Learning Series
Massachusetts HealthCare Training Forum (MTF)

July 2019
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.
Systems Updates for MAhealthconnector.org

- New Look for the Online Application, Mobile Compatibility
- Document Upload
- Updates to Report a Change functionality
- Disability Status Indicator
- ARDs
- Immigration Tool Tips
New Look for the Online Application

• Updated look to the online application
  – Our online application will have an updated and more modern appearance
  – No application information or questions are changing. All of the same questions will continue to appear and be required as they are today
  – You will notice changes in the way information is displayed
    o For example, the tabs on the left hand side of the screen will now appear as tabs at the top of the page
New Look for the Online Application

Currently, tabs are on the left

Soon, tabs will be across the top
New Look for the Online Application

- The application will be compatible with mobile devices
  - Applicants and members will be able to apply and access information when using a mobile device (e.g. cell phone or tablet)
  - Note: this is not an “App”. Individuals still need to access the webpage mahealthconnector.org on their mobile internet browser
New Look for the Online Application

Current Sign In Page

Sign In Page for Mobile Access (coming soon)
Document Upload

- Individuals and Assisters will be able to upload documents directly to a member’s online application
  - There will be a new tab at the top of the page called “My Documents” where individuals and assisters can upload documents for RFIs and submit other required forms directly to MassHealth and the Health Connector
    - Members can still submit documents via paper or fax. This feature provides an additional option for submitting required documents
  - More detailed information about how to upload documents will be sent in an upcoming Assister Job Aid
### Manage Documents

<table>
<thead>
<tr>
<th>Document Description</th>
<th>Uploaded By</th>
<th>Uploaded On</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of SSN</td>
<td></td>
<td>07/27/2018 02:45AM EDT</td>
<td>Uploaded</td>
</tr>
<tr>
<td>Proof of SSN</td>
<td></td>
<td>07/23/2018 04:45AM EDT</td>
<td>Uploaded</td>
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Updates to Report a Change functionality

• Report a Change Navigation
  – Updates will streamline the process of reporting changes by allowing users to move through the specific screens based on the requested change(s)

• Applying/Not Applying
  – Applicants and members will now be able to change their status to either “applying” or “not applying” by using the report a change function online
    o Individuals and Assisters can change a member from applying to not applying or from not applying to applying by reporting a change
Updates to Report a Change functionality

Change Your Information

WARNING
To change your date of birth or Social Security number, call Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), TTY 1-877-623-7773.

To make changes to your application, please check the box for all options that apply.

- [ ] Change contact information and preferences
- [ ] Add someone to your application or tell us if someone is now applying for coverage
- [ ] Remove someone from your application or tell us if someone is no longer applying for coverage
Disability Status Messaging

- Updated Alert Message on the “More about this Household” screen
  - The alert displays when applicant/member attests having an injury, illness, or disability (including a disabiling mental health condition) that has lasted or is expected to last for at least 12 months

Important
Applicants with a disability may qualify for more benefits. We will try to verify your disability through the information we have and available state and federal data sources. If we are not able to verify your disability then we will send you another letter with a form called the MassHealth Disability Supplement and it will explain any steps you need to take.
New Disability Message on the “Eligibility Results’ screen

- Message displays when applicant/household member attests to having a disability to let them know they may qualify for more benefits and next steps.

**IMPORTANT Disability Message**

You told us on your MassHealth application that you or someone in your household has a disability. Applicants with a disability may qualify for more benefits. We have sent you or your household member a form called the MassHealth Disability Supplement along with instructions for next steps. Please fill out the supplement and send it to us to find out whether they qualify for more benefits based on disability. Once we receive the completed supplement, MassHealth will process it and send you another letter about any additional benefits based on disability when the process is complete. If you have questions or need the form, please call the MassHealth Customer Service Center at (800) 841-2900.
ARDs Can Sign the Application

