



ACA Learning Series

Massachusetts Health Care Training Forum (MTF)

July 2015

Agenda

- Health Connector Redeterminations and Renewals
- Outreach & Communications Strategy Overview
- Customer Service Operational Improvements
- Updates to the Online Payment System

Health Connector Redeterminations and Renewals

Background

The federal government requires that each year, individuals in Marketplaces have their eligibility re-determined and have their QHPs/QDPs renewed (subject to certain conditions).

- **Redeterminations** is the process whereby a Marketplace reassesses an individual's eligibility for QHP enrollment or financial assistance annually by proactively checking (pinging) federal data sources and also by receiving new information from a customer. Together, that information triggers a re-determination for the following year's coverage
- **Renewals** is a process described by federal regulations that guarantees that eligible QHP enrollees will be renewed into coverage for the following coverage year. This includes guidelines on how to provide a like-plan for members in the event their same plan is not available
- Massachusetts has developed a state-specific approach for Redeterminations and Renewals that takes into consideration features of the Massachusetts Marketplace (e.g., ConnectorCare)

The goal of the redeterminations and renewals strategy is to provide consumers a seamless opportunity to remain in their same or similar coverage, while also giving them an opportunity to shop during open enrollment if they want to.

- The schedule for member noticing and processing redeterminations and renewals is intended not to overwhelm members, carrier operations and Health Connector operations
- Our overall message to consumers will be one of encouragement to update their application with their most current information, and to browse their plan options during open enrollment
- The underlying message will be that consumers who are happy with their plan and do not have any reason to change their information can do nothing and remain on their current plan (or mapped plan) into 2016 – **but they must continue to pay their premiums**

Overview (cont'd)



- The Health Connector, will only be redetermining and renewing individuals who are actively enrolled in a QHP during 2015 and who remain in coverage through the end of the calendar year
- The Health Connector will use current income and household size in the system and applying that to the 2015 FPL tables, rather than using Tax Year 2014 (or older) data obtained from re-pinging the data sources

Overview (cont'd)

- In addition to updating FPL based upon new FPL charts, the Health Connector will also check available data sources through the state and Federal Hub:
 - Preliminary Redetermination Notice
 - SSA data (death)
 - Non-ESI public MEC including a separate ping to the MMIS system (APTC eligibility)
 - Disability (MassHealth)
 - Renewal / Discontinuance and Final Eligibility Consolidated Notice
 - Information if an individual received 2014 tax credits and did not reconcile on 2014 taxes
 - Need to check (ping) for APTC services to populate application and notice
- Thereafter, but before Open Enrollment, eligible enrollees will receive a renewal / discontinuance and final eligibility determination consolidated notice with plan and premium information for 2016

- **1. Preliminary Redetermination Notice**
 - Will be sent to enrollees who submitted a subsidized application or who submitted an unsubsidized application and who the SSA reports is deceased
 - Will include information on presumed FPL for 2016, any indication of loss of APTC via public MEC check, eligibility for MassHealth (disability) or death
 - Enrollees will have 30 days to respond to the information provided in the preliminary notice
- **Timing:**
 - Late summer / early fall
 - Sent in waves

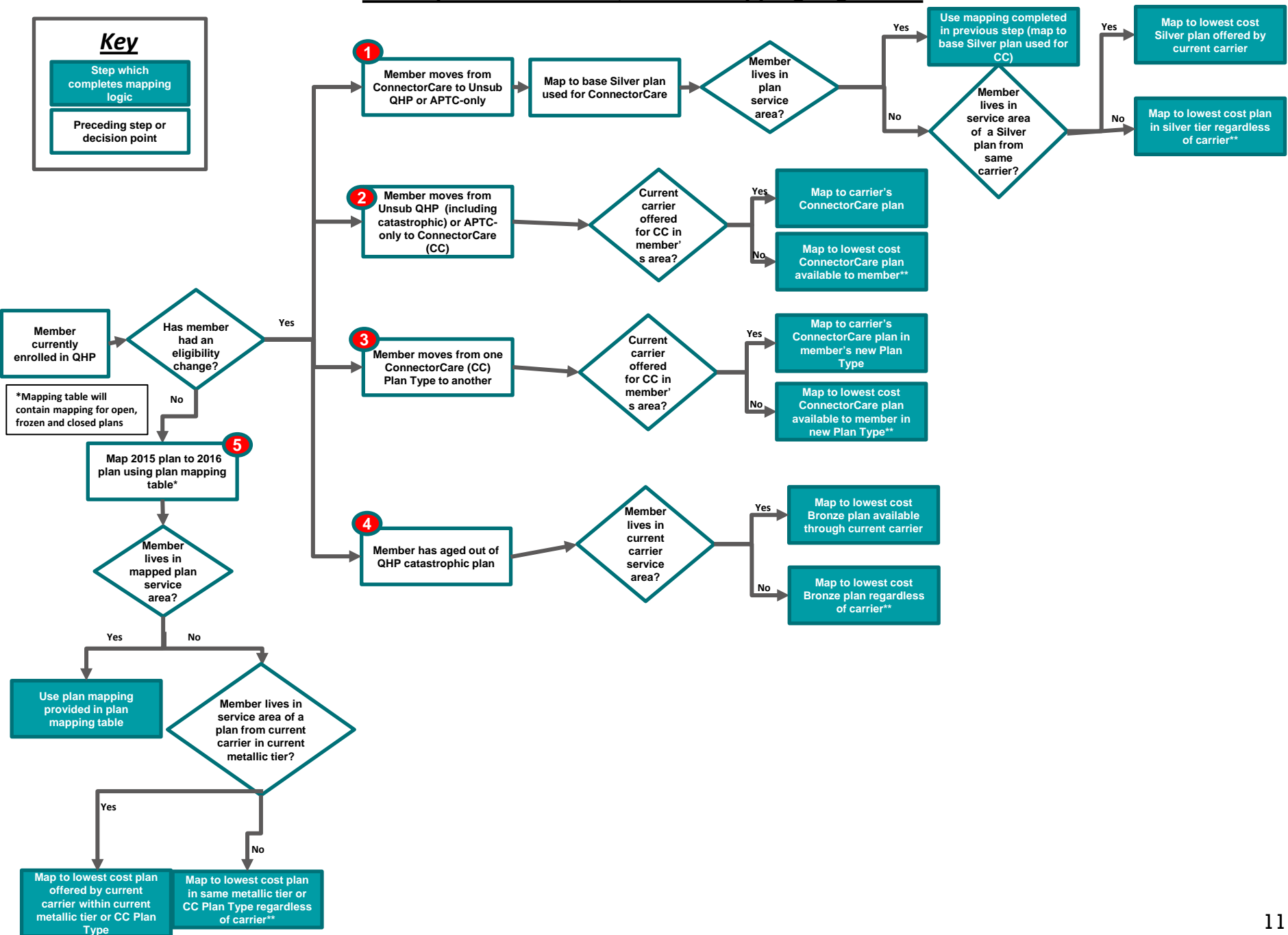
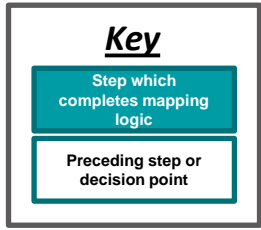
- **2. Renewal / Discontinuance Notice and Final Eligibility Notice (mid October / late October)**
 - Will be sent to ALL QHP enrollees eligible to renew in 2016 (non-deceased, MassHealth eligible or terminated from coverage)
 - The notice is designed to have variable fragments so information pertinent to an individual is sent only to that subset of members (e.g., unsubsidized applicants will not have information regarding APTC or FPL)
 - The final notice required by state and federal government relates to availability of plans. We will use this consolidated notice to alert the member of:
 - 2016 FPL
 - Plan availability, and any mapped plan we would enroll them into in the event that their plan was not available
 - Estimated 2016 monthly premium
 - Estimated 2016 APTC amount
 - If they are ConnectorCare eligible, we may include additional information to help them with plan selection Information on shopping during open enrollment and key dates
 - Information about timelines for auto renewal and when they will receive their invoice for their new plan if they decide to take no additional actions
 - Appeal rights, if applicable
 - Voter registration form
- **Timing**
 - Mid – late October (as soon as the second week of October given dependency on plan management code freeze in system)
 - Sent in waves

