MASSACHUSETTS HEALTH CONNECTOR

the right place for the right plan

Release 7.0: Application Updates, Shopping Improvements & Provider Search

October 2015

Agenda

MASSACHUSETTS HEALTH CONNECTOR

- Application Updates
- Shopping Improvements
- Provider Search
- MassHealth Updates

Application Updates

Release 7.0 – Application Updates

MASSACHUSETTS HEALTH CONNECTOR

The 7.0 version of the online application at Mahealthconnector.org was released on October 15, 2015. The enhancements will help simplify and streamline an individual's experience when entering an application.

Changes in Release 7.0…

- Address some of the issues from the 6.5 version
- Add new functionality on **Shopping pages**, ability to grant **APTC in cases of Domestic Violence** and the **Do You Want Help** pages,
- Add a new **Reasonable Accommodation** page, some background functionality related to **MassHealth Premium Assistance**, and general enhancements to the user interface (UI) and system notices.

Ability to grant APTC in cases of Domestic Violence

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The system can now grant Advance Premium Tax Credits (APTC) when an applicant attests to being a victim of domestic violence is not filing taxes jointly

In order to be granted APTC, an applicant filing taxes separately from their spouse must:

- Not be applying with their spouse
- Not be living with their spouse
- Attest to being a victim of domestic violence

- A new question has been added to the "More about this Household" page which displays when an applicant attests to being married and filing taxes separately from their spouse
- The new question only displays when an applicant attests that they are not filing taxes jointly with their spouse and they do not live with their spouse

New question related to tax filing and cases of Domestic Violence

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Apply for Coverage | My Account | Learn More | Get Assistance

0 | r7saUIUX43 | Sign Out

Application Year 2015

- Start Your Application
- Family & Household
- Income
- Additional Questions
- Review & Sign

More about this household

Answer the questions below to see if you can get additional financial assistance.

*Required Information

*Does anyone in the household who is applying have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer yes.

Yes No

*Is Dinah Abba American Indian/Alaska Native?

Yes No

*Is Dinah Abba pregnant?

Yes No

Do you have breast or cervical cancer? MassHealth has special coverage rules for people who need treatment for breast or cervical cancer.

Yes No

Are you HIV positive? MassHealth has special coverage rules for people who are HIV Positive.

Yes No

Are you filing tax separately because you are a victim of domestic abuse or an abandoned spouse?

Yes No

Back | Save and Continue

Reasonable Accommodations

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Reasonable Accommodations functionality allows applicants to indicate if they have special communications needs

- Applicants are able to indicate disability and special communication needs in the Family and Household section of the application
- Applicants are able to attest to the following disabilities:
  - Low vision, blind, deaf, hard of hearing, developmentally disabled, intellectually disabled, physically disabled, other
- Applicants are able to indicate the following communications needs:
  - Text telephone (TTY), large print publications, American Sign Language (ASL) interpreter, video relay service (VRS), communication access real-time translations (CART), publications in braille, assistive listening device, publications in electronic format, other

Reasonable Accommodations

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Apply for Coverage | My Account | Learn More | Get Assistance

0 | r7saUlUX43 | Sign Out

Application Year 2015

- Start Your Application
- Family & Household
- Income
- Additional Questions
- Review & Sign

Reasonable Accommodations

Does anyone in the household need reasonable accommodation because of a disability or an injury? (Optional)

(•) Yes ( ) No

Because you answered yes to the question above about yourself or any household member needing reasonable accommodation because of a disability or injury, please check all that apply below for each household member.

[x] Dinah Abba

Condition:

[x] Blind
[x] Deaf
[x] Developmentally Disabled
[x] Hard of Hearing
[x] Intellectually Disabled
[x] Low Vision
[x] Physically Disabled
[x] Other (please explain)

abc

Accommodation:

[x] American Sign Language (ASL) Interpreter
[x] Assistive Listening Device
[x] Communication Access Real-time Translations (CART)
[x] Large Print Publication
[x] Publications in electronic format
[x] Publications in Braille
[x] Text Telephone (TTY)
[x] Video Relay Service (VRS)
[x] Other (please explain)

efg

Back | Save and Continue

User Interface/User Experience Improvements

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Several one-off improvements to the application aim to make the application process easier to understand for consumers

- Hyperlinks to help pages regarding the IDP, Income, Immigration, ESI and Qualifying Life Events sections of the application
- Addition of text on Eligibility Results screen
- Consistent ordering of relationship dropdowns throughout application

