





Learning Series

Massachusetts HealthCare Training Forum (MTF)

MassHealth and the Health Connector

April 2023

MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org





Agenda

- MassHealth 2023-2024 Redetermination Period
- Enrolling into Health Connector Coverage
- Health Connector Communications Schedule
- Member Scenarios









MassHealth 2023-2024 Redetermination Period

MassHealth Redetermination Update

MassHealth is returning to standard eligibility rules. If members update their account with information affecting their eligibility, their coverage may stay the same, increase, decrease, or end

- MassHealth eligibility redeterminations began on April 1, 2023
- All members will be renewed in the next 12 months
- Members must take action to maintain the best health benefit they qualify for
 - Call MassHealth at 800-841-2900 (TDD/TTY: 711) to update contact information
 - Read all mail from MassHealth, and look for a blue renewal envelope
 - Respond to MassHealth before the deadline. Even if members don't think they
 are eligible, providing more information can help MassHealth identify other
 affordable coverage (e.g., Connector subsidy)





MassHealth Redetermination Update (continued)

MassHealth is returning to standard eligibility rules. If members update their account with information affecting their eligibility, their coverage may stay the same, increase, decrease, or end

- Please note that MassHealth kept continuous coverage for members during the COVID-19 emergency. As of April 1, 2023, MassHealth returned to normal eligibility rules
- When members update their account with new information that may affect their eligibility (e.g., change in income), the benefits for the household may stay the same, increase, decrease, or end
- All members can call MassHealth at 800-841-2900 (TDD/TTY: 711) to update their contact information without impacting their eligibility





There are Two Types of Renewals

Renewals requiring additional member information

- In these situations, MassHealth needs more information from the member in order to complete the renewal
- Members will receive a blue envelope containing renewal instructions
- After members respond to the blue envelope, they may receive a Request for Verification (RFI or VC) if the information they provided is incomplete or MassHealth needs more information from them

Automatic renewals

- In these situations, MassHealth is able to automatically renew a member based on their existing data
- Most members will receive a notice in the mail notifying them of their automatic renewal
- However, some members will not receive any notice (this includes but is not limited to members who are currently receiving SSI).
 Members can always contact the Customer Service Center to check if they have been automatically renewed

Automatic Renewal

- Whenever possible, MassHealth will attempt to automatically process a member's renewal through multiple avenues
- Certain members who belong to the following categories may be automatically renewed in the April 2023-April 2024 redeterminations cycle:
 - Members receiving SSI through the U.S. Social Security Administration because they are 65 and older and have limited income/resources
 - Members receiving SSI through the U.S. Social Security Administration because they are disabled and have limited income/resources
 - Members receiving TANF (Temporary Assistance of Needy Families) through DTA

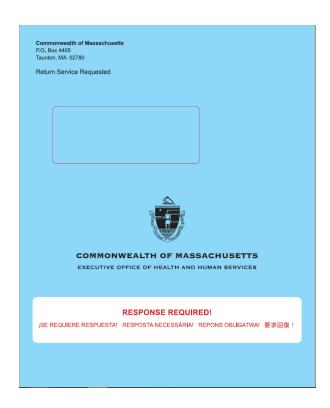


Automatic Renewal (continued)

- Members who are currently or formerly in the custody of the **Department of** Children & Families (DCF) who are:
 - Ages 0-18
 - Ages 18-22 and adopted (previously in DCF custody)
 - Ages 18-26 and not adopted (former foster youth)
- Children and youth in custody of the Department of Youth Services (DYS)
- However, if these members receive a blue envelope with a renewal notice, or any other mail with a call to action from MassHealth, they must respond



Renewal Blue Envelope



Content of the blue envelope:

- Renewal form
- Cover letter
- Babel sheet (translation information)
- Informational insert about losing coverage if you do not respond
- Declination form
- Voter registration



MassHealth Member Renewal Timeline

Selected for Renewal & Autorenewal attempted

 Whenever possible, MassHealth will automatically process a member's renewal by matching their information against state and federal data sets

Renewal Notices in Blue Envelope (45 days to respond) If a member's renewal cannot be automatically processed, they will receive a blue envelope in the mail with a renewal form to complete and return to MassHealth

