



ACA LEARNING SERIES

Impact on Massachusetts &
Implementation Activities to Date

Massachusetts Health Care Training Forum (MTF)

January 2014

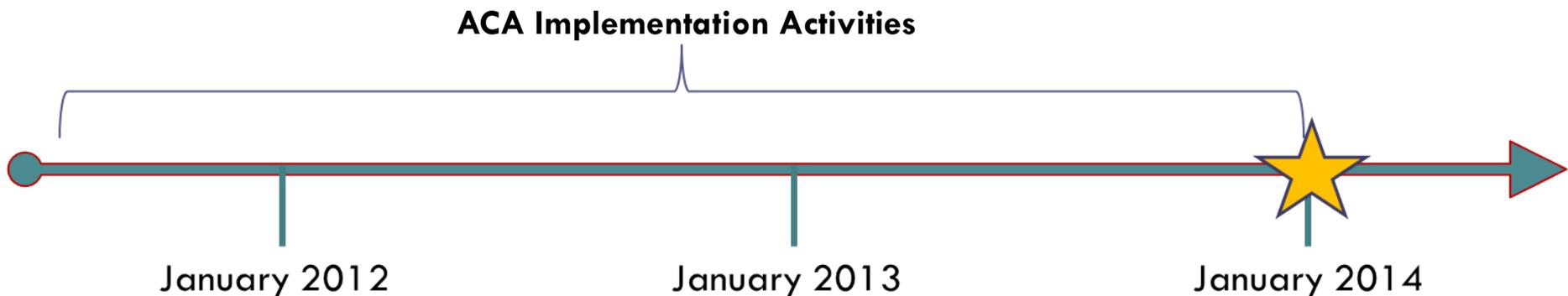
A collaborative effort between the
Executive Office of Health and Human Services and the Health Connector

Massachusetts ACA Learning Series

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The purpose of this ACA Learning Series is to educate staff who currently assist Health Connector, MassHealth and Health Safety Net (HSN) members at Massachusetts hospitals, health centers and community-based organizations

- Introduce key concepts and create awareness
- Deliver important, detailed information that will prepare you for assisting populations you serve
- Provide you with specific information and training to help populations obtain coverage



Agenda

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- ACA Update
- Member Transition Updates
- Qualified Health Plans Update
- ConnectorCare, Student Health and CarePlus Regulations
- MassHealth CarePlus
- Medically Frail
- MassHealth Regulations Update
- Review of Eligibility for Premium Tax Credits

ACA Update

ACA Update

- January is a time of great change for healthcare in Massachusetts. The Affordable Care Act provided the opportunity for an expansion of the MassHealth program and the launch of a new MassHealth plan called MassHealth CarePlus.
- Effective January 1st, 2014, approximately 300,000 members became eligible for new MassHealth coverage types.
- Members who were enrolled in MassHealth Basic, MassHealth Essential, Commonwealth Care, the Insurance Partnership or the Health Safety Net have been enrolled starting January first in MassHealth Standard, Family Assistance or CarePlus.
- Another 124,000 in Commonwealth Care (over 133% FPL or AWSS), Medical Security Plan and Insurance Partnership have access to extended coverage through March 31.

As of January 1, 2014

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Through alternative pathways, more people have access to coverage through the Commonwealth today than did before.

Commonwealth Care members and eligible but unenrolled individuals transitioned to MassHealth	~130,000
Commonwealth Care, MSP and IP members extended through 3/31/2014	~124,000
“New people” accessing subsidized coverage through the Health Connector and MassHealth	~28,000
Non-subsidized QHP members (some are current Commonwealth Choice and YAP, of whom ~2,500 had a 12/31 end date)	~4,000*

**Additional non-subsidized QHP enrollments for 1/1 anticipated given premium payment deadline extension*

Member Transition Updates

Update on Subsidized Health Coverage Programs

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As communicated on **12/13/13**, members in the following programs who were not automatically transitioned to MassHealth coverage will have access to benefits through the end of March:

- **Commonwealth Care**
- **Medical Security Plan (if eligible and enrolled at the end of December)**
- **Insurance Partnership Employees**

Commonwealth Care

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Commonwealth Care members who have submitted an application for QHPs began receiving a letter beginning the second week in December informing them that they will still have access to coverage through March 31, 2014, and that their application for new coverage will be processed over the coming months



[Recipient Name]
[C/O]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

[Date]

Important:

Your Commonwealth Care coverage is being extended until March 31, 2014

Dear [Member name],

The open enrollment period for Commonwealth Care members to re-apply for coverage has been extended. You do not need to take any action at this time to continue to get this coverage, other than paying your premium in full and on time. However, you must re-apply for coverage before the end of the open enrollment period.

You have until March 24, 2014, to re-apply and enroll in a plan that starts April 1, 2014, and avoid any gaps in coverage.

You may have already gotten a notice in the mail letting you know that Commonwealth Care is ending on December 31, 2013. We apologize for any confusion caused by this message. The Commonwealth Care program will still be ending and is closed to new members. However, you should be able to stay covered through your current Commonwealth Care plan **until March 31, 2014**, as long as you continue to pay your monthly premium bill.

If you already re-applied through the Health Connector

If you already submitted a new online, paper, or phone application for insurance through the Health Connector, please know that we are still working on processing your application. At this time, we do not have information about which programs and plans you can qualify for. We appreciate your patience as we work to process a large number of applications.

