



Producer Enrollment Assistance and Escalated Cases Guide

Producers, as a service to their clients, frequently get involved in trying to resolve enrollment issues between Maryland Health Connection and their client's insurance carrier. Producers seek assistance with these issues from the Producer Operations Team, the Producer Support Hotline, the Consumer Support Center and various other entities within Maryland Health Connection / the Maryland Health Benefit Exchange.

The intention of this Guide is to provide producers a detailed resource on how to get enrollment issues resolved through the escalation process. This is an evolving document and may be subject to change at any point. However, it is intended to provide a basic framework on how best to assist your clients.

Important Contacts

Authorized Producers should utilize the following contacts for assistance when working with Maryland Health Connection / Maryland Health Benefit Exchange. Each resource and their respective role will be explained in detail in the following section. Producer Operations does not recommend producers go to each resource about the same issue as it tends to exacerbate as well as duplicate issues. Please use each resource for their designated role.

Administration Teams

- **Producer Operations Team** – this team is your resource for authorization questions and general policy questions. You may contact Producer Operations at mhbe.producers@maryland.gov. This is the best way to contact as phone support is not always available. Please note this team is not designed to handle your enrollment support issues. Please contact the Producer Support Hotline or the Escalated Cases team email to address enrollment concerns. This contact is the best resource for questions such as:
 - How to Become Authorized
 - Current Authorization Status



- Renewal of Authorization
- Producer Portal Password Resets
- General Producer of Record Questions
- General policy questions
- **MHBE Training Support** – this team is your resource for any questions regarding your authorization training or annual training. You may contact this team at mhc.trainingsupport@maryland.gov.

Enrollment Support Teams

- **Producer Support Hotline** – This is a hotline designated specifically for producers to assist their clients with enrollment questions or issues. The phone number is 1-844-224-6761. This is the best place to start with enrollment questions or if you find a problem with a client's enrollment. Enrollment issues can be escalated via this phone number. Do not share this number with your clients.
- **Consumer Support Center** – This contact's phone number is 1-855-642-8572. This is the general phone number for the public that your clients can use. It is best for producers to use the Producer Support Hotline as the public phone number frequently experiences high call volumes, especially during open enrollment.
- **Escalated Cases** – This is an email producers can use to escalate cases directly to the escalated cases team. The email is mhbeproducer.escalatedcases@maryland.gov. Follow the instructions in this guide in order to get the best assistance from this contact and to avoid potential privacy breaches

Interacting with the Producer Support Hotline

This support hotline should be your first contact for any specific consumer issues.

As mentioned above, the phone number is **1-844-224-6761**. Producers should be prepared to provide their name and NPN. Producers should be able to provide identifying information for their clients during the phone call. The Producer Support Hotline may be able to resolve your question or enrollment issue during the course of the phone call. If resolution is not able to be provided, the team member may have to escalate the case to ask for assistance from our escalated cases team. If your issue is not resolved and you have not been told it has been escalated and provided an incident number, please ask that it be escalated. It is very important to maintain the incident number of the original escalation request as this should be used to follow-up on the issue.

Reporting Client Enrollment Issues via Email

Producers can call the Producer Support Hotline to report and escalate client enrollment issues. Another option to report or escalate client enrollment issues is to send an email to our escalated cases team at mhbeproducer.escalatedcases@maryland.gov. Emails sent to



this address may not be password protected. In this guide, we will explore the best ways to send an email and what information should or should not be included. Once the email is submitted, you will receive a confirmation email that will provide the incident number. Please retain this reference number for future reference. If you do not receive the initial automated confirmation email within 48 hours, please check to make sure you did not send the email password protected. You may also want to check the email address you used to assure accuracy, and to check any spam settings and folders. If you still do not receive confirmation, please contact the Producer Support Hotline at 1-844-224-6761 for assistance.

