MA Health Care Learning Series

All Assister Conference Call

October 18, 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 Updates
  - 2017 Health Connector Open Enrollment
  - Health Connector Member Noticing and Communications
  - Seal of Approval Results
  - How can Assisters help Health Connector Members?
- System Updates

2017 Health Connector Open Enrollment

2017 Open Enrollment

Open Enrollment is the time of year when individuals and families may enroll in non-group coverage or switch existing Health Connector coverage for any reason, without needing a qualifying event

- *This year Open Enrollment is November 1, 2016- January 31, 2017*
  - Health Connector members can begin shopping and make new plan selections on November 1, but any new plan selection will not be effective until January 1, 2017
  - New applicants can submit applications and enroll for coverage starting January 1, 2017 without experiencing a qualifying event. If new members would like coverage in 2016, they must have a qualifying event
  - Any Health Connector members enrolled in 2016 will be redetermined and renewed into a plan for 2017
  - As a reminder – people can apply for and become eligible for MassHealth, the Health Safety Net, or Children's Medical Security Plan at any time during the year

Open Enrollment 2017

MASSACHUSETTS HEALTH CONNECTOR

For Open Enrollment 2017, we anticipate:

1) Implementing newly required federal rules to ensure program integrity that will affect eligibility
2) Increased health insurance premium rates for a significant subset of our membership

Open Enrollment 2017 (cont'd)

- **Eligibility: Required Redeterminations Program Integrity Updates**
  - **IRS income comparison:** The Health Connector may use income data from the IRS or state DOR to determine eligibility for subsidies
  - **Mandatory Tax Filing:** Members will have had to file taxes to keep subsidies
  - **Process for mixed households:** Households with Health Connector and MassHealth eligible individuals will be processed together
- **Plan Renewal:**
  - Due to some health insurance carrier premium increases, increased costs for a significant subset of our membership
  - These premium increases could impact:
    - Unsubsidized members, particularly Harvard Pilgrim HealthCare and Neighborhood Health Plan members and ConnectorCare members enrolled in higher cost carriers

Health Connector Customer Service

In addition to expanding hours at the call center, staff will be deployed across the state to give in-person assistance to answer eligibility and shopping inquiries.

- **The Health Connector call center:** Will have extended business hours during Open Enrollment to ensure current and new members have expanded access to getting their questions answered

- Customer Service Representatives will be receiving specialized training to support Open Enrollment calls and more staff are being added to the call center in order to support the increased demand during this time

- 1-877-MA-ENROLL or 1-877-623-6765.

- Help is available in all languages

Health Connector Customer Service Open Enrollment hours:

Mon– Thurs
8am – 8pm

Fri 8am – 6pm &
Sat 9am – 5pm

Health Connector Customer Service (cont'd)

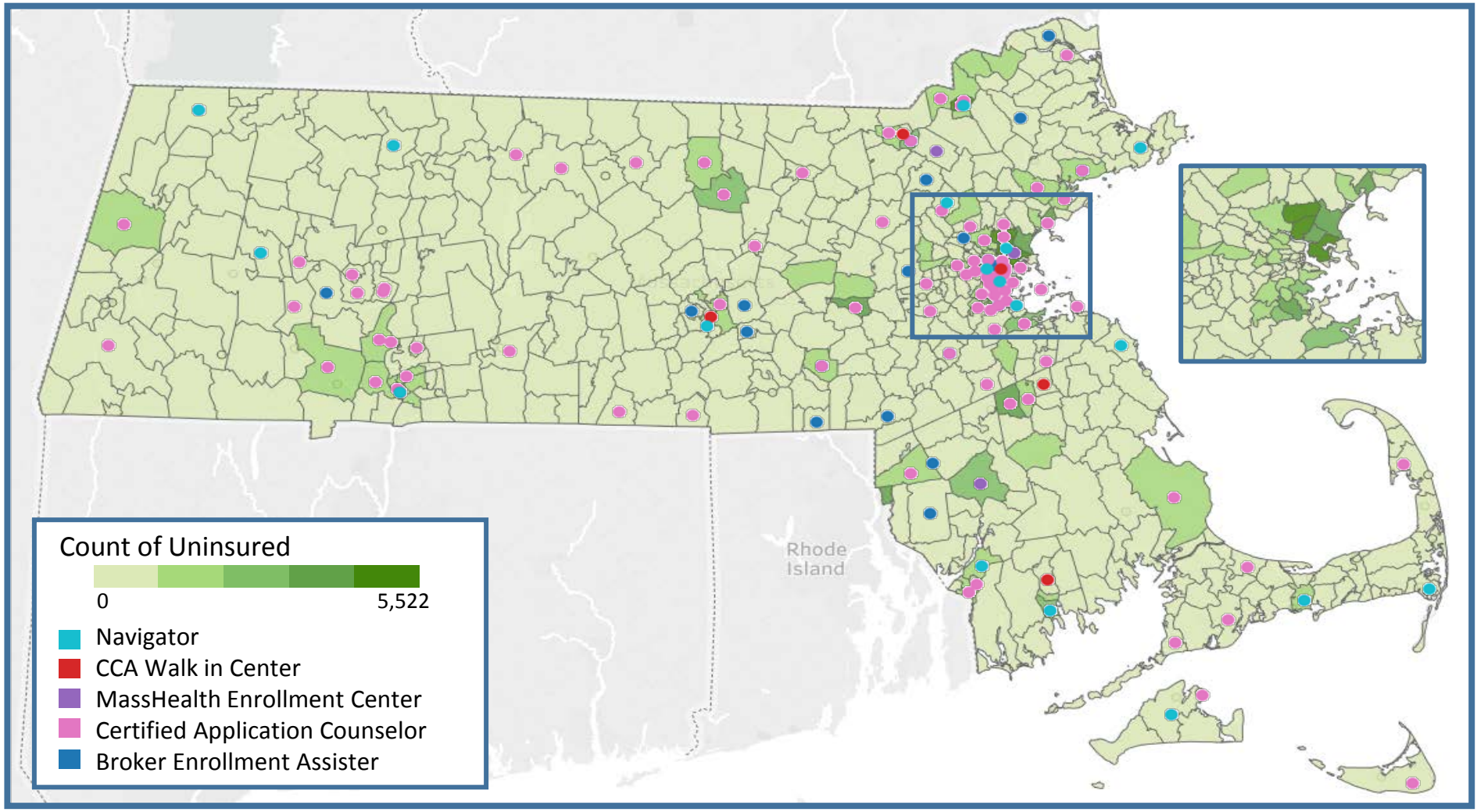
- **Walk-in center support:** In-person assistance from Health Connector customer service staff. Each site performs the full range of customer service activities, such as helping with applications, taking payments, and troubleshooting accounts

Location	Address	Open Enrollment Hours
Boston	133 Portland Street, Boston, Ma 02114	M-R: 8am-8pm, F: 8am-6pm, S: 9am-5pm
Worcester	146 Main Street Worcester, Ma 01608	M-R: 8am-8pm, F: 8am-6pm, S: 9am-5pm
Springfield	88 Industry Avenue Springfield, Ma 01104	M-F: 9am-5pm
Brockton **Brockton Neighborhood Health Center**	63 Main Street Brocton, Ma 02301	M-F: 9am-5pm
Lowell **Lowell Community Health Center**	161 Jackson Street, Lowell, Ma 1852	M-F: 9am-5pm
Fall River **HealthFirst Family Care Center**	387 Quarry Street Fall River, Ma 02732	M-F: 9am-5pm