You will be contacted by phone and/or mail once we have determined which plans you can qualify for, and you will be able to choose a new plan and enroll at that time.

In the meantime, you should continue to have health insurance coverage through your current Commonwealth Care plan until March 31, 2014.

Medical Security Program

The Medical Security Program served both MSP Direct Coverage Members and MSP Premium Assistance Members

- **MSP Direct Coverage Members:** Benefits have been extended through March 31st, 2014 and coverage provided through Network Health Extend
- **MSP Premium Assistance Members: Not extended; ending Dec 31, 2013.** Members received a letter from MSP stating that the member has a choice to change from Premium Assistance (with COBRA) over to Direct Coverage (with Network Health Extend). This will allow them to have coverage from January 1, 2014 until March 31st, 2014
- If a current Direct Coverage member or Premium Assistance member who opts into Direct Coverage hasn't received an eligibility determination yet from the Health Connector or MassHealth regarding 2014 coverage – or has not submitted an application for other health benefits, they still have through **March 24, 2014** to apply, select a plan and pay their first month's premium without experiencing a gap in coverage

Medical Security Program



CHANGES TO YOUR HEALTH CARE COVERAGE

<<Date>>

<<First Name>> <<Last Name>>
<<Mailing Street>>
<<City>> <<State>> <<ZIP>>

Member ID #: <<Member ID>>
Plan: *Network Health Extend* Plan Type I

Dear <<First Name>> <<Last Name>>:

As you may have heard, your open enrollment period has been extended, along with your *Network Health Extend*™ coverage. At Network Health, we are committed to helping you through this transition, and want to let you know exactly what you need to do to keep your health care coverage.

As a *Network Health Extend* Plan Type I member age 18 – 20, your coverage will now end on March 31, 2014, unless you enroll in your new plan sooner. You will likely become eligible for MassHealth (assuming your eligibility circumstances do not change).

To make sure you have coverage on April 1, 2014, you must apply and enroll in a new plan between now and March 24, 2014. If you haven't done so already, go to MAhealthconnector.org, create an account, and learn about your new health care options. You may be able to enroll in a MassHealth plan, such as *Network Health Together*®. You can apply for and enroll in a plan online through the Health Connector's website at MAhealthconnector.org, or mail in a paper application, or call the Health Connector. Be sure to complete your enrollment at least five business days before the first day of the month that you want your new coverage to start. For example, if you enroll by January 24, 2014, your new coverage will start February 1, 2014.

If you already applied for new coverage, the Health Connector will contact you by phone and/or mail once they have determined which plans you qualify for, and you will be able to choose a new plan and enroll at that time. In the meantime, you should continue to have coverage through *Network Health Extend*.

We encourage you to apply and enroll in your plan now, so you won't have to worry or experience a gap in coverage.

Questions or concerns? Need help with your application?

- Call us at 888-257-1985 (TTY: 888-391-5535), Monday through Friday, from 8 a.m. to 5 p.m. We're happy to help. Or, visit us online at ACAchanges.com for more information.
- Call the Health Connector at 877-623-6765 (TTY: 877-623-7773), Monday through Friday, from 7 a.m. to 7 p.m., and Saturday, from 9 a.m. to 3 p.m. during open enrollment, or visit MAhealthconnector.org
- Call MassHealth at 800-841-2900 (TTY: 800-497-4648), Monday through Friday, from 8 a.m. to 5 p.m.

Thank you for being a Network Health member.

Sincerely,
Network Health and the Massachusetts Health Connector

4622F 12133



[Recipient Name]
[C/O]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

Call 1-866-216-4845 or visit
NetworkHealthExtend.com by
December 31, 2013, to enroll in
coverage with no monthly
premium

December 18, 2013

Important: Enroll in a Network Health plan with no monthly premium for coverage until March 31, 2014

Dear [Member name],

The Medical Security Program is ending December 31, 2013. As of January 1, 2014, you can choose to keep your current coverage, but you will no longer get the financial help in paying your monthly premium that you have been getting from the Medical Security Program.

If you want financial help for your health coverage, you have the option of enrolling in a temporary Network Health insurance plan with no monthly premium. This coverage is available through March 31, 2014, for former Medical Security Plan members who need more time during open enrollment to apply for a new health plan. This coverage is available through the Massachusetts Health Connector.

If you choose to enroll in this temporary coverage, you will need to apply for another insurance plan that starts April 1, 2014, in order to avoid a gap in coverage.

Here is what you need to know about the temporary Network Health coverage:

- You must call 1-866-216-4845 or go to NetworkHealthExtend.com by December 31, 2013, to sign up for this coverage.
- You do not need to pay any money in monthly premiums to get this temporary coverage.
- You will have to pay co-pays for health care services that you get while you are in this coverage.
- Your coverage will start January 1, 2014, and end March 31, 2014.