Health Connector Termination Notice

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Release 7 delivers the fully-compliant Termination Notice which is sent to QHP members who are found to be no longer eligible for QHP coverage

- Pre Release 7.0, the Health Connector repurposed the Denial Notice, which does not contain the eligibility end date, to notify QHP members who are pending termination as a workaround
- QHP members may have their eligibility terminated due to one of the following reasons:
  - Failing to provide verification documentation (includes residency, incarceration, SSN, immigration/citizenship status)
  - Self reported change causing ineligibility (includes moving out of state, death, incarceration, lawful presence, receiving Medicare benefits in another state)
  - Administrative closings (includes same reasons as self reported changes plus voluntary withdrawal)

Continued…

Health Connector Termination Notice (cont'd)

- Members will receive a termination notice if they become eligible for partial MassHealth coverage (Health Safety Net, MH Limited, Children's Medical Security Plan), but will not receive a termination notice if they become eligible for full MassHealth coverage

Shopping Improvements

Plan Management and Shopping Improvements

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Release 7 introduces several improvements to the plan information displayed during the shopping experience for 2016 plans

- Benefit information on the "Plan Details" page re-ordered and some benefits renamed making reviewing and understanding plan benefit information easier for consumers
- Network Flags added to all shopping pages indicate network size relative to each carriers broadest provider network

- ConnectorCare plan names display in the shopping experience instead of the base Silver plan
- Conditional benefit descriptions and dental and vision icons display when certain benefits are covered

Qualified Health Plans: Shopping Changes for Open Enrollment

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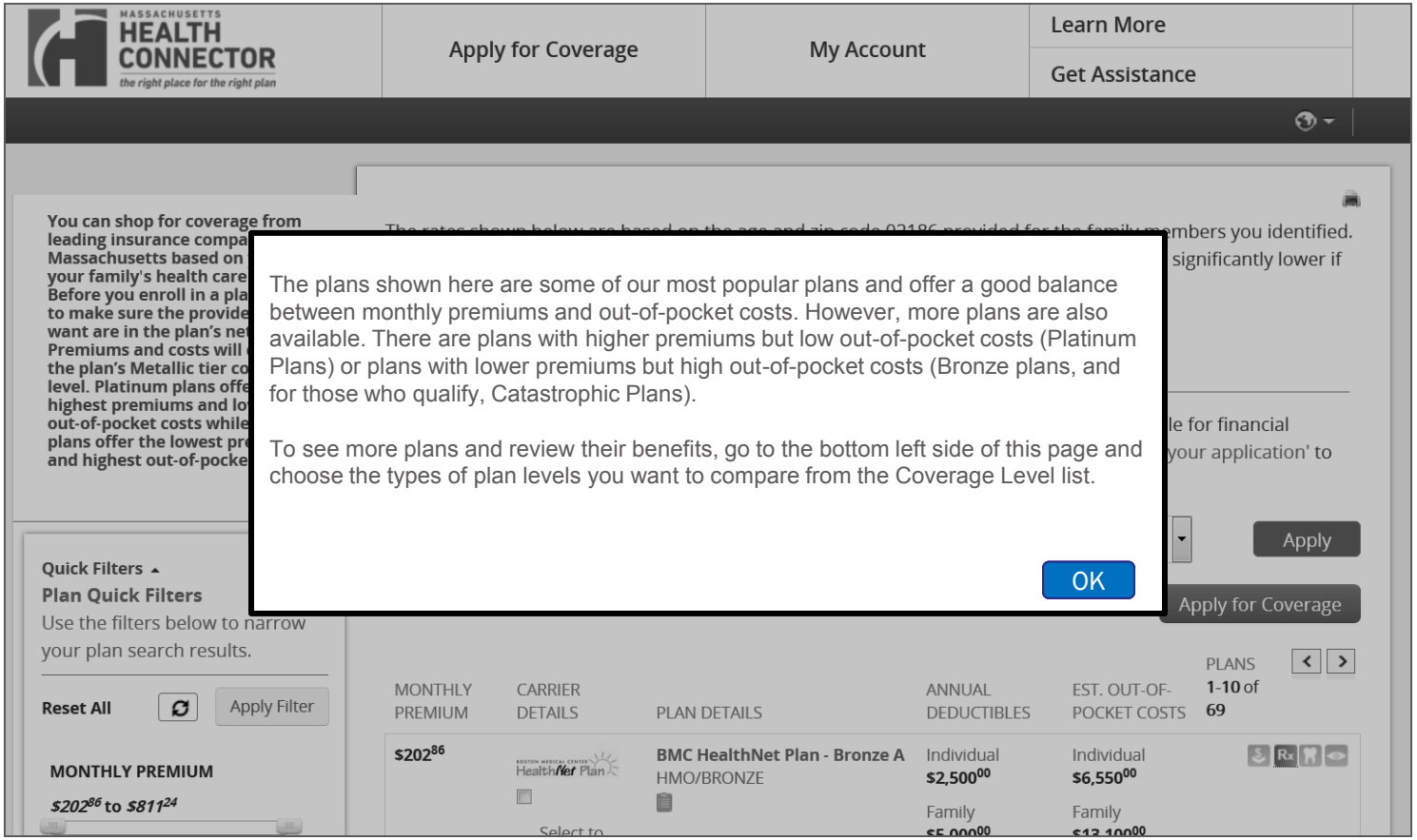
Consumers and Assisters can expect to see the following:

