Learning Series
Massachusetts HealthCare Training Forum (MTF)

Health Connector and MassHealth
January 2019
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

- MassHealth Updates
  - MassHealth Health Plans
  - Transitional Medical Assistance (updated 2/5/19)

- Health Connector Updates
  - Open Enrollment 2019
  - Special Enrollment Period Review
  - End of year tax filing process
MassHealth
Health Plan Updates
Plan Selection Period

• Members have 90 days to change health plans for any reason.
  – Members can switch primary care providers at anytime

• When member’s switch health plans, they should confirm that other doctors, specialists, and hospitals that are most important to them are in the health plan’s network.

• Plan Selection Period for members who enrolled (or special assigned) in an Accountable Care Partnership Plan, Primary Care ACO Plan or MCO Plan on March 1, 2018, **March 1, 2019** is the next Plan Selection Period.
Members in an Accountable Care Organization (ACO) or Managed Care Organization (MCO) when their Plan Selection Period has ended, they will be in their Fixed Enrollment Period.

During the Fixed Enrollment Period, members will not be able to change a health plan until the next Plan Selection Period, except for certain reasons.

Fixed Enrollment Exceptions can be found: [www.mass.gov/service-details/fixed-enrollment-period](http://www.mass.gov/service-details/fixed-enrollment-period) or in the MassHealth regulations at [130 CMR 508.000](http://130 CMR 508.000).
New for 2019!
Some MassHealth providers will join new health plans starting January 1, 2019. See the list of providers. For questions or to learn more, call MassHealth Customer Service at 1-800-821-2900.
MassHealthChoices.com Updates

• Revised MassHealth Enrollment Guide updated and found in Member Materials: https://www.masshealthchoices.com/member-materials
  – New content to align with the revised Enrollment Guide.
• Aligned all hospitals lists to reflect the changes in the new Enrollment Guide.
• Updates to reflect the NHP’s rebranding such as image of the new card and Behavioral Health phone number.
Transitional Medical Assistance (TMA)
Updated 2/5/19
Transitional Medical Assistance (TMA)

• Federal law requires that MassHealth provide 12 calendar months of extended eligibility to MassHealth Standard members who would otherwise be ineligible due to an increase in earned income would result in a household MAGI determination of over program guidelines.

• The 12 month period begins on the effective date of the increase in earned income.
Transitional Medical Assistance (TMA) (cont)

[Name]{Member ID:} [Member ID] Date of Birth: [DOB] start on [TMA Start Date] and ending on [TMA End Date]
• If members are not eligible for a MassHealth benefit at the end of their TMA period, they may qualify for the Health Connector program, either a subsidized or non-subsidized plan.

- If the household is **eligible for a subsidized QHP**, their MassHealth benefits will last until the end of the month following the date of the program determination (the last date of the TMA benefit).
  
  ▪ During this time, members will have the opportunity to enroll in a plan to ensure they do not experience any gaps in their coverage.

- If the member is **eligible for a non-subsidized Qualified Health Plan (QHP)** through the Health Connector, their MassHealth benefits will extend for 14 days past the date of the program determination (the last date of the TMA benefit).
For example:

Household’s TMA **period starts on 2/1/18** and will **end on 1/31/19**. On 1/31/19, a program determination will be performed.

- If the household is eligible for a subsidized QHP, they will continue to have MassHealth benefits through 2/28/19.
- If the household is determined eligible for a non-subsidized Health Connector Plan their MassHealth benefits will end on 2/14/19.

**Note**: The following information is **NOT** new policy or operation for the TMA program, but clarification on the TMA end date.
Health Connector
Open Enrollment 2019
Open Enrollment 2019

Reminder:

- After a consumer is determined eligible for ConnectorCare or a Health Connector plan, they then need to choose a plan and make their premium payment by the January 23rd payment deadline for coverage starting on February 1, 2019.

- The Health Connector Open Enrollment period runs through January 23rd.

- Members can choose coverage that begins either February 1 or March 1. Please keep this in mind as you help consumers apply, and continue to use the online application (rather than paper).

