# MA Health Care Learning Series

## Massachusetts Healthcare Training Forum (MTF)

January 2016

# MA Health Care Learning Series

*The MA Health Care 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 Health Safety Net via MAhealthconnector.org.*

# Agenda

- Year-end tax filing process
  - Health Connector
  - MassHealth
- How to find help with tax preparation in your community
- Health Connector Open Enrollment
- Health Connector Special Enrollment Period Review
- MassHealth Updates
- Request for Information (RFI) Process
- MassHealth Website

# Health Connector and MassHealth year-end tax filing process

# Background

## Taxes and health insurance have two key areas of overlap:

- Individuals can receive federal premium tax credits to reduce their health insurance premiums
  - Households that received advance premium tax credits during the year will have to "reconcile" what they received based on projected income against their actual annual income when they do their federal income taxes
  - Households that did not receive premium tax credits in advance may still claim a premium tax credit when they file their taxes, even if they did not request financial assistance when they applied
- Individuals must enroll in coverage that is available and affordable or pay a tax penalty for being uninsured
  - There are two separate coverage requirements, one federal and one state

# Background (cont'd)

- In Massachusetts, Chapter 58 established an individual mandate, which requires adults in Massachusetts to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards
- Federally, the Affordable Care Act (ACA) requires individuals to have health insurance that meets a minimum standard called minimum essential coverage (MEC)
- Each year, consumers are required to provide proof of their enrollment in health insurance coverage on both their **state** and **federal tax returns**

# Coverage Reporting

- **State Coverage Reporting**: Plan sponsors, often employers, must send enrollees evidence of each month during the calendar year in which they were enrolled in MCC for at least 15 days. This report is known as the 1099-HC and is often sent by the health plan rather than the employer
  - **Those enrolled in Commonwealth Care in 2015 with income less than 150% FPL will receive a Form 1099-HC from the Health Connector**
  - **Those enrolled in certain MassHealth programs in 2015 will receive a 1099-HC from MassHealth**
- **Federal Coverage Reporting:** Any entity that provides coverage must send enrollees evidence of each month during the calendar year in which they were enrolled in MEC for at least 1 day. This report is known as the 1095
  - **Health Connector will send Form 1095-A, while MassHealth, Carriers and others will send Form 1095-B**

** Appendices will provide more details on all of the 1095 forms, including who sends them and who receives them.*

# Form 1095 vs. 1099-HC

## 1095-A, B and C

- The 1095 forms show the months the individual met the **federal** rules for minimum essential coverage (MEC)
- May be needed to complete a **federal** tax return
- For questions about the need to fill out a federal tax return, or how they should complete their federal tax return with the **1095 information**, call the **IRS Call Center** at:
  - (800) 829-1040 **OR**
  - https://www.irs.gov

## 1099-HC

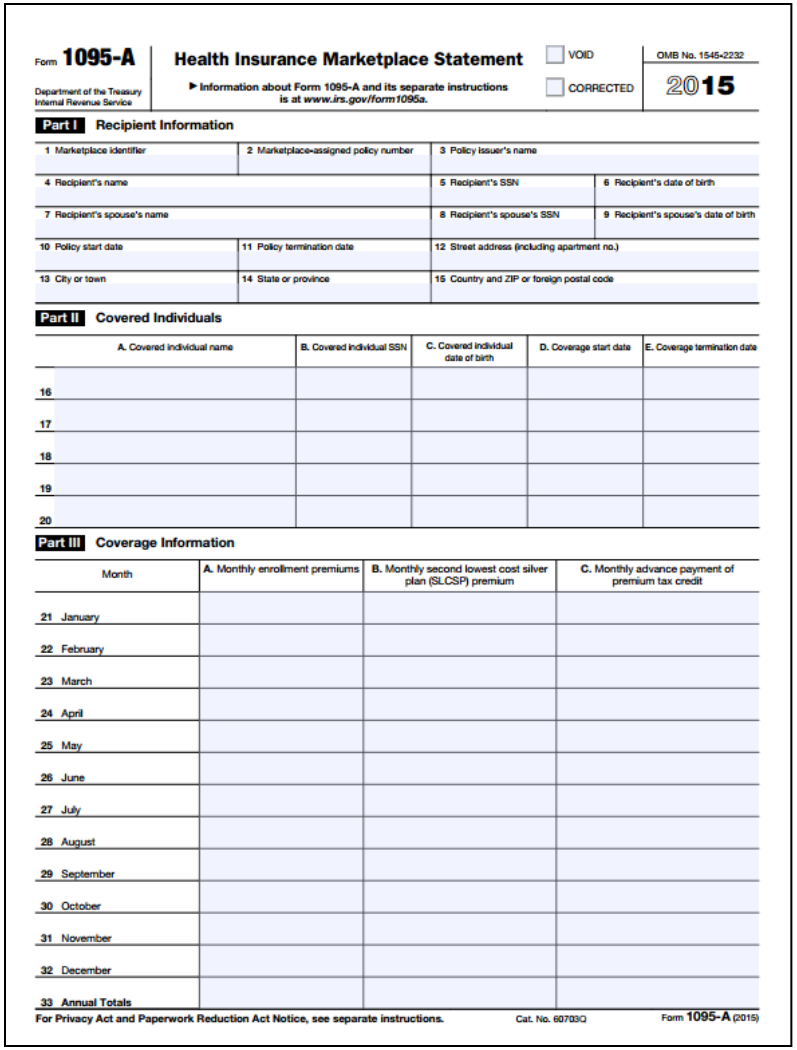
- The 1099-HC form shows that individuals met the Massachusetts rules for coverage
- May be needed to complete a state income tax return
- Questions about the need to fill out a Massachusetts state tax return, or about how to complete a state tax return with the **MA 1099-HC information**, should be directed to the **Massachusetts DOR** website at:
  - www.mass.gov/dor/individuals

# Form 1095-A

MASSACHUSETTS HEALTH CONNECTOR

**The Health Connector will send a Form 1095-A to non-group members enrolled in a Health Connector plan for at least one month of 2015.**

- The Form 1095-A has important information about the months each member had health insurance coverage through the Health Connector, including the cost of monthly premiums, and any tax credits received during the year
- The Form 1095-A is used by the member or tax preparer when filing a tax return



Form **1095-A** — **Health Insurance Marketplace Statement** — VOID ☐ CORRECTED ☐ — OMB No. 1545-2232 — 2015

Department of the Treasury Internal Revenue Service

▶ Information about Form 1095-A and its separate instructions is at *www.irs.gov/form1095a.*

**Part I** Recipient Information

| 1 Marketplace identifier | 2 Marketplace-assigned policy number | 3 Policy issuer's name | |
|---|---|---|---|
| 4 Recipient's name | | 5 Recipient's SSN | 6 Recipient's date of birth |
| 7 Recipient's spouse's name | | 8 Recipient's spouse's SSN | 9 Recipient's spouse's date of birth |
| 10 Policy start date | 11 Policy termination date | 12 Street address (including apartment no.) | |
| 13 City or town | 14 State or province | 15 Country and ZIP or foreign postal code | |

**Part II** Covered Individuals

| | A. Covered individual name | B. Covered individual SSN | C. Covered individual date of birth | D. Coverage start date | E. Coverage termination date |
|---|---|---|---|---|---|
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |

**Part III** Coverage Information

| Month | A. Monthly enrollment premiums | B. Monthly second lowest cost silver plan (SLCSP) premium | C. Monthly advance payment of premium tax credit |
|---|---|---|---|
| 21 January | | | |
| 22 February | | | |
| 23 March | | | |
| 24 April | | | |
| 25 May | | | |
| 26 June | | | |
| 27 July | | | |
| 28 August | | | |
| 29 September | | | |
| 30 October | | | |
| 31 November | | | |
| 32 December | | | |
| 33 Annual Totals | | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60703Q Form **1095-A** (2015)

# Commonwealth Care

- During the month of January 2015 some members remained in Commonwealth Care plans before transitioning to other coverage
- Those members who remained in a Commonwealth Care plan will receive:
  - 1095-B sent from MassHealth
  - 1099-HC sent from the Health Connector if member was in PT 2B, 3A, or 3B coverage
    - Note: Members who were in Plan Types 1 and 2A will not receive a 1099-HC

# Duplicates and Corrections

- Members may need to update information on their tax forms or members may request a duplicate copy
  - All correction and duplicate requests for Form 1095-A for QHPs and Form 1099-HC for CommCare plans, should be referred to the Health Connector call center
  - All correction and duplicate requests for Form 1095-B for CommCare plans, should be referred to the MassHealth call center

# Form 1095-B

## Form 1095-B:

- An Internal Revenue Service (IRS) form. It shows the months the individual met the **federal** rules for minimum essential coverage (MEC)
- Different from the **state's** 1099-HC form that has been sent the past several years, and that applies to the **state tax return**. 1095-B is federal and in addition to that form
- The 1095-B form(s) provides information the individual member may need to complete their **federal tax return**

- MassHealth will send the 1095-B to members in February who were covered by MassHealth for at least part of one month in 2015– even if it was only one day of the month
  - By law, MassHealth and the Health Connector will send the individual member's 1095 information to the IRS

# Advance Premium Tax Credits

- For members who received Advance Premium Tax credits (including everyone enrolled at any time in a ConnectorCare plan) or if a member plans to claim a premium tax credit, the information on Form 1095-A is used to fill out Form 8962 when filing a federal tax return
- Form 8962 helps the IRS figure out if a member received the correct subsidy and determines if a member owes or is owed money
- Form 8962 is submitted to the IRS either electronically or on paper
- Members must file a federal income tax return with information from Form 1095-A if Advance Premium Tax credits were received
  - If members don't file, they will not be able to get tax credits again in the future if they do not reconcile their APTCs

# Complying with the Federal Individual Mandate

- If members had coverage for the full year, they can check a box for full year coverage on their **federal** income tax return
- If they did not have coverage for the full year, they should use the Form(s) 1095 they received to complete Form 8965 with their tax return
- Form 8965 will allow them to report their months of coverage as well as claim exemptions from the penalty
- If a member needs to apply for an exemption from the federal mandate, they should go to healthcare.gov/exemptions BEFORE they file their return
  - This website has application instructions as well as a screening tool to help identify potential exemptions
  - Individuals who want to claim an exemption from the federal mandate due to financial hardship must have their exemption number to include on their return. That means they must apply to CMS for an exemption and receive their approval before filing their return
  - Individuals can file for an extension while CMS processes their application, or they can pay the penalty when they file and amend their return if CMS approves their request

# Complying with the State Individual Mandate

- If members had coverage for the full year, they can check a box for full year coverage on their **state** income tax return
- If they did not have coverage for the full year, they should use the Form(s) 1099-HC they received to complete Schedule HC with their tax return
- Schedule HC will allow them to report their months of coverage as well as claim exemptions from the penalty
- If a member needs to apply for an exemption from the state mandate, they can indicate their wish to appeal when they file their taxes
  - The Department of Revenue will send them a letter asking for more proof of their hardship, which the Health Connector will review
  - No penalty will be assessed until the Health Connector has made a decision

# Important Dates

| Dates | Action |
|---|---|
| Late January | 1099-HC forms sent to CommCare members who had coverage for the month of January 2015 |
| | 1095-A forms sent to all QHP and ConnectorCare members |
| Early Feb | 1099-HC forms will be sent to certain MassHealth members |
| | 1095-B forms will be sent to certain MassHealth and CommCare members |
| March 1st | Individuals are encouraged to report any corrections to 1095 or 1099-HC forms to the Health Connector and MassHealth by 3/1 to allow corrections to be processed and new forms to be sent out prior to the tax filing deadline |
| April 19th | Federal and State Tax filing deadline |

# Health Connector Communications

**In early January:**

- "What to Expect" communications will be sent to members encouraging them to wait to file taxes until all forms are received
  - Emails will be sent to members for which we have addresses
  - Mailers will be sent to members without emails on file
- Health Connector website will have a dedicated tax filing section

  www.MAhealthconnector.org/taxes

**Mid to late January:**

- Health Connector will send 1099 and 1095 tax forms
  - Cover letters that include a tax filing FAQ will be included with the 1099-HC and 1095-A forms (see sample)
- Call Center IVR will include messaging about filing taxes (mid Jan - end of April)

# How to find help with tax preparation in your community

# VITA and TCE

- The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make $54,000 or less, persons with disabilities, the elderly and limited English speaking taxpayers who need assistance in preparing their own tax returns. The IRS-certified volunteers are able to provide free basic income tax return preparation with electronic filing to qualified individuals
- In addition to VITA, the Tax Counseling for the Elderly (TCE) program offers free tax help for all taxpayers, particularly those who are 60 years of age and older, specializing in questions about pensions and retirement-related issues unique to seniors. The IRS-certified volunteers who provide tax counseling are often retired individuals associated with non-profit organizations that receive grants from the IRS
- Before going to a VITA or TCE site, see Publication 3676-A for services provided and check out the What to Bring page to ensure you have all the required documents and information our volunteers will need to help you
  - Note: available services can vary at each site due to the availability of volunteers certified with the tax law expertise required for a particular return

# Finding a VITA or TCE Site Near You

- VITA and TCE sites are generally located at community and neighborhood centers, libraries, schools, shopping malls and other convenient locations across the country
- **To locate a VITA or TCE site, use the VITA Locator Tool or call 800-906-9887**
- At select tax sites, taxpayers also have an option to prepare their own basic federal and state tax return for free using web-based tax preparation software with an IRS-certified volunteer to help guide them through the process. This option is only available at locations that list "Self-Prep" in the site listing http://irs.treasury.gov/freetaxprep/
- A majority of the TCE sites are operated by the AARP Foundation's Tax Aide program
- To locate the nearest AARP TCE Tax-Aide site between January and April use **the AARP Site Locator Tool** or call 888-227-7669

http://www.aarp.org/applications/VMISLocator/searchTaxAideLocations.action

# Health Connector Open Enrollment

# Health Connector Open Enrollment

- As a reminder, Open Enrollment is the time of year when individuals and families can shop for health insurance for any reason without needing a **qualifying event**
  - Anyone without insurance can apply for and enroll in health or dental insurance coverage, and current members can switch plans for any reason
  - Current members, in particular, may wish to shop and compare options for 2016 if their needs have changed or if their premium has changed
- If renewing members did not actively choose a different plan before December 23, 2015, they were automatically renewed for 2016 into the same or similar plan listed in their renewal letter. They need to keep paying their premium, which may be different for 2016 than it was for 2015, to stay in their plan for 2016
- If a member decides they want a different plan for 2016, they can go online and shop for a plan with coverage starting February 1 or March 1
  - The next slide displays enrollment/payment deadlines for the different coverage start dates available during Open Enrollment

# Health Connector Payments

- Members have three ways to pay their premiums:
  1. Pay online at Payment.MAhealthconnector.org
  2. Drop off a check or money order at any of the Health Connector's six walk-in centers (see next slide 15 for locations), or
  3. Mail in a check or money order

