

MA Health Care Training Forum July 2023 Meeting
Learn How to Apply for Help Paying for Health and Dental Coverage in Massachusetts
Transcription

[Learn How to Apply for Help Paying for Health and Dental Coverage in Massachusetts]

Debbie Raymond: Welcome to the Massachusetts Healthcare Training Forum's Learning Series, Learn How to Apply for Help Paying for Health and Dental Coverage in Massachusetts presented by MassHealth and the Health Connector July 2023.

The Massachusetts Healthcare Learning Series provides regular updates and presentations from Health Connector and MassHealth staff to educate those who help Massachusetts residents in applying, getting, and keeping their health coverage through MassHealth, the Health Connector, and the Health Safety Net via mahealthconnector.org.

[Learning Objectives]

Learning objectives:

- Explain how MassHealth and the Health Connector determine eligibility
- Identify the difference between MassHealth programs and the Health Connector savings and plans
- Describe best practices to successfully complete an Application for Health and Dental Coverage and Help Paying Costs - online or on paper.

[Affordable Care Act Background]

Niki Conte: Affordable Care Act Background. Before we get into more detailed information about applying for coverage in Massachusetts, it's important to know and have more context on what has been in place in Massachusetts and the features that are included in the Affordable Care Act.

[Chapter 58]

In Massachusetts, this law was passed in 2006. There are four important elements associated with it. Number one, Massachusetts wanted to increase access to coverage

for its residents. Number two, a state individual mandate requiring adults to have coverage if it is affordable to them or face a penalty on state tax returns was put into place. Number three, the establishment of the first state-based marketplace, which was the Massachusetts Health Connector. So essentially this law created an organization that would act in that capacity. And number four, based on Massachusetts' success, Massachusetts was the model for the Affordable Care Act.

[Affordable Care Act]

So, let's learn more about the Affordable Care Act.

Congress passed a Patient Protection and Affordable Care Act on March 23rd, 2010, and the Healthcare and Education Reconciliation Act on March 31st, 2010. Together, these two laws are referred to as the Affordable Care Act, or the ACA.

There are six key features included. But today we'll be focusing on four of them in more detail in upcoming slides.

So, number one, there was a national Individual Mandate. Number two, a state option to expand Medicaid to certain consumers. Number three, insurance market reforms, including consumer protections. Number four, affordable insurance coverage options for low- and middle-income families. Number five, federal tax credits for small businesses. And number six, federal and state-based marketplaces.

[State Option to Expand Medicaid]

Let's talk a little bit more about the State Option to Expand Medicaid.

- The ACA aims to increase the number of consumers who have health coverage. To do this, the law gives states the option to expand Medicaid, which in Massachusetts, we've done this through the MassHealth program.
- Consumers between the ages of 19 and 64 who have incomes up to 133% of the federal poverty level may qualify for MassHealth if they did not already under different eligibility rules.

[Insurance Market Reforms]

Now let's go on to Insurance Market Reforms.

- So, this gives adults up to age 26 coverage on parents' plans if the plan covers dependents
- It gives people with pre-existing conditions or illnesses, coverage
- It gives access to some free preventative services
- Offers a guaranteed set of benefits, and
- No lifetime limits on health insurance coverage

Now, in terms of Affordable Coverage Options for Low and Middle-income Families,

- Those who qualify can get access to subsidies and federal tax credits.

And we'll talk more about these and further slides.

[Federal and State Based Marketplaces]

Now let's talk a little bit about Federal and State Based Marketplaces.

- So, a Marketplace, sometimes referred to as an Exchange, is where individuals and small businesses can apply for and buy qualified health plans online.
- So, states can choose to run their own Marketplace or use the federal government's Marketplace known as HealthCare.gov.
- The Health Connector is the Massachusetts health insurance Marketplace and can be accessed through MAhealthconnector.org.
- Now really important for the viewers in Massachusetts is to know that Massachusetts has an integrated eligibility system, which means that through MAhealthconnector.org, individuals and families can find out if they're eligible for health coverage - either through MassHealth or Health Connector plans.

[The Role of MassHealth]

Belkis Candelario: The Role of MassHealth. MassHealth, which is the Massachusetts' state Medicaid and CHIP program, provides health benefits and assistance paying for

them to qualifying children, families, seniors and people with disabilities living in the state of Massachusetts.

Currently, MassHealth services 2.3 million members, and that number includes 220,000 seniors and 300,000 individuals with disabilities.

MassHealth, like most insurances, covers services such as preventative care and emergency services. But we also cover services that are not traditionally offered by other insurance, such as long-term care services and supports, behavioral health services and the PCA program, just to name a few.

[Universal Eligibility Requirements]

In order for members to receive MassHealth benefits, they need to meet the Universal Eligibility Requirements.

And those are first, residency, meaning does the member intend to reside in the state of Massachusetts whether they have a fixed address or not?

Second being citizenship and immigration status and immigration statuses are broken up into several categories. The first being a Qualified Non-Citizen and these are individuals who have been residing and have a status either on or after August 22nd of 1996. And they have had that status for a minimum of five years and that is considered the Five-Year Bar Rule.

Another category are for Qualified Non-Citizens Barred and these are members who are also non-citizens residing in the United States following August 22nd, 1996, but have not passed the five-year bar rule, meaning they haven't had their immigration status for a minimum of five years.

