MASSACHUSETTS HEALTH CONNECTOR
the right place for the right plan

MassHealth

MA Health Care Learning Series

Massachusetts Healthcare Training Forum (MTF)

January 2017

MA Health Care Learning Series

The MA Health Care Learning Series provides regular updates and presentations from Health Connector and MassHealth staff, to educate those who help Massachusetts residents in applying, getting and keeping their health coverage through MassHealth, the Health Connector and Health Safety Net via MAhealthconnector.org.

Agenda

- Health Connector
  - Open Enrollment
  - Special Enrollment Period Review
  - Assisters Supporting Members
- Health Connector and MassHealth
  - Request for Information (RFI) Process
  - Employer Sponsored Health Insurance (ESI) Form
- MassHealth Updates
  - MassHealth Plan Selection and Fixed Enrollment Period Updates
  - Accountable Care Organization (ACO) Updates
- Appendix
  - Finding local tax assistance
  - Year-end tax filing process

MASSACHUSETTS HEALTH CONNECTOR

Health Connector Open Enrollment 2017

Open Enrollment 2017

MASSACHUSETTS HEALTH CONNECTOR

Open Enrollment is the time of year when individuals and families can shop for health insurance for any reason without needing a qualifying event

- If renewing members did not actively choose a different plan before December 23, 2016, they were automatically renewed for 2017 into the same or similar plan listed in their renewal letter
- Members need to keep paying their premium, which is likely different for 2017 than it was for 2016, to stay in their plan for 2017
- If a member decides they want a different plan for 2017, they can still shop for a plan with coverage starting February 1 or March 1

Health Connector Payments and Enrollment

MASSACHUSETTS HEALTH CONNECTOR

Members have three ways to pay their premiums:

1. Pay online at **Payment.MAhealthconnector.org**
2. Drop off a check or money order at any of the Health Connector's walk-in centers or
3. Mail in a check or money order

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

Consumer must..

Choose a plan by:	Pay Enrollment Bill by:	Enrollment in new plan starts on:
January 23	January 23	February 1
January 31	February 23	March 1

Health Connector Payments and Enrollment *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

Health Connector Enrollment always starts on the 1st of the month. Members now have the option of choosing from the next two available enrollment start dates, but must select one prior to enrollment

- The consumer must pay by the 23rd day of the month prior to the selected start date. If the consumer fails to do so, the enrollment is cancelled and the consumer must re-shop for the next available start date and pay by the 23rd of the month prior to the newly selected date
  - For example, if a consumer selects February 1 for their enrollment start date and fails to pay by January 23rd, the consumer must come back to the system, select March 1 for the start date, and then pay their premium by February 23rd
  - If the member makes a payment late but does not actively select March 1 as their start date by January 31, the member will not be enrolled. After Open Enrollment ends (February 1), members may be unable to enroll in coverage without experiencing a qualifying event

Health Connector Payments and Enrollment *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

Important reminders about making Health Connector payments:

- If consumers are newly enrolling into Health Connector coverage or they are changing their health insurance carrier, *if a member owes a monthly premium*, enrollment is not complete until payment has been received and processed
- Consumers can make payments online, using their personal bank's online bill pay, by mail, or in person at one of the Health Connector's Walk-In Centers. Find a Walk-In center here: www.mahealthconnector.org/about/contact
  - When making an online payment using the Health Connector's Payment Portal, Consumers can use their **Billing Account Number, Enrollment ID or Social Security Number**
  - If the consumer is making their first payment to complete enrollment in a plan, they must wait at least 4 hours after they've chosen a plan before they can make their first online payment
  - Premium payment is due by the 23rd of the month for coverage effective the 1st of the next month

Health Connector Payments *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

For consumers that did not change health plans:

- Their Billing Account Number and Enrollment ID will not change
- **If the premium amount changed from last year to this year:**
  - Automatic payments established through the Health Connector's payment portal will automatically deduct their new premium amount
  - Payments made through one-time EFT or check, must be updated with new premium amount (if premium changed)
  - Automatic payments set up through a consumer's individual bank will need to be updated with that bank

For consumers that made an application update, that resulted in a plan type change

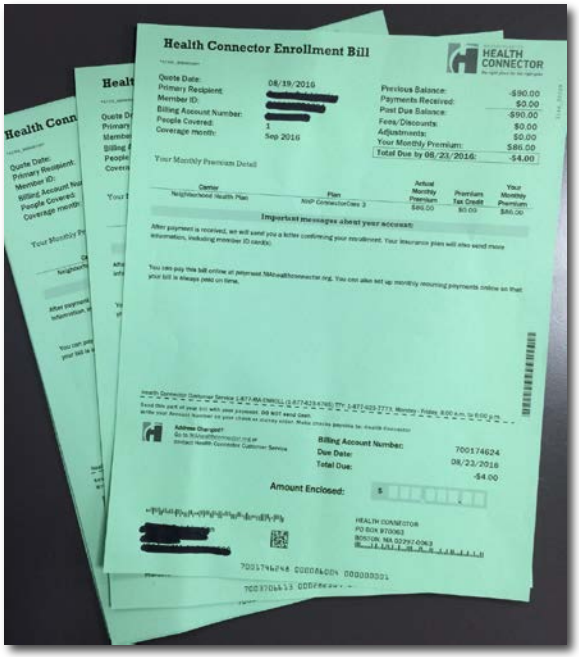
- Members who have a new Health Connector eligibility determination should wait 4 hours before going to the payment portal to make their payment

Health Connector Payments *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

For consumers that are changing health plans:

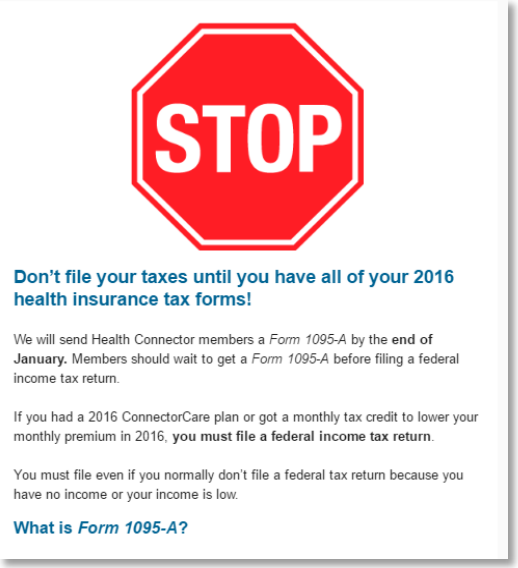
- Health Connector members have a **Reference ID (RefID) that stays the same**, but the Consumer's Billing Account Number will change if they switch to a plan with a different carrier
  - They must use their **new Billing Account Number** (found on the Health Connector Enrollment Bill or "quote" which is printed on green paper) to pay the premium associated with their new plan
  - If the consumer makes a payment on the old billing account number the payment may not be properly applied to their new plan
- For more information on how to make a payment go to: mahealthconnector.org/how-to-pay
- The direct link to the payment portal is: https://payment.mahealthconnector.org/cpcm/



