

Plan Management Stakeholder Committee

May 3, 2018



Standing Agenda

Welcome & Introductions

Meeting Minute Approval

Feedback from the field



**March Meeting
Minutes**

- ✘ **March 1** - Renewals Debrief and Direction and 1095-A Results
- ✘ **May 3** - PayNow URL, SEP Loss of Minimum Essential Coverage, Proposed Regulation Review, 2019 SHOP Process and 2018 Legislative Session Impact
- ✘ **July 5** - Plan Certification Process and Renewal Timeline for 2019
- ✘ **September 6** - Open Enrollment Readiness
- ✘ **November 1** - Draft 2020 Plan Certification Standards

Proposed Regulation Timeline [UPDATED]

Proposed Regulations Timeline

May 2018:

Proposed regulations sent to MHBE Stakeholders by May 15.
Comment period from May 15 – June 15

July 2018:

Proposed regulations presented to MHBE Board of Trustees
Formal comment process held

August 2018:

Public comments due from stakeholders

September 2018:

Staff will review comments to respond to. Not incorporated at this time.
Will work further with stakeholders to address comments

November 2018:

Request approval of finalized regulation from Board

- **Chapter 7** – Rules that govern eligibility standards for enrollment in a qualified health plan (QHP), and a QHP with APTC and CSR.
- **Chapter 14** – Rules that govern terminations, cancellations, or rescissions of coverage in a QHP on the Marketplace.
- **Chapter 15** – Rules that detail the standards a carrier shall meet to be authorized to offer QHPs on Maryland Health Connection.
- **Chapter 16** – Rules that detail the standards a QHP shall meet to be certified and offered on Maryland Health Connection.

2018 Legislative Session Impact &
1332 State Innovation Waiver Hearings

2018 General Session – At a Glance

2018 General Session:

- 3,127 bills and joint resolutions introduced
- 890 bills passed
- 2,237 bills and resolutions “died”
- 142 bills have become law

Senate Bill 111 - Maryland Health Benefit Exchange - Criminal History Records Checks - Contractors With Access to Federal Tax Information:

- Departmental bill submitted by the Exchange.
- Authorizes MHBE to perform criminal background checks on contractors who access federal tax information.
- While MHBE presently has the authority to perform these background checks on state employees, SB 111 expands this authority to contractors.
- Unanimously passed both the Senate and the House.

2018 General Session – Bills Affecting MHBE

Senate Bill 1048 / House Bill 152 – Secure and Accessible Registration Act:

- Re-designates “electronic voter registration agencies” as “automatic voter registration agencies.”
- Requires MHBE to inform a consumer purchasing insurance that the he or she will be registered to vote or have their voter registration record updated unless they decline.
- Similar laws have been implemented in more than a dozen states.
- MHBE successfully requested that the bill be amended to remove a requirement that the Exchange share personal information of consumers who opted out of the voter registration process.

2018 General Session – Bills Affecting MHBE

Senate Bill 1267 / House Bill 1795 – Maryland Health Benefit Exchange - Establishment of a Reinsurance Program:

- Directs MHBE to file an application with HHS and the Department of Treasury to implement a State Reinsurance Program.
- Alters the purpose of the Maryland Health Benefit Exchange Fund to include federal pass through funding available through a Section 1332 State Innovation Waiver.
- Directs the Board of Trustees to determine the parameters of the State Reinsurance Program.
- Requires MHBE to promulgate regulation administering the program no later than

2018 General Session – Bills Affecting MHBE

Senate Bill 387 / House Bill 1782 – Health Insurance - Individual Market Stabilization (Maryland Health Care Access Act of 2018):

- Places a 2.75% assessment on carriers to recoup the aggregate amount of the health insurance provider fee that was previously assessed under Section 9010 of the ACA.
- Provides an estimated \$365 (MIA/OCA) million for the State Reinsurance Program.
- Tightens oversight on short-term, limited duration health plans and association health plans. Amends definition to Association Health Plans.
- Adds studies to the Maryland Health Insurance Coverage Protection Commission's charge.

