

COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER



OFFICE OF THE
MONTANA STATE AUDITOR

Montana Comprehensive Health Association Closure Information

Termination and Transition Plan (attached)

Notices (attached)

The Office of the Montana State Auditor, Commissioner of Securities and Insurance assisted with the participant notice and assistance process.

- First Notice: July 15, 2013
- Second Notice: September 20, 2013
- Third Notice: October 1, 2013
- Fourth Notice: November 26, 2013
 - This included a return area where people could request assistance to get enrolled in a health insurance plan
 - The CSI market conduct team reached out to many people through phone calls as well.
- Fifth/Final Notice: February 21, 2014

*July 2013***COMING SOON: THE HEALTH INSURANCE MARKETPLACE**

Dear Enrollee,

Now is the time to start thinking about your health coverage for next year. Your Pre-Existing Condition Insurance Plan (PCIP) coverage ends after December 31, 2013. PCIP will not pay for covered services you get after that date. This means you must enroll in a new health plan by December 15, 2013, to have coverage effective on January 1, 2014. You will be able to apply for new coverage through the **Health Insurance Marketplace**.

When the Affordable Care Act was signed into law in 2010, it created the PCIP as a temporary program. PCIP makes health coverage available to uninsured people with pre-existing conditions until key parts of the health care law take effect in 2014. That's when the law says health insurance companies can no longer deny you coverage or charge you more for a new policy because of your health condition. For you, that means you'll have more options for health coverage. The Marketplace is one way to help you shop for health coverage that meets your needs and fits your budget. It's where individuals, families, and small businesses can go online to search for and enroll in health coverage. Open enrollment through the Marketplace begins October 1, 2013, and coverage can start as early as January 1, 2014.

Every state will have a Marketplace, but you also have other options outside the Marketplace for purchasing new health coverage for next year. For example, you can still buy coverage directly from a licensed health insurance company, or by enrolling in an employer-based plan. If using the Marketplace in your state is the right choice for you, consumer assistance will be available to help you apply for and choose a new qualified health plan, including a website, a toll-free hotline, and in-person help from trained, unbiased professionals.

How does the Marketplace Work?

The Marketplace simplifies your online search for health coverage by gathering many of your options in one place. Starting in October, you'll be able to compare and choose from among qualified health plans from multiple health insurers, and check your eligibility for programs like Medicaid and the Children's Health Insurance Program (CHIP). You'll see details about benefits and price up front, so you'll know what your premium, deductibles, and other out-of-pocket costs will be *before* you make a choice. You can also find out if you can get lower costs on your monthly premiums. With a single application, the Marketplace will connect you with many of the coverage options you qualify for through the Marketplace in your state.

second notice sent 9/20/13 then the 90 day term notice mailed 9/30/13

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Marketplace Highlights

- Health plans available through the Marketplace in your state will offer broad coverage, from doctors to medications to hospital visits.
- You can compare your coverage options based on price, benefits, out-of-pocket costs and other features that may be important to you.
- You may be eligible for help paying for premiums and cost sharing.

Your Next Steps

Visit [HealthCare.gov](https://www.healthcare.gov) to learn more about the Marketplace and to sign up for updates on general Marketplace news. From the homepage, get directed to the Marketplace in your state. Our website also has a separate consumer search tool to help you explore your health coverage options.

On the [Healthcare.gov](https://www.healthcare.gov) website, find out what you can do to get ready for open enrollment. For example, you can:

- Make a list of questions before it's time to choose your health plan. You may want to ask "Can I stay with my current doctor?" or "Will this plan cover my health costs when I'm traveling?"
- Gather basic information about your household income. Some people will be able to pay lower monthly premiums. You'll need income information to find out if you are eligible to pay a lower premium and if so, how much lower.
- Set your budget. There will be a variety of plans offered both in and outside of the Marketplace to meet different needs and budgets, and sorting them by cost can help you make decisions.
- Find out if your employer will offer health coverage, especially if you work for a small business. Your employer might be able to take advantage of a new healthcare tax credit.

From the website homepage, you can answer a few quick questions to see what coverage options to lookout for when comparing plans during the open enrollment period. Plus, there are common questions and answers located throughout the website.

The Marketplace offers several kinds of help—including auxiliary aids and services for persons with disabilities who need them to review information and/or complete their application. Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. When open enrollment starts, the Marketplace Call Center will assist you in finding someone in your community to help you apply for and enroll in coverage.