Next, we have Individuals Lawfully Present, and these are individuals who do not meet the previous two categories noted and are typically members who are provided one of the following status: granted employment authorization, have a temporary protected status or considered paroles in the United States for at least one year.

So, these are people who have been provided a status by the Department of Homeland Security, but they haven't met the criteria yet to fall under the categories of Qualified Non-Citizen Barred status or Qualified Non-Citizen.

Another status is Persons Residing Under the Color of the Law, and these are PRUCOLS. These are individuals who are in the United States with the permission of the Department of Homeland Security, and they do not intend on enforcing departure from the United States. Typically for these individuals, the types of documents you will see are Notices of Action or applications for a more elevated immigration status.

And last but not least, we have Other Non-Citizens. And these are typically individuals who do not fall into any of the other previous categories discussed and may not even have an immigration status and are considered undocumented.

The third universal eligibility requirement is a Social Security number. We ask that members who have a Social Security number provide the number, but if they do not have one on the ACA application under the Social Security number section, there are reasons as to why members do not have a Social Security number, and we just ask that they select one of those options.

Fourth is the Assignment of Rights to Medical Support and Third-Party Payments and this is essentially saying that we ask our members to assist MassHealth in obtaining information in pursuing third-party payments either through non-custodial parents or individuals who have access to other health insurance and need assistance in enrolling in it.

For third-party payments or third-party recoveries, it's asking that our members, if they are ever in an accident or suffer an illness or injury and plan on pursuing a lawsuit or insurance claim that they notify MassHealth of this information so that MassHealth may potentially recover some of the money they paid out for those claims.

It is also with the understanding that MassHealth is the payor of last resort. And why is that important is because when we're talking about potential sources of health care, we want to make sure that our members accept health insurance that is offered to them either through an employer or another source, and then apply for MassHealth to get

either assistance in paying for those insurances or we may act as a secondary for them at the time of application. But we would prefer to be the payor of last resort, so if members have access to other health insurance or healthcare options, we ask that they take those options prior to the time of application, or we can assist them in obtaining those benefits.

For Utilization of Potential Benefits, members must take the necessary steps to obtain benefits that they may be legally entitled to or may be eligible for unless they have a good cause reason as to not take those benefits, such as they may be a victim of domestic abuse or are in a situation in which it would not be in their best interest to take on those benefits for safety purposes.

[MassHealth Eligibility]

For MassHealth eligibility, there are two things that we look at as we're reviewing the application.

One is categorical criteria and that is speaking to a member's condition or circumstance. Some of our membership may fall under one of these categories, such as being a young adult between the ages of 19 and 20, being an individual who is pregnant or medically frail, individuals who may be receiving treatment for breast or cervical cancer, or have HIV positive status. These are all categorical criteria that we look at in determining eligibility as it may impact their financial eligibility.

And how we review financial eligibility is we look at how a member files their taxes because depending on how they answer those questions, we will then determine their household composition based on some pre-existing rules that we have to determine eligibility, and we utilize that calculation for the Modified Adjusted Gross Income and based on the household income we'll compare to our Federal Poverty Level Chart. And this chart gets updated on an annual basis to determine an eligibility status for a member based on some of their categorical criteria.

[Individuals, Families and People with Disabilities]

Individuals, families, and people with disabilities may receive some MassHealth

coverages, and these coverages are listed from the most comprehensive to the least comprehensive.

First is MassHealth Standard. MassHealth Standard is the most comprehensive benefit that is offered. Within MassHealth Standard, members may select a health plan with customer service as well as receive dental and vision coverage.

Next is CommonHealth, and this is typically for our disabled individual population.

Following is CarePlus. CarePlus is typically available for members who do not have any children and are also adults, meaning the ages of 21 and older.

And next is Family Assistance and individuals who typically fall under Family Assistance are children, individuals with HIV positive status, as well as our PRUCOL members.

Now, the next few benefits that I'm going to name are coverage types that are not considered insurance for tax purposes.

So next is MassHealth Limited and this is for individuals who are considered non-citizens and may not be eligible for one of the other more comprehensive benefits.

Next is Children's Medical Security Plan and this is for children who are either non-citizen or exceed the income guidelines for a more comprehensive benefit and do not have access to other insurance so, then they have Children's Medical Security Plan that will act as their primary insurance.

And last but not least, is Health Safety Net, some may know it as Free Care. Health Safety Net covers dental and emergency services.

So, when members apply for coverage one thing that's important to note is that members must report any changes within a 10-day time frame in order to ensure that they are receiving the most comprehensive benefits that are available to them.

[Notices and Forms]

Notices and forms. So, some of the notices and forms that members receive are the following.

The first being a Request for Information and this is typically sent out following the processing of an application, and if our system is unable to verify any of the eligibility factors previously noted, then a Request for Information will be sent out asking the member to submit supporting documentation to prove that what they are attesting to, is accurate.

Another form a member may receive is a MassHealth Renewal. Renewals are required on an annual basis, and we have two different types. The first being an Automatic Renewal. So, if a member's household gets selected for automatic renewal, the system will process and check against our various data sources to ensure that the information we have on file is correct. If that information is able to be verified, then their application will be automatically renewed, and they will not have to do anything at the time of their renewal.

And another type of renewal is our Pre-populated Renewal, and this will be sent out to a member if we are unable to complete an automatic renewal and they will get essentially their whole application in print for them to verify the information that is noted and make any necessary updates that need to be made in order for them to receive a benefit.

