



# MA Health Care Learning Series

April 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](http://MAhealthconnector.org).*

# Agenda

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- MassHealth 2016 Renewals
  - Overview
  - Data Matching
  - Renewal Process
- MassHealth Provider Directory
- Health Connector updates
  - Tax Form Information
  - Verification Documents
  - Special Enrollment Period Review

# **MassHealth 2016 Renewals**

- Beginning on April 21, 2016, MassHealth will focus renewal efforts on MassHealth-only households
  - MassHealth will coordinate with the Health Connector on mixed households in the fall
  - Renewal process for members over 65 will not change
- The online system ([MAhealthconnector.org](http://MAhealthconnector.org)) will determine the number of applications that are eligible for MassHealth renewals and attempt to verify information based on federal and state data sources.
- Applications will be selected for renewal if the application date is older than 12 months.

- Applications will be auto-renewed if all information on an application is reasonably compatible and all members will either have the same or richer MassHealth benefits
- If an application cannot be auto-renewed, the head of household (HOH) will be sent a pre-populated form and have 45 days to respond
  - Households will be able to respond online, by mail, by phone, or in-person
  - If the household responds, the system will determine their eligibility based on the application data and generate appropriate request for information (RFI), if applicable
  - If the household fails to respond, the system will determine their eligibility based on available data
- Members do not need to do anything until they receive renewal notices from MassHealth.
- Notices will be sent to the head of household and will include information for all members of the household.

# Selection Criteria



- MassHealth will focus renewal efforts on MassHealth-only households
  - MassHealth will coordinate with the Health Connector on mixed households in the fall
- Applications will be selected for review if the application date is older than 12 months
- A household will not be selected for renewal if it:
  - Has members 65 or older (unless they have an immigration status of Nonqualified PRUCOLS or are family/caretaker relatives); or
  - Cases that remain open by MassHealth for other reasons
  - Has anyone with self-attested Social Security Income (between January 1 – March 1)

# Data Matching



- Once an application is selected for renewal, the online system (MAhealthconnector.org) will use the federal and state data sources to verify the following:
  - Current income
  - Death
  - Disability
  - Public MEC
  - Immigration
- Based on the information the system receives from data sources, it will determine if a household can be auto renewed or needs to take an action for renewal



# Auto Renewals



- A household is auto renewed if all members in the household meet the following criteria:
  - All information in an application is considered verified and there are no discrepancies with federal and state data **and**
  - All members would receive a richer or the same MassHealth benefits

# Auto Renewals - Noticing



- A cover letter will be sent to the application head of household (HOH) telling them that the benefits for all members in their household have been renewed and what coverage they are now eligible for
  - If a member gets a richer MassHealth benefit, they will receive appropriate eligibility approval notice
  - If no change in member's benefit, no additional approval notices will be sent
- A cover letter will be sent to:
  - HOH and ARDs if applicable
  - This letter will not be sent to PSI or Navigators due to information about other household members
- An HOH can request a paper copy of their application responses (a pre-populated form)

# Auto Renewals – Sample Noticing




Commonwealth of Massachusetts  
Executive Office of Health and Human Services

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

You can get this information in 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

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 \*000001\*  
Mike D D III  
302 e adams st  
Boston, MA, 02210

Date: March 10, 2016  
Notice ID  
Member ID  
SSN: XXX-XX-XXXX

**SAMPLE**

Dear Mike D D III

**Good news from MassHealth about your household's health coverage!** Federal and state laws require MassHealth to review your eligibility for health coverage every year. We have reviewed eligibility for you and members of your household and renewed your coverage as follows:

**Member ID:** Not Available  
**Date of Birth:** 09/09/1982  
**Coverage Type:** MassHealth Standard plus Medicare Buy-In  
**Date Benefits Renewed:** March 09, 2016  
**Member Name:** Mike D D III  
**Member Name:** Joe Wharftop

If your health coverage has not changed, we have determined based on the information available that there have been no changes to your information that affect your MassHealth eligibility. If your health coverage has been upgraded, we have determined based on the information available that your coverage can be upgraded and you will receive another letter from MassHealth.

