

Frequently Asked Questions

Health Connector Redetermination and Renewal Process and Open Enrollment 2017

Question: Is a renewing Health Connector member required to make updates to their 2017 application?

Answer: No, a renewing member is not required to make updates in order to be renewed into 2017 coverage. However, if a member received a **Preliminary Eligibility notice** that shows a loss in subsidies or a change in eligibility that does not represent their current circumstances, the member will likely need to review and update their 2017 application and resubmit the application with any changes in order to regain access to subsidies.

Question: When a member calls an assister because of a **Preliminary Eligibility notice**, what should the assister do? Can the Assister tell the member to wait to make changes until Open Enrollment begins?

Answer: An Assister should first ask the member what their 2016 coverage is and then ask if the expected 2017 coverage is different. If it is the same, the Assister can verify that nothing in the household has changed. The assister should also remind the member that he can begin shopping on November 1st, and to explore other plan selection options if they experience a premium rate increase.

When reviewing the **Preliminary Eligibility notice**, if the 2017 coverage is different from the 2016 coverage, the Assister should help the member identify why the member lost subsidies. If the member needs to file taxes, please refer to the tax assistance email and flyer on where individuals can find tax preparation help emailed to all Assisters on 9/26/16.

It's always best to review this information with a member before the **Final Eligibility and Renewal** packet is sent and before Open Enrollment begins. This ensures that any updates are made prior to the **Renewal notice** so that it reflects the member's most accurate program eligibility.

Question: I have a member that lost subsidies for 2017, remains income eligible for ConnectorCare, and filed their 2015 taxes. Why isn't this person eligible for subsidies in 2017?

Answer: When checking public data sources, the Health Connector can receive information that may cause an individual to lose subsidies. Be sure to verify if the individual has access to public minimum essential coverage. If the person does not, update the member's 2017 application with the most accurate and up to date information. Updating and resubmitting the 2017 application will help the member regain access to subsidies.

Question: I've heard that premium rates are going to increase for Health Connector members in 2017. Do premium rate increases have an impact on ConnectorCare members?

Answer: Yes, members in higher cost ConnectorCare plans will have higher premiums in 2017. For 2017, some carriers submitted higher rates and the Commonwealth was unable to reduce to monthly premiums for these higher cost plans. Additionally, since the Health Connector used new data sources for reviewing eligibility, some members saw a reduction in subsidies or they lost their eligibility for subsidies altogether.

As a result, many ConnectorCare members will be facing higher premiums if they do not choose a different health plan. Additionally, plan type 1 members, who have never faced a premium before, will have to pay a premium, in some cases around \$150/month, for certain plans if they do not switch plans for 2017. While members who chose to stay in these higher cost plans will face higher premiums, there will be no differences in benefits or cost-sharing reductions across ConnectorCare plans.

Question: If I have a member come in telling me they have to pay a higher premium, how can I tell if a member is impacted by an eligibility change, a premium increase, or both?

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Answer: It is important to first begin by addressing any potential changes in eligibility and then discuss rate changes and shopping for other health plans. A member would ideally have a **Preliminary Eligibility notice**, which will inform them of any expected change to their 2017 eligibility, or a **Renewal notice**, which will inform the member if they are going to stay in the same plan for 2017.

If you see movement from a ConnectorCare plan to an unsubsidized coverage type, it is an eligibility issue. You can also check the member's online account and look at the 2016 eligibility and the 2017 eligibility and verify if they are the same. Soon, Navigators and Certified Application Counselors will be able to do this in the Assister Portal.

Members affected by premium increases will receive direct communications from the Health Connector about their premium increase and provide the other options available to them. However, Assisters should become familiar with the Seal of Approval presentation and the 2017 ConnectorCare Placemat. These tools will help you become familiar with any changes to the ConnectorCare premiums in your service area. Finally, all members will receive a final bill if they are renewing into the same plan for January 2017, or green quote if they selected a new plan for 2017. Either of these will show the member the exact amount they owe.

Question: What should an Assister do if a member's financial circumstances have not changed, but the member is losing subsidies in 2017?

Answer: Sometimes federal data sources/IRS is unable to return information for a member. Without any information about the member's income, the Health Connector cannot continue to provide subsidies for the member. Therefore, you could have a member that is losing subsidies but also telling you that nothing about her financial situation has changed. If an Assister encounters this situation, the Assister should advise and help the member to re-attest to her income and then re-submit the 2017 application. Completing these two steps, re-attesting to the income and re-submitting the application, allows a member to regain eligibility for subsidies for 2017. Please note that this may generate a request for information (RFI), whereby the member will have to submit proof the income she attested to.

Question: There are so many different letters that members receive during the Redetermination and Renewal time period. What are all of the Communications a member will receive from the Health Connector before the end of the year?

Answer: There are several key communications the Health Connector sends members. Many of these are legally required and intended to help inform the member of their 2017 coverage and any changes to that 2017 coverage. Below is a list of the critical member communications:

August-September:

- **Preliminary Eligibility notice:** describes the member's 2016 coverage and expected 2017 coverage. This notice will not have plan or premium information.

October:

- **Final Eligibility and Renewal packet:** describes the 2016 and 2017 plan information and whether this is the same or a different plan. This is the **Renewal notice** that will provide eligibility, plan and premium information.

December:

- **Bill:** a monthly bill for January 2017 that a member must pay for coverage in January 2017. A member will receive a bill if they do not select a new plan with a new carrier, although the premium amount may be different for 2017 than their 2016 bills and they must pay their new premium amount or shop and pay for a new plan by December 23rd.
- **Quote:** includes the premium amount for January 2017 that a member receives if they are a new member or a current member that selected a new plan with a different carrier for 2017. This year, the quote is in green,

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which will help distinguish it from the bill. Members must pay their January premium by December 23rd to be enrolled in coverage if they are new or switching carriers.

November-January:

- A series of **emails, letters, and robo-calls** especially targeted at members facing premium increases encouraging them shop to see what other less expensive plans are available to them.