Please note: If you would like to apply for a plan starting April 1 that could include subsidies to help you pay for insurance, you have until March 24, to apply through the Health Connector. You may also choose to stay in COBRA coverage if it is

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Insurance Partnership

Insurance Partnership

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- The Insurance Partnership program ended December 31, 2013
- What will happen to **employees** who currently receive benefits?
 - The majority of employees and their families will continue to receive premium assistance through MassHealth.
 - Employees whose employer sponsored insurance is considered unaffordable by ACA standards will qualify for subsidized health insurance through the Health Connector.
 - Employees who do not qualify for another MassHealth benefit or Health Connector subsidies may qualify for the new MassHealth Small Business Employee Premium Assistance Program.
- What options will **employers** that currently use the Insurance Partnership have?
 - Beginning in January of 2014, employers no longer receiving incentive payments will have new opportunities to shop for affordable health insurance through the Health Connector, and they may qualify for tax credits or a wellness rebate.
 - Small Business Tax Credit: The Affordable Care Act established new tax credits for certain small employers to make it more affordable to cover their employees. In 2014, this tax credit will increase and will be available exclusively through the Health Connector.
 - Eligible employers can get up to a 50 percent federal tax credit on their share of employer premiums
 - Up to a 15% rebate on health insurance for qualified employers through Wellness Track

Insurance Partnership

MassHealth will continue to make premium assistance payments during the open enrollment period (through March 31, 2014) for certain Insurance Partnership employees not transitioned elsewhere

- Beginning in January 2014, MassHealth will send premium assistance payment for the health insurance premium directly to the member, and the member's employer will begin to take out some money from the paycheck to pay for the employees' share of the health insurance premium
- The premium assistance payments are made in advance, so for example, the January assistance payment that is made is for the February health insurance premium. The last premium assistance payment from MassHealth will be in February for the March health insurance premium
- A dedicated call center for transitioning members is now live – the number is **1-866-865-0147**
- The call center is geared towards the transitioning employees:
 - To help educate them on what benefits they should qualify for and what steps, if any, they will need to take to obtain those benefits.

The Small Business Employee Premium Assistance Program

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- The Small Business Employee Premium Assistance Program is a new MassHealth pilot premium assistance program for individuals earning at or below 300 percent of the FPL who work for small employers (with 50 or fewer full-time employees) and do not qualify for other MassHealth benefits or for premium tax credits through the Health Connector because the insurance offered by their employer is considered affordable by ACA standards but is considered unaffordable by Massachusetts standards (See the attached link for the related proposed regulations: <http://www.mass.gov/eohhs/docs/masshealth/proposed-regs/130-cmr-505-000.pdf>.)
- This program primarily targets people who previously received assistance through the Insurance Partnership and who otherwise might not be able to receive continued assistance.
- This is NOT a replacement for the Insurance Partnership or a program for employers.
- Starting in January of 2015, employees will qualify for assistance through this program only if their employer purchases insurance through the Health Connector.

Insurance Partnership

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The Insurance Partnership
From the Commonwealth of Massachusetts



PO Box 120068
Boston, MA 02112-0137



Commonwealth of Massachusetts
Executive Office of Health and Human Services

<Date>

<Name>

<Blank>

<Blank>

<Mailing Street Address>

<City> <State> <Zip>

Dear MassHealth Insurance Partnership Member,

Thank you for participating in the MassHealth Insurance Partnership. This program has helped self-employed and small businesses afford the cost of health insurance.

As you may know, in 2010, the Affordable Care Act (ACA) was signed into law by President Obama. Many of the changes to both private health insurance and public health coverage programs under the ACA will take effect on January 1, 2014. This letter is to inform you that there will be changes coming to the Insurance Partnership and what steps you may need to take to continue to receive coverage.

Changes under the ACA include new types of assistance and subsidies that will now be available to more people, including people with higher income levels. There also will be new incentives to small employers to offer insurance to their employees, like those the Insurance Partnership provides.

Because of these changes, the Insurance Partnership will be ending, effective December 31, 2013. MassHealth will continue to issue employer incentive and premium assistance payments through the end of December 2013. Your employer may be eligible for other types of incentives for offering insurance beginning in 2014.

What does this mean for me?

Beginning in January 2014, middle to low-income families may now be eligible for federal and state subsidies to reduce the costs of their health insurance premiums and cost sharing. Based on the current income, household information and information we have regarding your current employer sponsored insurance coverage, we expect that you will be eligible for one of these new programs if you apply for and enroll in a health plan through the Health Connector. The Health Connector open enrollment ends March 31, 2014.

To allow for a smooth transition, MassHealth will continue to make premium assistance payments to you during the open enrollment period. However, how your premium assistance payment is made will be different. Now, the premium assistance check is sent directly to your employer. However, beginning in January 2014, MassHealth will send your premium assistance payment for your health insurance premium directly to you, and your employer will begin to take out some money from your paycheck to pay for your employee share of your health insurance premium. The premium assistance payments are made in advance, so for example, the

Letter - 5

January assistance payment that is made is for your February health insurance premium. The last premium assistance payment you would receive will be in February for your March health insurance premium.

Next Steps

You will need to reapply for benefits. In the coming weeks, you will receive a packet from the Massachusetts Health Connector outlining what the new programs are and how to apply for and enroll in a Health Connector plan. If you have children, we expect that they will continue with the same MassHealth coverage they have today, however, your family would still need to reapply to ensure you receive the richest benefits available. You should also expect to receive a letter from MassHealth explaining that your current MassHealth benefits will end, in anticipation of your enrollment in a Health Connector plan.

