



Health Connector

Response to COVID-19, Customer Experience Updates
and Open Enrollment 2021 Preview

July 2020 Virtual MTF Meetings

Agenda

- Health Connector COVID-19 Response
- Health Connector Customer Experience Transition
- Health Connector Open Enrollment 2021 Preview



Health Connector COVID-19 Response

COVID-19 Special Enrollment Period (SEP)

The Health Connector's Special Enrollment Period (SEP) for COVID-19 has been extended through July 23rd.

- The Massachusetts Health Connector announced an extension to its Special Enrollment Period (SEP) so that uninsured residents can apply and get into coverage.
- This SEP is available to anyone who is determined newly eligible or those previously determined eligible for any Health Connector plan but did not take advantage of their enrollment opportunity.
- They do not need to meet another qualifying event.
- Those enrolled in COBRA may drop it and enroll through the Health Connector, if they are otherwise eligible, without first exhausting their COBRA benefits.
- The Division of Insurance has extended a similar SEP off-Exchange, which may be useful for those not eligible for the Health Connector.

COVID-19 SEP (Cont'd.)

Reminders about this SEP process:

- Applications for coverage can be submitted online or over the phone.
- People will get an automatic SEP – for example, those who are newly eligible for ConnectorCare.
- Encourage individuals to act now! This enrollment window is open through July 23rd for August 1 or September 1 coverage.

COVID-19 SEP (Cont'd.)

Remember, those who lose access to ESI or have a different qualifying event are eligible for an SEP that opens an enrollment window for 60 days.

- For the full list of qualifying events, go to:
<https://betterhealthconnector.com/wp-content/uploads/NG-05-Mid-Year-Life-Events.pdf>

Updates on Requests for Information (RFI)

In preparation for the Health Connector's Redeterminations and Renewals process MassHealth and the Health Connector will begin mailing reminder RFIs to households who still owe proof.

- Households with due dates in the past will be provided at least 30 more days to submit proof.
- Members who still owe proof can expect to see RFI letters at the end of July and into the beginning of August.
- If Health Connector members do not respond in the timeframe requested, their coverage may be downgraded or terminated.
- If the National Emergency is still in place at the time of the expiration, MassHealth members will maintain their MassHealth coverage during the COVID-19 public health national emergency, and through the end of the month in which such national emergency period ends.
- All members are encouraged to return proof of as soon as possible.



Health Connector Customer Service Transition

Customer Experience Transition

The Health Connector has transitioned to new customer service vendors for operations. Members and Assistants will see most changes within the Member Portal.

New Features Now Available



New online payment experience



Pay by phone anytime



More payment choices with AutoPay



Ask for help online without having to call



More content available in Spanish

HOLA

New online payment experience

Our payment site has a new, simpler look.

The screenshot displays the Massachusetts Health Connector user interface. At the top left is the logo and the text "Member: John Doe ID: #####". The main header area says "Welcome, John!" and "Your last login was September 9, 2019 at 05:36:03 PM EST". On the right, there are links for "Language Assistance" and "English", along with notification icons. A "Notifications" panel on the right lists several messages: "We were not able to process your recent payment because some of the information..." (3 hours ago), "We did not receive payment for your most recent bill. Please make a payment..." (15 hours ago), "A policy that you were enrolled in has become terminated." (1 week ago), and "You have a new notice available to view." (2 weeks ago). The "Account Overview" section contains a placeholder text: "Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Quis viverra nibh cras pulvinar mattis nunc sed. Leo vel fringilla est ullamcorper." Below this is the "My Plans" section, which shows two current plans: "HMO Blue Basic" with a current payment due of \$500.90 (due by November 1, 2019) and "Altus Dental Low Plan" with a current payment due of \$70.15 (due by September 30, 2019). Both plans show an enrollment status of "Good Standing" and a payment status of "Unpaid". A "MAKE A PAYMENT" button is located at the bottom of the plans section. The left sidebar contains navigation links for "ACCOUNT OVERVIEW", "DOCUMENTS" (Invoice, Notice, Tax), "POLICIES" (Contact Information, Manage Address, View Benefits, Manage Dependents, Coverage Details, Change Plan, Reactivate Plan), "PAYMENTS" (Make a Payment, AutoPay, Scheduled Payments, Payment History, My Payment Methods), and "SERVICE REQUEST".

Pay by phone

Members can pay their premium by phone using their bank account.

Members can make a phone payment any time of day, even when our call center is closed.



More choices with AutoPay

Members can choose the 15th or the 23rd of each month for your payment withdrawal.

Members can also choose a set payment amount.

If a member already has AutoPay, their payments will continue. Their payment will withdraw the 23rd of each month unless they change it.



