

When a Health Connector member is found to be enrolled in Medicare they are no longer eligible for the same Health Connector benefits.

As a best practice, once someone is *eligible* for Medicare, they should take action to enroll as soon as possible. They also need to disenroll from Health Connector coverage as this does not happen automatically. Taking these actions will help them avoid paying Medicare penalties for late enrollment and also help avoid being responsible for paying back any Advance Premium Tax Credits (APTCs) used for Health Connector coverage. Individuals do not qualify for APTCs once they become eligible for Medicare.

There is an exception to this rule. People who must pay for Medicare Part A have the option to stay enrolled in a Health Connector plan and continue receiving any subsidies they qualify for or to take Medicare and leave Health Connector coverage. Continue on to read the Health Connector's general guidance about helping someone newly enrolled in Medicare. There are also more details about Health Connector policies, procedures, some basic Medicare information, including where to direct people for more help and you can learn more about those who may be in an exception situation.

Health Connector policies and processes:

Subsidized Health Connector coverage. If someone is enrolled in health insurance coverage that meets Minimum Essential Coverage (MEC) standards, such as Medicare Part A, they are not eligible for subsidized Health Connector coverage. If someone is found to be enrolled in Medicare during the calendar year, they will lose eligibility for subsidies through the Health Connector for the rest of the year.

Unsubsidized Health Connector coverage. Individuals enrolled in Medicare Part A cannot sign up for new coverage through the Health Connector, including unsubsidized coverage. In addition, those enrolled in Medicare can no longer renew their unsubsidized coverage through the Health Connector. This is because Medicare rules prohibit selling Medicare enrollees coverage that duplicates the benefits they receive from Medicare.

Both subsidized and unsubsidized Health Connector members who are identified as enrolled in Medicare during the Health Connector Redeterminations and Renewals process, or Health Connector members who update their application to report that they have Medicare, can expect to:

- Stay enrolled in a Health Connector health plan (QHP) through the end of current benefit year only
 - *Those found to be eligible for Medicare for the upcoming year are able to keep their subsidies through the end of the current calendar year.*
 - *Those who update their current year application with Medicare will lose their access to subsidies sooner.*
- Lose their Health Connector coverage for the upcoming year
- Continue their enrollment in Dental plans
- Potentially renew coverage in their same unsubsidized plan directly through their carrier, if the carrier offers the same policy off-Exchange (outside of the Health Connector)

Medicare beneficiaries can also purchase a Medicare Supplement or Medicare Advantage plan to supplement Medicare coverage. Medicare Supplement plans are continuously open while Medicare Advantage plans are open for enrollment at specific times. These plans are available through insurance carriers; the Health Connector does not offer these types of plans.

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Eligibility before Medicare	Eligibility after Medicare, but in the same plan year	Eligibility after Medicare at renewal
Member receives help paying for a Health Connector plan	Subsidies end but member can stay in plan at full cost	Plan ends and member can discuss potential options with carrier for renewal off-Exchange or Medicare-compatible product
Member does not receive help paying for a Health Connector plan	No change	Plan ends and member can discuss potential options with carrier for renewal off-Exchange or Medicare-compatible product

How are members notified by the Health Connector?

If a member is identified as being enrolled in Medicare during the Health Connector’s Redetermination and Renewals process for Open Enrollment, they may see this information displayed on their Preliminary Eligibility notice. In addition, the Health Connector routinely sends a letter to members who have been found to be newly enrolled in Medicare benefits outside of the Open Enrollment timeframes.

What if other members of the household still need health insurance coverage?

If a household member becomes newly enrolled in Medicare, there are important steps for the other household members to take to maintain coverage. If the Medicare-enrolled individual is the **subscriber** on the plan, the process is *slightly different* depending on when they are identified as being, or report becoming, enrolled in Medicare. For example:

- **During the Health Connectors renewal process**, if the Medicare-enrolled individual is the subscriber on the Health Connector plan, the other household members will lose their coverage at the end of the calendar year and will not be auto-renewed for the next year.
- **During other times of the year**, if the Medicare-enrolled individual is the subscriber on the Health Connector plan, they will lose access to subsidies at the beginning of the next month and the subscriber will be placed into an unsubsidized Health Connector plan. If the subscriber was eligible for a ConnectorCare plan prior to their Medicare determination and their spouse or dependent is still eligible for a ConnectorCare plan, that spouse/dependent needs to enroll in a separate ConnectorCare plan. They will not be automatically enrolled and could have a gap in coverage if they do not take action.

In both scenarios, if the spouse or dependent is still eligible for a Health Connector plan, with or without subsidies, they need to proactively enroll back into a Health Connector plan.

Assisters can help the Medicare-enrolled individual and their spouse or dependents by:

Updating the online application through the Assister Portal or calling Health Connector Customer Service to report the Medicare information.

- 1) Indicating which individual no longer needs insurance coverage.
 - a) If the person enrolled in Medicare is still showing as eligible for and/or enrolled in Health Connector coverage, change that person to “not applying.” You can also enter the member’s Medicare information on the health insurance screen.
 - b) Resubmit the application to get a redetermination for the other household members.
 - c) *Remember, If the subscriber is no longer eligible, the entire plan’s enrollment will be cancelled.*
- 2) If the other household members want to continue their Health Connector coverage, they must re-shop and complete the enrollment for a new plan.
 - a) Advise the remaining household members that they may need to set up a new recurring payment.