2016 – 2018 Navigator Program: Selected Organizations

Navigator Organization	Location	Languages
Boston Public Health Commission	East Boston, Dorchester	Cape Verdean Creole, English, French, Haitian Creole, Portuguese, Spanish
Cambridge Economic Opportunity Council	Cambridge, Somerville	Amharic, English, Farsi, Haitian Creole, Spanish
Community Action Committee of Cape Cod & Islands	Hyannis, Nantucket	English, Portuguese, Spanish
Caring Health Center	Springfield	Arabic, English, Spanish
Community Health Center of Franklin County	Greenfield	English, Spanish
Ecu-Health Care	Northampton	English
Family Health Center of Worcester	Worcester	Albanian, Arabic, Berber, English, French, German, Greek, Portuguese, Spanish
Fishing Partnership Support Services	Chatham, Gloucester, New Bedford, Plymouth	English, Italian, Portuguese, Spanish
Greater Lawrence Community Action Council	Lawrence	English, Spanish
Hilltown Community Health Center	Huntington	English
Joint Committee for Children's Health Care in Everett	Everett, Chelsea	English, Spanish
Manet	Quincy, Fall River	Arabic, Cambodian, Cantonese, English, Mandarin, Portuguese, Spanish, Thai, Vietnamese
PACE	New Bedford	English, Portuguese, Spanish
Stanley Street Treatment and Resources	Fall River	English, Portuguese, Spanish
Vineyard Health Care Access	Dukes County	English, Portuguese, Spanish

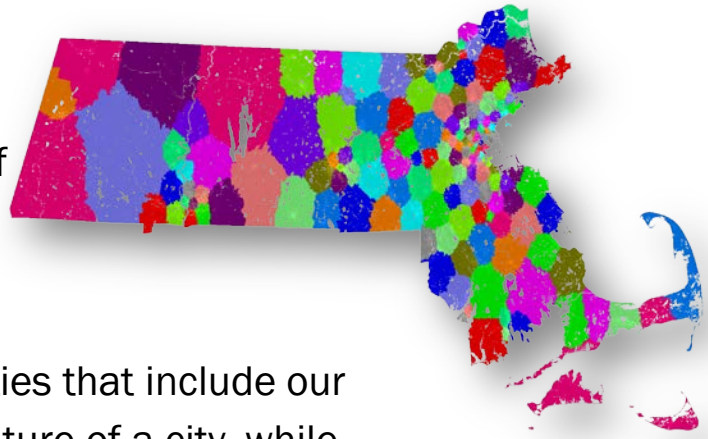
Enrollment Assistance



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

The 'Hidden Gems' Tour

- In an effort to give a boost to the Health Connector's traditional pre-Open Enrollment media effort, on Tuesday October 25th three teams from the Health Connector staff will be fanning out across the state on one-day tour



- Each team will visit hidden gems in six to eight communities that include our key uninsured populations, highlighting an interesting feature of a city, while talking about the Health Connector's upcoming open enrollment and special offerings, including standardized plans, APTCs, and our low-cost/no-deductible ConnectorCare program

- Attendees at each event will include Health Connector representatives, Navigators, community leaders, elected officials and external partners. The event will provide an opportunity for the Health Connector to expand relationships with elected and local officials, who are on the front lines of their communities and have unique relationships with their constituents and groups in their districts

Health Connector Member Noticing and Communications

Redeterminations & Renewals: Communications and Notices

- The Health Connector will only be noticing and renewing individuals who are actively enrolled in a 2016 Qualified Health Plan (QHP) or Qualified Dental Plan (QDP) leading up to or during Open Enrollment
  - Note – Mixed Households received a unique cover letter (with instructions) and a prepopulated renewal form. This is similar to the letters that MassHealth currently sends to members who are having their benefits redetermined in the HIX today

Preliminary Eligibility Notice

- Late August-early September
- Sent to enrollees who submitted a subsidized application
- Informs them of estimated 2017 FPL and program eligibility
- Instructs on how to update/correct the information
- Encourages updating the 2017 eligibility application

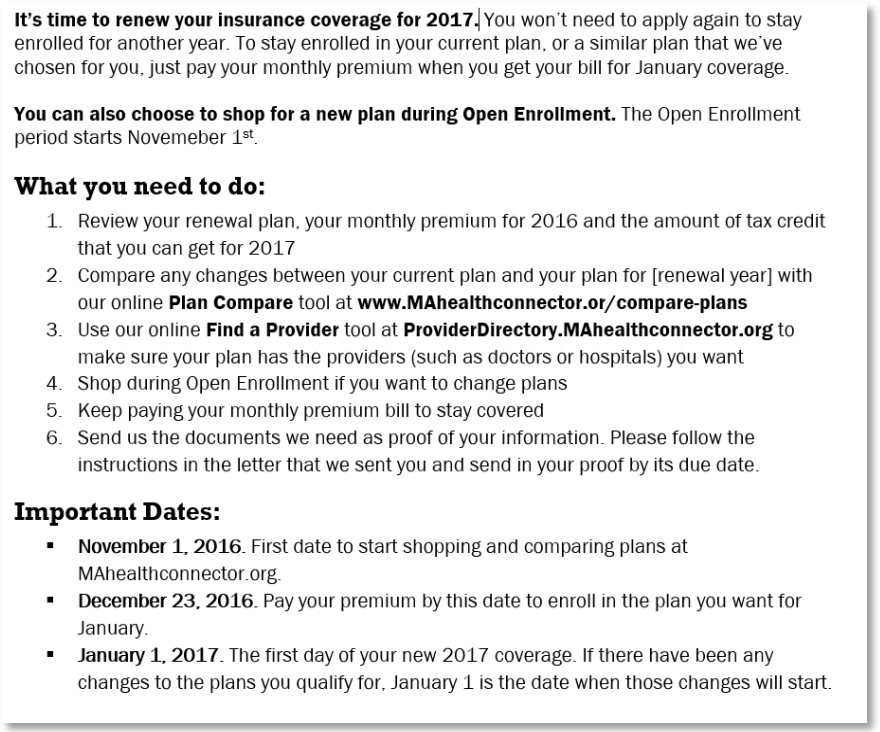
Renewal Notice

- Late October (right before Open Enrollment)
- Sent to all enrollees eligible to renew into a QHP and/or a QDP in 2017
- Includes information about the member's 2017 plan (including QDPs, where applicable), rates, tax credit amount (where applicable), other plan options for ConnectorCare eligible members and other helpful information related to Open Enrollment

Redeterminations & Renewals: October Communications

Final Eligibility & Renewal Notice

- Health Connector members will receive a final determination before Open Enrollment
- Health Connector members can still make updates to their 2017 application after they receive their renewal notice if their eligibility looks incorrect before the January 1 effective date
  - Health Connector members can also make changes to their 2016 application throughout 2016
- MassHealth members will receive a notice letting them know what programs they are eligible for. If a MassHealth member did not respond to the renewal request, the system will use state and federal data sources to determine what benefits the individual may be eligible for



It's time to renew your insurance coverage for 2017. You won't need to apply again to stay enrolled for another year. To stay enrolled in your current plan, or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage.

You can also choose to shop for a new plan during Open Enrollment. The Open Enrollment period starts Novemeber 1st.

What you need to do:

1. Review your renewal plan, your monthly premium for 2016 and the amount of tax credit that you can get for 2017
2. Compare any changes between your current plan and your plan for [renewal year] with our online **Plan Compare** tool at **www.MAhealthconnector.or/compare-plans**
3. Use our online **Find a Provider** tool at **ProviderDirectory.MAhealthconnector.org** to make sure your plan has the providers (such as doctors or hospitals) you want
4. Shop during Open Enrollment if you want to change plans
5. Keep paying your monthly premium bill to stay covered
6. Send us the documents we need as proof of your information. Please follow the instructions in the letter that we sent you and send in your proof by its due date.

Important Dates:

- **November 1, 2016**. First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2016**. Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2017**. The first day of your new 2017 coverage. If there have been any changes to the plans you qualify for, January 1 is the date when those changes will start.