- Changes to provide additional information and reduce consumer confusion for Platinum, Bronze and Catastrophic plans include:
  - Presetting the shopping filters to show Silver and Gold plans by default (with pop-up message explaining this pre-filtering and how additional metallic tiers can be shown)
  - Pop-up messages:
    - Bronze check out – reminder to review cost sharing and ensure that consumer can afford these out-of-pocket costs
    - Catastrophic check out – highlighting limited benefits and inability to apply APTC
- Introducing a stand-alone provider search tool to help consumers find providers and determine which plans include those providers within their network
  - Users can access the provider search tool through hyperlinks made available on informational and shopping pages

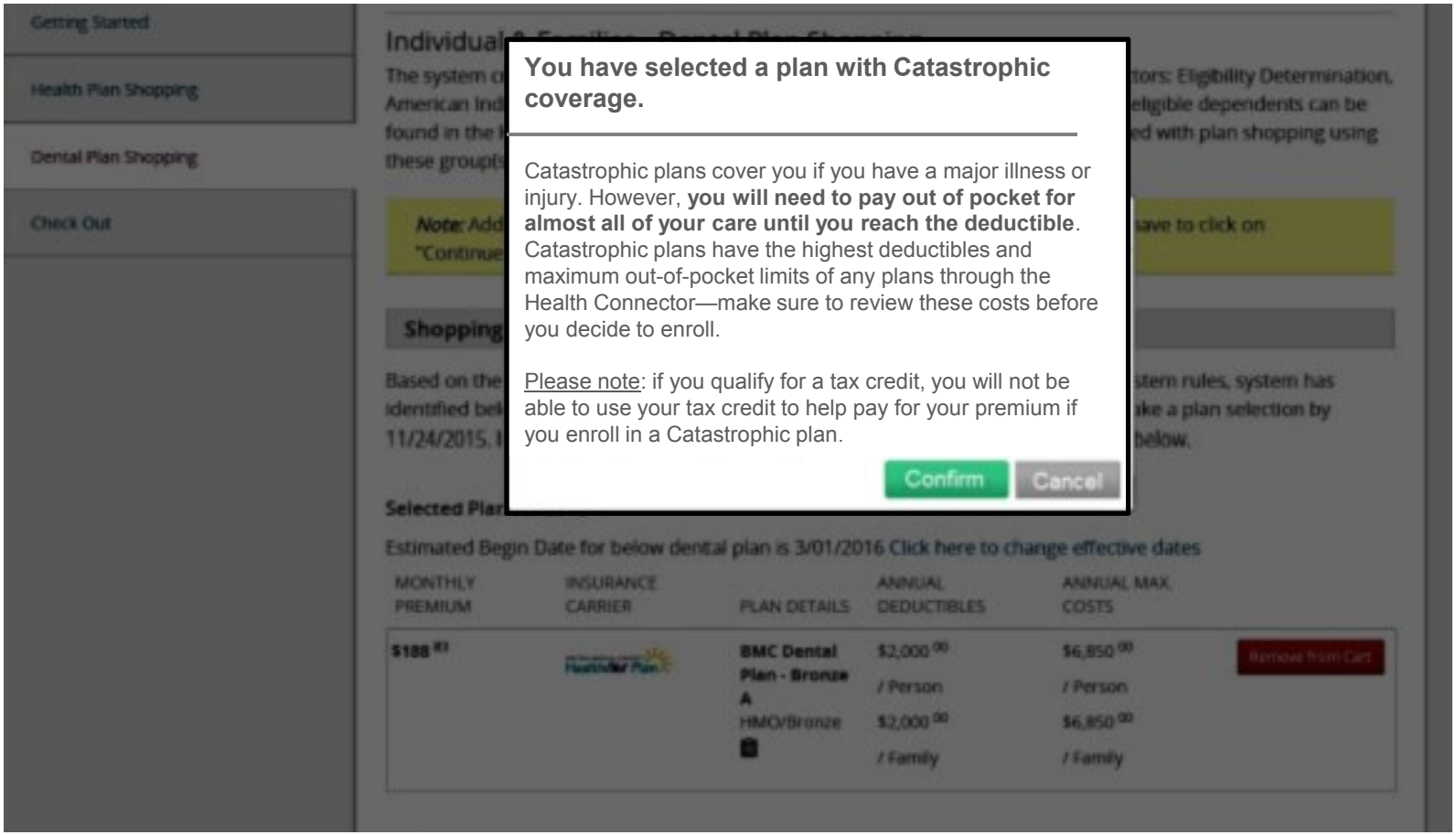
Pre-set Metallic Tier Filters

- Presetting the shopping filters to show only Silver and Gold plans by default, with pop-up message