To make sure you have no gaps in coverage, you will need to re-apply before March 24, 2014 for coverage beginning April 1, 2014. You can apply sooner, and we recommend that you re-apply sooner than this deadline. Members can take advantage of the new plans and subsidies available to them, such as tax credits and ConnectorCare plans, as soon as January 1, 2014. To apply for coverage that starts January 1, members need to re-apply and enroll in a new plan by December 23, 2013.

If you have any questions about this letter or the changes to expect in the coming months, please contact the Insurance Partnership Transition customer service line at 1-866-865-0147. Also call this number if the Connector informs you that you are not eligible to enroll in a Health Connector plan..

We appreciate your participation in the Insurance Partnership and thank you for making the program a success.

Regards,
The MassHealth Insurance Partnership Program

ACA Transition Toolkit

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- MassHealth, the Health Connector and Health Safety Net have worked together to develop an ACA Member Transition Toolkit
- This toolkit will help you understand the changes that took effect on January 1, 2014 because of the Affordable Care Act (ACA) – also known as national health care reform
- You can see:
 - How a person's health coverage may change
 - What actions a person must take to make sure that he or she has health insurance in 2014
- Available for download on the MassHealth website:

<http://www.mass.gov/eohhs/docs/mashealth/provider-services/aca-transition-toolkit.pdf>

The screenshot shows the cover and first two pages of the ACA Transition Toolkit 2013-2014. The cover features the logos for the Massachusetts Health Connector and MassHealth, along with the title 'Transition Toolkit 2013-2014'. The content is organized into sections with headings and bulleted lists.

Who can use this toolkit?

- Providers
- Community-based organizations
- Health plans
- Navigators
- Certified Application Counselors
- Anyone assisting a person with subsidized health insurance such as a MassHealth program

What's in this toolkit?

1. **Coverage Chart (page 3)**
Use this to see if a person needs to re-apply because of changes in these programs:
 - MassHealth
 - Health Safety Net
 - Insurance Partnership
 - Medical Security Program
 - The Children's Medical Security Plan
 - Healthy Start
 - Commonwealth Care
2. **2014 Immigration Statuses (page 6)**
3. **2013 Federal Poverty Guidelines (page 7)**

What's this toolkit for?

This toolkit will help you understand the changes that will take effect on January 1, 2014 because of the Affordable Care Act (ACA) – also known as national health reform.

You can see:

- How a person's health coverage may change
- What actions a person must take to make sure that he or she has health insurance in 2014

How will you know if someone's benefits are changing?

Everyone whose benefits are changing will get a letter.

- In October, the Health Connector will begin mailing information to members who need to re-apply for new plans.
- In November, MassHealth will begin sending letters to members who will be moving to new programs.

→ Be sure to ask if the person you are helping has received a letter. People who received letters should follow the instructions in the letters.

You can use the Coverage Chart on page 3 to see if someone will be moved to a new program or needs to re-apply. To use the chart, you'll need:

- The name of the person's current health insurance program
- Their immigration status
- Their age
- Their income

You may also need to know if the person is receiving other benefits or is disabled.

**Because of the state subsidized coverage extensions, the toolkit can be used until the completed transition

ConnectorCare

ConnectorCare: Sample Letter

- Beginning the second week in December letters were mailed to applicants eligible for ConnectorCare
- The letter lists the plans they can choose from and states that a final determination notice will be sent in the mail once the application process is complete

To find out if a go to their web for each of the
 BMC H
 Neighb
 Minutem
 Network
 CeltiCa

Please note: Y for out-of-pock information ab Service at 1-8

2. Let us know

In order to con health insuran enrolled in. To You have seve

- **By mail.** Fi this form. A person in y envelope. MA 02114
- **By phone.** p.m., and 9
- **In person.** Friday, 7:0

Boston: Massachusetts 133 Portla Boston, MA

- **By Fax.** Fa

If you have g

If you need hel area. These ar For a list of Na help, or call He

If you think c

You may appea the Appeal Red

Thank you,
 Massachusetts Health Connector



December 5, 2013

Case number:
 Person ID number:

Important: It's time to enroll in a health plan

Dear name,

Thank you for submitting an application for health insurance through the Massachusetts Health Connector. Based on our initial review of the information you provided, you are able to enroll in a **ConnectorCare Plan Type [x]** for health insurance coverage that starts January 1, 2014, but it does not appear that you qualify for MassHealth.

Please note: This is not a final determination—you will receive a final determination notice in the mail once we have fully processed your application. You do not need to wait for the final determination before enrolling in a new plan for January 1, 2014.

ConnectorCare plans are high-quality and have good value, with lower premiums (monthly costs) and lower out-of-pocket costs because they are paid for in part by the state and federal government. You also qualify for a premium tax credit, which is paid directly to your insurance carrier to help lower the cost of your monthly bill.

Now you need to enroll in a new plan by following the steps listed below. **In order to be enrolled in coverage that starts January 1, 2014, you must complete your enrollment by December 23, 2013.**

If you applied for health insurance for other people in your household as well, each person will get a separate letter regarding their enrollment.

1. Choose a health plan

You can choose to enroll in one of the following ConnectorCare health plans:

BMC HealthNet Plan	BMCHP ConnectorCare 1	\$0.00
Neighborhood Health Plan	NHP Prime HMO ConnectorCare CY 0/0	\$12.00
Minuteman	MyDoc SilverCare 1	\$20.00
Network Health	Network Health Direct ConnectorCare 1	\$24.00
CeltiCare	CeltiCare ConnectorCare 1	\$34.00

Co-payment amounts are the same for all health plans. See the enclosed health benefits and co-pays chart for details. These plans offer the same core set of services but may have different doctors or hospitals in their provider networks.