Public Hearings Timeline and Opportunities to Provide Comment

- MHBE will host four public hearings across the state to gather public input:

Thursday, April 26, from 5 to 6 p.m. at the Chesapeake Room at the Talbot County Department of Parks and Recreation located at 10028 Ocean Gateway, Easton, MD 21601

Thursday, May 3, from 4 to 5 p.m. at the office of the Maryland Health Benefit Exchange, 750 East Pratt St., 6th Floor, Baltimore, MD 21205

Monday, May 7, 3 to 4 p.m., at Frederick County Local Health Department, 350 Montevue Lane, Frederick, MD 21702

Thursday, May 10, from 5 to 7 p.m., at the Charles County Local Health Department, 4545 Crain Highway, White Plains, MD 20695

- All supply written comments for the 1332 State Innovation Waiver to mhbe.publiccomments@maryland.gov. The comment period ends on May 20, 2018.

Plan Management Updates

Plan Management Updates

- Enrollment Payment URL Redirect
 - Release 23.0 – July 27, 2018
 - Meeting will be established with participating issuers by mid-May.

- SEP Verification (SEPV) for Loss of Minimum Essential Coverage
 - Release 23.0 – July 27, 2018
 - Process Proposal Attached
 - Please respond with comments by May 15, 2018 to mhbe.publiccomments@Maryland.gov