Redeterminations & Renewals: October Communications

Final Eligibility & Renewal Notice

Health Insurance Renewal Information						
Household Member	**Date of Birth**	**2017 Program Eligiblity**	**Current Health Plan Name**	**2017 Renewal Health Plan Name**	**Same plan as 2016?**	**Date Coverage Renews**
[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: 2017 [MAX APTC] per month
This is the amount of tax credit that will be used to lower your premium each month for 2017

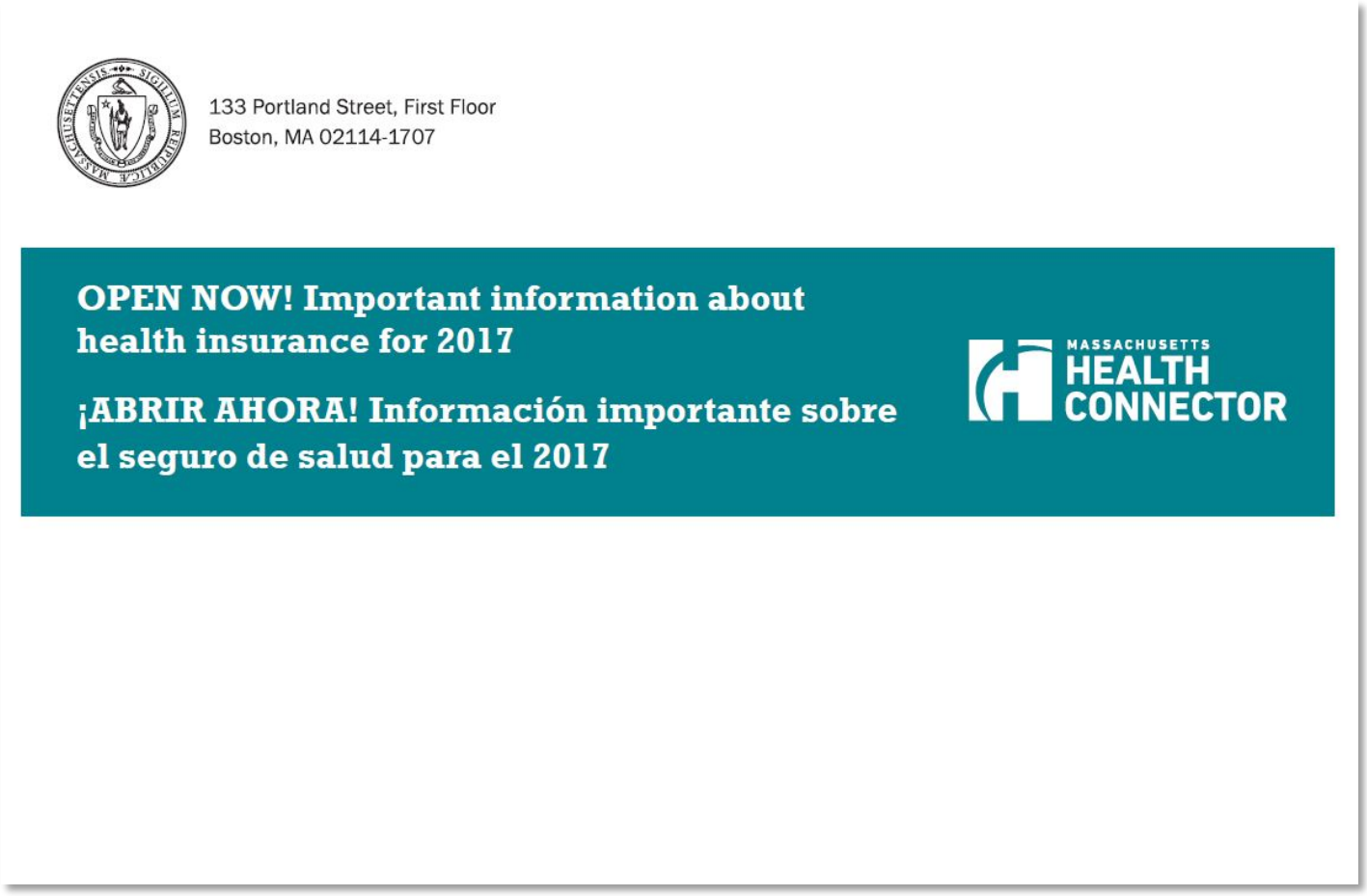
[Renewal Year] Applied Tax Credit Amount: [2017 applied APTC] per month
We will continue to lower your [renewal year] monthly premium with the same amount of tax credit as you chose to take for [current year]. You can choose to apply less to your premiums for next year. Or you can apply more, up to your 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 2017 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.

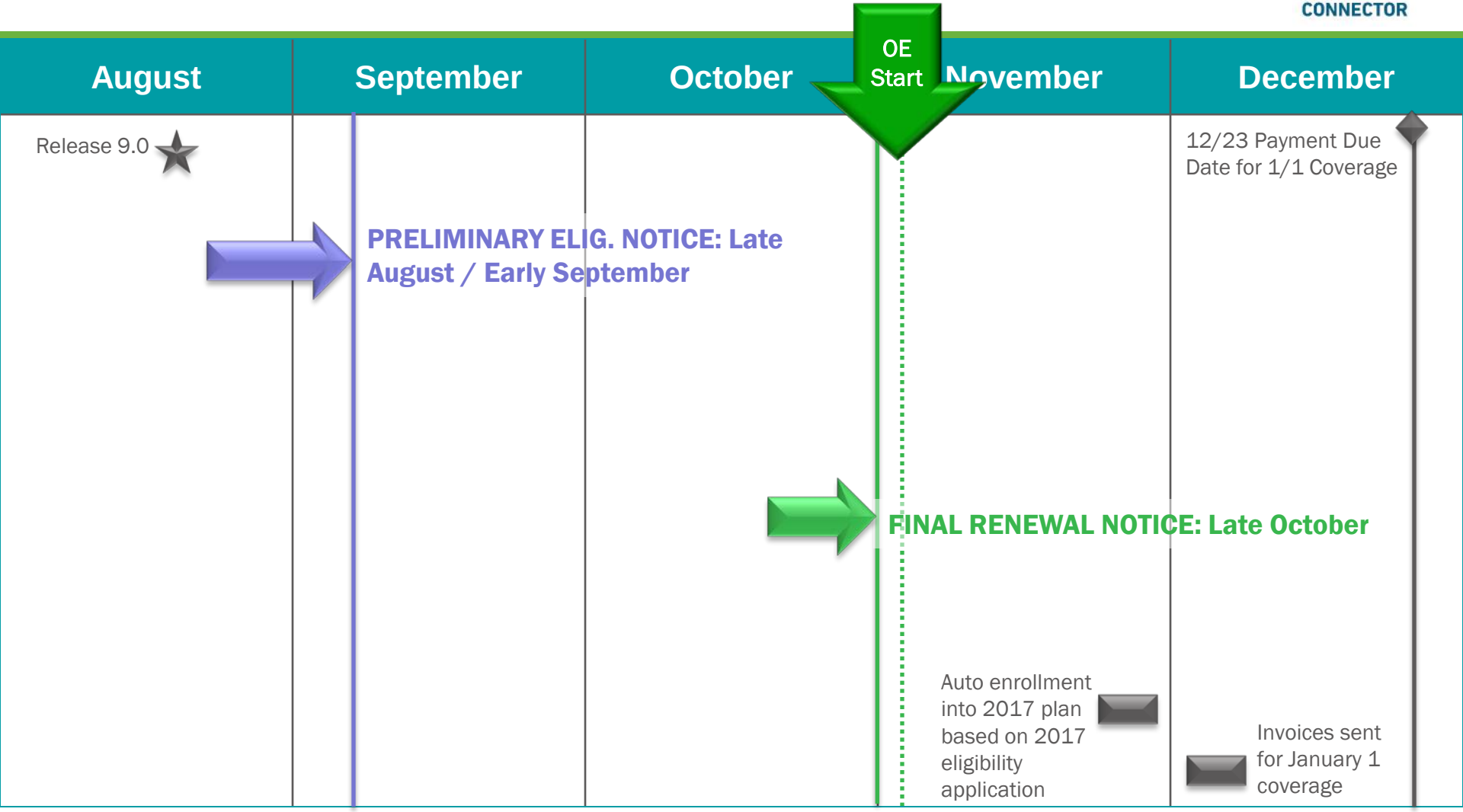
Dental Insurance Renewal Information					
Household Member	**Date of Birth**	**Current Dental Plan Name**	**2017 Renewal Dental Plan Name**	**Same plan as 2016?**	**Date Coverage Renews**
[Household Member Name]	[DOB]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/ No]	[Renewal Date Month, Day, 20XX]