Plan Mapping

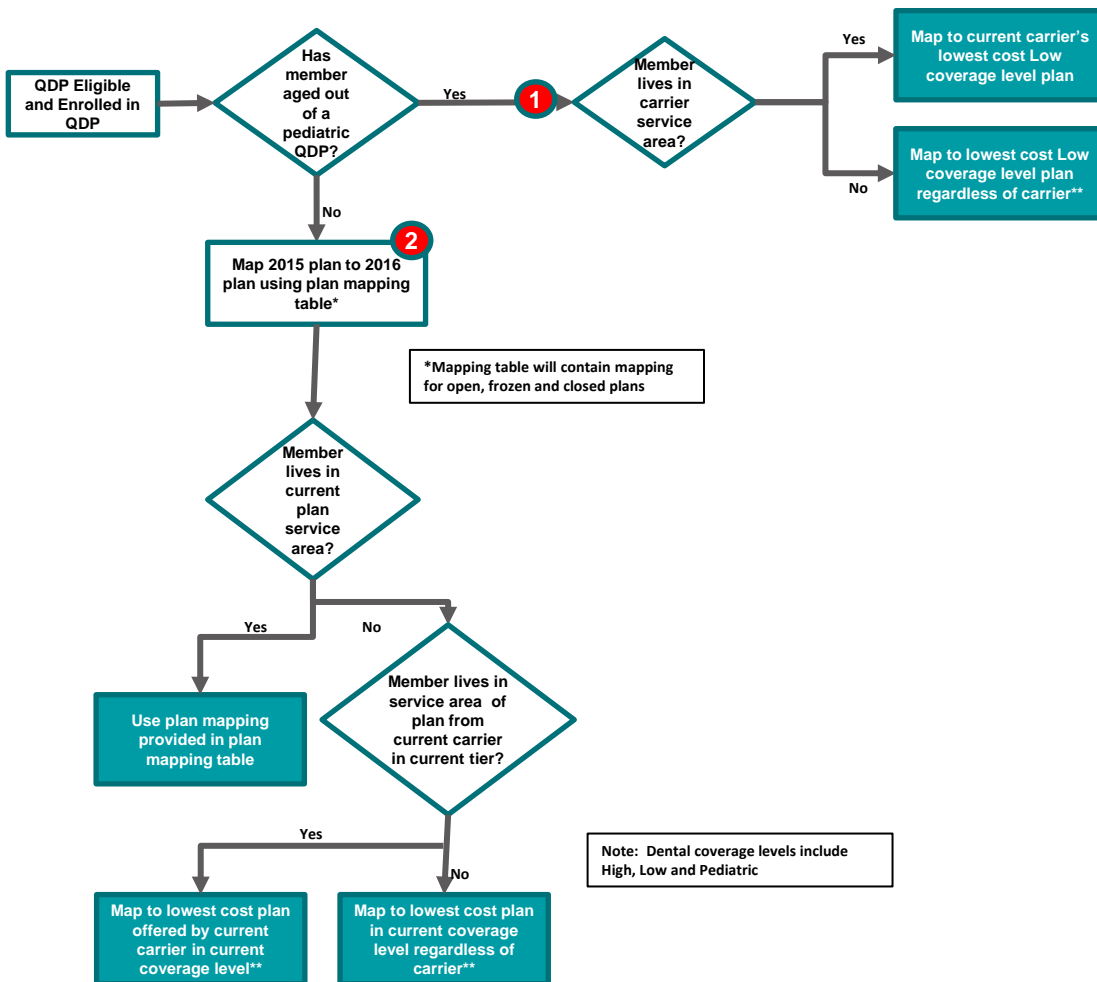
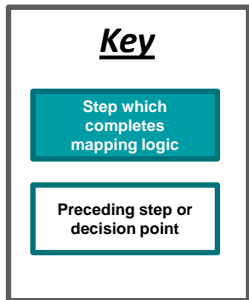
Members can remain in their same health plan for 2016, if that plan is available