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Question? Visit [MAHealthconnector.org](http://MAHealthconnector.org) or call 1-800-841-2900 TTY: 1-800-497-4648

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Commonwealth of Massachusetts  
Executive Office of Health and Human Services

**\*\*\*Good News\*\*\***

**Health coverage has been renewed for you and members of your household.**

**Unless you have a change to report, your household does not need to do anything.**

**What do I need to do?**

- You do not need to take any further action, the coverage for your household has been renewed for another year. If you would like to review the eligibility information we have on file for your household or need to report a change, please follow the instructions below:
- **Online:** Go to [www.mass.gov/hhs/individual-registration?invitationCode=48067777571760003500723079](http://www.mass.gov/hhs/individual-registration?invitationCode=48067777571760003500723079) and you will be able to create an account and see your renewal information. Once you create your account, go to the My Eligibility section of the website to view the information we used to renew coverage for your household.
- **Phone:** Call us at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to request that a copy of your household's eligibility summary be mailed to you.
- **In person:** Call us at 1-800-841-2900 (TTY: 1-800-497-4648) to find a MassHealth Enrollment Center (MEC) near you or look in the Member Booklet for a list of MEC addresses.

**How to report changes?**

# Non-Auto Renewals - Overview



- A household is not auto-renewed if one or more members on the application have one or more of the following conditions:
  - There is not sufficient data available from federal or state data sources
  - The information cannot be verified or is not compatible with federal or state data sources
  - Data sources indicate a member would receive a lesser benefit from MassHealth or appears to be eligible for a Qualified Health Plan through the Health Connector
- In the case that the system cannot auto-renew a household's benefits, the system will generate an editable renewal application
- Households will have 45 days to respond

# Non-Auto Renewals - Noticing



- HOH will be sent a cover letter and a prepopulated form telling them they must renew their benefits
  - A copy of the cover letter will be sent to ARDs, PSIs, and Navigators
- Online the HOH will see the renewal application (editable) and the due date to complete the renewal
  - Members must complete all the screens on the renewal application to complete review (they cannot skip through screens)
- Members can respond to the renewal online, by phone, by mail or in-person
  - A member can request an additional copy of their prepopulated form, if needed

# Non-Auto Renewals- Sample Noticing



Commonwealth of Massachusetts  
Executive Office of Health and Human Services

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

You can get this information in 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



\*000000\*  
Jane Doe Smith  
main st  
boston, MA, 02210

**SAMPLE**

Date: March 08, 2016  
Notice ID: NREN160308001  
Member ID: 0000000000  
SSN: XXX-XX-XXXX

**Important Notice about your health coverage**

Dear Jane Doe Smith

Your household needs to complete the annual eligibility renewal to find out if you and members of your household can still get health coverage through MassHealth, the Children's Medical Security Plan (CMSP), or the Health Safety Net (HSN).

**IMPORTANT!**


**Your household must renew by 04/22/2016 or your MassHealth, CMSP, or HSN benefits may end or decrease.**

The fastest way to renew your household's health coverage is through our website at ~~MAhealthconnector.org. You can create an account by going to link https://localhost:8080/individual/registration?invitationCode=031524231084888039011333529117.~~

We reviewed your information to see if we could automatically renew health coverage for you and members of your household. We are not able to renew the current coverage for your

Question? Visit [MAHealthconnector.org](http://MAHealthconnector.org) or call 1-800-841-2900 TTY: 1-800-497-4648

# Non-Auto Renewals- Sample Noticing (cont.)

Commonwealth of Massachusetts   
Executive Office of Health and Human Services

household using the information we have. **You need to act now to renew health coverage for your household. If you do not act your household's MassHealth, CMSP, or HSN benefits may end or decrease.**

**What do you need to do?**

Please complete your annual eligibility renewal by doing one of the following:

- **Online:** The fastest way to renew health coverage for your household is online through our website at [MAhealthconnector.org](http://MAhealthconnector.org).  
Go to <http://localhost:8080/individual/registration?invitationCode=031524231084888039011333529117> and you will be able to create an account and see your renewal information. Go to the My Eligibility section of the website and follow the instructions listed there. Renewing your household's information online is the only way to get a real-time, automatic decision to see if you still qualify.

