



MA Health Care Learning Series

July 2016

MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org.

Agenda

- Health Connector 2017 Open Enrollment Overview
- MassHealth Updates
- System Updates

Open Enrollment 2017 Overview



Current planning for the 2017 Open Enrollment builds upon the past year's experience and incorporates key changes to support member redeterminations and renewals going forward.

- Last year, the Health Connector experienced a successful Open Enrollment. This was marked by stability and a high member retention rate
- This year, there will be some changes to the process of annual Health Connector member redeterminations and renewals, along with other system updates, operational processes and member-facing communications
- To support these changes, the Health Connector is using lessons learned, advanced planning and has a robust development schedule

Open Enrollment 2016

Open Enrollment 2016, was the first year the Health Connector renewed our population in the new system; it was stable and provided a good member experience.

New and Renewing Enrollment

- As of February 2016, we retained 94% of our renewing members, exceeding our 90% goal
- Members seamlessly renewed into their existing plan or a similar plan, allowing for continual coverage
- We enrolled over 36,000 new members who, prior to Open Enrollment, had never before been to our system

Member Noticing and Billing

- All notices went out on time to members and without issue
- Member bills were sent for new plans and rates in time for the December 23rd payment deadline

Customer Service

- Four new walk-in centers opened to expand individuals' access to in-person assistance
- Our call abandonment rate and average speed to answer remained below the agreed upon service levels during Open Enrollment

Systems and Planning

- We adhered to a rigorous timeline for the introduction of new system functionality and business processes
- Batch processing and testing occurred as planned for processes never executed before by the HIX / IES project

Redeterminations & Renewals: Overview

The federal government requires that each year, individuals in Marketplaces have their eligibility redetermined and have their QHPs/QDPs renewed.

Redetermination: Eligibility

Annual process for a Marketplace to reassess an individual's eligibility for enrollment in or financial assistance paying for a Qualified Health Plan (QHP)/Qualified Dental Plan (QDP) by proactively reviewing federal data and requesting new information from a customer whose prior eligibility information does not reasonably match any new information obtained.