Upon receiving their pre-populated renewal, the member has 45 days to complete the renewal, and they can do so online via the MAhealthconnector.org website, over the phone with customer service, or they can complete the application, make sure to sign, print and date it and send it back before the 45 days is up.

Another form that the members may receive is a Job Update form, and this will be sent out to members if during one of our matches we receive information regarding a new job or change of employment or income. And the Job Update form will be sent out with the expectation that the member will provide the most up-to-date income information within the time frame that's allotted on the notice.

And then last but not least, a member may receive what's called a Disability Supplement form. And this is for individuals who have attested to either an injury, illness or disability that is expected to last more than 12 months.

If we are unable to verify the members disability status either through our federal data hub with Social Security Administration or the Mass Commission of the Blind, then they will receive a disability supplement form to complete and send back to Disability Evaluation Services so that they can then determine if a member meets our disability criteria for a verified status.

[MassHealth Application Processing]

MassHealth Application Processing. The timelines for MassHealth applications to be processed goes as follows.

For a traditional application, MassHealth has 45 days from the date that we received the application to process the application. The only exceptions to this 45-day time frame are if members may be deemed eligible or potentially eligible for the Family Assistance program and that may take 60 days at the time of application; and then for individuals who have a disability or injury or illness status, it may take up to 90 days, and that's to account for those programs to make additional determinations based on their specific program criteria.

Following the applications being processed, the member may receive either a Request for Information if additional information is required, or an Approval or Denial Notice.

Something that members may notice they receive along with their Approval or Denial Notices are, is information on, How to Ask for a Fair Hearing as well as a Fair Hearing Request Form, and that's to allow the member the opportunity to appeal the MassHealth eligibility decision. And they have 60 days from the time that the notice is dated to submit a Fair Hearing Request form.

[The Role of the Health Connector]

Niki Conte: The Role of the Health Connector. Now let's spend some more time here learning about what the Health Connector does.

[What is the Health Connector?]

What is the Health Connector? You may be wondering who in fact gets health insurance

coverage through the Health Connector and what's available.

So, as you've already learned, the Massachusetts Health Connector is the state's health insurance Marketplace. We're here to offer individuals, families, and small employers access to affordable health insurance coverage.

So, people who don't get health insurance through their job or other sources may apply. So, if someone isn't eligible for coverage through their own job, a spouse or partners, that's they may want to consider the Health Connector.

Many people who apply for coverage qualify for help paying and people can also buy dental insurance through the Health Connector.

And lastly, small employers with less than 50 full-time employees can offer health and dental plans through Health Connector for Business.

[Health Connector Plans]

Health Connector Plans. All of the plans sold through the Health Connector meet state and federal standards for coverage.

So, all of our plans are known as Qualified Health Plans and Qualified Dental Plans. So, the way this works is that a consumer has the ability to choose more variety of plans in their area from the leading insurance companies in Massachusetts.

By coming through the Marketplace, people could also enroll in health plans with Advanced Premium Tax Credits. So, these are savings that people can qualify for for tax credits and these tax credits reduce the cost of their monthly premiums.

Exclusive to the Health Connector, we have what are known as ConnectorCare plans. So, people in lower income ranges who meet other eligibility requirements may qualify for a low- or no-cost health insurance coverage.

We also offer Catastrophic plans and that is available to those people who are under 30 years of age or with a hardship exemption.

And dental plans. We do spend a lot of time talking about health insurance coverage. I

want to be certain to include dental plans. So, we have dental plans available for people, individuals, children's families, small employers, including pediatric only plans and plans with lower and higher deductibles. And people don't need to enroll in health insurance to enroll in dental plans. Someone could certainly just come to the Health Connector to buy a standalone dental plan.

And then lastly, as I mentioned, we do have a Health Connector for Business platform. And again, through this platform, we offer the same qualified health and dental plans to small employers in Massachusetts. And there are also opportunities for savings when people shop through Health Connector for Business such as employers, some employers may qualify for tax credits or a rebate, a rebate with our Wellness program.

[Open and Closed Enrollment*]

So, let's go on to explain Open and Closed Enrollment.

So, the Health Connector's Open Enrollment Period typically is from November 1st through January 23rd. Our Closed Enrollment usually begins on January 24th and runs through October 31st.

Now for MassHealth, there is no closed or open enrollment periods.

So, as a reminder, we do tell individuals not to worry about this Open and Closed Enrollment periods, but rather if they need health insurance, simply apply and see if there is a reason or something that will allow them to get health insurance coverage. So, I'm going to explain more about this on the next few slides.

[Special Enrollment Periods]

Now I'm referring to Special Enrollment Periods. So, if someone has a Qualifying Life Event that allows them to enroll in or change health insurance plan outside the Health Connector's annual Open Enrollment period.

So, life events that let somebody qualify may include things like a change in household make up, income going up or down, immigration status changing or an address change.

Certain other life changes like getting married, having a baby, adopting our baby or losing job-based health insurance coverage also is considered a qualifying life event.

Now, we tell folks to report any qualifying events within 30 days of it occurring and they will have 60 days from the date of the qualifying event to select a new plan.

Now payment and enrollment deadlines still apply during Special Enrollment Period.