OR

- **Paper:** Please review and follow the instructions on the attached form called the *Massachusetts Renewal Application for Health and Dental Coverage and Help Paying Costs* included with this letter.  
Fax all pages to 1-857-333-3330

OR

Mail all pages to:

Commonwealth of Massachusetts  
Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780

OR

**SAMPLE**

# Tips for Completing the Renewal Application



- If the HOH has updates to make on the renewal application they can do so in the Updated Information column

1. Please read the information listed on this form carefully. It lists the information MassHealth has about you and members of your household.
2. Please cross out the information if it is incorrect and write the correct information in the **Updated Information** column. If you have any missing information for your current household members please write that in the **Updated Information** column.
3. Please answer all questions for you and members of your household.
4. If you have a new household member to add, please fill out all the questions in **Supplement E: Massachusetts Application for Health and Dental Coverage and Help Paying Costs—Additional Persons**
5. Please sign the form and send **ALL PAGES** to  
Commonwealth of Massachusetts  
Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780  
Fax to 1-857-323-8300

General Information		
Person 1 (Head of Household) — General Information	Current Information	Updated Information
Name (First Name, Middle Name, Last Name)	Sue	
SSN	#####	
Sex	Female	
Date of Birth	12/12/1988	
Home Address	A some st boston, MA 02210	
Mailing Address	A some st boston, MA 02210	



# Tips for Completing the Renewal Application



- The application also includes places where they can enter new information, such as a new job or new immigration status

## Updated Income Information

Instructions: Use this section if there are additional jobs or income that you or any of your household members now have. If you need more space copy this page and attach it to the renewal form when you return it.

Questions	New Job/Income1	New Job/Income2
Member Name		
Date of Birth		
New Job		
Employee Name and Address		
Wages/tips (before taxes)		
Frequency you get paid (weekly, bi-weekly, monthly, seasonally, semi-monthly)		
Average number of hours worked each week		
Is this job a sheltered workshop?		
Are you seasonally employed?		
If yes, answer question a. below		

# Non-Auto Renewals - Program Determinations



- If HOH responds to a renewal application within 45 days, the system will re-determine members on the application based on current program determination rules
  - Members will receive appropriate eligibility approval notices
- If HOH **fails** to respond within 45 days:
  - MassHealth will use existing information to redetermine eligibility
  - Members will receive appropriate program approval notices
  - Members who are found no longer eligible for benefits (due to lack of data) or are now eligible for the Health Connector benefits will receive a notice indicating the new determination because a member failed to take steps to renew their benefits
  - A HOH, the next time they log back into the system, will be required to go through all the screens on their application in order to complete review (they cannot skip through screens)

# MassHealth Provider Directory

- The directory lists MassHealth-participating fee-for-service and Primary Care Clinician (PCC) Plan providers, making it easy for members to get connected with the care they need
- The directory will be an important tool for both advocates and members alike, to easily find contact information for MassHealth-participating providers

**Important: Members enrolled in a managed care plan, Senior Care Options (SCO) plan, or One Care plan, should contact their health plan or go to the plan's website for provider information.**

## **Who's included in the directory?**

- Not all types of providers are listed, but most are
- The goal was to focus on the providers that a member is likely to seek (physician, therapist, psychologist, etc.)
- The directory does not include entities like mental health centers, substance use treatment disorder centers, dental clinics, and more obscure entities like volume purchase providers

## **Will Primary Care Clinician (PCC) Plan information be available?**

- Providers listed with a "Yes" in the PCC Column are primary care providers in MassHealth's PCC Plan

# **Health Connector Updates**

# Tax Form Information



- Health Connector members enrolled in coverage in 2015 at any point were sent tax forms from the Health Connector in late January and early February
- They will need these forms when filing taxes
- If a member had multiple sources of coverage throughout 2015, they will receive forms associated with each segment of coverage from organizations other than the Health Connector
- The Health Connector website has a helpful table showing which forms individuals will receive, and from which entities, at [www.MAhealthconnector.org/taxes/tax-documents](http://www.MAhealthconnector.org/taxes/tax-documents)

