

# Plan Management Stakeholder Committee

June 1, 2017





## Welcome and Introductions

Meeting Minutes Approval

## Market Stabilization Rule

- MHBE received perspective from issuers on the Market Stabilization Rule to help inform MHBE action on July 1.
- MHBE has summarized the issuers' responses and is meeting internally to determine MHBE's response and action to the rule.
- MHBE will present our approach to the Market Stabilization rule at the September PMSC.

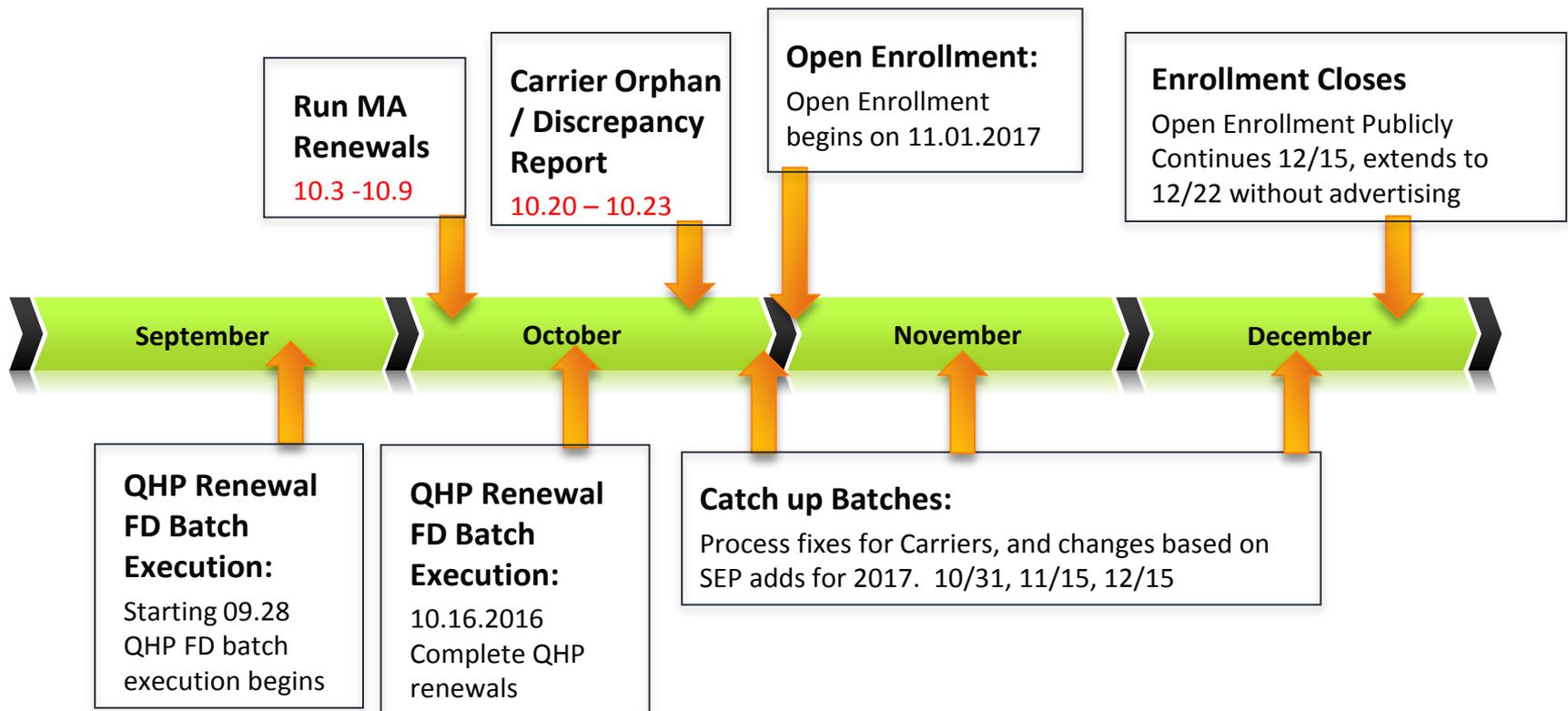
### Established Decisions:

- MHBE will not implement SEP Verifications until before Open Enrollment for 2019.
- MHBE will continue to follow the federal Open Enrollment period – November 1 – December 15.

### Open Decisions:

- Pending applications, mid-year metal-level churn limitations, policy approaches to increasing coverage months, and reducing gaming.