- People who serve as ARDs for individuals are now able to electronically sign applications for those they are representing when applying online
  - ARDs sign the application by entering their name or the organization’s name (for ARD 2s) into the signature line of the application
  - The individual or organization must already be designated as the ARD for the ARD to be able to sign the application
    - If an individual is completing an online application with an ARD for the first time, the assister may need to call customer service to have the ARD designated prior to submitting the application with the ARD
  - The online Application Summary screen will now show a section called “Signed By” with the individual that signed the application each time the application was submitted
The online application will show a series of new immigration related tool tips and messages

- These tool tips help to:
  - clarify certain immigration statuses, and
  - provide reminders about immigration statuses, including if an individual does not enter or have an eligible immigration status, they may still be eligible for certain programs.
Immigration Tool Tips

When you see a star (*) you must complete the field. When you see an i, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

* Is a U.S. Citizen or U.S. National?

☐ Yes  ☑ No

☐ Check this box if has an eligible immigration status

Federal Services will try to prove your immigration status online. Check the box above to see the list of eligible immigration statuses. Choose any status that applies. If your immigration status is not on this list, uncheck the box. To learn more, see the Member Booklet.

If you do not have an eligible immigration status, or do not complete this section, you may get only one or more of the following: MassHealth Standard (if pregnant), MassHealth Limited, the Children’s Medical Security Plan (CMSP), or the Health Safety Net (HSN).

* Document Type (Select One)

☐ Reentry Permit (I-327)

The Re-entry Permit (Form I-327), also known as Permit to Re-Enter is a travel document similar to a certificate of identity, issued by the United States Citizenship and Immigration Services to U.S. lawful permanent residents to allow them to travel abroad and return to the U.S.

* Alien Number

12345678

Document Expiration Date (MM/DD/YYYY)

☐ Employment Authorization Card (I-766)

☐ Machine Readable Immigrant Visa (with temporary I-551 language)

☐ Temporary I-551 Stamp (on passport or I-94, I-94A)

☐ Arrival Departure Record (I-94, I-94A) issued by U.S. Citizenship and Immigration Services

☐ Arrival Departure Record in unexpired foreign passport (I-94)

☐ Unexpired foreign passport

☐ Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)

☐ Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

☐ Notice of Action (I-797)/Other - With Alien Number

☐ Notice of Action (I-797)/Other - With I-94 Number
Questions?
Open Enrollment 2020 Preview

MTF Statewide Meetings

July 2019
Open Enrollment 2020 Preview

The Health Connector has started the planning process for Open Enrollment 2020:

- Open Enrollment is the time when any new members can apply for coverage and current members' coverage is renewed for the upcoming year and can shop for plans.

- The Health Connector remains committed to offering our members and new enrollees a stable and well supported enrollment experience.

- The processes and timelines for Open Enrollment 2020 will be the same as previous years with the exception of a new process for certain members in households with a “MassHealth Pending” status who are part of a mixed household (applications with both Health Connector and MassHealth members).
Background information on MassHealth Pending and Health Connector/Mixed Household Renewals

Currently, the process of finalizing a renewal application disrupts the system’s ability to award MassHealth retroactively for these households once income has been verified.

- Some individuals selected for the Health Connector/mixed household renewal process will have a “pended” MassHealth benefit for themselves or for a family member:
  - Health Connector enrollees/eligibles could have a pended Health Safety Net determination.
  - Health Connector enrollees could have reported a change in circumstances that would move them to MassHealth instead once verified.
  - Health Connector enrollees could have no pending benefit themselves but have a family member who is pending.
What is this year’s solution?

To ensure correct MassHealth start dates, the Health Connector’s process for Open Enrollment 2020 will be modified depending on when income verification is due.