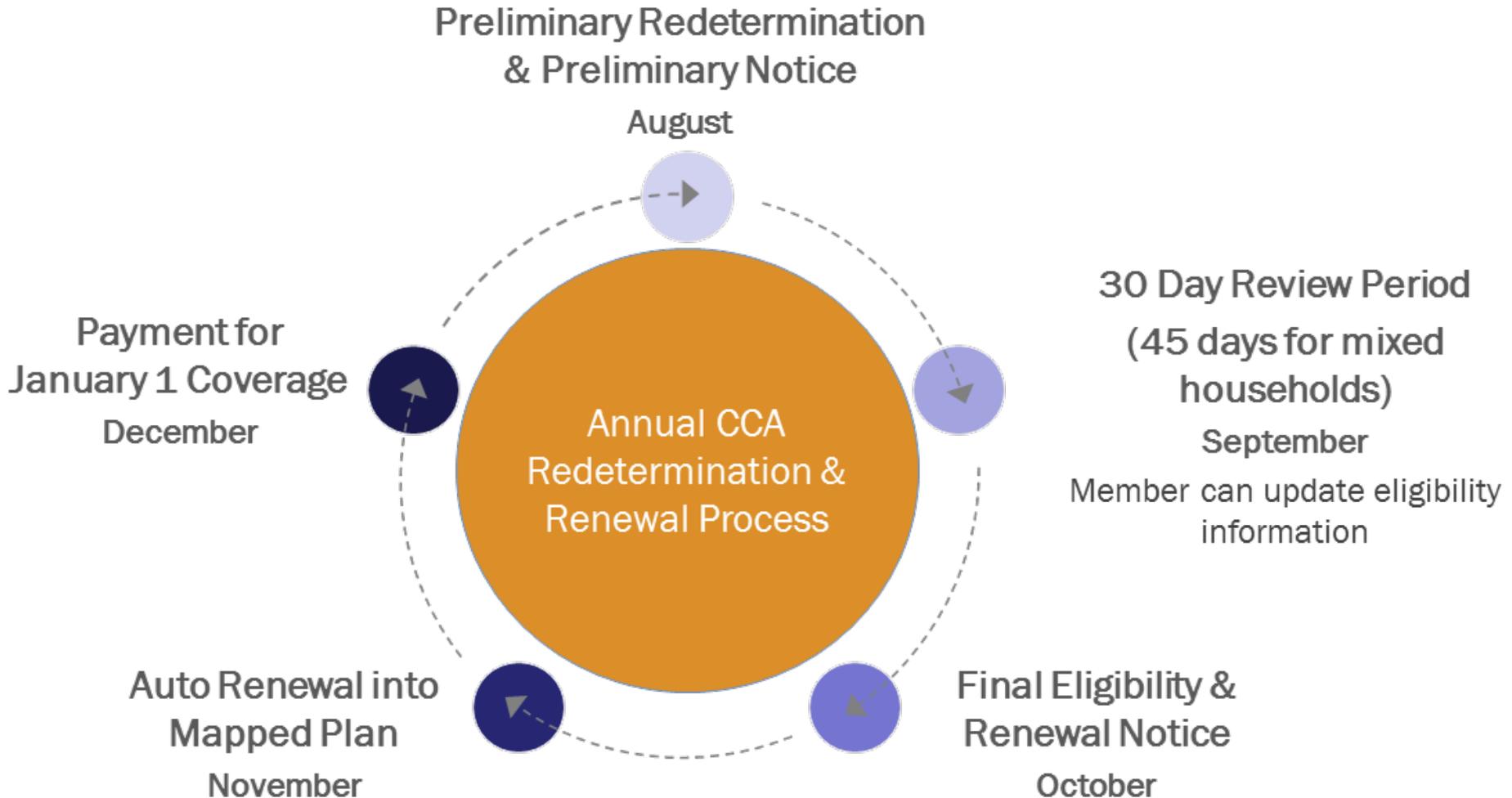


Renewal: Enrollment

Process outlined by federal regulations that guarantees that eligible QHP/QDP enrollees be renewed into coverage for the following coverage year if they are still eligible. Includes guidelines on how to provide a like-plan for members in a mapping scheme in the event their same plan is not available or if their eligibility has changed.

- Federal regulations provide three ways in which Marketplaces can conduct these processes:
 1. Follow the federal regulations
 2. Follow the model being employed by the Federally Facilitated Marketplace (FFM) for a given year
 3. *Develop a state-specific model that is approved by CMS* 

Redeterminations & Renewals: High-level Process



Redeterminations & Renewals 2017



To align with federal requirements, key system updates will be made this year to support the Health Connector's annual redeterminations and renewals process:

- Use Internal Revenue Service (IRS) income data for renewals if an individual has not manually verified during 2016 and current income is not compatible with IRS data
- Use a system process to find out if individuals have not properly filed or reconciled their premium tax credits
- New process for mixed households (both Health Connector and MassHealth eligible individuals)

Redeterminations & Renewals 2017 (cont'd)



This year, two key systems updates are related to federally requirements to determine subsidy eligibility:

Using State and Federal Data Sources

- Last year, we used existing income in the system as part of the Redetermination process
- This year, we will be checking a member's income against available state and federal data sources
- If someone's income was not manually verified during the current year AND the income is not compatible with the data sources they will have an opportunity to update their income if they need to. If not, the system will revert to the data source income that is available for the 2017 benefit year

Checking Advance Premium Tax Credit (APTC) Reconciliation Compliance

- If someone does not properly file or reconcile their taxes after having received tax credits, they will receive a flag and will be blocked from receiving subsidies
- This year, a substantial number of members received premium tax credits in Massachusetts and filing and reconciling taxes may be a new process for them
- The Health Connector and Federal Marketplace (FFM) also refer to this process as Failure to Reconcile (FTR)

Redeterminations & Renewals 2017 (cont'd)



We will also implement a new process to address mixed households:

Mixed Household Improvements

- MassHealth members in mixed households will be processed as part of Health Connector redeterminations
- New joint notice for mixed households with MassHealth and Health Connector members who are sent a pre-populated form will provide one central location for members to find information about renewals
- If there are MassHealth members in the household, that household may have to take action to maintain MassHealth benefits
- Households without Health Connector enrolled members will receive a regular MassHealth renewal notice for their household
- Households where individuals have a Connector determination and a Limited or Health Safety Net wrap, but no other members in the Household with a MassHealth determination, will be treated like other Connector households

Assisting Members with Redeterminations and Renewals



Consumers will likely have new questions based on the new redetermination and renewal processes. Below are some scenarios you may encounter and ways to advise Health Connector members.

