

MA Health Care Training Forum Winter 2025 Meeting
Learning Series Transcription

[Learning Series: Health Connector and MassHealth Updates]

(Sue Kane) Good afternoon, everyone. It is 2:00. Welcome to the MA Health Care Learning Series meeting. Thank you for joining us this afternoon. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenters today are Kara Chiev, Manager of MassHealth External Training and Communications; Niki Conte, Director of Outreach and Education at the Health Connector, and Sarah Buonopane, the Associate Director of Community Assistance programs at the Health Connector. And turn it over to Niki Conte from the Health Connector.

(Niki Conte) Hi, everyone. So, let's move on to the next slide. All right.

[MA Health Care Learning Series]

So, I just want to provide a little bit of background on the Learning Series presentation. For those of you who may be new to these sessions, essentially this is an opportunity for staff from the Health Connector and MassHealth to talk to you and provide updates when you are helping people apply for, retain their health insurance or just in general, we want to use this time to share updates that will be helpful, for both MassHealth, Health Connector and Health Safety Net members.

[Agenda]

In this learning session today, we're going to cover a couple a different topic areas. We'll have information from the Health Connector. We will review our rules for special enrollment period, sometimes we just call these SEP. We will also talk about end of year tax filing reminders. Then I'll hand the presentation over to my colleague Kara from MassHealth, and she'll talk a little bit more about the MassHealth Member Renewal updates that all of you need to be aware of.

And then lastly, both Kara and Sarah Buonopane from the Health Connector, will talk about System Updates related to the Online Application at MAhealthconnector.org.

[Health Connector Special Enrollment Period (SEP) Review]

[Health Connector Open and Closed Enrollment]

Let's start with the Health Connector. Let's start with the review of some common things. Specifically, Health Connector Open and Closed Enrollment. So, folks here know that open enrollment for plan year 2025 ended on Thursday, January 23rd. However, if someone still needs health insurance coverage and it's outside of the Health Connector's Open Enrollment period, we really do want to encourage people to still apply for coverage. See if they qualify for a Special Enrollment Period or they have a qualifying life event that lets them enroll into a Health Connector plan. I want to just remind everybody that both the Health Connector and MassHealth share the same application for health coverage in Massachusetts.

So, depending on someone's eligibility, they may find out that they qualify for MassHealth, which has different start rules, different start dates, etc.. So really just an encouragement that although the Health Connector's open enrollment period is over, that doesn't mean that individuals still can't, cannot get access to health coverage.

[Special Enrollment Periods (SEP)]

So, let's spend a little bit more time looking at Special Enrollment Periods or SEP.

So, if someone qualifies for an SEP they do, they can enroll in or change health insurance plan outside of the Health Connectors annual Open Enrollment period. So, there are many changes that would allow an individual to qualify for a Special Enrollment period and those are called Qualifying Life Events. So, these are examples of some of those events.

So, if there is a change in household composition, if there is an income update, maybe income goes up or down or someone has an upgraded immigration status or even a change of address. Also, things like getting married, having a baby, losing access to job based health insurance. Really, the key takeaway here is that all Qualifying Events should be reported as soon as possible. To you, excuse me, not to you, but to, into the online application or if somebody is working with a Certified Assister, work with them

to make those updates. So, yes, we encourage people to report those as soon as possible.

[SEP Timeline Considerations]

Now, what a special enrollment period does is it gives someone 60 days from the date of the event to select a new plan.

So someone can pay after that 60 day window. But basically, that timeframe is when they need to submit a plan selection in the, and be in the shopping process within 60 days. So, if someone has their, a plan in their shopping cart, that's just not enough. And when somebody is going through this process, if they have a special enrollment period payment and any enrollment deadlines still apply during that SEP, so regardless of when those 60 days fall on the calendar.