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In all states, there will be people trained and certified to help you understand your health coverage options and enroll in a plan. They will be known by different names, depending on who provides the service and where they are located. All will provide similar kinds of unbiased help. However, Navigators are required to complete more extensive training on how to serve consumers with disabilities and low-English proficiency:

- Navigators
- Non-Navigator assistance personnel
- Certified application counselors

Insurance agents and brokers can also help you with your application and choices.

Open enrollment through the Marketplace begins October 1, 2013. At that time, you'll be able to apply and enroll at HealthCare.gov or from your state's Marketplace website. Coverage can start as soon as January 1, 2014, if you enroll in a new plan by December 15, 2013.

Watch for another notice soon that will have details about enrollment in a qualified health plan offered through the Marketplace, and the resources that will be available to help you find a plan that meets your needs.



Reply to:
560 North Park Avenue
P.O. Box 4309
Helena, Montana 59604-4309
800.447.7828
www.bcbsmt.com
www.mthealth.org

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An Independent Licensee of the Blue Cross and Blue Shield Association

October 1, 2013

First Name/Last Name

Street Address

City, State Zip code

HPID#:

NOTICE OF TERMINATION OF HEALTH COVERAGE

Dear [Primary First Name] [Primary Last Name],

Thank you for your trust in the Montana Comprehensive Health Association (MCHA), its third party administrator, Blue Cross and Blue Shield of Montana (BCBSMT), and the strength of the health coverage and customer service provided to you.

On January 1, 2014 the new health care law, the Affordable Care Act (ACA), becomes effective. Because one of the ACA requirements is that insurance companies must offer health coverage on a guaranteed issue basis, MCHA will no longer be needed to provide insurance. MCHA is terminating all health plans **effective as of 12:00 a.m., January 1, 2014.**

Your current plan will be terminated as of that date. You **must take action** to find other coverage for a January 1, 2014, effective date by enrolling in new coverage no later than December 15, 2013.

About new health care coverage options.

You will have new options for health care coverage that supplement your Medicare coverage. You may be able to enroll in a Medicare Advantage Plan during the open enrollment period which runs from October 15 through December 7, 2013, depending on your area and other factors. Please note that December 7th is a Saturday and many offices will not be open to assist you on that day. To find a Medicare Advantage Plan and other information you can go online to: <https://www.medicare.gov/find-a-plan>. This website gives you access to information about Medicare, Medicare supplements, Medicare Advantage Plans and Medicare Part D (prescription drug plans.)

You may also apply for a Medicare supplement policy and a Medicare Part D plan to cover your prescriptions. You will need to decide whether a Medicare supplement and Part D Plan or a Medicare Advantage Plan best fit your needs. New administrative rules of Montana just adopted provide for a 63 day open enrollment period in a Medicare supplement insurance product starting from the termination date of your MCHA coverage. However, you need to seek coverage earlier, including evaluating your Medicare Advantage options, long before the termination date of this coverage, in order to avoid a break in coverage.

People who assist Medicare Beneficiaries to find new health care coverage options.

SHIP (State Health Insurance Assistance Program) volunteers are available to assist you. Please call 800-551-3191 to contact a SHIP volunteer. You may call the office of the Commissioner of Securities and Insurance at 800-332-6148. They can answer questions, send you a buyer's guide with Medicare supplement plan information, and help you find a licensed agent and insurance company. You may wish to receive assistance from a licensed insurance producer in your area.

We recommend exploring your options and enrolling in new coverage before November 1, 2013, to ensure you are covered on January 1, 2014 by a plan that best meets your needs. Enrolling by that date will also ensure that you do not miss the open enrollment period for Medicare Advantage products, which ends on December 7. A SHIP counselor or an insurance agent can explain the difference between Medicare Advantage, Medicare supplements, and Part D products.

What do I need to do?

Explore other options: If you are working with an independent agent please contact them directly, they will walk you through all the options available to you.

- SHIP counselors are also available at 800-551-3191. Call this number for an appointment.
- Visit this website: www.medicare.gov/find-a-plan to find the best plan options for you.
- **Make application and enroll in other coverage with a January 1, 2014, effective date** so you don't have a coverage gap.