- **Scenario 1:** A member receives a preliminary redetermination notice in August and she is mapped into a higher cost plan. She is confused about why the Health Connector is mapping her into a higher cost plan.
- **Response:** If this member did not update her income during the past year and her income is incompatible with the available federal data services, she may have been redetermined eligible for less generous (or no) subsidies for 2017. The assister should ask her if she updated her income during the past year, make any updates to her income as necessary, and advise her to send in verification of her income if she projects her income will be lower than the information currently available through federal data services.

Assisting Members with Redeterminations and Renewals (cont'd)



Consumers will likely have new questions based on the new redetermination and renewal processes. Below are some scenarios you may encounter and ways to advise Health Connector members.

- **Scenario 2:** A member receives a final eligibility notice that indicates he is no longer eligible for ConnectorCare. The member does not know why they are ineligible because the member updated his income in April and he was eligible for ConnectorCare at that time
- **Response:** This year, the Health Connector is required to check to make sure that all individuals receiving tax credits in 2016 filed taxes and reconciled their subsidies. If this member did not file his taxes, he may have tripped the failure to reconcile flag during his final redetermination. This would cause him to lose his eligibility for subsidies. Always ask members who are unsure why they are no longer eligible for subsidies in 2017 if they filed taxes. Encourage any Health Connector members who have not filed taxes to do so immediately

Consumer Improvements for Open Enrollment 2017



In preparation for this Open Enrollment, some member materials and parts of the online user interface were tested with actual and potential members.

- **Web User Interface (UI)**
 - Assistors, Customer Service Representatives (CSRs) and staff were surveyed to indicate the greatest pain points in the online application which were then tested with 20 diverse, non-Health Connector members in two locations
 - Priority areas included: the “help paying for insurance” application question, questions around tax filing, reporting changes in the system, understanding the Eligibility Results page, and overall impressions of the site
 - In response to feedback received in these surveys, improvements to the UI are planned for an upcoming system release in late summer

Consumer Improvements for Open Enrollment 2017 (cont'd)



- Notices & Communications
 - Incorporated stakeholder feedback and held sessions with several current members at our walk-in center in Boston to review notices and garner feedback
 - Developed logic to better suppress unnecessary or duplicative notices
 - Reviewed lessons learned with consumer advocates, Navigators, carriers and internal staff to inform planning and updates
 - Working closely with MassHealth on mixed household communications and noticing for Open Enrollment

Member Name
Street
City, State, Zip code

Date: April 1, 2016
Notice ID:
MassHealth Member ID: 123456789012
Health Connector Member ID: [Member ID]
SSN: XXX-XX-XXXX

Important Notice about Your Health Coverage

Dear [Head of Applicant Household name]:

Health Insurance Renewal Information						
Household Member	Date of Birth	[Renewal Year] Program Eligibility	Current Health Plan Name	[Renewal Year 20xx] Renewal Health Plan Name	Same plan as [Current Year 20xx]?	Date Coverage Renewes
[Household Member Name]	[DOB]	[Coverage type]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	January 1, [Renewal Year]
[Household Member Name]	[DOB]	[Coverage type]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	January 1, [Renewal Year]

[Renewal Year] Maximum Advance Premium Tax Credit Amount: [Renewal Year MAX APTC] per month
This is the amount of tax credit that will be used to lower your premium each month for [renewal year].

