

Plan Management Stakeholder Committee

July 19, 2018



Standing Agenda

Welcome and Introductions

Meeting Minutes Approval

PMSC 2018 Schedule

- ✦ **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 19**-Plan Certification Process and Renewal Timeline for 2019
- ✦ **September 6**-Open Enrollment Readiness
- ✦ **November 1**-Draft 2020 Plan Certification Standards

PayNow URL Update

Progress and Current Status

- Early stages-Twice weekly calls between MHBE and KP/HPS with added calls as needed
- HPS requirements document reviewed and approved by MHBE leadership
- MHBE requirements reviewed and added as an addendum to HPS requirements document
- SSO handshake testing completed with success
- Simple integration testing by July 20th

*PayNow URL will not be available for mobile enrollment as PayNow is currently not responsive for mobile screens

Next Steps

- Technical sessions between MHBE and KP/HPS will continue on a weekly basis
- UAT to be completed by MHBE and KP/HPS
- MHBE will add Kaiser customer service number to PayNow screen in the event consumers have questions about payments completed using PayNow.
- MHBE Deployment Date of July 27th-Release 23.0

Special Enrollment-Loss of Minimum Essential Coverage

MHBE Board of Trustees voted to include special enrollment period verifications for loss of minimum essential coverage.

Applicants accessing Maryland Health Connection to enroll in coverage through a special enrollment period for loss of minimum essential coverage (MEC) must supply a verification document that is approved before enrollment can be completed.

This approach limits retroactivity and results in prospective coverage effective dates

Special Enrollment-Loss of Minimum Essential Coverage

Process

- Applicants may apply and select a plan no earlier than 60 days before coverage ends and no later than 60 days after coverage ends
- Applicants will be able to submit an application and will have 30 days from the date when the application is submitted to supply a verification document.
- Enrollment is pended until verification document is submitted and approved
- Applicant coverage will follow the regular effective date rules, i.e. first day of the month after the month when application is submitted
- If verification document is not supplied by the end of the 30 days, that application will no longer be eligible to enroll in coverage through this application.
- The applicant may submit another application under the loss of MEC SEP to trigger another verification document submission period. This application must be submitted during the SEP window of 60 days before or after coverage ends.

Enrollment in a plan will follow regular effective dates for the loss of MEC SEP

Verification Document Requirements

Applicants must supply documents that demonstrate that an individual on the application will lose MEC within 60 days after submitting application or has lost MEC within the 60 days before they applied for SEP. The documents must clearly identify the individual who has lost coverage and the date of coverage loss.

MHBE will align with the FFM on acceptable documentation. MHBE may expand upon this list from time to time.

Special Enrollment-Loss of Minimum Essential Coverage

Applicant Notification and Documentation Review

Applicant Notification

- Applicant receives an eligibility notice saying eligibility is determined but enrollment is pending and verification document for loss of MEC needs to be provided
- Applicant provides successful document within submission window and enrollment is processed. Applicant receives successful enrollment notice and coverage will begin first day of the month after the month application is submitted

OR

- Applicant does not provide document within submission window or document provided is not accepted. Applicant will no longer be eligible to enroll in coverage through initial loss of MEC application
- Applicant can submit a new application (application must be submitted within initial SEP window), triggers notice and another verification submission period
- If successful verification document is provided during second submission period, successful enrollment notice will be sent
- An applicant receives a minimum of two notices during the verification/enrollment process

Recheck FTR

Consumers who have received APTC (Advanced Premium Tax Credits) must reconcile the APTC when they file taxes with the IRS. If the consumer has not done the reconciliation they are not eligible to get APTC until reconciliation is complete. This is identified as FTR (Failure to Reconcile). Currently, consumers can self attest in HBX if they have filed their taxes and reconciled APTC. The self attestation will now be available only during open enrollment period.

FTR Population at Renewals

QHP renewal batch will check the FTR flag before renewing into QHP.

- If FTR flag is ON during renewal, the consumer is enrolled in unassisted QHP
- Notice (1310-QHP/SADP Renewal Completion Notice) is sent to consumer

Consumers enrolled in unassisted QHP due to FTR flag will be able to self attest to reconciling during Open Enrollment Period **only** by completing a change report application.