Our top priority is and always will be our covered members. That is not changing. We are committed to providing you with exceptional customer service and to keeping you as informed as possible. Please don't hesitate to contact our administrator, Blue Cross Blue Shield of Montana, at 1-800-447-7828 ext. 2101 or the Office of the Commissioner of Securities and Insurance at 1-800-332-6148 with any questions.

Sincerely,



Tanya M. Ask
Board Chair

What do I need to do?

- **Explore other options:** If you are working with an independent agent, please contact them directly. They will walk you through all the options available to you, including potential eligibility for premium assistance as a result of tax credits offered under the ACA. However, you must consult with an agent that is Marketplace certified.
- **Visit www.healthcare.gov** for access to the Marketplace or www.montanahealthanswers.com for answers to your questions. The healthcare.gov website will provide access to Montana's Marketplace and also has general information for health insurance consumers.
- **Navigators and certified application assistants** are also available. Consult these websites to find a list of certified navigators, application counselors and producers: www.csi.mt.gov or www.montanahealthanswers.com. Or, you can call the Marketplace at 800-318-2596 for an appointment. Do not give your personal information to any person who is not on the list of certified assisters.
- **Make application and enroll in other coverage with a January 1, 2014, effective date** so you don't have a coverage gap. Your enrollment must be complete by December 15 in order to have a January 1 effective date for coverage. However, the open enrollment period does not actually end until March 31, 2014. You must enroll during the open enrollment period. You will not be accepted for coverage outside the open enrollment period.

Federal Poverty Level Table:

Household Size	100%	133%	150%	200%	300%	400%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$34,470	\$45,960
2	15,510	20,628	23,265	31,020	46,530	62,040
3	19,530	25,975	29,295	39,060	58,590	78,120
4	23,550	31,322	35,325	47,100	70,650	94,200
5	27,570	36,668	41,355	55,140	82,710	110,280
6	31,590	42,015	47,385	63,180	94,770	126,360
7	35,610	47,361	53,415	71,220	106,830	142,440
8	39,630	52,708	59,445	79,260	118,890	158,520
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040	\$12,060	\$16,080



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www.mthealth.org

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November 26, 2013

Dear MCHA Member:

The enclosed letter is sent to provide additional information about how to work around the Marketplace in your search for new health care coverage. As you know, the Montana Comprehensive Health Association (MCHA) policy that you are currently covered under will end as of **December 31, 2013 at midnight**.

Please read the enclosed document and put these resources to work today! You can also go to the MCHA website and open the document online so you don't have to retype the website addresses into your browser. You can do much of the footwork ahead of time to determine if you need to apply through the Marketplace or not.

After you have reviewed this information, please complete the bottom of this form and return it in the enclosed postage paid envelope. A Navigator or Certified Enrollment Assistant will call you back if you indicate you'd like additional assistance. If you've found coverage, or don't wish to have a call back, we'd appreciate hearing from you also.

We're here to assist you at this time. Please take advantage of the resources in this letter today as you take the steps outlined to secure coverage to begin on January 1, 2014.

I've already found a health plan to replace my MCHA coverage. (No return call needed)

I need assistance from a certified Marketplace assistant. Please call me back.

Here's my phone number where I can be reached.

Day: _____ **Night:** _____

No, I don't have a new health plan, but, do not need a call back either.

Member Name (First/Last)

Health Plan ID #

After you have filled in the above information, please return this sheet in the enclosed envelope.

sent 11/25/13



Reply to:
560 North Park Avenue
P.O. Box 4309
Helena, Montana 59604-4309
800-447-7828
www.bcbsmt.com
www.mthealth.org

Administered by Blue Cross and Blue Shield of Montana
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company
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FEBRUARY 21, 2014

YOUR MCHA COVERAGE ENDED ON JANUARY 1, 2014.

IT'S NOT TOO LATE TO APPLY FOR HEALTH INSURANCE! ENROLLMENT IS OPEN UNTIL MARCH 31, 2014.

Apply today online at: www.healthcare.gov or call 1-800-318-2596. You can't be denied coverage if you have a pre-existing condition. If you apply on or before March 15, your coverage will be effective on April 1. If you apply between March 16 and March 31, your coverage will be effective on May 1.