Request for Information (RFI) (90 days to respond)

- Typically, members have **45 days to respond to renewal notices** (members in a **Long-term Care facility have 30 days** to respond)
 - If members respond to renewal notices but MassHealth still needs more information from the member, members have an additional
 90 days to respond to that request for information

Termination Notice

 Typically, members have at least 14 days after receiving a termination notice before their benefits stop

Renewal
Reconsideration
Period
(90-days)

 During the reconsideration period a member who has been closed for failure to respond can contact MassHealth to complete their renewal and will be reinstated to the day that they were closed, as long as they contact MassHealth within 90-day of their MassHealth coverage terminating

^{*}The 90-day renewal reconsideration period only applies for failure to respond to a renewal notice but DOES NOT apply for failure to respond to verifications, or other types of notices.

90-Day Reconsideration Period

For those who were terminated due to non-response to a renewal: 90 day reinstatement period



If a member was terminated because they did not respond to their renewal notice, they have 90 days to contact MassHealth and have their coverage reinstated



Coverage can be retroactively reinstated back to the date when it was lost



Members who lost their coverage because they did not respond should contact MassHealth Customer Service at (800) 841-2900



Beyond 90 days, members will need to reapply for MassHealth coverage



2023-2024 Redetermination Process (slide 1 of 3)

All members can choose to initiate a redetermination before they receive their blue envelope. If they do so, their coverage may stay the same, increase, decrease, or end

When it is time for a member to be redetermined by MassHealth, many members will be auto-renewed. Others will receive a blue envelope in the mail; this means that they need to provide MassHealth information in order to maintain their coverage

Any member can elect to be redetermined at any time (e.g., before they receive their blue envelope) by providing MassHealth with updated eligibility information

 Choosing to be redetermined before they receive a blue envelope will reset a member's renewal 'clock', meaning that their next renewal will be due 12 months from the date they choose to be redetermined





2023-2024 Redetermination Process (slide 2 of 3)

All members can choose to initiate a redetermination before they receive their blue envelope. If they do so, their coverage may stay the same, increase, decrease, or end

Allowing members to complete their redetermination without waiting for their blue envelope has important benefits:

- Reduces the number of members losing coverage due to non-response
- Improves the income information used to determine subsidy eligibility on the Connector, for members no longer eligible for MassHealth

To report updated eligibility information and initiate a redetermination before they receive the blue envelope, members can:

- Update their income or other eligibility information in their MA Login Account by completing a full review of their application
- Call MassHealth customer service
- Make an appointment at a MassHealth Enrollment Center
- Make an appointment with a Certified Assister



2023-2024 Redetermination Process (slide 3 of 3)

All members can choose to initiate a redetermination before they receive their blue envelope. If they do so, their coverage may stay the same, increase, decrease, or end

Any MassHealth member can update their contact information without going through a full redetermination

- Updating their contact information is critical to ensure that MassHealth can reach members when it is their time to renew
- All members can call MassHealth at 800-841-2900 (TDD/TTY: 711) to update their contact information without impacting their eligibility



New Banner Message in MAhealthconnector.org

- New Redetermination Banner Message
 - My Dashboard
 - My Eligibility

MassHealth maintained continuous coverage for members during the COVID-19 emergency. Beginning April 1, 2023, MassHealth will renew coverage for all members. You can renew your household coverage now by completing a full review of your application. To start, click "Report a Change" on the My Account page

When you report a change to your account, your renewal application will begin and the benefits for the people in your household may stay the same, increase, decrease, or end

MassHealth maintained continuous coverage for members during the COVID-19 emergency. Beginning April 1, 2023, MassHealth will renew coverage for all members. You can renew your household coverage now by completing a full review of your application. To start, click "Report a Change" on the My Account page.

When you report a change to your account, your renewal application will begin and the benefits for the people in your household may stay the same, increase, decrease, or end.

If you only want to update your address or contact information, call MassHealth. Phone: (800)-841-2900, TDD/TTY: 711.