With AutoPay Members select from these options:

- Premium Amount** This option will take the member's full monthly premium due. If their premium goes up due to a change in income, eligibility or plan enrollment, the higher premium amount will automatically be withdrawn.
- Current Amount** This option will take the member's full balance due. For example, if there is an outstanding balance or an adjustment that increases a member's bill, this option will pay the full balance due automatically.
- Custom Amount** This option lets the member select the amount they would like the Health Connector to withdraw. The Health Connector will not take more than the fixed amount. This option can help protect a member from an unexpected amounts due to changes in eligibility.

Make a Payment

Make a payment for any of the bills you would like to pay for multiple bills.

Enrollment Status: Good Status
Payment Status: Unpaid

HMO Blue Basic

Due by
November 1, 2019

Subscriber Name Effective

Make a Payment

1 EDIT 2 REVIEW 3 SUBMIT

HMO Blue Basic

Current Amount **\$500.90**
Due by **November 1, 2019**
Payment Amount
Current Amount - \$500.90

Schedule Payment Date
09/30/2019

Payment Method
Visa_****

Add Payment Method

Select a **Payment Date** from the calendar.

Select a **Payment Method** from the drop-down menu.

Select a **Payment Amount** from the drop-down menu. Note: If the Member did not have a payment method set up, they will be prompted to add one.

Payment Total: \$500.90

We accept most major credit and debit cards as payment. If you wish to pay with a credit card, please note that there will be a processing fee applied to your payment amount. By continuing, you agree to our [Terms of Use](#).

Cancel Continue

Ask for help online without having to call



Through their online account, members can ask Customer Service for help with certain billing questions.

The screenshot shows the 'Request Help' form in the Health Connector interface. The form includes fields for Exchange Subscriber ID, First Name, Last Name, Address 1, Address 2, City, State, Zip, Email Address, Phone Number, and Subject. There is also a text area for Additional Comments and a 'Submit Your Question' button. A red arrow points to the 'Submit Your Question' button. A blue callout box on the left says 'Documents can be attached to the service request by clicking **Choose File** and selecting a document'. A blue callout box on the right says 'To create a service request, click **Request Help**' with a red arrow pointing to a 'Request Help' button.

More content available in Spanish



You can change your language preference in your online account at any time.

A screenshot of the Health Connector portal interface. The top right corner shows a "Language Assistance" link and a dropdown menu currently set to "English". A red arrow points to this dropdown menu. The main content area displays a "Welcome, John!" message, an "Account Overview" section with placeholder text, and a "My Plans" section. A blue callout box in the bottom right corner contains the text: "The portal is available in English and Spanish. Click the downward facing arrow to choose." The left sidebar contains navigation links for "ACCOUNT OVERVIEW", "DOCUMENTS", and "POLICIES".

More content available in Spanish

Read your notices, bills, and your online account in Spanish if you prefer.



View Invoice

Please select the language to view/download your invoice in.

Document Language ▾

Cancel View

More Changes Related to Health Connector Member Payments

► Changes to the way your bill looks

We hope you find the new bill easier to read and understand.

► Changes when you pay your bill

You'll use your Member ID to pay, and we have a new address.

Use your Member ID to make payments

You won't need a separate Billing Account number for payments. Use your current Health Connector Member ID instead.

- If you pay by mail, write your Member ID on your check or money order.
- If you pay on our website as a guest, we'll ask for your Member ID to find your account.

Use our new address to mail payments

- Our new address for payment is:
Health Connector
P.O. Box 412612
Boston, MA 02241-2612

You can find your Member ID in the top right-hand corner of your new bill.

Primary member Taylor Brown	Member ID 000012340000	Bill date May 01, 2020
Insurer: BMC HealthNet Plan		
Plan name: BMC HealthNet Plan ConnectorCare 3		

More Changes Related to Health Connector Member Payments



If you mail payments

Our new address is on your bill's payment slip. If you mail your payment using the envelope and payment slip that came with your bill, you'll be all set.



If you pay directly through your bank

Be sure to update the payee information with our new payment address. If you need to enter an account number for your payment, enter your current **Member ID** instead of your Billing Account number.

Features of New Health Connector Bill

FRONT SIDE OF BILL

Health Connector Processing Center
P. O. Box 4404
Taunton, MA 02780

Primary member: **Taylor Brown** | Member ID: **000012340000** | Bill date: **May 01, 2020**

Insurer: **BMC HealthNet Plan**
Plan name: **BMC HealthNet Plan ConnectorCare 3**

Taylor Brown
123 MAIN ST
BOSTON, MA 12345

12345678

Account activity	
Plan's monthly premium	410.46
Advance Premium Tax Credit	-221.00
ConnectorCare subsidy:	-102.46
Your monthly premium:	\$ 87.00
Last statement balance:	174.00
Total fees, discounts, and adjustments:	\$ 0.00
What you owe by 05/23/2020:	\$ 261.00

Total due \$261.00
Please pay by 05/23/2020

You are enrolled in AutoPay.
We will withdraw \$261.00 on May 22, 2020.