- Report "reason for change"
 - Update your tax return information for a prior year you received premium tax credits
- Check the below self attestation box on the Federal Details Screen
 - Yes, prior premium tax credits were reconciled for past years

Recheck FTR

Apply

- 1 Start Your Application ✓
- 2 Build Your Household ✓
- 3 Individual Details
- 4 Tax Information
- 5 Household Income and Deductions
- 6 Additional Questions
- 7 Special Enrollment Questions
- 8 Application Review
- 9 Eligibility Determination

Discard Changes

Federal Tax Details for 2018 Fields marked with * are required.



Tell us more about FTF Testing's Tax Status

Please indicate 2018's federal tax filing status for the year.

Filing Status *

Married filing taxes together

FTF Testing was the primary tax filer on this return.

Did FTF reconcile premium tax credits on your tax return for any past years?

Check the box below if ALL of these apply to you:

- You received premium tax credits to help pay for coverage through Maryland Health Connection.
- The tax filer(s) on your application filed a federal income tax return for the same year you used tax credits. For example, in [coverage year-2, i.e. 2015] you got help paying for coverage, then you also filed a tax return for that same year.
- The tax filer(s) submitted IRS Form 8962 with the tax return.

Yes, prior premium tax credits were reconciled for past years. ←

Important: If you've gotten help paying for coverage in the past, but haven't filed taxes and reconciled your premium tax credits for those years, you won't be eligible for help paying for coverage until you do this. Learn more about reconciling tax credits at MarylandHealthConnection.gov/taxes/.

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Recheck FTR

At Renewal/Open Enrollment:

- Consumers who complete self attestation during Open Enrollment may be found eligible for APTC provided all other conditions are met. The consumer shall be enrolled into assisted QHP if found eligible.

- The self attestation will not be available outside of Open Enrollment.

After Renewal:

- Beginning in January, MHBE will run monthly rechecks to capture the population of consumers who have completed reconciliation with the IRS but have not self attested and are not receiving financial assistance. If their FTR flag is turned "OFF" MHBE will redetermine the consumer's eligibility and provide notice to the consumer. In the future, a build for the HBX may be needed to develop a batch process if this population is found to be high.

- In March, MHBE will remove financial assistance for the population that provided a self attestation during Open Enrollment to receive financial assistance and continue to have the FTR flag upon recheck. These consumers will receive a redetermination notice.

- From April to August, MHBE will continue rechecks for the population that did not attest. If the FTR flag is cleared they will receive financial assistance in their current plan. Consumers wishing to access an SEP may do so through the Call Center.

Medicare and QHP Eligibility

Policy: Anti-duplication provision of the Social Security Act

Approach: Issuer initiated termination

Process:

- Issuer sends MHBE terminations file prior to renewal batch execution with a reason code.
- MHBE removes issuer identified enrollees from the renewal batch.
- Issuer sends termination letter, with MHBE provided blurb, to the group.
- Issuer identified enrollee coverage terminates 12/31 of the current plan year.
- Remaining enrollees must actively renew coverage to continue enrollment. This includes binder payment requirement.
- Identified enrollee will be blocked from active renewal.

Considerations:

- Issuer must allow changes to the terminated group for current year coverage, e.g. enrollee self service, adding or dropping dependents, SEPs, etc.
- Issuers must include a blurb from MHBE on the termination letter advising the group to return to the Marketplace to actively renew.
- Issuers must send term transactions that identify the specific enrollee that is dually enrolled.
- MHBE will utilize the individual level information to bar the identified enrollee from actively renewing through the HBX.

834 Terms for Current and Following Year – Terms Requested During Open Enrollment

Currently, after auto or manual renewal of QHP coverage, if a consumer is disenrolled from their current year coverage, carriers also terminate the next year coverage in its system. The HBX does not reflect the termination of consumer's next year coverage in the Manage Active Enrollment screen.

Process

- MHBE will implement a fix to the HBX for consumers who term their current year enrollment during Open Enrollment so the consumer receives an automatic termination of any passive or active enrollment for the following plan year as well.
- A consumer can re-enroll for the following plan year after the termination is completed.
- A message should be displayed to the consumer to inform them that their current and next year's coverage will be cancelled if they terminate their coverage during Open Enrollment.