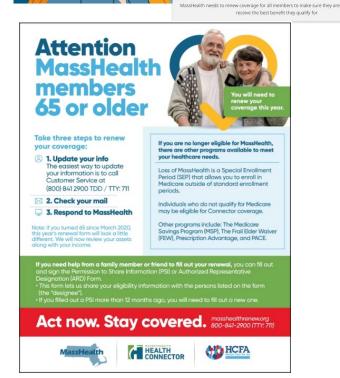


MassHealth Redetermination Toolkit

















Enrolling into Health Connector Coverage

NEW Special Enrollment Period

If someone loses access to MassHealth coverage, it is considered a loss of coverage and a Qualifying Life Event (QLE), that triggers a Special Enrollment Period (SEP)

- A SEP lets someone enroll in or change health insurance plans outside the annual Open Enrollment period
- Beginning on 4/1, the Health Connector will extend all SEPs through 11/23/2023 for anyone with <u>any</u> qualifying life event
- An individual must have a QLE to access this SEP
 - Losing MassHealth coverage is a QLE and the system will automatically open the SEP without the SEP questionnaire, as long as the MassHealth coverage was terminated by HIX and not another system





Special Enrollment Periods

- Other life events that let someone qualify may include:
 - Changes in household make-up, income, immigration status, or address
 - Certain other life changes, like getting married, having a baby, or losing job-based health insurance

Applicants must:

- Report any life changes that would impact their eligibility, like starting or ending a job within 30 days of it occurring
 - Many life changes result in someone qualifying for a SEP
 - Payment and enrollment deadlines still apply during a Special Enrollment
 Period





How Will this Work in the Online Application?

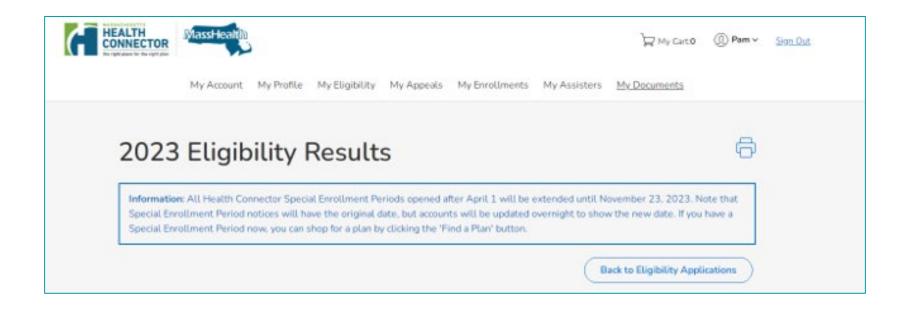
- Any member that has a QLE that the HIX system verifies will have an automatic SEP and be able to shop
 - This includes losing MassHealth coverage
- If there is a QLE that the online system does not know about or cannot verify, individuals will see the "Can I Shop?" button and have an opportunity to attest to other QLEs
 - If an SEP is granted, the individual will have an extended enrollment window
- The Health Connector will continue to mail members SEP decision notices, and we will request proof as needed





How Will this Work in the Online Application? (continued)

 The application will display the following information about the SEP window availability:







Health Connector Auto Enrollment Reminder

The Health Connector implemented an auto-enrollment capability for certain zero-dollar premium eligible members

- Applicants have an opportunity to select a box that will allow the Health Connector to automatically enroll them in a ConnectorCare \$0 plan if they qualify and do not shop for a plan
- ConnectorCare members that select the auto-enrollment check box would not have to take further shopping action to be enrolled in their plan when selecting this option
- If more than one \$0 plan exists, the system first checks if the individual has been previously enrolled with any of the \$0 carriers and, if so, enroll them in that carrier's \$0 plan. If not, it will enroll the eligible individuals into on of the \$0 plans at random





Health Connector Auto Enrollment (continued)

Tax implications for Auto-enrolled members

- Like any member who enrolls in a ConnectorCare plan, these members will be responsible for reconciling any APTCs they receive
- Counsel members before "checking the box" that this is a new feature that can help them get or stay enrolled in coverage; however, by checking this box, they are accepting the responsibility for filing taxes and reconciling APTCs
- Remind members to update their application throughout the year with any changes and especially income that could change the amount of APTC they receive to avoid repaying APTCs at tax time