- If their plan is unavailable, members will be mapped into a like plan using the following:
 - Member will be put into carrier's mapped plan, if approved by the Health Connector as part of the Seal of Approval
 - If a mapped plan is unavailable, they will be mapped into a plan with their former carrier that offers a similar level of benefits
 - If their carrier is unavailable to them, they will be mapped into the lowest cost plan that offers a similar level of benefits

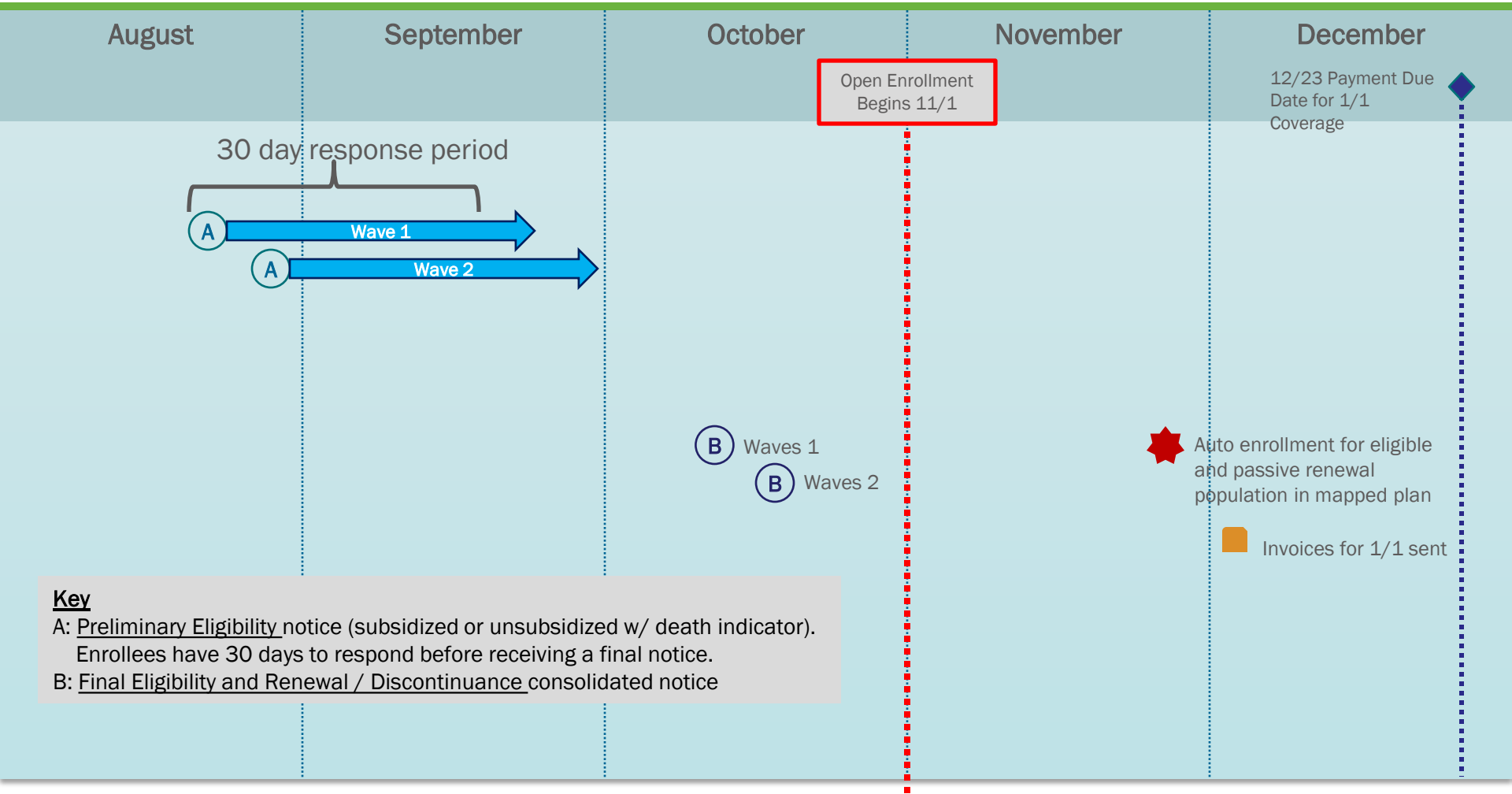
2016 Open Enrollment QHP Plan Mapping Logic Flow



2016 Open Enrollment QDP Plan Mapping Logic Flow



Draft Timeline



Key

- A: Preliminary Eligibility notice (subsidized or unsubsidized w/ death indicator). Enrollees have 30 days to respond before receiving a final notice.
- B: Final Eligibility and Renewal / Discontinuance consolidated notice

Key Takeaways for Assisters

This year's Open Enrollment period will run from Nov. 1 – Jan. 31

- Open Enrollment will have a different feel from past years as consumers who haven't experienced any significant life change and are happy with their health insurance plan do NOT need to take any action
- It is important that Assisters understand the timing and the purpose of each mailing that is being sent to consumers (beginning in August)
- Encourage members to update their application with their most current information, and to browse their plan options during open enrollment
- Remember consumers who are happy with their health insurance plan and do not have any reason to change their information and their plan can do nothing, and as long as they continue to pay their premiums, they will be able to stay in their plan (or a mapped plan) into 2016
- If a consumer is mapped into a different health plan, encourage them to review that plan in detail. While it is the most similar to their 2015 plan, it may not be the same

