

# Plan Management Stakeholders Committee

Thursday, March 9, 2023

# Standing Agenda

- ✦ Welcome & Introductions
- ✦ Committee Feedback

# PLAN MANAGEMENT UPDATES



# Plan Certification

As we approach the busy plan certification period, the following dates are important to make note of:

- ✦ Certification packets and checklist will be sent to carriers in April 2023.
- ✦ Carrier applications and additional documents should be submitted to plan management by Monday, June 5, 2023.
- ✦ PY 2024 binder submissions should be uploaded to SERFF on Monday, June 5, 2023. Please reach out to plan management for any assistance.

# Vision Plans on MHC

During this upcoming certification period, carriers already authorized to offer QHPs on exchange will have the opportunity to submit stand alone vision plans (SAVP). The MHC site will host a page that lists carriers that are offering vision plans and a link that will take consumers directly to the carrier's site to shop and enroll in a plan. Neither plans nor enrollment in plans will be available to consumers on the MHC site.

# Vision Plans on MHC

SAVP certification requirements are outlined in the 2024 Letter to Issuers. The following are reminders to note as we approach the plan certification period.

- ✦ Plan documents and plan rates should be submitted on June 5, 2023.
- ✦ Carriers must offer one high level and one low level vision plan.
- ✦ Testing scheduled for September 18<sup>th</sup> – September 25<sup>th</sup>
- ✦ Plans should be live for plan shopping window scheduled for October 1<sup>st</sup> – October 31<sup>st</sup>.
- ✦ Carriers should be prepared to accept enrollments during MHC's open enrollment period beginning November 1, 2023.

# SADP Waiting Periods

For the consideration of carriers offering SADPs:

- ✦ MHBE is adding waiting period information to MHC's plan shopping page in time for open enrollment of 2024 plans.
- ✦ Carriers will need to submit waiting periods for each product and/or plan offered on MHC to MHBE during the plan certification process.
- ✦ Plan management will work with all carriers offering dental products on the display of this information and welcome any questions, concerns, or feedback.

# Telehealth Template

Beginning with OE for 2024 plans, MHBE will dedicate plan shopping space to display some of the OOP costs of telehealth services. This effort aims to provide transparency of costs for consumers that want to utilize telehealth services and compare differences in OOP costs between in person and tele-visits. We are in the process of developing a template and would like feedback from carriers on specific benefits or services that should be considered. There will be further discussion with carriers as we move through the development process and a chance for carriers to preview the template prior to implementation.

# PHE UNWINDING SEP



# PHE Unwinding SEP Updates

- ✦ Loss of coverage (Medicaid/CHP) dates between March 31, 2023 and July 31, 2024.
- ✦ The PHE SEP can be used to complete enrollment once during this timeframe.
- ✦ Enrollment in SADP is available under loss of MEC SEP rules.
- ✦ Policy effective date will be first of the month after coverage ends or first of the month after QHP date of enrollment.
- ✦ PayNow is available for SEP enrollments.
- ✦ 834 SEP code is UPHE.
- ✦ If coverage end date falls on 7/31/2024, window to enroll closes 60 days after 7/31/2024.

# PHE Unwinding SEP Updates

✦ Proposed auto-enrollment buckets are as follows:

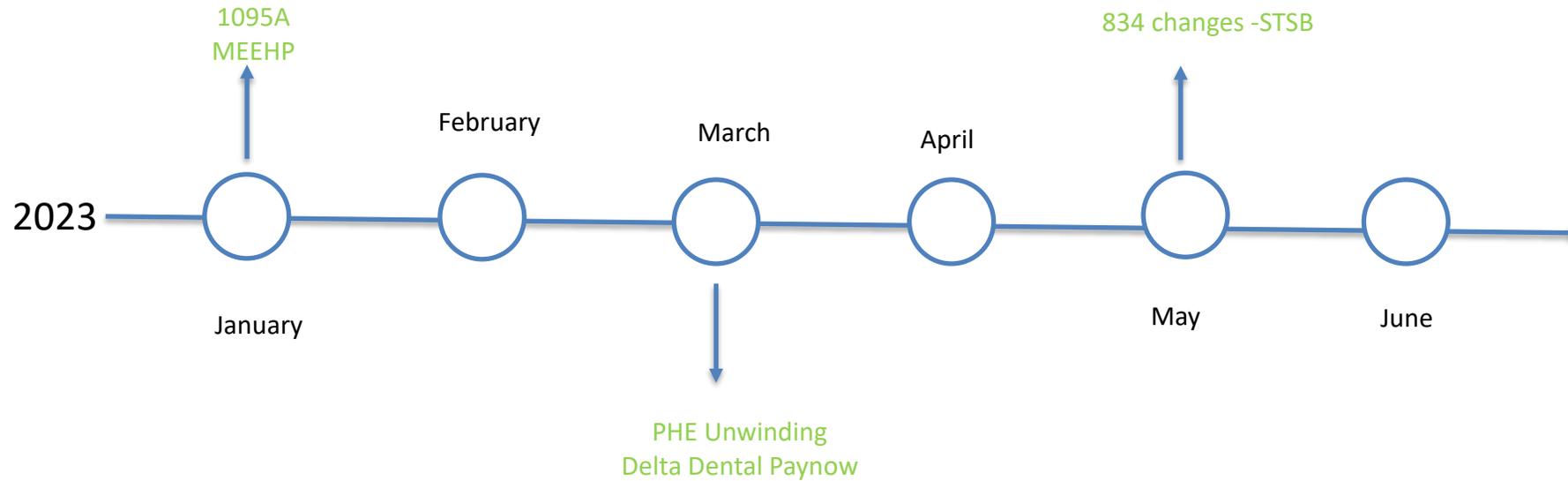
1. Consumer completes a change application but doesn't complete enrollment within a specified timeframe (TBD).
2. Consumer's income is verified via electronic verification process and found QHP eligible.

