

# MTF April 2020 Meeting Health Connector Updates - Q&A April 22 & 29, 2020

### **Reporting Income Changes**

- After the 23<sup>rd</sup> of the month, when reporting income changes, for those getting APTCs who are now eligible for Connector Care (CC) and can stay within the same carrier (for ex. those getting APTCs through Tufts Direct who are now eligible for CC through Tufts Direct), do they need to take any additional action?
  - o If they are not changing carriers and they are enrolled in the carrier's lowest cost Silver plan, then moving to that same carrier's Connector Care plan their enrollment will be updated for the 1<sup>st</sup> of the following month. In this example, if the person is enrolled in the Tufts Silver Tier plan moving to Tuft's ConnectorCare plan, they don't need to re-shop.
  - Please review the web pages closely. If the system prompts you to shop, continue clicking through the pages as necessary to ensure a health plan has been selected for enrollment.
- For those members who are in a non ConnectorCare plan with a carrier that doesn't have ConnectorCare plans, or outside the Silver tier with a carrier who does offer ConnectorCare plans, would we shop for new ConnectorCare plan for them or would it automatically transition to the equivalent CC plan?
  - Please review the details on Slide 12-14. Those individuals would need to shop and enroll in their ConnectorCare plan. On the 1<sup>st</sup> of the month, they would be able to take advantage of the APTC amounts to help reduce the cost of the current coverage. Then on the 1<sup>st</sup> of the following month, after paying their new premium by the 23<sup>rd</sup>, they would be effectuated into their new ConnectorCare plan.

#### **Member Portal**

- The new member portal is very clear, well laid out. Will the Assister portal changes be similar where we can see the application and it will look like the member portal view?
  - Assister portal will have a similar look and feel as the member portal, without some of the functions, e.g. you will not be able to submit payments. Upcoming training will include information on the options members have so you're aware of them and can help educate members on options such as setting up recurring payments.



## **Preserving Coverage**

- Like MassHealth, is the Health Connector preserving coverage after March 18<sup>th</sup> if someone had a Request for Information (RFI). We have new patients because of COVID, and we know they need to submit papers, and we don't want them to be terminated.
  - Please review the information on Slide 6. Similar to MassHealth, the Health Connector is not
    going to term someone's coverage if they didn't respond to an RFI. However, members who need
    to submit a proof should do so as soon as possible, as it will need to be done at some point.

## **Affordability Rules**

- Someone working on a skeleton crew, earning less money than usual but still paying for employersponsored family insurance (includes a spouse and child), and says monthly payments cost too much. Can the Health Connector help?
  - The affordability rules are still in effect when completing an application, there are questions about available employer sponsored coverage. Affordability is determined partially by the cost of an individual plan offered by the employer. On the application it asks, "Is the plan affordable for consumer?" The applicant will need to know how much they are contributing towards their current plan. If the person does not know, we would recommend having them reach out to their employer to get this information. They should update their estimated annual income, and the system will recalculate whether their employer-sponsored coverage is considered affordable based on their new projected income.
- Once work resumes, can the person go back to the employer plan?
  - The person would need to consult with the employer on whether they can re-enroll in their employer sponsored coverage. The person can withdraw from Health Connector coverage if needed.
- How can I get the premium waiver form?
  - The Health Connector launched a new web page to give members easier access to the Hardship Waiver process. This form can now be accessed from the Health Connector's website at mahealthconnector.org/help-paying-premium. It is available in English and Spanish.
  - To review details about the Health Connector's hardship waiver for ConnectorCare members, review the policy and the criteria here: <a href="https://www.mahealthconnector.org/wp-content/uploads/NG-17-Waiver-or-Reducation-of-Premium.pdf">https://www.mahealthconnector.org/wp-content/uploads/NG-17-Waiver-or-Reducation-of-Premium.pdf</a>
  - If you're helping a member return this form to the Health Connector, note that it can be faxed, mailed or submitted online. When using document upload, be sure to choose the "other" category. The correct mailing address and fax number are listed on the last page of the form.
- On the call it was said that Assisters are still not able to make payments online for members, but I
  am not sure what other CACs are doing because we do submit payments for members with their
  permission and bank account information. Should we not be doing this?



If you are a certified assister, the Payment Center course the LMS Assister curriculum explains
that you do not have the authority to be submitting, editing, cancelling or setting up recurring
payments on behalf of a consumer. Those that are not certified assisters should not be
performing these actions on a member's behalf. Only members should be performing those
functions within their own account on MAhealthconnector.org.