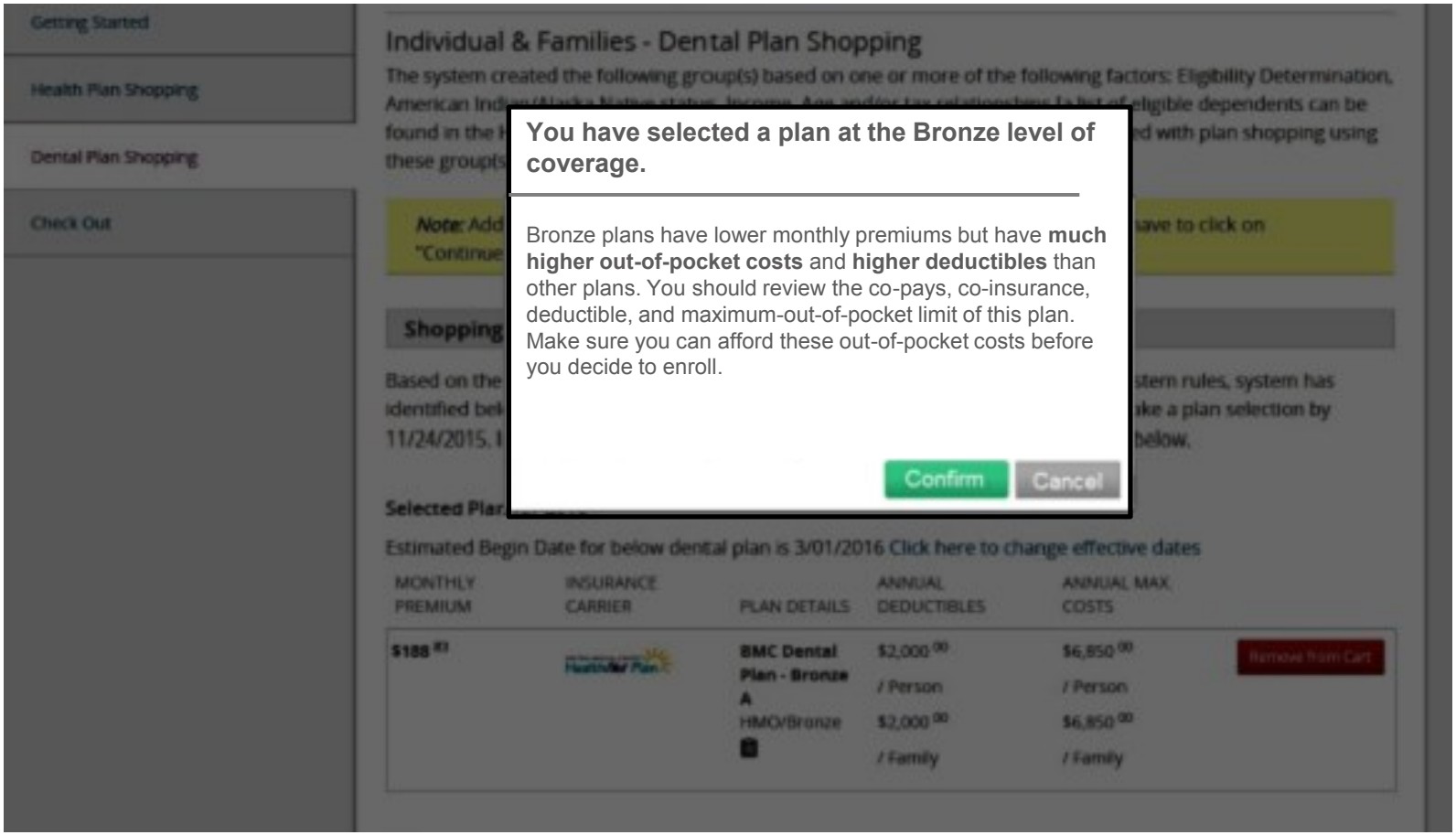
Check-out Message: Catastrophic

- Pop-up message when a user checks out a Catastrophic plan…



Check-out Message: Bronze

- Pop-up message when a user checks out a Bronze plan…



Provider Search Tool

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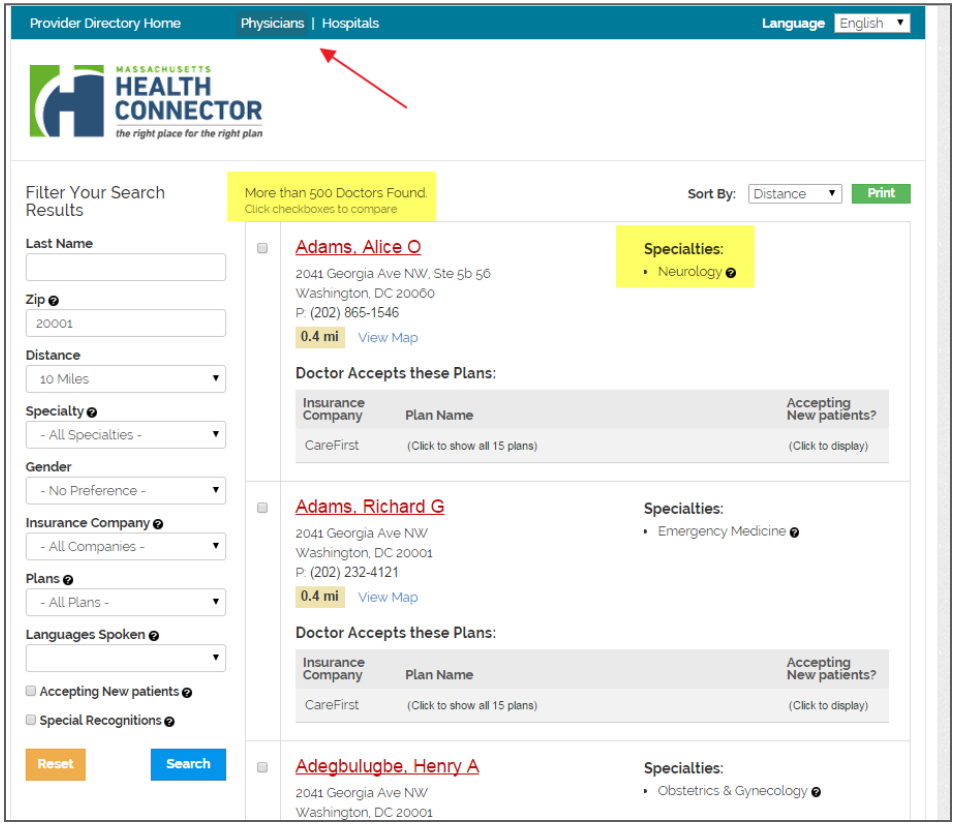
Customers have the option to search, sort, or filter health plans based on the participation of their preferred doctors, specialists, or hospitals.

- Providers must participate with at least one (QHP) in order to be included in the search tool
- Customers can select and view providers side by side
- Customers can see counts of providers in each available plan to evaluate network size
- Customers can see descriptions of at least 80 specialties in the director to help users find the specialty they need



Provider Search Tool (cont'd)

MASSACHUSETTS HEALTH CONNECTOR

Provider data will be updated at least once a month.