If you enrolled in 2015 in...	You will receive tax form...	You will get this form from...	You use it for...
a Health Connector or ConnectorCare plan	1095-A	the Health Connector	your federal income tax return
	1099-HC	your health plan insurer	your Massachusetts state income tax return
Commonwealth Care	1095-B	MassHealth	your federal income tax return
	1099-HC	the Health Connector	your Massachusetts state income tax return

– Catastrophic plan enrollees and Business Express enrollees will not receive Form 1095-A from the Health Connector; they will receive Form 1095-B from their health plan

# Tax Form Information (cont'd)



- Health Connector members who received Advance Premium Tax Credits (APTCs) during 2015 MUST file federal income taxes to determine the correct amount of premium tax credit they were entitled to
  - Members who received tax credits must file a federal return even if they have not filed in the past or their income is below the tax filing threshold
  - Members who received tax credits must use Form 8962 to determine the correct amount of 2015 premium tax credits and must include Form 8962 with their return
  - Failure to file or failure to include Form 8962 will result in the member being ineligible for APTCs in the future



# Tax Form Information (cont'd)



- The cost of the second lowest cost Silver plan that was available to members in 2015 is listed on Form 1095-A to help the Internal Revenue Service (IRS) determine if they received the right amount of tax credit in 2015
- Some people may need to recalculate the second lowest cost Silver plan when they file taxes using our online tool at [www.MAhealthconnector.org/2015-slcspcalculator](http://www.MAhealthconnector.org/2015-slcspcalculator)
- For example, they may need to recalculate if their household had a change in 2015 that they did not tell the Health Connector about. They should talk to a tax professional if they have questions about whether or not this applies to them
- Many people can get free tax help from programs such as Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE)
- Go to our website at [www.MAhealthconnector.org/taxes](http://www.MAhealthconnector.org/taxes) to learn more about getting free tax help, or call 800-906-9887 to find help located throughout the Commonwealth

# Verification Documents

# Reminder: Request for Information (RFI) Policy



- If an individual attests to certain eligibility criteria for a Qualified Health Plan (QHP) or subsidies, yet that attestation is inconsistent with the federal and state data our system uses for verification, that individual has to send in verifying documentation
- They 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

## **Some Health Connector members with outstanding income verifications recently received a final reminder- verifications notice.**

- The Health Connector sent reminder letters to members who owe verification documents, encouraging them to send in their information before their eligibility is automatically reassessed using state and federal data sources
  - In mid-March letters went out to all households with at least one person enrolled in a Health Connector QHP and only income verification pending
  - These Members will have until April 15 to submit proof of income before their data
- The Health Connector will continue to send reminder letters to members who owe other verification documents (e.g., residency, citizenship, SSN, etc.) on an ongoing basis and those members will have 30 days to submit proof of income
  - A due date will be included on the notice

# Verification Documents

## As a reminder:

- Notices are sent requesting such information from households as needed, and the need for this verification is also displayed in the online experience
- Members can see which documents they owe by going to the “My Eligibility” section of their online application.
  - By clicking on the “Detail” action of the eligibility application, members should see what documents they have outstanding under “Documents required”
- The Health Connector reminded members during the redetermination process for 2016 to send in any outstanding verification documents by way of the notices sent for preliminary and final determination in August and October, respectively

# Verification Documents (cont'd)

- When an individual does not send in their documentation and the system uses external data sources to determine and verify their eligibility, individuals may get notices showing an updated eligibility status as a result
  - Individuals may get notices in the mail related to an updated eligibility status even though they have not made any recent affirmative action to update their information, and this may cause some confusion
- If a member fails to provide the requested information before the system uses external data sources to verify their eligibility, and the new determination is that they are ineligible for QHPs (e.g., because they are not a resident, are incarcerated, or are not a lawfully present alien), their enrollment will be closed
- If a member fails to provide proof of income and does not have other documentation outstanding, they will retain their eligibility for a QHP but the level or type of financial assistance they receive will change based on the income information available in the data sources

# Health Connector member impact



## **Health Connector members who do not submit acceptable income verification could see a change in eligibility for a subsidy, including the plan type.**

- If the member does not submit proof, the system will redetermine eligibility and update the income using the data available from the Federal Data Services Hub (FDSH)
- If income data is available from the federal sources, the FPL for the tax household will change based on that data