[Qualifying Events]

Now, when you think about qualifying events, I just want to point out that these are the types of things that allow someone to be eligible for a Special Enrollment period. On the Health Connectors website, we have a comprehensive list within our Policy on Qualifying Events. But some of the things, we talked a little bit about some of these already, but as an example, if someone loses minimum essential coverage, for, for a reason other than failure to pay premiums or fraud, if someone is a victim of domestic abuse or spousal abandonment and they no longer have access to their partners employer sponsored insurance.

If someone becomes a lawfully present individual, these are all types of qualifying life events that would give someone a special enrollment period. If you want to go on to the next page.

[ConnectorCare SEPs]

As a reminder for everyone, since a large percentage of the Health Connectors population is eligible for ConnectorCare, if someone becomes newly eligible for ConnectorCare, that gives that person 60 days to enroll from the date of their eligibility determination.

So, this includes people who become eligible for ConnectorCare due to the FPL limit increase to 500% of the FPL. So basically, when an application is in the online system, that the system is going to look at existing eligibility to determine if someone is newly eligible. If somebody is a ConnectorCare member, they can't change plans outside of an Open Enrollment period unless they experience a new qualifying event, which includes a change of plan type or the start or end of a ConnectorCare premium waiver.

All right.

[ConnectorCare SEP Example]

So, let's look at an example. Here we have Maria who applies for coverage on February 13th and gets determined eligible for ConnectorCare. They have 60 days to shop and enroll into coverage. They pick a plan, and they pay their first premium by the due date. And they're enrolled in the ConnectorCare plan for March 1st.

You know life happens and in July Maria goes into our online application, reports an income change that results in a ConnectorCare plan type change. Maria is eligible to change, to change plans because of that ConnectorCare plan type change. That is considered a qualifying event.

[Health Connector Policies]

As I had mentioned before, the Health Connector has policies on, well, the Health Connector has a Policy Center on our website. So, this link here, the first link, pardon me, on this page brings you to all of the policies that are available online to members. And then the second link is the direct link to the Policy and Qualifying Events for individuals and families. And that's Policy NG, so it's non group -5 and it's called Mid-Year Life Events. So, as Sue mentioned, you will get a copy of all of these slides later today. So, you will get all of these links in those slides as well.

[End of Year Tax Filing Reminders]

So now I'm going to move to End of Year Tax Filing Reminders.

[Health Coverage and Taxes]

And I'm not going to go into this in too much depth. But again, just want to refresh your memories, if you have, you've had some experience with this in the past. And then also for those who are newer to these meetings and to this topic area, just want to be sure that you are aware. So, when we think about health insurance coverage, there is a relationship with health coverage and taxes.

So, a person's health insurance information is going to be needed for federal and state taxes. And they're needed for two reasons. One is to determine if someone is eligible for any subsidies. And the second is just determining whether or not people are meeting coverage requirements for, for both federal and state. So let's look at the Federal Tax, Tax Filing Requirements first.

[Federal Tax Filing Requirements]

So, from the Health Connector's perspective, our Health Connector members that get federal advance premium tax credits or APTCs must file and reconcile those APTCs on their federal tax return to continue to be eligible for them in future years. So, for those members who are re-enrolling into coverage for 2025, for people who did not file their taxes and reconcile their APTCs for two consecutive years, they would not have qualified for advance premium tax credits.

So, as an example, if you are working with someone and their a ConnectorCare member who had received APTCs for coverage year 2022 and 2023, and if they did not file or reconcile their premium tax credits for 2022 or 2023 when they were shopping for 2025 coverage they're not going to have access to those advanced premium tax credits.

So, the big takeaway on this slide is that although this rule has changed slightly, really, you just want to encourage individuals to file and file their taxes annually and to continue to reconcile their premium tax credits.

[State Tax Filing: Important Facts]

Okay. Let's move on to State Tax Filing. So, a few important facts. So, the Massachusetts Individual Mandate is still in effect, and it requires most adults 18 and over to purchase

health insurance coverage if it is affordable to them and meets the state's Minimum Creditable Coverage standards.