Go to this website, www.montanahealthanswers.com, where you can ask questions and get answers, find a qualified enrollment assister, learn more about health coverage and tax credits. Or, you may call the Insurance Commissioner's Office at 1-800-332-6148 for personal assistance.

Think health insurance is too expensive for you to afford? Log onto: www.healthcare.gov; to see if you qualify for a tax credit. Eight out of ten Montanans qualify for a tax credit to help pay for health insurance.

No Individual Mandate Penalty will be imposed if you enroll in coverage by March 31, 2014.

If you do not enroll in coverage on or before March 31, 2014, you will not be able to enroll again until November 15, 2014, and coverage will not start until January 1, 2015. Don't be left out, health coverage is available now and there are people who can help you!

*Notice 5
Friday 2-28-14*

PCIP COVERAGE ENDS DECEMBER 31

DON'T WAIT! SECURE NEW COVERAGE FOR 2014

Dear Enrollee,

Your Pre-Existing Condition Insurance Plan (PCIP) coverage ends on December 31, 2013. PCIP won't pay for any services you receive beginning January 1, 2014.

Take action today! Enroll in a new health plan for next year to avoid a gap in coverage. **If you choose to enroll through the Health Insurance Marketplace, you must do so by December 15 to have health insurance coverage on January 1. You have just a few weeks left.** December 15 is the last day you can enroll in coverage through the Marketplace if you want to have health coverage on January 1. Remember, all Marketplace plans offer the same essential health benefits and cover treatment for pre-existing conditions.

Even if you choose to buy coverage outside of the Marketplace—directly from a licensed health insurance company or by enrolling in an employer-based plan, for example—you should act quickly to ensure that you have coverage on January 1.

This is your third and final notice that your PCIP coverage is ending. To review information in the previous notices, go to Healthcare.gov/what-if-i-have-pcip-coverage.

Your PCIP coverage is ending

Open enrollment through the Marketplace is happening now. Visit HealthCare.gov to create an account, apply, and enroll in coverage. Or call the Marketplace Call Center to get started at 1-800-318-2596. TTY users should call 1-855-889-4325. In all states, there are people trained and certified to work with you to prepare an application and determine if you are eligible for financial help to lower your costs. Their services are free. Licensed agents and brokers can also provide similar help.

Visit LocalHelp.HealthCare.gov to find different types of application assisters (such as Navigators, certified application counselors, and other assisters) in your area. You can search by city and state or zip code to see a list of local organizations with contact information, office hours, and types of help offered, such as non-English language support, and help applying for or enrolling in Medicaid or the Children's Health Insurance Program (CHIP).

Take action today. You will be disenrolled from PCIP on December 31, 2013. PCIP will not pay for any services you receive beginning January 1, 2014, so don't wait! Make sure you're covered in January.



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Administered by Blue Cross and Blue Shield of Montana
An Independent Licensee of the Blue Cross and Blue Shield Association

September 20, 2013

Member First Name/Last Name
Street Address
City, State

RE: HPID#

**COMING SOON: THE HEALTH INSURANCE MARKETPLACE
AND WHAT IT MEANS TO YOU!**

Dear Member:

Now is the time to start thinking about your health coverage for next year. Your Montana Comprehensive Health Association (MCHA) coverage **terminates at midnight on December 31, 2013**. Your health plan, administered by Blue Cross Blue Shield of Montana (BCBSMT), but insured by MCHA, will not pay for covered services you get after that date. **This means you must enroll in a new health plan by December 15, 2013, to have coverage effective on January 1, 2014.**

When the Affordable Care Act was signed into law in 2010, it required that insurance companies offer health coverage on a guaranteed issue basis. This change means that health insurance companies cannot deny coverage or charge more for a policy because of your health condition. For you, that means you'll have more options for health coverage. **The Health Insurance Marketplace (Marketplace)** is one way to help you shop for health coverage that meets your needs and fits your budget. It's where individuals, families, and small businesses can search online and enroll in health coverage. **Open enrollment through the Marketplace begins October 1, 2013, and coverage can start as early as January 1, 2014.** The open enrollment period runs from October 1 until March 31, 2014. You will be able to apply for new coverage through the **Marketplace at www.healthcare.gov**. You may be eligible for premium assistance tax credits and cost sharing reductions, and the only way to receive that federal assistance is to apply for insurance through the Marketplace.