This bill is for your **June 2020** health plan through the Health Connector.

No longer need this plan?
If you don't want coverage for June, please cancel by May 31, 2020. You can cancel through your online account or by calling 1-877-MA-ENROLL (1-877-623-6765).

Important messages about your account:

Your account information is in the top right-hand corner of the front of your bill.

If you're enrolled in AutoPay, your bill shows how much your next payment will be and when it will be withdrawn.

Features of New Health Connector Bill

BACK SIDE OF BILL

 **Members covered by your plan:**
■ Primary Subscriber: Taylor Brown

Ways to pay your bill

 MAhealthconnector.org Go online to set up a one-time payment or monthly AutoPay from your bank account .	 1-877-MA-ENROLL Call us to set up a one-time payment from your bank account .	 By mail Send a check or money order with your bill coupon to: Health Connector P. O. Box 412612 Boston, MA 02241-2612	 In person Bring a check or money order to one of our walk-in centers. See below for walk-in center locations.
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 **Walk-in centers**
You can get help with making an online payment or drop off your check or money order payment at one of our Health Connector walk-in centers:

Boston: 133 Portland Street, Boston, MA 02114
Monday-Friday: 8:00 a.m. to 6:00 p.m.

Brockton: 63 Main Street, Brockton, MA 02301
Monday-Friday: 9:00 a.m. to 5:00 p.m.

Springfield: 88 Industry Avenue, Springfield, MA 01104
Monday-Friday: 9:00 a.m. to 5:00 p.m.

Worcester: 100 Main Street, Worcester, MA 01608

 **Definitions**
If you see these words, here's what they mean:

Advance Premium Tax Credit (APTC):
A tax credit the federal government paid to your health plan to help lower your monthly premium.

ConnectorCare subsidy:
The amount Massachusetts paid to your health plan help lower your monthly premium.

Your monthly premium:
The amount you need to pay each month for coverage, even if you don't get health or dental services.

The members covered by your plan are listed at the top on the back of the bill.

You can pay your bill online, by phone, or by mail. Our walk-in centers are temporarily closed. We will let you know when they can safely open for in-person payments.



Health Connector Open Enrollment 2021 Preview

Open Enrollment 2021 Preview

The Health Connector has started the planning process for Open Enrollment 2021:

- Open Enrollment is the time when any new members can apply for coverage and current members' coverage is renewed for the upcoming year and can shop for plans.
- The Health Connector remains committed to offering our members and new enrollees a stable and well supported enrollment experience.
- Many of the processes and timelines for Open Enrollment 2021 will be the same as previous years.

Open Enrollment 2021 Preview

However due to COVID-19, the following should be noted:

- The Federal and State Tax filing deadlines were extended to 7/15.
- Please encourage members who haven't filed their taxes yet to do so online.
- Delay of the tax filing due date will delay determination of failure to reconcile past tax credits for 2019, but it is still requirement and will factor in to 2021 eligibility.
- The renewal process for mixed households will be sure to account for protections of MassHealth benefits under the CARES Act, assuming the federal public health emergency is ongoing.



Health Connector Redeterminations and Renewals Process

Redeterminations & Renewals Processes and Timelines

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector and MassHealth members on their households have their eligibility redetermined so that they can be renewed into coverage for the upcoming year.



Redeterminations and Renewals Process

Preliminary Eligibility Determination

August – September

In August and September the Health Connector makes a preliminary eligibility determination for actively enrolled Health Connector members and Health Connector members who are part of mixed households.

Mixed households are households that have both Health Connector members and MassHealth members.

- Available federal and state data sources are used to check for income and other factors.
 - If a member has income that **was verified with documents provided by the member within the last year**, that income will be used for 2021.

Redeterminations and Renewals Process

Preliminary Eligibility Determination

August – September

More detail on supporting Health Connector and MassHealth members:

- If the household **has not verified their income in the last year** and data sources are incompatible, Health Connector will make the determination using available electronic data sources.
 - If household has not verified their income in the last year and data sources are **compatible with the income we are using**, we will continue to use the current (attested) income for 2021.
 - If there is no available data because **they have not filed taxes or there is no SSN**, we will not be able to determine eligibility for MassHealth or Health Connector.

Redeterminations and Renewals Process (cont'd)

Preliminary Eligibility Determination

August – September

Health Connector members who are identified as Medicare eligible in their 2020 application will lose access to State and Federal subsidies.