Member Communications about the end of Open Enrollment

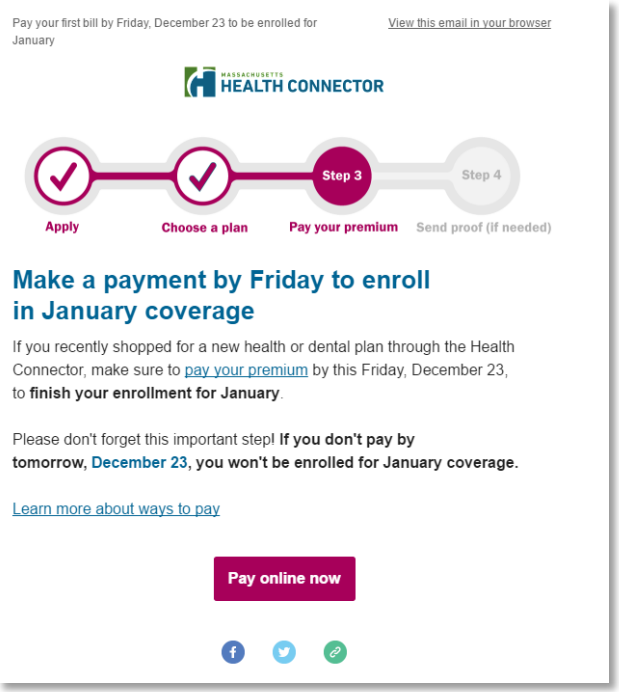
- The Health Connector sent a "**welcome**" email to renewing members the first week in January, with important reminders and tips for the coming year
  - This included a link to our new Health Connector Member Guide, which is posted on our website. The guide should be a helpful reference for members and assisters throughout the year

- The Health Connector began sending reminder emails and a paper mailing to anyone who should expect to receive a *Form 1095-A* by the end of January
  - This communication reminds individuals to wait to file taxes until they have received all health insurance tax forms



Member Communications about the end of Open Enrollment

- In mid-January, the Health Connector plans to send an "Open Enrollment is ending" and payment reminder e-mail, letting eligible but unenrolled individuals know that they have until January 23 to pay for coverage effective February 1, and until January 31 to enroll and February 23rd to pay for coverage effective March 1
- In mid-January, the Health Connector will send a reminder email about the end of Open Enrollment to members with a premium increase for 2017 who have not yet changed plans, as well as members who were downgraded for 2017
- As the payment deadline for February draws closer, the Health Connector will send a series of reminder emails to individuals who have selected a plan but not paid their first premium


Pay your first bill by Friday, December 23 to be enrolled for January

View this email in your browser

MASSACHUSETTS HEALTH CONNECTOR

Apply | Choose a plan | Step 3 Pay your premium | Step 4 Send proof (if needed)

Make a payment by Friday to enroll in January coverage

If you recently shopped for a new health or dental plan through the Health Connector, make sure to pay your premium by this Friday, December 23, to **finish your enrollment for January**.

Please don't forget this important step! **If you don't pay by tomorrow, December 23, you won't be enrolled for January coverage.**

Learn more about ways to pay

Pay online now

In Person and Call Center Help after Open Enrollment

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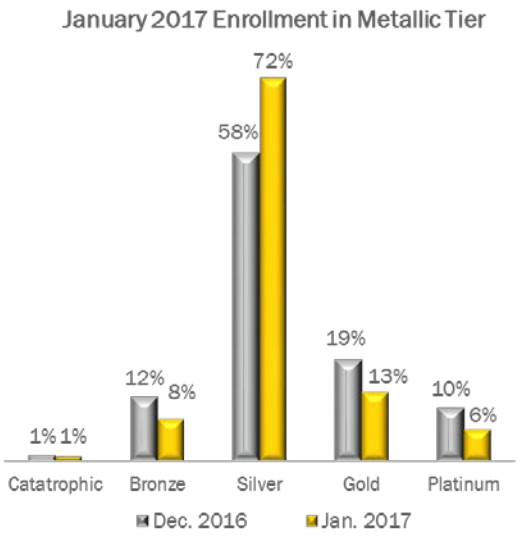
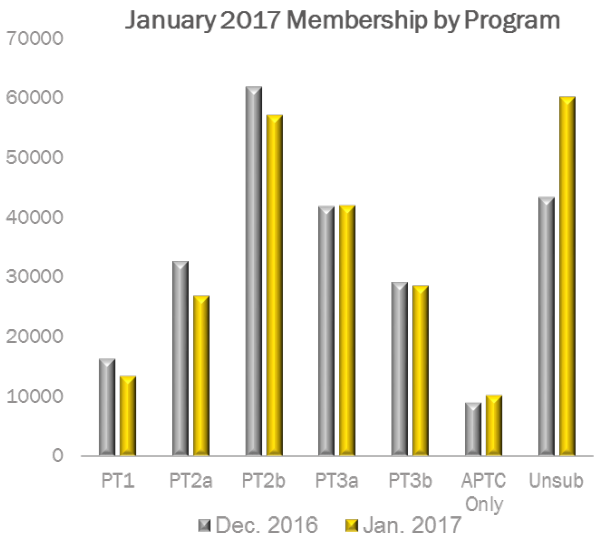
- Once the Health Connector enters closed enrollment starting February 1, 2016, the call center hours will switch to “normal” business hours: Monday-Friday, 8am-6pm
- In person Assistance from Health Connector Customer Service will continue to be available year round with varying hours:
  - Boston and Worcester: Monday-Friday, 8am-6pm
  - Springfield: Monday-Friday, 9am-5pm

2017 January Membership

In January 2017 we have 238,207 members, a record high in Qualified Health Plan (QHP) enrollment and a 30% increase from this time last year

- Of the 238,207 members enrolled for January coverage, ~15% are new members and ~85% are renewing members
- Silver continues to have the most membership among the metallic tiers
- The largest increase in enrollment was in our unsubsidized book of business
- Plan Type 2B continues to have the highest volume of ConnectorCare membership