So, consumers have to provide proof of their enrollment in health coverage on their state taxes and failing to have health insurance for the entire year might result in a state tax penalty. So, there are certain individuals who are exempt, not subject to the state individual tax. Excuse me, state individual mandate tax penalty. And as an example, people with incomes who are under 150% of federal poverty, poverty level would not be, would be exempt.

So if you are working with anyone who did not have state, excuse me, did not have coverage for the entire year You can get more information from this website. And I believe the link has been dropped into the chat for you as well.

[Health Connector Member Forms]

So, what kind of forms will Health Connector members get? So, they get a 1095 and a 1099-HC, and those need to be used when they file their state taxes as well as their federal taxes.

So I'll just step through this table fairly quickly and just note that if someone is either in a ConnectorCare plan or in a QHP, excuse me, a QHP is a Qualified Health Plan, so any Health Connector plan with advanced premium tax credits or one that they're not receiving any subsidy, they will get a 1095A from the Health Connector, and they'll get a 1099-HC from their health plan.

Now, if someone is in a Health Connector Catastrophic Plan. So, this is a Health Connector plan, but it is considered a Catastrophic Plan with, through that carrier as well as a Health Connector for Business plan, they get a different form and that's a 1095-B. That's going to come from their health plan or the carrier. And they'll also get the 1099-HC from the health plan.

[MassHealth Member Forms]

Now I'm going to pass this to my colleague Kara, to just talk a little bit about the MassHealth forms, what people get and, who may not get any.

(Kara Chiev) Thanks, Niki. Hi, everyone. So, for MassHealth members, what kind of forms will they be getting? As Niki mentioned earlier, it really depends on their income as you can see from the table here. Depending on their coverage type and their income certain members may receive both the 1095 form and the 1099-HC form. So those members in MassHealth Standard, CarePlus, CommonHealth and Family Assistance, they have MassHealth as their primary insurer. These members will receive both their 1095-B and 1099-HC. And 1099-HC, it depends on, on their income.

For those members that are HSN and MassHealth Limited, they will not receive any forms as these coverage types do not meet tax requirements for the purpose of filing taxes. So, these programs do not meet those requirements, and they will not receive either the 1095 or 10, 1099-HC form. If they have any questions MassHealth members can call MassHealth Customer Service. The specific Customer Service phone number is here on this slide. And just noting that this number is different from our standard main Customer Service line. So now I'm actually going to hand it back to Niki to finish off the information.

(Niki Conte) Thank you, Kara. So, when we're ready to go to the next slide.

[Important Timelines & Dates for Tax Year 2024]

Okay. So, these are Important Timelines & Dates for Tax Year 2024. And this is for both Health Connector and MassHealth members. So, on the Health Connector side, in mid to late January, we began mailing 1095-A forms to all Health Connector members enrolled in a QHP or Qualified Health Plan, including ConnectorCare members. For MassHealth, during the month of January, they send the 1095-B forms to certain MassHealth members like Kara just described.

And then, of course, if there are individuals who are looking at these forms that they've received from either the Health Connector or MassHealth and they want to make some corrections to their 1095 or their 1099-HC, our organizations are requesting that people contact us as soon as possible. So really, from March 1st through the 18th, if somebody reaches out during that timeframe, certainly they can reach out sooner, but as long as they reached out by the 18th of March, we just want people to do that so that it allows

time for the new form to be created and sent out prior to the tax filing deadline. And this year, the tax filing deadline for state and federal taxes is April 15th.

[Free Tax Assistance]

Now, we want to acknowledge a couple of different resources that are available for free tax assistance.

The first is a program called VITA, and that means the Volunteer Income Tax Assistance program. And these folks offer free tax help for people who generally make \$67,000 or less. So certainly, these folks can help you, help you or help members who need assistance with preparing their own taxes. So certainly, encourage you to check out VITA and see who is available in your community.

There's also another group known as TCE or the Tax Counseling for the Elderly program. And really, their focus is to help older, you know really those who are older than 60 years of age. And really, they specialize in questions about pensions, retirement related issues, etc.; things that are unique to seniors. And those who help these folks are typically retired individuals themselves.