Redeterminations & Renewals: October Communications *(cont'd)*

Envelope for Final Eligibility & Renewal Notice



Timeline

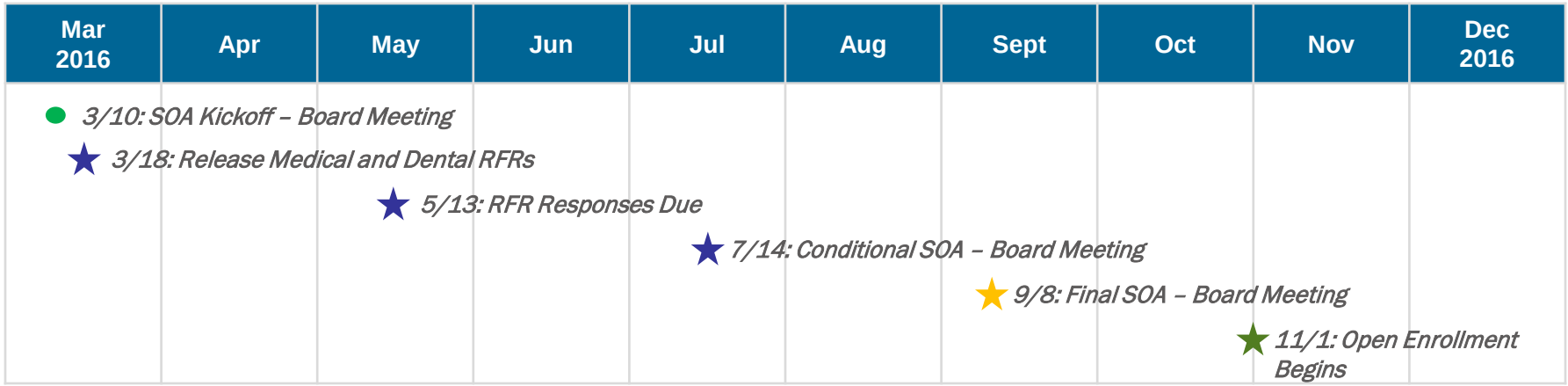


To review more details on this year's Health Connector Redeterminations and Renewals process visit:
http://www.masshealthmtf.org/affordable-care-act/trainings/affordable-care-act-aca-learning-series

Seal of Approval Results

2017 Seal of Approval Timeline

- Each year the Health Connector conducts an in-depth review of the health and dental plans proposed by health and dental carriers to be sold in the upcoming year on MAhealthconnector.org, which is known as the Seal of Approval process
- On Thursday, September 8, 2016, as part of the 2017 Seal of Approval process, the Health Connector's Board of Directors approved the health and dental plans to be sold on the state's marketplace effective January 1, 2017. This approval includes unsubsidized QHPs, QDPs, and the 2016 ConnectorCare program



2017 Seal of Approval Overview

The 2017 Qualified Health and Dental Plan available through the Health Connector will offer a range of plan designs, carriers and premiums.

- Rising premium costs, for certain medical carriers and plans, means many members will experience high renewal increases
  - Many unsubsidized and APTC-only enrollees, particularly those enrolled in Harvard Pilgrim HealthCare and Neighborhood Health Plan, will see large premium increases for their renewal plans
  - Rising premium costs will also impact ConnectorCare members enrolled in higher cost carriers. These members will experience large increases in the contributions for their renewal plans
- Despite these increases, almost all of our enrollees facing steep increases can find similar (or identical) plan options with lower costs from other carriers
  - All of our carriers offer networks with high quality providers
  - Many enrollees who shop will find plans with lower costs than their renewal plan and their current plan

2017 Seal of Approval Summary

The Health Connector will strongly encourage all members to comparison shop in order find a 2017 plan that meets their healthcare needs – including cost.

ConnectorCare Plans

- All of the ConnectorCare carriers are available in 2017; BMC Healthnet Plan, CeltiCare, Fallon, Health New England, Neighborhood Health Plan, Minuteman and Tufts-Direct (7 carriers in total)

Qualified Health Plans

- In addition to the carriers mentioned above, Blue Cross Blue Shield, Harvard Pilgrim, and Tufts Premier will be available for non group and group enrollment in 2017 (10 carriers in total)

Qualified Dental Plans

- In 2017, Altus Dental and Delta Dental of MA are available for non-group enrollment. In addition to Altus and Delta Dental, Blue Cross Blue Shield of MA and Guardian will also be available for group enrollment; (4 carriers in total)

ConnectorCare: Enrollee Contributions

The premium structure for 2017 promotes the most competitively priced options in the program and avoids additionally subsidizing those plans that filed significant rate increases this year.

ConnectorCare Member Contribution Range for 2017

	Plan Type 1 <=100% FPL	Plan Type 2A 100%-150% FPL	Plan Type 2B 150%-200% FPL	Plan Type 3A 200%-250% FPL	Plan Type 3B 250%-300% FPL
Lowest Cost	$0	$0	$43	$83	$124
2nd Lowest Cost	$0 - $118	$1 - $120	$44 - $166	$84 - $210	$125 - $255
3rd Lowest Cost	$0 - $152	$1 - $155	$44 - $201	$86 - $247	$127 - $293
4th Lowest Cost	$53 - $165	$53 - $174	$97 - $221	$138 - $263	$180 - $305
5th Lowest Cost	$84 - $165	$85 - $174	$129 - $221	$172 - $263	$214 - $305

ConnectorCare Member Contribution Range for 2016

	Plan Type 1 <=100% FPL	Plan Type 2A 100%-150% FPL	Plan Type 2B 150%-200% FPL	Plan Type 3A 200%-250% FPL	Plan Type 3B 250%-300% FPL
Lowest Cost	$0	$0	$43	$82	$123
2nd Lowest Cost	$0	$1 - $20	$45 - $71	$86 - $147	$127 - $193
3rd Lowest Cost	$0	$3 - $28	$47 - $71	$91 - $174	$133 - $221
4th Lowest Cost	$0	$9 - $28	$55 - $83	$111 - $174	$153 - $221
5th Lowest Cost	$0	$14 - $29	$63 - $85	$129 - $179	$173 - $226

ConnectorCare: 2017 Plan Designs

MASSACHUSETTS HEALTH CONNECTOR

CONNECTORCARE BENEFITS & COPAYS				
Plan Type		**Plan Type 1**	**Plan Types 2A & 2B**	**Plan Types 3A & 3B**
Medical Maximum Out-of-Pocket (Individual/ Family)		$0	$750/$1,500	$1,500/$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		$250/$500	$500/$1,000	$750/$1,500
Preventive Care/Screening/Immunization		$0	$0	$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		$0	$10	$15
Specialist Office Visit		$0	$18	$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		$0	$10	$15
Rehabilitative Speech Therapy		$0	$10	$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		$0	$10	$20
Emergency Room Services		$0	$50	$100
Outpatient Surgery		$0	$50	$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		$0	$50	$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)		$0	$30	$60
Laboratory Outpatient and Professional Services		$0	$0	$0
X-Rays and Diagnostic Imaging		$0	$0	$0
Skilled Nursing Facility		$0	$0	$0
Retail Prescription Drugs:	Generics Preferred Brand Drugs Non-Preferred Brand Drugs Specialty High Cost Drugs	$1 $3.65 $3.65 $3.65	$10 $20 $40 $40	$12.50 $25 $50 $50

NEW! ConnectorCare: Enhanced Opioid Treatment

ConnectorCare enrollees with opioid dependency will have zero cost-sharing for medication-assisted treatment (MAT) and associated services and Rescue Opioid Antagonists.

