanded upon to promote continuity of care in the new market, and that enrollees should be made aware of their continuity of care options.

Specifically, the Board supports the following new requirements for coverage, extended only for covered benefits:

- Require the health plan receiving the new enrollee to accept the prior authorization determination from the relinquishing health plan for certain treatments for a specified time period.
- Require the health plan receiving the new enrollee to allow individuals within specified courses of treatment to receive care from out-of-network providers for a specified time period.

⁵ The program applies to certain unstable and serious medical conditions that require a limited course of treatment or follow-up care, including pregnancy (beyond 24 weeks), bone fractures, recent heart attack, other acute trauma or surgery, joint replacement, and newly diagnosed cancer.

The Board encourages health plans to include such policies in their submissions in 2014, and encourages the legislature to require such policies for the 2015 plan year.

The advisory committee report also indicated that MHBE should take an active role in evaluating continuity of care. While this report estimates the rate of transitions in the current Medicaid program, the actual rate of transitions in the 2014 marketplace is unknown. The MHBE information system in development will create a distinct identifier for each individual, allowing MHBE to track transitions across health plans and programs. Thus, MHBE will have the capacity to measure and evaluate continuity of care on an ongoing basis.

RECOMMENDATIONS

- MHBE should raise awareness and educate consumers about their continuity of care rights and options in 2014.
- Individual and small group health plans in the Maryland market should accept the prior authorization determinations from relinquishing plans for a specified time period—the lesser of the course of treatment or 90 days, or through delivery and the postpartum visit for pregnant women.
 - Consideration should be given as to whether this should apply to the large group market.
 - Coverage should be for covered benefits at the receiving health plan's rates.
 - Health plans should be encouraged to adopt this policy prior to 2015, and it should be required for 2015.
- Individual and small group health plans in the Maryland market should allow new enrollees within specified courses of treatment to receive care from out-of-network providers for 90 days or through delivery and the postpartum visit for pregnant women. This should apply only to out-of-network providers who were rendering the specified treatments at the time of the enrollees' transition to new plans.
 - Consideration should be given to the courses of treatment for conditions where continuity is especially important, such as pregnancy. Other such conditions should be reviewed in the legislative process.
 - Coverage should be for covered benefits.
 - A treating provider should be reimbursed at the rate established under existing law for an out-of-network provider.
 - Consideration should be given as to whether this should apply to the large group market.
 - Health plans should be encouraged to adopt this policy prior to 2015, and it should be required for 2015.
- MHBE should begin collecting data during open enrollment and develop a process to evaluate and monitor continuity of care on an ongoing basis, focusing on the newly eligible population and trends in disparities.

Appendix 1. Legislative Text

Maryland Health Benefit Exchange Act of 2012

The Maryland Health Benefit Exchange, in consultation with the Maryland Insurance Commissioner, the Department of Health and Mental Hygiene, its advisory committees established under § 31–106(c)(6) of the Insurance Article, and with other stakeholders, shall conduct a study, including a cost benefit analysis, and report its findings and recommendations to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly, of the establishment of requirements for continuity of care in the State’s health insurance markets, including:

- (1) the Maryland Medical Assistance Program and the Maryland Children’s Health Program; and
- (2) health benefit plans offered in the individual and small group markets, both inside and outside the Maryland Health Benefit Exchange.

Appendix 2. MHBE Board Members

Joshua M. Sharfstein, M.D. – Chair

Secretary, Maryland Department of Health and Mental Hygiene

Dr. Joshua M. Sharfstein was appointed by Governor Martin O’Malley as Secretary of the Maryland Department of Health and Mental Hygiene in January 2011.

In March 2009, President Obama appointed Dr. Sharfstein to serve as the Principal Deputy Commissioner of the U.S. Food and Drug Administration, the agency’s second highest-ranking position. He served as the Acting Commissioner from March 2009 through May 2009 and as Principal Deputy Commissioner through January 2011.