- Each health insurance plan (carrier) is scheduled to send their data by the 15th of each month
- The health plans can send files more frequently, but only the latest file submitted by the 15th will be used in the following month's updated data
- The Data that is submitted will be cleaned up so that unified records are searchable for each provider and hospital/facility

Provider Directory Home | Physicians | Hospitals | Language English

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Doctors Search > Doctor Profile | Return to Search | Search

Name	Caldera, Ricardo G
Degree	MD
Locations	2041 Georgia Ave NW Washington, DC 20001 P: (202) 232-4121 0.4 mi View Map 2831 15th St NW Washington, DC 20009 P: (202) 462-4788 1.3 mi View Map
Specialties	Internal Medicine
Gender	Male
Languages Spoken	Spanish
Recognitions	Bridges to Excellence — Physician Office Systems II
Plans Accepted	

Insurance Company	Plan Name	Network	Accepting New patients
CareFirst	BlueChoice Gold $0	BlueChoice	Yes
CareFirst	BlueChoice Gold $1,000	BlueChoice	Yes
CareFirst	BlueChoice HSA Bronze $4,000	BlueChoice	Yes
CareFirst	BlueChoice HSA Bronze $6,000	BlueChoice	Yes
CareFirst	BlueChoice HSA Silver $1,300	BlueChoice	Yes

Provider Search Tool (cont'd)

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Our anticipated go-live date is November 1st.

- Consumers will be able to access the provider search in two ways:
  1. Through the web pages on www.MAhealthconnector.org
  2. The provider search tool will appear on the shopping screens in the online application on November 1st

Provider Search: Screenshots

Using Provider Search

MASSACHUSETTS HEALTH CONNECTOR

Step 1) Enter information for Doctor

Search for Doctors

Your Zip Code — Enter Zip Code (Required)

Doctor Last Name — Enter Last Name

Speciality — - All Specialties -

Insurance Companies — - All Companies -

Find Doctors

Using Provider Search

MASSACHUSETTS HEALTH CONNECTOR

Step 2) Click Find Doctors

Search for Doctors

Your Zip Code: 20037 (Required)

Doctor Last Name: Zimnoch

Speciality: - All Specialties -

Insurance Companies: - All Companies -

Find Doctors

Using Provider Search

MASSACHUSETTS HEALTH CONNECTOR

Step 3) Results appear with filters on the left hand side of page.

Filter Your Search Results

Last Name: Zimnoch

Zip: 20037

Distance: 10 Miles

Specialty: - All Specialties -

Gender: - No Preference -

Insurance Company: - All Companies -

Plans: - All Plans -

Languages Spoken: - Select One -

Accepting New patients

Special Recognitions

Reset | Search

1 Doctor Found.
Click checkboxes to compare

Sort By: Distance | Print

Zimnoch, Lawrence A
2311 M St NW, Ste 302
Washington, DC 20037
P: (202) 296-0043
0.3 mi | View Map

Specialties:
- Internal Medicine

Doctor Accepts these Plans:

Insurance Company	Plan Name	Accepting New patients?
Aetna	(Click to show all 6 plans)	(Click to display)
CareFirst	(Click to show all 15 plans)	(Click to display)

« 1 »

Note: To see the plan names within each carrier click on the link that says: (Click to show all X plans)

Using Provider Search

MASSACHUSETTS HEALTH CONNECTOR

Step 4) Confirm the carrier and the plan

Zimnoch, Lawrence A

2311 M St NW, Ste 302
Washington, DC 20037
P: (202) 296-0043

0.3 mi View Map

Specialties:

- Internal Medicine

Doctor Accepts these Plans:

Insurance Company	Plan Name	Accepting New patients?
Aetna	(Click to hide plans)	
Aetna	Aetna Bronze $20 Copay	Yes
Aetna	Aetna Bronze Deductible Only HSA Elgible	Yes
Aetna	Aetna Catastrophic 100%	Yes
Aetna	Aetna Gold $5 Copay	Yes
Aetna	Aetna Silver $10 Copay	Yes
Aetna	Aetna Silver $5 Copay 2750	Yes
CareFirst	(Click to show all 15 plans)	(Click to display)

Using Provider Search

Filters: Can help narrow down search. Some options are:

- Distance
- Specialty
- Gender
- Language
- Accepting New Patients

Filter Your Search Results

Last Name

Zip

20001

Distance

10 Miles

Specialty

- All Specialties -

Gender

- No Preference -

Insurance Company

- All Companies -

Plans

- All Plans -

Languages Spoken

Accepting New patients

Special Recognitions

Reset

Search

Search for Hospitals

MASSACHUSETTS HEALTH CONNECTOR

Search for Doctors | Search for Hospitals

Your Zip Code: 20001 (Required)