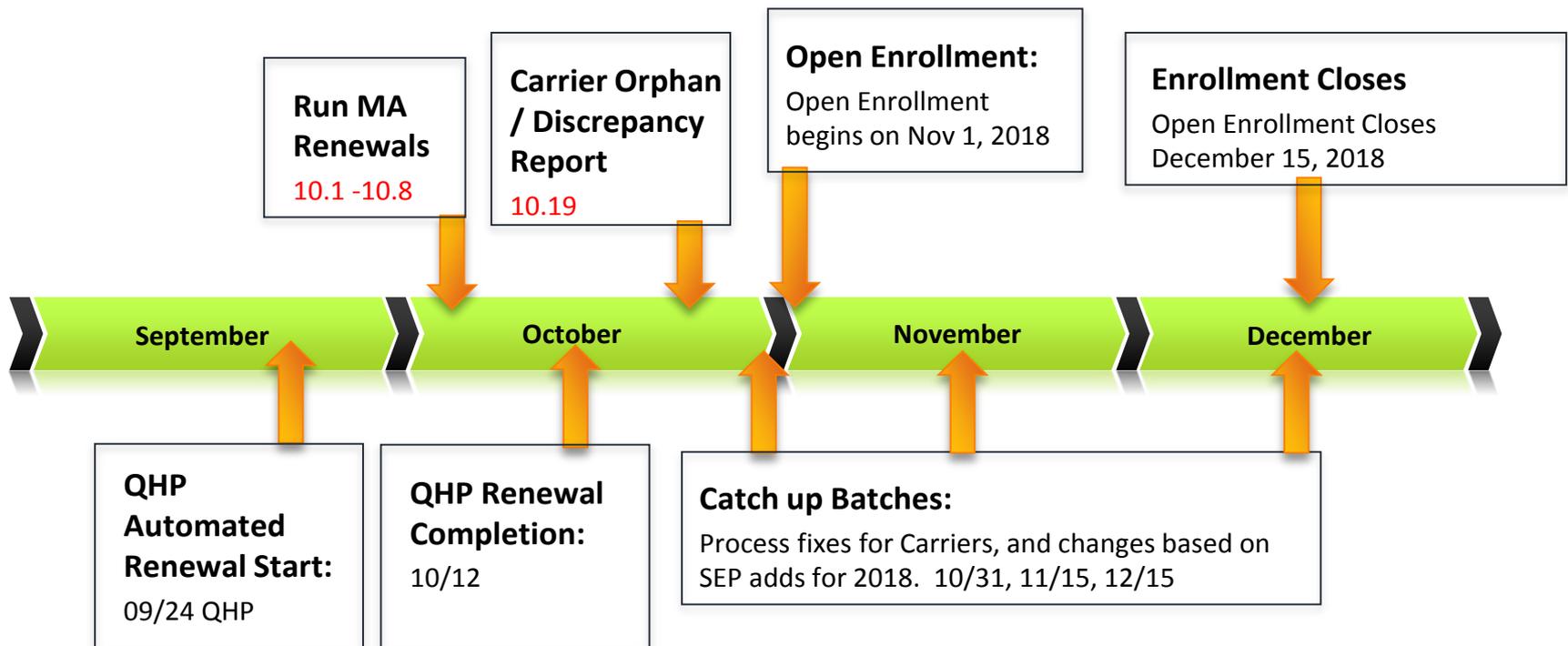
Considerations

- Consumers should be able to disenroll from the next year's plan and re-enroll in the same or different plan on the same day. 834 transactions should be sent to carrier as a cancel transaction for the current year followed by an 'Add' transaction for the next year enrollment.
- If the consumer is terminated only from the next year plan, the current year enrollment should not be disenrolled.
- The "Manage Active Enrollment" page should be modified for the consumers renewed plan for the next plan year to display the updated termination of the renewed plan if they are disenrolled from the current plan year. Messaging should be displayed from the time the consumers are automatically renewed before Open Enrollment til the end of the current plan year.

Renewals Timeline



2018 Automated Renewals Execution Plan



Plan Certification Status-to-Date & Carrier Reauthorization

Carrier Re-Authorization Requirements

√	Item Due	Source	Collecting System	Due Date
☐	Carrier Business Agreement	MHBE	Mail to: MHBE attention: Plan Management Department Upload to SERFF under Supporting Documentation once signed and executed.	June 15, 2018
☐	Carrier Application	MHBE	Email to: Kimberly.edwards@maryland.gov Upload to SERFF under Supporting Documentation	July 2, 2018
☐	Carrier Logo	Carrier	Upload to SERFF under Supporting Documentation	July 2, 2018
☐	List of Subcontractors	Carrier	Upload to SERFF under Supporting Documentation	July 2, 2018
☐	Essential Community Providers Template	MHBE	Upload to SERFF under Templates	July 2, 2018
☐	Carrier Contacts Template	MHBE	Email to: Kimberly.edwards@maryland.gov Upload to SERFF under Supporting Documentation	July 2, 2018

