

## MTF July 2020 Meeting Health Connector Updates Presentation Transcription

### Introduction

Presenters: Niki Conte and Sarah Buonopane from the Health Connector.

### **(Title slide) Slide 1: Health Connector Response to COVID-19, Customer Experience Updates and Open Enrollment 2021 Preview**

### **Slide 2: Agenda**

Today the presentation is on our response to COVID 19. We will provide customer service updates, and a preview of Open Enrollment for 2021.

### **(Title slide) Slide 3: Health Connector COVID-19 Response**

### **Slide 4: COVID-19 Special Enrollment Period (SEP)**

Let's look at the COVID-19 Special Enrollment Period. I want to acknowledge the Health Connector had created a special moment period for COVID-19. That was extended through July 23<sup>rd</sup>, so that has since ended. People should have gotten either in an Assister e-mail or MTF e-mail that explains the conclusion of this SEP. Basically both the Health Connector and the Division of Insurance had a special enrollment period for anybody who for whatever reason may not have taken advantage of enrolling into health insurance, however, this has, in fact, ended. We hope that people continue to apply for coverage if they need it and see if there is another qualifying life event that they can use to access coverage.

**Slide 5: COVID-19 SEP (Cont'd.)** Note that many people can still, in fact, get special enrollment periods through the many qualifying events available. If somebody applies and they become newly eligible for ConnectorCare, they're going to be able to enroll into a plan. If somebody loses access to ESI, they're also going to get a special enrollment period. They're going to have a window that becomes open. I just wanted to acknowledge that although this COVID-19 Special Enrollment period ended on July 23<sup>rd</sup>, there are other mechanisms for people who have not enrolled into coverage for them to be able to get into Health Connector coverage.

### **Slide 6: COVID-19 SEP (Cont'd.)**

This is just a reminder that anyone who loses access to ESI or has a different qualifying event, they are eligible for a special enrollment period, the open enrollment period is 60 days; and here you can see the link for the full list of qualifying events.

### **Slide 7: Updates on Requests for Information (RFI)**

We just wanted to provide a little bit of an update on requests for information. As we're getting ready for open enrollment, we've decided to begin mailing reminder RFIs to households who still owe proof. Basically, households with due dates in the past will be given 30 more days to submit proof. Those who still owe proof can expect to see RFI letters beginning now and into the beginning of August. If a Health Connector member does not respond in the timeframe requested, their coverage may be downgraded or terminated, and if the national emergency is still in place at the time of expiration, MassHealth members will maintain their MassHealth coverage during the COVID-19 pandemic, and through the end of the month in which such emergency ends. We are encouraging people to return proofs as soon as possible. I think for many of you who

are on the call, if you've had a lot of experience with us, as well as MassHealth coverage, I think you understand that one of the primary reasons for us sending RFIS is essentially to have people return their proof so we're ensuring that their application is most up-to-date and they're program determined for the best possible coverage for them.

**(Title slide) Slide 8: Health Connector Customer Service Transition**

**Slide 9: Customer Experience Transition**

As many of you know we did communicate this information that the Health Connector transitioned to a new customer service vendor for pretty much the whole scope of our operations. For members, or if you're certified assisters, you'll see most of those changes within the member portal portion.

**Slide 10: New Features Now Available**

I want to go through a couple features that are now available. There's a new online payment experience. Really the whole online payment structure has changed significantly in terms of its look and feel. There is a pay by phone option that's available at any time. There are more payment choices with AutoPay. And individuals can ask for help through their member portal without having to call a customer service agent for certain issues. And then there's more content available in Spanish.

**Slide 11: New online payment experience**

This is the look (interface) of the new member portal if you haven't been in to see it yet. Basically what you'll see is, when you first log into this screen is that you can see current plans the individual is enrolled in; you can see the premium amount of those plans that they owe; and then, there's are different options for them on the left hand bar.