[There are Two Kinds of Help Paying You Can Get through the Health Connector]

There are two kinds of help paying that someone can get through the Health Connector. I mentioned some of this on a previous slide, but I want to give more detail here.

So, we talked briefly about Advanced Premium Tax Credits. Now, these lower the premium amount that somebody would pay each month. And the way that is done is that the IRS sends the tax credit that someone's eligible for directly to their insurance company. So, they simply pay less each month. And the person can apply some or all of their tax credits to their monthly premium payment.

Now I also mentioned the ConnectorCare Program, and this program is unique in that it uses federal Advance Premium Tax Credits that someone is eligible for, plus Massachusetts State funds, and together those two help reduce the premium amounts that a consumer pays each month.

Now the ConnectorCare Program is a comprehensive set of plans with low monthly premiums, low out-of-pocket costs, and no deductibles. And depending on the plan type somebody qualifies for; they could choose a plan for as low as \$0 or up to \$134 per month.

So, on our website or even at the end of this presentation, they there will be some additional detail. But I would encourage everyone to check the Health Connector's website for the most up to date information on the ConnectorCare program monthly premiums.

[What are the Income Guidelines to Get Help Paying for Coverage from the Health Connector?]

I want to spend a little time talking about the income guidelines related to getting help paying for coverage through the Health Connector.

On this page, you're seeing a chart that shows the household size, the ConnectorCare Program and the federal poverty limit of 300%, and then APTC or Advanced Premium Tax Credit, which is the federal help, and it's showing 400% of the federal poverty level.

So as an example, if a household size of two was making \$51,720 or less and met all the other eligibility requirements, that household may be eligible or those those members, if there are two adult members, they may be eligible for the ConnectorCare plan.

Now, I want you to think about that last column of information here and note that the American Rescue Plan and the Inflation Reduction Act that was recently passed removed income limits for advanced premium tax credits to help consumers pay their premiums. So now there are people with income greater than 400% of the federal poverty level who do qualify for advanced premium tax credits.

So instead of an income limit, people qualify for advanced premium tax credits based on coverage affordability. And then something that the system calculates for the individual, for the family, so, you don't have to worry about determining that, but essentially, the advanced premium tax credits lower the monthly cost of health plans so that the person applying is not paying more than 8.5% of their annual income.

[What Type of Coverage Can Someone Get?]

Now let's talk about the type of coverage someone can get.

The coverage types available under the ACA in Massachusetts include:

For MassHealth, there's:

- MassHealth Standard
- CommonHealth

- CarePlus
- Family Assistance
- MassHealth Limited*
- Children's Medical Security Plan*

On the Health Connector's side, there are:

- Qualified Health Plans, sometimes we refer to them as QHPS
- We also have Qualified Health Plans with Advanced Premium Tax Credits and,
- ConnectorCare plans, which are Qualified Health Plans that include additional premium and cost sharing subsidies.

There's also the Health Safety Net*.

I want to point out though that some of these coverage types do have an* next to them. Although there are benefits associated with MassHealth Limited, Children's Medical Security Plan, and Health Safety Net, these are not considered insurance for tax purposes because they don't meet state and federal coverage standards.

[How is Someone Found Eligible for MassHealth or Health Connector Coverage?]

Belkis Candelario: How is someone found eligible for MassHealth or Health Connector Coverage?

[Eligibility Criteria Explained]

Eligibility criteria explained. For MassHealth and the Health Connector it is required that we receive verification for the following eligibility factors in order to finalize a determination.

The first is citizenship and immigration status and that is to ensure that the applicant was either a citizen, national or non-citizen, that their information be verified either through one of our data hubs with Social Security Administration or the Department of Homeland Security.

The second factor that needs to be verified is incarceration status. And this is typically done via the System. And MassHealth and Health Connector will be notified if the

member was previously incarcerated and will send out a request for additional information.

The third is residency and it is important that the applicants who are applying be residents of Massachusetts or intend to reside.

The fourth factor is income and household size. We need to make sure that we are verifying all accountable income sources as well as checking the household size utilizing our Modified Adjusted Gross Income method to ensure that we have the appropriate and accurate income and household information to provide an appropriate determination.

For five and six, we need to determine if the member is either eligible for or currently enrolled in either Government Sponsored Insurance and that's typically Medicare, Veterans benefits or MassHealth or that they may be eligible or enrolled in affordable Employer Sponsored Insurance. And it's important to note that for employer sponsored insurance, it has to meet minimum essential coverage in order for the member to enroll in those plans.

For any of these factors that are unable to verify electronically, the member will receive a notice requesting additional information and they must submit proof of this stuff before the 90-day period is up.

[Residency Requirements]

Residency Requirements. As a condition of eligibility, an applicant or member must be a resident of Massachusetts. For individuals who are over 21 residing in the Commonwealth with or without a fixed address, they are considered residents if they meet one of the following conditions: they intend to reside in the Commonwealth, have entered with a job commitment, or currently seeking employment.

For individuals who are under the age of 21 who reside in the Commonwealth with or without a fixed address, they must meet one of the following conditions: they have to either be capable of indicating intent and that means they are either a married, a single

adult, or an emancipated individual who intend to reside in the Commonwealth, have entered to seek employment, or have a job commitment.

For members who are not capable of indicating intent and live in the Commonwealth, they must ensure that they live with either a parent or caretaker who meets the residency criteria previously discussed.