Medication Assisted Treatment (MAT)

- Examples include buprenorphine, naltrexone, and methadone
- ConnectorCare Issuers must set MAT medications as zero cost-sharing for all ConnectorCare plan types
- If an identical generic formulation is available, ConnectorCare issuers may set additional cost-sharing for brand formulations
- Any services directly associated with a MAT visit, including counseling and drug screening, must also be provided at zero cost-sharing for all ConnectorCare plan types

Opioid Antagonists:

- Examples include Nalaoxone (Narcan)
- ConnectorCare Issuers must designate at least one (1) opioid antagonist (overdose reversal) approved for use in take-home setting (e.g., with a standing prescription) and (1) opioid antagonist for use by health care professionals as zero cost-sharing for all ConnectorCare plan types
- The selection of the zero cost-sharing medication(s) is at the discretion of the ConnectorCare Issuer

NEW! ConnectorCare: Enhanced Opioid Treatment *(cont'd)*

We welcome your feedback on this new program.

- Tell us about any success stories or challenges/concerns that you or ConnectorCare members experience
- We expect to launch a mid-year survey to solicit the provider community's feedback
- Feedback is valuable as it contributes to the Commonwealth's ability to continue to support this program
- Send comments to: Emily.Brice@massmail.state.ma.us

How can Assisters help Health Connector Members?

Comparison Shopping: Planned Communications

During this year's Open Enrollment, all member communications will strongly encourage shopping as the best way to find a good "deal" for 2017.

- In addition to promoting shopping, we will be encouraging members to get help from Enrollment Assisters, and to take advantage of our decision support tools (*e.g.*, shopping guides, provider search, etc.)
- We will be sending communications including emails, personalized letters, special inserts into monthly bills, and may deploy a robo-call campaign to encourage shopping
- Key Messages include:
  - Highlighting potential changes in monthly premiums, but making clear that there are options available offering the same or similar benefits
  - The Health Connector has tools to help you find a good, affordable plan with access to excellent care

Comparison Shopping: Key Messages

"We know you might be facing significant changes in your plan for 2017, but we are here to help."

"All of the Health Connector plans include access to quality doctors, hospitals and other medical care in your area. If you think it might be time to consider a new plan, you can use our tools to find a new doctor that can give you the care you need."

"We know this can be a confusing and stressful process, but help is available. The Health Connector has walk-in centers and community organizations around the state with staff who are trained and ready to help you pick the right plan."

"For many people, there are opportunities to find a plan that includes the same level of benefits and access to care, but at a lower cost. It can be worth taking a few minutes to review your options and save hundreds of dollars over the course of the year."

How can Assisters help members?

Assisters can help members understand their 2017 eligibility determination and help them understand why their Health Connector eligibility may have changed.

These are the types of questions that you should consider to help them determine why:

- Did their household income go up? If the member did not manually verify their income between August 2015 – August 2016 the Health Connector may have reverted to federal and state data sources for their information
- Did the member report a change to family size? If the family size decreased, they may no longer be eligible for the same level of subsidy
- Did the member become eligible for government insurance? Remember, those who are eligible for other government insurance (such as Medicare) are not eligible for advance premium tax credits
- Did the member report a change that made them no longer eligible for subsidies? Examples include reporting access to employer sponsored insurance coverage or if a married couple indicates that they will file taxes as married filing separately
- Did the member receive tax credits in 2015? If the member did receive tax credits ask the member if they filed and reconciled their 2015 tax credits. Ask the member if they received a letter from the IRS (Letter 5858)

How can Assisters help members? *(cont'd)*

Once you have determined how a member's situation may have changed, here is how you can help:

- Help the member make changes on their 2017 application
- Remind and assist members to submit any required verifications
- Refer members to tax assistance locations if the member needs to file taxes
- If members need a copy of their 1095-A, refer them to the Health Connector's Customer Service. If members had multiple insurance coverage types in 2015, they may also need to contact their employer or MassHealth for a copy of their form 1095-B

To review consumer information related to health coverage and their taxes: visit: https://www.mahealthconnector.org/taxes

How can Assisters help members? *(cont'd)*

Assisters can help consumers shop for the Health Connector plan that best meets their needs. To help you become more comfortable with the shopping process, new interactive lessons will be available in the Learning Management System (LMS) and the MTF website.

- These new lessons have been created with Assisters in mind:

1. An Assister's Guide to **Health Insurance Literacy**
2. An Assister's Guide to **Shopping for and Enrolling in Health Connector Plans**
3. An Assister's Guide to **Shopping for and Enrolling in ConnectorCare Plans**

Health Plan Shopping Guide

- Use this guide when helping a consumer with shopping. It is helpful to mail or give to the Consumer before their appointment so they can complete the worksheet and bring it with them to their appointment

- The worksheet contains information specific to their health care needs such as:
  - How often they use specific health care services
  - Names of doctors or specialists they or anyone on their plan want to be able to see
  - Names of hospitals or health centers that they or anyone on their plan want to be able to go to for care
  - Names of prescription medications they or anyone on their plan take regularly

Health Plan Shopping Guide

MASSACHUSETTS HEALTH CONNECTOR
the right place for the right plan

Use this guide to help you choose a health insurance plan through the Massachusetts Health Connector.

Step 1: Know which plans you qualify for

First, you'll need to know which plans are available to you. If you applied online, you'll be able to see your plan choices after you complete your application and click the **Find a Plan** button. If you applied by paper application or by phone, you can search for plans available in your area by going to **MAhealthconnector.org** and clicking on **Browse Plans** halfway down the homepage. You can also call Customer Service.

Step 2: Compare costs

The total cost of your coverage will include your monthly premium payments and your out-of-pocket costs. In general, the lower your monthly premium, the higher your out-of-pocket costs will be when you get covered services. You can find a list of benefits included in all Health Connector plans on the next page.

Our plans are organized by metallic tiers to make plan premiums and out-of-pocket costs easier to compare. Learn more about metallic tiers on page 5.

Use our worksheet on page 3 to see how much your out-of-pocket costs might be, based on health services you think you'll need during the plan year.

Step 3: Find out whether the providers you want are in a plan's network

Once you've narrowed your plan choices down, make sure that any providers that you want to use for care (such as doctors, hospitals, or health centers) are in those plans' provider networks. Learn more about provider networks on page 6.

Step 4: Choose your new plan and enroll!

After you've learned more about a plan's costs and checked to see if the providers you want are in its network, you will need to complete your enrollment. You can enroll online at **MAhealthconnector.org**, or call Customer Service to enroll by phone. After you choose a plan, you'll need to pay your first premium to complete enrollment. Payment is always due by the **23rd** of the month before your coverage begins.