IT and EDI Update



Agenda

- 834 Responses for Automated Renewals
- 834 Redesign Project
 - Operational/Business Justification
 - Technical Justification
 - High Level Approach
 - Pros / Cons
 - Key Dates
 - Contingency Planning
- Development / Testing Timeline

834 Responses for Automated Renewals

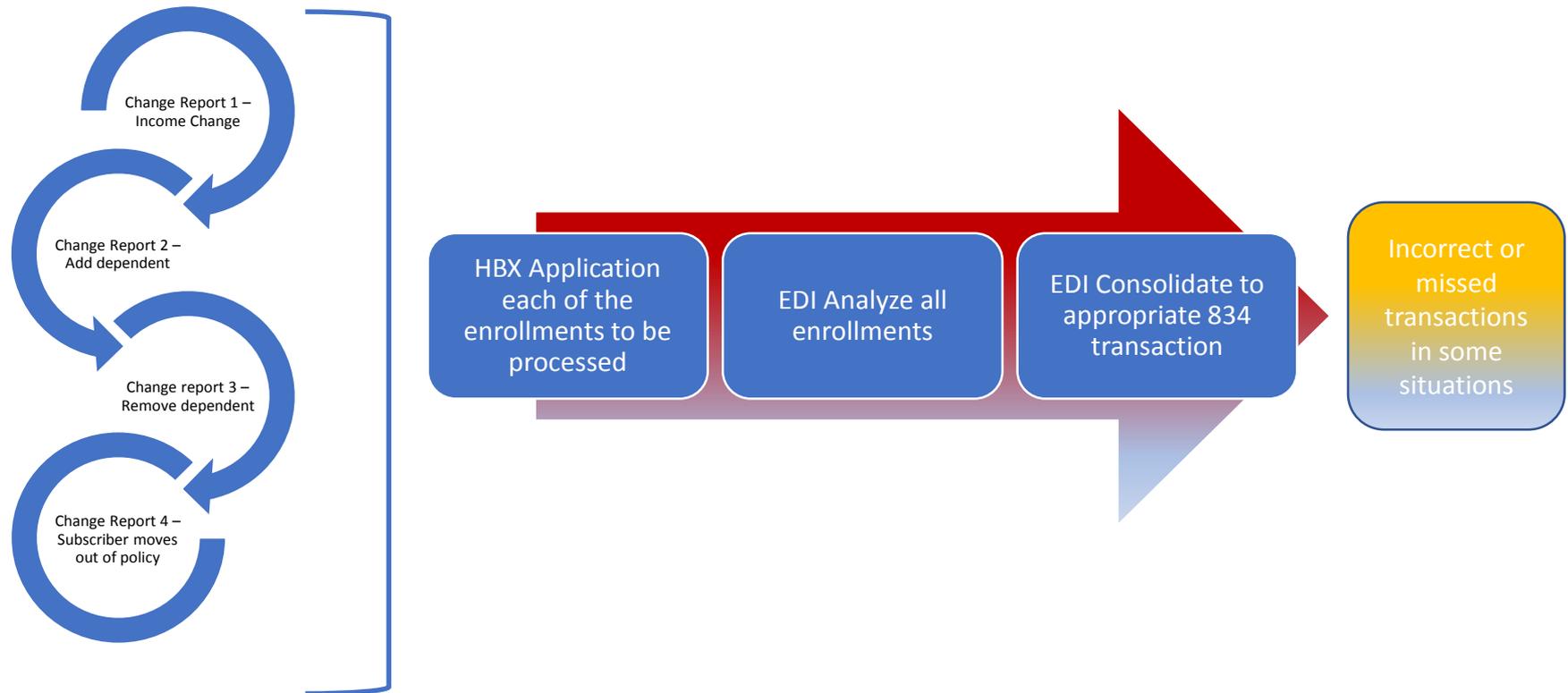
- Prior to Open Enrollment, MHBE runs auto-renewals
- Carriers (currently) echo back same transaction
 - This only tells MHBE the carrier has received the transaction
- Carriers consider auto-renews to be auto-effectuated, but MHBE has no means of identifying these transactions as effectuations
- Suggestion to have carriers echo back same transaction, but change reason code to 42 (currently unused) to identify that carrier is considering these auto-renews to be effectuated
- MHBE and carriers will immediately be aligned with auto-renews, resolving tens of thousands of SBMI discrepancies that get inherited with the auto-renew process every in January
- If no change on carrier end, has no effect on MHBE current process. Carrier will have to send effectuation code for auto-renews or discrepancies will be corrected during SBMI reconciliation