[Residency and Visitor Requirements]

Residency and Visitor Requirements. So, applicants must attest to Massachusetts residency and those who do not meet the residency requirements for MassHealth are typically individuals who are either visiting for pleasure or are in the Commonwealth seeking medical treatment in a setting outside of a nursing facility.

Those who do not meet the residency requirements will not be approved for a coverage and in completing the application either online, on paper, over the phone for the intent to reside in question, they should state that they do not intend to reside at the time of application.

[Income Eligibility Requirements]

Income Eligibility Requirements.

[Income: Modified Adjusted Gross Income (MAGI)]

Modified Adjusted Gross Income also known as MAGI. MAGI is a methodology used to determine whose income is being counted and for which individuals based on tax household composition rules.

Based on this income information, it will be compared to the federal poverty level chart in order to determine income eligibility for either program, whether it be MassHealth or the Health Connector.

For federal income tax rules and concepts of the Adjusted Gross Income, it is used, but it is not simply a number off of a tax return.

Individuals or populations who do not fall under Modified Adjusted Gross Income are typically individuals over the age of 65, those seeking long-term-care services, SSI recipients and Title IV-E recipients, just to name a few.

In looking at the Modified Adjusted Gross Income, it is calculated in two ways one being the MassHealth MAGI income, which is typically the monthly income for a MassHealth household. And then there's also the Tax Filing MAGI, which is when we look at the projected annual income for a household and that usually is for the Health Connector.

It's important to note that for the Health Connector, it is required that individuals who are eligible for a Health Connector plan must file taxes, and for both households that have a married couple, they must file jointly in order to qualify for a tax credit.

MassHealth does not require individuals to file taxes in order to qualify for a MassHealth benefit.

[MAGI Tax Household]

MAGI Tax Household. So generally, MAGI follows tax household rules to determine household composition.

For tax subsidies, the tax household rules always apply, meaning it is determined on tax filing status for the tax household rules

For MassHealth, we utilize the tax filing household to establish the MassHealth composition, but there are exceptions to the rule, such as individuals whom are being cared for by others that may not be their parents, so that's just an example of one of the exceptions to the rule.

And typically when we're looking at the MassHealth household composition, if members meet an exception, then we look at the relationships they have to the other members listed on the application as well as individuals who are they are living with.

So, what happens if someone doesn't file taxes or cannot get a data match for their income?

For MassHealth, those individuals who do not file taxes or cannot get a data match for income or not considered Reasonably Compatible for their income, an income verification can be submitted within the 90-day Request for Information period.

For advanced premium tax credits, paper verifications can be submitted. Again, a person must file taxes for the year that they are receiving advanced premium tax credits.

[MassHealth Provisional Eligibility]

MassHealth Provisional Eligibility. Provisional Eligibility is a benefit that occurs during the 90-day Request for Information period for members.

Typically, if members have requesting information, they are allowed a temporary MassHealth benefit during that time frame so that they are able to still go receive their services.

Individuals who do not receive a Provisional Eligibility are those that have a pending income request that is outstanding. So, if there is an income request that has been sent out, then the member will not receive a temporary MassHealth benefit until they submit that income verification.

There are exceptions to this rule and those are typically individuals who are under the age of 21, those who are pregnant, members who have HIV positive status, those who have breast or cervical cancer, or individuals who have previously had a MassHealth benefit and in order for them to get a more comprehensive benefit or different benefit from MassHealth they must submit again their income verification.

For those whose income was verified, they are allowed Provisional Eligibility period for 90 days until they submit their verifications.

[Verifications Not Received Within RFI Period]

Now, what happens when verifications are not received within the Request for Information? It may be addressed in several ways.

The first, if MassHealth is able to electronically verify or utilize electronic data matches for some of the information, then we will utilize that data to finalize the determination and the members coverage will start 10 days prior to the date of application.

But for those members who we are unable to utilize electronic data sources to verify the criteria, then they run the risk of either experiencing a downgraded benefit or a termination of benefit.

Members will receive a Termination Notice, and they are still able to submit their outstanding verifications, it's just important that they understand that their coverage will start 10 days prior to the receipt of all requested outstanding documents. So, if a member who was already terminated for coverage and they submit their documents on July 20th, then their benefit will start on July 10th, which is 10 days prior to the date that they submitted all outstanding verifications.

For members who are determined eligible for the Health Connector, Healthcare enrollment, Health Connector enrollment is perspective only and begins the first of each month.

[How Does Someone Enter Income?]

Now, how does someone enter income information?

When completing an application, you'll be asked about someone's current income and their estimated income for the upcoming year. So first, it's important to note that you must enter the member's current income, whether that be income earned through employment, self-employment income, rental income, Social Security benefits, whichever of the source of income they receive, it's important to make sure that it is current and accurate by providing the amount that they're receiving as well as the pay frequency in which they're receiving it.

In entering expected yearly income, this is based on income they have earned throughout the course of the year. So, that means that if at the time of application the member is no longer receiving income, but they received income earlier on in the year due to job employment that they no longer have, they should be noting what they've

earned up until the point in which they no longer have income. To have an accurate reading on what the yearly income amount is. Please be sure that when calculating yearly income, they also include unemployment income sources.

Members can report throughout the course of the year if their income changes at any point in time as long as they do it within the 10-day time frame of reporting any changes to their households.