Every state will have a Marketplace, but you also have options outside the Marketplace to purchase new health coverage for next year. For example, you can still buy coverage directly from a licensed health insurance company, or enroll in an employer-based plan. However, if you purchase coverage outside the Marketplace, you will not receive any tax credits for which you may be eligible. The open enrollment period restriction also applies to coverage sold outside the marketplace.

When using the Marketplace, consumer assistance will be available to help you apply for and choose a new qualified health plan. Assistance includes a website, a toll-free hotline, and in-person assistance from trained professionals, known as navigators and certified application counselors. You also can receive assistance from a Marketplace-certified insurance agent. A list of individuals qualified to provide assistance can be found on the www.csi.mt.gov website.

How does the Marketplace Work?

The Marketplace simplifies your online search for health coverage by gathering many of your options in one place. Starting in October, you'll be able to compare and choose from among qualified health plans from multiple health insurers. The website automatically checks your eligibility for programs like Medicaid and the Healthy Montana Kids (HMK) Program. You'll see

details about benefits and price up front, as well as your eligibility for advanceable premium tax credits, so you'll know what your premium, deductibles, and other out-of-pocket costs are *before* you make a choice. If you are eligible, advanceable premium tax credits lower the cost of your monthly premiums. With a single application, the Marketplace connects you with many of the coverage options you qualify for through the Marketplace.

Marketplace Highlights

- Health plans available through the Marketplace will offer broad coverage, from doctors to medications to hospital visits. Companies offering health plans on the Marketplace include Blue Cross Blue Shield of Montana, PacificSource and the Montana Health CO-OP.
- You can compare your coverage options based on price, benefits, out-of-pocket costs and other features that may be important to you, such as the provider network and the prescription drugs covered.
- You may be eligible for help paying for premiums and cost sharing. Individuals with modified adjusted gross income between 100% and 400% of federal poverty level are eligible for advanceable premium assistance tax credits. Individuals with modified adjusted gross income between 100% and 250% of federal poverty level are also eligible for cost-sharing reductions, which make deductibles and coinsurance lower.

Your Next Steps

Visit HealthCare.gov to learn more about the Marketplace and to sign up for updates on general Marketplace news. From the homepage, get directed to the Marketplace in your state. The website also has a separate consumer search tool to help you explore your health coverage options.

On the www.Healthcare.gov website, find out what you can do to get ready for open enrollment. For example, you can:

- Make a list of questions before it's time to choose your health plan. You may want to ask "Can I stay with my current doctor?" or "Will this plan cover my health costs when I'm traveling?"
- Gather basic information about your household income. Some people will be able to pay lower monthly premiums. You'll need income information to find out if you are eligible to pay a lower premium and if so, how much lower.
- Set your budget. There will be a variety of plans offered both in and outside of the Marketplace to meet different needs and budgets, and sorting them by cost can help you make decisions.
- Find out if your employer will offer health coverage, especially if you work for a small business. Your employer might be able to take advantage of a new healthcare tax credit.

From the website homepage, you can answer a few quick questions to see what coverage options to watch for when comparing plans during the open enrollment period. Plus, there are common questions and answers located throughout the website.

Other Help

The Marketplace will offer several kinds of help, including auxiliary aids and services for persons with disabilities who may need them to review information and/or complete their application. Visit HealthCare.gov, or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. When open enrollment starts, the Marketplace Call Center will assist you in finding someone in your community to help you apply for and enroll in coverage.

There are people trained and certified to help you understand your health coverage options and enroll in a plan:

- Navigators will provide enrollment assistance and are required to complete extensive training on how to serve consumers with disabilities and low-English proficiency.
- Certified application counselors are specially trained marketplace enrollment assistants, usually located in a healthcare provider's office a hospital or your local federally qualified health clinic.

Marketplace certified insurance agents can also help you with your application and choices. A list of individuals qualified to provide marketplace assistance is on the Montana Insurance Commissioner's websites: www.MontanaHealthAnswers.com or www.csi.mt.gov. DO NOT give your personal information to anyone who offers marketplace assistance if their name does not appear on that list.

The Montana Commissioner of Securities and Insurance developed a website to find information and ask questions about the Marketplace and coverage options. The website 'Montana Health Insurance Answers' can be found at <http://montanahealthanswers.com>. You can also call the Commissioner's office and talk to someone about your individual insurance situation. The Commissioner's Office can be reached at 1-800-332-6148 or 1-406-444-2040.