New Online Self Service Features



New self service features will be available on MAhealthconnector.org for 2016 applications

- Beginning in late August, consumers will be able to edit their 2016 application within the 30 day window following the receipt of their redetermination notice (Notice A) simply by logging into their online account (*i.e.*, they will be able to make changes themselves without having to call the call center)
- Health insurance plans will not be available until the open enrollment period begins, so before November 1 individuals will only be able to update their 2016 eligibility application
- Beginning November 1, consumers can log into their online account, view their renewal plan proposed by the Health Connector based on their 2015 plan, and browse other plan options
- More details to come. Look for more information from the Health Connector via the MAhealthconnectorUpdates email

Outreach & Communications Strategy Overview

What We Need To Accomplish During 2016 Open Enrollment

Target Remaining Uninsured

Outreach and assist with application and enrollment those consumers who may be uninsured using culturally and linguistically appropriate strategies for engagement

Support Redeterminations & Renewals

While QHP & QDP members will not be *required* to do anything to maintain their coverage, we will encourage them through a light-touch awareness campaign to update their accounts and shop around for the best coverage that meets their needs (and their budget)

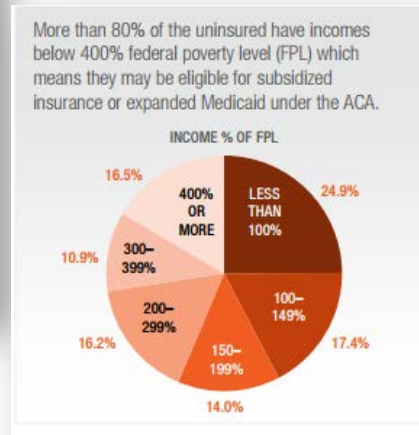
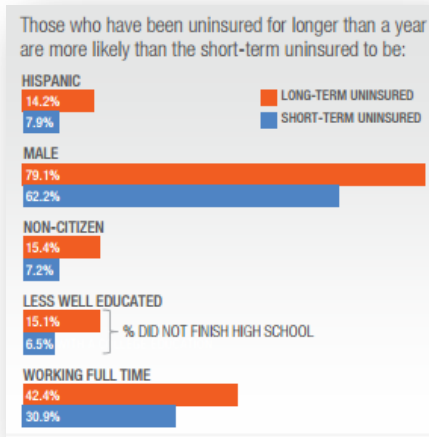
Increase Awareness & Understanding

Through community engagement and content development, we hope to generate additional awareness of the Health Connector's role in connecting people to coverage and how to use the tools the Health Connector offers to encourage and empower self-service

High-Priority Populations

Our primary population for the upcoming Open Enrollment period is the remaining uninsured, with a secondary focus on supporting our QHP & QDP members through redeterminations and renewals.

- The remaining uninsured in Massachusetts are disproportionately **young** (19-25), **male**, and **Hispanic** *
- The highest concentration of uninsured residents maps closely to the cities and towns with legacy members that did not transition



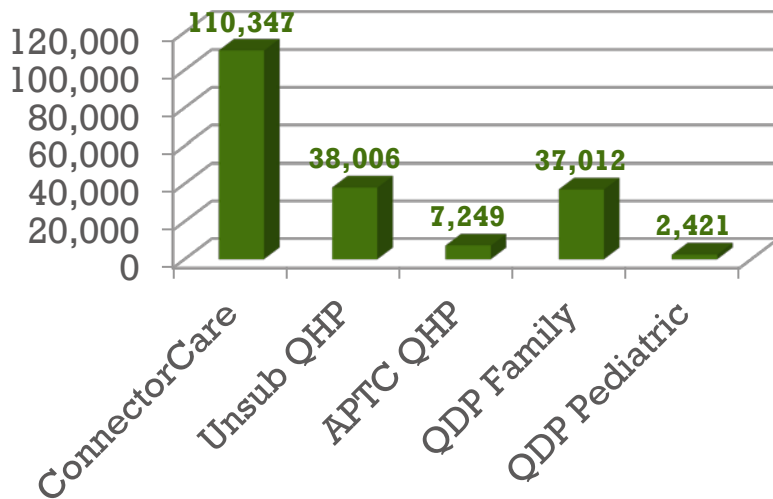
Rank by # Uninsured (average 2009-2013)*	Rank by # Not Transitioned
Boston	Dorchester Largest
Springfield	Worcester
Worcester	Lawrence
Lawrence	Brockton
Lowell	Lowell
New Bedford	Lynn
Lynn	Springfield
Brockton	New Bedford
Framingham	Fall River
Fall River	Quincy Smallest

* SOURCE: Blue Cross Blue Shield of Massachusetts Foundation, *The Geography of Uninsurance in Massachusetts, 2009-2013*

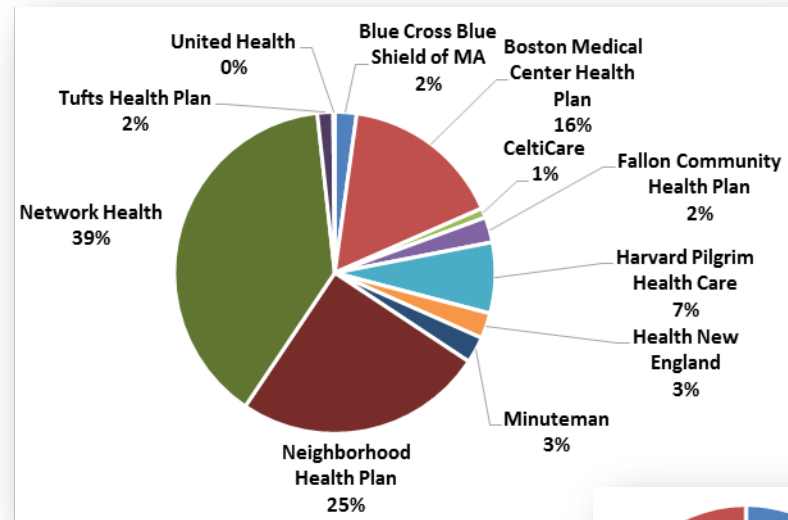
High-Priority Populations (cont'd)

Our own QHP/QDP population's enrollment is very strong, and thus the potential size of the population that may have a change in eligibility or may switch a plan is significant.