ConnectorCare

Consumers have four options for selecting the ConnectorCare plan they want to be enrolled in:

- **By mail.** Fill out the enclosed form and send using the envelope provided. Do not send payment with this form. A bill will be sent with the amount due. Remember to send in a completed form for each person in the household who receives an enrollment letter. Send all of the forms in the same envelope. The mailing address is: Massachusetts Health Connector, 133 Portland Street, 1st Floor, Boston, MA 02114-1707
- **By phone.** Call the Health Connector at 855-4-MA HLTH (855-462-4584). We are available Monday to Friday, 7:00 a.m. to 7:00 p.m., and Saturdays 9:00 a.m. to 3:00 p.m.
- **In person.** Bring completed form(s) to one of the Health Connector Customer Service centers, which are open Monday to Friday, 7:00 a.m. to 7:00 p.m., and Saturdays 9:00 a.m. to 3:00 p.m.
- **By Fax.** Fax your form(s) to: 617-449-3794

Temporary Coverage

Temporary Coverage

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- The Health Connector and MassHealth are experiencing some delays in processing applications through our new systems
- Our highest priority is to ensure that everyone seeking insurance coverage has access to coverage without undue delay
- Individuals who are not currently enrolled in any subsidized health program who have applied for subsidized coverage, and whose applications we have not been able to process in a timely manner, will have access to temporary coverage until we are able to process their applications and make final eligibility determinations.

Temporary Coverage (cont'd)

Who will receive temporary coverage?

- Individuals who:
 - Submitted a new ACA application (online, by phone or on paper) for subsidized health insurance prior to December 31, 2013
 - Are not currently enrolled in any subsidized health insurance program through the Commonwealth (except for Children's Medical Security Plan or the Health Safety Net), and
 - Whose applications the Health Connector and MassHealth have been unable to process
- Individuals who submitted applications after January 1, 2014, may receive temporary coverage if we are unable to process their applications in a timely manner

Temporary Coverage (cont'd)

How will people know if they have temporary coverage?

- All applicants who are or will be receiving temporary coverage will receive a letter from the Health Connector and MassHealth informing them about their temporary coverage

How can people in temporary coverage access services?

- Individuals receiving temporary coverage can seek services from any provider that accepts MassHealth
- The letter that individuals received has a Member ID and should be presented when they get health care services

When will temporary coverage end?

- Temporary coverage will end when a full program determination has been made. Applicants will receive another letter with their final program determination

Temporary Coverage Information

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Please review the email updates sent on 12/20/13 for:

- ❑ **Provider Bulletin**
- ❑ **Sample Notice**
- ❑ **Frequently Asked Questions**

Important note to members:

Bring letter when going to a health care provider, including a doctor, hospital, or pharmacy.

- ❑ This letter displays the temporary Member ID number



Commonwealth of Massachusetts
Executive Office of Health and Human Services



MASSACHUSETTS
**HEALTH
CONNECTOR**
the right place for the right plan

You can get this information in large print and Braille. Call 1-800-841-2900 from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

[MAIL-TO-NAME]
[MAILING-STREET-ADDR]
[MAILING-CITY-NAME], [STATE] [ZIP-CODE]

You will have temporary health coverage beginning January 1, 2014, until your application is processed.

Date: [DATE]

Dear [MEMBER-FIRST-NAME] [MEMBER-LAST-NAME],

You applied for new health insurance coverage with a start date of January 1, 2014, through the MAhealthconnector.org website or a paper application. We are still processing your application to determine if you qualify for a Health Connector plan or for MassHealth.

As of January 1, 2014, you will automatically be enrolled in temporary health insurance coverage until we make a final decision on your application.

You can use this letter as proof of coverage when you go to get health care services—the same way that you would use a health insurance card. Bring this letter with you and show it when you go to a health care provider, including a doctor, hospital, or pharmacy.

Your temporary Member ID number is: [Medicaid ID]

Here is what you need to know about your temporary health insurance coverage:

- You do not need to take any action or pay any money to get this temporary coverage.
- You will be enrolled automatically for coverage that starts January 1, 2014.
- Your temporary benefits will cover a wide range of health care services. Read the attached Summary of Benefits for a list of covered services.
- You can get covered health care services from providers that participate in the MassHealth program.
- You will get a letter when we finish processing your application letting you know if you qualify for a health insurance plan through the Health Connector or through MassHealth.
- Once we have processed your application and made a decision about your eligibility, your temporary benefits will end.