[Renewal Year] Applied Tax Credit Amount: [Renewal year applied APTC] per month
We will continue to lower your [renewal year] monthly premium with the same amount of tax credit as you chose to take for [current year]. You can choose to apply less to your premiums for next year. Or you can apply more, up to your Maximum Advance Premium Tax Credit Amount.

[Renewal Year] Renewal Plan Monthly Premium: [contribution amount for QHP] (amount you pay each month)
This is the amount your household will pay each month if you stay enrolled in the [Renewal Year] health insurance renewal plan listed above. Your monthly premium is lower than the actual plan cost because it is reduced by your [Maximum/Applied] Advance Premium Tax Credit Amount.

Dental Insurance Renewal Information					
Household Member	Date of Birth	Current Dental Plan Name	[Renewal Year 20xx] Renewal Dental Plan Name	Same plan as [Current Year 20xx]?	Date Coverage Renewes
[Household Member Name]	[DOB]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	[Renewal Date Month, Day, 20XX]
[Household Member Name]	[DOB]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	[Renewal Date Month, Day, 20XX]

Consumer Support Goals



The Health Connector is committed to enhancing communication with Consumers throughout this annual process. We will do the following:

- Support enrollees through the renewals process, letting enrollees know which notices to expect and what information will be contained in each
- Remind enrollees of the importance of filing taxes and reconciling tax credits in order to remain eligible for their subsidies
- Encourage enrollees to update their application information and shop for a plan that fits their needs in 2017 while assuring them that no action is required if they have no changes to report and are happy with their current plan
- Remind eligible but unenrolled individuals that they can return to their application and apply for 2017 coverage, if they need it, during the Open Enrollment period

Key Takeaways: Health Connector Open Enrollment



Preliminary Eligibility



- **Eligibility Redetermination:** All households who requested help paying for coverage with at least one QHP eligible member enrolled or who continues to be eligible for MassHealth or Health Connector coverage will have their eligibility redetermined for 2017
- **Notices:** All QHP enrollees who applied for financial assistance, including those in mixed households, will receive a preliminary eligibility notice that includes the 2017 Federal Poverty Level of Health Connector members in the household. Mixed households will receive a new joint notice, with information and instructions for both MassHealth and Health Connector members in the household.



30-45 day Review Period

- **Health Connector-only** households will have 30 days, mixed households will have 45 days, to review their application and make any changes before their renewal eligibility is finalized
- **Households with MassHealth members** who are sent a pre-populated form will be required to respond to MassHealth to provide updated information (or else the MassHealth members risk downgrade or loss of coverage) online, by phone or by paper

Key Takeaways: Health Connector Open Enrollment (cont'd)

Final Eligibility and Renewal Notice



- **Eligibility** will be finalized in batches or when an application is submitted during the review process
- **Notices** will be sent to all households with at least one QHP enrolled member who continues to be eligible for a QHP in 2017, and will include pertinent information such as eligibility for the renewal year, renewal plan and rate, and APTC amount (for both QHP and QDP). MassHealth members in mixed households who fail to respond will receive appropriate eligibility or termination notices from MassHealth.



Auto Re-enrollment

- **All QHP enrollees** who continue to be eligible for QHP renewal and who have not actively shopped for a new plan for January 1st will be mapped into the same plan, or a plan with the same carrier (if available) and similar benefits if their plan is no longer available to them



Payment

- **Members just need to continue paying their monthly premium** that will be indicated on their December bill in order to stay in coverage for January
- If members switch health insurance companies, they will need to make sure they update their account number information when paying

Assisters' Role In Preparing for Open Enrollment

Assisters can Help Members Prepare for Open Enrollment by:



- Reminding and encouraging all Health Connector members to file taxes and reconcile tax credits
- Explaining the preliminary eligibility notices to members
- Explaining that the Health Connector may have used available federal data to make a redetermination
- Helping members make updates to their online account if they have or need to make any changes
- Encouraging and assisting members to review their renewal information and shop for plans if necessary