Payments must be received (not postmarked) by the 23rd of the month.

| Choose a plan and pay Enrollment Bill by: | To be enrolled in a new plan starting: |
|---|---|
| **January 23** | February 1 |
| **January 31 (select by date, pay by February 23)** | March 1 |

# In person and Call Center Help

- Members can get in-person help at the Health Connector's walk-in centers, or help from enrollment assisters located around the state
  - Walk-in centers can be found at www.MAhealthconnector.org/about/contact
  - Enrollment assisters can be found at www.MAhealthconnector.org/help-center
  - Note: Service at our walk-in centers is provided on a first-come, first-served basis. But individuals should call ahead to schedule an appointment with an enrollment assister (such as a Navigator)
- The Health Connector's walk-in centers in Boston and Worcester will be open **Sunday, January 31, from 9am-5pm** to help individuals sign up or make changes or payments on the last day of Open Enrollment
- The Health Connector call center is open on weeknights (until 9pm) and weekends (Saturdays & Sundays, 9am – 5pm) for individuals seeking support at off-peak dates and times
- The Health Connector continues to encourage people without health insurance to apply, select a plan and pay until the end of Open Enrollment on January 31. People who do not have health insurance can apply online or visit a walk-in center or assister to complete an application

# In person and Call Center Help after Open Enrollment

- Once the Health Connector enters closed enrollment starting February 1, 2016, the call center hours will switch to “normal” business hours: Monday-Friday, 8am-6pm
- In person Assistance from Health Connector Customer Service will continue to be available year round with varying hours:
  - Boston and Worcester: Monday-Friday, 8am-6pm
  - Springfield: Monday-Friday, 9am-5pm
- Additionally, the Health Connector is extending its presence at the community health centers in Lowell, Brockton, and Fall River for the month of February. Updated hours will be provided electronically and be available on the website at: www.MAhealthconnector.org/about/contact

# Communications about the end of Open Enrollment

- In mid-January, the Health Connector plans to send an "Open Enrollment is ending" and payment reminder e-mail, letting individuals know that they have until January 23 to pay for coverage effective February 1, and until January 31 to enroll and February 23rd to pay for coverage effective March 1
- In early January, members who had a Bronze plan in 2015 will be sent a "shopping reminder" communication, reminding them of the increased cost-sharing in 2016 Bronze plans and encouraging them to compare plans, shop around and enroll in a plan that they can afford and that will be best for them and their family
- In early to mid-January, subscribers renewing into a different carrier who did not pay in time for a January 1, 2016 renewal date and are now renewing for a February 1 effective date, and new subscribers who are enrolling for a February 1 effective date, will receive automated phone calls reminding them to pay their bill by January 23
  - See the January Health Connector Talking Points distributed via email from MAhealthconnectorUpdates for more detailed information

# Special Enrollment Period (SEP) Review

# Enrollment Opportunities

**Anyone can apply for health benefits any time during the year for programs such as MassHealth, HSN, or CMSP but special rules apply when people can enroll in Health Connector coverage.**

**Open Enrollment for individuals seeking coverage through the Health Connector:**

- During the Open Enrollment period, anyone can fill out an application and enroll in health or dental insurance if they qualify for coverage
- The 2016 Open Enrollment period started November 1, 2015 and will end on January 31, 2016 for 2016 coverage

**Closed Enrollment:**

- Closed Enrollment will begin on February 1, 2016
- During Closed Enrollment, individuals can fill out an application for health or dental insurance but may not be able to ENROLL in a new or different qualified health plan (QHP) even if they are eligible
  - Note: This does not apply to enrollment in MassHealth, HSN, CMSP or a Health Connector dental plan
- In certain situations – like getting married or qualifying for ConnectorCare – individuals may qualify for a Special Enrollment Period (SEP), which gives them up to 60 days to enroll in the qualified health plan they are eligible for

# Special Enrollment Periods

- If an individual qualifies for an SEP, they can enroll in or change health insurance outside the annual Open Enrollment period
  - New members can sign up
  - Existing members can add or remove members from their plan or change plans altogether
- Certain life changes, like getting married, having a baby, or losing job-based health insurance are changes that would allow a person to qualify for an SEP
- Changes that allow an individual to qualify for an SEP are called **Qualifying Life Events**
- An SEP gives someone 60 days from the date of the qualifying life event to select a new plan
  - Individuals may pay after the 60 day window, but they must submit a plan selection in the shopping process within 60 days—*a plan in their shopping cart is not enough*
- Payment and enrollment deadlines still apply during an SEP. A member must choose a plan and enroll by the 23rd of the month in order to have coverage that starts the following month

# Qualifying Life Events

- Gains a dependent or becomes a dependent as a result of:
  - Marriage
  - Birth, adoption or placement for adoption or foster care or court-ordered care of a child
- Loses minimum essential coverage (MEC) for a reason other than failure to pay premiums or fraud
- Loses pregnancy-related coverage or medically needy coverage under the Social Security Act
- Is enrolled in Health Connector coverage and loses a dependent because of death, divorce or legal separation
- Moves to Massachusetts or gains access to new plans as a result of a permanent move (including release from incarceration)
- Is an American Indian or Alaska Native
- Becomes a Lawfully Present individual
- Is determined newly eligible for ConnectorCare or has a plan type change
- Is enrolled in Health Connector coverage and becomes newly eligible for APTCs
- Is a victim of domestic abuse or spousal abandonment
- Administrative reasons:
  - Start or end of a ConnectorCare premium waiver
  - Exceptional circumstances
  - Waiver from the Office of Patient Protection
  - Erroneously enrolled or not enrolled due to error, misrepresentation, or misconduct or inaction of the Health Connector or entity affiliated with the Health Connector providing enrollment activities
  - Carrier substantially violated a material provision of its contract with the enrollee

**NOTE:** A new applicant who applies during closed enrollment and is determined eligible for tax credits only and who doesn't meet another qualifying event above, does NOT qualify for an SEP as a result. (Those individuals with incomes between 300.1 – 400 % FPL)