# Renewals Timeline & Roadmap – FD Batch



# Renewals Timeline & Roadmap – FD Batch Calendar

Sun	Mon	Tue	Wed	Thur	Fri	Sat
September				28 CF	29 CF	30 CF
Oct 1 CF	2 CF	3 MA	4 MA	5 MA	6 MA	7 MA
8 MA	9 State Holiday	10 KP	11 KP	12 KP	13 KP	14 Dental
15 Fixes / Remaining Issues	16 Fixes / Remaining Issues					

MARYLAND  
HEALTH BENEFIT  
EXCHANGE



Maryland SHOP

## SHOP Marketplace Expansion Efforts

MHBE is working to expand the SHOP program in our State by marketing and administrative improvements to the program.

- Marketing Materials
- Broker Partnership
- Streamlining Enrollment Paperwork Process for SHOP
  - Universal Application for Employers
  - Universal Application for Employees
- SHOP Policy Clarifications in Memorandums / Reference Manual
- Reconciliation Efforts between Issuers, BenefitMall and MHBE

MHBE SHOP is creating a new marketing plan including new collateral to develop an expanded market presence and provide greater clarity regarding the SHOP Marketplace.

A two prong approach is planned to: First, target brokers by advising on the benefits of selling SHOP. Second, provide brokers the required resources, tools and information to market the SHOP plans to their employer clients.

Upon finalization of these marketing materials, MHBE will notify the carriers and our SHOP Administrator of their availability..

The SHOP Reference Manual is nearing completion and will be sent for review and comment to carriers and BenefitMall.

Current subjects or policy decisions to be clarified should be submitted to MHBE SHOP via email ([mhbe.shop@maryland.gov](mailto:mhbe.shop@maryland.gov))

The revised SHOP Reference Manual will be distributed upon closing of comment period to all partners. Clarifications and new materials will be provided in the form of Policy Memorandums until the next updated SHOP Reference Manual is released.

# Broker Partnership



### **Broker Partnership with Expansion Efforts**

#### **- Engagement**

- Marketing Materials will help MHBE communicate the benefits of selling SHOP to brokers and their clients.
- MHBE intends to increase outreach to the broker community regarding SHOP.
- MHBE intends to hold periodic Broker meetings to provide marketing materials, discuss SHOP topics and greater educational opportunities.

#### **- Training**

- Training to be provided on an overview of SHOP and topic-focused in-depth discussions such as marketing SHOP and broker tools.
- In-person, webinar and telephone conference meetings planned

#### **- Small Business Outreach**

- Small Business Associations and related organizations outreach.

# Streamlining SHOP Enrollment Process

## Universal Application for Employers

As part of MHBE's efforts to streamline the SHOP program, we are seeking to reduce the required paperwork for enrolling in SHOP.

- The MHBE SHOP Unified Employer Carrier Application draft was sent to you as an attachment to the agenda today. Review of the form, changes and comments are requested. Please note:
  - First worksheet is the main employer application
  - Subsequent worksheets include information such as legal / disclaimer language from the current employer applications from each participating carrier.
- Comments and edits requested on what each carrier would require to accept the Universal Employer Application for use with SHOP.