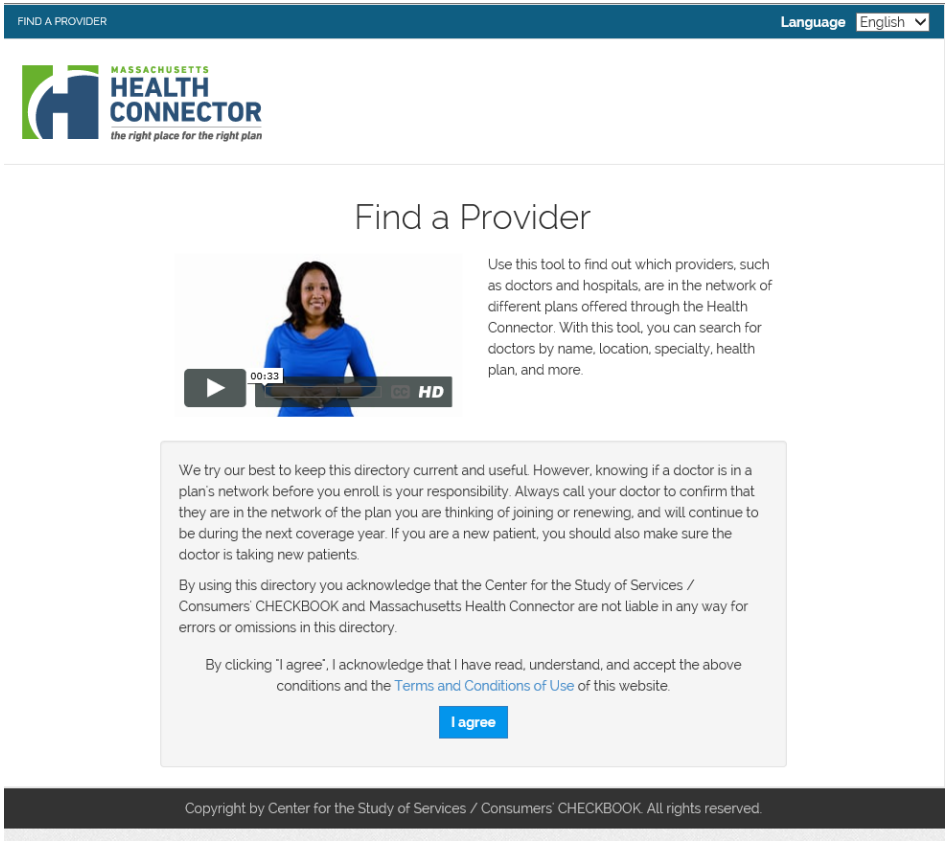
1

This tool and other resources are available for download from:
https://www.mahealthconnector.org/help-center/resource-download-center

Provider Directory

- Remind consumers that provider networks vary by insurance carrier
- Consumers can check to see if a provider is in a plan's network in the following three ways:

1. Use the Find a Provider tool located on the Health Connector's website at ProviderDirectory.MAhealthconnector.org
2. Check the provider directory located on the insurance plan's website
3. Call the insurance plan directly and speak to a customer representative



Note: Even if you use the tool, it's always a good idea to confirm with the plan directly.

Provider Directory (cont'd)

Certain providers such as behavioral health providers, nurse practitioners, physician assistants, and Community Health Centers are not currently listed in the directory, but are expected to be added in time for Open Enrollment

Assister Premium Estimator Tool

Member Information

Tax Household Member Information

	Residential Zip Code	Date of Birth	Projected MAGI Income	Eligibility
Member #1 (HOH)	02210	9/26/1980	$30,000.00	Unsubsidized QHP
Member #2				
Member #3				
Member #4				
Member #5				
Member #6				

Effective Date of Coverage	January 1, 2017

FPL to Income Converter

FPL	159.66%
Family Size	1
Calculated Income	$18,967.61

Subsidy Eligibility

Tax Household FPL	168.35%
Monthly APTC for Tax Household	$157.00
ConnectorCare Plan Type	2B
ConnectorCare Region	E1

ConnectorCare Options

	HIOS ID	Carrier	Plan Name	Family Premium
1st Lowest Cost	82569MA0400001	BMC HealthNet Plan	BMCHP ConnectorCare	$43.00
2nd Lowest Cost	59763MA0040013	Tufts Health Plan - Direct	Tufts Health Direct ConnectorCare	$49.00
3rd Lowest Cost	73331MA0790001	Minuteman Health	MyDoc HMO ConnectorCare	$85.00
4th Lowest Cost	31234MA0370010	CeltiCare Health	Ambetter ConnectorCare	$193.00
5th Lowest Cost	41304MA0021106	Neighborhood Health Plan	NHP ConnectorCare	$194.00

System Release Updates

System Updates

- Navigator/CAC Assister Portal
- Special Enrollment Period enhancements
- APTC “Failure to Reconcile”

Assister Portal

- A new portal has been created for Certified Application Counselors (CACs) and Navigators (NAVs). These certified assisters can use this portal to help members create profiles, applications or work on an existing application

- The portal will allow these certified assisters to complete eligibility review forms, find health plan details, and complete health plan enrollment on behalf of the member. The portal will also help certified assisters complete required Designation Forms (NDF/CACDF)

CCA Special Enrollment Period (SEP) Enhancements

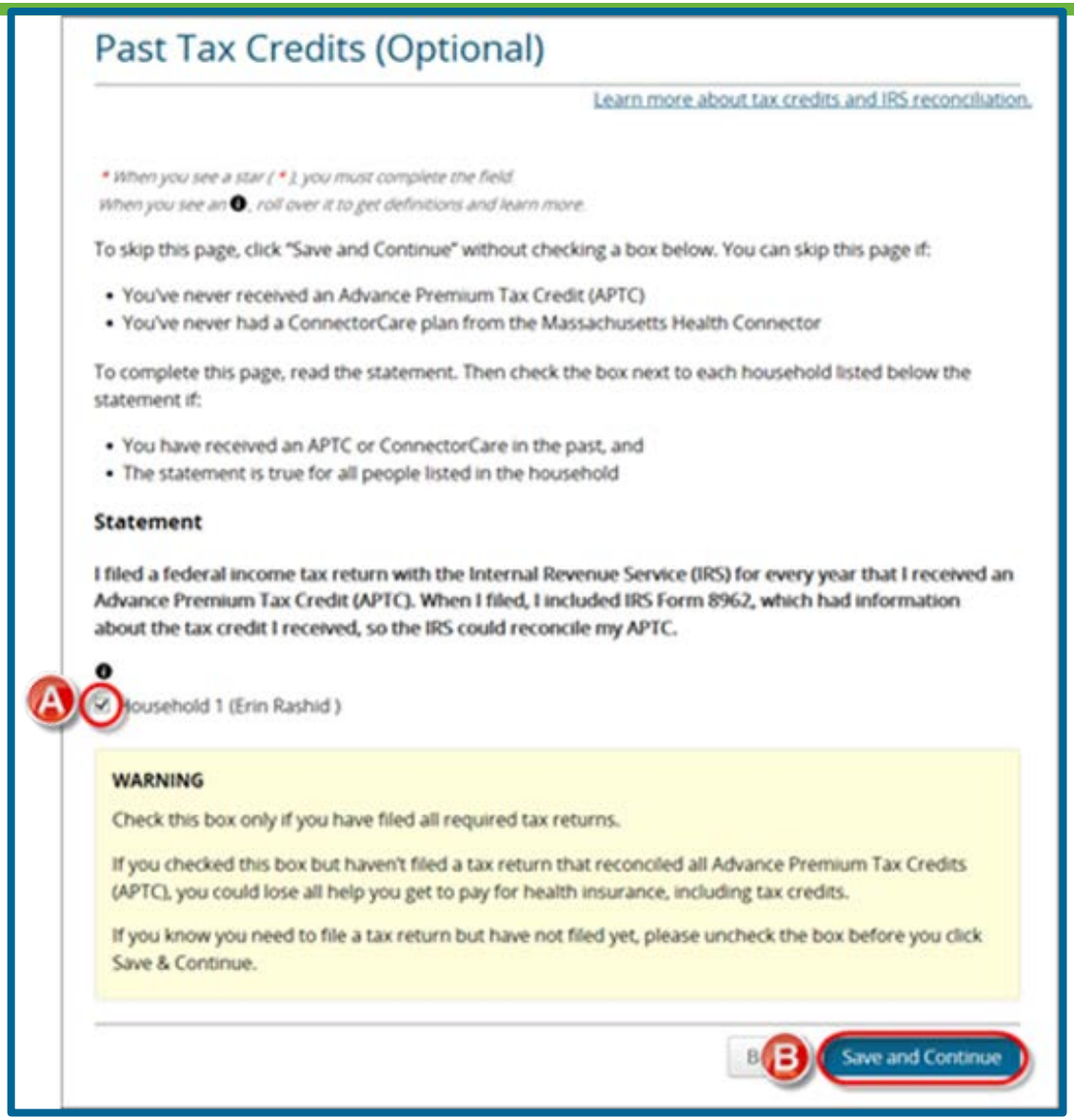
- The applicant/member may qualify for a special enrollment period lasting up to 60 days following certain qualifying life events that involve a change in family status such as a marriage, birth of a child or loss of other health coverage.