Operational/Business Justification

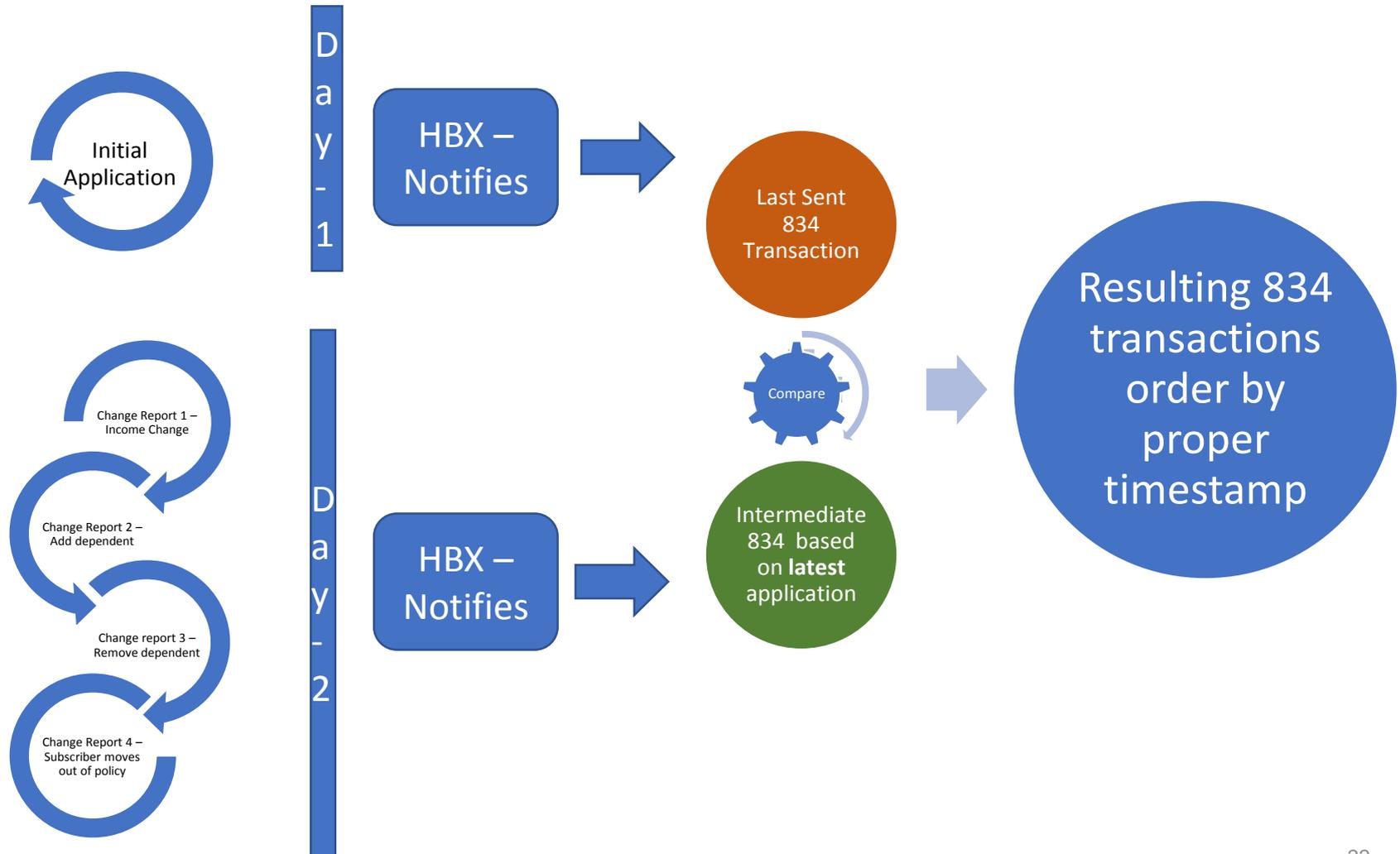


- Less modularized code make it difficult to manage
- More symptomatic approach to the issues – Issues being resolved as they arise and follows a scenario based fixes
- Code became very complex and difficult to manage due to complex consolidation logic
- Manual intervention required to process large number of transactions during renewal period
- Few 834 related logics are spread between HBX application and EDI processing, causing un-anticipated behaviors or sometimes missed transactions

Approach – High Level (Current Process)



Approach – High Level (To – be process)



Pros of New Approach

- New process is more simple that provide more predictable outcome
- Only latest state of the application at the time of batch execution is considered for 834 generation – This simplifies over all process
- HBX applications responsibility is simplified such that it just notifies EDI process about the action in the application
- Some of the consolidations will be removed as part of this effort – This may have some impact to carriers and require discussion with them
- Logic to hold the transactions across multiple days will be eliminated but proper **time stamps** will be applied to order the transactions

Cons of New Approach

- May increase number of transactions you will receive during the middle of the plan year – should not effect Renewals significantly
- Risks whenever there's a change in the system – additional testing is being scheduled to mitigate the risk

Key Dates

Activity	Duration	Status
Design/Analysis	April 1 st - May 7 th	In Progress
Leadership Sign off to begin	May 1st	
Carrier Sign Off on Approach	May 11th	
Development	May 1 st – June 1 st	
Internal Testing	June 1 st – June 25 th	
Carrier Testing	June 25 th – July 20 th (Planned) June 25 th – Aug 17 th (Planned, with contingency)	
Implementation	July 27 th	

Planned - Perform EDI 834 testing with all different transaction types covering Adds, Changes, Cancels and Terminations with various agreed upon scenarios between Issuers and MHBE. In addition, perform renewal testing for the changes that need to be incorporated for upcoming year within the timelines established.

Contingency – All of the above; however, if new 834 process is deemed unready, repeat Renewals testing and outstanding scenarios using current method from July 21 to August 17.