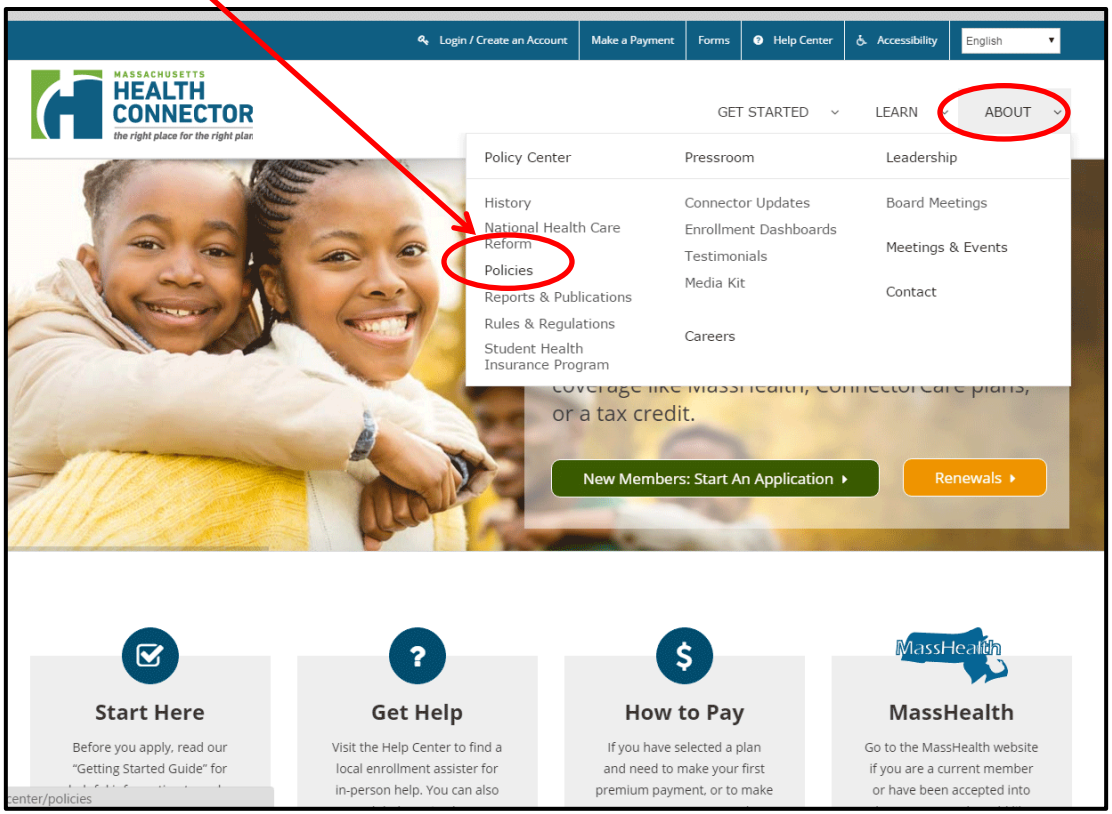
# ConnectorCare SEPs

- Becoming newly eligible for ConnectorCare gives consumers 60 days to enroll from the date of the eligibility determination
- ConnectorCare members cannot change plans unless they experience a new qualifying event, which includes a change of plan type or the start or end of a ConnectorCare premium waiver
- The online system will look at any existing eligibility to determine if consumer is newly eligible
  - Example: John applies on 5/1 and is determined ConnectorCare eligible. He has 60 days to shop. He picks a plan and pays his first premium by the due date and is enrolled in a ConnectorCare plan
  - In July, John reports a change to his application that results in a slight change in his income, but it doesn't change his ConnectorCare Plan Type. He cannot change plans unless he has another qualifying event

# Health Connector Policy Center

To review Health Connector Policies on **Mid-Year Life Events** or **Qualifying Events** visit http://www.MAhealthconnector.org

Select About> Policy Center> Policies



# MassHealth Updates

# MassHealth CarePlus Update

- On February 1, 2016, Health New England (HNE) will no longer be part of the MassHealth CarePlus program, which includes some MassHealth members ages 21-64
  - CarePlus provides coverage for MassHealth members ages 21-64 whose income is at or below 133% of the federal poverty level and who do not qualify for MassHealth Standard
- Members in non-CarePlus MassHealth MCO programs are not affected, including members with Health New England

# MassHealth CarePlus Update (cont.)

- CarePlus members with HNE have three options:
  - They can change their health plan immediately, effective the 1s of the following month, to one of the four other MCOs offered in the Western Region of Massachusetts:
    - BMC HealthNet Plan, CeltiCare Health, Neighborhood Health Plan, or Tufts Health Plan
  - Or, CarePlus members can now join the MassHealth Primary Care Clinician (PCC) Plan; this is a new option for CarePlus members as of October 1, 2015
  - They can keep HNE until January 31, 2016, and select one of the plans mentioned above by January 29th to be their health plan beginning on February 1st
  - They can do nothing; these members will be moved into the PCC plan
- Members who call after January 29, 2016 wishing to change their plans will be placed into the PCC Plan effective February 1st but can change their plan effective March 1st

# DOR Quarterly Wage Match

- Beginning in January MassHealth will be matching DOR data, specifically Quarterly Wage data, for members from the online system who are ages 21 or older and have attested $0 earned income.
- If there is a match from Quarter 3 wages (July-September), MassHealth will send a jobs update form to be completed by the member. Members will have 30 days to respond.
  - Member(s) need to return the jobs update form to MassHealth
- If a member does not respond within 30 days we will be closing their benefits, due to failure to respond. These individuals will receive a termination notice and 14 days of benefits.

# Request for Information (RFI) Process

# Request for Information (RFI) Policy

- Individuals are required to submit proof of verification within 90 days of the receipt of the RFI notice
- If valid documentation is not received within 90 days, the Health Connector and MassHealth must revert to the data source available
- Reverting back to data source information could have different effects on an individual's eligibility and enrollment status. For example:
  - Unverified immigration or citizenship may end a member's QHP eligibility and in turn end their enrollment
  - Unverified income will likely change a member's QHP eligibility and change their enrollment prospectively

# Request for Information (RFI) Process

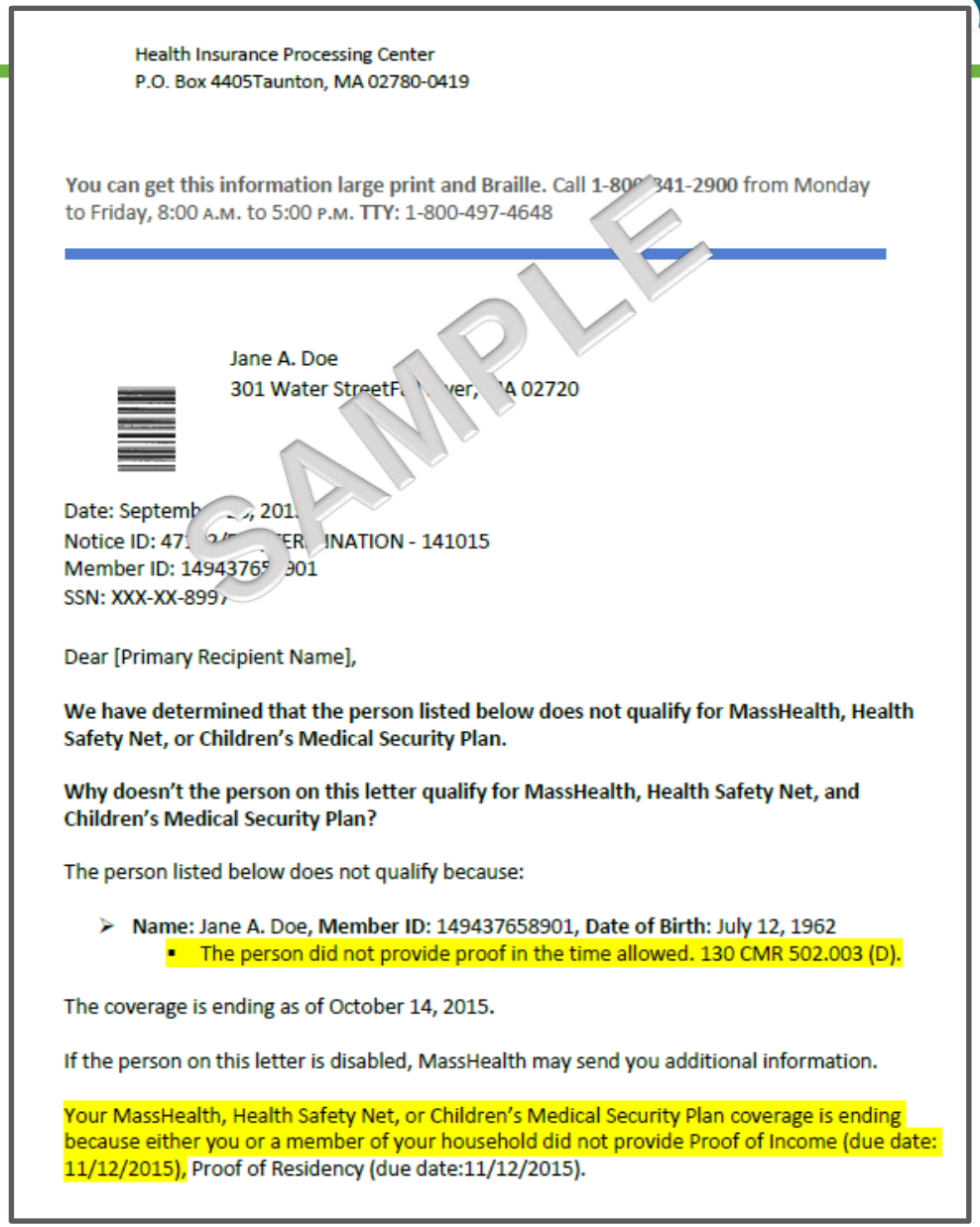
- Certain eligibility criteria must be verified for anyone seeking subsidized or unsubsidized health coverage.
- MassHealth and the Health Connector both use income as one of the criteria for determining benefit eligibility.
  - HIX system attempts to automatically verify the income reported by an applicant using electronic matches to federal and state data sources.
  - If the information retrieved is reasonably compatible to the information provided, the income is considered verified.