[Keep Income and Application Up to Date]

Keeping income and the application up to date. So, remember, in updating income as any changes to the income sources occur, keep the income information as accurate as possible. Get the right amount to ensure that the member can qualify for the most comprehensive health or dental coverage that they have available.

In keeping this information accurate, it reduces the risk of potentially owing the IRS money when members file taxes, especially for those that may be receiving an advance premium tax credit, as this information is contingent upon what the members expected yearly income is. So, in order to reduce the risk, we want to make sure that they are providing all of the income they've earned throughout the course of the year.

Adjustments can be made throughout the course of the application, so just be sure that it is as accurate as possible. And in order to ensure that the member doesn't experience any lapse in coverage or avoid having any issues, be sure to submit the necessary documentation at the time it is requested, whether that be a 90-day time frame or 45-day time frame depending on what is sent out to the members.

[Citizenship, Status as a National, Lawful Presence]

Citizenship, Status as a National, and Lawful Presence. In order to be eligible to enroll for a qualified health plan through the state-based Marketplace, a member must report whether: they are a U.S. Citizen, meaning were they born in the United States or have gone through the naturalization process; has a status as a U.S. National, and these are individuals who are natives of the of an American territory and are entitled to all the legal protections of a U.S. Citizen but do not have the same political rights of a U.S.

Citizen; and then for those individuals who are Lawfully Present, they're typically Noncitizens who have been admitted to the United States and have not overstayed their period for which they've been admitted or have permission from the United States Citizen and Immigration Services to stay and live in the United States with their permission.

[Public and Private Health Coverage]

Public and private health coverage. Generally, if members have access to insurance through a job or public program, they cannot get Health Connector subsidies unless the coverage offered by their employer is not affordable or does not need minimum essential coverage. Individuals with access to other coverage may still be eligible for MassHealth, but they have to keep their employer insurance as well.

For those who are not offered employer insurance or do not have access to it, they may be eligible to apply for coverage through the Massachusetts Health Connector. And it allows consumers to purchase a private plan for themselves or their families, with or without subsidies. Or they can apply for public programs such as Medicare, MassHealth, or the Children's Health Insurance Plan. Members must meet eligibility requirements in order to qualify for any of these public programs.

[What is Needed to Apply?]

What is needed to apply? The members must supply their Social Security number if they have one available. For those who do not have a Social Security number, they should indicate a reason on their application as to why they do not have one.

For members who have an immigration status or citizenship, they should provide the necessary documents and there is a list provided in the hyperlink in this presentation.

For income information. Members can provide at least one pay stub. If they have variable income, it is recommended that they provide more than one pay stub to ensure that we have the most accurate income information.

And for unearned income sources such as Unemployment or Social Security benefits, we ask that the member provide copies of those benefit letters to ensure that we have

the correct information on file as well as any other information about their current income. And they can also provide a copy of their tax return if they file taxes to support their income verification.

If members do not have all of this information at the time of application completion, then they will receive what's called the the Request for Information form in order for them to provide the necessary documents to finalize their eligibility.

[Redetermination and Renewals for the Health Connector Program]

Redetermination and renewals for the Health Connector program. On an annual basis, the Health Connector must reassess an individual's eligibility for financial assistance for a qualified health plan. During this time, the Health Connector reviews data sources, and the member has an opportunity to review and update the information and application to ensure that their coverage is renewed for the upcoming year.

The Health Connector also has an Open Enrollment period that occurs November of every year, and this is a time where individuals and families may enroll in or switch existing Health Connector plans for a reason without having to meet a qualifying event.

[Redeterminations and Renewals: MassHealth]

Redetermination and renewals for MassHealth. MassHealth is required to complete a renewal on an annual basis. Two ways in which we go about the renewal process is the Automatic Renewal which is done electronically or Prepopulated Renewal.

For members who receive a prepopulated renewal, they have 45 days to complete their renewal application and they can do so online, over the phone or by submitting and reviewing their paper application; ensuring that it is signed, printed and dated.

Upon the application being processed, the member may receive a Request for Information if it is applicable, or an approval or denial letter.

But if a household fails to complete their renewal, then the system may use electronic data matches to generate a determination. And if we're unable to generate a

determination utilizing electronic data sources, then the member will potentially either receive a downgrade in benefit or termination letter.

[How Does Someone Apply for Coverage?]

How does someone apply for coverage?

[What Should You Know About Applying?]

There are a couple of things you should know when thinking about applying for coverage. So, there are four different ways to apply. Someone can apply online, over the phone, they can mail or fax in an application, or they can get assistance from a community partner organization.

So, let's talk about the online process a little bit.

Folks can begin at MAhealthconnector.org and we have a Getting Started Guide that is translated into Arabic, Chinese, English, Haitian Creole, Khmer, Portuguese, Spanish, and Vietnamese.

In order to access these additional languages, someone would need to click in the upper right-hand corner and change the language of the website and they'll be able to see all of the information related to getting started in these other languages.

When someone applies by phone, they would contact either MassHealth Customer Service or Health Connector Customer Service and they can help any consumer get through the application process.

In terms of mailing or faxing, the number is 1-857-323-8300. And this is for the Massachusetts Application for Health and Dental Coverage and Help Paying Costs. This is sometimes referred to as the ACA-3 or the paper application.

