

## MA Health Care Training Forum Summer 2025 Meeting MA Health Care Learning Series Transcription

(SUE KANE): Welcome to the MA Health Care Learning Series meeting today. Thank you for joining us. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenters today are Sarah Buonopane, the Associate Director of Community Assistant Programs at the Health Connector, and Niki Conte, the Director of Outreach and Education at the Health Connector, and Kara Chiev, Manager of MassHealth External Training and Communications.

(SARAH BUONOPANE): Thank you, Sue. Good afternoon, everyone. Thank you for joining us today for the MTF Learning Series presentation.

[MA Health Care Learning Series]

This is just a slide about some background. During the Learning Series presentation, staff from Health Connector and MassHealth provide regular updates about applying, getting and keeping coverage through [mahealthconnector.org](https://mahealthconnector.org).

[Agenda]

The agenda for today is an overview of the 2025 Marketplace Integrity and Affordability Final Rule and the Federal Budget Bill Provisions. We'll then have a brief discussion about the annual Health Connector redeterminations and renewals process, and then a quick reminder about our walk-in center closures and payment guidelines. Then we'll go through a section about some system updates that are coming up that will be enhancements to the online application at [mahealthconnector.org](https://mahealthconnector.org).

[Overview of the 2025 Marketplace Integrity and Affordability Final Rule and Federal Budget Bill Provisions]

We'll start off with an overview of the 2025 Marketplace Integrity and Affordability Final Rule and the Federal Budget Bill Provisions.

## [2025 Marketplace Integrity and Affordability Final Rule and Federal Budget Bill Provisions]

There's two things that we're talking about here. The first one is that CMS, the Centers for Medicaid and Medicare Services, issued this 2025 Marketplace Integrity and Affordability Final Rule on June 25th of 2025, and then the federal budget bill was signed into law on July 4th of 2025. There's two separate actions.

One was a rulemaking final rule from CMS, and one was a new bill that was signed into law, a congressional bill that the president also signed into law. Both of these discrete actions have some changes for exchanges, including the Health Connector. In terms of the final rule, some of those changes there take effect 60 days after the publication of the final rule, which would be August 25th. That means some of the provisions in that rule are going to be effective on August 25th. However, other changes in that rule have a longer implementation timeline.

The budget bill has provisions as well that have impacts for the Health Connector. Today we're going to be providing some insight and information into the changes that are going to be effective in the most immediate future.

## [Open Enrollment]

The first thing we want to discuss is open enrollment. The final rule maintains open enrollment for 2026, and then a shorter open enrollment for 2027. Open enrollment for plan year 2026 will be November 1st to January 23rd of 2026. That has been our traditional open enrollment timeframe.

Open enrollment for plan year 2027 will be shortened to November 1st of 2026 and ending December 31st of 2026 for all state-based marketplaces and the federally-facilitated marketplace. This year's open enrollment for next year's coverage will be the same as you've experienced it in previous years. Next year for 2027 will be shorter, and that will be the case for all state-based marketplaces. That includes the Health Connector, of course, and the federal-facilitated marketplace.

[Final Rule Changes: 60 Day Implementation (slide 1 of 4)]

Now we're going to talk about the final rule, which, again, has some changes that will take effect 60 days after the rule was published. We're going to first look at the things that are going to change within these 60 days, and then we'll look at a couple other things as well. The first change, again, that's going to take effect as of August 25th of this year, includes that deferred action for childhood arrivals or DACA recipients no longer will be eligible for marketplace coverage, including any subsidies. These individuals will be hearing from the Health Connector directly about their coverage ending.

[Final Rule Changes: 60 Day Implementation (slide 2 of 4)]

The second change effective August 25th is that we are going to remove the automatic 60-day extension to resolve income inconsistencies. When you're working with an individual right now and there's an RFI, Request for Information, for income, they have 90 days to provide that, and then there was an automatic 60-day extension if they did not provide it within those 90 days. Now, individuals will no longer have an automatic 60-day extension. However, they can still come and ask for an extension if necessary, but they would need to proactively request it at this point after August 25th.

[Final Rule Changes: 60 Day Implementation (slide 3 of 4)]

The third change, again, that's effective on August 25th of this year, is that there will be an end to the availability of a monthly special enrollment period for individuals and families with income at or below 150% of the FPL. We do want to note that we do still have a Special Enrollment Period or SEP for ConnectorCare in place. Just want to make sure people realize that those currently and in the past have been two separate SEPs so one that allowed people below 150% of the federal poverty level to come in and enroll, and then separately being newly eligible for ConnectorCare has allowed someone to come in and enroll.

The ConnectorCare SEP will remain in place. Because of that other one leaving, it's just really important to keep in mind that individuals who first become eligible for

ConnectorCare should really take advantage of that SEP window so that they can get into coverage and receive APTCs at that point when they become eligible.