# Unified Employer Carrier Application

<b>MHBE SHOP</b>									
<b>Employer / Carrier Application</b>									
<b>Company Information</b>									
Legal Company Name				Doing Business As (if Applicable)					
Physical Street Address (PO Box not acceptable)				City		State		ZIP	
Billing Address (if different from physical)				City		State		ZIP	
Mailing Address (if different from physical or billing)				City		State		ZIP	
Phone Number				Fax Number					
Does this business have multiple locations? If so, please attach sheet with all locations with Street Address, City, State and ZIP and number of employees at each broken down by Full-time, Part-time, Retired, COBRA or State Continues, 1099, Union, Seasonal, Other.									
Company Group Contact: Name and Title				Email Address		Phone Number			
Billing Contact: Name and Title (if different from above)				Email Address		Phone Number			
Enrollment Contact: Name and Title (if different from above)				Email Address		Phone Number			
Chief Executive Officer			Organization type: (C-Corp, Non-Profit, Partnership, Sole Proprietor, LLC, LLP, Other):						
SIC Code		Nature of Business			Federal Tax ID			Date Established	
<b>Group Information</b>									
Is your company under 50 full-time equivalent employees (FTEs)? If so, number of FTEs: _____								Yes	No
Is your company a subsidiary of another company, an affiliate of another company, or under common control with another company? Details: _____									
Does your company file state or federal taxes with another company(ies) on a combined or consolidated basis?									
Are there any associated companies to be included with this group that are commonly owned?									
Is your company a branch of another company, or does your company have branch offices?									
Do you use the services of a payroll company? If "Yes", provide the name of the payroll company: _____									
<b>Prior Insurance Information</b>									
Please list any coverage with any carrier in the past 12 months									
	Name of Carrier (Corporate Name)			Policy # (if available)		Coverage Begin Date (MM/DD/YY)		Coverage End Date (MM/DD/YY) (write current, if current)	
Medical Carrier									
Dental Carrier									
								Yes	No
Does your group have Worker's Comp: If Yes, what is the Carrier Name:									
Are all employees covered by Worker's Compensation? If No, explain below:									
Is Health Plan Primary and Medicare Secondary? If your group had 20 or more employees during 20 or more calendar weeks in the preceding calendar year, than your health plan is primary and Medicare is Secondary. Otherwise, Medicare is primary.									
<b>Medical Loss Ratio (MLR) Classification</b>									
								Yes	No

## Universal Application for Employers, continued

- Review the MHBE Policy Memorandum discussing the Universal Application for Employers: The title of this policy memorandum is called “2017-2018 SHOP New Business Process Overview”. A copy of which was sent to you as an attachment to today’s agenda.

# Unified Employer Carrier Application

## MEMORANDUM

To: SHOP Administrator and Participating Issuers  
From: MHBE SHOP  
Date: August 3, 2017  
Re: 2017-2018 SHOP New Business Process Overview

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## PURPOSE

Overview of the eligibility determination and new business process between the SHOP Administrator and the issuers.

## SUMMARY

Based on recent communications, it has been determined that a final policy decision needed to be distributed concerning the process and policies of the implementation of SHOP groups. This is to clarify the overall process of implementation of SHOP new business and the required paperwork.

## OVERVIEW OF NEW BUSINESS PROCESS

Maryland Health Benefit Exchange has contracted with Benefit Mall to serve as the SHOP Administrator, to perform the following duties, including but not limited to:

1. Provide employer and employee SHOP eligibility determinations, including notifications of eligibility to both parties;
2. Implement SHOP groups with chosen enrollment modules and carrier(s); and
3. Facilitate and implement a SHOP group's annual renewal.

### **Eligibility Determination and Notification Requirements**

Through its partnership with Maryland Health Benefit Exchange, the SHOP Administrator will determine the SHOP group's eligibility at the time of the initial application. According to C.F.R. 45 §155.715, the SHOP must determine that an employer or individual who requests coverage is eligible based upon the requirements in C.F.R. 45 §155.710. Please review the attached Guide to SHOP Eligibility for Employers and Employees for further details.

## Universal Application for Employees

The universal application for employees is intended to reduce the administrative burden of enrolling in SHOP plans.

- The employee application is modelled after BenefitMall's Employee Election Form and contains employee demographic information and plan choices.
- Other lines of coverage beyond SHOP coverage are not allowed on a SHOP Enrollment File.
- Comments and edits requested on what each carrier would require on the Universal Employee Application for use with SHOP groups.