**Slide 12: Pay by phone**

I do want to talk a little about the pay by phone option. Members can pay their premium by using a telephone, and they would input their bank account information. We don't take credit or debit cards at this time. To do this, they would key in their bank account information, their account number and their routing number. Members can make a phone payment any time of day, even when our call center is closed. The live agents don't take payments, and so you have to select the pay by phone option when you call in, and then you would select to go into the option to make the payment, and then you would key in the information. I do want to just call out the fact that somebody did bring to our attention earlier this morning some individuals are having a difficult time getting to the pay by phone option through our IVR, which is that initial menu when you call in. We are confirming how one would get there, in terms of what they would select, but it is available. It's available at any time. And we are going to work to confirm the steps that people would take to make sure that they can make that payment by phone at any time.

**Slide 13: More choices with AutoPay**

There are going to be more choices for members with AutoPay. Members can choose either the 15<sup>th</sup> of the month or 23<sup>rd</sup> for their automatic payment to be withdrawn from their account. They choose to set a payment amount. If a member is already enrolled in AutoPay, their payments will continue to be withdrawn. Their payment will be withdrawn on the 23<sup>rd</sup> unless they change it though. There are some new options with AutoPay. This is really one of the big changes that members will be seeing. There are three different ways an individual could set up an AutoPay now. The first is to select their full premium. This option would take out the member's premium every month. If the premium goes up due to, say, change in income and therefore, they moved from the connector care 3A to 3B, we take the premium regardless. We take the higher premium automatically. The current amount is slightly different. This will take the full balance due. If there is an outstanding balance or adjustment that may increase a member's bill, we would take whatever the balance

was. So again, if somebody selected premium, we would only take the premium. If they select current amount, they could be on the hook to have their money withdrawn for any adjustments or additional payments due.

**Slide 14: With AutoPay Members select from these options:**

A custom amount allows an individual to select the amount that they want the Health Connector to withdraw every month. We will never take more than that fixed amount that they tell us. This option is great to help protect a member from an unexpected amount due to changes in eligibility. We've heard in the past from Assisters, a Health Connector member will lose the eligibility for Connector Care in the middle of the month and don't realize this, and then the automatic payment is withdrawn for their unsubsidized plan, and that's a difficult thing. It's a tough hit financially for them. With the custom amount, if they set their Connector Care premium amount to \$45, we would never take more than \$45 even if their eligibility changed. This is great to protect them from higher unexpected withdrawals, however, they run the risk of becoming delinquent if they don't make the appropriate adjustments to their payment when they have those changes. If they change Connector plan and move up, they should update the custom amount. And if they had a change in eligibility during the month that was unexpected and we didn't withdraw the full payment, they would become delinquent and risk losing coverage. Again, those things can generally be remediated. It can help to protect them from losing that coverage.

**Slide 15: Member payment portal screenshot**

Here is a sample of what it looks like when somebody is making a payment. You can select different payment methods or the payment date from the calendar. You can see on the left-hand side there's AutoPay options. You can see payment history, different payment methods. This is just a snapshot of what that payment screen looks like.

**Slide 16: Ask for help online without having to call**

Members who are in their member portal account can request help. This is really limited to certain billing questions. They can ask for a refund if they are owed one without having to call us for example. They would just fill out a Request Help form, and we would work to process that request. I want to point out that this kind of self-service is not available to Assisters, the Assister should use the Assister line for request for assistance above and beyond what they can do.

**Slide 17: More content available in Spanish**

Finally, we have more content available in Spanish. You can see at the bottom if you scroll down you can choose Spanish as an option, and the entire page's will be content available in Spanish. And then if somebody chooses Spanish as the option, they would be able to read notices and bills in their online account in Spanish.

**Slide 18: More content available in Spanish (Cont'd)**

If they did receive a notice from us in English and they select Spanish, they can view that notice in Spanish when they're online. And that works the other way too, if they received a notice, and say you don't maybe speak Spanish but you're helping somebody who selected Spanish and received Spanish notices, you would be able to view the notices in English if working with them through the member portal.