MassHealth Updates

MassHealth Managed Care Health Plan Updates



New Plan Selection and Fixed Enrollment Period

- New MassHealth Managed Care Organization (MCO) policy
- Starting October 1st, MassHealth members enrolled in an MCO will have a **new 90-day Plan Selection Period** every year.
 - If members are happy with their current health plan, they **do not need to take action**. They will remain in their current plan.
 - Members enrolled with an MCO will only be able to change MCOs during their annual 90-day Plan Selection Period.
 - If members would like to switch MCOs, they have until December 31st, to select a new MCO plan for any reason.
- **There are no changes to how a member can enroll in an MCO plan.**
 - Members can continue to change health plans either by filling out the online form on the MassHealth website or calling MassHealth Customer Service.
- During mid-summer, MassHealth members will be receiving information regarding these changes for MassHealth managed care health plans.

MassHealth Managed Care Health Plan Updates (cont.)



Fixed Enrollment Period

- The **Fixed Enrollment Period** will begin for members immediately following the 90-day Plan Selection Period end date.
 - On January 1, 2017, the **Fixed Enrollment Period** will begin for members enrolled with an MCO whose **Plan Selection Period** ended on December 31, 2016.
 - During the Fixed Enrollment Period members enrolled in an MCO may not change MCOs or transfer into the Primary Care Clinician (PCC) Plan until their next annual Plan Selection Period, unless they meet certain exceptions.
 - MassHealth members will get a letter informing them of their Fixed Enrollment Period.

MassHealth Managed Care Health Plan Updates (cont.)



- The new Plan Selection and Fixed Enrollment Periods do not apply to members enrolled in the Primary Care Clinician (PCC) Plan.
 - These members can choose a different PCC in the PCC Plan or an MCO health plan at any time.
- These changes do not apply to children enrolled with MassHealth through the Department of Youth Services or the Department of Children and Families. These children can choose another health plan at any time.

PCC Plan Referral Changes



What Are the PCC Plan Referral Changes?

- Effective October 1, 2016, the following services are being added to the list of services that require a PCC referral.
- PCC Plan members seeking the following services must first obtain a referral from their PCC:
 - Chiropractor Services
 - Orthotic Services
 - Hearing Instrument Specialist Services
 - Prosthetic Services
 - Imaging Services conducted at an Independent Diagnostic Testing Facility (IDTF)
 - Medical Nutrition Therapy/Diabetes Nutrition Management Training

System Release Updates

System Updates



- New HSN Updates
- Request For Information (RFI) Updates
- Voter Registration Form and System Update
- MassHealth and Health Connector Notices

Systems Update: HSN Changes



Health Safety Net Updates

- New HSN eligibility, income, and deductible rules were implemented as part of this release.

Noticing

- HSN Partial approval notices will now include deductible information.
- HSN approval notices for individuals who are also eligible for ConnectorCare will explain that the individual's HSN eligibility is time-limited.

Tooltip Language

- HSN Partial determinations - language will indicate that the individual may be responsible for a deductible.
- ConnectorCare and the HSN - language next to the individual's ConnectorCare determination will indicate that the HSN may be available for a limited period of time.

Note: at this time, these changes will only impact new applications or members who report a change after the release goes in.

The system displays a dynamic tooltip language on eligibility results when a person eligible for ConnectorCare+HSN, with HSN information

To begin shopping for Health Connector plans, click the "Find a Plan for 2015" button below.

Household[1] - Application Result FPL : 257.07

This household also qualifies for a tax credit (Advance Premium Tax Credit) to help lower monthly health coverage costs. Maximum monthly tax credit amount: \$ 49.⁰⁰

Name	Programs Eligible for	Documents required
John Smith	ConnectorCare Plans Type 3B(Advance Premium Tax Credit plus Massachusetts state subsidy) ⓘ	Proof of Residency Proof of Income

[Show Medicaid Household Detail](#)

It is not an open enrollment period right now. But, you may be eligible for an open enrollment period due to a qualifying life event. If you experienced a qualifying life event, you may be eligible for an open enrollment period. If the system was unable to verify your eligibility, you may need to contact the HSN Patient Help Desk to find out if you are able to shop and if you need to provide additional information.