From December 2005 through March 2009, Dr. Sharfstein served as the Commissioner of Health for the City of Baltimore, Maryland. In this position, he led efforts to expand literacy efforts in pediatric primary care, facilitate the transition to Medicare Part D for disabled adults, engage college students in public health activities, increase influenza vaccination of healthcare workers, and expand access to effective treatment for opioid addiction. Under his leadership, the Baltimore Health Department and its affiliated agencies have won multiple national awards for innovative programs, and in 2008, Dr. Sharfstein was named Public Official of the Year by *Governing Magazine*.

From July 2001 to December 2005, Dr. Sharfstein served as minority professional staff of the Government Reform Committee of the U.S. House of Representatives for Congressman Henry A. Waxman. Dr. Sharfstein is a 1991 graduate of Harvard College, a 1996 graduate of Harvard Medical School, a 1999 graduate of the combined residency program in pediatrics at Boston Children’s Hospital and Boston Medical Center, and a 2001 graduate of the fellowship in general pediatrics at the Boston University School of Medicine.

Darrell Gaskin, Ph.D. – Vice-Chair

Associate Professor, Johns Hopkins Bloomberg School of Public Health

Darrell J. Gaskin is Associate Professor of Health Economics at the Johns Hopkins Bloomberg School of Public Health and Deputy Director of the Hopkins Center for Health Disparities Solutions. He has also served on the faculties of the University of Maryland – College Park and Georgetown University. His primary research interests are healthcare disparities, safety net providers, and access to care and quality of healthcare for Medicaid, minority, uninsured, and other vulnerable populations. His research has been supported by the NIMHD, AHRQ, NICHD, NIA, HRSA-MCHB, The Commonwealth Fund, the Kaiser Family Foundation, and the Robert Wood Johnson Foundation. Dr. Gaskin earned his Ph.D. in health economics at The Johns Hopkins University, a MS degree in economics from the Massachusetts Institute of Technology, and a BA degree in economics from Brandeis University.

Dr. Gaskin has been nationally recognized for his research on the hospital safety net. He was awarded the AcademyHealth 2002 Article-of-the-Year Award for his Health Services Research article entitled, “Are Urban Safety-Net Hospitals Losing Low-Risk Medicaid Maternity Patients?” Dr. Gaskin’s research has been published in HSR, Health Affairs, Medical Care Research and Review, Medical Care and Inquiry. Currently, he serves on the Editorial Boards of HSR and Medical Care Research and Review.

Dr. Gaskin’s research has been recognized and appreciated by policymakers and advocates. In 2009, he published a chapter on access to care for African Americans in the National Urban League’s annual publication, “State of Black America.” Among his most recent work is a report released by the Joint Center for Political and Economic Studies that estimates the cost of health disparities to be more than ¼ of a trillion dollars annually. Dr. Gaskin’s current research projects explore the relationship between health and healthcare disparities and residential segregation. Dr. Gaskin earned his doctorate in health economics at The Johns Hopkins University, and a master’s degree in economics from Brandeis University. He resides in Anne Arundel County.

Therese Goldsmith, J.D., M.S.

Commissioner, Maryland Insurance Administration

Therese M. Goldsmith was appointed by Governor Martin O’Malley to serve as Maryland’s Insurance Commissioner effective June 13, 2011, for a term ending May 31, 2015. Immediately prior to that appointment, Goldsmith was a Commissioner on the Public Service Commission of Maryland.

Before entering public service, Goldsmith was a partner at the law firm of Hogan & Hartson LLP (now Hogan Lovells). As part of that firm’s white collar litigation group, she concentrated her practice on government investigations of alleged health care fraud and abuse, claims brought by the government or private whistleblowers under the federal and state False Claims Acts, and issues arising under HIPAA and state privacy laws. Prior to joining Hogan & Hartson in 2001, she was an associate at the law firm of Venable, Baetjer and Howard, LLP (now Venable LLP). Her practice there focused on federal and state health care regulatory compliance, fraud and abuse investigations, provider reimbursement appeals, rate review matters, medical staff peer review proceedings, licensure board disciplinary actions, patient care issues, and corporate transactions.