**Slide 19: More Changes Related to Health Connector Member Payments**

A couple other updates. There will be changes to the way the bills look. We think the new bill is a bit easier to read and understand. And then also when an individual pays their bill, they're going to start using their Member ID to pay. I do want to point something out about the Member ID that came up at the last MTF, which is when somebody is making a payment as a guest, they need to be using that Member ID number to search for themselves in the guest portal. No longer can an individual use the Reference ID in the online application. That's

not a searching option. They would need to use the last numbers of their social and their name, or this Member ID.

**Slide 20: More Changes Related to Health Connector Member Payments (Cont'd)**

Just a note that we do have a new address for payment. If somebody is using the return envelope slip that came with the bill, they'll be all set, the address is there; but if addressing something themselves, they should be mindful of the address. If somebody pays directly through their bank, they should just update their Member ID for that payment to make sure that it gets routed to the appropriate account.

**Slide 21: Features of New Health Connector Bill**

You can see account information at the top right hand there. You can see if you're enrolled in AutoPay now. And then your bill will show how much the next payment will be and when it will be withdrawn. You'll know what we're going to take out and when we're going to take it out and if it is going to be AutoPay.

**Slide 22: Features of New Health Connector Bill (Cont'd)**

Our bill also tells the head of household the other members covered in their plan. If their bill is for \$90 and they're not sure why, they would be able to see if maybe there's more than one member covered there. We also have our options in terms of how to pay the bill. I do want to note that our walk-in centers continue to be closed. We don't have an update on a reopening plan at this time, but when we can determine when we can reopen for in-person payments we'll first let this community know of that option. I would really encourage you to make sure you're familiar with the three new payments options and talk to Health Connector members about them. Maybe they're already enrolled in AutoPay; maybe they're not. Maybe they want to be enrolled in AutoPay now because they can do a fixed amount and protect themselves from a withdrawal that they're not expecting. You know, I think it is a great way to make sure that they pay every month. They don't have to worry about it. Especially right now, you know, with our walk-in centers being closed, I think it is a great option for people. Please become familiar with those options. Talk to people about them and, help them to understand what is available and new. One point I did want to clarify, because we've had questions on those coming from customer service reps, is when the member makes a payment, it is not reflected on the plan card right away. It will take 24-hours for that payment to be reflected in the payment history, as pending, and could take another two or three days to show. That has been a point of confusion sometimes, so I wanted to clarify that, it will take 24-hours for that payment made online to appear as pending in payment history.

**(Title slide) Slide 23: Health Connector Open Enrollment 2021 Preview**

**Slide 24: Open Enrollment 2021 Preview**

For many of you it is looking like you have experienced a Health Connector Open Enrollment. For a couple of you, this may be your first time. I just want to acknowledge that this is going to be the first of many presentations or opportunities for us to share Open Enrollment information with all of you. For those of you who are certified Assisters, there is a full course in the Learning Management System that you can use to review all the various processes. For those of you who are new, please do stay tuned not only to MTF meetings that are coming your way, but also conference calls that we're going to host in advance of Open Enrollment and throughout Open Enrollment. We'll be doing quite a bit to keep you informed. With that being said, I just want to acknowledge that we've begun planning for the, this year's open enrollment. For the new people, I want to acknowledge this is the time when any new member can apply for coverage, and current member's coverage is being reviewed, and so it can be renewed for the upcoming year. This is a time when we really want to encourage people to shop for a plan. We do have a significant number of people who tend to stay in their current plan, but certainly we would like to let people know or encourage people to at a minimum review their options. As we're going through this process again this year, we remain committed to offering any currently members, as well as new enrollees, a stable and well-supported enrollment experience. One of the ways we do

that is by relying on assistance from all of you. People who have gone through this before are going to be happy to know that many of the processes and timelines for this upcoming enrollment, Open Enrollment are the same as previous years and so not a lot of new things to learn this year.