- Assisters (who have access to the Assister lines) should continue to call their respective Assister line (either Health Connector or MassHealth) for support as needed.
In Person and Call Center Help after Open Enrollment

Reminder:

- Once the Health Connector enters closed enrollment starting January 24, 2019, 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 (Monday – Friday) with varying hours at the following locations:
  - Boston, Worcester, Brockton and Springfield

- Check the Health Connector website for the hours for each location
  - [https://www.mahealthconnector.org/about/contact](https://www.mahealthconnector.org/about/contact)
Special Enrollment Period (SEP) Review
Enrollment Opportunities

Anyone can apply for health benefits any time during the year, but special rules apply to when people can enroll in Health Connector coverage during closed enrollment.

- Closed Enrollment will begin on January 24, 2019.
- 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.
- Certain situations may qualify individuals for a Special Enrollment Period (SEP), which gives them up to 60 days to enroll in a QHP.

- Note: This does not apply to enrollment in MassHealth, HSN, CMSP or a Health Connector dental plan or those enrolling in Health Connector for Business.
Special Enrollment Periods (SEP)

If an individual qualifies for a SEP, they can enroll in or change health insurance carriers 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 Events.
- An SEP gives someone 60 days from the date of the qualifying 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.
Qualifying 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 ConnectorCare 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 provison 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 4/1 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 June, John reports an income change to his application that results in a ConnectorCare Plan Type. John is eligible to change plans, as a ConnectorCare Plan Type change is a qualifying event.
Health Connector Policy Center

To review Health Connector Policies on Qualifying Events visit the Health Connector’s Policy Center:

https://www.mahealthconnector.org/about/policy-center

Select Policies
End of Year Tax Filing Process
Background

In Massachusetts, all residents are required to have health insurance.

- In Massachusetts, Chapter 58 established an individual mandate in 2007, which requires adults in Massachusetts to purchase health insurance if it is affordable to them and meets Minimum Creditable Coverage (MCC) standards.

- The Affordable Care Act (ACA) requires individuals to have health insurance that meets a minimum standard called Minimum Essential Coverage (MEC).

- In late 2017, a tax law was signed by the President that sets the penalty for the federal individual mandate to $0 beginning in 2019.

- The Health Connector wants to remind Massachusetts residents that Massachusetts still has its own state-based individual mandate, which will remain in effect.

- In practical terms, the repeal of the federal individual mandate means that:
  - For tax year 2018, consumers are still required to provide proof of their enrollment in health insurance coverage on both their state and federal tax returns or pay a penalty.
  - For tax year 2019, consumers will only be penalized for not having health insurance coverage on their state tax return.
Taxes and health insurance overlap

Certain individuals 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.

- If an individual does not reconcile advance premium tax credits received, that individual may be ineligible to receive APTCs in future years until the APTCs are reconciled.

- 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.
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 a Qualified Health Plan in 2018 (including ConnectorCare) will receive a Form 1099-HC from their health plan.
  - Those enrolled in certain MassHealth programs in 2018 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 Form 1095.
  - Health Connector will send Form 1095-A to non-group enrollees, while MassHealth, Carriers and others will send Form 1095-B.
Some forms are available for download from the Health Connector Payment Center

- The Health Connector will continue to mail 1095 forms to members.
- In addition, 1095 forms will be available for download from the notices section of the Payment Center website.
- Members can view forms or print them - available in PDF format.
- Permissions for the Payment Center website vary by Assister type.
  - Navigators can view notices and forms, Certified Application Counselors (CACs) cannot.
- Remember if a member has an Optum ID, they can log in on their own (or with your assistance) and view and print documents from their account.
Members with Overlapping Health Connector and MassHealth Coverage

There will be some members who receive both a Form 1095-A from the Health Connector and a Form 1095-B from MassHealth showing overlapping coverage for a given month

- As a reminder, Health Connector plans with Advance Premium Tax Credits and ConnectorCare plans are for individuals who do not have access to other types of insurance.

- In most cases, the online application is programmed to prevent someone from being determined eligible for coverage if they are already eligible for another coverage type.

- Generally, if a member takes tax credits even though they have other coverage, they must repay the tax credits for that month when they file their federal income taxes, subject to certain caps.