### Example:

*Member reports income at 240% FPL, federal sources data reports 310% FPL. Member will be redetermined eligible based on 310% FPL and will move from ConnectorCare to APTC only*

# Health Connector member impact (cont'd)



- If there is no income available from federal sources, the member and any other individuals in the tax household will lose eligibility for subsidies

## Example:

*Member reported income at 175% FPL but there is no federal source data available. Member will be redetermined eligible for unsubsidized coverage and will lose all help paying for coverage*



# Sample Verifications Notice



Taunton, MA 02780

Remember to include a copy of this letter with your documents and write your name and Member ID number on all documents that you send. Your Member ID is:

### If you have questions

Call us at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773, Monday through Friday, 8:00 a.m. to 6:00 p.m.

Thank you,

Massachusetts Health Connector

Date : 03-14-2016 Notice Name: Final Reminder - Verification  
Reference ID :  
Member ID :

Dear ,

**ACT NOW: You must send us documents right away to prove that you qualify for your health coverage. If you do not send us the proof we need, you risk losing your Health Connector coverage, the help you're getting to pay for your coverage, or both.**

The table below shows information we need to prove eligibility for the following member(s). It also tells you what will happen to your coverage if we do not get this proof. The list of acceptable documents for proof is included with this letter. Please send us copies of these documents along with a copy of the front page of this letter so we can process the documents quickly. We must receive your documents by the due dates listed below.

Name:	Date of Birth	Documents we need	Date Documents needed by	What happens if we don't receive?
	08/20/1958	Proof of Income	April 15, 2016	Financial help will change or end

If you lose coverage because you do not send us the documents we need in time, other members of your household may also lose their coverage. You may need to wait until the next Open Enrollment period before you and other members of your household can enroll again.

### What you need to do

Please send the documents we need as proof as soon as possible. You can send us proof documents in the following ways:

1. Fax: 857-323-8300
2. Mail: Health Insurance Processing Center  
P.O. Box 4405

# hCentive Eligibility Results Page



Customer:

- My Profile
- My Eligibility
- My Appeals
- My Enrollments

## 2016 Eligibility Results

Show Medicaid Household Detail Show Medicaid Notice Manage RFI

**Household[1] - Application Result FPL : 207.16**

This household also qualifies for a tax credit (Advance Premium Tax Credit) to help lower monthly health coverage costs. Maximum monthly tax credit amount: \$ 247 .<sup>00</sup>

Name	Programs Eligible for	Documents required
	ConnectorCare Plans Type 3A(Advance Premium Tax Credit plus Massachusetts state subsidy) ⓘ	<b>Proof of U.S. Citizenship Status</b> <b>Proof of Income</b>
	ConnectorCare Plans Type 3A(Advance Premium Tax Credit plus Massachusetts state subsidy) ⓘ	<b>Proof of Income</b>

Date Submitted = 01/29/2016

Application Summary Admin SEP

Required Documents

# Reaching Health Connector Members



**The Health Connector is reaching out to these members to make sure they know what they need to do in order to remain in their Health Connector coverage.**

- **Final Reminder - Verifications Notice** – which will include any missing verification, what documentation they need to submit, and how and when to submit
- **Reminder email** – after the notice goes a reminder email will be sent to members who have an email on file
- **Automated “Robo” Calls** – a recorded message will be sent to members again reminding them to submit verifications

# Health Connector member noticing



## **If a Health Connector member does not submit income verifications by the end of April they will receive a new program determination. A member will receive:**

- Eligibility Approval Notice – Sent at the end of April following the eligibility change letting them know their new eligibility and what plan they qualify for
- New Invoice – will be generated for their new unsubsidized plan which will be due on May 23rd and their new coverage will be effective June 1<sup>st</sup>

On an ongoing basis, members who are identified as needing to submit verifications will receive a Final Reminder Notice. This notice will contain a due date to submit verification documentation

Members who fail to provide proof of documentation by the due date provided on the Final Reminder notice will receive one of two notices:

- Eligibility Approval Notice: This notice will only apply for enrolled members who are expired due to income verification or Alaskan Native/American Indian status. It will let them know their new eligibility and what plan they qualify for
- Termination or Denial Notice: This notice will apply for members who are expired for residency, SSN, citizenship, and incarceration status.

