

# Plan Management Stakeholder Committee

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March 5, 2020

# Standing Agenda

- Welcome and Introductions
- PMSC Charter Ratification
- Committee Feedback

# Plan Management



## 2020 PMSC Schedule

- March 5<sup>th</sup>- PMSC Charter Ratification, Off Exchange Enrollment Reporting, 2020 HBX Release Schedule, OOP Cost Calculator, Staffing Updates, Program Integrity Rule, Individual and Small Business HRAs
- May 7<sup>th</sup>- Plan Certification, Legislative Wrap Up and Next Steps, Renewals Update, Uninsured Analysis
- July 2<sup>nd</sup>- Plan Management Schedule, Renewals Timeline, Testing Schedules
- September 3<sup>rd</sup>- Open Enrollment Schedule and Updates, Marketing Plan (Buys and Engagement), Renewal Update, New Open Enrollment Functionality, Plan Certification Standards, Draft Issuer Letter, Legislative Agenda

## Plan Management Staffing Updates

- ✦ Plan Management would like to officially introduce Johanna Fabian-Marks, Director of Policy and Plan Management to the committee.
- ✦ Rebecca Sullivan resigned from her position of SHOP account manager effective, February 25, 2020. MHBE will begin recruitment for this position soon, in the interim, SHOP related inquiries can be sent to Johanna Fabian-Marks.
- ✦ MHBE is currently working on filling the Health Policy Analyst Advance position left vacant in November 2019 and will provide an update once the successful candidate is selected.

## PY 2021 Open Enrollment Period

In order to maintain consistency with previous Open Enrollment periods and establish a recognizable enrollment season for consumers MHBE has determined that Open Enrollment for plan year 2021 will be held beginning November 1, 2020 and close on December 15, 2020.

This will also continue to help ensure that eligible consumers receive 12 months of coverage.

## Off Exchange Enrollment Reporting

Beginning with this coming open enrollment period (OE 8), MHBE is requesting that carriers participating in the individual marketplace provide a weekly update of off exchange enrollment numbers through the end of open enrollment on December 15<sup>th</sup>. This will assist us in assessing the impact of the reinsurance program for both on and off exchange enrollment.

## Out of Pocket Cost Calculator

The out of pocket cost calculator is on schedule for an April 2020 go live date. Currently MHBE is undergoing the following steps to help ensure a successful rollout:

- ✦ MHBE is currently working with Hilltop on data transfer-FTP.
- ✦ Bi-weekly touchpoint with Hilltop focused on analysis of data.
- ✦ Review of mock up design by MHBE internal stakeholders for feedback.

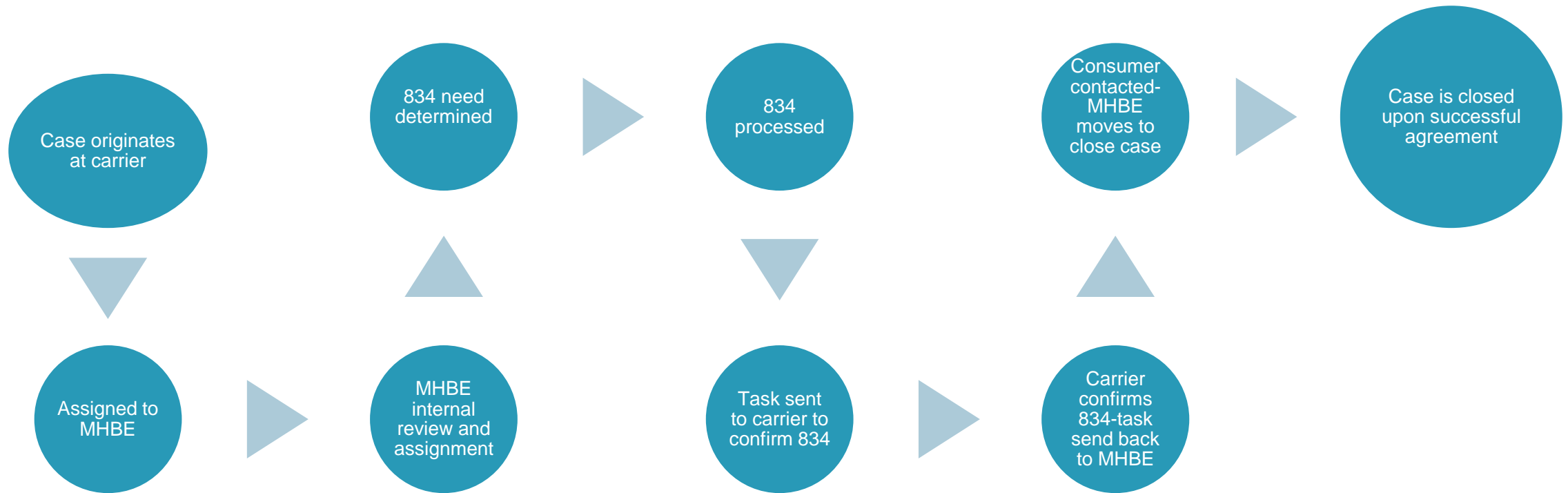


## Carrier Interchange Project

The carrier interchange project (escalation migration to salesforce) go live date has been delayed, new date is to be determined. MHBE will continue to work with carriers in the interim on the following:

- ✦ Identify carrier staff that will need salesforce access.
- ✦ Testing phase/timeline.

# Carrier Interchange Project






# Carrier Interchange Project

## Considerations:

- ✦ Identify key staff at carrier level who shall have salesforce access.
- ✦ A touchpoint/escalation call will still need to exist.
- ✦ MHBE will be responsible for closing salesforce cases.