# RFI for Income

- When the income reported by the applicant cannot be verified via federal and state data sources, a RFI is sent to the applicant. In certain circumstances, individuals may receive provisional benefits up to 90 days.
- If all supporting income information ***is received*** within 90 days, MassHealth will redetermine the individual's eligibility with the information available, which may impact the individual and the entire household.
- If the supporting information ***is not received*** within 90 days, MassHealth uses available data to determine eligibility for the appropriate benefit/program. The following then occurs:
  - If there is no data available, a notice is sent that MassHealth benefits end 14 days from date of notice
  - If there is data available, a notice is sent about new benefit eligibility if redetermined for a different MassHealth benefit, an unsubsidized or subsidized QHP with HSN/CMSP, or an unsubsidized QHP

# RFI Sample Notice

- Notices requesting mandatory verifications are sent to the head of household.
- Important to note that Income RFIs for one individual may impact eligibility for the entire household.



Health Insurance Processing Center
P.O. Box 4405Taunton, MA 02780-0419

You can get this information large print and Braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648

SAMPLE

Jane A. Doe
301 Water StreetF[illegible]ver, [illegible]A 02720

Date: Septemb[illegible], 201[illegible]
Notice ID: 471[illegible]ER[illegible]INATION - 141015
Member ID: 14943765[illegible]901
SSN: XXX-XX-899[illegible]

Dear [Primary Recipient Name],

**We have determined that the person listed below does not qualify for MassHealth, Health Safety Net, or Children's Medical Security Plan.**

**Why doesn't the person on this letter qualify for MassHealth, Health Safety Net, and Children's Medical Security Plan?**

The person listed below does not qualify because:

- **Name:** Jane A. Doe, **Member ID:** 149437658901, **Date of Birth:** July 12, 1962
  - The person did not provide proof in the time allowed. 130 CMR 502.003 (D).

The coverage is ending as of October 14, 2015.

If the person on this letter is disabled, MassHealth may send you additional information.

Your MassHealth, Health Safety Net, or Children's Medical Security Plan coverage is ending because either you or a member of your household did not provide Proof of Income (due date: 11/12/2015), Proof of Residency (due date:11/12/2015).

# Submitting Verifications After the RFI have Expired

- After receiving a termination notice from MassHealth, individuals can:
  - Still send proof of income verification documents such as current paystubs, W-2 forms, wage and tax statements, which will be used to make a new decision about what coverage they and, when applicable, if their family members qualify for.
  - If an individual has a change in benefits as a result of failure to send income verifications, and the individual indicates that there has been a change in income or if she/he thinks the information available that was used for the redetermination does not reflect their current income, the individual will need to send proof of current monthly income.

# Submitting Verifications After the RFI have Expired (cont.)

- If an individual has a change in benefits as a result of failure to send income verifications, and the individual indicates that there has been a change in income or if she/he thinks the information that was used from available data sources for the redetermination does not reflect their current income, the individual will need to send proof of current monthly income and MassHealth will re-evaluate to see if the household is eligible for different benefits.
- If an individual claims he or she currently does not have any income but had received an Income Request for Information (RFI), he or she must provide a signed, written statement attesting they currently have no income and should include reasons why their current situation is different from information received from federal and state data sources (i.e. lost or quit a job). Please note that RFIs are not sent if the applicant attests no income and there is no data match to the contrary.

# Submitting Verification Documents

Individuals can submit verification documents by:

- Fax to 1-857-323-8300

  Or

- Mail verification document(s) to MassHealth:

  Health Insurance Processing Center

  P.O. Box 4405

  Taunton, MA 02780

- Individuals should include their name, date of birth, Medicaid ID (if applicable) or SSN, and 'Coverage Ending' date on all documents that are sent.