<table>
<thead>
<tr>
<th>If proof is due <strong>before 11/1:</strong></th>
<th>If proof is due <strong>after 11/1:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Application will go through the preliminary eligibility process as usual</td>
<td>▪ Applications will <strong>not</strong> go through the preliminary eligibility process and will not receive a preliminary eligibility notice</td>
</tr>
<tr>
<td>▪ The system will batch finalize the application on the later of:</td>
<td>▪ Applicants who report changes may subsequently go through preliminary eligibility, if applicable, or they may create their own 2020 application</td>
</tr>
<tr>
<td>• The RFI due date</td>
<td>• Applications that do not have a 2020 version at the end of the final eligibility process will have their 2019 application duplicated for 2020</td>
</tr>
<tr>
<td>• The date 30 or 45 days after the preliminary eligibility (for non-pre-populated form and pre-populated form cases, respectively)</td>
<td>• Eligibility and renewal notices will be generated accordingly for 2020</td>
</tr>
<tr>
<td></td>
<td>• The income RFI will remain open until the household’s 90 days are up or until verification is provided</td>
</tr>
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Redeterminations and Renewals Process
Redeterminations & Renewals Processes and Timelines

The Health Connector’s Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector’s Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year.

- Preliminary Eligibility Determination
- Preliminary Eligibility Notice and Review Period
- Final Eligibility Determination & Renewal Notice
- Renewal into a Health Connector Plan
- Billing and Payment for January 1 Coverage
Redeterminations and Renewals Process

In August and September the Health Connector makes a preliminary eligibility determination for actively enrolled Health Connector members and Health Connector members who are part of mixed households.

Mixed households are households that have both Health Connector members and others who are enrolled in MassHealth.

- Available federal and state data sources are used to check for income and other factors.
  - If a member has income that was verified with documents provided by the member within the last year, that income will be used for 2020.
  - If the member has not verified their income within the last year, the Health Connector will use the available electronic data to determine if their current income is reasonably compatible with the new data.
  - If federal and state data sources are incompatible, the Health Connector will make the determination using available electronic data sources. If the data sources are compatible with what is currently on file for the member, the income in use now will also be used for 2020.
Members who are identified as Medicare eligible in their 2019 application will lose access to State and Federal subsidies; but can remain in an unsubsidized Health Connector plan through the end of the calendar year. These individuals will not be renewed for the upcoming year (they will lose their Health Connector health plan at the end of the calendar year). If they are enrolled in a Health Connector Dental plan, they will be eligible to stay enrolled in Dental for the next year.

Members who did not file federal income taxes for tax year 2018 will likely see their eligibility change to Health Connector plans without subsidies when they receive their Preliminary Eligibility notice, based on a failure to reconcile (FTR) the APTC they received in 2018. They will also see the resulting change reflected in the Final Eligibility and Renewal Notice sent in October, unless they file their 2018 taxes, reconcile their APTCs, and update their application to attest that they have complied with the requirement to file and reconcile.
Notices with the results of the preliminary eligibility determination are sent in August and September to all Health Connector enrollees that applied for financial assistance.

Households with only Health Connector members will get:

a) Health Connector Preliminary Eligibility notice

Mixed Households will receive either a:

a) MassHealth Auto-Renewal notice and a Health Connector Preliminary Eligibility notice (for Mixed Households who can be auto-renewed); or a


Important this year: When working with applicants who have “Pending” MassHealth benefits, encourage them to return their income verifications as soon as possible. Certain individuals who are pending MassHealth benefits will not receive a Pre-Populated Form or a Preliminary Eligibility notice.
After members receive their Preliminary Eligibility notice, they have an opportunity to make changes before their determination is finalized for the next year.

Depending on the type of household, the review period is between 30 – 45 days.

- **Health Connector Households**: 30 days to review application and make any changes before their renewal eligibility is finalized.

- **Mixed Households that cannot be auto-renewed**: Households that have both Health Connector and MassHealth members and get a MassHealth Pre-populated Renewal form have 45 days to review their application and make any changes before renewal eligibility is finalized.
  