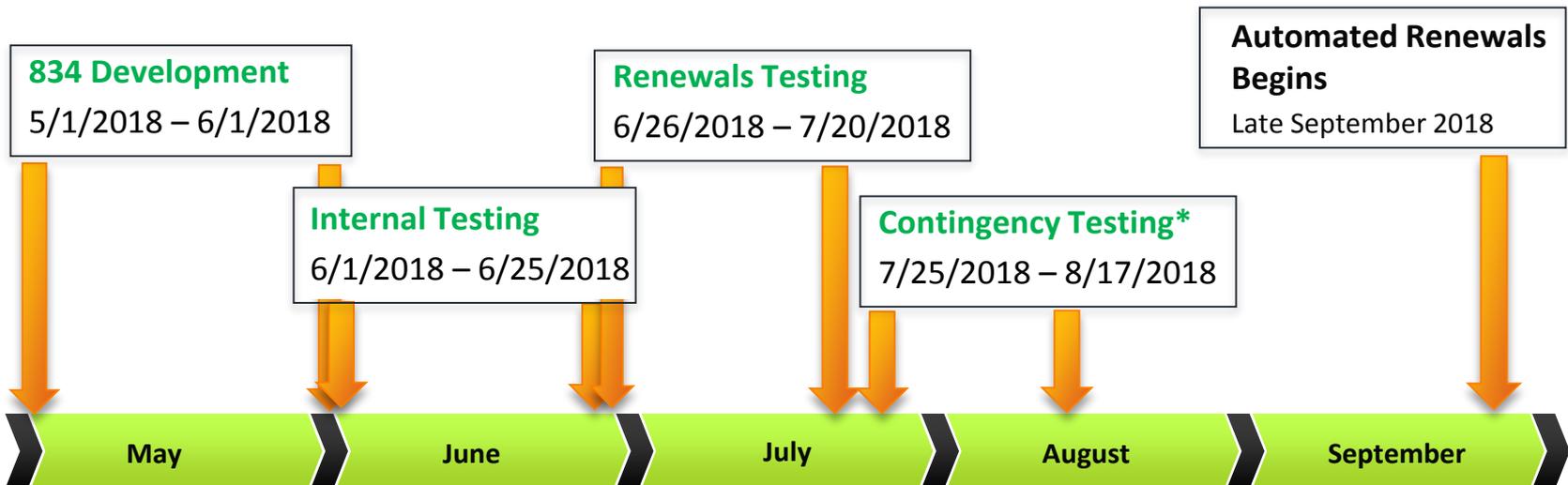
Contingency Planning

- No changes will be made to existing 834 process
- Design allows to switch between current process and new process in testing environment
- New process can be turned off based on configuration
- MHBE will take most risk averse approach

#	Scenarios	Action
1	MHBE internal validation finds no improvements from the existing 834 process by the end of internal testing	Continue with carrier renewal testing with current 834 process and hold new design for additional validations
2	Carriers finds issues with new design during carrier testing	Schedule a new cycle of testing for Renewals using old methodology
3	MHBE/Carrier needs additional testing post July 27, but determined that new approach is providing benefit	<ol style="list-style-type: none"> 1) Will turn OFF new design in production 2) Establish new test completion expectations 3) Establish new implementation cut off date (preferably on or before August 17th - Two and a half months before OE)
4	MHBE/Carrier could not meet revised implementation schedule	MHBE to continue with current 834 process for 2018 OE and re-evaluate the feasibility for next year

- Evaluate 834 Re-Design Flow provided – Complete
Carriers have expressed concerns over certain changes MHBE IT perceived related to policy. JP validated those changes were not necessary, so will continue with as-is process for determining which transactions should be sent.
- Assess capability to participate in testing during normal summer testing period (do you have the resources?)
- Any calendar impacts to testing?
- Provide Agreement to Proceed NLT 11 May 2018

Development / Testing Timeline



2019 SHOP Process and Planning

SHOP DIRECT ENROLLMENT PROCESS

With the new flexibility provided under the 2019 Notice of Benefit and Payment Parameters, Maryland Health Benefit Exchange has been exploring options by which we could operate Maryland's Small Business Health Options Program (SHOP).