- The following is a list of NEW “Qualifying Life Events (QLEs)” in order to qualify for a Special Enrollment Period:

  - Divorce Rules
  - No Longer Incarcerated
  - Domestic Abuse/Spouse Abandonments

Family & Household

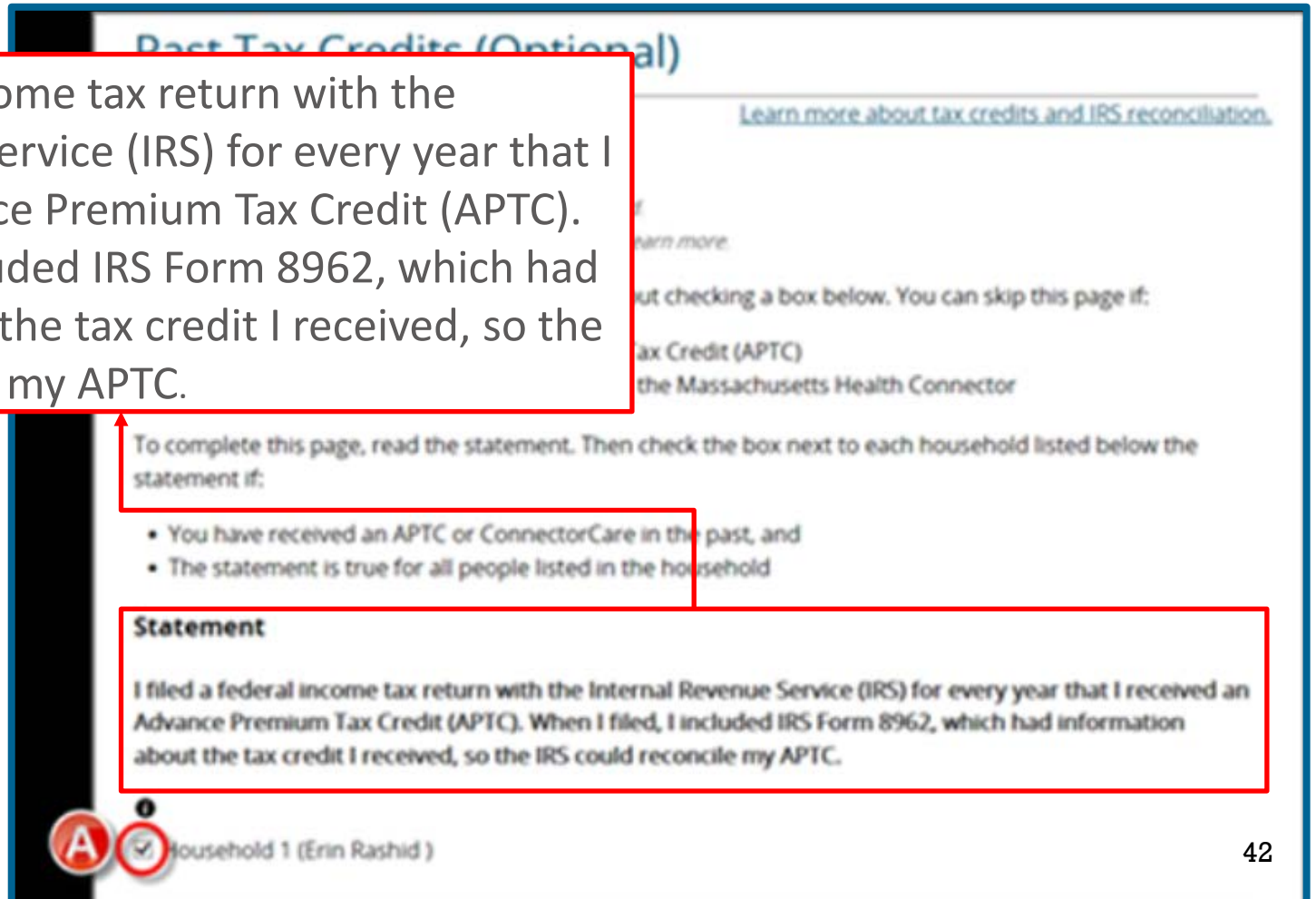
A new question is being added for members who have received Advance Premium Tax Credits in past years. This question will be in the Family & Household section after dependent information.



Additional Question

When a member checks the block they are attesting to the statement:

I filed a federal income tax return with the Internal Revenue Service (IRS) for every year that I received an Advance Premium Tax Credit (APTC). When I filed, I included IRS Form 8962, which had information about the tax credit I received, so the IRS could reconcile my APTC.



Warning Message

When a member does check the box this warning message will pop up.

Warning
Check this box only if you have filed all required tax returns.

If you checked this box but haven't filed a tax return that reconciled all Advance Premium Tax Credits (APTC), you could lose all help you get to pay for health insurance, including tax credits.

If you know you need to file a tax return but have not filed yet, please uncheck the box before you click Save & Continue

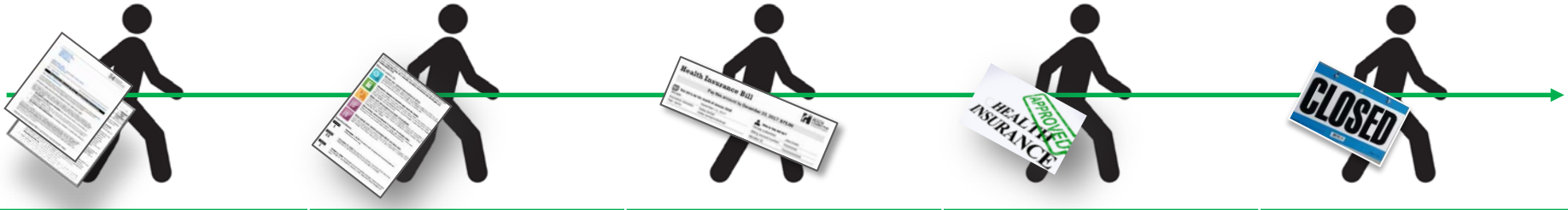
What happens after they check the box?

Once a member checks that box they will be allowed to continue receiving APTCs. Another check will be done 90 days later. If they IRS still does not have that member as being reconciled:

- The member will be re-program determined, which would end in a member losing their access to APTCs including ConnectorCare
- The member will need to reconcile with the IRS before they are eligible for APTCs again
- They will NOT be able to check the box again in the meantime

Member Experience

Member Experience: Open Enrollment 2017



Eligibility Redetermination	Plan Renewal	Billing & Payment	Starting 2017 Coverage	Open Enrollment Ends
This year marks the beginning of an annual redeterminations process that will use data from state and federal resources to update the eligibility of our populations; as such, **many members will experience a change in eligibility** this year that they did not trigger themselves.	In addition to eligibility changes, many of our members will also see a **material increase in their premiums** for 2017. Some members may experience both, and see large premium increases **driven by an increase in a health plan's rates and/or a loss or decrease in subsidies.**	If members do not actively update their application or shop for a new plan, they **may see a much bigger premium in their December bill** for January coverage, and those with automatic debits will have the new amount withdrawn.	Some members who do not shop may encounter **issues accessing services if they haven't paid their premiums.** Members who do switch plans may need to **find new providers.**	Customers who need to switch plans have until January 31, 2017, or else they **will need a qualifying event.** Members who select plans after December 23 will have an effective date of February 1 or later.