# Unified Employee Application

SHOP ADMINISTRATOR NAME, LOGO and CONTACT INFORMATION																	
SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP) EMPLOYEE ELIGIBILITY AND ELECTION FORM																	
<input type="checkbox"/> New Hire/Rehire <input type="checkbox"/> New Enrollee <input type="checkbox"/> Coverage Change <input type="checkbox"/> Waiver <input type="checkbox"/> Information Update <input type="checkbox"/> COBRA/State Continuation <input type="checkbox"/> Open Enrollment																	
<b>1. EMPLOYER INFORMATION</b>						<b>Employer Section Only (Include Applicable Effective Dates )</b>											
Employer Name																	
Employer Address																	
Employer City						State			Zip Code								
Employer Phone Number						Account Number											
Medical Effective Date						Dental Effective Date											
<b>2. EMPLOYEE INFORMATION</b> (If you do not want SHOP coverage from your Employer, complete this section and go to Step 5.)																	
Last Name			First Name			M.I.		Suffix		Social Security Number							
Email Address (Notifications will be sent electronically)								Phone Number <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C		Other Phone Number <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C							
Home Address																	
City						State			Zip Code			County					
Mailing Address (if different from home address)						Apt or Suite Num		City		State		Zip Code		County			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			Date of Birth:			Marital Status			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner								
Date of Hire/Rehire			Hours Worked Per Week			Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other			Occupation:								
Payroll Frequency			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly			Are you actively at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No								
If Hispanic/Latino, ethnicity (OPTIONAL - Check all that apply):																	
<input type="checkbox"/> Mexican			<input type="checkbox"/> Mexican American			<input type="checkbox"/> Chicano			<input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other								
Race (OPTIONAL - Check all below that apply)																	
<input type="checkbox"/> Black or African American			<input type="checkbox"/> White			<input type="checkbox"/> Filipino			<input type="checkbox"/> Vietnamese			Preferred Spoken or Written Language (If Not English):					
<input type="checkbox"/> American Indian/Alaska Native			<input type="checkbox"/> Asian Indian			<input type="checkbox"/> Other Asian			<input type="checkbox"/> Chinese			<input type="checkbox"/> Guamanian or Chamorro					
<input type="checkbox"/> Other Pacific Islander			<input type="checkbox"/> Native Hawaiian			<input type="checkbox"/> Samoan			<input type="checkbox"/> Japanese			<input type="checkbox"/> Korean					
If you're American Indian or Alaska Native, tell us what state and the name of your federally-recognized tribe																	
<b>3. GENERAL INFORMATION (Complete all information)</b>																	
	Last Name	First Name	M.I.	Date of Birth	Social Security #	Gender	*Tobacco use (Y/N)	Medical (Y/N)	Dental (Y/N)	Primary Care Provider Number and Name	Current Patient (Y/N)	Dentist Code					
Self																	
Spouse/DP																	
Child																	
Child																	
Child																	
Child																	
Are any dependents Disabled <input type="checkbox"/> Yes Name(s) <input type="checkbox"/> No or Full-Time Student <input type="checkbox"/> Yes Name(s) (School documentation may be required) <input type="checkbox"/> No																	
*Tobacco Use: Use of tobacco on average four or more times per week within the past 6 months, excluding religious or ceremonial use of tobacco.																	
<b>4. OTHER HEALTH/DENTAL INSURANCE INFORMATION (You must complete this section or claims may be denied)</b>																	
Do you or your dependents described on this form have "health" or "dental" coverage with another insurer?						Effective Date:			Termination Date:								
<input type="checkbox"/> Yes <input type="checkbox"/> No						Who is covered? <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child(ren) <input type="checkbox"/> All			Other Carrier(s) Name			Policy #					
Will you or your dependents continue coverage with other insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No						Other Coverage is through?			<input type="checkbox"/> Individual Policy <input type="checkbox"/> Spouse's Employer								
Are you covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No				Part A Effective Date:		Part B Effective Date:		Part D Effective Date:		Medicare #:							
<b>5. BENEFIT ELECTION (Indicate election for each benefit offered by your employer)</b>																	
<b>MEDICAL PLAN</b>						<b>DENTAL PLAN</b>											
Carrier:						Carrier:											
Plan:						Plan:											
<input type="checkbox"/> Individual						<input type="checkbox"/> Individual											
<input type="checkbox"/> Individual & Adult						<input type="checkbox"/> Individual & Adult											
<input type="checkbox"/> Individual & 1 Child						<input type="checkbox"/> Individual & 1 Child											
<input type="checkbox"/> Individual & Children						<input type="checkbox"/> Individual & Children											
<input type="checkbox"/> Family						<input type="checkbox"/> Family											

## Universal Application for Employees, continued

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# Unified Employee Application

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## 2017-2018 Issuer SHOP Renewal Process Overview

- Review the MHBE Policy Memorandum on SHOP Renewals. This was revised to discuss how Employee Choice groups at renewal. It was determined that carriers did not want to set up a group plan at the initial or renewal period without any enrollment. As such, MHBE revised the policy to require the rate sheets be sent for groups with no enrollments. However, it was determined that they do not need to be sent until such time as an enrollment presents itself. The employee should get the applicable effective date based upon the waiting period or Special Enrollment Period reported.