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Email Rules of Conduct

Personally Identifiable Information (PII)

PII is any information “which can be used to distinguish or trace an individual’s identity, such as their name, social security number, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual. As producers, it is part of your Non-Exchange Entity Agreement to protect your clients’ PII. When sending email communications, please follow the tips below.

First, the Producer Escalated Cases Email is for **producers and their staff only**. This email is specifically to escalate a particular client’s enrollment issue. You can also call the Producer Support Hotline if you have general enrollment questions or problems completing an application, for more immediate assistance. This email should not be used to report Producer of Record / commission, policy or authorization issues – please contact the Producer Operations Team for these issues.

This email team cannot process password protected emails but producers are still required to take steps to **protect their client’s Personal Identifiable Information (PII)**. Emails cannot be sent by programs with encryption or requiring a password to open them. That being said, authorized producers must not use any PII in emails to mhbeproducer.escalatedcases@maryland.gov. Some main examples of PII would include



your client's name, date of birth, address or SSN. Even any one of these pieces of information alone is PII and if transmitted insecurely would constitute an impermissible breach.

So the question is - how will this team recognize your client to be able to adequately assist you? This team will be able to identify your client by the **consumer's Person ID and/or Application ID number**. Your email should include only these identifiers, and a full description of the enrollment issue and the resolution sought. **If you fail to protect your consumers' PII as directed, you will be notified by MHBE's Compliance Staff and required to send a breach notification to the consumer whose privacy you neglected to protect. Multiple failures to protect PII as instructed in this newsletter and accompanying guide, and as specified in your Non-Exchange Entity Agreement (NEEA), can lead to de-authorization as an authorized MHBE producer.** Please include your NPN in all emails sent to this address and your contact information.

Enrollment Information Needed for Issue Reporting.

The following pieces of information are vital for reporting enrollment issues either to the Producer Support Hotline or to the Escalated Cases email. If you are calling the Producer Support Hotline, the team member may request you confirm PII but these client details should never be included in your email(s).

- Person ID and/or Application ID (this is not the carrier's SID number).
- Members who should be enrolled in the plan (for example, you can state that there is a husband and a wife to be enrolled into a QHP plan and the two children should be enrolled in MCHP).
- Plan Name of Chosen Plan
- APTC (subsidy)
- Expected cost sharing reduction (CSR), if known.
- Effective Date being requested by client (please see the Effective Dates Available Section below)
- If a retroactive effective date is being requested, please indicate in your email if your client understands that they may be required to pay back premiums to the effective date requested.
- Status at the carrier at your last follow-up
- Description of enrollment issue and detailed request for correction.



- Confirmation if the issue was previously reported and inclusion of the Reference/Incident Number.
- Producer of Record's Name and NPN



Example Escalated Cases E-Mail

To: mhbeproducer.escalatedcases@maryland.gov

From: producer@email.com

Re: Person ID 1234, Application ID 5689

My client under Person ID 1234, Application ID 5689 is enrolled in the wrong plan and does not have the correct APTC or CSR. My client reported this previously on 5/2/16 under Reference # 160502-123456. My client and his spouse should be enrolled in the BlueChoice HMO HSA \$1,350 plan with an APTC of \$442 and a CSR of 87% as of 6/1/2016. The two children are to be enrolled in MCHP effective 4/1/2016. As of today's date (xx/xx/xx), the carrier is stating that he is enrolled in the BlueChoice Plus Silver \$2,500 with \$125 APTC and a CSR of 73%. His spouse is not active. Please correct this enrollment retroactively to 6/1/2016 as my client is willing to pay back premiums. .

Effective Dates Available.

Consumers who have escalated an enrollment issue are offered three choices for effective dates:

- Their original effective date based upon when their application was completed/submitted
- The next prospective date available from when the escalated case is processed
- A date that causes a coverage gap of no more than two months (to avoid tax penalty)

Not all of the above options may be available in every enrollment situation. The escalated cases team will confirm whether the effective date requested is possible.