Supporting Members through Open Enrollment 2017

This year's Open Enrollment will be challenging for members, both because members may see a "downgrade" in eligibility through no action of their own, and because premiums are going up while subsidies are going down.

- In light of the particular challenges members will experience unique to this year, we have been working to develop a series of special "interventions" to call members' attention to what they need to do:
  - Check to make sure their application is up to date, and if necessary, provide updated income or reaffirm previously reported income, and, as needed, confirm that they have filed their taxes to reconcile any tax credits received in prior years
  - Shop around – check to see if other plans that offer the same value in terms of cost-sharing also offer coverage at a more affordable monthly premium, and if important, whether those plans include preferred providers in their networks
- We have developed a number of other strategies as well that take into consideration the various potential "pain points" a member might experience and the different channels available to us to try and support our members along the way

Special Member Supports for Open Enrollment 2017

9
- Office of Patient Protection
- Legislature/constituent services staff
- Governor's office
- Congressional Delegation
- Sister agencies

1
- Newly designed, specially tailored mailing to members with material premium increases
- Letter telling members with changes in eligibility what they can do to stay covered

8
- Highlighting tax assistance sites
- System enhancements to support continued receipt of subsidies for late filers

2
- Tailored reports for Navigators on members with eligibility changes and premium increases
- New assister trainings on how to shop and correct eligibility

7
- Promote availability of hardship waivers
- Investigate appropriate flexibility for SEPs outside of Open Enrollment

3
- New call center queue exclusively for shopping
- Tagging members in CRM with eligibility or premium changes to trigger special talking points

6
- Additional bill inserts promoting shopping
- Emails and robo calls to members with EFTs set up – reminders and opt out instructions
- Outreach to individuals with insufficient funds

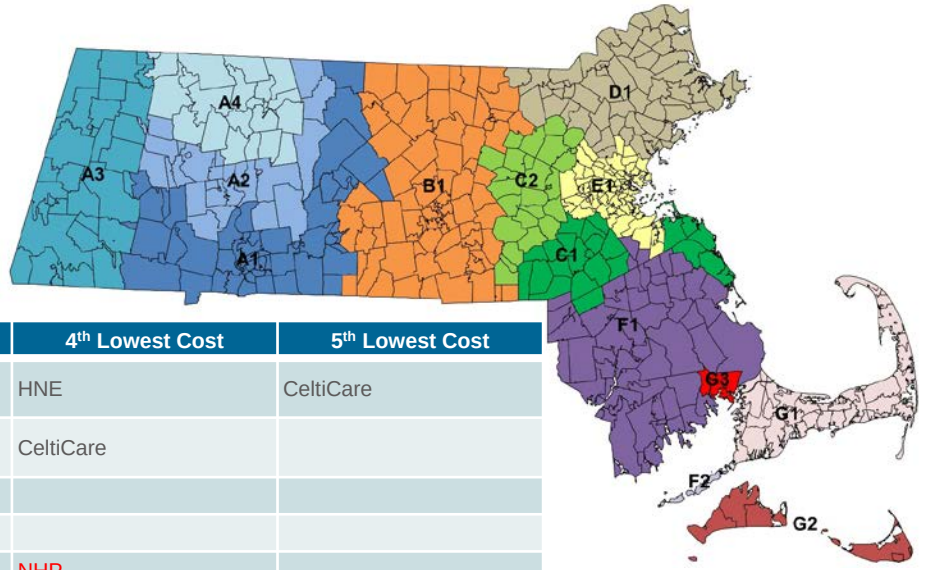
4
- Identification of "hot spots" throughout the state where the highest concentration of members need the most help
- Use this data to deploy assisters, special messaging via social and paid media

5
- Coordinate with carriers on care transition, customer service, PCP access and message alignment
- Work with provider groups to facilitate members transitioning to and from different providers

Appendix

ConnectorCare: Recommended Carriers and Regions

Carriers indicated in GREEN have moved to a lower cost position relative to 2016, while carriers indicated in RED have moved to a higher cost position. Prior carrier in rank order position is noted in parentheses.



Cluster	Lowest Cost	2nd Lowest Cost	3rd Lowest Cost	4th Lowest Cost	5th Lowest Cost
A1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	NHP	HNE	CeltiCare
A2	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	HNE	CeltiCare	
A3	Tufts-Direct	HNE	CeltiCare		
A4	HNE	CeltiCare			
B1	BMCHP (formerly Tufts-Direct)	Fallon (formerly NHP)	Tufts-Direct (formerly Fallon)	NHP (formerly BMCHP)	CeltiCare
C1	Tufts-Direct	BMCHP (formerly Minuteman)	Minuteman (formerly BMCHP)	NHP	CeltiCare
C2[1]	Tufts-Direct	BMCHP (formerly Minuteman)	Minuteman (formerly BMCHP)	Fallon (new entrant) (formerly NHP)	NHP (formerly CeltiCare)[2]
D1	BMCHP	Tufts-Direct	Minuteman	CeltiCare (formerly NHP)	NHP (formerly CeltiCare)
E1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	Minuteman	CeltiCare (formerly NHP)	NHP (formerly CeltiCare)
F1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	Minuteman	CeltiCare	NHP
F2	CeltiCare	NHP			
G1	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	CeltiCare (formerly NHP)	NHP (formerly CeltiCare)	
G2	NHP				
G3[1]	BMCHP (formerly Tufts-Direct)	Tufts-Direct (formerly BMCHP)	Minuteman (new entrant) (formerly NHP)	CeltiCare	NHP[3]

[1] New Region for 2017
[2] CeltiCare no longer selected in new Region C2 due to new entrant (Fallon)
[3] NHP moved to higher cost position in new Region G3 due to new entrant (Minuteman)

Qualified Health Plans: Product Shelf

Ten (10) medical carriers have a total of sixty-two (62) QHPs for non-group and small group.

- As required, all carriers proposed at least one (1) plan for each of the four (4) standardized plan designs on the carrier's broadest commercial network
  - Fallon Health proposed standardized plans on alternative networks
  - Three carriers requested to waive offering the standardized Bronze plan
- Carriers submitted seventeen (17) non-standardized plans, including five (5) new non-standardized plans for 2017
- Fallon Health has submitted four (4) non-standardized plans offered in 2016 as "frozen plans" for 2017 (*i.e.,* not accepting new enrollments)
- All carriers submitted Catastrophic plans as required, with six (6) carriers requesting to waive their Catastrophic plan offering

Qualified Dental Plans: Product Shelf

- All four dental carriers have submitted at least one offering for each of the required three standardized plan designs: Family High, Family Low and Pediatric-only
- Four non-standardized plan designs have been proposed by two carriers
  - Delta Dental proposed three non-standardized plans and Blue Cross Blue Shield of MA proposed one non-standardized plan, all previously offered in 2016

Carriers	Non-Group	Small Group	Standardized Plans				Non-Standardized Plans				All Plans
			High	Low	Pedi	Total	High	Low	Pedi	Total	
Altus Dental	✓	✓	1	1	1	3	-	-	-	0	3
Blue Cross Blue Shield of MA		✓	1	1	1	3	-	-	1	1	4
Delta Dental of MA	✓	✓	2	2	2	6	-	1	2	3	9
Guardian		✓	1	1	1	3	-	-	-	0	3

	Standardized Plans	Non-Standardized Plans	All Plans
Non-Group	9	3	12
Small Group	15	4	19

Questions?