[Final Rule Changes: 60 Day Implementation (slide 4 of 4)]

The final change that will be coming on August 25th of this year is that we will require income verification when tax data is unavailable. We were previously able to accept self-attestations in many instances, which helped us reduce the number of requests for information or RFIs but if there is no tax data available or we receive a code back from the Hub indicating that there's no tax data, we're going to be requiring an income verification at this point.

[Final Rule Changes: 2026 Implementation]

Those are the changes that were for a 60-day implementation period that will be effective August 25th. We're now going to look at a slightly longer implementation into 2026. These are changes that will be effective for coverage starting in January. The first being that we will have to deny APTC after one year of a member failing to file and reconcile their APTCs. As you recall, that was two years or is two years for this plan year. For 2026, individuals must reconcile all their APTCs for all years in order to remain eligible.

Again, if you have any members in this situation, keep in mind they have until January of 2026 to reconcile all previous tax years in order to maintain their APTCs for 2026. Important if you are working with someone, you want to make sure that they're thinking about this and working to reconcile by January. Then just as an illustrative example here, someone who did not file and reconcile their taxes for 2024 will be denied APTC when applying for 2026 coverage.

[Final Rule Changes: 2026 Implementation (continued)]

Then an additional change for 2026 coverage as a result of, again, this final rule is that there is a prohibition on gender-affirming care as an essential health benefit. This means that the rule is saying that gender-affirming care is not an essential health benefit. Effectively, that means that APTCs can't be applied towards it. However, in

Massachusetts, our plans are still going to be providing gender-affirming care. It's simply that it's not going to be categorized as an EHB anymore, which means that percentage of premium APTC can't cover. We're not expecting this to have a large impact on premium or really that member should feel any change in a large way from this.

[Additional Provisions]

There are more provisions in the final rule and the bill that was signed that will impact eligibility for plan year 2026. We will provide more details once we have finalized implementation plans. This is all that we can share at this moment, but we will be sharing additional updates so I would encourage everyone here to keep an eye out on your email, emails from the MTF in particular for any changes, and then, of course, encourage you to sign up for upcoming MTFs as well so you can continue to receive updates from us.

[Annual Health Connector Redeterminations & Renewals Process (transition slide)]

Now we're going to discuss the annual redetermination and renewals process.

[Annual Health Connector Redeterminations & Renewals Process]

This process is going to continue this year, despite any other changes that are going on. We are still going to be redetermining and renewing coverage for individuals for 2026. This is a set of activities that happens every year before and during open enrollment. Again, this makes sure that all of our members can be renewed into coverage for the upcoming year and that their eligibility for that coverage remains in place.

Those that have health insurance coverage through the Health Connector, they have their eligibility redetermined, and then they'll have their coverage renewed for 2026. Coming up in August through September, the Health Connector starts preliminary eligibility checks and determinations for those actively enrolled Health Connector members.

[Annual Health Connector Annual Redeterminations & Renewals Process]

Here outlines the process. That first bucket here, you can see, we just talked about that preliminary eligibility check and determination happens in August and September, and then a notice is generated as a result of that. Then they have the opportunity to review their 2026 coverage and make any updates that are appropriate for next year. In October, they get a final eligibility determination and renewal notice that reflects any updates that they've made throughout that review period. Then we begin open enrollment November 1st, and they're renewed into a Health Connector plan. Of course, members can still come back and make changes during this time before ultimately they get to December 23rd, and then whatever their eligibility is will appear for January. In December, they do receive a bill for their January coverage based on their current eligibility, and then their coverage will begin January 1st.

[Reminder: Walk-in Center Closures and Payment Guidelines] – transition slide

Let's go to the reminder about our walk-in center closures.

[Walk-In Center Closures]

All of the Health Connectors walk-in centers have closed. The dates are listed here for the three sites for the closures. We do have in the appendix of the slide deck some additional reminders about payments. We just want to remind everyone if you have questions or want to refresh your memory about how to advise someone about their payment options, that that information is available there.

[MAhealthconnector.org System Updates] – transitional slide

Great, I am going to hand it over to my colleague Niki and Kara. I can't recall who's going first to go through the system updates through [mahealthconnector.org](https://mahealthconnector.org).

(KARA CHIEV): I can start, and then I'll hand it over to Niki to help with finishing up.

### [Online Application Updates]

Great news for our online application. We do have an upcoming enhancement in mid-August. That's to [mahealthconnector.org](https://mahealthconnector.org), most commonly known as HIX for folks. Within this enhancement, you will notice that MassHealth has updated our retroactive eligibility so there will be updates to our start date rule. Then Niki will go over the standalone dental shopping update, the tax filer dependent status. I'll also review the multi-language email invitation.