Renewing Members

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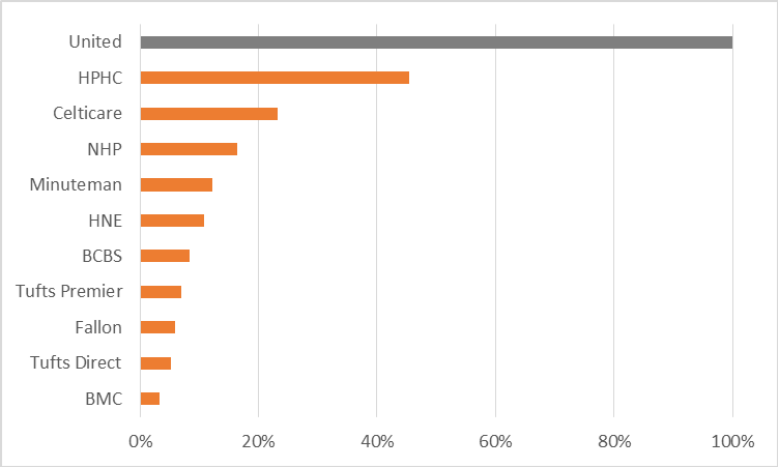
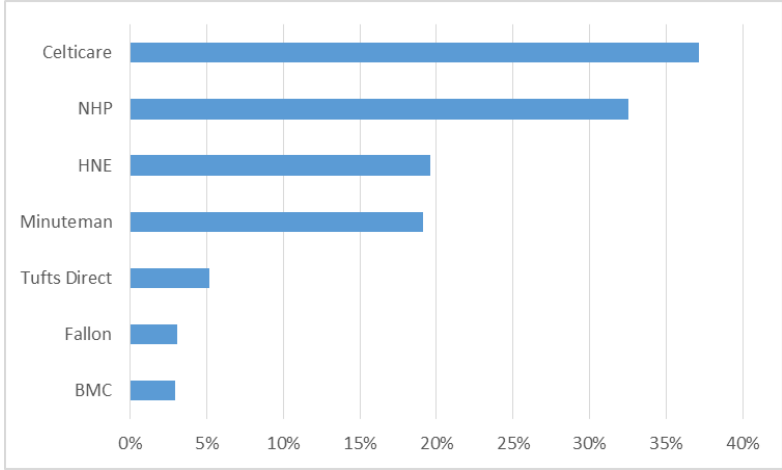
The vast majority of our membership is still in Health Connector coverage today, many of whom have shopped

- Over 87% of our 2016 membership renewed into 2017 coverage
  - We continue to monitor this population given a higher rate of premium payment delinquency overall compared to last year
- 53,272 members changed their plan this Open Enrollment
- Unsubsidized, APTC only and ConnectorCare members enrolled in the lowest cost, highest-value plans were the least likely to switch plans

% of 2016 Carrier Membership Switched to New Carrier: APTC / Unsub



% of 2016 Carrier Membership Switched to New Carrier: ConnectorCare



Assisters Supporting Members

Supporting Members using the Online Application

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Continue to make updates and help members change their health plan online.

- If you are helping someone who may be eligible for ConnectorCare or Advance Premium Tax Credits (APTCs) – those with incomes up to 400% of FPL, we recommend that you do not submit a paper application
  - Instead, help by completing an online application at MAhealthconnector.org to ensure the applicant has access to coverage during the Open Enrollment period
  - Subsidized paper applications are being processed within 45 days of the date of receipt. However, there is a high volume of applications to be processed at this time
- If you previously helped an applicant complete a subsidized paper application that hasn't been processed yet, you are strongly encouraged to contact the applicant and recommend creating an online application for that member
  - This should not result in duplicate applications

Supporting Members with Making Premium Payments

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Remind consumers about their responsibility to pay their monthly premiums.

- If necessary, help them set up their online payments
- Remind consumers that if they do not pay their monthly premiums in full and on time, they may be subject to disenrollment for non-payment
  - Late payments and partial payments are considered as non payment for the purpose of determining whether member is past due
  - For those enrolled in an unsubsidized QHP:
    - A **Termination Warning Notice** is sent to members after missing one payment, that includes amount and due date to pay by to prevent disenrollment
    - While behind on payments, member may not be able to receive services
    - If the member does not pay amount due by the date on the Notice, they are retroactively disrenrolled to the last day of the month of coverage that they had paid for

Supporting Members with Making Premium Payments *(cont'd)*

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- For those enrolled in ConnectorCare and QHPs with APTCs only:
  - A past due notice is sent to member after missing one payment
  - A Termination Warning Notice is sent to member after missing two payments, it includes amount and due date to pay by to prevent disenrollment
  - While behind on payments, member may not be able to receive services
  - If the member does not pay amount due by the date on the Notice, they are retroactively disrenrolled to the last day of the month of coverage that they had paid for

Supporting Members who Change their Health Plan

MASSACHUSETTS HEALTH CONNECTOR

When working with consumers who are thinking about changing or have changed health plans, there are some important questions for them to consider and some key steps to take

- If a consumer needs to change health care providers (such as doctors and hospitals you use) under their new plan, they may want to:
  - Ensure enough prescriptions refills to last until the new plan starts
  - Ask for copies of medical records, including any prior authorizations or referrals for other providers that they have right now
  - Contact the new plan to ask for a new in-network provider if current doctors or hospitals are not in the new plan's network
  - Sign up on the new plan's member website as soon as possible so to receive plan information

Supporting Members who Change their Health Plan *(cont'd)*

- Use the Health Connector Shopping Guides to help members think about these questions and compare health plan options: https://www.mahealthconnector.org/help-center/resource-download-center

- A new FAQ has been created to help consumers who might need more guidance on how to continue to meet their health care needs as they move from one plan to another: https://www.mahealthconnector.org/moving-your-health-care

- A printed version of this information is available **on the Resource table**

Special Enrollment Period (SEP) Review

Enrollment Opportunities

MASSACHUSETTS HEALTH CONNECTOR

Anyone can apply for health benefits any time during the year, but special rules apply to 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 2017 Open Enrollment period started November 1, 2016 and will end on January 31, 2017 for 2017 coverage

Closed Enrollment:

- Closed Enrollment will begin on February 1, 2017
- 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
- Certain situations may qualify individuals for a Special Enrollment Period (SEP), which gives them up to 60 days to enroll in a QHP

Special Enrollment Periods (SEP)

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If an individual qualifies for an SEP, they can enroll in or change health insurance carriers outside the annual Open Enrollment period

- New members can sign up
- Existing members can add or remove members from their plan or change plans altogether
- Certain life changes, like getting married, having a baby, or losing job-based health insurance are changes that would allow a person to qualify for an SEP
- Changes that allow an individual to qualify for an SEP are called **Qualifying Events**
- An SEP gives someone 60 days from the date of the qualifying event to select a new plan
  - Individuals may pay after the 60 day window, but they must submit a plan selection in the shopping process within 60 days—*a plan in their shopping cart is not enough*
- Payment and enrollment deadlines still apply during an SEP