**Slide 25: Open Enrollment 2021 Preview (Cont'd)**

As we're looking ahead, in particular due to COVID-19, there were a couple of changes. I think everyone can understand that since Federal and State tax filing deadlines were extended to July 15<sup>th</sup>, we're not going to have that tax filing data back from the Internal Revenue Service in the same timeframe we had had last year and I believe the year prior. With that being said, we can imagine there are still some people out there who haven't filed those taxes yet. If you do encounter anyone who has not yet filed their taxes, please encourage them to do so and do it online. We've heard from our colleagues at the IRS, that online is the fastest way to process, but any paper returns they're behind with those. The delay of the tax filing due date is going to delay determination of all the failure to reconcile past tax credits for 2019. Again, preliminary eligibility will occur during the same timeframe as before, and reconciling tax credits received is still a requirement for us, and it is going to factor into someone's 2021 eligibility. And lastly, our renewals process for mixed households is going to account for protections of MassHealth benefits under the CARES Act. That is assuming of course the Federal Public Health emergency is ongoing. These are just a few considerations that we have going into open enrollment 2021.

**(Title slide) Slide 26: Health Connector Redeterminations and Renewals Process**

**Slide 27: Redeterminations & Renewals Processes and Timeline**

I just wanted to look at overall processes and timelines. For those of you who are less familiar, I just want to acknowledge these are the activities that happen each year before and during the Health Connector's Open Enrollment period. Those with health insurance coverage through the Health Connector and MassHealth members in their households have their eligibility redetermined so they can be renewed into coverage for the upcoming year. As you look at the bottom here, all of these steps, we have preliminary eligibility determination, and then we have preliminary eligibility notice and review period, we have a final eligibility determination and renewal notice, and then we're going to talk about renewal into Health Connector plan, as well as billing and payment for January coverage. Each of these segments on the upcoming slide I'm going to step through some high points for each of these areas and then give you some details.

**Slide 28: Redeterminations & Renewals Processes and Timeline (Cont'd)**

What are we talking about when we're talking about preliminary eligibility determination? Basically, in August and September the Health Connector makes preliminary eligibility determination for any active Health Connector member and Health Connector members part of mixed households. Again, for your memory, mixed households are households who have both Health Connector members and MassHealth members. We use available Federal and State data sources to check for income and other factors. If a member has income that was verified with documents provided by that member within the last year, that income will be used when we make the determination for 2021.

**Slide 29: Redeterminations & Renewals Processes and Timeline (Cont'd)**

If the household has not verified their income in the last year and the data sources that we have are incompatible, Health Connector will make a determination using available electronic data sources. If that household has not verified their income in the last year and data sources are not compatible with the income we're using, we'll use the current attested income for 2021. If there is no available data because they have not filed taxes or there's no Social Security number on file, we will not be able to determine the eligibility for MassHealth or the Health Connector.

**Slide 30: Redeterminations & Renewals Processes and Timeline (Cont'd)**

In addition to that, Health Connector members who are identified as Medicare eligible in their 2020 application will lose access to State and Federal subsidies so they can remain in an unsubsidized health plan through the end of the calendar year. These individuals will not be renewed for the upcoming year. They're going to lose their Health Connector health plan at the end of the calendar year. Note this change went into effect last year. These members historically were able to stay in the marketplace plan if they wanted to, but this has since changed. It's important to note though, if somebody is enrolled in a Health Connector Dental plan, they're still eligible and they can stay enrolled in dental next year. Again, this is all about Medicare.

**Slide 31: Redeterminations & Renewals Processes and Timeline (Cont'd)**

How can you best help members during this time? As we previously mentioned related to RFIs, one of the most important things you can do right now is encourage members to send in any verification documents they owe as soon as possible. We're trying to get people to send these materials to us prior to mid-August if possible, as that information will help create the most accurate 2021 eligibility. Just keep in mind those who owe verifications may see changes on their 2021 eligibility. We're expecting a lot of shifting happening over the next couple of months just given all the shifts in people's situations. For those who you are working with, encourage them to get these things in as soon as possible.