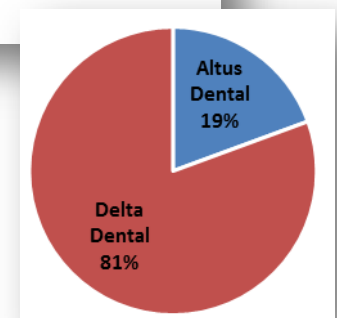
Enrollment
(as of May 26, 2015)



Non-group Medical Enrollment
(sub & unsub)

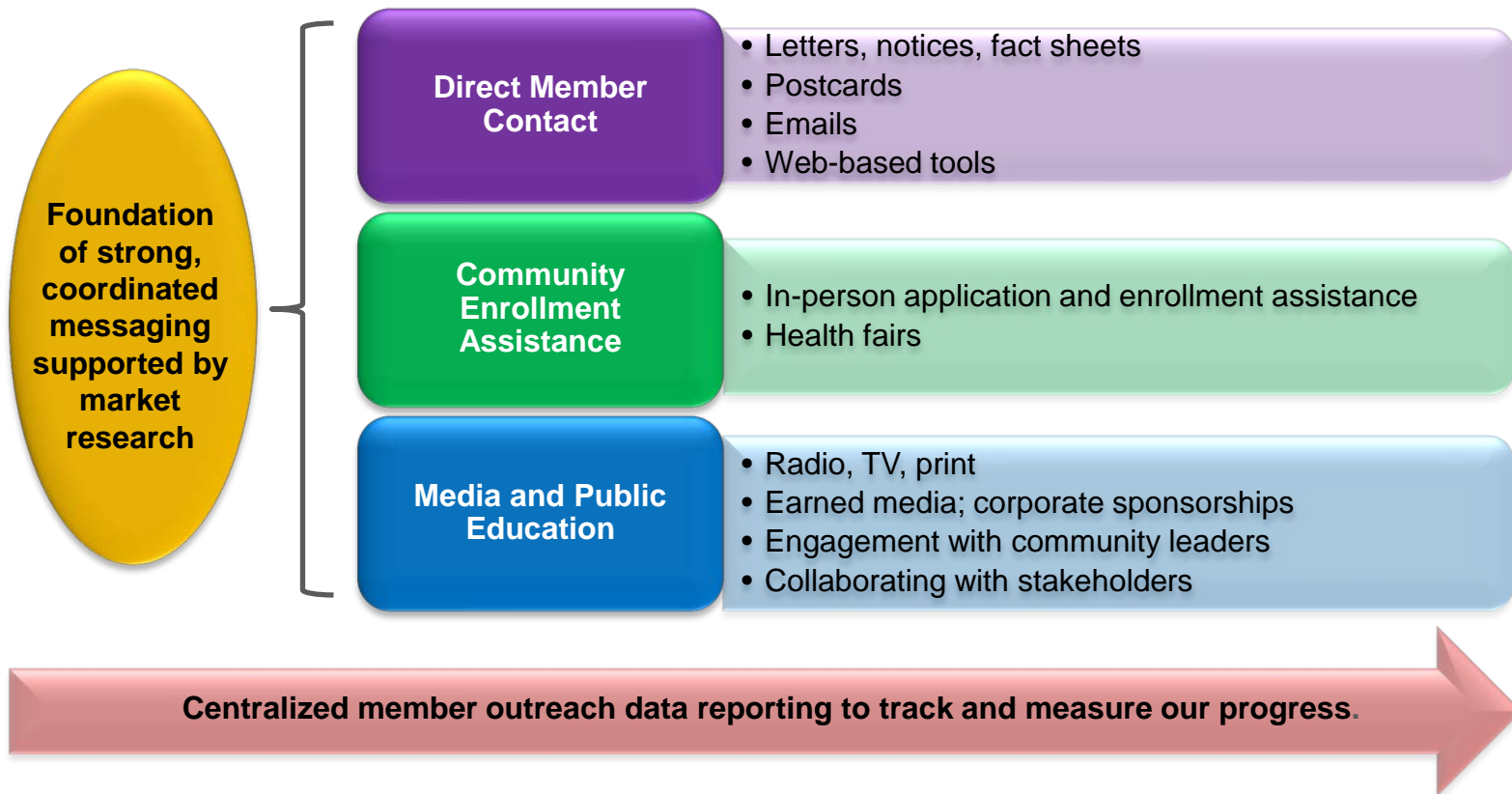


Non-group Dental Enrollment



Multi-faceted Outreach Campaign

We will use a mixture of targeted and broad-based outreach strategies to generate awareness about health insurance, the Health Connector and how to get coverage or get better coverage if you already have it.



This year our messages differ significantly than the call-to-action last year for renewing members, but it is important to tailor our messages to the needs of each of our populations.