  - Those who are sent a pre-populated form are required to respond to MassHealth to provide updated information either online, by phone to MassHealth Customer Service or paper (mail or in-person).

- **All members** can make changes on their own online at any time.
In October a Final Eligibility and Renewal notice is sent to all households with at least one eligible and enrolled Health Connector health plan member that continues to be eligible for a Health Connector plan the following year.

- This notice will include the health plan name and premium for the upcoming year, and their APTC amount.

Eligibility is finalized after the 30-45 review period.
The Health Connector follows guidelines to place members into their dental and medical plans each year.

- The Health Connector will renew members into the same plan for 2020, unless that plan is no longer available to them. If their plan is no longer available, the Health Connector will put them into a similar plan.

- All Health Connector eligible and enrolled QHP (qualified health plan) members who continue to be eligible for January 1 will be auto renewed into a plan.

- During Open Enrollment, members can shop for and select new plans for the next year if they do not want to be renewed into their current plan.

- **Remember:** Medicare individuals will not be renewed into a Health Connector medical plan for 2020. They will lose eligibility for QHP (including unsubsidized coverage) at the end of the year.

Open Enrollment begins on November 1st.
Members that stay in a plan with the same carrier must pay their new premium amount for January coverage.

If the member decides to change carriers, they are required to submit a binder payment to their new plan for January coverage.

For coverage effective January 1, 2020, payment is due on December 23, 2019.
Reminder to tell us about changes

During the months of May and July, the Health Connector includes flyers with invoices to remind members about telling us if their information changed since they last applied or last updated their Health Connector account.

- Flyer is two-sided with messaging in English and Spanish.
Reminder to use online payment center and select paperless notices

Why Promote the use of the Health Connector’s Online Payment Center?

Members are able to:

- Submit payments (one-time payments and recurring), view bills, and payment history.
- View Health Connector notices (including Preliminary Eligibility and Final Eligibility Determination & Renewal notices) online through the Payment Center.

*Note: If a member elects paperless notices, anyone designated as an Authorized Representative (ARD), Permission to Share Information (PSI), or Navigator (NDF) will continue to get a paper notice.*
Reminder to use online payment center and select paperless notices (cont’d)

How to access:

1. Members should log into their account at Mahealthconnector.org
   - If they don’t have an online account they can call Customer Service to get one set up.
2. Go to My Enrollments.
3. Go to Make a Payment.
   - From here, choose to set up AutoPay for monthly Health Connector bills. Members can also set up paperless bills, notices, and tax forms.
Group Activity
Instructions

Three common Health Connector scenarios are described on the following slides.

Please assume that each of the members described, is someone that you already have an established relationship with.

Work with your team members or tablemates to respond to the questions and share your expertise with one another.
Scenario 1 - Louis

ConnectorCare member Louis comes to your office for his appointment. He says he received a Preliminary Eligibility notice showing that he is no longer eligible for ConnectorCare next year.

He brings in the notice and it shows that he has an “Unknown FPL”.

What are steps you can take assist this member?
In September, ConnectorCare member Maria comes to her appointment and tells you that she received a letter showing that she is no longer eligible for ConnectorCare and that she will lose access to Health Connector coverage at the end of the calendar year.

She tells you that the letter mentions Medicare. She does not have a copy of this letter. She’s not sure whether or not she is enrolled in Medicare. She tells you that her 65th birthday is coming up.

How should you advise this member?
Member Tom comes in for an appointment and brings his Preliminary Eligibility notice. It shows he is moving from ConnectorCare to an unsubsidized plan in 2020.

On the notice, you can see that the member’s FPL for the 2020 determination is 143%, but he is not eligible for subsidies.

You ask Tom whether or not he has filed his taxes for last year? He says that he did not last year because he didn’t believe he was required to with his income level.

You also ask Tom if he is newly eligible for any other coverage such as Medicare or Veterans benefits. He says no. How should you advise this member?
Questions?