Commissioner Goldsmith previously worked as a certified speech-language pathologist, focusing primarily on communication and swallowing disorders resulting from stroke, traumatic brain injury, or other neurological conditions. Most recently, she was the Director of Speech-Language Pathology at the National Rehabilitation Hospital in Washington, D.C., and was a member of the adjunct graduate faculty of Loyola College in Maryland.

Commissioner Goldsmith received her Juris Doctor degree with honors from The University of Maryland School of Law, where she was an articles editor for the Maryland Law Review and was awarded The William Strobel Thomas Prize for the highest scholastic average of the Class of 1998. She earned a Bachelor of Science degree, summa cum laude, and a Master of Science degree from Towson University.

Ben Steffen, M.A.

Acting Executive Director, Maryland Health Care Commission

Ben Steffen serves as the Acting Executive Director of the Maryland Health Care Commission as well as the Director of the Commission's Center for Information Services and Analysis. As Acting Director, he is responsible for Commission programs in hospital and long-term care services, health coverage in the small group market, and health information technology. The Center for Information Services and Analysis has analytic and operational responsibilities for health care practitioner initiatives in the state including development of an All Payer Data Base, the Maryland Trauma Physician Services Fund, and the Patient Centered Medical Home Program. Mr. Steffen serves as a spokesperson for the Commission at state and national levels on insurance coverage, state health care expenditures, physician work force, physician uncompensated care, and information security.

Before joining the Commission, Mr. Steffen was with Computer Sciences Corporation's health care systems consulting practice. He directed projects focused on hospital spending particularly under Medicare's Prospective System and on hospitals' quality improvement processes. Earlier he served as a budget analyst in the Health, Housing, and Income Security Division of the Congressional Budget Office where he was involved with modeling proposed changes in Medicare and Medicaid programs including reforms that led to the Medicare Prospective Payment System.

Mr. Steffen holds a Master's Degree from American University and has completed post-graduate work at the University Of Michigan.

Georges C. Benjamin, M.D.

Executive Director, American Public Health Association

Georges C. Benjamin, MD, FACP, FACEP (E), Hon FRSPH, is the executive director of the American Public Health Association (APHA), the nation's oldest and largest organization of public health professionals. He previously was the secretary of the Maryland Department of Health and Mental Hygiene, from 1999 - 2002 following four years as its deputy secretary for public health services. For the last 20 years he has been actively practicing public health at the local, state, and national level with expertise in the areas of emergency preparedness, administration, and infectious diseases. Dr. Benjamin serves as publisher of the field's premier journal, the American Journal of Public Health, *The Nation's Health* Newspaper and the APHA's timeless publication on infectious diseases, the Communicable Disease Manual.

Dr. Benjamin is a graduate of the Illinois Institute of Technology and the University of Illinois, College of Medicine. He is board-certified in internal medicine and a fellow of the American College of Physicians. He also is a Fellow Emeritus of the American College of Emergency Physicians; an honorary fellow of the Royal Society of Public Health; a Fellow of the National Academy of Public Administration; and a member of the Institute of Medicine of the National Academies. He resides in Montgomery County.

Jennifer Goldberg, J.D., LL.M.

Assistant Director of Advocacy for Health Care Law and Elder Law, Maryland Legal Aid Bureau

Jennifer Goldberg is the Assistant Director of Advocacy for Health Care and Elder Law for the Maryland Legal Aid Bureau. Since joining Maryland Legal Aid in 2001, she has focused her practice on public benefits, disability issues, and elder law. She has represented low-income clients in a wide range of civil matters, including Medicaid, Social Security and SSI, nursing home and assisted living, home and community based services, food stamps, unemployment, consumer, landlord-tenant, subsidized housing, and home ownership cases. Her current work involves health care reform's impact on low income and vulnerable populations, improving access to long term services and supports, and optimizing legal services for older adults. She also provides leadership and support to advocates in Maryland Legal Aid's 13 offices across the state serving low-income clients in health care and elder law matters. Ms. Goldberg serves on the Maryland State Bar Association Elder Law Section Council and the Maryland Access Point Advisory Board. She is a regular presenter at national, state and local conferences, including those of the National Health Law Program, National Aging and the Law Conference, National Legal Aid and Defender Association, and Maryland Partners for Justice.