Great news for users across the board, whether you have an online application, you have your individual portal access, or certified assisters with access to the assister portal. There is a new feedback survey. It is particularly questions, feedback on the system, not really the questions. Great news also for certified assisters, the RefID changes. You won't need to use that RefID anymore, or at least the prefix.

Going into the next slide.

### [MassHealth Start Date Rule]

Let's talk about the MassHealth start date rule. Currently, MassHealth start date, specifically eligibility, was retroactive 10 days prior to the date of application received date. Moving forward, effective on August 12th, MassHealth eligibility start date will be the first of the month in which the eligibility determination was made. That includes approvals, as well as when a member is eligible for a richer benefit.

Here we have a scenario for you just to outline this new policy. Jenny. Jenny is 36 years old. She submitted an ACA-3 application on 8/15. She is eligible and approved for MassHealth benefits on 8/25. Her coverage start date will be the first of the month so it'll be 8/1. That will be her start date.

### [MassHealth Three-Month Retroactive Coverage]

Next is the three-month retroactive eligibility for applicants younger than 65. Currently, we have three-month retro for our pregnant and new moms and those kids younger than 19. Effective August 12th, it will be for all applicants for comprehensive MassHealth coverage. They will have the option to request retroactive coverage for up

to three months prior to their date of application. Applicants can request the three-month retro by answering the question. It's both on the paper application as well as online.

The question is, "Do you or anyone on this application have bills for medical services they got in the three months before submitting this application?" The additional information after this question says that if it's yes, MassHealth may be able to pay for these bills if you were eligible during the requested time period. You may need to give MassHealth proof of income, family size, address, disability, or health insurance during the requested time period.

This policy, however, does not apply to Health Safety Net, HSN-only eligibility or Children's Medical Security Plan, CMSP, or the Health Connector. The three-month retroactive coverage is only applicable for applicants that's determined eligible for comprehensive MassHealth coverage.

[Multi-Language Support for Invite Client]

Moving on to the next update in the system. This relates to written language preference when requesting access to a member's online account at [mahealthconnector.org](http://mahealthconnector.org). MassHealth members and Health Connector consumers can request access to their online account by calling their respective program's customer service, meaning if they are a MassHealth member, they should call MassHealth customer service or if they're a Health Connector consumer, the Health Connector customer service can assist.

The customer service team will send them a client invitation code to their email so it is important that they have an updated email address. This invitation code gets them to the starting point of their online application. If they submitted the application by paper or phone or with a certified assister, this is to create their account profile. It is not to create a new application.

Previously, all invite client emails and/or invitations were sent in English only, no matter what the individual's preferred written language was. With this enhancement, if the individual has selected Spanish as their preferred written language, the invitation will



be sent in Spanish. If any other language is selected besides Spanish, the invitation will still be sent in English.

[Validate Invitation Code]

The next possible scenario that you may encounter is validating invitation codes. When a member receives an email prompting them to enter their invitation code and date of birth, previously members could try multiple combinations of their date of birth to access the account, even if the information was incorrect. Now, there is a restriction placed on the number of attempts allowed. If the member enters the incorrect information too many times, they will be locked out. Once they're locked out, the member must call customer service to unlock and reuse the invitation code.

[Health Connector Standalone Dental Plans for 2026 Applications]

Now I am handing this off to Niki to provide the remaining updates.

(NIKI CONTE): Thanks, Kara. Thanks, Sarah, and thank you everyone for joining us today, and of course, thank you everyone from ForHealth. Just a couple of updates related to the Health Connector's dental plans. I wanted to share that there are going to be some updates to the application once this release goes in that are going to allow people to apply for dental plans separately on their own on the online application.

This is a great change. We're really excited about this, particularly since sometimes people just want to come in. They want to buy a dental plan. They're not interested in a health insurance plan. Right now, the only way someone can enroll in a dental plan is to call the Health Connector customer service line. This release is going in, although the changes aren't going to be available until November 1st and that is going to be specifically for coverage that begins on January 1.

A couple of things to note. If someone wants to enroll in dental coverage for the remainder of this calendar year, customer service agents are still going to need to help them. Of course, if someone is a MassHealth member, just remind them that they have dental benefits available to them and they can purchase the option to buy a dental plan through the Health Connector.

### [Online Application Updates - Standalone Dental]

On the next slide, we wanted to provide some images of what the user interface will look like when the application changes. You can see that people can pick when they're in their plan on this plan shopping page, they can pick to shop for health plans only, dental plans only, or health and dental plans. That option of combining shopping for dental plans with shopping for health plans is going to still be available but the new feature here is being able to buy dental plans alone online.

Next slide.