All ConnectorCare plans cover the same services and the same co-pay and co-insurance costs, with no deductibles. The premium cost for each plan is different, based on which insurance carrier is offering it. Before you enroll, make sure the providers you want to see are in that ConnectorCare plan's network. ConnectorCare plans have lower monthly premiums and lower out-of-pocket costs, because they are partially paid for by the Commonwealth of Massachusetts, in addition to federal tax credits.

You may also be eligible for time-limited Health Safety Net (HSN), which can pay for some medical and dental services. After your HSN medical eligibility ends, you will only be eligible for dental services from the HSN. Services you receive through the HSN may be subject to a deductible depending on your income. You will get a notice in the mail about your HSN eligibility that will let you know if you have a deductible. For more information about the HSN, please contact the HSN Patient Help Desk at 877-910-2100.

Here are some things to keep in mind when working with consumers as it relates to the Health Connector.

- HSN coverage does not meet Minimum Essential Coverage (MEC)
- Individuals should still enroll into ConnectorCare or Qualified Health Plan (QHP)
- Consumers need to have a Qualifying Life Event (QLE) in order to enroll during Closed Enrollment (CE)
- Becoming newly eligible for ConnectorCare is a QLE
- Special Enrollment Periods (SEP) are only 60 days
- If SEP is over, then individual would need another QLE or wait for Open Enrollment

Systems Update: Request for Information (RFI)

Systems Update: RFI



Request For Information (RFI)

- If members do not respond to RFIs within 90 days, the system will take appropriate system action.
- As a reminder, individuals are only eligible for **one** provisional period in a 12-month period.

Updates to RFI notice:

- Language added to inform the member if MassHealth or the Health Connector does not receive a response to the RFI within the requested time period, MassHealth or the Health Connector will use state and federal data sources to determine eligibility.
- Notices will include updated text for acceptable documents for the Proof of Residency, and will inform the member that an affidavit for proof of residency does not have to be notarized.

Systems Update: Income RFI



The system will accept attestation and not issue an income RFI if all of the following conditions are met:

- The Individual is a tax dependent, with income below the tax filing threshold or has attested to zero income, AND the IRS response does not provide any data for the individual

OR

- The Individual is eligible for Unsubsidized QHP, is not part of the Medicaid head of household of any other individual in the application who is receiving active MassHealth benefit AND there is no Disabled member in the application

OR

- The Individual attests to having no income or \$0 Current income AND selected the option "Stopped Working at a job" as the income discrepancy reason

Systems Update: Residency RFI



Updates to the Residency RFI generation

- The system will not request Proof of Residency documents for non-applying/ineligible members in the application
 - The system will request the Proof of Residency from the oldest adult age above 21 (If applicable) in the application if the proof of residency is applicable for a non applying/ineligible member.
 - The screens will be updated to reflect the updated text for the List of Acceptable documents displayed for Proof of Residency to inform the member that if they submit an affidavit as proof, it does not have to be notarized:

Document Category	Document Type
Proof of Residency	<ul style="list-style-type: none">▪ Copy of deed and record of most recent mortgage payment (if mortgage is paid in full, provide a copy of property tax bill from the most recent year)▪ Copy of lease and record of most recent rent payment▪ Mortgage deed showing primary residence▪ Nursery school or daycare records (if school is private, additional documentation may be requested)▪ Current utility bill or work order dated within the past 60 days▪ Statement from a homeless shelter▪ School records (if school is private, additional documentation may be requested)▪ Section 8 agreement▪ Homeowner's insurance agreement▪ Proof of enrollment of custodial dependent in public school▪ If an individual does not have one of the documents listed above, he or she may submit an affidavit supporting residency signed under penalty or perjury. The affidavit does not have to be notarized.

Scenario



I received a termination notice, it says I am no longer eligible for a Health Connector plan. What can I do?

“Lets take a look at the system. It looks like you need to send in a residency verification document. Let me explain what those documents can be. Once they are submitted and processed, your eligibility will be re-run and a new program determination will be sent out.”