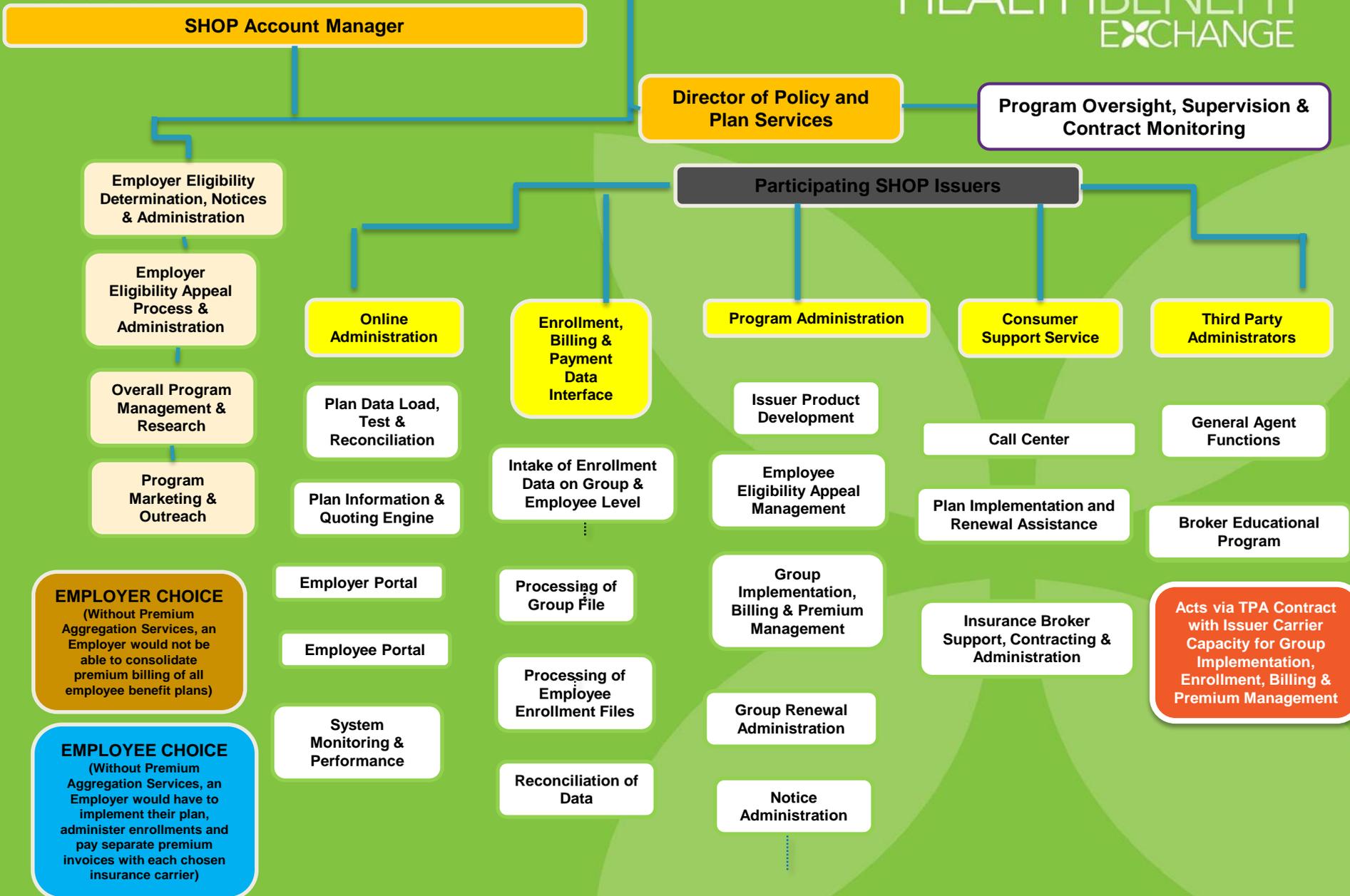
On April 16, 2018, the MHBE Board voted to approve a Direct Enrollment Process for Maryland SHOP to be effective July 1, 2018. This means that the contract with BenefitMall as our SHOP Administrator will not be renewed.