Producers need to keep in mind the available effective dates and make sure they confirm what effective date their client wants in the escalated case email. Once an enrollment is escalated, this effective date **usually cannot be changed and the client will be billed for the date requested** so it is best to double-check with your client before requesting the effective date.



Common Escalated Case Reasons and Potential Resolutions.

The top **7 reasons** why enrollment issues are escalated:

1. Enrollment File (834) Errors
2. Income Change
3. APTC (subsidy)/ CSR Errors/ Change Reports
4. Information Change not processed by the carrier (ie address, date of birth)
5. Effective Date Error
6. Termination Errors
7. Medicaid Determinations

There are a couple of steps that should be taken on all issues - prior to escalation – to potentially save you and your client some time.

1. Please contact the carrier directly to confirm the status on their end prior to contacting the MHBE. This will arm you with information needed to escalate any issues.
2. Check Maryland Health Connection's website to see if a new change was reported and what the system shows for the plan enrollment, effective date and the APTC/subsidy. If this information does not match what was thought to be the current status, you may want to inquire if you, your client or another assistance worker made any recent changes online or if the client called the Consumer Support Center directly.
3. The effective dates provided are based upon the date the plan enrollment is completed. It may not match the eligibility effective date page. Please make sure to note the effective date confirmed upon the last confirmation page in the application process.

#1 Enrollment File (834) Errors / Missing File

If the carrier reports that an enrollment file has not been received for your client, please check to see if enough time has passed for the enrollment file to have been sent by MHBE and to be processed by the carrier. We recommend waiting 5-7 business days from the date enrollment and plan selection were completed before checking with the insurance carrier.



If the carrier reports an enrollment file error, please attempt to confirm what the issue with the enrollment file may be from the carrier's perspective.

- Did the insurance carrier receive an invalid file?
- Did the enrollment file have wrong information (plan choice, subsidy amount, date of birth)?
- Was the effective date incorrect?

After determining as much information as possible, please escalate the issue via email as described in this guide.



#2 Income Errors

Producers escalate situations where they believe the determination in our website is incorrect based upon the clients' entered income and household composition.

It is important to enter accurate income amounts to reflect your client's true Modified Adjusted Gross Income. This has an impact on your client's year end taxes and may result in financial liability. A good source to review the rules related to Modified Adjusted Gross Income is the IRS - <https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit>.

If the producer feels that the determination is incorrect even after checking the entered information, it is best to raise this issue with Maryland Health Connection instead of trying to submit multiple applications. Multiple applications leave more chance for errors and system complications. Please escalate a case with an incorrect determination through the escalated case process.

#3 APTC/Subsidy and CSR Errors / Change Report Errors

Producers escalate situations where the APTC/Subsidy and/or CSR is dropped from a client's plan or it is incorrect at the carrier. Please make sure to check the current status at the carrier rather than relying on the last invoice received from the carrier.

Please note that APTC being dropped from an enrollment occurs most often when someone reports a change or makes a correction after a final determination and a plan choice enrollment has been completed. Also, when working with a client outside of open enrollment, a Special Enrollment reason should always be chosen; otherwise, it could send a different APTC/ CSR determination to the carrier for updating.

Producers also report incorrect APTC/CSRs at the carrier. The reason there may be an incorrect assistance at the carrier is that an additional change report was done in the MHC website after the initial determination. Please check the MHC website to see the most recent determination listed. If it still shows the expected amount, please escalate this issue as instructed. If it has changed in the MHC website and the determination is questioned by a consumer or producer, please check the information provided to see what may have



resulted in a different determination. We recommend using the various calculators for financial assistance, including our anonymous browsing feature, to determine the expected determination based upon the most recent information provided. If this determination appears to be incorrect, please report this to the Producer Support Hotline or our escalated cases e-mail.