**Slide 32: Redeterminations & Renewals Processes and Timeline (Cont'd)**

We're talking about the preliminary eligibility notice and the review period. We're going to send notices with the results of preliminary eligibility, and we'll be sending them in August and September to all Health Connector enrollees who applied for financial help. So households that only have Health Connector members will get Health Connector preliminary eligibility notice, and then mixed households are going to get either a preliminary eligibility notice from us, and that's going to be for mixed households that can be auto renewed, or a cobranded Health Connector and MassHealth notice for mixed households with the MassHealth prepopulated form if they can't be auto renewed.

**Slide 33: Redeterminations & Renewals Processes and Timeline (Cont'd)**

People get these notices and then that really gives them an opportunity to make changes before determination is finalized for the next year. As you can see on this slide here, depending on the type of household their review period is going to be between 30 and 45 days. Typically, 30 days for Health Connector members, and 45 days for mixed households that can't be auto renewed. I just have a couple important things to note here. Those sent to the prepopulated form are required to respond to MassHealth and give them updated information either online, by phone to MassHealth customer service, or through paper. I just want to strike the in-person for now, until of course things reopen, but again, please encourage people to get that information in to us.

**Slide 34: Redeterminations & Renewals Processes and Timeline (Cont'd)**

When you're working with applicants who have pending MassHealth benefits, please encourage them to return their income verifications as soon as possible. Certain members who are pending MassHealth benefits will not receive a prepopulated form or preliminary eligibility notice, and this of course is all caveated with these are the rules that are true when we're in a normal state where COVID-19 protections are not in place for MassHealth members. We want to remind you of these things, but again, right now members who have MassHealth benefits are, in fact, protected.

**Slide 35: Redeterminations & Renewals Processes and Timeline (Cont'd)**

Going on, we're looking ahead to October. This is when we start with our final eligibility determination and we're preparing our renewal notice. Eligibility is going to be finalized after the 30 to 45-day review period. We're going to be sending a notice to all households with at least one eligible and enrolled Health Connector healthcare member that continues to be eligible for the Health Connector plan the next year. Now, this notice

contains a lot of information. It is going to include the health plan name, the premium for the upcoming year, and the APTC amount that person is eligible for, that household. Those who were determined eligible but not enrolled and got a 2021 application will also get a 2021 eligibility notice during that timeframe, but it's not going to have any renewal information. I just want you to keep that in mind in case you see any of those come your way.

**Slide 36: Redeterminations & Renewals Processes and Timeline (Cont'd)**

Now in terms of open enrollment, that's going to begin on November 1st. I think many of you heard us say this before that we follow guidelines to place members into their dental and medical plans each year. We intend to renew people into the same plan for 2021 unless that plan is no longer available to them. If it isn't available, we will put them into the most similar plan. All Health Connector eligible and enrolled and all members who continue to be eligible for January 1<sup>st</sup>, will be auto renewed into a plan. And during Open Enrollment, members can shop for and select plans for the next year if for some reason they don't want to be renewed into the current plan. This is important note about Medicare. Remember these members will not be renewed into a Health Connector medical plan for 2021. They're going to use eligibility for their qualified health plan, including unsubsidized coverages, at the end of the year.

**Slide 37: Redeterminations & Renewals Processes and Timeline (Cont'd)**

Now going on to billing and payment, and so if somebody wants to change coverage for January 1<sup>st</sup>, that payment will be due on December 23<sup>rd</sup>. People who 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're required to submit what is called a binder payment to us for their new plan for January coverage. The new billing changes this year is around the member account numbers. Regardless of whether the member changes carriers, they're going to continue to use their same Member ID. This starts with a 7 and is located in the upper right-hand corner of the bill.

**Slide 38: What can members expect after the COVID-19 emergency has passed?**

What is going to happen after COVID-19 emergency has passed? Members that were protected in benefits due to the CARES Act will continue with the protection till the end of the month when the emergency ends. You can imagine that the staff at the Health Connector, as well as MassHealth, are working on these plans, related processes, and as more information becomes available, we'll be sharing it with all of you so you can best help members who are going through this.