TC (12/13)

Please turn page over ►

Qualified Health Plans (QHP)

without subsidies

Shopping for an Unsubsidized QHP

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- The fastest way to shop for a QHP without a subsidy is to go online MAhealthconnector.org
- Paper applications for unsubsidized QHPs can be found at MAhealthconnector.org under Tools & Resources

Mail or Fax completed applications to:
Massachusetts Health Connector
133 Portland Street, 1st Floor
Boston, MA 02114-1707
877-623-2155



The screenshot shows the 'Tools & Resources' section of the MAhealthconnector.org website. The page title is 'Tools & Resources For Individuals & Families'. A navigation menu on the left includes 'Learn', 'Tools & Resources' (expanded to show 'For Individuals & Families', 'For Small Businesses', and 'For Brokers'), 'Plan Information', 'Help Center', 'Frequently Asked Questions', and 'Glossary'. The main content area features a header image of a family and the title 'Individuals & Families Tools & Resources'. Below this, there are three main tiles: 'Not sure how to get started?' (with a power button icon), 'Download Paper Applications' (with a paperclip icon and highlighted by a red box), and 'Enrollment Packets for Current Members' (with a list icon). Each tile includes a brief description of the resource.

Steps for Enrolling in a QHP

After an application has been processed and approved, the applicant needs to choose a plan and make payment 5 business days prior to the end of the month to have coverage for the 1st of the following month

- To choose a plan, go online or call 1-877-MA-ENROLL
- Payment can be made:
 1. Through electronic fund transfer (EFT) - only if they take that step immediately after selecting a plan
 2. By mail using check or money order
 3. In-person at the Health Connector's Boston or Worcester walk-in centers

ConnectorCare Regulations

ConnectorCare Regulations

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- The ConnectorCare regulations borrowed heavily from the Commonwealth Care regulations:
 - Eligibility is based on an individual's tax household Modified Adjust Gross Income (MAGI) up to 300% FPL and eligibility for federal premium tax credits
 - For people who have difficulty making their premium payments, financial hardship waivers will be available
 - Retained most of the hardship waiver criteria as in Commonwealth Care
 - Added some greater consumer protections (i.e., increase the look-back period from 6 months to 12 months for bankruptcy hardship reason)

ConnectorCare Regulations

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- We now have additional consumer-friendly triggering events to replicate the continuous open enrollment period as well as other protections allowed under Commonwealth Care today

- For example, consumers will be able to shop outside of the open enrollment period for the following reasons:
 - Determination of new eligibility for ConnectorCare;
 - Change in ConnectorCare Plan Type;
 - Approval for a hardship waiver; or
 - End of a hardship waiver period.

Non-group Subsidized Eligibility: ConnectorCare Plans

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Certain MA residents may be eligible for two kinds of subsidies depending upon their income: ConnectorCare Plans and Premium Tax Credits*

ConnectorCare Plans: For Individuals/Families with Income $\leq 300\%$ FPL

ConnectorCare plans are funded by federal premium tax credits and cost-sharing reductions, and additional state subsidies

- Similar to Commonwealth Care, there are 3 types of ConnectorCare plans:
 - ConnectorCare Plan I for individuals/families with income 0-100% FPL
 - ConnectorCare Plan II for individuals/families with income 100.1-200% FPL
 - ConnectorCare Plan III for individuals/families with income 200.1-300% FPL
- The individual/family must enroll in a ConnectorCare plan to receive federal cost-sharing subsidies and state subsidies

Premium Tax Credits: Individuals /Families with Income less than 400% FPL

Eligible MA residents may qualify for federal premium tax credits, which is first applied to QHPs and any remaining amount to the EHB pediatric portion of the QDP

Premium tax credit recipients must attest that they will file taxes for the year when a tax credit is given or risk losing access to APTC in the future

* American Indians/ Alaska Natives earning 0%-300% FPL are eligible for cost-sharing reductions outside of ConnectorCare plans, even if not eligible for tax credits and get zero cost sharing if they get services from IHS

Student Health Insurance Update

Regulatory SHIP Changes

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CHANGES

EXPLANATION AND BENEFIT

EXTENDS

REQUIREMENTS TO SELF-FUNDED SHIPS

- Ensures all schools in Massachusetts are required to provide the same benefits and protections for their students
- As a practical matter, we anticipate that the self-funded schools in Massachusetts, who we believe currently offer robust coverage options, will easily come into compliance with the relevant ACA requirements and will continue to offer competitive coverage at competitive premiums

REFINE CERTAIN PLAN DESIGN REQUIREMENTS

- Remove the \$250-a-year maximum deductible and ties cost-sharing to Minimum Creditable Coverage Standards found at 956 CMR 5.00

MODIFY ENROLLMENT AND REFUND RULES TO FACILITATE ACCESS TO SUBSIDIZED COVERAGE

- Amendments clarify that online-only students and students enrolled only in short-term courses are not “Students”, and are therefore not required to participate in a SHIP and schools are not required to offer SHIP to such students
- Mandatory premium refunds and partial year coverage (starting with plan year 2014-2015)
- Period of 60 days after loss of other coverage to enroll in SHIP (up from 30)

CHANGE RULES RELATED TO VALID SHIP WAIVERS

- We amended the core services categories to include prescription drug coverage
- We allow schools to require more comprehensive coverage than specified in the regulations in order for a student to be allowed to waive out of the school’s SHIP
- Certain types of coverage cannot be used to waive out of SHIPs (e.g., Health Safety Net)
- Where schools operate waiver programs, certain kinds of coverage must be considered “comparable,” such as ConnectorCare

MassHealth CarePlus

CarePlus MCOs

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- MassHealth CarePlus is the new MassHealth coverage type serving the majority of the ACA Medicaid Expansion population, adults ages 21-64 up to 133% FPL, who are not eligible for Standard
- Six managed care organizations are serving the CarePlus population:
 - Boston Medical Center HealthNet Plan
 - CeltiCare Health Plan of Massachusetts
 - Fallon Community Health Plan
 - Health New England
 - Neighborhood Health Plan
 - Network Health