## SHOP Reconciliation Efforts



## **Memorandum for review and comment**

- Policy Memorandum regarding Reconciliation Process between the SHOP Administrator and the Issuers (draft attached)

## **Data Requested from the Issuers to be sent to MHBE**

- Data needed, Report Template provided – EBR reporting fields.
- MHBE to conduct their own reconciliation on a quarterly basis. However, data is requested from the carriers on a quarterly basis (based upon a schedule with each carrier). This will allow MHBE to conduct timely and accurate audits of one carrier at a time each month.

# 2017-2018 SHOP Reconciliation Process



## MEMORANDUM

**To:** SHOP Administrator and Participating Carriers  
**From:** MHBE SHOP  
**Date:** July 28, 2017  
**Re:** 2017-2018 SHOP Reconciliation Process

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## SUMMARY

Overview of the SHOP Reconciliation Process between the SHOP Administrator (BenefitMall) and the participating carriers.

## RECONCILIATION PROCESS

1. The SHOP Administrator will reconcile their SHOP enrollment and billing data on a monthly basis with the participating SHOP carriers.
2. Comparison of all data points of demographics, enrollment and billing will be based upon the data found in the template SHOP EBR (Enrollment Billing Reconciliation) report.
3. The data points compared should include but are not limited to:
  - A. Demographic information of employee – name, address, date of birth and social security number
  - B. Family Composition and their demographic information
  - C. Plan Choice
  - D. Premium Amount
  - E. Effective Dates
4. The SHOP Administrator shall compare the data from their system with the data found in the EBR report
5. Upon comparison of the data, the SHOP Administrator will contact the participating carriers for resolution of any discrepancies.
6. The SHOP Administrator and the participating carriers will notify MHBE SHOP should there be any unresolved reconciliation issues between the two parties for assistance with resolution within 30 days of determination of the unresolved dispute.

The Maryland Health Benefit Exchange extends appreciation to the SHOP Administrator and participating carriers for their continued support and partnership. Comments on this policy memorandum are due by August 31, 2017.

## EBR File for Reconciliation

BenefitMall is requesting that each carrier provide them a copy of the Enrollment Billing Reconciliation (EBR) file that carriers usually provide off-Exchange. BenefitMall would use file for reconciliation efforts with the carriers. In addition, MHBE would use it for their quarterly reconciliation.

Carriers should review the file template attached and comment on whether they are able to provide this data (per the schedule). A contact person is requested on who would provide this data as requested.

# EBR Fields

BMAS_GRP#	IBASGRP#	GROUP_ID	GROUP_NAME	SUBSCRIBER_ID	MEMBER_ID	BMLL_SSN	FIRST_NAME	BMLL_MIDDLE _INIT	LAST_NAME	DOB	GENDER	STREET_ADDRESS 1
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STREET_ADDRESS 2	CITY	STATE	ZIP CODE	EFF_DATE	BMLL_EFF_DATE	HIOS ID	CARRIER_PREMIUM_RATE	FSP RATE
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# SHOP Reconciliation Report Schedule

<b>Reconciliation Reports Schedule</b>	
<b>Month</b>	<b>Carrier</b>
January	Aetna
February	United Healthcare
March	Kaiser Permanente
April	CareFirst
May	Aetna
June	United Healthcare
July	Kaiser Permanente
August	CareFirst
September	Aetna
October	United Healthcare
November	Kaiser Permanente
December	CareFirst

# Action Item Review



- Topics and/or scenarios to be included in the SHOP Reference Manual
- Feedback, comments and suggested revisions on the policy memorandums:
  - New Business Process
  - Renewal Business Process
  - Reconciliation Process between the Issuers and SHOP Administrator
- Feedback, comments and suggested revisions on the Universal Employer and Employee Applications
- Review of Data Fields on the Reconciliation EBR report and comments on whether able to provide this data. Comments requested on ability to provide data as per requested by the current schedule. Contact person to request this data from.

Questions or Comments?

- Carrier Application & 2018 Plan Offerings
  - All issuers have submitted their Carrier Applications and are on track for certification.
  - Issuers have submitted the following as prospective plan offerings for 2018.