Open enrollment through the Marketplace begins October 1, 2013. At that time, you'll be able to apply and enroll at www.healthcare.gov or from your state's Marketplace website. Coverage can start as soon as January 1, 2014, if you enroll in a new plan by December 15, 2013. Open enrollment ends for all individual coverage on March 31, 2014. If you miss open enrollment, you will not be able to enroll in individual health insurance again until the next open enrollment period, October 15, 2014 to December 7, 2014.

Watch for another notice soon with details about enrollment in a qualified health plan offered through the Marketplace, and the resources that will be available to help you find a plan that meets your needs.

Sincerely,



Tanya M. Ask
Board Chair

TOP TEN THINGS TO REMEMBER

Coverage for MCHA and MACP (Federal) members will end on December 31, 2013.

- Members will have the opportunity to purchase coverage through a new Health Insurance Marketplace beginning Oct. 1, 2013. The Marketplace will be accessible by phone, by mail, in-person, or online at www.healthcare.gov.
- The Marketplace will offer a variety of plan types, allowing you to select the premium and cost sharing (deductible and coinsurance) combination that's right for you.
- All health insurance sold in the individual market must cover all essential health benefits, such as mental health, prescription drugs, in-patient and out-patient care. Also, individual coverage must be sold according to an established formula of actuarial value (platinum, gold, silver or bronze.) In addition, all plans sold are required to have a maximum out of pocket limit for the consumer of \$6,350/individual and \$12,700/family.
- BlueCross BlueShield of Montana, Pacific Source Health Plan and the Montana Health CO-OP are offering qualified health plans in the Marketplace, with many plan options available.
- For new Marketplace coverage to take effect on Jan. 1, 2014, you must purchase your coverage between October 1 and December 15, 2013.
- Individual health insurance policies sold through the Marketplace or outside the Marketplace with effective dates of January 1, 2014 or later may no longer consider or exclude pre-existing conditions. The 2014 open enrollment period ends on March 31, 2014.
- Depending on your income, you may qualify for an "Advanceable Premium Assistance Tax Credit" or be Medicaid eligible. The Marketplace will determine your eligibility for both options.
- Premium Tax Credits will be available for many MCHA and MACP (Federal) members. For example, a family of two with income up to \$62,040 (400% of the federal poverty level) will qualify for a tax credit to offset the cost of their healthcare premiums.
- To receive the Premium Tax Credit, coverage must be purchased via the Marketplace. Coverage purchased outside of the Marketplace is not eligible for the Premium Tax Credits.
- MCHA is committed to keeping you informed. The four best ways to ensure you have accurate, up-to-date information about health care reform are:
 1. Log into the Montana Health Insurance Answers at <http://montanahealthanswers.com/>
 2. Log into the Federal Healthcare.gov website <https://www.healthcare.gov/>
 3. If you have questions about your individual situation, call the Commissioner's office at 1-800-332-6148 or 1-406-444-2040.
 4. Always open your MCHA mail promptly! Don't miss any important notices!

Montana Comprehensive Health Association

Termination and Transition Plan

Target Date of Closure: January 1, 2014 or April 1, 2014 (Tentative)

This Plan is designed to be implemented assuming the Montana Health Insurance Exchange (MHIE) is effective on January 1, 2014. In the event the actual effective date is later, this schedule will be adjusted accordingly. Brief comments at the conclusion of this Plan discuss the possibilities of changes to the ACA.

Listed below are the categories of activities and a timeline for their initiation. Each task and activity noted below will be assigned to a specific person with a master project management program noting the date of completion:

I. **Legislative Requirements** :

The MCHA bill passed in the 2013 session. It allows the Board to lay out a transition plan and execute the plan with the approval of the Commissioner. Many transition decisions will be made based on the timing of implementation of the Montana State Insurance Exchange and the availability of other coverage to current members.