Find Hospitals

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Filter Your Search Results

Zip: 20001

Distance: - Select One -

Insurance Company: - All Companies -

Plans: - All Plans -

Search | Print

90 Hospitals Found. Print

Howard University Hospital
2041 Georgia Ave Nw
Washington, DC 20060
P: (202) 745-1546
View Map
0.4 mi

Plan Affiliations by Carrier:

Insurance Company	Plan Name
Aetna - Collection	(Click to show all 3 plans)
Carefirst - Collection	(Click to show all 1 plans)

MassHealth Updates

MassHealth Premium Assistance Update: Sample Notices

- HIX will now be able to support the Premium Assistance process.
- New notices to support premium assistance.
- HIX will not change the members benefits while the insurance investigation is pending during the investigation process. The member will remain in their existing non-PA benefits until approval for premium assistance payments.

Sample - PA Approval

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information in large print and Braille. Call **1-800-841-2900** from Monday to Friday, 8:00 A.M. to 5:00 P.M. **TTY:** 1-800-497-4648

000000
Leah N Oconnor
118 main st
Boston, MA, 02210

Date: September 10, 2015
Notice ID: 550/APPR-PA-100915
Member ID: Not Available
SSN: XXX-XX-3105

Dear Leah N Oconnor

Good News! MassHealth has determined that you are enrolled in acceptable private health insurance and has approved you and/or your family members for MassHealth Premium Assistance benefits. MassHealth will send you (the insurance policy holder) a check each month for **$250.00**. The amount we pay is based on the total cost of the health insurance to you or your family, any MassHealth required member contribution and other factors.

Premium Assistance payments will begin in the month that Premium Assistance was approved, or in the month the health insurance deduction begins, whichever is later. The MassHealth Premium Assistance payment is for the following month's health insurance coverage. This check for **$250.00**. covers all people approved to receive premium assistance on this insurance policy.

If you have already been receiving a Premium Assistance payment, you may be getting this letter because the Premium Assistance amount has changed. Call the Premium Assistance Unit if you have any questions.

The family members approved to receive Premium Assistance are:

Questions? Visit **MAHealthconnector.org** or call **1-800-841-2900 TTY**: 1-800-497-4648

1 of 2

Sample - PA Approval

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Name: Leah N Oconnor, **Member ID:** Not Available, **Date of Birth:** January 01, 1996

What if I have been paying a monthly MassHealth premium(fee)?
If you have to pay a MassHealth premium (fee), your Premium Assistance payment above has already been reduced by that amount. In most cases you will no longer get a bill from MassHealth.

If this letter says you have been approved for $0.00, it means that that your monthly premium (fee) is higher than the amount of your Premium Assistance payment. You will receive a reduced premium bill from MassHealth for the amount you owe.

You must report changes. How can you send us information?
You must report any change in your information to MassHealth as soon as possible, but **no later than 10 days** from the date of the change. This includes changes to your income, address, phone number, family size, job, health insurance coverage or health insurance premiums.

- To report changes to **your health insurance (coverage or premium cost)** you can contact the Premium Assistance Unit in the following ways:
  - Call: 1-800-862-4840
    TTY: 1-617-886-8102 (For people who are deaf, hard of hearing or speech disabled.)
  - Fax: 1-617-451-1332
  - Mail: Premium Assistance Unit
    PO Box 9212
    Chelsea, MA 02150
- To report **all other changes,** you can contact MassHealth in the following ways:
  - Call: 1-800-841-2900
    TTY: 1-800-497-4648 (For people who are deaf, hard of hearing or speech disabled.)
  - Fax: 1-857-323-8300
  - Mail: Health Insurance Processing Center
    P.O. Box 4405
    Taunton, MA 02780-0419

How did we make this decision?
MassHealth has determined that the health insurance in the family meets MassHealth rules for Premium Assistance. This is according to MassHealth regulations at 130 CMR 506.012.

The Premium Assistance Unit looks forward to working with you. Please do not hesitate to call if you have any further questions. The Premium Assistance Unit can be reached by calling 1-800-862-4840.

Thank you,

MassHealth Premium Assistance Unit

Questions? Visit **MAHealthconnector.org** or call **1-800-841-2900 TTY**: 1-800-497-4648

2 of 2

MassHealth Premium Assistance Update: Sample Notices (cont.)