MHBE continues to work through finalizing all aspects of the SEP for Medicaid enrollees impacted by the unwinding of the public health emergency and will continue to update carriers as decisions are reached.

# PMSC Presentation from MHBE IT

March 9, 2023

## 6 Month Roadmap



## Questions & Comments

# MHBE Escalated Cases Process

March 09, 2023

Wonda Oliver  
Deputy Director Consumer Assistance

## Agenda

Overview of QHP case flow

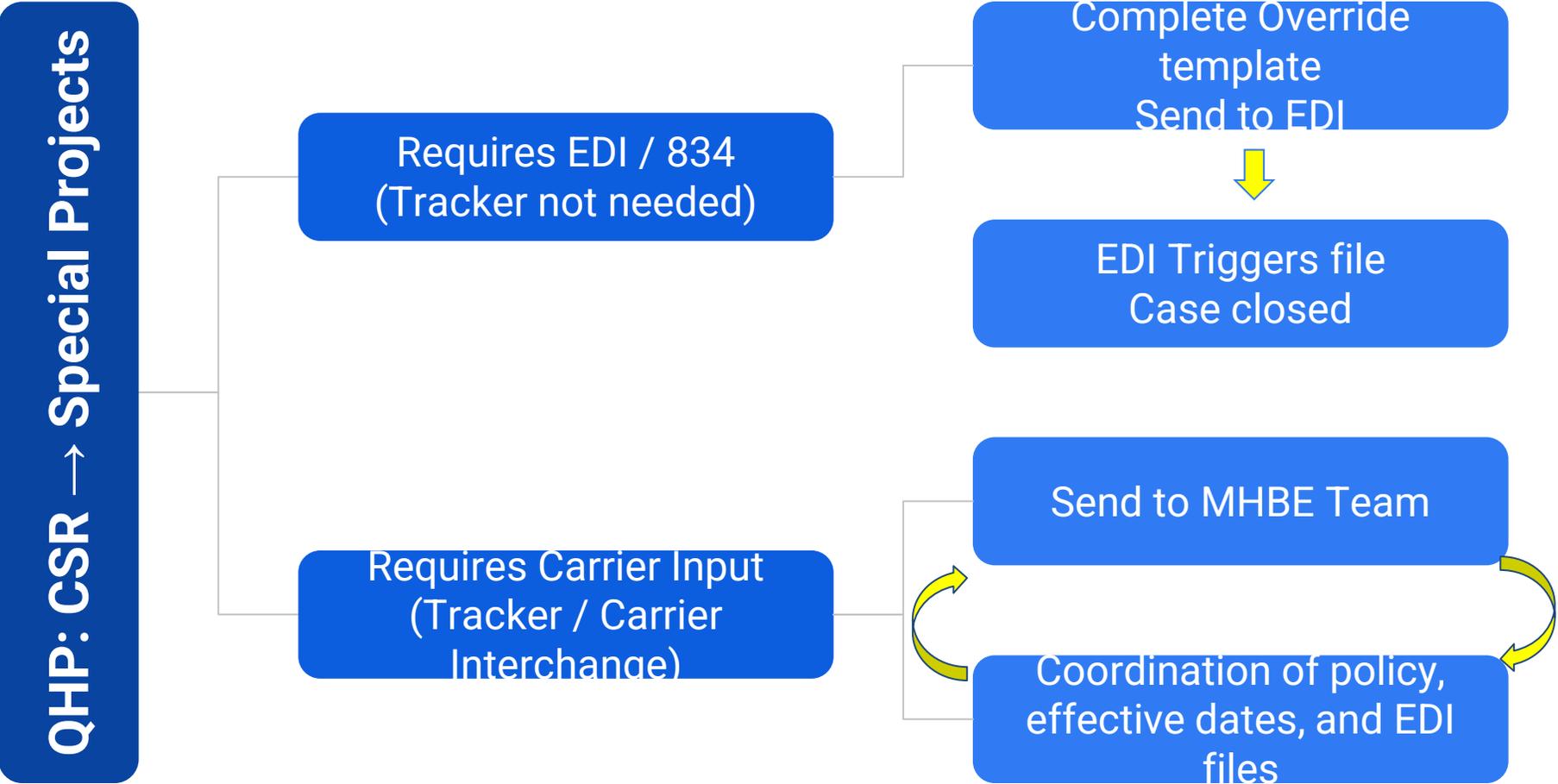
Decision Points

Case processing



- Facilitates communication, successful resolution of QHP issues.
- Connects consumers, call center, MHBE, EDI, and Carrier staff to ensure that enrollment corrections are successful.
- Allows Carriers / MHBE to confirm policy decisions.
- Expedites medical emergencies.

