



# MassHealth Renewals

February 19, 2015



# Agenda



- Redetermination Requirements
- MassHealth Redetermination Timeline and Cycles
- Summary of current MassHealth Redetermination Status



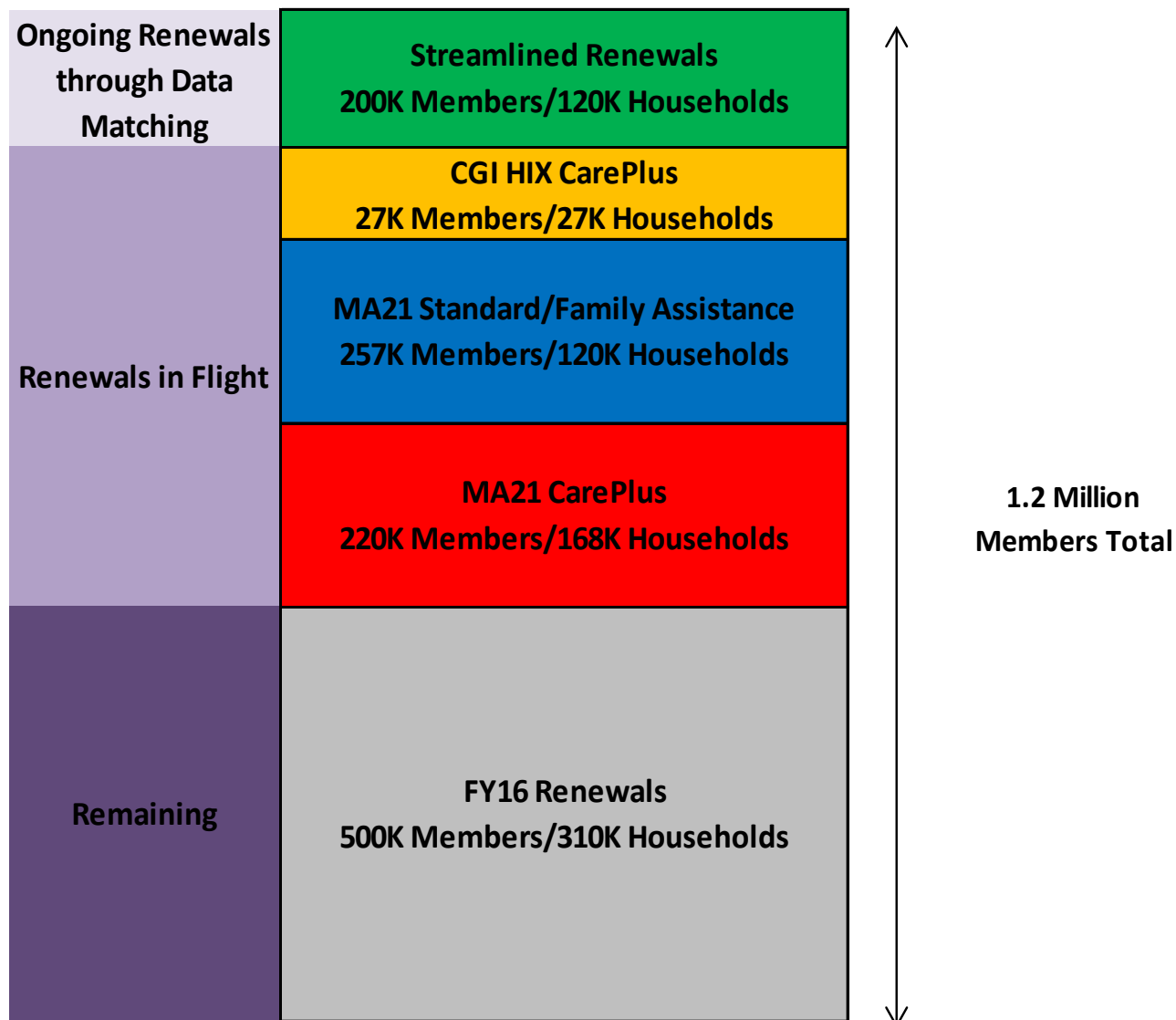
# Annual Renewal Requirements



- CMS requires that states review all elements of eligibility that might change every 12 months
- MassHealth needs to review eligibility for approximately 1.2 million members who are subject to Modified Adjusted Gross Income (MAGI) methodology under ACA
- Renewals were suspended beginning in October 2013 because we did not have a functional system to make MAGI eligibility determinations
- We resumed renewals for our MAGI populations in January 2015 and need to complete them by December 2015