Qualifying Events

MASSACHUSETTS HEALTH CONNECTOR

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

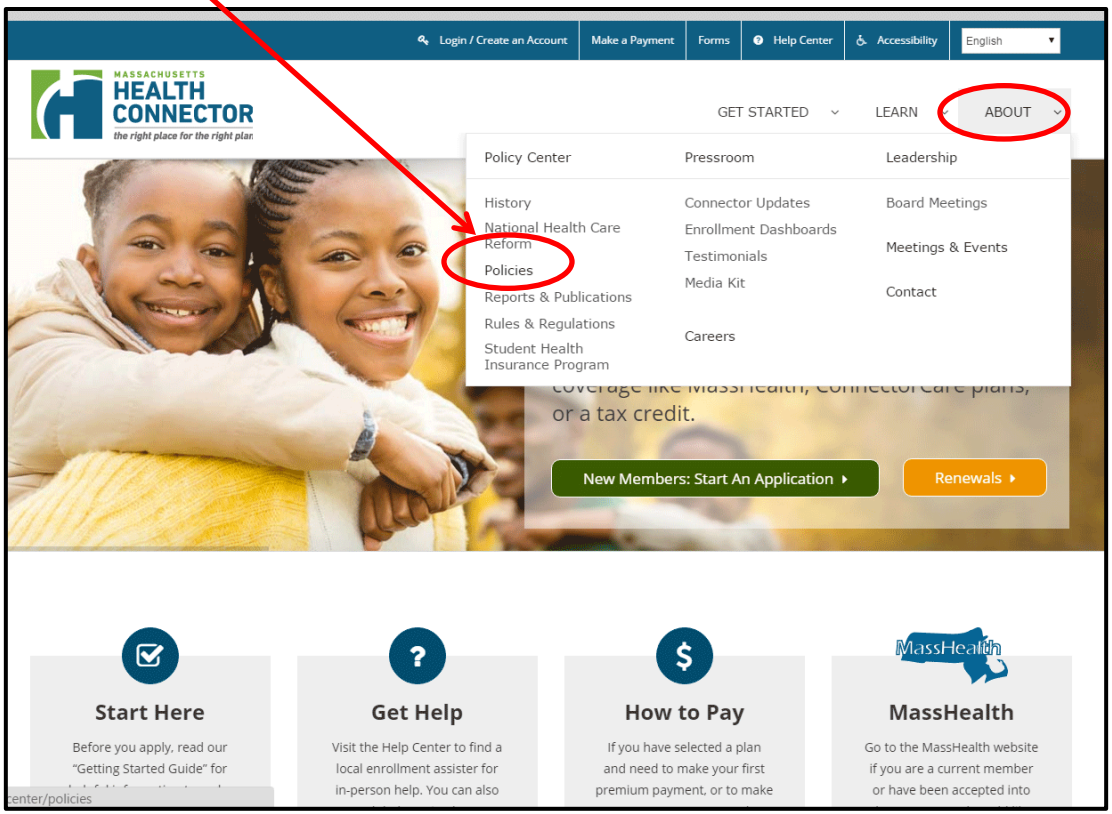
MASSACHUSETTS HEALTH CONNECTOR

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

Health Connector Policy Center

To review Health Connector Policies on **Qualifying Events** visit http://www.MAhealthconnector.org

Select About> Policy Center> Policies



Request for Information (RFI) Process

Request for Information (RFI) Policy

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

Request for Information (RFI) Process

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

RFI for Income

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

RFI Sample Notice - MassHealth

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

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

You can get this information large print and Braille. Call 1-80[illegible]41-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648

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

Date: Septemb[illegible], 201[illegible]
Notice ID: 47[illegible]TER[illegible]INATION - 141015
Member ID: 1494376[illegible]901
SSN: XXX-XX-899[illegible]

Dear [Primary Recipient Name],

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

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

The person listed below does not qualify because:

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

Th[illegible] coverage is ending as of October 14, 2015.

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

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

SAMPLE

RFI Sample Notice – Health Connector

- Notice the column marked **Proof Needed**
- It shows that the following types of Proofs are required for Sample Member:
  - US Citizenship Status
  - Residency
  - Income
  - SSN

You can get this information in large print. Call **1-877-623-6765** from Monday to Friday, 8:00 a.m. to 6:00 p.m. **TTY: 1-877-623-7773**

MASSACHUSETTS HEALTH CONNECTOR

Sample Member
Street Address
City, State Zip Code

SAMPLE

Date: August 09, 2016 Notice Name: **Request for Information**
Notice ID: **ELRFI01**
Member ID: XXXXXXX

Dear SAMPLE EMP

Thank you for applying for health insurance coverage through the Massachusetts Health Connector. However, we could not verify that you qualify to purchase a Health Connector plan.

This could be because some of the information from your application was either missing or needed proof. We need more information from you to confirm that the people listed below qualify for coverage. If we do not get the information by the due date(s) listed below, the following people below may lose eligibility. If they are already enrolled in a plan, they may lose coverage.

Name	Member ID	Date of Birth	Proof Needed	Due Date
Sample Member	XXXXXXXXXXXX	August 16, 1977	**Proof of U.S. Citizenship Status**	November 7, 2016
Sample Member	XXXXXXXXXXXX	August 16, 1977	**Proof of Residency**	November 7, 2016
Sample Member	XXXXXXXXXXXX	August 16, 1977	**Proof of Income**	November 7, 2016
Sample Member	XXXXXXXXXXXX	August 16, 1977	**Proof of SSN**	November 7, 2016

Please send the proof that we need for the household member(s) listed above. To find out what types of documents you can send us for proof, see the List of Acceptable Documents at the end

Page 1 of 8

Submitting Verifications After the RFI have Expired

- After receiving a termination notice from MassHealth, individuals can:
  - Still send proof of income verification documents such as:
    - current paystubs,
    - W-2 forms,
    - wage and tax statements, which will be used to make a new decision about what coverage they and, when applicable, if their family members qualify for

Submitting Verifications - After the RFI have Expired *(cont'd)*

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

Submitting Verification Documents

Individuals can submit verification documents by:

- Fax to 1-857-323-8300

  Or

- Mail verification document(s) to MassHealth:

  Health Insurance Processing Center

  P.O. Box 4405

  Taunton, MA 02780

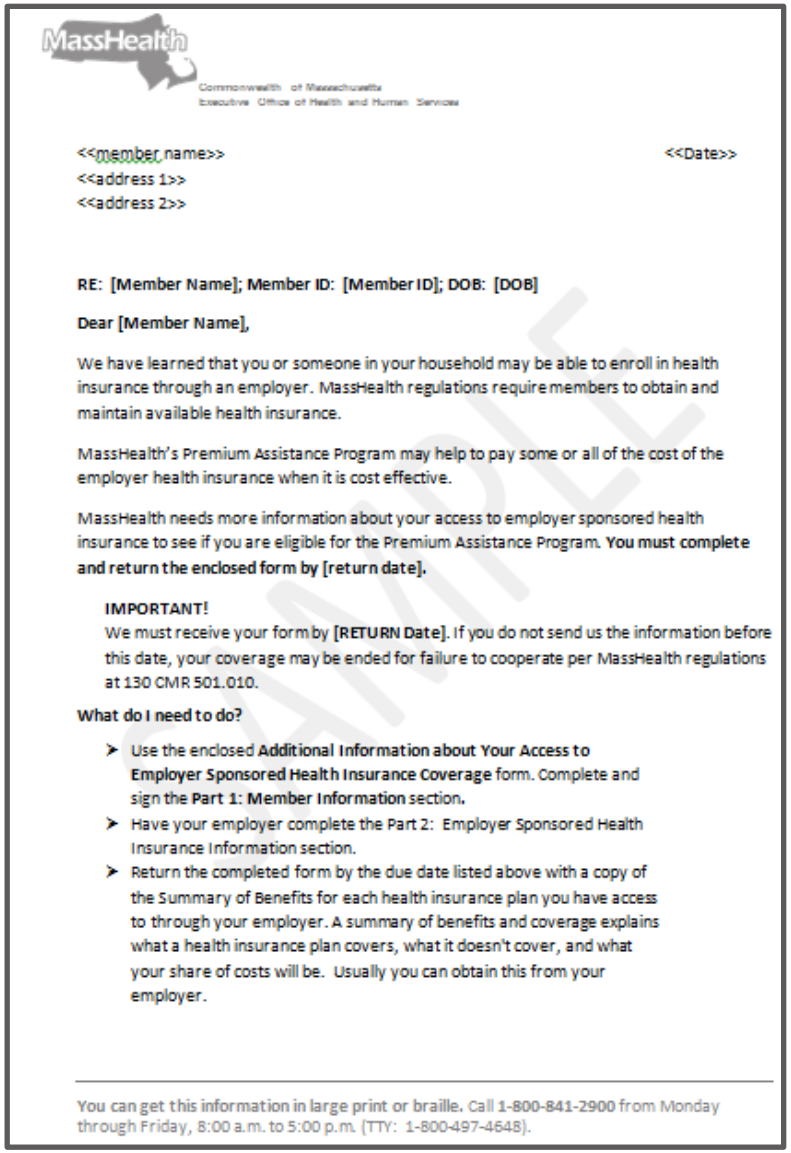
- Individuals should include their name, date of birth, Medicaid ID (if applicable) or SSN, and 'Coverage Ending' date on all documents that are sent

Employer Sponsored Health Insurance (ESI) Form

Employer Sponsored Health Insurance (ESI) Form

- In order to determine a member's continued eligibility for MassHealth, a member may receive an additional request for information about the member's access to employer sponsored health insurance coverage
- The mailing will include the "Additional Information about Your Access to Employer Sponsored Health Insurance Coverage" form
  - The member must complete and sign Part 1: Member Information
  - If employed, the employer must complete Part 2: Employer Information
- The form must be returned **within 30 days**
- MassHealth will review the information to determine if available health insurance plan meets Premium Assistance program standards. MassHealth will send the member a letter to inform if the member has to enroll in a plan if we decide a plan offered through the employer meets program requirements

Employer Sponsored Health Insurance (ESI) – Sample notice



MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services

<<member name>> <<Date>>
<<address 1>>
<<address 2>>

RE: [Member Name]; Member ID: [Member ID]; DOB: [DOB]

Dear [Member Name],

We have learned that you or someone in your household may be able to enroll in health insurance through an employer. MassHealth regulations require members to obtain and maintain available health insurance.

MassHealth's Premium Assistance Program may help to pay some or all of the cost of the employer health insurance when it is cost effective.

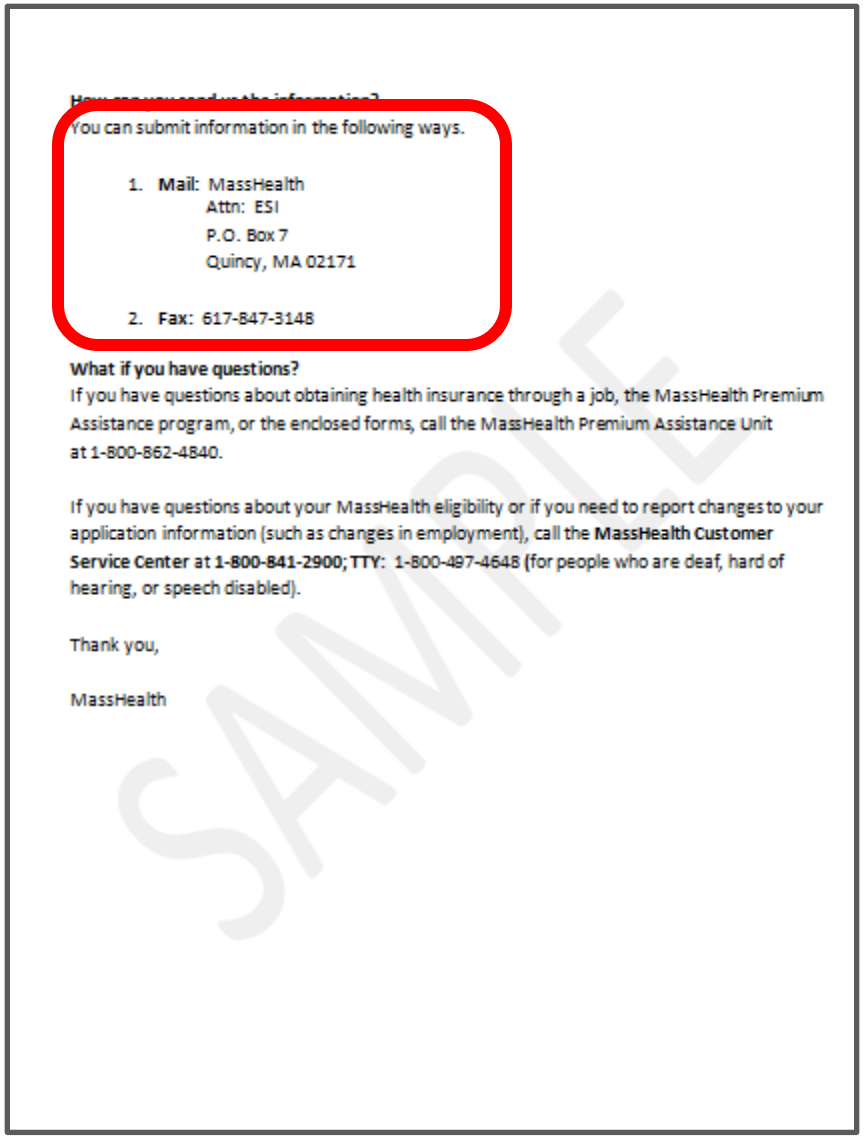
MassHealth needs more information about your access to employer sponsored health insurance to see if you are eligible for the Premium Assistance Program. **You must complete and return the enclosed form by [return date].**

IMPORTANT!
We must receive your form by **[RETURN Date]**. If you do not send us the information before this date, your coverage may be ended for failure to cooperate per MassHealth regulations at 130 CMR 501.010.

What do I need to do?