- They can remain in an unsubsidized Health Connector plan through the end of the calendar year.
- These individuals will not be renewed for the upcoming year (they will lose their Health Connector health plan at the end of the calendar year).
- If they are enrolled in a Health Connector Dental plan, they will be eligible to stay enrolled in Dental for the next year.

Redeterminations and Renewals Process (cont'd)

Preliminary Eligibility Determination

August - September

Members should send in any verification documents they owe as soon as possible.

- Members who have outstanding verifications should send them prior to mid-August, if possible, as the verified information will help create the most accurate 2021 eligibility.
- Members who owe verifications when their preliminary eligibility is determined may see changes on their 2021 eligibility.

Redeterminations and Renewals Process (cont'd)

Preliminary Eligibility Notice and Review Period

August - October

Notices with the results of the preliminary eligibility determination are sent in August and September to all Health Connector enrollees that applied for financial assistance.

Households with only Health Connector members will get:

- a) Health Connector Preliminary Eligibility notice

Mixed Households will receive either a:

- a) Health Connector Preliminary Eligibility notice (for Mixed Households who can be auto-renewed); or a
- b) Combined (co-branded) Health Connector and MassHealth notice for Mixed Households with a MassHealth pre-populated form (for those Mixed Households who cannot be auto-renewed).

Redeterminations and Renewals Process (cont'd)

Preliminary Eligibility Notice and Review Period

August - October

After members receive their Preliminary Eligibility notice, they have an opportunity to make changes before their determination is finalized for the next year.

Depending on the type of household, the review period is between 30 – 45 days.

- **Health Connector Households:** 30 days to review application and make any changes before their renewal eligibility is finalized.
- **Mixed Households that cannot be auto-renewed:** Households that have both Health Connector and MassHealth members and get a MassHealth Pre-populated Renewal form have 45 days to review their application and make any changes before renewal eligibility is finalized .
 - Those who are sent a pre-populated form are required to respond to MassHealth to provide updated information either online, by phone to MassHealth Customer Service or paper (mail or in-person).
- All members can make changes on their own online at any time.

Redeterminations and Renewals Process (cont'd)

Preliminary Eligibility Notice and Review Period

August - October

More detail on supporting Health Connector and MassHealth members:

- **Remember:** When working with applicants who have “Pending” MassHealth benefits, encourage them to return their income verifications as soon as possible.
- Certain individuals who are pending MassHealth benefits will not receive a Pre-Populated Form or a Preliminary Eligibility notice.
- *Please note these outlined MassHealth processes are only true in normal state in which the COVID-19 national emergency protections are not in place.*

Redeterminations and Renewals Process (cont'd)

Final Eligibility Determination & Renewal Notice

October

Eligibility is finalized after the 30-45 review period.

- In October a Final Eligibility and Renewal notice is sent to All households with at least one eligible and enrolled Health Connector health plan member that continues to be eligible for a Health Connector plan the following year.
- This notice will include the health plan name and premium for the upcoming year, and their APTC amount.
- Those who were determined eligible but not enrolled and got a 2021 application will get a 2021 eligibility notice during this timeframe. It will not include any renewal information.

Redeterminations and Renewals Process (cont'd)

Renewal into a Health Connector Plan

November

Open Enrollment begins on November 1st. The Health Connector follows guidelines to place members into their dental and medical plans each year.

- The Health Connector will renew members into the same plan for 2021, unless that plan is no longer available to them. If their plan is no longer available, the Health Connector will put them into a similar plan.
- All Health Connector eligible and enrolled QHP (qualified health plan) members who continue to be eligible for January 1 will be auto renewed into a plan.
- During Open Enrollment, members can shop for and select new plans for the next year if they do not want to be renewed into their current plan.
- **Remember:** Medicare individuals will not be renewed into a Health Connector medical plan for 2021. They will lose eligibility for QHP (including unsubsidized coverage) at the end of the year.

Redeterminations and Renewals Process (cont'd)

Billing and Payment for January 1 Coverage

December

For coverage effective January 1, 2021, payment is due on December 23, 2020.

- Members that stay in a plan with the same carrier must pay their new premium amount for January coverage.
- If the member decides to change carriers, they are required to submit a binder payment to their new plan for January coverage.
- Note: New billing change this year related to member account numbers. Regardless of whether or not the member changes carriers, they will continue to use their same member ID. (This number starts with a “7” and is located in the upper right-hand corner of their bill.)

What can members expect after the COVID-19 emergency has passed?

- Members that were protected in benefits due to CARES act will continue with those protections **until end of the month** when the national emergency ends.
- Health Connector and MassHealth are working on planning these related process and will keep you updated.



Questions