Sample - Confirmed Access

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information in large print and Braille. Call **1-800-841-2900** from Monday to Friday, 8:00 A.M. to 5:00 P.M. **TTY:** 1-800-497-4648

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Prabhjot S Member
115 main st
apt 99
boston, MA, 02210

Date: September 05, 2015
Notice ID: 550/CONF-ACC-050915
Member ID: 100208811693
SSN: XXX-XX-4492

Dear Prabhjot S Member

MassHealth has determined that you have health insurance available through a job in your family. This insurance meets MassHealth rules for Premium Assistance. The people listed below must enroll in this insurance by November 09, 2015

- **Name:** Prabhjot S Member, **Member ID:** 550, **Date of Birth:** February 20, 1996

Once you enroll in this insurance, we will help to pay all or part of the premiums. While you enroll, you will continue to get medical services under MassHealth for up to 60 days starting on **September 05, 2015. If the people listed on this letter do not enroll in a health insurance plan by November 09, 2015, their MassHealth benefits may end.**

Do you have to continue paying your MassHealth premium?
Yes, if you are required to pay one. Until you enroll in the private health insurance, you must continue paying the monthly MassHealth premium (fee). You will continue to get a bill for **$0.00** every month.

Questions? Visit **MAHealthconnector.org** or call **1-800-841-2900 TTY**: 1-800-497-4648

1 of 2

Sample - Confirmed Access

Commonwealth of Massachusetts
Executive Office of Health and Human Services

What do you need to do?

1. **Enroll:** Contact a **Health Benefits Coordinator** at **1-800-862-4840** (**TTY:** 1-617-886-8102 for people who are deaf, hard of hearing, or speech disabled) to find out which health insurance plan is available and meets MassHealth rules for Premium Assistance. Then enroll in a health insurance plan through the job.

2. **Send proof:** To avoid a gap in your benefits, please send proof of enrollment to:
   Premium Assistance Unit
   PO Box 9212
   Chelsea, MA 02150
   or
   Fax: 1-617-451-1332

What happens next?

- Once insurance coverage begins through the job, the MassHealth Premium Assistance Program will pay for all or part of your family's health insurance premium for the people listed on this letter. We will send the policy holder a check in the mail each month. The policy holder will get another letter with the amount of the monthly check.

What if you do not agree with our decision?
You can ask for a fair hearing if you do not agree with our decision.

- Read **How to Ask for a Fair Hearing** that came with this letter.

What if you have questions?
If you have questions or need more information, go to MAHealthconnector.org or call us at **1-800-841-2900** (**TTY:** 1-800-497-4648 for people who are deaf, hard of hearing or speech disabled).

Thank you,

MassHealth Premium Assistance Unit

Questions? Visit **MAHealthconnector.org** or call **1-800-841-2900 TTY**: 1-800-497-4648

2 of 2

MassHealth Premium Assistance Update: Sample Notices (cont.)

Sample - PA Termination

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information in large print and Braille. Call **1-800-841-2900** from Monday to Friday, 8:00 A.M. to 5:00 P.M. **TTY:** 1-800-497-4648

000000
John White
c/o
1 Congress St
Boston, MA, 02210

Date: September 10, 2015
Notice ID: 550/TERM-PA-100915
Member ID: Not Available
SSN: XXX-XX-9895

Dear

Please read this letter carefully!
MassHealth has received information about you and/or your health insurance and has determined that that you can no longer get premium assistance. **MassHealth has stopped your Premium Assistance payments.**

This may be because:

- your health insurance ended;
- your job ended;
- your employer changed the amount they contribute towards your coverage;
- your employer changed health plans and/or your plan no longer meets MassHealth rules;
- you are eligible for Medicare;
- other reasons.

Questions? Visit **MAHealthconnector.org** or call **1-800-841-2900 TTY**: 1-800-497-4648

1 of 2

Sample - PA Termination

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Call us to find out which of these reasons apply. If our information is not correct and your circumstances have not changed, please contact the Premium Assistance Unit at 1-800-862-4840.

How did we make this decision?
MassHealth has determined that you or your family member no longer has health insurance or the health insurance no longer meets MassHealth rules for Premium Assistance. This is according to MassHealth regulations at 130 CMR 506.012.

What if you do not agree with our decision?
You can ask for a fair hearing if you do not agree with our decision.

- Read **How to Ask for a Fair Hearing** that came with this letter.

Thank you,

MassHealth Premium Assistance Unit

Questions? Visit **MAHealthconnector.org** or call **1-800-841-2900 TTY**: 1-800-497-4648

2 of 2

Questions?