- However, there are certain situations when a member would not be considered ineligible for tax credits, even though they received two 1095 forms showing overlapping coverage for a given month. As an example, people who transitioned between MassHealth and Health Connector programs or those who received retroactive MassHealth eligibility.
Members with Overlapping Health Connector and MassHealth Coverage (cont’d)

- In general, if a member believes that their overlapping coverage was valid, it is proper to only report Health Connector coverage for that month when they file their taxes.
  - They do not need a corrected form from MassHealth, even if they do not report the MassHealth coverage on their taxes.
  - MassHealth has a responsibility to tell a member if they had coverage for at least one day in a month according to its records, but it is the members responsibility to determine if that coverage means they must repay tax credits.
- Regulation from IRS says that if tax credits aren’t ended for the month following a redetermination into Medicaid, the individual is treated as not being enrolled in MEC until the first day of the second month following the eligibility change and does not have to pay back the APTC for the first month.
Members with Overlapping Health Connector and MassHealth Coverage (cont’d)

Example:

- Wendy has been enrolled in a QHP and receiving APTCs through the Health Connector.
- Wendy later became eligible and approved for MassHealth on July 16 with a start date of June 3.
- Wendy receives her approval notice on July 24.
- Wendy would not be penalized or have to repay any tax credits claimed before September 1.
## Important Dates in 2018

<table>
<thead>
<tr>
<th>Dates</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Late January</td>
<td>1095-A forms sent to all QHP members (including ConnectorCare members)</td>
</tr>
<tr>
<td>January</td>
<td>1095-B forms will be sent to certain MassHealth Members (unless an extension has been granted)</td>
</tr>
<tr>
<td>March 1(^{st})</td>
<td>Individuals are encouraged to report any corrections to 1095 or 1099-HC forms to the Health Connector and new forms to be sent out prior to the tax filing deadline</td>
</tr>
<tr>
<td>April 17, 2019</td>
<td>Federal and State Tax filing deadline</td>
</tr>
</tbody>
</table>

*The regular tax return filing deadline is April 15. However, due to April 15 being a Massachusetts holiday (Patriots day) and Washington D.C.’s Emancipation day holiday on April 16, Tax day is on the following Tuesday.*
Sample “What to expect” Mailer,

**REMEMBER:**
Wait to file your taxes until you have all of your 2018 health insurance tax forms

We will send you a Form 1095-A by the end of January. Wait until you get your Form 1095-A to file your federal income tax return. If you received a 2018 ConnectorCare plan or got a monthly tax credit to lower your monthly premium in 2018, you must file a federal income tax return. You must file even if you normally don’t file a federal tax return because you have no income or your income is low.

**When can I file my taxes?**
You can file your federal taxes after you get your Form 1095-A. We will send the form by the end of January. If you got monthly tax credits in 2018 and file without your Form 1095-A information, you may have to file an amended federal tax return with the IRS later.

**What is Form 1095-A?**
Your Form 1095-A has information about:
- The months you were covered by the Health Connector
- Any tax credit you got in 2018 to lower your monthly health insurance premiums

Bring your Form 1095-A with you when you go to your tax preparer. Or have it ready when you prepare your own return. You’ll need the form if you didn’t get a tax credit in 2018 but want to claim a premium tax credit when you file. If you didn’t get a tax credit in 2018, you’ll need the form if you want to claim a premium tax credit when you file, and to answer questions about the months you were covered.

If you file by paper, you’ll use the Form 1095-A information to fill out IRS Form 8962. You will send Form 8962 with your tax return. If you’re filling with online tax software, you’ll use the information from your Form 1095-A to answer questions for Form 8962.

Form 8962 tells the IRS if you got the right amount of tax credit in 2018.

**What happens to my health insurance if I don’t file taxes?**
If you had a ConnectorCare plan or got a monthly tax credit in 2018 and don’t file a federal income tax return, you will not be able to get help paying for your health insurance next year. Even if you didn’t have to file in the past because you have low or no income, you’ll need to file a federal income tax return this year.

**What health insurance tax forms will I get?**
You should expect to get:

<table>
<thead>
<tr>
<th>Form</th>
<th>1095-A</th>
<th>1099-HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sent by</td>
<td>Health Connector</td>
<td>Your insurance company</td>
</tr>
<tr>
<td>Use it for your...</td>
<td>Federal income tax return</td>
<td>State income tax return</td>
</tr>
</tbody>
</table>

You may get more forms if you also had health insurance through another source in 2018, such as a job.