### [Health Connector Standalone Dental Plans for 2026 Applications]

A couple of things. You will be seeing more information about this as we get closer to open enrollment but it's never a bad thing to prepare you so that you'll notice new text on the financial assistance page when you're on this page and you're looking through the financial assistance questions. Just alerting the person that if they just want to shop for dental coverage, they can select no, and that's going to help the person skip through the financial assistance questions so essentially, they're not going to have to complete the whole application as if they were shopping for subsidized health insurance coverage.

Going on to the next slide.

### [Tax Filer/Tax Dependent Status]

This is something entirely different, but also we want to alert all of you to. Again, you'll see this when this release goes in. Right now, when someone's going through the online application, our application lets someone enter invalid tax filing combinations without any warning. I'll explain this slowly. In this scenario, we have John Doe, who's the head of household, and John has a spouse named Jane. John also has a mother named Martha.

John is in the application. When he's completing the tax filing section in the application, he tells us that he's married and he tells us that he's filing jointly with Jane, but he also says that he is being claimed as a dependent by Martha, which is his mom. Now, so

generally, this combination isn't valid where someone's married and filing jointly. We know that they're married filing jointly, and we want people to do that so that they can get their tax credits, but usually, when someone's married filing jointly, they cannot usually be claimed as a dependent by someone else, unless they're filing only to claim a refund and owe no taxes.

Again, we're getting into the tax sphere, but want you to know that the system will be updated to prevent someone from entering invalid tax filing combinations. On the next slide,

[Tax Filer/Tax Dependent Status (continued)]

we want to show you the language and also the alert that will come up. If someone selects both married filing jointly, and also indicates that they're claimed as a dependent, they'll see this error message explaining that the tax relationships aren't valid, and they're going to prompt the applicant to review and correct their answers before they can go forward.

Again, this enhancement, this change really is to help ensure that the tax household information is accurate on the application and make sure that the people get the correct eligibility results based on their tax filing status.

[User Feedback Survey]

User feedback survey. This is another enhancement that folks will see. We're going to soon be able to display or somebody going through the application is going to soon be able to share their experience and feedback about the online application during the application and the enrollment process. After an application has been completed, the person entering the application is going to be prompted to take the survey.

Now, we just want all or anyone who's in our community to understand that this will be there. However, this survey is only going to be visible to individuals who are completing the application or a member who's going back into the application to make updates. Customer service agents at both the Health Connector and MassHealth can't submit

feedback through the survey, and if you are a certified assister, you also will not see this.

We want you to also know that anyone who completes the survey is not going to be contacted directly because the information that they provide us isn't tied to them. It's de-identified. We have also put some other safeguards in there so that individuals don't accidentally provide any PHI or PII, so they won't be able to put any numbers in. Basically, this feedback really is to allow them, after they've gone through the application, an opportunity to just share. Was this simple? Was this difficult? Here's where I was getting stuck. Whatever it is exactly that they'd want to share, again, related to the user interface and their application experience.

Going on to the next slide.

[User Experience Improvements]

Another, I want to say UI, but again, another website update that you're going to see. When we get to the page where individuals are uploading documents, if somebody wants to double check and say what exactly do I need? I need to upload a document regarding income. I want to see exactly what I can provide and how I can send it. There is a new link there so somebody who's at this page can go in and just double check and verify that the proof that they're uploading is, in fact, on the list of eligible proofs to submit.

Going on to the slide after this, the next slide.

[User Experience Improvements (continued)]

Just a few other images and again, some web enhancements that you'll see on some shopping pages. You will see that there is a new area showing monthly savings and then also, when you are looking at the shopping page, there'll be a point where you'll see dollars, not the cents. It'll just round the number. It's just, again, to save some space to make the experience a little bit easier on everyone's eye.

[Online Application Updates - User Feedback Survey and RefID]

All right. Then this last thing is something that Kara shared, and I just want to go along with her excitement, enthusiasm for this. Anyone who's a certified assister is no longer going to need to include RefID when they're searching for someone. They can simply just type in the numbers that come after the words RefID if you're looking for an existing application that you submitted or if you're looking for an existing member. Really excited about that little change, but we hope it saves all of you some time.

[Appendix]

Sarah, could I just point out in the deck, if we move ahead a couple of slides in the appendix.

[Health Connector Payment Guidelines]

I believe we just have a reminder about the payment options, and there's a QR code.

[Payment Guidelines - Pay Online]

There's a lot of good information here.

[Payment Guidelines - Pay by Phone]

As Sarah said, making payments on behalf of a member technically,

[Payment Guidelines - Pay by Mail]

it's not allowed, but you can explain to them what their options are.

[Payment Guidelines – AutoPay]

You can get them on their own phone, as an example, and say, "Here you go. This is how you can do it."

[Thank You!]

(SUE KANE): Again, thank you everybody for joining us today, and enjoy the rest of your day. We hope to see you at further MTF meetings. Thank you.