So again, these are both, these programs are both sponsored. VITA and TCE are sponsored by the Internal Revenue Service. And then there is another option and this is the AARP Foundation Tax-Aide. And they offer free tax help to anyone, especially those over, excuse me, those 50 and older, who can't afford tax preparation services. And again, similar to other, you know similar to TCE, these folks have more experience talking about retirement or other life changes that might make tax filing a little bit more complex. And it's important to know that an AARP membership is not required to use these services.

[Helpful Tax Resources]

Okay. I wanted to just acknowledge that the Health Connector has a tax filing, a set of tax filing pages, and resources on MAhealthconnector.org. And this includes information about the tax forms, it includes, these pages include information about where to find free assistance. It includes just tons of great resources. Also, they, we

have posted letters that ConnectorCare members can download and share with their tax preparers that explains why they need to file and reconcile their taxes so that they can continue to be eligible for ConnectorCare.

[MassHealth Renewals]

I'm going to pause here and pass this to my colleague Kara again.

(Kara Chiev) Thanks, Niki. A lot of great information.

[MassHealth Redetermination and Renewal Process]

Now let's move into content related to our MassHealth members. For this, we're going to review the Redetermination and Renewal Process and also provide an update to this process moving forward. So, MassHealth is federally required to renew all of our members annually.

There are two separate pathways that we may be able to use to renew our members. One is an automatic pathway, if we're able to data match and verify their information we may be able to automatically renew their coverage. Or if we're unable to verify existing information, our members will receive a renewal packet, whether it is a pre-populated ACA3 Renewal form or a Senior, a SACA2 renewal form.

So, before January of this year, MassHealth renewed members at the household level. We received clarifying, clarifying guidance from the Center for Medicare and Medicaid, that's CMS, that effective January 1st of 2025, MassHealth must conduct renewals at the member, the individual member level. So what does this mean, is that it may result in a change in the member's renewal experience. This renewal structure moving forward applies to all of our members, those younger than 65 and are traditional or seniors that completes the SACA application.

[Renewal and Redetermination Process]

So when we look at the different pathways, here's a little bit more detail on what it is and how the, each process works. For those that we're not able to auto renew, it means that we do need more information from the member in order to complete their

renewal. Members will receive a blue envelope that contains their renewal instructions. After the member responds to their renewal they may receive a Request for Verification, or a VC, if MassHealth needs additional information from them. If MassHealth is able to auto renew our members, it means that we're able to use information and verify their information with state and federal data sources. Members that can be auto renewed will be sent a notice in the mail notifying them of their automatic renewal, which means they don't need to do anything. They don't need to take an action. So, these notices will come in a regular white envelope.

[Auto Renewal Criteria]

And here's the criteria we use as far as how we're able to auto renew certain members. So, if all information in their application is considered verified, using state and federal data sources, and the member would receive the same or a more comprehensive MassHealth benefit, we'll be able to automatically renew their benefit.

[Non-Autorenewal: Renewal Blue Envelope]

So as far as the renewal blue envelope no changes here. For those that are used to seeing a MassHealth Renewal envelope the content still provides the renewal form, the cover letter, a babel sheet, a declination, and a voter registration form.

[Sample Mixed Household Renewal Notice]

These screenshots, the next two screenshots, are sample notices that you, if you're assisting a member they bring these notices to you. These are what the notices would look like. This is an example of a mixed household renewal, which means one member of the household is a Health Connector member, and, while the other member of the household may be a MassHealth member.

So, what is defining in this sample notice is the logo at the top. So, you'll notice both Health Connector and MassHealth logos. This is an easy indicator that a member is in both health coverage types. So, some key features of the notice. The first page at the very bottom, that's the box it says, "Important for MassHealth CMSP and HSN Members", that's where you're going to find the first indicator of when that renewal is

due. So, this is a renewal notice. It will provide the deadline for when they need to complete that renewal. Right on that first page.