Health Connector Premium Hardship Waiver

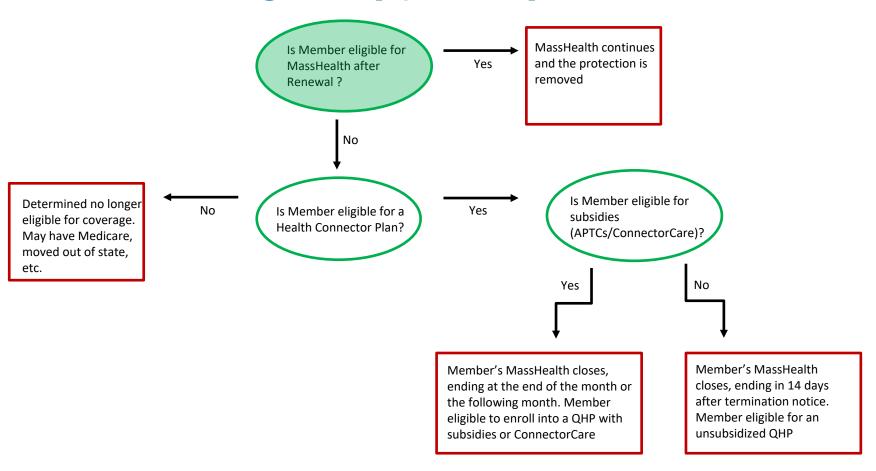
The Health Connector has premium hardship waivers for individuals who may need help with their premium cost

- The Health Connector has an existing premium hardship waiver program for ConnectorCare members. In order to receive a waiver or reduction of premiums, members must meet criteria to be granted a waiver
- If a member needs help with their premium, be sure to first review the application and make any updates to eligibility prior to reviewing the hardship waiver criteria
- To assist the member with the premium hardship, go to: <u>Premium Payment</u> <u>Help Options – Massachusetts Health Connector (mahealthconnector.org)</u>
- To review the policy and the criteria go to:
 <u>https://www.mahealthconnector.org/wp-content/uploads/NG-17-Waiver-or-Reducation-of-Premium.pdf</u>





Member Eligibility Journey











Health Connector Communications Schedule

Health Connector Noticing

- Like any member who is determined eligible for a Health Connector plan, new members will receive an eligibility notice with instructions on how to enroll
- In addition to Noticing, the Health Connector will use a variety of other methods to reach those who are newly eligible







Health Connector Direct Member Communications



Email





Robocalls

This is the Massachusetts Health Connector calling with important information about an upcoming enrollment deadline. People who have lost MassHealth coverage and want to enroll in a Health Connector plan must enroll by XX/XX to stay covered. Visit www.mahealthconnector.org to log in or create a new account or call Health Connector Customer Service at 1-877-623-6765.



Texts

People who lost MassHealth and want a Health Connector plan must enroll by XX/XX. Visit MAhealthconnector.org or call the Health Connector, 877-623-6765





Sample: Health Connector Member Communications Calendar



Saturday	Friday	Thursday	Wednesday	Tuesday	Monday	Sunday
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Member Scenarios

Meet Jane

Jane is 33 years old and lives in Revere with her two kids, ages 7 and 9. At the start of the pandemic, she lost her job, and she and her family qualified for MassHealth coverage. She got a new job in January 2021 and makes \$38,000/year.

Her MassHealth coverage was protected because of the public health emergency, so even though her income has increased, she and her family are still in their MassHealth benefits until they are renewed after March 31.

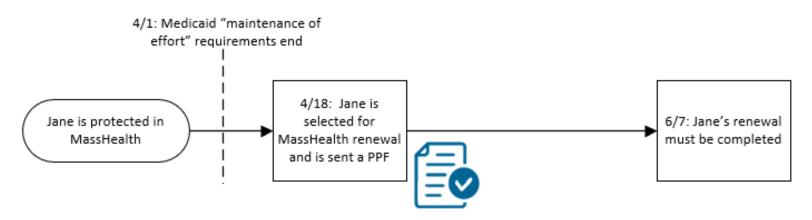




Step 1: MassHealth Initiates Renewal

On April 18, 2023, Jane is selected for a MassHealth renewal. MassHealth is not able to confirm she still qualifies, so it generates a packet that contains her pre-populated renewal form (PPF) with the data from her latest application already filled out.