2019 Plan Offerings

Individual Market Medical Plans by Carrier		# of Plans	Metal Levels	Provider Type
Parent Company	Licensed Entity			
CareFirst	CareFirst Blue Choice, Inc.	4	1 bronze, 1 silver, 1 gold, 1 catastrophic	4 HMO
	CareFirst of Maryland, Inc.	4	1 bronze, 1 silver, 1 gold, 1 catastrophic	4 HMO
	Group Hospitalization and Medical Services, Inc.	3	1 bronze, 1 silver, 1 gold	3 PPO
Kaiser	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	10	2 bronze, 3 silver, 3 gold, 1 platinum, 1 catastrophic	10 HMO
Individual Market Dental Plans by Carrier		# of Plans	Tiers	Provider Type
Parent Company	Licensed Entity			
CareFirst	CareFirst of Maryland, Inc.	2	1 low, 1 high	2 DPPO
	Group Hospitalization and Medical Services, Inc.	2	1 low, 1 high	2 DPPO
Delta Dental	Alpha Dental Programs, Inc.	2	1 low, 1 high	2 DHMO
	Delta Dental of Pennsylvania	2	1 low, 1 high	2 DPPO
Dominion Dental	Dominion Dental Services, Inc.	8	4 low, 4 high	4 DPPO, 4 DHMO
SHOP Market Medical Plans by Carrier		# of Plans	Metal Levels	Provider Type
Parent Company	Licensed Entity			
Aetna	Aetna Health Inc.	3	1 bronze, 1 silver, 1 gold	3 HMO
	Aetna Life Insurance Company	3	1 bronze, 1 silver, 1 gold	1 PPO, 2 EPO
CareFirst	CareFirst Blue Choice, Inc.	3	1 bronze, 1 silver, 1 gold	3 HMO
	Group Hospitalization and Medical Services, Inc.	3	1 bronze, 1 silver, 1 gold	3 PPO
	CareFirst of Maryland, Inc.	3	1 bronze, 1 silver, 1 gold	3 PPO
Kaiser	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	13	4 bronze, 4 silver, 3 gold, 2 platinum	13 HMO
UnitedHealthcare	UnitedHealthcare Insurance Company	10	1 bronze, 3 silver, 4 gold, 2 platinum	10 POS
	MAMSI Life and Health Insurance Company	12	1 bronze, 4 silver, 4 gold, 3 platinum	1 POS, 11 EPO
	UnitedHealthcare of the Mid-Atlantic, Inc	10	2 bronze, 4 silver, 4 gold	10 HMO
	Optimum Choice, Inc.	9	1 bronze, 3 silver, 3 gold, 2 platinum	9 HMO
SHOP Market Dental Plans by Carrier				
There are no SHOP Dental Plans for 2019				
Total Number of Plans		106		

MD SHOP Update



All Carrier Meeting on Friday, July 20th at 1:30pm

- MHBE would like to schedule regular and ongoing 1 on 1 meetings with carriers and an all-carriers meeting. **Feedback is requested on frequency and available dates/times.**
- **Universal Applications Update** – A request was received to add fields to allow for choice of plan to application as well as the group effective date. This is being worked on but MHBE needs confirmation from all issuers on how they wish the plan names to be displayed.
- **Outline of responsibilities between Issuers and MHBE** – these are outlined in our Policy and Procedure Memorandums provided to carriers. If additional detail or information is required, feedback is needed from carriers on information or clarification that is needed.

Transition Activities between Carriers, MHBE and BenefitMall

- **10/1 Renewals – receipt of renewal package at BenefitMall**
 - United Healthcare has posted their renewals to BenefitMall. Does this include SHOP? What about the other carriers?
 - Will CareFirst and Kaiser Permanente alter their current process and not post renewals for 10/1?
 - What should BenefitMall or MHBE do with any renewal information received by BenefitMall?
- What information does BenefitMall need to send to carriers for renewals that are being transferred direct?
- If they are not acting at General Agency, BenefitMall will terminate the groups in their system at renewal and let the carriers know of any open receivables.
- Reconciliation Activities for Groups that are due to transfer direct and also for groups that remain at BenefitMall until their next renewal. **Feedback is requested from carriers on how reconciliation issues are handled for transitioning groups, including the timeframe communications and resolutions are needed. In addition, feedback is requested on frequency of reconciliation activities for groups remaining with BenefitMall.**

- Issuers to review requests for information and feedback on these slides and what is discussed at the all-carrier meeting tomorrow and provide written responses to MHBE.