- Use the enclosed **Additional Information about Your Access to Employer Sponsored Health Insurance Coverage** form. Complete and sign the **Part 1: Member Information** section.
- Have your employer complete the Part 2: Employer Sponsored Health Insurance Information section.
- Return the completed form by the due date listed above with a copy of the Summary of Benefits for each health insurance plan you have access to through your employer. A summary of benefits and coverage explains what a health insurance plan covers, what it doesn't cover, and what your share of costs will be. Usually you can obtain this from your employer.

You can get this information in large print or braille. Call 1-800-841-2900 from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4648).



How can you send us the information?
You can submit information in the following ways.

1. **Mail:** MassHealth
   Attn: ESI
   P.O. Box 7
   Quincy, MA 02171
2. **Fax:** 617-847-3148

What if you have questions?
If you have questions about obtaining health insurance through a job, the MassHealth Premium Assistance program, or the enclosed forms, call the MassHealth Premium Assistance Unit at 1-800-862-4840.

If you have questions about your MassHealth eligibility or if you need to report changes to your application information (such as changes in employment), call the **MassHealth Customer Service Center at 1-800-841-2900; TTY:** 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled).

Thank you,

MassHealth

SAMPLE

ESI – Sample Form

Additional Information about Your Access to Employer Sponsored Health Insurance Coverage

In order to determine your continued eligibility for MassHealth for you and members of your household, we need more information from you AND your employer about your access to employer sponsored health insurance coverage.

You must cooperate in providing information necessary to maintain eligibility, including obtaining or maintaining available health insurance or your MassHealth benefits may be terminated.

Do not enroll in any health plan through your employer until we have reviewed the plan to meet Premium Assistance program standards. We will send you a letter to tell you if you have to enroll in a plan if we decide a plan offered through your employer meets program requirements.

INSTRUCTIONS –

1. Complete **Part 1: Member Information** section and sign below.
2. Have your employer complete **Part 2: Employer Sponsored Health Insurance Information.**
3. Return your completed form by the deadline on your notice. Include the Summary of Benefits from your employer if one has been provided to you. If your employer does not complete the form, you must still complete and return Part 1 by the deadline on your notice. You can return your form in one of the following ways:

   Mail: MassHealth
   Attn: ESI
   PO Box 7
   Quincy, MA 02171

   OR

   Fax: 617-847-3148

PART 1 Member Information (You must complete this section.)

1. First name, middle name, last name, and suffix

2. Date of birth | 3. MassHealth Member ID Number:

4. Are you currently working? ☐ Yes (complete question 4a) ☐ No (go to question 5)

   4a. If yes, Employer name and address

   Wages/tips (before taxes) $ ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

MassHealth Updates

Overview of October 1, 2016 Changes

- On October 1, 2016, MassHealth implemented a new **Plan Selection Period and a Fixed Enrollment Period**
  - MassHealth members enrolled in an MCO will have a new 90-day Plan Selection Period every year.
    - Members enrolled with an MCO will only be able to change MCOs during their annual 90-day Plan Selection Period.
- There are **NO** changes to how a member can enroll in a managed care plan during their Plan Selection Period
  - Online
  - Completing and mailing the MassHealth Health Plan Enrollment Form
  - Calling MassHealth Customer Service

Fixed Enrollment Period

- Late summer/early fall, MassHealth sent members who were affected by the new Plan Selection/Fixed Enrollment a letter informing them of the change and the new process
  - Their Plan Selection Period ended on December 31, 2016
  - **On January 1, 2017,** the Fixed Enrollment Period began for members enrolled with an MCO whose Plan Selection Period end date was December 31, 2016
  - During the Fixed Enrollment Period members enrolled in an MCO may not change MCOs or transfer into the PCC Plan until their next annual Plan Selection Period, unless they meet certain exceptions
- Reminder letters: During the month of January to the second week of February, MassHealth members will receive a reminder letter about the Fixed Enrollment Period and exceptions process
  - For more information about the Fixed Enrollment period and exception go to http://www.mass.gov/eohhs/gov/departments/masshealth/fixed-enrollment-period.html
- **NOTE** – In 2017 Fixed Enrollment Periods for all members will end on September 30th, 2017

Fixed Enrollment Period Exceptions

Members in a Fixed Enrollment Period **may only transfer** out of their MCO if they can demonstrate to MassHealth that one of the following reasons apply to them:

- The member moves out of their health plan's service area.
- The member needs related services to be performed at the same time, and those related services are not all available within their health plan's network, and their primary care provider or another provider determines that receiving those related services separately would be an unnecessary risk to the member.
- The member's health plan is not meeting their needs for other reasons including but not limited to poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with their health care needs.
- The member's MCO no longer serves their geographic area. MassHealth will let the member know if this happens.

Fixed Enrollment Period Exceptions *(cont'd)*

- The member's MCO has not provided access to health care providers that meet their health care needs over time, even after they've asked for help.
- MassHealth has information that the member is homeless, and their MCO does not have providers who can meet their specific geographic needs.
- The member's MCO is not meeting their language, communication, or other accessibility needs or preferences.
- The member's key network providers, including primary care physicians, specialists, or behavioral health providers, have left their MCO's network.
- The member's health plan, because of moral or religious objections, does not cover a service they seek.
- The member's MCO has substantially violated a material provision of its contract with MassHealth.
- MassHealth sanctions the member's MCO by allowing members to dis-enroll from the health plan. MassHealth will let the member know if this happens.

Fixed Enrollment Period *(cont'd)*

How can a member request to change their health plan during their Fixed Enrollment Period?

- Members seeking an exception and are in their Fixed Enrollment Period should:
  - Review the Fixed Enrollment exceptions list
  - Call MassHealth Customer Service at 1-800-841-2900. A Customer Service Representative will help them request an exception to change their health plan.
  - MassHealth will review the request and make a determination of the request.
  - The member will receive a call and a letter from MassHealth with a decision.
- If MassHealth determines that one of the exceptions applies, the member will be able to change their health plan during their **Fixed Enrollment Period.**
- If MassHealth determines that one of the exceptions does not apply, they cannot change their health plan until their next **Plan Selection Period.**
  - The member will be able to appeal the decision.

Fixed Enrollment Period *(cont'd)*

What happens if a member loses MassHealth coverage during their Fixed Enrollment Period?

- If the member regains eligibility and is still managed care eligible, the member will be automatically reenrolled into their previous MCO.
- The member will return to Fixed Enrollment status, and will remain there until their next Plan Selection Period.
- If the member misses any part of their annual Plan Selection Period due to loss of eligibility, the member will be provided with a new Plan Selection Period upon regaining eligibility.

Sample Notice

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
100 Hancock Street, 6th Floor
Quincy, MA 02171

[date]

Important Information About Your
Managed Care Enrollment

Your **Plan Selection Period** has ended. You have entered your **Fixed Enrollment Period** on [*Fixed Enrollment Period Start Date*]. During this period, you cannot move to another health plan unless you meet one of the exceptions listed on the other side of this letter.