CarePlus MCOs by Region

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	Northern Region	Greater Boston Region	Southern Region*	Central Region	Western Region
BMCHP	X	X	X	X	X
CeltiCare	X	X	X	X	X
Fallon	X			X	
HNE					X
NHP	X	X	X	X	X
Network Health	X	X	X	X	X

* On Martha's Vineyard and Nantucket, the available plans are BMCHP and NHP

CarePlus Transition

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- Members transitioning to MassHealth CarePlus were sent information with an opportunity to choose a plan prior to January 1st
- Members who were previously enrolled in an MCO in MassHealth Basic or Essential or Commonwealth Care remained with that same MCO when they were moved to CarePlus, minimizing disruption
- Members who were not previously enrolled in an MCO were provided with the MCO options and if they did not select a plan, they were auto-assigned
 - All members have a right to transfer to another MCO of their choice. Members should call CST to change to another Care Plus health plan. In most cases, the change of plans will be effective starting on the first day of the next month.

CarePlus Transition

- All CarePlus plans are making accommodations for continuity of care so that members can continue to see existing providers for ongoing treatment, even if the provider is outside of the plan's network, for at least 30 days.
- If a member has existing appointments with out-of-network providers, or existing prior authorizations (PAs), the member and/or the member's provider should call the member's health plan to discuss the situation and obtain authorization, if needed, for services.
- Members receiving inpatient care (for medical or behavioral health services) may remain in the hospital as long as medically necessary. The new MCO is responsible for providing coverage.
- CarePlus MCOs will honor PAs for outpatient and diversionary behavioral health covered services, for no less than 30 days.
- Members may continue to fill existing prescriptions. If a PA is required by the new MCO, at a minimum members will be provided with a 72-hour supply until the PA can be processed.

Medically Frail

Medically Frail

- Individuals found eligible for MassHealth CarePlus, including MassHealth CarePlus Premium Assistance, can self-identify as being “medically frail” if they have special health care needs that may require additional services, such as community based long term services and supports, which are not provided through MassHealth CarePlus.
- A medically frail individual is defined as one who:
 - has a medical, mental health, or substance use condition that limits his or her ability to work or go to school;
 - needs help with daily activities, like bathing or dressing;
 - regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care;
 - or is terminally ill.
- Individuals who meet one or more of these criteria and who identify themselves to MassHealth can choose to change their coverage from MassHealth CarePlus to MassHealth Standard in order to obtain access to the additional services.

Medically Frail (cont.)

- If a MassHealth CarePlus member is medically frail, he or she should call MassHealth at 1-888-665-9993 (TTY: 1-888-665-9997).
- MassHealth CarePlus members can tell us at any time if they are medically frail, including if their health changes in the future.
- A person who self-identifies as medically frail is treated as having a change in eligibility and can be transferred to Standard right away.

MassHealth Regulations

MassHealth Regulations

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- 31 chapters of regulations have been updated. Changes went into effect January 1, 2014.
- There were several changes to MassHealth coverage types:
 - Creating MassHealth CarePlus as a coverage type for the ACA expansion population for adults ages 21-64 up to 133% FPL
 - Eliminating MassHealth Basic, Essential, Insurance Partnership and Healthy Start
 - Makes 19- and 20-year-olds with incomes up to 150% FPL eligible for MassHealth Standard, giving them access to greater benefits and no cost-sharing
 - Providing full Standard benefits to all pregnant women with incomes <200% FPL, including the former Healthy Start population
- There were also changes affecting how eligibility is determined:
 - Implementing new income methodologies: Modified Adjusted Gross Income, a.k.a. MAGI, as required by ACA
 - Updating definitions of certain categories of noncitizens to comply with changes in federal law
 - Updating verification procedures for U.S. citizenship, identity and immigration status

MassHealth Regulations

- Regulations also outline several new policies and procedures for eligibility:
 - 90 Day Provisional Eligibility allows for members to receive coverage during the period they are verifying eligibility factors
 - Hospital Determined Presumptive Eligibility allows for time-limited coverage based on limited information (as opposed to a full application).
 - Eliminated CHIP Waiting Periods to increase access to coverage for children, so children who have been enrolled in private insurance no longer have to be uninsured for six months before qualifying for MassHealth.
- Extended MassHealth coverage to the end of the month for members transitioning to Health Connector coverage.
- The final regulations reflected significant revisions due to comments received during public comment period.

Review of Eligibility for Premium Tax Credits

Questions on Eligibility for Tax Credits

Q. If an applicant says they are not planning to file a return, will that have any effect on eligibility for tax credits?

If an applicant says they will not file taxes for the benefit year, they cannot receive a tax credit.

- If the applicant attests that they will file for the **benefit year**, but in subsequent years, the Health Connector discovers that the individual did not in fact file taxes for a year in which he received credits and attested that he would file, he may not receive credits in future years.
- We are awaiting more detailed information from the IRS on how filing compliance violations will impact eligibility. However, an applicant need not file taxes for a year in which he will not receive a tax credit (i.e., if someone has never filed taxes before, that will not be a block to getting tax credits, as long as the person attests he will file for the year in which tax credits are given).