Approach:
Tailor Messaging to
Each Distinct
Population

(1) The remaining uninsured*

- Ability to reduce costs with financial help
- Ease of getting enrolled
- The protective value (medically & financially) of insurance
- Availability of in-person assistance

(2) Renewing members

- Do not need to do anything to stay covered
- A good time to re-assess their eligibility to avoid tax penalties or ensure they are taking advantage of maximum benefits
- The time to switch plans for any reason

(3) The general public

- Who the Health Connector is
- Why we matter
- What we offer

- D
y
c
a
- *life examples of incomes*
- Now it is easier than ever to apply for health insurance
- Health insurance is important to protect you from the unexpected
- Coverage can help keep you healthy
- The Health Connector can help you understand your options and can provide you one-on-one assistance with your application

Renewing Members

- You don't need to do anything to keep your same coverage and your same benefits if you are happy with your coverage and haven't had any major life changes
- If you'd like to see if you're eligible for more benefits or if you'd like to save money on your coverage, now's the time to update your account and shop!
 - *(Use real savings examples based on premiums from 2015 compared to 2016)*

General Public

- The Health Connector is the place to connect to good health
- We offer health insurance to individuals of all ages at all incomes and coverage to small businesses, too
- Compare health and dental plans side-by-side and learn more about how to use your health insurance
- You may be able to find lower-cost options without having to sacrifice the benefits you want or the doctor's you visit

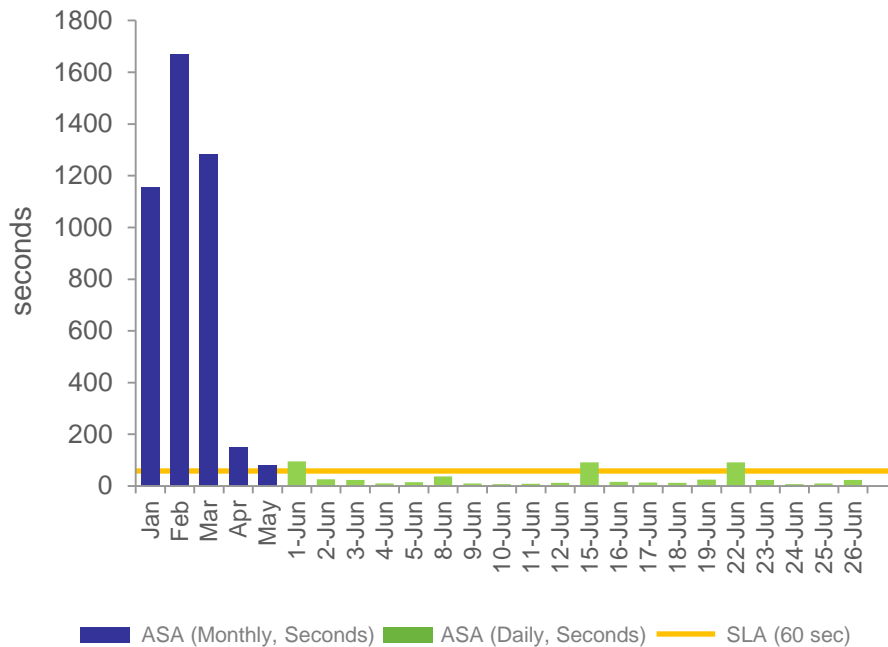
Customer Service Operational Improvements

Progress to Date: Call Center Performance

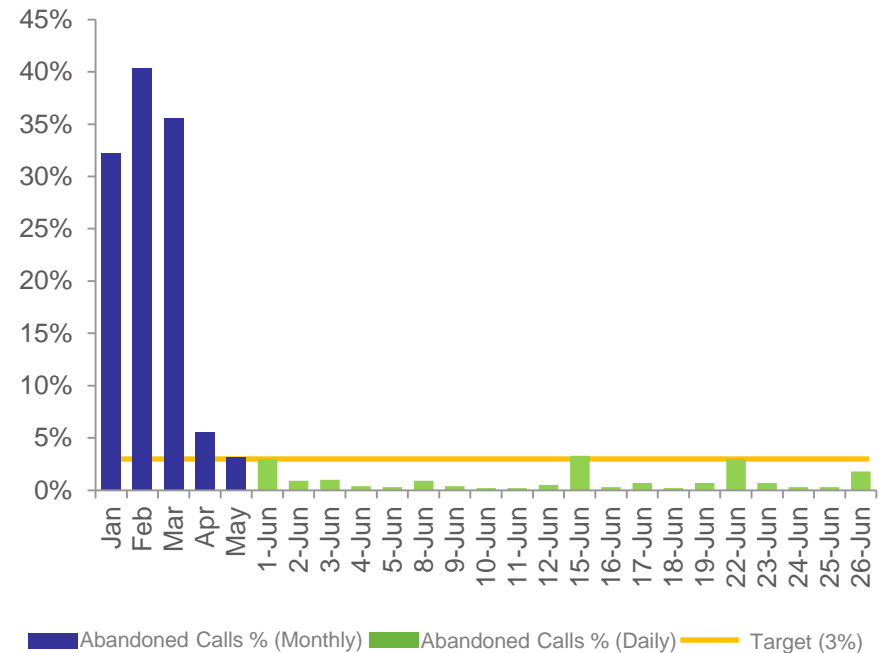


- The Call Center continues to perform within benchmark
- In the month of June, the Call Center met service levels with average speed of answer within 1 minute
- Over the next few months, the Health Connector will be working with our call center team to continue to implement improvements related to call quality and training, while also developing staffing plans for the upcoming open enrollment season.