The packet includes instructions telling her to provide updated information, either by returning the form to MassHealth, reviewing her online application, or by phone within 45 days. Jane has until June 7, 2023 to respond.







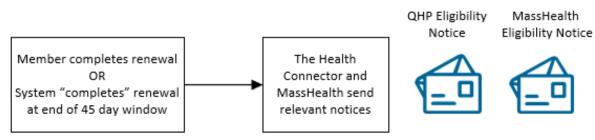
Step 2: Member Responds

Scenario 1: Jane Responds

Jane returns to her online application on May 10 and completes her renewal, including updating her income to \$38,000 per year. She qualifies for ConnectorCare, and her kids qualify for MassHealth. Her results are available immediately online, and a QHP approval notice will be mailed a few days after May 10.

Her MassHealth end date will be June 30 because MassHealth coverage continues to the end of the month or the next month following a termination for people moving into a Health Connector plan with subsidies.

A MassHealth termination notice will be mailed a few days after May 10. She will also receive a MassHealth notice for her kids outlining changes in their eligibility as a result of the household's higher income.





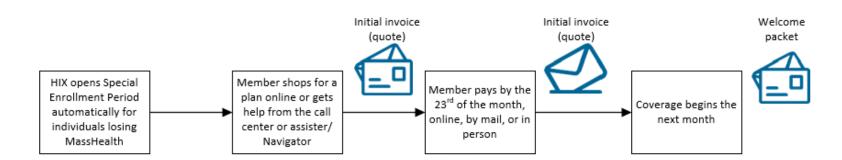


Step 3: Health Connector Enrollment

Scenario 1: Jane Responded

Jane saw her results online after completing her renewal, and she qualified automatically for a Special Enrollment Period to get coverage through the Health Connector.

She reviewed her plan choices on May 10, but came back on May 12 after confirming her doctor was in network for the plan she wanted. She was able to pay online and effectuate coverage for June 1.





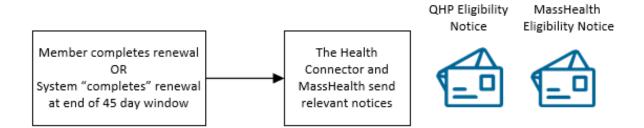


Step 2: Member Does Not Respond (Scenario 2)

Scenario 2: Jane does not respond

Jane thinks she is not eligible for MassHealth, so she does not complete her renewal. On June 7, MassHealth closes out her renewal and redetermines her eligibility using a combination of her data and new data obtained through the Federal Data Services Hub.

Her new eligibility is for unsubsidized coverage because no income data was returned from the Federal Hub. A QHP approval notice will be mailed a few days after June 7 showing her and her kids as eligible for unsubsidized QHPs. They will also receive MassHealth termination notices with a June 21 end date.





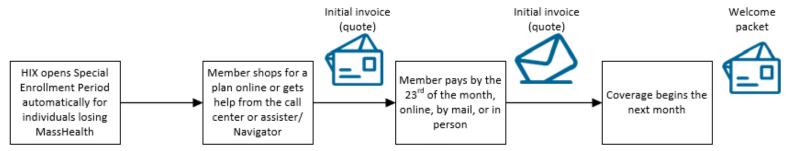


Step 3: Health Connector Enrollment (Scenario 2)

Scenario 2: Jane did not respond

Jane received her QHP approval notice in the mail and realized she forgot to complete her renewal. She called the Health Connector on July 17 for more information and was concerned she could not afford the premiums for coverage.

The agent reviewed her application with her, completing the renewal. She qualified for ConnectorCare based on her updated information and was able to select a plan for August 1. She put her check in the mail that day and it was processed by July 23 to effectuate coverage. She will have a gap in coverage because she did not respond until after her MassHealth coverage was terminated on June 21.





Thank you!