# MassHealth Website

# https://mass.gov/MassHealth

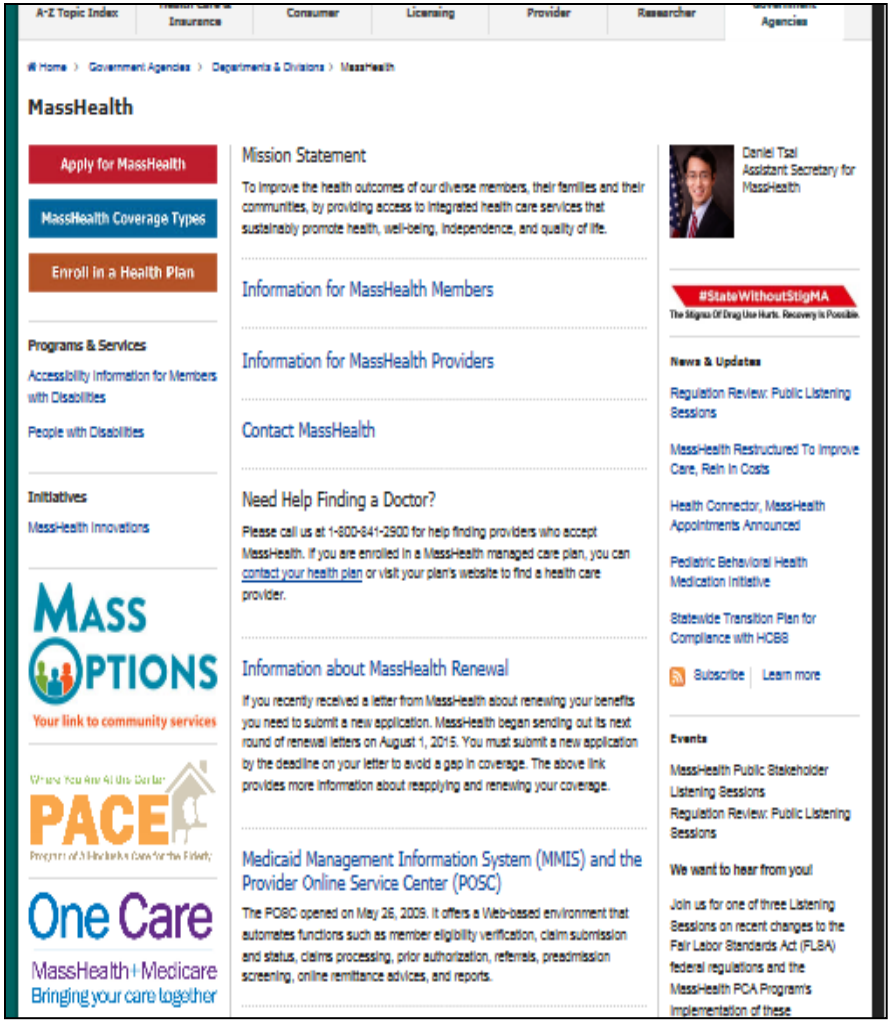
# Project Background

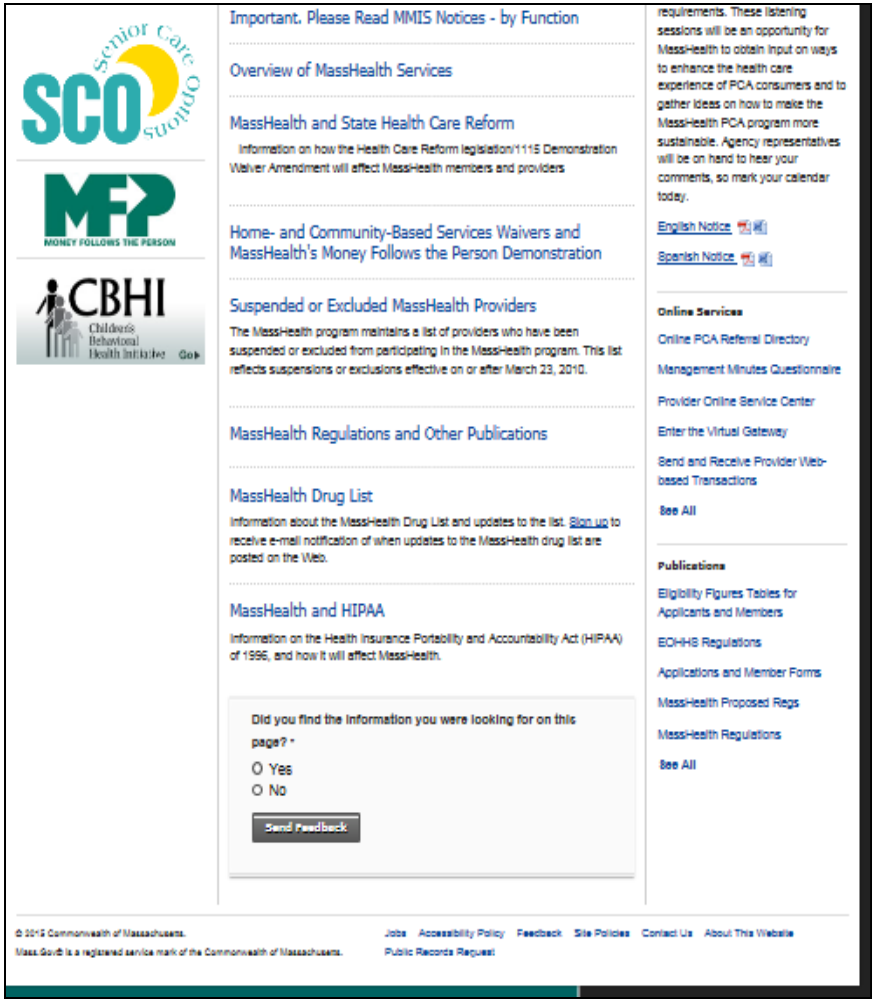
- MassHealth has been working with our partner UMMS to reassess and restructure our website:
  - By developing an organized, accessible, easy to navigate website that uses plain language to inform and educate consumers about MassHealth.
- Update MassHealth's web presence to meet the diverse information and comprehension needs of consumers – people with cognitive and/or physical disabilities; with low literacy; and/or who are non-native English speakers.

**Timelines:**

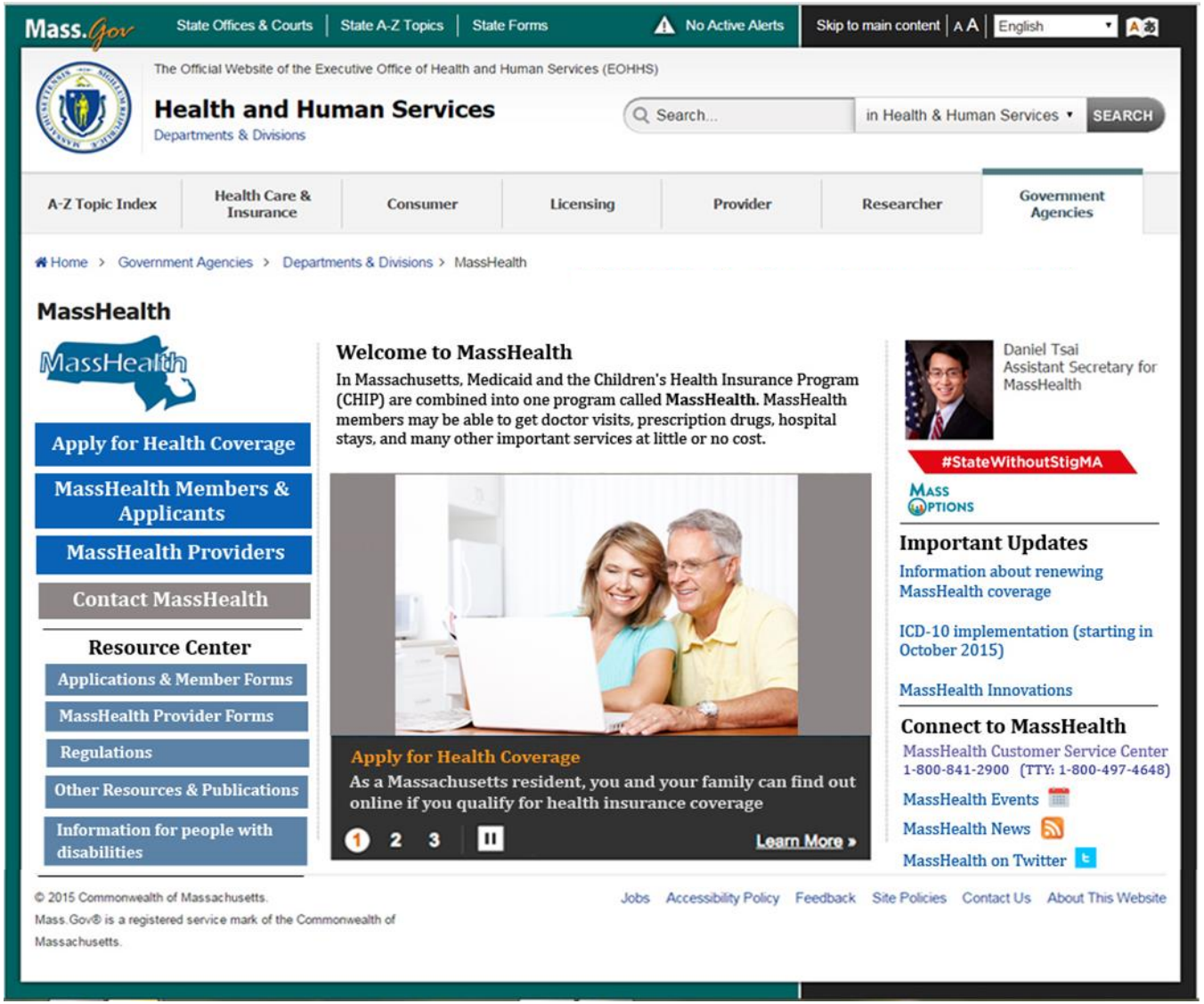
- November 2015: "Phase 1" changes to the MassHealth website were implemented
- ~February 2016: "Phase 2" changes to the MassHealth website are planned to be released