II. **Participants Notices and Assistance**:

- The first notice was sent on July 15th advising the participants of the implementation of the Exchange in 2014 and that updates will be sent in the future.
- 3 **communications pieces** will be sent to participants outlining the details of the transition: July 15, 2013, September 1, 2013 (September 20, 2013 for MACP) and October 1, 2013. If the Exchange is delayed, these notices will be revised accordingly and the schedule will be amended.
- A "**FINAL NOTICE**" will be sent to the participants on October 1, 2013 or 90 days prior to the Sunset of the Program. (The timing of this notice is dependent upon guidance from DOI regarding the status of the Exchange and required notice to MCHA member's of the program closure.)
- The MCHA **website** will post messages, in an emphasized manner, providing notes and reminders on the status of the transition and important

considerations for participants. Readers will be advised to check the CSI's new Health Care Implementation website, CSI website and healthcare.gov websites for additional information. As information will be rapidly changing, the MCHA website will simply refer readers to other websites (healthcare.gov and MT CSI website) that will be providing current information.

- The MCHA website will be revised to provide links to all the Exchange information available; and assistance will be provided to put the participants in touch with the right contact for specific questions. This will be in place as soon as the links are available. The MCHA website will also list pertinent FAQs about the Exchange and Guarantee Issue in the Marketplace
 - Membership / Customer Service Area: Process Notes and Tasks:
Notify agents of termination of plan / coverage; for new members: **Create notice to go in new member packets; Current members: notice of discontinuation of the plan and **CS assistance with other coverage options**; Turn off the fax and email mailbox from the website with a message returned that the plan has been discontinued; Possible 800 # recording advising plan has been terminated and where to go for additional information (Need input from Customer Service Supervisors.)
 - Customer service training required on phase out of plan and where to refer members for additional assistance with plan selection.
 - Termining enrollments - *Process Note*: Lynn will engage Service Support to determine if member can be automatically termed who are paid through 12/31/13 and the remainder of members will require manual termination after premium is paid through 12/31/13.
 - Lynn is creating a list of forms that will be discontinued; DOI will be notified that the forms are no longer in use.
- III. A link to the Exchange dedicated call line will be implemented to direct participants regarding answers to specific transition and continuity of care issues. (?)
- IV. Special Constituents: Medicare Primary / Medicaid Spend Down / Medicaid Eligible Premium Paid by Medicaid. The Transition Team will notify Medicaid of the need to

secure other coverage for these members to ensure the participants are transitioned timely and appropriately.

- Carol Roy has provided Medicaid contacts to ensure smooth transition.
- Will need to set calls or meetings with Medicaid staff
- Will need to consider special notices for this segment of the membership

- V. **Termination of Contracts** (BCBSMT, Leif & Associates, Andrew Geiger, CMS/CCIIO, and Cecil Bykerk) Termination of all contracts will be scheduled in accordance with the appropriate timeframe under those agreements, and scheduled to coordinate with the other activities or delays.
- VI. **Regulatory and Compliance**: Each agency that is involved in the oversight and regulations affecting the Program will receive a Notice of Termination on their prescribed form and will be provided any required compliance documentation associated with the termination of the Program.
- VII. **Provider billing and Appeal process** (Claim filing and appeal deadlines): Providers have 12 months to timely file a claim. Appeals can be made 180 days following a decision. Appeals to the Grievance Committee must be made within 60 days of the date of the Lead Carrier decision. Responses are due within 30 days of receipt of all information needed to complete the appeal. (Allow 270 days for the maximum length of time for the appeal/grievance process, if a person waited until the very last day to appeal.) (365 days total to account for last day a claim can be filed) (1 year plus 85 days to attempt to account for if a claim needs additional information)(If a member were to appeal, then a 180 day time would be allowed for appeals, etc.)
- VIII. **Continuity of Care** (Liability for ongoing inpatient care on 12/31/2013 or the last day of the Program): Question for Legal Counsel.
- IX. **Litigation issues** (Statutory Limitation on Actions Deadline): Question for Legal Counsel.
- X. **Operations Wind down** (BCBSMT/Web): A list is being prepared of all operations activities and relationships that will need to be severed. The time line for each will be set according to the need for these functions based on the circumstances as they develop. (Need input from Finance and Marketing.)

- XI. **Administrative Functions** wrap up: All marketing materials, claims processing, customer service, IT, and daily services for participants and providers will cease on or before the Completion date. Notice will be provided to all entities that are involved in these functions of the date of termination once the Sunset date is determined.

Arrangements have been made for the continuation of administrative services through December 31, 2013 at the current level. The Lead Carrier Agreement will need to be amended to reduce those services and cost until June 30, 2015 when all activities would cease. This will be extended if necessary to a date that is 6 months after the Sunset of the Program.