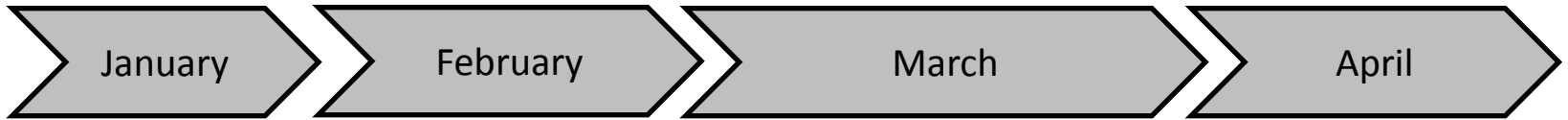
# Renewal Groupings for 1.2 Million MAGI Members



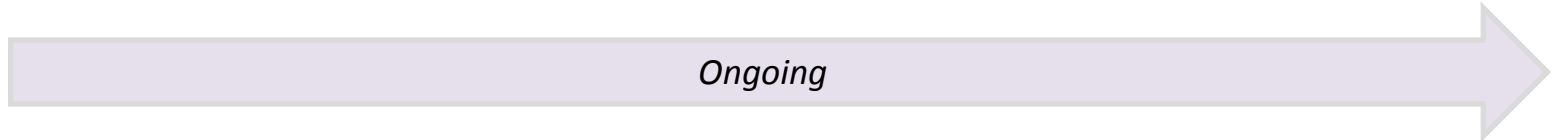
Member Counts by Renewal Group



# Renewal Schedule for FY15



**Data Matching**  
(~120K HHs)



**CGI/HIX CarePlus**  
(~27K HHs)



**MA21 STD/FA**  
(~120k HHs)



**MA21 CarePlus**  
(~168K HHs)





## Renewals in FY16



- Approximately 500K members will need to be reviewed in first half of FY16 (by December 31, 2015)
- Household types remaining to be reviewed in FY16:
  - Limited, CMSP, and HSN households
  - Households with disabled members
  - Households with premium assistance members
  - Standard/Family Assistance/CarePlus members whose review date falls past 2/12/15
  - Members transitioning from TAFDC and SSI to MassHealth-only



# Summary of current MassHealth Redetermination Status



- The MassHealth redetermination process is underway and we have adjusted our operations accordingly to address consumer need
- The biggest issue that we needed to address was the customer experience/call center wait time given the expected high volume of members needing assistance
- We have a number of things we implemented to mitigate that risk to the extent possible e.g.
  - Increasing staffing by 350 through Optum and MassHealth Enrollment Center (MEC)
  - To manage call center wait times we are balancing calls across Maximus, Optum, and MEC staff
  - We are constantly monitoring call volume and wait times and adjusting our staffing response accordingly
  - If a member applied before their deadline, we proactively sent a letter to let them know we've received paper application and that they will remain in coverage until their application is processed
  - If a member missed their deadline, they can contact MassHealth or an enrollment assister to find assistance and to fill any gaps in coverage they may experience



# Summary of current MassHealth Redetermination Status



- We have engaged in a number of efforts with our stakeholder community to provide member assistance and connect with individuals through various outreach efforts e.g.
  - Leveraged key stakeholders who have direct contact with members to increase response rate and provide assistance including advocates, enrollment assisters, and our Managed Care Entities
  - Provided partners with key resources including sample letters, training materials, and key talking points
  - By the end of April we will have hosted four in person walk-in events to provide additional support for individuals seeking assistance
  - With our partners at the Health Connector updated both of our member facing websites with additional information on MH renewals
  - Partnered with Health Care for All through an ACA Consumer Assistance Program Grant to implement a robust consumer assistance and outreach projects for targeted populations related to renewals, including organizations that serve the homeless and the immigrant community