And four with the help of a partner, community organization, or health center. I want to just point out that there are folks who work across Massachusetts who are known as Certified Assisters, and they work in the community and they may be known as a Certified Application Counselor or a Navigator. And these are certified roles, folks get

trained through MassHealth and the Health Connector, but they can help someone from start to finish.

And just related back to the application. There is one application to find out if you qualify for coverage through the Health Connector, including help paying for coverage or for coverage through MassHealth or the state's Medicaid program.

You will get letters from the Health Connector and MassHealth that tell you your next steps. So, if you are applying or you're helping someone else apply, just be aware that we are legally required to send notices to people. Because we're using this one system we need to let someone know what they may have qualified for and also what they may have not qualified for.

[Massachusetts Has ONE Integrated System for Any Individual or Family Who Needs Health Coverage]

So, I mentioned this one system and you may hear us say or talk about one integrated system. And this is for any individual or or family who needs health insurance coverage.

So, you can get started by learning about the different programs at MAhealthconnector.org and then you can start the application. And there's a link on this site, but I want to acknowledge that if you go to MAhealthconnector.org, you can choose to start the application or learn more.

A word of caution, when you go to the application home page, there's the ability to sign in or create an account. We really want to encourage people that if they've ever applied before, do take the steps needed to log back into your previous account and update your application. Sometimes people run into problems when they have duplicate accounts or try to create duplicate accounts. So just again, word of caution and you can use, you know, if you don't couldn't remember your password or your username, there are ways to retrieve that from this homepage.

[Paper Application: ACA-3]

A little bit more about the paper application or the ACA-3. So, it's known as the Application for Health and Dental Coverage and Help Paying Costs. And people who

should use this application are applicants 64 years and younger, applicants 65 or older that are a parent or caretaker of a child or children under the age of 19. And if you are applying for Health Connector qualified dental plan, you can use this paper application. If you're experiencing a qualifying life event, you can use this paper application.

And there are additional resources available online and you would be searching for the MassHealth Member Guides and Handbooks to find this entire application online.

[Where Can You Get Help Enrolling into Health Connector Insurance Coverage?]

Now, we already touched on this a little bit, but if you are looking for help enrolling into health insurance coverage, remember that there's also free enrollment assistance available through the Health Connector Customer Service Center and across Massachusetts through those community partner organizations that we talked about.

Remember, you're able to choose to enroll in both health and dental plans or one or the other. You are not required to enroll in both now.

The Health Connector's Customer Service number is 877-623-6765. The TTY number is 1-877-623-7773, if someone is deaf, hard of hearing or speech disabled.

And then there's a lot of information on the Health Connector's website related to hours of operation, additional locations where someone can get support.

Now, moving back to the community partners, I mentioned, or there are staff that are trained and Certified Navigators and Certified Application Counselors. Now these partner, these folks that work at partner organizations may speak languages other than English and can help somebody from application through enrollment into a health insurance plan. They're available to answer questions about eligibility, the application, help somebody understand payments, plan details, healthcare reform rules, requirements. We really recommend that if you are looking for help at one of our partner organizations that you call ahead to schedule an appointment.

Now, if you are looking for language, and excuse me, you're looking for help in a particular language, you can go to the Health Connector's website and click on Find Local Help and you can search for free help near you.

[Application Completion Best Practice]

Application Completion Best Practices.

[ACA-3 Application Completion Best Practice]

The ACA 3 application is the paper application. So, there are a couple of best practices that you should follow to ensure that this application, the paper application, can be processed as quickly and as quickly as possible.

So, you want to ensure that you're providing complete information. So, to do this, follow the paper application instructions carefully and completely and this will help ensure a prompt eligibility, eligibility determination for the applicant.

And it's important to know that all paper applications get entered into the online system at MAhealthconnector.org. Now this is done by staff at MassHealth or the Health Connector. And know that in some cases the application being submitted is for someone who's not seeking any subsidy or any help paying for a premium, so the Health Connector may process that application.

Now, most online application questions are required, so a paper application cannot be processed until all missing information is collected.

Now, faxing or mailing copies of documents that are too small, too dark or light to read, essentially anything that makes them unreadable is you know is only going to cause delays.

And as it relates to the Social Security number, if it if an applicant attests and answers "no" to the Social Security question, they must check one of the following reasons why. So, they should indicate whether or not they've just applied for Social Security, they have a noncitizen exemption or they have a religious exemption.

[ACA-3 Application Completion Best Practice]

Now, when we think about best practices, there are some things you should consider as you're entering income. Remember, all countable income should be reported on the

application and some of these include but are not limited to money drawn from a self-employed business, taxable interest and dividends, capital gains, income from tips and as well as income from commissions and bonuses. So, a detailed list of all countable and non-countable income and allowable deductions can be found in the MassHealth Regulations at 130 CMR 506.003 and 506.004.

And then if you just want to look at some instructions and learn more about how to answer questions about income, you can go to the Health Connector's website and there is a section within the Getting Started Guide that will direct you.

[ACA-3 Application Completion Best Practice]

Now, lastly, there are questions about health insurance, and when adding health insurance information on an application, the date the health insurance coverage started must be put on the application form.

When adding Medicare information, the Medicare claim number must be added. The claim number is often the applicant's Social Security number with an "A" at the end. And note that the Medicare claim number may be different from the applicant's Social Security number if they're drawing a benefit from a spouse or a parent.

[MassHealth 2-23-2024 Redetermination]

Belkis Candelario: The 2023-2024 MassHealth Redetermination.