Please review and comment on the attached SHOP Direct Enrollment Policy and Procedure Memorandum.



Direct Enrollment
P&P

SHOP Direct Enrollment Process



EMPLOYER CHOICE
 (Without Premium Aggregation Services, an Employer would not be able to consolidate premium billing of all employee benefit plans)

EMPLOYEE CHOICE
 (Without Premium Aggregation Services, an Employer would have to implement their plan, administer enrollments and pay separate premium invoices with each chosen insurance carrier)

Acts via TPA Contract with Issuer Carrier Capacity for Group Implementation, Enrollment, Billing & Premium Management

High-Level Steps of Direct Enrollment Process

SHOP Direct Enrollment Process

1. Employer requests information on MD SHOP or Small Group Health or Dental Insurance from an authorized producer, MD SHOP or participating issuer.
2. Employer Choice groups can be handled directly by the issuer or in conjunction with an authorized producer. Employee Choice groups need to be handled in conjunction with an authorized producer. MD SHOP or Participating Issuer will direct employers to an authorized producer for assistance, plan shopping & implementation steps for Employee Choice and at request for Employer Choice.
3. Employer (and/or producer) completes an online MD SHOP Employer Eligibility Application. The completed online form is submitted and transmitted to MD SHOP to determine group eligibility (can happen simultaneously with steps D to G below). The contacts provided on the form will be emailed a confirmation to include a submission number.

High-Level Steps of Direct Enrollment Process

SHOP Direct Enrollment Process, continued

4. The employer selects a SHOP plan or plans to offer to employees and informs employees about their options. Employees and dependents enroll in the plan of their choice through the issuer(s) directly.
5. Group implementation information and employee enrollments are sent to the issuer for processing.
6. The employer makes their initial payment to the issuer and coverage begins.
7. Issuers submit to MD SHOP a monthly enrollment file of those employees and dependents who enrolled in their SHOP-certified plans.

Universal Employer and Employee Applications

The amended Direct Enrollment Process versions of the Universal Employer and Employee Applications are available for review and comment by participating Issuers.

Maryland Insurance Administration has reviewed and approved these two forms for use with SHOP Business. It is MHBE's intention that these forms be used for all SHOP business in Maryland, in place of issuer forms.

All comments are due by May 17th. A final version of these forms will be released to all issuers following the comment period.



**Employer Carrier
Enrollment Form**



**Employee
Enrollment Form**

- MHBE is requesting that carriers and the SHOP Administrator begin using the Employer and Employee Application Forms **in place of their own issuer forms**. Comments must be submitted for any missing information so we can try to accommodate the issuer's requests and have Maryland Insurance Administration approve of the format. Please note, the Employer Application is not in lieu of the SHOP Employer Eligibility form that must be submitted to MD SHOP. These forms are implementation forms for use with the issuers.
- The MHBE eligibility determination decision does not need to be submitted prior to the start of their group health plan. The employer needs to have this determination completed prior to the end of the tax year in which they are claiming the credit. Issuers will not receive the eligibility determination decision from MHBE. The decision will be sent to the employer only.

Discussion Items – Minimum Participation

- The Minimum Participation Rate will be set by Maryland Health Benefit Exchange for SHOP groups. Currently, employers must have a minimum employee participation rate of at least 75% in the SHOP.
- The window for no participation minimum is still November 15- December 15th. This period is the waiver period for the State of Maryland's SHOP Program.
- Issuers will be able to set their own participation rate as long as it is not greater than the 75% minimum amount.
- Employee Choice groups will be coordinated with MHBE SHOP across the participating issuers to assure participation is being met. Additional requirements and training will be provided to authorized producers on how to submit this information to MHBE SHOP. MHBE SHOP will confirm participation status upon request from the issuers.