Before joining Maryland Legal Aid, Ms. Goldberg worked as a supervising attorney and teaching fellow at Georgetown University Law Center in its Domestic Violence Clinic, where she was also a Georgetown Women's Law and Public Policy Fellow. She served as law clerk to the Honorable Mark L. Wolf in the United States District Court, District of Massachusetts. Ms. Goldberg earned a J.D. magna cum laude from Harvard Law School and a LL.M. in advocacy from Georgetown University Law Center. Ms. Goldberg received her bachelor's degree summa cum laude from Harvard and Radcliffe Colleges. She resides in Howard County.

Enrique-Martinez-Vidal, M.P.P.

Vice President, AcademyHealth and Director, State Coverage Initiatives

Enrique Martinez-Vidal is Vice President for State Policy and Technical Assistance at AcademyHealth. He is also the director of State Coverage Initiatives, a national program of the Robert Wood Johnson Foundation, which provides timely, experience- and research-based information and technical assistance to state leaders in order to help them move health care reform forward at the state level.

From 2008 to 2010, he was the project director for the State Quality Improvement Institute, a Commonwealth Fund-sponsored learning collaborative and technical assistance project that assisted states with developing and implementing sustainable quality improvement strategies.

Previously, Mr. Martinez-Vidal was the deputy director for performance and benefits at the Maryland Health Care Commission, where he was responsible for the oversight of Maryland's

small group insurance market reforms; the annual evaluation of Maryland's mandated health insurance benefits; the collection and public dissemination of quality and performance information for hospitals, nursing homes, and health plans; providing primary assistance on all legislative issues; and working on numerous other projects related to the affordability of health care, quality improvement, and patient safety.

Mr. Martinez-Vidal was also formerly a policy analyst with the Maryland Department of Legislative Services staffing the House Economic Matters Committee for five years. He has a B.A. in political science and international studies from Dickinson College and a master's degree in public policy from Georgetown University. He resides in Montgomery County.

Thomas S. Saquella, M.A.

Former President, Maryland Retailers Association

Mr. Saquella served as President of the Maryland Retailers Association for 25 years before retiring in July, 2010. MRA, consisting of members at some 1400 locations in Maryland, is the retail community's major statewide trade association in Maryland. In addition to overseeing the administration of a variety of membership service programs and public relations and media activities, Mr. Saquella served as the chief spokesman and representative for the retail industry before state government.

Prior to joining MRA, Mr. Saquella served for over 11 years as the Executive Assistant and Chief of Staff to the Maryland Secretary of Economic and Community Development where he developed many of Maryland's economic development and housing programs. In all, Mr. Saquella worked with the Maryland General Assembly for 37 sessions before his retirement in 2010, and he has served on a number of government boards and commissions.

Mr. Saquella is a recognized leader in the Maryland business community. He sat on numerous business and industry committees including: Board of Directors of the Better Business Bureau, former co-chair and member of the Legislative Committee (25 years) and various issue committees of the Maryland Chamber of Commerce, Chair and member of the Advisory Council of the Maryland Business for Responsive Government (24 years), and the Small Employer Legislative Coordinating Council. He also participated in numerous business legislative coalitions including Co-Chair of the Alliance for Customer Choice for Electric Supply and Services (ACCESS) that in 1999 successfully pushed for electric restructuring in Maryland.

He served on the boards of Goodwill Industries of the Chesapeake (and chaired Goodwill's Public Policy Committee), Maryland Council of Economic Education, Maryland Coalition for Financial Literacy, Queen Anne's County Economic Development Commission, and he chaired the United Way of Central Maryland's Legislative Committee.

Mr. Saquella received his B.A. Degree in government from LaSalle University in Philadelphia and a Master's Degree from George Washington University. He was a commissioned officer in the U.S. Army and served in Vietnam. He resides in Queen Anne's County.

Kenneth S. Apfel, M.P.A.