Fixed Enrollment Period Start Date: [Fixed Enrollment Period Start Date]

Member information: [Member Name: First, Middle, Last]

Health Plan Information: [Health Plan Name]

[Health Plan Address]

[Health Plan Phone Number]

Your **Fixed Enrollment Period** ends on **September 30, 2017**. At that time, you will have another **Plan Selection Period.** You will then be able to change your health plan for any reason.

If you have questions about your health plan choices or want to change your health plan during your **Fixed Enrollment Period**, please call us at 1-800-841-2900. For persons who are deaf or hard of hearing, please call TTY at 1-800-497-4648.

Please be sure to read the other side of this letter.
It contains very important information.

Can you change your health plan during your Fixed Enrollment Period?

Once you are in your **Fixed Enrollment Period** you cannot move to another health plan until your next **Plan Selection Period**, unless MassHealth determines that one of the exceptions below applies to you.

- ✓ You move out of your health plan's service area.
- ✓ You need related services to be performed at the same time, and those related services are not all available within your health plan's network, and your primary care provider or another provider determines that receiving those related services separately would be an unnecessary risk to you.
- ✓ Your health plan is not meeting your needs for other reasons including but not limited to poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your health care needs.
- ✓ Your MCO no longer serves your geographic area. MassHealth will let you know if this happens.
- ✓ Your MCO has not provided access to health care providers that meet your health care needs over time, even after you've asked for help.
- ✓ MassHealth has information that you are homeless, and your MCO does not have providers who can meet your specific geographic needs.
- ✓ Your MCO is not meeting your language, communication, or other accessibility needs or preferences.
- ✓ Your key network providers, including primary care physicians, specialists, or behavioral health providers, have left your MCO's network.
- ✓ Your health plan, because of moral or religious objections, does not cover a service you seek.
- ✓ Your MCO has substantially violated a material provision of its contract with MassHealth.
- ✓ MassHealth sanctions your MCO by allowing members to dis-enroll from the health plan. MassHealth will let you know if this happens.

More information about exceptions to the **Fixed Enrollment Period** can be found in the MassHealth regulations (130 CMR 508.004).

How can I request to change my health plan during my Fixed Enrollment Period?
If you think one of the exceptions above applies to you, please call us at 1-800-841-2900. For persons who are deaf or hard of hearing, please call TTY at 1-800-497-4648.

When you call MassHealth, a Customer Service Representative can help you request an exception to your **Fixed Enrollment Period**. After you call, MassHealth will determine if one of the exceptions applies to you. You will receive a call and a letter from MassHealth with our decision.

If MassHealth determines that one of the exceptions applies to you, you will be able to change your health plan during your **Fixed Enrollment Period.** If MassHealth determines that one of the exceptions does not apply to you, you cannot change your health plan until your next **Plan Selection Period.** You will be able to appeal the decision. Additional information on how to

Impact to Members Who Enroll AFTER October 1, 2016

The following explains how the Plan Selection and Fixed Enrollment Periods will impact members who enroll in an MCO for the first time:

Plan Selection Period

- Members' **Plan Selection Period** will start on the first day of their MCO enrollment. Members will have a 90-day Plan Selection Period
  - For example, a member who enrolled in an MCO for the first time on 1/1/17 would have until close of business on 3/31/17 to change MCO plans
- Members who wish to remain with their new MCO do not need to do anything
- If members would like to switch MCOs, or transfer into the Primary Care Clinician (PCC) Plan, they may select a new MCO or PCC plan for any reason through the first 90 days

Impact to Members Who Enroll AFTER October 1, 2016

The following explains how the Plan Selection and Fixed Enrollment Periods will impact members who enroll in an MCO for the first time

Fixed Enrollment Period

- The **Fixed Enrollment Period** will begin for members immediately following the 90-day Plan Selection Period end date
- The member who enrolled in an MCO for the first time on 1/1/17 and ended their Plan Selection Period on 3/31/17 would begin their Fixed Enrollment Period on 4/1/17
  - They will not be able to change their plan until their next annual 90-day Plan Selection Period unless they meet an exception

Plan Selection and Fixed Enrollment Period: FAQ

Does the Plan Selection Period and Fixed Enrollment Period apply to members who are voluntarily enrolled in an MCO?

- Yes, Plan Selection Period and Fixed Enrollment Period apply to members voluntarily enrolled in an MCO if the member is seeking to change to another MCO
  - However, members voluntarily enrolled in an MCO can transfer to the PCC Plan at any time, or, choose to receive all services on a fee for service basis
- Members who are voluntarily enrolled in an MCO include:
  - Members who are enrolled in the Kaileigh Mulligan Program
  - Members who are enrolled in a home and community-based services waiver program
  - Members who are receiving Title IV-E adoption assistance

Plan Selection and Fixed Enrollment Period: FAQ

Does the Fixed Enrollment Period apply to everyone?

- No. The following members are exempt from the Plan Selection and Fixed Enrollment Periods:
  - Members enrolled in the PCC Plan
    - PCC Plan members can choose a different PCC in the PCC Plan or can choose to enroll in an MCO Plan at any time. However, members that select to enroll in an MCO will have a Plan Selection Period followed by a Fixed Enrollment Period
  - MassHealth members who are in the care and custody of the Department of Children and Families (DCF) or Department of Youth Services (DYS)
    - These members can switch MCOs or join the PCC Plan at anytime for any reason

Plan Selection and Fixed Enrollment Period: FAQ

Does the MCO Fixed Enrollment Period apply to newborns?

- No. Children under one year of age may continue to change plans at any time

For members enrolled in an MCO, will the member's Plan Selection Period or Fixed Enrollment Period dates be viewable in EVS?

- No. However, members, their authorized representatives, or their primary care provider can contact Customer Service at 1-800-841-2900 for Plan Selection Period and Fixed Enrollment Period details

Accountable Care Organizations (ACO)

Accountable Care Organizations (ACO) Pilot

Accountable Care Organizations (ACO)

- Is a group of doctors and other health care providers who voluntarily come together to help members stay healthy and meet their health care needs

- On December 1, 2016 MassHealth began a one-year ACO Pilot program with selected ACO entities and their affiliated PCC Plan providers
- ACOs are eligible for shared savings payments and at risk for shared losses

MassHealth Pilot ACO

MassHealth has contracted with the following organizations for ACO Pilot:

- Boston Accountable Care Organization
- Community Care Cooperative
- UMass Memorial Healthcare, Inc.
- Partners Healthcare Accountable Care Organization
- Children's Hospital Integrated Care Organization
- Steward Medicaid Care Network

What Does ACO Pilot Mean for Members?