Discussion Items –July 1st Transition

- The change to Direct Enrollment is expected to begin July 1, 2018 with some transitional duties being expected of BenefitMall such as retroactive enrollment activity for anything prior to 6/30/18. BenefitMall to forward all premium payments through the grace period for July 1st coverage.
- Issuers need to communicate with the active groups of the upcoming transition, expectations of how the groups would complete enrollment activity and how premiums payments should be handled.
- New SHOP Business would go direct but MHBE is requesting details on what methods a direct group can use with each participating issuer to request quotes and have a group plan implemented.
- Current SHOP Business would go direct as of July 1, 2018. MHBE is requesting details on how each participating issuer would adjust their systems to allow for SHOP groups to be billed directly. Additionally, details are needed on how these groups would perform enrollment activities and renewal functions.

- MHBE SHOP would request that the Issuers consider allowing the use of Third-Party Administrators to assist employers with new business procedures, enrollment activity, premium aggregation and renewal business procedures. However, this Third-Party Administrator usage would have to be compensated out of any issuer-TPA agreements already in place or to be put in place. As these arrangements already exist for the current small group health marketplace in Maryland, Maryland believes the arrangements should also be provided for SHOP business.
- MHBE would expect that TPAs would have the same roles as they are currently contracted for with all small group business in Maryland. Eligibility determination duties are to be held with the State.

- Issuers to comment and request any changes on the universal Employer and Employee Application Forms.
- Issuers to comment on what their Minimum Participation Rate is currently and what expectations there may be for the future.
- Issuers to comment on what information may be needed to accurately account for participation rate on Employee Choice groups.
- Issuers to comment on how current SHOP groups can be transitioned to a Direct Enrollment model for enrollment activity, premium billing and renewal functions.
- Issuers to comment on how new SHOP groups can receive plan and premium quotes and have a SHOP plan implemented.
- Issuers to comment on the use of Third-Party Administrators for SHOP business.

Questions or Comments?

Renewals Policy Review & Carrier Renewal Notice

Renewals Policy Review & Carrier Renewal Notice

- Enrollment instructions for reenrollment in Maryland Health Connection for 2019 Renewals
 - Will be released in early June after stakeholder engagement
 - Will be added as an addendum to the Carrier Reference Manual
 - Should serve as a resource to answer policy and enrollment based questions on renewal.

Stakeholders are encouraged to participate to maximize robustness of the document through submitting questions to MHBE. Please provide policy/enrollment questions and scenarios that should be included in the document to MHBE by May 15. Please submit questions to mhbe.carriers@Maryland.gov

- Final Carrier Renewal Notice for 2019 is attached.



Plan Certification Update, ECP Template,
2019 NBPP Impact Next Steps

Plan Certification Update, ECP Template, & 2019 NBPP

Carrier Business Agreement:

- MHBE is in the final stages of updating the Carrier Business Agreement for the 2019 Plan Year

Highlights: Inclusion of the State Reinsurance Program
Updating changes in Maryland statute on network adequacy and provider directories
Updating regulatory changes on the SHOP

- Goal Review Period: May 15 – June 15
- Paper copy w/ wet-signature should be mailed to MHBE
- Digital copy should be uploaded into SERFF Binders

Plan Certification Update, ECP Template, & 2019 NBPP

- Issuers will receive complete application packets for 2019 Plan Certification with the Carrier Business Agreement.

Essential Community Providers Template

- Process updated to reduce issuer administrative burden per 2019 Plan Certification Standards
- Single integrated macro-enable template.
 - Allows submitters to select ECPs and evaluate network inclusion standard.
 - Allows submitters to use adjusted denominator standard.
 - Allows submitters to add ECPs to the submission.
- Should be submitted through issuer SERFF Binders

Plan Certification Update, ECP Template, & 2019 NBPP

- MHBE will conduct a training on the ECP Template after it is completed.
- ECP improvement strategy: MHBE has begun discussions with MHBE Board of Physician to determine if there

MHBE completed an audit of the 2018 ECP list and updated the spreadsheet to remove providers that are no longer at the reported locations based on respondent feedback.

- An un-enabled draft ECP template is attached.

2019 NBPP

- MHBE will release a request for stakeholder insights on the 2019 NBPP specifically on the risk adjustment reduction option.

Public Comments & Questions?

Please send comments or questions to mhbe.carriers@Maryland.gov