Please note: Producer Operations has occasionally observed producers submit numerous applications in one day, generating multiple eligibility determinations. Each of these determinations is a potential electronic file, and when multiple files are sent to the carrier on a given day, serious enrollment problems ensue. For this reason, we recommend using anonymous browsing or other third party calculators before submitting an application. You can then run as many scenarios as you like before returning to the MHC application for submission. If a plan choice is finalized and then followed by a change report on the same day, it often results in file errors. If an update needs to be made after the initial enrollment is completed, we recommend waiting a day or two before completing a change report.

Please escalate APTC/CSR errors via the process described in this guide.

#4 Information Change not processed by the carrier

Producers escalate situations where a change report was made to update demographic information such as name, address or date of birth. Often the issue is timing so please give the carrier ten business days to process the change. However, another common issue is the producer or consumer did not fully go through the application process and chose the plan again and finalize it.

If a file has not been received at the carrier with the requested change, please escalate it via the Producer Support Hotline or via email to the escalated cases team.



#5 Effective Date Error

Producers escalate situations where they believe the effective date provided online or at the carrier is incorrect. This situation most often occurs for SEPs due to loss of coverage. The most common cause is the effective date entered for when the client lost coverage. It needs to be entered at the end of the month (for example, someone losing coverage beginning July, should enter their loss of coverage date as June 30th, not July 1st). If a wrong effective date is provided and an enrollment is completed, the consumer must terminate their just-enrolled plan first and then re-enroll with the corrected effective date. There should be a minimum 2 day gap between termination and re-enrollment. This process can usually be done through the Consumer Portal. If issues arise, please contact the Producer Support Hotline for assistance. This department can escalate this situation if it cannot be corrected through the system.

#6 Termination Errors

Producers escalate situations where clients needed to remove a spouse from their policy. Removal due to divorce or Medicare enrollment are the most common situations that result in errors.

This can be tricky to do through the website. Please follow these instructions below for terminations:

- Primary Applicant to Be Removed

A consumer or a producer can click “end my current coverage” and terminate the policy. This terminates coverage for all household members. Wait at least 3 business days, then begin a new application with the remaining spouse as primary. Include other household members, if any. If the former primary spouse is still part of the household, s/he should be included in the household composition but selected as not seeking coverage. Indicate loss of coverage under the SEP questions for the new primary and any other hh members. Use the end of the month of the prior policy’s termination as the loss date. This creates a new policy with no gap in coverage for all but the former primary. Note that accumulators are not transferred to the new policy. .



- Non-Primary Applicant to Be Removed

A producer would need to call the Producer Support Hotline to request the non-primary applicant be removed from the household or the non-primary applicant's removal from the policy. If the member is still part of the household, the worker portal user will select the household member as not selecting coverage. If the member is no longer a part of the household, the worker portal user will remove the household member all together. This cannot be done in the Consumer or Broker Portal at this time. Once this change is made, the Producer can then complete the change report with any income or demographic modifications. MHC will recalculate eligibility based on coverage of the remaining household members.

Please report any issues through Producer Support Hotline. Issues with terminating consumers should not be escalated through mhbeproducer.escalatedcases@maryland.gov.

#7 Medicaid Determinations

Producers often escalate Medicaid determinations because they do not feel their clients are Medicaid eligible. There are several common reasons for this:

1. Medicaid determinations are based on current monthly income, while QHP is based on estimated annual income. For many reasons, the estimated annual income divided by twelve may not equal current monthly income; or current monthly income multiplied by twelve may not equal estimated annual income. Although your client may have an annual income that exceeds the Medicaid threshold, Medicaid determinations will always be based on current monthly income, regardless of the annual total. In these situations, it is a good idea for producers to remind their clients to report any changes in income to MHC as soon as possible. The Medicaid threshold question can also create confusion. The question will ask something like - Is your household income (before taxes) for this month more than \$ 1415? DO NOT answer this question based on annual income if there are variations in the client's income from month to month. Answer is correctly based on the monthly income of the applicant for the current month.

Medicaid determination issues should be first discussed through the Producer Support Hotline at 1-844-224-6761 before attempting to escalate the issue. The representative should be able to review the information entered to see if the determination is correct.