- Only those PCC Plan member's whose PCC's participate in ACO Pilot are included in the Pilot
- Many PCC Plan members are not included in ACO Pilot

If a member's PCC participates in ACO Pilot:

- The member will continue to get the same MassHealth benefits as they do now
- The member can continue to access the entire MassHealth provider network they have today in the PCC Plan including Massachusetts Behavioral Health Partnership (MBHP) providers
- The member will continue to use their current MassHealth ID card

ACO Pilot members can also expect:

- In some cases, the member may no longer need to get a referral from their PCP to see certain specialists
- Additional support and/or services may be offered through their ACO to coordinate their care and help keep them healthy

How will members know about ACO Pilot?

- All PCC Plan members whose PCC participates in ACO Pilot received a letter in November 2016
- The letter introduced the ACO Pilot to the member and provided them with details specific to their ACO
- Members were told if they did not wish to be part of the ACO, they can contact MassHealth and switch to a PCC that does not participate in ACO Pilot
  - These members are not in a Fixed Enrollment Period and can switch to a different PCC in the PCC Plan or an MCO at anytime
  - Members are not required to participate in the ACO Pilot

Questions?

Appendix

Health Connector and MassHealth year-end tax filing process

To review the complete MA Learning Series Presentation on the Health Connector and MassHealth's End of Year Tax Filing Process, go to the MTF website:

http://www.masshealthmtf.org/affordable-care-act/trainings/affordable-care-act-aca-learning-series

Background

MASSACHUSETTS HEALTH CONNECTOR

Taxes and health insurance have two key areas of overlap:

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

Background *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

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

Coverage Reporting

MASSACHUSETTS HEALTH CONNECTOR

- **State Coverage Reporting**: Plan sponsors, often employers, must send enrollees evidence of each month during the calendar year in which they were enrolled in MCC for at least 15 days. This report is known as the 1099-HC and is often sent by the health plan rather than the employer
  - Those enrolled in a Qualified Health Plan in 2016 (including ConnectorCare) will receive a Form 1099-HC from their health plan
  - Those enrolled in certain MassHealth programs in 2016 will receive a 1099-HC from MassHealth
- **Federal Coverage Reporting:** Any entity that provides coverage must send enrollees evidence of each month during the calendar year in which they were enrolled in MEC for at least 1 day. This report is known as the 1095
  - Health Connector will send Form 1095-A to non-group enrollees, while MassHealth, Carriers and others will send Form 1095-B

Next slide provides more detail on all of the 1095 forms, including who sends them and who receives them

Form 1095 vs. 1099-HC

1095-A, B and C

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

1099-HC

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

1095-B Questions

- If you or your client/patient have questions about why they received the Form 1095-B from MassHealth or, if they need a duplicate notice, contact the **MassHealth Customer Service Center** at:
  - 1-866-682-6745
  - TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled)

Form 1095-A

MASSACHUSETTS HEALTH CONNECTOR

The Health Connector will send a Form 1095-A to non-group members enrolled in a Health Connector plan for at least one month of 2016.

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

Requests for Duplicate and Corrected forms

MASSACHUSETTS HEALTH CONNECTOR

Some members may need to update information on their tax forms or members may request a duplicate copy

- **New!** The Health Connector is making it easier for members to request a duplicate **1095-A** form by having an online form available:
  - https://www.mahealthconnector.org/taxes/tax-form-copies-and-corrections
  - All correction and duplicate requests for Form 1095-A should be referred to the *new online form*. Any questions about this should be directed to the Health Connector call center
- All correction and duplicate requests for **Form 1099–HC** for Health Connector members should be referred to the member's health plan
- All correction and duplicate requests for MassHealth members should be referred to the MassHealth call center

Requests for Duplicate and Corrected forms *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

Here's how the online duplicate request form works:

1. Click on link from dedicated Tax Filing page: www.mahealthconnector.org/taxes or directly: www.mahealthconnector.org/taxes/tax-form-copies-and-corrections

2. Member completes the following required fields, which includes:

First and Last Name	**Email**
Date of Birth	**Phone**
Last 4 # of SSN	**The tax year you need a duplicate copy of**
Zip Code	**Number of copies needed (up to 10)**

3. Member is asked if they want to use the address on file or a different address. If they choose a different address, a new page will appear where they can enter the address they want the duplicate copies to be sent

4. After submitting, Member will see a thank you page and a confirmation email will be generated informing the member that request for a duplicate 1095-A form was received including a 3- 5 days timeframe for when they can expect to receive it

Who gets what form(s)? MassHealth

Program	1095 info	1099-HC info
Standard	1095-B from MassHealth	1099-HC from MassHealth, unless household member 18 years and over was <150% FPL all year
CarePlus	1095-B from MassHealth	1099-HC from MassHealth, unless household was <150% FPL all year
CommonHealth	1095-B from MassHealth	1099-HC from MassHealth, unless household was <150% FPL all year
Family Assistance	Varies depending on coverage.	Varies depending on coverage.
Health Safety Net	No form – not MEC	No form – not MCC
Limited	No form – not MEC	No form – not MCC

Form 1095-B

Form 1095-B:

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

- MassHealth will send the 1095-B to members in February who were covered by MassHealth for at least part of one month in 2016 – even if it was only one day of the month
  - By law, MassHealth and the Health Connector will send the individual member's 1095 information to the IRS

Important Dates in 2017

MASSACHUSETTS HEALTH CONNECTOR

Dates	Action
Mid-Late January	**1095-A forms sent to all QHP members (including ConnectorCare members)**
Early February	**1095-B forms will be sent to certain MassHealth Members**
March 1st	**Individuals are encouraged to report any corrections to 1095 or 1099-HC forms to the Health Connector and new forms to be sent out prior to the tax filing deadline**
April 18, 2017*	**Federal and State Tax filing deadline**

*The regular tax return filing deadline is April 15. However, due to April 15 being on a Saturday and the Washington D.C. Emancipation Day holiday being observed on April 17 instead of April 16, 2017, Tax Day is on the following Tuesday.

Finding local tax assistance

VITA and TCE

MASSACHUSETTS HEALTH CONNECTOR

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

Finding a VITA or TCE Site Near You

MASSACHUSETTS HEALTH CONNECTOR

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

Finding an AARP TCE Tax-Aide Site

- A majority of the TCE sites are operated by the AARP Foundation's Tax Aide program
- To locate the nearest AARP TCE Tax-Aide site between January and April use **the AARP Site Locator Tool** or call 888-227-7669

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

Key Takeaways related to Tax Filing

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

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

Key Takeaways related to Tax Filing *(cont'd)*

MASSACHUSETTS HEALTH CONNECTOR

- Remind consumers to keep any 1095 forms received from MassHealth or the Health Connector
- Also refer members to the eligibility and enrollment notices they've received from MassHealth and the Health Connector to help them determine when their coverage was effective, and make sure to keep copies of these notices. Consumers may need them if the IRS or their tax preparer has questions about their coverage

To review the complete MA Learning Series Presentation on the Health Connector and MassHealth's End of Year Tax Filing Process, go to the MTF website:

http://www.masshealthmtf.org/affordable-care-act/trainings/affordable-care-act-aca-learning-series