# Submitting Verifications



**Advise members to send their income verification as soon as possible in the envelope that is included with their letter to:**

**Fax: 857-323-8300**

**Mail: Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780**

*Note: Members should include a copy of their final reminder-verifications letter with their verifications. They should write their name and Member ID number on all documents*

# **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 a 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 Key Takeaways



- **Tax information:** Anyone who was covered through the Health Connector for at least one month in 2015 was sent a Form 1095-A in the mail in late January or early February. It is important that individuals file their taxes by the April 19 deadline using the forms they received in the mail with information about the months they had health insurance coverage. The Health Connector website has resources to help individuals file their taxes at [www.MAhealthconnector.org/taxes](http://www.MAhealthconnector.org/taxes)
- **Verification documents:** Reminder letters have been sent and will continue to be sent to members who still owe eligibility verification documents (such as income, citizenship, residency, etc), encouraging them to send in their information before their eligibility is automatically reassessed using state and federal data sources. They should send in the requested information as soon as they can
- **Closed Enrollment:** Although Open Enrollment ended January 31st, certain life events allow individuals to access coverage any time of year. Individuals should visit the Health Connector website to see if they qualify to enroll in coverage throughout the year. You can also see a list of qualifying events in Health Connector Policy NG-1E on our website at <https://www.mahealthconnector.org/about/policy-center/policies>

# Appendix

# Acceptable Income Verification



Verification Type	Proof of Job Income
Income (subsidy)	<ul style="list-style-type: none"><li>• Your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments including W2s</li><li>• Recent pay stubs</li><li>• A signed earnings statement from your employer</li><li>• If you are seasonally employed, any of the proofs above including information about the duration of your employment</li><li>• Self-employment ledger</li><li>• 1099-MISC and your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments</li><li>• Military Leave and Earnings statement</li><li>• Agricultural income certificate</li><li>• 1040 SE with Schedule C, F, or SE (for self-employment income)</li><li>• Bookkeeping records</li><li>• Signed and dated most recent quarterly or year-to-date profit and loss statement</li><li>• Proof of residuals</li></ul>

# Acceptable Income Verification (Cont'd)



Verification Type	Please send us one of the following to prove your other income (income not earned from job):		
Income (subsidy)	<ul style="list-style-type: none"> <li>• Cost of living adjustment letter and other benefit verification notices</li> <li>• Lease agreement</li> <li>• Bank or investment fund statement</li> <li>• Document or letter from Social Security Administration (SSA)</li> <li>• Form SSA 1099 Social Security benefits statement</li> <li>• Recent court records for alimony and records of agency through which alimony is paid</li> <li>• Recent legal documents that establish amount and frequency of alimony</li> <li>• Letter from government agency for unemployment benefits</li> <li>• Proof of tribal income</li> <li>• 1099-G and your most recent Form 1040 (U.S. Individual Income Tax</li> </ul>	<ul style="list-style-type: none"> <li>• Return) with all attachments</li> <li>• Military Leave and Earnings statement</li> <li>• Proof of gambling winnings</li> <li>• Annuity statement</li> <li>• Statement of pension distribution from any government or private source</li> <li>• Recent prizes, settlements, and awards, including court-ordered awards letter</li> <li>• Proof of gifts and contributions</li> <li>• Proof of inheritances in cash or property</li> <li>• Proof of strike pay and other benefits from unions</li> <li>• Sales receipts or other proof of money received from the sale, exchange or replacement of things you own</li> </ul>	<ul style="list-style-type: none"> <li>• Interests and dividends income statement</li> <li>• Loan statement showing loan proceeds</li> <li>• Royalty income statement or 1099-MISC and most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments</li> <li>• Proof of bonus/incentive payments</li> <li>• Proof of severance pay</li> <li>• Pay stub indicating sick pay</li> <li>• Letter, deposit, or other proof of deferred compensation payments</li> <li>• Pay stub indicating substitute/assistant pay</li> <li>• Pay stub indicating vacation pay</li> <li>• Proof of residuals</li> <li>• Letter, deposit, or other proof of travel/business reimbursement pay</li> </ul>