- **SHOP Reporting from Carriers** – MHBE will need an enrollment report on a monthly basis from issuers on all SHOP business, including new business added. **Feedback is requested on the timing of this report to be able to capture new business information.** MHBE will use this information for Federal reporting, tracking of group's enrollment status at the issuers and rate of enrollment against eligibility applications submitted.
- **SHOP Reporting from MHBE** – MHBE can send a list of eligibility applications received to issuers. **Feedback is requested on whom this report should be sent to as well as the frequency of reporting.**

Transition Activities between Carriers, MHBE and BenefitMall

- **Use of BenefitMall or other Third-Party Administrators as General Agencies.** From our conversations, it does not appear that the carriers intend to use third-party administrators as general agencies for SHOP. Please confirm your intention at our all carrier meeting, if this is not correct.

Direct Enrollment with Carriers

- MHBE would like to schedule a conference call for an in-depth walkthrough on how non-represented employers would obtain quotes, discuss plan choices and implement a plan.
- MHBE would also need a walkthrough on how brokers can work with the carriers to quote groups for SHOP. This would include how to obtain quotes and how to implement a plan. If the carrier has a quoting system available to brokers for SHOP plans, MHBE needs information on how new brokers obtain access to it. If no quoting system is available, detailed information on the process by which a broker can work with the carrier to assist their clients with SHOP plans.

Regulations Update-
Chapter and State Reinsurance Program
July 19, 2018

Chapter Regulations

On June 19, MHBE posted Draft Proposed Regulations for public comment

The Draft Proposed Regulations affect the following chapters:

- Chapter .01-Definitions;
- Chapter .07-Eligibility Standards for Enrollment in a QHP, Eligibility Standards for APTC and CSR, and Eligibility Standards for Enrollment in a Catastrophic Health Plan in the Individual Market;
- Chapter .14 – Termination, Cancellation, and Recission of a QHP;
- Chapter .15 – Carrier Certification Standards; and
- Chapter .16 – Plan Certification Standards

Public comment closes today, July 19, 2018.

Chapter Regulations – Next Steps

- MHBE will review, consider, and respond to all comments received during the comment period.
- On August 27, 2018, MHBE will release draft proposal comments to stakeholders, requesting their feedback by September 10, 2018.
- On September 17, 2018, MHBE will compile its responses and considerations for presentation to the MHBE Board of Trustees during the September 2018 meeting.
- The Board will vote at this meeting whether to publish the chapter regulations in the Maryland Register to begin the formal rule making procedures.

State Reinsurance Program Regulations

- On July 16, MHBE announced that it will hold a series of four public hearings on regulations for the State Reinsurance Program. A notice will also be published in the Maryland Register on July 20.
- A “Meeting Schedule and Agenda” memorandum has been posted on the MHBE website, which provides information on topics that will be covered and how to participate via teleconference.
- The hearings will be used to gather public input on how to shape pending regulations for the reinsurance program for the individual market.
- Each hearing will cover a different topic concerning the State Reinsurance Program.
- The public comment period for input on how to best shape the State Reinsurance Program will run from July 23 through August 23.

State Reinsurance Program Regulations-Public Hearing Schedule

Public Hearing Schedule:

- Thursday, July 26, 2018 – 2:00 – 4:00 p.m.
Office of the Maryland Health Benefit Exchange
Topic: Administration & Priorities
- Thursday, August 2, 2018 – 2:00 – 4:00 p.m.
Office of the Maryland Health Benefit Exchange
Topic: Risk Adjustment/Reinsurance Interaction & Incentive Funding
- Thursday, August 9, 2018 – 1:00 – 3:00 p.m.
Maryland Department of Transportation
Topic: Incentives I: Utilization Management & Quality Improvement
- Thursday, August 16, 2018 – 2:00 – 4:00 p.m.
Office of the Maryland Health Benefit Exchange
Topic: Incentives II: Value Based Performance Measures-Chronic Diseases & Population Health

State Reinsurance Program Regulations – Next Steps

- MHBE will review, consider, and respond to all comments received during the comment period.
- On August 27, 2018, MHBE will release draft proposal comments to stakeholders, requesting their feedback by September 10, 2018.
- On September 17, 2018, MHBE will compile its responses and considerations for presentation to the MHBE Board of Trustees during the September 2018 meeting.
- The Board will vote at this meeting whether to publish the SRP regulations in the Maryland Register to begin the formal rule making procedures.