# QHP Escalations case flow



## Common Scenarios - Added to the Interchange

- **Issue more than 60 days old**
- **Billing disputes, multiple policies, reinstatement**
- **Retroactive Termination of Coverage (Consumer plan ended on wrong date)**
- **Add/Remove household members (e.g., adding newborn for date of birth, adding spouse or children to coverage)**
- **Issue with HIX ID**

### Send to EDI? Or Add to Tracker?

**OK to send to EDI if effective date more recent than 60 days**

- **Add for Missing Enrollment**
- **Change APTC or CSR**
- **Change Effective Date**
- **Cancel coverage as never effective**
- **Cases over 6 months old must be reviewed by MHBE Appeals**

## What happens when a case is sent to MHBE Team / Tracker?



New case added:

- Policy Decision
- Confirm required files
- Confirm APTC/CSR
- Confirm feedback
- Billing questions
- Medical emergencies

Business analysts research case and provide answers to questions. Either party may say case is OK to close.

If EDI corrections are needed, these are agreed upon.

MHBE takes steps to generate requested manual 834 files.

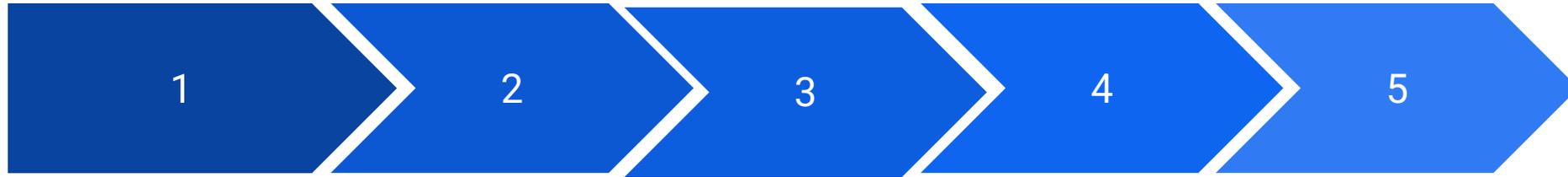
Specific file names are provided to the Carrier.

Carrier locates 834 transactions and ensures that they are processed successfully.

Enrollment and billing (EAB) is updated, including ensuring consumer's accumulators and policy is correct.

Case is agreed to be OK to close. Final outreach is performed as needed.

CF service team will outreach consumer and collect premium payment.



1  
Either MHBE or Carrier  
Creates a new case.

2  
Business analysts  
research case and  
provide comments

3  
MHBE takes steps to  
generate requested  
reports

4  
Carrier locates  
transactions and  
assesses that all

5  
Case is agreed to be  
OK to close. Final  
outreach is performed  
if needed.

- Policy
- Con
- requ
- Con
- APT
- Con
- feed
- Billing questions
- Medical emergencies

**For medical emergencies, this process is fast-tracked to provide consumer access to care - usually within 24-48 hours.**

**Carrier will update enrollment manually and outreach. Clear instructions are critical to smooth processing.**

accumulators  
policy is correct

ice team will  
consumer  
collect premium  
payment.

Questions?



# MHC for Small Business Update

Mimi Hailegeberel  
Small Business Programs Manager  
Maryland Health Benefit Exchange



 maryland health  
connection  
for small business

maryland  health  
connection<sup>SM</sup>

# Small Business Program Updates

## **ICHRA Integration into MHC for Small Business (Fall 2024)**

- ICHRA Administration Vendor

## **MHC for Small Business Enrollment Portal (Fall 2024)**

- Billing & Premium Aggregation Vendor
- Planning meeting with internal IT team to begin mid-late March 2023

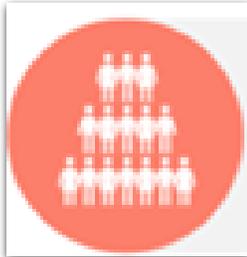
## **Small Business Programs Advisory Committee**

- Re-established January 2023
- Membership, Meetings, Discussions

# Producer Award Event- Spring 2023



Date: Mon May 8, 2023  
Time: 1-3 PM



Invitation: 1000+



Location: Virtual/Zoom



Other Details: 3/13  
Save the date notice

# Categories: Top 3 MHC Producers

**Individual Enrollments**



**Small Business Enrollments**



**BAT Phones Enrollments**



# Perks for Top 100

## **Preferred Producers with highest enrollments in small business and individual markets will have access to:**

- Award ceremony event to celebrate and acknowledge top MHC producers
- Free Continuing Education Credit Courses, training programs
- Special consideration for MHBE-sponsored events
- Access to system functionality testing and input and pilot programs
- Priority for referrals through MHBE's platform



Questions?

# Questions or Comments

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