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How to Identify the Head of Household or Subscriber of the plan

The easiest way to find the Head of Household information is from the application summary page on the application. This information is under the contact information section. In addition, all the mail sent from the Health Connector is addressed to the Primary Subscriber of the household.

Medicare basics

Medicare is a Federal health insurance program for Individuals age 65 and over and those under age 65 with a disability. Medicare alone is not a comprehensive health insurance plan. Depending on what parts of Medicare an individual enrolls in, they may need to pay for a portion of their medical expenses. Types of Medicare charges include co-pays, deductibles and co-insurance. **Medicare has 3 parts:**

- Part A - Hospital Insurance
- Part B - Medical Insurance
- Part D - Prescription Drug Coverage

Medicare Part C is through private managed care insurance plans. Medicare C provides the benefits of A, B, and D plus additional benefits.

Medicare A meets the standards of Minimum Essential Coverage (MEC) on its own. Medicare B does not. If someone is eligible for Part A and has to pay for it, they do not have to sign up for Part A Part or B. If they are a current Health Connector member, they can stay enrolled in Health Connector coverage and also renew the following year, but they cannot also enroll in Medicare and keep their subsidies.

If you are currently enrolled in Health Connector plan and become eligible...	Can you keep your Health Connector Plan after becoming eligible for Medicare?	Are you eligible to continue receiving tax credits and reduced cost-sharing?
for Premium-free Medicare Part A	NO	No. Any tax credits being received will stop once Medicare Part A coverage begins.
to PAY FOR Medicare Premium Part A	YES	Yes, if you only enroll in Medicare Part B (B does not meet MEC standards). No, if you enroll in Medicare Premium Part A.

Medicare and MassHealth

Separately, enrollment in Medicare does not make someone ineligible for MassHealth. In most cases, Medicare becomes the primary payor and enrollment in Medicare will change how MassHealth coverage works.

People with Medicare may also apply to MassHealth for assistance with Medicare health and drug coverage expenses by completing an application. Ways to apply for MassHealth can be found at <https://www.mass.gov/howto/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care> .

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Enrolling in Medicare

Individuals who are receiving Social Security Retirement benefits for any length of time or who have received Social Security Disability benefits for more than 24 months will be automatically enrolled in Part A at no premium cost. Other Medicare-eligible individuals age 65 or older must take action to enroll in Part A.

Medicare-eligible individuals must generally take action to enroll in Medicare Parts B or D (both have a monthly premium cost). If Medicare-eligible individuals don't sign up for Part B or D during their Initial Enrollment Period for Medicare they could end up paying a late enrollment penalty for their Medicare Part B and D coverage in the future.

Individuals can contact the Social Security Administration at 1-800-772-1213 for help with questions about their eligibility or enrolling in Medicare Part A or B. They can also go in person to their local Social Security office or apply online at www.socialsecurity.gov. Learn more about the Medicare Initial Enrollment Period and find more information about Medicare by visiting: www.Medicare.gov

Individuals can contact the SHINE program for information about Medicare, assistance with enrolling and to learn about options for relief that may be available to them if they did not sign up for Medicare Part B and D on time and to avoid facing late penalties or lock-out of Medicare. Call 1- 800-AGE-INFO (1-800-243-4636) to reach the regional SHINE office.

Are there other details about Medicare that Assisters should be aware of?

- The month before Medicare coverage starts, the newly enrolled Medicare member should contact the Health Connector to cancel their Health Connector coverage. This does not happen automatically.
 - *The only exception to this rule is during the Renewals period, when the member will not be renewed with the Health Connector for the following year*
- Enrollment in Medicare Part A (Hospital Insurance) meets the standards for Minimum Essential Coverage (MEC). Enrollment in Medicare Part B (Medical Insurance) alone does not meet MEC standards.
- When helping a Health Connector member who is newly enrolled in Medicare, note that the systems identify everyone who is enrolled in Medicare Part A or Medicare Advantage, whether or not they have to pay for Medicare Part A.
- Individuals who must pay a premium for Medicare Part A may choose whether to enroll in a Health Connector plan or in Medicare, but they may face significant late enrollment penalties if they do not enroll in Medicare when they become eligible. The penalties would apply to Medicare A, B and D upon enrollment.

In addition, some individuals who neglected to sign up for Medicare when they should have and incurred a penalty may apply for Equitable Relief. The Equitable Relief period ended June 30, 2020; however, beneficiaries who meet the eligibility criteria can request the relief at any time, even after June 30, 2020. Call the Social Security Administration at 1-800-772-1213 for information.

Where can members get help with understanding their Medicare options?

Individuals and families can get free help with understanding Medicare through the SHINE Program (Serving the Health Insurance Needs of Everyone). mass.gov/health-insurance-counseling.

To make an appointment with a counselor call: 1- 800-AGE-INFO (1-800-243-4636) . Individuals can also call their town's Council on Aging for help. For more information about Medicare visit the Medicare website at: www.medicare.gov