- XII. **Financial Issues** to be resolved

- Net Asset Deficiency
- Repayment of any outstanding loans
- Close all bank accounts
- Manage the Final True-up (could involve assessment rebates)
- Other tasks and items as identified and added to the plan
- Final

- XIII. **Grant Funds Reporting:**

The final Federal Financial Report, Progress Report, and other grant funds reports will be submitted on or before the end of the grant term which will depend on whether or not additional grant funding is awarded for 2014 (the Federal award terms require all report to be submitted 90 days after the quarter being reported. The final reports are due 120 days after the end of the grant period)

- XIV. **Appeals and Grievances:**

All appeals (members and providers) will be completed in compliance with contract provisions and governing law. That date shifts based on the effective date of the Exchange and the sunset date.

- XV. **Disease Management Programs :**

All participants in the DM programs should be notified on September 1, 2013.

- XVI. **Premium Subsidy Program:** Notice will be provided to participants in this program in compliance with governing law or when all grant funding is depleted.

XVII. **Final Tax Return and Final 990 Form:**

All materials will be submitted to the Accountants for filing of a Final Return, Final 990 Form, and Final A-133 Audit in accordance with the schedule they require to meet the IRS code filing dates. Ongoing coordination is in place with the accounting firm to assure we meet the timelines required.

XVIII. **Final Audit and State Annual Reporting:**

All materials will be submitted to the Auditors for filing of a Final Return in accordance with the statutes and the auditor's requirements. Ongoing coordination is in place with the auditing firm to assure we meet the timelines required

XIX. **Department of Revenue:** (Question for Legal Counsel.)

Notice will be given to the Department once all the accounts are closed and the business of the program is completed. (Not sure if this is required.)

XX. **Department of Labor and DUNS # Termination:** Notice will be given to the Department of Labor of the termination of the Program, and the termination of the use of the DUNS #. This will be done 30 days prior to the Completion Date.

XXI. **Federal Payment Management Office:** Notice will be given the Federal Payment Management Office. This will be done 30 days prior to the Completion Date.

XXII. **Retention and Destruction of Records :** All records and files will be maintained in compliance with current state law and maintained by BCBSMT.

XXIII. **Secretary of State:** The Association will be dissolved and the filing will be delivered to the Secretary of State on the Completion Date.

Contingency Plans:

In the event the Montana Health Insurance Exchange implementation is **delayed** in becoming operational, the dates for all transition actions will be adjusted accordingly. The DOI and the MCHA Board will be kept informed of the modifications. The timelines and all contingencies set out in the Transition Plan will be updated as the decisions on the Exchange are known. There are currently 34 States that have refused to administer the Exchange in their State. It is therefore unlikely that all can be set up by the Federal Government by October 1, 2013 when enrollment is scheduled to begin for a 1/1/14 effective coverage.

It is also certainly a possibility that Congress could pass **other legislation, or portions of the ACA funding may be eliminated.** Those changes could directly affect the continuation or termination of the high risk programs. No plans are being made in advance of these possible events as the nature and extent are unforeseeable.

Transition Team:

- Cecil Bykerk, MCHA Executive Director
- Tanya Ask, Board Chair
- Linda Price, BCBSMT Support
- Ginger MacDonald, BCBSMT Support
- Lynn Smigaj, BCBSMT Support
- Carol Roy, Department of Insurance
- Maryetta Bauer, Consumer Representative
- Doug Goodell, Consumer Representative

NOTES: The Team will begin to meet monthly beginning on June 15, 2013. It will maintain a Project Work Flow that will assign each task and activity to an individual and have a date for completion. That tool will be updated at the end of each month. The Team will begin to meet weekly 4 months prior to the effective date of the Exchange. An updated report will be provided to the MCHA Board and the Department of Insurance each month beginning 6 months prior to the Sunset of the Program.

GUIDING PRINCIPALS:

- **Maintain access to comprehensive health insurance for MCHA members and minimize disruption to members during transition to the commercial market;**
- **Assist the Participants, Providers, and Vendors in the smooth and efficient transition from the MCHA Program.**
- **Seeks ways to mitigate potential destabilization of the marketplace, which could result from MCHA members entering the commercial market;**
- **Work with the Exchange staff to make the transition process as reasonable and orderly as possible.**