Average Speed to Answer, Call Center



Abandonment Rate, Call Center



Accomplishments to Date

As was reported at the Health Connector Board Meeting on June 11, work has been done to resolve the following known issues:

Payment Transfers

- Identified all members who have misdirected payments and applied their payments to the correct accounts. This includes payments intended for a 2015 enrollment sent to PO Box dedicated to 2014 plans and payments applied to health enrollments instead of dental and vice versa
- Implemented member communications to inform members of misdirected payments and provide instructions on how to ensure payment will be applied correctly when making a payment
- Implemented an ongoing process to identify misdirected payments and apply to correct accounts on a weekly basis with special attention to payments received in the week before the 23rd of the month (payment due date)

Accomplishments to Date (*cont'd*)

Refunds

- Issued all outstanding refunds that have been requested by members up until that date by June 29, 2015. This applies to refunds for credit balances for enrollments in 2014 and 2015 calendar year plans
- Implemented an ongoing process to research and issue refund checks requested by members. The timeframe to receive a refund has been reduced from former 60-90 days to 30-45 days

Payment Processing

- Improved walk-in process for payment intake to ensure that staff validate essential information on the payment when received in the walk-in center, this ensures that payment is processed promptly and applied to the member's account
- Began providing take-home payment instructions to members in the walk-in center in English and Spanish
- Improved speed and quality of internal processes to ensure that every payment received by the 23rd of the month is processed promptly and members do not become delinquent

Take-home Payment Instructions



⊕ Making Payments for your Insurance Coverage



If you are not enrolled To complete your enrollment in a Health Connector health or dental plan, your payment must be received by the **23rd of the month** before your coverage effective date. For example, payment is due by June 23rd for coverage that starts July 1.

Paying your bill every month

- You will get your monthly bill in the mail by the 10th of every month.
- If you are enrolled in both, health and dental coverage, you will receive a separate bill for each and must make two separate payments.
- Health Connector must receive your payment by the 23rd of the month. The payment must be received by the next month of coverage.

How to pay The easiest coverage payment options are:

- Online** at payment.MAhealthconnector.org
- By mail**, through a check or money order

Paying online

- Go to payment.MAhealthconnector.org. Click **FAQ** at the top of the web page for making a payment.
- Complete an easy 5-step application.

Important: Ensure that you enter the name, date of birth, and home address exactly as they appear on your application.

Paying by mail You can pay by mail using a check or money order (do not mail cash).

- Fill out a check or a money order making it payable to: **MA Health Connector**
- Include the detachable payment coupon (bottom part of your bill) with the payment.

Important: Clearly write your 9 digit billing account number beginning with 7 in the top right corner of the check or money order. Your billing account number can be found on the left corner of your Health Connector insurance bill.

Health Connector Insurance Bill		MA HEALTH CONNECTOR	
Bill Date:	01/01/2015	Previous Balance:	\$0.00
Primary Recipient:	John J Sample	Payments Received:	\$0.00
Member ID:	700056123456	Past Due Balance:	\$0.00
Billing Account Number:	700012121	Fees/Discounts:	\$0.00
People Covered:	2	Adjustments:	\$0.00
Coverage month:	February 2015	Your Monthly Premium:	\$200.00
VERBODEN TOEGELIJKT		Total Due by 01/23/2015:	\$200.00

3. Mail your payment to the following address. If you are enrolled in both, health and dental coverage, you must make two payments. You may mail both payments and coupon envelope:

MA Health Connector
PO Box 970063
Boston, MA 02297-0063

Important: If you are mailing a check or a money order and do not have the payment coupon, include all of the following information with your payment:

- Your full name
- The billing account number starting with 7
- Phone number where you can be reached
- Your mailing address

Haciendo Pagos Para Su Cobertura de Salud



⊕ Si usted no está inscrito

Para completar su inscripción en un plan de salud o dental con el Health Connector, su pago debe ser recibido antes **del 23 del mes** para la fecha efectiva de cobertura del próximo mes. Por ejemplo, el pago debe ser recibido antes del 23 de Junio para que la cobertura comience el 1 de Julio.

Pagar su factura cada mes

- Usted recibirá su factura mensual en el correo cada 10 del mes.
- Si usted está inscrito en un plan de salud y dental, usted recibirá una cuenta separada por cada seguro y debe hacer dos pagos diferentes.
- Tenemos que recibir su pago cada 23 del mes. Este pago es para el próximo mes de cobertura.

Formas de pagar

Las maneras más fáciles de pagar la cobertura son:

- Por nuestra página web** en payment.MAhealthconnector.org
- Por Correo**, a través de un cheque o giro postal

Pagos electrónicos

- Ir a payment.MAhealthconnector.org. Haga clic en **FAQ** en la parte superior de la página web de consejos para hacer un pago.
- Llenar una solicitud de 5 pasos fáciles.

Importante: Asegúrese que escriba el nombre, la fecha de nacimiento, y la dirección exactamente como aparecen en su aplicación

Pagar por correo

Usted puede pagar por correo con un cheque o giro postal (no envíe dinero en efectivo).

- Llene un cheque o giro postal, haga el a nombre de: **MA Health Connector**
- Incluye el cupón de pago (la parte inferior de su factura) con el pago.

Importante: Escriba claramente los 9 dígitos de su cuenta que comienza con el número 7 en la línea de memo del cheque. Su número de cuenta se puede encontrar en la esquina izquierda de su factura del Health Connector.