[MassHealth Redetermination Update]

A MassHealth Redetermination Update. MassHealth is returning to standard eligibility rules and practices. If members update their account information, it may affect their eligibility and their current coverage. The benefits may either stay the same, they may receive a more comprehensive benefit, a less comprehensive benefit, or they may experience a termination in coverage.

MassHealth eligibility determinations began on April 1st of 2023, and is due to continue until March 31st of 2024.

Members must take action to maintain the best health benefit they qualify for and they can do this by contacting MassHealth Customer Service to ensure that: their contact information is up to date; they should be reading all correspondence from MassHealth and also look out for the blue renewal envelope; they should also be responding to MassHealth before any deadlines noted on the notices they are currently receiving. Even if they feel that they may not be eligible for a MassHealth benefit, they may be eligible for a Connector subsidy that is affordable for them.

[MassHealth Redetermination Update (continued)]

During the public health emergency MassHealth has kept continuous coverage for our members, but as of April 1st, MassHealth has returned to normal eligibility rules and practices.

Members should be updating their accounts with any new information, and it may impact their eligibility and they can contact customer service to update their contact information without experiencing any changes to their current status.

[Renewal Blue Envelope]

The Renewal Blue Envelope. Within the blue envelope, the members will find a cover letter providing information regarding the purposes of the envelope. They will also get a renewal form in order to review it and complete it within a 45-day time frame. They also may receive a Babel sheet and that has translation information as well as information regarding any potential actions that MassHealth or the Health Connector may take if the member does not respond and complete their renewal.

The member will also have the ability to complete a Voter Registration form or a Declination form if they don't want assistance in registering to vote.

[MassHealth Member Renewal Timeline]

The MassHealth member renewal timeline. This includes whenever possible, MassHealth will try to process a member's renewal automatically utilizing the information within state and federal data hubs. If we're unable to complete an automatic renewal, the member will receive a blue envelope form in which they have

45 days to complete a renewal, whether it be over the phone, online, or sending back the renewal form with any necessary updates, as well as signed, printed and dated on the signature. For individuals and long-term-care facilities, they have 30 days to respond to the renewal.

Following processing and application, the member may receive a Request for Information form in which they have 90 days to provide any outstanding verifications that are being requested.

A termination notice may be sent to the member if they do not comply with either completing the renewal or submitting the necessary verifications we are requesting and typically from the date of the notice, members will have a 14-day buffer to try to prevent any loss of coverage following the mailing of a termination notice.

And then there's the Renewal Reconsideration Period. So, during the Reconsideration Period members who have been closed due to failure to respond, they may contact MassHealth, complete their renewal, it will then be reinstated to the date that their coverage was closed, but it can only be during the 90-day period following their termination notice, otherwise, standard practices will apply and their coverage will start 10 days prior to the date of application.

[2023-2024 Redetermination Process (slide 1 of 3)]

The 2023-2024 redetermination process. All members can choose to initiate a redetermination before they've received their blue envelope. In doing so, they may experience a change in benefit or may potentially stay the same. During this Redetermination Period MassHealth will try to auto-renewal as many members as possible, but for those in which an auto-renewal cannot be completed, a blue envelope will be sent out with a prepopulated form for the members to complete.

Any member can elect to be redetermined at any time by providing MassHealth with updated eligibility information. So, if a member decides to complete an application before they are selected for a renewal, then that application will reset their renewal date. Meaning that if a member who has not been selected for renewal decides to

complete their application in July, then they will have to complete their next renewal for July of the upcoming year.

Allowing members to complete their redetermination without receiving their blue envelope or prior to receiving their blue envelope does have its benefits. It allows for a reduction in members who may experience loss of coverage due to not responding to their renewal.

It also allows for us to have the most updated income information so that if a member is no longer eligible for a MassHealth benefit, they could be determined for a subsidy, for subsidy eligibility through the Health Connector.

To report update eligibility information and initiate a redetermination before the blue envelope gets sent out, members can update their income and other eligibility information through their login for their online application, or they can contact MassHealth Customer Service, make an appointment at the MassHealth Enrollment Center, or make an appointment with the Certified Application Counselor to make any necessary updates.

[2023-2024 Redetermination Process (slide 3 of 3)]

Any MassHealth member can update their contact information without going through a full redetermination. They can do this by either contacting customer service at 1-800-841-2900 or speaking with the Enrollment Center to update their contact information.

It is critical that members make sure that we have the most up to date contact information because otherwise it'll be challenging for us to outreach them during their time of renewal.

[MassHealth Redetermination Toolkit]

For the MassHealth Redetermination Toolkit. Within the toolkit, there are

materials such as posters, flyers and it's available in several languages ranging from English, Spanish, Brazilian Portuguese, Haitian Creole, Vietnamese, Khmer, Simplified Chinese, Arabic, and Cape Verdean Creole.

[Additional Resources]

Debbie Raymond: Here are some additional resources.

[Resources Exist to help Members with their Renewal]

Resources exist to help members with their renewal, such as MassHealth Enrollment Centers or MECs; Certified Application Counselors or Navigators; MassHealth Customer Service Center; and the SHINE Program, which stands for Serving the Health Insurance Needs of Everyone.

[Health Connector Resources]

And here you will find Health Connector resources for individuals and families. Click on each of the links to learn more.