American Association of Healthcare Administrative Management

MARYLAND CHAPTER
THIRD PARTY PAYER MEETING

MARCH 6, 2020

MARYLAND
HEALTHBENEFIT
EXCHANGE

MARYLAND HEALTH CONNECTION
Plan Year 2020 highlights

Progress on accessibility

-- 158,934 private plan enrollments, **1% gain** year over year

-- 2nd straight year, **Md. growth outperforms 3/4ths** of all states

-- Growth in renewals and +13% in enrollments **without financial help** but **1-2% slippage in key target groups**: young adults, African-Americans, Latinos

Progress on affordability

-- 10% decline in avg. premiums; Growth both on and off exchange to 215,000+ enrollments

-- Consumers 'upgraded' to better plans to **cut deductibles: +27% in gold and platinum plans**

-- 1 of every 4 enrollments were **"value plans"** -- new for 2020: **less consumer out of pocket cost**

Progress on Innovation

-- Chatbot employs artificial intelligence to answer 400,000 consumer queries since 2019, helping halve call wait times

-- System enhancements greatly cut system errors and in turn, cut escalated cases (cut from **1000s** a few years ago to **100s** now)

-- Special Enrollment period for uninsured tax filers

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Personalized Outreach

Emails and push notifications to consumers who have created a Maryland Health Connection account:

- deadline reminders
- how to choose the right coverage
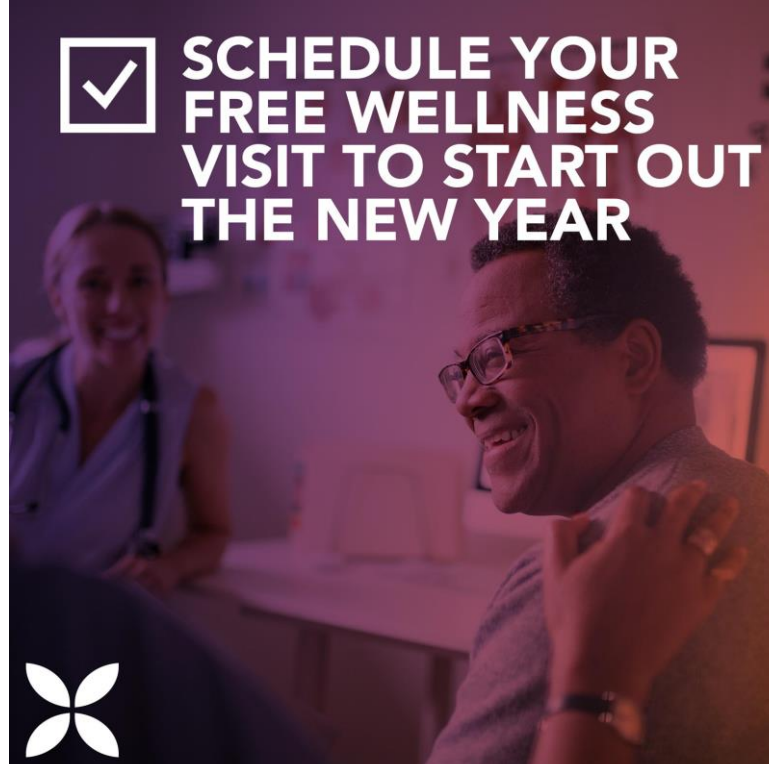- alert to verify information to keep coverage
- preventive and wellness information

Preventive screenings are free. Preventive messaging is essential.

Summer fun might require a physical.
We've got you covered.

SCHEDULE YOUR FREE WELLNESS VISIT TO START OUT THE NEW YEAR

Looking ahead to potential challenges for FY 2021

Program Integrity Rule

Public charge

Legal and Political Uncertainty

-- HHS requiring a **second bill** to pay for **$1/month** attributed to abortion services. Will need solutions so consumers don't **lose coverage due to confusion** over 2nd bill for tiny amount

-- Attys Gen (incl. Md.), Planned Parenthood of Md., ACLU suing to halt change

-- Community fear may have contributed to reduction in Latino enrollments, or caused enrollees not to identify their race/ethnicity (optional)

-- Rule was postponed during open enrollment for 2020 plans, but is to take **effect February 24, 2020**

-- Supreme Court may wait on Texas vs. Azar until 2021

-- 2020 election implications, just as open enrollment begins for 2021

-- **Pending federal rule** that would cease auto renewal. Would require IT development, marketing to guide consumers from accidently losing coverage.