Questions on Eligibility for Tax Credits

For example:

- John applied for health insurance in November of 2013. When asked whether he will file taxes for the next year (Tax Year 2014 – due by April 2015), John said YES in order to receive tax credits.
- If John answered NO to filing a federal income tax return for tax year 2014, he may still be eligible for MassHealth, Health Safety Net, and a Qualified Health Plan without a tax credit. He will not qualify for premium tax credits (including ConnectorCare).
- If John does not file Tax Year 2014 taxes (by April 2015), he may not receive credits in the future.

Questions (cont'd.)

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Q. If an applicant is married, do they have to file jointly with their spouse to receive a tax credit?

Yes. In order to claim a premium tax credit, married individuals must file a joint return for the year in which they receive tax credits.

Similar to the rules for unmarried individuals, however, a couple need not have filed taxes jointly in the past, as long as they file jointly for the benefit year in question.

Premium Tax Credits FAQs

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Please review the email updates sent on 12/13/13 for a copy of these FAQs.

Copies of these FAQs are available at the resource table

Premium Tax Credits Frequently Asked Questions (FAQs)



- 1. What is a premium tax credit?**
A premium tax credit is money that the federal government pays to your insurance company every month so that you have lower monthly premium bills.
- 2. How is a premium tax credit calculated?**
The amount of premium tax credit that you can get is based on several factors, including your household income and the number of people in your tax household. Using this information, we'll figure out how much you should reasonably be able to afford for health insurance each month, according to the federal government. Then, we will look at the cost of the second least-expensive Silver tier plan available to you, and compare the cost of that plan to the amount that you should be able to afford. The difference between these two numbers will help determine how much money you can get as a premium tax credit.
- 3. Do I have to buy a Silver tier plan with my premium tax credit?**
No, you can use your tax credit to buy any plan from the Health Connector that is available where you live, except for a Catastrophic plan. You can search for plans in your area on our website at MAhealthconnector.org.
- 4. Why would I qualify for a tax credit that is \$0.00?**
It's possible to qualify for a premium tax credit based on your income and household size, but at the same time have the second lowest-cost Silver tier plan already be considered affordable to you, without any extra help (see question #2, *How is a premium tax credit calculated?*). This is why the amount of the credit is \$0.00—there is no difference between the amount that the federal government has determined you can afford, and the amount that the second lowest-cost Silver plan costs.
- 5. What if I make more or less money than I estimated on my application?**
If you end up making more money than you estimated, you may have to pay back some of the credits you received. If you end up making less money than you estimated, you may get the difference at tax time. If you have a change in your income, you should report it to the Health Connector as soon as possible.
- 6. Can I change the amount of tax credit that I use towards my premium?**
Once we are able to make a final determination of your premium tax credit amount, you will be able to choose at that time whether you want to take less than the full amount of credit available to you. If you do take less than the full amount of your tax credit, your actual health coverage premium will increase by the same amount. For example: if you decide to take \$20 less per month from your available tax credit, your premium bill will be \$20 more per month.
- 7. Do I have to file taxes to get tax credits?**
Yes, you have to file a federal tax return for any year that you want to use tax credits. So if you want to use tax credits in 2014, you will have to file your 2014 taxes in 2015.

Appendix

Calculating and Understanding Federal Premium Tax Credits

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How are federal premium tax credits calculated and applied to QHP/QDP premiums?

Federal Premium Tax Credits

- Eligible MA residents earning $\leq 400\%$ FPL may qualify for federal premium tax credits
- Enrollees must select a QHP through the Health Connector and not be eligible or enrolled in other qualifying minimum essential coverage
- American Indian/Alaska Native with incomes $> 300\%$ (no maximum limit) do not pay any point-of-service cost-sharing for services received at a qualified Indian Health Services Center
- All premium tax credits provided to all individuals/families (0-400% FPL) are first applied to the QHP and then the remaining portion is applied to the EHB pediatric portion of the QDP
- Premium tax credits recipients must attest that they will file taxes for the year when a tax credit is given or risk losing access to APTC in the future

Calculating and Understanding Federal Premium Tax Credits (cont.)

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Calculating Credits

- Federal premium tax credit is calculated by subtracting the individual/family's annual premium contribution under ACA from the cost of the 2nd lowest cost silver plan
- The 300-400% FPL population is eligible for premium tax credits and not eligible for ConnectorCare Plans, which contain cost-sharing reductions
- The individual/family may take up to the maximum amount of premium tax credits to reduce the cost of any QHP and QDP, other than a Catastrophic Plan, offered through the Health Connector
- If you take anything less than your max APTC the difference will be paid by the member in their monthly premium
- Any PTC recipient, must reconcile the total tax credit received during the benefit year against total eligible tax credits based on annual income as reported on Federal tax returns*
 - Regularly update information to avoid tax penalties

Calculating and Understanding Federal Premium Tax Credits (cont.)

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What can YOU do to help consumers?

Because eligibility is based on the consumer's projected income and household size, you can help by ensuring consumers have all the necessary information prior to starting an application. Documents to bring include:

- Previous year's tax returns to determine tax filer status
- Copies of W-2s received by everyone in the household
- Information in regards to income from self-employment (if applicable)
- Change in income and/or other income-related documentation

**PTC can only be applied to the pediatric portion of a dental benefit*

Thank you!