Voter Registration Form and System Updates

Voter Registration Updates



- The Secretary of the Commonwealth is issuing a new Voter Registration Form effective **August 1, 2016**.
 - If you or your agency stock the Voter Registration forms, either as stand-alone forms or within application packets, please **order new supplies as soon as possible** in order to have a supply in place by Monday, August 1, 2016.
 - Use your current stock of Voter Registration (VR) forms through Friday, July 29th, and then begin using the new stock on August 1st.
 - If you distribute application packets containing the current (pre-August 1st VR form), please tear out the old VR form and insert the new one for packets distributed on or after August 1, 2016.
 - Please order only enough supplies to get you through December 31, 2016. **A new Voter Registration form will be issued January 1st**.
 - We have been instructed by the Secretary of State's Office to keep the current Voter Registration form on our MassHealth website until August 1, 2016. MassHealth will update its website on August 1, 2016, with the new form.

* Please note that the new form may be difficult to distinguish from the current form. There is no date on either form.

Voter Registration Updates (cont.)



- Changes relate to the age of the registrant:
 - As of August 1, 2016, qualified individuals aged 16 and 17 may pre-register to vote. The differences on the form are as follows:
- The current form:

1 **Check all that apply:** Are you a Citizen of the United States of America? Yes No
Will you be 18 years of age or older on or before Election Day? Yes No
NOTE: If you checked “no” to **either** of these questions, do not complete this form.

- Updated form for Box 1:

1 **Check one:** Are you a Citizen of the United States of America? Yes No NOTE: If you checked “no,” do not complete this form.

- Box 12 of the new form also has updated language to reflect this change

12 I hereby swear (affirm) that I am the person named above, that the above information is true, that **I AM A CITIZEN OF THE UNITED STATES**, that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.

Systems Update: Voter Registration



- On the Review and Sign page of the online application, if:
 - “Yes” is selected for the Voter Registration question, new information will display that offers the individual two additional options for registering to vote:
 - Online (if they have a Massachusetts driver’s license), or
 - Download and print the Mail-In Voter Registration Application - available in English or Spanish
- Voter registration materials will be systematically generated and sent.

Voter Registration

If you are not registered to vote where you live now and you are eligible to register to vote would you like to apply to register to vote today?

Yes No

You have indicated that you would like to register to vote and you will receive a voter registration application through the mail.

If you have a Massachusetts drivers' license, you may register to vote without waiting for the mailing by clicking the following link and filling out the online registration form.

[Massachusetts Online Voter Registration:
<https://www.sec.state.ma.us/OVR/Welcome.aspx?Agency=MAH>] **A**

Alternatively, if you have access to a printer, you may register to vote without waiting for the mailing by downloading a Mail-In Voter Registration Application, filling it out, and sending it to your local election official.

[[Massachusetts Mail-in Voter Registration form \(PDF\) - English \(Download Adobe Reader\)](#)] **B**
[[Formulario de inscripción de votante por correo oficial de Massachusetts \(PDF\) - Spanish \(descargar Adobe Reader\)](#)]

If you need assistance in completing the voter registration application or technical support, you may contact 800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

MassHealth and Health Connector Notices

Systems Update: Notices



- Enhancements to MassHealth Notices:
 - Approval notices will contain additional language around disability.
 - MassHealth households who do not respond to either a Renewal letter or to a RFI within the requested time period will contain additional language informing them that they may qualify for coverage through the Health Connector and that if they do, they will receive another letter that will tell them if they qualify.
- Enhancements to notices sent to MassHealth and Health Connector households:
 - Members date of birth will be included

Systems Update: Notices (cont.)

Health Connector Approval Notice:

- The following language will be included where a member of the household did not respond to an RFI within the requested time period and the member therefore experiences a change in eligibility.

Coverage type may change because we did not get proof

You are getting this notice because we did not get the proof of eligibility that we needed for at least one member listed above. Because we didn't get this proof, the coverage type for the member(s) may have changed.

This could mean that their monthly premium cost will be higher, or they may need to pay more out-of-pocket when they get health care. If they are enrolled in a Health Connector plan and there are any changes to their premium, you will see the change in your next monthly bill. To learn more about any changes, go to the My Enrollment page of your online account at MAhealthconnector.org.

Questions?