# Current MH Homepage



# Proposed MH Homepage



# Questions?

# Appendix

# Key Takeaways on End of Year Tax Filing Process

## Please keep this information in mind as you work with consumers to help them apply for health insurance coverage:

- Both Massachusetts and the Federal government have a requirement for individuals to have coverage if it's affordable
  - There are important differences in how Massachusetts and the Federal government have structured their requirements that may be confusing for consumers
- Filing taxes has implications on a consumer's eligibility for Advance Premium Tax Credits (APTC), including the ConnectorCare program. If members don't file, they may not be able to get tax credits again in the future if they do not reconcile their APTCs
- An applicant's tax filing status also impacts their ability to receive tax credits (Example, married couple must file taxes jointly to receive APTCs)
- Keeping the state informed about any changes a member has, such as income, job loss or change, marriage or pregnancy, will help minimize any unanticipated responsibilities when taxes are reconciled

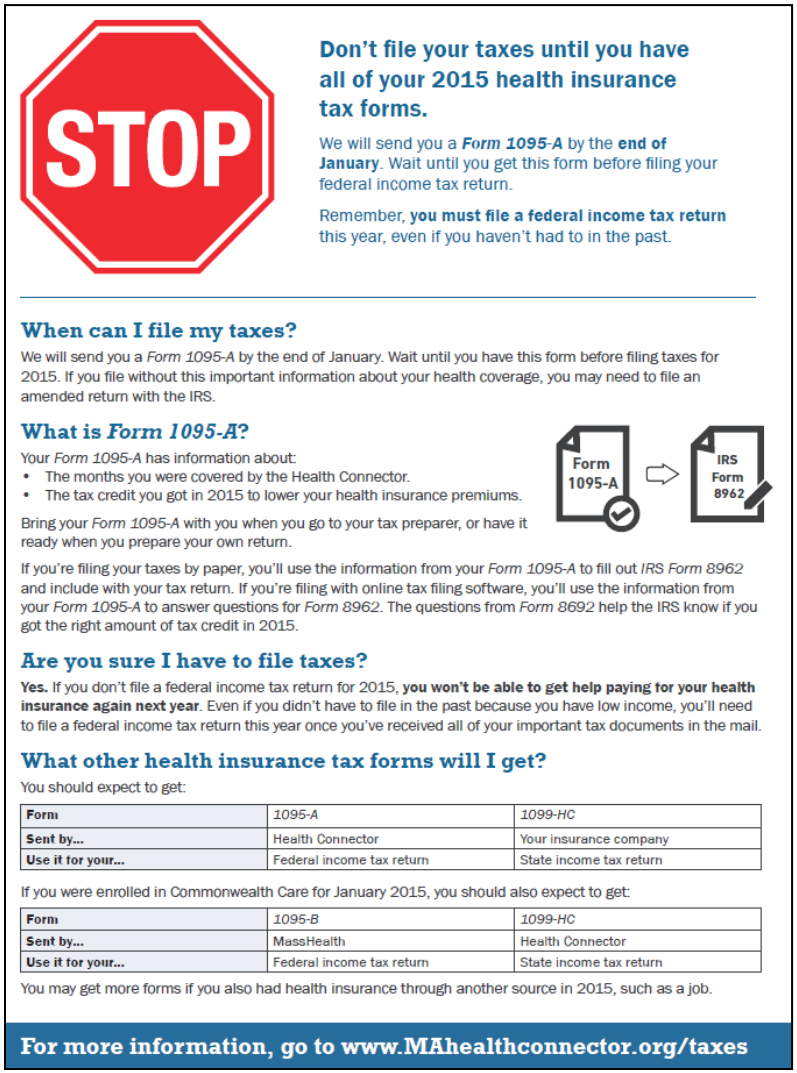
# Overview of 1095 Forms

| | 1095-A | 1095-B | 1095-C |
|---|---|---|---|
| Who sends it? | State-based or Federal Marketplaces | Carriers, Government programs (Medicare, Medicaid, VA, etc.), small employers | Large employers (more than 50 full-time equivalent employees) |
| Who receives it? | Individuals enrolled in Qualified Health Plans through the Health Connector or another Marketplace | Everyone not enrolled through a Marketplace or the employee of a large employer:<br>• Employees of small employers<br>• MassHealth members<br>• Individual market enrollees<br>• Federal program recipients (e.g., Medicare, VA, Tricare)<br>• Students | Employees of large employers |
| Who does not receive it? | • Enrollees in catastrophic plans<br>• Small group health options program (SHOP) enrollees | People who did not have a plan meeting Minimum Essential Coverage (MEC) standards | People who did not have a plan meeting Minimum Essential Coverage (MEC) standards |
| What's different from the other 1095s? | Contains APTC amounts and other information needed to determine the correct amount of tax credits the household should have received based on their final income | "Simplest" 1095 because it only shows the months a household had coverage | Contains the same information as the 1095-B, plus information related to any offer of coverage from the employer that could impact the household's eligibility for APTC/PTCs |

# Who gets what form(s)? Health Connector members

| Program | 1095 info | 1099-HC info |
|---|---|---|
| ConnectorCare | 1095-A from the Health Connector | 1099-HC from the carrier |
| QHP with APTC or unsub | 1095-A from the Health Connector | 1099-HC from the carrier |
| Catastrophic plan | 1095-B from the carrier | 1099-HC from the carrier |
| SHOP | 1095-B from the carrier | 1099-HC from the carrier |
| Commonwealth Care | 1095-B from MassHealth. All members will receive a form, regardless of plan type. | 1099-HC from the Health Connector if they were in PT 2B, 3A, or 3B.<br><br>PT 1 and 2A members will not receive a form but may request one if needed |

# Sample "What to expect" Mailer



STOP

**Don't file your taxes until you have all of your 2015 health insurance tax forms.**

We will send you a ***Form 1095-A*** by the **end of January**. Wait until you get this form before filing your federal income tax return.

Remember, **you must file a federal income tax return** this year, even if you haven't had to in the past.

### When can I file my taxes?

We will send you a *Form 1095-A* by the end of January. Wait until you have this form before filing taxes for 2015. If you file without this important information about your health coverage, you may need to file an amended return with the IRS.

### What is *Form 1095-A*?

Your *Form 1095-A* has information about:

- The months you were covered by the Health Connector.
- The tax credit you got in 2015 to lower your health insurance premiums.

Form 1095-A → IRS Form 8962

Bring your *Form 1095-A* with you when you go to your tax preparer, or have it ready when you prepare your own return.

If you're filing your taxes by paper, you'll use the information from your *Form 1095-A* to fill out *IRS Form 8962* and include with your tax return. If you're filing with online tax filing software, you'll use the information from your *Form 1095-A* to answer questions for *Form 8962*. The questions from *Form 8692* help the IRS know if you got the right amount of tax credit in 2015.

### Are you sure I have to file taxes?

**Yes.** If you don't file a federal income tax return for 2015, **you won't be able to get help paying for your health insurance again next year**. Even if you didn't have to file in the past because you have low income, you'll need to file a federal income tax return this year once you've received all of your important tax documents in the mail.