If you go to the second page, which is the next box, it will identify the members, the individual members within that household that will need to complete their renewal with their renewal due date. So, that's where the information, you'll see that information. For those members that may not have created a HIX account, and they want to be able to access their online application to complete this renewal, there is instructions and, and a web address under online that they can put in and be able to access their, their application to complete their renewal. This is to access their application. It is not to create a new application. So, there are instructions there. If you go on to the next slide

[Sample MassHealth Renewal Notice]

Here is a sample of a MassHealth, MassHealth only household. Again, if you look at the logo at the top of the notice, it is only a MassHealth note, MassHealth logo. So, an easy indicator that these members are receiving just MassHealth benefits.

The important box in the middle of the first or lower portion of the first page of this notice does identify the deadline for when the renewal needs to be completed. If you go to the second page, and here I've marked it in a red box, you'll see the members, the individual members, and their renewal deadline here.

Again, for these members that have access to the online application, they completed the ACA3 application, they'll be able to access that online application. In the section below it, "what do you need to do?," there is information that is captured here related to, if they've created a username that will be available within this notice. So, they should not be creating a new application but should access their current application to complete their renewal.

[Renewing via MAhealthconnector.org]

You, you heard me mention a lot about MAhealthconnector.org. Again, this online application is specifically for those members that are younger than 65 years of age.

They will be able to access their renewal application through HIX and there was an update to the system last week. We'll be showing you some screenshots in a little bit. But just to note that MassHealth is updating both of our systems to ensure members, all of our members, are able to renew their benefits.

[MassHealth Renewals Scenario]

So, now let's talk about some scenarios related to this renewal process as we move forward.

[Scenario: MassHealth Members]

Here, we have a couple. Joanna is 29 years of age and Mark is 30. They're married and they file their taxes jointly. Mark is the head of household, and in the application Joanna indicates that she's pregnant and both submitted their application in March of 2024. Their application, we data match their information and we found that they're both eligible for MassHealth as their income is within MassHealth threshold. So, what was their program determination? Joanna is determined eligible for MassHealth Standard and continuous eligibility. And Mark is eligible for CarePlus.

[Scenario: MassHealth Member Renewals]

Now it's one year later, March of 2025. So, looking at their application, they're up for their renewal. Here's a new term for you, qualified member. This means that it's, the individual member is selected for MassHealth renewal process. So, Joanna and Mark, in this scenario, are qualified members as they are both selected for renewal. Before we send them their notices MassHealth will ping state and federal data sources to see if we can verify their information. The results of the ping shows that their household income went up. It's at 175% of FPL.

[Scenario #1]

So, let's look at Joanna's situation first. Joanna was auto-renewed as she is still, she's pregnant and her income threshold is under MassHealth Standard income threshold for, for pregnant, pregnancy at 200% FPL. And she continues to be eligible for

MassHealth Standard. As far as Mark's situation we weren't, he was not auto-renewed. His income went up and that was above CarePlus' income threshold.

[Question]

So that was the result of the ping.

Now question for you. Mark receives the blue renewal packet from MassHealth as he's head of household. From what you already know, who will need to complete the renewal? a) is it going to be both Mark and Joanna. They'll need to complete their renewal, b) only Joanna, c) only Mark, d) they don't need to complete a renewal as they were auto-renewed for coverage, or e) I'm not sure.

So, the correct answer is; it's only Mark. Mark is the only household member that needs to complete this renewal. So, if we go to the next slide, here's why.

[Scenario #1: Possible Outcome #1]

So, as we, as I mentioned, we already know that MassHealth was able to auto-renew Joanna. And as she is still eligible for a MassHealth Standard; however, we found that Mark's income increase above the CarePlus threshold. So, he will need to complete this renewal. In this scenario outcome #1, we have Mark responding to his renewal on time. He provides us that information, restates their original pre-renewal self-attested income and no other changes were reported.

An RFI for income goes out to Mark after he responds to his renewal as we need to verify his income information. Once that verification has been submitted, it's processed and as a result, Joanna remains on MassHealth Standard and Mark remains on CarePlus, as he said that his income did not change. And he's verified that information.