Professor of Practice, University of Maryland School of Public Policy

Kenneth S. Apfel joined the faculty at the University of Maryland's School of Public Policy in fall 2006 as Professor of the Practice. His teaching and research interests are in public management and leadership, as well as in social policy, with a particular focus on aging, health care, and retirement issues.

Before joining the School, Mr. Apfel served as the Sid Richardson Chair in Public Affairs at the University Of Texas LBJ School Of Public Affairs. Prior to that, he served as Commissioner of the Social Security Administration from 1997 until his term ended in January 2001. He was the first Senate-confirmed Commissioner of Social Security after SSA became an independent agency and the new Cabinet-level position was authorized by Congress. Previously, he had served as Associate Director for Human Resources at the Office of Management and Budget, and as Assistant Secretary for Management and Budget at the U.S. Department of Health and Human Services. Before he joined the Clinton Administration, Mr. Apfel worked for two decades in the area of social policy, as legislative director to Senator Bill Bradley, as the Senator's chief staff person for federal social and budget policy, as staff for the U.S. Senate Budget Committee, and as a Presidential Management Intern at the U.S. Department of Labor.

Mr. Apfel received his bachelor's degree from the University of Massachusetts, Amherst, in 1970; a master's degree in rehabilitation counseling from Northeastern University in 1973; and a master's degree in public affairs from the LBJ School of Public Affairs in 1978. He is an elected Fellow of the National Academy of Public Administration, the National Academy of Social Insurance, and the Council for Excellence in Government.

Rebecca Pearce, M.B.A. – Executive Director
Maryland Health Benefit Exchange

Rebecca Pearce was appointed the Executive Director of the Maryland Health Benefit Exchange in September 2011. She leads the implementation and policy efforts to ensure that the Maryland Health Benefit Exchange is operational by October 2013.

Prior to her appointment, Ms. Pearce served as the Director of Benefits Administration at Kaiser Permanente. She also helped to develop Kaiser Permanente's national preventative benefit package as required by the Affordable Care Act. She began her health care career in product development at CareFirst BlueCross BlueShield. Ms. Pearce serves on the Maryland Health Care Reform Coordinating Council.

Ms. Pearce earned her bachelor's degree from Washington University in St. Louis and her M.B.A. from the University of Maryland, College Park. She resides in Baltimore County.

Appendix 3. Advisory Committee Members

Continuity of Care Advisory Committee

Co-Chairs

Uma Ahluwalia (Montgomery County Department of Health and Human Services)
Cynthia Demarest (Maryland Physicians Care)

Members

Angela Burden (HealthCare Access Maryland)
Thomas Cargiulo (Open Society Institute-Baltimore)
Vincent DeMarco (Maryland Citizen's Health Initiative)
Ann Doyle (CareFirst)
George Escobar (CASA de Maryland)
Stacy Fruhling (People's Community Health Center)
Andrew Gaddis (Charm City Clinic)
Regina Gan-Carden (Care for Your Health, Inc.)
Mary Jean Herron (Health Care for the Homeless)
Lena HersHKovitz (Healthy Howard, Inc.)
Rochelle Howell (Parents Place of Maryland)
George Leon (Leon Medical Center)
Jody Luttrell (Kennedy Krieger)
Ann Mech (University of Maryland, School of Nursing)
Brenda Myrick (Coventry Health Care of Delaware)
K. Sing Teneja (Prince George's Hospital Center)
Fredette West (Racial and Ethnic Health Disparities Coalition/African American Health Alliance)

Liaisons

Georges Benjamin (Maryland Health Benefit Exchange Board)
Frank Kolb (Maryland Health Benefit Exchange)
Enrique Martinez-Vidal (Maryland Health Benefit Exchange)
Megan Mason (Maryland Insurance Administration)
Rebecca Pearce (Maryland Health Benefit Exchange)
Tricia Roddy (Maryland Department of Health and Mental Hygiene)

List of Attachments

- A.** Continuity of Care Advisory Committee Report
- B.** Pediatric Dental Addendum to Continuity of Care Advisory Committee Report