## SADP Plan Shopping Updates

Every year the plan management reviews the plan shopping and plan comparison pages of MHC in order to improve usability, consumer experience, and plan display. The stand alone dental plan shopping pages are currently under review and we encourage carrier feedback on changes and/or improvements to the page. Example, annual OOP max will be changed to “per pediatric enrollee” in order to reflect that OOP maximums apply to pediatric dental.

MONTHLY	ANNUAL DEDUCTIBLE 	ANNUAL OUT-OF-POCKET MAX 	DENTAL CHECK-UP	ORTHODONTIA
	\$95 per person per group not applicable	\$350 per person \$700 per group 	0.00% Coinsurance after deductible	50.00% Coinsurance after deductible



# SHOP Updates

## MHC for Small Business Platform

MHBE continues to work on development of the MHC for Small Business platform and will implement in several phases as determined by the scope of work and timeframe.

- ✦ Phase 1- Quoting tool and plan comparison (Complete-ongoing updates as needed).
- ✦ Phase 2-Employer/employee portal and broker portal, plan shopping/selection, EDI functionality, plan management portal (template loading). **Target August 2020 implementation**
- ✦ Phase 3-TBD

## MHC for Small Business Platform

Phase 2 is slated for implementation in August 2020 dependent upon the following:

- ✦ Selection and scope of work for billing vendor.
- ✦ Carrier testing timeline for EDI files

MHBE will focus on renewals and active groups during August/September 2020.

## MHC for Small Business Carrier Engagement

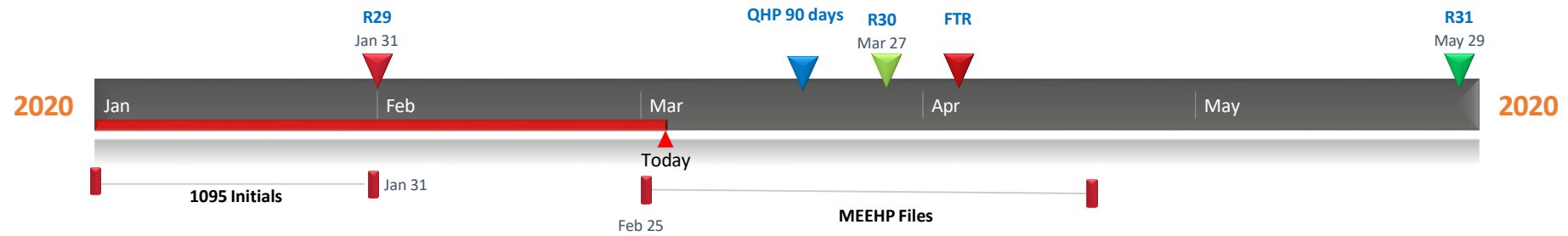
MHBE will continue to work with carriers on both all inclusive and carrier specific tasks and topics identified throughout the development of the small business platform. Planning and touchpoint calls will be scheduled with each participating carrier.



# PMSC Presentation from MHBE IT

March 5, 2020

# 2020 Roadmap



## Questions & Comments

The background is a solid teal color. In the center, there is a stylized graphic of a flower or a starburst shape, composed of several overlapping, rounded, petal-like shapes in a lighter shade of teal. The text is centered over this graphic.

# Individual Coverage and Qualified Small Employer HRAs

	ICHRAs	QSEHRAs
Employers can offer this HRA-type to reimburse employees for their medical care expenses & premiums	Yes, employers of all sizes may offer an ICHRA	Yes, employers with fewer than 50 full-time employees may offer a QSEHRA
Employers can offer starting...	January 1, 2020	January 1, 2017
Employees & covered dependents must also be enrolled in...	Individual health insurance coverage or Medicare Parts A and B, or Part C	Minimum essential coverage
Affordability Determined Using...	Employee's self-only lowest-cost silver plan premium (LCSP)	Employee's self-only second-lowest cost silver plan premium (SLCSP)
Coverage Affordable If...	LCSP premium minus the monthly amount available under the ICHRA is $\leq$ 9.78% of monthly household income	SLCSP premium minus the monthly amount available under the ICHRA is $\leq$ 9.78% of monthly household income
If coverage through the HRA is unaffordable...	Employee must "opt out" to be PTC-eligible, if they otherwise qualify for PTC	Employee must reduce monthly PTC by their monthly QSEHRA amount

# Discussion

- Have you seen interest in ICHRAs/QSEHRAs from small employers?
- Have you seen interest in ICHRAs/QSEHRAs from producers?
- Do you think ICHRAs/QSEHRAs are likely to take off among small employers, or among certain segments of small employers?
- Are you doing anything to promote or caution against ICHRAs/QSEHRAs?
- Other thoughts?

A large, stylized graphic of a leaf or petal shape, rendered in a lighter shade of yellow than the background, is positioned on the left side of the slide. The text "Program Integrity Rule" is centered horizontally and vertically on the slide.

# Program Integrity Rule

# Program Integrity Rule Background

- On December 20, 2019, the Department of Health and Human Services (HHS) issued a [final rule](#) on exchange program integrity that changes the way that insurers must bill and consumers must pay for certain abortion services in QHPs.
- Under the rule, insurers must send—and consumers must pay—two separate monthly bills for the amount of the premium attributable to certain abortion services and the amount of the premium for all other services.
  - Separate paper bills may be included in the same envelope or mailing. Separate electronic bills must be sent in separate emails or electronic communications.
  - Insurers must instruct the enrollee to pay the bills in separate transactions and “make reasonable efforts” to collect the payment separately.
- This requirement is effective the first billing cycle following June 27, 2020. HHS has indicated they will extend temporary enforcement discretion for good faith efforts to comply with the new requirements.
- MHBE is evaluating options to minimize consumer confusion and potential termination.



Questions or Comments?