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Pre-2012, 12% lacked health coverage
Now, 6% lack coverage

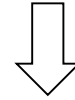## 400,000+ covered under ACA through:

⬇

Medicaid Expansion:
315,000

Subsidized private plans: 120,000+

403,754 remain uncovered:

⬇

188,710 **would be eligible** for free or low-cost

215,044 **not eligible** for financial help (could benefit from improved small group)

106,158 adults **eligible for subsidized private plans**

57,503 adults **eligible for Medicaid**

25,049 **children eligible** for Medicaid or subsidized private plans

56,456 **ineligible** for assistance due to **incomes > 400%** Fed Poverty Level

158,588 ineligible for **other reasons,** including unlawfully present

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WHAT'S ON YOUR MIND

1. **When customer request retro and the customer uploads documents to MHC portal the case will still show "submit documents". The submit documents box will not go away unless the state case worker uploads the info or patient calls MHC.   Why?**

   Occasional glitches in our systems create unexpected behavior until we can locate and fix the defect. This question describes a defect in the code that has recently been fixed. If anyone sees this behavior in the future, please let us know!

2. **When the customer uploads the documents or even the state worker, the cases are still showing in pending status. How long will it stay in this status and who is verifying the documents?**

   When a consumer provides a verifying document, it is queued into a work item for special workers around the state, called verification workers, who pull the work items one by one to compare the document with the application and determine whether or not the information can be verified. These workers are caseworkers at the local departments of social services and local health departments. How long it might take for a document to be verified depends on the volume of documents in the queue. Sometimes they are verified within a day, sometimes (especially after open enrollment) it can take a few weeks to clear the queue. We are currently working on technological solutions that can help speed this process.

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WHAT'S ON YOUR MIND

3. **If patient is getting food stamps why is MHC unable to verify Identify?**

Applicants for food stamps do not apply on the same system used to apply for health care coverage through the marketplace, and these systems are not currently connected. There may come a time when information across human services programs are shared, but it is not at present.

3. **Why does MHC issue a new application id # when a change is made?**

Creating a new application (and application number) is the way Maryland Health Connection tracks the changes made in the application for eligibility, audit, and appeals purposes. If we "wrote over" the initial application each time a change was made, we would not have a record of the changes, who made them, or when.

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WHAT'S ON YOUR MIND

5. **When a change or information is upload to an open case the month after the original application why does it not show the original application month? (Example: application completed in Jan, upload need info in Feb, new eligibility showing as of Feb forward….dropped Jan eligibly.)**

    There are a LOT of variables that could change the eligibility effective date. However, if you ever believe an effective date is incorrect please call us at 855-642-8572 so we can review and correct   the effective date if necessary.

5. **What is the process for a customer to request retro Medicaid coverage?**

    Consumers can apply for up to three months of retro Medicaid coverage through their marketplace account on either the initial application or on change applications. On the consumer and worker portal, questions about retro Medicaid coverage for up to three months are included in the application flow. (Note retro is not available for children in MCHP.) If the consumer forgets to apply for retro coverage on the initial application, they can request it with change reporting by selecting the retro Medicaid reason on the list of change report reasons in the consumer portal, or the worker can update the application in the worker portal. Eligibility for each of the prior months requested will display separately on the eligibility determination page. The consumer can apply for retro coverage for up to 12 months from the date of the initial application.

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WHAT'S ON YOUR MIND

7. **How does a customer know a renewal is due when they log in the MHC portal?**

   For QHP renewals, the renewal link will appear on their home page during open enrollment. For Medicaid renewals, the consumer can visit the message center on her account home page to see all notices relating to eligibility, enrollment, missing information, and renewals.

8. **If a customer is receiving Social Security benefits why it MHC still requesting proof of SS income?**

   MHC is required to verify income information, including income from social security benefits, against electronic resources. If the social security benefits are verified by the Federal Data Services Hub, the consumer will not need to provide proof. However, if the Hub is not able to verify the receipt of social security benefits, or the amount (within a 10% variance), then the request for verification (proof) will be triggered.

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Other Questions?

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