[Scenario #1: Possible Outcome #2]

So, here's a possible Outcome #2. In this situation Mark didn't renew his coverage on time. So, as a result, Joanna remains eligible for a MassHealth Standard. We were able to automatically renew her coverage. And for Mark, we used information that was matched with state in data, state, and federal data sources. And Mark is determined

eligible for the Health Connector program. And depending on his income, it could be ConnectorCare or QHP with HSN.

So, in this scenario, Mark will receive a notice from the Health Connector and a denial notice from MassHealth. Now here's, the important piece to this renewal structure moving forward. For Joanna, her renewal date will be March of 2026. So, one year from, from now. And Mark selects and pays the Health Connector plan premium; he will be renewed during the next Health Connectors renewal process, which is in the fall of 2025.

[Scenario #1: Possible Outcome #3]

Now let's look at this possible Outcome #3. So, Joanna is auto-renewed and Mark is a QHP member. Oh, just want to go back. Thanks. It's the fall of 2025 and Mark is up for renewal through the Health Connectors renewal process. What do we know? Joanna will continue to be eligible for MassHealth Standard as she is continuously eligible and her next renewal date is March of 2026. So, she is in her postpartum period, that's why she's continuously eligible. Mark will receive his renewal notice from the Health Connector and will need to respond and pick a plan during Open Enrollment for 1/1/26 effective date.

[MAhealthconnector.org System Updates (slide 1 of 2)]

Now, I'm going to hand it to Sarah to get us through the Systems Update.

[MAhealthconnector.org System Updates (slide 2 of 2)]

(Sarah Buonpane) Thank you. Good afternoon, everyone. So last week, the system at MAhealthconnector.org went through an update, also known as a release, to that online system.

So, the updates included and are viewable and available now. A new premium waiver or as a Health Connector option when uploading a document on the Manage Documents page, a Minimum Value Attestation Question for Employer Sponsored Plans, an enhancement to the Health Reimbursement Account or HRAs, and the ability to see

“Denial” reasons for coverage. And as Kara just mentioned, the changes with the MassHealth Renewal Display.

[R.30 System Updates (slide 1 of 2)]

Okay. So, we're going to look at these in a little more detail. The first is the New Premium Waiver option. So, account holders can now upload the Health Connectors Premium Waiver. So either an individual or an assister, when they're in the Manage Documents page and going to upload a document, there's a dropdown. And now you'll see an option for a Premium Waiver there. And then applicants can see the reason for a denial, if they're not eligible for MassHealth or a Qualified Health Plan, there's a link that says “see denial reason” displayed next to Program Eligibility and then would provide the reason for the denial.

[R.30 System Updates (slide 2 of 2)]

On our questions related to Minimum Value for Employer Sponsored Plans, there's an additional question now asking if that Employer Sponsored Plan meets minimum value standards for the entire family. Previously, it was just a question for the individual. Now, this will only appear if there's another family member covered by the policy. If you have, say, a single applicant, this question would not appear. Or if there's more than one person in the household that they're not covered under that employer's plan, then the question would also not appear.

And then, there was a change made where, when entering Health Reimbursement or HRA account, that you no longer have to include an end date for that HRA. Previously we asked for an end date and it was required. Some HRAs may not have an end date though, so now it's not required.

[R.30 System Updates: MassHealth Individual Renewal]

And then, I know Kara just talked a bit about the MassHealth and Renewal process, but I'll let her weigh in here with anything additional.

(Kara Chiev) This is just the screenshot. If you are in the online application or in the Assister Portal, you'll see their deadline for when they're selected to renew coverage

here in their dashboard. And they can simply click on the blue button, which says 'Complete Renewal' to get them to the next screen to start their renewal process. I will also note members may have access to their MyServices account. That information will also display in MyServices as far as when they're renewal, when they are up to renew their coverage.

[Thank You!]

(Sue Kane) Thank everybody for joining us. Special thanks to Niki, Kara, and Sarah. Thank you. Have a great day, everybody.