Health Connector Insurance Bill



Bill Date:	01/01/2015	Previous Balance:	\$0.00
Primary Recipient:	John J Sample	Payments Received:	\$0.00
Member ID:	700056123456	Past Due Balance:	\$0.00
Billing Account Number:	700012121	Fees/Discounts:	\$0.00
People Covered:	2	Adjustments:	\$0.00
Coverage month:	February 2015	Your Monthly Premium:	\$200.00
VERBODEN TOEGELIJKT		Total Due by 01/23/2015:	\$200.00

- Mande su pago por correo a la siguiente dirección. Si usted está inscrito en un plan de salud y dental, debe hacer dos pagos diferentes. Usted puede enviarlos pagos y cupones en un solo sobre:

MA Health Connector
PO Box 970063
Boston, MA 02297-0063

Importante: Si envía un cheque o giro postal por correo y no tienen el cupón de pago, incluye toda la siguiente información con el pago:

- Su nombre completo
- El número de cuenta de facturación a partir del número 7
- Número de teléfono donde se le puede llamar
- Su dirección de correo

Ongoing Initiatives

We are continuing to work on operational improvements to provide our members with fast and quality service:

Refunds

- Started issuing refunds to members who were enrolled in a plan in 2014 and have a remaining credit on their account. These are customers who did not request a refund despite the credit. We expect to issue and mail all refund within the next 6-8 weeks
- Developing a process to issue refunds automatically in the future – based on pre-defined rules refund checks will be sent to members who are no longer enrolled and to members who have a large credit balance. There will be no need to make a request. Of course, refunds per member request will continue to be processed
- Working to shorten the refund issuing timeframe from current 30-45 days to 1-2 weeks after member makes a request

Ongoing Initiatives *(cont'd)*

Billing and Payments

- Working to redesign billing process to prevent members from receiving multiple bills in their first month of coverage. NOTE: members enrolled in a health and dental plan will continue to receive a separate bill for each enrollment
- Working to implement tighter operational and financial controls to prevent or catch errors early

COMING SOON – Customer Service Phone lines for Certified Assisters



MassHealth and the Health Connector are working to have special phone lines for Certified Assisters ready for early fall.

- Two separate phone lines will be set up: One to reach the Health Connector customer service and one to contact MassHealth customer service
- Phone lines will be staffed by Customer Service representatives who can handle an Assister's questions about an IT problem, an applicant's program determination or other common consumer challenges
- It will also include a process for helping Assisters do real-time Identity Proofing for a Consumer they are helping
- The Health Connector and MassHealth are currently working with their vendors and gathering feedback from Consumer Advocates, Assister groups and providers on the implementation of these phone lines

Updates to the Online Payment System

Online Payment System Improvements



- Because the payment portal is not integrated with the eligibility/enrollment system and therefore unable to recognize a user as an existing enrollee, it accepts user data without validation and creates an impression that payment was successful
- The portal is integrated with the premium billing system and can recognize a member who is known to that system. New members are loaded into the billing system within 4 hours of completing Connector plan shopping (check out)
- The slides on the following pages describe changes will be implemented in July

Online Payment System Improvements (cont'd)



To ensure that we accept payment information only from users who we know are enrolled members:

- After user completes Steps 1 and 2, the portal will validate that user exists in the premium billing system
 - If user is found, they will proceed to enter their payment information (bank account and routing number etc.)
 - If user is not found, they will see an error message and will not be able to proceed
- For members who have just completed shopping, payment can be made after 4 hours have passed. Members may also return the next day and make a payment
 - Members who complete shopping on the 23rd of the month can make a payment on the 24th
- Only subscriber information should be used to make a payment
- If experiencing difficulties, users should use their enrollment ID and make sure name and DOB match what was entered on their application

Subscriber Information: *
Please select whether you want to pay for your health or dental plan.

Plan Type:
Health

Select ID: *
Enrollment ID

Enrollment ID:

Log into your account at www.mahealthconnector.org, click My Enrollments and find the field called "Enrollment ID." Enter only numbers in this field.

Individual Insurance Plans

Enrollment ID	Head of Household Name
112223334445	John J Sample

Plan selected for John J Sample

MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME
100 th	TUFTS Health Plan	Tufts Health Direct Silver HMO/Silver

Health Connector Insurance Bill

Bill Date:	01/01/2015
Primary Recipient:	John J Sample
Member ID:	123456123456
Billing Account Number:	700212121
People Covered:	2
Coverage month:	February 2015

STEP 2

Enter your name and date of birth exactly the same as you did on your application

First Name: *

Middle Name:

Last Name: *

Suffix:
-- Select a Suffix --

Date of Birth: *
Enter your Date of Birth. Use mm/dd/yyyy format. For example, for May 1, 1955 enter 05/01/1955

Online Payment System Improvements (cont'd)



After user is validated as an existing enrollee known to the premium billing system, the portal will:

- Display premium amount and balance due
- Display a special message if balance is zero or credit. Members do not need to make a payment
- Allow member to choose to pay total amount due or a different amount
 - Smaller amount is allowed. If using this option, members should remember to make another payment before the 23rd of the month (payment due date). An additional reminder will not be sent
 - Larger amount is allowed as long as payment amount is not more than three times the current premium amount (e.g. \$150 if premium is \$50). This will prevent large payment errors and still allow members to pre-pay for coverage if they wish
 - Only one payment per account per day is allowed. This is to prevent multiple payments errors. For example, a member who is enrolled in a health and dental plan, can make two payments in one day – one for health enrollment and one for dental
- Require users to enter an email address. Members should use *any valid email address* where they would like to receive the confirmation message. It does not have to be the same as email used on the application

Online Payment System Improvements (cont'd)

How to make an online payment video will be available from the portal home page and you will see some additional changes to instructions on screen

Pay Your Premium Online

▶ Not Sure how to make a payment? [Click Here](#) to watch a video guide on how to make an online payment. ✕

This payment option is only available for 2015 health and dental plans with a coverage start date of January 1, 2015 or later.

For plans with a start date of January 1, 2015 or later, the payment due date for all Individual and Family health and dental plans is the 23rd of every month before the next coverage effective date, which is the 1st of every month.

If you are enrolling or already enrolled in a Health and a Dental plan through the Health Connector, you will need to submit a separate payment for each of your plans.

The information provided below cannot be used to make changes to your application; please contact the Health Connector Customer Service at 877-MA-ENROLL.

You can return to this page at <https://payment.MAHealthConnector.org> at any time. If you already have a recurring payment set up and you create a new recurring payment,

Transactions are encrypted for your privacy and protection, and processed by a secure server.



Questions?