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

Key messages:

- Don’t file your taxes until you have all of your 2018 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.
- English and Spanish versions.
The letter was created for the ConnectorCare members to share with their tax preparers

- Key messages for tax preparer includes:
  - The tax filing responsibilities as a ConnectorCare member.
  - How to use properly use Form 1095-A.
  - Available in English and Spanish from MAhealthconnector.org/taxes
Finding local tax help
Finding a VITA or TCE Site Near You

- The Volunteer Income Tax Assistance (VITA) program offers free tax help to people who generally make $55,000 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.

- To locate a VITA or TCE site or use the VITA Locator Tool [https://www.irs.gov/individuals/find-a-location-for-free-tax-prep](https://www.irs.gov/individuals/find-a-location-for-free-tax-prep) or call 800-906-9887.
Finding an AARP TCE Tax-Aide Site

- 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/](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.

Key Takeaways

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 health insurance for 2018, 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 for a consumer's eligibility for Advance Premium Tax Credits (APTC), including the ConnectorCare program. If members got an Advance Premium Tax Credit in 2018 and don’t file a federal income tax return, they won’t be able to get help paying for their health insurance through a tax credit or ConnectorCare again in the future until they reconcile their taxes.
Key Takeaways (cont’d)

- 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.

- Remind consumers to keep any 1095 forms received from MassHealth or the Health Connector.

- Also refer them to the eligibility and enrollment notices they’ve received from MassHealth and the Health Connector to help them determine when their coverage was effective, and make sure to keep copies of these notices. Consumers may need them if the IRS or their tax preparer has questions about their coverage.
Questions?
Appendix
For more detailed information about the Health Connector and MassHealth End of Year Tax filing process

1. Visit this Health Connector web page:

www.mahealthconnector.org/taxes

2. Review presentations and sample communications:

- Certified Assisters should go to the LMS
  masshealthenpoint.myabsorb.com to review Course 05A: Health Connector and MassHealth: Year-end Tax Filing Process and the important resources available within the course.

- All others can review and download information from:
# Overview of 1095 Forms

<table>
<thead>
<tr>
<th>Who sends it?</th>
<th>1095-A</th>
<th>1095-B</th>
<th>1095-C</th>
</tr>
</thead>
</table>
| Who receives it? | Individuals enrolled in Qualified Health Plans through the Health Connector or another Marketplace | Individuals not enrolled in a Marketplace or are not employed by a large employer:  
• Employees of small employers  
• MassHealth members  
• Individual market enrollees  
• Federal program recipients (e.g., Medicare, VA, Tricare)  
• Students | Employees of large employers |
| Who does **not** receive it? | • Enrollees in catastrophic health plans or dental plans  
• Health Connector for Business 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 |
## What forms will Health Connector members get?

<table>
<thead>
<tr>
<th>Program</th>
<th>1095 info</th>
<th>1099-HC info</th>
</tr>
</thead>
<tbody>
<tr>
<td>ConnectorCare</td>
<td>1095-A from the Health Connector</td>
<td></td>
</tr>
<tr>
<td>QHP with APTC or unsub</td>
<td></td>
<td>1099-HC from their health plan</td>
</tr>
<tr>
<td>Catastrophic plan</td>
<td>1095-B from the carrier</td>
<td></td>
</tr>
<tr>
<td>Health Connector for Business</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What forms will MassHealth members get?

<table>
<thead>
<tr>
<th>Program</th>
<th>1095 info</th>
<th>1099-HC info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless member was 18 years or older and was &lt;150% FPL all year</td>
</tr>
<tr>
<td>CarePlus</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless member was &lt;150% FPL all year</td>
</tr>
<tr>
<td>CommonHealth</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless member was &lt;150% FPL all year</td>
</tr>
<tr>
<td>Family Assistance (Direct Coverage)</td>
<td>1095-B from MassHealth</td>
<td>1099-HC from MassHealth, unless member was &lt;150% FPL all year</td>
</tr>
<tr>
<td>Health Safety Net</td>
<td>No form – not MEC</td>
<td>No form – not MCC</td>
</tr>
<tr>
<td>Limited</td>
<td>No form – not MEC</td>
<td>No form – not MCC</td>
</tr>
</tbody>
</table>