### Individual Market Medical Plans

Parent Company	Licensed Entity	# of Plans	Metal Levels	Provider Type
CareFirst	CareFirst Blue Choice, Inc.	4	1 bronze, 1 silver, 1 gold, 1 catastrophic	4 HMO
	CareFirst of Maryland, Inc.	3	1 bronze, 1 silver, 1 gold	3 PPO
	Group Hospitalization and Medical Services, Inc.	3	1 bronze, 1 silver, 1 gold	3 PPO
Kaiser		12	3 bronze, 4 silver, 3 gold, 1 platinum, 1 catastrophic	12 HMO

### Individual Market Dental Plans

Parent Company	Licensed Entity	# of Plans	Tiers	Provider Type
CareFirst	CareFirst of Maryland, Inc.	2	1 low, 1 high	2 PPO
	Group Hospitalization and Medical Services, Inc.	2	1 low, 1 high	2 PPO
Delta Dental	Alpha Dental	2	1 low, 1 high	2 HMO
	Delta Dental	2	1 low, 1 high	2 PPO
Dominion Dental	Dominion	8	4 low, 4 high	4 DHMO, 4 PPO

# Plan Management Updates

## SHOP Market Medical Plans by Carrier

Aetna	Aetna Health Inc.	3	1 bronze, 1 silver, 1 gold	3 HMO
	Aetna Life Insurance Company	3	1 bronze, 1 silver, 1 gold	3 PPO
CareFirst	CareFirst Blue Choice	3	1 bronze, 1 silver, 1 gold	3 HMO
	CareFirst of Maryland Group Hospitalization and Medical Services	3	1 bronze, 1 silver, 1 gold	3 PPO
Kaiser	Kaiser	13	4 bronze, 4 silver, 3 gold, 2 platinum	13 HMO, 1 POS
UnitedHealthcare	UnitedHealthcare Insurance Company	11	1 bronze, 3 silver, 4 gold, 3 platinum	11 POS
	MAMSI Life and Health Insurance Company	14	3 bronze, 3 silver, 4 gold, 4 platinum	13 EPO, 1 POS
	UnitedHealthcare of the Mid-Atlantic, Inc	12	4 bronze, 4 silver, 4 gold	12 HMO
	Optimum Choice, Inc.	13	3 bronze, 3 silver, 4 gold, 3 platinum	13 HMO

## SHOP Market Dental Plans by Carrier

Dominion Dental	Dominion Dental	2	2 high	1 HMO, 1 PPO
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- Plan Certification
  - All issuers are on track for QHP certification.
  - QHP Issuers have received the first round of Plan Shopping PDFs to begin plan data validation. Feedback due today.
  - SADP Issuer will begin the plan data validation period in the next week.
- Essential Community Providers Standard
  - MHBE has completed review of issuer submissions to meet the 2018 ECP Standard. Issuers should have received determination letters or comment/feedback from MHBE.
- Provider Directory Transition
  - Individual Marketplace issuers are on track to have established sFTP connectivity to submit Provider Directory Files to MHBE.
  - MHBE will amend 2018 Plan Certification Standards accordingly upon successful transition.

## Supplemental Maryland Reinsurance Program

- All participating issuers have submitted their SMRP Attestations.
- All issuers have submitted, or are in process of, submitted their Reinsurance/Risk Adjustment Reports to MHBE.
- With a budget cap of \$21.3 million the SMRP is able supplement the federal transitional reinsurance program to 73% of total claims.
- MHBE is prepared to transmit disbursement letters to issuers upon full submission of all issuer data.
- MHBE will be able to remit funds on a shorter timeline than in 2016.

## MHBE Extract Reports

- Standard MHBE Report Provided to Issuers on a Monthly Basis
  - Proposed by Kaiser Permanente
  - Would replace the current bi-weekly enrollment report

## FIELDS:

- Carrier
- Plan Level
- Metal Tier
- APTC, CSR, and Full Payment
- Direct Enrollees vs. those who used a broker (and alternatively adding categories if those are tracked - e.g. navigator assistants)
- Demographics (age, gender, race, etc.)

Next Meeting Location – September

# Action Item Review



## Upcoming Items

- Standardized Benefit Design Workgroup Meeting – August 24, 2017
- Introduction of Stakeholder Topics for forthcoming PMSC Sessions:

Stakeholders may begin submitting items of interest for discussion for forthcoming PMSC sessions. Each session will have up to three sections dedicated to stakeholder topics.

Submitting Stakeholders must to [mhbe.carriers@Maryland.gov](mailto:mhbe.carriers@Maryland.gov):

1. Notify MHBE at least 14 days prior to the session of topic and section length
2. Submit presentation information at least 7 days prior to the session

Ex. Best practices from other SBMs, recommendations for improvement, etc.

Questions or Comments?