### What other health insurance tax forms will I get?

You should expect to get:

| **Form** | *1095-A* | *1099-HC* |
|---|---|---|
| **Sent by...** | Health Connector | Your insurance company |
| **Use it for your...** | Federal income tax return | State income tax return |

If you were enrolled in Commonwealth Care for January 2015, you should also expect to get:

| **Form** | *1095-B* | *1099-HC* |
|---|---|---|
| **Sent by...** | MassHealth | Health Connector |
| **Use it for your...** | Federal income tax return | State income tax return |

You may get more forms if you also had health insurance through another source in 2015, such as a job.

**For more information, go to www.MAhealthconnector.org/taxes**

Will be sent to members without emails on file:

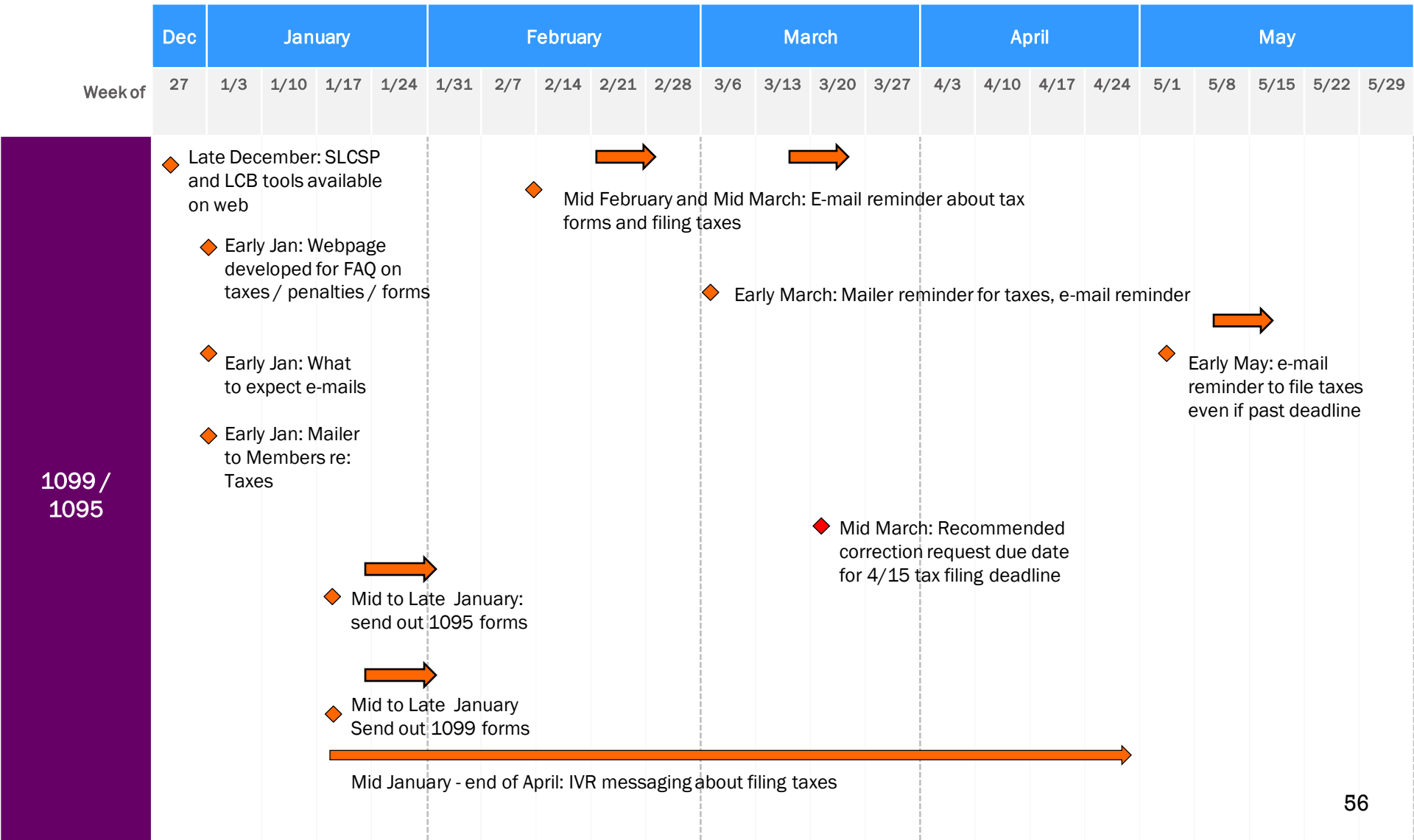
Key messages:

- Don't file your taxes until you have all of your 2015 health insurance tax forms. We will send you a Form 1095-A by the end of January. Wait until you get this form before filing your federal income tax return.
- Remember, you must file a federal income tax return this year, even if you haven't had to in the past.

# New Health Connector Webpage

Go to our website at www.MAhealthconnector.org/taxes to learn more about tax filing and getting free help with your taxes.

# Health Connector Communications Schedule



# Health Connector Member Identification (ID) cards

- For renewing Health Connector members, some carriers may send new ID cards for their 2016 coverage
  - If a member renewed into the same carrier and same plan, and are concerned about their ID card, they can call the health plan call center to confirm if they should use the same ID card to seek services
- If a new member has not received an ID card from their carrier and needs services, they can call their health plan directly. The plan can confirm eligibility and provide an ID number if they have processed their enrollment to that point. The member should contact the carrier before going to an appointment or visiting a pharmacy
  - If the health plan does not find the member in the system, they can call the Health Connector and the Health Connector can confirm the enrollment was delivered or identify any outstanding steps needed to complete an enrollment
  - Enrollments have been delivered on a timely basis by the Health Connector to the plans, but it can take 10-14 days for an ID card to be delivered to a member
- If an individual paid right near the December 23 deadline for new coverage starting January 1, they may not have received their health insurance ID cards or other information from their carrier yet. However, if they paid their premium on time, they will have coverage that starts January 1
  - It can take up to 10 business days for a carrier to process a new enrollment after the individual has paid

# Helpful IRS Resources

- Affordable Care Act (ACA) Tax Provisions
  - http://www.irs.gov/Affordable-Care-Act
- Individual Shared Responsibility Provision
  - https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision
- Fact Sheet on Individual Responsibility
  - http://www.irs.gov/pub/irs-pdf/p5156.pdf

# Health Connector's Walk-in Centers

| Center | Address | OE Hours (hours vary by walk in center) |
|---|---|---|
| Boston—Health Connector | 133 Portland Street Boston | Mon-Fri 8am-7pm<br>Sat 9am-5pm<br>Sun 11/1/15 & 1/31/16 open 9am-5pm |
| Worcester—Health Connector | 146 Main Street Worcester | Mon-Fri 8am-7pm<br>Sat 9am-5pm<br>Sun 11/1/15 & 1/31/16 open 9am-5pm<br>Closed 3pm 12/31 |
| Springfield—MassHealth MEC | 333 Bridge Street Springfield | Mon-Fri 9am-5pm<br>Closed on all state holidays* |
| **Lowell Community Health Center | 161 Jackson Street Lowell | Mon, Wed, Thurs, Fri 8am-5pm<br>Tues 8am-8pm<br>Sat 8am-1:30pm |
| **Fall River Health First Family Care Center | 387 Quarry Street Fall River | Mon-Fri 8am-8pm<br>Sat 9am-1pm |
| **Brockton Neighborhood Health Center | 63 Main Street Brockton | Mon-Thurs 8am-8pm<br>Fri 8am-6pm<br>Sat 9am-1pm |

*State holiday during the remainder of Open Enrollment is Martin Luther King, Jr. Day (January 18, 2016).
**Important: Health Connector Customer Service support at the Fall River, Brockton and Lowell will only be available during the Open Enrollment period and their hours are subject to change.